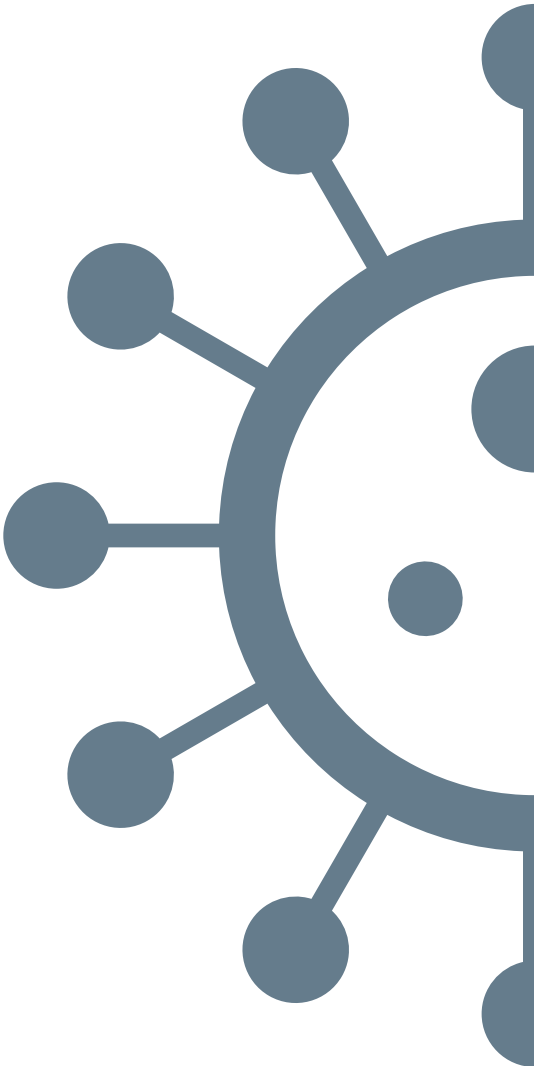

# Coventry Solihull Warwickshire (CSW)

# COVID-19 Outbreak Control Plan

Coventry City Council

Warwickshire County Council

Solihull Metropolitan Borough Council

# Foreword

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

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

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

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

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

**Cllr Izzi Secombe OBE (Leader)**

*Warwickshire County Council*

**Cllr George Duggins (Leader)**

*Coventry City Council*

**Cllr Ian Courts (Leader)**

*Solihull Metropolitan Borough Council*

# Contents

# Introduction

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

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

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

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

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

# Where are we now?

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

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

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

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

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**Local dashboards**

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

**National datasets/sources**

Number of coronavirus cases and risk level in the UK

Weekly COVID surveillance report

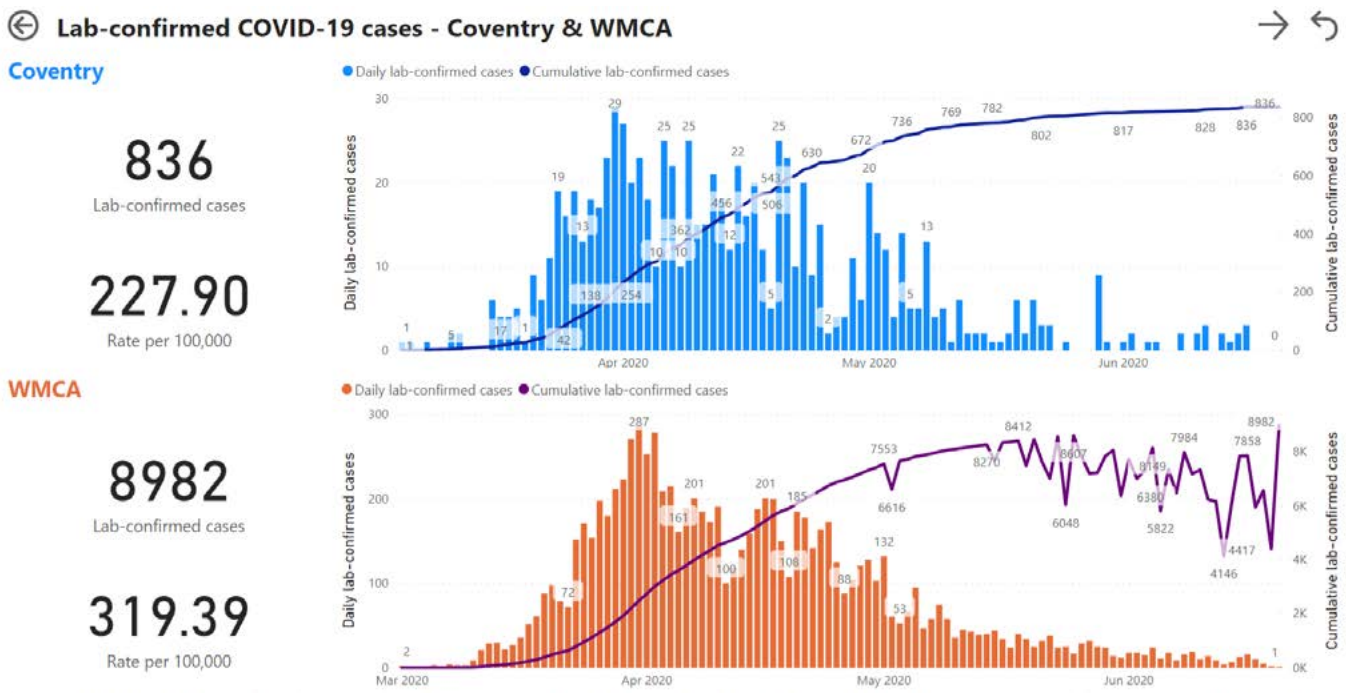
Care home outbreak datasets

Local Government Inform COVID reports

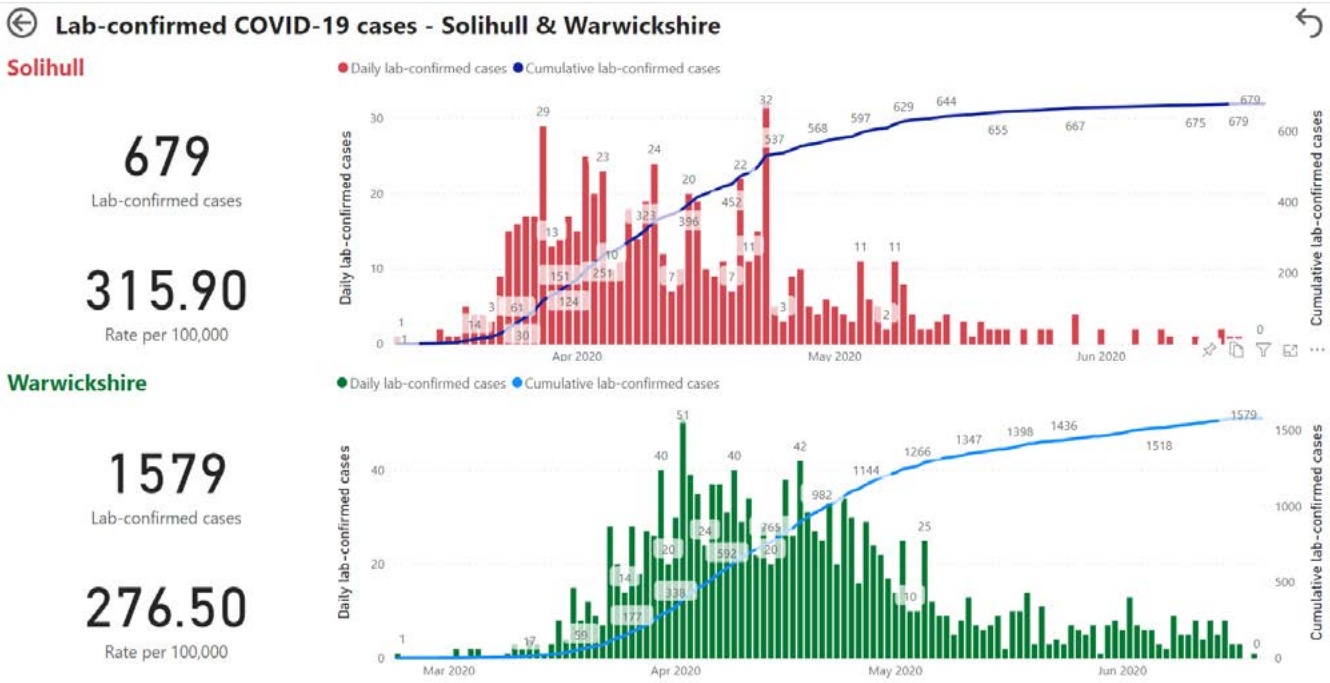
Office for National Statistics COVID datasets

NHS Test and Trace statistics

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




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

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# About this plan

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

**The aim of the plan is to:**

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

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

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

**Priority 1: Community engagement to build trust and participation**

**Priority 2: Preventing infection**

**Priority 3: High risk settings and communities**

**Priority 4: Vulnerable People**

**Priority 5: Testing capacity**

**Priority 6: Contact tracing**

**Priority 7: Data: dynamic surveillance and integration**

**Priority 8: Deployment of capabilities including enforcement**

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

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

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

The Plan and associated Local Outbreak Implementation Plans, will be driven by both hard and soft data and intelligence from national and local sources. Access to very timely, good quality data will be essential to the effective delivery of this Plan and we will work with PHE, the Department of Health and Social Care, and other regional and national colleagues to develop early warning systems and clear triggers for intervention and escalation using existing legal powers where necessary and emerging national frameworks from the National Biosecurity Centre.

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





## 7 Key Themes

**Care homes and schools** – Planning for local outbreaks in care homes and schools

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

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

**Local contact tracing** – Led by NHS Test and Trace and PHE, but may require additional surge or localised capacity to respond rapidly & effectively

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

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

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

## Outbreak Plan priorities

**Priority 1: Community engagement to build trust and participation**
- Visible public messaging around Test and Trace, social distancing and handwashing using national campaign materials
- Wider engagement to support localised delivery of testing and contact tracing

**Priority 2: Preventing infection**
- Reinforcement of social distancing measures
- Infection Control
- Ensuring effective use of PPE

**Priority 3: High risk settings and communities**
- Healthcare settings including hospitals & general practice
- Care homes and care in the home
- Workplaces
- Universities & colleges
- Communities or locations with higher rates of COVID
- Schools and Early Years settings (including children's homes)
- Other high risk settings and communities

**Priority 4: Vulnerable People**
- Approach to shielding and supporting those who need to self-isolate
- Ensuring Test and Trace responds to vulnerable groups

**Priority 5: Testing capacity**

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

Antibody testing to support surveillance

**Priority 6: Contact tracing**
- Ensuring timely contact tracing and that communities are able to self-isolate effectively

**Priority 7: Data: dynamic surveillance and integration**
- Data and Integration
- Quantitative and qualitative intelligence
- Using data to inform decision making to control outbreaks

**Priority 8: Deployment of capabilities including enforcement**

# How we will work

## Background

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

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

## Legal and Policy Context

The legal framework for managing outbreaks of communicable diseases that present a risk to the health of the public and require urgent investigation and management, sits within the Health and Social Care Act 2012, The Public Health (Control of Disease) Act 1984, and The Civil Contingencies Act 2004. In the context of COVID-19 there is also the new Coronavirus Act 2020.

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

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

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

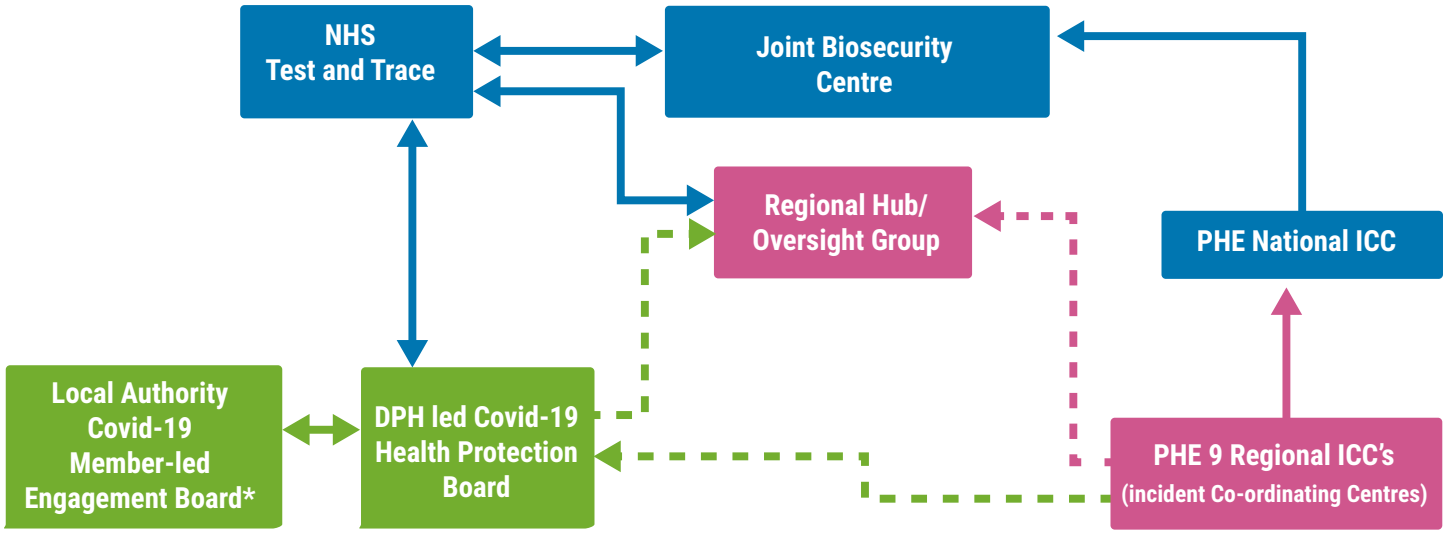
Under the Health and Social Care Act 2012, Clinical Commissioning Groups have responsibility to provide services to reasonably meet health needs and powers to provide services for the prevention, diagnosis and treatment of illness.

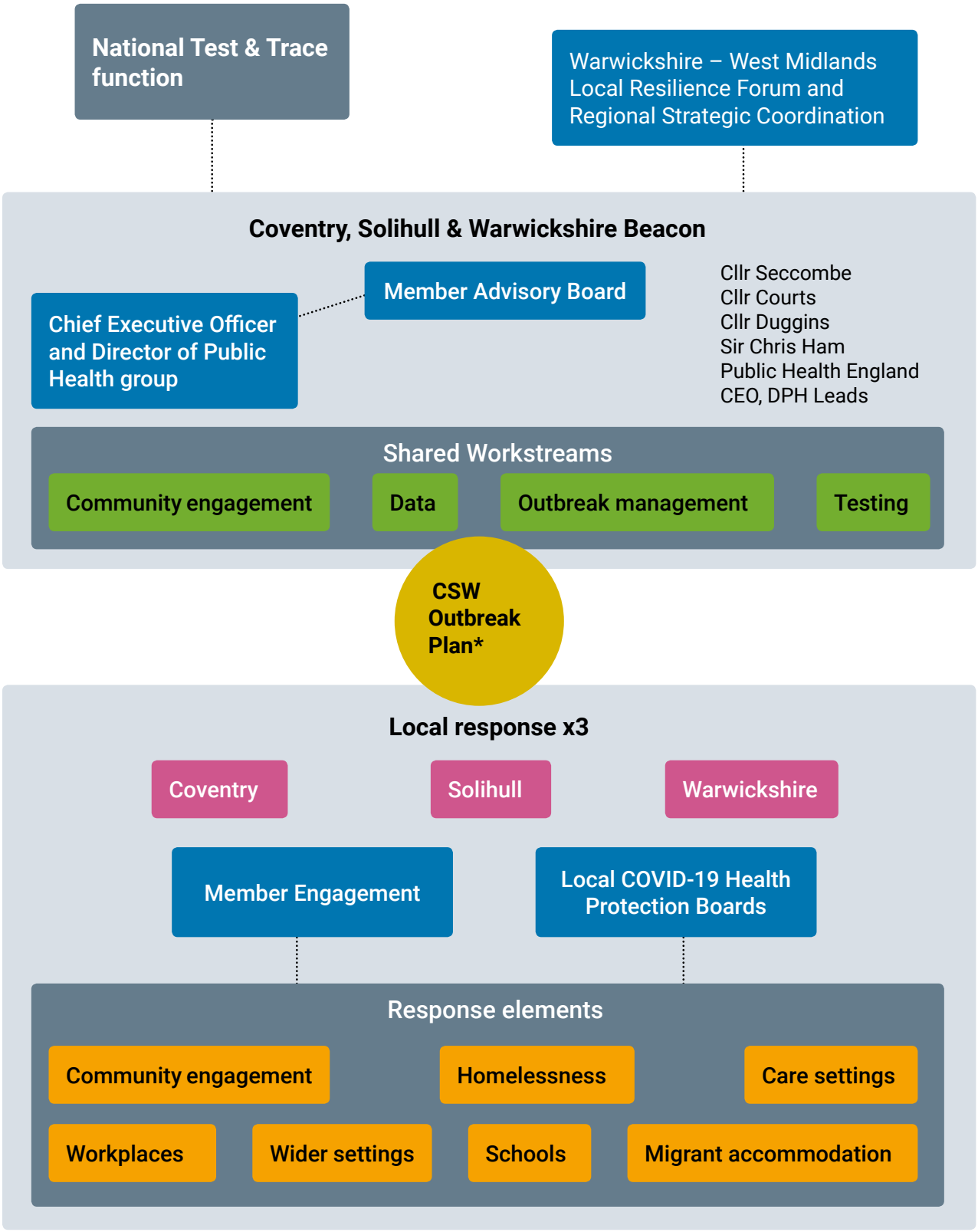
Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE also work with Local Authorities on communication to specific settings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

### Governance arrangements for the Local COVID-19 Outbreak Plans

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

## Key organisational elements






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

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

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

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

- Local workstreams related to care settings/educational settings/ workplaces/high risk settings/ homelessness/community support and support for people shielding.
- Four Coventry Solihull and Warwickshire sub-regional workstreams to escalate: data and intelligence; joint health protection responses; testing, and communications and community engagement.
- Sub-regional Strategic Coordinating Group (Warwickshire and West Midlands Local Resilience Fora footprint), which will agree strategy for the response, provide multi-agency co-ordination for key workstreams such as testing, ongoing Personal Protective Equipment supply, and plans for recovery. Key members include emergency services, Local Authorities, NHS, PHE, Armed Forces and West Midlands Combined Authority. This also provides a key point of liaison with the Ministry of Housing, Communities and Local Government.
- Links to the National Joint Biosecurity Centre and supporting regional infrastructure are also under development.

## Operational Response

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

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

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

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

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

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

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

## Managing risk

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

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

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

# Priority 1: Community engagement to build trust and participation

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

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

A multi-partnership (including regional A multi-partnership (including regional and national government) and public facing communications and community engagement strategy and action plan, with a narrative and series of key messages, has been produced to support key priorities. Objectives include the delivery of coordinated communications to help people across Coventry, Solihull and Warwickshire understand and support the importance of social distancing, hand washing and Test and Trace as lockdown measures are lifted and the development and delivery of locally focused community engagement and campaigns to encourage high levels of trust in, and compliance with, the Test and Trace process across the sub-region.

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

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

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

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

# Priority 2: Preventing infection

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

**Physical and organisational measures**

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

**Infection control measures**

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

**Addressing inequalities**

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

**Enforcement as prevention**

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

**Communication and engagement**

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

**Sustainability**

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

# Priority 3: High risk settings and communities

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

| Setting | Current Situation | Prevention response | Complex Case/Cluster/Outbreak Response |
|---|---|---|---|
| • High risk settings and communities, e.g. homeless communities, migrant populations (newly arrived communities, those with no recourse to public funds), wider high risk settings.<br>• Workplaces (including high risk workplaces, exploitation and modern slavery)<br>• Care homes and care in the home services<br>• Schools and Early Years settings (including children's homes)<br>• Universities<br>• Healthcare settings | • Linked to Data and Intelligence workstream<br>• Consider establishing local proactive surveillance systems for particular settings.<br>• Use of current early warning and surveillance data and locally developed dashboards to determine actions and monitor/evaluate response<br>• Qualitative monitoring/ evaluation data<br>• Who is most at risk (link with addressing inequalities) | (SEE PRIORITY 2) | • Response will depend on setting (please see principles on page 18 for complex case and outbreak response). Relevant operational partners will need to be involved in the response<br>• This process flowchart (draft) has been developed for cases/outbreak notifications to PHE and Local Authorities<br>• Government coronavirus guidance<br>• Guidance on Principles of outbreak management (PHE) (applied in all outbreaks) and Health Knowledge outbreak investigation steps.<br>• Regional/local advice and guidance for specific settings (care homes, schools, homeless communities)<br>• Considerations to include:<br>  • Risk assessment – number of cases (time, place, person), microbiological and environmental risk assessment<br>  • Mobilisation of testing (see testing chapter) – swabs and testers, transport to laboratory, results processing and management<br>  • Control measures:<br>  - Isolation/staff/workforce considerations<br>  - Infection control and cleaning arrangements<br>  • Communication (interagency and reactive public statements) - including lead agency |

## When and who should I notify?

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

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

**Who isolates?**

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

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

## Who is a close contact?

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

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

## Who should be tested? And where?

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

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

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

**When is an outbreak considered over?**

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

# Priority 4: Vulnerable people

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

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

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

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

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

**Warwickshire County Council –** Coronavirus: support for isolated, vulnerable residents

**Coventry City Council –** Coronavirus: Community support

**Solihull Metropolitan Borough Council –** Here2Help Service

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

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

# Priority 5: Testing capacity

Accessible information about the types of coronavirus tests available can be found at Gov.uk.

**Antigen testing**

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

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

Please see national testing strategy at Gov.uk. This covers testing in the NHS, wider public testing, testing to see if people have had COVID-19 and improving our scientific testing capacity.

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

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

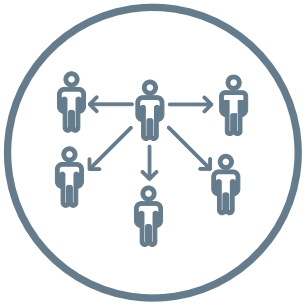
Flexible and mobile community testing services are needed going forward to undertake testing in outbreak situations, in particular screening in homelessness hostels and other settings, schools or workplaces, and for people who are unable to access testing via another route. Rapid plans are being put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

**Antibody testing**

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

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

# Priority 6: Contact tracing

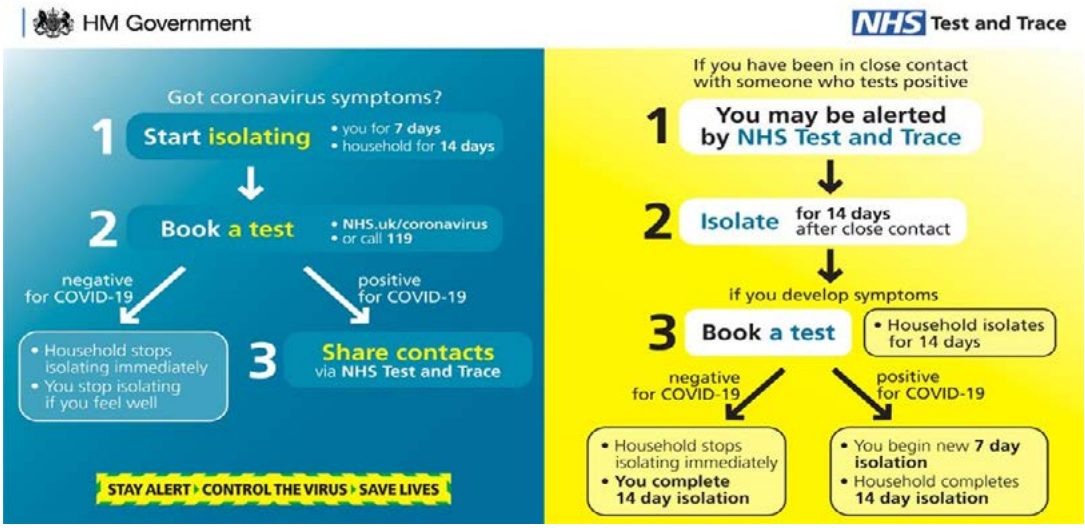


Tracing contacts of people with COVID-19 is critical to our success in suppressing the virus as we move into the next phase of pandemic management. The aim is to rapidly identify and isolate people with COVID-19 symptoms (however mild), as well as people who have been in close contact with them just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

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

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

The graphic below sets out the key elements of the Test and Trace process, with additional guidance also available at the nhs.uk/coronavirus website.




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

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

# Priority 7: Data: dynamic surveillance and integration

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

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

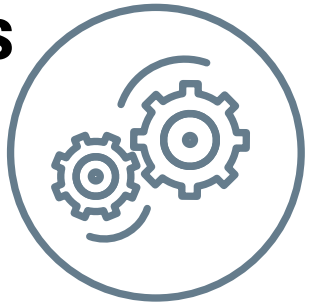
The sub-regional hub will be working to establish a robust early warning and surveillance system, based on already established surveillance data dashboards (see page 5) alongside new data streams.

**The system will look to bring in data related to:**

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

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

# Priority 8: Deployment of capabilities including enforcement



**Response requirements**

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

**Enforcement**

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

Enforcement will be the 'last resort' option, as the focus of work with partner organisations and workplaces is one of collaboration and support. However, it is important to consider circumstances in which legislation may be required. It will also be important to understand, for those organisations regulated by the Health and Safety Executive, how we might ensure we still maintain a local supportive relationship with those businesses and how enforcement might work in practice.

The pieces of legislation we will work with include:

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

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

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

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

**Resource requirements**

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

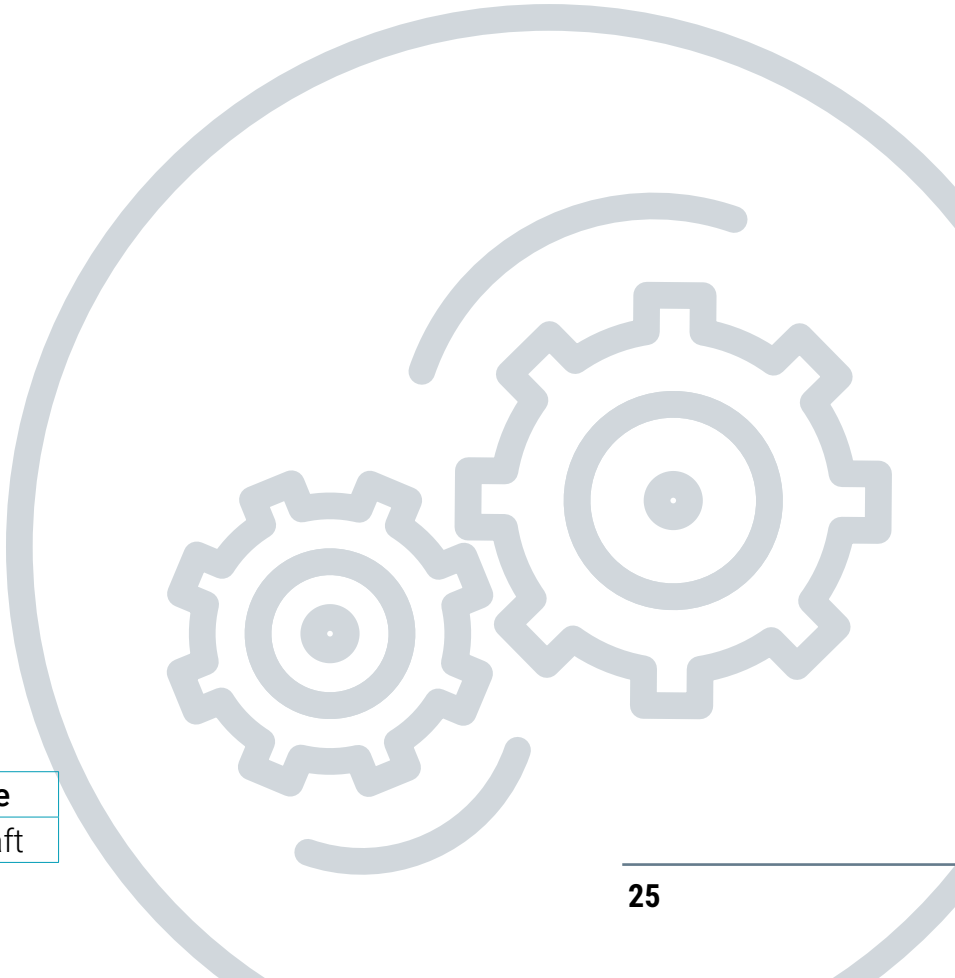
- Short term requirements (1-3 months),
- Longer term requirements (3-18 months) as the impact of NHS Test and Trace is better understood.

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

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

Key tasks and activities which require resourcing are listed below:

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



**Version Control**

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