Public Document Pack

Coventry City Council

Agenda

Health and Wellbeing Test and Trace Sub Group

Time and Date
2.00 pm on Monday, 3rd August, 2020

Place
This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: https://youtu.be/qrSdLRmlPu0 Health and Wellbeing Test and Trace Sub Group 2.00 pm Monday 3rd August

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Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Local Situation Report on Covid-19**

   Presentation from Liz Gaulton, Director of Public Health and Wellbeing on the following:

   (a)   Data Update

   (b)   Covid-19 Prevention Advice and Response Team

   (c)   Testing in Coventry

4. **Coventry, Solihull and Warwickshire Test and Trace Highlight Report** (Pages 3 - 10)

   Report attached, Liz Gaulton, Director of Public Health and Wellbeing will report at the meeting

5. **Local Powers to Contain Covid-19** (Pages 11 - 16)

   Report of Julie Newman, Director of Law and Governance

6. **Care Home Outbreak Control Plan** (Pages 17 - 32)

   Report attached, Pete Fahy, Director of Adult Services will report at the meeting

7. **Educational Setting Outbreak Control Plan** (Pages 33 - 50)

   Kirston Nelson, Director of Education and Skills will report at the meeting

8. **Test and Trace Engagement and Participation Community Champions Approach** (Pages 51 - 52)

Report of Valerie De Souza, Consultant Public Health

9.   **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, 24 July 2020

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

Membership: Councillor K Caan, M Coombes, R Danter, P Fahy, J Galloway, L Gaulton, R Light, S Linnell, K Maton, N Morgan, M Mutton, K Nelson, M O'Hara, S Ogle, G Quinton and S Raistrick

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 e-mail: liz.knight@coventry.gov.uk

Programme Leads:	Shade Agboola (WCC); Liz Gaulton (CCC); Ruth Tennant (SMBC)	Delivery Status	Overall	Governance	Progress	Finance	Risks & Issues	Value Added
Programme Manager:	Ali Williams		A	A	A	G	A	G

What's happened?	What's happening next?
• Major Outbreaks session delivered on 21 July • Review of organisation access terms (by authority) to the NHS COVID-19 Containment Dashboard • Public dashboard launched and enhanced – available at www.staysafecsw.info • Shared approach agreed to mapping high risk settings and outbreaks • Warwickshire and Coventry out to tender for new outbreak testing service • Review and briefing on National Contain Framework (how national and local partners will work together to contain outbreaks) led by Solihull • CSW Beacon Rapid Pilot proposal to DHSC agreed	• Refine arrangements for managing major outbreaks • Continue to establish local test and trace response teams • Continue with mapping of high risk settings across CSW • Continue work on developing community engagement frameworks • Consideration of sub-regional arrangements and guidance on powers given to local authorities to impose restrictions to help prevent the spread of COVID-19 within the National Contain Framework • Development of CSW Beacon Rapid Pilot (local swab kits) • Handover of MTU final mapping work via military planning colleagues in Warwickshire

Meetings held this week:	Upcoming meetings:	Points for CEO / DPH Discussion:
• 21.7.20 Coventry Health Protection Board • 21.7.20 COVID-19 Outbreak and Second Wave Planning • 20.7.20 Warwickshire Operational response group - thrice weekly (Monday, Wed Friday) • 21.7.20 Solihull Informal Scrutiny Briefing • 23.7.20 Solihull Health Protection Board • 24.7.20 Coventry Member Panel Update	• 27.7.20 Solihull COVID-19 HWBB sub-group • 28.7.20 Warwickshire Member Engagement Board • 29.7.20 Warwickshire Operational Response Group • 30.7.20 Solihull Health Protection Board • 30.7.20 Warwickshire Health Protection Board • 31.7.20 CSW Member Advisory Board • 03.8.20 Coventry Health & Wellbeing Board Test & Trace Subgroup	• CSW Member Advisory Board Agenda

Key Risks / Issues:
No Areas of Concern/Issues raised by Workstream Cells this week.

Key Message / Communications:
• The CSW Test and Trace Beacon continues to work sub-regionally to deliver local benefit with local comms campaigns taking shape, ongoing development of a joint CSW Lockdown Plan, and launch of public dashboard – available on our Beacon microsite www.staysafecsw.info. Through our Beacon arrangement we will be considering how we will work as a sub-region in relation to new powers announced recently for local authorities within the National Contain Framework. • As the CSW Beacon Rapid Pilot we will also be working with DHSC to shape national approaches and learning in the use of Pillar 2 tests in outbreak management (local swab kits) as part of our work sub-regionally and locally to put in place arrangements for hyper local testing.

Agenda Item 4

Test and Trace Programme Highlight Report

Period: w/e 24 July 2020

Track and Trace Programme Highlight Report - Progress Summary			Period: w/e 24 July 2020	
OVERALL PROGRAMME				**A**
CATEGORY	**Direction of Travel**	**Comment**		**RAG**
PROGRESS (TIME)	➔	Work is progressing with the mobilisation of plans and teams; a public-facing Dashboard has now been launched, hosted on the CSW microsite and session on response to major outbreaks held this week complementing work already underway on developing lockdown plan arrangements. Alongside this, plans for high risk settings on now coming together, with shared approach to mapping of these settings agreed, and shaping of local teams now well advanced.		**A**
GOVERNANCE	➔	With the frequency with which some of the Test and Trace Boards and Groups meet changing, discussion is underway to determine a new rhythm for sub-regional meetings. A draft delivery and governance framework is currently under consideration; this includes a Programme Plan and Risk Register.		**A**
FINANCE	➔	Arrangements relating to the principles and priorities for sub-regional funding are under consideration by the Directors of Public Health. Each partner authority is now well advanced in identifying and exploring priorities for local funding.		**G**
VALUE ADDED	⬆	Delivery of joint out of hours arrangements. Development of response to major outbreaks (CSW Lockdown Plan with local annexes). Identification of MTU sites and risk assessments, with support from Military Planners. Joint commissioning (Coventry and Warwickshire) of swabbing capacity. Development of Dashboards and shared approach to mapping high risk settings and outbreak across the sub-region CSW Beacon Rapid Pilot (local available swab kits)		**G**
RESOURCES	➔	Resourcing proposals for the Programme will be taken forward over coming weeks, following confirmation of priorities for sub-regional funding. Recruitment to local response teams is now in train.		**A**
WORKSTREAM	**Direction of Travel**	**Comment**		**RAG**
Communication, Engagement and Participation **(Lead: Fran Collingham)**	➔	**Activity this week:** **Sub-regional:** • Translated posters with Coventry migrant champions for feedback. • Developing approach for evaluation of marketing/communications activities.	**Activity for coming week:** • Translated posters in 12 languages to be launched and shared once feedback and amends from Coventry Migrant Champions group incorporated • Discussions to agree approach on localised data on microsite	**G**

		• Accepted invite to be on expert panel for LGA national webinar for communications around Covid-19 to share experiences and learning. • Press release issued on launch of www.staysafecsw.info microsite • **Coventry** - test and trace animation launched. National editable posters localised by design team and shared with the Coventry Test and Trace Engagement and Participation group for feedback ahead of developing an approach to distributing physical/hard media resources across city. Finalising Coventry local lockdown communications notification plan Let's Talk Coventry Test and Trace page promoted via CCC social media to drive people to to platform for T&T issues. • **Warwickshire –** finalising high-profile local campaign - "Let's Do it for Warwickshire" to address spikes. Launch Thursday 23 July with PR and photoshoot with NBB Council • **Solihull:** Finalising recruitment of extra comms support. Continuing with ramping up social media and other messaging – exploring additional channel to get messaging to those areas identified with increases in Covid-19 cases. Engaging with new internal 'cell' structure to provide comms support and advice and ensure consistent messaging. **Areas of Concern/ Issues / Risks:** • None	• Develop comms around learning/best practice/beacon experience	
Data / Intelligence Lead: Valerie De Souza)	⬆	**Activity this week:** This week, we brought together geographical information systems leads across the region to agree on a shared approach to mapping high risk settings and outbreaks.	**G**

		The public dashboard has been launched and enhanced – this is at www.staysafecsw.info and also can be embedded by authorities into their own websites, e.g. Coventry: https://www.coventry.gov.uk/info/195/facts_about_coventry/2437/health_and_wellbeing/4 **Activity for coming week:** This week, we are bringing communications expertise in about how we best communicate data and decisions to the public, particularly as request for localised data increase, and local outbreaks happen and test and trace efforts may need to be ramped up / local lockdowns enforced. **Areas of Concern/ Issues / Risks:** • None – status has improved following better local access to cases, testing and contact data.		
Testing (Lead: Ruth Tennant)	➜	**Activity this week:** On going work to agree locations for additional MTU sites. Confirmation of handover of sites to new providers from DHSC (no information on local provider). Confirmation that overall responsibility for delivery remains with DHSC Discussions on hyper-local testing model progressing with DHSC. **Areas of Concern/ Issues / Risks:** • Ensuring smooth hand over to new providers. DHSC are agree escalation point.	A	
Joint Health Protection Response (Lead: Nadia Inglis)	➜	**Activity this week** in relation to the group's focus of regional PHE/local relationships, pathways and communication flows (information sharing, problem solving and shared learning): Focus on operational response live issues across the 3 authorities (and how we are structuring our operational cells) as numbers of cases starting to rise in terms of notifications, Joint discussion with CSW Resilience Team colleagues around draft lockdown plan, recognising further work needed. **Activity for coming week:** Handover of MTU final mapping work via military planning colleagues in Warwickshire, and further work on the lockdown plan. **Areas of Concern/ Issues / Risks:** • None	A	

LOCAL DELIVERY	Direction of Travel	Comment		RAG
Coventry	➔	**Activity this week:** • Local Risk Register compiled • C-19 Incident and Outbreak log initiated • 'Lets talk' Q&A on Council Webpage is now live, for public to ask T&T questions • Action Cards for Care Homes and Education/ Schools almost ready to be published • Action cards in workplaces – all have now been drafted and circulated for comment within CCC (before being sent to Solihull and Warks) • 'Stress Test' exercise to test local outbreak plan carried out across Council services 21st July • C-19 Health Protection Board took place 21st July. Board briefed on new closure/lockdown regulations. • C-19 Prevention, Advice and Response team still under development – Project Coordinator applications received. • 6 potential mobile testing unit sites identified for Coventry • Comms and engagement – animated cartoon released and shared, and work on engaging with community meetings/community champions underway with Community Champions webinar booked for 11 August. Translated materials being reviewed by Migrant Health Champions for comment and to ensure fit for purpose. Survey of migrant health champions to identify possible barriers to T&T participation and gather ideas for future comms / engagement to address these	• Shortlisting and Interviews (31st July) for Project Coordinator • Finalise Care Home & Education/ Schools Action Cards for publishing • Continue to develop remaining Action Cards • Planning date for operational level stress testing- multiagency approach	A

Solihull	➔	**Activity this week:** • 'Stress Test' exercise to test local outbreak plan carried out across Council services 21st July • C-19 Health Protection Board took place 23st July. Board briefed on new closure/lockdown regulations. • C-19 Response team still under development • Resource Plan agreed • New MTU site (Monkspath) finalised. • Leisure Centre action card finalised and 'walk-through' of sites complete prior to opening • Care Home visiting letter agreed, based on existing risk levels • Holiday Club/ playscheme guidance and action card circulated • Further development of GIS mapping tool • Bespoke advice issued to gypsy & traveller team • LRF Outbreak exercise	**Activity for coming week:** • Go live of case management system • Letters and posters to go to all licensed premises • Care home webinar • VCS briefing session • Targeted communications in North of the Borough • Develop joint proposal with Solihull BID for COVID-videos • Finalise swabbing capacity specification • High risk building scenario planning with SCH (social housing provider)	A
Warwickshire	➔	**Activity this week:** • Out to tender with Coventry for new outbreak testing service • Public facing COVID-19 dashboard in place and CSW partnership data dashboard developed, with further products expected following a review of Business Intelligence COVID-19 activity • Model for new COVID-19 response team being developed with progress towards recruitment • Next phase of Community Engagement work regarding COVID-19 is underway - with programme of community webinars in place and being delivered • Workplace and Homelessness SOPs for COVID-19 finalised	**Activity for coming week:** • Further progress with recruitment • Progress case management system implementation	A

		- Delivered training session for providers of building-based services on joint reopening - Delivered training sessions to schools on September reopening - Internal Manager guidance regarding COVID-19 refreshed - Numerous single cases, clusters and outbreaks managed jointly with PHE, NHS colleagues and District and Borough Council partners - Ongoing work (soon to be completed) finalising data cell work with George Eliot Hospital. - Engagement and support work with Warwick and Coventry Universities regarding their Test and Trace plans - Work started on development of a CSW Lockdown plan (led by CSW resilience) - Seasonal flu vaccination partnership meetings have commenced (linked with COVID-19)

Test and Trace Programme Highlight Report
Period: w/e 24 July 2020

Key

Direction of Travel

➡	Horizontal	Same RAG as previous Report (i.e. progress/status remains the same)
⬆	Upward	Better RAG than previous Report (i.e. progress/status improved)
⬇	Downward	Worse RAG than previous Report (i.e. progress/status has deteriorated)

Delivery Status - RAG

Status	Progress	Governance	Finance	Risks and Issues	Value Added	Resources
GREEN	Progress on Target	Effective and clear governance structure in place, setting direction and actively managing programme issues on a regular basis	Costs on Target	No current Risk or Issues	Programme is confident of realising benefits from sub-regional working	No current resource issues
AMBER	Progress behind schedule but has realistic plans to recover	Governance structure has been implemented, setting direction and actively managing programme issues, but is not entirely clear	Costs > 5% over budget but with realistic plans to recover	Minor Risks or Issues with plan in place to address	Programme is experiencing some issues in realising benefits from sub-regional working	Some (non-critical) issues with plan in place to address
RED	Progress behind schedule and likely to be delivered late	No governance structure in place, or existing structure is ineffective (e.g., poor attendance, unable to resolve programme issues)	Costs likely to be > 10% over budget at completion	Major Risk or Issue likely to affect delivery dates, quality or cost	Benefits from sub-regional working not likely to be realised	Critical programme resource issue likely to effect delivery dates, quality or costs

Note: Overall programme status colour is highest of individual key status indicators

Coventry City Council

To: Health and Wellbeing Test and Trace Sub Group   **Date: 3 August 2020**

From: Julie Newman, Director of Law and Governance

Title: Local Powers to Contain Covid-19

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1   Purpose

To provide the board with an overview of the new Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 (SI 2020/750) that came into force on 18 July 2020.

2   Recommendations

Note the new regulations that are now in force that enable local authorities in England powers to mitigate local Covid-19 outbreaks.

3   Information/Background

On 17 July 2020, the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 (SI 2020/750) (Regulations) were made to come into force on 18 July 2020. The Regulations give local authorities in England powers to impose restrictions on specific premises, planned events and open spaces in local areas, to mitigate local Covid-19 outbreaks. The Regulations sit alongside the England-wide Health Protection (Coronavirus, Restrictions) (No 2) (England) Regulations 2020 (SI 2020/684), which enabled more venues to reopen in England from 4 July made.

Under the Regulations a local authority can only impose local restrictions if it is satisfied that they are a necessary and proportionate means of responding to a serious and imminent threat, and it must reassess whether this is still the case every seven days. The Secretary of State can require a local authority to impose restrictions. The restrictions which can be imposed under the Regulations are: Restrictions on people entering, leaving or being in specified premises. Restrictions cannot be imposed in relation to "essential infrastructure" (this term is not defined), vehicles, trains, vessels or aircraft used for public transport or the carriage or haulage of goods and certain other vessels.

Restrictions imposing prohibitions, requirements or restrictions on the organisers or hosts of a specified event, or events of a specified description.
Restrictions on access to public outdoor places. Following the imposition of such a restriction, the local authority and any person who owns, occupies or is responsible

for land within the relevant public outdoor space, must take reasonable steps to restrict public access to it. Individuals cannot enter a public outdoor space where this has been prohibited by the local authority without a reasonable excuse, such as accessing their home, visiting someone who lives there or for work.

Owners or occupiers of premises or spaces subject to a restriction have rights of appeal. Failure to comply with the restrictions is an offence and fixed penalty notices may be issued. A local authority must keep neighbouring local authorities informed of any restrictions it imposes.

Report Author(s): Julie Newman

Name and Job Title: Director of Law and Governance

Directorate: Law and Governance

Telephone and E-mail Contact: 02476 972707   julie.newman@coventry.gov.uk

Enquiries should be directed to the above person.

What do the new powers local authorities have been given to help manage COVID-19 mean for me?

Why have councils been given these powers?

Councils through their public health responsibilities, have COVID outbreak management plans https://staysafecsw.info/home/plan-1/1 which to prevent the spread of COVID. This means that they are working with schools, care homes, business and council services such as leisure centres to keep COVID-safe and to manage local outbreaks with Public Health England. If COVID numbers rise, the new powers mean that steps can be put in place quickly to protect local people and businesses.

Do we need these new powers?

COVID numbers are being monitored closely every day. As lockdown measures have been lifted, it is important to make sure that numbers do not increase back to a level where more people get ill. Many people have not had the virus and so are at risk of getting it.

Do the council intend to use these powers?

The powers are intended to be used if COVID rates increase and urgent action is needed. This can be avoided by:

- Everyone keeping a 2m distance where possible. If this is not possible, take steps to reduce the risk of spreading the virus including wearing a facemask in shops and on public transport.
- Regular handwashing & sanitising.
- Following guidance on how to socialise safely: do not socialise indoors with more than one household. Events of more than 30 people even if these are outside are against the law.
- If you go to a pub or restaurant give your contact details so you can be contacted by NHS Test and Trace if you are in contact with someone who has tested positive.

Business, including shops, pubs and restaurants, must also keep COVID-secure by following national guidance for their sector or type of business. https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/5-steps-to-working-safely

Anyone with COVID symptoms should self-isolate straight away and get a test. Close contacts should self-isolate and follow any advice from NHS Test and Trace.

Following these steps, gives us the best chance of reducing the spread of COVID and having to use any legal powers.

What do these new powers allow local authorities to do?

They help local authorities protect you and your family from COVID-19 by allowing them to manage events and outdoor spaces where people can gather and any specific sites where there is a COVID-19 outbreak or a clear risk of COVID spreading. They also permit certain premises to be closed or restrictions placed on them.

What do local authorities need to prove before they can use these powers?

Three essential conditions must be met, they are:

1. That there is a serious and imminent threat to public health in the area.
2. The local authority needs to act quickly to protect public health by preventing and protecting against the spread of infection in the area.
3. That the restrictions in place are appropriate to prevent the spread of COVID-19.

Do local authorities need to notify affected businesses/premises users? What must that notice contain?

Yes, affected businesses/premises users will be notified by email or by letter, which will contain all the relevant information, including the reason why the action is being taken. Local authorities call this action a 'direction'.

If a local authority needs to use these powers what must they tell us?

Any notice from a local authority will tell affected businesses/premises users the date and time the direction is in place and when it ends. The notice will also inform them of why this action is taking place.

How often must a local authority review a direction?

At least every seven days.

When can a direction be lifted?

When there is no longer a serious and imminent threat to public health, or the measures are not required to prevent or control COVID-19 in the area.

Can a direction be appealed against and how?

Yes, if you're directly affected by these actions you have the right of appeal. The appeal against a direction can be made using the information found here.

Can local authorities place restrictions on events and why?

Yes they can, but only where the event poses a serious and imminent threat to public health relating to COVID-19 and is required to prevent the spread of the virus in the area.

What are the limits of a direction being placed on an event?

The direction may only apply to:

- the owner or occupier of the premises hosting an event to which the direction relates
- the organiser of such an event
- any other person involved in holding such an event. This does not include people planning to attend the event who have no involvement in its organisation. People who attend such an even will not be committing an offence as a result of a direction being made.

How and who must be notified of event restrictions?

Anyone affected by a local authority issuing a direction to protect public health will be sent an email or letter detailing the direction, its start and end date and what it means in practical terms for the event organisers.

Can local authorities place restrictions on public outdoor spaces?

Yes they can, where an event(s) or behaviour poses a serious and imminent threat to public health relating to COVID-19 and restrictions are required to prevent the spread of the virus in the area.

What notice must be given in relation to outdoor space restrictions?

If a local authority has to issue directions to protect public health, it will send an email or a letter detailing what the direction means. This will say what restrictions are needed, the start and end dates of these restrictions and why they are needed.

Who is responsible for restricting access to outdoor spaces affected by a direction?

Those who own, occupy or are responsible for part of a public outdoor place must take reasonable steps to prevent or restrict public access to the area in accordance with a direction the local authority has imposed.

What reasons could be used for someone to access the restricted outdoor space?

Reasonable access will be allowed in certain circumstances, for example for work purposes, for companies which provide freight and haulage services and other acceptable uses that do not pose a serious and imminent threat to public health relating to COVID-19. In addition, access will be provided for utility companies carrying out essential maintenance and repair works and highway authorities carrying out road works.

What about if I live in the restricted area?

Where possible, a direction would ensure restrictions did not restrict social interaction between people living in the area and outside. The area a direction covers will be drawn in such a way that visitors from outside the area, such as friends and family, would be able to visit people living within the area, unless the movement of people has been restricted because of other regulations or restrictions that are in place.

How can residents appeal against a direction and what must they prove to be successful?

The recipient(s) of a direction has the right of appeal through the magistrates' courts. Should they wish to appeal a direction, it should be lodged as soon as possible and, where possible, submitted within the 7-day review period.

If someone ignores or obstructs a direction is this an offence and what can be done about it?

This would be an offence and local authority designated officers, police officers or Police Community Support Officers (PCSOs) may issue a Fixed Penalty Notice (FPN). The amount of the FPN will be £100 for a first offence (reduced to £50 if paid within 14 days), doubling upon further offences up to a maximum of £3,200.

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Coventry and Warwickshire Care homes COVID-19 Outbreak Control Plan - Executive Summary

1: Introduction

- The COVID-19 Outbreak Control Plan (OCP) for care (nursing and residential) homes has been put in place in Coventry and Warwickshire, aiming to:
    - Reduce/maintain the number of new COVID-19 cases in care homes to zero
    - Reduce the impact of COVID-19 on care home residents and staff
- This OCP is structured in the format of the overarching Coventry, Solihull and Warwickshire (CSW) COVID-19 Outbreak Control Plan.

1.1.   Governance

- The Coventry, Solihull and Warwickshire Beacon Authorities have Test And trace leads for the different settings, one of which is Care home settings (both nursing and residential)
- We have a Preventing COVID in Care Homes group, that developed this outbreak control plan. This group feeds into the Care Incident Management Team, which then feeds into NHS Silver as part of the overall NHS and Care COVID-19 response.

1.2: Operational Response Arrangements

- A single point of contact for each LA in an outbreak is in place
- A LA-PHE SOP has been produced for all COVID-19 outbreaks across West Midlands and is currently in the process of being finalised. See Appendix 1 of the main report.
- Initial outbreak management will be undertaken by PHE. This will include a risk assessment, arrangement symptomatic testing, isolation of residents, contact tracing within the home and the provision of advice and guidance. Further management will be undertaken in collaboration with the CCG Care Home quality leads and Infection Prevention and Control Team, alongside the LA, including the organisation of rapid whole home testing and provision of ongoing infection control advice. Simple outbreaks can be taken over by the LA from an outbreak management perspective, but can be referred back to PHE should they become complex.
- Testing of residents can be undertaken via our local testing provider Arley Medical Services or care homes can request kits from the national portal. The interpretation of testing results is recognised as an area of concern for care homes and thus flow charts have been developed to assist with this. These are kept under review:
  Flowchart guidance for care home staff and residents following COVID-19 testing
- Contact tracing of residents forms part of the outbreak management process led by PHE and contact tracing of staff is undertaken by CTAS (Contact tracing and advisory service) in relation to household/close contacts and by PHE for contacts in the care settings (latter may be handed over to local areas on agreement).

1.2. Action plan going forward

- An Action card for outbreaks have been developed, with key actions that need to be taken by homes, CCG and LA, and this will be reviewed in the light of changing national guidance

2. Priority 1: Community engagement to build trust and participation

- We recognise the importance of engagement with both service users and providers in order that guidance can be implemented and outbreaks managed effectively.
- Weekly check-in calls with Care Homes are under development, and if there is an outbreak these will occur daily.
- The Accommodation Quality Support Group is currently examining the patient, family and care home experience of isolation beds.
- Interviews with care home managers are being arranged to explore their experience of the communication and management of COVID-19 cases and outbreaks. These will provide themes for a wider survey to all care homes. Through this survey and discussion with care home managers we will plan and agree how to best gain insight into service user experience

2.1 Action plan going forward:

- Conduct interviews with care home managers
- Develop survey for all care homes, to be piloted, refined then rolled out
- Evaluate and update plan as a result

3. Priority 2: Preventing infection

- All homes are currently supported by the Care Home and WCC/CCC Quality Assurance teams on a daily basis. Our CCG Infection Prevention and Control (IPC) staff, are available for advice and support to all care providers across the system 7 days a week, working closely with the Public Health WCC and CCC based staff, as well as PHE staff in and out of hours.
- All information is populated onto a single database that all partners have access to making data collection for reporting seamless and timely. Weekly mutual aid calls with care homes ensures that issues can be escalated and addressed in a timely manner.

3.2. IPC training programme system and training uptake to date

- IPC training has been offered to all care homes. As of 10th June 2020, 88% of homes in Coventry and Warwickshire have completed training. A total of 1117 people have been trained.
- 60% of homes that have had IPC training received this face to face, the remaining 40% were trained virtually.

3.3: Action plan going forward:

- Expand IPC capacity
- IPC training for home care/domiciliary care sector
- Regular IPC refreshers once training completed
- Readiness for flu season communication due to potential symptom overlap with COVID-19, and support for flu vaccine campaign

4.Priority 3: High risk settings and communities

4.1. Care settings in Coventry and Warwickshire; a description

- There are 251 care homes in Coventry and Warwickshire. In Coventry 80% of care homes are residential homes, while in Warwickshire 68% are residential homes.
- The total Care Home bed capacity across Coventry and Warwickshire is 7575, with 45% (3,380) being Nursing Home beds and 55% (4,195) being Residential Home beds.

4.1.2. Step down isolation beds and discharge policies

- Step down isolation community beds have been established for June-August 2020 to shield care homes from COVID+ admissions from hospital, providing time to build COVID resilience assurance
- 40 system beds, available to admissions from across Coventry and Warwickshire, have been commissioned across 2 sites in South Warwickshire.
- A system wide COVID Resilience Assurance Checklist that all care homes will be supported to achieve is being developed. This supports care homes with self-assessment of their current measures in place to prevent and manage COVID-19 cases and outbreaks. Once a provider has achieved assurance status they will be able to take COVID+ admissions direct from hospital.

4.1.3. Action plan going forward

- Complete Resilience Assurance process over the next three months, after which it will becomes part of the business as usual approach.

4.2. Epidemiology of COVID-19 in Coventry and Warwickshire

4.2.1. COVID-19 outbreak occurrence in Care Homes in Coventry and Warwickshire over time

- To date there have been outbreaks in 37 (49.3%) of the 76 care homes in Coventry, and 75 (42.9%) of the 175 homes in Warwickshire. The numbers of new outbreaks peaked in Coventry (8 outbreaks) in week commencing 6th April, while the peak in Warwickshire (15 outbreaks) was in the week commencing 20th April.
- The most recent data, for week commencing 8th June, suggests that there were no new COVID-19 outbreaks in Coventry or Warwickshire in that week.

4.2.2. Trend in care home deaths by cause and cumulative COVID-19 deaths

- In Coventry there have been 380 Care Home deaths, of which 72 (18.9%) have been recorded as being COVID-19. Trend data suggests that Care Home deaths across Coventry peaked at around Weeks 15-17 (weeks ending 10 April-24 April).
- In Warwickshire there have been 930 Care Home deaths, of which 199 (21.4%) have been recorded as being COVID-19. Trend data suggests that Warwickshire Care Home deaths peaked slightly later than Coventry, at around Weeks 16-18 (weeks ending 17 April-1 May).

4.2.3. COVID-19 confirmed and suspected cases and deaths in care homes

- We have developed a COVID-19 Care Home Impact Dashboard which provides information on the numbers of suspected and confirmed cases of, and deaths from, COVID-19. These data are based on information provided by care homes themselves.
- According to the Dashboard homes in Coventry had the highest percentage of cases and deaths relative to occupied beds. There were 582 suspected or confirmed COVID-19 cases, which is the equivalent of 30% of occupied beds. There were 180 COVID-19 suspected or confirmed deaths, the equivalent of 9% of occupied beds.
- This was followed by Stratford, which had 232 suspected or confirmed COVID-19 cases (equivalent to 21% of occupied beds) and 91 COVID-19 suspected or confirmed deaths (equivalent to 8% of occupied beds).
- The remaining Districts and Boroughs had similar rates of COVID-19 cases when numbers are compared to occupied beds, ranging from 8% in Warwick to 12% in Rugby. Death rates

compared to occupied bed numbers were also similar across the Districts and Boroughs, ranging from 3% in Warwick to 7% in North Warwickshire.

4.2.4. Action plan going forward

- Understanding this variation further, in order to target homes which may be at higher risk of further outbreaks will be considered by the Preventing COVID-19 in residential care settings group

5.Priority 4: Reducing health inequalities

- We named our Priority 4 as Reducing health inequalities, as opposed to Vulnerable People, as per the overarching outbreak plan. This is to avoid confusion about the term vulnerable, which is widely used in the care setting as referring to those shielding or at higher risk of COVID-19 due to medical conditions and/or age.

5.1 Black, Asian and ethnic minority (BAME) groups

- Latest evidence suggests that in the UK people from a Black, Asian and ethnic minority background may be more likely to contract COVID-19, more likely to have a more severe episode of COVID-19, and more likely to die from COVID-19 than their white British counterparts.
- Key recommendations for building resilience amongst the BAME social care workforce can be found in the Fenton Report, Warwickshire's report on Covid-19 risk, and Race and Health, including a risk assessment, strategies to reduce inequalities, consultation with BAME members of the workforce and empowering people to be heard and involved in future planning.
- A BAME managers checklist has been produced, see Appendix 3.

5.2 Learning Disabilities

- The Learning Disability Mortality Review (LeDeR) is a national programme to improve health outcomes for this patient group through the review of every death of those with a Learning disability. These reviews are locally led and nationally co-ordinated.
- During the three month period, 1st March 2020 – 31st May 2020, a total of 24 adults with a learning disability, from all settings, died, this represents a **140% increase** from the same period in the previous year.
- In total, 11 deaths were caused by a confirmed or suspected COVID-19 diagnosis and eight of those individuals resided in a care home. It should be noted that no care home had more than one COVID-19 related death of an LD resident.
- Information regarding underlying health conditions could be obtained for 8 of the 11 people who passed away – all had additional health needs which may have increased the risk that COVID-19.
- Analysis suggests that the presence of COVID-19 is accountable for this notable increase in deaths amongst this vulnerable group as the non-COVID19 deaths account for very similar number of deaths as occurred during the same period in 2019.

5.3: Maintaining resilience, wellbeing and mental health in care home staff

- Care home staff working in homes that are affected by COVID-19 may experience high levels of stress that can affect emotional wellbeing. Anxiety around working and feeling safe within the care sector has been high.

- The majority of people will be able to process their experiences without formal mental health input and can be supported with measures to increase resilience and mental wellbeing. However, a minority of people may need extra help and it is important that managers are aware of the signs of this so that they can recognise this in themselves and others and know how they can access help.
- It is important that all staff are aware of what support is available to them, and that their mental wellbeing is a priority. There should be regular communication within teams including signposting to the options available, regular opportunities for structured reflection time which are appropriately managed and wellbeing initiatives to support staff.
- There is an increasing body of evidence that the most effective way to influence the health of a team is through supporting managers to become skilled in having psychologically well-informed discussions. One way of doing this is through COVID-19 Psychological First Aid online training. Managers must also be supported to prioritise their own mental health

5.4 Actions moving forward
- Encourage all care homes to use the BAME managers checklist
- Support homes to reduce inequalities amongst their BAME workforce
- Ensure that routine testing for care homes has captured all LD providers and is also extended for supported living providers
- Ensure all LD providers of both care home and supported living have received infection prevention and control training, to ensure preparedness for any future wave
- Ensure that care homes know what mental wellbeing and resilience resources are available to them through regular communication (please see overarching action plan)
- Encourage care home managers to undertake COVID-19 Psychological First Aid online training

6. Priority 5: Testing capacity
- Coventry and Warwickshire has two options for testing, the national portal where swab kits are delivered to the homes for them to swab both residents and staff or via Arley Medical Services who will attend the home and take swabs for all residents and staff.
- Local testing initially started on the 21st May 2020 and we are ramping this up with 2 teams to be able to process up to 300 swabs daily with UHCW. This service has been extended to support pathways of individuals moving between homes or moving from their own home to a care home setting.
- In Coventry there has been testing in 25 care homes. Within these 489 residents have been tested, 14 of which were positive. 489 staff were tested, of which 3 were positive. In Warwickshire there has been testing in 39 care homes. 844 residents were tested, of which 31 were positive. 931 staff were tested, of which 6 were positive.
- Overall the system is seeing a downward trend for individuals testing positive for COVID.

6.1: Action plan for going forward
- Complete swabbing for the remaining homes
- Planning for managing flu and COVID simultaneously is currently being discussed. Ideally during flu season the resident/staff member would be tested for flu and COVID simultaneously, but the details around this, including feasibility and whether this would be tested nationally or locally are still being worked out.

- The funding for Arley testing is set to run out in September – a plan as to whether funding can be continued is being discussed.

7.Priority 6: Contact tracing

For ease of reading contact tracing has been included within the operational response in Section 1.2

8.Priority 7: Data, dynamic surveillance and integration

- We have created a surveillance tool named the COVID-19 Care Home Impact Dashboard which consists of data from our local IPC log, the NECSU tracker data, the CQC directory and test results. This is updated daily.
- We are able to use this information to identify when there is a problem, and to monitor how we are doing in relation to the management we have instigated. This Dashboard enables us to support discussions with our stakeholders, DPH and other key decision makers, providing the information they require to support these decisions.
- The Dashboard is supplemented by information from provider surveys and qualitative information we gain as part of our work.

8.1 Action plan going forward

- The development of the Dashboard and how we use this information in the future is currently being examined.
- As outbreaks in care homes are reducing in number, cases are being identified through whole home screening, and these are generally single cases in either residents or staff. The Dashboard needs to allow these to be categorised as incidents/exposures rather than outbreaks.

9. Priority 8: Deployment of capabilities including enforcement

- A detailed table of contacts for every aspect of care home outbreak management has been produced.
- Mapping for the resource required to manage all outbreaks has been undertaken. This has identified the need for greater IPC capacity, Public Health capacity, and gaps around testing coordination, analytical capacity, project management, and evaluation skills.

9.1 Action plan going forward

Additional resource identified as being required:

- PPE – while we currently have stock, we need to keep up stock levels for the foreseeable future and there is a risk we will not be able to meet future demand.
- Local testing – the funding for Arley testing is currently only until September. While this is our preferred approach if funding were discontinued all testing would have to be through the national scheme.
- Mutual aid system – this will require expanding to ensure that care homes are always adequately staffed.

Page 22

- Antibody testing: whilst NHS staff currently have access to this testing, the same is not true of social care staff. The CCG is currently considering options, but at present there is not enough phlebotomy capacity to undertake this wider antibody testing.
- Vaccine: The usual time to develop and produce a vaccine is very long. Should a vaccine become available then care home staff and residents would be in the vaccine priority group.
- Home care: It is recognised that this plan focuses on care home settings in the main, but the importance of care provided in people's homes is widely recognised as an area which requires some urgent ongoing focus from an infection control perspective, to include many of the key elements in this action plan. Work is underway to tackle some of these gaps.

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CORONAVIRUS IN CARE SETTINGS: MANAGEMENT OF KNOWN OR SUSPECTED CASES Please consider all the actions below (mark as not applicable [NA] as necessary) National guidance for care homes is **here** National guidance for domiciliary care is **here** Local portal with all local and national guidance is **here**:	TICK
1. Any resident who: • Is a close contact of a known case • Is suspected to have coronavirus, • Is awaiting a swab result for coronavirus • Has been tested positive for coronavirus and is within the 14 day period of isolation • Meets the case definition • Has been discharged from hospital Will be subjected to enhanced infection prevention and control (IPC) measures (and will need to isolate for 14 days). **Please see here for current case definition.**	
2. ☐ Any suspected cases (staff or residents showing symptoms) should arrange to be tested as soon as possible. National information on this can be accessed here. ☐ Testing for symptomatic staff should be organised through the national portal here (or you may have an employer's portal). Testing for symptomatic residents can be arranged through the national portal or through the CCG (Arley Medical Services) via Telephone: 01676 292 998 Email: Arley.mc@nhs.net ☐ In the case of an outbreak whole home testing (all asymptomatic staff and all residents) would be prioritised as a follow up to the initial symptomatic testing. This can be requested via the national portal https://www.gov.uk/apply-coronavirus-test-care-home, or via the local scheme (run by Arley Medical Services) through the CCG – contact: warnoccg.covid19testing@nhs.net. ☐ Guidance to assist with the interpretation of test results can be found here Flowchart guidance for care staff and residents following COVID-19 testing ☐ Local guidance for home care and visiting staff can be found here	
3. ☐ Inform, Public Health England (PHE) if there is a suspected or confirmed case. If there are 2 or more suspected or confirmed cases this needs to be reported as an outbreak. ☐ The select survey form should be filled in and sent to PHE https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I Tel: 0344 225 3560 (option 0, option 2) Email: WM.2019CoV@phe.gov.uk	
4. **Key Contacts for Early Advice and Support include:** ☐ Public Health England – Tel: 0344 225 3560 (option 0, option 2) ☐ Infection Prevention and Control Nurses and Quality Leads via the Local Authority and the CCG - all contact details in Appendix 1. Contact details for ordering PPE are also listed. ☐ 111 online Coronavirus services is available here or via calling 111 service if you are unable to access the online platform.	
5. **In the interim:** ☐ Isolate or ask the service user to self-isolate in a single room if in a residential setting or at home if in the community. ☐ Prevent potential transmission of infection to other service users and staff by following the IPC steps in section 6.	
6. **Implement infection prevention & control precautions immediately:** ☐ Hand hygiene should be implemented before entering and after leaving the room or house. ☐ Resident /client should remain in their room/ home with the door closed. Appropriate signage in a residential setting should be placed on the door. ☐ PPE must be worn, in line with infection control precautions (all staff should be trained how to don and doff safely), to include: disposable gloves, disposable apron, fluid resistant surgical masks and face visor if splashing is anticipated for any contact with residents whether COVID positive or not (sessional mask use is permitted).	

	☐ All PPE should be disposed of in clinical waste, as per policy. Waste from client's own home can be disposed of in a black bags, double bagged and left in a secure area for 72 hours prior to be disposed of in general waste. ☐ If possible, allocate a toilet and washing facilities for the individual and if this is not possible, aim for them use facilities after everyone else and clean them in line with guidance. ☐ Linen should be treated as infected linen. In a client's own home laundry should be washed on separate wash on the hottest wash the fabrics will withstand. ☐ Cleaning of resident's room and equipment should be undertaken with detergent followed by chlorine releasing agent, achieving a strength of 1,000ppm chlorine. Cleaning of the wider environment should be undertaken daily using a hypochlorite (chlorine based) solution 1000 parts per million (e.g. Milton 1:10). To achieve this, dilute 1 Milton 4g tablet in 500mls water, or add 1 part Milton 2% solution to 10 parts water. ☐ The door of any room they are restricting themselves to, should be kept closed. If possible, open a window to the outside to help keep the room well-ventilated.	
7.	☐ Maintain twice daily monitoring of all service users for elevated temperature and other symptoms to be able to identify affected individuals as early as possible.	
8.	☐ Staff should be allocated to work in separate teams, to facilitate caring for affected service users versus those not affected.	
9.	☐ Staff with symptoms should be excluded from work, should self-isolate for at least 14 days from the onset of symptoms following the current advice. If someone has serious symptoms and they cannot manage at home, they should use NHS 111 online. Flowcharts to assist with interpreting test results for staff can be found at link above in section 2.	
10.	**Close the home to:** ☐ Admissions/appointments: Postpone non urgent transfers, and cancel non urgent hospital outpatient appointments. If hospital appointments are essential, discuss with the health professional the resident is due to see and inform the nurse in charge about the outbreak so that they can arrange for the resident to be seen at the end of the day (if possible) and as quickly as possible avoiding exposure to other people. ☐ If there is an outbreak, consider whether the home needs to be closed through discussion with PHE. ☐ Staff should not be working in more than one care home, including any agency staff.	
11.	☐ Allow only essential visitors. Essential visits are those on compassionate grounds and by allied professionals only. Visitors should be provided with gloves, aprons and FRSM (fluid resistant surgical masks), and should be shown how to use these. ☐ Inform all visitors of the potential risks of infection and ensure visitors follow good hand-hygiene practices.	
12.	**Daily actions:** ☐ Encourage the home to nominate a named staff member to co-ordinate and communicate outbreak information. ☐ Maintain and update an Outbreak Checklist recording affected services users/staff. See Appendix 2. ☐ Maintain information about the immunisation status (influenza and pneumococcal) for service users and staff to aid risk assessment.	
13.	☐ If a service user requires transfer to hospital during an outbreak, inform ambulance personnel and phone ahead to the hospital and let them know. When discharged from hospital, service users must isolate for 14 days as per current guidance (or as per any new guidance published).	
14.	☐ If the home is closed as part of the outbreak, it should remain closed until advised to reopen by the local IPC team in consultation with PHE. .	

APPENDIX 1:

PHE and Local Authority COVID-19 Care Home/Domiciliary Care Offer

Local Authority & CCG: Coventry City Council, Warwickshire County Council, Coventry Rugby CCG, Warwickshire North CCG, South Warwickshire CCG

PLEASE NOTE THAT URGENT QUERIES NEED TO BE ESCALATED THROUGH THE USUAL ON-CALL MECHANISMS OUT OF HOURS

Key contact completing this form: Nadia Inglis, Consultant in Public Health

ACTION	OWNER	CONTACT DETAILS	NOTES
Initial risk assessment of individual care home situations and **immediate** advice regarding swabbing, PPE use and operational issues within the home	*PHE West Midlands COVID-19 cell*	Tel: 0344 225 3560 op0 op2 Email: WM.2019CoV@phe.gov.uk	*Care homes, LAs and CCGs should preferentially use the new online reporting tool (but telephone is also absolutely fine if needed):* https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I
Undertake swabbing of care home residents in potential outbreak	*CCG*	Email: warnoccg.resiliencecovwarks@nhs.net This is the email address of the Co-ordinating Incident Control Centre for the CCGs who will organise swabbing. Can also contact Arley Medical Services direct (see protocol)	Local protocol for testing symptomatic residents and for local whole home outbreak testing (click on link – need to download word document to get to embedded documents). We will prioritise those homes with new outbreaks for whole home testing.
Symptomatic staff swabbing	*Care agencies/WCC/CCC*	**Warwickshire** Lynnbassett@warwickshire.gov.uk	Providers can signpost staff to national portal https://www.gov.uk/apply-coronavirus-test-essential-workers

		Coventry covid19testing@coventry.gov.uk	OR do via themselves as employers OR come via WCC/CCC (contact details to left)
Response to PPE supply issues	*CCG/LA*	**Coventry** Email: PPEProviderRequests@coventry.gov.uk 5 day service 9am-5pm, but requests up to 1pm on Friday will allow PPE to be distributed for the weekend. Aiming to be a 7 day service. **Warwickshire** Email: cv19ppe@warwickshire.gov.uk 7 day service 9am-5pm. Checked periodically on Saturday and Sunday but not constantly.	
Response to other general queries, including public health enquiries (for both domiciliary care and care homes)	*LA/PHE* *For local authority (including public health) support*	**Coventry in hours** **S**ocialCareCommissioning@coventry.gov.uk **Warwickshire in hours** cv19supplierfaq@warwickshire.gov.uk (Specific public health questions will be forwarded through to the public health team)	
Provision of clinical management support systems to care home residents	*CCG*	**Please note the below support is in-hours only** **Care Home Quality Nurses** **Coventry Rugby CCG** Email:sandra.fulton@coventryrugbyccg.nhs.uk Tel: 07825218774 **South Warwickshire CCG**	*Three clinical nurses offer clinical support across all care provision in Coventry. Including home support, supported living and care homes*

		Email: lorna.wheeler@southwarwickshireccg.nhs.uk Tel: 07795386076 **Warwickshire North CCG** Email: sandra.milbourne@warwickshirenorthccg.nhs.uk Tel: 07717695360	
Provision of ongoing infection prevention and control advice for care homes (for domiciliary care – go via local authority contacts)	CCG/LA	Email: warnoccg.resiliencecovwarks@nhs.net This is the email address of the Co-ordinating Incident Control Centre for the CCGs who hold the Infection Prevention and Control (IPC) rota for Coventry and Warwickshire (this rota is staffed 8am to 8pm 7 days a week, as is the Incident Control Centre inbox). Out of hours queries re infection control that are not picked up by the care home quality nurses (see box above) are picked up by the IPC team For in hours advice – the CCG Care Home Quality nurses (see box above) should be contacted.	
Provision of ongoing general follow up with simple advice	LA	Tel: Please see response to "Response to other general queries" **Coventry in-hours** Social Care Commissioning SocialCareCommissioning@coventry.gov.uk **Warwickshire in-hours** Social care Quality/Commissioning cv19supplierfaq@warwickshire.gov.uk	

Provision of ongoing general follow requiring repeat risk assessment or more complex advice	PHE West Midlands local patch team / PHE West Midlands COVID-19 cell	Tel: 0344 225 3560 op0 op2 Email: WM.2019CoV@phe.gov.uk	

APPENDIX 2:

Checklist for care homes

<u>Residents</u>

Have there been any new residents with symptoms suggestive of COVID-19, since last contact with PHE? If so, how many?

What is the current number of residents with symptoms suggestive of COVID-19?

What is the total number of residents in the home currently?

What is the date of onset of the most recent symptomatic resident?

Have there been any deaths in residents where COVID-19 is the suspected cause, since last contact with PHE? If yes, how many?

Has there been any swabbing of residents undertaken in the care home? If yes, how was the testing arranged and how many residents are positive?

<u>Staff</u>

Have there been any new staff members off work due to symptoms of COVID-19? If yes, how many?

Have any staff been seriously unwell or admitted to hospital?

How many staff are off work?

How many permanent staff work at the home? (is it the same as previously recorded ..)

Are you currently managing to maintain safe staff levels?

Has there been any swabbing of staff undertaken? If so, how was this accessed? How many staff have tested positive?
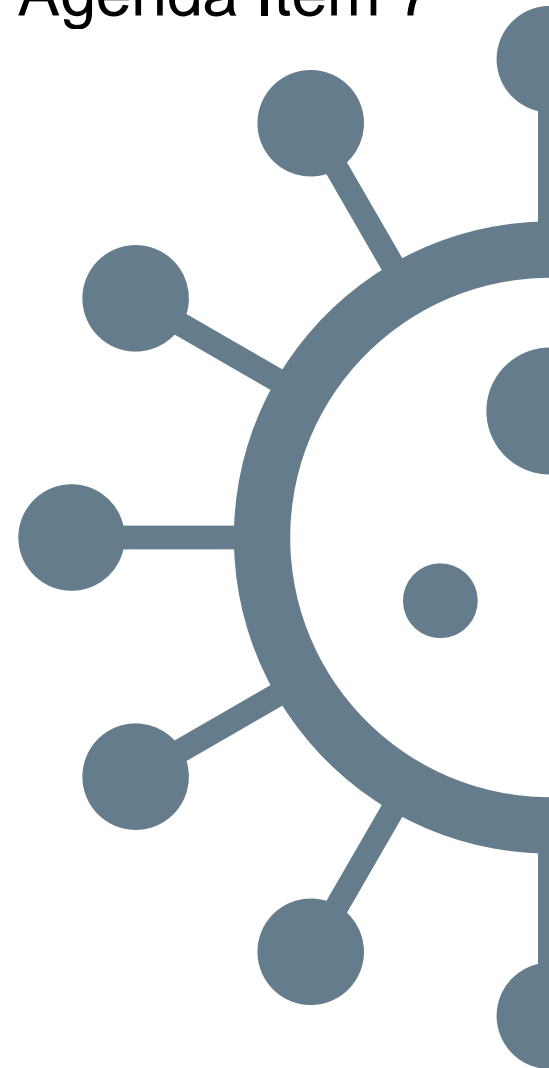
Do you have any concerns regarding PPE for staff members?

Have these concerns been raised with LA/CCG/providers?

Do you have any concerns regarding infection control arrangements

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Response to COVID-19 symptoms and cases

Coventry Schools

Coventry City Council

Context and background

This document sets out the actions that schools and others should take where members of the school community have coronavirus (COVID-19) symptoms.

This document is informed by the **DfE Guidance for full opening: schools (Published 2 July 2020)** - which is aimed at schools full opening in the autumn term (2020). This document sits within the context of the **Coventry, Solihull and Warwickshire Outbreak Control Plan**.

It sets out four sets of scenarios:

Scenario A: Where one person within a school community has coronavirus (COVID-19) symptoms

Scenario B: Where two or more people within a school community have coronavirus (COVID-19) symptoms

Scenario C: Geographical community coronavirus (COVID-19) outbreak

Scenario D: Coventry-wide coronavirus (COVID-19) outbreak

This version is correct as of 21 July 2020.
Further updates and versions will follow as appropriate.

Page 34

Scenario A: Where one person within a school community has coronavirus (COVID-19) symptoms

Staying away from school

Any member of the school community (pupils, staff and other adults) should **not come into school if they**:

- Have **coronavirus (COVID-19) symptoms**.

- Have tested positive for coronavirus (COVID-19) in the last 7 days.

- Are in a household (or support bubble) with individuals who have been tested positive for coronavirus (COVID-19) in the last 14 days.

- Have been contacted through the NHS Test and Trace programme and been advised to stay at home.

Where a member of the school community has symptoms developed whilst in school

The **school** should take the following actions:

- Send the person home if they develop a new, continuous cough or a high temperature, or have a loss of, or change in, their normal sense of taste or smell (anosmia).

- Contact the parents or carers of the children/young person affected to arrange for them to be collected.

- If the situation is an emergency and the individual is seriously ill or injured or their life is at risk call 999.

- If you are unclear of what to do regarding symptoms, call 111 or access the **online 111 Coronarvirus advice service**.

- Whilst the child/young person is awaiting collection, take them to a room where they can be isolated, ideally behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Open a window for ventilation. If it is not possible to isolate them, take them to an area which is at least 2 metres away from other people.

- Take similar, appropriate action for an adult who becomes unwell

- If more than one person develops symptoms, they should be isolated separately

Where a member of the school community has symptoms developed whilst in school *continued*

- If the individual with symptoms needs to go to the bathroom while waiting to be collected, they should use a separate bathroom (if possible). Clean and disinfect the bathroom using a detergent followed by a disinfectant (with at least 1,000 ppm chlorine) before it is used by anyone else.

- Make sure that Personal Protective Equipment (PPE) is worn by staff caring for any individual with symptoms while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the **safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)** guidance.

- The school should inform the individual and their parent/guardian (for children and young people) that they must book a COVID-19 test immediately by phoning 119 or through the **online portal**, and that the individual must notify the school of the outcome of the tests immediately.

- Notify the Local Authority as the local Single Point of Contact (SPOC) by emailing **Covid19testing@coventry.gov.uk**

- The school should report the case to **Health Protection Team in Public Health England** by phoning 0344 225 3560 (option 0 option 2) or use the **online reporting system**. Information is available on the **current case definition**.

Following on from the actions above:

- Where one person is showing symptoms, no immediate actions need to be taken to send home any other members of the school community at this stage. **Immediate actions are required if the individual tests positive for Covid-19.**

- Any members of staff who have helped someone with symptoms (whilst wearing PPE and have managed to maintain 2m social distancing whilst providing care) and any pupils who have been in close contact with them **do not need to go home to self-isolate**:

  - **Unless** they develop symptoms themselves (in which case, they should arrange a test)

  - **OR** if the symptomatic person subsequently tests positive (see below),

  - **OR** they have been requested to do so by NHS Test and Trace.

Page 36

Cleaning

Following the identification of the person with COVID-19 symptoms, clean and disinfect:[1]

- All surfaces that the symptomatic person has come into contact with, including: objects which are visibly contaminated with body fluids; and

- All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

In addition:

- Use disposable cloths or paper roll and disposable mop heads to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below (when there has been a symptomatic case in the school):

  a)   a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or;

  b)   household detergent followed by disinfection (the disinfectant should have at least 1000 parts per million chlorine). Note: if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses.

Waste

Any waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues), should be:

- Put in a plastic rubbish bag and tied when full. That plastic bag should then be placed in a second bin bag and tied.

- Stored safely and kept away from children. Waste should not be put in communal waste areas for at least 72 hours. It can then be disposed of normally.

Infection prevention and control precautions

Infection prevention and control precautions should continue to be implemented including:

- **Good hand hygiene** before entering and after leaving the setting, as well as regularly throughout the day.

- Ensuring that everyone (staff and pupils) catch coughs and sneezes in tissues. If a tissue is not available, then the crook of the elbow should be used rather than hands.

- Dispose of tissues promptly in a waste bin and then perform hand hygiene.

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1   https://www.gov.uk/government/publications/COVID-19-decontamination-in-non-healthcare-settings/COVID-19-decontamination-in-non-healthcare-settings

Immediate actions to be taken by the person sent home (or who has stayed away from school)

The person sent home should:

- Follow '**stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection**',

- **Self-isolate** for at least 7 days and until well (including no fever for 48 hours). The result of the test may change this isolation period a little (see below for test results)

Other members of their household (including any siblings) should:

- Self-isolate for 14 days from when the symptomatic person first had symptoms. The result of the test may change this isolation period a little (see below for test results)

- **Arrange to have a test** if they develop COVID-19) symptoms. Tests can be booked online through the **online portal** or ordered by telephone via NHS 119 for those without access to the internet. Essential workers, which includes anyone involved in education or childcare, have priority access to testing. (Note: the **DfE Guidance for full opening: schools (Published 2 July 2020**), says that more details on new testing avenues as and when they become available will be published in the future, including schools having access to home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school).

Actions following the outcome of coronavirus (COVID-19) test result

Finding out the test result

The person who has been tested (for a child/young person this will be their parent/carer) will be sent their own test results directly within 24-48 hours (which they should then communicate with the school).

Actions following a NEGATIVE test result

a)   What the individual person should do

If the person with symptoms tests negative for COVID-19, they are allowed to return to school if they are well, including not having a temperature for 48 hours AND all in their household who have COVID-19 symptoms have also tested negative. (This is important as there remains some risk of false negatives). Their household can also stop isolating if those criteria are met.[2] The only exception to this is if the individual tests negative and they are a contact of a confirmed case, in which case they need to continue to self-isolate for the full 14 days, as they are a contact of a confirmed case (please see below for further detail).

b) What the school should do

No further action is needed by the school.

Actions following a POSITIVE test result

a) What the person should do following a positive test result

- Follow the '**stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection**' and must continue to self-isolate for at least 7 days from the onset of their symptoms and then return to school only if they are well (and have not had a high temperature for 48 hours) - note that symptoms of a cough or loss of sense of smell/taste may persist, as they can last for several weeks once the infection has gone. The 7-day period starts from the day when they first became ill.

- Other members of their household should continue self-isolating for the full 14 days.

b) What the school and the Health Protection Team should do following a positive test result

The school should (even if suspected case has already been reported):

- Contact the local Health Protection Team in Public Health England (on 0344 225 3560 - option 0 option 2).

- Notify the Local Authority as the local Single Point of Contact (SPOC) by emailing **Covid19testing@coventry.gov.uk**.

2 https://www.nhs.uk/conditions/coronavirus-COVID-19/testing-and-tracing/what-your-test-result-means/

7

Actions following a POSITIVE test result *continued*

The Health Protection Team will:

- Contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.

- Carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious (from 2 days before they developed symptoms and for the duration of their illness), and ensure they are asked to self-isolate.

- Work with schools in this situation to guide them through the actions they need to take, including definitive advice on who must be sent home. This will be informed by the record that schools have of pupils and staff in each group and any close contact that takes place between children and staff in different groups.

- Provide a template letter to send to parents and staff if needed.

The school should then (based on the advice from the Health Protection Team):

- Send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means:

  - Direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)

  - Proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual

  - Travelling in a small vehicle, like a car, with an infected person

- Communicate with parents/carers and staff (e.g. by letter). Do not share the names or details of people with coronavirus (COVID-19) unless it is essential to protect others.

- Note that it is recommended that schools keep a record of pupils and staff in each group, and any close contact that takes place between children and staff in different groups (see **section 5 of system of control** for more on grouping pupils). This should be a proportionate recording process. Schools do not need to ask pupils to record everyone they have spent time with each day or ask staff to keep definitive records in a way that is overly burdensome.

Page 40

Actions following a POSITIVE test result *continued*

c) What household members of contacts who are sent home should do

Household members of those contacts who are sent home do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms.

d) What others who have been asked to self-isolate should do

If someone in a class or group that has been asked to self-isolate develops symptoms themselves within their 14-day isolation period they should follow '**stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection**'. Should anyone who has been asked to self-isolate become symptomatic, they should get a test, and:

- If the test delivers a negative result, they must remain in isolation for the remainder of the 14-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days. Household contacts can, however, stop self-isolating if they are well.

- If the test result is positive, they should inform their school immediately, and must isolate for at least 7 days (and until well and have not had a high temperature for 48 hours) from the onset of their symptoms (which could mean the self-isolation ends before or after the original 14-day isolation period). Their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms, following '**stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection**'

- Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

- Further guidance is available on **testing and tracing for coronavirus (COVID-19)**.

Scenario B: Where two or more people in a school community have COVID-19 symptoms (an "outbreak")

Scenario description

This scenario is defined there are two (or more) people with either COVID-19 symptoms **and/or** who are confirmed COVID-19 cases, and who have both been in the school (on the school site) within the last 14 days. These two people could be a combination of children and/or school staff. These two people could be part of the same group (bubbles) or separate groups (bubbles) across the school.
This scenario is defined as an "outbreak".

What the school should do

The school must take the following steps at the point that the individuals become unwell. The school should not wait for any test results.

- Where the individuals are in school, support them in the way that is done for individuals (as set out earlier in this document). **Note that individuals who are unwell should be isolated separately.**

- Report the case to **Health Protection Team in Public Health England** by phoning 0344 225 3560 (option 0 option 2) or use the **online reporting system**.

- Report the outbreak immediately to the local authority using the following Single Point of Control (SPOC) email address:
  Covid19testing@coventry.gov.uk

What the Health Protection Team will do

- Work with the school and gather information from the school to inform a risk assessment. This may involve asking the school to complete a data return and include: the set-up of the school, total number of staff and students confirmed or symptomatic, vulnerability of student population, potential number of contacts and current social distancing and IPC measures.

- Discuss how the school are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required (relevant guidance is **here** and **here**).

- Undertake a risk assessment to consider the severity and spread of outbreak, current control measures and the wider context (including communications from the school, anxiety level amongst students, staff and families, media interest etc.).

- Inform the local authority (SPOC) by e-mail and jointly consider the need for an Outbreak Control Team (OCT). We currently have a single point of contact for this purpose, run by the Public Health Team (see above).

- Help (this may be the OCT) the school to identify contacts who need to isolate (any symptomatic contacts will be advised to access testing). In some cases, they may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – sometimes a small number, but perhaps the whole site or year group.

- Provide schools with letters to be sent to contacts and non-contacts.

- Notify the Local Authority of any COVID-19 outbreaks in school.

- May advise widespread swabbing of staff and the student population, particularly in the early stages of Test and Trace. (However, it is important to note that primarily this would be to add to the overall understanding of COVID-19 transmission rather than to inform the management of individual outbreaks. Further actions may, however, be taken on the results). Arranging this will require discussion with partners in the local system.

Potential outcomes

- **School remains open** (school communicates with parents, aided by letters provided by PHE). This will be the situation in the majority of cases, where schools are addressing risks and implementing controls.

- **If school is a maintained school**, and the risk assessment with the HPT suggests that further action may be required to control the outbreak over and above initial measures outlined above;

  - The governing body are given control of the use and occupation of premises and will make further decisions, including around closure, based upon the health and safety of pupils.

  - The Local Authority can also **direct** a schools' closure on the grounds of health and safety, if required, or can also apply for a court order to close the school.

  - The Secretary of State can direct school closure if required.

- **If the school is non-maintained** (Trust/Academy/Free School), and the risk assessment with the HPT suggests that further action may be required to control the outbreak over and above initial measures outlined above;

  - The governors are given control of the use and occupation of premises and will make further decisions, including around closure, based upon the health and safety of pupils.

  - the Local Authority **advises** the school to close.

    - Should the school decide not to close, the Local Authority can apply to the court for an order to close the school.

  - The Secretary of State can direct school closure if required.

Page 44

Scenario C: Geographical community COVID-19 outbreak

Scenario description

In this scenario, a "geographical community" is defined as a locality or neighbourhood within Coventry. Please note that these geographical communities may span administrative boundaries such as wards but may have more than one school in this area and potentially include primary and secondary schools.

The scenario would be where there are a high and increasing number of cases (i.e. the growth rate is increasing) within a defined geographical context and there are cases across more than one school. Note that thresholds for action will be defined through detailed public health risk assessment, as in any outbreak, and work with the national Joint Biosecurity Centre, who will be supporting local authorities to identify hotspots and monitor the impact of local interventions.

Actions for the school

Head teachers in the geographical area would work collaboratively with the HPT/OCT to ensure all key infection control actions were being taken, with regard to organisation measures to support social distancing, as well as handwashing and cleaning.

Actions for others

The OCT, chaired by PHE, would require the support of local infection control and microbiology leads, school leaders, business leaders, local authority directors, working with the Joint Biosecurity Centre nationally and would follow routine outbreak management steps:

- Understand the data regarding hotspot areas and trends – analysis by time, place, person.

- Implement immediate control measures – e.g. community engagement regarding social distancing, supporting handwashing and cleaning measures, isolation of symptomatic individuals and their contacts.

- Monitor impact of control measures and evaluate hypotheses for spread.

Should routine control measures not be effective, the OCT would review the need for one or more closures (these decisions would be taken on a case by case basis with each school that has an outbreak. More widespread closure

Actions for others *continued*

(which would be an intervention of last resort) may be necessary ultimately to contain spread. At this stage that Emergency Planning response structures within the council and with multi-agency partners as part of the West Midlands Strategic Co-ordinating Group (please see below detail re COVID-19 outbreak across Coventry) would be stood up to support management of the outbreak, and any wider "lockdown" measures that would be required.

Potential outcomes

Following the actions set out above, there could be the following outcomes (likely in combination with wider outcome for the local area)

- The LA to direct all maintained schools in the geographical community to close, based on Public Health guidance.

- The LA to advise all non-maintained schools to close in the geographical community to close, based on Public Health advice (should schools opt not close – further enforcement action will be taken).

- School(s) could remain open if the thresholds for action were not considered, by Public Health, to be met.

Note: "closure" could mean a full school closure or a closure as for the first national lockdown (March 2020), where vulnerable children and children of key workers still had the opportunity to attend schools.

14

Scenario D: COVID-19 outbreak across Coventry

Scenario description

In this scenario, the scope would be city-wide (across all of Coventry) including all Coventry government-funded schools. The scenario would be where there are a high and increasing number of cases (i.e. the growth rate is increasing) across all of Coventry context and there are cases across several schools.

Actions for the school

Coventry schools would work collaboratively with the HPT/OCT and follow public health advice given (as for scenario C).

Actions for others

At this stage, a much wider response will be required, involving not just a local outbreak control team, but the West Midlands Strategic co-ordinating group (membership consisting of Police, Fire Service, Ambulance Service, NHS, PHE, Military, Utilities), which would support the mobilisation of resource to support the emergency response. An internal Strategic emergency response would also be in place to support management of the widespread increase in cases.

Potential outcomes

Following the actions set out above, there could be the following outcomes (in combination with wider outcomes for the local areas:

- The LA to direct all maintained schools close, based on Public Health guidance.

- The LA to advise all other schools to close, based on Public Health guidance. Should schools opt not close – further enforcement action (as outlined in scenario C) will be taken.

- It should be noted that in a scenario such as the one described. closure of workplaces in the first instance etc may be more effective in reducing spread.

- School(s) could remain open if the thresholds for action were not considered, by Public Health, to be met.

- Note the Secretary of State for Education could direct a school to close temporarily.

Note: "closure" could mean a full school closure or a closure as for the first national lockdown (March 2020), where vulnerable children and children of key workers still had the opportunity to attend schools.

Version Control

Version	Issue date
1	14 July 2020
2	21 July 2020

	CORONAVIRUS IN SCHOOL SETTINGS: MANAGEMENT OF KNOWN OR SUSPECTED CASES Please consider all the actions below (mark as not applicable [NA] as necessary)	TICK
1.	Inform Public Health England (PHE) if there is a possible or confirmed case. For information on the current case definition please see here. If there are 2 or more possible or confirmed cases this needs to be reported as an outbreak. Cases can be reported using the online reporting system available here: https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I or by telephone to **0344 225 3560 (opt 0 opt 2)**	
2.	Any suspected case (anyone showing symptoms) needs to arrange to have a test as soon as possible (within 3 days and no later than 5 days of having symptoms for the test to be most accurate). **All suspected and confirmed cases need to also be reported to: CovID19testing@coventry.gov.uk**	
3.	**Key Contacts for Early Advice and Support include:** ☐ Public Health England – Tel: 0344 225 3560 (Option 0, Option 2) ☐ 111 online Coronavirus advice services is available here or you can call 111 if you are unable to access the online platform.	
4.	**In the interim:** ☐ Contact parents or carers of the children/young person affected to arrange for them to be collected. ☐ Whilst the child/young person is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. Any adult who becomes unwell should also be isolated separately. ☐ If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. ☐ **In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not encourage them to visit the GP, pharmacy, urgent care centre or a hospital, but they should call these services, or 999 in an emergency.**	
5.	**Implement infection prevention & control precautions:** ☐ Good hand hygiene should be implemented before entering and after leaving the setting – **see hand hygiene** ☐ If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home, a fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. ☐ Ensure that everyone (staff and pupils) catch coughs and sneezes in tissues. If you do not have a tissue to hand then use the crook of your elbow rather than hands. Dispose of tissues promptly in a waste bin and then perform hand hygiene.	
6.	**Cleaning** All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including: ☐ objects which are visibly contaminated with body fluids ☐ all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells	
7.	Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below (when there has been a symptomatic case in the school): ☐ use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or ☐ a household detergent followed by disinfection (1000 parts per million av.cl.).	

	Note: if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses.	
8.	**Waste** Any waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues): ☐ Should be put in a plastic rubbish bag and tied when full. ☐ The plastic bag should then be placed in a second bin bag and tied. ☐ It should be put in a suitable and secure place and marked for storage ☐ Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas for at least 72 hours.	
9.	Staff with symptoms should be excluded from work, get tested and should self-isolate for at least 7 days from the onset of symptoms following the current advice in the **staying at home guidance**. Their household contacts should isolate for at least 14 days. Recommended isolation periods may change depending on test results (see Sections 11 and 12)	
10.	Children/young people with symptoms should be excluded from the setting, get tested and should self-isolate for at least 7 days from the onset of symptoms following the **current advice.** Other members of the family (siblings/parents/guardians) will also need to self-isolate for 14 days. Recommended isolation periods may change depending on test results (see Sections 11 and 12)	
11.	**Where a child or teacher/staff member tests positive**, the children and teachers in their bubble need to isolate for 14 days – they are close contacts. The household members of these close contacts don't need to isolate, unless anyone in the household develops symptoms. Close contacts of the confirmed case, who then go on to develop symptoms, should book a test as soon as possible. If they test negative – they still need to continue isolating because they have been in contact with a confirmed case, but their household contacts can stop isolating if they are well. If they test positive, they should then start a further 7 days of isolation from the onset of symptoms and their household contacts should isolate for 14 days from the onset of symptoms (following the national stay at home guidance)	
12.	**Where a child or teacher tests negative,** they are allowed to return to school if: ☐ they are well, ☐ have not had a temperature for 48 hours ☐ all in their household who have COVID symptoms have also tested negative ☐ they are not a contact of a positive case (in which case they have to isolate for the full 14 days)	
13.	**Siblings:** If a child has tested positive, please ask about siblings in other classes so that we can watch this class for future symptoms (noting that the sibling will be isolating)	
14.	**Daily actions:** ☐ Nominate a named staff member to co-ordinate & communicate outbreak information ☐ Maintain & update any Outbreak Chart that may be in place, recording affected children / staff	

This version is correct as of 21 July 2020.
Further updates and versions will follow as appropriate.

Coventry City Council

Report

To: Health and Wellbeing Test and Trace Sub Group   **Date: 3rd August 2020**

From: Valerie de Souza, Consultant Public Health

Title: Test and Trace Engagement and Participation Community Champions Approach

Aim

To harness and support our existing community leaders to become 'Community Champions' who will work with us to promote clear messages around 'how to stop COVID spreading' and who are informed around Test and Trace and how people can access this.

Context

The Champions will assist the Engagement cell in their work to both relay messages and feedback valuable community intelligence. This approach will be complimented with discussion forums on Lets Talk Platform as well as many forms of communication.

What is a Community Champion?

Community Champions are existing leaders in their local area. They will hopefully work with us to spread health protection messages, highlight to us incorrect advice and will also be available to support their communities by giving up to date guidance and reassurance.

Community Champions will also feedback challenges in their communities in real time to shorten delays of information to Coventry City Council and allow colleagues to mobilise more efficiently and effectively. Overall this shortened feedback delay will help the test and trace programme work more effectively to reduce the spread of COVID19.

The Community Champions will also give frank and honest feedback on communications messages and work with us to design tailored communications products

Coventry - Community Champions

Coventry city is blessed with many community leaders – we will work with existing community leaders as they have trusted relationships within their communities.

The remit of the community champion is not ridged, this approach has been designed so that it can accommodate any level of help a community champion feels they can give, from simply spreading the word via their own social media to working intensively with us to shape our leaflets and social media.

Training and awareness raising will be given (as detailed below) as well as regular catch ups (virtual) booked in.

1 Training to be given to willing community champions
To be delivered via a group video conferencing call or online powerpoint:

1. What is COVID19 and what are the Symptoms?
2. How Does COVID19 spread?
3. How can we prevent COVID19 spreading?
4. How to access testing for COVID19 and why this is essential?
5. What do to if the test comes back negative, but the person has symptoms of COVID19?
6. How best to communicate with CCC your concerns about COVID19?

2 Additional Information:
 All information will be available on line and hard copies/physical media available on request
1. Access to the training powerpoint
2. Physical media – posters/leaflets
3. Link to document of frequently asked questions and how best to answer
4. Link to myth busting document
5. Link to the latest daily government advice on COVID19.

3 Catch Ups
A regular meeting can be arranged via video conferencing/phone calls to create a dialogue with the community answer any questions and gain feedback/insights on how best to support the community.

Community Champion Recruitment

To date we have over 160 community champions signed up 160 these represent all communities within Coventry including Migrant Health Champions, Yong Peoples Champions, Champion via the CCG, and many from BAME communities.

For additional Information or offers of support please contact
andreabuckley@coventry.gov.uk