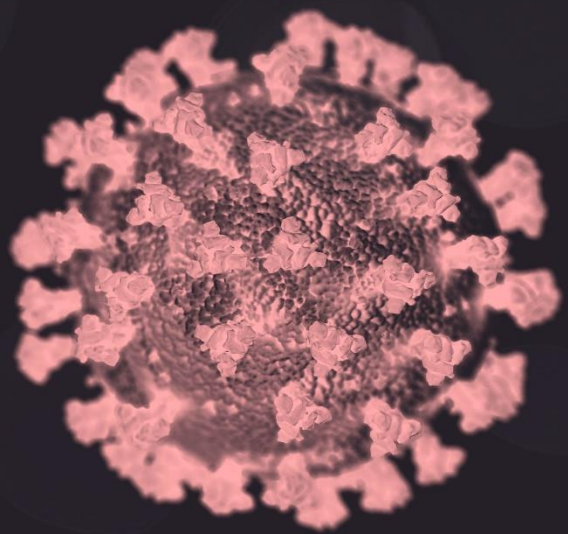
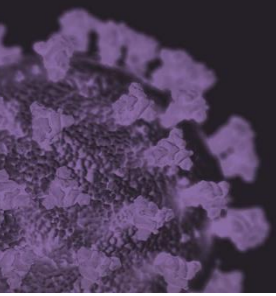
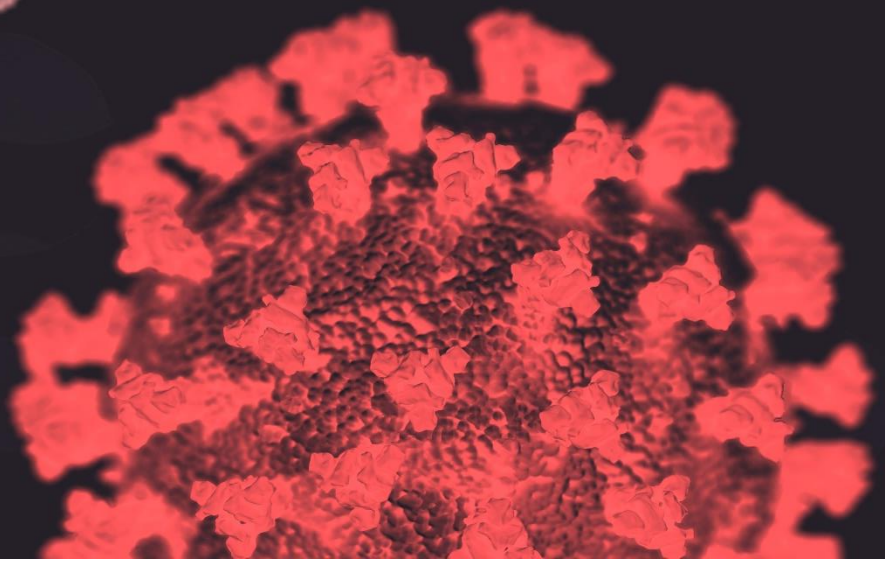
Sandwell
Metropolitan Borough Council

Sandwell COVID-19 Local Outbreak Plan







Foreword

The coronavirus pandemic is potentially the biggest test this country has faced since the Second World War. Its scale and severity has challenged every aspect of how we live our lives, exacerbated existing inequalities and created unprecedented new demands on services.

This Local Outbreak Plan outlines a locally-led system for Sandwell that seeks to protect and promote health and wellbeing in the face of the pandemic.

Our key goals are to: (1) reduce the number of new community cases of COVID-19; (2) minimise outbreaks and manage them effectively when they occur and (3) reduce the impact of the pandemic on the most vulnerable groups in our community.

To meet these goals, we have in place a plan that is evidence based, joined up between agencies and agile enough to meet changing demands

It is also sustainable. There is no timescale for this pandemic, so we need to ensure our approach is built to last.

A lot has already been achieved in a very short time. This includes a comprehensive, seven-day outbreak response service as well as new arrangements for testing and the support of vulnerable people. We have strengthened existing relationships across the Borough with care homes, schools, NHS partners and local businesses to agree new ways of working and a well joined up, system-wide approach.

This is our greatest ever test, but we are confident that we will overcome the challenges ahead and emerge as a more cohesive and stronger Sandwell.

Cllr Yvonne Davies
Leader of Sandwell Council

Dr Lisa McNally
Director of Public Health

Contents

Introduction: A system-wide approach

About the Outbreak Plan

The COVID-19 pandemic presents immense challenges that demand an effective system-wide response. The purpose of this Local Outbreak Plan is to set out in detail how we are responding to the pandemic in Sandwell. It is structured around seven main themes (see below) which cover the key elements of our COVID-19 work.

1. **Care homes and schools**
   Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
2. **High risk places, locations and communities**
   Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
3. **Local testing capacity**
   Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
4. **Contact tracing in complex settings**
   Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
5. **Data integration**
   Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
6. **Vulnerable people**
   Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
7. **Local Boards**
   Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

Our Sandwell COVID-19 Local Outbreak Plan builds on a number of existing plans including: The SMBC Major Incident Plan; Birmingham, Solihull and Black Country LHRP Emerging and Re-emerging Diseases Response Plan 2020; West Midlands Joint Outbreak Control Plan; PHE West Midlands Incident Response Plan and the NHS England Midlands Region Incident Response Plan

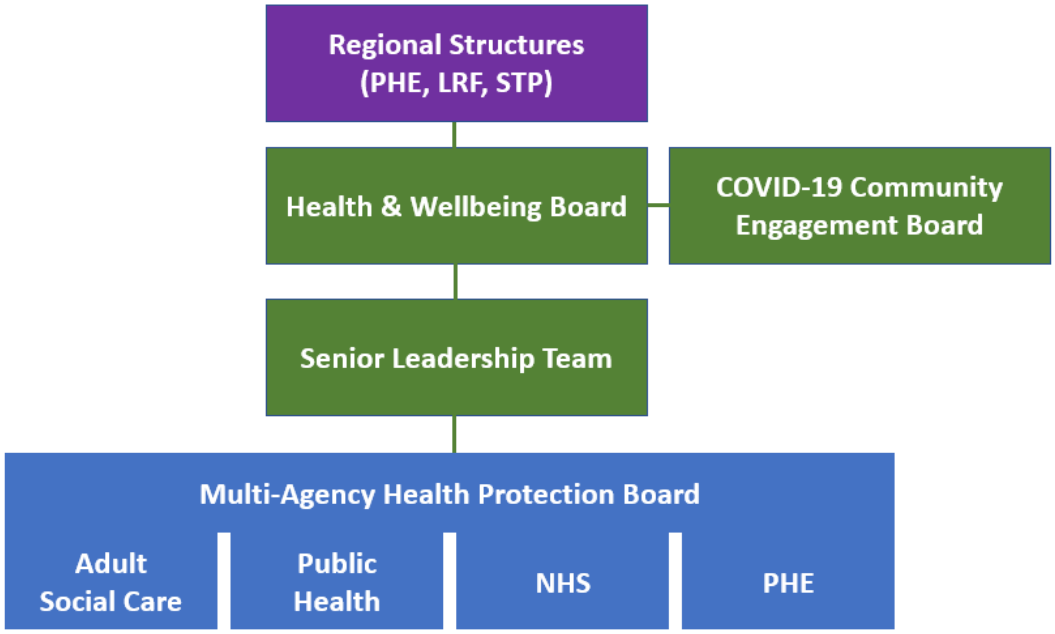
Local Health Protection Arrangements

The Sandwell Health Protection Board is responsible for the day to day COVID-19 response. It is chaired by the Director of Public Health. Its membership includes local Public Health Consultants as well as representatives from Adult Social Care, Public Health England and local NHS Partners.

Since the start of the COVID-19 pandemic this Board reports, on a daily basis, into the Senior Leadership Team. This is chaired by the Council Chief Executive and includes Directors for Adult Social Care, Children's Social Care, Education and Communities. It also includes the Sandwell Police Chief Superintendent and the Clinical Commissioning Group Managing Director.

This Senior Leadership team is, in turn, is accountable to the Sandwell Health & Wellbeing Board (HWBB) as well as a newly formed subgroup of the HWWB called the COVID-19 Community Engagement Board. The latter is chaired by the HWWB Chair (and Leader of the Council) and includes other Cabinet Members, all local NHS partners, Healthwatch and the Voluntary Sector.

The purpose of the COVID-19 Community Engagement Board is to monitor the progress of the pandemic as well as any changes in national guidance or policy. Using this information, it advises on how new COVID-19 guidance should be communicated to local communities in a way that maximises understanding and engagement. More detail on the COVID-19 Community Engagement Board and our approach to community engagement in general is in Section Seven of this plan.



Health Protection Arrangements Beyond Sandwell

The Strategic Co-ordinating Group (SCG) of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act.

Our Local Resilience Forum (LRF) covers Birmingham, Solihull and the Black Country. The LRF is chaired by Assistant Chief Constable of West Midlands Police and brings together strategic representatives from responding agencies to ensure appropriate level of preparedness to enable an effective multi-agency response to emergency incidents. It will:

- Use common assumptions across the local resilience tier to facilitate an integrated approach to preparation;
- Work with responding agencies to develop plans for maintaining services and business continuity during the pandemic and to respond to the wider challenges that will result;
- Support NHS regarding delivery of treatment as appropriate;
- Support Local Authority with arrangements for the management of excess deaths

On a daily basis, the local Sandwell COVID-19 response works in collaboration with Public Health England (PHE), and in particular, with the West Midlands PHE Health Protection Team. Sandwell Public Health holds weekly review meetings with PHE as well as Incident Management Team meetings when outbreaks require a multiagency response.

Working Together

Clear roles and responsibilities are well defined across local and regional systems. In summary, if a complex outbreak occurs a multi-agency risk assessment will be carried out within an Incident Management Team meeting attended by West Midlands PHE, Sandwell Public Health, NHS Colleagues and representatives of the setting in which the outbreak has occurred. The latter could be care home managers, school staff or representatives of a workplace or community setting. Data from national and regional sources will be integrated with local intelligence to guide action.

If necessary, swabbing will be carried out by Sandwell & West Birmingham NHS Hospital Trust on the basis of a commissioned service arrangement funded by Sandwell Public Health. PHE laboratory services produce testing results and then follow up infection control work is led by Sandwell Public Health in collaboration with adult social care, education or environmental health as necessary.

To date, the relations between local and regional elements of the health protection system have worked well. In particular, the outbreak response work in Sandwell's care homes has been associated with a significantly lower death rate than the regional and national averages, despite a higher level of infection in the wider population.

Case studies have been included in the Outbreak Plan to illustrate the local outbreak response system in action.

National Systems and Processes

The local outbreak response in Sandwell must be reactive to changes in national systems and processes. The last few months have proved a turbulent time as national policy on social distancing measures, testing, PPE supply, data management and contact tracing have developed – often without warning. This presents a challenge for local systems.

In Sandwell we are plugged into a number of national networks which allows us to remain on the front foot in relation to the developing national system.

In particular, the Director of Public Health for Sandwell is the representative for the West Midlands at regular meetings with the Chief Medical Officer and the Public Health England National Directors. This allows direct insight into policy development at a national level and early notification of new developments.

Legal and Policy Context

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

- Public Health England under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- NHS Clinical Commissioning Groups2 to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- Other responders' specific responsibilities as part of the Civil Contingencies Act 2004 and in the context of COVID-19 there is also the Coronavirus Act 2020.

The Role of Elected Members

Local Councillors are central to the pandemic response in Sandwell. As elected representatives they ensure policies and procedures are fit for purpose, properly scrutinised and well communicated.

Elected Member leadership of the pandemic response is through our Health & Wellbeing Board and the linked COVID-19 Engagement Board, as well as through the Emergency Committee and Cabinet. The full Council and Scrutiny Committees also play important roles in the overall assurance process.

Outside of formal meetings, our elected Members also bring their experience and local knowledge to the our COVID-19 response, ensuring ideas and feedback from all residents are heard and acted upon. This is especially true in relation to those hit hardest by the pandemic such as those from Black and Asian Minority Ethnic (BAME) Groups.

The COVID-19 Pandemic in Sandwell

Timeline of Cases and Deaths

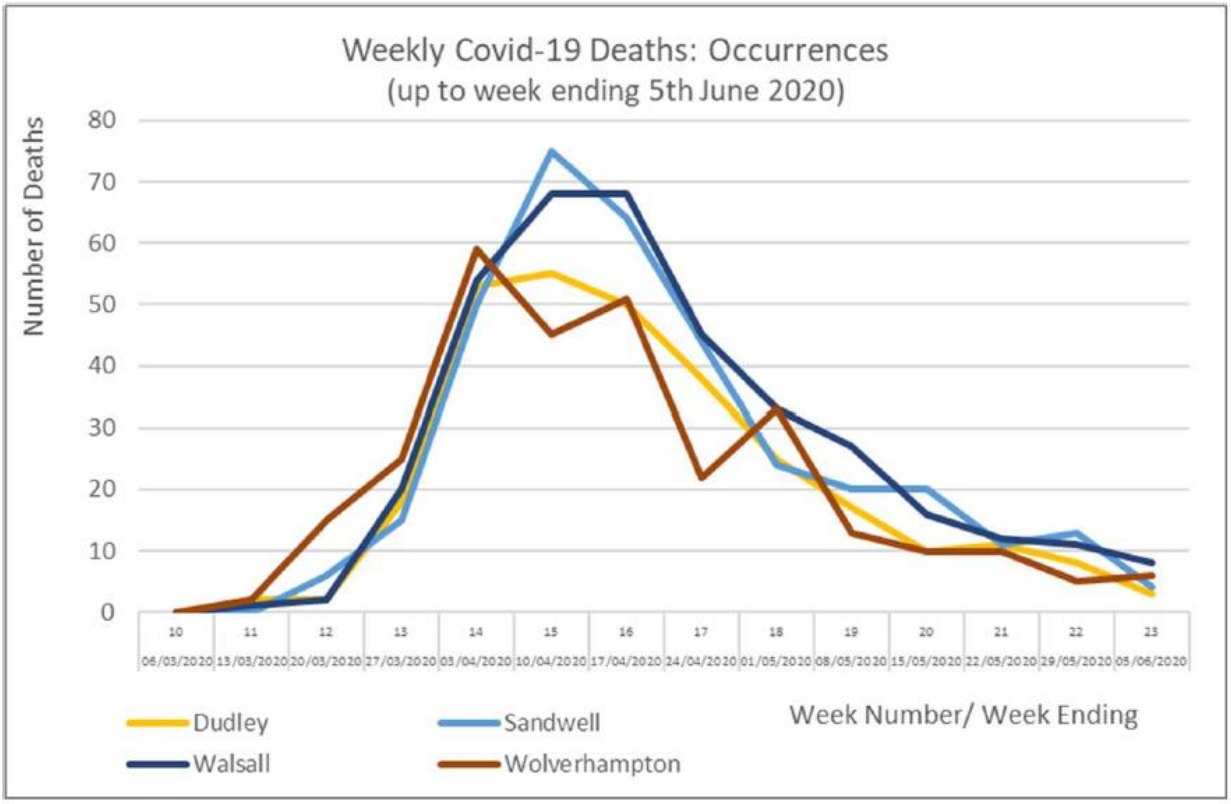
The first two cases of COVID-19 in the UK were identified on 31st of January 2020, and the first death was on 5th of March. By the end of June, over 300,000 people has tested positive and over 43,000 people had died.

This leaves the UK with one of the highest per capita mortality rate in the world. However, even these figures are likely to underestimate cases and deaths, and based on average deaths since 2015, 58,288 excess deaths appear to have occurred compared to previous years.

The West Midlands has been harder hit than all regions except for London, with the brunt of this borne in the Black Country. Our region has experienced 32% more deaths than expected so far this year with those excess deaths are concentrated in April and May.

The first two cases of COVID-19 in Sandwell were identified on the 11th March. The first deaths associated with COVID-19 occurred in the week of 16th March.

By June, more than 350 people had died as a direct result of COVID-19 in our borough, which represents a significantly higher death rate than the national average, although comparable to the rest of the Black Country.



Vulnerability Factors: Deprivation, Ethnicity & Multi-Generational Living

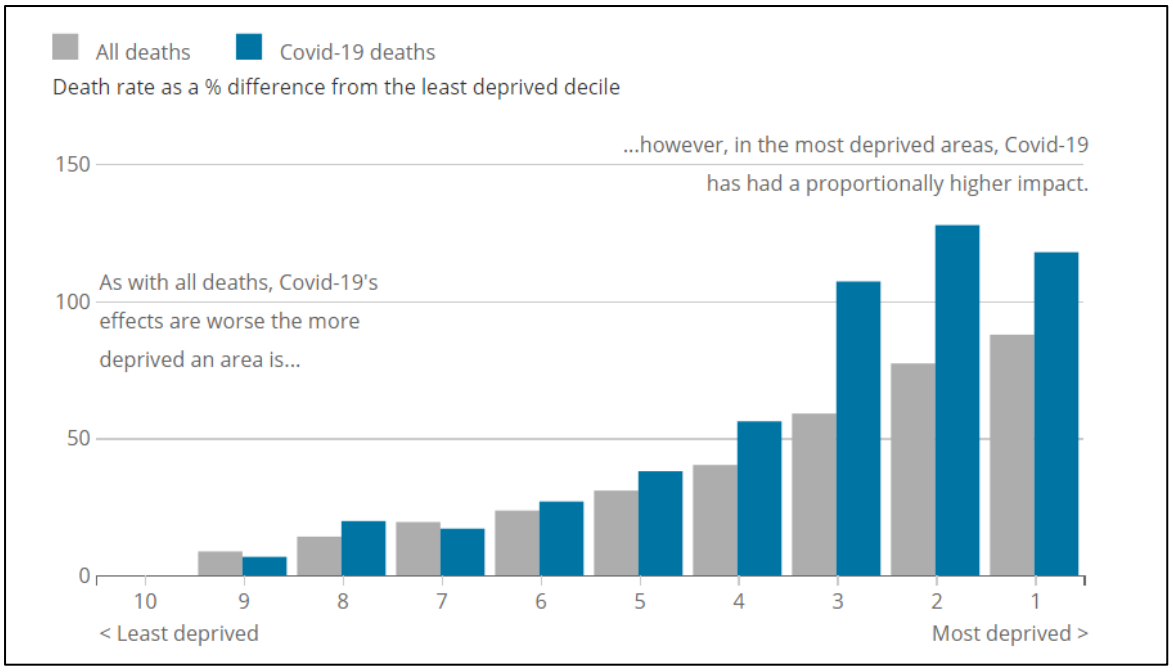
There are likely to be several reasons why Sandwell and the rest of the Black Country have experienced such a pronounced impact from the COVID-19 pandemic.

Most notably, Sandwell is characterised by **high levels of economic deprivation**. It is the ranked as the 12th most deprived Local Authority in England and the 1st most deprived within the Black Country. 20.1 % of Sandwell's population live within the 10% most deprived lower super output areas nationally.

Sandwell Rankings on Indices of Multiple Deprivation (2015)

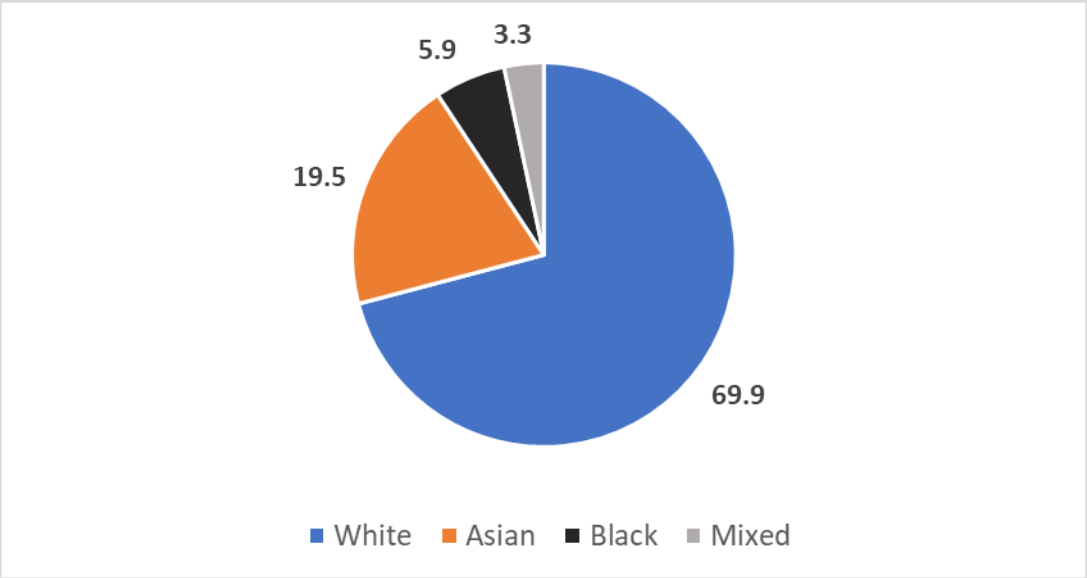
Economic deprivation is a key driver of coronavirus impact. ONS data shows that in the most deprived area (decile one), the age-standardised mortality rate for all deaths was 88% higher than that of the least deprived, at 229.2 deaths per 100,000 population. The graph below shows how much higher each decile is compared with the least deprived decile for all deaths and deaths involving COVID-19.

Relative COVID-19 death rates by deprivation decile



Sandwell is also an **ethnically diverse community**, with 38.4% of residents from BAME backgrounds, compared with a UK average of 14.0%.

Sandwell Population Ethnicity (%)



Based on recent analyses of factors associated with higher risk of death from Covid-19, people from BAME backgrounds are at up to four times higher risk than people of white ethnicity.

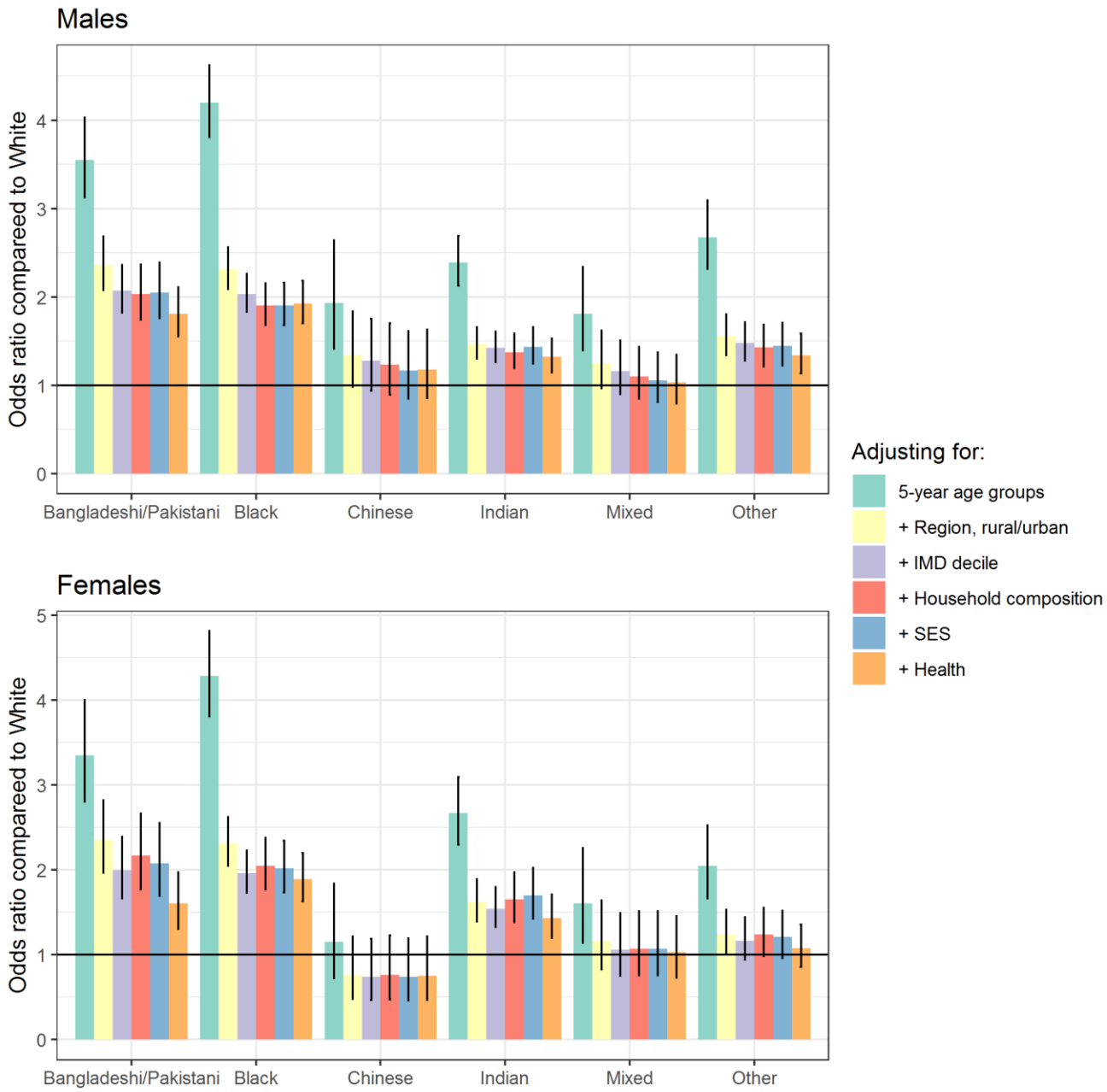
To a large extent, the higher risk of death from COVID-19 among BAME groups is driven by the inequalities experienced by these groups in daily life. For example, when analyses are conducted that account for various socioeconomic factors a significant proportion of the excess risk is eliminated. However, some excess risk remains.

The graphs below from the Office of National Statistics (2020) show age-adjusted COVID-19 mortality for Bangladeshi/Pakistani and Black groups is 3 to 4 times higher than that of white groups.

They also show that, when indices of multiple deprivation (IMD) and other socioeconomic factors are controlled for in the analysis, this excess risk is halved, but remains around twice as high as for white groups.

The higher vulnerability to COVID-19 death among socioeconomically deprived and BAME groups mean that Sandwell is an area that is particularly vulnerable to the impact of the pandemic. It also shines a stark light on existing inequality within society and how a failure to address those inequalities will have even bigger consequences than ever before.

Relative COVID-19 death rates by ethnicity: Age and socioeconomic adjustments

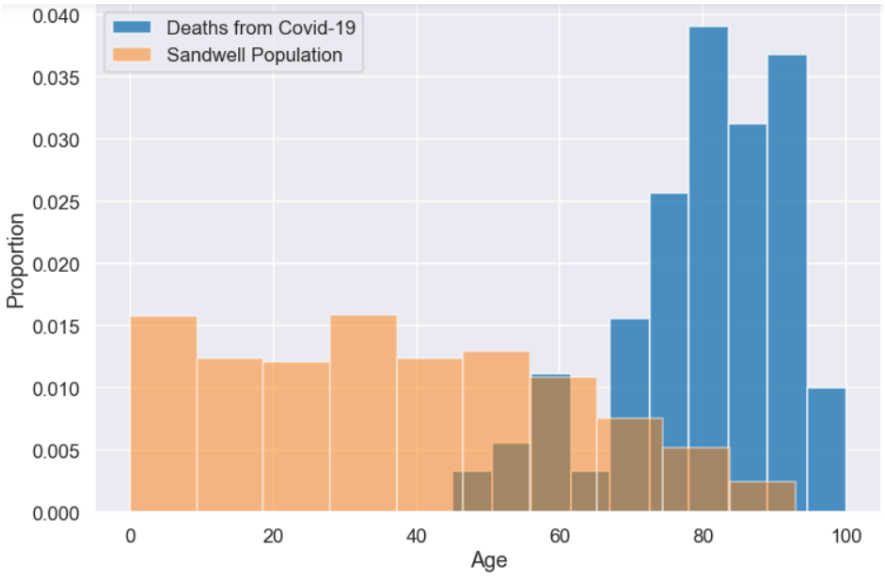


Finally, another factor in the vulnerability is the **multi-generational living**. Notably, in Sandwell the number of people over 70 living with a person aged 16-65 is estimated between 7,644 and 12,298, (Source: ONS / Annual Population Survey 2018).

This is the joint tenth highest rate of intergenerational living in England, and the highest proportion (0.3% of all residents) of any local authority outside London.

Multigeneration living presents a risk in relation to COVID-19 due to the vulnerability of the older members of the household. Age is by far the most important individual factor determining risk of COVID-19 death with the majority of deaths to date being in those over 60. The graph below shows how disproportionate deaths have been in Sandwell at the higher end of the age range.

Sandwell COVID-10 deaths against the local population age structure



In conclusion, Sandwell (along with the rest of the Black Country) should be considered as inherently vulnerable to COVID-19.

A combination of high deprivation, an ethnically diverse population and a high level of multi-general households mean that only the most robust and comprehensive outbreaks will offer the level of protection the local population need.

Despite these vulnerabilities, Sandwell also has strengths on which a sustainable response to COVID-19 can be built.

Most notably, our area is well known for the size and diversity of its community and voluntary sector. The contribution of this sector in the COVID-19 response has already been notable and is outlined later in this plan. This important asset is something we will build upon as we learn to live with COVID-19 and the challenges it brings.

Theme 1: Care Homes & Schools

Introduction

Outbreak management is based on effective multiagency working at both a strategic and operational level. Partnerships between adult social care, environmental health, education, public health, NHS teams and Public Health England has been established in which roles and responsibilities are clear.

About the COVID-19 Health Protection Cell

Work to combat COVID-19 outbreaks is led by the COVID-19 Health Protection Cell, within the Council's Public Health Team. This cell offers a seven-day health protection response and advice service to all agencies and organisations in Sandwell.

The Director of Public Health has oversight of the work, with senior professionals assigned to lead specific areas of work:

- Care Homes & Healthcare: Valerie Unsworth, Nurse Consultant
- Schools & Colleges: Tanith Palmer, Consultant in Public Health
- Workplaces & Community: Paul Fisher, Consultant in Public Health
- Contract Tracing: Ainee Khan, Consultant in Public Health
- Community Swabbing: Tanith Palmer, Consultant in Public Health

Out of hours, the Health Protection Cell operates an on-call rota with at least one senior staff member on call at weekends and on bank holidays.

Support to the core COVID-19 Health Protection Cell is provided by two infection control nurses, a team of data analysts, environmental health officers, communications officers and administrators.

The capacity of the Health Protection Cell is currently being expanded to include two new Health Protection Practitioners. In addition, other Public Health staff are being trained up in basic health protection skills such as contact tracing.

Prevention and Risk Assessment

The COVID-19 response in Sandwell starts with prevention. Proactive population wide communications aimed at promoting adherence to social distancing, testing and self-isolation have been supplemented with targeted work with specific settings.

In particular, the COVID-19 Health Protection Cell offer a risk assessment service to care homes, school and workplaces. This covers tailored advice on infection prevention and control as well as risk assessments in relation to individual members of staff who may be vulnerable (e.g.: older members of staff or those with clinical vulnerabilities).

Feedback from schools on the risk assessment service has been particularly positive with headteachers appreciating the individualised approach at a time when they have been inundated with large amounts of written national guidance (and frequent changes in guidance).

Outbreak Response

When outbreaks occur, live data analytics and a seven-day response service enable rapid escalation, the formation of a multiagency Incident Management Teams, and the implementation of public health actions aimed at bringing the outbreak under control.

Our response operates according to a Standard Operating Procedure (SOP) designed and delivered in collaboration with Public Health England. The full SOP can be seen in Appendix A.

The daily/weekly 'battle rhythm' for Health Protection Cell outbreak response is:

- Daily: 08.30 production of situation reports for Senior Leadership Team
- Daily: 09.30–10.00 distribution of work to teams
- Daily: 15.30–16.00 review of COVID-19 situation
- Daily: 18.00 distribution of three summaries of outbreaks, by setting, to key stakeholders

- Monday: 11.00-12.30 weekly outbreak review by setting (approx. 30 minutes for each)
- Tuesday: 14.00-15.00 weekly outbreak meeting with PHE to review cases
- Friday: 13.00-13.30 outbreak review in preparation for weekend rota

Key success factor include good data integration across a range of sources, the utilisation of specialist knowledge (infection control nurses experienced in care home settings, educational specialists and EHOs for workplace settings), work to improve the safety of discharge from hospital and the seven day response which has meant incidents occurring at weekends have been addressed quickly and prevented from escalating out of control.

Outbreaks in Care Homes

There has been a lot of media attention across the course of the pandemic to the impact of coronavirus in UK care homes. The fact that these settings contain large numbers of very vulnerable people in close proximity to each other make them very susceptible. To date, care homes have been the primary focus on Sandwell's COVID-19 outbreak response.

As at the 20th June, there had been 39 outbreaks identified in Sandwell care homes, with similar numbers across the other of the Black Country areas.

Once an outbreak has been identified care homes are RAG rated and contact on a daily (RED), twice weekly (AMBER) or weekly (GREEN) frequency. The cell meets daily to discuss issues and there is a weekly meeting with PHE to discuss outbreaks.

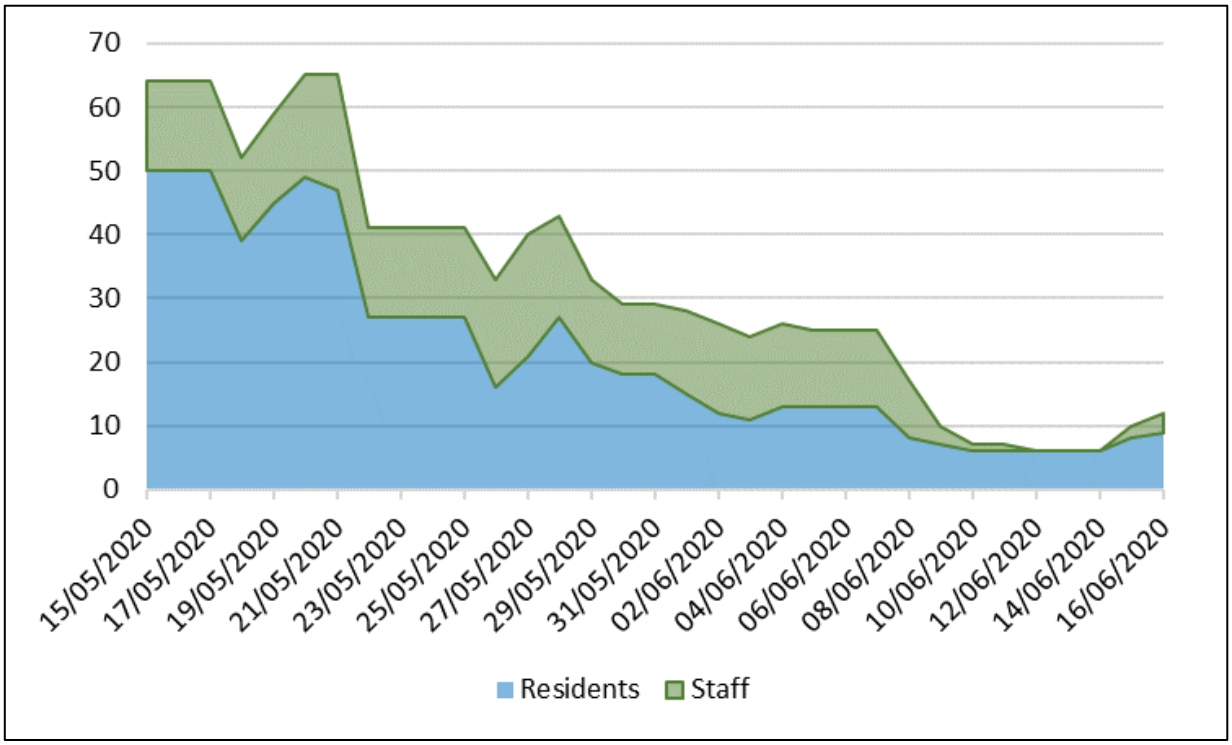
If there is a particularly serious issue an Incident Management Team (IMT) meeting is called with the cell, PHE, CCG and staff from the care home attending. More details can be seen in Appendix B: Care home SOP.

A proforma is updated each time a call is made (see Appendix C) and these automatically update a mastersheet that is then shared daily with stakeholders. Aside from managing these outbreaks, Sandwell Public Health has monitored 10 residential homes at risk of outbreaks and dealt with routine enquiries from 30 homes outside of outbreak situations.

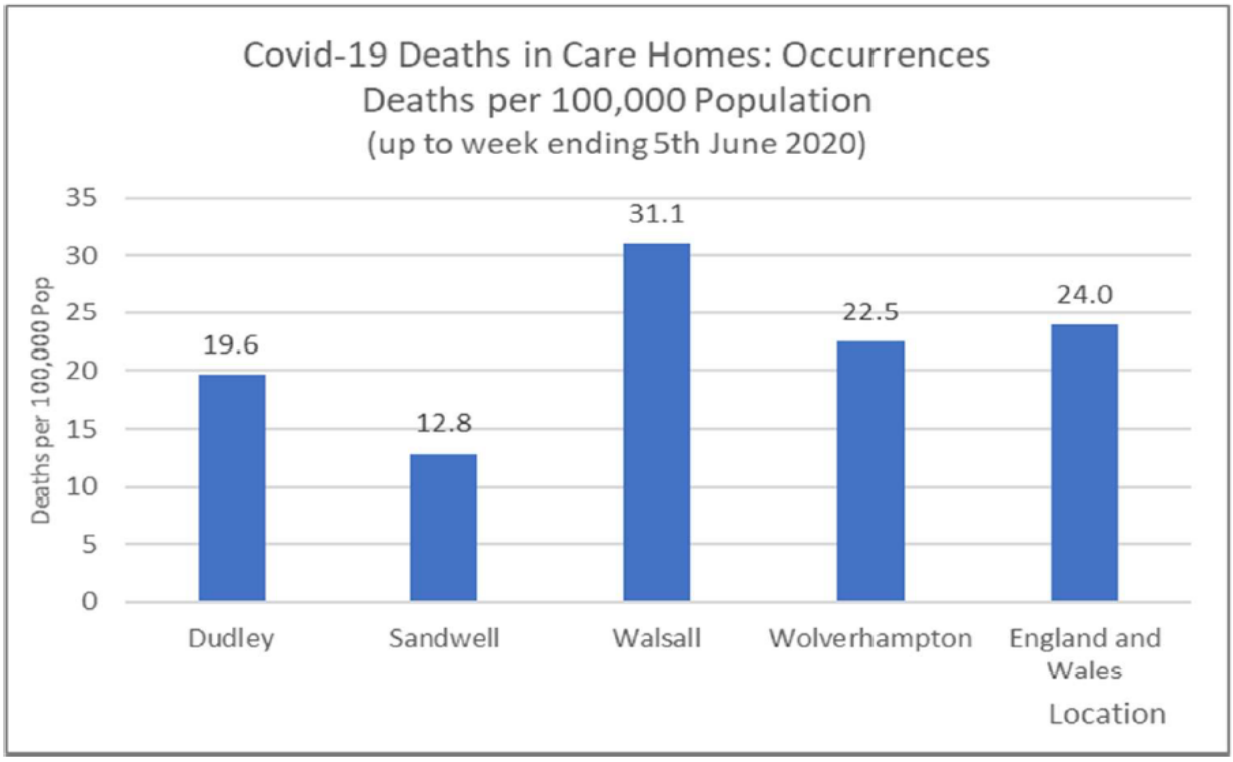
The Sandwell & West Birmingham CCG has also completed a proactive swabbing program of residential care settings, swabbing 1622 residents. Of these, 143 cases tested positive.

The graph below displays the trend in known covid-19 cases among care home residents and staff since 15th May, showing a consistent decline. As of 16th June, there were 9 care home residents in Sandwell with suspected or confirmed Covid-19 and 3 members of staff.

Confirmed cases of COVID 19 in Sandwell care homes - staff and residents



Data from the Office for National Statistics shows that up to June 2020, more than 1 in 10 COVID-19 deaths in Sandwell happened in care homes. However, the data also shows that the COVID-19 death rate per 100,000 population in Sandwell's care homes is significantly lower than comparable rates in our region or nationally.



CASE STUDY: Large Outbreak in a Care Home

In May 2020, the proactive swabbing initiative across care homes identified a large number of positive cases in a Care Home with 25 older aged residents. While the swabbing data indicated that most of the residents in this care setting had tested positive, the majority of these were not showing symptoms.

At our daily COVID-19 Health Protection Cell meeting; we identified this care setting as part of a larger complex of care homes spanning several different buildings. This prompted further data gathering, including more details of the buildings and additional residents and staff.

After an initial risk assessment with PHE a joint plan was agreed for the whole care settings complex with a range of options to help to protect and support the residents and staff.

Infection control measures were implemented and monitored with ongoing advice and support. The outbreak was managed successfully and ended without further spread of infection.

Outbreaks in Schools

The outbreak response in schools has been co-designed with input from educational specialists. The SOP for the school outbreak response is provided in Appendix D.

To date, the work of the Sandwell COVID-19 Health Protection Cell has been largely preventative. Individual risk assessments have been carried out in collaboration with headteachers and other senior schools staff.

These have addressed key infection and prevention control measures including the use of 'bubbles' to minimise the number of contacts each child or staff member has during the school day. Significant work has also gone into risk assessment for individual staff members who may be particularly vulnerable to severe COVID-19 illness.

Schools have access to a dedicated email address to which they can post their questions or raise concerns. This email address is monitored seven days a week.

CASE STUDY: Outbreak in a Primary School

In June 2020, Sandwell Local Authority Public Health team were notified of a cluster of 3 confirmed cases of COVID-19 in a local primary school.

A multi-stakeholder Incident Management Team (IMT) meeting was held with Public Health England, Sandwell and West Birmingham Hospital Trust and the regional microbiology lead.

The IMT identified seven pupils who were contacts of the original cases. The number of the contacts had been minimised by the fact that integrity of the 'bubble' of 10 children had been maintained.

Swabbing was arranged which the Health Protection Cell coordinated with the Community Swabbing team and microbiology services. Within 24 hour all of the swabs had been completed and no further cases were confirmed, allowing reassurance to be provided to the staff and parents.

This example highlights how a rapid response is key to outbreak control, the importance of an effective bubble and the need for a multi-agency approach, in this case prevented a potentially much larger outbreak.

With the consent of the school, this early example of COVID-19 in a school is being used to educate other schools in the value of effective infection control measures and, in particular, how strictly maintaining 'bubbles' can minimise the impact and disruption caused by a positive case.

Theme 2: Managing High Risk Places

Prevention in High Risk Places

As with care homes and schools, our approach to high risk places and community settings starts with prevention. Our COVID-19 Health Protection Cell offers site and venue managers a risk assessment which ensures appropriate infection and prevention control measures are in place prior to them reopening or expanding their intake.

The COVID-19 Health Protection Cell works in partnership with Sandwell Council Environmental Health Team and Health & Safety Teams to provide information and guidance on COVID-19 infection and prevention control.

The focus has been on ensuring high risk setting are signposted to the necessary Government and Health and Safety Executive (HSE) advice, providing assistance to ensure they operate safely via the Sandwell MBC website and Think Sandwell website.

Some of the larger risk assessments conducted to date have included work with West Bromwich Albion FC in preparation for their first league game, Sandwell Valley Farm and an indoor market.

CASE STUDY: Risk Assessment for an Indoor Market

The reopening of a large, local indoor market was identified as being of high risk. It is located in an area of Sandwell with high socioeconomic deprivation and a large BAME community. When open, it attracts very high numbers of customers who move among dozens of independent traders working from market stalls. Social distancing presents a key challenge and an outbreak would likely result in large numbers of contacts that would be difficult to trace.

The management team of the indoor market completed a multi-stage risk assessment with the COVID-19 Health Protection Cell and the Sandwell Council Health & Safety Team. This was used to identify a large number of key control measures.

For example, a floor plan was used to design a one-way system around the market to minimise contact, as well as assess key pinch points that may challenge social distancing. Plans were generated for the daily promotion of public health messages at the market and easy access to hand sanitisers. Detailed guidance was given on the spacing, cleaning and disinfection of stalls.

Procedures were also drawn up for dealing with customers or traders who became symptomatic while inside the market, as well as the use of PPE for first aiders.

Finally, unannounced spot checks of infection and prevention control measures were agreed.

Some criteria for identifying high risk settings for preventative work include:

- Large numbers of people in one place
- Large audiences or crowds with no wide subsequent dispersal
- High proportions of older or clinically vulnerable people
- High proportions of people without fixed abode or new arrivals into the UK
- High proportions of non-English speaking people
- Limited overall ownership or management
- Previous history of infectious disease outbreaks

In many high-risk settings there are challenges in relation to communication. For example, many settings in Sandwell will require we communicate with people who have little or no English. There are over 150 languages spoken in Sandwell and this therefore is a key consideration in our area.

Towards this aim, we have already obtained a number of information resources in several languages. In addition, established links with Sandwell Language Network have been utilised to ensure language barriers can be overcome.

Responding to Outbreaks in High Risk Settings

We have put in place a system for rapid escalation and multiagency working that can be activated if a high-risk setting experiences an outbreak. A Workplace SOP is provided in Appendix E.

An outbreak will either be notified to us by Public Health England or directly by the setting concerned. In other cases, potential outbreaks may become apparent in the daily analysis of local confirmed cases.

An incident management team (IMT) is formed including the Sandwell Health Protection Cell Consultants and DPH, Public Health England specialists and representatives from the setting. Other partners (e.g.: Environmental Health, Health & Safety Executive or Food Standards Agency) may also be invited as appropriate.

Data is gathered, analysed and a risk assessment made. From that point, future actions will be agreed, which may include further testing, implementation of enhanced infection control procedures and mass media communications if required.

Testing capacity is discussed in more detail in the next section. In the case of outbreaks in high risk settings, the primary mechanism for testing is the Community Swabbing Team commissioned by Sandwell Public Health from Sandwell & West Birmingham NHS Hospital Trust (SWBH). This service has already demonstrated its ability to deliver over 200 swabs a day when required (see SOP in Appendix F).

Test results are delivered from the PHE laboratory via a secure electronic system (eLabs) to the Sandwell Public Health team. They then contact any individuals testing positive to advise of the result and offer detailed advice on self-isolation. Results are also routed back through the national Test & Trace system so that contacts can be identified and advised.

Data sharing agreements are drawn up to also allow the sharing of test results with the employer if the outbreak is in a workplace. This ensures that, if an employee who has tested positive attempts to attend the workplace, we have a mechanism in place to prevent this happening.

Communications, including press releases, are agreed between all relevant partners and disseminated. Sandwell Council Press Office lead on the communications alongside PHE Communications. Close liaison is maintained with the managers of the setting experiencing the outbreak and advice given on responding to press enquiries. Local elected members are also briefed in case they also receive enquiries, as well as to assure them that the appropriate actions are in place.

A regular schedule of IMT meetings are maintained until all partners are satisfied that the outbreak has been resolved. Lessons learned from the outbreak are written up and agreed across all partners. These are discussed in the future Health Protection Cell meetings and used for educational purposes within the team.

CASE STUDY: Outbreak in a Large Factory

In June, the Health Protection Cell were notified of several cases of COVID-19 within a large factory. The factory had an extensive manual workforce on site with a large proportion of employees newly arrived in the UK and living in shared households.

An Incident Management Team was formed including the Director of Public Health, Public Health Consultants from Sandwell and PHE, the Health & Safety Executive and senior representatives of the factory experiencing the outbreak.

Checks on infection control procedures were carried out with full cooperation from the factory senior management. The factory also assisted in the rapid, proactive testing of several hundred staff across the site.

Laboratory samples were processed quickly and positive cases contacted. In many cases, this required the assistance of non-English speakers within the Public Health team.

Those testing positive were asked to isolate at home and their details passed to the employer (with their consent) so that exclusion from the workplace could be reinforced if required.

A key factor in the successful management of this outbreak was the positive approach taken by the company management as full members of the IMT. This not only enabled a quick review of control measures but was fundamental to our ability to conduct rapid testing across a large workforce.

Theme 3: Local Testing Capacity

Routes to Testing

Easy access to antigen testing is a key element of our local outbreak plan. This is particularly true since lockdown measures have been eased and we have become more reliant on testing and self-isolation to break the chain of virus transmission.

Anyone experiencing relevant symptoms over the age of 5 can access a test via the national system. This requires people to book a test at www.nhs.uk/coronavirus or call 119. Testing can then be done via a drive-through or walk-through testing centre or by ordering a home test kit. In order to reduce the risk of false negative results (ie: a negative result when the person is actually positive), tests should be carried out in the first 5 days after the onset of symptoms.

Regional Test Sites

The table shows the regional testing sites closest to Sandwell (as at June 2020). The main site for Sandwell residents is currently located at the Midland Metropolitan Hospital site in Smethwick with a capacity for nearly 600 tests per day. In addition to the regional testing centres below, mobile testing units are also available, with one currently located in Wolverhampton.

Site Postcode	City / Town	Capacity (tests per day)	Average daily tests done (% of capacity)
B12 9QH	**Birmingham - Edgbaston**	**1,200**	**688 (57%)**
WR3 8ZF	**Worcester**	**600**	**445 (74%)**
B66 2AP	**Birmingham - Smethwick**	**586**	**465 (79%)**
CV6 6GE	**Coventry**	**1,200**	**583 (49%)**

Care Home Testing and Portal

A programme of proactive antigen testing within all older adult care homes has recently been completed within Sandwell in collaboration with the CCG. To date, the figures show that a total of 1622 residents were swabbed with 143 testing positive. The proportion of residents testing positive declined over time. This proactive testing programme proved invaluable at the height of the pandemic for catching outbreak early, especially given that a lot of transmission was found to be driven by asymptomatic residents. The options for another proactive testing programme are being explored as part of our preparation for a second wave of community transmission.

Testing is also available to care home via a new online portal which aims to make it easier for care homes to arrange deliveries of coronavirus test kits. All symptomatic and asymptomatic care home staff and residents are now eligible for testing.

Community Swabbing Team

As part of the scaled-up outbreak response Sandwell Public Health Team have recently commissioned a new community swabbing service from Sandwell & West Birmingham NHS Hospital Trust (SWBH). This service will work alongside the seven-day COVID-19 Health Protection Cell and offer intensive swabbing within outbreak situations. It builds on existing contractual arrangements between Public Health and SWBH including the School Nursing Service.

Early experience of this service in operation has showed that it works well, with swabbing being completed successfully and rapidly in both school and community outbreak scenarios. A swabbing capacity of well over 100 swabs a day has already been demonstrated.

Mobile Testing Units

In situations where there is local outbreak and there is need to test a large group e.g. an education setting; our Director of Public Health working with military teams and other partners can assess and deploy the use of mobile testing units (MTUs) to fulfil the need of rapid and volume testing for an outbreak in the Sandwell area.

These mobile testing units can be set up at short notice and facilitate self-swabbing. As such they will be useful additions in a reactive rapid response; and can work in conjunction with our local testing delivery to allow real time responsiveness to community outbreaks.

Antibody Testing

Antibody testing was initially carried out with NHS staff in Sandwell, with availability to social care staff commencing in June 2020.

An antibody test can tell someone whether they have had the virus that causes COVID-19 in the past. This is different to the antigen testing (swab test) that has been done so far which established whether someone currently has the virus.

A positive antibody tests means that someone has developed antibodies to the virus. This is useful information for organisations as it shows how far the virus has spread so far.

However, COVID-19 is a new disease, and our understanding of the body's immune response to it is limited. We do not know, for example, how long an antibody response lasts, nor whether having antibodies means someone can't transmit the virus to others. Therefore, those receiving either a positive or negative antibody test result should continue to comply with social distancing measures and guidelines. All infection prevention and control measures must continue to be in place irrespective of the presence of antibodies (see Appendix G for SMBC's Antibody Testing FAQ).

Theme 4: Contact Tracing in Complex Settings

The Purpose of Contact Tracing

The NHS 'Test and Trace' service ensures that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus.

Once a positive case is confirmed, close recent contacts of anyone are traced and notified that they must self-isolate at home to help stop the spread of the virus

In the absence of mass lockdown restrictions, contact tracing is the primary means by which can break the chain of virus transmission and control the rate of reproduction.

Test and Trace 'Tiers'

The national Test and Trace system is arranged according to three 'tiers' of work, each dealing with cases and incidents of different complexity. These operate in addition to a web-based tool for reporting contacts.

Tier 3 (Call Handlers): This most basic level of test and trace is aimed at tracing contacts not eligible for automated contact tracing using the web tool (e.g. children; contacts without an email or mobile phone number) or people who have not responded to the web tool – Contact Tracing and Advisory Service (CTAS) invitations. Low risk contacts are handled at this tier.

Tier 2 (NHS Professionals Team Leaders and Clinical Contact Caseworkers): This tier undertakes calling of cases and contacts not eligible for automated contact tracing using NHS Test and Trace system (e.g. children; cases without an email or mobile number) or cases and contacts who have not responded to CTAS invitations. Follow-up and management of cases. Contacts, and deal with situations without complexity

Tier 1 (PHE and Local Authorities): Complex situations or clusters or any situations which have been identified of concern through the national system will be taken by this level. PHE in partnership with SMBC and other relevant stakeholders will initially undertake the risk assessment and manage complex situations and potential high-risk situations.

Some of the reasons why Tiers 2 and 3 will escalate situations which are complex to Tier 1 are covered in the diagram below.

There are clearly mutual dependencies across the three tiers. In particular, if Tiers 3 and 2 fail to effectively manage a sufficient proportion of the cases they receive, including contact tracing, then our work with PHE at Tier 1 will quickly become overwhelmed.

Reasons for Escalation of Test and Trace to Tier One (Local Authority & PHE)

Test and Trace in Complex Settings

Certain settings may require an enhanced approach managed at the Tier 1 level as outbreaks may result in a higher risk of transmission and/or

- A higher risk of serious morbidity/mortality and/or
- Loss of critical infrastructure and services

Examples include confirmed cases among homeless people, temporary asylum seekers, and religious and community gatherings.

As is the case throughout this Outbreak Plan, our approach is built on a foundation of effective prevention. For example, extensive work has already begun with homeless groups to accommodate people where possible and utilise that opportunity to offer services that may move people away from rough sleeping.

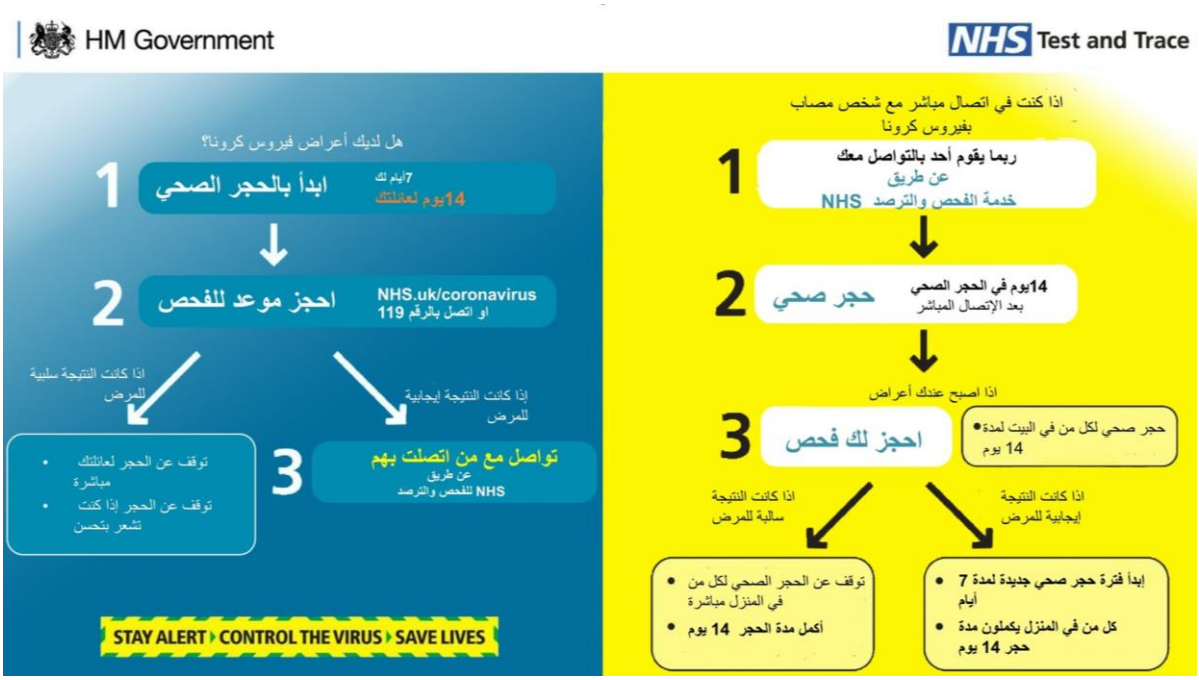
In addition, we are working with voluntary sector groups (eg: The 'Brushstrokes' Community Services) to ensure asylum seekers and other new arrivals into the UK are fully engaged in infection control and the test and trace system. Sandwell Council contract four hotels in Birmingham for temporary asylum seekers and have utilised these during the current pandemic: Princes Hotel, Bearwood Court Hotel,

Dormy Hotel, Royal House Hotel. There are also additional emergency rooms at the Hagley Hotel. Birmingham have covered all these five locations in their COVID-19 Outbreak Plan. SMBC also contract The Willows for the asylum cases awaiting section 4 appeal decisions.

Finally, regular meetings are taking place with representatives of Sandwell's faith communities to prepare for the opening up of communal worship in July 2020. This is placing a focus on the role and responsibilities of faith leaders to take full ownership over preventative measures and ensure that their setting is not responsible for an outbreak. Financial and practical assistance is being offered by the Sandwell Public Health Team in relation the design and creation of signage and other promotional resources.

As already mentioned in an earlier section, there are significant communication challenges in relation many settings in Sandwell. For example, many settings in Sandwell will require we communicate with people who have little or no English. There are over 150 languages spoken in Sandwell and this therefore is a key consideration in our area. Towards this aim, we have already produced a number of information resources in several languages (see below). In addition, established links with Sandwell Language Network have been utilised to ensure language barriers can be overcome in complex outbreak situations.

Test and Trace Guide in Arabic Produced by the Sandwell Public Health Team



Theme 5: Data Integration

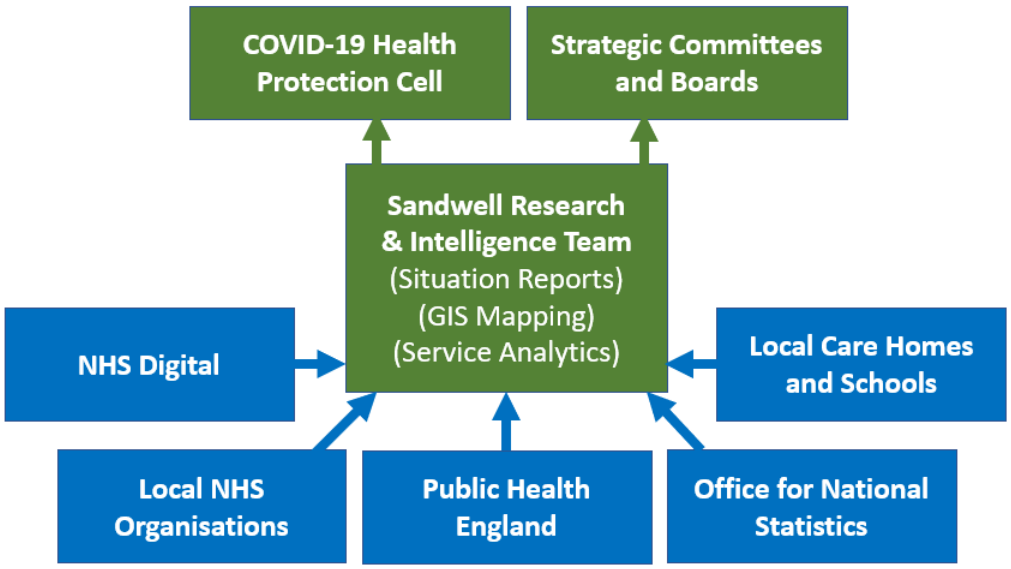
The Sandwell Research & Intelligence Team

The COVID-19 Health Protection Cell is supported by a team of six data specialists, each with dedicated roles aligned to key elements of the pandemic and coordinated by a programme manager.

Expertise in the team covers database management, inferential statistical analysis and the use of Geographic Information System (GIS) software which allows us to manage, display and analyse all types of geographic and spatial data related to the pandemic.

This team have links into data analyst teams across the local and regional system, including those within the CCG and Public Health England (see diagram below).

Data linkages in and out of the Sandwell Research and Intelligence Team



Working Backwards from the Question

Data collation and sharing has been a major topic of interest and debate since the very start of the pandemic. Sometimes in this debate, the focus has been too much on access and not enough on purpose. That is, what do we need data for and why?

The approach to data integration starts with that question. By ensuring we work with the data we need, and only the data we need, we can ensure analyst capacity is maintained and that a clear focused narrative is provided to guide action.

What follows is a description of the three main uses of COVID-19 related data in Sandwell and the questions they are able to answer.

Data on Pandemic Progression: Situation Reports

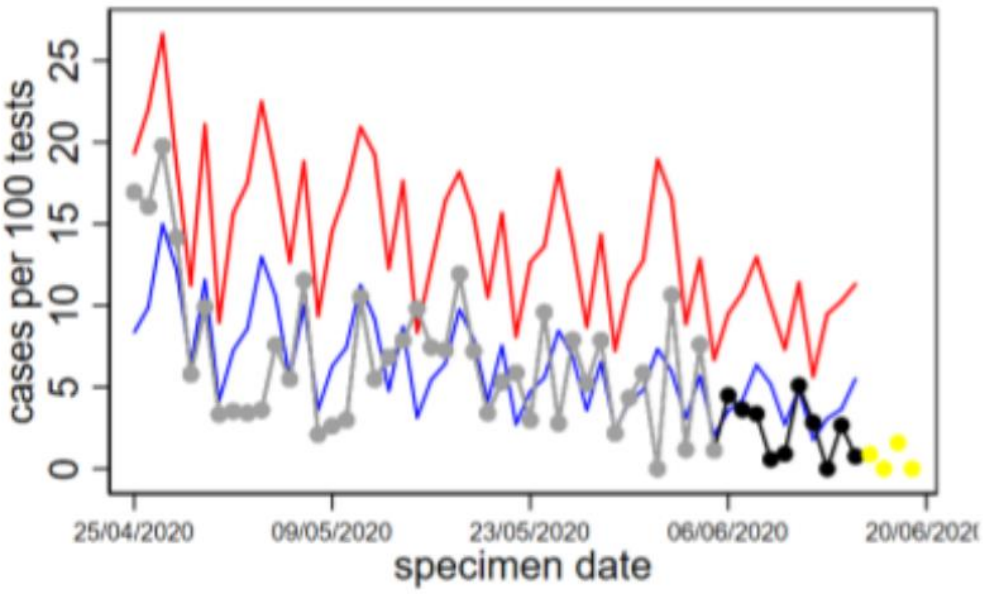
This element of data collation answers the question of how the pandemic is progressing over time and how close we may be to NHS or Social Care services being overwhelmed. Every day at 9am a COVID-19 situation report is presented to the Senior Leadership Team. This contains information, mostly in the form of trends, drawn from a range of local sources (including local hospital trusts). It includes:

- New confirmed cases over time and compared to other areas
- COVID-19 cases in hospital wards and critical care
- Ventilator and Mortuary capacity in local hospitals
- COVID-19 and All-Cause Mortality Trends (using hospital and ONS data)
- Care Home Cases and Deaths
- Local Outbreaks and Situations

In order to aid interpretation and decision making, confidence intervals are always used where possible to indicate the statistical significance of geographical differences or changes over time.

In addition, the 'exceedance reports' form PHE are also regularly monitored so as to provide an early warning of when numbers of confirmed cases are higher than would be predicted according to a log-linear quasi-poisson model (see below).

Exceedance Report comparing confirmed cases over time with modelled expectations

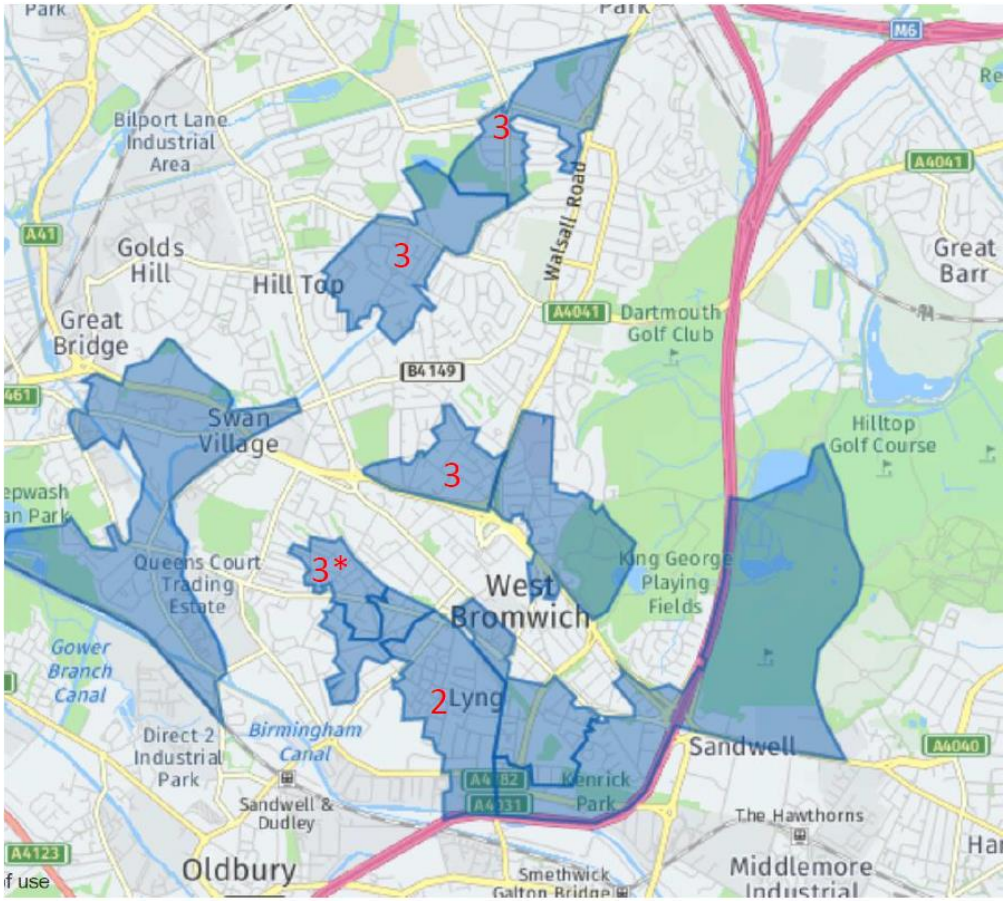


Situation reports are always presented to the Senior Leadership Team, and to other committees, by the Director of Public Health. This allows the data to be placed in a wider context of the pandemic and strategic recommendations for action to flow directly from the evidence.

Data on Pandemic Distribution: Individual Level Data and GIS

Recently, new data flows from PHE have allowed data to be analysed at a more granular level, including at the level of individual cases. When combined with GIS mapping this has allows the early detection of localised waves of cases and the more precise targeting of proactive preventative work.

Example of local map showing recent confirmed cases



The mapping of cases, hospitalisations or deaths can be overlaid with maps of socioeconomic and demographic variables, or the location of high-risk settings, to allow a fuller interpretation and hypotheses on causes to be generated.

There are currently key omissions in data that flows to us from national sources which would be helpful going forward. A notable example is information on occupation. As society opens up from lockdown, workplaces will evitable be a key driver of localised transmission.

Having information on the occupation of those testing positive would be invaluable in highlighting possible causes. However, at the time of writing this information is not available.

Data on Specific COVID-19 Initiatives

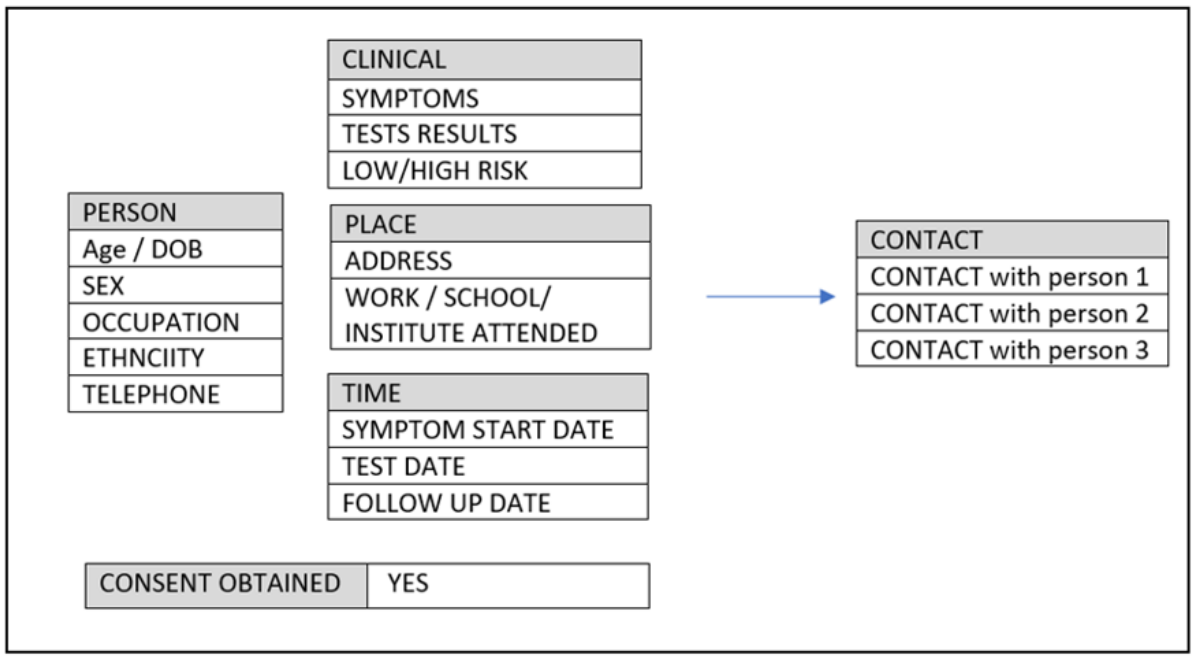
A final element of our data integration relates to the monitoring of the local work aimed at reducing the impact of the virus. This data is useful for both guiding service changes and evaluating their effectiveness.

A notable example of this is in recent months has been the care home analytics. A detailed dataset is maintained on a daily basis that allows the monitoring of virus transmission across all of Sandwell's care homes and serves to highlight at risk settings early. Quantitative data is combined with reports from staff in the COVID-19 health Protection Cell on actions taken and specific concerns they may have. This data is reviewed on a daily basis and on future actions generated from it. Similar datasets have also now been created for schools and workplaces.

In addition to data in particular settings, we also draw down and analyse data regularly on the national test and trace system. This allows us to monitor the number cases that are being reported and the proportion of those cases which lead to the identification of contacts. This dataset recently highlighted the need for an intensive campaign to promote engagement in the system as the contacts identified per case was very low.

The figure below shows the data required to support the contact tracing programme of work. With the release of guidance from Public Health England and NHS England the data elements required will be assessed and will only process the minimum amount of data required to enable contact tracing event to take place.

For each person a record will be created which will include items from the following elements: person, place, time and clinical. This record will then be linked to the record of individuals that the person has been in contact with.



Data Security and Information Governance

All issues relating to the safe and legal management of data are overseen by the Director of Public Health in consultation with Sandwell Council's legal and information governance specialists.

All use of data is compliant with the NHS Digital's relevant Information Governance Toolkits and any update of these to a minimum level 2; or to similar standards of information governance outlined in an organisation's Information Security Management System or equivalent.

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

These can be found here https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information .

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

Storage of database and records is confined to a secure folder within the Sandwell Council network. This is an encrypted folder that has been set up for storage of personal identifiable data. Access to this folder will be opened to those requiring access.

Robust governance also applies to the transfer and receiving of data. If personal identifiable data needs to be either transferred to PHE or received from PHE or NHS organisations, a secure method of transfer is required.

Particular attention to information governance is required in relation to local contact tracing and community swabbing work. For example, in relation to contact tracing, we are currently implementing a system utilising NHS.net accounts.

If personal identifiable data is collected individuals are informed as to how the data will be stored and used. A script that refers to the Sandwell Council privacy statement has been developed and consent is recorded in the database.

If data is shared with other contact tracing organisations such as PHE or NHS, then a data sharing agreement is put in place.

Personal data will have a retention period of 12 months. After which the data will be deleted. Data should not be linked to any other personal identifiable data held in the Council.

Data Integration Challenges

The lack of national clarity around whether Tier 1b will have access to the national contact tracing digital architecture operating across Tiers 2 and 3, and the lack of engagement from the national team on planning for this, creates a significant risk. An inability to access these systems would cause significant challenges as it would prevent live data flow, require the establishment of an entirely new standalone local system and surface a myriad of data protection and information governance issues.

Complex contact tracing / outbreak management at scale is treading new ground and undertaking this activity within a national framework and in a collaborative way involving a range of city-region and locality partners will undoubtedly pose some data protection and information governance issues that will need to be overcome.

Vulnerable population data is currently stored within different systems and directorates. This will make the cross-referencing process difficult when providing advice and follow-up of contacts.

Theme 6: Vulnerable People

Identifying Vulnerable Groups

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

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

Second, clinically vulnerable people, who may or may not be normally able to function independently in normal circumstances, are those rendered vulnerable by the nature of a long-term health condition or treatment. Clinical vulnerability is further divided into two levels:

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

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

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

The Sandwell Food Distribution Hub

Sandwell Council are meeting the immediate and urgent needs of people via the council helpline (0121 569 2266), for example, through a food parcel or a short-term package of care. We then connect residents to the most appropriate source of on-going help and support available for the duration of the emergency.

In relation to food and other essential supplies, a food distribution hub was established in a leisure centre, stocked with supplies from local wholesalers and donations from local businesses. This is a truly local approach with local pubs and restaurants feeding the over 80 employee volunteers working on packing and sorting parcels and local taxi firms supporting delivery. This work has been led by the Executive Director for Neighbourhoods and Communities.

Sandwell was one of the first to set up a food distribution hub and have been at the forefront of regional discussions on best practice and proposals to work with supermarket chains and food delivery companies.

Since the start of the lockdown we have delivered over 11,700 parcels and received fantastic feedback from our residents. The food parcels provide a balanced nutritional offering for singles, couples and families. We are also working with our meals on wheels provider to introduce a range of frozen meals to supplement our food parcels particularly for elderly residents.

Our Housing Solutions teams have worked to find suitable accommodation for rough sleepers in Sandwell and the food hub has provided starter packs of essentials to assist them in preparing basic meals. For those in temporary accommodation, such as hotels or hostels with none or limited access to cooking facilities we have amended our offering to ensure they still have food and drink during this period. A local Asian conference centres has also provided cooked meals three times a week.

The food hub has been a major support to local school children and their families over this period, providing the equivalent of school lunches each day to vulnerable children and those entitled to free school meals, including those not currently not on the school roll. Without this support many of these children would not receive a decent meal.

Working in collaboration with Sandwell Children's Trust, we have supported vulnerable families with access to not only food but other essentials such as nappies, milk and sanitary products. Amending our standard box to accommodate for larger families and ensuring where possible we provide food stuff that caters for dietary needs.

The food hub receives referrals directly from the SMBC practical support unit, Education Department or local schools which identifies household details, any specific dietary requirements and highlights any suspected or confirmed COVID-19 cases in households.

A standard box at a cost of £25 is used for practical support referrals containing basic non-perishable food staples and supplemented with frozen meals if the resident has the capability to freeze food. This is sent, usually within two hours from receipt of referral out to the resident by one of our volunteer drivers from our own workforce, The Albion Foundation or the Fire Service. For those children receiving free school meals we provide frozen meals, fresh fruit and basics such as bread and cheese at a cost of £3 per day to ensure the child will receive a meal.

Continuing to support our food banks across the borough remains a priority and we have utilised our supply chain as well as the daily donations of bread, fresh vegetables and milk to ensure the food banks are well stocked for those that need them.

The support provided by the food hub will in the near future be integrated into the local community and voluntary sector, with the provision of support and resources to enable a smooth and sustainable transition.

Community Support for Vulnerable People

Additional support for residents is provided by the other workstreams, voluntary sector organisations and community groups. This support is operated on the back of a strong ongoing relationship between Sandwell Council and the local Voluntary Sector. Some of these are listed below.

- Good Neighbours scheme: Volunteers in their immediate neighbourhood provide on-going practical help with shopping, staying in touch (by phone or on line), dog walking, picking up prescriptions etc, potentially until the coronavirus emergency is over. Referrals are made via the council's practical support team.

- Community Offer: Teams of community-based staff will provide a range of practical support for Sandwell residents, including shopping, collecting prescriptions, referral into other services such as welfare rights. Referrals can be directed to 0121 726 3983 or email: ifa1996.community_offer@nhs.net

- Sandwell Together befriending service: Keeping in touch by phone or Facetime. For people who are socially isolating (either short term or for the duration of the corona emergency). This includes vulnerable people in care homes where contact time has been reduced. Contact can vary from: a regular short call to keep in touch and check that things are ok; longer chats to pass the time of day and reduce social isolation; Free and confidential service; A listening ear with links back to other sources of support including the council emergency helpline and the Community Offer; The phone be-friending service is delivered by a team of volunteers, co-ordinated by Sandwell Advocacy, and operates flexibly Monday – Saturday 10.00am – 8.00pm. Contact can be made by phone, Skype or Facetime

Vulnerable Workers

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

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

Theme 7: Community Engagement Board

Why have a COVID-19 Community Engagement Board?

The effectiveness of community engagement on COVID-19 will be a determinant of the impact of the pandemic locally. This will be particularly true as lockdown restrictions are eased and less restriction are placed on social interaction.

For example, the effectiveness of measures aimed at reducing the spread of the virus, such as social distancing, testing, contact tracing and self-isolation, depend entirely on how well the public understand them, trust them and adhere to them.

It was therefore seen as appropriate to establish a new multi-agency advisory board to ensure communication with the public on COVID-19 related issues as appropriate and effective. Led by elected Council Members and including partners in the voluntary sector, NHS, Healthwatch and the Police, the membership of the Board will ensure that a variety of perspectives on the COVID-19 pandemic are represented and the all possible channels of communication are utilised.

In Sandwell, the Health & Wellbeing Board provides a ready-made forum including all of the agencies mentioned above and others. However, the schedule of Health & Wellbeing Board meetings may not provide the frequency required to react in a timely way to new developments. Therefore, a sub-group of the Health & Wellbeing Board was established that can meet and communicate for frequently as a "Sandwell COVID-19 Community Engagement Board".

The Purpose of the Sandwell COVID-19 Community Engagement Board

The agreed purpose of the Board was defined as:

- To monitor the progress and impact of the pandemic as well as any changes in national guidance or policy. Regular reports will be provided for this purpose.

- To advise on how new COVID-19 guidance should be communicated to local communities in a way that maximises understanding and engagement.

- To advise on the engagement of specific sections of our community who may be particularly vulnerable to the impact of COVID-19, including older people, people facing significant socioeconomic deprivation and people from a black, Asian or minority ethnic group (BAME) background.

- As representatives of key partner agencies, members of the Board will actively contribute to engagement with the local population in COVID-19 related issues. This may include utilising their communications channels to promote joint communications campaigns as well as gathering insight and intelligence from the communities they serve.

Board Membership

The COVID-19 Community Engagement Board is Chaired by the Chair of the Health & Wellbeing Board, with the Director of Public Health being responsible for its day to day operation.

Other members include the Cabinet Member for Healthy Lives, Sandwell Council Chief Executive, Chief Superintendent of Sandwell Police, Chair of Sandwell Healthwatch, Chief Executive of Children's Trust, Sandwell Council of Voluntary Organisations, Chair of Sandwell & West Birmingham CCG and the Chief Executive of Sandwell & West Birmingham Hospital NHS Trust and the Chief Executive of Black Country Partnership NHS Trust. Deputies may represent these members and the Board shall be Quorate if any three persons are present including the Chair.

Ways of Working

The work of the COVID-19 Community Engagement Board reports quarterly at Health & Wellbeing Board. This offers an opportunity to review progress and identify and key actions going forward.

However, in order to maintain the agility and responsiveness required most of the work of the COVID-19 Community Engagement Board is be done by email or through virtual meetings which may be held to discuss specific issues as they arise.

The Director of Public Health disseminates regular reports to COVID-19 Community Engagement Board Members on the progress of the pandemic, as well as requests for advice on the communication or implementation of new guidance, or requests for participation in a consultation or promotional campaign.

Any Member of the Board can request that the Board consider specific issues as they arise. These requests should be made via the Director of Public Health who will prepare a brief report ad convene a meeting if appropriate.

Regular lines of communication are maintained between the with the COVID-19 Community Engagement Board and the Communications Teams within each member organisation.

See Appendix H for the Terms of Reference for the COVID-19 Community Engagement Board and Appendix I for a draft COVID-19 meeting agenda.

CASE STUDY: Engaging the BAME community

As discussed in this report, people of Black, Asian and minority ethnic (BAME) origin are at significantly higher risk of serious COVID-19 illness and death. While the data is clear, the right approach to tackling this issue is less obvious. Therefore, it was important to engage with representatives of local BAME communities to inform a broader understanding.

Several semi-structured interviews were undertaken with representatives of the Black, Asian, and minority ethnic (BAME) community across Sandwell in June 2020. These included partners in the Bilaji Temple, the Yemeni Community Association, West Bromwich African Caribbean Resource Centre, the Oldbury New Testament Church and Ekta Ladies.

A number of key themes identified were:

- Need for BAME communities to be involved in decision making ''the main concern is that the black community is not around the table when decisions and policies, that directly impact the community, are made''

- Concern about COVID-19 widening existing health inequalities and that ''COVID-19 cannot be viewed in isolation'' from these. For example, communities that were already disengaged with services are less likely to ask for support '

- BAME issues cannot been viewed as one issue ''experiences of different BAME community are often vastly different''

- Mental Health was identified as a major issue, particularly with young people and females ''Lockdown has caused epidemic of loneliness, isolation, health fears''

- Intergenerational housing ''Many people in the community live in multigenerational households with three or even four generations under the same roof''

- The need to ensure the female voice is heard.

- Need education for restaurants/shopkeepers in how to adapt to social distancing, particularly ones that have limited space. "Lots of businesses operated by and serving this community are smaller enterprises run by sole traders''

- Language Issues ''published material is only available in certain languages such as Urdu, Bengali, Punjabi - not everyone reads these.

A Stratified, Tailored Communications Plan

As society opens up from lock down we will proactively communicate and promote a two-way dialogue with communities, the public and other stakeholders in order to understand risk perceptions, behaviours and existing barriers, specific needs, knowledge gaps and provide the identified communities/groups with accurate information tailored to their circumstances. WHO guidance:

https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance

The communications teams across NHS England, Public Health England, Trusts, CCGs and Local Authorities at all levels will collaborate and activate regional or local coordinated communication arrangements to ensure consistent, clear, timely dissemination of information and guidance to health and partner organizations, the public and the media. Communication teams will attend IMT meetings and for major outbreaks one organisation will be nominated as the communication lead.

Key issues with COIVD-19:

- Ensuring the increasing subtle messages are understood and reinforced
- Targeted messages to groups (e.g. faith groups, shielding population, schools)
- Ensuring messaging goes out in the relevant languages
- Need to dispel myths (e.g. COVID-19 and 5G phone masts, use of detergent)
- Messaging is constantly changing due to daily briefings, changing of guidance, lockdown measures
- Need to adapt messaging for Sandwell's population
- Mental health and wellbeing (see next section)
- Need to address social stigma. Stigma can undermine social cohesion and prompt social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. See WHO's Guide: https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf

Sandwell MBC have produced a web resource https://www.sandwell.gov.uk/info/200354/coronavirus_advice/4430/coronavirus_-_advice_and_information and an emergency helpline 0121 569 2266

Sandwell will need population-wide public health education to ensure everyone has the information and education needed to take responsible risk judgements and operate in a way that is safe for themselves and for others. Crucially, even those who are at low personal risk will need to continue following the rules and guidance so that they do not pass on the infection to others.

Communication channels include:

- Daily email to Head Teachers
- Regular calls/emails to care homes (daily for those with significant outbreaks)
- SCVO to voluntary and community groups
- Social media for residents
- Sandwell Herald (free newspaper distributed to all residents)
- Press releases issued by SMBC
- Search engine optimisation marketing – ensuring people are finding the most accurate information when doing online searches

- Social media advertising – targeting key messages to specific segments of the population

We also need to make sure the residents of Sandwell know how to:

- volunteer with charities or the NHS: https://www.gov.uk/volunteering/coronavirus-volunteering
- offer business support, such as equipment, services or expertise: https://www.gov.uk/coronavirus-support-from-business
- To apply for grant funding for short-term projects: https://www.ukri.org/funding/funding-opportunities/ukri-open-call-for-research-and-innovation-ideas-to-address-covid-19/
- Clinicians considering a return to the NHS: https://www.england.nhs.uk/coronavirus/returning-clinicians/

GIS can effectively assist communication efforts ranging from sharing a situation assessment with the media and the public to helping the public find the nearest vaccination site. Maps also help communicate emergency information regarding school closures, public meeting cancellations, and other community disease containment measures

APPENDICES

Appendix A:
Standard Operating Procedure (SOP)

Standard Operating Procedure
PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands

(Acknowledgement: based on a model developed in the East of England for care home outbreaks)

Version 4: 30th June 2020 and will be kept under continual review

1. Overview

This provides a framework for working across PHE WM, public health structures in Local Authorities (LAs), Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. It has been developed by Public Health England (PHE) WM and the Association of Directors of Public Health (ADsPH) WM as the basis for working together during the Test, Trace, Contain, Enable (TTCE) phase of the response to COVID-19.

It recognises both PHE's mandate to protect the public's health, and the specialist health protection service that PHE offers locally and regionally, and the LA duty to protect the health of the people it serves with DsPH providing the local public health leadership role for the management of outbreaks in their area

We recognise that there will be different capacities and capabilities across the region and that we will need to develop and implement the arrangements jointly across each area to make best endeavours using all the resources available both to PHE and the LA and local system partners.

This SOP will support the effective delivery of local COVID-19 outbreak control plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is intended to be flexible and adaptable for local operation. Different local systems in WM have different support and outbreak management arrangements, including differing LA Public Health team roles, so this SOP is intentionally flexible to allow for that.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE will arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing.
- PHE will undertake the initial risk assessment, share the risk assessment with the LA and give advice to the setting and the local system on management of the outbreak. If relevant the local system will be informed of a single positive case eg in an education setting, other complex setting (emergency accommodation) or of a vulnerable individual.

- The local system, led by the DPH, will follow-up and support the setting to continue to operate (or not) whilst managing the outbreak, including support with infection prevention and control.
- Local systems will have responsibility for providing settings with infection prevention and control advice. PHE health protection teams (HPT) will support and advise the LA as necessary.
- PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks, local intelligence, enquiries and wider issues/opportunities.
- PHE will continue to give advice on complex situations on request from local systems, including advice on closing and opening settings.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.
- Local authorities will lead on media and communications, with support from PHE as appropriate.
- PHE and DsPH will also work closely together to monitor surveillance data and other intelligence to identify and investigate as appropriate, local exceedances in cases that may indicate community transmission of COVID

2a. Rationale for the joint SOP

1. To have a joint collaborative and co-ordinated approach to:
   - supporting WM settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, emergency accommodation, faith settings etc. in managing COVID-19 outbreaks
   - finding and supporting complex individual contacts that the national contact tracing system has been unable to advise fully, or where there are concerns raised regarding compliance with advice.

2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.

3. To streamline the follow up of WM care settings by the LA, CCG and PHE Health Protection Teams.

4. To provide consistent advice to settings.

5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.

6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.

7. To develop and maintain a surveillance and monitoring system for outbreaks for COVID-19, aligning with existing databases held by partners (LA and CCGs)

8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.

2b. Governance and Key Guiding Principles

i. PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs such as the agreements that were developed for dealing with care home outbreaks. The LA will fulfil its statutory duty regarding assurance and lead the development of Local Outbreak Control Plans working through COVID-19 Health Protection Boards and in collaboration with emergency planning forums and a public-facing, member-led board. The LA will work jointly with PHE, through local health protection teams, to lead the work on managing outbreaks in complex settings and situations. This PHE-LA SOP will sit as an integral part of the Local Outbreak Control Plans to reflect the collaborative approach adopted by PHE and the LAs.

ii. PHE and the LA will work together to ensure timely and effective communication processes between themselves and when communicating with specific settings.

iii. As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:

iv. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health and addressing health inequalities through close working with the NHS, LAs, emergency services, voluntary and community sector, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.

v. The health and social care system, together with local government, has a shared responsibility for the management of outbreaks of COVID-19 in the WM.

vi. Infection prevention control support and advice for each setting will be provided in line with local arrangements. (See appendix 1 for a summary of agreed local arrangements)

vii. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LA responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age. The Children Act 2004 places duties on a range of organisations, including Local Authorities, to safeguard and promote the welfare of children.

viii. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the LA public health response to incidents that present a threat to the public's health.

ix. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.

x. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on

communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.

xi. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.

xii. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

3. PHE Health Protection Team Role

A. Risk assessment of Complex Cases and Situations

i. Complex cases and situations include the following examples:
- situations where liaison with an educational setting or employer may be required
- complex and high-risk settings such as care homes, healthcare services, prisons, accommodation for asylum seekers or the homeless
- cases/contacts who are unable to comply with control measures
- situations which require further investigation locally

ii. On initial notification, the HPT will complete a risk assessment, involving local partners as appropriate.

iii. The HPT will give infection prevention control advice (verbal and email) to the individual or organisation to minimise spread of infection.

iv. The HPT will inform the local authority by daily summary e-mail (to agreed SPOC email) and by phone if urgent action required. The email will include the details of the setting, situation, a copy of the risk assessment and action already taken, also anything that was a cause for concern in the initial risk assessment (using the red flag system)

v. The LA will update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations, via the following email address wm.2019CoV@phe.gov.uk

vi. In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control in a care home would include sudden high attack rate, increase in deaths or other operational issues. In other settings, for example, a school, poor outbreak control might be reflected by multiple cases in different ‘bubbles’.

B. Swabbing/testing of new outbreaks (notified via all routes)

i. Swabbing will be coordinated by PHE in line with current arrangements e.g. A one-off swabbing of symptomatic residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting (or referred from the NHS Test and Trace system).

ii. The results will be provided by the organisation taking the sample. (See appendix 1 for further details)

iii. Further testing will be considered based on national decisions relating to the complex situation or cases and asymptomatic transmission risk. This will be arranged in conjunction with local teams via an IMT as necessary, including agreement about who will be tested and the approach for testing.

C. Regional co-ordination and support

i. PHE will:
- provide regional co-ordination eg sharing of best practice, solutions to complex problems etc
- provide regional advice and guidance where there are gaps in national guidance
- flag gaps / discrepancies in guidance to the national teams and support local teams while awaiting further guidance

ii. PHE, the regional convenor for TTCE, ADsPH WM and the regional lead for the new Joint Biosecurity Centre will provide regional oversight of the TTCE response, facilitating the sharing of best practice, good practice in data sharing, consistent upward reporting, and additional support to local systems as appropriate.

4. Operational Reporting to Local Systems

i. A daily summary table listing of situations in the West Midlands, as recorded by PHE's Health Protection database will be provided to DsPH and their SPOC to aid operational management.

ii. A daily line list of confirmed cases notified to the HPT each day will be shared with the DPH for the area and their nominated colleague(s).

iii. Reconciliation to take place by local teams using local intelligence and monitoring systems to ensure accuracy and assurance. Any issues to be raised with the PHE HPT and actions agreed.

5. Operational Enquiries

i. Enquiries received by the HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC.

- Sourcing PPE
- Operational issues relating to staff capacity and other support to the organisation
- Removal of dead bodies
- Care provision
- Whistleblowing regarding poor workplace practices
- Housing and social support (e.g. provision of food)

ii. Enquiries received by the LA that require a policy understanding from PHE, will be forwarded to wm.2019CoV@phe.gov.uk

Local System Role See ‘Roles by setting’ below
Contact details **Contact details for PHE** wm.2019CoV@phe.gov.uk **Contact details for LA** PHCovid19_Enquiries@sandwell.gov.uk

Roles by setting

	Setting						
	Care Home	School	Workplace	Prison	Homeless / hostel	Faith Setting	Hospital
Receive notification	PHE/LA	PHE/LA	PHE/LA	N/A	PHE/LA	PHE/LA	PHE
Gather information and undertake risk assessment	Was PHE, now LA lead	PHE initially, until LA experienced	PHE initially, until LA experienced	N/A	PHE initially, until LA experienced	PHE initially, until LA experienced	PHE/NHS
Arrange testing	CCG/Randox national website/portal	PHE initially Local LA pathway developed	PHE initially Local LA pathway developed	N/A	PHE initially Local LA pathway developed	PHE initially Local LA pathway developed	PHE/NHS
Provide advice and recommend control measures	LA	PHE/LA	PHE/LA	N/A	PHE/LA	PHE/LA	PHE/NHS
Provision of results	Results directly to home	Results via ELAB to PHE and LA (if regional lab used) OR to LA and PHE via NHS Results to case via LA	Results via ELAB to PHE and LA (if regional lab used) OR to LA and PHE via NHS Results to case via LA	N/A	Results via ELAB to PHE and LA (if regional lab used) OR to LA and PHE via NHS Results to case via LA	Results via ELAB to PHE and LA (if regional lab used) OR to LA and PHE via NHS Results to case via LA	PHE/NHS

IPC follow up	LA	PHE/LA	PHE/LA	N/A	PHE/LA	PHE/LA	PHE/NHS
Access to PPE	LA/setting's own responsibility	Setting's own responsibility. LA in emergency situations	Setting's own responsibility. LA in emergency situations	Setting's own responsibility. LA in emergency situations	Setting's own responsibility. LA in emergency situations	Setting's own responsibility. LA in emergency situations	PHE/NHS
Chair IMT if required	PHE	PHE	PHE	PHE	PHE	PHE	PHE/NHS

Appendix B: SMBC care home Standard Operating Procedure (SOP)

Last updated 16th June 2020

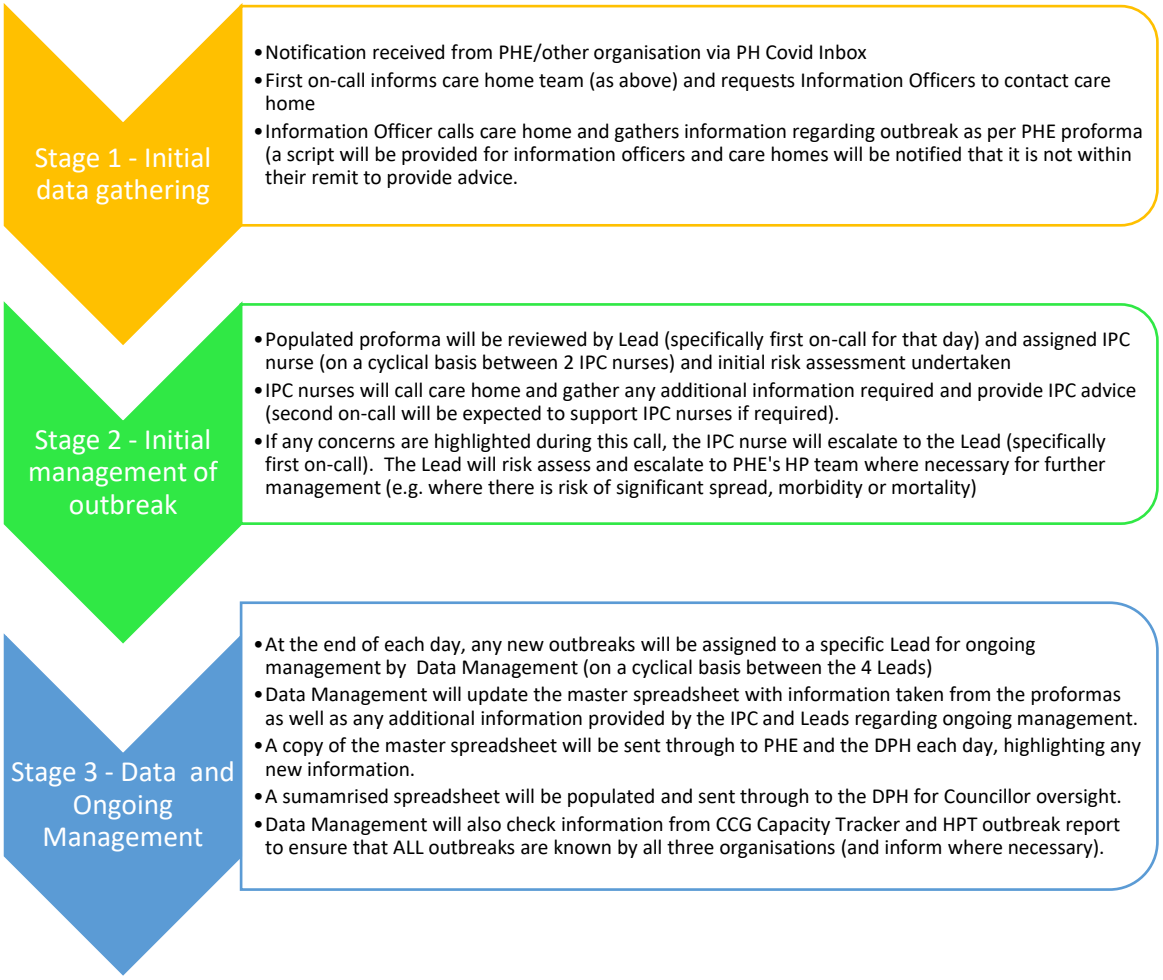
Roles and Responsibilities

1. Ainee Khan, Paul Fisher, Tanith Palmer and Valerie Unsworth (Outbreak Leads) will act as lead for each potenital outbreak. When undertaking first on-call they will be responsible for risk assessing outbreaks that come in and ensuring that each situation is made safe on the day. At the end of each day, one lead will be assigned for the ongoing oversight of a specific outbreak (see process below). It will be the lead's responsibility to escalate any situation to PHE where further management or an Incident Management Team meeting is required (Lead expected to dial in to IMT).
2. Linda Farley and Claire Jones (IPC nurses) will be resonspible for ongoing care home management, and providing advice around infection prevention and control.
3. Caroline Clarke, Pam Kaur, Shirley Ali Al Osami and Asha Lawrence (Information Officers) will be responsible for contacting each care home, following notification, to gather initial information required for risk assessment (using PHE proforma)
4. Nathan Lauder (Data Management) will be responsible for populating master spreadsheet using information from proformas above as well as details regarding ongoing management from IPC nurses and Outbreak Leads.

Times of Operation

The team will work as per this SOP from Monday-Friday (ensuring there is one of each of these roles available to cover each day). During the weekend, it will be the responsibility of the person on-call (i.e. one of the leads) to ensure that any emerging situation is made safe. It can then be handed over to the wider team for further management as of Monday at 9am.

Management of New Outbreaks



Ongoing management of Outbreaks

If an enquiry comes through regarding an ongoing outbreak, that will be sent through to the assigned IPC nurse and Lead (these will be noted on master spreadsheet) and it will be their responsibility to follow up as appropriate and inform Data Management of any updates.

Escalation Criteria

Outbreaks will be escalated back to PHE (for IMT etc) based on the following criteria based on national guidance:

1. High attack rates of suspected or confirmed COVID-19 cases and/or high numbers of associated deaths
2. Whether there is adequate understanding and recognition of the public health risk associated with the situation
3. Whether national guidance for control of the outbreak is being followed, and local advice is consistent and well understood
4. Where internal management of the care home, including staffing levels and provision of PPE, are causing concern

5. The extent to which coordination and communication across agencies, is, in our view, adequate for control of the situation
6. Significant media and/or political interest
7. Other

Appendix C: Care home proforma

	Date	
	Number	Deaths
Total staff	0	
Total residents	0	
Cases		
Residents suspected	0	0
Residents COVID +ve	0	0
Resident cases total	**0**	**0**
%	#DIV/0!	#DIV/0!
Deaths not suspected		0
Staff suspected	0	0
Staff COVID +ve	0	0
Staff cases total	**0**	**0**
%	#DIV/0!	#DIV/0!
Staff swabbed	0	
%	#DIV/0!	
Residents swabbed	0	
%	#DIV/0!	

1. DETAILS OF ENCOUNTER	
Name	
Post	
Time	
Encounter with: -organisation (e.g. carehome, PHE)	
Encounter with: -name and post of person	
2. CARE SETTING DETAILS	
RAG Rating (RED: escalate to PHE for IMT; AMBER: Careful monitor; GREEN: Monitor	
Care Setting Name:	
Leads:	
IO completing form for first time	
Care Setting Address:	
Telephone number:	
Email address:	
Manager/Key contact full name:	
Type: Nursing / Residential /Sheltered /Other	
Date and method (email or phone) of notification to SMBC	
Date of notification (directly via care home) and consider if home should notify PHE directly	
Service user description of setting i.e. dementia / elderly care etc, age profile, at risk	
Is day care provided?	
Has the home informed GP(s) of issues & updates of new cases / those requiring clinical review?	

3. CASE/OUTBREAK DETAILS	
Details of 1st case (suspected and/or positive case) – include date of onset, symptoms and	
Details of subsequent cases: Possible / confirmed dates	
Date of the last COVID symptomatic person in the	
Any cases hospitalised? Record	
Details of any deaths: *Care home or in hospital and if you know the COVID status*	
No. of residents affected (No. of residents with symptoms or a positive test in the last 7	
Total no. of residents in the	
Number of swabs done on residents and how many positive	
No. of staff affected with COVID symptoms	
Total no. of staff in the setting	
Number of swabs done on staff and how many positive	
Layout/floors/units affected/en suite facilities available, are they cohort nursing/carers	
Check that the Home is closed to visitors YES/NO	
How many residents have been admitted to your setting that are known to have tested positive for COVID-19 and what was the date for the first admission of	
Are you self-isolating any residents for 14 days that are admitted to your setting (either	
4. HOME MANAGEMENT / RESIDENTS	
Are there any planned admissions/discharges? Homes can accept admissions if symptomatic residents can be	
Is the home open or closed to admissions? If closed, please state the reason.	
Is there clear IPC signage? E.g. sign on door	
Can symptomatic residents be isolated until symptom free (where possible)?	
If isolation of symptomatic residents is not possible can	
Is the care setting monitoring other residents for raised temperatures & respiratory	
Are there appropriate facilities for handwashing – liquid soap & paper towels/tissues &adequate disposal?	

5. HOME MANAGEMENT / STAFF	
Have staff been excluded as per national guidance for self-	
Does the home use agency staff? Are they still working in	
Is the care setting stressing handwashing to staff – liquid soap & paper towels/tissues & disposal?	
Does the home have adequate supplies of PPE, gloves, aprons, single use masks?	
Uniforms- have staff been advised not to go home in them?	
Has the care setting identified vulnerable / shielded staff and advised according to	
6. ENVIRONMENT	
Is up to date effective Infection prevention control advice/guidance being followed	
7. COMMUNICATIONS	
Have relatives been informed that there is suspected COVID in	
7. RISK ASSESSMENT and DAILY UPDATES	
Summary and Impression:	
Escalation to PHE today?	
Follow up frequency (daily, every other day etc) – this links to the RAG rating at the beginning	

Appendix D: Schools SOP

Last updated 19th June 2020

Roles and responsibilities are likely to change throughout the forthcoming period. In the initial stage, PHE will be notified first of any potential outbreak and will fill in the proforma and risk assess accordingly. They will be responsible for calling an IMT which SMBC PH team will be expected to attend. The PH team will then be responsibility for ensuring co-ordination of swabbing (responsibility of lead) between the regional microbiology team, PHE, the school and the swabbing team. If any further follow up is required, SMBC PH team's IOs will be used.

Moving forward, it is likely that SMBC will take over the risk assessment role from PHE and this is reflected in the process and roles and responsibilities below.

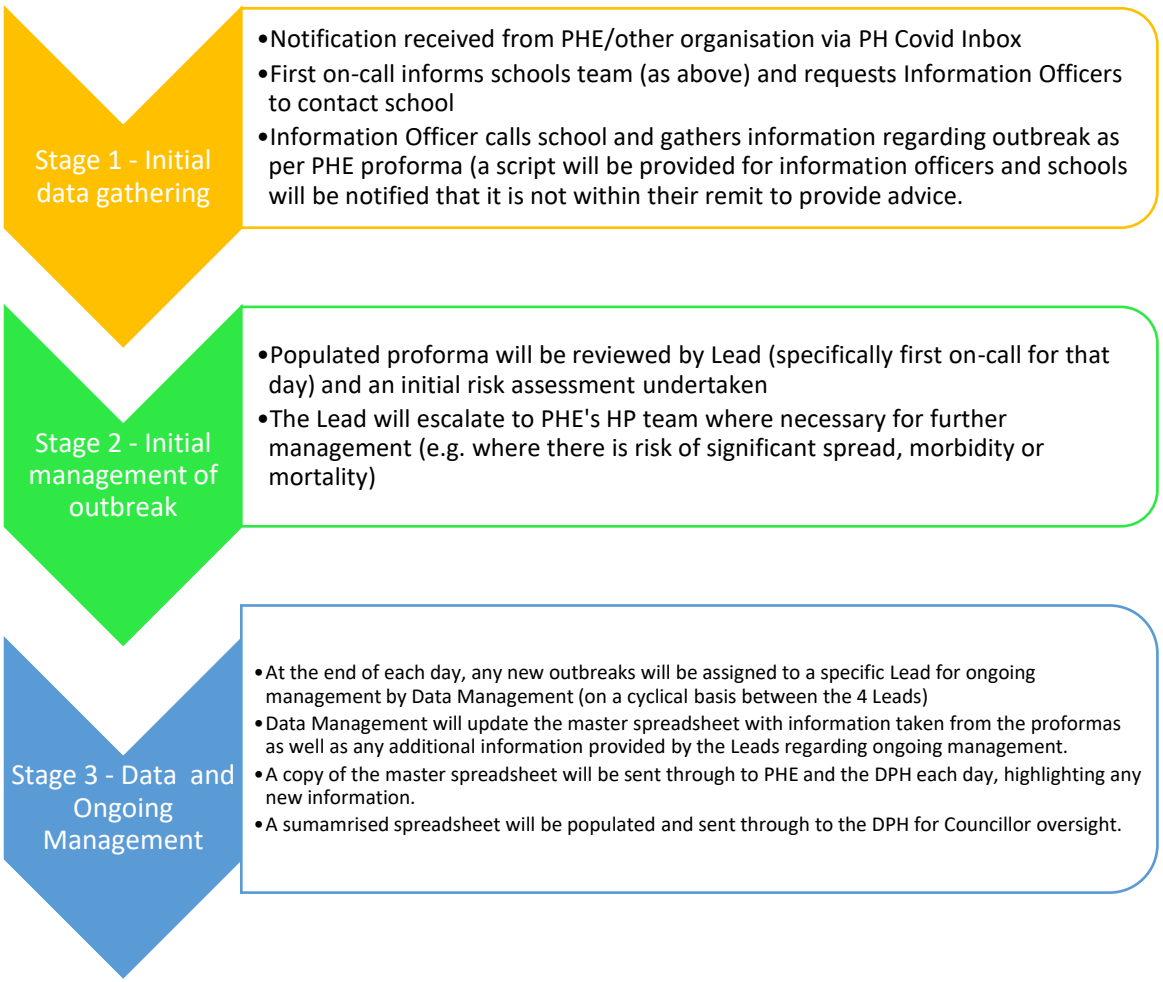
Roles and Responsibilities

1. Ainee Khan, Paul Fisher, Tanith Palmer and Valerie Unsworth (Outbreak Leads) will act as lead for each potenital outbreak. When undertaking first on-call they will be responsible for risk assessing outbreaks that come in and ensuring that each situation is made safe on the day. At the end of each day, one lead will be assigned for the ongoing oversight of a specific outbreak (see process below). It will be the lead's responsibility to escalate any situation to PHE where further management or an Incident Management Team meeting is required (Lead expected to dial in to IMT).
2. Information Officers will be responsible for contacting each schools, following notification, to gather initial information required for risk assessment (using PHE proforma)
3. Richard Cooksey (Data Management) will be responsible for populating master spreadsheet using information from proformas above as well as details regarding ongoing management from Outbreak Leads.

Times of Operation

The team will work as per this SOP from Monday-Friday (ensuring there is one of each of these roles available to cover each day). During the weekend, it will be the responsibility of the person on-call (i.e. one of the leads) to ensure that any emerging situation is made safe. It can then be handed over to the wider team for further management as of Monday at 9am.

Management of New Outbreaks



Ongoing management of Outbreaks

If an enquiry comes through regarding an ongoing outbreak, that will be sent through to the assigned Lead (these will be noted on master spreadsheet) and it will be their responsibility to follow up as appropriate and inform Data Management of any updates.

Escalation Criteria

Outbreaks will be escalated back to PHE (for IMT etc) based on the following criteria based on national guidance:

1. High attack rates of suspected or confirmed COVID-19 cases and/or high numbers of associated deaths
2. Whether there is adequate understanding and recognition of the public health risk associated with the situation
3. Whether national guidance for control of the outbreak is being followed, and local advice is consistent and well understood

4. Where internal management of the school, including staffing levels and provision of PPE, are causing concern
5. The extent to which coordination and communication across agencies, is, in our view, adequate for control of the situation
6. Significant media and/or political interest
7. Other

Appendix E: Workplace SOP

Last updated 19th June 2020

Roles and responsibilities are likely to change throughout the forthcoming period. In the initial stage, PHE will be notified first of any potential outbreak and will fill in the proforma and risk assess accordingly. They will be responsible for calling an IMT which SMBC PH team will be expected to attend. The PH team will then be responsibility for ensuring co-ordination of swabbing (responsibility of lead) between the regional microbiology team, PHE, the school and the swabbing team. If any further follow up is required, SMBC PH team's IOs will be used.

Moving forward, it is likely that SMBC will take over the risk assessment role from PHE and this is reflected in the process and roles and responsibilities below.

Roles and Responsibilities

1. Citizen and Coinsumer Protection (CCP) Officer (EH) – (Workplace Outbreak) On notification by PH via email (EHTS_Enquiries@sandwell.gov.uk) of a potential workplace outbreak, a designated CCP Officer (EH) will be allocated by the CCP Operaions Manager to act as the the lead officer for the case. This will be one of the 5FTE officers competent under Health and Safety at Work Act. The designated CCP Officer (EH) will attend the Incident Management Team (IMT) convened by PH.
2. It will the CCP Officer (EH) responsibility to case manage the outbreak and act as the single point of contact for the workplace. The case management will be overseen by and done in consultation with PH.
3. Information gathering and recording will be carried out in accordance with PH process.
4. Any workplaces enforced by the Health and Safety Executice (HSE) will be referred by the CCP-EHO to the HSE if not in attendance at IMT.

Times of Operation

The CCP Environmental Health team will operate Monday to Friday 9am – 5pm with a weekend on call rota in place to ensure an EHO is available for work place outbreaks Saturday and Sunday 9.00am – 5.00pm. The team consists of 5 FTE officers competent under Health and Safety at Work Act. These officers will hold the lead role for all LA enforced workplace outbreaks.

Management of New Outbreaks

Escalation Criteria

Any outbreaks requireing escalation PHE (for IMT etc) will be determined by PH based on the following criteria based on national guidance:

1. High attack rates of suspected or confirmed COVID-19 cases and/or high numbers of associated deaths
2. Whether there is adequate understanding and recognition of the public health risk associated with the situation
3. Whether national guidance for control of the outbreak is being followed, and local advice is consistent and well understood
4. Where internal management of the workplace, including staffing levels and provision of PPE, are causing concern
5. The extent to which coordination and communication across agencies, is, in our view, adequate for control of the situation
6. Significant media and/or political interest

Appendix F: Community Swabbing SOP

Test, Trace and Isolate SOP for community settings v.3

Valid from 02/06/2020

Date last updated: 16/06/2020

This Standard Operating Procedure (SOP) has been prepared by Sandwell Metropolitan Borough Council's Public Health Protection team.

It outlines the procedures to be followed:

1. If someone displays symptoms of coronavirus
2. When a test result is received

This SOP should be read in conjunction with your settings' risk assessment and plans to prepare for wider re-opening from 1 June 2020. Please also refer to national and local guidance.

Schools should read this alongside the West Midlands PHE toolkit.

This SOP will be kept under review, in line with national guidance on Test and Trace and changes in the capacity across the local system.

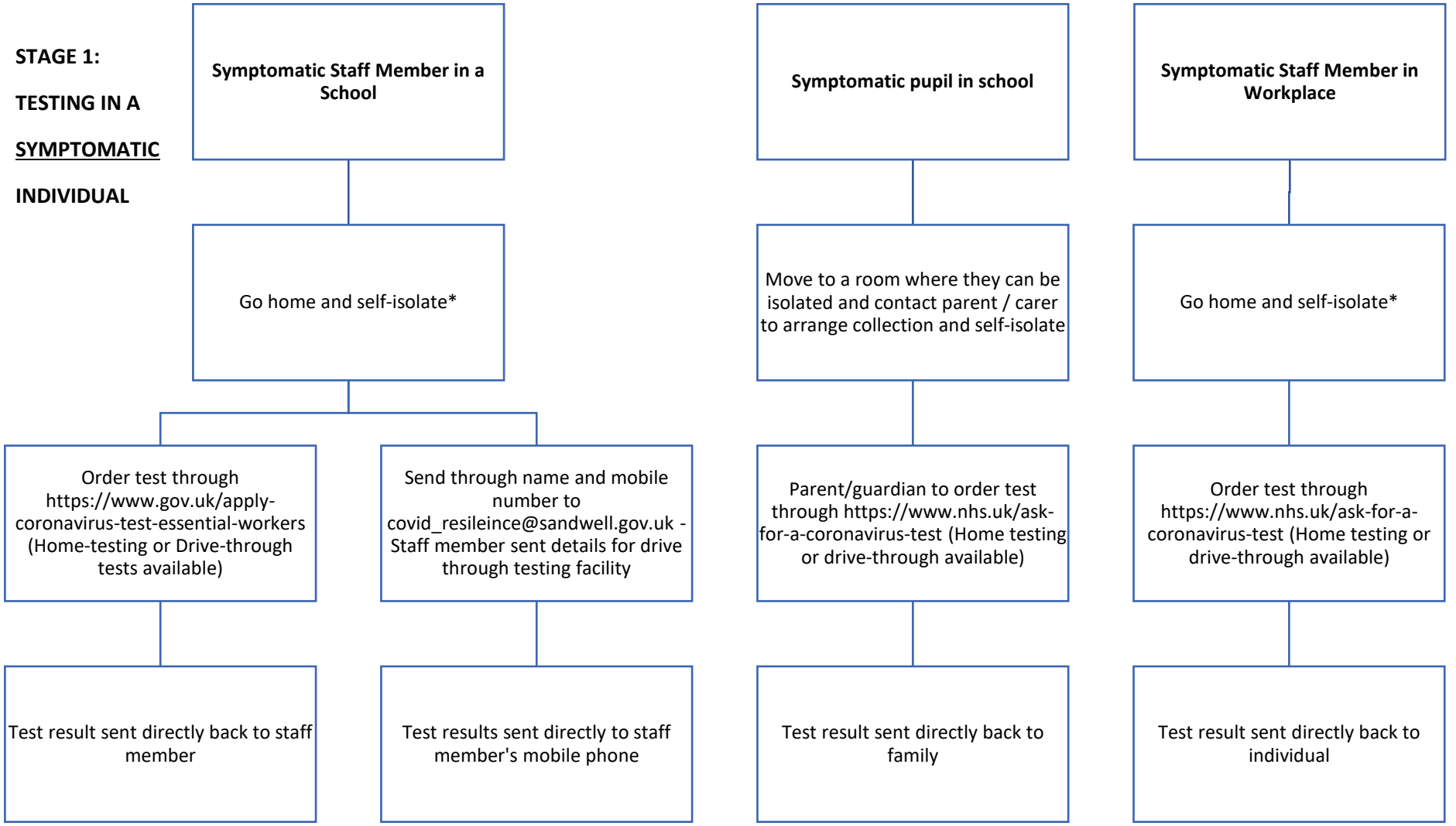
If you have any further COVID-19 public health questions, please send them to Public Health's COVID-19 team on PHCovid19_Enquiries@sandwell.gov.uk.

STAGE 1:

TESTING IN A

SYMPTOMATIC

INDIVIDUAL



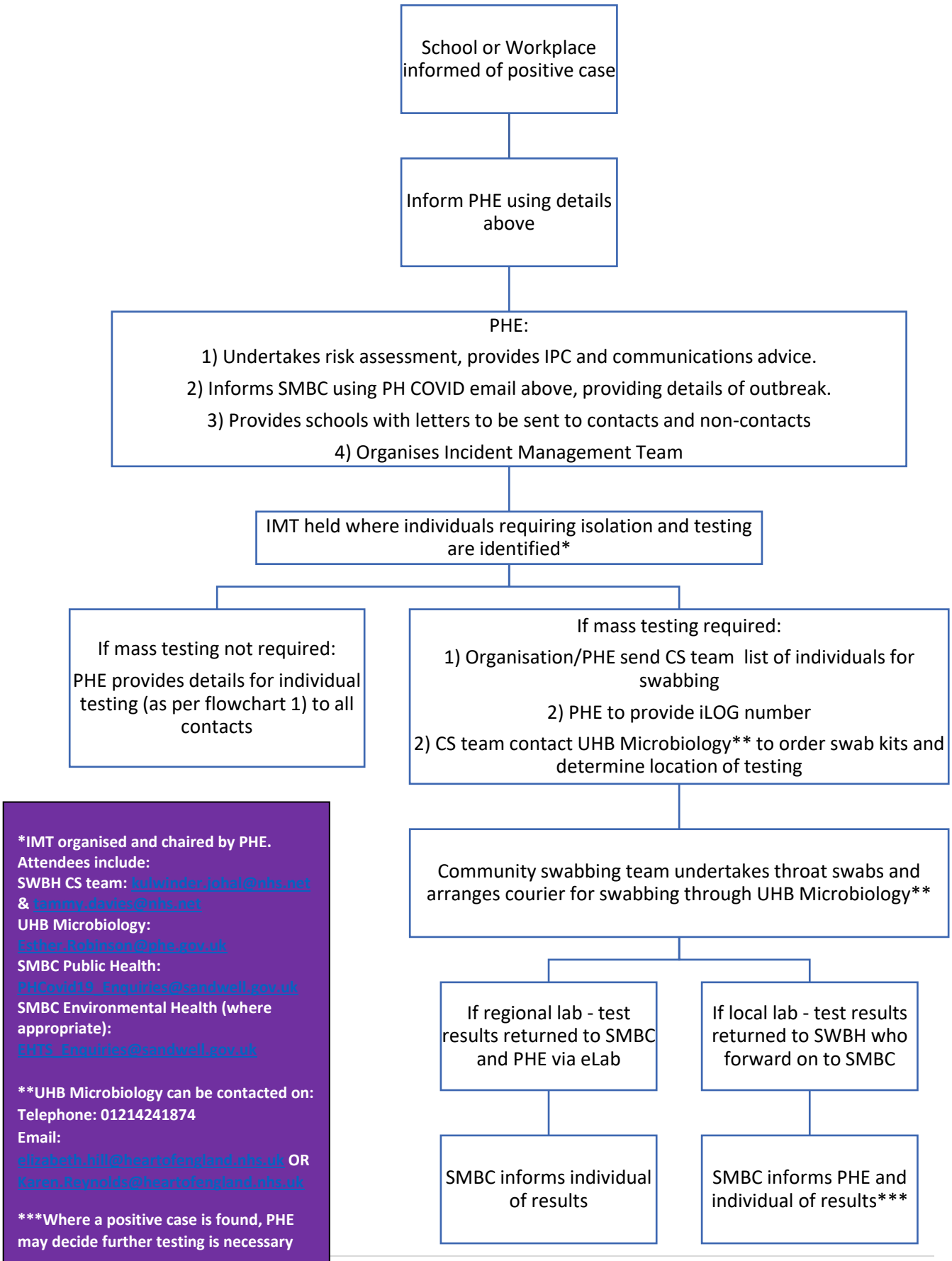
It is not necessary to report symptomatic individuals to Public Health England

HOWEVER

If any individual tests positive they must report this to their school/workplace

If a school/employer is informed of a confirmed positive case they must report this to PHE online at: https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I or by phone on 0344 225 3560 (Option 0 > Option 2)

tage 2: Tracing and testing of contacts (Sandwell Community Swabbing (CS) only – Not NHS Test and Trace)

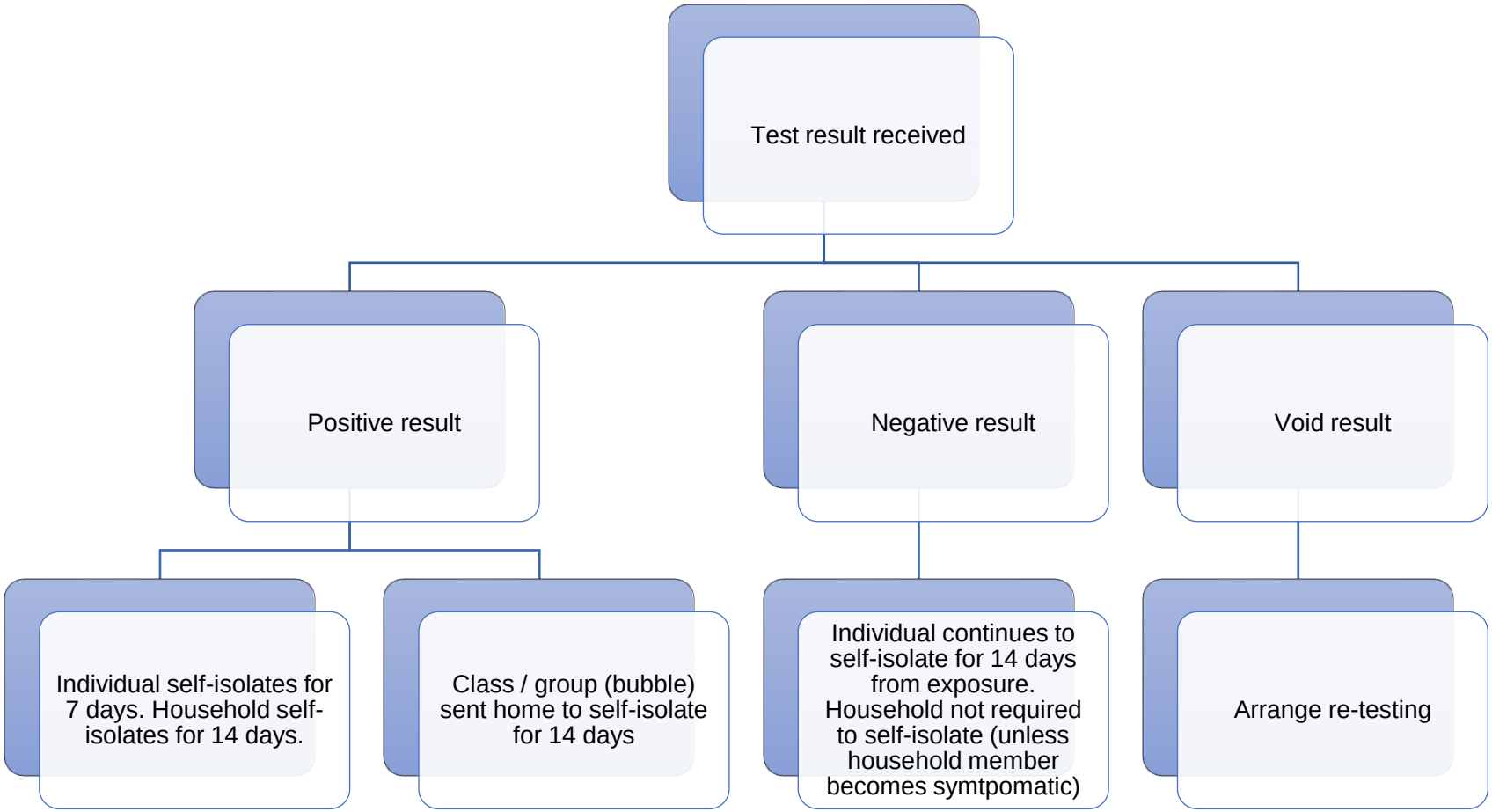


***IMT organised and chaired by PHE.**
Attendees include:
SWBH CS team: kulwinder.johal@nhs.net
& tammy.davies@nhs.net
UHB Microbiology:
Esther.Robinson@phe.gov.uk
SMBC Public Health:
PHCovid19_Enquiries@sandwell.gov.uk
SMBC Environmental Health (where appropriate):
EHTS_Enquiries@sandwell.gov.uk

****UHB Microbiology can be contacted on:**
Telephone: 01214241874
Email:
elizabeth.hill@heartofengland.nhs.uk **OR**
Karen.Reynolds@heartofengland.nhs.uk

*****Where a positive case is found, PHE may decide further testing is necessary**

Test result of contact received



Appendix G: Antibody Testing

What is an antibody (or serological) test?
An antibody test can tell someone whether they have had the virus that causes COVID-19 **in the past.** This is different to the antigen testing (swab test) that has been done so far which established whether someone **currently has** the virus.

What do antibody test results mean?
A positive antibody tests means that someone has developed antibodies to the virus. This is useful information for organisations as it shows how far the virus has spread so far.

However, COVID-19 is a new disease, and our understanding of the body's immune response to it is limited. We do not know, for example, how long an antibody response lasts, nor whether having antibodies means you can't transmit the virus to others. Our understanding of the virus will grow with new scientific studies.

If you test positive for antibodies, can you ignore lockdown restrictions?
No. There is a lack of evidence to suggest that those who have been proven to have had the virus are immune. For the protection of yourself and others you should continue to comply with social distancing measures and guidelines. All infection prevention and control measures must continue to be in place irrespective of the presence of antibodies.

How do I get an antibody test? How will I get my results?
In order to book your antibody test, you will need to ring 0121 507 6104 and choose option 2. You will need to provide your details in order to be registered on the electronic patient record for SWBH and you will be asked to choose which venue you would like to attend for your test. The available venues are:

The Lyng Centre for Health and Social Care
Birmingham Treatment Centre
Sandwell General Hospital
Rowley Regis Hospital

In order to access the booking sites you will need to wear a face covering.

The booking lines are open from 8:00 – 16:30 Monday – Friday. SMBC have access to a limited number of tests and have therefore prioritised staff who can access the test. These staff details have already been provided to SWBH, and so we ask that you do not share these booking details with anyone else, as they will not be able to book until invited to do so.

The results of the test will be communicated to you directly within 72 hours. The purpose of antibody testing is to establish how far the virus has spread through organisations rather than to inform any individual staff member's actions, therefore we ask that you inform Occupational Health on xxxxx once you have received your results.

Appendix H: Terms of Reference of the COVID-19 Community Engagement Board

Purpose of the Board

To monitor the progress and impact of the pandemic as well as any changes in national guidance or policy. Regular reports will be provided for this purpose.

To advise on how new COVID-19 guidance should be communicated to local communities in a way that maximises understanding and engagement.

To advise on the engagement of specific sections of our community who may be particularly vulnerable to the impact of COVID-19, including older people, people facing significant socioeconomic deprivation and people from a black, Asian or minority ethnic group (BAME) background.

As representatives of key partner agencies, members of the Board will actively contribute to engagement with the local population in COVID-19 related issues. This may include utilising their communications channels to promote joint communications campaigns as well as gathering insight and intelligence from the communities they serve.

Membership

The COVID-19 Community Engagement Board will be Chaired by the Chair of the Health & Wellbeing Board, with the Director of Public Health being responsible for its day to day operation.

Other members will include the Cabinet Member for Healthy Lives, Sandwell Council Chief Executive, Chief Superintendent of Sandwell Police, Chair of Sandwell Healthwatch, Sandwell Council of Voluntary Organisations, Chair of Sandwell & West Birmingham CCG and the Chief Executive of Sandwell & West Birmingham Hospital NHS Trust. The Board shall be Quorate if any three persons are present including the Chair.

Other Members of the Health & Wellbeing Board will be consulted and asked to join meetings as appropriate, as will other Council Officers and representatives of other organisations in Sandwell.

Ways of Working

The work of the COVID-19 Community Engagement Board will report quarterly at Health & Wellbeing Board. This will offer an opportunity to review progress and identify and key actions going forward.

However, in order to maintain the agility and responsiveness required most of the work of the COVID-19 Community Engagement Board will be done by email or through virtual meetings which may be held to discuss specific issues as they arise.

The Director of Public Health will disseminate regular reports to COVID-19 Community Engagement Board Members on the progress of the pandemic, as well as requests for advice on the communication or implementation of new guidance, or requests for participation in a consultation or promotional campaign.

Any Member of the Board can request that the Board consider specific issues as they arise. These requests should be made via the Director of Public Health who will prepare a brief report and convene a meeting if appropriate.

Regular lines of communication will be maintained between the with the COVID-19 Community Engagement Board and the Communications Teams within each member organisation.

Appendix I: Draft COVID-19 Meeting Agenda

Draft COVID-19 Meeting Standing Agenda
Date/time-
Venue-
Update on national picture – spread, infection rates:
Update on local picture:
NHS pressures – summary:
General Practitioners:
Hospitals:
Ambulance:
Community:
Mental Health/Learning Disabilities:
NHS 111:
Dental Practices:
Pharmacies:
Public Health Services:
Adult Services:
Children & Young people Services:
Public Protection:
Transport Services:
Other Services:
Travel Restrictions:
Supplies:
School closures:
Mass gatherings:
Other updates including: Health and safety, Military, Police, Port Health, Port
functions, Prisons:
Communications:
Media management:
Key actions:
Next meeting: