

Cheshire West and Chester COVID-19 Outbreak Prevention, Management and Support Plan

Section 1: Prevention

1.1 Context

Prevention is a key strategy at the core of the COVID-19 Outbreak Management Plan across Cheshire West and Chester (CW&C). Traditional but effective infection, prevention and control measures being used alongside the so called non-pharmaceutical interventions to prevent the transmission of COVID-19 have been vital in the management of the pandemic. Preventing onward transmission, making our environments as COVID-secure as possible and managing outbreaks effectively throughout the last year has helped minimise further community transmission and the subsequent hospitalisations and mortality that follows. During this time, the COVID-19 vaccination was under development and combining all these preventative measures will remain crucial until the full roll-out of the vaccine is achieved.

1.2 Good practice

The three main prevention measures adopted nationally throughout the pandemic have been the hands, face and space strategies. Supporting residents to adopt these strategies has been crucial to the prevention of onward transmission within communities. This has been achieved through effective communication directly with our residents.

Examples of this have included the coproduction of messages with our Community Champions and our Clinical Leaders, developing social media posts, targeted advertising and behavioural change programmes, traditional print and direct mail and the use of large screens located in the community to deliver this consistent national message.

Going forward the reinforcement of this message will be crucial as complacency increases due to the expansion of testing and vaccination roll-out.

Other key areas of prevention include:

- Supporting high risk and complex settings to implement prevention strategies. Key settings have been care homes, supported accommodation, education settings and businesses.
- Home isolation of suspected and confirmed cases alongside their household and community contacts.
- Supporting cases and contacts during their isolation.
- Access to both symptomatic and asymptomatic testing including in hard to reach communities.
- Enforcement to encourage compliance with the Coronavirus Regulations and other relevant legal requirements and to act as a deterrent against non-compliance

The Council will:

- Continue to ensure that any regional / local sector specific guidance is communicated appropriately.
- Continue to engage with a range of complex and high risk settings, to determine their level of awareness and preparedness in implementing preventative measures to ensure that they are COVID-secure (ie have a COVID-19 risk assessment, safe systems of work and business continuity measures in place).
- Work with settings by signposting and/or providing advice and support (including specialist advice and support, as necessary) in accordance with the level of assessed risk, the size of the organisation/setting and existence or otherwise of support structures within the setting.
- Investigate reports of non-compliance with Coronavirus Regulations and other relevant legal requirements and take appropriate action, including enforcement action, as necessary.
- Building on the successful governance structures that we have introduced, our transparent publicly webcast COVID-19 Health Protection Boards communicate key prevention updates and decisions with residents and provide a regular forum for community Q&A sessions with senior leaders, including elected members and representatives from health and social care, education, enforcement, economy and community.

- Proactively support national communications through a local COVID-19 Communications Plan.

1.3 Prevention forward view

Going forward, continued adherence to social distancing, face coverings and hand washing will be increasingly challenging as complacency increases due to the expansion of testing and vaccination roll-out. Reinforcement of messaging and working in partnership with businesses during the re-opening process is an essential part of our response. The role of enforcement is likely to become increasingly important during the re-opening process to incentivise compliance with the remaining restrictions and deter against non-compliance. There will be an ongoing challenge of managing the competing priorities of economic prosperity and the risk of increased of transmission due to contact between people outside households, until the vaccination rates are at a level where herd immunity is achieved. It is crucial that we support those who live, work, study and visit our borough to understand the ongoing risk of transmission if key preventative measures are not adhered to.

1.4 Context - vaccination:

Cheshire West and Chester Council is working closely with the Cheshire Clinical Commissioning Group, Cheshire West Integrated Care Partnership and local NHS Vaccination Service Providers on the roll-out of the vaccination programme. This will ensure that all those eligible to receive a vaccine under priority cohorts 1 – 9 are invited, encouraged and able to receive their first dose.

The Council's Communications Team is working in tandem with the Communications Teams of health partners to provide timely and consistent messages to all eligible recipients through a variety of communications channels including press releases, social media, community webinars, web presence and video. The teams are also utilising nationally produced materials to promote vaccine take-up and address potential issues leading to vaccine hesitancy.

On a practical level, vaccine take-up is monitored and reported locally on a weekly basis through the joint Cheshire Local Resilience Forum Mass Vaccination Cell, the Cheshire COVID-19 Vaccination Steering Group, and internally through the Cheshire West and Chester Vaccination Programme Management Group. This highlights

where targeted action may be required across specific priority cohorts to increase numbers vaccinated and address vaccine hesitancy.

1.5 Priority cohorts 1 and 2

The Council collects data twice weekly on priority cohorts one and two (ie those in a care home for older adults and their carers, those 80 years of age and over and frontline health and social care workers). This information is collected from all local care providers (both commissioned and non-CQC regulated), eligible Council services and other eligible staff groups invited to receive the vaccine, in line with the Joint Committee for Vaccination and Immunisation (JCVI) Green Book.

For community based, residential and nursing care settings this includes:

- total number of service users supported
- total number of staff employed
- staff vaccinated - first dose
- service users vaccinated - first dose
- staff vaccinated - second dose
- service users vaccinated - second dose
- staff offered vaccine and declined
- service users offered vaccine and declined
- reasons vaccine declined (including pregnancy and health concerns).

The Council and the CCG also use data from a range of sources to monitor the progress of the vaccine roll-out and where uptake might be slow. Research has been undertaken by a range of partners to understand more about why some people are hesitant to have the vaccine, which is feeding into direct action and a comprehensive communications campaign.

For other staff groups similar information is collected for eligible staff only.

This information is reported nationally through the Department for Health and Social Care Capacity Tracker and locally through the Council's internal Vaccination Programme Management Group and the joint Local Authority / Health meetings highlighted above.

This enables the data to be monitored and for targeted remedial action to be taken where necessary. Building on the work already done to improve vaccinations across the health and social care workforce, work is ongoing to target settings where less than 70 per cent of staff have been vaccinated. This includes detailed analysis of the reasons where the offer of a vaccination has been declined and specific messaging of myth-busting information. Recognising the challenge of some staff and service users physically accessing vaccination centres, residential and nursing providers are being encouraged to work with their respective link GP practices to explore repeat vaccination clinics within care home settings.

1.6 Hard to reach groups

With the exception of the homeless and adults with learning disabilities who are being vaccinated under priority cohorts 4 and 6, other 'hard to reach' groups (including Black, Asian and minority ethnic (BAME) and Gypsy and Travellers) will be called to receive their vaccination in line with their age and are not being targeted as a specific priority group. However, data on these specific groups is collated, reported and monitored on a regular basis and targeted work is ongoing jointly with health and community partners to promote GP registration, encourage vaccination take-up when appropriate and tackle any vaccine hesitancy. The following table highlights the current position and next steps with these 'hard to reach' groups. Our integrated Care Partnerships (ICPs) have been asked to ensure that there are plans in place to vaccinate hard to reach and vaccine hesitant groups and the Council continues to work closely with the Cheshire West Integrated Care Partnership (ICP) on this important element of the programme.

1.7 Context - enforcement

Enforcement agencies, primarily the police, local authorities and the Health and Safety Executive, are now playing a pivotal role in enforcing new health (and social) regulations. The importance of enforcement as a tool to encourage compliance and deter against non-compliance in the effort to reduce transmission of the virus is also evident from the penalty levels associated with the new offences, including the high penalties that may be imposed by a Fixed Penalty Notice (FPN). Other powers introduced under the Coronavirus Regulations include the power to issue a

Coronavirus Improvement Notice (CIN), a Coronavirus Restrictions Notice (CRN), and a Coronavirus Immediate Restrictions Notice (CIRN).

Examples of the penalty levels for some of the key offences enforced by the local authority:

Offence:

For an employer to knowingly permit either of the following to attend a workplace: a positive case or a close contact of a positive case.

Penalty:

Maximum penalty: £10,000 per breach.

Applies to a first offence and there is no reduction for payment within 14 days.

Offence:

Failure to request and record the required personal details of visitors.

Failure to display and make available a QR code.

Failure to retain personal details as required for the relevant period of time.

Failure to record the name of staff where a visitor is likely to receive service from and come into contact with only one member of staff.

Failure to display signage and information regarding the wearing of a face covering.

Penalty:

First Fixed Penalty Notice

£1,000 to be paid within 28 days, £500 if paid within 14 days.

As a result of some overlap between agencies' enforcement responsibilities, the role of local co-ordination is crucial to ensure the best use of resources and to avoid duplication. Our dedicated team of enforcement officers meet with the police twice weekly in order to review all the intelligence received and determine the appropriate response/agency. In some cases, a joint local authority/police visit may be appropriate. Decisions on the appropriate course of action are determined by a range of factors, including (but not limited to) the seriousness of the offence and previous history of compliance/non-compliance

1.8 Good practice

Between July and mid-September 2020 Council officers contacted almost 500 businesses (high risk settings) to check how well prepared they were to operate safely. This involved assessing their level of COVID awareness and checking whether their COVID risk assessments were robust. As well as offering general advice, officers checked and advised on risk assessments and carried out site visits, where necessary.

In late September and early October 2020, an intensive operation was conducted in all areas of the borough to assist businesses to comply with the raft of new legal requirements, including the requirement for certain businesses to take customer contact details, display QR code posters and ensure customers wore a face covering. We have carried out over 1,600 advice and support visits to ensure our hospitality, personal care and other businesses were as safe as they could be.

The Council is also carrying out a joint project with the Health and Safety Executive to ensure businesses in key sectors are operating safely. To date, 728 businesses have been contacted by the HSE and a small number have been referred back to the local authority for intensive support within five days.

Overall, the number of preventive and reactive compliance visits carried out to date is in excess of 1,600 (470 per 100,000 population).

2. Settings

2.1 Context - care homes and vulnerable adults

In Cheshire West and Chester there are 64 older people's residential and nursing homes, 12 learning disability, two mental health care homes and 75 community providers who provide care across a multitude of accommodation including extra care housing and supported living as well as home care, which the Council and partners have been supporting throughout the pandemic. In addition, the Council has accommodated everyone at risk of sleeping rough in hotel accommodation in order to keep them safe and reduce the risk of infection. Support has included prevention and infection control, training and communications, outbreak management and targeted funding. This section sets out the approach to providing this support to care providers in the borough.

2.2 Infection prevention and control

Cheshire West and Chester Council commissions Cheshire and Wirral Partnership NHS Foundation Trust to provide a community infection prevention and control service across the borough. A key focus of this service is to provide advice and support to the care sector. Specialist nursing capacity within this team has been significantly increased during the pandemic to respond to increased demand due to COVID-19. The community infection control team provides tailored advice and support, training and outbreak management to all providers of care in the borough. The Council has established a Personal Protective Equipment (PPE) hub to ensure continuity of supply of essential PPE to care providers should they experience any difficulties in accessing supplies.

2.3 Commissioning support and funding

We have introduced a Provider Recovery Team which enables us to be flexible and responsive to the varying needs of care providers. This includes at least twice weekly calls to providers, and daily during outbreaks, webinars to discuss latest guidance, support from wider partners with local outbreaks in settings and ensures that monies from central government is passported in a timely manner. Providers all have direct lines of contact with Commissioners for any concerns. Providers receive a weekly briefing on the latest relevant local information and any guidance changes, which ensures all the information is in one place for them with quick access to all relevant weblinks.

We continue to work with the care market to understand the financial implications of this pandemic and support with recruitment for this sector, we are providing PPE for providers who are unable to secure a delivery and are undertaking fair costs of care exercise with a range of care providers.

Commissioners are able to offer advice and support and also collate data on staffing levels, occupancy, numbers of staff and residents affected, numbers of residents who have passed away and levels of active outbreaks. Within this dashboard information is also collated regarding the rollout of the vaccine programme to ensure all vulnerable adults have access to the vaccine and any identified issues can be escalated locally immediately. This data is collated into a twice weekly dashboard which is used by the Vulnerable Adults group to inform planning and response.

2.4 Personal Protective Equipment (PPE) for informal carers

We have supplied PPE to all informal carers who are delivering unpaid care to someone outside of their household. This approach ensures that the risk of unpaid carers passing on the virus to vulnerable people they are caring for is significantly reduced. Carers are supplied with fluid resistant surgical masks alongside gloves and aprons for those delivering personal care. Many informal carers are women who will have other paid roles often in high risk settings such as hospitals or care homes where they may have been exposed to the virus. The PPE we supply offers an additional level of protection for this extremely important unpaid workforce.

2.5 Communications

Communication with providers and recipients of care has been crucial throughout the pandemic. Good two-way communication with the sector has been maintained in several ways:

- Daily / weekly calls to all providers by the commissioning and contracts team
- Regular webinars for different sectors of care providers
- Weekly bulletins to all providers to update on changes in guidance etc
- Public facing communications campaigns

2.6 Equality and diversity and BAME communities

There is a significant amount of information being shared around the COVID-19 pandemic and its impact on our diverse communities. Diverse communities have different needs and therefore the Council offers information in different formats to many residents including people whose English is not their first language, disabled residents as well as people with sensory impairments such as hearing or visual impairments, and with mental health issues. The Council works closely with agencies such as DIAL West Cheshire, Deafness Support Network, Chester Pride, Carers Network and CHAWREC to ensure that the information provided across our diverse community is relevant to individuals' needs.

Since December 2020, local BAME community leaders have been posting videos and publicising key public health messages. A number of videos have been shared, including posters, case studies and social media messages. These are trusted

voices across the community and are more likely to have an impact and support residents who may be reluctant to engage.

Following recommendations from a Council commissioned report on the social impact of COVID-19 on BAME communities, the Council is working closely with CHAWREC (Cheshire, Halton and Warrington Race and Equality Centre) to undertake a door-knocking campaign targeting local BAME communities that have not been engaging and appear hesitant to have the vaccine. CHAWREC, in partnership with Public Health, is training Community Connectors to carry out a highly localised exercise, conducted in the language of that community, aiming to:

- educate people about the importance of vaccine and the dangers of COVID-19
- encourage people to talk about any reservations they have and to address these with clear guidance
- encourage people to take up the vaccine and address any barriers people may have to accessing the vaccine.

The Council has also committed to targeted engagement as part of the recovery process to ensure better understanding and mitigate the health inequalities faced by Black, Asian and Minority Ethnic (BAME) communities in the borough.

2.7 Data and intelligence

Data and intelligence on activity, capacity and demand in the care sector is collated on a daily basis and this is fed into the Council's daily COVID dashboards to provide CEMART and other working groups with data required for planning purposes.

2.8 Good practice case study – Hospital Discharge Pathway

During the peak of cases in December 2020 and January 2021 Cheshire hospitals were experiencing extremely high levels of demand which was exacerbated by some difficulties in arranging appropriate discharges into care, where some providers of care were unwilling to accept residents into their homes who were not able to provide a negative PCR test result on discharge. Given that some patients who had previously tested positive for COVID-19 but had since recovered, completed their isolation period and were clinically well may still give a positive PCR test result for some weeks afterwards, while not being considered a risk for transmission of

infection, providing these negative test results was neither indicated nor possible. The Cheshire Strategic Care Home Group came together on this issue to explore possible solutions. Through close collaboration between hospital microbiologists and discharge teams, CCGs, local authority Public Health and commissioners and providers of care a local Safe Discharge from Hospital pathway and flowchart was developed and agreed by all partners. This was used as the basis for constructive conversations and training sessions with providers which were able to build confidence in the sector in how they would be supported to receive discharges from the different cohorts of patients. The outcome was a significant increase in safe discharges into care.

2.9 Business and workplaces

The impact of the COVID-19 pandemic is being felt by all businesses as they navigate a broad range of interrelated issues, ranging from keeping their employees and customers safe, to implementing new regulations, through to managing cash flow, liquidity and ultimately business survival. To support businesses, especially small and medium-sized enterprises (SMEs), this Council delivered a comprehensive programme of business advice and support, including a new dedicated mental wellbeing programme, comprising workshops and follow-up support, provides a platform to ensure they can build resilience to support re-opening, as well as intensive intervention and rapid outbreak management.

The Council's Safety Advisory Group has issued a guidance document to event organisers to support event recovery and indicating a minimum lead time to enable appropriate consideration to be given to events to ensure safety and a sustainable recovery.

2.10 Events

All significant events are considered by a dedicated working group within the Council, and by the wider Safety Advisory Group (SAG), including partner agencies, as necessary. The working group meets regularly, makes recommendations or decisions, as required, and refers certain events or issues to the Council's Management Board. Officers work closely with organisers to ensure that permitted events can proceed safely, carry out inspections to ensure that operational plans are properly implemented, and take remedial action where necessary.

2.11 Transport

A significant amount of work has also been done with public transport providers, licensed drivers and operators to seek to ensure that travel to events is as safe as possible. Examples include:

- Regular communications with licensed drivers and operators on best practice and any changes to Government guidance
- A joint project with the Health and Safety Executive to assess compliance with COVID safety measures and to offer advice and support (good levels of compliance reported)
- Provision of hand sanitiser and face coverings for drivers and operators for use by any members of the public trying to access a licensed vehicle or operator's office without a face covering
- Deployment of COVID marshals to engage with all licensed drivers and operators and to manage queues at taxi ranks as necessary
- Advice, support and regular monitoring carried out at the Chester Bus Interchange
- Engagement with rail station operators, in particular with Transport for Wales, in respect of Chester Station

2.12 Good practice - sector specific webinars

The Council supports a regular drop-in and advice session run by the Federation of Small Businesses and is delivering a series of sector specific webinars to take place from late March through to May to support the safe re-opening of businesses in the hospitality, personal care and gym/indoor fitness sectors. All webinars include three key components: the Coronavirus Regulations, health and safety/hygiene and promoting the Public Health England (PHE) toolkit on how to manage an outbreak, business contact tracing, and advice on self-isolation, including financial support.

2.13 Good practice - mental health and wellbeing support

We know that many owner-operators have endured a very difficult 12 months, in response we have commissioned and delivered a 10-week mental wellbeing programme, comprising workshops and follow-up support, providing a platform to ensure they can build resilience to support re-opening. The webinars have focused

on self-care for business owners. They are also supporting owners and managers to create a healthy workplace for staff who are working, as well as offering support to staff who are furloughed and experiencing high levels of stress and anxiety due to the ongoing uncertainty. This work will be developed further in the future through the development of a workplace toolkit for workplaces to support staff mental health and wellbeing.

Mental Health will also be an ongoing priority for those who do not have employment to return to. Support will be available through a range of existing employment support services that are available locally. Alongside this the ongoing promotion of self-care through the five ways to wellbeing, online therapeutic interventions and virtual self-help groups will be available as well as more specialist mental health services for those with more severe symptoms.

2.14 Education settings

Supporting education settings to re-open safely following the first national lockdown has been crucial to ensuring that these settings have minimal impact on community transmission rates and can continue to safely offer children and young people face-to-face teaching.

2.15 Good practice - scenario planning and webinars

The key to supporting education settings has been delivering guidance through scenario planning to manage symptomatic and confirmed cases in staff and students.

Alongside scenario planning, monthly update webinars for schools offer advice and guidance on evidence-based infection prevention and control measures. These webinars regularly see more than 100 school leaders engaged to ensure their education settings are adopting the latest measures. They will continue to be delivered to support with the ongoing implementation of infection prevention and control measures including testing.

2.16 Consistent application of the following hierarchy of control measures:

1. Minimise contact with individuals who are required to self-isolate by ensuring they do not attend the school.

2. Ensure face coverings are used in recommended circumstances.
3. Ensure everyone is advised to clean their hands thoroughly and more often than usual.
4. Ensure good respiratory hygiene for everyone by promoting the 'catch it, bin it, kill it' approach.
5. Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents.
6. Consider how to minimise contact across the site and maintain social distancing wherever possible.
7. Keep occupied spaces well ventilated.

In specific circumstances:

8. Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary.
9. Promote and engage in asymptomatic testing, where available.

Response to any infection:

10. Promote and engage with the NHS Test and Trace process.
11. Manage and report confirmed cases of COVID-19 among the school community.
12. Contain any outbreak by following local health protection team advice.

Asymptomatic testing of pupils, staff and household members offers an opportunity to identify the up to 30 per cent of cases who do not have symptoms but are highly infectious.

Awareness of the testing offer is being promoted via social media, schools and key partners including the Council's Gypsy and Traveller team.

The endorsement of the Director of Public Health as a trusted figure has been and continues to be crucial in encouraging engagement in initiatives such as asymptomatic testing and face coverings in schools.

2.17 Contingency framework

We will work with the Regional Partnership Teams to inform decision-making should there be levels of community transmission that are concerning enough to consider

changes to education restrictions. We are committed to keeping restrictions to a minimum due to the severe impact of missing education on children and young people. Priority will be given to vulnerable children and young people and children of critical workers during any periods of restrictions. The maximum number of children and young people will be supported to attend during these times and the final decision on introducing and easing restrictions will be made by DfE ministers.

2.18 Partnership working

Throughout the COVID-19 response, the Council's Public Health team and the school relationship team have worked closely with all schools, colleges, and universities. This close partnership working will continue over the next 12 months to ensure these settings feel fully supported. The benefit of this partnership working has been seen in the University of Chester where, unlike in other cities, we have been fortunate to avoid large-scale outbreaks in student accommodation. The University of Chester has developed an excellent internal outbreak management team that supports students from the moment they become symptomatic with issues such as access to testing (including home delivery at on-site accommodation), contact tracing and support with access to food, medication, online teaching and wellbeing activities during isolation.

Section 3: Testing and Variants of Concern

Testing for people with the 'classic' COVID-19 symptoms of new, continuous cough, anosmia and fever is available by appointment at the following testing centres within the borough:

- Local Testing Sites – Five walk through locations in Chester city centre, Blacon, Winsford, Northwich and Ellesmere Port. Delivered by a private provider.
- Mobile Testing Units – a drive through service which rotates between Frodsham, Winsford and Chester. Delivered by a private provider.
- Satellite Testing Centres – a drive through service for key workers based at Countess of Chester Hospital and Leighton Hospital. Delivered by Cheshire CCG.

3.2 Good practice

Residents can also access symptomatic testing at the Regional Testing Sites in Runcorn and Deeside, and by requesting a home testing kit. Symptomatic testing uses highly accurate PCR tests which are sent for laboratory analysis, with results available in about 48 hours. Genetic sequencing is performed on a sample of all PCR tests to establish whether people are infected with a COVID-19 variant virus.

The Director of Public Health is also encouraging residents with additional symptoms which may indicate a COVID-19 infection to get tested. These additional symptoms are shortness of breath, muscle or body aches, fatigue, sore throat, headache, nasal congestion or runny nose, diarrhea, nausea or vomiting.

Cheshire West and Chester Public Health staff and the Council's Access Officer have been working with colleagues at the Cheshire and Merseyside Health and Care Partnership to improve the accessibility of testing across the region for disabled people. A survey has been carried out of testing provision across Cheshire and Merseyside, together with user research with disabled people in Cheshire, to validate an Easy Read testing information document.

Work is underway with the Department of Health and Social Care (DHSC) on recommendations for improvements to the national symptomatic testing programme. Parallel work with local authority Place Leads for testing will develop strategies and action plans to increase the accessibility of asymptomatic testing.

3.3 Case study - testing for the Gypsy and Traveller community

Following the identification of an outbreak of COVID-19 across two traveller sites in the area the accessibility of testing was identified as a key barrier to outbreak management. As a result, a multi-agency partnership approach was taken led by the Public Health Team and Gypsy and Traveller Team within Cheshire West and Chester Council to ensure that anyone who became symptomatic was able to access testing.

This was achieved by:

- providing the Gypsy and Traveller team with access to PCR tests
- training the Gypsy and Traveller Team in how to support people to self-swab and register tests

- visiting each home on the Council-run Traveller sites to deliver socially distanced training on how to self-swab should they develop symptoms (as well as screening for symptomatic residents).

Key outcomes from this work have been that:

- members of the Gypsy and Traveller community can access testing kits in a timely manner if they become symptomatic
- testing by members of this community will be conducted accurately to ensure cases are identified
- outbreaks can be quickly identified and contained

3.4 Context - asymptomatic testing

Asymptomatic testing is an additional tool to identify more people with the virus and support them with self-isolation to stop the spread of the virus through communities. Up to a third of individuals who test positive for COVID-19 have no symptoms at all and can therefore spread it unknowingly. This is why testing asymptomatic individuals is so important. As we exit lockdown, regular, asymptomatic testing is a vital part of the government's roadmap to cautiously ease restrictions.

3.5 Asymptomatic testing: fixed sites

In Cheshire West and Chester, asymptomatic testing for certain groups of people began in December 2020, with the opening of a medium-sized testing site in Ellesmere Port. Another site was opened in Winsford in January 2021. Within three months of opening, the sites had undertaken more than 25,000 tests, detecting 475 COVID positive individuals, with 24 per cent of people using our testing centres coming from outside of the borough. A site at Chester Cathedral is due to open early April 2021.

In the coming weeks and months, we will expand further our asymptomatic offer across the borough, increasing access and availability of regular testing (see below).

3.6 Asymptomatic testing: schools and workplaces

Testing in schools is a DfE-run programme. As schools and colleges reopen in March 2021, the following have access to regular rapid lateral flow testing:

- Secondary school pupils and college students.
- Staff of primary and secondary schools and colleges.
- Households, childcare and support bubbles of primary and secondary-age pupils and college students.
- Households, childcare and support bubbles of staff of primary and secondary schools and colleges.

All businesses in England, regardless of the numbers of employees, are now able to sign up to the government's free COVID-19 workplace testing programme. Regular testing can mean the difference between a workplace being able to stay open and operational, or needing to close due to a COVID-19 outbreak.

Although schools and workplace testing are nationally-run programmes, Cheshire West and Chester Council has a pivotal role in supporting these organisations and is working hard to ensure they to remain COVID-secure and implement regular testing, including site visits and providing advice and other support.

3.7 Asymptomatic testing expansion: Community Collect

In March 2021, as part of the national programme to expand asymptomatic testing, Community Collect was launched. This enables regular testing for:

- households, childcare and support bubbles of primary and secondary-age pupils and college students
- households, childcare and support bubbles of staff of primary and secondary schools and colleges.

Currently tests can be picked up from:

- a local symptomatic testing site (<https://find-covid-19-rapid-test-sites.maps.test-and-trace.nhs.uk/>)
- ordered on line for home delivery (<https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>)

As we proceed through lockdown and the economy starts to reopen, tests will become more widely available, including to the retail and hospitality sectors.

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3.8 Pharmacy Collect

It is envisaged that rapid testing kits will be available in community pharmacies by Spring 2021. This will further expand the availability and accessibility of asymptomatic testing in the borough.

3.9 Context - variants of concern/surge testing

If SARS-CoV-2 variants have concerning epidemiological, immunological or pathogenic properties, they are raised for formal investigation. At this point they are designated Variant Under Investigation (VUI). Following a risk assessment with the relevant expert committee, they may be designated Variant of Concern (VOC).

Each VOC may - or may not – be more transmissible or lead to poorer outcomes relative to other strains of the virus. However, if they are a cause for concern, and detected locally, swift action needs to be taken.

The Cheshire West and Chester draft Variant of Concern (VOC) Plan was developed in February 2021. This plan sets out the practical steps needed to mount an enhanced-testing service in a defined local area. The plan will be refreshed in the light of any further guidance that may be published in due course. Nationally, a menu of options is being developed that may include:

- enhanced contact tracing
- targeted testing
- turning on genomic sequencing to assess tests from the locality done via usual PCR routes
- wastewater testing.

Next steps:

1. Expand the asymptomatic testing programme by:
 - a. Opening a medium-sized (six booths) Asymptomatic Testing Site at Chester Cathedral.
 - b. Develop a mobile service to serve less populated areas of the borough and specific communities within the borough.
 - c. Work with our equalities and diversity teams to make sure our sites and services are accessible to all.

- d. Ensure a sustainable approach to recruitment and retention of staff.
 - e. Develop a rolling programme of training for asymptomatic service staff, including using new LFT devices that may become available (such as Orient Gene).
 - f. Support Cheshire Fire and Rescue to run their own asymptomatic service.
 - g. Work with pharmacies that want to become testing sites (in addition to pharmacy collect sites).
 - h. Support the roll-out of the national programmes in schools and colleges, University of Chester, workplaces and pharmacies.
 - i. Ensure our services are flexible to meet changing demand, need and national policy directions.
 - j. Embed a quality improvement programme into all elements of the asymptomatic service.
 - k. Support local outbreaks with an enhanced hyperlocal asymptomatic testing offer where appropriate.
 - l. Commission an action-research oriented evaluation to appraise Cheshire West and Chester's COVID-19 programme. This will evaluate our approach to testing, outbreak management and the local contact tracing service.
2. Develop our current VOC plan to encompass the menu of options that will be available soon.

Section 4: Self-isolation and shielding

4.1 Provision of support for people required to self-isolate and for those advised to shield

It is anticipated that most people will be able to self-isolate for the maximum 10-day period with support from friends, family and neighbours. However, where a person who has been advised to self-isolate needs practical or social support for themselves or someone they care for, they will be directed to the Council for help with food or medicine deliveries and wellbeing support. Cheshire West and Chester Council has well-established co-ordinated support for clinically extremely vulnerable people which has been extended to provide support for residents who need to self-isolate.

We have a partnership approach to ensuring support is available. We will continue to work in partnership to support residents. The follow actions describe this approach:

- Working with Cheshire West Voluntary Action we will connect volunteers to appropriate voluntary and community organisations.
- We will continue to encourage and promote micro volunteering, supporting local mutual aid initiatives or being good neighbours.
- We will continue to promote and refer to NHS volunteer responders.
- We will continue to contact residents who register for support through our Virtual Support Hub and referring to Commissioned Services, Voluntary and Community Organisations and support services on Live Well Cheshire West.
- We will continue to support food providers and the strategic approach to co-ordinating food support with the HELP scheme and development of a strategic food partnership and now voluntary-led Cheshire Food Hub, Welcome Network, Food Banks, CWVA, Changing Lives in Cheshire, Cheshire Connect, Feeding Britain, local community food groups to ensure surplus food availability is maximised, and waste is minimised.
- Continue to work and engage across services and with partners to utilising a variety of skills and knowledge across council, voluntary and health sectors to ensure demand and capacity are managed effectively.
- Further develop our Community Champions – now almost 400 engaged residents – to share and disseminate information through local networks to support key messages and signposting from CWC, Health and VCS to support communities at very local level.

If residents cannot rely on friends or family, support could be available related to the practical, social, and emotional consequences of self-isolation, including:

- access to food and other essential supplies
- not being able to carry out caring responsibilities
- practical tasks such as dog walking
- impact on mental health and wellbeing, including loneliness and boredom.

It is also anticipated that majority of people who require help will be identified via the national NHS Test and Trace service and referred to the Council. There may also be circumstances whereby an individual's needs are identified through local contact

tracing, or where residents directly contact the Council when they are in need. The Council's Enhanced Contact Tracing Partnership identifies additional needs that residents may have (eg benefits advice, health and social care, mental health and wellbeing) and is able to connect them directly with relevant services. This makes the process more beneficial to the resident and is likely to increase the resident's ability to comply with self-isolation advice.

4.2 Resources for people to self-isolate

The Council has developed a self-isolation support pack and portal. This includes information on how to access financial, social and wellbeing support. Residents can also access our Inspire Cheshire West portal, where they can read ideas posted by residents and Council teams and add anything they discover that might inspire someone else. More information can be found at:

<https://www.cheshirewestandchester.gov.uk/news-and-views/incidents/coronavirus-covid-19/health-advice/self-isolation-support-and-inspiration.aspx>

Financial support payments are available, depending on eligibility, for the NHS Test and Trace Support Payment, including discretionary payments. These are for people who are told to self-isolate on or after 28 September 2020 and who meet the relevant eligibility criteria. The scheme will remain open for applications until 30 June 2021.

More information can be found at

<https://www.cheshirewestandchester.gov.uk/news-and-views/incidents/coronavirus-covid-19/how-to-get-help/test-and-trace-support-payment.aspx>

The Council has received applications for financial support during self-isolation. Under a government scheme, the Council has provided support to 372 applicants. The Council's discretionary scheme considers if the applicant has sufficient funds to be able to meet their living costs for an isolation period. The council has awarded 169 applicants a payment under its discretionary scheme.

More local information on 'Coping at home with Coronavirus' and support available can be found on the Council's website at:

<https://livewell.cheshirewestandchester.gov.uk/Categories/4854>

People who are clinically extremely vulnerable and advised to shield can access further information from:

<https://www.gov.uk/coronavirus-shielding-support?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae> or visit

www.cheshirewestandchester.gov.uk/news-and-views/incidents/coronavirus-covid-19/how-to-get-help/cev-shielding-guidance.aspx

Guidance for the public on mental health and wellbeing is available from:

<https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19>

Support for victims of domestic abuse is available from:

<https://www.cheshirewestandchester.gov.uk/news-and-views/incidents/coronavirus-covid-19/how-to-get-help/domestic-abuse.aspx>

In any event, practical or social support needs will be referred to the Council's dedicated hotline, on 0300 123 7031

Monday to Friday: 8am until 7pm

Saturday: 9am until 12.30pm

Residents can also email: enquiries@cheshirewestandchester.gov.uk.

The Deafness Support Network is providing a relay service to people who cannot use the telephone.

Contact: 07786 200547 (text only) or email: dsn@dsnonline.co.uk.

4.3 National NHS Volunteer Responder Programme – referral scheme

NHS Volunteer Responders have been mobilised to help support vulnerable individuals who are self-isolating. Priority is given to those identified as most at risk from COVID-19 and asked to self-isolate at home for an extended period, and to those who health practitioners and local authorities consider to be vulnerable. NHS Volunteer Responders can be asked to help individuals with tasks such as delivering medicines from pharmacies, driving patients to appointments, bringing them home

from hospital, and make regular phone calls to check that the individuals they are supporting are ok.

Volunteers receive role specific training where required. Referrals for volunteer support can be made by the following health and care professionals:

- GPs / social prescribing link workers / practice nurses concerned about an at risk or vulnerable individual they have advised to self-isolate
- Hospital discharge teams
- Community pharmacists
- NHS 111 and ambulance trusts
- Community health trusts that need
- Volunteer support for patients leaving
- Hospital
- Local authorities.

Referrals for volunteer support can be made in the following ways:

1. Directly to the NHS Volunteer Support Responder's referrers' portal

<https://www.goodsamapp.org/NHSreferral>

2. By telephoning 0808 196 3382.

Please note that NHS Volunteer Responder Programme is being managed nationally and is not intended to replace local groups helping their neighbours, but is an additional service provided by the NHS, where informal support is not available or easily linked to by health and social care professionals.

4.4 People wishing to volunteer

Cheshire West and Chester Council works closely with Cheshire West Voluntary Action (CWVA) and the voluntary and community sector to support and promote volunteering across Cheshire West and Chester.

To register an interest, CWVA have launched a new platform to support local volunteering, please visit <https://volunteernowcwva.com/vk/volunteers/index.htm> to register to volunteer in your local area.

The Council has also brought together a network of Community Champions so they can play their part to keep communities safe, share important information and advice with residents and report any feedback they may have.

This network builds on the coordinated community response in west Cheshire since the start of the pandemic. The Council will be working closely with partners, including Cheshire West Voluntary Action (CWVA) and the rest of the community and voluntary sector, to promote Community Champions.

Through this network, the Council will send regular, accessible information so Community Champions can quickly pass it on to anybody who needs to see it in their community.

Community Champions will also be able to get in touch with dedicated Council teams should they think improvements could be made in their communities. You can register as a Champion here: <https://www.cheshirewestandchester.gov.uk/news-and-views/incidents/coronavirus-covid-19/how-you-can-help/how-you-can-help.aspx>

4.5 Organisations wishing to access volunteer support

West Cheshire Integrated Partnership has developed guidance / reference information on how organisations may access volunteer support in west Cheshire. Requests for volunteer support can be made by any trusted organisation to CWVA: enquiries@chesterva.org.uk. CWVA will then match suitable individuals from the volunteer database, with the requesting organisation.

4.6 Communications

Our communication objectives in relation to self-isolation are as follows:

- Awareness: To help ensure the rules of self-isolation are clear
- Awareness: To make all residents self-isolating aware of the financial support available to help people to self-isolate
- Awareness: To help make all residents self-isolating aware of other support available to them – shopping etc
- Awareness: To highlight treatment advice for people with symptoms
- Awareness: To signpost all audiences to information and activities available during self-isolation

- Attitude: To make people more willing to self-isolate
- Action: Ultimately to increase the number of residents complying fully with self-isolation rules in Cheshire West and Chester

To this end we have created an online interactive portal using the Council website and Inspire Cheshire West.

This offers clear links to NHS information on when residents should self-isolate and what this means, how residents can take care of any symptoms at home and prevent the virus from spreading through the household and what to do if symptoms get worse.

It offers links to help keep people active during self-isolation, working with Council company Brio Leisure, as well as a variety of virtual experiences from the Council's libraries, culture and museums services. The portal also links to Inspire Cheshire West, a website initially launched by the Council during spring 2020 to capture stories and ideas from residents and communities on how to make the best of staying at home. This gives the self-isolation resource an interactive element as residents are invited to share their own inspiration with others.

The self-isolation portal also offers handy links to help people who are worried about money, details of where to turn for support with mental health and wellbeing and advice on getting hold of essentials or looking after someone else.

This will be supported by an ongoing communication campaign that offers branded and searchable tips on social media, as well as short, simple and clear self-isolation guidance, all linking to the portal.

We will promote this through our Members, staff, Community Champion network and partners across the organisation, as well as directly to people self-isolating through touchpoints like local contact tracers and asymptomatic testing sites, as well as by providing press packs to the media.

Printed information and advice is also provided directly to everyone who attends one of the Council's asymptomatic testing centres.

4.7 Case study

Cheshire West and Chester Council's Community Response Fund has helped Snow Angels cope with the increasing pressure on its services from COVID-19. After the Council originally set up the fund with a pot of £250,000, it was matched by a donation from the Westminster Foundation, meaning a total of £500,000 was available to community initiatives. Snow Angels helps older people continue to live independently and keep well, working with a range of different organisations across west Cheshire.

By working with the Virtual Community Hub recently set up by the Council, people calling the helpline have been referred to Snow Angels for support with things like dog walking, befriending calls, shopping and prescriptions.

Cathy Boyd, Director of Snow Angels, said: "We originally started to support older people during the winter with cold weather so our service was designed to be managed remotely. Since then, we have provided services throughout the year and the original principles remain of providing support to enable people to continue to live independently in their own homes and reduce social isolation. The difference now is that we're not able to do any face-to-face delivery and we've had to scale up everything we do in a short space of time. All our partners have been brilliant and the funding from the Council has helped us put some of these changes in place. The extra funding means we've been able to keep in touch with those people who need our support. Snow Angels' offer to walk people's dogs has been a big help for some residents as they know their pets are keeping active and being looked after."

One elderly resident said: "The man from Snow Angels has been an absolute star. He has walked Beau every day since last Tuesday. I hadn't expected him to come every day, but he tells me when he will be available the following day and is always very pleasant, upbeat and punctual."

Council staff, along with staff from other organisations, have also been supporting Snow Angels in its response to COVID-19.

A member of Council staff said: "I've been contacting shielding residents on behalf of Snow Angels and everyone has been really thankful and pleased that somebody has been in touch with them. A lot of people are worried and they want life to go back to normal, but the calls are making a big difference to them. It gives me a real boost

Section 5: Contact Tracing

5.1 Context

Cheshire West and Chester Council has established a Local Contact Tracing Partnership (LCTP) which went live at the end of November 2020.

5.2 Local Contact Tracing Partnership (LCTP) model

The Council has established a team of specialist contact tracers who sit within the Council's contact centre provided by a service called Qwest, a Council company that works directly with our local Public Health team and Outbreak Management Hub. The contact centre is responsible for handling all the contacts and enquiries from residents and employs a team of experienced call handlers with extensive knowledge of Council services. Locating the COVID contact tracing team within this service provides the LCTP with the ability to rapidly connect cases and their contacts with additional help and support which they may need from council services.

The LCTP team is made up of:

- Operations Lead and Team Leader
- 6.2x whole time equivalent call handlers (contact tracers)
- Public Health support

In addition to this core team several other contact centre Public Health staff have been trained as contact tracers and this provides the service with some surge capacity should there be a sudden increase in demand. This hybrid model was chosen to ensure newly recruited contact tracers could shadow experienced Customer Service staff to learn soft skills – skills needed to ensure engagement with positive cases who had perhaps been disengaged on a national level.

Cases which come through to the LCTP team are those which the national Test and Trace service have been unable to contact in the 48 hrs following a positive test result. The local team will then make three attempts to make contact over a 24 working-hour period. If telephone contact cannot be made text messaging and email are used and the resident is asked to contact the team. The local team can interrogate various Council data sets to increase possibility of making successful

contact. If we are unable to verbally contact, we 'nudge' with an SMS sent via gov.uk delivery service.

The team is currently part of a successful pilot scheme entitled Local Zero where cases are accessed by Cheshire West and Chester contact tracers as soon as they are entered onto CTAS – the national system. The team are therefore able to attempt contact sooner than national teams. They can also check the information submitted by cases who complete online submissions.

The service is provided seven days a week.

The contact tracing team meets at the beginning and end of each day in a team 'huddle' to share any common themes and learning and to discuss any complex cases. These huddles provide valuable intelligence to the wider local test and trace system and have been able to identify potential settings where there may be outbreaks of infection that have not been identified via other routes and pass this intelligence on to the Outbreak Management Hub for further investigation.

Wherever possible the LCTP team attempt to complete the Enhanced Contact Tracing questionnaire with all cases. This is a seven-day look back which aims to identify possible sources of infection. This information is used by the Council's Insight and Intelligence team for in depth analysis of common exposure data. These analyses are discussed regularly with the Outbreak Management team to target investigations and with the Communications team to inform targeted communications.

5.3 Enhanced support

As part of the need to ensure compliance and offer continued ongoing support throughout, the contact tracers undertake proactive welfare activities on the following stages of the self-isolation period:

Day three: SMS and email – signposting mental health support resources.

Day five: welfare call, with follow up email and SMS - signposting to the online self-isolation resource.

Day seven: SMS and email – signposting boredom busting activities.

Day 10: This particular date proves useful not only to ensure the case has fully understood the need to self-isolate until midnight and not the previous day but also to offer a congratulations on adhering to the need to self-isolate and the importance of their commitment to dealing with infection rates. This gives us chance to look at retrospective support and if, as an authority, any referrals / services / support packages have not worked well or failed.

5.4 Escalations

The contact tracers work collaboratively with COVID-19 enforcement teams and the local hub if there is any suspicion of non-compliance. The team also escalate any complex settings to the local Public Health team and Public Health Consultant.

5.5 Outcomes

At its peak the LCTP was handling around 330 cases per week and completing contact with around 65 per cent of cases that could not originally be contacted by the national Test and Trace service.

A key benefit of the LCTP being located within Council's contact centre is the ability of contact tracers to identify additional support needs that residents may have (eg benefits advice, health and social care, mental health and wellbeing) and to be able to connect them directly with relevant services. This makes the process more beneficial to the resident and is likely to increase the resident's ability to comply with self-isolation advice. Up to 25 per cent of all cases received some form of additional support.

In combination with the national Test and Trace service the contact rate in in Cheshire West and Chester is currently 86 per cent of all cases being successfully contacted.

5.6 Partnership working and governance arrangements

Cheshire West and Chester LCTP is part of a network of LCTP's across Cheshire and Merseyside which is led by the Directors of Public Health Collaborative (CHAMPS). CHAMPS provides a strategic development group which has been working to develop shared approaches to the delivery and monitoring of LCTP's in

the sub region. The partnership has commissioned a programme of training and an academic evaluation of Local Authority LCTP's across the sub-region.

In addition, the CHAMPS collaborative facilitates an operational partnership group which has proved valuable in providing LCTP's with a platform for sharing good practice and learning.

Local governance and oversight are provided by the COVID Health Protection Forum to which the LCTP provides regular reports.

Every fortnight the contact tracing Operations Lead and Team Leader attend regional Cheshire and Merseyside meetings (Local Contact Tracing Service Operational Group) to share best practice, compare service models, system issues, discuss ad hoc issues, and Public Health updates.

5.7 Case study one

Norman – son of case, who was feeling vulnerable at the time of the call due to recent flooding of his farm. His father was 99 years old and in hospital. Norman raised several concerns about fraud on his father's bank account, the current health of his father and subsequent care after his discharge from hospital. We broke it down to simplify the situation and signposted Norman to the police to support with fraud, the hospital team to support with the current health of his father and referred to Adult Social Care Team for ongoing care. Also signposted to the Environmental Health team so he could personally get support for himself regarding the flooding. We completed the contact tracing of his father as business as usual.

5.8 Case study two

Luke – There was no contact number listed meaning he had not been contacted by the national team. We used various Council data sets to locate a landline number. Upon answering we were told that Luke, who was a positive case, was currently at work. This issue was escalated immediately to supervisors. The contact tracing team continued to search for more contact details through Council records and were able to speak to his girlfriend who confirmed he was attending his place of work. After escalating and through collaboration with Public Health and Regulatory Services, a visit was made to Luke's residential address, and an enforcement order issued. This strengthened the public health message of the need to isolate immediately and

protected local residents from further exposure. It also ensured Luke's colleague had to self-isolate thus breaking the chain of exposure.

5.9 Case study three

Jane – a vulnerable elderly resident, concerned about payment of rent to Sanctuary Housing as she usually pays cash in person at the Post Office, but was unable to do so as isolating alongside her husband. The case was extremely worried and upset by this – this was her primary concern rather than contracting COVID-19. Our contact tracer reached out to Sanctuary Housing to investigate other options for payment who authorised a delay, and Qwest also liaised with the Council's digital re-enablement team, who offered an extra level of support to get the couple online.

5.10 Case study four

Sosthene – a vulnerable resident who had recently moved to the UK to start a new job in a care home, with no friends and family nearby and short-term financial difficulties. He took a test before starting his new job, which came back positive. Our contact tracer completed the survey but also enquired about food support as he had no money until he started his new job which was now on hold until self-isolation had been completed. Our team referred him to his local foodbank and the NHS Responders. When following up, our contact tracer discovered that there were still barriers to him getting food – he had no phone credit to call the food bank or the volunteers, and although a food voucher had been emailed to him, no friends or family could physically collect food for him, as he was isolating due to having COVID-19. NHS Responders were also unable to help with an immediate need: he had only consumed dwindling supplies of cereal for the past 48 hours. Our contact tracer gathered donated food from the Qwest food bank, and personally shopped for some fresh groceries and purchased phone credit, then delivered these essential items to our resident. Sosthene was extremely thankful for this support and called back the next day.

5.11 Case study five

The Ali Family: A number of cases from a large family, many of whom were non-English speaking, living within one house. Language was a barrier to test and trace from the national team. Our contact tracer became a trusted advocate for the family,

and built up a relationship with one daughter who was able to speak some English, so that any new cases from the household could get in touch with us through our single point of contact, who has since kept in touch.

Section 6: Outbreak management and enduring transmission

6.1 Context:

The role of the Council's COVID-19 Outbreak Management Hub comprises both prevention and outbreak or consequence management. The resources dedicated to each element vary according to two factors: the level of virus transmission in the community and key milestones such as the relaxation of restrictions. Between July and September 2020, for example, when transmission rates were relatively low, a significant amount of preventative work was carried out with high risk business settings, whereas, from October 2020, as transmission rates increased, the Hub's work necessarily became increasingly reactive and, in the weeks leading up to the re-opening of schools in September 2010 and schools and businesses in early March 2021 and April 2021, for example, a series of webinars was held and much of the Hub's work focused on the provision of advice and guidance to facilitate re-opening. Since the start of 2021, the Hub has been intensively promoting the PHE toolkit for businesses on how to manage an outbreak, contact tracing in workplace settings, and that includes advice on self-isolation and financial support.

The Hub is funded by a combination of core Council funding (diverted resources) and temporary COVID-funding. The Hub works closely with the Council's local contact tracing team and its Regulatory Services team that now has a dedicated COVID-19 enforcement unit.

6.2 Outbreak management process

The local Hub includes a central, dedicated unit within the Council and an Infection Prevention and Control Team (IPC Team) commissioned from the Cheshire and Wirral Partnership NHS Foundation Trust (CWP).

The Hub's standard operating hours are currently 8am to 6pm Monday to Friday and 9am to 5pm at weekends.

The IPC Team specialises in providing infection control advice and guidance to the following settings: care homes, supported living accommodation, extra care accommodation, day care centres, agencies supplying care staff for domiciliary care and a range of adult social care settings and GP surgeries. The management of any referrals received from or about any of these settings is led by the IPC Team. All other settings are managed by the central unit in the Hub. The management of 'mixed settings' – for example, a special educational residential school – is determined on a case by case basis. The local Hub works closely with the PHE Cheshire and Merseyside Hub (the C&M Hub) and they meet regularly in order to ensure that all outbreak management work and contact tracing is properly co-ordinated.

Referrals for information only or for action (operational support and/or outbreak management) are typically received in one of three ways:

- From care homes or supported living etc settings – direct to the IPC Team in the local Hub.
- From the C&M Hub – direct to the central unit in the local Hub.
- From the Council's Insight and Intelligence and Regulatory Services teams – direct to the central unit in the local Hub.

Outbreaks are identified by the following means:

- Analysis of positive case data (carried out by the C&M Hub and daily by the Council).
- Analysis by the Council of a range of other intelligence, including complaint data, information provided by a network of community champions and contained in social media posts.
- Analysis of information received direct from settings (eg care homes, business settings).

All referrals are assessed and managed in accordance with the prioritisation and urgency criteria set out in the Council's Outbreak Plan. Contact is made with the setting at the earliest opportunity and a site visit arranged, if necessary. The following key actions are undertaken in managing the outbreak:

- Immediate isolation of all positive cases.

- Contact tracing and isolation of all individuals who fit the definition of a contact.
- Remedial measures are recommended or mandated to prevent recurrence (by means of advice, other support, or (if mandated) an improvement notice).
- A prohibition notice may be issued in certain circumstances, for example, if a setting has failed to comply with an improvement notice or if there is a risk of immediate personal injury.
- A formal outbreak management meeting will be called in the following circumstances: if the outbreak is significant and/or the setting is not confident in managing the outbreak and/or officers are not confident that the setting is managing the outbreak appropriately.

In the event that any significant health and safety breaches are considered to have caused or contributed to an outbreak, an investigation will be carried out and enforcement action may follow.

6.3 Local data analysis – early alert system

Local data analysis is carried out several times per week by the Council's Insight and Intelligence team and is used as an early alert system of potential outbreaks and to inform the work of the local Hub. Examples of outbreaks that were identified before notification by or referral from the regional C&M Hub are:

6.4 Case study one

Local analysis identified two positive cases (common exposures) and immediate investigation revealed the cases at the site had grown from two to four but the outbreak management team was able to assist the business to confirm that the cases were not linked. COVID-security arrangements were checked and found to be good and the Hub team was able to support the site with advice on the testing options available.

6.5 Case study two

An outbreak at a local company providing staff for domiciliary care and supported living facilities, as well as the addresses affected, was detected through a combination of local data analysis and test results data provided by the Council's IPC Team. Investigation revealed that the company had poor controls and contact

tracing arrangements in place. An outbreak control meeting was convened to achieve an effective remedy. The investigation also triggered a review of procedures to detect linked care service addresses at the regional C&M Hub.

6.6 Case study three

Local data analysis identified three positive cases at a local factory and enabled the local Hub to intervene at the earliest opportunity and advise on self-isolation arrangements. Cases rose to 20 over a short period and the company took the decision to operate with a skeleton staff for a period of time to act as a firebreak. A number of improvements were made to procedures, following advice provided by the Hub, including the introduction of staff testing.

6.7 Local data analysis – to identify high risk settings and trends

Analysis of the relative number/percentage of workplace outbreaks by setting type referred to or dealt with by the Council's Outbreak Management Hub contributes to the intelligence on high risk settings and informs prioritisation. The diagram below (slide) shows the breakdown of outbreaks by setting from September 2020 to January 2021 (industrial/manufacturing sector (31 per cent), followed by offices and retail (29 per cent), followed by hospitality (pubs, restaurants, cafes) (25 per cent) (this excludes all outbreaks in care homes and supported living facilities, schools and all other educational establishments)

6.8 Business Case Study - Chemical Factory

- December - contact initiated with a large local chemical factory to explain the role of the Council's Hub
- January- company reported nine cases between 29 December and 2 January; concerns about business continuity if case numbers increased
- Support provided by the Council's Outbreak Management Hub, including guidance on identifying contacts and potential sources of infection
- In response the company adopted a more detailed case investigation process and have since reported the following improvements:
 - Improved staff confidence in the company's approach
 - Greater staff and contractor compliance with COVID-19 measures in place

- A reduced number of staff required to self-isolate based on better understanding of contact definition
- Improved COVID-19 security measures

6.9 'Bottom up' deep dives

'Bottom up' deep dives are carried out weekly and have informed some significant decisions. For example, a deep dive analysis identified possible links between attendance at a day care centre and a number of cases in care homes and supported living accommodations. This led to the decision to restrict attendance at the centre to residents with the greatest need on a risk-assessed basis for a period of time in order to create a firebreak. During that period, no positive cases or outbreaks with a probable or possible link to the day centre were identified.

6.10 Effective cross-team working and local contact tracing

Local contact tracers tried to contact a positive case on his mobile phone over a period of 48 hours but were unable to make contact. A landline number for the case was identified and the contact tracer spoke to a third party at the address who advised that the case was at work. The case was 'fast-tracked' for enforcement. Early the following morning two officers from the dedicated enforcement team attended the address, established key facts, and issued a Fixed Penalty Notice and an instruction to self-isolate. Contact was made with the employer who was advised on next steps, including the requirement for self-isolation of a close contact and additional cleaning to be carried out.

6.11 Enduring transmission

Cases of enduring transmission have been seen in both workplace settings and geographical areas. In the case of workplace settings, we undertake extensive work with the setting to seek to identify and eliminate the causes and routes of transmission. In some cases we have recommended specialist investigation into and/or investment in replacement ventilation systems.

In the case of geographical areas, we undertake 'deep dive' analyses to understand the causes and routes of transmission. We have recently analysed in-depth the complex causes of the higher rates in one part of the borough and have developed a

comprehensive action plan that includes a focus on community behaviours, schools and youth outreach work and retail, hospitality and industrial/manufacturing settings.

Section 7: Recovery

7.1 Context:

Local authorities and communities will be at the heart of recovery, from how we continue to fight the pandemic to what the new normal for our economy, environment and communities should look like. Significant decisions will need to be taken in the coming weeks and months with consequences that will be felt for years and decades. It is important that local communities are involved in helping to address these challenges – offering their ideas and experiences, helping to make difficult trade-offs and taking action.

The way individuals and communities respond to distressing events is influenced both by the type of event and the characteristics of individuals and communities. People will be tired, resources are drained, and communities will have experienced collective loss. The experience of COVID-19 may have helped some communities pull together but, for others, it may have pulled them apart.

Effective responses to the public's health and wellbeing will be essential to sustain the measures necessary to contain the virus and aid recovery. Supporting the physical and mental health and wellbeing of our residents will continue to be a priority. People may face additional stresses: some will need to make major lifestyle changes, many will be out of work and others may have had medical procedures or treatment postponed while others will have experienced bereavement. The impacts may last for the duration of the epidemic - and beyond. Impacts will be experienced by all sections and all ages of society. Consequences may include increased demand on local government and the NHS, increased physical and mental health issues, increased cost to public services and increased unemployment and workplace sickness absence due to stress.

As well as working with communities, the Council also has a key role to play in supporting the economy to recover. Our work includes updating businesses on the current legal requirements and advising businesses on how they can remain COVID-compliant and aware, with the ultimate goal of ensuring a sustainable and safe re-

opening. While each element has a different focus, the Council's Regulatory Services, Public Health and Economic Growth Teams work closely together, as evidenced by the projects described below.

We are currently programming activity to support longer-term recovery and work with sub-regional partners, including the Local Enterprise Partnership, on implementation of a strategy that will deliver immediate and medium term business support, with the aim of moving businesses towards a growth position again. Activity also includes high street reopening and reimagination to extend the season and increase the number of visitors, dwell time and spend not just from residents but from visitors that might undertake day and overnight visits.

At its peak, 32 per cent of those eligible were on furlough and 75 per cent of those eligible for self-employment support were claiming. Universal Credit claimants has increased from 15,700 in February 2020 to 28,938 in January 2021 – a significant increase and a clear indicator of the fiscal health of residents and businesses in the borough.

7.2 Good practice:

7.2.1 Health and safety compliance

A programme of enhanced support for businesses in certain sectors to improve safety and compliance levels, including the opportunity to apply for grant applications to improve COVID- security measures.

7.2.2 High street re-opening

To support hospitality businesses, the Council will be rolling out communal al fresco 'parklets' - dining points across our towns and high streets where venues without their own al fresco space can provide take-out or table-service to clients. The parklets are being professionally commissioned and will ensure social distancing, high cleanliness standards etc. In addition, a leasing scheme is planned for venues that have pavement space and/or private al fresco space so they can lease compliant structures to support re-opening. Full high street re-opening plans are in place and internal and external partners have been engaged in the process to ensure they are robust and as comprehensive as possible. Partner organisations are

delivering sector specific webinars to help answer queries about re-opening and how they can do that safely.

7.2.3 Extending the season

The Council is keen to support businesses with reopening safely and ensuring it is a sustainable reopening. We are in the early stages of planning a programme of curation to animate and create experiences for residents and visitors. Our aim is to attract more visitors (both day and overnight) and increase the dwell and spend profile within our towns for local value. Plans including cultural events, business events, pop-up activities in open spaces, using the great outdoors, for example our rivers and waterways. The key to this will be working with businesses to ensure ongoing compliance and awareness of the need to continue to ensure safe working practices as things get back to normal; promotion of schemes such as Visit Britain's COVID standard for accommodation providers and attractions. We will also work extensively on messaging to visitors and residents so that communication and positioning activity encourages people to plan ahead safely, be aware when in the destination etc.

7.2.4 Business support

To support recovery and business growth we are proposing a series of interventions that will deliver co-working lounges in our core towns; a series of 'bootcamps' delivered through a hybrid (face to face and online) learning model for start-ups including individual enterprise and community companies and bootcamps for scale-ups to help refocus those that were growing prior to the pandemic. Wraparound support will be provided to businesses for themes such as access to finance, staffing and recruitment, property options.

In addition, we have increased our start-up support, working with the Chamber of Commerce to provide people in Cheshire West with free access to the start-up club. This recognises the potential for large numbers of people exploring self-employment following redundancy.

7.9 Local Resilience Forum planning

The Council took part in a recovery road map session facilitated by the Local Resilience Forum on 23 February 2021. This mapped out critical events over the

next year which needed to be planned for, the actions required to create a better case scenario, contingency planning required, what is needed from central Government, and what central government needs from local areas. The LRF will be reviewing and planning for these factors as a result of the session.

7.10 Redundancy and employment support

We offer a redundancy response service for employees of businesses making redundancies. In addition, we have a broad offer to support employment including digital jobs fairs, Cheshire & Warrington Opportunities Portal and access to free or subsidised training to support reskilling.

Section 8: Data and intelligence

8.1 Context - data management

It is vital for the local response to outbreak management to be intelligence led. This will be enabled by ensuring that national and local systems are set up in the most effective manner to share information in a timely way to make it possible respond quickly to hotspots and prevent outbreaks before they occur.

8.2 Data flow

There have been significant improvements in data systems since the start of the pandemic. Data on individual cases, testing and contacts flow into the Council every day from Public Health England and other sources. The Council has developed a suite of dashboards in Power BI that enables data to be processed and shared quickly and effectively. Surveillance dashboards are updated daily and are shared with the audience they were specifically designed for (ie Director of Public Health, Senior Management, Members or the Public). These dashboards provide an early warning of local outbreaks, enable us to monitor the status of the pandemic and understand the groups of people impacted.

The data also enables deep dives to be undertaken on an ongoing basis either into areas with higher rates or those of increased concern. We are able to use contact tracing information to help understand modes of transmission which can be summarised to inform local actions.

This knowledge helps to refine advice and support to the public, partners and businesses and drives local communications. For example, the identification of key cohorts at risk of infection and specific geographical areas enables a tailored communications campaign to be developed. The Outbreak Management Group within the Council meets three times a week to review the surveillance dashboards, deep dives and hub contacts, findings and recommendations for action can then be escalated by the group as required.

The Council also publishes high-level data on its website, such as infection rates in our wards, which helps local residents and press be more informed about where rates are highest and encourages people to follow the Public Health guidance. Similarly, the Government also publicly shares a wide range of key statistics on the pandemic to keep people informed.

In terms of wider statistics about how the local area and key Council services are being impacted by the pandemic, the Council publishes a COVID-19 Key Statistics dashboard every week on its website, see Figure 22 and 23 on the next page for examples of this dashboard. It provides information about COVID-19 infections, deaths, shielding, vulnerable people and the local economy. This not only summarises relevant data from national websites, but also shares some valuable statistics about local services that gives the public a flavour of how people from across the Borough are being affected.

8.3 Data Protection Impact Assessment

A full Data Protection Impact assessment has been agreed for the plan.

The assessment is kept under regular review.

Section 9: Resourcing

The Council has undertaken extensive capacity management throughout the organisation since the beginning of the pandemic to ensure Council resources were used effectively. This has been administered via the Council's Emergency Management and Response Team, chaired by the Director of Public Health. Around 275 staff have been redeployed to respond to demand pressures. In addition to staff who were redeployed, many staff saw significant changes to their jobs including

additional workload, delivering the same work but in an entirely different way, and developing new skillsets to meet additional demands.

In December 2020 the Council published Stronger Futures, a Four-Year Plan for Recovery and Renewal Following COVID-19. This plan sets out comprehensively the two-pronged approach to the Council's COVID-19 response, and is available at: <https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-and-strategies/stronger-futures/documents/stronger-futures.pdf>

9.1 Context - resourcing

Cheshire West and Chester Council entered Tier 2 (High) Covid Alert Level restrictions on 12 October 2020 and was entitled to receive an initial allocation from the Contain Outbreak Management Fund. Since then the authority has been under various restrictions and national lockdowns which has meant it has been eligible to continue to receive funding from the Contain Outbreak Management Fund.

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A range of proposals have been developed with the objective of achieving the following key outcomes:

Reduce the number of cases of COVID 19 in the area.

- Increase uptake of testing.
- Ensure engagement with local contact tracing hub.
- Ensure people complete self-isolation.
- Outbreaks and incidents are managed effectively.
- Reducing the longer-term impact of COVID infection including Mental Health, reducing numbers of deaths and post-COVID recovery

Section 10: Communications and engagement

10.1 Context: Cheshire West and Chester Council communications

Cheshire West and Chester Council has developed a flexible communication strategy that continues to actively support the national COVID-19 prevention campaign, promote nationally and regionally developed guidance and respond to local need.

The key message 'let's turn this around' in all communication brings together all aspects of the COVID-19 response under a single, relatable call to action.

Communication activity covers key areas of the COVID-19 response, such as preventative measures including hands, face and space, symptomatic and asymptomatic testing, self-isolation, local contact tracing, outbreak management, vaccination, economic support and high street recovery, education and vulnerable people.

We will continue to 'embed and prevent' – that is, to embed the key messages and prevent the spread of the virus by encouraging compliance with preventative guidance and any restrictions in place and ensuring people know how to get a test, when and how to self-isolate and the support available to help them do this effectively.

Our key messages for residents, businesses and partners are:

- To reduce the spread of COVID-19 you should wash your hands or use hand sanitiser regularly, cover your face in enclosed spaces and maintain social distancing by keeping two metres away from people you do not live with.
- Report your coronavirus symptoms by calling 119 for a test and self-isolate yourself and your household to protect the community

- One in three people with COVID-19 do not have symptoms, so get an asymptomatic test at least weekly if you are eligible to prevent spreading the virus unknowingly
- Play your part and help save lives by self-isolating if advised to by a contact tracer
- The Council will look after you if you are self-isolating and classed as vulnerable
- The Council will protect communities if there is a local outbreak of Coronavirus
- Take up the offer of a vaccine when it is your turn

10.2 Good practice:

We use a wide range of communications channels, including media releases, regular social media posts, videos from community leaders, leaflets delivered to every household, posters and ad-vans in the city and town centres, radio, newspaper and social media advertising, partner organisations and our network of community champions

We use ward infection rate data to inform our communications, targeting advertising by geography or age group. For example, during infection rate peaks in November and January we used an ad-van and targeted Facebook advertising to share key preventative messages with people in the five wards with the highest infection rate. Our objectives were to raise awareness of the rising number of infections in those areas and encourage residents to play their part to turn this around by following the guidance.

We use in-depth deep dives into ward data to inform the content and targeting of our communication. An example of this is an analysis of ward data in Ellesmere Port in January which revealed that 30 per cent of cases appeared to be caused directly by workplace transmission and 45 per cent of household outbreaks also appeared to be linked to workplace transmission. We developed press release and social media content to highlight this issue and the measures that individuals and employers could take to mitigate their risk. We shared this widely and also targeted employers using the Let's Talk Business website and social media accounts, as well as direct communication through local business networks.

In conjunction with local partners, the Council undertakes wider proactive and preventative work. We communicate with targeted settings and communities in order to minimise the risk of and prevent future outbreaks. For example, we have worked with the Cheshire and Warrington Traveller Team to develop quick and simple videos using trusted people to communicate targeted key messages around hands, face and space and vaccination. These are then shared with the communities through WhatsApp via community leaders.

Our approach is collaborative and supportive based on the established escalation principles of Engage, Educate, Encourage, and Enforce only if necessary. We offer advice and other support according to the level of assessed risk, the size of the organisation/setting and existence or otherwise of support structures within the setting. In both prevention and outbreak management, we will always seek the co-operation of businesses and organisations to minimise risk, manage outbreaks and prevent the further spread of the virus.

In the event of a localised outbreak or Variant of Concern within a specific setting or geographic area, the Council will co-ordinate local communications and engagement with the setting and wider community as part of the management of that outbreak to protect and inform the community and encourage participation in measures such as surge testing.

The Council will share communications and best practice with local health partners and authorities in the collaborative effort to work together to tackle the virus.

10.3 Communication objectives:

- Awareness: Encourage residents to self-report their COVID-19 symptoms;
- Awareness: Encourage eligible cohorts to take up the offer of asymptomatic testing;
- Awareness: Public and partners are informed when there is an outbreak or rise in infection rates;
- Attitude: Self-reporting, self-isolating and complying with Test and Trace is supporting the whole community;
- Attitude: Council and partners are protecting the public by managing lockdowns.

- Action: Increase the number of residents contacting NHS to self-report;
- Action: Increase the number of residents taking part in asymptomatic testing
- Action: Increase the number of residents observing lockdowns and self-isolating;
- Action: Increase the number of eligible people being vaccinated.
- Action: Businesses and hotspot settings working with the Council to prevent an outbreak, and in the event of an outbreak.

Section 11: Governance

11.1 Context - COVID-19 Health Protection Board

The Director of Public Health (DPH) led Health Protection Board (HPB) was established to provide assurance to both the Health and Wellbeing Board and a new Elected Member led COVID-19 Outbreak Management Board about the adequacy of prevention, surveillance, planning and response with regard to COVID-19 and other critical health protection issues.

11.2 Context - COVID-19 Outbreak Board

A cross-party, multi-agency Outbreak Board chaired by the Council Leader has been established. This provides political oversight of local delivery of the NHS Test, Trace, Contain and Enable service, leads engagement with communities and is the public face of the local response in the event of an outbreak. The Board meets publicly via an open access webcast every two weeks. The Council is committed to being open and transparent and questions from the public are always welcomed and answered during the meeting. Alternate meetings are open for residents to ask 'live' questions (electronically) during the meeting.

The initial priority activities of the Board were to:

- support and help strengthen a specific communication and engagement plan, which will ensure that all sectors and communities are communicated with effectively and that as a result any required behaviours are adopted by individuals and organisations
- provide public oversight of the implementation of the Test, Trace, Contain programme in the borough's response to the pandemic.

Decisions of the Board are advisory, and its recommendations will be considered through the Council's governance arrangements and those of the appropriate bodies which will retain their decision-making sovereignty.

The Board:

- a. supports the effective communication of the test, trace, contain and enable plan for the borough
- b. Receives regular updates on the progress of the vaccination programme
- c. supports and strengthens the communication and engagement plan that will underpin the decision-making process through the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively;
- d. helps ensure that all key stakeholders have been identified and that the best routes to communicate and engage with them are utilised
- e. oversees the evaluation of the communication and engagement plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the borough
- f. receives regular updates from the Health Protection Board via the Director of Public Health
- g. provides public oversight of progress on the implementation of the Test, Trace, Contain programme
- h. ensures that the appropriate plans build on existing good practice and that lessons learned from other areas are taken into account
- i. identifies any barriers to progress and delivery and help resolve them, making the most of any opportunities that may arise.

11.3 Case studies:

Case study one:

The Outbreak Board has proven to be a highly effective method of transparently communicating key information regarding the progress of the pandemic.

Meeting fortnightly, the board provides real benefits in terms of communicating directly with the local press and residents has made it an essential forum to provide timely updates and dispel myths around COVID-19.

The Board was particularly valuable in December 2020 and January 2021, when the area experienced rapid movement between tiers. This could easily have led to confusion, but the clear communication and direction provided by the Board was an essential forum to ensure that residents understood the current state of restrictions within the area.

Case study two:

In order to provide assurance to residents and members regarding the local COVID-19 response, a Pandemic Response and Recovery Scrutiny Committee was established, which met seven times from June 2020 to October 2020. This committee scrutinised a range of topics including Test and Trace, care homes and domiciliary care providers, the recovery and reform plan, finance, and the economic impact of COVID-19. This essential form of public oversight and accountability improved both the quality and the credibility of the local response.

11.4 Sub-regional governance

Cheshire West and Chester will continue to collaborate closely with partners via the Local Resilience Forum, ensuring that local Test, Trace, Contain and Enable systems are aligned and work across borders.

The Cheshire Outbreak Co-ordination group is an example of good practice in bringing together political and officer leadership throughout the sub-region, with partners including the Police and Crime Commissioner, local authorities and the Local Enterprise Partnership represented. This forum has been meeting weekly since the new year and has ensured that the outbreak response throughout the region is consistent.

The Council will continue to work with partners via CHAMPS to co-ordinate work throughout the Cheshire and Merseyside region. The Council will work with Public Health England North West to provide outbreak management and contact tracing functions.