Coventry City Council

Agenda

Coventry Health and Well-being Board

Time and Date
2.00 pm on Monday, 27th July, 2020

Place
This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: Health and Wellbeing Board 2.00 pm Monday 27 July

---

Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of Previous Meeting** (Pages 3 - 16)

   (a) To agree the minutes of the meeting held on 13th January, 2020

   (b) Matters Arising

4. **Chair's Update**

   The Chair, Councillor Caan will report at the meeting

Development Items

5. **Covid-19 Outbreak Control Plan Update: Health and Wellbeing Test and Trace Sub Group and Local Outbreak Plan** (Pages 17 - 68)

   Report of Liz Gaulton, Director of Health and Wellbeing

6. **Improving Immunisation Uptake in Coventry** (Pages 69 - 72)

   Report and presentation of Liz Gaulton, Director of Public Health and Wellbeing and Nadia Inglis, Consultant Public Health

7. **Disparities and Covid-19** (Pages 73 - 78)

   Report and presentation of Liz Gaulton, Director of Public Health and Wellbeing

8. **NHS Reset and Restoration**

   Presentation from Adrian Stokes, Coventry and Rugby Clinical Commissioning Group (CCG)

9. **Adult Social Care - Key Programmes of Work to Support Covid-19 to Date** (Pages 79 - 84)

   Report of Pete Fahy, Director of Adult Services

10. **Coventry Joint Health and Wellbeing Strategy 2019-23 Update: Integrated Health and Care** (Pages 85 - 86)

    Report of Pete Fahy, Director of Adult Services and Justine Richards, University Hospitals Coventry and Warwickshire (UHCW)

11. **Place Forum and Health and Care Partnership Update**

    Report of the Chair, Councillor Caan

Governance Items

12. **Future of Health Commissioning in Coventry and Warwickshire** (Pages 87 - 90)

    Report of Adrian Stokes and Dr Sarah Raistrick, Coventry and Rugby CCG

13. **Any other items of public business**

    Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Julie Newman, Director of Law and Governance, Council House Coventry

Friday, 17 July 2020

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Membership: L Bayliss-Pratt, Cllr J Blundell, Cllr K Caan (Chair), Cllr G Duggins, P Fahy, L Gaulton, S Gilby, J Grant, J Gregg, A Hardy, R Light, S Linnell, C Meyer, Cllr M Mutton, M O'Hara, S Ogle, M Price, G Quinton, S Raistrick, Cllr P Seaman and A Stokes

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight
Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm on Monday, 13 January 2020

Present:

Board Members: Councillor Duggins
Councillor M Mutton
Councillor Seaman
Professor Lisa Bayliss-Pratt, Coventry University
Pete Fahy, Director of Adult Services
Ryan Forrester, West Midlands Fire Service
Liz Gaulton, Director of Public Health and Wellbeing
Simon Gilby, Coventry and Warwickshire Partnership Trust
Andy Hardy, University Hospitals Coventry and Warwickshire
Stuart Linnell, Coventry Healthwatch
Professor Caroline Meyer, Warwick University
Sue Ogle, Voluntary Action Coventry
Gail Quinton, Deputy Chief Executive (People)
Dr Sarah Raistrick, Coventry and Rugby CCG (Chair)

Other representatives: Chris Evans, Coventry and Warwickshire Partnership Trust
Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership
Steven Hill, Coventry Suicide Prevention Steering Group

Employees (by Directorate):

Place: L Knight

People: R Eaves
R Limb
R Nawaz

Apologies: Councillor Caan
Julie Grant, NHS England
John Gregg, Director of Children's Services
Ruth Light, Coventry Healthwatch
Richard Stanton, West Midlands Fire Service
Adrian Stokes, Coventry and Rugby CCG

Public Business

24. **Declarations of Interest**

There were no declarations of interest.

25. **Minutes of Previous Meeting**

The minutes of the meeting held on 14 October 2019 were agreed and signed as a true record. There were no matters arising.

26. **Professor Guy Daly**

The Chair, Dr Raistrick, referred to Professor Guy Daly, Coventry University, who had recently stood down as a member of the Board following his promotion to a new post at the university. She placed on record her thanks to Professor Daly for his contribution and support to the work of the Board over the past few years.

Dr Raistrick welcomed Professor Lisa Bayliss-Pratt, a new Pro-Vice Chancellor at the university who was attending her first Board meeting.

27. **Chair's Update**

The Chair, Dr Raistrick, reported on the positive meeting of the Place Forum held on 5 November 2019 when colleagues shared examples of work which put the population health approach into practice. The next meeting of the Forum was scheduled for 3 March. She drew attention to the celebratory event for the Year of Wellbeing held on 4 December which was well attended by colleagues across Coventry and Warwickshire. Reference was made to the first meeting of the Coventry and Warwickshire Health and Care Partnership which also took place on 5 November.

The board were reminded that the Coventry Youth Violence Prevention Summit was taking place on 15 January and all members were invited. It was a follow up to the Summit last year. Much work had been undertaken in the past year to move the agenda forward including a new strategy and the establishment of a new Youth Violence Prevention Board and the aim of the event was to build on this.

Dr Raistrick informed that the European City of Sport celebration was being held at the Xcel Leisure Centre on 16 January to acknowledge the organisations and staff who had contributed and delivered programmes throughout the year, recognise achievements and detail the legacy moving forward.

The Chair also gave an update from the CCG referring to the future of a streamlined commissioning function of the CCG within Coventry and Warwickshire. A decision on the preferred option would be made in February and reported back at the next meeting of the Board. Reference was made to a positive example of joint working, a future joint appointment by UHCW and the CCG was to be advertised at the end of January for a GP director who would work across the whole Coventry place system.

28. **Coventry Joint Health and Wellbeing Strategy 2019-23: Working Differently with our Communities Update**

The Board considered a report of Gail Quinton, Deputy Chief Executive (People) which provided an update on progress against the Health and Wellbeing Strategy priority 'Working Differently with our Communities'. Particular reference was made to the alignment of this activity with the work led through the Health and Care partnership.

The report indicated that work on the strategy was being led by the One Coventry Partnership. The engagement with communities and community organisations during the JSNA and Health and Wellbeing Strategy development had revealed an

appetite for a change in approach to partnership working with communities. This meant working together, with communities, to improve people's lives and the city for the better. Communities wanted to be part of the change and wanted to work with statutory partners, not to be "done to", which meant changing traditional relationships. This was also in line with the Council's One Coventry approach.

Reference was made to the priority objectives and the report outlined how there needed to be a shift in culture and behaviours amongst the statutory partners including:

- Empowering and enabling community solutions by valuing the community leaders who had trust, networks, understanding and legitimacy; and getting behind existing partnerships;
- Facilitating forums and networks to enable better collaboration and communication between public and third sector partners encouraging shared learning;
- Taking forward work to change the way services were commissioned to better recognise social value and develop the role of anchor institutions; and
- Providing practical support to strengthen the community sector, including by pooling resources to build capacity and connections and enable communities to maximise social action.

In order to develop the priority, engagement work had taken place with the voluntary and community sectors to understand the challenges facing the sector and to co-design an effective One Coventry engagement mechanism. The recent engagement with 70 representatives of community and voluntary sector organisations for the JSNA and 30 organisations during a visit with leaders of Arms Length Bodies had provided insights about the challenges faced which were detailed in the report and included:

- General support from third sector organisations to work together and with public sector organisations to make a bigger impact
- Achieving greater connectivity with shared aims was a big priority but was very hard to achieve as there was poor visibility of what was happening
- There were perceptions amongst smaller third sector organisations that the way the public sector commissions larger third sector organisations it created a two-tier system; larger organisations receive funding but expecting smaller grass roots organisations to deliver outcomes with no funding
- Public sector bodies were engaging in silos which caused duplication of effort and frustration
- Resources to support effective networking were scarce
- Small organisations felt left out of conversations and influence and found it hard to engage through traditional mechanisms used by public sector; some probably weren't part of any network
- There was wide-spread concern about how third sector organisations could achieve sustainable income streams and there was much interest in exploring more collaborative forms of commissioning.

Facilitated workshops were held through VAC with very small organisations to understand what engagement mechanisms would work well for them. On 3rd October, an event was held bringing existing networks and partnerships together

with public sector engagement leads to co-design an effective One Coventry engagement mechanism – potentially a 'network of networks'.

The report set out the approach to be developed for the 'networks of networks. A key set of themes had emerged through the engagement process as follows:

- Coventry conversations – there were currently lots of individual conversations happening and there was a need to build on these and create city-wide consensus/ action. It was recognised that everyone needed to take responsibility for hosting/ organising events/ conversations
- Place-based conversations – there was support for greater co-ordination at a placed-based level. Currently front line workers from a number of agencies were working in a place-based way but often in silo
- Anchor institutions/ social value – the role of public sector organisations in maximising the social and economic value they brought to communities and to the voluntary sector was a key area for joint working.

The next steps involved the One Coventry Partnership identifying engagement leads from their respective organisations who could work together to help create a consistent public sector 'offer' and create an action plan setting out how the themes would be taken forward.

Members expressed support for the approach and further details were requested regarding a timeframe for implementation. There was an acknowledgement of the benefit of having a pool of information to be shared with others.

RESOLVED that the content of the report be noted and approval be given for a report on the development of anchor institutions in Coventry be considered at a future meeting of the Committee.

29. **Progress Update on Coventry's Marmot City Strategy 2016-2019**

The Board considered a report of Richard Stanton, West Midlands Fire Service and Co-Chair of the of the Marmot Steering Group which provided an update on progress against one of the priorities of the Coventry Health and Wellbeing Strategy 2016-2019 'Working together as a Marmot City to reduce health and wellbeing inequalities' and set out how the Marmot Steering Group would lead and co-ordinate work to deliver the 'Wider Determinants' element of the population health model contained within the new Health and Wellbeing Strategy 2019-23. Ryan Forrester, West Midlands Fire Service presented the report in the absence of Richard Stanton.

The report referred to the Poverty Summit held in November 2018 which looked at how Coventry could tackle the impact of poverty and the Marmot Steering Group committed to taking forward the priorities from the Summit. In October 2019 a broad range of partners attended a 'Now What' workshop with Professor Sir Michael Marmot to review future priorities. The new priorities had now been themed and further prioritised by the Steering Group. In addition to the new priorities the workshop agreed to continue to focus on the existing two key priorities:

i) Tackling inequalities disproportionately affecting young people

ii) Ensuring that all Coventry people, including vulnerable residents, could benefit from 'good growth' which would bring jobs, housing and other benefits to the city.

Examples of new and existing work under these priorities included:

- Business Rate Reduction Scheme which aimed to give 20 small businesses access to a grant of £2,500 each if they took on a long-term unemployed person
- Family Health and Lifestyles' service development plans to drive the provision of increasing support to families across the social gradient (proportionate universalism).
- The Raising Aspirations Programme (Positive Youth Foundation) providing support for young people either excluded or on the verge of exclusion from education settings
- Partnership work was on-going with the Chamber of Commerce to support employers to provide and promote good quality jobs in Coventry.
- The Poverty Summit held in November 2018 which led to the development of new sub groups.

Further information was provided on the outcomes relating to the monitoring of the two priorities.

The report referred to the refresh of the Marmot Action Plan which would take place to reflect the revised Health and Wellbeing Strategy, the findings of the Marmot Evaluation, the new priorities identified in the 'Now What?' workshop and the recommendations of the Director of Public Health's Annual Public Health Report on Health Inequalities, Bridging the Health Gap. This revised Strategy took a population health approach which allowed for a holistic view of everything that impacted on people's health and wellbeing across the whole population, with an emphasis on reducing inequalities in health as well as improving health overall.

A key element of the population health model was 'Wider Determinants', and a key role for the Marmot Steering Group was to embed the Marmot City approach through working in partnership, with the aim of reducing health inequalities by addressing the social determinants of health. Public Health had been working with the UCL Institute of Health Equity and Public Health England to evaluate the Marmot work and consider the next steps for Coventry and the implications for other organisations seeking to work within the Marmot framework. The report detailed the interim key findings of the evaluation.

Following the Marmot 'Now What?' workshop, the key priorities identified for the next three years (1920 -1922) would be:

- Tackling inequalities disproportionately affecting young people
- Ensuring that all Coventry people, including vulnerable residents, could benefit from 'good growth' which would bring jobs, housing and other benefits to the city
- 0-5 years olds (focus area to be determined)
- Income inequality

The relevant broader recommendations from the Director of Public Health's Annual Report on Health Inequalities and the Marmot Evaluation would be incorporated through discussion at the next Steering Group meeting.

The Board acknowledged the significant achievement which had resulted in between 2015 and 2019, Coventry seeing a reduction in the number of

neighbourhoods among the 10% most deprived in England from 18.8% to 14.4%. The Board were informed that this improvement was unique amongst cities in the West Midlands.

Members discussed why Coventry was the only City which continued to commit to being a Marmot City in England and adopting the Marmot principles to tackling health inequalities. Reference was also made to the ongoing discussions about the anchor institutions in the city.

RESOLVED that:

(1) The progress made against the Marmot Action Plan 2016-2019 be endorsed.

(2) The proposed future priorities and approach of the Marmot Steering Group in the development of a new three-year action plan be approved.

30. **Coventry and Warwickshire Place Forum Update**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, which provided an update on the outcomes of the Place Forum meeting held on 5th November at University Hospital Coventry and informed of the Year of Wellbeing activities.

The report indicated that the meeting the Forum, members:

- Received a presentation from Nigel Minns and Gail Quinton outlining how the population health approach was being embedded in both Coventry and Warwickshire's Health and Wellbeing Strategies and the Five-Year Strategic Health and Care Plan.
- Received an update on the positive progress of the Year of Wellbeing, with a focus on the physical activity theme. The End of Year event on 4th December would offer an important opportunity to shape the legacy and build on the momentum around prevention and population health that had been generated.
- Heard from Dave Moorcroft on the role of physical activity in wellbeing and links to Coventry European City of Sport and UK City of Culture. Vicky Joel of Think Active also highlighted their valuable work with schools to promote and embed physical activity for children and young people.
- Heard from Professor Don Berwick who shared his reflections on the work of the Forum, reinforcing that health was not achievable through medical care alone, referring to the work of Sir Michael Marmot.

The following actions were agreed as part of the Place Plan, a copy of which was set out at an appendix to the report:

- Share feedback on the Five Year Strategic Health and Care Plan by 8th November, ahead of final submission
- Promote physical activity within the Forum's organisations
- Continue to lead and support the Year of Wellbeing and plan for its legacy, including consideration of the role of Anchor Institutions
- Attend the celebration of Year of Wellbeing event on 4 December

- Progress work on a Strategic Framework for Coventry and Warwickshire
- Seek opportunities to embed a population health approach across the organisations
- Develop the role of the Place Forum alongside the Coventry and Warwickshire Health and Care Partnership Board.

The Board were informed that the next meeting of the Place Forum was scheduled to take place in Coventry on 3 March 2020, with the focus being population health management.

RESOLVED that:

(1) The outcomes of the Place Forum meeting held on 5th November 2019 be noted.

(2) The ongoing activity as part of the Coventry and Warwickshire Year of Wellbeing 2019 be noted.

31. **Coventry and Warwickshire Health and Care Partnership Update**

Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership, presented the report which provided an update on progress on the work of the Coventry and Warwickshire Health and Care Partnership.

The report indicated that the Partnership's Strategic Five Year Plan remained a work in progress and the latest draft was to be submitted to NHSE/I for final sign-off in January. A detailed narrative was preceded by a public-facing, plain English 'easy read' preface, plus an introductory foreword by Chairman Professor Sir Chris Ham. A tentative date had been set for the launch to internal stakeholders and the workforce as 10 February, followed by a full public launch a week later. The Board noted that these dates were subject to change. The launch of the Plan would coincide with a major refresh of the Partnership's website and social media profiles designed to effectively amplify the Plan's contents and aspirations.

The report provided updates on the following areas of work:

- Cancer
- Digital
- Medicine Optimisation
- Operating Plans
- Urgent and Emergency Care
- Frailty
- Planned Care
- Service Improvement Schemes
- Population Health
- Voluntary Sector Engagement
- Primary Care Networks

In relation to cancer, digital and medicine optimisation, reference was made to three successful events held during November 2019. Under operation plans, the Board were informed that the Partnership was in the process of producing its

2020/21 annual Operating Plan which aligned to the 2019-24 Five Year Plan. The report detailed the likely contents of this plan.

Regarding Urgent and Emergency Care, the report informed of the winter funding secured to support two schemes at UHCW and a scheme at George Eliot hospital. Additional information was provided on the continuation of pilot schemes concerning frailty.

The Board noted that the Partnership was to establish a dedicated Clinical Diagnostic workstream early in 2020 with the aim of quickening diagnostic services for patients making them more efficient wherever possible. They had also secured a dedicated resource to support the Partnership's work in engaging and mobilising the voluntary and community sector.

The report indicated that the Partnership's primary care strategy had recently been approved by all CCGs following an extensive engagement process. The strategy was due to be published on CCG websites.

Members discussed the current financial position associated with the Plan and the implications of the Plan for local residents. A concern was raised that by avoiding duplication of service provision, this would mean patients having to travel further distances. Members referred to the benefits to be provided by the digital agenda and discussed the opportunities for the voluntary sector.

RESOLVED that the contents of the report be noted.

32. **Child and Adolescent Mental Health Services (CAMHS) Transformation Plan: Year 4 Refresh**

The Board considered a report of Matt Gilks, Director of Commissioning and Chair of the Children and Young People Mental Health and Wellbeing Board, Coventry and Rugby CCG, on the Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan: Year 4 Refresh. A copy of the refreshed plan was set out at an appendix to the report. The report sought feedback on the plan which was to be submitted to the next Board meeting in March 2020 for final sign off. Particular reference was made to the revised priorities from 1 November 2019 to 31 October 2020. Chris Evans, Coventry and Warwickshire Partnership Trust, attended the meeting for the consideration of this item.

The report indicated that this is the fourth year of the CAMHS Transformation Plan refresh which highlighted progress against the priorities for 2018/19 and further progress planned for 2019/20. The refresh process was led by Coventry and Rugby CCG with the refreshed plan being signed off by NHS England. There was a requirement for the plans to be developed collaboratively with key partners. Consequently, the refresh process was managed through the multi-agency Coventry and Warwickshire CYP Mental Health and Wellbeing Partnership Board.

Key highlights of the achievements in the past year included:

- Population Health Management Group – this was a NHSE pilot project involving a system wide approach around data collection and analysis to help understand growing trends of population health and wellbeing needs

- Trailblazer Funding – in July 2019 additional funding was secured from NHSE to implement Mental Health Support Teams within schools. The project was in its early stages with teams being implemented within 8 schools from January. The project was aimed to be fully operational by December 2020 reaching out to around 40 schools in the city
- Tier 2 Recommissioning – a commissioning review had commenced to understand what services were required moving forward
- Crisis Support – significant work had been undertaken to expand mental health crises care for children and young people with the Acute Liaison Team expanding from 5 days to 7 days a week and the implementation of a new 7 day service which incorporated crisis response and home treatment.

The Board were informed that the Transformation Operational Group (TOG) had been refreshed to strengthen multi-agency operational involvement and oversight of the CAMHS system. TOG and the Partnership Board had developed the following priority areas for 2019/20:

a) Strengthen approaches to resilience, early help and prevention through work both with schools and family hubs and community partnerships
b) Improve the breadth of access, timeliness and effectiveness of emotional well-being and mental health support available to children and young people aged 0 - 25
c) Continue to develop the eating disorder pathway and service
d) Continue to strengthen the multi-agency approach to children and young people experiencing mental health crisis
e) Further develop the digital offer to increase access to services and support for children and young people
f) Strengthen support for vulnerable children and young people, particularly Looked After Children and Care Leavers
g) Strengthen the approach to data collection and analysis to strengthen intelligence-led decisions-making
h) Ensure that the voices of children and young people were embedded in service developments.

Members acknowledged the challenges still to be faced including the pressure of demand across services and workforce challenges. Discussion centred on the length of waiting times for initial assessment, for referral to treatment and for autism. The link to the One Coventry approach was highlighted.

RESOLVED that, having reviewed the Coventry and Warwickshire (CAMHS) Local Transformation Plan refresh for year 4, the plan and the proposed priorities for 2019/20 be supported.

33. **Coventry Suicide Prevention Strategy (2020-21 Forward Plan)**

The Board considered a joint report of Jane Fowles, Public Health Consultant and Steve Hill, Chair of the Coventry Prevention Steering Group, which provided an update on the delivery of the Coventry Suicide Prevention Plan 2016-19 (Not one more/ one is enough) and sought approval of the forward plan for 2020-21. Steve Hill attended the meeting for the consideration of this item. A copy of the 2016-19 Plan was set out at an appendix to the report along with the strategic statement and legacy for 2020-21.

The report indicated that whilst the strategy, vision and strategic priorities for the prevention plan remained current, the original action plan to November 2019 had been refreshed by the steering group and developed into a forward plan for 2020-21. Given the national and local Coventry and Warwickshire Health and Care Partnership focus on this agenda it was recommended that the planning process remained live and that national and regional policy development was incorporated as appropriate throughout 2020. Key activity would include:

- LGA regional (and local) sector led improvement programmes
- NHSE evaluation of wave one funded sites and HCP programme review
- NHSE funding roll out for postvention support
- Delivery and funding of the Long-Term Plan; primary care, acute and crisis transformation, underpinned by the clinical strategy for Mental Health and Emotional Wellbeing.

The report provided data information on the numbers of suicides across Coventry and Warwickshire between 2006 and 2016 with reference to patients with mental health issues.

The Board were informed that in July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the "civil standard" – balance of probabilities – where previously a "criminal standard" was applied – beyond all reasonable doubt. It was likely that lowering the standard of proof would also result in an increased number of deaths recorded as suicide and a potential discontinuity in the national data series.

The report referred to the Health and Care Partnership (HCP) NHSE funded suicide prevention programme. In 2018 the partnership received NHSE funding of £352,000 per year for two years as one of 8 wave one sites identified due to prevalence rates (Warwickshire's rates have been consistently above the national average). The programme had included several proof of concepts projects and programmes, these had been incorporated into the delivery plan this year and covered:

- Multi-Agency Training
- It Takes Balls To Talk and Public Campaigns (Year of Wellbeing)
- Support for individuals with concurrent mental health and substance misuse issues
- Secondary and Primary Care pathways and training; risk management and safety planning
- Digital developments – public facing apps, stakeholder and staff resources
- Bereavement support research
- Real Time Data & monitoring; multi-agency surveillance
- Safe Havens (crisis support)

The HCP were part of a nationally commissioned evaluation of the NHSE funding which was in the early stages of reporting. The report detailed the interim findings.

The report detailed the key highlights from the year two strategic priorities which included:

- Action plan refresh and alignment with Warwickshire and HCP joint priorities

- Public Health England approval of the Prevention Concordat for Better Mental Health
- Joint coroners audit process developed and undertaken with Warwickshire
- Real Time Surveillance system planning initiated
- Co-ordinated communications campaign including the launch of the stay alive app across the HCP area. Council workforce wellbeing communications programme launched by Martin Reeves
- Multi-agency training on suicide prevention commissioned and delivered with training forum being established.
- Co-production projects; men's sheds and Coventry University research: survivor stories
- Mindspace group work pilot trialled in Coventry
- Partnership learning event/programme feedback for world suicide prevention day
- HCP partners had presented the programme at a number of national events and would be running a workshop at the national Suicide Prevention Alliance Conference in January 2020.

The forward Plan for 2021 provided an overview of the local plan under the seven strategic goals.

Members discussed if the Year of Wellbeing which encouraged residents to take responsibility for their own health had had any impact on the work of the strategy. There was an acknowledgement that people were more comfortable talking about suicide and mental health.

RESOLVED that:

(1) The Forward Plan for 2020-2021 be approved.

(2) Agreement be given for the Board to receive annual reports and rolling plans.

(3) The reduced standard of proof for recording a death by suicide from July 2018 and the potential implications for increased recording in the national data series be noted.

34. **Local Safeguarding Children's Annual Report 2018-2019**

The Board considered a report of Rebekah Eaves, Safeguarding Partnership and Board Business Manager, on the Local Safeguarding Children's Board Annual Report 2018-19. A copy of the report was attached as an appendix to the report. A copy of the Board's Business Plan on a page was set out at a second appendix. The report was submitted to the Board in accordance with the statutory duty under Working Together 2015.

The report indicated that the Local Safeguarding Children's Board had five priorities for 2018-19 as follows:

- Children and young people who are looked after have equal opportunities to other children and young people.

- Early help services, including mental health support, are available to children and young people and are resulting in positive outcomes.
- Missing children and young people, and those at risk of child exploitation, are protected by effective multi agency arrangements.
- The profile of understanding of emotional abuse and neglect, including domestic abuse, is raised, that abuse is identified as early as possible, and that appropriate interventions are provided to prevent further abuse and harm.
- To work towards developing the partnership and continue to look forward and improve in light of the Wood Report and Children and Social Work Act 2017.

Highlights relating to the activity between April 2018 to March 2019 included:

- The Board had now transitioned to Coventry Safeguarding Children's Partnership and had made the decision to recruit a Joint Chair to oversee the work of both the Coventry Safeguarding Children's Partnership and Coventry Safeguarding Adults Board to improve joint working and to look at improving the transition between Children's and Adult's services.
- Coventry had moved to an early help model and eight family hubs had opened which were leading to positive results for children and families.
- Signs of Safety training had been rolled out across the Partnership.
- In 2018 the response to missing children in Coventry was improved by the launch of the Vulnerable and Missing Persons Operational Group, which was a multi-agency group that led, reviewed and recommended actions in relation to children that were missing and at risk of exploitation.
- Partners had demonstrated that they were delivering improvements in relation to looked after children and in some areas, such as school attendance, looked after children were achieving better outcomes than their non looked after peers.
- A strong partnership commitment to protecting children and young people from exploitation
- The Board had developed low risk CSE guidance which was a significant step in responding to the fact that children and young people could move very quickly between the levels of risk.
- The Board was assured that across the City there were good policies, procedures and training in place to ensure that Domestic Abuse was identified at the earliest opportunity across agencies. There was also a clear recognition that tackling domestic abuse required a focus on the behaviour of the perpetrator and there were some examples of agencies working together to respond to this need.

The Board were informed that three priorities had been agreed for 2019-2021: neglect; making the system work; and contextual safeguarding.

Members discussed the issue of contextual safeguarding, understanding how and why children and young people might be at risk of harm outside the home (for example in the context of schools, neighbourhoods and friendship groups) and understanding the nature of those risks and having an appropriate safeguarding response. They also enquired about the work with other neighbouring authorities

and police forces when children were being exploited and transported across borders.

RESOLVED that:

(1) The contents of the annual report be noted.

(2) The contents of the Coventry Safeguarding Children's Partnership Business Plan be noted and agencies of this Board support the completion of the plan.

(3) A copy of the Contextual Safeguarding One Minute Guide be circulated to members of the Board.

35. **Adult Social Care Peer Challenge 3 to 5 March 2020**

The Board considered a report of Pete Fahy, Director of Adult Services, which informed of the forthcoming Adult Social Care peer challenge which was due to take place from 3 to 5 March 2020. Peer challenges were a key part of how social care continued to improve within the city.

The report indicated that the case file audit took place in October 2018. The timescale between the case file audit and the peer challenge was longer than usual as Coventry had offered to be first to trial a new methodology for the case file audit that took a more rounded view of social work practice than could be gathered from an isolated review of 20 cases.

In respect of establishing the Key Lines of Enquiry, reference was made to the core Adult Social Care objective of supporting people to be as independent as possible within their own homes and communities. This objective aligns with the system vision of: 'We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do'. Based on Adult Social Care performance data two areas where there could be potential to improve in order to further support the delivery of this core objective were identified from which the following two Key Lines of Enquiry were established:

(i) Admissions to residential care
A number of changes had been made to how people are supported at home in recent years. It is appropriate that the peer challenge team consider what else could be done in order to reduce levels of residential admissions and support people in their own communities.

(ii) Effectiveness of promoting independence.
The work to develop the promoting independence approach was ongoing and this would always be the case. Could the peer challenge team advise on further improvements in this area and what opportunities for improvement existed through working closer with internal and external stakeholders.

Data to support these two Key Lines of Enquiry was set out at an appendix to the report.

The report also detailed recent and proposed improvements being introduced by Adult Social Care as the Department worked to improve the services for Coventry residents.

The Board noted that there was no absolute requirement to participate in a peer challenge for Adult Social Care as the challenge team were essentially 'invited' to undertake the challenge. These processes did however provide valuable learning opportunities for Adult Social Care and often the wider system.

RESOLVED that:

(1) The content of the report be noted and the Key Lines of Enquiry for the peer challenge be supported.

(2) Organisational support to engage in the peer challenge be provided so that opportunities for system learning can be taken.

36. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.40 pm)

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 27th July 2020**

From: Liz Gaulton, Director Public Health and Wellbeing

Title: Covid-19 Outbreak Control Plan Update

1 Purpose

1.1 To provide an update on plans for the development of a Local Outbreak Control Plan for Coventry as part of a wider Coventry, Solihull and Warwickshire pilot. This will be a key part of next steps for managing COVID-19 locally.

2 Recommendations

2.1 To note progress on local and sub-regional outbreak control planning including the publication of a Coventry, Solihull and Warwickshire outbreak plan and a local Coventry implementation plan (appended below).

3 Information/Background

3.1 The next phase of the response to COVID is critical. To avoid a second peak and to enable the gradual and phased return to a more normal way of life, it is key that we maintain social distancing, measures such as hand washing, that cases are rapidly identified and people take the right steps to self-isolate and that any emerging outbreaks are managed quickly.

3.2 Contact tracing and outbreak management will only be effective if case numbers – and the transmission rate – remain at a manageable level. This means that although testing and tracing are very important, social distancing and measures to prevent the spread of Covid are also essential.

3.3 The NHS Test and Trace service was launched on 28th May and forms a central part of the Government's coronavirus recovery strategy. Anyone with symptoms of Covid 19 will now be tested and their close contacts will be traced. New guidance states that those who have been in close contact with someone who tests positive must isolate for 14 days, even if they have no symptoms, to avoid unknowingly spreading the virus.

3.4 This is part of a wider 'test, trace and isolate approach', which will play a vital part in suppressing the basic reproduction number (R0) of the Covid-19 virus which is key to ensuring the avoidance of a 'second peak' as existing restrictions are removed.

4 Test, Trace and Isolate Approach

4.1 Test, trace and isolate includes 4 elements:

- rapid testing at scale to control the virus and stop its spread;
- an integrated contact tracing service to follow up and advise any contacts of positive cases and support people to self-isolate;
- using data to identify and target any outbreaks at local level; and
- using our knowledge of the virus and how it behaves to inform social and economic decision making.

4.2 Bringing the public with us is also key. This needs strong communication and engagement at a local level so that people are willing to participate, know what steps they can take and understand why certain measures are being introduced and comply with these.

4.3 In order to be successful, this requires a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public.

4.4 Nationally it has been recognised that local government and wider health and care systems play a central role in the identification and management of infection within local authority areas and that the local solution needs to be in place to a) deal with very complex or high risk issues that need local knowledge & connections b) to create a simple system to communicate with the public what they need to do and to make sure that the national programmes 'stick' on the ground.

4.5 The Department of Health and Social Care has announced funding from a new ring-fenced funding package of £300 million to local authorities in England, to enable local authorities to work with local NHS and other stakeholders to develop tailored outbreak control plans. Coventry has been given an allocation of £204,100. This will be used to increase capacity and capability in order to manage outbreaks, provide preventative training, and analyse data

4.6 Local Directors of Public Health are responsible for building on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health, working through Covid-19 Health Protection Boards and with Public Health England's local health protection teams; supported by, and work in collaboration with, NHS Gold command emergency planning forums and a public-facing Board led by council members to communicate with the public.

4.7 Eleven Local Authorities areas have been selected as Beacons to work with national leaders to rapidly develop and test outbreak control plans at a local level; identify common themes, and share best practice; as well as innovating to develop faster approaches to testing and tracing and identifying opportunities to scale the programme rapidly. Warwickshire has been selected as the lead authority for a pilot with Solihull and Coventry, which will also work with the NHS, Public Health England and the West Midlands Combined Authority.

4.8 At regional level, the local outbreak control plans will need to connect into wider national and regional emergency response arrangements led by the Local Resilience Forum Strategic Command Group.

5 Coventry Arrangements

5.1 Coventry has established a Covid-19 Health Protection Board, the first meeting of which took place on 16th June 2020. This board is developing & overseeing the delivery of Coventry's Local Implementation Plan, led by the Director of Public Health. This is a multi-

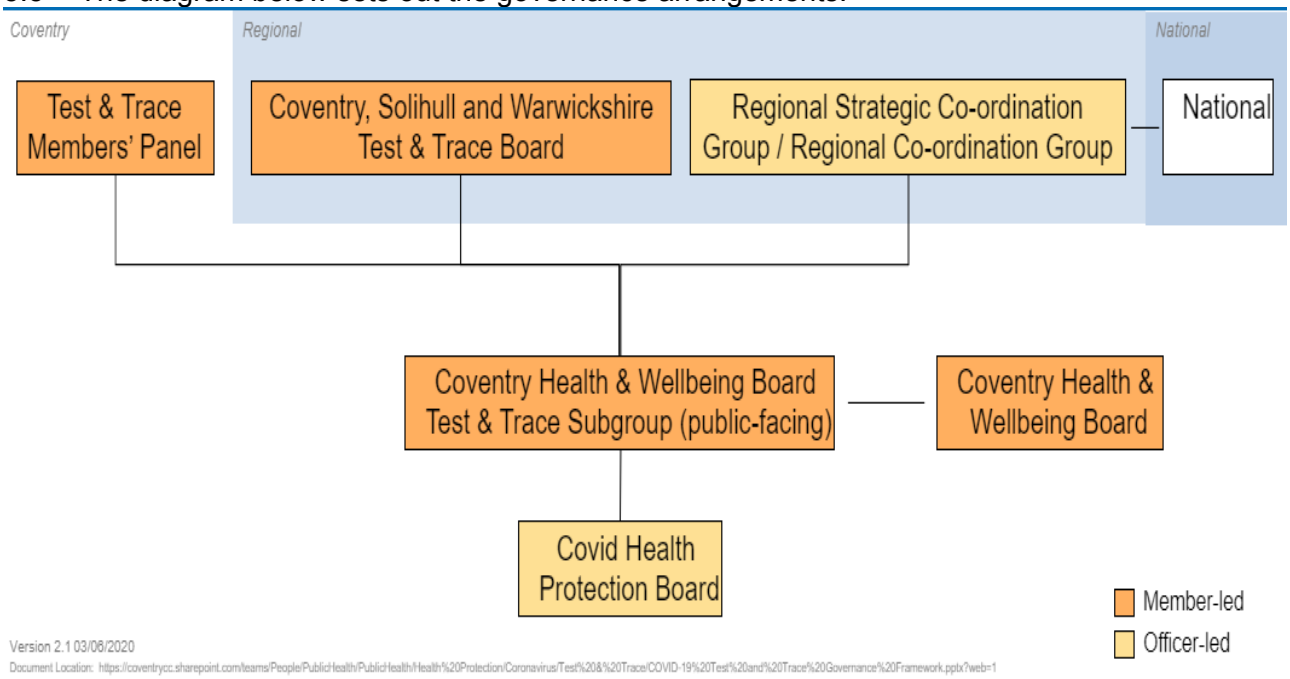
agency group and will include representation from the CCG, PHE, Environmental Health, Social care, Education & schools, Enforcement, Communications and WM Police.

5.2 The Covid-19 Health Protection Board will report at regular interval to the public facing Health and Wellbeing Board Test & Trace subgroup. The purpose of the Test and Trace Sub Group is to provide oversight of the Coventry Test and Trace programme, provide local ownership and public-facing engagement and communication for outbreak responses to Covid-19 in Coventry.

5.3 A shadow CSW Leaders' Group brings together senior executive and political leadership from across Coventry, Warwickshire and Solihull to provide senior leadership across the CSW sub-region.

5.4 A Coventry Member's Panel has been established providing political leadership and maintaining a Council strategic oversight of the implementation and operation of Covid-19 Test and Trace in the City.

5.5 The diagram below sets out the governance arrangements:



6 Local Coventry Implementation Plan

6.1 The Local Coventry Implementation Plan was developed by the COVID-19 Health Protection Board and published, alongside the wider Coventry, Solihull and Warwickshire plan in June.

6.2 The both plans include the following priority areas:-

- **Community Engagement to build trust and participation**- Working with our communities and voluntary sector partners to ensure messaging around testing, tracing and outbreak management are understood and that all residents are engaging with programme
- **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).

- **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).
- **Track cases at local level to spot any trends by time, place or location -** 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).
- **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).
- **Data integration -** Integrating national and local data and scenario planning as this is developed by the national Joint Biosecurity Centre (e.g., data management planning, including data security, NHS data linkages). Data will be shared with local authorities through the Joint Biosecurity Centre to inform local outbreak planning, so teams understand how the virus is moving, working with national government where necessary to access the testing and tracing capabilities of the new service.
- **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. Local communities, organisations and individuals will also be encouraged to follow government guidance and assist those self-isolating in their area who need help. This will include encouraging neighbours to offer support and identifying and working with relevant community groups.
- **Local Boards** - 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.

7 Coventry, Solihull, Warwickshire (CSW) Combined Response

7.1 A joint team has been established across CSW to identify areas for joint delivery across all three areas. Each area has its own Local Outbreak Control Plan but collaboration is being planned in a number of key areas including:

- Data hub (with Coventry acting as lead authority to co-ordinate data flows both from local system and regional/national PHE feeds) has created live data feeds to support outbreak management and identify raising tides of potential hot spot areas early.
- Joint outbreak management team being led by Warwickshire.
- Joint response to resourcing testing, being led by Solihull
- Mutual aid arrangements between the three authorities for support around testing, infection control and other key resources required to manage outbreaks

Report Author(s):

Name and Job Title:
Valerie de Souza, Public Health Consultant
Valerie.desouza@coventry.gov.uk

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 27th July 2020**

From: Liz Gaulton, Director of Public Health & Well-being

Title: Establishing the Coventry Health & Well-being Test & Trace Sub Group

1 Purpose

1.1 To ask the Health & Well-being Board to endorse the establishment of the Coventry Health & Well-being Test and Trace Sub Group.

2 Recommendations

2.1 The Health & Well-being Board is asked to:

a) Endorse the setting up of the Health & Well-being Test and Trace Sub Group to provide a strategic steer to the Covid-19 Health Protection Board

b) Endorse the membership of Sub Group, as outlined in Appendix 1

3 Information/Background

3.1 The next phase of the response to COVID is critical. To avoid a second peak and to enable the gradual and phased return to a more normal way of life, it is key that we maintain social distancing, measures such as hand washing, that cases are rapidly identified and people take the right steps to self-isolate and that any emerging outbreaks are managed quickly.

3.2 Local government is at the heart of the outbreak management programme, and, as such, Local Authorities are leading on developing local COVID-19 outbreak control plans. Local Outbreak Control Plans outline measures that local partnerships will take to identify and contain outbreaks and protect the public's health within geographic areas. Local Directors of Public Health (DsPH) are responsible for defining these measures and producing the plans.

3.3 The Department of Health and Social Care has announced funding from a new ring fenced funding package of £300 million to local authorities in England, to enable local authorities to work with local NHS and other stakeholders to develop tailored outbreak control plans. This will support local contact tracing/infection control as well as potentially providing support for those who are vulnerable and have to self-isolate. We are expecting details of how this will be allocated imminently.

3.4 Local Directors of Public Health will be responsible for building on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health, working through Covid-19 Health Protection Boards and with Public Health

England's local health protection teams. They will be supported by, and work in collaboration with, NHS Gold command emergency planning forums and a public-facing Board led by council members to communicate with the public.

3.5 Eleven Local Authorities areas have been selected as Beacons to work with national leaders to rapidly develop and test outbreak control plans at a local level; identify common themes, and share best practice; as well as innovating to develop faster approaches to testing and tracing and identifying opportunities to scale the programme rapidly. Warwickshire has been selected as the lead authority for a pilot with Solihull and Coventry, which will also work with the NHS, Public Health England and the West Midlands Combined Authority.

4 Coventry Health & Well-being Test and Trace Sub Group

4.1 As part of the governance arrangements to oversee Coventry's Local Outbreak Plan, it was proposed that a Test and Trace Subgroup of the Coventry Health and Wellbeing Board be established to provide strategic steer to the COVID-19 Health Protection Board. The purpose of the Test and Trace Sub Group is to provide an oversight of the Coventry Test and Trace programme, provide local ownership and public-facing engagement and communication for outbreak responses to Covid 19 in Coventry (see appendix 1 for more details). The Sub Group will be monitored by, and accountable to, the Health and Wellbeing Board.

4.2 It is proposed that this be a public facing Board and chaired by the Health and Wellbeing Board Chair, the Cabinet Member for Public Health and Sport. The proposed membership of the group (appendix 1), reflects that of the Health and Wellbeing Board with flexibility to extend the membership to community members to reflect the BAME communities and emphasis placed on inequalities within Coventry, aligned to its Marmot City status.

4.3 Dates have already been set for the Health & Well-being Test and Trace Sub Group for the rest of the municipal year.

Report Author(s):

Name and Job Title:
Liz Gaulton, Director Public Health and Wellbeing
Robina Nawaz, Policy & Partnerships Transformation Officer

Telephone and E-mail Contact:
Liz.gaulton@coventry.gov.uk
Robina.nawaz@covenry.gov.uk

Appendices
Appendix 1: Terms of Reference for the Health & Well-being Test and Trace Sub Group

Health and Wellbeing Test and Trace Sub-Group – Terms of Reference

1 Purpose

The Health & Well-being Test and Trace Sub Group is a sub-committee of the Coventry Health & Well-being Board. The purpose of the Health & Well-being Test and Trace Sub Group is to provide an oversight of the Coventry Test and Trace programme, provide local ownership and public-facing engagement and communication for outbreak responses to Covid 19 in Coventry. The Sub Group will be monitored by, and accountable to, the Health and Wellbeing Board and a governance framework is attached at Appendix 1 below.

2 Objectives

2.1 The Health & Well-being Test and Trace Sub Group has the following overarching objectives:

a) To take an overview of the progress of the Test and Trace local implementation in Coventry
b) To ensure that the Test and Trace response in Coventry is delivering the right interventions to protect the health and wellbeing of citizens
c) To receive reports from the Coventry Health Protection Board on the progress of developing the local Test and Trace programme and to input into and influence that development
d) To provide the Health and Wellbeing Board with updates on an appropriate basis.
e) To promote communication and engagement with the stakeholders and residents of Coventry relating to the response to Covid19 and the Test and Trace programme.

3 Membership of the Health & Well-being Test and Trace Sub Group

3.1 The Test and Trace Sub Group will comprise the following representatives:
Councillor K Caan – Cabinet Member for Public Health and Sport (chair)
Councillor M Mutton – Cabinet Member for Adult Services
Councillor K Maton – Cabinet Member for Education and Skills
Liz Gaulton, Director of Public Health and Well-being
Gail Quinton, Deputy Chief Executive
Pete Fahy, Director of Adult Services
Kirston Nelson, Director of Education & Skills
Dr Sarah Raistrick, Chair, C&R CCG
Adrian Stokes, Accountable Officer, C&R CCG
Mike O'Hara, Chief Superintendent, WM Police
Rachael Danter, System Transformation Director, C&WSTP
Sue Ogle, Voluntary Action Coventry
Nina Morgan, Chief Nursing Officer, UHCW
Melanie Coombes, Chief Nurse and Chief Operating Officer, CWPT
Ruth Light/Stuart Linnell - Healthwatch representatives

3.2 In addition to the appointments referred to in 3.1 above, the Sub Group may appoint such additional persons to be members of the Sub Group as it thinks appropriate. The Sub Group may also invite additional attendees on an ad hoc basis for specific items.

3.3 Where a member is unable to attend a meeting, they can arrange for an appropriate substitute to attend on their behalf.

3.4 The quorum of the meeting is 50% of its membership.

4 MEETINGS

4.1 The Health & Well-being Test and Trace Sub Group will meet as and when required, at the discretion of the Chair.

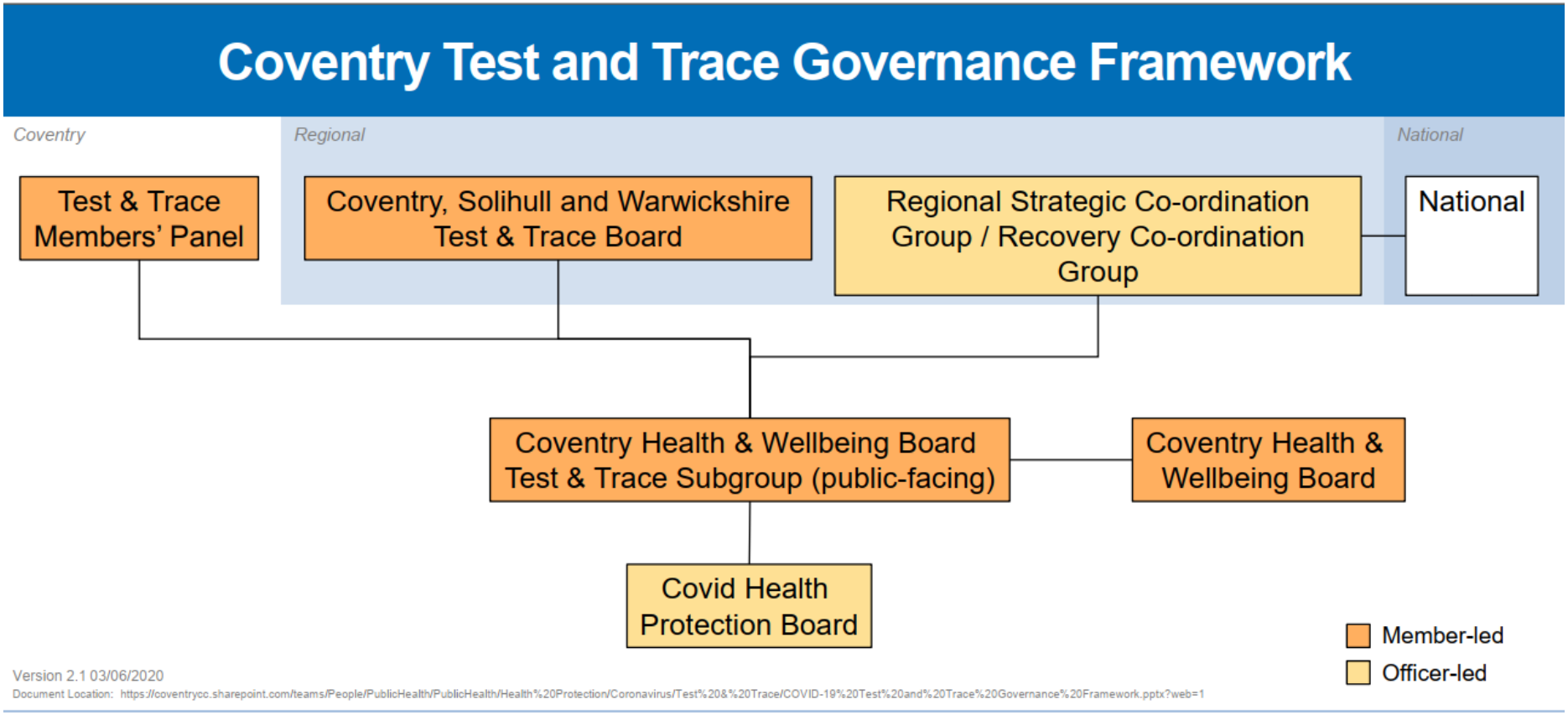
4.2 The agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least 5 working days before the meeting, and will be made available to the public. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.

4.3 Meetings will be open to the public.

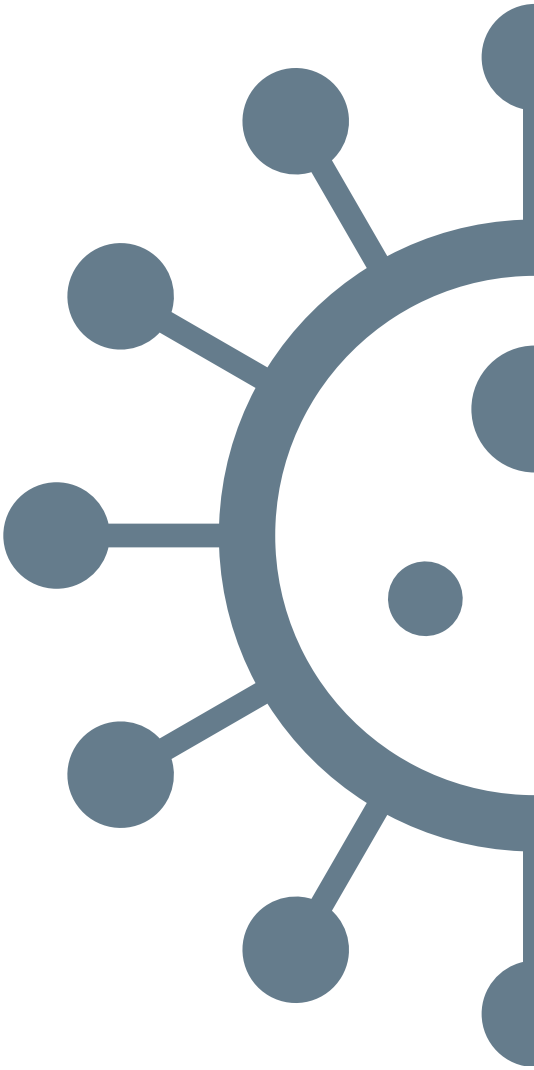
5 CONFLICTS OF INTEREST

5.1 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Board, the representative concerned shall declare such interest at or before discussions begin on the matter. The interest will be recorded in the minutes of the meeting.

Appendix 1: Coventry Test and Trace Governance Framework



This page is intentionally left blank



Coventry Solihull Warwickshire (CSW)

COVID-19 Outbreak Control Plan

Coventry City Council

Warwickshire County Council

Solihull Metropolitan Borough Council

Foreword

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

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

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

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

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

Cllr Izzi Secombe OBE (Leader)

Warwickshire County Council

Cllr George Duggins (Leader)

Coventry City Council

Cllr Ian Courts (Leader)

Solihull Metropolitan Borough Council

Contents

Introduction

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

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

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

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

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

Where are we now?

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

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

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

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

.

Local dashboards

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

National datasets/sources

Number of coronavirus cases and risk level in the UK

Weekly COVID surveillance report

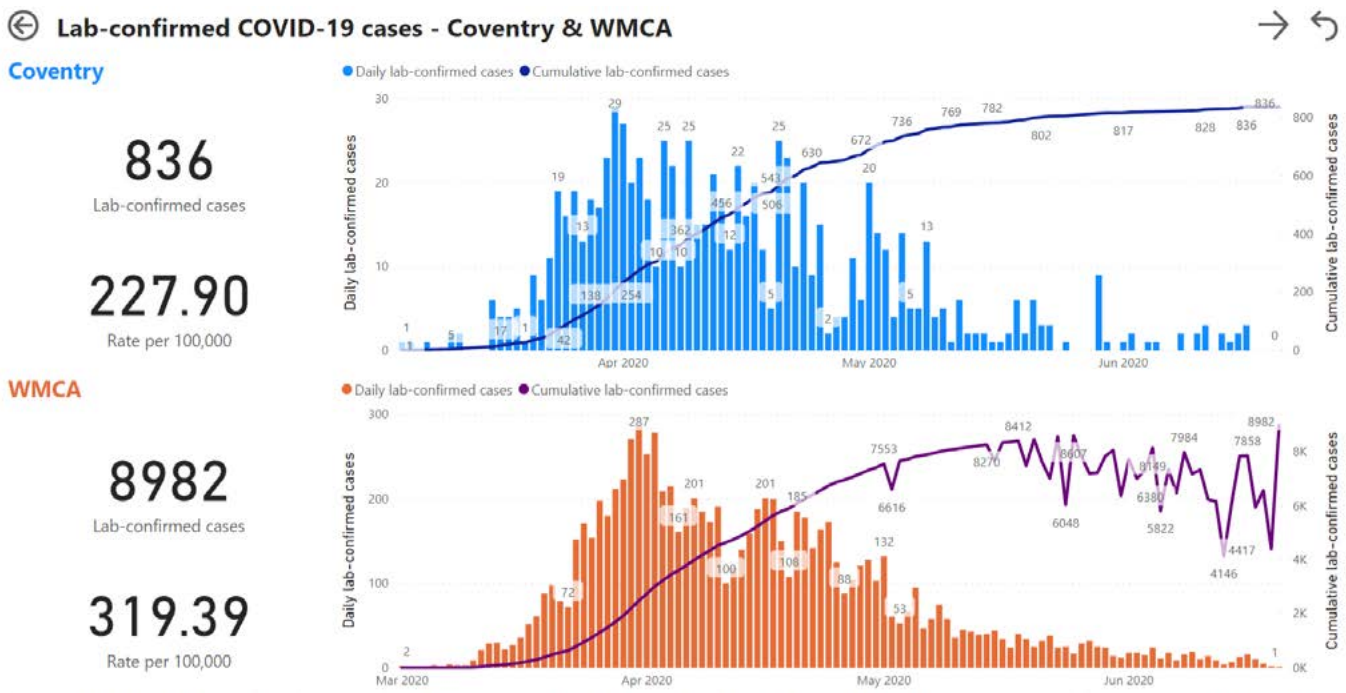
Care home outbreak datasets

Local Government Inform COVID reports

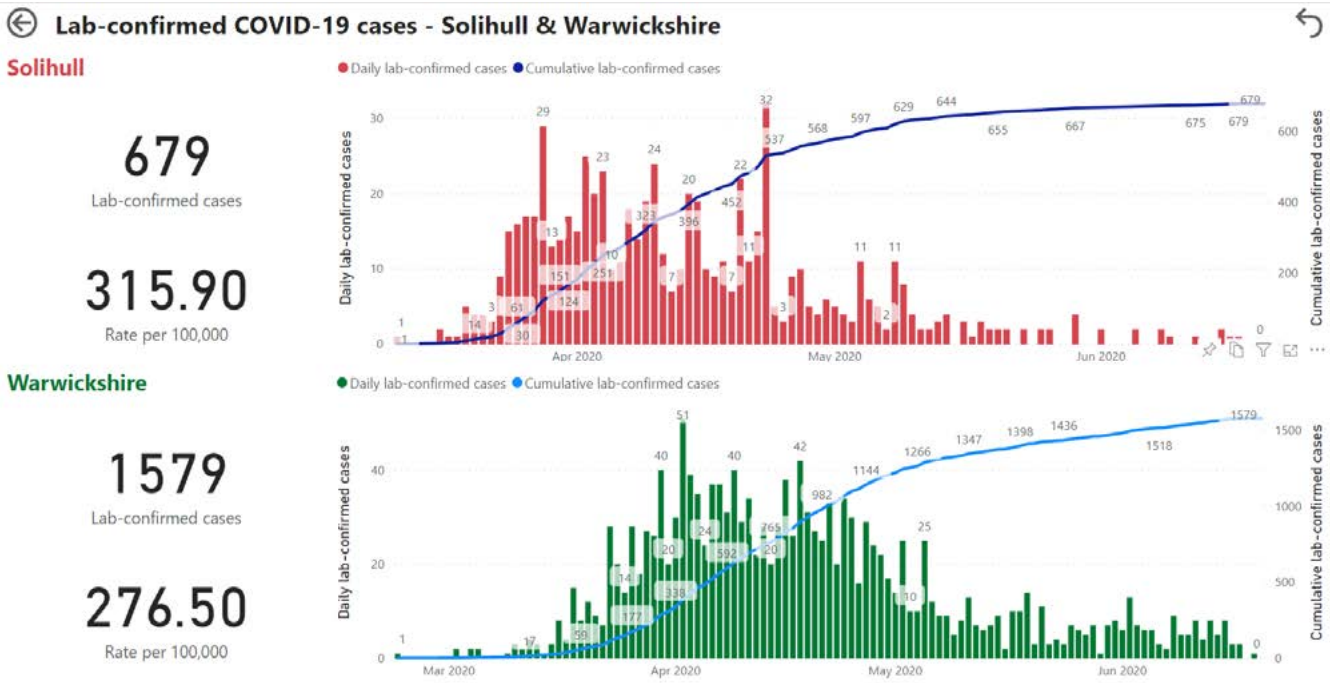
Office for National Statistics COVID datasets

NHS Test and Trace statistics

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



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



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

About this plan

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

The aim of the plan is to:

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

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

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

Priority 1: Community engagement to build trust and participation

Priority 2: Preventing infection

Priority 3: High risk settings and communities

Priority 4: Vulnerable People

Priority 5: Testing capacity

Priority 6: Contact tracing

Priority 7: Data: dynamic surveillance and integration

Priority 8: Deployment of capabilities including enforcement

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

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

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

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

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

7 Key Themes

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

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

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

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

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

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

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

Outbreak Plan priorities

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

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

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

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

Priority 5: Testing capacity

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

Antibody testing to support surveillance

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

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

Priority 8: Deployment of capabilities including enforcement

How we will work

Background

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

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

Legal and Policy Context

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

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

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

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

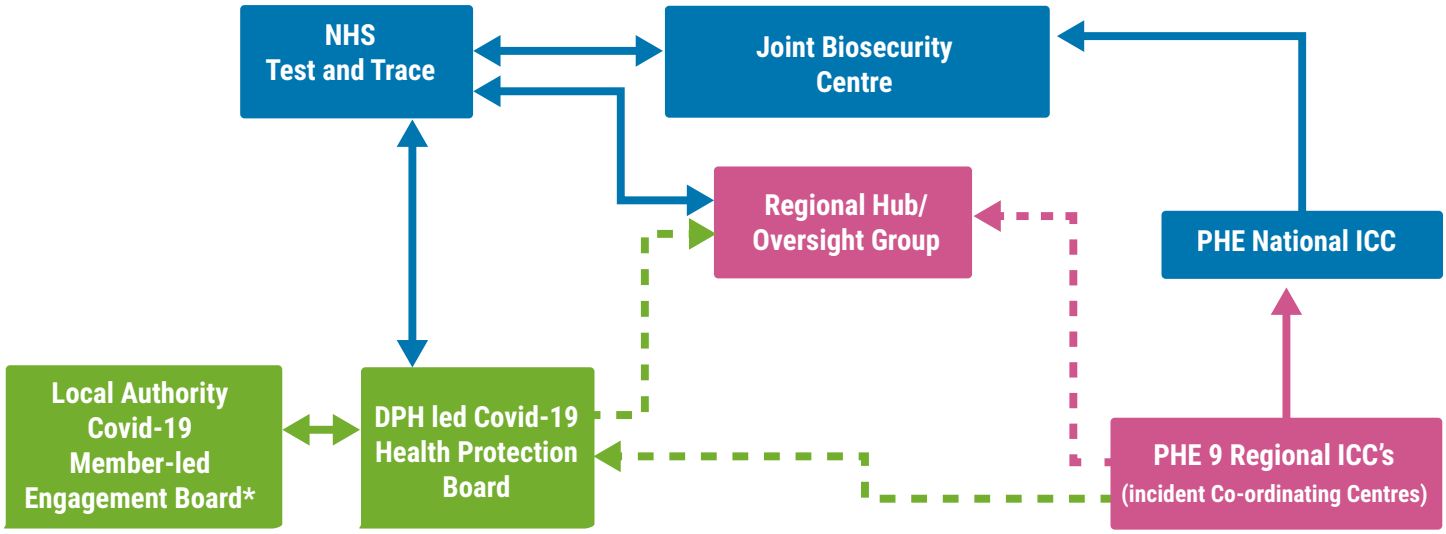
Under the Health and Social Care Act 2012, Clinical Commissioning Groups have responsibility to provide services to reasonably meet health needs and powers to provide services for the prevention, diagnosis and treatment of illness.

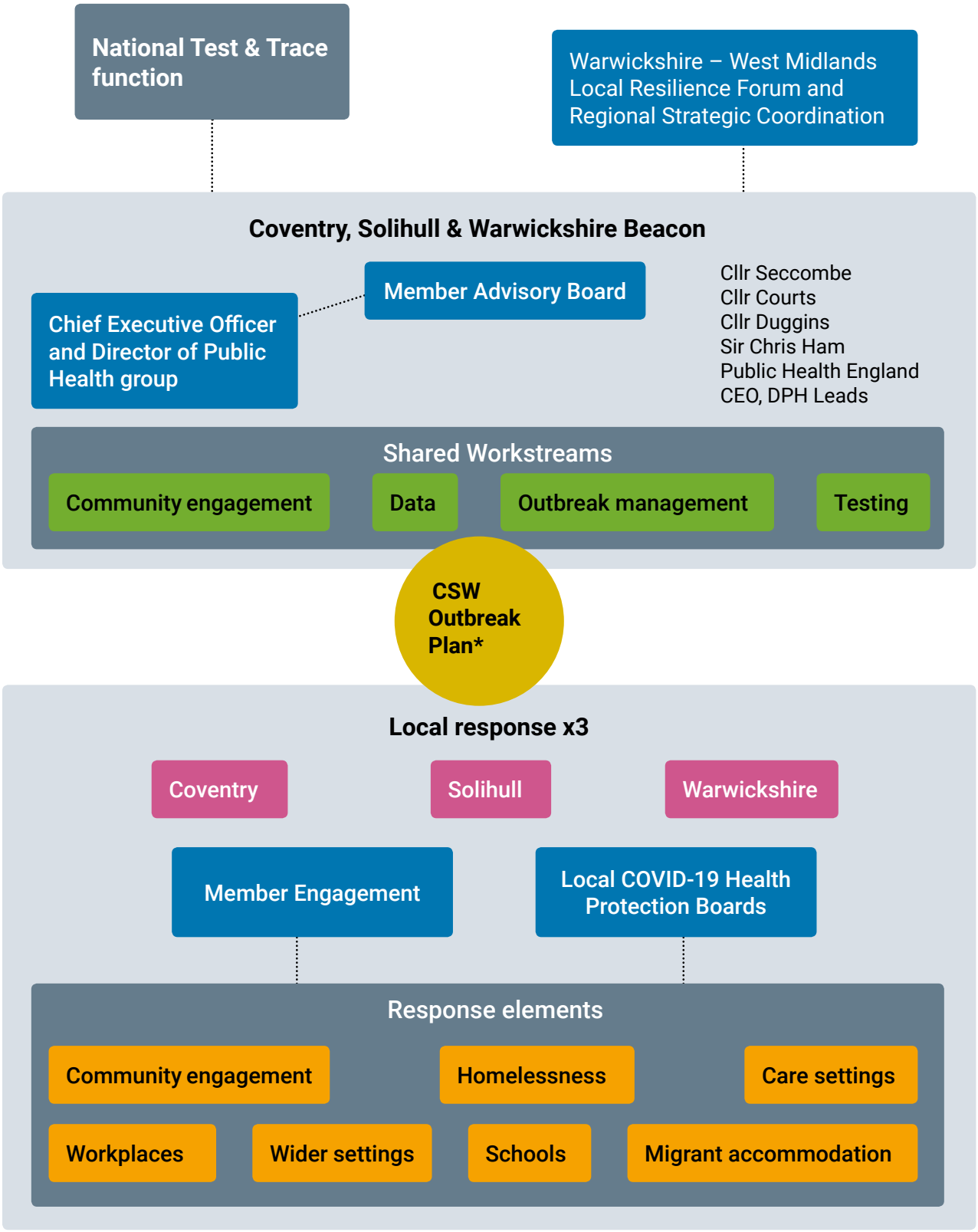
Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE also work with Local Authorities on communication to specific settings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

Governance arrangements for the Local COVID-19 Outbreak Plans

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

Key organisational elements





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

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

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

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

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

Operational Response

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

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

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

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

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

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

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

Managing risk

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

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

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

Priority 1: Community engagement to build trust and participation

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

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

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

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

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

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

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

Priority 2: Preventing infection

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

Physical and organisational measures

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

Infection control measures

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

Addressing inequalities

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

Enforcement as prevention

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

Communication and engagement

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

Sustainability

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

Priority 3: High risk settings and communities

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

Setting	Current Situation	Prevention response	Complex Case/Cluster/Outbreak Response

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

When and who should I notify?

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

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

Who isolates?

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

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

Who is a close contact?

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

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

Who should be tested? And where?

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

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

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

When is an outbreak considered over?

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

Priority 4: Vulnerable people

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

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

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

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

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

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

Coventry City Council – Coronavirus: Community support

Solihull Metropolitan Borough Council – Here2Help Service

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

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

Priority 5: Testing capacity

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

Antigen testing

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

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

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

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

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

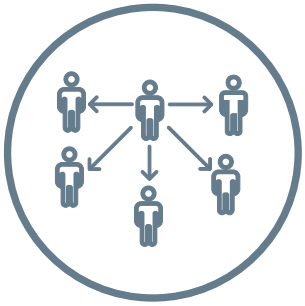
Flexible and mobile community testing services are needed going forward to undertake testing in outbreak situations, in particular screening in homelessness hostels and other settings, schools or workplaces, and for people who are unable to access testing via another route. Rapid plans are being put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

Antibody testing

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

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

Priority 6: Contact tracing

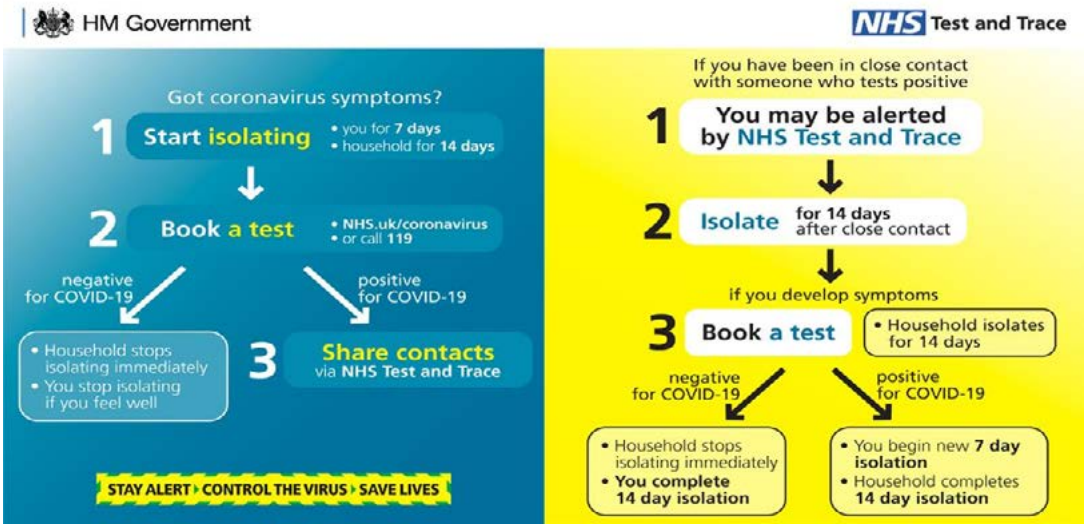


Tracing contacts of people with COVID-19 is critical to our success in suppressing the virus as we move into the next phase of pandemic management. The aim is to rapidly identify and isolate people with COVID-19 symptoms (however mild), as well as people who have been in close contact with them just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

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

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

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



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

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

Priority 7: Data: dynamic surveillance and integration

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

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

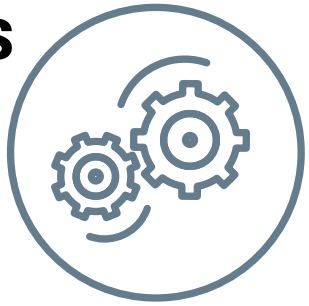
The sub-regional hub will be working to establish a robust early warning and surveillance system, based on already established surveillance data dashboards (see page 5) alongside new data streams.

The system will look to bring in data related to:

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

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

Priority 8: Deployment of capabilities including enforcement



Response requirements

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

Enforcement

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

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

The pieces of legislation we will work with include:

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

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

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

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

Resource requirements

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

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

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

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

Key tasks and activities which require resourcing are listed below:

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

Version Control

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

This page is intentionally left blank

COVID-19 OUTBREAK CONTROL

Coventry Local Outbreak Implementation Plan

Coventry City Council

Warwickshire County Council

Solihull Metropolitan Borough Council

CONTENTS

INTRODUCTION

Local government is at the heart of the outbreak management programme, and, as such, Local Authorities are leading on developing local COVID-19 outbreak control plans. These plans outline measures that local partnerships will take to identify and contain outbreaks and protect the public's health within geographic areas. Local Directors of Public Health (DsPH) are responsible for defining these measures and producing the plans, working with Public Health England's local Health Protection Teams.

Eleven Local Authority Beacons have been selected to work with national leaders to rapidly develop and test Outbreak Control Plans at a local level. This entails identifying common themes, sharing best practice; innovating to develop faster approaches to testing and tracing, and identifying opportunities to scale the programme rapidly. Coventry, Solihull and Warwickshire (CSW) have been chosen to form one of these Beacon areas. In addition to working with national leads, learning from the CSW Beacon will inform development of programme across the West Midlands Combined Authority (WMCA).

Whilst the aim to reduce the number of cases is universal across each Local Authority, the arrangements that need to be in place to respond to outbreaks will vary depending on the individual characteristics of each Local Authority's population and place. The Local Outbreak Control Implementation Plan has therefore been individually tailored within each of the three Local Authorities.

This is the Local Outbreak Control Implementation Plan for Coventry City Council (CCC) and provides the framework for how we will work as a system in Coventry through key stakeholders to manage and prevent COVID-19 outbreaks across the City. This local plan will support the effective delivery of the overarching Coventry Solihull and Warwickshire (CSW) COVID-19 outbreak control plan by defining specific local roles and responsibilities and local arrangements for response.

AIMS OF THE LOCAL OUTBREAK CONTROL IMPLEMENTATION PLAN

- Reduce the number of community cases to zero in the shortest time possible.
- Reduce the impact of COVID-19 on the most vulnerable.

KEY THEMES OF OUTBREAK CONTROL

The Department of Health & Social Care (DHSC) and the Local Government Association (LGA) have identified seven key critical themes in outbreak plans for this phase of the pandemic:

THEME 1: Care homes and schools.

THEME 2: Identification of high-risk places, locations and communities.

THEME 3: Local testing capacity.

THEME 4: Local contact tracing.

THEME 5: Data and integration.

THEME 6: Vulnerable people.

THEME 7: Local Boards.

CSW OUTBREAK PLAN PRIORITIES

From these seven themes, eight key priorities have been agreed for the Coventry, Solihull and Warwickshire Beacon.

Community engagement to build trust and participations

Preventing infection

High risk settings and communities

Vulnerable people

Testing capacity

Contact Tracing

Data: dynamic surveillance and integration

Deployment of capabilities

STRUCTURAL ARRANGEMENTS FOR THE LOCAL OUTBREAK RESPONSE

Please see Appendix 1 and 2 for detailed governance arrangements for the sub-region and for Coventry City Council respectively.

Coventry City Council has established its COVID-19 Health Protection Board, which will, alongside Solihull and Warwickshire Boards, be responsible for developing, approving and implementing the CSW outbreak plan, and additionally this implementation plan. This Board is chaired by Coventry's Director of Public health and has overall responsibility for the delivery of both outbreak plans. A Mobilisation Group sits beneath the Board and takes on the operational responsibility for outbreak response. A number of workstreams have been established locally, both formally and informally, focusing on educational settings, homeless communities, care settings and community engagement (please see Appendix 3 and 4 for terms of reference for Health Protection Board and Mobilisation Group).

A Test and Trace Subgroup of the Coventry Health and Wellbeing Board has been established to provide strategic steer to the COVID-19 Health Protection Board; this Board is public facing and chaired by the Health and Wellbeing Board Chair, Council Member for Public Health and sport. Membership of this subgroup reflects that of the Health and Wellbeing Board (please see appendix 5 for terms of reference) with flexibility to extend the membership to community members to reflect the BAME communities and emphasis placed on inequalities within Coventry, aligned to its Marmot City status. Coventry's Health and Wellbeing Board has overall accountability for delivery of this implementation plan and as such the plan will reflect the City's Health and Wellbeing Strategy and the Population Health approach upon which the strategy is built (appendix 6).

A COVID-19 Test and Trace Members' Panel has been established to provide political oversight. This Panel is cross party and includes all cabinet members and will additionally co-opt individual ward councillors as appropriate (Appendix 7).

A Coventry, Solihull and Warwickshire Test and Trace Sub-regional Advisory Board has also been established to champion the activities of the Beacon Councils and have a role in engaging Members more widely.

Warwickshire and West Midlands Strategic Co-ordinating Group (membership including the Police, Fire Service, NHS, PHE, Military, Utilities) also have overarching responsibility for wider emergency response co-ordination, e.g. of testing, PPE distribution and recovery plans.

DECISION MAKING AND ACCOUNTABILITY

LOCAL BOARDS

The Health Protection Board with Mobilisation Group have overall responsibility for delivering this implementation plan.

Day to day decisions about outbreak response will be made by the workstream leads (e.g. educational settings lead, workplace lead) within the remit of their role, working alongside Public Health England (PHE). The Director of Public Health has overall responsibility for decisions made in response to outbreaks, working alongside PHE. The Mobilisation group is responsible for ensuring

co-ordination between workstreams, ensuring that there is enough capacity and capability to respond to outbreaks and can redeploy resource between workstreams where appropriate (please see appendix 4 for terms of reference).

Any decisions relating to closure of settings, will be taken in agreement with the Chief Executive working with Public Health England. Decisions regarding wider lockdown within communities will be taken with Chief Executive/ and elected Members, working with PHE and central government. Further national guidance to is required into how this will operate at a local level.

OUTBREAK CONTROL AND RESPONSE PARTNERS

The overarching operational response arrangements are described in the Coventry, Solihull and Warwickshire (CSW) Local Outbreak Control Plan.

Key partners involved in operational responses are represented on the Health Protection Board. (please see appendix 3 for Terms of reference for the Board).

Notifications of complex cases and outbreaks will come to the single point of access at Coventry City Council (currently monitored in hours): CovID19testing@coventry.gov.uk. The Health Protection Board Mobilisation group will manage response to these notifications where applicable. A number of workstreams have been established locally, both formally and informally, focusing on: educational settings, homeless communities, care settings and community engagement. Workstream leads are responsible for responding to outbreaks in their area with the support of the mobilisation group and Public Health England. Depending on the setting, the response will potentially include working with a wide range of key internal partners in Environmental Health, Education, Community development, Social care, Human Resources, Information Technology, Communications and Business Intelligence; in addition to working closely with the NHS and drawing on infection control expertise, and advice from TB and Sexual Health service partners, who are experts in the field of contact tracing.

Workstream leads will be responsible for mounting operational responses to outbreaks in settings and drafting wider setting-specific plans that link to all the themes identified in the CSW Outbreak Control Plan for High-risk Settings and Communities, related to: current situation, prevention, outbreak response and monitoring and evaluation.

Out of hours arrangements currently involve DPH/Health Protection lead notification. However, to ensure a sustainable approach, the need for a more formal out of hours response structure may be needed. In addition, a local system for monitoring the outbreaks alerts out of hours is rapidly being developed.

Please note that a local system for monitoring the outbreaks alerts out of hours is rapidly being developed. The Mobilisation Group has responsibility for both preventative and reactive responses.

Coventry City Council and the 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 COVID-19 outbreaks. Coventry City Council currently works closely with NHS partners as part of an integrated health and care partnership. We will build on this closely working relationship specifically on the testing workstreams and in supporting complex cases/outbreaks in healthcare settings.

A Standard Operating Procedure (SOP) has been developed which provides a framework for working across PHE WM, public health structures in the LA, but also sets the scene for wider work with our Clinical Commissioning Groups and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. The SOP will support the effective delivery of the sub-regional COVID outbreak control plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks. The SOP will be kept under review, in line with guidance and changes in the capacity across the system (appendix 8).

The current draft SOP can be found here

COMMUNITY ENGAGEMENT TO BUILD TRUST AND PARTICIPATION

A single strategy for communications has been developed for the CSW sub-region, and Coventry City Council are leading on community engagement work. Ensuring communities trust public health messages, and that they are accessible and culturally appropriate, is key to the success of the overall programme. Through our Health and Wellbeing Strategy there is already a strong commitment to working more closely with our communities in an honest and transparent way. We will build on this commitment and engage communities to land messages about handwashing, social distancing, as well as key messages about the Test and Trace programme in an effective and appropriate way. One key focus of this engagement must be on health inequalities, addressing the findings of the PHE disparities review, and subsequent emergent recommendations specifically for BAME communities, and the targeting of culturally sensitive messages to those communities most at risk.

Multi-agency media protocols are being developed.

Coventry City Council Community Resilience and Engagement Teams will work with business and voluntary and community sector partners to amplify key communications messages through a range of communities. This will build on existing local networks and support outlined in the Vulnerable People section.

We will also build on existing relationships with GPs and other health professionals, particularly those serving populations at higher risk due to ethnicity, underlying health conditions or unhealthy lifestyle choices. Engagement with these health professionals at this time provides an opportunity to underline the importance of supporting patients to make healthier choices, and potentially improving wellbeing in relation to Covid-19.

It will also develop an interagency communications plan for notifying partners sensitively and as appropriate to relevant local information about local complex cases and outbreaks, on a day to day basis.

PREVENTING INFECTION AND HIGH-RISK SETTINGS AND COMMUNITIES

Local authorities have already been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19

response. This activity will continue, however the focus of both the proactive and reactive work will now change, as more workplaces and schools reopen, and as the national contact tracing programme becomes established.

Prevention of the spread of disease will be at the core of all activity and work streams. This will include physical/organisational measures for maintaining appropriate distance between people and infection control advice and training.

Coventry City Council will work with local Public Health England (PHE) teams to support complex cases and outbreak management, including advising on closing and reopening care homes, schools, and workplaces if needed. It is envisaged that PHE will undertake the initial risk assessment, give advice on management of the outbreak and local authority staff will follow-up, and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control.

Workstreams focusing on each of the settings below will ensure that responding partners have the following in place:

- Action cards/guidance regarding key processes to be followed day to day and in case of outbreaks
- Plans for likely potential scenarios and the required response
- Risk management and escalation processes (to include trigger points)
- Monitoring and evaluation arrangements,
- Trigger points for escalation outlined

Settings
Care Homes/Settings (to include care in the home)
Schools, Early Years and other Educational Settings (e.g. Universities)
Workplaces
Homelessness
Healthcare settings
Other high-risk settings

VULNERABLE PEOPLE

A focus on vulnerable people is important, as there is a recognition of the differential impact COVID-19 is having on our communities. This will include both proactive identification of communities where targeted prevention interventions would be beneficial (e.g. homeless population, victims of domestic abuse, minority ethnic communities) as well as targeted support to those who are self-isolating, either because they have COVID-19 symptoms, or because they are a close contact or household member of someone with symptoms or with a confirmed diagnosis of COVID-19. We will need to rapidly identify people who because of having to self-isolating may not have access to essential food and medicine.

The overarching approach to supporting vulnerable people has been set out in the Coventry, Solihull, Warwickshire Outbreak Control Plan, with links to our local support offer in Coventry for people who are shielding or are vulnerable for other reasons. A Range of support services can be found at

- https://www.coventry.gov.uk/info/1/council_and_democracy/3551/covid-19_coronavirus/8

The current shielding offer is likely to evolve in the coming weeks and months and therefore both leads for Operation Shield and our broader offer to support vulnerable people are members of the Mobilisation Group. This will ensure that any decisions about the changes to the support we are offering to those vulnerable at this time, accounts for the possible increase in demand during the next phase of the pandemic, i.e. those who need to self-isolate, or those who are unable to receive care/support, as the individual providing that support is self-isolating.

In working with wider vulnerable groups, we have a range of statutory and voluntary sector partners who support some of our most vulnerable communities, both commissioned and non-commissioned services. We will build on the existing strong partnerships, underlined by commitments within our Health and Wellbeing Strategy, to deliver this important priority. Capacity to support includes our informal COVID-community support groups who have been providing practical support within their own neighbourhoods, who Coventry City Council have been working with throughout the pandemic. We will be engaging with these groups to encourage their on-going involvement in the pandemic response in terms of supporting people required to self-isolate through Test and Trace and to promote resources to support mental health and wellbeing to the wider community.

Engagement sessions are being held with local faith groups and wider public advocacy groups to explain what Test and Trace involves and the importance of it in protecting vulnerable individuals. These sessions will enable exploration of any concerns or myths about Test and Trace and COVID-19 prevention measures with the wider community and to build community advocates to help share messages to encourage compliance with contact tracing activities and self-isolation measures.

TESTING

Current sub-regional testing arrangements for both antigen and antibody testing are outlined in the CSW Outbreak Control Plan. Antigen testing is currently available at the Ricoh Arena in Coventry, as well as mobile testing sites nearby in Rugby and Nuneaton. Home testing is also available. Whole care home testing is currently being undertaken by a locally commissioned service to supplement the national programme. Antibody testing is currently being made available for NHS staff, with plans to roll out to social care staff, and the wider population in the future.

Testing is a key element needed to support outbreak management. Current national testing systems are inadequate to support outbreak management as they currently cannot test asymptomatic individuals or individuals who are not able to access national testing sites; delays associated with postal testing means that national testing provision is also unsuitable for supporting outbreak management.

Options are being rapidly considered regarding whether to procure a local swabbing service (using the local laboratory at University Hospitals Coventry and Warwickshire for processing the samples) to specifically support testing employed as part of outbreak management, or if flexible use of additional mobile testing units (swabbing teams would still need to be provided) alongside changes to criteria for accessing tests through the national and mobile testing sites (i.e. need to swab both symptomatic and asymptomatic individuals) may be more appropriate. A co-ordinated “all at once” approach to testing, timely access to tests and results turnaround are critical in outbreak management.

In outbreak situations (2 or more linked cases – i.e. individuals with symptoms and/or who are confirmed to be positive) – it may also be possible to have swabs couriered to a setting locally from the PHE Lab in Heartlands, who would subsequently process the samples.

A West Midlands solution is being considered to deliver end to end testing pathways to ensure delivery via mobilising testing teams, transport of samples to the relevant laboratory for processing, followed by appropriate results management.

Antibody testing is not currently being prioritised over antigen testing given the limited current value of knowing the result for individuals. However, antibody testing programmes form an important part of understanding the prevalence and epidemiology of COVID-19 and therefore programmes will be planned and supported, working alongside our NHS partners.

CONTACT TRACING

CONTACT TRACING IN COMPLEX SETTINGS

Contact Tracing is vital to contain the virus and prevent its spread to more people. Under the new test and trace system anyone who has been in close contact with someone who has tested positive (from 2 days before their symptoms started and for the duration of symptoms) for coronavirus will be informed and asked to voluntarily self-isolate for 14 days.

Please see additional detail about how the NHS Test and Trace Service works here and here

Where the contact tracing process identifies a complex case or one involving a high-risk location, such as where a person who has tested positive for COVID-19 has worked or recently visited a health or care setting, a prison/other secure setting, a school, workplace or critical national infrastructure, and other complex settings, then the case will be referred to Public Health England's regional teams and our local Public Health team.

Public Health and wider partners will mount a response to requests for support with Test and Trace/outbreak response via the Health Protection Mobilisation Group described above under the section entitled Outbreak Control and Response Partners.

DATA: DYNAMIC SURVEILLANCE AND INTEGRATION

DATA INTEGRATION

National and local data integration and ability to look at a variety of metrics including growth rates and prevalence data, is critical to responding to the next phase of the pandemic.

Coventry City Council are leading a sub-regional data hub. Working in partnership with PHE, the Joint Biosecurity Centre and NHSE/I the hub will develop an early warning and surveillance system so that each authority can target prevention work and monitor the impact of the test and trace programme locally.

Key elements of the data hub are outlined in the CSW Outbreak Control Plan. It is likely that this group will develop several products for various audiences so that all stakeholders can rapidly assess the data and monitor progress. Products will include interactive dashboards with both health and wider data, mapping of prevalence to identify hotspot areas of high community transmission and metrics to predict when and where outbreaks might occur, for example footfall and weather data. Membership of the hub includes data leads from Coventry, Solihull and Warwickshire along with representation from PHE's Local Knowledge and Intelligence team (with links into the Joint Biosecurity Centre) and NHS E/I. Terms of reference for the Data Hub can be found in appendix 9.

USING DATA TO INFORM LOCAL DECISIONS

In addition to 'hard' data described above, local knowledge and intelligence will be used to proactively map populations and settings which may be at higher risk of transmission. The Health Protection Board Mobilisation Group will work with stakeholders in these settings to target preventative intervention. Both surveillance of case data and 'softer' intelligence will support a range of actions from containment within specific settings to local lockdown of settings or geographical areas. This is in line with the Governments expectation that future restrictions will be more precisely targeted, for example relaxing measures in parts of the country that are lower risk whilst continuing them in higher risk locations when the data suggests this is warranted.

Tracking cases at a local level will identify any trends by time, place or location and will benefit from the addition of local intelligence and local staff to visit premises and provide advice/support. However, there are potential situations that are less straightforward, such as gatherings that have occurred in breach of social distancing guidelines and in situations where people may not be willing to disclose information. In Coventry our Mobilisation Group includes the lead for community engagement and resilience as well as representation from West Midlands Police so that information on situations that could potential give rise to a local outbreak can be shared and acted on. Outbreaks amongst those who are socially excluded are likely to be especially difficult to detect, as people in these groups may be transient or lack the means to isolate themselves. It is important that we utilise the strong and widespread partnerships that exist in Coventry to early identify potential outbreak hotspots.

DATA MANAGEMENT, SECURITY AND LINKAGES

Local protocols and data sharing agreements will be established as appropriate and as per routine process for all data being processed via the data hub.

DEPLOYMENT OF CAPABILITIES INCLUDING ENFORCEMENT

ENFORCEMENT INCLUDING LOCKDOWN PLANS

The CSW Outbreak Control Plan outlines the three main pieces of legislation that can be used to support COVID-19 related prevention and response activity – namely, the Health and Safety Act, the Public Health (Control of Disease Act) 1984 and the Coronavirus Act 2020.

Enforcement will always be a last resort, and the overall approach to delivering outbreak plan work will be supportive.

How geographical lockdown might work in practice is being considered rapidly with national colleagues. However, the closure of setting can be enacted through current local powers. Any geographical lockdown would be preceded by detailed risk assessment work and would be part of a wider multi-agency emergency response.

RESOURCE PLANNING

FINANCIAL PLAN

Funding has been allocated to all local authorities to support the long-term delivery of this work which is likely to need to be in place for at least 12-18 months. The allocation within the CSW authorities is:

Warwickshire	£2,138k
Coventry	£2,041k
Solihull	£1,041k

In addition to contributing to shared programme management and communications resources which will work across the sub-region, Coventry plans to recruit a virtual Prevention, Advice and Response Team to support with data analysis, prevention and outbreak management. The funding will be utilised to enhance existing capacity in the following areas:

1. Data analysis Epidemiology and Geographical Information Systems knowledge.
2. Environmental Health Officer expertise to work both proactively and reactively with business, places of worship and other settings to prevent and manage outbreaks.*
3. Infection Prevention and Control specialist advice to work proactively and reactively with health and care settings and schools to both prevent and manage outbreaks.*
4. Specialist Public Health skills and expertise.

*these functions will be used flexibly to provide surge capacity in any complex setting as demand requires and mutual aid across Coventry, Solihull and Warwickshire.

RISK AND MITIGATION

There are two main types of risk that will need to be managed as part of implementation of our Local Outbreak Control Plan:

1) Public Health risk related to COVID-19, particularly linked to high risk settings (a detailed mapping exercise of these settings will be undertaken), but also related to risks associated with potential collapse in adherence to public health advice such as to social distance etc.

2) Risks related to operationalisation of the programme (local and sub-regional risk registers will be developed and held by agreement by the most appropriate local/sub-regional group).

APPENDICES:

	Appendix 1 – CSW subregion governance  Appendix 2 COVID-19 Test and Tr
	Appendix 2 – Coventry governance  Appendix 2 COVID-19 Test and Tr
	Appendix 3 – COVID Health Protection Board Terms of Reference  Appendix 3 C19 HPBoard ToR 190620
	Appendix 4 – HP Board Mobilisation Group Terms of Reference  Appendix 4 ToR C19 HP Mobilisation Grou
	Appendix 5 – Health and Wellbeing Board subgroup Terms of Reference  Appendix 5 HWB Test and Trace Sub Group
	Appendix 6 – Population Health Model  Appendix 6 Coventry HWBS.pptx
	Appendix 7- Test and trace members panel  Appendix 7 - Members Panel Terms
	Appendix 8- Public Health England Standard Operating Procedure Link

	Appendix 9- Data Hub Terms of Reference  Appendix 9 COVID-19 CSW Epide

DOCUMENT HISTORY			
VERSION	DATE CHANGE	EDITOR	COMMENTS
1	19/06/20	Valerie de Souza	
2	20/06/20	Liz Gaulton	
3	23/06/20	Alicia Phillips	
4	24/06/20	Jade McKenna	

This page is intentionally left blank

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 27th July 2020**

From:
Liz Gaulton, Director of Public Health and Well-being
Nadia Inglis, Consultant Public Health

Title: Improving Immunisation Uptake in Coventry

1 Purpose

1.1 The purpose of this report is to update the Health and Well Being Board on work being undertaken to increase the uptake of vaccinations in Coventry.

2 Recommendations

2.1 The Health and Well-being Board is asked to take note of the work being undertaken to increase the uptake of vaccinations in Coventry.

3 Information/Background

3.1 A recent Coventry and Warwickshire Immunisation and Screening Review (2019) assessed the uptake of routine childhood and adult/older people's vaccinations against national targets. Of the 12 routine childhood vaccinations, Coventry met the 95% target in one, the proportion of 5-year olds receiving the recommended dosage for the 6-1 vaccine - diphtheria, hepatitis B, haemophilus influenzae type B, polio, tetanus and whooping cough (primary course) and met one of two targets for adult/older people's vaccinations – Pneumococcal vaccine. In 2018/19 the range of immunisation uptake in Coventry and Rugby GP practices for the key childhood vaccinations was between 51%, and 97.9%, with the lowest uptake being shown in pre-school vaccinations (from 3 years 4 months to 5 years).

3.2 Primary care and the school-based Immunisation and Vaccination Service (IVS) are responsible for delivery of the routine vaccination schedule.

3.3 A Task and Finish group has been convened with representatives from Public Health, Clinical Commissioning Groups and the regional Screening and Immunisations teams to increase uptake of vaccinations (a Flu Steering Group plans the delivery of the flu vaccinations). Work completed or in development includes:

- Detailed analysis, which has shown that the national COVER vaccination data is currently robust. GP quarterly COVER data for 2019/20 can be found here: https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2019-to-2020-quarterly-data

- Development of a childhood vaccination uptake database by GP practice and the results of a GP Practice consultation, which will be used to gather good practice and offer support to relevant GP practices
- Public facing/stakeholder consultation, which has been developed, but is on hold during the COVID-19 pandemic
- An awareness-raising campaign emphasising the importance of vaccination is currently running. Migrant Health Champions and agencies working with migrant communities are supporting key message communication to migrant communities via translated materials and word of mouth including gelatine use messages.
- Half of the Coventry and Rugby GP practices have signed up to an enhanced national MMR vaccination schedule which will target children who have not been vaccinated. The vaccination schedule can be found here https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/
- The 44% of Coventry and Rugby GP practices not signed up to data auto extraction are being encouraged to do so, this system improves the quality of the data reported.
- Coventry is a failsafe scheme city, whereby all parents/carers of unvaccinated children will be contacted by telephone to discuss the importance of vaccination for a six-month period commencing July 2020

4 Porcine Gelatine

4.1 Porcine (pig) gelatine is used in three vaccines to ensure they remain safe and effective, it is highly purified and broken down into very small molecules. These vaccines are: Mumps, Measles and Rubella (MMR) – an alternative is available; the older peoples shingles vaccine - no current alternative; and the nasal flu spray for children aged 2-10 years old, and all aged 2 years to 17 years of age if they have a health condition - an alternative is available for those with health conditions. The IVS offers key advice to parents/carers on the use of gelatine. An offer has been made to meet with religious leaders to discuss the use of gelatine in vaccinations.

5 Flu Vaccine

5.1 The flu vaccine does not protect against coronavirus infection. It is offered via a GP or Pharmacist to anyone aged 65 and over, pregnant women, children and adults with certain health conditions and children aged 2 and 3. The IVS provide the vaccination to primary school children. Frontline health and social care workers are eligible for the flu vaccine also. The eligibility criteria may be expanded this year, as increasing the number of people vaccinated would give the NHS a better chance of coping with any surge in Covid-19 patients later in the year.

5.2 The proportion of Coventry school aged children vaccinated for flu in 2019/20 exceeded the national and regional average rate for example in Year one 67.4% of children were vaccinated compared to 63.5% nationally and 61.4% regionally. The proportion of over 65s in Coventry and Rugby receiving the flu vaccine exceeded 70% at 70.4%.

6 School aged immunisations

6.1 School-age vaccinations were impacted by the closure of schools during the Coronavirus pandemic. The IVS are working with schools to deliver vaccinations in school as it minimises time out of classes for children and young people (CYP) and maximises reach. Where a school cannot currently accommodate the service, they are developing catch up outreach clinics in the community. Schools have been an active partner in the vaccination programmes, and they have contacted parents advising them how to book into a session.

7 Options Considered and Recommended Proposal

7.1 The Health & Well-being Board are asked to take note of the work being undertaken to increase the uptake of vaccinations in Coventry.

Report Author(s):

Name and Job Title:

Jane Craig – Health Protection Programme Manager

Directorate:

People

Telephone and E-mail Contact:

jane.craig@coventry.gov.uk

Enquiries should be directed to the above person.

This page is intentionally left blank

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 27 July 2020**

From: Liz Gaulton, Director of Public Health and Wellbeing

Title: Disparities and COVID-19

1 Purpose

1.1 This report proposes steps for the Health and Wellbeing Board to take in response to national evidence showing the unequal impact of COVID-19 on different groups.[1]

2 Recommendations

2.1 To agree that the Marmot Partnership Group take the strategic lead on supporting the system to address health inequalities relating to COVID-19.

2.2 To agree that the work of the Marmot Partnership Group should include leading on implementing the recommendations developed by Public Health England (PHE) to reduce the disproportionate impact that COVID-19 has had on people from Black, Asian and minority ethnic (BAME) groups.

2.3 To request that the Marmot Partnership Group provides a progress update in 6 months.

2.4 To consider how Board members may together add value through reviewing COVID-19 related inequalities through the lenses of our employees and wider communities.

3 Information/Background

3.1 The COVID-19 pandemic has shone a light on health inequalities, showing the stark reality that the circumstances you are born into, and in which you live your life, can have very real consequences for your health.

3.2 PHE undertook a rapid review into disparities around the risk and outcomes of COVID-19 that explored risk factors including age, sex, ethnicity, co-morbidities, deprivation and occupation.[2] Building a picture of different risk factors and their relative size is important because no one person or group is defined by a single characteristic. A short summary on selected risk factors associated with increased risk of death from COVID-19 from selected PHE and Office for National Statistics (ONS) reports can be found in Appendix A.

[1] Public Health England. *Disparities in the risk and outcomes of COVID-19*. London: PHE; 2020.
[2] Public Health England. *Disparities in the risk and outcomes of COVID-19*. London: PHE; 2020.

3.3 National analysis has shown that people from most BAME groups have a higher risk of dying from COVID-19 than those of White ethnicity.[3] In statistical analyses, these risks were reduced when socio-economic, household and geographical characteristics and factors relating to occupation were accounted for, suggesting that some, but not all, of the increased risk of death is due to these. At the time of the 2011 Census, one in three Coventry residents (33%) were from BAME groups and among children attending Coventry schools in January 2020, 53% were from BAME groups.[4]

3.4 As part of their disparities report, PHE engaged with over 4,000 people to understand their views on the reasons for the inequality for those in BAME groups.[5] This led them to propose seven recommendations:

---

[3] Office for National Statistics. Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020 [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020]. Accessed 2020 Jul 02.
[4] Coventry Health and Wellbeing Board. *Coventry Joint Strategic Needs Assessment. Coventry Citywide Profile 2019*. Coventry; Coventry City Council; 2019; Department for Education, Schools, pupils and their characteristics 2020.
[5] Public Health England. *Beyond the data: Understanding the impact of COVID-19 on BAME groups*. London: PHE; 2020.

1. *Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.*

2. *Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.*

3. *Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.*

4. *Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.*

5. *Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.*

6. *Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.*

7. *Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.*

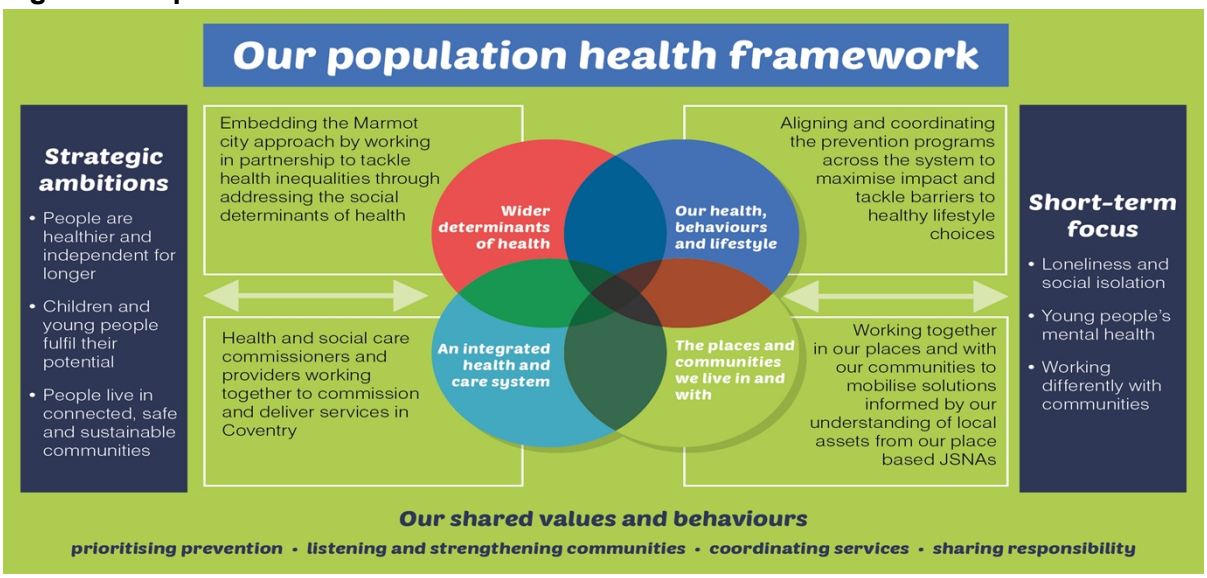
4 Factors underpinning recommendations

4.1 In Coventry, there already exists a multi-agency group that works to reduce health inequalities: the Marmot Partnership Group.

4.2 The Joint Health and Wellbeing Strategy that was adopted by the Health and Wellbeing Board last year is based around four pillars (Figure 1).[6] One of these is to address the wider determinants of health, such as income deprivation and housing. This work is being led by the Marmot Partnership Group and, as such, the group is well placed to take the strategic lead on work to reduce health inequalities associated with COVID-19, including the local implementation of the PHE recommendations.

4.3 Nonetheless, this work, and the recommendations, touch on all four pillars in Figure 1 and so there would be a need for collaboration with other groups, such as the One Coventry Board, which oversees work on the bottom right pillar ('The places and communities we live in and with').

Figure 1: Population health framework



Source: Coventry Health and Wellbeing Strategy 2019–2023

[6] Coventry Health and Wellbeing Board. *Coventry Joint Health and Wellbeing Strategy 2019-2023*. Coventry: Coventry City Council; 2019.

4.4 The Marmot Partnership Group is in the process of setting up a subgroup to look at inequalities for BAME groups, aiming to develop two to three actions in relation to these recommendations and also to identify and share good work that is already happening. Other subgroups around the COVID-19 inequalities response are also being determined.

4.5 Organisations represented on the Health and Wellbeing Board will already be taking action in the area of COVID-19-related inequalities and it is proposed that this will be enhanced through a co-ordinated review through the lenses of our employees and wider communities.

4.6 Examples of local actions that have been taken in recent months include:

- the COVID-19 health impact assessment, being conducted jointly with Warwickshire County Council, considers health inequalities
- the Coventry local outbreak implementation plan explicitly considers the need for community engagement to build trust and participation, including culturally appropriate messaging, which links to the fifth BAME report recommendation[7]
- Migrant Health Champions have been helping to spread COVID-19-related messages within their communities
- Coventry City Council has undertaken a Talent Inclusion and Diversity Evaluation (TIDE) self-assessment to assess how well it fosters diversity and inclusion in its workforce.

4.7 While the PHE recommendations will provide a framework for specific action to reduce inequalities for BAME groups, the remit of the Marmot Partnership Group will continue to be focused on reducing COVID-19-related inequalities across all sectors of our population.

Report Author(s):

Names and Job Title:
Sue Frossell, Consultant in Public Health

Rosanna Fforde, Specialty Registrar in Public Health

Telephone and E-mail Contact:
Sue.Frossell@coventry.gov.uk
Rosanna.Fforde@coventry.gov.uk

Enquiries should be directed to the above

[7] Coventry City Council. *COVID-19 Outbreak Control. Coventry Local Outbreak Implementation Plan*. Coventry: Coventry City Council; 2020.

Appendix A: COVID-19 and inequalities

PHE's review into disparities in risk and outcomes from COVID-19 was published in early June 2020.[8] A multivariable survival analysis within this assessed the risk of death among those with a positive test result (based on Pillar 1 testing), which meant that factors other than the risk factor of interest could be accounted for.[9]

The largest single risk factor in this analysis was age. Relative to those aged under 20, the risk of dying among those with a positive test result was three times higher for those aged 40–49, nine times higher for those aged 50–59, 26 times higher for those aged 60–69, 50 times higher for those aged 70–79 and 70 times higher for those aged 80 and above.[10] Age was also the largest risk factor in an analysis restricted to those of working age (defined as ages 20–64).

Sex was also a risk factor; the risk of dying given a positive test result was over 50% higher in men than women. In the working age population, this risk was almost twice as high for men than women.[11]

Deprivation also affects risk: in people of working age with a positive test, relative to those living in the least deprived quintile, people living in all other deprivation quintiles had at least a 32% increased risk of death, with people in the most deprived quintile having approaching double (93% increased risk) the risk of dying relative to those living in the least deprived quintile.[12] In the all-age analysis, this relationship was weaker, and only those living in the most deprived or second most deprived quintiles had a significantly greater risk of dying than those in the least deprived quintile, by 16% and 10% respectively.

By ethnic group, the largest disparity identified in the PHE analysis was in people of Bangladeshi ethnicity, who had twice the risk of death compared with those of White British ethnicity, while people of Pakistani ethnicity had a 44% increased risk of death. Significant increased risks were also found for people of Chinese, Indian, Other Asian, Black Caribbean, and Black Other ethnicity relative to those of White British ethnicity. People of White Irish ethnicity had a lower risk of death relative to those of White British ethnicity. This analysis accounted for age group, sex, region, and deprivation quintile, but not co-morbidities (including obesity) or occupation.

Another analysis by the ONS found a significantly higher risk of COVID-19 mortality in most BAME groups relative to people of White ethnicity.[13] This analysis was on deaths 'involving COVID-19' (it did not require this to have been confirmed by a test) and used fewer ethnic groupings than the PHE analysis.

When the data was adjusted for age and split by gender, the ONS found significantly higher risks in people of Black, Bangladeshi or Pakistani, Other, Indian, Mixed, and Chinese (men only)

[8] Public Health England. *Disparities in the risk and outcomes of COVID-19*. London: PHE; 2020. Pillar 1 tests (patients and healthcare staff) up to 13 May 2020.
[9] Pillar 1 tests (patients and healthcare staff) up to 13 May 2020.
[10] This accounted for sex, ethnicity, region, and deprivation quintile, but not co-morbidities (including obesity) or occupation.
[11] This accounted for age group, ethnicity, region, and deprivation quintile, but not co-morbidities (including obesity) or occupation.
[12] This analysis accounted for age group, sex, ethnicity, and region, but not co-morbidities (including obesity) or occupation.
[13] Office for National Statistics. Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020 [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020]. Accessed 2020 Jul 02.

ethnicity relative to those of White ethnicity. The highest increased risk was in those of Black ethnicity, with mortality rates 3.3 times higher in Black men than White men and 2.4 times higher in Black women than White women.

The ONS found that some, but not all, of the association could be accounted for by socio-economic, household and geographical characteristics and factors relating to occupation; after accounting for these characteristics, there remained a smaller but still significant increased risk for those of Black, Indian, Bangladeshi or Pakistani (men only), and Other (men only) ethnic groups. In this adjusted model, the rates remained highest in those of Black ethnicity and were 2.0 times higher in Black men than White men and 1.4 times higher in Black women than White women.

A different ONS analysis on occupation has found that certain occupational groups and specific occupations have had higher mortality rates from COVID-19, presented separately by sex and accounting for age but not other factors.[14] In men, specific occupations with higher mortality rates included taxi drivers and chauffeurs, bus and coach drivers, chefs, and sales and retail assistants. For women, this included sales and retail assistants. Both men and women working in social care had increased death rates.

[14] Office for National Statistics. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 25 May 2020 [https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand25may2020]. Accessed 2020 Jul 09.

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 27 July 2020**

From: Pete Fahy, Director of Adult Services

Title: Adult Social Care – Key programmes of work to support Covid-19 to date

1 Purpose

1.1 To brief the Health & Well-being Board on key areas of activity within Adult Social Care to support the Covid-19 effort and identify key areas of focus as a result of this.

2 Recommendations

2.1 Coventry Health and Wellbeing Board is recommended to:

1. Note the contribution and efforts of Adult Social Care to support residents of Coventry over the Covid-19 period to date

3 Information/Background

3.1 The Covid-19 pandemic impacted on all areas of Adult Social Care, both in terms of the provision of direct care and support, Occupational Therapy, Social Work and back office operations that support delivery. The summary below identifies the key areas of activity undertaken to help ensure people that require support from Adult Social Care continue to have access and the key areas of focus as we continue to deliver adult social care and support in a Covid-19 context.

4 Remote working and use of technology

4.1 Wherever possible assessment, support planning, enablement, review and safeguarding activity was undertaken remotely. This was an essential change to minimise face to face contact and manage demand through our front door to prevent the build up of backlogs and the accumulation of risk.

4.2 A number of partner and voluntary sector organisations also moved the majority of their operations to remote delivery. Information and advice and money management support was provided over the phone or on-line wherever possible.

4.3 Although remote working became the normal way of doing business face to face visits were undertaken where the level of risk and ability to manage this through remote working was

not sufficient. Risk assessments and Personal Protective Equipment (PPE) were used to manage these situations and in situations where direct care interventions were required.

5 Operation shield and Vulnerable people

5.1 The City Councils response to shielding those identified by the Department of Health and Social Care (DHSC) as being the most clinically vulnerable was led through Adult Social Care. A partnership arrangement was quickly established with CV Life who provided the support required through a combination of food parcels, medication delivery and social contact. This effort was also supported by Coventry City of Culture Trust and City Council Library staff. This local support supplemented what was available through the national support programme.

5.2 Operation shield is being paused at 31 July 2020 and the current work is winding down to meet this date. As at 14 July over 14000 people have been contacted and offered support by CV Life. CV Life will remain a key partner should a further shielding requirement be put in place as a result of further spikes or local outbreaks.

5.3 To support people that had vulnerabilities but were not identified as being in the shielded cohort the City Council's Customer Contact centre established a vulnerable persons helpline. By the end of June over 3000 people had been contacted through this helpline.

6 Care Act easements

6.1 The ability to ease some of the local authorities' duties under the Care Act 2014 were introduced through the Coronavirus Act 2020. The duties that could be eased were in four areas as follows:

a) The requirement to carry out detailed assessments of people's care and support needs. However, we were still expected to respond as soon as possible to requests for care and support.
b) The requirement to carry out financial assessments.
c) The requirement to prepare or review care and support plans in line with the pre-amendment Care Act provisions. Authorities activating the easements were still expected to carry out proportionate, person-centred care planning which provides sufficient information to all concerned.
d) The duties on local authorities to meet eligible care and support needs, or the support needs of a carer, was replaced with a power to meet needs. The replacement of a duty with a power enabled local authorities to prioritise the most pressing needs.

6.2 Coventry was one of seven local authorities nationally to activate the easements on the basis of depletion of staff and changes in demand. Activation of the easements were notified to the Department of Health and Social Care (DHSC) on 28 April 2020 and the easements remained in place until 29 May 2020 at which point staffing had returned to usual levels.

6.3 The easements that primary used were easements 1 and 3. These enabled Adult Social Care to operate within the appropriate legal framework taking into account national guidance on minimising contact and social distancing. Easement 2 was activated for a short period but not used. This was because the financial assessments team were able to maintain delivery of services at pre pandemic levels through the use of a digital assessment tool and remote communication via MS Teams. Between 30-35 financial assessments were undertaken a week during the pandemic which is in line with pre Covid rates. Although activated Easement 4 was not applied to it's full extent in respect of prioritising some people with care and support needs above others.

6.4 For Local Authorities that activated the easements, Coventry included, there was a significant amount of scrutiny and challenge from national organisations and law firms. It is worth noting that none were able to identify any individual who has suffered detriment as a result of the easements and no complaints or challenges were made locally in this respect.

7 Care market resilience

7.1 Supporting the care market has been a significant focus of our work over this period. It is an area that is critical to the effective delivery of social care at all times and an area that operates in a very challenging financial environment characterised by high turnover, high levels of recruitment activity, increasing demands and relatively low levels of public recognition. It is also made up of numerous separate businesses who are contractors to the City Council and not under our direct organisational control. Working with and supporting the market wherever possible has been a cornerstone of our approach for several years and this approach has been more important than ever as we respond to Covid-19

7.2 Some of the specific support actions in place over this period have included:

1. Meeting the additional specific costs of Covid-19 when evidenced by providers
2. Undertaking weekly telephone calls to ensure providers are aware of developments and support that is available to them
3. Provision of infection control training and advice
4. Provision of emergency PPE should providers regular supply routes not be able to supply
5. Implementation of a process for rapid recruitment and support with longer term recruitment activity
6. A 7 day a week commissioning support line for providers to refer issues to out of hours
7. Securing additional COVID-19 specific discharge capacity led by the CRCCG locally to support the commitment that patients needing isolation could be supported in a way that was not detrimental to other residents.
8. Paying some providers weekly based on contracted hours instead of actual services delivered. This was to avoid any burden of administration on providers and ensure a regular flow of cash to these organisations
9. Maintaining payments to voluntary sector organisations in the light of reduced face to face activity

7.3 It is a significant point of credit to providers of social care in Coventry that they managed to sustain services and continue to take new referrals over this period. At the depth of the pandemic there were only six care homes who were unable to take new admissions – this is significant in our ability to continue to support people who require care home admission over this period.

7.4 Although the media focus has been on care homes this should not discount the significant effort of home support providers and supported living and/or housing with care. It is noticeable that as at 14 July 2020 adult social care supported 2405 people at home compared to 759 in residential care and 218 in nursing care. Without doubt the impact on care homes during Covid-19 has been significant but the whole care and support market needs to continue to be supported and recognised for the key role it plays. This role extends beyond the support and safeguarding of vulnerable adults into the viability and growth of the economy of the City. Adult Social Care has a role to play in job creation within the city and making opportunities available for residents who may be displaced from other sectors as a result of Covid-19.

8 Rapid hospital discharge

8.1 the start of the pandemic Adult Social Care worked with Health colleagues to achieve the objective of freeing significant numbers of hospital beds. From a staffing perspective there were volunteers to cover the required social work capacity to support a 7 day a week 8am to 8pm model for the required period. From a market perspective there was one additional home support provider and three additional care homes that were contracted to support this important element of protecting the NHS. Of note is that the aspiration for 95% of patients to go home was achieved and sustained.

9 Areas of focus:

9.1 As we move forward and continue to live with Covid-19 there are four specific areas that we will focus on in terms of our ongoing response:

9.2 Support to carers

9.2.1 The impact on carers of Covid-19 to date has been significant and can be expected to continue as Covid-19 continues. Material impacts on carers are that opportunities for respite will be more limited as services operate on a reduced capacity due to social distancing. Many carers are also concerned about the personal economic impact related to job security. Demand for carers support is growing. For example, Carers Trust Heart of England report that over April to June 2019 compared with April to June 2020 the number of assessments for the CRESS (Carer Response Emergency Support Service) increased from 28 to 128 and hours of direct service delivery to carers increased from 262 to 455.

9.3 Service reinstatement

9.3.1 It is a point of fact that the vast majority of Adult Social Care has remained operational. The way we have done things has changed to be much more reliant on technology and remote working as opposed to face to face work but we have largely continued to operate. Wherever possible this will continue but flexibility and balancing risk will be the underpinning principles of how we progress. For some people with care and support needs and family carers the remote working approach has been extremely effective but for others it has not been as successful and as always Adult Social Care will not be a one size fits all service as we progress.

9.3.2 Where services did temporarily cease, including day opportunities, residential respite provision and travel training work is underway to bring these back where possible and in a Covid-19 compliant way. This includes supporting independent sector providers to reinstate services safely as well as restarting City Council provision.

9.4 Workforce support

9.4.1 Support to the social care workforce of approximately 9400 (850 directly employed by the City Council) has been a key aspect of our Covid-19 response. This has included administration of Government grant monies to financially support providers with a number of staffing measures in relation to Infection Prevention and Control.

9.4.2 Aside from the practical support including training and PPE provision the way the workforce is supported to continue to be effective and resilient in a Covid-19 context is a critical issue. As a local authority we will gain some insight to this through our workforce survey which is currently underway but how well both our own and the external workforce are supported is likely to be a critical issue in terms of both retention and attracting people to work in social care. Significant emphasis has been placed on the emotional resilience of our workforce with a variety of mechanisms used and the workforce survey provides opportunity to reflect on what has worked well and what can improve.

9.4.3 A specific workforce workstream has been established across Coventry and Warwickshire health and social care. This includes focus on recruitment and retention and ensuring that the care market is aware of training and development support offers.

9.5 Resourcing

9.5.1 The additional covid-19 related expenditure within Adult Social Care is currently estimated at approximately £4m for 2020/21 (Full Year Effect), however this could be significantly impacted further by either a second wave of the pandemic, any further changes in national policy, or any changes to national funding passported to the market. These costs are incurred primarily in relation to costs associated with supporting rapid hospital discharge and ensuring the provider market is resourced to put measures in place to ensure good infection control practice. Such infection control measures include the use of digital technology to continue to support remote assessments and reduce social isolation. These costs have been met by specific Covid-19 resources provided to the local authority in the short term. Should these costs be incurred on an ongoing basis there is a further financial sustainability risk to Adult Social Care. In addition, there may be additional resourcing required to ensure carers and the workforce are appropriately supported.

10 Options Considered and Recommended Proposal

10.1 The report is for information to bring to the attention of Coventry Health & Well-being Board the key areas of activity undertaken by Adult Social Care during the Covid-19 pandemic to date and the key areas of focus as we progress from this point.

10.2 Coventry Health & Well-being Board is asked to support this work.

Report Author(s): Pete Fahy

Name and Job Title: Director of Adult Services

Telephone and E-mail Contact: peter.fahy@coventry.gov.uk

Enquiries should be directed to the above person.

This page is intentionally left blank

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 27 July 2020**

From: Pete Fahy – Director of Adult Services, Coventry City Council
Justine Richards – Chief Strategy Officer, UHCW

Title: Coventry Joint Health and Wellbeing Strategy 2019-23 update: Integrated Health and Care

1 Purpose

1.1 To update Health & Well-being Board on the progress against this quadrant of the Health & Well-being Strategy and seek support for key areas of focus going forward.

2 Recommendations

2.1 Coventry Health and Well-Being Board is recommended to:

1. To note the priority areas of focus proposed by the Integrated Health and Care programme

2. Support the work programme against this quadrant as described

3 Information/Background

3.1 An integrated health and care system is one of the four quadrants of the Coventry Health and Well Being Strategy. This quadrant is led by a Coventry Health and Care Executive comprising representatives across health organisations including GP and the City Council. Representation is broadly made up of senior staff the tier below Partnership Executive Group (PEG) representation.

3.2 The primary function of the group is to translate system objectives as set by PEG into action that is attuned to the requirements of Coventry as a place.

3.3 The group is currently chaired by the Director of Adult Services with the UHCW Chief Strategy Officer being vice-chair. Senior level delivery support to the work of the group is provided by a dedicated Programme Manager.

3.4 In terms of getting work done beneath the health and care exec is a delivery group comprising representatives from each organisation. In terms of wider stakeholder input this is achieved through the priority area workstreams.

3.5 The accompanying presentation outlines the pre-pandemic key areas of focus that the Integrated Health and Care programme had established. As a response to Covid-19 there

were numerous activities undertaken to support a collaborative response from health and care partners. As part of the reset and recovery process, the pre-pandemic priorities have been reviewed to ensure that the Integrated Health and Care programme is focused on the most appropriate areas, summarised in the table below.

Pre-pandemic priorities	Pandemic response (includes)	Current priorities
• Frailty • Musculoskeletal • Mental Health • Long Term Conditions	• Operation Shield – linkages across health and local authority • Rapid Discharge Hub • Primary Care Hot Hubs • Extended Care Home offer • Urgent cancer treatment maintained	• Frailty • Musculoskeletal • Mental Health • Long Term Conditions • Post-covid rehabilitation • Community-based developments (including shielding legacy)

3.6 Pre Covid-19 the group was starting to focus its efforts on how Coventry as a place contributes to the overall financial requirements of the NHS Long Term Plan. This work has been put on hold for the time being.

3.7 As with other elements of HWBS the health and care quadrant does not operate in a vacuum of other quadrants and members are also active in other areas of the HWBS. This cross working is considered to add value and reduce duplication.

4 Options Considered and Recommended Proposal

4.1 The proposed areas of focus build upon pre-pandemic priorities and account for key changes as a result of the pandemic impact and response.

4.2 It is recommended that Coventry HWBB support these priorities on the understand that as system priorities and focus shifts then so will the work of the group.

Report Author(s): Pete Fahy and Justine Richards

Name and Job Title: Director of Adult Services and Chief Strategy Officer

Telephone and E-mail Contact:

Peter.Fahy@coventry.gov.uk;
Justine.Richards@uhcw.nhs.uk

Enquiries should be directed to the above person.

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 27 July 2020**

From: Dr Sarah Raistrick, Chair, NHS Coventry and Rugby Clinical Commissioning Group

Title: The Future of Health Commissioning in Coventry and Warwickshire

1 Purpose

1.1 To brief the Coventry Health and Wellbeing Board on the future of health commissioning in Coventry and Warwickshire, the proposed changes to the structure of the Clinical Commissioning function and the future process.

1.2 To seek the support of the Coventry Health and Wellbeing Board for the application to create a single merged Clinical Commissioning Group in Coventry and Warwickshire.

2 Recommendations

2.1 For the Coventry Health and Wellbeing Board to:

- Support the proposed changes in the structure of the Clinical Commissioning Groups in Coventry and Warwickshire

3 Information/Background

3.1 The NHS Long Term Plan (LTP) was released in early January 2019. This outlined a new service model for the NHS. Every Sustainability and Transformation Partnership (STP) area in the country is to be, or be part of, an Integrated Care System (ICS) by 2021.

3.2 The three Clinical Commissioning Groups in Coventry and Warwickshire have been considering how we can best support the move to an ICS and how we might need to change to accomplish this.

3.3 Following a period of engagement with members, staff, partners and the public, between December 2018 and May 2019, a case for change was developed, outlining the options available. These options were identified as do nothing, to retain three CCGs as individual statutory organisations but with a single management structure, or to fully merge, with the three CCGs becoming one statutory organisation.

3.4 Any options which involve the strategic direction of the CCG is a matter reserved to all member organisations (“the members”) of the CCG. Members were asked to vote on their preferred option.

3.5 The Governing Bodies for each of the CCGs considered the case for change, and the potential options available. Each Governing Body chose to recommend the option of full merger to their members. This option was considered the best way to develop and invest in our system going forward, have a strong and consistent GP voice at all levels in that system and improve health outcomes for our population.

3.6 Each CCG ran an voting process for their members where members were able to vote on the three options outlined in the case for change

3.7 The outcome of the vote was decisive in all three CCG areas, with members choosing by significant majority to vote for the option of full merger.

3.8 In Coventry and Rugby 88 out of a possible 126 votes were cast. Of these:

- 23 were for Option 1 – Do Nothing
- 12 were for Option 2 – Joint Working
- 53 were for Option 3 – Merger.

4 Next steps for process

4.1 The three CCGs are now preparing to apply to NHS England and NHS Improvement for authorisation to become a single merged organisation. In order to apply to NHS England to become a merged organisation, we need to submit a number of documents, which are then reviewed against NHSE's requirements for CCG mergers. The deadline for submitting these documents for a 1 April 2021 merger is 30 September 2020 with a pre-application (draft submission) deadline of 21 August 2020.

4.2 There has been a change in the timeline for submitting the application, brought about by the need to respond to COVID-19. The application process was paused from mid-March to mid-May so that CCGs could divert our resources into our immediate COVID-19 response. Although the CCGs continue to respond to COVID, they have been able to now restart the work on the merger programme alongside the ongoing COVID-19 response, and our work to restore services.

4.3 In addition to the process of application for merger, the CCGs are starting the process for recruitment for a single Accountable Officer across the three CCGs. This is running concurrently with the formal application to merge, and will not be dependent on the outcome of the application progress. The Accountable Officer will be a prominent system leader across the health economy, providing a strong clinical commissioning voice to the local authorities and local health care providers.

4.4 We hope to be able to announce the successful candidate in September

4.5 The Health and Wellbeing Board will be kept up to date with the progress of this recruitment.

5 Ongoing engagement and the benefits of merger

5.1 If this application is successful, the three CCGs would aim to become a merged organisation by April 2021.

5.2 The CCGs are clear regarding the advantages that they believe that a merger will bring for the system and the population of Coventry and Warwickshire.

Opportunity to develop Place to meet the needs of our population and address health and care inequalities

- A single CCG across Coventry and Warwickshire will be able to make system-wide decisions in a joined up way, allowing our "Places" (Warwickshire North, Rugby, Coventry and South Warwickshire) to take a local approach on service provision, alongside our partners, to suit their individual populations and address local inequalities without being driven by the needs of other areas.

Faster more efficient decision making to enhance the experience of care

- A single CCG will provide stronger, more consistent and quicker decision making, reduce duplication and delays in implementing services. Patients get the best care and clinicians benefit from a more streamlined, joined up healthcare system, working closely with our partners across health and social care to co-ordinate services.

Significant administrative savings to reduce per capita cost of health care and improve productivity

- Becoming one CCG, with one Governing Body, reduces administrative costs without a negative impact on our ability to support primary care and deliver services to our patients. It would also help us reduce our financial deficit in the longer-term.

Easier to recruit and retain staff and increase the wellbeing and engagement of the workforce

- A single, forward thinking, stable organisation is more attractive to potential leaders and employees, making it easier to recruit, afford and retain staff with the right skills and experience and deliver effective staff wellbeing programmes across the area.

Better access to new opportunities and funding to invest in healthcare and improve the health and wellbeing of the population

- As a single CCG we will be better able to respond to new funding opportunities, bringing money into our system. It will increase our influence, negotiation and commissioning power. This means we can support our Places and PCNs and deliver the objectives of the Long Term Plan, prioritising prevention and improving health and wellbeing

5.3 These benefits align with the principles outlined in the Health and Wellbeing Concordat of prioritising prevention, strengthening communities, co-ordinating services and sharing responsibility. They also reflect the feedback we have had from stakeholders, patients and the public as to their aims for health commissioning.

6 Options Considered and Recommended Proposal

6.1 Successful progression of the merger programme is one of the CCG key priorities over the next few months. The response to COVID has demonstrated the importance of being able to work in with our health and social care partners four local “Places” of Coventry, Rugby, South Warwickshire and Warwickshire North to address issues at a local level, whilst also delivering Coventry and Warwickshire wide programmes and making decisions in a joined-up way. We believe that creating a single merged commissioning organisation to support

four strong Places is the best way to do this, so it is imperative that we keep on making progress towards this goal.

6.2 Ongoing engagement with our stakeholders and our population forms an essential part of this process, and it is important to the CCGs that the views of our stakeholders are able to help to shape the potential form of the new strategic organisation and ensure we identify and maintain a strong focus on the benefits which the new organisation will deliver for our local populations.

6.3 Further details as to the opportunities for engagement, particularly on the development of our Clinical Commissioning Strategy, which outlines how we will commission services as a single organisation, will be shared with stakeholders in due course.

Report Author(s):

	Name	**Contact Information**
Report Author	Rose Uwins, Senior Communications and Engagement Manager, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group	rose.uwins@coventryrugbyccg.nhs.uk Tel: 07979232001
Accountable Officers	Gillian Entwistle, Accountable Officer, NHS South Warwickshire Clinical Commissioning Group Adrian Stokes, Interim Accountable Officer, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group	

Telephone and E-mail Contact:

Enquiries should be directed to the above person.