

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury SY2 6ND

10th July 2020

Committee: Health & Adult Social Care Overview and Scrutiny Committee

Date: Monday, 20 July 2020

Time: 10.00 am

Venue: THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING

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[Link to HASC meeting 20/7/20](#)

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You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Head of Legal and Democratic Services (Monitoring Officer)

Members of Health & Adult Social Care Overview and Scrutiny Committee

Karen Calder	Tracey Huffer
Madge Shingleton	Simon Jones
Roy Aldcroft	Heather Kidd
Gerald Dakin	Paul Milner
Kate Halliday	Dean Carroll
Simon Harris	Rob Gittins

Your Committee Officer is:

Amanda Holyoak Committee Officer

Tel: 01743 257714

Email: amanda.holyoak@shropshire.gov.uk

AGENDA

1 Apologies for Absence

2 Disclosure of Percuniary Interests

3 Minutes (Pages 1 - 6)

To confirm the minutes of the meeting held on 20th January 2020 [attached].

4 Public Question Time

To receive any questions or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 10.00am on Thursday 16th July 2020.

5 Member Question Time

To receive any questions of which members of the council have given notice. Deadline for notification for this meeting is 5pm on Wednesday 15th July 2020.

6 Shropshire Care Home Covid-19 Support and Resilience Plan (Pages 7 - 30)

To consider a report on Shropshire Care Home Covid-19 Support and Resilience. [Report attached]

Contact: Deborah Webster, tel 01743 251699

7 Shropshire Covid-19 Outbreak Control Plan (Pages 31 - 60)

To receive a report from the Director of Public Health on the Shropshire Covid-19 Control Plan. [Report attached]

Contact: Rachel Robinson, tel 01743 252003

8 Work Programme (Pages 61 - 68)

To consider current proposals for the Committee's work programme. [Attached]

Contact: Danial Webb, tel 01743 258509

9 Date of Next Meeting

The next meeting of the Committee is scheduled for 10am on Monday 21st September 2020.

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SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 20 January 2020
10.00 am - 12.33 pm in the Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
Email: amanda.holyoak@shropshire.gov.uk Tel: 01743 257714

Present

Councillors Karen Calder, Madge Shingleton, Gerald Dakin, Kate Halliday, Simon Harris, Simon Jones, Heather Kidd and Paul Milner

41 Apologies for Absence

Apologies were received from Councillors Roy Aldcroft and Tracey Huffer. Councillor Roger Evans substituted for Councillor Huffer.

42 Disclosure of Pecuniary Interests

Councillor Simon Jones stated that he worked for the Community Health Trust and was a Trustee of Impact. Councillor Madge Shingleton stated that she was a member of Health Concern. Councillor Simon Harris stated that he was the Chairman of Star Housing. Councillor Kate Halliday stated that she worked for an organisation providing professional support to people working in the drug and alcohol field related to addiction.

43 Minutes

The minutes of the meeting held on 18 November 2019 were confirmed as a correct record.

44 Public Question Time

There were no public questions.

45 Member Question Time

There were no Member questions.

46 Public Health Outcomes Update

On behalf of the Committee, the Chair expressed disappointment that the report had only been made available to members one working day before the date of the meeting, this had not allowed Members adequate time to read and consider the content. Although pressure on officers was understood, it was felt that if Scrutiny was truly valued then Members needed to be afforded the time and resources to do the job properly. It was agreed that this message, which did not only apply to this committee but others too, be conveyed urgently to Cabinet and Directors.

The Director of Public Health acknowledged these comments as fair criticism and apologised. She confirmed that this feedback had been taken on board and that processes would be put in place in future to ensure that papers were not held up at any particular sign off stage.

The Director of Public Health then went on to introduce the paper before Members, explaining that it provided an update on the Public Health Grant substitutions process, the process for embedding prevention and wellbeing into Council services, and the process for monitoring outputs and outcomes.

She referred to the 'Health in All' approach which would encourage thinking on the impact on health and wellbeing any new or changed policy, substitutions were one way to achieve this approach.

Observations and questions were raised by Members in relation to: the approach of partner organisations, how practical the approach was in terms of delivery; whether the approach would work in a rural county with significant issues such as fuel poverty; might planning restrictions or building regulations impede progress eg where those in rural areas wished to extend or built for the purposes of housing and care for elderly parents; and whether lobbying government was built into the approach;

Members also asked whether there was expertise and capacity in the Council to monitor projects properly and observed that information in appendix 1 was not clear in conveying whether a project which had not met the criteria were still happening or not and that some detail in relation to MOUs for supporting homelessness seemed inconsistent.

In response to questions, the Director of Public Health and Consultant in Public Health said that:

- It was hoped that partners would take this same 'Health In All' approach but first the focus was on achieving this approach within the Council.
- The approach was not just limited to aspirations but could achieve practical steps and influence for example the design of the Local Plan for example, in relation to its demands for lighting, cycle routes and green spaces. There was a role in providing the data and evidence behind strategies supporting the local development plan, and Green Infrastructure Strategy.
- Training for officers underpinned MoUs and the substitution of general funds to ensure that policies made reference to wellbeing in wider contexts. Training would be designed to enable officers to recognise where wellbeing could provide benefits to the people of Shropshire, at an interface between council services and partners.
- A substitution with the Heat Savers programme had a clear remit to support residents to be fuel efficient and ensure houses were warm to avoid the potential outcomes of poor heating. This was a step by step process aimed at joining up the needs of residents with the climate change and heat saving agenda.

- The lack of success to achieve grant funding in all 3 criteria areas and funding for rurality linked back to the necessity of an evidence based approach to inform and strengthen intelligence
- Social prescribing networks had been working at a local level but a Shropshire level approach was needed
- The aim was to build up an incremental approach to support a health and wellbeing influence and training would be fundamental to this, alongside wider general awareness raising across the council.
- The JSNA would inform Place Plans, Rural Strategy and Fuel Poverty and would help others to own a Health and Wellbeing approach, not just the Council
- The Director of Public Health referred to the need for a system in substituting, the need for a commitment to health and wellbeing in the service receiving the substitution and the need to meet the four criteria and be cost neutral. She referred to drafts MoUs appended to the report as models, it was felt this was robust but that feedback would be welcomed.
- No transfer of funds would take place before the MoUs were signed although the budget had been set as per financial strategy. Members emphasised that it was essential that MoUs be signed beforehand and the Director explained that this was why the process was in place.
- Responding to queries about appendix 1 and the list of substitutions, it was clarified that there were 11 substitutions currently, but others which had been originally proposed but did not qualify for PH funds were still listed to show what activity was going on, albeit funded in a different way. Members asked that this be updated and recirculated.
- Substitutions would be monitored rigorously to provide assurance not only for the Council but also Public Health England. Capacity was always an issue but this had to be done and in as straight forward a way as possible.
- The MOUs were designed to embed the functions, underpin staff development, embed health in all policies and communication between services of the Council and those delivered externally.
- The Housing Services Manager explained that the MOU set out and put into place the key elements the Council knew influenced homelessness. These kind of agreements and discussions were usual, but the MOU enabled clear demonstration of how these actions were being carried out to improve outcomes.
- The Director of Public Health explained that some outcome measures were based on national surveys and some on estimates.

The Chair expressed concern that when lobbying for fairer funding, fuel poverty was not necessarily identified in influencing the funding formula, and asked how this information could be used to bolster lobbying activity around fairer funding and public health funding.

The Director of Public Health said that this was a case that Shropshire needed to make - because small numbers were involved, Shropshire was often overlooked.

A suggestion was made that Shropshire could set up a scheme so that those who did not need Winter fuel allowance could donate it so that it could be redistributed to those who needed it within the county. The Director said she would look into the possibility of this.

The Chair said that she understood that the NHS did not report on admissions of children through into A&E over winter in relation to respiratory illnesses. It would be important to understand the impact of fuel poverty on children too.

A member representing a very rural and sparsely populated area made the suggestion that the council should try and work with some of the large estates, where there was no access to grant funding and often poor housing, off grid. She also made a plea to remember that broadband was often very poor in rural areas and assessing those with a need in this way would not work.

The Portfolio Holder for Adult Social Care said that as many as possible would be encouraged to access services through digital connections but that the Council remained open and accessible to people however they wished to engage, and in more traditional ways. He also explained that minimum EPC Levels were being introduced, this would only apply when a house came up for rent but was at least a starting point.

The Director of Public Health reiterated the need to use the intelligence and data possessed by the Council to best effect.

Members questioned accuracy of figures in the document, in appendix 1, the reference to housing including fuel poverty showing an amount of £137,100 but there was reference to £135,000 in appendix 2. This was a result to a change following further discussion with the funding business partner.

The Committee agreed that it should undertake regular monitoring of substitutions and the Statutory Scrutiny Officer suggested that every 6 months was a reasonable time frame for this, adding that Public Health data was generally updated on an annual basis. He suggested that the Committee might want to put together a basket of measures, for example in relation to respiratory illness.

The Director said that monitoring as a whole needed consideration, aside from scrutiny monitoring. High level outcomes needed more detail and there were many

overlapping indicators. It would be useful to hear from members what they wished to see either within committee time or outside of that.

..... The Statutory Scrutiny Officer suggested that a smaller group of interested members may wish to look at this outside of Committee and then bring back proposals to a future meeting. Members felt that this was a good practical approach and agreed that a Task and Finish Group be set up which could operate in an agile manner.

The Chair said due to the lack of time available to members to consider the report, and the question of accuracy around the figures within it, it was difficult at this stage for members to fully endorse what was set out in the report. She reiterated the importance of timely and accurate information. Members were happy to accept it as a starting point and asked for clarity around next steps and cross party oversight on measuring of outcomes.

The Director of Public Health said she would welcome any comments from Members on how to strengthen the approach or set out information.

47 Work Programme

The Committee agreed that the Task and Finish Group on IBCF should continue its work. It also agreed and that Primary Care Strategy, Primary Care networks, and how patient feedback would be taken account of be considered at the March meeting along with consideration of interface with Welsh Primary care. It was also agreed that 111 be the subject of the May meeting.

Other areas suggested for scrutiny by members included, homelessness and rough sleeping, social prescribing, and mental health - how to navigate the system; what is driving demand and transition from child to adult mental health services.

Signed (Chairman)

Date:

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Committee and Date

Health and Adult Social Care
Overview and Scrutiny
Committee

Item

Shropshire Care Home Covid 19 Support and Resilience Plan

Responsible Officer

Deborah Webster/ Susan Lloyd

e-mail:

Deborah.webster@shropshire.gov.uk

Susan.lloyd@shropshire.gov.uk

1. Summary

- 1.1 The Health and Adult Social Care Overview and Scrutiny Committee have asked for a report on the Shropshire Care Home Covid 19 Support and Resilience Plan. This report summarises the ongoing work Shropshire Council are doing with care homes in the County through the pandemic. The full system wide support plan, 'summary of the plan on a page', Shropshire Partners in Care responses to HOSC questions and the risk management process are attached in the Appendices.
- 1.2 The Care Home Support and Resilience Plan draws together the work which is ongoing to support care homes across the STP. The STP partnership is strong and robust and we are working together very effectively though the Covid 19 crisis. As statutory partners/commissioners the LA and CCG have closely followed government guidelines throughout the pandemic and put support in place in line with those guidelines and above and beyond in many areas. This gives us a good level of confidence in our system response and we have a very effective structure to plan, action and respond to issues as they arise, particularly in relation to the Care Homes in the region.
- 1.3 There are 120 CQC registered Care homes in Shropshire with 3585 registered beds. Shropshire has the highest number of beds for a rural authority in the region, and the 5th highest overall in the West Midlands. The only authorities with higher bed numbers have large conurbations, significantly higher population numbers and much greater population densities.
- 1.4 Shropshire Council Adult Services instigated practical support for care homes in response to the Covid 19 crisis at the beginning of March '20; this involved support from ASC and public health. In April this was widened to encompass the system wide support and the Care home support and resilience plan was established. The support incorporates allocated welfare and support officers, testing, personal protective equipment (PPE), infection prevention and control (IPC) COVID outbreak management, staffing and funding. As a system we recognise and identify that homes have specific issues that require specific support and we work with every single care home to meet those needs as they arise. This support is across all care homes for older people and ALD homes.

REPORT

2. Background

- 2.1 At the beginning of the pandemic in March Council staff resources were quickly identified to support contracted care homes. A Care Home Support team was established comprising staff from Adult Social Care, Public health and the CCG Infection Prevention and Control (IPC) team. 10 staff are currently in the team.
- 2.2 In Shropshire Care homes closed to visitors at the beginning of March to protect vulnerable people as much as possible. This was ahead of government guidance. At this time there were queries about provision of PPE, food and other supply shortages and staffing issues, and homes were signposted to guidance and given reassurance and supplied where needed. Processes and programmes were immediately set up to support needs and shortages.
- 2.3 Calls are made routinely to suit each home, the main aim of the calls is to make a general check on the home's welfare, to understand any risks and capacity issues and their individual response to Covid-19 and approach to new admissions. The calls provide homes with an opportunity to discuss any issues and ask questions.
- 2.4 Working with Telford and Wrekin and Shropshire Partners in Care (SPiC), the local voice for the independent adult social care sector, we developed a set of Frequently Asked Questions (FAQ) as a means of communicating widely with the sector, updated daily at first, the FAQ provided a source for general national and local information, to augment the individualized support homes received in 'welfare' and health protection support calls.
- 2.5 When homes had COVID outbreaks they were supported initially by Public Health England and after 14 days by Public Health Shropshire. The teams undertook risk assessments and provided guidance to reduce and stop the spread of COVID19 between residents.
- 2.6 By April there was a focus on establishing wider system involvement, to develop a shared understanding of the type of support care homes need and a shared response to emerging national guidelines; working together to maximise resources, identify gaps and avoid duplications and to ensure targeted and consistent messaging. The Shropshire care home support team was established to formalise and continue the outbreak and welfare core process. A daily review meeting addresses the needs of care homes. The daily Situation Report is received from Public Health England. The data and actions inform the work of the Shropshire care home support team. This work has continued to develop, expanding to include all registered care homes in Shropshire and the local monitoring and support of homes with confirmed or suspected outbreaks, once they have been 'stepped down' from Public Health England. Arrangements have been formalised with the establishment of the Care Home Support Team made up of staff from Adult Social Care, Contracts Team and Shropshire Public Health, and CCG Infection Prevention and Control Team who link into other CCG colleagues as required- e.g. primary care.

There have been outbreaks in care homes in Shropshire which have been closely managed and we have only 1 live at the time of writing. The outbreak status and needs of each home are reviewed at the daily care home review meeting. The actions from this meeting feed into the work plan of the care home support team.

- 2.7 To increase visibility, accessibility and consistency, each care home has been allocated a local authority 'Key Contact' who speaks to the home on a weekly basis or as agreed to suit the home. The focus of the support offered is led by the home but supplemented by insights from a wide range of information sources, such as NHS Mail and National Capacity Tracker uptake, tracker data and information sharing across the system i.e. Public Health England, and local Public Health, Infection Prevention and Control, Primary Care Network, Local Resilience Forums etc., to ensure that any issues are identified and addressed appropriately. Where appropriate, issues and concerns identified as part of this welfare and outbreak monitoring process, feed into the Care Home Risk Management Group for closer scrutiny and analysis. The full joint plan has been agreed system wide and is a clear and practical guide to wrap around care home support – as set out in Appendix A.
- 2.8 Shropshire Telford & Wrekin Care Sector Group has been established to ensure an integrated approach to supporting care homes during the Covid-19 pandemic. Meeting weekly, the group has representation from both CCG's, both local authorities, Shropshire Partners in Care (SPiC) and Shropshire Community Health Trust. Detailed work has taken place to ensure that the individual requirements of partners are collated into a single comprehensive work plan. The work plan includes the specific requirements around primary and community health support to care homes and covers key elements of the system response, including single point of referral for homes, regulatory compliance and support, IPC and PPE, workforce support, staff and resident testing, and communications and engagement.

3. Risk Assessment and Opportunities Appraisal

- 3.1 To manage emerging risk immediately and effectively, as well as a daily Care Home review between Public Health and Adult Social Care, we have a Care Home Risk Management Group, which monitors risk continuously and meets on a weekly basis to manage risk assessment and mitigation of all Shropshire care homes through the analysis of information from a range of sources.
- 3.2 The basis of this is Shropshire's long-established risk management processes and baseline risk assessment, which includes core areas such as CQC inspection status, safeguarding and MDT concerns, professional concerns log and formal complaints procedures etc. The baseline risk assessment has been expanded to include specific COVID related risks including data on staffing, PPE and outbreaks. The further information is gained through capacity tracker data, PHE outbreaks information, IPC information and soft data from the outbreak and welfare calls to each home, to provide a complete picture risk matrix.
- 3.3 If risks are identified Mitigations and actions for each home are agreed and implemented, with signposting and referral to appropriate areas of the system as required, including workforce support (redeployment from system), IPC and PPE

risk, health protection (outbreak control measures, IPC and testing train the trainers) and business viability risk (referral to commissioners for appropriate response on an individual home basis). Outcomes and resulting actions from this weekly risk analysis process are monitored closely through daily information dashboards/sitreps/PHE, reporting/admissions data and the daily care home review meeting. The risk Management process links to the whole system through referrals and actions as required. The process map in Appendix 3 is a diagrammatic representation of the process and how it links into the wider system and all different types of support.

4. Financial Implications

- 4.1 **Immediate financial support** - At the start of the pandemic, in recognition of the challenges that care providers would be likely to face, Shropshire Council wrote to all providers to offer assurance, support and flexibility in how care could be delivered. At the beginning of April, following guidance from ADASS and the LGA, further correspondence set out the way in which additional finance would be provided to specifically support the additional cost incurred by care providers due to Covid 19. Our engagement with providers confirmed that they were incurring significant additional costs in relation to the purchasing of PPE, agency staff, funding for staff who were unable to work and other financial challenges.
- 4.2 The decision was made to provide the funding as a one-off payment as there was clear evidence of an immediate need to support cash flow. In the week commencing 13th April, all County care homes the Council contract with, received a one-off payment, representative of an additional 10% of their contract value (at 31.3.20) for 12 weeks. In addition, the Council made a further committed to pay care home invoices within 5 working days during the pandemic, rather than on the usual 30-day terms, the Council is also paying for 2 weeks in advance and 2 weeks in arrears.
- 4.3 **Infection prevention Grant funding**
On 15th May the government announced that an Adult Social Care Infection Control Fund was being released. The fund will support adult social care home providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. This has been allocated to local authorities and is in addition to the funding already provided to support the Adult Social Care sector during the COVID-19 pandemic. The government have stipulated how the funding can be used.
- 4.4 Shropshire Council have been allocated £4.6 million in total, 75% of which is for 3585 registered care home beds with funding expected to come in two equal parts in May (received) and July (date not confirmed) Each care home will receive an amount per CQC registered bed. The amounts per bed represent 75% of the funding to be paid in two instalments. The remaining 25% must be used for infection control measures and is being allocated to Domiciliary Care, the criteria for the 75% grant spend is very limited to specific staffing expenses, it has to be new spend and the money cannot be spent on PPE or backdated costs and has to be robustly monitored and evidenced back to central government by September. The second payment can only be made if the provider can evidence that the criteria has been met for the first payment, if they cannot evidence this then the money will have to be paid back.

5.0 Business grants

- 5.1 Low bed occupancy levels and increased costs as well as the loss of income from people passing away are creating cost pressures in the market. We are seeing lowering levels of bed occupancy and a reduced demand on dom care and increasing costs across the sector due to staffing and PPE.
- 5.2 In response to the risk Shropshire Council has implemented a new business grant fund of up to £10,000 available for care sector providers who have a CQC registration, under 50 WTE employees and have experienced a financial loss due to COVID19 and have not applied for any other council grants (this does not include Infection Prevention Control grant)
- 5.3 Going forward without further funding from central government the Council will not be in a position to continue to financially protect the care sector. If numbers of individuals being admitted to care homes continue to reduce and people can be supported in other ways, by remaining in the community, then Shropshire Council will have to reconsider its commissioning model to support this.

6. Additional Information

6.1 Primary Care support

The CCGs have been working with all primary care and community providers in Shropshire, to ensure that care homes have more frequent contact with primary care and timely access to clinical advice, including support for care home residents through personalised care and support planning as required. To facilitate this, every Shropshire care home now has a nominated clinical lead within general practice. The clinical lead acts as a link person for each home providing consistent oversight, with weekly check-ins and involvement in arrangements for medication reviews and care planning, including collaborative decisions around hospital admissions and end of life care planning as required.

7. Recommendation

- 7.1 HOSC is kindly requested to note the care home support plan and the actions taken by the system to support the care homes in Shropshire.


List of Background Papers
Cabinet Member (Portfolio Holder) Cllr. Dean Carroll
Appendices Appendix 1 – Support Action plan Appendix 2 - The plan on a page Appendix 3 – Risk Management process Appendix 4 – SpiC response to HOSC

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Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions		Lead (and partners)	Time Frame	Comments
Governance and oversight				
1.	Adopt a whole system approach	S,T&W Care Sector Group reporting NHS Silver	Completed	System-led approach reporting into LHRP Silver Linked Ref Docs Include Second Phase of NHS Response COVID-19 response: Primary care and Community health Support care home residents Letter to CCG Chief Nurses and Regional Nursing Directors dtd 1 st May 2020
2.	Ensure single point of referral for Care Sector T&F group into the NHS for: <ul style="list-style-type: none"> IPC Support IPC, Ccg (NHS SHROPSHIRE CCG) ccg.ipc@nhs.net Testing support (see below) Staffing support PPE – urgent supplies (0345 678 9080 stwppe@shropshire.gov.uk) 	S,T&W Care Sector Group	Completed	<ul style="list-style-type: none"> IPC single point of contact for care sector: ccg.ipc@nhs.net <ul style="list-style-type: none"> Tanya Kidson tanya.kidson@nhs.net Testing support single point of contact for care homes via people@stwtogether.co.uk directed to: <ul style="list-style-type: none"> T&W Stephanie Egleston Stephanie.Egleston@telford.gov.uk Shrops Karen Turner KarenTurner-Complaints@shropshire.gov.uk System Nicky Bradford nichola.bradford@nhs.net Staffing support single point of contact: redeployment@stwtogether.co.uk and system lead is Lisa Kelly lisa.kelly11@nhs.net
3.	Identify and prioritise those care homes at increased risk based on outcomes so far and target for enhanced support and guidance, process to include: <ul style="list-style-type: none"> Spatially map outbreaks 	Shropshire: Deb Webster, Sue Lloyd T&W: Sarah Bass and Ann Marie McShane	Ongoing weekly risk assessments Tues Am and also respond daily if indicated by PHE or other notifications	LAs each to use quality monitoring and risk assessment matrix information to identify key homes at risk for planning and mitigation – also cross referencing with: <ul style="list-style-type: none"> PHE to provide analysis of outbreaks so far to inform this work

Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions		Lead (and partners)	Time Frame	Comments
Page 14	against community transmission to identify homes which may be the next to be affected (PHE desirable action) • Understand the factors (environment, size, staff/resident ratio, inspection ratings etc.) that contribute to the occurrence of outbreaks in care homes (PHE desirable action) • Review the evidence and learning and best practice from elsewhere (PHE desirable action)	with CCG IPC Team		• National Bed tracker information • Information from outbreak and welfare calls • Information from IPC calls Identify actions for risk mitigation for each as risk home on a weekly basis Report/ request system staff requirements into redeployments process established with Victoria Rankin  STW Care home risk management proces
	4. Regulatory oversight of compliance	Commissioners/CQC	2 weeks	Ensure compliance Engaging with CQC on task and finish group
Comms				
5.	Identify Comms Officer to support T&F group implement action plan	NHS silver	Established and ongoing	Kate.manning@nhs.net
6.	Streamline regular comms for care homes – key succinct consistent messages	S,T&W Care Sector Group	From 01/05/2020	Once Weekly 'key messages' reminder Non immediate information on SPiC website SPiC identifying process with LAs to reduce duplicate comms Each authority to have a process for ensuring which team lead comms depending on situation (I/e whether an outbreak is happening – to be led by PH, welfare calls to

Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions	Lead (and partners)	Time Frame	Comments
			be led by LA)
7. Communicate all relevant guidance into one overarching simplified guidance based on care homes settings: "Care Home Guidance to prevent COVID-19 and manage cases & outbreaks"		Established and ongoing	<p>Key comms agreed Tuesday each week and updates to link to guidance as required with summary of what's changed.</p> <p>PHE Single webpage being developed SPIC webpage being reviewed to ensure same</p>
IPC and PPE			
<p>8. Training and support to all care homes including those not known to have experienced outbreaks, including:</p> <p>IPC</p> <p>Use of PPE in line with national guidance</p> <p>Routine use of masks to protect residents from staff/visitors</p> <ul style="list-style-type: none"> • Isolation/cohorting • Shielding residents • Staff and resident testing • Assigning dedicated staff/avoiding staff rotation • Enhanced cleaning of touch points • Monitoring compliance with infection control / cleaning policies • Identify barriers to 	PHE, DsPH, CCG IPC team (Tanya Kidson, Jenny Bate, Jill Hassall Tracey Slater), PH and LA commissioners	Established and ongoing	<p>CCG IPC team providing telephone and email advice and support to care homes identified via PHE and through soft intelligence links with local authority.</p> <p>CCG IPC team have developed a care home contact form which includes embedded documents and web links to national guidance & training resources which is sent to the care homes following telephone contact.</p> <p>CCG IPC team devised Localised PPE recommendations for care homes and domiciliary care aligned to Table 4 PPE guidance. Signpost to Local emergency PPE helpline</p> <p>Promotion of HEE & Skills for Health IPC & Covid -19 training</p> <p>CCG IPC team implemented required actions following the Chief Nursing Officers letter 01/05/20 to help 'train the trainers' in care homes about PHE's recommended approach to infection prevention and control.</p>

Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions		Lead (and partners)	Time Frame	Comments
	implementation of guidance/IPC measures.			Creation of Super Trainers to Train Face to Face or virtually
9.	Ensure care homes are aware of the need to notify PHE at the first sign of relevant symptoms.	PHE, CCG IPC team (Tanya Kidson, Jenny Bate, Jill Hassall), LAs – T&W: Ann Marie McShane	Completed	Care homes aware that all new symptomatic residents should be reported via the PHE portal in the first instance then 0344 225 3560 Opt 0, Opt 2. CCG IPC team contacting homes who have reported cases and providing remote support using proforma
Testing – admissions, residents and staff				
10.	Communicate the testing programme plans clearly to the sector	Comms lead with Testing Group and Care Sector T&F group	Complete	Clear information to homes re TWO distinct offers: Train the trainer swabbing offer from SCHT and Covid - 19 Enhanced IPC Training
11.	Testing admissions to care homes from community and acute hospitals	NHS – SaTH, Pathways group	Established and ongoing	COVID discharge pathways agreed by Silver and in place with both RSH and PRH
12.	Testing all asymptomatic residents (PHE desirable action) <ul style="list-style-type: none"> Train the Trainer Care Home Testing Portal New care home testing portal https://www.gov.uk/apply-coronavirus-test-care-home	Shrop Comm Testing Team and LA PH support. Testing Cell are leads: people@stwttogether.co.uk	To commence 07/05/2020	Asymptomatic resident's positive for COVID-19 can be cohorted with symptomatic residents. NHS gold approved options paper for testing expansion 04/05/2020 Train the Trainer Model delivered by Super Trainers starting 07/05/2020 Testing Grid has been shared with all care homes The National Portal is live and care homes need to be aware results may not go to the care home for staff link to national testing grid is available on SPIC web page plan on a page flow chart supporting the testing process

Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions		Lead (and partners)	Time Frame	Comments
				produced and on Councils and SPIC webpages
13.	Testing all asymptomatic staff (PHE desirable action) New care home testing portal https://www.gov.uk/apply-coronavirus-test-care-home	Mobile Testing Unit deployment and LA PH support	To commence Shrewsbury 07/05/2020 Telford 12/05/2020	MTU in STW from 07/05 – 24/05, operating 4 days on and 1 day off, alternating from Shropshire to Telford
Workforce and Training				
14	Supporting our workforce – wellbeing and training/learning resources	STP People Team: Victoria Rankin Cathy Levy IPC Super Trainers ccg.ipc@nhs.net	Established and ongoing	The Shropshire, Telford & Wrekin STP Workforce pages provide valuable wellbeing information, advice and support, key guidance, downloadable resources and accessible apps, induction and learning. Visit: stwstp.org.uk/workforce Username: Welcome Password: Workforce1! Queries to people@stwtogether.co.uk As per Task 8:Enhanced IPC training to be delivered face to face or virtually by IPC Super Trainers. 20 trainers mobilized and all care home contacted with offer by 22/05/2020 Swabbing Training of care home staff completed in T&W by 22/05/2020 and in Shropshire by 01/06/2020 see Task 4 for contact info of tester trainers

Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions		Lead (and partners)	Time Frame	Comments
15	Redeployment of staff into care homes to support with workforce shortages.	STP People Team: Victoria Rankin Lisa Kelly	Established and ongoing	Two offers: Care staff from councils or Nursing and support staff (including cleaning catering) through system redeployment approach with workforce deployment request form. Single point of contact: redeployment@stwtogether.co.uk
16	Staff Testing	STP People Team, DPHs	Established and ongoing	Testing comms and grid shared with care homes providing details of local and national testing programmes. Queries to people@stwtogether.co.uk
17	Leadership and HR Operational Support	STP People Team Jaki Lowe	Established and ongoing	Supporting care home managers to have difficult conversations and to be able to support their staff. Supporting equality, diversity and inclusion with support for our vulnerable workforce including BAME, shielding, pregnant women and others. Risk assessments. Queries to people@stwtogether.co.uk
18	Cohorting of staff across patch e.g. some chiropodists only visit care homes with COVID-19	Commissioners with CCGs, LA (DsPH, DASS),	Ongoing	Shrop Comm main podiatry provider process underway to support.
19.	Review MDT/Primary Care enhanced Health In Care Homes arrangements to ensure systematic offer across S,T&W (linked to action below)	CCG/primary care with Shrop Comm and Councils	Established and ongoing	Proposed plan to develop Care home MDT in Shropshire to mirror work being undertaken by CHMDT in T&W which focuses on all aspects of the EHCH framework. However Shropshire's Initial proposal is for an experienced band 6 case manager to pilot the whole process in the south west. In the rest of Shropshire SCHAT are trying to identify additional redeployed resource to provide back fill band to start remote weekly check in with primary care and start scoping where the need is for ACP and identify where the gaps are and to facilitate remote weekly check in with primary care. Update 21/06/20 Community Services have identified a lead for all GP Practices to link with the weekly Primary

Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions	Lead (and partners)	Time Frame	Comments
			<p>Care/Care Home meeting. SaTH Outreach Doctors working with identified Care Homes in Shropshire to complete ACP and are working with Case Manager in SW PCN to support the work in identified care homes in this area.</p> <p>T&W CHMDT supporting all this work</p> <p>Donna Jones (SCHAT) is operational lead for this work</p>
<p>20. Implement the NHS E/I re Primary care and community health support for care home residents expectations (01/05/20 letter) re: <i>clinical service model and service enablers</i></p>	<p>CCG /primary care with Shrop Comm and LAs</p>	<p>Established and ongoing</p>	<p>Primary care and community health support already established in T&W by CHMDT. Prior to covid-19 GP MDT's take place monthly with some care homes and GP's. Others are to adopt this practice going forward. T&W CHMDT and/or primary care -weekly face to face consultations (where applicable) and support has been taking place or remote consultations weekly for those who need it. EOL support, managing deterioration, ACP, AnCP, ReSpecT, verification of death or supporting carers. The CHMDT are due to 'go live' with Attend Anywhere on 22nd May which will enable access to video Consultation with patients and carers.</p> <p>Shropshire- sits within the neighbourhood work.</p> <p>Developing a proposal which will focus on ReSPECT and ACP.</p> <p>Update 21/05/20 see update above.</p> <p>Primary Care Locality Managers and S LA working to understand Care Home Wi-Fi connectivity and access to mobile devices</p>
<p>Step down from secondary care to other community hospital/facility / designated care home which</p>	<p>DsASS / NHS / Local system - SaTH and Shrop Comm</p>	<p>Ongoing</p>	<p>Need to maintain flow of patients through the health and social care system</p> <p>Spare capacity in the acute and community trusts, at the</p>

Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions		Lead (and partners)	Time Frame	Comments
	already has cases or delay admissions from Acute NHS Trusts			moment, but NHS will want to resume electives as soon as possible Covid -19 Clinical Discharge pathway agreed Links with No 11 Gov Guidance update to reference testing and other post COVID+ symptoms Discharge Pathways for COVID+ MFFD Dementia Patients to be finalised by 01/06/2020. Any immediate discharges are being supported by MFPT Mobile Team to be contacted via their access team 10am-10pm
	Use of Volunteers to support discharge from hospital, Care homes and Dom Care Providers	Local Authority Commissioners	Ongoing	Welfare callas are identifying physical use of volunteers where they are known to the provider pre COVI to support no care roles such as reception, cleaning and activity coordination. Age UK British Red Cross, VCS and CVS are supporting the wider population of OP
Emotional and psychological support, residents and staff				
21.	Identify and further develop bereavement support	LA/CCGs with MFPT	Ongoing	Support offers across the STP in place with Mental Health specialist and Vol Orgs. List of participating organisation shared on SPIC web page and being referenced in welfare calls Staff care Work app Launched
22.	Communicate the emotional health and wellbeing offer available for care staff and residents	LAs/CCGs with MFPT	Ongoing	Comms updates are referencing support weekly as new providers and offers come on line
23.	Development of a TRiM (trauma informed model) open to all staff	Victoria Rankin and Steve Trenchard	01/06/2020	50 TRiM practitioners to be trained. Fire service will offer support sooner. System coaching register – live next week
24.	Mental Health First Aiders	Victoria Rankin and	Completed and ongoing	Refresher Training (17 completed)

Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan

Actions		Lead (and partners)	Time Frame	Comments
		Steve Trenchard		Peer support
25.	Stress and Anxiety Workshops	Shropshire MIND	Ongoing	<p>Sessions run weekly with follow up support for all those who ask. Comms distributed via STP comms team. The sessions “Stress, Anxiety and Wellbeing” hosted by Clive Ireland are run every:</p> <ul style="list-style-type: none"> • Tuesday and Wednesday’s at 3pm till 4pm • Thursday’s 4pm till 5pm <p>Please join the session via Zoom: https://us02web.zoom.us/j/85043721339?pwd=MkludGZiN1cwRG9lUW1qOHdXT3ptZz09 Meeting ID: 850 4372 1339 Password: 799957</p>
	How to cope in a crisis YouTube video by SUMO Guy (Paul McGee)	Victoria Rankin	Completed and open to view	<p>This short an interview with Paul McGee (a.k.a. SUMO Guy), author and motivational speaker is an inspiring watch and helpful guide for anyone working in health and care during Covid-19 and beyond. Called ‘How to cope in a crisis’, Paul shares what happens to our brain when faced with uncertainty and what we can do to help us manage or cope. He also explains how to manage your mental diet, why connection counts and reminds us that ‘Hippo time’ is ok. We encourage you to take a little time out to watch and enjoy the video. For more information on SUMO, visit www.thesumoguy.com</p>

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Shropshire Care market action plan- what our teams support the market with...

Governance and oversight

- Adopting a whole system approach
- Single points of referral for:
 - IPC Support IPC, Ccg (NHS SHROPSHIRE CCG)
 - Testing support
 - Staffing support
- PPE – urgent supplies
- Risk Management and prioritisation
- Regulatory compliance

Testing

- Testing programmes – all cohorts
- Hospital discharge and admissions support
- Training the trainers in care homes
- Accessing kits

Communications

- Lead comms officer system wide
- Working continuously with Spic on constantly updates information
- Streamline and highlight important comms
- Communicate all relevant guidance

Financial support

- payment to support increased costs
- Payments in advance
- Invoices paid in 5 days
- Additional grant funding advice and opportunities
- IPC grant funding (imminent)
- Ongoing debt management support and repayment programmes
- Financial resilience and viability

Workforce

- Supporting the workforce- wellbeing and resources
- Redeployment of staff into care homes
- Staff testing
- Leadership and HR operational support
- MDT / Enhanced health in care homes
- Primary care and community health support

IPC and PPE

- Training and support to care homes re:
 - IPC
 - Use of PPE
 - isolating/ cohorting/ shielding
- Testing
- Cleaning
- Compliance
- General issues and advice
- Outbreak notification

Emotional and psychological support

- Bereavement support
- TRiM model
- MH first aiders
- Stress and anxiety workshops
- Coping with crisis workshops

Robust risk management process

See next slide

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They also manage the NEW Risk Management Process....

Risk assessment information sources

Baseline Risk Assessment

- CQC status and report
- Suspension, Change of Ownership, Concerns, Food Hygiene rating.
- Safeguarding issues
- MDT issues
- Concerns raised with contract and monitoring teams

C19 Outbreak risk assessment

- PHE England outbreaks information
- PHS/ Welfare calls outbreaks information
- Information from tracker
- IPC information and status

C19 Workforce Status risk assessment

- National tracker information
- Exclusivity of staff from tracker
- Welfare calls information

C19 PPE Risks

- National tracker information
- Welfare calls information
- IPC information and status

Outliers (general issues/wider concerns)

- Financial viability concerns (occupancy data/ contact from care homes)
- Welfare calls concerns
- Professionals report concerns
- Testing booking calls concerns

Risk Assessment and mitigation process

- **Daily Care home review meeting**
- **Weekly care home risk analysis meeting incorporating social care and health protection risk (separate for each authority)**
- **Additional Mitigations and actions agreed**
- **referrals made as required**
- **Daily information into dashboards/ sitreps/ PHE report/ admissions data**

Referral destinations

Staff resource Risk

- Referred For Wraparound support/
Redeployment from system
- weekly redeployment huddle meeting
 - Referral to appropriate process

Health protection risk

- Outbreak control measures
- SPH/training/testing

PPE Risk

Identification of pathway dependent on nature of risk

- referral to LRF PPE team if issue is due to supply shortage
- refer to IPC team if issue is due to incorrect use / lack of knowledge

IPC Risk

Referral though to IPC team for support on training/ Testing/ IPC advice

Operational Risk

Referrals for multiple operational risks/ safeguarding/ medicine management/ clinical and discharge risks as required

Financial Viability Risk

Referred to commissioners for individual action according to viability issue

Actions and processes

Action - Redeployment from system

Process - redeployment request form, or

Action - Front line carers from Internal Local Authority staff resources

Process - referral to LA HR team, or

Action - Front line carers from Dom care market

Process - referral to brokerage team

Action - Referral to appropriate testing procedure for Staff testing and resident testing

Process - as required according to testing grid to ascertain cohort and symptom status

Supply shortage

Action - refer to LRRP PPE team

Process - contact www.shropshire.gov.uk/ppeform

Incorrect use of PPE/ Lack of infection control

Action - Enhanced IPC training referral (for IPC usage donning doffing etc) referrals and advice

Process referral email to ccg.ipc@nhs.net

Clinical issue

Action - clinical issues to be referred through to the named clinical lead for the relevant care home

Weekly GP calls to care providers

Process-email to katylewis@nhs.net

Regulatory issue

Action - to be reported through to CQC

Process - report to enquiries@cqc.org.uk

Individual Care/Safeguarding and discharge issues

Action - to be reported through LA routes

Process - report to Local Authority SW teams/ FPOC

Medicine management Issue

Action - Referral to medicines management team

Process - email address TBC

Action - Commissioner signpost to grant funding opportunities within council / individual discussion with provider/ SPIC as required and appropriate on an individual basis

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Shropshire Partners in Care responses to questions from HOSC

What is SPiC's view on council's levels of support? Did raising the uplift from 2% to 10% make a difference?

SPiC very much welcomed and appreciated the council's provision of additional financial support for all care providers during the pandemic. The additional 10% one-off payment (representative of an additional 10% of their contract value) was for three months for the period April, May and June and has undoubtedly supported care providers to manage the increased financial challenges they are experiencing due to Covid-19

The positive impact of this is not only financial but also reinforces and acknowledges the vital contribution and value all our local care providers give, day in day out, and even more so throughout this time which has presented them with previously uncharted and additional operational challenges.

We recognise that whilst Covid-19 restrictions are easing nationally that care providers continue to experience ongoing additional measures in the way they manage to deliver care safely, including the significant additional PPE requirements, which bring additional business costs. Not only is additional PPE now required across all care provision but PPE costs have inflated as a result of increased demand via private supplier routes.

The Health and Care System has worked efficiently and effectively locally to support care providers locally and Shropshire Council has been at the heart of this response. SPiC has been fully engaged and involved in the LRP, Silver Command and relevant social care task and finish groups to represent care providers and it has been evident that the care sector has been a priority of focus locally equally with parity with the NHS. The daily care sector sit reps has provided a robust method for highlighting specific care sector challenges and concerns for escalation to silver command for wider consideration and action as appropriate.

The Council is providing weekly welfare calls to all care homes and this has been extremely helpful and supportive, it is an opportunity for homes to flag any concerns, check out any queries and receive both signposting and support and not least positive relationships have been built between the care homes and council officers.

What are the issues that care homes have faced with regard to support? Not necessarily financial, though of course that it hugely important.

The main challenges have arisen through the vast levels of and rapidly changing national guidance being issued for care homes.

One main area relating to this has been regarding the use of PPE and access to PPE. Guidance has changed/been updated frequently for care providers and public health colleagues have been instrumental in assisting to identify the changes within the guidance for care homes to implement along with CCG IP&C colleagues. Access to timely PPE supplies has been one of the biggest and ongoing challenges and the Council has supported this through the development of the local emergency PPE portal and mutual aid offer.

We also have seen gaps or delays in national guidance, for example we know that in mid-March in the absence of any national guidance that the majority of care homes made the decision to 'lock-down' and cease having visitors in order to protect their residents, this was later supported by national guidance issued on 2nd April. This undoubtedly supported care homes in positively responding to the pandemic to safely care for their residents and protect them.

Similarly care homes are now in a position of easing visitors restrictions safely in a covid secure way but again in the absence of national guidance to support them to do this they are now carrying out risk assessments to decide on the right approach for accepting visitors, ensuring they maintain the safety of their residents and staff and putting in place social distancing measures.

In the initial period of the pandemic we also lacked national guidance on discharges from hospital until 15th April when testing of patients in hospital was introduced and further guidance followed on safe discharges. The STP system again worked collectively to develop robust discharge pathways which provided a local management approach for discharge to care settings.

A real challenge for care homes has been the ability to keep abreast of the frequently issued and rapidly changing guidance and via the Social Care Task and Finish Group we have worked collaboratively with the Council and partner organisations to review the relevant guidance and translate it into key points of importance for care providers.

We have worked together via the Social Care Task and Finish Group to develop weekly comms for the care sector, bringing together the headline information in to one place. This was in response to us hearing from providers that they were receiving huge amounts of information alongside numerous requests for information and the SPiC website has been used as the one stop place for hosting relevant information for care providers <https://www.spic.co.uk/resource-category/covid-19-guidance/>

Testing for staff and residents has also been a challenge, as has been the case during the pandemic we have heard at the national daily briefings the headlines that testing will be made available to the care workforce and also care home residents but the detail regarding the timescales and process takes time to emerge. Locally the system again rose positively to the challenge, especially in regards to the first offer of staff testing when local access arrangements were swiftly put in place to complement national testing offer. This meant care staff could access testing in Shropshire or Telford rather than via the national offer of visiting a Birmingham testing facility.

Outbreak support from Public Health has been essential and in responding to emerging outbreaks in care homes the vital early learning point was to have a cohesive approach to joint working and care home support which was achieved through the nominated leads within the health protection cell, Adult Social Care, SPiC and CCG IP&C team. Each had a defined role but worked together to support the care homes and also to effectively identify any emerging concerns and risks and put processes in place to mitigate for these.

Wellbeing and resilience and emotional support is also a key consideration and the Council has proactively escalated and flagged this and the system has made a variety of supports available and work is ongoing as this is not a short term requirement but will be needed longer term and to recognise the trauma response for many care staff in working throughout this pandemic.

What is the learning care homes have taken from the pandemic, and what preparedness is in place for any second wave of infection?

I think this is too early to ask as many are still dealing with the situation and pandemic, this definitely needs considering but with care homes and alongside them once they have the capacity and resources (physical and emotional) to do so.

To what extent were you involved in the Care Homes Support Plan? How has the plan captured learning from the first wave?

I was involved in the development of the plan and it was important to have the care providers voice represented to ensure that the support plan was focussed on what mattered most for care homes, this is evident through the main areas of challenge being the key points in the support plan, eg PPE, IP&C, Outbreak management, Testing, Staff welfare, communications etc. The plan was developed collectively and coordinated via the care sector task and finish group.

Smaller care homes - how secure are they financially? Does the support plan consider the risk of homes closing? What alternative models of providing care homes are being explored?

Financial challenge is a key area of risk for all care providers and care homes currently, an already challenging situation has been adversely affected by the pandemic. We are seeing falling occupancy levels and increasing costs being experienced. This is heightened for smaller homes especially those with less than 40 residents.

The Council are actively monitoring risk, including areas of potential financial risks, it is worth noting that care homes in Shropshire are largely SME businesses, independently owned and run and are not part of national corporate provision.

The Council does consider the risk of home closure and this is a part of its duties under the Care Act 2014 to ensure a sustainable provision.

How are we now discharging into care homes in light to changing practices to minimise care home deaths?

The locally developed and agreed clinical discharge pathway promotes the safe discharge to care homes and includes robust testing processes

Nicky Jaques
Chief Officer - SPiC

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Health and Adult Social Care Overview and Scrutiny Committee

20 July 2020

Item

Public

Shropshire Covid-19 Outbreak Control Plan

Responsible officer

Rachel Robinson, Director of Public Health

rachel.robinson@shropshire.gov.uk

[01743 258918](tel:01743 258918)

1.0 Summary

- 1.1 This report includes an update on COVID-19 within Shropshire, including the local response to Test and Trace and the publication of the Local Outbreak Control Plan 2020.

2.0 Recommendations

2.1 Committee members to:

- note the position to date in Shropshire in relation to COVID-19
- recognise that Shropshire Council, alongside all local authorities in England, has been required by the Department of Health and Social Care to develop and deliver a COVID-19 Outbreak Control Plan. The Shropshire Outbreak Control Plan is for local publication and will be one of the Outbreak Control Plans set out to prevent and contain COVID-19 across England.
- recognise that the Shropshire Outbreak Control Plan meets the specifications set out by the Department of Health and Social Care, and meets the outbreak control needs of the Shropshire population and
- recognise that the plan will be updated as new evidence on COVID-19 emerges and as local systems develop including its associated action plans and risk logs.
-

3.0 Background

- 3.1 On March 11th, 2020 the World Health Organisation announced that COVID-19 spread was had reached the criteria for pandemic to be declared. The WHO advised governments to take national action to prevent spread and contain the disease. Since March 2020 the pandemic has seen COVID-19 spread to the majority of countries in the world including the UK. As a result, Shropshire Council has been supporting government to protect the population against COVID-19 spread.

- 3.2 In late May 2020 the Department of Health & Social Care announced that Local Outbreak Control Plans, would be a key component in the HM Government's COVID-19 recovery strategy. Linking to the establishment of the national NHS Test and Trace programme and Joint Biosecurity Centre, local authorities should play a significant role in the identification and management of infection, using local knowledge, expertise and coordination to improve 2 the speed of response alongside Public Health England's (PHE) regional health protection teams.
- 3.3 At the time of writing the overall picture is an improved one. The numbers of cases diagnosed in Shropshire and deaths with COVID-19 on the certificate, have reduced since a peak in April and May, which is currently our best indicator of the community pandemic Hospital admissions are also reducing. Furthermore, we can see the epidemic curve of care home outbreaks is now clearly showing a decline. We are however seeing an increased number of outbreaks in workplace settings.
- 3.4 This paper supports the Local Outbreak Support Plan for Shropshire (Attachment 1). The purpose of the plan is to prevent spread and contain the COVID-19 in order to protect the population of Shropshire. This can also be viewed at: https://www.shropshire.gov.uk/local_outbreak_plan
- 3.5 An outbreak of COVID-19, and any transmissible disease, is defined as:
- An 'outbreak' is an incident where two or more persons have the same disease or similar symptoms and are linked in time, place and/or person association.
- An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.
- 3.6 The attached Outbreak Control Plan was written to manage outbreaks across the Shropshire and was written with system partners. It also takes into consideration the crossborder flow of COVID-19.
- 3.7 The Shropshire Outbreak Control Plan is presented with this paper and each Local Authority area in England has been required to write one. The plans are being coordinated across England coordinated through the Department of Health and Social Care.
- 3.8 The Plan and associated standard operating procedures describe in detail how the STP system acts when an outbreak is declared.
- Outbreak planning is key to preventing and containing the spread of COVID-19

- Government has required local authorities to operationalise the public health teams to support the Test and Trace capacity across England
- The Outbreak Control Plan builds on work already done locally to prevent and contain the spread of COVID-19
- The Outbreak Control Plan provides a coordinated response to local COVID-19 spread and an associated governance structure to assure the system
- Government has provided additional funding to Shropshire Council to support the development and delivery of the Outbreak Control Plan
- All English COVID-19 Outbreak Control Plans will be published by the Department of Health and Social Care

3.9 The Department of Health and Social Care has distributed financial support to Local Authorities through the Local Authority Covid-19 Test and Trace Service Support Grant 2020/21. The Shropshire Council allocation of this funding is £1.127m and expenditure incurred through the implementation of the Shropshire Outbreak Control Plan will be funded from this allocation in accordance with the conditions attached to the grant.

4.0 Next steps

4.1 An update of the position in Shropshire and the Shropshire COVID-19 Outbreak Control Plan Prevent, Contain and Recover (Attachment 1) is presented for review.

List of background papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Cllr. Dean Carroll Portfolio Holder for Adult Services, Climate Change, Health and Housing

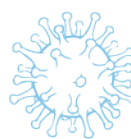
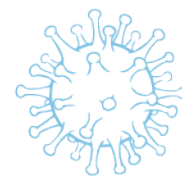
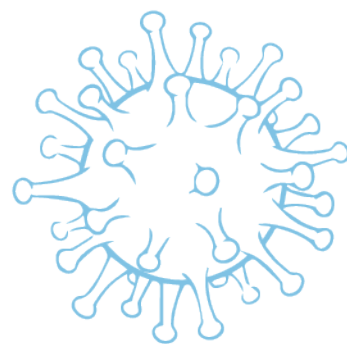
Local Member

All

Appendices

Local Outbreak Control Plan

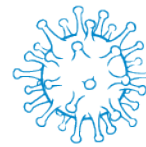
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Shropshire Covid-19 Outbreak Control Plan

Prevent, Contain and Recover
June 2020

Version	Date
01	02 nd June 2020
02	12 th June 2020
03	14 th June 2020
04	15 th June 2020
05	18th June 2020
2.1	22nd June 2020
3.0	30th June 2020



Foreword

Since the start of the novel coronavirus (COVID-19) pandemic, Shropshire Council and its partners have worked to contain and delay the spread within the County. As we move our focus to the next phase of management of the COVID-19 pandemic, a locally led system to prevent and reduce transmission of the virus is critical. This plan will build on the strong relationships with key partners and the approach already in place for tackling situations and outbreaks locally during the pandemic, including work across our 120 care homes.

Our aim of this plan and its implementation is to reduce and ultimately halt the spread of COVID-19 as quickly as possible while supporting and minimizing the impact the virus is having on our most vulnerable groups, and on wider health outcomes linked to the effects of the measures put in place to control the virus. Prevention is key to this approach, as is quick and effective, identification, management, and communication of COVID-19 outbreaks in a range of settings. A final stage is to protect and support recovery.

The success of this local implementation will rely on: good relationships with systems partners, integration with national, regional and local partners and schemes, stakeholder ownership and good communication and engagement. Resources and the ability to scale up and down plans and capacity as needed, underpin the delivery of this plan.

This plan outlines the approach we are going to take to achieve our aim to reduce and halt the spread through systematic prevention, containment and recovery planning.



Cllr Peter Nutting
Leader Shropshire
Council



Karen Bradshaw
Interim Chief Executive



Andy Begley
Interim Chief Executive



Rachel Robinson
Director Public Health



Contents

Where are we now?

- Context
- Shropshire Picture
- COVID-19 in Shropshire
- Integration with existing plans and strategies

Where do we want this plan to take us?

- Aims and Objectives
- Principles

How will we get there?

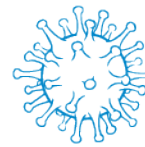
- Our Priorities
 - Priority 1 - Governance
 - Priority 2 - Prevention
 - Priority 3 - Settings and communities
 - Priority 4 - Vulnerable people
 - Priority 5 - Communications and Engagement
 - Priority 6 – Testing capacity
 - Priority 7 – Test and Trace & Infection control
 - Priority 8 - Surveillance and monitoring
 - Priority 9 - Regulation including lockdown plans

What are the Challenges and how will we address these?

Making it Happen – The Action Plan

Appendices – Please see separate document

Where are we now?



COVID-19

COVID-19 is a new illness first identified in December 2019 that can affect your lungs and airways. It's caused by a type of coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development.

Up to 16 June 2020 there were 296,857 cases in the UK leading to 41,736 COVID-19 related deaths. Shropshire has had 854 cases confirmed to date and over 200 deaths.

An '**outbreak**' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

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

Context

In late May 2020 the Department of Health & Social Care announced that [Local Outbreak Control Plans](#), would be a key component in the HM Government's COVID-19 recovery strategy. Linking to the establishment of the national [NHS Test and Trace programme](#) (Appendix 1) and [Joint Biosecurity Centre](#), local authorities should play a significant role in the identification and management of infection, using local knowledge, expertise and coordination to improve the speed of response alongside Public Health England's (PHE) regional health protection teams.

Governance structures will ensure the local health and social care system is working together with the NHS and PHE as part of newly established COVID-19 Health Protection Boards. These Boards will ensure oversight and assurance and foster a [culture of collective responsibility and leadership to protect the population's health](#). There is an expectation of local political ownership and public-facing engagement and communication for outbreak response through Local Outbreak Engagement Boards. Figure 1 shows roles and leadership.

This document provides the framework to the planning, prevention and response locally within the Shropshire Council area.

Figure 1: Roles and Leadership



Shropshire Picture

Shropshire County is the largest inland county in England, situated on the border with Wales; making links with partners in neighbouring Local Authorities and Wales crucial. Shrewsbury is home to a quarter of the population, and the 17 market towns and patchwork of villages ensures Shropshire represents one on the country's most rural areas. The county's economy is based mainly on agriculture, a vibrant tourist industry (see appendix 2), food industries, healthcare and other public services.

There are around 320,300 people living in Shropshire; 77,788 (24.3%) are aged 65+, which is above the national average. An estimated 3,740 people are living in care home settings. There are approximately 14,000 people who are from BAME and other minority ethnic populations. Overall in 2015, Shropshire County was a relatively affluent area and was ranked as the 129th most deprived County out of all 149 Counties in England. However, it contains areas of deprivation and inequalities with 9 Super Output Areas (SOA) in the most deprived fifth of SOAs in England. Figure 2 shows this breakdown.

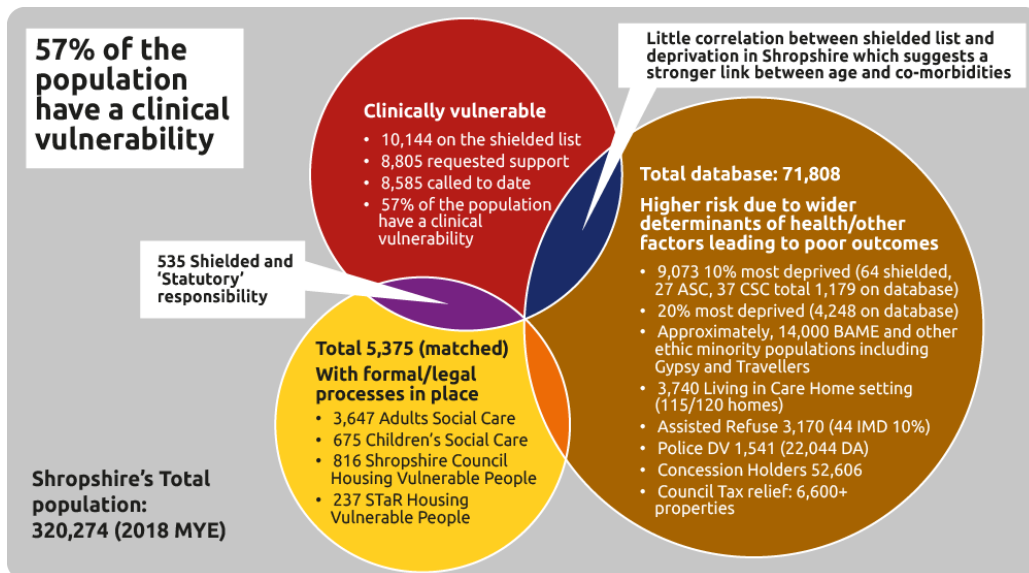


Figure 2: COVID-19 Estimated Vulnerability and Needs in Shropshire

Shropshire Council analysis of multiple datasets shows 71,808 people are categorised as high risk due to wider determinants of health or other factors leading to poor outcomes.

Breakdown of Outbreak Plan settings

Educational settings

- 336 Early Years settings
- 125 Primary Schools
- 19 Secondary Schools
- 4 specialist schools
- 2 Further Education colleges (across 4 campuses)

Adult Social Care

- 120 Care Homes,

Childrens' Social Care

- 4 (soon to be 5) Children's Residential Homes

NHS

- 1 Acute Hospital
- 4 Community Hospitals
- 1 Mental Health Provider
- Specialist Orthopaedic Hospital

Workplaces

- 15,850 enterprises, operating 17,995 local units, including Tourist Attractions (99.2% SME's)

Transport Hubs

- 15 railway stations
- Network of bus services and small airfields.

Vulnerable Communities accommodation

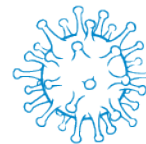
Faith Venues:

Approx. 202 including:

130 C of E, 13 Catholic, 43 Methodist, 9 Baptist, 5 Kingdom Halls, 1 Latter Day Saints, 1 Muslim Faith Centre (2 Mosques in Telford)

Other: 3 military bases, 1 prison, and 1 Hospice

Figure 3



Shropshire picture

At the time of writing the overall picture is an improved one. The numbers of cases diagnosed in Shropshire and deaths with COVID-19 on the certificate, have reduced since a peak in April and May, which is currently our best indicator of the community pandemic. Hospital admissions are also reducing. Furthermore, we can see the epidemic curve of care home outbreaks is now clearly showing a decline. Please see Appendix 3 for more detail.

It is important to note the pattern of COVID-19 in Shropshire; the pandemic has shown a different and flatter curve than the national and regional picture; while Shropshire did not see the height of spike seen in other regions, neither did Shropshire see the rapid decline, even during lockdown, suggesting the ongoing circulation of COVID-19 within the community. It is clear therefore that the reproductive rate of the virus remains close to the point where we could see a further take off in cases, and the nature of the virus means that a small proportion of cases are responsible for the majority of transmission (i.e. some cases tend to be linked to spread to a large number of cases, with others only to small number). Therefore, the focus on firstly preventing transmission and secondly in robustly containing spread through; identifying cases and clusters, ensuring close contacts isolate, as part of the test and trace programme is critical going forward.

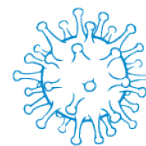
Key Achievements so far:

The COVID-19 pandemic was declared on 11 March 2020. Since that time partners in Shropshire have worked tirelessly to address the health issues associated with COVID-19.

Particular successes include 'Command and Control', testing, cross border working, Health Protection Cell, Infection Protection Control services, Protective Personal Equipment (PPE) management, and Community Reassurance. 'Command and Control' was operationalised through the Local Health Resilience Forum (LHRF) and associated Silver and Gold Commands, and through the Strategic and Tactical Command Groups to facilities partnership working.

- Testing systems were set up and run to deliver a locally responsive cross partnership COVID-19 testing approach
- Cross border working has been active throughout the pandemic particularly with Public Health Wales and Powys Public Health teams
- The Local Authority developed a multi-agency COVID-19 Health Protection Cell to support the Test and Trace system locally, and to provide COVID-19 health protection support to partners and the population
- A COVID-19 Infection Prevention Control service was put in place by the CCG to support partners
- A PPE system was set up and now includes a multi-agency reporting dashboard which enables partners to manage risk
- A Shropshire wide Community Reassurance Team and COVID-19 helpline was put in place to support the community, and particularly vulnerable members of the community to access food, medicines and other support.

It's important to recognise that the testing, Health Protection Cell, Infection Protection Control, PPE management and Community Reassurance Team were all developed from a standing start.



Integration with existing plans and strategies

Alert Levels

On the 11th May the Government identified 5 levels of risk in the UK to decide how strict social distancing measures would need to be and suggestive of the stage of the pandemic within the UK. The alert level helps local planners understand the level of response and responsibilities. As at the 19th June, the alert level in the UK is Level 3 meaning the virus is in general circulation and social distancing is relaxed. A similar level of cascade and alert will be employed within Shropshire highlighting the level of cascade and resources required, building up from level 1 adding the next layer of resources at each stage cumulatively. Please see figure 4 for these alert levels.

National Stages of Outbreak	Alert Level	Local Measures in Place	Shropshire Leads	Communication and Governance Triggers
Risk of healthcare and local authority services being overwhelmed	5	Local or national lockdown, business continuity	National and local Gold and LRF Structures	Multiple outbreaks, local resources close to being exhausted
Transmission is high or rising	4	Social distancing, Scale testing, redeployment staff, local business continuity	Local LRF and Gold Structures	Large cross sector, site, community transmission
Virus in general circulation	3	Infection control, testing	Local Health Protection Boards	Multiple situations and contained outbreaks
Number of cases and transmission is low	2	Enhanced Surveillance	Local Health Protection Cell	Isolated situations and Managed outbreaks
COVID-19 is no longer present in Shropshire	1	Prevention measures, health promotion	Local Health Protection Cell	-Business as Usual Reporting

Figure 4 Coronavirus alert levels, cascade and trigger points

Strategy Alignment

The work to prevent and contain the spread of COVID-19 in Shropshire does not stand in isolation but implementation requires integration with other key plans and strategies as illustrated in figure 5 below.

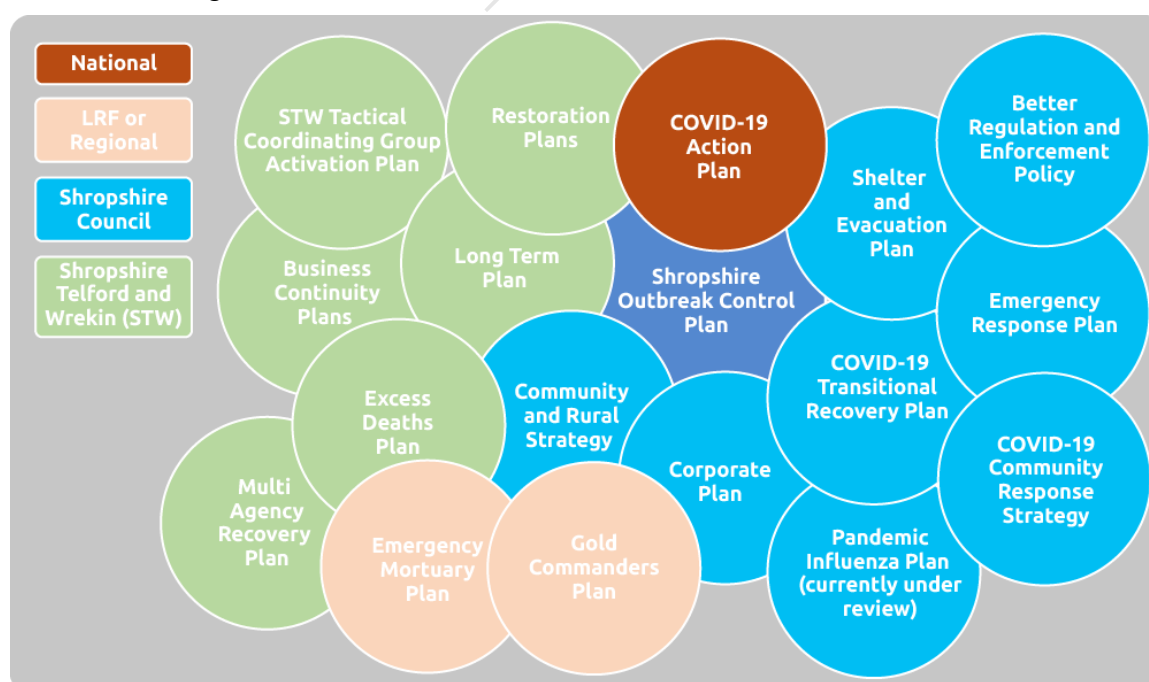
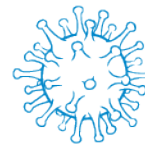


Figure 5: Map of current strategies and plans and links to this plan



Where do we want this plan to take us?

Aims and Objectives

The purpose of this Plan is to support the quick and effective, identification, management, and communication of COVID-19 outbreaks in a range of settings. The specific objective of the plan is to:

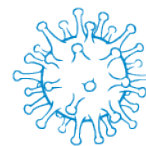
1. **Protect the health** of the people of Shropshire by:
 - *Prevention* first, to halt, slow or reduce the spread of COVID-19 through proactive advice/guidance, tools and systems to support services and businesses to run in a way that is safe and releases our economy
 - Early identification and proactive management of outbreaks
 - *Contain* through testing, contact tracing and isolation
 - *Suppress* any outbreaks of COVID-19 through population wide approaches where needed
 - Coordination of capabilities across agencies and stakeholders to ensure effective delivery of containment and suppression
2. **Assure** the public and stakeholders that this is effectively delivered by;
 - Publication of the Shropshire Local Outbreak Control Plan
 - Support settings experiencing an outbreak to mitigate the consequences
 - Establishment of appropriate governance, communications and engagement channels
 - Development of epidemiological surveillance systems and processes

Principles

The principles for prevention and management of the transmission of COVID-19 are in this Local Outbreak Plan.

Our key principles are that we will:

- Aim for a consistent systemic approach to co-ordinate activities across Shropshire and Telford & Wrekin working closely with local partners
- Draw on the capabilities, skills, experience and ways of working of existing teams
- Ensure that these teams are appropriately resourced with information, training and additional capacity where necessary
- Provide clarity where possible about the roles and responsibilities of individual organisations and teams
- Communicate and share information where possible



How will we get there?

Priorities

The specific priorities of the Local Outbreak Control Plan addressing the 9 key themes of the outbreak plan are in figure 6 below:

Priority 1 Governance – How we will work as a system <ul style="list-style-type: none">• Governance Structures• Integration and system working• Key Stakeholders	Priority 2 Prevention <ul style="list-style-type: none">• Physical/organisational measures• Infection Control• Addressing inequalities• Sustainability• Regulation as prevention• Systems and planning	Priority 3 Settings – Planning for outbreaks in high risk settings and communities and at scale <ul style="list-style-type: none">• Identification of high-risk settings and communities of interest<ul style="list-style-type: none">○ Workplaces○ Care homes○ Schools and Early Years settings (including children's homes)○ Healthcare settings○ Prisons○ Community gatherings and events• Operational response arrangements including Standard Operating Procedures (SOP)• Surge Planning for Working at scale
Priority 4 Vulnerable people <ul style="list-style-type: none">• Supporting those who are shielding and supporting those who need to self-isolate• Identification and support for those at greater risk and with unmet needs	Priority 5 Communication and Community engagement <ul style="list-style-type: none">• Reactive and proactive	Priority 6 Testing capacity <ul style="list-style-type: none">• Timely, local Shropshire and national testing• Effective and timely deployment of mobile testing
Priority 7 Test and Trace & Infection Prevention and Control including PPE	Priority 8 Surveillance and Monitoring <ul style="list-style-type: none">• Data and systems intelligence• Integration of local and national data and scenario planning through the Joint Biosecurity Centre• Monitoring and evaluation	Priority 9 Regulation including local lockdowns plans

Figure 6 – Specific priorities of Local Outbreak Plan

These will be addressed through the remaining sections of the Plan and Appendices.

Priority 1: Governance - How we will work as a system

Governance Structures, roles and responsibilities

Governance of the Local Outbreak Control Plan will seek to ensure that:

- The Local Outbreak Control Plan is supported by all of the partners who may be required to contribute to implementation.
- There is robust monitoring of progress of management of outbreaks individually and collectively.
- There is multiagency oversight of management of outbreaks and the ability to escalate for mutual aid if necessary.
- We can continually reflect, learn and improve.
- There is democratic oversight of management of outbreaks, which contributes to effective public communication.

The components of local governance are set out in Figure 8 and demonstrate the importance of working across the whole system and involving partners in the NHS, neighbouring local authorities, police, voluntary and communities' sectors etc.

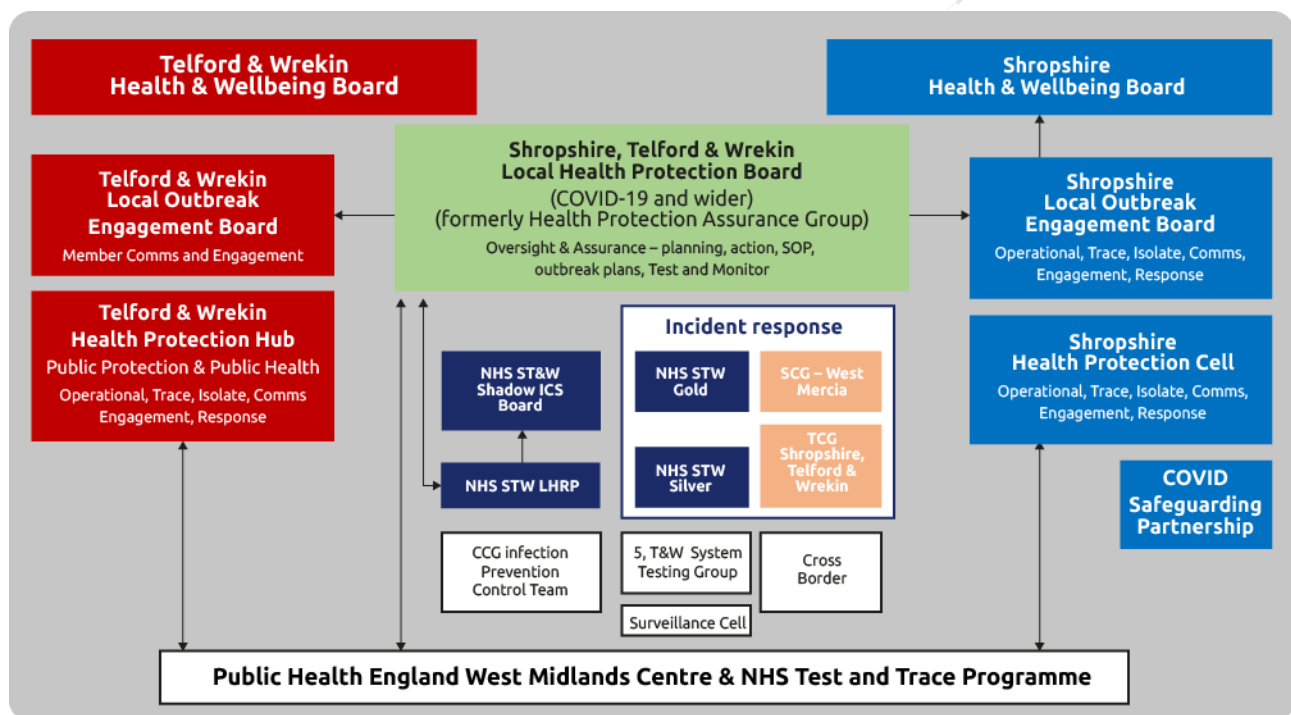


Figure 7: Governance Shropshire, Telford and Wrekin Outbreak Control Plan

Full roles and responsibilities and terms and reference are provided in the appendices for key boards and groups (Appendices 4 - 8). Detail of the Shropshire Health Protection Cell which sits at the core of the local delivery, integration and surge capacity offer is provided in Figure 8.

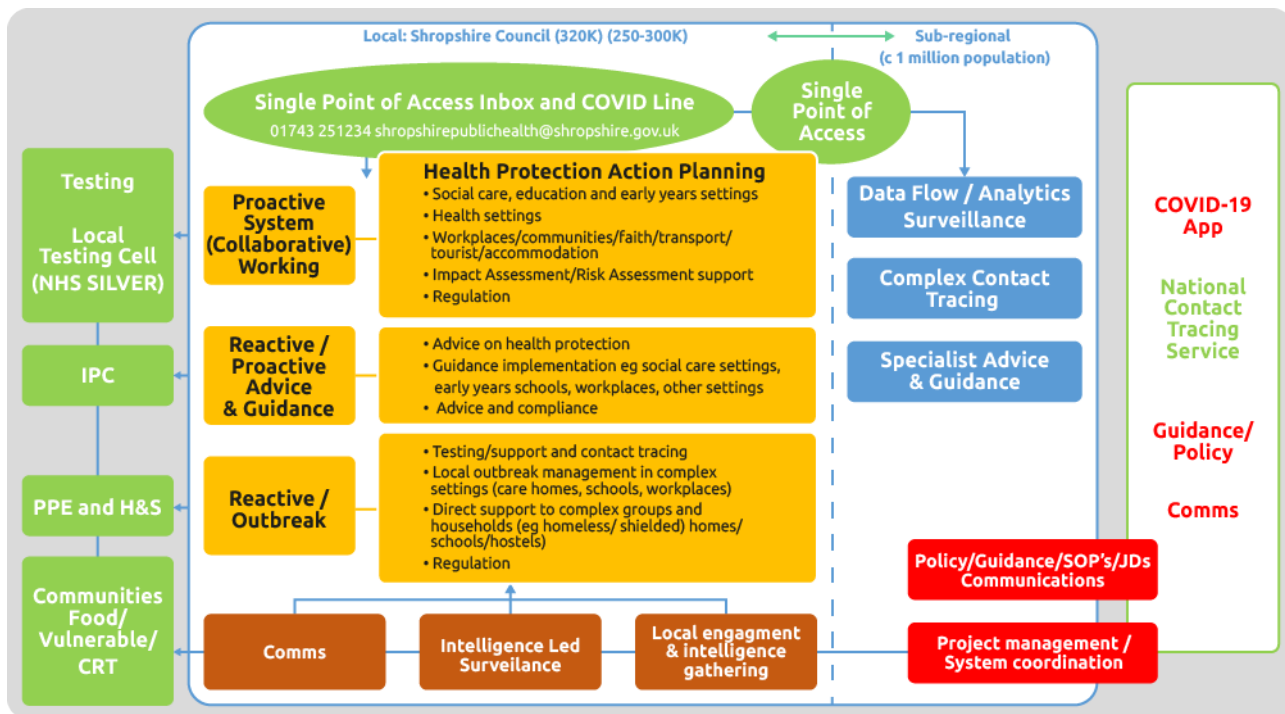


Figure 8: COVID 19 Shropshire Health Protection Cell

Key Stakeholders

This outbreak plan covers 13 settings, as indicated in figure 9. Figure 10 shows Key Stakeholders and ways of working across priorities



Figure 9 Key Stakeholders

The details of how outbreaks in each setting are set out in the Standard Operating Procedures that are in appendices 9-13 in this document. The surveillance approach is included in the section for priority 8 – surveillance and monitoring.

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	Priority 1 <i>Governance</i>	Priority 2 <i>Prevention</i>	Priority 3 <i>Settings</i>	Priority 4 <i>Vulnerable people</i>	Priority 5 <i>Communication and Engagement</i>	Priority 6 <i>Testing Capacity</i>	Priority 7 <i>Test & Trace and Infection Control</i>	Priority 8 <i>Surveillance and monitoring</i>	Priority 9 <i>Regulation including lockdown</i>
Public									
Early years									
Schools									
Further education									
Children's residential									
Adult social care									
NHS Settings									
Work place									
Faith venues									
Tourist attractions									
Accommodation									
Transport hubs									
Custody venues									
Vulnerable communities									
Local & national media									
National government									
Joint Biosecurity Centre (JBC)									
Public Health England									
LRF (SCG and TCG)									
NHS Silver/Gold LRHP									
Local Engagement Board									
Members/Councillors									
MPs									
Safeguarding Board									
System Board/Cell									

Figure 10: Key Stakeholder matrix and ways of working across priorities

Priority 2: Prevention

Primary preventative approaches will underpin all activity and work streams in this plan, as it is the key to ensuring we reduce community cases to zero. The following considerations will be a key feature of all work streams that have a focus on settings/communities.

Figure 11 below shows these approaches.

Physical and organisational measures <ul style="list-style-type: none"> • Create physically distanced environments • work from home first approach • Incentivise active travel • Stagger start times, break times, use of facilities • Create work/school 'bubbles' • Internal communications 	Infection Control measures <ul style="list-style-type: none"> • Hand washing • Cleaning • Appropriate use of PPE • Support, guidance & training • Appropriate care practices • Workforce
Addressing inequalities <ul style="list-style-type: none"> • Consider inequality of impact; of access to services/information alongside impact of measures taken (risk of isolation/violence) • Direct activities and allocate resource according to need (use of data/intelligence) • Safeguard those most vulnerable (based on income, ethnicity, gender, age or circumstance. Eg homeless communities, vulnerable migrants) • Ensuring communication is accessible and comprehensive to all • Support for social isolation • Community engagement 	Regulation as prevention <p>Consider use of advice and enforcement to achieve compliance through:</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974 • Interventions in workplaces where Shropshire Council is the enforcing authority • Public Health (Control of Disease) Act 1984 • Coronavirus Act 2020
Communication <p>Detailed communication and engagement plan to ensure preventative approaches are being communicated appropriately to partner agencies, as well as public facing communications focussing on social distancing and staying safe.</p>	
Sustainability <p>Focus on longer term approaches to embed ways of working for the future, including:</p> <ul style="list-style-type: none"> • Mental Health support • Workforce • Ongoing engagement with communities • 'Green recovery' • Healthy Lives Prevention Programme (HWBB) work including Social Prescribing etc. 	

Figure 11 – Prevention approaches

Priority 3: Settings

Outbreak Management

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

A Memorandum of Understanding (MoU) (Appendix 14) has been agreed between West Midlands PHE Centre, Telford & Wrekin Council, Shropshire Council and Shropshire & Telford CCGs. This MoU provides the framework and details of the arrangement for the joint management of local COVID-19 outbreaks, including the governance and guidance principles and roles and responsibilities of the various organisations in line with their statutory duties. Standard Operating Procedures and processes have already been established and operationalised in care homes and will build on across the wider plan. The MOU for PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands can be seen in appendix 14a.

Standard Operating Procedures (SOPs), as part of the MoU with PHE, SOPs have been developed for settings, complex situations and cases to operationalise the plan and demonstrate a consistent, comprehensive and evidence-based approach. This drives the management of risk, advice and implementation of control measures. These also highlight the information points and key contacts.

SOPs are in appendices 9-13 and include;

Care Home Outbreaks, Children's Residential Home Outbreaks, Schools and Educational settings (including Early Years and Childcare) Outbreaks, Workplace Outbreaks and Accommodations Outbreaks.

The SOPs are to be used in conjunction with the cascade chart (Figure 13) and stakeholder matrix (Figure 10) to establish local involvement and cascade of information and action.

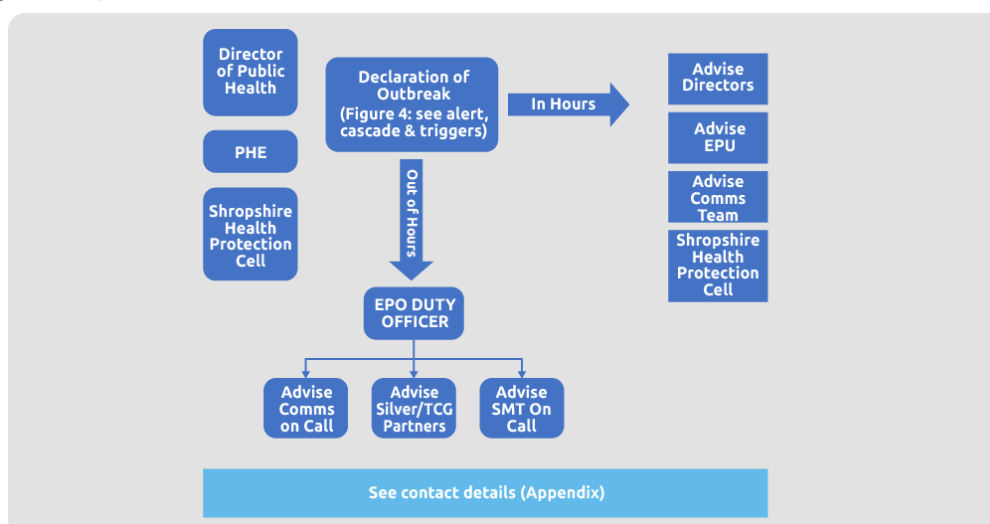
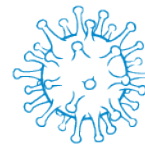


Figure 13: Cascade chart

Identification of outbreaks

The expectation is that outbreaks will be identified by the Joint Biosecurity Centre and/or PHE. PHE is likely to undertake an initial risk assessment and may choose to lead on



management of some outbreaks, drawing on support from local partners. PHE will refer other outbreaks to the Council for management.

Outbreaks may also be identified through local intelligence. Any organisation that suspects an outbreak should report this to Public Health England. Contact details are included in the Standard Operating Procedures for each setting. This priority links to Priority 8 - surveillance and monitoring.

PHE contact details:

Monday – Friday (0900 – 1700) 0344 225 3560 (opt 0, 2)

Other hours on call via the Contact People 01384 679031

Suspected outbreaks should also be reported to Shropshire Council Public Health Team via shropshirepublichealth@shropshire.gov.uk or 01743 251234,

Daily settings SitRep will be received for Shropshire residents from PHE tiers 3 & 2 via shropshirepublichealth@shopshire.gov.uk

Management of outbreaks

The lead organisation and team for ongoing management of outbreaks vary by individual circumstance and may evolve by local agreement but is broadly summarised below

Action	Setting							
		Care Home (CQC)	Other residential	School	Workplace	Prison	High risk settings	NHS Setting inc hospital
	Receive notification	PHE, CQC	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	PHE, SATH
	Gather information and undertake risk assessment	PHE	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	SATH / ShropCom
	Arrange testing (see testing grid)	LA: ShropCom	PHE	LA/ ShropCom	LA/ ShropCom	SATH / ShropCom		
	Provide initial advice and control measures	PHE	PHE, LA	PHE	PHE, LA	PHE, LA	SATH / ShropCom	
	Provision of results	PHE, SaTH	PHE, SaTH, LA	PHE	PHE, SaTH, LA	PHE, SaTH, LA	SATH / ShropCom	
	IPC follow up	PHE, LA, CCG IPC	PHE, LA CCG IPC	PHE, LA	PHE, LA	PHE, Shropcom	PHE, LA	IPC Teams at site
	Access to PPE	Emergency PPE STWPPE@shropshire.gov.uk						
	Chair IMT if required	PHE or LA	PHE	PHE or LA	SATH/ ShropCom			
	Key partners	PHE, ASC, PH, SPIC, SaTH, comms		PHE, LA, comms , safeguarding team, school nurse	PHE, business, PH, comms Regulatory Services HSE	PHE	PHE, hostel, LA housing, PH, comms safeguarding Reg Services	SATH ShropCom PHE
	Follow up	PHE, PH, ASC		PHE, LA	PHE, LA	PHE	PHE, LA	PHE
	Comms	PH, ASC, SPIC		PHE, LA	PHE, LA	PHE	PHE,LA	PHE. SATH, STP
Governance	HPB	PHE	Health Protection Board (HPB)					

NB * Membership of teams may change depending on the requirements of the outbreak.

Figure 14: Information flows and management of outbreaks in complex settings and high risk places

High risk places, locations and communities include the following categories:

- Homeless hostels and domestic violence shelters
- Religious, traveller and other 'defined' communities

High risk workplaces - those that tend to involve one or more of: People working in close proximity and/or in settings where it is difficult to maintain good standards of environmental and / or personal hygiene:

- A low skilled and / or transient workforce
- have a high footfall of visitors to the premises
- people who both work and reside together

Priority 4: Vulnerable people

The vulnerable population in Shropshire broadly fall into three groups, which are not mutually exclusive:

1. Clinically vulnerable – those that will require shielding.
2. Formal/legaly vulnerable process in place – this will include those: that are receiving statutory care, known to the Local Authority and there is some overlap with the responsibilities passed to Local Government during COVID-19 for the clinically vulnerable in need of additional local support such as food parcels.
3. Higher Risk due to other factors – this is due to wider determinants of health/other factors leading to poorer outcomes including BAME, deprivation, age, poverty, homelessness and obesity. This group includes the 9 protected characteristics and are being currently being researched at a national level.

Shropshire Council has built a matched dataset containing a range of data which has enhanced our understanding of local needs and to seek to identify unmet need in communities and settings. This dataset will be used along with national evidence and local intelligence to inform plans for targeting and supporting people.

In recognition of the fact that Shropshire is a large, predominantly rural and sparsely populated county, there are practical challenges for engaging and delivering services; and for communities in finding out about and accessing services, particularly in terms of physical and digital connectivity. The recent PHE reports highlight the significant risk to BAME communities, compounded by additional challenges in BAME communities around finding out about and accessing services. Priority 5: Communications, is integral to reaching these communities. This plan addresses how Shropshire will engage and support the range of vulnerable people in our communities (including those living in specific settings). Additional risk can be considered in figure 15 below; this plan 16hropsh on connecting the vulnerable person's dataset with those at greater risk, to deliver a comprehensive engagement and prevention action plan (found in Appendix 16)

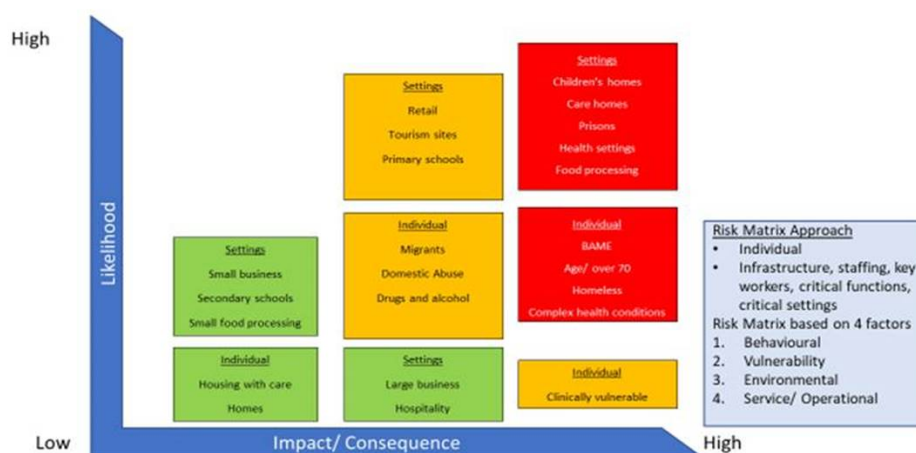
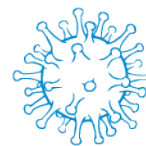


Figure 15 Risk Matrix



Prevent, Contain, Protect

This plan works to engage and prevent the spread of COVID-19, respond to immediate need due to an outbreak, and finally to support people in the long term. These three elements will be delivered through a range of services and contacts with frontline services (health, care, and the voluntary and community sector) as shown in figure 16.

Level description	Who delivers this?
Level 1: Generic Communications to all or a sub-section with or without specific need or vulnerability	Communications teams, web support, all frontline staff (trained in public health messages and the latest guidance on keeping well)
Level 2: Wellbeing phone call, providing a holistic offer with a more detailed request around needs and support, those who with the relevant skills to have a “good conversation”	CSC, CRT, GP practices, housing associations, voluntary and community sector; grass roots community groups
Level 3: more specialist intervention (if there is a specific need); this level also includes specific engagement programme with those who are more vulnerable due to COVID-19	Social Care, Primary Care, Revs & Bens, Housing, Regulatory Services, Social Prescribing Advisors, Bereavement Support, Engagement programme (detailed action plan in Appendix 16)

Figure 16: Levels of support and engagement by need

All Public Sector partners have a responsibility to understand who are more vulnerable and ensure that people are supported; connecting with our voluntary and community sector partners to support people in a locality-based way continues to be a vital component of this plan. Those who require additional support if they are asked to self-isolate as part of Test & Trace will receive level 2 and/or level 3 support.

Support for self-isolation

A Community Response Team will provide support where necessary to those who have to self-isolate and need assistance. Those who are isolating after being in contact with someone who has tested positive for COVID-19, or if someone has tested positive for COVID-19, will be provided a contact number for community help. The phone line is hosted by the Shropshire Council Customer Services Centre. The Centre has access to a wealth of information about the support available in communities, however if someone has tested positive for COVID-19, additional consideration will be made as to who is best placed to ensure that someone receives the food, medicine, supplies and other support that they need in a safe way. The following will be provided:

- Telephone advice, guidance and information about shopping services and other needs
- Phone calls to those who are vulnerable
- Food delivery for those who cannot access food online or in their community
- Welfare checks to ensure that people are OK in their homes, when contact over the phone hasn't been possible (protocols are in place to ensure this can be delivered safely)
- Connections to a range of services within Shropshire Council and with partners and communities (this includes social care, libraries, businesses, community groups, and many others)

Please see appendix 15 for a helpful telephone numbers sheet, which was distributed in community settings.

Priority 5: Communications and Engagement

Communications and Engagement Plan summary

Our Local Outbreak Plan Communication strategy will support the delivery of the plan and sets out our approach to communicate the plans key messages to all local communities. Appendix 17 shows the Crisis Communication Checklist, and the event of an outbreak

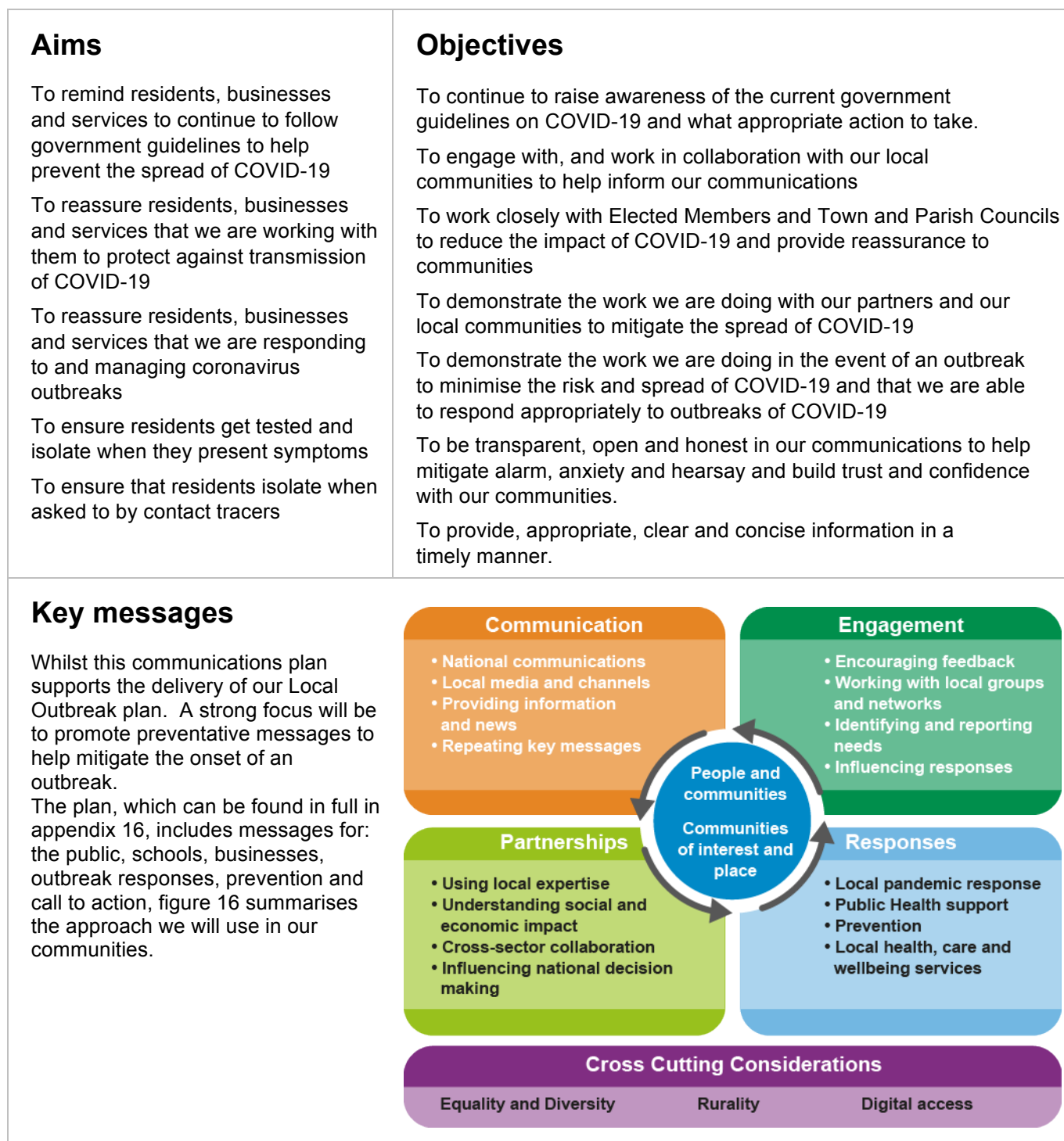


Figure 16

Priority 6: Testing Capacity

Rapid access to high quality testing at scale is vital to control the spread of coronavirus and Plans are expected to describe the local arrangements for testing demonstrating accessibility, convenience and scale, including for individuals with symptoms and also for testing contacts without symptoms (asymptomatic) as part of outbreak management.

Appendix 18 contains Contact Tracing questions and appendix 19, Contact tracing; Confidentiality and Disclosure information.

There is a broad testing offer across in Shropshire, Telford & Wrekin with a number of testing routes and sites available. This includes the local NHS Trust Programme ([national testing pillar 1](#)), delivered by Shropshire Health Community NHS Trust, which undertake swabbing and support with Occupational Health-led reporting of results, and Shrewsbury & Telford Hospitals NHS Trust which provides laboratory services Appendix 20 provides a systems testing matrix.

The [local NHS testing offer](#) is available for patients in hospital and the community, health and social care workers, local authority staff, including schools and other key workers with symptoms. This service is offered through drive through testing facilities situated in both Telford & Shrewsbury and through a home visiting service for those who are too unwell to travel. The local Shropshire, Telford & Wrekin NHS COVID-19 testing programme can also support asymptomatic testing for contacts as part of local outbreak management. This route is used where there are complex settings and for vulnerable individuals, for example in schools, care homes or other residential settings.

National testing options ([national testing pillar 2](#)) available in Shropshire, Telford & Wrekin, through two MoD Mobile Testing Units (MTUs) and a permanent Regional Testing Unit. These options are available for all members of the public with symptoms eligible for testing and will be used where necessary for large scale testing in outbreaks such as workplaces.

The contact tracing flowchart below (figure 17) outlines the process. PHE will complete all non-complex contact tracing. Those contacts who are vulnerable or need support or complex settings (i.e. care homes, schools, workplaces) will be passed to the Shropshire COVID 19 health protection team and partners to follow up.

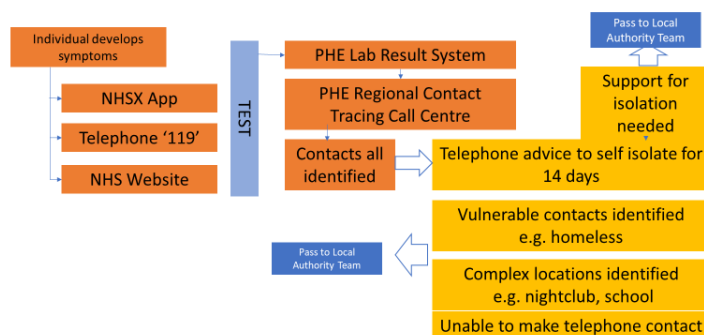


Figure 17: Contact Tracing Flowchart

Links to further Government guidance related to Contacts and Contact Tracing:
<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Priority 7: Contact Tracing and Infection Control

Tracing contacts of people with COVID-19 is critical to our success in containing the virus as we move to the next stage of the pandemic management. The aim is to rapidly identify and isolate people with COVID-19 symptoms (however mild), as well as people who have been in close contact with them just before the symptoms started, during the first few days of illness. The key to this is timeliness and rapid self-isolation of contacts. Whilst testing is an important part of any contact tracing strategy, it is isolation of cases and their close contacts that will have the largest impact on spread.

Key to our local plan will be joint working with NHS Test and Trace and Public Health England to ensure that any linked cases (in workplace, schools, faith venues etc.) are rapidly identified and that this is sufficiently quick to contain outbreaks.

Strong public communication at both national and local level will also be needed to make sure that people understand the importance of self-isolation and to understand and tackle any obstacles to self-isolation including access to food and medicine.

The key elements of the Test and Trace approach and additional guidance is available at nhs.uk/coronavirus

Where the contact tracing process identified a complex case or one involving a high-risk location such as a health or care setting, a custodial setting, a school, transport hub, workplace and other settings the case will be referred to Public Health England's regional team and the Local Authority Public Health team. These teams will deal with the outbreak. The management of these outbreaks is governed by a Standard Operation Procedure which defines roles and responsibilities.

We will also explore how local contact tracing can be integrated with local testing and how we can develop contact tracing expertise in wider staff groups. This will need to be expanded as the national programme expands. The interface with infection control is key to success.

Infection control

Specific infection prevention and control measures for COVID-19 have been published by the government. Shropshire and Telford & Wrekin CCG's Infection Prevention and Control Team on behalf of the system will provide this service locally. Resourcing has been agreed between the CCG's, Telford and Wrekin and Shropshire Council. The team can be contacted at ccg.ipc@nhs.net. Appendix 21 contains local, regional and cross-border details.

Measures include:

- Infection control history of setting
- Risk assessment for infection control processes and procedures
- Provision of infection control advice and support
- Provision of infection control training
- Liaison with setting to advise on infection control in staff and service users
- Liaison with setting to advise appropriate use of PPE including donning and doffing
- Liaison with setting to advise infection control, hygiene and cleaning
- To form part of outbreak control teams in order to control the transmission of infection
- Using established surveillance and reporting systems monitoring of infection rates and investigations

Please refer to appendix 22 for links to Government Guidance.

Priority 8: Surveillance and Monitoring

Good quality data covering a range of local and regional metrics is key to the management of COVID-19 in the next phase. In the next phase, COVID-19 will play out as a series of as tracking the overall pattern of cases will be key part of this Local Outbreak Control Plan.

Systems are in place for receipt, logging and monitoring progress of outbreaks. Situational reports will be received from PHE and local analysis and local interpretation will be undertaken, this includes the development of dashboards which summarise local data to be shared with the local boards and hubs.

A sub-regional virtual data stream, is currently being established, bringing together analysts across both Councils, the local system and Public Health England. There are well established links also with NHS analyst team through COVID-19 and the population health management work streams.

It is anticipated that we will seek additional capacity as well as academic input/expertise to support the hub, and that the hub will work with the national Joint Biosecurity Centre, as it establishes. The Joint Biosecurity Centre has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, to provide insight into local and national patterns of transmission and potential high-risk locations and to identify early potential outbreaks so action can be taken.

The surveillance support will be working to establish a robust early warning and surveillance system, based on already established surveillance data dashboards, alongside new data streams. The system will look to bring in data related to:

- Testing (all testing streams)
- Case rates (and exceedances)
- Outbreak data (by setting),
- NHS/PHE primary care/NHS 111 syndromic surveillance data
- Secondary care data,
- Mortality data,
- Mobility/footfall
- Workforce data (e.g. sickness absence rates).
- Local “soft” Intelligence
- Regulatory data (e.g. COVID-19 secure workplaces, business restrictions)

This data will be analysed and presented as trends and geographically, with an understanding of key demographic characteristics, this supports both the reactive and preventative work to target resources and approaches to those communities. Mapping of local need has already been established and will continue to be developed by the Local Authority Insight Team to inform the communications, engagement and outbreak management.

Data/intelligence will be produced in a variety of format for different audiences, and with the aim of being as real-time as operationally possible.

It is clear here that the immediate priority is to reach rapid agreement of a framework of monitoring/outcome indicators that will guide our COVID-19 approach.

Priority 9: Regulation including local lockdown plans

There is a range of legislation that can be used for the purposes of preventative activity (e.g. workplaces not adhering to national COVID-secure guidance and wider health and safety requirements), as well as enforcement activity should individuals/organisations not be compliant with isolation measures required in the event of cases/outbreaks. There is also a legislation for managing outbreaks. Public Health England (PHE) and Local Authority Public Health and Environmental Health have the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the Local Resilience Forum and NHS Gold and Silver structures.

The specific pieces of legislation include:

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

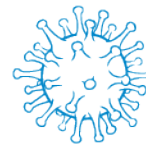
Shropshire Council's Better Regulation and Enforcement Policy sets out the range of options that are available to achieve compliance with all legislation it enforces. The Council recognises that prevention is better than enforcement, but, that under certain circumstances, formal enforcement action will be necessary against those who flout the law or act irresponsibly.

The focus of work with partner organisations and workplaces is one of collaboration and support. However, it is important to consider circumstances in which legislation may be required to be used. Further, it will be important to understand, for those organisations regulated by the Health and Safety Executive (HSE), how we might ensure we still maintain a local supportive relationship businesses and how engagement will work in practice.

Use of this legislation will need to be considered carefully, with Regulatory Services having delegated responsibility for enforcement under the first two legislative items, and PHE for the latter (this is being reviewed currently).

Should an individual need to be detained under the Coronavirus Regulations implemented following the Act, a suitable place to hold the individual will need to be found (which could be in current isolation units being used for our vulnerable communities) or may need to be on healthcare premises (as utilised for Part 2A orders). It is recognised that there will be a staffing/security resource need here.

Schedule 21 of the Coronavirus Act 2020 gives powers to Public Health Officers to direct or remove a Potentially Infectious Person (PIP) to a place suitable for screening and assessment, require a person to undergo testing, enter into isolation or place certain restrictions on the PIP where appropriate. While PHE are the lead agency in exercising the provisions under this Schedule, powers are also provided to Police Constables and Immigration Officers to support PHE and for the protection of the public. The Shropshire provision is outlined in the soon to be published Shropshire Safeguarding Community Partnership Multi-Agency Guidance. Lastly, local authorities are to be granted powers to be able to require particular premises/areas to "lockdown" and specific plans are required to ensure clarity regarding the grounds for being able to do this and how lockdown might be enacted.



What are the Challenges and how will we address these?

A full risk assessment is owned and led by the COVID Health Protection Cell, with actions reviewed weekly and cascaded as appropriate.

A summary of risks associated with each theme, and suggested mitigations, capacity and resources is provided below; a full list is in Appendix 24.

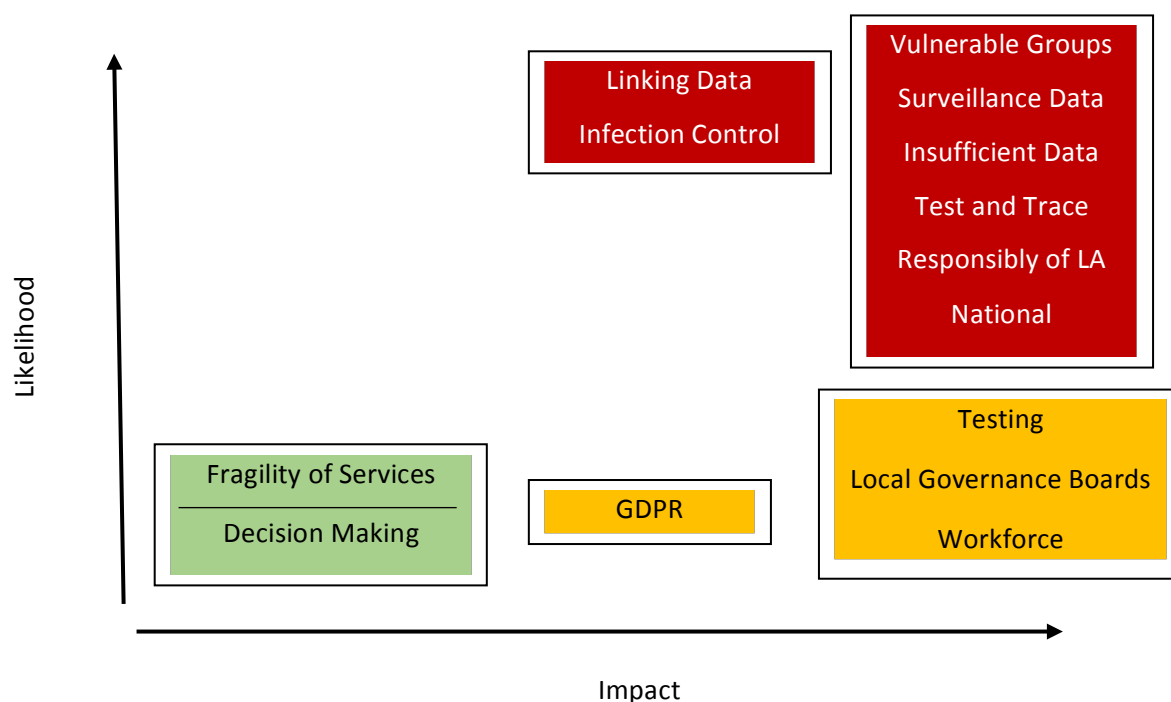


Figure 18: Summary of Risks with each theme

Further details are given in the appendices at the end of this document.

Appendix 23: Shropshire Outbreak Plan – information flow

Appendix 24: Risk matrix

Appendix 25: STW LA Outbreak Risk Management Process

Appendix 26: Incident Management Team (IMT) Draft Agenda

Appendix 27: Activation of Plan/Lessons Learned – Outbreaks

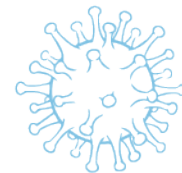
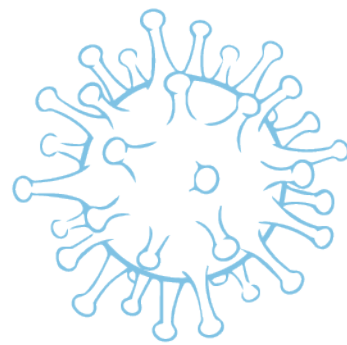
Appendix 28: Incident/Outbreak form

Making it Happen – The Action Plan

Priority	Officer responsible	Action	Timescale
Priority 1 Governance – How we will work as a system	DPH, CE, PHE, LRF	Continued communication with central government through established routes. Define systems and structures for local lockdown Continued communication with central government. Devolved expectations include incident and outbreak management, currently supporting data systems and structures and timescales clarified nationally Continued communication with central government through established routes. Political & public involvement to be clarified	Jun-20 Jul-20 On going
Priority 2 Prevention	LA	Active prevention approach in place	On going
Priority 3 Settings	LA/PHE	Clarity of responsibilities of public services including police and other regulatory services. Integrative review of Section 21 agreement Enhance communications to provide proactive and reactive communications in partnership with schools, maintained and academy. All risk assessments and SOPs in place. To complete; tourist attractions, places of worship & travel accommodation	Aug-20 On going July-20
Priority 4 Vulnerable people	LA	Maintain CRT function and review responsibilities to include community engagement and support for self-isolation. Development of plans to ensure services serve vulnerable communities	On going
Priority 5 Communication and Engagement	LA	Deliver outbreak communication and engagement plan	On going
Priority 6 Testing Capacity	LA/NHS	Establish system so that Shropshire COVID-19 cell makes referrals to pillar 1 and results are received by cell. Negotiate access to HPZone. Negotiate local arrangements for extended testing including commissioning.	Aug-20
Priority 7 Test and Trace & Infection Prevention and Control	PHE/TT NHS LA	Set out local support to Test and Trace programme including interface with local testing service. Negotiate local arrangements for extended IPC to cover all settings including commissioning services as required. Software to support contact tracing locally and training Clear mutual aid procedures in place for contact tracing Agree future of Mobile Testing units, training and deployment	Jul-20 Jul-20 Jul-20 Jul-20
Priority 8 Surveillance and monitoring	DPH/PHE Intel Team PHE/Bio Security PHE LA	Require GDPR agreement via PHE Establish local proxy reporting and recording Continued communication with PHE and other data providers to ensure robust reporting data is in place. On-going local development of dashboards using detailed surveillance data to inform incident and outbreak management Work jointly with PHE to enable local access to HP Zone including contract tracing and decision making. Developing local track and trace systems with T&W colleagues to allow system wide monitoring	Jun-20 June/July20 Jun-20 Sept-20
Priority 9 Regulation including local lockdown	Convener SoS LA	Continued communication with central government through established routes. Define systems and structures for local lockdown	Jun-20

Abbreviations


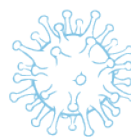
CCG	Clinical Commissioning Group
IPC	Infection Prevention Control
IMT	Incident Management Team
JBC	Joint Biosecurity Centre
LA	Local Authority
LHRF	Local Health Resilience Forum
NHS	National Health Service
PHE	Public Health England
PIP	Potentially Infective Person
PPE	Personal Protective Equipment
UK	United Kingdom



Shropshire Covid-19 Outbreak Control Plan

Prevent, Contain and Recover

June 2020



Version	Date
01	02 nd June 2020
02	12 th June 2020
03	14 th June 2020
04	15 th June 2020
05	18th June 2020
2.1	22nd June 2020
3.0	30th June 2020



Health and Adult Social Care Overview and Scrutiny Committee

20 July 2020

Item

Public

Health and Adult Social Care Overview and Scrutiny Committee Work Programme

Responsible officer

Danial Webb, overview and scrutiny officer

danial.webb@shropshire.gov.uk

[01743 258509](tel:01743 258509)

1.0 Summary

- 1.1 This paper presents the Health and Adult Social Care Overview and Scrutiny Committee's proposed work programme.

2.0 Recommendations

- 2.1 Committee members to:

- agree the proposed committee work programme attached as **appendix 1**
- note the current task and finish groups attached as **appendix 2**
- suggest changes to the committee work programme and
- recommend other topics to consider.

3.0 Background

- 3.1 Following the declaration of the COVID-19 pandemic, Shropshire Council initially suspended overview and scrutiny committees in common with most other local authorities. It subsequently decided to funnel the work of its committees into its Performance Management Scrutiny Committee, which has met monthly since May 2020.
- 3.2 Shropshire Council has since agreed to resume most of its overview and scrutiny committees from September 2020. In addition it will also recommence the work of the Health and Adult Social Care Overview and Scrutiny Committee's and the Joint Health Overview and Scrutiny Committee (in partnership with Telford and Wrekin Council) from July 2020.

- 3.3 A refreshed draft overview and scrutiny work programme for this committee is attached as **appendix 1**. A refreshed list of current task and finish groups is attached as **appendix 2**.

4.0 Next steps

- 4.1 Overview and scrutiny updates this report on an ongoing basis and presents it at each committee meeting. This will allow members the opportunity to contribute to its development at each committee meeting.

List of background papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

None

Cabinet Member (Portfolio Holder)

All

Local Member

All

Appendices

Overview and scrutiny work programme

Overview and scrutiny task and finish groups

Overview and Scrutiny work programme 2020

Health and Adult Social Care Overview and Scrutiny Committee

Topic	Intended outcomes or objectives	What output is required?	Who needs to be heard from?	Expected impact or added value	Work date
Shropshire Care Home Covid-19 Support and Resilience Plan	<ul style="list-style-type: none"> Examine how Shropshire Council is supporting care homes during the Covid-19 pandemic 	Committee overview report	Assistant Director, Adult Social Care	Care homes are well supported.	20 July 2020
Local Outbreak Control Plan	<ul style="list-style-type: none"> Scrutinise plans in Shropshire to manage outbreaks of Covid-19 	Committee overview report	Director of Public Health	Shropshire Council and its partners are prepared to tackle local outbreaks of Covid-19	20 July 2020
Health and Wellbeing Board Subgroups	<ul style="list-style-type: none"> Understand the role, work undertaken and objectives of subgroups 	Committee overview report	Director of Public Health		September 2020
Arrangements in a single commissioning structure	<ul style="list-style-type: none"> Consider proposals for commissioning arrangements for the new single CCG. 	Committee overview report	Chief Officer, Shropshire CCG	Ensure Shropshire has robust commissioning arrangements	September 2020
Improved Better Care Fund	<ul style="list-style-type: none"> Scrutinise current and future arrangements for work under the Improved Better Care Fund. 	Committee overview report	Assistant Director Adult Social Care	Work undertaken with funding remains sustainable.	September 2020

Health and Adult Social Care Overview and Scrutiny Committee

Topic	Intended outcomes or objectives	What output is required?	Who needs to be heard from?	Expected impact or added value	Work date
111 Review	<ul style="list-style-type: none"> Scrutinise progress in delivering the new arrangements for 111 services in Shropshire. Understand how cross-border arrangements are working. 	<p>Committee overview report</p> <p>Presentation to committee</p>	<p>Shropshire Clinical Commissioning Group</p> <p>Shropshire Community Health Trust</p> <p>ShropDoc</p>	Arrangements for 111 services are working well.	November 2020
Delivering Public Health Outcomes - Update	<ul style="list-style-type: none"> To review the memorandums of understanding for substituted services. 	Committee overview report	Director of Public Health	Substituted services deliver good public health outcomes.	January 2021
Primary Care Strategy	<ul style="list-style-type: none"> Update on delivery and impact of the strategy 	<p>Committee report</p> <p>Presentation</p>	Director of Primary Care, Shropshire CCG		January 2021

Appendix 2
Current and proposed task and finish groups

Title	Objectives	Reporting to
Financial Strategy	<ul style="list-style-type: none"> • To understand the process and activity stages for developing the Financial Strategy 2020/2021 to 2022/23 and how these translate into the Council's annual budgets • To consider and scrutinise the proposals and emerging plans for the whole Financial Strategy and 2020/2021 budget, including how they align to the four pillars. This will be through their development and their implementation, in particular for innovation and raising income. • To consider the recommendations and areas for action identified in the Corporate Peer Challenge report relating to the Financial Strategy, and how they are being addressed. • To consider the direct and indirect impacts, including risks, of 2020/2021 budget proposals on current services and customers. • To complete specific pieces of work to identify and work up alternatives to emerging plans, including the feasibility of any alternative proposals • Make evidence based recommendations in relation to plans and approaches for innovation and income generation, and alternative proposals for future budget setting. 	Performance Management Scrutiny Committee

Title	Objectives	Reporting to
Road casualty reduction	<ul style="list-style-type: none"> • Understand the nature of road traffic collisions in Shropshire. • Understand feelings of road safety, and the effect of feeling unsafe when travelling. • Understand the factors that contribute to safer travel • Scrutinise how Shropshire Council and its partners work together to make travel safer. • Explore how Shropshire Council responds to new models of Government transport funding. 	Performance Management Scrutiny Committee
Community Transport	<ul style="list-style-type: none"> • To understand how community transport operates in Shropshire, and the demand for community transport services. • Identify how the community transport groups, the council, and other partners can work together to provide community transport to people in Shropshire who do not have access to public or private transport. 	Performance Management Scrutiny Committee
Brexit	<ul style="list-style-type: none"> • To consider the information brought together to develop a view for Shropshire of the possible implications of Brexit for the Shropshire economy and the achievement of the Economic Growth Strategy. • To identify, with the relevant officers, the key evidence and related requirements of what Shropshire would require from a future UK funding approach. • To make evidence based recommendations to Cabinet. 	Performance Management Scrutiny Committee

Title	Objectives	Reporting to
Section 106 and Community Infrastructure Levy	<ul style="list-style-type: none"> • To understand how Shropshire Council currently uses Section 106, CIL and NHB and the impact that this has had • To understand how Section 106, CIL and NHB could be used in Shropshire to enable or encourage projects or initiatives for economic growth and prosperity • To learn from other places how they have used Section 106, CIL and NHB to enable or encourage projects or initiatives for economic growth and prosperity • To make evidence based recommendations on how Section 106, CIL and NHB could be used in Shropshire to enable or encourage projects or initiatives for economic growth and prosperity 	Performance Management Scrutiny Committee
Climate Change	<ul style="list-style-type: none"> • To review Shropshire Council's existing work to reduce its CO2e output. • To scrutinise existing council policy and practice and recommend policy changes that would support further carbon reduction. • To identify and evaluate opportunities to reduce spending and generate income by adopting low-carbon technology and practices. 	Performance Management Scrutiny Committee
Dog fouling and dangerous dogs	<ul style="list-style-type: none"> • To scrutinise how the local authority tackles <ul style="list-style-type: none"> ○ dog fouling ○ dog attacks ○ stray dogs • licenced dog breeding 	Performance Management Scrutiny Committee

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