



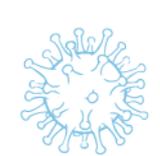
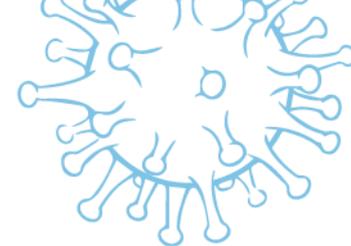
# Shropshire Covid-19 Outbreak Management Plan

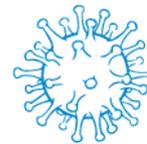
*Prevent, Contain and Live with COVID*

March 2021



Produced in partnership with:





# Foreword

Since the start of the Covid-19 pandemic, Shropshire Council and its partners have worked hard to prevent outbreaks, to contain and delay the spread of the virus within the County. A locally led system working alongside regional and national agencies, has proved critical in preventing and reducing transmission. This plan and its appendices outlined the local responsibilities and process for management of COVID. It has been continued to be updated in response to the pandemic. This updated plan supports the government's Roadmap Out of Lockdown. It builds on the strong relationships with key partners, effective learning, and the approach already in place for tackling situations and outbreaks locally during the pandemic. This includes work across our: 117 care homes, 17,995 workplace settings, 488 Early Years, Schools and other educational settings, 7 hospitals/Trusts, transport hubs and 5 Residential Children's 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 minimising 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 as we learn to live with COVID building on the learning from the last 12 months, to seize the opportunities and reduce harm, tackling and addressing inequalities and enduring transmission in our communities.

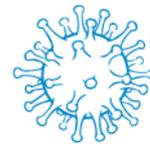
The success of this local implementation will depend on: continued good relationships with systems partners, integration with national, regional and local partners and schemes, stakeholder ownership and good communication and engagement. Resources and the ability to scale up and down plans and capacity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



**Andy Begley**  
Chief Executive



**Rachel Robinson**  
Director Public Health



# Contents

## Where are we now?

- Context
- Shropshire Picture
- COVID-19 in Shropshire
- Integration with existing plans and strategies

## Where do we want this plan to take us?

- Aims and Objectives
- Principles

## How will we get there?

- Our Priorities
  - Priority 1 – Governance – How we will work as a system
  - Priority 2 – *Surveillance*
  - Priority 3 – COVID Defences: Health Protection Response including high-risk settings
  - Priority 4 – *Vulnerable and hard to reach 21 communities*
  - Priority 5 – *Communications and Engagement*
  - Priority 6 – *Testing*
  - Priority 7 – *Contact Tracing*
  - Priority 8 – *Vaccination*
  - Priority 9 – *Resourcing*
  - Priority 10 – *Regulation including local lockdown plans*

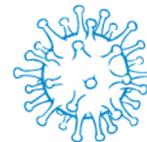
## Challenges and how we will we address these

**Making it Happen** – The Action Plan

**Key Performance indicators**

**Abbreviations**

**Appendices** – Please see separate document



# Where are we now?

## Context

### COVID-19

COVID-19 is a virus first identified in December 2019. The illness caused by the virus can affect the lungs and circulatory system. Since December 2019 we have learnt a lot about the virus. The role out of vaccines to provide immunity to the infection was started in December 2020. The vaccine has been given to the most vulnerable first. The World Health Organisation named the transmission of Covid-19 a pandemic in March 2020. In March 2021 we are living with Covid-19, and still managing the infection as a pandemic. This plan sets out the process for continuing to contain the infection and is a positive step on the road map to recovery.

**Outbreak:** two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:

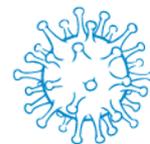
- Identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases.
- When there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases

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. The plans, published in June 2020, detail the significant role Local Authorities, and their partners play at a local Place level in the COVID response, using local knowledge, expertise and coordination to improve the speed of response. Local areas have shown throughout the pandemic how local, linking to Public Health England, the national [NHS Test and Trace programme](#) and [Joint Biosecurity Centre](#), is able to respond rapidly to the evolution of the pandemic. On the 22<sup>nd</sup> August the Government announced these national organisations will form the [National Institute of Health Protection](#) in Autumn 2021. The update of this report makes assumptions and recommendations for working within this new context.

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 and a Place Based Management Team. 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 12 shows components of local governance.

**Figure 1 provides a table of areas that will be discussed in more detail, since the last Plan.**

<b>Vaccination</b>	On 13 January 2021 the government published its <a href="#">COVID-19 vaccines delivery plan</a> for the UK. The plan covers four 4 key areas: supply; prioritisation; places and people. Please see Priority 8 of this plan for more detail.
<b>New COVID-19 variants</b>	As of 13 February, there have been 4 variants of concern designated in the UK Priority 3 COVID Defences provides more detail.
<b>Roadmap</b>	<a href="#">‘COVID-19 Response - Spring 2021’</a> sets out the roadmap out of the current lockdown for England. This dictates the ongoing management of COVID in the short term.
<b>Local Outbreak Management Plan (LOMP)</b>	Local Authorities have an ongoing statutory responsibility to have a LOMP. This LOMP underpins how Shropshire will respond to emergencies to safeguard and protect the health of the population.
<b>Enduring Transmissions</b>	Priority 3 - COVID Defences provides more detail.



## Shropshire Picture

Shropshire 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 1), food industries, healthcare and other public services.

Figure 2 provides a Breakdown of Outbreak Plan settings.

Breakdown of Outbreak Plan settings	
<p><b>Educational settings</b></p> <ul style="list-style-type: none"> <li>• 336 Early Years settings</li> <li>• 125 Primary Schools</li> <li>• 19 Secondary Schools</li> <li>• 4 specialist schools</li> <li>• 2 Further Education colleges (across 4 campuses)</li> </ul> <p><b>Adult Social Care</b></p> <ul style="list-style-type: none"> <li>• 117 Care Homes,</li> </ul> <p><b>Childrens' Social Care</b></p> <ul style="list-style-type: none"> <li>• 4 (soon to be 5) Children's Residential Homes</li> </ul> <p><b>NHS</b></p> <ul style="list-style-type: none"> <li>• 1 Acute Hospital</li> <li>• 4 Community Hospitals</li> <li>• 1 Mental Health Provider</li> <li>• Specialist Orthopaedic Hospital</li> </ul>	<p><b>Workplaces</b></p> <ul style="list-style-type: none"> <li>• 15,850 enterprises, operating 17,995 local units, including Tourist Attractions (99.2% SME's)</li> </ul> <p><b>Transport Hubs</b></p> <ul style="list-style-type: none"> <li>• 15 railway stations</li> <li>• Network of bus services and small airfields.</li> </ul> <p><b>Transitory and Short-Term Accommodation Settings</b></p> <p><b>Faith Venues:</b> 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)</p> <p><b>Other:</b> 3 military bases, 1 prison, and 1 Hospice</p>

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. In the 2019 IMD, Shropshire County was a relatively affluent area, ranked as the 174<sup>th</sup> most deprived area out of 317 lower tier authorities in England (in 2015 Shropshire was ranked 185<sup>th</sup> out of 326). However, it contains areas of deprivation and inequalities with 9 Super Output Areas (SOA) in the most deprived fifth of SOAs in England.

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. Figure 3 provides a breakdown of COVID-19 Estimated Vulnerability and Needs in Shropshire. This data was accurate as of 14 February 2021.

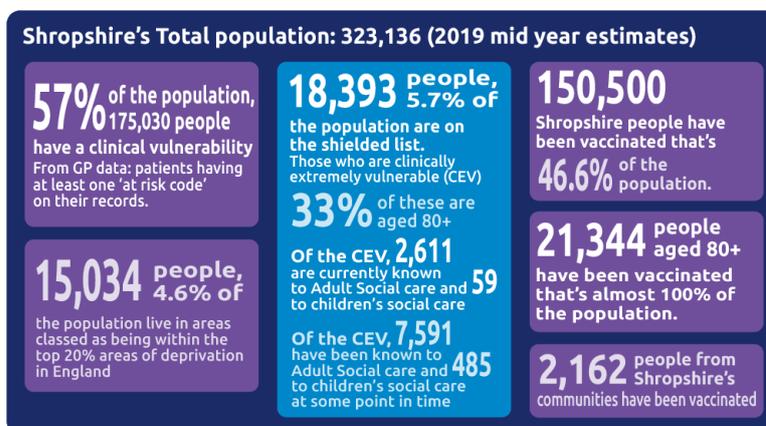
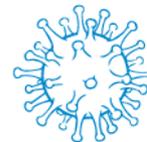


Figure 3: COVID-19 Estimated Vulnerability and Needs in Shropshire



# COVID-19 in Shropshire

## Case rates

At the time of updating this plan (March 2021) COVID-19 cases are decreasing following the national lockdown and vaccination campaign. The decline in the number of cases is associated with similar decline in numbers of hospital admissions and deaths. The pandemic in Shropshire has broadly mirrored the national picture with two distinct waves. (see Appendix 2). However, wave 1 showed a flatter curve than the national and regional picture; in this wave, 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.

In the second wave the peak again was behind other areas but saw a very sharp rise and slower decline. 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 of transmissions). Figure 4 provides a summary of weekly coronavirus data which is communicated to the public. Figure 5 provides Cumulative numbers of COVID cases by 2019 Local Index of Multiple Deprivation Quintile.



Figure 4: Latest Coronavirus data

Cumulative number of COVID cases and case rate by 2019 Local Index of Multiple Deprivation Quintile 28.02.21						
2019 IMD Local Quintiles	Quintile 1 (Most deprived)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (Most deprived)	Total
COVID Cases	2,739	2,441	3,384	2,813	3,094	14,471
Rate per 100,000 of Pop in Quintile	4,654	3,942	4,896	4,247	4,617	4,478

Figure 5: Cumulative number of COVID case rates by Local Index of Multiple Deprivation Quintile

As the Roadmap comes into effect and lockdown restrictions are eased, we expect to see a rise in cases, localised outbreaks and *enduring transmission* in pockets of the population. While the roll out of the vaccination programme is beginning to impact levels of severe disease and hospital admissions, we are at a critical point in *surveillance* as new variants continue to emerge, therefore, the importance of reducing transmission and containing the virus remains critical. This update reflects and outlines the local outbreak response to this next phase of the pandemic.



## The Impact of COVID in Shropshire

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. Some of the key impacts, both positive and negative are summarised in Figure 6 'Living with Coronavirus one year on,' alongside some of the achievements in tackling the pandemic in Shropshire in Figure 7.

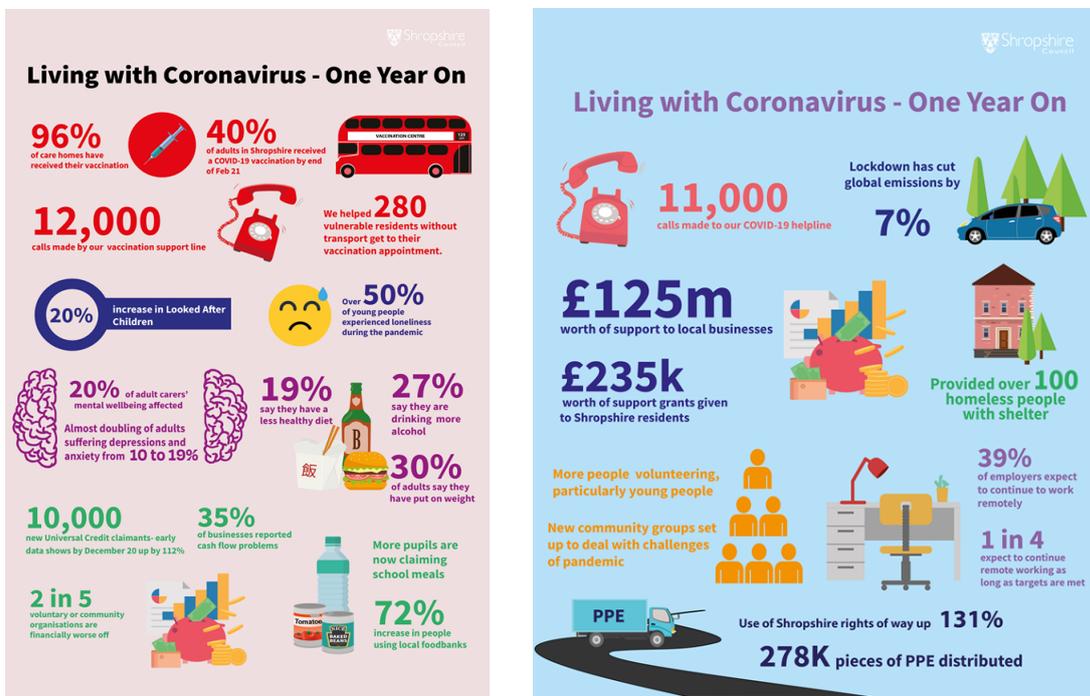


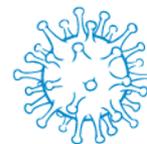
Figure 6: Living with coronavirus one year on

### Achievements

- Testing systems were set up and run to deliver a locally responsive cross partnership COVID-19 testing
- Cross border working has been active throughout the pandemic particularly with Public Health Wales and Powys Public Health teams
- Establishment of a comprehensive local testing strategy including lateral flow device (LFD) were set up and run to deliver a locally responsive cross partnership COVID-19 testing approach
- 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
- Contact Tracing Partnership in place with national contact tracing partners
- Effective management of outbreaks in various setting including care homes, schools and local businesses with multidisciplinary teams to support specialist response.
- Successful implementation of a local vaccination programme to vaccinate the priority groups. Including local solutions to increase uptake such as bespoke transport offers for residents.
- 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 to manage risk
- Introduction of a local track and trace service
- 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. The helpline continues to operate.
- Web based COVID-19 information for the public, including current Guidance, sources of support, Business Re-opening toolkit and a suite of resources for community use including posters in different languages
- Looking after your mental health, and bereavement support increased across the County

A successful Step up for Shropshire communication campaign

Figure 7: Achievements



The Council has issued an internal COVID-19 Outbreak Response Debrief Questionnaire to managers. The findings are not yet complete, but some initial responses from the survey are shown in figure 8 below. These will be used to help inform future ways of working, and to confirm what has worked well.

<b>COVID-19 Outbreak Response Debrief Questionnaire – initial responses</b>	
<b>Question</b>	<b>Response</b>
<b><i>What aspects of the response went well in your opinion and why?</i></b>	<p><i>Collaboration with partners, across the system, with sectors and internally was the biggest theme across all areas. Strong themes included working with partners in respect of the monitoring of vulnerable people in Shropshire. Flexible and adaptable working arrangements by workforce in response to the management of infection control internally and externally</i></p> <p><i>“STW system has responded exceptionally well in all areas of the response. Collaborative working has been excellent”</i></p> <p><i>“Swift response, good collaboration, clear on priorities and outcomes.”</i></p> <p><i>Joined up delivery as part of the Community Reassurance Team with Culture Leisure and Tourism team, Customer Services, Public Health and Social Care teams.</i></p> <p><i>“Community engagement, particularly with the traveller community, faith leaders, producing materials in different languages and joined up working with engagement and inequalities teams in LA and NHS</i></p> <p><i>Partnership response to Vaccinations. Regular information in a timely way.</i></p> <p><i>Can do approach. Governance structures bringing partners and colleagues together</i></p>
<b><i>What aspects of the response did not go well and why?</i></b>	<p><i>Perhaps not understanding the impact on dealing with the response, existing full time roles and pressure placed upon staff, i.e. dealing with the day job,</i></p> <p><i>A strong theme was the changing and many Government directives and guidelines, lack of information from the centre. Also, deployment of staff took more time in some cases and needing to have more staff available to support, as staff across the whole system were stretched very thin. Delaying with numerous government letters and directivities and then assessing and allocating external COVID funds, with an expectation that the day job should not be impacted.</i></p> <p><i>We needed to support more businesses who fell outside of the government standard support ie supply chains</i></p> <p><i>The negatives tend to be based around the external aspects to the response: the constant shifts in the national position, the last minute decision-making, the guidance following days after the public pronouncements, the reluctance in the early stages to put trust in the local agencies who are best placed to respond quickly and effectively, all of which added to the pressure to manage things.</i></p> <p><i>Unknown supply needs / urgent requirements</i></p>



<p><b>What are your key recommendations for your area of responsibility that you believe would improve future responses?</b></p>	<p><i>I believe we have been as effective as we could possibly have been and continue to take opportunities to get positive outcomes (agile working and partnerships for example) from this difficult year</i></p> <p><i>Clear outline of priorities that focus on delivery to communities and individuals as a whole with risk assessed in good time. The balance of delivery of digital as well as face to face delivery to ensure the health and well-being of individuals</i></p>
<p><b>What are your key recommendations for the response in general that could improve our overall response in future?</b></p>	<p><i>Clear lines of communication with a focussed staff team that are able to adapt to delivery at a local level. Clear multi-agency priorities with national and regional steers to ensure delivery is focussed to those most at risk.</i></p> <p><i>Review pandemic planning using all the learning we have gained</i></p>

**Figure 8: COVID-19 Outbreak Response Debrief Questionnaire – some responses to survey**



## Integration with existing plans and strategies

### Alert Levels

On the 11<sup>th</sup> 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. The alert level in the UK is currently level 4, meaning transmission is high or rising. A similar level of cascade and alert is employed within Shropshire. The level of cascade and resources required, is reflected is associated with the increasing altered levels building up from level 1. Additional layers of resources are required to contain the virus at each stage cumulatively. Please see Figure 9 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 9: Coronavirus alert levels, cascade and trigger points

### Government Roadmap out of lockdown

The government has set out a [Contain Framework](#) to support the [Roadmap](#) out of lockdown. The Roadmap sets out 4 steps to a move out of lockdown and back to a more normal life. The government will only move from one step to the next when it is safe to do so. The decision to move from one step to another is supported by 4 tests:

- the vaccine deployment programme continues successfully
- evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
- infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
- The Government’s assessment of the risks is not fundamentally changed by new Variants of Concern.

The accompanying refresh of the Contain Framework, Vaccination delivery plan and an increasing focus on Variants of Concern (VOC) highlight the importance of local areas reviewing and updating their Local Outbreak Management Plans in order to ensure they remain fit for purpose as well as aid national understanding.



This plan supports the delivery of that Roadmap to protect and safeguard the residents of Shropshire and aligns to the “Green Fields” Shropshire’s Living with COVID plan to transition from response to reimagining how we live with COVID and prevent, contain and recover locally.

In line with national approach, we will focus on preventing transmission and robustly containing spread. We will achieve this through, promptly identifying cases outbreaks and clusters, ensuring close contacts isolate, and delivering an enhanced contact tracing programme to contain VOC as part of the test and trace programme going forward.

### 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 10 below. The latest addition being the Living with COVID Strategy which will feed into the refreshed Corporate Plan and Health White Paper.

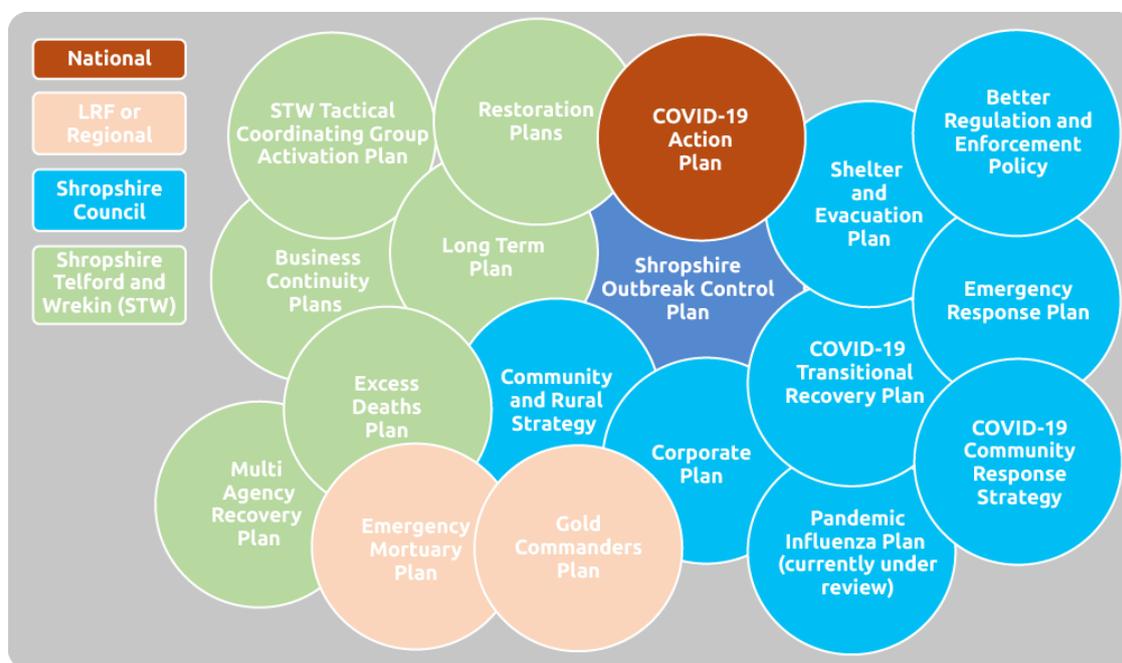
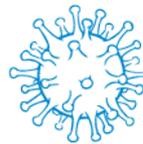


Figure 10: Map of current strategies and plans and links to this



# 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 as part of test and trace
  - *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
  - Tackling any enduring transmission in communities and localities,
  - Addressing inequalities in impact and outcomes through local engagement.
2. **Assure** the public and stakeholders that this is effectively delivered by;
  - Publication of the Shropshire Local Outbreak Control Plan. This is reviewed and republished as Government guidance and operative procedures change.
  - Support settings experiencing an outbreak to mitigate the consequences
  - Establishment of appropriate governance, communications and engagement channels
  - Development of epidemiological surveillance systems and processes
  - Continuous improvement and learning through research, development, and evaluation.
3. **Enable** social and economic activity and recovery across the County

## 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?

The specific priorities of the Local Outbreak Control Plan addressing the 10 key themes/priorities of the outbreak plan are in Figure 11 below:

<p><b>Priority 1</b></p> <p><b>Governance – How we will work as a system</b></p> <ul style="list-style-type: none"> <li>• Governance Structures</li> <li>• Integration and system working</li> <li>• Key Stakeholders</li> <li>• Lessons learned to inform future practice</li> </ul>	<p><b>Priority 2</b></p> <p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>• Data</li> <li>• Testing</li> <li>• Contact tracing</li> <li>• Self-isolation</li> <li>• Management of variants of concern</li> <li>• Enduring transmission</li> <li>• Vaccines and COVID safe environments</li> <li>• Living with COVID</li> <li>• Water waste analysis</li> <li>• Intelligence sharing</li> </ul>	<p><b>Priority 3</b></p> <p><b>Settings – Planning for outbreaks in high-risk settings and communities at scale</b></p> <ul style="list-style-type: none"> <li>• Place based settings</li> <li>• Outbreak Management. Planning for outbreaks in high-risk settings &amp; communities at scale (to include Standard Operating Procedures SOPs and resource packs) Health Protection Response and Emergency Response                         <ul style="list-style-type: none"> <li>○ Workplaces</li> <li>○ Care homes (including Adult Learning Difficulties &amp; Children's Homes)</li> <li>○ Early Years, Schools &amp; colleges incl. special schools.</li> <li>○ Healthcare settings</li> <li>○ Transitory and Short-Term Accommodation Settings</li> <li>○ Community gatherings and events</li> <li>○ Prisons</li> </ul> </li> <li>• Infection control</li> <li>• Variants of concern</li> <li>• Enduring transmission</li> <li>• Contact Tracing including enhanced tracing process</li> </ul>	
<p><b>Priority 4</b></p> <p><b>Vulnerable people/Communities</b></p> <ul style="list-style-type: none"> <li>• Supporting those who are shielding</li> <li>• Supporting those who need to self-isolate</li> <li>• Identification and support for those at greater risk and with unmet needs</li> <li>• Inequalities</li> </ul>	<p><b>Priority 5</b></p> <p><b>Communication and Community engagement</b></p> <ul style="list-style-type: none"> <li>• Behaviour change</li> <li>• Reactive and proactive</li> <li>• Non-pharmaceutical interventions</li> <li>• Enduring Transmission</li> </ul>	<p><b>Priority 6</b></p> <p><b>Testing</b></p> <ul style="list-style-type: none"> <li>• Asymptomatic Testing                         <ul style="list-style-type: none"> <li>○ Care homes</li> <li>○ Early Years, Schools</li> <li>○ Workplaces</li> <li>○ Mass / community gatherings</li> <li>○ Community Collect</li> </ul> </li> <li>• PCR testing                         <ul style="list-style-type: none"> <li>○ Symptomatic</li> <li>○ Pillar 1</li> <li>○ Pillar 2</li> </ul> </li> <li>• Surge testing/Variants of Concern</li> <li>• Sequencing</li> </ul>	
<p><b>Priority 7</b></p> <p><b>Contact Tracing</b></p> <ul style="list-style-type: none"> <li>• National contact tracing partnership</li> <li>• Local contact tracing partnership</li> <li>• Enhanced contact tracing with risky venue alerts</li> <li>• Link to regulatory control</li> </ul>	<p><b>Priority 8</b></p> <p><b>Vaccines</b></p> <ul style="list-style-type: none"> <li>• Measures to improve vaccine uptake locally</li> <li>• Links between vaccine roll out and testing</li> </ul>	<p><b>Priority 9</b></p> <p><b>Resourcing</b></p> <ul style="list-style-type: none"> <li>○ Function and structure of Health Protection Team</li> <li>○ Surveillance</li> <li>○ Testing</li> <li>○ Contact tracing</li> <li>○ enhanced contact tracing</li> <li>○ asymptomatic testing</li> <li>○ symptomatic testing</li> <li>○ non-pharmaceutical interventions</li> <li>○ vaccines.</li> </ul> <p>Wider health protection function:</p> <ul style="list-style-type: none"> <li>○ Testing, Vaccination, Compliance and wider COMF</li> <li>○ Prevention, Engagement and Supporting Vulnerable Communities including CEV</li> </ul>	<p><b>Priority 10</b></p> <p><b>Regulation including local lockdowns plans, living with Covid</b></p> <p>Regulation</p> <ul style="list-style-type: none"> <li>• Business,</li> <li>• Events/Groups</li> <li>• Individuals/safeguarding</li> </ul>

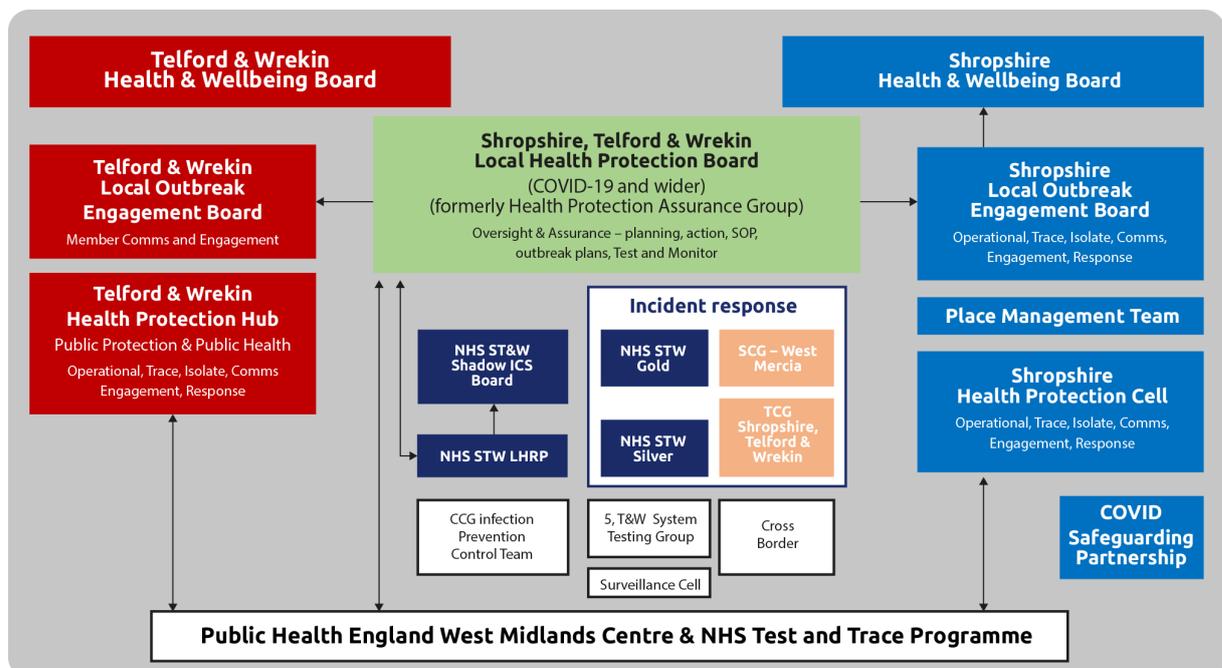
**Figure 11: Specific priorities of Local Outbreak Plan**  
 These will be addressed through the remaining sections of the Plan and Appendices

# Priority 1: Governance

Governance of the Local Outbreak Management Plan will seek to ensure that:

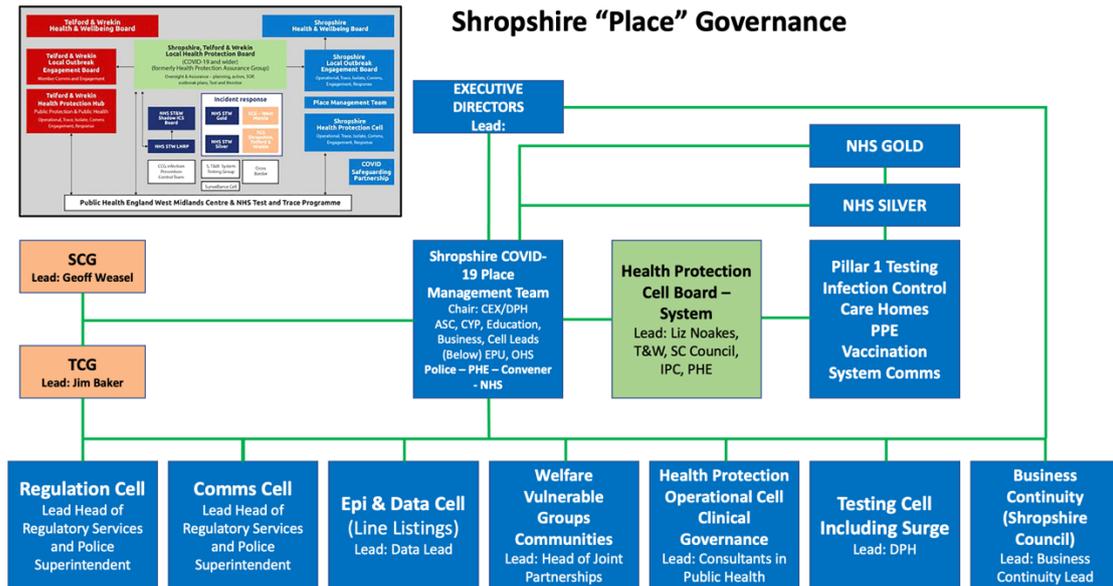
- The Plan is supported by all partners who may be required to contribute to implementation.
- There is robust monitoring of progress and management of COVID-19 including control of outbreaks, tackling enduring transmission and variants of concern.
- There is multiagency oversight and accountability for the management of COVID and control outbreaks and the ability to escalate for mutual aid and stand up and down surge capacity as necessary.
- We can continually reflect, learn and improve.
- There is democratic oversight of the management of COVID, which contributes to effective public communication.

The components of local governance are set out in Figure 12 and the importance of working across the and involving partners in the NHS, neighbouring local authorities, police, voluntary and communities' sectors etc.



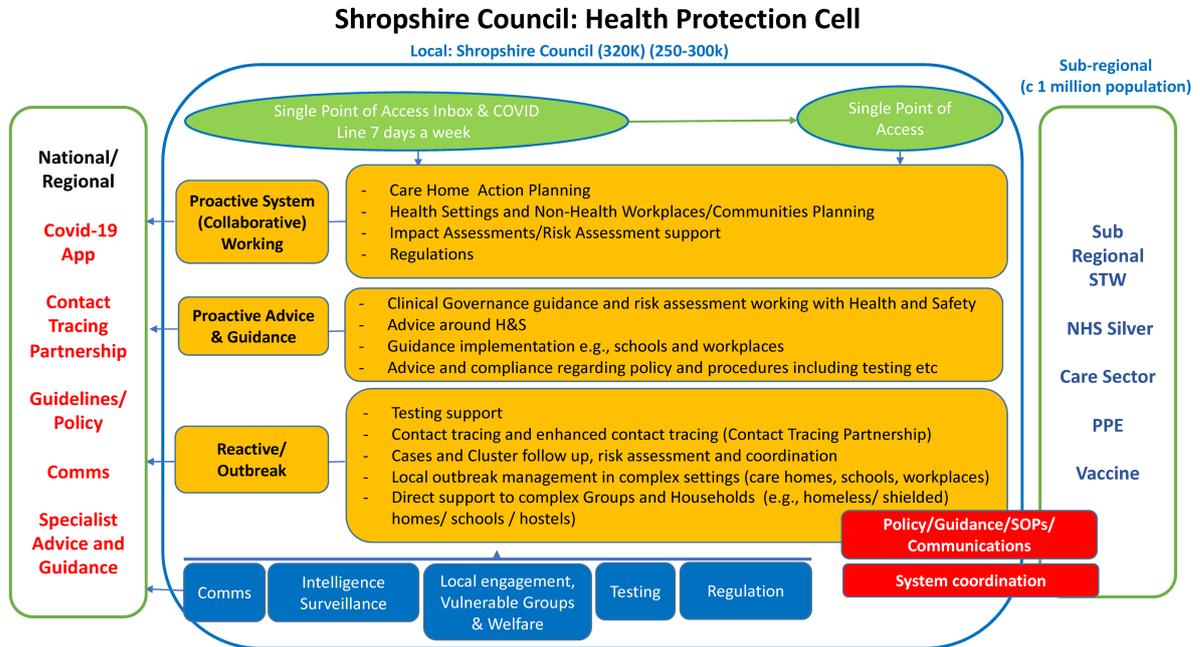
**Figure 12: Components of Local Governance**

This is the System wide response until April 2021, Figure 13 shows the local Shropshire Place response and supporting cells, stood up to respond to a surge in cases from October 2020 to April 2021, including the response for surge testing as required. Each cell has its own responsibilities which feed into the overall Place IMT. From April 2021, the frequency of the meetings will be reduced and supporting cells will be stood down, to be stood up as required.

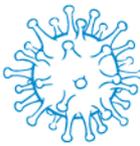


**Figure 13: Governance of Shropshire Place Control Plan during Surge and Community Transmission**

Key Boards and Groups can be seen in Appendix 3. The Terms of Reference (TOR) for the Place IMT can be seen in appendix 5. 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 14.



**Figure 14: COVID 19 Shropshire Health Protection Cell**



## Key Stakeholders

This outbreak plan covers 13 settings, Key Stakeholders are shown in Figure 15. Figure 16 shows Key Stakeholders and ways of working across priorities.



**Figure 15: Key Stakeholders**

The details of how outbreaks in each setting are set out in the Standard Operating Procedures that are in appendices 13 to 16 and 18-19 in this document. The surveillance approach is included in the section for priority 2 – surveillance.



	Priority 1 <i>Governance</i>	Priority 2 <i>Surveillance</i>	Priority 3 <i>Settings</i>	Priority 4 <i>Vulnerable people</i>	Priority 5 <i>Comms. &amp; Engagement</i>	Priority 6 <i>Testing</i>	Priority 7 <i>Contact Tracing</i>	Priority 8 <i>Vaccines</i>	Priority 9 <i>Resourcing</i>	Priority 10 <i>Regulation inc. local lockdown plans</i>
Public	Purple			Red		Blue	Red	Blue		
Early years	Purple		Yellow	Red		Blue	Red	Blue		
Schools	Purple		Yellow	Red		Blue	Red	Blue		
Further education	Purple		Yellow	Red		Blue	Red	Blue		
Children's residential	Purple		Yellow	Red		Blue	Red	Blue		
Adult social care	Purple		Yellow	Red		Blue	Red	Blue		
NHS Settings	Purple		Yellow			Blue	Red	Blue		
Work place	Purple		Yellow			Blue	Red	Blue		
Faith venues	Purple		Yellow			Blue	Red	Blue		
Tourist attractions	Purple		Yellow			Blue	Red	Blue		
Accommodation	Purple		Yellow	Red		Blue	Red	Blue		
Transport hubs	Purple		Yellow			Blue	Red	Blue		
Custody venues	Purple		Yellow			Blue	Red	Blue		
Vulnerable communities	Purple		Yellow	Red	Yellow	Blue	Red	Blue		
Local & national media	Purple				Yellow					
National government	Purple	Green							Light Green	Dark Blue
Joint Biosecurity Centre (JBC)	Purple	Green						Blue		Dark Blue
Public Health England	Purple	Green	Yellow		Yellow		Red	Blue		Dark Blue
LRF (SCG and TCG)	Purple		Yellow		Yellow		Red	Blue		Dark Blue
NHS Silver/Gold LRHP	Purple		Yellow		Yellow		Red	Blue		Dark Blue
Local Engagement Board	Purple		Yellow	Red	Yellow		Red	Blue		Dark Blue
Members/Councillors	Purple		Yellow		Yellow				Light Green	
MPs	Purple		Yellow		Yellow					
Shropshire Safeguarding Community Partnership	Purple		Yellow	Red	Yellow					
System Board/Cell	Purple		Yellow	Red	Yellow	Blue	Red	Blue	Light Green	Dark Blue

Figure 16: Key Stakeholders and ways of working across priorities

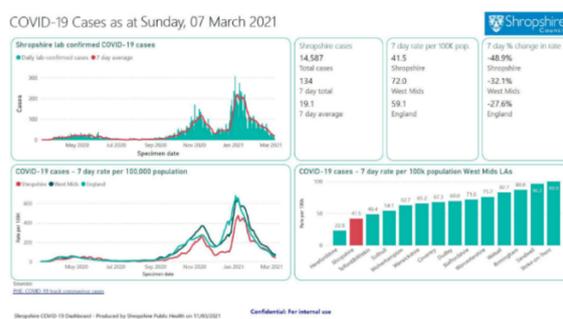
# Priority 2: Surveillance

Good quality data covering a range of local and regional metrics is key to the management of COVID-19 in the next phase. Tracking and tracking cases and contacts and understanding the overall pattern locally remains a key part of this Local Outbreak Management Plan with capacity to support overall monitoring and individual outbreak response.

Systems are in place for receipt, logging and monitoring progress of outbreaks and individual cases and contacts. Situational reports are received from PHE, DHSC. The Joint Biosecurity Centre and local analysis and local interpretation is undertaken routinely, this includes local development of dashboards which summarise local data to be shared with the local boards and hubs. The main source of local surveillance data is from PHE via the “Covid-19 Situational Awareness Explorer”, there is an assumption of ongoing access to this resource moving forward.



**Figure 17: Routine dashboards used to monitor trends and shared with key partners**



**Figure 18: Cases dashboard for the 7<sup>th</sup> March 2021**

Data is analysed by trend, age groups, geographical pattern and where available by deprivation, BAME and equality Weekly situation reports are fed into internal silver and gold structures. Data/intelligence is produced in a variety of format for different audiences, and with the aim of being as real-time as operationally possible; where possible data is shared through live dashboards with key partners. 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. See Appendices 8 and 9 which demonstrate the dashboard approach. Figure 18 shows the Cases dashboard for the 7th March 2021. Key indicators are listed below in Figure 17.

	Direct Impacts of COVID	Indirect Impacts and Living with <u>COVID</u>
<b>Current</b>	<ul style="list-style-type: none"> <li>Cases and Case Rates</li> <li>Contact Tracing</li> <li>Testing (all testing)</li> <li>Hospital Admissions</li> <li>Deaths</li> <li>Vaccination Patterns Rates</li> <li>Outbreaks</li> <li>Mobility and Footfall</li> <li>Regulatory Response and Monitoring</li> <li>Care Home Welfare Calls</li> <li>PPE Stock</li> </ul>	<ul style="list-style-type: none"> <li>Welfare Calls from COVID Line to CEV and those requiring support</li> <li>Self-Isolation and support payments</li> <li>Inequalities</li> <li>Emissions</li> <li>Sickness levels</li> <li>Numbers volunteering</li> <li>Mental Health</li> <li>Looked after children</li> <li>Universal Credit Claims</li> <li>Food bank use</li> </ul>
<b>Future</b>	<ul style="list-style-type: none"> <li>Wastewater Supplies</li> <li>New Variants as they emerge</li> </ul>	<ul style="list-style-type: none"> <li>Quality of life</li> </ul>
Indicators above broken down further to highlighting local variation and inequalities including any ongoing enduring transmission.		

**Figure 18: Summary of the information being reviewed to understand the direct and indirect patterns.** Shropshire will stay up to date with developments in technologies to monitor and contain Covid-19, including waste water sampling, and when appropriate, apply them in the local context. We will continue to develop our indicators, local reporting and intelligence capacity to monitor and track the pandemic and support PHE enhanced-surveillance activities in relation to VOC. (See figure 18).

# Priority 3: COVID Defences

## Health Protection Response including High Risk Settings

Important to effective outbreak management is a **place-based overview, outbreak management, control of infection, management of enduring transmission and variants of concern, testing (Section 6) and contact tracing (Section 7) including enhanced contact tracing.**

### COVID-19 Contain Framework

This framework sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks. Successful management of local outbreaks is a core element of NHS Test and Trace's ambition to break the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life. This national framework will support local decision-makers by clarifying their responsibilities and empowering them to take preventative action and make strong decisions locally, supported by mechanisms that safeguard key national assets and interests.

**Triggers:** Appendix 4 contains the table 'Triggers – Enhanced intervention strategy. Potential intervention in areas showing higher prevalence/outbreak

**Case Studies:** Case studies for outbreaks in a pub and residential site can be seen in appendix 6 & 7.

Definition of settings in an outbreak situation are: (as defined by [Government Guidance](#))

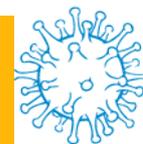
- **Non-residential settings** (for example a workplace, a school, or a restaurant)
- **Domestic residential settings** (households)
- **Institutional residential setting** (for example a care home or place of detention)
- **Healthcare-associated COVID-19** (for example an inpatient setting)

### Place Management

To contain Covid-19 it is important that Shropshire have a countywide view of the infections that are transmitting. This place-based county wide view enables the Local Authority to direct contain resources to the areas where they are most needed. Contain resources are manpower, outbreak and community resilience teams, contact tracing and testing resources. The place-based approach is delivered through the **Place-Management Team**. The Place-Management Team meeting weekly to decide what actions need to be taken to support contain.

### Outbreak Management

The primary objective in the management of an outbreak is to protect public health and contain Covid-19 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 outline 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. Outbreaks in Prisons are managed by Public Health England.



**A Memorandum of Understanding (MoU)** is an agreement with PHE about who undertakes which tasks and 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. The MOU for PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands is another agreement which provides a framework for working across PHE WM, public health structures in Local Authorities (LAs), Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings

**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 13-16 & 18-19 and include; Schools and Educational Settings, Early Years and Childcare, Children’s Residential Homes, Workplace settings, Event Safety, Transitory and short-term accommodation settings.

**Resource Packs** are provided for: schools and educational settings, Early Years and Childcare, Children’s Homes, care homes and Transitory and short-term accommodation settings. These packs provide setting related Government Guidance, FAQ’s, infection control and preventative measures to reflect the additional complexity of those settings.

**Routine screening** - asymptomatic and symptomatic (testing)

The SOPs are to be used in conjunction with the cascade chart (Figure 19) and stakeholder matrix (Figure 16) to establish local involvement and cascade of information and action.

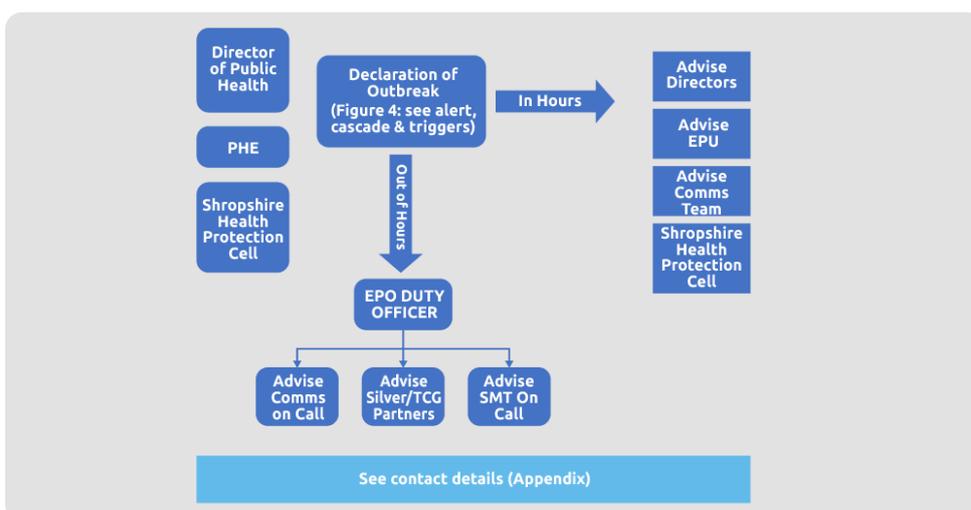


Figure 19: Cascade chart

## Identification of outbreaks

The experience of Shropshire is that outbreaks are identified by using Power BI Situational Awareness Data. Backward contact tracing is undertaken based on common exposure data; forward contact tracing is undertaken based on postcode coincidences. In Shropshire the data is transferred to a local line list for further interrogation, analysis and comparison based on local knowledge.

PHE or Shropshire Local Authority undertake an initial risk assessment. The specific setting governs who leads the management of outbreak. Please see appendix 9a and Figure 20).



## 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 in Figure 20 below:

Action	Setting						
	Care Home (CQC)	Other residential	School	Workplace	Prison	High risk settings	NHS Setting inc hospital
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	PHE		
Provide initial advice and control measures	PHE	PHE, LA	PHE	PHE, LA	PHE	SATH / ShropCom	
Provision of results	PHE, SaTH	PHE, SaTH, LA	PHE	PHE, SaTH, LA	PHE	SATH / ShropCom	
IPC follow up	PHE, LA, CCG IPC	PHE, LA CCG IPC	PHE, LA	PHE, LA	PHE	PHE, LA, CCG IPC	IPC Teams at site
Access to PPE	Emergency PPE <a href="mailto:STWPPPE@shropshire.gov.uk">STWPPPE@shropshire.gov.uk</a> (Prisons PHE)						
Chair IMT if required	PHE/LA	PHE/LA	PHE/LA	PHE/LA	PHE	PHE/LA	SaTH/Shrop Comm
Key partners	PHE, ASC, PH, SPIC, SaTH, ShropComm	PHE, LA, ASC, CSC, ShropComm SaTH	PHE, LA, comms, safeguarding team, school nurse	PHE, Economic Development, PH, comms Regulatory Services HSE	PHE	PHE, hostel, LA housing, PH, comms safeguarding Reg Services	SATH ShropComm PHE
Follow up	PHE, PH, ASC		PHE, LA	PHE, LA	PHE	PHE, LA	PHE
Comms	PH,LA STP SPIC	PHE,LA, STP	PHE, LA	PHE, LA	PHE	PHE, LA	PHE, SATH, STP
Governance	HPB	PHE	Health Protection Board (HPB) (prisons PHE)				

B \* Membership of teams may change depending on the requirements of the outbreak.

**Figure 20: Information flows and management of outbreaks in complex settings and high-risk places**

**High risk places, locations and communities include the following categories: (please see Priority 4 also)**

- Homeless hostels and domestic violence shelters
- Religious, traveller and other 'defined' communities

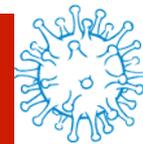
**High risk workplaces** - those that tend to involve one or more of: People working in close proximity and/or in settings where it is difficult to maintain good standards of environmental and / or personal hygiene:

- A low skilled and / or transient workforce
- have a high footfall of visitors to the premises
- people who both work and reside together

**Emergency accommodation:** 4-person portacabins will be considered as emergency accommodation if needed as part of the Covid response to outbreaks, and to enable self-isolation. These could provide an option for single people or couples, possibly small families and alongside hotels as needed. Please see appendix 20 for detail.

## 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](mailto:ccg.ipc@nhs.net). Appendix 30 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 prevention and control advice and support
- Provision of infection prevention and control training
- Provision of infection prevention and control forums
- 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 prevention and control through environment and equipment cleaning
- To form part of outbreak teams in order to control the transmission of infection
- Using established surveillance and reporting systems monitoring of infection rates and investigations
- Undertake assurance visits to setting to include and support of IPC standards.

Please refer to appendix 31 for links to Government Guidance.

### **Enduring Transmission**

Systems are in place in Shropshire to address enduring transmission of Covid-19. Enduring transmission is identified through local line list case analysis. The data is analysed via Power BI which enables daily monitoring and interpretation of local transmission. Enduring transmission occurs when the transmission of Covid-19 infection is stubborn in a specific area or setting. Underlying reasons for enduring Covid-19 transmission include interconnected factors of poor housing, poor work conditions, delays in Track and Trace and other factors. Shropshire has a robust system to support vulnerable individuals and communities (see Section 4), the county also has a local Track and Trace system that operates in conjunction with the national CTAS system.

### **Action on Enduring Transmission (Priority 7)**

Some areas of Shropshire (e.g., North Shropshire) has seen stubbornly high levels of transmission. We will work with our communities to understand the reasons behind this pattern.

We will:

- Publicise existing local support measures including accessing discretionary payments using the hardship fund to support those who need to isolate
- Carry out targeted community engagement to foster adherence to social distancing measures. Details of interventions are recorded in Priority 7.

### **Variants of Concern and Variants of Interest (VOCs and VUIs)**

SARS-CoV-2 variants, if considered to have concerning epidemiological, immunological or pathogenic properties, are raised for formal investigation. At this point they are designated Variant Under Investigation (VUI). Following a risk assessment with the relevant expert committee, they may be designated Variant of Concern (VOC). Variants of concern and variants of interest require local surge capacity to contain the variant. Surge capacity includes Local Resilience, enhanced contact tracing and surge testing. Shropshire has in place a robust system led by the Local Resilience Forum work jointly with national partners to risk assess any VUI or VOC in the county. The system includes process to introduce enhanced contact tracing capacity and surge testing. The Overview of Process structure is shown below in Figure 21.

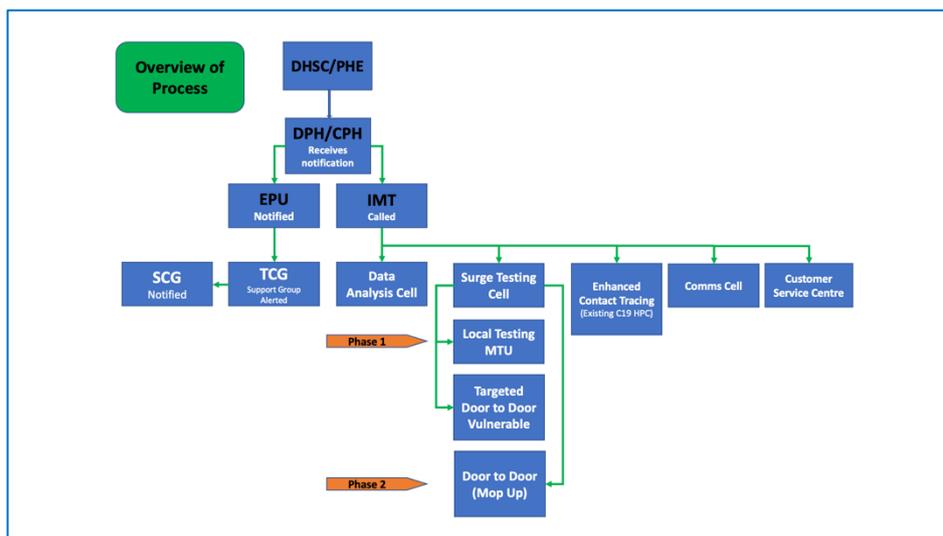


Figure 21: Overview of Process structure

## Management of Variants of Interest and Variants of Concern

The management of Variants of Interest and Variants of Concern is national and local approach. Figure 22 below maps the contain priorities against the agencies with responsibilities to contain Variants of Interest and Variants of Concern.

Priority	Function	National lead	Local lead
Governance		Department of Health and Social Care (DHSC)	Local Resilience Forum
Surveillance	Variant testing (genomic sequencing)	Public Health England (PHE)	
Surveillance	Data analysis	DHSC	Shropshire Council Public Health
COVID Defences: Health Protection	Risk assessment	DHSC	Shropshire Council Director of Public Health / Covid Health Protection Cell
Vulnerable and hard to reach communities	Community response	DHSC	Shropshire Council
Communications and engagement	Communications and engagement	PHE and DHSC	Local Resilience Forum, Shropshire Council and Shropshire, Telford and Wrekin Together
Testing	Surge response	DHSC	Local Resilience Forum
Contact tracing	Enhance contact tracing	Community Tracing and Advice Service	Shropshire Council Director of Public Health / Covid Health Protection Cell
COVID security; regulation, living with Covid	COVID security	PHE	Local Resilience Forum Shropshire Council Reg Services West Mercia Police

Figure 22: contain priorities

Surveillance of VOC is led by Public Health England. Government advises local areas regarding cases and identifies postcode areas to implement surge testing and enhanced contact tracing. In the event of a VOC in Shropshire the following will be done:

- Scale up testing at existing community testing sites and deploy mobile testing including door-to-door testing where indicated through the TCG partners.
- Implement enhanced contact tracing in partnership with PHE West Midlands
- Provide support to local residents using existing discretionary hardship payment mechanism to enable resident to isolate effectively.

Full details of the agreed procedures for containment of Variants of Interest and Variants of Concern are available from the Public Health Department.

# Priority 4: Vulnerable people and Hard to Reach communities

Shropshire is working collaboratively across sectors to support all people, but particularly the vulnerable through this pandemic. We have worked to understand who are vulnerable are and to use all our collective resource across the public, private and voluntary sector to support people.

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

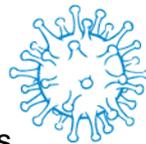
1. Clinically extremely vulnerable (CEV) – Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place some people at greatest risk of severe illness from COVID-19. Disease severity, medical history or treatment levels will also affect who is in this group. This group are identified through a national shielding register, derived through NHS records and GP recommendation. Additional information on CEV and Shielding can be found [here](#).
2. Formal/legally vulnerable - includes 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 CEV 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 that are being currently being researched at a national level. Locally, this group is identified through local databases, workplaces and self-selection.

Shropshire Council has built a matched dataset (see figure 2 above) 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 is being used, along with national evidence and local intelligence to inform plans for targeting and supporting people. In addition, certain geographic areas, or communities of people are more adversely affected by an outbreak or the need additional support to prevent an outbreak. Local intelligence provides us with information about these communities (geographic or communities of people), towns, businesses that need additional support, and our Outbreak planning, is able to collectively respond to the is need.

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 report highlighted the significant risk to BAME communities, compounded by additional challenges in BAME communities around finding out about and accessing services.

This Community Response Strategy (appendix 22) addresses how Shropshire will engage and support the range of vulnerable people in our communities (including those living in specific settings). Priority 5: Communications, is integral to reaching these communities.

Understanding and responding to risk is also vital to preventing, containing, and protecting. (See figure 23) and we must consider the risks to our workforce, and different settings, including schools, businesses, organisations, and for individuals.



A comprehensive engagement plan focuses on working with those at increased risk (including BAME and equality groups), as well as working with partners to prevent and contain outbreaks. Additionally tools (including advice, guidance, posters, and risk assessments community groups) for community groups, businesses, and organisations to help prevent and reduce the risk of Covid can be found at <https://www.shropshire.gov.uk/coronavirus/>

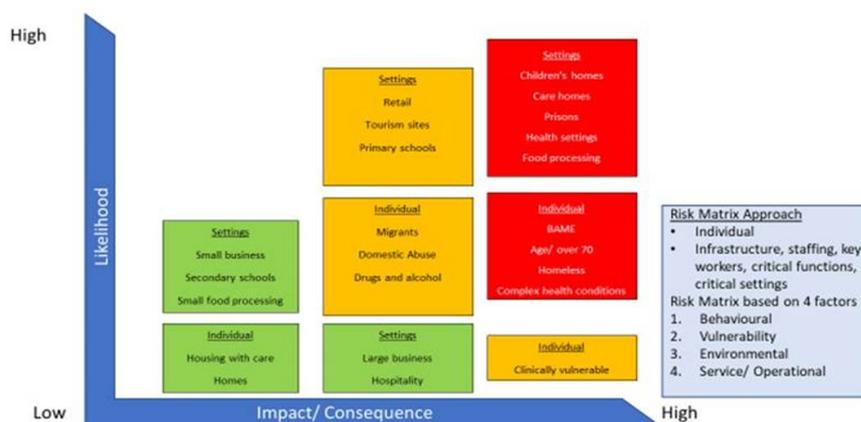


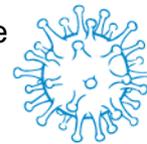
Figure 23: Risk Matrix

### 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 24.

Level description	What is done?	Who delivers this?
<b>Level 1:</b> Community, group or broader population who required additional information and support regarding Covid due to an outbreak, or due to required prevention support.	Communications to all or a sub-section with or without specific need or vulnerability; direct communications to a sub-section, proactive engagement, print material for display, connecting with businesses and groups	Communications teams, web support, all frontline staff (trained in public health messages and the latest guidance on keeping well), disseminated through multiple partners including VCSE, NHS, businesses
<b>Level 2:</b> Those who are CEV, other vulnerable, local outbreaks, and subsection, geography that requires more intense prevention support	In addition to health protection advice, and government guidance, food, medicine, supply and other delivery for those isolating or vulnerable. 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", referral to social prescribing. All those CEV and other vulnerable will be provided for in alignment with the government guidance to local authorities for supporting CEV	CSC, CRT, GP practices, housing associations, voluntary and community sector; grass roots community groups
<b>Level 3:</b> High level need with more specialist intervention;	Social Care, NHS and commissioned services deliver support to those with complex/ high level need (including hospital discharge and care homes), this level also includes specific engagement programme with those who are most vulnerable due to COVID-19, (detailed action plan in Appendix 22)	Social Care, Primary Care, Revs & Bens, Housing, Regulatory Services, Social Prescribing Advisors, Bereavement Support, CRT, Communications

Figure 24: 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.

## **Support for self-isolation and CEV**

Our single point of contact team works with our data lead to identify those CEV and other vulnerable who need additional support. Those who need support are helped to find the right kind of help needed including:

- Access to isolation payments
- Welfare support
- Food, supplies, medicine
- Befriending

There is a wealth of support offered in local areas by our community and voluntary sector, however if a solution is not found in their community, a Community Reassurance Team (CRT) provides support where necessary to those who are shielding, need to self-isolate or for those who need additional assistance. The CRT received training through on health protection and on the many services provided by the Local Authority and partners. This, along with a robust and regularly updated community directory, has enabled the team to easily connect groups and people to the support they need.

Importantly, the local Voluntary and Community Sector and grass roots community organisations have provided support to those who needed additional help through lockdown (and since). The Local Authority aims to continue to support these groups so that they in turn, can carry on this vital work. If there is a local outbreak the CRT will work to support those in the affected area, and where appropriate work with local community groups to support people.

Additionally, all those isolating, CEV or other vulnerable can access support through the single point of contact phone line. This line is hosted by the Shropshire Council Customer Services Centre (CSC). The CSC 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. Additional (to what is already listed) support available includes:

- Bereavement support
- Social Prescribing
- Mental Health support – phone line and online (TogetherAll.com)
- Winter Support Grant/ Welfare support

In addition, the CRT will support local 'pop-up' testing as required through an outbreak. This support includes access to vehicle with necessary equipment (tables, gazebos, toilets etc), as well as support staff.

Please see appendix 21 for a helpful telephone numbers sheet, which was distributed in community settings and 23 for an isolation checklist which is also on the Council website.

# Priority 5: Communications and Engagement

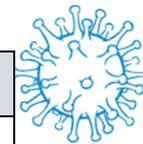
## Communications and Engagement Plan summary

Our Local Outbreak Plan Communication Strategy and Toolkit supports the delivery of the plan and sets out our approach to communicate the plans key messages to all local communities. It also supports appropriate behaviours, particularly linked to non-pharmaceutical interventions e.g. social distancing, in the population. Figure 25 provides a summary of the aims and objectives of the Communications Plan. Figure 27 summarises the approach we will use in our communities. Appendix 25 shows the Crisis Communication Checklist, and the event of an outbreak.

Aims	Objectives
<p>To support, residents, businesses and services to continue to follow government guidelines to help prevent the spread of COVID-19</p> <p>To support residents, businesses and services that we are working with them to protect against transmission of COVID-19</p> <p>To support residents, businesses and services that we are responding to and managing coronavirus outbreaks</p> <p>To support residents to get tested (symptomatic or asymptomatic) and isolate when they present with symptoms</p> <p>To support residents to isolate when asked to by contact tracers</p> <p>To support residents to work with non-pharmaceutical interventions (NPI) including hands – face – space and also more challenging NPIs - voluntary self-isolation, tele-working, limiting the size of gatherings, school closures, and regular cleaning.</p>	<p>To continue to raise awareness of the government guidelines on COVID-19 and what appropriate action to take.</p> <p>To engage with, and work in collaboration with our local communities to help inform our communications</p> <p>To work closely with Elected Members and Town and Parish Councils to reduce the impact of COVID-19 and provide reassurance to communities</p> <p>To demonstrate the work we are doing with our partners and our local communities to mitigate the spread of COVID-19</p> <p>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</p> <p>To recognise that people are motivated by to protect themselves and others by different means of communication and engagement</p> <p>To be transparent, open and honest in our communications to help support and to mitigate alarm, anxiety and hearsay and build trust and confidence with our communities. To provide, appropriate, clear and concise information in a timely manner.</p>
<p><b>Key messages</b></p>	<p>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.</p>

**Figure 25: Summary of the aims and objectives of the Communications Plan.**

In September 2020, as a council we launched ‘**Step Up Shropshire**’ – a local campaign designed to localise the national messaging around COVID-19. A summary of the campaign is provided in figure 26. Many local resources were developed as part of the campaign, which are included in appendix 24.



Step up Shropshire campaign summary	
<b>Multi-channel approach</b>	<ul style="list-style-type: none"> <li>• Traditional – press releases, regular radio slots/interviews, posters/leaflets</li> <li>• Video – Mixture of animation and interviews involving other key stakeholders</li> <li>• Digital – utilising websites and e-zines, GP TV screens</li> <li>• Social media – paid and organic, live Q&amp;As on Facebook and Twitter. Gaining support from local SM influencers</li> <li>• On the ground – CRT drop in/information events, staff, members distributing resources in the community</li> <li>• Local media – encourage key local media to get behind the campaign</li> </ul>
<b>Key stakeholders</b>	<ul style="list-style-type: none"> <li>• Members of the public</li> <li>• Cabinet, Senior leadership team, members and staff</li> <li>• MPs</li> <li>• Local health partners – including medical professionals</li> <li>• parish councils, voluntary sector and community</li> <li>• BAME communities and faith groups</li> <li>• Local Media</li> <li>• Young people aged 18-25</li> <li>• Local influencers</li> <li>• Shropshire Businesses</li> </ul> 
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>• We are not at the point of implementing local restrictions, but we need to do everything we can to limit the spread of the disease and to keep our case rate down, so we do not end up at that point.</li> <li>• We need to break the chain of transmission and we need the public and the local media to really get behind this important campaign.</li> <li>• You may get mild symptoms and recover from coronavirus OK however this is not the cases for all, many are living with this and we do not know all the long-term impacts, but for others catching the virus could be devastating. If you have symptoms, stay at home and get tested. Don't risk passing the virus on.</li> <li>• Myth busting – we do have cases in Shropshire, and it is spreading.</li> <li>• Patterns in Shropshire show that cases are not limited to certain age groups</li> </ul>
<b>Social media statistics</b>	<p>Since the campaign launched in September 2020 have shown:</p> <ul style="list-style-type: none"> <li>• 310 posts</li> <li>• 10.5M people reached</li> <li>• 4.2M impressions</li> <li>• 25k likes</li> </ul>

Figure 26: Step up Shropshire campaign summary

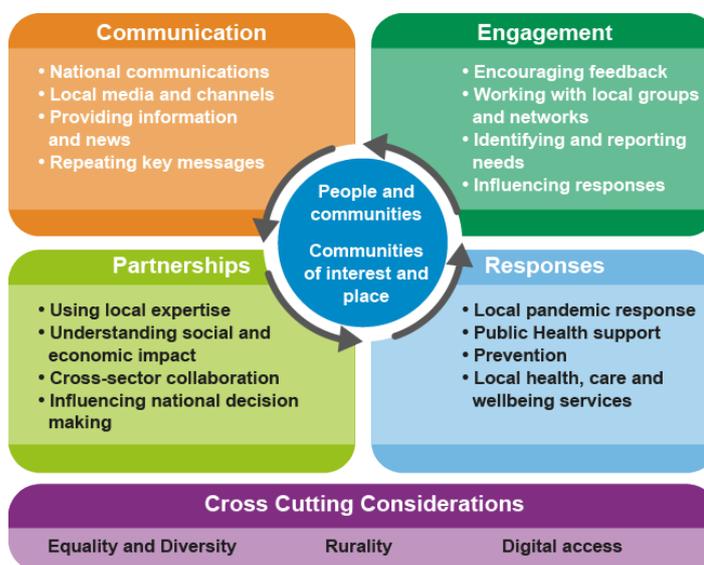


Figure 27: Summary of the approach we will use in our communities

# Priority 6: Testing

Rapid access to high quality testing at scale is vital to containing and controlling the spread of coronavirus. The local approach to testing is described in this plan and outlined in Shropshire's local testing strategy; delivery is through the Testing Cell. The plan describes the arrangements for testing within Shropshire, demonstrating accessibility, convenience, scale and flexibility. The local approach will continue to be updated alongside the Road Map. Figure 28 summarises the outbreak testing offer in Shropshire. Figure 29 describes the locations which are targeted to provide maximum accessibility across the Rural County of Shropshire, targeted to areas of greatest need through local governance. It should also be noted that postal testing is a vital channel in Shropshire with over 40% of tests accessed this way.

Testing is available for individuals with symptoms, for testing contacts without symptoms (asymptomatic) as part of outbreak management and for routine asymptomatic testing.

## **Symptomatic PCR Testing**

Available through two routes pillar 1 and pillar 2.

Pillar 1: Outbreak management, NHS Providers. Through Public Health England (PHE) labs or in Shropshire, through Shropshire Health Community. Swabs are processed in the SaTH lab and the results fed into the national testing portal. Positive cases of COVID are contact traced – see Priority 7.

Pillar 2: wider population, follows Government guidance, booked on line at [www.gov.uk](http://www.gov.uk) or via 119. In Shropshire, Telford and Wrekin is delivered by a Regional Testing Unit (RTU), two Mobile Testing Units (MTUs), Local Testing Sites (LTS) and via Postal Testing Kits. Positive cases of COVID are contact traced – see Priority 7.

## **Lateral Flow Testing**

Around 1 in 3 people with COVID-19 having no symptoms, it's essential that those who have to go out to work are regularly tested with rapid Lateral Flow Tests.

The Lateral Flow Tests are self-administered, with staff on hand to offer guidance, and are a simple swab of the throat and the nose. Test results are available within 30 minutes.

Shropshire Council encourage the following groups to attend one of the county's rapid testing sites:

- Households and support bubbles of school pupils and school staff
- Those people who have to leave home to make an essential journey, such as shopping for essential items, and to attend medical appointments.
- Those who are front line, or who need to work away from the home.

Shropshire Council offer Lateral Flow testing through Community sites, pop up commissioned sites, pharmacies (see figure 26). The Council also support, Extra Care and Supported Living, Support for schools and Early Years and Schools and early years settings

## **Train the team lead**

Shropshire Council has provided a robust training offer to organisations and businesses to improve confidence and competence when delivering the lateral flow testing at a site. Regular testing of staff has a number of benefits for businesses: -

- It allows cases and their close contacts to be identified early, avoiding large outbreaks that are very disruptive to business continuity
- It provides staff with additional confidence that their employer is taking all possible steps to protect them from the virus.
- It allows businesses to demonstrate to the community and their customers that they are playing their part in reducing the spread of infection.

Businesses are provided with equipment, training, a regular supply of LFTs and all the advice they need to establish their own programmes.



	PCR/ LFT	PCR				LFT			
Scheme	At risk Groups	Local Testing Sites	Mobile Units	Outbreak	Surge Testing	Community Testing	Community Testing Comm-ed	Training	Community Collect
Model	Work-place	LTS	MTU	SCHT/SATH	VOC /VOI	Council Led Sites	Pop Up Sites	Training the Team Advice/Support	Community Venues
Aim	Routine testing	ISOLATE	ISOLATE	SEEK	SEEK	ENABLE	SEEK AND ENABLE	SUPPORT/QUALITY	
Key Focus	High risk frontline groups test routinely	Symptomatic individuals Includes, the precautionary symptoms		Asymptomatic individuals as part of an outbreak	Sequenced tests for target areas	Routine testing and local access for community collect		Facilitated training offer to implement national policy and roll out e.g. schools, care homes, business	For key population groups to test at home 2 times a week
Model		Three static sites, North, South and Central	Rotates around the County, need led, over 10 locations identified	Pillar 1 Community and Hospital Lab MTU	MTU Collect and Drop Drop and Collect (TCG and Reg Services	3 static in the North/South/Central (one school) Additional at Theatre(uni) Pharmacy	Mobile 3 pod sites Commissioning of large provider and 12 pharmacy	LFT training sessions run up to 6 times a week by a small team at Theatre Seven for up to 6 staff. Starter kit provided	Using LTS initially then Pop Up Sites and DPH sites, in addition to pharmacies and libraries

Figure 28: Training offer across the County

Appendix 27 provides a grid of COVID-19 testing routes, and appendix 26 a poster advertising testing venues to the public.

Appendix 28 contains a summary of useful links to Government Guidance, and contact numbers for settings seeking initial COVID-19 support and information.

**Future development of the strategy**

- We expect the testing Strategy nationally and locally to continue to evolve to respond to the ongoing situation. For example, as demand and prevalence rates fall or NHSTT has considered how population movements and behaviours may change around specific events, observances and celebrations over the next 12 months. The analysis on these events provides a high-level view on who may be affected by these events, and the impact these events may have on testing demand or prevalence, either within communities or across the country. The Annexe can be seen in appendix 29
- However, it is expected current testing channels will remain in place until the end of June 2021



Figure 29: Location of testing sites across the County - 10<sup>th</sup> March 2021

# Priority 7: Contact Tracing

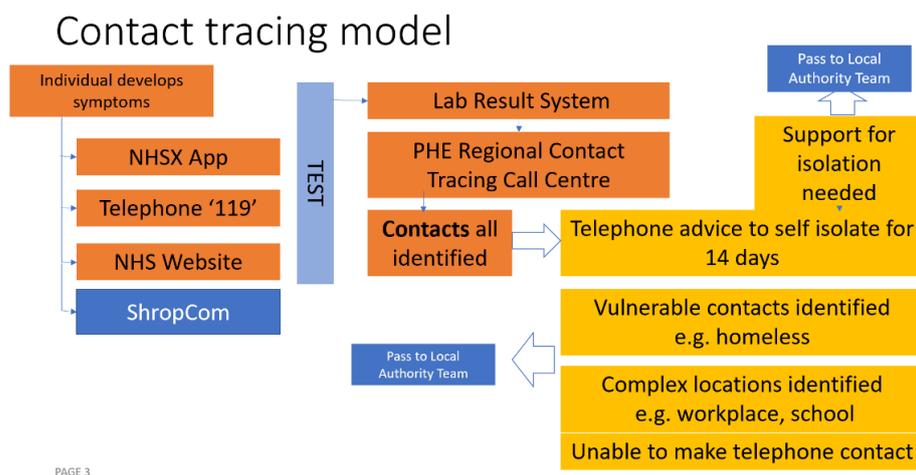
Self-isolation is an important intervention in the Covid-19 contain strategy. In order for Shropshire residents to know they are legally required to self-isolate it is important that they are advised via the contact tracing partnership.

## Contact Tracing Partnership

Self-isolation is key to containing the transmission of Covid-19. If an individual tests positive the aim is to rapidly protect the person and their contacts. It is important to 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 48 hours of illness. The key to this is timeliness and rapid self-isolation of contacts.

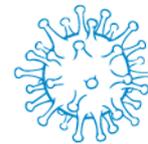
We work jointly with NHS Test and Trace and Public Health England to ensure that any linked cases (in community, workplace, schools, residential homes, faith venues etc.) are rapidly identified and that this is sufficiently quick to contain outbreaks. Shropshire residents who are cases of Covid-19 will be contacted by email and/or phone. If they are not reachable by phone they will be contacted by letter. Contacts of cases will be contacted either by phone or by email, by text or via the NHS COVID-19 App.

Shropshire Covid Cell and partners use both backward and forward contact tracing to manage both self-isolation and outbreaks (See Priority 3) From Power BI Situational Awareness Data , backward contact tracing is undertaken based on common exposure data; forward contact tracing is undertaken based on postcode coincidences. In Shropshire the data is transferred to a local line list for further interrogation, analysis and comparison based on local knowledge.



**Figure 30: Contact Tracing Model (N.B to be updated to read 10 days)**

The contract tracing model (figure 30) outlines the process. The NHS Track and Trace team will complete all non-complex contact tracing. Those cases and 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.



National advice on self-isolation and return to work is provided by government <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

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>

### **Enhanced Contact Tracing**

When a variant of concern (VOC) is identified enhanced local contact tracing will be implemented. Enhanced contact tracing enables Shropshire Council to work swiftly to identify and support isolation of any person who has been in contact with a variant of concern.

### **Self-isolation**

Residents who are legally required to self-isolate need support. Strong public communication and engagement at both national and local level are in place to make sure that people understand the importance of self-isolation. In Shropshire we have worked extensively with our vulnerable populations to understand and tackle any obstacles to self-isolation including the need to bring in an income, access to food and medicine.

For those that do require support with income, access to food and medicine, the Customer Services Team who act as contact tracers also review the needs of individuals and refer on to the Community Resilience team for practical support (food and medicine) and to the Revenue and Benefits Team for financial support. Details of practical and financial support are on the Shropshire Council website <https://shropshire.gov.uk/coronavirus/information-for-the-public/> Emotional support is very important for people who need to self-isolate. Shropshire council have produced an extensive suite of Covid-19 resources for individuals to benefit from emotional support.

<https://shropshire.gov.uk/coronavirus/information-for-the-public/mental-health-and-wellbeing/>

Shropshire Council also has other wellbeing resources that residents can access <https://shropshire.gov.uk/shropshire-choices/i-need-help/care-and-support-for-different-conditions/mental-health-and-wellbeing/>

### **Self-Isolation and employers**

Support for employers is integral to the local outbreak management plan in Shropshire. All employers with cases and outbreaks are in contact with the regulatory service arm of the Covid-19 cell. For those who have trouble supporting production during an outbreak the team set up an action plan. Where appropriate referral is made to the Health Safety Agency. In extreme circumstances where employers aren't supporting workers to comply with the legal requirement to self-isolate regulatory action is taken.

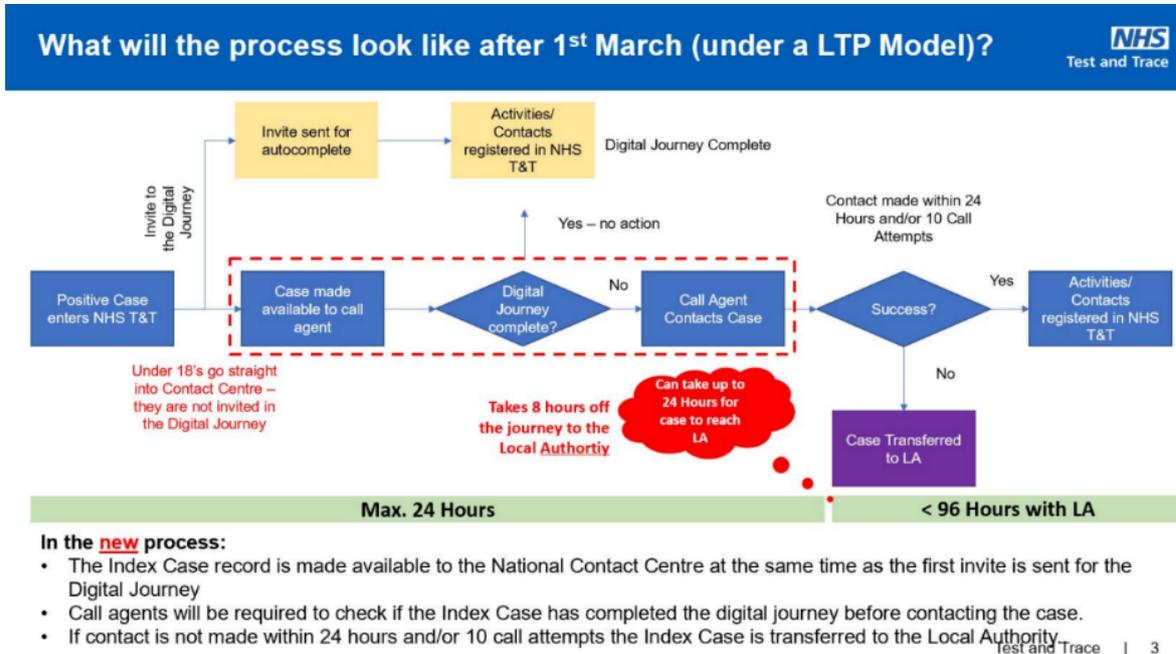
National advice on self-isolation and return to work is provided by government <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

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>



## New Contact Tracing Model

A new trace model is now available to Local Authorities who want to have access to local Contact Tracing data from the national system quicker. This is shown in Figure 31 below.



**Figure 31: New Trace Model**

The national approach to contact tracing is rapidly developing. Shropshire is open to working with partners to implement Local O and OIRR. All changes are considered in the context of the population of Shropshire and within available resources.

# Priority 8: Vaccines

## Local Implementation of the National COVID Vaccine Delivery Plan

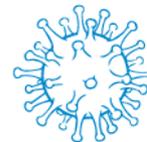
The COVID-19 vaccine is the best way to protect communities from coronavirus, limiting the incidence of serious illness and reducing COVID related mortality. Local plans to promote vaccine uptake across all population groups are being taken forward in the context of the national vaccine delivery plan [UK COVID-19 vaccines delivery plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan) and in light of the guidance and recommendations included in the 'green book' COVID-19: the green book, chapter 14a - GOV.UK ([www.gov.uk](https://www.gov.uk/government/publications/covid-19-the-green-book))

Within Shropshire Telford and Wrekin (STW), the service delivery model for the COVID Vaccination Programme (CVP) includes four pillars (i) Mass Vaccination Centres (MVC), (ii) Hospital Hubs (HH), (iii) Primary Care Network (PCN) Local Vaccination Sites (LVS) and (iv) Community Pharmacies (CP). Public Health and wider council departments have been actively supporting the NHS in delivering phase 1 of the of the CVP in advance of inception of delivery which started on December 8<sup>th</sup>, 2020. Figure 32 shows current vaccination sites in Shropshire County.



Figure 32: Vaccination sites in Shropshire County

Phase 1 of the CVP is due to be completed by May 2021 and has included delivery of the first dose of a two-dose vaccination schedule to nine population cohorts as recommended by the Joint Committee for Vaccination and Immunisation (JCVI). [Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination, 30 December 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination). These groups can be seen in Figure 33 below.



Priority	Risk group
1	Residents in a care home for older adults and staff working in care homes for older adults
2	All those 80 years of age and over and frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over and <u>clinically extremely vulnerable</u> individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (see clinical conditions below) <sup>[footnote 1]</sup>
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
10	Rest of the population (to be determined)

Figure 33: Priority groups for vaccination

## Reducing vaccination inequalities

The key objective of the STW ‘Reducing Inequalities in COVID Vaccination Strategy’ (RICVS) being developed by the sub-group is to promote equitable vaccination uptake through reducing vaccine hesitancy and improving the likelihood of uptake through close partnership working with NHS colleagues and other partner agencies, and critically through the active engagement of communities and their advocates. Figure 34 shows Joint work across STW to respond to inequalities and vaccine hesitancy.

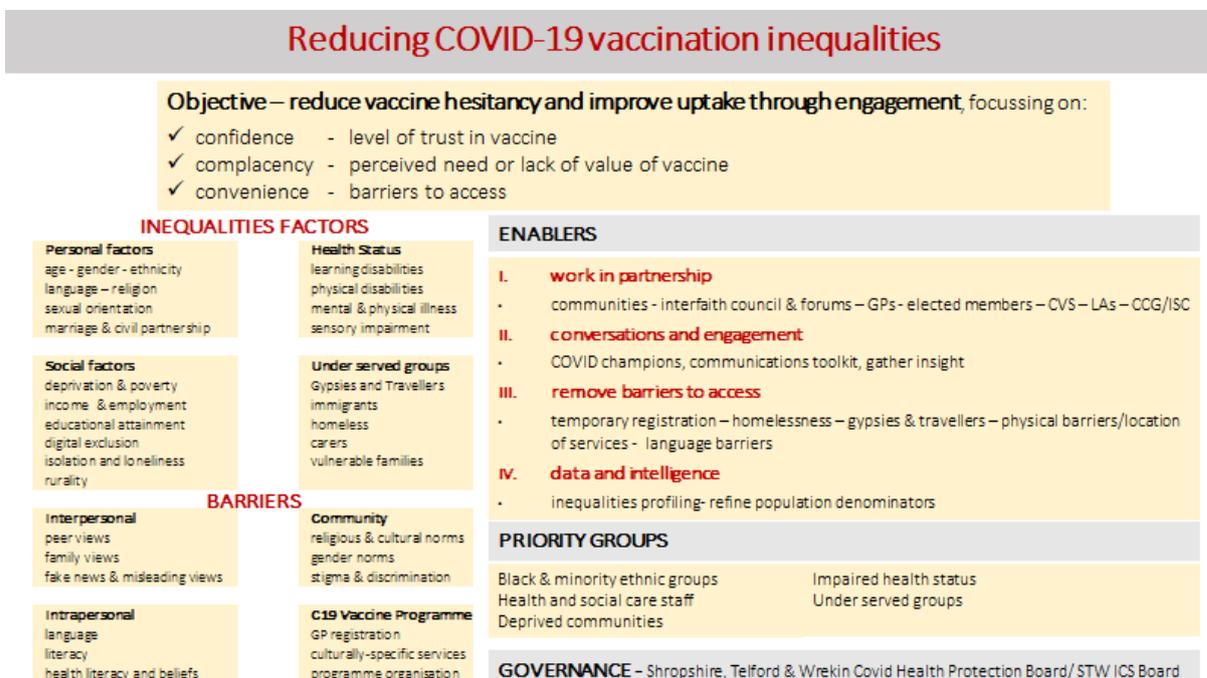


Figure 34: Joint work across STW to respond to inequalities and vaccine hesitancy

Appendix 29a provides greater detail about Local Implementation of the National COVID Vaccine Delivery Plan.

# Priority 9: Resourcing

Shropshire will protect residents by delivering its Local Outbreak Management Plan and responding to the challenges and opportunities as our communities and workforce, live with COVID. The resources required to do this are mapped out below and include both people and service resource. The response requires a “core” response to maintain resilience, resource and monitoring to implement the “day to day” response, which is then “surged” during escalation. This aligns with the Alert Levels in figure 9 and the priorities within this report. This works alongside the emergency response of Shropshire Council, its Partners and communities and the living with COVID plan outlined in *appendix 37*.

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. In this section of the plan we have set out the resources that will be in place to achieve the aim and objectives to **Protect the health** of the people of Shropshire; **Assure** the public and stakeholders; and to **Enable** social and economic activity and recovery across the County. At the time of writing the developing ‘Living with Covid’ has been used to inform the resources to enable social and economic activity recovery.

## Funding

The Government has made funding streams available to LAs in England to develop and deliver their LOMPs. The amount awarded to Shropshire is £1,126,797 in the LA Test & Trace Service Support Grant to develop and implement the Outbreak and Control Plan. This money has been used to support the council and stakeholders across the response model. Additionally, £ 2,585,088 was given in the Contain Outbreak Management Fund (COMF) in December 2020, followed by additional payments during national lockdown.

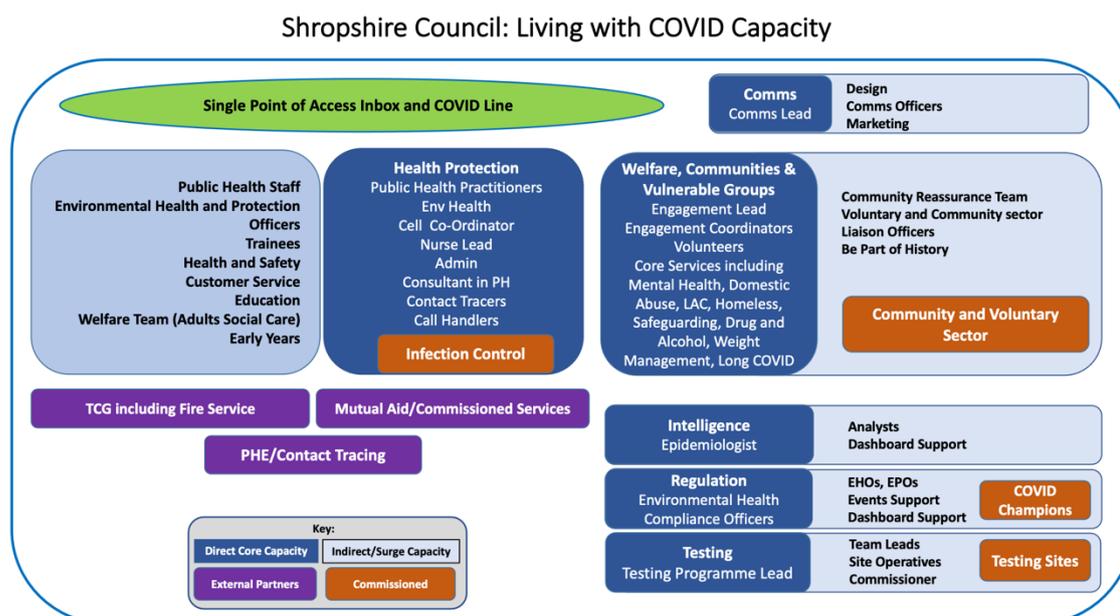
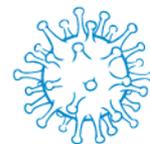


Figure 35: Shropshire Council: Living with COVID capacity



Test and Trace funding has been used to fund the work of the health protection responses, including the health protection cell (see figure 36) and management of outbreaks. This includes a core team of Consultants, Environmental Health Officers, Public Health Nurses, Practitioners and support staff. Additional COMF funding from November 2020 has been used to fund the ongoing response to COVID and the impacts of living with COVID. The funding is aligned to the Outbreak and Control Plan and now the Local Outbreak Management Plan, in addition to the Councils “Green Fields” Strategy, Living with COVID.

Ensuring that there is sufficient capacity to deliver timely interventions, support and analysis has been a crucial part of the pandemic response. The DPH has oversight of these funding streams and ensures that the funding is utilised to ensure that Local Outbreak Plan Priorities can be delivered. This funding will also be used, as far as it lasts, to ensure that health protection work focusing on Living with Covid continues into 2022 and beyond. Planning from April 2021 (figure 36) shows that a core team of resources including staff and commissioned services will be funded, in addition to surge capacity and resources at peak periods and for the impacts of COVID as lockdown measures are eased; from experience we know it is only after the easing of restrictions, that the true impact can be measured. We anticipate this will continue for many months and years and are planning for this now. Appendix 36 provides more detail of planned areas of spend during 2021 and 2022 from the COMF for both staffing and resources, this will continue to evolve over time.

Shropshire Council: Health Protection Cell – June 2021

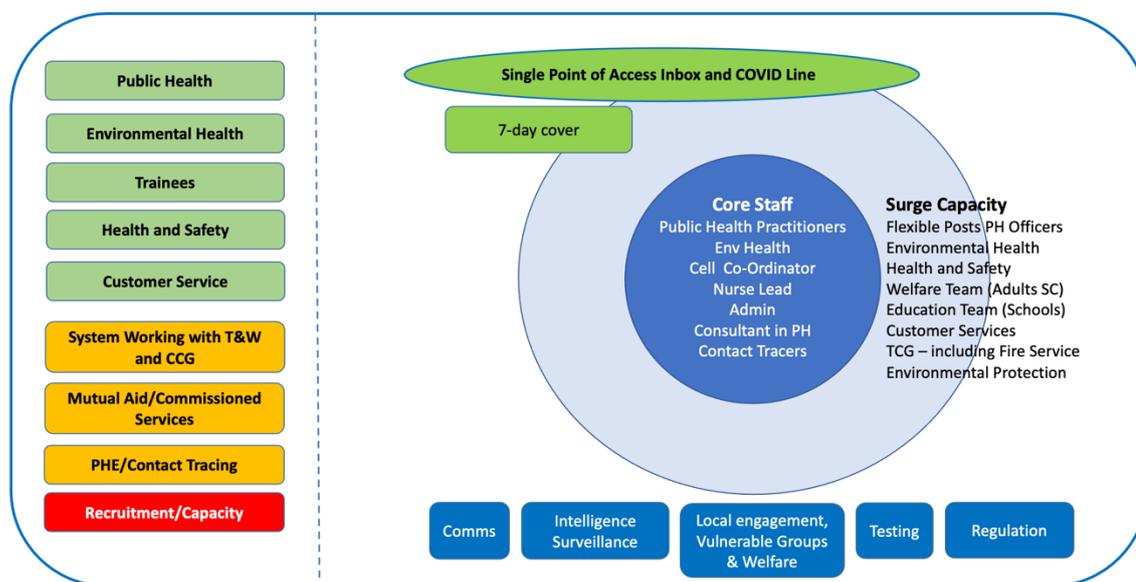


Figure 36: Shropshire Health Protection Cell June 2021

The Health Protection Cell has performed the key function of providing health protection advice and managing clusters and outbreaks throughout the pandemic. It is proposed to keep the Health Protection Cell in place up to June 2021, and to review at that point in time. The resources associated with the Cell are presented in Figure 36. And show the core staff required until June 2022 with surge capacity. Additional information on resource allocation is provided in Appendix 37.

# Priority 10 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.

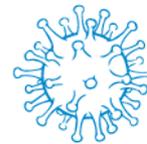
Shropshire Council's Better Regulation and Enforcement Policy sets out the range of options that are available to achieve compliance with all legislation it enforces. The Council recognises that prevention is better than enforcement, but, that under certain circumstances, formal enforcement action will 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 with businesses and how engagement will work in practice.

The specific pieces of legislation include:

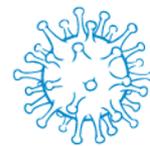
- Public Health (Control of Disease) Act 1984
- Health and Safety at Work etc. Act 1974
- Coronavirus Act 2020

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 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.



Please see appendix 36, [Multi-Agency Guidance: When a person/group is not following the Coronavirus Guidelines on social distancing or self-isolating](#). 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 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.

Documents relating to this section can be found in: Appendix 10: Events – Local Authority powers under regulation; Appendix 11: Template for recording decision to issue a direction; Appendix 12: West Mercia Police Schedule 3 intervention; Appendix 16: Standard Operating Procedure (SOP) and Proactive approach to Event Safety and Appendix 17: Events flow chart.



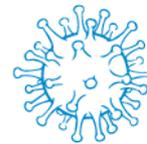
# What are the Challenges and how will we address these?

A full risk assessment is owned and led by the Director of Public Health and managed through the Place Management weekly meeting. COVID Health Protection Cell, with actions reviewed weekly and cascaded as appropriate.

A summary of risks/benefits and assumptions associated with each theme, is provided in Figure 37 below; a full list with mitigations is provided in Appendix 32.

Priority	Risk/Benefit	Assumptions
<b>1. Governance</b>	Changes in government guidance Number of new government initiatives requiring local response Co-ordination of strategy nationally e.g testing Quality/impact of decisions nationally and regionally on local governance and decision making National agencies responsibility interacting with local e.g. Boarder agencies	There will be no return to lockdown Shropshire will continue to be responsible for health protection assurance and delivery moving forward.
<b>2. Surveillance</b>	National data available at case and setting level enables local analysis and interpretation based on local knowledge Data to be in line with Data Protection regulations	Data on cases, testing and contact tracing will continue to be collected and collated nationally and disseminated to local level
<b>3. COVID Defences: Health Protection Response including High Risk Settings</b>	Covid transmission Variants of Concern	Shropshire will continue to require local systems to manage Covid transmission.
<b>4. Vulnerable and Hard to Reach Communities</b>	Enduring transmission in vulnerable and hard to reach communities	Shropshire will continue to require local systems to manage enduring transmission and to support those in communities at greatest risk of enduring transmission
<b>5. Communications and engagement</b>	Behaviour response, communications	Ongoing resources available Behaviour of some sectors of the population continues to be challenging
<b>6. Testing</b>	Surge testing to continue Lack of national testing strategy Analysis of local geographical distribution of cases to support accessibility of testing centres	Until June, ease testing, Covid resurgence in Autumn
<b>7. Contact tracing</b>	Contact tracing to continue Local contact tracing in partnership with national to enable effective backward and forward contact tracing	Maintaining contact tracing capacity and enhanced contact tracing capacity and ability to track non-compliance Support for isolation
<b>8. Vaccines</b>	Vaccine interface between Shropshire Local Authority and NHS partners Inequalities in vaccine uptake within population groups	Rolling vaccine programme Local Public Health responsibility around inequalities in vaccine uptake
<b>9. Resourcing</b>	Clarity of roles organisation and individuals Workforce, Expertise drawing on same, exhaustion Pressure and timescales from centre	Ongoing resources available; people with appropriate skills; financial resources.
<b>10. COVID Security: Regulation including local lockdown plans, living with COVID</b>	Covid secure - non-compliance in businesses and individuals	Shropshire Council role in Covid security to continue in workplaces, settings, groups and individuals

Figure 37: Summary of Risks with each theme



# Lessons learnt

## Partnership working

Partnership is key to successful containment of Covid-19. Vertically, partnership between national organisations such as DHSC and PHE are important, particularly for effective leadership, surveillance, testing and contact tracing. Horizontally, partnerships between health, local authority and third sector is vital. Partnership working is best facilitated through regular meetings and enhanced through additional partnership meetings as needed.

There have been in excess of 200 Covid-19 outbreaks in Shropshire across all sectors since March 11<sup>th</sup>, 2020. Outbreaks have been primarily in care homes, education establishments and workplaces. These settings have strong links with Shropshire Council, and we have built on these links to manage the outbreaks. Other settings that have had outbreaks in Shropshire include military bases, hospitals and places of detention. There is an overlap between these settings and the community. For this reason, having good relations with institutions where Shropshire Council does not have direct responsibility for outbreak management has been and remains vitally important.

Since December 2020 vaccination has been rolled out across Shropshire. The resources for vaccine delivery are partnership resources, health, local authority and third sector. The outcome has been that resources have been shared across both outbreak management and the vaccination programme. The demand on resources has been high. It has been vitally important to talk with partners about the challenges that we are both facing and it has been particularly important to recognise that a joint approach to prioritisation has produced the best outcomes for residents of Shropshire.

The COVID-19 Outbreak Response Debrief Questionnaire will be used to help inform future ways of working, and to confirm what has worked well

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

Appendix 33: STW LA Outbreak Risk Management Process

Appendix 34: Activation of Plan/Lessons Learned – Outbreaks

Appendix 35: Incident/Outbreak form

Appendix 36: Multi-Agency Guidance: When a person/group is not following the Coronavirus Guidelines on social distancing or self isolating

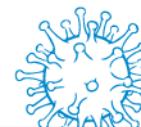


# Making it Happen – The Action Plan

Priority	Officer responsible	Action	Timescale
<b>Priority 1</b> 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 prevention, control and containment based on government guidance. Continued communication with central government. Devolved expectations include incident and outbreak management, testing, contact tracing, vaccination and care of vulnerable members of our community. The national ask includes supporting structures and data sources, also testing and contact tracing partnership. Continued communication with central government through established routes. Political & public involvement to be clarified	On going On going On going
<b>Priority 2</b> Surveillance	DPH/PHE Intel Team PHE/Joint Bio Security PHE, LA	Maintain Shropshire Covid-19 reporting system including population level surveillance, testing (asymptomatic and symptomatic), contact tracing outbreak reporting and contact tracing Collaborating with national colleagues to maintain data on containment through contact tracing and enhanced contact tracing Develop Shropshire KPIs interfaced with national KPIs	On Going Apr 2021 May 2021
<b>Priority 3</b> Covid defences: Health Protection response incl. high risk settings	LA/PHE	Provide on-going health protection support to via the Health Protection cell and partners to all settings with a specific focus on vulnerable settings Risk assessments and SOPs in place for all settings under LA support and under regular review with national government	On going
<b>Priority 4</b> Vulnerable & Hard to Reach communities	LA	Maintain CRT function and review responsibilities to include community engagement and support for self-isolation. Support plans to ensure services serve vulnerable communities	On going
<b>Priority 5</b> Communication & Engagement	PHE/LA	Maintain, deliver and update a robust communications and engagement plan	On going

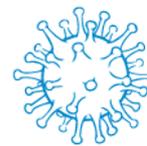


Priority	Officer responsible	Action	Timescale
<b>Priority 6</b> Testing	DHSC/ LA/NHS	<p><u>Asymptomatic testing</u> Maintain partnership with DHSC to support on-going roll out of asymptomatic testing including Community Collect. Meet deadlines for on-going roll out of asymptomatic testing</p> <p><u>Symptomatic testing</u> Monitor requirements for testing capacity, MTU and LTS and make strategic decisions on the requirements for localised testing based on needs assessment</p>	<p>On going On going</p> <p>Weekly</p>
<b>Priority 7</b> Contact Tracing	PHE/CTAS LA	<p>Maintain contact tracing partnership and procedures locally Maintain enhanced contact tracing partnership and procedures locally Maintain Hitachi Track and Trace System</p>	<p>On going Mar-2021 On-going</p>
<b>Priority 8</b> Vaccines	NHS/ LA	<p>With national colleagues undertake surveillance of Shropshire vaccine uptake Support Phase 1 of the CVP particularly vaccine booking Support Phase 2 of the CVP particularly vaccine booking Support communications and engagement particularly with vulnerable groups</p>	<p>On going To May 2021 To July 2021 To July 2021</p>
<b>Priority 9</b> Resourcing	DHSC/LA	<p>Put in place detailed resource requirements Monitor financial spending of COMF including commissioned services</p>	<p>Mar 2021 On going</p>
<b>Priority 10</b> Covid security. Regulation incl. local lockdown plans. Living with Covid	Convener SoS LA	<p>Continued communication with central government through established routes. Maintain local regulatory systems to enact government COVID guidance.</p>	<p>On going</p>



# Key Performance Indicators

Key Performance indicators	Function	KPI	Measure	Reporting interval
	<b>Surveillance</b>		7-day infection rate	Weekly
			SAR exceedance	Weekly
			Outbreaks (cumulative numbers/ week)	Weekly
			Cases (trend positive in 7 days)	Weekly
	<b>Health Protection (Containment)</b>		Numbers of health protection incidents managed within 24 hours/ Numbers of health protection incidents referred	Weekly
			Number of new and updated pieces of COVID guidance circulated/ week	Weekly
			Numbers of IMTs (in 7 days)	Weekly
	<b>Vulnerable and hard to reach</b>		Number of newly shielded CEV calls (as a proportion of all newly shielded)	Weekly
			Number of welfare support calls (in 7 days)	Weekly
	<b>Testing</b> In line with National Testing Site SOP		Symptomatic - positivity rate	Weekly
			7-day moving average per 100,000	Weekly
			Asymptomatic - Tests at LA LFTs (in 7 days)	Weekly
	<b>Contact tracing</b>		Number of cases and close contacts linked to newly identified COVID-19 outbreaks managed by Shropshire HP cell	Weekly
			Number of outbreaks where a venue customer log was used by Shropshire HP Cell	Weekly
	<b>Vaccines</b>		Vaccine uptake - Shropshire	Weekly
			Vaccine uptake in BAME community (%)	Weekly
	<b>Regulation</b>		Number of Covid secure / business visits (7 days)	Weekly
			Number of LA enforcement actions	Weekly
			Number of police enforcement actions	Weekly
	<b>Communications / Behaviour Change</b>			



# 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 Management Plan

*Prevent, Contain and Live with COVID*

March 2021



Produced in partnership with:

