

Health and Wellbeing Board

23 June 2020

Covid-19: Local Outbreak Engagement Board

1. Purpose

- 1.1 To inform the Health and Wellbeing Board of the expectation for every area in England to produce a Local Outbreak Plan and to create a member led Local Outbreak Engagement Board to provide political ownership and public-facing engagement and communications for outbreak response.
- 1.2 To advise that it is appropriate for the Health and Wellbeing Board to be act as the Local Outbreak Engagement Board and propose that the Board establish a sub-committee to act in that capacity in order to provide a focused, flexible and responsive forum for this work.

2. Recommendations

- 2.1 That the Cabinet report setting out arrangements for the Walsall Local Outbreak Plan Governance and Delivery arrangements, attached at **Appendix A**, be noted.
- 2.2 That the Local Outbreak Plan attached at **Appendix B** be noted.
- 2.2. That a sub-committee of the Health and Wellbeing Board be established to act as the Local Outbreak Engagement Board with the remit as set out in **Appendix C**.

3. Report detail

- 3.1 A report was submitted to the Council's Cabinet meeting on 17 June 2020 setting out the proposed arrangements for the Walsall Local Outbreak Plan governance and delivery arrangements as required by the Government as part of its national strategy to reduce infection from COVID-19.

A copy of the report is attached at **Appendix A** of this report

- 3.2 The remit of the Health Protection Forum has been amended to enable it to have formal oversight of identification of actions. The Outbreak Plan itself was submitted to the Health Protection Forum on 16 June. The forum will act as a conduit to the Health and Wellbeing Board providing assurance of local plans in relation to outbreaks.

A copy of the plan is attached at **Appendix B** of this report.

- 3.3 The Government expects that every area in England will produce a Local Outbreak Plan and create a member led Local Outbreak Engagement Board to provide political ownership and public-facing engagement and communications for outbreak response.
- 3.4 The current remit of the Health and Wellbeing Board provides for the Board to “Improve accountability of social and healthcare to the public; through strong oversight, ensure that agencies deliver better health and wellbeing for children and adults in Walsall; and eliminate duplication of resources by working together effectively and efficiently”.
- 3.4 It is appropriate therefore for the Board to act as the Local Outbreak Engagement Board, however it is proposed that it would be more practical for the Board to establish a sub-committee to act in this capacity so that it can be focused and flexible in its work, membership and ability to meet as regularly as necessary.

Terms of Reference for the proposed sub-committee is attached at **Appendix C** of this report.

4. Implications for Joint Working arrangements:

- 4.1 The proposed governance arrangements seek to ensure that there is multiagency and democratic oversight of the management of outbreaks.

Financial implications:

- 4.2 There are no financial considerations arising from this report.

Legal implications:

- 4.3 The sub-committee will be subject to the various statutory legal requirements within which local authority meetings operate including the requirement for meetings to be open to public view, unless there are matters of a confidential nature which are specified in the Local Government (Access to Information Act) 1985.
- 4.4 The sub-committee will have oversight, assurance and engagement responsibilities but does not have decision-making powers. Governance arrangements in this respect are set out in the attached Cabinet report.
- 4.5 Members of the sub-committee will be required to comply with the Memorandum of Understanding, Codes of Conduct and Declarations of Interest which the Health and Wellbeing Board is subject to and is set out on the agenda for the meeting.

5. Health and Wellbeing Priorities:

The Health and Wellbeing implications are set out in the attached Cabinet report. One of the overarching aims the Walsall Plan: Our Joint Health and Wellbeing Strategy is to make sure that all partner organisations in Walsall are working together on the same issues so that opportunities to improve the health and wellbeing of the people in Walsall are maximised.

Background papers: None

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Cabinet – 17 June 2020

Walsall's Local Outbreak Plan Governance and Delivery Arrangements

Portfolio: Councillor Stephen Craddock, Health & Wellbeing

Related portfolios: N/A

Service: Public Health

Wards: All

Key decision: No

Forward plan: Yes

1. Aim

To set out proposed arrangements for the Walsall Local Outbreak Plan Governance and Delivery Arrangements. These will be developed further as the service develops in light of national guidance.

2. Summary

- 2.1 On 22 May 2020, Government announced that, as part of its national strategy to reduce infection from COVID-19 it would expect every area in England to create a local Outbreak Plan.
- 2.2 Government expects that by the end of June that local plans, led by the Director of Public Health (DPH), will be produced.
- 2.3 Government requires that a "Local Outbreak Engagement Board" be established to provide political ownership and public-facing engagement and communications for outbreak response. It is proposed that the Health and Wellbeing Board (or sub-committee) act as the "Local Outbreak Engagement Board" and revised Health protection Forum act as the local operational oversight and is responsible for the production of the Outbreak Plan.
- 2.4 Final outbreak plan that covers the seven themes as set out in the national announcement expected to be completed by the end of June, with ongoing development and refinement through the Health Protection Forum.

3. Recommendations

- 3.1 That Cabinet notes the proposed arrangements for the Walsall Local Outbreak Plan Governance and Delivery methods as set out in the report and Appendix 2.

- 3.2 That Cabinet notes that the Health and Wellbeing Board would act as the “Local Outbreak Engagement Board” and that a revised Health Protection Forum (Appendix 1) has formal oversight of identification of actions to both prevent and manage outbreaks that will require continual and agile updating in light of further guidance and or national and local developments.
- 3.3 That authority for spend of the proposed national funding be delegated to the Director of Public Health, in consultation with the Portfolio Holder for Public Health and the Leader of the Council following consideration by Gold Command emergency planning forum and the Health Protection Forum.

4. Report detail - know

Context

- 4.1 On 22nd May 2020, Government announced that, as part of its national strategy to reduce infection from COVID-19 it would expect every area in England to create a local Outbreak Plan.
- 4.2 Government expects that by the end of June, local plans, led by the Director of Public Health (DPH), will be produced. Officer level structures and Member level governance structures will need to be defined and implemented. The aim of the plans should be specifically to prevent and manage local outbreaks of infection.
- 4.3 The announcement states:

“Building on the foundation of the statutory role of Directors of Public Health at the upper tier local authority level, and working with Public Health England’s local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public’s health. Local Directors of Public Health will be responsible for defining these measures and producing the plans, working through Covid-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.

Cross-party and cross-sector working will be strongly encouraged, and all tiers of Government will be engaged in a joint endeavour to contain the virus, including Local Resilience Forums, NHS Integrated Care Systems and Mayoral Combined Authorities. In two-tier areas, District Councils will be fully involved, particularly given their responsibilities for environmental health. Councils are free to work at wider geographic levels if they so choose.”
- 4.4 These plans build on the Health Protection functions outlined in the Government Guidance *Health Protection in Local Government* that puts important health protection roles at both upper tier local authorities and in Public Health England. To that extent, the Council’s health protection arrangements already exist, including a multi-agency Health Protection Forum chaired by the DPH. However, specific arrangements for addressing COVID-19 outbreaks will need to be stood up against that context of partnership working.

- 4.5 The plans will also require clear links into delivery and deployment of actions to be taken across all Walsall agencies, including local authority, NHS and Police powers and capabilities. This provides a clear need to link strongly to the Strategic Co-ordinating Group of the Local Resilience Forum.
- 4.6 Initial discussions at Officer level have taken place and will continue at pace over the next weeks to develop arrangements to enable an officer led COVID-19 Outbreak Board to be put in place.

The announcement by Government determines three sets of functions at local level:

Set of functions	Governance	Identification and Determination of Actions Needed	Deployment of Multi-Agency Capabilities
Proposed Forum	Health and Wellbeing Board (or sub-Forum) to act as “Local Outbreak Engagement Board” and oversee the implementation of the outbreak plan	<i>Revised Health Protection Committee</i>	<i>Strategic Coordinating Group</i>
Proposed functions	A member-led Outbreak Oversight / Engagement Board which will provide assurance and governance functions	<p>The identification of actions to both prevent and manage outbreaks. The production of the Outbreak Plan and its continual and agile updating</p> <p><i>It is proposed an Officer Board is constituted both under the Health Protection in Local Government guidance and as a Cell of the SCG to enable integration into existing arrangements</i></p>	While agencies on the Board will have their own capabilities it is likely much more will be needed and the capabilities of the SCG will be crucial here

- 4.7 Arrangements are being developed in more detail with final plans required by the end of June. Multi-agency officer discussions have been convened to assist in their development.

- 4.8 As part of these plans it is proposed that the Health and Wellbeing Board (or a sub-group of the board to be agreed at its next meeting in June) act as the Member Led Board to provide political ownership and public-facing engagement and communication for outbreak response. To this end the Health and Wellbeing Board is being consulted on the best approach to achieve this aim.

Development of the Outbreak Plan

- 4.9 The government announcement of 22 May 2020 sets out seven themes for the Outbreak Plans. These are mostly in planning and response to Outbreaks. Government also recognised however in its advice to Directors of Public Health on 22 May that plans for prevention of Outbreaks need to be set in the context of existing, as well as new, responsibilities.
- 4.10 Taking this into account and combining with the Government's seven themes means that the Plan will need to have the following priorities:

Theme	Broad Actions
1. Care homes and schools (planning for local outbreaks in care homes and schools)	Ensuring appropriate measures are in place to prevent the spread of infection (eg social distancing, hygiene, PPE, enhanced cleaning etc) across all settings with specific focus on higher risk settings
2. High risk places, locations and communities (identifying and planning how to manage high risk places, locations and communities of interest)	Settings, places and communities which would be problematic if outbreaks were to occur (Examples range from prisons to retirement homes, migrants, large gatherings, transport hubs and homeless people)
3. Local testing capacity (identifying methods for local testing to ensure a swift response that is accessible to the entire population)	The ability to direct local testing capacity to prevent and manage outbreaks
4. Contact tracing in complex settings (assessing local and regional contact tracing capability in complex setting)	The local role in the national contact tracing system
5. Data integration (integrating national and local data and scenario planning)	The ability to integrate data flows from national and local for functions ranging from contact tracing and self-isolation to proactively identifying outbreaks in development and provide dynamic early warning with an interface to the national Biosecurity cell
6. Vulnerable people (supporting vulnerable people to get help to self-isolate)	Ensuring prevention of infection from reaching vulnerable people and extension of shielding support to those self-isolating

7. Local Boards (establishing local governance structures in conjunction with the local NHS and supported by existing Gold Command forums)	Governance, Oversight and Assurance on operational and strategic direction with arrangements for deployment and delivery of actions and capabilities.
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- 4.11 The plan will be supported by a communications and engagement plan to work with and engage local communities to ensure further localised outbreaks are mitigated and stopped quickly.

Council Corporate Plan priorities

- 4.12 This is a unique situation with the potential to affect all age groups and across all denominations and cultures. As such, the measures taken and the processes in place crosscut all aspects of the Council's Corporate Plan priorities.

Risk management

- 4.13 In the development of the outbreak management plan, appropriate measures have been taken to ensure the plan has the ability to respond to the ongoing pandemic to meet its aim. Regular review of risks and appropriate responses to those will be overseen through the proposed governance structure to minimise the risk to the local community and to safeguard vulnerable residents.

Financial implications

- 4.14 In the announcement on the 22 May, £300m in national government funding will be provided to local authorities in England to fund the implementation of local outbreak management plans. The Local authority has received a confirmed allocation of £1,650,559.

Legal implications

- 4.15 In the further development and implementation of the Outbreak Management Plan, further legal powers may be developed and or devolved from central government to each upper tier local authority. Central government would follow due process for this and engage appropriately, in which the authority would follow.
- 4.16 The Leader of the Council and the Cabinet will have overall oversight of the plan through the current structures as set out in Appendix 2 Governance of the Outbreak Management Plan
- 4.17 The current remit of the Health and Wellbeing Board provides for the Board to Improve accountability of social and healthcare to the public; through strong oversight, ensure that agencies deliver better health and wellbeing for children and adults in Walsall; and eliminate duplication of resources by working together effectively and efficiently. The Health and Wellbeing Board is not subject to political balance requirements.
- 4.18 The Revised Health Protection Forum facilitates a co-ordinated strategic approach to health protection issues in Walsall, act as conduit to the Health and

Wellbeing Board providing assurance of local plans in relation to outbreaks and provide operational oversight and delivery in relation to outbreaks of SARS CoV 2.

Procurement Implications/Social Value

- 4.19 It is not anticipated any large procurements in the mobilisation of the outbreak management plan will be needed.

Property implications

- 4.20 It is not anticipated any large property implications in the mobilisation of the outbreak management plan will be needed.

Health and wellbeing implications

- 4.21 The key aim of the outbreak management plans will be control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives. In doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

Staffing implications

- 4.22 To fully implement the Outbreak Management Plan, staff from the authority and / or partners would need to be deployed and trained. Current Pay Policy Statement 2020-2021 on flexible working and overtime will be used to inform any overtime payments.

Reducing Inequalities

- 4.23 The COVID-19 pandemic has affected our diverse communities differently across the borough. The Outbreak management plan aims to reduce the spread of infection and save lives. In doing so help to reduce inequalities across the borough.

Consultation

- 4.24 Due to the urgent nature of the response to the COVID-19 pandemic and the requirement to work in partnership, ongoing engagement and consultation with key partners is taking place.
- 4.25 As a courtesy, the views of the political group leaders on the Council have been sought on the proposal for the Health and Wellbeing Board (sub-committee) to act as the Local Outbreak Engagement Board. The Leader of the Labour Group has asked that a briefing be sent to the Group leaders after each meeting to keep them informed. The Leader of the Liberal Democrat Group has expressed a view that, given the situation, each opposition party should be represented.

5. Decide

- 5.1 The development of the plan has been based on the national guidance and joint learning from the pandemic both locally, nationally with partners' ie Public Health England and internationally. Circumstances are changing frequently and therefore

the plan will continue to adapt following any new information, learning and action on an ongoing basis.

6. Respond

- 6.1 The development of the outbreak management plan is well underway. It outlines the key requirements and actions needed to implement the plan. The revised Health Protection Forum will oversee refinement of the operational delivery. Public engagement, oversight and assurance for the outbreak management plan will be through the Health and Wellbeing Board as set out in the report.

7. Review

- 7.1 Regular reviews of the Outbreak management plan will be undertaken through the governance arrangements as set out in the report and or if the Government issues new guidance or changes its strategy.

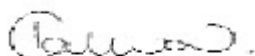
Background papers

Appendix 1. Proposed revised terms of reference for Health Protection Forum
Appendix 2. Proposed governance of Outbreak Management Plan

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29 May 2020



Councillor Stephen Craddock
Portfolio holder Health & Wellbeing

29 May 2020

WALSALL HEALTH PROTECTION FORUM TERMS OF REFERENCE

Revised May 2020

PURPOSE

The purpose of the Walsall Health Protection Forum is to:

- provide an accountability framework for a number of existing partnership groups with a health protection remit and support the establishment of new groups where appropriate. The Health Protection Forum will receive assurance from the following:
 - Public Health England
 - Walsall Clinical Commissioning Group
 - Local Health Resilience Forum
 - Health Care Associated Infection Steering Group (infection control)
 - Sexual health
 - NHS England - Screening and Immunisation Team
 - Environmental Health
 - Pollution Control
 - Drugs and Alcohol services
- facilitate a co-ordinated strategic approach to health protection issues in Walsall
- receive assurance from the subgroups regarding
 - Appropriate strategies/plans and testing arrangements
 - Progress against outcomes
- review all significant incidents/outbreaks to identify lessons learned and to make recommendations to commissioners/providers/partners regarding necessary changes
- receive and review risk registers from all subgroups, make recommendations to subgroups regarding mitigating actions and to commissioners where appropriate
- encourage continuous quality improvement in health protection services in Walsall
- provide health protection input into the JSNA
- To act as conduit to the Health and Wellbeing Board providing assurance of local plans in relation to outbreaks of SARS CoV 2 in Walsall through the local Health Protection partnerships (2014 *Health Protection in Local Government* guidance)
- To provide operational oversight and delivery in relation to outbreaks of SARS CoV 2 in Walsall.

MEMBERSHIP

- Director of Public Health
- Consultants in Public Health
- Public Health England, Consultant in Communicable Disease Control
- NHS England Screening and Immunisation Coordinator
- Screening and Immunisation Lead
- Sexual Health Commissioner
- Drugs and Alcohol Services Commissioner
- Emergency Planning Officer
- Environmental Health Lead
- Pollution Control Lead
- General Practitioner
- TB Lead
- Heads of Infection Prevention and Control
- Health Protection practitioners
- CCG Lead Nurse (or representative)
- Senior Public Health Intelligence Team (analysis/trends)

QUORUM

A minimum of 6 members that should include the DPH and/or Consultant lead for Health Protection, health protection practitioners and representatives from subgroups/work streams (or a suitable deputy).

ACCOUNTABILITY AND REPORTING FRAMEWORK

The group will report to the Health and Wellbeing Board at Walsall Council. The group will also report to the Quality and Safety subgroup of Walsall CCG Board on a monthly basis.

FREQUENCY OF MEETINGS

The group will meet via teams on a monthly basis during the coronavirus pandemic. Ad hoc meetings may be required, should an urgent need arise.

The administrative team of the Director of Public Health will produce minutes.

Meeting papers will be circulated 7 days ahead of meetings, with minutes circulated in a timely fashion to members following each meeting.

CHAIR

The Director of Public Health will chair the Health Protection Forum.

REPORTS

Each subgroup will be expected to submit a short update report 10 days prior to the Health Protection Forum to allow time for collation and circulation to the group.

It is expected that the focus of feedback at the meeting will be on exception reporting.

STANDING ITEMS

Standing agenda items for each work stream/subgroup will include summary of current situation, progress against outcomes, incidents managed and changes made, risks, and suggestions for improvement.

ROTATING ITEMS

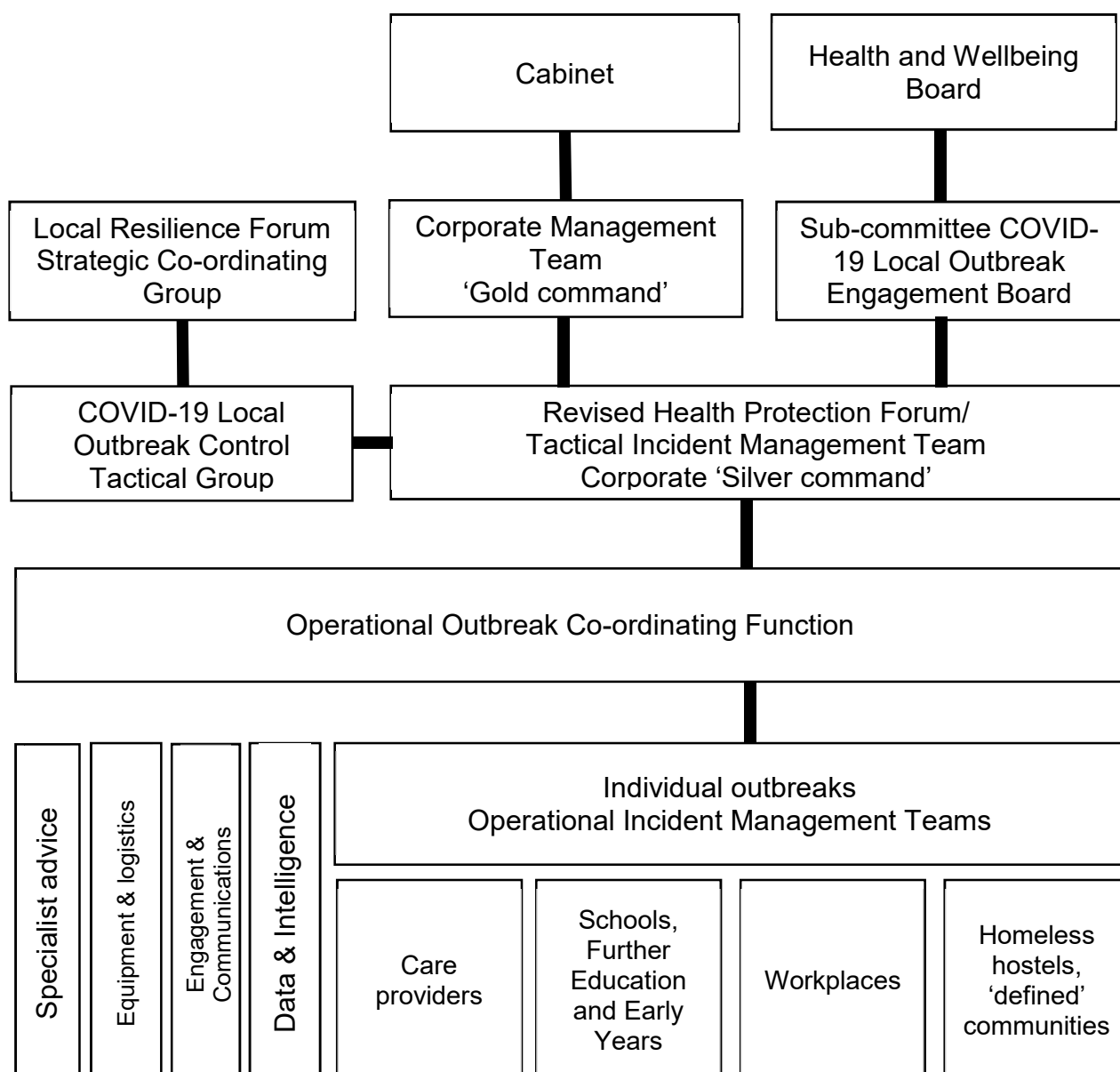
On an annual basis, representatives from each of the work streams/subgroups are expected to present an annual review which will include (in addition to the items detailed above) details of new policies and developments, as well as progress against action plans in existence.

REVIEW

The terms of reference will be reviewed in September 2020.

Proposed Governance of Outbreak Management Plan

1. Governance of Local Outbreak Control will seek to ensure that:
 - a) The Local Outbreak Management Plan is supported by all of the partners who may be required to contribute to implementation
 - b) There is robust monitoring of progress of management of outbreaks individually and collectively
 - c) There is multiagency oversight of management of outbreaks and the ability to escalate for mutual aid if necessary
 - d) We can continually reflect, learn and improve
 - e) There is democratic oversight of management of outbreaks, which contributes to effective public communication
2. The components of governance are set out below. It includes revised Health Protection Forum and a COVID-19 Member Led Local Outbreak Control Board.



Operational outbreak co-ordinating function

3. This function provides the operational management of the Outbreak Management Plan. It will primarily:
 - a) Develop and continually review the Local Outbreak Control Plan
 - b) Ensure that appropriate and up to date Standard Operating Procedures are in place for outbreak management
 - c) Oversee management of outbreaks
 - d) Provide assurance about management - and
 - e) To reflect on learning from outbreaks to identify improvements for future management and amend SOPs accordingly and/or identify additional capacity requirements.
4. Membership will include the Council, Clinical Commissioning Group, Walsall Together Partners, Police and PHE. Membership will be reviewed as appropriate.

Revised Health Protection Forum

5. The revised Terms of Reference including membership are shown in Appendix 1. This group will be chaired by the Director of Public Health and aims to:
 - a) Set system-wide framework for Local Outbreak Management Plans
 - b) Provide multi-agency and multi-professional input into development of Local Outbreak Management Plan
 - c) Ensure Local Outbreak Management Plans are consistent with resources available from all agencies
 - d) Provide assurance to the SCG about management of outbreaks - and
 - e) Provide a route for escalation for mutual aid if necessary.

COVID-19 Local Outbreak Engagement Board

6. This group is required as part of Local Outbreak Management Plans. Its outline terms of reference are to ensure:
 - a) Democratic oversight of Local Outbreak Management Plan development and the management of outbreaks collectively
 - b) Effective communication with the public about the management of outbreaks.
7. The Cabinet Member for Health and Wellbeing will chair the group. Membership will be members from the Health and Wellbeing Board as determined by the Board and others as appropriate. Additional members may be invited depending on those parts of the borough worst affected by COVID-19 and membership will be reviewed continually.
8. The group will maintain a close dialogue with the Leader and Cabinet for strategic oversight.

Walsall Council

Covid-19

Outbreak

Management Plan

June 2020

DRAFT V1.1

**If you have any concerns about an outbreak
of Covid-19 please contact the Health
Protection Team (8am-8pm)**

on

01922 658065 or via email

walsall.healthprotection@nhs.net

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Version Control and Document Management

Version	Version 1.0
Title	Coronavirus (Covid-19) Outbreak Management Plan
Director Responsible	<i>Stephen Gunther – Director of Public Health</i>
Associated Documents	<ul style="list-style-type: none"> • Walsall Council Emergency Plan • Walsall Council Health Protection and Outbreak Response Plan • Walsall Connops for Responding to Emergency Incidents and Outbreaks • Walsall Council Communications and Engagement Plan

Version Control

Version Number	Dated Issued	Details of Change(s)	Date Action taken	Changes by
V1.1	23/06/2020	HPF amends	23/06/2020	DH

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Introduction

On 22nd May 2020 Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 it would expect every area in England to create a local Outbreak Plan. Government expects that local plans, led by the Director of Public Health, will be produced by the end of June 2020. National Guidance was issued jointly by Public Health England with five key partner agencies.

The Walsall COVID-19 Outbreak Management Plan (the Plan) is the operational response and management for Coronavirus disease and any outbreaks that may occur in Walsall. The plan builds on already established plans, processes and governance.

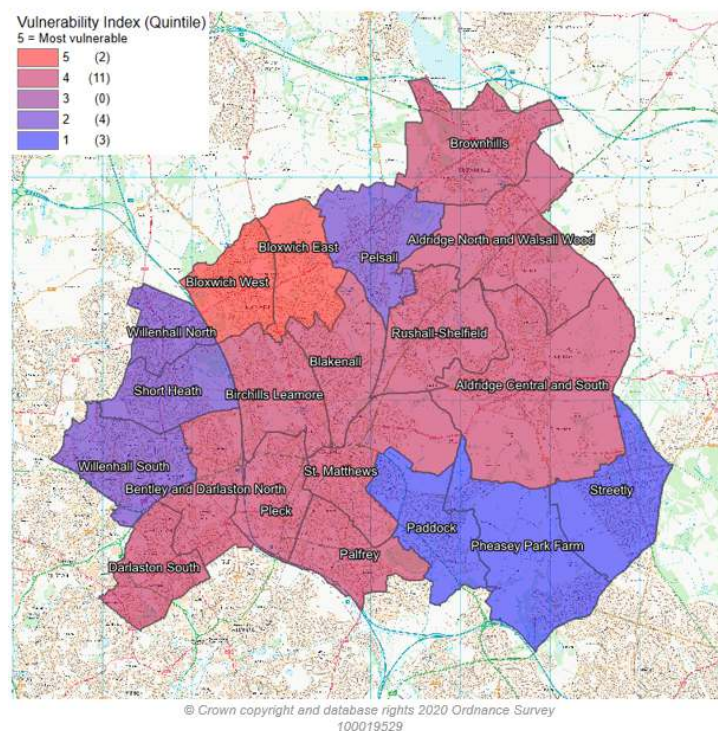
The primary aim of the Plan are to control Covid-19, reduce the spread of infection and save lives. In doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe.

This plan will remain a live document, reflecting the evolving nature of guidance, expectations and local experience.

Local Context

Walsall has an overall estimated population of 283,400 (source: ONS, mid-2018). The majority of our population live in the most socio-economically deprived areas of the Borough with high levels of **deprivation**. The British Red Cross has provided a Covid-19 vulnerability index which puts Walsall in the 20% most vulnerable local authorities in England. This makes Walsall more susceptible to outbreaks of Covid-19 than many other areas across the county.

Walsall Insight and the **Joint Strategic Needs Assessment** has further details around these and other vulnerabilities that exist.



COVID-19 Vulnerability Index for wards in Walsall British Red Cross Society

Based on 4 key domains:

- **Clinical Vulnerability**
Age & medical i.e. COPD, cancer, asthma, Cardiovascular, etc
 - **Health/Wellbeing Vulnerability**
Mental health, loneliness, dementia, frailty etc
 - **Economic Vulnerability**
Claimant count, ESA, Disability benefits, universal credit etc
 - **Social Vulnerability**
Distance to GP/hospital/supermarkets, household condition, homelessness, air quality etc
- Nationally Walsall is in the **5th quintile** or **20% most vulnerable** local authorities in England.
 - Majority of Walsall wards (65%) are in **4th quintile** or higher: in the **40% most vulnerable** wards nationwide
 - Most vulnerable **Bloxwich East & West**
 - Least vulnerable south-east **Streetly, Pheasey, Paddock**

Source: <https://britishredcrosssociety.github.io/covid-19-vulnerability/>

Figure 1: British Red Cross – Walsall vulnerability map

Legal Context

Public Health England (PHE) is responsible for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, Local Authorities (LA), emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.

PHE will fulfil its statutory duty of receiving notification of outbreaks, undertaking the risk assessment and providing public health advice in accordance with national guidance and or local standard operating procedures (SOPs).

The Care Act 2014 makes each LA responsible for safeguard adults in its area. LA responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.

The Health and Social Care Act 2012 places a duty to prepare for and lead the LA public health response to incidents that present a threat to the public's health upon the Director of Public Health.

Mutual aid arrangements create a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks, so the LA and PHE Health Protection Team (HPT) will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management the current situation.

This document defines the roles and responsibilities of the Director of Public Health and Health Protection Team alongside other key local partners in the event of a declared outbreak or public health incident to ensure a coordinated approach is taken with regard to the investigation, control and response.

The Four Principles of Design and Operationalisation

The four principles for the design and operationalisation of the Plan act as standards for local systems to determine whether their arrangements have been developed in a way which will enable maximum impact and effectiveness.

Principle 1: The Plan and contact tracing system will be led by public health, working as a “system within the local system”. The Walsall Health Protection Team will be able to receive, share and process data to and from a range of sources, locally, regionally and nationally including the national Joint Biosecurity Centre (JBC) in a timely way to prevent and control the transmission of COVID-19 and monitor outcomes.

Principle 2: To be successful we will work with all stakeholders, and communities within and beyond the boundaries of Walsall recognising our partners bring different skills, knowledge and capabilities to preventing and managing outbreaks.

Principle 3: Working with partners across Walsall through already established relationships will enable us to build on the key foundations we already have in place to have the agility to prevent or mitigate the impact of any outbreaks. This will include the Health and Wellbeing Board, Walsall Together and One Walsall, as well as PHE to name but a few.

Principle 4: The Plan and its implementation has been resourced with a grant of £1.65m from central government. This will be monitored through the governance structure (see Appendix 1, Theme 7i – Local Governance)

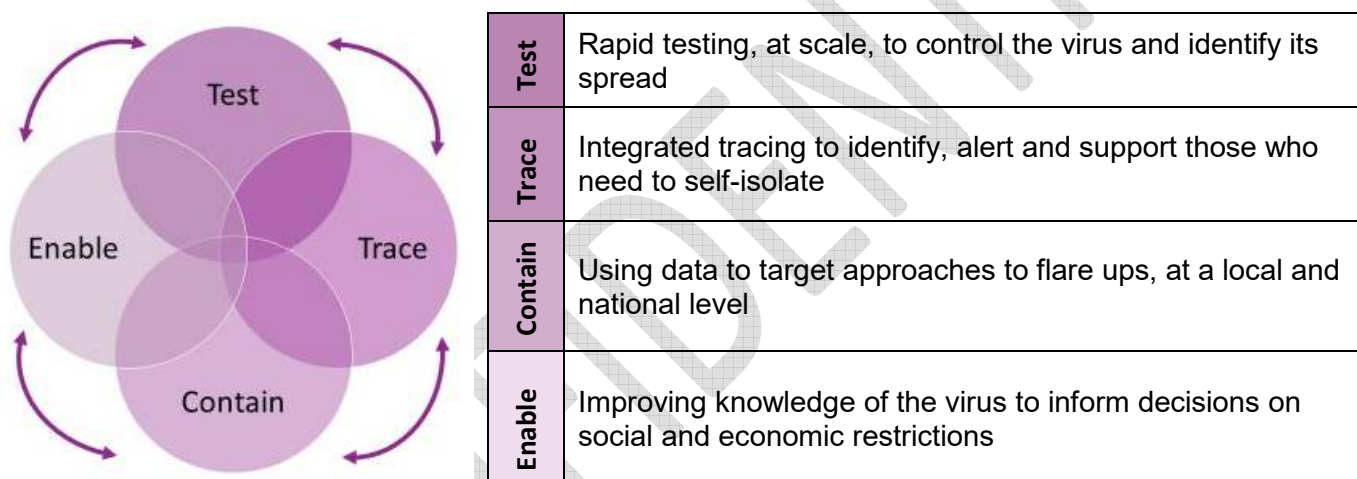
Focus of the Plan

PHE took the lead on assessment and contact tracing at the start of the Covid-19 pandemic response but was suspended when community transmission exceeded capacity and lockdown measures were introduced. The Government introduced a five test approach to assure the safe lifting of lockdown measures:

1. making sure the NHS can cope;
2. a 'sustained and consistent' fall in the daily death rate;
3. rate of infection decreasing to 'manageable levels';
4. ensuring supply of tests and PPE can meet future demand;
5. being confident any adjustments would not risk a second peak that would overwhelm the NHS.

One key national element to allow the easing of lock down measures of which is the Test, Trace, Contain, Enable (TTCE) approach (see Figure 2). When lock down measures are eased, local outbreak management plans will be crucial to contain the virus reducing the need for lockdown measures.

Figure 2: National Test, Trace, Contain, Enable approach

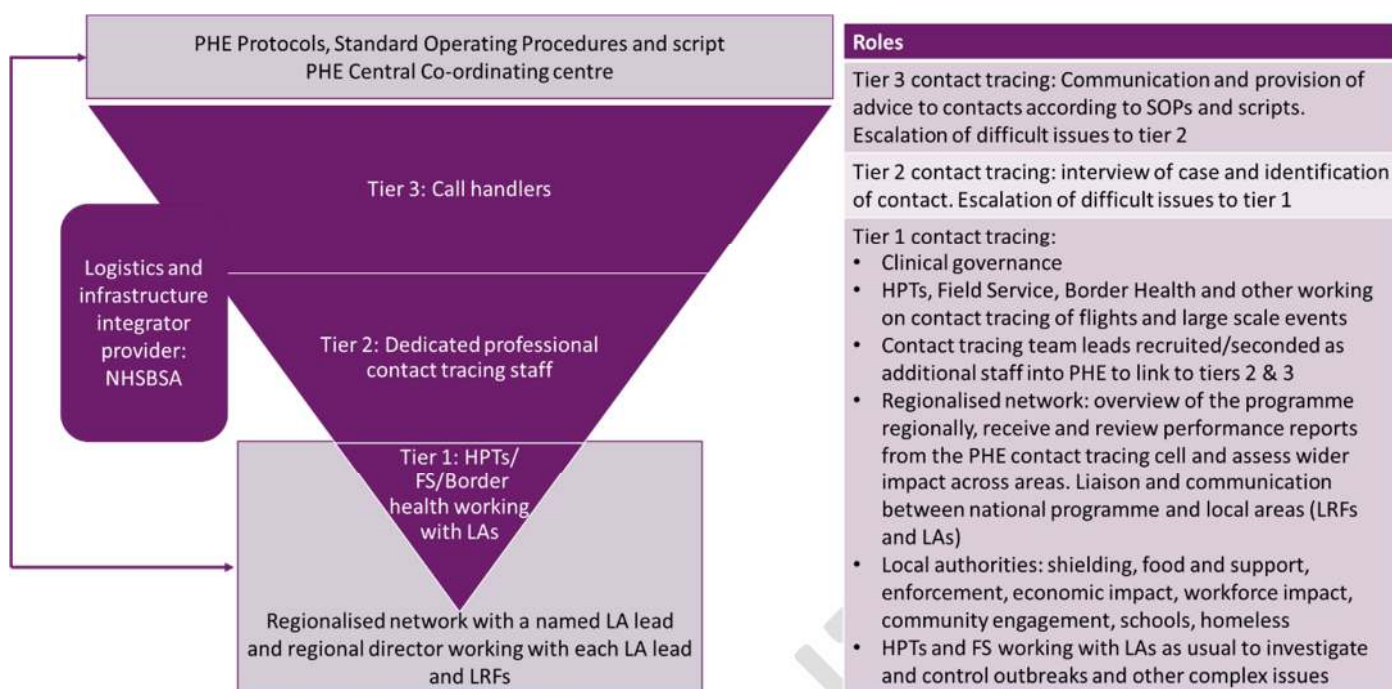


The NHS Test and Trace service has a three tier approach to contact tracing (see Figure 2 below), which will receive notifications of positive cases automatically and work with cases to identify contacts, using nationally prescribed protocols.

Cases linked to high risk settings and complex situations will be escalated to PHE Health Protection Teams and, through locally agreed protocols, to local authorities for management. In general, the process can be summarised as:

- Tiers 2 and 3 of the NHS Test and Trace service will complete contact tracing in all non-high risk settings (i.e. all personal contacts of positive cases);
- The Health Protection Teams in Public Health England will complete initial risk assessments and public health actions for positive cases in high risk settings
- Local authorities will support Health Protection Teams in initial management and provide local management of outbreaks and community support

Figure 3: National Test & Trace Service operating model



Health Protection arrangements already exist for managing outbreaks of infection in Walsall. In developing this plan we have identified levels of outbreak alerts for the system from 1 to 3. This plan is designed to cope all levels of outbreak. The levels of alert are shown below.

Management and Escalation Overview

Level	Characteristics	How we will escalate/ seek Mutual Aid
1 – Local Test and Trace	<ul style="list-style-type: none"> • Outbreaks within existing capacity, even if in multiple settings simultaneously. The Health Protection Forum has operational oversight and the Health Protection Team will manage the activity 	<ul style="list-style-type: none"> • Managed by the Walsall Health Protection Team
2 – Black Country wide Test and Trace	<ul style="list-style-type: none"> • Outbreaks which exceed existing outbreak management capacity and need additional resources. The Health Protection Forum and Black Country-wide agencies would work together 	<ul style="list-style-type: none"> • Seek Mutual Aid at Black Country level
3 – Regional/ Multiagency Engagement	<ul style="list-style-type: none"> • Outbreaks which exceed existing capacity in the Black Country and require a review with regional multiagency partners and/or one or more partners to declare a Major Incident 	<ul style="list-style-type: none"> • Seek Mutual Aid at Regional level
4 – Second Wave	<ul style="list-style-type: none"> • A second wave of infection worse than the first which requires full scale multiagency Co-ordination and National Response 	<ul style="list-style-type: none"> • As with COVID first wave

As part of our arrangements to manage local outbreaks we have specified Surveillance and Epidemiology functions which will ensure we have early warning of outbreaks heading to level 3 or a Second Wave in order to plan. The DPH and Health Protection Forum will keep under review the Outbreak management capacity levels.

Capacity demands beyond these levels should be escalated by the Health Protection Team to the Covid-19 Health Protection Forum to alert the initiation of capacity management plans.

Where needed, additional capacity will be identified through:

- 'mutual aid' agreements, activated through the Black Country Directors of Public Health
- Stand-by contact tracing capacity within local provision, through agreements and training

The Local Outbreak Management Plan in Context

Local Outbreak Management Plans have to work in context with other activity and partners to be effective.

The role of NHS Test and Trace (National)	The role of the Local Outbreak Management Plan
<ul style="list-style-type: none"> • Web-based tool Contact Tracing and Advisory System (CTAS) • Phone Based Contact Tracing (PBCT) Teams with a dedicated contact tracing service comprising professional staff employed through NHSP (Tier 2) and a call handler force supplied through a commercial provider (Tier 3) • PHE Local health protection teams (HPTs) and the field service (FS) teams delivering their usual responsibilities of investigation and control of complex outbreaks and situations 	<ul style="list-style-type: none"> • Working with Local PHE Centre, Black Country ADPH and neighbouring authorities on common priorities and shared processes • Prevention • The Seven Themes set out by Government • The local delivery of the outputs from NHS Test & Trace • Complex issues that cannot be resolved by the regional PHE Health protection teams • Outbreaks that need on the ground local responses • Supporting vulnerable people to isolate

7 Themes and Integration into the Outbreak Management Plan

The required elements of a local outbreak control plan are here:

Requirement	Description
1. Care homes and schools	Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
2. High risk places, locations and communities	Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
3. Local testing capacity	Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc)
4. Contact tracing in complex settings	Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)

5. Data integration	Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
6. Vulnerable people	Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
7. Local Governance	Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

Integration of the 7 Themes into an effective workplan requires inclusion of additional priorities from guidance or additional requests from government, or developing best practice. We have grouped these priorities together to form Five Workstreams for Walsall's Outbreak Management Plan.

Workstreams in Walsall's Outbreak Management Plan

Workstreams	Government 7 Priorities	Additional Priorities
1. Prevent Outbreaks and Respond Proactively	<ul style="list-style-type: none"> Care Homes (Theme 1) Schools (Theme 1) High risk places, locations and communities (Theme 2) Vulnerable People (Theme 6) 	<ul style="list-style-type: none"> Prevention Preparation for a possible Second Wave
2. Testing and Contact Tracing	<ul style="list-style-type: none"> Local Testing Capacity (Theme 3) Contact tracing in complex settings (Theme 4) 	<ul style="list-style-type: none"> Ensuring we operate a Test and Trace System that can work towards integration with PHE
3. Surveillance, Intelligence and Data	<ul style="list-style-type: none"> Data Integration (Theme 5) 	<ul style="list-style-type: none"> Epidemiological Modelling through our Insights Team
4. Engaging Communities	<ul style="list-style-type: none"> Communications (Theme 7ii) 	<ul style="list-style-type: none"> Effective Stakeholder Engagement through our Communications Team and directed proactive tasking
5. Governance and Programme Co-ordination	<ul style="list-style-type: none"> Member Engagement Board Gold, Health & Wellbeing Board, etc. Health Protection Forum (Theme 7i) 	<ul style="list-style-type: none"> Programme Management Arrangements Effective Delivery Assurance and Evaluation Links to LRF Co-ordination of Capabilities

Resources

The Plan will be resourced by the £1.65m central government grant.

The principles of investment are as follows:

- Alignment with themes in the Plan
- Evidence based interventions
- Value for money

Use of resources will be monitored through the governance structure to ensure value for money and effective deployment of the grant will include:

- Staffing; additional specialist public health expertise, environmental health and infection control capacity, analytical capacity, swabbing teams, contact tracers
- Communications: marketing materials etc.
- Data management integration and analysis
- Making Connections/Community investment, training and development/capacity building
- Peripherals, IT equipment, PPE, swabbing kits etc.

This is critical for ensuring that wider recovery and public health/environmental health/infection control activity, whilst the focus on COVID-19 outbreak management is maintained, both in and out of hours, for a prolonged period.

Enforcement

There is a range of legislation that can be used for the purposes of preventative activity (e.g. workplaces not adhering to national COVID-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 of COVID-19.

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With Black Country Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020 and Coronavirus Regulations 2020

Enforcement will be the "last resort" option, as the focus of work with partner organisations and workplaces is one of collaboration and support. However, it is important to consider circumstances in which legislation may be required to be used. Further, it will be important to understand, for those organisations regulated by the Health and Safety Executive, how we might ensure we still

maintain a local supportive relationship with those businesses and how enforcement might work in practice.

Should an individual need to be detained under the Coronavirus Regulations, 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).

As the legislative environment changes, so the plan will be updated accordingly.

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.

Our statutory partners, West Midlands Police, have adopted an [Engage, Explain, Encourage, Enforce](#) approach to Covid-19 response in the West Midlands area. We anticipate that this will continue as part of this overall enforcement if this work.

Walsall Council will seek to deliver the actions outlined in this plan in concert with the consent and cooperation of the community. Enforcement should be an act of last resort.

Where the local authority shares Health & Safety enforcement powers with the HSE, enforcement action could be taken as appropriate and where necessary.

Glossary

Term	Explanation/ Definition

List of Appendices

Appendix 1: Theme Summaries

Other appendices available on request. Please contact the Health Protection Team.

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Appendix 1: Theme Summaries

Theme 1 Care Homes and Schools and Early Year settings

Walsall Health Protection team provide an enhanced Infection Prevention and Control (IPC) service to Care Homes and schools, including;

- Outbreak management support
- Education and support and onsite training covering IPC and 'fit testing' for Personal Protective Equipment

The Walsall Health Protection Team provide on-call support (8am-8pm) 7 days a week, work in close liaison with PHE with weekly catch-up meetings and have developed and delivered accessible guidance and frequently asked questions. The team work with local partners including the Clinical Commissioning Group and Walsall Healthcare Trust and primary care to provide an enhanced support care team to the care sector in Walsall.

Planned developments include enhanced IPC support ensure that the care sector remains COVID-19 free and is prepared to address winter pressures going forward.

Support is available from the Walsall Public Health team to schools and Early Years settings while they have been open to support vulnerable children or children of key workers since the start of lockdown and as they plan to welcome more year groups back into school.

This support has been in the form of the infection control email system and webinars for schools and specifically for Early Years providers detailing infection control measures including how to access appropriate PPE.

An on call support team is now in place for schools and Early Years providers with the school nurses offering the first point of contact during office hours for education providers with support from the Walsall Health Protection Team of office hours 8am-8pm weekends and weekdays.

Walsall Council provides information to schools on a variety of issues including staff and student emotional health and wellbeing as well as specific information about Covid-19 on the schools website **<INSERT SITELINK>** which is added to as more information is developed.

Guidance from Public Health England for schools is being localised for Walsall including parent template letters and useful FAQs. A local Test and Trace team is being developed to support all venues in Walsall including schools and to ensure good communication with parents and the wider community.

Theme 2: High Risk Locations and Communities

A High risk location or community is one which would present complex problems or risks for tracing or containment should an outbreak occur.

A local implementation plan for high risk locations and communities focusing on both prevention and response activities for a range of settings is in development. This covers approaches that may need to be taken to respond to outbreaks/complex cases in particular communities and will be adapted as new evidence emerges.

A review to identify high risk areas across the borough of Walsall has been undertaken and included engagement with Adult Social Care, Education Teams, Children's Services, Locality Teams, Regulatory Services, Community, Equality and Cohesion and West Midlands Police. To date about 600 settings and groups have been identified.

Posters promoting key infection prevention messages have been distributed around the borough with stickers also being placed on bins and benches to encourage social distancing and hand washing. Regulatory Services engagement within the community has included the provision of information packs to local shops including window posters delivering social distancing messaging in up to ten different languages. "Stay Alert" messaging is displayed on the Council's 23 refuse collection vehicles and this includes a reminder how important it is to wash your hands.

The locations identified will be mapped and engagement with organisations will continue to identify the highest risks and any gaps in the communication plan that has been produced.

Theme 3: Local Testing Capacity

Having a responsive and flexible testing service available for rapid testing of individuals and communities with the capacity to quickly provide results will be essential to implement the Plan.

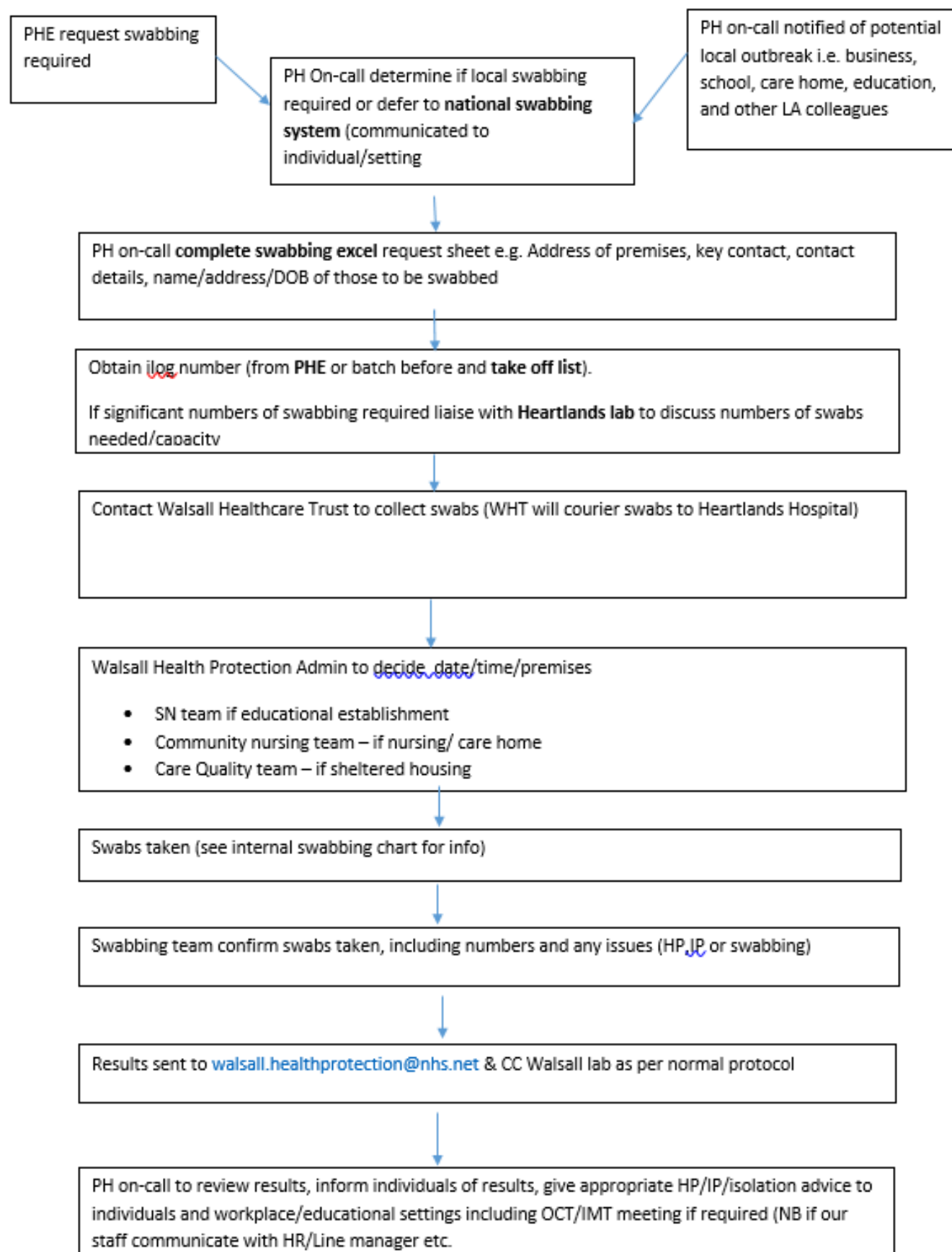
Current Polymerase Chain Reaction (swabbing) testing options for Walsall include testing at:

- national testing sites (Edgbaston Cricket Ground, Ricoh Arena, and Midland Metropolitan)
- a local team at the Wolverhampton Science Park
- home testing services and
- mobile testing sites across the Black Country

Local testing services have also been set up to undertake reactive swabbing in response to local outbreaks and where individuals are unable to undertake swabbing for themselves.

A draft pathway for local testing capacity is shown on the next page

Community testing (swabbing) pathway - draft



Antibody testing

A new programme of antibody testing has been established for NHS staff and patients and is anticipated to be rolled out further to care staff and then more widely.

It is important to reiterate that the science is currently uncertain and a positive test result for antibodies only means that an individual has had COVID-19. There is currently no evidence to show it means someone cannot be re-infected with the virus, or pass it on to others, or have protective immunity.

Antibody testing is therefore currently of limited value in outbreak management. The contribution of antibody testing in outbreak management will be reviewed as and when further evidence becomes available.

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Theme 4: Contact Tracing in Complex Settings

Contact tracing in complex settings will be undertaken by the Walsall Health Protection Team in collaboration with Public Health England. This will be as part of Tier 1 as seen in the diagram below

Walsall Health Protection Team will supplement the contact tracing work led by Public Health England in complex situations including the ones below as a minimum:

- Large outbreaks
- Homeless persons
- Difficulties in engaging with index cases due to lack of cooperation
- Complex situations e.g. safeguarding concerns

A team of contact tracers have been recruited to respond to contact tracing. This will complement the team within Public Health England and a swabbing pathway has been designed to support the contact tracing process. This will be regularly reviewed following any incident/outbreak and revised as necessary.

Theme 5: Data Integration

To monitor, respond and evaluate the effectiveness of the Plan good data integration is essential. Data feeds from the Joint Biosecurity Centre, the NHS National Test and Trace Service, Public Health England and regional NHS partners, as well as local intelligence and operational data feeds will be used to evaluate the Plan and help provide insights to support resource planning.

A digital information dashboard will be published on the council's website. The dashboard will be available to the public and will provide information to support any awareness raising activity the Council wishes to do to inform and communicate with residents of Walsall. It will also be available for discussion at the Member Led Local Engagement Board.

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of COVID-19, and give health organisations and local authorities the security and confidence to share the data they need to respond to COVID-19.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

Theme 6: Support for vulnerable people

Walsall Council is working with the local voluntary and community sector to meet the challenges of those who are vulnerable.

Building on the Making Connections Walsall service already in place, the service offers support to residents who are vulnerable or self-isolating due to higher risks associated with long term health conditions, age, ethnicity or other risk factors. The service covers individuals and families who are required to self-isolate as a result of the Test, Trace and Isolate systems.

This would currently include:

- A telephone based befriending service run by the Community and Voluntary Sector
- A Shopping Service.
- Pre-packed food parcels for those in self isolation.
- Food parcels and welfare support for those in hardship.
- Prescription collection service.
- Liaison with national “ping” food supply for missed deliveries.

The model utilises a single point of contact for referrals operated by the West Midlands Fire Service linked into 4 strategically located Community Association Hubs across the Borough. The model is based upon empowering and resourcing the communities to help themselves and respond in a manner that is appropriate to their local needs and cultures.

In the knowledge that they are part of the community the Community Hubs are closer to the local residents and have a better understanding of their need to offer an appropriately focused service. Each hub has links to a network of community groups who are supplemented by local volunteers drawing on their support and capacity when required.

The model will adapt to changing needs if required based on feedback from users and assessed needs in the community.

Identifying communities most vulnerable to COVID and working with Primary Care identify, risk assess and take appropriate action to protect people identified at significantly increased risk of serious outcomes if infected.

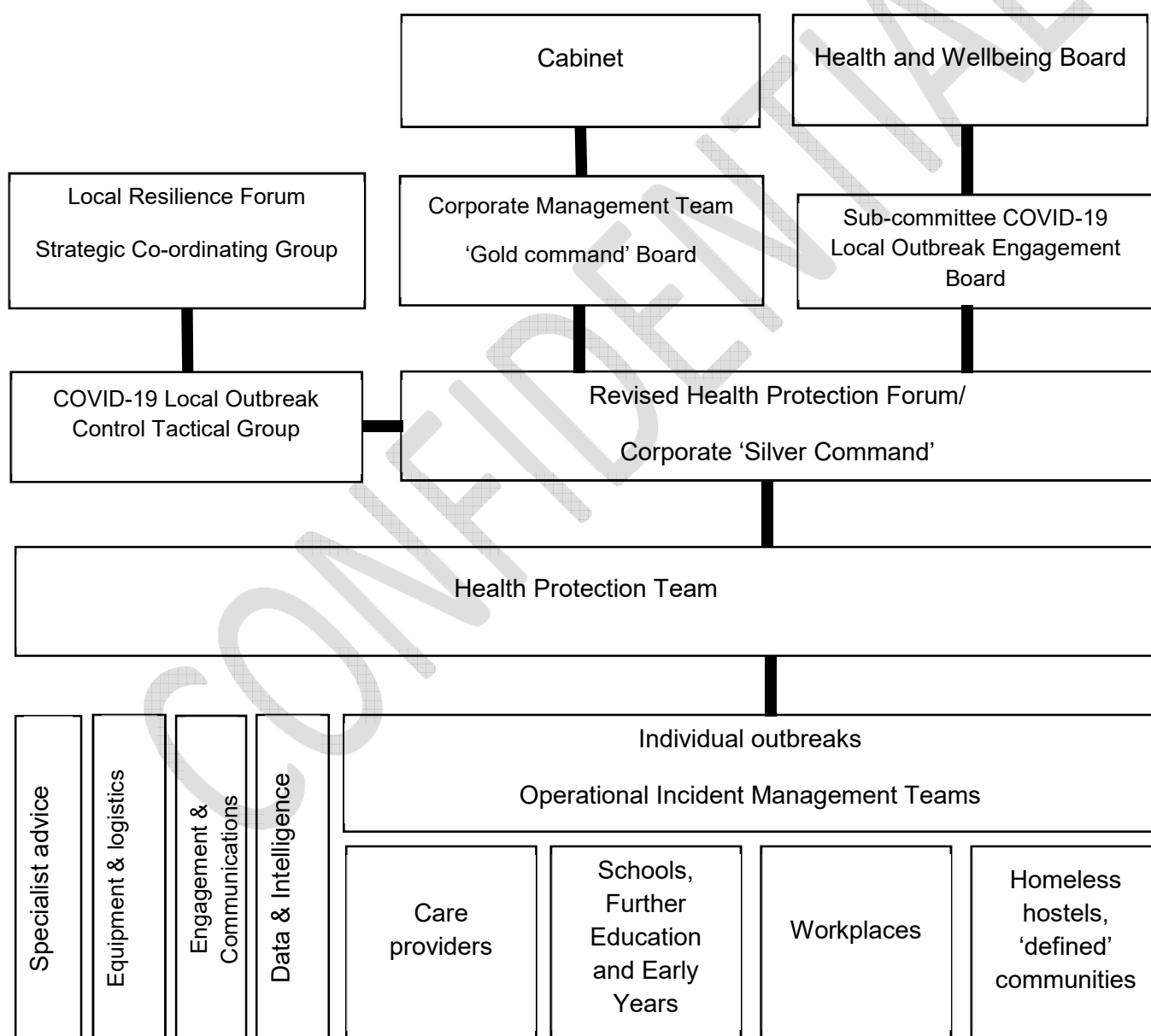
If further evidence emerges around specific groups or communities we will respond appropriately.

Theme 7i: Local Governance

The components of governance are set out below. It includes the revised Health Protection Forum and a COVID-19 Member Led Local Outbreak Engagement Board to provide oversight, assurance and opportunity for community engagement and communication.

The governance seeks to ensure that:

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



The Outbreak Management Process

Walsall LA will lead on the preventative work necessary to reduce transmission of COVID-19 in our setting and communities, under the local themes outlined in the Plan. The Authority will work closely with Public Health England with a Standard Operating Procedure established which outlines the way in which the response will work between Public Health England and the LA.

National contact tracing teams will be following up most non-complex routine positive cases and will escalate complex cases, clusters and outbreak work to PHE West Midlands, who will work with LA in these instances to rapidly prevent and control transmission. Further, if LA receives direct notification of outbreaks, and complex cases, which will be notified to Public Health England.

Walsall LA Health Protection team will be contactable out of hours between 8AM and 8 PM 7 days a week, and a formal out of hours rota has been established.

Public Health England will be responsible for initial risk assessment of complex cases, cluster and outbreaks and LA for mobilising the local response, and onward risk assessment and management.

A range of resources and guidance documents have been developed and made available nationally, regionally and locally to support outbreak response. LA will continue to ensure timely local interpretation of national/regional guidance is undertaken where required.

Outbreak Control Teams

Membership of the OCT will vary according to the location of the outbreak. Suggested membership, and terms of reference have been established.

The Chair of the OMT will usually be the DPH or nominated Consultant in Public Health. The DPH is responsible for assurance that the local response, through the OCT is meeting the needs of the community.

The OCT should maintain a decision log and adopt the principles of defensible decision making.

Theme 7ii: Communication

Communication activity in the event of an Outbreak will be managed by Walsall Council Corporate Communications Team. The Corporate Communications Team will be a core member of both the Health Protection Forum (HPF) and the Outbreak Control Team (OCT).

A Test, Trace, Isolate (TTI) Communications Plan has been developed outlining the authority's approach to communications for TTI and specifically the response during an incident or outbreak. This builds on the existing COVID-19 communications approach and activity, ensures consistency in messaging and retains a strategic overview of activity. The plan includes information concerning stakeholders / audiences, communication channels and campaign resources and focuses on 2 communication objectives:

1. Promote general awareness of TTI and key coronavirus messages.
This relates to continual pushing of national guidance and campaign materials regarding staying safe from infection and the TTI initiative. Data regarding COVID-19 cases will be used to identify whether targeted awareness messages are required to slow the spread.
2. Communication of an outbreak and lockdown of a community.

This part of the plan aligns with the 7 themes of the Outbreak Response Plan. In the management of an outbreak communications will develop a targeted communication action plan that aligns with the standard operating procedure developed by the theme lead. The plan will take into consideration the setting, location and local demographics of the outbreak to develop a targeted communication campaign.

The communication plan aligns with the communications process used by the World Health Organisation and will evolve and adapt as the situation relating to an outbreak develops and more is learned about the perceptions of the targeted audience.

Walsall Council Corporate Communications Team are a core member of both the Health Protection Forum and the Outbreak Control Team and will be responsible for developing local messages aligned with national campaign materials and plans. They will also ensure information is shared with other stakeholder communication teams, press officers and other communication networks.

Work continues on mapping communities (audiences) and the most effective communication channels and networks for messages to be cascaded. Should an outbreak occur the Public Health Intelligence Team would be utilised in terms of local population make up in the affected area, and MOSAIC will be used to identify preferred communication methods as well as the mapped network of communication channels.

A detailed high level communication plan designed to outline how we communicate with key stakeholders has been produced.

Health and Wellbeing Board (Walsall Local Outbreak Engagement Board) Sub-Committee

Terms of Reference

Name

The Board shall be called the Health and Wellbeing Board (Walsall Local Outbreak Engagement Board) Sub-Committee.

Purpose

The Board shall:

- Provide democratic oversight, assurance, public engagement and communication of:
 - Plans to prevent and manage outbreaks of COVID-19 in Walsall
 - Actions taken to prevent and manage outbreaks and their outcomes;
- Engage and communicate with residents and stakeholders;
- Monitor levels of infection and assure Walsall that the Outbreak Plan has been developed and is being delivered appropriately;
- To provide Health and Wellbeing Board, Cabinet and the Leader of the Council with regular updates.

Chair and Vice-Chair

The Board shall be chaired by the Council's Cabinet Portfolio Holder for Health and Wellbeing and the Vice-Chair shall be the Chair of the Walsall Clinical Commissioning Group.

Core membership

In addition to the Chair and Vice-Chair the Board shall comprise members of the Health and Wellbeing Board including;

- The Director of Public Health
- Shadow portfolio holder Health and Wellbeing,
- Police Commander,
- One Walsall Chief Executive Officer
- Walsall Healthcare NHS Trust (Walsall Together).

Substitutes

Each Member may nominate a substitute representing their organisation of sufficient seniority.

In Attendance

- The Leader and Chief Executive of the Council and members of the COVID-19 Health Protection Forum as appropriate
- Such others as the Chair shall determine for discussion of specific items of interest.

Clerk to the Sub-Committee

Walsall Council Democratic Services.

Quorum

The Board shall be quorate if any three persons are present including the Chair (or Vice-Chair)

Meetings

- Will be held in public unless there are matters of a confidential nature which fall within the provisions of the Local Government (Access to Information) Act 1985
- Will be held at such frequency as determined by the Sub-committee
- Will agree matters and actions by consensus.

Reporting:

- The Sub-committee will have regard to the attached overall governance arrangements for the delivery of the Local Outbreak Plan and report accordingly.
- The minutes of the Sub-committee will be submitted to the Health and Wellbeing Board at the next available meeting.
- Regular briefings will be provided to the Leader of the Council and other persons the leader considers to be appropriate.

Review

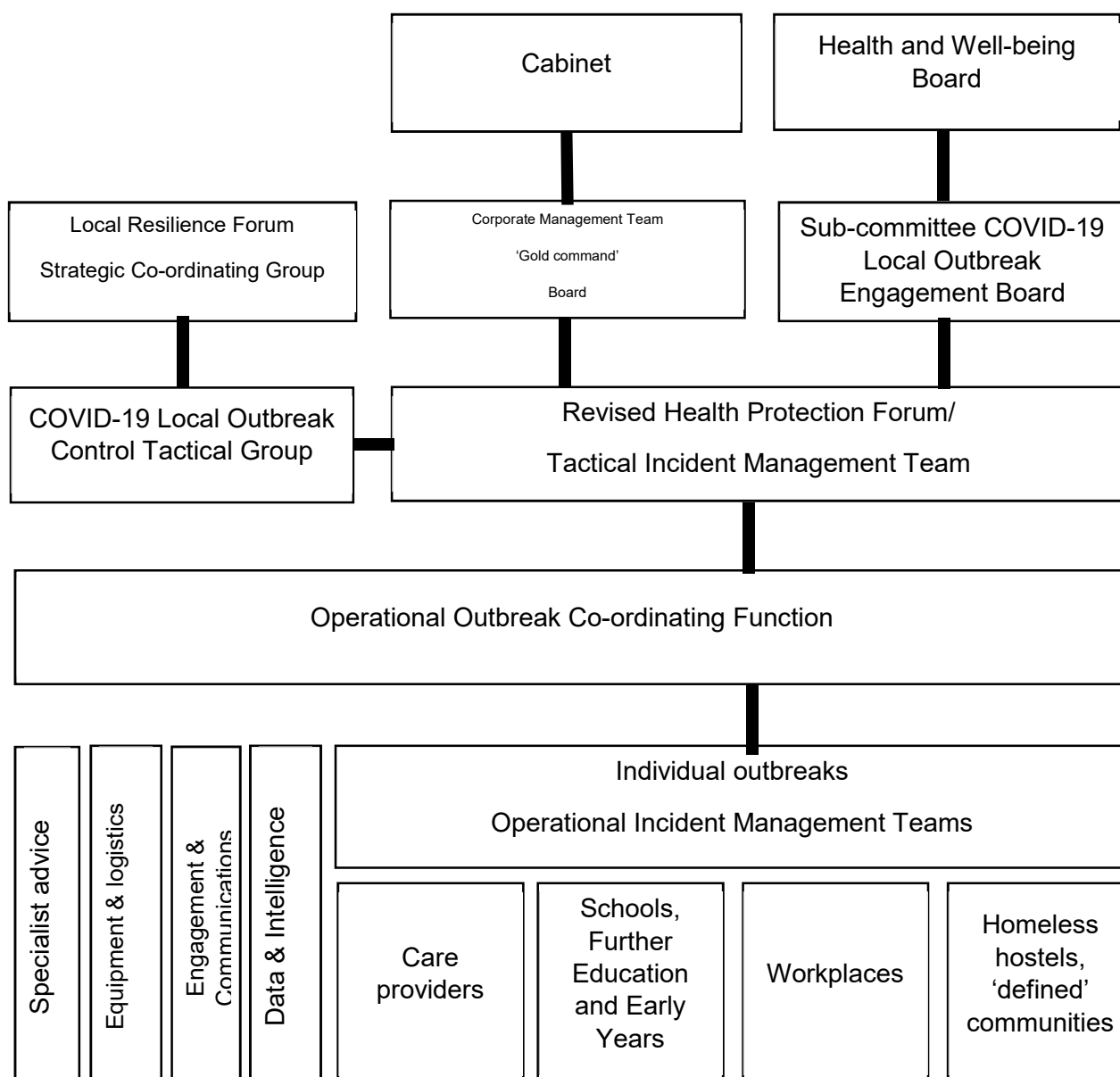
These terms of reference will be reviewed when requested by any member of the Sub-committee.

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Appendix 1. Proposed governance of Outbreak Management plan

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

2. The components of governance are set out below. It includes revised Health Protection Forum and a COVID-19 Member Led Local Outbreak Control Board.



Operational outbreak co-ordinating function

3. This function provides the operational management of the Outbreak Management Plan. It will primarily:
 - a) Develop and continually review the Local Outbreak Control Plan;
 - b) Ensure that appropriate and up to date Standard Operating Procedures are in place for outbreak management;
 - c) Oversee management of outbreaks;
 - d) Provide assurance about management; and
 - e) To reflect on learning from outbreaks to identify improvements for future management and amend SOPs accordingly and/or identify additional capacity requirements.
4. Membership will include: the Council, Clinical Commissioning Group, Walsall Together Partners, Police and PHE. Membership will be reviewed as appropriate.

Revised Health Protection Forum

5. The revised Terms of Reference are shown in appendix 1. This group will be chaired by the Director of Public Health and membership is set out in appendix 1.
 - a) Set system wide framework for Local Outbreak Management Plans;
 - b) Provide multi-agency and multi-professional input into development of Local Outbreak Management Plan;
 - c) Ensure Local Outbreak Management Plans are consistent with resources available from all agencies;
 - d) Provide assurance to the SCG about management of outbreaks; and
 - e) Provide a route for escalation for mutual aid if necessary.