

LOCAL COVID-19 OUTBREAK CONTROL PLAN

REVISED MARCH 2021

Solihull

Foreword

Since the start of the pandemic Solihull has recorded over 14,200 confirmed cases of COVID and 613 deaths. This has had an enormous impact on the lives of everyone living and working in the borough and will continue to have a long-lasting effect for years to come.

Our response has been driven by a 'team of teams' approach, delivered at pace across a wide range of partners. The virus does not recognise boundaries and so our response must continue to work the same way. People come in and out the Solihull to work, study and socialise and we have major national and international organisations in the borough including Birmingham Airport, the NEC, Jaguar Land Rover and a strong retail and hospitality base all of whom have been critical in our response to the pandemic.

The NHS's role has been central to managing the huge health impacts of COVID and rapid roll out of vaccination: the pandemic has also required an unprecedented public health response right across our community. From local community champions, faith leaders, voluntary and community groups, schools, education and social care to our business sector including the Chamber of Commerce, Business Improvement District, small businesses and major international players, preventing and managing COVID has been everyone's responsibility. Mutual aid arrangements with neighbouring authorities in Coventry and Warwickshire and joint working with West Midlands Police and West Midlands Fire Service have also been key to our response.

As we move into the next phase, we will need to combine the gradual reopening of the economy and society and the roll out of vaccination with an on-going, business as usual approach to managing and living with COVID. This means be clear that we are likely to see cases, clusters and outbreaks for some time and be ready to respond at pace in the event of new variants. Our Local Outbreak Management Plan is our key road map that describes how we will do this.

Looking ahead, we also need to maintain a long-term local capacity to respond to major health threats in the future, building on the very significant learning from COVID. As national changes are made with the implementation of the UK Health Security Agency we look forward to building our long-term capability so we are fit and ready to respond in the best interests of our local area.



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1. Introduction & Strategic Aims

1.1 Introduction

Throughout the COVID-19 pandemic, Solihull's Local Outbreak Management Plan has set the overarching strategy for our local COVID response. This complements the much wider system response that has been implemented to deal with the medical, social and economic impacts of the virus.

The goal of the plan is to set out the on-going local response to containing the virus through prevention and outbreak management. Our plan has remained flexible, changing rapidly over the course of the pandemic in response to rising and falling cases numbers and the implementation of sub-national restriction and national lockdowns.

Our Plan is constantly evolving and has adapted to the establishment of NHS Test and Trace, the development of localised approaches to testing and contact tracing, the need to respond to new variants and the NHS-led roll-out of COVID immunisation. At the heart of the plan, is strong local insight to track COVID patterns, identifying and responding to clusters, outbreaks and changes in prevalence through our local multi-agency response.

This has included the development of 'hyper-local responses' and the ability to rapidly flex our local response and resource allocation according to need and to minimise the inequalities impacts of COVID and support COVID recovery.

The Local Outbreak Management Plan complements the Birmingham and Solihull COVID-19 vaccine strategy and delivery arrangements. Led by the NHS with local multi-agency coordination in place the arrangements include a Vaccine Inequalities Delivery Group, where we are able to review vaccine uptake within our communities. The group takes joint action with local communities to ensure vaccine roll out is smooth, delivered in a way that is tailored to our communities and is well-coordinated with wider communication, engagement and messaging around our long-term management of COVID.

Our updated COVID-19 outbreak control plan sets out the next phase to managing COVID locally. Our plan sits in the context of the national roadmap out of lockdown, the stepped approach to easing restrictions and the national CONTAIN framework.

Outbreak Management in Solihull

This is what we have achieved...

 Engaging communities  Reducing Transmission

 Supporting residents  Test and Trace  Compliance & Enforcement

Social Media campaign reaching 170,000 impressions each week

Over 80 Schools, Colleges, and EY's settings supported to manage outbreaks

Locally-run testing services have tested 7,861 people UHB have tested 577 people in care homes School Nursing assisted testing in special schools, testing 54 children

CSW Resilience supported by partners to provide PPE to front line staff at a time when supplies were limited

44% vulnerable children accessing on-site education during lockdown

Support provided to Shielding co-hort of 13,586 residents, leading to distribution of food and essentials

14 face to face and 2 virtual Infection, Prevention Control and PPE training and support sessions provided to care homes.

7,861 LFT Tests carried out December to February

Backward contact tracing team signpost cases to local sources of support in contact with 9,644 cases so far

Primary School Fast Test Response 380 individuals tested including 183 children, 158 parents and family members and 38 teachers over 2 days

117 care provider outbreaks have been managed through Incident Management Teams

Supported the management of cases, clusters and outbreaks in people who are homeless, in temporary or supported accommodation

45 elderly households supported through AGE UK winter warmth campaign 30,000 households / residents aged over 75 in receipt of winter booklet

100 outbreaks 80 clusters supported in education/ school settings, 7 schools supported to close

From Sept 20: Average of 35 Covid Marshal Teams mobilised and 975 engagements per week

196 households provided with Winter Warmth Fuel vouchers

Local Teams have responded to 78 clusters or outbreaks in a range of large and small employers across a wide spectrum of sectors

Issued 784 self-isolation payments through the statutory and discretionary schemes (68% of all applications)

Enhanced testing using a 'drop and collect' model delivered direct 3100 to people's doors in response to surges in cases

2108 'direction to leave' notices have been issued for breaches

29 grants awarded to local VCS groups and organisations

240 specialist domestic abuse sessions delivered through the Community Outreach service strand, a 37% increase

783 calls to PH Covid Support Line (from Nov 20)

40 vulnerable school learners supported through multi-agency input to return to school setting.

150 Community Champions who are supporting communities with accurate information on COVID

Supporting key worker testing at Birmingham Airport and testing pilot at JLR

Joint working with the BSOL vaccination programme to ensure high rates of uptake of vaccination

Support for colleges and secondary schools in delivering the return to school/college testing

793 social isolation payments issued (64% of applications)

3172 laptops 750 MiFi units 6months unlimited broadband supplied to school aged children

117 care provider outbreaks jointly managed including in-reach PCR testing

74 children provided with clothing and shoes through Winter Warmth Grant Scheme

Managed Quarantine Solihull MBC supporting the DHSC with the Managed Quarantine operation for passengers arriving into Birmingham Airport from 'red list countries

892 advisory visits have been carried out to date, 126 follow up enforcement visits and 6 Number of premises/ events subject to Section 3 powers

Mobile Testing Van improving resident access to testing through doorstep convenience

Over 1.5 million items: 1,505 litres of hand sanitiser 14,700 visors 180,000 aprons 388,500 pairs of gloves 293,000 surgical face masks

892 Advisory visits made to local businesses

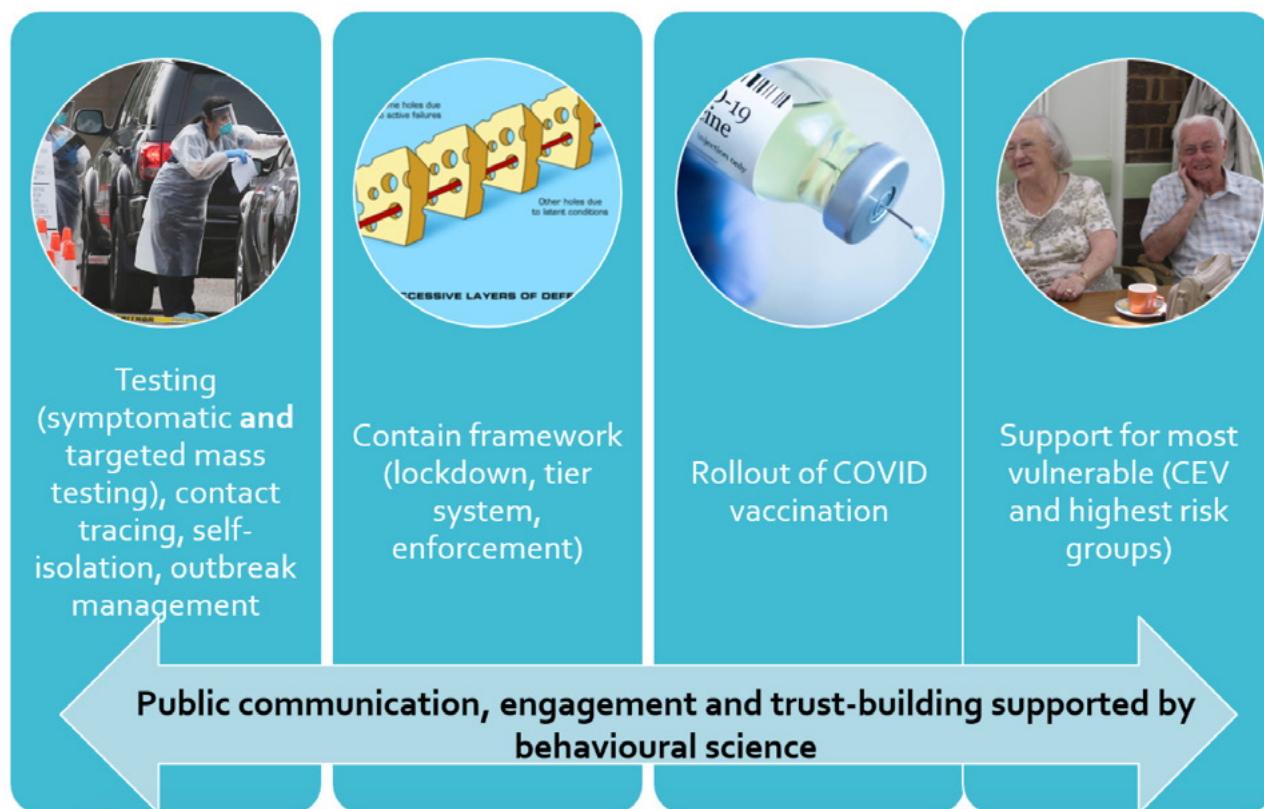
15,149 food vouchers issued to Children and Young People in receipt of Free School Meals across Christmas and February half-term

18 women in emergency temporary accommodation provided with dedicated specialist domestic abuse support

266 vouchers issued to care leavers

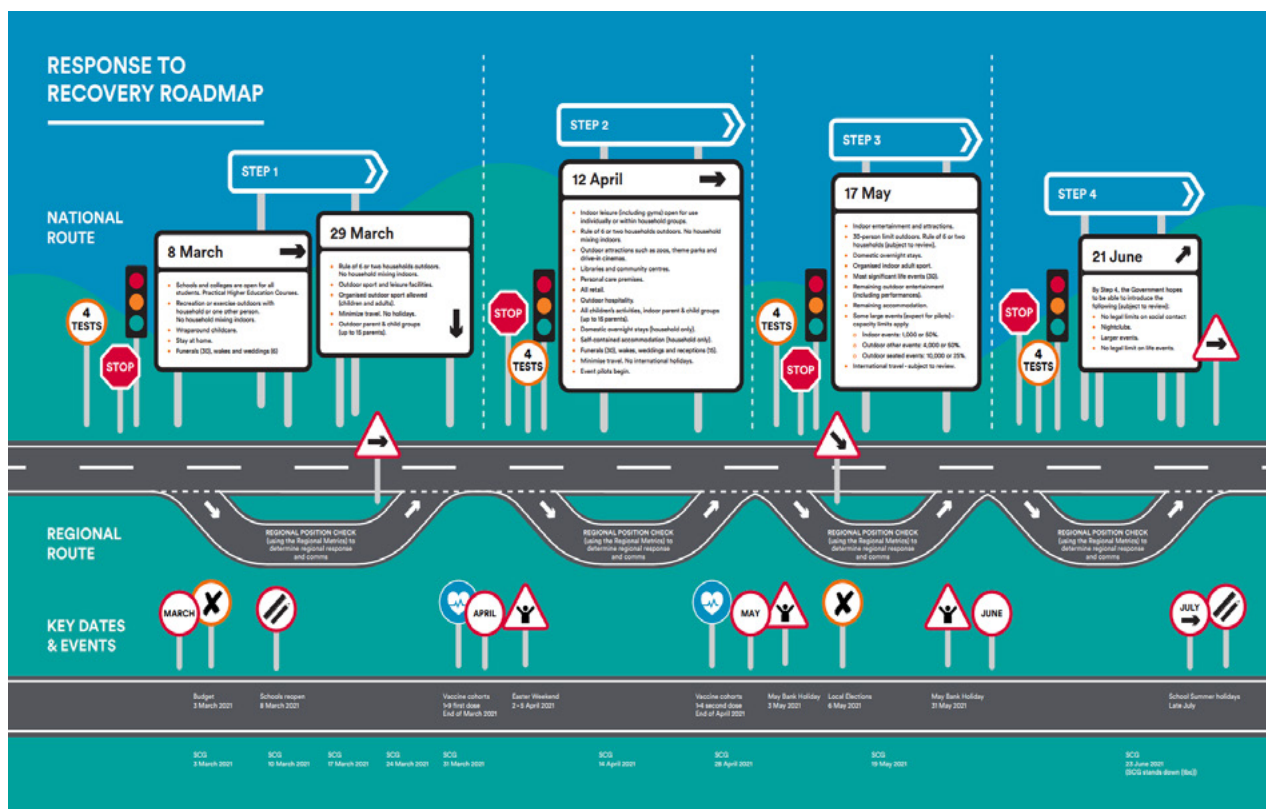
1.2 Our strategic aims

Our approach is based on our Bridging Plan, developed across the West Midlands (diagram 1).



Roadmap to recovery

Our plan and associated capacity planning sits within our local Living Beyond COVID plan for Solihull and West Midlands Local Resilience Forum Roadmap to Recovery (Diagram 2).



1.3 Three phased approach

Our plan and associated capacity planning, assumes a three phased response to COVID.

Included within a wider local 'Living with COVID' Solihull plan (section 4.8) our three phased response (Diagram 3) describes the steps to tackle the social, economic and wider well-being impacts of COVID in the short, medium and long-term;

Diagram 3

Phase 1 (current)

ASSUMES: SOME VACCINE COVERAGE AND REDUCING CASE RATES.

Reduce case numbers through restrictions.

Roll-out vaccine.

Identify cases (testing) and reduce secondary spread (contact tracing, self-isolation)

Outbreak management/response to variants of concern

Phase 2 (Reopening: March to June)

ASSUMES: ACCELERATING VACCINE COVERAGE & SUSTAINED REDUCTION IN CASE RATES.

Vaccine roll-out focusing on uptake and inequalities.

Phased re-opening (COVID secure).

Test to find & enable opening up of economy.

Outbreak management, contact tracing, self isolation.

Response to variants of concern.

Phase 3 (Recovery and Winter planning)

ASSUMES: HIGH VACCINE COVERAGE/EFFICACY AND LOW CASE RATES.

Continued vaccine roll-out.

Planning for Winter (COVID/Flu).

Testing for surveillance and outbreaks.

Local response capacity for localised cases/outbreaks.

2. Our local responsibilities

Working across agencies and within the framework of the Local Outbreak Management Plan we will:

1. Use excellent **local surveillance** as the engine for our response drawing on national data from NHS Test and Trace, regional epidemiology, local data and soft intelligence. The approach supports us to identify and respond to changing case patterns, spot clusters or potential outbreaks and mobilise a rapid multi-agency response.
2. Deliver community **testing, localised contact tracing and wrap-around support for self-isolation** in conjunction with NHS Test and Trace
3. Deploy and revise plans for **communities with higher rates of COVID or enduring COVID** to reduce transmission, provide an enhanced localised support and minimise the inequalities impacts of COVID.
4. Maintain strong response arrangements to **prevent and respond to COVID clusters and outbreaks** in different sectors, including the NHS, education, the care sector, retail, hospitality, leisure, faith and community venues and other places people go to work and socialise.
5. Prepare to mobilise our capability to respond to **Variants of Concern** including the deployment of surge capacity across partners with the Regional Partnership Team and national capacity.
6. Deploy a clear partnership framework for **compliance and enforcement** using the 4Es ladder of escalation and current legislation
7. Implement **effective engagement** with local communities through comprehensive channels including social media, print and broadcast local and regional media. We will use direct engagement and mutual support routes such as e-bulletins and webinars for schools, care providers, community leaders, faith groups and community champions, the voluntary and community sector and links with business networks such as the Federation of Small Businesses, Chamber of Commerce etc.
8. Ensure that we align our resources, including the Community Outbreak Management Fund to deliver the objectives in our LOMP and demonstrate value for money in delivering this plan.

Our Local Outbreak Plan and detailed response arrangements will continue to be 'live' and updated as the pandemic progresses in line with the gradual move to recovery.

Our 'Plans on a Page' outline the key aspects of each area of our response. Each of these plans are supported by specific national or local protocols and Standard Operating Procedures that set out standard processes and clinical and quality assurance processes. These are subject to regular updates and the outputs and outcomes from these plans sit within the governance and cell structure outlined in section 3.1 'Governance'.

Our updated plan builds on learning from across the pandemic and has used multi-agency workshops to review our response so far, identifying lessons learned using scenario tests at a local level as well as embracing the shared regional and national learning.

As part of our sector-led improvement approach, we have carried out a series of workshops with key internal and external stakeholders to review lessons learned, and to identify key risks and mitigations in support of our next three phases of the planned COVID response.

We have also engaged with local communities using the strengths of our community champions network to understand what has worked well and what needs to be in place in the next phase.

3. How we work

3.1 Governance

Our strategic response is led by Solihull's multi-agency Strategic Command within a coordinated sub-regional response led by the West Midlands & Warwickshire Strategic Coordination Group.

Our governance and delivery partners reflect our geographical and socio-economic position within the region. Our tripartite working arrangements with Coventry and Warwickshire have provided strategic and political direction and a common response framework across the three areas. The governance framework includes a joint resilience capability, mutual aid, surge capacity and co-production of key elements of our response. Our combined CSW resilience arrangements allow us to coordinate our COVID response with our Civil Contingencies responsibilities which is key to managing surges and responding rapidly to variants of concern.

Our key health & care partnership sits across Birmingham and Solihull. Our NHS providers – University Hospital Birmingham, Birmingham Community Health Care, Birmingham and Solihull Mental Health Trust, Birmingham Children's Hospital and our local NHS BSOL clinical commissioning group and overarching BSOL Integrated Care Systems have been central to the wider outbreak response. This extends beyond the delivery of critical health capacity, managing COVID patients to preventing the spread of COVID and outbreak management across the healthcare economy. BSOL daily systems meetings have provided an essential systems coordinating point across health and care throughout the pandemic.

The plan is delivered jointly with the regional Health Protection Team (PHE), local 'blue light services' including West Midlands Police and Fire Services, key business sectors and also the full range of council services. Our voluntary and community sector and local communities are an essential part of what we do with 150 community champions, faith and community leaders and local groups provided a bi-lateral communications channel and vital support to our community resilience across the Borough.

Our tactical response has been led by a borough wide Incident Management Team: as we transition through the pandemic, the response to COVID will be led by our Local Outbreak Management Board with recovery led by a dedicated recovery cell.

The Director of Public Health is responsible for the delivery of the Local Outbreak Management Plan, through the Local Outbreak Management Board. A sub-group of the Health and Well-being Board comprising the Leader, Deputy Leader, Chief Executive, Director of Public Health and political group leaders meets weekly with regular public, live-streamed reports to the Health and Well-being Board and Health Scrutiny.

3.2 Lessons Learned

Continuous improvement and lessons learned is key to our response. Throughout the pandemic, we have used scenario tests to plan for different circumstances and have also used structured debriefs to learn from specific incidents or responses. We have also engaged with a number of national pilots to support the development of the national evidence base and systems learning.

As part of this plan revision, we have held thematic workshops to learn from our response so far and also to identify key risks and issues. Our learning to date is summarised below:

- Strong, partnership working across all local agencies and with the regional Health Protection Team (PHE) has meant we have been able to very rapidly mobilise solutions and new services at pace.
- The local community response has been very strong and we have learned with them about how we can best work together to respond to an unprecedented situation.
- We have used cross boundary mutual-aid arrangements, both across our health and social care economy and with Coventry and Warwickshire to improve our response and to rapidly solve problems.
- We have benefitted from a proactive and 'can do' approach even when there have not been easy solutions available, engaging with national teams to inform policy and provide a local perspective.
- The intensive and sustained nature of the response and need to continue to maintain this has created a significant pressures on staff. Additional capacity has been mobilised to support this, across all key areas of activity, but this remains a risk.
- Business as usual impacts have been considerable and the recovery process needs to work in tandem with maintaining an on-going and flexible response.

4. Our Revised Plan

4.1 Surveillance, Insight and Data Integration

Our web-based COVID-19 data hub uses GIS mapping to plot cases in near-real time from the national CTAS system, giving an immediate localised view of cases, clusters and outbreaks and the ability to map geo-spatial trends over time.

We use an extensive range of sources which are reviewed daily at our cross-sectoral 'insight huddles' providing a coordinated daily response plan and include:

- National and regional epidemiological data supplied through Public Health England
- Common exposure and postcode coincidence reports, showing potential case clusters by place, venue and sector
- Local GIS mapping of cases
- Notifications from Public Health England
- Soft intelligence about exposures from our backward contact tracing team.
- Local 'boots on the ground' intelligence around COVID secure breaches, public behaviour from our Public Engagement Team patrols, local policing teams and public reports to the council's contact centre

Our deep dive process is used to carry out more in-depth analysis to inform all aspects of our COVID response. Deep Dives are commissioned by the Local Outbreak Management Board and our response cells and have included analyses of test result by key worker status, cross-border case mapping to assess COVID patterns down geographic corridors and arterial routes, and temporal and sector-based analysis such as time-trends in school cases.

We publish in-depth data at ward level and disseminate this through local communication routes including locally elected representatives, community champions, care providers and schools. The data is then shared at a more local level through local Facebook and Whatsapp groups and school newsletters, supporting people to have a clear picture of COVID on their patch.

We are also using this approach to share data on vaccination uptake at community level as part of a coordinated plan with NHS partners to reduce vaccine related inequalities.

During the next phase of our Covid plan we will work with NHS Test and Trace and the Joint Biosecurity Centre to deploy additional epidemiological and surveillance tools such as waste water sampling and information from the NHS App to refine and enhance our insight-led multi-agency response.

4.2 Testing, Contact Tracing & Self-Isolation

As we move to the next phase of our response, we are progressively implementing more localised approaches to testing, contact tracing and self-isolation. This is based on an 'end-to-end' approach which recognises that these three elements need to work very closely together to reduce transmission.

4.2.1 Testing



As we move to the next phase, we are progressively implementing more localised approaches to testing, contact tracing and self-isolation. This is based on an 'end-to-end' approach which recognises that these three elements need to work very closely together to reduce transmission.

Our overall approach, as set out in our local Testing Strategy, has been to 'find the positives' by focusing testing in areas, sectors or industries at greatest risk rather than focusing on generating a high volume of tests.

Our testing sites are delivered under national Standard Operating Procedures and are updated in line with national updates, accessible through the national Kahootz platform. Operating under the national 'Letter of Comfort' we also have an agreed local clinical governance agreement in place with through our locally-commissioned swabbing service and a nominated local clinical governance lead. Our response so far has included:

- Deployment of specialist outbreak testing to find cases where there have been outbreak, using our specialist NHS swabbing team. This has included in-reach PCR testing in care homes, SEND schools and in other vulnerable settings.
- Pop-up testing in response to community outbreaks including a two-week Drop and Collect pilot, co-delivered with REACT/British Red Cross; surge testing around a major restaurant outbreak and our Teacher Testing offer.
- Co-developing national testing pilots with NHS Test and Trace and the Department of Health and Social Care, including a workplace testing pilot of Daily Contact Testing and routine surveillance testing with Jaguar Land Rover.
- Supporting the establishment of critical infrastructure and associated key worker testing at Birmingham Airport providing training and advice through our local testing team (Fire and Rescue, Border Control and Air Traffic Control).
- Establishment of community asymptomatic testing and mass testing centres.
- Provision of local testing mutual aid including rapid provision of emergency testing kits to primary care for practice staff carrying out vaccination and emergency stock release to schools and workplaces to enhance the national stock management process.

- Direct advice to schools and businesses through our single point of contact, complementing national advice lines.
- Support for colleges and secondary schools in setting up, navigating guidance and delivering the return to school/college testing
- Aiding the best value purchase of waste arrangement for our schools through access to existing framework contracts
- Advice to key partners such as the police on routes to testing and effective use of testing.
- Communications using billboards, social media, community champions and business networks to promote symptomatic and asymptomatic testing.

So far, our locally-run testing services have tested 7,861 people through different routes. Our outbreak testing services, commissioned as part of the Local Outbreak Management Plan from University Hospitals Birmingham have tested 577 people through specific outbreak testing in care homes or in response to community outbreaks. Our local school nursing service have delivered assisted testing in special schools, testing 54 children in response to suspected outbreaks.

In the next phase we will expand our existing programme to:

- Implement community collect from 24th March alongside our asymptomatic test centres
- Provide a testing and advice hotline to support local queries about testing, including workplace testing.
- Implement a proactive promotion of workplace testing to local business through asymptomatic sites or on-site testing.
- Mobilise our testing offer to areas of high prevalence, using our GIS hotspot mapping and high risk high footfall locations
- Throughout our recovery phase organise a retail shopping centre space for opportunistic testing and advice thereby normalising testing in the high street including teachable moments and well being offers.
- Build in the wrap around intensive contact tracing offer as part of the mobile vehicle deployment



Case study

Following a significant outbreak within a school in the North of the Borough, the testing team responded to and stood up 8 testing pods and a registration area in two main halls within a 24 hour period between Wednesday 17th and Thursday 18th March 2021.

Testing staff were deployed to the school with Health care Assistants in attendance to support the oversight and clinical governance of the proceedings.

243 individuals were tested on day 1 including 107 children, 101 parents and family members and 34 teachers.

On day two 137 individuals were tested with 76 children, 57 parents and family members and 4 teachers taking the tests.

A total of 380 tests taken up at short notice supported, promoted and communicated through the school and via the local community organisations with wrap around enabling contact tracing and support for self-isolation.

The deployment at short notice demonstrates our ability to respond to significant outbreaks and provide surge capacity in real time – we able to respond flexibly and at pace to manage and contain the spread in high prevalence areas.

We are now deploying our mobile vehicle four three to four days – to check on levels of community transmission and track if there are any variants responsible for the high transmission levels. Using follow up PCR testing after a positive LFD result and accompanied Health Care Assistant support we will obtain local lab sequencing on the PCR results to inform our surveillance position.

4.2.2 Enhanced contact tracing and self-isolation support

Our backward contact tracing service started in September 2020, providing invaluable data into potential sources of local transmission and made local contact with positive cases to check on the welfare of our residents. This enabled local support to be offered to enable self-isolation including making residents aware of self-isolation financial payments. In addition this also provided local intelligence to understand our community's behaviour's and local outbreaks patterns to gather an understanding as to how the virus transmits locally.

The backward contact tracing team signpost cases to local sources of support working closely with the Council one front door connect centre, as well as voluntary and community organisation and on occasions have also provided crisis support for issues such as mental health or acute medical needs. Since it started, the service has been in contact with 9,644 cases.

The service has continued to evolve and we have worked closely with partners as natural handover points developed e.g. handover to our Solihull Community Housing (SCH) provider who continued to provide additional support to cases living within SCH housing. We now recognise our service as providing enhanced contact tracing support and are developing our local offer to explore how we can provide complete wrap-around support to positive cases to remove any barriers that they may experience during the

required self-isolation period and replicate the high standard we have been providing to cases in SCH housing. This pilot will further explore how we can provide a flexible, responsive and personalised service to those who need it most to allow everyone to self-isolate if required. In support of this new approach we are also intending to develop a behaviour change campaign to encourage compliance and engagement with the Council as a trusted source of support.

Through close working with this service and the self-isolations payment team we have issued 784 self-isolation payments through the statutory and discretionary schemes (68% of all) applications). This close working has enabled all local cases to be made aware of the scheme and to rapidly resolve issues such as lost reference numbers to enable rapid processing of payments.

We have steadily built our response as a national Trace Pilot, taking over lost to follow up cases, including working with West Midlands Fire Service to carry out door-knocking and using local source of data for alternative contact routes.

We are engaged with Local-O with an imminent Go Live date to extend the scope and reach of our services to take on contact tracing for all cases within Solihull at the very earliest opportunity.

Our next phase of development is to:

- Extended scope of contact tracing service for contact tracing in its entirety as part of the Local O national programme pilot (26th March)
- Implement enhanced contact tracing, using a case-worker approach to support people and their contacts to effectively self-isolate with flexible and tailored access to a range of measures to remove barriers to self-isolation. This will be most heavily direct to higher transmission areas but will be available across the borough. (April 2021)
- Pilot Daily Contact Testing as a national DHSC/ Test and Trace pilot site linked to our enhanced offer (April 2021)
- Build on insights and commission behaviour change campaign to engage residents (April 2021)
- Promote & encourage residents to pre-plan what they would require if they had to self-isolate and promote support the Council can provide to encourage engagement (April 2021)
- Liaise with NHS Test and Trace to transition to the new Integrated Tracing System (As per staggered roll out timescales of national team)

Case Study

A resident contacted us as a full time carer for his mother who is 86 years of age. Previously he was able to visit the local shops for essential shopping at safe times and occasionally placed an online order for larger shops when he could afford this. However, recently he had been sanctioned by universal credit and as a result was unable to afford an online shop and was not going out of the house to protect his mothers health.

He was able to shop online but could not afford the minimum spend required for delivery due to the sanctions. We had requested a food parcel but due to some confusion with helping hands re the postcode of the address, this was not delivered. We recognised an urgent need as this was a Friday afternoon and resident would not have food over the weekend. Therefore, working with partners we contacted colleagues in AgeUK who were able to carry out an immediate assessment over the phone. Following this, they presented the resident with a £150.00 e-card for Morrisons to allow them to shop online for the remainder of the required shielding period and also identified financial support to assist with the sanction longer term.

Case Study

We contacted a resident and during the call we established that were underlying concerns that the resident didn't make us aware of. This was identified as when giving information we asked whether the resident had a pen to write down the contact numbers for support. They advised they did not currently as they had gone back to bed s it was warmer than downstairs where the fire had stopped working. The call handler escalated this and a duty manager called them back. During the call we established that the fire had stopped working and also the resident was unable to get her boiler working. This was referred to AgeUK who were able to provide emergency heaters to the property the same day, speak with British Gas on behalf of the resident to arrange for someone to repair her boiler and arrange for funding to repair her gas fire that had stopped working. This was only actioned as a result of the call handler picking up on signs that the resident needed extra support.

4.3 Higher Risk Communities and Enduring Transmission

We use our surveillance and local and national data and insight to identify areas with persistently higher rates. These areas have been identified in key wards in the Northern part of the borough and in some areas in the East although this gap has closed recently.

In common with JBC analysis of stubborn transmission, these areas have a higher proportion of key workers (which our local analysis shows is correlated with higher positive rates) higher levels of deprivation and are also adjacent to wards in neighbouring Birmingham and North Warwickshire which have, during parts of the pandemic, also had higher rates.

Our approach so far has been:

- Providing more intensive support to cases in these areas through Solihull Community Housing (our community housing provider) to ensure people with COVID can self-isolate effectively
- Enhanced 'boots on the ground' capacity through our Public Engagement Team to provide the public with advice on 'hands, face, space', also carrying out 'store walk through' to promote mask wearing and social distancing in retail and supermarkets and other high footfall areas.
- Direct local police resourcing to patrol, within our 4Es framework, using 'Directions to leave' and Fixed Penalty notices as a last resort.
- Deploy enhanced testing using a 'drop and collect' model delivered direct 3100 to people's doors in response to surges in cases as well as using health care assistants from our local NHS to test very vulnerable people where needed.
- Enhanced, hyper local communication using trusted partners including local community champions and very localised Whatsapp/ Facebook messaging.

Our next steps will be to:

- Implement a case worker approach to new cases and contact of cases in higher transmission areas to intensively support self-isolation as enhanced contact tracing approach
- Further develop localised communication messages in these area using trusted community champions and local advocates.
- Deploy flexible mobile testing units to provide easy access to rapid testing in lower uptake areas with enhanced contact tracing and contact of cases at earliest opportunity through Local-0
- Review, through the BSOL vaccine inequalities programme, how we incorporate vaccination messaging and hyper local vaccine delivery in these areas.

4.4 Management of Covid in High Risk Settings

4.4.1 Care sectors

The care sector, including care home, supporting living & domiciliary care has been a major focus of our response, reflecting the disproportionate impact of COVID-19 on this sector. The response has included:

- A joint public health and Adult Care & Support Outbreak Response providing advice and guidance to care providers on the management of outbreaks, and advice on IPC, testing and isolation. This operates 7 days a week, and complements the PHE team's response ensuring a system response.
- The development of a 7 days a week process to receive care home test results and to provide the homes with the results via telephone in a timely manner together with the most appropriate infection prevention and isolation advice.
- Emergency 7 day a week PPE support while national stock supplies stabilised
- Joint care provider infection prevention and control training with BSOL Clinical Commissioning Group
- Direct in-reach clinical support from the University Hospital Birmingham Support to Homes team and local rapid response team
- Dissemination of the national Infection Control Fund to care homes
- At least fortnightly information bulletins from the Director of Adult Care and Support and Director of Public Health to all care providers disseminating key guidance and local information about COVID including information and advice about testing.
- Joint working with the BSOL vaccination programme to ensure high rates of uptake of vaccination
- Twice weekly (able to be stepped back to daily) reviews with adult social care, local public health, regional Health Protection Team (PHE), University Hospital Birmingham and BSOL CCG of care home cases, clusters and outbreaks with complex outbreaks managed through Incident Management Teams. 117 care provider outbreaks have been managed through this process to date, mobilising outbreak testing, infection control team visits, extra clinical support and public health advice as needed.

Our on-going response will focus on:

- On-going surveillance of and response to cases and outbreaks including liaising with national teams to assess the impact of vaccination and routine testing on outbreak management protocols.
- Appropriate advice to support safe and compassionate care home visiting, in line with national guidance.
- Promoting continued adherence to COVID secure measures such as regular testing, PPE and infection control in line with evolving national guidance.
- Continued strong engagement with care providers to support wide uptake of vaccination and address vaccine hesitancy.

Case Study

During the pandemic surge in early 2021, a home for adults with learning disability operated by a private company was severely impacted by an outbreak affecting residents and staff. The multidisciplinary outbreak management team for adult social care co-ordinated a response to include advice on managing the outbreak with infection control and testing advice. The severity of the outbreak meant that the usual staff team were sick, and the bank or agency staff unavailable. A Council commissioning officer from a nursing background stepped into the home to offer direct support to the remaining staff and to support residents. Additional officers from Council day services volunteered to provide staff cover as they had existing relationships with residents, and their skills in working with learning disability. They were trained in the use of PPE and infection control measures, and worked alongside the home's remaining staff until the outbreak passed. This prevented the need to close down the home and maintain the stability of home life for the group of residents.

4.4.2 Schools, early years and further education settings

There have been 736 COVID cases in school pupils, 77 in nurseries and early years and 162 in further education with 80 clusters and 100 outbreaks supported by Education settings outbreak control cell. There is close joint working with the Regional Schools Commissioner to escalate key issues of regional/ national relevance such as major school outbreaks.

- A joint education and public health Outbreak Response Team to provide advice and guidance to education providers on the management of clusters of cases including bubble management and advice on school closure. This operates 7 days a week, complementing the DfE advice line.
- The development localised protocols for the management of case and outbreaks which have been updated with the implementation of wider testing in schools.
- Dealing directly with queries from parents, governors and members of the public which cannot be directly managed by the school.
- Weekly meetings with schools collaborative head teacher leadership to share key messages, forthcoming policy changes and information sharing.
- Direct messaging to families, parents and careers from the Director of Children's Services and DPH at key point such as school opening.
- Specialist advice and support around testing and outbreak management for special schools.
- Shared use of testing facilities with local further education providers.
- Liaison with the Regional Schools Commissioner on high risk/ high consequence outbreaks

Our next steps will be to:

- Continue to play an advisory roles as schools and early years grow increasingly skilled at managing COVID and with the expansion of school-based testing led by the DfE.
- Develop stronger connections with schools in any areas with on-going transmission to work with the schools to promote our enhanced contact tracing model.

Case study

The Covid-19 education outbreak management team were advising a primary school in a low income community when Covid-19 cases started to increase related to a particular bubble of children. The team advised the school on their contact tracing and isolations and checked that all protective measures were in place, ensuring that the school leadership team had timely, responsive guidance on managing the cases in their school community.

Over a short period of a few days, transmission had spread to a wider staff group with some pupil cases and the outbreak team stepped up their advice and convened an immediate Incident Management Team meeting with Public Health England, Education and Public Health officers and the school leadership. There was a particular urgency with the rising case numbers and a very small cleaning resource on site which had been impacted by Covid-19 cases and isolations. The IMT recommended a period of PCR testing of staff, pupils and their families at the school and a testing centre was rapidly deployed onsite, opening less than two days later.

Over the course of two days, 387 people had Covid-19 tests which resulted in a number of further cases. In total, there were 64 cases associated with the outbreak. The decision was taken to contain further transmission with a temporary school closure for a further week and a voucher scheme was established for families who were eligible for free school meals.

Every person who had been tested received phone calls offering support and advice including further calls to the households of positive cases with an enhanced support offer. This included the delivery of food, medication, access to financial support and provision of goods and appliances. This enhanced support aimed to directly address and reduce any barriers to families being able to isolate in the low income community and further testing was planned with a mobile testing unit in the heart of the community for the following week. The Police were also visible in the area supporting the community by ensuring people understood the rules for distancing and not gathering in groups. The outbreak response in this community was a genuine and productive collaboration of a range of organisations, demonstrating the impact of collective ownership of an outbreak response, resulting in a reduction of cases in the school and wider community.

Case study - College Testing

Prior to the roll out of LFD testing to secondary schools and colleges SMBC had been in close dialogue with its education sector to support them with the challenges that localised testing arrangements presented.

For the two main colleges across Solihull we had planned to in reach and stand up direct testing on site. When LFD testing was introduced we chose to support them with this process by using our mass testing centres. The college in the centre of Solihull is next door to the mass testing site and in the North of the Borough in reasonably close proximity.

We anticipated testing students at least twice prior to the issue of their LFD home testing kits by the college. In week one 2103 students were tested across two locations and in week two 2643 tests were completed with specific arrangements for assisted tests on each college campus for those with additional needs. Using the bulk upload reporting system and the college code we adapted our system from the community testing registration and results process to meet the DfE requirements. Those tested were around 60% of the total students eligible. The value added of this initiative was to save the schools the cost of testing on their own site when the facilities for community testing were on their doorstep. The flow of students through the testing centre was recalibrated to optimise the comfort and convenience for students and was ably supported by teachers and staff know to the students. This initiative demonstrates our collaborative approach to our Borough partners.

Following early dialogue with the college at the end of December we supported the college with the installation of 7 testing bays in preparation for testing at short notice and later prior to the issue of home testing kits to students we deployed 7 trained community testing operatives for a two week period in support of the college testing programme.

4.4.3 Homeless/temporary & supported accommodation and social housing

Throughout the pandemic, we have supported the management of cases, clusters and outbreaks in people who are homeless, in temporary or supported accommodation. There has also been a particular focus on an enhanced response in social housing including high density housing.

This has been delivered through strong partnership working with Solihull Community Housing (SCH) and local providers for supported and temporary accommodation.

- Local implementation of 'Everyone In'
- Rapid escalation of any identified cases in homeless or rough-sleepers for multi-agency intervention including provision of appropriate accommodation and support, including substance misuse support and outreach support.
- Protocol in place with all supported/ temporary accommodation for the reporting and management of COVID cases or clusters and for the provision of on-site testing.
- Strong preventative approach including signage, floor stickers, hand gel in SCH-tower blocks / units of multi-occupancy and regular COVID-secure messaging out to Solihull Community Housing tenants.
- Intensive management of clusters in SCH managed units including enhanced cleaning and personalised support and welfare checks for cases needing to self-isolate.
- Surge testing drop and collect in high density housing in response to increase in cases.
- Work with the NHS to start the roll-out of vaccination to key staff and eligible people in line with JCVI cohort

Our next steps will be to:

- Maintain our current approach to the prevention and management of cases and outbreaks in these groups
- Support our providers with the implementation of community collect for the regular testing of staff and residents
- Support the NHS to progress the roll out of vaccination to people who are homeless or in temporary/ supported accommodation through an agreed outreach model.

4.4.4 Major/higher risk work places

Our on-going surveillance and postcode coincidence reports have been used to identify and support high-risks work places or places with a high number of cases. Our local teams have responded to 78 clusters or outbreaks in a range of large and small employers across a wide spectrum of sectors throughout the pandemic.

Our approach so far has been:

- Direct communication with higher risk businesses such as food processing plants to provide a clear point of contact
- Direct follow up with businesses that have had reports from the public of poor COVID safe practices.
- Direct calls to businesses that have reported outbreaks to check implementation of control measures.
- Regular Incident Management Team meetings for larger or more complex or enduring outbreaks.
- Working with the DHSC to pilot workplace testing including Daily Contact Testing.
- Supporting the establishment of workplace testing in critical sectors including Birmingham Airport.

Our next steps will be:

- Continued support and advice for any workplaces experiencing out breaks, through our incident management team process.
- Expanded capacity to support a business hotline to manage workplace enquiries about testing and COVID secure reopening.
- Supporting the borough-wide implementation of a Business Pledge to support COVID secure practices.

4.5 Identifying & Responding to Clusters & Outbreaks

Rapid identification of clusters and outbreaks is a central part of our response. Our response is protocol-driven, using the range of products identified in the national Outbreak Prevention and Management Response Toolkit.

There is an agreed local protocol in place with Public Health England which sets out roles and responsibilities for the management of cases, clusters and outbreaks in different settings. This is routinely reviewed and amended jointly in line with national surges.

All cases in social care are managed by the local authority, which also manages low level clusters and routine outbreaks, based on joint action planning and delivery across public health, adult social care, UHB community team and BSOL CCG infection control with specialist PHE input for more complex cases.

Cases in schools, early years and colleges are managed within the education setting outbreak cell using agreed protocols and reported directly to Solihull Council which also provides direct advice to schools. Clusters and most outbreaks are managed by Solihull Council with PHE leading on complex outbreaks

Workplace cases are notified by PHE to Solihull Council. Single cases are followed up by public health or environmental health if there are local concerns. Clusters and outbreaks are followed up directly by the local environmental health team with site visits if there are specific concerns. Incident Management Teams are held for complex outbreaks with input from HSE if required.

Notifications of complex cases, outbreaks and any other queries around COVID come to a single point of access at Solihull Council [contacttracing@solihull.gov.uk]. This is monitored 7 days a week and supported by a local out of hours public health on call rota for escalation of issues requiring an immediate response.

A regional 24/7 public health rota is also in place allowing for rapid escalation of issues to the regional Health Protection Team (PHE) and national public health response.

Coventry, Solihull & Warwickshire's joint resilience team also has a 24/7 response capability which can mobilise the Local Authority response and inform wider resilience partners in the event of a major incident. This has been mobilised through the pandemic including ensuring rapid deployment of PPE.

Outbreaks are identified through a number of routes including daily surveillance, reviewing common exposure and postcode exposures, formal notifications from care homes, schools and businesses from Public Health England, direct from affected premises or reports from the public or from our contact tracing service. This is reviewed by a daily information sharing cell which then mobilises an appropriate response through our local response cell structures.

This can include standing up Incident Management Teams to manage outbreaks including infection control measures, appropriate use of PPE, safe working practices (inside and outside the workplace) and, where needed, enhanced testing.

Our joint agreement with the regional Health Protection Team (PHE) sets out clear responsibilities for managing outbreaks in different settings including in education, NHS setting, workplaces, care provision etc.

Enhanced testing can be mobilised using assisted swabbing or direct provision of PCR testing. This is directed by SMBC through our local testing cell and provided in collaboration and under the clinical governance and oversight of University Hospitals Birmingham.

Our next steps will be:

- To maintain this on-going response capability to rapidly identify clusters and outbreaks to minimise the risk of an uptick in community transmission as vaccination rolls out.
- To gradually step-down some capacity to support business as usual activities, retaining the ability to step this back up if needed.

Case study

In March & April 2020 the CSW Resilience Team worked quickly to establish a process to receive quantities of PPE from the DHSE and to distribute across the West Midlands & Warwickshire. With support from partners



at the NEC and the process was refined over a number of weeks and enabled us to provide PPE to front line staff at a time when supplies were limited.

4.6 Responding to Variants of Concern (Voc)

Our joint Coventry, Solihull, Coventry Activation Plan describes how we would activate a rapid, multi-agency response to novel variants / variants of concern. This plan draws on national and regional 'lessons learned' from Operation Eagle, which was stood up in January to provider surge testing around the South African Variant.

This plan has been locally tested at a multi-agency exercise across CSW testing three scenarios: a contained response in one local authority, a cross-boundary response and a response involving all three authorities. We have:

- An overarching CSW response plan outlining overarching decision-making and governance
- A local operational plan for each area
- A communications plan

The plan deploys existing sub-regional resilience structures to mobilise an appropriate level of response, drawing on nationally agreed protocols and response structures including communications and media handling once we are alerted to the presence of new variants locally by Public Health England.

Our localised response would, in agreement with the Regional Convenor and JBC, mobilise our local mobile testing capability and trained testing staff to deliver surge testing. This builds on previous experience delivering rapid community testing:

- Rapid geo-spatial identification of affected properties using the Local Land and Property Gazetteer.
- Stand up identified central distribution hub.
- Mobilisation of a mobile testing unit to affected areas
- Re-mobilisation of bank staff (including testing and contact tracing staff) to drop and collect test kits to affected properties and / or support mobile testing points.
- Registration of testing kits issued and returned using iPads.
- Mobilisation of existing local / hyper-local communication capacity to drive national messaging to the target area.
- Inform the Warwickshire & West Midlands SCG to explore mutual aid and surge capacity, in liaison with Regional Convenor and JBC.

Through the Coventry, Solihull and Warwickshire Resilience team we also have local working arrangements in place to liaise with the national Managed Quarantine Service response at Birmingham Airport including liaison with the local NHS and regional Health Protection Team if requested.

Case study

Since 15th February 2021 Solihull MBC have been supporting the DHSC with the Managed Quarantine operation for passengers arriving into Birmingham Airport from 'red list' countries. SMBC provided welcome & welfare packs to the designated hotels to ensure travellers had some essential items on arrival as well as links to mental wellbeing resources and advice on how to stay fit and healthy while self-isolating . SMBC have continued to chair a meeting of local stakeholders to ensure the operation continues to run smoothly and to support our local hoteliers and 'temporary' residents.



4.7 Compliance and Enforcement

Our multi-agency approach to compliance and enforcement uses the tried and tested '4Es' approach to COVID security.

- Educate: effective local communications so people, businesses and workplaces understand what they need to do.
- Encourage: targeted communications and messaging in areas at higher risk.
- Empower: deploy more specialist skills and resource to support compliance
- Enforce: use of legislative powers as set out in the Health and Safety at Work Act 1974, the Public Health (Control of Disease Act) 1984 and the Coronavirus Act 2020 using designated Proper Officers

Our approach so far has been:

- Use our communications strategy to communicate with the public and key sectors on what activities are permitted when regional or national restrictions are in place.
- Respond directly to questions, complaints or queries from the public through our contact centre and single point of contact emails.
- Use our COVID-19 Public Engagement Team as a flexible resource to deploy to hotspots locations or sectors, based on local epidemiology. This team has engaged directly with the public to encourage social distancing, mask wearing and answer questions on testing, self-isolation and vaccination and has also been deployed to supermarkets to support compliance.

- Use more specialist environmental health capacity to carry out visits to higher-risk premises. 892 advisory visits have been carried out to date, 126 follow up enforcement visits and 6 Number of premises/ events subject to Section 3 powers.
- Liaise with West Midlands Police to use low level powers in higher risk areas. 2108 'direction to leave' notices have been issued for breaches such as not wearing face masks without an exemption or for congregating in breach of restrictions.
- Section 3 powers have been issued to three businesses (hospitality and retail) for breach of the 2020 Coronavirus Act.
- Regular communication with educational settings with a daily bulletin to schools and regular communication through letters directly to families with school children on key issues.

Our next steps are to:

- Maintain the 4Es approach, used proportionately and in line with the national roadmap.
- Further develop our Public Engagement Team in response to positive community feedback to help combat messaging fatigue, provide a flexible 'boots on the ground' approach, support wider messaging on how to stay COVID secure and promote vaccine uptake.

4.8 Living with Covid

Our wider Solihull plan, Living with COVID, sets out a comprehensive approach to adapting to COVID described in plans on a page, COVID secure and

This includes support the safe reopening of the economy and implementation of COVID secure measures:

- Further direct engagement with local businesses and the implementation of a local Business Pledge to support COVID safe reopening across all sectors.
- Supporting the safe reopening of the high streets by working with businesses through the Reopening High Streets Fund to refresh COVID secure measures such as signage, floor stickers, face mask wearing.
- Providing advice and guidance to key sectors such as leisure, hospitality and retail including direct advice on how to access testing for staff or set up workplace testing schemes, working with key partners such as the Local Enterprise Partnership, Federation of Small Businesses and Chamber of Commerce.

5. Communications, Engagement and Community Resilience

5.1 Communications

Our communications plan – jointly developed with Coventry and Warwickshire to build more brand recognition and cohesive messaging across the sub-region has been built on strong behavioural science principles. This uses a positive messaging to support people to 'Do the Right Thing'. Research carried out on behalf of the West Midlands Combine Authority showed that this has a brand recognition within Solihull of 47%.

The main aim of the campaign is to raise awareness around the simple things people can do to stop the spread of the virus and to bring communities together, to help them understand the importance of the role they play. The campaign has been localised for specific parts of the borough, encouraging ownership of the campaign and encouraging residents to act as ambassadors for their community. Key to the campaign is the message that everybody needs to play their part and do the right thing for themselves, their friends and family, neighbours, and their communities.

Our approach so far has been to:

- Use this branding consistently across all our communication, tailored for specific local areas or to deliver specific messages (such as promoting testing).
- Branded Bin stickers early on in COVID to make sure the message was communicated directly to every household in the borough
- Creation of the CSW website – staysafecsw.info which signposts to the outbreak control plan and all the communications resources
- Weekly briefings from Director of Public Health and Leader of the council for the public to provide updates on the latest positions
- Widespread social media campaign reaching 170,000 impressions each week.
- Bespoke commissioned communications to reach younger age groups delivered by UrbanHeard.
- Guidance and information booklets printed and delivered to each household in Solihull
- Dedicated pages on the Solihull website with latest guidance, information on testing and signposting to national resources.
- Hyper local communication of key messages through our Community Champions local social media groups and 'boots on the ground' Public Engagement Team.

Next steps:

- Continue to echo national guidance, particularly as restrictions are relaxed as part of the roadmap, using the “do the right thing for Solihull” brand to localise the messages
- Promote and support the safe opening of businesses and services working with local partners
- Launch Business Pledge to encourage businesses to be COVID secure and comply with best practice
- Focus on tailored communication messages and channels to deal with outbreaks and increased infection rates on a geographical basis
- Continue to use evidence to drive messaging

5.2 Community Engagement And Resilience

Working under the banner of ‘Here2Help – Communities and Solihull Council Working Together to Tackle COVID-19’, we have a strong partnership of equals relationship which has seen communities mobilise positively to respond to the pandemic.

There has been a sustained increase in community activity in response to COVID-19 and the emergency situation, with many residents stepping up to support individuals within their community. The voluntary organisations continue to meet the needs of vulnerable residents, coming together to share resources, skills and good practice and information and support around COVID prevention, testing, contact tracing and self-isolation. Consistent communication routes were established with the VCS and community groups early in the crisis and have been strengthened throughout the pandemic:

Our key actions so far have been

1. Single Point of Contact in place for Parish Councils, Faith Groups and leaders and COVID Mutual Aid Groups.
2. Weekly conference call with VCS Reference Group and local anchor organisations
3. Community Development Team providing a database of community action and supporting the newly formed groups,
4. Solihull CAVA e bulletin including access to funding and good practice
5. Establishment of a Community Champions group of 150 who are supporting communities with accurate information on COVID including ward level information and weekly webinars on a range of issues including testing, self-isolation, preventing the spread of COVID, COVID vaccination, mental health and well-being during COVID and other key topics such as domestic violence support.
6. Regular two-way briefings with faith leaders and faith groups

As we move through the pandemic, the nature of the community response has evolved from direct support during the first lockdown, including support for the clinically extremely vulnerable to a strong focus on community information and engagement on local and national restrictions, testing and self-isolation.

As the vaccination programme has rolled out, community groups have mobilised to cascade information from the BSOL vaccination programmes at hyper-local level and provide practical support at local vaccination sites.

There has been direct engagement with community groups and community champions to inform the next phase of our response. Communities have valued the regular two-way flow of information about COVID and want this to be sustained. There has been positive feedback to the practical 'boots on the ground' approach to direct engagement with the public, compliance and enforcement through the combined work of the public engagement team, regulatory services, police and direct engagement with businesses around COVID secure measures. The local response to and quality of vaccination and testing centres has also been positively received. Feedback also indicates that people want to see clearer communication about changes to restrictions and a strong focus on COVID secure reopening as lockdown lifts.

Community feedback shows that people are concerned about the long-term economic effects of Covid. Respondents were especially wary about families with school age children who may not be able to afford food, or school uniform. Suggestions included subsidising school uniform, as well as improving referrals to food banks. Concerns about unemployment may call for additional training and employment support from the Council. Respondents placed a heavy emphasis on local economic recovery, urging the Council to encourage residents to particular focus on supporting local businesses recovery. Mental health across Solihull's community was another area of concern, and respondents requested improved mental health care and support, especially for people in education of all ages.

6. Resourcing and Capacity Planning

6.1 Financial

The nationally allocated Community Outbreak Management Fund has been used to support the delivery of our borough wide outbreak management plan with monthly oversight of spend and activity against key metrics reported to our Strategic Command Group. A single financial and performance framework is in place which covers all aspects of national funding to support the local COIVD response, including those aspects delivered through the COMF and Local Outbreak Plan. This provides a golden thread between strategy, activity, resource and performance.

6.2 Financial summary

Lomp	Community engagement	Preventing infection	Vulnerable and Underserved Communities	Testing	Contact Tracing	Support for Self Isolation	Data & Information Sharing	Compliance and Enforcement
COMF	Communications & Marketing	Targeted intervention/ Support for Educational outbreaks	Support for clinically extremely vulnerable/ Support for wider vulnerable groups	Testing	Tracing	Support for those self-isolating	Specialist support i.e behavioural science	Compliance measures
Outputs	<ul style="list-style-type: none"> Instagram messages to young people: 118 posts to 20-30s 65 posts to 13-20s 2 Instagram stories per week C 100 posts on Snapchat 	<ul style="list-style-type: none"> 30,000 households / residents aged over 75 in receipt of winter booklet 40 vulnerable school learners supported through multi-agency input to return to school setting 44% of vulnerable children accessing on-site education during lockdown 240 specialist domestic abuse sessions delivered through the Community Outreach service, a 37% increase 18 women in emergency temporary accommodation provided with dedicated specialist domestic abuse support who would not previously have had this offer 	<ul style="list-style-type: none"> 251 placements of single homeless (of which 131 were discretionary, ie no further duty applied) 57 positive move-ons from Covid placements since Nov 20 Support provided to Shielding co-hort of 13,586 residents, leading to distribution of food and essentials 7,353 residents supported with food parcels / supported to access food 15,149 food vouchers issued to Children and Young People in receipt of Free School Meals across Christmas and February half-term 266 vouchers issued to care leavers 29 grants awarded to local VCS groups and organisations 74 children provided with clothing and shoes 196 households provided with fuel vouchers 45 elderly households supported through Age UK winter warmth campaign 	<ul style="list-style-type: none"> 7,861 LFT Tests carried out December to February 1,643 tests dropped and collected from residents properties during 2 weeks Oct/ Nov 14 face to face and 2 virtual Infection, Prevention Control and PPE training sessions provided to care homes 100 outbreaks and 80 clusters supported in education / school settings, with 7 schools supported to close Outbreaks in 1 business, 11 schools and 2 others resulted in IMT meetings with PHE 	<ul style="list-style-type: none"> 9,644 people contacted 47% of contacts traced (National lost to follow up cases) 	<ul style="list-style-type: none"> 9,327 food / essential parcels and packs distributed through foodbanks being directly supported by SMBC 		<ul style="list-style-type: none"> 75 Incident Management Teams held since Aug 20 From Sept 20, average of 35 Covid Marshal Teams mobilised and 975 engagements per week 95% positive conversations per week 783 calls to Public Health Covid Support line from Nov 20 2,108 Directions to Leave recorded (for face mask compliance / dispersal) 150 Community Champions recruited 892 Advisory visits made to local businesses 126 Premises requiring follow up / enforcements visits 6 Premises / events subject to Section 3 powers

Activities	<ul style="list-style-type: none"> Dedicated social media channels and on-line workshops through schools 	<ul style="list-style-type: none"> Dedicated education support (Community Educational Psychology Service and Specialist Inclusion Support Service) for Children who have become more vulnerable learners due to Covid (School closures, lack of routine, social barriers) Recruitment of specialist DA support advocate 	<ul style="list-style-type: none"> New database developed to manage shielding list and contacts Residents contacted to provide support: Lockdown 1, 7,165; Lockdown 2, 1,123; Lockdown 3, 9,160 to present day Well-being leaflets developed by Public Health and issued with all food parcels to provide help, guidance and tips for staying well during shielding Establishment of Winter Wellbeing and Recovery Fund providing grants to support Voluntary Community Organisations 	<ul style="list-style-type: none"> 4 test sites setup with capacity for 6,000 tests per day Detailed advice and guidance given to settings affected by confirmed cases to reduce virus transmission, in addition to risk assessments and locally produced and reviewed PPE guidance In the event of an outbreak, advisors work collaboratively with settings to provide advice on management and necessary actions, escalating to PHE where there are public health or operational concerns to risk assess the outbreak and consider mitigating actions. For example in schools, this has included tailored communications to the school community, mass testing and, as a last resort, support to the school/setting with temporary closure 	<ul style="list-style-type: none"> Lost to follow up contact tracing Backward contact tracing of all positive cases Local -0 pilot, contact tracing of all positive cases within the borough to contact cases at earliest opportunity with local wrap-around support Pilots being developed to provide enhanced contact tracing to areas of enduring transmission 7 day contact testing pilot Partnership working to strengthen offer, including door knocking by West Midlands Fire Service, handover points to connect Here2help & crisis support, VCS support and influential community champions 	<ul style="list-style-type: none"> Packages of food and essential items distributed through VCS organisations 	<ul style="list-style-type: none"> Increased staffing capacity to monitor infection rates and outbreaks 	<ul style="list-style-type: none"> Every day 3-7 Public Engagement Teams (PETs) of 2 people are engaging with residents for 3-4 hours per day, providing a reassuring presence to communities and answering questions PET teams share positive messages with residents/ businesses and gain intelligence from observing what is happening in the borough. Data is fed into Local Information Sharing Meetings and informs Council actions, eg Regulatory Services, Public Realm Champions are residents in Solihull and can be anyone in the community. Champions are provided with the latest information and share this information with anyone in their community, however they want
Source of Funds	<ul style="list-style-type: none"> COMF T&T Support Grant 	<ul style="list-style-type: none"> COMF T&T Support Grant 	<ul style="list-style-type: none"> COMF CEV Grant Next Steps Accommodation Programme Winter Grants Emergency Assistance for Food and Essentials Supplies Grant 	<ul style="list-style-type: none"> COMF T&T Support Grant Community Testing Funding 	<ul style="list-style-type: none"> COMF T&T Support Grant 	<ul style="list-style-type: none"> COMF Emergency Assistance for Food and Essential Supplies Grant 	<ul style="list-style-type: none"> COMF 	<ul style="list-style-type: none"> COMF T&T Support Grant Compliance & Enforcement Grant
£000 (to 31/3/2021)	108	402	1,148	748	105	307	36	1,056

6.3 Capacity resource

To manage COVID the Council has provided a responsive and flexible capacity planning response. Staff groups across the organisation have responded to the pandemic and have lead work with key partners, providers, stakeholders, VCS organisations and volunteers to coordinate, re-deploy or respond to pressure created by the impact of COVID.

To support our response and to continue to build resilience to our functions we have increased our capacity to deliver our COVID services including investment in enforcement, marshalls (Public Engagement Team), information & advice, contact tracers, testing staff and call handling. This enhances core council capacity mobilised during the first two waves, including contact centre capacity, core public health team, furloughed staff from providers and key internal capacity and leadership across the full range of council capability.

Table X Core staff and additional capacity;

	Core Staff	Additional (COMF Funded)
Enhanced engagement capacity (Public Engagement Team)	15 deployed engagement officers / Managers (seconded)	30 Public Engagement Officers Admin support
Enhanced environmental health team support	10 x Staff and managers environmental health and licensing team	Backfill to substantive roles to release core staff to respond to pandemic
Testing team capacity	Testing Strategic Programme Lead / Testing Strategic Project / Manager Site Manager (deployed)	Testing operational workforce (PM/Clinical Lead/92 x Testing Operatives/ HCA's/ Site leads)
Contact tracing team	Contact Tracing Programme Lead / Contact Tracing Project Manager / Contact Tracing Team Leaders / PH Data & ICT System leads	Contact tracing operational workforce (15 Call handlers, deployed & locally recruited)
Communications & engagement		
Education and early years outbreak support	Education Programme Lead/ Education Project Support	3 x Education COVID call handlers Rota staff for Out of hours
Workplace and business support	1 x Covid-19 Advisor / Business & Investment Officers / Environmental health officers	Recruiting project manager
Data, intelligence, surveillance and business intelligence	PH analyst/ data analyst / GIS manager / business improvement officer/ core ICT staff	1 x GIS analyst/ 1 x PH analyst /1 project support officer / ICT support
Admin and project management support	Public Health business support team/ Everyone Active team / Resilience/ Core PH staff	1 x Portfolio Support Officer / Temporary admin staff
~ Support from partners, providers, stakeholders, VCS organisations and volunteers ~		

6.4 Capacity Planning

Capacity planning is overseen by our Local Outbreak Management Board and Recovery Cell, across all areas of activity including overall outbreak management response capacity (testing, contact tracing and day-to-day response to clusters and outbreaks in all settings), regulatory service and enforcement capacity, business support, data, intelligence and project management and wider surge capacity to respond to VOC.

The board is working to three objectives:

1. To build in flexible capacity to effectively manage peaks and troughs in workload, in line with rising and falling case numbers
2. To progressively enable core staff who have been redeployed to support COVID to be released to support service recovery and business as usual, with the ability to 'surge' these staff back in if needed.
3. To create local job opportunities for people in the borough who may have been adversely affected by COVID.

When planning, monitoring and responding to risks in relation to capacity.

At time of surge our approach is based on existing resilience arrangements which would see a planned stepped down of 'business as usual' to mobilise internal capacity to respond to a surge, as well as implementation of mutual aid arrangements across CSW.

Next steps:

- Local exercising has identified the need to develop a 'stand-by' rota of named staff who could be rapidly mobilised to support a surge
- Final business plans need to be completed across all response areas to confirm resources are in place to September 2021 either through fixed term posts or flexible agency contracts.
- Build resilience into any areas of risk where over reliance on individuals exists

Case Study

On 8th January 2020 the CSW Resilience Team ran an exercise to test our response to an outbreak of Pandemic Influenza. The exercise was built up over a number of months with communications starting in November, to replicate the longevity of such an incident.

The exercise was well attended by strategic members of Coventry CC, Solihull MBC, Warwickshire CC, Rugby BC and Stratford-on-Avon DC.

The exercise touched on areas of mutual aid and established a precedence for how we would ultimately go on to respond to Covid-19 a few short weeks later.

Exercise Black Swan - 8 January 2020



A pandemic influenza exercise for Strategic and Tactical level colleagues across Coventry, Solihull and Warwickshire local authorities

7. Performance Reporting

Our local SITREP includes key metrics to provide a systems-wide update to the Local Outbreak Management Board and Strategic Command on COVID including local epidemiology assessed by location, ethnicity, deprivation and age, cases and outbreaks in care homes, schools and workplaces, testing, contact tracing & self-isolation performance, vaccine uptake, hospital metrics and compliance measures.

A wider dashboard capturing key information relating to wider health, well-being, social and economic impacts of performance gives a more global assessment weekly on metrics including calls for mental health support, domestic abuse impacts and employment impacts.

Appendix 1: Risk and Mitigations

We have used a structure cross organisational review to identify key risks, mitigations and on-going 'asks'.

Detailed risks are captured and reported through our operational and strategic risk registers. Our high-levels risks are set out below:

Risk	Mitigation
Public COVID fatigue leads to poor compliance and adherence to COVID secure measures, testing and self-isolation.	<p>Continued messaging at local and hyper local level. Needs to be reinforced with strong national messaging around continued importance of COVID secure measures.</p> <p>Build on insights and develop behaviour change campaign to address priority change required.</p> <p>Lead messages with local community leads / trusted sources to engage key target groups.</p> <p>Create responsive messages and promotion to phases and current scenarios.</p>
Impact of reopening hospitality, retail etc on internal capacity and case rates.	<p>Sub-regional work around Business Pledge and local engagement with key sectors.</p> <p>Need for strong national guidance and legal framework rapidly.</p> <p>Engagement of local BID to utilise existing relationships.</p> <p>Targeting of key workplaces in areas of concern.</p>
Corporate and wider partnership capacity to maintain on-going response and BAU.	<p>Maintain local and sub-regional Strategic command arrangements and effective coordination with BAU recovery process.</p> <p>Develop robust and resilient plans to respond to surges while transitioning back to BAU.</p>

High levels of staff fatigue and risk of burn-out.	<p>Highest risk at present.</p> <p>Identify areas of risk and prioritise building resilience to these to allow staff to take leave and share tasks.</p> <p>Respond to capacity needs to developing a staffing resource that can be used flexible and moved to respond to areas in surges to help manage fatigue in staff groups.</p>
Ability to surge capacity in response to major localised outbreak or potential third wave, particularly in relation to enhanced contact tracing.	<p>Active surge management plans that are tested with lessons learnt captured, sharing learning from other areas.</p> <p>Agreed thresholds for returning contacts of cases to NHS Test and Trace if in period of peak and unmanageable case levels.</p> <p>Agreed prioritisation of cases based on priority postcodes or priority calls (e.g. LTFU over BCT).</p> <p>Flexible staff resource that can be quickly called on and deployed if required.</p>
Vaccine uptake in certain communities	<p>Joint work with BSCL vaccine programme using health equity assessment and localised data to target vaccine messaging and delivery to low uptake communities.</p> <p>Target vaccine hesitance messages at appropriate points promoting vaccine uptake.</p>
Social care capacity and ending of funding to support COVID response beyond end of March (Infection Control Fund).	National escalation. On-going liaison with care providers, particularly those with known capacity or delivery issues.
Multiplicity of testing initiatives and lack of clear national testing strategy and localised data flows.	On-going liaison with Regional Convenor and NHST&T.
Streamlining of interface with NHS Test and Trace: wide range of initiatives coming through which would benefit from clear national plan.	Maintain local testing strategy with clear local priorities for testing based local risk and epidemiology. Pilot national initiatives where clear fit with local need.

Appendix 2: Key issues

Surveillance, data and epidemiology

- On-going regional analytic capacity to maintain all existing data products on a 7/7 working cycle
- Enhanced regional analytic capacity to supply and interrogate new data sources such as Waste Water working with local teams, with view to developing this as a longer term early warning system at regional level as part of the NIHP.
- Maintain regional capacity to support 'deep dives' particularly around enduring/ stubborn transmission, working with local authority public health teams.
- Enhanced regional coordination and local sharing of other analytic sources (eg transport patterns) held by JBC.
- Improved data around testing including school and workplace testing data and information about uptake of community collect model.

Testing, contact tracing and self-isolation

- Clear national multi-sectoral testing strategy to help with local planning: multiplicity of testing routes and coordination between testing schemes, including Test to Enable needs reviewing.
- Extension of discretionary funding scheme for self-isolation to end of year.
- Payment for care workers on zero hours contracts when self-isolating.
- Management of staffing resource, retain externally recruited staff when case levels are low and lack of shifts available
- Targeting of groups that do not take up offers of support or engage with services
- System development for contact tracing

Outbreak management capacity

- Maintenance of regional Health Protection Team capacity to manage outbreaks and clarity around regional tier of NIHP: risk of staff flight during period of uncertainty.

VOC response

- Rapid return of positive results from national system for onward local contact tracing.
- Supply of additional tests at pace to identified local distribution point
- 119 call handlers to support residents who are unable to register tests electronically to register through the 119 service as surge capacity for local operatives
- Consistent national protocols for management of MQS cases including guidance for NHS providers and agreed roles and responsibilities for complex MQS cases

Living with COVID

- Need rapid publication of updated sectoral guidance for safe reopening across sectors (retail, sports and leisure, hospitality) and a strong legal framework to support this.
- On-going risks associated with high footfall retail, particularly supermarkets (store layouts, in-store management of flow, sign-posting etc)

Outbreak Management Education

Priority - Reduce transmission through advice and outbreak management while minimising disruption to children's development and learning



Current activities to support schools and related settings

- Timely surveillance and monitoring of new cases and response to outbreaks, escalating to mitigating action where necessary to prevent virus transmission
- Timely contact tracing and isolation
- Advising settings on appropriate Infection Prevention and Control measures
- Advising on appropriate use of testing, including options outside of a school setting or their employer
- Providing a trusted source of support for schools and related settings, facilitating their independent management of risk and outbreaks where appropriate, and encouraging escalation for anything that exceeds their competence and confidence



Priorities

- **Minimising transmission risk** to pupils and staff through rigorous IPC measures and compliance with educational bubbles and adherence to the latest national guidance
- **Supporting the continued opening** of schools and related settings
- **Minimising disruption to learning** through appropriate application of national guidance and best practice.
- Facilitating **appropriate access and use of lateral flow and PCR testing**
- **Working with settings** to interpret, advise and implement changes to guidance and practice so they are consistent across Solihull
- Maintaining **clear and trusted communication** between the Council and educational settings e.g. Heads, Unions, School Trust Collaboratives, including the provision of local procedural flowcharts and advice



System enabling workstreams

1. Shared resource: call handler and admin support in place to appropriately route queries, cases and outbreaks to Education Cell
2. Shared resource: shared rota of outbreak advisers across Public Health and Children's directorate, including out of hours
3. Monitoring and surveillance: arrangements with PHE to support IMTs for complex outbreaks.
4. Ongoing communication: weekly meetings with school head teachers and unions to troubleshoot issues proactively and provide a trusted source of advice on changes to guidance

Timescales for new developments

March 2021

Ongoing support to schools and related settings as they transition back to full opening and new testing regimes

April 2021 onwards

Ongoing outbreak management function retained but role mainly monitoring and surveillance
Outbreak management as a surge response

Focus is on enabling schools to prioritise learning and catch-up and supporting families with the impact of the pandemic

Governance and Programme Management

- These functions are coordinated within the COVID-19 Education Outbreak cell. Issues are discussed at regular update meetings, as well as twice weekly outbreak cell meetings in more detail.
- System issues are escalated to the local outbreak management board (LOMB) and/or strategic testing cell as appropriate.



Outbreak Management Adult Care Services Outbreak Control Cell

To have an oversight of and to ensure there is appropriate inter-agency co-ordination of responses to, Covid-19 outbreaks or potential outbreaks, within any setting in Solihull in which care and support are offered to adults, with the aim of providing operational support to the prevention and management of outbreaks and reduce the spread of infection.



Membership

Solihull Metropolitan Borough Council (Adult Care & Support / Public Health), Birmingham & Solihull Clinical Commissioning Group
Public Health England, NHS (Heart of England)



Approach and Priorities

- Twice weekly 8am cell meetings for 30 minutes
- At each Cell meeting;
 - Review the daily situation report and ensure that all necessary and relevant steps have been taken by the appropriate agency to support incident / outbreak management and the appropriate care of residents in line with national guidance, including relevant elements of the Social Care Action Plan and Care Home Support Plan.
 - Acts as an escalation point for any local COVID issues in organisations within Solihull that cannot be satisfactorily managed locally, on issues including; infection prevention and control, workforce, testing and primary care.
 - Escalates any concerns relating to staffing shortages, clinical care, safeguarding and infection control measures, relevant to the agency.
 - Escalates any outstanding issues around access to PPE/guidance to the PPE call for resolution.
 - Ensures that appropriate testing is available for any affected or at risk staff or residents and those results are appropriately followed-up and actioned in line with national guidance.
 - Ensures that any guidance relevant to the management of COVID relating to; testing, PPE, infection control or outbreak management is communicated rapidly to local institutions.
 - Responds to guidance in respect of visits to care homes, making appropriate recommendations to the DPH for decision where infection risks require a local determination.
- Work Cell Outputs
 - Actions necessary to reduce the risk or impact of outbreaks, including direct contact with Support to Care Homes, IPC Team, Commissioning in SMBC and CCG, PH advice and support and any other responses necessary, including; safeguarding and provider failure intervention, as required.

Governance and Programme Management –Strategic reporting

The Cell is initially accountable to the Chair. The Cell reports to the Solihull IMT; progress and issues are reported via the Solihull IMT to the Strategic Group.



Outbreak Management Business Outbreak Management Cell

To have an oversight of – and ensure there is appropriate coordination of responses to – COVID-19 outbreaks or potential outbreaks - within any business setting in Solihull in order to support the prevention and management of outbreaks and reduce the spread of infection. Settings in this context includes business parks, shopping centres and shared business facilities; pubs, bars and restaurants. This group will report to the Solihull Covid19 Health Protection Board/Local Outbreak Management Board



Membership

Perry Wardle (economy and Infrastructure), Helen Varah (Public Health and Commissioning Directorate), Jon Lander (Places Directorate), Martyn Sargeant Customer Services (Solihull Connect), Andrew Callingham (Economy and Infrastructure Directorate), Tom Slater (Communications), Clare Rudge (Economy and Infrastructure)



Priorities

- acts as an escalation point for any local COVID -19 issues in work places within Solihull that cannot be satisfactorily managed by the business;
- reports intelligence on outbreaks to the Solihull Covid19 Health Protection Board/LOMB;
- develops a Communication Plan in line with key messages via stakeholders;
- undertakes systematic identification and risk assessment of high risk settings, and co-ordination of action to reduce the risks and intervene early, also manage outbreaks, using Action Cards;
- develops a system for capturing complaints and compliance issues and reviewing these systematically
- signposts businesses to national and local information and guidelines on opening or closing businesses safely with regards to COVID-19
- Supports IMTs as required with PHE for businesses with large outbreaks



Next phase developments

- Support stakeholders with the national 'Roadmap' and Covid-safe reopening of businesses, town centres and high streets
- Provide advice on the national Lateral Flow Testing programme for workplaces
- Sign post and promote the SMBC Community Testing sites to all interested businesses
- Provide advice to event managers on the timing and infection prevention and control requirements for the different stages of the 'Roadmap'
- Develop and promote Beacon Business Pledge to support Covid-safe reopening of businesses in Solihull



System enabling workstreams

- We will work with the following agencies to ensure that our approach is proportional and effective:-
- West Midlands Police, West Midlands Fire Service, H&S Executive, Solihull Community Housing and Public Health England

Timescales for new developments

8th March – 29th March – Promote workplace Testing, support Covid –safe reopening and maintain outbreak surveillance and support

12th April – As above noting outdoor hospitality and reopening indoor use of gyms

17th May – As above noting indoor hospitality, organised indoor sport and larger outdoor organised seated events

21st June – As above noting remaining businesses reopening and night-time economy.

Governance and Programme Management –Strategic reporting

Lead members coordinate the ongoing requirements of monitoring workplace outbreaks and enforcing Covid-safe practice in a variety of workplace settings via the Legal and Enforcement group and IMT;

Liaise with PHE;

Coordinate event applications via the Legal and Enforcement group and IMT;



Outbreak Management Vaccination Programme

Priority -to support the NHS with the equitable roll out of the national COVID-19 vaccination programme



Objectives

- To make information about COVID vaccination easily available to;
- support people to make an informed decision to get vaccinated
- get the word out about the vaccine, using Community Champions and trusted local leaders to answer residents' questions and dispel any myths
- To introduce helpful measures to support people to get vaccinated, such as supporting people to get to appointments



Priorities - Covid-19 Vaccination Programme

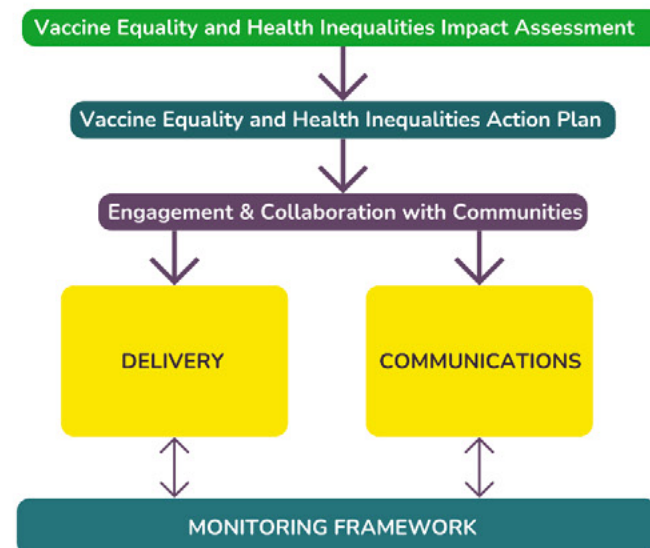
- To ensure the equitable delivery of COVID vaccination across Solihull by harnessing the collective power and reach of partner organisations and community organisations
- To ensure that inequalities impacts of vaccination are factored into programme delivery and that no group is 'left behind'
- To oversee coordinated action to target communication and engagement across key communities to reduce vaccine hesitancy, understand and resolve barriers to vaccine uptake
- To review vaccination data by key characteristics to identify & address areas of low uptake and to agree & share key vaccination metrics with local stakeholders
- To learn lessons that can be applied to future vaccination programmes and our system approach to tackling health inequalities

Governance and Programme Management –Strategic reporting

The BSOL Vaccination Inequalities and Uptake Group, chaired by the Director of Public Health, will be responsible for the strategic oversight of this work.

The local outbreak management board (LOMB) will be responsible for monitoring and scrutinising this approach as a key requirement of the local outbreak management plan.

BSOL PROCESS FOR ADDRESSING VACCINE EQUALITY AND HEALTH INEQUALITIES



Outbreak Management Testing 'From here to immunity -AGILE-MOBILE-TARGETED'

Priority -Use safe, accessible and appropriately located symptomatic and targeted testing to reduce COVID rates, limit morbidity and mortality and support wider recovery, whilst encouraging self isolation following a positive result



Testing services within Solihull

- Mobile Testing Unit (MTU) – Sited centrally this service is for symptomatic bookings through the central government website
- Mass testing Community Sites – 2 x 30 testing stations at Leisure Centres-capacity for 750+ lateral flow rapid tests per day within walking distance of central retail areas of Solihull town centre and the key wards around the North of Solihull
- Community testing sites – agile and accessible – Two community testing sites to improve access in high prevalence areas with movement to other locations in the next phase
- Development of a mobile testing offer to support an inclusive wrap around offer to remove any barriers to self isolation and contact tracing at the point of intervention, including financial support and health and well being advice to shape and inform recovery.
- Service the surge testing deployment in the event of variants of concern(VOC) to pinpointed street locations /postcodes using a tried and tested drop and collect model
- Provide an accessible asymptomatic testing service in high prevalence areas at street level and deploy into high footfall areas eg supermarkets for opportunistic testing uptake and health advice
- Use of the Community and Voluntary sector to support testing take up in high prevalence areas and with hard to reach and vulnerable groups shaping the offer with trusted local stakeholders to encourage continued and repeat testing using the community collect model.
- Specific testing base in retail space – in order to educate, inform, encourage and advise to continue to do the right thing for Solihull.



Testing Priorities

- **Safe effective and assured** stock issued for distribution and use in support of maintaining an effective IPC environment and standards of practice.
- **Develop and effectively communicate guidance on PPE for all audiences** and scenarios using proactive communication, social media and local services and staff
- **Embed appropriate PPE into everyday use for all**
- **Reduce the risk of COVID 19 transmission by implementing and promoting with NHS colleagues effective Infection Prevention and Control (IPC) and Health and Safety** use of PPE across all environments
- **Follow-up with guidance and advice where local cases illustrate that there have been failings in IPC and PPE** in order to improve compliance with appropriate PPE thereby containing and reducing the chains of transmission
- Use **data and intelligence** that identify clusters and outbreaks to offer PPE support



Next phase developments

- **Extend the reach of testing** to high prevalence groups and locations using the evidence base
- Prepare VOC response and protocol ready for deployment
- Develop targeted hotspot testing using mobile deployment option
- Provide contact and advice line for broadening the testing set up in businesses and workplaces
- Implement the community collect model at SMBC testing sites
- Identify additional and appropriate community collect testing locations in high prevalence areas
- Prepare and implement the transition from current testing site within leisure centres to alternative locations
- Focus communication and engagement with local communities – topic, age, vulnerable groups to continue to encourage regular testing.



Systems enabling workstreams

- Systems development of hotspot mapping to target high prevalence and VOC deployment (ICT support)
- Mobile deployment options .
- Community collect development of VCS interests to support.
- Resources; testing operatives and team leaders (80+ WTE) offer new testing advice line.
- Capacity planning to manage peaks and surge requirements for mobile deployment

Timescales for new developments

January/February 2021

Implement the AGILE/MOBILE /TARGETED MODEL of development to support rapid deployment in the event of (VOC) testing and more flexible offers to high prevalence areas

Support for stand up of Secondary School and College testing

March 2021

Trained BHX Fire and rescue staff (30) and terminal staff (10) to implement asymptomatic testing

Support for College and secondary school testing and return on 8th March – access for up to 13k tests

Expression of Interest submitted for Community Collect model with intended live date of 15th March if approved

Development of plans for May elections to ensure safety for residents and staff

Finalise pilot for enhanced contact tracing for priority cases (North) and extend reach of service and provide advice & support to enable self-isolation at the earliest opportunity

Align with pilot for 7 day enhanced contact testing to remove barriers to self-isolation

Governance and Programme Management –Strategic reporting

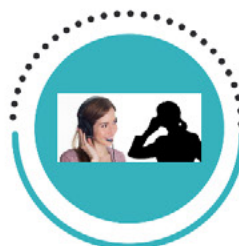
Testing progress /developments report to a weekly operational cell chaired by Testing lead
Operational Group reports to a weekly strategic testing cell chaired by Director of Public Health

Strategic Cell reports to Outbreak Management Board chaired by the Director of Public Health



Outbreak Management **Contact Tracing**

Priority - Intensively follow-up local cases through contact tracing and advice to improve compliance with and support for self-isolation and identify and reduce the chains of submission



Contract Tracing Service within Solihull

- Lost to follow up (LTFU) - Provide a local contact tracing service to follow up cases that the national team have been unable to reach to inform them of their positive test results and requirements to self-isolate, obtain details of their contacts and update national CTAS system, provide local offer of support at the time of contact to remove any barriers to self-isolation
- Backward Contact Tracing - Provide a local backward contact tracing service to support all Solihull residents that have been informed by Track & Trace that they have tested positive for coronavirus to provide a welfare check, local support to them to enable self-isolation, and build local intelligence of outbreaks. Local intelligence is shared with public health colleagues and daily (M-F) with the local information sharing group) and triangulated with other sources of information about potential outbreaks.
- Enhanced contact tracing - In development - Enhanced contact tracing for priority cases to provide a more personalised offer to these residents to intensify efforts to remove barriers to self-isolation for such cases by taking a case worker approach tailored to the individuals needs



Contact Tracing Priorities

- **Use local data sources and work with key partners** to identify alternative contact details or routes to **increase successful contact with lost to follow up (LTFU) cases** received from National Track & Trace including a change to the operating model to include door knocking from West Midlands Fire Service & / Volunteers
- Development of a local approach to work in tandem with national process for **variants of concern** with increased monitoring and **intensive contact** with case and their contacts including escalation routes for enforcement and contact with workplaces
- **Review and extended the scope** of our local contact tracing model to flex capacity of the service to meet changing priorities, using the capacity of local contact tracers in the most effective way during different phases of the outbreak management plan to deliver a **flexible and responsive services**.



Backward/Enhanced Contact Tracing Priorities

- **Extended number of attempts** of contact with cases for enhanced (backward) contact tracing
- **Provide enhanced contact tracing** at the **earliest opportunity** using local systems for SMBC testing sites to obtain cases before case is reporting to the LA through the national system
- Develop **enhanced messages** to residents to summarise support that can be provided locally, promoting contact tracing service as a **valued local source of support**.
- **Focus the advice** and key messages for contact tracers to deliver from **local intelligence and findings** to ensure requirements are understood and messages clearly received by our residents



Systems enabling workstreams

- Resources; identification of partners to support door knocking; sufficient call handler resource to manage peaks of demand & new pilots, recruitment of team leaders to allow Public Health staff to return to BAU
- Systems development of local database to deliver new proposed pilots (ICT support)
- Updated processes; escalation of welfare concerns and enforcement of non-compliance of cases

Timescales for new developments

March 2021

Increase successful contacts reached through new operational model
Develop & finalise pilot for enhanced contact tracing for priority cases (North of the borough)
Extend reach of service and provide advice & support to enable self-isolation at the earliest opportunity
Develop & finalise pilot for 7 day contact testing as part of enhanced offer to remove barriers to self-isolation

Governance and Programme Management

Contact Tracing and Self-isolation will be reported into the Outbreak Management Board chaired by the Director of Public Health as a key strand of our local strategy.

Operational group oversee the local contact tracing services and specific task & finish groups established to initiate projects and develop proposals.



Outbreak Management PPE 'From here to immunity -CONTAIN-MAINTAIN-SUSTAIN'

Priority - To provide a co-ordinated response to managing the expectations, the demand, supply and distribution of PPE for internal SMBC staff, Solihull Community Housing staff and external providers in line with national guidance to enable safe and effective local practice.



PPE services within Solihull

- Development of PPE logistical receipt, supply storage and distribution systems to maintain effective supply lines to accommodate the changing needs of the Council and local providers
- School stock and delivery arrangements – supporting schools from a dedicated stores
- Standards and Quality of Stock- Quality assurance mechanism in place following receipt of stock to assure products against specification and that meets the British and European safety standards and quality control using trading standards inspection and sign off process as routine practice prior to distribution. Poor quality stock returned or disposed of where standards not met.
- Effective and Best value procurement – stock sourced and purchased judiciously and against a defined specification. Spend compared to other local authorities averaging only 5-10% of other Councils
- Protocol for donations – defined early on encouraging donations to be made to community and voluntary organisations rather than the Council
- Collaborative purchasing power – Use of West Midlands regional procurement leads group to secure and assure best value and scale for scarce supplies.
- Widening offers of support – With the introduction of supplies at no cost to Council – we have been able to support a wider audience of needs and follow government guidance to ensure all local carers and personal assistants are able to access the PPE required.
- Provision of advice guidance and support – the cell has refreshed and provided changing guidance on PPE as escalation and increased risk of community transmission developed to all audiences and seeks to supply people with bespoke solutions where required



PPE Priorities

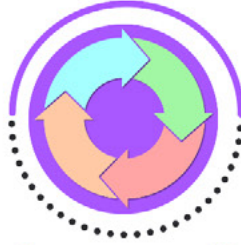
- **Safe effective and assured** stock issued for distribution and use in support of maintaining an effective IPC environment and standards of practice.
- **Develop and effectively communicate guidance on PPE for all audiences** and scenarios using proactive communication, social media and local services and staff
- **Embed appropriate PPE into everyday use for all**
- **Reduce the risk of COVID 19 transmission by implementing and promoting with NHS colleagues effective Infection Prevention and Control (IPC) and Health and Safetysafe use of PPE across all environments**
- **Follow-up with guidance and advice where local cases illustrate that there have been failings in IPC and PPE** in order to improve compliance with appropriate PPE thereby containing and reducing the chains of transmission
- **Use data and intelligence** that identify clusters and outbreaks to offer PPE support



Next phase developments

We will:

- **MAINTAIN** the current standards of stock, proving ongoing advice and support for all those using PPE
- **CONTAIN** community transmission – through advising and assuring to all about robust IPC and Health Protection approaches
- **SUSTAIN** our integrated and community based approach to PPE and champion best practices to protect everyone in all circumstances



Systems enabling workstreams

- Development of a stock control system that removes the frailties of our current arrangements
- Use the ICT enablers to get more routine data from our stock and issue of a range of products to predict demand and supply more accurately
- Address the ongoing capacity planning, resource and expertise for ongoing PPE needs
- Support the ongoing testing and VOC surge requirements through to June

Governance and Programme Management –Strategic reporting

PPE cell set up in February 2020 to oversee the development and set up of end to end PPE distribution Director of Adult Social Care and Director of Public Health collaborative leadership and support for the cell requirements with escalation as required direct to both Directors.

Normal business escalation through the Assistant Directors for approval of recommendations

Weekly operational PPE cell identified as a key strategic priority and reports into Corporate Leadership Team with updates

Roll out carers supplies following central government addressing the needs of formal and informal PAs and voluntary sector organisations

March – June 2021 & onwards

Source stock for May elections calculating additional stock/distribution for x3 elections. Establish permanent resource for management/delivery of supply in line with anticipated Government policy announcement on the future of PPE. College and secondary school testing support with requisite PPE for return on 8th March – access for up to 13k tests Calculate the ongoing requirements for stock to 31 June taking account of the use for mass testing sites.

Recommend and implement corporate face covering requirements for staff return to SMBC buildings

Continue communications development- all relevant audiences on PPE cell recommendations



Outbreak Management Communications and Community Engagement

Priority - to ensure that the communications and community engagement outbreak response is co-ordinated, targeted and driven by insight so it's delivered at the right time, in the right way to the right people.



Communication structures within Solihull

The communications structure supporting Outbreak Management consists of

- **Communications Cell** – Ensures that evidence led messages / materials are cascaded through the Outbreak Management Board in relation to COVID-19 across key audiences based within the borough targeting specific groups i.e. Workplaces, Businesses, Residential and the Community; and target messages by Group as appropriate – under 25's, Vulnerable People, BAME etc.
- **Communications Officers** – sit on individual cells to provide dedicated support.
- **Regional LRF Comms Group** – Regional level Comms Group inc Police, NHS, LA's, Fire etc. To co-ordinate Covid Comms across the region
- **Sub-regional CSW Comms Group** – working closely with Coventry and Warwickshire and Beacon Test and Trace Comms related / cross border issues.
- **Community Engagement** – working with and through communities, including focused communication for specific demographic groups, to ensure dissemination of key messages and gathering of community intelligence to inform planning.

Any individual response will be targeted and evidence lead drawing on some or all of these structures.



Communication Priorities

- To ensure that the target audience (residents, employees, key stakeholders and Solihull businesses) understand the outbreak situation and the measures they need to take to help contain it; as directed by Solihull's DPH and the Local Outbreak Management Board.
- Ensure communications and engagement is co-ordinated, targeted and driven by insight so it's delivered at the right time, in the right way to the right people. Led by the LOMP Communications Officer and/or Solihull's DPH.
- We will rely on true subject-matter experts – medical, healthcare and government officers and officials; and use fact-based information when providing updates and guidance.
- Prevent infection through social distancing, handwashing, cleaning and appropriate use of face coverings and PPE, testing and self isolation.



Community engagement priorities

- Engage directly with communities to build trust and increase participation.
- Access trusted micro-communication networks at community and neighbourhood level.
- Gather intelligence from communities to better understand the local challenges and tailor support accordingly.
- Develop specific channels for particular demographic groups (e.g. young people, BAME communities, social housing tenants).



Resources

- Dedicated Comms Officers are used to support the LOMB and individual Cells – Testing, Community Support, and PPE.
- DigiVans will be used to provide mobile 'advertising' units to enable visible messaging to be targeted to local outbreaks.
- Social Media advertising will be used to target specific demographics, areas and groups using for example Facebook Advertising.

Timescales for new developments

Outbreak Communications by its nature is very responsive. However, Outbreak Communications Plans are in place and well rehearsed.

Subject to change

March – Preparations for Schools Returning, Care Home Visits and Rule of 6

April – Preparations for Non-essential retail, personal care, libraries, indoor leisure

May – Rule of 6 indoors, advice on social distancing, most businesses reopen

June – Lockdown lifted, large scale events can take place



Vaccination Messaging

Governance and Programme Management

Communications and Community Engagement are directly represented on the Local Outbreak Management Board chaired by the Director of Public Health. Individual Comms Officers support specific Incident Management Teams and specialist Cells. These Cells in turn report to the Outbreak Management Team.



Outbreak Management **Vulnerable Groups**

Priority - Reduce rates in areas of higher or persistent transmission



Objectives for enhanced support to people in areas with higher or persistent transmission

- Create a tailored offer of support for groups that are proportionally disadvantaged
- Engage and target vulnerable groups who may experience barriers to access advice, support and services
- Develop enhanced messages to target and engage vulnerable groups as a priority
- Become a trusted source of support to vulnerable groups within the borough



Priorities - Enhanced support for vulnerable communities

- Develop a local **enhanced offer** of support for the **North** of the borough within wards that continue to experience higher case rates
- Identify local **vulnerable groups** that may experience barriers to access support and create a tailored offer to **remove barriers**
- Provide more **intensive follow up** of vulnerable groups as a **priority** to engage and support
- Develop a local **communication and engagement action plan** to target key groups building on national messages
- Create a **behaviour change campaign** based on insights that is tested and grown with local target groups
- **Build on** existing **trusted relationships that already exist** between partners, providers, organisations and community groups
- Summarise and **promote support** available to community groups
- Create **flexible support** that can **change and adapt** to local needs as required



System enabling workstreams

1. Resources; caseworks in place to deliver intensive support for complex / priority cases that require more support
2. Community offer of support to signpost, referral and access to services to support cases
3. Capacity to flex support dependent on individuals needs and tailor follow up of cases outside of standard offer (financial support, discretionary payments)
4. Systems development of local database to deliver new proposed pilots (ICT support)
5. Insights into vulnerable groups to engage and target communities through effective messages and marketing

Timescales for new developments

March 2021

Prioritise vulnerable groups within local testing strategy

Finalise DHSC pilot for enhanced contact tracing within wards in the borough with higher infection rates and / wards with communities that are at higher risk

Prioritise vulnerable groups within the new contact tracing model for physical follow up to support self-isolation

Develop and finalise DHSC 7 day contact testing for communities with higher levels of disadvantage

Scope and develop project brief for enhanced behaviour change campaign to deliver enhanced messages to target priority communities and groups

April 2021

Enhanced contact tracing service 'Go Live' with intensive support available to priority groups

Governance and Programme Management

Enhanced support for vulnerable groups will run through all work streams and COVID cells. The local outbreak management board (LOMB) will be responsible for monitoring and scrutinising this approach as a key requirement of the local outbreak management plan

At appropriate points task & finish group will be created to oversee key pieces of work and to bring together proposals or projects to join up developments and create holistic personalised approaches wherever possible. Task & finish groups will be focused, with clear tasks to deliver and then stood down with business re-directed through the LOMB and relevant COVID cells.

Outbreak Management Data and Surveillance

Priority - data monitoring, mapping and system support to underpin local outbreak management in Solihull.



Objectives

- Provide support to the other outbreak management workstreams (backward contact tracing, testing, AC&S) to establish and maintain recording and reporting systems.
- Share and review intelligence (from backward contact tracing, postcode coincidence line listing, contact centre, regulatory services, PET team, ACS and education cells) each week day and ensure appropriate response / follow up action – see separate plan on a page.
- Produce information that is used by the DPH's Team, Strategic Group, IMT and cells to understand the local picture and shape response.
- Contribute to, and benefit from, the work of the sub-regional epidemiology and intelligence cell.



Data Services/Products

- Daily local information sharing daily meeting at 9am, 5 days a week.
- Case data downloaded from PHE Power BI system daily (6/7) into data warehouse. Used to populate surveillance dashboards and the daily worklist for backward contact tracing.
- Provider Intelligence Application (reporting information from DHCS care home tracker).
- Weekly SitRep produced for DPH and the Strategic Team.
- Weekly data bulletin for councillors, community champions and general public.
- Weekly analysis of cases, testing, vaccination and common exposures data.
- Other bespoke analysis as requested by the DPH.



Priorities

- Understanding Covid prevalence in Solihull.
- Providing information to support outbreak identification and management, including information about Care Home Infection Prevention and Control to the ACS outbreak cell.
- System support to enable other parts of the outbreak response to work effectively and to ensure that we are capturing data in a way that enables us to generate intelligence from it.
- Understanding who is, and isn't, accessing testing.
- Understanding vaccination take up.



Enablers

1. **Resourcing** The data team comprises existing public health epidemiologist, GIS and digital lead, Corporate Information Management Team & Business Intelligence Analyst. Temporary ICT project manager is in place, funded by COMF funding.
2. **Applications development:** The GIS lead has developed dashboards. The web team have developed applications to support the logging of Covid-19 enquiries and backward contact tracing. Booking system procured.
3. **Infrastructure:** Covid data warehouse.

Future Developments

Data requirements will continue to evolve e.g. to support the further development of the contact tracing service and of local testing.

Build resilience into analytical function

Governance and Programme Management

The daily local information sharing group is a subgroup of the data cell which reports into both the local outbreak management board and the IMT.

Programme management is overseen by the data cell.



Outbreak Management Compliance and Enforcement

To monitor compliance with guidelines and regulations across the borough consider using available enforcement powers and legislation where appropriate



Compliance and Enforcement within Solihull

Our approach to compliance and enforcement is based upon a reasonable, proportional and risk based approach that conforms with the regulations available at that time. We aim to provide support and advice in order to ensure (so far as possible) compliance and will use the powers available to us where public safety is at risk or where there is continued wilful non compliance.

Support national direction in a responsive and targeted approach; e.g. shift to encourage compliance in replacement of enforcement for self-isolation



Compliance and Enforcement Priorities

- Areas where there is a higher prevalence of transmission
- Situations and activities that pose a higher risk of transmission
- Businesses and individuals that wilfully disregard compliance with regulations
- Cases that involve variants of concern
- Individuals that have tested positive and have been uncontactable through official channels



Current Approach

- We will adopt the 'Engage, Explain, Encourage and Enforce' approach.
- We will aim to support and advise wherever possible.
- We will be flexible and responsive to protect communities and support business
- Gather insight and understanding of behaviours and respond proportionally to local intelligence gathered on concerns of compliance
- Working closely with partners and local recognised and trusted influential community voices to encourage compliance



Compliance and Enforcement key partners

- We will work with the following agencies to ensure that our approach is proportional and effective:-
- West Midlands Police, West Midlands Fire Service, H&S Executive, Solihull Community Housing and Public Health England

Timescales for new developments

March 2021

Implementation of a new operating model for 'soft' door knocking

We understand that new regulations will be published before the end of March detailing a revised national enforcement and compliance framework.

Governance and Programme Management –Strategic reporting

Issues of Compliance and Enforcement will be discussed at the daily Information Sharing Group for action. Where appropriate Issues will be escalated to the weekly legal and Enforcement Partnership Group and Local Outbreak Management Board for information and review.



Outbreak Management Re-opening of our Towns and Local Centres

Priority - Promoting the reopening of our towns and local centres, supporting local businesses and welcoming visitors back in a COVID secure way



Objectives for the safe re-opening of towns and local centres

- Ensure that our centres have the appropriate measures to support social distancing and public health requirements
- Support businesses to adhere to the relevant COVID secure legislation and guidelines
- Communicate to visitors appropriate messaging to ensure relevant public health guidelines are followed
- Co-ordinate with stakeholders including shopping centre managers, Solihull BID and Visit Knowle to ensure consistency of approach



Priorities

- **Ensuring businesses are 'COVID secure'** Reinforcing the national COVID secure guidelines for each business sector
- **Ensuring local centres are 'COVID secure'** Monitoring of car parks and footfall – starting at 50% capacity and open up as when guidelines allow; Temporary bus stops for set down of visitors.
- **Testing** Promoting the regular uptake of testing facilities for business owners and their staff
- **Business Support** Providing practical support for re-opening (floor stickers, social distancing posters, sanitiser/masks in main shopping centres); Providing latest information and support webinars around key topics, including COVID secure regulations and testing.
- **Communications** Supporting business and consumer facing campaigns across SMBC and partner/stakeholder channels to support COVID guidelines and regulations



Systems enabling workstreams

- Sharing of data and intelligence at the daily Local Information Sharing Meeting
- Co-ordination of on the ground support through the Enforcement Team, Public Engagement team, WM Police and Business Investment Team to respond to issues.
- Online platform procured to deliver information sharing webinars for business support
- Targeting of residents and businesses through effective messages and marketing

Timescales for new developments

March 2021

Meeting of the Towns and Local Centres cell group and external working group to co-ordinate activity
First round of webinars for businesses to support information around public health messaging, testing and regulations

Engage with businesses to identify any issues around regulations or testing

April 2021

Communications activity to support visitor returns in the lead up to and around the 12th April and the opening of non essential retail

Continued engagement, education and enforcement with businesses around COVID secure guidelines

May 2021

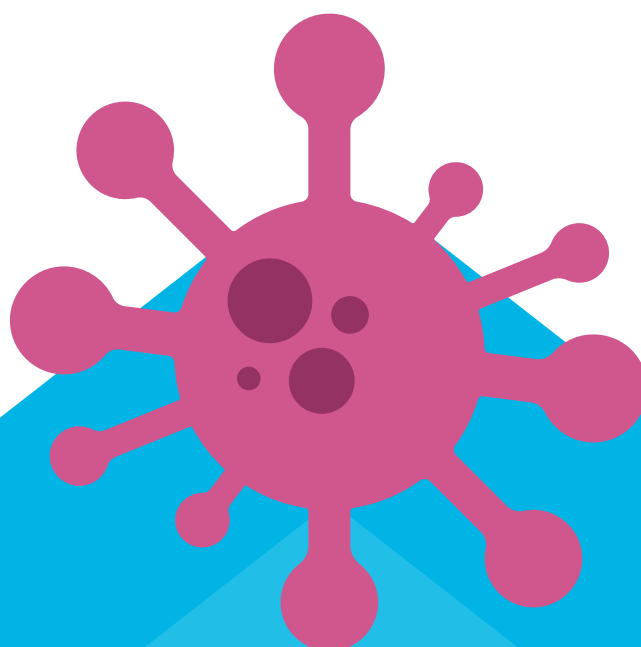
Communications activity to support visitor returns in the lead up to and around the 17th May and the opening of hospitality

Continued engagement, education and enforcement with businesses around COVID secure guidelines

Governance and Programme Management

Reopening of our towns and local centres will be co-ordinated through an internal officer group that supports Towns and Local Centres and an external stakeholder group that involves shopping centres, Solihull BID and Visit Knowle. Relevant details will also be taken to the Business & Economy and Communications COVID work cells. The local outbreak management board (LOMB) will be responsible for monitoring and scrutinising this approach as a key requirement of the local outbreak management plan





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