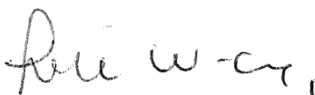


Date of issue: Friday, 28 August 2020

MEETING:	HEALTH SCRUTINY PANEL (Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Gahir, N Holledge, Mohammad, Qaseem and Rasib) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative – Mr Colin Pill Buckinghamshire Health and Adult Social Care Select Committee Representative - vacancy
DATE AND TIME:	TUESDAY, 8TH SEPTEMBER, 2020 AT 6.30 PM
VENUE:	VIRTUAL MEETING
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	JANINE JENKINSON 07511 048 406

NOTICE OF MEETING

You are requested to attend the above meeting at the time and date indicated to deal with the business set out in the following agenda.



JOSIE WRAGG
Chief Executive

AGENDA

PART I

<u>AGENDA</u> <u>ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
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APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

- | | | | |
|----|--------------------------|---|---|
| 1. | Declarations of Interest | - | - |
|----|--------------------------|---|---|

All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.



<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
2.	Minutes of the Last Meeting held on 25th June 2020	1 - 8	-

SCRUTINY ISSUES

3.	Member Questions <i>(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).</i>	-	-
4.	Update on Progress of Disability Task and Finish Group	9 - 22	All
5.	Frimley Clinical Commissioning Group (CCG) Potential Merger	23 - 36	All
6.	Situation Report - Verbal Update on COVID-19 in Slough	37 - 40	All
7.	Slough Local Outbreak Management	41 - 116	All
8.	Slough Black, Asian, and Minority Ethnic (BAME) COVID-19 Project Update	117 - 126	All

ITEMS FOR INFORMATION

9.	Health Scrutiny Panel - Work Programme 2020/21	127 - 130	All
10.	Members' Attendance Record	131 - 132	-
11.	Date of Next Meeting - 13th October 2020	-	-

Press and Public

This meeting will be held remotely in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020. Part I of this meeting will be live streamed as required by the regulations. The press and public can access the meeting from the following link (by selecting the meeting you wish to view): <http://www.slough.gov.uk/moderngov/mgCalendarMonthView.aspx?GL=1&bcr=1>

Please note that the meeting may be recorded. By participating in the meeting by audio and/or video you are giving consent to being recorded and acknowledge that the recording will be in the public domain. The press and public will not be able to view any matters considered during Part II of the agenda.

Health Scrutiny Panel – Meeting held on Thursday, 25th June, 2020.

Present:- Councillors A Sandhu (Chair), Ali, Begum, Gahir, Mohammad, Qaseem (from 6.36pm) and Rasib

Also present under Rule 30:- Councillor Strutton

Apologies for Absence:- Councillor Smith and Co-opted Member Colin Pill

PART I

1. Declarations of Interest

In relation to Agenda Item 6 (Minute No. 6) - Air Quality and Health in Slough - Councillor Gahir declared that he was a Hackney Carriage operator and driver. He took part in the discussion on the item and remained logged in throughout the virtual meeting.

2. Minutes of the Last Meeting held on 16th January 2020

In relation to Minute No. 42 - Adult Social Care Strategy and Budget, Councillor Strutton requested an update on the misuse of the Blue Badge scheme at Council leisure centres. The Director of Adults and Communities agreed to seek further information and provide an update to Councillor Strutton.

Resolved –

- (a) That the minutes of the meeting held on 16th January 2020 be approved as a correct record.
- (b) That the Director of Adults and Communities be requested to provide an update to Councillor Strutton regarding the misuse of the Blue Badge scheme at Council leisure centres.

3. To Ratify the Appointment of the Chair for 2020/21

Resolved – That Councillor A Sandhu be confirmed as the Chair of the Health Scrutiny Panel for 2020/21.

4. To Ratify the Appointment of the Vice-Chair for 2020/21

Resolved – That Councillor Smith be confirmed as the Chair of the Health Scrutiny Panel for 2020/21.

5. Member Questions

None had been received.

Health Scrutiny Panel - 25.06.20

(Councillor Qaseem joined the meeting)

6. Air Quality and Health in Slough

The Public Health Programme Officer introduced a report regarding the work undertaken by the Public Health and Environmental Quality teams over the past 12 months in relation to air quality in Slough.

Following the conclusion of the presentation, the Chair invited comments and questions from Members.

During the course of the discussion, the following points were raised:

- It was noted that the Council's vehicle fleet was due to be expanded during 2020 to a total of 20, all of which would all be electric. A Member asked how many electric vehicles the Council currently operated and what target had been set to replace the fleet with electric vehicles. It was reported that the Council currently operated five electric vehicles and this would be increasing to 20 over the next few months.
- A Member asked what size of housing development would be required to provide electric vehicle charging points. It was explained that individual residential properties would not be required to provide charging points, but a block of flats would be expected to provide a minimum of 10% provision.
- Referring to section 6.4.3 of the report, it was queried if the Council encouraged staff to park in public car parks or on nearby public highways. It was explained that staff were currently still able to park at Montem Car Park and walk to Observatory House. Council Staff were also able to use Hershel Car Park and there was provision at Hatfield Car Park available for use at a subsidised rate.
- It was noted that a Clean Air Zone Feasibility Study was due to commence imminently, and the total cost of the study would be approximately £100,000. It was asked what the study would entail and how it would be carried out. It was explained that the study would encompass a number of elements, including a transport assessment. It was agreed that additional information regarding the study would be circulated to the Panel.
- It was suggested that the Environmental Strategic Board should seek to engage with the public and voluntary organisations to encourage 'ownership' of the Council's clean air initiatives. It was confirmed that community engagement and co-design would be encouraged and these were vital to the success of the Council's work on air quality, climate change and environmental issues.
- It was asked how data was gathered using the AirTEXT system and how this information was communicated to residents. It was explained that the data was collected through monitoring stations which recorded the prevailing air pollution levels over a 72 hour period and then provided an alert to residents who had signed up to the system. Alerts were provided either via text message, email or telephone. The alerts

Health Scrutiny Panel - 25.06.20

also recommended actions residents should undertake to avoid air pollution.

- It was highlighted that vehicle pollution was a major contributor to air pollution in Slough. It was asked what could be done to reduce vehicle congestion in Slough. In response, it was explained that there were a number of initiatives that could be implemented to mitigate vehicle pollution, including establishing Low Emission Zones, encouraging less use of vehicles and the uptake of alternative modes of transport such as walking and cycling. The public health approach encouraged behavioural change; whilst the implementation of Clean Air Zones and charges for entering these designated areas would deter vehicles from travelling through the borough.
- A Member asked if the Clean Air Day planned to take place on 8th October 2020 would still be going ahead. It was explained that the day had originally been scheduled to take place in June 2020, however due to the Covid-19 pandemic the event had been postponed until October 2020. If the October event was cancelled, a localised Slough Clean Air Day would be arranged.
- In relation to air quality, a Member asked what futures plans there were to improve pollution level in Slough in order to protect the health of residents. It was explained that monitoring was undertaken continually and year-on-year there had been an improvement to the air quality in Slough. Implementation of targeted schemes and strategies would assist improvement; however, the reduction of car use and the greater use of sustainable modes of travel were the most effective ways of improving air quality. One of the programmes within the Low Emissions Strategy was to improve the cycle infrastructure in Slough.
- It was asked if GPs utilised the AirTEXT system. It was explained that AirTEXT had been linked to clinical referral pathways and work was underway with the Clinical Commissioning Group to explore the possibility of automatically signing residents with long-term health conditions up to the AirTEXT alert system. Further work to resolve issues in relation to data sharing needed to be undertaken. Over the next few months the Public Health Team would be working to improve links between AirTEXT and primary health care providers.
- A Member asked when the Urban Tree Challenge Project would commence. It was reported that the project had begun and the Council's web page provided full details in relation to the initiative. A Member requested that details of the number of trees planted in each ward be provided to the Panel.

The Chair then invited Councillor Strutton to address the Panel under Rule 30.

Councillor Strutton expressed disappointment that the Clean Air Zones would not include the M4, A4 and Junction 7. He suggested that the digital displays located at each junction be used to raise awareness of the air quality in Slough. He highlighted that the air quality rating was currently 'moderate' and this was during the lockdown period whilst there were fewer aeroplanes operating. He asked if bus lanes would be used as 'green highways' open for all zero emission vehicles to travel on. He raised concern regarding the level

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of traffic congestion and the movement of large vehicles travelling through Slough.

In response, it was explained that it was not necessary to designate an entire area as a Clean Air Zone; rather the designation of a small section off each junction would deter vehicles travelling through the area. As part of the Clean Air Zone Feasibility Study further work would be undertaken to understand the impact of the proposals on traffic flows and air quality. With regard to air quality monitoring, it was explained that monitoring was carried out across the borough and Annex D of the report set out all of the monitoring locations throughout Slough. In relation to the operation of aeroplanes from Heathrow, it was reported that the Public Health Team had submitted comments relating to health impacts, as part of the Council's response to the consultation on the expansion of the airport.

The Chair thanked the Public Health Programme Officer and the Technical Officer – Air Quality and Noise for the update.

Resolved –

- (a) That the report be noted.
- (b) That the Public Health Programme Officer and Technical Officer - Air Quality and Noise, be requested to circulate responses to the outstanding queries raised, as detailed above.
- (c) That the Panel endorsed the following objectives set out in the report and agreed that these would be reviewed annually:
 - Promote modal shift at all possible opportunities
 - Protect residents with long term health conditions through AirText
 - Encourage residents to consider the shift away from diesel
 - Establish an 'Environmental Strategic Board' to drive the Council's work on air quality, climate change and environmental issues.

7. Safeguarding Adults Board Annual Report

The Director of Adults and Communities introduced a report that presented the Safeguarding Adults Board Annual Report and an overview of the safeguarding activities that had taken place during the period April 2018 to March 2019.

The Safeguarding Partnership Manager was then invited to provide the Panel with a summary of key points within the Annual Report.

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It was explained that during the course of 2018/19 and in anticipation of the new Working Together guidance from the Department for Education, statutory partners in Slough had established the Slough Safeguarding Leaders Group.

The Group had overseen the establishment of the Slough Safeguarding Partnership which combined the responsibilities of the Local Safeguarding Children Board and of the Slough Adult Safeguarding Board into a broader based partnership. The new arrangement recognised that safeguarding concerns spanned both of these service areas, and were best carried out, strategically and operationally, by promoting shared understanding and strategies to manage complex issues.

New quality assurance arrangements had been put in place to monitor performance and the collective impact of all partner agencies. New independent scrutiny arrangements had recently been established, including the appointment of an Independent Chair. The role of Chair would provide independent challenge and scrutiny of the partnership arrangements.

The Director of Adults and Communities then provided a summary of the activities undertaken over the last few months. It was reported that there had been a 17% increase in the number of contacts made from January to June 2019 compared to those made during January to June 2020. There had been a 54% increase in the number of Section 42 enquiries (relating to abuse or neglect of an adult) during the same period. In the first three weeks of June 2020 there had been a significant increase of contacts made; the reasons for this were currently unclear. In addition, there had been a significant increase in the number of safeguarding referrals made. The number of hospital referrals had increased and there had been a small increase in the number of police contacts. There had been a slight decrease in the number of referrals from the ambulance service. Data indicated that there had not been an increase in any particular safeguarding area; rather there had been an overall increase in the number of cases reported.

The Chair then invited comments and questions from Members.

During the course of the discussion, the following points were raised:

- A Member asked how the Independent Chair had been appointed, who they were accountable to and if the post was remunerated. It was explained that the appointment had been made by the Safeguarding Partnership and the post was accountable to SBC's Chief Executive. The Chair was remunerated for their time and the role was jointly funded by the member agencies of the Safeguarding Partnership. It was felt that the appointment of an Independent Chair would result in better outcomes and overall would be most cost effective. The leadership of the Partnership now sat with the statutory bodies rather than an Independent Chair.
- Referring to information provided on page 62 of the report titled 'Objective in 2018/19 Improving Identification of Risk to the Individual and Management of That Risk Referral Rates' it was noted that in

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2014-15, 466 concerns had been received, the number of enquiries raised was 90 and the conversion rate 19%; whereas in 2018-19 significantly more concerns (1486) and enquires (229) had been raised, however this had resulted in a lower conversion rate (15%). Clarification was sought regarding the figures presented. It was explained that in 2014-15 the data had been monitored monthly, whereas this information was now monitored weekly. Measures were now in place to ensure the right referrals were made to the correct agency and continual monitoring was undertaken. It was explained that if the data indicated a high volume of contacts and a low volume of safeguarding it was clear inappropriate referrals were being made. The higher the conversion rate meant that the professionals were making referrals to the correct agency. It was crucial that training and communication with the professional agencies was undertaken to ensure the systems worked as intended.

- In relation to Mental Capacity and Deprivation of Liberty Safeguards, a Member asked under what circumstances applications for deprivation of liberty were refused and what alternative options were available if an application failed to be granted. It was explained that the deprivation of liberty safeguards were put in place to protect people. Deprivation of liberty was a formal legal process that required an application to the Council and approval by a doctor. If not granted, alternative safeguarding options would be suggested.
- Referring to the information provided relating to 'Improving Identification of Risk to the Individual and Management of That Risk' it was noted that the safeguarding data would be cross referenced with information held by the voluntary sector, Thames Valley Police and the Safer Slough Partnership to gain a wider understanding of the scope and types of abuse occurring in Slough. It was asked if this task had been completed. It was reported that the end of year data had not yet been ratified, but it was anticipated that the creation of a multi-agency risk tool would alter the figures. The figures would be ratified by the end of July 2020.

The Chair then invited Councillor Strutton to address the Panel under Rule 30.

Councillor Strutton noted that a web link provided in Appendix A of the report did not work and requested that a functioning link be circulated to Members.

Councillor Strutton asked how many serious case reviews had been undertaken in the last three years and what areas these related to. In view of the increased number of referrals arising from the Covid-19 lockdown, he requested further details regarding the type of abuse being reported. In addition, he asked for information about the number of contacts and enquiries over the last three years from people living in supported housing where abuse had come from new or existing residents.

Health Scrutiny Panel - 25.06.20

The Safeguarding Partnership Manager reported that there had been three adult safeguarding reviews undertaken in the last three years and they had all involved similar themes: self neglect; and inappropriate sharing of information. It was explained that it was currently too soon to provide a summary of the types of safeguarding cases being reported during the lockdown period. It was agreed that information relating to abuse cases in supported housing would be sought and a written response forwarded to the Panel.

The Chair thanked the Director of Adults and Communities and the Safeguarding Partnership Manager for the report.

Resolved –

- (a) That the report be noted.
- (b) That the Director of Director Adults and Communities be requested to circulate responses to the outstanding questions raised as detailed above.
- (c) That the Safeguarding Partnership Manager be requested to circulate the web link to the Panel.

8. Adult Social Care Local Account 2018-19

The Director of Adults and Communities introduced a report that presented the draft Adult Social Care Local Account 2018-19 for the Panel's information.

The Local Account provided a summary of the activity and work that had taken place in Slough's Adult Social Care services over the period April 2018 to March 2019.

Resolved – That the report be noted.

9. Health Scrutiny Panel - Work Programme 2020/21

It was requested that provision of GP surgeries in Slough be included as a topic in the work programme.

Resolved –

- (a) That Members agree to email the Policy Insight Analyst with suggested review topics for inclusion in the work programme.
- (b) That the provision of GP surgeries in Slough be considered as a topic for inclusion in the work programme.

Health Scrutiny Panel - 25.06.20

10. Members' Attendance Record 2020/21

Resolved - That the details of the Members' Attendance Record be noted.

11. Date of Next Meeting - 8th September 2020

Resolved – That the date of the next meeting was confirmed as 8th September 2020.

Chair

(Note: The meeting opened at 6.30pm and closed at 8.12 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 8th September 2020

CONTACT OFFICER: Ellie Gaddes, Policy Insight Analyst

(For all Enquiries) (01753) 875657

WARDS: All

PART I

FOR COMMENT AND CONSIDERATION

UPDATE ON PROGRESS OF DISABILITY TASK AND FINISH GROUP

1. **Purpose of Report**

To provide members of the Health Scrutiny Panel an update on the progress of implementation of the recommendations of the Disability Task and Finish Group.

2. **Recommendations/Proposed Action**

That the panel provide comments on the progress of the implementation of the recommendations of the disability task and finish group.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The effective scrutiny of the councils decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.3 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful.

- Our people will be healthier and manage their own care needs.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report.

(d) Equalities Impact Assessment

There are no Equalities implications arising from this report.

5. **Supporting Information**

5.1 The Health Scrutiny Disability Task and Finish group provided a set of recommendations (see Appendix A) for council officers to implement.

5.2 Updates on the progress of the implementation of these recommendations were provided in written format to the Health Scrutiny Panel at the meeting on the 20th November. At this meeting, members of the panel expressed concerns that council officers were not doing enough to implement the recommendations in the desired time frame. During discussions of the work programme, the panel requested a verbal update on progress from key council officers. In particular, the panel requested to speak to relevant officers from the planning, licensing, parking and transport teams.

5.3 Officers from the relevant teams have been requested to provide information relating to their progress on implementing these recommendations. This information, where provided, can be found in Appendix Two.

5.4 The relevant officers have been requested to attend the meeting in person, in order to present their update on progress, and take questions from members of the panel.

6. **Conclusion**

This report, and the appendixes attached, are intended to provide the Health Scrutiny Panel with an update on the progress of implementation of the recommendations of the disability Task and Finish Group.

7. **Appendices Attached**

A – Disability Task and Finish Group – Recommendation Grid
B – Disability Task and Finish Group – Update Slides

8. **Background Papers**

None.

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Disability Task and Finish Group – Implementation Grid

Recommendation	Identified lead	S, M or L term implementation	Notes / comments	Progress	Next steps
Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.	A.Hibbert	S	Officers would welcome members' feedback on what methods of publication would be most effective.	Since April 2019 the Active Slough team have promoted our disability programme through direct contact and consultation with Destiny Supprt, delivering an 8 week multi-sports programme. Had information stalls at autism awareness, Health Watch, Special Voices and Hope College events. The team have contacted via email all supported living homes and care agencies. Publicised to agencies disability sports sessions in football, dance and polybat. Attended Arbour Vale School assemblies to promote disability programmes. Launched a teen disability team who were invited to play at Reading Football Stadium.	Continue to liase with relevant groups and agencies.
Reviewing the accessibility of pathways to Slough's new green gyms.	A.Hibbert	S		We have carried out a review of green gyms and have found them to be accessible at all sites. Hoewver not all equipment is accessible, but this is dependent on the nature and type of disability.	Continue to research more disability friendly equipment at sites.

Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.	C. Dhillon	Ongoing	The Task & Finish Group report has also been shared with the Team working on the localities strategy, so will be noted in the design process for the new hubs.	Disabled toilet installed at new HQ, however as we do not anticipate this building to be heavily used by the public and because the Trust are not moving we have not installed a nappy changing facility or changing places toilets (as there is one nearby at The Curve). However we have installed transgender toilets.	
Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.	K.Hothi	M	Officers will review disabled parking borough-wide and conduct a statutory consultation on more disabled parking around shopping areas.	We have reviewed the whole of the High Street / High Street West, and implemented additional disabled parking, including larger accessible bays outside Landmark Place. The following shopping locations have been identified for additional disabled bays: Farnham Road, Upton Lea Parade,	Implement any additional disabled bays where parking restrictions are not in place.
Reviewing recently installed crossing points to consider where double-yellow lines might be effective.	K.Hothi	M	Officers will identify locations borough-wide and implement changes.	All new junction improvements / modifications delivered in the last 18 months have been considered in relation to obstructions, prior to implementation.	Process is in place to ensure any new locations are consulted with the parking team.

Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.	K.Hothi / Comms	S	Officers will work with Comms team to increase awareness via various channels.		Policy Insight Team will prepare a press release with the comms teams to raise awareness. Kam to provide photos.
Ensuring that all SBC regulated taxis have ramps with raised edges.	M.Sims	S			Vehicle checks commencing in November
Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.	M.Sims	S			Vehicle checks commencing in November
Displaying notices in taxis as to the rights of disabled service users not to be charged differently.	M.Sims	S		Advisory posters and cards developed and printed and these will be circulated in due course as well as being put on the SBC website.	
Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.	S. deCruz	S	This will be done through a formal procedure in the Quality Bus Partnership meetings		
Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.	S. deCruz	M	This will be done through a formal procedure in the Quality Bus Partnership meetings		

As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.	S. deCruz	Ongoing	All schemes and projects have a process for reviewing the accessibility issues and therefore will be addressed through this checklist and audit .		
Using mystery shopping of both taxi and bus services to check compliance with standards.	S. deCruz / M.Sims	S	This work will be co-ordinated with the Consumer protection team. Officers may also contact Healthwatch Slough for their expertise / experience		
Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.	S. Dhuna	Ongoing	The council will ensure EQUI plans are included in consultations on plans for the town centre		
The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.	T.Overend	L			

Disability Task & Finish Group Recommendations

Update – September 2020

Michael Sims

Licensing Manager

Recommendation	S, M or L term implementation	Notes / comments	Progress	Next steps
Ensuring that all SBC regulated taxis have ramps with raised edges.	S		Vehicle checks were scheduled for April 2020. These were delayed due to COVID-19.	Vehicle checks scheduled for September 2020
Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.	S		Vehicle checks were scheduled for April 2020. These were delayed due to COVID-19.	Vehicle checks scheduled for September 2020
Displaying notices in taxis as to the rights of disabled service users not to be charged differently.	S		Advisory posters and cards developed and printed and these will circulate in due course as well as being put on the SBC website.	All taxis have been provided with advice cards on carrying disabled persons with wheelchairs as well as persons with assistance dogs. Information/ advice cards and posters have been circulated to all SBC premises, hospitals, doctors surgeries and posted on SBC website.

Kam Hothi

Team Leader – Parking, Highways & Network Management

Recommendation	S, M or L term implementation	Notes / comments	Progress	Next steps
Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.	M	Officers will review disabled parking borough-wide and conduct a statutory consultation on more disabled parking around shopping areas.	We have reviewed the whole of the High Street / High Street West, and implemented additional disabled parking, including larger accessible bays outside Landmark Place. The following shopping locations have been identified for additional disabled bays: Farnham Road, Upton Lea Parade.	Implement any additional disabled bays where parking restrictions are not in place.
Reviewing recently installed crossing points to consider where double-yellow lines might be effective.	M	Officers will identify locations borough-wide and implement changes.	All new junction improvements / modifications delivered in the last 18 months have been considered in relation to obstructions, prior to implementation.	Process is in place to ensure any new locations are consulted with the parking team.
Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.	S	Officers will work with Comms team to increase awareness via various channels.		Policy Insight Team will prepare a press release with the comms teams to raise awareness. Kam to provide photos.

Laurence Moore

Planning Manager

Recommendation	S, M or L term implementation	Notes / comments	Progress	Next steps
Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.	Ongoing	When plans are submitted for the new town centre, the Council will be proactive in its discussions with developers to ensure accessibility for those with disabilities.	No planning applications have been submitted to date. As and when planning applications are made, residents will be consulted on the plans. When the planning application is determined, the provisions of the Equality Act 2010 will be taken into consideration.	Awaiting planning applications.

Savio DeCruz

Service Lead – Major Infrastructure Projects

Recommendation	S, M or L term implementation	Notes / comments	Progress	Next steps
Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.	S	This will be done through a formal procedure in the Quality Bus Partnership meetings	Officers are in the process of setting up a new Quality Bus Partnership to cover all operators and therefore get a more consistent view on how they are dealing with complaints from disabled or concessionary pass holders. This was planned for earlier in the year but has been delayed by COVID-19.	
Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.	M	This will be done through a formal procedure in the Quality Bus Partnership meetings	This can be raised at a future QBP once the various operators have agreed the terms of reference for the group meetings. This was planned for earlier in the year but has been delayed by COVID-19.	
As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.	Ongoing	All schemes and projects have a process for reviewing the accessibility issues and therefore will be addressed through this checklist and audit .	The current transport schemes are already encompassing DDA issues into the detailed design. This has been an on-going piece of work and officers have agreed to asses any that is brought to the councils attention that may lead to accessibility issues.	

Questions?

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 8th September 2020

CONTACT OFFICER: Tracey Farraday-Drake, Executive Place Managing Director (Slough), Frimley Collaborative

WARD(S): All

PART I**FOR COMMENT & CONSIDERATION****FRIMLEY CLINICAL COMMISSIONING GROUP (CCG) POTENTIAL MERGER****1. Purpose of Report**

NHS East Berkshire; North East Hampshire & Farnham and Surrey Heath Clinical Commissioning Groups are now considering the case for change to establish a single clinical commissioning group in the Frimley Health and Care ICS.

In 2019 three NHS England highly rated Clinical Commissioning Groups came together to form the Frimley Collaborative, representing people across North East Hampshire and Farnham, East Berkshire and Surrey Heath. The aim of this collaboration was to provide a seamless service for our local people, really understanding what they need in local places, and then working together to provide the infrastructure, support and connectivity into specialist and hospital services.

One of the key principles of doing this was to do things once where it makes sense to and reduce duplication. Our three CCG Governing Bodies created a shared decision-making body – The Frimley Collaborative Board – and agreed a formal way of working based around five ‘Places’:

- North East Hampshire and Farnham
- Bracknell Forest
- Slough
- Surrey Heath
- The Royal Borough of Windsor and Maidenhead

We want to retain the very best of what we do right now and that includes the core values and principles in each place.

We want each place to retain its identity and see this being championed and developed further by clinical leaders and managing directors as they develop priorities for each place.

Our Places; through the Clinical Leader, Managing Director, and Place Non-Executive and in partnership with key local stakeholders in our Place Committee's will continue to make decisions on how best to utilise the resources available to them locally, and to work collectively to ensure broader system pathways are effective.

2. **Recommendation(s)/Proposed Action**

The Panel is requested to consider the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The [Slough Joint Wellbeing Strategy](#) (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA). Both are clearly linked and must be used in conjunction when preparing your report. They have been combined in the Slough Wellbeing Board report template to enable you to provide supporting information highlighting the link between the SJWS and JSNA priorities.

3a. **Slough Wellbeing Strategy Priorities**

The CCG plans will reflect the health and care landscape around it, providing the vision and leadership for strategic commissioning across the system, whilst meeting the needs of our local populations at place.

We will not be changing anything in isolation – on the contrary we expect our staff, member practices, health and care partners, communities and neighbourhoods to continue to help shape our thinking as we design commissioning arrangements in the Frimley system.

Frimley Health and Care continues to be a leading Integrated Care System and we need to ensure that our way of working that promote and encourage innovation, professionalism and creativity continue to flourish.

This approach aligns to the Councils (2) integration and (3) strong, health & attractive neighbourhood priorities.

3b. **Five Year Plan Outcomes**

This aligns to the Council's Five Year Plan – specifically:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs

4. **Other Implications**

(a) **Risk Management**

The CCGs have identified risks as part of the merger plans. The main risk is if the CCGs do not merge then this could have an impact on the integration of health and care within the Frimley Health and Care ICS.

(b) **Human Rights Act and Other Legal Implications**

There are no Human Rights Act Implications.

(c) Equalities Impact Assessment

The proposed merger will have a detailed equalities impact assessment which will be available when the application is made to NHSE/I on 30 September 2020.

5. **Supporting Information**

None

6. **Comments of Other Committees**

The Collaborative Board will be considering in detail the case for change on 8 September 2020 with a formal decision on 29 September prior to an application to NHSE/I (deadline 30 September 2020).

7. **Conclusion**

The Panel is asked to note the intention of NHS East Berkshire, North East Hampshire & Farnham; and Surrey Heath CCGs to merger on 1 April 2021.

8. **Appendix Attached**

'A' - Creating the New Health and Care Landscape presentation

9. **Background Papers**

None

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Creating the new Health and Care landscape



Setting the scene:

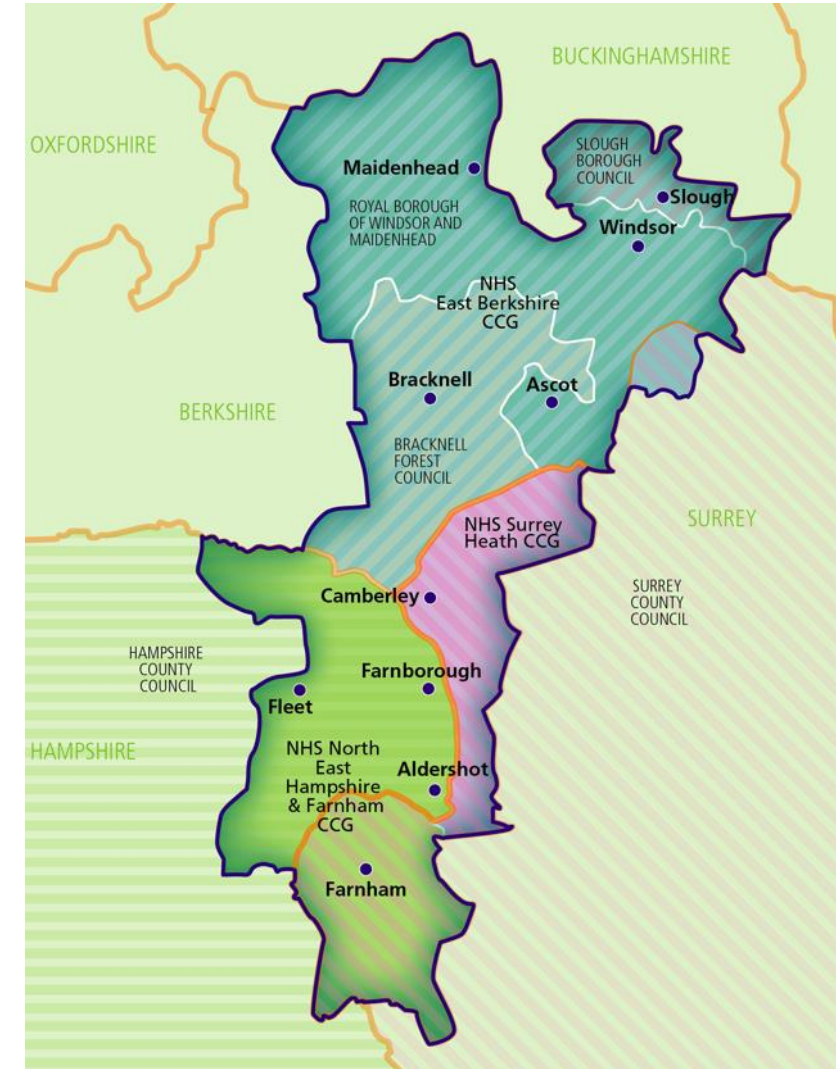
- We want to share our thinking around the developments for future ways of working across the Frimley Collaborative – the three clinical commissioning groups of East Berkshire, North East Hampshire and Farnham and Surrey Heath.
- As you may be aware, nationally NHS England (NHSE) has opened an opportunity for clinical commissioning groups to consider a merger, which would require us to note an expression of interest to NHSE by end of September 2020.
- Our Frimley Collaborative Board have agreed to register an intent to merge at this stage, providing an opportunity for us to further explore our options before final submission.
- The national timetable sets clear deadlines, which means if we were to go ahead with a formal merger we would need to deliver a business case by September 2020, with merger preparation during winter 2020/21 and merger from April 2021.
- The [NHS Long Term Plan](#) ambition is for each Integrated Care System is to have streamlined commissioning arrangements, to enable a single set of commissioning decisions at Integrated Care System, typically involving a single CCG for each ICS.
- The crisis of Covid-19 has demonstrated that we have greater impact when health, social care and communities come together, with a common aim. We have an exciting opportunity for us to build on the many positive examples of change during the pandemic and to transform how we work and ultimately deliver better outcomes for local people.

What have we achieved as a Collaborative:

- Created five place based leadership teams and structures with clinical leaders, lay members and managing directors;
- Increasing our focus on individuals, neighbourhoods, PCN's and communities;
- Major role in shaping the future ICS and strengthened strategic commissioning across our system;
- Continue to build our evidence based decision making - population health management and focus on health inequalities;
- Created a single executive team and making decisions as a single Collaborative Board* combining three Governing Bodies together;
- Transformed how we work together as a collaborative and as a system – demonstrating rapid learning and effective working with our COVID 19 Pandemic response; and
- Created shared priorities and values, focusing on the things that really matter and working collaboratively with our partners across health and care.

*January 2020

Frimley Collaborative Partnership of Clinical Commissioning Groups



Working in a way that is right for local people:

- ✓ We know that many people are unaware of the structures that make up their local health and care services – we want local people to know the NHS is working as a whole system to provide the best services and outcomes for the local population, regardless of our organisational boundaries;
- ✓ We also want them to know we are delivering consistently good quality services, targeted and tailored to meet the needs of our local population and delivering positive outcomes no matter where people live;
- ✓ We will retain a local focus in five places and work closely with our PCNs to ensure we continue to make clinically led decisions, increasing our focus on the local population and the communities and neighbourhoods within them;
- ✓ We want patients and local people to know that our decisions are based on good evidence and insight from across health and care and our third sector, including what people tell us about their experiences of using health and care services;
- ✓ We want to stop people becoming ill where we can, so that the future way of working and how people access services is different, more focused on preventing ill health and supporting people to look after themselves.



Working in a way that is right for the future:

- ✓ The NHS Long Term Plan ambition is for each Integrated Care System to have streamlined commissioning arrangements, to enable a single set of commissioning decisions at ICS level - typically involving a single CCG for each ICS;
- ✓ We want to have a collective commissioning voice across our system, strengthening our role as we integrate further with our partners across Frimley Health and Care;
- ✓ It makes sense to work together to maximise the benefit of the way we use our resources across our three CCG's and Frimley Health and Care ICS;
- ✓ We want to do things once where it makes sense to, working at scale when it is right to do so and reducing duplication - such as on clinical transformation projects across acute, community and primary care;
- ✓ We can increase our understanding of population health by sharing and using data and insight across our organisations to drive decision making and address health inequalities across our system and at place



How will the landscape look in the future?:

- ✓ We will focus on improving population health outcomes and where our services can be more efficient – particularly around services closer to peoples homes;
- ✓ Frimley ICS is one of the leading systems in the country – with that position comes potential opportunities – we want to take advantage of those opportunities and continue to drive transformation and innovation across our services;
- ✓ We need to provide greater value for money as we reduce duplication, freeing up much needed resource and expertise to work collectively on the things where it makes sense to do just once and where we can make the biggest difference;
- ✓ There will be opportunities to use resources and assets more effectively and collectively, centralising some functions to be more effective and streamlined – meaning better access to support and expertise;
- ✓ We will create new ways of working to simplify how we do business such as making it easier to share data and where possible not doing things three times;
- ✓ We will develop clear, lean decision making processes that support getting things done



What are the benefits/opportunities that a merger could provide?:

By working as a merged organisation we will:

- ✓ Be more resilient to our continued pandemic response by combining our ways of working and our capability and capacity even further
- ✓ Be able to retain local knowledge and use population health management and local insight at the centre of our decisions
- ✓ Be able to combine the best of our resources, bringing together expertise from across the three CCG's and resources such as staff intranet, HR portals, system level training hubs;
- ✓ Build on what already works - retain our strengths, learn from each other and harness our talent
- ✓ Target and tailor services, recognising the need to adapt and deliver services to meet the needs of our local communities
- ✓ Align our priorities with local authorities, third sector and community partners at place and across the system or particular communities where it makes sense
- ✓ Create opportunities to develop stronger local partnerships and community led projects
- ✓ Create more opportunities to talk and listen to our local communities, co-designing our services and the community deal(s)



Timetable:

- **July – August 2020** – engagement programme to seek the views of the staff, public, local councils, ICS partners, member practices, and local organisations to help develop the case for change and show how we have incorporated their views in how we plan to work in the future.
- These views will play a key part of the decision making process when the Collaborative Board meet on 8 September 2020. Alongside the case for change that clearly sets out the pros and cons of a future merger.
- **September 2020** - the Collaborative Board will deliberate whether or not to submit an application to NHSE to merge.
- **Mid September 2020** – member practices will be asked to vote on the proposed merger.
- **30 September** – deadline for application to NHSE/I



What happens if we decide to submit an application to merge?

- 30 September – deadline for application to NHSE/I
- October 2020 – NHSE/I hold a regional panel and will decide on the merger and whether to offer a conditional approval.
- Oct - November 2020 - We expect to receive feedback on the application and we will need to move quickly to finalise the new CCG constitution before the end of the year.
- January – March 2021 – Mobilisation period and when all the technical aspects are carried out – asset and resources transfer to the new organisation.
- Mid March 2021 – formal notification from NHSE/I on the new organisation and the dissolution of the three CCGs.
- 1 April 2021 – new CCG



What next:

We want to hear your views on the following questions

- a) What are the benefits and opportunities that a merger would provide – to you, your CCG/Place, our practices and our patients/local communities?
- b) What are the challenges from your perspective, that a merger could effect?
- c) What do you think is important for us to retain?
- d) Are there some practical things that you think we need to be aware of and consider as part of the merger discussions?

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 8th September 2020

CONTACT OFFICER: Alan Sinclair, Director of Adults and Communities

(For all Enquiries) (01753) 875752

WARDS: All

PART I**FOR COMMENT AND CONSIDERATION****SITUATION REPORT – VERBAL UPDATE ON COVID-19 IN SLOUGH****1. Purpose of Report**

This is a covering report for a verbal update.

This verbal update will provide the Health Scrutiny Panel with an overview of the current situation in Slough during the COVID-19 outbreak.

2. Recommendations/Proposed Action

The Panel is requested to note the report.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The effective scrutiny of the council's decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.3 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful.
- Our people will be healthier and manage their own care needs.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report.

(d) Equalities Impact Assessment

There are no Equalities implications arising from this report.

5. **Supporting Information**

5.1 This report is a covering report for a verbal update which will be provided by the Director of Adults and Communities to the Health Scrutiny Panel during the September meeting.

5.2 This verbal update will provide information on:

- Cases in Slough.
- Contacts made by the One Slough call centre.
- The current situation of ASC services in Slough, including the number of deaths in care homes, and PPE requirements.
- The Slough Children's Trust.
- Bereavement services offered in Slough.
- The current NHS treatment backlog in Slough.

5.3 This verbal update will be accompanied by a PowerPoint presentation. In order for the presentation to contain the most up to date information, the slides will not be published in advance of the meeting.

6. **Conclusion**

This verbal update is intended to provide the Health Scrutiny Panel with information on the current situation in Slough during the COVID-19 outbreak.

7. **Appendices Attached**

None.

8. **Background Papers**

None

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 8th September 2020

CONTACT OFFICER: Ginny de Haan (Regulatory Services, Service Lead) and
Suzanne Foley (Public Health Lead)

(For all Enquiries) 01753 477912 / 07523932985

WARD(S): All

PART I

FOR COMMENT & CONSIDERATION

SLOUGH LOCAL OUTBREAK MANAGEMENT

1 Purpose of Report

To provide Health Scrutiny Panel with the latest information about:

- Slough’s approach to managing the outbreak of Coronavirus
- Progress made with a targeted engagement project working alongside the Black and Minority Ethnic Community

2 Recommendation(s)/Proposed Action

The Panel is requested to consider the report.

3 The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

Slough Wellbeing Strategy Priorities

Preventing future outbreaks of Coronavirus in Slough is fundamental to our ability to deliver on the Slough Wellbeing Strategy (SWS) priorities, which are:

Priorities:

1. Starting Well
2. Integration (relating to Health & Social Care)
3. Strong, healthy and attractive neighbourhoods
4. Workplace health

Slough’s response to the outbreak of Coronavirus was informed by the needs identified in the Joint Strategic Needs Assessment including the health of the population overall and the health of specific communities.

Five Year Plan Outcomes

Preventing future outbreaks of Coronavirus in Slough is fundamental to our ability to deliver on the Five Year Plan outcomes. The outcomes are:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs
- Outcome 3: Slough will be an attractive place where people choose to live, work and stay
- Outcome 4: Our residents will live in good quality homes
- Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents

4 **Other Implications**

(a) Financial

There are likely to be significant implications for the council and Slough from Covid 19 impacts together with grants available to support. The full implications are currently being reviewed.

(b) Risk Management

Covid 19 risks are included in the Council Covid 19 Risk register

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications of proposed action. However, the panel will note the positive action taken to support communities adversely affected by COVID 19

(d) Equalities Impact Assessment

There are no Equalities Impact Assessment implications of proposed action. An Equalities Impact Assessment will be completed ahead of a notification of 'direction' under the No. 3 regulations as explained in the supporting information at 5.9

5 **Supporting Information**

Slough's Local Outbreak Management Plan

- 5.1 The council has a number of existing powers and some new specific COVID 19 related powers to respond swiftly and in line with the national 'Contain Framework' to control local COVID19 risks and support the Slough Local Outbreak Management Plan (LOMP). The emphasis is very much upon an Engage-Educate- Encourage – Enforce Prevent approach. The model proposed for outbreak or incident response locally is detailed in the LA's LOMP as endorsed by the Cabinet on 30th June 2020 (see attached as Appendix A).
- 5.2 The LOMP is currently under review following 7 weeks of operationalising the initial version of the Plan. This action is being coordinated by the Cell. The second version of the LOMP will not be available in full form in time for Health Scrutiny Panel, however a verbal update on learning and proposed changes can be given during the discussion at the panel.

- 5.3 The LOMP sets out the roles of the LA: to support the PHE Health Protection Team's (HPT) lead for outbreak response and to ensure their recommendations function locally. This includes prevention of COVID-19 in the first place as well as preventing the spread of infection and identifies high risk settings in Slough
- 5.4 In the event of an outbreak, the Thames Valley Health Protection Team (HPT) are responsible for co-ordinating outbreak management and will work closely with the Public Health team at Slough Borough Council and the Slough Outbreak Cell to facilitate a timely and proportionate outbreak response
- 5.5 The local response will vary according to the setting of any outbreak and the populations involved. Support will be needed from individual services and the community hubs. SBC's LOMP establishes an Outbreak Management Cell to be stood up to co-ordinate contact tracing and its associate components across Slough. Its members will act as a link to their respective service areas for contact tracing and expertise.
- 5.6 A Slough-focused stress test of procedures was undertaken on 28th July 2020. Further stress tests from a Thames Valley and South East perspective are taking place on 3rd September 2020 and 10th September 2020 respectively. Learning from stress tests are turned into action logs, which are then monitored and implemented through the Daily Cell and Weekly Cell. Lessons learnt are shared with Silver and will be shared with the Local Outbreak Engagement Board.
- 5.7 Information about the pandemic and its impact on the health of people who live and work in Slough is monitored daily and weekly by the Local Outbreak Management Cell (The Cell). The Cell manages the Local Outbreak Management Plan (LOMP). The daily Cell is attended by members of Slough Borough Council with the weekly Cell attended by partners including One Slough, the Clinical Commissioning Group, and the Children's Service Trust.
- 5.8 The Cell receives a set of information on a daily and weekly basis against a structured agenda, which includes:
- Urgent updates
 - Public health data
 - Testing rates
 - Environmental health action
 - Communications and engagement
- 5.9 The council does have new powers under The Health Protection (Coronavirus, Restrictions) (Amendment) (No.3) Regulations 2020 that came into force at 12.01 a.m. on Saturday 18 July 2020. These No. 3 Regs give local authorities powers in prescribed circumstances, to give directions (to close or restrict) for individual premises, events and public outdoor places, to curb the incidence and spread of the pandemic.
- 5.10 The public health and testing data received on a daily basis includes:
- Number of people known to be infected by Covid 19, and the rate per 100,000 members of the population

- Number of deaths known to be caused by Covid 19, and the rate per 100,000 members of the population
- Calls to 111 and 999 and online assessments, which are triaged as being relating to Covid 19
- Outbreaks known to have taken place in care homes
- National Test and Trace data

5.11 Communication with residents is key aspect of Slough's response. The *Local Outbreak Engagement Board* was established through approval by the Slough Wellbeing Board and met for the first time on 5th August 2020. The Board will be held in public every month and more often if needed, led by local councillors accountable to the public. It is committed to:

- keep our website up to date with the latest guidance
- use social media to spread the word
- work with services, businesses and organisations to make sure information is clear and accurate
- make information available in accessible formats and languages other than English where appropriate and use community engagement as well as traditional broadcast techniques

5.12 The role of the Board is as follows:

- Lead engagement with the public regarding Covid risks and prevention
- Endorse the Local Outbreak Plan and the accompanying communications plan
- Provide ongoing oversight of the Plan's implementation
- Provide political ownership of the local response
- Proactively lead the communications and engagement in the event of a local incident
- Coordinate, where appropriate, with neighbouring authorities in the event of cross/near border local outbreaks.

Status update

5.13 The Covid19 status in Slough is monitored daily through a surveillance dashboard prepared by the Berkshire health shared team. It is communicated to the Daily Cell and Weekly Cell meetings by the representative from the public health team and from the Daily Cell a status update is escalated to the Council's Silver /Gold Command structure.

5.14 The latest data available to inform this report was received on 24/08. The incidences of Covid19 had been on a declining trend for a number of days.

5.15 Slough had seen a slight uptick in cases earlier in August, which resulted in Slough exceeding the expected level (based on past daily averages). However, after a slight increase the Borough is now observing a declining trend in cases.

5.16 The driver of cases appears to be at a household level and not a workplace or other external cluster level. This informs the type of response actions put in place by the Outbreak Cell. This information remains incomplete and when local contact tracing is established for Slough we expect enhanced information will inform our targeted local response approach

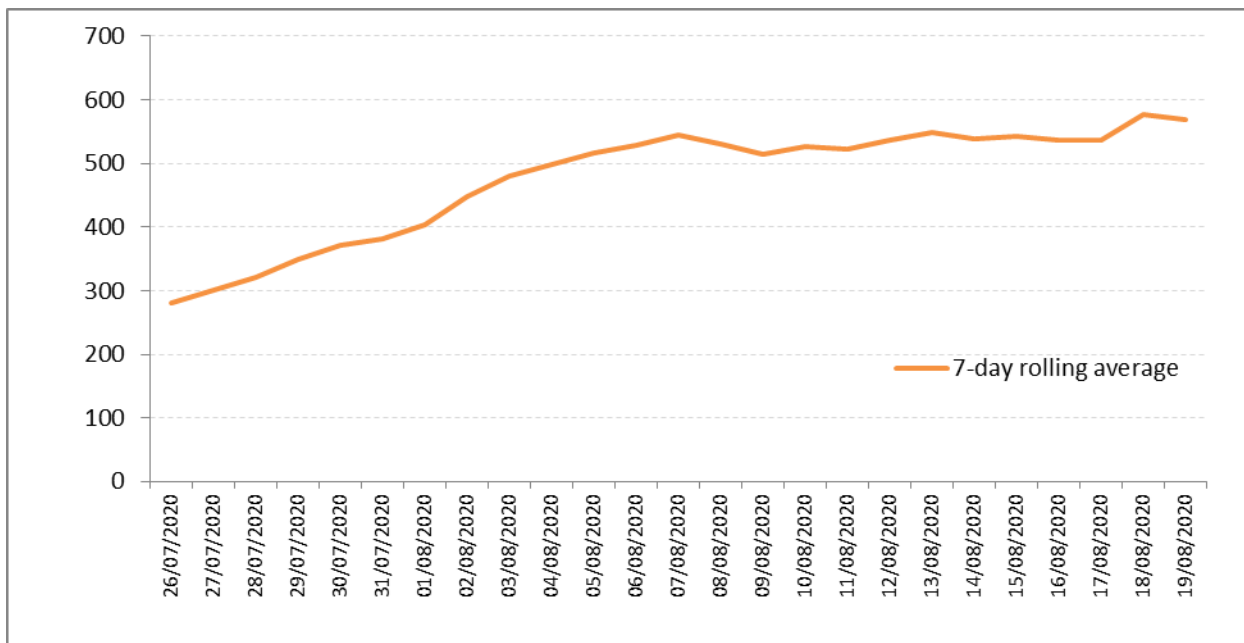
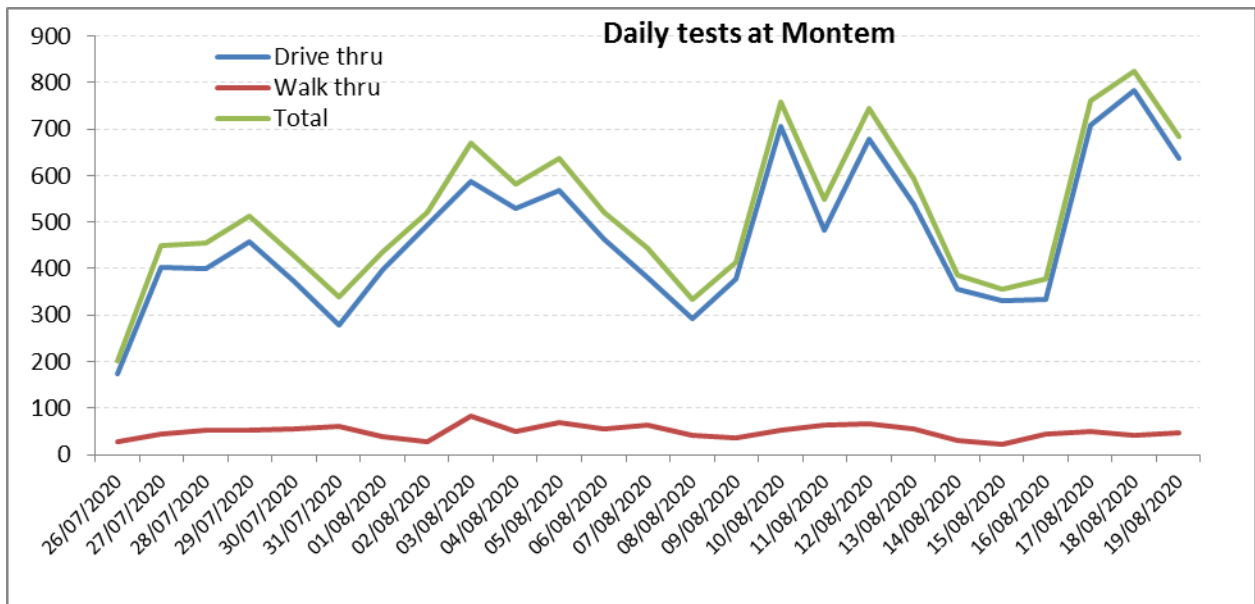
- 5.17 The national contract tracing centre (CTAS) has made contact with people who have tested positive for the virus, and with some people who they had come into contact with, however the rate of contact tracing is below the national average and this is one of the reasons for establishing a Slough local contact tracing approach (see later in this note)

Area of Concern and local contact tracing

- 5.18 Slough was designated an Area of Concern by Public Health England on 20th August 2020. The Area of Concern classification is part of the Contain Framework and it indicates an area where targeted local measures are required to prevent a rise in infections. This classification was given due to a combination of factors including a rise in the number of positive cases within the borough across the last two weeks, though that number is now falling again, the black and minority ethnic population, which is known to be disproportionately affected by covid-19, as well as previous high levels of infection at the beginning of the lockdown, and a low tracing rate achieved by the national tracing centre (CTAS).
- 5.19 It also takes into account the black and minority ethnic population which is known to be disproportionately affected by covid-19, as well as previous high levels of infection at the beginning of the lockdown.
- 5.20 The next two stages of classification are Area of Enhanced Support and Area of Intervention. It is at these levels that the phrase 'local lockdown' would be used by the media to describe the measures, albeit there are significant variations to what that has actually meant for each area. The Full range of classifications is included in Appendix B
- 5.21 Introducing local contact tracing is not mandatory when an area is designated as an Area of Concern, however it is an approach taken by other local area in this position. The Slough Cell has already been considering local contact tracing due to the low tracing rates achieved by the national tracing centre (CTAS) for Slough residents and for people who have come into contact with people who have tested positive who live and work in Slough. Local contact tracing, much like our local approach to supporting residents who were Shielding, would give us a targeted intervention model to prevent further spread of the virus and support vulnerable families. Slough has an effective local community engagement approach and so we are confident that a local contact tracing model would be of benefit

Testing

- 5.22 Slough has a walk-in and drive-thru testing site at Montem with the number of tests each day varying between 300 and 700, with the peak early in the working week and the lowest levels over the weekend. The following charts show the testing levels and the trend.



5.23 The Cell has been proactively looking at options to extend local testing offers and we have been considering three options: 1) a Mobile Testing Unit (MTU), 2) a Local Testing Site (LTS) and 3) a Voluntary Testing Network (VTN). The Cell has been discussing these options with the provider, Deloitte, and assessing the viability of local places to host the testing site.

5.24 Arbor Vale school car park has been identified as a temporary site for an additional testing space and will be mobilised by 26th August 2020. Communications team are leading on developing signage for the site and proactive messages to encourage people to feel confident to attend. One Slough are also involved in promoting these messages.

Communications and Engagement

5.25 Slough Borough Council are using all available channels to communicate and engage with people who live and work in Slough in order to help

everyone stay safe. This has included utilising all communications channels to reach staff, partner agencies, residents, and businesses.

- 5.26 Communications have been driven under the #OneSlough initiative with consistent messaging being given through partner agencies. The weekly Cell meeting includes representatives from SloughCVS, health partners, and the Children's Services Trust.
- 5.27 The Slough Local Outbreak Management Cell receives a daily communications update, and it ensures messages are being sent out and heard consistently across channels. This includes Environmental Health and other regulatory officers who have been running an on-going programme of advice, information, and spot-checks in local businesses.
- 5.28 The EH Duty Desk operates the CV19Notifications@slough.gov.uk from 09.00 to 17.00 7 days a week and there is an emergency contact number with the SBC Control Room 24/7. The CV19 e-mail system is the first point of contact for the council for information coming from Public Health England and also for businesses and residents to contact with concerns about COVID 19 risks in the town. The EH Duty Team triages information, escalates urgent issues to Public Health England, relevant internal and partner teams and also completes daily returns to Public Health England
- 5.29 The SBC Safer Public Spaces Task Group co-ordinates council and partner agency response to support social distancing, including targeted operations on areas of the borough that have been identified as potential high footfall areas or 'pinch points' Where risk of transmission of COVID 19 is increased

6 **Comments of Other Committees and Panels**

The Local Outbreak Management Plan was endorsed by Cabinet on 30th June 2020.

An update on the Local Outbreak Management Plan, Covid19 status in Slough, and our approach to communications and engagement were reviewed by the Local Outbreak Engagement Board on 5th August 2020.

7. **Conclusion**

Slough Borough Council are actively managing the Coronavirus outbreak through implementing the Local Outbreak Management Plan in collaboration with public health colleagues in Berkshire, Thames Valley, South East, and nationally., as well as local partners such as the CCG, voluntary partners and Slough Police The Health Scrutiny Panel are asked to note the progress made and current activities.

8. **Appendices Attached**

'A' - Slough Local Outbreak Management Plan

'B' - COVID-19 Contain framework: a guide for local decision-makers

9. **Background Papers**

<https://www.gov.uk/government/publications/local-authority-powers-to-impose-restrictions-under-coronavirus-regulations>

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

SLOUGH

COVID-19

Outbreak Control Plan

June 2020

DRAFT

Version Control

Version	Date	Changes made	Who
0.1	2/6/20	Template created	Matt Pearce
0.2	11/6/20	Template revised	Tessa Lindfield
0.3	15/06/20	First draft	Cealach McKeating
0.4	17/06/20	Revised first draft	Cealach McKeating
0.5	17/06/20	Revised first draft	Liz Brutus
0.6	18/06/20	Second Draft	Cealach McKeating
0.7	26/06/20	Third Draft	Tessa Lindfield
0.8	30/06/2020	Minor amendment to contents page	Cealach McKeating

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Abbreviations

BHFT	Berkshire Healthcare NHS Foundation Trust
BWCCG	Berkshire West Clinical Commissioning Group
CHP	Consultant in Health Protection
CIDSC	Centre for Infectious Disease Surveillance and Control
CSH	Community Support Hub
DHSC	Department of Health and Social Care
DIPC	Director of Infection Prevention & Control
DPH	Director of Public Health
EBCCG	East Berkshire Clinical Commissioning Group
EBPC	East Berkshire Primary Care Ltd
EHO	Environmental Health Officer
FHFT	NHS Frimley Healthcare Foundation Trust
HPB	Health Protection Board
HPT	Health Protection Team
ICS	(Frimley) Integrated Care System
ICT	Incident Control Team
IPC	Infection Prevention & Control teams
JBC	Joint Biosecurity Centre
LA	Local Authority
LOEB	Local Outbreak Engagement Board (in Slough – the Health and Wellbeing Board)
LTS	Local Testing Site
MTU	Mobile Testing Unit
NHS	National Health Service
NHS BSA	NHS Business Services Authority
NPI	Non-pharmaceutical Intervention
PHE	Public Health England
R	Reproduction number and growth rate of COVID-19
RBC	Reading Borough Council
RBWM	Royal Borough of Windsor and Maidenhead
RTS	Regional Testing Site
SBC	Slough Borough Council
SOP	Standard Operating Procedures
STAC	Scientific and Technical Advice Cell
TVLRF	Thames Valley Local Resilience Forum
TVPHEC	Thames Valley Public Health England Centre
UTLA	Upper Tier Local Authority
WBC	West Berkshire Council
WoBC	Wokingham Borough Council

1.0 Purpose of Document

Local Authorities have a duty to produce an Outbreak Control Plan overseen by Health Protection Boards and supported by a Member-led, public facing Outbreak Engagement Board. The purpose of this plan is to set-out the process to controlling COVID-19 with the aim to protect public health by minimising further spread or recurrence of COVID-19 across Slough.

The plan is informed by the Association Directors of Public Health Guiding Principles for Outbreak Management Arrangements¹ and the themes for Local Outbreak Control Plans as described by DHSC.

1.1 Objective of the plan

Key objectives of this plan are to:

- 1) detail roles and responsibilities in prevention and management of COVID-19 outbreaks and incidents with a view to minimising spread of infection
- 2) ensure coordinated communications to the public, partners and press
- 3) ensure that the response can be escalated if required

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.

1.2 Links with other plans

This Local plan will build on existing plans and functions, including the

1. Thames Valley Outbreak Plan
2. Statutory functions of the Director of Public Health
3. A new National Outbreak Control Framework
4. Berkshire Public Health Team Emergency Response Plan (overarching plan)
5. Berkshire Public Health Protection Communication Plan
6. Berkshire Public Health Team Pandemic Influenza Response Plan
7. Thames Valley Influenza Pandemic Framework
8. Thames Valley LRF Scientific and Advice Cell (STAC) Plan
9. Public Health England Centre Thames Valley Health Protection Team Joint Outbreak / Incident Control Plan

2.0 Introduction

2.1 The need for a local plan

As cases from the initial wave of COVID-19 decrease across the country, national restrictions on movement and gathering are relaxed and NHS Test & trace comes up to speed, there is a need to refine and strengthen arrangements to control any local outbreaks.

All areas will have settings and population groups where there are particular risks of COVID-19 occurring and/or harm from the disease. These require a considered approach to minimise the risk of harm.

¹ Association Directors of Public Health (2020) [Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level](#)

Local areas have always played a part in managing outbreaks and the fundamental duties and roles of partners have not changed. However, the predicted scale and frequency of the ongoing response for COVID-19 means that current arrangements need reviewing and strengthening, to function until long term prevention is a reality.

2.2 Slough Context

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.²
- **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 and 12th June, 11.2% of COVID-19 deaths in Slough were in care homes.

² 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>

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](#)³. The system has a diverse population of around 800,000 people in East Berkshire, North East Hampshire, Farnham and Surrey Heath.

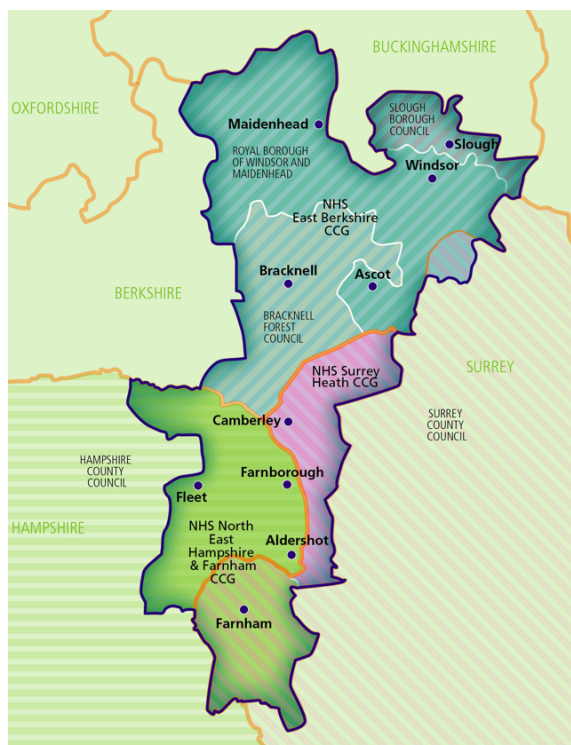


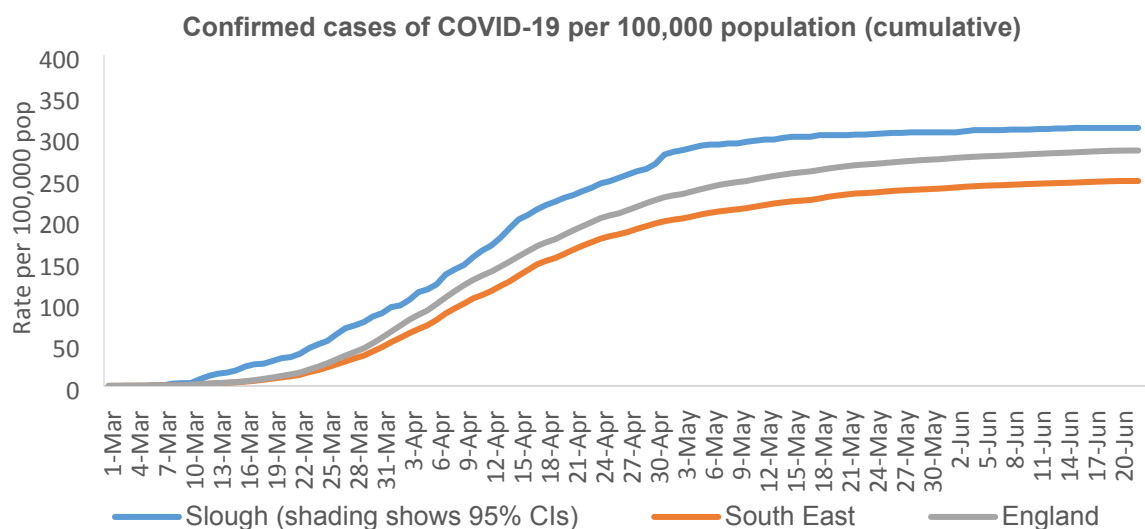
Figure 1 – Map of Frimley Health and Care 'footprint'

The Impact of COVID-19 on Slough

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

- As of 22 June, Slough has had 465 lab-confirmed cases to date, which equates to 311.8 per 100,000. This is higher than both the national (284.6 per 100,000) and regional rate (247.9 per 100,000).
- Up to 12 June 2020, there had been 107 deaths involving COVID-19 in Slough. Of these deaths:
 - 86 (80.4%) occurred in hospital
 - 12 (11.2%) occurred in care homes in Slough
 - 9 (8.4%) occurred in other community settings (including at home and hospices)
- 9 (56.3%) of our 16 Care Homes have experienced outbreaks since the beginning of the pandemic.

³ Frimley Health & Care Integrated Care System partners:
<https://www.frimleyhealthandcare.org.uk/about/our-partners/>



3.0 Health Protection Legal and Policy Context

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

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders’ specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020 ([See section 3.1](#))

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government³.

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

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the

communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health

This legal context for health protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

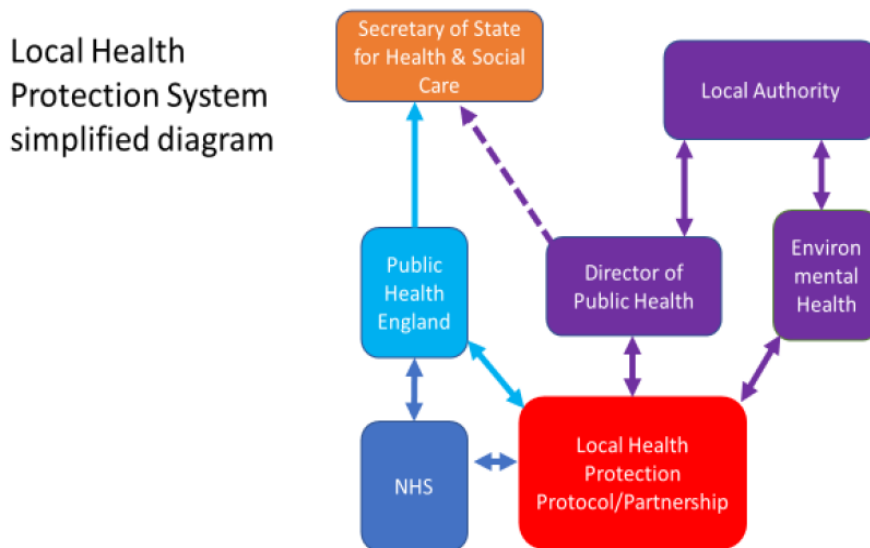


Figure 2 – A simplified diagram of the Health Protection System

3.1 Coronavirus Act 2020

Under the Coronavirus Act, the Health Protection (Coronavirus Restriction)(England) Regulations 2020 as amended set out the restrictions of what is and is not permitted, which when taken together create the situation of lockdown. Any easing of lockdown comes from amending or lifting these national Regulations. The powers of the Police to enforce lockdown also flow from these national Regulations.

‘Localised’ lockdown would require further government Regulations that are designed to be used locally. At this time, there are no such Regulations.

3.2 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 3 different regulations

- The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002, requiring several organisations to share data for purposes of the emergency response to COVID-19
- The data sharing permissions under the Civil Contingencies Act 2004 and the Contingency Planning Regulations
- The Statement of the Information Commissioner on COVID-19

4.0 Overview of Test and Trace Operating Model

Test and Trace is the national contact tracing system for advising people who have been exposed to COVID-19. Test and Trace has several workstreams and is led by the Department Health and Social Care and Public Health England. There are national and regional oversight groups to govern the work with input from LGA and Association Directors of Public Health. These are based around three levels

- **Tier 3** – Around 20,000 call handlers have been recruited under contract to PHE to contact people who have tested positive for COVID-19, to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. Advice following national standard operating procedures (SOP) and scripts is given to close contacts as appropriate. An automated app will also be launched nationally for people to report symptoms, access testing and complete an online questionnaire
- **Tier 2** – Around 3000 dedicated professional contact tracing staff have been recruited by the NHS where there are difficult/more complex issues to address which have been escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts
- **Tier 1** – PHE Health Protection Teams will investigate cases escalated from Tier 2. This will include complex, high risk settings, and communities such as care homes, special schools, prisons/places of detention, healthcare and emergency workers, health care settings, and small vehicles; and places where outbreaks are identified e.g. workplaces. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate. An outbreak is defined as 2 or more cases (suspected and /or confirmed) linked in place/time. An outbreak will trigger this plan as detailed in [Section 5.0](#).

NHS Test and Trace is accessed on-line at <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>. On registration with the service, people are asked to provide contact details, so that results and advice can be provided by email, text or phone.

5.0 What is an Outbreak/Incident

What constitutes an outbreak?

An '*outbreak*' is an incident in which two or more persons have the same disease, in which there is a time, place and/or person association between these persons. An outbreak may also be defined as a situation when the observed number of cases unaccountably exceeds the expected number.

What constitutes an incident?

An '*incident*' has a broader meaning, encompassing events or situations which warrant investigation to determine if action is needed to manage the risk. In some instances, only one case may prompt the need for incident management and public health measures.

5.1 Cycle of Health Protection Action

Outbreak management, and contact tracing within it are part of a cycle of health protection action which starts from surveillance and epidemiology (reports of infection) through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent,

suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice. Contact tracing can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing outbreak control.

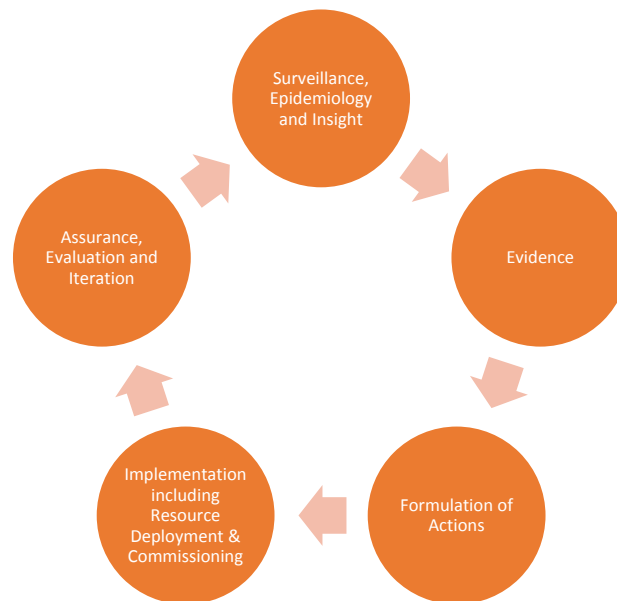


Figure 3 – Cycle of Health Protection Action

In the context of COVID-19 this means:

- Timely data flows from testing to be able to predict and intervene in outbreaks
- Updated evidence on spread of infection and control measures
- Implementation: Includes a range of actions from testing and contact tracing to public communication, hygiene and infection control measures etc.

5.2 Triggering the plan

The Slough Local Outbreak Control Plan will be triggered where there are suspected or confirmed COVID-19 outbreaks in any setting type. PHE Thames Valley HPT, Public Health Shared Team and Slough Borough Council will gather intelligence on COVID-19 outbreaks via the national Test and Trace service, laboratory results, and local partner intelligence about suspected outbreaks. More detail is given in [Section 9](#).

PHE will initially conduct the risk assessment with the setting, provide infection control advice and organise testing as appropriate, following internal SOPs that are being developed for responding to COVID-19 cases and outbreaks in specific setting types. Local Authorities will provide support to the outbreak setting and additional capacity for contact tracing, as needed.

5.3 Notifications of outbreaks/incidents

Notifications on outbreaks will be sent to the EH Service who will monitor notifications from PHE 7 days per week (8am to 8pm) and will respond within 2 hours. PHE will send notifications to CV19notifications@slough.gov.uk.

The EH Service will be the first point of contact and have experience and capacity to do any contact tracing if required. The EH Service will gather the relevant information and log accordingly ([see](#)

[Appendix 1](#)). Depending on the nature of the notification, the EH Service will resolve the issue or contact the relevant service lead within the local authority (see table 1 below).

Sponsoring Director	Stephen Gibson – Director Regeneration Joe Carter – Director Transformation
Public Health	Liz Brutus – Service Lead Public Health
Environmental Health	Ginny de Haan – Service Lead Regulatory Services
Testing	Fin Garvey – Head of Property Services
Housing	Colin Moone – Service Lead Housing
Education	Jo Curd – Schools Effectiveness Officer
Slough Children Services Trust (SCST)	Dawn McKenzie
Adult Social Care	Jane Senior – Service Lead Adults Commissioning
Community Support Hub	Ketan Gandhi – Service Lead Communities
Communications	Kate Pratt – Head of Communications
Emergency Planning	Robin Pringle
Primary Care Representative	Sarah Bellars - Infection Control Lead and Chief Nurse, Frimley Collaborative
VCS Representative	Ramesh Kukar – CE Slough CVS
Analyst	Tbc – Placeholder: David Hounsell, Strategic Insight Manager

Table 1 - Leads across the council and partners on high risk settings

5.4 Out of Hours

The Thames Valley Health Protection Team in Public Health England continue to be the primary source of out of hours support on the response to COVID-19, for example advice on higher risk cases and settings (including when to close), such as nursing homes, schools etc.

The Berkshire Public Health Shared Team also co-ordinate an out of hours rota across Berkshire supported by Consultants in Public Health in each of the local authorities. Contact details for the on-call Consultants is circulated every Friday to Local Authority Chief Executives, Local Authority COVID-19 leads, Local Authority Emergency Duty Officers, Environmental Health Duty Officers and PHE.

The Council also operate an out of hour's system which also includes Berkshire Health Protection call down Arrangements for out of hour's queries.

5.5 How is an outbreak managed?

Upon the definition of an outbreak being met ([see Section 3.0](#)) an Incident Control Team (ICT) will be convened to conduct the investigation.

5.6 Outbreak/Incident Control Teams

In the event of an identified outbreak and in line with PHE South East Standard Operating Procedures (SOP) ([Appendix 2](#)), PHE will convene a multiagency Incident Control Team (ICT) meeting to coordinate the partner response. There are well established processes in place for convening ICTs

and mobilising responses to outbreaks, as detailed in the health protection plans listed in [Section 1.2](#). For many settings the response to outbreaks is well practiced. Where an ICT does need to be convened, this will follow the process described in the PHE SE SOP ([Appendix 2](#)) with the agenda for the meeting found in [Appendix 4](#).

6.0 Alert Levels

In May 2020, the Government introduced a National Alert System to rank the threat level of coronavirus in England. However, given that the pattern of COVID-19 will be more variegated in the future an additional local alerts system may be required to guide the response.

6.1 National Alert System

The National Alert System outlines five alert levels that informs what control measures need to be in place (see table 2). The Joint Biosecurity Council (JBC) is responsible for setting the COVID-19 Alert level and advising Chief Medical Officers across the UK of an overall change in the level. The CMOs will then advise their Ministers on the appropriate overall response. The alert level is informed by reproduction (R) number and the number of confirmed coronavirus cases at any one time.

Alert Level	Description	Action
5	As level 4 and there is a material risk of healthcare services being overwhelmed	Social distancing measures increase with 'lockdown' considered
4	A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially	Current social distancing measures and restrictions continue
3	A COVID-19 epidemic is in general circulation	Gradual relaxing of restrictions and social distancing measures
2	COVID-19 is present in the UK, but the number of cases and transmission is low	No or minimal social distancing measures; enhanced testing, tracing, monitoring and screening
1	COVID-19 is not known to be present in the UK	Routine international monitoring

Table 2 – Overview of National Alert System

6.2 Local Alert Levels

Local alert levels for Slough will involve an assessment of a range of quantitative and qualitative data. This data will come from a variety of sources including the JBC as well as intelligence gathered from Local HPTs, shared public health team, the national Track and Trace system, and environmental health teams. The DPH, in consultation with the Health Protection Board and GOLD Command, will be responsible on setting an appropriate risk level based on the national risk guide. The risk level will inform the type of non-pharmaceutical interventions (NPI's) that can be implemented across an area ([See Appendix 5](#)).

6.3 Non-pharmaceutical interventions (NPI's)

In order to suppress increasing numbers of COVID-19 outbreaks, where there is a significant risk that transmission rate may overwhelm existing resources, it may be necessary to introduce NPIs at a range of levels:

- Chief Executives may implement NPIs to a subset of the council area, based on advice from the DPH. Decision making at this level will be driven mainly by local soft and hard intelligence and co-ordinated through the councils GOLD Command.

Multi-LA / LRF area.

- Where the outbreak spreads across more than one LA, NPIs can be implemented across multiple areas. The Local Resilience Forums (LRFs) will provide a forum to discuss and agree such actions, but the actions themselves will be carried out by each LA. The Chief Executive will be responsible for implementation of the agreed measures.

A table of potential NPI's can be found in [Appendix 5](#)

7.0 Governance

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

Health Protection Response Governance in Berkshire

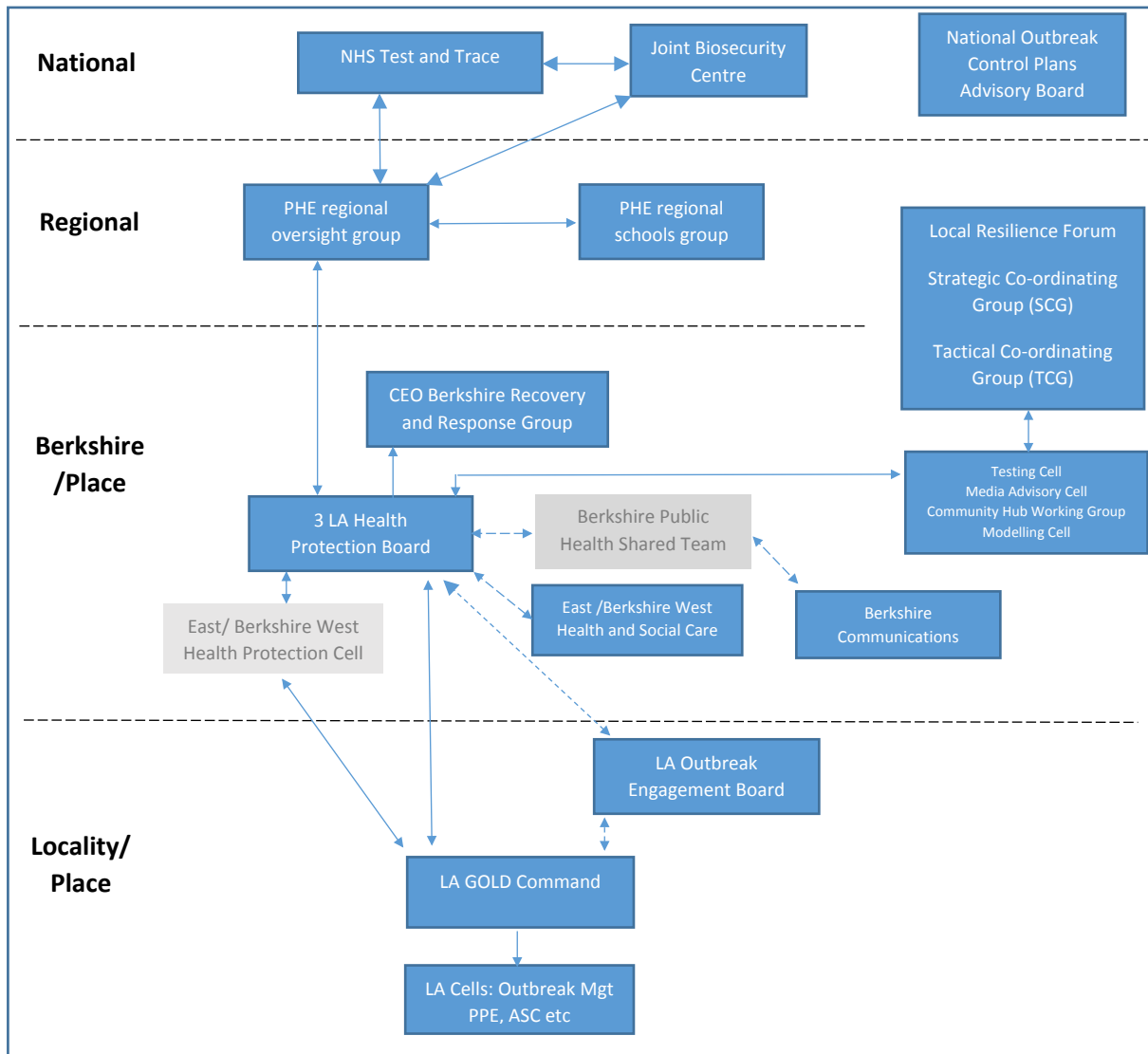
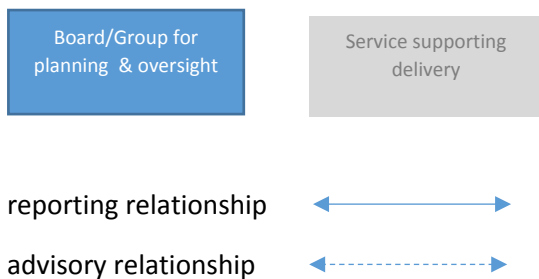


Figure 4 - Health Protection Response Governance Overview

Test and Trace Governance Overview



7.1 Slough Outbreak Management Cell

The Slough Outbreak Management Cell is the operational arm of the Health Protection Board and SILVER-GOLD Command Group based within Slough. The Cell comprises representatives from Education, Social Care, Environmental Health, Public Health, *OneSlough* (Community Support Hub), Emergency Planning and PR/Comms. The group provides a range of functions including development of the outbreak management plan, providing specialist knowledge and is a point of contact for their service areas. They will also participate in outbreak control meetings if required and translate national guidance for high risk settings. This group reports to SILVER-GOLD command. ([See Appendix 7 for Terms of Reference](#))

7.2 SILVER-GOLD Command Slough

The GOLD Command Group is in overall control of the council's resources throughout the incident and pandemic. It consists of the Chief Executive, Executive Directors, Communications, Emergency Planning and Public Health. SILVER-GOLD Command will take decisions around local restriction measures (tbc) in discussion with the Director of the Public Health. Members of Gold or Silver command may be involved in an Incident Control Team and will be part of the decision making about control measures that need to be put in place. In this instance, Gold and Silver command will act to support the implementation of these recommendations.

7.3 Berkshire Health Protection Boards

The role of the Berkshire Health Protection Boards (HPB) will be to bring together senior professional leads from the organisations involved. The HPB will report to the pan Berkshire Recovery and Response Group, led by Berkshire Local Authority Chief Executives. The primary roles of the HPB are the ongoing development and delivery of the Local Outbreak Plan, work with the relevant LRF Cells, make recommendations to the pan Berkshire Group on allocation of resources and respond to mutual aid requirements. The Chair will be the Strategic Director of Public Health or her Deputy. Full Terms of Reference and membership are in [Appendix 6](#).

7.4 Health Protection Cells

The Health Protection Cells led by the Strategic Director of Public Health or her Deputy and will allocate experts as needed by councils. They will include experts with knowledge about outbreak management and will join incident control teams as requested by PHE and support councils in their local responses.

7.5 Local Outbreak Engagement Board (Slough Health and Wellbeing Board)

The functions of the Local Outbreak Engagement Board (LOEB) will be undertaken by Slough's Health and Wellbeing Board. The primary roles of the LOEB are to have oversight relating to outbreak response, provide direction and leadership for community engagement, and approve public facing communications. The Health and Wellbeing Board will also sign off the Local Outbreak Management Plan.

7.6 Thames Valley Local Resilience Forum

The Thames Valley Local Resilience Forum (LRF) will support local health protection arrangements working with HPB and Health and Wellbeing Board directly through the Strategic Co-ordinating Group (SCG), Tactical Co-ordinating Group (TCG), and the following Cells:

- Testing Cell
- Recovery Cell
- Community Hub Working Group
- Modelling Cell

The LRF structure will support exercising and testing of this plan.

8.0 Public Engagement & Communications

Engaging with our local communities to establish trust and cooperation is at the heart of the outbreak control plan.

8.1 Public Engagement

Slough's Health and Wellbeing Board will be the mechanism by which engagement will be developed with a range of statutory and voluntary organisations and groups in Slough as well as with the people who live and work in the Borough. Slough Borough Council, the NHS, Police, Fire and Voluntary Sector are directly represented on the Board but all members will be expected to feed information and views to and from their organisations and others that they represent, using existing channels.

8.2 Communications with the general public

The Health and Wellbeing Board is responsible for public communications about COVID-19 and local outbreaks. All communication with the public will be in line with World Health Organisation (WHO) Guidance and the five World Health Organisation (WHO) Outbreak Communication Principles⁴ which are summarised as:

- Trust
- Announcing early
- Transparency
- Listening
- Planning

The Health and Wellbeing Board will also take account of the needs of different populations in Slough, especially the need to provide public communications in languages and formats appropriate for the local Black, Asian, and Minority Ethnic (BAME) groups and residents with learning difficulties.

A Local Outbreak Communications Plan has been developed ([see Appendix 8](#)). The Communication Plan builds on existing communications activity and draws on a range of national and international guidance and resources designed to support local communication activity on COVID-19.

⁴ WHO (2008) Outbreak Communication Planning Guide <https://www.who.int/ihr/publications/outbreak-communication-guide/en/>

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

- 1 **Preventative measures**- encouraging and building confidence with local residents to engage with the NHS test and trace service and observe social distancing restrictions and control measures. As well as continuing to be vigilant and maintain good hand hygiene, wear face coverings in specific spaces 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 and the Community Support Hub (OneSlough) aims to communicate to residents when there is a local outbreak in a high risk setting.

In addition to the above, a weekly update will be provided to the public that includes a high level overview of the epidemiological data and infection rates.

9.0 Data integration and surveillance

Having access to accurate and timely data will be critical in order to prevent and respond to outbreaks. Available data will be used to

- Review daily data on testing and tracing;
- Identify potential outbreaks so that appropriate action can be taken
- Track relevant actions (e.g. care home closure) if an outbreak control team is convened;
- Identify epidemiological patterns in Slough to refine our understanding of high-risk places, locations and communities;
- Provide intelligence to support quality and performance reporting to the Health Protection Board and Local Outbreak Engagement Board; and
- Ensure that those who require access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring IG and confidentiality requirements are met.

New datastreams are being developed locally and nationally, including the Joint Biosecurity Centre. The Public Health Shared Team will monitor data and the Health Protection Cells will scrutinise dashboards and reports to develop insights for dissemination to LA public health teams. Local teams will be able to triangulate with locally derived soft intelligence to inform risk analysis.

Given the likelihood of COVID-19 outbreaks spreading beyond local authorities boundaries, there will be a requirement to ensure information flow and communication with neighbouring councils.

The list below identifies those areas where an 'open line' of communication will be required:

- Reading Borough Council
- Royal Borough of Windsor and Maidenhead
- Wokingham Borough Council
- Bracknell Forest Borough Council

- West Berkshire Council
- Buckinghamshire Council
- Hillingdon London Borough Council
- Hounslow London Borough Council

Key contacts have been identified in each of these authorities and links will be made through the SE Regional Oversight Group.

10.0 Testing Capability

Having good and timely access to testing is critical for contact tracing to be effective. Being able to access a test and receive the results in a timely manner will mean that contacts from cases can be traced and prevent any further spread of infection. The Governments Testing Strategy⁵ outlines its approach to scaling up testing across England and identifies five testing pillars:

1. Pillar 1 is NHS swab (PCR) testing for those with a medical need and critical key workers. This pillar was designed to ensure that public sector lab capacity was used for those with highest medical need in hospital and capacity expanded.
2. Pillar 2 is the development of partnerships with businesses who can develop and deliver commercial swab (PCR) testing to enable greater capacity to test more critical key workers in the NHS, but also key workers in social care and other sectors.
3. Pillar 3 is the development of antibody testing to identify who has had the virus, giving people knowledge and reducing their uncertainty.
4. Pillar 4 is surveillance testing (testing in random samples of the population) that helps understand the rate of infection in the wider population, and how the virus is spreading across the UK. This testing helps to assess the impact of measures taken to contain the virus
5. Pillar 5 involves building ‘a British diagnostics industry at scale’ to increase mass diagnostic testing to ensure everyone who needs either type of test can get one.

10.1 Local testing sites (LTS)

A permanent hybrid testing RTS has been established in Montem Lane Car Park, Slough SL1 2QG, allowing both walk-in and drive-through testing. This is available for both symptomatic individuals and to those with a reason for concern that they have COVID-19, which is a broader eligibility criteria than other testing options.

10.2 Regional testing sites (RTS)

A number of Regional Testing Sites (RTS) have been established by Deloitte on behalf of the Department of Health and Social Care. The nearest sites are as follows:

- 1) Wembley (IKEA), Wembley, 2 Drury Way, N Circular Rd, London NW10 0TH
- 2) Chessington World of Adventures, Leatherhead Rd, Chessington, KT9 2NE
- 3) Newbury Showground, Priors Court, Hermitage, Thatcham RG18 9QZ

These drive-through facilities are accessible for people of all ages who are symptomatic.

⁵ Coronavirus (COVID-19) Scaling up our testing programmes Department of Health and Social Care - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878121/coronavirus-covid-19-testing-strategy.pdf

10.3 Home testing

Home testing kits can be delivered to a resident's door so they can test themselves and their family without leaving the house. Home test kit availability is limited.

10.4 Mobile testing units (MTU's)

Mobile testing units travel around the UK to increase access to coronavirus testing. They respond to need, travelling to test essential workers at sites including care homes, police stations and prisons. It is anticipated that the number and availability of MTU's will increase over the coming weeks and be deployed where local outbreaks emerge. Decisions to deploy MTU's will fall to Directors of Public Health through the East Berkshire Health Protection Board.

10.5 NHS facilities

Testing within an NHS facility such as a hospital is available for patients and some key workers. The nearest NHS Testing Facility is East Berkshire Primary Care Ltd (EBPC) which operates in partnership with the Berkshire Healthcare Foundation Trust (BHFT). BHFT will test staff members (or a member of the same household that is causing a staff member to self-isolate) with symptoms that have started in the previous 72 hours. The testing site is accessible by appointment only and available 7 days per week.

Employers can make requests to East Berkshire Primary Care Ltd via email at: ebpc.covid19@nhs.net or by phone on: 03000 770 007. The email address and phone line are staffed 7 days a week from 0900hrs to 1700hrs.

This testing route is only available to those who are symptomatic. People referred for testing must be within the period 2 to 4 days from the first onset of symptoms at the time of the request.

Staff eligible for testing (including their household) include:

- Social workers/ occupational therapists / family workers (adults and children)
- Staff and voluntary workers in residential care settings for children and adults e.g. care homes, residential special schools, respite provision
- Staff providing home care support to children and adults e.g. domiciliary care, children with special needs , equipment service
- Others providing necessary care and support, e.g. shared lives carers, personal assistants etc.
- Voluntary sector organisations that provide frontline services e.g. substance misuse treatment, domestic abuse support, support for rough sleepers etc.
- Public and environmental health staff, including inspectors
- Other frontline LA workers e.g. benefits/council tax workers, waste management

EBPC will collate all requests and if criteria are met will manage them via one of the following routes:

- Refer the request to the BHFT Testing Hub who will offer the subject a slot at one of their testing sites: Ascot Racecourse, Reading University, or West Berkshire Community Hospital (Newbury).
- Provide the subject with a slot to attend the Farnborough testing site (next to Farnborough Airport)
- Offer a home visit to people unable to travel to a testing site via private transport (Frimley ICS geography and immediate surrounding area only).

10.6 Care Home Testing

Thames Valley HPT will arrange swabbing and testing for symptomatic individuals when first advised of an outbreak linked in with regional/local arrangements for testing, including Mobile Testing Units. The Health Protection Team will undertake a risk assessment, provide public health advice, and arrange urgent testing of all symptomatic residents.

‘Whole care home’ testing that involves swabbing all staff and residents (symptomatic or asymptomatic) within care homes is being led by DHSC and can be arranged via the [Government online portal](#).

Regular testing in Care Homes may be recommended and will need to be implemented to identify cases early.

10.7 Serology/Antibody Testing

Antibody testing forms part of pillar 3 of the Government’s testing strategy. Guidance is awaited on actions to take as a result of test results. Testing is currently limited to NHS staff and currently also being rolled out to Primary Care, with other sectors expected to follow once further national guidance has been received.

10.8 Main routes into testing

The main routes into testing are as follows:

- Symptomatic residents can apply via the [NHS website](#), or by telephoning 119, to either be tested at a regional testing site, mobile testing unit, or receive a home testing kit.
- Essential workers can self-refer through the [NHS website](#) or employers are able to sign-up and refer staff through the ‘employer referral portal’
- Health and Social Care Workers can be referred to East Berkshire Primary Care Ltd by emailing ebpc.covid19@nhs.net
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the [GOV.uk site](#).
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting
- Outbreak testing – At the point of notification, agreement will need to be reached on arrangements for testing of symptomatic individuals where appropriate, in order to inform outbreak management in various settings, including care homes, prisons and hostels.

11.0 Supporting Vulnerable People

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 Borough Council’s Community Support Hub, *OneSlough*, gives guidance and helps to coordinate organisations representing their communities to offer support to our vulnerable and elderly residents. 2,316 shielded* residents of Slough are currently registered on the government’s website out of a total of 4,186 identified by the NHS.

OneSlough was initially set up initially to co-ordinate the volunteer effort and connect people in need with those groups that were offering help. Since then, *OneSlough* has evolved and now has two important roles in the current coronavirus emergency:

- to ensure that the district's elderly and most vulnerable residents have access to food, medication and anything else they need during the current 'lockdown'
- to support the amazing volunteers and community action groups that are helping vulnerable people in their local areas

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 authority helpline details and provide links to websites that allow them to find the numbers of their local support helplines. 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.

A mechanism for including people who have requested support via the helpline while they self-isolate as a result of Test and Trace, will need to be included in the food and medicines support scheme, where it is identified that they have no other means to get help. As people will be self-isolating for a short period of time (either 7 or 14 days), this support will need to be timely, and flexible to support a cohort of people that will be constantly changing.

If through the notification process from PHE to EH Service any individual requests for support are identified, the EH Service will contact *OneSlough*, the Community Support Hub. The Community Support Hub can be contacted via webform at www.sloughcvs.org/covid19 or by phone on 01753 944198.

12.0 High risk settings & Communities

High risk settings are broadly defined as populations or locations where there is a particular 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

Tier 3 and Tier 2 contact tracing may identify high risk places, locations and communities of interest which need additional support to control the spread of COVID-19. The *Guiding Principles for Effective Management of COVID-19 at a Local Level* specifically identifies care homes and schools for outbreak management, but it is for Local Authorities and partners to identify other high-risk places, locations and communities of interest.

In the event of an outbreak, the Thames Valley HPT are responsible for advising on outbreak management and will work closely with the Public Health team at Slough Borough Council and the Slough Outbreak Cell to facilitate a timely and proportionate outbreak response.

COVID-19 SOPs will be 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 SOPs will assist in determining the resource capabilities and capacity implications.

[Appendices 9-23](#) provide further detail on high risk settings across the Borough and actions and measures that we will need to take to prevent and control local outbreaks.

Data on the experience of communities of Covid so far has revealed significant disparities between groups that are relevant to Slough. Being of older age, male, living in an area of higher deprivation, being of Black or Asian ethnicity, certain occupational groups, being born outside UK, a care homes resident or worker and having pre-existing disease are associated with higher rates of infection and/or more severe illness.⁶

Importantly BAME populations are at increased risk of infection and serious illness. Slough has put a nationally recognised project in place to test interventions to improve community engagement with COVID prevention, proactively reach out to people with pre-existing conditions to help manage their risks and to better identify Covid itself and any complications promptly. This work is involving partners across Slough services.

⁶ <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

13.0 Appendices

Appendix 1 – Slough EH Notification Process

1. EH Duty Desk accessed by PHE or other service via CV19notifications@slough.gov.uk 09:00 to 17:00 7 days a week and via Slough Control Centre for OOH
2. EH Duty Desk Tasks
 - Logs notification on Flare database
 - Informs health protection cell
 - Supports set-up of ICT if advised by PHE
 - Triage information and liaises with Community Hub, Testing Task Force, Safer Public Spaces Group and others as necessary
 - Collate information on FLARE database and prepare reports for Slough PH, Communications, the Health Protection Cell and/or Berks East Health Protection Board
3. Slough Pool of Outbreak Responders deployed – ‘Pick & Mix’ selection dependant upon circumstances. Matrix managed by Service Lead and made up from Slough officers to support incidents and outbreak response

Appendix 2 - PHE-LA Joint Management of COVID-19 Outbreaks (SOP)

Date developed 03/06/20	Review date 03/07/20
<p><u>Overview</u></p> <p>This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE SE as a framework for each Local Authority (LA) Director of Public Health to use. This provides a suggested framework for working across PHE SE, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. This SOP will support the effective delivery of local COVID “outbreak” plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.</p> <p>This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Outbreaks will be notified directly, as well as through testing data and through local intelligence.</p> <p>The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:</p> <ul style="list-style-type: none">- PHE may arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.- PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak- The local system (LA or CCG) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;- PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.	
<p><u>Rationale for the joint SOP</u></p> <ol style="list-style-type: none">1. To have a joint collaborative and co-ordinated approach to supporting settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries , universities, homeless hostels, faith settings etc. in managing COVID19 outbreaks2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.3. To streamline the follow up of care settings by the LA, CCG and PHE SE Health Protection Team (HPT).4. To provide consistent advice to settings.5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.7. To develop and maintain a surveillance and monitoring system for outbreaks for COVID19, aligning with existing databases held by partners (LA and CCGs)8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.	

1. Governance and Key Guiding Principles

2. PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.
3. As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:
4. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
5. The health system has a shared responsibility for the management of outbreaks of COVID-19.
6. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LA responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.
7. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
8. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
9. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
10. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.
11. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

PHE HPT Role

1. Risk assessment of Complex Cases and Situations

- 1.1 On initial notification, the HPT will do the risk assessment
- 1.2 The HPT will give infection control advice (verbal and email) to the individual or organisation to minimise spread of infection.
- 1.3 The HPT will inform the local authority by daily summary by e-mail and by phone if urgent action required.
- 1.4 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues. These will be the subject of regular proactive meetings between PHE and local authority public health teams, to discuss outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities.
- 1.5 An IMT for an incident in the community may be held to support co-ordination of investigation and control measures.

2 Swabbing/testing of new outbreaks (notified via all routes)

2.1 Swabbing may be coordinated or advised by PHE in line with current arrangements e.g. A one-off swabbing of residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting.

2.2 The results will be provided by the organisation taking the sample.

3. Operational Reporting to Local Systems

3.1 A daily summary table listing new situations in each Local Authority area will be provided to DsPH to aid operational management.

3.2

Operational Enquiries

4.1 Enquiries received by HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC.

- i) Sourcing PPE
- ii) Operational issues relating to staff capacity and other support to business
- iii) Removal of dead bodies
- iv) are provision

Local System Role

Local authorities have been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response. This activity will continue, working closely with PHE. However, the focus of both the proactive and reactive work will need to change, as workplaces and schools open (requiring support with ensuring this is done safely), and as contact tracing programmes are established).

Local authority areas have been asked to develop local COVID "outbreak management plans" by the end of June 2020, which focus on the following themes

1. Care homes and schools – Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response including testing).
2. Identification of high- risk places, locations and communities, e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.
3. Local Testing Capacity – to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc).
4. Local Contact Tracing – Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed.
5. Data and integration – national and local data integration; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
6. Vulnerable people – supporting vulnerable people to self-isolate (e.g. facilitating NHS and local

support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.

7. Local Boards - Establishing governance structures led by existing COVID-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

The plans will capture the themes above under initial suggested headings (may change) of:

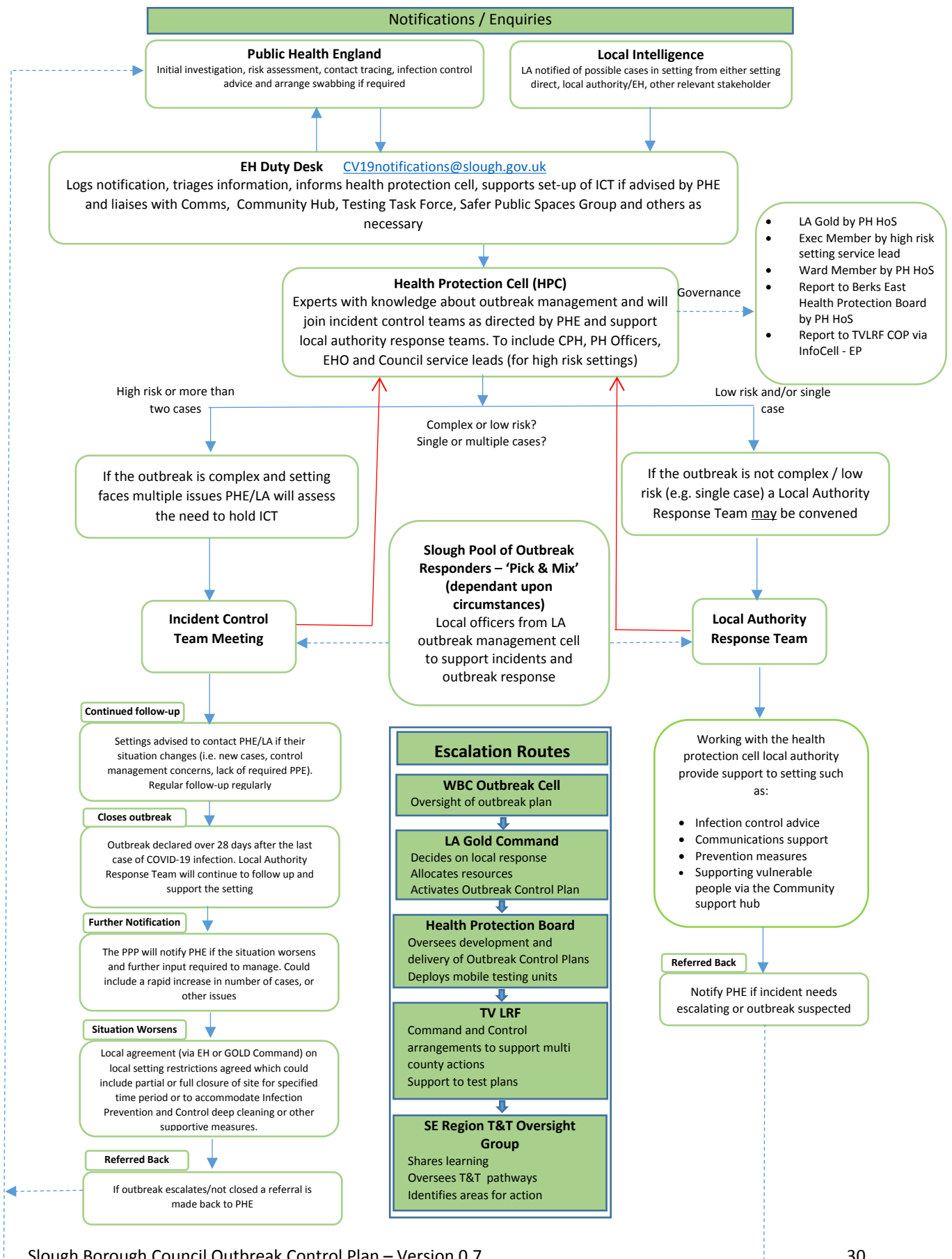
- Roles and responsibilities and Governance Arrangements (to include links with LA and NHS response structures, COVID Health Protection boards and Member-led boards)
- Key principles and protocols for response in different settings to include
 - Proactive preventative response
 - Reactive response (including community support for shielding and to support isolation)
 - Enforcement and Detention
- Testing
- Data/Intelligence
- Financial Plan
- Workforce considerations

Local authorities will:

1. Continue with wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases
2. Work with PHE to support complex cases and outbreak management (in a range of settings/communities) as highlighted in above SOP, looking to mobilise/re-purpose existing capacity within public health, environmental health, trading standards, infection control, education, as well as wider professional workforces as appropriate (school nursing, health visiting, TB nursing and sexual health services, academia).
3. Support swabbing of contacts e.g. school contacts
4. Provide a single point of access for communication with the local authority on matters relating to the reactive response, as well as out of hours contact (through Directors of Public Health and Health protection leads, or other local arrangements as they emerge)
5. Establish regular proactive meetings with “link” PHE colleagues to discuss complex outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities. This may be at both local and sub-regional footprints
6. Develop local COVID “outbreak” plans rapidly alongside PHE, ensuring appropriate PHE representation on COVID health protection boards/member-led Boards.

Underpinning this work will be a need to consider workforce planning to ensure capacity in the system for delivery of the above.

Appendix 3 - Outbreak Notification Process and Local Response



Appendix 4 – Incident Control Team Meeting Agenda Template

Incident Control Team Meeting Agenda

(date, time, venue)

1. Introductions
2. Apologies
3. Review minutes and actions of previous meeting (for subsequent meetings)
4. Purpose of meeting
 - a. At first meeting agree chair and terms of reference
5. Review of the evidence
 - a. Epidemiological
 - b. Microbiological
 - c. Environmental and food chain
6. Current Risk Assessment
7. Control Measures
8. Further Investigations
 - a. Epidemiological
 - b. Microbiological
 - c. Environmental and food chain
8. Communications
9. Public
 - a. Media
 - b. Health care (GP, A&E.etc)
 - c. Other
10. Agreed Actions
11. Any other business
12. Next Meeting if required

Appendix 5 – Table of Geographic NPI’s and Implementation

Geographic NPIs	Route to implementation
<p>Close public areas</p>	<ul style="list-style-type: none"> ▪ This includes: <ul style="list-style-type: none"> ○ Parks ○ Playgrounds ○ Outdoor gyms ○ Outdoor swimming pools ○ Communal seating areas ○ Beaches / esplanades ▪ Parks with existing fencing / gates (or specific fenced off areas) should be locked and closure signs displayed ▪ Hazard tape used to cordon off smaller parks with existing boundaries (but no entrances that can be locked) ▪ Hazard tape used to cordon off outdoor gyms and seating areas
<p>Close communal facilities/services where direct contact is likely</p>	<ul style="list-style-type: none"> ▪ This includes: <ul style="list-style-type: none"> ○ Food and drink ○ Retail ○ Accommodation ○ Non-residential institutions ○ Assembly and leisure ▪ Details and exceptions in each category can be found under existing government guidance⁷ ▪ A UTLA may choose to close all facilities/services listed above at once, or to stagger the closure as they see appropriate ▪ Once identified, the UTLA should directly notify the impacted facilities/services of the required closures ▪ Facilities to display closure signs at their location and, where possible, notify their patrons of the closure
<p>Cancellation of mass gatherings</p>	<ul style="list-style-type: none"> ▪ This includes, but is not limited to: <ul style="list-style-type: none"> ○ Weddings ○ Religious services ○ Sporting events ○ Concerts ▪ A threshold may be set by the UTLA (e.g. events with more than 100 people) to ensure there is no confusion as to what constitutes a mass gathering ▪ Existing powers (under Health and Safety issues) can be leveraged for this NPI⁸ ▪ UTLA to issue communication to major venues and known event managers that have scheduled events during the period of cancellation ▪ Venues to display closure signs at their locations and

⁷ <https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance>

⁸ <https://www.hse.gov.uk/index.htm>

Geographic NPIs	Route to implementation
	<ul style="list-style-type: none"> notify their attendees of the cancellation or advertise cancellation
<p>Work from home (WFH) <i>(All workplaces to instigate WFH measures where this is feasible, those that are unable to work from home may continue to go to work)</i></p>	<ul style="list-style-type: none"> ▪ UTLA to notify workplaces of WFH measures ▪ Those that are unable to work from home may continue to go to work, providing they are following government guidance on working safely during coronavirus⁹ ▪ Businesses to disseminate message to all employees
<p>Close non-essential businesses <i>(All non-essential workplaces to be closed, even where employees are unable to work from home)</i></p>	<ul style="list-style-type: none"> ▪ This includes all businesses that are not considered essential and may include: <ul style="list-style-type: none"> ○ Construction and other outdoor work ○ Factories, plants, and warehouses ○ Labs and research facilities ○ Offices and contact centres ○ Working vehicles ▪ Exceptions to be handled on a case-by-case basis (e.g. construction work that is required for public safety) ▪ UTLA to notify businesses of mandated closures ▪ Businesses to disseminate message to all employees
<p>Limit school to set year groups¹⁰</p>	<ul style="list-style-type: none"> ▪ Key workers and vulnerable children permitted to continue attending in all years ▪ Nurseries and early years settings to remain open ▪ Schools to offer provision for priority year groups only: <ul style="list-style-type: none"> ○ Primary schools: to be open for reception, year 1 and year 6 ○ Secondary schools, sixth form and further education colleges: to offer some face to face support for year 10 and year 12 ▪ Boarders in the priority year groups, vulnerable children and the children of key workers permitted to stay at schools ▪ Exceptions to be handled on a case-by-case basis
<p>Close schools¹¹</p>	<ul style="list-style-type: none"> ▪ Only vulnerable children and children of critical workers permitted to continue attending in all years ▪ Boarders in the priority groups permitted to stay on premise, but those who are symptomatic to follow guidance on isolation in their rooms ▪ Exceptions to be handled on a case-by-case basis

Appendix 6 - Health Protection Board Terms of Reference

⁹ <https://www.gov.uk/guidance/working-safely-during-coronavirus-COVID-19>

¹⁰ This guidance reflects the situation as of 1st June 2020 but is subject to change based on the latest advice available from SAGE, PHE and DfE. Please see <https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/reopening-schools-and-other-educational-settings-from-1-june> for guidance

¹¹ See footnote 10

Background

With national lockdown arrangements lifting, outbreaks of COVID-19 are now predicted to occur in a more variegated pattern. Control will require strong linkage between national programmes and local services resulting in bespoke local responses in support of national services, including NHS Test and Trace.

Local authorities, with their Directors of Public Health, have a critical role in protecting the health of their local population, to prevent threats to health and to mitigate impact. The DPH has a duty to prepare for and lead the local authority's response to threats to the public's health.

Berkshire Chief Executives are collaborating around their COVID-19 Response and Recovery across the 6 Unitary Authorities in the county. Each LA will have its own Outbreak Control Plan but will seek support from joint Health Protection Boards and Health Protection Support Cells, one for East Berkshire and one for Berkshire West groupings of LAs.

Purpose of the Boards

The boards will be strategic in nature, aiming to add value to local authority discussions. The overall goals are:

- To support three 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

Reporting

The Boards will report to the Berkshire LA Chief Executives' COVID-19 Response and Recovery Group who will link to LA decision-making processes, Outbreak Engagement Boards and the Thames Valley Local Resilience Forum.

Membership

Health Protection Boards will comprise local government and NHS partners.

Role	Berkshire West	East Berks	Representing
Strategic/Deputy Director of PH	Meradin Peachey	Tessa Lindfield	DPH, Public Health Shared Team
DASS	Matt Pope/Andy Sharp/Seona Douglas	Alan Sinclair; Nikki Edwards; Hilary Hall	Adult Social care
DCS	Andy Sharp, Carol Cammiss, Deborah Glassbrook	Cate Duffy; Kevin McDaniel; Nikki Edwards	Children & Young People
Consultant in PH	Matt Pearce; David Munday; Ingrid Wolfe	Anna Davies; Cynthia Folarin; Liz Brutus	LA Public Health
CCG MD/AO	Sam Burrows	Andy Brooks	BW/EB Health & Care System
CCG clinical lead	Clinical Ref Group Chair via AO	Clinical Ref Group Chair via AO	CCG
NHS DIPC Group	Debbie Simmonds	Sarah Bellars/	NHS DIPCs

		Frimley/ BHFT	across BW/EB
LA Chief Executive	Nick Carter/Peter Sloman/Susan Parsonage	Josie Wragg/ Duncan Sharkey/ Tim Wheadon	BCEG
Environmental Health	PPP (Sean Murphy), James Crosbie	PPP (Sean Murphy), Lisa Pigeon, Ginny de Haan	EH/ Public Protection
Consultant in Communicable Disease Control HPT	Rachel Mearkle	Kitty Mohan	PHE TV HPT
NHS Providers	BHFT – RBH via CE	BHFT WPH – Tim Ho	

Ways of working

The Board will be chaired by the SDPH or DDPH.

The frequency of meeting will be determined by the Boards. The Board will meet fortnightly to begin with. As the local response is established meetings will likely be less frequent.

The secretariat of the Board will be provided by the Health Protection Support Cells.

The TORs will be reviewed as needed and at least 6 monthly.

Appendix 7 – Slough Outbreak Management Group Terms of Reference

Purpose of the Group

- To co-ordinate contact tracing and its associate components across Slough on behalf of the East Berkshire Health Protection Board and Health and Wellbeing Board

Role of the group

1. Interpret data and local intelligence to target prevention action on hotspots.
2. Respond promptly and effectively to notifications from PHE on local outbreaks and support the creation of specific Incident Control Teams (ICTs) as necessary
3. Oversee and co-ordinate local testing provision and access across the district
4. Undertake basic training on contact tracing e.g. what is an outbreak, basic microbiology, principles of outbreak control, contact tracing
5. Provide support to complex settings that experience micro outbreaks e.g. schools, care homes, workplaces, homeless shelters,
6. Provide surge capacity to PHE HPTs if needed.
7. Work with the Shared Public Health team to review the Berkshire Outbreak Management Plan
8. Provide a local mechanism to support the regional and national working groups and alignment with Berkshire East Health and Social Care Task Group I, Slough Adult Social Task Group
9. Work with the *OneSlough* community support hub to ensure that processes are in place to support residents (particularly those who are vulnerable) who need to isolate or are sick
10. Support PHE HPTs and local organisations in their management of outbreaks.
11. Clarify plans for enforcement locally.
12. Link people to the national contact tracing service when they need it.
13. Cascade national communications on contact tracing to the general public and within that, target population sub-groups e.g. non-English speakers, those with special educational or mental health needs, and people who are currently advised to shield.
14. Utilise the Civica APP (FLARE) system for appropriate data collection, storage and dissemination methods in line with data protection and GDPR compliance.

Membership

The membership consists of the following officers who will provide a point of contact for their respective service areas for contact tracing and support the management of local outbreaks and general enquiries alongside public health

Sponsoring Director	Stephen Gibson – Director Regeneration Joe Carter – Director Transformation
Public Health	Liz Brutus – Service Lead Public Health
Environmental Health	Ginny de Haan – Service Lead Regulatory Services
Testing	Fin Garvey – Head of Property Services
Housing	Colin Moone – Service Lead Housing
Education	Jo Curd – Schools Effectiveness Officer
Slough Children Services Trust (SCST)	Dawn McKenzie
Adult Social Care	Jane Senior – Service Lead Adults Commissioning
Community Support Hub	Ketan Gandhi – Service Lead Communities
Communications	Kate Pratt – Head of Communications
Emergency Planning	Robin Pringle
Primary Care Representative	Sarah Bellars - Infection Control Lead and Chief Nurse, Frimley Collaborative
VCS Representative	Ramesh Kukar – CE Slough CVS
Analyst	Tbc – Placeholder: David Hounsell, Strategic Insight Manager

Ways of Working

- To meet weekly, chaired by either the Service Lead - Public Health or Service Lead - Regulatory Services, SBC.
- To report to the Local Health Protection Committee/Partnership (Possibly Health and Wellbeing Board) and East Berkshire Health Protection Board
- Ensure links with appropriate groups e.g. SBC SILVER-GOLD command.

Appendix 8 – Communications Plan

Communications plan – COVID-19 Slough Local Outbreak Management

Background

As part of national scheme to tackle new outbreaks of covid-19, each local authority with public health colleagues is required to have a Local Outbreak Management Plan (LOMP).

This communications plan is an appendix to the main LOMP for Slough and lays out details of communications actions we would consider and methods and mediums used in the event of an outbreak(s) in Slough.

Aims

- To inform residents of any outbreak and the actions of the council and public health in protecting those affected and the area as a whole
- To inform residents of the actions they need to take to protect themselves and their families
- To encourage take up of the test and trace system if appropriate
- To reassure residents / visitors / businesses of leadership and governance of the situation

Tone

All communications should take the following tones:

- Reassurance
- Calm
- Community leadership

Target audiences

These may change or become more specific depending on the nature of the outbreak and the parts of the community affected.

Primary

- Residents
- Members
- Businesses
- Community influencers

Specific (depending on nature of outbreak)

- Families with school aged children
- Individual faith communities

- Individual businesses / retail areas
- Residents in individual age ranges
- Individual geographic areas
- Users of individual buildings or places

Mediums

The following mediums will be utilised according to individual needs and circumstances.

Direct

- Corporate website
- Twitter
- Facebook (paid also available)
 - SBC corporate page
 - Early years page (if applicable)
 - Transport for Slough page (if applicable)
 - Community pages (for example Cippenham Village Community)
- Instagram (paid also available)
- TheLink (to schools)
- Email alerts (Slough Alert system)

Indirect

- Briefing notes / scripts
 - Members
 - Customer contact centre
 - OneSlough call centre
 - Faith groups / community leaders
 - Non-involved partners
- Press release(s)
 - Media relations
 - Radio interviews
 - Television interviews (if applicable)

Nominated spokespeople

Nominated spokespeople will be utilised for media relations and interviews if required.

These should be senior officers or members – outside of the main operational responsibility and actions – who have undergone training or suitable experience of on camera or on microphone interviews.

Any interviews would be done with the support and briefing of the communications manager.

Suggested:

- Stephen Gibson
- Joe Carter
- Dr Liz Brutus
- Josie Wragg (if escalation is required)
- Cllr James Swindlehurst (if escalation is required)

Key messages

The following messages will be utilised according to individual needs and circumstances.

- 1. The council is working closely with Public Health England on this COVID-19 outbreak(s) and supporting our health colleagues to control, as much as possible, the spread of the illness.**
- 2. We call on residents / specific groups to do the following to help (outbreak specific information / advice, test and trace, stay inside, health information)**
- 3. Anyone who is concerned about their ability to access essential food or medicine because of this please call the *OneSlough* volunteer centre on 01753 944918 or log on to <https://sloughcvs.org/covid19/>**
- 4. If you are concerned about coronavirus symptoms please contact 111.**

Partnerships / Essential liaison

The following liaison with operational and communications team will be utilised depending on circumstances.

- PHE communications
- Slough Local Outbreak Management Cell
- East Berkshire Public Health shared team / outbreak management team
- SBC SILVER / GOLD
- Neighbouring authority comms
- EBCCG communications
- Frimley ICS communications
- Frimley Trust communications
- SBC school support
- Headteachers
- TVP Slough

- TVLRF MAC

Responsibilities

This communications plan is the responsibility of the Slough Borough Council communications manager and the SBC communications team with support from operational officers.

The following officers have specific responsibilities under the plan:

Kate Pratt, communications manager

- Initial response
- Partner / operational liaison
- Management cell liaison
- Management and coordination of communications actions by communications team
- Member liaison
- Interview facilitation

Sarah Lawrence / Gemma Leary, communications officers

- Social media management
- Media relations

Shuvy Choudhury / Melanie Harper, web editors

- Corporate website

Anna Stacey, internal communications officer

- Internal communications
- SBCInsite

Appendix 9 – Early Years Settings Scenario Planning

Objective

- To ensure the children of key workers and vulnerable children continue to have access to their early years entitlements and childcare
- That Slough children are happy, healthy and successful
- The Childcare Act 2006/2016 – Duty to secure sufficient childcare and early years provision free of charge
- The early years sector is able to meet their statutory duties in relation to the EYFS and other relevant legislation.

Context within Slough:

- 10 maintained children’s Centres
- 109 Childminders
- 30 PVI settings
- 5 Maintained Nursery schools
- Week ending 12th June there were 464 children accessing an early years setting
- The sector operate from a range of premises, varying from Childminders’ homes, children’s centres, community halls, leisure centres, religious buildings and purpose built stand alone settings.

- Maintaining regulated staffing ratios and balance of qualified staff
- Earlier identification means early years children’s’ vulnerabilities are identified earlier
- High number of children of key workers due to proximity of hospitals.

What’s already in place (including prevention action):

During the period 23rd March – 1st June 2020 we kept one children’s centre open which met the needs of children attending all other 9 children’s centres.

During the same period, there were 30 PVI settings and childminders still open.

Week ending 12th June, there were 74 settings open leaving 81 closed (includes childminders, PVI settings and Children’s Centres).

PPE is being used for all contact where 2 metre social distancing can not be maintained.

PPE is used for personal care routines.

Operating procedures are in line with and, in some cases, above government guidelines.

Each individual setting has communicated with their parents and clients (see embedded document below: COVID-19 return to work guidance)

As per government guidelines, all providers have reduced the intake of children in order to meet social distancing and EYFS requirements and operate in DfE suggested bubbles.

As early years settings are working in bubbles the test and trace programme will be effective.

Where possible, face-to-face contact has been reduced and providers are using other means to support clients, including through the use of digital platforms.




Covid19 Return To work Guidance



Early Years and Childcare Recovery /

What else will need to be put in place:

<ul style="list-style-type: none"> • Perspex screens have been ordered for future use when clients will be allowed to enter children’s centres • If government guidelines change, operational procedures will need to be reviewed in line with this guidance • It is anticipated that government guidance will change for educational settings (inc early years) necessitating amendments to current operating guidelines inc social distancing and adult to child ratios/bubbles 	
<p>Local outbreak - most likely scenario(s) and trigger(s):</p> <ul style="list-style-type: none"> • 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 Control Team (ICT)’. 	
<p>Resource capabilities and capacity implications:</p> <ul style="list-style-type: none"> • Each individual setting would have plans in place to communicate with parents, PHE and early years services supported by the early years service • If there was a significant outbreak there may be implications for the provision of early years and childcare services and priority would have to be given to the children of keyworkers and vulnerable children as was the case in the initial lock down. • Routine Ofsted inspections are on hold, early years service support visits are happening virtually to reduce any risks of attending settings and risks of cross contamination. <p>Refer to embedded documents above.</p>	
<p>Data sources and links to additional information:</p> <p>Register data and participation predictions June to September 2020</p>  <p>Data overview settings week ending</p> <ul style="list-style-type: none"> •Coronavirus (COVID-19): guidance for schools and other educational settings, Department for Education (DfE) https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19 •Planning guide for early years and childcare settings https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-early-years-and-childcare-settings-from-1-june/planning-guide-for-early-years-and-childcare-settings •Coronavirus (COVID-19): implementing protective measures in education and childcare settings https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings •Actions for early years and childcare providers during the coronavirus outbreak https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures •Actions for educational and childcare settings to prepare for wider opening from 1 June 2020 (DfE) https://www.gov.uk/government/publications/actions- 	<p><u>Setting SOP</u></p> <p>Embed Document</p>

[for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020](#)

- Early years foundation stage: coronavirus disapplications
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
- Safe working in education, childcare and children’s social care
<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care>
- What parents and carers need to know about schools and other education settings during the coronavirus outbreak (DfE)
https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/closure-of-educational-settings-information-for-parents-and-carers?utm_medium=email&utm_source=govdelivery
- COVID-19: cleaning in non-healthcare settings (Gov.uk)
<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>
- Opening schools and educational settings to more pupils from 1 June: guidance for parents and carers
https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/reopening-schools-and-other-educational-settings-from-1-june?utm_medium=email&utm_source=govdelivery
- Conducting a SEND risk assessment during the coronavirus outbreak
https://www.gov.uk/government/publications/coronavirus-covid-19-send-risk-assessment-guidance?utm_source=b0e6c18a-198f-4428-b21e-f1fd52c2acad&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate#history
- Legionella risks during the coronavirus outbreak
<https://www.hse.gov.uk/news/legionella-risks-during-coronavirus-outbreak.htm>

Appendix 10 – Schools

<p>Objective</p> <p>Pupils learning e.g. recovery curriculum Health and well being of students Family well-being to support pupils More pupils going back into school Monitoring vulnerable/disadvantaged pupils</p>	
<p>Context within Slough:</p> <ul style="list-style-type: none"> • Over 50% families are BAME, associated higher risk to this group • Over 75% of pupils in Slough schools are of BAME heritage. • Higher than average % of pupils with special educational needs and/or disabilities from BAME background in the authority - higher risk on two accounts • Higher than national average number of pupils come from out of Borough which might impact on spread of virus 	
<p>What's already in place (including prevention action):</p> <ul style="list-style-type: none"> • Slough Education Partnership Board meets weekly to discuss COVID issues 	
<p>What else will need to be put in place:</p> <ul style="list-style-type: none"> • How to raise pupils learning and school attendance whilst keeping required distance between people and maintaining high levels of hygiene and health • Schools awaiting further guidance and expectations. They close in 4 weeks so it could be summer preparation – a little uncertain • Schools may need to be supported to source PPE • If government guidelines change, operational procedures will need to be reviewed in line with this guidance • Arrangements to stand up whole school testing if required 	
<p>Local outbreak - most likely scenario(s) and trigger(s):</p> <ul style="list-style-type: none"> • 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 Control Team (ICT)'. 	
<p>Resource capabilities and capacity implications:</p> <ul style="list-style-type: none"> • SBC communications will be utilised in the event of an outbreak in schools • If there was a significant outbreak there may be implications for the provision of schooling and priority would have to be given to the children of keyworkers and vulnerable children as was the case in the initial lockdown 	
<p>Data sources and links to additional information:</p> <ul style="list-style-type: none"> • Daily attendance at all schools • Understanding of how schools are delivering some of their curriculum • How schools are phasing in their children to attend • Use of staff and any rota system • Soft intelligence from the strong communication networks between schools and SBC 	<p><u>Setting SOP</u></p> <p>Embed Document</p>

Appendix 11 - Care Homes

Objective

To take appropriate measures to limit the outbreak of the infection within the care home and the wider population balancing the human rights of individuals and meeting Care Act 2014, Safeguarding of Vulnerable Adults 2008 and Mental Capacity Act 2005 duties.

Context within Slough:

Slough has a relatively small geographical footprint and there are 16 care homes in the borough. One provider owns 2 care homes in close proximity, creating an opportunity for staff movement between the 2 homes which makes it more likely.

There is also a large 120 bed unit which increases the number of care home residents in contact with staff should a staff member contract the virus.

Social distancing rules present particular challenges in care homes where there are some residents with dementia, learning disabilities, brain injury or mental health issues who are unable to understand or comply with social distancing measures.

Slough has a diverse population with larger than the national average BAME community some of whom work within the health and social care economy. Research has shown that the BAME community are disproportionately affected by COVID-19.

What's already in place (including prevention action):

Response to Notification of Suspected and Confirmed Cases

PHE notification of suspected and confirmed cases of COVID-19 in high risk settings is distributed to Adult Social Care to trigger multi-disciplinary and multi-agency support and guidance. On receipt of the notification, the ASC Commissioning Team will contact the care home immediately for more information and respond as required. The affected care home will be discussed at the East Berkshire Care Governance Group. This is comprised of representatives from Local Authorities (including Public Health and Commissioning), the CCG and the CQC. The group can identify any patterns or trends, prioritise homes for testing as well as put in place any additional support as required, which has not already been implemented.

There are communication systems in place to distribute national guidance and to inform providers of health, national government and local authority provided support that is available. Information is available on the council's website for local residents.

Preventative, Supportive and Ongoing Measures

Provider forums are held regularly for care providers to gain support, further guidance, or share good practice.

National infection control training has been provided by the CCG to all care homes providing services to older people in Slough. Work is progressing on providing the same to smaller care homes providing services to adults with learning disabilities.

Each care home has been allocated a clinical lead who can be consulted on COVID-19 health related issues.

Access pathways to national and local urgent PPE supplies, and care home staff and resident testing are in place.

The national capacity tracker information is monitored and any providers who report amber or red for PPE are contacted to provide support. Any care home reporting a confirmed or suspected COVID-19 incidence or outbreak in residents or staffing is contacted by the supplier relationship management team to gather information about the incidence/outbreak and to identify the infection control measures already employed and to identify other support requirements as necessary.

The local integrated health and social care commissioning system group meet regularly to discuss any local measures required across E Berkshire and to consider CCG, hospital trust, social care and local authority responses.

A number of infection control measures are already employed within the care home system through whole system approaches and use of additional funding provided by central government and distributed through local authorities. A list is provided in the section entitled **Resource capabilities and capacity implications** below.

What else will need to be put in place:

As the rate of infection reduces in the general population, care homes will relax policies in relation to visitors to the care home.

PHE, local PH and health and social care system-wide intelligence will be required to identify second phase outbreaks. Care homes need to have systems in place which isolate residents and staff suspected or confirmed to have COVID-19.

Arrangements to direct mobile testing capacity

Arrangements for regular testing if indicated

Local outbreak - most likely scenario(s) and trigger(s):

'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 Control Team (ICT)'.

Resource capabilities and capacity implications:

Care homes are currently supported financially through government COVID-19 additional funding, PPE distributed supplies and the ASC Infection Control Funding Grant allocated and distributed via local authorities. This funding is being used for a range of infection control measures including but not limited to:

- Top-up payments of staff above SSP to enable them to isolate at home,
- Making additional wage payments to staff to minimise care staff working between care homes, arranging taxi or minibus journeys, providing electric bicycles, allowing staff to stay at the care home or paying for local hotel costs to minimise the use of public transport for staff travelling to and from work,
- Employing extra staff to allow for staffing cohort arrangements and care, support and activities for those isolating or being shielded in the care home,
- Payments for additional PPE, cleaning products and staffing,
- Additional smart devices to allow video conferencing and remote communications for relatives and other professionals who need to communicate with staff and residents.

There are an increased number of vacancies within Slough Care homes which may result in financial instability of local provision. Market management strategies will need to be deployed to sustain the availability of provision to meet future demand for service.

Care homes will need continued support for the additional measures to maintain infection control arrangements.

Care Home testing is organised by TVHPT via the community swabbing team at EBOOH – subsequent testing for symptomatic individuals and whole care home testing is via pillar 2/gov.uk

Data sources and links to additional information:

We currently use information provided by PHE through our local Public health service of care home reports of suspected or confirmed incidence or confirmed cases or outbreaks through testing, alongside national capacity tracker information. Additionally, we use local intelligence received directly from the care homes through the supplier relationship management team, provider reporting, CCG Infection Control, care governance and safeguarding processes.

Setting SOP



Standard Operat
Procedures - COV

Appendix 12 - Residential settings (adults and children)

Adults:

Objective

To take appropriate measures to limit the outbreak of the infection within adult residential settings and the wider population balancing the human rights of individuals and meeting Care Act 2014, Safeguarding of Vulnerable Adults 2008 and Mental Capacity Act 2005 duties. In this context, residential settings are restricted to those where there is a CQC registered domiciliary care provider providing support in supported living or extra care schemes.

Context within Slough:

Slough has a relatively small geographical footprint with a small number of providers who operate within the area. There are providers who operate more than one supported living or extra care schemes in relative close proximity to one another creating an opportunity for staff movement between the schemes.

There is relatively high interaction in public areas and also friends from LD schemes tend to interact socially.

Social distancing rules present particular challenges in settings where there are a predominance of residents with dementia, learning disabilities, brain injury or mental health issues who are unable to understand or comply with social distancing measures.

Slough has a diverse population with larger than the national average BAME community some of whom work within the health and social care sector. It has been shown that the BAME community are disproportionately affected by COVID-19.

What's already in place (including prevention action):

Local authority area PHE statistics are available on the PHE website for monitoring general numbers of community deaths.

There are communication systems in place to distribute national guidance and to inform providers of the health, national government and local authority provided support available. Information is available on the council's website for local residents.

Easy-read information is available for adults with learning disabilities on social distancing, PPE and handwashing

Provider forums are held regularly for care providers to gain support, further guidance, or share good practice.

Access pathways to national and local urgent PPE supplies, and national and local staff testing for those who are symptomatic are in place.

The LG Inform tracker information is monitored and any providers who report amber or red for PPE are contacted to provide support. Any reported, confirmed or suspected COVID-19 incidence or outbreak in service users or staff is contacted by the supplier relationship management team to gather information about the incidence/outbreak and to identify the infection control measures already employed and to identify other support requirements as necessary.

The local integrated health and social care commissioning system group meet regularly to discuss any local measures required across East Berkshire and to consider CCG, hospital trust, social care and local authority responses.

A number of infection control measures are already employed within the supported living or extra care system through whole system approaches and use of additional funding provided by central government and distributed through local authorities. A list is provided in the section entitled **Resource capabilities and capacity implications** below.

What else will need to be put in place:

As the rate of infection reduces in the general population, and lockdown easements are applied, the residents will be exposed to a higher probability of contracting COVID-19 through general public interaction.

PHE, local PH and health and social care system-wide intelligence will be required to identify second phase outbreaks. Supported living and extra care schemes need to have in place systems which isolate residents and staff suspected or confirmed to have COVID-19 and aim to protect those who need shielding.

Local outbreak - most likely scenario(s) and trigger(s):

‘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 Control Team (ICT)’.

Resource capabilities and capacity implications:

Domiciliary care agencies who provide care and support services in these schemes are currently supported financially through government COVID-19 additional funding, PPE distributed supplies and the ASC Infection Control Funding Grant allocated and distributed via local authorities. This funding is being used for a range of infection control measures including but not limited to:

- Top-up payments of staff above SSP to enable them to isolate at home,
- Making additional wage payments to staff to minimise care staff working between care agencies, arranging taxi or minibus journeys, providing electric bicycles, or paying for local hotel costs to minimise the use of public transport for staff travelling to and from work,
- Employing extra staff to allow for staffing cohort arrangements,
- Payments for additional PPE,
- Additional smart devices for supervisory staffing to allow video conferencing and remote communications with staff who are remotely working
- Dissemination of information to service users and relatives about COVID19 infection control measures, as appropriate.

Domiciliary Care agencies will need continued support for the additional measures to maintain infection control arrangements.

National financial support to this sector has been limited with only 25% of the ASC Infection Control Funding Grant able to be allocated to this sector. For a local authority where the ratio of community to care home settings is high, this has disadvantaged the sector financially.

Data sources and links to additional information:

We currently use information provided through the LGInform tracker of suspected or confirmed incidence or confirmed cases or outbreaks through testing. Data on the PHE website on community deaths can also be monitored

Setting SOP

to identify general community infection rates.
 For this sector local intelligence received directly from the provider through the supplier relationship management team, provider reporting, CCG Infection Control, care governance and safeguarding processes remains the mainstay of infection status.



Standard Operating Procedures - COVID-19

Children: Breakaway, Slough Children’s Services Trust

<p>Objective:</p> <p>To prevent spread of COVID-19 and effectively manage outbreak(s) (if any) at Breakaway</p>
<p>Context:</p> <p>Breakaway is a respite unit for children (6 till 17yrs of age) on Autism spectrum with associated learning/ physical disabilities. It is a 6 bedroom unit with a spacious garden and sensory room, currently providing respite overnight care to 13 children. There are 26 staff in total, few of them have been redeployed to other sectors.</p>
<p>What’s already in place:</p> <ul style="list-style-type: none"> - COVID-19 protocol in Place - COVID-19 business continuity plan in place - Keeping Connections Sheet - Two children per day for overnight respite - Minimum staff at any given time - Continuous supply of PPE, staff reminded about social distancing - Non urgent visits from facilities postponed - Team meeting and Children’s meeting via Blue Jeans/ Zoom/ Phone calls - The unit is disinfected more frequently - Staff working from home where possible - Sanitizer gels (<70% alcohol content) are available for staff/ children and visitors to use - Staff are made aware via emails, leaflets, handover meetings and team meetings - Children are encouraged to wash hands with soap and warm water regularly - Leaflets to prevent the spread are placed across the unit to remind staff and children - Parents are sent emails/ letters regarding the protocol - Signs on front door and inside the building for alerts - Staff aware of government guidelines
<p>What else will need to be put in place:</p> <p>Breakaway is due for a refurbishment, awaiting registration of the new facility by Ofsted. Once confirmed, following are the actions:</p> <ul style="list-style-type: none"> - Risk assessment for new place - Visit for children and staff (Induction) - Adapt if anything changes with government guidelines
<p>Local outbreak scenarios and triggers:</p> <p>‘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 Control Team (ICT)’.</p>
<p>Resource capabilities and capacity implications:</p> <ul style="list-style-type: none"> - Staff team will need refresher in trainings which need F2F input

- Tea visits for new referrals to be restricted
- Transitioning (incoming and outgoing) plans to be revised accordingly
- Ofsted visit for new place's registration is awaited

Links to additional information:

- <https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>
- <https://www.gov.uk/guidance/coronavirus-covid-19-guidance-for-local-government>

Appendix 13 - Hospitals

Objective:

To minimise nosocomial transmission and seeding of hospital and community incidences through close monitoring of any new cases of COVID-19 linked to exposure within Hospitals, ensuring that any outbreaks are managed quickly and efficiently.

Context:

The evidence reviews show higher rates of COVID-19 in hospital HCWs compared with those seen currently in the general public, and ongoing transmission of SARS-CoV-2 in hospitals, notably among HCWs.

There are 4 acute and community hospital/bedded units across Berkshire East:

- Wexham Park Hospital (FHFT)
- Heatherwood hospital (FHFT)
- Upton Community Hospital (BHFT)
- St Marks Community Hospital (BHFT)

What's already in place:

Each Trust has Outbreak Control and Pandemic plans and processes to undertake outbreak management, including ICTs which are led by the individual Trust, with support from PHE.

- In addition to national guidance, the Trust has in place an outbreak management policy, Pandemic plans, Business Impact Analysis and Business continuity plans.
- Each Trust has Infection Prevention and Control teams that coordinate outbreak responses.

There is a COVID-19 risk reduction programme for staff, which includes workplace assessment, workforce assessment and individual assessments.

<https://www.nhsemployers.org/-/media/Employers/Documents/COVID19/risk-reduction-framework.pdf?la=en&hash=7B5F35D0774CF2D2B41FDA9F401543E8F7DAA81E>

All services prior to restarting are reviewed to understand the impact of delivery to reduce the likelihood of the transmission of COVID19

Each significant NHS provider has a DIPC, there is a regular System DIPC meeting which

<p>shares data and intelligence and agrees consistency of approach (weekly).</p> <p>In addition the Trust implements the key bundles of measures to reduce the risk of transmission of SARS-CoV-2, including social/physical distancing, optimal hand hygiene, frequent surface decontamination, ventilation, appropriate PPE in clinical scenarios and other measures where appropriate and Face masks/ coverings in non- clinical areas for staff/visitors and patients as per the national guidance. Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient.</p>
<p>What else will need to be put in place:</p> <p>To support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use. There will also be reporting on staff absence due to Test and Trace and the impact on the service.</p>
<p>Local outbreak scenarios and triggers:</p> <p>If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within the hospital or healthcare setting the Trust will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with PHE and the local authority the need for an Incident Control Team (ICT).</p>
<p>Resource capabilities and capacity implications:</p> <p>FHFT- 24 hr surveillance via (in hrs) IPC team and Oohs Microbiology on-call and onsite CSNP (Bronze response team) who will escalate to tactical command (Senior Support Manager) and Strategic (Gold command) as appropriate BHFT Surveillance by IPCT (in working hours), review of specimen results by clinical teams out of hours and escalation where required to on call Manager/ Director. HCAI data review and input via daily sit reps. Escalation to executive Director as appropriate.</p>
<p>Links to additional information:</p> <p>FHFT - Trust website for full COVID-19 policies, procedures and related documents. BHFT- Trust website for full COVID-19 policies, procedures and related documents.</p>

Appendix 14 - Primary Care Facilities Including General Practices and Walk-In Centres

<p>Objective:</p> <p>The objective is to closely monitor any cases of COVID-19 linked to exposure within Primary Care settings, ensuring that any outbreaks are managed quickly and efficiently.</p>
<p>Context:</p> <p>In the Frimley System across the five Places:</p> <ol style="list-style-type: none"> 1. Bracknell Forest with 10 General Practices 2. North East Hampshire and Farnham with 20 General Practices 3. Royal Borough of Windsor and Maidenhead (RBWM) with 20 General Practices 4. Slough with 16 General Practices 5. Surrey Heath with 7 General Practices
<p>What's already in place:</p> <p>General Practices</p>

- i. In addition to national guidance General Practices, Urgent Care Centre and walk-in centres have Pandemic Plans and Business Continuity Plans.
- ii. The CCG Infection Prevention and Control (IPC) teams support practices with IPC and the CCG DIPC leads the IPC and joins the system DIPC meeting.
- iii. The CCG is implementing across all Primary Care Providers a COVID-19 risk reduction programme for staff and patients that includes workplace assessment, workforce assessment and individual assessments.
- iv. Workforce situation reporting is in place across all practices along with PPE risk, indicating where mutual aid and emergency supplies are necessary.

Some of the measures taken include 'Hot' and 'Cold' patient flows, drive by services and alternatives to face to face contacts utilising technology, including purchasing new technology to support this.

<https://www.nhsemployers.org/-/media/Employers/Documents/COVID19/risk-reduction-framework.pdf?la=en&hash=7B5F35D0774CF2D2B41FDA9F401543E8F7DAA81E>

What else will need to be put in place:

General Practice and Walk in Centres - To support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use. There will also be reporting on staff absence due to Test and Trace and the impact on the service.

General Practices and Walk-in Centres

- Antibody testing for staff and patients
- Review access to PPE via Clipper as at present only one pack of PPE is allowed for each order regardless of the size of the practice and taking into account the increased number of patients doing Face to Face appointments with clinical staff in GP practices

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Primary Care setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the primary care provider, CCG and local authority the need for an Incident Control Team (ICT).

Resource capabilities and capacity implications:

Remote Triage provides flexibility for the workforce, particularly those with higher risk assessments, however the impact on the efficiency of this arrangement remains to be fully understood.

Links to additional information:

Appendix 15 - Returning Travellers

TBD

Appendix 16 - Homeless Communities

Objective

Prevent/manage any outbreaks by closely monitoring for any cases of Covid-19 and acting to prevent/manage the risk.

Other objectives include:

SBC Five Year Plan Outcome 4 – Our residents will live in good quality homes

- Prevent Homelessness where possible through early intervention and using a range of housing options

Context

Government have instructed that evictions cease until August. To a degree this has helped to manage the homeless influx usually seen at around this time. This is now expected when lockdown eases further.

Local authorities were instructed to house all street homeless on 27th March 2020.

Statutory homeless households are currently predominantly housed across 5 sites, which house approximately 70 households. Some have shared kitchen and bathroom facilities.

There are other homeless households in other forms of temporary accommodation settings managed by external agencies. The homeless numbers are currently 384 excluding rough sleepers.

This population has poorer health than their peers and may be more susceptible to severe illness if they contract Covid.

Slough's homeless communities have been supported with food and sundry items via *OneSlough*. This has included the provision of hot food for those without the capacity or capability to cook. Once lockdown eases this facility will be withdrawn and business as usual services will kick in.

What's already in place (including prevention action):

- Signage
- Officer regularly visits the sites
- More frequent cleaning of sites
- Police enforcement but this is limited

What else will need to be put in place:

Sites have been adequately prepared. The Rough Sleeper Outreach Team conduct regular visits and are in contact with this community.

Review of Infection Prevention and Control Policy for shared areas.

Consideration of further prevention measures

Agreement regarding focussed testing if required

Consideration of additional support required for isolation

<p>Local outbreak scenarios and triggers:</p> <p>Likely outbreak triggers include:</p> <ul style="list-style-type: none"> • A person in temporary accommodation or in a housing facility contracts COVID-19 after visiting a high-risk setting (e.g. hospital), using public transport, or engaging with family or acquaintances in close proximity. The virus then spreads to other staff or residents of the residential setting through close proximity interaction. • An individual who is street homeless contracts COVID-19 and has close proximity interaction with other individuals. • An individual in temporary housing contracts COVID-19 after visiting a high-risk setting (e.g. hospital), using public transport, or engaging with family or acquaintances in close proximity. The virus then spreads to other staff or residents of the residential setting through close proximity interaction. <p>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 Control Team (ICT)</p>	
<p>Resource capabilities and capacity implications:</p> <p>Each setting has a member of staff assigned to it. Capacity is currently adequate. Cover arrangements are in place should the officer not be available.</p>	
<p>Data sources and links to additional information:</p>	<p>Setting SOP</p> <p>Embed Document</p>

Appendix 17 - Leisure Facilities

<p>Objective</p> <p>Slough Five Year Plan Outcomes:</p> <ul style="list-style-type: none"> • Outcome 1 – Slough children will grow up to be happy, healthy and successful. • Outcome 2 – Our people will be healthier and manage their own care needs.
<p>Context within Slough:</p> <p>Slough’s leisure facilities are contracted to Everyone Active. Therefore SBC must work with Everyone Active to ensure all safety precautions relating to COVID-19 are identified, actioned and monitored.</p>
<p>What’s already in place (including prevention action):</p> <p>Leisure Centre sites are currently closed awaiting changes in government guidance. Everyone Active, our providers, will be implementing new operating practices in line with stay safe / social distancing measures. SBC will need regular communication with Everyone Active to ensure compliance with government guidelines on social distancing. Once Leisure Centres are open, Everyone Active will communicate with their members about arrangements. SBC will also undertake Comms to highlight changes in guidance.</p>
<p>What else will need to be put in place:</p> <p>When leisure centres open, signage and social distancing markers will need to be in place..</p>

Everyone Active staff will need to wear PPE and regular handwashing procedures will need to be in place. SBC will need to monitor for compliance with these requirements.

Local outbreak - most likely scenario(s) and trigger(s):

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 Control Team (ICT)

Resource capabilities and capacity implications:

Leisure Centres – operational capacity and comms etc. will be led by Everyone Active. As the commissioner of these services SBC will need to ensure that all necessary processes and procedures are in place and being followed on the opening of leisure centres. If a leisure centre is closed after being linked to a COVID-19 outbreak this will affect Slough’s leisure capacity and is likely to have an impact on the public’s willingness to use these services in the future.

Data sources and links to additional information:

Everyone Active Health and Safety procedures

Setting SOP

[Embed Document](#)

Appendix 18 – Workplaces

Objective:

- To closely monitor for any cases of COVID-19 linked to a workplace setting, ensuring that any outbreaks are managed quickly and efficiently.
- Commence effective lines of communication with the workplace and those with key responsibilities for supporting staff and/or customers.
- To keep services running safely.

Context:

- There are 1675 workplaces listed on the Civica database of which 123 are HSE enforced. The total number of business is not known exactly as the database does not include all businesses within the borough. The business types are hugely varied from small/medium sized business, offices; including head offices (predominantly Bath Road/SEGRO area) A range of business on the trading estate in Slough and also business in Colnbrook who support Heathrow Airport.
- The numbers of people within each site will vary considerably due to the nature and size of the business. Customer numbers visiting any particular business would need to be established (This information may in part be available from the business)
- Key characteristics of the businesses are known in some circumstances, for example food business where routine inspections are carried out and those businesses where Health and Safety interventions have been carried out. There is a reliance on local knowledge. Both of which can be particularly useful in identifying key contacts at a business premises.

What’s already in place:

- Some workplaces will have been closed completely during lockdown as the have been specifically listed in the Public Health (Coronavirus restrictions) (England) Regulations as detailed in Schedule 2 of the regulations. Where business have been reported to be open while not permitted appropriate action – by way of warnings and enforcement action has been taken.

- Many businesses already implementing social distancing controls based on government guidance and supported by the Food and Safety team in provision of this advice. eg Preventive measures include: Public communications, translations/easy read, supporting better hygiene eg handwashing, working with high risk places to ensure social distancing, shift worker cohorting, PPE, regular contact / calls to support compliance with guidance, enforcement
- Business are expected to implement local controls and use of ppe, social distancing measures, handwashing facilities, cleaning regimes based on their own site specific risk assessments
- The Food and safety team would in the first instance identify appropriate point of contact and communicate via email, telephone and (subject to risk assessment and local procedures in relation to working within the borough) undertake a site visit

What else will need to be put in place:

It would be necessary to establish the level of control already put in place by the business in accordance with workplace specific guidance NOTE guidance on GOV web pages for workplace sector specific guidance. Next step would be to advise the business on perceived gaps in their procedures.

- Where businesses that have newly re opened after a period of closure they will need to ensure that all the necessary risk assessment/procedures have been put into place.
- Government policy is likely to change in relation to those premises that are permitted to be open and may impose restrictions on the scale of re opening and requirements in relation to social distancing that the business would need to be aware of and implement.

Improved understanding and comms around 'Test and Trace' and the Slough LOMP

Local outbreak scenarios and triggers:

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 Control Team (ICT)

Resource capabilities and capacity implications:

It would be beneficial if surveillance and spot checks for COVID Secure controls were undertaken in such setting based on local intel and complaints. This is ongoing to some extent, and is planned to increase within the next few weeks as robust systems for site visits are put in place.

Cross departmental working is in place supporting this activity. All teams are using the same database to share intel. (FLARE – CIVICA APP)

We do however have limited officer's authorised under the Health and safety legislation available to take enforcement relating to poor COVID Secure controls, due to officers shielding and a relatively small team initially. However to offset this, if necessary all non-essential work can be paused and all available resources devoted to controlling an outbreak.

Links to additional information:

- o Link to HSE coronavirus pages: <https://www.hse.gov.uk/coronavirus/index.htm>
- o <https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

- <https://www.gov.uk/guidance/coronavirus-covid-19-guidance-for-local-government>

Appendix 19 – Retail

Objective:

Prevent outbreaks, closely monitor for any cases of COVID-19 linked to this setting, ensuring that any outbreaks are managed quickly and efficiently.

If retail outlet are closed due to local outbreaks financial implications for the employer and employees to be considered.

Context:

We have approx. 700 retail premises (excluding those that sell food) within Slough, all have different risk factors. The main retail area within Slough is the town centre with High Street and the Queensmere/Observatory Shopping Centre. The 2 largest retail outlets are Primark and T.K. Maxx and other national retailers include Superdrug, Boots, Sports Direct, JD Sport, WH Smith and Wilko. Following the recent closure of M&S and Debenhams there are no large department stores within Slough. Other retail outlets will include charity shops and independent outlets selling clothing, footwear, mobile phone and general household goods.

There are 3 out of town retail park within the Borough; Slough Retail Park, Westgate Retail Park and Bath Road Retail Park. These larger retail units include furniture retailers, DIY outlets and clothing shops i.e. DFS, Harveys, ScS, Matalan, Argos, Dunelm, B&Q, Next and Outfit

The larger national chain retailers will have access to technical support with a specialist health and safety contact/team. Some retailers will have access to Primary Authority support that we can utilise to assist in outbreak control.

Local shopping areas including Farnham Road, Langley, Chalvey, Cippenenham, Baylis Parade, Buckingham Avenue and Twist Way have a variety of retail premises including smaller independent businesses. A significant number of small independent retails businesses in Slough are operated by and employee BAME communities.

Although the database for retailers will not be up to date with full contact details we can easily find the details by searching on the internet. Retailers should have a list of employees and rotas - making contract tracing of staff straight forward. However contacting customers would be near impossible – however there should be no close contact between workforce and customers if good covid secure measures are being implemented.

In theory the number of vulnerable people visiting or working in such premises should be nil or minimum due to shielding precautions.

What's already in place:

All retailers are now permitted to be open and advice on COVID Secure risk assessments and controls were emailed from the SBC Food and Safety Team to these businesses prior to the relaxation of the lockdown measures. The Slough BC website is regularly updated with information provided to businesses on measures to be taken to enable the PHE guidelines to be followed. The Gov.uk website provides guidance for employers and employees on what steps to

take to be able to operate a COVID Secure retail business.

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches>

Larger shops with the technical expertise will have undertaken detailed risk assessment and documented this and implemented control measures. Smaller retailers without such technical and financial resources may not have carried out a detailed risk assessment and may not have implemented any preventative control measures.

What else will need to be put in place:

We have concerns regarding the smaller independent retailers, who have limited access to advice and support. As non-essential retailers have only recently re-opened we will need to monitor the level of complaints and gather intel from surveillance visits. In the first instance advice will be given on what steps the owner of the business can implement to enable the business to be covid secure. Where businesses are reluctant to engage and non-compliance continues written warnings will be issued and further surveillance undertaken.

We are receiving intel that areas such as the High Street and Farnham Road are very busy in the evenings, with people gathering. Such issues are being dealt with; however with limited presence from enforcement officers, particularly in the evenings, businesses are taking such opportunities.

Public health is working with others to create communications to support Slough communities and businesses understand the importance of controls and how to reduce the risk of transmission.

Local outbreak scenarios and triggers:

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 Control Team (ICT)

Resource capabilities and capacity implications:

It would be beneficial if surveillance and spot checks for COVID Secure controls were undertaken in such setting based on local intel and complaints. This is ongoing to some extent, and is planned to increase within the next few weeks as robust systems for site visits are put in place.

Cross departmental working is in place supporting this activity. All teams are using the same database to share intel. (FLARE – CIVICA APP)

We do however have limited officers authorised under the Health and Safety legislation available to take enforcement relating to poor COVID Secure controls, due to officers shielding and a relatively small team initially. However, to offset this, if necessary all non-essential work can be paused and all available resources devoted to controlling an outbreak.

Links to additional information:

We have links to Primary Authority partners for retail businesses.

We have details of the plans for re-opening of the Queensmere/Observatory Shopping Centres

Gov.uk guidance also available for this sector- available at;

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches>

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

Appendix 20 – Food Outlets

Objective:

Prevent outbreaks, closely monitor for any cases of COVID-19 linked to this setting, ensuring that any outbreaks are managed quickly and efficiently.

It is very unlikely that you can catch coronavirus (COVID-19) from food. Cooking thoroughly will kill the virus. COVID-19 is a respiratory illness, and it is not known to be transmitted by exposure to food or food packaging.

We have several large food manufactures, employing a significantly large workforce, which due to the nature of the processing, employees work side by side in close proximity.

Context:

We have approx. 900 food premises within Slough, all have different risk factors, ranging from a small take away to a large supermarket or manufacturing premises. The majoring of food businesses within Slough are small independent business with a high churn of staff, and limited resources and access to technical advice.

We have approx.:

- **13 food manufacturers. Several of which employ a significantly large workforce, which due to the nature of the processing, employees work side by side in close proximity.**
- **12 warehouses with food storage. All of which will have some element of cold storage.** 7 cold stores hold approvals (handling products of animal origin). Although there is some evidence which suggest covid favor cold environments, cold stores have a vast physical space capacity, and a relatively small workforce.
- **65 supermarkets** however only 3 very large, being Tesco, Sainsbury's and Asda - all have good COVID Secure controls, access to internal safety teams & PA partners.

The majority of supermarkets in Slough are smaller ethnic retailers with limited resources and support. We have received a significant amount of concern around these premises regarding poor COVID controls.

The number of premises which is broadly complaint with food hygiene requirements is approx. 87%, and it's likely that those non complaint in food safety will also be non complaint in other areas, such as COVID Secure precautions.

We have a relatively up to date database with contact details for all registered food businesses within the Borough. Food business operators should have a list of employees and rotas - making contract tracing of staff straight forward.

What's already in place:

All food premises have been given advice and support on COVID Secure precautions from the SBC food safety team, and COVID advice is easily accessible via .gov specific for this sector. The bigger

supermarkets and food premises will have access to internal safety team and PA partners, giving sound advice on controls.

A supermarkets have been written to with COVID Secure advice.

We are also undertaking surveillance on premises within the borough.

What else will need to be put in place:

There are concerns regarding the larger independent ethnic supermarkets, who have limited access to advice and support. Supermarkets are often very busy with local residents and have limited space to implement social distancing and one way systems etc. We have received complaints and intel from surveillance visits that such premises are COVID non-compliant. Written warnings have been given and further surveillance is being undertaken.

We are also receiving intel that areas such as Slough High Street, and Farnham road are very busy in the evenings, with people gathering around food premises. We have intel that some catering premises are provide seating outside take always encouraging gatherings. Advice and follow up enforcement to remove seating and support businesses to manage queues is ongoing. Significant concerns are shared with the police and planning enforcement officers as appropriate

The Slough Public Health Team is working with the CCG and Vol Sec to develop an information campaign to help BAME communities in Slough and in particular, young people understand risks related to COVID transmission.

Consideration of additional community engagement to promote compliance with social distancing in retail environments

Consideration of registration of bookings and visitors to retail or food outlets to enable contact tracing.

Encouragement of businesses to update records for employees

Consideration of high risk premises eg manufacturing where social distancing is challenging

Local outbreak scenarios and triggers:

If multiple cases occur in this setting, PHE support a risk assessment and jointly consider with the local authority the need for an Incident Control Team (ICT).

Resource capabilities and capacity implications:

Surveillance and spot checks for COVID Secure controls are undertaken in such settings based on local intel and complaints. This is ongoing and planned to increase from end of June 2020 as robust and safe systems for officers to undertake site visits are put in place.

Cross departmental working is in place supporting this activity. All teams are using the same database to share intel. (FLARE – CIVICA APP)

We do however have limited officer's authorised under the Health and safety legislation available to take enforcement relating to poor COVID Secure controls, due to officers shielding and a relatively small team initially. However to offset this, all non essential work can be paused and all available resources devoted to controlling an outbreak.

Links to additional information:

We have links to PA partners for food retailers are caterers.

Gov.uk guidance also available for this sector- available at;

Appendix 21 – Hotels

TBD

Appendix 22 – Faith settings

Objective:

Ensure safe opening of Faith Centres in line with national guidance.
Work with Faith groups to ensure all safety precautions relating to Covid-19 are identified, actioned and monitored.
Continue to work with voluntary, community and faith partners to take a *OneSlough* approach to response recovery and renewal.

Context within Slough:

There are high levels of religious adherence in Slough. There may be additional language requirements among faith groups.
SBC have good relationships in place with Faith Sector and all have been abiding with government guidelines. Faith leaders are represented on the *OneSlough* group which has a weekly call to co-ordinate key messages and needs.

What's already in place (including prevention action):

Faith centres are currently closed to normal faith gatherings. As of 13 June, places of worship can open for [five reasons](#):

- Funerals
- To broadcast an act of worship, whether over the internet or as part of a radio or television broadcast
- To provide essential voluntary services or urgent public support services, including the provision of food banks or other support for the homeless or vulnerable people, blood donation sessions, or support in an emergency
- For early years childcare provided by a person registered on the early years register under part 3 of the childcare act 2006
- Individual prayer

Further Government announcements relating to this are expected no earlier than 4 July.
Faith leaders are represented in the *OneSlough* weekly call where key public health messages from Public Health and the CCG are shared.

Faith centre providers will be implementing new operating practices in line with stay safe / social distancing measures

The closure of faith buildings is covered under the Table of Non-Pharmaceutical Interventions (see [Appendix 5](#)) which may be necessary in the event of increases in cases of COVID-19 in Slough, East Berkshire or Berkshire more widely.

What else will need to be put in place:

New operating guidance for faith centres and guidelines for residents will need translations and easy-read options available to ensure public compliance.

The weekly *OneSlough* call will give faith leaders an opportunity to report on how compliance with social distancing and any new guidelines is progressing. Enforcement action may be necessary where faith centres are not complying with regulations but this is unlikely given their previous adherence to government guidelines.

Local outbreak - most likely scenario(s) and trigger(s):

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 Control Team (ICT)

Resource capabilities and capacity implications:

Faith Centres – operational capacity and communications etc. will be led by the respective Faith Group.

Council Services may be able to assist with Communications and guidance.

Faith Forum and other mechanisms can be utilised for communication purposes.

OneSlough C&V sector groups and volunteers could be utilised if required

Data sources and links to additional information:

When faith centres are allowed to open more widely, it may be useful to gather information on Faith Group congregation demographic and contact details.

Setting SOP

[Embed Document](#)

Appendix 23 – BAME Communities

TBD in collaboration with Slough BAME COVID Project

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COVID-19 contain framework: a guide for local decision-makers (Department of Health & Social Care 2020)

Extracts:

Successful management of local outbreaks is a core element of NHS Test and Trace's ambition to break the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life.

Six principles support effective implementation of an integrated national and local system:

- the primary responsibility is to make the public safe
- build on public health expertise and use a systems approach
- be open with data and insight so everyone can protect themselves and others
- build consensus between decision-makers to secure trust, confidence and consent
- follow well-established emergency management principles
- consider equality, economic, social and health-related impacts of decisions

However, at any one time, some UTLAs will be designated (by the national command structure, further detail below) in one of the following categories:

- **area(s) of concern** – a watch list of areas with the highest prevalence, where the local area is taking targeted actions to reduce prevalence – for example additional testing in care homes and increased community engagement with high risk groups
- **area(s) of enhanced support** – for areas at medium/high risk of intervention where there is a more detailed plan, agreed with the national team and with additional resources being provided to support the local team (eg epidemiological expertise, additional mobile testing capacity)
- **area(s) of intervention** – where there is divergence from the measures in place in the rest of England because of the significance of the spread, with a detailed action plan in place, and local resources augmented with a national support

More detail at <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers>

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 8th September 2020

CONTACT OFFICER: Dr Vanita Dutta (Public Health Programme Manager)
(For all Enquiries) 07545083411

WARD(S): All

PART I**FOR COMMENT & CONSIDERATION****SLOUGH BLACK, ASIAN, AND MINORITY ETHNIC (BAME) COVID-19 PROJECT UPDATE**1. **Purpose of Report**

This report provides a comprehensive update on the Slough Black, Asian and Minority Ethnic (BAME) coronavirus project.

2. **Recommendation(s)/Proposed Action**

The Panel is requested to consider the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The [Slough Joint Wellbeing Strategy](#) (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA). Both are clearly linked and must be used in conjunction when preparing your report. They have been combined in the Slough Wellbeing Board report template to enable you to provide supporting information highlighting the link between the SJWS and JSNA priorities.

3a. **Slough Wellbeing Strategy Priorities –**

This project links to the outcomes of the wellbeing board strategy, specifically priorities:

1. *Starting Well*
2. *Strong, healthy and attractive neighbourhoods*
3. *Workplace health*

Evidence shows that the burden of illness and death due to coronavirus (COVID-19) is not shouldered equally across the population. In particular, ethnicity has a huge impact. Public Health England has published findings of a literature review and stakeholder engagement activity, aimed at understanding why black and minority ethnic communities are disproportionately affected by COVID-19. *Beyond the data* discusses the role of factors associated with ethnicity including occupation, population density, use of public transport, household composition and

housing conditions including overcrowding in COVID-19 transmission, and of inequalities in pre-existing health conditions in morbidity and mortality.

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) making it one of the most ethnically diverse populations in the UK. The four largest ethnic groups are 'Asian' (44% of the population), 'White British' (31%), 'White Other' (14%) and 'Black' (8%).

Within Slough there are 50,766 households, of which 15.5% have no person in the household with English as their main language. Of the population, 27% are recorded as not speaking English as a first language.

There is a higher than average reliance on public transport with 76.6% of residence having access to a car or van compared to 87% nationally. There are also a number of other key factors which affect both the spread and seriousness of the illness within this population including higher levels of deprivation, higher population density neighbourhoods and multigenerational and larger households.

3b. **Five Year Plan Outcomes**

This project meets the following objectives of the 5 year plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs
- Outcome 3: Slough will be an attractive place where people choose to live, work and stay

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action

(b) Risk Management

None

(c) Human Rights Act and Other Legal Implications

No Human Rights Act Implications.

(d) Equalities Impact Assessment

There are no Equalities Impact Assessment implications of proposed action

5. **Supporting Information**

5.1 The early seed for this project was nurtured by the NHS England South East Region's BAME Population Mortality Improvement Board (of which various partners within this pilot are members). It was suggested that Slough consider running a pilot

programme given the early evidence about the unequal impacts of Covid-19. The work fits well within each of our partner organisations' declared commitment to tackle health inequalities and improve health.

5.2 NHSE funding for Covid-19 flows via the Frimley Integrated Care System (ICS). The expectation to date has been that partners manage within their own budgets but where required, seek any additional Covid-19-related funding via the ICS.

5.3 In addition, strategically, the Black Lives Matter (BLM) movement has gained greater prominence around the world since late April 2020 and has shone more light on the social and health inequalities related to ethnicity in particular. This has had a knock on effect with various national organisations' future plans around tackling inequality related to ethnicity – this includes the NHS and local government. With both Covid-19 and BLM gathering momentum, so too has the Slough BAME project developed greater significance and visibility locally and regionally to NHSE and PHE in particular.

5.4 The aim of this project is to:

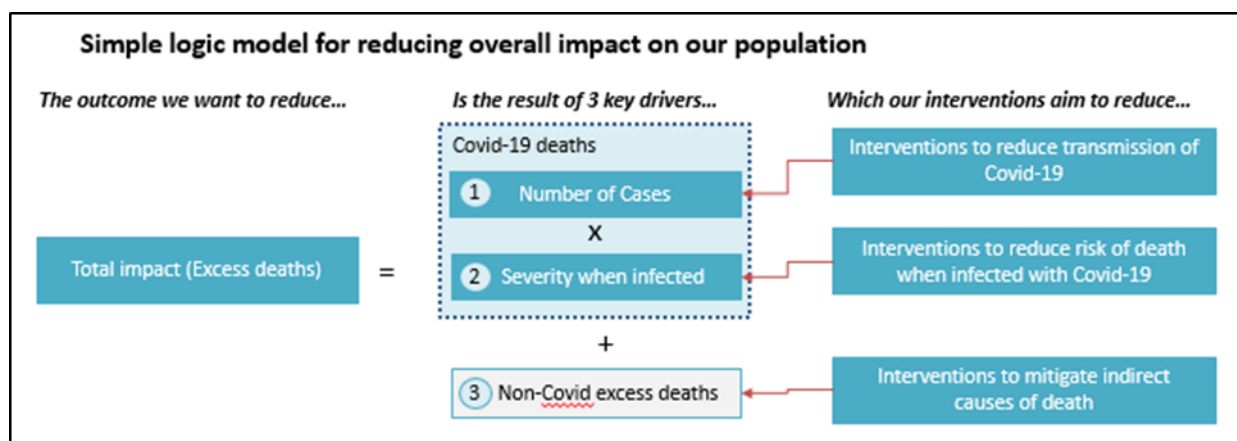
The core aim of the Slough project is to strengthen the ability of individuals and communities to work in partnership with the NHS, local authority, public health and voluntary/community sector organisations to protect themselves from the direct and indirect harms of the virus and provide a holistic approach to support the population of Slough.

5.5. The project is a collaborative project which includes:

- Slough Borough Council and Public health
- The Frimley Health & Care ICS
- Slough Community & Voluntary Sector
- Primary, secondary and community care clinicians and professionals: acute and community trust senior leaders
- Joint Managing Director appointment between CCG and Slough Borough Council

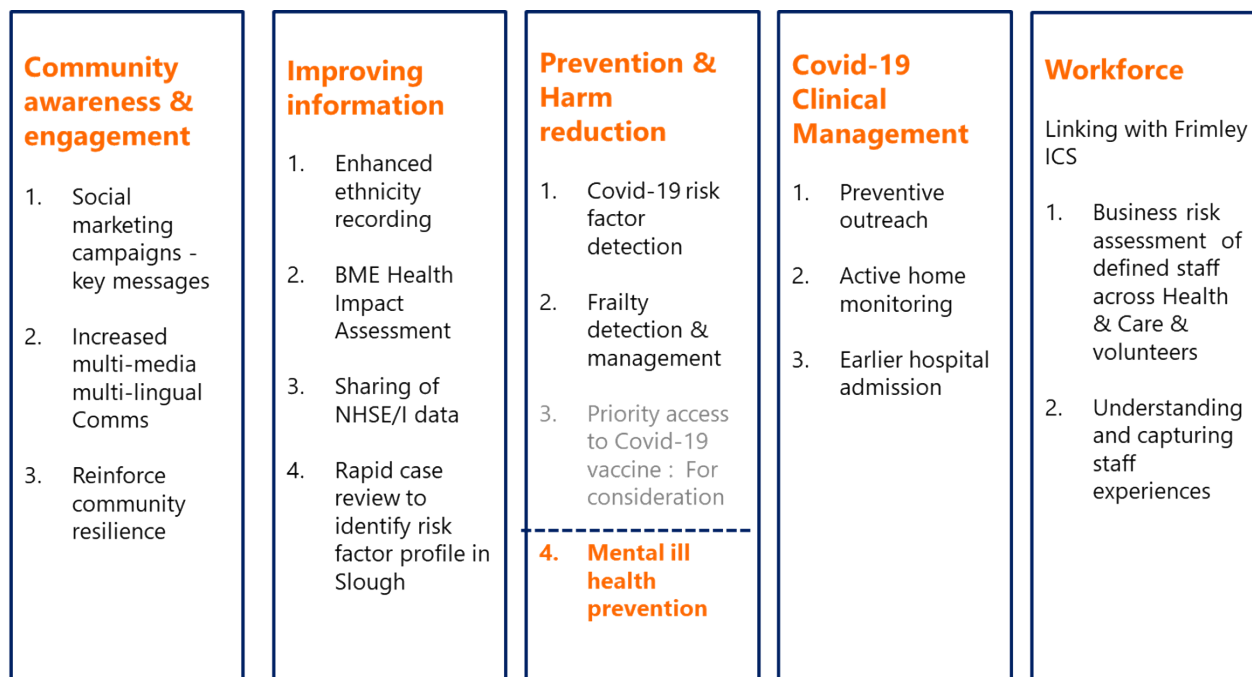
5.6 Benefits Realisation

The logic model below sets out the high level benefits that will be realised through the successful completion of this project:



5.7 Project Structure

The pilot has been divided into 5 key workstreams as indicated in the diagram below:



It should be noted that, whilst it is intended that these will run as discreet workstreams, there is recognition that there will be some cross-over between them and where this occurs, resources will be shared and managed appropriately by the Senior Responsible Officer (SRO). This Programme Board meets every other Thursday.

Arrangements for longer-term dedicated programme management are being made given the broad scope of the programme, its multiple 'moving parts' and increasing visibility at both regional and national level as

5.8 Work stream Progress 24/08/20

5.8.1 Community Awareness and Engagement:

- The subgroup meets once a fortnight and is made up of SBC, public health, the Slough CVS, the East Berkshire CCG, Schools, Early Years and Apna Virsa
- The community resilience plan has been written and has 8 key elements, led and delivered by the CVS alongside the councils communities team - 1 Partnership 2 Effective use and management of data 3 Wellbeing and prevention 4 Volunteering 5 Jobs, skills and learning 6 Supporting business 7 **Communication** 8 Funding
- The communication plan of the community resilience work has been written and has 4 key objectives – 1 Overarching strategic outputs 2 Key messages and themes 3 Targeted messages for specific platforms 4 Delivery and implementation
- The project landing page is now live and includes a logo for the project which will be used on social media and printed material www.publichealthslough.co.uk/campaigns/one-slough

- A range of infographics linked to the “reducing risk” work have been developed, which will be used on twitter and Instagram
- Working with an organisation <https://covid19graphics.info/> who have a fantastic search tool for translated material, and a range of their material will be used for this project.
- The #HealthyNormal infographic displayed in all children centres and in the town centre as part of the “wrap arounds”
- The CVS has delivered targeted comms at community groups on Farnham road in response to the recent uptick of cases. They’ve also done a press release for the project and lined up initial radio interviews and the scripts. This workstream has proved to be an established vehicle to support *Local Outbreak Management Plan* to reach into the community with key messages for Covid eg testing.
- 7 interviews on Asian Star and BBC Berkshire have taken place – including with prominent Slough GP’s and key partners from the project. A further 3 are lined up for the end of August/beginning September
- Various adverts have been taking place on Asian star in English, Urdu and Punjabi and on social media throughout July and August.
- A coronavirus communication survey was launched and is analysed once a week. The survey will help shape the communications work and ensure the project is reaching the right people with the right messages
- A COVID community champions proposal is being worked up and hoping to go live by the end of August
- Various videos have been commissioned to target different audiences on Youtube and TikTok including with Aik Saath for young people, and MP Tan Dhesi on personal messages behind covid (English, Urdu and Punjabi) and one for Caribbean communities.
- The group added content to the SBC resident’s booklet which was sent out at the beginning of August. This included the key COVID messages, links to the landing page, and ways residents can reduce their risk
- Translated materials have been produced for the testing centre (top 6 languages in Slough), and for the Romanian community (Returning from Romania at the end of summer)

5.8.2 Improving Information

- Working group established and meeting regularly
- Workshop planned with leads of other work streams to find the data requirement to support other work.
- This workstream has three elements 1. Description of the risks of harm from COVID-19 in Slough and where they are in the population 2. Development of

a Risk Stratification Tool 3. Monitoring of COVID-19 in Slough, including the excess risk in BAME population

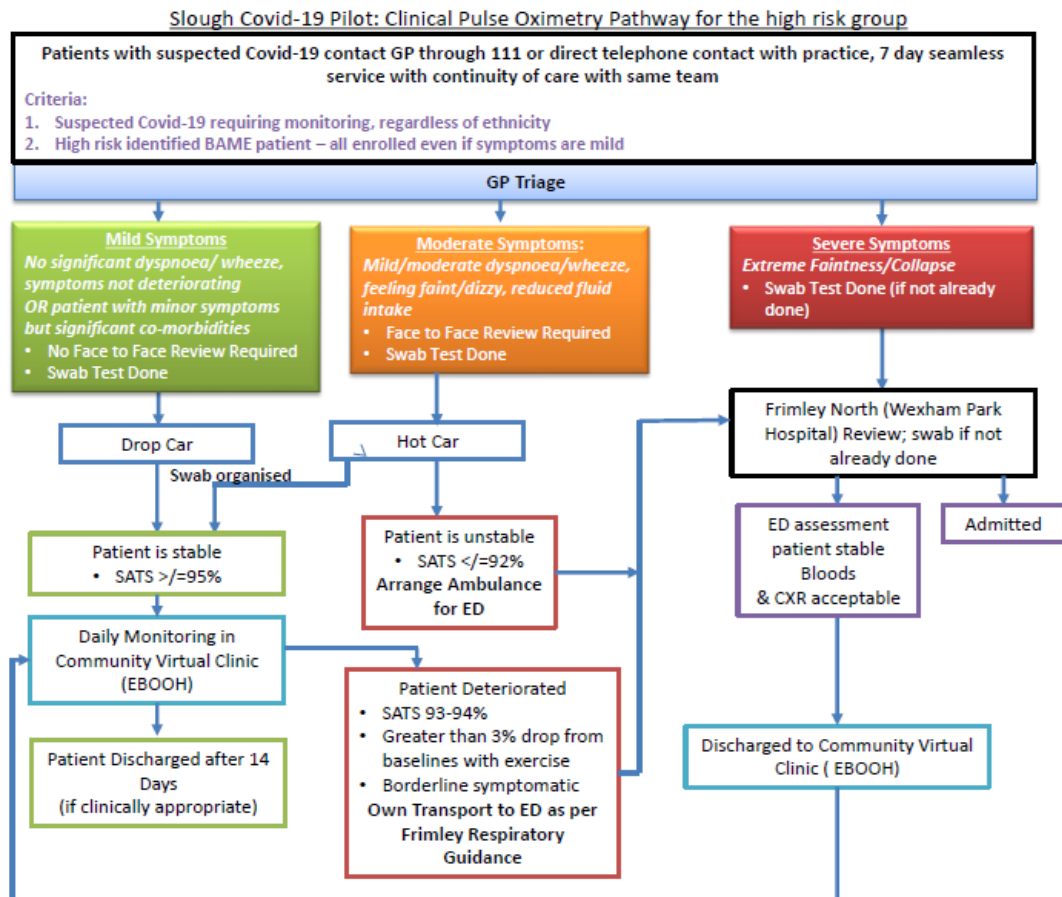
- Risk Stratification Tool Developed for identifying high risk people of BAME and non BAME background
- COVID-19 dashboard has been developed
- Data collection for Slough BAME need assessment is being carried out and gaps identified after scoping of available data to explore the completeness of ethnicity recording in the data source available.
- The first draft of the Slough BAME Health Needs Assessment has now been completed.
- The report has been circulated to key stakeholders from Slough for comments/feedback.
- The COVID-19 Slough BAME Needs Assessment brings together information from Frimley ICS to explore the impact of COVID-19 on the BAME population of Slough. The Frimley data has been used to explore four broad themes:
 1. Risk factors for COVID-19
 2. COVID-19 cases
 3. COVID-19 deaths
 4. Interventions to reduce risk
 - A workshop has been planned for Wednesday 26th August, to review the findings of the Needs Assessment, and to develop a series of recommendations, which can be implemented in order to address the increased risks experienced by BAME groups in Slough, in regard to COVID-19.
 - Scoping of the available data to explore the completeness of ethnicity recording in the data sources available, has been completed.
 - There are two outstanding sections of the Needs Assessment; Interventions to reduce risk (the data is being pulled together from the Shared Care Record) and the section on recommendations (which will be developed at the workshop).

5.8.3 Prevention and Harm reduction

- In order to better understand the population that is at most risk of being impacted within Slough, a more detailed risk stratification exercise has been carried out. This has used a number of criteria including age and registered conditions.
- At-risk population defined - The project will focus on the 20,000 people who are considered most at risk regardless of ethnicity. However, it should be noted that this is for guidance purposes only and should not affect the clinical

decision making when presented with individual cases. Patients will not be denied care if they do not fit the given criteria.

- List of at-risk patients drafted by Connected Care
- Hot pathway with pulse oximetry signed off and launched with practices
- Demand for pulse oximeters modelled, pulse oximeters purchased and pathway commissioned with OOH



- We have submitted a final version of SOP for Slough Virtual Ward to NHSE last week. We have asked our colleagues at 111, SCAS, A&E and GPs in Slough to start referring patients to virtual ward. As part of SOP an exit questionnaire has been created to collect feedback from patients on virtual ward. A basic template for GP referrals has also been created to facilitate practices with referrals, this form will be uploaded on GP's DSX system as well.
- As per Slough BAME Population ratio we have requested any information to be provided in 2 additional languages to support Tamil and Somali cohort. Our teams are currently in process of recording the oximeter videos /information leaflet into these 2 additional languages.

Slough Virtual Ward weekly Data: w/c 17th August 2020

Total No of Referrals	11
Active patients	7 /11
Negative Swabs	4/11
% BAME Cohort patients	100%
Source of referrals	1 /GP / 10 Paramedic home visits

5.8.4 COVID-19 Clinical Management

- The aim is to utilise digital and technological developments to proactively support patients and manage symptoms.
- The clinical management of symptomatic patients will be managed via one provider and will be seamless in hours and out of hours.
- Active home monitoring LCS in place.
- The clinical arm of the Slough BAME pilot has gone national (one of three sites) with a view to collecting data by end of August (latest 15/9) so that a paper can be produced nationally by end of September. NHSE has asked to deploy a digital app (Medopad) solution to collect data for the national team which will be funded by NHSE. This is a fast-track initiative working with NHSE and Medopad to respond to the data requirement for Slough Covid19 pilot. The dataset is nationally dictated to all three sites. This app is currently used by Hillingdon national pilot and 8 CCGs in London. We are currently in the process of discussion /consultation with CCG Data Leads and DPOs to implement Medopad asap as requested by NHSE.
- NHSE has also asked to submit few case studies by mid-September, we are currently in the process to finalise those. Once signed off will be shared with this Board.

5.8.5 Workforce

- The workstream has appointed a programme manager who has started making links with HR teams of organisations included in the scope of this project including voluntary sector.
- The scope of this workstream has been planned focusing on four elements –
1.co-create the Covid-19 response with those at risk (Governance) 2.Reduce transmission of Covid-19 in our staff by identify non-clinical risk factors
3.Proactively provide a range of culturally specific interventions to reduce the risk of infection of Covid-19 in staff 4. Provide a range of culturally specific health and wellbeing measures to support staff

- Key stakeholder engagement and communication meetings held to co-produce the deliverables across the NHS providers, primary care, the voluntary sector, Slough BC and care homes
- A number of working groups have been formed around deliverables. The key deliverables in this stage include:
 - o **Risk Assessments** – BHFT and FHFT have completed 99.0% and 99.4% of BAME staff risk assessments respectively. The third national risk assessment submission is due 2 Sept 2020, at which point all “At risk” staff risk assessment should be completed. 100% of all ‘At Risk’ assessments have been completed for staff employed by the Slough Primary Care Networks.
 - o **Information & Advice Repository** – to share good practice to organisations that do not have access to the range of HR and OD support a website is being designed that will support organisation with curated webinars, templates and guidance. Prototype website to be launched 18/09/2020.
 - o **Staff Health & Wellbeing** – Support plan devised with PH Slough and communications plan to be initiated 04/09/2020 to launch this to all Slough public service
 - o **Staff Insight** – Initial difficulties in obtaining links to BAME staff groups have since been resolved, allowing for improvements in the quality of the outputs as staff involvement in their design can now be achieved.
- Access to the NHS People Pulse survey has been provided by NHSE for the Slough NHS providers. This will provide those managers the ability to obtain a 360 view on staff issues and improvements in transparency in their duty of care. Primary care launch week commencing 31/08/2020. Development conversations in progress to extend this concept to non-NHS organisations so that a whole system view can be obtained for the local system.

6. Comments of Other Committees

A regular project update is being provided to the Health and Social Care partnership board who provide strategic oversight into the project.

7. Conclusion

The project continues at pace to support our communities that have been disproportionately impacted on by the virus. This project supports our Covid Local Outbreak Management Plan providing opportunity to proactively engage and communicate with our community. The project will continue to work with the wider response to coronavirus, across the system, to ensure that our communities are best prepared for any resurgence of the virus and have the knowledge and skills to be able to avoid the worst outcomes from the virus throughout the autumn and winter of 2020/21.

8. Background Papers

None

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 8th September 2020

CONTACT OFFICER: Ellie Gaddes, Policy Insight Analyst

(For all Enquiries) (01753) 875657

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

HEALTH SCRUTINY PANEL - WORK PROGRAMME 2020/21**1. Purpose of Report**

For the Health Scrutiny Panel to discuss its work programme for 2020-21.

2. Recommendations/Proposed Action

That the panel review the work programme and potential items listed for inclusion.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

- 3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.
- 3.2 The effective scrutiny of the councils decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:
- Starting Well
 - Integration
 - Strong, healthy and attractive neighbourhoods
 - Workplace Health
- 3.3 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:
- Outcome 1: Slough children will grow up to be happy, healthy and successful.
 - Our people will be healthier and manage their own care needs.

4. **Other Implications**

(a) Financial

There are no financial implications of the proposed action.

(b) Risk Management

There are no risk management implications of the proposed action.

(c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report.

(d) Equalities Impact Assessment

There are no Equalities implications arising from this report.

5. **Supporting Information**

5.1 This work programme has been formed through discussions between the Chair of the Health Scrutiny Panel, the Vice-Chair of the Health Scrutiny Panel and the Director of Adults and Communities.

5.2 The work programme is a flexible document which will be continually reviewed throughout the municipal year. It will be updated to take into account requests for consideration of issues from members of the Health Scrutiny Panel.

6. **Conclusion**

This report is intended to provide the Health Scrutiny Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

7. **Appendices Attached**

A - Work Programme for 2020/21 Municipal Year

8. **Background Papers**

None.

Health Scrutiny Panel Work Programme 2020/21

Task and finish Group / Visits
Meeting Date
13th October 2020
<ul style="list-style-type: none"> • ASC Strategy, Budget and Winter Plan (includes update on COVID-19) • Slough Safeguarding Boards Annual Report (2019/20) • Mental Health Update
26th November 2020
<ul style="list-style-type: none"> • Frimley Health and Care System Winter Plan • Immunisations and Screening Update
14th January
<ul style="list-style-type: none"> • Berkshire Healthcare NHS Foundation Trust Annual Plan • ASC Strategy & Budget (includes update on COVID-19) • Joint Strategic Needs Assessment Update

31st March

Unscheduled Items:

- Frimley Health and Care System Annual Plan

MEMBERS' ATTENDANCE RECORD 2020/21

HEALTH SCRUTINY PANEL

COUNCILLOR	25/06/20	08/09/20	13/10/20	26/11/20	14/01/21	31/03/21
Ali	P					
Begum	P					
Gahir	P					
N Holledge	Ab					
Mohammad	P					
Qaseem	P*					
Rasib	P					
A Sandhu	P					
Smith	Ap					
Colin Pill - Healthwatch Representative	Ap					

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

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