

# AGENDA

**Meeting:** Health and Wellbeing Board  
**Place:** Online Meeting  
**Date:** Thursday 23 July 2020  
**Time:** 9.30 am

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### **Voting Membership:**

Cllr Philip Whitehead  
Dr Edd Rendell

Elizabeth Disney

Angus Macpherson  
Dr Catrinel Wright

Robert Jefferson  
Christina Button  
Cllr Laura Mayes

Cllr Gordon King  
Cllr Pauline Church

Co-Chair - Leader of the Council  
Co-Chair - Wiltshire Locality Clinical Lead BSW CCG  
Wiltshire Locality Chief Operating Officer  
Police and Crime Commissioner  
West Wiltshire Locality Clinical Lead BSW CCG  
Healthwatch Wiltshire  
NHS England  
Cabinet Member for Children, Education and Skills  
Opposition Group Representative  
Cabinet Member for Finance, Procurement and Commercial Investment

### **Non-Voting Membership:**

Kate Blackburn

Interim Director- Public Health

Cllr Ben Anderson

Portfolio Holder for Public Health and

Nicola Hazle  
Dr Gareth Bryant  
Terence Herbert  
Tony Fox

Kier Pritchard  
Ian Jeary

Cara Charles-Barks

James Scott

Nerissa Vaughan

Public Protection  
Clinical Director  
Wessex Local Medical Committee  
Chief Executive Officer, People  
Non-Executive Director - South West  
Ambulance Service Trust  
Wiltshire Police Chief Constable  
Dorset & Wiltshire Fire and Rescue  
Service - Area Manager Swindon and  
Wiltshire  
Chief Executive or Chairman  
Salisbury Hospital  
Chief Executive or Chairman Bath  
RUH  
Chief Executive or Chairman Great  
Western Hospital

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Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult [Part 4 of the council's constitution](#).

The full constitution can be found at [this link](#).

For assistance on these and other matters please contact the officer named above for details



# AGENDA

1 **Chairman's Welcome**

The Chairman will welcome those present to the meeting.

2 **Apologies for Absence**

To receive any apologies or substitutions for the meeting.

3 **Minutes** (Pages 7 - 14)

To confirm the minutes of the meeting held on 30 January 2020.

4 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

5 **Public Participation**

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In accordance with Protocol 13 of the Constitution:

Statements

If you would like to provide a statement for this meeting on any item on this agenda, please submit it in writing to the officer listed above no later than 5pm on 20 July 2020.

Questions

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on 16 July 2020 in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on 20 July 2020. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

The Council welcomes contributions from members of the public.

6 **Local Outbreak Management Plans** (Pages 15 - 54)

To consider the Local Outbreak Management Plans.

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### Health and Wellbeing Board

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#### MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 30 JANUARY 2020 AT KENNET ROOM, COUNTY HALL, TROWBRIDGE, BA14 8JN.

##### Present:

Cllr Philip Whitehead (Co-Chair), Dr Richard Sandford-Hill (Co-Chair), Angus Macpherson, Dr Catrinel Wright, Cllr Laura Mayes, Cllr Pauline Church, Cllr Gordon King, Tracy Daszkiewicz, Terence Herbert, Kier Pritchard and Jefferson

##### Also Present:

Cllr Chuck Berry, Stacey Sims, James Corrigan, Ted Wilson, Tracy Cox, Emma Legg, Lucy Townsend, Emma Townsend, Claire Edgar, Sarah Merritt, Simon Childe and Martin Davis.

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#### 1 Chairman's Welcome

The Chairman welcomed all to the meeting.

It was noted that this would be Ted Wilson and James Scott's last Health & Wellbeing Board meeting ahead of their retirements. They were thanked for their hard work.

It was noted that the Chairs had received a letter from Avenue Surgery Patient Group regarding the potential closure of a pharmacy linked to the GP surgery in Warminster and potential reduction of services in the town.

The issue had been raised with NHS England which is responsible for pharmaceutical licensing and commissioning and they have been asked to address the concerns of the patient group.

#### 2 Apologies for Absence

Apologies were received from Cllr Ben Anderson, Toby Davies; Christine Blanshard, Kevin McNamara, Lucy Baker, Andy Hyett and Cara Charles Barks.

Ian Jeary was substituted by Greg Izon.

#### 3 Minutes

The minutes of the previous meeting held on 26 September 2019, previously circulated, were considered.

## **Resolved**

**To approve the minutes as correct.**

### **4 Declarations of Interest**

There were no declarations of interest.

### **5 Public Participation**

There were no questions from the public.

### **6 Maternity Consultation**

Sarah Merritt presented a report on the outcome of the consultation on maternity services and the outcome of the rapid scrutiny by the Health Select Committee on the consultation.

Matters raised during the presentation included: the Local Maternity Services future vision; the transformation process so far; consultation with the public and partners; the assurance process; the case for change; staff experience and satisfaction; independent analysis of the public consultation; consultation feedback themes; the decision making process; the recommendations for change; the risks and mitigations; postnatal care; the implementation plan and the sign off and governance process.

In answer to a question raised by the Board it was noted that the post-natal beds in Chippenham and Paulton will remain open for a 12-month period. After this period they would be closed.

In response to a question from the Chairman it was noted that communications and public engagement will continue throughout the process ensuring the public are well informed and involved.

It was noted that the Health Select Committee had been fairly content with the outcome of the consultation. While there were concerns over the outcome of the public consultation, and in particular the experiences of the mothers, it agrees that the correct decision had ultimately been made. It was also happy to note that there would be a continuity of services and that no services were closing before their replacement was opened.

## **Resolved**

- 1. To note the update.**
- 2. To note the final decision and next steps.**

## 7 **Families and Children Transformation Programme**

Lucy Townsend and Claire Edgar presented a report on the progress made in the Families and Children Transformation (FACT) programme and the associated development of a whole life pathway with Adult Social Care.

Matters raised during the update included: the relevance to the Health and Wellbeing Strategy; the background of the programme; the new governance structure; recruitment to new posts; Community Safety for Young People; A Good Education for All; Best Start in Life; Integrated Multi-Professional Early Support; the Partnership Strategy; the Whole Life Pathway; the CAMHS Local Transformation Plan; Core Skills and Single Approach and the next steps.

In answer to a question raised by the Board it was noted that women on the PAUSE Project did have access to family planning advice and contraception formed part of the programme. All women that were part of the first cohort had chosen to remain on the contraception following the programme.

It was noted that while the PAUSE Project was 100% funded by Wiltshire Council, the programme has a wider impact on the rest of the system. In light of this, it was suggested that Wiltshire Council work with other partners to review the programme's funding.

In response to a query from the Board it was noted that the Inclusive Approach Across Schools programme was available to everyone. However, it accepts that some parents chose to home educate their children and some children have specific educational needs and, in such cases, education needs to be ensured by a whole system approach.

It was noted that the A Good Education for All workstream monitors students who had been excluded, or are at risk of exclusion, to ensure they are adequately supported by the system.

The Board raised its concerns over ensuring the voice of both the children and families that had been through the system. Indeed, it is often very hard for parents that had been through the system too and there were challenges in managing their expectations. The FACT programme was committed to being aspirational and ambitious for Wiltshire's residents and recognised the importance in communicating this to parents.

The Board asked for the reasons for the decrease in the flagging of those that are at risk of exploitation under the Young People's Service Contextual Safeguarding approach. The Board was assured that an analyst team at Wiltshire Council were looking into this trend but were confident that the response to these situations remained very strong.

In response to a question from the Board it was noted that housing provision did form part of the Whole Life Pathway workstream, but that more work needed to be done to consolidate this link. The Chairman assured the Board that the

Whole Pathway was important in allowing Wiltshire Council to identify vulnerable people in need of housing much earlier.

**Resolved**

- 1. To note the updates since the last report.**
- 2. To agree the outline of work moving into 2020.**

**8 Joint Targeted Area Inspection of Children's Mental Health**

Lucy Townsend and Martin Davis presented a report on readiness for a potential Joint Targeted Area Inspection (JTAI) on Children's Mental Health, noting the Child and Adolescent Mental Health Service (CAMHS) transformation plan as recently agreed.

Matters raised during the presentation included: Single Point of Access; a mental health early intervention service; Mental Health Support Teams in Wiltshire; the Mental Health Liaison service; 24/7 crisis support services; the Mental Health Services Data Set; the SOMEHOW and Harbour projects; embedded CAHMS staff within families and children's teams; the Wiltshire Healthy Schools Programme and the BSW Mental Health Strategy.

The Board raised its concerns over whether the current staffing numbers were sufficient to meet demand. It was assured that Oxford Health was providing CAMHS workers in schools and training teaching staff in observation and support/ signposting skills.

**Resolved**

**To note and endorse the report and methodology used in preparation for a potential JTAI.**

**9 Multi Agency Safeguarding Hub for Adults**

Emma Townsend and Simon Childe presented a report on the impact of Multi Agency Safeguarding Hub (MASH) for adults since its inception and the next steps for its development.

Matters raised during the presentation included: the Adult MASH staffing structure; the monthly Quality Assurance Panel; the Virtual Partners Network; why the MASH is so valuable; training and support; the Wiltshire Care Partnership; working with partners and the next steps including the availability of further feedback from Healthwatch Wiltshire later in the year.

**Resolved**

**To note the report.**

10 **Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Plan**

Tracey Cox gave an update on recent activity in the Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Plan (BSW STP), including the development of a long-term plan.

Matters raised during the update included: who BSW works with; engaging with people in BSW; the BSW vision; promoting health and wellbeing; developing sustainable communities; sustainable secondary care services; transforming care across BSW; creating strong networks of health and care professionals to deliver the NHS Long Term Plan and BSW's operational plan and the BSW's next steps. It is expected that the BSW Long Term Plan would be published shortly, including a public facing document.

**Resolved**

**To note the recent activity in the Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Plan (BSW STP).**

11 **Workforce Strategy**

Ted Wilson and Emma Legg presented a report on the emerging Wiltshire People Strategy and the next steps for development.

Matters raised during the update included: stakeholder engagement; the purpose of the strategy; expected outcomes; the current picture; the key drivers for change; the current workforce; the key priorities going forward; risks that may prevent full achievement of the strategy and the next steps for the strategy.

It was recognised that there was a need to develop the view of the workforce challenges. It was noted that the strategy was yet to have input from Great Western Hospital and Royal United Hospital and this could be important, given that something like 28% of RUH staff live in Wiltshire.

It was noted that the data presented was the best data available at the time of time and there were gaps in terms of databases. It was recognised that there was a need to develop this to ensure an accurate, broad perspective.

In answer to a question from the Board it was noted that the strategy does not yet include provision for looking after children and that the strategy was in its early stages and would look at this in due course.

The Board raised its concerns over workplace flexibility as this was a consideration for those looking to get into the profession. It was noted that while Wiltshire Council offered flexible workplace policies, it was difficult for this to be implemented across the system as it would require the commitment of and collaboration with a range of partners.

## **Resolved**

**To approve the emerging strategy and note the costs associated with implementing the strategy.**

### 12 **Strategic Estates Plan**

This item was deferred to the next meeting of the Health and Wellbeing Board because the presenter had been unable to attend at short notice.

### 13 **GP Improved Access Scheme**

Stacey Sims presented a report on Healthwatch Wiltshire's research into people's views of the GP Improved Access Scheme.

Matters raised during the update included: how the research was undertaken; who was spoken to; what patients thought about the service; what surgeries thought about the service; what staff thought about the service and the key recommendations drawn from the research.

In answer to a question from the Board it was noted that the demographics of the patients spoken to was captured in the research and a further breakdown of this and how it may affect views and experiences can be shared with Health and Wellbeing Board members.

## **Resolved**

- 1. To note the key messages from the report.**
- 2. To confirm the Board's commitment to listening to the voice of local people to influence commissioning and service provision.**

### 14 **Primary Care Network**

Ted Wilson presented a report on the progress made in Primary Care Networks (PCNs) and the next steps.

Matters raised during the update included: the background of PCNs in Wiltshire; its link to the NHS Longterm Plan; nationally allocated funding for PCNs and how it would be used; Social Prescribers; the Additional Roles Reimbursement Scheme and the next steps.

## **Resolved**

**To note the report and its next steps.**

### 15 **Better Care Plan for Wiltshire Update**

James Corrigan presented a report on the BCP's recent activity.

Matters raised during the update included: overall performance trends; Non-Elective admissions (and that the rate for those 65+ is lower than the overall population); length of stay is now below plan levels; rates of Delayed Transfers of Care; local performance reporting; financial reporting; and the Improved Better Care Fund and the Winter Plan.

## **Resolved**

**To note the Better Care Performance and Finance Report for Q3 of 2019/20.**

16 **Date of Next Meeting**

The date of the next meeting will take place at Thursday 02 April 2020 at 9.30am.

17 **Urgent Items**

The Chairman and Director of Public Health gave an update on the Coronavirus outbreak. It was noted that relevant departments and partners were meeting on a weekly basis to monitor its spread.

Residents were encouraged to contact 111 if they had any concerns. More detailed advice can be found via the following link: <https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public>

(Duration of meeting: 9.00 am - 12.00 pm)

The Officer who has produced these minutes is Craig Player of Democratic Services, direct line 01225 713191, e-mail [craig.player@wiltshire.gov.uk](mailto:craig.player@wiltshire.gov.uk)

Press enquiries to Communications, direct line (01225) 713114/713115

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**Wiltshire Council**

**Health and Wellbeing Board**

**23 July 2020**

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**Subject: A Local Outbreak Management Plan for Wiltshire**

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## **Executive Summary**

The Local Outbreak Management Plan (LOMP) is a framework document outlining the role of the Local Authority in the management of the COVID-19 outbreaks in Wiltshire. The framework provides a consistent set of principles and approaches by which Wiltshire will manage what is a very dynamic situation.

The LOMP is required to be published by all Local Authority Directors of Public Health (DPH) on or before 1<sup>st</sup> July 2020.

## **Proposal(s)**

It is recommended that the Board:

- i) Approve the Local Outbreak Management Plan attached at Appendix One and recommend to Council that it be adopted.
- ii) Authorise the Director of Public Health in consultation with the Covid-19 Wiltshire Health Protection Board and the Cabinet Member for Adults and Health, to amend and update the Plan to reflect the change of science and evidence-based working on the prevention and management of Covid-19 related outbreaks

## **Reason for Proposal**

This report seeks the Health and Wellbeing Board's approval of the

- i) Local Outbreak Management Plan (LOMP) for Wiltshire in response to the Covid-19 response, which is attached at appendix one and;
- ii) The public facing Local Outbreak Management Plan, attached as appendix two.

**Kate Blackburn**  
**Interim Director for Public Health**  
**Wiltshire Council**

**23 July 2020**

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**Subject: A Local Outbreak Management Plan for Wiltshire**

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### **Purpose of Report**

1. This report seeks the Health and Wellbeing Board's approval of the:
  - i) Local Outbreak Management Plan (LOMP) for Wiltshire in response to the Covid-19 response, which is attached at appendix one and;
  - ii) The public facing Local Outbreak Management Plan, attached as appendix two.

### **Relevance to the Health and Wellbeing Strategy**

2. The Health and Wellbeing Strategy is a shared strategy, which aims to improve the health and wellbeing of the local population, reduce inequalities and promote the integration of services.

A Wiltshire Outbreak Engagement Board will play a critical role in ensuring residents and other key stakeholders across the public, private and community sector all understand and support the necessity to comply with the rules and principles designed to prevent viral transmission.

### **Background**

3. Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. Our plan will give clarity on how local government works with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks. Directors of Public Health have a crucial system leadership role to play ensuring that through the LOMP they have the necessary capacity and capability to quickly deploy resources to the most critical areas. Response to local outbreaks, while led by DsPH, need to be a co-ordinated effort working with PHE local health protection teams, local and national government, NHS, private and community/voluntary sector and the general public.
4. At a Local Authority level, we have put in place a Local Outbreak Management Plan (LOMP) to allow improved speed of response, thorough planning and deployment of resources, building on local expertise led by the Chief Executive Officer and Director of Public Health working with the regional PHE health protection team.

The principles to our approach are as follows:

- Our LOMP will build on existing health protection processes, not duplicate
- Our LOMP will ensure testing takes place quickly and tracing contacts of those who have tested positive occurs at pace, advising them to self-isolate
- Our overarching aim is to keep the virus under control through improved co-ordination whilst maintain community engagement
- The governance arrangements associated with our LOMP will provide the structure and responsibility to enable a place-based approach and impact
- Our assurance role will ensure we build on local knowledge and real time data flow between local and national systems
- We will ensure a robust evidence base and local knowledge steer a consistent approach to our decision making
- We will work with neighbouring Local Authorities and key partners such as health and the LRF as required to ensure consistency of decision-making and public messaging.

#### 5. **Priority workstreams**

The Director of Public Health is responsible for the LOMP as part of the statutory role for the improvement and protection of health across the County. The LOMP will comprise of the following priority work streams coordinated in conjunction with the Covid-19 Wiltshire Health Protection Board.

**Care homes and schools.** We will ensure a co-ordinated approach is taken to prevent, plan for and manage local outbreaks in schools and care homes. We will do so by building on existing standard operating procedures and activity driven by the local authority and key partners/providers. We will further develop this work to increase coherence and improve communications with the public.

**Identify high risk settings, communities, places.** We will identify high risk settings, communities and places. We will define preventative measures and outbreak management strategies in-line with the current evidence. We will ensure national and regional data flow to inform local surveillance alongside our local level intelligence to clearly define high risk settings, communities and places to enable targeted decision making, community support and action.

**Local testing capacity.** We will ensure access to testing is provided at pace, with clear processes in place to enable prioritisation and use of a range of provision such as mobile facilities. We will build on existing work within the LRF and the Swindon and Wiltshire Testing Cell, aligning our action to existing process and data flows.

**Contact tracing.** We will build on existing close working arrangements with PHE in order to provide contact tracing capability to respond to outbreaks and complex community issues. We will deploy mutual aid processes working closely with the PHE health protection service.

**Data integration.** We will ensure that we assess local, regional and nationally available data to understand our local situation against the national COVID-19 alert system.

**Vulnerable people.** We will ensure any decisions taken prioritise support for vulnerable local people, including those currently shielding. We will enable those who are required to self-isolate to have access to NHS and local community support. We will build on the successful processes in place to support those on the Shielding lists.

**Governance.** We will build on existing health protection governance arrangements whilst enhancing the COVID-19 element in relation to assurance and partnership working as well as Member and community engagement. We will use the role of the DPH and a new Covid-19 Health Protection Board to inform the Wiltshire Health and Wellbeing Board and local authority Chief Executive, as well as wider reporting into the Local Resilience Forum (LRF). The Wiltshire Covid-19 Health Protection Board will develop a COVID-19 function and business as usual function. The COVID-19 function will ensure membership from Local Authority, Public Health England, NHS CCG and PHE and wider partners.

## **Main Considerations**

6. The LOMP and the proposed governance are based on the requirements as set out by the government in their letter to Council Leaders (23 May 2020).

7. Legal implications:

The LOMP is aimed to prevent the transmission of Covid-19 throughout the County and quickly identify and manage outbreaks. The DPH has a statutory responsibility to improve and protect the health of the population they service under the Health and Social Care Act 2012.

8. Resource implications:

Local Authority public health / health protection teams working in conjunction with PHE health protection teams would have the capacity needed typically to manage outbreak scenarios. For example, within care homes and school. However, in an escalated scenario (for example, multiple outbreaks across the County) we would rapidly become overwhelmed (within 3-7 days) unless we deployed additional local resources which would require approximately 50% more capacity.

The table below is an indication of the type of resource that may be required:

Capacity	Resource
<b>Local Authority Public Health</b>	1.5 WTE PH consultants 2.0 WTE Public Health Specialist/Environmental Health Officer 1.0 WTE Advanced Public Health Practitioner/PH Registrar 1.0 WTE administration support 1.0 WTE data capture and analysis (Intelligence staff)
<b>Local Authority Other capacity</b>	1.5 WTE Communications Managers 2.0 WTE Adults Social Care 2.0 WTE Children's Services 1.0 WTE Health and Safety Manager Plus, CCG and NHSE working on their commissioned services
<b>CCG capacity</b>	1.0 WTE Infection Prevention and Control
<b>NHS/mobile units</b>	Testing capacity and its administration

9. Given that the scientific knowledge of this infection is increasing as well as evidence of new risk or best practice emerging, both at a rapid pace, the Board is invited to seek authority from Council to delegate authority to the Director of Public Health in consultation with the Covid-19 Wiltshire Health Protection Board to amend and update the LOMP.

10. Appendix 1 – Wiltshire Local Outbreak Management Plan



Wiltshire-lomp  
(3).pdf

11. Appendix 2 – Public facing Local Outbreak Management Plan



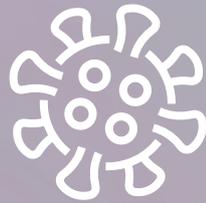
LOMP  
Pack\_Condensed Vers

**Kate Blackburn**  
**Interim Director for Public Health**  
**Wiltshire Council**

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Report Authors:  
Hayley Mortimer, Public Health Consultant  
Rachel Kent, Public Health Consultant

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**COVID-19**

**Local**

**Outbreak**

**Management Plan**

**FULL VERSION**

# CEO INTRODUCTION



We have worked on the Wiltshire Local Outbreak Management Plan (LOMP) closely with our partners, and it is in place to protect you, your family and our communities as much as possible should there be a local COVID-19 outbreak.

We all have a vital role to play in suppressing possible outbreaks before they gain momentum and

our plan puts a system in place to give us all the best opportunity to do this.

The system of testing, tracing and self-isolating will help us all to resume our normal lives as much as possible, while being protected from the threat still posed by COVID-19.

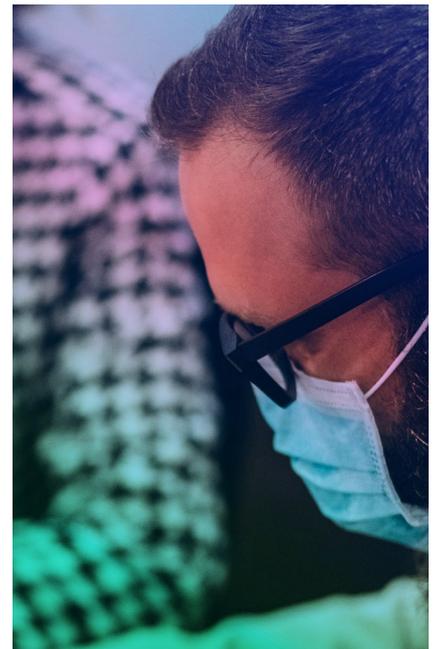
We really appreciate everyone's efforts so far in keeping the impact of COVID-19 low in Wiltshire and if we all continue to work together as we have we're optimistic it can stay that way.

Our communities, residents and businesses are at the heart of all of our planning and communications and engagement will be vital to control the virus if a local outbreak occurs.

We know this has been a difficult time for so many of you, but if we can suppress this virus, there will be less disruption and many more positive times on the horizon.

Thanks for all your support.

**Terence Herbert,**  
**Chief Executive, Wiltshire Council**



# WILTSHIRE LOCAL OUTBREAK MANAGEMENT PLAN

The Local Outbreak Management Plan (LOMP) is a framework document outlining the role of the Local Authority in the management of the COVID-19 outbreaks in Wiltshire. The framework provides a consistent set of principles and approaches by which Wiltshire will manage what is a very dynamic situation. Underneath this framework there will be a set of detailed plans that will also change and evolve.

The LOMP will allow improved speed of response, thorough planning and deployment of resources, building on local expertise led by the Chief Executive and Director of Public Health working with the regional PHE health protection team.

The principles to our approach are as follows:

- We will build on existing health protection processes, not duplicate them
- We will ensure testing takes place quickly and tracing contacts of those who have tested positive occurs at pace, advising them to self-isolate
- We will aim to keep the virus under control through improved co-ordination whilst maintain community engagement
- The governance arrangements associated with our LOMP will provide the structure and responsibility to enable a place-based approach
- Our assurance role will ensure we build on local knowledge and real time data flow between local and national systems
- We will ensure that robust evidence and local knowledge steer a consistent approach to our decision making
- We will work with neighbouring Local Authorities and key partners such as health and the LRF as required to ensure consistency of decision-making and public messaging.

Nationally, seven themes have been identified as being essential to an effective outbreak management plan. These are detailed below and are woven throughout our plan:

1. Care homes and schools
2. Identify high risk settings, communities, places (for example, schools, care homes and factories)
3. Local testing capacity
4. Contact tracing
5. Data integration
6. Vulnerable people
7. Governance



Care homes and schools



Identify high risk settings, communities and places



Local testing capacity



Contact tracing



Data integration



Vulnerable people



Governance

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## 1. Introduction

- National context
- Aim and Principles
- Working in partnership
- LRF
  - STP/Health System
  - Neighbouring authorities
  - Town and Parish Councils
  - Voluntary sector / communities
  - Other

## 2. Governance

- Covid-19 Health Protection Board  
(Addresses Theme 7)
- Local Outbreak Engagement Board  
(Addresses Theme 7)
  - Leadership
  - Communication
  - Engagement

## 3. Data Integration

- (Addresses Theme 5)
- Consistent method to be agreed across SW
  - PHE / LAs/ NHS
  - Note to include Joint Biosecurity Centre

## 4. Prevention and Response Plans for Places and Communities

- (Addresses themes 1 and 2)
- Care homes
  - Schools
  - High risk places, locations and communities)

## 5. Protecting and supporting vulnerable people

(Addresses theme 6)

## 6. Testing and contract tracing: responding to outbreak in complex settings

(Addresses Themes 3 and 4)

- NHS Test and Trace Service
- Testing
- Pillar 1
  - Pillar 2
  - Mobile LRF
  - Agile deployment for outbreak
- Contact Tracing
- Tier 2 – 3
  - Tier 1 - refer MOU

## 7. Communication & Engagement

## 8. Resources

- LA & PH capacity and arrangements including surge arrangements (including managing expectations).

# 1. INTRODUCTION

## a. Global Context

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. On 12 January 2020 it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19.

As of 10 June 2020, over 7.2 million cases have been diagnosed globally, with more than 411,000 fatalities. (European Centre for Disease Prevention and Control, situation update worldwide). The WHO coronavirus dashboard has country by country information. WHO also publishes a daily international situation report

## b. National Context

The total number of confirmed cases in the UK is published by the Department of Health and Social Care, and is available in a visual dashboard. As of 10 June 2020, there have been 290,143 lab-confirmed UK cases and 41,128 Covid-19 associated UK deaths.

## c. Local Context

Wiltshire, in common with most of the South West, has been relatively lightly affected so far, with case and death rates under half the national average. This low impact means that most of the population will not have been infected and therefore not have gained whatever immunity that might afford.

Therefore, it remains vital that we maintain full attention to minimising the risk of viral transmission into the future, whether at home, work, school, or in our communities. This outbreak management plan will put a system in place to identify and suppress possible outbreaks before they can gain momentum. This is the system of testing, tracing and self-isolating that is currently being set up.

The Council will encourage and support residents and local institutions of all types to operate safely. And, as the local base of public health, environmental health and adult care teams we have a key role in working alongside national and regional parts of the test and trace system to enable the whole to function at a Wiltshire level. We also have a further specialist role in preventing local outbreaks through advice and training in vulnerable settings, particularly care homes, but also schools and certain other institutions.

## d. Aims, Purpose and Principals

### Aim

The aim of the LOMP is to harness the capacity of the Council, working with a wide range of partners, to enable residents of Wiltshire to resume their normal lives as far as possible, while being protected from the threat still posed by COVID-19.

### Overarching Purpose

Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. Our plan will give clarity on how local government works with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks. Directors of Public Health have a crucial system leadership role to play ensuring that through the LOMP they have the necessary capacity and capability to quickly deploy resources to the most critical areas. Response to local outbreaks, while led by DsPH, need to be a co-ordinated effort working with PHE local health protection teams, local and national government, NHS, private and community/voluntary sector and the general public.

## Core working principles for Wiltshire DPH agreed across SW region

1. We will work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and PHE. We will endeavour to ensure we make best use of the capacity and capability of the regional public health workforce.
2. While recognising local sovereignty we will commit to ensuring a common language to describe the local governance arrangements:
  - a. COVID-19 Health Protection Board
  - b. Local Outbreak Management Plans (LOMP)
  - c. Local Outbreak Engagement Board
3. We will ensure that we all work to an agreed common set of quality standards and approaches in the management of local outbreaks, utilising and building upon already agreed approaches such as those defined within the Core Health Protection Functions MoU.
4. We will adopt a continuous learning approach to the planning and response to COVID-19 outbreaks, sharing and learning from one another to ensure we provide the most effective response we can.
5. We will ensure that there is an integrated data and surveillance system established, which alongside a robust evidence-base will enable us to respond effectively to outbreaks. Proposal that a COVID-19 Regional Data and Intelligence Framework is developed which will enable DsPH to have access to the necessary information to lead the COVID-19 Health Protection Board.
6. We will commit to openness and transparency, communicating the most up to date science, evidence and data to colleagues, wider partners and the public.
7. We will ensure that within our planning and response to COVID-19 we will plan

and take the necessary actions to mitigate and reduce the impact of COVID-19 on those most vulnerable, including BAME communities.

8. We recognise that DsPH have a system leadership role in chairing the COVID-19 Local Health Protection Board. We commit to actively engaging with key partners, including all levels of government (Upper, lower tier local authorities, towns and parishes and wider partners and communities), key stakeholders including the community and voluntary sector to ensure a whole system approach.
9. We accept that we are currently working in a fast-changing, complex environment. DsPH are having to respond dynamically to changing evidence, national guidance, demands and expectations. We will commit to be actioned focused and commit to working to public health first principles.
10. We will ensure that our LOMP includes a strong focus on prevention and early intervention to ensure key settings (e.g. care homes and schools) and high-risk locations and communities identify and prioritise preventative measures to reduce the risk of outbreaks.

### e. Working in Partnership

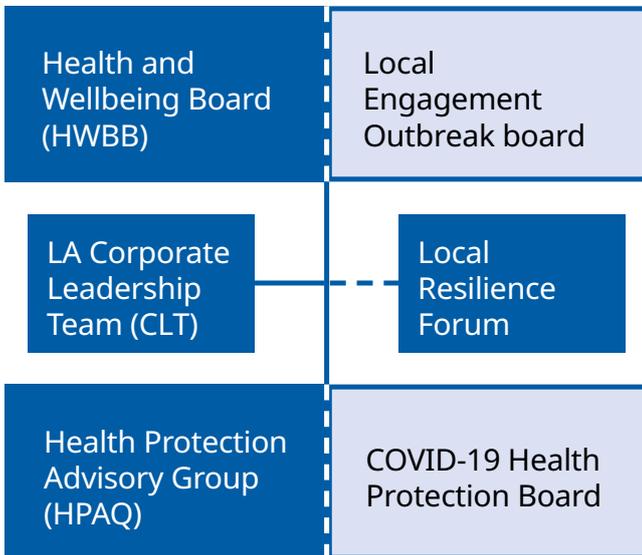
Wiltshire will work in partnership with PHE, CCG, JBS, LRF, Swindon Borough Council and other neighbouring local authorities to ensure a consistent and well informed regional response. Details of any outbreaks on the border to another local authority will be shared as a routine matter. (Full details of partnership roles and responsibilities are attached at Appendix 1)

## 2. GOVERNANCE

a. The LOMP will be developed in conjunction with the newly established COVID-19 Health Protection Board, this will be a new arm of the Wiltshire Health Protection Assurance Group (HPAG). Its function will include managing information and coordinating and supporting local efforts to preventing and minimising outbreaks. This all links closely to the test and trace system. This board will be chaired by the director of public health, and in her absence a consultant in public health.

The HPAG will develop a COVID-19 function and business as usual function. The COVID-19 function will ensure membership from Executive Member for ASC and Public Health, CCG, and PHE. (Covid19 Health Protection Board TOR attached at Appendix 2)

The Health Protection Assurance Group (HPAG) will report to Wiltshire's Health and Wellbeing Board (H&WBB) and LA Corporate Leadership Team (CLT) as well as wider reporting to the LRF.



A Wiltshire Outbreak Engagement Board, chaired by the Council Leader will play a critical role in ensuring that local residents and other stakeholders in the public, private and third sectors all understand and abide by the need to comply with rules and principles designed to prevent viral transmission. The main focus of this board will be outwards to the community.



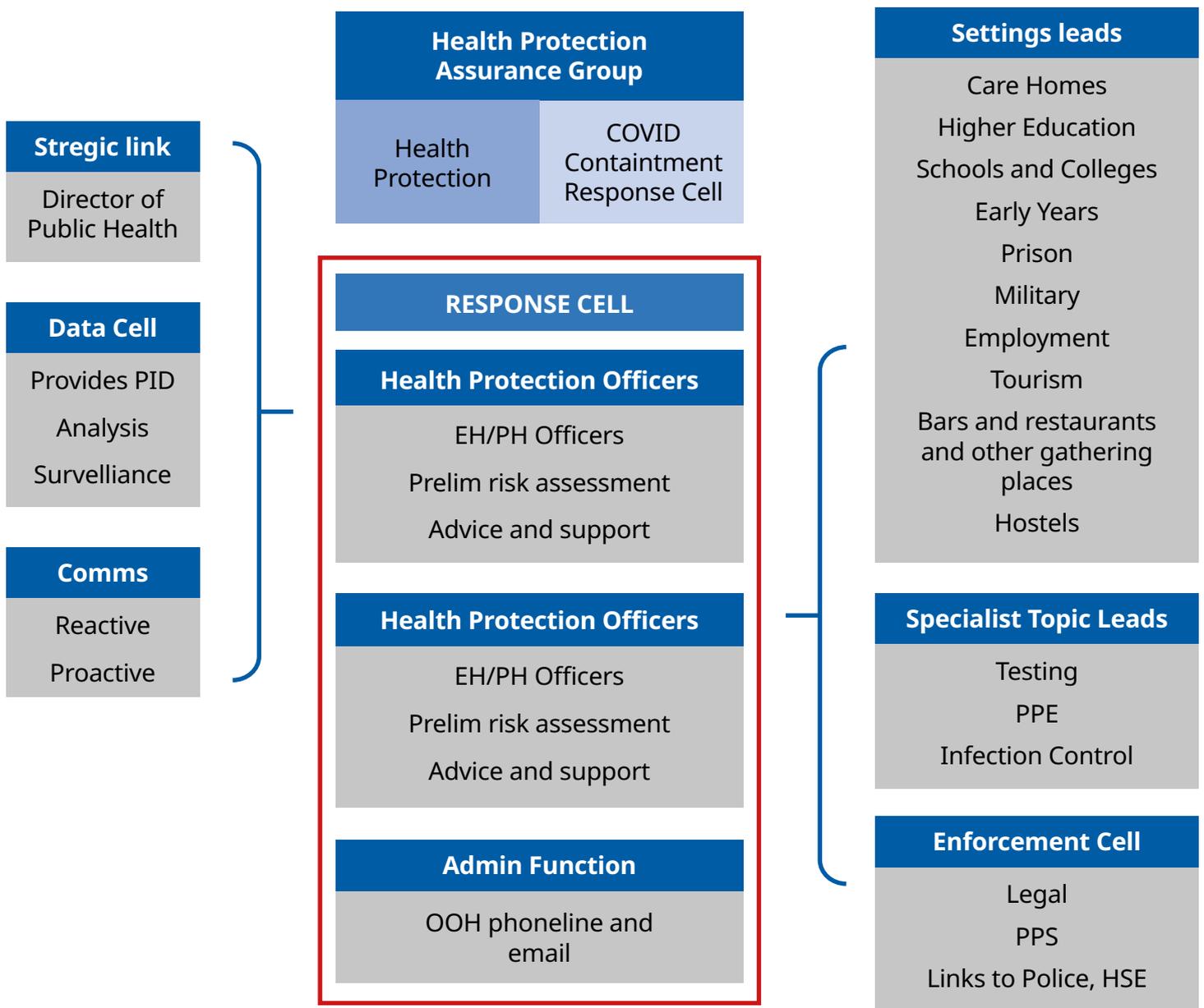
(Local Outbreak Engagement Board TOR attached at appendix ) We will develop the Health & Wellbeing Board (HWBB) remit to enable it to drive the Member-led engagement board. This will ensure a place-based approach is taken via engagement with key stakeholders already present on the HWBB. The current strategy can be found at the following link:

[www.wiltshire.gov.uk/adult-care-joint-health-and-wellbeing-strategy](http://www.wiltshire.gov.uk/adult-care-joint-health-and-wellbeing-strategy)

b. Wiltshire COVID-19 Containment Response Cell

The Wiltshire COVID-19 containment response cell processes the information provided to it from either the wider system and/or direct contacts from individuals or organisations locally on a daily basis. It assesses the risk and works under the protocols from PHE. Clinical issues around public health will be resolved via PHE CCDCs, other clinical issues through patients GP and/or CCG clinical leads.

The cell will operate in full for 5 days per week initially, with skeleton support over the weekends and evenings, with a rolling assessment of the need to operate longer hours. 24/7/365 may be required.



The core part of the response cell will comprise of admin support, environmental health or public health officers, and the oversight of a public health consultant. Their role is to carry out initial and dynamic risk assessment, link in to topic and settings expertise (agreeing the best person to take the lead role for the named incident), review progress, and set up and chair Outbreak Control Teams (OCTs) as and when required.

They will include additional support as and when required, set up monitoring arrangements and close the incident when appropriate to do so.

The size of the officer and admin support will vary based on the number of incidents being managed.

## Data and Intelligence

The Data cell will include:

- The receipt and handing of PID from PHE and other areas
- The analysis of local, regional and national data linking in with PHE
- Field epidemiology for specific incidents (e.g. compiling social networks and timelines to test hypotheses for spread of infection)
- Contribute to research and intelligence to support the development of approaches

## Communications

Communications will have two main parts, proactive and reactive:

- Reactive; handling messages relating to outbreaks and incidents, ensuring

that the need for open and honest communication is balanced with sensitivity around patient and business identifiable information

- Proactive; considering the importance of behaviour change around COVID-19, with a particular focus around two messages; staying at home if you or a household member have symptoms and getting a test.

### **Setting Leads**

The setting leads are people who have strong links into specific settings and so can manage aspects of the incident. This might vary from acting in the HP Officer role to providing support to comms cell and the HP response on the stakeholder communication (for example, a particular type of business such as a B&B). Below is a list of suggested setting areas:

- Care homes
- NHS/CCG
- Higher Education
- Schools and Colleges
- Early Years
- Prisons
- Military
- Employment
- Tourism
- Restaurants & Bars and other gathering places
- Shared Accommodation e.g Homeless hostels, HMO's, Refuges
- Food Factories
- Public gatherings and events
- Places of worship
- Emergency Services

### **Specialist Topic Leads**

This includes people who have specialist knowledge around specific topics, for example, PPE or testing. Often these will be the same people who are in the response cell. Current suggestions are;

- Testing
- PPE
- Health & Safety
- Infection Control

## **Enforcement**

Enforcement may be required under certain circumstances. This may be through Public Protection Services (PPS), the Police,) or possibly PHE who are proper officer for Part 2a type orders regarding COVID, which allow for people to be detained to prevent spread. Or through other appropriate legislation pertinent to the setting. An example may be the Health and Safety At Work Act. However, we are still waiting for details about powers (particularly around local lockdowns) from Central Government and in the settings action cards details of relevant legislation will be detailed. This is where we can draw on the other available legislative powers. (Further information is detailed in Appendix 4)

### 3. DATA INTEGRATION

We will seek to pull together all the information relevant to individual cases and outbreaks with Wiltshire Council, NHS partners and Public Health England while complying with General Data Protection Regulations (GDPR). This involves proactive data sharing and flows for contact tracing, outbreak management and ongoing surveillance will be key. We will expect relevant and appropriate data sharing from national and regional components of the system and highlight where any gaps are limiting our ability to act in an integrated fashion. Our approach to data sharing will be consistent across the Southwest region. This will also link with the central government through the Joint Biosecurity Centre.

The key principles to guide our approach to data integration are:

- a. Whole systems approach – Wiltshire Council will take a whole systems approach, working with national, regional and local partners, recognising that no player has the resources, skills or expertise to make this happen on their own.
- b. Integration – Wiltshire Council will work with partners to ensure that the local pathways, systems and data sharing are proactively integrated.
- c. Data sharing – proactive data sharing and flows for contact tracing; outbreak management and ongoing surveillance will be key. We will expect relevant and appropriate data sharing from national and regional components of the system and highlight where any gaps are limiting our ability to act in an integrated fashion
- d. Responsiveness – Wiltshire Council will be responsive to the differences and diversity in local communities, taking a people-centred approach to understanding how we can support people, communities, business and organisations to suppress outbreaks.
- e. Capacity and resources – these must be provided across all levels to ensure the programme is run effectively and sustainably, and a key component will



be the ability of the national programme to deliver on contact tracing and the provision of advice. Partners across the county will be asked to support the outbreak response wherever possible, however it must be recognised that if there are increasing cases the capacity to respond may be overwhelmed. Capacity gaps will to be reported through the governance system on a weekly basis.

- f. Ownership – Wiltshire's COVID-19 LOMP is jointly owned by Wiltshire Council's Health Protection Board under the leadership of the DPH, in line with government guidance on health protection and the role of the DPH

We will review local, regional and nationally available data and enable parity of esteem between NHS and LAs, our aim being to regularly review our local situation against the national COVID-19 alert system.

## 4. PREVENTION AND RESPONSE PLANS FOR PLACES AND COMMUNITIES

Prevention and response plans for Wiltshire Council are based on the Local Health Resilience Partnership's Communicable diseases plan. In addition, the joint biosecurity centre will be looking for trends in settings to provide prevention interventions.

### TRIGGERS

- Surveillance Data
- Evidence from Partners

### PREVENTION

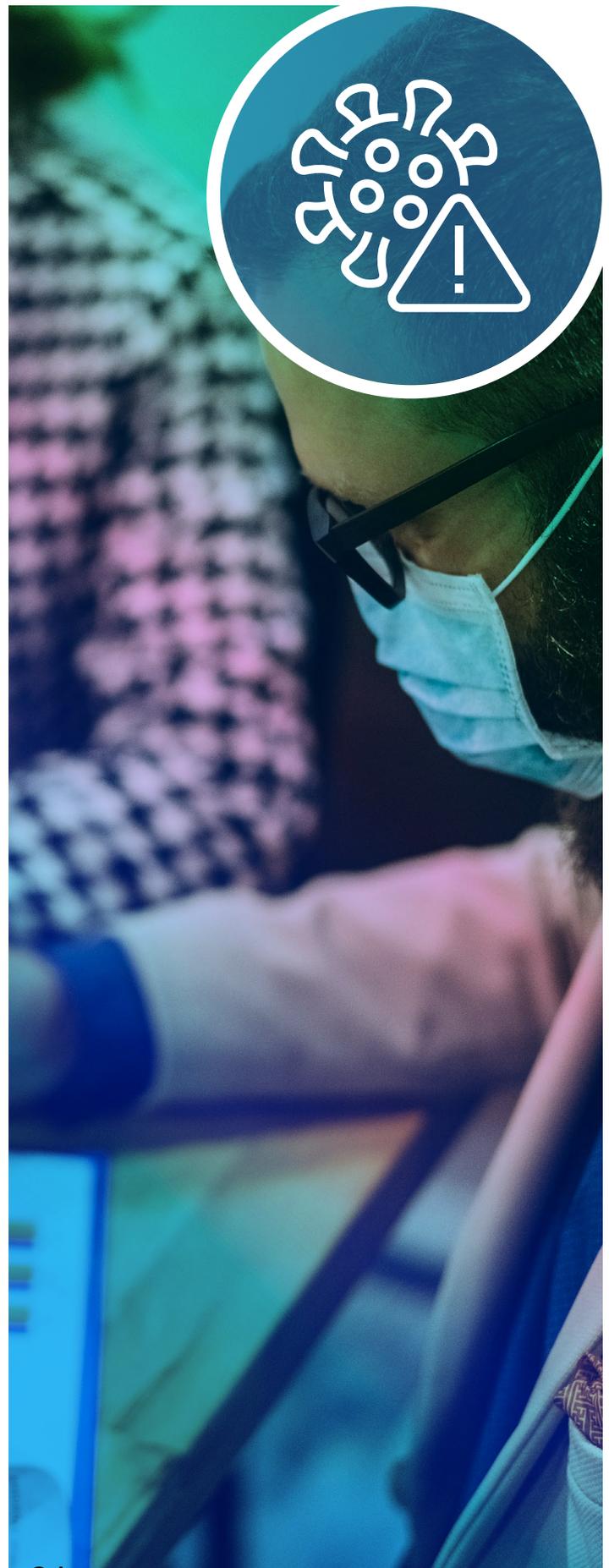
- Social distancing
- Hygiene
- Testing, Tracing Isolating
- Appropriate use of personal protective equipment

### RISK

- Identification and plans for at risk groups / individuals
- Individual Organisations Risk Assessment as part of business plans

### RESPONSE

- Identification and management of an outbreak
- ICT - Testing and tracing
- Closure / containment
- Other arrangements
- Communication



SECTOR	FOCUS	THEME LEADS	PARTNERS
Care Homes	Care Home cell	Helen Jones	Care Home Cell, CCG, GWH community services
Schools	Education Cell	Helean Hughes	School Leaders Parents
Colleges	As in schools	As in Schools	Trowbridge, Chippenham and Salisbury College Lackham College
Children and YP	FACT / Safeguarding Recovery	Lucy Townsend	
High risk settings and prisons	Prison	PHE and Prisons	Health and Justice PHE/ NHSEI NPS AWP – Healthcare provider @ Erlestoke
Vulnerable Individuals and groups	Vulnerable persons cell Examples include Refugees and Asylum seekers, Gypsy, Traveller and Roma and boaters, Homelessness, Disabled people and carers, People with LD and autism	Nicole Smith – lead for Gypsy and Travellers and Homelessness  Claire Edgar – Learning disabilities and autism	
Businesses and Employers	Factories	John Carter – Public Protection  Sam Fox – Economic Development	
Military			
Tourism		Sam Fox – Economic Development	
Hospitals and Hospices			
Public gatherings – licenced events		Linda Holland - Licensing	

## 5. PROTECTING AND SUPPORTING VULNERABLE PEOPLE

- a. Vulnerable people are those who may be more at risk of catching Covid-19 or having a worse outcome if they do get it. This may be due to:
- an internal vulnerability (e.g. pre-existing mental or physical health condition)
  - the environment in which people live or work (e.g. rough sleeping)
  - an addiction or health behaviour (e.g. drug or alcohol use)
  - ability to understand advice or act on it (e.g. people with a learning disability, dementia or language barriers).
- b. There is also a cohort of people who are vulnerable to worse outcomes for Covid-19 due to demographic or occupational reasons although this research did not take into account co-morbidities:
- age (among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40)
  - gender (men were more likely to die from COVID-19 than women)
  - deprivation (living in a more deprived areas)
  - ethnicity (higher risk of dying in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups)
  - occupation (those in caring occupations, those who drive passengers in road vehicles for a living, those in security related roles)
- c. At a local level we will focus on protecting and supporting vulnerable people in a number of ways:
- Through identification and understanding of who is most vulnerable and where they are in the county using the information above. This will build on local knowledge through our JSNA work as well as with partners such as the voluntary and community sector and through existing groups and partnership working to ensure that people can be



accessed quickly, and any response is appropriate to need

- Through partnership working to build on prevention and understanding people's concerns. We can work with key organisations and existing mechanisms such as our support calls to those who are shielding to ensure that the key prevention messages of social distancing, hand hygiene and test and trace are reaching everyone. We are planning a resident's survey at regular time points which can be used to identify influences on behaviour and variation between groups.
- Through ongoing support for those people who need to self-isolate via linking to processes with food and prescription delivery, and access to NHS and community support. This will build on the successful process in place for supporting people on the shielding lists to date and our collaborative working with the voluntary and community sector.

- d. Through proactive raising awareness of the potential for outbreaks within different groups and ensuring a clear understanding of the need for and purpose of testing and contact tracing including:
- Access to translation services
  - Recognition of the impact of hearing loss, sight loss and cognitive impairment and ensuring resources and communication are appropriate
  - Identification of key leads who have up to date information for liaising with different communities

### **Wiltshire Specific Risk**

Although Wiltshire does not have a port or university, the county does have some characteristics that should be considered in this context:

- Although we perform well on many health indices we do have pockets of deprivation across the county. However, these communities are often longstanding, and we have proactive community-based work in many of them
- Wiltshire is home to a prison.

## 6. TESTING AND CONTACT TRACING: RESPONDING TO OUTBREAK IN COMPLEX SETTINGS

An integrated Covid-19 Test and Trace programme designed to control the virus and enable people to live a safer and more normal life was introduced across England on 28 May. Local Authorities will work with the Government to support test and trace services in their local communities, taking a place-based approach to containing the spread of the infection.

Testing and Tracing (TAT) is the central system to be used within the Test and Trace service. The phased approach of national roll-out begun on 01 June. The service comprises of three tiers:

- Tier 1 - Regional level enhanced PHE health protection team capacity, supported by local authorities as needed. This function will include roles such as convening local outbreak control team meetings and will focus on complex settings and outbreaks.
- Tier 2 is comprised of 3000+ health care professionals employed nationally to assess risk and provide support in more complex situations such as outbreaks in community settings;
- Tier 3 provides initial contact and advice to those testing positive and their contacts. This element is comprised of 15,000 call handlers.

### a. Testing

In Wiltshire we have a locally based regional testing centre based in Salisbury and residents of Wiltshire living in the north of the county can access testing in Swindon. The sites have the capacity to test up to 2000 people a day. This is part of the national online portal offer with people receiving results within 72 hours. Health and social care staff and patients are able to access both symptomatic and asymptomatic testing via the digital portal. For all care homes, managers can order testing kits. Test results will be emailed to the registered manager, or directly to staff, within 72 hours of the test arriving at the laboratory.



In the case of positive test results, this triggers contact tracing as explained below.

The Local Health Protection team would be notified if there are two or more probable cases connected in time to a specific place (not a household), or an area or cohort of people with a significantly higher than expected rate of infection. This information will then be shared with the local authority.

As well as the regional testing centre described above there are mobile units across the south west. These have the potential to be deployed in the case of an outbreak.

The main point of contact for testing is the Director of Public health. Care home testing is overseen by a multi-agency Care Home Cell chaired by the BSW CCG.

## Contact Tracing

For Confirmed Cases, following a positive test result, the National Contact Tracers at Tier 3 will speak to the case (case will have provided details to receive a test, either through the App or via the other mechanisms (website or phone number for individuals, care home portal for care home residents and staff, key workers through management system or web/phone portal). They will be advised to self-isolate until 7 days (or longer if required).

Tier 3 will identify their contacts and record them. They will follow up on individual named contacts. If this flags any key issues, for example vulnerability or complexity these will be referred through to Tier 2 for further investigation.

Tier 3 (and Tier 2 if the case has been passed to Tier 2) will identify any contexts such as workplaces, schools or other contexts that they have spent enough time to have potentially been in contact with others (this might include social or leisure, shopping, healthcare visits etc). These contexts will be passed through to Tier 1.

We would expect that the databases from the NCTS would be searching for contexts (PHE software, HP Zone, automatically detects possible outbreaks by searching for the same place in different case histories). Local authority public health teams can add local insight and knowledge as appropriate and work closely with Public Health England and the tier 1 team.

If an outbreak is declared, then the local authority and PHE roles would liaise as outlined in the SW HP MOU.

## Outbreak recognition and declaration

The definition of an outbreak could be interpreted in this context to mean:

- Two or more cases connected in time to a specific place (not a household)
- An area or cohort of people with a significantly higher than expected rate of infection (this would be compared to other similar areas at that time)

The first definition would likely be the

focus for the containment plan, however an important factor would be the analysis and interpretation of patterns across the county. Patterns amongst people, layered with information about their movements, might enable us to identify places where people might not consider themselves to have spent significant time but are important in the transmission chain.

The initial notification of an outbreak would reach the response cell, who would carry out:

- Initial investigation of the incident to understand the nature of the outbreak
- Risk assessment undertaken and recorded to include:
  - Likely size of exposed cohort
  - Vulnerability of the people impacted (medical)
  - Current infection control measures in place
  - Barriers to self-isolation / control measures (social, circumstantial)
- Information assessed by the lead PH Consultant (which could be within the LA or PHE)
- Either outbreak declared in which case an Outbreak Control Team is set up, or a timeline for review is set.

If the risk assessment suggests more intensive intervention is required, the following steps would occur:

## Outbreak investigation and containment

Appropriate format for the outbreak control team to be instigated. These will vary based on the setting; where there is already a team liaising with the specific stakeholders or with expertise, they will lead on the initial response.

Protocols will be developed for responding to different types of outbreaks (these will use current guidance and frameworks from PHE). A typical response is likely to involve:

- additional case finding and contact finding
- infection control information and advice for the setting/context
- this may involve closure, cleaning and reopening

- this may involve advice for future operations, if any improvements are identified
- identification of any barriers to compliance to the setting or individuals concerned, with a view to reducing them
- follow up to ensure measures put in place have been successful
- dissemination of any lessons learnt to wider relevant settings/contexts (with due attention to patient confidentiality issues)
- communication will be important throughout to a range of stakeholders including communities

Data collection flows and information analysis

Data will likely be collected through a variety of sources, but key will be:

- NCTS
- Testing – clinical systems reporting positive results
- NHSX COVID-19 App

Currently there is little data flow of patient identifiable information between NHS/PHE and LA – this will be required to make this successful.

Data analysis will be carried out at multiple levels, and there will be a requirement for a local epidemiology/intelligence cell to be convened which links LA, NHS and PHE to ensure we maximise the use of the resources to provide actionable information.

This will include identification of significant variation in cases or contact numbers, and forecasting.

Local intelligence will be applied for example in identification of settings or contexts of interest.

## 7. COMMUNICATION AND ENGAGEMENT

Communications will have two main parts, proactive and reactive.

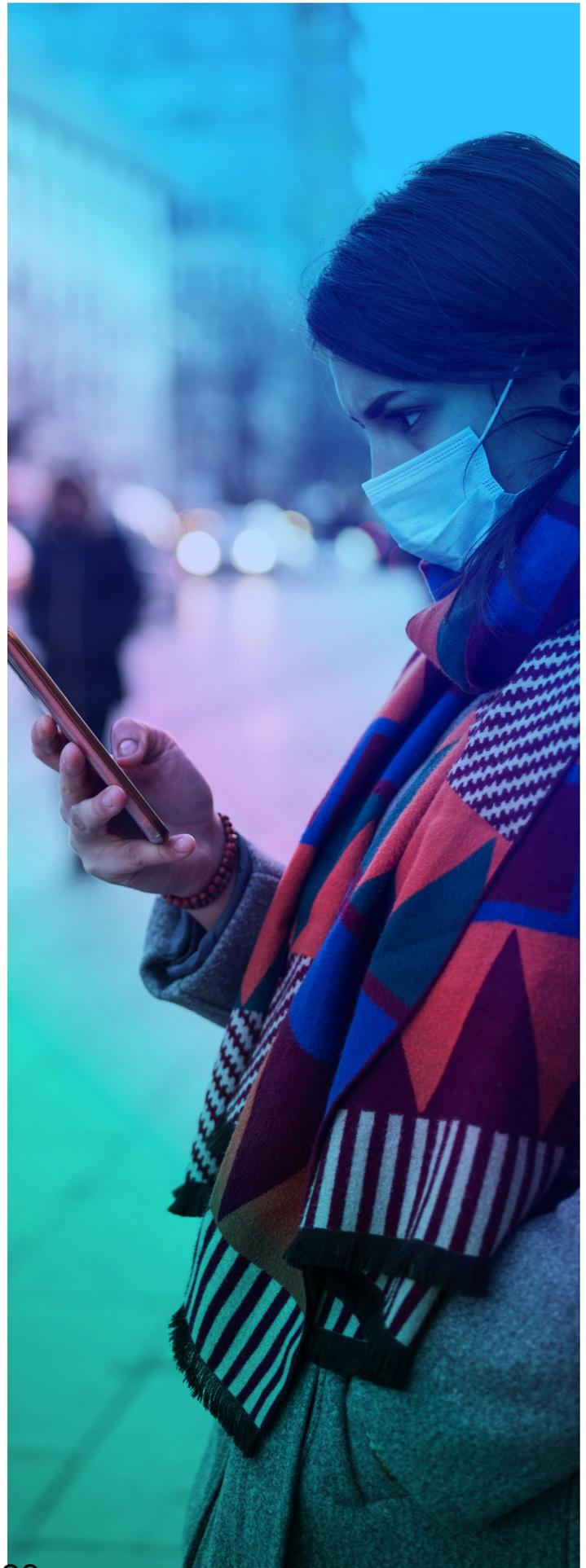
- Reactive; handling messages relating to outbreaks and incidents, ensuring that the need for open and honest communication is balanced with sensitivity around patient and business identifiable information
- Proactive; considering the importance of behaviour change around COVID-19, with a particular focus around two messages; staying at home if you or a household member have symptoms and getting a test.

The DPH will work with locally elected members to brief regarding the progress of contact tracing and issues (e.g. non-compliance / public comms) to ensure greater impact. They will also have a responsibility to our general population to provide a local communication route that people trust and use that will allow them to:

- a. understand the need for the contact tracing and how data about contacts will be used and to stop the vigilante movement taking a grip locally;
- b. respond to notifications that they have been a contact, that will allay fears, provide appropriate responses regarding isolation and testing and ensure that people will seek medical support at the right time.

There is also a need to ensure that the local voice is heard through active engagement with local communities. Wiltshire will establish a Local Engagement Stakeholder Board (Health & Wellbeing Board) which will provide this voice both directly and via liaison with other community groups, Parish council and interested stakeholders.

The PHE regional team will work with DsPH and local system leaders to brief regarding the national and regional progress of contact tracing and support with ensuring consistent public messaging through agreed 'shared' proactive and reactive lines with common issues (e.g. reports of non-compliance with isolation / use of COVID 19 ACT).



## 8. RESOURCES

Typically, a busy but manageable scenario would be to have capacity to support outbreaks in a modest number of settings, working with PHE, for example 10 care homes, one prison, 5 schools (i.e. a low percentage of outbreaks in settings).

In this busy but manageable scenario, the resources deployed would typically be in addition to PHE (responsible for identification, initial testing, contact tracing, convening outbreak control team, initial infection prevention and control advice):

**In the table below is an indication of the type of resource that may be required.**

In an escalated scenario (for example, double this) additional local resources would be required in the region of 50% more capacity.

We would need to draw on other public health staff, EHO staff, potentially PH nursing staff and seek mutual aid from other Local Authority public health and PHE staff.

We do not have specialist cleaning teams and would therefore need to access and rapidly deploy this support. This is something that is being reviewed at a regional level to resolve as a flexible resource across the South West as needed. We also do not currently have access to HP Zone (PHE clinical record system) to manage results, cases and contact tracing as PHE will still be managing the contact tracing element of outbreaks but working closely with the Local Authority as per current practice.

It is envisaged that the national Test and Trace service will be in place for 18 – 24 months. In such a protracted escalated scenario, additional resources as per above would be required within LA public health teams and increased co-ordination across the Council, with settings (schools, care homes, prisons, workplaces etc) with neighbouring Local Authorities, NHS, DHSC testing services and specialist cleaning teams.

CAPACITY	RESOURCE
Local authority Public Health	1.5 WTE PH consultants 2.0 WTE Public Health Specialist/Environmental Health Officer 1.0 WTE Advanced Public Health Practitioner/PH Registrar 1.0 WTE administration support 1.0 WTE data capture and analysis (Intelligence staff)
Local authority Other capacity	1.5 WTE Communications Managers 2.0 WTE Adults Social Care 2.0 WTE Children's Services 1.0 WTE Health and Safety Manager Plus, CCG and NHSE working on their commissioned services
CCG capacity	1.0 WTE Infection Prevention and Control
NHS/mobile units	Testing capacity and its administration

# HOW TO ACCESS IMPORTANT INFORMATION

We may be currently socially distant, but we have developed a very close working relationship with you, the public, and local communities and businesses, since the start of the pandemic. Providing accurate, up-to-date and trusted information is vital to the success of this plan. If an outbreak is declared, then you need to have a clear awareness of what's expected.

Throughout the COVID-19 pandemic we have used, and will continue to use, a variety of methods and channels to ensure you have access to the latest information including:

- a specific **COVID-19 webpage**
- regular e-newsletters to residents, businesses, community groups
- targeted mailouts
- media releases – [www.wiltshire.gov.uk/news](http://www.wiltshire.gov.uk/news)
- social media –

 **@wiltscouncil**

 **@WiltshireCouncil**

- information packs
- videos

We always want you to find out information from the council so communications and engagement will be at the heart of everything we do and a strategy is being developed to support this plan.

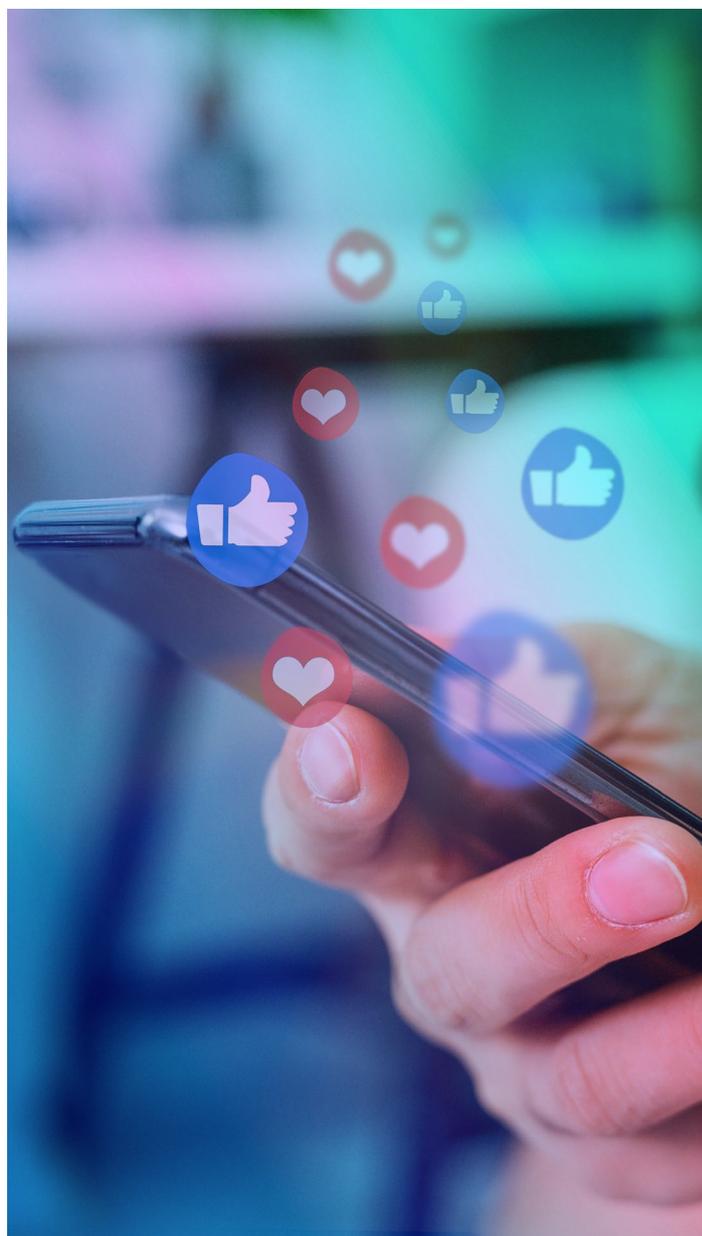
Making sure we have consistent messages is vital to avoid confusion and to build trust and confidence.

We will also establish a Local Engagement Stakeholder Board (part of the Health and Wellbeing Board) that will ensure local voices are heard, both directly and via liaison with other community groups, parish councils and interested stakeholders.

Key elements of our approach will include:

- Keeping you up-to-date on the latest guidance
- Emphasis of your crucial role in any outbreak response
- Re-enforcing public health messages such as hand washing and social distancing
- Raising awareness of the support available to you should you need it
- Providing clear concise advice in the event of an outbreak

**Sign up to our latest updates.**





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# Local Outbreak

## Management Plan

### WHAT IS A LOCAL OUTBREAK MANAGEMENT PLAN?

The Local Outbreak Management plan is in place to protect you, your family and our communities. The plan outlines how we will all work together to mitigate the risk and impact of any local outbreak of COVID-19.

Local Authorities have a duty to produce a Local Outbreak Management Plan. The purpose of this plan is to set-out how we will control Covid-19 to protect public health and by minimising further spread.

### YOUR ROLE

We simply need you to do what the majority of you have been doing since March, and that's play your part.

So that means:

- Wash your hands regularly for 20 seconds with soap and water
- Use hand sanitiser wherever you can
- Closely observe social distancing guidelines
- Self-isolate and and **get tested** if you have COVID-19 symptoms such as a high temperature, a new and continuous cough or a loss/change to your sense of smell or taste.
- Follow government guidance around wearing face coverings
- Follow advice and guidance if you are contacted as part of the track and trace system
- Find out more about the service on the Government's test and trace [website](#)



### GOVERNANCE

Effective governance is key to ensuring everyone is safe and can comply with the rules to prevent further transmission. Our governance structure means that key decisions that may affect you aren't made behind closed doors and there is transparency and openness. The boards that are underpinning the work of the plan are:

- Health and Wellbeing Board
- COVID-19 Health Protection Board
- Local Outbreak Engagement Board



## TESTING AND TRACING

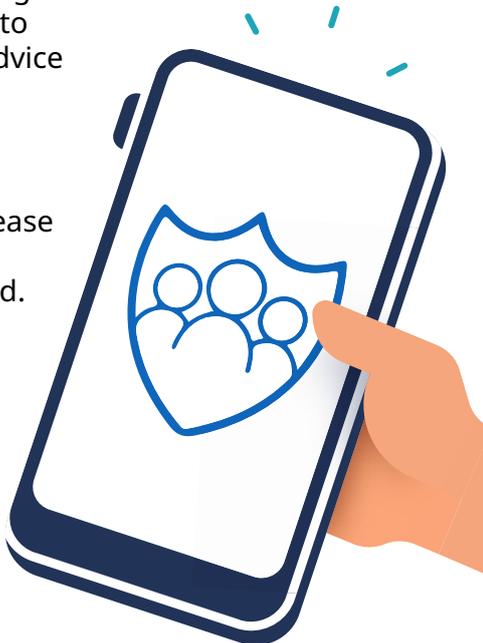
We want to keep our residents as safe as we can from COVID-19 until better treatments and/or a vaccine is available.

We have a local testing centre in Salisbury and those living in the north of county can access one in Swindon. The sites have the capacity to test up to 2,000 people a day. We also have arrangements in place to test in care homes.

If you are contacted by a tracer the most important thing you can do is to follow their advice carefully.

If you are experiencing symptoms please go and get yourself tested.

**BOOK HERE**



## FOCUSED PLANS

In Wiltshire, we are developing focused outbreak plans for a range of settings and population groups including:

- |                    |                   |
|--------------------|-------------------|
| Nurseries          | NHS/Health        |
| Schools            | Faith settings    |
| Care homes         | Vulnerable groups |
| Leisure/activities |                   |
| Colleges           |                   |
| Workplace/retail   |                   |

## COMMUNICATIONS AND ENGAGEMENT

Our aim is to keep you as up-to-date as possible with accurate and trusted information, which will be of particular importance if there is a local outbreak.

Information will be available through a number of channels including:

- Our specific COVID-19 webpage
- Regular e-newsletters to residents, businesses, and community groups
- Targeted mailouts
- Media releases – [www.wiltshire.gov.uk/news](http://www.wiltshire.gov.uk/news)
- Social media
  - @WiltsCouncil
  - @WiltshireCouncil
- Information packs



**COVID-19**

**Local**

**Outbreak**

**Management Plan**

**SUMMARY**

## INTRODUCTION



We have worked on the Wiltshire Local Outbreak Management Plan (LOMP) closely with our partners, and it is in place to protect you, your family and our communities

as much as possible should there be a local COVID-19 outbreak.

We all have a vital role to play in suppressing possible outbreaks before they gain momentum and our plan puts a system in place to give us all the best opportunity to do this.

The system of testing, tracing and self-isolating will help us all to resume our normal lives as much as possible, while being protected from the threat still posed by COVID-19.

We really appreciate everyone's efforts so far in keeping the impact of COVID-19 low in Wiltshire and if we all continue to work together as we have we're optimistic it can stay that way.

You can find the full version of our [Local Outbreak Management Plan](#) on our website, but we hope this summary document gives you a good overview of how it will work here in Wiltshire.

We know this has been a difficult time for so many of you, but if we can suppress this virus, there will be less disruption and many more positive times on the horizon.

Thanks for all your support.

**Terence Herbert, Chief Executive,  
Wiltshire Council**

## PRINCIPLES

Our response will be led by our Director of Public Health, but positive collaboration will be required with our public sector and communities

We must work on the assumption an outbreak in Wiltshire will happen at some point, and this plan provides the framework for a successful containment.

The principles to our approach are:

- We will build on existing health protection processes, not duplicate them
- We will ensure testing takes place quickly and tracing contacts of those who have tested positive occurs at pace, advising them to self-isolate
- We will aim to keep the virus under control through improved co-ordination whilst maintaining community engagement
- The governance arrangements associated with our LOMP will provide the structure and responsibility to enable a place-based approach
- Our assurance role will ensure we build on local knowledge and real time data flow between local and national systems
- We will ensure that robust evidence and local knowledge steer a consistent approach to our decision making
- We will work with neighbouring local authorities and key partners such as health and the Local Resilience Forum (LRF) as required to ensure consistency of decision-making and public messaging.

## YOUR ROLE

We simply need you to do what the majority of you have been doing since March, and that's play your part.

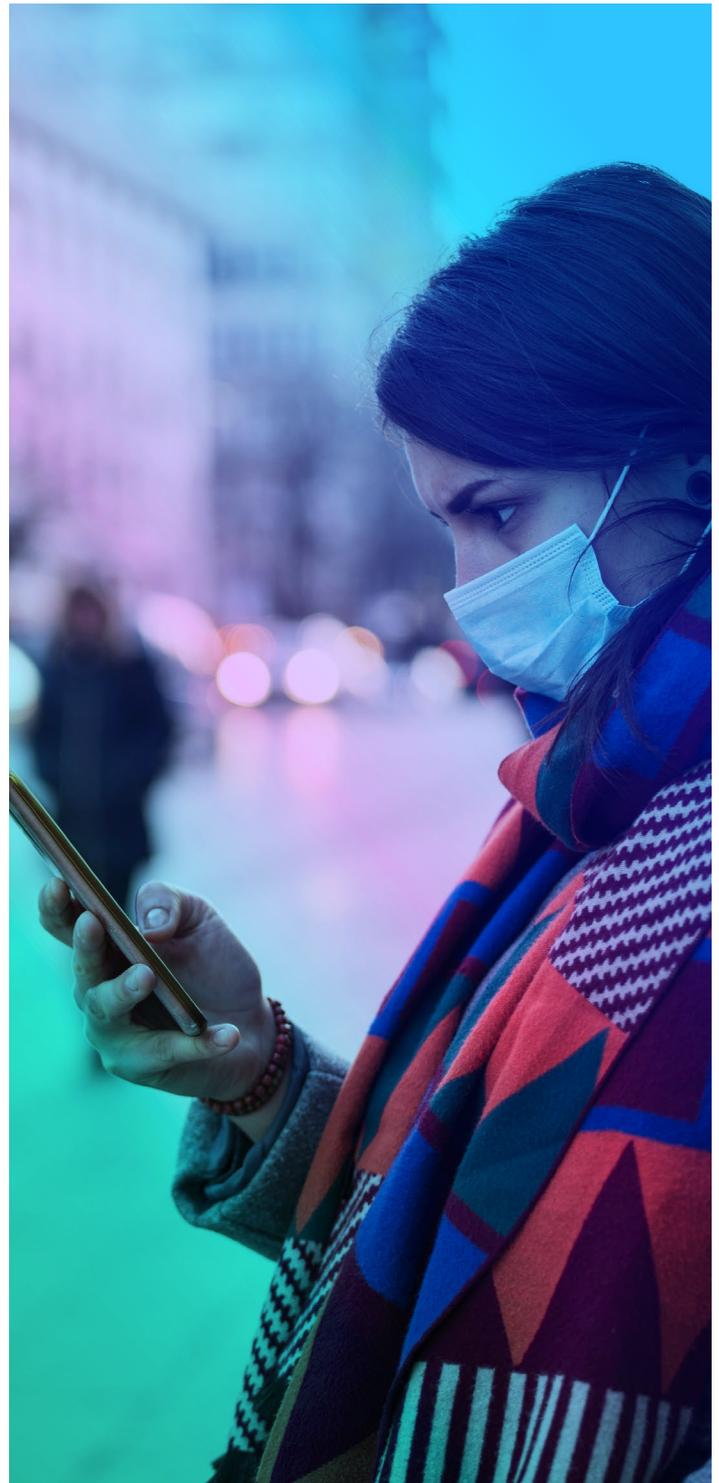
The statistics show that Wiltshire has been low down on the national list of numbers of COVID-19 cases, and the virus has so far been kept under control in the county.

However, despite lockdown restrictions easing, will still need to follow the latest guidance carefully.

So that means:

- Wash your hands regularly for 20 seconds with soap and water
- Use hand sanitiser wherever you can
- Closely observe social distancing guidelines
- Self-isolate and book a test if you have COVID-19 symptoms. You can [book a test online](#).
- Following the latest Government advice on face coverings
- Following advice and guidance if you are contacted as part of the track and trace system
- Find out more about the service on the Government's test and trace [website](#)

We do not want to see a local lockdown happen in Wiltshire. If we all play our part, we can make sure cases in Wiltshire remain low.



## KEY THEMES

Seven national key themes are woven into our plan and are essential to it being effective. They are:

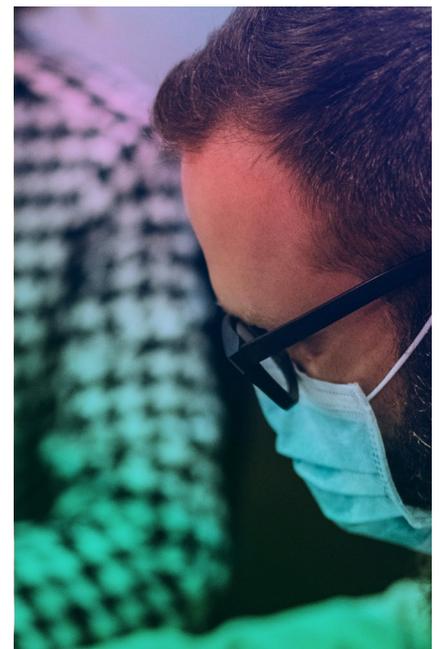
-  Care homes and schools
-  Identify high risk settings, communities and places
-  Local testing capacity
-  Contact tracing
-  Data integration
-  Vulnerable people
-  Governance

## WORKING IN PARTNERSHIP

Responding effectively to COVID-19 is very much a team effort and we will continue to work in partnership with a range of organisations, including:

- **Public Health England**
- **Local Resilience Forum**
- **NHS Clinical Commissioning Group**
- **Joint Biosecurity Centre**
- **Swindon Borough Council and other neighbouring authorities**

Working closely brings a consistent and well-informed response and it's crucial this is well coordinated.





Effective governance will also play a critical part of the process. The South West Regional Directors of Public Health have committed to using consistent terms to describe the local governance arrangements:

- Health and Wellbeing Board
- COVID-19 Health Protection Board
- Local Outbreak Engagement Board

These will ensure that key decisions aren't made behind closed doors and that there is transparency, openness, accountability and scrutiny.

The COVID-19 Health Protection Board will be chaired by the Director of Public Health, Kate Blackburn. Responsibilities of this board include:

- manage information, coordinate and support the prevention of outbreaks
- regularly reporting to Wiltshire's Health and Wellbeing Board, the Local Authority Corporate Leadership Team as well as the Local Resilience Forum



Throughout this pandemic we've seen the importance of timely, accurate and high-quality data, and how it influences any response to managing and suppressing COVID-19.

We receive both Pillar 1 (confirmed COVID-19 cases in hospital settings) and Pillar 2 data (confirmed COVID-19 cases in community settings) and this provides valuable insight into the number of cases of the virus in Wiltshire.

- Any data used will comply with General Data Protection Regulations (GDPR)
- The aim is for data to flow effortlessly from national, to regional, to local
- Data will be used to tailor response to the situation – taking into account things such as the type of people, businesses and communities that are involved – one size doesn't fit all
- We regularly review our local situation against the national COVID-19 alert system

## PREVENTION AND RESPONSE



We have senior officers, each experienced in their own field, representing the seven themes that are key to our plan. For each of their areas, such as care homes and schools, they will support the response should an outbreak occur, but also ensure the theme they represent is well-protected from having an outbreak in the first place. They will look at:

- **TRIGGERS** – what’s the data and evidence showing?
- **PREVENTION** – what can be done to stop COVID-19 spreading?
- **RISK** – which people are at most risk, what are the risk assessments saying?
- **RESPONSE** – what will the response be to an outbreak, how will it be managed?

## PROTECTING AND SUPPORTING VULNERABLE PEOPLE



We know there are many people and families who need support during this pandemic and those identified in the ‘shielding’ category who are more at risk of catching COVID-19 than others.

There are other vulnerable groups within our communities. These include people with long-term physical or mental health conditions and those from black and minority ethnic groups.

To provide as much support as possible we will:

- Use local knowledge and data to identify them quickly
- Use any existing mechanisms or routes to contact them and ensure services can reach them
- Ensure those who need it can have information and guidance translated
- Recognise the impact any impairments that could impact them
- Work closely with partners and colleagues who have accurate up-to-date information for liaising with different communities
- Ensure key communications messages are consistent and targeted

# TESTING AND TRACING

This is a vital system to control the virus and enable us to live not only a safer life, but a more normal one too.

Access to testing is one of the key tools which we need to be able to rapidly and effectively respond to any outbreak of COVID-19 in our area.

- We have a locally based regional testing centre based in Salisbury
- Residents of Wiltshire living in the north of the county can access testing in Swindon
- The sites have the capacity to test up to 2,000 people a day
- This is part of the national online portal offer with people receiving results within 72 hours.
- We have special arrangements to test staff and residents in care homes.

If there are positive test results in Wiltshire:

- This will trigger contact tracing, which will see people who have potentially been in contact with someone who has had COVID-19 spoken to by the tracing teams
- People that are contacted by a tracer should follow the advice and guidance received carefully
- A system is in place to ensure information is passed quickly and appropriately, so the relevant response plan can spring into action if required



# COMMUNICATIONS AND ENGAGEMENT

# IN CONCLUSION

We may be currently socially distant, but we have developed a very close working relationship with you, the public, and local communities and businesses, since the start of the pandemic.

We have produced:

- a specific **COVID-19 webpage**
- regular e-newsletters to residents, businesses, community groups
- targeted mailouts
- media releases – [www.wiltshire.gov.uk/news](http://www.wiltshire.gov.uk/news)
- social media –

 **@wiltscouncil**

 **@WiltshireCouncil**

- information packs
- videos

Key elements of our approach will include:

- Keeping you up-to-date on the latest guidance
- Emphasis of your crucial role in any outbreak response
- Re-enforcing public health messages such as hand washing and social distancing
- Raising awareness of the support available to you should you need it
- Providing clear concise advice in the event of an outbreak

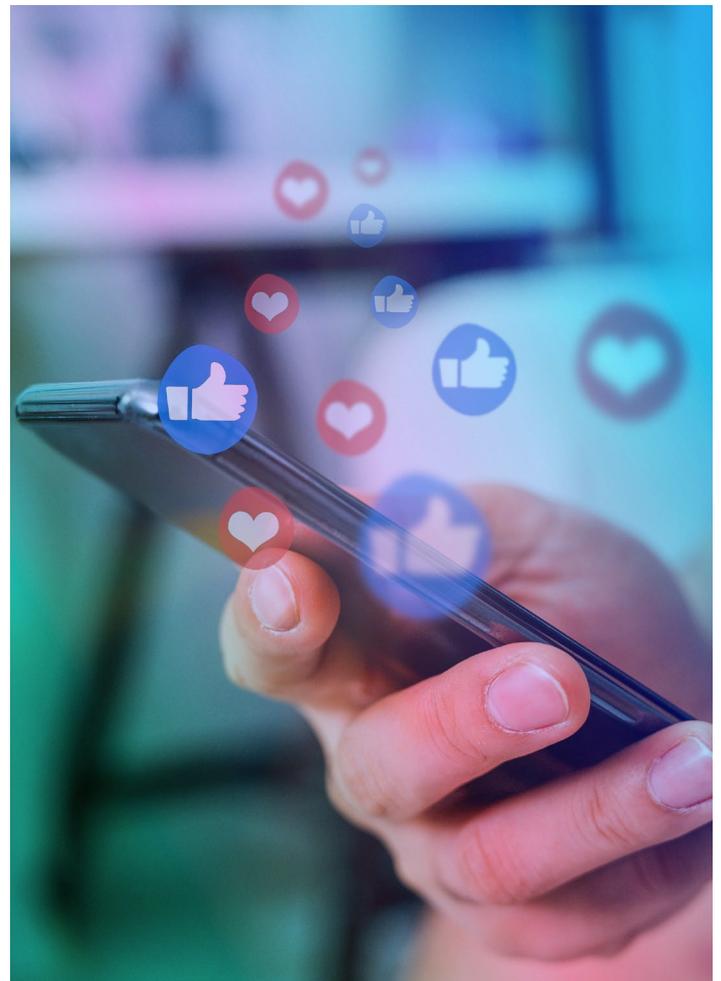
**Sign up to our latest updates.**

We want you to be reassured that we have a dedicated, highly skilled and experienced team responsible for ensuring our Local Outbreak Management Plan is implemented and embedded successfully.

Not only that, but we have partners who are experts in their own fields working with us side-by-side to help support the county to recover from this unprecedented time.

We too are reassured that you have been playing your vital part and following the Government guidance.

If Wiltshire continues to work together we can control the spread of the virus and make sure we can move forwards from the pandemic.





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