

COVID-19 Local Outbreak Management Plan

1.0 Introduction

- 1.1 All upper tier Local Authorities have been instructed to produce a Local Outbreak Management Plan (LOMP) by the end of June 2020. Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. Directors of Public Health have a crucial leadership role to play ensuring that through the LOMP they have the plans in place and have the necessary capacity and capability to quickly deploy resources to the most critical areas to respond to COVID-19 outbreaks and help prevent the spread of the virus.
- 1.2 The aim of the LOMP is to provide a clear plan on how local government works with the new NHS Test and Trace Service to ensure a whole system approach to contain and manage local COVID-19 outbreaks. This is a dynamic plan and will be updated as new national guidance is published or legislation changes.
- 1.3 Containing local outbreaks, while led by the local Director of Public Health, needs to be a co-ordinated effort working with Public Health England local health protection teams, the NHS, Social Care, District Councils, Education, Police, the private sector, employers and the community and voluntary sector. Members of the general public also have a vital role in reducing spread of the virus and preventing outbreaks, both in terms of following national guidance and advice including adherence to the social distancing guidelines and following good hand/respiratory hygiene practices, and if symptomatic having a test but also self-isolating should they be instructed to do so.

2.0 Core Working Principles

- 2.1 While it is necessary to have a degree of local flexibility it has been agreed that both in the development of the LOMP and the proactive and reactive response to a COVID-19 outbreak it is also important to have a degree of consistency. The South West Regional Directors of Public Health have agreed to adhere to the following key working principles:
 1. We will work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and PHE. We will endeavour to ensure we make best use of the capacity and capability of the regional public health workforce.
 2. While recognising local sovereignty we will commit to ensuring a common language to describe the local governance arrangements:
 - a. **COVID-19 Health Protection Board**
 - b. **Local Outbreak Management Plans**
 - c. **Local Outbreak Engagement Board**
 3. We will ensure that we all work to an agreed common set of quality standards and approaches in the management of local outbreaks, utilising and building upon already agreed approaches such as those defined within the Core Health Protection Functions Memorandum of Understanding

(MoU). The MoU is a document signed by agencies in the South West including Local Authorities, District Councils, Public Health England, Clinical Commissioning Groups and the Port Authority. The document describes a set of key principles on how the agencies will work together to protect the health of the population from the adverse health effects due to infection, contamination and other hazards.

4. We will adopt a continuous learning approach to the planning and response to COVID-19 outbreaks, sharing and learning from one another to ensure we provide the most effective response we can.
5. We will ensure that there is an integrated data and surveillance system established, which alongside a robust evidence-base will enable us to respond effectively to outbreaks. Proposal that a COVID-19 Regional Data and Intelligence Framework is developed which will enable DsPH to have access to the necessary information to lead the COVID-19 Health Protection Board.
6. We will commit to openness and transparency, communicating the most up to date science, evidence and data to colleagues, wider partners and the public.
7. We will ensure that within our planning and response to COVID-19 we will plan and take the necessary actions to mitigate and reduce the impact of COVID-19 on those most vulnerable, including BAME communities.
8. We recognise that DsPH have a system leadership role in chairing the COVID-19 Local Health Protection Board. We commit to actively engaging with key partners, including all levels of government (Upper, lower tier local authorities, towns and parishes and wider partners and communities), key stakeholders including the community and voluntary section to ensure a whole system approach.
9. We accept that we are currently working in a fast-changing, complex environment. DsPH are having to respond dynamically to changing evidence, national guidance, demands and expectations. We will commit to be actioned focused and commit to working to public health first principles (to protect and improve the health of the population)
10. We will ensure that our LOMP includes a strong focus on prevention and early intervention to ensure key settings (e.g. care homes and schools) and high-risk locations and communities identify and prioritise preventative measures to reduce the risk of outbreaks.

3.0 Governance

3.1 Working in partnership is crucial to help prevent the spread of the virus and swiftly respond to local outbreaks. While the response to outbreaks will be led by the local Directors of Public Health success will require a co-ordinated partnership response. This will involve numerous agencies, some of whom are mentioned above, working together. Which agencies are involved will depend somewhat as to the outbreak setting, but it is critical that all organisations understand the plan and the role and actions they are expected to take in a response.

3.2 Managing outbreaks in workplaces, specific settings such as schools and care homes and within the community is not new and is a core function of public

health and environmental health. It is therefore important that the creation of any new arrangements to manage local COVID-19 outbreaks build on existing plans e.g. Care Homes Resilience Plan and link in with existing structures and arrangements such as the Health Protection Sub-Committee of the Health and Wellbeing Board (<https://www.devonhealthandwellbeing.org.uk/board/>) and the Local Resilience Forum and area able to fulfil any reporting requirements by other bodies.

- 3.3 The following governance arrangements will support the Local Outbreak Management Plan and are described diagrammatically in appendix 1.

Devon and Torbay Covid-19 Health Protection Board

This Board will be chaired by the Director of Public Health for Devon County Council with the Vice chairs being the Director of Public Health for Torbay Council and DCC Deputy Director of Public Health. This Board is an Executive-level Partnership Board and will have the following key responsibilities:

1. Local Outbreak Management Plan and resource deployment
2. Data and intelligence (with the Joint Biosecurity Centre)
3. Leading the local Public Health response with PHE (and NHS Test and Trace)
4. Assurance and reporting to Local Engagement Outbreak Board and the Local Resilience Forum.

Membership will include:

PHE, Clinical Commissioning Group, Police, Unitary and District Council, (EHO/Housing), Fire and Rescue Service, Public Protection, Social Care, Schools and Colleges, Higher Education, Economy Enterprise and Skills, Business & Tourism, Military Liaison, Prisons, Communities.

* Plus in advisory capacity: Consultant in Public Health/Public Health Intelligence; Communications Lead; DCC Corporate Equality Officer.

Team Devon (Local Outbreak Engagement Board)

This Board will be chaired by the Leader of Devon County Council and will have the following key responsibilities:

1. Political oversight of the local delivery of plan and response
2. Communicating and engaging with residents and communities

Membership will include:

Health and Wellbeing Board Chair, CCG Chair, District Council Leader, Portfolio Holders, Police, Higher Education, Devon Association of Local Councils (Towns and Parish Councils), Voluntary and Community Sector working on a 'hub and spoke' basis with Communities.

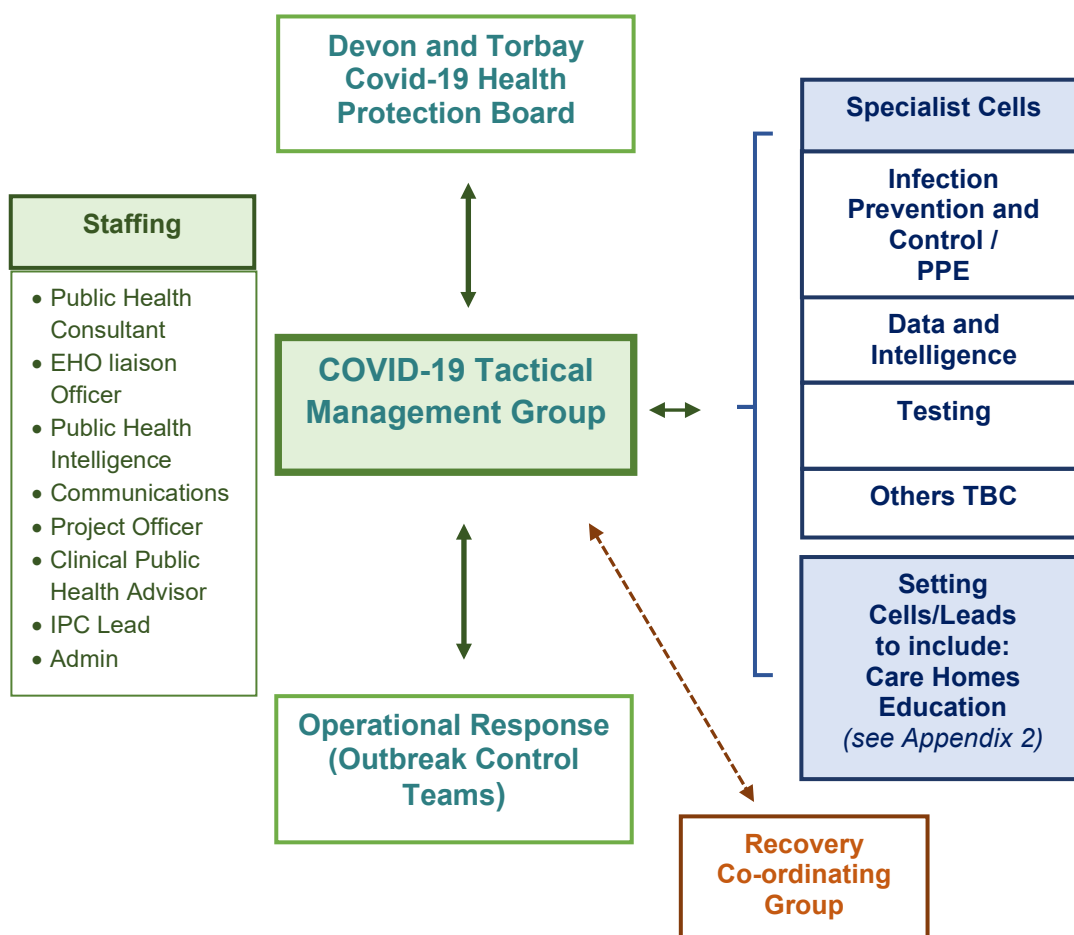
* Plus in advisory capacity: DPH, Communication Lead and Equality Officer.

- 3.4 The COVID-19 Tactical Management Group (TMG) will receive notifications of suspected or confirmed cases of COVID-19 cases from Public Health England. The role of the group is to carry out a dynamic risk assessment and link with the appropriate setting lead to ensure they are aware of the notification. In collaboration with the setting lead agreement will be reached on the most appropriate person(s) to lead the local response. The locally designated lead,

working with the Local Health Protection Team (PHE) and key local partners (see Appendix 2) will follow the agreed Standard Operating Procedures protocols to take the necessary actions to contain the outbreak. This could include the setting up of an Outbreak Control Team. If an incident or suspected case is raised directly with a Setting Lead this intelligence will be passed onto the Tactical Management Group who will liaise with the Local Health Protection Team to triangulate data and intelligence. Good local relationships often mean service leads/mangers are notified informally before a formal notification is made.

- 3.5 The staffing of COVID-19 Tactical Management Group will vary depending on the number of incidents and while it is expected that additional capacity and capability will be brought into the group as necessary, depending on the scale and complexity of outbreaks, there will be a core group of staff identified to ensure the group can function effectively during the Pandemic.

COVID-19 Tactical Management Group



4.0 Data Integration

- 4.1 The need for local, timely, high quality data and surveillance is a critical factor in helping the COVID-19 Health Protection Board make the informed decisions. Boards across the South West will work to an agreed dataset which enables transparency and consistency for data analysis, interpretation and comparison purposes. The Department of Health and Social Care National Testing Programme, NHS Digital and NHSX are developing an interactive data dashboard which will be available for local use. This data dashboard,

alongside the data produced by the Joint Biosecurity Centre will provide local Health Protection Boards with national data and intelligence.

- 4.2 To complement the national data dashboard local data and intelligence, gathered from partners and through local Incident Managements Teams and Outbreak Control Teams will be vital to ensure an effective tactical response to local outbreaks. Timely data and surveillance information will provide the COVID-19 Health Protection Board with the necessary information to help prevent and control the transmission of COVID-19. Team Devon (LOEB) will also have a key role in communicating data and intelligence with the public, primarily to strengthen the link between evidence and decision making, promoting openness and transparency, as part of the Smarter Devon Smarter Decision-making work (reference working principle 6).
- 4.3 The establishment of a local COVID-19 data and intelligence group with clear agreement of local data flows, pathways and information sharing protocols is a key priority.

5.0 Prevention and Response Plans for Places and Communities

- 5.1 While it is important that the plan can be used to respond to all local COVID-19 outbreaks we know from the data and intelligence that there are settings which are more likely to have outbreaks or may be more challenging to manage an outbreak due to the nature of the setting or vulnerability of the cohort concerned. It is therefore prudent to have specific plans in place with pre-agreed actions to respond to outbreaks in these higher risk settings. Standard Operating Procedures (SOPs) will be created to enable a co-ordinated and timely system response to help contain outbreaks. An overview of COVID-19 higher risk setting, including the role of key agencies is included in Appendix 2.
- 5.2 In addition to settings which maybe at higher risk of COVID-19 outbreaks we know that there are some people and communities who are also at higher risk. These include for example BAME communities, refugees and asylum seekers, people with learning disability and autism, older people and people with underlying health conditions. It is important the Local Outbreak Health Protection Board ensures that the health needs of those most vulnerable people and communities are addressed. The overview in Appendix 2 also includes detail of the relevant Board member lead for these areas.
- 5.3 As part of the national containment framework 'Action Cards' have been developed for individual settings such as workplaces or institutional settings. The Action Cards provide details of how and who they should contact in the event they suspect they have a COVID-19 outbreak in their setting. The Action Cards also provide clear guidance on how individual settings can help prevent the spread of COVID-19 by applying existing guidance on social distancing, adhering to the risk assessed safe working advice, cleaning hands regularly, disinfecting objects, surfaces and common touch points, cohorting the workforce and minimising contacts outside of the household.
- 5.4 The Action Cards will be web-based ([weblink to be added](#)) and will be produced, updated and promoted nationally and locally for individuals, businesses and organisations to download and use.
- 5.5 In addition to providing guidance and advice to key settings and general public, both through national and local messaging there is a need for evidence-based preventative measures to be targeted at high risk settings. Training and advice has been, and will continue to be provided by the NHS Community Infection

Prevention and Control Team to those who work in higher risk settings and those working with or caring for the most vulnerable people. High quality and timely Infection Prevention Control (IPC) advice is critical to help prevent and contain the spread of COVID-19.

6.0 Protecting and supporting vulnerable people

We know from the number of local people identified within the 'shielding' category as a response to COVID-19 that there are many people and families who need support during this Pandemic. We know that some people and families who are instructed to self-isolate either as a result of having symptoms or being identified as a close contact of a confirmed case will find this difficult and may require additional support in order to self-isolate. The local authority working with key partners and the voluntary and community sector will ensure that people are guided to help and support.

7.0 Testing and contact tracing

- 7.1 The NHS Test and Trace Service has been set up with three primary goals:
1. To ensure that anyone who develops symptoms of coronavirus can quickly be tested to find out if they have the virus.
 2. Provide a targeted asymptomatic testing programme for NHS and social care staff and care home residents.
 3. Help trace close recent contacts of anyone who has tested positive for coronavirus.
- 7.2 The NHS Test and Trace Service (as shown in figure 1) includes four key elements, Test, Trace, Contain and Enable

Testing

Anyone in England who has symptoms of coronavirus (i.e. a high temperature, a new, continuous cough, or a loss or change to sense of smell or taste), whatever their age can access a test by going to the NHS website (<https://www.nhs.uk/ask-for-a-coronavirus-test>) or by calling 119. People will either be able to book an appointment at a drive-through or walk-through test site or ask for a home test kit.

There is a different testing route for essential workers who have symptoms of coronavirus or for someone who has symptoms and lives with an essential worker. Essential workers include, for example NHS and social care staff, police, transport workers, education and care workers, etc. Tests are accessed by the individual via the GOV.UK (<https://www.gov.uk/apply-coronavirus-test-essential-workers>) or they can be referred by their employer. In addition to these two routes there is a specific national testing route for care homes residents and staff (Whole Care Home Testing) and NHS Trusts can test patients and utilise local capacity to test staff.

Trace

When someone tests positive for coronavirus the NHS Test and Trace Service will trace contacts of the positive case. A 'contact' means a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. The key timeframe is 48 hours before they developed symptoms and the time since they have developed symptoms.

Close contact means:

- having face-to-face contact with someone (less than 1 metre away)

- spending more than 15 minutes within 2 metres of someone
- travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane
- if you work in – or have recently visited – a setting with other people (for example, a GP surgery, a school or a workplace)

The NHS Test and Trace Service will assess and if it is necessary inform the close contact that they must self-isolate at home to help stop the spread of the virus. There are three tiers to the contact tracing operating model with each Tier being bridged by a Team Leader function to ensure information flows and cases are escalated and de-escalated accordingly:

Tier 3: There are approximately 15,000 national call handlers who are trained to make initial contact and provide advice to those testing positive and their contacts.

Tier 2: There are approximately 3,000 health care professionals employed nationally who are trained to interview cases and identify contacts.

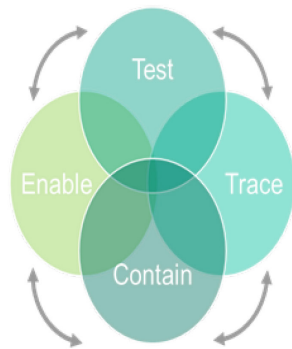
Tier 1: Where Tier 3 and Tier 2 identify a degree of complexity and a 'context' for concern (e.g. a school, health setting, care home or workplace) they will escalate to Tier 1. At Tier 1 the Local Health Protection Teams (PHE) will work with local partners, including the local authority public health team, to follow up cases and agree actions to contain the outbreak.

7.3 The expectation is that vast majority of people requesting tests and/or being contacted by the NHS Test and Trace Service will not require any local involvement and will be supported through Tier 2 and 3. However, for more complex outbreaks (Tier 1) the knowledge and relationships which local partners have will be invaluable in providing a timely and appropriate response to a local outbreak working in collaboration with PHE. This will include the ability to swiftly mobilise local testing units, to support local intelligence gathering, provide infection control advice and ensure timely communications to the public and their representatives.

7.4 The use of mobile phone technology through the use of the NHS COVID-19 app and a new Google/Apple framework is continuing to be developed. A COVID-19 app will form just one component of the NHS Test and Trace Service and once fully functioning and rolled out, will complement other forms of traditional contact tracing.

NHS Test and Trace Service (figure 1)

An integrated and world-class Covid-19 Test and Trace service, designed to control the virus and enable people to live a safer and more normal life



Test	Rapid testing, at scale, to identify and treat those with the virus
Trace	Integrated tracing to identify, alert and support those who need to self isolate
Contain	Identify outbreaks using testing and other data and contain locally and minimize spread
Enable	Use knowledge of the virus to inform decisions on social and economic restrictions

Continuous data capture and information loop at each stage that flows through Joint Biosecurity Centre to recommendations

Underpinned by a huge public engagement exercise to build trust and participation

Contain

Early identification of an outbreaks, which is generally but not always defined as 'two or more cases connected in time to a specific place' (not a household), is critical to help contain the spread of infection. For complex outbreaks (Tier 1) a local authority will convene an Incident Management Team (IMT). The team will consist of key representative applicable to the setting. In some circumstances it will be necessary to form an Outbreak Control Team (OCT). The OCT will usually be chaired by a member of the Local PHE Health Protection Team or by a Consultant in Public Health from the Local Authority Public Health Team. The membership of the OCT will vary depending on the setting but includes public health expertise, communication leads and the manager or key staff from the outbreak setting. The key aim of the OCT is to contain the outbreak and minimise any risks.

Enable

The gathering of data and intelligence (covered in section 4) and national and international research is critical to inform national policy and local action. The plan will be updated to ensure that as and when new research and policy is produced the plan will be updated accordingly.

8.0 Communication and Engagement

8.1 Providing up-to-date guidance, information and advice to the general public and key stakeholders is a key element of the plan. While much of the guidance and messaging is currently derived from central government and PHE the interpretation and the localisation of the key messaging has often been required. There are existing communication protocols and material in place between PHE and Local Authorities to ensure clarity and consistency of messages in response to an outbreak such as letters to parents following a confirmed case in a school.

8.2 Ensuring there is consistency in messaging from key local organisations is vital to avoid confusion and to build trust and confidence. There are established close working arrangements with key partners in agreeing and communicating proactive, timely COVID-19 messages within the Local Resilience Forum

Warning and Informing Group and under the Team Devon communication channels and connections. DCC has a number of existing communication channels it is using to deliver COVID-19 messages both internally and externally including the ConnectMe e-newsletter, regular messages from the Chief Executive, social media content, a Team Devon newspaper and dedicated webpages. Engaging and involving stakeholders and key individuals in the development and delivery of messages will continue to be a crucial part of the plan. A communication lead will sit on the Local Outbreak Health Protection Board and Local Outbreak Engagement Board to support them in an advisory capacity.

- 8.3 A communications and engagement strategy will be developed as part of this plan to build trust and confidence within the general public and partners.

9.0 Resources

- 9.1 The Local Outbreak Management Plan requires the necessary resources, both financial and staffing resources. Nationally £300million has been allocated for local authorities to support the additional public health capacity required to develop and implement the plans to mitigate against and manage local COVID-19 outbreaks. Devon County Council's share of the Local Authority Test and Trace Service Support Grant Determination is £2,618,508.

- 9.2 While the response to a local outbreak needs to be led by public health, the skills and expertise within the local system are required to effectively manage outbreaks, working as a 'system within the local system'. Public health within the local authority and Public Health England do not have the capacity, skills or expertise alone and so resources and input from key organisations and professional groups such as Environmental Health Officers, Infection Prevention Control specialists, Health and Social Care, NHS, Communications Officers, data and intelligence analysts and Health and Safety Officers will be needed, amongst others.

- 9.3 The precise additional resource required locally will be dependent upon the number and complexity of COVID-19 outbreaks. There will be a need to increase wider public health capacity to support testing, contact tracing and to provide advice and guidance.

- 9.4 There will also be additional resources required to support vulnerable people who are instructed to self-isolate. If the local system requires surge capacity to effectively respond to outbreaks this request will be routed through the Local Resilience Forum.

Sign:

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Chief Executive:

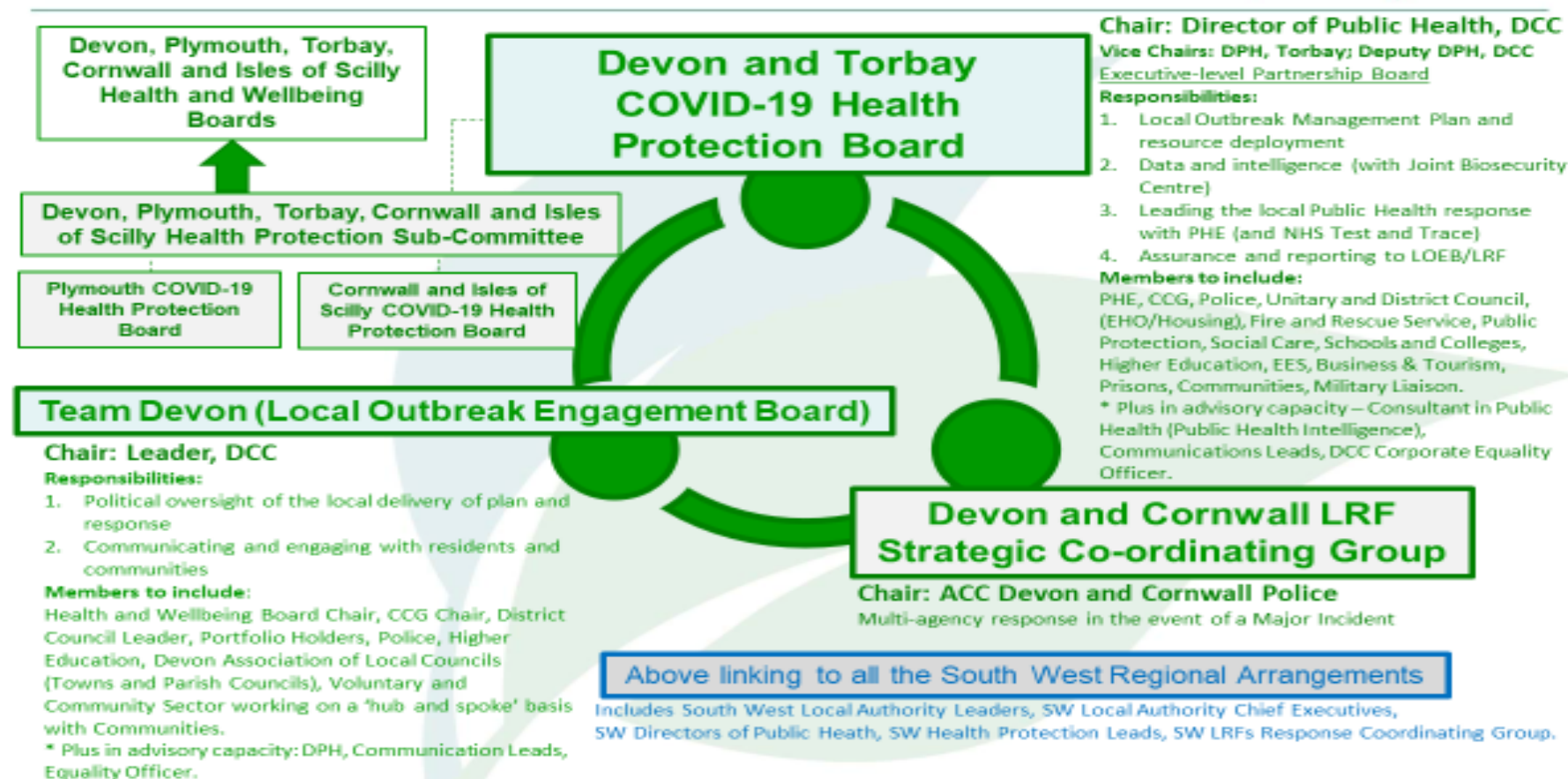
Director of Public Health:.....

Date:

Date:



Governance Arrangements



APPENDIX 2

Overview of organisational involvement and role in the prevention and management of outbreaks by setting

Category	Setting	Health Protection Board Lead	Key agencies involved and role			
			PHE	LA	NHS	Other
Health and Care Setting	Hospital	CCG AO	LHPT <i>(Advice / Guidance)</i>	DPH <i>(notified)</i>	Implement Hospital Outbreak Plan	
	Mental Health	CCG AO	LHPT <i>(Advice / Guidance)</i>	DPH <i>(notified)</i>	System mental health lead Implement Hospital Outbreak Plan	
	Primary care	CCG AO	LHPT <i>(Advice / Guidance)</i>	DPH <i>(notified)</i>	Primary Care lead	
	Community Services	CCG AO	LHPT <i>(Advice / Guidance)</i>	DPH <i>(notified)</i>	ASC MDT lead CCG Community Infection Control Team <i>If required</i>	
	Care Homes	DASS x2	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	ASC/QAIT <i>(notification, support, advice, comm's)</i> PH Lead <i>(support LHPT)</i>	CCG Community Infection Control Team <i>If required</i>	PPE Cell <i>(if emergency supplies required)</i>
	Domiciliary Care	DASS x2	LHPT <i>(Advice / Guidance)</i>	ASC/QAIT	CCG Community Infection Control Team <i>If required</i>	
Educational Setting	Preschool	Deputy Chief Officer/ Education Lead	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	Education <i>(notification, support)</i> PH Lead	CCG Community Infection Control Team <i>If required</i>	DCC Health & Safety Team <i>(Risk Assessment & Advice)</i>

				(notification, Advice, support LHPT) LA Comm's team		
	Schools	Deputy Chief Officer/ Education Lead	LHPT (Test notification, risk assessment, IPC advice, comm's)	Education (notification, support) PH Lead (notification, Advice, support LHPT)	Mental Health Support Teams CCG Community Infection Control Team If required	School Principal DCC Health & Safety Team (Risk Assessment & Advice)
	Boarding Schools	Deputy Chief Officer/ Education Lead	LHPT (Test notification, risk assessment, IPC advice, comm's)	Education (notification, support) PH Lead (notification, Advice, support LHPT)	CCG Community Infection Control Team If required	Boarding School Principal
	Universities and colleges (Including private)	University Lead	LHPT (Test notification, risk assessment, IPC advice, comm's)	Education (notification, support) PH Lead (notification, Advice, support LHPT)	CCG Community Infection Control Team If required	University Lead District Council's
Workplace Settings	Institutional e.g. Prisons.	HMP Cluster Governor	LHPT (Test notification, risk assessment, IPC advice, comm's)	PH Lead (notification, Advice, support LHPT)	NHSE/I	PHE/MoJ Prison Lead PHE led Prison Outbreak Control Group
	Public Transport	Head of TCS	LHPT (Test notification, risk assessment, IPC advice, comm's)	Head of TCS PH Lead (notification, Advice, support LHPT)	CCG Community Infection Control Team If required	Network rail and private travel providers
	Industrial sites e.g. Manufacturing. Construction. Outdoor working.	Head of EES Business Lead	LHPT (Test notification, risk assessment, IPC advice, comm's)	Head of EES PH Lead (notification, Advice, support LHPT)	CCG Community Infection Control Team If required	DSEHM and sub-groups (e.g. licensing, food and health and safety) HSE

	Commercial <i>e.g.</i> Offices Contact centres	Head of EES Business Lead	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	Head of EES PH Lead <i>(notification, Advice, support LHPT)</i>		DSEHM and sub-groups HSE
	Consumer <i>e.g.</i> Food and Drink establishments. Shops.	Head of EES Business Lead	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	Head of EES PH Lead <i>(notification, Advice, support LHPT)</i>		DSEHM and sub-groups
	Social <i>e.g.</i> Caravan/camping sites. Hotels. Holiday lets/ B&B's. Cinemas. Leisure centres. Libraries.	Head of EES Business Lead	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	Head of ESS PH Lead <i>(notification, Advice, support LHPT)</i> LA Communities Team		Libraries unlimited Tourism DSEHM - Licensing District Councils
Travel and Movement	Mass Transportation <i>e.g.</i> Airports. Ferry Ports. Trains	Port Health	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support LHPT)</i>		DSEHM and sub-groups PHE Port Health Group
	Large gathering (>500 people) <i>e.g.</i> sports grounds. Theatres.	EH lead (licensing) Police	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support LHPT)</i> Communications Lead		DSEHM and licensing sub-group SDP/OPiC

	<i>Tourist attractions. will</i>					
	Small gathering (<500 people) <i>e.g. Cinemas. Parks. Place of worship.</i>	EH lead	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support LHPT)</i> Communications Lead		DSEHM and licensing sub-group SDP/OPIC Diocese (places of worship) District Councils(parks)
Vulnerable Individuals and groups	Homelessness <i>Inc: Hostels</i>	Housing lead	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support LHPT)</i>	CCG Community Infection Control Team <i>If required</i>	District Councils <i>(Housing Leads)</i>
	Vulnerability & /or complexity including Domestic abuse & substance <i>Inc: Hostels/refuges</i>	Head of Communities	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support LHPT)</i>		District Councils <i>(Housing Leads)</i>
	Refugees and Asylum seekers	Head of Communities	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support LHPT)</i>		District Councils <i>(Housing Leads)</i>
	Gypsy, Traveller and Roma	Head of Communities	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support LHPT)</i>		
	Disabled people and carers	DASS	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	DASS PH Lead <i>(notification, Advice, support LHPT)</i>	ASC/CCG lead	

	People with LD and autism	DASS	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	DASS <i>(Notified)</i>	ASC/CCG lead	
	Mental Health Service users	CCG/DASS	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	DASS <i>(Notified)</i>	Mental Health Lead	
	Older People	CCG/DASS	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	DASS <i>(Notified)</i>	CCG lead	
	People with underlying health conditions	CCG	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>		CCG lead	
	Health and Care Staff	CCG/DASS	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	DASS <i>(Notified)</i>		
High risk communities and neighbourhoods	BAME Communities	Head of Communities	LHPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support LHPT)</i>		Equality and Diversity leads in organisations
Public Protection	Business Lead	Police (X2) Head Trading Standards (Devon/ Somerset/ Torbay shared Service)				
Military Liaison	Planning	Military Lead				

Key:

AO: Accountable Officer

ASC: Adult Social Care

CCG Lead: Clinical Commissioning Group

DASS: Director of Adult Social Services
DPH: Director of Public Health
DSEHM: Devon Strategic Environmental Health Management Group
EES: Economy, Enterprise and Skills
HSE: Health and Safety Executive
LHPT: Local Health Protection Team (Public Health England)
LRF: Local Resilience Forum
MDT: Multi-Disciplinary Team SDP
NHSE/I: NHS England and NHS Improvement
OPiC: Operational Incident Cell (LRF)
PHE: Public Health England
PH Lead: Local Authority Public Health Team Lead
SDP: Safer Devon Partnership
TCS: Transport Coordination Services
QAiT: Quality Assurance Improvement Team

