Shropshire **Covid-19 Outbreak Control Plan**
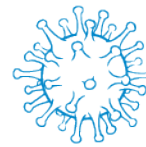*Prevent, Contain and Recover*
June 2020

Version	Date
01	02nd June 2020
02	12th June 2020
03	14th June 2020
04	15th June 2020
05	**18th June 2020**
2.1	**22nd June 2020**
3.0	**30th June 2020**

Foreword

Since the start of the novel coronavirus (COVID-19) pandemic, Shropshire Council and its partners have worked to contain and delay the spread within the County. As we move our focus to the next phase of management of the COVID-19 pandemic, a locally led system to prevent and reduce transmission of the virus is critical. This plan will build on the strong relationships with key partners and the approach already in place for tackling situations and outbreaks locally during the pandemic, including work across our 120 care homes.

Our aim of this plan and its implementation is to reduce and ultimately halt the spread of COVID-19 as quickly as possible while supporting and minimizing the impact the virus is having on our most vulnerable groups, and on wider health outcomes linked to the effects of the measures put in place to control the virus. Prevention is key to this approach, as is quick and effective, identification, management, and communication of COVID-19 outbreaks in a range of settings. A final stage is to protect and support recovery.

The success of this local implementation will reply on: good relationships with systems partners, integration with national, regional and local partners and schemes, stakeholder ownership and good communication and engagement. Resources and the ability to scale up and down plans and capacity as needed, underpin the delivery of this plan.

This plan outlines the approach we are going to take to achieve our aim to reduce and halt the spread through systematic prevention, containment and recovery planning.

Cllr Peter Nutting
Leader Shropshire Council

Karen Bradshaw
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Where are we now?
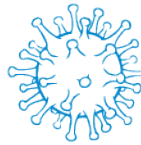
COVID-19

COVID-19 is a new illness first identified in December 2019 that can affect your lungs and airways. It's caused by a type of coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development.

Up to 16 June 2020 there were 296,857 cases in the UK leading to 41,736 COVID-19 related deaths. Shropshire has had 854 cases confirmed to date and over 200 deaths.

An **'outbreak'** is an incident where *two or more* persons have the same disease or *similar symptoms* and are *linked* in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

Context

In late May 2020 the Department of Health & Social Care announced that Local Outbreak Control Plans, would be a key component in the HM Government's COVID-19 recovery strategy. Linking to the establishment of the national NHS Test and Trace programme (Appendix 1) and Joint Biosecurity Centre, local authorities should play a significant role in the identification and management of infection, using local knowledge, expertise and coordination to improve the speed of response alongside Public Health England's (PHE) regional health protection teams.

Governance structures will ensure the local health and social care system is working together with the NHS and PHE as part of newly established COVID-19 Health Protection Boards. These Boards will ensure oversight and assurance and foster a culture of collective responsibility and leadership to protect the population's health. There is an expectation of local political ownership and public-facing engagement and communication for outbreak response through Local Outbreak Engagement Boards. Figure 1 shows roles and leadership.

This document provides the framework to the planning, prevention and response locally within the Shropshire Council area.

Figure 1: Roles and Leadership

Strategic Coordinating Groups (LRF and NHS Gold/Silver)
Resource deployment and access
Central Government Links
Chief Executuves Led

COVID-19 Health Protection System and Local Board and Cell
Infection Control, Local Testing, PPE, Staff Redployment
Lead local Plans
Link to PHE, NHS E, CCG, SATH
Professional Led

COVID-19 Engagment Board
Communication and engagement with public
Oversight of Local Plans
Liaison with Members and Communities
Member Led

Links to national

Shropshire Picture

Shropshire County is the largest inland county in England, situated on the border with Wales; making links with partners in neighbouring Local Authorities and Wales crucial. Shrewsbury is home to a quarter of the population, and the 17 market towns and patchwork of villages ensures Shropshire represents one on the country's most rural areas. The county's economy is based mainly on agriculture, a vibrant tourist industry (see appendix 2), food industries, healthcare and other public services.

There are around 320,300 people living in Shropshire; 77,788 (24.3%) are aged 65+, which is above the national average. An estimated 3,740 people are living in care home settings. There are approximately 14,000 people who are from BAME and other minority ethnic populations. Overall in 2015, Shropshire County was a relatively affluent area and was ranked as the 129th most deprived County out of all 149 Counties in England. However, it contains areas of deprivation and inequalities with 9 Super Output Areas (SOA) in the most deprived fifth of SOAs in England. Figure 2 shows this breakdown.
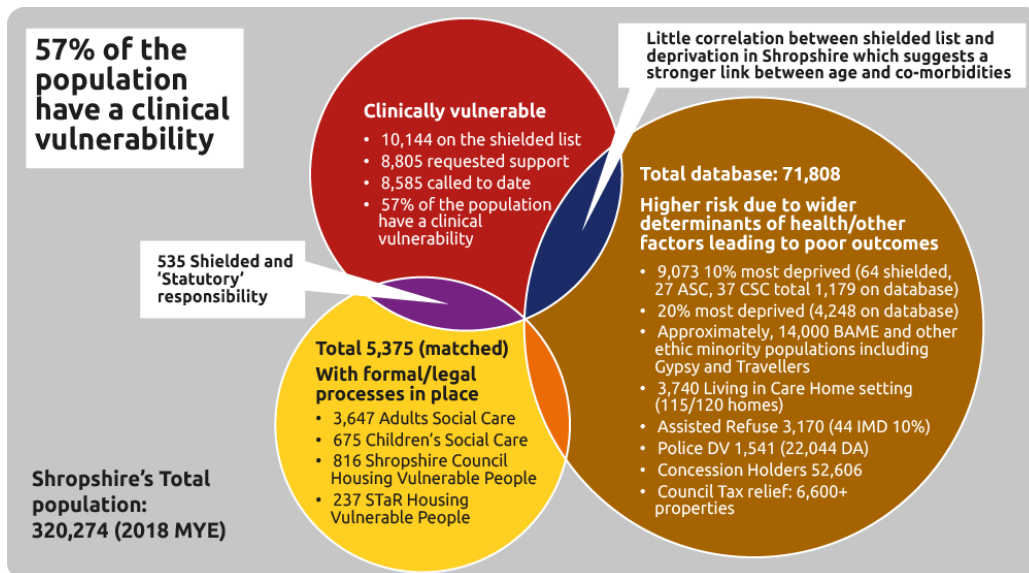

Figure 2: COVID-19 Estimated Vulnerability and Needs in Shropshire

Shropshire Council analysis of multiple datasets shows 71,808 people are categorised as high risk due to wider determinants of health or other factors leading to poor outcomes.

Breakdown of Outbreak Plan settings
Educational settings
- 336 Early Years settings
- 125 Primary Schools
- 19 Secondary Schools
- 4 specialist schools
- 2 Further Education colleges (across 4 campuses)

Adult Social Care
- 120 Care Homes,

Childrens' Social Care
- 4 (soon to be 5) Children's Residential Homes

NHS
- 1 Acute Hospital
- 4 Community Hospitals
- 1 Mental Health Provider
- Specialist Orthopaedic Hospital

Workplaces
- 15,850 enterprises, operating 17,995 local units, including Tourist Attractions (99.2% SME's)

Transport Hubs
- 15 railway stations
- Network of bus services and small airfields.

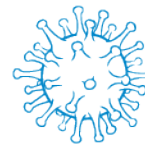**Vulnerable Communities accommodation**

Faith Venues:
Approx. 202 including:
130 C of E, 13 Catholic, 43 Methodist, 9 Baptist, 5 Kingdom Halls, 1 Latter Day Saints, 1 Muslim Faith Centre (2 Mosques in Telford)

Other: 3 military bases, 1 prison, and 1 Hospice

Figure 3

Shropshire picture

At the time of writing the overall picture is an improved one. The numbers of cases diagnosed in Shropshire and deaths with COVID-19 on the certificate, have reduced since a peak in April and May, which is currently our best indicator of the community pandemic Hospital admissions are also reducing. Furthermore, we can see the epidemic curve of care home outbreaks is now clearly showing a decline. Please see Appendix 3 for more detail.

It is important to note the pattern of COVID-19 in Shropshire; the pandemic has shown a different and flatter curve than the national and regional picture; while Shropshire did not see the height of spike seen in other regions, neither did Shropshire see the rapid decline, even during lockdown, suggesting the ongoing circulation of COVID-19 within the community. It is clear therefore that the reproductive rate of the virus remains close to the point where we could see a further take off in cases, and the nature of the virus means that a small proportion of cases are responsible for the majority of transmission (i.e. some cases tend to be linked to spread to a large number of cases, with others only to small number). Therefore, the focus on firstly preventing transmission and secondly in robustly containing spread through; identifying cases and clusters, ensuring close contacts isolate, as part of the test and trace programme is critical going forward.

Key Achievements so far:

The COVID-19 pandemic was declared on 11 March 2020. Since that time partners in Shropshire have worked tirelessly to address the health issues associated with COVID-19.

Particular successes include 'Command and Control', testing, cross border working, Health Protection Cell, Infection Protection Control services, Protective Personal Equipment (PPE) management, and Community Reassurance. 'Command and Control' was operationalised through the Local Health Resilience Forum (LHRF) and associated Silver and Gold Commands, and through the Strategic and Tactical Command Groups to facilities partnership working.

- Testing systems were set up and run to deliver a locally responsive cross partnership COVID-19 testing approach
- Cross border working has been active throughout the pandemic particularly with Public Health Wales and Powys Public Health teams
- The Local Authority developed a multi-agency COVID-19 Health Protection Cell to support the Test and Trace system locally, and to provide COVID-19 health protection support to partners and the population
- A COVID-19 Infection Prevention Control service was put in place by the CCG to support partners
- A PPE system was set up and now includes a multi-agency reporting dashboard which enables partners to manage risk
- A Shropshire wide Community Reassurance Team and COVID-19 helpline was put in place to support the community, and particularly vulnerable members of the community to access food, medicines and other support.

It's important to recognise that the testing, Health Protection Cell, Infection Protection Control, PPE management and Community Reassurance Team were all developed from a standing start.
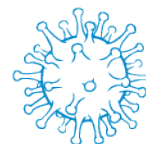
Integration with existing plans and strategies

Alert Levels

On the 11th May the Government identified 5 levels of risk in the UK to decide how strict social distancing measures would need to be and suggestive of the stage of the pandemic within the UK. The alert level helps local planners understand the level of response and responsibilities. As at the 19th June, the alert level in the UK is Level 3 meaning the virus is in general circulation and social distancing is relaxed. A similar level of cascade and alert will be employed within Shropshire highlighting the level of cascade and resources required, building up from level 1 adding the next layer of resources at each stage cumulatively. Please see figure 4 for these alert levels.

National Stages of Outbreak	Alert Level	Local Measures in Place	Shropshire Leads	Communication and Governance Triggers
Risk of healthcare and local authority services being overwhelmed	5	Local or national lockdown, business continuity	National and local Gold and LRF Structures	Multiple outbreaks, local resources close to being exhausted
Transmission is high or rising	4	Social distancing, Scale testing, redeployment staff, local business continuity	Local LRF and Gold Structures	Large cross sector, site, community transmission
Virus in general circulation	3	Infection control, testing	Local Health Protection Boards	Multiple situations and contained outbreaks
Number of cases and transmission is low	2	Enhanced Surveillance	Local Health Protection Cell	Isolated situations and Managed outbreaks
COVID-19 is no longer present in Shropshire	1	Prevention measures, health promotion	Local Health Protection Cell	-Business as Usual Reporting

Figure 4 Coronavirus alert levels, cascade and trigger points

Strategy Alignment

The work to prevent and contain the spread of COVID-19 in Shropshire does not stand in isolation but implementation requires integration with other key plans and strategies as illustrated in figure 5 below.
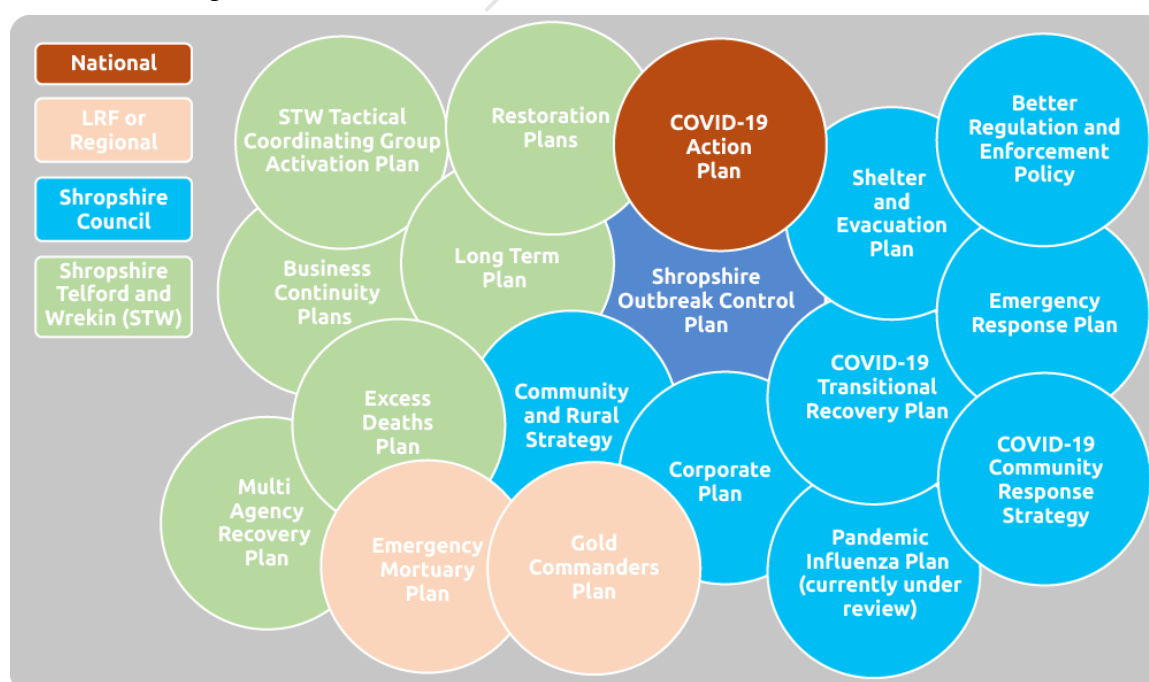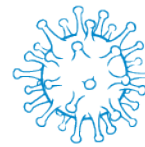

Figure 5: Map of current strategies and plans and links to this plan

Where do we want this plan to take us?

Aims and Objectives

The purpose of this Plan is to support the quick and effective, identification, management, and communication of COVID-19 outbreaks in a range of settings. The specific objective of the plan is to:

1. **Protect the health** of the people of Shropshire by:
   - *Prevention* first, to halt, slow or reduce the spread of COVID-19 through proactive advice/guidance, tools and systems to support services and businesses to run in a way that is safe and releases our economy
   - Early identification and proactive management of outbreaks
   - *Contain* through testing, contact tracing and isolation
   - *Suppress* any outbreaks of COVID-19 through population wide approaches where needed
   - Coordination of capabilities across agencies and stakeholders to ensure effective delivery of containment and suppression

2. **Assure** the public and stakeholders that this is effectively delivered by;
   - Publication of the Shropshire Local Outbreak Control Plan
   - Support settings experiencing an outbreak to mitigate the consequences
   - Establishment of appropriate governance, communications and engagement channels
   - Development of epidemiological surveillance systems and processes

Principles

The principles for prevention and management of the transmission of COVID-19 are in this Local Outbreak Plan.

Our key principles are that we will:

- Aim for a consistent systemic approach to co-ordinate activities across Shropshire and Telford & Wrekin working closely with local partners
- Draw on the capabilities, skills, experience and ways of working of existing teams
- Ensure that these teams are appropriately resourced with information, training and additional capacity where necessary
- Provide clarity where possible about the roles and responsibilities of individual organisations and teams
- Communicate and share information where possible
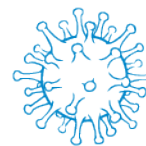
How will we get there?

Priorities

The specific priorities of the Local Outbreak Control Plan addressing the 9 key themes of the outbreak plan are in figure 6 below:

Priority 1	Priority 2	Priority 3

Governance – How we will work as a system
 	
• Governance Structures
• Integration and system working
• Key Stakeholders
	Prevention
	• Physical/organisational measures
	• Infection Control
	• Addressing inequalities
	• Sustainability
	• Regulation as prevention
	• Systems and planning
		Settings – Planning for outbreaks in high risk settings and communities and at scale
		
		• Identification of high-risk settings and communities of interest
		  o Workplaces
		  o Care homes
		  o Schools and Early Years settings (including children's homes)
		  o Healthcare settings
		  o Prisons
		  o Community gatherings and events
		• Operational response arrangements including Standard Operating Procedures (SOP)
		• Surge Planning for Working at scale

Priority 4	**Priority 5**	**Priority 6**
Vulnerable people • Supporting those who are shielding and supporting those who need to self-isolate • Identification and support for those at greater risk and with unmet needs	**Communication and Community engagement** • Reactive and proactive	**Testing capacity** • Timely, local Shropshire and national testing • Effective and timely deployment of mobile testing
Priority 7	**Priority 8**	**Priority 9**
Test and Trace & Infection Prevention and Control including PPE	**Surveillance and Monitoring** • Data and systems intelligence • Integration of local and national data and scenario planning through the Joint Biosecurity Centre • Monitoring and evaluation	**Regulation including local lockdowns plans**

Figure 6 – Specific priorities of Local Outbreak Plan

These will be addressed through the remaining sections of the Plan and Appendices.

Priority 1: Governance - How we will work as a system

Governance Structures, roles and responsibilities

Governance of the Local Outbreak Control Plan will seek to ensure that:
   a) The Local Outbreak Control Plan is supported by all of the partners who may be required to contribute to implementation.
   b) There is robust monitoring of progress of management of outbreaks individually and collectively.
   c) There is multiagency oversight of management of outbreaks and the ability to escalate for mutual aid if necessary.
   d) We can continually reflect, learn and improve.
   e) There is democratic oversight of management of outbreaks, which contributes to effective public communication.

The components of local governance are set out in Figure 8 and demonstrate the importance of working across the whole system and involving partners in the NHS, neighbouring local authorities, police, voluntary and communities' sectors etc.
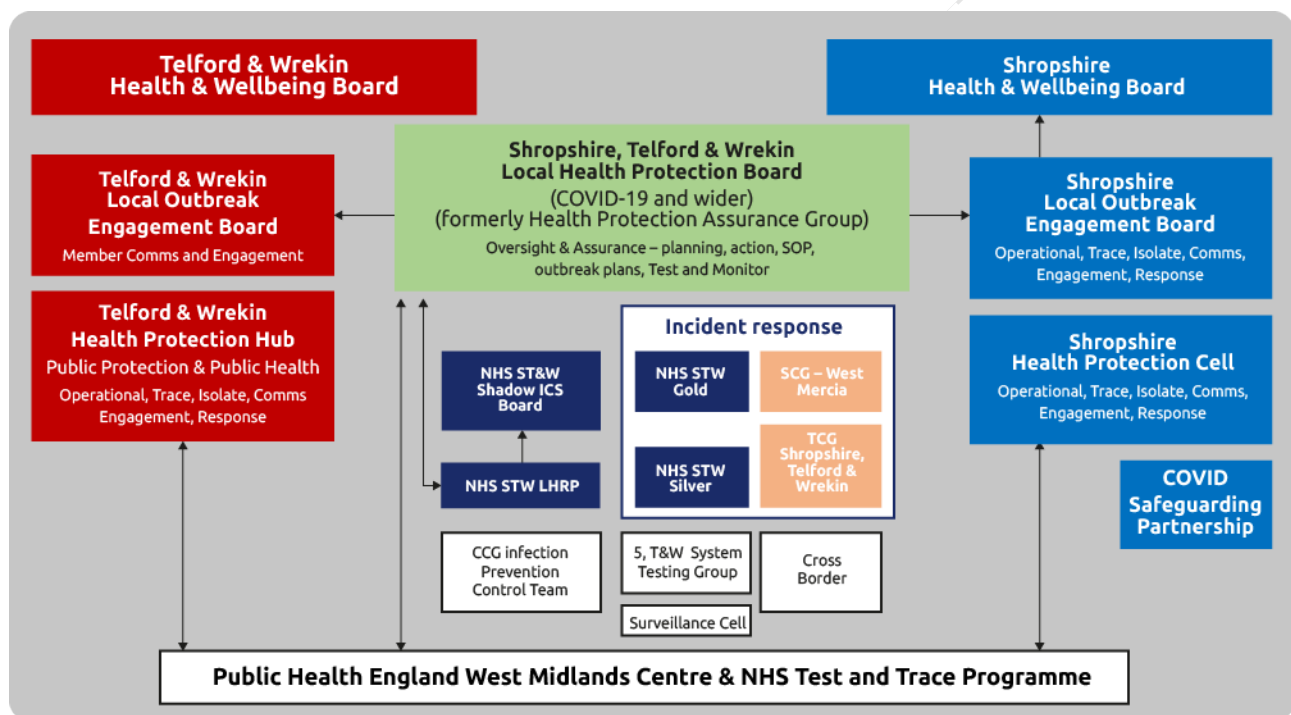
Figure 7: Governance Shropshire, Telford and Wrekin Outbreak Control Plan

Full roles and responsibilities and terms and reference are provided in the appendices for key boards and groups (Appendices 4 - 8). Detail of the Shropshire Health Protection Cell which sits at the core of the local delivery, integration and surge capacity offer is provided in Figure 8.
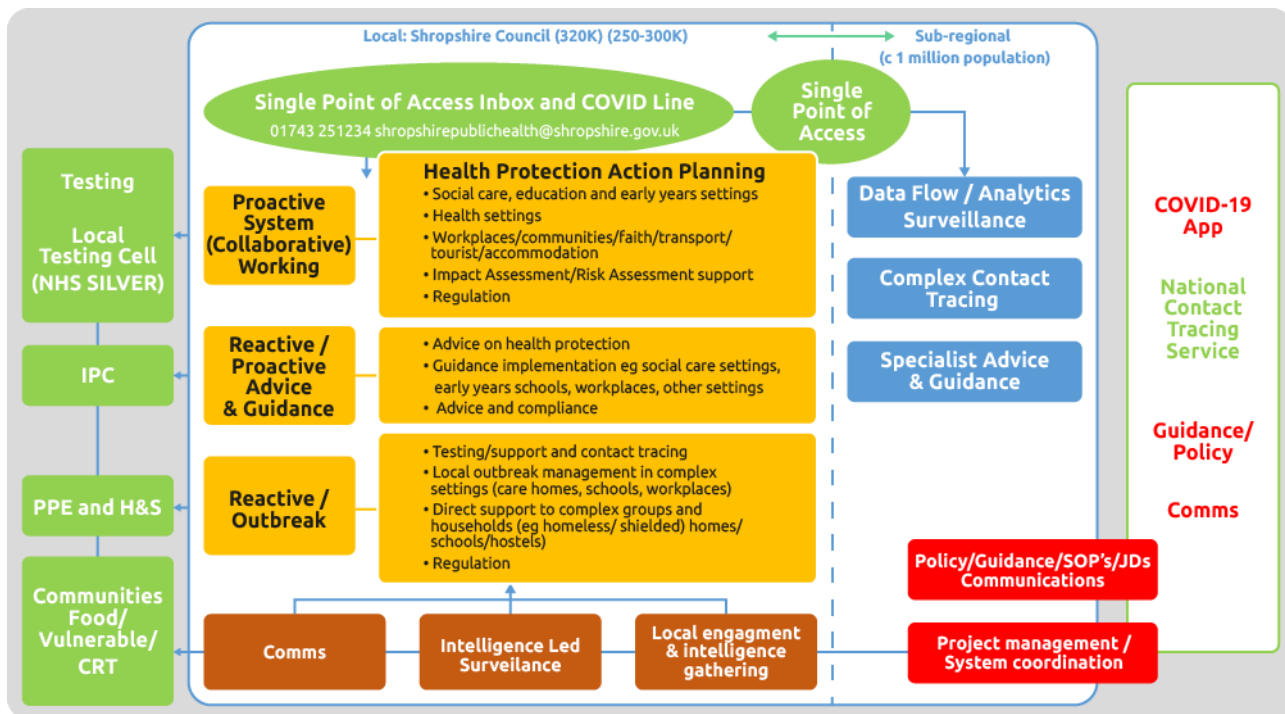
Figure 8: COVID 19 Shropshire Health Protection Cell

Key Stakeholders

This outbreak plan covers 13 settings, as indicated in figure 9. Figure 10 shows Key Stakeholders and ways of working across priorities

Figure 9 Key Stakeholders

The details of how outbreaks in each setting are set out in the Standard Operating Procedures that are in appendices 9-13 in this document. The surveillance approach is included in the section for priority 8 – surveillance and monitoring.

	Priority 1 Governance	Priority 2 Prevention	Priority 3 Settings	Priority 4 Vulnerable people	Priority 5 Communication and Engagement	Priority 6 Testing Capacity	Priority 7 Test & Trace and Infection Control	Priority 8 Surveillance and monitoring	Priority 9 Regulation including lockdown
Public	■	■		■		■	■	■	
Early years	■	■	■			■	■	■	
Schools	■	■	■			■	■	■	
Further education	■	■	■			■	■	■	
Children's residential	■	■	■			■	■	■	
Adult social care	■	■	■			■	■	■	
NHS Settings	■	■	■			■	■	■	
Work place	■	■	■			■	■	■	
Faith venues	■	■	■			■	■	■	
Tourist attractions	■	■	■			■	■	■	
Accommodation	■	■	■			■	■	■	
Transport hubs	■	■	■			■	■	■	
Custody venues	■	■	■			■	■	■	
Vulnerable communities	■	■	■	■	■	■	■	■	
Local & national media	■				■				
National government	■								■
Joint Biosecurity Centre (JBC)								■	■
Public Health England	■		■		■		■	■	■
LRF (SCG and TCG)	■		■		■		■	■	■
NHS Silver/Gold LRHP	■		■		■		■	■	■
Local Engagement Board	■		■	■	■		■	■	■
Members/Councillors			■		■				
MPs			■		■				
Safeguarding Board	■		■	■	■				
System Board/Cell	■	■	■	■	■	■	■	■	■

Figure 10: Key Stakeholder matrix and ways of working across priorities

Priority 2: Prevention

Primary preventative approaches will underpin all activity and work streams in this plan, as it is the key to ensuring we reduce community cases to zero. The following considerations will be a key feature of all work streams that have a focus on settings/communities. Figure 11 below shows these approaches.

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

Infection Control measures
- Hand washing
- Cleaning
- Appropriate use of PPE
- Support, guidance & training
- Appropriate care practices
- Workforce

Addressing inequalities
- Consider inequality of impact; of access to services/information alongside impact of measures taken (risk of isolation/violence)
- Direct activities and allocate resource according to need (use of data/intelligence)
- Safeguard those most vulnerable (based on income, ethnicity, gender, age or circumstance. Eg homeless communities, vulnerable migrants)
- Ensuring communication is accessible and comprehensive to all
- Support for social isolation
- Community engagement

Regulation as prevention
Consider use of advice and enforcement to achieve compliance through:
- Health and Safety at Work etc. Act 1974
- Interventions in workplaces where Shropshire Council is the enforcing authority
- Public Health (Control of Disease) Act 1984
- Coronavirus Act 2020

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

Sustainability
Focus on longer term approaches to embed ways of working for the future, including:
- Mental Health support
- Workforce
- Ongoing engagement with communities
- 'Green recovery'
- Healthy Lives Prevention Programme (HWBB) work including Social Prescribing etc.

Figure 11 – Prevention approaches

Priority 3: Settings

Outbreak Management

The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This section and associated appendices outlines the process and procedures for the investigation management and control of outbreaks and complex cases of COVID-19, both within Shropshire run premises and within key settings where outbreaks occur most often.

A Memorandum of Understanding (MoU) (Appendix 14) has been agreed between West Midlands PHE Centre, Telford & Wrekin Council, Shropshire Council and Shropshire & Telford CCGs. This MoU provides the framework and details of the arrangement for the joint management of local COVID-19 outbreaks, including the governance and guidance principles and roles and responsibilities of the various organisations in line with their statutory duties. Standard Operating Procedures and processes have already been established and operationalised in care homes and will build on across the wider plan. The MOU for PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands can be seen in appendix 14a.

Standard Operating Procedures (SOPs), as part of the MoU with PHE, SOPs have been developed for settings, complex situations and cases to operationalise the plan and demonstrate a consistent, comprehensive and evidence-based approach. This drives the management of risk, advice and implementation of control measures. These also highlight the information points and key contacts.

SOPs are in appendices 9-13 and include;
Care Home Outbreaks, Children's Residential Home Outbreaks, Schools and Educational settings (including Early Years and Childcare) Outbreaks, Workplace Outbreaks and Accommodations Outbreaks.

The SOPs are to be used in conjunction with the cascade chart (Figure 13) and stakeholder matrix (Figure 10) to establish local involvement and cascade of information and action.
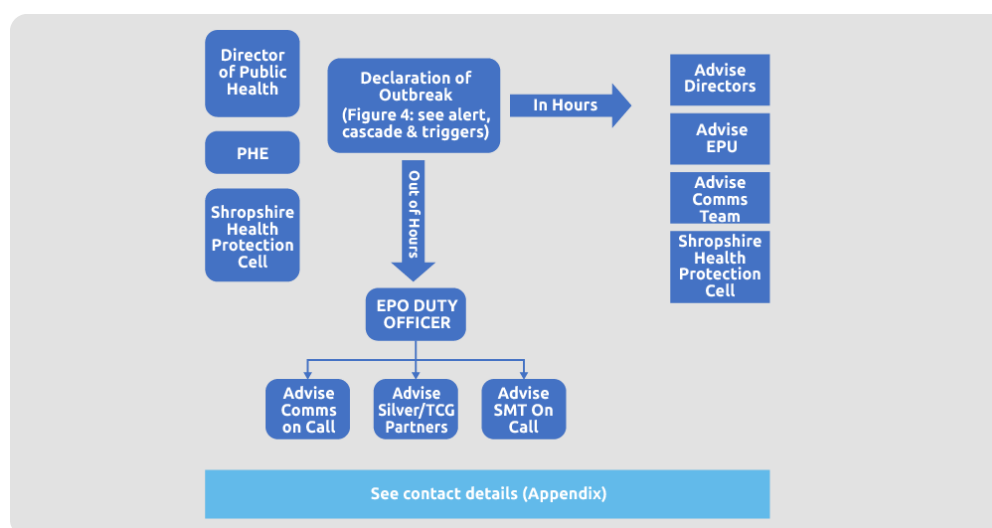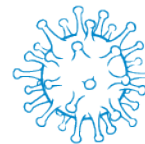

Figure 13: Cascade chart

Identification of outbreaks

The expectation is that outbreaks will be identified by the Joint Biosecurity Centre and/or PHE. PHE is likely to undertake an initial risk assessment and may choose to lead on

management of some outbreaks, drawing on support from local partners. PHE will refer other outbreaks to the Council for management.

Outbreaks may also be identified through local intelligence. Any organisation that suspects an outbreak should report this to Public Health England. Contact details are included in the Standard Operating Procedures for each setting. This priority links to Priority 8 - surveillance and monitoring.

PHE contact details**:**

Monday – Friday (0900 – 1700) 0344 225 3560 (opt 0, 2)
Other hours on call via the Contact People 01384 679031

Suspected outbreaks should also be reported to Shropshire Council Public Health Team via shropshirepublichealth@shropshire.gov.uk or 01743 251234,

Daily settings SitRep will be received for Shropshire residents from PHE tiers 3 & 2 via shropshirepublichealth@shopshire.gov.uk

Management of outbreaks

The lead organisation and team for ongoing management of outbreaks vary by individual circumstance and may evolve by local agreement but is broadly summarised below

		Setting						
		Care Home (CQC)	Other residential	School	Workplace	Prison	High risk settings	NHS Setting inc hospital
Action	Receive notification	PHE, CQC	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	PHE, SATH
	Gather information and undertake risk assessment	PHE	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	SATH / ShropCom
	Arrange testing (see testing grid)	LA: ShropCom	PHE	LA/ ShropCom	LA/ ShropCom	SATH / ShropCom		
	Provide initial advice and control measures	PHE	PHE, LA	PHE	PHE, LA	PHE, LA	SATH / ShropCom	
	Provision of results	PHE, SaTH	PHE, SaTH, LA	PHE	PHE, SaTH, LA	PHE, SaTH, LA	SATH / ShropCom	
	IPC follow up	PHE, LA, CCG IPC	PHE, LA CCG IPC	PHE, LA	PHE, LA	PHE, Shropcom	PHE, LA	IPC Teams at site
	Access to PPE	Emergency PPE STWPPE@shropshire.gov.uk						
	Chair IMT if required	PHE or LA	PHE	PHE or LA	SATH/ ShropCom			
	Key partners	PHE, ASC, PH, SPIC, SaTH, comms		PHE, LA, comms , safeguarding team, school nurse	PHE, business, PH, comms Regulatory Services HSE	PHE	PHE, hostel, LA housing, PH, comms safeguarding Reg Services	SATH ShropCom PHE
	Follow up	PHE, PH, ASC		PHE, LA	PHE, LA	PHE	PHE, LA	PHE
	Comms	PH, ASC, SPIC		PHE, LA	PHE, LA	PHE	PHE,LA	PHE. SATH, STP
	Governance	HPB	PHE	Health Protection Board (HPB)				

NB * Membership of teams may change depending on the requirements of the outbreak.
Figure 14: Information flows and management of outbreaks in complex settings and high risk places

High risk places, locations and communities include the following categories:
- Homeless hostels and domestic violence shelters
- Religious, traveller and other 'defined' communities

High risk workplaces - those that tend to involve one or more of: People working in close proximity and/or in settings where it is difficult to maintain good standards of environmental and / or personal hygiene:
- A low skilled and / or transient workforce
- have a high footfall of visitors to the premises
- people who both work and reside together

Priority 4: Vulnerable people

The vulnerable population in Shropshire broadly fall into three groups, which are not mutually exclusive:

1. Clinically vulnerable – those that will require shielding.
2. Formal/legally vulnerable process in place – this will include those: that are receiving statutory care, known to the Local Authority and there is some overlap with the responsibilities passed to Local Government during COVID-19 for the clinically vulnerable in need of additional local support such as food parcels.
3. Higher Risk due to other factors – this is due to wider determinants of health/other factors leading to poorer outcomes including BAME, deprivation, age, poverty, homelessness and obesity. This group includes the 9 protected characteristics and are being currently being researched at a national level.

Shropshire Council has built a matched dataset containing a range of data which has enhanced our understanding of local needs and to seek to identify unmet need in communicates and settings.   This dataset will be used along with national evidence and local intelligence to inform plans for targeting and supporting people.

In recognition of the fact that Shropshire is a large, predominantly rural and sparsely populated county, there are practical challenges for engaging and delivering services; and for communities in finding out about and accessing services, particularly in terms of physical and digital connectivity. The recent PHE reports highlight the significant risk to BAME communities, compounded by additional challenges in BAME communities around finding out about and accessing services. Priority 5: Communications, is integral to reaching these communities. This plan addresses how Shropshire will engage and support the range of vulnerable people in our communities (including those living in specific settings). Additional risk can be considered in figure 15 below; this plan 16hropsh on connecting the vulnerable person's dataset with those at greater risk, to deliver a comprehensive engagement and prevention action plan (found in Appendix 16)
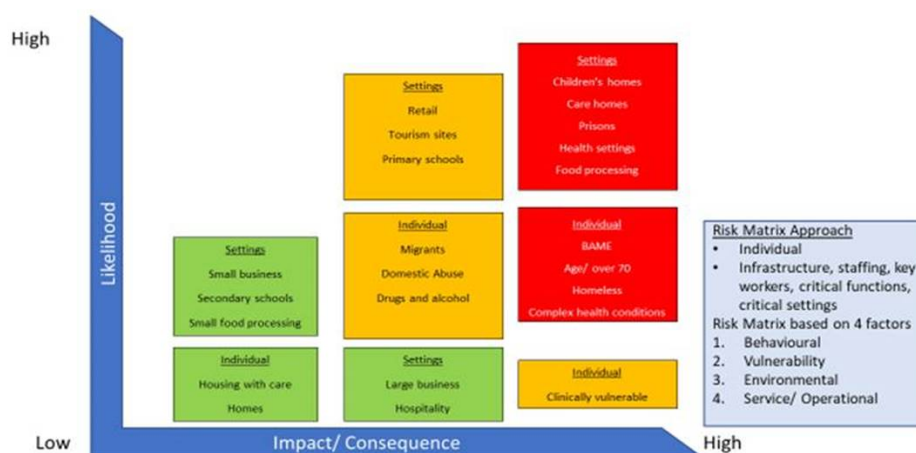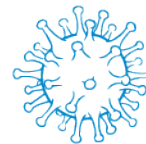

Figure 15 Risk Matrix

Prevent, Contain, Protect

This plan works to engage and prevent the spread of COVID-19, respond to immediate need due to an outbreak, and finally to support people in the long term. These three elements will be delivered through a range of services and contacts with frontline services (health, care, and the voluntary and community sector) as shown in figure 16.

Level description	Who delivers this?
Level 1: Generic Communications to all or a sub-section with or without specific need or vulnerability	Communications teams, web support, all frontline staff (trained in public health messages and the latest guidance on keeping well)
Level 2: Wellbeing phone call, providing a holistic offer with a more detailed request around needs and support, those who with the relevant skills to have a "good conversation"	CSC, CRT, GP practices, housing associations, voluntary and community sector; grass roots community groups
Level 3: more specialist intervention (if there is a specific need); this level also includes specific engagement programme with those who are more vulnerable due to COVID-19	Social Care, Primary Care, Revs & Bens, Housing, Regulatory Services, Social Prescribing Advisors, Bereavement Support, Engagement programme (detailed action plan in Appendix 16)

Figure 16: Levels of support and engagement by need

All Public Sector partners have a responsibility to understand who are more vulnerable and ensure that people are supported; connecting with our voluntary and community sector partners to support people in a locality-based way continues to be a vital component of this plan. Those who require additional support if they are asked to self-isolate as part of Test & Trace will receive level 2 and/or level 3 support.

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Support for self-isolation

A Community Response Team will provide support where necessary to those who have to self-isolate and need assistance. Those who are isolating after being in contact with someone who has tested positive for COVID-19, or if someone has tested positive for COVID-19, will be provided a contact number for community help. The phone line is hosted by the Shropshire Council Customer Services Centre. The Centre has access to a wealth of information about the support available in communities, however if someone has tested positive for COVID-19, additional consideration will be made as to who is best placed to ensure that someone receives the food, medicine, supplies and other support that they need in a safe way. The following will be provided:

- Telephone advice, guidance and information about shopping services and other needs
- Phone calls to those who are vulnerable
- Food delivery for those who cannot access food online or in their community
- Welfare checks to ensure that people are OK in their homes, when contact over the phone hasn't been possible (protocols are in place to ensure this can be delivered safely)
- Connections to a range of services within Shropshire Council and with partners and communities (this includes social care, libraries, businesses, community groups, and many others)

Please see appendix 15 for a helpful telephone numbers sheet, which was distributed in community settings.

</div>

Priority 5: Communications and Engagement
Communications and Engagement Plan summary

Our Local Outbreak Plan Communication strategy will support the delivery of the plan and sets out our approach to communicate the plans key messages to all local communities. Appendix 17 shows the Crisis Communication Checklist, and the event of an outbreak
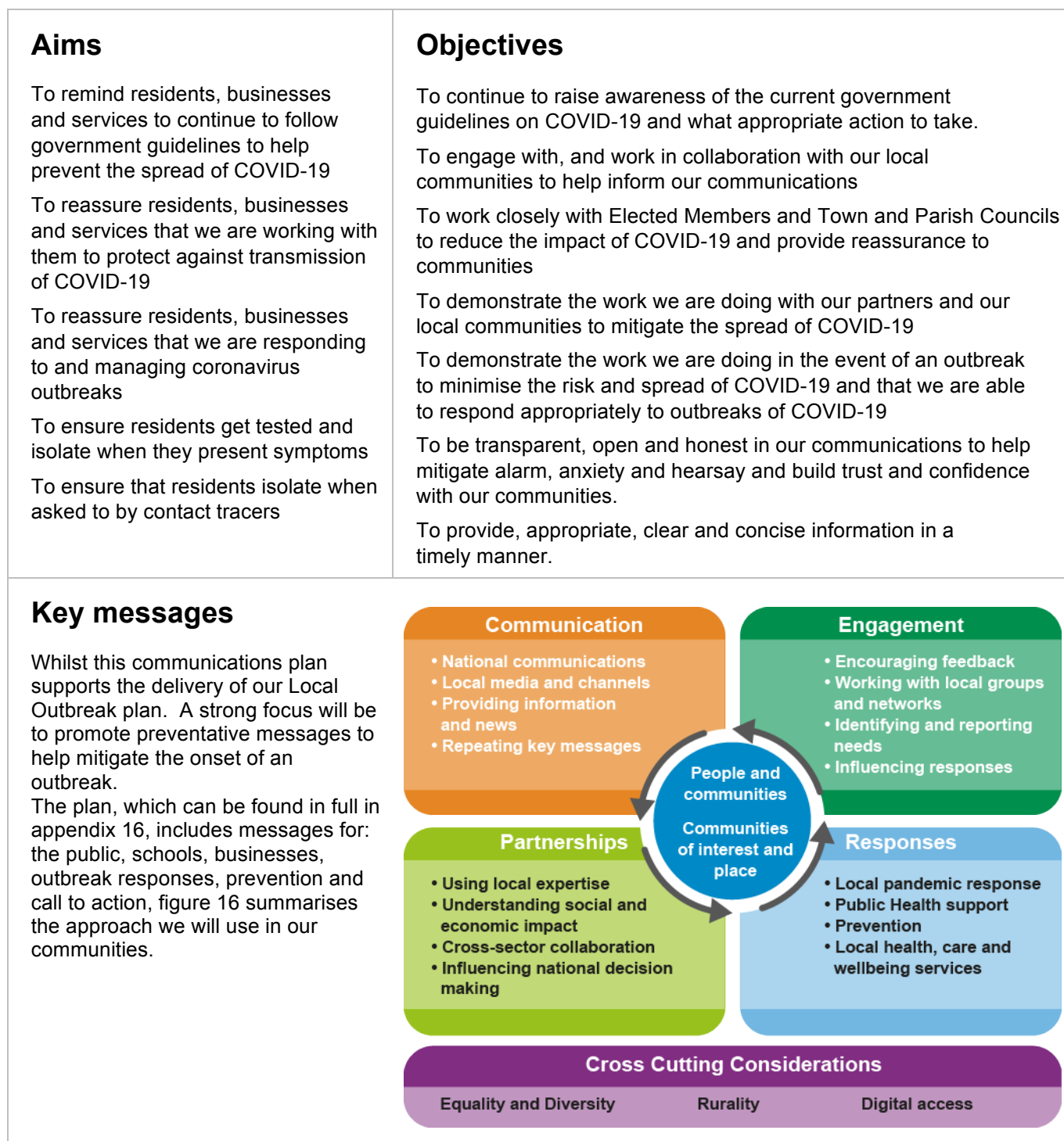
Aims

To remind residents, businesses and services to continue to follow government guidelines to help prevent the spread of COVID-19

To reassure residents, businesses and services that we are working with them to protect against transmission of COVID-19

To reassure residents, businesses and services that we are responding to and managing coronavirus outbreaks

To ensure residents get tested and isolate when they present symptoms

To ensure that residents isolate when asked to by contact tracers

Objectives

To continue to raise awareness of the current government guidelines on COVID-19 and what appropriate action to take.

To engage with, and work in collaboration with our local communities to help inform our communications

To work closely with Elected Members and Town and Parish Councils to reduce the impact of COVID-19 and provide reassurance to communities

To demonstrate the work we are doing with our partners and our local communities to mitigate the spread of COVID-19

To demonstrate the work we are doing in the event of an outbreak to minimise the risk and spread of COVID-19 and that we are able to respond appropriately to outbreaks of COVID-19

To be transparent, open and honest in our communications to help mitigate alarm, anxiety and hearsay and build trust and confidence with our communities.

To provide, appropriate, clear and concise information in a timely manner.

Key messages

Whilst this communications plan supports the delivery of our Local Outbreak plan. A strong focus will be to promote preventative messages to help mitigate the onset of an outbreak.

The plan, which can be found in full in appendix 16, includes messages for: the public, schools, businesses, outbreak responses, prevention and call to action, figure 16 summarises the approach we will use in our communities.

Communication
- National communications
- Local media and channels
- Providing information and news
- Repeating key messages

Engagement
- Encouraging feedback
- Working with local groups and networks
- Identifying and reporting needs
- Influencing responses

People and communities

Communities of interest and place

Partnerships
- Using local expertise
- Understanding social and economic impact
- Cross-sector collaboration
- Influencing national decision making

Responses
- Local pandemic response
- Public Health support
- Prevention
- Local health, care and wellbeing services

Cross Cutting Considerations

Equality and Diversity   Rurality   Digital access

Figure 16

Priority 6: Testing Capacity

Rapid access to high quality testing at scale it vital to control the spread of coronavirus and Plans are expected to describe the local arrangements for testing demonstrating accessibility, convenience and scale, including for individuals with symptoms and also for testing contacts without symptoms (asymptomatic) as part of outbreak management.

Appendix 18 contains Contact Tracing questions and appendix 19, Contact tracing; Confidentiality and Disclosure information.

There is a broad testing offer across in Shropshire, Telford & Wrekin with a number of testing routes and sites available. This includes the local NHS Trust Programme (national testing pillar 1), delivered by Shropshire Health Community NHS Trust, which undertake swabbing and support with Occupational Health-led reporting of results, and Shrewsbury & Telford Hospitals NHS Trust which provides laboratory services Appendix 20 provides a systems testing matrix.

The local NHS testing offer is available for patients in hospital and the community, health and social care workers, local authority staff, including schools and other key workers with symptoms. This service is offered through drive through testing facilities situated in both Telford & Shrewsbury and through a home visiting service for those who are too unwell to travel. The local Shropshire, Telford & Wrekin NHS COVID-19 testing programme can also support asymptomatic testing for contacts as part of local outbreak management. This route is used where there are complex settings and for vulnerable individuals, for example in schools, care homes or other residential settings.

National testing options (national testing pillar 2) available in Shropshire, Telford & Wrekin, through two MoD Mobile Testing Units (MTUs) and a permanent Regional Testing Unit. These options are available for all members of the public with symptoms eligible for testing and will be used where necessary for large scale testing in outbreaks such as workplaces.

The contract tracing flowchart below (figure 17) outlines the process. PHE will complete all non-complex contact tracing. Those contacts who are vulnerable or need support or complex settings (i.e. care homes, schools, workplaces) will be passed to the Shropshire COVID 19 health protection team and partners to follow up.
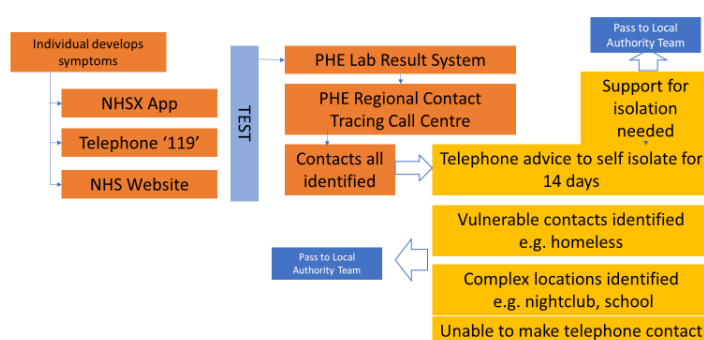

Figure 17: Contact Tracing Flowchart

Links to further Government guidance related to Contacts and Contact Tracing:
https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person

Priority 7: Contact Tracing and Infection Control

Tracing contacts of people with COVID-19 is critical to our success in containing the virus as we move to the next stage of the 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 the symptoms started, during the first few days of illness. 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 isolation of cases and their close contacts that will have the largest impact on spread.

Key to our local plan will be joint working with NHS Test and Trace and Public Health England to ensure that any linked cases (in workplace, schools, faith venues etc.) are rapidly identified and that this is sufficiently quick to contain 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 access to food and medicine.

The key elements of the Test and Trace approach and additional guidance is available at nhs.uk/coronavirus

Where the contact tracing process identified a complex case or one involving a high-risk location such as a health or care setting, a custodial setting, a school, transport hub, workplace and other settings the case will be referred to Public Health England's regional team and the Local Authority Public Health team. These teams will deal with the outbreak. The management of these outbreaks is governed by a Standard Operation Procedure which defines roles and responsibilities.

We will also explore how local contact tracing can be integrated with local testing and how we can develop contact tracing expertise in wider staff groups. This will need to be expanded as the national programme expands. The interface with infection control is key to success.

Infection control

Specific infection prevention and control measures for COVID-19 have been published by the government. Shropshire and Telford & Wrekin CCG's Infection Prevention and Control Team on behalf of the system will provide this service locally. Resourcing has been agreed between the CCG's, Telford and Wrekin and Shropshire Council. The team can be contacted at ccg.ipc@nhs.net. Appendix 21 contains local, regional and cross-border details.

Measures include:
- Infection control history of setting
- Risk assessment for infection control processes and procedures
- Provision of infection control advice and support
- Provision of infection control training
- Liaison with setting to advise on infection control in staff and service users
- Liaison with setting to advise appropriate use of PPE including donning and doffing
- Liaison with setting to advise infection control, hygiene and cleaning
- To form part of outbreak control teams in order to control the transmission of infection
- Using established surveillance and reporting systems monitoring of infection rates and investigations

Please refer to appendix 22 for links to Government Guidance.

Priority 8: Surveillance and Monitoring

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

Systems are in place for receipt, logging and monitoring progress of outbreaks. Situational reports will be received from PHE and local analysis and local interpretation will be undertaken, this includes the development of dashboards which summarise local data to be shared with the local boards and hubs.

A sub-regional virtual data stream, is currently being established, bringing together analysts across both Councils, the local system and Public Health England. There are well established links also with NHS analyst team through COVID-19 and the population health management work streams.

It is anticipated that we will seek additional capacity as well as academic input/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.

The surveillance support will be working to establish a robust early warning and surveillance system, based on already established surveillance data dashboards, 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).
- Local "soft" Intelligence
- Regulatory data (e.g. COVID-19 secure workplaces, business restrictions)

This data will be analysed and presented as trends and geographically, with an understanding of key demographic characteristics, this supports both the reactive and preventative work to target resources and approaches to those communities. Mapping of local need has already been established and will continue to be developed by the Local Authority Insight Team to inform the communications, engagement and outbreak management.

Data/intelligence will be produced in a variety of format for different audiences, and with the aim of being as real-time as operationally possible.

It is clear here that the immediate priority is to reach rapid agreement of a framework of monitoring/outcome indicators that will guide our COVID-19 approach.

Priority 9: Regulation including local lockdown plans

There is a range of legislation that can be used for the purposes of preventative activity (e.g. workplaces not adhering to national COVID-secure guidance and wider health and safety requirements), as well as enforcement activity should individuals/organisations not be compliant with isolation measures required in the event of cases/outbreaks. There is also a legislation for managing outbreaks. Public Health England (PHE) and Local Authority Public Health and Environmental Health have the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the Local Resilience Forum and NHS Gold and Silver structures.

The specific pieces of legislation include:

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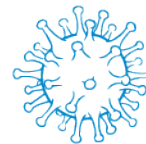- Coronavirus Act 2020

Shropshire Council's Better Regulation and Enforcement Policy sets out the range of options that are available to achieve compliance with all legislation it enforces. The Council recognises that prevention is better than enforcement, but, that under certain circumstances, formal enforcement action will be necessary against those who flout the law or act irresponsibly.

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 to be used. Further, it will be important to understand, for those organisations regulated by the Health and Safety Executive (HSE), how we might ensure we still maintain a local supportive relationship businesses and how engagement will work in practice.

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 PHE for the latter (this is being reviewed currently).

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 (as utilised for Part 2A orders). It is recognised that there will be a staffing/security resource need here.

Schedule 21 of the Coronavirus Act 2020 gives powers to Public Health Officers to direct or remove a Potentially Infectious Person (PIP) to a place suitable for screening and assessment, require a person to undergo testing, enter into isolation or place certain restrictions on the PIP where appropriate. While PHE are the lead agency in exercising the provisions under this Schedule, powers are also provided to Police Constables and Immigration Officers to support PHE and for the protection of the public. The Shropshire provision is outlined in the soon to be published Shropshire Safeguarding Community Partnership Multi-Agency Guidance. Lastly, local authorities are to be granted powers to be able to require particular premises/areas to "lockdown" and specific plans are required to ensure clarity regarding the grounds for being able to do this and how lockdown might be enacted.

What are the Challenges and how will we address these?

A full risk assessment is owned and led by the COVID Health Protection Cell, with actions reviewed weekly and cascaded as appropriate.

A summary of risks associated with each theme, and suggested mitigations, capacity and resources is provided below; a full list is in Appendix 24.
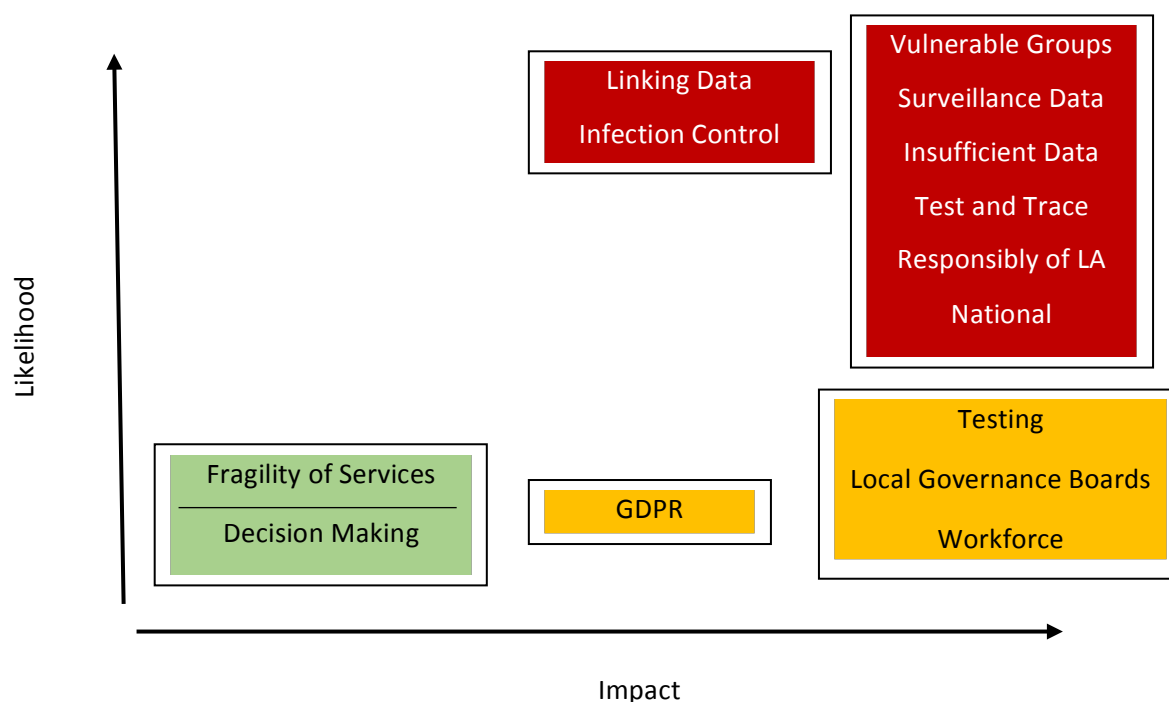

Figure 18: Summary of Risks with each theme

Further details are given in the appendices at the end of this document.

Appendix 23: Shropshire Outbreak Plan – information flow

Appendix 24: Risk matrix

Appendix 25: STW LA Outbreak Risk Management Process

Appendix 26: Incident Management Team (IMT) Draft Agenda

Appendix 27: Activation of Plan/Lessons Leaned – Outbreaks
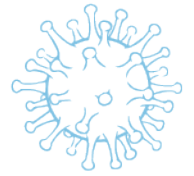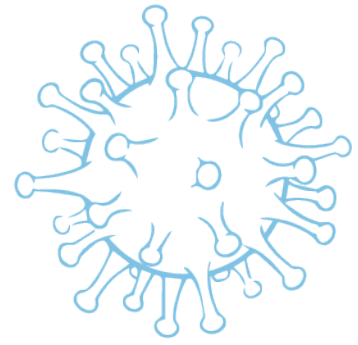
Appendix 28: Incident/Outbreak form

Making it Happen – The Action Plan

Priority	Officer responsible	Action	Timescale
Priority 1 Governance – How we will work as a system	DPH, CE, PHE, LRF	Continued communication with central government through established routes. Define systems and structures for local lockdown	Jun-20
		Continued communication with central government. Devolved expectations include incident and outbreak management, currently supporting data systems and structures and timescales clarified nationally	Jul-20
		Continued communication with central government through established routes. Political & public involvement to be clarified	On going
Priority 2 Prevention	LA	Active prevention approach in place	On going
Priority 3 Settings	LA/PHE	Clarity of responsibilities of public services including police and other regulatory services. Integrative review of Section 21 agreement	Aug-20
		Enhance communications to provide proactive and reactive communications in partnership with schools, maintained and academy.	On going
		All risk assessments and SOPs in place. To complete; tourist attractions, places of worship & travel accommodation	July-20
Priority 4 Vulnerable people	LA	Maintain CRT function and review responsibilities to include community engagement and support for self-isolation. Development of plans to ensure services serve vulnerable communities	On going
Priority 5 Communication and Engagement	LA	Deliver outbreak communication and engagement plan	On going
Priority 6 Testing Capacity	LA/NHS	Establish system so that Shropshire COVID-19 cell makes referrals to pillar 1 and results are received by cell. Negotiate access to HPZone. Negotiate local arrangements for extended testing including commissioning.	Aug-20
Priority 7 Test and Trace & Infection Prevention and Control	PHE/TT NHS LA	Set out local support to Test and Trace programme including interface with local testing service. Negotiate local arrangements for extended IPC to cover all settings including commissioning services as required. Software to support contact tracing locally and training Clear mutual aid procedures in place for contact tracing Agree future of Mobile Testing units, training and deployment	Jul-20 Jul-20 Jul-20 Jul-20
Priority 8 Surveillance and monitoring	DPH/PHE Intel Team PHE/Bio Security PHE LA	Require GDPR agreement via PHE Establish local proxy reporting and recording Continued communication with PHE and other data providers to ensure robust reporting data is in place. On-going local development of dashboards using detailed surveillance data to inform incident and outbreak management Work jointly with PHE to enable local access to HP Zone including contract tracing and decision making. Developing local track and trace systems with T&W colleagues to allow system wide monitoring	Jun-20 June/July20 Jun-20 Sept-20
Priority 9 Regulation including local lockdown	Convener SoS LA	Continued communication with central government through established routes. Define systems and structures for local lockdown	Jun-20

Abbreviations
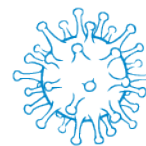
CCG	Clinical Commissioning Group
IPC	Infection Prevention Control
IMT	Incident Management Team
JBC	Joint Biosecurity Centre
LA	Local Authority
LHRF	Local Health Resilience Forum
NHS	National Health Service
PHE	Public Health England
PIP	Potentially Infective Person
PPE	Personal Protective Equipment
UK	United Kingdom

Shropshire **Covid-19 Outbreak Control Plan**

Prevent, Contain and Recover

June 2020