

Wiltshire Local Outbreak Management Plan

November 2021

Wiltshire Local Outbreak Management Plan

At a Local Authority level, we will put in place our updated Local Outbreak Management Plans (LOMPs) to allow improved speed of response, thorough planning, and deployment of resources, building on local expertise led by the Chief Executive and Director of Public Health working with the regional UK Health Security Agency (UKHSA) health protection team.

The principles to our approach are as follows:

- Our LOMP takes a system led approach
- Our LOMP will build on existing health protection processes, not duplicate
- Our LOMP will ensure testing takes place quickly and tracing contacts of those who have tested positive occurs at pace, advising them to self-isolate when necessary.
- Our LOMP will ensure COVID-19 vaccinations are accessible to all our population.
- Our overarching aim is to keep the virus under control through improved co-ordination whilst maintaining community engagement
- The governance arrangements associated with our LOMP will provide the structure and responsibility to enable a place-based approach and impact
- Our assurance role will ensure we build on local knowledge and real time data flow between local and national systems
- We will ensure a robust evidence base and local knowledge to inform a consistent approach to our decision making
- We will work with neighbouring Local Authorities and key partners such as UKHSA and the Local Resilience Forum (LRF) as required to ensure consistency of decision-making and public messaging.

The updated LOMP focusses on the following priority themes:

1. Addressing Inequalities
2. Governance
3. Data integration and information sharing
4. Compliance and enforcement
5. High risk settings, testing and tracing
6. Communications and engagement

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1 Introduction

Global Context

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. On 12 January 2020 it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19.

Globally, 27 October 2021, there have been 243,857,028 confirmed cases of COVID-19, including 4,953,246 deaths, reported to WHO. Up to date statistics, and country by country information can be found on the [WHO coronavirus dashboard](#).

As of June 2020, Local Outbreak Management Plans (LOMP's) were implemented covering the geography of Local Authority level to allow improved speed of response and efficiency to COVID-19 outbreaks. Wiltshire's LOMP was updated March 2021, and in November 2021.

National context

UK National, regional and LA statistics are published by the Department of Health and Social Care, and are available in a [visual dashboard](#). As of 27 October 2021, there have been 8,852,227 lab-confirmed UK cases and 163,515 deaths with COVID-19 on the death certificate.

Local Context

Across the South West, as of 20th October 2021, there have been 568,471 confirmed COVID-19 cases and 8,813 deaths with COVID-19 on the death certificate. In Wiltshire as of 20th October 2021 there have been 46,932 confirmed cases, and 881 deaths with COVID-19 on the death certificate. Wiltshire was relatively less impacted compared to neighbouring counties by the first wave during March 2020 - June 2020 however Wiltshire was significantly more impacted during the second wave September 2020-March 2021.

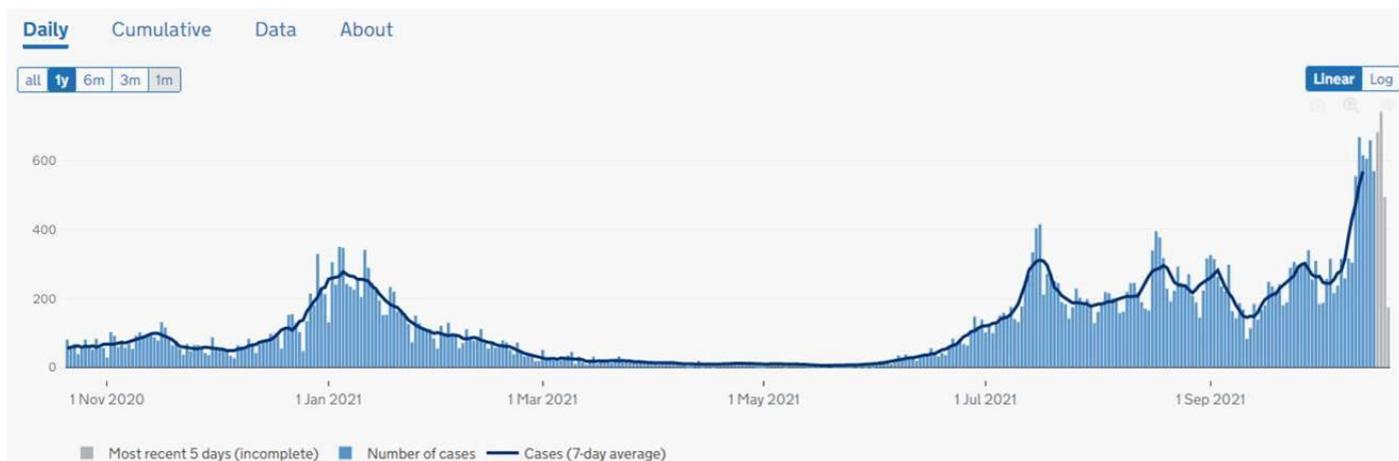


Figure 1- Cumulative cases in Wiltshire 20th October 2020-20th October 2021

As the pandemic has evolved, more knowledge has been gained about the most effective way to respond to infections. For optimal impact a 'Swiss cheese' approach is required. This approach has been identified as an effective model, as it uses a range of proactive and reactive measures to reduce risk in Wiltshire.

THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD

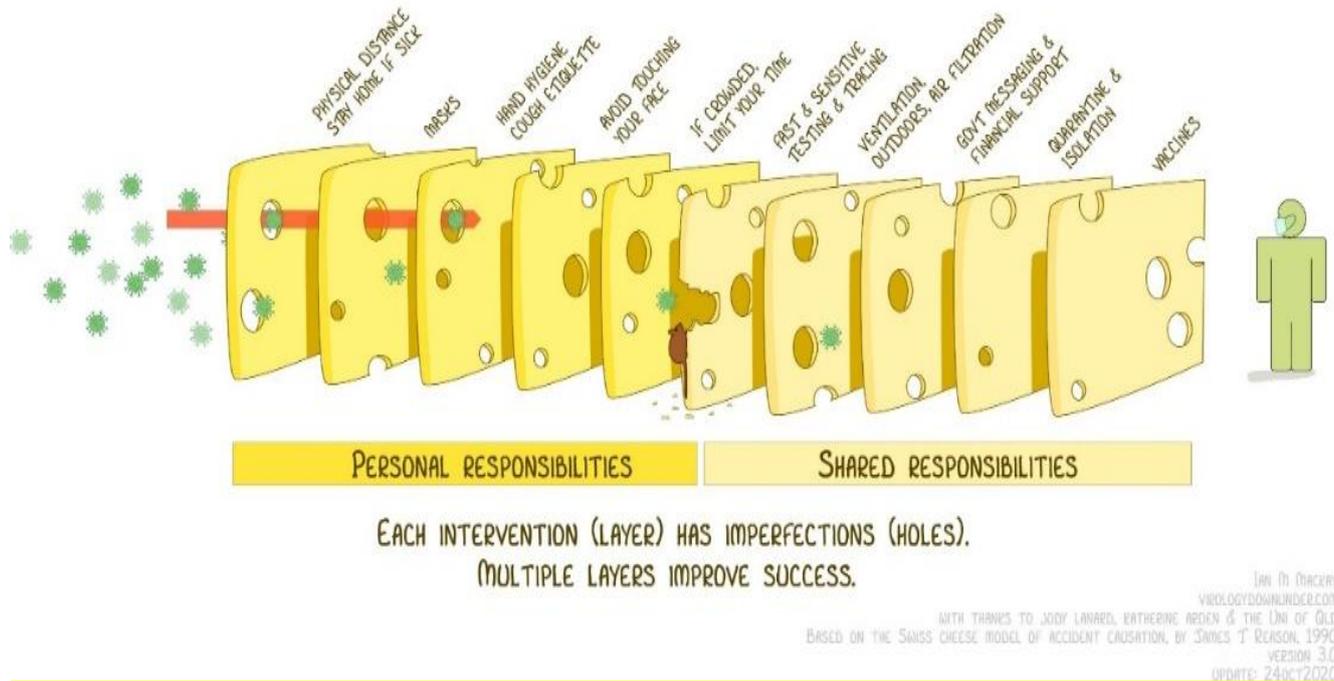


Figure 2 - The Swiss Cheese approach

Health Protection: Legal and Policy Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits across several personnel:

- With UKHSA under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with DPH's and UKHSA to take local action (eg testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

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

UKHSA is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies.

At a local level UKHSA's health protection teams and field services work in partnership with the DPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

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

2 LOMP Aims, Purpose and Principals

Aim

Increased levels of understanding and intelligence surrounding COVID-19 led to developments and changes to plans and responses. These changes are reflected in this LOMP, which aims to provide PH teams with all the information required to carry out a containment operation on any local outbreaks of COVID-19.

Overarching Purpose

Local Authorities have a significant role to play in the identification and management of outbreaks. This LOMP explains how local government works to ensure a whole system approach to managing local outbreaks. As well as direct outbreak management, this includes co-ordination and support for activities such as:

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

DPH's play a key leadership role ensuring that through the LOMP they have the necessary capacity and capability to quickly deploy resources to areas of need. Local outbreaks, whilst led by DPH's are carried out in conjunction with UKHSA local health protection teams, local and national government, NHS, private and community/voluntary sector and the general public.

Core working principles for Wiltshire DPH agreed across SW region

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

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

Working in Partnership

Figure 3 shows a visual representation detailing the relationships between key organisations in outbreak response.

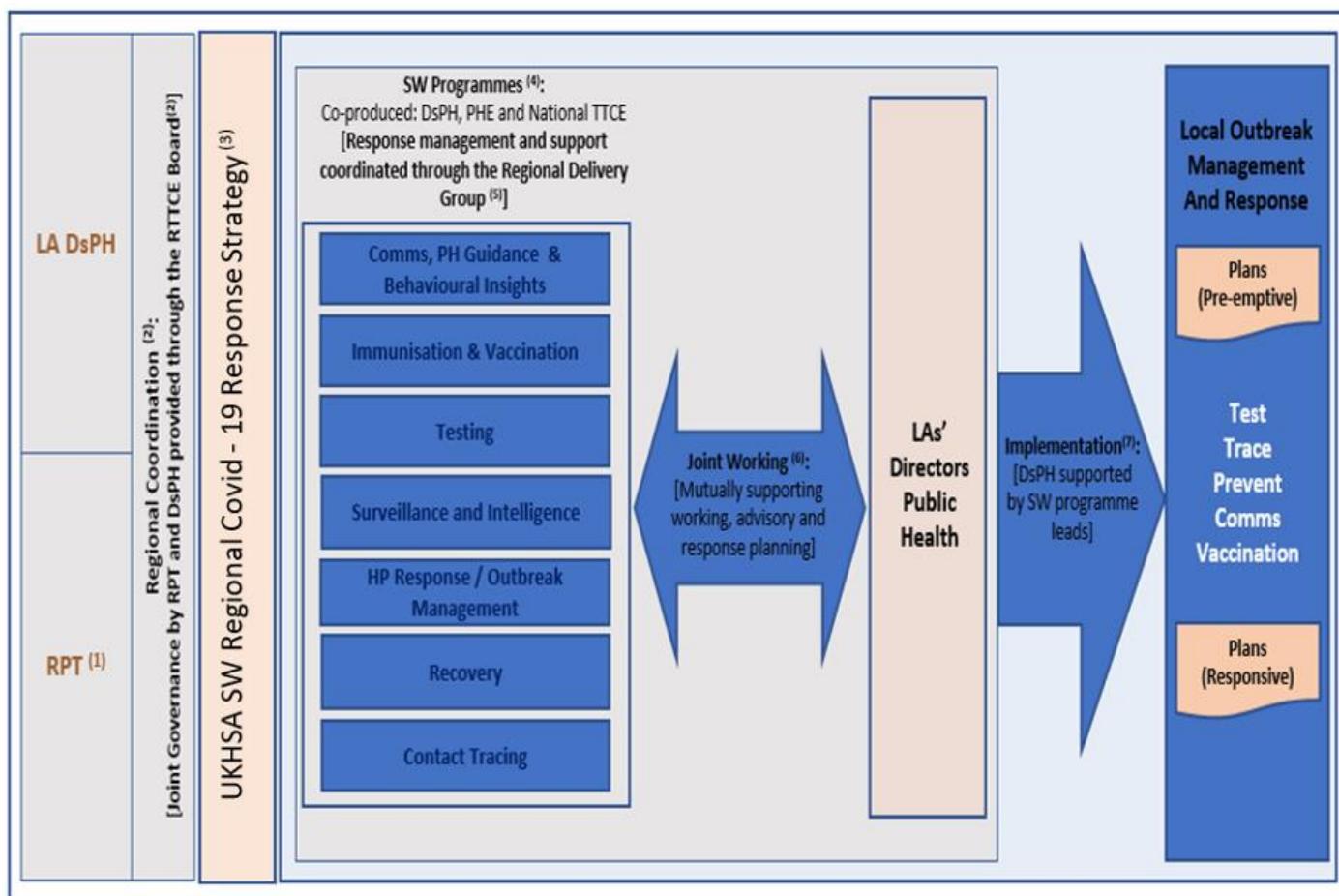


Figure 3 - organisation relationships during outbreak response

National partners

Joint Biosecurity Centre (JBC)

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

National test and trace programme.

The contact tracing and testing effort is led by the Department of Health and Social Care. UKHSA are responsible for providing professional leadership and monitoring quality of service delivery, working alongside delivery partners and Directors of Public Health.

NHS England/Improvement

NHS England/Improvement has responsibility for managing/overseeing the NHS response to infectious disease cases and their contacts and health protection incidents, ensuring that relevant NHS resources are mobilised and commanding/directing NHS resources as necessary. Additionally, NHS England/Improvement is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health. These include, for example, pharmacies, dentistry, ophthalmology, prison healthcare and young offender institutions and Immigration Removal Centres. NHS England are responsible for the delivery of the vaccination programme.

UKHSA

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

The UKHSA Health Protection Team functions include:

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

Regional system

Partners across the region work collaboratively to produce plans for managing this stage of the COVID19 response.

UKHSA South West Health Protection Team (SW HPT)

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

Local Resilience Forum and Regional SCG

Local resilience forums are partnerships to support the planning, preparedness and response to any major incident. They are primarily comprised of responders as detailed by the Civil Contingencies Act. There is a Wiltshire and Swindon Local Resilience Forum. There is also a Regional Strategic Command Group. South West DPH's are represented by the DPH for Gloucestershire County Council. UKHSA South West have established a Regional Test Trace Contain and Enable Board which acts as an interface between directors of public health, UKHSA, DHSC and the JBC.

BSW NHS Clinical Commissioning Group (CCG)

The primary role of the CCG is to ensure, through contractual arrangements with provider organisations including primary care (GPs), that healthcare resources are made available to respond to, manage and control the risks associated with COVID-19 related health protection incidents within their registered population. The CCG also commission hospital care, rehabilitative care, community health and mental health and learning disability services. It has also led with partners on the rollout of the COVID-19 vaccination programme.

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

Wiltshire Council

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

The COVID-19 Health Protection Board chaired by the DPH must be assured that the local health protection system is robust enough to respond appropriately to cases of infectious disease and outbreaks to protect the local population's health and that the risks which have been identified, are mitigated against and adequately controlled. The Council will make use of locally developed evidence and intelligence to inform this assurance including routine surveillance data.

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

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

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

Table 1- Decision makers at national and local level

COVID-19 Vaccination programme

Through a system led approach we must deliver the COVID-19 vaccination programme effectively. The mass vaccination programme is led by NHSE nationally and by NHS Clinical Commissioning Groups at a local level and was delivered in-line with national policy and guidelines in a priority order:

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

People can now get their 1st and 2nd dose of a COVID-19 vaccine if they are aged 18 or over (or will turn 18 within 3 months).

All children aged 12 to 15 will be offered a 1st dose of a COVID-19 vaccine (including children who turn 12 on the date of vaccination). These vaccinations are largely administered within school settings as well as at Large Vaccination Centres (LVCs). Virgin Care are Wiltshire's school aged immunisation provider, which includes offering COVID-19 vaccinations for 12–15-year-olds.

People aged 50 years and over, health and social care workers and younger people at risk are now being offered a booster dose of coronavirus (COVID-19) vaccine. Like some other vaccines, levels of protection may begin to wane over time. This booster dose will help extend the protection gained from the first 2 doses offering longer term protection. Those eligible will be given a booster dose of either Pfizer or Moderna vaccine.

Plans surrounding how we address vaccine uptake inequalities, including the booster are discussed below.

3 Addressing inequalities.

Background

Wiltshire has a current population of 500,024, which is projected to increase to 528,100 by 2028. Wiltshire is predominantly a rural county. Despite health outcomes generally being favourable in rural areas than in urban areas, rural counties are presented with other challenges such as travelling and transport issues and lack of community support in some areas. Broad indicators can mask small pockets of significant deprivation and poor health outcomes. Although Wiltshire is in the least deprived 30% of local authorities within England, 14,013 people are still considered to live in the most deprived areas of Wiltshire.

Rural communities generally are increasingly older. Males in Wiltshire can expect to live to 81 years of age, and females to 84.2 years of age, however those living in more deprived areas have a shorter life expectancy. In Wiltshire, in 2019, there were 4,505 mortalities, 1,260 of which were in those aged under 75. Age is directly linked with the severity of catching COVID-19 therefore LA's with older populations such as Wiltshire must consider these statistics.

Wiltshire houses a large percentage of the British army who present additional needs that must be met and houses a prison which has roughly 500 resident adult males.

Wiltshire's LOMP focusses on inequalities, hence this section sits firmly near the top of it. Through a system led approach it is essential that interventions, such as testing, and vaccinations are built around local need, and we react to data. There are clear reasons for giving priority consideration and support to those segments of the population that experience health inequalities. COVID-19 will impact disadvantaged groups of the population more than others and some of those will disproportionately suffer from worse outcomes.

Vaccination program

Wiltshire Council work closely with NHS colleagues and other partners to work on measures to improve vaccine uptake locally, and to manage and prevent vaccine hesitancy. Vaccine hesitancy can be based on the following:

- **Cultural aversions** – religion, language barriers, vegan/vegetarian lifestyles, general aversions to vaccination
- **Age** – some younger people may perceive that they are at lower risk, if they catch COVID-19 then it is likely to be less severe and risk of death is lower
- **Gender** – females are more likely to vaccinate than men
- **BAME Communities** – less likely to have the vaccine but more likely to contract COVID-19
- **Attitudes and behaviours** – we live in an era where both reliable, and unreliable information is readily available increasing the likelihood of uninformed decision making and opinion.

The key plan for managing vaccine uptake is as follows:

- Working as a system
- Using the evidence of what works
 - Drop-in clinics / webinars
 - Use of community settings for vaccination
 - Target community and religious leaders to dispel myths
 - Use of role models to inspire confidence particularly around the gypsy traveller community
 - Make information more accessible
 - Utilising charities working with vulnerable groups such as homeless communities

Through partnership working with national and regional partners such as BSW CCG and utilising existing PCN networks, vaccination uptake work will be wholly collaborative. Regular working groups to address vaccine inequality uptake are in place with representation across the system and our innovative targeted outreach work has been recognised nationally. A systems approach is key, step 1 being establishing what is already happening to improve vaccine uptake within certain groups. If a need for action is identified a collaborative effort is undertaken to address the relevant groups. By analysing data, we have mapped areas

where attention is required and work closely with local partners to achieve equality relating to vaccination uptake across our population.

Supporting vulnerable people

Vulnerable people are those who may be more at risk of catching COVID-19 or having a worse outcome if they do get it. This may be due to:

- an internal vulnerability (e.g. pre-existing mental or physical health condition)
- the environment in which people live or work (e.g. rough sleeping)
- an addiction or health behaviour (e.g. drug or alcohol use)
- ability to understand advice or act on it (e.g. people with a learning disability, dementia or language barriers).

Information about who may be extremely vulnerable to COVID-19 can be found on the [NHS website](#).

There is also a cohort of people who are vulnerable to worse outcomes for COVID-19 due to demographic or occupational reasons although this research did not consider co-morbidities:

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

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

Through identification and understanding of who is most vulnerable and where they are in the county using the information above. This will build on local knowledge through our JSNA work as well as with partners such as the voluntary and community sector and through existing groups and partnership working to ensure that people can be accessed quickly, and any response is appropriate to identified need.

Through surveillance outbreaks and identification of trends in geographical areas we can ensure interventions such testing sites and communications are targeted, and services required are made available to areas of higher need.

Through proactive raising awareness of the potential for outbreaks within different groups and ensuring a clear understanding of the need for and purpose of testing and contact tracing including. We will provide access to translation services, provide recognition of the impact of hearing loss, sight loss and cognitive impairment and ensuring resources and communication are appropriate. We will identify key leads who have up to date information for liaising with different communities.

Through partnership working to build on prevention and understanding people's concerns. We can work with key organisations and existing mechanisms such as our support calls via the Wiltshire wellbeing hub to those who are isolating to ensure that the key prevention messages of social distancing, hand hygiene and test and trace are reaching everyone.

Action on enduring transmission

Deprivation

Generally, deprivation is associated with higher 'unmet financial needs' and therefore compliance with interventions are likely lower, and transmission is higher. This is reflected in Wiltshire's average life expectancy figures.

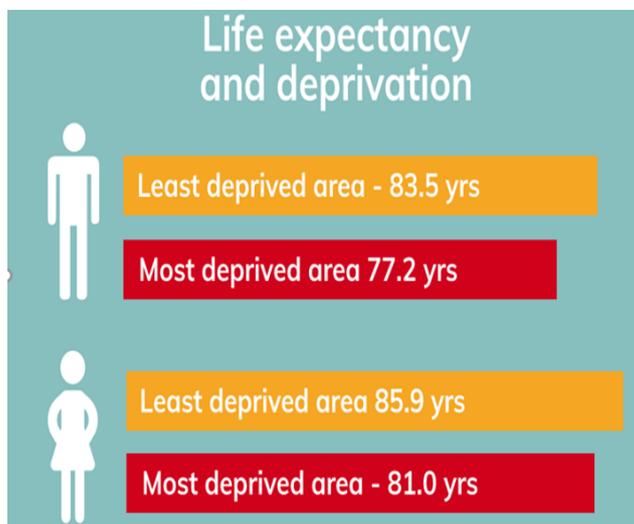


Figure 4 - Wiltshire life expectancy and deprivation

The inverse care law applies to both case rates and vaccine uptake in Wiltshire, resulting in the most deprived areas suffering the most. Through surveillance we know areas such as Trowbridge John of Gaunt, which is the most deprived area in Wiltshire have experienced lower vaccine uptake and higher case rates than other areas. By continuing to use a system-based approach, partnership working, utilising existing networks and organisations already in place we will continue to ensure testing, resources and communications are prioritised in areas of higher deprivation. This will include working with the CCG and PCNs and offering innovative ways of optimising vaccines/testing to these communities.

Employment and Occupation: Enduring Areas that have a disproportionately high population in "high contact/high risk" occupations, or professions that do not allow them to work from home, will result in a greater risk of infection. Busy workplaces drive transmission rates. Together with local partners we will continue to manage outbreaks and mitigate risks through our local outbreak management processes. We have developed resources and relationships with large employers. We will continue to support IPC for local businesses and offer support to settings of concern.

Tourism and events: We experience large volumes of people entering the county particularly large tourism sites such as Longleat Safari Park, Centre Parks and Stonehenge. We will offer advice and training around IPC to ensure activities continue safely and we will take appropriate enforcement action or inflict local restrictions if/when required.

Demographics and rurality – Communities situated on outskirts of towns in a rural county may engage less with testing services as they do not have suitable transport / are reluctant to use public transport. We have based our communications and community engagement strategy around our areas of most need and deployed our testing availability in priority areas. We will work with existing groups, such as volunteer groups and charities to ensure timely access to services is available.

Attitudes and Behaviours: Our communication plans incorporate a broad range of messages to ensure our population are making informed decisions. We will ensure that communication plans are able to penetrate minority communities to effect the required behavioural changes. We have worked closely with various

groups to ensure that key messages, including those aimed at reducing vaccine hesitancy can be relayed back into communities who possibly do not read or speak English. We have utilised local community and religious leaders, cascaded easy read and multilingual leaflets, promoted BAME community webinars, and performed targeted work towards the gypsy traveller community utilising influencers.

Support for self-isolation

Supporting vulnerable people and enabling them to self-isolate and adhere to guidance safely (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities is a priority. In partnership with a range of local agencies and the voluntary sector, we are building on existing, and supporting new, community resources and processes to enable those who are required to self-isolate or who are extremely clinically vulnerable to have access to NHS, Council and local community support (through for example, Mutual Aid Groups). The government introduced a national self-isolation fund for those required to isolate but were at risk of losing income as a result which is available to our population. Local Authorities were allocated funding for the delivery of this funding which has been additionally supplemented by the LOMP funding.

A key element of Wiltshire support for self-isolation is the [Wiltshire wellbeing hub](#). The Wiltshire wellbeing hub is in place to support and direct residents to services available including financial support, support with shopping during isolation and wider services such as those available for mental health and emotional wellbeing. This service provides support to those who perhaps don't have a network around them and offers signposting services to where additional help is available in peoples local area. Access to NHS and community support is available through this service. This has built on the successful process in place for supporting people on the shielding lists to date and our collaborative working with the voluntary and community sector. Visit Wiltshire Council site for more information around [support and community groups](#). We ensure information and links to support are shared in a variety of ways, through online platforms and letters to the extremely clinically vulnerable.

4 Governance

The LOMP was developed in conjunction with the then newly established COVID-19 Health Protection Board, this will be a new arm of the Health Protection Assurance Group (HPAG). The HPAG will develop a COVID-19 function and business as usual function. The COVID-19 function will ensure membership from Executive Member for ASC and Public Health, CCG, and UKHSA. The HPAG will report to Wiltshire's Health and Wellbeing Board (H&WBB) and LA Corporate Leadership Team (CLT) as well as wider reporting to the LRF.

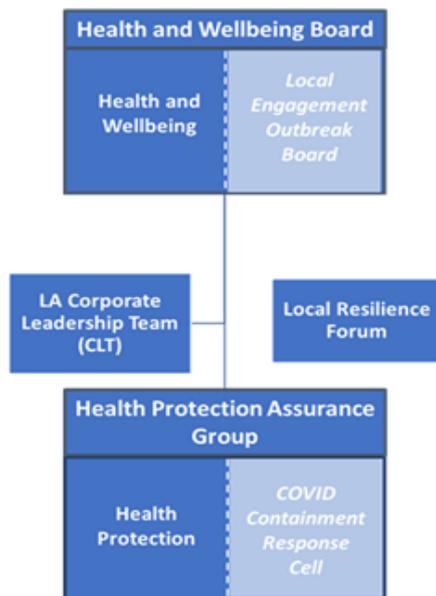


Figure 5 - Governance structure

We have developed the Health & Wellbeing Board (HWBB) remit to enable it to drive the required Member-led stakeholder board required for oversight of the Wiltshire Outbreak Control Plan. This will ensure a place-based approach is taken via engagement with key stakeholders already present on the HWBB. The current strategy can be found at the following link: <http://www.wiltshire.gov.uk/adult-care-joint-health-and-wellbeing-strategy>

Wiltshire COVID-19 Containment Response Cell

The Wiltshire COVID-19 containment response cell processes the information provided to it from either the wider system and/or direct contacts from individuals or organisations locally daily. It assesses the risk and works under the protocols from UKHSA. Clinical issues around public health will be resolved via UKHSA CCDCs, other clinical issues through patients GP and/or CCG clinical leads. The cell operates in full for 5 days per week, with skeleton support over the weekends and evenings, with a rolling assessment of the need to operate longer hours dependent on circumstances.

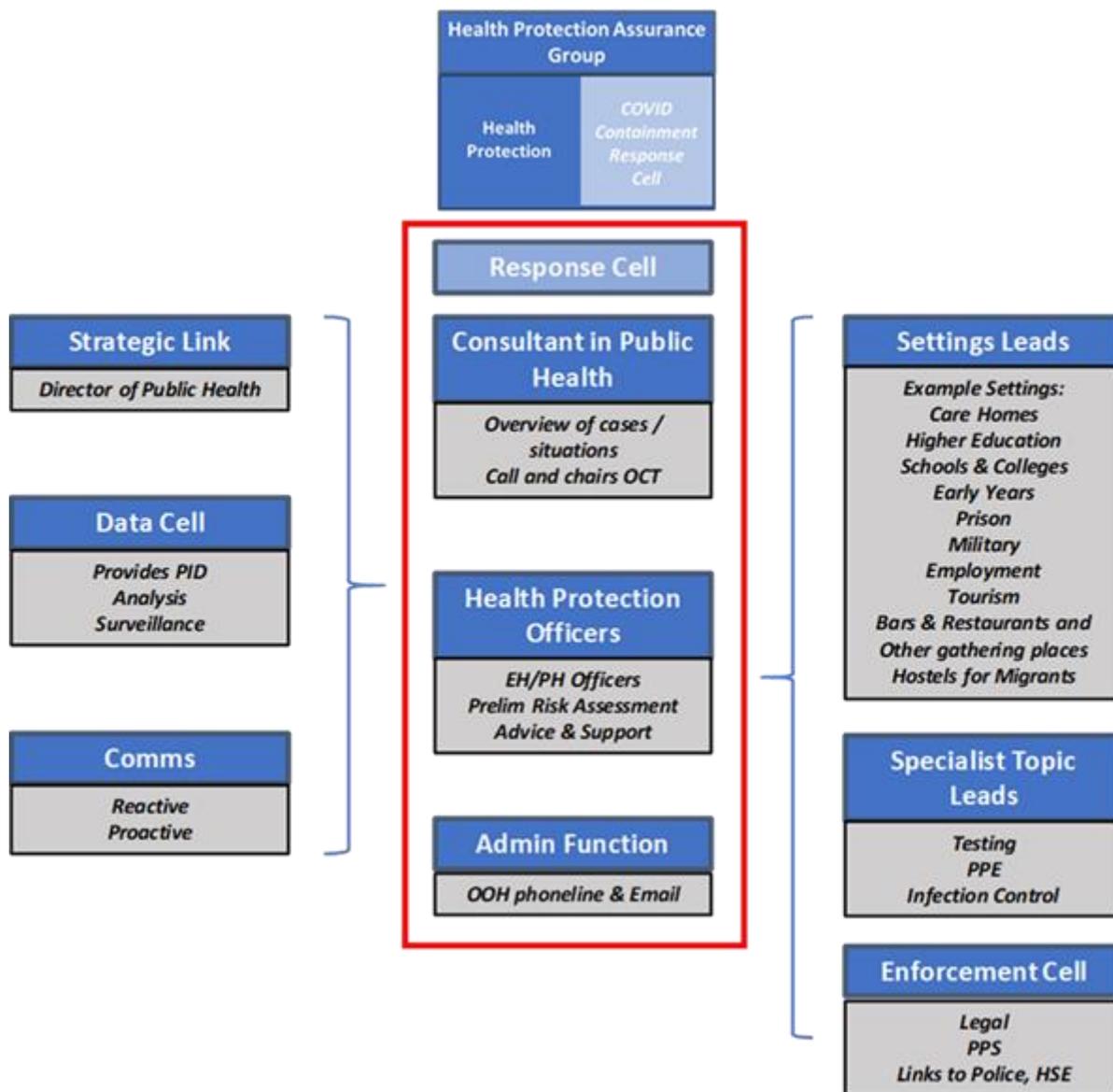


Figure 6 - Wiltshire COVID-19 Containment Response Cell

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

Data and Intelligence

The Data cell will include:

- The receipt and handing of PID from UKHSA and other areas
- The analysis of local, regional and national data linking in with UKHSA
- Field epidemiology for specific incidents (e.g. compiling social networks and timelines to test hypotheses for spread of infection)
- Contribute to research and intelligence to support the development of approaches

Communications

Communications have two main parts, proactive and reactive:

- Reactive; handling messages relating to outbreaks and incidents, ensuring that the need for open and honest communication is balanced with sensitivity around patient and business identifiable information
- Proactive; considering the importance of behaviour change around COVID-19, with a particular focus around two messages; staying at home if you or a household member have symptoms and getting a test.

Setting Leads

The setting leads are people who have strong links into specific settings and so can manage aspects of the incident. This might vary from acting in the HP Officer role to providing support to comms cell and the HP response on the stakeholder communication (for example, a business such as a B&B). Below is a list of suggested setting areas however this list is not exhaustive;

- Care homes
- NHS/CCG
- Higher Education
- Schools and Colleges
- Early Years
- Prisons
- Military
- Employment
- Tourism
- Restaurants & Bars and other gathering places
- Homeless hostels and migrants
- Food Factories

Within the PH team and partner teams we have built links and relationships to assist the settings listed above.

Specialist Topic Leads

This includes people who have specialist knowledge around specific topics, for example, PPE or testing. Often these will be the same people who are in the response cell. Specialist topic leads have been identified within the following fields;

- Testing
- PPE
- Health & Safety
- Infection Control
- Vaccinations

5 Data integration and information sharing.

Surveillance is undertaken in conjunction with UKHSA South West. We will work with both national and local partners ensuring appropriate data sharing enabling us to implement collaborative action when required due to outbreak notifications or responding to variants of concern.

We continue to seek and pull together all the information relevant to individual cases and outbreaks with Wiltshire Council, NHS partners and Public Health England while complying with General Data Protection

Regulations (GDPR). This involves proactive data sharing and flows for contact tracing; outbreak management and ongoing surveillance will be key. We will expect relevant and appropriate data sharing from national and regional components of the system and highlight where any gaps are limiting our ability to act in an integrated fashion. Our approach to data sharing will be consistent across the Southwest region. This will also link with the central government through the JBC.

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

- Whole systems approach – Wiltshire Council will take a whole systems approach, working with national, regional and local partners, recognising that no player has the resources, skills or expertise to make this happen on their own.
- Integration – Wiltshire Council will work with partners to ensure that the local pathways, systems and data sharing are proactively integrated.
- Data sharing – proactive data sharing and flows for contact tracing; outbreak management and ongoing surveillance will be key. We will expect relevant and appropriate data sharing from national and regional components of the system and highlight where any gaps are limiting our ability to act in an integrated fashion
- Responsiveness – Wiltshire Council will be responsive to the differences and diversity in local communities, taking a people-centred approach to understanding how we can support people, communities, business and organisations to suppress outbreaks.
- Capacity and resources – these must be provided across all levels to ensure the programme is run effectively and sustainably, and a key component will be the ability of the national programme to deliver on contact tracing and the provision of advice. Partners across the county will be asked to support the outbreak response wherever possible, however it must be recognised that if there are increasing cases the capacity to respond may be overwhelmed. Capacity gaps will to be reported through the governance system on a weekly basis.
- Ownership – Wiltshire’s COVID-19 LOMP is jointly owned by Wiltshire Council’s Health Protection Board under the leadership of the DPH, in line with government guidance on health protection and the role of the DPH. We will review local, regional and nationally available data and enable parity of esteem between NHS and LAs, our aim being to regularly review our local situation against the national COVID-19 alert system.

We will continuously review local, regional and nationally available data and enable parity of esteem between NHS and LASs. Our aim being to regularly review our local situation against the national COVID-19 alert system.

6 Compliance and enforcement.

Local authority powers to impose restrictions: Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020

The No.3 Regulations are made under the Public Health (Control of Disease) Act 1984. The main difference between the No.3 Regulations and the parent Act is that the regulations enable a local authority to close premises without prior recourse to a Magistrate’s Court to enable swift intervention. Most national restrictions were lifted at step 4 however key protections remain in place. No.3 regulations have been extended for Local Authorities until March 2022. The Health Protection No.3 regulations give local authorities the power to issue a direction imposing restrictions, requirements, or prohibitions in relation to individual premises, events, and public outdoor places.

The regulations grant powers to local authorities to make directions which respond to a serious and imminent threat to public health. Any direction must be necessary and proportionate to manage the

transmission of coronavirus in the local authority's area. The regulations contain powers for local authorities to give directions which:

- restrict access to, or close, individual premises
- prohibit or restrict certain events (or types of event)
- restrict access to, or close, public outdoor places (or types of outdoor public places)

To give a direction under these regulations, a local authority needs to be satisfied that the following 3 legal conditions are met:

- That giving the direction responds to a serious and imminent threat to public health.
- The direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection by coronavirus in the local authority's area.
- The prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose.

Enforcement

Enforcement may be required under certain circumstances. This may be through Public Protection Services (PPS), the Police or possibly UKHSA who are proper officer for Part 2a type orders regarding COVID, which allow for people to be detained to prevent spread.

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

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

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

Public Health provide guidance around the safe running of events in several ways, one being via the Public Health Information hub. This service works collaboratively with adult social care, public protection, occupational health and safety and communications to ensure aligned messages are delivered and an efficient service offered. Organisers of large or complex events are invited to attend an Event Safety Advisory Group meeting, which is a multi-agency forum to advise on running safe events.

Positive cases which cannot be contacted by NHS Test and Trace are managed by our local tracing team. Although not an enforcement procedure, it is appropriate to mention within this section as it assists compliance. This is explained in further detail in the next section.

Wiltshire police are a critical partner, particularly when assisting with compliance and enforcement. Public can report breaches in regulations via the [Wiltshire police reporting portal](#).

7 Testing and Tracing – responding to outbreaks in high-risk settings

Test and Trace

In July 2020 the government published the [COVID-19 contain framework](#) which sets out how NHS Test and Trace works with UKHSA, local authorities, the NHS and local business and community partners and the wider public to take actions against local outbreaks. The national integrated COVID-19 Test and Trace programme was designed to control the virus and enable people to live a safer and more normal life. Local Authorities will work with the government to support test and trace services in their local communities, taking a place-based approach to containing the spread of the infection. We will continue to work with the national NHS test and trace service which includes four key elements:

- **Test:** rapid testing, at scale, to identify and treat those with the virus. Our local testing offer is described in more detail in the sections below.
- **Trace:** integrated tracing to identify, alert and support those who need to self-isolate.
- **Contain:** identify outbreaks using testing and other data and contain locally and minimise spread.
- **Enable:** use knowledge of the virus to inform decisions

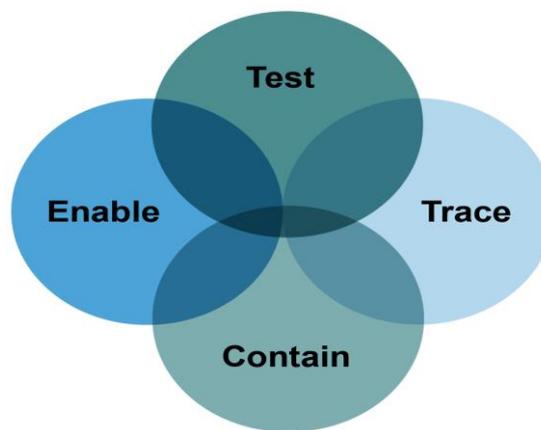


Figure 7 - Test, Trace, Contain and Enable model

The NHS test and trace service will assess, and if it is necessary, inform the close contact that they must self-isolate at home to help stop the spread of the virus via a phone call, text, email or app notification. There are 3 tiers to the contact tracing operating model with each tier being bridged by a team leader function to ensure information flows and cases are escalated and de-escalated accordingly:

Tier 3: National contact tracers who are trained to make initial contact and provide advice to those testing positive and their contacts.

Tier 2: Involves health care professionals employed nationally who are trained to interview cases and identify contacts.

Tier 1: Where Tier 3 and Tier 2 identify a degree of complexity and a 'context' for concern, for example, a school, health setting, care home or workplace, or a positive case or contact cannot be reached it will escalate to Tier 1. Local Health Protection Teams from Public Health England (UKHSA) will work with local partners, including the Local Authority Public Health Team, to follow up cases and agree on actions to contain the outbreak.

Prevention and Response Plans for Places and Communities

Despite moving to step 4 of the government road map in July 2021 which saw restrictions removed or significantly reduce, prevention and response plans remain in place. Response Plans for high risk setting communities for Wiltshire Council are based on the Local Health Resilience Partnership' Communicable diseases plan.

Triggers

Interpreting all available data sources to quickly identify and respond to outbreaks of COVID-19. Specific triggers for escalation and de-escalation of public health action will be agreed as appropriate in-line with national, regional and local situation analysis. Triggers have evolved across the pandemic and are not static.

Prevention

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

- To encourage or mandate if/ when appropriate, keeping a safe social distance
- To wash hands frequently with soap and water for at least 20 seconds
- To make use of testing services and to self-isolate if symptomatic or identified as a contact of someone who is a confirmed COVID-19 case (where exclusion from self-isolation is not met)
- To make use of appropriate use of personal protective equipment in-line with government guidelines.
- To encourage use of face coverings or mandate them when recommended by Government guidelines
- To ensure good ventilation wherever possible.
- To participate in the vaccination programme when eligible.

Risk and Response

This plan identifies and accounts for at risk groups / individuals explained in section 3. Should the data / local intelligence inform us of COVID-19 concerns then we shall response accordingly by identifying and managing of the outbreak, rapidly deploy testing and tracing services in a bid to contain the outbreak in conjunction with our key partners and effectively use communication methods to brief partners and reassure the communities affected.

Local services, like our Public Health information hub and enhanced contact tracing will assist settings with risk assessment, signposting tools such as the [COVID-19 population risk assessment](#) and the [Health and Safety Executive website](#). Key health protection principles are to be applied throughout all outbreak settings.

Outbreak recognition and definition

The definition of an outbreak can be interpreted as two or more cases connected in time to a specific place (not a household) and/or an area or cohort of people with a significantly higher than expected rate of infection. There are both proactive and reactive elements to the prevention and control of COVID-19 outbreaks. We utilise data when planning for known organised mass gatherings, two of many examples specific to Wiltshire being WOMAD and Solstice.

Outbreak process

The initial notification of an outbreak would reach the DPH via UKHSA Health Protection Team or other means, who would initiate a health protection response cell who would carry out the following:

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

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

Outbreak investigation and containment

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

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

Wiltshire Health Protection - addressing high risk settings, communities and locations.

We will ensure a co-ordinated approach to preventing COVID-19 transmission and responding to clusters and outbreaks where transmission does occur across Wiltshire, with a focus on the high-risk settings and communities we have identified including care homes and schools and early years settings.

Much evidence and guidance are already available, such as return to work guidance for employers. Our existing Data Cell will ensure national and regional data flow to inform local surveillance alongside.

Clear procedures are in place to support outbreak management overseen by our response team. These procedures enable the response team to respond to a range of outbreak/cluster scenarios taking a timely, appropriate, acceptable and evidence-based approach and reflect associated legal powers linked to local enforcement.

Wiltshire Council's Public Health Team process the information provided to it from either the wider system and/or direct contacts from individuals or organisations locally and works in conjunction with UKHSA health protection team. Clinical issues around Public Health will be resolved via UKHSA Consultants in Communication Disease Control, other clinical issues through a patients GP and/or CCG clinical leads as appropriate.

Wiltshire Council response team carry out initial and dynamic risk assessments, link in to topic and settings expertise (agreeing the best person to take the lead role for the named incident), review progress, and set up and chair OCT meetings as and when required. They will include additional support as and when required, set up monitoring arrangements and close the incident when appropriate to do so. The size of the officer and admin support will vary based on the number of incidents being managed. Wiltshire outbreaks are directed to phtracing@wiltshire.gov.uk and the majority of outbreaks managed have been in schools and business, however other settings are supported.

Educational Settings

Whilst evidence indicates a high degree of confidence that the severity of COVID-19 in children is lower than in adults preventing the spread of COVID-19 is a key priority to protect children, early years and school staff and to minimise community wide transmission. Wiltshire has a wide diversity of mainstream school provision with:

- Community schools (infant, junior, primary, secondary and special)

- Voluntary Aided schools (primary and secondary)
- Voluntary Controlled schools (infant, junior and primary)
- Foundation schools (infant, junior, primary and secondary)
- Academies/Free Schools (primary, secondary, special, UTC and Post 16).

We will continue to ensure a co-ordinated approach is taken to planning for and managing local outbreaks in schools and early years settings. This will be done in partnership with the UKHSA South West Health Protection Team.

Evidence suggests impact of COVID-19 is highest in schools with greater cohorts of vulnerable children and therefore targeted interventions to support these settings, both schools and early years will be prioritised in addition to responding to identified outbreaks.

Upon children returning to school in September 2020, Wiltshire Council Public Health Team set up a process to enable all educational settings to report positive cases of COVID-19 to them. Our response team worked with each setting to undertake a risk assessment to identify close contacts of the case and ensure any further measures and infection, prevention and control measures are put in place to reduce the transmission of the virus within the setting.

From September 2021, schools were no longer required to contact trace, however we continue to support educational settings and have trained and implemented a designated team to support them. By having this local process in place for schools, it has meant that good relationships have continued, and we can offer the whole council wrap around support that is required for the school and any vulnerable children. We have developed an online survey where settings report case numbers to us which we monitor daily. This enables us to take appropriate timely action. Template letters, posters and assets have been renewed and are provided to the educational settings to help them with the process. This process has resulted in this service becoming a trusted source of help, advice, and information. We have delivered a LOMP exercise specifically for educational settings and several webinars and head teacher briefings.

Businesses

Businesses must engage with NHS Test and Trace who conduct contact tracing. Businesses can contact our team for advice around outbreaks, IPC and other COVID related queries via the Public Health Information Hub should they require support. We have produced several assets to support businesses ensure safety of their staff and to help reduce transmission of COVID- 19 within the workplace.

Care Homes and Care providers

Care homes look after some of the most vulnerable individuals in our society and have therefore been significantly impacted by COVID-19. There are 188 CQC registered care homes in Wiltshire, and this includes all residential, nursing, learning disability and mental health care homes. Most care home residents are older people, but there are service users working age (aged 18 – 64) including adults with learning disabilities or mental health issues, physical disabilities, or acquired brain injuries.

Early in the pandemic a Wiltshire multi-agency ‘care home support cell’ was established to support care homes experiencing outbreaks. With formal notification and risk assessment for care homes being a responsibility of the SW HPT, Wiltshire Council support the local coordination with homes on the wider impacts of outbreaks e.g. staffing/IPC training.

The Public Health Team proactively support care homes regarding preventative messages, priority access to testing services, access and training on personal protective equipment and providing information, guidance and advice on infection control largely driven via the team’s infection control specialist nurse. During 2020 a LOMP exercise was held specifically for care homes.

Our adult social care team continuously seek intelligence from care providers, this is gathered through weekly quality assurance calls to ensure prevention is targeted to high-risk settings, including homes located in priority neighbourhood locations. These calls not only focus on IPC but also gather intelligence which can be

used to reduce vaccine hesitancy. As well as providing updates through the monthly provider drop in webinars, a one-off interactive webinar surrounding the vaccine was delivered to Wiltshire Care homes in September 2021.

Symptomatic testing

PCR testing for symptomatic individuals will remain through the Winter months for free.

People presenting one of the COVID-19 symptoms cough, temperature or either loss of smell or taste, can book a test using this link: <https://www.gov.uk/get-coronavirus-test>

In addition, you can now book a PCR test if you have been identified as a 'close contact'.

Wiltshire currently has four symptomatic test sites operating across the county;

- Regional Test Site – Beehive Park and Ride, Salisbury
- Local Test Site – Greyhound Car park, Trowbridge
- Mobile Testing Unit – The Avenue, Warminster
- Mobile Testing Unit – Wiltshire Council Depot, Parsonage Way, Chippenham

Community testing and Collect options

In line with government announcements Wiltshire has developed a community testing model to help reduce onward transmission rates. Community testing aims to reduce the prevalence of the virus and seeks to target asymptomatic testing to those identified vulnerable and at-risk populations in Wiltshire. Wiltshire has a mobile van, which will travel around to those targeted communities to help raise awareness and understanding of the need for testing.

Around one in three people who have coronavirus do not display any symptoms so it's important that eligible people get tested if they can. Due to the geographic make-up of the county, Wiltshire established 'collect' points for the public to access without the need for an appointment, to pick up and collect 'home test kits', these are available at: :

- Devizes Leisure Centre.
- Bourne Hill in Salisbury.
- Monkton Park in Chippenham.
- Springfield Community Campus in Corsham.
- Calne Leisure Centre.
- The Vale Community Campus in Pewsey.
- Nadder Centre in Tisbury

Prison testing

In March 2021 there was no national testing regime in place for prisons, therefore, due to a large outbreak of Covid we had to arrange for whole prison testing of residents and staff over the period of a month to try and reduce the length of the outbreak across the prison estate.

Work has now been piloted nationally to provide testing in prisons should there be further outbreaks like we saw earlier in the year. We work closely with UKHSA who lead on prison outbreaks, the prison, their healthcare team and external partners to provide as much support as possible to the prison as the residents (who are some of our most vulnerable population) are part of our Wiltshire community. We support vaccination uptake of prisoners and have made several visits to the setting to assist with addressing prisoner concerns.

Local Contact Tracing

NHS Test and Trace remains in place to coordinate testing and contact tracing activities nationally. In support of this the local tracing partnership requires dedicated staff time to complete, manage and coordinate local tracing activities. Staffing needs to be flexible to manage unpredictable workloads as case rates fluctuate and/or policy changes around requirements of self-isolation.

Wiltshire Council has launched its local COVID-19 contact tracing partnership, with the aim of contacting positive cases quickly and slowing the spread of the virus across the county. The local service supports NHS Test and Trace and it will step in should the national team be unable to reach a person in Wiltshire who has tested positive for COVID-19. If the national contact tracers are unable to reach a positive local case, they will pass on the relevant details to Wiltshire Council and the team will try can contact people by phone, text or email.

If people are contacted by 0300 456 0100 they are urged to pick up as this will be Wiltshire's contact tracers looking to pass on information and advice as well as establish any close contacts of the positive cases to ensure they too also self-isolate. People are asked to save the phone number in their phone's contact list so that they know immediately who is trying to reach them. The council's local tracing team is made up of a team of designated tracers. There is a local communications campaign in place to publicise this service.

Responding to variants of concern

Although vaccinations can be tweaked relatively quickly, there is concern about variants which could escape vaccines. Testing and containment of any variant is crucial. We will ensure that testing centres remain accessible regardless of infection rates and stand by to offer surge testing if required.

Surge testing is increased testing (including door-to-door testing in some areas) and enhanced contact tracing in specific locations in England. Extensive surveillance of coronavirus has identified a small number of cases of COVID-19 variants and mutations which cannot be traced back to international travel. It involves testing of people who do not have any symptoms of coronavirus. The government is using surge testing and genomic sequencing to:

- monitor and suppress the spread of coronavirus
- better understand new variants

Surge testing has not been required in Wiltshire. We have delivered a multi-agency surge testing exercise and have action cards and plans in place should surge testing be required. We will continue to work with partner organisations to deploy mobile testing units quickly when required.

Enhanced Contact Tracing

Wiltshire Council can offer enhanced contact tracing for cases of COVID-19. Enhanced contact tracing refers to the process of using information collected from cases during the backward contact tracing period to identify possible clusters of cases and activities/settings where transmission may have occurred, and to use this information locally to determine whether additional actions are needed in these settings to prevent further transmission. The backwards contact tracing period refers to information gathered from cases about activities and exposures from 7 days to 2 days prior to symptom onset/test date. Through identifying clusters where multiple cases have reported the same locations during their backwards contact tracing period (referred to as common exposures), it is possible to discern where transmission may have occurred and identify actions that can be taken to prevent further transmission. Wiltshire were one of the pilot areas of OIRR in December 2021 and have implemented the process locally from March 2020.

8 Communications & engagement.

The aim of our Communications and Engagement Strategy is to continue to effectively communicate with the population of Wiltshire during the COVID-19 pandemic to maximise safety and minimise spread of the virus. This is being done through a variety of Communications approaches to highlight Non-Pharmaceutical Interventions (NPIs) to reduce transmission listed further down this section.

Changing behaviours is crucial to preventing transmission of COVID-19 and behavioural science models and frameworks can help us to understand why some are more difficult to influence. Collaborative working to ensure joined up delivery of non-pharmaceutical interventions and communications is key to ensure our local population are enabled to engage with behavioural change initiatives to safeguard against COVID-19.

Communication and community engagement with local communities and leaders to build and ensure understanding of public health actions required to control infection ahead of and during any outbreak management is a core part of this plan. Whilst Wiltshire Council will lead this work, development and deployment on the ground will continue to be a partnership approach using the most appropriate mechanisms and organisations.

Intelligence gathered from local engagement, coupled with data analysis from our intelligence team, enables effective evidence-based targeting of interventions and communications campaigns and greater understanding of local case transmission to support our local outbreak management response.

Insight will be gained from bringing these multiple sources of information together and interpreting trends in actions, attitudes, and behaviour to understand why something is happening in the way it is.

Where specific geographies are noted to have higher rates of COVID-19 a tailored and targeted communication, engagement and insights plan will be developed accordingly. Campaigns can be tailored to specific locations for more localised messaging, marshal presence can be considered and increased targeted visits to local areas and facilities can be made.

There is a need to ensure that the local voice is heard through active engagement with local communities. Wiltshire will establish a Local Engagement Stakeholder Board (Health & Wellbeing Board) which will provide this voice both directly and via liaison with other community groups, Parish council and interested stakeholders. Frequent and consistent messaging will be made through many channels including traditional trusted local figures such as elected members and school leaders as well as media routes informed by local insights.

We have a responsibility to our local population to provide a local communication route that people trust and use that will enable them to:

- be aware of and recognise symptoms of COVID-19
- be aware of local testing and vaccination centres
- be aware of the NHS Test and Trace service (including our local services) and its importance in controlling COVID-19 in our communities
- understand the need for the contact tracing and how data about contacts will be used
- respond to notifications that they have been a contact, that will allay fears, provide appropriate responses regarding isolation and testing and ensure that people will seek medical support at the right time.
- understand how COVID-19 is being monitored in the area, and what this monitoring shows
- understand the importance of needing and maintaining preventative measures, as well as following appropriate guidance during any management of an outbreak, whilst balancing undue fear and the need to restart the economy.
- be aware of any changes to social distancing measures or other guidelines, why changes are being made and to whom or where they apply.
- understand about the potential consequences of not complying with guidelines and social distancing measures including self-isolation for those with symptoms and those who have been in contact with a confirmed case.

- be aware of the local and national support available for social distancing and self-isolation.

Public Health and Wiltshire, and local communications teams will continue work collaboratively ensuring teams work as efficiently as possible resulting in the most up to date clear messaging is delivered to Wiltshire's population and surrounding areas enabling them to live safely. As touched on previously in this LOMP, Communications will have two main parts, proactive and reactive.

Reactive; handling messages relating to outbreaks and incidents, ensuring that the need for open and honest communication is balanced with sensitivity around patient and business identifiable information

Proactive; considering the importance of behaviour change around COVID-19, with a focus around two messages; staying at home if you or a household member have symptoms and getting a test.

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

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

How to Access Important Information

Wiltshire Council have developed a close working relationship with the public, local communities and local businesses since the start of the pandemic. Providing accurate, up-to-date and trusted information is vital to the success of this plan. If an outbreak is declared people need to have a clear awareness of what is expected. Throughout the pandemic we have used, and will continue to use a variety of methods and channels to ensure you have access to the latest information including;

- A specific [COVID-19 webpage](#)
- Regular e-newsletters to residents, business and community groups
- Targeted mailouts
- Media releases – www.wiltshire.gov.uk/news
- Social Media – Twitter [@wiltscouncil](#) Facebook [@wiltshirecouncil](#)
- Information Packs
- Videos
- Regular public webinars
- Weekly media briefings

Wiltshire Council aim for you to find out information from them, so communications and engagement will be at the heart of everything we do. Making sure we have consistent messages is vital to avoid confusion and build trust and confidence. We will also establish a Local Engagement Stakeholder Board (Part of the Health and Wellbeing Board) that will ensure local voices are heard, both directly and via liaison with other community groups, parish council and interested stakeholders. Key elements of our approach will include;

- Keeping our population up to date with the latest guidance
- Emphasis of your crucial role in any outbreak response
- Re-enforcing public health messages such as hand washing and social distancing
- Raising awareness of the support available should you need it
- Providing clear concise advice in the event of an outbreak

[Sign up for our latest updates](#) from our website.

9 Activities to enable 'living with COVID' (COVID secure).

We must ensure our population of the understanding that COVID-19 is not going to go away, we must learn to live with it rather than not fight it. The success of the vaccination programme should allow our population to return to some kind of normality however this may lead to a dilution in the lessons we have learnt around IPC and the importance and need of locking down quickly, and exiting restrictions in a phased way if and when needed.

A variety of different non-pharmaceutical interventions (NPIs) have been adopted in the UK since the start of the COVID-19 epidemic. In common with many other countries, the UK implemented a mass "stay-at-home" order (or "lockdown") on March 23rd, 2021 in response to the worsening epidemic situation.

We will continue to ensure that communications are tailored towards key prevention and control messages to provide reassurance to Wiltshire residents and our high-risk communities. The DPH will work with the appropriate communication leads regarding the progress of contact tracing and issues (e.g. non-compliance / public comms) to ensure greater impact. We will provide a local communication route described in greater detail in the previous section that people trust and use.

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

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

10 Resourcing and Capacity

Since March 2020, COVID-19 has been the priority for all PH team members. Most business of usual was suspended, statutory requirements have continued. During the pandemic we have recruited several 12m fixed term posts. This increased our capacity to meet demand within the Public Health Information Hub, deliver local testing programmes, manage outbreaks, and address health inequalities relating to COVID-19 and the vaccination programme.

Wiltshire Public Health Information Hub

This LOMP refers to several local services frequently, one being the Wiltshire Public Health Information Hub. The Wiltshire Council Public Health Information hub has been running since March 2020 in response to the COVID-19 pandemic. Queries are received and responded to via email – publichealth@wiltshire.gov.uk. This service provides the most current COVID-19 guidance and information to our population and its settings. This resource aims to assist people and organisations to live safely through relaying public health messages empowering people to make the right decisions to protect themselves and others. Examples of this can include answering direct enquiries, developing resources such as toolkits to support organisations or commenting on operating procedure's helping ensure they are COVID-19 secure.

The public Health information hub manage;

- Queries about Public Health England (UKHSA) and government guidance around COVID-19
- Infection control / transmission risk queries
- Queries assisting members of the public with health concerns surrounding COVID-19.
- PPE and face covering queries.
- Development of toolkits
- Training resources for a variety of settings
- Members of the hub are involved in local tracing offer and door knocking services.
- Enhanced contact tracing.

The Wiltshire Public Health Information hub work collaboratively with council teams such as comms, health and safety and public protection as well as partner teams such as the police and SWHPT.

Outbreak management, Testing and Tracing

Since the start of the pandemic, we have been resourceful, utilising existing PH staff transferable skill sets to support tracing calls and offer IPC support and outbreak support to settings when required. Health Protection is now embedded across the council and wider system.

We have recruited and trained a designated health protection team who were deployed in August 2021. This team now deliver our local tracing partnership, and support settings during outbreaks and with IPC. We have and will continue to utilise skills from wider staff within the council to assist with outbreak management, compliance, and tracing calls.

Should situations arise that are not manageable within local system resources we would seek mutual aid support from our wider local authority workforce, Local Resilience Forum, and partners in the wider BSW STP system, neighbouring authorities and UKHSA partners.

Table 2 demonstrates Wiltshire’s resourcing requirement.

Capacity	Resource
Local Authority Public Health	3 WTE PH consultants 5.0 WTE Public Health Specialist/Environmental Health Officer 1.0 WTE Advanced Public Health Practitioner/PH Registrar 3.0 WTE administration support 3.0 WTE data capture and analysis (Intelligence staff) 3.0 WTE Health Protection Officers 5.0 WTE Health Protection Assistants.
Local Authority Other capacity	1.5 WTE Communications Managers 2.0 WTE Adults Social Care 2.0 WTE Children’s Services 1.0 WTE Health and Safety Manager Plus, CCG and NHSE working on their commissioned services
CCG capacity	1.0 WTE Infection Prevention and Control 1.0 WTE Vaccinations 1.0 WTE Outreach administration support.
NHS/mobile units	Testing capacity and its administration Pop up vaccination

Table 2 - Resourcing requirement