Swindon Living Safely and Fairly with COVID-19 Plan 2022-2024

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Forward

The COVID-19 pandemic has been an unprecedented challenge for our health and care system and has had far reaching health, educational, social and economic impacts on the health and wellbeing of our local population. Whilst the risk of further waves of infection and localised outbreaks remains high, two years on from the start of the pandemic, the UK has moved to a situation where most national measures to control the spread of the virus have been removed, and we are learning to live safely with the virus.

This Swindon Living Safely & Fairly with COVID-19 Plan replaces the Swindon Local Outbreak Management Plan and provides a framework for how we will live safely and fairly with COVID-19 in Swindon. The plan builds on what we have learnt over the past two years and sets out how, within the new national context, we will **prevent, protect, treat and respond** to localised outbreaks and any national resurgence of COVID-19; **communicate and engage with our communities**; utilise **monitoring and surveillance** information; and take broader **action to address inequalities.**

As we make the transition to living safely and fairly with COVID-19, it is important that we state positively how individuals, employers, and other sections of our communities can manage risk. People need to have robust information to be able to risk assess their own actions and risks, and what their actions mean for themselves and others. We also need people to engage in behaviours that minimise risk, so for example, taking up the offer of COVID-19 vaccinations and adopting safe habits and choices such as regular hand washing and staying at home if unwell.

Good health and economic success are mutually dependent, and we will need to live fairly as well as safely with COVID-19. Reducing underlying poor health and inequalities, which were exposed and exacerbated by the pandemic, should be at the heart of our recovery so that all of our population are equally prepared to deal with any future resurgence of COVID-19, and we ensure more equal outcomes for our whole population.

This is a plan based on our current understanding of what the national COVID-19 policy direction is and what the epidemiology (scientific study of Covid-19 and how it is found, spread and controlled) is telling us. As with all our Covid-19 plans, it is iterative and will be updated and developed over time.

We would like to acknowledge the Association of Directors of Public Health report, Living Safely with COVID-19, which has informed our local approach, as well as the iterative plans that have recently been developed by both Bristol City Council and Bath & North East Somerset Council.

SECTION 1: INTRODUCTION

This Plan provides a framework for how we will live safely and fairly with COVID-19 in Swindon. It provides a consistent approach and set of principles by which Swindon will manage what remains a dynamic situation. National policy is now more stable, but we remain in a global pandemic, and the Government's Scientific Advisory Group for Emergencies (SAGE) is clear that there is considerable uncertainty about the path that the pandemic will take in the UK.

The plan is part of the council's overall response to emergencies and does not replace existing Major Incident Plans. The Swindon Living Safely & Fairly with COVID-19 Plan will be kept under review, in line with changes in national guidance and changes in our understanding of COVID-19.

1.1 Aim, Objectives and Approach

AIM: The aim of the Swindon Living Safely and Fairly with COVID-19 Plan is to harness the capacity of the Council, working with communities and partners, to enable residents of Swindon to live safely and fairly with COVID-19, while retaining resilience and capabilities to respond to new variants, outbreaks and any resurgence of COVID-19.

OBJECTIVES: The objectives of the Plan are therefore to ensure:

- A strategic and coordinated approach to the prevention and control of COVID-19 infection.
- The protection of those individuals, communities and settings that remain more vulnerable to COVID-19.
- Local resilience and capacity to flex up the response in the event of outbreaks and new variants that pose an additional threat to public health and/or any national resurgence of COVID-19.
- Targeted communications and engagement with communities and partners, informed by local intelligence and behavioural insights approaches.
- Effective monitoring and surveillance to inform the early identification and proactive management of potential outbreaks, and to inform the targeting of resources.
- A focus on reducing inequalities during response and recovery, so that we ensure more equal outcomes for our whole population.

APPROACH: Our approach will be to:

- Learn from the last 2 years, addressing what didn't work so well and building on the strengths of our tried and tested approach and the opportunities that new ways of working have created.
- Adopt an equity and needs based approach, reflecting increased understanding about the differential impact of COVID-19 across Swindon and the risk of increasing health inequalities.
- Recognise the considerable assets that we have in Swindon as demonstrated through the overwhelming positive community response to the pandemic.
- Ensure that governance arrangements associated with our plan provide the structure and responsibilities to enable an effective place-based approach in Swindon.
- Use the evidence base and local knowledge to steer a consistent approach to prioritisation and decision making.
- Work with the local NHS, the UK Health Security Agency (UKHSA), neighbouring Local Authorities and other key partners, including the Local Resilience Forum (LRF) and the Local Health Resilience Partnership (LHRP).

1.2 Local Resources and Capacity to deliver the plan

Whilst there is some Local Authority capacity to deliver this Plan during 2022/23, it is important to recognise that national Contain Outbreak Management Fund (COMF) funding for Local Authorities has come to an end, and any funding carried forward by Local Authorities must be spent by April 2023. At the same time, UKHSA's budget allocations to support COVID-19 related activities has reduced significantly. Going forward, and particularly beyond March 2023, we will therefore be working within a context of significantly reduced resources. This will have implications for what can be delivered and how quickly the system can flex up to meet the needs of a large-scale acute response. It also poses risks in relation to gaps in specialist expertise.

We will seek innovative ways to embed health protection, infection prevention and control and emergency planning capacity and skills across the system in the context of reduced resources. We will also seek to build upon the strong community resilience achieved during the pandemic; where communities and individuals have harnessed resources and expertise to help themselves prepare for, respond to and recover from COVID-19, and in a way that complements the work of the Local Authority, emergency responders and wider partners.

Annex A outlines which aspects of the Local Authority COVID-19 programme response have been demobilised or stood down to align with the shift to living with COVID-19.

1.3 Health and social care context

As we shift to living and working with COVID-19 it is important to recognise that the challenges confronting the NHS and social care in recovering from the pandemic's consequences are considerable. There is currently very high demand on all services due to a combination of factors, including the prioritisation of services during the first phase of the pandemic, patients delayed care seeking, new or exacerbated needs and conditions (from long COVID to increases in mental health conditions), and challenges in recruiting and retaining staff. Elective services that were scaled down during the worst of the crisis to meet the needs of acute and COVID-19-related care for example, are now facing extremely high demand. GP practices and mental health services are also experiencing significant strain, with 424,963 children and young people (0 to 18 years) in contact with mental health services in December 2021 compared with 367,403 in December 2019, an increase of 15.7%[1]. Further demand is likely for many months to come as patients that have not yet accessed, or been able to access, primary, community or mental health services have their health concerns addressed. At the same time, the system has faced challenges in managing the flow of patients from hospital to community settings such as care homes and their own homes with packages of domiciliary care, exacerbated by periods of care home closures to admissions due to COVID-19 outbreaks in the setting.

The NHS England *Delivery plan for tackling the COVID-19 backlog of elective care* has tasked the NHS with clearing backlogs and managing system pressures as quickly as possible, while simultaneously strengthening services so that they are more prepared and resilient for the future. This is reconfirmed by the NHS England *2022/23 priorities and operational planning guidance*, which sets out how the NHS and partners will need to meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. Yet services must do so with persistent staffing shortages and health and social care professionals still coping with the cumulative stress of the pandemic and impact on their mental health and wellbeing. Both the NHS delivery plan and operational planning guidance (and accompanying documents) recognise that going forward, it will be important to recruit further staff and maintain a focus on engaging, developing and supporting existing staff.

[1] Royal College of Psychiatrist analysis of NHS Digital Data: https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/03/15/record-4.3-million-referrals-to-specialist-mental-health-services-in-2021

SECTION 2. COVID-19 INEQUALITIES

Covid-19 has shone a light on existing health inequalities and underlying health conditions of our population and exacerbated them for some of our most vulnerable residents.

National evidence shows that:

- People who live in the most deprived areas of England and Wales were around twice as likely to die after contracting COVID-19.
- People of Black, Asian and other minority ethnic groups were more exposed to COVID-19, more likely to be diagnosed with it and more likely to die from it than those of white ethnicity
- Compared to people under 40 years old, the chances of dying from COVID-19 were 70 times higher for those aged over 80 and 50 times higher among those aged 70-79
- The risk of death involving COVID-19 in England was 3.1 times greater for more-disabled men and 3.5 times greater for more-disabled women, compared with non-disabled men and women
- COVID-related deaths for people with a learning disability were dramatically higher than the general population in England and Wales

Existing health inequalities in Swindon were also exacerbated by COVID-19 potentially leading to a vicious cycle where people who are more vulnerable to disease due to their socio-economic circumstances, then face further adverse impacts on their circumstances as result of COVID-19 illness or containment measures, which puts them further at risk of poor health and severe illness.

2.1 Swindon Profile of Cases

Understanding the local situation and who is most at risk of COVID-19 is central to taking action to prevent more cases. Throughout the pandemic we have used local case information to understand who is vulnerable, where they live, what they do and how spread occurs. This is also in the wider context of national research[2] which shows that those who are most vulnerable to hospital admissions and death from COVID-19 are:

- Older people, particularly those aged over 80
- People living in more deprived areas compared to those in least deprived areas
- People from Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups
- People with underlying health conditions (defined as clinically externally vulnerable and asked to isolate in the pandemic)

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID-19_August_2020_update.pdf

47,201 COVID-19 cases were recorded in Swindon residents in the 12 months between 1st February 2021 to 1st February 2022. The rolling seven-day rate per 100,000 population peaked in January 2022 (2,300.3 on 4th January 2022). The majority of cases were recorded in residents who identify as "White British or Irish" (66%), female (53%) and people aged under 18 years (29%, reflective of the increased number of COVID-19 outbreaks reported within educational settings in the past year) and 30-50 years (34%). The ethnicity breakdown was as follows:

Swindon Covid-19 cases by ethnicity (01 Feb 2021- 01 Feb 2022)

Ethnicity	Cases	Percentage
Any other Black / African / Caribbean background	929	2.0%
Any other ethnic group	665	1.4%
Any other Mixed / Multiple ethnic background	944	2.0%
Any other White background	2,734	5.8%
Asian	2,830	6.0%
N/A	8,025	17.0%
White British or Irish	31,074	65.8%

The wards with the highest numbers of both cases and rates per 100,000 (01 Feb 2021- 01 Feb 2022) were Rodbourne Cheney, St Andrews, and Priory Vale, with the latter being the ward with the most number of cases along with Blunsdon and Highworth, and Central. The Lower Super Output Areas (LSOAs) with the highest number of cases and rates were located within St Andrews and Blunsdon and Highworth.

ONS 'Deaths Registered' data available to the local authority contain both the date of death (date of occurrence) and the date of registration. On death certificates, COVID-19 is mentioned as either the primary or an underlying cause of death. From 29/02/20 to 18/02/22, there were 64 registered deaths in Swindon where COVID-19 was reported as an underlying cause of death, and 537 cases where COVID-19 was reported as the primary cause of death.

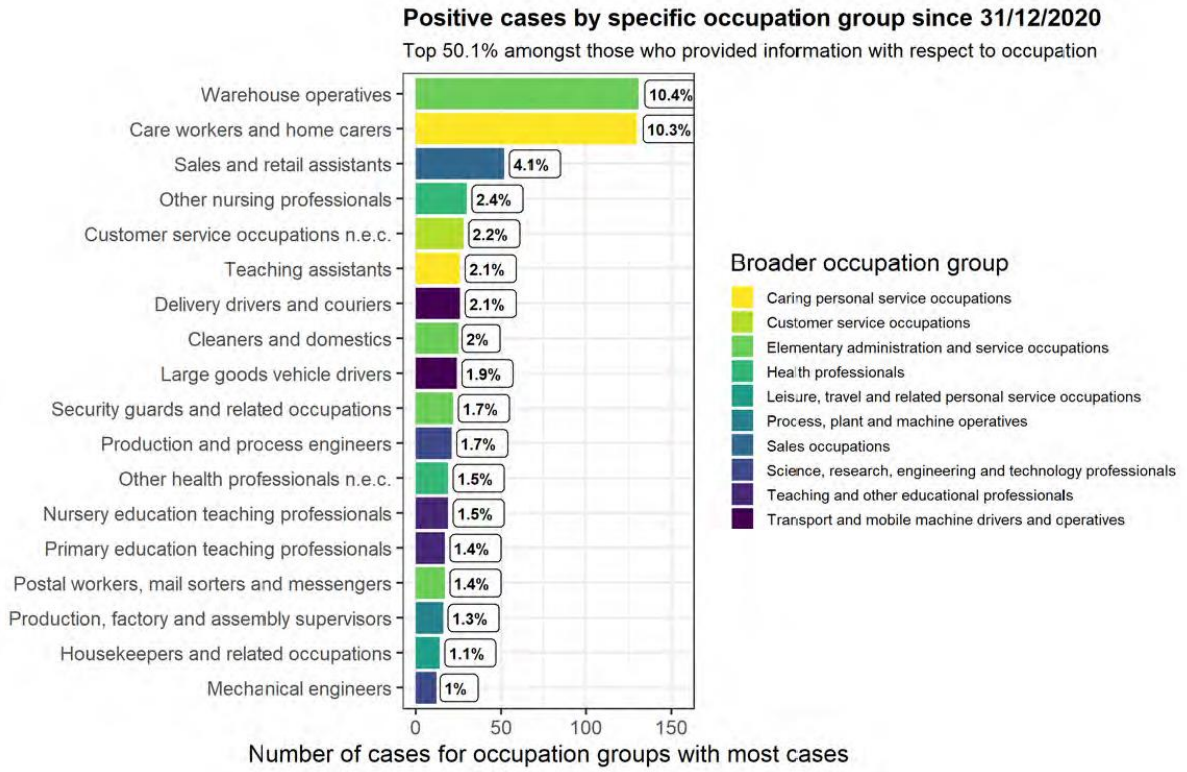
According to ONS (Jan 2022), the highest number of COVID-19 deaths across all age groups is reported in those of White ethnicity. The second highest number of deaths is reported in those of Asian ethnicity. In relation to age and ethnicity, these numbers for Swindon are very small. In England, approximately 60% of deaths involving Covid-19 were registered for people aged 80+. In Swindon, approximately 58% of deaths involving Covid-19 were

registered for people aged 80+, and 1 in 4 deaths were registered for people aged 90+. 56% of Covid-19 related deaths in Swindon were recorded as males.

In summary, although non-White communities account for 15.4% of the Swindon population; they account for 11.4% of cases. In regard to deaths, those from BAME communities are estimated to account for 11% of COVID-19 related deaths (national estimates). The Asian population accounts for 6.4% of the Swindon population, and account for 6% of COVID-19 cases and an estimated 6% of deaths (national estimates).

Analysis of cases since by occupation across a three-month period in 2021 (noting that only one in four cases had an occupation listed) showed that:

- Over half of cases worked in five main occupation groups: administration and service occupations; caring occupations; health professionals; sales occupations; and transport and mobile machine drivers and operatives. Many of these involve work that cannot be done from home
- For outbreaks (two or more cases) reported to the Council by businesses, a majority of cases were in manufacturing, warehouse/ distribution, supermarkets and offices
- There was no clear link between occupations, postcodes and places of work, since people do not necessarily live where they work, but areas with higher numbers of cases in people working in warehouses, cleaning and caring professions, included parts of SN1 and SN2



2.2 The Swindon Challenge

Swindon has a number of key attributes which may explain why Swindon has frequently seen higher than average COVID-19 case rates at different points during the pandemic.

Population size and density: Swindon is a large town with an estimated population of 222,881 people (There are 256,677 people registered with the Swindon GP practices) and the population is forecast to increase by approximately 5% between 2020 and 2030. Swindon also has a higher population density than many other areas with 9.7 people per hectare in Swindon, compared with 2.4 in the South West and 4.3 for England.

Age: Swindon has a relatively young population with a greater proportion of people in middle age than the national average. Swindon also has a greater proportion of people who are economically active (working age) than the South West and national average. Younger populations are more likely to mix and socialise with other people outside of their households and we know that local case rates have been driven by the working age population in Swindon. Vaccination rates are also generally lower in younger population groups compared to older population groups.

Ethnicity: The population of Swindon is increasingly ethnically diverse, with approximately 31,266 (14%) identifying as non-white in 2020. This includes 16,747 people who identify as Asian/Asian British and 7,412 people who identify as Black African/Black Caribbean/Black British, two of the ethnic groups that are more likely to be exposed to COVID-19, more likely to be diagnosed with COVID-19 and more likely to die from COVID-19. Vaccination rates are also generally lower in non-White population groups compared to White population groups.

Deprivation: Swindon has been ranked the 98th most deprived local authority area out of 151 Upper Tier Authorities in England and the town contains 12 neighbourhoods ranked amongst the most deprived 10% in the country. Deprivation is a key risk factor for COVID-19 with people living in more deprived areas at increased risk of COVID-19 transmission, hospital admission and death from COVID-19 compared to those in least deprived areas. Enduring Areas of transmission also have higher instances of 'unmet financial needs' and compliance with interventions to reduce transmission is generally lower. SN1 and SN2 are the areas of higher deprivation in Swindon that have been consistent in their case positivity across the pandemic. Vaccination rates are also generally lower in more deprived areas compared to more affluent areas.

Employment and Occupation: Swindon has a disproportionately high population of residents in "high contact/high risk" occupations, or occupations which are not allowed to work from home, which increases a person’s risk of infection and reduces their ability to self-isolate.

Household Composition: Swindon has a disproportionately high population living in high-density, multi-generational or overcrowded accommodation which increases their risk of transmission and reduces a person’s ability to self-isolate. We have seen this particularly in

SN1 and SN2 communities. A Public Health England review[3] of the impact of Covid 19 on people from ethnic minority backgrounds identified poor housing conditions and housing composition as contributors to increased Covid 19 transmission within these groups In addition, overcrowded households are more likely to (i) contain an elderly or vulnerable member which impacts mortality once diseases are contracted (ii) be occupied by those working in service or care industries and therefore unable to work remotely to avoid infection

Disabilities: The risk of death from Covid-19 is higher in both people living with a physical disability and in people living with a learning disability. It is estimated that there are approximately 3,340 residents with a learning disability in Swindon and approximately 7,638 residents living with some form of impaired mobility. Swindon has lower rates of GP health Checks for people with a learning disability than the South West and nationally and one in five supported working age adults with a learning disability are living in unsettled accommodation: which are areas for improvement.

Extremely Clinically Vulnerable: In Swindon, over 5000 people were identified at the start of the pandemic as being Extremely Clinically Vulnerable to COVID-19. Residents in this group were advised to 'shield' at the start of the pandemic which involved staying at home at all times and avoiding face-to-face contact with other people, including avoiding going out shopping.

2.3 Complex and High-Risk Settings

Swindon also has a high number of complex and high-risk settings. These are settings where individuals may be more vulnerable to Covid-19, where Covid-19 is more likely to spread and where outbreaks may be harder to control.

Complex and High-risk settings in Swindon include:

- Great Western Hospital and other health and social care settings
- Approximately 100 care homes, including care homes for older people and care homes for people with learning disabilities, mental health and physical disabilities.
- Day Centres
- Supported living accommodation
- Domestic Abuse accommodation
- Homelessness hostels and services
- Asylum seeker hotels and services
- Children's care homes and residential settings

3

Public Health England (2020). COVID 19: understanding the impact on BAME communities

- Educational settings: 64 primary schools, 16 secondary schools, 7 special schools (3 primary, 4 are secondary) and two further education colleges.
- Substance Misuse Services
- Large businesses, warehouses and distribution sites

The nature of Swindon's demography and assets made residents of Swindon more vulnerable to COVID-19 with higher rates of transmission, and large numbers of people at higher risk of severe disease and death than most other Local Authorities in the South West. These factors also meant that the response to the pandemic including testing, contact tracing, support to self-isolate and delivery of the vaccination programme were more challenging and resource intensive. These factors need to be considered to ensure this plan is delivered equitably.

2.4 Insights from local residents

The Swindon Public Health team undertook a Health & Wellbeing survey (in December 2021 and January 2022) This followed on from a survey that was run in the summer of 2020 in order to gain insight into the physical, mental and material wellbeing of people in Swindon and the changes in their health and wellbeing that have taken place, since the Covid 19 pandemic started.

There were 584 responses in total. 71% of the sample were females, two thirds were people aged between 36-65 years of age and 5% were from a non-White British/Irish ethnicity. About one in four had a long term condition, one in six reported being or living with someone who is clinically vulnerable, three in four stated that they were still employed/self-employed or were retired.

The survey findings can be used to inform policy and planning and to contribute to performance measures if repeated moving forward as it gives a snapshot into local perspectives and how local people view the impact of Covid 19, local services and physical and mental wellbeing.

Key Findings:

COVID-19 Guidance: Respondents were divided as to whether current national guidance and advice is clear and easy to understand with 44% of those being in agreement. Males, younger people, people with a long-term condition and people from a white background were more likely to disagree. Most people found it easy to follow national guidance and advice with respect to Covid 19 (63%) and those were more likely to be middle aged or older.

COVID-19 Experience: A majority of respondents reported feeling worse on psychosocial indicators (mental health etc.) and the time spent socialising. Of those reporting a change in

their ability to use online social media the majority reported improvements, as well as the embracement and establishment of new ways of work. Participants were divided as to whether the pandemic had a positive influence on the time spent socialising online Reporting on material indicators (such as ways of work, diet and use of public places) was less negative, but worsening concerns about finances were expressed by about a third of the sample.

Work related improvements: New possibilities for health and wellbeing (i.e. additional time, new perspectives), and spending more time with family were identified as the top positives that resulted from the pandemic. However, “no positives” was amongst the top four themes. The most significant concerns resulting from the pandemic focused on apathy towards the pandemic getting Covid or passing it on to loved ones and not knowing what the future will hold.

Local Service Needs: 51% of people were satisfied with Swindon's wider community response to the pandemic. Reasons for being dissatisfied included the lack of access to clear information the reaction/judgement/apathy from others and the changes to local services (e.g. delays in getting medical appointments, booking Covid 19 vaccinations). With regard to having knowledge about accessing services and feeling comfortable about doing so during the pandemic, the overall response in the sample was fairly positive, but a "gap of confidence“ was recorded. 45% of the sample stated that they were not comfortable in accessing hospital and GP services and 32% stated they did not know how to access the aforementioned services. 61% reported that they did not feel comfortable about using public transport. There were significant differences in the way people in different subgroups responded. In general, participants were more likely to agree than compared to the views expressed in the summer 2020 survey. This applied to common questions linked to both the knowledge about accessing services and their comfort in doing so. However, this was not the case for the knowledge and comfort associated with obtaining medication.

About half of participants (49% to 54%) stated that they did not need support with deliverables (e.g., childcare, food, medicines, social care), with employment nor with financial support. One in two participants identified that they needed support with being active, with their mental health or their family’s wellbeing, with the last two aforementioned areas being highlighted in the summer of 2020 survey. The need for support varied by subgroup and instances where significant differences in the way the different subgroups responded were recorded. The Council’s Facebook account, the SBC website, TV and online media were the most common sources of information.

COVID-19 Vaccination: Respondents were asked about any doubts or concerns they might have around the Covid 19 vaccines, with many of them expressing concerns around their safety. Both vaccinated and unvaccinated responders expressed concerns around vaccine side effects, the long-term effects and future unknown (its impact on fertility was mentioned several times) and doubts over vaccine effectiveness. Moreover several unvaccinated responders were concerned about the social stigma they might experience in making the choice not to have the vaccine. Others who had not yet had their vaccine

explained that they had been unsuccessful in trying to book their appointments. 89% of responders were vaccinated with two doses.

SECTION 3: NATIONAL CONTEXT TO LIVING SAFELY AND FAIRLY WITH COVID-19

3.1 The case for transition - why we can move to living safely with COVID-19

The past two years have seen many restrictions imposed on everyday life to manage COVID-19, though it is widely acknowledged that these have come with a huge toll on wellbeing, social outcomes, and economic output. Scientists and the Government now understand more about COVID-19, how it behaves and how it can be treated. We know what individual and societal behaviours can help to reduce the risk of COVID-19 transmission and how we can protect those that are most vulnerable to COVID-19 infection. We are also in a very different place to the first phase of the pandemic in relation to vaccinations and treatments; we have a comprehensive and effective vaccination programme in place, and a range of therapeutic drug and treatment approaches that the NHS can deploy to treat people who are most vulnerable to COVID-19. As the virus continues to evolve, it will be important to continue to add to this understanding to inform our range of prevention and treatment options.

The Government has stated that this evolved position means that it can move away from deploying regulations and restrictive requirements such as lockdowns in England, to using public health measures and guidance, with the key lines of defence being safer behaviours and vaccinations[4]. To date, the data supports this approach as it continues to show that the link between cases, hospitalisations, and deaths has weakened significantly since the start of the pandemic. However, the Government recognises that it can only take these steps because it will retain contingency capabilities and will respond as necessary to further resurgences or worse variants of the virus.

3.2 Future COVID-19 scenarios

There is considerable uncertainty about the path that the virus will take over the next few years.

The World Health Organisation (WHO) has described three possible scenarios:

Scenario	
1: 5th Endemic Coronavirus	Covid-19 remains highly contagious but causes mild illness in most cases. It is added to the existing 4 coronaviruses that already circulate endemically (SAGE estimates this could take 5 years)

[4] Cabinet Office (2022). Covid-19 Response; Living with Covid-19: https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

2: Flu-Like	Covid-19 behaves like seasonal flu with recurring epidemics when the conditions of transmission are favourable (similar to seasonal flu). Since the population has basic immunity, severe disease is seen only in people at most risk. It will be important to continue to vaccinate at-risk groups and adopt preventive measures when transmission is high.
3: Ongoing pandemic through various new Variants of Concern	A new variant emerges that evades acquired immunity resulting in large number of cases. Health systems are overloaded and therefore there are more deaths.

The UK's Scientific Advisory Group for Emergencies (SAGE) have outlined a number of medium-term scenarios for the pandemic in the UK (see **Diagram 1**). Each of these scenarios assumes that a more stable position will be achieved over time, but that we could move between scenarios, or more than one could co-exist at any one time. A constant in each scenario is the possibility of continued disproportionate impacts on certain groups, for example communities with lower vaccination rates.

Diagram 1: SAGE 4 working scenarios[5]

REASONABLE BEST CASE: Minimal further escape from current vaccines and infection-induced immunity. Minor seasonal/regional outbreaks from waning immunity and minor antigenic change. Existing vaccines used annually to boost vulnerable only. Antivirals have a significant impact on mortality and morbidity and remain effective. Years with higher SARS-CoV-2 waves tend to have fewer influenza cases.
CENTRAL OPTIMISTIC: Increasing global immunity leads to generally lower realised severity. Waves of infection are driven by cycles of significant waning immunity and/or the emergence of new variants either from Omicron or other lineages. The general pattern is of annual seasonal infection with good and bad years, the latter with high transmissibility and intrinsic severity similar to Delta. Severe illness and mortality largely limited to vulnerable, elderly and those without prior immunity. Regularly updated vaccines given annually to the vulnerable and to others in bad years. Voluntary protective behaviours are high during waves. Some countries impose NPIs (e.g. face coverings) in bad years. Anti-viral resistance begins to appear and limits use until combination therapies are available.
CENTRAL PESSIMISTIC: High global incidence along with increasing population immunity drives unpredictable emergence of variants for many years, with a combination of enhanced immune evasion and greater transmissibility relative to Omicron, sometimes more than once per year and/or with intrinsic severity similar to Delta in bad years. Existing immunity and updated vaccines continue to provide good protection against most severe outcomes. Although now more severe, repeated waves of infection cause widespread disruption with disproportionate impacts in some groups, e.g. children in education. Widespread annual vaccination with updated vaccines. Anti-viral resistance is widespread. SARS-CoV-2 waves do not reduce influenza; SARS-CoV-2 waves overlap leading to further burdens on healthcare. Limited voluntary protective behaviours during waves. Some countries impose more significant NPIs in bad years.
REASONABLE WORST-CASE: High global incidence, incomplete global vaccination and circulation in animal reservoirs leads to repeated emergence of variants, including through recombination (exchange of genetic material between different variants infecting the same cell). Not all variants are equally challenging, but some show significant immune escape with respect to immunity from vaccines and prior infection. Unpredictable changes in how the virus causes disease alters the rate and age profile of severe disease and mortality, with increased long-term impacts following infection. Widespread annual vaccination with updated vaccines is required. Anti-viral resistance widespread. Voluntary protective behaviours are largely absent and/or a source of societal conflict. Significant use of NPIs is needed, especially when new variants outpace vaccine updates (and/or testing technologies fail).

[5] SAGE (2022): S1509_SAGE_105_minutes.pdf (publishing.service.gov.uk) and S151 SAGE scenarios: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054323/S1513_Viral_Evolution_Scenarios.pdf

The ‘reasonable best-case’ scenario assumes that although there will be new variants, none of these will be more severe or transmissible than the current situation and vaccines will continue to protect well, with booster doses administered for vulnerable people in winter periods. Lasting immunity results in minimal seasonality, and there's limited risk of new epidemics because we are able to identify and get on top of new variants very quickly. The ‘reasonable worst-case’ scenario assumes that we see constant and high prevalence infection in the population, and that waning immunity results in seasonality overlapping with existing seasonal Winter pressures, putting extra strain on systems and populations. In addition, there's a high risk of new epidemic waves resulting from new variants, or even a new pandemic.

The middle two positions - ‘optimistic central’ and ‘pessimistic central’ - are considered most likely, though remain hard to predict as they depend on the nature of the variants that do emerge, and ongoing uptake and effectiveness and availability of vaccines and treatments. Eventually, when the virus transmission is more steady and predictable, we will have reached an endemic state[6], but meanwhile, we need to ensure capability to respond if new variants emerge domestically or internationally.

3.3 The National Policy Context

On Monday 21 February 2022, the Prime Minister announced the end of all remaining legal COVID-19 restrictions, including the requirement to self-isolate following a positive test result, and the national Contain Framework was replaced by the government’s national COVID-19 Response: Living with COVID-19 plan.

The national Living Safely with COVID-19 plan states that the Government will ensure resilience and maintain contingency capabilities to deal with the range of possible COVID-19 scenarios. Whilst large scale demobilisation of some national infrastructure has taken place, including the demobilisation of NHS Test and Trace and community testing, some national testing and contract tracing capability will be maintained. Some sequencing of positive PCR samples from healthcare and community testing programmes, and some national surveillance will also remain (including the ONS survey, SIREN and VIVALDI studies) to support the rapid identification of new variants and monitoring of the virus over time.

3.4 National policy objective and principles

The Government states that its objective in this phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.

[6] A disease outbreak is endemic when it is consistently present but limited to a particular region. This makes the disease spread and rates predictable.

To meet this goal, the Government will structure its ongoing response around four principles:

- Living with COVID-19: removing domestic restrictions while **encouraging safer behaviours** through public health advice, in common with longstanding ways of managing most other respiratory illnesses;
- Protecting people most vulnerable to COVID-19: **vaccination** guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing;
- **Maintaining resilience**: **ongoing surveillance, contingency planning** and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- **Securing innovations and opportunities** from the COVID-19 response, including investment in life sciences. Would include treatments here.

Vaccines underpin all of these principles and form the basis of the Government's strategy for living with COVID-19.

This Plan sets out what actions will be taken in Swindon to support implementation of these principles at the local level; through the framework for how we will live safely and fairly with COVID-19 as outlined in the next section. Some of the national principles align with the key epidemiological principles that the ADPH advise should guide us through the next phase of the pandemic, which include reducing transmission, use of surveillance and vaccinations, and a clear testing strategy.

3.5 Learning from the past

As we move into the next phase of living safely and fairly with COVID-19, it is essential to consider and learn from what has worked well and what has not worked so well and why. The Coronavirus Pandemic has been the largest and most enduring pandemic since the "Spanish Flu" in 1918–1919, and the UK has experienced one of the highest proportions of excess deaths in the World (where excess deaths are recorded), particularly in the first wave of the pandemic. This is partly thought to be due to a lack of national preparedness to respond to a pandemic of this nature, and because the general population was less healthy than many Western counterparts. The pandemic has exposed and magnified health inequalities, resulting in even worse health outcomes for some of the worst off in our society.

Conversely, the challenge of the situation has brought about rapid change and innovation of a scale that would have been unimaginable just two years ago. New ways of working have been adopted at pace, solutions to problems not previously experienced have been found, and communities and partners across sectors have pulled together with unity and determination.

Swindon Borough Council is reviewing its resilience and capacity as an organisation to scale up to future COVID-19 and wider threats through the refresh and exercising of local and system-wide Major Incident Plans, recognising the importance of system-wide resilience

involving partners and communities. To inform this process, a series of lesson learned workshops have taken place with partners and the voluntary and community sector to provide an opportunity to reflect on how we can learn from and build upon the achievements of the first two years, and how we can remain ready to cope with the uncertainty and challenges of the future. As central funding to support the COVID-19 response reduces or comes to an end, key Council and UKHSA posts that support health protection resilience will be lost, and so a key challenge for the system going forward will be to embed crucial skills and expertise within roles, organisations and communities.

A series of Covid-19 Lessons Learned workshops were facilitated by SBC's Public Health during the first half of 2022. These sessions aimed to review how well Public Health worked with key partners to respond to the pandemic and to identify any lessons learnt and how these can be used to inform current and future practice. These sessions were organised through a 'setting based' approach (e.g. schools, care homes etc.). A number of common key themes emerged from these workshops. These included:

- SBC Public Health to build on the increased joint working that took place with partners during the pandemic to improve our local response to health protection outbreaks and protect our residents.
- Having up to date intelligence reports shared with all partners to provide an epidemiological overview of the local picture was well valued and helped to shape partners responses to the pandemic by identifying any health inequalities.
- Partners highlighted the challenges of receiving frequently changing Covid-19 guidance and ability to implement these changes effectively in their settings. Consideration of how public health guidance is disseminated and how partners can be supported to enact these changes need to be considered going forward.
- Processes put in place by Public Health to ensure that some SBC services (e.g. Housing) had prompt access to both PPE and LFD tests during the pandemic. This was well valued by partners and where possible should be replicated in the event of any future communicable disease outbreaks.
- Ensuring partners have effective and up to date Business Continuity plans in place was highlighted with some settings. Having these plans would support organisations in how to operate (working from home policies, IT access, remote training etc.) in the event of any future national lockdowns/health protection outbreaks.
- Throughout the development of the vaccination programme a lot of lessons were learned as we went along particularly for targeting groups who experienced health inequalities. Having vaccination outreach clinics in areas of low vaccinations, subsidising travel costs and working in partnership with NHS colleagues all contributed to this.

SECTION 4: Swindon Living Safely & Fairly with Covid-19 Framework

In response to the national plan for living with COVID-19 and taking account of our local risk assessment, we have developed a local Living Safely & Fairly with Covid-19 Framework for Swindon.

This consists of 4 key pillars for action; **Prevent, Protect, Treat and Respond** supported by targeted **Communication & Community Engagement; Monitoring & Surveillance;** and taking broader action to **Address Inequalities.**

4.1 Prevent

4.1.1 Encouraging Safer Behaviours

Small things make a big difference. Maintaining certain infection prevention and control choices and habits in the home, workplaces and public places will help to reduce transmission of COVID-19 and help to minimise transmission of other respiratory viruses. All individuals, employers and institutions will be encouraged to follow national safer behaviour advice, which includes:

• Getting vaccinated and boosted; this offers the best protection against COVID-19, it reduces the risk of getting seriously ill and of spreading it to others

• Let in fresh air when indoors

• Wash your hands regularly for 20 seconds or more

• Stay home if you feel unwell, if possible

• Consider wearing a face covering in the following scenarios; when coming into close contact with someone at higher risk of becoming seriously unwell from COVID-19 or other respiratory infections, when COVID-19 rates are high and you will be in close contact with other people, such as in crowded and enclosed spaces, and/or when there are a lot of respiratory viruses circulating, such as in winter, and you will be in close contact with other people in crowded and enclosed spaces.

We will work with our Communications Team and key partners to continue to encourage these safer behaviours, particularly during periods of high prevalence.

4.1.2 Vaccination

COVID-19 vaccines remain the most important and effective way the public can protect themselves and others from becoming seriously ill or dying from the virus. Without the

vaccine programme, and the high levels of take-up, we would not have been able to transition into the current phase of living safely with COVID-19. A recent review by UKHSA also showed that people who have had one or more doses of a COVID-19 vaccine are less likely to develop long COVID symptoms than those who remain unvaccinated[7]. Nevertheless, no vaccine is 100% effective, not everyone will choose to be vaccinated, and there will be an ongoing risk of a new variant emerging that the vaccine is less effective against, and so vaccination remains one of a number of important measures.

A key role locally, will be for the Council and NHS to continue to work in partnership with the voluntary and community sector and local communities to increase uptake in groups that have lower vaccine uptake. This includes continuing activities that make vaccinations more accessible, analysing vaccination uptake data to help identify which groups may need more support to access vaccination, and building behavioural insights into the programme to support understanding of how vaccine confidence can be increased. It also includes ensuring robust communications and community engagement campaigns that provide residents with the evidence-based information on the safety,
efficacy, and rationale for vaccination, that they need to make informed choices.

4.1.3 Infection Prevention & Control

Infection, prevention and control (IPC) is a key priority for COVID-19 and other infectious diseases. Infection, prevention and control is crucial to protect those most at risk. Some people may not have strong protection after vaccination due to age, illness or a need for treatments that suppress the immune system. There are some who are and will continue to be more vulnerable to severe illness. We will work with our local NHS and care colleagues to promote and support high quality infection prevention and control in health and care settings, and we will develop an IPC Care Home Champions network to support work around Infection Prevention & Control measures in local Care Homes with the aim of promoting and implementing best practice.

Swindon Borough Council will continue to support early years and educational settings, across Swindon, with information, advice and guidance on how to protect the population attending and working in these settings from infectious diseases and how to manage outbreaks and incidents effectively. We will develop regular communications with these settings and we will develop resources to promote good IPC. The resources will assist with supporting schools in managing risk from a range of infections, reducing risk of transmission as well as reducing disruption to face to face education.

4.1.4 Community Resilience

The pandemic has led to more resilient communities, though households, communities, organisations and businesses developing knowledge, skills and capabilities to support themselves and others in the event of major threats. The development of existing and new

[7] UKHSA (2022): The effectiveness of vaccination against long COVID A rapid evidence briefing: https://ukhsa.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=fe4f10cd3cd509fe045ad4f72ae0dfff

local support networks, some linked to voluntary and community organisations and some informal neighbourhood networks for example, has strengthened community resilience by harnessing the assets of individuals and groups. Volunteers have played a pivotal role in the response; from providing food and medical provisions and offering to transport people to medical appointments, through to telephone befriending services and doorstop visits to reduce social isolation and loneliness. We will continue to support the development of resilient communities through a programme of work with different sectors to develop the skills, capacity and neighbourhood plans to enable communities to prepare themselves for threats and know how best to respond, and particularly in order to protect those that are most vulnerable in our communities.

4.2 Protect

We will protect people most vulnerable to COVID-19

4.2.1 Local Health Protection System

We will build a resilient local health protection team and system by retaining some of the crucial knowledge, skills and experience of the teams that we have built over the last 2 years, while integrating COVID-19 work with other infectious diseases that we respond to locally, e.g. TB, Flu, Measles, Meningitis etc.

This team will work in close partnership with the Local Health Resilience Partnership and colleagues from the UK Health Security Agency South West Health Protection Team (UKHSA SWHPT), NHS England, the local NHS Integrated Care Board and other key partners to create and maintain a robust local health protection system.

4.2.2 Outbreak management and response

We will continue to provide a local response service to local COVID-19 enquiries in relation to safer behaviours, events, testing and Infection Prevention & Control measures and we will contribute to outbreak management in high-risk settings, including local care homes, supported living, day centres, educational settings and large employers working in close partnership with the UKHSA Health Protection Team and the local NHS Integrated Care Board.

4.2.3 Support to higher-risk settings

It will be important to maintain support to higher risk settings such as care homes, due to the clinical vulnerability of residents and the nature of multiple occupation settings, which means that viruses such as COVID-19 can spread very quickly without appropriate controls in place. Other higher-risk settings include homeless hostels and some sheltered housing settings, again due to the clinical vulnerability of residents and close proximity of living arrangements. Such settings will continue to be provided with Infection Prevention & Control advice and outbreak management support by UKHSA, BSW ICB and Swindon

Borough Council and we will continue to provide support to these settings to risk assess more complex situations. We will also continue to offer IP&C audits and visits to targeted higher-risk settings to protect our most vulnerable residents.

4.2.4 Support for Educational Settings

Educational settings from pre-school settings right the way through to FE colleges and universities are vulnerable to outbreaks due to the close proximity of children and young people in these settings. The overall risk of children and young people becoming severely ill from COVID-19 is extremely low, however the impact of control measures on their social and emotional wellbeing and educational outcomes cane be very high, requiring a new approach to managing COVID-19 infection in these settings. Risk assessments and safer behaviours remain important, but COVID-19 infection (confirmed or suspected) will now be managed in line with other respiratory infections in educational settings. Regular asymptomatic and symptomatic testing is no longer recommended, and outbreak testing is currently only available by exception in eligible SEND residential settings.

The UKHSA and Swindon Borough Council will continue to provide Infection Prevention & Control (IPC) advice and resources to educational settings in Swindon and outbreak management support will be provided to SEND settings and educational settings experiencing significant outbreaks, including the offer of an IPC audit and/or visit.

4.2.5 Access to testing for vulnerable residents, health and social care staff

The government has committed to ensuring those aged over 12 years who are at highest risk of severe illness from COVID-19, can continue to access tests so that they can check very quickly if they have developed the virus and get access to treatments quickly.

Other groups eligible for free tests (during periods of high prevalence) include NHS staff who care for patients, hospital patients who need PCR tests before treatment, people working in higher-risk settings such as care homes, domestic abuse refuges and homelessness services, care home residents, and hospital patients who are discharged to care homes or hospices. We will continue to support these staff to access free testing during periods of high prevalence and will maintain a small supply of LFD testing kits to support business continuity and outbreak management in these settings.

4.2.6 Access to Personal Protective Equipment (PPE)

We will work with partners and the Local Health Resilience Partnership to ensure that health and social care staff have access to the recommended PPE that staff require to protect their health and the health of those that they care for. We will maintain a small supply of enhanced PPE that we can be deployed to health and social care settings in the

event of a new variant of concern or national supply issues. We will also increase our local FFP3 Fit Testing capacity, particularly in Adult Social Care settings.

4.3 Treat

Timely availability of treatments at home and in hospital is a key priority and treatments for COVID-19 have been identified and developed at unprecedented speed, with universities and pharmaceutical companies working hard to produce new treatments.

The NHS is offering antibody and antiviral treatments to people with COVID-19 who are at highest risk of becoming seriously ill and long-Covid services have been developed to support people to recover from Post-COVID syndrome.

4.3.1 Access to Anti-body and Antiviral treatments

The Government has moved quickly since the onset of the pandemic to ensure that those at risk of and suffering from COVID-19 have early access to safe and effective treatments. People at highest risk of developing severe COVID-19 can now access antivirals should they test positive for COVID-19. UKHSA has sent priority PCR tests to around 1.3 million people to support rapid turnaround of results so they can access the treatments as soon as possible after symptoms begin.

4.3.2 Long Covid Rehabilitation Services

There is growing evidence that COVID-19 vaccination is the best way to prevent Post-COVID Syndrome (often called Long COVID). The NHS defines Post-COVID Syndrome as signs and symptoms that develop during or following an infection consistent with COVID-19. These symptoms continue for more than 12 weeks and are not explained by an alternative diagnosis.

Details of how some people are affected by long COVID are still emerging, but research suggests around one in five people who test positive for COVID-19 have symptoms for five weeks or longer and for around one in ten people, they last 12 weeks or longer.

A team of physiotherapists, occupational therapists and respiratory nurses are working together to assess patients from across Bath and North East Somerset, Swindon and Wiltshire to provide a Long Covid Rehabilitation Assessment Clinic. The clinic is designed to help people who still have symptoms related to a Covid infection after 12 weeks. The aim of the clinic is to identify what symptoms a person is experiencing and how this is affecting them day to day. The clinic also helps people to find resources and/or treatments to manage their symptoms effectively so they can rehabilitate to living a fulfilling life.

Full details about the clinic including how to access it and get a referral are available on the Wiltshire Health and Care's website.

4.4 Respond (Emergency Preparedness, Resilience & Response (EPRR))

Swindon Borough Council and other key agencies are required to prepare for and respond to health emergencies and major incidents, as we have during the last two years. As there is uncertainty about how the next stage of the pandemic will develop, we will review our response plans to ensure we are able to reinstate arrangements in a timely manner if required, for example, to the emergence of a new Variant of Concern.

Plans will need to address mobilising capacity and arrangements to support:

- surge testing
- contact tracing
- self-isolation or quarantine
- the management of situations and outbreaks
- the distribution of anti-viral treatments
- the distribution of personal protective equipment (PPE)
- mass surge vaccination
- contracts for emergency facilities and services
- community and voluntary sector and volunteer networks to meet the diverse needs of our local population

4.5 Communication & Community Engagement

Clear, consistent and ongoing communication has been critically important in how we effectively manage our response to the pandemic, and we will keep communicating as we learn to live with COVID-19. We will continue to; listen to insights from communities and other key stakeholders, to publish regular briefings and key messages, and to meet with local groups to answer questions and support an appropriate local response. We understand the importance of using different channels of communication and multiple languages and formats.

People need to have robust information to be able to risk assess their actions, and what their actions mean for themselves and others. Swindon Borough Council will continue to ensure the delivery of a robust Communications Plan so that local campaigns, in support of national campaigns, provide communities and strategic partners with clear and evidence-based information to inform their decision-making.

We know, however, that providing information isn't enough to influence the behaviours of everyone. We need to shift and change behaviours so that people act upon the information they are provided with. We will, therefore, continue to use behavioural insights intelligence to better understand the social, economic and cultural determinants that support engagement with (rather than hesitancy towards or refusal of) public health interventions.

Communities, faith groups and community action have been at the centre of the COVID-19 response and will continue to be central to learning to live safely and fairly with COVID-19 and in being able to effectively address inequality. We will continue to work with key partners to strengthen community engagement and local support.

Our Community Connections Forum has been combined with our Interfaith Resilience and Recovery Group to become the Community Connections Network. This Network is made up of Community representatives, faith leaders and community and voluntary organisations and will continue to meet on a quarterly basis. The focus of the Community Connections Network is the building of trusted relationships across Swindon's communities and the sharing of information, good practice and insight. A key theme emerging which the Network is keen to address is about confidence and mental wellbeing. The Community Connections Network is committed to finding ways to collectively bring about local action which will support and empower local people to thrive.

We will also maintain our Community Champions programme which seeks to disseminate key public health messages to local people; using Champions to connect with their friends, families and communities to share the information. We will be working with our Champions to create community profiles; with an emphasis on identifying and addressing health inequality and those most at risk of COVID-19. We will use these profiles to inform our practice and in consideration of the best way to support our COVID-19 response and recovery

We have also commissioned a Young Community Champions programme to help us understand how we can best disseminate Public Health messages to young people (16 – 24). This was a particular challenge for us during the Pandemic and we are aware that young people receive and take on public health messages in a different way to adults. This programme is being delivered by Create Studios and will give us insight into what works for this age group along with a number of committed Young Champions who can go forth and share our future messaging.

Many of the local volunteers who stepped up and played an important role in the response to COVID 19 are committed to continuing their efforts as we learn to live safely and fairly with COVID-19. We will continue to support our local volunteers, ensuring we can match volunteers to opportunities that are right for them and that are more likely to result in a longer commitment. Once recruited, volunteers can access training, development and ongoing support, It is important that our volunteers feel part of the Public Health community and we will ensure that their contributions are recognised and celebrated regularly.

4.6 Monitoring and Surveillance

With the demobilisation of community PCR and LFD testing, it is no longer possible to accurately monitor COVID-19 infections and case rates, and better measures for understanding whether infections are going up or down are COVID-19 hospitalisations and excess deaths. However, the Government will continue to monitor cases, in hospital settings in particular, and will use genomic sequencing, which will allow some insights into the evolution of the virus. UKHSA will maintain scaled down critical surveillance capabilities including the COVID-19 Infection Survey (CIS) population level survey, genomic sequencing, wastewater analysis and additional data. This will be supplemented by continuing the SARS-CoV-2 Immunity & Reinfection Evaluation (SIREN) and Vivaldi studies. The purpose of the SIREN study is to understand whether prior infection with SARS-CoV2 (the virus that causes COVID-19) protects against future infection with the same virus. The Vivaldi study was established to investigate COVID-19 infections in care homes.

At the local level, data and intelligence is crucial in informing strategic and operational decisions on how best to prevent the transmission of COVID-19, maintain public confidence and engagement with public health measures, and inform the identification and proactive management of local outbreaks in higher risk settings such as Care Homes.

Swindon Borough Council will continue to utilise the national and local COVID-19 dashboards and proxy indicators to maintain an oversight of COVID-19 in the local authority area and to support the targeting of appropriate infection prevention and control support and interventions. This includes using data to support specific settings in responding to situations and outbreaks, and using data proactively, for example, the Council and NHS will continue to utilise vaccination intelligence to inform the locations for "pop up" and outreach clinics for under-represented groups and the targeting of communications and community engagement activities.

4.7 Action to address Inequalities

By mid-March 2021 the pandemic had led to 119,000 excess deaths in the UK and in 2020 caused a 9.9% drop in GDP[8]. Behind these overall figures lie the unequal burdens carried by different population groups and regions. The pandemic for example, has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in wealthiest[9]. The type and quality of people's work, housing conditions, and access to financial support to self-isolate all contributed to different exposures to the virus. The pandemic has shown that health and wealth are inextricably connected, and it will be

[8] The Health Foundation (2021): Unequal pandemic, fairer recovery: https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery#:~:text=Despite%20these%20efforts%2C%20by%20mid,different%20population%20groups%20and%20regions

[9] The Health Foundation (2021): Unequal pandemic, fairer recovery: https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery#:~:text=Despite%20these%20efforts%2C%20by%20mid,different%20population%20groups%20and%20regions

important at the local level, for economic strategy to recognise this and to seek to create good health and wealth for all.

Some groups, such as young people, those with disabilities, care home residents and minority ethnic groups have also been disproportionately affected by the pandemic, and it will be important to seek opportunities to address their needs. As part of its ongoing work to address inequalities the Bath and North East Somerset, Swindon and Wiltshire Partnership have set out their vision and strategy for addressing inequalities in the BSW Inequalities Strategy 2021 –2024. The partnership is committed to working in partnership to tackle inequalities across the life course to ensure that residents can live longer, healthier and happier lives. This includes commitments to:

- Make inequality everybody's business through awareness raising, training and engagement with partners and communities
- Implementing the NHS Five Key Priorities:
    1. Restore service inclusively
    2. Mitigate against digital exclusion
    3. Ensure datasets are timely and complete
    4. Accelerate preventative programmes
    5. Leadership and accountability.
- Implementing the Core20PLUS5 programme which focusses on the core 20% of most deprived areas PLUS communities at higher risk of inequality (e.g. those with black, Asian and minority ethnic backgrounds) focussing initially in five clinical areas:
    1. CVD
    2. Maternity
    3. Respiratory
    4. Cancer
    5. Mental Health (including. children and young people)
- Focussing on prevention, social, economic and environmental factors (known as 'wider determinants')
    - To establish Anchor institution status at BSWs three hospitals
    - To publish three place-based Joint Strategic Needs Assessments for BANES, Swindon and Wiltshire
    - To establish local priorities that address public health and the social, economic, and environmental factors most affecting inequalities at place
    - To plan and enable progress on prevention where outcomes will take longer to see

- Tackle life course obesity using a whole systems approach
- Tackle inequality linked to smoking using a whole systems approach

4.7.1 Covid-19 Vaccination Outreach

We will continue to support communities with lower rates of COVID-19 vaccine uptake, particularly in areas of deprivation and for ethnic minority groups as part of our approach to both reducing health disparities and living with COVID-19, but also to support the wider health and social care system.

4.7.2 Protect Higher-Risk Settings

We will protect high risk settings and people who are more vulnerable to disease, to reduce the impact of Covid 19 on individuals and communities at highest risk of poor outcomes (people may be vulnerable because of clinical and or social reasons)

4.8 Governance Arrangements

Clear governance is essential to ensure that each area of the system operates effectively. Local governance of COVID-19 builds on existing practice and structures:

- the Director of Public Health (DPH) has a responsibility to ensure the development and implementation of the COVID-19 local outbreak management plan (or equivalent); supported by wider local authority teams as necessary
- the local authority corporate management team has a key role in providing strategic leadership and direction, ensuring local communications and engagement, and deploying local government resources
- local authorities, through their elected mayors and council leaders, are accountable to their local community for the local response, decisions and spending undertaken
- councillors, as local systems leaders, and local community leaders can facilitate systems relationships and community engagement
- the Civil Contingencies Act 2004 provides that other responders, through the local resilience forum (LRF), have a collective responsibility to plan, prepare and communicate in a multi-agency environment
- the local 'gold' structure, once "stood up", provides resource coordination, and links to COVID-19 regional partnership teams and other key category 1 responders from the local system
- local authorities have legal powers relating to public health which are listed in **Annex B.**
- Regional teams such as the South West UKHSA Health Protection Team play an important role in connecting the national and local response, providing specialist expertise and capability, and working collaboratively with the Council and local partners.

Annex A: Aspects of Swindon's COVID-19 Response programme that have been demobilised or scaled down with the shift to living with COVID-19.

COVID-19 PROGRAMME	
Projects and resource in place to enable the delivery of the Swindon Local Outbreak Management Plan between 2020-2022	**Status of project as at July 2022**
Public Health Covid Response Inbox and Covid Response Specialist rota to respond to COVID-19 related queries from local residents, local services and employers.	Replaced with an 'All-Hazard' Health Protection Inbox though staff resource scaled back from 31st March 2022 as COVID-19 enquires have reduced.
Infection Prevention & Control Specialist to provide IP&C specialist input to high-risk settings (e.g., Care Homes) and local businesses.	**Resource maintained** but broadened into an 'All-Hazard' IPC resource for higher-risk settings only.
Covid-19 Acute Response & Outbreak Control Team	**Scaled back** though in place to support reactive and proactive work with higher risk settings, and to ensure resilience for Winter 2022/23
COVID-19 Vaccination programme and SBC vaccination outreach team.	NHS vaccination programme remains in place and as directed by DHSC. Outreach vaccination increased to target under vaccinated communities and SBC support will be **maintained to March 2023**
Asymptomatic (LFD) Community Testing sites and Targeted Community Testing sites	**Demobilised** by DHSC on 31st March 2022. Surplus LFD kits retained for surge testing if required.
Symptomatic PCR Testing sites	**Demobilised** by DHSC on 31st March 2022
SBC Local contact tracing service (in support of NHS Test and Trace) and self-isolation payments	**Demobilised** by DHSC on 24th February 2022
Environmental Health response	**Scaled back** though in place to support reactive and proactive work with settings in 2022/23
Community Wellbeing Hub	**Maintained** Live Well Swindon can offer information, advice, signposting and support to individuals wanting to improve their health and wellbeing, including being more active, connecting to community life, stopping smoking or managing weight.

Communications and community engagement	**Scaled back** but in place to support engagement with vaccination and safer behaviours only. Weekly COVID-19 communications cell, media briefings, daily and weekly Situation Reports **demobilised.** Community Connections Network meeting quarterly. Working alongside statutory and voluntary partners to develop a Community Engagement Subgroup under the ICA Inequalities work stream. This aims to ensure efficiency of effort and greatest reach/outcomes.
Surveillance and intelligence	UKHSA Daily Sitreps **demobilised**. Bi-weekly Situational Awareness Report (SAR) now available from the UKHSA. UKHSA SW Weekly Epidemiology Update webinar in place. UKHSA Power BI COVID-19 Situational Awareness Explorer and DPH line lists still available but scaled down. Care Home Capacity Tracker scaled down. GWH hospitalisation daily sit-rep in place. Swindon weekly mortality dashboard remains in place. BSW Vaccination Programme Uptake Report remains in place.
Cells and Forums in place to enable the delivery of the Swindon Local Outbreak Management Plan between 2020-2022	**Status of Cells and Forums as at July 2022**
Command and control internal arrangements i.e., Gold, Silver, Bronze	**Stood down**
LRF command and control arrangements i.e., Tactical Coordinating Group, Strategic Coordinating Group	**Stood down**
COVID-19 Outbreak Engagement Board	**Stood down**
COVID-19 Health Protection Board	COVID-19 specific Board **stood down** and remit of the Board incorporated into the Terms of Reference for a new Swindon Health Protection Board.
COVID-19 Outreach Planning Group	I**n place** (meets fortnightly)

BSW Vaccination Operational Call	**In place**
BSW Immunisation Inequalities Group	**In place**
Adult Social Care Cell	**Stood down**
Education Reference Group	**In place**
PPE Cell	**Stood down.** Surplus PPE stored by SBC and available if required.
Events Safety Advisory Group (ESAG)	**In place** and will continue as remit is wider than just Covid-19

Annex B: Current Public Health legal powers

The legal context, including enforcement powers, for managing the Coronavirus pandemic has changed over the course of the pandemic. With the publication of the national Living with COVID-19 plan on the 24th February 2022, the government ended COVID-19 specific legal restrictions in England, in favour of public health guidance. Nevertheless, health protection legal powers for managing outbreaks of communicable disease, which present a risk to the health of the public requiring urgent investigation and management, remain and sit with:

• United Kingdom Health Security Agency (UKHSA) under the Health and Social Care Act 2012;

• Directors of Public Health, who have a duty to prepare for and lead the Local Authority Public Health response to incidents that present a threat to the public's health under the Health and Social Care Act 2012;

• Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended;

• NHS Integrated Care Boards to collaborate with Directors of Public Health and UKHSA to take local action (e.g., testing and treating)