

Milton Keynes
**Local Outbreak
Control Plan**



Introduction

This plan sets out how we will try to control COVID-19 in Milton Keynes. This will not be easy and is not something any of us can achieve alone – we all need to work together.

Thank you to those people and organisations who provided feedback on MK’s higher risk places, locations and communities. We asked our public health colleagues to prioritise these and pick out activities that are most likely to have a positive impact.

This plan also describes how we will support the national Test and Trace service by providing a local response to some of the more complex contact tracing – and by taking steps to minimise further transmission in the event of a local outbreak.

This plan is a work in progress and as the situation changes, we will update it.

Together we can all **Help MK Control COVID-19**.



Handwritten signature of Peter Marland in black ink.

Cllr Peter Marland
Chair, Health and Wellbeing Board
Leader, Milton Keynes Council

Handwritten signature of Nicola Smith in black ink.

Dr Nicola Smith
Vice Chair, Health and Wellbeing Board
Chair, MK Clinical Commissioning Group

The impact of COVID-19 on our community so far

We had to respond to COVID-19 earlier than most areas. In February, over 100 people repatriated from Wuhan, China were quarantined for two weeks at Kents Hill Conference Centre in Milton Keynes. This was a major and successful operation with all local partners involved.

The UK's second reported death from COVID-19 was a local man returned from a cruise ship holiday. This was weeks later, on 6 March.

Since then there has been a sharp and rapid rise in infection and, tragically, many deaths both in our hospital and in the community, particularly in care homes.

194 registered deaths in Milton Keynes have referred to COVID-19 on the death certificate up to and including 12 June. However, as the ONS states, a full analysis of all excess deaths will only be possible in several months' time when longer-term effects and additional data, both from death registrations and other sources, can be considered.

We are now well past the peak of the first wave, but there are still new infections occurring in Milton Keynes. We will not be complacent. We all have a part to play in controlling the virus, particularly as the focus moves to preventing and managing local outbreaks.

What is this plan for?

Every local area is required by government to produce a plan by 30 June 2020. The purpose of this plan is to protect the health of the people of Milton Keynes by focusing on:

Preventing the spread of COVID-19
Working with government to identify, contain and manage local outbreaks
Engaging with high risk places, settings and communities to keep people safe
Coordinating capabilities across partner authorities, agencies, and stakeholders

This plan sets out current arrangements and will be updated in line with both local and national developments. We have been given just over £1 million by government to support the implementation of the plan. It is likely we will spend 25-30% of that on preventative measures with the rest held back to respond to outbreaks.

This plan should be looked at alongside partnership documents that reflect local processes in detail such as the *Memorandum of Understanding between Public Health England and Milton Keynes Council to facilitate the management of Covid-19 in schools*.



Outbreak prevention



How we will co-ordinate our efforts

The Health and Wellbeing Board will oversee this plan with a new special Outbreak Prevention Group (OPG) now in place to co-ordinate and keep a close eye on this work. It is chaired by the Chief Executive of Milton Keynes Council. Key members include:

- Milton Keynes Council
- Milton Keynes Clinical Commissioning Group (CCG)
- Milton Keynes University Hospital NHS Foundation Trust
- Central and North West London NHS Foundation Trust (CNWL)
- Thames Valley Police
- Buckinghamshire Fire and Rescue

The Outbreak Prevention Group will link as appropriate to the Thames Valley Local Resilience Forum (LRF) and the Bedfordshire Local Resilience Forum (BLRF) and the respective social care cells as well as to Public Health England's local health protection team. The OPG will be the conduit for contact between Milton Keynes and the Department for Health and Social Care (DHSC) and the Joint Biosecurity Council (JBC).

Multi-agency coordination across neighbouring local authorities will be achieved through Milton Keynes representation on a Bedfordshire, Luton and Milton Keynes (BLMK) wide Joint COVID-19 Health Protection Advisory Group. This will link into both the Bedfordshire and Thames Valley Local Resilience Forums. The advisory group will:

- Provide coordinated advice to inform the delivery of Outbreak Control Plans
- Receive, review and monitor Test and Trace programme data
- Inform the Local Resilience Forums of pressures, gaps and concerns in a timely manner

Working together, we want to avoid the need for enforcement or restrictions on movement in Milton Keynes. Where restrictions are required in order to control transmission, close multi-agency working will be essential, with clear communication strategies and sensitivity to local community concerns and needs.

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- Public Health England under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended

- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

Localised lockdowns, referring to the management of an outbreak or an area with high community transmission, may form part of the ongoing national response to COVID-19.

Preventative approaches and management of localised outbreaks will be prioritised to support collaborative public health actions, not enforcement, wherever possible. Any decision on a local lockdown would likely require central government support and would be taken by the Chief Executive in conjunction with the Leader of the Council, Portfolio Holder for Public Health, and the Director of Public Health, with advice from Public Health England.

Engaging with local people

A key part of our plan is to keep local people informed of the present risk, the steps they can take to protect themselves and the people around them, and infection trends.

We have already established a strong Help MK Control COVID-19 campaign across the borough in line with national messaging. Customised messages will be used to target specific audiences and high-risk locations. Other organisations are encouraged to use the campaign and we have provided small local businesses with public information resources they can put up in their places of work.



An important move forward will be to provide a single, reliable public update on infection trends and outbreaks. During July we will start issuing a weekly COVID-19 infection update.

All communications activity will be:

- Aligned – with regional and national messaging
- Targeted – informed by strong community intelligence
- Accessible – via use of appropriate language, media and community networks
- Credible – evidence based
- Co-ordinated – a joint effort from local and national government, the NHS, GPs, business, voluntary and community partners and the general public.

Focused prevention efforts

One of the key priorities of this plan is to prevent the transmission of COVID-19. To do this we will need to focus our preventative efforts on those higher risk places and locations using both our local knowledge and what we have learnt about COVID-19 so far.

This does not mean we will not be taking action in other places and locations – just that the places and locations set out in this section will receive more attention.

We consider that the following factors are likely to increase risk:



Additionally, we have consulted with a range of local organisations, and are grateful to councillors and the representatives from eighteen local organisations who responded.

From the feedback we received, and in line with national guidance, we will prioritise:

- Care home and providers
- Health services
- Educational settings
- Businesses, workplaces and venues
- Transport
- Retail and leisure
- Places of worship
- Higher risk communities
- Socially excluded and vulnerable groups

Setting	Context and actions
<p>Care homes and providers</p>	<p>Owing to age, underlying health conditions and complex needs, some of our most vulnerable residents live in care homes and care settings in Milton Keynes (around 1,600 residents).</p> <p>As seen nationally, care recipients account for a significant proportion of COVID-19 death in Milton Keynes. As of 17 June 2020, 24 out of 47 CQC registered care homes in Milton Keynes have notified PHE of an outbreak. Minimising risk to those in care homes and other care settings is a clear priority for us.</p> <p>On 13 May 2020 the government announced an Infection Control Fund. On 22 May 2020 all councils were asked to develop a local care home support plan. This was submitted by Milton Keynes Council on 29 May. It sets out the actions we will take to protect and support our care homes.</p> <p>We have also established a multi-agency Care Home Group, which reports into the Outbreak Prevention Group. Through our plan and the Care Home Group we have put in place a joint way of working across systems and implemented several measures to support care homes and care providers in Milton Keynes, including:</p> <ul style="list-style-type: none"> • Supporting with interpretation and implementation of COVID-19 national guidance, and disseminating updates, bulletins and new guidance. • Providing Infection Prevention and Control (IPC) training to all care homes, including training on the use of PPE. This is also being offered to domiciliary care providers. • Providing Personal Protective Equipment (PPE) supplies where care homes cannot source PPE through normal supply routes. • Determining a consistent approach for testing care staff and residents, including testing of individuals prior to new care home admission or transfer to another care setting. Where care settings are not eligible for whole-care home testing we have an agreement with MKCCG to arrange swabbing for all symptomatic residents. • Providing regular check-ins by phone and visits when required to provide support. • Providing training and oxygen saturation meters to help care homes identify early signs of deterioration. Each care home has medical cover available seven days a week.

- Developed resources for care staff and families of residents on mental health and wellbeing and bereavement support.
- Holding a regular Milton Keynes Care Home sit-rep combining data received from the national Capacity Tracker, care homes, PHE, and other inputs.

Further actions

- Distribute the second installment of funding (just over £1 million) to care homes allocated to Milton Keynes by government to support infection prevention and control.
- Continue to provide training and support and disseminate updated guidance as it becomes available.
- We have developed a local tracking system to ensure that we have a comprehensive picture of the position of care providers and importantly that we are able to identify and manage outbreaks early and effectively and provide care providers with the care that they need.

Health services

We know health services and settings can present a higher risk, both to patients and health care workers.

Our 26 GP practices provide an array of services to the people of Milton Keynes, and the wider primary care team plays a key role in safeguarding the needs and interests of some of our most vulnerable people; the frail and elderly, those with chronic conditions and expectant mothers. Ensuring that GP surgeries will be able to function as effectively as possible will be vital as our community recovers from COVID-19.

Another important local health service for us to protect and support is the Urgent Care Centre (UCC). Approximately 200 people a day visit the centre in normal times. The UCC has fulfilled a vital role as the 'hot hub' over the period of COVID-19 offering face-to-face appointments for patients with potential COVID-19 who need a clinical assessment but may not require hospital admission. The UCC also provides community outbreak swabbing for COVID-19 and medical supervision to the COVID-19 Seacole Community Hospital. The UCC will represent an important health venue for the people of Milton Keynes and one in which we should focus on minimising the transmission of COVID-19.

Of course, our hospital is a very busy place, with around two thousand staff on site on a typical day to attend to the needs of 1,500 outpatients, 250 patients coming to the emergency department, 100 attending for a planned procedure, 90 being admitted on an unplanned basis, and the ten babies born each day. These patients include many people who are clinically extremely vulnerable to COVID-19. As more routine services – and this footfall – are re-established, keeping our hospital as safe as possible is an important local priority for us.

Educational settings

Safe and high-quality education is essential to the immediate and long-term wellbeing of children and young people. Although children are generally at lower risk of severe illness, several outbreaks nationally and locally have been linked with schools.

Cases among staff and students can arise as a result of community transmission but can spread quickly in a school and put more staff, children and their families at risk. Whole households of symptomatic staff and children are required to isolate which can have wider significant implications for workforces and communities.

All education settings must complete a risk assessment before opening, which details measures taken to prevent transmission. In Milton Keynes we are focusing our preventative efforts particularly in:

- Early years settings - we have around 260 early year settings in Milton Keynes with 4,431 children and 740 people working in them. Social distancing is more challenging to manage in these settings and some of these providers are also very small, with less organisational capacity to plan and prepare for COVID-19 and to respond to an outbreak.
- Study centres (including faith-based supplementary schools) - it is estimated around 5,000 children undertake supplementary education in often informal settings. We will work with these settings and support them to follow the relevant guidance and put measures in place to reduce the risk of COVID-19 transmission.
- Special schools - we have six special schools, which all are judged 'good' or better by Ofsted, with 871 children and young people on roll and a large workforce of around 760 people. They educate children who have clinical vulnerabilities and complex needs, and often require direct personal care. The risk of transmission and potential impact is therefore higher in these settings.

Further actions

- Schools are asked to report suspected cases of COVID-19 in children or staff members to the Milton Keynes Council using an online form.
- The Public Health team provides local coordination of public health advice and will continue to develop training materials for these settings, as well as guidance and advice.
- Work with our schools networks including our supplementary schools to provide advice and guidance, supported by some custom-printed bespoke information materials.

Workplaces have many people in close proximity to each other for long periods of time and some workplaces are less able to become 'COVID-secure' than others.

The risk of transmission of coronavirus is thought to be higher in businesses where:

- There is difficulty in maintaining social distancing due to line working, close contact, restricted workspaces, or shared travel or accommodation arrangements.
- Environments and surfaces are difficult to clean.
- Employees risk losing money or hours if they test positive for COVID-19 or become symptomatic (or are contacts of someone who is) and need to isolate.
- The nature of work involves direct or close contact with others.
- There is a transient workforce and high use of agency staff.
- Additional costs of PPE may prevent correct use over time.
- A higher proportion of the workforce is from a vulnerable or higher risk group.
- There are facilities where people mix and spend time, like canteens, rest areas or smoking shelters.

Nationally, several large outbreaks have occurred in food processing factories. In Milton Keynes we have 54 food processing businesses ranging from sole traders to multi-national companies and a significant warehousing sector. In total we have 277 warehouses covering warehousing, wholesalers,

distribution and hauliers across many sectors of industry. Whilst some larger businesses can achieve social distancing there are a considerable number of smaller ones where social distancing is harder to achieve and where there is contact between those delivering and/or collecting from the property.

In Milton Keynes we also will need to consider how to support other sectors especially small businesses with less organisational capacity and those where the nature of the work is high risk like the health and beauty sector.

Further actions

- Environmental Health Officers have been in contact with many high-risk workplaces to support risk assessment and implementation of guidance.
- Public Health have produced a suite of guidance documents for employees on maintaining health, wellbeing and safety during coronavirus and a toolkit produced for employers. The Milton Keynes Council website contains advice and guidance for businesses including information on financial support for businesses and links to latest Government advice.
- A range of social distancing posters and other comms resources have been made available free to businesses here.
- The Director of Public Health will be writing to businesses encouraging them to follow national guidance.
- Communications activity under the banner #restartMK shares wider public confidence and safety messages.

Transport

Although private car use in Milton Keynes is high, we know that many people rely on public transport to get around. Public transport by bus and train can involve larger numbers of people in close proximity, with many shared touch points such as hand rails. Public transport capacity cannot readily be maintained with social distancing rules. Drivers of buses and trains, as well as taxis, are exposed to infection from large numbers of passengers, and are often from high-risk communities. Public transport which presents higher transmission risks, which will impact on some population groups more than others.

In Milton Keynes our focus for preventative measures will be on:

- Central Milton Keynes Rail Station - the busiest transport interchange in MK, with an estimated 10,000 people each weekday passing through it,

the majority travelling to and from London. It provides a major connection to taxis and private hire vehicles and a large number of bus routes. It is a main connection to regional coach services, including the busy Oxford to Cambridge and Luton Airport services.

- Public scheduled buses - around 25,000 bus journeys were made daily before the COVID-19 lockdown. Many people rely on public transport to get around Milton Keynes especially residents with concessionary travel benefits owing to age or disability, shift workers and people with a lower income.
- Taxis and private hire vehicles - figures show that taxi drivers have among the highest death rate of coronavirus in the UK. There are up to 1,000 licensed vehicles in operation in Milton Keynes. Around 45% of these are licensed by Milton Keynes Council. Many of our taxi drivers are from BAME communities, shown to be at increased risk of COVID-19 and its complications.

Further actions

- Reach out and offer any support we can to public transport operators to help ensure compliance with the requirement that all passengers use face coverings.
- Work closely with taxi and private hire companies and drivers to ensure the necessary protective measures are in place to protect drivers and their passengers, including working with the Milton Keynes Council licensing team to provide materials for display within the taxi.

Retail and leisure

The shopping centres in Central Milton Keynes attract very large numbers of people, including shoppers from outside of the borough. Our district retail centres, such as Westcroft and Kingston are also busy destinations. These managed facilities often have the support of managing agents and together we need to work to continue to keep them as safe as possible.

Our high streets are also busy destinations, with a higher number of older customers, such as Newport Pagnell and Bletchley. Smaller businesses may not have access to the support or resources needed to follow Government guidance. It is important that we maintain confidence in high street shopping, not least for the benefit of those older customers who rely on them and so our High Streets are a priority.

We also have many smaller, but very busy convenience stores, some operated by national retail chains and some independently owned. They are often in compact locations with other small shops adjacent, including food businesses. Social distancing may be difficult as there may be limited space and other facilities such as cash machines may add additional issues with people queuing.

Some food and drink businesses are small or get very busy at peak times. This could make adequate social distancing difficult. Our 'night-time economy', including venues serving alcohol have an additional challenge around social distancing as drinking may reduce people's vigilance. Independent venues in particular may need support with control plans and measures, especially over the long term.

We will work with parish councils to ensure appropriate measures are in place across the public realm.

We have several very large outdoor spaces including the Blue Lagoon in Bletchley, Emberton Park in Olney, Riverside Meadow Park in Newport Pagnell and Willen Lake that attract very large numbers of people, especially when the weather is good. Facilities, like toilets and food and drink business are often well used. Often young people use the larger space to meet up and socialise. The space is generally not closely supervised.

In addition, smaller parks can get very busy often with play equipment used heavily by children. Social distancing in the smaller parks can present particular challenges, as can the equipment.

Further actions

- Continue to make free safety signage made available to smaller high street businesses and support an ongoing public information campaign encouraging responsible behaviour.
- Work with the traders and operator of Milton Keynes Market to identify any further practical help and support required.
- Continue to offer a dedicated business helpline set up to give advice and signpost other help.
- Extend the public information campaign already running in outdoor spaces, with a renewed focus over the summer months on smaller parks.

Places of worship

Milton Keynes has a large number of smaller and less formal places of worship, whose venues are often community centres and halls shared with other groups. Additionally, there are several large congregations with a high proportion of people from a Black, Asian or minority ethnic group. Several large outbreaks internationally have occurred in places of worship.

Places of worship and faith settings across Milton Keynes have largely been closed since March. From 13 June 2020 places of worship have been permitted to open for individual prayer and this re-opening is forecast to be extended in July subject to scientific advice.

As restrictions on numbers of attendees at funerals are lifted, and group worship resumes, we will support groups with infection prevention and control training. Services and other activities in order to reduce numbers worshipping at any one time and to minimise risk.

Further actions

- Directly approach places of worship to provide advice and support on safe practices.
- Set aside a dedicated fund (£50,000) to support any changes that might be necessary, for example enhanced cleaning or signage and any outreach work that might be necessary.

Higher risk communities

Black, Asian and minority ethnic groups (BAME)

Milton Keynes is a fast-growing and diverse area. In 2011, 19% of the population in Milton Keynes were born outside of the UK, a rise from 10% in 2001. Approximately 26% of the overall population were from a Black, Asian or minority ethnic group. More recent annual surveys estimate this could now be between 24% and 38%.

The proportion of people of BAME communities varies considerably across Milton Keynes. Wards where a high proportion of the residents are from BAME communities include Bletchley Park, Broughton, Central Milton Keynes, Loughton & Shenley, Woughton and Fishermead. These wards are also some of the most deprived areas and have the highest proportions of households that are overcrowded in Milton Keynes. For maps, please see the appendix.

The relationship between ethnicity and health is complex and likely to be the result of a combination of interlinked factors, including systemic barriers to

the conditions needed to live a healthy life. People from BAME communities are likely to be at increased risk of acquiring the infection as they are more likely to live in deprived urban areas, in overcrowded households, and have jobs that expose them to higher risk. Once people from BAME communities acquire the infection, they are also more likely to be at increased risk of complications and death due to pre-existing co-morbidities such as diabetes, obesity, and hypertension.

The recent Public Health England work on the disparities in the risk and outcomes of COVID-19 (June 2020) demonstrated:

- People from Black ethnic groups were most likely to be diagnosed with COVID-19.
- People of Bangladeshi ethnicity have twice the risk of death as White British.
- People of Chinese, Indian, Pakistani, Other Asian, Caribbean, and Other Black ethnicity are at 10% - 50% higher risk of death.

Further actions

- A public health working group will collaborate with stakeholders on clear, culturally competent and targeted communications related to prevention, national infection control strategy, the test and trace programme, bereavement, mental health, and more.
- Work with employers and workplaces to develop occupational risk assessment tools that help to reduce the risk of exposure to employees.
- To address the wider factors that increase the risk for BAME communities, we will continue our health promotion and disease prevention programmes for non-communicable diseases.
- We will ensure that our COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change.

Higher risk communities

Most deprived areas

The [PHE COVID-19: review of disparities in risks and outcomes](#) highlighted that people in deprived areas are more likely to be diagnosed and to have poor outcomes following diagnosis than those in less deprived areas.

- In the Indices of Multiple Deprivation (IMD 2019) Milton Keynes ranks 107 out of 151 upper tier and unitary local authorities (where 1 is most deprived) and 172 out of 317 lower tier and unitary local authorities.
- The latest IMD data shows our 10% most deprived wards of Milton Keynes are Bletchley East, Bradwell, Campbell Park and Old Woughton, Central Milton Keynes, Stantonbury, Stony Stratford and Wolverton. For maps, please see the appendix.

Measures that have been taken to control the spread of the virus such as staying at home, shielding the most vulnerable, closing schools and businesses can affect people's income, job security, education, social contact and mental health. The effects of the virus are likely to widen local health inequalities as they disproportionately affect people from deprived, vulnerable and marginalised groups.

Socially excluded and vulnerable groups

Certain communities, groups or individuals may experience greater challenges accessing testing, following self-isolation guidance, or accessing support. Examples include homeless people, people who misuse drugs and alcohol, victims of domestic abuse and people with severe mental illness. In these situations, additional resources and support will be required.

People in these groups are likely to require support, particularly to access testing and self-isolate if they develop symptoms.

Further actions

- Move our Local Support Service (LSS) which can support those people who are self-isolating with practical help onto a more sustainable footing by integrating it with the Council's customer contact centre.
- Continue focus on people who are rough sleeping and helping them move towards more settled accommodation.
- Continue our engagement and welfare support with the Gypsy and Traveller community.

- Build on our successful partnership with the Food Bank, through which an enhanced Food Bank Xtra is being provided to local people who are experiencing hardship.

Cross-cutting

Smaller organisations are unlikely to have the capacity needed to respond to an outbreak. To support them we will put in place a full time Outbreak Support Co-ordinator who can be called in to provide practical help and support in the event of an outbreak, by, for example, helping with liaison between the various agencies who will become involved.



Outbreak response



Outbreak response

This section outlines:

- The general principles of responding to an outbreak of COVID-19.
- The agencies involved and their roles and responsibilities.
- Minor outbreaks, major outbreaks, and major incidents.
- Plans for responding to COVID-19 outbreaks in settings at higher risk of transmission and impact.

COVID-19 definitions	
Confirmed case	Laboratory test positive case of COVID-19 with or without symptoms
Possible case:	New continuous cough, high temperature, or anosmia
Infectious Period	The infectious period is from 48 hours prior to symptom onset (or 48 hours prior to test if asymptomatic) to 7 days after
Cluster	Two or more confirmed cases of COVID-19 in a specific setting within 14 days
Outbreak	Two or more confirmed cases of COVID-19 in people who are direct close contact within the same setting within 14 days (does not apply in a household context)
Contact	<p>A contact is a person who has been close to a confirmed case anytime during the infections period</p> <ul style="list-style-type: none">• Direct close contacts: face to face contact for any length of time within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin to skin). This includes exposure within 1 metre for 1 minute or longer• Proximity contacts: Extended close contact (within 2 metre for more than 15 minutes)• Travelled in a small vehicle with a case

In relation to COVID-19, action may be required before the traditional definition of an outbreak is met. For example, a coordinated response is currently required if there is one or more suspected or confirmed cases in either residents or staff within care homes.

Key organisations involved in the local outbreak response

Initially the approach to managing outbreaks in high risk locations and communities in MK will be led by Public Health England (PHE) who will provide initial advice and assessment in the management of cases, clusters and outbreaks. As the pandemic continues, resource constraints are likely to require more flexible arrangements, with local authorities taking a lead role.

A new COVID-19 Advice and Response Cell (C19-ARC) has been established, led by Public Health to provide local coordination of public health advice, and oversight of local outbreaks and situations, outbreak management, and contact tracing in complex settings. This cell will work closely with relevant council services and teams, and also with the PHE Health Protection Team. The diagram below shows the key organisations which will form part of the outbreak response locally.



Roles and responsibilities during COVID-19 response

Organisation	Roles and responsibilities
PHE, Local Health Protection Team, Field Epidemiology Service	<ul style="list-style-type: none"> • Provide specialist health protection response. • Provide initial advice and lead a risk assessment for most outbreaks. • Lead any epidemiological investigations.
Milton Keynes Council, including Public Health and Environmental Health Teams	<ul style="list-style-type: none"> • Strategic oversight of outbreak impacting on population health . • Defined health protection functions and statutory powers in respect of environmental health, health and safety, and housing. This includes a statutory duty to investigate infectious disease linked to workplace settings, undertake inspections, regulate workplace risk assessment processes, and exercise powers under the Health and Safety at Work Act 1974. The Health & Safety Executive are the enforcement authority for some premises. • Brief colleagues and elected members regarding outbreaks, and mobilise local authority resources to support an incident.
NHS England	<ul style="list-style-type: none"> • Oversee the prevention and control of outbreaks in healthcare settings. • Oversee the NHS response to a wider outbreak, ensuring that relevant NHS resources are mobilised and directed as necessary. • Ensure contracted providers deliver an appropriate clinical response to any incident that threatens the public's health. • Support CCGs to coordinate response required from provider organisations such as Community Trusts and Acute Trusts.
Clinical Commissioning Group (CCG)	<ul style="list-style-type: none"> • Lead partner for the prevention and control of outbreaks in healthcare settings, working closely with providers and PHE. • Ensure through contractual arrangements with provider organisations that healthcare resources are made available to respond to outbreaks. • Ensure CCG-commissioned providers act on HPT direction and advice. • Commissioning and delivery of testing services.

NHS Providers

- NHS providers deploy and co-ordinate available resources to support an NHS response, and during an outbreak will act on advice of the HPT.

Thames Valley and Bedfordshire Local Resilience Forums

- System leadership on Emergency Planning, Resilience and Response.
- Gold and silver command for the emergency response to the COVID-19.
- Links to the Ministry of Housing, Communities & Local Government.

Joint Health Protection Advisory Group

- Provide health protection advice to inform the local implementation of Test and Trace across BLMK, ensuring a system-wide coordinated approach.
- Oversight of data flows relevant to Test and Trace.
- Ensure a coordinated approach to local outbreak response, including advice on local lockdown measures and consideration of wider impacts.
- Deployment of flexible testing capacity and prioritising requests through oversight of the BLMK Community Settings Swabbing Cell.

Thames Valley Police

- Enforcement and safety.

Health & Safety Executive, Food Standards Agency

- Outbreak management in relevant settings.
- Providing advice and guidance, and enforcement where necessary.

Minor outbreaks, major outbreaks, and major incidents

Type of outbreak	Characteristics and response
Minor outbreak	<p>Normally investigated and controlled within the resources of the local authority (led by Public Health with involvement of others such as Environmental Health, Adult Services, and Children’s Services involvement as required), working closely with PHE HPT.</p> <p>Examples</p> <ul style="list-style-type: none"> • A care home with a small number of staff or residents affected and where control measures are straightforward to implement. • A workplace or educational setting where a small number of cases have occurred, and where enhanced cleaning, social distancing, and exclusion of cases and their contacts have been implemented.
Major outbreak	<p>Requires a coordinated multi-agency response, usually an incident management team (IMT) will be established. A major COVID-19 outbreak may require co-ordination and additional resources, particularly where outbreaks cross local authority boundaries. Incident management will usually be led by the PHE HPT.</p> <p>Examples</p> <ul style="list-style-type: none"> • An outbreak in a setting where people may be more vulnerable because of their clinical characteristics. • A minor outbreak where there is evidence the situation is rapidly worsening. • Where there is potential for transmission to large numbers of people.
Major incident	<p>If there are outbreaks of such magnitude that there are significant implications for routine services, a major public health incident or health services emergency will be declared. In these circumstances, the IMT will alert the appropriate local agencies via the Local Resilience Forum, including all Category One Responders. These agencies will agree whether the situation constitutes a major incident and will bring into effect local major incident plans.</p> <p>Example</p> <ul style="list-style-type: none"> • A major outbreak is affecting large numbers of the population, consuming increasing health care resources, or overwhelming the local capacity to react to and manage a response.



Incident Management Team (IMT)

Where complex situations or outbreaks occur, an IMT meeting may be established to agree and coordinate the activities of the all agencies involved in the investigation and control of the outbreak. The responsibility for calling an IMT will vary depending on the circumstances of the incident:

- For incidents at NHS Trust premises, the responsible officer is the Infection Control Doctor (ICD)/Director of Infection Prevention and Control (DIPC)/On-call Director.
- For incidents at general community/ non-NHS premises the responsible officers are the HPT Consultant and/or the Director of Public Health with Consultant Microbiologist and/or the Senior Environmental Health Practitioner.



Responding to COVID-19 outbreaks in specific settings

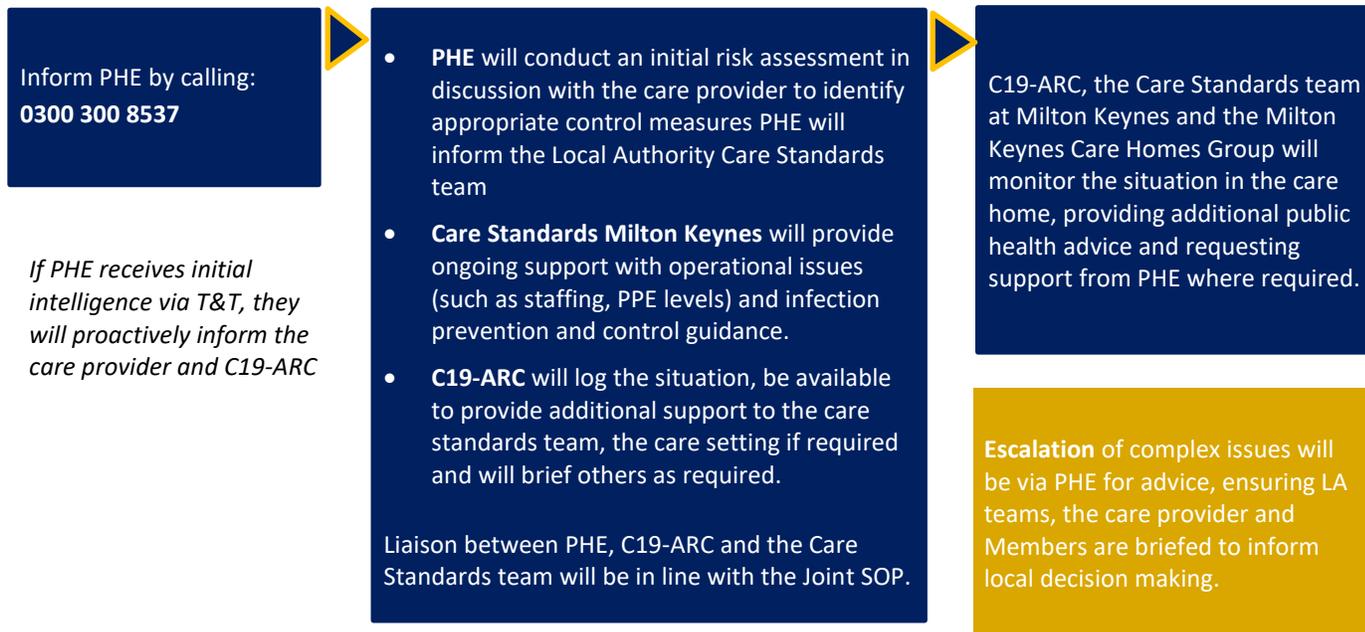
In responding to a suspected or confirmed outbreak, the priority is to rapidly identify cases and their contacts and provide appropriate advice and support to prevent onward transmission.

This section outlines the roles and responsibilities of different organisations in different settings. Additionally, national action cards will be published to ensure a consistent response in a wide range of settings.

A. Care homes and care providers

The framework for responding to a case, cluster or outbreak in a care home is provided by the Joint PHE/Local Authority SOP. A local flow chart for managing suspected and confirmed cases of COVID-19 in care settings across Milton Keynes has been developed and communicated to care providers. The flow chart also highlights infection prevention and control advice around cleaning areas that the suspected or confirmed case have been using and provides links to further guidance. The responsibility for clinical care of each resident remains with their General Practitioner.

If a care setting becomes aware of one or more suspected or confirmed cases of COVID-19 or deaths amongst staff or residents the key responsibilities are:



Associated guidance [Admission and care of residents during COVID-19 incident in a care home](#)

B. Educational settings

The framework for responding to a case, cluster or outbreak in an educational setting is provided by the Joint PHE/Local Authority MoU. A locally-agreed flow chart for managing suspected and confirmed cases of COVID-19 in school pupils or staff members in schools across Milton Keynes has been developed and shared with schools. It summarises the actions schools need to take following identification of a symptomatic or confirmed case, highlights infection prevention and control advice around cleaning areas the case have been using and provides links to further guidance.

If an educational setting becomes aware of any symptomatic cases in their setting, they will inform the LA by completing the [online form](#).

If an educational setting becomes aware of any confirmed cases, the key responsibilities are:

- Inform PHE by calling: **0300 300 8537**
- Inform the LA by completing the [online form](#)

If PHE receives initial intelligence via T&T, they will proactively inform the school and C19-ARC

- PHE will conduct an initial risk assessment in discussion with the educational setting to identify appropriate control measures
- C19-ARC will log the situation, be available to provide additional support to the school, liaise with the LA's Schools team and brief others as required. Where appropriate C19-ARC will be available to assist with contact tracing.

Liaison between PHE and C19-ARC will be in line with the Joint MoU.

C19-ARC will monitor the situation in the school, providing additional public health support if necessary, requesting further advice from PHE where required. C19-ARC will brief others in line with agreed processes, in liaison with the Schools team.

Escalation of complex issues will be via PHE for advice, with LA, members & school briefed by C19-ARC to inform decision making.

C. Health services

The prevention and control of outbreaks in healthcare settings will be overseen by the NHS, with the CCG as the lead partner, working closely with providers and PHE. Local authority Public Health will support any IMTs through the C19-ARC. Household contact tracing of positive cases will be overseen by NHS Test & Trace, and occupational contact tracing will be undertaken by the provider with support of PHE.

All healthcare organisations have emergency plans for responding to such events and include:

- An assessment of the current workforce, including maintaining consistency in staff allocation, reducing movement of staff and the crossover of care pathways.
- Facilitating social distancing wherever this is possible in all clinical and non- clinical areas
- To separate patients with suspected or confirmed COVID-19 from those who do not.
- Ensuring that ambulance services, receiving wards and departments are notified in advance of any transfers where the patient has possible or confirmed COVID 19.
- Environmental decontamination must be performed following national guidance. Cleaning and decontamination should only be performed by trained staff.
- Waste management must follow national guidance related to COVID-19
- Appropriate PPE must be worn at all times and in all settings per the current national guidance. Staff should be trained in donning and doffing PPE.

Every organisation is required to have an infection prevention and control policy and procedures, these should be compliant with national guidance, and be updated as national guidance changes. In addition all areas must have in place business continuity plans and a COVID-19 lead. When outbreaks occur each provider must review and follow national guidance. This should be done in collaboration with strategic partners including PHE who will lead on the IMT. As the outbreak control response at a local level develops, capacity to offer sufficient support will be kept under constant review.

Associated guidance [COVID-19: management of staff and exposed patients or residents in health and social care settings](#)



D. Businesses, workplaces, and public venues including places of worship

Businesses, workplaces and public venues including places of worship vary considerably and so will their level of risk. Each will need to operate in line with government requirements and guidance, with enforcement through Environmental Health and (where relevant) the Health and Safety Executive.

Factors that make a business higher risk include clinically vulnerable individuals, employees that are housed together or travel together to work, inability to socially distance in the workplace, language barriers, businesses which are in contact with a large number of customers.

Incidents or outbreaks in HSE enforced premises may also need HSE involvement. For food manufacturing plants such as meat processing businesses, the Food Standards Agency is the food safety enforcing authority and may need to be involved/consulted if changes to the process are required (to ensure they comply with food safety standards). The majority of other food businesses come under the jurisdiction of environmental health so any changes will be recommended in line with food safety standards.

If a workplace becomes aware of a confirmed case in their setting, they will:

Inform the LA C19-ARC by email: email will be provided directly to workplaces
Inform PHE by calling:
0300 300 8537

If PHE receives initial intelligence via T&T, they will proactively inform the local EHT.

In some settings the HSE will take the lead role rather than the local EHT team. The HSE may also become aware and notify the LA

EH may also become aware via a RIDDOR report

PHE and the local authority Public Health team (C19-ARC) and Environmental Health teams will liaise with each other to determine who will lead on performing a risk assessment with the setting, identify appropriate control measures, including actions for contacts and the agreed process for contact tracing.

Local Authority follow up will be led by C19-ARC who will lead on contact tracing, potentially utilising NHS Tier 3 as well as local capacity. The C19-ARC will liaise with the EHT as required and the EHT will support with liaising with workplaces on the health and safety controls currently in place or needed to prevent further spread. C19-ARC will seek expert advice from PHE where required.

Other LA colleagues and agencies may need to be brought in depending on the situation (e.g. housing, and adult social care) if vulnerable people involved.

C19-ARC will seek expert advice from PHE where outbreaks are of a significant size or complexity.

Where **Escalation** is necessary,

- C19-ARC will liaise with PHE for ongoing expert advice and to lead an IMT if required
- EHT will lead enforcement activities as appropriate (or HSE for some settings)
- EHT will liaise with C19-ARC to ensure LA colleagues are appropriately briefed

E. Other complex settings including shopping centres and transport

There are other additional settings where contact tracing might be particularly challenging. This could be because it is difficult to establish who was at the setting and therefore identifying contacts is a more complex process e.g. large events such as festivals, public transport, shopping malls. In these settings, warn and inform letters can be developed.

Notification of a positive case in these complex settings could arise from managers notifying PHE or the local authority, or escalation through the NHS Test and Trace Programme to Tier 1. We will follow the joint MoU being developed between PHE and the Local Authority.

F. Higher risk communities and socially excluded groups

Certain communities, groups and individuals may experience greater challenges with accessing testing, following self-isolation guidance and accessing support. Examples include homeless people, peoples who misuse drugs and alcohol, victims of domestic abuse, and people with severe mental illness. In these situations, additional resource may be required to support these individuals.

Notifications of positive cases in a socially excluded group may be escalated to Tier 1 of the NHS Test and Trace programme. However, settings and services who work alongside socially excluded groups might also identify suspected or confirmed cases of COVID-19 and notify PHE or the Local Authority.

Milton Keynes Council has a key role in supporting the management of cases or outbreaks in socially excluded groups. If there is a suspected case identified, the local authority will support with organising local testing through existing routes or tailored mobile services. The Council's housing team can offer support to individuals who require accommodation in order to self-isolate and can provide essentials such as food or medicines if required.



Testing



NHS Test and Trace

NHS Test and Trace is the new national service delivered by Public Health England (PHE) in partnership with NHS and private providers. It is a dedicated contact tracing service comprising health professional staff (Tier 2) and a call handler workforce supplied through a commercial provider (Tier 3).

PHE regional Health Protection Teams (HPTs) and the Field Epidemiology Service (FES) teams are delivering their usual responsibilities of investigation and control of complex outbreaks and situations, working with Local Authorities (Tier 1).

The Local Outbreak Control Plan is the local delivery of the outputs from NHS Test and Trace, especially:

- Supporting vulnerable people to isolate.
- Outbreaks that need on the ground local responses or additional capacity.
- Addressing complex issues that cannot be resolved remotely.
- Provision of local intelligence on the impact of infection in local communities.

Testing in Milton Keynes

Timely and accessible testing is vital in preventing and managing outbreaks. There is currently a good testing offer available in Milton Keynes:

- Anyone who has symptoms of COVID-19 can book a drive-through or walk-through test at a nearby testing site, or order a home test kit via the [NHS website](#) or by calling NHS 119
- All key-workers can [self-refer](#) or be [referred by employer](#) for testing
- MK Testing Centre is a drive-by site open to all for symptomatic testing. Health and social care keyworkers can drive through this site without pre-booking.
- Care homes and other care settings arrange own testing on symptomatic residents with swabs delivered and collected by MKCCG and sent via MKUCS for processing.
- All registered adult care homes can apply for whole-care home testing for residents and staff (including asymptomatic individuals) via the [National Testing Portal](#)
- Testing of individuals in their own homes as required (i.e. pre-admission test where an individual may be house bound) can be arranged via MKUCS

We are working with partners to provide more dynamic and responsive testing capacity that can be deployed to specific areas where there is an outbreak or high levels of community transmission. The coordination of testing arrangements is via the through the BLMK-wide Community Settings Swabbing Cell with oversight from the Joint Health Protection Advisory Group.

The agreed general principles for testing are:

1. National testing arrangements will be used where it is possible to do so.
2. Where it is more expedient to deliver a dedicated testing service, a mobile testing unit will be deployed to locations based on intelligence; this would be subject to site assessment, and current booking arrangements through the national system limit how quickly locations can change.
3. Our locally-commissioned testing service will be deployed in exceptional circumstance where other arrangements are not appropriate, for example where it may be difficult for individuals to access testing being asked to self-administer the swab or access testing (the very young, older people or disabled people) or where organisational complexities are a barrier (e.g. homeless hostels).

National and local intelligence on locations of outbreaks will be key in informing when and where additional testing capacity is deployed.

Data Integration

In order to prevent and control the transmission of COVID-19, and respond to outbreaks in a timely manner, we need to receive and process data from multiple sources, including from the Joint Biosecurity Centre, NHS Test and Trace programme and PHE.

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004.

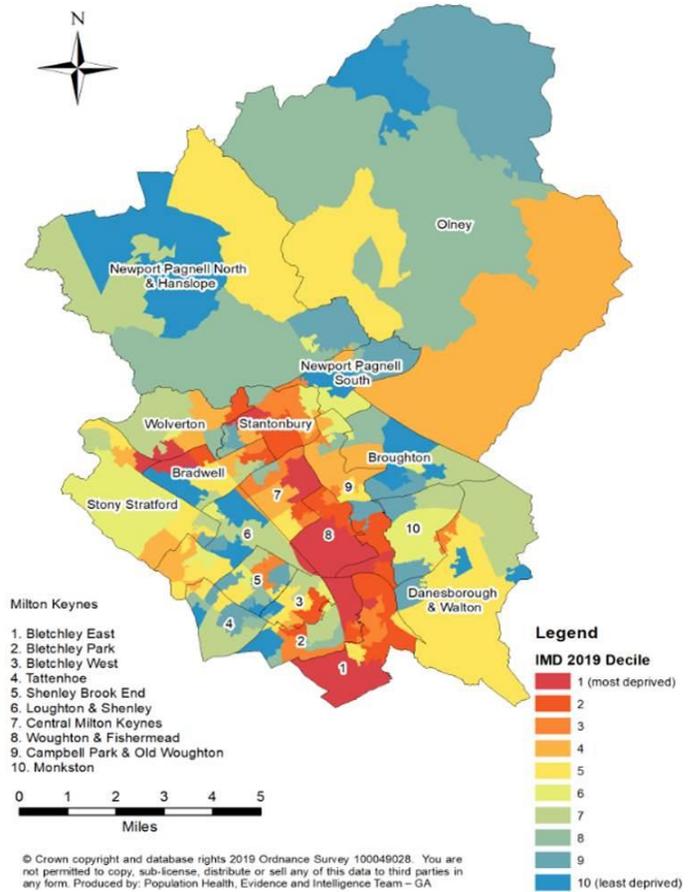
A data work stream has been established, covering Bedford, Central Bedfordshire and Milton Keynes councils, linking in with the Local Resilience Forum Multi-Agency Information Cell (MAIC) and Luton Borough Council. A dashboard is under development that will be used by the Joint Health Protection Advisory Group to support and inform decision making.

Appendices

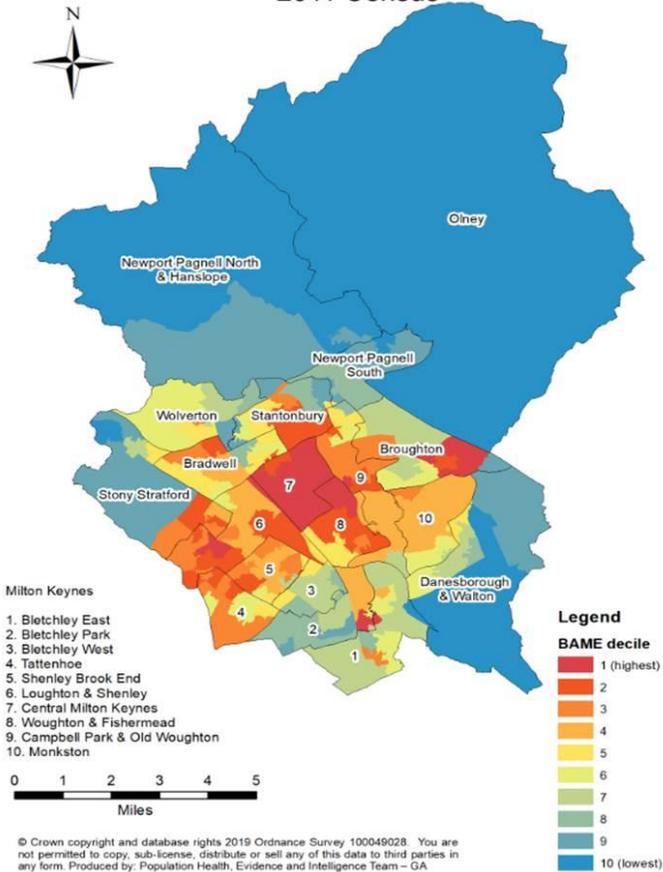
Appendix 1

Mapping of socio-economic characteristics to inform identification of communities at higher risk

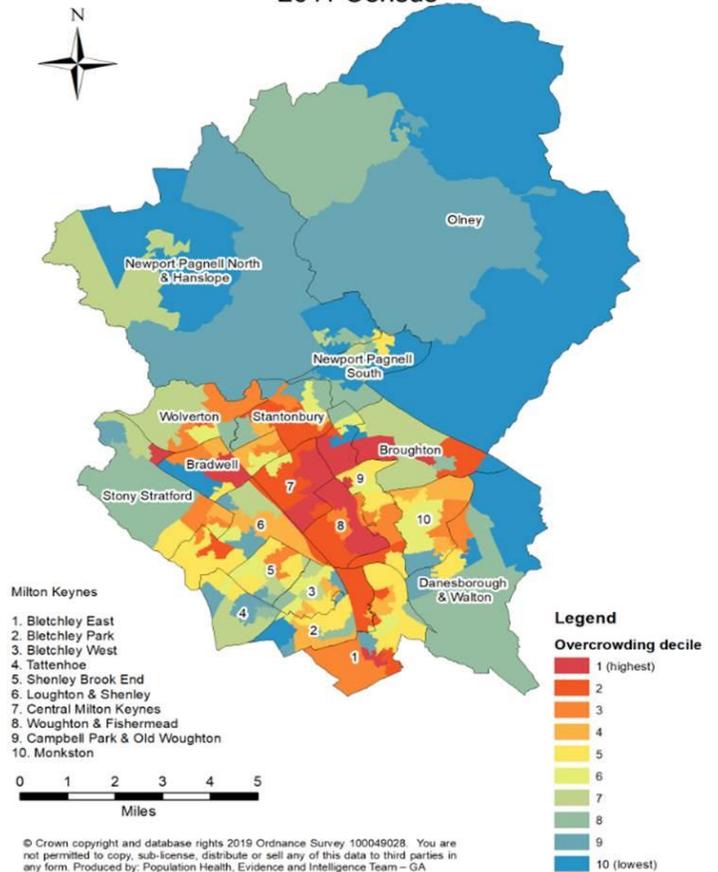
Index of Multiple Deprivation 2019



Proportion of the population that are BAME, 2011 Census



Proportion of households that are overcrowded, 2011 Census



Appendix 2 Local, regional and national leadership roles

	Place leadership specific	Public Health specific
Local	<p>Local Authority (LA) in partnership with Director of Public Health (DPH) and Public Health England Health Protection Team (PHE HPT) to:</p> <ul style="list-style-type: none"> a) Sign off the Local Outbreak Plan led by the DPH b) Bring in wider statutory duties of the LA (e.g. Director of Adult Services (DASS), Director of Children’s Services (DCS), Chief Environmental Health Officer (CEHO)) and multi-agency intelligence as needed including Clinical Commissioning Groups (CCGs) c) Hold the Member-led Covid-19 Engagement Board (or other chosen local structure) 	<p>DPH with the PHE HPT together to:</p> <ul style="list-style-type: none"> a) Produce and update the Local Outbreak Plan and engage partners (DPH Lead) b) Review the daily data on testing and tracing c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place) f) Ensure links to Local Resilience Forum (LRF)/Strategic Co-ordinating Group (SCG)

Regional	<p>Regional Lead CE in partnership with national support team lead, PHE Regional Director and Association of Directors of Public Health lead and Joint Biosecurity Centre colleagues:</p> <ul style="list-style-type: none"> a) Support localities when required when there is an adverse trend or substantial or cross boundary outbreak b) Engage NHS Regional Director and Integrated Care System c) Link with Combined Authorities and LRF/SCGs d) Have an overview of issues and pressures across the region especially cross boundary issues 	<p>PHE Regional Director with the ADPH Regional lead together:</p> <ul style="list-style-type: none"> a) Oversight of the tracing activity, epidemiology and Health Protection issues across the region b) Prioritisation decisions on focus for PHE resource with LAs c) Sector-led improvement to share improvement and learning d) Advice to NHS providers e) Liaison with the national level
National	<p>Senior Responsible Officer and PHE/JBC Director of Health Protection:</p> <ul style="list-style-type: none"> a) National oversight for wider place b) Link into JBC especially on the wider intelligence and data sources 	<p>HE/JBC Director of Health Protection (including engagement with Chief Medical Officer):</p> <ul style="list-style-type: none"> a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues e.g. Genome Sequencing c) Epidemiological data feed and specialist advice into JBC

