

Walsall Council

Covid-19

Outbreak

Management Plan

June 2020

DRAFT V2

**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

Version Control and Document Management

Version	Version 2
Title	Coronavirus (Covid-19) Outbreak Management Plan
Director Responsible	Stephen Gunther – Director of Public Health
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
V1.2	29/06/2020	Proofing/ consistency with national naming requirements	29/06/2020	SG/ KK/ DH
V2	14/07/20	Updated following Member engagement	14/07/20	SG/UV

Foreword

The scale and severity of this coronavirus pandemic has challenged every aspect of how we live our lives, exacerbated existing inequalities and created unprecedented and new demands on services.

We have now entered another phase of our response to the pandemic that requires us to create plans at a local level that will:

1. reduce the number of new community cases of Covid-19;
2. minimise outbreaks and manage them effectively when they occur and;
3. reduce the impact of the pandemic on the most vulnerable groups in our community.

This Local Outbreak Management Plan and supporting documents outlines a locally-led system for Walsall that seeks to protect and promote health and wellbeing in the face of the pandemic. This pandemic and the after effects will be with us for some time. Therefore, we need to ensure our approach is resilient, joined up and agile enough to meet the changing demands placed upon us.

I am confident we will overcome the challenges ahead of us and emerge as a more cohesive and stronger Walsall.

Cllr Stephen Craddock, Portfolio Holder Health and Wellbeing.

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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 (Covid-19) 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 aims of the Plan are to control Covid-19, reduce the spread of infection and save lives. In doing this, the Plan will 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 is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities. Covering 40 square miles, it is located to the north-west of Birmingham, and is one of the four local authorities that make up the Black Country sub-region (with Dudley, Sandwell and Wolverhampton). Walsall town centre lies at the heart of the borough surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall district centres.

Walsall's overall population of 285,500 (ONS 2019) residents is predicted to increase by 5.9% over 10 years, from 274,200 in 2014 to 290,200 in 2024. Like many areas, the predicted growth of Walsall's older population (> 65) is higher than this at 12.4%. There has already been an 8.8% increase in births in Walsall between 2004 and 2014, and the number of reception pupils in Walsall schools has increased 11.34% between 2012 and 2017. Therefore, planning to meet the needs of a growing younger population as well as a growing number of older people is incorporated within the Local Authorities' key strategic priorities, while recognising that the proportion of residents likely to be economically active is projected to fall.

Within Walsall, there is considerable variation in the levels of deprivation experienced in neighbourhoods across the borough. Figure 1 shows deprivation relative to England overall, highlighting the most deprived and least deprived LSOAs in the borough in 2019. There are pockets of extreme deprivation in some areas and over a quarter of neighbourhoods (44 of 167) are amongst the most deprived 10% in England. This is more than the 34 highly deprived neighbourhoods in 2015 and the 41 in 2010. These highly deprived LSOAs are located primarily in Blakenall, Birchills Leamore, Pleck, St Matthew's and Bloxwich East and West wards. Darlaston and Willenhall South also have very widespread multiple deprivation.

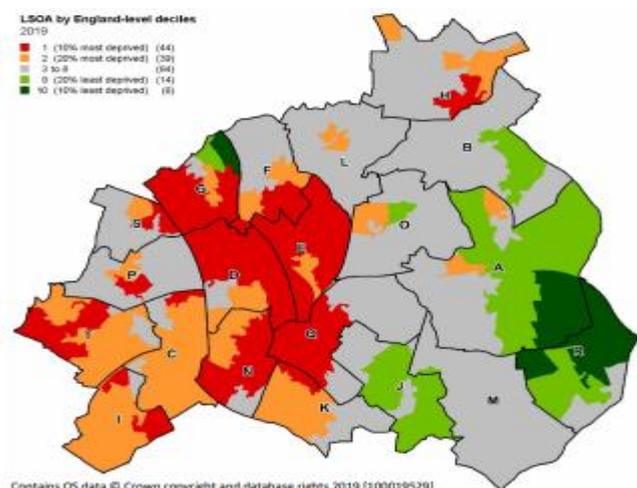


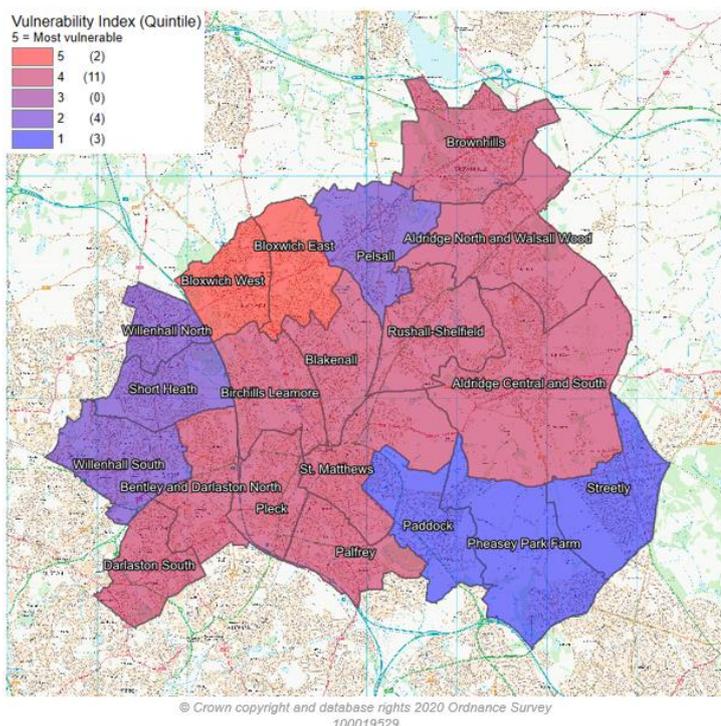
Figure 1: IMD 2019 shown by England-level percentiles

Walsall is a culturally diverse town where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups. The number of non-UK born residents in Walsall increased by 3.7% (or 9,900 people) between the 2001 and 2011 censuses and Walsall now has a small Eastern European population who make up about 1% of residents (2,700 people in total).

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 as seen in figure 2.

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

Figure 2: British Red Cross – Walsall vulnerability map



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/>

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, each Local Authority, the emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.

Public Health England 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 Local Authority responsible for safeguard adults in its area. Local Authority responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.

The Health and Social Care Act 2012 places a duty to prepare for and lead the Local Authority 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 Local Authorities and Public Health England in dealing with Covid-19 outbreaks, so the Local Authority and PHE Health Protection Team will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of the current situation.

This document defines the roles and responsibilities of Public Health England, the Director of Public Health and the Walsall 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 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 Public Health England - 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

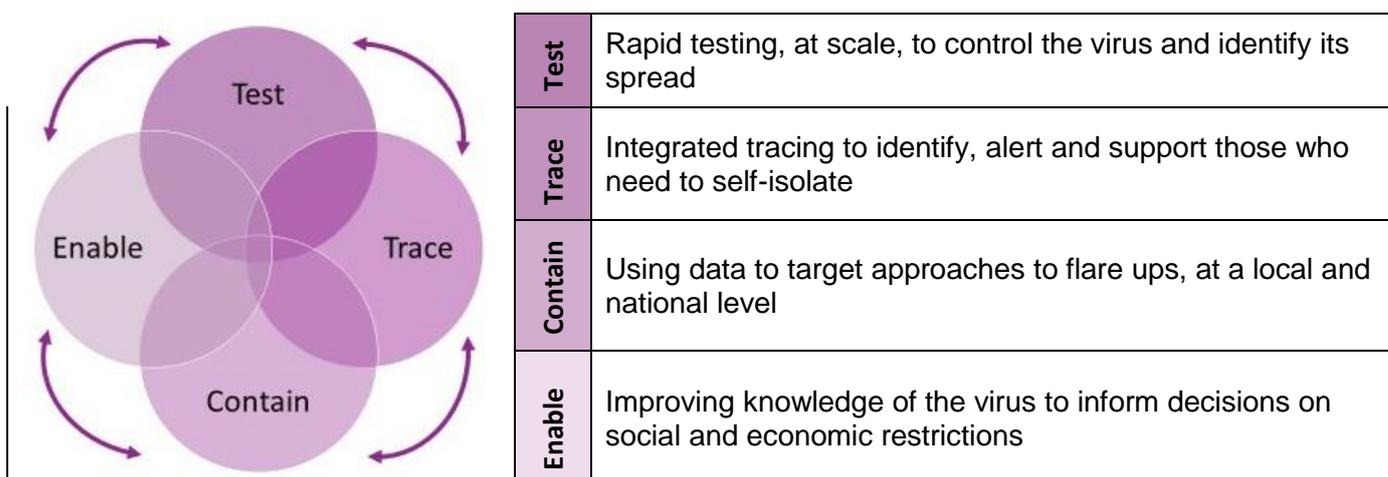
Public Health England took the lead on assessment and contact tracing at the start of the Covid-19 pandemic response but was suspended when community transmission exceeded capacity and lockdown measures were introduced.

The Government applied 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. The 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 lockdown measures of which is the Test, Trace, Contain, Enable (TTCE) approach (see Figure 3). When lockdown measures are eased, local outbreak management plans will be crucial to contain the virus, reducing the need for lockdown measures.

Figure 3: National Test, Trace, Contain, Enable approach

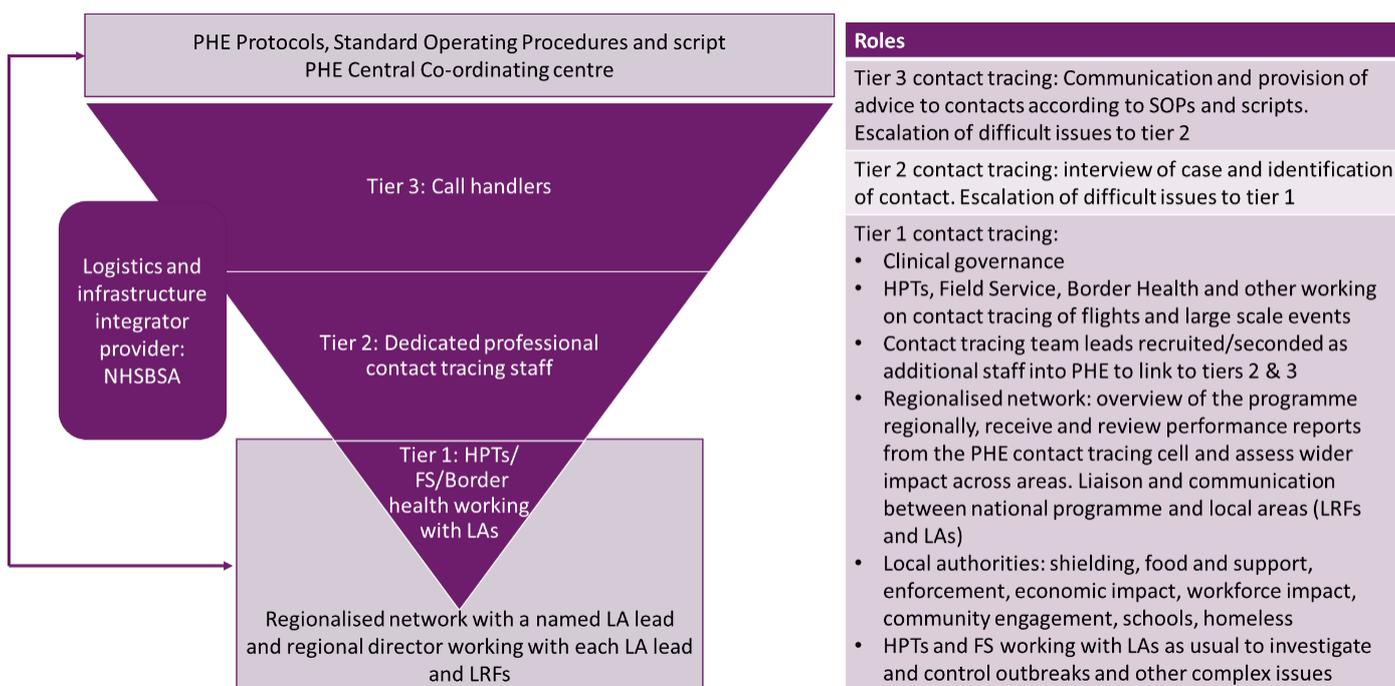


The NHS Test and Trace service has a three tier approach to contact tracing (see Figure 4 below), which will receive notifications of positive cases automatically and work with cases to identify contacts, using nationally prescribed protocols.

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 4: 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 with 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. Walsall Council Health Protection Forum has operational oversight and the Walsall 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 Director of Public Health and Health Protection Forum will keep the outbreak management capacity levels under review.

Capacity demands beyond these levels should be escalated by the Walsall Health Protection Team to the Walsall 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 and the field service 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 Association of Directors of Public Health 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 Management Plans 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 work plan 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 Action Plan.

Workstreams in Walsall's Outbreak Management Action 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 Public Health England
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.

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.

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 Health & Safety Executive, enforcement action could be taken as appropriate and where necessary.

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 overall enforcement of this work.

List of Appendices

Appendices available on request. Please contact the Health Protection Team.

- SOP – Public Health England / Local Authority Joint Management of Covid-19 Disease
- Communications and Engagement Plan
- Health Protection Forum – Terms of Reference
- Checklists and Guidance for High Risk Locations
- Checklist and Guidance for Care Homes
- Checklist for Schools and Nurseries
- Covid-19 Workplace Checklist
- Covid-19 Homeless and Asylum Seekers Checklist
- Contact Tracing Follow-up Checklist
- Outbreak Control Team - Terms of Reference and Suggested Membership
- Agenda – Strategic Incident Management Team
- Agenda – Outbreak Control Team
- Frequency of Meetings/Reports Template
- Expenditure Log
- Situation Report Template for SIMT

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 Public Health England 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.

This includes but is not limited to:

- Daily bulletin
- School specific intranet
- Support at weekly headteacher meeting
- On-call helpline
- School nursing first line of support

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.

The Walsall health and care partners have provided enhanced support to nursing and residential homes since April 2020 covering training, supply of equipment and direct nursing and care staff to help homes to maintain services.

The plan is to continue this enhanced support and expand to all nursing and residential care settings with proactive interventions to ensure the care sector is more resilient as we move into the next phase of the pandemic.

Walsall health and care partners are committed to:

- provide support to care homes to be able to provide excellent quality in care on a consistent and ongoing basis, with specialised support for frail elderly, learning disability, dementia and other mental health conditions as appropriate;
- provide support for Infection Prevention and Control, and to co-ordinate system wide response to outbreaks;
- ensure that all residents in care homes have a personalised care and support plan (Advanced Care Plan);
- ensure that all residents in care homes receive a structured medication review at the point of transfer in to the care home in the first instance, and following a change in circumstance such as a spell in hospital, or a major change in health or well-being;
- arrange a weekly 'home round' that is supported by appropriate and consistent medical input from a GP and prioritises residents for a GP medical review based on MDT clinical advice and care home advice;
- ensure there is an arrangement for a weekly care home GP led MDT that provides expert clinical advice and support for residents with complex conditions;
- ensure that residents in care homes will be supported to use digital/telehealth application to self-manage their health and well-being with real time GP diagnostic monitoring and oversight;
- ensure that there will be specialist clinical palliative care for residents in care homes at End of Life.

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.

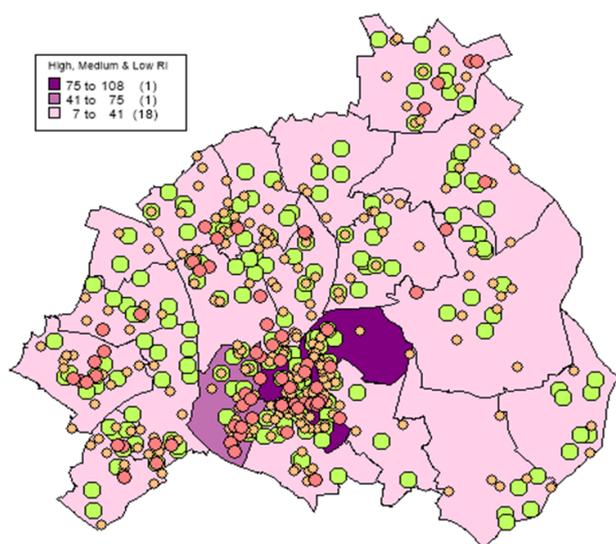
A local implementation plan for high risk locations and communities focusing on both prevention and response activities for a range of settings is in development. This covers approaches that may need to be taken to respond to outbreaks/complex cases in particular communities and will be adapted as new 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 have been mapped (see figure 5) and engagement with organisations will continue to identify the highest risks and any gaps in the communication plan that has been produced.

Figure 5: High Risk Locations, Places and Communities Summary



Row Labels	High	Medium	Low	Grand Total
Asylum Seekers		8		8
Day Centre Provider		1	6	7
Domestic Violence Refuge	2			2
Faith Community		68		68
Fire Stations		3		3
HMO	31	27		58
Workplace	20			20
Homeless Accommodation	5			5
NHS Setting			3	3
Nursery/ Pre School			64	64
Other	3	123	21	147
Police station		1		1
Primary School			86	86
Pupil Referral Unit			3	3
Residential Childrens Home		16	1	17
Residential Community	14	30	23	67
Secondary School		18		18
Social Care Setting		61		61
Special Schools			7	7
Statutory Service HQ		1		1
Grand Total	75	357	214	646

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.

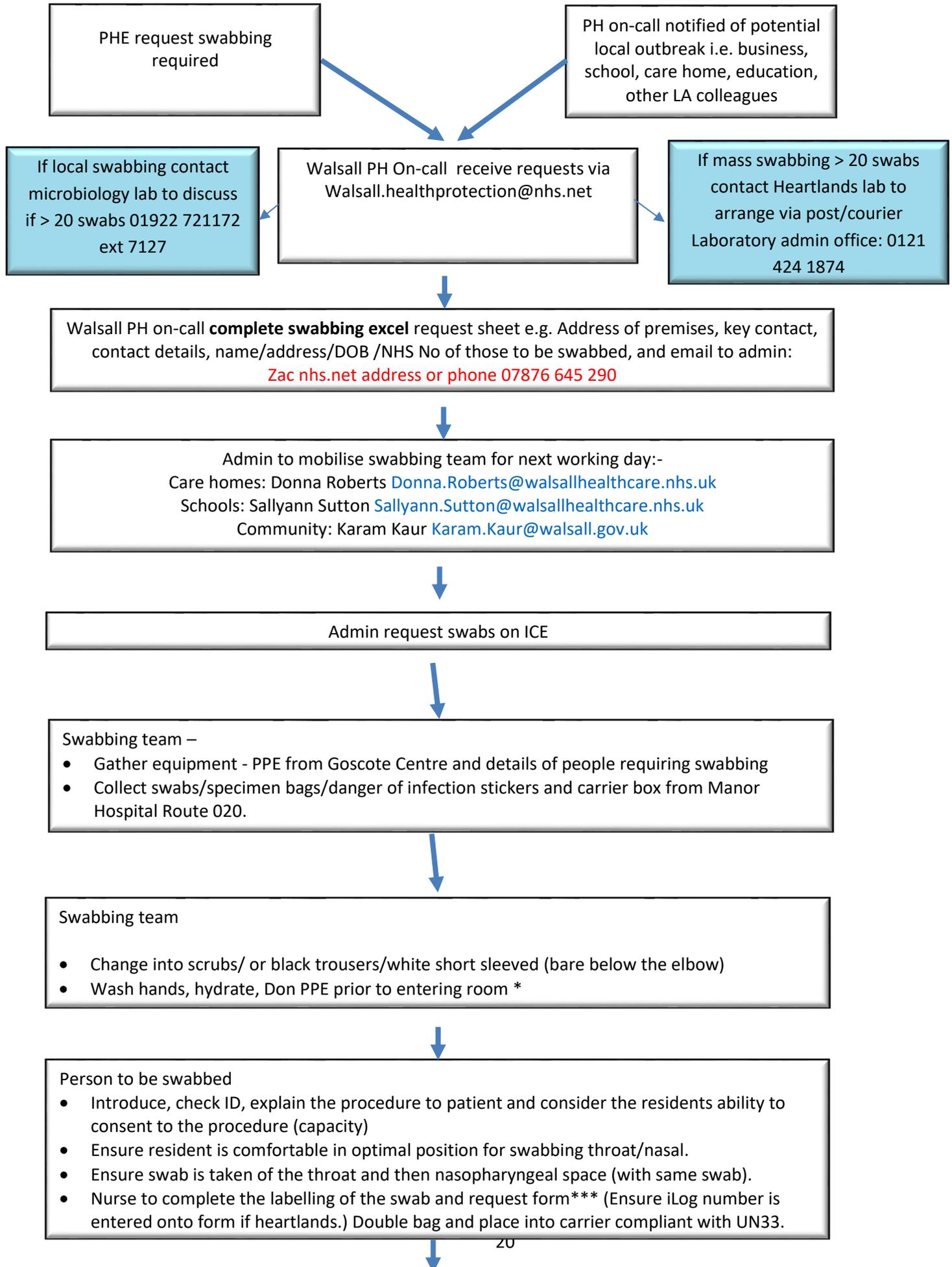
Current Polymerase Chain Reaction (swabbing) testing options for Walsall include testing at:

- 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 Swabbing Pathway



- Swabbing team to document onto excel sheet details of swabs taken and note any difficulty with the process or refusal.



- Remove gloves, wash hands, remove apron, dispose of PPE into waste stream inside room wash hands. Leave mask and goggles in place as per sessional use in sustained transmission protocol (Table 4)**



- Decontaminate carrying box, wash hands.



If subsequent swabs are required:-

- Complete process as above.
- After last resident, wash hands and change into normal clothes before proceeding to next home (if applicable)



- Deliver swabs to Walsall lab (Route 020) before 4pm (7 days a week).
- Daily log of swabs to be emailed to Walsall.healthprotection@nhs.net



Results will be available on fusion /excel sheet from lab



PH and admin team lead to review and record results, inform individuals of results; give appropriate contact tracing advice (TTI team)

***8.13 Collection of nasopharyngeal swab(s)**

For collection of nasopharyngeal swabs (for example, for COVID-19 diagnostic purposes), plastic aprons, FRSMs, eye protection and gloves should be used. PHE 17.4.2020

**REF:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-6>



testing for nCoV (community)II.pdf

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.

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

Identifying Vulnerable Groups

There are at least two ways in which someone may be considered vulnerable in relation to the COVID-19 pandemic and therefore in need of extra support. These are 'functional vulnerability' and 'clinical vulnerability'. While there is a large degree of overlap between these two groups, there are many people who exist in one but not the other.

First, functionally vulnerable people can be defined as those 'that are less able to help themselves in the circumstances of an emergency'. These may include: children (exacerbated by school closures), older people, mobility impaired, mental/cognitive function impaired, sensory impaired, individuals supported within the community, the immuno-compromised, those with underlying health conditions, individuals cared for by relatives, homeless, pregnant women, and those in need of bereavement support.

Second, clinically vulnerable people, who may or may not be normally able to function independently in normal circumstances, or those rendered vulnerable by the nature of a long-term health condition or treatment.

Clinical vulnerability is further divided into two levels:

- Clinically extremely vulnerable people: People defined on medical grounds are clinically extremely vulnerable, meaning they are at the greatest risk of severe illness. This group includes solid organ transplant recipients, people receiving chemotherapy, renal dialysis patients and others.

- Clinically vulnerable people: People considered to be at higher risk of severe illness from COVID-19. Clinically vulnerable people include the following: people aged 70 or older, people with liver disease, people with diabetes, pregnant women and others.

Work at the start of the pandemic was carried out to integrate datasets relating to each of these groups. Council held data (eg: from adult or children's social care) was merged with data from central government on those in the clinically extremely vulnerable who had been asked by the NHS to embark on a period of 'shielding' (complete self-isolation for at least 12 weeks).

Functional Vulnerability

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-19 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.

Supporting Homeless People

Walsall Council has recently allocated funding for various themes around homelessness as we come out of the Covid-19 lockdown. This is to include funding for isolation properties for those who are homeless and who test positive, or have been in contact with someone who tests positive and who then has to isolate. The funding will also cover accommodation for victims of domestic abuse and violence, who have to leave their homes, and young persons through the Council's arrangement with St Basils.

All of the homeless individuals who were housed by the local authority during the lockdown period, will have been moved into 'move on' accommodation by the end of July, or made an offer which they chose to decline. In the event of a local lockdown, the Council's housing team would employ the same strategy that was followed since the national lockdown was introduced.

Clinical Vulnerability

At the start of the pandemic, general practices in Walsall worked through their practice lists to identify all patients with long term conditions who may be at risk of severe illness if infected with Covid-19. Practices made contact with all patients to update them of the relevant actions for their condition and the local services available to support their daily needs. The healthy Lifestyles service has been making contact with residents to both identify support needs and to advise on specific ways to improve their health.

In Walsall the prevalence of long term conditions is generally higher than nationally. For example, over 19,000 people have been diagnosed with diabetes. This prevalence of 8.9%, compares unfavourably with the figure for England of 6.8%. It is also estimated that if the population with undiagnosed diabetes is included, the rate for Walsall is over 10% of the adult population. Whilst the proportion of people with good control of their illness is better than the national rate, there are opportunities to improve this, and thus reduce the risk of further complications and harm from Covid-19. The improvement opportunity is similar for those with hypertension, COPD and heart disease.

Promoting wellbeing

The public health team is working with NHS partners to run promotional campaigns throughout the year to help residents stay well through Covid-19. This is a population based approach but will also focus on specific health conditions through the rolling programme. Elements include nutrition, staying active, mental wellbeing, keeping smoke-free and personal protection such as hygiene and immunisation. The priorities for July to November 2020 are hypertension, diabetes, body mass index, learning disability and influenza immunisation.

Enhancing disease management

GP practices are restoring the annual assessments for those with long term conditions and strengthening the involvement of patients in managing their conditions. There is agreement that those at highest risk will be offered additional support e.g. from the practice-based social prescribers to guide to wider services which support health and wellbeing. The timings of essential appointments are also being restructure such that those at highest are seen at the start of surgery sessions to reduce transmission risks further.

Pharmacies, health lifestyle services and other community health teams are also aligning their contribution to ensure full support for those at highest risk.

There is local evidence of changing public attitudes to influenza whereby flu is seen as less life-threatening than Covid-19, particularly in people with respiratory problems, so the need for immunisation is considered to be less important than previously. Promoting the uptake of the influenza immunisation in the autumn will be an important factor in protecting vulnerable residents.

Vulnerable Workers

The Walsall Public Health Team are currently working with partners within and beyond the Council in individual risk assessments for staff as they return to the workplace. This service is already in place within social care settings and schools and is constantly revised when new evidence emerges on COVID-19 risk and vulnerability.

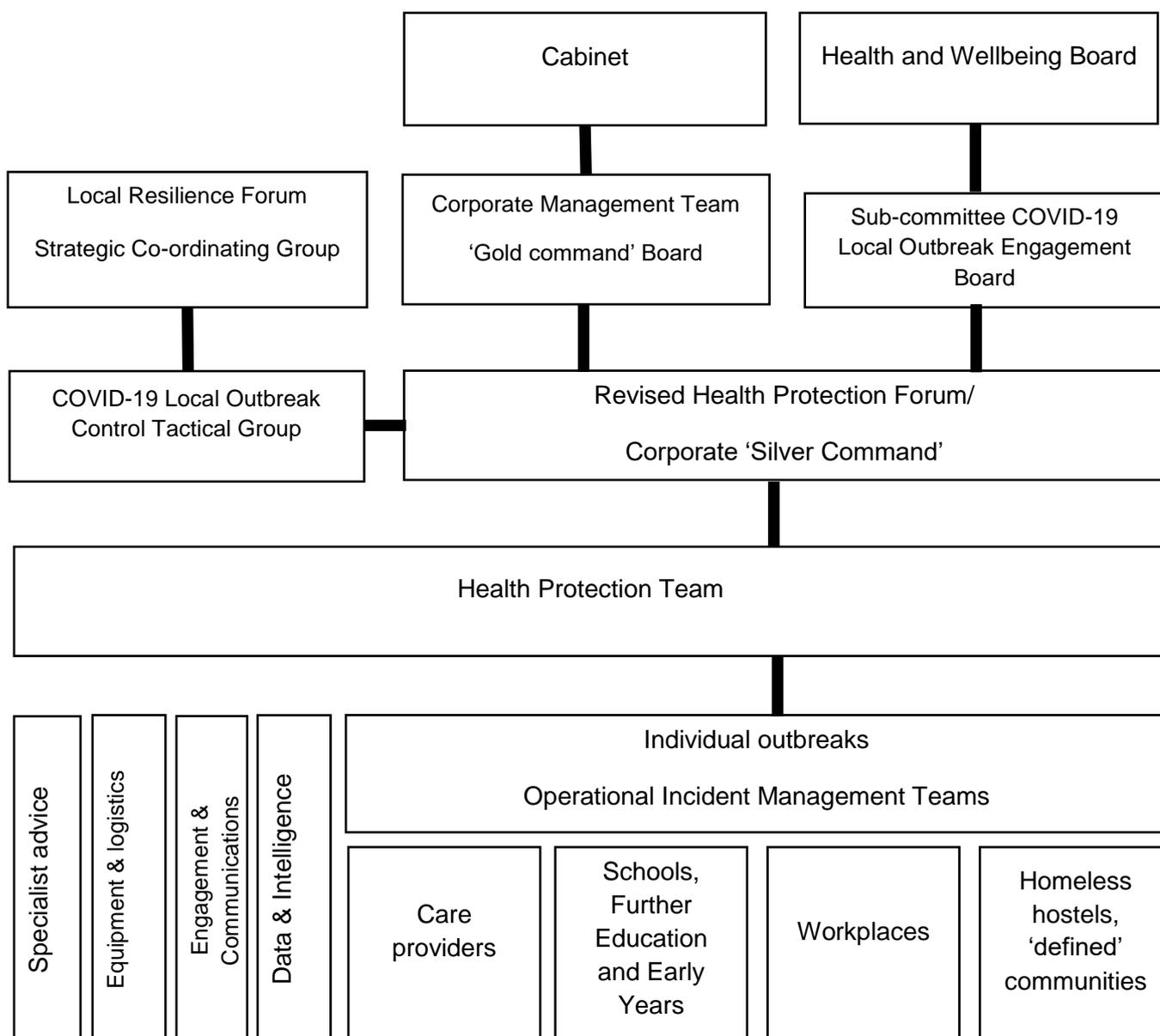
For example, risk assessments need to be adapted to reflect the added vulnerability to serious COVID-19 illness and death among BAME groups. Local and national data on death rates will be fed into new protocols that will be rolled out across local services. This work will be completed in collaboration with trade unions and BAME community representatives.

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:

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



The Outbreak Management Process

Walsall Council 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 and will have a Standard Operating Procedure established which outlines the way in which the response will work between Public Health England and Walsall Council.

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 Walsall Health Protection Team in these instances to rapidly prevent and control transmission. Further, if Walsall Council receives direct notification of outbreaks and complex cases, this will be notified to Public Health England.

Walsall Health Protection Team will be contactable out of hours between 8am and 8pm 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 Walsall Council for mobilising the local response, 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. Walsall Council will continue to ensure timely local interpretation of national/regional guidance is undertaken where required.

Outbreak Control Team

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

The Chair will usually be the Director of Public Health or the nominated Consultant. The Director of Public Health is responsible for assurance that the local response, through the Outbreak Control Team, is meeting the needs of the community.

The Outbreak Control Team 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 and Trace (TT) Communications Plan has been developed outlining the authority's approach to communications for Test and Trace 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 two communication objectives:

1. Promote general awareness of TT and key coronavirus messages.
This relates to continual pushing of national guidance and campaign materials regarding staying safe from infection and the TT 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. It also takes into consideration the 4 principles of design and operationalisation of a Local Outbreak Plan

4 principles of design and operationalisation of a Local Outbreak Plan	Outbreak Response Communications.
Principle 1: Be rooted in public health systems and leadership	Development of communication campaign will be based on public health standard operating procedure for the management of the outbreak.
Principle 2: Adopt a whole system approach	Objective 1 of the TTI Communications plan focusses on preventing spread of COVID-19. Outbreak response messages will be informed by the whole system approach (use of data, local intelligence, etc.)
Principle 3: Be delivered through an efficient and locally effective and responsive system	Use of existing communication network will enable quick cascade of messages to targeted audiences.
Principle 4: Be sufficiently resourced	Communications network extends the available resources to delivery outbreak communications.