



Buckinghamshire Council Local Outbreak Management Strategic Plan

27 Apr 2021

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Plan iterations

Version Number	Version Date	Comments / Amendments / Updates
Draft v0.1	02 Mar 21	
Draft v0.7_AF	18 Mar21	Amended AF - hyperlinks
Draft v0.10_NR CW	18 Mar21	Review and edits
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Draft v0.15_NR	24 Mar 21	Review and edits
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Next Review Date	September 2021
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Plan Administration

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Cabinet Member	Cabinet Member Communities and Health

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Section 1 – Local Context

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Introduction by the
Director of Public
Health



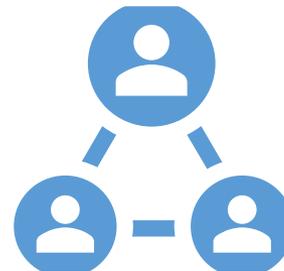
Local Area & High
Risk Groups



Inequalities



High Risk Settings



Resources

Introduction by Director of Public Health

The local outbreak plan is being updated to reflect the changing face of the pandemic in England. There have been welcome significant developments since our plans were first written – improvements in understanding of the impact of COVID-19 both biological and societal, some improved treatments, the widespread availability of testing, the availability of vaccines effective against the current dominant strains of coronavirus in the UK and some less welcome changes including the emergence of Coronavirus variants of Concern that may be more transmissible, cause more serious disease and potentially more able to evade current vaccines. The plan will be iterative to respond to the changing nature of the pandemic and new developments in drugs, vaccines, tests or technology.

This plan is informed by the [COVID-19 CONTAIN Framework](#), the development of a shared Public Health system strategy for COVID-19 between NIHP, TTC, PHE and the publication in February 2021 of the Government roadmap for exiting national lockdown.

Context

The phases of the COVID-19 pandemic for planning purposes in the UK may usefully be characterised by:

- Phase 1 widespread community transmission with high case rates and deaths
- Phase 2 lower levels of community spread with multiple outbreaks
- Phase 3 low prevalence with occasional cases and outbreaks

It is anticipated that we may move between these phases once lockdown is eased depending on the balance of social restrictions and behaviours, uptake of the vaccine and any mutations in the virus that reduce vaccine effectiveness as well as potential waning of immunity due to vaccination. Our plans must be flexible enough to react to the different phases.

From the first wave in Spring 2020 the situation in England has moved from Phase 1 to Phase 2 and 3 over Summer 2020, to be followed by a resurgence of the virus starting in London and South East of England in December 2020 where we entered into Phase 3 again and entered national lockdown in January 2021. As of March 2021 in Buckinghamshire we are entering Phase 3 with estimated prevalence of 0.3% and are now following the governments roadmap out of lockdown. See timescale below.

STEP 1 8 March 29 March

EDUCATION

8 MARCH

- Schools and colleges open for all students
- Practical Higher Education courses

SOCIAL CONTACT

8 MARCH	29 MARCH
<ul style="list-style-type: none"> Exercise and recreation outdoors with household or one other person Household only indoors 	<ul style="list-style-type: none"> Rule of 6 or two households outdoors Household only indoors

BUSINESS & ACTIVITIES

8 MARCH	29 MARCH
<ul style="list-style-type: none"> Wraparound care, including sport, for all children 	<ul style="list-style-type: none"> Organised outdoor sport (children and adults) Outdoor sport and leisure facilities All outdoor children's activities Outdoor parent & child group (up to 15 parents)

TRAVEL

8 MARCH	29 MARCH
<ul style="list-style-type: none"> Stay at home No holidays 	<ul style="list-style-type: none"> Minimise travel No holidays

EVENTS

- Funerals (30)
- Weddings and wakes (6)

STEP 2 No earlier than 12 April

At least 5 weeks after Step 1

EDUCATION

- As previous step

SOCIAL CONTACT

- Rule of 6 or two households outdoors
- Household only indoors

BUSINESS & ACTIVITIES

- All retail
- Personal care
- Libraries & community centres
- Most outdoor attractions
- Indoor leisure inc. gyms (individual use only)
- Self-contained accommodation
- All children's activities
- Outdoor hospitality
- Indoor parent & child groups (up to 15 parents)

TRAVEL

- Domestic overnight stays (household only)
- No international holidays

EVENTS

- Funerals (30)
- Weddings, wakes, receptions (15)
- Event pilots

STEP 3 No earlier than 17 May

At least 5 weeks after Step 2

EDUCATION

- As previous step

SOCIAL CONTACT

- Maximum 30 people outdoors
- Rule of 6 or two households indoors (subject to review)

BUSINESS & ACTIVITIES

- Indoor hospitality
- Indoor entertainment and attractions
- Organised indoor sport (adult)
- Remaining accommodation
- Remaining outdoor entertainment (including performances)

TRAVEL

- Domestic overnight stays
- International travel (subject to review)

EVENTS

- Most significant life events (30)
- Indoor events: 1,000 or 50%
- Outdoor seated events: 10,000 or 25%
- Outdoor other events: 4,000 or 50%

STEP 4 No earlier than 21 June

At least 5 weeks after Step 3

All subject to review

EDUCATION

- As previous step

SOCIAL CONTACT

- No legal limit

BUSINESS & ACTIVITIES

- Remaining businesses, including nightclubs

TRAVEL

- Domestic overnight stays
- International travel

EVENTS

- No legal limit on life events
- Larger events

Key Assumptions

We can anticipate a rise in cases as lockdown is eased and this has informed our multiagency forward planning on mitigation and response. A combination of approaches - biological, social, environmental and legislative will be needed to prevent and reduce the spread of the virus. This includes planning our response based on modelling of a third wave.

Key assumptions

- COVID-19 will become endemic in the UK.
- The government continues a suppression rather than an elimination strategy
- The virus continues to mutate giving rise to new variants risking vaccine effectiveness and potentially more serious or more transmissible disease.
- Vaccines will not be 100% effective and will have less than 100% uptake
- Imported cases will continue to arrive from areas of the world with lower vaccination rates and higher infection rates.
- Annual vaccination and in 2021 an autumn “booster” may be required for some or all of the population.
- Test trace and self isolate will continue to be a core component of our control strategy in the medium term but ability to self isolate will be influenced by a wide range of factors including sufficient financial support to do so
- The young working age adult population continues to drive transmission so vaccination of this groups is vital. Until they are vaccinated release of restrictions risks a surge in cases
- The risk factors for infection will continue to be those already identified throughout the pandemic including living in deprived areas, overcrowded or multi-generational households, those in public facing roles or unable to work at home, certain ethnic minority groups, and other vulnerable groups. The impacts will be felt most in key groups identified

Our plan will ensure a focus on addressing inequalities both in protecting communities from COVID, increasing community resilience and supporting recovery. We are building on the increased community engagement we have had during COVID to address many of the risk factors that drive worse outcomes from COVID and are responsible for many of the inequalities in health in Buckinghamshire. We have undertaken a detailed health impact assessment of COVID highlighting both direct and indirect impacts of COVID which is being used to inform our place based recovery plan.

Objectives

Objectives

- Protect the health and wellbeing of residents by reducing COVID infection and illness rates
- Support the safe release of restrictions following the governments roadmap
- Support residents, communities and businesses to adapt to living with COVID
- Ensure all plans help reduce inequalities in the impact of COVID on key communities

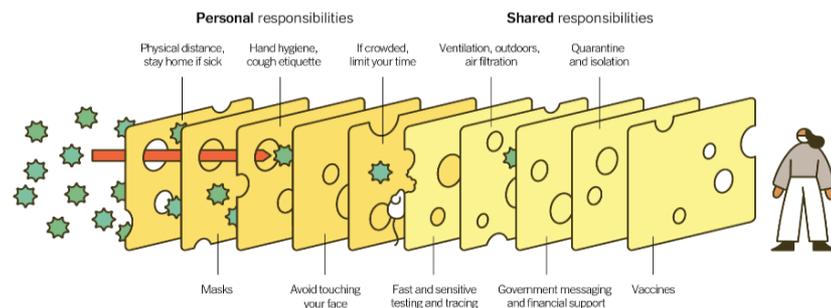
This plan is part of the overall place based health and wellbeing recovery plan. Our plan incorporates:

- | | | |
|--|--|------------------------------|
| • Surveillance | • Higher Risk Settings | • Support for self-isolation |
| • Test, Trace and Isolate Programme | • Vulnerable and underserved communities | • Outbreak Management |
| • Outbreak Identification and Rapid Response | • Vaccination Programme | • Governance |
| • Community Testing | • Action on enduring transmission | • Resourcing |
| • Responding to Variants of Concern (VOC) | • Data integration and information sharing | • COVID Secure |
| • Non-Pharmaceutical Interventions (NPIs) | • Communications and Community engagement | • Compliance and enforcement |

With lockdown restrictions easing it is more important than ever that we all work together to keep our communities safe, and **the Swiss Cheese Model** (right) is a useful reminder that multiple precautions are still necessary to help reduce the spread of the virus and infection. As we begin to move towards Recovery, we must also address the inequalities in the impacts (both direct and indirect) that have been felt by different communities during the pandemic, so that our recovery makes us stronger as a county and this is the focus of our separate place based recovery plan.

Multiple Layers Improve Success

The Swiss Cheese Respiratory Pandemic Defense recognizes that no single intervention is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.



Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong



Local Area and Covid-19

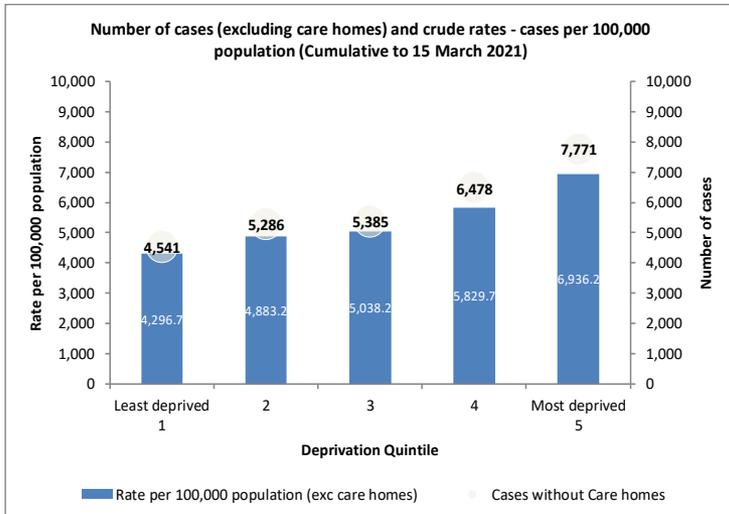
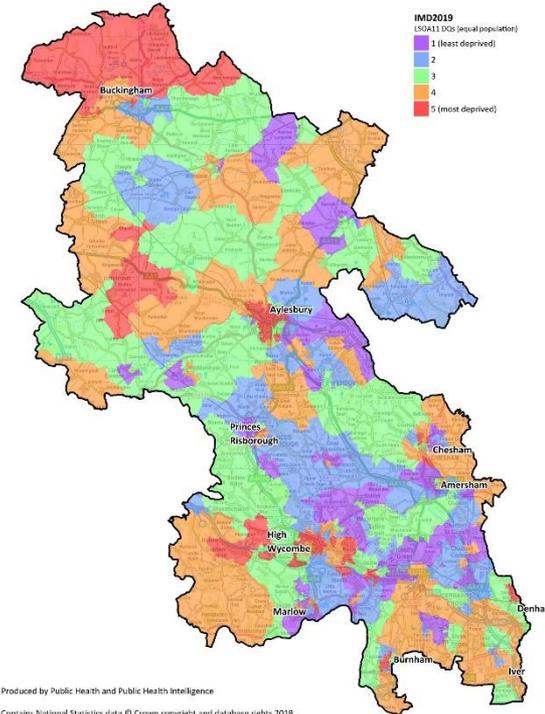
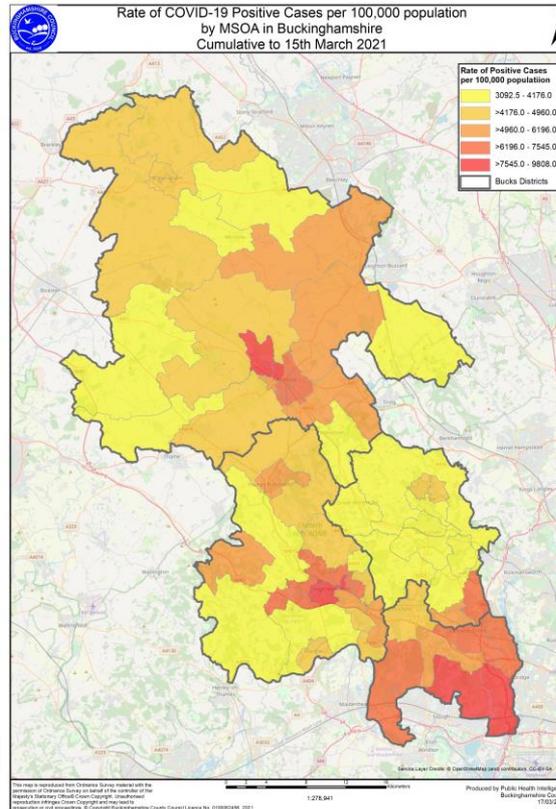
Over half a million people live in Buckinghamshire which is a unitary local authority. The southeast and east of the county fall within London's commuter belt. The largest population centres are Aylesbury town and High Wycombe which also contain some of our most deprived areas. Buckinghamshire includes rural, semi-rural and urban areas and is comprised of 16 Community Board areas. (Map to the right)

The first Buckinghamshire COVID-19 case was recorded on 6 March and was linked to overseas travel. Since that time over 30,000 Buckinghamshire residents have tested positive. The county's cumulative rate per 100,000 is therefore 5,651 as of 18 March 2021.

Deprivation and COVID-19

In Buckinghamshire, deprived communities have been particularly hard hit by COVID-19 (see the map below). Using the Buckinghamshire-specific Deprivation Quintiles, the most deprived quintile has a rate of 7,771 cases per 100,000 from the start of the pandemic to 15 March 2021. This compares to a rate of 4,541 per 100,000 for our least deprived (See table below).

To the right are maps of our cumulative incidence rates across the pandemic and a map of our deprivation quintiles. These show that the highest case rates by MSOA have been in areas of Aylesbury, High Wycombe and the Ivers. These are all areas of relatively higher deprivation in the county.



Understanding COVID-19 in Buckinghamshire

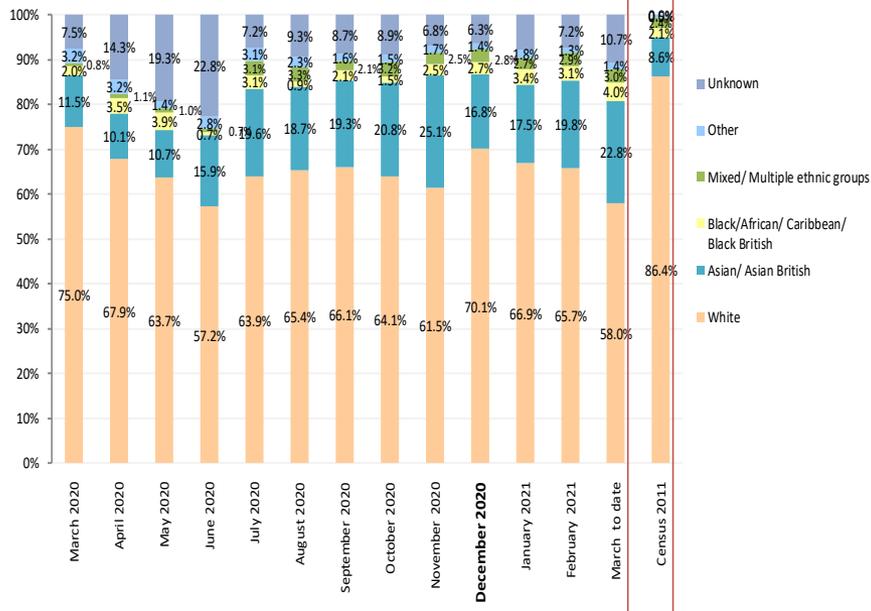
COVID-19 has not affected all residents of Buckinghamshire equally. COVID has replicated our existing inequalities and this is reflected in the case rates, admissions rates and deaths for Buckinghamshire residents. Infection rates are higher in our more deprived areas but there are also higher rates of infection and admission in different ethnic groups. These communities have been shown to be at an increased risk of poorer COVID-19 outcomes. We also know that COVID has had greater impact in older people and other vulnerable groups and those with long term conditions.

COVID-19 Impacts on Residents from Ethnic Minority Groups

In Buckinghamshire, 13.6% of the population are from ethnic minority communities compared to 9.3% across the South East Region and 14.6% for England. The largest minority group is the Asian/Asian British group which constitutes 8.6% of Buckinghamshire residents (5.2% South East, 7.8% England). People who are black, African, Caribbean or Black British make up 2.1% of the Buckinghamshire population compared to 1.6% in the South East and 3.5% in England. The chart below shows how these communities have had disproportionately higher rates of cases across the pandemic.

Since the pandemic began in March 2020, Buckinghamshire's Public Health team has closely monitored which communities and cohorts are most at risk from both getting COVID-19 and those who are most at risk from the worst COVID-19 outcomes. We do this weekly by ethnicity, age and deprivation. We monitor hospital admissions monthly to see which groups and cohorts are being admitted disproportionately.

Monthly COVID-19 cases by ethnicity, Buckinghamshire



A review of COVID-19 related admissions to Buckinghamshire Healthcare NHS Trust found that compared to the Buckinghamshire population estimates in the 2011 census, individuals from ethnic minorities appeared to be over-represented in the cohort of residents who were admitted to BHT with COVID-19.

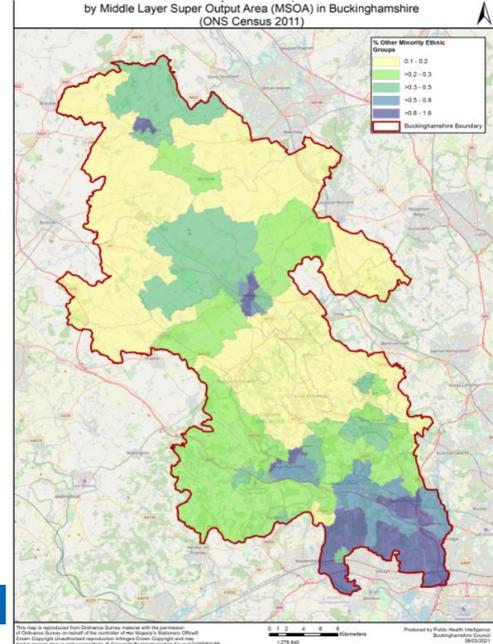
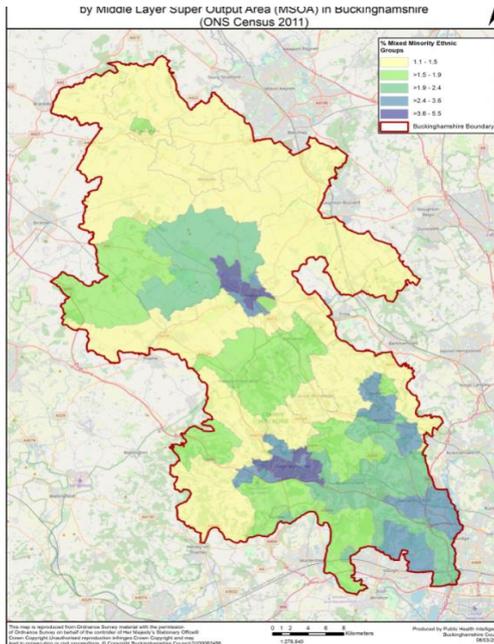
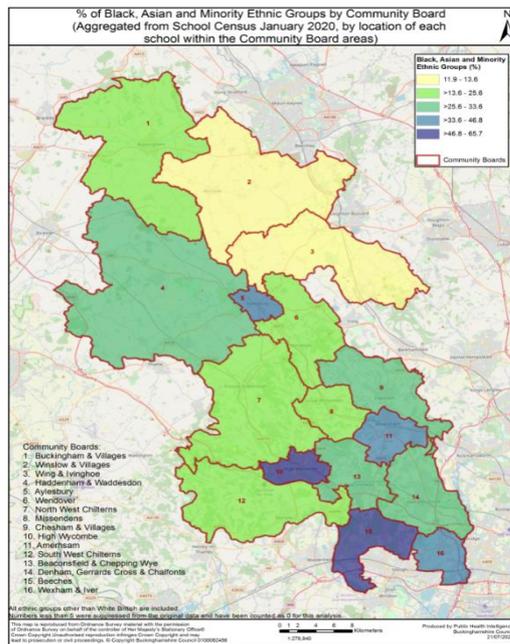
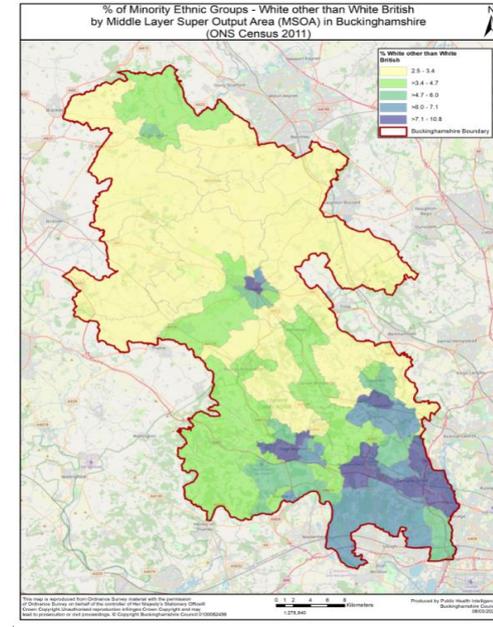
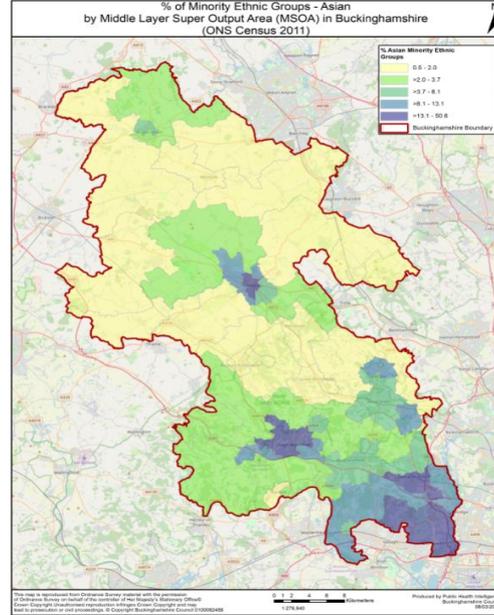
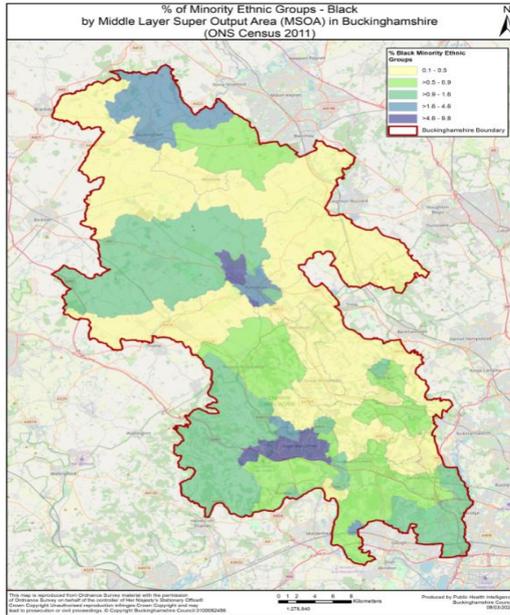
Individuals from ethnic minorities admitted to hospital tended to be younger:

- The average (mean) age individuals from ethnic minorities admitted to hospital was 57.7 years, compared to 74.5 years for White individuals
- 21.7% of individuals from ethnic minorities were aged 70 years or over, compared to 65.6% of White individuals

Due to the lack of ethnicity on death certificates, it is not currently possible to state whether or not ethnic minority communities have been harder hit by COVID-19 related-deaths in Buckinghamshire.

Geographical Distribution of Ethnic Minority Communities

The maps show the geographical distribution of ethnic minority communities in Buckinghamshire. Data are based on Census 2011 and therefore should be treated with a certain amount of caution. However, we incorporate local insight and other intelligence to ascertain more accurate understanding of distribution (e.g. schools census).



Older Age Groups

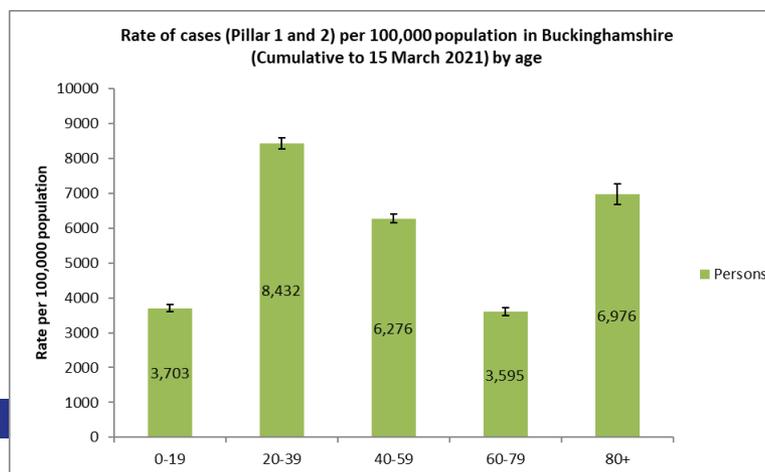
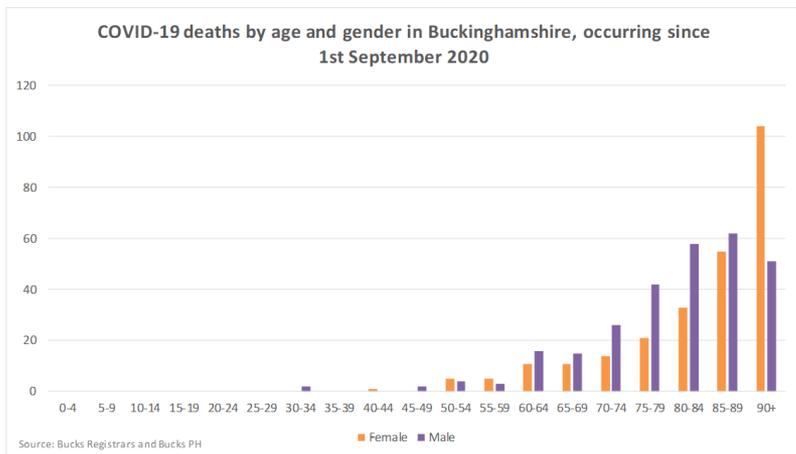
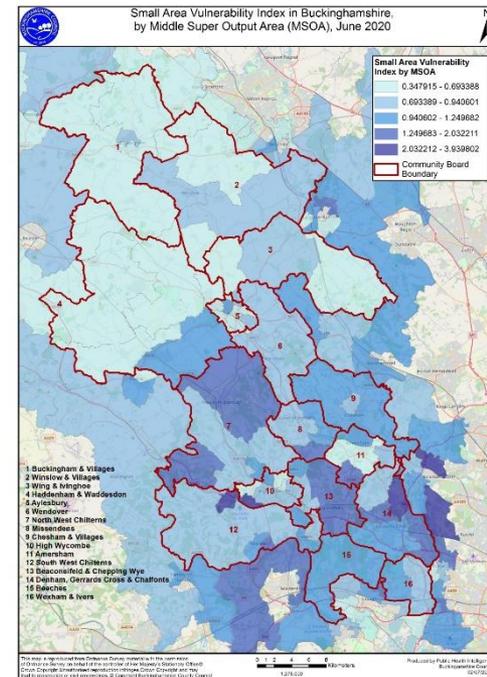
A key health and care challenge facing Buckinghamshire is the ageing population. The proportion of the total population aged over 65 is currently 18.8%, and 2.7% of the population are aged 85 years or older. This cohort had contributed to a large proportion of our local COVID-19 related admissions to hospital and deaths (graph of deaths by age below) despite the highest rate of cases being in the 20-39 year old cohort (graph below)

The Small Area Vulnerability Index (SAVI) is a measure of COVID-19 vulnerability. It provides a measure for each area that indicates the relative increase in COVID mortality risk. The map for Buckinghamshire below shows higher risk in the South of the county, particularly around areas including Wycombe, Princes Risborough and Beaconsfield. This map has been used to support locating our local testing sites, where to focus communications and where to target other preventative interventions.

Forward Planning

Planning for future waves is constantly considered and reviewed to inform our systems plans. Buckinghamshire keeps abreast of the latest modelling done by SPI-M-O, co-chairs the Thames Valley intelligence and modelling cell and liaises with NHS modelling colleagues to try to predict timing and height of next wave.

We are anticipating further waves as national restrictions are eased while the young adult cohorts who are driving the epidemic in Buckinghamshire are not yet vaccinated. Although we have good vaccine uptake in the older cohorts, there are key groups with lower uptake including people from our ethnic minority communities. We are seeking to map areas and groups where uptake is low and are targeting these with bespoke interventions and communications. We are also aware that no vaccine is 100% effective, immunity will wane and new variants will arise that may reduce vaccine effectiveness.



Covid-19 has had a disproportionate impact for certain groups and communities, and has exacerbated existing health inequalities. Risk and outcomes from Covid-19 infection are known to vary by age, gender, deprivation, ethnicity, geography, occupation, place of residence and for people with pre-existing comorbidities and disabilities. Through our local response to the pandemic, the roll out of the vaccine in Buckinghamshire and into recovery, we want to support our communities to “level up”.

We utilise the local data that are available to us to monitor infection rates in our communities by factors such as age, geography, ethnicity and deprivation. This, combined with local insight and coincidence reports in combination with PHE shared intelligence is used to identify populations and areas at greater risk so that we can take targeted action.

We work with key partners, through established relationships to tailor our responses to address inequalities in local outbreaks, enduring transmission and emergence of VOC situations. Such partners include communities (with Councillors and Community Boards), the VCS (including faith groups and the Buckinghamshire BAME network) and businesses.

Our approach to reducing inequalities in infection and outcomes includes:

- Targeted, culturally competent communications and community engagement to support individuals and organisations to take steps to reduce the risk of covid-19 infection and transmission
- Targeted, culturally competent communications and community engagement about when to get tested and how to arrange a test
- Support for people to self-isolate when needed, including making sure people can access food and medicines and financial support where appropriate
- Targeted, culturally competent communications and community engagement to increase confidence in the covid-19 vaccination programme + piloting new ways of delivering the vaccine to improve access for underserved communities
- Partnership working, at Place, to take strategic action to tackle inequalities in Covid-19 for ethnic minority Communities. Our ethnic minorities Action Plan covers 6 priority areas: 1. Better Data (particularly with reference to improving NHS ethnicity data) 2. Culturally Competent Communication Campaigns 3. Enhanced Community Engagement 4. Culturally Competent Health Promotion and Disease Prevention 5. Protecting staff from ethnic minorities at work 6. Tackling the impact of Covid-19 on patients from ethnic minorities and service users
- Addressing the underlying factors that contribute to the unequal burden of covid-19 infection: levelling up cardiovascular disease risk for deprived and ethnic minority communities is our ICP inequalities priority

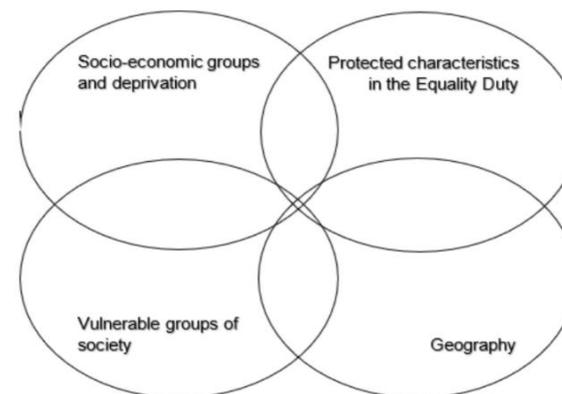


Figure 1. Groups usually considered for health inequalities.

From <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

Action to Address Inequalities

- Buckinghamshire Council has established a BAME Members Reference Group, that provides feedback about the impact of the pandemic on their communities, the design of communications materials and support the dissemination of public health messages through their channels.
- A new BAME network has been established for Buckinghamshire. Meetings have provided opportunities to share evidence about the risk to ethnic minority communities, public health messages and feedback from community members. Through these links, we have been able to share public health messages through other fora, including a local Black History Month webinar
- Communications Plans have been developed, reviewed and updated throughout the pandemic to share key public health messages throughout the pandemic. Specific Communications Plans have been developed for ethnic minority communities and also for significant faith events, such as Ramadan. These plans have been developed with advice and input from our BAME Members Reference Group and representatives from the separate BAME Network. A range of culturally competent communications materials have been developed, including leaflets and videos translated into key languages. This has been a significant focus of the vaccination programme communications, including identifying trusted community leaders speaking positively about their vaccination experience.
- Public, online Covid-19 briefings have been given, in conjunction with local Community Boards, in areas that have higher infection rates and/or populations at greatest risk of infection and outcomes (e.g. living in our most deprived areas)
- 1:1 conversations with faith leaders from ethnic minority communities and Public Health specialists have been offered, to share information, gather insight about what issues are affecting communities and provide practical advice on safer worship when faith settings have been open
- We have set up pop-up vaccination clinics for ethnic minority communities in consultation with community leaders in several mosques and other community settings and run pop-up clinics for homeless people.
- The Community Engagement team continue to develop and grow their links with our communities most at risk from Covid-19 infection and outcomes, in particular prioritising ethnic minority communities, people with disabilities and Gypsy, Roma and Traveller communities.
- A new community engagement officer for ethnic minority communities has been appointed.
- We have undertaken targeted work to share key public health messages and advice with taxi drivers in Buckinghamshire, as a workforce that has operated throughout the pandemic, are known to be at increased risk of Covid-19 infection and have significant numbers of people from ethnic minority communities. We are encouraging testing in these groups.
- NHS colleagues continue to work towards improving ethnicity data.

High Risk Settings – Education

Most schools have been partially open during the pandemic and have been supported to adapt their working practices to the national guidance on social distancing and cleaning in educational settings. A primary prevention approach to COVID-19 outbreaks in Buckinghamshire educational settings has been adopted by all partners, with multi-agency support provided to enable them to reduce the likelihood of outbreaks by adjusting working practices in accordance with the national guidance on social distancing, enhanced cleaning, hand and respiratory hygiene. In Buckinghamshire there are:

- 544 Childminders;
- 292 Day nurseries/Sessional preschools/Nursery units of Independent Schools;
- 184 State Primary Schools;
- 36 State Secondary Schools;
- 10 State Special Schools;46 Independent Schools;
- 3 FE Colleges;
- 3 Universities (see Higher Education Settings).

Throughout the pandemic, educational settings have been operating and most schools have been partially open with support to adapt their working practices to the national guidance on social distancing and cleaning and infection prevention and control.

PHE have provided supplementary guidance (Feb 2021) for schools and produced internal Standard Operating Procedures (SOP) for test and trace of outbreaks in educational settings including childminders, nurseries, special schools, boarding schools, schools and further education colleges, and universities. [Coronavirus \(COVID-19\): Education, universities and childcare - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/coronavirus-covid-19-education-universities-and-childcare)

The Educational Settings Resource Pack and Flowcharts produced by Public Health England (SE) include an updated SOP and FAQs. As the number of COVID-19 cases and educational settings affected has increased, schools, and other settings, have become more proficient and experienced in managing COVID-19 in their own settings together with local authorities and other partners. The pack provides the information and resources to carry out on-site risk assessments and advice on when to approach the Department for Education or HPT for advice. There are escalation criteria for contacting the (South East) Health Protection Teams. This criteria is outlined in the school education pack appendix, which is updated regularly. This is further supported by national guidance and SOPs for university settings.

PHE will continue to update internal Standard Operating Procedures (SOP) for test and trace of cases and outbreaks in educational settings. Possible triggers for setting up an IMT/OCT for a higher education setting:

- Type of setting (Primary, Secondary, Special School, PRU, Nursery, Child-minder)
- Current numbers of staff and pupils in school/EYS
- Total number of staff and children confirmed or symptomatic
- Trajectory of case numbers (i.e. rising significantly)
- Vulnerability of the school/EYS population
- Severity of cases (hospitalisations/deaths)
- Current social distancing and IPC measures
- Anxiety levels in school community
- Media interest/coverage
- Other factors

High Risk Settings – Education

Schools

School attendance is an integral part of children's overall wellbeing and development, and schools across the County have been working hard to implement COVID-secure ways of working and teaching, as part of their continuing efforts to maintain schools as safe places for children. To support these efforts and help manage changing needs, schools across the County, including those for SEND pupils, have access to routine and responsive support from the Council's Education and Public Health teams. To support these efforts and help manage changing needs, schools across the County, including those for SEND pupils, have access to routine and responsive support from the Council's Education and Public Health teams.

Children have already missed out on significant periods of time in school over the course of the pandemic and the importance of limiting any further time spent out of school is recognised in the wider context of limiting the spread of coronavirus. Schools are generally safe places for children to attend and transmission in these settings is highly limited by the implementation of the 'system of controls' as set out in national guidance. We are also cognisant of the impact of the pandemic on the wellbeing of staff in educational settings and this also informs our approach to providing support. Staff in educational settings have responded quickly to several changes in operational guidance and have been affected also by requirements to self-isolate and shielding advice.

As part of the national roadmap, asymptomatic testing is in place for school staff, secondary school students and their households/bubbles, which provides an additional factor to limit the spread of coronavirus in these settings. In January, rapid-result tests began in schools and colleges, starting with secondary schools and FE colleges, including special schools and alternative provision. Home testing is available via Community Collect for households/bubbles of students/staff attending educational settings. The Education and Public Health teams within the Council will continue working closely together and with schools to support this programme, which will supplement the measures already in place within schools, such as cohorting pupils in bubbles, to minimise the risk of transmission and outbreaks in these settings. Schools have their own outbreak plans.

Asymptomatic Lateral Flow Device (LFD) Testing

- Students and staff in secondary schools have been testing twice a week at home using LFDs to identify asymptomatic cases, after the initial period post-reopening, during which time students were tested three times on-site at school.
- Staff in primary schools, school-based nurseries and maintained nursery schools also test twice-weekly at home as well.
- Households or bubbles of staff and students attending school are eligible for twice-weekly asymptomatic LFD testing now. They can access tests through the Community Collect programme or, for those unable to access Community Collect, such as shielding people, can order deliveries online.
- The Council will continue to support schools implement, record and act on testing, particularly in response to positive tests and any outbreaks identified.
- We continue to monitor case rates by age group (pre-school, primary and secondary school and 16-18 years) to monitor and respond to trends especially as schools re-open as lockdown eases

Schools Cont'd

Support

- School Leads meetings take place twice-weekly to enable a continuous dialogue between schools and the Education and Public Health teams within the Council.
- Regular 'Huddles' are also set up as needed to facilitate communication with a wider range of Headteachers.
- Schools have access to the Local Authority Public Health mailbox for more specific queries or those that arise outside of these meetings.
- Educational settings can contact a dedicated DfE helpline, available Monday to Friday from 8am to 6pm (plus Saturday to Sunday 10am to 6pm for advice about cases or other COVID-19 related issues) for support in managing cases.
- There is a mechanism of escalation by which the DfE can escalate to the HPT for management of complex cases and situations.
- In some scenarios, including a defined set of escalation criteria set out in 'Interim PHE SE Settings Group COVID-19 Resource Pack for Educational Settings', schools may need to contact the HPT directly, which they are also able to do by email or phone.
- All cases and situations in educational settings should be reported to the Local Authority.

Daily Contact Testing (DCT) Pilot

- A pilot study on daily contact testing in schools is currently recruiting schools to participate in a cluster randomised controlled trial, nationally.
- Schools will be randomised to a 'control' group (where contacts will have to self-isolate as per national guidance) or an 'intervention' group (where contacts will be able to have daily testing and attend school upon a negative result, for each day of testing).
- It is understood that trial investigators will inform Local Authorities of any participating schools, for awareness. Outbreaks will continue to be managed as for other schools, with input from PHE, DfE and LAs, as required.
- As yet, we are unaware of any schools participating in the pilot study in Buckinghamshire.

New Guidance

- Adopting new guidance pertaining to children returning to Boarding School return from red list countries .
- Children's Home packs will be available for cases within Children's Home

High Risk Settings – Care Settings

Care Settings include Care Homes, Supported Living, Domiciliary care and Respite. In Buckinghamshire there are 131 care homes, with up to 4,500 residents and a large staff group. Public health & adult social care work in partnership with multi agency teams to manage outbreaks and reduce the risk of transmission. We have developed the [outbreak control plan](#) to provide operational guidelines for the management of outbreaks of coronavirus in care homes. To accompany the plan, we have produced a [checklist and action plan template](#). These are used to develop the response to an outbreak in a care home and to review current policies and practice. We have developed a comprehensive approach to support and manage outbreaks in care homes through our Provider Cell which reports to the weekly multi-agency Care Homes Intelligence Group and the bi-weekly Care Homes Steering Group.

Our Provider Cell monitors Care setting with outbreaks and offers support detailed in the Care homes outbreak plan and in the Enhanced offer: <https://www.buckinghamshire.gov.uk/coronavirus/social-care-providers-hub/additional-support/covid-19-support-offer/>. We convene meetings with care homes, social care and wider system partners to discuss bespoke support where this is required. As part of their regular contract oversight, commissioners undertake contract management visits to care settings and support providers using a risk based framework. Safeguarding, social care and wider system partners are involved in these visits where required.

We use the following mechanisms to gain intelligence in regards to care homes, all of which is fed in to a Weekly Outbreaks Report and shared system wide through the weekly Care homes Intelligence Group and discussed through internal Quality monitoring group.

- NHS Capacity tracker- Completed by the provider and gives information on bed capacity, vaccination completion for staff and residents, Outbreak monitoring through COVID cases suspected and confirmed, Testing compliance, PPE, Workforce and Flu.
- Health protection reports on outbreaks
- Intelligence through the Care homes intelligence group (multi agency group) to identify triggers, escalation, IPC advice and guidance.
- Information from Commissioners, Adult Social Care and other professionals connected to care homes
- Surveillance and Monitoring - we are proactively reviewing care home cases against vaccine status and intend to review all individual cases once data for vaccine line list data becomes available.

New guidance for care home visiting applies from 8 March 2021 and replaces earlier versions of guidance on care home visiting. This guidance applies to care homes for working age and for older adults. At Step 2 of the Roadmap, the Government will take a decision on extending the number of care home visitors to two per resident and set out a plan for the next phase of visits. National guidance on visiting care homes is communicated to all care homes when released and updated. We have delivered webinars to support with risk assessment. [Guidance on care home visiting - GOV.UK \(www.gov.uk\)](#).

High Risk Settings –Care Homes

Care homes are a priority group within the COVID mass vaccination programme. Vaccinations in care homes have been delivered against the National guidance and SOP's released by Government. Vaccinations have been delivered on a roving model by GP's linked to PCN's in to Care homes. With 94% care home residents vaccination uptake, there is a mechanism in place to administer vaccinations to any remaining care home residents. COVID-19 second dose vaccinations have been initiated. The Provider Cell supplies intelligence and insights to the Buckinghamshire system wide Vaccination cell.

- [Briefing template \(england.nhs.uk\)](https://www.england.nhs.uk/consult/other/briefing-template/)
- [Coronavirus » Guidance for COVID-19 vaccination in care homes that have cases and outbreaks \(england.nhs.uk\)](https://www.england.nhs.uk/consult/other/coronavirus-guidance-for-covid-19-vaccination-in-care-homes-that-have-cases-and-outbreaks/)
- <https://www.gov.uk/government/publications/covid-19-vaccination-a-guide-for-social-care-staff/covid-19-vaccination-a-guide-for-social-care-staff>

As of 3rd week of March 2021, over 165,000 people have received first doses, and work continues with care home staff who receive vaccinations through the National System.

Testing: Regular testing of both care home residents and staff, via the Department of Health and Social Care testing programme.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963633/Care_Home_Testing_Guidance_England_v22-02_2.pdf

We continue to work with PHE to monitor and react to any outbreaks in prison settings.

We have 3 Prisons or Young Offender Prisons in Buckinghamshire. Public Health staff are notified via PHE and attend a OCT if deemed appropriate..

Prisons are cohorted to manage cases - Prison Governors, Directors and IRC Managers must survey their establishments for suitability for cohorting and conduct risk assessments on the co-location of people who would normally be kept separated. And plans are developed alongside prison clinical and health care staff and specialist public health advice.

Cases are often picked up through transition of prisoners or detainees between sites of transition into the community.

Prisons have access to symptomatic testing and have plans for self isolation. We can support asymptomatic testing where it is deemed appropriate.

We have been able to provide testing support during outbreaks and MTU's and work with Fed Bucks and pillar 2 testing to offer additional support.

All individuals should be seen by healthcare services as part of the preparations for release.

Prisons are (where applicable) asked to notify their local HPT of any cases or close contacts of known cases that are returning to the community (particularly those with no fixed abode) before completing a full period of protective isolation, for example at least 10 days for cases or 10 days for close contacts.

The local authority must be made aware of any cases or close contacts of known cases with no fixed abode.

Probation services and approved premises/hostels are required to facilitate appropriate self-isolation if the person is symptomatic, or has had a positive test for COVID-19, or has had contact with a confirmed case.

Surveillance

Spring Hill is a men's open prison. It is jointly managed with HM Prison Grendon, which is on the same site. with HM Prison Spring Hill peaked shortly after Christmas with 25 reported resident cases (of 292 residents and 8 of 13 huts). As of 4 January 21 the incidence has fallen with a total less than 30 cases. The last resident case was reported on 12 Feb 2021 and identified through the transferred prisoner testing programme in with HM Prison Grendon - Grendon had a contactor case in October.

YOI Aylesbury – the two rounds of resident screening did not identify cases by way of asymptomatic cases. They continue to have a few (likely community-acquired) cases in staff. Staff peak week was 25-31 Jan 2021 with 11 staff including 7 prison officers. We continue to use established PHE procedures to manage outbreaks in prisons and other prescribed places of detention, linking with Health and Justice teams in PHE and NHSE, and HMPPS Health and Social Care.

[Preventing and controlling outbreaks of COVID-19 in prisons and places of detention - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585671/multi_agency_prison_outbreak_plan.pdf)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585671/multi_agency_prison_outbreak_plan.pdf

Coronavirus (COVID-19) and prisons - Visit someone in prison during the coronavirus (COVID-19) pandemic - GOV.UK (www.gov.uk)

Resourcing, Recovery and BAU

- As the number of infections drops we are beginning to return to business as usual (BAU) but to continue COVID-19 work, and to be able to manage any future surge or new wave we will continue to need DHSC funding
- Re-purposed staff returning to former roles now have additional skill sets that can be used again when required. We have taken on additional resource to enhance skills and capacity in dealing with major incidents.
- We will maintain additional staff for the remainder of 2021 at least to ensure we can monitor, anticipate and respond to COVID-19 related requirements.
- We will maintain Assisted Testing Site facilities but are transferring some of this capacity (which can be stood up again, as required) to enable Community Collect and we are encouraging home testing for a wide variety of settings
- We are submitting proposals for OIRR to better enable identification and management of outbreaks and risks of outbreaks. Participation in this will be dependent upon additional funding and close and effective working with the local health protection team. In the event of a very substantial increase in case numbers we will deploy more staff and, if necessary, look to reduce the number of cases we pull down from the Integrated Test System
- We will support self-isolating people with, among other things, several outbound calls to all (other than those in hospital or prison) to provide ongoing support and advice. Should numbers increase significantly we will use a prioritisation system to support those in greatest need
- Capacity planning, and capacity requirements are reviewed regularly by Public Health and partners. There is currently sufficient capacity to execute the Local Outbreak Plan. However, as the plan evolves, new actions may arise (i.e. new variants) which place greater demand on Public Health and the wider system, which may impact on the ability to respond effectively. Forward planning and use of modelling outputs is being utilised to capture any risks to response. Staffing is reliant on the Contain Outbreak Management Fund (COMF) and availability of other funds.
- We are reducing the frequency of COVID-response related meetings and returning to a new business as usual (BAU) in which COVID-19 remains a key element. The Health Protection Board has been meeting weekly but is now standing down to once every 3 weeks, with regular ongoing sharing of intelligence and insights. Our daily System wide meetings with NHS leaders and partners are scaling down to weekly, to still ensure a system wide coordinated response.
- Public Health reviews surveillance data on a daily basis and will undertake deep dives with PHE and Environmental Health colleagues weekly. EH teams continue to identify high risk settings on the basis of business size, activity type and possible impact of an outbreak. We continue to work closely with social care, care homes and system partners, meeting weekly.

Recovery and BAU: System Working

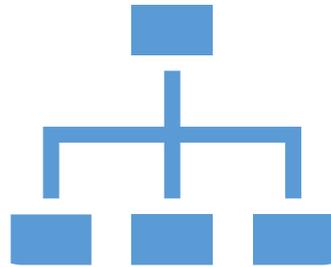
- Our preparation for winter and potential surge of other respiratory infections has commenced
- A single mailbox has been running since February 2020 for provider COVID-19 related queries – monitored by the Provider Cell.
- Regular email communications have been sent to care setting providers to update on local and national COVID-19 information, resources and support.
- Throughout the pandemic we have run webinars on a range of topics relevant to COVID-19 both to provide support and to upskill the workforce. Topics covered include working safely in care homes, dementia, mental health and wellbeing, verification of deaths, medicines optimisation and hydration, vaccination, infection control, visiting, COVID-19 testing. These have been delivered by a range of partners including the Council, Oxford Health, Alzheimer's Society, BHT and the CCG.
- Our CCG super trainer led a team from the CCG and Fire Service to deliver free PPE 'train the trainer' sessions via a mix of face to face and online sessions. This allowed one person in each care setting to be trained in donning and doffing and then to disseminate this to wider staff groups.
- We have commissioned a programme to deliver cleaning training free of charge to 50 care homes. Care settings will be able to send up to 3 people to accredited training. They will then receive 3 cleaning audits over the 12 months following the audit.
- We have adopted "train the trainer" and skills transfer approaches to ensure resilience and sustainability – e.g. training on infection control and rehabilitation skills in care homes
- We have been successful in securing £15k from the LGA for BHT Therapy to train targeted care home and domiciliary care staff with a basic knowledge of how the human body works and rehabilitation and reablement skills. This will be via a train the trainer model. The project will support Home First providers to help them improve their carers skills in home based reablement and rehabilitation.
- We undertake desk top exercises and adopt a lessons learnt approach to ensure continuous improvements for all our initiatives.
- Buckinghamshire place based recovery plan is being developed across health and care focusing on key priorities, including reducing inequalities, addressing mental health, maternity, cardiovascular disease.

Section 2 – Governance

Click on box to access the required page



Governance



Health
Protection Board



Outbreak
Management



Clinical
Governance



Governance – Local, National and Regional



Managing outbreaks is very dynamic. The Contain framework sets out how LA alongside their national regional and local partners prevent manage and contain outbreaks of Covid 19. [COVID-19 contain framework: a guide for local decision-makers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-contain-framework-a-guide-for-local-decision-makers)

The overarching aim is to empower local decision-makers to act at the earliest stage for local incidents, and ensure swift national support is readily accessible where needed. This Local Outbreak Plan builds on existing health protection plans and put in place measures to contain any outbreak and protect the public's health.

The Director of Public Health is responsible for defining the measures required to do this. Local Outbreak Control Plans are required by national guidelines to consider seven themes: care homes and schools; high risk places, locations and communities; local testing capacity; contact tracing in complex settings; data integration; vulnerable people; and Local Boards.

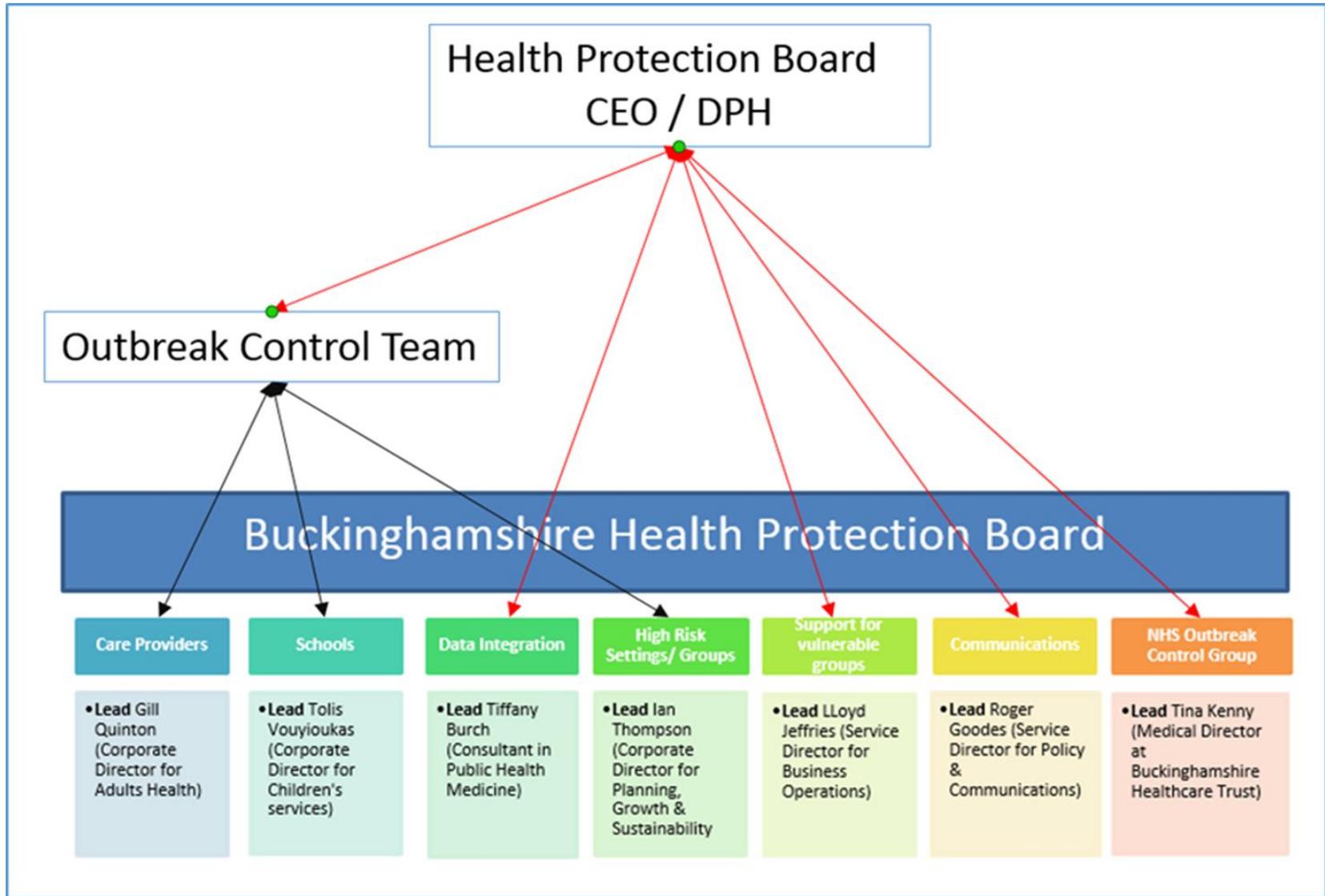
Buckinghamshire Member Recovery Board -The Buckinghamshire Member Recovery Board has taken on the responsibility of linking health protection efforts during the pandemic with the democratic process. This board will have oversight of any outbreak response planning by the Health protection Board (see below), provide direction and leadership for community engagement efforts and approve public facing communications and oversee Recovery.

Health Protection Board -The Buckinghamshire COVID-19 Health Protection Board (HPB) brings together senior representatives from Public Health England, the local NHS Trust and CCG, the Local Resilience Forum and local Public Health team. The membership also includes senior council officers with responsibility for settings which may be vulnerable to outbreaks (e.g. schools, care homes) and for council services which are integral to comprehensive outbreak response (e.g. communications, resources, environmental health).

- The primary role of the HPB is to ensure that robust measures are in place in Buckinghamshire to prevent, identify and contain outbreaks of COVID-19 and to protect the health of residents through strategic partnership working across the system.
- The Board is advised by the Director of Public Health and chaired by the Chief Executive of Buckinghamshire Council.

Thames Valley Local Resilience Forum -The Thames Valley Local Resilience Forum (LRF) will support local health protection arrangements working with the HPB directly through the Strategic Coordinating Group (SCG), Tactical Coordinating Group (TCG), and several cells and sub-groups, including; Community Hub Working Group, Social Care Working Group, Modelling Cell, Media Advisory Cell, Testing Groups, LRF Mutual Aid Cell

The LRF is able to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak, if required. We are ready and preparing for a potential third wave.



Outbreak Management

Outbreak Control Team (OCT)/Incident Management Team (IMT)

The South East (SE) of England Standard Operating Procedure (SOP) for Joint Management of COVID-19 Outbreaks sets out a framework for working across PHE SE, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. In accordance with this SOP Buckinghamshire Council support the effective delivery of local COVID-19 outbreak plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

The overarching joint approach to managing complex cases and outbreaks will be as follows:

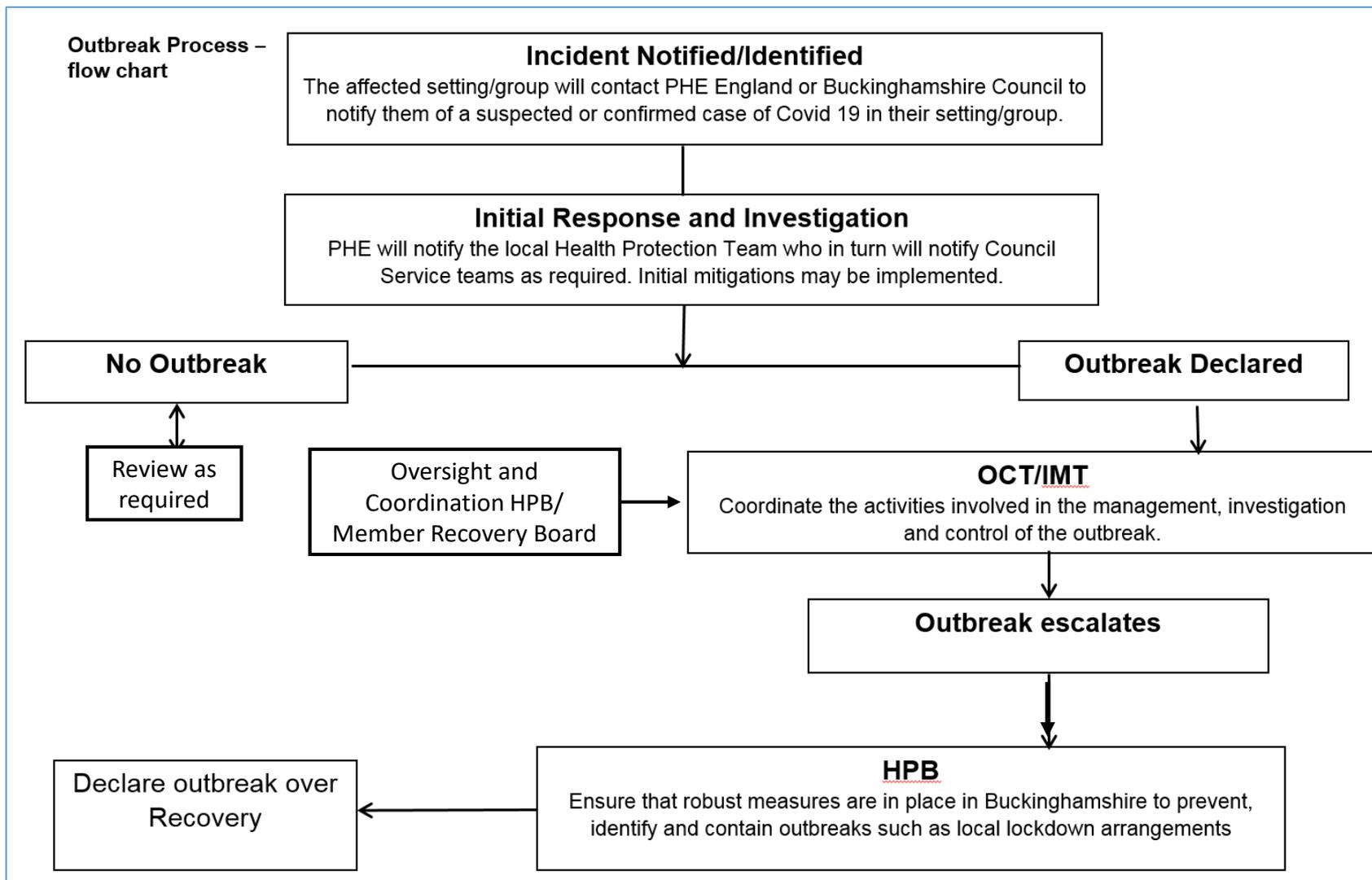
- PHE may arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.
- PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak
- The local system (LA or CCG) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating

Working with Thames Valley Health Protection Team

Thames Valley Health Protection Team (HPT) continues to work closely with Buckinghamshire Council in identifying and responding effectively to outbreaks, COVID-19 variants of concern, and any worrying trends in incidence of cases. The health system has a shared responsibility for the management of outbreaks of COVID-19. HPT will support partners with their specialist skills in communicable disease control, in identifying outbreaks, and in appropriate risk assessment for measures to be taken. They support local outbreak control teams as appropriate.

HPT conducts detailed follow-up of everyone identified as having a variant of concern. Possible contacts and potential sources of infection are identified. HPT arranges further testing of individuals as required. In cases where transmission may have occurred locally from an unidentified source, they will advise whether community-wide testing via Operation EAGLE is required.

Post code coincidence reports (from forwards contact tracing) are currently reviewed by local authorities. HPT is conducting a pilot of a more systematic and consistent approach to this. If the trial is successful, HPT will recommend this for all local authorities in Thames Valley, and will support them to implement this approach as part of a new, joint facility to rapidly identify outbreaks and settings of concern, known as Outbreak Identification and Rapid and Response (OIRR). As part of OIRR, HPT will continue to review postcode coincidence reports and will also review common exposure reports (from backwards contact tracing), alongside the Council. Outbreaks and settings of concern identified through review will be jointly assessed for any actions required, which will be tailored individually to each situation as it arises. The Health Protection Board provides governance and strategic oversight of these collaborative efforts to prevent, identify and contain outbreaks of COVID-19 and to protect the health of residents of Buckinghamshire.



We have robust clinical governance in place for testing (see below) and Vaccination Programme is managed through the NHS and System Wide Vaccination Cell.

Outbreak Management – Is governed by the Public Health SE SOP: We are preparing a proposal to DHSC for outbreak identification and rapid response (OIRR) which will involve an MOU/terms of reference developed jointly with the local health protection team and is likely to be overseen by a regularly-meeting outbreak management team. This will be linked to the introduction of the Integrated Tracing Service (replacing CTAS – Contact Tracing Advisory Service). Quality and safety aspects of interventions, and lessons learned, will be managed by the outbreak management team, including sign-off of proposed interventions by the group’s chair or the on-call public health consultant. We will use the SOP being developed by the local health protection team for this work.

Community Testing: We have four ‘rapid (assisted) testing’ sites, in each of High Wycombe, Buckingham, Aylesbury and Amersham. These will also act as distribution points for the Community Collect home-testing kit initiative. We have a specific clinical governance process for the delivery of the testing service with data collected digitally covering confirmation of team leader supervision and observance of all procedures, the recording of issues, adverse events and serious incidents. Reports are made for external assurance to the Health Outbreak Control Group, chaired by a local acute trust medical director, and to the Health Protection Board. The community testing process follows the national SOP for this service. **Clinical governance** for lateral flow test services involves daily electronic reporting against an operational framework, with external assurance provided by a committee chaired by the local acute trust’s medical director. A public health consultant with a clinical background reviews the data provided and reports to a local management group overseeing the service, the external assurance group, and the Health Protection Board

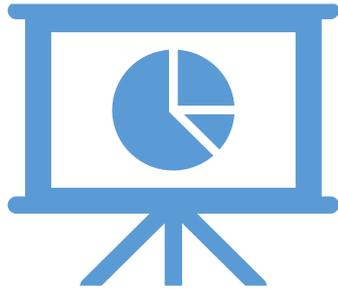
Quality assurance: Quality assurance is provided through data collection and analysis and reporting to an LCT/LFT Cell, chaired by a council executive director, reporting to the Health Protection Board and the clinical governance processes referred to. We are working with a local council to develop a process to compare and evaluate our local contact tracing services and regularly attend the South East Region contact tracing partnership group meetings. We have used the council’s existing arrangements to ensure effective information governance.

Contact Tracing : We are developing OIRR proposals, which will include our involvement in backward contact tracing data collection, and working with the local health protection team to analyse the outputs of the new iCERT system (analysing backward contact tracing (common exposure) information and postcode coincidence reports) together with council data and information from social care and from environmental health sources. This, together with our proposed use of the new ITS process so we can pull-down details of infected people to contact (and not merely have them pushed to us) will enable more proactive identification and management and prevention of infection risks. Contact tracing staff undergo training (with most already being experienced in this role) and are supervised on their shifts, and work to specific scripts to help ensure quality and completeness of information collection and in taking an empathic approach. There are clear escalation pathways, with consultant and senior public health team members available on a 7-day/week rota to support, advise and manage issues following referral by each shift’s supervisor.

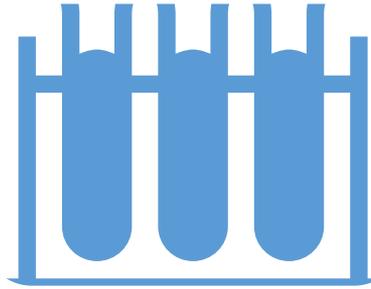
Surge Testing We were recently involved with surge testing for a VOC in a specific area and developed a simple clinical governance process to cover this. This whole process will be easy to use again if the need arises.

Section 3 –Toolkit

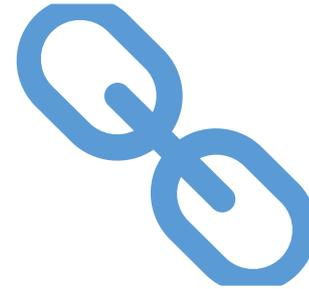
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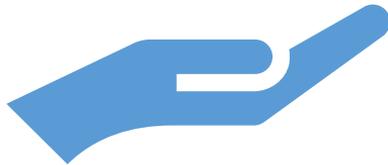
Surveillance and
Data Integrations



Testing



Contact Tracing



Supporting the
Vulnerable



Covid Secure / NPI's



Vaccination

There should be a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by 3 different regulations:

The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002, requiring several organisations to share data for purposes of the emergency response to COVID-19;

The data sharing permissions under the Civil Contingencies Act 2004;

The Statement of the Information Commissioner on COVID-19

This programme ensures the Health Protection Board (HPB) is provided with good intelligence and data. Monitoring and forecasting the spread of disease in Buckinghamshire is crucial to enabling effective action, as well as providing other work-streams with information they need to deliver their functions.

Products and Outputs

- Ongoing data and surveillance information are provided to the HPB weekly and key decision makers daily to help prevent and control the transmission of coronavirus. This includes analyses focused on at risk communities and groups.
- Ad hoc deep dive epidemiological reviews of communities with suspected enduring transmissions or other causes of disproportionate case rates.
- Weekly review of demographic characteristics of cases, deaths and outbreaks to understand, identify and monitor inequalities of COVID-19 in the population of Buckinghamshire. Shared with officers and all Members.
- Communication of the data and intelligence with the public via our COVID-19 Dashboard to promote openness and transparency.

- Establishment of the local coronavirus data and intelligence group with participation from Council, NHS and Information Governance colleagues to agree local data flows, pathways and information sharing protocols as they relate to COVID-19 data.

Provide Public Health expertise to the Local Resilience Forum's Modelling and Intelligence Cell.

Monitoring and mapping of vaccination data across the population, by demographic characteristics where available to understand, identify and monitor inequalities in uptake

Management of the daily and weekly flow of person-level information from MHCLG, PHE and other central Government departments to enable and target the local support offer, including for shielding / CEV residents, NSS, EHOs, registrations and local contact tracing.

Development and publication of regular dashboards reported through to the Health Protection Board and hence all partners and to teams providing local support to enable oversight of key activity metrics and trends.

Resources

- Dedicated analytics provision both in the Public Health Intelligence function and wider Business Intelligence function have been deployed. During the pandemic the PH analyst team was diverted largely to COVID-19 data. As business as usual begins, we are recruiting additional analysts to meet the need.
- Additional analytics capacity is required across both these teams to deliver Business As Usual (BAU), COVID data requirements and to provide resilience in case of staff absence. Recruitment processes have commenced
- Rapid data flows from local hospitals regarding residents in hospital for COVID-19 are required to facilitate monitoring.

There is a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by 3 different regulations

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

The available data is used to:

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

Buckinghamshire ICP has mature information governance (IG) cooperation arrangements including an ICP IG lead. The CCG and Buckinghamshire Council have set up systems with partners for recording and delivering data-sharing agreements.

Data to support local intelligence products is sourced from PHE SE HPTs, from Office of National Statistics (ONS), the Buckinghamshire local registry office, local health and care partners, national COVID-19 reporting and latterly the Test and Trace reports provided to local authorities.

COVID-19 Testing

The Testing capability is delivered by several strands of national and local organisations. We will be expanding Community Collect for home testing to a much wider range of people to help to support a return to normal living and working.

Symptomatic Testing

- The DHSC coordinates the spread of Regional Testing Centres (RTS), Local Testing Sites (LTS) and Mobile Testing Units (MTUs) that support the testing of those with symptoms of Covid-19. Attendance at these sites needs to be booked through the NHS. Where these resources are deployed in Buckinghamshire the Council helps to identify real estate and support their delivery.
 - There is one RTS in Buckinghamshire at the Aylesbury Vale Parkway station car park.
 - There are two LTS sites in Buckinghamshire at the Council Offices car park in the Gateway, Aylesbury and at the Bucks New University Campus in High Wycombe.
 - There is usually at least one MTU active in Buckinghamshire and these are set up in different locations to provide optimal coverage across the Council.

Asymptomatic Testing

- Alongside the rollout of the vaccine, the expansion of Rapid Tests (asymptomatic testing using lateral flow devices) will play a vital role in the government's approach to lifting the current national lockdown; ensuring restrictions are lifted safely and sustainably.
- The Council's rapid testing was launched on 3 February 2021. Tests at the Council's four centres (Buckingham, Aylesbury, Amersham, Wycombe) are available for anybody who needs to leave home for any reason. To support the return to school, anyone who is part of a 'school household' including childcare and support bubbles together with the wider school community can also come for a test.
- Services at the four sites are being reviewed to better match opening times and staff and test booth numbers to user patterns. Services will be extended for Community Collect. Capacity and operational model for each are being adapted. Alternative sites being explored to ensure potential for greater in-reach to communities with higher need and/or lower service usage. Evaluation of the asymptomatic testing programme will identify groups accessing the service less than expected, and direct work toward ensuring testing is more accessible for these groups.
- Asymptomatic testing is being actively promoted through mainstream media, social media, leafleting, advertising, and through community leaders and via elected members. Local businesses and organisations being called proactively (with follow-up) to encourage and support workforce uptake of regular testing. Ongoing work with faith and community leaders, plus focused social marketing, to better enable underserved groups to be aware of desirability of regular testing to open-up the economy and more normal living. Testing is being promoted for acts of communal worship, including events such as weddings and funerals.

Testing available in Buckinghamshire

Purpose of Test	Person needing Test	Situation	Test required	How to access
Symptomatic Testing	Anyone with cough, fever or altered sense of taste or smell		PCR test	https://www.gov.uk/get-coronavirus-test or call 119
Other PCR Testing	People who have been asked to get a test by the local council, contact tracers, and people with a positive LFD test done at home		PCR test	https://www.gov.uk/get-coronavirus-test or call 119
Employee Testing	Employees who need to work with colleagues or members of the public	Organisation with 50 or more employees	Twice weekly LFD test	Organised by employer
		Organisation less than 50 employees	Twice weekly LFD test	Council rapid test site
Volunteer / informal carer Testing	People who need to leave the home to volunteer with other people		Twice weekly LFD test	Council rapid test site
Other community Testing	People leaving the home to come into contact with other people for other permitted reasons (e.g. weddings, funerals, communal worship)		LFD tests up to twice weekly	Council rapid test site
School Testing	Pupils at secondary schools		Twice weekly LFD test (first 3 at school, then at home)	Provided by school
	School staff	Primary or secondary schools	Twice weekly LFD test (first 3 at school, then at home)	Provided by school
	Households, childcare and bubbles of nursery children, school pupils and college students		Twice weekly LFD test	Council rapid test site, employer, community collect or order online
	Households, childcare and bubbles of nursery, school and college staff		Twice weekly LFD test	Council rapid test site, employer, community collect or order online
Care Setting Testing: <ul style="list-style-type: none"> • Care Home Testing • Supported living • Domiciliary care • Adult day services • Personal assistants. 	Care home residents and staff		Care homes provide regular testing for their residents and staff	
	Care home visitors	Residents can nominate 1 person for regular visits 2 different national testing programmes available for extra care and supported living settings. high risk settings' and 'wider settings	LFD before each visit PCR and LFD every week, frequency depending on risk of setting.	Test at care home testing for adult care homes testing for extra care and supported living settings testing for homecare staff testing for personal assistants testing for day care centres rapid lateral flow testing of visitors in adult social care settings
Healthcare	Healthcare patients and staff		The NHS provides regular testing for staff, and arranges testing for patients when needed	
Surge Testing	Sometimes arranged if a Covid-19 variant cannot be traced back to international travel		Affected people will be advised what they need to do to get a test in line with national /regional protocol	

COVID-19 Variants & Surge Testing

We recognise the importance of identifying variants of SARS-CoV-2 variants with concerning epidemiological, immunological or pathogenic properties. The UK genome sequencing capability allowed us to identify variants of concern in the UK. We will work closely with PHE and the newly formed UKHSA to risk assess variants of concern and variants under investigation when they arise in Buckinghamshire to determine the appropriate action. A range of options are available and we have a detailed local plan for surge testing if required.

In the event of an outbreak and specifically where there are Variants of Concern (VOC) a surge testing operation may be deployed. There are several options for intervention which are determined through a risk assessment undertaken with Public Health England (PHE). These include, the opportunity to switch on whole genome sequencing (WGS) for a key area or a particular setting such as school or workplace depending on the VUI or VOC all the way up to a large scale surge testing operation.

In Buckinghamshire, surge testing is available for deployment for VOC/VUI and has been successful across two selected areas in Buckinghamshire, Wooburn Green and Flackwell Heath. In response to the National Variant of Concern (VOC) requirement to rapidly deliver a plan, the Council produced a surge testing plan for approximately 5,000 people within the Buckinghamshire postcodes of interest. In fact, CovidOps approved an outline plan to test up to 9000 residents within target area. The surge testing was delivered locally to 5,000 resident over a five-day period through the Local Resilience Forum (LRF), Public Health, with support from Department of Health and Social Care (DHSC) and PHE, and ultimately with significant support from volunteers. A rapid pace in planning and delivery pertaining to communication, engagement and mobilisation was required for this highly sensitive operation.

The first VOC surge testing operation in Buckinghamshire was successful; this model is ready and adaptable with dedicated resource for emerging variants of concern and future need. As part of continual improvement process, we immediately undertook a lessons learned exercise which highlighted elements that worked well such as “excellent partnership working” and areas for improvement, including use of targeted phone messaging and MTUs. With this learning in mind, and other learning we have modified our plan with further consideration given to the incredible volunteers and partners who supported door to door knocking, recognising that during “business as usual” we require and plan for a dedicated resource to be readily available. For our plan to continue evolving, we are incorporating enhanced surveillance and learning from neighbouring areas and England. We continue to follow National guidance in relation to the investigation and management of patients who may be infected with a new [SARS-CoV-2 VOC and VUI](#). In

We continue reinforce messages of prevention to suppress the spread of the virus in all its forms, as we gain further understanding of the new variants and vaccine efficacy. See Appendix for Lessons Learned. Further information on VOC/VUI [here](#)

What went well

- Staff made themselves available last minute to help, great co-operation between council services – all hands to the deck approach.
- Excellent partnership working: Payback Bucks staff, Aylesbury REACT, Community Logistics. Aylesbury Logistics
- Useful learning from other local authorities.
- Early involvement of key people to support preparing operation

Lessons Learned

- Close links with PHE and DHSC valuable.
- Legal officers (getting the right access to data and have agreements in place before commencing operation)
- Volunteers living within the target area were not able to be used. Knowing the target area sooner would have helped resource planning.



Contact Tracing - Local Tracing Partnerships / OIRR

Role

- The role of the Council's Contact Tracing capability is to take on the contact tracing for those individuals who the national test and trace team have not been able to contact within the first 24 hours of being identified. This makes up for about 15-20% of overall contacts.
- Excluding 'inappropriate' referrals (e.g. the person has died, is in prison, has already had their tracing completed), Council has been able to successfully complete a little over a third of our referrals. The remainder are unsuccessful because the Council has not been able to get an answer to repeated phone calls, including subsequent door-knock visits, or because the person refused to engage with the process.
- We have adequate resilience in the system to cope with referral numbers equivalent to those of the peak of Wave 2 using the previous criteria above

Process

- The Council utilises identified and trained personnel, coordinated through the Customer Service Centre, to deliver this capability.
- The Council is reviewing processes, including for door-knock visits, in the light of discussion with other local contact tracing teams.
- The Council will shortly recruit additional temporary staff to replace repurposed council employees expected to return to their normal roles as lockdown restrictions are lifted and to replace 'natural wastage'.
- The Council is drawing on Behavioural Insights Studies to help encourage isolation compliance. The new Integrated Trace System (ITS) is also due to come online, which will enhance the Trace journey for all throughout the ecosystem. This will enable Local Trace Partnerships to access cases and contacts in a timely manner based on local criteria.

Outbreak Identification and Rapid Response (OIRR)

Outbreak Identification and Rapid Response (OIRR) describes a systematic approach to gathering and analysing contact tracing data (from Outbreak Investigation and Rapid Response) and other information (for example, notifications to the Council Public Health team) to rapidly detect and risk assess signals of new COVID-19 case clusters locally. We monitor progress through our weekly meetings, data and dashboard-showing 90-95% of Buckinghamshire residents who test positive for Covid-19 are successfully contacted.

- The backward contact tracing data is gathered from people who have tested positive for COVID-19. This, and other intelligence, allows the Council Public Health team and Public Health England (PHE) Health Protection Teams (HPTs) to swiftly investigate and take appropriate actions to prevent wider community transmission; for instance, by arranging for people who may have been exposed to the virus in a defined setting to be tested.
- To further support the Council Public Health team and the PHE HPT, we have improved the specificity and speed of the cluster detection process and will be rolling out a new analytical tool, developed by the Joint Biosecurity Centre, that uses advanced graph analytic techniques to rapidly identify clusters.
- iCERT (Integrated Common Exposure Report Tool) will combine the existing common exposure reports and postcode coincidence reports and enable greater interrogation and analysis. We will work with the local health protection team to exploit the advantages of this, together with correlation of adult social care and environmental health service data sets and other public health team information as part of our IORR approach.
- We have developed an OIRR process with the local HPT and the Council's public health, environmental health, adult social care and enforcement teams – further details can be found in the Appendix 12.

Risky Venue Alerts

- Designated venues are legally required to request and maintain customer, visitor and staff contact details (venue logbooks) and display an official NHS QR code poster. Should an outbreak occur at a venue this will support NHS Test and Trace to be able to contact those who are at potential risk of COVID-19 because they were in the venue at the same time and give them the necessary public health advice.
- Daily reports will be distributed to inform Local Authorities when a venue alert has been generated in their area. Local Authorities can then conduct follow up with these venues as necessary, knowing that those who left their contact details or checked in via the NHS QR code will have received a warn and inform message. This should ease the significant administrative burden on local public health teams. These will be responded to by the on call public health consultant of the day.

National Contract Tracing Team



RESIDENT TESTING
POSITIVE FOR COVID-19



Local Contact Tracing call handler

- Assesses support required
- Signpost & provide information to enable resident to setup access to essentials from home
- Provide guidance on practical, social and emotional support



Test and trace support payment:

Financial support for people on low incomes who are unable to work from home and will lose money through self-isolating



Welfare Hub:

Vulnerable residents who have no immediate support, financially insecure and/or not online.

Help includes:

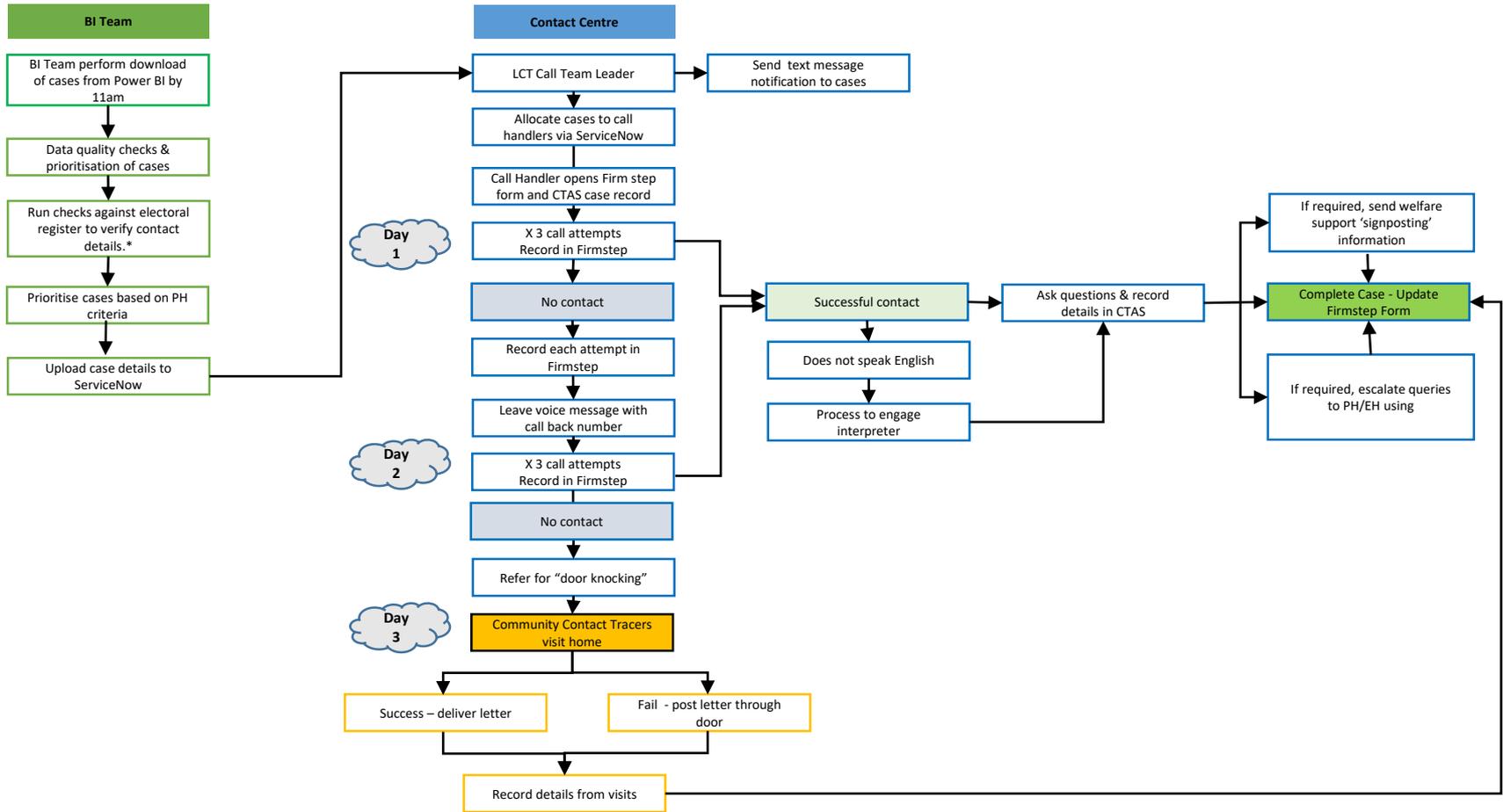
- *Accessing food & essentials*
- *Befriending & wellbeing support*
- *Financial support for those not eligible for test & trace payment*



Council Website:

Offers comprehensive information, guidance, signposting and links to local support

Buckinghamshire Council Local Contact Tracing Process



Support Hub/ The Helping Hand Service

Role of Service

- Support for Vulnerable People to 'shield' service (also known as the Support Hub or the Helping Hand service) has oversight of arrangements for supporting people isolating in their own homes due to being identified as clinically extremely vulnerable, or who are in a vulnerable group in another setting, are required to self-isolate for 10 days and who have no network of family or friends they can rely on for support.
- The support offered is the provision of food, collection of medicines and/or befriending calls as required as well as other ad hoc services such as transport to medical appointments or signposting/supporting with financial insecurities.
- *Please note that this service has now merged with the existing permanent Local Emergency Support Team. The work of the Helping Hands team, together with the Local Emergency Support team, is to support residents who have been adversely impacted by the economic impact of the pandemic as well as those residents who always struggle with the higher costs of keeping warm in winter.*

[Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/shielding-and-protecting-people-who-are-clinically-extremely-vulnerable-from-covid-19)

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Main deliverables

- The provision of food supplies (both directly or indirectly by supporting access to supermarket delivery slots) or collection of medicines to those who are shielding or those who fall into a vulnerable category.
- Keeping in Touch calls / welfare calls to check on wellbeing, in particular if newly added to the clinically extremely vulnerable list.
- Contacting clients and referring them to a consortium of community organisations for support
- Ensure extremely, vulnerable clients and their families were still able to access services by undertaking one to one work when possible to provide families with breaks.
- Emergency support for individuals (DWP means tested benefits: DVA victims; Homeless, those financially affected by Covid-19) experiencing financial hardship including referrals to foodbanks, food vouchers and utility meter-top up where appropriate.
- Ad hoc services, e.g. transport to medical appointments.
- Shopping for food; food parcels; coordination of food deliveries.
- Receipt of calls from shielding residents, those self-isolating or those who are struggling to access essential supplies.
- Follow-up calls to check on needs to recipients of services.
- Make referrals for residents in need of more specialist befriending services.
- Provision of information including options for financial support, supermarket delivery options and local community or voluntary groups.
- Supporting applications to access emergency assistance grants to help with household debt, rent arrears or purchasing of essential goods.
- Purchasing white goods and items like carpets/curtains to ensure household has essentials and can keep warm.

Supporting the Vulnerable (2)

Summary of business as usual

This service has been created in response to the pandemic but does include the Local Emergency Support Team who are a permanent team.

Residents in Buckinghamshire are able to apply for Local Emergency Support. This is intended to cover urgent short-term emergencies (i.e. no immediate food, no heating or lighting) using food banks, food vouchers, and utility meter top-ups.

Residents are eligible for assistance if:

- *there has been an unforeseeable serious emergency or crisis, and failure to give assistance will mean there is a significant risk of harm coming to you or your family*
- *you require help moving into, or staying in the community, and by helping will eliminate the need for statutory care*

Partners

NHS Test and Trace;

- Thames Valley Public Health England (PHE) Health Protection Team (HPT)
- The Partners of Buckinghamshire Council :
- Voluntary Agencies
 - Bucks & Oxon 4x4 Response Group (BORG)
 - Community Impact Bucks
 - Heart of Bucks
 - Citizens Advice
 - Foodbanks
 - Connections Support
- Buckinghamshire Fire & Rescue (for home welfare checks)

Summary of how the capability is escalated in the event of an Outbreak

- The Support Hub service would need to be activated if there is a recommendation for Clinically Extremely Vulnerable people to 'shield' or restrict their activities as part of Tier 4 restrictions or equivalent. This decision can only be made by the Chief Medical Officer both on a national and local level. If activated, we carry out activities as laid out in the MHCLG Shielding Framework:
- Contact those Clinically Extremely Vulnerable (CEV) individuals previously being supported (or any individual recently added to the Shielded Patient List (SPL)) and understanding their support needs.
- Implementing a localised support model for access to food and basic care needs.
- Reporting on the level of support provided by the council to support funding agreements
- Process for clinical review points for pausing shielding.
- Letters detailed in the advice for shielding residents will initially be sent by Government. Subsequent local communications will be dealt with by the team in liaison with the communications team including updates in resident newsletters, the website and via communications directly with the cohort where appropriate.
- The service known currently as Helping Hand would also step up to ensure that ANY Bucks resident who requires support during a tightening of restrictions can be supported. This includes sign posting to support services and in some instances direct support if the resident or household is in crisis.

Supporting the Vulnerable (3) - Self Isolation

Capability Overview

This capability considers how to:

- Tailor and target local communications.
- Tackle local employers that aren't supporting self-isolation.
- Provide practical and emotional wrap-around support to those self-isolating.
- Enable people to self isolate.

Self-isolation of people who have coronavirus is an integral part of the COVID-19 response and will remain so throughout the medium term alongside vaccination, particularly considering the threat posed by new variants. To achieve this goal, it is essential both to ensure high uptake of testing, and compliance with self-isolation for those who test positive for coronavirus and their close contacts.

NHS Test and Trace signposts people required to self-isolate to sources of help and further information. Where contact from NHS Test and Trace suggests a person may have specific support needs that cannot be met in other ways, they refer these cases to the Local Authority.

Buckinghamshire Council Local Contact Tracing team can make repeated proactive contact through appropriate means to people flagged by NHS Test and Trace as having specific support needs to offer help in accessing support. This includes:

- Practical, social and emotional support for those who need it.
- Financial support for people on low incomes who are unable to work from home and will lose income through self-isolating.
- The Test and Trace Support Payment is designed to support people on low incomes who will lose income as a result of self-isolating. It is also designed to encourage people to get tested if they have symptoms.

By being a local voice and providing practical support, the Local Contact Tracing Team is able to engage well with local communities, including those who might otherwise be reluctant to be involved. Access to interpreters and assistance with completing applications for support enables more people to access support. Work is ongoing to identify communities that may continue to be underserved. We will cross-reference between those who may need support and those receiving it, and where gaps exist we will institute further efforts to make the service responsive to the needs of all residents of Buckinghamshire. We will support self-isolating people with, among other things, several outbound calls to all (other than those in hospital or prison) to provide ongoing support and advice.

Communications to improve awareness of when people need to self-isolate, what this involves, its importance in stopping the spread of the virus, the support available and the consequences of breaking the rules proactively promoted through mainstream media, Buckinghamshire Council website, Buckinghamshire Council social media and Local Social Media, Local leafleting, Local advertising, and through community leaders and via elected members.

Ministry of Housing, Communities and Local Government (MHCLG) has shared its final framework for non-financial support for people who are self-isolating. It's development has been informed by ongoing work with Councils (including Buckinghamshire) in a working group as part of the existing Stakeholder Engagement Forum which previously focused on shielding.

The Government has confirmed that it will be providing £12.9 million funding per month to help councils meet the costs involved in assessing people's practical support needs and helping them access support. It has said it will provide details shortly on the distribution of this funding, which will be reviewed in May. This aims to help meet the overhead costs involved in setting up and running local systems for contacting those identified as having potential support needs, assessing those needs, helping people access local support and reporting on key outcome measures. There remains a need for ongoing support for funding and discretionary grants.

Supporting the Vulnerable (4) - Dashboard

Progress and Monitoring

As part of our ongoing efforts to support the vulnerable and ensure we are continually improving the support available to those who need it most, we monitor key indicators weekly.

Covid-19 Information Monitoring Weekly Dashboard 11/03/21 - 17/03/21 (Thursday to Wednesday)

Contents page
Buckinghamshire Council **weekly** information monitoring

Operational metrics

- Slide 2 - Customer enquiries
- Slide 3 - Customer enquiries - Trend monitoring
- Slide 4 - Top 10 Covid-19 website page visits
- Slide 5 - National Shielding Service System (NSSS) data
- Slide 6 - Local Emergency Support Teams Data
- Slide 7 - Local Emergency Support analysis of requests
- Slide 8 - Helping Hands Data
- Slide 9 - Local Contact Tracing data
- Slide 10 - Covid-19 Rapid Testing
- Slide 11 - Visitor footfall (non-staff) to Council Access Points
- Slide 12 - Office Attendance (staff check-ins)

Business Grants & payment data

- Slide 13 - Local Restriction Support Grants (Closed) Addendum - Period to 2nd December
- Slide 14 - Local Restriction Support Grants (Closed) Addendum - 2nd Dec onward
- Slide 15 - Local Restrictions Support Grants (OPEN)
- Slide 16 - Additional Restrictions Grant data
- Slide 17 - Closed Business Lockdown Payments / Xmas Support Payments - Wet Led Pubs
- Slide 18 - Test and Trace Payments (Main Scheme)
- Slide 19 - Test and Trace Payments (Discretionary Scheme)

Local Emergency Support analysis of requests From 05/11/20 (start of 2nd lockdown) to 17/03/21

Total number of LES requests received (CSC & Online forms) since the beginning of 2nd lockdown (05/11/20 - 17/03/21) **760**

Analysis of request types

No money	156
Household appliances or furniture	155
Food or Foodbank Referral	122
Chasing or updating existing application	93
No food or money	90
Info Advice and Guidance	71
Electricity and/or Gas	50
Unknown	14
Rent assistance	4
Council Tax	4
Homelessness	1

Status of all requests 05/11/20 - 17/03/21

- 753 processed & complete** (of which 188 were either foodbank or a foodbox support instructed by LES)
- 03 awaiting review**
- 04 awaiting further info from applicant**

Local Emergency Support will only be awarded to households / individuals who can prove residency within Buckinghamshire, and who are on nil or low incomes and are eligible or in receipt of Department of Works and Pensions means tested welfare benefits and/or tax credits and who have no access to funds / resources to meet their immediate needs in an eligible emergency or crisis situation. It is often a complicated process to clarify specific circumstances and gather relevant information which is why some requests take longer to review and process.

Helping Hands Data - (Data as at 17/03/21)

Summary

Total no of people allocated for support to date	657
No of people actively supported as at 17/03/21	104

Onward referrals (data as at 17/03/21)

No of referrals made to internal departments	59
No of referrals made to external organisations	8

Contextual Metrics

- No of school-aged children eligible for free school meals: **9,328**
- No of Winter Grant vouchers issued to schools: **10,512**
- No of children eligible for 2 year old early years funding: **868**
- No of children eligible for early years pupil premium: **279**
- No of Winter Grant vouchers issued to early years providers: **1,146**

Food (data as at 17/03/21)

No of Supermarket Slots offered	15
No of foodbank referrals made	186
No of food boxes ordered	61
No of food parcels distributed	67

Heart of Bucks (data as at 17/03/21)

No of Winter Grant nominations sent	62
No of Emergency Assistance nominations sent	75
Grant amount awarded to Heart of Bucks (by BC)	£150k
Approx. amount of grant spent to date	£121k

Fuel (data as at 17/03/21)

No of fuel voucher referrals	49
No of CAB fuel referrals	53

Purchases (data as at 17/03/21)

White goods purchased	12
Other winter items purchased	6

Weekly Trend Charts

Covid-19 Test and Trace Payments (Main Scheme) (Monday 08/03 to Sunday 14/03)

Weekly Data (W/C 08/03/21)

Week commencing	Received	Paid	Rejected	Reasons for rejection			Application out of time
				Reason-Clinical	Reason-Employment	Reason-Benefit	
Aylesbury	12	11	1	1			
Chiltern	3		3	3			
South Bucks	3	1	2	2			
Wycombe	15	10	5	1	3		1
TOTALS	33	22	11	7	3		1

Cumulative figures (from 12/10/20)

Cumulative figures from	Received	Paid	Rejected	Reasons for rejection			Application out of time	Paid
				Reason-clinical	Reason-Employment	Reason-Benefit		
Aylesbury	588	350	238	142	15	77	4	£175,000
Chiltern	139	68	71	53	1	17		£34,000
South Bucks	145	68	77	45	13	19		£34,000
Wycombe	466	270	196	79	70	26	21	£135,000
TOTALS	1338	756	582	319	99	139	25	£378,000



Covid Secure – Non-Pharmaceutical Interventions (NPI’s)



Non-Pharmaceutical Interventions (NPIs) are activities that will reduce the spread of Covid but which are not based on specific Health activities. NPI’s are both Preventative as well as Responsive but have the overarching aim of helping the population to live in a ‘Covid Secure’ environment.

Trading Standards Officers and Environmental Health Practitioners are identified as significant enforcers of much of the relevant key legislation intended to control the spread of Covid - the various regulations made under the Corona Virus Act 2020, Health & Safety at Work Act 1974 and the Public Health (Control of Disease) Act 1984) amongst others. The Environmental Health and Trading Standards Services are directed on technical matters and enforcement policy and practice by central government.

The services consider high risk settings and those individuals impacted by Covid 19 in these settings through a High Risk Settings Cell which has met weekly since March 2020. These Cell meetings are complemented by a weekly Enforcement Cell and an Enforcement Tasking Cell which meets three times per week. A bi-weekly Housing Cell also meets and there is some common membership between the High Risk Settings Cell and this cell.

Public health continues to work closely with the Environmental Health team and COVID Marshals, especially as schools and businesses begin to re-open and concerns will inevitably be raised about unsafe behaviour in public places. Inequalities remain a major focus, both in terms of the impacts of the pandemic and the uptake of vaccination, and we collaborate with colleagues in the Community Engagement and Communications teams to ensure that the Council is a trusted source of information and support for all residents. We are currently working on Recovery planning, to both incorporate the valuable lessons and begin to heal the damage caused by the pandemic in our communities.

Epi Data and geographical distribution of cases and the location and scale of outbreaks from Public Health is shared with cells. This enables strategic tasking and direction of enforcement and compliance work, according to need. Interventions are similarly driven and intelligence is shared both ways between enforcement services within the Council and Thames Valley Police. Ad-hoc compliance work and complaint investigations are informed by shared intelligence.

Enforcement services within the Council and Thames Valley Police. Ad-hoc compliance work and complaint investigations are informed by shared intelligence.

In line with the [Contain Framework](#), other measures are available to the Council;

- Enhanced inspection regime for businesses.
- Close certain businesses and venues (for example shops, cafes, gyms, recreation centres, offices, labs, warehouses).
- Cancel organised events (for example sporting events, concerts, weddings, faith services).
- Close outdoor public areas (for example parks, playgrounds, beaches, esplanades, outdoor swimming pools).

Resourcing additional Covid compliance and outbreak investigation work is currently possible through the redeployment of operational teams, and other work can be reprioritised or put on hold for the short term. Support from agency staff can also be obtained, subject to availability.

As restrictions begin to lift between April and June 2021, demand from returning business as usual work will increasingly be felt alongside pressure from pent up demand from organised events. In the event of a further wave of infections and the return of more complex or tiered restrictions and the need for focussed investigations into large outbreaks there may be a need to escalate if prioritisation, redeployment and the sourcing of additional help does not enable an adequate response. An inadequate response would be deemed as when Covid related demands were preventing statutory responsibilities from being delivered.

The need for any escalation would be reported by the responsible environmental health and housing service managers through the **enforcement and high risk settings cell situation reports**, and any need that could not be met would be reported to the Health Protection Board.

We target according to information received from enforcement teams, the police, residents, marshals, elected members as well as on the basis of local knowledge.



Covid Secure – Non-Pharmaceutical Interventions (NPI’s)



Events Safety Advisory Group (SAG)

The Council participates in the Thames Valley LRF Events Safety group and aims to provide a consistent approach to events and event organisers in the Thames Valley area, based on Government guidance.

Many organised outdoor events take place in Buckinghamshire in a normal year. These events are run on public and private land and dependent on risk and scale, may be subject to a non statutory Safety Advisory Group (SAG) review process, which allows input and guidance from various Council regulatory services such as environmental health, parking and highways as well as external partners such as police, fire and ambulance.

Under previous Covid tiers or lockdown restrictions, events proposals have been reviewed by the relevant local environmental health teams with public health input, and also subjected to the SAG1 review process, when other potential risks require this.

The Environmental Health (EH) teams have identified high risk settings on the basis of business size and activity type and possible impact of an outbreak.

The government roadmap in its current form indicates that public outdoor events may go ahead with capped attendances from 17th May at the earliest, dependent on the ‘four tests’ being met (ref. the vaccine programme, hospitalisations, infection rates, variants of concern).

The roadmap also allows outdoor attractions such as zoos, theme parks and outdoor cinemas to re-open from 12th April. This relaxation may result in travelling funfairs reappearing on public or private land in Buckinghamshire on or after 12th April.

As a result of the release of the government roadmap, 38 proposed events have already been notified to Regulatory Services. These are planned for between April and December 2021. Types of events across the county include funfairs, triathlons, regattas, marathons, food festivals, firework displays, beer festivals, concerts and music festivals and religious events.

Some events are on private land, others on highway or Council owned green spaces. This number is likely to increase as the various steps in the roadmap are confirmed.

Reopening programme - The Council is likely to be facilitating or supporting events in town centres and other areas as communities across Buckinghamshire emerge from COVID restrictions, with activity starting from June and thereafter throughout the summer.

Planned events activity in the reopening programme will be visible to Regulatory Services to ensure co-ordination of activity and a collaborative approach.

Some events may need assessment and consideration under any remaining Covid restrictions. However, it is hoped that the majority of the lockdown restrictions will have been lifted by June 21st, and by that stage support may only be needed in the form of informal advice.

Managing the increased number of outdoor public events

The proposed approach to delivering events compliance activity to help facilitate the reopening of the economy in Buckinghamshire will be to provide timely and supportive advice that is relevant to any restrictions in force and proportionate to risk, so as to ensure successful and Covid compliant public outdoor events in the County.

The basic process will be to:

- **Triage** all events as soon as they are notified, with a view to be taken on Covid risk with Public Health colleagues. A central listing of all known events across the former districts is held on MS Teams which is updated when new notifications come in. Major events and issues of concern will be reviewed at the existing Outbreaks Setting Cell and all events will be considered through frequent review meetings with Environmental Health and Public Health managers. Details of events will be shared with Thames Valley Police through the existing liaison and tasking meetings.
- **Signpost** organisers to available government guidance where the potential Covid risk posed by a proposed event is deemed low due to its nature and size, and also no SAG input is required.
- **Assess** all events as quickly as possible against the restrictions in force at the time, feed back any requirements to organisers in a timely fashion and initiate a SAG meeting if required. Early involvement is intended to reduce unnecessary cost and uncertainty for organisers and to promote Covid safety and compliance.

Covid Secure – Non-Pharmaceutical Interventions (NPI's)



- **Risk & mitigations** - Events are not notified, or do not come to the attention of the Council. Where private land is involved there may be no requirement to notify the local authority of an event. There was an example of this in summer 2020, when the Council only became aware of a funfair three days before its start.
- A flexible resource needs to be available to respond to future occurrences, although a large event would likely to come to the attention of the Council fairly quickly through social media, reports from elected members or residents and due to ticket sales, pre publicity etc. 3.3 Limited availability of enforcement staff to attend large numbers of events, particularly at weekends. To reduce the need for site visits, the overriding intention is to work closely with organisers, so that officers can build confidence in their ability to manage Covid and other risks on site during an event.
- This is the business as usual approach for SAG events in any case. However, should concerns remain for the larger events, advisory or compliance visits may be planned at key times. The number of planned events already known to the Council is likely to increase significantly due to pent up demand and a strong desire to re-open the economy and mark the end of lock down restrictions. It will only practicable for staff to visit a limited number of events and so this resource must be targeted to achieve best effect.
- Democratic services are working closely with the public health team to ensure that future elections can be managed in a COVID-safe manner, including making remote voting options more available and implementing all appropriate precautions at polling and counting stations. [May 2021 Polls Delivery Plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/may-2021-polls-delivery-plan)
- guidance as required. Larger events that present potentially higher risks will be managed through the SAG review process.
- An anticipated increase in events activity to mark the end of lock down restrictions, potentially from May onwards, will place pressure on Regulatory Services teams. Early engagement and intervention will substantially reduce the need for site visits to live events, and organisers will be supported to help themselves to identify requirements and mitigation measures to help events go ahead.
- EH, the police and funeral directors have worked successfully along with faith groups to communicate the need for safely managed funerals – this has been particularly useful in the case of certain high profile scenarios or when burials or ceremonies have taken place for well-known members of a community.
- The Council has access to a team of 12 marshals who are mobile across the county. They provide advice and support to businesses and residents and importantly they observe, and provide information on compliance with the Corona Virus regulations. This information allows enforcement effort to be targeted effectively.
- Site visits, if required at all, may then be targeted toward a small number of events where there may be cause for concern due to the activities involved or likely attendances. 4.4 Whilst the government roadmap indicates that subject to the 'four tests' being met, attendance restrictions on large events will be largely removed by mid June, it is possible that some Covid events safety requirements will remain and there will also be continued pressure on environmental health teams to assess a predicted increased number of events proposed for post June 2021, for other safety considerations, using the SAG review process.

Summary

- Proposed events notified to the Environmental Health teams will be collated centrally and monitored frequently. To support the re-opening of Buckinghamshire's economy, a proportionate and risk based approach will be taken towards events compliance.
- Smaller low risk events will be assessed and signposted to information and
- * HSE definition on the role of SAGs: SAGs provide a forum for discussing and advising on public safety at an event. They aim to help organisers with the planning, and management of an event and to encourage cooperation and coordination between all relevant agencies. They are non-statutory bodies and so do not have legal powers or responsibilities, and are not empowered to approve or prohibit events from taking place. Event organisers and others involved in the running of an event, retain the principal legal duties for ensuring public safety.



Vaccination Programme - Overview



- The Buckinghamshire COVID-19 Vaccination Programme is proceeding at pace. The Council, working with local NHS colleagues, continues to play a key role in delivering this and driving uptake, as set out in the [UK COVID-19 vaccines delivery plan](#). The approach set out in the Plan is underpinned by four enablers at national, regional and local level. These are: working in partnership; removing barriers to access; data and information; and conversations and engagement.
- In line with national guidance, roll out is staged through the priority cohorts identified by the JCVI. However, as anticipated and mirrored nationally some people within these cohorts may not take up the offer of the vaccination. Emerging inequalities are being monitored and action taken to address these inequalities. The Council has a key role in our work to ensure as many people as possible take up the offer of a vaccine and in combating vaccine confidence in under-served groups.
- The Buckinghamshire Vaccine Equalities Sub-Group meets weekly and makes recommendations directly to the strategic Vaccination Cell. Membership of the Equalities Group, chaired by Public Health, includes community engagement, communications, the CCG, clinical leaders and the Buckinghamshire BAME network. Local vaccination uptake data are reviewed weekly and triangulated with community insights and to understand emerging local issues, review progress and develop evidence-based recommendations for action.
- Alongside this, our Integrated Care System offers local-level support and insights into where the vaccine needs to be deployed to ensure diverse communities and unvaccinated groups are reached. The ICS Equalities group, in conjunction with NHS Screening and Immunisations team, is in place to ensure we share learning and good practice and to identify opportunities for more joint working if appropriate.
- The Council requires data to understand uptake in their local areas and tailor efforts to reach those who have not yet taken up the vaccine. The use of datasets, mapping tools and other equality tools is key to driving up participation in the programme. National data is published and work is underway nationally and locally to provide high quality, meaningful analysis that can be used to monitor uptake and identify inequalities.
- We now have access to local level data to understand vaccination uptake in our deprived communities, by ethnic group, for some protected characteristics and for certain inclusion groups (including, for example, Gypsy, Roma and national trends appear to be mirrored in Buckinghamshire. For example, by ethnic group, uptake is lowest amongst our Black African and Black Caribbean communities.
- We are undertaking local insight gathering, using a structured tool, to inform our actions. Our communications materials have sought to address commonly reported myths, not by sharing them, but by sharing factual information. Materials have been made available in languages other than English, and developed with Members from ethnic minority communities as local representatives. “Pop up” clinics have been held in mosques in our two main urban centres which are also the areas that have some of the most deprived wards in the county and more people from ethnic minority communities. These clinics successfully vaccinated around 140 people in 2 days and there was an increase in attendances reported at other vaccination sites in the following week from other members of the mosque community. An outreach clinic successfully vaccinated 20 people currently housed in emergency accommodation, organised by a PCN in conjunction with a local homeless charity. We are planning our next “pop up” clinic to target our Black community next.
- We are engaged in a programme of public health meetings with faith leaders with congregations from largely ethnic minority communities, to explore how we can work together to increase uptake. These calls are prioritised in relation to vaccination uptake within communities, with faith leaders from our Black churches. These calls will inform our strategies to address inequalities in uptake amongst these communities.
- In order to protect the clinically vulnerable, the Council has worked closely with care homes in shielding their residents as far as possible from the spread of infection. The Buckinghamshire Vaccine Working Group has brought together system-wide colleagues to achieve excellent local coverage.
- We have linked the vaccine rollout to existing initiatives for priority groups, for example motivational calls to increase uptake of SMI Health Checks will also encourage unvaccinated patients to take up their offer.
- Communications about the vaccine programme have been informed by behavioural insights approaches (national trailblazer health psychology scheme) and have focussed on providing clear, factual information available in different formats and languages

• traveller communities). Although the local numbers are small, we can see that

Vaccination Uptake

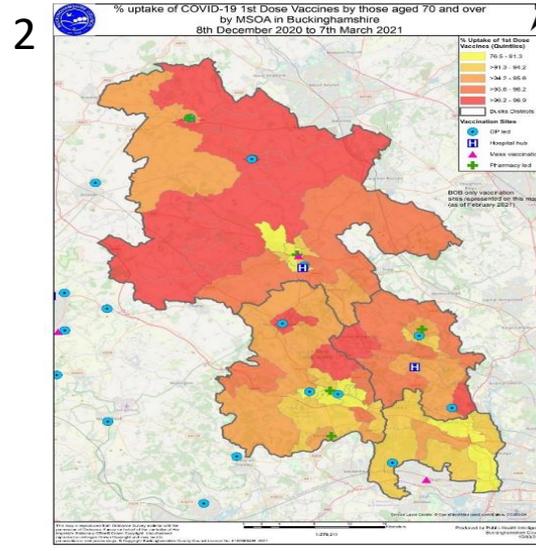
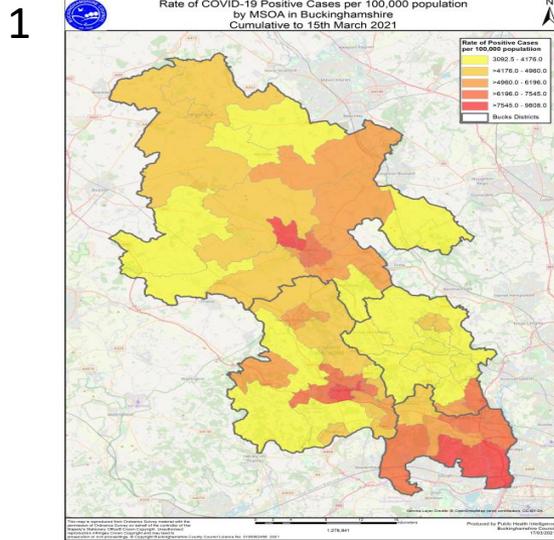


Approximately 210,000 first dose vaccinations delivered to date and positive uptake across cohorts. Despite the relatively high level of coverage for the county, there is variation across the county. Some areas of both high levels of deprivation plus relatively high need have not been vaccinated as the same levels as other parts of the county. For example, central Aylesbury, High Wycombe and parts of South Bucks. Map 1 (bottom left) shows the proportion of people aged 70 and older who have been vaccinated. Map 2 (bottom right) shows the case rates for all ages for the entire pandemic. The table to the right shows uptake up to 7 March by Buckinghamshire MSOA as of the NHSE data released on 18 March 2021.

New data available on a weekly basis provides breakdown by ethnic group, age and inclusion group. PH intelligence team review trends showing greatest uptake in white British and Irish groups and lowest uptake in people from black African, mixed ethnic communities. Uptake in Pakistani people is lowest in Asian the groups, mirroring the national picture. Intelligence and Insights are shared with PCN's to support targeted action.

Under the Equalities Act (2010), people with a learning disability or health condition that has a substantial and long-term effect on day-to-day activities are entitled to reasonable adjustments when accessing health services. Steps are taken to remove or minimise the barriers that individuals with SMI, dementia, a learning disability or autistic people may face in accessing the vaccine. [NHS website \(england.nhs.uk\)](https://www.nhs.uk)

MSOA	Proportion Uptake by Age Group				
	60-64	65-69	70-74	75-79	80+
Amersham-on-the-Hill & Chesham Bois	81.2%	89.8%	94.0%	95.2%	94.9%
Aylesbury Central	79.9%	88.4%	93.9%	96.4%	94.3%
Beaconsfield Town	75.4%	82.6%	93.3%	95.1%	89.4%
Bedgrove & Walton	61.3%	81.1%	88.9%	95.8%	90.4%
Berrifields & Haydon Hill	87.0%	95.2%	96.5%	96.8%	96.9%
Bledlow, Cadmore End & Hambleton Valley	86.2%	92.4%	93.6%	94.6%	94.2%
Bourne End	78.7%	91.7%	94.5%	96.0%	95.8%
Bowden	84.7%	90.5%	92.6%	97.9%	96.9%
Buckingham North	80.7%	91.8%	96.1%	96.7%	95.1%
Buckingham South, Maids Moreton & Akeley	76.3%	92.2%	95.5%	95.4%	96.4%
Burham North, Taplow & Dorney	89.7%	93.9%	95.9%	97.8%	94.7%
Burnham South	86.9%	91.5%	95.0%	94.6%	96.0%
California & Southcourt	78.7%	90.5%	93.9%	96.5%	97.7%
Chalfont Common & St Peter East	86.7%	93.5%	94.6%	96.3%	95.6%
Chalfont St Giles, Seer Green & Jordans	73.9%	89.9%	94.8%	91.8%	92.4%
Chalfont St Peter West	73.3%	93.9%	96.3%	96.8%	95.7%
Cheddington, Pitstone & Edlesborough	82.1%	92.3%	97.4%	96.6%	95.3%
Chesham East	90.8%	94.9%	95.7%	96.9%	95.8%
Chesham South	85.3%	94.5%	96.1%	97.7%	96.5%
Chesham West	76.4%	84.7%	87.0%	86.4%	89.2%
Denham	57.2%	84.5%	88.1%	89.4%	85.5%
Downley	83.2%	94.9%	96.6%	95.9%	96.1%
Fairford Leys	81.5%	95.2%	96.3%	98.6%	95.9%
Farnham & Hedgerley	57.9%	75.6%	81.3%	83.9%	77.4%
Flackwell Heath	81.8%	94.8%	96.1%	97.8%	96.6%
Gatehouse	81.7%	88.8%	89.4%	90.1%	93.8%
Gerrards Cross	55.9%	73.3%	77.2%	81.7%	75.9%
Granborough, Stewkley & Great Brickhill	82.2%	92.8%	94.6%	93.9%	91.9%
Great Missenden & Prestwood	79.7%	93.1%	93.1%	97.7%	95.2%
Haddenham, Dinton & Stone	79.5%	88.0%	92.4%	94.4%	86.1%
Hazlemere	76.6%	93.3%	95.5%	96.0%	96.3%
Hyde Heath, Bellingdon & Latimer	86.1%	93.7%	96.5%	98.0%	96.6%
Iver & Richings Park	79.4%	90.8%	93.3%	94.4%	95.3%
Knotty Green & Holmer Green	87.8%	91.1%	95.8%	91.9%	91.9%
Lane End & Booker	59.9%	81.0%	91.1%	88.3%	90.5%
Little Chalfont	72.2%	90.8%	95.9%	95.0%	94.7%
Longwick, Kimble & Lacey Green	76.0%	88.0%	91.3%	94.2%	93.5%
Loudwater & Wooburn Green	78.1%	92.9%	94.7%	94.9%	95.7%
Mandeville & Elm Farm	82.4%	90.0%	95.2%	97.2%	98.0%
Marlow Bottom, Danesfield & Well End	78.0%	84.1%	88.9%	88.0%	89.1%
Marlow East	82.2%	94.3%	97.2%	97.9%	96.2%
Marlow West & North	82.9%	93.0%	93.2%	94.0%	95.0%
Marsh Gibbon, Steeple Claydon & Tingewick	87.2%	93.6%	95.9%	97.1%	96.4%
Micklefield	82.2%	94.3%	97.1%	96.0%	95.6%
Newton Longville & Great Horwood	66.4%	86.3%	91.2%	90.3%	88.1%
Oakley, Brill & Edgcott	75.8%	94.0%	95.0%	94.5%	96.6%
Oakridge & Castlefield	66.3%	87.2%	93.1%	94.5%	94.1%
Old Amersham	74.4%	86.5%	84.9%	92.0%	86.2%
Princes Risborough	89.1%	95.1%	97.7%	95.7%	96.6%
Ryemead & Wycombe Marsh	83.7%	91.8%	91.5%	93.5%	90.9%
Sands	83.9%	93.7%	93.5%	96.9%	95.6%
Stoke Mandeville & Aston Clinton	77.6%	92.7%	96.1%	96.8%	97.0%
Stoke Poges & George Green	75.7%	86.5%	91.0%	95.3%	97.0%
Stokenchurch	85.9%	93.5%	96.8%	96.8%	95.9%
Terriers & Amersham Hill	68.5%	85.0%	92.0%	92.7%	88.1%
Totteridge	83.0%	91.7%	94.4%	92.3%	90.3%
Town Centre & Marlow Hill	64.2%	85.7%	92.4%	92.7%	88.0%
Tylers Green	66.0%	86.6%	93.1%	95.8%	94.4%
Victoria Park	78.1%	93.5%	96.8%	97.6%	95.8%
Waddesdon & Whitchurch	76.8%	87.8%	95.5%	94.8%	95.3%
Walter's Ash & Hughenden Valley	75.0%	93.2%	92.0%	94.7%	95.6%
Walton Court & Hawkslade	82.8%	92.6%	95.7%	98.6%	96.6%
Watermead & Elmhurst	83.8%	93.4%	96.6%	95.4%	95.4%
Wendover	79.8%	86.5%	93.6%	91.9%	90.3%
Wing, Wingrave & Bierton	83.1%	94.1%	95.9%	95.6%	97.0%
Winslow & Padbury	80.0%	91.3%	93.6%	94.6%	95.5%
Worminghall, Long Crendon & Cuddington	85.5%	93.4%	96.9%	97.0%	96.3%



Provision:

- A number of Vaccination Centres are currently active in Buckinghamshire. The NHS provide a capability to deliver vaccines primarily to staff from the Integrated Care Partnership and associated organisations. Delivery is offered in a number of forms, operating through larger vaccination sites (mass vaccination and hospital hubs), some GP practices and pharmacies.
- NHS England have set up nine vaccination centres utilising Primary Care Networks
- There are 20 sites providing vaccinations across the County.
- 'Pop-Up' outreach delivery progressing (Rough Sleeper clinics, Wycombe mosque)
- There are vaccination centres in eight pharmacy locations in the County to be soon increased to 10.
- A 'Mass' vaccination centre serving Aylesbury and beyond.

National target dates for first doses:

- Cohorts 1-9 (to adults 50 years +) by 15th April
- All adults by the end of July

Priority Groups:

- Vaccinations currently available for priority groups 1-8 (to those 55 years +)
- Appointment invitations being sent by text message in addition to letters

Second dose planning

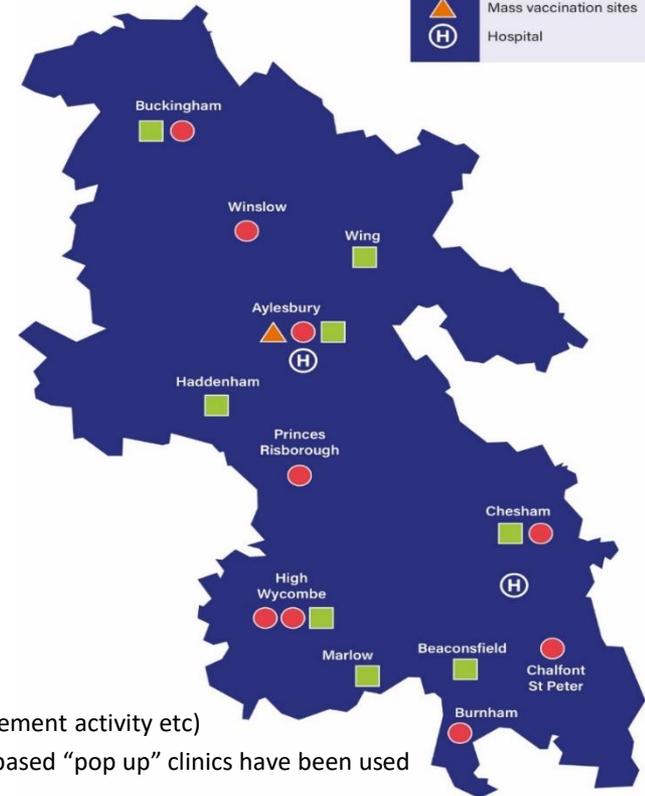
- Positive news regarding anticipated supply from mid March to enable second dose delivery
- Invitations for second doses progressing to plan

Vaccination confidence and equalities issues:

- Data and community/ stakeholder feedback to identify any areas of under representation
- This insight will inform the further development of the strategy (communications, community engagement activity etc)
- To ensure our vulnerable and underserved communities have access to the vaccine we Community-based "pop up" clinics have been used very successfully in communities where uptake is known to be low for certain demographic groups.
- Mosque vaccination - A successful outreach pilot at Aylesbury mosque was completed, with a view to expand to Wycombe after evaluation

Communications:

- Follow up calls to eligible residents who have not yet made appointments being made- positive response
- Council website page: www.buckinghamshire.gov.uk/covid-vaccine
- Targeted communications, particularly around vaccine hesitancy and specific groups (e.g. ethnic minorities)



Enduring transmission is said to occur when an area has persistently high transmission rates lasting for several months.

Research undertaken by NHS Test and Trace, the Joint Biosecurity Centre & PHE has shown that there is no single cause for enduring COVID-19 transmission rates. However, some common themes were identified:

Local Population Demographics

- Higher levels of unmet financial need
- Greater numbers of people in 'high contact and/or high risk' occupations
- More high-density, multi-generational or overcrowded accommodation
- Lower literacy levels and more digital exclusion
- Less engagement with testing, contact tracing and inability to self-isolate

Local/National Response

- Delays in local contact tracing
- Delays in access to data
- Unclear communications about restrictions in place, locally, especially when these were different to national restrictions

to enable swift and decisive action, we use a range of metrics to determine if areas within Buckinghamshire have enduring transmission. This includes

- **Case detection rates and testing** : Covering all ages, including over 60s and additional age categories (i.e. primary and secondary school ages); case rate information broken down by test type (LFD vs PCR)

Prevalence: At regional and sub-regional level, including from surveillance studies

Trajectory: Rates at which cases are rising or falling

• **Pressure on the NHS:** Occupancy and admissions

• **Variants:** Descriptive epidemiology of variants of concern

• **Vaccine uptake:** Across regions and Local Authorities, different populations, and the impact on case rates, hospitalisation and mortality

• **Effectiveness of operational response:** Testing infrastructure and usage, effectiveness of Contact Tracing, uptake of self-isolation support, compliance and enforcement performance

Local characteristics: Mobility, deprivation, ethnicity, data on reported contacts, household composition

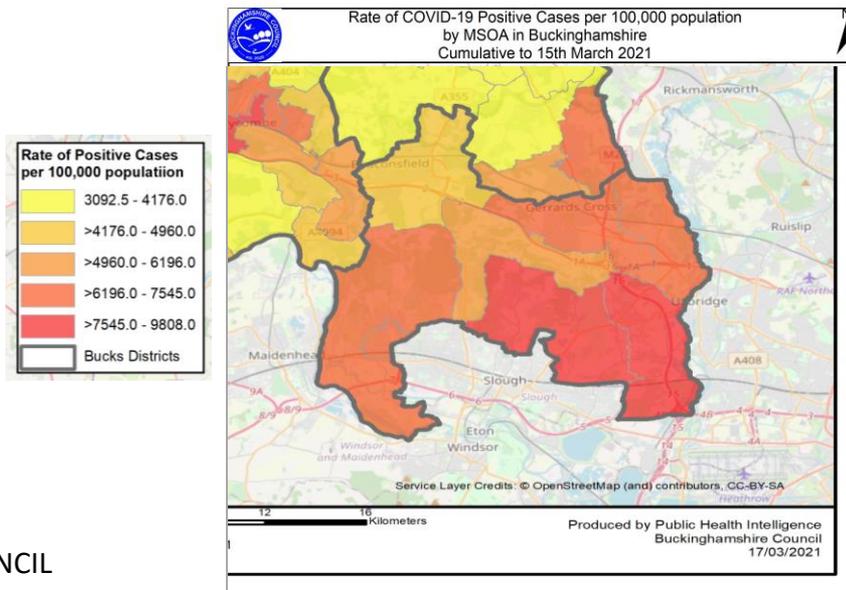
- Efforts to prevent a scenario of enduring transmission in areas within Buckinghamshire will include implementing measures to control the spread of coronavirus equitably across residents in the County, to ensure that communities more likely to experience enduring transmission are enabled to take up offers of testing and vaccination, engage with contact tracing and adhere to self-isolation requirements and understand how to live and work safely in the context of COVID and any restrictions that are in place, locally. Investigation will also address whether there are certain sources of transmission eg workplaces or schools

In Buckinghamshire, the Public Health team, working with partners, monitor surveillance data carefully, to be able to identify signs of enduring transmission, particularly in key groups such as those that are more deprived, ethnic minority communities, and those working in high-risk occupations such as factory workers and health and social care workers. One such area was the old district council area of South Bucks. This had significantly higher levels of infection than other areas in Bucks and much of the SE .

The weekly Data HPB meeting in conjunction with Environmental Health, Public Health England and Social Care colleagues allows for a robust discussion of hard and soft intelligence about any areas of particular concern for enduring transmission. Deep dive epidemiological analysis for particular areas was conducted to further illustrate where issues may be. Potential routes of transmission and the key demographics impacted were reviewed. Soft intelligence identified that many of the residents identified with Slough communities and probably shopped in slough and there were many community links.

Messages were shared with the communities via engagement with Community Boards in the areas of concern and members with targeted information for their area. We worked with Slough PH team to ensure our residents could be part of community testing being conducted in key high footfall areas like the shopping centre and attended IMT meetings with Slough (neighbours South Bucks) who were experiencing surges in case numbers. This allowed for sharing best practice and learning around communications and community engagement.

South Bucks continues to be monitored very carefully via the routine and bespoke intelligence work but currently rates are now in line with Bucks rates.

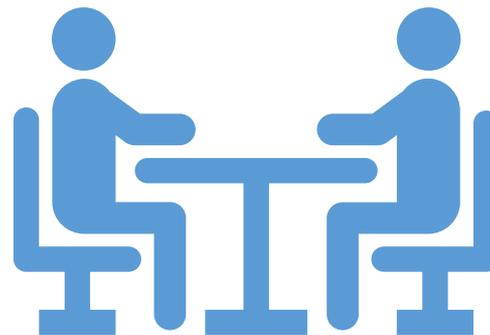


Section 4 – Communications & Engagement

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Communications



Community
Engagement

- Our COVID-19 Communications Strategy outlines how we will achieve a successful recovery in Buckinghamshire through the use of communications with a focus on behaviour change.
- We will:
 - Provide the public with information about what they need to do to control the spread of the virus, encourage the public to resume a more normal way of life, support our local economy to get back to business and provide reassurance.
 - use data and insight to ensure we are reaching our residents and businesses using the right language and the right channels
 - Use behaviour change methods to encourage uptake in testing, self-isolation and vaccinations
- Our COVID-19 strategy and related plans cover:
 - Public health messaging
 - Vaccinations
 - Local lockdown
 - Surge testing
 - Lateral Flow testing
 - Self isolation
 - Test and trace
 - Town centres reopening
 - Active travel
 - Local outbreaks
 - Mental health and wellbeing
- Our strategy is split into sub sections - general, young people and ethnic minority and reaches out to:
 - Primary: All residents of Buckinghamshire, but also targeting:
 - People aged 13-30 years old
 - People from ethnic minority groups
 - People living in multiple occupancy housing
 - Homeless people and travellers
 - Vulnerable people due to age or health conditions
 - Secondary: Visitors to Buckinghamshire, whether for work, leisure or education
- Our objectives for the overarching strategy are:
 - Inform all residents of Buckinghamshire what they need to do to prevent the spread of COVID-19 and encourage them to follow the guidance
 - By raising awareness of COVID-19 prevention methods, keep the number of COVID-19 cases in Buckinghamshire low
 - Increase testing and vaccination of our residents
 - Enable schools, businesses and workplaces to remain open by giving clear information about how to prevent the spread of COVID-19
 - The Communications team works in partnership with our Community Engagement team to support the work of reaching different communities across Buckinghamshire including our ethnic minority communities, Gypsy and traveller communities and faith groups.

Community Engagement

- Involving and engaging the community in tackling COVID infections and building healthy resilient communities is key to our approach as has been highlighted throughout the plan. We have involved councillors, community and faith leaders and volunteers in our acute response and our approach to recovery. We have conducted extensive stakeholder interviews and insight from communities including Gypsy, Roma and traveller communities and faith and community leaders to understand the impact on communities and what is needed in recovery as well as a resident survey of over 5,000 people.
- The Community Engagement team have already established mechanisms in place for engaging with the community:
 - A network of community leaders, Street Associations and community groups in geographical locations.
 - 16 community boards.
 - A dedicated ethnic minorities engagement officer.
 - A database of 2,800 community assets including community groups right through to faith settings.
- The Community Engagement team are continuing to build links with key community leaders, influencers and contacts within the ethnic minorities and Gypsy, Roma and Traveller communities to strengthen relationships. There are some well developed links with these communities already, however this is an ongoing process and continues to grow through the newly appointed community engagement officer.
- Insight and intelligence from these relationships is used to inform the development of culturally competent communications materials, understand how each community prefers to engage and develop the plans/ approach.
- The team are responsive and flexible to the needs of the response and the community, sharing communications material is with community leaders and contacts on a regular (weekly) basis via email and WhatsApp, and setting up and holding 121 conversations with local leaders on a variety of related issues. Through these networks the team also facilitate conversations to encourage communities, in this instance faith settings, to think about other ways to hold communal prayer and service to minimise risk and will do the same to encourage faith settings to support their congregations to access Lateral Flow Tests (LFTs) ahead of attending settings. – testing, returning to opening and understanding how we can support in those communities.
- Supporting faith organisations to think about other ways to deliver communal prayer and services, facilitating the sharing of good practice amongst each other, and moving to continue this conversation to support faith settings to open safely and access LFTs.

Developing Community Resilience

Work is underway to reduce risk factors for catching COVID and poor COVID outcomes, especially in our most vulnerable communities and building on community resilience.

Asset Based Community Development (ABCD)

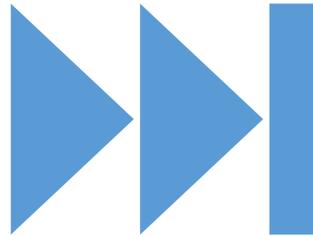
- In order to build community resilience, we are working to identify key community stakeholders who are acting in bridging roles to cascade information through their networks. This supports COVID-19 vaccination, testing and improving COVID-19 health literacy. We are also taking an Asset Based Community Development (ABCD) approach with the mobile vaccination sites, using local community assets (such as faith settings and identifiable trusted community venues for specific cohorts such as homeless) and connecting local stakeholders to promote and support access to the clinics.

Community Participatory Action Research (CPAR)

- A Community Participatory Action Research (CPAR) approach is being taken to support COVID-19 resilience, this involves, for example, the stakeholder conversations Public Health and Community Engagement are having to understand the communities and working together to address them. This has led to action in the form of community vaccination clinics, webinars and the development of specific communication materials. CPAR is a fundamental element of our Asset Based Community Development approach and is enabling positive action within our local communities to respond to COVID-19. Through the stakeholder conversations we are collecting insight and local stories to understand the needs, barriers, challenges and opportunities regarding COVID-19 and this is informing our response
- We are applying these approaches to develop a co-designed whole system approach to preventing diabetes and cardiovascular disease as part of our recovery plan.

Section 5 – Forward Planning

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Forward Planning and Recovery



Forward Planning and Recovery

Planning for a third wave is important for system partners as it is highly likely that resurgences in COVID-19 will continue to occur this year as we reopen before the adult population has been fully vaccinated. In addition we know that vaccines do not provide 100% protection and coverage will not reach 100%. Finally there is the continuing risk of virus mutation producing variants capable of reducing the effectiveness of the vaccination programme.

Currently there are several modelling outputs for hospital occupancy, infection transmission and deaths at the national level (SPI-M-O and NHS E&I). NHS England and Improvement in the South East has commissioned Whole Systems Partnership to create a local admissions, beds and discharges model. This is a dynamic model and updated a few times a week to generate outputs based on three scenarios. The scale and timing of these resurgences are dependent on very uncertain modelled assumptions, including real world vaccine effectiveness against severe disease and infection; vaccine coverage and rollout speed; behavioural factors; and the extent to which baseline measures (which could be voluntary) continue to reduce transmission as restrictions ease. . It remains critical to evaluate the effect of each step in the roadmap before taking the next. We continue to optimise and build in modelling to inform our planning and recovery. We map our own case rate and admissions data on to the model shared with the NHS and maintain weekly meetings with system leaders to be ready for a third wave.

We will also starting to plan for the Autumn vaccine booster as more detail becomes available and to respond to various national initiatives including Migration to Integrated Tracing System (ITS), Outbreak Identification and Rapid Response (OIRR) and more widespread variant testing.

Forward Planning and Recovery

- In June 2020, Cabinet approved the Buckinghamshire Framework for place based recovery. The response was structured around the work of four partnerships
- The Member Recovery Board was established to lead the delivery of the framework and provide political oversight, with partners joining the meeting according to the agenda items . A Forward Look for the Member Recovery Board is shown below.
- The Council will maintain their close working with NHS system leaders and meet regularly to still ensure a system wide coordinated response.
- The council will continue to work closely with the local health protection team during the transition period between Public Health England and the UK Health Security Agency. It is understood that the new agency will aim to improve local to national partnerships, strengthen regional health protection systems and focus on inequalities related to infectious disease and other health threats.
- We are working closely with partners to ensure that future elections are managed in a COVID-safe manner, including making remote voting options available and implementing appropriate precautions at polling and counting stations.



Phase 1: To the end of Lockdown

Challenge continues to be fighting the virus and protecting communities

Ensure people are protected through the roll out of vaccine programme and through test, trace & isolate systems

Monitor uptake and address inequalities

Preparation for response activities - Surge Testing

Return of children to school

Support for Businesses

Support residents to comply with the national restrictions

Phase 2: Easter – Autumn 2021

Communities will be looking to move towards normal life

- Clear communications with the public about any ongoing restrictions
- Contact tracing & management of local outbreaks
- Support for businesses and community facilities
- Reopening High Streets
- Delivery of safe elections
- Programme of community events/activities
- Step down plans – clinically vulnerable, homeless etc
- Winter planning

- Understanding & planning for long term impact of pandemic -eg:
 - Underachievement in schools
 - Poor mental health
 - Business closures
 - Retail decline
 - Unemployment rates for young people
 - Increased demand on public services – health, social care etc
 - Viability of service providers – eg leisure, cultural services
 - Inequalities

Phase 3: -Winter 2021 +

Moving towards sustainable recovery models

Future COVID-19 control measures – eg booster vaccination programme?

Temporary structures may disappear – eg COVID-19 response programmes scaled down/resources withdrawn

Clarity about future national financial climate

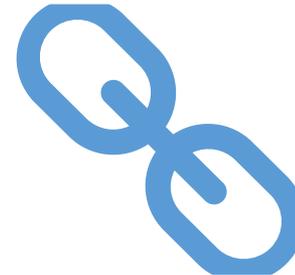
Addenda



Glossary



Contributions



Appendices



Glossary

• Ethnic Minorities	All ethnic groups except the White British group	• LOEB	Local Outbreak Engagement Board
• BC	Buckinghamshire Council	• MIG	Multi-agency Information Group
• BOB	Buckinghamshire, Oxfordshire, Berkshire	• MHCLG	Ministry of Housing, Communities and Local Government
• CCA	Civil Contingencies Act	• NHSE	NHS England
• CCG	Clinical Commissioning Group	• NIRP	National Incident Response Plan
• CQC	Care Quality Commission	• OCT	Outbreak Control Team
• DHSC	Department of Health and Social Care	• ONS	Office of National Statistics
• DPH	Director of Public Health	• PCN	Primary Care Network
• EH	Environmental Health	• PH	Public Health
• GRT	Gypsy, Roma & Traveller	• PHE SE	Public Health England South East
• HPT	Health Protection Team	• SAVI	Small Area Vulnerability Index
• ICP	Integrated Care Partnership	• SCG	Strategic Co-ordinating Group
• ICS	Integrated Care System	• SCAS	South Central Ambulance Service
• IG	Information Governance	• SOP	Standard Operating Procedure
• ITS	Integrated Tracing System	• TCG	Tactical Co-ordinating Group
• JBC	Joint Biosecurity Centre	• TVLRF	Thames Valley Local Resilience Forum
• LFD	Lateral Flow Device	• UKHSA	UK Health Security Agency
• LHRP	Local Health Resilience Partnership		
• LRF	Local Resilience Forum		

Section	Name	Department
Testing	Dr Andrew Burnett	Assistant Director of Public Health
	Mark Pritchard	Specialty Registrar in Public Health Medicine Buckinghamshire Council
Tracing	Andrew Burnett	Assistant Director of Public Health
Inequalities and recovery	Louise Hurst	Consultant in Public Health
Clinical Governance	Andrew Burnett	Assistant Director of Public Health
Self-Isolation	Lloyds Jeffries	Service Director Business Operations Buckinghamshire Council
Covid Secure Non-Pharmaceutical interventions	Nigel Dicker	Nigel Dicker Service Director, Housing & Regulatory Services Buckinghamshire Council
Surge Testing Variants of Concern (VOC)	Dr Naheed Rana	Public Health Consultant Buckinghamshire Council
	Francis Habgood	Safeguarding Joint Chair Buckinghamshire Council
Supporting the Vulnerable	Emma Denley Gill Harding	Localism Manager Localities Welfare Lead Buckinghamshire Council
Emergency Planning	Andrew Fyfe	Head of Civil Contingencies Buckinghamshire Council
Tactical Plan	Andrew Fyfe	Head of Civil Contingencies Buckinghamshire Council

Section	Name	Department
Communications	Kim Parfitt	Head of Communications Buckinghamshire Council
Community Engagement	Kate Walker	Localism Manager Buckinghamshire Council
	Korinne Leney	Community Engagement Team Manager Buckinghamshire Council
Vaccination	Steve Goldensmith,	Head of Long Term Conditions, Ill Health Prevention & Supported Self Care NHS Buckinghamshire CCG
	Simon Kearey,	Head of PCN Delivery and Development NHS Buckinghamshire CCG
	Kate Holmes	Interim Chief Finance Officer NHS Buckinghamshire Clinical Commissioning Group
Data and Surveillance	Tiffany Burch	Consultant in Public Health Buckinghamshire Council
Education	Simon James	Service Director Education Buckinghamshire Council
	Dr Nileema Patel	Dr Nileema Patel Public Health Registrar Buckinghamshire Council
Care Settings	Matilda Moss	Head of Integrated Commissioning Adult Social Care Buckinghamshire Council
	Tracey Ironmonger	Service Director Adults Health and Housing Integrated Commissioning Buckinghamshire Council
	Jess Thompson	Programme Manager Integrated Commissioning Adult Social Care Buckinghamshire Council
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