Southampton COVID-19 Local Outbreak Management Plan: Prevention & Control

Southampton City Council, Public Health and EPRR

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Document Control	
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Next review due	This plan will be continually reviewed as: • local protocols and processes are developed through task and finish groups, • changes to national guidance occur, and • lessons are identified from testing the plan and real-life events.

Version Control

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		Section 3: Vaccination programme update to reflect current position Locally and Nationally. Included detail on the Government's COVID-19 Response: Autumn and Winter Plan. Section 5: Update and expansion of section summarising Events Team activity. Section 6: Update to Variants of Concern (VOCs) and Variants Under Investigation (VUIs) Section 8: Title changed to Regulatory and Enforcement Activity. Minor updates and changes in terminology to bring up to date. Section 9: Inclusion of Targeted Community Testing Programme (TCT). Updates to reflect changes to Testing Offer. Removal of reference to Outbreak Identification and Rapid Response. Section 10: Addition of Self-isolation Section – including Port/Bord Quarantine and Managed Quarantine Facilities (MQF) and Support for Self-isolation. Section 11: Updated and included reference to Southampton Data Observatory and NHS COVID-19 app. Section 12: Included Summary of Outbreak Engagement and Communications Plan. Section 13: Updated Future Planning Annexes: Removal of Action Cards. These are now contained within a separate document.	

List of Acronyms

BAME	Black, Asian and Minority Ethnic
CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
CMO	Chief Medical Officer
DPH	Director of Public Health
EPRR	Emergency Preparedness, Resilience and Response
FT	Foundation Trust
HIOW	Hampshire and Isle of Wight
HPB	Health Protection Board
HPT	Health Protection Team
HWBB	Health and Well Being Board
IMT	Incident Management Team
JBC	Joint Biosecurity Centre
LA	Local Authority
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
MTU	Mobile Testing Units
NPI	Non-Pharmaceutical Interventions
OC	Operations Cell
OCT	Outbreak Control Team
OMP	Outbreak Management Plan
OMT	Outbreak Management Team
OEB	Outbreak Engagement Board
PHE	Public Health England
RCG	Recovery Coordinating Group
SAG	Safety Advisory Group
SCC	Southampton City Council
SCG	Strategic Coordinating Group
SOP	Standard Operating Procedure
UTLA	Upper Tier Local Authority
UKHSA	United Kingdom Health Security Agency
VOC	Variants of Concern
VUI	Variants Under Investigation

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Section 1
Background and Introduction

Introduction

Between March 2020 and March 2021, the Government implemented three national lockdowns in order to prevent and reduce the spread of COVID-19. At the end of 2020, a new and more transmissible variant of COVID-19 began to spread very quickly across the UK. By May 2021 the more infectious Delta variant of COVID-19 was established in the UK and is now the dominant strain. The government responded by reintroducing the 'Stay at Home' order, first in the regions affected and then nationally across England. Between March and July this year, the Government's roadmap for England reopened the economy and lifted restrictions in four steps. Scotland, Ireland, Wales and Northern Ireland have also emerged from lockdown on similar timetables.

In conjunction with this, primary care networks (PCN's) supported by local authorities, the voluntary sector and other partner agencies have worked hard to roll out and encourage vaccination uptake to as many individuals as possible. As set out in the Government's COVID-19 RESPONSE: Autumn and Winter Plan (September 2021), it is vaccination **(Plan A)** that now represents the country's main line of defence, rather than lockdown. Rules and regulations have mostly been replaced with advice and guidance on the practical steps people can take to help manage the risks to themselves and others.
Contingency measures have however also been outlined **(Plan B),** and will be implemented if the data suggests that the NHS is likely to come under unsustainable pressure. In this scenario, it is likely that some restrictions and interventions would be reintroduced, such as mandatory vaccine certification for select venues, legally mandating face coverings in certain settings and the reintroduction of home working.

This plan is therefore primarily focused on how locally we are continuing to work to break chains of COVID-19 transmission in order to prevent and contain outbreaks, so that people can maintain a more normal way of life and live safely with CVOID-19.

Local government continues to have a significant role to play in the prevention of the spread of COVID-19 infection. This includes taking preventative action to reduce COVID-19 transmission, and the early identification and proactive management of incidents and outbreaks of COVID-19 infection. Local Government also has a key role in co-ordinating the capabilities of agencies and stakeholders to support both preventative action and a public

health response, and in assuring the public and stakeholders that measures to prevent the spread of COVID-19 infection in the city is being effectively delivered.

Southampton City Council continues to work in close partnership with multi-agency forums and organisations across Southampton and the Hampshire and Isle of Wight Local Resilience Forum (HIOW LRF), both proactively and reactively, in its response to the COVID-19 outbreak. A Southampton COVID-19 Health Protection Board was established in 2020 to provide strategic system-wide leadership in preventing the spread of COVID-19 infection and continues to date, and a Councillor-led Outbreak Engagement Board was set up to ensure robust public engagement and assurance in relation to the local response to the pandemic (the Outbreak Engagement Board's roles and responsibilities now form part of the Southampton Health and Wellbeing Board).

In order to support the national effort to prevent the spread of COVID-19 infection, all upper tier Local Authorities have been asked to ensure that they have robust COVID-19 Outbreak Management Plans in place. This plan therefore sets out how partners across the system are working to protect the health of the population of Southampton through:

- Preventing the spread of COVID-19 infection, which requires city-wide programmes of work such as infection and prevention control, vaccination delivery, ensuring testing and contact tracing capabilities, use of intelligence and insight, and communications and community engagement.
- Early identification and proactive management of local situations and outbreaks.
- Maintaining and strengthening health protection capacity across the local system and co-ordinating capabilities across partner organisations.
- Maintaining the support of residents to follow public health advice, and supporting those that need additional help to enable them to do so (i.e. to self-isolate as a case or close contact).
- Assurance to the public and stakeholders that this plan is being effectively delivered.

A weekly "COVID-19 dashboard" is available to download from the Southampton City Council Data Observatory website, which outlines the city's current status in relation to COVID-19 cases, the infection rate, and a series of early warning indicators.

Local Context: Southampton City

Southampton has over recent decades been defined as both a Port and University City and is one of the principal commercial and retail centres of the south-east. The city has the UK's third

busiest port with 34.4m tonnes of cargo passing through the port each year, including over 900,000 vehicles and 1.9m containers in a 365-day 24-hour operation. Southampton is also the UK's leading cruise port handling over 85% of UK cruise patronage with 1.64m passengers on 450 vessel calls per annum. Whilst the Port and port-related industries are a major employer, the biggest employer in the city is the University Hospital Southampton NHS Foundation Trust, based in the North West of the city and employing 11,500 staff. In 2018, there were 6,745 businesses in Southampton. A number of UK and international companies are headquartered or have major operations throughout the Region, including ABP, Ageas, Aviva, BandQ, Carnival, Garmin, GE Aviation, IBM and Quilter plc (formerly Old Mutual Wealth). Self-containment in the city has decreased since 2001 with almost 54% of workers living and working in Southampton, and as many people commuting out of the city for work as commuting in each day.

Southampton city has a population of over 250,000, and has a higher proportion of young people, largely due to Southampton being a university city and home to approximately 43,000 students. Approximately 22% of Southampton residents are non-white British, of which 14% are Black and Minority Ethnic (BAME). Whilst Southampton has achieved significant economic growth in the last few years in line with the South East, the city's characteristics relating to poverty and deprivation present challenges more in common with other urban areas across the country with high levels of deprivation. People living in the most deprived areas in Southampton are almost twice as likely to die prematurely (under 75 years old) than those in the most affluent. Men living in the most deprived areas in Southampton live on average 6.6 years less than those in the most affluent areas, and for women this difference is 3.1 years.

COVID-19, and the measures put in place to manage its spread, have been experienced differently across different parts of the community and differentially across the life-course. This has increased health inequalities and there is an expectation they may be exacerbated further. Disparities in the risk and outcomes of COVID-19 are seen across age, gender, comorbidities, geography, occupation, ethnicity and deprivation.

Southampton's Health and Care landscape

The health and social care service provision for the city of Southampton includes, but is not exclusive to:

- 1 Integrated Care System (ICS) - Hampshire and Isle of Wight
- 1 Unitary Council
- 1 Clinical Commissioning Group - Hampshire and Isle of Wight

- 26 GP practices organised into 6 Primary Care Networks (PCNs)
- 1 Acute Trust
- 2 Community Hospitals (Western and Royal South Hants)
- 2 Mental Health Inpatient Sites with multiple other Community and Specialist MH Services
- 54 CQC registered Care Homes
- 9 CQC registered Nursing Homes
- In excess of 40 Home Care Providers

The Integrated Commissioning Unit (ICU), on behalf of Southampton City Council (SCC) and Hampshire and Isle of Wight Clinical Commissioning Group, serves as the main commissioning arm for children's services, adult social care services, public health, and a large proportion of the CCG commissioning budget. A number of services are commissioned through integrated commissioning arrangements, including through Section 75 agreements. The ICU also has a strong quality assurance and improvement function for the whole health and care system.

Key themes

In line with Government Contain guidance, Southampton's Outbreak Management Plan (OMP) centres on the following themes:

- Governance and programme management, including resourcing
- Prevention and reducing the spread of infection, including non-pharmaceutical interventions (NPIs) and interface with vaccines roll out, including plans to tackle disparities in vaccine take-up
- Incidents and outbreak response
- Higher-risk settings, communities, locations and vulnerable people including the clinically extremely vulnerable (CEV) and underserved communities
- Variants of concern
- Compliance and enforcement
- Action on enduring transmission
- Testing and contact tracing including enhanced contact tracing, in partnership with HPTs
- Data integration and information sharing
- Communications and public engagement

- Future planning including activities to enable ‘living with COVID’ (COVID secure)

Purpose of the plan

The strategic purpose of the Southampton’s COVID-19 LOMP is to describe how we will work as a system in Southampton to prevent, prepare for, and respond to the COVID-19 pandemic and local outbreaks of COVID-19. This includes setting out the management structures and procedures that will be utilised by Southampton City Council (SCC), and the specific roles and responsibilities of key organisations. The plan is part of the council’s overall response to emergencies and does not replace the existing Major Incident or related plans.

The plan will be kept under review, in line with changes in national guidance and capacity across the system. It is an outline document intended to be flexible and adaptable for local operation.

Principles

- Adopting an **equity and needs based approach** reflecting increasing and still developing, understanding about the differential impact of Covid-19 across the city and the risk of increasing health inequalities.
- Recognising the considerable assets in the city demonstrated through the overwhelming positive community response to the first phase of the pandemic, by adopting a **community-centred** approach.
- Explicitly recognise the **evidence, data and insight informed** approach the city has been utilising to underpin its approach.
- Recognise the **whole system approach** the city is taking to the outbreak management plan, reflected in the membership of the Covid-19 Health Protection Board

Aim and objectives

The aim of Southampton's COVID-19 LOMP is:

To provide a framework for how Southampton City Council, PHE[1], DHSC and partners will work together to prevent COVID-19 transmission, identify and proactively manage local outbreaks of COVID-19 infection, whilst maintaining the support of residents to follow public health advice and supporting those that need additional help to enable them to do so.

The objectives of the LOMP are therefore to ensure:

- A strategic and coordinated approach to the prevention of COVID-19 infection and to manage the local system-wide response to the pandemic.
- Effective surveillance and monitoring of data and intelligence to inform the early identification and proactive management of potential outbreaks.
- Robust communications and engagement with relevant settings, agencies and the public, informed by intelligence and behavioural insights data.
- The needs of vulnerable people are considered and met, including enabling those that need additional support to be able to self-isolate where they are a confirmed case or a close contact of a confirmed case unless exempt.

Capacity to deliver the plan and mobilisation of resources

Preventing the spread of COVID-19 infection, minimising the risk of outbreaks, responding robustly to outbreaks when they occur, and maintaining the support and engagement of the public, requires a multi-agency approach and response. Collaboration with a wide range of stakeholders is key, including but not limited to the public, SCC, the PHE South East HPT (HIOW), Hampshire, Southampton and the Isle of Wight CCG, the NHS, social care providers, early years and education settings, employers, the community, faith and voluntary sector and local and national media.

It is recognised that individual organisations will have outbreak management and/or infection control plans in place, which this plan should supplement rather than replace. This plan takes overall responsibility for coordinating action to prevent the spread of COVID-19 across the city. At national and regional level, the capacity of local PHE Health Protection Teams has

[1] Public Health England (PHE) to become part of The UK Health Security Agency (UKHSA) from 1st October 2021 that brings together functions of PHE and NHS test and Trace (NHSTT)

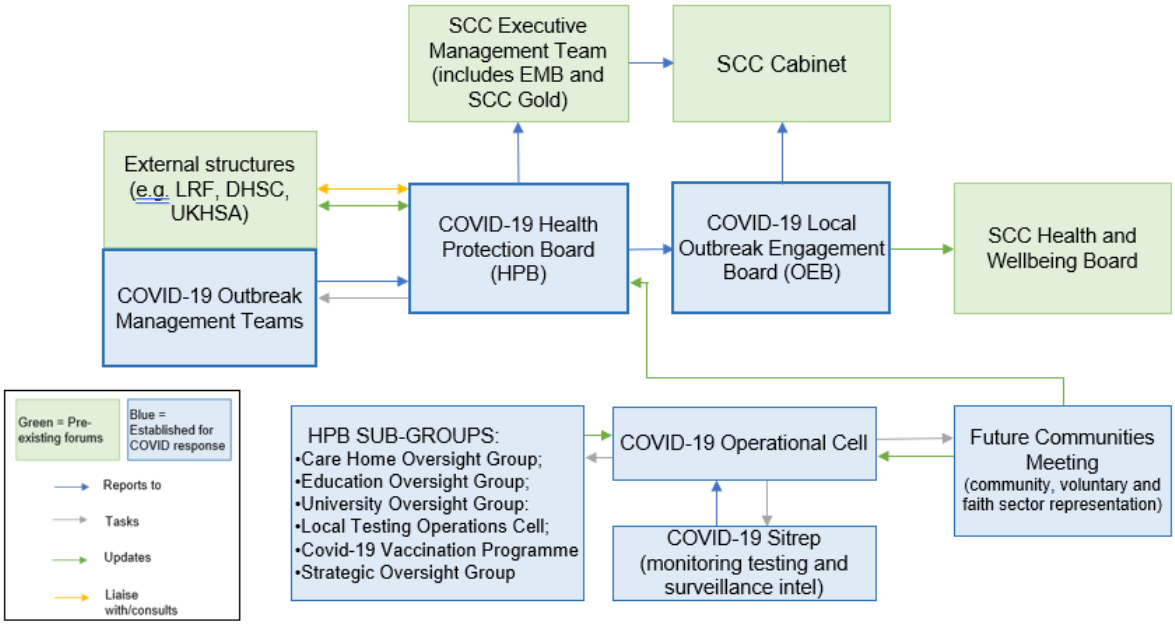
been increased to support the management of situations and outbreaks. Local planning has also been undertaken to ensure there is increased health protection capacity and specialist expertise in the local system to support the delivery of this Outbreak Management Plan.

Section 2
Governance and Programme Management

Overview

Figure 1 below provides an overview of the governance arrangements in place to support the delivery of the COVID-19 OMP.

Figure 1: Governance arrangements



Southampton COVID-19 Local Outbreak Engagement Board

(now a responsibility of the Health and Wellbeing Board)

The Southampton COVID-19 Outbreak Engagement Board (OEB) is a Councillor-led oversight board, which is chaired by the Leader of Southampton City Council. The OEB reports to SCC Cabinet as a committee of Cabinet and will remain in existence until such time as government instruction requires an engagement board, and Cabinet agrees that there is no longer a requirement for the board following review. The purpose of the Board is to provide political ownership and public-facing engagement and communications in relation to the local response to the pandemic.

In July 2021 the OEB agreed to incorporate the roles and responsibilities of the OEB into the Southampton Health and Wellbeing Board. This is in recognition that we are now 'living with covid' and need to build our response and recovery approach into our overall health and wellbeing strategic approach for the City of Southampton. This arrangement will remain under review.

Southampton COVID-19 Health Protection Board

The Southampton COVID-19 Health Protection Board brings together senior professional leads from agencies across the Southampton system, and reports to the OEB and SCC Executive Management Team. The primary roles of the HPB are to provide oversight of the ongoing development and operational implementation of the Outbreak Management Plan, work with the relevant local forums, make recommendations to the OEB, and make recommendations to the SCC Chief Executive and/ or SCC Executive Management Team if further allocation of resources is required.

The Local Authority Chief Executive, in partnership with the DPH and PHE South East HPT (HIOW) is responsible for signing off the SCC COVID-19 Outbreak Management Plan.

COVID-19 Operational Cell

The Covid-19 Operational Cell is the group that supports the operationalisation of the Outbreak Management Plan, bringing together LOMP workstreams and project leads to work through priority issues, risks and tasks. This includes reviewing recommendations from the COVID-19 Sitrep Group (see below) and other project groups/forums, discussing operational issues and risks, highlighting interdependencies between projects, and sharing updates and

learning. The Operational Group is chaired by the DPH or LOMP Programme Manager and meets weekly, ahead of the Health Protection Board.

Programme Management

A Prevention and Outbreak Management Programme has been established to ensure robust programme and project management of what is a large and highly complex programme. The Sponsor for the Programme is the DPH, and each project has a Consultant in Public Health Strategic Lead as well as a workstream lead. The Programme is supported by a Programme Manager, project support and teams with specialist skill sets such as emergency planning, finance, HR, legal, commissioning and procurement, and business analyst expertise.

COVID-19 Sitrep Meeting

The COVID-19 Sitrep meeting has been established to ensure timely joint discussion on the latest position in relation to COVID-19 cases, mortality, infection rates, early warning indicators, outbreaks, and performance data on key programmes. Members include Public Health, Intelligence (Health Analysts), Communications, Community Engagement, and project support. Key functions are to review the available surveillance data , triangulate this with other intelligence from multiple sources (including from the Community Response Planning Group), and identify whether any actions should be recommended, including whether escalation of COVID-19 status to the DPH and OMT Operational Group is required. Another key function is to use the intelligence to inform and target communications, community engagement, and compliance activities, and subsequently assign related actions to workstream leads. The SitRep Group may seek further information from partner organisations to interpret and understand levels and patterns of Covid-19 infections and risks to the local population. Intelligence discussed at the meeting may also inform a decision to request the establishment of an Incident Management Team or Outbreak Management Team to investigate and support the containment and management of situations and outbreaks (see below).

COVID-19 Incident Management Team (IMT)

Where incidents and outbreaks can be managed within “business as usual” they will be overseen by the relevant setting’s Oversight Group (i.e., Care Home Oversight Group). As outlined in **Section 4**, where the management of incidents and outbreaks of COVID-19 require an escalated multi-partner response, an Incident Management Team (IMT) will be established. These groups are sometimes referred to as an Outbreak Management Team (OMT) or

Outbreak Control Team (OCT) in older plans: the terms are interchangeable. IMTs are responsible for overall management of the incident/outbreak. The IMTs a multi-agency response to the incident or outbreak with membership determined by the nature of the incident/outbreak and context. The IMT is usually chaired by the PHE SE (HIOW) HPT, Local Authority Public Health, or the Service Lead/strategic postholder for the service/setting affected. Key members include specialists from public health and/or infection and prevention control, health and safety, facilities, and communications.

Hampshire and Isle of Wight (HIOW) Local Resilience Forum (LRF)

The HIOW Local Resilience Forum (HIOW LRF) is a multi-agency emergency preparedness partnership, and is able to support local health protection arrangements when required through establishment of a Strategic Co-ordinating Group (SCG) and associated command and control arrangements. These emergency response arrangements would be activated in the event that the local Covid-19 situation has deteriorated, or has the potential to deteriorate, to a point that could overwhelm the capability of existing outbreak management structures to response.

Representatives from the four Health Protection Boards active across Hampshire and the Isle of Wight meet regularly to monitor the Covid-19 situation, share good practice, and discuss concerns requiring a cross border response, which may include activation of Local Resilience Forum emergency response arrangements.

Escalation to such a response would be recommended by an organisation upon the advice of its senior leadership team and supporting specialists, and would be effected by its Emergency Planning team.

Section 3
Prevention; minimising the spread of infection

Strategic approach to the prevention of COVID-19 transmission

In order to minimise COVID-19 incidents and outbreaks occurring, the COVID-19 Health Protection Board will take a strategic approach to reducing the spread of infection.

Intervention by the HPB and other players in the governance structure (section 2) will be informed by intelligence from a collection of critical data related to COVID-19, including:

1. Cases and infection rates
2. Mortality (numbers and rates)
3. Hospital data
4. Data specific to certain settings including care homes, early years and educational settings
5. Index case and contact tracing data from the national NHS Test and Trace system and the local Southampton Test and Trace service
6. Behavioural insights
7. Community engagement
8. COVID-19 situations and outbreaks

Data will continue to be monitored to assess trends in the rate of Covid-19 infection in Southampton's population over time, and to determine if further pro-active action is required. This is especially important when we consider the impact on the health and social care system where we take into account direct and indirect effects of Covid-19 as well as business as usual routine and emergency care. This includes additional autumn/winter pressures from other infectious diseases such as influenza, norovirus, and respiratory syncytial virus (RSV). Key health system data monitored include:

- NHS Pathways activity such as NHS 111 and 999 activity
- Primary Care hot-site triage and consultation rates
- University Hospital Southampton Covid-19 admission or inpatient diagnoses, and Covid-19 bed occupancy including critical care

Behavioural insights and stakeholder engagement intelligence will continue to be used to gauge public understanding and perception of public health measures, compliance, and how best to maintain support for preventative measures. This in turn will inform the COVID-19 Communications and Public Engagement Plan (see section 11).

Infection and prevention control

The local authority fully recognises that a combination of infection and prevention control (IPC) measures are crucial in preventing the spread of COVID-19 infection. The public health team are supporting all settings across the city to ensure they receive the latest national guidance and offering, advice and support, bespoke training and webinars to support this.

A number of restrictions were relaxed on the 19th of July in England as part of stage four of the Government roadmap, focusing even greater importance on personal responsibility and the baseline preventative measures which include:

- **Hand hygiene:** Washing hands regularly with soap and water or using hand sanitiser if hand washing facilities are unavailable, and avoiding touching eyes, mouth or nose with unwashed hands
- **Respiratory hygiene:** By promoting the 'catch it, bin it, kill it' approach followed by hand hygiene
- **Enhanced cleaning regimens:** Including cleaning frequently touched surfaces often using standard products, such as detergents and bleach/Milton
- **Ventilation of indoor spaces:** By mechanical ventilation that ensures that the air is refreshed (i.e. old air removed, and new air introduced) or by opening windows/doors regularly for 10 minute intervals or continuously
- **Self-isolating as a possible or confirmed case:** When symptomatic (new continuous cough, high temperature, or loss of taste or smell, however mild) or returning a positive Lateral Flow Device test (LFD) or a Polymerase Chain Reaction test (PCR) test where a 10 day isolation period is still required
- **Self-isolating as a close-contact of a case unless exemptions apply**: Anyone unvaccinated or partially vaccinated and over aged 18 years and 6 months of age is still required to self-isolate for 10 days when identified as a close-contact of a household or non-household case. Other restrictions apply for health and social care workers
- **Testing:** Individuals with Covid-19 symptoms, and all close-contacts, are encouraged to arrange a PCR test via a local testing site or home test kit
- **Vaccination:** Remains the most effective control in reducing the number of cases of infection in the city and protecting those most at risk
- **Use of face coverings in enclosed and crowded spaces where you meet people you do not usually live with including on public transport**: Still recommended and expected post stage four of the Government roadmap

- **Use of Personal Protective equipment in health and social care settings** and other workplace settings in line with the latest national guidance
- **Use of the NHS COVID Pass:** To demonstrate negative LFD or PCR within 48 hours, vaccination status, or COVID-19 infection within 180 days
- **Use of the NHS APP:** To alert to possible exposure to someone who has been infectious and to scan into venues using **QR codes**
- **Additional infection control practices** will also be critical in health and social care settings, and some other higher risk settings and are guided by national guidance on IPC

With new more infectious variants of COVID-19 infection being identified, including the current Delta variant, robust infection and prevention control remains essential. This needs to continue despite the excellent coverage of the COVID-19 vaccination programme since vaccination reduces the risk of symptomatic infection and severe disease but does not eliminate the risk of transmission. The need for baseline infection prevention and control measures applies to all settings, especially for those settings that care for people that have higher levels of clinical vulnerability such as health and social care settings, supported living, day care centres, and homeless hostels. Other key settings include early years and education, workplaces, hospitality, retail, the cruise industry and events.

As we know that the greatest amount of transmission during the pandemic to date has taken place within the home setting, it is also crucial that residents are encouraged to comply with and remain vigilant in practising good infection and prevention control measures when at home and when interacting with people outside of their household. This is being encouraged through a range of communication and public engagement interventions, including through Southampton's COVID-19 Champions programme (see section 11), and COVID-19 innovation projects delivered by community and voluntary sector organisations and local community and faith sector leaders who have close links to their local communities.

National Guidance

Guidance on the prevention of COVID-19 incidents and outbreaks is available on the government website.

Vaccine Programme

The implementation of the Covid-19 vaccination programme in the UK is a key component in reducing the impact of the pandemic, saving lives, and ultimately preventing the spread of

infection to reduce the need for local and national restrictions. Whilst every additional person who receives their vaccine moves us closer to this goal, it is vitally important that all people, including those that have been vaccinated, continue to follow the guidance for preventing the spread of infection including the baseline measures of hand and respiratory hygiene, enhanced cleaning, ventilation and isolating when symptomatic and getting a test. A full course of vaccine is very effective at reducing the risk of symptomatic infection and severe Covid-19 illness, and can also reduce, but not eliminate, the risk of transmission. We must all continue do everything we can to reduce the risk to others by continuing to adopt the additional mitigations for reducing the risk of infection, irrespective of whether we have been vaccinated or not.

The local authority continues to work closely with the NHS to help support the delivery of the programme. Currently this includes:

- Building insights into vaccine confidence and understanding of how people can be supported around the safety and benefits of the vaccination, especially in vulnerable and marginalised groups
- Analysing Covid-19 vaccination uptake data to help identify which groups may need more support to access vaccination
- Working closely with the NHS and other system partners to build public trust in the programme and support strong local communication on safety, efficacy, rationale for vaccination and expectation management
- Working to understand how health inequalities may be impacted by the implementation of the programme and support measures to mitigate this

<u>HIOW Governance of the Vaccine Programme</u>

The vaccination programme is led by the NHS. The prioritisation of vaccine delivery is recommended independently by the Joint Committee on Vaccination and Immunisation (JCVI) (figure 2, overleaf) and the local system including the Local Authority does not determine any local prioritisation for the programme.

There is a HIOW level Vaccine Programme Oversight Board that oversees delivery of the programme which covers Hampshire, Isle of Wight, Southampton, and Portsmouth. There is also a HIOW Vaccine Equalities group that makes recommendations on addressing inequality in vaccine uptake and a HIOW Vaccine Clinical Reference Group that provides clinical expertise and guidance. The Southampton public health team has representation at the HIOW

Vaccine Programme Oversight Board and the HIOW Vaccines Equality group and meets regularly with counterparts in Hampshire and Portsmouth.

Figure 2: Priority groups for vaccination advised by the JCVI

Priority group PHASE 1	**Group**
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
Priority group PHASE 2	**Group**
10	All those aged 40-49
11	All those aged 30-39
12	All those aged 18-29
13	All those aged 12-15 and in high risk groups (double vaccination)
14	All those aged 12-15 living with someone who is immunosuppressed
15	All those aged 16-17 (single vaccination)
16	All those aged 12-15 and otherwise healthy (single vaccination)
Priority group PHASE 3 'booster'	Group
	JCVI groups 1-9 above with at least 6 month interval after 2nd dose

Supporting uptake of Covid-19 Vaccine in Southampton

A Southampton Strategic Vaccine Uptake Group (SVUG) was created to bring Southampton City Council Public Health Team, CCG, Southampton Central Primary Care Network, and Solent NHS Trust together. These key system partners bring together the data, communications, engagement, strategic and operational delivery expertise required to address all aspects of vaccine uptake.

The Strategic Vaccine Uptake Group:

- Use data and insights to understand vaccine uptake within JCVI cohorts (age and clinical vulnerabilities), and across ethnicity and deprivation

- Bring key strategic, data, communication, engagement, and operational delivery partners together to improve vaccine uptake:
    - Across the whole population
    - Targeted at communities with low uptake to support a reduction in health inequalities
- Target communities with low uptake through careful engagement with and by key community leaders, and supporting this with culturally sensitive communication content/channels and insight and learning from other areas

The World Health Organisation's 3 'C' approach to vaccine uptake has been adopted:

- Finding ways to reduce **complacency** regarding risks of Covid-19
- Building **confidence** in the safety and effectiveness of the vaccine
- Increasing the **convenience** of being vaccinated

In Southampton we have added a fourth 'C' – **compassion** – an essential approach to support people who are trying to make informed decisions about vaccine uptake in the context of legitimate concerns they may have around safety and effectiveness. These decisions are further challenged by the backdrop the last year where communities have been faced with fast changing complex public health information and inequality in the direct and indirect effects of the pandemic.

<u>Vaccine uptake in Southampton to date</u>

Vaccine uptake in Southampton has continued at pace and over 168,000 first dose vaccinations have been given in the city (29th September 2021). All residents over the age of 12 are now eligible to receive the vaccination (primary immunisation currently consists of a single vaccination for healthy 12-17 year olds, three vaccinations for those with immunosuppression, and two vaccinations separated by 8 weeks for all other groups) and the Phase 3 or 'booster' programme has begun to offer a third vaccine to those most at risk of severe disease (JCVI cohorts 1-9). A primary course of vaccine continues to be offered to anyone of any age in the eligible cohorts that has yet to receive it and is considered a priority as we move into the Autumn/Winter. Whilst overall vaccine uptake is good, there are clear differences within each cohort across people from different minority ethnic backgrounds and across deprivation quintiles (figure 3).

Figure 3: First dose vaccine uptake across cohorts and range across ethnicity and deprivation as of 7th September 2021

Cohort	Overall Uptake	Range across ethnicity	Range across deprivation quintiles
70+	95%	66% to 100%	94% to 96%
50-69	87%	66% to 93%	85% to 92%
40-49	73%	57% to 87%	71% to 81%
30-39	63%	38% to 77%	61% to 69%
18-29	61%	32% to 77%	56% to 75%
16-17	49%	33% to 72%	41% to 64%
Clinically Extremely Vulnerable	93%	80% to 95%	91% to 96%
Clinically at risk	86%	66% to 90%	84% to 90%
Health and Social Care Workers	95%	86% to 99%	93% to 95%

As well as being a very diverse city with a larger proportion of people in ethnic minority backgrounds compared to the rest of Hampshire and the Isle of Wight, the city has a much younger population than elsewhere.

A two-track approach has been developed:

Track 1: Focusing on large scale vaccination using existing delivery models and offering maximal flexibility through booked appointments and walk-in opportunities for first and second vaccinations:

- Primary Care delivery via Local Vaccination Services at PCN level
- Local Vaccination Centre at Oakley Road via Solent NHS
- Large scale events such as ‘Grab a Jab’ at the Guildhall in July 2021

Track 2: Focusing on multiple smaller scale vaccination to support uptake in those residents within all cohorts who are yet to receive a first or second dose of vaccine focusing on underserved communities using innovative delivery models

A series of pop-up vaccination clinics have taken place in a number of places of worship in the city, community centres, fire stations and homeless hostels. This builds upon existing partnerships and establishing new ones between the city council/CCG and local community groups, charities, faith or natural communities. Primary care and Solent NHS have led the track two approach with Solent NHS continuing to offer a roving model of delivery that can use insights from our local vaccine uptake data and community engagement to take vaccine to wear it is most needed in the community

To further support vaccine uptake and reduce inequality in uptake a multi-faith vaccine confidence webinar was hosted by the city council to support better understanding of safety

and effectiveness of Covid-19 vaccination as well as permissibility within faith doctrines, led by a panel with medical/public health expertise as well as key faith leaders from across faiths and communities. However, there is more to do to understand how to reach those groups (including young people) who may not have access to their own patient records or struggle to interact with information online. Young people are often reluctant to travel from one part of the city to another in order that they can access a vaccination, often due to fears about personal safety, but more often due to the prohibitive costs of transport. There are also some cultural or language barriers that may prevent some groups accessing vaccinations. Efforts are underway to understand the modes of communication that can best serve those groups who are most reluctant or unable to access the offer. This includes the implementation of a local Community Participatory Action Research programme led by SVS, continuation of COVID Champions and the active participation of an expanded Community Engagement and Youth Participation Team in public health events, including pop ups and community events.

Vaccination of people not registered with a GP

Patients, including NHS staff, do not require an NHS number or GP registration to receive a vaccination and should never be denied one on this basis, either in person when presenting for a vaccine, or through design of booking systems.

Whilst registration with a GP is preferable a resident may still have an NHS number that can be identified by searching on the national patient database where they may have had an unscheduled episode of care such as in an emergency department. Where no NHS number exists, a paper record can be made and kept. When appropriate provisions are in place, this data may subsequently be submitted to a national electronic record – either in full or via submission of anonymous aggregated data. The whole vaccination record must be treated as confidential, including any personal identifiable data provided. After receiving a Covid-19 vaccination, all individuals will be given a record of key vaccine information, including vaccine product information (patient information leaflet), brand, batch number, and how to report into the MHRA yellow card system

Autumn and Winter Plans

As set out in the Government's COVID-19 RESPONSE: Autumn and Winter Plan (September 2021), over autumn and winter the Government will aim to sustain the progress made and prepare the country for future challenges, while ensuring the National Health

Service (NHS) does not come under unsustainable pressure. The Government plans to achieve this by:

Plan A:

a) **Building our defences through pharmaceutical interventions:** vaccines, antivirals and disease modifying therapeutics.
b) **Identifying and isolating positive cases to limit transmission:** Test, Trace and Isolate.
c) **Supporting the NHS and social care:** managing pressures and recovering services.
d) **Advising people on how to protect themselves and others:** clear guidance and communications.
e) **Pursuing an international approach:** helping to vaccinate the world and managing risks at the border.

Winter is always a challenging time for the NHS. This winter could be particularly challenging due to the impacts of COVID-19 on top of the usual increase in emergency demand and season respiratory diseases such as influenza (flu). There is considerable uncertainty as to how these pressures will interact with the impact of COVID-19. In preparation for this, the Government has outlined contingency measures that will be implemented should Plan A be insufficient to protect the NHS and stop it from being overwhelmed.

Plan B:

- Plan B will be implemented if the data suggests that the NHS is likely to come under unsustainable pressure. This plan prioritises measures which can help control transmission of the virus while seeking to minimise economic and social impacts. This includes:Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously.
- Introducing mandatory vaccine-only COVID-status certification in certain settings (with specific characteristics).
- Legally mandating face coverings in certain settings.

The Government would also consider asking people once again to work from home if they can, for a limited period.

In the event that Plan B is implemented it could be at short notice in response to concerning data. The Government would seek to give Businesses at least one week's notice before mandatory vaccine certification came into force.

Communicating – Clearly and Urgently

The Government would issue clear guidance and communications to the public and businesses, setting out the steps that they should take to manage the increased risks of the virus.

Mandatory Vaccine -only COVID-status Certification

Under Plan B, the Government expects that mandatory vaccine-only certification would be introduced for visitors to the following venues:

- All nightclubs;
- Indoor, crowded settings with 500 or more attendees where those attendees are likely to be in close proximity to people from other households, such as music venues or large receptions;
- Outdoor, crowded settings with 4,000 or more attendees where those attendees are likely to be in close proximity to people from other households, such as outdoor festivals; and
- Any settings with 10,000 or more attendees, such as large sports and music stadia.

There are some settings that will be exempt from requirements to use the NHS COVID Pass, including communal worship, wedding ceremonies, funerals and other commemorative events, protests and mass participation sporting events.

Legally Mandating Face Coverings in Additional Settings

Though there is no current legal requirement, the Government recommends that people continue to wear face coverings in crowded and enclosed spaces where you come into contact with people you don't normally meet, for example on public transport. If Plan B is implemented, the Government will bring back the legal requirement to wear face coverings in some settings.

Advice to Work From Home

SPI-M and SAGE have advised that high levels of homeworking have played a very important role in preventing sustained epidemic growth in recent months. If the Government feels there

is a need to reduce transmission risk inside and outside of the workplace, including reducing the number of people taking public transport and the number of face to face meeting and social activities, and thereby reducing community and household transmission, it is possible it could re-introduce this measure.

Section 4
COVID-19 Incident and Outbreak Response

Strategic approach to COVID-19 incidents and outbreaks

Intervention by the COVID-19 Health Protection Board, Outbreak Management Plan Operational Group, and other partners in the governance structure (section 2) will be based on intelligence from:

- COVID-19 situations and outbreaks as reported via Test and Trace and PHE
- Local partner notification and intelligence about suspected outbreaks

Local oversight of COVID-19 Incidents and Outbreaks

It is highly likely that COVID-19 outbreaks will occur for many months and so will continue to be part of operational business for the PHE SE HPT (HIOW), SCC Public Health and key colleagues such as infection control and environmental health.

The Health Protection Board will provide oversight and support on receipt of notification or intelligence on COVID-19 incidents or outbreaks. Partner organisations will contribute to mitigating actions as part of standard practice. An outbreak itself is not an emergency but may require urgent action to prevent or manage risk and to protect public health.

In the majority of outbreak scenarios, local teams will be able to manage an outbreak by drawing on their expertise in epidemiology, analysis, good communications and engagement, infection control, enhanced testing and effective local contact tracing. They may recommend restrictions to the specific setting, such as cleansing or temporary closure. In exceptional cases, an outbreak in a setting will require additional support or intervention by the Health Protection Board. The Health Protection Board provides oversight through fortnightly meetings, but an extraordinary meeting may also be called by the DPH to discuss the required response.

Definitions

COVID-19 has been added to the list of notifiable diseases in the revised Health Protection (Notification) Regulations 2020.

A **'possible case'** of COVID-19 is someone that has any of the following symptoms: a high temperature, a new continuous cough, or a loss of, or change in, normal sense of taste or smell (anosmia). Clinicians are also asked to be alert to the possibility of atypical presentations in patients who are immunocompromised. Milder and other symptoms have been associated with COVID-19 infection, especially in relation to the predominant variant, known as Delta, and in those who have been fully vaccinated. Changes in the case definition will be kept under regular review. About a third of people with COVID-19 have no symptoms at any stage of the illness (termed asymptomatic) reinforcing the need for everyone to continue to adopt baseline infection prevention and control measures. For the latest case definition see the government guidance COVID-19: investigation and initial clinical management of possible cases.

A **'confirmed case'** of COVID-19 refers to someone who has tested positive for COVID-19.

A **'close contact'** is a person who has been close to someone who has tested positive for COVID-19. You can be a close contact anytime from 2 days before the person who tested positive developed their symptoms, and up to 10 days after, as this is when they can pass the infection on to others. Where someone has a positive test but no symptoms (asymptomatic) the infectious period applies to two days before the test was taken until 10 days afterwards. A risk assessment may be undertaken to determine this, but a contact can be:

- anyone who lives in the same household as another person who has COVID-19 symptoms or has tested positive for COVID-19
- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
    - face-to-face contact including being coughed on or having a face-to-face conversation within one metre;
    - been within one metre for one minute or longer without face-to-face contact;
    - sexual contacts;
    - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day);
    - travelled in the same vehicle or a plane.

Exposure

An 'exposure; refers to a situation where there is one suspected or confirmed case associated with a setting. e.g. an asymptomatic resident or staff in a care home who tests positive on a routine test.

Cluster

A ‘cluster’ refers to 2 or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case. The end of a cluster can be declared when there are no test-confirmed cases with illness onset dates in the last 14 days.

Outbreak

An ‘outbreak’ is defined by two or more people having COVID-19, symptoms in which there is also an association of time, place and/ or contact between them. However, in some instances, only one case may prompt the need to take measures to protect public health. The definitions of a COVID-19 outbreak in specific settings are as follows (please note that these may be updated from time to time):

- **Care home** - 2 or more cases in residents/staff within 14 days of each other could be classified as an outbreak
- **Education Settings**: Two or more confirmed cases of COVID-19 among students or staff in a school within 14 days OR increase in background rate of absence due to suspected or confirmed cases of COVID-19
- **Non-residential settings:** Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:
    - identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
    - when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases
- **Healthcare setting:** Two or more test-confirmed or clinically suspected cases of COVID-19 among individuals (for example patients, health care workers, other hospital staff and regular visitors, for example volunteers and chaplains) associated with a specific setting (for example bay, ward or shared space), where at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital.
- **Domestic setting:** Two or more test-confirmed cases of COVID-19 or clinically suspected cases of COVID-19 among individuals associated with a specific domestic household (though the individuals do not need to live together) with illness onset dates within 14 days.

An outbreak can generally be declared over when there are no test-confirmed cases with illness onset dates in the last 28 days in a setting. In a care home, a recovered outbreak is

defined by a period of 28 days or more since the last laboratory confirmed or clinically suspected cases was identified in a resident or member of staff in the home.

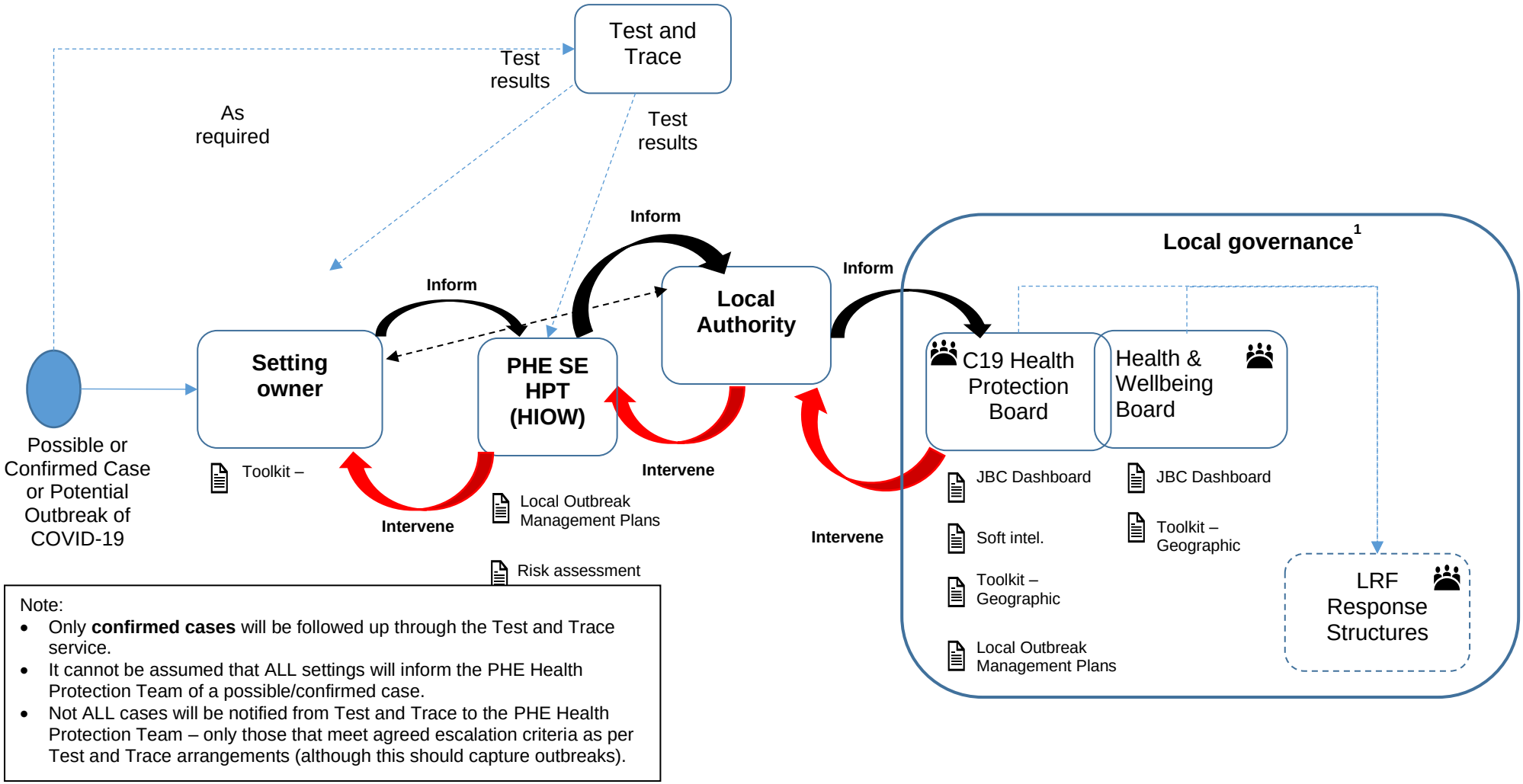
Incident

An 'incident' refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

An Incident Management Team (IMT) is a formal meeting of all partners to investigate and manage a COVID-19 incident or an outbreak (in which case, it would be more aptly referred to as an outbreak management team or OMT), or a discussion between two or more stakeholders following the identification of a case or exposure of concern. An IMT or OMT will be arranged to manage local incidents/outbreaks as required.

Notification of a COVID-19 incident or outbreak in a setting

Figure 4: Overview of COVID-19 Case and Outbreak Notification Process



Note:

- Only **confirmed cases** will be followed up through the Test and Trace service.
- It cannot be assumed that ALL settings will inform the PHE Health Protection Team of a possible/confirmed case.
- Not ALL cases will be notified from Test and Trace to the PHE Health Protection Team – only those that meet agreed escalation criteria as per Test and Trace arrangements (although this should capture outbreaks).

Risk assessment

An initial risk assessment will be carried out by members of the PHE South East HPT (HIOW) team with a nominated individual from the incident/outbreak setting and in accordance with established processes. Immediate advice on measures to protect public health will be recommended to the setting. Local Authority Public Health Consultants trained in health protection may also support risk assessment.

Trigger for outbreak response

An outbreak response will be triggered where there are suspected or confirmed COVID-19 outbreaks in a setting (as defined above), and as agreed with PHE. Where required, PHE or Local Authority Public Health will convene an initial Outbreak Management Meeting with relevant partners as set out in the HIOW and TV LHRP Joint Health Protection Incident and Outbreak Management Plan.

It is recognised that many cases and clusters of COVID-19 will be handled within routine business across the PHE South East Health Protection Team (HIOW), and by Local Authority Public Health where additional capacity is required.

Common exposure and postcode coincidences

When contacted by NHS Test & Trace, cases are asked to identify places they have visited in the 7 days before to 10 days after their symptoms began (or from the date of a positive test if symptom-free throughout). This is to identify a possible source of the infection (from minus 2 to minus 7 days before their symptoms began and referred to as backward contact tracing), or where there may have been a risk of transmitting the virus to others (from minus 2 to plus 10 days from when their symptoms began referred to as the infectious period).

This data may be used to:

- Identify settings of common exposure from backward contact tracing where further public health action may be required when several cases are linked to one setting within a short period of time and possibly indicating an outbreak, on-going transmission, or a super-spreading event
- Identify settings where several cases are linked by postcode during an infectious period possibly indicating increased risk of transmission and where many other contacts may need to be identified

SCC Public Health team may follow up specific settings where these data signal higher risk to identify:

- Whether there is an outbreak that needs to be managed
- That no additional cases or contacts are identified that need to be isolate unless exempt
- Whether any additional testing needs to be advised or deployed
- Whether the setting has up-to-date risk assessments in place and are following them appropriately
- Whether the setting needs any additional support or advice around infection prevention and control measures

Management of a COVID-19 incident or outbreak in a setting

The primary objective in incident and outbreak management is to protect public health. In the context of COVID-19, this requires taking appropriate action to ensure self-isolation of cases, contact tracing and implementation of infection prevention and control measures to prevent further spread or recurrence of the infection.

Incident management

Any individual with symptoms of COVID-19 could be an initial case in an outbreak scenario. For this reason, recognising and appropriately managing a single case of COVID-19 (whether possible or confirmed) is of paramount importance.

Outbreak Management Team (OMT)

In the event of a complex outbreak that is risk assessed as requiring a multi-agency response, PHE (in line with PHE SE SOP - PHE-LA Joint Management of COVID-19 Outbreaks in the SE of England), will convene a multiagency Outbreak Management Team (OMT) meeting to coordinate the partner response. There are well established processes in place for convening OMTs and mobilising responses to outbreaks. Where an OMT is convened, responsibility for managing an outbreak is shared by all organisations who are members of the OMT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion. The suggested membership of an OMT, key roles and responsibilities are described in the HIOW and TV LHRP Joint Health Protection Incident and Outbreak Management Plan.

Ongoing risk assessment

All activities must be underpinned by a comprehensive risk assessment. Risk assessments should be agreed by the OMT and be conducted at the beginning of an outbreak, reviewed regularly during the investigation, and used to inform control strategies. Whilst it is recognised that different organisations use different risk assessment frameworks; the choice of framework should depend on the circumstances and be agreed at the OMT. COVID-19 risk assessments will be based on the Risk Management Model for Communicable Disease Control, which considers the following 5 areas: *severity, confidence, spread, intervention and context* and which is available in Appendix 5 of the PHE Communicable Disease Outbreak Management Operational Guidance.

Investigation and management of the outbreak

The approach to the investigation and management of a COVID-19 outbreak will vary to some extent dependent on the circumstances. Once the initial investigation and risk assessment has taken place, actions to further investigate and manage the outbreak may include, but are not limited to, those listed below. Some actions such as communication and collation of data will be required throughout the whole process.

Further investigation

- Establish the number of confirmed and possible COVID-19 cases (antigen testing will support establishment of confirmed cases).
- Follow-up actions such as inspection of premises/accommodation to inform the risk assessment and subsequent control measures may be required.

Control measures

- Conduct contact-tracing, risk assess contacts, and provide advice on self-isolation as appropriate in line with prevailing exemptions.
- Provide advice on how to manage the spread of infection, in line with the “public health and infection control measures” stated in section 3 and any advice specific to the setting and community.
- Provide advice on how to protect people from onward transmission, with additional/specific advice for vulnerable people where required.
- Advise the setting/communities on how to access testing, and request or deploy testing resource where appropriate and able to do so.
- Maintain disease surveillance and monitor effectiveness of control measures.

Communication

- Agree who will have lead media responsibility and ensure the relevant communications officer is involved at the earliest possible stage.
- Identify all parties that need to receive information.
- Ensure accuracy and timeliness of communication, while complying with relevant legislation e.g. Data Protection Act and General Data Protection Regulations where there apply
- Prepare both proactive and reactive media statements for release as appropriate.

The section on “roles and responsibilities” below highlights which organisations lead on which aspects of an outbreak investigation.

End of outbreak

The OMT will decide when the outbreak is over and will make a statement to this effect. The decision to declare the outbreak over should be informed by on-going risk assessment and when:

- There is no longer a risk to the public’s health that requires further investigation or management of control measures by an OMT
- The number of cases has declined

Constructive debrief and lessons identified

All organisations will identify lessons learnt from the outbreak as per agreed internal processes. The OMT will identify key lessons learned and, dependent on the scale of the outbreak, a formal debrief will be organised by PHE South East EPRR colleagues as set out in the TV and HIOW LHRP Joint Health Protection Incident and Outbreak Management Plan.

Incident and outbreak management roles and responsibilities

The key roles of PHE South East HPT (HIOW) and SCC in managing complex cases and outbreaks are summarised in the table below:

Table : PHE South East HPT (HIOW) and SCC roles and responsibilities

Public Health England South East will fulfil its statutory duties in relation to:	**SCC will fulfil its statutory duties in relation to:**
• **The detection of possible outbreaks** of disease and epidemics as rapidly as possible, including through Test and Trace data/alerts, local intelligence, and notification from settings. • **Risk assessment of complex cases and situations:** PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak. • **Providing specialist advice and support** related to management of outbreaks and incidents of infectious diseases. • **Request testing to support the containment of outbreaks** where able to do so and in line with local arrangements.	• Wider proactive work with particular settings and communities in order to **minimise the risk of outbreaks/clusters of cases.** • Working with PHE to **support complex cases and outbreak management** (in a range of settings/communities). This will include "follow up" actions from OMT meetings such as inspecting premises/living accommodation, follow up infection control advice, communications, and liaising with local Adult Social Care, Drug and Alcohol, Homeless/Housing teams to ensure they are engaged where needed etc. • **Deployment of testing** to support the containment of outbreaks as appropriate. • **Prioritisation of testing** within the powers granted to the DPH. • **Supporting individuals who are shielding and those self-isolating** where they need help to do so. • **Providing a single point of access for communication with the local authority** on matters relating to the reactive response.

PHE will work collaboratively with Southampton City Council both proactively and reactively to ensure two-way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues and opportunities. PHE will also continue to give advice on complex situations and settings. The local system will follow-up and support settings to continue to operate whilst managing the outbreak, including support with infection prevention and control.

The roles and responsibilities described comply with the PHE-LA Joint Management of COVID-19 Outbreaks in the SE of England Standard Operating Procedures (SOP).

<u>Roles and responsibilities of SCC service areas and partner organisations</u>

The roles and responsibilities of SCC service areas and partner organisations in relation to the Outbreak Management Plan are outlined in the table below:

Table 4: Roles and responsibilities of SCC service areas and partner organisations

Organisations/service areas	Key responsibilities:
Local Authority	
Local Authority Public Health	• Prepare for and lead the Local Authority Public Health response to outbreaks. • Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases. • Should it be deemed necessary, advise the use of legal powers to ensure compliance; Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020.
Local Authority Emergency Planning	• Support the LA and system-wide preparation for and response to outbreaks.
Local Authority Regulatory Services (Port Health/ Environmental Health)	<u>LA Environmental Health</u> • Advisory role to food, pubs, clubs and other relevant premises on preventing the spread of infection and minimising the risk of outbreaks/clusters of cases. • Enforcement of The Health Protection (Coronavirus, Business Closures) (England) Regulations 2020 relating to the closure of pubs, clubs, restaurants and other relevant premises. • Additional support in the event of the escalation of a local outbreak that requires further local capacity. <u>LA Port Heath</u> • Enforcement of infectious disease controls and the relevant Health Protection Regulations. • Liaise with PHE South East HPT (HIOW) to support the investigation and management of outbreaks, working with ship/cruise companies and management.
Local Authority Integrated Commissioning Services	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in key high risk settings, such as Care Homes, Day centres, and other residential care settings. This includes through the Care Home Oversight Group (ICU-led). • Provision of specialist infection and prevention control advice. • Coordination of delivery of other respiratory preventive measures such as flu and pneumococcal vaccination.
Local Authority Adult Social Care	• Support the response, with a focus on higher risk settings and vulnerable groups.
Local Authority Children and Learning	• Provide advice to education and residential settings (using national guidance and local public health recommendations) to prevent the spread of infection and minimise risk of outbreaks/clusters. • Support the communication of key policy, guidance and intelligence from PHE and LA Public Health, and feed intelligence back from early years and education settings to inform LA planning. • Ensure a focus on children and young people that will be particularly vulnerable as a result of the outbreak and response i.e. vulnerable CYP needing to self-isolate, young carers.
Local Authority Housing	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in key higher risk settings, such hostels and communal housing. • Liaise with PHE South East HPT (HIOW), SCC PH, and hostel/communal housing management teams to support the investigation and management of outbreaks. • Ensure a focus on people that will be particularly vulnerable as a result of the outbreak and response.
Local Authority Communications	• Preparing and delivering the Communications Plan, which includes proactive and reactive communications with all relevant settings,

Organisations/service areas	Key responsibilities:
	agencies, businesses, and the public. The lead agency for communications will be determined at the OMT.
Local Authority Culture and Leisure and events	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in cultural and leisure facilities. This includes in relation to places of worship, religious festivals and cultural practices such as funerals, weddings. • Liaise with PHE South East HPT (HIOW), SCC PH, and cultural/leisure management teams to support the investigation and management of outbreaks. • Ensure appropriate measures are taken to reduce risk linked to an event, including preventative measures i.e. use of a COVID-19 risk assessment to review and provide advice on events, inclusion of Public Health in the Events Safety Advisory Group and the planning meetings for priority events, and seek recommendations from the HPB for larger events.
Other teams and services i.e. Legal, Finance, Economic Development	• Provide specialist advice to support the operationalisation of the Outbreak Management Plan, and in the event of needing to manage and contain outbreaks and escalate mitigating actions.
Partner organisations/service areas* *The roles and responsibilities of other key partner organisations are reflected in the Sector statements in Annex 1	
PHE South East HPT (HIOW)	• Discharge the responsibilities of PHE as outlined in **Table 2** above.
Southampton City CCG	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in healthcare settings and services i.e. primary care. This includes working with the Primary Care Reference Group on preventing the spread of infection and signposting residents to support services, with a particular focus on vulnerable residents. • Take local action (e.g. testing and treating) to assist the management of outbreaks, and to provide services for prevention, diagnosis and treatment of illness, under the Health and Social Care Act 2012.
Infection Prevention Control SCC/ Southampton City CCG	• Provide specialist infection control advice to organisations and settings to prevent the spread of infection and minimise risk of outbreaks/clusters of cases, and to inform the response.
Solent NHS Trust	• Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE South East HPT (HIOW) in the event of an outbreak. • Liaise with LA and local services as appropriate in relation to supporting vulnerable people.
University Hospitals Southampton NHS Foundation Trust	• Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE South East HPT (HIOW) in the event of an outbreak. • Liaise with LA and local services as appropriate in relation to supporting vulnerable people.
Southern Health NHS Foundation Trust	• Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE South East HPT (HIOW) in the event of an outbreak. • Liaise with LA and local services as appropriate in relation to supporting vulnerable people.
Hampshire Police	• Support the response to an outbreak through the implementation of relevant policies or powers.
Community, Voluntary and Faith Sector	• Coordinate and provide COVID-19 related support to residents, with a particular focus on those that are vulnerable (for clinical, wellbeing, and/or socio-economic reasons) because they are shielding or self-isolating. • Adapt service delivery to be able to continue to provide support services for children, young people and adults (i.e. housing,

Organisations/service areas	Key responsibilities:
	drugs/alcohol) as far as possible in the event of escalated COVID-19 prevalence i.e. practice informed by COVID-secure risk assessment, provision via online sessions. • Engage communities and residents in complying with public health measures.

Cross boundary arrangements

Multi-UTLA / LRF area

Where an outbreak spreads across more than one UTLA, community protection actions can be implemented across multiple UTLAs. The LRF will provide the mechanism to discuss and agree such actions, but the actions themselves will be carried out by each UTLA. The LRF includes representation from DsPH, UTLA Chief Executives, NHS, PHE SE HPT (HIOW), Environment Agency and emergency services. The agreed actions may apply to a subset of UTLAs within the LRF, or across all UTLAs within the LRF based on assessment of the perceived level of risk. The UTLA Chief Executive will be ultimately responsible for implementation of the agreed measures.

Variants of Concern

Our response to Variants of Concern (VOCs) and Variants Under Investigation (VUIs) in Southampton will use many of the same approaches as our response to other forms of outbreaks, but the risk from VOCs and VUIs can be far greater and therefore the response may need to be carried out at far greater pace and scale. For further detail as to how Southampton will respond to an outbreak involving a VOC or a VUI please see Section 6.

Section 5
High Risk Settings, Locations, Communities and Vulnerable People

Higher risk settings and locations

National guidance has been developed and updated for different sectors, including commercial workplaces, consumer workplaces, education settings, food and drink settings, industrial workplaces, institutions, residential, for small and large gatherings, and for places of travel.This guidance can be accessed via the Department of Health and Social Care (DHSC) website.

At the start of the pandemic, “action cards” were developed both nationally and locally to help inform the preventative measures that higher risk settings put in place to prevent COVID-19 transmission, and the actions that settings should take in the event of a suspected or confirmed outbreak. This includes actions related to the identification, reporting and management of incidents and outbreaks.

Local Authorities were asked to develop action cards for local higher risk settings. SCC has worked with a number of higher risk settings to therefore develop local action cards and has subsequently exercised both the LOMP and action cards with settings to ensure a good level of preparedness in relation to prevention of transmission, incidents and outbreaks. **Figure 5** below highlights the settings that SCC has worked with to develop and exercise local management plans.

Figure 5: Higher risk settings and locations in Southampton

Category	Examples
Education	Children's centres Early years settings i.e., nurseries, pre-schools Schools (primary and secondary) Sixth from colleges Universities Employment Support Team Hub (Central Library) Adult Skills settings
Health	Hospitals GP surgeries Dentist Pharmacies Alternative health settings
Social care	Care Homes Day care services
Housing	Sheltered housing House of multiple occupation (HMOS) Hostels/Shelters/Refuge
Leisure/ Tourist Venues	Theatres/cinemas/bingo halls Amusement parks/attractions Leisure centres
Hotels and Holiday settings	Hotels/B&B Educational adventure centres
Night time economy	Bars and pubs Clubs
Transport hubs	Railway Ports/harbours/moorings Bus Taxis/private hire
High Risk workplaces	Call centres Manufactures Large office or retail Slaughterhouses and meat processing plants
Public Facilities	Public toilets Parks/esplanades/seafronts
Faith/community setting	Churches/chapels/mosque Church halls Community halls
Events	Festivals Markets *Other events as notified through the Southampton Events Safety Advisory Group (SAG)*
Transient Communities	Migrant workers Circus/travelling shows/fairs Homeless/rough sleeping
High Risk Communities	Clinically vulnerable and clinically extremely vulnerable (risk factors; long term conditions, age, obesity, ethnicity). Those who may need support to comply with public health measures i.e. those that do not have access to a network of family/friends, those with mental health and wellbeing, social and socio-economic needs (including asylum seekers, refugees and seasonal migrant workers). Black, Asian and Minority Ethnic Communities with higher risk of poor outcomes from COVID and higher rates of hesitancy, or difficulties accessing support
Other Settings	Ministry of Defence establishments Motorway service stations Southampton Airport

Events

The Events Team works very closely with our Public Health colleagues. Protocols are continually reviewed and adjusted depending upon the circumstances. Currently, if an event organiser wishes to arrange an outdoor event in the city it is recommended to them that they read and understand the guidance 'Working Safely during Covid-19' in full as it contains useful information and recommended COVID mitigations. E.g.

- Complete a Covid-19 risk assessment which identifies all the risks and mitigation measures including protocols for managing suspected or confirmed cases amongst attendees and whether workers need personal protective equipment (PPE).
- Take steps to reduce the risk of transmission at the event, including putting in place cleaning and hygiene protocols, and ensuring their event has adequate ventilation.
- Encourage customers and visitors to wear face coverings, for example through signage, if their event is likely to include enclosed and crowded spaces. Display an NHS QR code where practicable so that visitors can check in using the NHS COVID-19 app.
- Use the NHS COVID Pass in high risk settings to help to limit the risk of infection, this includes event attendees providing a negative LFT, or PCR taken within the previous 48 hours, proof of being fully vaccinated in the UK or evidence of natural immunity by having COVID-19 infections with a positive PCR in the previous 6 months.
- Consider asking employees to get tested regularly.
- Consider use of crowd management including use of stewards, zoning & wristbands.
- Put in place a communications plan to ensure relevant information on COVID-19 measures is communicated to attendees before and during the event.
- Before permission is granted to hold an event on council land, event organisers are required to submit an application form and also agree to the City Council's Terms and Conditions along with providing:
- **Event Management Plan (EMP)** to include event overview and schedule, traffic management plan and emergency procedures
- **Site Specific event risk assessment**
- **COVID-19 risk assessment** to take full account of the measures proposed to prevent and control the potential for COVID transmission as outlined in Events and attractions - Working safely during coronavirus (COVID-19): guidance from Step 4 GOV.UK
- Completed Risk Assessment Checklist (Download Template)
- **Fire risk assessment**
- **Public liability insurance**
- **Site plan /route plan**

Event organisers are informed if their plans and assessments need to be reviewed and amended to comply and adhere with any changes in government guidelines and local restrictions in place at the time of their event.

Once completed application and documentation has been received, it is distributed to the city's **Events Safety Advisory Group (ESAG)**. This group consists of representatives from the Police, Fire, South Central Ambulance Service, Public Health as well as other relevant Council departments such as Licensing and Highways. Other agencies are also consulted as necessary depending on the nature of the event. **Event applications are considered on a case by case basis.** Documentation submitted will be assessed on the type of event, the COVID-19 mitigations and what is happening in the local area at the time (for example community prevalence, variants of concern and hospital capacity) in order to determine whether there is a significant threat to public health. Any submissions that do not detail how they align with the relevant government guidance would be rejected.

Event organisers are informed that there remains the risk that restrictions may be reinstated in future and that any events planned are subject to postponement / cancellation even if it has been given permission. Southampton City Council may decide to do this in accordance with its event applications terms and conditions or if it is:

- Responding to a serious and imminent threat to public health;
- Necessary to prevent, protect against, control or provide a public health response in relation to the incidence or spread of COVID-19; and
- The measures taken are a proportionate way to achieve that purpose.

Extra measures are likely to be needed at their event to help reduce and prevent the spread of infection in line with the latest events and attractions guidance. With this in mind, limited Contain Outbreak Management Funding is available for public outdoor events taking place between 20 August 2021 and 31 March 2022. This is designed to help support event organisers in providing additional measures as identified in their risk assessment to create a safer environment.

Powers which can require a premises to comply with the requirements to stop the spread of transmission are:

- The Licensing Act 2003
- The Health Protection (Coronavirus, Restrictions) (England) (No. 2) Regulations 2020
- The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020

- Health and Safety at Work Act 1974 (HSWA)
- Public Health (Control of Diseases Act) 1984
- The Health Protection (Local authority Powers) Regulation 2010

The event application process can be found on the SCC webpage Information For Event Organisers | Visit Southampton

Vulnerable People

Whilst many residents in Southampton will be able to comply with public health measures to reduce the spread of COVID-19 infection with the support of family and friends, there are also residents that will need support to enable them to do so. This is particularly true in relation to 'self-isolation', either because a resident is more vulnerable to severe illness from COVID-19 infection (i.e. they are extremely clinically vulnerable), they or someone in their household is unwell with coronavirus symptoms, they are a close contact of a confirmed COVID-19 case unless exempt, or for another reason which makes self-isolation particularly challenging.

Residents that may require support to self-isolate and/or comply with other public health measures include residents in the following groups that are defined based upon their "vulnerability":

- *Clinically extremely vulnerable* residents are those that formerly received a letter from the NHS telling them they are at highest risk of severe illness from COVID-19 and so should take additional precautionary measures to protect them from Covid-19, including shielding during national lockdowns. Approximately 10,300 residents in Southampton fell into this category. From September 2021, the shielding programme in England has now ended.
- *People that are at higher risk of severe illness from COVID-19* (includes those over 70 years and people with specific medical conditions). To date, a large proportion of this group have not sought support from Council, health or social care services to self-isolate, relying on friends and family and community and voluntary sector support for example instead. However, many may struggle to access or understand information sent to them, including those for whom English is not a first language.
- *Residents that are vulnerable due to the impact of social distancing and self isolation*, because of their life circumstances, and/or the adverse effects of the pandemic on their mental health, finances, and other aspects of their life. It includes for example, those that are homeless and rough sleepers, asylum seekers, those with no recourse to public funds and those who have no local connection to the area they are in, people with specific

disabilities, including mental illness, those using drugs and alcohol, those that are socially isolated, and those children and adults who need safeguarding, including those experiencing domestic abuse.

Existing support for vulnerable residents

Southampton City Council, Southampton City CCG, Southampton Voluntary Services, our community and faith sectors and other key partners, have established robust arrangements to coordinate and provide support to residents to enable them to comply with public health measures and access the support that they need, during the pandemic. These include:

- **Community support:** Southampton City Council provide a dedicated COVID19 helpline and online referral process, to enable vulnerable residents to access advice and support. The majority of residents are referred to SO:Linked, which is delivered by Southampton Voluntary Services, and provides support to residents where they have no alternative support, such as access to food, help with shopping or collecting a prescription.
- **Support services to homeless individuals, families and rough sleepers**: The homelessness service has continued to function throughout the period of the Covid restrictions enabling applications from homeless households with dependent children and other homeless individuals. In addition to the city's hostel capacity, arrangements are in place to house individuals who have been found sleeping rough in the city or who are in danger of having to sleep rough, in Bed and Breakfast establishments where they are able to self-isolate and have access to food deliveries and health care where necessary. Street outreach work has been increased to encourage those that are have had to resort to rough sleeping to access services. The street outreach service has been conducted with the assistance of health professionals who are able to provide early identification of Covid symptoms and other health concerns.
- **Vulnerable adults and young people requiring Housing Related Support (HRS):** Building on the work with our single adult homeless population, the ICU is in regular contact with providers of HRS to young people, young parents and single adults who require a level of support to assist them to live in the local community. Both telephone and online contact options have been developed at pace. Residents living in shared accommodation are being advised and supported to adhere to the government guidance for living in shared accommodation.
- **Victims of domestic violence and abuse:** Working with local providers in Southampton and the wider network of providers across Hampshire, we are ensuring an appropriate support and response service offer remains in place

through telephone and online system. Recognising that the impact of lockdown can exacerbate violence and abuse in the home, and lead to an increase in "hidden harm", additional resources have been made available to support an increase in demand for services. Refuge provision continues to provide a place of safety for those in need and emergency lettings have continued throughout as a means of providing access to a limited number of social housing vacancies.

- **Adult and Children's social care settings:** A support line is in place to support providers with any query which they have that relates to Covid-19 and how they can safely manage care for their vulnerable residents. Providers now have access to a national portal for supply of PPE with CHC and SCC direct payment clients able to access this through a supply route managed by SCC. The latter is also available to Adult Social Care and Continuing Health Care clients who are in receipt of a Direct Payment for the provision of the personalised care and support plan.

Future support needs

PHE have confirmed that three questions have been included in the NHS Test and Trace questionnaire for residents to self-identify as vulnerable and to identify whether they or someone they care for may need support. This information is provided to NHS Business Services Authority who will text residents with the relevant local authority helpline details (i.e. Southampton Community Hub). The *Future Communities Response Group* established April 2020 (membership drawn from voluntary, statutory, faith and mutual aid) continues to meet and operate on a more proactive footing to focus on issues and opportunities within recovery.

Analytics to inform targeting of vulnerable residents

Vulnerabilities Indices have been developed to support the identification and mapping of vulnerability across the city as a result of COVID-19. The three domains of the Indices include data from 29 indicators covering clinical vulnerability to COVID-19, wider risks from COVID-19, and vulnerability to policies relating to COVID-19. Indices include for example, single person residences, self-employed status, working in hospitality, overcrowded households, children and old people in poverty, access to services, lone parents with dependent children, unpaid carers, unemployed, those on universal credit and many more. The Indices are used to support the targeting of activities and communications. In order to better understand and track the economic impacts of COVID-19 on our communities, a time series of maps (updated monthly with newly released data) has been produced illustrating the change in the percentage of the working age population claiming Universal credit and Job Seeker Allowance claimants.

Meeting the needs of diverse communities

Consideration must be given to meeting the needs of Southampton's diverse communities. The COVID-19 pandemic, and the measures put in place to manage its spread, have been experienced differently across different parts of the community and the life-course. This has exacerbated health inequalities in the city and there is a risk they will be increased further. Disparities in the risk and outcomes of COVID-19 are seen across age, gender, comorbidities, geography, occupation, ethnicity, and deprivation. There is an opportunity to reshape the health and care system with reducing health inequalities at its heart as we move into a new normal. This is recognised within the Southampton Health and Care Strategy. In order to fully consider the needs of diverse communities through this Outbreak Management Plan an Equality Impact Assessment has been conducted and used to inform communications, engagement, and the targeting of PSI interventions and resource. It has also informed the development of a "Build Back Fairer" report, which includes recommendations as to how "recovery" from the pandemic should seek to reduce inequalities and including those exacerbated by the pandemic. A Community Participatory Action Research programme has been commissioned and delivered by SVS to scope community level understanding of health inequalities that may prevent Back, Asian or minority ethnic residents from accessing support.

Higher risk communities

The PHE national review on the impact of COVID-19 on BAME groups (2020) made several recommendations to inform action to reduce health inequalities, including:

- Comprehensive and good quality ethnicity data collection and recording as part of routine NHS and social care data collection systems.
- Supporting community participatory research and engagement.
- Targeting culturally competent health promotion and disease prevention programmes.
- Development of culturally competent COVID-19 education and prevention campaigns, working in partnership with groups from diverse ethnic backgrounds and faith communities to reinforce individual and household risk reduction strategies.
- Developing culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19.

This Local Outbreak Management Plan will seek to deliver on these recommendations in the context of preventing the spread of COVID-19 infection through a number of actions, including the following:

- Linking with the STP Population Heath management programme to promote enhanced ethnicity recording and linked data sets, and as far as possible, utilising intelligence that includes ethnicity data to inform identification, profiling and targeting of resources and support.
- Engaging proactively with groups from diverse ethnic backgrounds to develop relevant messaging on preventing the spread of infection and including on test and trace, vaccinations and the LOMP.
- Developing a multilingual communication and engagement plan, with culturally sensitive communications available in different languages, and promoted through community groups and channels that have good reach with diverse communities.
- Ensuring that specific arrangements are in place to prioritise and deploy testing capacity to test communities that may be under-represented in take-up.
- Ensuring robust signposting and access to support, including the SCC COVID-19 Helpline and support services.

Section 6
Variants of Concern (VOCs) or Variants Under Investigation (VUIs)

As with most viruses, there is a natural tendency for mutations to occur in the genetic codes that characterise the virus. These have the potential to confer survival advantage to the virus if these changes make it easier to infect other hosts (infectiousness) or immune escape of the prevailing vaccination types. Mutations may also cause changes in the severity of the host infection or the ability for the virus to survive in other environments. Genetic changes in Sars-CoV-2 are under continuous surveillance in the globally and in the UK with approximately 50% of all positive PCR tests sequenced in the UK. Variants Under Investigation (VUI) and Variants Of Concern (VOC) are the terms given to describe emerging variants where impact is still being investigated (VUI) or have concerning features that may indicate more infectiousness or vaccine immune escape (VOC).

Where VOCs are identified, and where these are specifically associated with features of concern, specific public health actions may be taken in addition to on-going baseline measures to reduce the spread of infection. Measures may include additional contact tracing, testing and temporary enhancement of control measures including use of face coverings and isolation requirements for all close-contacts.

The demography of Southampton and its role as a regional work, transport, retail and leisure hub may make it more susceptible to VOCs compared to other cities in the region, specifically:

- A large proportion of the population who are young and will either not be offered the vaccine or who have been offered most recently, so community transmission may endure for longer
- Movement of people in and out of City is high as leisure and work hub, migration patterns, University students (app 40k), travellers in/out of City and Sea Port, Airport.

We will use our data, intelligence and insight to prevent transmission and reduce risk of 'seeding' infections within communities where level of access to testing and support and ability to use resources or seek support from others is minimised. We will use community engagement to target and support those where risks are greatest to ensure we have appropriate services, and voluntary sector/community offers in place. We will target communications based on this insight to raise awareness of this support, to help reduce barriers to access and keep people safe.

Our response to VOCs and VUIs in Southampton will use many of the same approaches as our response to other forms of outbreaks, but the risk from VOCs and VUIs can be far greater

and therefore the response may need to be carried out at far greater pace and scale. These responses are more likely to require additional national and surge support, as VOCs and VUIs represent a wider public health risk to the country.

Where cases of new variants are detected, DsPH, supported by the Health Protection Teams (HPTs) and the PHE Regional Director will work to quickly assess the risks, drawing on surge testing and sequencing to rapidly bring in more data, evidence and understanding to support making the risk assessment as robust as possible.

A local incident management team will be rapidly convened by the HPT to work alongside the DPH and their team to investigate individual cases or clusters, identify potential routes of transmission, and create a risk management plan. The local teams will liaise closely with national and regional teams on the specific steps being proposed to manage risk and to support the rapid deployment of national support as needed. This may include securing support from the Hampshire and Isle of Wight Local Resilience Forum

Accelerated contact tracing will be undertaken to identify contacts and the local team will ensure all positive or probable variant cases are strongly supported to comply with self-isolation. When additional surge testing of both symptomatic and asymptomatic individuals in particular postcodes or settings, and genome sequencing, is required to identify additional cases, the local team will work with the HPT and regional team to mobilise this.

The local team will also work with their communities to raise awareness of the threat and to seek their cooperation with control measures using targeted, culturally sensitive and reassuring communications and engagement campaigns, as well as through greater compliance. Southampton has had experience of surge testing as a result of identification of a VOC. Figure 6 highlights the response undertaken in February 2021 to ‘Operation Eagle’.

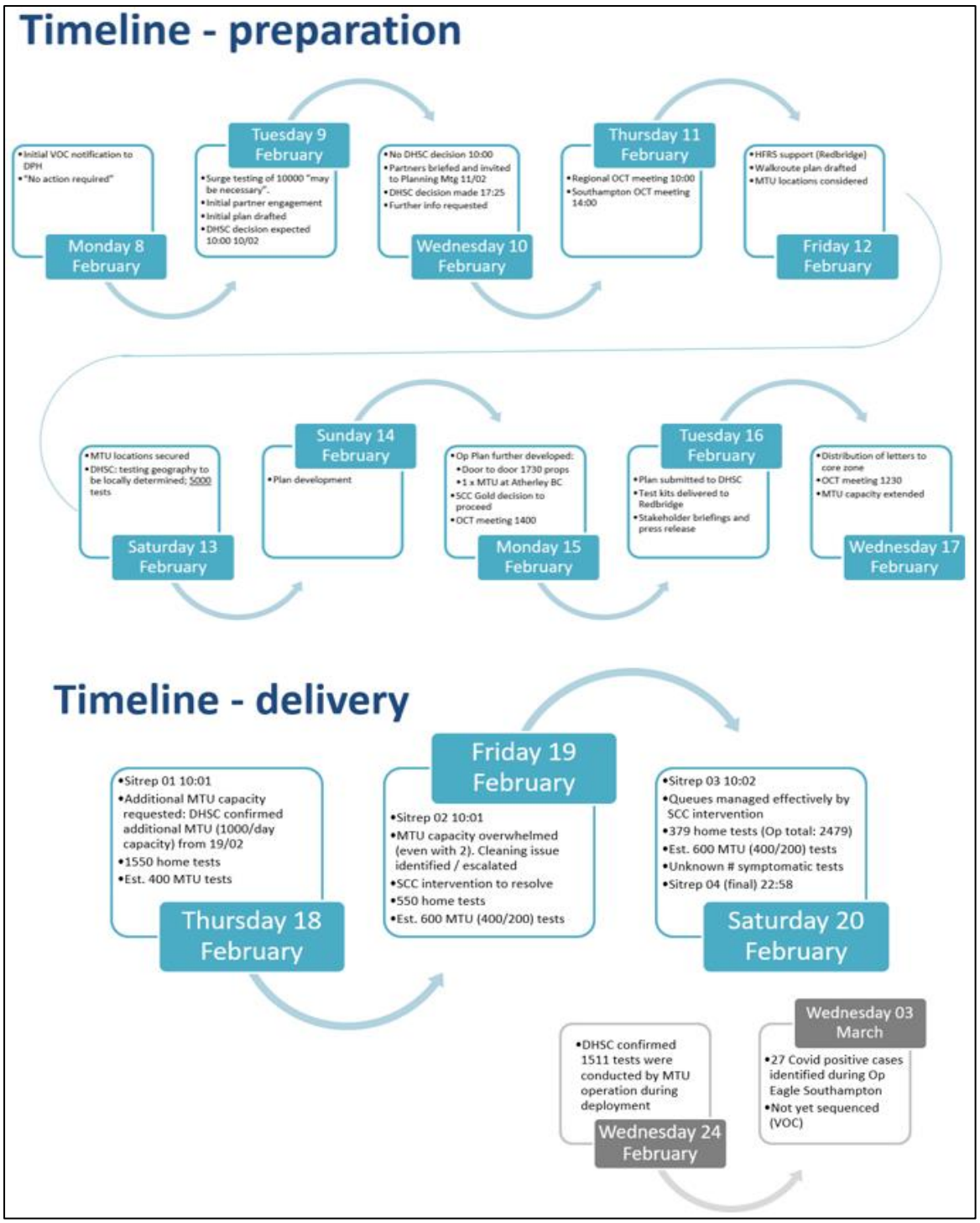


Figure 6: Timeline of key activities: Op Eagle Southampton

Figure 7 shows communication lines to the public. A debrief was undertaken after Operation Eagle to collate learning in preparation for future response to a VOC or VUI.

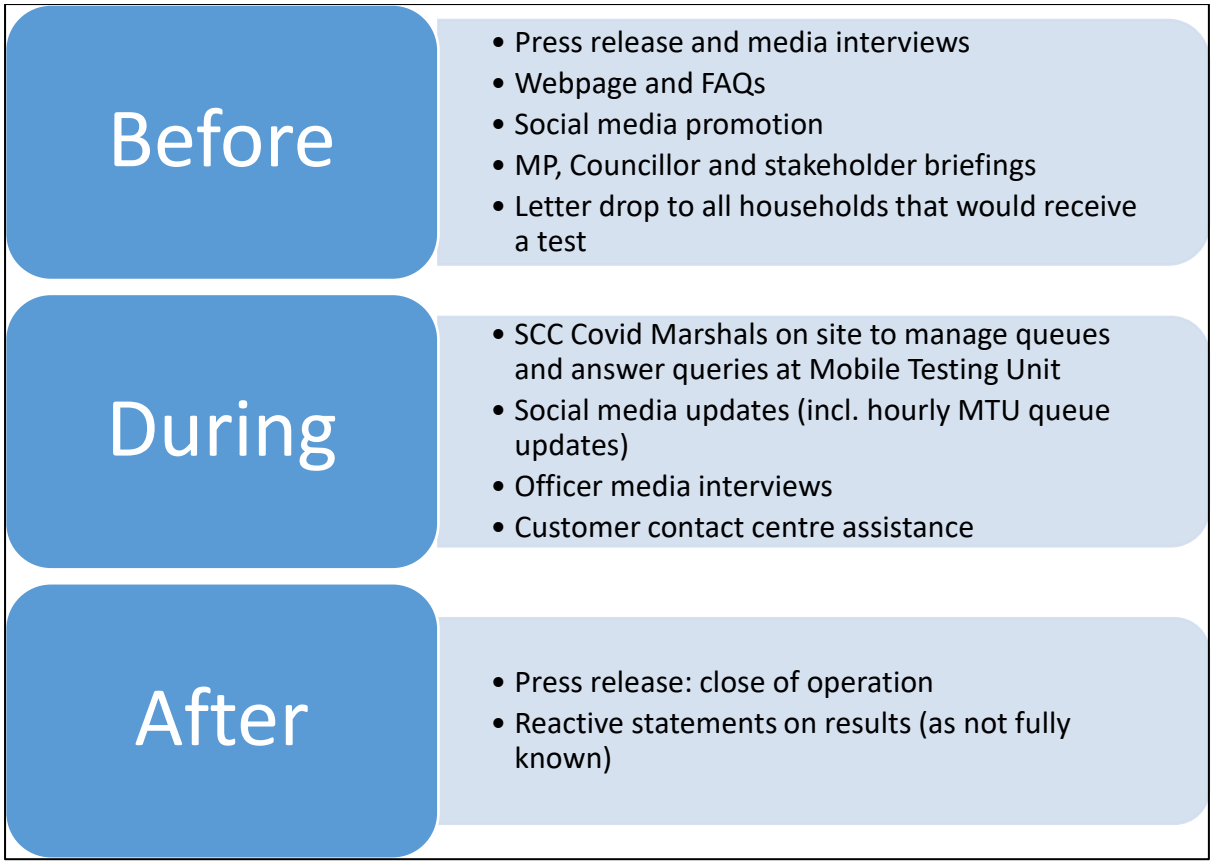


Figure 7: Op Eagle Southampton Public Communication Mechanisms

Section 7
Enduring Transmission

Enduring transmission is defined as 'stubborn' or 'endemic' transmission of covid-19 infection within an area over a period. There is no one single cause of enduring transmission and no one solution to resolve this issue. Instead, it is likely to be a unique mix of factors in a location and many of those factors are likely to be interlinked and aligned. Known factors are as follows:

- **Deprivation (including unmet financial need)**
- **Employment and occupation**
- **Demographics and household composition**
- **Attitudes and behaviours**
- **Response (local and national)**

Southampton had significant health inequalities before the pandemic. Our Health and Wellbeing Strategy and Health and Care Strategy provide overviews of these deep-seated inequalities and of the actions being taken across these citywide health inequalities. More information about the health of the city and the health inequalities within it is available through the Southampton Data Observatory. These existing inequalities and pockets of deprivation, alongside key characteristics of the City, mean that Southampton is an area at risk of high enduring transmission. These key characteristics are:

- Demography – young population, so a larger proportion of susceptible people for longer (not likely to be vaccinated until summer/autumn)
- Movement of people in and out of City is high as leisure and work hub, migration patterns, University students (app 40k), travellers in/out of City and Sea Port, Airport.
- Areas with high index of multiple deprivation (IMD), Houses in Multiple Occupation, diverse population with a high proportion of black and minority ethnic groups compared to the rest of the South East.

Our knowledge and insights of the City have enabled us to identify key geographies and population groups within the city at higher risk of enduring transmission: these include specific wards in the City, some black and minority ethnic groups including Eastern European residents, our travelling community, people who are homeless, people with no recourse to public funds and with temporary immigration status, multi-generational households, overcrowded households, and people with learning disabilities.

Our approach to enduring transmission

Our approach to targeting areas of enduring transmission and in preparation, areas at risk of enduring transmission builds on our work to tackle health inequalities, with a strong focus on our community engagement work, working collaboratively with local communities to identify issues, work through them and find ways to keep safe together. We are currently refreshing and bringing together our community engagement and communications plans to ensure they better align, best utilise local insight and intelligence and are targeted to those most at risk.

Key elements of the Outbreak Management Programme such as vaccinations and testing have a focus on reducing inequalities and tailoring/ targeting for those at high risk. We also utilise our Outbreak Control Plan (OCP) Cell meetings to ensure services, guidance and support are joined up.

Our Health Protection Board has continuously questioned what more we could do for those who are most vulnerable and considered the impact of decisions on health inequalities. The Health and Wellbeing Board is currently undergoing LGA review to ensure it is fit for the future and able to undertake its responsibilities to ensure all partners seek to reduce health inequalities.

Section 8
Regulatory & Enforcement Activities

Licensing and enforcement have an important role to play in encouraging compliance with public health measures and minimising the transmission of COVID-19 infection. To date this has included supporting businesses to operate within the confines of the pandemic. As the economy has opened up and businesses reopened, there has been a need for renewed partnership working with sectors of the economy such as licenced premises (i.e. pubs, bars and clubs) to ensure that they continue to operate in a safe and responsible way. Hampshire Constabulary and SCC Consumer Protection and Environmental Services have primary responsibility to enforce and regulate the coronavirus restrictions as updated from time to time and work closely with partners to encourage compliance. They seek to engage, explain, encourage and only then enforce against businesses and individuals for breaches of regulations associated with COVID-19.

This approach has been utilised since the start of restrictions and has worked effectively to help members of the public and businesses to understand why public health measures are important, and as a result, they are more likely to comply.

Legal Context

The legal context, including enforcement powers, for managing the Coronavirus pandemic has changed over the course of the pandemic and it is anticipated that further legislation changes are likely over the next year. Compliance with these changes is vital to controlling the transmission of infection.

The legal power 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;
- Directors of Public Health, who have a duty to prepare for and lead the Local Authority Public Health response to incidents that present a threat to the public's health under the Health and Social Care Act 2012;
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended;
- 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, and to provide services for prevention, diagnosis and treatment of illness, under the Health and Social Care Act 2012;

- Medical Practitioners have a statutory duty to notify suspected and confirmed cases of notifiable disease to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020;
- Other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004.

Further information about the specific LA statutory responsibilities, duties and powers which are significant in handling a communicable disease outbreak are described in the PHE guidance Communicable Disease Outbreak Management: Operational guidance.

Specific legislation to assist in the management of COVID-19 outbreaks is detailed below.

Coronavirus Act 2020

The Coronavirus Act 2020 provides the primary statutory framework for responding to COVID-19 outbreaks and is supported by a number of Regulations, Orders and statutory and non-statutory guidance on specific subject areas. The primary Regulations are the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020, informally known as "the Lockdown Regulations". These were enacted and came to force on 26 March 2020 and have been further amended from time to time. The Regulations expand on the Act and set out the detailed restrictions of what is and is not permitted, which when taken together impose the key elements of restrictions and health protection measures. Any easing of lockdown or health protection measures comes from amending or lifting these national Regulations. The powers of the Police to enforce restrictions also flow from these national Regulations and Orders and guidance made pursuant to them.

Health Protection (Coronavirus Restrictions) (England) Regulations 2020

The powers contained in the suite of Health Protection Regulations 2010 (as amended by the Coronavirus Act 2020, Schedule 21 and associated Regulations, Orders and Declarations), sit with District and Borough Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 allow a local authority to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health. There is no offence for those not complying with this request for co-operation.

The Health Protection (Part 2A Orders) Regulations 2010 allow a local authority to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort mechanism, requiring specific criteria to be met and are labour intensive. These Orders were not designed for the purpose of 'localised' lockdowns, so there is likely to be a reluctance by the Courts to impose such restrictions and the potential for legal challenge.

These Regulations have been amended by the Coronavirus Act in so far as where an infection or outbreak is directly related to COVID-19 and a Declaration issued by the Secretary of State is in effect for that area, powers of assessment must be exercised within 48 hours and decision made at that point on requiring restrictions on movement or 'lockdown' and isolation etc. for a period not exceeding 14 days at a time. Any extension of the 14-day period is subject to 24 hour review. These powers do not require prior application to a magistrate's court (but see further below regarding individual right of appeal).

Ancillary powers to remove a person to a place of isolation or restriction together with use of reasonable force are provided for within the Act.
Any person upon whom restrictions are imposed in accordance with the above may appeal to the Magistrates Court against the imposition of those restrictions and any such appeal must be heard remotely as soon as reasonably practicable and without undue delay

In terms of powers to close specific premises the LA can impose restrictions on persons, groups of persons, premises, or things but only on application to the Magistrates Court for an Order s45G, I of J of the Public Health (Control of Disease) Act 1984. It is then the Magistrates Court ordering the lockdown of a site and or area and not the LA. Events in Leicester (June 2020) to proceed without an Order from the Magistrates Court resulted in new Regulations being pushed through by the Secretary of State.

Using the Health Protection (Coronavirus, Restrictions) (England) (no.3) Regulations 2020

On 18th July 2020, legislation to grant local authorities new powers to respond to a serious and imminent threat to public health and to prevent COVID-19 ("coronavirus") transmission in a local authority's area took effect. The regulations include powers for local authorities to:

- restrict access to, or close, individual premises
- prohibit certain events (or types of event) from taking place
- restrict access to, or close, public outdoor places (or types of outdoor public places)

To make a direction under these Regulations a local authority needs to be satisfied that the following 3 conditions are met:

- the direction responds to a serious and imminent threat to public health in the local authority's area
- the direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in the local authority's area of coronavirus
- the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose

The new regulations do not allow restrictions on individuals; they are linked to premises, places and events. There is no requirement to apply to magistrates to use the powers though they should be used 'with discretion' and have regard to advice from the DPH. In SCC the Director of Public Health (DPH) is responsible and accountable for use of local lockdown powers and compliance with Local Outbreak Plans.

Powers cannot be used to close premises that are defined as 'essential infrastructure'. This covers a wide variety of infrastructure such as chemical and nuclear facilities, communication and defence facilities, emergency services, energy, water and food production and distribution, health, public transport (but not taxis) government buildings, education buildings, childcare provision, children's homes, commercial airports, ports waste facilities, post services, freight operations, prisons, data centres, rail freight facilities etc.

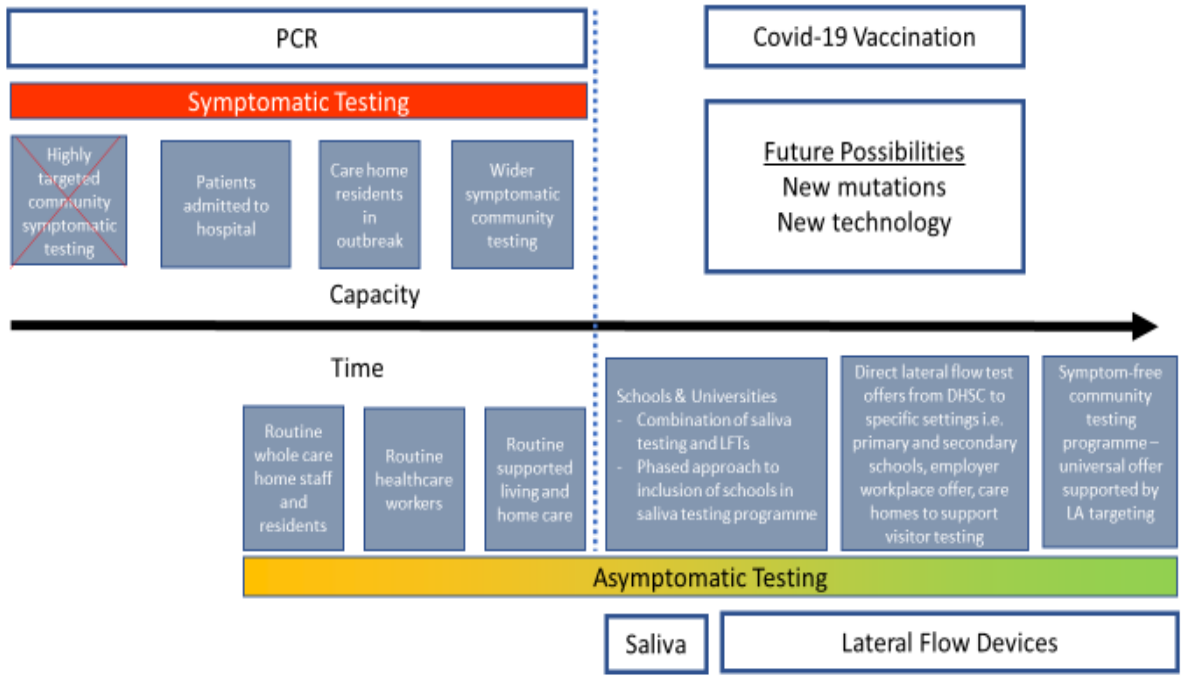
Ministers have the power to Direct a Local Authority to suspend or revoke any use of powers for local lockdown purposes if Ministers consider it 'unnecessary'. There is an expectation that Government will continue to exercise powers in relation to 'whole sectors' such as all food premises, whole geographical areas (towns and cities), general stay at home orders, setting travel and gathering restrictions generally, restrictions on local and national transport systems and mandating use of face coverings in public places. These issues are there for generally excluded from local lockdown measures and should be introduced only following discussion with Ministers.

The DHSC guidance Local authority powers to impose restrictions: Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 provides advice to local authorities on how to implement the Regulations and to support those impacted by any intervention made under them.

Section 9
Testing and Contact Tracing

Testing arrangements currently in place

Figure 8 : Testing overview – symptomatic and asymptomatic testing offers available



PCR testing (Symptomatic)

Polymerase chain reaction (PCR) tests require a nasal and/or throat swab to be taken, which is then sent to a laboratory for analysis. They are a highly accurate test and are used in the following ways:

- To identify infection in those that have any of the main COVID-19 symptoms i.e. a high temperature, and/or a new and continuous cough, and/or a loss or change to a person's sense of smell or taste.
- To identify asymptomatic carriage in specific settings i.e. higher risk settings such as care homes, supported living, adult day care centres.
- To identify asymptomatic carriage in close-contacts of confirmed cases
- To confirm the presence of COVID-19 infection in those that have tested positive via a rapid lateral flow test; referred to as a *confirmatory PCR test*.
- To support the containment and management of outbreaks and/or surge testing.

The test is therefore an important tool to determine who is infectious and should therefore self-isolate (as well as their close contacts unless exempt) to prevent onward transmission of COVID-19.

The need for testing via PCR tests to support outbreak management is evaluated by the local PHE Health Protection Team, and often in discussion with the LA Public Health team. The local PHE HPT will liaise with the HIOW community testing service and/or Mobile Testing Unit co-ordinators where PCR testing is deemed necessary. The need for PCR testing to support surge testing is determined by Public Health England.

PCR testing capacity in Southampton is comprised of a combination of local, regional and national provision. For members of the public with COVID-19 symptoms, PCR testing can be accessed via the following routes:

- Home Testing Kits via postal/courier swab testing.
- A large-scale drive through Regional Testing Site (RTS) at Southampton Parkway Airport.
- Three local walk-through testing sites (LTS) based in Woolston (Woodley Road Car Park in the East), Shirley (Marlborough Road Car Park in the West), and Portswood (The Avenue at Southampton University in the North of the city).
- Mobile Testing Units (MTU), which are rotated around various locations across HIOW to respond to testing need.

Specific PCR offers have also been established for some critical workers and residents in higher risk settings and include:

- Care Homes, Supported Living and adult Day Care Centres, which can register for asymptomatic PCR testing as advised by NHS Test and Trace and/or DHSC.
- Care home residents are tested as a matter of course prior to their discharge from hospital to ensure they are not infectious when re-entering the Care Home.

Southampton City Council also has some deployable testing resource that can offer PCR testing in specific settings in the event of outbreak or need for confirmation of positive lateral flow device tests where access to the usual testing routes is challenging.

Asymptomatic saliva-LAMP testing (HIOW programme)

Up to a third of individuals who test positive for coronavirus have no symptoms and can therefore spread COVID-19 infection unknowingly. Regular symptom-free testing on a large scale, coupled with self-isolation for those testing positive and their close contacts unless exempt, is therefore an important tool in preventing the onward transmission of COVID-19.

Saliva-LAMP testing has been shown, through Phase 1 and 2 of the Southampton pilot, to be feasible, acceptable and useful amongst health and social care workers and in education settings. A major benefit of saliva testing has been to support efforts to keep education settings "open" for in-person teaching. As a result of the pilot's success, the programme has been expanded across Hampshire and Isle of White, focusing on increasing capacity across secondary schools, sixth form colleges, and some health and social care settings.

The saliva-LAMP test is a highly accurate test, and so robust in identifying asymptomatic carriage. Participants in the programme provide saliva samples from everyone in their household on a weekly basis. These are sent to a laboratory to be tested for the presence of coronavirus, and the results are returned within 24 hours. Participants testing positive are contacted and their contacts traced and advised to self-isolate through the national Test and Trace service unless exempt.

This programme of work has come about through a Southampton City Council – University of Southampton – NHS partnership, and the ambition is to create additional testing capacity for pro-active use and for more localised outbreak management activities across Hampshire and Isle of White.

Asymptomatic Community Testing via Lateral Flow Tests

Lateral Flow Device tests, often referred to as LFTs, are less accurate than PCR and saliva-LAMP tests, though have the advantage of being a rapid on the spot symptom-free test. They will detect some infected people that would not otherwise have been identified and are particularly good at detecting people at the most infectious point in their infection (i.e. in the first 3 days). This is why people are advised to conduct two lateral flow tests each week; as the test is then more likely to be taken at some point during the first 3 days of infection. The test has a high specificity, which means that very few people are falsely diagnosed as COVID-19 positive and so required to self-isolate unnecessarily. The accuracy of the test is dependent on how well the test is conducted and so people are advised to follow the instruction leaflet contained with the testing kit, particularly as this may vary slightly depending on the manufacturer. Lateral flow tests are now available for everyone to participate in symptom-free

testing, though Local Authorities are asked to target uptake in the following communities; those that have higher rates of COVID-19 infection, those that have lower testing uptake and so where targeting will support a reduction in inequalities in testing uptake, and settings that would particularly benefit from regular LFT testing, including higher risk settings (i.e. day care settings, hostels for the homeless and rough sleepers).

Lateral flow tests can be accessed in the following key ways:

- **Pharmacy Collect:** Through participating community pharmacies that provide supervised testing on site and/or collection of home test kits
- **Community Collect:** Through community testing collection sites, fixed or pop-up, that provide collection of home test kits (run by SCC or in partnership with service providers)
- **Direct Online:** Through ordering of LFTs online, from Gov.uk website which are then delivered by post
- **Workplace Testing:** Through employers who chose to fund and offer their employees workplace testing
- Staff and young people can also access LFTs via their sixth form college or school (available for all staff and secondary school aged children) or University.
- Southampton City Council can also offer LFT testing, when needed, to specific vulnerable settings and outbreak situations through a highly flexible and deployable testing service.

Southampton City Council launched its **Community Testing Programme (CTP)** in March 2021, to support the national role out of lateral flow testing and help reduce the onward transmission of COVID-19 in the city. The Community Testing Programme works alongside the national LFT and PCR offers and has an important role in both encouraging universal engagement with symptom-free testing and targeting uptake (based upon local and national intelligence) in order to reduce prevalence in communities with higher levels of infection, reduce inequalities in testing uptake, and support higher risk settings. The testing strategy and operational model that has been developed is intentionally agile so that testing and collection point capacity can be scaled up or down to respond to changes in national policy and testing demand. An overarching aim is to embed symptom-free testing in existing health and Local Authority infrastructure so that testing is embedded in business-as-usual activities and offered in locations that members of the public normally visit, including community pharmacies and SCC Gateway. In this way we then take “tests to the people”, enabling symptom-free testing to become an easier choice for people to engage with.

Targeted Community Testing Programme (TCTP) – Reaching Underserved Communities

A plan to support targeting provision of LFTs has been developed to inform the overall strategy and operational model, informed by national and local qualitative and quantitative intelligence. This targeted programme now constitutes the main focus of the local authority testing programme and has involved the identification of priority cohorts in order to ensure that efforts are focused on reaching individuals or groups that are underrepresented or disproportionately impacted by COVID-19. The plan includes setting up additional collection points in locations such as Children's Centres, Homeless Hostels, Sexual Health and Vaccination Clinics as well as Day Care settings to engage those with lower levels of testing uptake and/or those more vulnerable to serious illness from COVID-19. Engagement officers and volunteers have been trained to be able to engage target populations in discussions about why regular symptom free testing is important, deliver key messages, and provide top tips on undertaking a home test well. They act as ambassadors for symptom free testing and are able to engage their own communities in symptom-free testing, in a way that is meaningful to those residents. Joint work is also being undertaken with other projects within the Local Outbreak Management Plan to ensure joint targeting of interventions and messaging, such as joint pop-up vaccination and symptom-free testing offers in target communities and settings.

As Local Authorities currently receive limited data on who is participating in symptom-free testing, SCC is currently using a combination of methods to better understand which groups and communities are not engaging with symptom-free testing. This includes utilising data from PowerBI and Southampton Test and Trace, utilising data on low vaccine uptake where we think the same groups will have low testing uptake, local resident surveys, asking those that test on site what their occupation is, information from national pilots, and qualitative feedback through community meetings and direct from residents.

Figure 9: Summary of the main testing offers available in Southampton:

Test	What type of test is this?	Who is it for?	How do I book?
Standard PCR test	The PCR test is the **ONLY** Covid-19 test for people with symptoms	People of any age with any of the following symptoms; • a high temperature, and/or; • a new, continuous cough and/or; • a sudden loss or change to your sense of taste or smell. PCR testing is also for people who have been identified by Test and Trace as a close contact of someone who is positive for COVID, but are not legally required to self-isolate by the criteria outlined above.	Book a test or order a test online at gov.uk, or call 119 if you do not have internet access, as soon as you develop any symptoms of Covid-19.
Symptom free testing	This is a quick turnaround test using a lateral flow test (LFT) for people without symptoms to find otherwise undetected cases. 1 in 3 people with COVID-19 infection do not have any symptoms and so may be spreading the virus unknowingly.	Everyone is encouraged to do free testing twice a week. Conducting the test twice a week gives the best chance of the LFT detecting any COVID-19 infection. Additional offers are established for target communities and settings	Collect home test kits from a local test site, or book a rapid symptom free test www.southampton.gov.uk/coronavirus-covid19/covid-testing/symptom-free-booking Or see https://maps.test-and-trace.nhs.uk/
Workplace testing	This is a quick turnaround test using a lateral flow test (LFT) for people without symptoms to find otherwise undetected cases. sites.	Businesses are strongly encouraged to set up a workplace testing scheme.	Your employer will give you details of their own workplace testing scheme. If a workplace offer is not in place, you can book or collect a rapid symptom free test from one of Southampton's community sites: www.southampton.gov.uk/coronavirus-covid19/covid-testing/symptom-free-booking
School testing	This is a quick turnaround test using a lateral flow test (LFT) for people without symptoms to find otherwise undetected cases Some secondary schools and sixth form Colleges in Southampton are participating in saliva LAMP testing to detect COVID-19 infection in people with no symptoms, as part of the DHSC funded Hiow programme.	Staff at all nurseries, schools and colleges and secondary school and college students.	Staff and students will receive their test kits at their school or setting

Further information about *symptomatic testing* can be found here on the Council's website: https://www.southampton.gov.uk/coronavirus-covid19/covid-testing/getting-tested.aspx

Further information about *symptom-free* testing can be found here: https://www.southampton.gov.uk/coronavirus-covid19/covid-testing/symptom-free-testing.aspx

Local Contact Tracing Service: Southampton Test and Trace

Contact tracing has been identified as a way of monitoring the spread of COVID-19 infection and trying to manage the onward transmission of coronavirus. The national Test and Trace service has been operational since May 2020. The testing arm of this service aims to provide rapid access to a test for anyone who develops symptoms of COVID-19, whilst the tracing arm aims to identify 'close contacts' of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus unless exempt.

For a test and trace system to be effective, SAGE (Scientific Advisory Group for Emergencies) has advised that at least 80% of contacts of an index case need to be contacted and that 80% of contacts would need to isolate.

Southampton City Council, is supporting the National Test and Trace service with the operation of a local contact tracing service, called *Southampton Test and Trace*. The primary aim of Southampton Test and Trace is to increase the proportion of Southampton residents that are successfully contacted where they have tested positive for COVID-19, to advise that they and their close contacts (subject to the current isolation rules) self-isolate, and ensure that residents are aware of the support they can access to enable them to self-isolate where this is needed.

The operational model for Southampton Test and Trace (outlined in figure 10 below) is for the National Test and Trace service to "pass on" residents that had tested positive for COVID-19 to *Southampton Test and Trace* where the national team had been unable to contact the resident within 24 - 28 hours. Southampton call tracers then seek to make contact with residents for up to a further 72 hours, by phone, email and text, asking them to self-isolate and identifying their "close contacts" so that they can in turn be advised to self-isolate unless exempt by the National Test and Trace team. If after multiple failed contact attempts the case is uncontactable, an assessment is made as to whether to deploy a local Community Engagement Officer or not to visit the resident's home to try and make contact on the

doorstep. Priority for Community Engagement is given to the elderly, those identified as vulnerable and children where the parent/guardian has not been responded to contact attempts. Follow up attempts to contact residents that have been visited will also be made.

In addition to preventing the spread of COVID-19 infection in the City, *Southampton Test and Trace* aims to protect vulnerable residents by identifying individuals and families that require support to self-isolate and/or are vulnerable. Importantly, by having direct contact with residents affected we can offer support and extra help as appropriate to individuals and families in need, including: access to emergency resources, food, medicines, social support and the promotion of the self-isolation funding that is available for lower paid, working residents on benefits. We can also advise cases that are in need of medical support (i.e. physical or mental health need) to contact their GP services or 111. In some circumstances the Senior Health Protection and Infection Prevention Nurse can be asked to engage with cases directly.

The advantages of locally supported contact tracing are manifold, including: a higher potential for cases with incorrect or incomplete contact details to be traced using locally held contact details and a higher likelihood of cases responding due to the use of a local telephone number and call-back facilities. Tailored local media communications and advice from local medical professionals can also result in greater awareness and engagement with self-isolation guidance. Local contact tracing services have been successfully trialled in other local authorities with good results. Nearly all Local Authorities in England have now set up their own local contact tracing services.

Links have been established with the two Universities in the city to assist us in reaching students (especially international students) who we are unable to reach easily.

Regional and local contacts in other local authorities have been established to share weekly good practise meetings and discuss common themes and responses. The Department of Health and Social Care (DHSC) also attend regional meetings and are available to provide advice. They are also receptive to suggestions for improvements.

Figure 10: Southampton Test and Trace Service Operating Model

Further information about *Southampton Test and Trace* can be found here on the Council's website: https://www.southampton.gov.uk/coronavirus-COVID-1919/COVID-19-testing/southampton-test-trace.aspx

Development of the local tracing offer

From the week beginning 15 March, SCC developed the local tracing offer beyond the core local tracing partnership by joining the 'pilot project for contacting non-contactable contacts' in Southampton. This pilot scheme gives LA's the opportunity to try and contact the close contacts of index cases who are hard to reach, such as those without personal details and whom the National Test and Trace team have no chance of reaching. By SCC taking on these cases, we can use local systems to try and track down these contacts and advise them to self-isolate unless exempt. It is hypothesised that local tracing teams will also be able to reach a proportion of contacts who cannot be reached nationally, for follow up support. This will increase the overall number of contacts receiving isolation follow-up support calls in the region.

Section 10
Self-Isolation

It remains critical to encourage people who have symptoms to self-isolate immediately and get tested with a PCR test as quickly as possible. This still applies even if you have received one or more doses of MHRA approved COVID-19 vaccine.

Since August 16th 2021, the approach to close-contacts of cases who are fully vaccinated or under 18, has shifted. These individuals no longer need to self-isolate unless, or until, they become symptomatic and includes close-contact of household or non-household cases. They will be asked to take a PCR test. In addition to these changes, Daily Contact Testing (DCT) using LFD's as an alternative to self-isolation is also expected to be used more widely. If you have only received one dose of COVID-19 vaccine, you will still be required to self-isolate.

Isolation for those testing positive for Covid-19

All individuals who test positive for COVID-19, including the double vaccinated and children, should self-isolate immediately for 10 days from when symptoms began (day zero) or from the date a test (day zero) when someone has no symptoms.

Isolation for those contacted by NHS Test and Trace or the NHS COVID-19 app.

It is a legal requirement to self-isolate if you are told to by NHS Test and Trace. You could be fined if you do not self-isolate. Individuals should self-isolate and get a PCR test.

If you are told to self-isolate by NHS Test and Trace or the NHS COVID-19 app you should:

1. Self-isolate immediately
2. Do not leave your home for any reason – if you need food or medicine, order it online or by phone, or ask friends and family to drop it off at your home
3. Do not have visitors in your home, including friends and family – except for essential care
4. Try to avoid contact with anyone you live with as much as possible
5. Keep your home well ventilated

Exemption from Self-isolation

Double vaccinated and all children (under 18 years and 6 months old) identified as a close-contact by NHS test and trace, will be advised to take a PCR test and only need to self-isolate

if they test positive. They do not need to isolate whilst awaiting their test or test result. Where contacts are over 18 and not fully vaccinated, they are legally required to self-isolate unless they are taking part in an approved daily contact testing scheme.

Port/Border Quarantine

The cruise industry has resumed travel within UK waters and will soon be restarting international travel. In order to understand the impact of passengers returning to travel within enclosed spaces (ships), the UK Government's Traffic Light System and associated isolation/testing requirements, Southampton City Council along with partner agencies such as Public Health England conducted a table top exercise in June 2021 to explore partnership working the response to outbreak onboard vessel. Southampton has a well established response structure for responding to incidents and outbreaks onboard; starting with the submisison of the Medical Declaration of Health (MDH) form by the Ships Agent to Port Health for assessment and where necessary activation of the Incident Management Team (IMT) with partners for shared situational awareness and action.

The response to positive covid-19 cases onboard is complex; multiple ships agents each with their own protocols and procedures in line with their country's regulations (often differing from the UK regulations), crews originating from different ports, passengers coming from or going to anywhere in the UK, challenges with hotel availability to support passenger/crew isolation requirements where required for positive cases and rapidly changing UK regulations. Southampton City Council Port Health and Public Health teams will work closely with the cruise industry to respond to outbreaks onboard and make recommendations on appropriate and proportionate actions in line with UK regulations.

Managed Quarantine Facilities

The rules governing travel to and from the UK are regularly changing in line with movement in the Governments Traffic Light System, however the rules regarding travel from/through a Red listed country remain the same. Travellers are arriving into the UK who have come from or travelled through a red listed country are required to stay in a government run Managed Quarantine Facility (MQF), in isolation, for a full 10 days from the point of arrival, this is to ensure there is no spread of infection from a new or mutated version of the Covid-19 virus.

Currently there are no plans to establish an MQF in the city. The designation and activation of an MQF is between the Department of Health and Social Care and the hotel facility with

engagement from local partners in supporting the wrap around care provided to guests by DHSC for the duration of their stay.

Southampton City Council, with partner agencies including neighbouring local authorities, emergency services and the health sector, have a well-established process for a response to the establishment of an MQF in the area. This has been tested in a multi-agency exercise and identified lessons incorporated into the planning and discussed at the Pan-Hampshire Health Protection Collaborative Forum. A Command and Control structure, with supporting arrangements, has been agreed and key partners have been briefed on their roles and responsibilities through the Health Protection Board.

Support for self-isolation

The authority has in place a support network of volunteer organisations to provide practical support such as:

a) emergency food provision either through a one-off food parcel or a referral to a food bank
b) undertaking shopping (though the recipient will still be obliged to pay)
c) Collection of prescriptions or medication
d) Support for those living alone such as a person to call and speak to them

The self-isolation grant of £500 is processed through the authority Revenue and Benefits team in line with the Treasury requirements for assessment and eligibility for the payment.

In addition, a case can be referred to the children or adult support services that the authority offers in its normal support to the community.

Section 11
Data Integration and Intelligence

Use of data to inform prevention and outbreak management actions

Data and intelligence is crucial in informing strategic and operational decisions on how best to prevent the transmission of COVID-19, maintain public confidence and engagement with public health measures (see section 3), and inform the identification and proactive management of local outbreaks. Data is currently being utilised in a range of ways, and including to:

- Identify epidemiological patterns across the city to refine understanding of high-risk places, locations and communities.
- Inform communications, community engagement, and compliance activities.
- Identify complex outbreaks so that appropriate action can be taken, and including whether an Outbreak Management Team (OMT) needs to be convened.
- Support quality and performance reporting for operational and strategic purposes.

Southampton City Council receives the following data and reports:

Daily reports from PHE

- Daily contact tracing update
- Exceedance reports for pillar 1 and 2 combined
- Situational awareness – national report
- PHE Power BI COVID-19 Situational Awareness Explorer Portal
- COVID 19 Epidemiology
- Outbreaks, Clusters and Settings
- Postcode level testing data (pillar 1 and 2 positive tests, cases, negatives and voids)
- Common Exposures
- Local Contact Tracing data
- Vaccine data
- Variant data
- NHS Test & Trace QR Venue App data

Daily Reports from NIMS/Foundry

- Vaccine Data

Weekly reports from PHE

- Excess mortality and place of death analysis
- Contact tracing weekly epidemiological report (South East region data)

Weekly report from PHE South East

- COVID-19 Weekly Schools and Nurseries Report – outbreaks and clusters and line list of premises

Daily report & on-request from PHE South East

- Institutional outbreaks location & detail

NHS Digital dashboard from NHS Digital

- Pillar 2 tests and 111 triages, including at LSOA area
- Shielded patient data dashboard

Using internal tools, Southampton City Council has developed an integrated database, workflow and intelligence reporting system to provide the intelligence required for daily review of epidemiological, test and trace data, and health protection decision making.

Integration of multi-source data to support decision making

Public Health analyst teams across HIOW have worked collectively across the LRF throughout the COVID-19 response to integrate multi-source data and deliver intelligence products efficiently through sharing resources and avoiding duplication of effort. This includes the production of the following:

- HIOW LRF COVID-19 Surveillance Compendium, which provides an overview of the impact of COVID-19 across the LRF system as well as early warning indicators. Data is presented across the systems and at local geographies where appropriate and possible.
- HIOW LRF Modelling, to model the spread of COVID-19 infection across the HIOW population.
- In addition, a local Southampton specific Power BI dashboard has been developed, which incorporates intelligence from multiple data sources (including the PHE sources as stated above).

The suite of data and intelligence products is provided to system leaders across HIOW in a variety of formats to support the COVID-19 response and recovery.

Further opportunities for data integration to support LRF and local decision-making will be supported.

Data and Intelligence tool for external bodies and private individuals

External organisations and individuals, as well as SCC employees can access the publicly available COVID-19 PowerBI Infographic on the Southampton Data Observatory. This is updated every working week day displaying together the latest nationally available data on COVID-19 cases, hospitalisation and deaths. The interactive tool shows the latest headline data as well as trends and direction of travel, informing and aiding decision-making.

Data sharing and security

It is important to ensure that those organisations that require access to intelligence to support the COVID-19 response can do so, regardless of organisational affiliation, whilst ensuring information governance and confidentiality requirements are met.

There has and will continue to 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 relating to the application of the Data Protection Act 2018.

NHS Covid-19 App

As we move away from legal restrictions towards individuals taking more ‘personal responsibility,’ the COVID-19 app remains an important tool to help users make informed decisions. UKHSA is going to make key metrics from the app available at local authority

level which will be used to support local decision-making, including for example, where to target marketing and communications.

Section 12
Communications and Public Engagement

Public communications and engagement

A Communications and Engagement Plan has been developed to support the objectives of the Local COVID-19 Outbreak Management Plan for Southampton, recognising that public engagement and trust is crucial in maintaining residents and business support for public health measures.

Providing up-to-date guidance, information and advice to the general public and stakeholders is a vital element of the plan.

While much of the guidance and messaging is currently derived from central government and Public Health England (PHE), the interpretation and the localisation of the primary messaging has often been required.

Ensuring consistency in messaging from important local organisations is vital to avoid confusion and build trust and confidence.

There are established close working arrangements with key partners, including the NHS, Police, community, voluntary and business sectors, to agree and communicate proactive, timely coronavirus messages under the Southampton City Council communication channels and connections.

As well as developing communications that draw on a range of national and regional guidance, the plan is informed by insight from our local communities to support local communication activity on COVID-19. The plan encourages a comprehensive understanding of public health and infection control measures, promotes compliance, and keeps stakeholders informed about COVID-19 outbreaks as appropriate.

The main aims of the plan are to:

- Communicate to the public, businesses, and wider system about Southampton's strategic response to COVID-19.

- Promote critical public health measures to reduce the spread of COVID-19 infection and communicate and interpret infection control information in a culturally sensitive and competent way.
- Consolidate the National Test and Trace campaign locally to motivate compliance.
- Ensure robust communications with the public, businesses and the health and social care system in the event of complex outbreaks (a specific section of the plan will focus on supporting outbreak responses).
- Reach out to vulnerable groups that may need support to be enabled to follow public health advice (i.e. to self-isolate).
- Gain insight into the perceptions, understanding, and behaviours of residents about the pandemic, its impact, the public health measures being used to prevent COVID-19 transmission, and recovery; including through the SCC COVID-19 resident's survey and through working with a range of partners, including social scientists at the University of Southampton.
- Use the above insights and other intelligence (including from partner agencies) to identify communication and engagement "gaps" and inform future communications.

Southampton City Council is using a number of existing communication channels to deliver coronavirus messages both internally and externally, including:

- The Covid Bulletin newsletter
- The City News newsletter
- Social media content
- Local media outlets
- Dedicated webpages

Engaging and involving stakeholders and individuals in the development and delivery of messages will be a crucial part of the plan.

A communication lead sits on the Local Outbreak Health Protection Board, the Local Community Engagement Board Meeting and the Local Testing Operational Cell to support them in an advisory capacity.

Engagement with communities occurs through a range of mechanisms:

- **Future Communities Meeting** - a partnership that includes members representing a wide range of voluntary, faith, and community groups and community-focused arms of statutory partners across the city.

- **The Covid-19 Community Champions** – a network of Champions supplied with the latest information, advice, and guidance about preventing infection, reducing onward transmission, and containing outbreaks that they can then share onwards with their friends, family, and communities. Information, advice and guidance are shared during weekly Zoom forums, dedicated email and weekly email bulletin, Facebook group and WhatsApp broadcast. Champions are encouraged to use this information in any way they choose. We encourage two-way conversation with our Champions ensuring they have a space to feedback their concerns, where they think things aren't working and share their ideas. There are currently over 400 champions aged 13 plus to 80 plus. We have plans to engage more with younger people empowering them to listen, learn and share important information.
- **The COVID-19 Engagement Innovation Fund** - was developed to support community projects that increase community awareness, engagement and compliance with key COVID-19 public health measures to prevent the spread of COVID-19 transmission and improve outcomes following infection with COVID-19. Eight projects are supported by the fund, which Southampton Voluntary Services administer. The Fund supports projects that have good reach with local residents and includes projects which target the following groups:
    - groups in which prevalence of COVID-19 is highest;
    - groups that are more clinically vulnerable to the severe symptoms of COVID-19;
    - those whose first language is not English.
- **Public Webinars** – Southampton City Council, is holding a series of public webinars addressing topics around COVID-19. Topics range from vaccine safety to living with COVID-19. Each webinar lists additional resources related to the topic in question and includes an online feedback form to inform future topics.
- **COVID-19 Marshals** - From 1 December 2020 to 31 July 2021 SCC commissioned Synergy, a local company employing local people to provide a Covid Marshal service across the city. Covid Marshals were used to engage with members of the public and business premises to encourage social distancing and compliance with the restrictions on businesses within the city, reducing the potential transmission of coronavirus. The choice of venues and places they visited was based on ad hoc visits during patrols or intelligence from reports (including via the COVID-19 Sitrep). A webform was also introduced to gather intelligence from the public. Marshals provided a physical presence in hotspots including city and District centres (including shopping queues), the night time economy (pubs and takeaways), and at transport hubs, such

as bus stations. Since the Business Restrictions were removed by the Government on 19 July 2021, the role of Covid Marshals was no longer required. The contracted with Synergy ended on 31 July 2021.

The plan provides an overview of key target audiences and how they can be reached, including at-risk groups such as “shielded” communities and those from diverse ethnic backgrounds. Communications will be produced in several languages to ensure inclusivity to those for whom English is not their first language. The communications approach also includes digital engagement tactics to ensure messaging can be targeted by resident’s locality (home or work) and/or their profession.

Communications between and with other agencies

The SCC communications team will work closely with the LRF Comms Cell, neighbouring local authorities, the NHS, and other stakeholders as appropriate on communications and engagement, which includes joint campaign activity and messaging, especially where issues are shared. The SCC Team is represented on the LRF Communications Group, which coordinates COVID-19 communications on behalf of the HIOW system. SCC’s Head of Data, Intelligence and Insight chairs the LRF Communications and Research Insight sub-group.

Section 13
Future Planning

The Southampton COVID-19 Local Outbreak Management Plan needs to evolve as the COVID-19 pandemic and our response to it evolves and we continue to adapt to living with COVID-19. It will change as new developments and infra-structure is put into place and in response to our learning and as the evidence develops. Therefore, this plan is a living document, enabling our response to be agile and respond to change in guidance, policy and legislation as well as to changes in infection levels and impact. We will continue to review and update this plan, in collaboration with our partners.

The next iteration of the plan is expected to review the themes below, which are currently emerging, developing or changing:

- Ensure our response reflects Southampton's needs, priorities, public perception, behaviours and changes in epidemiology as society continues to open up.
- Responding to Variants of Concern (VOC) / Variants under Investigation (VUI).
- Action on enduring transmission – further work to understand any pockets of concerns within the city and target action appropriately.
- Testing and Contact Tracing – this is rapidly evolving area, and we will update the plan to reflect this.
- Ongoing role of Non-Pharmaceutical Interventions (NPIs)
- Activities to enable 'living with COVID' (COVID secure), with a continued focus on communications and community engagement targeting to those communities and settings where insights and data suggest transmission is enduring.
- Vaccine's roll-out – continued work to ensure the roll out of the vaccination programme targets specific communities and those in higher risk environments.
- Ongoing review in light of local behavioural insight and intelligence
- A continued focus on reducing health inequalities
- Considering recovery and opportunities to Build Back Fairer in response to COVID-19.
- A review of Governance arrangements as the pandemic and our response to it evolves, including the future role of the Covid-19 Health Protection Board and Outbreak Engagement Board