Oldham COVID-19 Local Outbreak Management Plan:

March 2021

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1. Glossary of Terms

Acronym	Full meaning
ADPH	Association of Directors of Public Health
CTAS	Contact Tracing and Advisory Service
DHSC	Department of Health and Social Care (DHSC)
DPH	Director of Public Health
GMICTH	Greater Manchester Integrated Contact Tracing Hub
JBC	Joint Biosecurity Centre
LFD	Lateral Flow Device
OMBC	Oldham Borough Council
PCR	Polymerase Chain Reaction
SCG	Strategic Co-ordination Group
SPOC	Single Point of Contact

2. Introduction

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. The UK has been responding to a COVID-19 outbreak since 31st January 2020 when it was confirmed that a Level 4 National Incident has been declared for NHS England and NHS Improvement. On 11th March 2020 the World Health Organisation declared COVID-19 a pandemic.

The Oldham COVID-19 Outbreak Management Plan has been developed to meet national requirements for Local Outbreak Management Plans, as set out in the national COVID-19 Contain Framework. The Contain Framework sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks. Successful management of local outbreaks is a core element of NHS Test and Trace's ambition to break the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life.

This Local Outbreak Management Plan provides local direction and guidance to collectively manage and prevent the spread of COVID-19 across our communities, ensuring that preventative action is taken at an early stage and that local and national systems can work effectively in partnership to manage COVID-19. The plan supplements the existing Oldham Health Economy Outbreak Plan (2018) by providing specific management arrangements to effectively respond to the unique threats posed by the COVID-19 pandemic.

The GM Combined Authority and GM Health & Social Care Partnership have developed a COVID-19 Management Plan which follows the same principles as the local outbreak management plans in each of the 10 GM local authorities. The GM plan supports our local plans with clear approaches to collaboration, joint working and mutual aid through the Local Resilience Forum.

This document will continue to be reviewed and revised in response to changes in national requirements and advice, and to incorporate learning from implementation.

3. Aims, objectives, scope and principles

3.1 Aims

Our aim is to reduce the spread of COVID-19 through prevention, containment and suppression of outbreaks, and mitigate the impact of COVID-19 and the associated control measures on the local population.

3.2. Objectives of the Plan

- To provide an overview of the key control measures in place to contain and manage COVID-19, including testing, contact tracing and support for self-isolation
- Describe our approach to managing settings-based outbreaks, including those in vulnerable and high-risk settings and communities
- Describe our approach to managing enduring transmission and the structural inequalities which increase risk
- Outline the approach to surveillance using COVID-related data and other sources of information to monitor the extent and impact of COVID-19 infection across Oldham
- Outline measures to increase COVID vaccination uptake and reduce inequalities
- To provide an overview of local, regional and national responsibilities and how these teams will work together to deliver the plan
- Define governance, roles and responsibilities and command & control arrangements relating to COVID-19 management
- Set out communications and engagement arrangements with residents and partner organisations

3.3 Scope

The plan is to read in conjunction with the existing Oldham Health Economy Outbreak Plan (2018); it is not intended to duplicate or replace the existing plan.

The plan focuses on the key COVID-19 prevention and control arrangements, including vaccination and testing, in Oldham and the interface with the Greater Manchester COVID-19 Outbreak Control Plan and the national Contain Framework.

3.4 Principles of COVID-19 Management

The Association of Directors of Public Health (ADPH) has set out four principles for the design and operationalisation of local Outbreak Control Plans and arrangements, including local plans for contact tracing. These are stated below.

The prevention and management of the transmission of COVID-19 should:

- Be rooted in public health systems and leadership
- Adopt a whole system approach
- Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
- Be sufficiently resourced

We will adopt and adhere to these principles throughout this plan and in its implementation.

4. Oldham approach to preventing and transmission of Covid-19

4.1 Community Testing

The DHSC have stated in their community testing guidance that up to a third of individuals who test positive for coronavirus have no symptoms at all and can therefore spread the virus unknowingly. As such Oldham have widened out the testing offer for those with no symptoms. This utilises lateral flow devices with rapid results in approximately 30 minutes ensuring that positive cases are identified at the earliest opportunity. This is connected into the national contact tracing system providing an opportunity for positive cases and their contacts to isolate and break the chain of transmission at the earliest point.

On the 18th January 2021, Oldham commenced targeted testing at scale for those that could not work from home, setting up 4 large tests sites for twice weekly routine testing. This programme of work has now been extended until the end of June 2021, and Oldham are moving towards a different model to significantly increase the number of testing sites at smaller venues that are better suited to meet the needs of residents. By having more sites spread across the borough, residents and those visiting Oldham for work, education or to see a loved one in a Care Home, will have greater choice, less travel and in many sites there will be bilingual staff supporting the self-swab model.

In addition to testing sites, we have an outreach testing and training provision to ensure that testing can be offered at large settings such as workplaces or community venues. We carry out the testing process on site whilst training the champions of those settings for a seamless handover. This is building a network of settings that can provide a sustainable model going forward. The settings are trained to be competent in basic infection, prevention and control, registering as a test site, registration for those attending, talking people through a self-swab, undertaking the analysis, interpreting the results and uploading of results to the national portal.

4.1.2 Symptomatic testing

Local Test Sites (LTS)

Oldham have established the locations of local test sites commissioned by DHSC to ensure that we minimising travel time for residents as much as is feasibly possible. Three LTS are currently in operation and plans underway to place a 4th site in Failsworth. The 3 static sites are situated in;

- Southgate Street Car Park, Centre of Oldham OL1 1DN
- Peel Street in Chadderton, OL9 9JX
- Honeywell Centre, Hadfield Street. Hathershaw, OL8 3BP

Although the national booking portal is in use, Oldham continues to work with DHSC to remove this process for those residents that find digital access a challenge and ensure that testing is available for those that have not been able to book via the portal.

4.1.3 Mobile Testing Units (MTU)

In addition to the static sites, mobile testing units are routinely used around the borough to ensure that wards with greatest travel distance or barriers in accessing a LTS have access to the MTU. Where data identifies areas of high transmission or low testing uptake, MTUs are strategically placed in these areas. Where larger outbreaks are identified, the MTUs move to the setting for proactive case finding.

4.1.4 Locally commissioned PCR testing

From the beginning of July 2020, Oldham commissioned a dedicated testing service to provide local testing from a clinical provider, ensuring that our local model meets the needs of the residents and core service, and flexible to changes in demand.

A key role of this service has been to offer door to door testing, alongside our community engagement teams, in areas of the borough where we have seen high case numbers/enduring transmission.

The commissioned service has also been providing routine asymptomatic PCR testing for health and social care staff, symptomatic testing for those working for Oldham Cares and staff providing system resilience at points of surge capacity. In addition to this, the commissioned service has provided pre-surgery testing and domiciliary support to a small number of residents that are unable to attend a test site or unable to undertake a self-swab though a home test/ postal kit.

Although new national testing programmes are replacing some of this local offer, we are retaining this local service to ensure we have flexible capacity to respond to outbreaks, and to support door to door testing.

4.1.5 Outbreak Management

Where high number of positive cases are identified within a setting, proactive testing/case finding is part of our outbreak response. Depending on the size and location of the setting we can deploy testing via our LTS sites, MTUs or via our locally commissioned service.

The locally commissioned service gives us flexibility to adapt our approach to meet local needs. For example, in a large workplace outbreak where language barriers existed and made it difficult for people to understand the instruction of how-to self-swab, our commissioned service were utilised for their clinical swabbing support. Likewise, in settings where self-swab became a challenge, such as early years settings, primary or special schools or in older more vulnerable adults the commissioned service were utilised.

4.2 Contract Tracing

4.2.1 Local Tracing Partnership (tier2)

When an individual tests positive for COVID-19 they were first notified by text or email from NHS Test and Trace instructing them to isolate. The national contact tracing tier 2 team receive information about all positive cases and attempt to contact to ensure that isolation requirements are understood and to acquire a list of contacts that the positive case has been in contact with 2 days prior to symptom onset (or test date if there were no symptoms). If after 48hours, the national team have failed to make contact or been unable to acquire the

contacts, the cases are securely passed to the Local Authority. Oldham Council only receives details of cases who are Oldham residents.

Trained contact tracers have made significant progress in making contact with residents that the national team have been unable to contact. Where required bilingual contact tracers are available. The phone call includes instruction to isolate and asks for information of contacts, but in addition to this Oldham staff use this call as an opportunity to check if individuals have any support needs such as food deliveries or prescription collections for those without a local support network. In addition to this the team are also able to connect individuals into isolation payments for those that are eligible.

The team prioritises contact tracing for any cases that has been identified as a variant of concern and will escalate these cases immediately to the director of public health.

The GM Integrated Contact Tracing Hub (GM ITCH) serves as a resilience hub to support surges in demand that exceed local capacity utilising expertise and capacity from the Greater Manchester Fire and rescue service.

4.2.2 Tier 1

As part of the national test and trace service, contact tracing which involves complex settings, groups or individuals requiring local knowledge will be automatically passed to the GM Integrated Contact Tracing Hub (GM ICTH). This complex contact tracing is referred to as tier 1 and is locally lead. Cases that relate to an Oldham setting are passed to the Local Authority daily for contact tracing that can commence without delay. The notifications are received through the Single Point of Contact (established within the Oldham Public Health team). The team have developed a standard operating procedure that details escalation routes and key officers for each of the specific settings identified. This function of a SPOC also serves to escalate notifications to GM, particularly those that are across geographical boundaries within Greater Manchester.

4.2.3 Local Resilience

Oldham tier 1 and tier 2 serve different functions, with tier 2 supporting cases and tier 1 supporting complex settings, but both come together under the contact tracing steering group to share local intelligence and build local resilience. Over the coming months both teams will be trained to a high standard of contact tracing for both tier 2b and tier 1 to offer additional resilience to the local system.

4.3 Support for Self-isolation

Oldham Council has produced a range of materials for the public informing them about the self-isolation rules and regulations, and highlighting that self-isolation, after testing positive is required by law to prevent the transmission of Covid-19. Communication materials also raise awareness of how individuals and families can continue to shop online, receive food, household items and medical prescriptions to their doors as well as apply for financial support.

A self-isolation toolkit has been published on Oldham Councils website which includes a detailed guide on 'how to' self-isolate, comprehensive information about the available testing centres and the range of financial support available to self-isolating residents.

Since the onset of the pandemic, increased financial support has been made available to those in financial crisis (including as a result of COVID, fleeing domestic violence, loss of employment) via additional funding by the Local Welfare Provision Scheme, This provides essential items such as carpets/beds and bedding/white goods and furniture and now includes a COVID protection pack (face mask/anti-bacterial gel and spray) for all adults in households eligible for support

As poverty is a real concern in Oldham, we have prioritised supporting our residents to access food and fuel throughout the pandemic. Food vouchers and welfare support has been routinely offered to families over the school holidays for low income families with children and young people. Individuals and families were also offered support with fuel via the Warm Homes team direct including crediting of pre-payment meters and provision of boiler repair/replacement service

The Council has adapted and widened its Discretionary Test and Trace Support Payment eligibility criteria from 1 February 2021 to overcome barriers to self- isolation

Over the next 6 months we will work with the Welfare Rights and financial inclusion team to support those claiming Test and Trace Support Payments with comprehensive support about maximising benefits and budgeting support

4.4 High-risk settings, communities and locations

4.4.1 High-risk places, locations and vulnerable communities have been identified and considered in the development of this plan and in local standard operating procedures. Our approach to prevention and management involves close collaboration between the Single Point of Contact (Public Health Team), Environmental Services, our Helpline and five place-based teams and specialist services working in some of these high-risk locations. This ensures that our approach is rooted in our communities, and that we can mobilise support and resources across the borough in response to outbreaks.

The NHS Test and Trace service notifies the GM Contract Tracing Hub to undertake contract tracing which involves high risk settings or individuals requiring additional support.

We have established relationships with local high-risk settings which has ensured that they are aware of local arrangements and we encourage them to contact the Oldham Single Point of Contact as soon as they become aware of a case in their settings. This is to ensure that a swift response can be mobilised ahead of any notifications being communicated from the national team to Greater Manchester.

These measures are supplemented by weekly review of the common exposure data to identify COVID-19 hotspots and proactively deploy prevention measures.

4.4.1 Schools

All schools in Oldham have been provided with advice and guidance via written materials and online briefings/webinars. A resource pack has been developed including flow charts for notifications, actions to take in school if a child or staff member test positive for COVID-19 including sample letters for parents and carers. Training and advice have been provided in the correct use of personal protective equipment (PPE) and infection control measures by local Infection Prevention and Control Nurses.

To safeguard the health of the teaching workforce and keep as many staff, pupils and students in school and college as possible, rapid lateral flow COVID-19 tests are available to

schools and colleges. The use of rapid lateral flow tests will identify individuals with COVID-19 who do not have symptoms, which make up around a third of all cases. These are available to all staff, secondary school pupils and FE students.

If a child or staff member in an educational setting tests positive for COVID-19, and diagnosis has been confirmed, then the school informs Oldham Council public health team by completing an online notification form. The Council's Education and Public Health teams are working closely together to support schools to respond to cases and outbreaks. All schools have been recommended to complete the form as soon as they become aware of a case in their setting. This is to ensure that a swift response can be mobilised ahead of any notifications being communicated from the national team to Greater Manchester. They have also been recommended to contact the Oldham Single Point of Contact directly if there are any queries or concerns. The online form directly feeds into a school COVID-19 log which enables us to monitor local cases and identity sibling links between schools to support the identification of outbreaks and highlight priority areas for support and advice on prevention and management.

4.4.2 Care Homes

A dedicated support team for care homes (STICH) is in place to provide support to care homes in the prevention and management of COVID-19, including the provision of testing. This team works in collaboration with local infection prevention and control nurses/Health Protection Team to deliver regular training and advice on infection prevention, and to respond to any cases of COVID-19 in care home staff or residents. Care homes are able to access PPE supplies through the local hub. Daily calls are made to care homes to discuss support needs and deploy resources accordingly.

Figure 1 and Figure 2 show the national testing arrangements for care home at the time of this update.

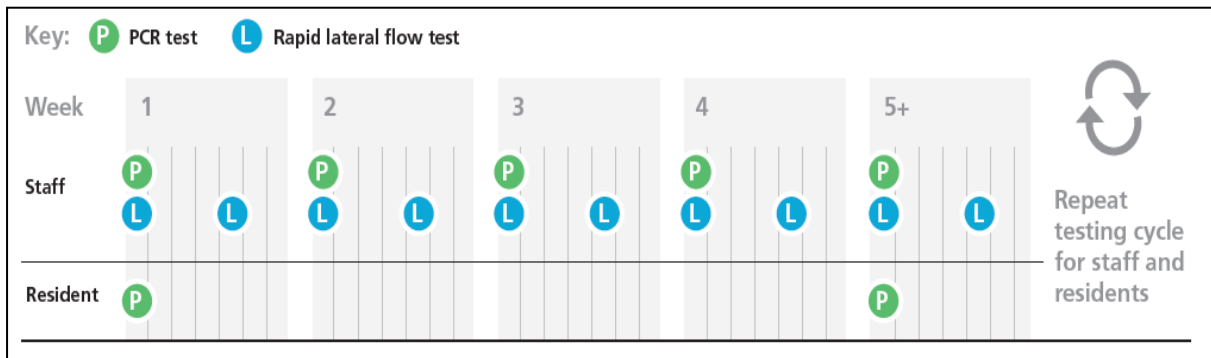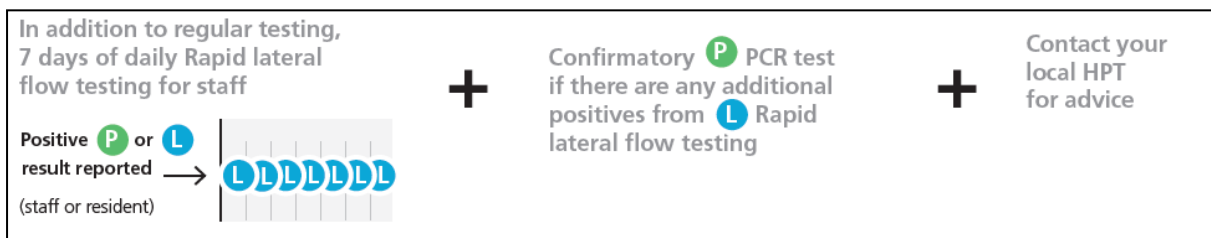*Figure 1: Care home regular testing policy*

Figure 2: Care home rapid testing policy in an outbreak

The prevention, control and management of outbreaks in care homes is through the pre-existing Health Protection Team, plans and existing communication channels. These were already tried and tested for care home outbreaks for other infectious diseases (such as influenza), but have been scaled up and further developed to meet the increased demands of COVID-19 (for example recruitment of additional infection prevention and control nurses).

4.4.3 Section 6 and Appendix 7.4 provide more detailed guidance on the local arrangements for the management and control of outbreaks in specific settings such as schools, care homes and hospitals.

4.5 Compliance and enforcement (COVID secure)

4.5.1 In April 2020 the GM Covid-19 Compliance Group was created to establish a consistent approach to compliance across GM. Oldham representatives (Council and Police partnership) attend the GM Group and report to the local TCG with a focus on:

  ➢ Communicating and engaging with the community and local businesses to educate them on the restrictions in place and undertaking compliance visits to premises.
  ➢ Regularly meeting with partners, educational settings and local businesses to ensure the wider population is aware of, and engaged in, complying with
  ➢ Working closely with communications and engagement teams to secure insights from across our population are in place to inspire and change behaviours
  ➢ Carrying out multi-agency enforcement across the Borough using the Engage, Explain, Encourage and Enforce approach

4.5.2 Additional funding has been allocated to spend on compliance and enforcement of regulations. In Oldham we are continuing to focus on:
  ➢ Checking COVID-19 secure arrangements are in place in premises and engaging businesses about what more they can do, or ensuring premises are closed.
  ➢ Providing bespoke advice to businesses each time the restrictions are changed.
  ➢ Working closely with the police to communicate and engaging with the community and local businesses to educate them on the restrictions in place, and undertaking compliance visits to premises.
  ➢ Regularly meeting with partners, educational settings and local businesses to ensure the wider population is aware of, and engaged in, complying with restrictions.
  ➢ Working closely with communications and engagement teams to secure insights from across our population are in place to inspire and change behaviours. To include a focus on promotion of handwashing, face coverings and maintaining space
  ➢ Carrying out multi-agency enforcement across the Borough using the Engage, Explain, Encourage and Enforce approach.
  ➢ Promotion of NPIs like handwashing, face coverings and maintaining space

4.6 Surveillance, data integration and information sharing

Data to inform COVID-related surveillance and intelligence are crucial to identifying COVID-19 hot spots and outbreaks and monitoring impact of local response.

A local dashboard has been developed to regularly share data and intelligence through our COVID-19 governance structure and inform decision making. The dashboard includes latest data on cases, testing, outbreaks, hospitalisations, deaths, vaccinations and wastewater

testing. Variation by age, ethnicity, gender and area of residence is considered to shape our approach to reducing inequalities.

Officers from public health, environmental health, business intelligence and district teams meet weekly to review latest data on cases, clusters and outbreaks and share formal and informal intelligence on the current situation. Data used includes:

- Positive case employment data
- Contact tracing employment data
- PHE Common exposures analysis
- Local intelligence from our engagement and place-based teams

This ensures that any increase in cases is identified quickly and an appropriate response mobilised for example testing, engagement or enforcement.

The legislative framework supporting data sharing relating the management of the COVID-19 pandemic is the notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 which allows healthcare organisations, GPs, local authorities and arm's length bodies to share information to support efforts against coronavirus (COVID-19).[1]

Intelligence teams across Council, NHS, and other public sector organisations such as the Police, regularly share data to support the COVID-19 response (in line with the legislative framework).

4.7 Communication and engagement, including community resilience and promotion of key messages

A multi-channel communications and engagement plan has been developed to support the prevention and control of COVID-19. This plan includes providing information and advice on how to prevent the spread of COVID; action to take in response to symptoms and cases; how to access testing; how to access the vaccine and the importance of getting vaccinated; and how to access support during self-isolation and/or shielding.

Critical to our local plans is ensuring that we work alongside local communities to listen to and understand their needs and concerns and develop our approach accordingly. An approach to developing a network of community champions is underway with the Department of Health and Social Care, while the engagement and communications approach is also informed by and delivered in conjunction with Oldham's Equalities Advisory Group for COVID-19, in order to help inform and shape our work.

4.8 Governance

4.8.1 As the pandemic has evolved, we have refined local governance arrangements to meet the ever-changing requirements of COVID-19 to adequately meet the needs of the local population and align local arrangements with regional and national ones.

Our Strategic Coordination Group fulfils the role of the Health Protection Board, and meets twice weekly to oversee the local response to COVID-19. The Health and Care System Group coordinates the response to COVID from the Health and Care system, as well as being the co-ordinating vehicle for the development of a new integrated care system. Both these groups

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[1] Coronavirus (COVID-19): notification to organisations to share information.

are supported by a range of thematic groups which lead the day to day delivery of the Local Outbreak Management Plan and wider system response.

Both the Strategic Coordination Group and the Health and Care System Coordination Group report to the Strategic Response and Recovery Board which is Elected Member led and fulfils the role of the Local Outbreak Control Board for public engagement and community leadership, as well as providing assurance and input from across the local system to guide and shape the design and delivery of local plans.

4.8.2 Oldham System Response & Recovery Board

- Responsible for overseeing the overall strategic response covering the breadth and depth of those issues needed to respond as a whole borough to the pandemic, including transition, recovery and transformation.
- This group will be jointly chaired by the Deputy Leader of the Council and Portfolio Lead for COVID-19 and the Cabinet member for Health and Social Care.
- Professional support to the board will be provided by the Council Strategic Director of Reform.
- Specialist advice and expertise related to the Contain Framework and Local Outbreak Management Plan will be provided to the Board by the Director of Public Health.
- Membership includes Leader of the Opposition, Chair of Health and Wellbeing Board, Council Deputy Chief Executive, Strategic Director of Health and Resources, DASS, DCS and senior representatives from across the partnership including GMP, GMFRS, Northern Care Alliance, Schools and colleges, VCSFE and Housing providers. Briefings will continue to Cabinet in support of the work of this Board.

4.8.3 The Strategic Response & Recovery Board will be supported by three groups as follows:

- **The Strategic Coordination Group:**

This will fulfil the duties of the health protection board and strategic coordination group outlined within government guidance:

    I.   Accountable to the Oldham System Strategic Response & Recovery Board
    II.   Responsible for overseeing a number of Sector Response Groups (see **Error! Reference source not found.** above)
    III.   Managing the interdependencies between the Sector Groups
    IV.   Ensuring effective engagement with GM and national governance
    V.   Chaired by the Strategic Director of Reform on behalf of the Chief Executive with the Director of Public Health acting as Deputy
    VI.   Meeting twice weekly

- **The Health & Care System Co-ordination Group:**

    I.   Accountable to the Oldham System Strategic Response & Recovery Board
    II.   Responsible for overseeing a number of Sector Response Groups (see Figure 1 below)
    III.   Managing the interdependencies between the Sector Groups
    IV.   Ensuring timely reporting to the national bodies as required

V.   Will also act as the co-ordinating vehicle for the development of a new integrated care system

VI.   Jointly Chaired by the Strategic Director of Health & Resources and the Chief Clinical Officer

VII.   Meeting twice weekly

Figure 1: Oldham COVID-19 Governance Arrangements (March 2021)
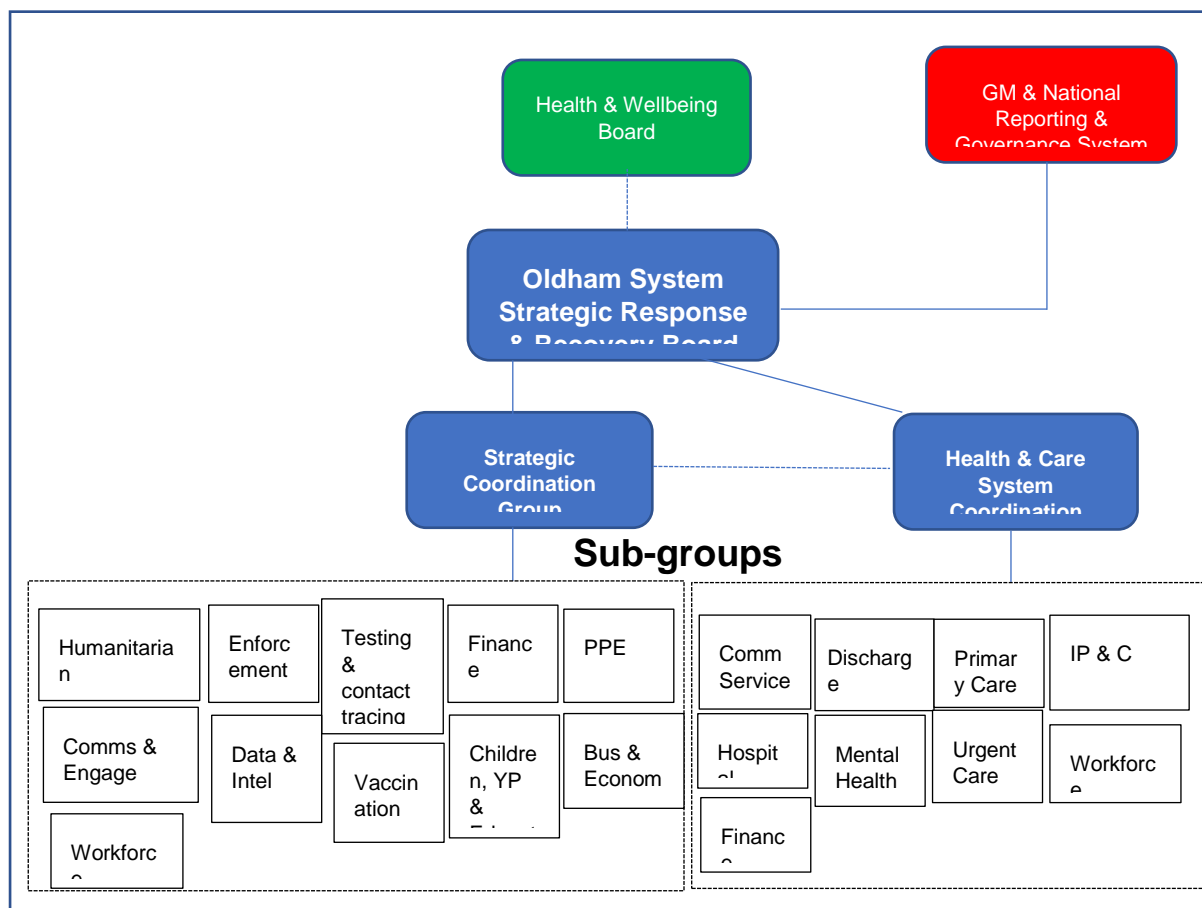
4.9 Resourcing

During the pandemic we have built additional capacity for testing, contact tracing and community engagement within the local system. We will use Contain Outbreak Management Funding to continue this work over the coming year. Where we have entered into new contracts for COVID-19 (for example community testing) we have done so in a way which gives the flexibility needed to adapt our approach over the coming months as the next phase of the pandemic evolves.

Our local approach has also required all members of #TeamOldham to be flexible and take on new roles. Balancing the ongoing demands of managing COVID-19 alongside business as usual activity will continue to present a challenge, particularly in an environment where significant savings also need to be achieved across the public sector and demand on services is rising. COVID-19 has also had some positive impacts in the forming of new partnerships and development of new ways of working which will continue to be of benefit into the future.

Our governance arrangements, and relationships between organisations and with local communities, enable us to work together collaboratively as a whole system to maximise our impact and achieve best use of resources.

4.10 Variants of concern

Our well-developed arrangements for hyperlocal testing and community engagement mean we are well placed to respond to variants of concern and variants of interest.

Our approach would be tailored to the situation and the communities affected, but would involve:

- Enhanced sequencing (with support from national system)
- Enhanced surveillance through wastewater testing
- Enhanced contact tracing, supported by the Greater Manchester Integrated Contact Tracing Hub and the regional PHE team, and ensuring good performance of test, trace & isolate systems.
- Community engagement through our door to door engagement teams, community champions, partnership working with voluntary, community and faith sectors, and with local community anchor organisations such as schools and housing providers
- Communications activity tailored to the target population using local channels such as private what's app and facebook groups, in addition to mainstream media and social media channels.
- Surge testing, through a combination of local testing sites, mobile testing units, door to door testing, and use of the national 'postcode push' system

4.11 Covid-19 Vaccination Programme

4.11.1 The Government plan for vaccines included a programme comprising 1) mass vaccination sites run by Regional NHS Teams and 2) local sites run by Primary Care Networks under nationally agreed Directly Enhanced Service contracts.

4.11.2 The national rollout plan was executed at rapid pace and the priority for rollout was set nationally by the JCVI, which advises that the first priorities for the COVID-19 vaccination programme should be the prevention of mortality and the maintenance of the health and social care systems. As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age. The order of priority for each group in the population corresponds with data on the number of individuals who would need to be vaccinated to prevent one death, estimated from UK data obtained from March to June 2020.

- residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and clinically extremely vulnerable individuals
- all those 65 years of age and over
- all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- all those 60 years of age and over
- all those 55 years of age and over
- all those 50 years of age and over

Achieving a high coverage across all population groups will contribute to reducing COVID-19 risks in the population and the associated inequalities.

In terms of mass vaccination centres, this is organized at Greater Manchester level and is located at the Etihad Stadium. Uptake by Oldham residents of the Etihad facility is only just starting to become known to the Oldham system as this is a nationally run programme and usage broken down by residents within each of Oldham's five Primary Care Networks is as follows:

- South Central: 4.39% of people from this area have had their vaccine at the Etihad facility
- North Central: 4.45%
- West: 9.04%
- South: 14.92%
- North: 9.06%
- East: 18.86%

4.11.3 The Oldham vaccination programme was set up as operational from 6 sites within the five Primary Care Networks. It was first launched on 14 December 2020 in Glodwick in South Central PCN followed later that week in North PCN (Royton Health & Wellbeing Centre) and West PCN (CH Medical), then between Christmas and New Year at South PCN (Failsworth) and then in January at North Central PCN (ICC Building) and then East PCN (Moorside Medical Centre). During the course of February and early March additional 'pop-up' clinics have also been held at Greengate Street Mosque, the EIC Centre and Millennium Centre all of which have been targeted at encouraging greater levels of update in our BAME communities.

In terms of uptake figures progress, the following table (Table 1) shows the key headlines. In summary, so far more than 76,000 vaccines have been administered – more than 90% taken up by those over 80 years old; more than 90% by those over 75 years of age; around 80% by those over 70 years of age and clinical extremely vulnerable; and around 85% of those over 65 years of age.

Table 1: Number of Vaccines by Cohort

Cohort ID	Cohort Description	Registered Po..	Oldham Regis..	% of 1st dose..	Oldham Regis..	% of 2nd dose..
1	Care Home Residents	1,371	1,218	88.84%	6	0.44%
2	80+	8,939	8,296	92.81%	2,050	22.93%
3	75+	7,644	7,145	93.47%	203	2.66%
4	70+ & CEV	21,793	17,280	79.29%	151	0.69%
5	65+	9,934	8,426	84.82%	69	0.69%
6	16-64 UHC	29,621	15,833	53.45%	261	0.88%
7	60+	6,846	3,020	44.11%	67	0.98%
8	55+	9,793	2,679	27.36%	119	1.22%
9	50+	11,316	2,433	21.50%	122	1.08%
10	16-49	94,367	9,713	10.29%	376	0.40%
Other	Non Eligible Population	58,805	242	0.41%	18	0.03%
Grand Total		260,429	76,285	29.29%	3,442	1.32%

Table 2 below shows a break down by Ward across Oldham which shows the lowest uptake for Cohorts 1-6 can be seen in Werneth, Coldhurst and St Mary's Wards with the highest uptake in Crompton, Saddleworth and Royton Wards.

Table 2: Breakdown by Ward for Cohorts 1-6

Vaccination Uptake By Ward - Cohort 1-6

Ward Name	Population	Vaccinated	% Vacc
Crompton Ward	4,024	3,498	86.90%
Saddleworth South Ward	3,814	3,313	86.90%
Royton North Ward	3,814	3,307	86.70%
Royton South Ward	3,888	3,307	85.10%
Saddleworth North Ward	3,610	3,051	84.50%
Shaw Ward	3,522	2,935	83.30%
Saddleworth West and Lees Ward	3,979	3,225	81.10%
Mossley Ward	2,275	1,793	78.80%
Chadderton Central Ward	3,340	2,462	73.70%
Failsworth East Ward	3,240	2,357	72.70%
Chadderton North Ward	3,373	2,412	71.50%
Failsworth West Ward	3,154	2,241	71.10%
Chadderton South Ward	3,177	2,233	70.30%
St. James' Ward	3,675	2,496	67.90%
Waterhead Ward	4,006	2,522	63.00%
Hollinwood Ward	4,020	2,494	62.00%
Alexandra Ward	4,065	2,395	58.90%
Medlock Vale Ward	4,213	2,360	56.00%
St. Mary's Ward	4,361	2,422	55.50%
Coldhurst Ward	3,787	2,082	55.00%
Werneth Ward	3,971	1,836	46.20%
Total	**77,308**	**54,741**	**70.81%**

4.11.4 Now we have vaccinated a significant number of our residents, we are starting to clearly see and understand the impact and correlation between deprivation and ethnicity and this is being looked at in detail by our Equalities Advisory Group. Table 3 below shows the correlation between ethnicity and the Index of Multiple Deprivation and it is clear that uptake rates are higher for every ethnic group in the most more affluent areas.

Table 3: Vaccine Uptake across Ethnicity & IMD

						IMD Decile					
	Ethnicity	10	9	8	7	6	5	4	3	2	1
Highest Population	British	89%	87%	85%	83%	79%	76%	76%	72%	69%	68%
	Pakistani	64%	60%	55%	48%	46%	39%	50%	39%	47%	40%
	Any other white backgrou..	92%	85%	86%	76%	69%	57%	60%	50%	49%	44%
	Bangladeshi	46%	69%	45%	47%	48%	51%	49%	50%	48%	47%
	Not stated	87%	83%	86%	68%	61%	52%	61%	55%	45%	60%
	Any other ethnic group	89%	81%	81%	80%	65%	63%	58%	58%	55%	46%
	Null	73%	66%	66%	59%	42%	37%	34%	39%	27%	35%
	Irish	89%	85%	88%	83%	84%	77%	75%	68%	61%	68%
	Indian	84%	67%	79%	81%	84%	76%	84%	68%	71%	75%
	African	75%	64%	86%	40%	53%	51%	41%	42%	44%	38%
	Any other Asian backgrou..	100%	42%	57%	61%	46%	46%	46%	64%	40%	38%
	Caribbean	81%	100%	53%	67%	73%	59%	59%	55%	67%	59%
	White and Black Caribbean	78%	33%	77%	75%	61%	55%	64%	36%	58%	60%
	White and Black African	100%	86%	71%	43%	32%	44%	22%	37%	26%	40%
	Chinese	69%	77%	71%	56%	73%	40%	59%	50%	75%	75%
	Any other mixed backgrou..	100%	73%	43%	50%	31%	50%	45%	43%	35%	33%
	Any other Black backgrou..	88%	64%	71%	33%	43%	19%	60%	24%	24%	32%
Smallest Population	White and Asian	100%	100%	56%	60%	67%	50%	57%	38%	40%	42%

Least Deprived   Most Deprived

4.11.5 Measures to improve vaccine uptake locally

The next phase of rollout will continue to move down the Cohort list but will focus on supplementing the existing PCN clinics through a number of tactics as follows:

- Additional clinics run in hyper-local community facilities such as Mosques with community activists supporting and advocating for members of their own community
- A consistently applied methodology for call and recall and call back for those not reached in the first contact call for vaccination with an escalation process that results in a call from your doctor for patients who have not taken up the offer
- A sustained community engagement programme encompassing community engagement teams doing door to door myth busting, interpreting where there are language barriers and organising community transport where there are needs
- A highly targeted communications campaign that focuses on continued myth busting with specific parts of the community but also promotes and nudges behaviour for uptake

4.12 Enduring transmission

Oldham has experienced relatively high rates of COVID-19 throughout the pandemic, driven by structural inequalities such as deprivation, housing, and employment patterns. COVID-19 has exacerbated inequalities and disadvantage which already existed in the population related to gender, race, age and income, and has meant that the local population has been particularly adversely affected by COVID-19 and the measures to control it. Specifically, we know that challenges for our population have included:

- Impact of self-isolation on income and job security
- Digital and language barriers to accessing national test and trace systems
- In large multi-generational households a higher number of people are potentially exposed as a consequence of a case within the household
- Higher proportion of working age population in public facing roles, jobs where working from home is not possible or working in higher risk settings, where potential for transmission is greater
- Implementing COVID secure measures in small – medium sized businesses where space and resources are more limited

These structural inequalities and enduring risks for transmission remain, and as such the challenge for Oldham in managing COVID will continue to be significant. In this context our focus on COVID-19 and level of activity across all the themes identified in this plan, will continue to be greater than in areas which do not have these risks.

Ensuring all elements of our COVID-19 response has an explicit focus on reducing inequalities and providing additional support to communities which have been most significantly impacted will be central to our approach, including:

- Community champions programme
- Door to door community engagement
- Outreach testing in areas of lower uptake including door to door testing, and testing in faith settings
- Community vaccination clinics in trusted venues supported by community groups and organisations
- Support for high risk businesses to prevent and manage outbreaks and implement COVID-secure measures, for example through discretionary business grants (e.g. support for the taxi trade to fit screens)

- Targeted communications activity supported by community members and using private channels/groups such as Whatsapp.
- Our 'We are Oldham' campaign focuses specifically on the additional risk that Oldham faces in controlling COVID-19 as lockdown eases and the part that everyone in the borough can plan in reducing transmission.
- Support for self-isolation including widening of criteria for discretionary self-isolation payments. We will be reviewing update of at home testing among secondary school and college students to identify where additional targeted support is needed to increase uptake and putting plans in place accordingly

5. Response to cases and management of outbreaks

5.1 Covid19 symptoms

The most common symptoms of coronavirus (COVID-19) are recent onset of a new continuous cough or a high temperature or a loss of, or change in, normal sense of taste or smell (anosmia).

Other symptoms include:

- aches and pains.
- sore throat.
- diarrhoea.
- conjunctivitis.
- headache.
- difficulty breathing or shortness of breath.
- chest pain or pressure.

However, evidence shows that approximately 40% to 45% of infected individuals do not show any symptoms.[2]

- **Incubation period**: Range 4 to 6 days, with the shortest recorded incubation of 1 day, and longest of 11 days.
- **Infectious period**: 48 hours before onset of symptoms until 7 days from onset of symptoms.

5.2 Case definitions

5.2.1 Possible case

Patients who are well enough to remain in the community with:

- New continuous cough, **OR**
- High temperature, **OR**
- Loss of, or change in, normal sense of taste or smell (anosmia)

Inpatient case definition

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[2] Oran D.P and Topol R.J. Prevalence of Asymptomatic SARS-CoV-2 Infection - A Narrative Review. Ann Intern Med. 2020 Jun 3 : M20-3012. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7281624/

- Patient requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night), and have either clinical or radiological evidence of pneumonia, **OR**
- Acute respiratory distress syndrome, **OR**
- Influenza like illness (fever ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing, **OR**
- Loss of, or change in, normal sense of taste or smell (anosmia) in isolation or in combination with any other symptoms

5.2.2 Confirmed case

A positive test from a PCR (polymerase chain reaction) test. A positive test from a LFD (lateral flow device) test conducted under the supervision of an ATS site or registered site. A positive LFD test result from a home test kit is not confirmation of a positive case and a PCR test must be taken.

5.2.3 Contacts

A contact is a person who has been in a close proximity to a confirmed case from **48 hours** before onset of symptoms (or test if asymptomatic) to **10 days** after onset of symptoms (or date of testing).

A person who has been trained in wearing PPE and wears appropriate PPE or maintains appropriate social distancing (over 2 meters) would not be classed as a contact.

- **Household contact:** A person who lives with or spends significant time in the same household as a possible or confirmed case of coronavirus (COVID-19). This includes living and sleeping in the same home, anyone sharing kitchen or bathroom facilities, or sexual partners.
- **Direct contact without PPE:** Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin) or travel in a small vehicle with a case. This includes exposure within 1 metre for 1 minute or longer
- **Proximity contact without PPE:** Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case.

5.2.4 COVID-19 outbreak definitions and declarations (residential and none-residential)

Table 1 provides the definition of an outbreak in non-residential settings and includes the criteria to assess recovery and declare the end of an outbreak. This definition is consistent with the WHO outbreak definition.

A cluster definition is also provided to capture situations where there is less epidemiological evidence for transmission within the setting itself and there may be alternative sources of infection; however, these clusters would trigger further investigation.

Table 1: Declaring and ending an outbreak and cluster in a non-residential setting

Type	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case **OR** Absence of alternative source of infection outside the setting for initially identified cases when there is no sustained community transmission or equivalent Joint Bio-Security Centre (JBC) risk level	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

5.2.5 Outbreak definition for residential settings

Table 2 provides a broader definition of an outbreak in residential settings. This definition differs from the definition for non-residential settings because COVID-19 is known to spread more rapidly in residential settings, such as care homes and places of detention, therefore a cluster definition is not required.

Table 2: Declaring and ending an outbreak and cluster in an institutional or residential setting, such as a care home or place of detention

Type	Criteria to declare	Criteria to end
Outbreak	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days	No confirmed cases with onset dates in the last 28 days in that setting

	NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	

5.2.6 Table 3 provides a broader definition of outbreaks in either in-patient and out-patient settings.

Table 3: Declaring and ending an outbreak in an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care

Type	Criteria to declare	Criteria to end
Outbreak in an inpatient setting	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters
Outbreak in an outpatient setting	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR Absence of alternative source of infection outside the setting for initially identified cases when there is no sustained community transmission or equivalent Joint Bio-Security Centre (JBC) risk level	No confirmed cases with onset dates in the last 28 days in that setting

5.3 Outbreak Management: Actions, Roles and Responsibilities

The Director of Public Health will have the responsibility for declaring and managing local outbreaks in consultation with PHE North West and GM Integrated Contact Tracing Hub, and in line with the definitions above.

Notifications of cases and/or outbreaks will come either via local reporting direct to the Oldham Single Point of Contact, or via the GM ICTH to the Oldham SPOC.

The Director of Public Health (or designated deputy) will convene the Outbreak Control Team (OCT) including members of the local Strategic Coordination Group (Health Protection Board), plus representatives related to the particular setting and/or community where the outbreak has occurred.

5.4 Outbreak Control Team

There are occasions when an OCT may be formed at a local level to bring together key services to manage an outbreak and to minimise or prevent transmission of COVID-19. The following section sets out some scenarios where this approach may be considered.

5.4.1 For care home settings, the investigation will be led by the local health protection team unless there are particular issues such as:

1. High number of deaths
2. The outbreak has been ongoing despite usual control and infection control measures
3. There are concerns on the safe running of the setting or institution
4. There are other factors that require a wider range of partners to be involved or escalation to the GM SCG which would prompt the setting up of a multi-agency OCT

5.4.2 For schools, the initial investigation would be led by the Local Authority SPOC in which the workplace is located, and would be escalated to GMICTH where necessary. The below issues will influence whether an OCT is required and if a joint response needs to be mobilised:

1. There has been a death in the setting
2. There are a large number of vulnerable people (e.g. special educational needs unit)
3. There are a high number of cases
4. The outbreak has been ongoing despite usual control and infection control measures
5. There are concerns on the safe running of the setting or institution
6. There are other factors that require multi-agency coordination and decision-making requiring escalation to the GM SCG which would prompt the setting up of a multi-agency OCT

5.4.3 For hospitals, NHS NW is establishing a system of reporting outbreaks. Management of outbreaks in NHS trusts will be led by NHS trusts with input from PHE and other GM agencies as required.

5.4.4 For primary care, initial investigation of an outbreak will be led by the GMICTH on behalf of localities, working closely with the setting and relevant commissioners. Localities will be informed of all cases.

If there are concerns (such as those below) a multi-agency OCT will be established and escalation to the GM SCG considered will be made:

1. There are a large number of vulnerable people (e.g. special educational needs unit)
2. There are a high number of cases
3. The outbreak has been ongoing despite usual control and infection control measures
4. There are concerns on the safe running of the setting or institution
5. There are other factors that require multi-agency coordination and decision making

5.4.5 For outbreaks in other settings (such as workplaces), these will be initially managed by the Local Authority SPOC in liaison with Environmental Health. This can be escalated to GMICTH if necessary.

If there are concerns such as those below, the locality will lead in considering the need for escalation to the GM SCG and the establishment of a multi-agency OCT:

1. There are a large number of vulnerable people
2. There are a high number of cases
3. The outbreak has been ongoing despite usual control and infection control measures
4. There are concerns on the safe running of the setting or institution
5. There are other factors that require multi-agency coordination and decision making

5.4.6 For suspected community outbreaks, initial investigation will be by the local authority in partnership with GMICTH . If community transmission is ongoing, an OCT will be formed in line with district outbreak plans however, if the community transmission is thought to be escalating to a point which may overwhelm the district OCT, escalation of the situation to the GM SCG will be considered especially if:

- There are a large number of vulnerable people
- There are a high number of cases
- The outbreak has been ongoing despite usual control and infection control measures
- There are concerns about the safe running of key community infrastructure.

5.4.7 For suspected outbreaks in Greater Manchester Fire and Rescue (GMFRS) and Greater Manchester Police (GMP), initial investigation will sit with GMFRS and GMP who, supported as required by the GM Integrated Contact Tracing Hub (which includes staff from PHE NW), will begin managing the outbreak within their environment. A multi-agency OCT may be called if a suspected outbreak has the potential to impact on either GMFRS or GMP capacity to fulfil their statutory duties or if the impacts will require partnership support. Escalation to the GM SCG will be considered if wider impacts are significant.

5.5 Outbreak Management: Key actions

Following the declaration of an outbreak, The Director of Public Health (DPH) will lead the local response to an outbreak within Oldham.

>**Initial investigation**: This will enable the OCT to understand the extent of the outbreak and inform outbreak control activities:

>>a. **Contacting an affected setting** (e.g. head of school; manager of care home) to get details of the situation, which would include numbers of possible and confirmed cases (and whether any are at high risk of severe COVID-19 disease), dates of onset of symptoms, numbers of people potentially affected (including numbers at high risk of severe COVID-19 disease), any wider risks, and potential impacts that would need support from the system.

>>b. **Contact tracing:** Much of the contact tracing will be done by the NHS Test and Trace service and GM Integrated Contact Tracing Hub. Local contact tracing will be carried out by the Council's Environmental Health Team following referral to the Single Point of Contact, and local settings/services leads appropriate to the outbreak.

c. **Providing initial infection prevention and control advice.** This may include signposting to existing guidance and sources of support, advice on isolation and exclusion and other infection prevention and control advice. This will be led by community infection prevention & control nurses/Health Protection Team.

d. **Ensuring that any symptomatic people who have not yet been tested are tested promptly.** This will ensure actions are based as much as possible on confirmed cases, as well as helping to rule out situations that are not linked to COVID-19. In care homes all residents and staff will be tested regardless of their symptom status. This will be coordinated by the Test and Trace Manager, in collaboration with the commissioned testing service.

e. **Identifying any urgent support needs.** This would include meeting health needs among cases and contacts to prevent detrimental effects on any underlying medical conditions (e.g. access to medication) as well as wider social impacts on individuals and communities and impact on services. The response to meet these needs will be coordinated through the Community Hubs.

f. **Notifying the wider system and communication.** Early notification to the lead(s) for the wider system for that setting will ensure timely support for consequence management is available as early as possible and impacts on the wider system can be managed. It will also allow wider information and intelligence about the situation to be included in the risk assessment. Early warning to the communications lead can make sure that proactive and reactive communications messages are in place early.

At every stage in this process communications will be important both to make sure that all parties are operating on the same information, to ensure transparency of actions taken, and to build trust across the system and with the public. Accurate recording of actions and decisions will also be important, both for management of the situation and to provide an audit trail of situation management.

g. **Enforcement of control measures**: Oldham will rely mainly on proactive engagement with communities to facilitate adherence to control measures. Legal enforcement under schedule 21 of Coronavirus Act 2020 will be an act of last resort and would be approved through the local SCG/Gold structure. Schedule 21 confers powers relating to potentially infectious persons and makes related provision.

2. **Notification to GM Integrated Contact Tracing Hub (GM ICTH):** Where appropriate, locally identified cases and outbreaks will be escalated to the GM Integrated Contact Tracing Hub for support with contact tracing and outbreak management. Escalation criteria will remain flexible so that cases might be escalated

if they are particularly high risk or complex, and extra help is needed in managing them. This will be agreed between the Oldham SPOC lead and the GM ICTH.

3. **Identification and implementing control measures.** This will include both infection prevention and control and consequence management actions. Actions will be assigned as appropriate. Where risk assessment suggests that further investigation and control of the outbreak needed to assess and manage the risk to the public's health and ensure control measures are implemented as soon as possible an Outbreak Control Team (OCT) will be arranged. This team will agree and coordinate the activities of the agencies involved in this wider process.

4. **Monitoring of situation and actions.** The situation will be monitored, and any extra actions identified will be allocated to an appropriate owner. The risk assessment will be reviewed if information emerges that would affect it (such as an increase in the numbers of cases, or expansion of the outbreak so that a wider group may be affected).

5. **Closure**. Once all necessary infection prevention and control and consequence management actions are complete the situation will be closed for further actions. This should be communicated to everyone involved in managing the situation and whoever notified the situation in the first place.

5.6 Other Outbreak Management Considerations (communications, managing delivery, PPE management, consequence management) missing

5.6.1 Communication during a specific outbreak

The Oldham SPOC will work with communications leads across Oldham Council and other partners including PHE to determine any reactive and wider communications required in relation to a specific outbreak. Where required, Oldham SPOC will work with PHE to develop reactive press statements relating to outbreak situations as they arise

SPOC contact details will be shared with partners to help two-way communication and help support partners in preventing and managing cases.

5.6.2 Managing Media and Political Impact

Outbreaks in certain settings such as schools may result in wider media interest, which can cause public unrest and disruption. The COVID-19 Prevention and Control Board will support these settings with resources to provide clear advice and information and manage any wider media and political impacts in these situations as they arise.

5.6.3 Managing Delivery

A log of all actions arising from the various work streams supporting COVID-19 outbreak management will be held by the Oldham SPOC and can be reviewed through the governance to track progress and ensure actions and control measures are being followed up.

5.6.4 PPE

Effective management of PPE stock will be important to achieve effective infection prevention and control in settings. Oldham has a PPE Hub with the responsibility to achieve this aim.

5.6.5 Consequence management

Some individuals may either not be in a position to meet the requirements of self-isolation (e.g. homeless people, those with social or mental health issues), or may not feel able to comply with self-isolation due to the economic and social impact on them and their family.

In situations where consequence management issues are identified for individuals, the following actions will be taken:

1. Escalated to the Oldham SPOC via the GM ICTH or via local intelligence
2. The Oldham SPOC will identify the most appropriate method to provide support to the individual to enable them to comply with self-isolation (via referral into relevant support or specialist service e.g Self Isolation Payment Scheme) – this will include any other relevant partners
3. Key partners to support individuals include but not limited to:
   Oldham COVID-19 Help Line as the front door to triage support and needs including signposting to Place Hubs as well as the following services where relevant:
   - Citizen's Advice Bureau – supporting residents to access financial support during isolation e.g. payment holidays.
   - Welfare rights for more complex financial support and welfare assistance benefits.
   - NHS volunteer service and local third sector support in their community.
   - Action Together – as the main support agency and link into wider third sector organisations including volunteers across the borough

6. Appendices (confidential documents not included)

- ➢ 6.1 Key contacts
- ➢ 6.2 Associated Plans
- ➢ 6.3 Key contacts, protocols and guidance for high risk settings or complex settings and vulnerable cohorts