

Date of issue: Friday, 9 April 2021

MEETING	CABINET	
	Councillor Swindlehurst	Leader of the Council and Cabinet Member for Regeneration & Strategy
	Councillor Akram	Deputy Leader of the Council and Cabinet Member for Governance & Customer Services
	Councillor Anderson	Sustainable Transport & Environmental Services
	Councillor Bains	Inclusive Growth & Skills
	Councillor Carter	Children & Schools
	Councillor Mann	Planning & Regulation
	Councillor Nazir	Housing & Community Safety
	Councillor Pantelic	Health & Wellbeing
DATE AND TIME:	MONDAY, 12TH APRIL, 2021 AT 6.30 PM	
VENUE:	VIRTUAL MEETING	
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 07749 709 868	

SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

* Item 6 is an updated version of the papers circulated with the agenda.

PART 1

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
6.	Revised Slough Local Outbreak Management Plan – Updated Appendix A	1 - 62	All

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Local Outbreak Management Plan

Slough Borough Council

March 2021

V0.5

Plan ownership

The ownership, review, coordination and updating of this plan is the responsibility of the Consultant in Public Health with support from the Emergency Planning Unit (EPU) and key personnel across the council who will be involved in response to COVID-19.

Plan approval

This plan is approved by the Director of Public Health for East Berkshire, the council's Chief Executive and DHSC.

Plan review

This plan will be revised and updated in line with the Civil Contingencies Act 2004 and associated guidance including the following:

- a) Lessons identified from experience or exercises
- b) On a monthly basis for the first 6 months
- c) A restructure (organisational or changes to other responders) or other changes to the organisations
- d) Changes in key personnel occur
- e) Every year from initial publication

Version control

Version	Changes made	Officer	Date
0.1	Document creation	Sue Foley Gabby Haffner Charlotte Pavitt Yasmin Bhandal Kellie Williams	6 March 21
0.2	Addition of Intelligence Section	Sue Foley PH Intel Team	12 March 21
0.3	Addition of local context and current response systems Draft for Silver and Cabinet Draft to PHE and National Team for feedback	Sue Foley SBC Outbreak Management Team	26 March 21
0.4	Feedback from L&Ds Meeting plus updates	Sue Foley	31 March 21
0.5	Incorporation of PHE and National Team feedback plus any final updates Final draft to Cabinet	Sue Foley	12 th April 21

Abbreviations

BFC	Bracknell Forest Council
BHFT	Berkshire Health Care Foundation Trust
BECCG	Berkshire East Clinical Commissioning Group
CPH	Consultant in Public Health
CIDSC	Centre for Infectious Disease Surveillance and Control
CTAS	Contact Tracing and Advice Service
CSH	Community Support Hub
DHSC	Department of Health and Social Care
DPH	Director of Public Health
EHO	Environmental Health Officer
HPT	Health Protection Team (PHE)
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMT	Incident Management Team
OCT	Outbreak Control Teams
OMC	Outbreak Management Cell
JBC	Joint Biosecurity Centre
LA	Local Authority
LCT	Local Contact Tracing
LFD	Lateral Flow Device
LRF	Local Resilience Forum
LTP	Local Tracing Partnerships
MTU	Mobile Testing Unit
NHS	National Health Service
NHST&T	NHS Test and Trace
NPIs	Non-pharmaceutical Interventions
PHE	Public Health England
PPP	Public Protection Partnership
RBWM	Royal Borough of Windsor and Maidenhead
SBC	Slough Borough Council
SOP	Standard Operating Procedure
STAC	Scientific and Technical Advice Cell
TVLRF	Thames Valley Local Resilience Forum
TVPHEC	Thames Valley Public Health England Centre
TVHPT	Thames Valley Health Protection Team
UTLA	Upper Tier Local Authority

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1 Introduction

1.1 Context

In early 2020 cases of a severe acute respiratory virus started to emerge with the initial cases identified in China. The virus was officially named SARS-CoV-2 on 11 February 2020 and more commonly known as COVID-19. The UK experienced initial cases in February 2020 and a pandemic was declared by the World Health Organisation on 11 March 2020.

The rapid increase in UK cases in the spring of 2020 put the NHS capacity at risk resulting in phased restrictions from mid-March to the first full national lockdown effective from 23 March 2020.

New emergency powers and autonomy to manage cases were given to Local Authorities under the Health Protection (Coronavirus Restrictions) (England) Regulations 2020 from 26 March 2020.

UK cases initially peaked towards the end of April 2020 and the first lockdown was gradually eased between May and the end of July last year.

The Government established a Contain Framework¹ which sets out how national and local partners work with the public at a local level to prevent, contain and manage outbreaks. The successful management of local outbreaks is a core element of breaking the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life.

This framework supports local decision-makers by clarifying their responsibilities and empowering them to take preventative action and make strong decisions locally. Managing outbreaks is very dynamic and continuous improvement is critical as we learn more about managing the virus alongside existing infectious disease and emergency response arrangements. The framework consists of six principles which combined with the Guiding Principles² provided by the ADPH aided Local Authorities to develop Local Outbreak Management Plans (LOMPs) to reduce and manage the number of COVID-19 cases.

1.2 Purpose of the plan

Local authorities have a duty to produce a local outbreak management plan setting out how partners should work together to implement the plans and take a preventative approach. These plans are based on the tried and tested practice of preventing, managing and containing outbreaks in individual high-risk settings like care homes, enhanced with a broad range of partners, capacity, communications and clear governance.

The purpose of this plan is to set out the process for managing and controlling COVID-19 with the aim to protect public health by minimising further spread or recurrence of COVID-19 across Slough.

¹ COVID-19 Contain Framework: a guide for local decision makers
<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers>

² Guiding Principles for Effective Management of COVID-19 at a Local Level
<https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/>

Key objectives of this plan are to:

- a. have a joint and coordinated approach to managing any COVID-19 outbreaks;
- b. detail roles and responsibilities in prevention and management of COVID-19 outbreaks and incidents with a view to minimising the spread of infection;
- c. provide local data and insight which will be useful in supporting a local outbreak and managing enduring transmission
- d. support specific high risk settings by way of prevention and if necessary controlling outbreaks;
- e. ensure coordinated communications to the public, businesses, partners and press;
- f. Ensure that the response can be escalated if required, including requests for support.

Achieving these objectives will require a whole system approach across local and national government, the NHS, businesses and employers, voluntary organisations and other community partners, and the general public. Local planning and response will be an essential part of the Test and Trace service as the pattern of COVID-19 becomes more variegated over time.

2 Slough Borough Overview

2.1 Local context

Slough is a geographically small borough on the eastern edge of Berkshire – bordered by Hillingdon to the east, Buckinghamshire to the north and west and the Royal Borough of Windsor and Maidenhead to the south.

Slough has a very diverse population of around 150,000 people – the most diverse in the country outside of London with large first, second and third generations from India and Pakistan and established and new populations from eastern Europe.

Slough is a close, urban area, with around 53,000 homes very close to each other and many multi-generational households. Many properties are homes in multiple occupation in particular in Chalvey and Central wards and there are many areas high on the deprivation index.

Slough has the youngest average population in the country with an average age of just 34 and a high birth rate with more than 5,000 births registered per year. The school population is also high, with more than 31,000 school-age children. The town has many large company headquarters, along with a very high number of small and medium businesses and family retail including food businesses.

Traditionally Slough has had poorer health outcomes than the rest of Berkshire and surrounding areas with higher incidences of long-term health conditions including respiratory conditions, heart conditions, type two diabetes and is one of the least active in the country.

The demographic make-up of Slough is an important consideration in our local response to the COVID-19 pandemic. Evidence shows that the burden of illness and death due to coronavirus (COVID-19) is not shouldered equally across the population. In particular, the following:

- **Ethnicity:** The risk of dying is higher among those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups (caused by a result of many different factors). After accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity are around twice the risk of death when compared to people of White British ethnicity. Approximately 56% of Slough residents are BAME (ONS estimate, 2019).
 - The four largest ethnic groups are ‘Asian’ (44% of the population), ‘White British’ (31%), ‘White Other’ (14%) and ‘Black’ (8%).
- **Deprivation:** The risk of dying is higher in those living in more deprived areas than those living in least deprived areas. People living in deprived areas are more likely to be diagnosed and to have poor outcomes following diagnosis than those in less deprived areas. Slough has pockets of deprivation, falling within the lowest quintile nationally on the Index of Multiple Deprivation. The three most deprived wards in Slough are Britwell and Northborough, Chalvey, and Elliman.
- **Comorbidities:** People with an underlying health condition such as diabetes mellitus, chronic lung disease or cardiovascular disease appear to be a higher risk of poor outcomes from COVID-19 than people without these conditions.
 - Healthy Life expectancy is currently lower than the national average, at 59.6yr for men, and 59.5yr for women (compared to 69.9yr and 63.9yr respectively).

- There are also inequalities in health, primarily between different areas of the borough and between different ethnic groups, which need to be addressed.
 - As of 2017, 10.2% of Slough's 16+ population were estimated to have diabetes (diagnosed and undiagnosed).
 - Slough has high-rates of preventable ill health amongst children - including obesity, tooth decay and higher levels of hospital admissions for long-term conditions such as asthma.
 - Multi-morbidity is also known to be associated with lower socio-economic status.³
- **Age and Sex:** People who are 80 or older are 70 times more likely to die than those under 40. The risk of dying is higher among males than females, even though diagnosis rates are higher among females aged under 60. Men make up almost 60% of deaths from COVID-19 and 70% of admissions to intensive care units. Slough's population is relatively young with Slough's median age estimated to be 34.8yr, compared to a national average of 40.1yr.
- **Death in care homes:** Between 1st March 2020 and 25th March 2021, 8% of COVID-19 deaths in Slough were in care homes.

Health and Social Care Landscape

Slough Borough Council is part of the Frimley Health and Care Integrated Care System (ICS), a partnership of local health and care organisations (including local authorities, voluntary sector, NHS - primary care, community care, hospital provider and ambulance service) listed [here](#)⁴. The system has a diverse population of around 800,000 people in East Berkshire, North East Hampshire, Farnham and Surrey Heath.

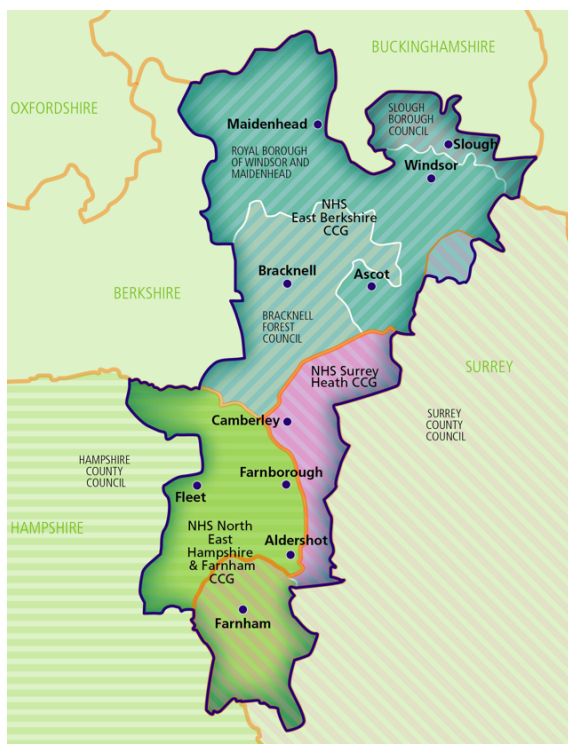


Figure 1 – Map of Frimley Health and Care 'footprint'

³ PHE (2020) Disparities in in the risk and outcomes from COVID-19 <https://www.gov.uk/government/publications/COVID-19-review-of-disparities-in-risks-and-outcomes>

⁴ Frimley Health & Care Integrated Care System partners: <https://www.frimleyhealthandcare.org.uk/about/our-partners/>

The Impact of COVID-19 on Slough

The data below provides a summary of the impact of COVID-19 in Slough:

- As of 25th March 2021, Slough has had 15,006 positive cases to date, which equates to 68.9 per 100,000. This is higher than both the national (55.7 per 100,000) and regional rate (34.1 per 100,000).
- Up 25th March 2020, there had been 328 deaths involving COVID-19 in Slough. Of these deaths:
 - 271 (83%) occurred in hospital
 - 27 (8%) occurred in care homes in Slough
 - 30 (9%) occurred in other community settings (including at home and hospices)

2.2 Community Impact summary

The pandemic has had significant impact on residents which has been monitored throughout the year.

Amongst the key themes of evidence is the increasing challenges for employment with more young people losing their jobs. There has also been a decrease in the mental health and wellbeing of residents in line with the national trends and it has been difficult for many communities, social and learning groups to stay active.

There has, however, been some positive impacts too with increased levels of volunteering and community engagement between residents. Many residents also reported accessing local parks and open spaces more often during the pandemic. It is also relevant that many residents are continuing to work from home, so workplace outbreaks may be less likely.

As will be described in more detail in section five, the impact for the community has been worse for some groups. Whilst young people and low-income families have been worst affected by the economic impacts, older adults and some ethnic minority groups have experience worst health outcomes. Longer term, these impacts are likely to continue to expand.

We are commissioning a Slough Community Impact Assessment in order to be able to see where COVID has had the most impact on our community, but also any learning points and opportunities we can take forward.

3 Management system

3.1 National: COVID alert levels

The UK Government’s COVID-19 recovery strategy ‘Our Plan to Rebuild’ was published in May 2020 and communicate the current risk at a UK-wide level.

The alert levels are:

Coronavirus alert levels in UK

Stage of outbreak		Measures in place
Risk of healthcare services being overwhelmed	5	Lockdown begins
Transmission is high or rising exponentially	4	Social distancing continues
Virus is in general circulation	3	Gradual relaxation of restrictions
Number of cases and transmission is low	2	Minimal social distancing, enhanced tracing
Covid-19 no longer present in UK	1	Routine international monitoring

Source : UK government



One of the key objectives of the Joint Biosecurity Centre (JBC) is to provide advice to the UK chief medical officers (CMOs) who in turn advise ministers on the UK COVID-19 alert level. The government’s guidance document ‘UK COVID-19 alert level methodology: an overview’ outlines the criteria used by the JCB as it pulls together advice for the CMOs. The initial methodology was developed following consultation with national public health experts. It has been reviewed and informed by the Scientific Advisory Group for Emergencies (SAGE) and agreed by the UK’s chief medical officers.

3.2 Differential levels of outbreaks and mitigation actions

On a sliding scale, there are a range of outbreak scenarios that require appropriate actions. There are strong communication and working links between NHS Test and Trace, PHE and SBC in responding to these scenarios. See also Section 8 for further details on the processes.

Scenario	Actions
<p>a. 'cases' refer to individual cases of COVID-19</p>	<p>General population:</p> <ol style="list-style-type: none"> 1. Exceptional cases requiring escalation are in section 8. 2. Registered as case on database- part of population level COVID data analysis 3. Enhanced contact tracing by Local Contact Tracing Teams (see section 7.3) 4. Support given re self isolation as required (see section 5.2 and 7.5) <p>High risk settings:</p> <ol style="list-style-type: none"> 1. Investigated by TVPHE as to circumstances 2. Alert received from the high risk setting via PHE and/or SBCCOVID Duty Desk or via NHS Test and Trace 3. Schools, Supported Living, Care Agencies, Care Homes and the Hotel-Based Migrant Group have their own processes for action (see Appendices 2-5 and 7).
<p>b. 'cluster' refers to 2 or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case</p>	<p>General population:</p> <ol style="list-style-type: none"> 1. Link made via database- part of population level COVID data analysis 2. May be reported as a common exposure setting via i-CERT 3. More than one case in a household is reported as a household cluster- used as part of population level analysis <p>High risk settings:</p> <ol style="list-style-type: none"> 1. Investigated by PHE as to circumstances- SBC Duty Desk alerted if required 2. Reported via TV PHE daily and/or weekly reporting 3. High vigilance for further cases
<p>c. 'outbreak' refers to 2 or more confirmed cases associated with a specific setting with</p>	<p>See Appendices 2-7.</p> <p>General Population:</p> <ol style="list-style-type: none"> 1. Referred to as a Community Outbreak in the absence of a common setting- see below

<p>evidence of a common exposure or link to another case</p>	<p>Workplace and High Risk Settings:</p> <ol style="list-style-type: none"> 1. Initial investigation by TVPHE 2. Reported to SBC Duty Desk by TV PHE 3. See Appendix 6. <p>Extensive outbreak:</p> <ol style="list-style-type: none"> 1. An outbreak IMT may be required- see Section 4.4. 2. For outbreaks beyond the capacity of SBC and cross borders, see sections 3.3 and 3.4. <p>SBC COVID Duty Desk and PH sent daily and weekly updates re cases, clusters and outbreaks in high risk settings by Thames Valley PHE.</p>
<p>d. 'community spread' refers to sporadic or linked cases on a limited or extensive basis</p>	<p>Community IMT formed with members from PHE, Slough Public Health, Berkshire PH Intelligence Team and Health Protection Cell and the NHS.</p> <p>This IMT analyses the available data on COVID in the population on a regular basis and feeds back action and recommendations to Silver and the Weekly Cell. See section 4.4.</p>

3.3 Outbreak escalation beyond SBC

As necessary and depending on scale and complexity of any outbreak it may be necessary to put in place a Berkshire East Tactical Coordinating Group (TCG) or a Berkshire wide TCG. The situation may also require the standing up of the Thames Valley Strategic Coordinating Group (SCG) particularly if complex outbreaks are affecting several Council areas.

If it is considered by the Incident Management Team (IMT) (see Section 4.4) that:

- a. the outbreak is complex,
- b. there are increasing cases,
- c. the situation is not yet contained,
- d. additional resources are required and/or
- e. wider non- pharmaceutical interventions (NPI) are required e.g. local lockdowns
- f. the impact of the NPIs may affect other agencies

then CMT Gold should be convened and informed and a TCG and/or SCG may be requested to be put in place with the support of Emergency Planning and the Thames Valley Local Resilience Forum (TVLRF). Normally this escalation would be via the standard TVLRF activation process.

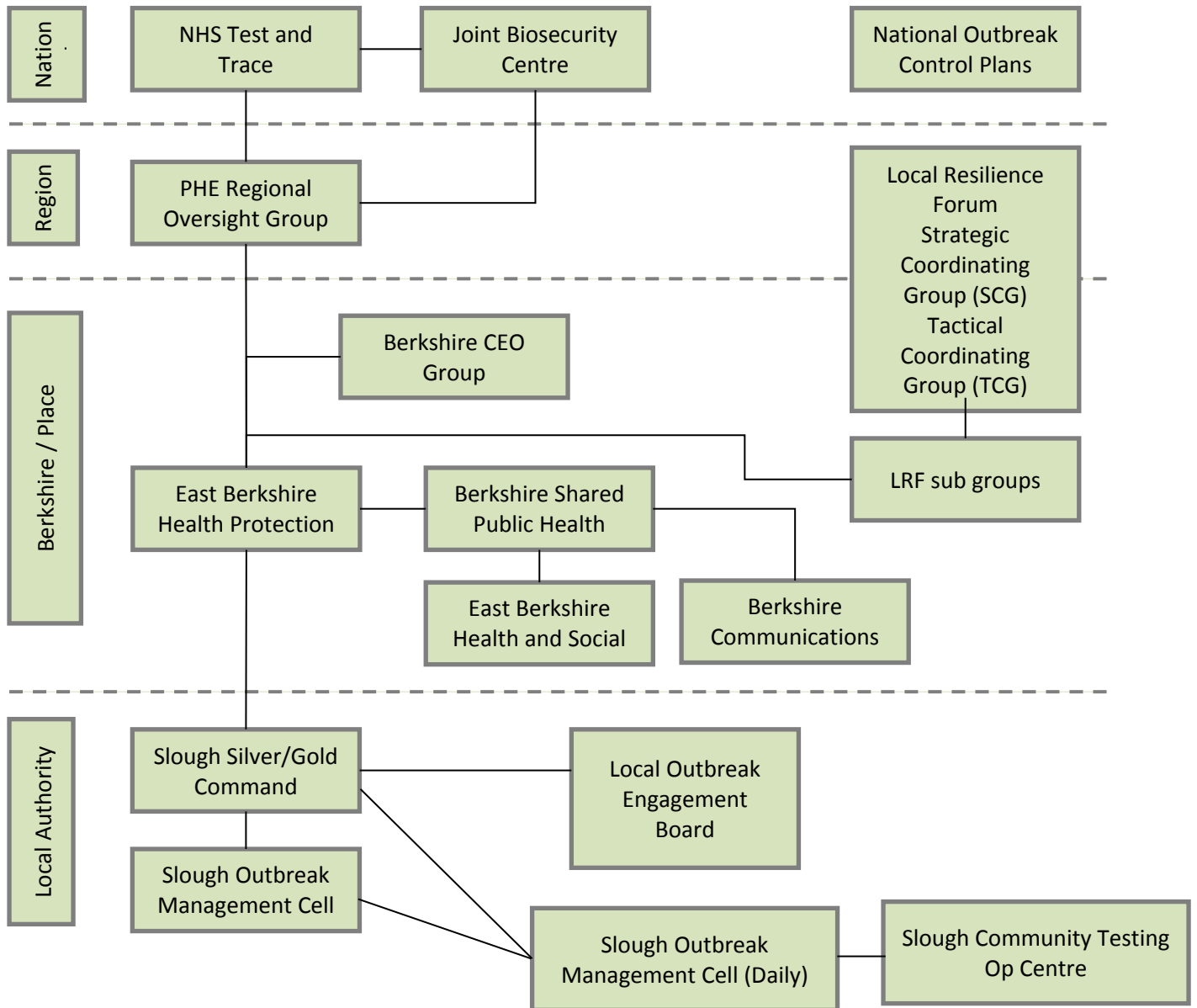
3.4 Cross border coordination

Since the virus does not recognise boundaries there will be outbreaks which will require cross boundary working. Where there are cross boarder outbreaks there are a number of means of coordination depending on scale:

- a. Small scale outbreaks – sharing of information between DPH's
- b. Larger or escalating outbreaks – IMTs in place, the lead for the IMT normally being the Local Authority where the predominantly affected setting is. PHE will also take a leading role in coordination across the Thames Valley.
- c. Large scale outbreaks - the Local Resilience Forum (LRF), or Fora if cross border, will provide a forum to discuss and agree actions, but the actions themselves will be carried out by each Public Health Local Authorities. The Chief Executives of the Public Health Local Authorities will be ultimately responsible for implementation of the agreed measures. This may also require shared SCGs between LRFs.
- d. Larger scale outbreaks and in extreme circumstances escalation to coordinate may be at national level if a number of Local Authority outbreaks are escalating in numbers. This may result in NPIs changing for a wider geographic area if not the whole country. This would normally arise following recommendations from the JBC to the CMO to the Prime Minister.

4 Governance

Slough Borough is part of a complex governance set-up that spans regional, Thames Valley, pan-Berks, East Berkshire, and Frimley ICS footprints. The following diagram provides an overview of the COVID-19 Test and Trace governance at national, regional and local level which shapes local government.



4.1 Silver/Gold Command

The Silver/GOLD Command Group is in overall control of the council's resources throughout the incident and pandemic. It consists of the Chief Executive, Directors (including Executive Directors), Public Health, Covid Response and Communications. Silver/GOLD Command will take decisions around local restriction measures in discussion with the Director of the Public Health and the Incident Management Team.

4.2 Daily Outbreak Cell

The Group consists of Comms, Public Health, Environmental Health, Community Response, CCG/NHS, the COVID 19 Public Health Schools Officer, Community Testing Project Manager and the Lead for Testing. It is responsible for reviewing daily data, addressing any day to day issues arising regarding the pandemic and escalating as appropriate. Its frequency of meeting will be reviewed and revised as appropriate.

4.3 Outbreak Management Cell

The Outbreak Management Cell provides strategic oversight of the implementation of this plan, reporting into Silver/Gold Command. The purpose of the group is:

- To lead the development, implementation and monitoring of Slough Local Outbreak Management Plan, across the key themes set out by national government
- To lead on the development, implementation and evaluation of a Communication Strategy for the Local Outbreak Management Plan
- To provide specialist knowledge, support and capacity to the COVID-19 response
- To ensure effective governance

4.4 Incident Management Team (IMT)

Public Health England Thames Valley Health Protection Team (PHE TV HPT) or East Berkshire's Director of Public Health will convene an Incident Management Team (IMT) in the case of a local complex settings outbreak, community cluster that needs investigation or challenging widespread community transmission. The IMT will report any recommendations and actions to the Silver/Gold Command and updates will be provided as required to the East Berkshire Health Protection Board. The purpose of the IMT is to agree and coordinate the activities of the key stakeholders involved to manage the investigation and control of an individual outbreak situation. This includes assessing the risk to the public's health and ensure control measures are implemented as soon as possible.

4.5 Local Outbreak Engagement Board

The primary role of the Local Outbreak Engagement Board (LOEB) is to provide political ownership and oversight relating to an outbreak response, provide direction and leadership for community engagement and approve public facing communications. The board will meet monthly but will be required to meet more frequently should an outbreak arise.

4.6 East Berkshire Health Protection Board

The Board is strategic in nature, aiming to add governance and value to local authority discussions. It brings together senior professional leads from partner organisations to support decision making in Local Authorities, NHS and stakeholder organisations.

The overall goals are:

- To support three East Berkshire councils to develop outbreak plans
- To identify economies in scale for preventing or managing outbreaks
- To develop plans with partners
- To scrutinise the delivery of the plans
- Respond to mutual aid requirements

4.7 Thames Valley Local Resilience Forum

The Thames Valley Local Resilience Forum (TVLRF) will support local health protection arrangements working with the Health Protection Board and Health and Wellbeing Board directly through the main multi-agency coordinating groups:

- Strategic Coordinating Group (SCG)
- Tactical Coordinating Group (TCG)

This groups may be stood up or down as required.

A Local Authority area, Berkshire East or West, or Berkshire wide TCG is the most likely multi-agency group may be put in place on the basis of escalating cases and the need for wider coordination of resources, assets and actions.

4.8 Clinical Governance

Clinical governance is provided by several aspects of the Slough COVID response:

- b. People in decision-making roles have appropriate qualifications.
- c. Continuous and close working with PHE and Frimley Integrated Care System.
- d. Oversight by the Berkshire Shared Team Health Protection Cell.
- e. Community Testing has regular audits, mystery shoppers and peer to peer learning.

5 Vulnerable and under-served communities

See also section 6 on Communications and Engagement.

5.1 Under-served communities and addressing inequalities

COVID-19 has shone a fresh light on the health inequalities that already existed. As the pandemic progresses and we move towards recovery, unless addressed it is likely these health inequalities will widen further. COVID-19 has had a direct and devastating impact on some people but the longer-term impact on the way we all live and work, our towns and villages, our businesses and our economy are only just becoming apparent.

The impacts of COVID-19 have been experienced by different groups of Slough's local community in different ways, in both the immediate and longer term. Those who are already disadvantaged may be the most vulnerable to its effects. There are a number of groups and communities in Slough who are particularly vulnerable to the direct (COVID virus and long COVID) and indirect (mental health issues and economic hardship) effects of the pandemic:

- People living in deprived neighbourhoods
- People from Black, Asian and minority ethnic (BAME) groups
- People working in keyworker roles, such as caring and nursing professionals, taxi drivers, security guards
- People with certain long-term conditions such as hypertension and diabetes.
- Asylum Seekers
- Those living in multigenerational and multiple-occupancy households.

A number of Slough residents are in more than one of these categories. This section details the support that has been made available for these residents.

Also see Appendices 2 to 8 for a more detailed description of how vulnerable individuals and groups in Slough are supported in terms of cases, outbreaks, testing, vaccinations and support.

5.2 Slough Community Support Hub

Supporting vulnerable people at risk of COVID-19 as well as those who need to self-isolate is an important part of this plan. Slough's Community Support Hub gives guidance and offers support to our vulnerable and self-isolating residents.

As part of the National Test and Trace service confirmed cases or contacts of confirmed cases will be asked to self-identify as vulnerable or whether they may need support. This information will be provided to NHS Business Services Authority (BSA) who will text people with the relevant local helpline details and provide links to websites that allow them to find the numbers of their local support helpline. A list of people will not be provided directly to local authorities daily, as the preferred option of local government colleagues was to use communication from NHS BSA.

If through the notification process from PHE to the environmental health service any individual requests for support are identified, the service will contact the Community Support Hub. Residents who are self-isolating can also contact the Community Support Hub directly.

5.2.1 Description of Slough Community Support Hub

The TVLRF Community Hubs Cell has oversight of the delivery of support through local authority led community hubs to people who are self-isolating and/or shielding in their own homes or who are in a vulnerable group in another setting and have no other means of support. The core support offered is the provision of food, medicine and befriending. The Slough Community Hub is led by Slough Borough Council working in partnership with Slough CVS. The hub provides support through staff teams and a network of volunteers to people who are self-isolating without neighbour, friends or family who can help them and those in the following categories:

- **Category A** - Extremely clinically vulnerable people who are shielding. Over 15,000 people have been advised to shield in Slough. The scheme is well developed for these people.
- **Category B** - Clinically vulnerable people (over 70s, people with specific medical conditions and pregnant women).
- **Category C** - Other vulnerable people (not at increased risk due to medical reasons) who are at risk due to the restrictions put in place through social isolation, worsening mental or physical health or risk of violence. It includes homeless people who need to self-isolate, people with specific disabilities, or at-risk factors where social isolation exaggerate or worsen illnesses or their circumstances, those who need safeguarding such as children, including children looked after, care leavers, carers and young carers and vulnerable adults, Traveller communities including GRT, financially vulnerable and BAME communities.

Support with shopping, prescription collection and dog walking will remain in place for anyone self-isolating or vulnerable beyond the end of the current shielding restrictions on 31 March 2021. However since shielding was first lifted on 1 August 2020 at the end of the first lockdown, The Council have been supporting people to regain their independence and where possible supporting them to set up online or telephone supermarket shopping slots and this will continue to be a priority beyond 31 March 2021. All residents identified as shielding where appropriate will be included as part of our preventative work going forward.

This support will be reviewed regularly as to what support is required.

5.3 Process for supporting vulnerable/shielded and people who are self-isolating

The NHS test and trace service holds the contact details for the Slough community hub helpline and will refer people to it. **(One Slough 01753 944198 Monday to Friday from 9am - 4pm)**. Anyone advised by the NHS test and trace service to self-isolate can contact the community helpline if they have no other means of support including those arriving from abroad. As people will be self-isolating for a short period of time the hub will ensure that the support will be timely, and flexible to support a cohort of people that will be constantly changing.

The community hub offers:

- welfare checks
- information, advice and guidance
- food shopping and delivery
- prescription collection and delivery
- befriending
- dog walking
- referrals to Slough Borough Council housing and welfare and social care services
- referrals to other voluntary sector partners including Slough CVS for support with financial, welfare, legal or debt issues
- referral to Slough Foodbank for anyone needing access to free food
- safeguarding referrals.

Residents that are extremely clinically vulnerable will receive updated information about the support provided by the community hub whenever shielding is reintroduced by the Government. Residents who are newly added to the shielding list or those who register online on the national support hub (<https://coronavirus-shielding-support.service.gov.uk/>) will also receive welfare check calls from Slough.

5.4 Slough BAME (Ethnic Minorities) Project

5.4.1 Background

- Early recognition of the impact of Covid19 was having particularly on the BAME community launched a collaborative work programme with the aim to reduce these health inequalities and the disproportionate impact on our ethnically diverse communities both in loss of life and on livelihoods. We knew from initial information being published of the additional risk to people from BAME backgrounds due to a number of prevalent risk factors
 - 54% of the population from BAME background, including 11% white non-English
 - Over 8000 (about 6.2%) don't speak English well, or at all
 - In 15.5% households no one speaks English as first language
 - It's a high density population combined with areas of high deprivation (59.5% of Slough's residents live in deprivation deciles 2-4)
 - Large multigenerational households and many of multiple occupation
 - Significantly higher prevalence of Hypertension, Obesity and Diabetes for 50-59 year olds
- The programme between the NHS, voluntary sector and local authority focused on the following:
 - Engagement and communication with communities
 - Reducing and preventing harm from COVID-19
 - Clinical management of those experiencing symptoms
 - Gathering intelligence to tailor and target interventions
- Our challenge was to mobilise quickly to contain the spread of infection and minimise risk whilst developing culturally centred interventions that built on existing assets and projects. We needed to reach communities with up-to-date messages and the importance of taking protective measures in different languages, formats and multiple media. The community team and public health worked together with cultural local leaders, faith and community groups and the local radio station.

5.4.2 Current Status

- The partnership has used wider networks and programmes to raise awareness and shared the valuable learning regionally and nationally. The project also has served to create other local initiative to prepare for next phase of the Covid-19 pandemic.
- In the communication and engagement work our community and voluntary sector working together with public health has launched further initiatives to help prevent and protect
 - Slough Community Champions – initial target of 100, now 643 - Community Champions – #OneSlough
 - Launch of #Fit2FightCovid promoting wider future preparedness and increasing physical activity levels within the community
 - #OneSlough Tuk Tuk taking Covid messages around the town
 - Supporting the launch and promotion of the NHS contact tracing app for use across our communities
 - Working with National Institute for Health Research to engage Indian and Pakistani communities in Slough and the vaccine registry.
- The programme also included development of the Covid pulse oximetry at home service is live across all areas now which has enabled clinicians to admit to for earlier safe and supported discharge. It also included proactive case finding of people at risk from our primary care registers to provide people with interventions aligned to risk factors, from information and advice to health checks and proactive remote monitoring.
- It also included development of a detailed needs assessment together with prevalence data. Through the COVID-19 Insights Tool we were able to combine data from the shared care record, direct feeds from our acute providers as well as Test & Trace data to help us understand the COVID-19 cohort such as if COVID-19 patients are in a hospital bed, care home or at home, as well as their risk factors for severe outcomes from COVID-19.

6 Communications and engagement, including community resilience

6.1 Berkshire-wide communications and engagement

With a population of just under 1m across all six Local Authorities, the Shared Team Comms & Social Marketing team is dedicated to creating strategies and tactical plans that are appropriate for a diverse community. Working closely with Public Health, Health Protection, Informatics and Communications across all six LAs and NHS groups such as Frimley ICS, we have successfully created engaging, motivating and mobilising campaigns that address specific challenges.

Our public health website is proving a valuable source of information and support for residents, businesses and Council stakeholders, with tens of thousands of weekly users. We ensure it is updated with new content on a weekly basis, to drive strong search engine optimisation which is keeping visitors coming back. By providing multi-format content for multi-channel use, our assets and messages are reaching people who tend to use one channel over another. Re-purposing of assets is also working well, for example the RBWM uploaded a graph from our website to their Twitter handle and it attracted 25,000 views.

A key focus for us is to build a strong and trusting network and we're pleased to say we have built a great professional relationship with leading pan-Berkshire media, such as BBC Berkshire, BBC South Today and Meridian, which provides our Directors of Public Health with a platform from which to share the facts about Covid-19 rates and control measures across the County. We are the go to contacts for interview requests plus we also engage these journalists on a proactive basis when we have a strong story to tell. Each Friday, we attend a Cabinet Office briefing to hear latest updates and have the opportunity to influence future materials. We have a strong collaboration with the DHSC and recently collaborated with them to create a simple, clear LFT infographic. When the Adil Ray celebrity video was launched across most major TV stations, we sent a tweet to Adil Ray to request permission to upload the video onto our website and this was agreed to by him.

It's always challenging working across such diverse communities and with six individual LAs who have their own ways of working but we feel that in the six months of being in post, our team has made a valuable difference both internally and externally. It was a real PR bonus when former PM Theresa May told her stakeholders about the value of the website at a face to face meeting back in October!

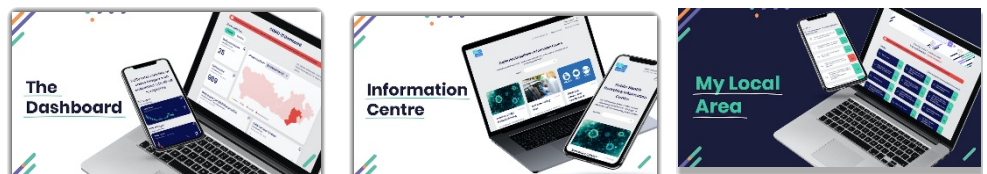
Trust takes years to build and minutes to break and our approach in the Shared Team Comms and Marketing group, is to build this trust through accurate, valuable and factual information based on insights. We have established an excellent close collaboration with the Public Health Leads across Berkshire and also engage frequently with the Communications Leads to ensure we are aligned and on message. Public engagement is crucial to the success of outbreak control and management.

We take our lead from Government, NHS, PHE and DHSC key messages and assets and localise them where required but without losing the key message and where appropriate, call to action. Local activities, by local people, to local people is definitely the way to go. There are communities who are less able to access accurate and fact-based information to steer them towards an appropriate decision and fake news is rife. So we have adopted a multi-channel, multi-format approach to our comms strategy and ensure that we collaborate with thought-leaders and key stakeholders to deliver the right message, to the right people, at the right time and in the right format.

6.1.1 Berkshire Public Health website

To provide all Berkshire stakeholders, including residents, businesses and local authority leaders, with a one stop shop for latest information on infection rates, death figures, local area guidelines on what you may/may not under the Tiering, or latterly lockdown, for each of the six LAs, www.berkshirepublichealth.co.uk was created.

Within the site, there is a Covid Dashboard, first of its kind in the UK at launch. We also built a My Local Area section with interactive map to reveal latest data for each of the six LAs. Visitors to the site can also pop in their Berkshire postcode to find out what tier they are in and what the rules are for that tier (now lockdown rules). Plus, the Information Centre which contains a wealth of helpful information including testing sites, self-isolation, comprehensive weekly reports providing detailed coronavirus information for all six LAs and new section focussing on the Spring 2021 Roadmap.



6.1.2 Local engagement stories

What started off as a data and information site, soon evolved into an awareness, education and engagement resource to meet the needs of our communities. It mirrored the government updates as and when they happened (often with seriously short notice) and went several steps further to provide local stories from local people designed to engage, motivate and mobilise people to follow the rules. Three chapters of video stories are available on the site and were also distributed through social media channels. The three storylines covered are:

1. “Don’t bring Covid home” (supported by a short animation)
2. “Spread the facts, not the virus”
3. “How long do you want this to go on for?”



They feature storytellers from across Berkshire and in roles within primary and secondary care, care home staff, key workers, musicians, youth, sport and a myriad other professions.

“I wanted to say thanks for sorting [the videos] – they are really, really helpful.”

*Alayna Razzell
Head of Communications and Marketing,
Bracknell Forest Council*

“Our CCG comms lead in RBWM has asked if they can use the video that you created with Dr Clare Nieland. The CCG would like use it as part of a video that they are creating to show people after they have

had their vaccine and are in the 15 min observation room.”

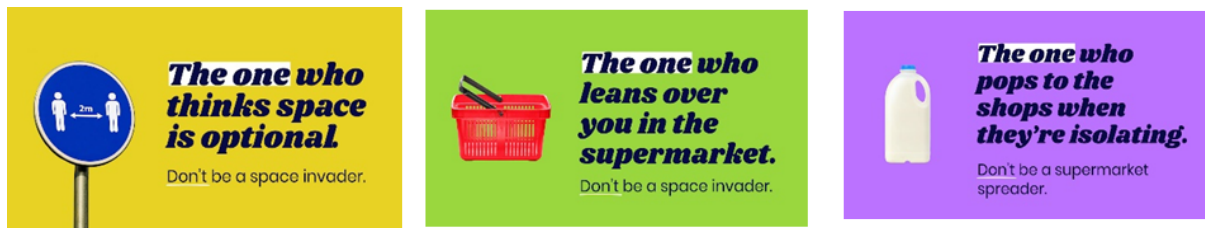
Holli Dalgliesh

Service Lead, Public Health Programmes, Royal Borough of Windsor & Maidenhead Council

6.1.3 Social Insights

When data revealed that there were specific sections of our communities not following tiering guidelines, we created and rolled out a Social Insights Survey, designed to provide us with valuable information on how to engage and influence these groups. Community Champions and the Voluntary groups supported the roll out and Slough was further supported by results of a social listening media audit and a radio ad on Asian Star which doubled the number of responders over one weekend.

The results of the survey were the baseline for a creative comms campaign and options were tested with survey responders before being rolled out. The winning theme was “Don’t be the one” and featured a series of social statics driving home the hands, face space messaging. All LAs featured these assets on their social channels including FaceBook, Twitter and Council websites.



6.1.4 Community Testing

As rapid community testing was announced, we updated the website to include specific information on tests including visuals, video content and text. We have also created a Toolkit for employers to engage and motivate their staff to participate in rapid testing twice a week. We also joined a Slough Working Group with Community Champions, Public Health and Voluntary sector to create the engagement pack for residents of Slough, ensuring that it could not be seen as a “finger pointing” exercise targeting specific communities.

6.1.5 Vaccination

Initially, all comms for the vaccination programme were NHS/Govt led but in February, local authorities were asked to engage. It really was essential for Local Authorities to play a key role in awareness, education and encouraging participation to encourage our communities to participate in the vaccine programme. As such, we created a bespoke page on our website dedicated to vaccination information.

Visitors to the site can find a wealth of material including an overview of vaccines, how they work and what they do. There's a handy FAQ section which addresses the known barriers that some people have when deciding to have the vaccine. Fertility, vaccine ingredients, speed of development, safety and effectiveness, religious concerns and more are covered in written, visual (infographics) and video format.

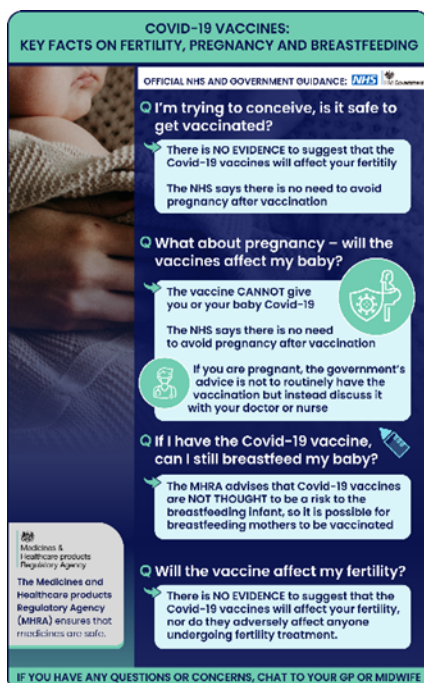
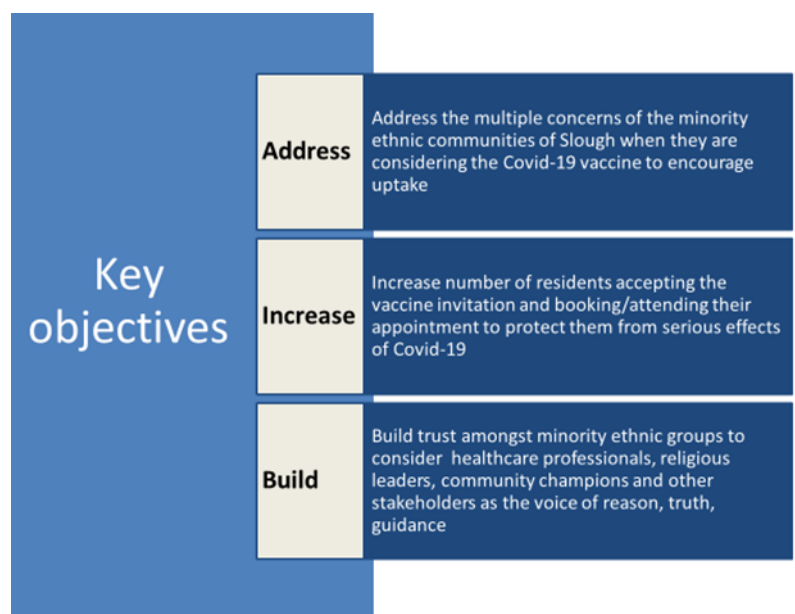


We also feature video content in a large number of languages to support our communities. We received permission via Twitter from Adil Ray to upload his celebrity video which is on the site.

We sit on several Boards and teams who are collaborating to identify the barriers to vaccine uptake in some communities in Berkshire and agree a strategy for engaging, motivating and mobilising these people to participate in the vaccination programme.

6.1.6 Media Interviews

We have been both proactive and reactive with pan-Berkshire media such as BBC Berkshire (radio), BBC South Today (TV) and Meridian TV and working with Slough on a specific pre-record on Asian Star Radio, featuring Tessa Lindfield. We are the go-to for media updates and views on the pandemic. At many points, we were receiving daily requests from the BBC for interviews across a wide range of topics. With the great



support of our Public Health Directors, we were able to accommodate 90% of all media requests.

6.1.7 Issues Management

We have on occasion been made aware, when talking to our media contacts, that the media is searching for information that we might not yet be in a position to share (for example, seeking quotes and interviews about the vaccination rollout before it started, at a time when we were asked to ensure the only comment on this would come from the NHS). This has necessitated the creation of reactive statements and 'lines to take' if approached by the media, which we have shared with the DPHs and with communications leads across Berkshire.

6.1.8 'Be Well' – Berkshire Emotional Wellbeing

It's clear that the pandemic has caused a marked increase in people experiencing poor mental and physical health. In fact, 2/5 psychiatrists have reported an increase in people needing urgent and emergency mental healthcare – including new patients – in the wake of the lockdown. Outbreaks of suicidal thoughts have increased during lockdown, especially among young adults (www.bmj.com/content/371/bmj.m4095).

To address these alarming figures, we are kick starting an emotional wellbeing awareness, education and support programme across Berkshire. This will be web-based and feature a range of different co-created modules in different formats to appeal to our diverse communities. We will engage local MH services, support groups and leaders to advise on our approach and content. It is possible that we will partner with DHSC on this campaign.

6.1.9 LA Comms Collaboration & Alignment

Every Monday, the Heads of Communications for each of the six LAs plus the lead of the Shared Team Comms Team engage in weekly meetings to ensure we are all aligned and collaborating on strategy, messages and actions surrounding the impact of Covid-19 across Berkshire. This forms a key part of our joined up approach to engaging, motivating and mobilising residents. When the Shared Team creates new assets to target a specific issue, it is briefed in to the LA Comms Leads who are then encouraged to post the assets on their social channels. This ensures a consistent message being communicated across all six LAs and across multiple channels.

6.2 Local Slough Population Communication

6.2 1 Engagement

Public engagement is crucial to the success of outbreak control and management. The public, partners and other key stakeholders need to have a good awareness of the NHS test and trace system, outbreak controls and measures and the confidence to engage if they become symptomatic or aware of a local outbreak. They also need relevant and timely information on vaccination in order to encourage confidence and, where necessary, behaviour change. Slough residents need to appreciate their civic responsibility to engage with NHS test and trace and public information, advice and guidance must be clear and easy to follow.

We will engage with residents using a broad range of communication channels including:

- Social media – Slough Borough Council social media pages, local community group pages and town and parish council pages.
- Gov.Delivery updates for registered users
- Local press- news releases and statements
- Public facing website
- Local radio
- Hard copy materials.
- Advertising and outdoor media

All communications published will be based on government guidance and information provided by Public Health England and/ or the NHS, adapted as appropriate for a local audience taking into account equalities considerations.

We will also engage through established relationships and community networks including:

- Internal staff and service areas
- Borough councillors
- Local M.P
- Parish and town councils/councillors
- Partners – housing associations, TVP, RBRFS etc.
- Communication Information Champions
- Schools
- Community support hub
- Voluntary and community organisations
- Groups representing BAME, faith and belief and other affinity groups
- Social care provider partners
- Other high-risk settings e.g. residential settings, care homes, hospitals.

The Slough Local Outbreak Engagement Board (LOEB) is a member-led oversight board. The primary roles of the LOEB are to have oversight relating to outbreak response, provide direction and leadership for community engagement, and public facing communications.

6.2.2 Communications with the general public

Slough Borough Council is a recognised and trusted source of communication amongst the community. If an outbreak occurs, The Local Outbreak Communications Plan⁵ would be followed. This draws on existing communications activity based on Government advice. If an outbreak occurs out of hours or over the weekend, an out of hours communications officer can be reached via 07824 624672. Ask for the duty communications officer.

If there is a positive case in a non-high-risk setting, we would not necessarily need to communicate on this unless approached from the press/concerned residents or we were guided by PHE that communication is necessary.

The key messages within the plan can be broadly split into two categories:

- 1. Preventative measures** - encouraging and building confidence with residents to engage with the NHS test and trace service, observe social distancing restrictions and control measures and encouraging vaccination take-up. As well as continuing to be vigilant and maintain good hand hygiene, wear face coverings in specific spaces

⁵ WHO (2008) Outbreak Communication Planning Guide <https://www.who.int/ihr/publications/outbreak-communication-guide/en/>

and look out for those who are medically vulnerable, self-isolating or shielding. Including signposting to what support residents can receive if they are self-isolating.

- 2. Targeted messages in response to local outbreaks** - supporting high risk settings by amplifying messages when an outbreak has occurred and reassuring and responding to public enquiries. This would include explaining any restrictions that need to be observed as a result of an outbreak and keeping residents up to date as restrictions then lift or change. It will be necessary to use internal and external partners and different communication channels in order to reach different groups of residents.

The main objective is to ensure residents and businesses are aware of the NHS Test & Trace service locally and how Slough Borough Council aims to communicate to residents when there is a local outbreak in a high-risk setting. Vaccines, testing, community response Targeted communications plans for specific high-risk groups and settings will be developed and rolled out to complement the general preventative messaging and to aid engagement during an outbreak.

6.3 Community resilience

The Community response in Slough has been notable in terms of people volunteering for supporting the OneSlough COVID cause. The volunteers have helped deliver food, assist at the vaccination and testing sites and help people's mental health by connecting with isolated people.

Initial reports show that mental health and physical health have been severely affected in Slough by the pandemic, and a high number in the population have been adversely economically affected. A Community Impact assessment will be undertaken, but it is clear Slough will require a great deal of community resilience to recover from the pandemic.

Moving forward Slough will be working with partners across the local system, including Healthwatch, CCG, CVS and the general public under the emerging inequalities strategy programme of work and as part of the broader Wellbeing Strategy to explore how both the CVS and individuals can be empowered and supported to continue to build community resilience.



7 Outbreak management response toolkit and Transmission Prevention

7.1 Data

7.1.1 Data Access

Having access to accurate and timely epidemiology data is critical in order to prevent and respond to COVID-19 outbreaks across the borough. This data is used to:

- Review daily data on testing and tracing;
- Identify early warning signals of any potential outbreaks;
- Monitor the effectiveness of the Test and Trace programme;
- Identify potential complex outbreaks so that appropriate action can be taken in deciding whether to convene an incident control team;
- Track relevant actions (e.g. care home closure) if an outbreak control team is convened;
- Identify epidemiological patterns in the local authority area to refine our understanding of high-risk places, locations and communities;
- Provide intelligence to support quality and performance reporting to the Local Outbreak Engagement Board

A data sharing agreement is in place between Public Health England and the Director of Public Health (Berkshire East/West) that enables Berkshire local authorities to access the relevant person identifiable data required to support the ongoing surveillance and response to COVID-19. Agreements are also in place to receive additional data from the Department of Health and Social Care, NHS Digital, NHS England and NHS Improvement and local health organisations. Locally we have ensured that those who require access to this intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring that the stipulated informational governance and confidentiality requirements are met. Each user of this data is required to fill in a *Declaration of Use* form that confirms that they have read and understand the purpose and principles of the data that they are given access to.

Datasets provided by these data sharing agreements include:

- people who have been tested for COVID-19 and the results of that test (positive, negative and void)
- cases, contacts and exposure settings recorded by the NHS Test and Trace System and local contact tracing teams
- summary of the number of COVID-19 vaccinations delivered by Joint Committee on Vaccination and Immunisation (JCVI) priority group, demographic cohort and dose
- outbreaks within care homes, schools, workplaces and other high-risk settings that have been notified to Public Health England's Health Protection Teams
- enhanced line lists and network maps to help identify connections between individual cases
- COVID-19 activity in local hospitals, including bed capacity and usage, admissions and discharges
- In addition, Public Health England also produces daily situational awareness and epidemiology reports for each local authority. These summarise the trends in testing, positivity and case rates and identify changes in the demography and location of cases and outbreaks.
- A log of these and other publicly available data sources are kept along with details of how they are used for local surveillance by the Berkshire Public Health Shared Intelligence team.

7.1.2 Local uses of data

The Berkshire Public Health Shared Intelligence team has developed a suite of COVID-19 surveillance products that use the restricted data provided through data access agreements and also information that is publicly available. These include:

- Berkshire COVID-19 surveillance dashboard: a summary of key information including data on cases, deaths, outbreaks in high-risk settings, contract tracing and local hospital activity.
- Berkshire Care Home and High-Risk settings database: collates information on outbreaks in care homes and high-risk settings as they are reported from PHE Thames Valley Health Protection Team and Local Authority Environmental Health teams.
- Common Exposure prioritisation tool: updated weekly to support the identification and prioritisation of common exposure settings across Berkshire. The development of this tool has been informed by pilots that have been undertaken in other parts of England, PHE guidance and Berkshire Local Authority Environmental Health and Public Health Teams.
- Deep-dive surveillance packs: produced on a weekly basis to provide a more detailed analysis of the confirmed cases in each Berkshire LA over the previous 14-day period. These packs have enabled local authority Incident Management Teams (IMTs) and surveillance meetings to examine local cohorts (by gender, age, ethnicity, setting, ward) and identify parts of the community that may be more affected at different points in time.
- [Berkshire Public Health website](#): This website was implemented to ensure that Berkshire residents could have access to meaningful and timely information about the impact of COVID-19 in their local area. The COVID-19 dashboard is updated daily and includes key indicators on case rates, deaths and calls to NHS 111/999. In addition, the website provides local information and communication campaigns to support the Covid-19 response (i.e. vaccinations, testing sites, explanation of restrictions and guidelines for local authority areas)
- Berkshire Covid-19 Weekly Briefing: The weekly briefing provides a summary of local COVID-19 information and key communication messages for Berkshire. This is a public-facing document and is uploaded onto the website each week.
- Testing dashboard: updated weekly to monitor testing rates at a local authority and test site level. Analyses include a more focused look at the types of tests used and also shows how these rates differ between gender, age, ethnicity and ward.
- Modelling: the Team developed a model for COVID-19 cases and deaths in the 1st and 2nd wave of the pandemic. This was adopted by the Thames Valley Resilience Forum and is routinely updated to indicate how actuals compare to the modelled estimates.
- Local Contact Tracing activity and evaluation: a set of indicators have been agreed across the Berkshire local contact tracing teams to monitor and evaluate activity.
- Covid-19 Insights tool: Berkshire Public Health Teams have supported Frimley Health NHS Foundations Trusts Analytics Team to develop an integrated Covid-19 Insights tool, which is available for use across the Frimley Health ICS and Berkshire West CCG footprints. This combines Covid-19 case data with information recorded on patient's GP records and provides additional insights into the cohorts of people currently in hospital, the prevalence of long-term conditions in people with Covid-19 and the location of people in clinically extremely vulnerable groups. The Frimley Insight tools have also aided a detailed needs assessment into the impact of Covid-19 on Slough's BAME population.

Each local authority has a weekly Incident Management Team and/or surveillance meeting to discuss the current COVID-19 situation and to inform the local response. Representatives

from departments across the local authority, CCG, PHE and the Shared Team examine key findings from the surveillance products outlined above and share local intelligence. The focus of any additional analyses are agreed through these meetings based on the evidence provided. Bespoke analyses have concentrated on specific cohorts or locations within the local authority area that are over-represented in the confirmed case rates (for example: Gypsy, Roma and Travellers, military personnel, university students, specific ethnic groups and school pupils/teachers). The findings from these analyses, as well as local intelligence from within the local authority, have helped to shape our Covid-19 response to ensure that the needs of these specific groups are met. A summary of the key surveillance products and local intelligence are summarised and taken to the fortnightly Health Protection Boards and Local Outbreak Engagement Boards.

A Berkshire COVID-19 Intelligence Group has been set-up to share information and good practice across the county's Public Health Teams. Each Berkshire local authority is represented at these weekly meetings and these provide an opportunity to discuss local surveillance products, identify cross-border work and receive updates from regional and national groups. The Group has implemented a risk and issues log to capture and resolve any problems identified. Opportunities to improve and develop the work delivered by this Group are regularly discussed and are feedback to the Directors of Public Health and local authority Public Health Teams.

7.1.3 Opportunities and additional data sets

Our local COVID-response would benefit from more comprehensive vaccination data being shared with local authorities. This would enable us to ascertain and address local inequalities and nuances. The information that public health teams are able to access about COVID-19 hospital activity is also limited. Locally, we have access to Frimley ICS's System Insights tool which helps to provide some hospital activity data through a local authority perspective, however this is restricted to hospitals within the immediate ICS area. This does not account for Berkshire residents that are admitted to hospitals in bordering ICS areas. We are not currently utilising the information gathered through waste water analysis or the NHS App. Both of these dataflows will provide additional tools for our local surveillance and we will utilise these once the information is available at a more localised level. We have also identified an opportunity to capitalise on social media data through Meltwater. This will help to increase the reach and impact of our COVID-19 communication campaigns by working with key local influencers. The Berkshire Public Health Social Media and Communications Team will investigate this opportunity further and incorporate it into future communication campaigns.

7.1.4 Data Sharing

There will be a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19, and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by three different regulations:

- a. The four notices issued by the Secretary of State for Health and Social Care under the Health Service (Control of Patient Information) Regulations 2002⁶, requiring several organisations to share data for purposes of the emergency response to COVID-19

⁶ <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information/coronavirus-covid-19-notice-under-regulation-34-of-the-health-service-control-of-patient-information-regulations-2002-general>

- b. The data sharing permissions under the Civil Contingencies Act 2004 and associated regulations and guidance
- c. The Statement of the Information Commissioner on COVID-19

There is also an Information Sharing Protocol in place for the TVLRF.

7.2 Testing arrangements

See Appendices for how high risk groups and settings access testing in Slough.

7.2.1 Symptomatic Testing

For people with symptoms, Polymerase Chain Reaction (PCR) tests are used. These are sent to a laboratory to be processed and results typically take 24 to 48 hours.

The NHS and PHE organise Pillar 1 testing primarily for those with a clinical need as well as for health and care workers.

Pillar 2 symptomatic testing is provided seven days a week across Berkshire at a number of fixed regional and local test sites; some walk-in, others drive-in. In addition, Mobile Testing Units (MTUs) rotate around Thames Valley venues prioritising areas of higher prevalence and outbreaks. Berkshire LAs have some influence in planning MTUs in their area via the Testing Implementation Group (TIG) which meets weekly.

Members of the public book appointments for tests on-line (or by telephone) using the national system⁷ or request a home test kit to be delivered by post.

PCR tests can be genome sequenced to identify new variants of the virus or track variants of concern.

PCR tests are also used to confirm positive lateral flow test results where the test has been conducted at home (e.g. Primary School Teachers, NHS staff etc.).

7.2.2 Asymptomatic Testing

Asymptomatic testing is currently provided using Lateral Flow Devices (LFDs). These provide a rapid result in about 30 minutes without the need for laboratory processing. The aim is to identify cases without symptoms so that they will isolate to prevent the spread of COVID-19. There are an increasing number of national schemes covering cohorts such as:

- NHS staff
- Care Homes
- Domiciliary care
- Prisons
- All employers regardless of size of business
- Schools and Universities
- Households and support bubbles of those working in/or attending primary schools, secondary schools and early years settings

⁷ [Get a free NHS test to check if you have coronavirus - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

Berkshire Local Authorities have set up community testing sites across the county and uploaded details to the NHS Test Finder website⁸ to enable members of the public to identify convenient testing facilities. Slough residents can book a test via the website [Mass rapid testing – Slough Borough Council](#), which also provides clear information about the testing programme locally. In addition, walk in provision is available across all sites. Mobile provision has commenced at various regular sites around the Borough.

At the test centres, test subjects register their details online so that they receive confirmation of their result. They are guided by trained staff to self-swab their throat and nose before passing the swab to a trained test processor who combines the swab with an extraction fluid in a test tube. A sample of this liquid is placed at one end of the device. Capillary action draws the sample through the device to display a line to confirm that the device is working and a second line will be displayed for positive results where the virus is detected. Results are communicated by text or email.

Businesses will be able to register for onsite testing equipment for their employees on the [government website](#). Business who are unable to arrange onsite testing for their staff are encouraged to send their staff to a local community testing centre instead.

Slough's Community Testing Programme seeks to maximise the accessibility of lateral flow tests for the general public, particularly those who can't work from home and local businesses. There are a number of static sites and a mobile van that regularly visits set sites such as supermarkets during the week.

7.2.2.1 Community Collect

Slough will make home testing kits available at our asymptomatic testing sites for those who are eligible.

LFD tests carried out at home require a confirmatory PCR for a positive result.

7.2.2.2 Workplace and Pharmacy Collect

Workplaces (with over 10 employees) can register for home testing kits at their workplace to be given out to employees- [Register to order free rapid lateral flow coronavirus tests for your employees - GOV.UK \(www.gov.uk\)](#)

Also the general public can collect home testing kits from Pharmacies. People aged over 18 without symptoms will be able to visit a participating local pharmacy and collect a box of 7 rapid tests to use twice a week at home.

7.2.3 Testing in an outbreak

In an outbreak situation, testing frequency and methodology will vary. Typically, PHE TV HPT will conduct a risk assessment to determine the most appropriate testing solution.

For settings such as care homes and other vulnerable groups, Berkshire Health Foundation Trust (BHFT) may arrange swabbing/testing on site.

Where appropriate, support will also be provided via the Thames Valley Public Health Testing Coordinator. This might include one or more of the following:

- deployment of reserve MTUs

⁸ [COVID-19 test site finder](#)

- liaison with the Regional and National Testing leads in order to arrange bespoke testing packages
- mass home testing kits delivery to allow for mass testing to be coordinated locally

7.3 Local Contact Tracing (Local Tracing Partnerships)

All Berkshire LAs have developed local tracing partnerships which combine national scale with local knowledge.

When someone tests positive for COVID-19, NHS Test and Trace (NHST&T) aim to make contact with the individual as soon as possible using links to an on-line form and by telephone. Berkshire LAs have systems in place whereby information on positive cases that NHST&T have been unable to reach (in the first 24 hours) is diverted to LA teams via Power BI⁹ or CTAS¹⁰. Local Authorities utilise their internal resources and databases to source alternative contact details to speak to positive cases and gather information about the people they may have infected (their contacts) based on agreed criteria about when they were infectious and how close they were to others, for how long etc. This allows the contacts of cases to be identified and referred back to NHST&T call handlers. LAs also provide local signposting information to ensure individuals have the support they may require during their isolation period including how to access isolation payments.

Local Contact Tracers should consult with the Slough PH Team on the cases/contact situations below to refer cases/contacts up to PHE Health Protection Team:

Cases with concerns about identifying a person
 Likely media/political concerns/interest e.g. death of a child
 Cases or contacts who are unable to comply with restrictions
 Case identifies potential outbreak
 Safeguarding concerns
 Cases attempting to leave the country
 Case has unidentified direct contacts within their household

For mechanism see section 8.1.

Berkshire LAs are considering enhancements to their Local Contact Tracing systems such as:

- Diverting cases from NHST&T to contact cases before they would usually be managed by National Teams
- Contacting all positive cases as soon as their information appears in Power BI to ensure that they are isolating appropriately
- Linking with Common Exposures data as part of Enhanced Contact Tracing (see Section 9.3)

⁹ Power BI – PHE database of COVID-19 information including positive and negative test results

¹⁰ CTAS – Contact Tracing and Advice Service. NHST&T database for contact tracing

7.4 Legislation, Compliance and Enforcement

7.4.1 Legislation

The [Health Protection \(Coronavirus, Restrictions\) \(England\) \(No.3\) Regulations 2020](#)¹¹ (the Regulations) made under the Coronavirus Act 2020¹² came into force on 18 July 2020. They grant local authorities additional powers to respond to a serious and imminent threat to public health and to prevent COVID-19 transmission where necessary.

The current Regulations include powers for local authorities to:

- restrict entry to, or make requirement on or close, individual premises
- prohibit, or restrict or make requirement on, certain events (or types of event) from taking place
- restrict access to, or close or restrict or make requirements on, public outdoor places (or types of outdoor public places).

To make a direction under the Regulations, a local authority must be satisfied that the following three conditions are met:

1. the direction responds to a serious and imminent threat to public health in their area, and
2. the direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection of coronavirus, and
3. the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose.

Before making a direction, or revoking a direction, local authorities must:

- gather sufficient evidence to demonstrate that these tests have been met
- consult with the Director of Public Health and the police (if the direction prohibits, requires or restrictions access to a premise, event or public outdoor place)
- have due regard to the Public Sector Equality Duty (s.149 of the Equality Act 2010¹³) and consider carrying out an equalities impact assessment to determine whether the measure may disproportionately affect people with protected characteristics
- have regard to the need to ensure the public has access to essential public services
- be clear about why they are taking directive action and communicate this clearly to the Secretary of State, the persons to whom the direction applies and, where appropriate, those impacted by the direction

The Secretary of State may direct a local authority to issue a direction where he considers the conditions above have been met and can also direct a local authority to revoke an existing direction (with or without a replacement direction) where the above conditions are no longer met.

A local authority must review a direction at least every seven days taking account of the requirements above.

¹¹ <https://www.legislation.gov.uk/uksi/2020/750/made>

¹² <https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted>

¹³ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

Those directly impacted by any direction under these Regulations have the right of appeal to a local magistrate and may make representations to the Secretary of State.

The Regulations include specific powers on compliance, enforcement and offences as explained below.

7.4.2 Compliance

Local Authority designated officers (Public Protection Partnership authorised EHOs) will investigate and consult with relevant business operators, owners and/or operators of premises deemed to be in breach of these Regulations.

Advice, support and formal action will be in line with the Vision and Mission objectives of the service. The main objective being the fast and effective compliance with these Regulations.

7.4.3 Enforcement

The Regulations are enforced by:

- local authority designated officers (Slough EH Team)
- police officers or
- PCSOs

where they reasonably believe that a person is in contravention of a prohibition, requirement or restriction as set out in the Regulations, they may take such action as is necessary and proportionate to enforce a direction.

Local authority designated officers may issue prohibition notice to a person is believed to be

- contravening a direction, and
- it is necessary and proportionate to give a prohibition notice to prevent that person from continuing to do so

Further enforcement powers are set out in the Regulations for police offices and PCSOs. Specific measures are detailed in the Regulations relating to indoor and outdoor events.

7.4.4 Offences

Offences under these Regulations, including obstruction of officers carrying out their duties, is punishable on summary conviction by a fine.

Where it is reasonably believed that a person aged 18 or over has committed an offence under these Regulations, an authorised person (see [7.4.3 above](#)) may issue a Fixed Penalty Notice (FPN). If paid within 28 days beginning from the day after the date of the notice no proceedings may be taken in respect of the offence. The amount of the FPN will be £100 for a first offence (reduced to £50 if paid within 14 days), doubling upon further offences up to a maximum of £3,200.

In addition to these Regulations, The Health and Safety at Work Act 1974 (the Act) applies to any situation that poses a risk to employees and/or other 3rd parties affected by said employment activity. Covid risk assessment and Covid control measures are required by the Act.

The Act gives local authorities powers to address contravention of the Act, and the regulations made thereunder, by service of improvement notice and/or prosecution. These powers only extend to those premises for which the local authority is the enforcing body for

the Act. Procedures are in place for the escalation of significant health and safety contravention, identified during outbreak investigations, to be escalated for premises where the HSE is the enforcement body.

7.5 Support for self-isolation

It is essential to ensure high levels of compliance with self-isolation for people who test positive for coronavirus and their close contacts. Slough Borough Council coordinates a whole system approach to supporting self-isolation including:

- **communication and engagement** to improve awareness of when people need to self-isolate, how long for, what this involves, its importance in stopping the spread of the virus, the support available and the consequences of breaking the rules,
- **practical, social and emotional support** organised by Council in partnership with OneSlough
- **financial support** for people on low incomes who are unable to work from home and will lose income through self-isolating
- **targeted action and/or enforcement where necessary** against employers who pressure their employees to break self-isolation when they are required to do so

7.5.1 Communication and engagement

Slough Borough Council has a key role to play in explaining the importance of self-isolation and signposting sources of support to residents. The council's self-isolation communication strategy is being refreshed, it will now include a focus on encouraging residents to prepare for self-isolation in advance as well as considering how they could help neighbours, friends and family who are self-isolating. The strategy will also ensure that residents understand that the council can support them to meet their specific support needs if they have no other means of support and continue to promote the channels for people to declare their support needs. It will complement the upcoming Government self-isolation communications strategy making use of national communications assets as well as local case studies and human-interest stories.

Relevant and regular information will be made available on the SBC website, social media, local print and broadcast media, SBC hard copy and digital newsletters, shielding booklets, poster boards and LFT communications for those taking regular asymptomatic tests. Information will be sent to individuals who leave home for work or provide support to vulnerable people or childcare as part of a childcare bubble. Information will also be sent to businesses regularly to remind them of their responsibilities and how staff can access support; as a responsible employer SBC will also ensure its own staff has access to the most relevant information. Information will be made available to the media and other stakeholders, for example members, town & parish councils and local MPs to encourage message cascade and reach a wider audience. We will also work closely with the voluntary, community and faith sector and community leaders to engage with communities on self-isolation and ensure that our assets are accessible and culturally appropriate.

7.5.2 Practical and emotional wrap-around support to those self-isolating

As part of the community response to COVID-19, the Community Hub will support residents of Slough who do not have other means of support. In particular, those who are:

- Shielded or living with someone who was shielding
- Self-isolating due to COVID-19 symptoms

- Social distancing but have other health conditions, disabilities or caring responsibilities that make it difficult for them to leave their home.

One Slough provide services such as, collecting click and collect grocery orders or prescriptions to be dropped to resident's homes, or making referrals to other agencies (like food banks) for those who are experiencing financial hardship. One Slough also offers wellbeing services and other support: [#OneSlough – Community Support for the people of Slough](#)

7.5.3 Enabling people to self-isolate

The Government has recently developed an advisory framework to help Councils to better enable people to self isolate. This consists on guidance on communications, practical support and gathering information on outcomes. Some funding will be available. The framework is in Appendix 8.

7.5.3.1 Test and Trace support payments

Individuals who are resident within the Council's area will be entitled to make an application for a Test and Trace Support Payment. The scheme, entitles individuals to a Test and Trace Support Payment of £500 from the Council if they meet all of the eligibility criteria, for example, the applicant must be in receipt of one of the qualifying benefits which are; Housing Benefit, Income support, income based Jobseeker's Allowance, income-related Employment and Support Allowance, Working Tax Credit or Universal Credit. The full set of eligibility criteria can be found on the Slough Borough Council website.

Where individuals meet all the requirements but are not in receipt of a qualifying benefit, no payment can be made; however, they may be able to apply for a discretionary payment under the Council's Test and Trace Discretionary Payments Scheme.

7.5.4 Targeted Self Isolation Enforcement

Under the [Health Protection \(Coronavirus, Restrictions\) \(Self-Isolation\) \(England\) Regulations 2020](#) made under the Coronavirus Act 2020 it is an offence for an employer or a self-isolating worker (or agency worker) to knowingly allow that worker to attend work outside of the location in which the worker is self-isolating.

Local Authority designated officers, authorised EHOs, will investigate and act on intelligence received by the council that indicates a business based within Slough may be in contravention of this requirement. The Duty Desk will communicate with partner agencies and neighboring authorities to ensure intelligence is passed and received promptly, in order to expedite appropriate investigation and action.

Duty Desk EHOs will follow the quality management system protocols, including the hierarchy of escalation, to ensure the appropriate level of action is taken, culminating in formal action should this be deemed necessary to ensure compliance

8 Outbreak management

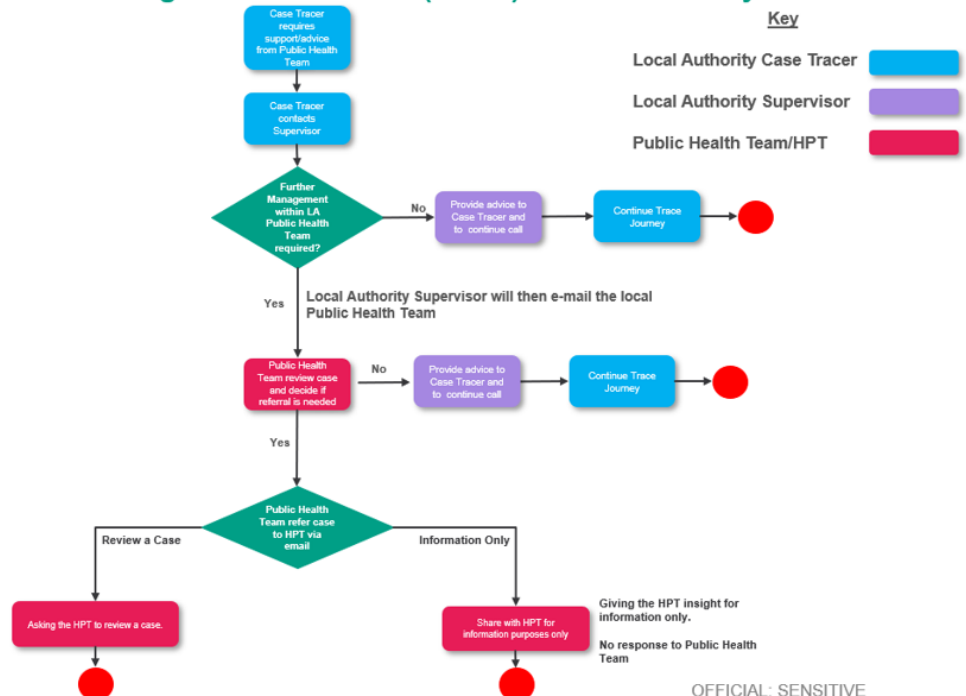
8.1 Referring Single Cases or Contacts

These no longer need to be referred to the PHE HPT, however the exceptions are:

- Cases with concerns about identifying a person
- Likely media/political concerns/interest e.g. death of a child
- Cases or contacts who are unable to comply with restrictions
- Case identifies potential outbreak
- Safeguarding concerns
- Cases attempting to leave the country
- Case has unidentified direct contacts within their household

Process:

Cases which require Further Management within PHE (HPT's) – Local Authority



8.2 Higher Risk settings

High risk settings are broadly defined as populations or locations where there is an opportunity for transmission and/or where control might be challenging. This might include mass gatherings or groups of vulnerable people that if an outbreak occurred, could have significant consequences to public health. The prevention of transmission of coronavirus in high risk settings requires a range of behavioural and environmental control measures.

COVID-19 'High Risk Setting Appendices' have been developed for specific high-risk place, locations and communities to ensure all relevant partners are clear on their roles and responsibilities and action needed, especially for outbreak management, based on national SOPs where and when these are available. These will assist in determining the resource capabilities and capacity implications and can be found in the appendices to this document.

8.3 Notifications of Outbreaks or Incidents

The plan will be activated:

- a. When confirmed COVID-19 incidents or outbreaks in any setting type are notified to the council
- b. The data, information and intelligence confirm rising case numbers in the wider community not necessarily related to a premises

Public Health England Thames Valley Health Protection Team (PHE TV HPT), Public Health Shared Team and Slough Borough Council will gather intelligence on COVID-19 outbreaks via the national Test and Trace service, enhanced contact tracing, laboratory results, and local partner intelligence about suspected or emerging outbreaks.

8.3.1 Office Hours

Notifications may come from a number of sources including PHE TV HPT, Environmental Health, council officers, businesses and the public. They may also arise from information being shared on social media, via the media or from a local concerned community.

ALL notifications from any route including directly into council officers should be directed to the Environmental Health Duty Desk (EH Duty Desk) via CV19notifications@slough.gov.uk to ensure a 'master list' of incidents and outbreaks can be recorded and managed.

The EH Duty Desk will monitor for notifications seven days per week between 09:00 to 17:00.

8.3.2 Out of Hours

The out of hours arrangements in place are with the Council Duty Rota (the council's contact centre) is:

- Between 09:00 – 17:00 on Saturday and Sunday: the contact centre will advise the caller to contact CV19Notifications@Slough.gov.uk.
- Between 17:00 – 21:00 daily: the contact centre will take the details of the incident or outbreak and call the Duty Public Health Consultant
- Between 21:00 – 09:00 daily: no service is available and the caller will be advised to call the Out of Hours Contact Centre. The call handler will take details and advise to call Public Health England or call the council the next working day and send an email to the CV19 notifications email address

8.4 Action on Notifications

The EH Duty Desk will receive notifications from either PHE TV HPT, the high risk setting directly or a member of the public.

Notifications from PHE TV HPT would normally consist of the following:

- a. Daily Alert Bulletin – these notifications are emailed directly by PHE TV HPT to the EH Duty Desk and Consultants in Public Health. These are normally for information only, whereby PHE TV HPT will have already been in contact with the high-risk

setting and advice given. However, Local Authorities may follow-up with the high-risk settings to review current infection control measures and compliance with local guidance

- b. Urgent Notifications – If PHE TV HPT deem that there is a high risk to public health and where immediate action is required, PHE TV HPT will contact the EH Duty Desk and/or the local Consultant in Public Health to discuss what action is needed, which may result in an Incident Management Team (IMT)

Notifications from the high-risk setting, the public or other intelligence sources will be documented by the EH Duty Desk. The EH Duty Desk may provide initial prevention and response advice to the setting and pass the information on to PHE TV HPT in line with current escalation guidance.

A full risk assessment will be undertaken by PHE TV HPT and/or the local Consultant in Public Health in conversation with the Director of Public Health, this will include the need to call an IMT and if so determining the level of incident (i.e. local, regional, national). The IMT will look to:

- develop a strategy to deal with the outbreak/incident and allocate responsibilities to members of the IMT based on the risk assessment;
- agree appropriate further investigations for contact tracing, and COVID secure measures (setting/community);
- agree and initiate further testing (e.g. MTU deployment);
- ensure that appropriate control measures are implemented to prevent further primary and secondary cases;
- review and understand the impacts across different populations and use this to inform response;
- communicate as required with other health professionals, partner organisations, setting and staff (if applicable), media, public, and local politicians; providing an accurate, timely and informative source of information in appropriate accessible formats / languages;
- refer aspects of incident control for legal or expert opinion if necessary;
- make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these;
- determine when the outbreak/incident can be considered over, based on ongoing risk assessment;
- produce a report or reports at least one of which will be the final report containing lessons learnt and recommendations.

Community IMTs – PHEs role has changed over time as more data is available to LAs. Now the IMTs are helpful in keeping PHE briefed and also in getting PHE expertise input at a local level – moving forward need to explore standing down and moving into recovery, but need to think about the process of standing up if and when rates increase

9 Emerging needs and horizon scanning

9.1 Responding to Variants of Concern (VOC)

There is a Slough plan to respond to any need for surge testing for a VOC. See Appendix 1. However, surge testing is currently being used as an option behind local risk assessment and targeted testing.

9.2 Action on enduring transmission

As set out in [Section 6](#) above, engaging with our local communities to establish trust and cooperation is at the heart of the outbreak control plan. This will be central to addressing the root causes of transmission and tackling challenging enduring transmission. We will draw on the emerging evidence around enduring transmission and seek to explore the underlying root causes locally, whether that be higher levels of unmet financial need to facilitate self-isolation; transmission in individuals in 'high contact and/or high risk' occupations; transmission in high-density, multi-generational or overcrowded accommodation; lower literacy levels, digital exclusion or English not being the first language or low engagement or uptake with vaccination, testing or contact tracing or something else entirely.

The emerging strategy on addressing inequalities as noted in [Section 5.3](#) will bring focus on reducing the disproportionate impact of COVID-19 on our most under-served communities, where risk to health and wellbeing is greatest. It will provide a strategic system wide approach to addressing enduring transmission.

Local data (both qualitative and quantitative) will be scrutinised as outlined in [Section 7.1](#) to provide insight into concerning emerging trends and high prevalence cohorts in order to target local action accordingly. The OMC/IMT groups will have oversight of this and the governance structure will enable decision making to stand up additional resource as and when necessary as set out in [Section 10](#) below.

9.3 Enhanced Contact Tracing, in partnership with HPT

Enhanced contact tracing for cases of COVID-19 is a systematic method of analysing information collected from cases during the contact tracing process to identify clusters of cases and activities/settings where transmission may have occurred. This intelligence is combined with local sources of information known to local authority and health protection teams to determine whether public health actions may be needed in these settings to prevent further transmission.

This system focusses on the case's activities during the period 7 to 3 days prior to symptom onset or their test date. This data is analysed by PHE to identify locations and events which are 'common' resulting in the new Common Exposures report now available in Power BI.

Berkshire has soft launched a pilot of a new ICERT tool which looks at the eEnhanced Contact Tracing Data and risk assess it for follow up. Local liaison arrangements are currently being firmed up- this will be part and parcel of this process going forwards.

9.4 Ongoing role of Non-Pharmaceutical Interventions (NPIs)

In addition to 'hands, face, space' and other Government COVID secure measures (such as wearing face coverings in public indoor spaces), the Government has created a 'roadmap' out of lockdown.

From March 2021, lockdown restrictions will begin to ease based on the following conditions being met:

- the vaccine deployment programme continues successfully
- evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
- infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
- the assessment of the risks is not changed by new Variants of Concern.

The below Government 'roadmap' out of lockdown is conditional upon the above conditions being met and therefore is subject to change in line with any future guidance and restrictions.

Step One: March 2021

On March 8 2021 schools and colleges will start to open, with outdoor after school sports and activities allowed. Recreation in an outdoor public space, such as a park, will be allowed between two people.

From 29 March outdoor gatherings of either six people or two households will be allowed. Outdoor sports facilities such as tennis or basketball courts will reopen and organised adult and children's sport, such as grassroots football, will also return.

The 'stay at home' rule will end on 29 March, but many restrictions will remain in place. People should continue to work from home where they can and minimise the number of journeys they make where possible, avoiding travel at the busiest times and routes.

Step Two: April 2021

No earlier than 12 April 2021 non-essential retail; personal care premises such as hairdressers; libraries and community centres will be allowed to open. Indoor leisure facilities such as gyms will also reopen (for household groups only); as will most outdoor attractions and settings including outdoor hospitality venues. Self-contained accommodation such as campsites and holiday lets, where indoor facilities are not shared with other households, can also reopen.

Hospitality venues offering 'table service' will be allowed to serve people outdoors. Wider social contact rules will apply in all these settings to prevent indoor mixing between different households.

Step Three: May 2021

No earlier than 17 May 2021 the rule of six will no longer apply outdoors (up to 30 people) and two households or up to 6 people can meet indoors. People should still continue to keep their distance from anyone not in their household or support bubble, although social distancing advice will be updated at this step.

Indoor hospitality and entertainment venues like hotels, cinemas and soft play areas will reopen. There will still be a limit of 30 people able to attend life events such as weddings and funerals.

Step Four: June 2021

Before 12 June 2021 the Government will complete a review of social distancing and other measurements before making a decision on lifting remaining restrictions including social contact. This will inform decisions on the timing and circumstances under which the rules on 1 metre plus, the wearing of face coverings and other measures may be lifted. This will also inform guidance on working from home – which should continue wherever possible until this review is complete.

The Government hopes to be in a position to remove all legal limits on social contact and to reopen remaining premises, including nightclubs, and ease the restrictions on large events.

As we move through each of these phases in the roadmap, the Government will urge us to remember that COVID-19 remains a part of our lives and that we are going to have to keep living our lives differently to keep ourselves and others safe. We must carry on with 'hands, face, space'. Comply with the COVID-Secure measures that remain in place. Meet outdoors when we can and keep letting fresh air in. Get tested when needed. Get vaccinated when offered. If we all continue to play our part, we will be that bit closer to a future that is more familiar.

9.5 Interface with vaccines roll out

9.5.1 National Context

The COVID-19 vaccination programme in Frimley ICS began on 8 December 2020. Three vaccines have received emergency use authorisation and two are currently in use (produced by Pfizer/BioNTech and AstraZeneca) with reported efficacy of between 60 and 95% based on interim results of phase 3 clinical trials.

The order of priority for vaccinating the population is as follows:

- Cohort 1: Residents in a care home for older adults and their carers
- Cohort 2: All those 80 years of age and over and frontline health and social care workers
- Cohort 3: All those 75 years of age and over
- Cohort 4: All those 70 years of age and over and clinically extremely vulnerable individuals
- Cohort 5: All those 65 years of age and over
- Cohort 6: All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- Cohort 7: All those 60 years of age and over
- Cohort 8: All those 55 years of age and over
- Cohort 9: All those 50 years of age and over
- Cohort 10: All those 49-18

9.5.2 Frimley ICS Programme

9.5.2.1 Local Vaccination Sites

In line with government directions, the ICS first established 'Local Vaccination Services' run by General Practice, working together in groupings of Primary Care Networks. Across the ICS, twelve such sites have been established, a mixture of NHS and licensed commercial premises.

They have successfully completed the vaccination of Cohorts 1-4 by the 15th February target date; more information on this is provided in paragraph 23 below. These sites are now focusing on Cohorts 5 and 6, with Cohorts 7- 10. Second doses for those who have already received their first dose are being administered in parallel with this work.

There are two Frimley ICS LVS sites within the Surrey CC boundaries; the Surrey Heath Primary Care Network (PCN) site at the Lakeside Country Club in Frimley Green, and the Farnham PCN site at the Farnham Centre for Health.

Vaccinations are now available at a local Jamia Masjid & Islamic Centre Monday to Friday. The deployment of a mobile vaccination van is also being explored.

9.5.2.2 Vaccination of Care Homes (Residents and Staff)

All care homes have been visited, with some ongoing work to vaccinate those staff who were not present on first visits.

9.5.2.3 Pharmacy

Community Pharmacies are commissioned by NHS England to administer vaccines where there is limited LVS coverage. In Frimley ICS, where LVS coverage is good, only one community pharmacy has been commissioned; this is outside of the Berkshire East area (it is situated in North East Hampshire).

9.5.2.4 Vaccination Centres

These centres are not run by General Practice, they receive bookings from members of the public who have received an invitation letter from the National Booking System. These national letters are being sent out in order of priority cohorts. To date, letters have been sent to all those over 65 years of age. Vaccination Centres can also administer vaccines to frontline health and social care workers. In Frimley ICS there is one Vaccination Centre, situated at Salt Hill Activity Centre in Slough. The decision to maintain a single VC at this time was based on the extensive coverage already offered by LVS sites.

9.5.2.5 Hospital Hub

There is one such hub in Frimley ICS, located at Wexham Park Hospital in Slough. There are also hubs in neighbouring systems (notably at the Royal Surrey County Hospital, Basingstoke Hospital, and Ashford & St Peter's Hospitals NHS Foundation Trust) which give another option for health and social care workers who live near those hubs. The hub administers vaccines to hospital patients and all frontline health and social care workers.

9.5.3 Equity of uptake and addressing inequalities

To support equity of uptake, Frimley ICS and SBC have taken different approaches tailored to different groups based on insight conversations, working with community and religious leaders to reach out to different groups and discuss their concerns, answer questions, and to identify group-specific solutions. An example is co-ordinating vaccinations with the forthcoming Ramadan period.

Frimley ICS is working with communications teams in health and local authorities to tap into appropriate community influencers and local GPs are calling their patients to invite them for vaccination building on existing relationships with their patients. GPs and other local influencers are reiterating that they have been vaccinated because they know how important it is to be protected against the coronavirus using messages such as “I took up the vaccine offer as I know the vaccine is safe and effective.”

Locally, national materials are being used and where needed, local content is generated across a range of mainstream and social media, in text and video, including myth-busting content, leading with the truth. An example is a video entitled “What you need to know about COVID-19 vaccinations, fertility and pregnancy,” addressing fertility concerns. Trusted individuals have been used as exemplars in communications.

9.5.4 Vaccine hesitancy

<https://www.youtube.com/watch?v=3yzZHuD25fE>

- The Community Champions role in reducing vaccine hesitancy is one of the case studies in the governments Covid-19 vaccination uptake plan. [UK COVID-19 vaccine uptake plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/84444/uk-covid-19-vaccine-uptake-plan)
- Covid and vaccination messages coordinated through our Champions network from public health i.e trusted source for messaging. Regular zoom meetings held to share information regularly have 70-80 people attend, last one in Feb was 160. Total of 10 community engagement vaccine information sessions have been delivered so far between CCG, CVS and Public Health
- 4 local vaccine information videos have been created by the CCG and Public Health and are being circulated
- Proactive work with Care Homes and supporting and encouraging staff to take up their vaccinations. Clinicians visiting to administer vaccinations to residents and staff, providing opportunity to have Q&A sessions and dispel myths and allay people’s concerns.
- Vaccinations are now available at a local Jamia Masjid & Islamic Centre Monday to Friday. The deployment of a mobile vaccination van is also being explored.
- As requested by Local Mosques we had a zoom session delivered for BAME /WOMEN ONLY. It was delivered by Dr Lalitha Iyer and Dr Mehreen Ullah. Please find attached the poster for your reference. The session was hugely successful almost 75 women attended it and we have received really great feedback from them and Mosques as well.
- Response of volunteers featured nationally (jabs army). There have been over 1200 volunteers sign up to help with mass vax and testing centres. (High % BAME)
- [SCVS Connect : #OneSlough Hi-Viz Volunteers featured nationally \(mailchi.mp\)](#)

9.5.5 Future strategy

The ICS strategy can be summarised as follows:

- Maximise and sustain local and equitable provision
- Evolve Primary Care Network delivery (via existing LVS sites and potential new modes of delivery) to continue with the programme in the medium and longer term
- Maintain the Vaccination Centre at Slough in the medium term
- Assess the viable operational longevity of the Hospital Hub once priority health and social care workers have been vaccinated
- Refine delivery modelling to ensure that the pace of the programme is in line with available vaccine supplies and government strategy

9.6 Activities to enable ‘living with COVID’ (COVID secure)

Slough’s recovery plan (see Appendix 8) will need to address going forward the management of Covid to ensure our residents and staff remain safe, well and resilient both in the present climate and in the future.

The deployment of ‘Covid Marshalls’ to monitor compliance has been extended to June 2021. Any requests for events in the town, post lockdown, will need to ensure our Safety Advisory Group that full risk assessments have been undertaken and that they will be well and safely managed within Covid restrictions and guidance and best practice.

The council will also be looking at a phased return to work for staff in priority services but will still promote remote working where appropriate for staff to remain working from home. Full training will need to be undertaken for staff returning to the workplace.

9.7 Resourcing

Slough Borough Council has a dedicated Covid Operations Team who work directly to Slough Silver to coordinate and respond to all Covid related matters. They oversee the governance arrangements for the authority and allocate and monitor resources for individual cells and initiatives, offering support to both internal colleagues and partner organisations.

Volunteering is being coordinated through SCVS and the community hub and resource team.

A LOMP cell meets daily and is attended by representatives of key services that are instrumental in the deliver of the plan. This approach has been important in identifying issues and critical actions early; ensuring a joined up, collaborative approach to resourcing priority work areas and cells. Their work is fed through to the wider weekly LOMP cell.

Work is currently being undertaken to plan for the resumption of core, business as usual services, with critical and statutory services being addressed in the first tranche. A pool of staff will be maintained to ensure that staff returning to substantive posts can be replaced or temporary, more specialist staff commissioned through agencies, if required, in a timely manner.

The council’s head of finance oversees the use of dedicated Covid funding; monitoring allocations and spend, which in turn are reported to Silver.

10 COVID Recovery

We are conducting a COVID Community Impact Assessment to ascertain the effect that the pandemic has had on our population's health and wellbeing.

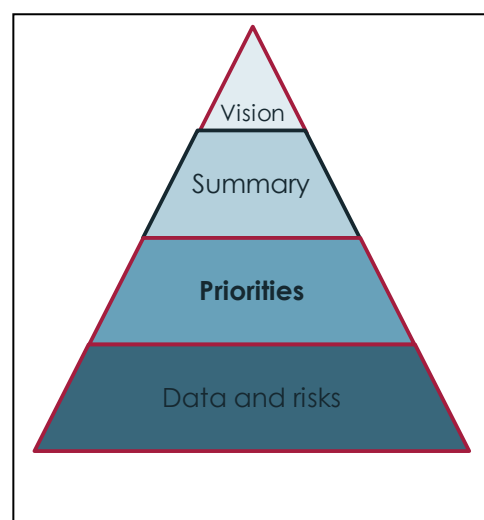
For COVID-19, unlike other emergencies, the boundary between response and recovery is blurred. The response is going to take some time, and how we respond now will influence how well we as a society and community recover and thrive in the future.

The Director of Public Health's [Public Health Annual Report 2020](#) clearly sets out the key areas of focus for the continued response and our transition into recovery. The development of the strategic and operational response to recovery is now underway. Addressing inequalities will be central to that plan to ensure we learn from the COVID-19 response and that our plans for recovery are equitable and meet the needs of all of our local communities and population groups in order to narrow the growing inequalities identified.

Slough Borough Council has set up a dedicated recovery working group and a recovery strategy has been drafted. This will be monitored and developed as new guidance is released. See appendix 8.

10.1 Main Priorities for Recovery

1. Maintain momentum from positive trends emerging from initial response workforce flexibility (One Council) community and partnership (One Slough) local knowledge and intelligence (whole system)
2. Agree priority areas to tackle demand backlogs and potential for self-serve / saying no / role of (all) partners
3. Agree priority areas for community recovery and reopening Slough including The Curve as the heart of the community
4. Agree priority areas for business recovery and reopening Slough to weather the economic impact
5. Support for our residents to ensure they have the skills to access employment and industry opportunities
6. Establish a single view of debt
7. Agree actions to support the 'health-wealth' virtuous cycle
8. Implement statutory and regional recovery plans
9. Implement Our Futures Operating Model
10. Agree governance and delegated decision-making
11. Map key dependencies, risks and mitigation



Appendix 1 Slough Surge Testing Plan



Operation Eagle -
Plan and appendices.c

Appendix 2: Education settings

Setting type:

Early Years Settings, Primary and Secondary schools, Special Schools, Universities and Colleges.

How the settings operate:

Early Years settings have been open to all children throughout. Staff currently have access to community testing but are due to receive LFT home kits for staff this month. Early Years settings have been offered support visits from Environmental Health to give them additional advice and guidance to ensure they are operating in a Covid secure environment.

Most schools have been operating throughout the pandemic and have their own procedures in place to reduce risks to staff and pupils. Slough schools/colleges reopened for all pupils from 8th March 2021. COVID-19 risk assessments and COVID secure measures ~~will be~~ have been reimplemented to ensure continued compliance with national guidance on effective protective measures such as social distancing, wearing of face coverings by staff/ secondary aged pupils, bubble sizes, good ventilation, cleaning, and infection prevention and control.

Weekly Head Teachers meetings, hosted by Slough Borough Council, have been running since 5th January 2021 with opportunities offered for schools to raise and have any COVID concerns addressed. These are followed up with supporting written information, as appropriate, sent by email to all slough Head Teachers.

On 16th March 2021 a 'COVID-19 Resource Pack for Educational Settings + Appendices' produced by Interim Public Health England South East Educational Settings Group, was sent out to all Slough Head Teachers. This incorporated all the up to date Government Guidance for educational settings and new flow charts around what to do when a positive case of COVID-19 is identified in an educational setting.

All Slough Schools have been given contact details for the Slough COVID Marshalls and the Highways Department to support with concerns raised around crowds of parents around school gates at some schools and following requests for additional road markings outside of some schools.

All Slough Secondary Schools have been sent out an offer to participate in a national research programme around 'Daily Contact Tracing'.

Testing:

All school staff (both Primary and Secondary Schools) have been undertaking Lateral Flow (rapid) testing at home twice a week since the 8th March 2021 (Primary School staff have been undertaking this at home since January 2021 and the Secondary School staff have been testing themselves in school since January 2021).

All consenting Secondary School/College pupils have been offered 3 Lateral Flow Tests in school (3-5 days apart between each test) the week commencing 8th March 2021. Secondary School pupils have now been issued with 2 home testing Lateral Flow test kits per week to self-test at home. They are expected to record and report their results.

Some Special Schools (as requested by the schools) have been supported with obtaining home testing Lateral Flow Testing kits prior to the 8th March 2021, so that parents can support with testing their child at home, if it is felt to be appropriate/better for the child. Other schools/colleges have set up specific areas/sessions for children/students who have High Needs.

Information has been sent out to all Slough Head Teachers advising that any positive Lateral Flow tests undertaken at home need to be followed up with a laboratory analysed PCR test due to no assessment/monitoring of home test conditions.

All Slough Head Teachers have been sent out information on how and where households and support bubbles of school children and staff can walk in or drive in locally to collect free home testing Lateral Flow kits for families (details also sent out on how these can be ordered by post).

All Slough Head Teachers have been sent out guidance of what to do in the event of conflicting test results with a PCR and LFT result.

All Independent Schools in Slough have been included in all communications to the Slough Head Teachers.

Responding to single cases:

Education settings will call the Department for Education Schools Helpline on 0800 046 8687, Mon-Fri from 8am to 6pm and weekends from 10am to 4pm. The out of hours offer is handled by the council's duty rota, who will direct the setting to the duty Consultant in Public Health, between 5pm and 9pm.

All schools have email/telephone access to a designated COVID Schools Programme Officer (within business hours) as a Single Point of Contact around COVID related support/advice for schools.

All settings will complete the notification form and sent directly to the CV19notifications@slough.gov.uk dropbox and to the relevant council officer. COVID Schools Programme Officer will follow up with individual schools any concerns identified around COVID management.

Responding to outbreaks:

Education settings will call the Thames Valley Health Protection Team on 0344 225 3861 (this includes an out of hours offer).

All settings will complete the notification form and sent directly to the CV19notifications@slough.gov.uk dropbox and to the relevant council officer.

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Management Team (IMT). An IMT may be required for a complex outbreak such as:

- there has been a death at the school/college
- there are many vulnerable children
- there are a high number of cases
- the outbreak has been ongoing despite usual control measures
- there are concerns on the safe running of the school

- there are other factors that require multi-agency coordination and decision making.

Appendix 3: Residential and nursing homes

Setting type:
Adults residential and nursing settings.
Context:
There are 16 CQC registered care homes (covering residential and nursing care) in Slough
How the settings operate:
All partners within Slough LRF Community Care Settings Cell, Testing Cell and Logistics Support Group have worked closely with the East Berkshire Clinical Commissioning Group and East Berkshire LA Commissioners group to implement a package of measures to support care homes in Slough, including:
PPE
<ul style="list-style-type: none">• Access for the Provision of Personal Protective Equipment (PPE)
Infection Control Training
<ul style="list-style-type: none">• Infection Prevention and Control (IPC) training delivered to all care homes by trainers/super trainers, including training of the use of PPE and practical test swabbing. IPC training has been adopted by all local care homes.• NHS IPC team are informed of every outbreak and offer additional support & training to help contain infection
Testing
<ul style="list-style-type: none">• Regular testing regimes in place in all homes including the regular PCR testing of all staff and residents and the use LFT daily where required (outbreak)• Additionally, staff can be referred to additional local testing centres.
Vaccine
<ul style="list-style-type: none">• All care home staff have priority access to vaccination sites• GPs have also been pro-active in vaccinating residents
<u>Infection Control Fund</u>
Care homes have received Infection Control Fund allocations to adopt and strengthen infection control measures, as per government guidance. Slough Borough Council is working proactively with care homes to ensure appropriate and effective use of the Fund.
This has included the implementation of Action Plans with input from Environmental Health, Public Health, Commissioning and Safeguarding to ensure implementation of infection control measures. Contract Monitoring also explores the implementation of staff cohorting, the minimal use of agency, limiting staff movement between settings, providers and places of work.
Testing: All Care Homes are undertaking regular lateral flow testing and PCR testing according to National Guidance.
Responding to single cases:
Update the Capacity Tracker

E-mail: CV19notifications, Host Local Authority, PHE

Notifications

Notify PHE

Notify CQC

Any other Local Authority where they have residents from

Advise family members of the positive case.

If residents were not due to be tested for a few weeks the manager would test them to ensure that there were not positives.

Responding to outbreaks:

Update the Capacity Tracker

E-mail: PHE, CV19notifications, Host Local Authority, testing

Notifications

Notify CQC

Any other Local Authority where they have residents from

Advise all residents family members of the positive case.

Send the host local authority the names and LAS numbers of their residents.

Request further Infection Control training if required.

If residents were not due to be tested for a few weeks the manager would test them to ensure that there were not positives.

Testing

Full home and staff to be PCR tested

Home to complete LFD testing for 7 days

Appendix 4: Supported living for adults with learning disabilities

Setting type:

Supported living for adults with learning disabilities.

Responding to single cases:

Settings will respond to single cases of COVID-19 by doing the following:

- Notify PHE
- Notify the Environmental Health Duty Desk
- Notify SBC
- Complete SBC outbreak management form
- Staff member who tested positive to self-isolate for the required days
- Residents required to self-isolate where required
- No visitors will attend the premises
- Infection Control consultation with the setting to ensure all necessary precautions and procedures in place

Cases are raised at the Local Authority Response Team and discussed to support any action planning that can be developed with the provider.

Responding to outbreaks:

Settings will respond to outbreaks of COVID-19 by doing the following:

- Notify PHE
- Notify the Environmental Health Duty Desk
- Notify SBC
- Complete Outbreak management form
- Meet with SBC Commissioning and CTPLD team to discuss business continuity, staffing concerns, residents' wellbeing
- Regular contact and update with SBC
- Residents asked to self-isolate where required
- No visitors to the setting

Outbreaks are raised at the Local Authority Response Team and discussed to support any action planning that can be developed with the provider.

Appendix 5: Domiciliary Care Agencies, Direct Payment Recipients employing staff and self-employed Personal Assistants

<p>Setting type: Domiciliary Care Agencies, Direct Payment Recipients employing staff and self-employed Personal Assistants</p>
<p>Context:</p> <p>All domiciliary care agencies within the borough, Support with confidence which is an online register for self-employed Personal assistants and also direct payment recipients who employ their own staff.</p>
<p>How the settings operate:</p> <p>Domiciliary Care agencies are all part of the vaccination programme; this information is available on the NHS tracker. They all take part in the weekly PCN testing. All carers have received training on infection control and PPE, also attended regular forums for updated information. They have been proactive in cohorting staff i.e., a member of staff to individual service users to reduce transmission,</p> <p>SWC & Personal Assistants – all been given information on vaccinations and lateral flow testing. They have also received information on correct usage of PPE and where to purchase.</p>
<p>Responding to single cases:</p> <p>Setting to notify PHE Settings will complete the CV19 notification form and inform Slough Borough Council of any instances and which service users the carer has been to. They will also ensure there has been no breach of PPE, if a breach is identified they will complete more training on the use of PPE.</p>
<p>Responding to outbreaks:</p> <p>Setting to notify PHE Settings will complete the CV19 notification form and inform Slough Borough Council of any instances and which service users the carer has been to. They will also ensure there has been no breach of PPE, if a breach is identified they will complete more training on the use of PPE.</p>

Appendix 6: Workplaces

<p>Setting Type: All Workplaces in Slough</p>
<p>Context: Great variety in workplaces, from very large factories such as Mars/Wrigley to small family run local shops.</p>
<p>How Settings Operate:</p> <p>Wide variety</p>
<p>Businesses Support:</p> <p>Businesses will be expected to carry out a COVID risk assessment of their premises. A template can be found on the HSE website. The team give businesses bespoke advice and support on completing a risk assessment.</p> <p>Officers from the Food & Safety Team will triage reports/cases as they become aware of them and follow up with workplaces as necessary offering support on operating a COVID secure workplace. If the notification meets the escalation criteria agreed with TVPHE or if the officers have any particular cause for concern they will notify this to TVPHE and the local Consultant in Public Health for further review.</p> <p>Sector specific information and support given to businesses as significant stages of the pandemic, including business webinars & QA sessions. Advice & leaflets are sent to businesses and available on our website.</p> <p>Covid officers operate 7 days a week, visiting businesses to give advice and support and also to check compliance, issues referred to the food & safety team for follow up.</p> <p>Step up in enforcement commenced early 2021, following increase in non compliance, despite support and advice given to businesses. Initially a flurry of enforcement notices served, although this has reduced from a ripple effect on compliance. Enforcement follows the 4 E's principle, engage, explain, encourage & enforce. Enforcement tools were increased with new powers introduced in Dec 2020, giving the team powers to prohibit activities, require businesses to improve, to immediately cease an activity, issue fixed penalty notices, and take formal prosecution. To date 29 formal notices have been served, all of which have been complied with.</p>
<p>Testing: Workplaces can:</p> <ol style="list-style-type: none"> 1. Join the National Scheme for Workplace lateral flow testing 2. Join the Workplace Collect scheme where employees can take home testing kits from the workplace 3. Employees can use the Community Testing sites. 4. Employees can use Pharmacy Collect service 5. Employees can request home testing kits by post
<p>Single Cases: Workplaces are encouraged to report cases of COVID 19 to CV19notifications@slough.gov.uk . Alternatively they may use the reporting systems set out in the GOV.UK pages.</p> <p>Workplaces are expected to conduct contact identification within the workplace and make sure the case and contacts self isolate.</p>
<p>Outbreaks: These should be notified to PHE and SBC Duty Desk.</p>

Appendix 7 Asylum Seekers/Slough Hotel-Based Migrant Group

<p>Setting or Population type:</p> <p>.</p> <p style="text-align: center;">Asylum Seekers/ Migrant group</p>
<p>Context:</p> <ul style="list-style-type: none"> - Contingency accommodation secured by Home Office (HO) in Slough - 140 rooms in Holiday Inn Slough, Mill Street, SL2 5DD for up to 200 people - CCG commissioning responsibility for health assessments, additional Govt funded
<p>Description of the Population Needs and Location:</p> <p>Priority was to assess the Migrant group's immediate health and care needs, and protect the most vulnerable from CV19 i.e.</p> <ul style="list-style-type: none"> • those aged 70 yrs + over • pregnant women • all those meeting clinical criteria for influenza vaccination <p>The steering group was set up to direct action/services to carry out health assessments on the migrant group and their dependants (adult and child), to include:</p> <ol style="list-style-type: none"> a) Opt-out testing for TB, Hepatitis A, B and C and HIV b) Recording a history of vaccinations c) Offering vaccinations (e.g. flu / shingles) in line with existing guidelines to both adults + children d) Facilitating vaccinations of newborn babies and children e) Recording women's pregnancy + maternity history f) Offer / facilitate access to ante-natal and post-natal care. g) Offer contraception advice to both men and women, including referral to Termination of Pregnancy (TOPs), where appropriate h) Identification of health or care needs (e.g. learning difficulties, mobility issues) i) Referral to support services for Female Genital Mutilation (FGM), Rape Crisis, support following torture or for those who are victims of trafficking, as appropriate. j) Support / facilitate local health visiting team to assess newborns and children under the age of 5 years k) Provide trauma-informed care for those who are acutely mentally unwell and need prompt referral into crisis care. l) Identify low level signs + symptoms of poor mental health / psychological wellbeing, and facilitate access to appropriate support. m) Make referral arrangements for emergency dental or optometry treatment, as required. n) Prescribe, as appropriate, including access to over the counter (OTC) medications (free)

Testing:

As of July 2020, the cohort are asked by Immigration & Border Force if they have any symptoms of COVID. A basic Covid screening would take place at the intake centre in Dover. If they do report symptoms, they have not been routed to Slough – they go to the Home Office isolation unit at Heathrow.

Those housed in Slough with no reported symptoms of Covid were provided with information about Covid and advised to self-isolate for 14 days on arrival, This messaging was supported by local hotel staff if clients asked to leave their rooms.

Responding to single cases:

Have been supporting the steering group as the Public Health lead since August 2020 and involved before steering group was set up (July 2020 onwards)

Notifications

E.g, Persian lady was supported in January 2021, once identified through Test and Trace as an asylum seeker living in the hotel; immunosuppressed and clinically extremely vulnerable (received a letter from the NHS); and was isolating in the hotel room. Following Public Health team intervention and flagging up, Safeguarding Manager subsequently arranged for the lady to be transferred into the Home Office Isolation facility located out-of-borough in Hounslow

Responding to outbreaks:

Public Health England informed the TB service that catching corona virus can activate the sleeping TB Bacteria, hence the screening service and the extended TB service in East Berkshire continues to operate.

TB nurses in Frimley NHSFT based at King Edwards' Hospital were contacted late July 2020 by Public Health, to arrange latent TB screening for the entire cohort.

PH raised issues of group being tested for Covid before being placed at the hotel, then received assurances that those reporting symptoms were not sent to the hotel in Slough.

7 confirmed cases of Covid at the hotel in January 2021, and these people were moved to the Home Office Heathrow isolation site.

Notifications

From August 2020, Covid information was provided in English, Persian, Arabic, Albanian and Urdu. Information was:

- Overview of covid-19
- Infection control and prevention (i.e. social distancing, hand washing, masks)
- Specific Face coverings infographic
- General wellbeing advice

Testing

List of walk-in testing sites for Covid was given to AS' steering group by Public Health in March 2021, to support signposting by the Operations Team at Ready Homes.

Vaccinations:

Public Health have shared resources from Doctors of the World about how to help homeless and excluded people access Covid vaccinations. The DOTW Covid Vaccine policy briefing (P6 has info on accessing an NHS number) was shared – <https://www.doctorsoftheworld.org.uk/wp-content/uploads/2021/02/DOTW-UK-Policy-Brief-COVID-19-Vaccine-22-Jan-2021.pdf>, as well as infographics on what services are free to migrants (in English and Arabic). Resources were shared with commissioners, the substance misuse service and SBC Housing team.

Support Given:

Suitably translated resources for the key Covid-protection messages were requested early on during the pandemic and the first lockdown. These were provided by Public Health to be displayed within the hotel (hard copy), with messaging to be emphasised again by liaison officers and other visiting health professionals etc. Hard copy leaflets were also supplied to the Slough Refugee Support team at SBC in various languages..

Appendix 8 Slough Recovery Plan



Slough Covid
Recovery Strategy Ap

Appendix 9 Self Isolation Readiness Framework



210309 - Guidance
for Councils on practi