

To: **Executive**
30 June 2020

Bracknell Forest Outbreak Management Plan Strategic Director of Public Health

1 Purpose of Report

1. Describes the Covid-19 local Outbreak Control Plan and Summary.

2 Recommendation

- 2.1 That the Bracknell Forest Local Outbreak Control Plan be endorsed.

3 Reasons for Recommendation

- 3.1 Requirement for formal sign-off by Local Authority.

4 Alternative Options Considered

- 4.1 None

5 Supporting Information

5 Context

- 5.1 The initial UK Covid-19 epidemic was largely seeded across the country at the same time, with all parts of the country experiencing the rise and subsequent fall in cases concurrently. Our early response was centrally driven with local support. Now, as numbers of cases are reducing and counter measures (social distancing, working at home, shielding etc) are slowly being lifted. Many of our population remain susceptible to Covid-19 and the risk of future outbreaks is high. It is anticipated that the ongoing pattern of Covid-19 will be more varied requiring strengthened local responses to control spread.
- 5.2 Each LA is required to develop a local Outbreak Control Plan describing how it will respond to a rise in cases locally and specifically in higher risk settings, where spread may be more likely and/or control may be more challenging. The plans have been accompanied by a £300m test and trace grant for local government.
- 5.3 The role of the LA is an extension of its current duties and roles around outbreak management. Public Health England's local Health Protection Teams carry the duty to control infectious diseases and the LA through the Director of Public Health is responsible overall for the health of its population. The LA provides support to the HPT in implementing measures to control infectious disease locally, for example in liaison with schools about outbreaks of measles or diarrhoea. In the time of Covid, this will be required more intensely.

- 5.4 The LA role in outbreak management sits as part of a national framework for COVID control. With a package of national programmes including NHS Test & Trace, increased testing capacity and access and provision of more detailed data and insights from the Joint Biosecurity Centre.

6 NHS Test and Trace

- 6.1 NHS Test & Trace is a new national service to identify cases of Covid-19 and prevent onward transmission using thorough contact tracing and quarantine measures. In the long term, it is expected that will be supported by the NHSX Covid-19 app which will support people to identify when they are symptomatic, order tests, and send alerts to other app users who have had close contact.
- 6.2 NHS Test and Trace has 3 levels, the LA will support at level 1b.
- **Level 3:** national call handling centre providing phone-based contact tracing
 - **Level 2:** contact tracing specialists providing phone-based contact tracing
 - **Level1b:** localised delivery providing contact tracing, consequence management and support for complex situations.
 - **Level 1a:** A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

7 The Local Outbreak Plan

- 7.1 In June 2020 national government announced the requirement for local government to build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health, through the development of Local Outbreak Plans.
- 7.2 Local Outbreak Plans for COVID-19 are a combination of health protection expertise and capabilities (the public health sub-disciplines of epidemiology and surveillance, infection suppression and control techniques, contact tracing and evaluation) and the multi-agency capabilities of bodies in supporting these efforts through the deployment of the necessary resources to deliver these health protection functions at scale, where needed.
- 7.3 Local Directors of Public Health are responsible for defining the measures and producing the plans, working through Covid-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums and a public facing Outbreak Engagement Board led by council members to communicate openly with the public.
- 7.4 All upper tier local authorities are required to develop local outbreak control plans by 30 June 2020, ahead of further phases of the national infection control framework.
- 7.5 Bracknell Forest's plan is informed by the LGA Guiding Principles for Effective Local Outbreak Management ¹ the themes for Local Outbreak Control Plans as described by DHSC and learning from the 11 early implementation sites across the country.
- 7.6 Berkshire has unique arrangements for Whilst Bracknell Forest Council has developed its own plan, working with departments across the council to identify high risk settings and scenario planning, components of the plan have been developed collaboratively across LAs in Berkshire to ensure a coherent approach. Local NHS

partners are also reviewing their plans and have also worked closely with us to ensure that our plans are effective.

7.7 The plan centres around 7 themes identified nationally as follows:

- **Care homes and schools**
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- **High risk places, locations and communities**
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
- **Local testing capacity**
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
- **Contact tracing in complex settings**
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
- **Data integration**
Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management, including data security, NHS data linkages)
- **Vulnerable people**
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
- **Local Boards**
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

7.8 Locally, 2 themes have been added, keeping our workforce safe and communications and engagement. Ensuring that residents are a part of the local decision making has been a primary role in the plan development and is key to strong outbreak control.

Key objectives of the plan are to:

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

Important elements of the Local Authority role are to:

- Conduct surveillance for early signs of hotspots and outbreaks, using Joint Biosecurity Centre, testing and other data streams alongside local knowledge and soft intelligence
- Allocate mobile testing capacity
- Provide support for residents to use T&T and to follow through on advice to isolate or take other measures to keep safe
- Contextualise the PHE Health Protection Team response for particular localities or communities.
- Support risk assessment for infection prevention and control including PPE
- Keep members and residents fully informed

- Support PHE HPT, adding capacity, standing up outbreak control teams, supporting contact tracing, enacting local control measures
- Enforcement when needed
- Develop the plan with NHS and other partners with common processes, shared mobilisation and mutual aid but localised risk assessments & scenario plans.

8 Governance

- 8.1 There is an important governance and oversight role for the Council,
- To form Multi agency Health Protection Boards to oversee the development and delivery of the Outbreak Control Plans. Two multiagency Health Protection Boards are now in place in Berkshire, one for the 3 LAs in the East of the County and one for the 3 LAs in the West.
 - To form a Public facing Engagement Board, to engage with residents on outbreak control plans and measures.
- 8.2 This Local plan builds on existing plans and functions, including the:
- Thames Valley Outbreak Plan
 - Statutory functions of the Director of Public Health
 - A new National Outbreak Control Framework
 - Berkshire Public Health Team Emergency Response Plan (overarching plan)
 - Berkshire Public Health Protection Communication Plan
 - Berkshire Public Health Team Pandemic Influenza Response Plan
 - Thames Valley Influenza Pandemic Framework
 - Thames Valley LRF Scientific and Advice Cell (STAC) Plan
 - Public Health England Centre Thames Valley Health Protection Team Joint Outbreak / Incident Control Plan
- 8.3 Covid-19 advice and support are also being provided by the Berkshire shared PH team, as follows:
1. LAs are sharing public health expertise to ensure capacity for Covid-19 response 7 days a week. Public health expertise is located across LAs in environmental health and public health teams and in commissioned services such as sexual health.
 2. Two cells are being formed to centralise the technical support on Covid-19 to LAs across Berkshire. This resource will assist LA Chief Executives and Officers to take decisions on directing resource, enacting countermeasures or enforcement based on knowledge and evidence. The cells will be staffed with a mixture of new posts and rostered officers from the LAs. This should reduce duplication and enable some capacity to be directed towards reinstating public health services and recovery.
 3. The Cells will also keep LAs up to date with national guidance, advise on risk assessments for PPE, and interpret PHE advice for local implementation. They will be key points of contact for PHE.
 4. The Public Health Shared Team will continue local surveillance of Covid-19 data, producing intelligence and dashboards to guide the cells.

5. In the event of an outbreak locally, the cells will be able to coordinate the local outbreak response, in liaison with PHE's Thames Valley Health Protection Team and in partnership with CCG and ICS incident control centres.

9 Sign off and Publication of Plan

- 9.1 Although a comprehensive plan has been developed with partners, this remains an iterative process and will be developed further as more information becomes available on increasing testing capacity and the deployment of mobile testing units; high risk settings scenarios are developed further, and local Health Protection and Outbreak Engagement Cell become established.
- 9.2 A short summary of the Outbreak Control Plan (see Appendix 1) will be published by the 1 July 2020 after formal sign off by the Chief Executive, Strategic Director Public Health and Public Health England.

10 Consultation and Other Considerations

Legal Advice

- 10.1 Nothing to add to the report.

Financial Advice

- 10.2 Within existing resources to produce the plan but overall costs arising from outbreaks may result in additional costs beyond the funding provided.

Equalities Impact Assessment

- 10.3 Not applicable.

Strategic Risk Management Issues

- 11.4 Not applicable.

Background Papers

Bracknell Forest local (draft) Outbreak Control Plan

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Bracknell Forest Council

COVID-19 Outbreak Control Plan

Version Control

Version	Changes made	Date
0.1	Document Creation	11 June 2020
0.2	TL suggestions	12 June 2020
0.3	Theme leads section updates	15 June 2020
0.4	Standardised sections added	16 June 2020 (CF & YB)
0.5	Document structure reformatted	16 June 2020 (YB)
0.6	Appendix update	16 June 2020 (CF)
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1.0	Draft finalisation	24 June 2020 (CF, KW, YB)
1.1	Incorporated PHE comments	26 June 2020 (ED, KW, YB)
1.2	Removed process diagram until complete	26 June 2020 (ED)

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Abbreviations

BFC	Bracknell Forest Council
BHFT	Berkshire Health Care Foundation Trust
BECCG	Berkshire East Clinical Commissioning Group
CHP	Consultant in Health Protection
CIDSC	Centre for Infectious Disease Surveillance and Control
CSH	Community Support Hub
DHSC	Department of Health and Social Care
DPH	Director of Public Health
EHO	Environmental Health Officer
HPT	Health Protection Team
ICP	Integrated Care Partnership
ICS	Integrated Care System
OCT	Outbreak Control Teams
OMC	Outbreak Management Cell
JBC	Joint Biosecurity Centre
LA	Local Authority
NHS	National Health Service
NPIs	Non-pharmaceutical Interventions
PHE	Public Health England
PPP**EH SERVICE**	Public Protection Partnership
RBWM	Royal Borough of Windsor and Maidenhead
SBC	Slough Borough Council
SOP	Standard Operating Procedures
STAC	Scientific and Technical Advice Cell
TVLRF	Thames Valley Local Resilience Forum
TVPHEC	Thames Valley Public Health England Centre
UTLA	Upper Tier Local Authority

1.0 Purpose of Document

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

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

1.1 Objective of the plan

Key objectives of this plan are to:

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

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

1.2 Links with other plans

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

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

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

2.0 Introduction

2.1 The need for a local plan

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

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

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

2.2 Local Authority Context

Bracknell Forest encompasses 42.23 sq. miles of land within the Thames Valley Berkshire area and is recognised for its high quality, accessible network of clean, safe and attractive green spaces and facilities which allow people to improve their health and well-being through recreation and sport now and in the future number. In addition, it is recognised for its significant number of wildlife and areas designated as Sites of Special Scientific Interest (SSSI)

Bracknell Forest is home to an estimated to 122,549 (ONS 2019) people, 49/7% male and 50.4% female. Most residents are predominantly White British (90.6 %), with BAME (Black and Minority Ethnic) communities make up 9.3% of the population. Almost 70,000 of the residents are economically active and the unemployment rate is one of the lowest in the country.

The health of people in Bracknell Forest is generally better than the England average in that it is one of the 20% least deprived unitary authorities in England, however about 9.1% (2,045) children live-in low-income families. Life expectancy for both men (81.9) and women (84.9) are higher than the England average. Although the quality of life in the Borough is one of considerable affluence there are still many people struggling with hardship that harms their health. obesity, especially among some children, is a growing concern rather than a diminishing one. Poor mental health across the life course was high pre COVID-19 and this appears to have been exacerbated further and it is likely, that social isolation is a major factor contributing to this.

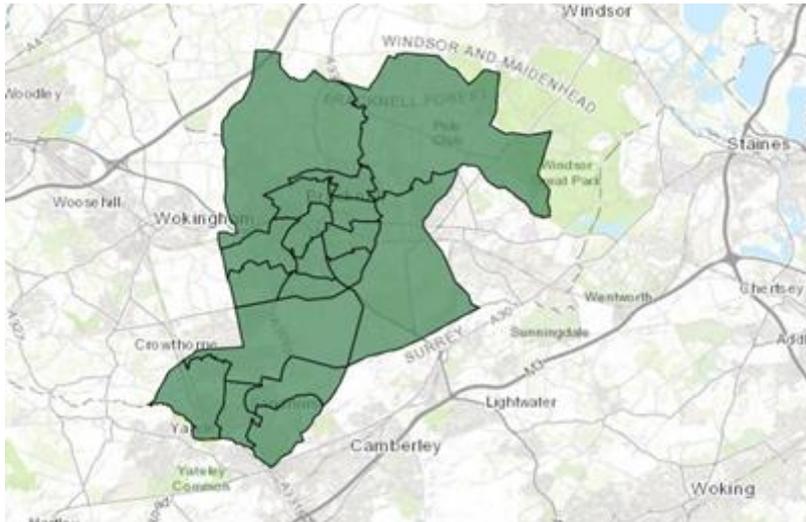


Figure 1: Map of Bracknell Forest Council

Bracknell Forest is one of the least deprived areas of the country (ranked 282 out of 317 local authorities in England on the Index of Multiple Deprivation 2019). Property prices and levels of car ownership are significantly higher than the national average. However, these headline figures mask significant pockets of deprivation. For instance, 6 out of 19 wards in the borough have free school meal eligibility of over 10%. The borough rate is 7.9% compared to 14.3% nationally. 7.7% per cent of 0-15-year olds in the borough are living in poverty, compared to a South East average of 10.6% and a national average of 14.7%.

Number of Schools

Bracknell Forest has 29 primary schools, 6 secondary schools, 1 all-through school, 1 special school and 1 Pupil Referral Unit. Overall results are consistently in line with or above the national averages. Most schools in Bracknell Forest have been judged to be good or better by Ofsted, levels of young people not in education, employment or training are below the national average.

The percentage of young people achieving a grade 4+ in both GCSE English and mathematics (66.3% in 2019), and a grade 5+ in both English and mathematics (44.1% in 2019) has been slightly higher than the England all schools figure from 2017 to 2019. The average Attainment figure in Bracknell Forest has been broadly in line with, or slightly above the England all school figure during the same period and reached 46.9 in 2019. The number of pupils remaining in education after KS4 is positive and is higher in Bracknell Forest (95%) than the England figure (94%).

The percentage of children in the school population with statements of special educational needs in Bracknell Forest has remained relatively in line with the national levels.

Employment

The number of workless households in January to December 2018 represented 2,200 households.

The number of people claiming Job Seekers' Allowance has fallen from a peak of 2.5% in March 2010, to 0.6% in May 2020. This represents just 452 people. The figure remains

equal to the South East average and lower than national average (0.6% and 0.7% respectively)².

Vulnerable/at risk Groups

- **Age and Sex:** The age and gender distribution of laboratory-confirmed COVID-19 cases from Pillar 1 data has identified that in Bracknell people who are 80 years old or older are more likely to die than those under 40. The risk of dying is higher among males than females over 70, even though diagnosis rates are higher among females aged under 60.
- **Deprivation:** The risk of dying is higher in those living in more deprived areas than those living in least deprived areas. People living in deprived areas are more likely to be diagnosed and to have poor outcomes following diagnosis than those in less deprived areas. 2015 data (aggregated LSOA up to ward level) showed that Wildridings and Central, Great Hollands North and Old Bracknell were the three most deprived wards in Bracknell Forest
- **Ethnicity:** The risk of dying is higher among those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups (the causes appears to be multifactorial). After accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity are around twice the risk of death when compared to people of White British ethnicity. Approximately 9.3% of Bracknell Forest residents are BAME (ONS, 2011).

Health and Social Care Landscape

Bracknell Forest Council is part of the Frimley Health & Care Integrated Care Partnership (ICP) that consists of NHS East Berkshire CCG (EBCCG) (three CCGs following a recent merger of three CCGs in East Berkshire), Bracknell Forest Council (BFC), Royal Borough Windsor & Maidenhead Council (RBWM), Slough Borough Council (SBC), Berkshire Healthcare Foundation Trust (BHFT), South Central NHS Ambulance Trust (SCAT) and the voluntary sector. Frimley ICP also forms part of wider Integrated Care System that is made up of the NHS North East Hampshire & Farnham CCG & NHS Surrey Health CCG.

The Frimley Health ICS covers a relatively affluent area across parts of Surrey, Hampshire and Berkshire. Life expectancy is generally higher than the national average, except for several pockets of deprivation. A growing population and ageing demographic mean that demand for health and care services is rising.

The ICS is based around the footprint of one acute trust – Frimley Health NHS Foundation Trust. Two large community and mental health providers – Surrey and Borders Partnership NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust – deliver services across the Frimley Health footprint and surrounding areas.

² ONS -

<https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/jobseekerallowanceforlocalandunitaryauthoritiesjsa01>

Children's Social Care

Children's Social Care service provides support to children and their families who need support and/or protection from significant harm and also includes support to Children Looked After and Care Leavers. The service has implemented the innovative Family Safeguarding Model approach and broadened the scope of this to include Duty and Assessment Teams, and Children's Specialist Support Team. Attached to these teams is a specialist provision; Make Safe Team (CSE, CCE and Missing) and Youth Offending Service.

More recently, in line with government guidelines, the service has taken a step towards resuming more normal functions, in order to strengthen our ability to safeguard children. Our caseload numbers slowly increasing, which will undoubtedly have an impact on our CPP figures and CLA population. There are several areas where we see emerging and increasing risk; babies under 1 years of age; domestic abuse, adolescent mental health (self-harm and suicidal ideation); parental mental health; parental use of drugs and alcohol.

Adult Social Care

Bracknell Forest Council Adult Social Care is available to all people over the age of 18+ who have a care and support need as defined in the Care Act 2014. Services are available for adults with physical disabilities, Older People, learning disabilities, mental health issues and range from assessments and reviews, directly provided services such as Intermediate Care and Respite for people with learning disabilities.

Adult Social Care service operate multidisciplinary teams and commissions an array of services to meet individual need such as care home placements, care, support and adaptations in the person's home. The council plays an important role in supporting these commissioned services.

Care Homes

Bracknell Forest has 13 CQC registered in-borough homes catering predominantly for over 65's. Only one care home is council-run and is a respite home for learning disability which is currently not operating due to lack of current demand for respite care from families). The 12 operating care homes, which are not council run, have a total of 349 beds and employ 376 staff. There have been 8 outbreaks in care homes Bracknell Forest since the beginning of the pandemic. There has also been a relatively low number of COVID-19 related deaths in Bracknell Forest care homes, with a significant reduction in the number of new notifications since 5 May. The capacity tracker shows that all operating care homes in Bracknell are 'green' for care home pressures.

Crime

All victim-based crime in 2019/20 has increased by 6.9% compared to 2018/19. This is in line with increases seen Thames Valley-wide for the same period. Despite the increase, Bracknell Forest Community Safety Partnership had the 3rd lowest level of recorded crime per 100,000 population in its group of 15 Community Safety Partnerships and the 7th lowest of all 57 local authority areas in England for 2019/20. Reductions have been seen in personal robbery, vehicle interference, criminal damage and some categories of burglary and theft.

3.0 Health Protection Legal and Policy Context

The legal context³ for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

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

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

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

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

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

³ <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

Local Health Protection System simplified diagram

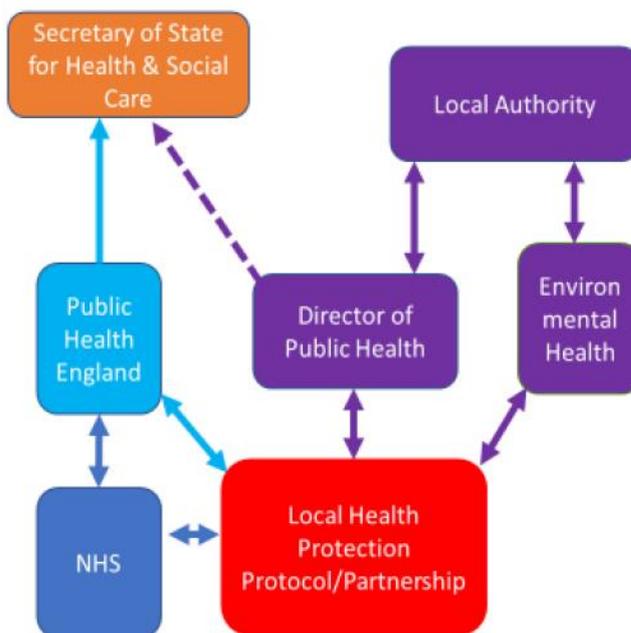


Figure 2: A simplified diagram of the Health Protection System

3.1 Coronavirus Act 2020

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

'Localised' lockdown would require further government Regulations that are designed to be used locally. Currently, there are no such Regulations.

3.2 Data Sharing

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

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

4.0 Overview of Test and Trace Operating Model

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

- **Tier 3** – Around 20,000 call handlers have been recruited under contract to PHE to contact people who have tested positive for COVID-19, to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. Advice following national standard operating procedures (SOP) and scripts is given to close contacts as appropriate. An automated app will also be launched nationally for people to report symptoms, access testing and complete an online questionnaire
- **Tier 2** – Around 3000 dedicated professional contact tracing staff have been recruited by the NHS where there are difficult/more complex issues to address which have been escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts
- **Tier 1b** – PHE Health Protection Teams will investigate cases escalated from Tier 2. This will include complex, high risk settings, and communities such as care homes, special schools, prisons/places of detention, healthcare and emergency workers, health care settings, and small vehicles; and places where outbreaks are identified e.g. workplaces. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate. An outbreak is defined as 2 or more cases (suspected and /or confirmed) linked in place/time. An outbreak will trigger this plan as detailed in [Section 6.5](#).
- **Tier 1a** - a national co-ordinating function to lead on policy, data science, and quality assurance of the service.

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

5.0 National and Local Alert System

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

5.1 National Alert System

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

Table 1: Overview of National Alert System

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

5.2 Local Alert Levels

Local alert levels for Bracknell Forest will involve an assessment of a range of quantitative and qualitative data. This data will come from a variety of sources including the JBC as well as intelligence gathered from Local HPTs, shared public health team, the national Track and Trace system, and environmental health teams. The DPH, in consultation with the Health Protection Board and GOLD Command, will be responsible for setting an appropriate risk level based on the risk guide. This risk level will only differ from the national alert level if there are significantly higher cases locally. The risk level will inform the type of non-pharmaceutical interventions (NPIs) that can be implemented across an area (Appendix to follow).

6.0 What is an Outbreak/Incident

What constitutes an outbreak?

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

What constitutes an incident?

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

6.1 Cycle of Health Protection Action

Outbreak management, and contact tracing within it are part of a cycle of health protection action which starts from surveillance and epidemiology (reports of infection) through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice. Contact tracing can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing

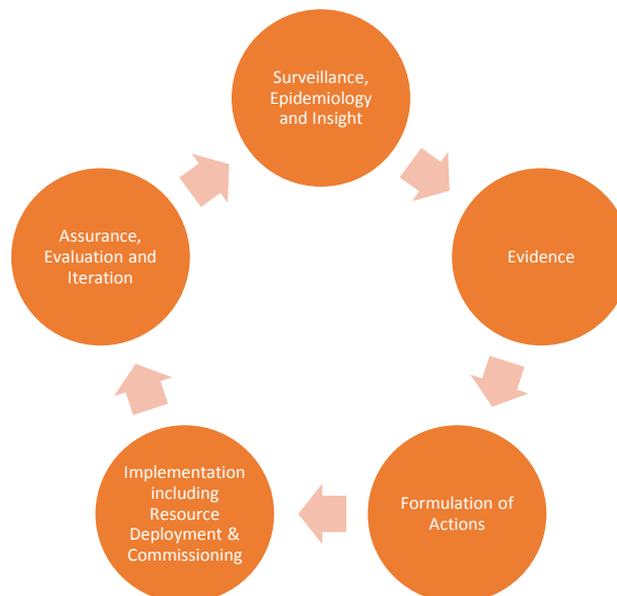


Figure 3: Cycle of Health Protection Action

outbreak control.

In the context of COVID-19 this means:

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

6.2 Triggering the plan

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

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

6.3 Notifications of outbreaks/incidents

Notifications on outbreaks will be sent to the Public Protection Partnership Team who will monitor notifications from PHE 7 days per week (9am to 5pm) and will respond within 1 hour. A generic email has been set up for PHE to send notifications to PPP - CV19Notifications@westberks.gov.uk (telephone number TBC).

Upon notification of an incident or outbreak, PPP will notify key members of the Bracknell Forest Outbreak Management Cell, as follows:

- Public Health Consultant
- Chair of the Outbreak Management Cell
- Lead council officer for the relevant high risk settings (e.g. school, workplaces, adult social care, children's social care)

These officers will notify the individuals below:

1. Public Health Consultant to notify Gold Command
2. Public Health Consultant to report to East Berkshire Health Protection Board
3. Chair of the Outbreak Management Cell to notify Executive Member
4. Chair of the Outbreak Management Cell to notify relevant ward members

The table below lists the council officers or subject matter experts who are responsible for the high-risk settings, action plans, and supported by Public Health Officers. These officers will be contacted by PPP duty desk on notification of an incident or outbreak along with the relevant Public Health Officer.

Table 2: Service leads across the council and partners on high risk settings

High Risk Setting	Lead officer	Public Health Lead
Residential Care (Adults)	Sam Morrison Melanie O'Rourke	Cynthia Folarin
Residential Care (Children)	Sam Morrison Sonia Johnson	Maureen Mandirahwe
Early Years	Cherry Hall	Maureen Mandirahwe
Education	Debbie Smith	Maureen Mandirahwe
Health	TBC	Cynthia Folarin
Workplaces / Retail	Chris Mansfield	Cynthia Folarin
Places of Worship	Harjit Hunjan/Abby Thomas	Cynthia Folarin
Housing	Sarah Gee	Cynthia Folarin
Leisure	Damian James Stephen Chown	Maureen Mandirahwe
Transport	Neil Matthews	Cynthia Folarin

6.4 Out of Hours

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

The PPP duty desk will operate a 7 day a week service from 9am to 5pm. Outside of these hours, the Public Health TVHPT will contact the duty Public Health Consultant from the Berkshire Public Health Shared Team. They will contact PHE if they are not already aware A rota will be shared at least on a weekly basis (Fridays) to the OOH contact centre and the emergency duty officer. The duty Public Health Consultant on notification, will assess the situation and initiate the coordination as necessary.

Local Outbreak Notification and Response Process

Diagram TBC

6.5 How will an outbreak be managed? I assume this will be broadly shared with care providers etc to ensure they are reporting correctly (MO'R)

In the event of an identified outbreak and in line with PHE South East Standard Operating Procedures (SOP) ([Appendix 2](#)), TVHPT will request the support of the PPP duty desk to convene a multiagency Incident Control Team (ICT) meeting to coordinate the partner response. There are well established processes in place for convening ICTs and mobilising responses to outbreaks, as detailed in the health protection plans listed in [Section 1.2](#).

Where an ICT does need to be convened, this will follow the process described in the PHE SE SOP ([Appendix 2](#)) with the agenda for the meeting found in [Appendix 4](#). Should an ICT be requested then the duty officer at PPP will put actions in place to call the ICT meeting. They will use Teams to set up the initial meeting and ensure that the relevant people from

the Outbreak Management Group are invited. Who is required will depend on the setting and severity of the outbreak?

The ICT will normally be chaired by a senior officer (either Director of Public Health or Consultant in Public Health) and include PHE CPH, the chair of the BFC Outbreak Management Cell, the lead council officer for the relevant high risk setting and council communications lead (see Figure 2 for process).

6.6 How will an Incident be managed?

Incidents are single cases (which are linked to High Risk Premises) or those which are deemed as low risk and PHE TV HPT may not require an ICT. PPP will be required to ensure the relevant contacts within the Council are informed in this case so that they can carry out the appropriate action as contained within this plan. This will normally be the co-ordination of Council Officers as part of a 'local response team' that will provide 'ad hoc' support to the setting supported by the East Berkshire Health Cell.

The support to the high-risk setting will normally consist of prevention control advice, comms support, prevention measures, interpretation of local guidance and signposting to the community support hub

6.7 Other Notifications

In addition to the above, the PPP Duty Desk may receive notifications for welfare reasons such as

1. Where the person or household isolating needs to get access to food and or medicine
2. Where the person or household is a carer for others and those people, they care for will need to have assistance
3. Where there are Looked After Children or Foster Carers and information is required to be passed to the relevant 'corporate parent' i.e. the Council, or where the carer requires assistance.

The PPP will ensure that these enquiries are passed onto the relevant council service area. For all enquiries around food or medicine, the Community Response Cell should be contacted (see Section 13). For enquiries relating to Looked after Children or safeguarding concerns the PPP will notify the Multi-agency Safeguarding Hub (MASH). Contact details for all relevant council service areas can be found at Appendix XX [list of contact details to be added].

6.8 Outbreak Management Principles

As detailed in 6.4 above there are SOPs and guidance in relation to outbreak and incident management which are detailed in this plan and the appendices. Some key points to note include:

- Early coordination and understanding of the situation at Council if not multi-agency
- Involving the correct services and agencies for the outbreak management
- Engagement with the relevant setting and community
- Accurate timely communications
- Documented meetings with clear actions and owners

- Key decisions being logged
- Escalation as necessary and in a timely manner to the correct decision-making body.

6.9 Roles and Responsibilities

In addition to the roles of the specific groups there are some specific roles of services and teams within the Council as set out in outline below:

Table 3: Summary of roles of services and teams

Service/Team	Role
Public Health and Wellbeing	<ul style="list-style-type: none"> • To lead on the development of this plan • To lead on the engagement with PHE TV HPT and the DPH for Berkshire • PHE TV HPT to be the main initial point of contact and triage point in relation to any outbreak notification
BFC Gold Command	<ul style="list-style-type: none"> • Oversight of the Outbreak Management Plan • Allocation of council resources
Outbreak Management Cell	<ul style="list-style-type: none"> • To lead the internal coordination of outbreaks within the council area
Public Protection Partnership – Environmental Health Officer	<ul style="list-style-type: none"> • To undertake the roles as details in the appendices to this plan • To provide 7-day delivery of the service
Emergency Planning	<ul style="list-style-type: none"> • To support in the development of this plan • To support the reporting process • To liaise with the TVLRF • To be the Tactical Advisors, if multi-agency groups are put in place, TCGs and SCGs • To liaise with the Berkshire Shared Public Health Team
Service Leads	<ul style="list-style-type: none"> • To be the Subject Matter Experts (SMEs) should there be an outbreak associated with specific High-Risk settings in developing this plan • To be the SME in relation to any outbreaks associated with their respective high-risk setting. • To provide details and support to both the council's Outbreak Management Cell and the setting as necessary • To be the link to the relevant Government Department as necessary

6.10 Outbreak Resourcing

The council has trained, qualified and experienced staff to undertake the roles necessary for outbreak management. However, should there be a need for additional resources there are processes in place to increase capability including:

- Berkshire Local Authorities Mutual Aid agreement
- TVLRF Mutual Aid Agreement

- MHCLG Resilience and Emergency Division (MHCLG RED) who can broker support from across England and wider as necessary.

The processes including costs are all in place. Funding has also been provided by Government to local authorities to support test and trace services and help develop action plans to reduce the spread of coronavirus in their area

6.11 Outbreak Management Cross Border Engagement

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

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

- Surrey County Council (part of Frimley ICS)
- North East Hampshire County Council (part of Frimley ICS)
- Slough Borough Council
- Royal Borough of Windsor and Maidenhead
- Reading Borough Council
- Wokingham Borough Council
- West Berkshire Council
- Thames Valley (LRF)

Key contacts have been identified in each of these authorities and links will be made through the PHE South East Regional Oversight Group. There are also agreed communication channels in place with the South East PHE. See Appendix XX [list of contact details to be added].

6.12 Outbreak Escalation

The escalation process is detailed in [Appendix 2](#).

Where a multi-agency response is needed, or the incident crosses geographical boundaries it may be necessary to put in place an East Berkshire Tactical Coordinating Group (TCG) or a Berkshire wide TCG. The situation may also require the standing up of the Strategic Coordinating Group (SCG) particularly if complex, if the outbreak is across several council boundaries.

If a TCG or SCG is required, then the TVLRF Manager would link with the Emergency Planning in order to put in place the relevant support.

Depending on the level of escalation would depend on who would be represented on the coordination group but would normally involve the Gold/Silver representatives for the council and the DPH for Berkshire or the Consultant in Public Health, along with the council Lead for the 'high risk setting' and Emergency Planning as a Tactical Advisor.

7.0 Governance

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

Test and Trace Governance Overview

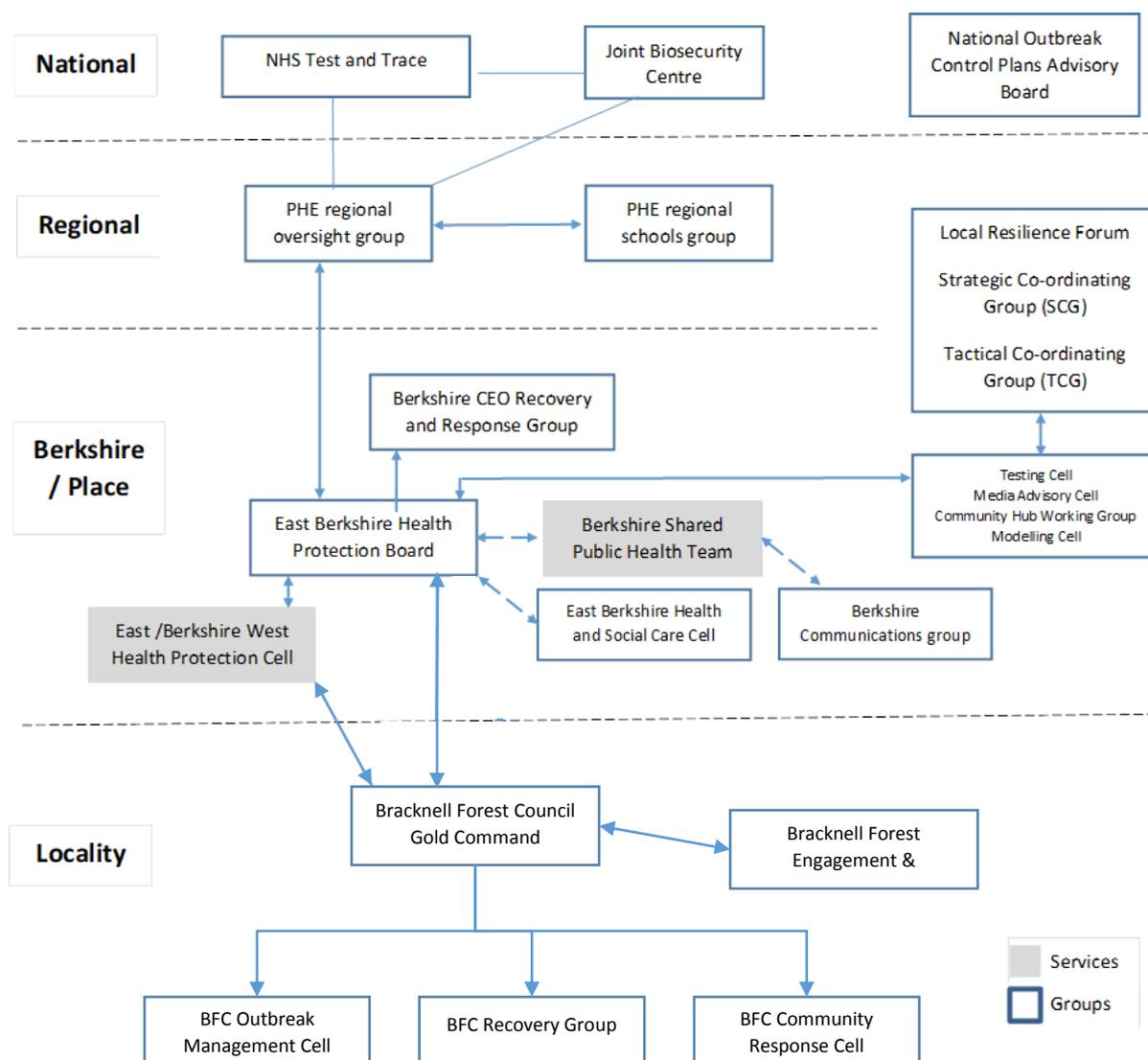


Figure 4: Test and trace governance overview

7.1 Bracknell Forest Outbreak Management Cell

The Bracknell Forest Outbreak Management Cell is the operational arm of the Health Protection Board and GOLD Command Group based within Bracknell Forest. The Cell comprises representatives from Education, Social Care, Environmental Health, Public Health, Community Response Cell, Emergency Planning and Comms. The group provides a range of functions including development of the outbreak management plan, providing specialist knowledge and are a point of contact for their service areas. They will also

participate in Incident Control Team meetings if required and translate national guidance for high risk settings. This group reports to Gold command. (See [Appendix 7](#))

7.2 GOLD Command Bracknell Forest

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

7.3 East Berkshire Health Protection Board

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

7.4 Health Protection Cells

The Health Protection Cells led by the Strategic Director of Public Health or her Deputy and will allocate experts as needed by councils. They will include experts with knowledge about outbreak management and will join outbreak control teams as requested by PHE and support council outbreak management cell in their local responses. (ToR Appendix to be added)

7.5 Local Outbreak Engagement Board

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

7.6 Thames Valley Local Resilience Forum

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

- Testing Cell
- Strategic Recovery Coordinating Group
- Community Hub Working group
- Media Advisory Group
- Logistic Cell (PPE)
- Death Management Planning Group
- Social Care Working Group

7.7.PHE Test and Trace Regional Oversight Group

This group will provide strategic leadership for the Test and Trace programme across the South East and have oversight of the contact tracing element of the programme within the context of the wider national test and trace programme, identifying and addressing issues relating to delivery of contact tracing. Full terms of reference and membership can be found in [Appendix to be added].

7.8 Non-pharmaceutical interventions (NPIs)

In order to suppress increasing numbers of COVID-19 outbreaks, where there is a significant risk that transmission rates may overwhelm existing resources, it may be necessary to introduce NPIs at a range of levels. NPIs are most likely to be implemented at lowest possible geography e.g. a setting such as a school or a workplace. However, the Council may decide to implement NPIs to a subset of the district, based on advice from the local DPH.

Decision making at this level will be driven mainly by local soft and hard intelligence and coordinated through the councils GOLD Command. Where an outbreak may spread across more than one LA, NPIs could be implemented across multiple areas. The Local Resilience Forums (LRFs) will provide a forum to discuss and agree such actions, but the actions themselves will be carried out by each LA. The Chief Executive, or nominated deputy, will be responsible for implementation of the agreed measures.

8 Testing Capability

Having good and timely access to testing is critical for contact tracing to be effective. Being able to access a test and receive the results in a timely manner will mean that contacts from cases can be traced and prevent any further spread of infection. The Government's Testing Strategy⁴ outlines its approach to scaling up testing across England and identifies five testing pillars:

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

8.1 Regional testing sites (RTS)

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

- Gatwick Airport
- Chessington
- Oxford
- Newbury Showground
- Slough – hybrid testing unit

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

8.2 Home testing

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

8.3 Mobile testing units (MTUs)

Mobile testing units travel around the UK to increase access to coronavirus testing. They respond to need, travelling to test essential workers at sites including care homes, police stations and prisons. A mobile testing station currently visits Easthampstead House Car Park on a regular schedule. This schedule is constantly reviewed against demand and capacity across the Thames Valley so is subject to change. The location is expected to remain available as lockdown is lifted and it is anticipated that the number and availability of MTUs will increase over the coming weeks and be deployed where local outbreaks emerge.

⁴ Coronavirus (COVID-19) Scaling up our testing programmes Department of Health and Social Care - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878121/coronavirus-covid-19-testing-strategy.pdf

Decisions to deploy MTU's will fall to Directors of Public Health through the Berkshire East Health Protection Board.

8.4 NHS facilities

Testing within an NHS facility such as a hospital is available for patients and some key workers. The nearest NHS Testing Facilities are, Berkshire Community Hospital (Newbury) and Reading University which is managed by Berkshire Healthcare Foundation Trust (BHFT).

8.5 Care Home Testing

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

'Whole care home' testing that involves swabbing all staff and residents (symptomatic or asymptomatic) within care homes is being led by DHSC and can be arranged via the Government [online portal](#). This can be used for subsequent testing as required after the initial whole home testing. Due to swabbing capacity, the DPH and Directors of Adults Social Care are currently able to prioritise care homes for testing to ensure tests can be directed based on greatest need. The Consultant in Public Health is responsible for co-ordinating this in each local authority.

8.6 Serology/Antibody Testing

Serology testing forms part of pillar 3 of the Government's testing strategy. Testing is currently limited to NHS staff and being undertaken within our local NHS testing facilities at Berkshire Royal Hospital and Berkshire Health Care Foundation Trust.

8.7 Main Routes into Testing

The main routes into testing are as follows:

- Symptomatic residents can apply via the [NHS website](#), or by telephoning 119, to either be tested at a regional testing site, mobile testing unit, or receive a home testing kit.
- All essential workers can self-refer through the [GOV.uk website](#) as a priority, the [NHS website](#), or employers are able to sign-up and refer staff through the 'employer referral portal'
- Symptomatic essential workers can be referred to the testing sites in Bracknell Forest by getting a referral form sent to ebpc.covid19@nhs.net
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the [GOV.uk site](#).
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting

9 Data Integration and Surveillance

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

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

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

10 Public Engagement and Communications

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

10.1 Public Engagement

Public engagement will be crucial to the success of outbreak control and management. The public, partners and other key stakeholders need to have a good awareness of the NHS test and trace system, outbreak controls and measures and the confidence to engage if they become symptomatic or aware of a local outbreak. Bracknell Forest residents need to appreciate their civic responsibility to engage with NHS test and trace and public information, advice and guidance must be clear and easy to follow.

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

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

All communications published will be based on government guidance and information provided by Public Health England, adapted as appropriate for a local audience.

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

- Internal staff and service areas
- Borough councillors

- Local M.P
- Parish and town councils/councillors
- Partners – housing associations, TVP, RBRFS etc.
- Schools
- Community support hub
- Voluntary and community organisations
- Groups representing BAME, faith and belief and other affinity groups
- Royal Military Academy Sandhurst – the military community
- Social care provider partners
- Other high-risk settings e.g. residential settings, care homes, hospitals.

The Bracknell Forest Local Outbreak Engagement Board (LOEB) is a member-led oversight board. The primary roles of the LOEB are to have oversight relating to outbreak response, provide direction and leadership for community engagement, and public facing communications. Full terms of reference and membership are at [Appendix](#)

10.2 Communications with the general public

Bracknell Forest Council is a recognised and trusted source of communication amongst the community. If an outbreak were to occur, The Local Outbreak Communications Plan⁵ would be followed. This draws on existing communications activity based on Government advice.

If an outbreak occurs out of hours or over the weekend, an out of hours communications officer can be reached via Forestcare – 01344 786500. Ask for the duty communications officer.

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

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

- 1. Preventative measures** - encouraging and building confidence with residents to engage with the NHS test and trace service and observe social distancing restrictions and control measures. As well as continuing to be vigilant and maintain good hand hygiene, wear face coverings in specific spaces and look out for those who are medically vulnerable, self-isolating or shielding. Including signposting to what support residents can receive if they are self-isolating.
- 2. Targeted messages in response to local outbreaks** - supporting high risk settings by amplifying messages when an outbreak has occurred and reassuring and responding to public enquiries. This would include explaining any restrictions that need to be observed as a result of an outbreak and keeping residents up to date as restrictions then lift or change. It will be necessary to use internal and external partners and different communication channels in order to reach different groups of residents.

The main objective is to ensure residents and businesses are aware of the NHS Test & Trace service locally and how Bracknell Forest Council aims to communicate to residents when there is a local outbreak in a high-risk setting.

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

Targeted communications plans for specific high-risk groups and settings will be developed and rolled out to complement the general preventative messaging and to aid engagement during an outbreak. 11.0 Supporting Vulnerable People

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

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

If through the notification process from PHE to the environmental health service any individual requests for support are identified, the service will contact the Community Support Hub.

Description of Bracknell Forest Community Support Hub

The TVLRF Community Hubs Cell has oversight of the delivery of support through local authority led community hubs to people who are self-isolating and/or shielding in their own homes or who are in a vulnerable group in another setting and have no other means of support. The core support offered is the provision of food, medicine and befriending. The Bracknell Forest Community Hub is led by Bracknell Forest Council working in partnership with Healthwatch Bracknell and involve Community Services. The hub provides support through staff teams and a network of volunteers to people in the following categories:

- **Category A** - Extremely clinically vulnerable people who are shielding. **4142** people have been advised to shield in Bracknell Forest. The scheme is well developed for these people. Those that have contacted the national shielding hotline are now **2520, 621** of which can't access essential supplies.
- **Category B** - Clinically vulnerable people (over 70s, people with specific medical conditions and pregnant women).
- **Category C** - Other vulnerable people (not at increased risk due to medical reasons) who are at risk due to the restrictions put in place through social isolation, worsening mental or physical health or risk of violence. It includes homeless people who need to self-isolate, people with specific disabilities, or at-risk factors where social isolation exaggerate or worsen illnesses or their circumstances, those who need safeguarding such as children, including children looked after, care leavers, carers and young carers and vulnerable adults, Traveller communities including GRT, financially vulnerable and BAME communities.

Support with shopping, prescription collection and dog walking will remain in place for anyone self-isolating or vulnerable beyond the end of the shielding restrictions on 1st August.

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

The NHS test and trace service holds the contact details for the Bracknell Forest community hub helpline and will refer people to it. **The helpline, run by Healthwatch Bracknell, is open seven days a week from 8am-8pm phone: 01344 266911 or email: community@healthwatchbracknellforest.co.uk.** Anyone advised by the NHS test and trace service to self-isolate (7 or 14 days) can contact the community helpline if they have no other means of support including those arriving from abroad. As people will be self-isolating for a short period of time the hub will ensure that the support will be timely, and flexible to support a cohort of people that will be constantly changing.

The community hub offers:

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

In addition, those that are shielding will receive until the 1st August regular welfare check calls from Bracknell Forest Council and approx. 600 people who are shielding are also in receipt of free food boxes through the national Defra led scheme.

12.0 High risk settings and Communities

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

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

In the event of an outbreak, the Thames Valley HPT are responsible for advising on outbreak management and will work closely with the Public Health team and PPP at Bracknell Forest Council and the East Berkshire Health Protection Cell to facilitate a timely and proportionate outbreak response.

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

Appendices 9-30 provide further detail on each of the high-risk settings across the borough.

Appendices

Appendix 1 – **EH SERVICE** Notification form and Process

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

Date developed 03/06/20

Review date 03/07/20

Overview

This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE SE as a framework for each Local Authority (LA) Director of Public Health to use. This provides a suggested framework for working across PHE SE, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. This SOP will support the effective delivery of local COVID “outbreak” plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Outbreaks will be notified directly, as well as through testing data and through local intelligence.

The suggested 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 setting, or cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.

PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak

The local system (LA or CCG) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control; PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.

Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

Rationale for the joint SOP

To have a joint collaborative and co-ordinated approach to supporting settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, universities, homeless hostels, faith settings etc. in managing COVID19 outbreaks
The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.

To streamline the follow up of care settings by the LA, CCG and PHE SE Health Protection Team (HPT).

To provide consistent advice to settings.

To have a single point of contact in PHE and each LA to facilitate communication and follow up.

To provide a joint response for outbreak management, providing infection control advice and support for operational issues.

To develop and maintain a surveillance and monitoring system for outbreaks for COVID-19, aligning with existing databases held by partners (LA and CCGs)

To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.

Governance and Key Guiding Principles

1. PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national

guidance or local SOPs.

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

PHE HPT Role

1. Risk assessment of Complex Cases and Situations

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

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

- 2.1. Swabbing may be coordinated or advised by PHE in line with current

arrangements e.g. A one-off swabbing of residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting.
2.2. The results will be provided by the organisation taking the sample.

1. Operational Reporting to Local Systems

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

2.

2. Operational Enquiries

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

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

Local System Role

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

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

1. Care homes and schools – Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response including testing).
2. Identification of high-risk places, locations and communities, e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughterhouses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.
3. Local Testing Capacity – to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc).
4. Local Contact Tracing – Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed.
5. Data and integration – national and local data integration; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
6. Vulnerable people – supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. Local Boards - Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

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

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

Local authorities will:

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

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

Appendix 3 - Outbreak Notification Process and Local Response

Local Outbreak Notification and Response Process

Diagram TBC

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Public Health
England

Incident Control Team Meeting Agenda

(date, time, venue)

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

Appendix 5 – NPIs (TBC)

Appendix 6 - Health Protection Board Terms of Reference

Background

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

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

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

Purpose of the Boards

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

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

Reporting

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

Membership

Health Protection Boards will comprise local government and NHS partners. Members are listed in the table below⁶

Role	East Berks	Berkshire West	Representing
Strategic/Deputy Director of PH	Tessa Lindfield	Meradin Peachey	DPH, Public Health Shared Team
DASS	Alan Sinclair; Nikki Edwards; Hilary Hall	Matt Pope/Andy Sharp/ Seona Douglas	Adult Social care
DCS	Cate Duffy; Kevin McDaniel; Nikki Edwards	Andy Sharp, Carol Cammiss, Deborah Glassbrook	Children & Young People
Consultant in PH	Anna Davies;	Matt Pearce; David	LA Public Health

⁶ Invitees; **Representatives**

	Cynthia Folarin; Liz Brutus	Munday; Ingrid Wolfe	
CCG MD/AO	Andy Brooks	Sam Burrows	BW/EB Health & Care System
CCG clinical lead	Clinical Ref Group Chair via AO	Clinical Ref Group Chair via AO	CCG
NHS DIPC Group	Sarah Bellars/ Frimley/ BHFT	Debbie Simmonds	NHS DIPCs across BW/EB
LA Chief Executive	Josie Wragg/ Duncan Sharkey/ Tim Wheadon	Nick Carter/Peter Sloman/Susan Parsonage	BCEG
Environmental Health	PPP (Sean Murphy), Lisa Pigeon, Ginny de Haan,	PPP (Sean Murphy), James Crosbie	EH/ Public Protection
Consultant in Communicable Disease Control HPT	Kitty Mohan	Rachel Mearkle	PHE TV HPT
NHS Providers	BHFT WPH – Tim Ho	BHFT – RBH via CE	

Ways of working

The Board will be chaired by the SDPH or DDPH.

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

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

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

Appendix 7 – Bracknell Forest Council Outbreak Management Cell Terms of Reference

Purpose of the Group

- To co-ordinate contact tracing and its association components across Bracknell Forest on behalf of East Berkshire Health Protection Board and the Outbreak Engagement Board.

Role of the group

- Interpret data and local intelligence to target prevention action on hotspots.
- Respond promptly and effectively to notifications from PHE on local outbreaks.
- Oversee and co-ordinate local testing provision and access across the district
- Undertake basic training on contact tracing e.g. what is an outbreak, basic microbiology, principles of outbreak control, contact tracing
- Provide support to complex settings that experience micro outbreaks e.g. schools, care homes, workplaces, homeless shelters,
- Provide surge capacity to PHE HPTs if needed.
- Work with the Shared Public Health team to review the Berkshire Outbreak Management Plan
- Provide a local mechanism to support the regional and national working groups and alignment with Berkshire East Health and Social Care Cell
- Work with the community support hub to ensure that processes are in place to support residents (particularly those who are vulnerable) who need to isolate or are sick
- Support PHE HTPs and local organisations in their management of outbreaks.
- Clarify plans for enforcement locally.
- Link people to the national contact tracing service when they need it.
- Cascade national communications on contact tracing to the general public and within that, target population sub-groups e.g. non-English speakers, those with special educational or mental health needs, and people who are currently advised to shield.
- Considers appropriate data collection, storage and dissemination methods are being considered in line with data protection and GDPR compliance.

Membership

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

Public Health	Cynthia Folarin (Chair) Maureen
Environmental Health	Sean Murphy Rosalyn Gator
Education	Debbie Smith
Adult Social Care (Ops)	Melanie O'Rourke TBC
Children and Family Services (Ops)	Sonia Johnson TBC
Community Support Hub	Abby Thomas
Communications	Daisy Fitzgibbons
Emergency Planning	Carolyn Richardson
Primary Care Representative	Sarah Bellers

Ways of Working

- To meet weekly, chaired by the Head of Public Health for Bracknell Forest Council.
- To report to the Local Health Protection Committee/Partnership (Possibly Health and Wellbeing Board) and Berkshire East Health Protection Board
- Ensure links with appropriate groups e.g. Berkshire Health and Social Care Cell, Community Support Hub Core Group.

Appendix 8 – Communications Plan

Local Outbreak Communications Plan – June 2020

Background

As cases from the initial wave of Covid-19 decrease across the country, national restrictions on movement and gathering are relaxed and the NHS Test & Trace system has gone live, there is a need to refine and strengthen arrangements to manage and control any local outbreaks.

All areas will have settings and population groups where there are risks of Covid-19 occurring. These require a considered approach to minimise the risk of harm, including appropriate preventative and reactive communications.

Objective

The main objectives of this plan are to ensure residents, businesses and other key stakeholders:

- are aware of NHS Test & Trace and the preventative measures they should be adopting
- have the confidence to engage if they become symptomatic or aware of an outbreak.

The plan defines how Bracknell Forest Council aims to communicate to residents and other stakeholders when there is a local outbreak in a high-risk setting or amongst a high-risk group.

Audiences

The table below identifies high risk settings and council officers supported by public health that will lead on the development of local action plans.

High Risk Setting	Lead officer
Residential Care (Adults)	Sam Morrison Melanie O'Rourke
Residential Care (Children)	Sam Morrison Sonia Johnson
Early Years	Cherry Hall
Education	Rachel Morgan / Debbie Smith
Health	Cynthia Folarin Maureen Mandirahwe
Workplaces / Retail	Chris Mansfield
Places of Worship	Harjit Hunjan/ Abby Thomas
Housing	Sarah Gee
Leisure	Damian James/ Stephen Chown
Transport	Neil Mathews

Internal Audiences

- Councillors (including ward members and executive members)
- Staff and service areas to assist with disseminating information e.g. Transport and Countryside Team should posters/notices need to be displayed
- Community Support Hub/community response cell

External Audiences

- Residents across the borough, but targeted local areas where an outbreak occurs
- Relevant town and parish councils
- Local press and radio
- Neighbouring local authorities
- Local MPs
- Local businesses, specifically the those impacted or identified as high-risk settings
- Partners – housing associations, TVP, RBRFS etc.
- Schools
- Voluntary and community organisations and volunteers
- Groups representing BAME, faith and belief and other affinity groups
- Royal Military Academy Sandhurst – the military community
- Social care provider partners
- Other high-risk settings e.g. residential settings, care homes, hospitals e.g. Broadmoor.

Key Messages

The key messages can be split into two categories: preventative national messages with a higher focus on test and trace, and targeted messages for local outbreaks in high risk settings.

We would only need to communicate to high risk settings if there is a local outbreak.

If there is a positive case in a non-high-risk setting, we don't necessarily need to communicate on this unless approached from the press or by concerned residents.

Key messages (preventative)

- Anyone with symptoms should isolate immediately, alongside their household, and apply for a test. If a negative test is returned, then isolation is no longer required. If positive, continue to isolate and refer to gov.uk for guidance.
- Once identified, those contacts considered to be at risk will be asked to isolate, either at the point of a positive test or after 48 hours - whichever is sooner.
- Promote national messaging. e.g. social distancing
- Good hygiene
- Hand washing
- Avoid crowded places
- Wear face coverings - can help reduce the risk of transmission in some circumstances. Face-coverings are not intended to help the wearer, but to protect against inadvertent transmission of the disease to others if you have it asymptotically
- Do not have or attend large gatherings
- Engage with NHS test and trace – explain how it works in simple terms.
- Extra vigilance for those medically vulnerable or shielding

Resources for messaging <https://coronavirusresources.phe.gov.uk/>

Key messages (local outbreak)

- High risk setting specific advice – PHE will work with the council on this however service areas need to provide their outbreak plans in order to understand their processes and what communication channels they use already.
- What restrictions will there be? Who do they apply to? Who is affected?
- Messages need to be specific for different groups of people (BAME, older people, vulnerable people, rough sleepers, travellers)
- STATEMENT: We have been informed of a positive Covid-19 result or suspected Covid-19 case at *[location]*. In order to keep people safe and prevent widespread transmission, we are working with *[setting]* on the actions needed to take such as *[closing or restricting the amount of people in the specific setting]* for *[amount]* of time.

Executive Member quote needed: “We want to reassure residents.....”

- How will people keep up to date with information from the setting?
 - Internally we need a flow chart of who needs to be kept updated on communications.
 - Externally we need to show residents and businesses how they will be kept informed if there is a need for a local lockdown due to an outbreak. For example, signage in the area, a clear way for residents to keep up to date on what is going on in their local area.
- If an outbreak occurs out of hours or over the weekend, an out of hours communications officer can be reached via Forestcare – 01344 786500. Ask for the duty communications officer.

Communications Channels & Budget

The following list comprises of communications channels that could be utilised borough wide and much more locally.

- Hard copy materials (cost; distribution challenges)
- Digital – website / residents’ newsletter (free)
- Local press (free)
- Local radio (free)
- Councillors (free)
- Social Media – own SM channels and access to post local issues in Facebook groups (free). If needed, targeted social media advertising can be looked in to but will have a cost and may not be targeted enough for specific outbreaks.
- Different languages – translation service needed (costs involved if we need to use an external service)
- Easy read/other formats to ensure information is accessible
- Use of public banners/ billboards/ bus backs help spread the messages (costs involved if owned by an external company or partial costs if owned by us)
- Posters in public places/ bus stops (costs involved)
- Door drops of information (preventative mainly) premade generic info on local outbreaks that could be quickly turned around and distributed (costs involved; distribution challenge)
- Community Support Hub / voluntary and community sector organisations (free)
- Parish and Town Councils - bulletins/ social media/ websites (free)
- Using stakeholders and partners to help reach specific audience (free).

- Internal council contacts (free)

Potential PR Issues

- Negativity around NHS test and trace – residents don't want to share data and their data to be misused.
- There might be local alarm from residents upon hearing of a local outbreak in a high-risk area, for example in a school.
- Public alarm could be expressed online and then be a barrier to our attempts to spread important messaging.
- Will we be able to ensure our messages get to the hard to reach – rough sleepers, vulnerable people, travellers, BAME community.
- Outbreaks amongst the socially excluded - whether through poverty or homelessness - are likely to be especially difficult to detect and harmful, since people in these groups may lack the means to isolate themselves when ill.
- Is the information on test and trace clear and understandable to the general public?

Appendix 9 – Schools

<p>Including: Primary and Secondary, Early Years Settings, Universities/ Colleges & Special Schools</p>
<p>Objective: The objective is to enable all educational settings in Bracknell Forest to open fully and to identify and eliminate all cases of COVID-19.</p>
<p>Context: In Bracknell Forest there are: 183 Childminders 14 Day nurseries 29 Preschools 3 Nursery units in Independent Schools 30 Primary Schools 6 Secondary Schools 1 Pupil Referral Unit 1 Special school 1 College 1 Higher Education Facility 7 Independent Schools</p>
<p>What's already in place: Most schools have been operating throughout the pandemic and have their own procedures in place to reduce risks to staff and pupils. As schools prepare to reopen for all pupils, specific COVID-19 risk assessments are being completed to implement and comply with national guidance on effective protective measures such as social distancing, cleaning, and infection prevention and control.</p>
<p>What else will need to be put in place: PHE are currently finalising several draft Standard Operating Procedures (SOP) for test and trace of single cases and outbreaks in educational settings including childminders, nurseries, special schools, schools.</p> <p>We need to develop a BFC SOP which incorporates established processes and procedures to ensure schools, parents, carers, BFC and healthcare colleagues are aware of how to access testing for symptomatic people and how to respond to an outbreak.</p> <p>Additionally, develop a plan for asymptomatic testing if needed in an outbreak situation</p>
<p>Local outbreak scenarios and triggers: PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Control Team (ICT). An ICT may be required for a complex outbreak such as:</p> <ul style="list-style-type: none">• there has been a death at the school/college• there are many vulnerable children• there are a high number of cases• the outbreak has been ongoing despite usual control measures• there are concerns on the safe running of the school• there are other factors that require multi-agency coordination and decision making.

Links to additional information:

Guidance on opening schools to more pupils is here

<https://www.gov.uk/government/publications/covid-19-school-closures/guidance-for-schools-about-temporarily-closing>

Appendix 10 – Schools Standard Operating Procedures - DRAFT

This is a draft SOP and subject to change.

Responding to Cases and Outbreaks of COVID-19 in School and Educational Settings:
Developing partnership working arrangements (V00.05)

Purpose: To outline the proposed approach of the Health Protection Team (HPT) in managing cases and outbreaks of COVID-19 in school and educational settings and inform the development of effective joint-working arrangements between PHE and Local Authorities

Developing Partnership Working: Each local authority area and each school setting is unique. Outlined below is a summary of the HPT's planned approach to cases and outbreaks, but it is recognised that this will need to be adapted to reflect the needs and capacity of local systems, taking into account:

- the level of involvement of each local authority in the management of cases and outbreaks
- the input of local outbreak boards in supporting the management of school outbreaks
- local training and workforce gaps that could benefit from regional coordination
- local capacity to undertake swabbing in schools (if required)

<p>Cases of COVID19</p> <p>We are asking schools to notify the Health Protection Team (HPT) of any confirmed COVID cases (in staff or students) reported to them, we are happy to advise you on suspected cases too if required.</p> <p>Possible cases should be sent home, given isolation advice, and have a test arranged in line with the DfE guidance for schools available here.</p> <p>HPT <i>should</i> be notified separately through Track and Trace of any staff or student who is tested and confirmed to have COVID-19, but schools are asked to notify directly to ensure cases are not missed</p>
<p>Contacting Case</p> <p>On notification of a confirmed case, the HPT will contact the case to obtain further information and undertake a risk assessment</p> <p>This will consider:</p> <p>Whether case was in school 48 hours prior to symptoms (or test result if asymptomatic) or within 7 days after onset of symptoms</p> <p>Whether the case had contact with any other individuals and the nature of this contact (i.e. does the contact meet the criteria for direct / proximity / travel contact)</p> <p>HPT will provide the following isolation advice:</p> <p>They should not attend school until 7 days after date of onset (or date of test if asymptomatic) AND have not had temperature for 48 hours</p> <p>They can attend school if they still have a cough but no temperature if it is more than 7 days since the date of onset or date of test</p> <p>HPT will advise the case that we will be contacting the school to obtain further information (if not already done so, we will encourage case to notify school themselves)</p>
<p>Contacting School</p> <p>School will be contacted by HPT to confirm nature of case's contact with others and possible exposure</p> <p>If case has not been in school 48 hours prior to symptoms (or test result) or within 7 days after, no further action will be recommended by HPT</p> <p>HPT will work with school to identify which students and staff meet definition of direct / proximity / travel contacts during the infectious period of case</p>

The expected default will be that class contacts will fall into the category of direct or proximity contacts as per current DfE guidance available here
HPT will provide headteacher with suggested letter to send to identified contacts advising 14-day isolation, although household contacts of contacts will not need to self-isolate
HPT will also discuss how school are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required (relevant guidance is here and here)
Notification to Local Authority Teams
HPT will encourage headteacher to notify the Local Authority of the situation HPT will also notify the Local Authority directly if there are any operational concerns due to the public health actions taken
Outbreaks
We are also asking schools to notify the HPT if they have either:
Two or more confirmed cases of COVID-19 among students or staff in the school/college within 14 days or;
An overall increase in sickness absence reporting where parents report illness with suspected COVID-19 (but where no tests have been done or results are available)
Contacting School
When notified of a possible outbreak, the HPT will obtain further information from the school to inform a risk assessment (this may involve asking the school to complete a data return)
This will include details of the setup of the school, total number of staff and students confirmed or symptomatic, vulnerability of student population, potential number of contacts and current social distancing and IPC measures
HPT will also discuss how school are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required (relevant guidance is here and here)
Management of outbreak
HPT will undertake a risk assessment to consider the severity and spread of outbreak, current control measures and the wider context (including communications from the school, anxiety level amongst students, staff and families, media interest etc.)
HPT will inform the local authority (pending local discussions) and jointly consider need for Outbreak Control Team (OCT)
HPT (or OCT) will help school to identify contacts who need to isolate (any symptomatic contacts will be encouraged to access testing)
HPT will provide school with letters to be sent to contacts and non-contacts
Notification to Local Authority Teams
HPT will notify Local Authority of any COVID outbreaks in schools School asked to notify HPT of any further cases or outbreak develops any concerning features such as a death in a student or staff member
Further investigation / Swabbing
The HPT may advise widespread swabbing of the staff and student population, particularly in the early stages of T&T
However, it is important to note that primarily this would be to add to overall understanding of COVID transmission rather than to inform the management of individual outbreaks
Arranging this will require discussion with partners in the local system
Further advice and PPE
Department of Education's helpline for schools - 0800 046 8687 - should respond to all queries from schools (particularly in relation to published guidance)
<ul style="list-style-type: none"> The DfE guidance asks Local Authorities to support schools to access local PPE supplies and available stock, escalating through Local Resilience Forums (LRFs) if required

Appendix 11 - Schools Workforce Impact

Objective:

Prevention, early detection and effective management of outbreaks across the educational workforce.

Context:

See schools section page 50 regarding the number and types of educational settings in place.

Numbers of staff currently employed in schools are:

Primary: 1282

Secondary: 424

Special: 169

This does not include staff in academies or private schools.

What's already in place:

Like the rest of the public, some of the educational workforce are absent work namely due to shielding, isolating or through sickness absence.

The remainder of educational workforce have continued to work throughout the Lockdown offering online classes and virtual support.

Face to face teaching of vulnerable children and those of [critical workers](#) has continued throughout the Lockdown followed on 1 June by opening of childcare settings, schools openings for pupils in Reception, year 1 and year 6 followed on 15 June with face-to-face support to year 10 and 12 pupils and alternative provision to begin some face-to-face support with year 10 and 11 pupils.

Frontline workforce in schools work in bubbles line with guidance. Social distancing measures are also in place throughout settings.

To cover absences or other workforce pressures. There is a potential to break the protection of class bubbles thereby increase the likelihood of outbreaks although guidance has been issued mitigate against this.

For early Years setting changes include namely a cap on number of children and flexibility in age of children to ensure safety is prioritised

Like all key workers, educational workforce can have a COVID-19 test even without symptoms.

Workforce have had to flex their roles and responsibilities to ensure good infection control, cleaning measures, respiratory and hand hygiene systems are in place and adhered to. A Bracknell schools risk assessment is in place and sets out use of PPE, cleaning regime, waste management and disposal to be adhered to by the workforce.

A range of PHE and DfE protocols, policies and guidance are in place -see reference section including eBug resources and guidance on how to communicate with pupils, parents and carers such s in the event of an outbreak.

There is Union and HR support for the workforce.

What else will need to be put in place:

It is expected that the entire workforce will return to school in in September, following government announcement on 19 June for all schools to open in September. Further guidance is expected and will impact on workforce practices e.g. class sizing, configurations and staggering if social distancing measures remain in place.

The PHE SE HPT Guidance for Educational and Early Years Settings in the Management of COVID-19 (see reference section) has been circulated to schools and links to the Test and Trace Programme. It's unclear what is in place for other educational settings: early years, state schools, and the home educated.

As Test and Trace programme continues to reach momentum (track element scheduled to be launched), it will likely impact on the workforce namely isolation of those in a bubble if a confirmed case, or a staff member is defined as a close contact and subsequent 14-day isolation. We need to clarify what else needs to be in place to mitigate.

Schools will need to review the impact of quarantine arrangements for the school term time.

Local outbreak scenarios and triggers:**Resource capabilities and capacity implications:**

See relevant chapters in the Outbreak Plan as well as the Schools Risk assessment in reference section.

Potential Gaps to be addressed:

Number of educational staff in place across settings.

Support for Early Years, non-state schools and FE colleges e.g. are risk assessments and outbreak pathways in place?

Monitoring of staff absences: shielded, furloughed, isolated, sickness absence.

Monitoring prevalence of COVID-19 in workforce and analysis of numbers and trends.

Workforce training, updates and outbreak drills.

Links to additional information:

Guidance for schools: coronavirus (COVID-19)

https://www.gov.uk/government/collections/guidance-for-schools-coronavirus-covid-19?utm_source=eda524da-454d-4c76-a010-26aae04dd5a0&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

Coronavirus (COVID-19): implementing protective measures in education and childcare settings: <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

Bracknell Schools Re-Opening Risk Assessment, June 2020

[Ask DS for links]

Education settings management of COVID-19 pathway

Appendix 12 - Care Homes

Objective

The objective is to reduce and eliminate new cases of COVID-19 and deaths in Care Homes in Bracknell Forest.

Context:

There are 13 CQC registered care homes in Bracknell Forest, including:

- 11 private/independent adult care homes (with residents over 65)
- 1 private Learning Disabilities care home (with majority of residents over 65)
- 1 Bracknell Forest Council Learning Disabilities short term care home (currently not operating)

The 12 operating care homes have a total of 349 beds and employ 376 staff (as per capacity tracker).

What's already in place:

All partners within Bracknell Forest LRF Community Care Settings Cell, Testing Cell and Logistics Support Group have worked closely with the East Berkshire Clinical Commissioning Group to implement a package of measures to support care homes in Bracknell, including:

- Provision of Personal Protective Equipment (PPE) supplies based on a prioritisation framework that prioritises health and social care overnight settings
- Infection Prevention and Control (IPC) training offer to all care homes delivered by trainers/super trainers, including training of the use of PPE and practical test swabbing. IPC training has been adopted by all local care homes according to capacity tracker data.
- Testing:
 - Symptomatic staff (as essential workers) can be referred to either the national testing programme, the local route facilitated by Bracknell Forest Council, or the Frimley ICS system (East Berkshire CCG area); for testing at a regional site, mobile testing unit or to receive a home testing kit.
 - Symptomatic residents are tested by PHE upon initial notification of an outbreak
 - Whole home testing can be requested via the national Care Home Portal, for residents (irrespective of symptoms) and asymptomatic staff in care homes for people aged 65 and over or with dementia. This whole home testing is prioritised at national level to those home with an outbreak, those with 50 beds or more, and those identified by Directors of Public Health. In Bracknell Forest, all operating care homes have undergone whole home testing by 6 June 2020. This pathway is also available for subsequent testing of symptomatic residents and staff should it be required.
- Clinical support is being offered with weekly check ins and clinical interactions 24/7 by a clinical lead in identified GP practices for each care home.
- Care homes have received Infection Control Fund allocations to adopt and strengthen infection control measures, as per government [guidance](#). Bracknell Forest Council is working with care homes to ensure appropriate and effective use of the Fund.

What else will need to be put in place:

There is an intention to expand the national eligibility criteria for whole care home testing beyond those for over 65s and people with dementia in due course. Testing arrangements for individuals prior to a new care home admission or transfer to another care setting (excluding hospital) still need to be put in place.

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Control Team (ICT).

Resource capabilities and capacity implications:

Staffing

- Ongoing IPC training and support for care homes with outbreaks
- Ongoing provision of PPE until care homes can source PPE through normal supply routes or the PPE Portal for small care homes (less than 24 beds)
- Continue to review staffing capacity models for those people who are required to self-isolate
- Support through the ASC Infection Control Fund for measures supporting workforce transmission management (e.g. cohorting, alternative accommodation, etc)

Ensure business continuity plans are established, including the reallocation of staff to key functions, so key front-line services can continue to operate

Settings ensure that Symptomatic staff (as essential workers) are referred to either the national testing programme or at a regional site, mobile testing unit or to receive a home testing kit.

Settings to ensure 14 quarantine arrangements are implemented (as per Government guidance) for any staff returning to work following holidays outside the UK.

Links to additional information:

Adult Social Care guidance can be found at

<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance> and <https://www.gov.uk/apply-coronavirus-test-care-home>

Appendix 13 - Supported Living for Adults with Learning Disabilities

Objective:

To support Care and Support providers of Supported Living for Adults with Learning Disabilities and / or Autism to monitor any Covid-19 cases and prevent the spread of infection within each residential home.

Context:

229 people open to the Community Team for People with Learning Disabilities who access community-based support. Almost 99% of this cohort are located within the Bracknell Forest Borough. We work closely with 8 Care and Support providers who provide care packages to support independent living.

The accommodation ranges from single person occupancy to shared houses of up to 5 people.

What's already in place:

1. Review of all business contingency plans covering infection control and workforce depletion
2. Multi-agency conference calls every two weeks with all Supported Living providers trouble shooting concerns, issues and risk; providing support from the East Berkshire Infection Control Team; and sign posting to additional support provided in terms of

<p>the testing pathway and PPE emergency supplies</p> <ol style="list-style-type: none"> 3. Additional Financial Support application process which covers additional COVID costs i.e. increase in PPE orders, adaptation of supported living model to increase hours if vulnerable service users display positive symptoms and need to self-isolate. 4. Supporting providers through changes in government guidance. 5. Risk and Issues log regularly reviewed and mitigated 6. Facilitating peer support between providers to positively engage their service users indoors, preventing them to undertake social activities whereby they may not understand social distancing rules. 7. Supported Living providers are receiving Infection Control Fund allocations to adopt and strengthen infection control measures, as per government guidance. Bracknell Forest Council is working with providers to ensure appropriate and effective use of the Fund. 8. Families have been informed that they are not able to visit according to government guidelines
<p>What else will need to be put in place:</p> <ul style="list-style-type: none"> • National Guidance to include home-test kits for residences of supported living for vulnerable adults with an LD and/or Autism • Social distancing controls are being put in place for family member visits • BAME is a factor taken into account when risk assessing staff and service users
<p>Local outbreak scenarios and triggers:</p> <p>Live in models of care have been particularly successful in preventing / controlling infection and outbreaks. Whereby care staff move from one residential setting to another, there is an increased risk of infection. Our providers have mitigated this risk by ensuring that the same staff work with no more than two houses / service users, ensuring a decreased risk of infection.</p>
<p>Resource capabilities and capacity implications:</p> <ol style="list-style-type: none"> 1. Staffing capacity was initially tracked due to high levels of staff needing to self-isolate. There have always been enough care workers. 2. Financial support has been awarded to providers whereby they are at risk of losing their business due to a reduction in hours required whereby service users have moved back in with their families.
<p>Links to additional information:</p>

Appendix 14 - Care Homes – Workforce Impact

<p>Objective:</p> <p>Prevent COVID19 outbreak within workforce and transmission between workforce and / or care homes residents</p> <p>Managing quickly and efficiently any outbreaks amongst care home workforce.</p>
<p>Context:</p> <p>There are a total of 364 staff employed in the 12 currently operating care homes in Bracknell Forest. 72% are care workers, 26% are non-care staff and 2% are nursing staff. The largest care home in BF has 72 staff (St Brendans) whereas the smallest care home</p>

in BF has 4 staff (Far End). As at 18 June, all homes had a 'green' status for workforce pressures on the capacity tracker.

The makeup of staff in Bracknell Forest is not known; the State of ASC sector and workforce report 2019 showed that in England adult residential staff is 83% female, 25% aged over 55, and 20% BAME (English population BAME rate is 14.5% (2011 ONS)). There is a 30% staff turnover for adult residential settings.

What's already in place:

Care homes in Bracknell Forest are:

- updating their workforce status, number of covid19 positive staff and absences on capacity tracker. This information is being monitored and where needed, support is offered from the council, EB CCG, Frimley ICS. For example, to prevent critical staff or skill shortages, the Frimley Health and Care System Workforce Bureau Multi-Disciplinary Team coordinate the deployment workforce across the Frimley system. Besides the frequent workforce monitoring, the Workforce Bureau also acts as the conduit between national workforce initiatives and the system, which includes receiving system allocations of returners and national volunteers
- receiving funding from Infection Fund to support workforce transmission management (e.g. paying staff full wages when isolating with covid19, enabling cohorting).
- able to claim for any additional covid19 related costs (including for staffing).
- receiving staff training on PPE usage and infection control from EB CCG and or form their own organisations.
- being supported through whole home testing or specific local testing which includes their staff.
- being communicated with regularly through provider calls, newsletters etc by local partners to ensure most up to date guidance is available and support utilised.
- receiving guidance on how to support their workforce emotionally and psychologically through any trauma and distress of working through covid19.

What else will need to be put in place:

The council and local partners are developing a BAME specific guidance to help care homes to protect BAME users and workforce.

Workforce analysis to monitor movements of workforce across homes (e.g. baseline of agency and permanent staff ratios, usage, of agency staff and how many moves between homes). The Test and Trace will likely impact on workforce absence and mobilisation.

A Best Practice report will be shared across East Berkshire care homes, which will include local and national case studies and evidence on supporting care home workforce and reducing risks of infections / transmission and managing outbreaks.

Local outbreak scenarios and triggers:

See care home outbreak management.

Any outbreaks amongst care home workforce – it is expected that care homes follow specific steps when a member of staff becomes symptomatic.

Ongoing close communication with providers is key to collect soft intelligence from outside of the PHE notification process.

Outbreak scenarios where care homes would need support: when staff absent due to self-isolation would create staff shortages were care home operations become unsustainable.

Resource capabilities and capacity implications:

See care home plan.

Working across the system with care homes to plan and manage staffing capacity in the longer run:

- Opportunities from furloughed staff from other industries
- Affected by reduced business for care homes
- Impact of Brexit to be understood (9% are EU (non-UK) nationals)

Links to additional information:

- <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>
- <https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-care-workforce>

Appendix 15 - Unregulated Provision and Post 16 Semi-Independent provision

<p>Objective: The objective is to prevent outbreaks, closely monitor for any cases of COVID-19 linked to this setting, ensuring that any outbreaks are managed quickly and efficiently.</p>
<p>Context: In Bracknell currently:</p> <ul style="list-style-type: none">• Look Ahead are the largest unregulated provider of Post 16 accommodation, supporting approximately 80 residents over 4 properties with 10% being care leavers aged 16 – 18 years.• BFC have 5 Young People placed with and supported by 3 Post 16 Semi-Independent providers. Young People within a house are treated as a household and there are currently no more than 2 young people placed in any house together.
<p>What's already in place: Providers have been operating throughout the pandemic and have their own procedures in place to reduce risks to staff and young people. Providers have also mitigated risk by ensuring that the same staff work with no more than two houses.</p> <p>Covid-19 Risk Assessments and Business Continuity plans have been undertaken to implement national guidance on effective protective measures such as social distancing, cleaning, infection prevention and control. PPE (Masks and gloves) are utilised where appropriate. The Policy around visitors and contact with family is strictly in line with Government Social Distancing Guidance. Social Care and other Healthcare Professionals are required to wear PPE if a visit to the home is deemed necessary, and frequent multi agency monitoring to taking place - often via Teams. A process is embedded for providers to request financial support for additional COVID-19 related costs.</p>
<p>What else will need to be put in place: Providers to undertake risk assessments, where appropriate, for BAME staff and service users. Provider will be required to follow advice if told by the NHS Test and Trace service that a member of the household has been in contact with a person who has coronavirus (COVID-19).</p>
<p>Resource capabilities and capacity implications:</p> <ul style="list-style-type: none">• Ongoing support with PPE to homes if they are unable to source PPE through normal supply routes.• Staffing Levels currently remain stable, with capacity to redeploy staff from other areas of the business. Agency staff can also be commissioned if required.
<p>Links to additional information: https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care</p>

Appendix 16 - Children's Homes

Objective:

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

Context:

In Bracknell currently there are 2 Children's Homes:

SWAAY is a specialist provider of holistic care for boys and young males (aged 10 – 21) affected by sexually harmful behaviour. Ofsted – Outstanding Rating. No BFC CYP placed at this setting currently.

LARCHWOOD provides short breaks (respite care) for children and young people with a range of complex needs who have a learning and or physical disability. Larchwood is registered with Ofsted as a five bedded unit to provide overnight care.

What's already in place:

Both homes have been operating throughout the pandemic and have their own procedures in place to reduce risks to staff and young people. Covid-19 Risk Assessments and Business Continuity plans have been undertaken to implement national guidance on effective protective measures such as social distancing, cleaning, infection prevention and control. PPE is utilised where appropriate. The Policy around visitors and contact with family is strictly in line with Government Social Distancing Guidance. Social Care and other Healthcare Professionals are required to wear PPE if a visit to the home is deemed necessary.

What else will need to be put in place:

Home to undertake risk assessments, where appropriate, for BAME staff and service users.

Home will be required to follow advice if told by the NHS Test and Trace service that a member of the household has been in contact with a person who has coronavirus (COVID-19).

Resource capabilities and capacity implications:

- Ongoing support with PPE if Children's Homes are unable to source PPE through normal supply routes.
- Staffing Levels currently remain stable, with capacity to redeploy staff from other areas of the business. Agency staff can also be commissioned if required.

Links to additional information:

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>

Appendix 17 – Hospitals

Objective:

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

Context:

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

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

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

What's already in place:

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

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

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

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

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

Each significant NHS provider has a DIPC, there is a regular System DIPC meeting, that shares data and intelligence and agrees consistency of approach (weekly).

In addition the Trust implements the key bundles of measures to reduce the risk of transmission of SARS-CoV-2, including social/physical distancing, optimal hand hygiene, frequent surface decontamination, ventilation, appropriate PPE in clinical scenarios and other measures where appropriate and Face masks/ coverings in non- clinical areas for staff/visitors and patients as per the national guidance. Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient.

What else will need to be put in place:

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

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within the hospital or healthcare setting the Trust will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with PHE and the local authority the need for an Outbreak Control Team (OCT).

Resource capabilities and capacity implications:

FHFT- 24 hr surveillance via (in hrs) IPC team and Oohs Microbiology on-call and onsite CSNP (Bronze response team) who will escalate to tactical command (Senior Support Manager) and Strategic (Gold command) as appropriate

BHFT Surveillance by IPCT (in working hours), review of specimen results by clinical teams out of hours and escalation where required to on call Manager/ Director. HCAI data review and input via daily sit reps. Escalation to executive Director as appropriate.

Links to additional information:

FHFT - Trust website for full COVID-19 policies, procedures and related documents-

BHFT- Trust website for full COVID-19 policies, procedures and related documents-

Appendix 18 - Primary Care Facilities

<p>Including: General Practices and Walk-in Centres</p>
<p>Objective: The objective is to closely monitor any cases of COVID-19 linked to exposure within Primary Care settings, ensuring that any outbreaks are managed quickly and efficiently.</p>
<p>Context: In the Frimley System across the five Places:</p> <ol style="list-style-type: none"> 1. Bracknell Forest with 10 General Practices 2. North East Hampshire and Farnham with 20 General Practices 3. Royal Borough of Windsor and Maidenhead (RBWM) with 20 General Practices 4. Slough with 16 General Practices 5. Surrey Heath with 7 General Practices
<p>What's already in place:</p> <p>General Practices</p> <ol style="list-style-type: none"> i. In addition to national guidance General Practices, Urgent Care Centre and walk-in centres have Pandemic Plans and Business Continuity Plans. ii. The CCG Infection Prevention and Control (IPC) teams support practices with IPC and the CCG DIPC leads the IPC and joins the system DIPC meeting. iii. The CCG is implementing across all Primary Care Providers a COVID-19 risk reduction programme for staff and patients that includes workplace assessment, workforce assessment and individual assessments. iv. Workforce situation reporting is in place across all practices along with PPE risk, indicating where mutual aid and emergency supplies are necessary. <p>Some of the measures taken include 'Hot' and 'Cold' patient flows, drive by services and alternatives to face to face contacts utilising technology, including purchasing new technology to support this.</p> <p>https://www.nhsemployers.org/-/media/Employers/Documents/COVID19/risk-reduction-framework.pdf?la=en&hash=7B5F35D0774CF2D2B41FDA9F401543E8F7DAA81E</p>
<p>What else will need to be put in place:</p> <p>General Practice and Walk in Centres - To support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use. There will also be reporting on staff absence due to Test and Trace and the impact on the service.</p> <p>General Practices and Walk-in Centres</p> <ul style="list-style-type: none"> • Antibody testing for staff and patients • Review access to PPE via Clipper as at present only one pack of PPE is allowed for each order regardless of the size of the practice and taking into account the increased number of patients doing Face to Face appointments with clinical staff in GP practices
<p>Local outbreak scenarios and triggers: If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Primary Care setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the primary care provider, CCG and local authority the need for an Outbreak Control Team (OCT).</p>
<p>Resource capabilities and capacity implications: Remote Triage provides flexibility for the workforce, particularly those with higher risk</p>

assessments, however the impact on the efficiency of this arrangement remains to be fully understood.

Links to additional information:

Appendix 19 - BAME Communities

Objective:

The objective is to reduce and eliminate new cases of COVID-19 and deaths amongst the local BAME workforce and population groups.

Context:

The 2011 census showed that 15.1% of the population classified themselves as belonging to black and minority ethnic groups, (excluding White Irish and White Other). There are approximately 10,500 BAME residents in the borough.

The percentage of pupils in Bracknell Forest Schools from minority ethnic groups was 22.5% in the 2019 schools census. 7.48% of Council wide workforce classify themselves as belonging to black and ethnic minority groups. The latest School Census, (January 2019), shows that 85 home languages are spoken in Bracknell Forest schools, with relatively small numbers of pupils speaking each language. 88% of pupils spoke English as their first language. The next most common language is Polish with 315 pupils (1.76%) having this as their first language, followed by Nepali, Romani, Tagalog/Filipino and Akan/Twi-Fante.

There is a significant Nepali community due to Bracknell Forest being home to the Royal Military Academy Sandhurst whose soldiers include the Ghurkha Company (Sittang); many Nepali veterans and their families live in the borough. The local Nepalese population is not well captured in official statistics.

What's already in place:

Extensive community engagement / partnership structures and communications channels in place with BAME communities e.g. such as the Community Cohesion and Engagement Partnership

Council wide work-related risk assessment in place for vulnerable and BAME staff with potential exposure to COVID 19

As part of the regional NHS-E/I response to the high number of deaths amongst BAME groups, local partners are participating in two workstreams:
Reducing COVID-19 illness and mortality amongst BAME health and care workers, building on the Workforce Race Equality programme already under way reducing illness and mortality in the general population.

What else will need to be put in place:

Develop and implement communications related to the test and trace programme using local relationships and networks to ensure our local BAME communities are supported, reassured and benefit.

National testing website records ethnic group as part of the process for registering for a test. Action is currently being taken to do similar for the local testing website, providing better monitoring of testing in these high-risk group, especially amongst staff.

PH are leading on a rapid needs' assessment for the local BAME population which will further inform action plans.

Local outbreak scenarios and triggers:

PHE data indicates that BAME communities are disproportionately impacted by COVID- 19 and may be more at risk of illness with a higher mortality rate. A programme of effective community engagement with vulnerable communities required to raise awareness of control measures need to be implemented an effective response to any local out breaks.

Resource capabilities and capacity implications:

Publish further guidance when available following the Public Health England report exploring the differences in diagnosis and deaths relating to COVID-19 across the population.

Staffing

- Complete the rapid needs assessment and develop an action plan
- Ensure risk assessment is undertaken for staff in BAME community
- Develop communications and work with the local BAME communities

Links to additional information:

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

Appendix 20 - Returning Travellers

<p>Objective: The objective is to closely monitor any cases of COVID-19 amongst those arriving in the UK with onward residing in Bracknell Forest, ensuring that any outbreaks are managed quickly and efficiently.</p>
<p>Context: There are no UK Ports of Entry within Bracknell Forest, but both Heathrow Airport and Gatwick Airport closely located, with travellers likely to pass through or reside within Bracknell Forest.</p>
<p>What's already in place: PHE Health Protection Teams have local arrangements with Port Health Authorities for both Heathrow and Gatwick Airports to manage symptomatic cases of infectious diseases arriving at these Ports of Entry. From 8 June, new rules are in place for those travelling to the UK (residents and visitors) which requires them provide journey and contact details, and to self-isolate for the first 14 days.</p>
<p>What else will need to be put in place: Provision of support for visitors needing access to food and medical supplies for 14 days self-isolation period.</p>
<p>Local outbreak scenarios and triggers: For UK residents, self-isolating in normal place of residence is unlikely to result in outbreaks. For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises. PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Control Team (ICT).</p>
<p>Resource capabilities and capacity implications: Provision of support for visitors needing access to food and medical supplies.</p>
<p>Links to additional information: Guidance on entering the UK can be found at https://www.gov.uk/uk-border-control</p>

Appendix 21 - Homeless Communities

Objective:

The objectives are

- To closely monitor any cases of COVID-19 amongst the single homeless community, ensuring that any outbreaks are managed quickly and efficiently.
- To ensure that placements of homeless people accommodated whether as a result of Covid or otherwise take into account any health vulnerabilities and risks to allow them to stay safe

Context:

Due to the COVID-19 Pandemic, MHCLG asked local authorities to provide accommodation for the homeless population – including those rough sleeping, those sharing bedrooms or who were inappropriately accommodated. In Bracknell, B&Bs and Temporary Accommodation have been the main stay of emergency accommodation provided for this use. In Bracknell 25 people have been accommodated through Covid – 15 in B&B/nightly paid provision and 10 in temporary accommodation owned by the LA or it's housing company.

The health needs of the single homeless population predisposes them to a higher risk of severe illness from COVID-19, and there exists a risk of outbreaks amongst those who share kitchens and bathrooms in B&Bs. Other specific issues faced by this population include high levels of substance misuse, mental health issues and resistance to engage with services by some of the homeless population.

What's already in place:

In Bracknell there is no specialist supported housing for single homeless people (except for under 25s and women's refuge). The council manages a range of Temporary Accommodation and that includes some 'hostel' style provision

- one leased property has shared kitchens and bathrooms: we have reduced occupancy to 50% to reduce risk and have risk assessed those placed in this unit.
- one property offers en suite rooms with their own fridge, kettle and microwave, with shared kitchens and lounge. Again, occupancy has been reduced in this unit.

All of those placed as a result of Covid (or otherwise) have been triaged and risk assessed to determine whether they have any underlying health vulnerabilities so that they can be placed appropriately.

Weekly H&S compliance checks are carried out in council shared accommodation and prior to officers visiting they assess risk and check whether occupants have experienced any Covid symptoms or had contact with anyone else who has suspected Covid.

A weekly triage of those placed in emergency accommodation assesses and identifies any newly suspected cases of COVID-19. Any concerns will be reported to the PPP.

In addition, the Bracknell Rough Sleeper partnership group meets regularly to review the cohort and ensure that needs are being met – the group includes the voluntary sector, CCG (health), substance misuse and mental health services.

What else will need to be put in place:

It is proposed that PH will arrange testing of symptomatic individuals in hostels or multi-occupancy emergency accommodation when first notified of a case and will risk assess and consider testing additional cases on a case-by-case basis.

PH will consider the severity and spread of the outbreak, current control measures, the

wider context and any other measures needed. This will take into account:

- The clinical vulnerability of the homeless population
- That the homeless population may not have access to mobile phones for the Test and Trace App alert service and professionals may need to support the contact tracing process
- Resistance to engage with services by some of the homeless population and reluctance to share details of those they have come into contact with. Note that a number of those accommodated misuse substances and some may supply drugs to others.

This does pose an issue regarding sharing confidential health information with housing managers. Similarly, there is a risk that in smaller accommodation sites, informing other residents about a positive case may result in the positive case being identified.

As we start to prepare for recovery and transition those in emergency accommodation into longer term housing, there is a need for testing to be extended to those who are asymptomatic. Several landlords have been resistant to housing people without a negative COVID-19 test, which adds further difficulty to the task of finding appropriate accommodation for this population.

Local outbreak scenarios and triggers:

Note that some homeless people may have presented in Bracknell Forest, but a number are placed out of area in neighbouring boroughs. Further, B&Bs could well be accommodating placements from more than one and potentially several LAs – this would require collaborative working across LA areas to manage a potential outbreak where those at risk could have contacts in several authorities.

As above - a number of those accommodated misuse substances and some may supply drugs to others. Contacts could include minors through county lines.

It may be difficult for some individuals to sustain accommodation and for authorities to continue to accommodate those exhibiting high risk behaviours – this includes threatening behaviour, violence, exploiting others, holding gatherings in a property which put others at risk and dealing drugs from a property. In Bracknell a small cohort of those placed are no longer accommodated – they may or may not have remained in the area.

Resource capabilities and capacity implications:

Whilst monitoring the Covid status of those sustaining accommodation is manageable on a weekly basis, it relies on individuals recognising and reporting symptoms reliably – this may not happen. A small number of people are hard to engage and continue to refuse support, continuing to sleep rough – in this area that is often in the forest rather in populous areas. Others have been accommodated but have since been evicted or the placement has not been sustained – the former tend to be those exhibiting high risk behaviours and who are also likely to spread infection in an uncontrolled way.

Links to additional information:

[Letter from Minister Luke Hall to local authorities asking to 'bring everyone in'](#)

Appendix 22 – Council Owned Leisure Facilities

Objective:

The objective is to monitor for cases of COVID-19 linked to restarting public use of council managed leisure facilities and to prevent outbreaks by responding quickly and efficiently.

Context:

Included facilities are:

The Look Out Science and Discovery Centre and other attractions on the Swinley Forest site.

Westmorland Park pavilion

Horseshoe Lake Watersports and Activity Centre

Excluded from this section are:

Parks and open spaces generally, included play areas, pitches and courts.

Community Centres.

Leisure sites contracted to Everyone Active.

What's already in place:

The Look Out car park is open at approximately 60% capacity on the Swinley Forest site. All other facilities and businesses on the site are closed. New car park measures are in place including marshals to monitor and control usage, barriers to close the entrance when capacity is reached, barriers to create a directional flow for woodland access to prevent people coming face to face and to support separation of pedestrians and cyclists. Pay machines for car park are on enhanced cleaning frequency. Staff have access to small stocks of PPE if required. Measures in place to deter highway parking when car park is full, including tree trunks laid as obstructions on grass areas in approach roads to nearby facilities, and a regular parking enforcement presence on the surrounding roads not just inside the site as usual. Regular communications via all council channels are encouraging responsible usage, directed at minimising car use, preventing forest fires, cycling safely and within limits, taking litter home with you and not gathering in large groups. Given the limited capacity of the site and the management obligation to minimise pressure on the protection areas of Swinley Forest, the site is not being promoted as a site of destination and visits are being deterred to help manage misuse of the highway. Coffee Shop has not opened for takeaway on the instruction of CMT. Permission has now been given to open and preparations are underway. Opening is unlikely to be viable as an income generation until play area on site can also open.

Westmorland Park pavilion is open for the nursery operation of the regular hirer. Separate access has been created so that BFC staff do not pass through the same doors as nursery staff and children. Increased cleaning regime. No other hirers currently trying to resume use, due to Government restrictions currently on recreational leisure activities. The wider site is very busy in the evenings with antisocial use and large gatherings of young people. The car park is being closed early at 4pm to deter this.

Horseshoe Lake Watersports and Activity Centre are present on site and operating a very limited service, with adjustments for social distancing and enhanced cleaning. Government guidance now allows water sport activity. Their focus is on open water swimming and paddle boarding, which are solo activities very rarely requiring intervention or training in close proximity. Car parking on the Horseshoe Lake site is very busy with walkers and visitors to the SANG. Marshall controlled customer parking is being organised by the water sports provider. This site is very busy in the evenings and at weekends, with antisocial parties, music and substance misuse. Issues are being reported to the Police and staff on site are litter picking and addressing issues where possible. The car park is being closed at 7pm to deter this use.

What else will need to be put in place:

The return to full operation of The Look Out Discovery Centre and the other buildings will be subject to changing guidance from government.

It will require:

- Review of guidance and modification of building, exhibits, services and activities as required.
- Internal re-organisation for instance in Coffee Shop kitchen and service areas, to support distanced ordering / payment / food preparation and food delivery / collection by customer.
- (New software to enable phone-based ordering and payment would be ideal, but a longer-term aspiration.)
- Solution for re-starting safe public access to very small and limited toilet areas.
- Engagement with schools to determine appetite to resume the existing service provision.
- Review of public appetite to resume use of the various services, including Coffee Shop and play areas.
- Adjustment of services to support social distancing and provide public reassurance to ensure confidence in the services being offered.
- Review physical opportunities to control car park use, including revised barriers, ANPR enforcement system and possible an advance ticket booking system.
- Collaboration with Crown Estate as the owner of the Swinley Forest site and other businesses based on BFC sites including Go Ape aerial ropes course, Swinley Bike Hub Mountain Bike Centre and Freetime Leisure (Watersports).
- Ongoing communication to manage very heavy expected public use of open spaces.
- Police or security / enforcement support with anti-social behaviour and car park misuse (if current consistent downward spiral of behaviour continues).

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur and are linked to facilities on site, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Control Team (ICT).

Principle triggers:

Infected member of the public participates on a site without following social distancing guidelines and the control measures fail to prevent their actions infecting others.

Infected member of staff engages with public or prepares food they consume, without following guidelines and the control measures fail to prevent their actions infecting others.

Resource capabilities and capacity implications:

To reopen and act to prevent outbreaks, staffing:

To acquire and interpret future guidance.

To support social distancing and appropriate use.

For developing and communicating essential messaging.

Capacity for adjusting and transforming services where required.

To provide security and enforcement action where behaviour is dangerous / unacceptable and polite messaging / staff intervention has proved ineffective.

Links to additional information:

<https://www.gov.uk/guidance/coronavirus-covid-19-advice-on-accessing-green-spaces-safely>

<https://www.rya.org.uk/newsevents/news/Pages/coronavirus-advice-and-information-for-recreational-boaters.aspx>

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation>

<https://www.gov.uk/government/publications/coronavirus-covid-19-travel-advice-for-educational-settings>

Appendix 23 - Contracted Leisure Facilities

Objective:

The objectives are to restart the local economy as quickly as possible and to identify and eliminate all cases of COVID-19 in workplaces.

Context:

Bracknell Leisure Centre, Downshire Golf Complex and Coral Reef. These facilities are run and managed on behalf of the council by Everyone Active.

What's already in place:

The NHS test and trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for COVID-19 and advising them to self-isolate. Employers should ensure employees with COVID 19 symptoms seek testing. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:

- have COVID-19 symptoms and are awaiting a test result
- have tested positive for COVID-19
- are a member of the same household as someone who has symptoms or has tested positive for COVID-19
- have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace.

Currently only Downshire Golf Complex is open to customers. Measures are in place to advise players to be remain socially distant when playing and in the golf shop or driving range. The catering facilities are not yet open.

What else will need to be put in place:

In the run up to reopening and when the facilities are open information and audit checks can be provided by the Public Protection Partnership (PPP) to ensure compliance with Government guidance and minimise the risks of a localised outbreak. Should guidance not be followed appropriately then the PPP can enforce or ultimately reclose the facility.

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Control Team (ICT).

Resource capabilities and capacity implications:

- to develop communications plan,
- to visit/contact non-compliant workplaces as part of prevention work
- to visit/contact workplaces with outbreaks to advise/enforce on control measures

Links to additional information:

<https://www.bracknell-forest.gov.uk/leisure-services/leisure-facilities-bracknell-forest>

Appendix 24 – Workplaces

Including: private commercial premises - including but not limited to, retail, offices, leisure services (pools, clubs, gyms, hairdressers/barbers, beauticians etc), indoor event venues (conference centres, theatres, cinemas etc), outdoor event venues (sport venues, transient outdoor events and entertainment etc), animal attractions, warehouses, hotels, catering establishments (pubs, restaurants etc).

Excluding

council owned premises – offices/depots, libraries, leisure centres, day centres – these will be detailed elsewhere; high risk premises that are detailed elsewhere in this outbreak control plan

Objective:

The objectives are to restart the local economy as quickly as possible and to identify and eliminate all cases of Covid-19 in workplaces and control the spread of Covid-19.

Context:

The NHS test and trace service does not change the existing guidance about working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk. Sector specific government guidance gives details of reducing the risk when full social distancing is not possible. The NHS test and trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for Covid-19 and advising them to self-isolate. Employers should ensure employees with Covid 19 symptoms seek testing. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:

- Have Covid-19 symptoms and are awaiting a test result
- Have tested positive for Covid-19
- Are a member of the same household as someone who has symptoms or has tested positive for Covid-19
- Have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace.

What's already in place:

- PPP (Public Protection Partnership) Environmental Health are the first responders for the NHS Test and Trace.
- QMS procedures and questionnaires have been drafted for use when notifications of positive cases are received through NHS test and trace.
- PPP will use this information to identify any high-risk workplaces implicated in Covid 19 cases or outbreaks.
- PPP will follow up on these using national guidance documents to ensure that the premises are operating safely, and that the premises have taken all mitigating actions following the positive notification. For example, detailing any work contacts who may need to isolate or test, carrying out thorough cleaning and disinfection, isolating areas while this is carried out.
- PPP with PHE will determine if there are circumstances where Incident Control Teams are necessary. For example, outbreak situations (2 or more cases), any other high-risk element.

Preventative Measures

- PPP have been liaising with Chris Mansfield Town Centre Regeneration Manager regarding premises reopening and the information that is available to them and the

risk assessments that are required by the premises prior to opening.

- Chris Mansfield has been coordinating the efforts of premises in town centres and town centre arras to ensure compliance with social distancing
- Posters have been made available and are available on the PPP Website for business to download, e.g. encouraging social distancing, handwashing
- PPP will be carrying out audits in town centres to ascertain the level of compliance with Health and Safety at Work Act 1974 in relation to Covid-19.
- PPP are drawing up a protocol of Escalation of issues which will include enforcement options should precautions not be in place and where premises that are not permitted to open have opened.
- PPP have developed template Risk Assessments for businesses and will distribute them and have made them available on the PPP website
- Information on how to open safely has been put on the PPP website and on social media. Separate mailshots are being targeted at higher risk sectors
- Notifications of Outdoor Events come in through PPP. PPP manage a Safety Advisory Group (SAG) where events submit Event Management Plans. These will be required to detail how they will ensure compliance on Covid-19 and on how they will ensure tracing is carried out if there is a positive case identified at an event.

What else will need to be put in place:

We need to develop:

- Finalise the QMS procedure for Test and Trace
- Draft a QMS on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented
- Mailshot information to support sectors of business

Local outbreak scenarios and triggers:

If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team.

Resource capabilities and capacity implications:

Staffing

- To complete QMS procedures
- To visit/contact non-compliant workplaces as part of prevention work
- To visit/contact workplaces with outbreaks to advise/enforce on control measures
- To monitor the C19 inbox for notifications 9am – 5pm, 7 days a week
- To action any notifications coming through

Links to additional information:

PPP Website

<https://publicprotectionpartnership.org.uk/> contains links to Government Guidance and on PPP templates for risk assessments. Covers Environmental Health, Trading Standards and Licensing.

Appendix 25 – Retail

Objective:

The objectives are to restart the local economy as quickly as possible and to identify and eliminate all cases of COVID-19 in workplaces.

Context:

All retail, hospitality, offices, leisure services (clubs, gyms, hairdressers/barbers, beauticians etc), Indoor event venues (conference centres, theatres, cinemas etc), outdoor event venues catering establishments (pubs, restaurants etc). Bracknell Ton Centre (The Lexicon), Crowthorne, Sandhurst high streets, neighbourhood and local retail centres.

What's already in place:

The NHS test and trace service does not change the existing guidance about working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk. Sector specific Government guidance gives details of reducing the risk when full social distancing is not possible. The NHS test and trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for COVID-19 and advising them to self-isolate. Employers should ensure employees with COVID 19 symptoms seek testing. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:

- have COVID-19 symptoms and are awaiting a test result
- have tested positive for COVID-19
- are a member of the same household as someone who has symptoms or has tested positive for COVID-19
- have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace.

In line with Central Government guidance for workplaces and the Reopening High Streets Safely funding guidance, the following measures have been implemented;

- Bracknell Town Centre- pedestrian movement, access and queuing arrangements identified and implemented with barriers, markings, signage and social media coverage.
- Enhanced cleaning and maintenance regimes introduced
- Hand sanitizers installed at primary touch points.
- Additional site supervision
- Risk Assessments prepared and reviewed by Centre Management
- Liaison with PPP staff, Thames Valley Police and premises managers to agree internal and external control measures

For the other retail and commercial centres assessed undertaken to identify risks for businesses and general public. Additional signage installed and information given to premises to prepare for re-opening.

Web based information to support all businesses available through BFC and other business websites.

Engaged with Bracknell Business Improvement District to inform businesses of Covid-19 guidance.

What else will need to be put in place:

- A communications plan on how to provide national guidance on preventing

- outbreaks in workplaces and accessing testing, to the business sector
- A SOP on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented
 - Enhanced communication channels with businesses to disseminate information

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Control Team (ICT).

Resource capabilities and capacity implications:

- to develop communications plan,
- to visit/contact non-compliant workplaces as part of prevention work
- to visit/contact workplaces with outbreaks to advise/enforce on control measures

Links to additional information:

<https://www.bracknell-forest.gov.uk/health-and-social-care/coronavirus-information-and-support/business-support-during-coronavirus>

Appendix 26 - Faith settings

Objective:

The objective is to closely monitor any cases of COVID-19 linked to faith settings, ensuring that any outbreaks are managed quickly and efficiently

Context:

In the 2011 Census 64.8% of Bracknell Forest residents said their religion/belief was 'Christian', over 30% saying they had no religion/belief. The remaining 5.2% were spread across a number of religions with Hinduism being the second largest non-Christian faith group at 1.7% which is similar to the overall figure for England. The percentage of people saying they were Muslim is at 1.2% however is believed to have grown, the only other religion more common in Bracknell Forest than across England and Wales is Buddhism at 0.8%.

What's already in place:

From Monday 15 June 2020 places of worship will be permitted to reopen for individual prayer. New guidance will be published shortly which will recommend the thorough cleaning of shared spaces, hand cleansing at entry and exit and asking worshippers to bring their own items such as a prayer mat or religious text instead of sharing or using communal ones. Places of worship still have discretion over when they consider it safe to open and may decide to remain closed or reopen at a slower pace if they wish.

There is an established close partnership in place with Bracknell Forest Interfaith Forum which promotes dialogue and communication between leaders and members of different local faith and belief communities, bringing together local representatives of faith and belief groups for the benefit of community cohesion and is a point of reference for Bracknell Forest Council and other statutory and voluntary agencies on matters of faith and belief within the borough.

Detailed knowledge of places of worship used by different faiths within Bracknell Forest.

What else will need to be put in place:

We need to develop:

- A communications plan to work with the faith sector when national guidance on preventing outbreaks in faith settings has been published
- Supporting the faith sector when an outbreak in a faith setting has been identified and control measures need to be implemented

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Control Team (ICT).

Resource capabilities and capacity implications:

Staffing

- to develop communications plan and SOPs
- continued engagement with faith groups as places of worship are opened to prayer
- to visit/contact non-compliant faith settings as part of prevention work
- to visit/contact faith settings with outbreaks to advise/enforce on control measures

Links to additional information:

MHCLG's Places of Worship Taskforce

Appendix 27 - Detention facilities – awaiting information re Broadmoor

Appendix 28 - Military Settings

Objective:

The objective is to reduce and eliminate new cases of COVID-19 and deaths amongst the local Armed Force Community and within Bracknell Forest Military settings.

Context:

Bracknell Forest has a significant military and veteran community in the borough and is home to Royal Military Academy Sandhurst (RMAS).

As of January 2014, there were 1,140 Ministry of Defence personnel living in Bracknell Forest. Of these 910 were military with 630 being Officers and 280 holding other ranks.

As of 31 March 2015, there were 885 individuals in Bracknell Forest in receipt of an occupational pension under the Armed Forces Pension Scheme, an ongoing pension under the War Pensions Scheme, and those that have been awarded compensation under the Armed Forces Compensation Scheme. Of these 885, 770 are veterans.

In December 2011 Bracknell Forest Council and its partners signed the local community Covenant with the Royal Military Academy Sandhurst (RMAS). The Bracknell Forest Community Covenant is a statement of mutual support between the civilian and military communities and is the mechanism for the council to deliver its commitment within the national Covenant at a local level.

What's already in place:

RMAS is a MOD base which is restricted and self-contained base with controlled access

There are extensive links with RMAS through an active Bracknell Forest Civilian Military Partnership. The CMP is a voluntary partnership between the council, its partners, and the RMAS to promote positive long-term outcomes and the quality of life for service families and veterans

Annual Civilian Military Partnership Action Plan in place covering several key themes:

- Health and Wellbeing
- Economy and Skills
- Education, Children and Young People
- Environment and Infrastructure
- Safer and Stronger Communities
- Recognise and Remember.

Good links are in place with the Bracknell and Sandhurst Nepalese Societies. A significant number of the members of these organisations are veteran and ex-Ghurkha.

All MOD bases have received the guidance issued by Public Health England and the precautions taken at establishments are the same as those for the public.

The MOD has issued guidance on how the COVID-19 border health measures will impact Service personnel and their families including information about Service personnel returning from overseas assignments, families returning from overseas assignments and families based overseas returning for visits.

Officers returning to RMAS (23 May) are not permitted to the Academy unless for exercises until receiving their commission.

What else will need to be put in place:

Significant communication channels are in place to get any timely "soft intelligence" that 2

or more cases have occurred in this setting

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of an outbreak, current control measures, the wider context and will jointly consider with the local authority and MOD the need for an Incident Control Team (ICT).

Resource capabilities and capacity implications:

Staffing – MOD personnel, healthcare and council staff.

Links to additional information:

Appendix 29 - Out of Hours Service Provision (Forestcare)

Objective:

Continue to provide 5 major services.

Context:

Forestcare has 5 major service areas.

1. OOH calls handling for BFBC and for multiple housing associations/charities and other local authorities.
2. Responder service- CQC registered care administered on an emergency basis within the community for over 500 local residents
3. Telecare call monitoring- 20000+ clients with emergency buttons to press for help
4. Building response for fire and intruder alarms for BFBC and for multiple housing associations/charities and other local authorities.
5. Installation of emergency alarms and maintenance of the equipment.

Forestcare is based on the Commercial Site where there are 3 prefabricated huts. Forestcare shares one of these buildings with the Emergency Duty Service. There are over 80 staff between the 2 teams, however since March 2020, there have only been 2/3 staff from EDS in the building and they are in an office. The amount of staff from Forestcare accessing the building has reduced by approximately 8 staff.

Staff are made up of emergency call handlers, emergency responders, assessment and advice officers.

What's already in place:

Within the control centre:

- Flexi Perspex screens, additional cleaning, PPE-all staff must wear face masks when moving from desk, staff are regularly encouraged to wipe down localized environment. No one is allowed access to the building without appointment if they do, they are required to wear appropriate PPE
- Cleaning from an external company has been increased and in addition staff are requested to wipe down desks and equipment before the start of their shift and at the end of their shifts
- Testing if it is required- suspension of attendance to some buildings BFBC and external stakeholders
- Risk assessments for any responder visits
- Risk assessments for any emergency installs or repair of life critical equipment.
- Staff have been split into 5 functioning teams as part of business continuity to ensure they do not all come into contact with one another
- Staff are working to a Business Continuity Rota which is 12-hour shifts. The changeover of shifts is staggered to minimise mixing bubbles
- Business support staff and those staff who need to shield are being supported via Teams meetings & 1-1's
- Access to Forestcare has been strictly enforced to only those people who are vital to keep the service running and any Health, Safety and Maintenance personnel required to maintain the environment and its services

What else will need to be put in place:

- Standing desks as shift times have been increased
- Perspex screens and ceilings (bubbles)
- Room ventilation- purchase air purifier (due to confidentiality doors and windows cannot be wide open)

- To investigate upgrading the calls handling system to enable staff the ability to work remotely should the need arise. An example of this is if someone has a confirmed diagnosis of COVID then the other staff on the same shift may need to self – isolate. If there was the ability to work remotely this would not have such a catastrophic impact on the continued delivery of service
- Continue education and communication with staff
- Regular welfare checks
- Remote working system to take calls
- Ability for all staff to partake in a team’s meeting. Staff briefings and training are not possible for staff on the ICT solutions currently in place

Local outbreak scenarios and triggers:

- Asses each responder call as to whether we could attend to provide emergency support
- Screening checks on staff (temp) before starting shift
- If one staff within bubble became sick- track and trace would require each member of staff receiving a notification to self-isolate if deemed appropriate
- Not sticking to government guidelines
- Lack of clarity around track and trace process for social care workers and individuals without the application installed

Resource capabilities and capacity implications:

In the event of an outbreak:

- We have a contingency plan in place to place management and business support into the rota. If we suffer a significant loss of staff, we can pull on a bank of 10 casual staff who are employed by the council in for the continuity of the service
- Failing this we have the option to transfer our calls (at a significant cost) to Tunstall disaster recovery centre
- Visits or inspections should only occur to ensure that the building is compliant with Health and Safety
- If a bubble has to self-isolate, there would be a need to take staff from other areas of the organisation to back fill the shifts. This could have an impact of other services such as Adults Social Care, Housing, Finance and Transformation
- In the event or an outbreak or incident, an ICT will be convened as required

Links to additional information:

Forestcare governing bodies:

<https://www.tsa-voice.org.uk/>

<https://www.cqc.org.uk/>

Appendix 30 - Community Centres

<p>Objective: The objective is to closely monitor any cases of COVID-19 linked to Community Centres use ensuring that preventative measures are taken, and any outbreaks are managed quickly and efficiently.</p>
<p>Context The council supports 14 community centres across the Borough. The Community Centre buildings are owned by Bracknell Forest Council, but the day-to-day running and general management of the Community Centre is carried out by charitable Community Associations. Community Centres provide meeting facilities for local groups and other private social functions for residents. The Community Centres are in regular daily use by community local groups such as Girl Guiding Groups, Radio-controlled Car Club, Music with Mummy, Various Dance Groups, Baptist Church and other groups</p>
<p>What is in place already Since the lock down the centres have been closed unless running pre-school/nurseries for key workers and blood donation sessions etc.</p> <p>The Community Engagement team and Property services have provided on-going support and guidance support to meet health and safety requirements whilst closed e.g. water checks.</p>
<p>What needs to be set up Cascade Ministry of Housing, Communities and Local Government guidance on the re-opening of community buildings when published.</p> <p>Risk assessment required to enable community centres to meet health and safety and social distancing requirements tailored for community centres to enable opening and to operate safely when open such as PPE requirements, limiting user numbers allowing for at least 1m social distancing, deep cleans etc.</p> <p>Employers Community Associations should ensure employees with COVID-19 symptoms seek testing. Employers should support workers who need to self-isolate and must not ask them to attend the workplace.</p>
<p>Scenarios & trigger Local outbreak scenarios and triggers: PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Incident Control Team (ICT).</p>
<p>Resource implications</p> <ul style="list-style-type: none"> • Staff resource to support community centres • Potential implications around costs to meet health and safety COVID –19 requirement during a period of reduced income due under use of centres compared to pre lock down • Resource implications for Community Staffing meeting the cleaning/disinfecting requirements in between different groups using facilities
<p>Additional Information Ministry of Housing Communities and Local Government due to publish guidance on the re-opening of council buildings</p>

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

**TO: EXECUTIVE
30TH JUNE 2020**

**RESIDENTS' COVID-19 IMPACT SURVEY 2020
Chief Executive**

1 PURPOSE OF REPORT

- 1.1 To agree the approach and timescales for conducting a COVID-19 community impact survey with residents so the results can inform recovery planning, strategy and the delivery of the Council Plan over the next 3 years.

2 RECOMMENDATIONS:

- 2.1 to agree the survey questions as set out in Appendix A;
- 2.2 to agree the proposed timescale for delivery of the survey as set out in paragraph 5.9;
- 2.3 to ensure a representative sample of people participate in the survey by ward and demographics, the methodology and sample size applied to the Residents' Survey 2017 will be used as set out in paragraphs 5.4 – 5.8;
- 2.4 that the communications plan is agreed as set out at Appendix B and

3 REASONS FOR RECOMMENDATIONS

- 3.1 The Executive were briefed on 5 June on the Thames Valley Local Resilience Forum Community Impact Assessment (CIA) and development of a local CIA and agreed to conducting a Covid 19 community impact residents' survey as soon as possible so that the results can inform recovery and renewal planning, strategy and the delivery of the Council Plan over the next 3 years.
- 3.2 In order for fieldwork the research to begin within the proposed timescales, the survey questions need to be finalised by the Executive.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 Not carrying out or postponing the survey would mean that recovery and renewal planning would be completed without direct insight into how the pandemic has impacted residents and without resident's views informing the approach.

5 SUPPORTING INFORMATION

Background

- 5.1 The Council is undertaking a Community Impact Assessment to understand how the COVID-19 pandemic has impacted on the borough's communities and residents' behaviours. The survey would inform the ongoing recovery and renewal strategy and decision making through understanding what may need to be sustained or done differently. The aims of the survey are:

Unrestricted

- To obtain the views of residents on the impact of COVID -19 to them, their family and the community including the social, economic and environmental impact;
 - To provide insight into the support the borough will need to recover from the community impact of COVID -19; and
 - To identify opportunities and behaviour change to sustain through recovery as well as how to respond to adverse impacts.
- 5.2 Public Perspectives Ltd are the council's consultation contractor and have experience of conducting residents' surveys for other local authorities.
- 5.3 The survey methodology will replicate the Residents' Survey 2017 and will be a sample-based telephone survey which will profile a representative sample of 1,800 respondents across the borough including 100 interviews per ward to enable ward level analysis. This will ensure that the response rates and findings are representative of the views of residents of the local area, the delivery is cost-effective and provides robust data that can be compared over time. A sample size of 1,800 would result in a 95% confidence rate that the research findings have a potential variance of no more than + or – 9.7%.

Survey Methodology and Timescales

- 5.4 The most up to date data available will be used to draw up a target respondent profile ensuring that the data is representative of the demographic and geographic profile of the borough.
- 5.5 The survey will be carried out by Public Perspective's in-house contact centre. Public Perspective's interviewers will objectively guide respondents through the survey and provide clarification if required.
- 5.6 Public Perspectives will set demographic quotas, based on the latest ONS population data, to achieve a representative sample by age, gender and ethnicity. They use advanced telephone contact lists, including demographic information and mobile phone details. This allows them to target any groups, including BAME groups and younger adults where there can sometimes be under-representation in surveys, especially telephone surveys.
- 5.7 Survey data will be inputted and analysed by Public Perspectives. A comprehensive and detailed report will be produced which will include the following:
- Demographic profile of respondents compared to the most up-to-date profile of the area.
 - Methodology section.
 - Analysis of all questions, with findings presented in graphs or tables as appropriate.
 - Key findings amongst specific sub-groups including a full equalities evaluation.
 - Conclusions.
- 5.8 It is proposed that the survey is conducted with residents during July 2020 with the data available for analysis by late July/early August. The key dates are set out below:

Proposed action		Date
Survey questions reviewed and approved	Executive	30 th June
Survey launched		Early July
Headline results available		End July
Report available		Early August
Formal consideration of results	Executive	September

Cost

- 5.9 The cost is based on the framework agreement quote of £17,000 + VAT for the residents' survey due to take place 2020. There are slight changes in the specification and timescales but Public Perspectives have agreed to keep to the quoted price.

Questions

- 5.10 The survey questions have been developed and are informed by several other surveys on Covid-19 impact undertaken by the LGA and other councils with input from council officers and Public Perspectives.
- 5.11 Please note questions 17 and 18 have come from the Frimley ICS community panel survey and therefore the wording needs to remain the same for comparability.
- 5.12 The proposed survey questions are attached at Annex A. Please note that the survey will be designed to transfer smoothly into Public Perspective's CATI system and will look slightly different to a conventional survey and will not be seen by residents in this format. The survey questions will be tested by Public Perspectives with 6-12 residents in advance of the formal start of surveying. This will enable the question wording to be refined, if needed, to help achieve a good understanding and completion rate. The Executive are asked to give delegated authority to the Chief Executive to sign off the final version of the survey following testing in consultation with the Leader.

Communications Plan

- 5.13 A communications plan has been developed to ensure that residents, staff and partners are briefed on the timetable of the survey and is attached at Annex B.
- 5.14 There will be a soft launch before the fieldwork begins to legitimise the calls from Public Perspectives researchers and encourage completion. The main focus for communications with residents will be on promoting the results after the survey has taken place.

6 Consultation and Other Considerations

Legal Advice

- 6.1 There is not a statutory requirement to undertake this survey, although it reflects good practice to engage with the community in this way. The Local Authority has discretion to utilise what it assesses to be the best tool to produce the most cost effective, representative sample of the views of the community that it serves.

Financial Advice

- 6.2 A one-off sum of £20k has been included in the 2020/21 budget for the cost of the normal triennial residents' survey, which will be used to meet the anticipated costs of the recommendation.

6.3 Other Consultation Responses

N/A

Equalities Impact Assessment

- 6.4 Telephone survey methodologies enable a more representative cross section of the community to respond to the survey. The survey results report will include equalities analysis.

Strategic Risk Management Issues

- 6.5 The review of best consultation practices undertaken in 2014 is still robust as the revised methodology provides best value for the Council's resources when compared to replicating the previous large-scale postal survey.

Background Papers

None.

Contact for further information

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Appendix A

Draft Questions Residents' Covid-19 Impact Survey

SCREENERS

The first few questions are about you, so we can ensure that we speak to a good cross-section of local residents.

- S1. Firstly, could I ask how old you are?
- S2. Gender
- S3: May I confirm that your postcode is (check against database to ensure correct Ward for quotas)
- S4. How would you describe your ethnic background?

Council services

- 1. Have you had any need to contact the council between March and June this year?
- 2. What was your reason for contacting the council?
- 3. How would you rate your contact with the council?
- 4. How satisfied or dissatisfied are you with the way the council is supporting your local community during the coronavirus pandemic?

Community

- 5. How, if at all, have you volunteered to help in your local community during the pandemic?
(Please select all that apply)

Getting to know or supporting a neighbour
BFC/Healthwatch/Involve community response volunteer
NHS volunteer responder
Other volunteering to support people in my local community
Other (please specify)
Not at all

- 6. What were your reasons for choosing to volunteer in your local community during Covid-19? Did you volunteer previously?
- 7. Do you intend to keep, or are you interested in, volunteering in your local community due to your experience of Covid-19?

If not, why do you think you will not carry on volunteering?

Internet Use and Streaming

- 8. Which of the following do you have access to?

Internet at home
Smart phone
Home computer
Laptop
iPad
Alexa (or equivalent)
None of the above
All of the above

9. Which of the following activities have you done for the first time or done more often since the lockdown began on 23 March? (Please select all that apply)

- Used the internet in general
- Contacted the council online (including via social media)
- Access services on-line, such as shopping, ordering takeaway, general shopping online or on-line banking
- Communicated using digital technology such as Zoom, Teams, WhatsApp or Facetime
- Engaged on social media
- Used Alexa (or equivalent voice activated device)

Which have you done most?

10. How confident or not are you in accessing services on-line? Very confident/quite confident/not that confident/not confident at all, don't know.

Environment

11. Do you agree or disagree with the following statements about travel and the environment in the future, due to your experience of Covid-19? (Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree/don't know)

- I am more likely to use public transport
- I am more likely to walk or cycle
- I am less likely to drive
- I am more likely to use local parks and open spaces.
- Covid-19 is a chance for people to be more environmentally friendly
- This is an opportunity for Bracknell Forest to accelerate its plans to become Carbon Neutral by 2050

12. What changes have you made to reduce your carbon footprint?

13. What changes will you sustain?

Employment/Economic

14. What is your employment status as a result of the pandemic?

- No change, I wasn't employed and am still not employed
- No change, I am a full-time student
- No change, I was and am still employed on the same terms and conditions
- I am self-employed
- I'm employed but my pay/hours have reduced

Unrestricted

- I'm being paid 80% of my salary under the government scheme, and my company is topping this up, but I am not working (furloughed)
- I'm being paid 80% of my salary under the government scheme, but I am not working (furloughed)
- I was employed, and I have now lost my job
- I am concerned that my job is at risk
- I am concerned that I will have less work (if self-employed or company owner)
- Retired
- Don't know
- Prefer not to say
- Other (please specify)

Since the pandemic began, what, if any, support from the UK Government have you accessed or received? Tick all that apply.

- I have been furloughed under the Coronavirus Job Retention Scheme
- I have received statutory sick pay covered by the government for small/medium size businesses
- I will use the Self-Employment Income Support Scheme
- I have signed up to Universal Credit
- I have used the three-month 'mortgage holiday'
- My car/van/motorcycles MOT has been extended by six months
- None of the above
- Other (please specify)

15. What is your current working arrangement? Tick all that apply.

- I am now working from home
- I am a frontline key worker
- I am a non-frontline key worker
- I am going to work because I cannot work from home
- I am a university student studying from home
- None of these
- Prefer not to say

16. As lockdown is eased, how likely, if at all, are you to do each of these activities that are now permitted?

Scale (columns)

Very likely

Fairly likely

Not very likely

Not likely at all

Don't know

N/A – I would not do this before lockdown

- Visiting the Lexicon, Bracknell
- Visiting local shops
- Visiting local pub/restaurant/cinema/theatre etc
- Going to your workplace
- Using public transport
- Visiting parks, open spaces or play areas

Health and wellbeing

17. Do you feel confident about accessing health and care services that are NOT Covid-19 related?
Yes
No – please explain further?
18. Do you feel your health and care needs have been supported overall during the pandemic? Yes/no/unsure/Not applicable
19. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability, or problems related to old age? PLEASE TICK ONE BOX ONLY
No
Yes, 9 hours a week or less
Yes, 10-19 hours a week
Yes, 20-34 hours a week
Yes, 35-49 hours a week
Yes, 50 or more hours a week

If yes - What was your experience of being a carer been during lockdown?

20. Has the pandemic had a positive or negative impact on: (five point scale: Very positive / quite positive / neither positive nor negative / quite negative / very negative / don't know)
- Your physical health
 - Your work
 - Your employment status
 - You or your child's education (school/university)
 - Your household finances
 - Your mental health
 - Your caring responsibilities
 - Your access to paid or unpaid care
 - Your ability to afford your home
 - Your relationship with people in your household
 - Your feeling of belonging to your local community
 - Your appreciation of the local wildlife and environment.
 - Your feeling that your local area is a place where people from different backgrounds get on well together? *By getting on well together, we mean living alongside each other with respect.*
21. Have you done each of the following, more, less or about the same since lockdown began on 23rd March?
- Tried a new form of exercise or exercised more
 - Eating more / more unhealthily
 - Drinking more alcohol
 - Taken up smoking / smoking more
 - Spent time in nature, visiting open spaces.
 - Other (please specify)

Unrestricted

- Prefer not to say
- 22.** Are you aware of, and would you comply with, the new national Covid-19 Test and Trace system, where if you have close contact with someone that tests positive you will be asked to isolate for 7-14 days?
- I am aware of it and I will comply
 - I'm aware of it, but will not comply
 - I'm not aware of it
 - I don't know/not sure if I am aware of it or will comply

If you said you would not comply, what would encourage you to do so? (Open-ended)

- 23.** Which of the following health or medical experiences, if any, apply to you? (Please select all that apply)
- I have avoided going to the GP / hospital because I am concerned about catching COVID-19
 - I have avoided going to the GP / hospital because I don't want to overburden them
 - I have avoided making contact with Bracknell Forest Council adult and/or children's social care services
 - I have had a pre-existing GP / hospital appointment postponed because of COVID-19
 - I have had a pre-existing appointment postponed because of COVID-19 (e.g. dentist, optician)
 - I have sought medical advice through from NHS 111 (online or via phone)
 - None of the above
 - Prefer not to say

- 24.** What help or support do you need, if any, due to your experience of Covid-19?
- Health or medical care
 - Personal care
 - Advice on staying active and healthy
 - Housing advice/homelessness support services
 - Support due to being in shielded group
 - Benefits advice
 - Debt advice
 - Employment support or information on your rights
 - Support to help with mental wellbeing, anxiety or depression
 - Support with family/parental support
 - Help to get children back to school
 - Support because of domestic abuse
 - Support for substance misuse (e.g. drugs or alcohol)
 - Support to deal with anti-social behaviour or crime

(If help needed can ask interviewee if they want their contact details passed to council to receive support through follow-up contact.)

Recovery and Renewal

25. What are your concerns, if any, as we move out of lockdown?
- Support for unemployed residents and those who have seen their household income fall
 - Support for the local economy/businesses
 - Schools reopening and associated concerns about health and safety of pupils, teachers or families/
 - Schools not re-opening
 - Educational attainment of pupils not in school
 - Support for older and vulnerable people
 - Support for children and young people (including with learning/mental health issues)
 - Bereavement and counselling services to support those affected by the pandemic
 - Provision of affordable housing
 - None of these
 - Don't know
 - Other (please specify)
26. **Over the next few months, what do you think the Council's top priorities should be to help the borough's recovery from the pandemic?**

(all that apply)

- Health protection and promotion
- Supporting people to take care of their own/their families health and wellbeing (including mental health)
- Being more environmentally friendly/carbon neutral
- Sound financial management of the council
- Debt and money management help for those affected financially
- Helping the local economy and businesses to recover
- Supporting the most vulnerable / most affected people to recover
- Communicating government guidelines
- Focusing on reopening facilities and services
- Helping people to sustain their housing or find affordable housing
- Something else (please tell us)
- Don't know

Section 6: About You

I'd now like to ask you a few questions about yourself. These questions help us to see if there are any differences between the views of different residents and help the council to tailor and improve their service accordingly. Please be assured that all information will be kept completely confidential.

27. **How would you describe your religion/ belief?**
28. **How would you describe your sexual orientation?**
29. **Do you have any children aged 18 or under?**

ASK Q30 IF 'Yes' AT Q29

- 30. If you have children what age are they?**
- 31. (New demographic question to help with analysis) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Please include any problems related to old age)**
- 33. (New demographic question to help with analysis) How would you describe your current accommodation?**
- Owned outright
 - Owned with a mortgage
 - Rent from Council
 - Rent from housing association
 - Rent privately
 - Live at home

Appendix B

Communications Plan for Residents' Covid-19 Impact Survey

Required outcome: To engage with residents and get as representative a response as possible

Key messages:

1. Telephone interview conducted by independent research company
Public Perspectives
2. Answers and personal information treated with complete confidentiality
3. 1,800 participants from across the borough
4. This is a genuine call - not a prank
5. Participation will help the council in its Covid 19 recovery planning for the borough and council services
6. Thanks for your time

Dates	Action	Target audience	Further information
w/c 29 June	Democracy Snapshot/email	Members	Outline of aims and objectives, method
	PR	Residents	Outline of aims and objectives, method
	Forest Views article	Staff/Members	As above
	Social media posts	Residents/staff	Facebook/ Instagram & Twitter posts
	BFC website	Residents	
	DORIS news	Staff/Members	
	Town & Country Extra	Residents	
	Customers services script	Customer services staff	To explain to callers who might query whether it's a genuine survey, what we're doing and why.
w/c 6 July	Social media posts	Residents	Facebook/Twitter/ Instagram to remind people they might get a call
w/c 20/27 July	PR	Residents	To thank people who took part
	Social media posts	Residents	As above
August	PR	Residents	Highlights of results to local media
	BFC website		
	Democracy snapshots		
	Social media posts	Residents	
	Town & Country Extra	Residents	
	DORIS/Forest Views	Staff	As above
TBC	Town & Country	Residents	As above

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