

## Bury Health and Wellbeing Board

Report Title	Contact Tracing and Outbreak Management Update		
Meeting Date	21 July 2020		
Contact Officer	Steven Senior		
HWB Lead	Lesley Jones		
<b>1. Executive Summary</b>			
Is this report for?	Information X	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Purpose of report:	To update the Board on Contact Tracing and Outbreak Management in Bury		
Key Actions:	To note the contents of the report		
What requirement is there for internal or external communication?	A separate communications plan has been prepared that explains the		
Assurance and tracking process:	This report has been adapted from a paper presented to the Bury OCO Strategic Commissioning Board.		

**2. Introduction / Background****Context**

1. England has had a large epidemic of COVID-19. This epidemic has been controlled using strict social distancing measures. But these measures have also caused harm by limiting access to care, curtailing personal freedoms, and damaging the economy.
2. Despite the large epidemic evidence suggests that between 5% and 9% of the English population has had COVID-19<sup>1</sup>. For the epidemic to stop, 60% to 70% of the population would need to be immune. So the potential for another, worse epidemic still exists.
3. Contact tracing and outbreak management can reduce the spread of infectious diseases. If successful, contact tracing and outbreak management may let us reduce social distancing without having another big COVID-19 epidemic.

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<sup>1</sup> See ONS (2020) "[Coronavirus \(COVID-19\) Infection Survey pilot: 5 June 2020](#)"

### **Contact tracing and outbreak management**

4. Contact tracing in England is organised into three tiers. Tiers two and three are the national system. Tier one is a regional and local system that deals with complex cases and cases and outbreaks in high risk settings, like care homes and prisons. In Greater Manchester, tier one is made up of a Greater Manchester Integrated Contact Tracing Hub (GM ICTH), and local areas' own arrangements.

5. Most of the contact tracing in Tier one will be done by the GM ICTH. Local authorities will do contact tracing in specific circumstances, which includes tracing contacts in care homes or where local authorities' contacts are needed. The local authority also provides proactive support to key sectors like primary care, social care, schools and early years' settings, businesses, and faith groups to prevent outbreaks. The local authority is also responsible for managing the consequences of outbreaks and the actions taken to control them like the closure of a school or GP practice. This work is being done by an expanded Infection Control Team in Bury Council.

6. Although still young, the contact tracing system across Greater Manchester is working well. The local Infection Control Team can escalate cases and outbreaks to the GM ICTH for contact tracing and further investigation. Good links with settings built through proactive work means that the Infection Control Team sometimes finds out about cases before any referral comes to the GM ICTH from the national Tiers 2 and 3. This means we can speed up the process of contact tracing in high risk settings, reducing the risk of further spread. As well as managing outbreaks, the system also allows lessons from outbreaks across Greater Manchester to be captured and shared as part of the Infection Control Team's proactive work.

### **Bury's Local COVID-19 Outbreak Control Plan**

7. Bury's Local COVID-19 Outbreak Control Plan describes our arrangements for contact tracing and outbreak management. There is a separate Greater Manchester COVID-19 Outbreak Control plan that describes the Greater Manchester part in more detail. Bury also has a generic Outbreak Control Plan that was written before the pandemic and describes the arrangements we have for dealing with the full range of infectious diseases. Our COVID-19 Outbreak Control Plan is built on this foundation. It is a live document and we will update it as the situation and our response changes.

8. The plan is overseen by the Bury COVID-19 Health Protection Board (HPB). The HPB also maintains a programme plan and risk register that drives the actions needed to build our response.

9. Like all of public health, the response to COVID-19 needs to include the whole system. Our COVID-19 Outbreak Control Plan has been written with partners from across the Council, CCG, and wider system. This is reflected in the membership of the HPB.

10. The plan has been signed off by the Council and has been published on the council's website<sup>2</sup>.

### 3. key issues for the Board to Consider

11. None: this briefing is for information only.

### 4. Recommendations for action

12. None: this briefing is for information only.

### 5. Financial and legal implications.

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond ([J.M.Hammond@bury.gov.uk](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Mike Woodhead ([Mike.Woodhead@nhs.net](mailto:Mike.Woodhead@nhs.net)).

13. Bury Council has received funding as part of the Governments £300 million to support local authorities' contact tracing and outbreak management work. This funding is being used to pay for extra infection control staff, dedicated analytical and communications support, environmental health officers to support enforcement of infection control guidelines, and to support the community hub staff who support people in Bury who are required to isolate at home.

### 6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

14. COVID-19 has hit people from ethnic minority backgrounds and people living in deprived areas hardest<sup>3</sup>. This has worsened existing health inequalities. Bury's COVID-19 Outbreak Control Plan highlights these and other vulnerable groups as important priorities. The Council and its partners are working to identify the best ways to protect these communities as social distancing measures are relaxed.

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<sup>2</sup> <https://www.bury.gov.uk/index.aspx?articleid=15566>

<sup>3</sup> See PHE (2020) [Disparities in the risk and outcomes of COVID-19](#).

10.2019 version

CONTACT DETAILS:

**Contact Officer:** Steven Senior  
**Telephone number:** 0161 253 6772  
**E-mail address:** [s.senior@bury.gov.uk](mailto:s.senior@bury.gov.uk)  
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