



COVID-19 Outbreak Control

Warwickshire Local Outbreak Implementation Plan



LOCAL OUTBREAK CONTROL IMPLEMENTATION PLAN

WARWICKSHIRE COUNTY COUNCIL

TEST AND TRACE NATIONAL PROGRAMME

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INTRODUCTION

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

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

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

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

AIMS OF THE LOCAL OUTBREAK CONTROL IMPLEMENTATION PLAN

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

KEY THEMES OF OUTBREAK CONTROL

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

THEME 1: Care homes and schools.

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

THEME 3: Local testing capacity.

THEME 4: Local contact tracing.

THEME 5: Data and integration.

THEME 6: Vulnerable people.

THEME 7: Local Boards.

CSW OUTBREAK PLAN PRIORITIES

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

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

STRUCTURAL ARRANGEMENTS FOR THE LOCAL OUTBREAK RESPONSE

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

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

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

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

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

DECISION MAKING AND ACCOUNTABILITY

LOCAL BOARDS

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

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

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

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

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

OUTBREAK CONTROL AND RESPONSE PARTNERS

WORKING ARRANGEMENTS

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

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

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

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

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

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

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

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

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

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

COMMUNITY ENGAGEMENT TO BUILD TRUST AND PARTICIPATION

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

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

Multi-agency media protocols are being developed.

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

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

PREVENTING INFECTION AND HIGH RISK SETTINGS AND COMMUNITIES

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

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

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

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

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

Settings

Care Homes/Settings (to include care in the home)

Schools, Early Years and other Educational Settings (e.g. Universities)

Workplaces

Homelessness

Healthcare settings

Other high risk settings

VULNERABLE PEOPLE

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

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

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

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

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

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

TESTING

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

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

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

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

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

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

CONTACT TRACING

CONTACT TRACING IN COMPLEX SETTINGS

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

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

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

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

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

DATA: DYNAMIC SURVEILLANCE AND INTEGRATION

DATA INTEGRATION

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

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

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

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

USING DATA TO INFORM LOCAL DECISIONS

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

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

DATA MANAGEMENT, SECURITY AND LINKAGES

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

DEPLOYMENT OF CAPABILITIES INCLUDING ENFORCEMENT

ENFORCEMENT INCLUDING LOCKDOWN PLANS

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

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

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

RESOURCE PLANNING

Financial Plan

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

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

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

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

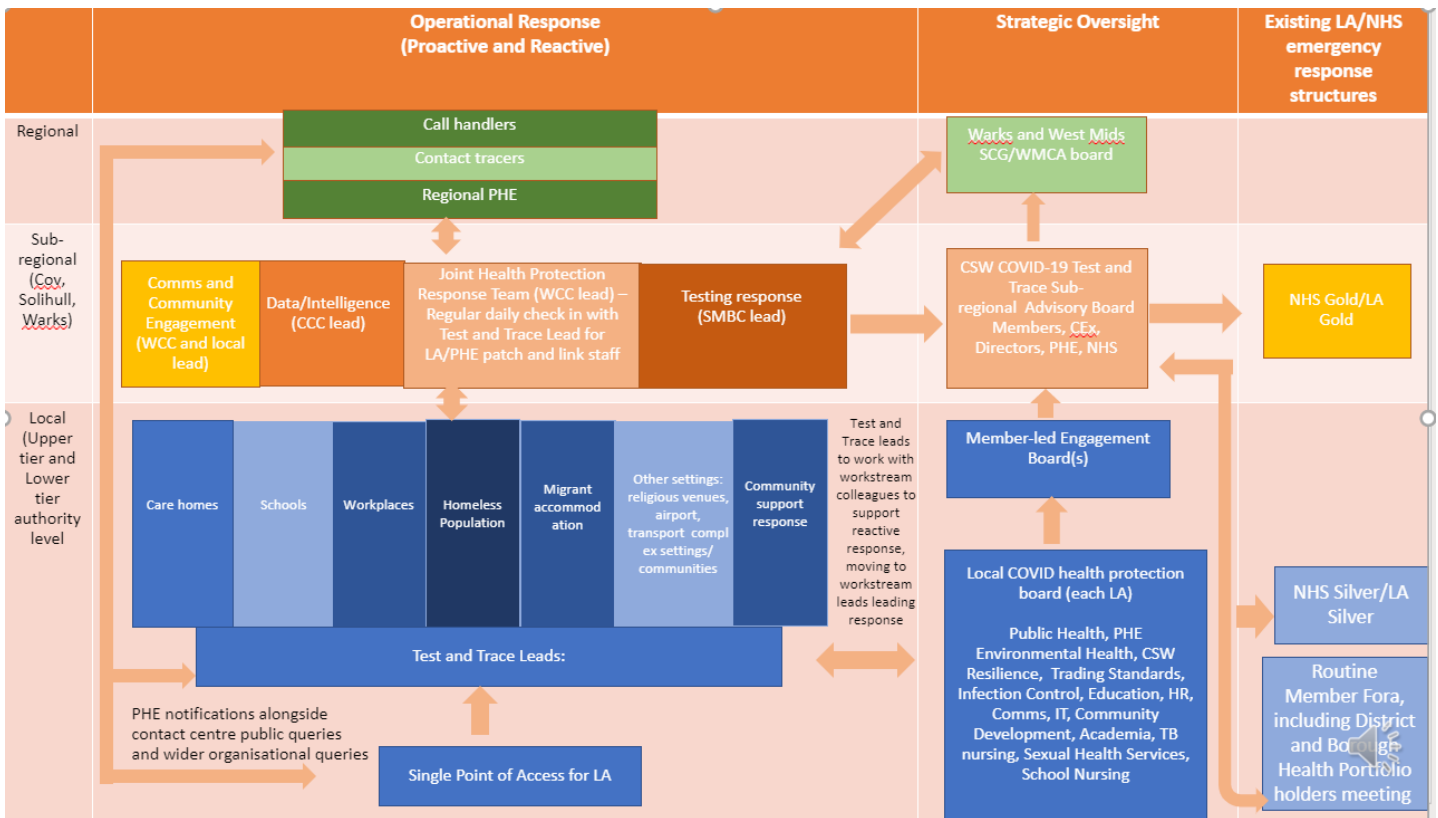
RISK AND MITIGATION

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

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

Appendix 1

Sub-regional governance arrangements



Warwickshire governance arrangements

