

Local Outbreak Engagement Board

Monday, 7th June, 2021
at 5.30 pm

PLEASE NOTE TIME OF MEETING

A link to this meeting will be available on Southampton City Council's website at least 24hrs before the meeting

This meeting is open to the public

Members

Councillor Fitzhenry (Chair)
Councillor White (Vice-Chair)
Councillor P Baillie

Contacts

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PUBLIC INFORMATION

SOUTHAMPTON COVID-19 LOCAL OUTBREAK ENGAGEMENT BOARD

The Southampton Covid-19 Local Outbreak Engagement Board is responsible for strategic oversight of health protection regarding Covid-19 in Southampton, including prevention, surveillance, planning and response to ensure they meet the needs of the population.

The Board will support the local delivery of the primary objectives of the Government's strategy to control the Covid-19 reproduction number (R), reduce the spread of infection and save lives, in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The response will be delivered at various levels and by various partner organisations, but these will need to be brought together at local authority level through the Executive Director of Wellbeing (Health & Adults), supported by the Director of Public Health as lead officer, to ensure a community focus and appropriately tailored response. In addition to the place-based approach overseen by the Board the levels will include:

- National - a National Outbreak Control Plans Advisory Board will be established to draw on expertise from across local government and ensure the NHS Test and Trace programme builds on local capability, and to share best practice and inform future programme development;
- Regional - Co-ordination required on a regional level will be provided through the HIOW Local Resilience Forum and Integrated Care System arrangements;
- Local – Southampton COVID-19 Health Protection Board, working through Local Engagement Boards to define measures to contain outbreaks and protect health.

CONDUCT OF MEETING

TERMS OF REFERENCE

The terms of reference of the Cabinet, and its Executive Members, are set out in Part 3 of the Council's Constitution.

RULES OF PROCEDURE

The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

Procedure / Public Representations

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take.

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Access – Access is available for disabled people. Please contact the Cabinet Administrator who will help to make any necessary arrangements.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time.

Mobile Telephones – Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media

The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 2.

recorded by the press or members of the public.

Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Disclosure of Interests

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "personal" or "prejudicial" interests they may have in relation to matters for consideration on this Agenda.

Personal Interests

A Member must regard himself or herself as having a personal interest in any matter

- (i) if the matter relates to an interest in the Member's register of interests; or
- (ii) if a decision upon a matter might reasonably be regarded as affecting to a greater extent than other Council Tax payers, ratepayers and inhabitants of the District, the wellbeing or financial position of himself or herself, a relative or a friend or:-
 - (a) any employment or business carried on by such person;
 - (b) any person who employs or has appointed such a person, any firm in which such a person is a partner, or any company of which such a person is a director;
 - (c) any corporate body in which such a person has a beneficial interest in a class of securities exceeding the nominal value of £5,000; or
 - (d) any body listed in Article 14(a) to (e) in which such a person holds a position of general control or management.

A Member must disclose a personal interest.

Continued/.....

Prejudicial Interests

Having identified a personal interest, a Member must consider whether a member of the public with knowledge of the relevant facts would reasonably think that the interest was so significant and particular that it could prejudice that Member's judgement of the public interest. If that is the case, the interest must be regarded as "prejudicial" and the Member must disclose the interest and withdraw from the meeting room during discussion on the item.

It should be noted that a prejudicial interest may apply to part or the whole of an item.

Where there are a series of inter-related financial or resource matters, with a limited resource available, under consideration a prejudicial interest in one matter relating to that resource may lead to a member being excluded from considering the other matters relating to that same limited resource.

There are some limited exceptions.

Note: Members are encouraged to seek advice from the Monitoring Officer or his staff in Democratic Services if they have any problems or concerns in relation to the above.

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 **APOLOGIES**

To receive any apologies.

2 **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 **STATEMENT FROM THE CHAIR**

4 **MINUTES OF PREVIOUS MEETING (INCLUDING MATTERS ARISING)** (Pages 1 - 4)

To approve and sign as a correct record the Minutes of the meeting held on 29th March 2021 and to deal with any matters arising, attached.

5 **COVID-19 SITUATION REPORT** (Pages 5 - 8)

Report of Director of Public Health detailing the latest COVID-19 Situation Report.

6 **LOCAL OUTBREAK MANAGEMENT PLAN: PREVENTION AND CONTROL** (Pages 9 - 14)

Report of Director of Public Health detailing updates to the Outbreak Management Plan; Prevention and Control.

7 **UPDATE ON THE MULTI FAITH, MULTI-CULTURAL WEBINAR** (Pages 15 - 20)

Report of Director of Public Health outlining updates on the recently held multi faith, multi cultural webinar.

8 **LIVE EVENT QUESTION AND ANSWER SESSION**

Live Event Question and Answer Session to Members of the Local Outbreak Engagement Board.

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LOCAL OUTBREAK ENGAGEMENT BOARD
MINUTES OF THE MEETING HELD ON 29 MARCH 2021

Present: Councillors Hammond (Chair), Fielker (Vice-Chair), Dr Paffey and Shields

In Attendance: Debbie Chase, Director of Public Health
Robert Henderson, Executive Director Children and Social Care
Rob Kurn, Healthwatch and SVS Deputy Chief Executive
Supt Simon Dodds, Hampshire Police
Phil Aubrey Harris, Southampton CCG

21. **APOLOGIES**

Apologies were received from Jason Murphy, Stronger Communities Manager and Dan King, Service Lead - Intelligence and Strategic Analysis.

22. **STATEMENT FROM THE CHAIR**

23. **MINUTES OF PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Committee meeting on 8th February, 2021 be approved and signed as a correct record.

24. **COVID-19 SITUATION UPDATE**

The Board received and noted the report of the Director of Public Health detailing the current Covid-19 Situation update.

Partner members of the Board gave verbal feedback on the situation in key sectors via presentations given at the meeting. Those presentations were published alongside the agenda and reports following the meeting.

The Board particularly noted:

- that since schools had reopened in the main there were no outbreaks to report;
- evidence was emerging that infections in the older age group were going down whilst increases were showing in the younger age group. This was to be expected as the vaccine was targeted at specific age groups;
- hospital admissions were declining week on week which was enabling health professionals to return to business as usual with a backlog of procedures waiting to be completed;
- office of national statistics infection study over the last year was showing an initial similar rate of infection with neighbouring authorities;
- targeted surge testing had resulted in no South African variant cases being identified;
- the younger population were recognised as being susceptible to infection and work was continuing with the universities as students were expected to return after the Easter break; and

- support was being given to the Port and retail sector as people were moving around more regularly returning to work and some leisure activities were due to open up.

25. **UPDATE FROM THE DIRECTOR OF PUBLIC HEALTH**

The Board received and noted the update report from the Director of Public Health. The Board particularly noted the following information from Board members:

Symptom Free Testing:

- Work was continuing on identifying people who were displaying asymmetric symptoms with the introduction of more widely available lateral flow testing giving people access to rapid test results.

Role of the Covid Marshalls:

- Their role being to engage and provide support they had been actively engaged in dealing with the behaviour of customers in supermarkets, reconfiguring queuing systems to ensure people are safe entering and exiting premises, assisting with social distancing information in play areas, helping businesses to understand outside seating areas, working with transport hubs to ensure the wearing of face coverings and appropriate behaviour was in place and managed the through put of people at the recent surge testing in Shirley.

Community Champions:

- 400 people had registered from across the city.

Innovation projects:

- aimed at engaging young people. Participants included Southampton Children's Hospital, Peer Youth Project, Itchen College and Cantell Secondary School.

Vaccine programme:

- Continuing to engage with communities across the City by introducing novel access points to encourage take up.

Supporting mental health and wellbeing:

- Campaigns were running city wide for targeted groups to ensure information and support was accessible for those who needed it.

26. **LIVE EVENT QUESTION AND ANSWER SESSION**

The Board held a live event question and answer session from members of the public. This can be viewed via the link to the meeting on the City Council's webpage:- <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=748&MId=6530&Ver=4>

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DECISION-MAKER:	Local Outbreak Engagement Board		
SUBJECT:	COVID-19 Situation Report		
DATE OF DECISION:	7 th June 2021		
REPORT OF:	Director of Public Health		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Dan King	Tel: 02380832493
	E-mail:	dan.king@southampton.gov.uk	
Director	Name:	Debbie Chase	Tel: 02380833694
	E-mail:	debbie.chase@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
N/A	
BRIEF SUMMARY	
<p>A COVID-19 report is published by Southampton City Council on a daily basis. The report summarises some of the key information published by the government, Public Health England and other agencies which can be used to monitor the coronavirus (COVID-19) pandemic both nationally and locally in Southampton.</p>	
<p>Elements of the Covid-19 report along with other key intelligence will be presented to the Local Outbreak Engagement Board, providing an update on the latest situation in Southampton.</p>	
<p>Members of the Board will be invited to provide verbal feedback on the COVID-19 situation in their sectors to support the Local Outbreak Engagement Boards understanding of the COVID-19 risks and impacts in Southampton.</p>	
RECOMMENDATIONS:	
(i)	To note the latest situation report and weekly COVID-19 update.
(ii)	To receive verbal feedback from partner members of the Board on the COVID-19 situation in key sectors.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To ensure that the Local Outbreak Engagement Board is informed about the latest local intelligence relating to the coronavirus (COVID-19).
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	No alternative options considered.
DETAIL (Including consultation carried out)	
3.	<p><u>Update on latest data and intelligence</u></p> <p>The primary functions of the Southampton Local Outbreak Engagement Board are to ensure political oversight of responses to outbreaks, provide direction and leadership for community engagement, provide assurance on resource use, and be the public face of local responses in the event of an outbreak.</p>

4.	<p>In order to fulfil these tasks, it is important that the Board has access to timely and accurate data and information on the coronavirus outbreak. An online coronavirus dashboard is published daily to help inform members of the public of the current coronavirus situation in Southampton. This dashboard can be found at:</p> <p>https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/</p>
5.	<p>The report contains information on the number of coronavirus cases, the rate of cases among the resident population, coronavirus related deaths, including where people have died and the number of people reporting coronavirus symptoms through NHS Pathways (for example, 999 calls, 111 calls and 111 online).</p>
6.	<p>Comparisons in the report are made between the last 7 days of complete data and the previous 7 days of data. Weekly variations in data, in the number of cases for example, is to be expected. Therefore, any changes should be interpreted alongside the overall trend, with sustained increases or decreases being more important than daily fluctuations. It is also important to highlight that the data in these reports, especially the most recent figures, are subject to revision. Data presented in these reports are correct at the time of publishing, but may subsequently be revised as more up to date data is made available.</p>
7.	<p>At the time of writing (data up to 7th May) there have been 14,904 confirmed cases of COVID-19 in Southampton. There were 89 confirmed cases in the last 7 days, which is an increase of 31 cases compared to the previous 7 days. This equates to 13 new cases per day. Therefore, although infections have fallen considerably and consistently since the peak in January, there are signs that this has now plateaued and may be starting to rise slightly. This needs to be carefully monitored over the coming weeks as restrictions are eased further.</p>
8.	<p>At the time of writing, Southampton had a weekly infection rate of 35.2 per 100,000 population, which is higher than the South East average of 14.4 per 100,000 population and the England average of 21.8 per 100,000 population. Although rates have reduced over the last few months, they remain higher than the rates in neighbouring Portsmouth (13.0 per 100,000 population), Hampshire (13.5 per 100,000 population) and the Isle of Wight (9.2 per 100,000 population).</p>
9.	<p>Infection rates remain very low in the 50-59 year old population (14.8 per 100,000 population) and in the over 60 population (6.7 per 100,000 population) in the city. This illustrates the success of the vaccination programme, with approximately 90% of the registered population aged over 70 now having received both the first and second dose of the vaccine. Infection rates are higher amongst the working age population in the city and amongst those aged 10-19 years.</p>
10.	<p>Up to 30th April there have been a total of 386 COVID-19 deaths in Southampton. Of those, 253 died in hospital and 133 in the community (102 of which were in care homes). Resident deaths peaked at the end of January due to the sharp increase in infections during December and January. However, deaths have fallen consistently since this point and in the last two weeks there have been no covid-19 related deaths recorded in the city. In</p>

	addition, overall deaths (from all causes) in the city are now lower than expected for the time of year, based on historic trends over the last five years.
11.	Data up to 11 th May 2021, shows that approximately 114,000 residents have received the first does of the vaccine and approximately 55,000 residents have received their second dose. This equates to roughly 51% of residents having had the first dose and 25% having had the second. These numbers increase each week as more people and progressively younger age groups are offered the vaccine.
12.	COVID-19 data is received and updated daily, so the local picture can change quickly. Although this paper outlines the latest available information at the time of writing, the picture may have changed by the time of the Outbreak Engagement Board meeting on 7 th June. Therefore, the latest available information will be presented at the meeting.

RESOURCE IMPLICATIONS

Capital/Revenue

13. None. This report is for information only.

Property/Other

14. None. This report is for information only.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. N/A. This report is for information only.

Other Legal Implications:

16. The COVID-19 framework sets out responsibilities for a Local Outbreak Engagement Board to provide public engagement and community leadership.

17. The framework notes “Local DPH teams and PHE will have good situational awareness and are best placed to monitor and identify potential issues in their area.” <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#data>

RISK MANAGEMENT IMPLICATIONS

18. COVID-19 risks are being managed in line with the council’s risk management framework.

POLICY FRAMEWORK IMPLICATIONS

19. None.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	

1.	Weekly COVID-19 updates: https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/
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Documents In Members' Rooms

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Agenda Item 6

DECISION-MAKER:	Local Outbreak Engagement Board		
SUBJECT:	Local Outbreak Management Plan: Prevention and Control		
DATE OF DECISION:	7 th June 2021		
REPORT OF:	Director of Public Health		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Kate Lees	Tel:
	E-mail:	Kate.lees@southampton.gov.uk	
Director	Name:	Dr Debbie Chase	Tel:
	E-mail:	Debbie.Chase@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
<p>Southampton City Council published their Covid-19 Outbreak Control Plan in June 2020 and refreshed it in February 2021. The Plan set out plans to identify and control outbreaks of Covid-19. Later in February the Department of Health and Social Care wrote to all Directors of Public Health to inform them of a new requirement to update and refresh these plans as Local Outbreak Management Plans, incorporating the learning from managing the pandemic to date into future plans.</p>	
<p>Southampton City Council recognised they been responding to Covid-19 infections and resulting pandemic for a year, so welcomed the review as a timely opportunity to learn from experiences to date. Given the strong partnership in the City and in recognition of the time, commitment and effort that so many partners had contributed to this response, Southampton City Council made a decision to undertake this review together with partners through our Health Protection Board to ensure it was meaningful. The updated Southampton Outbreak Management Plan: Prevention and Control is the result of this partnership review and sets out our plans for managing the pandemic.</p>	
RECOMMENDATIONS:	
(i)	That Southampton Outbreak Engagement Board members note the updated Outbreak Management Plan; Prevention and Control (OMP) and the collaborative approach undertaken with partners to refresh it.
(ii)	<p>That Southampton Outbreak Engagement Board members note key changes to reflect the evolving nature of the pandemic and our response to it:</p> <ul style="list-style-type: none"> • Change of title • New sections on Variants of Concern/ Variants Under Investigation and Enduring Transmission • Updated testing, vaccinations, outbreak identification and response, and community engagement sections

	<ul style="list-style-type: none"> • Future planning • Strengthening the focus on those most vulnerable and the aim to prevent further exacerbation of health inequalities
REASONS FOR REPORT RECOMMENDATIONS	
1.	The purpose of the Southampton Outbreak Management Plan: Prevention and Control 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. It has been refreshed in collaboration with our Health Protection Board, based on the experience and expertise of partners and their learning from managing the pandemic over the last year, alongside learning from colleagues in other Local Authorities. The plan includes additional sections as specified in the Government's updated COVID-19 contain outbreak management framework for local areas.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	Not applicable
DETAIL (Including consultation carried out)	
3.	The Southampton COVID-19 Outbreak Control Plan (OCP) was published in June 2020 in response to a requirement within the Contain framework, published by the Department of Health and Social Care (DHSC). The OCP was the response of the City Council and its partners to the challenge posed by the COVID-19 pandemic. It described the measures needed to reduce risk, and the processes to ensure local outbreaks of COVID-19 are identified and controlled as quickly as possible. The plan was updated and published in February 2021.
4.	In late February 2021 The Department of Health and Social Care wrote to all Directors of Public Health to inform them of a new requirement to update and refresh Local Outbreak Management Plans. The stated purpose of the refresh was to <i>“incorporate the learning from the past nine months and to prepare for the year ahead; identifying what has worked well, what hasn't, what are the issues, risks and opportunities moving forward and further support required from the regional and national teams.”</i>
5.	Southampton saw it's first case of Covid-19 on 4 th March 2020, so had been responding to Covid-19 infections and the resulting pandemic for a year. Southampton City Council felt it was timely to take this opportunity for a review. Given the strong partnership in the City and in recognition of the time, commitment and effort that so many partners had contributed to the pandemic response, Southampton City Council made a decision to undertake this review with partners through our Health Protection Board to ensure it was meaningful and opportunities for learning maximised.
6.	The following approach was agreed to refresh the plan: <ul style="list-style-type: none"> • An audit of the OCP against specified criteria by Public Health England. • A workshop at Southampton Health Protection Board to focus on a lookback and reflection on management of the pandemic to date.

	<ul style="list-style-type: none"> • A follow up workshop at Southampton Health Protection Board to focus on looking forward and shaping the future Outbreak Control Plan. • A peer review exercise with a neighbouring Local Authority to review, challenge and support one another to improve our plans. • Presentation of the refreshed plan to system partners at the Health Protection Board.
7.	The review identified many areas of good practice in Southampton including strong partnerships; community response; leadership; sharing of intelligence; opportunities for innovation, flexibility and responsiveness. It also identified gaps in the plan as the pandemic has evolved, and areas that could be strengthened.
8.	<p>The plan has been refreshed in line with the findings identified through the review process, specifically:</p> <ul style="list-style-type: none"> • Change of title to reflect the focus on management of the pandemic, and prevention and to the structure • An additional section on Variants of Concern and Variants Under Investigation has been added, reflecting the need to plan for new Covid-19 variants • An additional section has been added on “Enduring Transmission”, reflecting learning from other parts of the country that have struggled to reduce Covid-19 infection rates, assessing our risk and plans for response in the event of enduring transmission • An update of the testing, vaccinations, outbreak identification and response, and community engagement sections, focusing on the changing systems, services and resources available, changing systems and a focus on enabling access to services and protecting the most vulnerable • Strengthening the focus on those most vulnerable and the aim to prevent further exacerbation of health inequalities throughout the plan in response to issues identified through the Equality and Safety Impact Assessment; learning about the differential impact of the pandemic within the community and areas of the country that have experienced enduring transmission • An additional section has been added on future planning, acknowledging that the plan is a live document, referring to the Government Roadmap and how it will adapt and reflecting the issues that we expect to need to consider as the pandemic evolves
9.	Southampton Outbreak Engagement Board members are asked to note the updated Outbreak Management Plan; Prevention and Control (OMP) and the collaborative approach undertaken with partners to refresh it.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
<u>Property/Other</u>	
11.	Not applicable
LEGAL IMPLICATIONS	

<u>Statutory power to undertake proposals in the report:</u>	
12.	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. 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 lockdown. Any easing of lockdown comes from amending or lifting these national Regulations. The powers of the Police to enforce lockdown also flow from these national Regulations and Orders and guidance made pursuant to them. 6. Using the Health Protection (Coronavirus, Restrictions) (England) (no.3) Regulations 2020.
13.	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: <ul style="list-style-type: none"> • 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).
14.	For further details see section 'Legal context for managing outbreaks' on page 35 of the attached Southampton Outbreak Control Plan. 7. 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.
<u>Other Legal Implications:</u>	
15.	None
RISK MANAGEMENT IMPLICATIONS	
16.	Not applicable. No decision being requested. For noting only.
POLICY FRAMEWORK IMPLICATIONS	
17.	In alignment with SCC plans.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None

1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		Yes (completed)
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.		No
Other Background Documents		
Other Background documents available for inspection at:		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	Not applicable	

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Agenda Item 7

DECISION-MAKER:	LOCAL OUTBREAK ENGAGEMENT BOARD		
SUBJECT:	Update on the Multi Faith, Multi-cultural Webinar		
DATE OF DECISION:	7 th June 2021		
REPORT OF:	Southampton Multi-faith and Multi-cultural Webinar		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Maxwell V Madzikanga	Tel: 07774 332 812
	E-mail:	maxwell.madzikanga@southampton.gov.uk	
Director	Name:	Debbie Chase	Tel: 023 8083 3694
	E-mail:	Debbie.Chase@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

Not Applicable

BRIEF SUMMARY

Introduction/Background

There has been some reluctance and lack of vaccine confidence and testing in some of our communities due to myths about the vaccines and historical misgivings. The Southampton City Council Public Health team and its multi-agency partners felt there was an urgent need for a strategic, engagement-led intervention to reach out to these less well served communities. A Multi-Faith and Multi-cultural Vaccine Confidence and Testing Webinar was therefore held on the 18th of May from 1800-1930 hrs. The one and half hour engagement event was attended by 70 participants from across Southampton and Hampshire. The participants came from across diverse settings and communities.

Event Description

The engagement event brought together faith communities and local organisations across the Southampton for an hour and half to intensively discuss local Covid19 vaccination and testing efforts, initiatives, and progress to date. The virtual event was an opportunity for residents to find out more about Covid19 vaccines, testing initiatives, and ask questions about vaccination and testing programmes to a carefully and collaboratively selected panel drawn from health experts, local faith organisations, and community leaders. The Zoom virtual seminar had panelists including local senior doctors, faith leaders and community representatives.

Webinar Aims and objectives

By organising this engagement event, Southampton City Council Public Health and its partners sought to achieve the following outputs:

- Leaders from faith communities, local organisations, and health professionals to share information on effective strategies that can be leveraged to promote vaccine confidence and health and wellbeing in the context of COVID-19 and vaccination
- Discuss what local faith-based institutions and community organisations could do to promote, sustain, and implement COVID-19 vaccine confidence best practice efforts and strategies among their communities and other underserved populations in Southampton
- To support and work in collaboration with faith and community leaders in the BAME communities in ensuring an improved BAME COVID-19 vaccine uptake.
- To better understand the opportunities and factors impacting on vaccine confidence building and testing in faith communities in Southampton using the 3Cs approach (Confidence, Complacency, and Convenience) and 4As

- 76% of respondents rated the webinar **Excellent**, and 20% rated it **Good to Very Good**
- 96% of participants responded that the speakers presented an appropriate range of perspectives on the event topic
- 96% of survey respondents agreed that there was enough time for Q and A for each of the sessions
- 84% of webinar participants responded that the webinar had changed their confidence about getting vaccinated or tested
- The survey showed that 90% of those who completed the survey would take the vaccine whenever they were offered it.
- There were numerous positive comments and the majority favourably disposed to taking the vaccine whenever it is offered to them

RECOMMENDATIONS:

(i)	To raise awareness of this 'first' webinar to multi-faith and multi-community groups.
(ii)	To acknowledge intentions to review the evaluation of this event, this will determine future activities.

REASONS FOR REPORT RECOMMENDATIONS

1.	Feedback from the engagement event has been positively overwhelming and supportive of future and ongoing public health engagement events of this nature
2.	The TORs of reference for the Multi-faith, Multicultural Task and Finish Group had a limited life span and remit
3	The Public Health Team, Engagement Team, SCC Communications and a multi-agency planning team worked jointly to plan and execute the Multi-faith, Multicultural Webinar. The joint model worked well throughout the scoping, planning and hosting of the webinar. We have since agreed that an evaluation of the webinar be conducted by one of the SCC public health team member who has expertise and experience in the evaluation of comparable initiatives.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4.	Not applicable
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DETAIL (Including consultation carried out)

5.	<p>Introduction/Background</p> <p>There has been some reluctance and lack of vaccine confidence and testing in some of our communities due to myths about the vaccines and historical misgivings. The Southampton City Council Public Health team and its multi-agency partners felt there was an urgent need for a strategic, engagement-led intervention to reach out to these less well served communities. A Multi-Faith and Multi-cultural Vaccine Confidence and Testing Webinar was therefore held on the 18th of May from 1800-1930 hrs. The one and half hour engagement event was attended by 70 participants from across Southampton and Hampshire. The participants came from across diverse settings and communities.</p> <p>Early in the design phase of this initiative, we recognised that the local authority and its partners had considerable experience in involving local communities in tackling a range of public health issues using innovative ways and approaches. A Task and Finish Group (Webinar Planning Team) comprising representatives Southampton City Council (SCC) Public Health, NHS Hampshire, Southampton and Isle of Wight CCG, Solent NHS Trust, faith groups and networks, The Police, Media, Voluntary and Community Sector representatives, SCC Engagement Team and Communications was established to agree terms of reference, webinar themes, ways of working, and scoping potential faith and community stakeholders. From the onset, the Webinar Planning Team recognised the significant role that community and voluntary organisations play in Covid19 community engagement activities in particular and in improving health and wellbeing and reducing health inequalities.</p> <p>Event Description</p> <p>The engagement event brought together faith communities and local organisations across the Southampton for an hour and half to intensively discuss local Covid19 vaccination and testing efforts, initiatives, and progress to date. The virtual event was an opportunity for residents to find out more about Covid19 vaccines,</p>
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testing initiatives, and ask questions about vaccination and testing programmes to a carefully and collaboratively selected panel drawn from health experts, local faith organisations, and community leaders. The Zoom virtual seminar had panelists including local senior doctors, faith leaders and community representatives. The panelists, and topics presented are summarised immediately below:

Multi-faith and Multi-cultural Speakers and Panelist

Name	Role	Topic
Dr Debbie Chase	Chair	Overview of vaccine and testing programme and update. Highlighting inequalities.
Alex BOUCOUVALAS	Rapporteur	Identifying questions and allocating these to panelists and speakers. Time management
Dr Aiman Alzetani	Speaker	Effectiveness of vaccines against Covid19
Dr Amer Hamed	Panelist British Islamic Medical Association (BIMA)	Amer supported speakers with answering questions from the audience.
Dr Sanjeet Kumar	Speaker	Local GP - how people arrange a vaccine appointment, what happens when someone comes for a vaccine, and side effects.
Dr Abdoulie Sanneh	Speaker	Local Community Perspectives
Dr Shiba Qamar	Speaker - Local GP	Long Covid
Beverley Dowdell	Speaker	Community perspectives
Rob Kurn	Speaker Panelist	Voluntary Sector Perspectives
Emma D'Aeth	Speaker	Faith and Workplace Perspectives
Dr Victoria Itobi	Speaker	Christian Perspectives – A Leader's View

Webinar Aims and objectives

By organising this engagement event, Southampton City Council Public Health and its partners sought to achieve the following outputs:

- Leaders from faith communities, local organisations, and health professionals to share information on effective strategies that can be leveraged to promote vaccine confidence and health and wellbeing in the context of COVID-19 and vaccination
- Discuss what local faith-based institutions and community organisations could do to promote, sustain, and implement COVID-19 vaccine confidence best practice efforts and strategies among their communities and other underserved populations in Southampton
- To support and work in collaboration with faith and community leaders in the BAME communities in ensuring an improved BAME COVID-19 vaccine uptake.
- To better understand the opportunities and factors impacting on vaccine confidence building and testing in faith communities in Southampton using the 3Cs approach (Confidence, Complacency, and Convenience) and 4As

Target audience

- Members of the public
- Faith organisations and networks
- Community and voluntary sector organisations
- The NHS and other public sector organisations

Several principles informed the organisation and execution of the webinar. These principles are listed below:

- Importance of not seeing local communities simply as recipients of health and wellbeing services but, rather, as active participants with a vital contribution to make in improving vaccine and testing confidence building, health and wellbeing, and reducing health inequalities
- Ensuring that local communities, community and voluntary sector organisations and statutory services worked together to plan, design, develop, deliver, and evaluate the multifaith and multicultural confidence webinar
- Using evidence-based approaches to support community engagement
- Recognising, valuing and sharing the knowledge, skills, and experiences of all partners in the planning of the multifaith and multicultural webinar
- Recognising that building relationships, trust, commitment, leadership and capacity across local communities takes time and effort
- Starting the webinar planning and community engagement early enough to shape the proposed initiative
- Establishing terms of reference and clear ways of working for all those involved in the webinar process and execution
- Initiating the webinar evaluation activities early enough to enable the capturing of all relevant outcomes
- Provide regular feedback to the planning team on the positive impact their involvement was having and enabling them to raise any issues of concern
- Ensuring that the decision-making group and panelists included respected members of the local community and who reflected the diversity of that community
- Feedbacking the results of engagement event to participants and the local communities concerned, as well as other partners.

How the webinar was implemented

- Residents/participants submitted most of their questions in advance on topics such as eligibility, safety, and effectiveness, long Covid, and issues around convenience of vaccination and testing sites among others
- An event registration link was shared using multiple communication media. The Public Health Senior Practitioner working with the planning team had mapped out a list of key stakeholders to be invited to the engagement event
- Worked with the webinar planning team local communities and voluntary organisations to:
 - Identify barriers to building vaccine and testing confidence particularly for vulnerable groups and well served communities.
- Ensuring the timing of event complied and did not clash with community needs, events, and priorities.
- We identified leading doctors, faith leaders, and voluntary sector leaders from ethnic minority communities
- We organised the webinar with emphasis on '4 Cs' and '4 As plus' approach:
- 4 Cs – Complacency, Confidence, and Convenience and Compassion
- 4As: Acknowledge concern, Address the problem Answer: get answer from reliable source, Act on information you get plus Verify before you amplify

Key messages from the webinar

- COVID-19 vaccines are safe, effective, and an integral part of the fight against Covid-19. Vaccines have been approved by the Medicines and Healthcare Regulatory Authority (MHRA). All COVID-19 vaccines introduced in the UK have passed rigorous clinical trials that looked at both safety and efficacy to protect against severe COVID-19 infection and death.
- Side effects – possible side effects but most of are mild.
- Every medical intervention bears some risks.
- Acknowledge the population's uncertainties, anxieties, and concerns.
- Speed at which vaccines were developed – The vaccines were available quickly and faster than usual because of a global effort - so many people worked together to prioritise their production and huge funds were made available from governments around the world. This meant that something that normally would take years was completed in months. The development of the vaccine was the world's collective top priority, with huge investment and lots of risks to developers. However, there were robust, extensive clinical trials required for vaccines to be approved.
- Fertility – there is no evidence suggesting Covid19 vaccines affect fertility.

	<ul style="list-style-type: none"> While most people recover quickly from COVID-19, some may have ongoing symptoms. These can last a few weeks or longer. These symptoms are not limited to people who were seriously unwell or hospitalised when they first caught the virus. <p>Preliminary key findings</p> <ul style="list-style-type: none"> 76% of respondents rated the webinar Excellent, and 20% rated it Good to Very Good 96% of participants responded that the speakers presented an appropriate range of perspectives on the event topic 96% of survey respondents agreed that there was enough time for Q and A for each of the sessions 84% of webinar participants responded that the webinar had changed their confidence about getting vaccinated or tested The survey showed that 90% of those who completed the survey would take the vaccine whenever they were offered it. There were numerous positive comments and the majority favourably disposed to taking the vaccine whenever it is offered to them <p>Key learning</p> <ul style="list-style-type: none"> Working with trusted health and faith leaders from their community helped in debunking the myths, dispelling the misconceptions and correcting the false misrepresentations about the vaccines and the approval processes. We intend to continue similar community engagement programme until the end of the pandemic, expanding the initiative to other public health areas and finding ways to engage less well served communities that are less confident in being vaccinated or tested. Going forward, the same principles should be applied to improving health promotion for other medical conditions and chronic diseases, this will help reduce disparities and health inequalities in less well served communities. It is essential that information and communications about vaccination and testing are appropriate and accessible, particularly where people are less confident and where misinformation is circulating. While the key messages about vaccines and testing are the same for all, there are some communities who have specific concerns that should be taken into consideration when designing messages to support vaccine and testing confidence building.
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RESOURCE IMPLICATIONS

Capital/Revenue

6. None

Property/Other

7. Not applicable

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

8. Not applicable

Other Legal Implications:

9. None

RISK MANAGEMENT IMPLICATIONS

10. Not applicable. No decision being requested. For noting only.

POLICY FRAMEWORK IMPLICATIONS

11. In alignment with SCC plans.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	Not applicable