

# **Swindon Borough Council**

## **Local Outbreak Management Plan**

**Revised Edition – March 2021**

**This edition was approved by the Covid-19 Health Protection Board (May 2021) but is scheduled to be approved by the Community Engagement Board (Health and Wellbeing Board) in July 2021.**

# Swindon Borough Council - Local Outbreak Management Plan (March 2021)

## Foreword

As I write this foreword for the revised Local Outbreak Management Plan (LOMP), it is poignant to mention that today (06 March 2021) marks the one year anniversary of our first case of COVID in Swindon. Since then we have seen 10, 646 cases across our Borough and sadly lost 260 lives to the virus.

Since joining Swindon Borough Council in April 2020, I have seen the case rate for Swindon rise and fall. I began early in the pandemic, where the case rate was 0.8 per 100,000 and have seen this rise to 642 per 100,000 and fall again, today the rate is 83.3 per 100,000k.

The year has been a challenging one for professionals and residents alike. The fight against COVID has been like being at war against an enemy that we cannot see. However, we have fought back and will continue to fight. We have learnt a lot across the past year, we know what works, what does not work and at the heart of it all, the hard work of our residents and communities.

Let me take this opportunity to thank each and every person that have been involved in protecting the health of the people of Swindon across 2020-21 and beyond.

This updated LOMP builds upon the knowledge we have learnt across the past year since our first edition was published in May 2020. This document can never truly capture all the work that goes into protecting the health of our residents, but hopefully can provide reassurance that we are doing all we can, with the knowledge and tools we have to tackle COVID and the impacts it has upon our communities.

This refreshed edition of the LOMP contains further details in regard to how the Test and Trace programme has evolved alongside local systems, how we support our residents to self-isolate and how we are prepared to respond to new threats to health, including the monitoring of variants and how we will respond to these.

Swindon: It's up to all of us.



**Steve Maddern,**

**Director of Public Health**

**Swindon Borough Council**

**06 March 2021**

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# Swindon Borough Council - Local Outbreak Management Plan (March 2021)

## 1 Introduction

### 1.1 Global Context

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19. WHO declared Covid-19 Pandemic on 11 March 2020. As of 4<sup>th</sup> March 2021 just under 115 million cases have been diagnosed globally, with more than 2.5 million fatalities. The [WHO coronavirus dashboard](#) has country by country information. WHO also publishes a [daily international situation report](#).

### 1.2 National Context

Initial cases were first suspected cases in the UK in late 2019 with the first confirmed cases in January 2020. The [total number of confirmed cases in the UK](#) is published by the Department of Health and Social Care, and is available in a [visual dashboard](#). As of 4<sup>th</sup> March 2021 there have been 3.674 million lab-confirmed cases in England and nearly 105,000 Covid-19 associated UK deaths.

### 1.3 Local Context

Across the South West, as of 4<sup>th</sup> March 2021 there have been 211,879 confirmed Covid-19 cases and 6619 deaths. Across the Bath and North East Somerset (BANES), Swindon and Wiltshire Sustainable Transformation Plan (STP) foot print there have been 35,077 confirmed cases, of which 10,621 account for Swindon (30%) and there have 1,107 deaths of which 260 have been Swindon residents.

As of June 2020, each Local Authority must have a Local Outbreak Management Plans (LOMP) must be in place to allow improved speed of response to Covid-19 outbreaks, thorough planning and deployment of resources, building on local expertise, led by the Director of Public Health working with the regional PHE health protection team and local system partners.

This LOMP has been updated as a request of the Department of Health and Social Care in March 2021.

### 1.4 Health Protection: Legal and Policy Context

The legal context 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
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984

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- With NHS Clinical Commissioning Groups<sup>1</sup> to collaborate with Directors of Public Health and Public Health England to take local action (eg testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives Local Authorities (Public Health and Environmental Health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Boards and Partnerships (e.g. Local Health Resilience Forums) and local health protection arrangements with Public Health England. These arrangements are clarified in the 2013 guidance *Health Protection in Local Government*<sup>2</sup>.

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with the Director of Public Health, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health (DPH) is a statutory role embedded in the local authority with a duty to protect and improve the health of the population. The DPH has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying this local outbreak management plan is through the public health expertise of the local Director of Public Health and their teams.

### 1.5 **Outbreak recognition and declaration**

The definition of an outbreak can be interpreted in this context to mean two or more cases connected in time to a specific place (not a household) and/or an area or cohort of people with a significantly higher than expected rate of infection.

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<sup>1</sup> And NHS England in the case of Prisons and custodial institutions

<sup>2</sup> Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

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There is both a proactive and reactive elements to the prevention and control of Covid-19 outbreaks. We will use local level knowledge to anticipate possible outbreak situations (e.g. known mass gatherings) but will also use the surveillance data available to us to manage outbreaks by containment.

The definition of an outbreak is the focus for this LOMP, however an important factor would be the analysis and interpretation of patterns of community transmission across Swindon. Patterns amongst people, layered with information about their movements, enables us to identify places where people might not consider themselves to have spent significant time but would be regarded as important in the transmission chain. The initial notification of an outbreak would reach the Director of Public Health via PHE Health Protection Team or other means, who would initiate a health protection response cell who would carry out the following:

- An initial investigation of the incident to understand the nature of the outbreak.
- A risk assessment including:
  - Likely size of exposed cohort
  - Vulnerability of the people impacted
  - Current infection control measures in place
  - Barriers to self-isolation / control measures (social, circumstantial)
- Information assessed by the lead PH Consultant (which could be within the LA or PHE)
- Should an outbreak be declared an Outbreak Control Team would be set up or timeline for monitoring / review.

If the risk assessment suggests more intensive intervention is required, then further outbreak investigation and containment action would be undertaken at local level, led by the DPH.

This is supported by a Public Health Specialist in Infection Control (Nurse) and Environmental Health Officers in Swindon who can also offer site visits and support.

### 1.6 Outbreak investigation and containment

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

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

## 1.7 Enforcement

Enforcement may be required in some circumstances. The Police, Public Health England, Local Authority Enforcement Officers & Public Health Officers may all be authorised to exercise enforcement powers. The main Coronavirus relevant legislation may be found here: <https://www.legislation.gov.uk/coronavirus>, and this Government site is updated quickly as new legislation is introduced.

Legislation to deal with Covid-19 changes frequently as Government alters restrictions to respond to the virus. The Police and Local Authority Enforcement Officers are the principal enforcers and in general; The Police enforce restrictions around the person, such as mask wearing and gathering; and Local Authority Enforcement Officers enforce restrictions around businesses, such as instructions to close a business or to operate in a Covid-19 secure way. Non-compliance with Covid-19 legislation is a criminal offence and offenders can receive enforcement or prohibition notices, large penalty charges of up to £10,000, or be prosecuted.

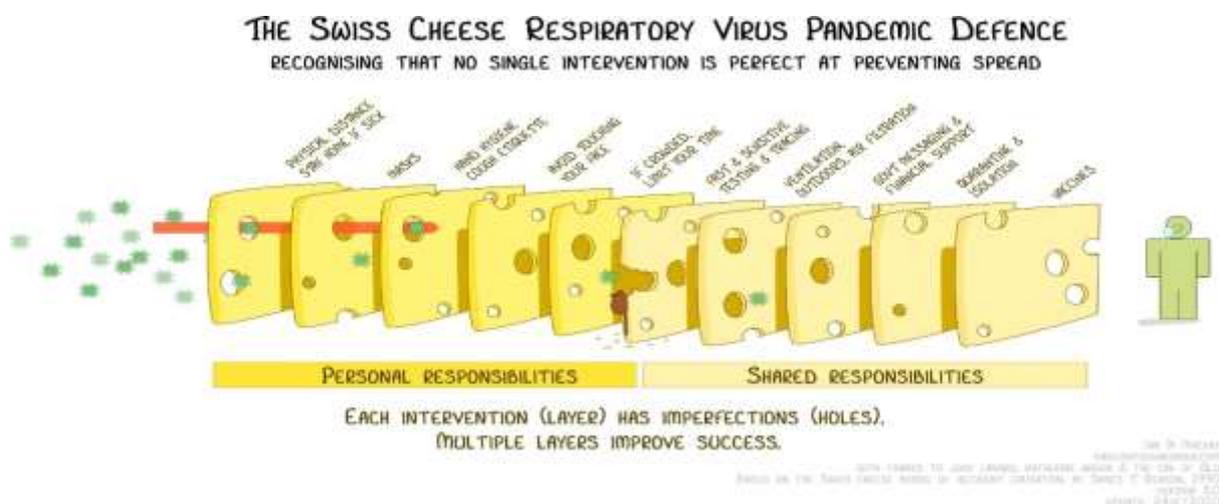
Aside from the nationally imposed restrictions, Councils can also direct the closure of local premises, events, or open spaces in order to respond to local outbreaks or the spread of the disease on the advice of the Director or Consultants of Public Health. Directions such as these are enforced by the Police and Local Authority Enforcement Officers in the same way.

## 1.8 Aims, Purpose and Principles

### 1.8.1 Aim

To ensure systems are in place to prevent, early identify and manage Covid-19 related outbreaks through a variety of different settings and vulnerable communities across Swindon.

Over the course of the pandemic more knowledge has been gained about the most effective way to achieve this. For optimal impact a 'Swiss cheese' approach has been identified to use a range of proactive and reactive measures to reduce risk.



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### 1.8.2 Overarching Purpose

Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. The Local Outbreak Management Plan (LOMP) will give clarity on how local government works to ensure a whole system approach to managing local outbreaks. As well as direct outbreak management, this includes co-ordination and support for activities such as:

- Testing for both symptomatic and asymptomatic people
- Contact tracing
- Vaccination
- Community engagement
- Health promotion: translating hands, face, space, ventilate messages to be meaningful and effective at local level

Directors of Public Health have a crucial system leadership role to play ensuring that through the LOMP they have the necessary capacity and capability to quickly deploy resources to the most critical areas. Response to local outbreaks, while led by Directors of Public Health in conjunction with PHE local health protection teams, local and national government, NHS, private and community/voluntary sector and the general public.

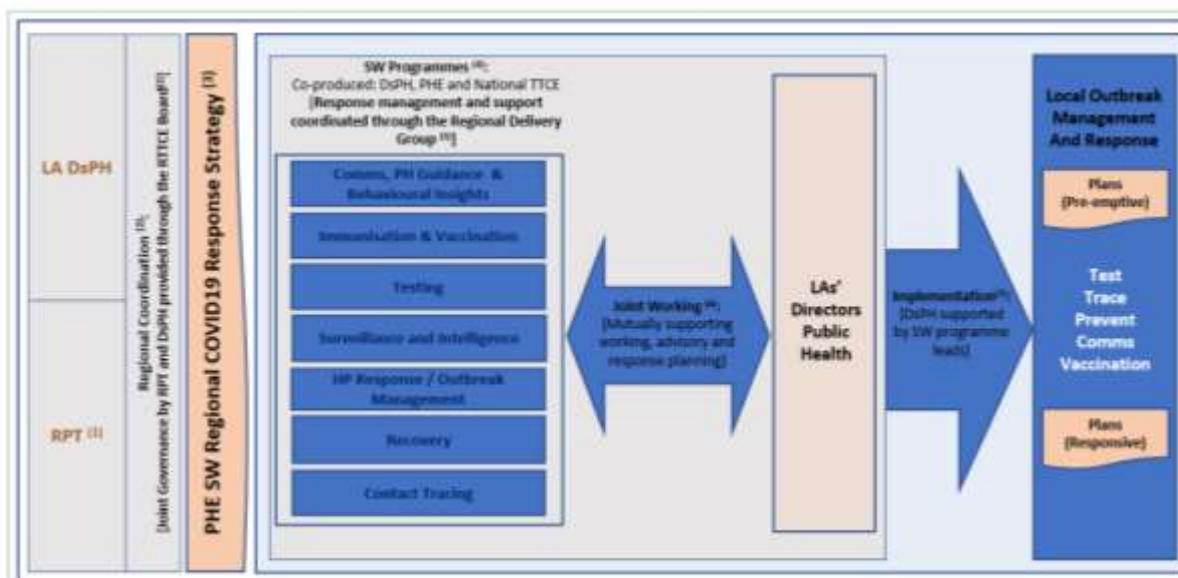
### 1.8.3 Core working principles

The prevention and management of the transmission of COVID-19 will:

- Be rooted in public health systems and leadership
- Adopt a whole system approach which is crucial to preventing and managing outbreaks
- Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
- Be sufficiently resourced – Swindon Borough Council has received ongoing funding from the Government to support the implementation of the LOMP and the impact of COVID locally.
- This plan should be used in conjunction with the most current evidence-based Covid-19 management guidance produced by the UK Government and Public Health England. This plan is also be used in conjunction with the Local Health Resilience Partnership (LHPR) outbreak plan and associated Covid-19 action cards/plans. This plan supplements existing organisational outbreak plans (e.g. NHS Outbreak Framework).

## 1.9 Working in Partnership

Below is a visual representation detailing the relationships between key organisations in outbreak response. Individual organisations roles which will be explained in detail throughout this section.



### 1.9.1 National approach

#### Joint Biosecurity Centre (JBC)

This Centre performs two key tasks. The first is as an independent analytical function to provide real-time analysis in regard to outbreaks. It will look in detail to identify and respond to outbreaks of Covid-19 as they arise. The centre will collect data about the prevalence of the disease and analyse that data to understand infection rates across the country. Its second role is to provide advice on how the government should respond to spikes in infections. Should UK government ministers decide to impose different restrictions in different areas and regions across England, it will be on the advice of the JBC.

#### National test and Contact Tracing Programme

The contact tracing and testing effort is led by the Department of Health and Social Care. PHE are responsible for providing professional leadership and monitoring quality of service delivery, working alongside delivery partners and Directors of Public Health. This has considerably expanded during the pandemic (see section 6).

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### **NHS England/Improvement**

NHS England/Improvement has responsibility for managing/overseeing the NHS response to infectious disease cases and their contacts and health protection incidents, ensuring that relevant NHS resources are mobilised and commanding/directing NHS resources as necessary.

Additionally, NHS England/Improvement is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health. These include, for example, pharmacies, dentistry, ophthalmology, prison healthcare and young offender institutions and Immigration Removal Centres.

NHS England are responsible for the delivery of the vaccination programme.

### **Public Health England (PHE)**

The Secretary of State for Health and Social Care has the overarching legal duty to protect the health of the population, a duty which is generally discharged by Public Health England (PHE) and specifically by the Health Protection Team within the PHE South West Centre. The Deputy Director for Health Protection will ensure that the Health Protection Team will lead the epidemiological investigation and provide the specialist health protection response to public health outbreaks / incidents.

The Health Protection Team functions include:

- supporting local disease surveillance (maintaining and developing surveillance systems for communicable diseases in accordance with the Health Protection (Notification) Regulations 2010);
- investigation, risk assessment and provision of advice with regards to cases of infectious disease;
- leading the management/coordination of community incidents and outbreaks;
- developing, implementing, delivering and monitoring national action plans for infectious diseases at local level;
- 24/7 advice and support Local Authorities and other organisations with responsibilities for protecting the public's health
- providing a gateway to the PHE specialist expertise such as the Centre for Radiation, Chemical and Environmental Hazards (CRCE), Field Service epidemiologists and public health laboratory network.

The National Institute for Health Protection is soon to be established, which will see the merger of PHE health protection functions, JBC and Test and Trace. This new organisation will see the abolition of PHE.

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### 1.9.2 Regional system

Partners across the region work collaboratively together to produce plans for managing this stage of the COVID19 response (for governance see later section).

#### **PHE South West Health Protection Team (SW HPT)**

The HPT have oversight of all health protection incidents, receiving data from clinical teams on probable cases, and laboratory reports for all confirmed cases. They speak to cases, identify contacts, and put measures in place for outbreaks as part of their normal role. They focus on supporting more complex incidents by bringing communicable disease control (through a Consultant in Communicable Disease Control; a specialised form of a Consultant in Public Health) and field epidemiology expertise. A locality model has been developed to ensure each area has a named consultant and point of contact. PHE SW attend OCTs on request from the locality. PHE also facilitate a health protection network allowing local leads to swap ideas, experience and learn from each other. In relation to contact tracing, a South West Regional Trace Network has been established which aims to support the delivery and further strengthen Covid-19 contact tracing activities for our SW population delivered locally (through Local Authorities), regionally (through PHE HPT) and nationally through NHS Test and Trace.

#### **Local Resilience Forum and Regional SCG**

Local resilience fora are partnerships to support the planning, preparedness and response to any major incident. They are primarily comprised of responders as detailed by the Civil Contingencies Act. There is a Swindon and Wiltshire Local Resilience Forum.

There is also a Regional Strategic Command Group. South West Directors of Public Health are represented by the Director of Public Health for Gloucestershire County Council.

PHE South West have established a Regional Test Trace Contain and Enable Board which acts as an interface between directors of public health, PHE, DHSC and the JBC.

### 1.9.3 Local system

#### **Swindon Borough Council**

Through the Director of Public Health, the Local Authority has overall responsibility for the strategic oversight of health protection incidents/outbreaks impacting on their population's health. They should ensure that an appropriate response is put in place by local responding organisations, that this is proportionate and effective in meeting local needs.

In addition, the newly established Covid-19 Health Protection Board (see section 2) must be assured that the local health protection system is robust enough to respond appropriately to cases of infectious disease and outbreaks to protect the local population's health and that risks have been identified, are mitigated against and adequately controlled. The Council will make use of locally developed evidence and intelligence to inform this assurance including routine surveillance data (see section 3).

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Swindon Borough Council also commission mandated public health services and social care providers across the borough and this may extend to coordinating responses which require the mobilisation of these services.

Directors of Public Health and their teams provide a clear line of reporting through local democratic structures, including the Health and Wellbeing Board.

### **BSW NHS Clinical Commissioning Group**

The primary role of the CCG is to ensure, through contractual arrangements with provider organisations including primary care (GPs), that healthcare resources are made available to respond to, manage and control the risks associated with Covid-19 related health protection incidents within their registered population. The CCG also commission hospital care, rehabilitative care, community health and mental health and learning disability services. It has also led with partners on the rollout of the Covid vaccination programme. There are two larger vaccination sites in the BSW area at Salisbury and Bath Racecourse. For Swindon GWH has acted as a vaccination hub and the Steam Museum is used by Primary Care Networks (PCNs) to deliver the vaccine. A pharmacy delivery model is also underway

The role of the CCG includes the commissioning of local services which are specific to identified health risks (e.g. prescribing pathways for post-exposure prophylaxis and treatment through Local Enhanced Service contracts with primary care); ensuring existing services are sufficiently flexible and resilient to respond to unplanned incidents and emergencies (e.g. surge capacity, business continuity and emergency planning); or rapid spot-commissioning services to respond to incidents where there is no existing capacity in place.

The CCG is responsible for ensuring there are robust escalation procedures in place for providers to respond to any incident and will support NHS England/Improvement in coordinating the local health response.

The CCG will lead and support the delivery of rapid swabbing services for the response to variants under investigation / variants of concern as required.

The CCG is responsible for the operational delivery of the Covid-19 Vaccination programme.

The wider local system is key in the prevention and management of Covid-19 related outbreaks and would include many other partners including:

- Great Western Hospital
- Primary care providers (including GPs, pharmacies, opticians, dentists)
- Local Resilience Forum
- Parish councils
- Community / Voluntary sector providers
- Emergency services (inc. Fire service)
- Commissioned services
- BSW STP
- Wiltshire Police

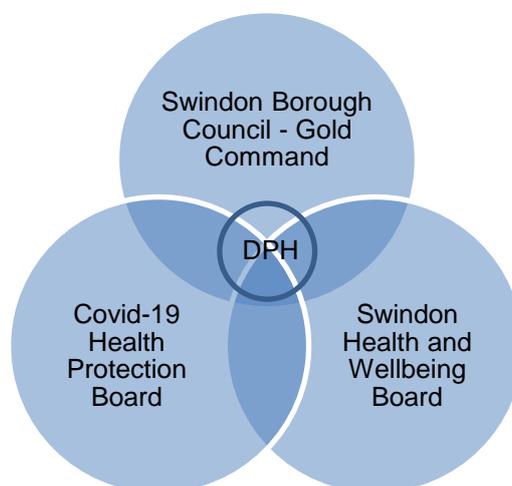
**The Decision making interface between local and national**

Level	Decision maker(s)	Co-ordination, advice and engagement	Support and Assurance
Individual setting	Individuals or bodies responsible for that setting (e.g., Head Teacher, restaurant owner)	<ul style="list-style-type: none"> <li>Public Health England (local Health Protection Teams)</li> <li>Director of Public Health teams</li> </ul>	NHS Test and Trace Local Teams will liaise at all levels as needed and with relevant government departments, ministers and COBR
Local Authority level	Decisions may be taken by the: <ul style="list-style-type: none"> <li>LA Chief Executive</li> <li>Director of Public Health</li> </ul>	<ul style="list-style-type: none"> <li>Covid-19 Health Protection Board</li> <li>Local Strategic Co-ordination Group (Gold Command)</li> <li>Health and Wellbeing Boards (Local Outbreak Control Board)</li> </ul>	
Cross-boundary	N/A – agreed cross-boundary decisions will be implemented at UTLA level	<ul style="list-style-type: none"> <li>Local Resilience Forums (LRFs)</li> </ul>	

**2. Governance**

This LOMP has been developed in conjunction with the newly established Swindon Covid-19 Health Protection Board which has a Covid-19 and wider health protection oversight function. The LOMP will have sign-off by Swindon Borough Council’s Gold Command and by the Health and Wellbeing Board.

**Fig.1 Swindon LOMP Governance Structure**



**a. Swindon Covid-19 Health Protection Board (C19HPB)**

The C19HPB will develop a COVID-19 function and business as usual function. The COVID-19 function will ensure membership from Swindon Borough Council officers, CCG, PHE and other key partners. C19HPB will report to Swindon’s Health and Wellbeing Board (H&WBB) and Local Authority Gold Command as well as wider reporting to the LRF and Gold command.

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We will develop the Health & Wellbeing Board (HWBB) remit to enable it to drive the required Member-led stakeholder board required for oversight of the Swindon LOMP. This will ensure a place-based approach is taken via engagement with key stakeholders already present on the HWBB.

### **b. Swindon Health and Wellbeing Board (Local Outbreak Engagement Board)**

The Health and Wellbeing Board was introduced by the Health and Social Care Act 2012. The statutory functions of the Board include:

- To prepare a [Joint Strategic Assessment](#) (JSNA); a [Pharmaceutical Needs Assessment](#) (PNA) and [Joint Health and Wellbeing Strategy](#) (JHWS).
- A duty to encourage integrated working between health and social care commissioners in connection with the provision of health and social care services;
- A power to encourage close working between commissioners and health-related services and the board itself; and a power to encourage close working between commissioners of health-related services and commissioners of health and social care services.

The Swindon health and Wellbeing Board will perform the role of the 'Local Outbreak Engagement Board' and will have a leadership role in ongoing communications with the public.

### **3. Data Integration**

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

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

**Whole systems approach** – Swindon Borough Council will take a whole systems approach, working with national, regional and local partners, recognising that no player has the resources, skills or expertise to make this happen on their own.

**Integration** – Swindon Borough Council will work with partners to ensure that the local pathways, systems and data sharing are proactively integrated.

**Data sharing** – proactive data sharing and flows for contact tracing, outbreak management and ongoing surveillance will be key. We will expect relevant and appropriate data sharing from national and regional

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components of the system and highlight where any gaps are limiting our ability to act in an integrated fashion

**Responsiveness** – Swindon Borough Council will be responsive to the differences and diversity in local communities, taking a people-centred approach to understanding how we can support people, communities, business and organisations to prevent and manage outbreaks.

**Capacity and resources** – these must be provided across the system to ensure the LOMP is implemented effectively and sustainably. Partners across the Borough will be asked to support the outbreak response wherever possible, however it must be recognised that if there are increasing cases the capacity to respond may be overwhelmed. Capacity gaps will be reported through the governance system.

**Ownership** – Swindon's Covid-19 LOMP is jointly owned by Swindon Borough Council's Health Protection Board under the leadership of the DPH, in line with government guidance on health protection and the role of the DPH

Inequality – using data and insight to identify where access to testing, vaccination or any other intervention is lower and ensuring plans are in place to address this.

We will review local, regional and nationally available data to understand our local situation against the national COVID-19 alert system.

Current key data sources available to Swindon Borough Council Public Health Team:

<ul style="list-style-type: none"> <li>• PHE Daily Exceedance reports</li> <li>• Covid-19 capacity threshold and triggers report</li> <li>• PHE SW early warning for confirmed Covid-19 cases</li> <li>• PHE Deaths Line List (MSOA)</li> <li>• PHE Deaths Line List summary</li> <li>• PHE Deaths Line List (postcode)</li> <li>• Covid-19 excess deaths reporting (LA)</li> <li>• ONS Death data</li> <li>• NHS test and trace statistics</li> <li>• Swindon Borough Council Common Operating Picture (COP)</li> <li>• Swindon &amp; Wiltshire Local Resilience Forum (LRF) Covid-19 Dashboard and COPs</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Mortality Data</li> <li>• Weekly death registrations</li> <li>• NHSE Covid-19 daily deaths</li> <li>• BSW CCG situation report</li> <li>• Local care home sitreps</li> <li>• Whole care home testing report</li> <li>• PHE situation reports</li> <li>• PHE Centre daily COVID-19 report</li> <li>• PHE Centre weekly Covid-19 Report</li> <li>• PHE Case Line List (MSOA)</li> <li>• PHE Case Line List summary</li> <li>• PHE Case Line List (postcode)</li> <li>• PHE Dashboard</li> <li>• PHE Contact tracing reports</li> <li>• NHS Digital Shielding dashboard</li> <li>• NHS Digital Pillar 2 testing dashboard</li> <li>• NHSE Vaccination Data</li> </ul>
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Data sources will be analysed frequently to direct preventative efforts and to prompt early intervention which Covid-19 clusters/outbreaks are identified. Regular updates on the local Covid-19 situation will be provided in-line with the governance structures to both the Covid-19 Health Protection Board and the Health and Wellbeing Board. We will also ensure we regularly communicate appropriate information with communities. The data can also be used to highlight vulnerable groups and target action within those communities.

### **Surveillance**

Surveillance is undertaken in conjunction with PHE South West.

Swindon is currently participating in the waste water analysis project led by the DHSC. This project monitors the Covid-19 virus in waste water including the presence of variants of interest / concern. This can give insight into Swindon cases without the need to genotyping individual samples.

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

Prevention and response plans for Swindon Borough Council is based on the Local Health Resilience Partnership' Communicable diseases plan available to health protection professionals via Resilience Direct portal.

### **Triggers**

Interpreting all available data sources to quickly identify and respond to outbreaks of Covid-19 as defined in section 1.5. This will be led by the Public Health Team at Swindon Borough Council and the PHE Health Protection Team in conjunction with evidence from partners.

Specific triggers for escalation and de-escalation of public health action will be agreed as appropriate in-line with national, regional and local situation analysis. Triggers have evolved across the pandemic and are not static.

### **Prevention**

Through this plan we will continue to proactively promote prevention messages as a means of limiting the community transmission of Covid-19. Primary messages are:

- To maintain a safe social distance
- To wash hands frequently with soap and water for at least 20 seconds
- To make use of testing services and to self-isolate if symptomatic or identified as a contact of someone who is a confirmed Covid-19 case
- To make use of appropriate use of personal protective equipment in-line with government guidelines.
- To wear face coverings as recommended by Government guidelines
- To ensure good ventilation wherever possible.
- To participate in the vaccination programme when eligible and invited

## Risk and Response

This plan identifies and accounts for at risk groups / individuals (see subsequent chapters). Should the data / local intelligence inform us of Covid-19 concerns then we shall respond accordingly by identifying and managing of the outbreak, rapidly deploy testing and tracing services in a bid to contain the outbreak in conjunction with our key partners and effectively use communication methods to brief partners and reassure the communities affected.

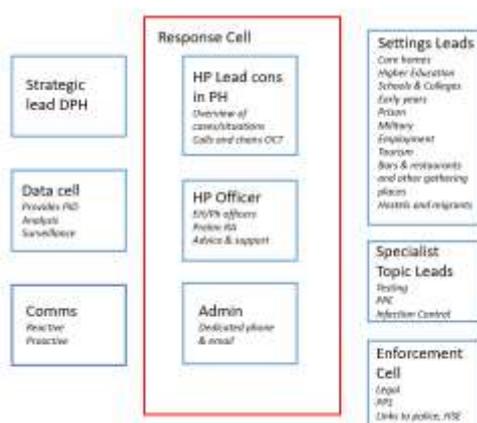
Key health protection principles are to be applied to all outbreak settings.

### 4.1 Swindon Health Protection Response

Swindon Borough Council's Public Health Team will process the information provided to it from either the wider system and/or direct contacts from individuals or organisations locally and will work in conjunction with PHE health protection team. Clinical issues around Public Health will be resolved via PHE Consultants in Communication Disease Control, other clinical issues through a patient's GP and/or CCG clinical leads as appropriate. The response cell is operational for 5 days per week, with on-call support over the weekends and evenings.

The core membership of the response cell will comprise of admin support, intelligence, environmental health and public health officers (as appropriate), a communications officer and the oversight of a public health consultant / director of public health. Their role is to carry out initial and dynamic risk assessment, link in to topic and settings expertise (agreeing the best person to take the lead role for the named incident), review progress, and set up and chair Outbreak Control Team meetings as and when required. They will include additional support as and when required, set up monitoring arrangements and close the incident when appropriate to do so. The size of the officer and admin support will vary based on the number of incidents being managed.

**Fig. 2 Swindon COVID Containment Response Cell**



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### 4.2 Care Homes

Swindon has approximately 100 care homes of which 25 are Swindon Borough Council commissioned older people care homes, 25 homes for those with physical disability, mental health services. The remaining are private care homes.

Since early in the pandemic a Swindon multi-agency 'care home support cell' was established to support care homes experiencing outbreaks and proactively support care homes in regard to preventative messages, priority access to testing services, access and training on personal protective equipment and providing information, guidance and advice on infection control.

This support cell will continue for the foreseeable future to ensure that care homes are supported with prevention guidance, information and advice but also supported during outbreak scenarios.

### Educational Settings

In Swindon there are 64 primary schools, 16 secondary schools, 7 special schools (3 primary, 4 are secondary) and two further education colleges.

We also offer support for educational settings with active focus on Children, Young People and Schools. The cell will include a mix of public health and educational leads that can be assembled fast in response to educational setting outbreaks, provide up to date information and a weekly newsletter to schools, and be available to ask any questions or concerns.

**Table 1. Settings Leads for Care Home and Educational Settings**

<b>Sector</b>	<b>Task Group/ Focus</b>	<b>Theme leads</b>	<b>Partners</b>
Care Homes/ health and care staff	Swindon Care Home cell	Director of Adult Social Care (LA) Director of Public Health (LA) Director of Nursing (CCG)	Care Home Cell CCG GWH community services
Child, Young People, Educational Settings, and Colleges.	SBC Children and Young People and education settings cell.	Director of Children's Services / Education Director of Public Health	Education Leaders DfE & Ofsted Parents School nursing and school aged immunisation providers Foster parents and IFA, CCG, SCC Schools, colleges, training providers DWP SCC, Schools, colleges, training providers DWP

### 5. Protecting and supporting vulnerable people

Vulnerable people are those who are at higher risk of Covid-19 or having a worse outcome if they do get it. This may be due to: an internal vulnerability (e.g. pre-existing mental or physical health condition); the environment in which people live or work (e.g. rough sleeping); an addiction or health behaviour (e.g. drug or alcohol use) and / or ability to understand advice or act on it (e.g. people with a learning disability, dementia or language barriers).

There is also a cohort of people who are vulnerable to worse outcomes for Covid-19 due to demographic or occupational reasons<sup>3</sup> although this research did not take into account co-morbidities:

- **age** - among people already diagnosed with Covid-19, people who were 80 or older were seventy times more likely to die than those under 40
- **gender** - men were more likely to die from Covid-19 than women
- **deprivation** - living in a more deprived areas
- **ethnicity** - higher risk of dying in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups
- **occupation** - those in caring occupations, those who drive passengers in road vehicles for a living, those in security related roles

At a local level we will focus on protecting and supporting vulnerable people in a number of ways:

- Through identification and understanding of who is most vulnerable and where they are in the Borough. This will build on local knowledge through our JSNA work as well as with partners such as the voluntary and community sector and through existing groups and partnership working to ensure that people can be accessed quickly and any response is appropriate to need
- Through partnership working to build on prevention and understanding people's concerns. We will work with key organisations and existing mechanisms such as our support calls to those who are shielding to ensure that the key prevention messages of social distancing, hand hygiene and test and trace are reaching everyone. We are running a resident's survey at regular time points which can be used to identify influences on behaviour and variation between groups.
- Through ongoing support for those people who need to self-isolate via linking to processes with food and prescription delivery, and access to NHS and community support. This will build on

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/890258/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890258/disparities_review.pdf)

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the successful processes in place for supporting people on the shielding lists to date and our collaborative working with the voluntary and community sector.

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

### **5.1 Swindon Specific Risk Groups**

Although Swindon does not have a port, prison or university, the town does have some characteristics that must be considered in the context of this plan, including:

- Our BAME communities account for 15.4% of our population (approximately 32,000 residents) and this needs to be recognised when publishing and communicating preventative guidance and advice and communicating risk.
- The most deprived wards in Swindon are Penhill, Upper Stratton, Walcot, Park North, Gorsehill and Pinehurt.
- Swindon is relatively small in its urban centre and so travel is mainly a hub and spoke model although many people do commute in and out of the town for work.
- In Swindon there are 64 primary schools, 16 secondary schools, 7 special schools (3 primary, 4 are secondary) and two further education colleges
- Swindon has approximately 25 commissioned older people care homes, 25 homes for those with physical disability, mental health services. There are also approximately 50 private care homes.
- Employment hubs – large employers (Nationwide, Honda etc) and those who are more vulnerable
- Activity settings – e.g. STFC, greyhound stadium, cinemas, events such as marches, festivals etc.
- Hospitality industry

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### Setting Leads

Setting leads have strong links into particular settings and so can manage aspects of the incident. This might vary from acting in a health protection officer role, to providing support to communications cell and the response on the stakeholder communication. This includes people who have specialist knowledge around specific topics, for example, PPE or testing, often these will be the same people who are in the response cell. Currently these leads are as follows:

**Table 2. Settings Leads for Swindon Specific Groups**

<b>Sector</b>	<b>Task Group/ Focus</b>	<b>Theme leads</b>	<b>Partners</b>
High risk settings	Probation service	Community Safety Manager (LA)	Health and Justice PHE/ NHSEI NPS
	Public Transport	Passenger transport Manager	Swindon Bus Company Stagecoach GWR
Vulnerable Individuals and groups	Homelessness Task Group / Sheltered housing	Director of Public Health Director of Housing	Homelessness Partners
	Houses of Multiple Occupancy	Director of Housing / Head of Public Protection	
	Refugees and Asylum seekers	Director of Public Health	
	Gypsy, Traveller and Roma	Community Safety Manager (LA)	
	Disabled people and carers	Director of Adult Social Care	Service providers
	People with LD and autism	Head of Transitions and Learning Disability	Voluntary sector SCC
	Mental Health Service users	Director of Public Health Director of Adult Social Care CCG Commissioners	Service providers, Voluntary sector
	Sex workers and those that participate in risk-taking sexual acts	Director of Public Health	Service providers
	Substance misuse clients	Director of Public Health	Service providers, Voluntary sector
	Early years settings (non-school) e.g. child minders etc	Director for Children's services	
	Children and young people	Director of Public Health Director of Children Services	Children and YP Cell – combine with education cell
High risk communities and neighbourhoods	BAME Covid-19 task Group	Director of Public Health	BAME networks Communities CCG
	Health and Care Staff	Director for Adult Social Care	
	Older People	Head of Social Work (ASC)	

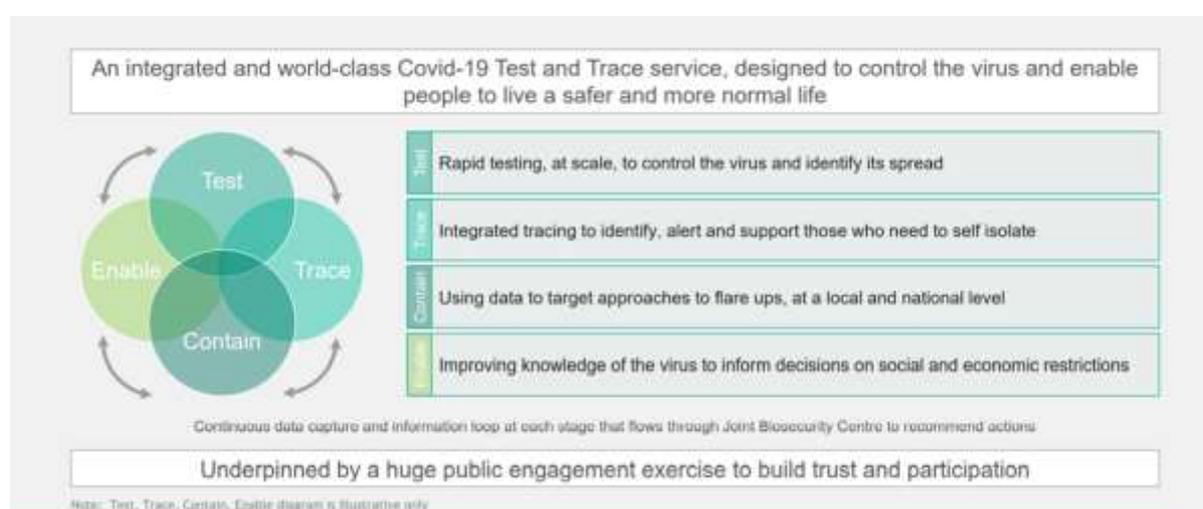
		Director of Public Health	
	Churches / religious centres / Faith groups	TBC	
	Emergency service staff including Fire, Police, rapid response services	Director of Public Health	Service Leads
Economy / Businesses and Large Employers	Large employers including Honda, BMW, Zurich and Nationwide, B&Q distribution and Iceland distribution sites	Head of Economy (LA)	Large employers including Honda, BMW, Zurich and Nationwide, B&Q distribution and Iceland distribution sites
Parish Councils	Local communities x22	TBC	
Police / Probation services	Community safety	Community Safety Manager	Police, probation services
Transport systems	Taxi Business Forum		Transport providers

There is a commitment to work directly with Swindon Borough Council commissioned (and non-commissioned) services who work with these vulnerable individuals e.g. Swindon Carers (disabled people, carers and unpaid carers,) MIND, SAM, Citizens Advice and Harbour. These community and voluntary sector organisations can bring valuable insight, data and expertise that would help with a strategic response.

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

An integrated Covid-19 Test and Trace programme designed to control the virus and enable people to live a safer and more normal life was introduced across England on 28 May 2020. Local Authorities work with the Government to support test and trace services in their local communities, taking a place-based approach to containing the spread of the infection.

**Fig. 3 – overview of NHS test and trace service**



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The service comprises of three tiers:

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

### Testing

#### Symptomatic Testing

In Swindon we have a locally based Regional Testing Unit with the capacity to test up to 2000 people a day based at Wroughton Park and Ride. This is part of the national online portal offer with people can attend for testing receiving results within 72 hours. Health and social care staff, front line workers and residents are able to access symptomatic testing via the digital portal. For all care homes (staff and residents), managers can order testing kits via the care home digital portal. There is also a mobile testing unit at the Civic Centre at the Council Offices and a Local testing unit at Broad Green Community Centre in central Swindon.

#### Asymptomatic testing

It is thought that 1 in 3 people who have Coronavirus never show any symptoms but may still be infectious. Therefore, when used in combination with other measures (hands, face, space and ventilation), asymptomatic tests are another useful tool to help us combat the spread of the virus. Asymptomatic testing is currently available by using lateral flow devices (LFDs) which have two main benefits:

1. It delivers results very quickly, in around 30 minutes
2. It is easy to use – it doesn't need people with a high level of training or require lab facilities

Asymptomatic testing is targeted at people who cannot work from home. There is a national initiative that businesses can sign up for to do on site LFD testing. For smaller businesses access will be provided via community testing sites in a phased approach. The most effective way to test people who have to leave the house to work is twice weekly.

Asymptomatic testing is also being offered through schools and there are plans for families to have access to home based testing.

There are many routes to access testing across Swindon and these are currently expanding:

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- Via work places
- Via online test kit ordering
- Via community test sites (for swabbing or kit collection)
- Via kit collection from Regional or Local Test Sites

Across Swindon, to date there are approximately 12 businesses that are currently participating in the government testing offer (for businesses with 50+ cases). Swindon Borough Council also has several sites operational for the delivery of asymptomatic test sites, which operate at around 40% capacity despite promotion to target groups.

### **Surge capacity testing**

For surge capacity testing in relation to a VOC please see VOC section.

For surge capacity testing in an outbreak situation, this would be undertaken in agreement between DPH and PHE. This could involve multiple methods to support surge testing including the use of mobile testing units, collection points and door-to-door testing. Should this be required, this can be instigated by DPH with the regional DHSC testing lead.

### **Optimising testing capacity and adapting the testing offer to target hard to reach groups.**

The promotion of testing programmes is one of the key messages of the 'Swindon: it's up to all of us' campaign. Previous issues with testing capacity has been linked to lab capacity, not capacity to deliver test at site.

We have strategically placed testing sites in the areas of most need / higher prevalence – based on case rates but also harder to reach groups. Two of our three symptomatic test sites and two of our asymptomatic test sites sit within our SN1 / SN2 post code areas where we have seen stubborn transmission.

Our community testing offer is extended beyond regular business and also include more vulnerable groups including those work with or those that are homeless and sex workers.

The Council support staff to access testing who are working with vulnerable adults or children within our communities. The testing offer links to existing testing already in place for health and social care workers.

Any local testing strategy will be driven by local intelligence, working with our community.

### **Contact Tracing**

For confirmed cases, following a positive test result, the National Contact Tracers at Tier 3 will speak to the case (case will have provided details to receive a test, via online portal or NHS 119 phone number for individuals). They will be advised to self-isolate for 10 days as appropriate. Tier 3 will identify their contacts and record them. They will follow up on individual named contacts. If this flags any key issues, for example vulnerability or complexity these will be referred through to Tier 2 for further investigation.

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

We would expect that the databases from the service would be searching for contexts (PHE software, HP Zone, automatically detects possible outbreaks by searching for the same place in different case histories).

At a local level we do both local and enhanced contact tracing. Local contact tracing is where cases which national teams have not been able to contact are passed to the local Swindon team to follow up (usually shared after 48 hours). There is evidence that a local number and conversation can be more effective. Enhanced contact tracing is another tool where we look at common exposures and identify any patterns or venues that need following up.

### **Risk Venue Alerts**

Risky venue alerts allows those that have potentially been exposed to Covid-19 in a specific venue to be alerted. This is managed by PHE and we are not aware that any such alerts have been cascaded in Swindon relating to any venue.

### **Responding to Variants of Concern and Surge Capacity Management**

We know that viruses can mutate and with Covid there has been evidence of different strains. For particular strains which are thought to be more virulent, surge testing is often used to identify cases and potential spread. Swindon has a specific plan for surge testing to be implemented at speed if it is needed at any time, working with partners. The plan defines what is required based on the following scenarios:

- All of Swindon affected (pop 220,000)
- Central Urban location (pop c40,000)
- Large village location (pop c6000-10,000)
- Rural area

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- Setting specific (e.g. a hospital setting)
- A combination of all the above.

### Support for Self-isolation

The government introduced a national self-isolation fund for those required to isolate but were at risk of losing income as a result. Local Authorities were allocated funding for the delivery of this funding which has been additionally supplemented by the LOMP funding. Only 1/3 of those applying to date have been eligible for such funds, which matches the national offer.

We have promoted the self-isolation fund as part of the 'Swindon: it us up to all of us' communication campaign and through other channels like via our business newsletters and webinars, via outbreak control meetings and directly with communities most affected via community leaders, including ward councillors.

We respond to any intelligence suggesting that local employers are not supporting self-isolation and this is done either via our Covid Response team or Environmental Health Officers.

All Swindon residents who test positive for Covid-19 are contacted by the public health team by letter and by telephone to discuss any health and wellbeing needs to provide wrap around support to increase the chance of positive cases self-isolating for the period required – including providing access to food and medicines if required and highlighting the self-isolation fund and other resources. The contact also reinforces resident's legal obligation to self-isolate as a result of a positive Covid-19 result.

### Action to address enduring Transmission

The following factors are taken into account with enduring transmission in Swindon:

- **Deprivation:** Enduring Areas have higher instances of 'unmet financial needs' and therefore compliance with interventions are lower, and transmission is higher. SN1 and SN2 which are the areas of higher deprivation have been consistent in their case positivity across the pandemic.
- **Employment and Occupation:** Enduring Areas that have a disproportionately high population in "high contact/high risk" occupations, or professions that do not allow them to work from home, will result in a greater risk of infection. We have worked incredibly closely with businesses proactively (to prevent cases and spread) and reactively (to manage and contain outbreaks). This has included webinars, business newsletters and visits from our environmental health team and HSE were needed. We've also worked closely with our communities directly to prevent spread between communities and business settings.

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- **Demographics and Household Composition:** Having a disproportionately high population living in high-density, multi-generational or overcrowded accommodation drives persistent community transmission; and reduces ability/opportunity to self-isolate. We have seen this, particularly in SN1 and SN2 communities and continue to work directly with the communities to prevent onward transmission. Some communities may engage less with testing services as they do not have suitable transport / are reluctant to use public transport. We have also based our comms and community engagement strategy around our areas of most need, including our testing availability in priority areas which can be accessed by foot.
- **Attitudes and Behaviours:** Communication design for majority of the citizens might not be suitably tailored or culturally competent to penetrate some of the minority communities in order to effect the required behavioural changes. We have worked closely with our 'communities connect' (BAME) reference group to ensure that key messages can be relayed back into communities who possibly do not read or speak English. This has included using local community and religious leaders, translating key documents (car sharing leaflets) and the production of videos for use in the communities.

### Vaccination programme

The Covid-19 mass vaccination programme is led by NHSE nationally and by NHS Clinical Commissioning Groups at a local level in-line with national policy and guidelines in a priority order:

- Residents in care homes for older adults and staff working in care homes for older adults
- All those 80 years of age and frontline health and social care workers
- All those aged 75 years of age and over
- All those 70 years of age and over and clinically extremely vulnerable individuals
- All those aged 65 years of age and over
- Adults aged 16-65 in an at-risk group
- All those 60 years of age and over
- All those 55 years of age and over
- All those 50 years of age and over
- Rest of the population

The Local Authority is working closely with NHS colleagues to work on measures to improve vaccine uptake locally, and in particular to manage and prevent vaccine hesitancy. Vaccine hesitancy can be based on the following:

- **Cultural aversions** – religion, language barriers, vegan/vegetarian lifestyles, general aversions to vaccination

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- **Age** – some younger people may perceive that they are at lower risk, if they catch Covid then it is likely to be less severe and risk of death is lower
- **Gender** – females are more likely to vaccinate than men
- **BAME Communities** – less likely to have the vaccine but more likely to contract Covid-19

The key plan for managing vaccine uptake is as follows:

- Working as a system
- Using the evidence of what works
  - Drop in clinics / webinars
  - Use of community settings for vaccination
  - Target community and religious leaders as a way to dispel myths
  - Use of role models to inspire confidence
  - Make information more accessible

### **Living with Covid – being Covid Secure**

This LOMP will be update to reflect the changes to evidence and science relating to living with Covid-19 beyond the pandemic. We shall continue to promote and utilise the key messages and tools at our disposal for as long as is appropriate. The aim, as with this LOMP, will be to prevent, manage and contain outbreaks post-pandemic as part of the public health 'business as usual' response.

### **7. Communication and Engagement**

The key with communication is tailoring the key prevention and control messages to provide reassurance to Swindon residents and our high risk communities. Communications, will be effective and timely, proactive and reactive:

- Proactive: considering the importance of behaviour change around COVID-19, with a particular focus around the key prevention messages as detailed in section 4
- Reactive: handling messages relating to outbreaks and incidents, ensuring that the need for open and honest communication is balanced with sensitivity around patient and business identifiable information

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

- understand the need to prevent the spread of Covid-19 and the importance of self-isolation, testing and contact tracing and how data will be used to stop the community transmission of the virus;

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- respond to notifications that they have been a contact, that will allay fears, provide appropriate responses regarding isolation and testing and ensure that people will seek medical support at the right time.

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

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

### **8. Resources**

Response to the pandemic has been incredibly resource heavy, not only from a public health point of view but across the wider Local Authority and the health and social care system, including the voluntary sector.

The pandemic at its peak in January, saw over 60 outbreak occurring per week which have required a lot of resource to manage. As of March 2021, we are seeing approximately 10 outbreaks per week across a range of settings including education, businesses and health and social care setting.

Using funding from the Government we have grown our capacity throughout the pandemic with a number of additional fixed term roles which we hope to extend until March 2023 at the latest. It is also important to note that the majority of public health officer time has been directed to Covid-19 response.

Table 3. Current and project LA PH capacity requirements (current capacity as of March 2021)

- 2.0 WTE PHC (3<sup>rd</sup> PHC starting as of summer 2021, total 2.4 WTE)
- 1 WTE DPH
- 1.0 WTE Programme Support / Administrator
- 2.0 WTE PH Specialist capacity
- 2.0 WTE EHOs
- 1.0 WTE Comms officers – still recruiting
- 1 WTE Intelligence Officer – still recruiting
- 1 WTE Adult Social Care Officer
- 2x Community Engagement Officers
- Numerous testing operatives (casual staff)
- 3.0 WTE PH officers (for Test and Trace delivery)
- Numerous volunteers
- Majority of PH officer's time spent on Covid-19 response.

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To date, Covid-19 response has been the priority for all PH team members. All business as usual was suspended in agreement with the Chief Exec of the Council and the Council Leader. Only light-touch continuation of statutory requirements continued. As of April 2021, Covid-19 will become part of the business as usual plan for public health, rather than just the business.

We recruited a number of 12m fixed term posts which we are currently looking to extend for a total of 36m funding allowing. This will give us surge capacity during winter, when respiratory illnesses are at their peak, the ability to respond to peaks and waves of Covid-19 across the next 2 years and to support recovery efforts post pandemic.

For situations that are not manageable with local system resources we would look for mutual aid support from our wider local authority workforce, Local Resilience Forum and partners in the wider BSW STP system, neighbouring authorities and PHE partners.

## **Appendix 1 - Swindon Covid-19 Health Protection Board: Terms of Reference**

### **1. Purpose**

Local authorities are required through their Director of Public Health (DPH) to assure themselves that relevant organisations have appropriate plans in place to protect the population against Coronavirus (Covid-19) and to ensure that necessary action is being taken. The Local Authorities Regulations (2013) with section 6C of the NHS Act (2006) and section 12 of Health and Social Care Act (2012) define the health protection duty of local authorities. In order to meet these requirements it is necessary to have a single Health Protection Board with the responsibility for coordinating the health protection responsibilities of multiple commissioning bodies locally. The Board will take a system-wide overview of organisations and other stakeholders contributing to health protection in Swindon.

The purpose of the Covid-19 Health Protection Board is to provide assurance to Swindon Borough Council and the Health and Wellbeing Board, in regard to the adequacy of prevention, surveillance, planning and response with regard to the health protection issues relating to Covid-19 that affect Swindon residents which includes:

- a) Ensuring co-ordinated action across all sectors to protect the health of the people of Swindon from health threats, including major emergencies.
- b) Supporting the Director of Public Health (DPH) to carry out statutory responsibility to protect the health of the community through effective leadership and coordination, ensuring appropriate capacity and capability to detect, prevent and respond to threats to public health and safety.
- c) Providing strategic direction and assurance on matters relating to health protection policy, risks and incidents.
- d) Working collaboratively across the wider system with partners to exchange information and share knowledge to protecting the public's health.

### **2. Functions**

The functions are the Covid-19 Health Protection Board are to:

- a) Produce a Local Outbreak Management Control plan which covers: schools and care homes, high risk settings, communities and places, support vulnerable people, integrate data, and drives forward local test and trace services and has the appropriate governance structures in place of which the C19HPB is part of that structure.
- b) Regularly update the Health & Wellbeing Board to provide a forum for professional discussion of Covid-19 health protection plans, risks and opportunities for joint and co-ordinated action.
- c) Ensure that effective arrangements are in place and are implemented to protect the population of Swindon from Covid-19.
- d) Ensure effective health protection surveillance information is obtained, assessed and used appropriately so that appropriate action can be taken where necessary.
- e) Ensure that Covid-19 threats requiring local intervention are identified, analysed and prioritised for action to protect public health.
- f) Ensure that systems are in place for managing major health protection concerns and complex covid-19 situations outside of this meeting.

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- g) Ensure that appropriate plans and policies exist to coordinate responses to public health activities, emergencies and threats in relation to the scope.
- h) Ensure appropriate response to Covid-19 outbreaks incidences.
- i) Agree relevant risks and performance measures that will be overseen by the Board.
- j) Ensure appropriate governance for all health protection activities and programmes.

### 3. Scope

The scope of the Covid-19 Health Protection Board is to minimise the threat of Covid-19 to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of Swindon and the following health protection areas:

- a) Communicable disease control of Covid-19 and any associated infections (e.g. seasonal and pandemic influenza).
- b) Infection prevention and control (IPC) related to healthcare associated infections, care homes, educational settings and other community settings.
- c) Vaccination programmes
- d) NHS Test and Trace programmes, including national screening programmes.
- e) Emergency preparedness, resilience and response.

### 4. Membership

The membership of the Covid-19 Health Protection Board is based on representatives of partner organisations who are able to make strategic decisions on behalf of their organisations. The membership cohort may change over time to fit emerging priorities and expertise required.

List of Core Members	
Director of Public Health (Chair)	Swindon Borough Council
Consultants in Public Health	Swindon Borough Council
Consultant in Communicable Disease	Public Health England
Screening and Immunisation Team Consultant	PHE
Commissioning Lead	NHSE
Director for Nursing & Quality	NHS BSW CCG
Emergency Planning Lead	Swindon Borough Council
Environmental Health Lead	Swindon Borough Council
Infection Prevention and Control Leads	Great Western Hospital
Public Health Commissioner	Swindon Borough Council
Director for Adult Social Care	Swindon Borough Council
Director for Children's Services	Swindon Borough Council

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Director of Housing	Swindon Borough Council
Education Representative	Swindon Borough Council
Voluntary Sector Representation	Voluntary Sector Representation
Local Pharmaceutical Committee	
Local Medical Committee	
LRF Testing Coordinator	Dorset and Wiltshire Fire Service

In the event that any of the core members are unable to attend scheduled meetings, they will be expected to nominate representatives who can take decision on their behalf.

### **5. Frequency of Meetings and Quorum**

The Health Protection Board will initially on a weekly basis for first 4 sessions and then frequency to be reduced to monthly for 6 months then reviewed.

Quorum will be 50% of core membership.

### **6. Accountability**

The Covid-19 Health Protection Board will report to the Swindon Health and Wellbeing Board.

### **7. Review of Terms of Reference**

The Terms of Reference will be reviewed annually.

## Appendix 2 - Health and Wellbeing Board: Terms of Reference

### 1 Introduction

The Health and Social Care Act 2012 establishes Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

The One Swindon Health and Wellbeing Board is made up of a collection of people from different organisations (including the NHS, the local authority officers and elected members, the Clinical Commissioning Group and the voluntary sector), who will work together on issues to do with being healthy and feeling well. The Board aims to find out what people in Swindon need to be healthy and feel well and work together to agree a strategy (plan) that will promote positive change towards making things happen. The Health and Wellbeing Strategy will help the Health and Wellbeing Board plan services to do with being healthy and feeling well and that make it easier for everyone to get the care they need. The Board also aims to reduce the health differences between poorer and better off groups across Swindon (health inequalities).

It is the responsibility of commissioners (who hold the budget) that their commissioning plans are supportive of the priorities identified in the Health and Wellbeing Strategy and the local needs of our population, and it is the responsibility of the Health and Wellbeing Board to ensure that they do.

The Health and Wellbeing Strategy will provide the priorities and objectives against which the success of the Health and Wellbeing Board can be measured.

The Health and Wellbeing Boards primary role is to provide strategic leadership to improve the health and wellbeing of Swindon's population (both adults and children) and to reduce the inequalities in health experienced by some communities. It aims to:

- Ensure delivery of improved outcomes for the people of Swindon bringing together national health and social care policy in conjunction with local priorities.
- Achieve democratic legitimacy and accountability, and empower local people to take part in decision-making about local health and wellbeing.
- Ensure the development of integrated working across the health and care system.

### 2 Purpose

The purpose of the Board is to improve the health and wellbeing of people of all ages resident in the borough of Swindon, and to reduce health inequalities in Swindon.

### 3 Underlying Principles

- shared leadership of a strategic approach to the health and wellbeing of our local communities
- a commitment to driving real action and change to improve services and outcomes
- parity between Board members in terms of their opportunity to contribute to the Board's deliberations, strategies and activities
- shared ownership of the Board by all the members (with commitment from their nominating organisations) and accountability to the communities it serves
- openness and transparency in the way that the Board carries out its work
- inclusiveness in the way it engages with patients, service users and the public
- recognition of safeguarding (adults and children) as everyone's business and a cross-cutting theme ensuring that all people in Swindon are safe and their wellbeing protected
- promotion of integrated commissioning and working across health and social care

### 4 Key responsibilities

The key responsibilities of the Board are:

- To provide collective leadership, set strategic direction, prioritise local activity, and present comprehensible plans of what will be done locally, where possible and deemed appropriate by the Board, to address needs and improve health and wellbeing.
- To prepare the Swindon Joint Strategic Needs Assessment which identifies the local health and wellbeing needs of our population ensuring:
  - effective and meaningful engagement and dialogue with local communities and service users
  - joined up intelligence from local partners and stakeholders
  - Inclusion of comprehensive safeguarding data analysis
- To prepare the Swindon Joint Health and Wellbeing Strategy.
- To promote partnership and integration of commissioning and service delivery across health, social care, public health and other service areas including but not limited to housing, leisure and transport in conjunction with the Swindon Joint Health and Wellbeing Strategy.
- To ensure that the plans of local and regional commissioners, including the NHS Swindon Clinical Commissioning Group commissioning plan, promote the delivery of the Swindon Joint Health and Wellbeing Strategy wherever appropriate.
- To monitor, evaluate and annually report on the BSW NHS Clinical Commissioning Group performance as part of the Clinical Commissioning Groups annual assessment by NHS England.
- To measure progress against local plans including NHS BSW Clinical Commissioning Group Plan, the Joint Health and Wellbeing Strategy and other supporting plans and request action is taken to improve outcomes when monitoring indicators show plans or initiatives are not working.
- The Board will advise the NHS Clinical Commissioning group and the Swindon Borough Council Cabinet on strategic matters of health and wellbeing.
- The Board will refer the Commissioning Plans back to the Clinical Commissioning Group or to NHS England if they do not take sufficient account of the Swindon Joint Health and Wellbeing Strategy.
- Board members are accountable to each other for mobilising and co-ordinating partners and identifying available resources to deliver agreed priorities.
- To ensure the development and implementation of the National Health Services Act 2006 Section 75 Agreements including the Better Care Fund. Manage these partnership arrangements and in particular:
  - a. Make recommendations to Cabinet and the Clinical Commissioning Group Board as to commissioning of services.
  - b. Monitor and ensure delivery of and evaluate health, social care, education and other related services for adults, children and young people in Swindon on behalf of Clinical

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Commissioning Group and Swindon Borough Council and such other relevant services as Clinical Commissioning Group and Swindon Borough Council may from time to time agree.

The work programmes of the One Swindon Health and Wellbeing Board, the relevant Overview and Scrutiny Committee, and Healthwatch Swindon will be shared and loosely aligned to create pathways for influence, whilst maintaining independence and the role of scrutiny.

### **5 Role of the board**

In order to deliver its responsibilities, the Board may decide to establish a sub- committee and delegate functions to them.

The Board will do the following:

#### **Coordinate partnership working**

- Bring together NHS, public health and social care leaders with members of the local population and democratically elected representatives.
- Promote integration of business action plans of partner organisations where appropriate.
- Co-ordinate information sharing across partners.
- Co-ordinate commissioning decisions to reflect the priorities identified by the Board including the use of joint commissioning and pooled budgets where appropriate.
- Consult with service users and carers about service developments which will affect them.
- Work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children, young people and vulnerable adults, and receive an annual report from the Safeguarding Boards.
- Monitor the performance of the National Health services Act 2006 Section 75 Agreements including:
  - a. overseeing the work of the Joint Commissioning Group by reviewing and monitoring the six monthly performance reports which will be provided to them by the Group.
  - b. carrying out an Annual Review which will describe how commissioned services have performed, and include commentary on performance of providers, financial pressures and changes in need or service delivery. It will also set out commissioning intentions for the coming year and agreements for developing joint working.
- Optimise effective and efficient working to avoid partner organisations duplicating each other's work.
- Link with the voluntary and community sector.

#### **Identify local needs**

- Lead the development of the Joint Strategic Needs Assessment which identifies local health and wellbeing needs and priorities.

#### **Set strategic direction and prioritise and communicate actions**

- Prioritise actions, based on the agreed strategic direction, joint commissioning strategies and Joint Strategic Needs Assessment, to meet the needs of the current population and avoid compromising the wellbeing of future generations.
- Communicate actions in publically available action plans.

#### **Performance monitor**

- Evaluate performance against locally agreed priorities.
- Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.

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- Scrutinise any local major service redesign of the NHS.
- Produce annual reports of progress in relation to above action plans, in order that the Board is publically accountable for delivery of these actions.

### **6 Membership**

The membership will consist of:

#### **Voting Members**

The Leader of the Council  
Cabinet Member for Health and Social Care  
Cabinet Member for Children's Services  
Leaders of the Opposition Groups X 2  
Shadow Member for Health and Social Care or Children  
Healthwatch Swindon representative  
NHS BSW Clinical Commissioning Group Accountable Officer  
NHS BSW Clinical Commissioning Group Clinical Chair (Vice-Chair)  
NHS BSW Clinical Commissioning Group Executive Nurse  
NHS BSW Clinical Commissioning Group Representative  
NHS England Executive representative  
Voluntary Sector representative  
Police and Crime Commissioner (Wiltshire)

Lay Member

#### **Non-Voting**

Chief Executive of Swindon Borough Council  
Director of Adult Social Care  
Director of Children's Services  
Director of Public Health  
Great Western Hospital Chief Executive  
Avon and Wiltshire Mental Health Partnership Swindon Locality Managing Director  
Wiltshire Police Chief Constable  
Business West  
Dorset and Wiltshire Fire Service  
Probation – Community Rehabilitation Company  
Department of Work and Pensions

Such Lay Members as the Board may appoint (co-opted and voting)

Elected Members and officers of Swindon Borough Council are governed by Swindon Borough Councils Code of Conduct.

All members or co-opted members must notify the Council's Monitoring Officer of Disclosable Pecuniary Interests and are prohibited from participating in discussion or voting on any matter relating to their interest.

### **7 Procedures**

Meetings of the Board will be chaired by the Leader of the Council (or by the Vice- Chair in their absence) or by a lay member.

A quorum shall be four members (at least one from NHS BSW Clinical Commissioning Group and one from Swindon Borough Council). Each member is required to attend at least four of the five scheduled Health and Wellbeing Board meetings per year. Members of the Board will nominate a deputy who will attend in their absence and have delegated authority, wherever possible and appropriate, to make decisions. Nominated deputies will form part of the quorum.

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The Board will operate in accordance with the Council's existing decision-making framework and normal council budget setting processes. A decision to exercise any further local authority functions by the Health and Wellbeing Board would therefore need to be taken by the appropriate decision-making body (e.g. Cabinet or Council), and a further report would be required for this.

### **8 Review Arrangements**

The Swindon Health and Wellbeing Board Chair will lead an annual effectiveness review.