



COVID-19 OUTBREAK CONTROL

Coventry Local Outbreak Implementation Plan



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INTRODUCTION

Local government is at the heart of the outbreak management programme, and, as such, Local Authorities are leading on developing 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 (DsPH) 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. Coventry, Solihull and Warwickshire (CSW) have been chosen to form one of these Beacon areas. In addition to working with national leads, learning from the CSW Beacon will inform development of programme across 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 Coventry City Council (CCC) and provides the framework for how we will work as a system in Coventry through key stakeholders to manage and prevent COVID-19 outbreaks across the City. This local plan will support the effective delivery of the overarching Coventry Solihull and Warwickshire (CSW) COVID-19 outbreak control plan by defining specific local roles and responsibilities and local arrangements for response.

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 and 2 for detailed governance arrangements for the sub-region and for Coventry City Council respectively.

Coventry City Council has established its COVID-19 Health Protection Board, which will, alongside Solihull and Warwickshire Boards, be responsible for developing, approving and implementing the CSW outbreak plan, and additionally this implementation plan. This Board is chaired by Coventry's Director of Public health and has overall responsibility for the delivery of both outbreak plans. A Mobilisation Group sits beneath the Board and takes on the operational responsibility for outbreak response. A number of workstreams have been established locally, both formally and informally, focusing on educational settings, homeless communities, care settings and community engagement (please see Appendix 3 and 4 for terms of reference for Health Protection Board and Mobilisation Group).

A Test and Trace Subgroup of the Coventry Health and Wellbeing Board has been established to provide strategic steer to the COVID-19 Health Protection Board; this Board is public facing and chaired by the Health and Wellbeing Board Chair, Council Member for Public Health and sport. Membership of this subgroup reflects that of the Health and Wellbeing Board (please see appendix 5 for terms of reference) with flexibility to extend the membership to community members to reflect the BAME communities and emphasis placed on inequalities within Coventry, aligned to its Marmot City status. Coventry's Health and Wellbeing Board has overall accountability for delivery of this implementation plan and as such the plan will reflect the City's Health and Wellbeing Strategy and the Population Health approach upon which the strategy is built (appendix 6).

A COVID-19 Test and Trace Members' Panel has been established to provide political oversight. This Panel is cross party and includes all cabinet members and will additionally co-opt individual ward councillors as appropriate (Appendix 7).

A Coventry, Solihull and Warwickshire Test and Trace Sub-regional 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 Health Protection Board with Mobilisation Group have overall responsibility for delivering this implementation plan.

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 Public Health England (PHE). The Director of Public Health has overall responsibility for decisions made in response to outbreaks, working alongside PHE. The Mobilisation group is responsible for ensuring

co-ordination between workstreams, ensuring that there is enough capacity and capability to respond to outbreaks and can redeploy resource between workstreams where appropriate (please see appendix 4 for terms of reference).

Any decisions relating to closure of settings, will be taken in agreement with the Chief Executive working with Public Health England. Decisions regarding wider lockdown within communities will be taken with Chief Executive/ and elected Members, working with PHE and central government. Further national guidance to is required into how this will operate at a local level.

OUTBREAK CONTROL AND RESPONSE PARTNERS

The overarching operational response arrangements are described in the Coventry, Solihull and Warwickshire (CSW) Local Outbreak Control Plan.

Key partners involved in operational responses are represented on the Health Protection Board. (please see appendix 3 for Terms of reference for the Board).

Notifications of complex cases and outbreaks will come to the single point of access at Coventry City Council (currently monitored in hours): Covid19testing@coventry.gov.uk. The Health Protection Board Mobilisation group will manage response to these notifications where applicable. A number of workstreams have been established locally, both formally and informally, focusing on: educational settings, homeless communities, care settings and community engagement. Workstream leads are responsible for responding to outbreaks in their area with the support of the mobilisation group and Public Health England. Depending on the setting, the response will potentially include working with a wide range of key internal partners in Environmental Health, Education, Community development, Social care, Human Resources, Information Technology, Communications and Business Intelligence; in addition to working closely with the NHS and drawing on infection control expertise, and advice from TB and Sexual Health service partners, who are experts in the field of contact tracing.

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. However, to ensure a sustainable approach, the need for a more formal out of hours response structure may be needed.

Please note that a local system for monitoring the outbreaks alerts out of hours is rapidly being developed. The Mobilisation Group has responsibility for both preventative and reactive responses.

Coventry City Council and the PHE 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. Coventry City Council currently works closely with NHS partners as part of an integrated health and care partnership. We will build on this closely working relationship specifically on the testing workstreams and in supporting complex cases/outbreaks in healthcare settings.

A Standard Operating Procedure (SOP) has been developed 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 (appendix 8).

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

COMMUNITY ENGAGEMENT TO BUILD TRUST AND PARTICIPATION

A single strategy for communications has been developed for the CSW sub-region, and Coventry City Council are leading 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. Through our Health and Wellbeing Strategy there is already a strong commitment to working more closely with our communities in an honest and transparent way. We will build on this commitment and engage communities to land messages about handwashing, social distancing, as well as key messages about the Test and Trace programme in an effective and appropriate way. One key focus of this engagement must be on health inequalities, addressing the findings of the PHE disparities review, and subsequent emergent recommendations specifically for BAME communities, and the targeting of culturally sensitive messages to those communities most at risk.

Multi-agency media protocols are being developed.

Coventry City Council Community Resilience and Engagement Teams will work with business and voluntary and community sector partners to amplify key communications messages through a range of communities. This will build on existing local networks and support outlined in the Vulnerable People section.

We will also build on existing relationships with GPs and other health professionals, particularly those serving populations at higher risk due to ethnicity, underlying health conditions or unhealthy lifestyle choices. Engagement with these health professionals at this time provides an opportunity to underline the importance of supporting patients to make healthier choices, and potentially improving wellbeing in relation to Covid-19.

It will also 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.

Coventry City Council 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 Coventry for people who are shielding or are vulnerable for other reasons. A Range of support services can be found at

- https://www.coventry.gov.uk/info/1/council_and_democracy/3551/covid-19_coronavirus/8

The current shielding offer will to evolve in the coming weeks and months and therefore both leads for Operation Shield and our broader offer to support vulnerable people are members of the Mobilisation Group. This will ensure that any decisions about the changes to the support we are offering to those vulnerable at this time, accounts for the possible increase in demand 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 build on the existing strong partnerships, underlined by commitments within our Health and Wellbeing Strategy, to deliver this important priority. Capacity to support includes our informal COVID-community support groups who have been providing practical support within their own neighbourhoods, who Coventry City Council have been working with throughout the pandemic. 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 held 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](#) are outlined in the CSW Outbreak Control Plan. Antigen testing is currently available at the Ricoh Arena in Coventry, as well as mobile testing sites nearby in Rugby and Nuneaton. Home testing is also available. Whole care home testing is currently being undertaken by a locally commissioned service to supplement the national programme. Antibody testing is currently being made available for NHS staff, with plans to roll out to social care staff, and the wider population in the future.

Testing is a key element needed to support outbreak management. Current national testing systems are inadequate to support outbreak management as they currently cannot test asymptomatic individuals or individuals who are not able to access national testing sites; delays associated with postal testing means that national testing provision is also unsuitable for supporting outbreak management.

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 employed as part of outbreak management, 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.

A West Midlands solution is being considered to deliver end to end testing pathways to ensure delivery via mobilising testing teams, transport of samples to the relevant laboratory for processing, followed by appropriate results management.

Antibody testing is not currently being prioritised over antigen testing given the limited current value of knowing the result for individuals. However, antibody testing programmes form an important part of understanding the prevalence and epidemiology of COVID-19 and therefore programmes will 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. Under the new test and trace system 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.

Public Health and wider partners will mount a response to requests for support with Test and Trace/outbreak response via the Health Protection Mobilisation Group 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 look at a variety of metrics including growth rates and prevalence data, is critical to responding to the next phase of the pandemic.

Coventry City Council are leading a sub-regional data hub. Working in partnership with PHE, the Joint Biosecurity Centre and NHSE/I the hub will develop an early warning and surveillance system so that each authority can target prevention work and monitor the impact of the test and trace programme locally.

Key elements of the data hub are outlined in the CSW Outbreak Control Plan. It is likely that this group will develop several products for various audiences so that all stakeholders can rapidly assess the data and monitor progress. Products will include interactive dashboards with both health and wider data, mapping of prevalence to identify hotspot areas of high community transmission and metrics to predict when and where outbreaks might occur, for example footfall and weather data. Membership of the hub includes data leads from Coventry, Solihull and Warwickshire along with representation from PHE's Local Knowledge and Intelligence team (with links into the Joint Biosecurity Centre) and NHS E/I. Terms of reference for the Data Hub can be found in appendix 9.

USING DATA TO INFORM LOCAL DECISIONS

In addition to 'hard' data described above, local knowledge and intelligence will be used to proactively map populations and settings which may be at higher risk of transmission. The Health Protection Board Mobilisation Group will work with stakeholders in these settings to target preventative intervention. Both surveillance of case data and 'softer' intelligence 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 Government's expectation that future restrictions will be more precisely targeted, for example relaxing measures in parts of the country that are lower risk whilst continuing them in higher risk locations when the data suggests this is warranted.

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. However, there are potential situations that are less straightforward, such as gatherings that have occurred in breach of social distancing guidelines and in situations where people may not be willing to disclose information. In Coventry our Mobilisation Group includes the lead for community engagement and resilience as well as representation from West Midlands Police so that information on situations that could potentially give rise to a local outbreak can be shared and acted on. 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. It is important that we utilise the strong and widespread partnerships that exist in Coventry to early identify potential outbreak hotspots.

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

In addition to contributing to shared programme management and communications resources which will work across the sub-region, Coventry plans to recruit a virtual Prevention, Advice and Response Team to support with data analysis, prevention and outbreak management. The funding will be utilised to enhance existing capacity in the following areas:

1. Data analysis Epidemiology and Geographical Information Systems knowledge.
2. Environmental Health Officer expertise to work both proactively and reactively with business, places of worship and other settings to prevent and manage outbreaks.*
3. Infection Prevention and Control specialist advice to work proactively and reactively with health and care settings and schools to both prevent and manage outbreaks.*
4. Specialist Public Health skills and expertise.








*these functions will be used flexibly to provide surge capacity in any complex setting as demand requires and mutual aid across Coventry, Solihull and Warwickshire.

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 will be undertaken), but also related to risks associated with potential collapse in adherence to public health advice such as to social distance 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).

APPENDICES:

	<p>Appendix 1 – CSW subregion governance</p>  <p>Appendix 2 COVID-19 Test and Tr</p>
	<p>Appendix 2 – Coventry governance</p>  <p>Appendix 2 COVID-19 Test and Tr</p>
	<p>Appendix 3 – COVID Health Protection Board Terms of Reference</p>  <p>Appendix 3 C19 HPBoard ToR 190620</p>
	<p>Appendix 4 – HP Board Mobilisation Group Terms of Reference</p>  <p>Appendix 4 ToR C19 HP Mobilisation Grou</p>
	<p>Appendix 5 – Health and Wellbeing Board subgroup Terms of Reference</p>  <p>Appendix 5 HWB Test and Trace Sub Group</p>
	<p>Appendix 6 – Population Health Model</p>  <p>Appendix 6 Coventry HWBS.pptx</p>
	<p>Appendix 7- Test and trace members panel</p>  <p>Appendix 7 - Members Panel Term:</p>
	<p>Appendix 8- Public Health England Standard Operating Procedure</p> <p>Link</p>

Appendix 9- Data Hub Terms of Reference



Appendix 9
COVID-19 CSW Epide

DOCUMENT HISTORY			
VERSION	DATE CHANGE	EDITOR	COMMENTS
1	19/06/20	Valerie de Souza	
2	20/06/20	Liz Gaulton	
3	23/06/20	Alicia Phillips	
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5	26/06/20	Alicia Phillips	

