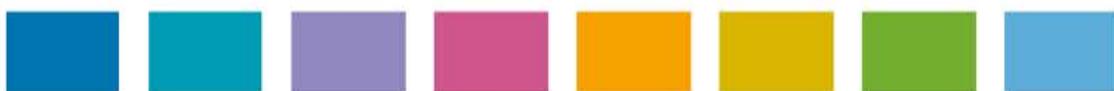


COVID-19 Outbreak Control

Solihull Local Outbreak Implementation Plan



CONTENTS	
Pg. 3	Introduction
Pg. 4	Structural arrangements for the local outbreak response
Pg. 5	Decision making and accountability
Pg. 5	Outbreak control and response partners
Pg. 6	Community engagement to build trust and participation
Pg. 8	Preventing infections and High risk settings and communities
Pg. 8	Vulnerable people
Pg. 9	Testing capacity
Pg. 9	Contact tracing
Pg. 10	Data: dynamic surveillance and integration
Pg. 11	Deployment of capabilities including enforcement
Pg. 12	Risk and mitigation
Pg. 13	Appendix 1 - CSW – COVID Outbreak Control Plan
Pg. 13	Appendix 2 – Sub-regional governance
Pg. 14	Appendix 3 – Solihull governance
Pg. 15	Appendix 4 – Health Protection Board Terms of Reference
Pg. 19	Appendix 5 – Health and Well-being Board Sub-Group Terms of Reference

INTRODUCTION

Solihull Council, alongside multiple organisations and partners, has been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively to prevent the spread of COVID-19. This activity will continue in the next Test, Trace and Contain phase of pandemic management, working closely with Public Health England (PHE) and with our key partners at Coventry and Warwickshire Councils. However the focus of both the proactive and reactive work now needs to change, as workplaces, schools, businesses and town centres open (requiring support with ensuring this is done safely), and as contact tracing programmes are established.

Our COVID-19 outbreak control plans set out what we and local partners will do to identify and contain outbreaks and protect the public's health. These describe the approach to managing and preventing the spread of Covid-19 locally so that residents and communities can live as safely as possible with Covid-19 during the current phase of the pandemic and to support the return to social and economic recovery.

Warwickshire is the Lead Authority for the Coventry, Solihull and Warwickshire (CSW) Beacon, working with the NHS, PHE, and alongside the West Midlands Combined Authority (WMCA). By working jointly, we can share resources, mutual aid and skills flexibly across our boundaries. Our overarching CSW Outbreak Control Plan describes how we are working together. (Appendix 1)

Each of the three councils has a Local Outbreak Control Implementation Plan which has been individually tailored to the needs of each area. This plan describes how we will work as a system in Solihull through key statutory, voluntary and community organisations to prevent and manage COVID-19 outbreaks in a variety of settings. It will be a live document and will be updated as the pandemic progresses and to reflect national and local learning. Any updates will be agreed by the Health Protection Board. This plan is supported by specific action plans that describe our detailed local response, practical arrangements and Action Cards to make our response as rapid as possible.

AIMS OF THE LOCAL OUTBREAK CONTROL IMPLEMENTATION PLAN

- Keep cases of COVID-19 low for as long as possible
- Spot trends early and identify clusters of cases quickly to reduce transmission
- Work with PHE, the NHS and other partners to manage outbreaks effectively
- Take wider steps to reduce transmission of COVID through public messaging and communications
- Reduce the impact of COVID-19 on the most vulnerable

KEY THEMES OF OUTBREAK CONTROL

The Department of Health & Social Care (DHSC) and the Local Government Association (LGA) have identified seven key critical themes in outbreak plans for this phase of the pandemic:

THEME 1: Care homes and schools.

THEME 2: Identification of high-risk places, locations and communities.

THEME 3: Local testing capacity.

THEME 4: Local contact tracing.

THEME 5: Data and integration.

THEME 6: Vulnerable people.

THEME 7: Local Boards.

STRUCTURAL ARRANGEMENTS FOR LOCAL OUTBREAK RESPONSE

Please see Appendix 2 & 3 for detailed governance arrangements for the sub-region and for Solihull.

Solihull's multi-agency COVID-19 Health Protection Board, building on our existing Health Protection Board [Appendix 4] has taken the lead on the development of our local outbreak prevention and control arrangements.

This board is chaired by the Director of Public Health and has overall responsibility for the local operational response to the prevention and control of outbreaks. A Local Outbreak Control Group sits underneath the Health Protection Board and coordinates action to reduce the risk of outbreaks in particular settings including schools, care homes, workplaces and wider communities, to identify any emerging outbreaks and to make sure that the right steps are taken to manage these, working with Public Health England and the local NHS.

A multi-agency sub group of Solihull's Health and Well-being Board has been established to oversee progress and to make sure that there is robust communication with the public locally [Appendix 5]. This also provides a clear link to Solihull's overall Health and Well-being Strategy which has been updated to provide a framework for the longer-term physical and mental health impacts of COVID, including the wider determinants of health and health inequalities.

A Coventry, Solihull and Warwickshire Test and Trace Sub-regional Advisory Board has also been established to champion the activities of the Beacon Councils.

DECISION MAKING AND ACCOUNTABILITY

LOCAL BOARDS

The Health Protection Board (through the Director of Public Health) will have overall responsibility for delivering this plan. A Local Outbreak Control Group will meet daily and is responsible for the surveillance of local data and intelligence, coordination between work-streams and ensuring that there is sufficient capacity and capability to support activities to reduce the risk of outbreaks and respond to any local outbreaks. Dedicated cells will be responsible for taking action to prevent outbreaks and respond to any outbreaks, under the direction of the Local Outbreak Control Group.

Day to day decisions about outbreak prevention and response will be made by the work-stream leads (e.g. educational settings lead, workplace lead) within the remit of their role, working alongside Public Health England. The Director of Public Health has overall responsibility for decisions made in response to outbreaks, and the deployment of resource to support outbreak response, working with Public Health England.

Any decisions relating to closure of particular settings, will be taken in agreement with the Chief Executive working with Public Health England and the Joint Biosecurity Centre.

The approach will follow a 4 stage framework – Engage, Explain, Encourage and as a last resort, enforce using existing local legal powers.

OUTBREAK CONTROL AND RESPONSE ARRANGEMENTS

HOW WE WILL WORK

The overarching operational response arrangements to the management of incidents and outbreaks are described in the Coventry, Solihull and Warwickshire (CSW) Local Outbreak Control Plan.

Notifications of complex cases, outbreaks and any other queries around COVID will come to a single point of access at Solihull Council (in hours): contacttracing@solihull.gov.uk or via a dedicated phone line 0121 704 6892 from Monday to Friday 0800-1700 hours. Notifications will be logged and fielded to the Local Outbreak Control Group and dedicated cells to mobilise a response working with a wide range of key internal and external partners. The Local Outbreak Control Group will work closely with the NHS and will draw on infection control expertise, including swabbing capacity and Mobile Testing Unit capacity to respond to outbreaks (See Appendix 5 - Response Diagram).

Work-stream leads will be responsible for mounting operational responses to outbreaks in settings or, in the case of NHS setting, making sure that plans are in place to manage outbreaks in primary and community care and hospitals. This will include steps to reduce the risk of outbreaks, responding to queries about actual or potential cases and support any outbreak response.

Our out of hours team, provided by Coventry, Solihull, Warwickshire Resilience will provide a first point of contact and escalation to the Director of Public Health or Consultant in Public Health 7 days a week.

Solihull MBC and the PHE West Midlands 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. We will work closely alongside NHS partners specifically on the testing work-streams and

in supporting complex cases/outbreaks in healthcare settings. These arrangements are supported by agreements - or Standard Operating Procedures - across our organisations.

PREVENT AND RESPOND

Our detailed delivery plans set out the action we will take in 6 key areas:

- **Prevention Hub:** access to advice, guidance and information to reduce the risk of COVID through the dissemination of national and local guidance and local queries.
- **Care Homes:** ensuring outbreaks are prevented and managed in care homes and that Action Cards are in place to respond to local outbreaks
- **Schools and education setting:** ensuring schools, early years and colleges can operate safely and outbreaks are managed effectively, using local and national Action Cards.
- **High Risk Settings (Non-NHS):** systematic identification and risk assessment of high risk settings and co-ordination of action to reduce the risks and intervene early and manage outbreaks, using Action Cards.
- **High Risk NHS Settings:** liaising with the NHS to make sure that the community impacts of hospital outbreaks or outbreaks in general practice are effectively managed and that there is effective local communication in place when these occur.
- **Town centres, open spaces and local businesses:** ensuring town centres and businesses operate safely for residents.

COMMUNITY ENGAGEMENT TO BUILD TRUST AND PARTICIPATION

A single strategy for communications has been developed for the CSW sub-region, led by Coventry City Council, supported by local communications plans. Ensuring that communities trust public health messages, and that they are accessible and culturally appropriate, is key to the success of the overall programme. We will work with national communication leads to apply national messaging and resources to our local populations.

Solihull's Council Plan sets out our approach to working with local communities through the '*Thriving Communities*' programme. We will build on the strong voluntary and community response to COVID-19 and will work with key community leaders to identify COVID-19 Champions who are trained to disseminate clear and consistent messaging in neighbourhoods as well as provide feedback and soft intelligence about emerging local concerns

The communication and engagement will include consistent behavioural messaging to our residents to reduce virus transmission including hand-washing, social distancing, what to do if individuals, their household or close contacts have symptoms and what support is available for people who need to self-isolate. This will require saturation of basic messages and information to be available in different languages and culturally relevant.

Multi-agency media protocols are being developed across the three authorities and with national and regional communications contacts. Communications will be adaptive and rapidly respond to changing local situations and changes in risks. Health and Well-being Board partners including education, police, the voluntary and community sector and NHS will work together through our CSW communications plan to deliver consistent messages across a range of communications platforms.

We will also work with local employers and business so that they have access to and can promote clear and consistent messaging to enable people to work and to prevent the transmission of COVID-19. Our approaches with businesses will use existing connections and enhance work already underway with local retailers and the Solihull Business Improvement District (BID). Solihull's Business Engagement team will provide proactive communication material to local employers and businesses and also provide sign-posting to local public health advice if needed. This will complement existing work led by SMBC to safely reopen public spaces, with signage and social distance measures. These measures will be key to supporting wider approaches to economic recovery and local confidence.

PREVENTING INFECTION IN HIGH-RISK SETTINGS AND COMMUNITIES

Local authorities have already been working to support a range of places (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response. This activity will continue, however, the focus of both the proactive and reactive work will now change, as more workplaces and schools reopen, and as the national contact tracing programme becomes established.

Prevention of the spread of disease will be at the core of all activity and work streams and include physical/organisational measures for maintaining appropriate distance between people and infection control advice and training. An enhanced focus on health inequalities is part of our preventative approach, including addressing the findings of the PHE disparities review, and subsequent emergent recommendations specifically for BAME communities and other emerging high risk groups or locations.

A full list of vulnerable settings, facilities and locations, including any locations that are potential hotspots based on experience locally, nationally or internationally will be updated using Geographic Information System mapping (GIS) to provide a borough-wide picture of any vulnerabilities and to assist with monitoring and tracking of outbreaks.

Solihull Council will work with local Public Health England West Midlands (PHE) teams to support complex cases and outbreak management, including advising on closing and reopening care homes, schools, and workplaces if needed. PHE will undertake the initial risk assessment, give advice on management of the outbreak and local authority staff will follow-up, and support the setting to continue to operate where possible whilst managing the outbreak, including support with infection prevention and control.

VULNERABLE PEOPLE

A focus on vulnerable people is important, as it is clear that COVID-19 is having a differential impact on our communities. The plan will proactively identify communities where targeted prevention interventions would be beneficial (e.g. homeless population, victims of domestic abuse, minority ethnic communities). The plan will also provide targeted support to those who are self-isolating, either because they have COVID-19 symptoms, or because they are a close contact or household member of someone with symptoms or with a confirmed diagnosis of COVID-19. We will rapidly identify people who because of required self-isolation may not have access to essential food and medicine. Our implementation of the shielding system enables us to reinstate arrangements for those in need through a more narrowly defined period.

The overarching approach to supporting vulnerable people has been set out in the Coventry, Solihull, and Warwickshire outbreak control plan, with links to our local support offer in Solihull for people who are need additional help including what on-going support is needed for people who have been shielding or may need to be shielded in the future.

- Solihull Covid Support 0121 704 8000

In working with wider vulnerable groups, we have a range of statutory and voluntary sector partners who support some of our most vulnerable communities, both commissioned and non-commissioned services. We will continue to work with these partners through ongoing regular communications (regular communication already in place) about national, sub-regional and local developments, and work with them directly to support the Community Engagement strand of work in this plan. We also have communication routes in place with informal COVID-community support groups who have been providing practical support within their own neighbourhoods. We will be engaging with these groups to encourage their on-going involvement in the pandemic response to support people who are required to self-isolate through Test and Trace. We will continue to promote resources to support mental health and wellbeing to the wider community.

Engagement sessions are planned with our local faith groups and wider public advocacy groups to explain what Test and Trace involves and the importance of it in protecting vulnerable individuals. These sessions will enable exploration of any concerns or myths about Test and Trace and COVID-19 prevention measures with the wider community. Our approach intends to build community advocates who can help share messages to encourage compliance with contact tracing activities and self-isolation measures.

TESTING AND CONTACT TRACING

Rapid and easily accessible testing is key to any pandemic management in order to establish and monitor levels of infection and immunity in the system, plan for service demand, prevent asymptomatic spread of infection to vulnerable cohorts, identify who needs treatment and care, and keep the workforce and services resilient. Testing and contact tracing is carried out by the NHS Test and Trace Service.

Current sub-regional testing arrangements for both antigen and antibody testing is outlined in the CSW outbreak control plan. Anyone who has symptoms of COVID-19 can ask for a test through the NHS website national portal or by calling 119. Drive-through testing sites are available at Edgbaston, as well as a Mobile Testing Unit at the National Exhibition Centre (NEC). Home testing is also available. Whole care home (nursing and residential including learning disabilities and autism) testing is currently being undertaken by a locally commissioned service provided by University Hospitals Birmingham and an on-line ordering system.

Contact Tracing is vital to contain the virus and prevent its spread to more people. The NHS Test and Trace system means that anyone who has been in close contact with someone who has tested positive (from 2 days before their symptoms started and for the duration of symptoms) for coronavirus will be informed and asked to voluntarily self-isolate for 14 days.

Where the contact tracing process identifies a complex case or one involving a high-risk location, such as where a person who has tested positive for COVID-19 has worked or recently visited a health or care setting, a prison/other secure setting, a school, workplace or critical national infrastructure, and other complex settings, then the case will be referred to Public Health England's regional teams and our local Public Health team.

Our detailed delivery plans set out how we will make sure that testing capability, contact tracing and any follow up action supports our overall objectives:

1. **Testing co-ordination and deployment:** We will work with the Department of Health and Social Care (DHSC) to make sure that there is sufficient capacity to undertake testing in the community through regional testing sites, locally deployed Mobile Testing Unit and other more local solutions or indoor venues where appropriate and clinically safe. This will include identifying sites that may be needed in the event of localised outbreaks and agreeing how additional testing is activated by the Director of Public Health.
2. **Care home testing:** We will continue to support care home testing in line with locally-agreed protocols. This will include agreeing and implementing any changes to testing frequency for staff or residents in line with latest scientific advice.
3. **Contact tracing local capability:** Responsibility for contact tracing sits within the national programme. We will work alongside NHS Test and Trace to make sure that any local face-to-face contact tracing that may be needed can be deployed, within available resources and using existing local skills. This will be subject to on-going review as the NHS Test and Trace develops.
4. **Co-ordination:** Working with Public Health England and all other partners to make sure there are consistent pathways between national, regional and local elements of the NHS Test and Trace System.

DATA: DYNAMIC SURVEILLANCE AND INTEGRATION

USING DATA TO INFORM LOCAL DECISIONS

National and local data integration and the ability to scrutinise a variety of metrics including the number and pattern of new cases, and the rate of their growth is key to our response allowing us to spot increases rapidly and inform local responses.

Data collection (both hard and soft data) which maps populations and settings which may be at higher risk of transmission will identify areas for targeted preventative intervention. Surveillance data of cases will support a range of actions from containment within specific settings to more comprehensive local, regional or national measures.

The Joint Biosecurity Centre will use data and advanced analytics to identify risks and will work with us to identify local flare ups and support local responses such as rapid deployment of testing facilities to particular locations. Tracking cases at a local level will identify any trends by time, place or location and will benefit from the addition of local intelligence and local staff to visit premises and provide advice/support.

Situations where telephone contact tracing is less straightforward, such as gatherings that have occurred in breach of social distancing guidelines and in situations where people may not be willing to disclose information will also benefit from a local intelligence-led response.

DATA MANAGEMENT AND INTEGRATION

Coventry City Council are leading a sub-regional data hub which is developing a robust intelligence dashboard to inform how we control and manage COVID-19 across the sub-region, supported by local data teams. The data flows from the NHS Test and Trace system are essential to understanding the spread of the virus within the local population. The data needs to be timely and integrated with local surveillance data to provide a fully integrated dashboard at CSW and Solihull level.

Key elements of this work-stream are outlined in the CSW Outbreak Control plan.

As data flows improve, our ambition will be to gain a detailed, near to real-time data flow in the form of daily dashboard and to use time series/ trend analysis and GIS mapping to:

- Identify current or emerging local outbreaks and hotspots
- Provide evidence to support resource allocation and distribution including rapid localised testing and dissemination of focused communications
- Identify communities that may require additional support (e.g. high numbers of people self-isolating)

Our detailed delivery plans set out how we will collate, analyse and use data to inform action:

- 1. Daily Surveillance Meeting:** daily monitoring of hard and soft intelligence from national, regional and local datasets by the Local Outbreak Control Group.
- 2. Analytical, Forecasting and modelling:** collation of data from a variety of sources to understand the local epidemiology, distribution of cases and logging and tracking information systematically, producing meaningful data from a range of sources for a range of audiences.
- 3. Information Sharing:** ensuring information sharing can be undertaken proactively and effectively and is supported by robust information governance and data sharing agreements.

DEPLOYMENT OF CAPABILITIES INCLUDING ENFORCEMENT

The CSW Outbreak Control Plan outlines the three main pieces of legislation that can be used to support COVID-19 related prevention and response activity – namely, the Health and Safety at Work Act 1974, the Public Health (Control of Disease Act) 1984 and the Coronavirus Act 2020.

Our plan sets out key actions we will take to ensure that all relevant legislative powers can be used effectively and swiftly by;

- a. Developing a shared approach to the use of the provisions in the Act for isolation, quarantine and any associated actions and procedures (e.g. orders not to attend school)
- b. Ensuring rapid access to Designated Officers for the purpose of the Act at local level
- c. Agree escalation routes with JBC and national Contain leads if local powers exceeded.

Enforcement will always be a last resort. It is acknowledged that different partner organisations have specific statutory powers that will have more relevance in certain situations. In the event that enforcement is required the partner organisations will consider the most appropriate powers to use, acknowledging that the overall approach to delivering outbreak plan work will be supportive using the 4E behavioural framework:

- Educate: effective local communications so people understand what they need to do.
- Encourage: targeted communications and messaging in areas at higher risk.
- Empower
- Enforce

RESOURCE PLANNING

Financial Plan

Department of Health and Social Care (DHSC) funding has been allocated to all local authorities to support the long-term delivery of the test and trace work which is likely to be in place for at least 12-18 months. The allocation within the CSW authorities is:

Warwickshire	£2,138k
Coventry	£2,041k
Solihull	£1,041k

In addition to contributing to shared programme management and communications resource which will work across the sub-region, Solihull has put in place an enhanced virtual COVID response team to provide proactive advice and support as well as rapid outbreak management capability to enhance existing resource capability. This will include:

- Additional health protection capability to support incident management and response including surge capacity and mutual across the sub-region
- Expanded regulatory services and public health capacity to support proactive and reactive response in workplaces including enhanced contact tracing capability to manage surges
- Additional analytic capability to support GIS mapping and coordination of soft intelligence and wider 'early warning' data coordination
- Additional swabbing, infection control support and advice including surge capacity and Train the Trainer capability for any setting or locality and to support wider sub-regional mutual aid arrangements

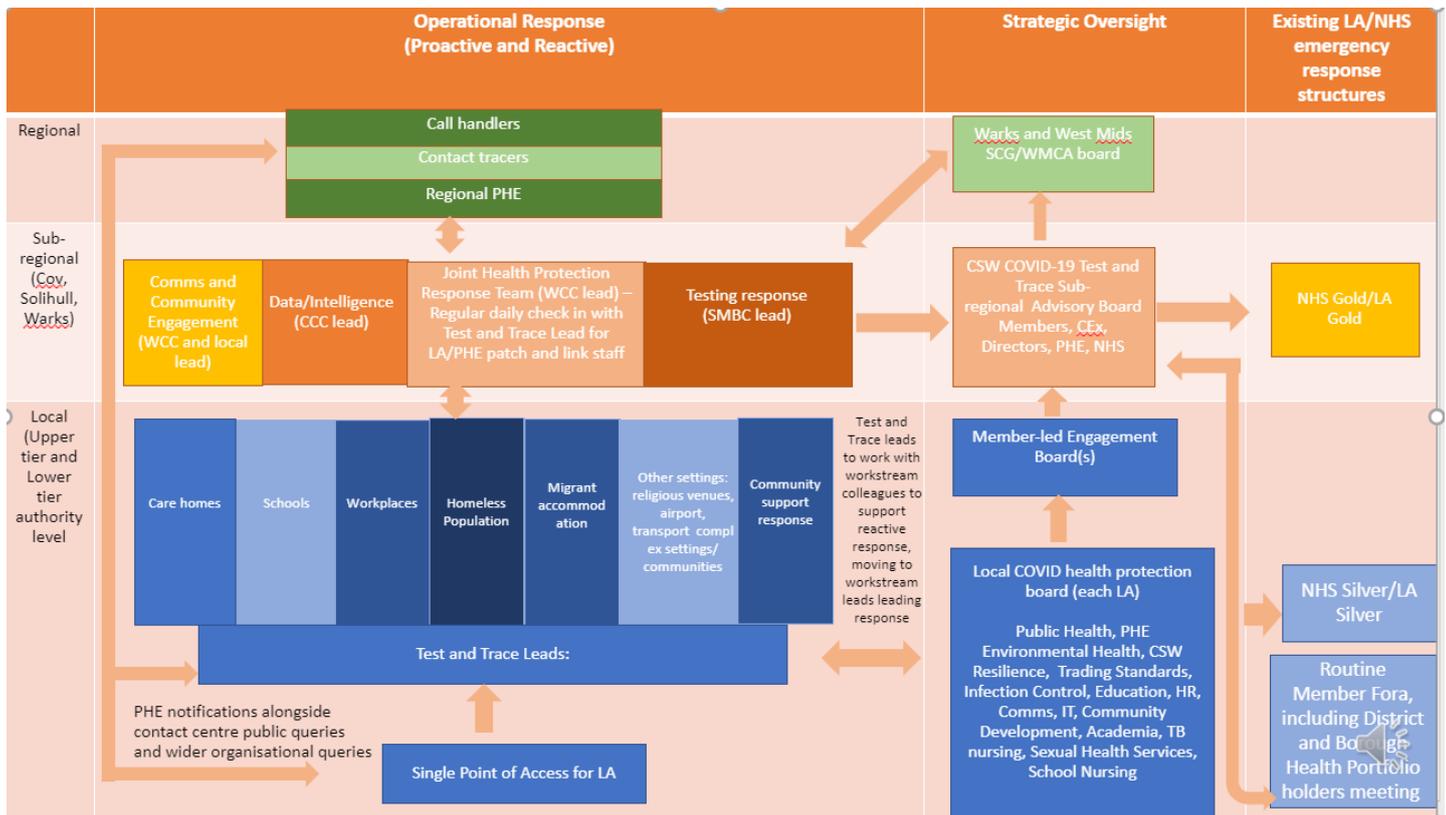
RISK AND MITIGATION

There are two main types of risk that will need to be managed as part of implementation of our local outbreak control plan:

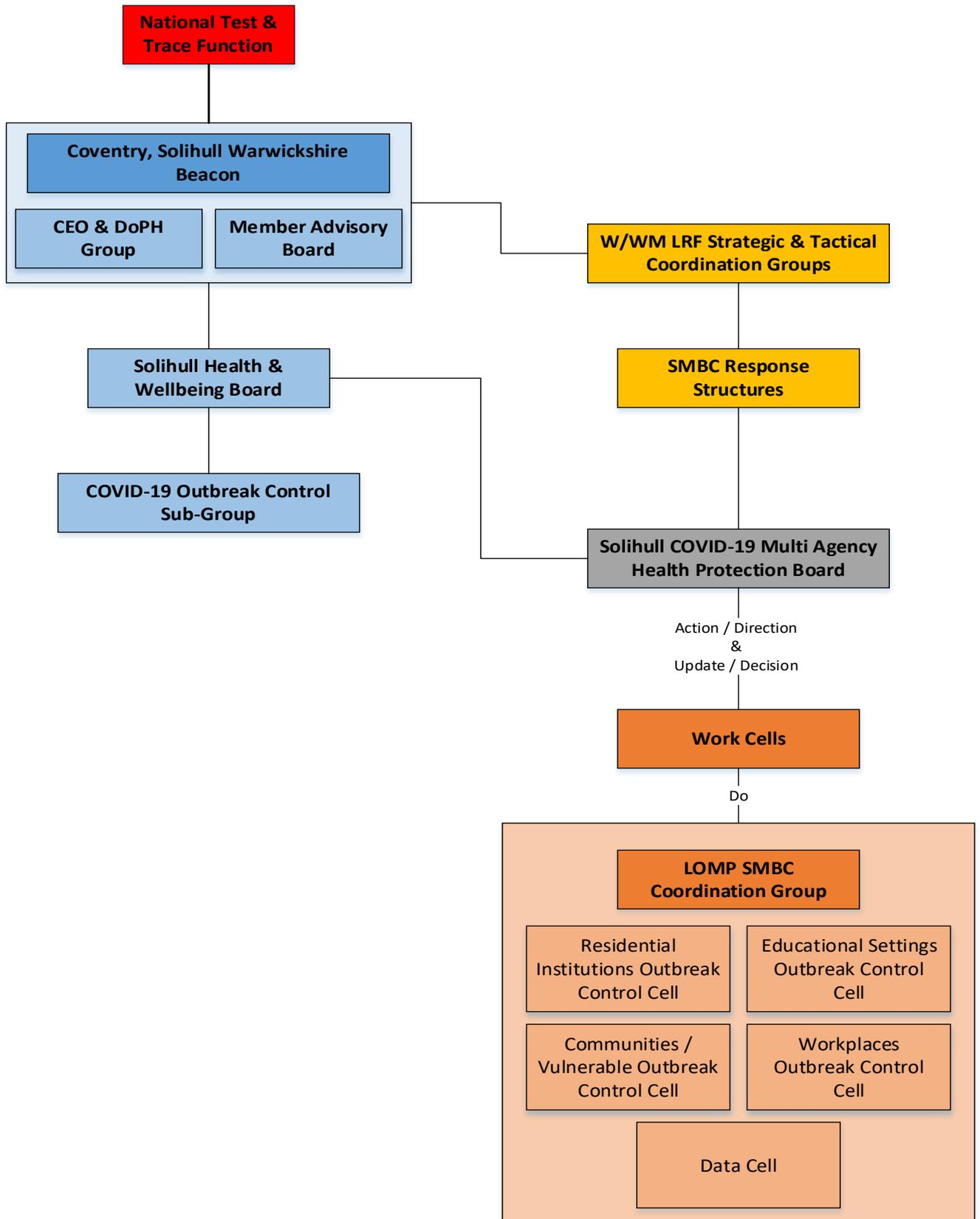
- 1) Public Health risk related to COVID-19, particularly linked to high risk settings (a detailed mapping exercise of these settings needs to be undertaken), but also related to risks associated with potential collapse in social distancing etc.
- 2) Risks related to operationalisation of the programme (local and sub-regional risk registers will be developed and held by agreement by the most appropriate local/sub-regional group).

Appendix 1 – [CSW COVID Outbreak Control Plan](#)

Appendix 2 - Sub-regional governance arrangements



Appendix 3- Solihull Test & Trace Governance Arrangements



Appendix 4 – COVID Health Protection Board Terms of Reference

COVID Health Protection Board

Terms of Reference

June 2020 v3

1. Purpose and Overall Aim

- 1.1 As part of the COVID 19 response, develop co-ordinate and lead an effective multi agency Solihull wide Local Outbreak Management Plan as part of a wider Coventry Solihull and Warwickshire pilot led by Warwickshire CC, using effective interventions to minimise transmission and using contact tracing and focused testing to keep the reproductive number below 1.

2. Objectives

- 2.1 To develop & oversee delivery of Solihull's Local Outbreak Control Plan including:

Outbreak Identification and response

- 2.2 Ensuring that outbreaks are being identified early and that effective multi-agency management and response is in place
- 2.3 Rapidly test, learn and scale up localised approaches to oversee and drive multi-agency interventions and reduce the spread of COVID 19, including outbreak management and follow-up, the identification of actual or potential hotspots by time, place or person and implementation of measures to minimise this risk.

Monitoring- contain and enable

- 2.4 Monitor levels of infection and demonstrate to the population and partner agencies that the Outbreak Plan is delivering rapid testing at scale to control the virus and stop its spread, using data to identify and target any flare-ups at local level and using our knowledge of the virus and how it behaves to inform social and economic decision making.
- 2.5 Use robust monitoring and intelligence to develop priority responses to the levels and location of infection through an integrated contact tracing service that will follow up and advise any contacts of positive cases and support people to self-isolate
- 2.6 Address the needs of very complex or high risk issues and create a simple system to communicate with the public what they need to do and to make sure that the national programmes take effect locally.

Escalation and Enforcement

- 2.7 Identify and escalate issues and risks relating to testing and contact tracing that are impeding the containment of the virus and thereby the delivery of the Local Outbreak Plan Management Plan
- 2.8 Agree and implement proportionate multi agency measures to reinforce social distancing and implement proportionate closures or restrictions if necessary using legal and enforcement measures and that these are in place and appropriately applied.
- 2.9 Act as an escalation point to the LRF SCG in the event of concerns around rising case numbers and response capability.

Intelligence driven decision making and response

- 2.10 Ensure that that there is a robust local Plan in place underpinned by effective quantitative and qualitative data flows that
 - (a) monitor COVID cases and early warnings of potential outbreaks
 - (b) enable a swift response to contain the potential transmission

Communications

- 2.11 Ensure that there is effective resident and stakeholder communication in place.
- 2.12 Ensure appropriate links with interdependent developments and promote links with other tactical cells to ensure key issues regarding outbreak management are highlighted and necessary actions taken.

Shared learning

- 2.13 As a pilot, to contribute to national learning **and sharing best practice and to ensure that there is effective coordination of activity with Coventry and Warwickshire.**

Membership

- 3.1 The group led by either of the chair or vice chair or any other nominated member of the group in their absence.
- 3.2 Meetings will take place on a biweekly basis-Mondays and Thursdays or as required for one hour.

NAME	TITLE	ORGANISATION
Ruth Tennant (chair)	DPH	SMBC
Sangeeta Leahy (vice chair)	AD PH	SMBC
Helen Jenkinson	Chief Nurse	BSol CCG

Mark Garvey	Consultant Clinical Scientist Deputy Director of Infection Prevention and Control	University Hospitals Birmingham
Angela Cartwright	Acting CCDC	PHE
Mary Tomson	Consultant in Dental Public Health	PHE
Tom Knibbs	Head of Service	CSW
Perry Wardle	Assistant Director, Growth & Development	SMBC
Richard Agar	Superintendent	WM Police
Fiona Hughes	Chief Executive	Solihull Community Housing
Alison McGrory	Assistant Director, Communities	SMBC
Jacqueline Paterson Diane Hurt	Environmental Health	SMBC
Karen Murphy	Assistant Director, ACS	SMBC
Tim Browne	Assistant Director, Childrens	SMBC
Paul Langham	Assistant Director, Comms & ICT	SMBC
Kate Whiting	HR	SMBC
Andrew Kinsey	Legal Services Manager/Solicitor	SMBC
Amy Thomas/Donna Vines	Project officer support & action tracker update	SMBC

Accountability

4.1 The Health Protection board is an existing Board and is accountable to the Solihull Health and Well Being Board

- The Board will develop and oversee the delivery of a Solihull Local Outbreak Control Plan, led by the Director of Public Health. This will provide regular updates to the Health and Well-being Board.

- A COVID-19 Outbreak Control sub-group of Solihull Health and Well-being Board will be responsible for providing local ownership and public-facing engagement for outbreak prevention and control in response to Covid19 within Solihull.

Appendix 5 - Health and Wellbeing Board COVID-19 Outbreak Control Sub Group Draft Terms of Reference

Solihull Health and Well-being Board COVID-19 Outbreak Control sub-group Draft Terms of Reference

Purpose

The Outbreak Control sub-board will be responsible for providing local ownership and public-facing engagement for outbreak prevention and control in response to Covid19 within Solihull.

The sub-board will:

- i. Support the delivery of the Local Outbreak Implementation Plan
- ii. Oversee implementation of a local communications and public engagement programme
- iii. Review the Local Outbreak Implementation Plan and progress against it
- iv. Provide updates to Solihull's Health and Well-being Board

Membership of the Panel

The Outbreak Control sub-board will consist of the following members:

- Ruth Tennant, Director of Public Health, SMBC (Chair)
- Nick Page, CEX, SMBC (Co-chair)
- Helen Jenkinson, Chief Nurse, Birmingham and Solihull Clinical Commissioning Group
- Cllr Ian Courts (Leader)
- Cllr Karen Grinsell (Deputy Leader/ Chair of Health and Well-being Board)
- Cllr Steve Caudwell (or nominated representative)
- Cllr Ade Adeyemo (or nominated representative)
- Cllr Flo Nash (or nominated representative)
- Cllr Dr Rosemary Sexton, Green Group Spokesperson
- Cllr Laura McCarthy, Liberal Democratic Group Spokesperson
- Cllr Marcus Brain, Labour Group Spokesperson

Other representatives will be invited as required.

Meetings

Meeting of the sub-board will be held as required. Meetings will be held in private and are not open to the public.