

Covid-19 Member Engagement Board

Date: Monday, 29 June 2020
Time: 9.00 am
Venue: Microsoft Teams

Membership

Councillor Les Caborn (Chair)
Shade Agboola
Councillor Jo Barker
Councillor Sally Bragg
Councillor Judy Falp
Councillor Marian Humphreys

Items on the agenda: -

- 1. Apologies**
- 2. Notes of the Meeting held on 16 June**
- 3. Final Outbreak and Implementation Plan - Shade Agboola** 3 - 46
- 4. Communications Plan - Fran Collingham**
- 5. Funding - Duncan Vernon**
- 6. Current Incidents/Outbreaks - Shade Agboola (verbal)**
- 7. Any other business including next steps**
- 8. Date of next meeting - 15 July at 2pm**

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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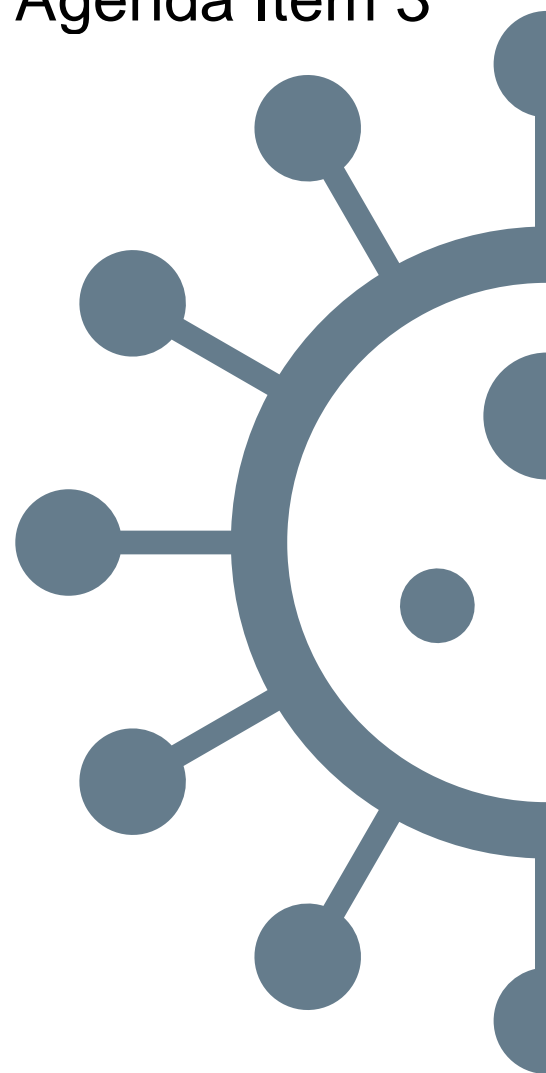
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Coventry Solihull Warwickshire (CSW) COVID-19 Outbreak Control Plan



Foreword

As we move our focus to the next phase of management of the COVID-19 epidemic, it is clear that having a locally-led system to both prevent and reduce transmission of the virus is critical. As one of eleven national Beacons, Warwickshire, Coventry and Solihull local authorities, working with the West Midlands Combined Authority, are eager and ready to take on this challenge. We will make best use of the solid relationships we already have with key partners in the NHS, in district and borough councils, with Public Health England, businesses, the voluntary and community sector and most importantly with our communities. This Outbreak Control Plan builds on the work we have already done to manage outbreaks locally in providing advice to schools, care homes, and businesses, as well as the support we have given to people shielding and to secure Personal Protective Equipment to protect staff working in the community.

We're determined to reduce the number of new community cases of COVID-19 to zero in the shortest time possible, reducing the impact of the virus on our most vulnerable groups and its wider impact on general health for everyone in Coventry, Solihull and Warwickshire

The success of contact tracing and the Test and Trace

programme will depend on a truly integrated approach between national and local government and the continued commitment of our local partners, working with businesses, schools, universities, care providers, and those organisations supporting our more vulnerable groups such as our homeless communities, and asylum seekers and refugees.

Our Beacon model will increase our ability to share resources and expertise, and draw on the strengths of each Authority, applying a 'do once' approach where it makes sense to, while underpinning our sub-regional approach with detailed local implementation plans.

This Plan sets out the approach we are going to take to achieve our aim of reaching zero new community cases of COVID-19. We are establishing an approach that is sustainable for the longer term, with confident communities at the heart of our prevention and containment work. Many of the messages are not new: hand hygiene, social distancing and shielding remain absolutely vital in the fight against COVID-19. Our local approaches are designed to help people and communities stay engaged to stay safe, and feel confident about identifying symptoms, getting tested, and playing their part in tracking transmission to shut it down.



**Cllr Izzi Secombe OBE
(Leader)**

Warwickshire County Council



Cllr George Duggins (Leader)

Coventry City Council



Cllr Ian Courts (Leader)

*Solihull Metropolitan
Borough Council*

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Introduction

This Beacon Outbreak Control Plan for Coventry, Solihull and Warwickshire working with West Midlands Combined Authority is part of a jigsaw, interlocking with the national Test and Trace service, the National Joint Biosecurity Centre, and existing regional and local plans. Working as one and drawing on the wealth of available resources, we have got the tools we need to tackle outbreaks of COVID-19, reducing the rates of infection.

This is a dynamic and exciting landscape, with new opportunities and innovations emerging all the time. Being part of the national Beacon programme means we can both add to and learn from early examples of best practice to make a positive impact on infection rates across our communities.

The national programme has drawn together existing and new resources to offer a testing and tracing service that can reach, and works with, high numbers of people, resolving simple outbreaks quickly. Our local programme works alongside this, but is focused on closely managing complex cases and local outbreaks using our own expertise. Our focus through this Outbreak Control Plan is on 'complex' settings where there is an increased risk associated with contact, particularly between people who are considered to be more vulnerable to catching the virus. This includes people from black and minority ethnic communities (BAME), people with specific health conditions, homeless people, and others who may

have some form of barrier to accessing health support. We are also developing detailed plans with partners to control infection in settings where the risk is higher, such as healthcare settings and care homes.

The national, regional and local offers will be woven together operationally in our three separate 'local outbreak implementation plans', which are tailored to our authority areas and our local population and resources. These plans translate into practice the themes, principles and priorities set out in this over-arching plan.

The Beacon programme, hand in hand with our existing history of working together as a sub-region, gives us the opportunity to pool our knowledge, resources and ideas to create an outbreak control response that is greater than the sum of its parts. We have established four collaborative workstreams to drive forward progress in the areas of data, testing, joint health protection, and communications and community engagement. We have shared out leadership of these workstreams and are maximising the use of technology and the current working climate to join together people who have not been joined before. What we learn from these collaborations will not only benefit Coventry, Solihull and Warwickshire, but all other local authorities as they step up their own outbreak control programmes. We will also play a key part in informing the national picture of outbreak control, and our data will support Government decision making as the pandemic phases progress.

Where are we now?

We are now at a transition point between phases in the pandemic. The number of deaths and new cases has fallen significantly since it peaked in mid- to late April. Containing COVID-19 and keeping the number of cases low requires a sustained focus on making sure that all measures are taken to prevent the spread of infection.

The Coventry, Solihull and Warwickshire Beacon has been using a range of locally and nationally available data to support our understanding of the impact of the COVID-19 pandemic and what is happening locally, in order to guide our actions in response. Each Local Authority has developed its own dashboard using this available and routinely reported data, tailored to local needs, and integrated with local data collection. These dashboards (linked below) will continue to develop in response to the introduction of Test and Trace and to our learning and needs as a Beacon.

Learning from each other's approaches to data and intelligence, and connecting with regional and national bodies, we will continue to develop the dashboards and create a sub-regional 'data hub' to create accessible, easy-to-use tools that can link with other data mechanisms.

Key to our plan is the rapid identification of new cases and people who have come into contact with the virus to reduce transmission to other people; rapid intervention where there are outbreaks; and close monitoring of the number of cases locally so that additional measures can be taken to stop the spread of the disease. We will also work very closely with local communities - outbreak control will depend on people following advice and understanding what they need to do to keep themselves and their families safe. All these elements are key to our Local Outbreak Control Plan.

Local dashboards

- [Coventry, Solihull and Warwickshire COVID-19 dashboard](#)
- [Solihull West Midland COVID-19 dashboard](#)
- [Warwickshire COVID-19 Daily Intelligence Update](#)
- Local care homes' and schools' dashboards

National datasets/sources

- [Number of coronavirus cases and risk level in the UK](#)
- [Weekly COVID surveillance report](#)
- [Care home outbreak datasets](#)
- [Local Government Inform COVID reports](#)
- [Office for National Statistics COVID datasets](#)
- [NHS Test and Trace statistics](#)

COVID-19 case number estimates (predominantly hospital cases) – 5 March to 21 June 2020

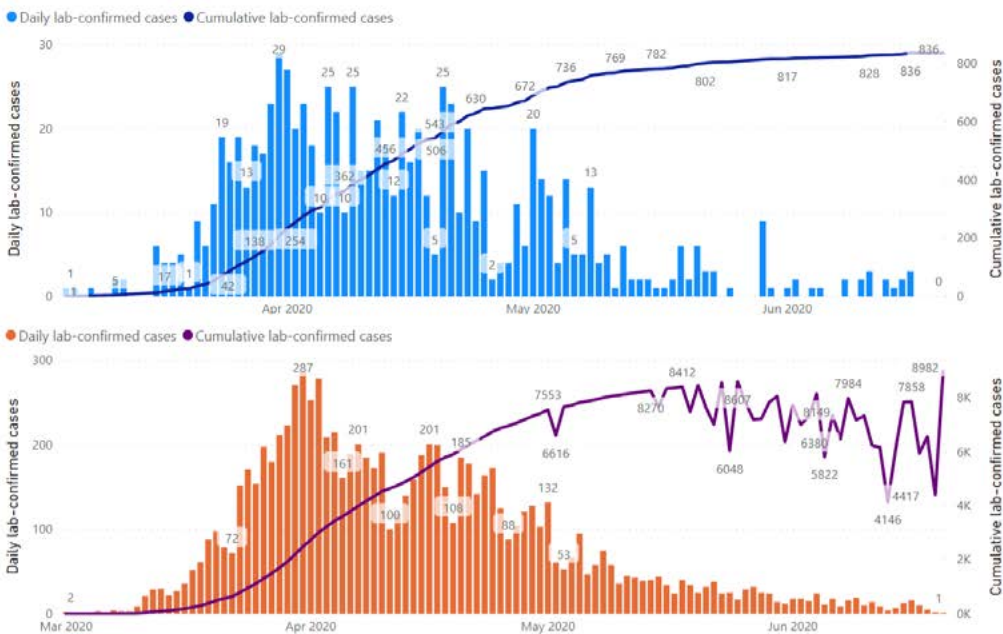
Lab-confirmed COVID-19 cases - Coventry & WMCA

Coventry

836
Lab-confirmed cases
227.90
Rate per 100,000

WMCA

8982
Lab-confirmed cases
319.39
Rate per 100,000



This shows the total number and rate of lab-confirmed COVID-19 cases in Coventry and the West Midlands Combined Authority using data from Public Health England as published at <https://coronavirus.data.gov.uk/>. These include specimen tested in local NHS hospitals PLUS centralised NHS and PHE laboratories (Pillar 1). Tests are normally completed within 24 hours, but some labs submit data in batches, so there may be no cases for a week and then a large number on one day. The dashboard is powered by Government published data -- blips in the data may represent peculiarities in how the data is collected.

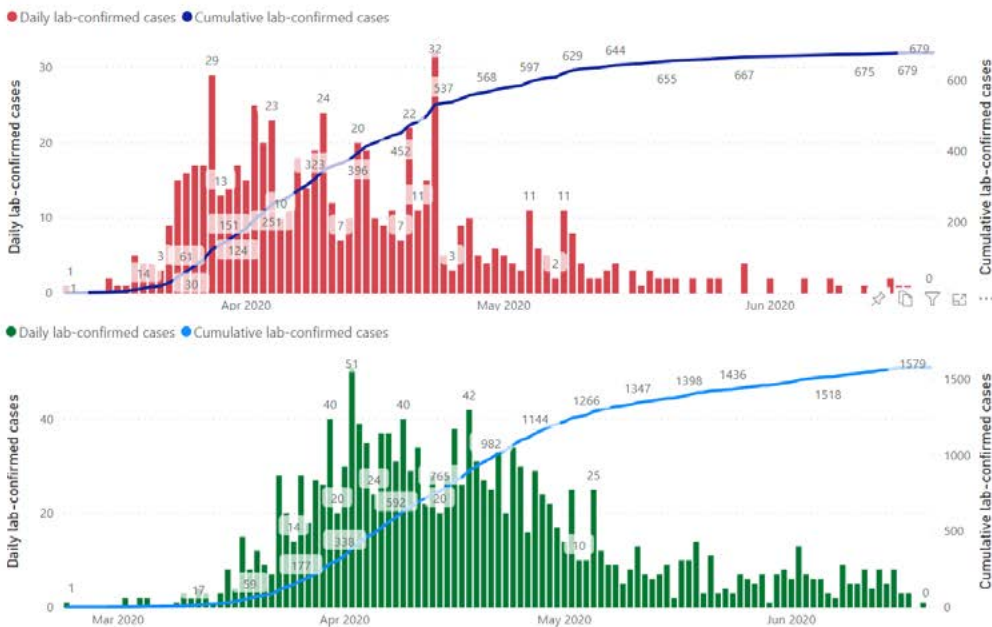
Lab-confirmed COVID-19 cases - Solihull & Warwickshire

Solihull

679
Lab-confirmed cases
315.90
Rate per 100,000

Warwickshire

1579
Lab-confirmed cases
276.50
Rate per 100,000



This shows the total number and rate of lab-confirmed COVID-19 cases in Coventry and the West Midlands Combined Authority using data from Public Health England as published at <https://coronavirus.data.gov.uk/>. These include specimen tested in local NHS hospitals PLUS centralised NHS and PHE laboratories (Pillar 1). Tests are normally completed within 24 hours, but some labs submit data in batches, so there may be no cases for a week and then a large number on one day. The dashboard is powered by Government published data -- blips in the data may represent peculiarities in how the data is collected.

About this plan

This Plan has both a preventative and response focus and includes how we are going to rapidly respond to complex cases, clusters and outbreaks of COVID-19.

The aim of the plan is to:

- reduce the number of new community cases of COVID-19 to zero in the shortest time possible, and
- reduce the impact the virus has on our most vulnerable groups, and the wider health outcomes for communities as a result of the measures put in place to control the virus.

The Plan has been developed to address the specific needs of Coventry Solihull and Warwickshire while addressing the seven key themes, identified by the Local Government Association and the Department of Health and Social Care, as critical to outbreak plans for this phase of the pandemic.

As a Beacon area we have agreed eight key priorities emerging from these themes, around which the Plan has been designed. How the priorities link to the themes can be seen on page 9.



Priority 1: Community engagement to build trust and participation



Priority 2: Preventing infection



Priority 3: High risk settings and communities



Priority 4: Vulnerable People



Priority 5: Testing capacity



Priority 6: Contact tracing



Priority 7: Data: dynamic surveillance and integration



Priority 8: Deployment of capabilities including enforcement

Our approach needs to be sustainable and our plan provides the framework for how we will work as a system across Coventry, Solihull and Warwickshire through key organisations including the eight Local Authorities, four Clinical Commissioning Groups, NHS providers including our hospitals and primary care, Public Health England West Midlands, and the voluntary and community sector.

As well as working with and through the organisations that have formal responsibilities around outbreak management, the effective delivery of the Plan will require strong collaboration with a range of partners who have a role in preventing the spread of COVID-19 including workplaces, the business community, universities, schools, care homes, hostels and other settings where people come into contact with each other.

This Sub-Regional Outbreak Control Plan will support the effective delivery of Local COVID-19 Implementation Plans. It will be kept under review, in line with national guidance and changes in capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Local Outbreak Implementation Plans for each Authority are evolving, based upon the ambitions and key actions outlined in this Plan. These will reflect the specific characteristics in each area, including demographic differences and vulnerabilities both in geographical and 'community of interest' terms.

The Plan and associated Local Outbreak Implementation Plans, will be driven by both hard and soft data and intelligence from national and local sources. Access to very timely, good quality data will

be essential to the effective delivery of this Plan and we will work with PHE, the Department of Health and Social Care, and other regional and national colleagues to develop early warning systems and clear triggers for intervention and escalation using existing legal powers where necessary and emerging national frameworks from the National Biosecurity Centre.

The Plan will enable the wider work that is looking at 'resetting' health and wellbeing during this 'recovery' phase of the pandemic as well as wider economic recovery plans.



7 Key Themes

Care homes and schools –

Planning for local outbreaks in care homes and schools



Identification of high-risk places, locations and communities, e.g.

homeless shelters, migrant worker dormitories and accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports.



Local testing capacity – to

prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management and ensuring that testing and contact tracing is carried out in a timely way



Local contact tracing – Led by

NHS Test and Trace and PHE, but may require additional surge or localised capacity to respond rapidly & effectively



Data and integration – national

and local data integration and clear metrics to track trends locally including the rate of spread of COVID through the national and region R number



Vulnerable people – supporting

vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.



Local Boards – Establishing

governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.



Outbreak Plan priorities

Priority 1: Community engagement to build trust and participation

- Visible public messaging around Test and Trace, social distancing and handwashing using national campaign materials
- Wider engagement to support localised delivery of testing and contact tracing

Priority 2: Preventing infection

- Reinforcement of social distancing measures
- Infection Control
- Ensuring effective use of PPE

Priority 3: High risk settings and communities

- Healthcare settings including hospitals & general practice
- Care homes and care in the home
- Workplaces
- Universities & colleges
- Communities or locations with higher rates of COVID
- Schools and Early Years settings (including children's homes)
- Other high risk settings and communities

Priority 4: Vulnerable People

- Approach to shielding and supporting those who need to self-isolate
- Ensuring Test and Trace responds to vulnerable groups

Priority 5: Testing capacity

Antigen testing

- National/regional sites
- Mobile testing units
- Community response service

Antibody testing to support surveillance

Priority 6: Contact tracing

- Ensuring timely contact tracing and that communities are able to self-isolate effectively

Priority 7: Data: dynamic surveillance and integration

- Data and Integration
- Quantitative and qualitative intelligence
- Using data to inform decision making to control outbreaks

Priority 8: Deployment of capabilities including enforcement

How we will work

Background

The foundations of Local Outbreak Management are set out in the Public Health England and Association of Directors of Public Health joint statement, [What Good Looks Like for Local Health Protection Systems](#). Outbreak Control Plans for COVID-19 require a combination of Health Protection expertise (from PHE, the NHS, Local Authority Public Health and Environmental Health). They also occasionally rely on multi-agency capabilities (led by the Strategic Co-ordinating Groups of Local Resilience Fora) to deploy additional resources when needed to deliver these Health Protection functions at scale. 'Contact Tracing' as part of the Test and Trace programme is one component among a range of public health tools and techniques needed to manage an outbreak.

Health protection functions also need to be complemented by wider expertise including the safeguarding of vulnerable people, legal and enforcement skills, sector-specific knowledge, and effective connections into local communities through trusted community organisations and leaders.

Legal and Policy Context

The legal framework for managing outbreaks of communicable diseases that present a risk to the health of the public and require urgent investigation and management, sits within the Health and Social Care Act 2012, The

Public Health (Control of Disease) Act 1984, and The Civil Contingencies Act 2004. In the context of COVID-19 there is also the new Coronavirus Act 2020.

These laws give Local Authorities (through Public Health and Environmental Health functions) and Public Health England the primary responsibility for the delivery and management of public health actions to control outbreaks of communicable diseases.

The Director of Public Health has a primary and legal responsibility for the health of their communities. This includes being assured that the arrangements in place to protect the health of the communities they serve are robust and are implemented. The primary source for developing and deploying Local Outbreak Implementation Plans is the public health expertise of the local Director of Public Health.

Under the Care Act 2014, Local Authorities have the responsibility to safeguard adults in their area. Local Authority responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.

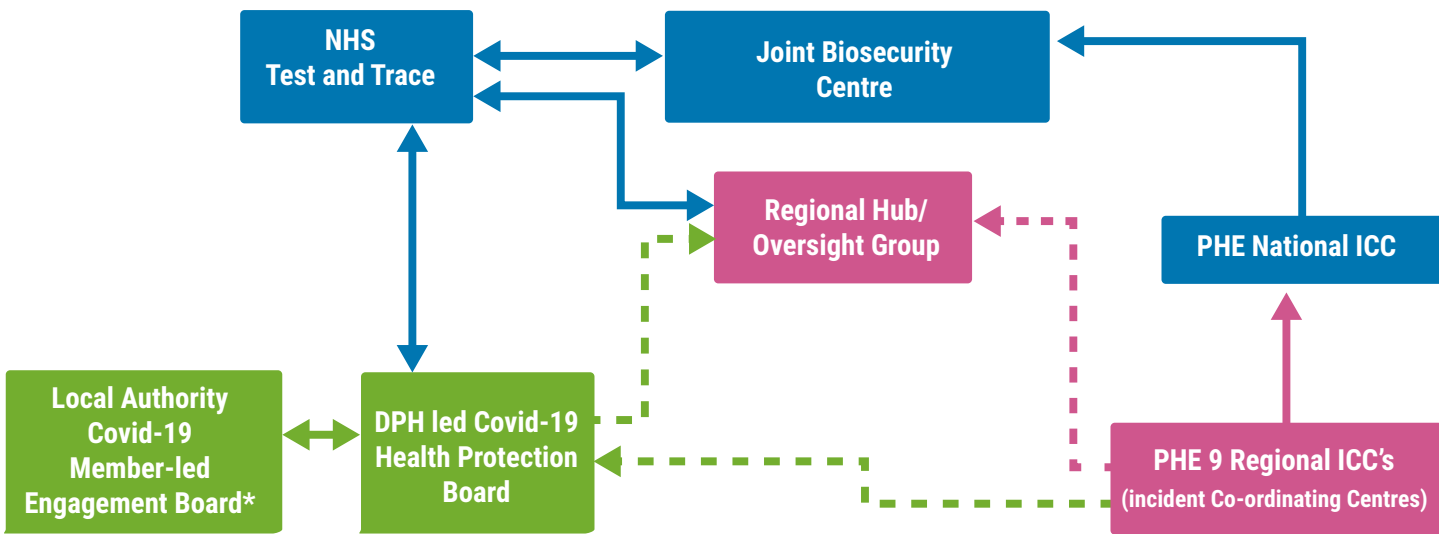
Under the Health and Social Care Act 2012, Clinical Commissioning Groups have responsibility to provide services to reasonably meet health needs and powers to provide services for the prevention, diagnosis and treatment of illness.

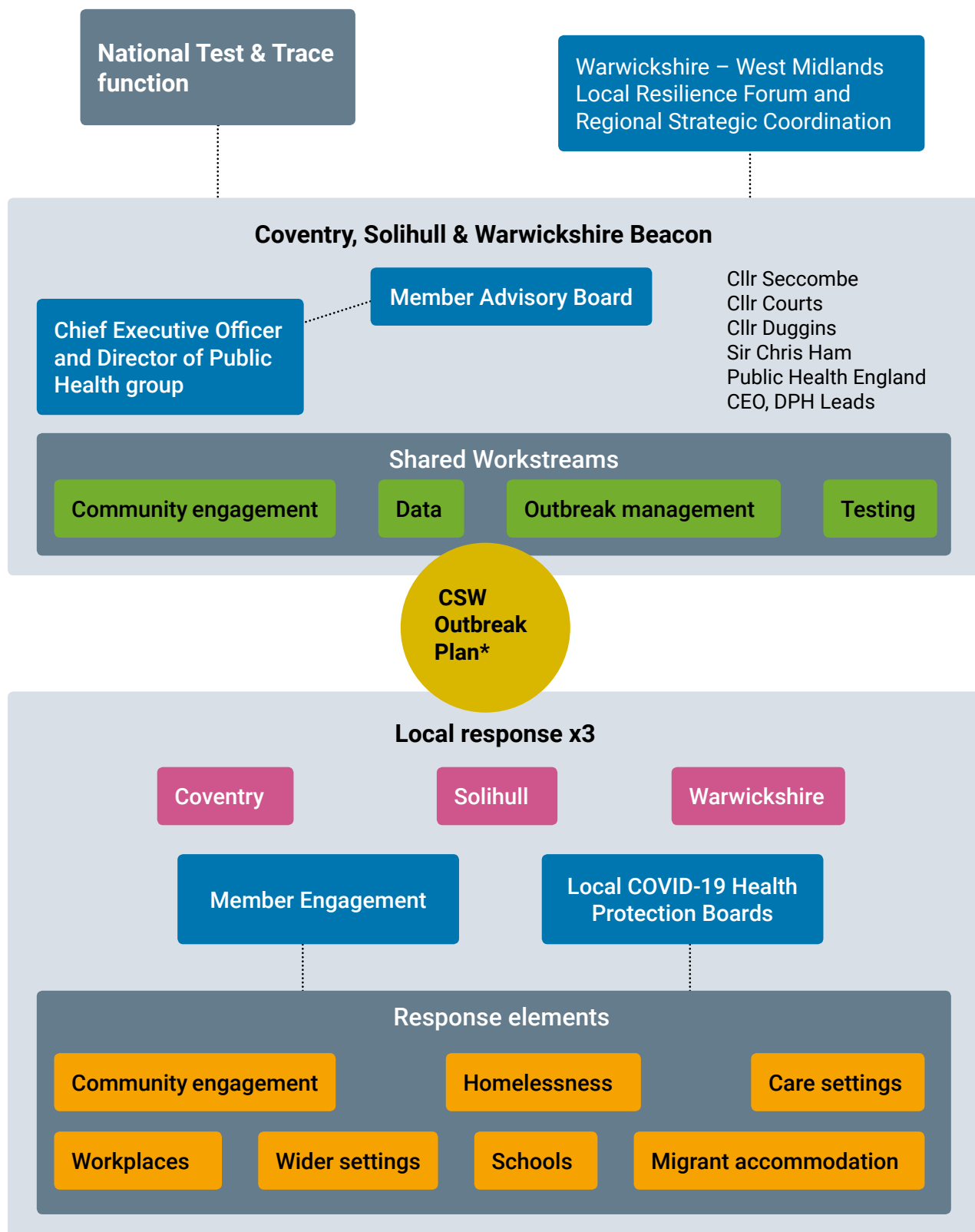
Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE also work with Local Authorities on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.

Governance arrangements for the Local COVID-19 Outbreak Plans

The key organisational elements required, as identified nationally, for governance of developing and implementing the outbreak plan are shown in the diagram below. These fit alongside our local and sub-regional governance arrangements.

Key organisational elements





*CSW Outbreak plan to be signed off by DPHs at Health Protection Board and endorsed by Member Advisory Board

Governance in each Local Authority in the Beacon will vary slightly. To date each has established:

- A Local COVID-19 Health Protection Board, which will develop, approve and implement the Local Outbreak Implementation Plans. Outbreak Response Cells will report into the Board and involve the Test and Trace leads and workstream leads for the identified local workstreams/settings.
- A Member-led Engagement Board (both local and sub-regional), which will have oversight of the Local Outbreak Implementation Plans, provide political ownership, and lead on public-facing engagement to support the response.
- Joint CSW COVID-19 Test and Trace Sub-Regional Advisory Board – to maintain an overview and champion the Test and Trace approach and effectiveness of the Beacon across the subregion and engage fellow Members.

Additionally, a number of local and sub-regional workstreams are evolving from groups that were already in place:

- Local workstreams related to care settings/educational settings/workplaces/high risk settings/homelessness/community support and support for people shielding.
- Four Coventry Solihull and Warwickshire sub-regional workstreams to escalate: data and intelligence; joint health protection responses; testing, and communications and community engagement.
- Sub-regional Strategic Coordinating Group (Warwickshire and West Midlands Local Resilience Fora footprint), which will agree strategy for the response, provide multi-agency co-ordination for key workstreams such as testing,

ongoing Personal Protective Equipment supply, and plans for recovery. Key members include emergency services, Local Authorities, NHS, PHE, Armed Forces and West Midlands Combined Authority. This also provides a key point of liaison with the Ministry of Housing, Communities and Local Government.

- Links to the National Joint Biosecurity Centre and supporting regional infrastructure are also under development.

Operational Response

The operational response to tackling outbreaks will consist of both proactive and reactive activity to prevent spread. Local and sub-regional programme management support has been put in place to support this response.

Local Authorities will lead on the preventative action necessary to reduce transmission of COVID-19 in our high risk settings and communities, under the local and sub-regional workstreams highlighted above.

Local Authorities, with key NHS partners, will also work alongside Public Health England on the reactive response, under the arrangements outlined above, and in the way in which we work closely in any outbreak situation. A [Standard Operating Procedure](#) has been established for the way in which the response will work between PHE and Local Authorities.

National contact tracing teams will be following up most non-complex routine positive cases and will escalate complex cases, clusters and outbreak work to Public Health England West Midlands, who will work with Local Authorities in these instances to rapidly prevent and control transmission.

In addition, Local Authorities will continue to receive and act on direct notification of outbreaks and complex cases, which will be notified by Public Health England West Midlands to the Directors of Public Health.

Public Health England will be responsible for the initial risk assessment of complex cases, clusters and outbreaks, and Local Authorities will be responsible for mobilising the local response, and the onward risk assessment and management of outbreaks. Public Health teams will work alongside Environmental health teams to mobilise the core response working with a wide range of key internal partners in Education, Community development, Social care, Human Resources, Information Technology, Communications and Business Intelligence. The core team will work closely with the NHS and will draw on infection control expertise, and advice from TB and Sexual Health service partners, who are experts in the field of contact tracing. Academic expertise will also be sought to provide advice and support to the programme.

A range of resources and guidance documents have been developed and made available nationally, as well as regionally and locally, to support outbreak response. Local Authorities will continue to ensure timely local interpretation of national and regional guidance and Action Cards is undertaken where required. Further information detailing resources and guidance (and a list of links) can be found under 'Priority 3: Settings and Communities'.

Managing risk

In the context of this Outbreak Control Plan we recognise multiple layers of risks to consider and mitigate against.

Our first focus is on the levels of risk associated with people, settings and places, and the potential for exposure to infection. The Local Outbreak Implementation Plans contain a localised risk matrix that categorises risk by the degree of likelihood of an outbreak, set against the impact or consequence of an outbreak. This is helpful in ensuring all stakeholders share an understanding of the areas of greatest concern, and of allocating resources to achieve greatest effect. It also helps us think through the best behavioural approaches to mitigating risk for the people, settings and places on which we want to focus the most.

Our second focus is on risk associated with the operational delivery of the Outbreak Control Plan. This includes consideration of resource availability, pinch points in the system, staff sickness levels, public engagement and confidence, legislative mechanisms and the timely availability of data and intelligence. The detailed risk matrix for this is also contained in the Local Outbreak Implementation Plans and is adapted to suit the context of each Authority area.

Priority 1: Community engagement to build trust and participation



A key priority in the CSW Outbreak Control Plan is a coordinated and sustained communications and community engagement response, with sub-regional communications co-ordination and local community engagement activity. This calls for a pro-active approach, building on existing national Government campaigning and messaging, supported by sub-regional communications co-ordination and local community engagement activity.

Government campaigns and key messaging around social distancing, handwashing and the national Test and Trace programme are already being used across all three councils' channels and councils and partners will continue to cascade and amplify national messaging using Government campaign resources. However, successful community engagement with people across the sub-region calls for the development of a more specific, localised narrative and key messages aimed at increasing levels of trust in the Test and Trace process and building understanding and support of the approach being taken at a sub-regional level

A multi-partnership (including regional and national government) and public facing communications and community engagement strategy and action plan, with a narrative and series of key messages, has been produced to support key priorities. Objectives include the delivery of coordinated communications to help

people across Coventry, Solihull and Warwickshire understand and support the importance of social distancing, hand washing and Test and Trace as lockdown measures are lifted and the development and delivery of locally focused community engagement and campaigns to encourage high levels of trust in, and compliance with, the Test and Trace process across the sub-region.

Regular partnership updates are already in place. Media protocols are also being developed to support quick, effective, consistent and proactive communications across all three councils and communications material will be shared where it's appropriate to do so.

Both preventative (e.g. social distancing, handwashing) and reactive (e.g. Test and Trace) messaging will be featured.

Communications messages will be sent through a range of channels and will be amplified through community engagement activities. A sub-regional microsite will be established for this purpose. The Member-led Engagement Boards and sub-regional Member-led Board will have a particular focus on this.

There will be a real focus on accessible and culturally appropriate communication and how different communities may like to be communicated with, especially seldom-heard groups and communities that have been disproportionately affected by COVID-19.

Priority 2: Preventing infection



Primary preventative approaches will underpin all activity and workstreams in this Plan, as it is the key to ensuring we reduce community cases of COVID-19 to zero. The following considerations will be a key feature of all workstreams that have a focus on settings/communities.

Physical and organisational measures

- Create physically distanced environments
- Work from home first approach
- Incentivise active travel
- Stagger start times, break times, use of shared facilities
- Create work/school 'bubbles'
- Internal communications

Infection control measures

- Handwashing
- Cleaning
- Appropriate use of Personal Protective Equipment
- Support, guidance and training

Addressing inequalities

- Consider inequality of impact, of access to services and information, alongside impact of measures taken (risk of isolation and/or violence)
- Address all factors identified in PHE's disparities review and recommendations re BAME groups
- Direct activities and allocate resource according to need (use of data and intelligence)
- Safeguard those most vulnerable (based on income, ethnicity, gender, age, or circumstance etc. , e.g. homeless communities, vulnerable migrants)
- Ensure communication is accessible and comprehensible to all

Enforcement as prevention

- Consider use of enforcement through Health and Safety Legislation
- Coronavirus Regulations 2020 and the Public Health (Control of Disease) Act 1984

Communication and engagement

Detailed communication and engagement plan to ensure preventative approaches are being communicated appropriately to partner agencies, as well as public facing communications focusing on social distancing, staying safe, and building confidence

Sustainability

Focus on longer term approaches to embed ways of working for the future, as well as looking at the opportunity to support a 'green' recovery

Priority 3: High risk settings and communities



Each Local Authority is producing Local Outbreak Implementation Plans focusing on both prevention and response activities for a range of settings. The Plans will also review and enact approaches that may need to be taken to respond to outbreaks and complex cases in particular communities, including our most vulnerable communities. Action cards will set out a clear set of actions for each setting, with supporting staff teams in place to provide advice.

Setting	Current Situation	Prevention response	Complex Case/Cluster/Outbreak Response
<ul style="list-style-type: none"> High risk settings and communities, e.g. homeless communities, migrant populations (newly arrived communities, those with no recourse to public funds), wider high risk settings. Workplaces (including high risk workplaces, exploitation and modern slavery) Care homes and care in the home services Schools and Early Years settings (including children's homes) Universities Healthcare settings 	<ul style="list-style-type: none"> Linked to Data and Intelligence workstream Consider establishing local proactive surveillance systems for particular settings. Use of current early warning and surveillance data and locally developed dashboards to determine actions and monitor/evaluate response Qualitative monitoring/evaluation data Who is most at risk (link with addressing inequalities) 	<p>(SEE PRIORITY 2)</p>	<ul style="list-style-type: none"> Response will depend on setting (please see principles on page 18 for complex case and outbreak response). Relevant operational partners will need to be involved in the response This process flowchart (draft) has been developed for cases/outbreak notifications to PHE and Local Authorities Government coronavirus guidance Guidance on Principles of outbreak management (PHE) (applied in all outbreaks) and Health Knowledge outbreak investigation steps. Regional/local advice and guidance for specific settings (care homes, schools, homeless communities) Considerations to include: <ul style="list-style-type: none"> Risk assessment – number of cases (time, place, person), microbiological and environmental risk assessment Mobilisation of testing (see testing chapter) – swabs and testers, transport to laboratory, results processing and management Control measures: <ul style="list-style-type: none"> Isolation/staff/workforce considerations Infection control and cleaning arrangements Communication (interagency and reactive public statements) - including lead agency

When and who should I notify?

Notify PHE on 0344 225 3560 Option 0 Option 2 of any symptomatic cases in a care home or school setting, or if you think there is an outbreak (2 or more symptomatic cases) in any institutional setting.

Notify the Local Authority of any symptomatic case in an institutional setting.

Who isolates?

- Anybody with [COVID-19 symptoms](#) (for at least 7 days AND until well*, including no high temperature for 48 hours) and their household contacts (for 14 days AND until well*)
- Isolation periods may change depending on results of tests
- Non-household close contacts of a positive case
- In the event of an outbreak (2 or more symptomatic/positive cases) – Public Health England might recommend isolation and testing of wider groups of contacts. They may also recommend retesting of those who initially test negative

**including not having had a high temperature for 48 hours*

Who is a close contact?

A 'close contact' is a person who has been close to someone who has tested positive for anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms. For example:

- sexual partners or people who spend significant time in the same household as a person who has tested positive
- a person who has had face-to-face contact (within 1 metre), with someone who has tested positive for coronavirus (COVID-19), including: being coughed on, having a face-to-face conversation, or having skin-to-skin physical contact, or any contact within 1 metre for 1 minute or longer without face-to-face contact;
- a person who has been between 1 and 2 metres from someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes; or
- a person who has travelled in a small vehicle or on a plane near someone who has tested positive for coronavirus (COVID-19).

Who should be tested? And where?

- Anybody with COVID-19 symptoms
- Go to nhs.uk/coronavirus or phone 119
- Phone 111 if a child under the age of 5 needs to be tested (pathways being established)
- Testing centres can currently be found at Edgbaston and the Ricoh Arena, with mobile testing units in Stratford, Rugby and Nuneaton. Home testing is also available (although more results may be more accurate if a professional takes the test)
- For outbreaks and for individuals who are unable to access testing sites and for whom home testing is not appropriate, arrangements will be made with local community testing services/mobile testing units for testing to happen.
- care home testing is also being organised through a combination of local and national processes

What do the results of my tests mean and when can I stop isolating?

- [See here](#) for NHS information on test result meaning
- The [advice is different](#) if you are the contact of a positive case, and you have become symptomatic
- Specific local guidance exists for care home settings
- Please note that in guidance above being well means that you are clinically better and have not had a high temperature for 48 hours

When is an outbreak considered over?

- In a residential setting, an outbreak can be considered over once two maximum incubation periods have passed (i.e. 14 days multiplied by two = 28 days). In non-institutional settings, PHE may advise that the outbreak can be declared over at 14 days – this will be risk assessed on a case by case basis

Priority 4: Vulnerable people



The roll out of Test and Trace and subsequent self-isolation requirements are likely to lead to additional support needs for some individuals in our communities:

- Individuals who are advised to self-isolate and who require additional support to do this;
- Individuals whose carers or other key support networks become temporarily unable to provide direct support as a result of self-isolation requirements.

Local Authorities and their voluntary and community sector networks offer a range of community support, including social prescribing services and community link workers. All three Authorities currently have programmes in place to support people who are in the 'extremely vulnerable' category and are shielding. Residents who have been advised to shield, and who have no access to other social support, can access a range of support including food and medication deliveries and social contact calls. We anticipate similar support will be needed for some individuals impacted by the Test and Trace programme. Further Government guidance is expected on shielding. Shielding support schemes will be modified based on this guidance, and requirements arising from the roll out of Test and Trace. Local areas will define their support offer and promote through online channels and existing contact centre infrastructure.

Schemes in the Coventry, Solihull and Warwickshire Beacon are outlined below.

Support for people who may be vulnerable or in the 'extremely vulnerable category' (shielding):

Warwickshire County Council –
[Coronavirus: support for isolated, vulnerable residents](#)

Coventry City Council –
[Coronavirus: Community support](#)

Solihull Metropolitan Borough Council –
[Here2Help Service](#)

The schemes will continue for those who are shielding, but will also be adapted to support people who may find it difficult to isolate or who may need further support in order to isolate as we move forward with the Test and Trace programme.

The importance of addressing health inequalities and extending our understanding of community and individual vulnerability to COVID-19 is not under-estimated. It will be critical to work with agencies already supporting homeless communities, vulnerable migrants and victims of domestic and sexual violence and modern slavery, in order to define the best local solutions for preventing and reducing transmission within these communities.

Priority 5: Testing capacity



Accessible information about the types of coronavirus tests available can be found at [Gov.uk](https://www.gov.uk).

Antigen testing

Effective delivery of testing and contact tracing is key to our local plans. We will work with NHS regional testing leads to ensure that this supports the objectives in this plan, including:

- Rapid access to testing and fast turn-around of results for anyone who is symptomatic and accesses testing via NHS Test and Trace on-line system, with local evidence of the number of people tested, turnaround times for test results and effective national and regional follow-up of contacts;
- Sufficient long-term capacity at regional testing centres, supported by planned deployment of Mobile Testing Units to increase more localised access to routine testing;
- The ability to rapidly deploy flexible testing capacity, including Mobile Testing Units to respond to local outbreaks under local direction;
- More flexible forms of testing including postal testing, home-based testing or testing delivered by a trusted advocate, particularly for communities that cannot access Mobile Testing Units or regional testing centres.

- Clear 'end to end' testing pathways that include testing and staffing capacity, lab capacity and test result follow-up, with sufficient localised capacity to support this.

Please see national testing strategy at [Gov.uk](https://www.gov.uk). This covers testing in the NHS, wider public testing, testing to see if people have had COVID-19 and improving our scientific testing capacity.

Current testing options include testing at the national testing sites (Edgbaston, Birmingham and the Ricoh Arena, Coventry), mobile testing sites (Stratford, Rugby, Nuneaton) and home testing.

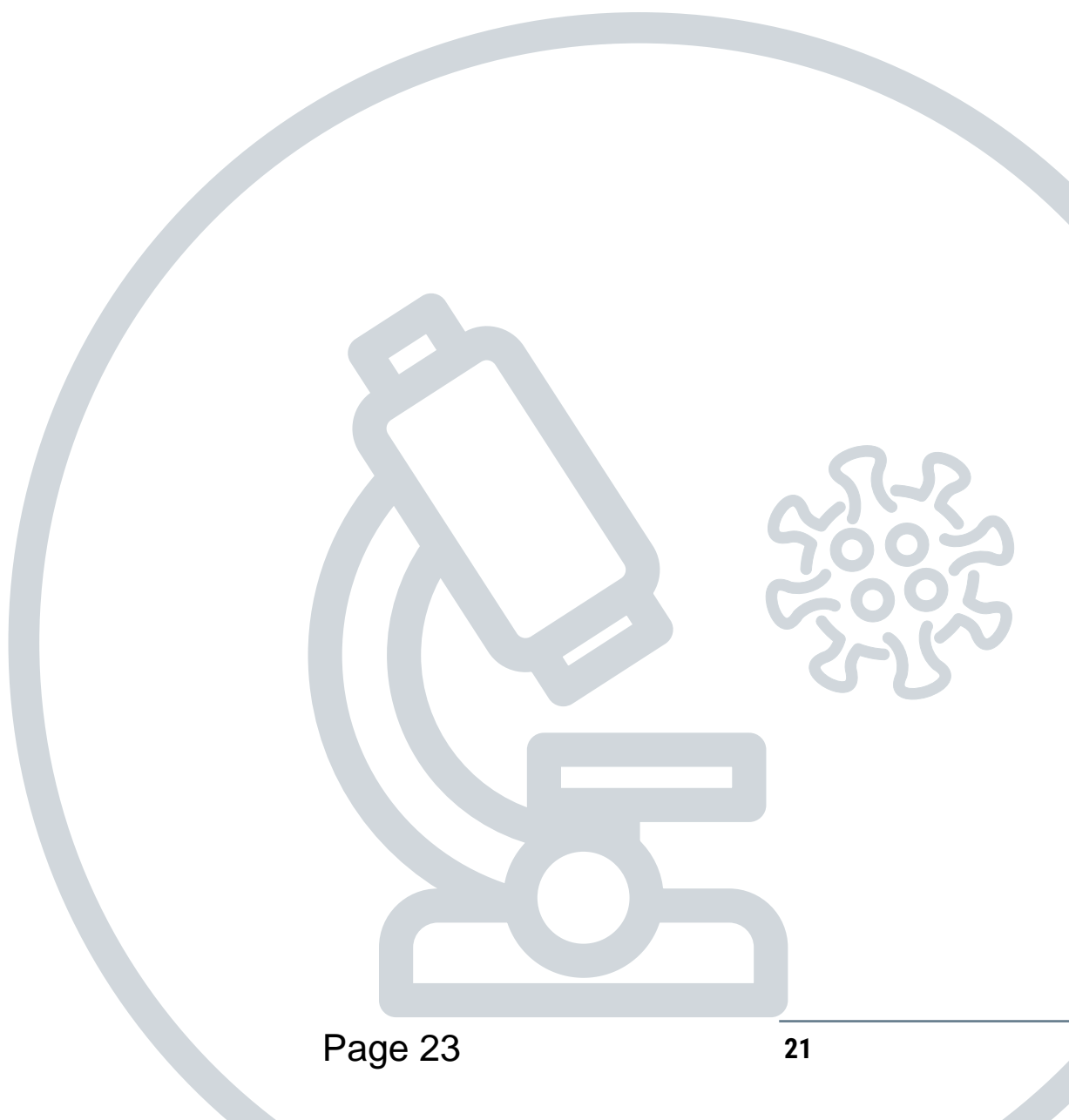
Local testing services have also been commissioned to undertake 'whole care home' testing alongside the national scheme. Surge capacity to support wider swabbing will also be resourced with local NHS providers.

Flexible and mobile community testing services are needed going forward to undertake testing in outbreak situations, in particular screening in homelessness hostels and other settings, schools or workplaces, and for people who are unable to access testing via another route. Rapid plans are being put in place to mobilise this working through our regional Test and Trace lead and we are developing more flexible solutions to meet local needs.

Antibody testing

A new [programme of antibody testing](#) has been established for NHS staff and patients and is anticipated to be rolled out further to care staff, and then more widely. It is important to note that the science is currently uncertain and a positive test result for antibodies only means that an individual has had COVID-19. There is currently no evidence to show it means someone cannot be re-infected with the virus, or pass it on to others, or have protective immunity. All infection prevention and control measures must continue to be in place irrespective of the presence of antibodies.

The results of antibody testing, should our understanding of the immunity change, may become more important at an individual level. Currently, the testing programme (and research programmes) are useful in an epidemiological context. Oversight of this programme and effective public messaging about this testing will be crucial as it rolls out to ensure people understand it. Currently testing is available for NHS staff, but will be rolled out to social care staff and then more widely to the general public



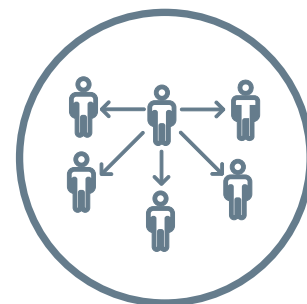
Priority 6: Contact tracing

Tracing contacts of people with COVID-19 is critical to our success in suppressing the virus as we move into the next phase of pandemic management. The aim is to rapidly identify and isolate people with COVID-19 symptoms (however mild), as well as people who have been in close contact with them just before their symptoms started, and during the first few days of their illness (if they had not already self-isolated). The key to this is timeliness and rapid self-isolation of contacts. Whilst testing is an important part of any contact tracing strategy, it is the isolation of cases and their close contacts that will have the largest impact in preventing spread.

Key to our local plans will be joint working with NHS Test and Trace and Public Health England to ensure that any linked cases (in a workplace, place of worship or event, etc.) are rapidly identified and that new systems identify this sufficiently quickly to contain any outbreaks.

Strong public communication at both national and local level will also be needed to make sure that people understand the importance of self-isolation and to understand and tackle any obstacles to self-isolation including those relating to sickness pay.

The graphic below sets out the key elements of the Test and Trace process, with additional guidance also available at the [nhs.uk/coronavirus](https://www.nhs.uk/coronavirus) website.



Where the contact tracing process identifies a complex case or one involving a high-risk location such as a health or care setting, a prison or other secure setting, a school, or critical national infrastructure, then the case will be referred to Public Health England's regional teams and Local Authority Public Health teams to deal with. This is governed by a Standard

Operating Procedure which explains roles and responsibilities.

We will also explore how local contact tracing could be integrated with more localised testing and how we can develop contact tracing expertise in a wider group of staff. This will need to be developed as the impact and reach of the national programme is better understood.

Priority 7: Data: dynamic surveillance and integration

A sub-regional data hub led by the Coventry Insight Team is currently being established, bringing together analysts from all three Authorities and Public Health England. There are well established links also with NHS analyst teams. It is anticipated that we will seek academic input and expertise to support the hub, and that the hub will work with the national Joint Biosecurity Centre as it establishes. The Joint Biosecurity Centre has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, to provide insight into local and national patterns of transmission and potential high-risk locations and to identify early potential outbreaks so action can be taken

Good quality data covering a range of local and regional metrics is key to the management of COVID-19 in the next phase. In this phase, COVID-19 will play out as a series of local outbreaks necessitating local measures to contain these. Identifying these – as well as tracking the overall pattern of cases - will be key part of this sub-regional Outbreak Control Plan.

The sub-regional hub will be working to establish a robust early warning and surveillance system, based on already established surveillance data dashboards (see page 5) alongside new data streams.

The system will look to bring in data related to:

- Testing (all testing streams)
- Case rates (and exceedances)
- Outbreak data (by setting)
- NHS/PHE primary care/NHS 111 syndromic surveillance data
- Secondary care data
- Mortality data
- Mobility/footfall
- Workforce data (e.g. sickness absence rates).

This data will be analysed and presented geographically, with an understanding of key demographic characteristics. Data and intelligence will be produced in a variety of formats for different audiences, and with the aim of being as real-time as operationally possible. Data will need to be held and shared within existing data protocols, including data protection.



Priority 8: Deployment of capabilities including enforcement



Response requirements

The response requirements that relate to the proactive and reactive work set out in this Outbreak Control Plan have been outlined in the 'How we will work' section on page 10. Working regionally, with the Strategic Co-ordinating Groups and West Midlands Local Resilience Forum, will be critical to supporting rapid deployment and co-ordination of testing capacity. This will help with ensuring adequate Personal Protective Equipment for our workforces and co-ordinated multi-agency responses in the event of wider community outbreaks where local lockdowns may be necessary. Alongside this, we will work closely with the Joint Biosecurity Centre to use data to identify emerging issues and to use appropriate powers to manage outbreaks.

Enforcement

There is a range of legislation that can be used for the purposes of preventative activity (e.g. workplaces not adhering to national COVID-19-secure guidance and wider health and safety requirements), as well as enforcement activity should individuals or organisations not be compliant with isolation measures required in the event of cases/outbreaks of COVID-19.

Enforcement will be the 'last resort' option, as the focus of work with partner organisations and workplaces is one of collaboration and support. However, it is important to consider circumstances in which legislation may be required. It will also be important to understand, for those organisations regulated by the Health and Safety Executive, how

we might ensure we still maintain a local supportive relationship with those businesses and how enforcement might work in practice.

The pieces of legislation we will work with include:

- Health and Safety at Work Act 1974
- Public Health (Control of Disease) Act 1984
- Coronavirus Act 2020

Use of this legislation will need to be considered carefully, with regulatory services having delegated responsibility for enforcement under the first two legislative items, and Public Health England for the latter (for which there is currently a Memorandum of Understanding in place between PHE, Warwickshire and West Midlands Police, and the three Local Authorities).

Should an individual need to be detained under the Coronavirus Regulations implemented following the Act, a suitable place to hold the individual will need to be found (which could be in current isolation units being used for our vulnerable communities), or may need to be on healthcare premises. It is recognised that there will be a staffing or security resource need here.

We will use existing triggers to determine where mutual aid requirements may be needed - for example, where an outbreak crosses the border of one council area, or where numbers are too high to be contained through local resources and efforts alone, and require mobilisation of resource via the Local Resilience Forum, or national escalation and decision making.

Resource requirements

Funding has been allocated to each of the councils to support outbreak management locally. This resource will be used to ensure there is sufficient capacity to sustain a flexible response over a prolonged period of time and to support surge capacity to respond to multiple incidents. This will need to include support for communications, technical outbreak management response (including analytical capacity), training, and will need to be used flexibly across the system. Resource plans will be developed for each area, with joint funding to support some key activities where it makes sense to do so. These will need to be flexible enough to deal with:

- Short term requirements (1-3 months),
- Longer term requirements (3-18 months) as the impact of NHS Test and Trace is better understood.

Resources will need to complement and not replace existing funding for health protection, Test and Trace and infection control.

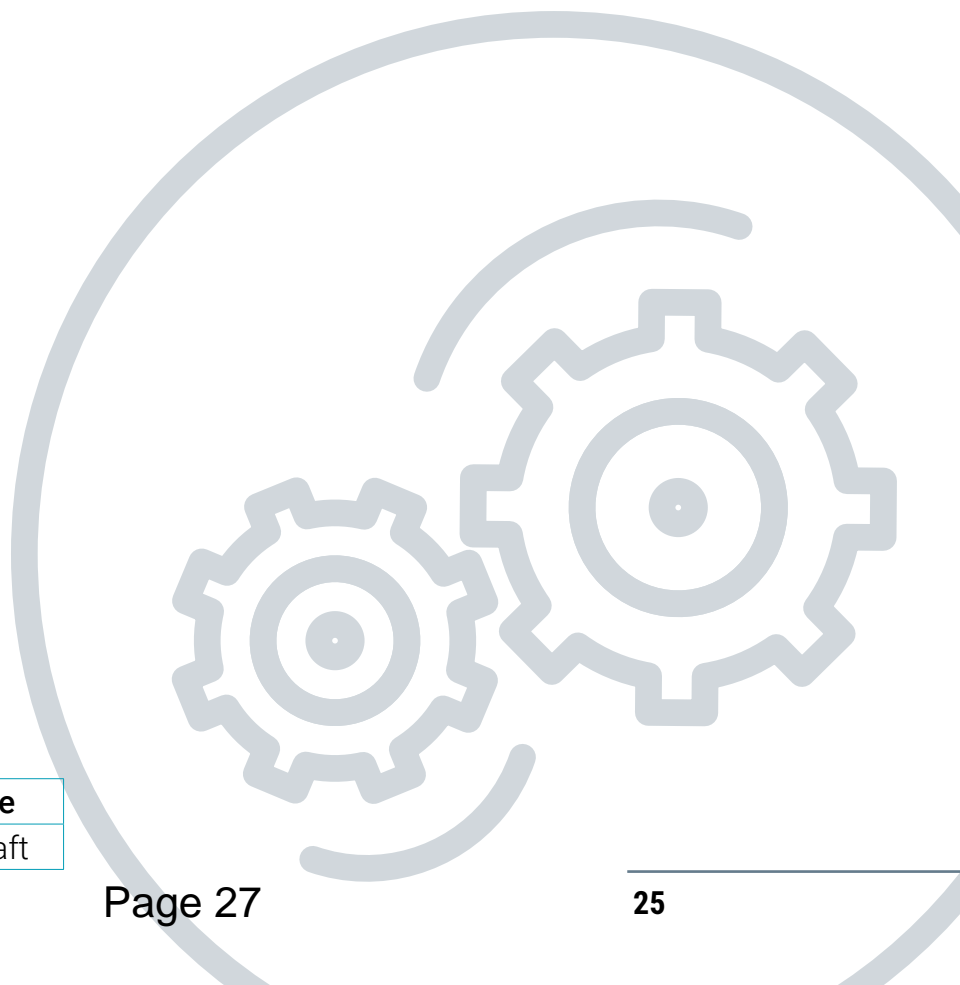
In addition to staffing resources, funding for testing services and also costs (accommodation and staffing) associated with any detention activities must be considered.

Key tasks and activities which require resourcing are listed below:

- Responding to queries (current high demand) about the Test and Trace and outbreak management processes from a range of partners: workplaces, schools, care providers, internal Local Authority staff;
- Mobilising Local Authority responses to complex cases and outbreaks (resource intensive), including convening relevant partners, mobilising appropriate testing, and supporting communications (both inter-agency and public);
- Provision of specialist infection control advice for a range of settings (current resource is small and with a focus on health and care settings);
- Data and epidemiological analysis;
- Testing service provision;
- Staffing and accommodation costs related to detention activities.

Version Control

Version	Issue date	Changes made
1	23 June 2020	First public draft



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COVID-19 Outbreak Control Warwickshire Local Outbreak Implementation Plan



North Warwickshire
Borough Council



Warwickshire
County Council



Nuneaton
&
Bedworth
United to Achieve



Page 29



Coventry City Council



LOCAL OUTBREAK CONTROL IMPLEMENTATION PLAN

WARWICKSHIRE COUNTY COUNCIL

TEST AND TRACE NATIONAL PROGRAMME

DOCUMENT HISTORY			
VERSION	DATE CHANGE	EDITOR	COMMENTS
1	19 th June 2020	Nadia Inglis	
2	23 rd June 2020	Nadia Inglis	Incorporated comments from legal services WCC
3	25 th June 2020	Nadia Inglis	Minor amendments



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6	Structural arrangements for the local outbreak response
7	Decision making and accountability
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10	Preventing infections and High risk settings and communities
11	Vulnerable people
12	Testing capacity
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14	Data: dynamic surveillance and integration
15	Deployment of capabilities including enforcement
17	Risk and mitigation
18	Appendix 1 – Governance Structures

INTRODUCTION

Local government is at the heart of the outbreak management programme, and Local Authorities are now required to develop local COVID-19 “outbreak control plans. These plans outline measures that local partnerships will take to identify and contain outbreaks and protect the public’s health within geographic areas. Local Directors of Public Health (DPH) are responsible for defining these measures and producing the plans, working with Public Health England’s local Health Protection Teams.

Eleven Local Authority Beacons have been selected to work with national leaders to rapidly develop and test Outbreak Control Plans at a local level. This entails identifying common themes, sharing best practice; innovating to develop faster approaches to testing and tracing, and identifying opportunities to scale the programme rapidly. Warwickshire is the Lead Authority for the Coventry, Solihull and Warwickshire (CSW) Beacon, which will also work with the NHS, Public Health England (PHE), and alongside District and Borough Councils in Warwickshire and the West Midlands Combined Authority (WMCA).

Whilst the aim to reduce the number of cases is universal across each Local Authority, the arrangements that need to be in place to respond to outbreaks will vary depending on the individual characteristics of each Local Authority’s population and place. The Local Outbreak Control Implementation Plan has therefore been individually tailored within each of the three Local Authorities.

This is the Local Outbreak Control Implementation Plan for Warwickshire County Council (WCC) and provides the framework for how we will work as a system in Warwickshire through key statutory, voluntary and community organisations to manage COVID-19 outbreaks in a variety of settings. This Plan will support the effective delivery of the overarching Coventry Solihull and Warwickshire (CSW) COVID-19 outbreak control plan and is designed to be a live document which will be underpinned by a detailed timed action plan.

AIMS OF THE LOCAL OUTBREAK CONTROL IMPLEMENTATION PLAN

- Reduce the number of community cases to zero in the shortest time possible
- Reduce the impact of COVID-19 on the most vulnerable.

KEY THEMES OF OUTBREAK CONTROL

The Department of Health & Social Care (DHSC) and the Local Government Association (LGA) have identified seven key critical themes in outbreak plans for this phase of the pandemic:

THEME 1: Care homes and schools.

THEME 2: Identification of high-risk places, locations and communities.

THEME 3: Local testing capacity.

THEME 4: Local contact tracing.

THEME 5: Data and integration.

THEME 6: Vulnerable people.

THEME 7: Local Boards.

CSW OUTBREAK PLAN PRIORITIES

From these seven themes, eight key priorities have been agreed for the Coventry, Solihull and Warwickshire Beacon

Community engagement to build trust and participations	Preventing infection	High risk settings and communities
Vulnerable people	Testing capacity	Contact tracing
Data: dynamic surveillance and integration	Deployment of capabilities	

STRUCTURAL ARRANGEMENTS FOR THE LOCAL OUTBREAK RESPONSE

Please see Appendix 1 for detailed governance arrangements for the sub-region and for Warwickshire County Council respectively.

Warwickshire County Council has established its COVID-19 Health Protection Board, which will be responsible for developing, approving and implementing the sub-regional outbreak plan, alongside this implementation plan. This board is chaired by the Director of Public health and has overall responsibility for the operational delivery of the outbreak plan. An outbreak response/operational response cell sits underneath the Health Protection board and takes on the day to day responsibility for outbreak response in particular settings. A number of workstreams have been established locally, both formally and informally, focusing on: educational settings, workplaces, homeless communities, care settings, healthcare settings, supporting vulnerable people and wider high risk settings

A Warwickshire COVID-19 Member Engagement Board has been established to provide political oversight and provide a focus on community engagement. Board membership has been taken from the membership of the local Health and Wellbeing Board, plus other relevant partners who have a role in Health and Wellbeing.

A Coventry, Solihull and Warwickshire Test and Trace Subregional Advisory Board has also been established to champion the activities of the Beacon Councils and have a role in engaging Members more widely.

Warwickshire and West Midlands Strategic Co-ordinating Group (membership including the Police, Fire Service, NHS, PHE, Military, Utilities) also have overarching responsibility for wider emergency response co-ordination, e.g. of testing, PPE distribution and recovery plans.

DECISION MAKING AND ACCOUNTABILITY

LOCAL BOARDS

The Coventry, Solihull and Warwickshire Test and Trace Sub-regional Advisory Board, and Member-led engagement boards have a strategic oversight role. For Warwickshire County Council this oversight is provided by the Leader of the Council for the sub-regional board and the Portfolio Holder for Adult Social Care and Health for the Member-led engagement board.

The Health Protection Board (through the Director of Public Health) and underlying operational/outbreak response cells have direct operational responsibility.

Day to day decisions about outbreak response will be made by the workstream leads (e.g. educational settings lead, workplace lead) within the remit of their role, working alongside PHE. The Director of Public Health has overall responsibility for Health Protection decisions in outbreak response, working alongside PHE.

Any decisions relating to closure of particular settings will be taken by the relevant partner agency in line with their own decision making arrangements following consultation with Chief Executive and DPH at Warwickshire County Council. These decisions will also be taken with the advice of Public Health England as necessary. Decisions regarding wider lockdown within communities will be taken at Chief Executive/Member level, working with PHE and central government.

Draft Terms of Reference for the Warwickshire Health Protection Board and the Member Engagement Board can be found [here](#) and [here](#) respectively

OUTBREAK CONTROL AND RESPONSE PARTNERS

WORKING ARRANGEMENTS

Key partners involved in operational responses are members of the Health Protection Board. Terms of reference for the Board can be found [here](#). The overarching operational response arrangements are described in the Coventry, Solihull and Warwickshire (CSW) Local Outbreak Control Plan.

Notifications of complex cases and outbreaks will come to the single point of access at Warwickshire County Council (in hours): dphadmin@warwickshire.gov.uk

These notifications will then be fielded to the correct workstream leads for response.

Public Health teams will work alongside Environmental health teams to mobilise the core response working with a wide range of key internal partners in Education, Community development, Social care, Human Resources, Information Technology, Communications and Business Intelligence. The core team will work closely with the NHS and will draw on infection control expertise, and advice from TB and Sexual Health service partners, who are experts in the field of contact tracing. Academic expertise will also be sought to provide advice and support to the programme.

Workstream leads will be responsible for mounting operational responses to outbreaks in settings and drafting wider setting-specific plans that link to all the themes identified in the CSW Outbreak Control Plan for High-risk Settings and Communities, related to: current situation, prevention, outbreak response and monitoring and evaluation.

Out of hours arrangements currently involve DPH/Health Protection lead notification directly via telephone. However, to ensure a sustainable approach, the need for a more formal out of hours response structure may be needed.

Please note that both preventative and reactive responses are the responsibility of the workstream leads.

Warwickshire County Council and the Public Health England Health Protection Team will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks. We will work closely alongside NHS partners specifically on the testing workstreams and in supporting complex cases/outbreaks in healthcare settings.

A Standard Operating Procedure (SOP) has been drafted which provides a framework for working across PHE WM, public health structures in the LA, but also sets the scene for wider work with our Clinical Commissioning Groups and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. The SOP will support the effective delivery of the sub-regional COVID outbreak control plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks. The SOP will be kept under review, in line with guidance and changes in the capacity across the system.

The current draft SOP can be found [here](#)

COMMUNITY ENGAGEMENT TO BUILD TRUST AND PARTICIPATION

A single strategy for communications is being developed for the CSW sub-region, and Coventry City Council are taking the lead on community engagement work. Ensuring communities trust public health messages, and that they are accessible and culturally appropriate, is key to the success of the overall programme

Messages regarding: handwashing, social distancing, as well as key messages about the Test and Trace programme are integral to this plan.

Multi-agency media protocols are being developed.

Community engagement partners will be asked to support with amplifying key communications messages through a range of communities. In Warwickshire, it will be critical to ensure that support for community engagement is fostered through the three Health and Wellbeing partnerships and through community development teams in the Districts and Boroughs. Work already being undertaken through informal COVID-19 support groups, and plans for community engagement are also outlined in the Vulnerable People section.

It will also be necessary to rapidly develop an interagency communications plan for notifying partners sensitively and as appropriate to relevant local information about local complex cases and outbreaks, on a day to day basis

PREVENTING INFECTION AND HIGH RISK SETTINGS AND COMMUNITIES

Local authorities have already been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response. This activity will continue, however the focus of both the proactive and reactive work will now change, as more workplaces and schools reopen, and as the national contact tracing programme becomes established.

Prevention of the spread of disease will be at the core of all activity and work streams. This will include physical/organisational measures for maintaining appropriate distance between people and infection control advice and training. Critically, we must also ensure a focus on health inequalities as part of our preventative approach, and addressing the findings of the PHE disparities review, and subsequent emergent recommendations specifically for BAME communities.

Local authorities in Warwickshire (upper and lower tier) will work with local Public Health England (PHE) teams to support complex cases and outbreak management, including advising on closing and reopening care homes, schools, and workplaces if needed. It is envisaged that PHE will undertake the initial risk assessment, give advice on management of the outbreak and local authority staff will follow-up, and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control.

Workstreams focusing on each of the settings below will ensure that responding partners have the following in place:

- Action cards/guidance regarding key processes to be followed day to day and in case of outbreaks
- Plans for likely potential scenarios and the required response
- Risk management and escalation processes (to include trigger points)
- Monitoring and evaluation arrangements,
- Trigger points for escalation outlined

Settings

- Care Homes/Settings (to include care in the home)*
- Schools, Early Years and other Educational Settings (e.g. Universities)*
- Workplaces*
- Homelessness*
- Healthcare settings*
- Other high risk settings*

VULNERABLE PEOPLE

A focus on vulnerable people is important, as there is a recognition of the differential impact COVID-19 is having on our communities. This will include both proactive identification of communities where targeted prevention interventions would be beneficial (e.g. homeless population, victims of domestic abuse, minority ethnic communities) as well as targeted support to those who are self-isolating, either because they have COVID-19 symptoms, or because they are a close contact or household member of someone with symptoms or with a confirmed diagnosis of COVID-19. We will need to rapidly identify people who because of having to self-isolating may not have access to essential food and medicine.

The overarching approach to supporting vulnerable people has been set out in the Coventry, Solihull, Warwickshire outbreak control plan, with links to our local support offer in Warwickshire for people who are shielding.

- [Warwickshire County Council – Coronavirus: support for isolated, vulnerable residents](#)

This shielding response will be flexed to meet the needs of those most vulnerable during the next phase of the pandemic, i.e. those who need to self-isolate, or those who are unable to receive care/support, as the individual providing that support is self-isolating

In working with wider vulnerable groups, we have a range of statutory and voluntary sector partners who support some of our most vulnerable communities, both commissioned and non-commissioned services. We will continue to work with these partners through ongoing regular communications (regular communication already in place) about national, sub-regional and local developments, and work with them directly to support the Community Engagement strand of work in this plan. We also have communication routes in place with informal COVID-community support groups who have been providing practical support within their own neighbourhoods. We will be engaging with these groups to encourage their on-going involvement in the pandemic response in terms of supporting people required to self-isolate through Test and Trace and to promote resources to support mental health and wellbeing to the wider community.

Engagement sessions are being planned with local faith groups and wider public advocacy groups to explain what Test and Trace involves and the importance of it in protecting vulnerable individuals. These sessions will enable exploration of any concerns or myths about Test and Trace and COVID-19 prevention measures with the wider community and to build community advocates to help share messages to encourage compliance with contact tracing activities and self-isolation measures.

TESTING

Current sub-regional testing arrangements for both [antigen and antibody testing](#) is outlined in the CSW outbreak control plan. Antigen testing sites are available at the Ricoh Arena, as well as mobile sites in Stratford, Rugby and Nuneaton. Home testing is also available. Whole care home testing is currently being undertaken by a locally commissioned service. Antibody testing is at the moment being made available for NHS staff, but will be rolled out to social care staff, and the wider population.

Testing capacity needs to be prioritised and deployed rapidly as needed to support outbreak management. Current national systems cannot support testing of individuals in “settings” – e.g. workplaces/schools/hostels etc when it may be needed, and also cannot support individuals who are not able to access national testing sites/for whom home testing may not be possible.

Options are being rapidly considered regarding whether to procure a local swabbing service (using the local laboratory at University Hospitals Coventry and Warwickshire for processing the samples) to specifically support testing in the groups outlined above, or if flexible use of additional mobile testing units (swabbing teams would still need to be provided) alongside changes to criteria for accessing tests through the national and mobile testing sites (i.e. need to swab both symptomatic and asymptomatic individuals) may be more appropriate. A co-ordinated “all at once” approach to testing, timely access to tests and results turnaround are critical in outbreak management

In outbreak situations (2 or more linked cases – i.e. individuals with symptoms and/or who are confirmed to be positive) – it may also be possible to have swabs couriered to a setting locally from the PHE Lab in Heartlands, who would subsequently process the samples.

End to end testing pathways need to be designed and delivered from mobilising testing teams, to transport of samples to the relevant laboratory for processing, followed by appropriate results management.

Antibody testing is not currently prioritised over antigen testing with regard to implementation given the limited current value of knowing the result for individuals. However, it is clear that antibody testing programmes do need to be planned and supported, working alongside our NHS partners.

CONTACT TRACING

CONTACT TRACING IN COMPLEX SETTINGS

Contact Tracing is vital to contain the virus and prevent its spread to more people. The new test and trace system means that anyone who has been in close contact with someone who has tested positive (from 2 days before their symptoms started and for the duration of symptoms) for coronavirus will be informed and asked to voluntarily self-isolate for 14 days.

Please see additional detail about how the NHS Test and Trace Service works [here](#) and [here](#)

Where the contact tracing process identifies a complex case or one involving a high-risk location, such as where a person who has tested positive for COVID-19 has worked or recently visited a health or care setting, a prison/other secure setting, a school, workplace or critical national infrastructure, and other complex settings, then the case will be referred to Public Health England's regional teams and our local Public Health team to deal with.

Current definitions of complex settings can be found [here](#)

Public Health and wider partners will mount a response to requests for support with Test and Trace/outbreak response via the workstream leads described above under the section entitled Outbreak Control and Response Partners

DATA: DYNAMIC SURVEILLANCE AND INTEGRATION

DATA INTEGRATION

National and local data integration and ability to measure R number/growth rates locally is critical in the next phase of the pandemic.

Coventry City Council are leading the establishment of a sub-regional data hub, which will develop an early warning and surveillance system for each authority.

Key elements of this workstream are outlined in the CSW Outbreak Control plan, and it is clear that a number of products will be made rapidly available for both public facing data communication, as well as internal/partner use

Terms of reference for the Data hub have been strictly defined.

Current local data dashboard for Warwickshire can be found [here](#)

USING DATA TO INFORM LOCAL DECISIONS

Data collection (both hard and soft data) which maps populations and settings which may be at higher risk of transmission will identify areas for targeted preventative intervention. This surveillance data of cases will support a range of actions from containment within specific settings to local lockdown of settings or geographical areas. This is in line with the Governments expectation that future restrictions will be more precisely targeted, for example relaxing measures in parts of the country that are lower risk, but continuing them in higher risk locations when the data suggests this is warranted.

The Joint Biosecurity Centre will use data and advanced analytics to identify risks and will work with us to identify local flare ups and support local responses, including plans to quickly deploy testing facilities to particular locations. Tracking cases at a local level will identify any trends by time, place or location and will benefit from the addition of local intelligence and local staff to visit premises and provide advice/support. Situations where telephone contact tracing is less straightforward, such as gatherings that have occurred in breach of lockdown regulations and in situations where people may not be willing to disclose information will benefit from a local intelligence-led response. Outbreaks amongst those who are socially excluded are likely to be especially difficult to detect, as people in these groups may be transient or lack the means to isolate themselves.

DATA MANAGEMENT, SECURITY AND LINKAGES

Local protocols and data sharing agreements will be established as appropriate and as per routine process for all data being processed via the data hub.

DEPLOYMENT OF CAPABILITIES INCLUDING ENFORCEMENT

ENFORCEMENT INCLUDING LOCKDOWN PLANS

The CSW Outbreak Control Plan outlines the three main pieces of legislation that can be used to support COVID-19 related prevention and response activity – namely, the Health and Safety Act, the Public Health (Control of Disease Act) 1984 and the Coronavirus Act 2020.

Enforcement will always be a last resort, and the overall approach to delivering outbreak plan work will be supportive.

How geographical lockdown might work in practice is being considered rapidly with national colleagues. However, the closure of setting can be enacted through current local powers. Any geographical lockdown would be preceded by detailed risk assessment work and would be part of a wider multi-agency emergency response.

RESOURCE PLANNING

Financial Plan

Funding has been allocated to all local authorities to support the long-term delivery of this work which is likely to need to be in place for at least 12-18 months. The allocation within the CSW authorities is:

Warwickshire	£2,138k
Coventry	£2,041k
Solihull	£1,041k

A draft resource mapping plan for Warwickshire is available [here](#), and identifies where there are gaps with regard to staff capacity to support the local outbreak plan programme of work (public health, environmental health, infection control, programme/project management, community engagement, local testing service, staffing costs associated with any detention activity) and capital costs (e.g. IT infrastructure for “case” management, rent for premises to detain individuals where required).

A plan will be rapidly worked up with District and Borough Councils and PHE, working with Public Health and HR to map out a human resource plan, linked to wider sub-regional resource plans, with joint teams/posts where it may be appropriate

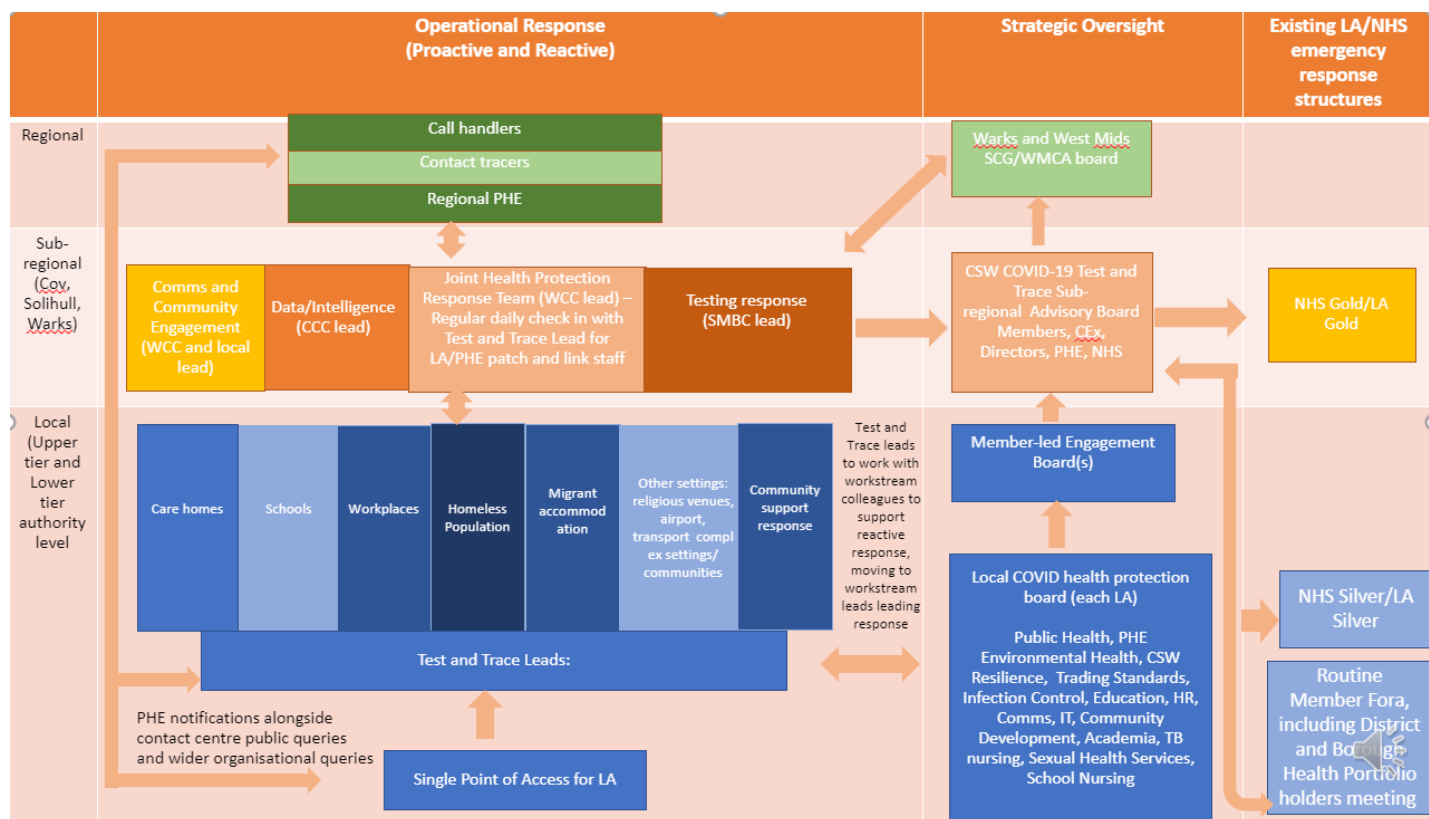
RISK AND MITIGATION

There are two main types of risk that will need to be managed as part of implementation of our local outbreak control plan:

- 1) Public Health risk related to COVID-19, particularly linked to high risk settings (a detailed mapping exercise of these settings needs to be undertaken), but also related to risks associated with potential collapse in social distancing etc.
- 2) Risks related to operationalisation of the programme (local and sub-regional risk registers will be developed and held by agreement by the most appropriate local/sub-regional group).

Appendix 1

Sub-regional governance arrangements



Warwickshire governance arrangements

