



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date **Monday, 13 July 2020**

Time **11.30 am**

Venue **Remote Meeting**

Enquiries Regarding this Agenda

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Committee Membership:

J Baker	Community Safety Partnership
Cllr A J Burford	Cabinet Member for Health & Social Care, TWC
S Dillon	Director: Adult Social Care
D Evans	Telford & Wrekin CCG
Cllr I T W Fletcher	Conservative Group, TWC
C Hart	Voluntary Sector Representative
C Jones	Executive Director: Children's & Family Services
J Leahy (Co-Chair)	Telford & Wrekin CCG
Cllr K Middleton (Chair)	Labour Group, TWC
L Noakes	Director: Health, Wellbeing & Commissioning
Cllr R A Overton	Deputy Leader and Cabinet Member for Enforcement, Community Safety & Customer Services
B Parnaby	Healthwatch, Telford & Wrekin
Cllr S A W Reynolds	Cabinet Member for Children, Young People, Education & Lifelong Learning, TWC
J Rowe	Executive Director: Adults Social Care, Health Integration and Wellbeing.
Cllr K T Tomlinson	Liberal Democrat / Independent Group, TWC
Cllr P Watling	Cabinet Member for Co-Operative Communities, Engagement and Partnerships

AGENDA

2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** 3 - 12
To confirm the minutes of the previous meeting.
4. **Public Speaking**
5. **Telford & Wrekin Local Outbreak Prevention & Control Plan** 13 - 46
To receive a report from Liz Noakes, Director of Public Health, Telford & Wrekin Council.
6. **Towards Integrated Care Provider Arrangements** 47 - 58
To receive a presentation from David Stout, Chief Executive, Shropshire Community Health NHS Trust.

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Wednesday, 10 June 2020 at 10.00 am in Remote Meeting

Present

Cllr A J Burford - Cabinet Member for Health & Social Care, TWC
S Dillion – Assistant Director: Early Help & Support, TWC
D Evans – Chief Operating Officer, Telford & Wrekin CCG
Cllr I T W Fletcher - Conservative Group TWC
C Hart – Voluntary Sector Representative
C Jones – Executive Director: Children Services, TWC
Cllr K Middleton – Member, TWC (Chair)
Dr J Leahy – Chair of Telford & Wrekin CCG
L Noakes – Director of Public Health, TWC
Cllr R Overton - Cabinet Member for Enforcement, Community Safety and Customer Services.
B Parnaby - Healthwatch, Telford & Wrekin.
Cllr S Reynolds - Cabinet Member for Children, Young People, Education and Lifelong Learning
J Rowe – Executive Director: Adults Social Care, Health Integration & Wellbeing
Cllr K T Tomlinson – Liberal Democrat / Independent Group, TWC
Cllr P Watling – Cabinet Member for Co-Operative Communities, Engagement and Partnerships.

In Attendance:

F Bottrill – Partnership Manager, TWC
J Clarke – Democratic Services and Scrutiny Officer, TWC
S Downes – Integrated Place Partnership Manager, TWC
J Galkowski – Democratic Services and Scrutiny Officer, TWC
T Jones - Deputy Executive Integrated Care, Telford & Wrekin CCG
S Norwood – Senior Public Health Commissioner, TWC
H Onions – Consultant in Public Health, TWC
J Smith – Integration Lead, TWC
S Trenchard – Interim Executive Director of Transformation, Shropshire, Telford & Wrekin CCG's.

Apologies:

J Baker – Community Safety Partnership

A minute silence was held in memory of those who had been affected by COVID-19.

HWB1 Declarations of Interest

None.

HWB2 Minutes of the Previous Meeting

RESOLVED – that the minutes from the meeting on the 10 June 2020 be approved by the Chair.

HWB3 Public Speaking

None.

HWB4 COVID-19: CCG Approach to Restoration and Recovery

The Health and Wellbeing Board received a presentation from David Evans, Accountable Officer for Telford and Wrekin Clinical Commissioning Group on the moving from restoration to system recovery and the new normal following the COVID-19 global pandemic, which focused on:

- Framework for planning & managing the stages of the pandemic.
- The 8 tests that Shropshire, Telford and Wrekin must meet.
- The Shropshire, Telford and Wrekin Integrated Care System principles and expectations.
- Capturing innovation.
- Learning captured through triple lens.
- Methods of information gathering to inform learning about impact of changes.
- Timescales for assimilating learning.
- Recovery & new normal governance structure.
- System strengths in response to COVID-19.

Members noted that there had been a reduction in the number of people attending A&E during the COVID-19 lockdown period, resulting in less unnecessary trips but also the avoidance of legitimate medical emergencies. Members questioned how to get the balance right moving forward. The Accountable Officer responded by agreeing that A&E had seen at least a 50% reduction in attendance at certain points, and that moving forward the NHS needed to ensure the correct messages were put out so that some behaviour exhibited in the lockdown was retained. He stressed that the public also needed to know that the NHS had been open for business as usual and to still attend if you had a medical emergency.

Members asked about the work that had been done with the care sector in relation to a potential second wave, and provided anecdotal evidence of other good practices that had been taken up by care homes in other areas of the West Midlands. The Accountable Officer responded by saying that all patients are tested for COVID-19 before discharge and are told to self-isolate for 14 days. Some challenges were presented for patients receiving continued care in care homes. Some care homes had set up separate wings so that patients returning from hospital could reside there. The Accountable Officer continued by saying that a particular area of challenge for care homes surrounded the patients returning to care homes who suffered from Dementia and may have unknowingly walked out of that wing and cross infected other patients. The

Accountable Officer concluded by saying he believed that there would be recurrence in the prevalence rate at some point within the next five or six months.

In response to a question, it was noted that the Telford and Wrekin average for deaths in care homes as a result of COVID-19 was just below the West Midlands average. It was noted that care homes within the Borough should be praised for their response to the pandemic and that a number of strategies had helped to minimise the impact in care homes, such as, measures that had been taken by the care homes themselves in terms of closing admissions and staffing, a proactive approach to supporting the care homes in the response to an outbreak led by Public Health England and the Council, but also support to avoid an outbreak initially and finally, a measured approach to discharges. A discussion was held regarding dementia patients in care homes.

Members noted the great work that had been done in the community in partnership with local care providers, and wondered if there could be a commitment that on the relooking of how the borough offers healthcare services across Telford and Wrekin, that more community based partnerships were created. The Accountable Officer responded by saying that both he and the Telford and Wrekin Clinical Commissioning Group (CCG) were committed to keeping what had gone well in response to COVID-19 and learning from the experiences that didn't. This included a shorter term plan for preventing hospital admission as well as a more co-ordinated and joined up approach for the short, medium and long term approach to the prevention of ill health for the population.

Members welcomed the innovation and digital advancements that had been picked up by GP's through the pandemic. Members requested an update on this work, as well as a timeline for introduction

Members referred to the plans for NHS involvement in care homes after COVID-19, and believed that a more radical change could be made with further presence of the NHS in care homes. It was noted that every care home in the Borough had a clinical lead to provide clinical advice and that the multi-disciplinary team from Shropshire Community Health NHS Trust provided support when required.

Members asked about services for residents with learning disabilities and a discussion was held regarding suspended services. It was agreed this needed to be looked into further.

A discussion was held regarding restoration of services, as well as the reformation of services to embed the lessons learnt during the COVID 19 pandemic. Healthwatch Telford and Wrekin had undertaken several task and finish groups relating to patient experience, which had highlighted that patients were fearful in going to the GP or A&E and only did out of desperation due to pain. A discussion was held regarding the need for the right advice to be given to the public regarding the use of GPs and A&E during the pandemic, but that the NHS remained open. It was noted that services

had split areas for COVID positive or suspected patients to those for COVID 19 free patients and that some actions have already undertaken such as moving phlebotomy services and urgent care centres out of the hospital to support this.

The Board was informed that the Council had received extremely good feedback from the regional panel for its submission for the Council Support Plan for Care Homes. The regional panel had also identified nine areas of good practice which would be recommended to other Local Authorities.

RESOLVED – that the contents of the presentation be noted.

HWB5 Care Act Easement: Implementation of the Coronavirus Act 2020

The Health and Wellbeing Board received a report from the Jonathan Rowe, Executive Director: Adults Social Care and Health & Wellbeing, Telford and Wrekin Council on the Care Act Easements 2020 and was presented by Sarah Dillion, Director: Adult Social Care, Telford and Wrekin Council. The report had been published to support the decision making within Adult Social Care in Telford and Wrekin Council in relation to the implementation of the Coronavirus Act 2020 which allowed for some flexibilities of the duties in the Care Act 2014. The Director: Adult Social Care reported that Telford and Wrekin Council had rated itself a level two based on the guidance set out in the Coronavirus Act 2020. The main flexibilities were:

- Adjustments to the method of undertaking Care Act Assessments in line with social distancing and non-essential visits.
- Three month suspension of client contribution for all care and support delivered in the community.
- Scheduled reviews of care and support plans undertaken remotely where possible.

The Director: Adult Social Care concluded by summarising that the main impact that had been undertaken by Adult Social Care in response to the coronavirus was the suspension of day services for individuals with learning difficulties but the service had continued to maintain contact and provided some services virtually as well as temporarily suspended respite care at Lakewood Court residential home. Some care had continued to be provided where required and there had been some delay on minor works on equipment and occupational therapy.

Members wanted some clarity as to when it could be expected that the emergency regulations would be suspended and the flexibilities reversed. The Director: Adult Social Care responded by saying that biggest area of concern was the daytime support for individuals with disabilities while social distancing measures were in place. Work was being done to assess the types of support they can offer, but daytime support could not be resumed until social distancing measures were relaxed.

Members asked what was the learning to take away from the alternatives types of support that has been offered and whether there was an invest to save strategy that could be implemented.

A discussion was held regarding residents who needed minimal support and that the close relationship between Adult Social Care and the Wellbeing Independent Partnership.

RESOLVED – that the contents of the report be noted.

HWB6 Health & Wellbeing Strategy Refresh Proposals 2020/21-2022/23

The Health and Wellbeing Board received a report from Liz Noakes, Director for Public Health. Telford & Wrekin Council detailing the Health and Wellbeing strategy refresh proposals for 2020/21-2022/23 in the context of the COVID-19 pandemic. The Board originally received and agreed the draft proposals in February 2020 however the full nature and scale of the COVID-19 pandemic could not have been imagined at the time. Therefore, within the recovery, reform and reset context for the Council and partners, it provided a unique opportunity to re-imagine and re-invent the health and wellbeing agenda for the future. An additional health protection priority was added which focused on the prevention and reduction on infectious diseases in the community. Therefore the proposed priorities were:

- Continue to develop, evolve and deliver our Telford & Wrekin Integrated Place Partnership (TWIPP) Priority Programmes:
 - Building community capacity and resilience.
 - Prevention and healthy life styles.
 - Early access to advice and information.
 - Integrated care and support pathways
- Have a priority focus to drive progress on tackling health inequalities
- Set a priority call to action to improve emotional and mental wellbeing
- Ensure we protect people's health as much as possible from infectious diseases and other threats.

Members queried that the report did not make reference to the ageing population that Telford has and wondered if this has been addressed. Ms. Noakes responded by saying that the Health and Wellbeing refresh strategy was an all-age strategy.

RESOLVED – that the reset strategy proposals be approved.

HWB7 Single Strategic Commissioner for Shropshire & Telford and Wrekin CCG - Update Report

The Health and Wellbeing Board received an update report on the Single Strategic Commissioner for Shropshire, Telford and Wrekin Clinical Commissioning Group from Alison Smith, Director for Corporate Affairs, NHS Shropshire CCG and NHS Telford and Wrekin CCG, and was presented by Dr. Jo Leahy, Chair of NHS Telford and Wrekin CCG. The purpose of the

report was to provide an update on the application process for the creation a Single Strategic Commissioner across Shropshire and Telford and Wrekin. The Health and Wellbeing Board was asked to note that the application for dissolution of the two existing CCGs and proposal to create a single CCG from April 2021 was made on 30th April 2020.

Members were concerned surrounding the number of sites that would be used by the CCG moving forward. The Chair of Telford and Wrekin CCG responded by saying that the experience from the COVID-19 pandemic is that individuals can work effectively from home and that moving forward there will be more remote working so that the site will become less important.

Members expressed concern, that from a commissioning perspective, Telford & Wrekin and Shropshire had different needs, and didn't want this to be overlooked. For example, the rurality in Shropshire compared to the urban deprivation in Telford & Wrekin. Likewise, members also believed that more money should be directed to community based assets rather than hospitals. The Chair of Telford and Wrekin CCG cited that the Telford and Wrekin Integrated Place Partnership group would push this area forward and assured the Board that the CCG would be engaged with this.

In response to a question, it was confirmed that members of the joint Governing Body were elected from GP practices in their respective areas and that this helped the diversification of the Body.

Members thanked the Chair of Telford and Wrekin CCG for her work on the Health and Wellbeing Board, and wished her luck moving forward following her departure as Chair of Telford and Wrekin CCG.

RESOLVED – that;

- a) **The actions taken to date on creating a single strategic commissioner for Shropshire, Telford and Wrekin be noted.**
- b) **The feedback outlined in the Engagement report be noted.**
- c) **That the Chair of the Health & Wellbeing Board would write to David Evans to seek clarification on the management arrangements and budget for Place-Based working in Telford & Wrekin.**

HWB8 **Telford and Wrekin Integrated Place Partnership - Health and Social Care Rapid Response Team Update**

The Health and Wellbeing Board received a report on the integration of health and social care in Telford's "place" approach and progress from Julie Smith, Integration Lead, Telford & Wrekin Council and Tracey Jones, Deputy Executive Integrated Care, Telford & Wrekin Clinical Commissioning Group and Sarah Downes, Integrated Place Partnership Manager, Telford & Wrekin Council. The report outlined the progress made by the Telford & Wrekin

Integrated Place Partnership (TWIPP) over the last 6-9 months and the difference it had made to residents and the system as a whole. The report gave progress updates to the various projects there were being undertaken by TWIPP. Highlights included:

1) Building Community Capacity and Resilience

- Grant Rounds to develop provisions of additional community groups
- Increased volunteering capacity with the community
- Development of the Personal Assistant (PA) role and support development of a PA+/Micro-provider role.

2) Prevention and Healthy Lifestyles

- British Heart Foundation community blood pressure testing programme
- Living with and Beyond Cancer Programme
- Development of social prescribing role in Primary Care Networks
- Implementation of Telford & Wrekin Smoke Free Plan
- Delivery of whole system approach to reduce obesity

3) Early Access to Advice and Information

- Ongoing development and promotion of Live Well Telford (Information Portal)
- Establishment of Independent Living Centres/Smart House

4) Integrated Care and Support Pathways (including out of hospital)

- Implement the Health and Social Care Rapid Response Team (HSCRRT)
- Rollout of Care Home Team & exploring early intervention team for care homes
- Hospital pathways development – including Pathway Zero
- Development of a telehealth option to deliver care for long term conditions
- Delivery of national service specification for PCN's
- Consolidation and further development of domiciliary care zone model

5) One Estate

- Development of new integrated estates/extra facilities

6) Other TWIPP Deliverables

- Implementation of the Hertfordshire Family Safeguarding Model
- Mental Health – place based approach

The report also focused on the work of the pilot Health and Social Care Rapid Response Team which aimed to:

- Improve the person's experience,
- Reduce avoidable unplanned admissions to hospital or care homes,
- Reduce the number of crisis referrals,
- Optimise follow up care to reduce re-admissions,
- Improve access to a range of community services,
- Happy and productive staff, and

- Provide data and information to support future decision making and service

Members expressed their support for the update they had heard regarding the Health and Social Care Rapid Response Team (HSCRRT) and how it was a good example of the partnerships that was needed in Telford and Wrekin.

Members wondered how the HSCRRT built into the longer term strategy of ensuring that individuals were able to stay in their home, rather than going to the hospital. The Integration Lead advised that the HSCRRT built on top of previous neighbourhood based work and that Telford and Wrekin was welded to the idea of place based working. The Integration Lead added that they understood that residents in different areas of Telford and Wrekin had a diverse set of needs, and this is what TWIPP as a place based partnership wanted to be welded to.

RESOLVED – that;

- a) The progress set out in the report and the request for a further update report in December 2020 be noted.**
- b) The local, place based work of Telford & Wrekin Integrated Place Partnership be supported and promoted.**
- c) The need for Telford & Wrekin Integrated Place Partnership, to remain a key part of the STP / and emerging Integrated Care System be supported.**

HWB9 Telford and Wrekin Community Safety Partnership - Domestic Abuse Progress Report

The Health and Wellbeing Board received a report on the Telford & Wrekin Community Safety Partnership Domestic Abuse from Helen Onions, Consultant in Public Health, Telford & Wrekin Council and Stacey Norwood, Senior Public Health Commissioner, Telford & Wrekin Council. The report focused on the work of the Domestic Abuse subgroup during the COVID-19 pandemic and then an update on the implementation of the Domestic Abuse Strategy 2019-2021. The Board also received a presentation which summarised the key message of the report, which were:

- The Council and partners had a special focus as part of the COVID-19 response
- There had not be an increase in the number of domestic abuse crimes and incidents but this was expected to rise as lockdown was lifted.
- The Council had committed additional funding for victims through the West Mercia Women's Aid Live Chat Service & the Shropshire Domestic abuse Service which supported people 1:1 and Helpline.

- ‘You are not alone’ campaign promotion: refreshed web pages, Shropshire Domestic Abuse Service video, social media call to action, supermarkets and NHS settings posters.

Members wondered if the Council had the capacity in place to deal with the increased number of cases that was predicted to occur when the lockdown ended. The Consultant in Public Health responded by saying that the Council was ready to start commissioning arrangements around enhanced support and perpetrator programs as they already had a service model prepared. It was noted that a support package for schools had been prepared to provide support for pupils who had suffered from domestic abuse on their return to school.

RESOLVED – that the arrangements in place to assess the impact of domestic abuse locally in light of the pandemic, the additional support and awareness raising and the further progress made in implementing the Telford & Wrekin Domestic Abuse Strategy 2019-2021 be noted.

HWB10 Mental Health & Inequalities - STP Trauma & Adversity Work Stream Update

The Health and Wellbeing Board received a presentation on the Sustainability and Transformation Programme (STP) Trauma and & Adversity Work Stream on Mental Health and Inequalities from Steve Trenchard, Interim Executive Director of Transformation for Shropshire, Telford and Wrekin CCG's. The presentation focused on the following topics:

- Mental health and inequalities.
- What contributes to poor mental health.
- Long Term Plan ambition.
- System trauma informed approach.
- System approach to raise awareness of adverse childhood experiences.
- Support Offer.
- Health and Wellbeing: Psychological Support.
- Proactive response during COVID-19 outbreak.

A Member queried the use of community based assets for social prescribing before individuals were submitted to trauma informed therapy. The Programme Director stated that this was part of the step care model and that trauma based therapy was about normalising experiences and giving individuals the help and guidance they needed.

In response to a question it was confirmed that this work was part of the Telford & Wrekin Integrated Place Partnership (TWIPP). The Interim Executive Director of Transformation added that just as he got to the point of signing off the plan for the initial submission, he begun the wider conversation on how to localise parts of the plan. The Interim Executive Director of Transformation concluded by saying that he has been supportive of investment being allocated to front end services which concentrated on

prevention, such as the Calm Café and out of office support, rather than just secondary specialist services.

A Member understood the importance of virtual therapy sessions for mental health support, but stressed the significance in retaining face-to-face sessions in the future, it was advised that a blended offer would be provided in the future, based on the needs of the user.

RESOLVED – that the contents of the presentation be noted.

The meeting ended at 12:30pm.

Chairman:

Date: Monday, 13 July 2020

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 13th JULY 2020

TELFORD & WREKIN LOCAL OUTBREAK PREVENTION & CONTROL PLAN

REPORT OF LIZ NOAKES, DIRECTOR HEALTH, WELLBEING & COMMISSIONING (STATUTORY DIRECTOR OF PUBLIC HEALTH)

**LEAD CABINET MEMBER – CLLR ANDY BURFORD
HEALTH & WELLBEING BOARD CHAIR – CLLR KELLY MIDDLETON**

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 Introduction

The Department of Health & Social Care announced in May 2020 that Local Outbreak Control Plans, led by local authorities, would be a key part of the HM Government's COVID-19 recovery strategy.

It is clear that a strong locally-led system is best placed to prevent and reduce transmission of the coronavirus, given the Council's in-house expertise and strong collaborative relationships with partners.

The plan aims to protect the health of the people in Telford & Wrekin and assure the public and partners that this is being done effectively, which links directly to our [Health & Wellbeing Strategy 2020-2023](#) health protection priority. Successful implementation of the plan should reduce the number of new community cases of COVID-19 and minimise the impact the virus is having on our most vulnerable residents – especially those in Black and Minority Ethnic Groups (BAME), older people and those who are clinically vulnerable.

The plan sets out the newly established governance and coordination arrangements for outbreak prevention and control in Telford & Wrekin: with oversight led by the COVID Health Protection Board and the Member-led Local Outbreak Engagement Board that will focus on communications and community engagement and operational management delivered through the Telford & Wrekin Health Protection Hub.

Further developing our local picture of data and intelligence is fundamental to the plan's success. This is a key risk as the local feed of data from national programmes has

improved, timely detailed data sharing needs to evolve rapidly now to enable effective local contact tracing to prevent and control outbreaks.

The Telford & Wrekin Local Outbreak Prevention & Control Plan details the way the Council will work with the local NHS and Public Health England, linking with the NHS Test and Trace programme. This system-wide approach will control outbreaks, through testing and proactive contact tracing, including in a range of high risk settings. These local processes have been developed rapidly during the past three months in preparation for the Government lifting of the lockdown restriction and they are already operational.

Our plan will evolve and the local processes will continue to be refined as we learn more about how to prevent and manage COVID-19 outbreaks in our communities through the implementation of the plan.

2. RECOMMENDATIONS

The Health & Wellbeing Board is asked to approve the Telford & Wrekin Local Outbreak Prevention & Control Plan.

SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Council priorities?	
	Yes	<p>Coronavirus has impacted our communities and partner organisations in an unprecedented way. Therefore this plan is a key part of our recovery following the pandemic, and as such it contributes to all the priorities:</p> <ul style="list-style-type: none"> • securing the best start in life for children and young people • protect and create jobs as a ‘business supporting, business winning council’ • improve local people’s prospects through education and skills training • keep neighbourhoods safe, clean and well connected • support communities and those most in need and work to give residents access to suitable housing • improving health and wellbeing across Telford and Wrekin • protect and champion our environment, culture and heritage
	Will the proposals impact on specific groups of people?	
	Yes	COVID-19 particularly impacts on people in Black and Minority Ethnic Groups (BAME), older people and those who are clinically vulnerable.
TARGET COMPLETION/ DELIVERY DATE	The DHSC expected Local Authorities to publish their Local Outbreak Control Plans by 30 th June 2020.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Government have allocated £300m to local authorities in England to develop and action their plans to reduce the spread of the virus in their area, in the form of a Local Authority Test and Trace Service Support Grant. Telford & Wrekin have received an allocation of £1.162m to support the implementation of this plan.</p> <p>TAS 3/2/2020</p>
LEGAL ISSUES	Yes	<p>Under the Health and Social Care Act 2012, both Public Health England and the Director of Public Health have responsibility for responding to incidents that present a threat to public health and protecting the community from the spread of infectious diseases. Additionally, the Environmental Health team has duties and responsibilities under the Public Health (Control of</p>

		<p>Disease) Act 1984 with regards to handling an outbreak of a disease.</p> <p>Consequently, Public Health England, the Director of Public Health and the Council's Environmental Health team are required to work together to control local outbreaks,</p> <p>As part of its response to the Covid-19 pandemic, national government announced a test and trace system to help manage local outbreaks and prevent the spread of the disease. As part of this approach, the government required all local authorities (led by their Directors of Public Health) to publish a Local Outbreak Plan by 30 June 2020. Whilst the government set out that each Local Outbreak Plan was required to address 7 key themes, describe how the authority would work with the national test and trace programme and in conjunction with partners to manage large scale incidents and outbreaks that may occur, power was given to the Director of Public Health to decide the contents of such plan (working with partners, where possible).</p> <p>The contents of this report will enable the Council to demonstrate that it has complied with the requirement to prepare and publish a Local Outbreak Plan. AL 02/07/2020</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	Yes	The data and intelligence commitments in this plan ensure that work will be targeted at any wards with high levels of COVID-19 infection.

PART B) – ADDITIONAL INFORMATION

3. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

4. PREVIOUS MINUTES

Health & Wellbeing Strategy – Refresh proposals Feb 2020

5. BACKGROUND PAPERS

None.

**Report prepared by Helen Onions, Consultant in Public Health Email:
Helen.Onions@telford.gov.uk**

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TELFORD & WREKIN LOCAL OUTBREAK PREVENTION & CONTROL PLAN

30th June 2020
FINAL



Table of Contents

Foreword	1
Context	1
Introduction	3
Aim	4
Rationale	4
Objectives	4
Principles	5
Delivering the plan	6
Governance and Coordination	6
Governance Overview	7
Telford & Wrekin Health Protection Hub.....	8
Delivering the plan – expectations and risks	9
Prevention	10
Prevention - key themes	10
Our Communication and Engagement Plan	11
Communications and Engagement – supporting high risk settings.....	12
Data and intelligence	13
Data and Intelligence – progress and plans	14
Management and Control of Outbreaks	15
Overview.....	15
Management and Control of Outbreaks – focus on high risk and vulnerable people	16
Identification of outbreaks and situations	17
Case and contacts definitions	18
Contact Tracing and Information Gathering	19
Managing the situations and outbreaks process	20
Outbreaks in the NHS	22
Working with Public Health England	22
System-wide support to manage outbreaks and situations.....	22
Local COVID-19 Testing Capacity	22
Infection, Prevention & Control Support.....	24

Appendices

Appendix I	NHS Test & Trace Overview and Operating Model
Appendix II	Memorandum of Understanding/Standardised Operating Procedure LA/PHE West Midlands
Appendix III	Local COVID Outbreak Boards Terms of Reference
Appendix IV	Risk Register
Appendix V	Communication Channels
Appendix VI	Telford & Wrekin Outbreak Investigation Questionnaire
Appendix VII	Outbreak Escalation processes
Appendix VIII	Standardised Operating Procedures (SOPs)
Appendix IX	Shropshire, Telford & Wrekin Coronavirus (COVID-19) Testing Routes

Foreword

It is essential that we recognise, as the focus moves to the next phase of the pandemic, that a strong locally-led system is best placed to prevent and reduce transmission of the coronavirus. Telford & Wrekin Council are in an ideal space to take on this role, making use of our internal expertise and the sound relationships we have with key local partners in: the NHS, Public Health England West Midlands, Shropshire Council, the community and voluntary sector and crucially with our communities.

We want to reduce the number of new community cases of COVID-19 to zero in the shortest time possible, and minimise the impact the virus is having on our most vulnerable groups – especially those in Black and Minority Ethnic Groups, older people and those who are clinically vulnerable. There are also the wider effects on our local residents linked to the impact of the lock down, particularly emotional health and wellbeing.

The success of the Test and Trace programme depends on a fully integrated approach between national and local government and a range of local partners, working with employers, schools and education settings, care providers, and the organisations which support our more vulnerable residents. Data flowing effectively from each part of the system is without a doubt a critical issue. Communication with our residents to give advice and support us all to stay safe is another key theme.

Our local relationships and collaborations, which have further developed through the initial phase of the pandemic, mean we can draw on the strengths of local partner's resources and expertise and further evolve to effectively deliver this plan's aims and objectives together.

This plan sets out the approach we are going to take to protect the health of the people in Telford & Wrekin. We need to ensure our approach is sustainable for the longer term and for other infections too, and as such prevention is a fundamental part of this aim.

Context

In late May 2020 the Department of Health & Social Care announced that [Local Outbreak Control Plans](#), led by the statutory Directors of Public Health in local authorities, would be a key part of the HM Government's COVID-19 recovery strategy.

The [NHS Test and Trace programme¹](#), a key component of the national strategy, has been established to:

- control the COVID-19 rate of reproduction (R)
- reduce the spread of infection and save lives
- help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases the economy.

The new national [Joint Biosecurity Centre](#), has also been established to work with Public Health England (PHE) and local authority local Directors of Public Health, to identify and manage local outbreaks. This is a significant role for local authorities, and it is crucial that local knowledge, expertise and coordination is used to improve the speed of response.

This expectation on councils builds on the local authority duties of [statutory Directors of Public Health](#) set out in the Health and Social Care Act 2012, and the Environmental Health duties under the [Public Health \(Control of Disease\) Act 1984 and associated regulations](#).

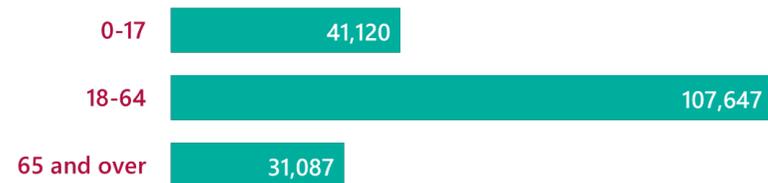
Local authorities will expand their work alongside Public Health England's (PHE) regional health protection teams, to plan and put in place measures to identify and contain outbreaks and protect the public's health.

System working together with the NHS and PHE, as part of newly established COVID-19 Health Protection Boards will ensure local oversight and assurance and foster a [culture of collective responsibility and leadership to protect the population's health](#). There is an expectation of local political ownership and public-facing engagement and communication for outbreak response through Local Outbreak Engagement Boards.

¹ See Appendix I for NHS Test & Trace Programme Overview and Operating Model

Our population

Population



Latest ONS estimates put the total population of Telford and Wrekin at 179,854 people. 17% of the population (31,100) are estimated to be aged 65 and over.

Ethnicity



The 2011 census showed 10.5% of Telford and Wrekin's population to be BAME. More recent data shows the proportion to be increasing with 16.8% of the borough's school age population from a BAME background in January 2019.

Long term health & disability 65 and over



Of the population aged 65 and over 55% (17,500 people) are estimated to have a **long term health problem or disability**.



Live in areas ranked in the 20% most deprived in England



Live in income deprived households



Live in income deprived households

Introduction

The [Telford & Wrekin Health & Wellbeing Strategy 2020-2023](#) has been reset to reflect the post pandemic context and recovery, and the Board have approved a new priority to ensure people's health is protected as much as possible from infectious diseases and other threats. This priority clearly has focus on continuing to work in partnership to protect people from COVID-19 infection.

This Local Outbreak Prevention and Control Plan for Telford & Wrekin describes how the Council will work with the national [NHS Test and Trace programme](#), and alongside PHE West Midlands and with our key local partners. Specifically this means alignment with Shropshire Council, as part of the Shropshire and Telford & Wrekin NHS system footprint, and within West Mercia Local Resilience Forum (LRF) arrangements. Working with PHE across the West Midlands and the LRF partners across West Mercia supports working across our borders and for large scale incidents and outbreaks which may occur.

New local boards will be established to provide the governance and oversight for the local outbreak prevention and control plan. Engagement with Elected Members and the public will be key and effective communication with our communities regarding public health advice and compliance with messages is crucial.

Although the plan focuses on controlling outbreaks, preventing the spread of infection before outbreaks take hold is an essential part of our work.

Department of Health & Social Care expect local outbreak plans to centre on seven key themes. There are inevitably risks associated with the delivery of this new plan, given the unknown nature of the coronavirus pandemic which is still evolving, as such expectations and risks are explored further on page 9.

Aim

To protect the health of the people in Telford & Wrekin and assure the public and partners that this is being done effectively

Rationale

➤ **Prevention first**

to reduce the spread of infection and also ensure there are enough resources to manage outbreaks

➤ **Containment of outbreaks**

through effective testing, contact tracing, isolation and prevention advice

➤ **Suppress the spread of infection**

with effective population wide measures which are well communicated to the public and businesses

Objectives

1. To prevent transmission and ensure early identification and proactive management to contain and suppress outbreaks
2. To protect the most vulnerable and reduce demand on health and care and other services
3. To coordinate timely, evidence-based action and expert advice across partner organisations to minimise this risk
4. To ensure robust local data and intelligence identifies actual/ and potential hotspots, to support prevention and control action
5. To offer proactive support for settings with high levels of risk or need
6. To provide a systematic and consistent approach and appropriate setting guidance
7. To disseminate effective communication with all partners
8. To actively promote key public health messages to our communities to foster engagement and participation, offering support where people need it most
9. To ensure Elected Member leadership and engagement supports the development and implementation of the plan

Principles

Principles	Key elements
<p>Public health systems and leadership</p>	<ul style="list-style-type: none"> • local authority DPH leadership • Public Health and Public Protection teams skills and expertise • evidence-based action to prevent infection and contain and suppress outbreaks • PHE specialist health protection advice • NHS infection control capability and capacity • COVID-19 testing capacity • integrated data - contact tracing, mapping & surveillance and epidemiological analyses
<p>Whole system approach</p>	<ul style="list-style-type: none"> • system working in line with statutory duties, roles & responsibilities and interdependencies • active engagement with local communities through Members • link to Local Resilience Forum (LRF) - SCG and TCG and LHRP • harnessing capabilities from partners - NHS clinical advice, police e.g. use of legal powers and voluntary sector e.g. to support those self-isolating
<p>Efficient, effective and responsive system</p>	<ul style="list-style-type: none"> • local decision making and command and control arrangements • rapid and proactive management of outbreaks • agreed data flows, pathways and information sharing protocols • sufficient information to allow management of outbreaks and appropriate actions
<p>Sufficient resources</p>	<ul style="list-style-type: none"> • skills & expertise from partners - people, capabilities, funds, assets • funding, including specific Outbreak Management funds from Government • swift and robust commissioning processes to deliver the required actions

Delivering the plan

Governance and Coordination

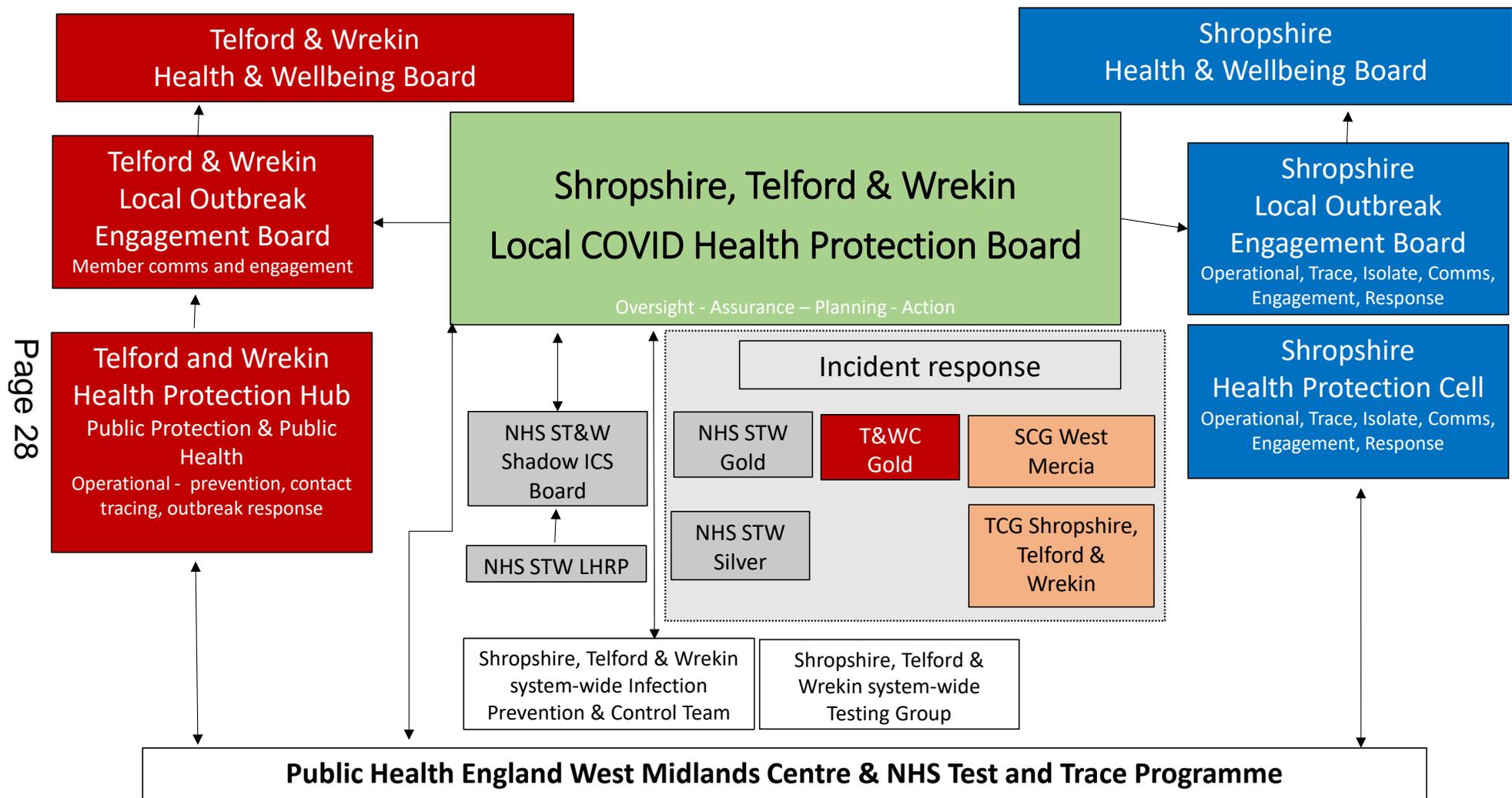
The local system governance and oversight for this plan will be through the new Member-led Local Outbreak Engagement Board and the Director of Public Health-led COVID Health Protection Board, reporting to the Health & Wellbeing Board (see governance overview on page 7). The COVID Health Protection Board has met twice to support the development of the plan. (see Appendix III for further details)

There will also be reporting into the local NHS, through the Shropshire, Telford & Wrekin Shadow Integrated Care System (ICS) Board. If incident management situations require escalation this will be through the West Mercia Local Resilience Forum (LRF) routes, via the Local Health Resilience Partnership (LHRP), Tactical Coordination Group (TCG) and Strategic Coordination Group (SCG). For example partnership response may be required to follow up potential exposure at a mass gatherings or in large premises.

The newly formed **Telford & Wrekin Health Protection Hub** will lead the operational coordination of local outbreaks and situations and will:

- a) Ensure that all outbreaks are logged with a minimum data set
- b) Convene an Incident Management Team (IMT) when appropriate, involving local partners and including the relevant specialist advice, which will:
 - Complete a full risk assessment
 - Define the cohort of contacts for tracing
 - Determine the actions required to minimise the spread of infection and to mitigate the wider consequences of the outbreak
 - Ensure that these are properly recorded
 - Determine a lead organisation and team to lead ongoing management of the outbreak and co-ordinate and ensure implementation of these actions
- c) Provide a single point of contact for PHE to report outbreaks
- d) Monitor progress of management of the outbreak and determine it can be closed to further action
- e) Convene further IMTs as required in the event of significant developments - for example additional cases or deaths, difficulties in implementing actions, substantial public anxiety - to identify any additional actions required.
- f) Consider when the outbreak can be closed
- g) Conduct a brief review following closure of all outbreaks to identify learning and improvements for future management
- h) Ensure effective data management
- i) Lead prevention work with high risk settings
- j) Provide each care home and residential setting manager with a dedicated Public Health officer

Governance Overview



Page 28

See Appendix VII for outbreak escalation process

Telford & Wrekin Health Protection Hub

Community focus - care homes & residential settings – schools & educational settings – workplaces

Functions: prevention, management & control

Proactive advice, guidance & support

- Health & Safety, Risk Assessments
- Infection Prevention & Control, PPE
- Regulation, Monitoring & Compliance
- Bespoke advice to care homes

Local outbreak control & management

- Information gathering
- Testing and Contact Tracing
- Advice on Control Measures

Support to vulnerable individuals

- Clinically at risk and shielded people
- Homeless and vulnerable people

Local intelligence and surveillance

Comms and engagement

Expertise: multidisciplinary

- Director of Public Health
- Consultant in Public Health
- Senior Delivery Manager Public Protection
- Public Protection officers
- Public Health officers
- Senior Intelligence Analyst
- Communications Officer
- Emergency Planning Officer

Co-opt in Infection Prevention & Control Team, HR etc.

Single point of contact

HealthProtectionHub@telford.gov.uk (local enquiries)

Delivering the plan – expectations and risks

DHSC themes for Local Outbreak Control Plans

1. Care homes and schools

Planning for local outbreaks in care homes and schools

2. High risk places, locations, and communities

Identifying and planning how to manage high risk places, locations, and communities of interest

3. Local testing capacity

Identifying methods for local testing to ensure a swift response that is accessible to the entire population

4. Contact tracing in complex settings

Assessing local and regional contact tracing capability in complex settings

5. Data integration

Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook

6. Vulnerable people

Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities

7. Local boards

Establishing governance structures led by existing COVID-19-19 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

Potential risks to delivery

There are local arrangements, some already in place and others still being further developed, to deliver this plan in line with the DHSC expectations (shown opposite).

This includes investing the [Local Authority Test & Trace Service Support Grant](#) to increase local capacity, capability and expertise, for example: in the Council's public health and environmental health teams to establish the Telford & Wrekin Health Protection Hub, in the CCG's infection prevention and control team, and also to ensure sustainability of our local NHS testing programme.

The most significant risks which still remain in delivering the commitments in this plan are seen as:

Data accessibility and linkages

- Undoubtedly the most significant risk is access to data vital for local contact tracing – this is due to issues regarding linkages between multiple national data sources between tiers of NHS Test and Trace down to a local authority level

Adherence and compliance with NHS Test and Trace

- Members of the public and employers do not comply with the advice to get tested and self-isolate and/or do not provide adequate information for contact tracing to support the control of outbreaks

Testing delays

- The turnaround times for test results through the national testing programme routes could mean delays in identifying and controlling outbreaks in a timely way

See Appendix IV for detailed risk register

Prevention

Primary preventative approaches should underpin all activity and work streams in this plan, as prevention is the key to delivering our aims. The Telford & Wrekin Health Protection Hub will lead on the prevention themes (below), working with NHS partners such as the Shropshire, Telford & Wrekin Infection Prevention and Control Team and the Healthy Child Programme School Nurses.

The communication and engagement elements of the plan have a strong prevention themes and the ways we will work with the public, schools and workplaces is shown in more detail on pages 11 and 12. (see Appendix V for further details)

Prevention - key themes

Physical and organisational measures

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

Infection Prevention & Control measures

- Handwashing
- Cleaning
- Appropriate use of PPE
- Support, guidance and training

Addressing inequalities

- Assess inequalities of impact, access to services/information, alongside impact of measures taken (risk of isolation/violence)
- Direct activities and allocate resource according to need (use of data/intelligence)
- Safeguarding those most vulnerable (based on income, ethnicity, gender, age, or circumstance, e.g. homeless communities, vulnerable migrants)
- Ensure communication is accessible and comprehensible to all

Enforcement as Prevention

Use of enforcement through legislation:

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

Communication and Engagement

Communication and engagement plan to ensure preventative approaches are being communicated appropriately to partner agencies, as well as public facing communications focusing on social distancing and staying safe. (see pages 11 and 12)

Our Communication and Engagement Plan

Aims for our communications and engagement plan

- To share prevention messages and resources with the public, schools and education settings, workplaces and employers
- To ensure residents get tested when they experience symptoms
- To ensure that residents isolate when they have symptoms and when they are identified as contacts
- To ensure residents who are vulnerable understand the local support available to them
- To reassure residents, employers, businesses and services that we are responding to and managing coronavirus outbreaks

Page 32

Our key communications messages

- Anyone with symptoms should be tested and their close contacts will be traced
- If you have been in close contact with someone who tests positive you must do the right thing and stay at home for 14 days, even if you have no symptoms, to avoid unknowingly spreading the virus
- Telford and Wrekin Council are playing the leading role in containing any outbreaks
- Do the right thing, break the chain of infection
- Prevention first – handwashing – personal hygiene - social distancing

Delivered through

Communications for the general public explaining track and trace and how everybody can play their part

Localised templates for press releases to report outbreaks, to alert people to the risks, reiterating the importance of doing the right thing, and reassurance that necessary steps are being taken

Communications with organisations affected by outbreaks, such as schools, care homes and businesses, to supporting organisations to adhere to government guidelines and regulations

Engagement with Members through the new Local Outbreak Engagement Board

Targeted communications

Schools & educational settings

Care homes & residential settings

Workplaces and businesses

Parish Councils

Our residents – especially our BAME communities and vulnerable people needing support

Communications and Engagement – supporting high risk settings

Telford & Wrekin Council and partners have been taking a proactive stance on communicating and supporting our high risk premises, providing them a range of advice and supporting resources through many different media channels, with further plans in development.

What we are already doing

- ✓ Letter to 3,800 businesses advising on the “Test and Trace” system – shared across social media platforms and considered best practice across the Midlands
- ✓ 11 test and trace social media posts on the T&W Facebook page and Public Protection Facebook page between 29th May and 15th June 2020 – with a cumulative reach of 81,6000 by 18th June 2020
- ✓ Schools provided with a range of materials that allowed them to open safe, e.g. cleaning guidance, risk assessment and infection prevention control guidance
- ✓ Schools infection prevention offer - hand wash demonstration by a school nurse, a teaching pack and each school was provided with an ultraviolet light and glitter bug gel to enable them to deliver the package on site.
- ✓ Weekly calls to care homes to offer bespoke support and guidance
- ✓ NHS Trainer the Trainer for care homes re whole home testing and Infection, Prevention & Control training (IPC)
- ✓ A range of supportive documents for businesses opening safely with posters in other languages developed and are accessed on the Public Protection web site
- ✓ Internal risk assessment developed to support those in the vulnerable and BAME categories to return to the work place
- ✓ Visits to workplaces to give IPC, cleaning and social distancing guidance during outbreak scenarios, including food factories
- ✓ Letters and guidance on how to support their tenants sent to licensed HMO landlords
- ✓ Care homes, domiciliary care providers and schools have been provided with emergency PPE

What we plan to do

We are looking at ways in which we can continue to engage with high risk premises and communities, including:

- preparation of a training package and slides
- Attending business forum meetings
- Engaging with Parish and Town Councils
- Engagement with local community groups and places of worship
- Translation of government and locally produced materials into other languages
- Proactively contact with major employers within the Borough
- Attend Pub Watch meetings to engage with hospitality industry
- Proactively engage with two universities within the Borough

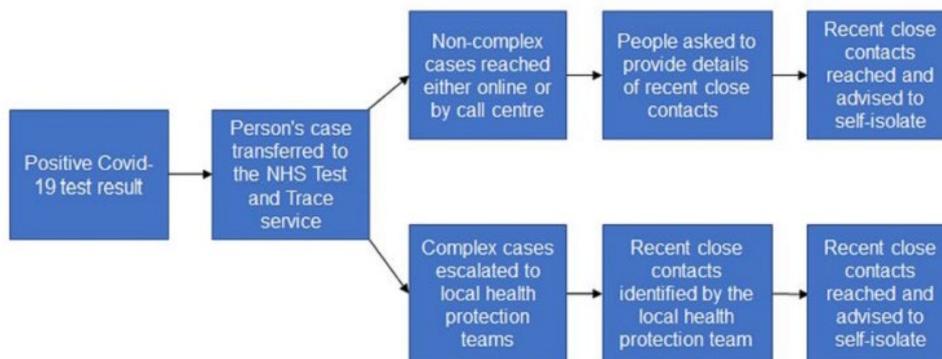
Data and intelligence

Data and intelligence underpins outbreak prevention and control and access to timely, high quality data is critical in terms of how successful we are in preventing the spread of the coronavirus and other infections.

Local Outbreak Control Plans need to be supported with robust data and intelligence collated from a wide range of sources: nationally from the NHS Test & Trace Programme, regionally from PHE West Midlands Centre and from local surveillance and soft intelligence, including the following:

- Notification of outbreaks and complex cases and situations
- Contact tracing activity
- Epidemiological information
- Socioeconomic and demographic information – including BAME factors
- Performance data (KPIs)

The NHS Test & Trace CTAS platform communicates testing information to contact tracing staff, automated contact tracing for cases and their contacts and a tool to manage contact tracing workload.



Source: [NHS Test and Trace Statistics methodology](#)

Data and Intelligence – progress and plans

What we are already doing

The Council's Research and Intelligence Team has already started to use national data, linked with a range local intelligence sources to develop a suite of reports to support the prevention and control of outbreaks, including:

- Telford & Wrekin Profile of COVID-19
- Mapping the geographical distribution of outbreaks, locally identified index cases and linked contacts across the borough
- Analysis of testing, case and mortality data
- Identification of and mapping of high risk premises
- Daily monitoring of test and trace aggregate information
- Socioeconomic and demographic profiling of the borough at a lower level geography to build a detailed picture of outbreaks, cases and concentration of high risk premises alongside the age profile, ethnicity and existing health challenges of our population

NB It is crucial that local authority-level individualised data on all cases and contacts from national and regional sources are made available to accurately map and understand patterns of infection.

What we are planning to do

- The Council's ICT Team are signed up to working commercial partners to use MS Dynamics 365 and Power BI advance analytics tools to develop a case management system with data dashboards and reporting to support delivery of this plan
- Support the communications aspect of the plan by identifying the most effective methods for targeting communications in our communities by using the geodemographic tool [ACORN](#) which classify households in terms of resident's lifestyle, behaviour and attitudes, alongside the needs of their communities
- Use our local intelligence to influence the positioning of national COVID-19 testing sites. During the pandemic phase, the national testing programme Mobile Testing Unit in Telford evolved into the establishment of a permanent Regional Testing Site due to its successful convenience and usage. As our profiling becomes more sophisticated it will be used to demonstrate the local need and demand for testing.

Management and Control of Outbreaks

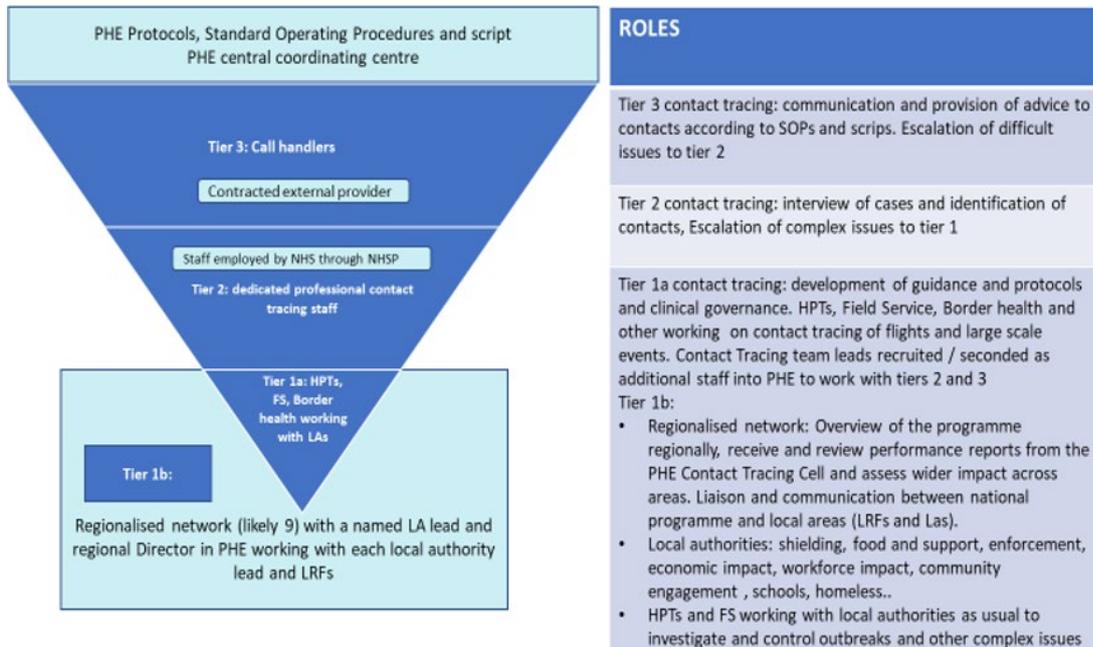
Overview

The primary objective in the management and control of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This section of the plan outlines the process and procedures for the investigation management and control of outbreaks and complex cases of COVID-19, both within Telford & Wrekin run premises and key settings where outbreaks are known to occur most often.

Outbreak management forms part of the [NHS Test and Trace programme](#) which operates at three levels shown below. The purpose of contact tracing is to:

- Identify other positive cases and contacts
- Find links to other cases
- Issue guidance on social isolation activities where applicable
- Establish any need for community service support for anyone self-isolating

NHS Test & Trace Operating Model



Telford & Wrekin Council’s Health Protection Hub, will deal with cases referred through PHE down to level 1 of NHS Test and Trace. The definition of a level 1 complex case is those involving settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, homeless hostels, HMOs, faith settings and vulnerable communities. (see page 19 for further details). NB there is a risk that nationally complex cases are not systematically identified and passed down to tier 2 and 3 at the local level.

Management and Control of Outbreaks – focus on high risk and vulnerable people

Settings – proactive prevention work and a systematic approach to planning for, and managing outbreaks in settings where outbreaks occur most frequently, such as schools and educational establishments, care homes and workplaces is a key expectation for this plan.

Using our local Standard Operating Procedures (SOPs), as part of the SOP/MoU with PHE, for these types of settings will demonstrate a consistent, evidence-based approach drives the management of risk, advice and implementation of measures to control infection. The **Telford & Wrekin Outbreak Investigation Questionnaire**, used by the HPH has sector various sections that are specific to each outbreak investigation

Complex cases and situations – there are a range of scenarios and situations which increase complexity, for example infection in health and care workers, cases in special schools linked to residential homes, travellers returning to the UK from high risk areas or shared living arrangements in homes of multiple occupancy (HMOs).

Vulnerable people – there are a wide scope of factors affecting individual’s vulnerability, we know for example older people are particularly affected by coronavirus. Individual’s vulnerability can also often be linked to settings and the complexity issues described opposite, for example homeless people, or those with substance misuse problems, victims of domestic and people who have learning and physical disabilities. It is also well recognised that people from Black & Minority and Ethnic (BAME) groups are disproportionality affect by COVID-19

There are a large number of people living in the community who have are [clinically at risk and need to be shielded](#) to reduce their risk of exposure to coronavirus. These residents, especially older people may require support to self-isolate.

Telford & Wrekin Council operate a [community support line](#) to provide extra support for its residents to protect those who are vulnerable, and may need help during the pandemic. Anyone who requires additional support during a period of self isolation with food parcels, shopping and delivery, collection of prescriptions, walking dogs can make contact and will be connected with the appropriate support in their community.

Identification of outbreaks and situations

Outbreaks are generally defined as incidents where **two or more** persons are confirmed positive for an infection and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of COVID-19 in a complex setting may prompt the need for incident management and the implementation of public health measures.

Outbreaks will be identified through a range methods and organisations, for example nationally by [Joint Biosecurity Centre](#), nationally or regionally by Public Health England or locally by notification or intelligence that is passed to the Council by, NHS or individual organisation e.g. member of the public, school or workplace. Telford and Wrekin Council have requested complex settings, such as schools and workplaces, to notify the Health Protection Hub when they become aware of a case or a suspected case. Where the Health Protection Hub learns of a complex setting case before PHE - they will as well as notifying PHE start to gather information / contact trace and in schools and workplaces offer infection prevention control advice. Care Homes have a separate mechanism for notification. (see Appendix VIII)

Initially PHE will undertake an initial risk assessment and may choose to lead on management of some outbreaks, drawing on support from local partners. PHE will refer other outbreaks to Telford & Wrekin Council for management.

The management of an outbreak will include an assessment of the risk of spread of infection and the actions required to minimise this, as well as the risks from wider consequences of the outbreak and how these can be mitigated. Risk assessment will draw on a range of specialist advice to ensure that it is thorough. On occasion trade-offs may be needed between minimising the spread of infection and the wider consequences of the outbreak, such as the impact of closing an entire workplace or school. These impacts should be considered and documented particularly carefully.

Case and contacts definitions

There are agreed definitions for cases and contacts, which differ depending on the setting, and which will also be reviewed as required during the investigation and outbreak.

A case is someone who has tested positive for COVID-19. A suspected case is someone who has exhibited one or more symptoms of COVID-19 but has not yet received a positive test result

Whilst the complex cases that come to the Telford & Wrekin Health Protection Hub will generally be situations that involve more than 1 confirmed case, which is normal agreed definition of an outbreak within a school or workplace there will also be times where the complex case that is investigated by the TWHPH can involve just one single suspected case or confirmed case e.g. in a care home or a special school, someone with complex needs or vulnerabilities e.g. people who are homeless or with disabilities.

Definition of a COVID-19 contact

For the period of 48 hours prior to the person becoming symptomatic

- **Direct contact:** Face to face contact with a case for any length of time, within 1m, including: being coughed on, a face to face conversation, or having skin-to-skin physical contact, or any contact within one metre for one minute or longer without face-to-face contact
- **Proximity contact:** a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes, including travelling in a small vehicle or in a large vehicle e.g. plane

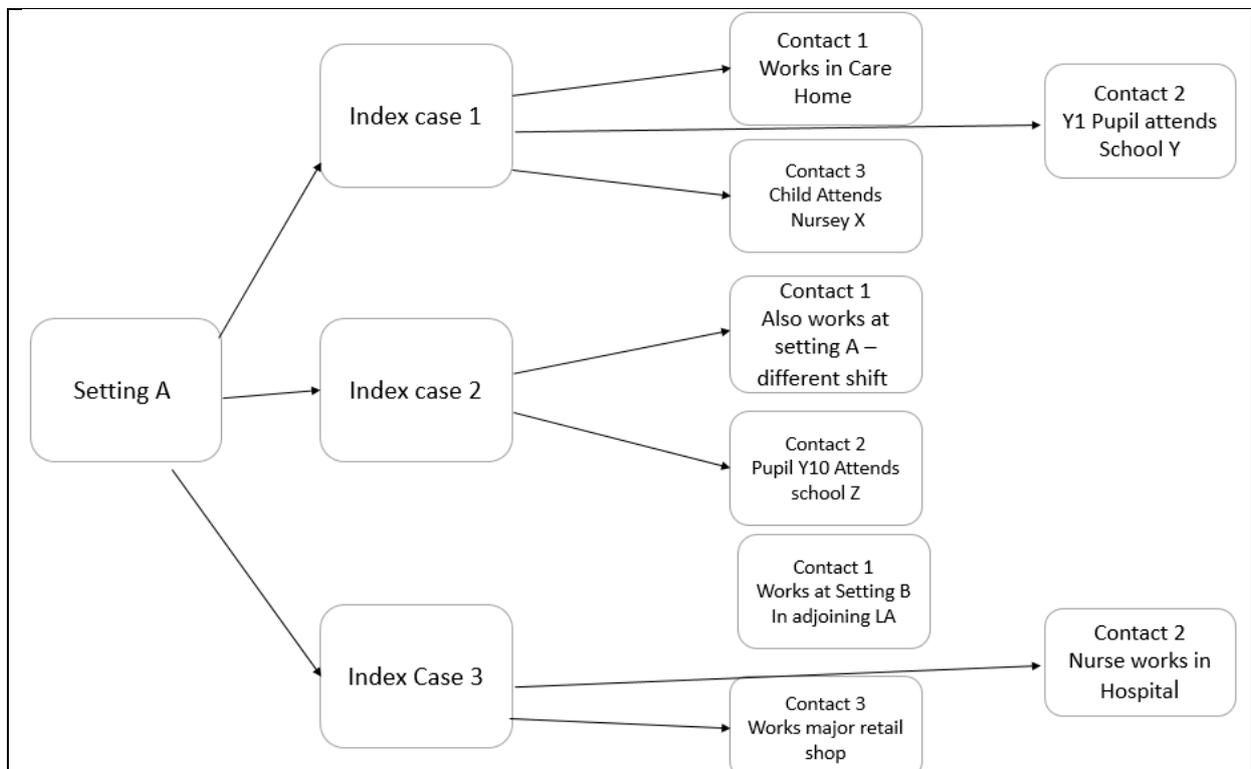
Contact Tracing and Information Gathering

Information on cases and contacts in terms of time, person, place and circumstances will be gathered as part of outbreak investigations. This will be derived from NHS Test & Trace data (NB currently the data supplied is not sufficient to allow contact tracing to take place), PHE information and local intelligence.

The **Telford & Wrekin Outbreak Investigation Questionnaire**² is used by the Council's Health Protection Hub staff to gather comprehensive information for situations and outbreaks in all settings and covers details such as: premises, personal information on symptomatic cases, staff and household contacts.

Investigation and contact tracing can be complex and involve multiple cases with multiple contacts and will often involve more than one setting (see example below) The Hub staff are experienced investigators and use their skills to make links between cases contacts settings and other outbreaks.

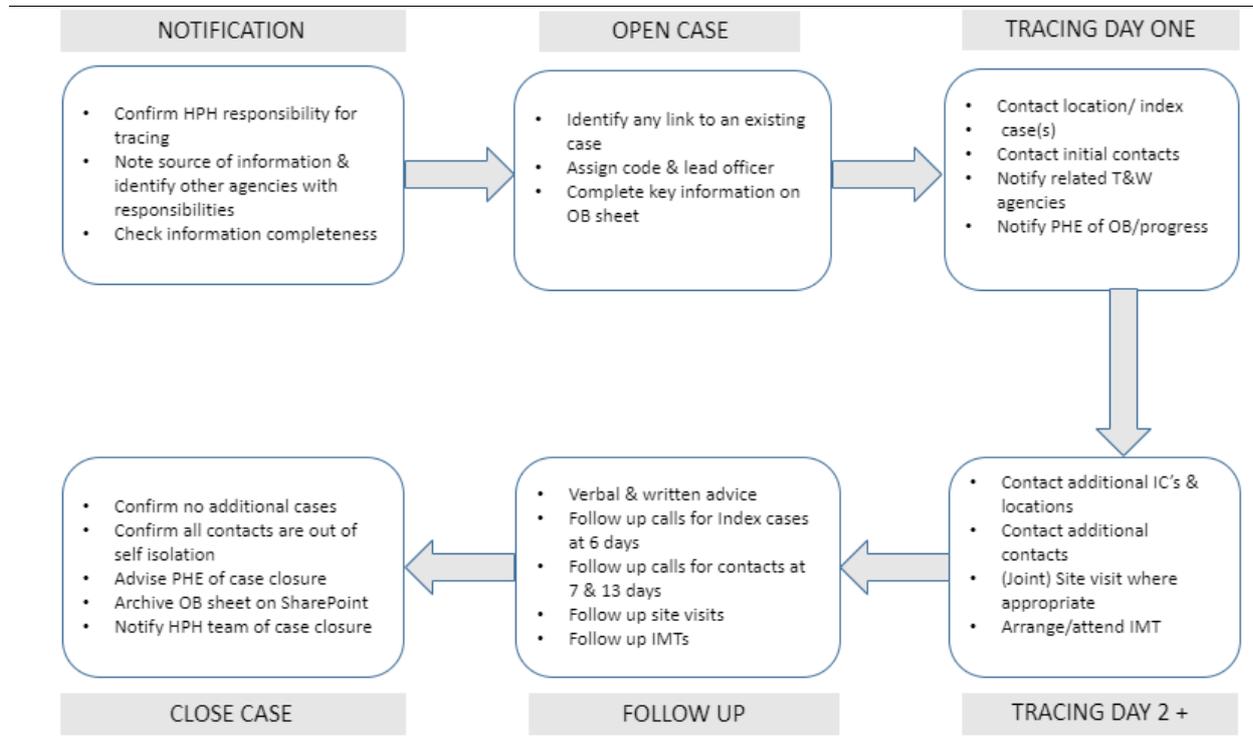
Investigation and Contact Tracing in Complex Settings Example



² See Appendix VI for outbreak questionnaire

Managing the situations and outbreaks process

1. The **Telford & Wrekin Health Protection hub** will lead the ongoing management of outbreaks using the process illustrated below. (see Appendix VII for detailed processes)



2. Management of outbreaks may include a range of actions, which will be determined by the IMT, such as:
 - Infection prevention and control measures and training
 - Consideration of business continuity
 - Testing
 - Contact tracing
 - Support for self-isolation
 - Enforcement
 - Emergency staffing
 - Visit to premises
 - Communications management
3. Management of outbreaks will be supported by:
 - Specialist advice e.g. Infection Control
 - Equipment and associated logistics to ensure supplies
 - Communications
 - Data management
 - Capacity and training
 - Testing

4. The coordination and implementation of actions should include:
 - Keeping a clear record of progress by using the **Telford & Wrekin Outbreak Investigation Questionnaire**, which has sector specific sections
 - Providing regular updates between Telford & Wrekin Health Protection Hub, including to the daily Health Protection huddle, PHE and any other key stakeholders
 - If there are significant developments - for example additional cases or deaths, difficulties in implementing actions, substantial public anxiety etc. – communicate and escalate these appropriately to Director of Public Health, Executive Directors and Chief Executive and partners in line with the escalation process. (see Appendix VII)
 - Where all actions have been completed and there is no evidence of further spread make a recommendation to close

5. Detailed processes/Standard Operating Procedures (SOPs) describe how actions will be carried out in each of the following settings (see Appendix VIII):
 - SOP for care homes, Extra Care and Supported Living, Extra Care, Supported Living and domiciliary care providers
 - Flow chart for contact tracing High risk places, locations and communities: Schools, Further Education and Early Years: including the tailored PHE WM COVID-19 and Telford & Wrekin Resource Pack for Schools

Summary of Support Offer to High Risk Settings

Setting	Data Source	Interactions
Care homes	Commissioning register	Weekly hub call to care homes NHS IPC support and Train the Trainer
Food Manufacturers	Food Register	Letter to businesses HPH – contact Social media posts
Non Food Manufactures	PPC data base – Infrastructure and	Letter to businesses HPH – contact Social media posts
Licensed HMOs	HMO licence register	Letters sent to licensed HMO landlords
Schools	Director of Education	Guidance pre reopening on IPC / cleaning and social distancing Handwashing offer for schools developed Letter to school re test and trace Suite of letters in case of
Early Years settings	Early Years team	
Universities		Direct contact by HPH
Travel hubs		
Places of Worship		
Community centres		

Outbreaks in the NHS

The various NHS organisations in Shropshire, Telford & Wrekin are developing a system-wide Test & Trace process for managing outbreaks in healthcare settings, including the two acute trusts, community hospitals and services and primary care. This process is linked to the [expectations for the NHS on healthcare associated COVID-19 infections](#), and includes patients and staff – linked to the local sickness absence reporting policy and process and local testing programme.

Further discussions are required to ensure that processes are developed to appropriately connect outbreaks and contact tracing in the NHS with community transmission through Telford & Wrekin Health Protection Hub and Shropshire Health Protection Cell.

Working with Public Health England

A Standardised Operating Procedure/Memorandum of Understanding (SOP/MoU) has been agreed between West Midlands PHE Centre, Telford & Wrekin Council, Shropshire Council and Shropshire and Telford and Wrekin CCGs. This framework provides the details of the arrangements for the joint management of local COVID-19 outbreaks, including the roles and responsibilities of the various organisations, across a variety of specific settings, in line with their statutory duties. (see Appendix II)

System-wide support to manage outbreaks and situations

Local COVID-19 Testing Capacity

Rapid access to high quality and timely testing at scale is vital to control the spread of coronavirus and as such is a key component of the [NHS Test & Trace programme](#). Local Outbreak Control Plans are expected to describe the local arrangements for testing, demonstrating accessibility, convenience and scale, including for individuals with symptoms and also for people who are contacts without symptoms (asymptomatic) as part of outbreaks.

Fortunately, there is a robust testing offer across Shropshire, Telford & Wrekin with a number of testing routes and sites available. This includes the local NHS Programme ([national testing pillar 1](#)), delivered by Shropshire Health Community NHS Trust, which undertakes swabbing and supports with Occupational Health-led reporting of results, and Shrewsbury & Telford Hospitals NHS Trust which provides the laboratory services.

The [local NHS testing offer](#) is available for patients, health and social care workers and key workers with symptoms, either themselves or household members. This service is offered through drive through testing facilities in both Telford & Shrewsbury and through a home visiting service for those who are too unwell to travel. The local programme offers good turnaround times – same day or following day swabbing appointments and an average 19 hour lab processing time.

It has been negotiated that the local Shropshire, Telford & Wrekin NHS COVID-19 testing programme will also support testing as part of local outbreak management. Local testing, both drive through and home visiting, is now available for symptomatic testing of people in high risk and complex settings and asymptomatic testing for their contacts in outbreak investigations. The Telford & Wrekin Health Protection Hub staff are now directly referring people for testing in via this route, which is especially important for children who are attending schools and education settings.

There are also national testing options ([national testing pillar 2](#)) available in Shropshire, Telford & Wrekin, through two MoD Mobile Testing Units (MTUs) and a permanent Regional Testing Unit (RTU). These options are available for all members of the public with symptoms eligible for testing and may need to be used when necessary for large scale testing in outbreak situations such as workplaces. It is expected that local authority Directors of Public Health will influence future siting of MTUs based on local intelligence of testing need and demand.

Overview of local testing routes (see testing grid in Appendix VI for further details)

	Shropshire, Telford & Wrekin COVID-19 local NHS Testing Programme (pillar 1)	National testing programme routes e.g. Telford RTU (pillar 2)
Symptomatic care home residents	✓	
Patients on admission and 24 prior to discharge to care homes	✓	
Key workers: NHS, Local Authority, Care Homes, Children’s Homes, Adult Learning Disability, Domiciliary Care, School and educational settings staff	✓	
Individuals in high risk and complex settings and their contacts (testing capacity for outbreaks)	✓	
All children and young people attending schools and education settings	✓	
Everyone with symptoms aged 5 and over		Self referral
Care homes (all staff and residents) – asymptomatic		Whole home testing

Infection, Prevention & Control Support

Workplaces and Schools

The Council's Public Protection Team traditionally have provided infection, prevention and control advice and support to schools, workplaces and businesses. During an outbreak situation part of the role of the new Health Protection Hub will be to provide infection prevention control advice to the various settings, offering advice hand hygiene, cleaning on PPE and where relevant appropriate social distancing measures

The Health & Safety Executive (HSE) are the enforcing body for Health and Safety at Work Act 1974 in certain workplaces and will be brought in as a partner to support these settings.

National guidance is available to support this work.

- **Hand hygiene and protective clothing**
For guidance on best practice for handwashing:
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best Practice hand wash.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf)
- **Cleaning**
Covid 19: cleaning in non-healthcare settings
<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>
- **Controls to allow safe working practice**
Working safely during Covid 19
<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>
- **Personal Protective Equipment**
COVID19 Personal Protective equipment
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Health and Care and other Residential Settings

Shropshire, Telford & Wrekin CCGs Infection, Prevention and Control Team have been providing advice and support to care homes through their existing pathways and relationships. This support and advice is in line with [government infection prevention and control guidance for COVID-19](#), and includes:

- ✓ Telephone advice and support
- ✓ Care Sector rolling training programme
- ✓ Development of a suite of IPC assessment/monitoring tools
- ✓ Quality surveillance of care homes

In response to the pandemic, the following additional measures have been put in place:

- ✓ STP Silver Command COVID-19 response Task & Finish Groups
- ✓ Training and advice on the correct use of PPE and IPC measures for Care Homes, Domiciliary Care and Children's Home settings.

The scope of the service offer is being expanded to cover other community health and care settings, such as residential children's homes.

All the local NHS Trusts also have Infection Prevention & Control functions, led by local Directors of Infection Prevention and Control. (DslIPC)

There are a series of national guidance documents which guide the IPC Team advice and support measures, including:

- **Hand hygiene and protective clothing**
 - For guidance on best practice for handwashing:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf
- **Personal Protective Equipment (PPE)**
 - Further guidance for PPE can be found here:
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>
 - For community care settings:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf
 - For guidance for putting on PPE (for non-aerosol generating procedures) can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875211/Putting_on_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf
 - For guidance on the removal of PPE (for non-aerosol generating procedures) can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875212/Taking_off_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf
- **Cleaning and waste disposal**
 - For detailed Infection Prevention and Control Guidance:
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- **Reducing Exposure**
 - Isolation measures:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf



Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Towards Integrated Care Provider arrangements?

June 2020

David Stout, Chief Executive, Shropshire Community Health Trust

Introduction

- Background
- CCG Commissioning Strategy
- Purpose of ICPs
- Key components of ICPs
- Current views on:
 - form
 - geography
 - Scope
- Issues for discussion
- Proposed priorities/next steps



Background

- CCG draft commissioning strategy presented to ICS Shadow Board on 19 May 2020 included an expectation that we are moving within STW to establish an Integrated Care Provider (ICP) model
- Discussions had already started on this locally:
 - PWC facilitated workshop in November 2019
 - Provider only session in December 2020
 - Agreement to establish an MSK alliance between SaTH, RJAH and Shropcom in February 2020
- However further progress has been delayed as a result of the COVID-19 response
- This paper summarises current thinking of leaders across the system and is based on individual interviews held by David Stout in June 2020 with Neil Carr & Cathy Riley, Andy Begley, Ros Preen, Jane Povey, Stacey Keegan, Louise Barnett, and Jonathan Rowe
- The paper sets out the key themes from these discussions and areas for further discussion to help us to agree next steps

Page 49



CCG commissioning strategy – ICP expectations



Development of Integrated Care Provider (ICP) for tactical commissioning

- ICP arrangements to drive integration and co-ordinated delivery of care for our population.
- The priority will be improving long term health and care outcomes for the population.

Page 50

Taking a more strategic approach

- Handing over responsibility for more commissioning to an ICP
- Set the outcomes and let the providers deliver them creating more integration of services
- Use a population health approach to define what really matters for each part of the population, and then set outcomes and allocate budgets accordingly
- Population health is based on use of data and intelligence from all parts of the system, and best practice
- Robust approach to prioritising key interventions and stopping doing other things



Purpose of ICPs

Primary purpose

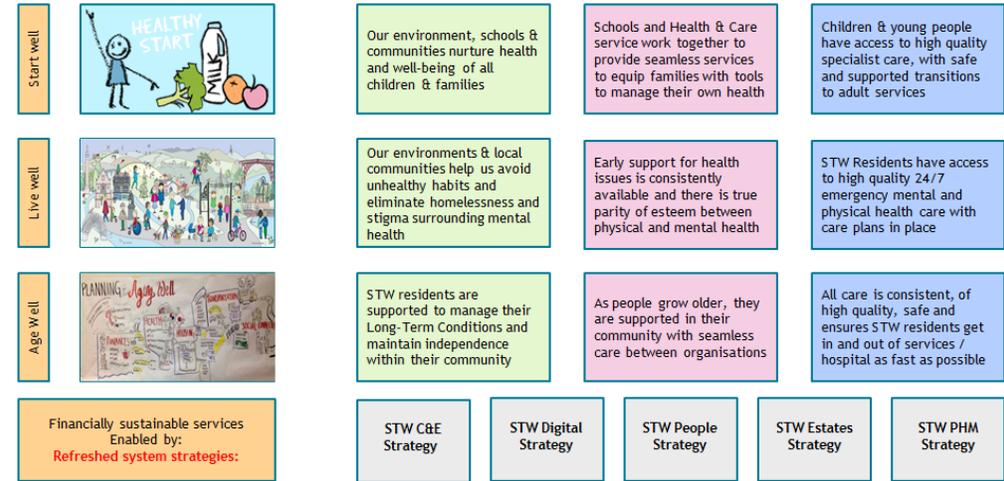
- to put in place a means of delivering the ambitions set out in our STW Long Term Plan
- to deliver better coordinated care for local people leading to:
 - better outcomes
 - more efficient use of resources

Page 5

Secondary purpose?

- to allow commissioners to step back from ‘micro-commissioning’ to allow providers to drive clinically led service design closer to the front-line with commissioners taking on a more outcome focused strategic commissioning approach
- To move away from an operating model based on competition and procurement to a more collaborative clinically driven approach

“Together as one we will transform health & care for our Population”
(Taken from LTP Nov 2019)



Key components of ICPs (taken from PWC slides)

1

Defining the Care Models and Pathways that refocus service delivery

The care model:

- Sets out the **outcomes and benefits** you want your system to deliver
- Articulates what you want your system to do (**levers and principles**) to deliver these outcomes (e.g. focus more on prevention and wellbeing, proactively target highest risk group)
- Can be broken down into care and clinical pathways (e.g. frail and elderly) which are aligned to benefits
- Frames the requirements for the type of **interventions and services** required across the system to meet the needs of the population
- Cannot be delivered without an understanding of the **functions, capabilities and enablers** that need to be in place

2

Designing the System Operating Model that enables you to focus your limited resources and manage flow of people through the system

The System Operating Model:

- Sets out all the **functions and capabilities** that will enable delivery of the care model outcomes
- Enables a better understanding of the **interrelationships** of the delivery components across the system
- Supports systems to make **decisions and local choices** on how they want to deliver these functions, who will deliver the functions, and where it should be delivered
- Sets out all the **requirements** that need to be in place so that functions can be delivered in the right way - Technology, Process, Workforce, Estates, Data etc.
- It enables informed decisions about where you **need to invest resources**

3

Realigning the incentives in the system to enable the new model

Realigned incentives:

- Built around **keeping people out of hospital** and into the least care intensive and cost effective settings
- **Changing the flow of money** across the system, using risk and gain incentives to achieve system balance
- **Contracts, payment schemes and models** aligned with incentives that support and enable behavior change of partners and transformation into the new model.
- Need to be underpinned by a **clear framework for measuring outcome based performance**, whilst encouraging innovation and improvement by partners across the system



ICP - Form

- Integrated Care Partnership or Integrated Care Provider? Spectrum of options:



- STW Provider Leader's views:

Page 53

- There is no appetite at this time from provider leaders for organisational structural change e.g. formal merger of organisations
- General view that we should start informally and flexibly to build trust and confidence in ability to work together, reinforced by the positive experience of working across organisational boundaries during the covid-19 pandemic . More formality would follow on naturally where necessary
- Need to be confident that accountability and decision-making is clear
- We do have some examples we can build from e.g.
 - Telford & Wrekin Integrated Place Partnership (TWIPP) – formal board but no delegated authority from partners
 - MSK Alliance - formal board looking to agree financial risk share, but service model not yet implemented



ICP - Geography

➤ Integration could take place at at least four levels in our system:

- **Neighbourhood** level e.g. PCN or other locality)
- **Place** level i.e. Shropshire or Telford & Wrekin
- **System** level i.e. the STP footprint
- **Supra system level** e.g. cancer network

Page 54
➤ STW Provider Leader's views:

- The general view was that we will need to integrate our services at all four levels
- The form of integration may need to be different at the different levels – possibly with more degree of formality in terms of governance at the higher levels?
- The development of PCNs is uncertain. They currently have relatively limited responsibilities but these may evolve



ICP - Scope

➤ There is a wide range of services which could be included in the scope of an ICP:

- Specialist services
- General acute services
- Community health services
- Mental health services
- General practice
- Wider primary care services
- Social care services
- Wider preventative services
- Voluntary sector services

Page 55

➤ STW Provider Leader's views:

- The general view was that the scope of integrated care should be broad
- The initial focus is likely to be around delivery of community based health and care services (both physical and mental health and acute outreach) and preventative services to support our 'left shift' aspirations



Issues for discussion

➤ This summary sets out initial views on the potential approach to ICPs in STW on:

- purpose
- Function
- form,
- geography
- scope

Page 56
➤ Questions

- Is this a fair reflection of current views?
- Will the broad approach of evolution of provider partnerships have sufficient impact to deliver the scale of change we will need? If not, what else is needed?
- Will the progress we have made in partnership working the first crisis phase of the coronavirus pandemic be sustainable once we move out of crisis mode and financial constraints are reintroduced? What will we need to do to make sure that it is sustainable?



Proposed priorities /next steps

- Following discussion at the STP Chief Executives Group we propose the next steps should be to focus on a small number of priorities to accelerate our development of ICP working:
 - Re-ignite MSK Alliance – implement new model as part of the covid-19 restore & recovery programme
 - Re-establish our care closer to home programme taking account of progress made during covid-19 on care home support, shielded patients support, advanced care planning
 - New Ways of Working: Identify a disease specific pathway for improvement (e.g. Diabetes, Respiratory) to include prevention
 - Back Office: BI/Analytics “one version of the truth”, open book, shared view



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