

Version 1.2
18/09/2020

Outbreak Control Community Engagement Action Plan

Aim

To understand and act upon the needs and issues of the community* to prevent Covid-19 infection, reduce onward transmission, and contain outbreaks

*Here 'community' refers to the whole of the city population, the many settings such as schools and workplaces, as well as recognised groups sharing a common interest such as those living in shared neighbourhoods, voluntary, community, and faith groups. In essence, a holistic approach as we try and engage all in the common purpose of preventing the spread of infection to help keep us all safe

Objectives

1. To enable communities to increase their interest and understanding of things that can support people to prevent infection and reduce onward transmission
2. To enable communities to ready themselves for action needed in the event of an outbreak
3. To enable communities to find solutions to challenges that make preventing the spread of infection more difficult
4. To understand what support communities need to achieve these things

Principles - infection

1. Outbreaks occur when 2 or more individuals with infection are clustered in a specific setting associated by time, place and/or contact between them
2. Preventative measures can reduce risk of infection at an individual, household, community, and setting level.
3. Onward transmission can be reduced at an individual, household, community, and setting level
4. Outbreaks can be contained at a setting level when everyone works together
5. Community engagement is essential to reduce risk at all levels

Principles - communities

1. Communities are very diverse in Southampton. Different communities will have different interests and abilities to understand and enact the things that individuals, households, and settings can do to prevent infection, reduce onward transmission, and contain outbreaks
2. Engagement will help the city council and partners enable communities to protect themselves, their families, communities, and wider society, and understand what support they might need to achieve this
3. Engagement involves taking the time to listen and hear what communities tell us; surveys and consultations are important, however, engagement involves more direct types of contact and is necessary to build relationships and trust

Principles - vulnerability

1. Some communities are more vulnerable to acquiring the infection, and/or a higher risk of more severe illness and these groups will be of particular focus
2. We must act at relative pace to prevent the spread of infection across the city and we will build upon existing relationships to achieve this
3. We will strive to identify and understand the best way to engage communities where relationships are more limited, working at relative pace, but understanding that good relationships, and trust, take time to develop
4. Not all communities have access to information or receive information in the same way, so different methods of communication are needed to ensure the most vulnerable can be reached and assisted

Principles – community action

1. We believe communities and their leaders are best placed to understand and take action to help prevent infection, reduce onward transmission, and contain outbreaks
2. Where actions of specific communities do not align with measures to prevent infection, we will strive to understand more about the underlying reasons in order to target appropriate support
3. We believe that through community engagement, actions that help to prevent infection will become the social norm making it easier and safer for everyone
4. We will take advice from established community groups and activists who have the strongest insight for how best to engage

Principles – community cohesion

1. We will bring communities together through their leadership to unite in our common purpose so that everyone works together as far as possible to prevent infection, reduce onward transmission, and contain outbreaks
2. We will ‘listen and adjust’ when individuals and communities tell us that things could be done differently to engage and support people in this common purpose
3. We will feedback key learning from outbreak containment back into the community so we can all get better at preventing the spread of infection
4. We will keep communities regularly informed about how much Covid-19 is circulating in Southampton

Principles – connections

1. We believe that people's circumstances determine whether they have good connections or not and that these connections allow sharing of interest and understanding in the things we can do to help prevent the spread of infection
2. Connections may exist through family, community, social networks or settings such as the city council, health or care services, schools or workplaces
3. We will use our collective capacity to support the development of these connections, always mindful that the best outcome is that these connections can become self-sustaining and rooted in local activity and action

Principles- behavioural insights

1. We will use behavioural insights to help shape the support that we offer communities to help them prevent infection, reduce onward transmission, and contain outbreaks
2. We will frame actions around the EAST model of behavioural insights making them Easy, Attractive, Social and Timely¹ but always rooted in the things we are learning through continued engagement

1. See appendix A

Action Plan

1. Identification of communities and settings – part one

What we need to do	What have we done so far	What we still need to do/will do	When we aim to complete it	Status
1.1 Identify all the communities, settings and partners that we need to engage in the outbreak control plan	<ul style="list-style-type: none"> ✓ Built upon existing stakeholder analysis ✓ Worked with system partners to respond to the crisis and these partners have representation on the health protection board ✓ Brought community partners together in the Southampton Future Communities Response Group ✓ Stakeholder community interests include: <ul style="list-style-type: none"> <input type="checkbox"/> Local residents or area based groups <input type="checkbox"/> Communities of interest <input type="checkbox"/> Faith based groups and places of worship <input type="checkbox"/> Racial, ethnic and cultural groups <input type="checkbox"/> Local community and voluntary groups <input type="checkbox"/> Web based or virtual groups ✓ Stakeholder settings interests include: <ul style="list-style-type: none"> <input type="checkbox"/> Education, School Settings and Early Years <input type="checkbox"/> Primary, secondary and community health care <input type="checkbox"/> Care homes and other social care settings <input type="checkbox"/> Businesses <input type="checkbox"/> Ports <input type="checkbox"/> Police and criminal justice settings 	<ul style="list-style-type: none"> • Review and build upon the current list of stakeholders • Listen and adapt these lists in response to what community engagement tells us about who we need to reach • Consider potential barriers including: <ul style="list-style-type: none"> <input type="checkbox"/> Capacity and ability to connect <input type="checkbox"/> Harder to reach groups such as young people, older people, minority groups and socially excluded groups <input type="checkbox"/> Literacy and numeracy levels and dominance of oral culture <input type="checkbox"/> Barriers to communications such as a reliance on digital means of communication or poor digital literacy 	Continuous cycle of engagement, listening and adjustment	Ongoing

1. Identification of communities and settings – part two

What we need to do	What have we done so far	What we still need to do/will do	When we aim to complete it	Status
1.2 Identify who are the most vulnerable and how we reach them	<ul style="list-style-type: none"> ✓ Engaged with evidence on specific groups at higher risk of becoming infected and developing severe illness to inform our targeted approach <ul style="list-style-type: none"> ❑ Members of Black, Asian and Minority Ethnic (BAME) communities ❑ People with other long term conditions ❑ People living in deprived neighbourhoods ❑ People with vulnerable housing circumstances ❑ People in higher risk occupations ✓ Worked with NHS Southampton CCG and GPs in the city to support decision making on how they deliver services to extremely vulnerable (formerly shielded) patients and work with primary care if we need to contact them directly ✓ Conducted resident surveys during the pandemic to gauge understanding about how to prevent infection and reduce onward transmission, how residents have experienced the impacts, and how these differ across groups ✓ Targeted invitations for community briefings at leaders of community, voluntary, and faith groups. 	<ul style="list-style-type: none"> • Maintain awareness of any emerging evidence on vulnerability within specific groups and how to mitigate risk • Target engagement in priority neighbourhoods; ensure multiple channels are used to communicate and engage, with special consideration for those who are digitally excluded or have numeracy and literacy difficulties • Maintain the ability through our primary care partners to contact formerly shielded patients if temporary measures such as local lockdowns become necessary 	Continuous feedback cycle of engagement, listening and adjustment	Ongoing
1.3 Identify how we effectively communicate with those that are most vulnerable	<ul style="list-style-type: none"> ✓ Used behavioural insights to inform our approach to communications 	<ul style="list-style-type: none"> • Use simple, jargon free, plain English messaging with content in line with current national guidance; adapt the tone, content and language of messaging as appropriate to different communities and settings using insights from engagement opportunities 	Continuous feedback cycle of engagement, listening and adjustment	Ongoing

2. Engagement of communities- part one

What we need to do	What have we done so far	What we still need to do/will do	When we aim to complete it	Status
2.1 Increase internal engagement within the city council; public facing staff can make a difference with every contact; staff are also part of the communities we serve	<ul style="list-style-type: none"> ✓ Outbreak control plan has been shared with directors across the council ✓ An all-members briefing on the OCP ✓ A briefing to the leadership team 	<ul style="list-style-type: none"> • Offer internal engagement webinars to discuss the outbreak control plan, and the accompanying communication and community engagement plans • Lead by example; ensure setting appropriate Covid-secure measures in place to protect staff working in public facing roles and within all other council owned settings • Explore the reach of Making Every Contact Count; consider MECC training via webinars targeted at frontline staff 	<p>On going</p> <p>On going</p> <p>TBC</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p>
	<ul style="list-style-type: none"> ✓ Building on relationships developed through our Stronger Communities Team, Future Communities Response Group, Tenant Engagement and Community Engagement Officer we have begun to explore the range of different channels we will need to reach different communities especially those that are digitally excluded ✓ Where face to face conversations were formerly key when engaging specific communities, online meetings through Microsoft Teams, Skype or Zoom have offered other opportunities ✓ The Southampton Future Communities Partnership Response Group has wide representation from across different sectors including voluntary, religious, and faith sectors, and is able to cascade critical information to the public through its networks ✓ Use of council communications channels (website; Facebook; Twitter; LinkedIn; Instagram) and on 44 digital billboards across the city, as well as BT InLinks digital displays in the city centre 	<ul style="list-style-type: none"> • Build upon existing relationships to understand what channels are needed to communicate and engage with specific communities within the city and use multiple channels including written materials and community radio being mindful of those who are digitally excluded (28% of council tenants) • Use these insights to target those most vulnerable to becoming infected and/or having a more serious illness and adapt the tone, content and language of messaging as appropriate to different communities and settings using insights from these engagement opportunities • Continuously listen and adjust what we do in a continuous feedback cycle • Respond to changing guidance at pace ensuring we can cascade new information and advice across our networks using multiple channels developed in response to engagement 	<p>Continuous feedback cycle of engagement, listening and adjustment</p>	<p>On going</p>

2. Engagement of communities part two

What we need to do	What have we done so far	What we still need to do/will do	When we aim to complete it	Status
2.3 Different tones or framing may be needed within messaging aimed at different communities to be effective	<ul style="list-style-type: none"> ✓ Carefully considered the content of all council communications related to Covid-19 and the audiences they are aimed at but need to build upon this ✓ Eid al-Fitr and Eid al-Adha social media messaging, including some translated messages for Eid al-Adha ✓ Messaging targeted at youth 	<ul style="list-style-type: none"> • Understand the nuances and subtleties of different tones and frames that may help messaging engage more powerfully with specific communities through progressive community engagement. • Ensure when messaging is translated that nothing is lost in the process and the appropriate meaning is preserved • BAME imagery is now more common in shared (PHE) assets for COVID-19 and we will use these going forward from 	Continuous cycle of engagement, listening and adjustment	Ongoing
2.4 Amplify social networks in the city	<ul style="list-style-type: none"> ✓ Opened dialogue with community, voluntary, and faith groups via a series of community briefings on the city OCP ✓ Built relationships with key partners in the city through the Future Communities Partnership Response Group that was convened in response to the Covid-19 crisis; this group has wide representation from across different sectors including voluntary, religious, and faith sectors, and are the building blocks for amplifying social networks 	<ul style="list-style-type: none"> • Partner with voluntary, charity, resident groups and other organisations to help open doors to individuals who might otherwise remain in the periphery • Social networks can help support individuals to build interest and understanding of the things they can do to prevent infection, reduce the risk of onward transmission, and help contain outbreaks 	Continuous cycle of engagement, listening and adjustment	Ongoing
2.5 To help communities understand each others needs and issues as we all work towards a common aim	<ul style="list-style-type: none"> ✓ A series of community briefings on the city OCP have begun that will open dialogue between different communities and the council 	<ul style="list-style-type: none"> • Use community engagement activity to help facilitate discussion and understanding between different community groups; working towards a common aim can help bring us all closer together 	Continuous cycle of engagement, listening and adjustment	Ongoing

2. Engagement of communities part three

What we need to do	What have we done so far	What we still need to do/will do	When we aim to complete it	Status
2.6 Create opportunity to listen to what the community has to say	<ul style="list-style-type: none"> Conducted resident surveys during the pandemic to gauge understanding about how to prevent infection and reduce onward transmission, how residents have experienced the impacts, and how these differ across groups Organised some community briefing events Developed a Covid-19 Community Champion model in which people from local communities (including mutual aid groups or NHS volunteers) are: <ul style="list-style-type: none"> Offered up to date advice and guidance for preventing infection, reducing onward transmission, and containing outbreaks Asked to share these resources with family, friends, and communities in whichever way they like Are able to listen, collate and feedback to the city council through regular Covid-19 Community Champion network meetings about additional types of support and guidance that members of the community would find useful, and the manner in which this could be best delivered Regularly communicate with champions through weekly live briefings, email bulletins, and social media channels Recruited into a new community engagement officer post within Stronger Communities Team to lead the Covid-19 Community Champions scheme 	<ul style="list-style-type: none"> Be creative about ways of receiving feedback from communities This might include social media, community briefings, continued engagement with existing networks, and resident surveys Build the network of Covid-19 Community Champions which currently stands at over 200 within the first two weeks of going live Continue to hold weekly live briefings for champions sharing key messages and local updates 	<p>Continuous cycle of engagement, listening and adjustment</p> <p>Launch 28th August 2020</p> <p>On going weekly actions</p>	<p>Ongoing</p> <p>Launched and live weekly briefings have started plus weekly emails</p>

3. Engagement of settings – part one

Setting	What have we done so far	What we still need to do/will do	When we aim to complete it	Status
3.1 Southampton City Council	<ul style="list-style-type: none"> ✓ DPH has delivered all-members and senior leadership briefings in council ✓ DPH chairs health protection board ✓ Outbreak engagement board reports to cabinet 	<ul style="list-style-type: none"> • Continue engagement across all departments of city council 	Continuous cycle of engagement, listening and adjustment	Ongoing
3.2 Education Schools	<ul style="list-style-type: none"> ✓ Good existing channels with schools through the primary heads forum and the secondary heads forum 	<ul style="list-style-type: none"> • Continue this engagement and support schools in interpreting guidance; ensure further engagement through the designated safeguarding leads networks 	Continuous cycle of engagement, listening and adjustment	Ongoing
3.3 Education Universities	<ul style="list-style-type: none"> ✓ Regular planning meetings with University of Southampton, Solent University, and including representation from public health, infection prevention and control team, and University Health Centre GP 	<ul style="list-style-type: none"> • Continue this engagement and support universities in interpreting guidance 	Continuous cycle of engagement, listening and adjustment	Ongoing
3.4 Care homes	<ul style="list-style-type: none"> ✓ Care home oversight group (NHS Southampton CCG/SCC) created in response to pandemic ✓ Infection prevention and control (IPC) team hold weekly webinars with care homes ✓ Safeguarding and quality team have developed good relationships with care homes across the city ✓ One care home is council owned ✓ Created pre-discharge testing FAQs for care homes 	<ul style="list-style-type: none"> • Continue to engage and support care homes through the IPC team and commissioning hub 	Continuous cycle of engagement, listening and adjustment	Ongoing
3.5 Primary care health services	<ul style="list-style-type: none"> ✓ DPH delivered overview of OCP at Primary Care Network level meeting ✓ Public Health have been part of the primary care response reference group from the beginning of the pandemic 	<ul style="list-style-type: none"> • Continue to offer public health presence in the GP strategic groups at CCG and PCN levels and the primary care response reference group 	Continuous cycle of engagement, listening and adjustment	Ongoing

3. Engagement of settings – part two

What we need to do	What have we done so far	What we still need to do/will do	When we aim to complete it	Status
3.6 Secondary care health services	<ul style="list-style-type: none"> ✓ DPH regular meetings with clinical and executive team at University Hospital Southampton 	<ul style="list-style-type: none"> • DPH to continue regular meetings with clinical and executive team at UHS 	Continuous cycle of engagement, listening and adjustment	Ongoing
3.7 Business	<ul style="list-style-type: none"> ✓ Regular online forums chaired by Go! Southampton – Business Improvement District Ltd ✓ Weekly bulletins to business owners/prescribers from DPH 	<ul style="list-style-type: none"> • Continue dissemination of key information and guidance updates and respond to insights gained through forum • Plan other innovative ways of engaging local shop keepers in preventing the spread of infection through creating Covid-secure environments 	Continuous cycle of engagement, listening and adjustment	Ongoing
3.8 Ports	<ul style="list-style-type: none"> ✓ All Sea and Airports in Hampshire have been engaged in a weekly Port Health TCG sub group cell. ✓ There are procedures to follow if crew or passengers are identified with symptoms that meet the C19 case definition ✓ There is 24/7 response available at Southampton Port 	<ul style="list-style-type: none"> • Ongoing response to port requests and monitoring of vessels 	Continuous cycle of engagement, listening and adjustment	Ongoing
3.9 Criminal justice settings (Police, youth offending service, probation)	<ul style="list-style-type: none"> ✓ TBC 	<ul style="list-style-type: none"> • TBC 	Continuous cycle of engagement, listening and adjustment	Ongoing
3.10 Community buildings and places of worship	<ul style="list-style-type: none"> ✓ Engaged community, voluntary and faith groups through community briefing events for the OCP and offering assistance to these settings to create action cards for use in outbreak situations 	<ul style="list-style-type: none"> • Continue to work with these settings to understand guidance, prepare for outbreaks, and help them with risk assessment and action card planning 	Continuous cycle of engagement, listening and adjustment	Ongoing

4. Visibility and openness

What we need to do	What have we done so far	What we still need to do/will do	When we aim to complete it	Status
4.1 Regularly communicate the levels of Covid-19 infection circulating in the community	<ul style="list-style-type: none"> ✓ A weekly summary report is available in the Southampton data observatory website that details new cases and deaths in the previous week, new cases per 100,000 population and changes compared the previous week, and Covid-19 related NHS111/999 activity over the previous week 	<ul style="list-style-type: none"> • Highlight the resource across internal and external partners and media channels • Share the reports with communities and ask whether there could be better ways of presenting and sharing this information and understand which of the information is most important to them 	Continuous cycle of engagement, listening and adjustment	Ongoing
4.2 Be transparent about decisions that are taken to contain outbreaks such as temporarily shutting settings and other local restrictions or lockdowns	<ul style="list-style-type: none"> ✓ Published our outbreak control plan (OCP) on the city council website 	<ul style="list-style-type: none"> • Continuously review the OCP and update it on a monthly basis • Communicate essential information about outbreaks at a level appropriate to the situation using channels highlighted within the communications plan and identified as appropriate to provide the greatest reach especially to vulnerable groups 	Continuous cycle of engagement, listening and adjustment	Ongoing
4.3 Be transparent about how things will change and adapt as we understand more about the virus and measures that are effective at preventing and treating it	<ul style="list-style-type: none"> ✓ Published our outbreak control plan (OCP) on the city council website ✓ Explicit in the plan is the understanding that it will evolve as more is understood about the most effective measures to prevent the spread of infection 	<ul style="list-style-type: none"> • Continuously review the OCP and update it on a monthly basis; continuously review the communications and engagement plans when we 'listen and adapt' to what the community is telling us 	Continuous cycle of engagement, listening and adjustment	Ongoing

5. Key messaging – part one

Things we need to help people understand and/or enact	Why we think this is important	What we will do to address this	Status
5.1 Most people who become infected with Coronavirus have mild symptoms	✓ Whilst we should all work together to prevent infection, reduce onward transmission, and contain outbreaks, we do not want people to live in constant fear, delay contacting their doctor to address other health problems, or lose confidence in the ability to enjoy life	<ul style="list-style-type: none"> • Ensure our messaging balances the need to prevent infection, reduce onward transmission, and contain outbreaks, with the need to live healthy lives free from fear 	Ongoing
5.2 Simple measures can reduce individual risk of becoming infected	✓ There are simple measures that an individual can take to reduce the risk of infection including observing social distancing with people from outside of their households and regular hand washing with soap and water for 20 seconds	<ul style="list-style-type: none"> • Use simple messaging in line with current national guidance; adapt the tone, content and language of messaging as appropriate to different communities and settings using insights from engagement opportunities 	Ongoing
5.3 Simple measures can reduce household risk of becoming infected	✓ By all members of a household reducing their individual risk of becoming infected with Coronavirus, the risk of the household becoming infected is reduced	<ul style="list-style-type: none"> • Use simple messaging in line with current national guidance; adapt the tone, content and language of messaging as appropriate to different communities and settings using insights from engagement opportunities 	Ongoing
5.4 Anyone who develops symptoms should stay at home and arrange a test	✓ Self-isolation at home is one of the most powerful ways to prevent onward transmission of the virus; the test will help understand if the symptoms are due to Coronavirus	<ul style="list-style-type: none"> • Use simple messaging in line with current national guidance; adapt the tone, content and language of messaging as appropriate to different communities and settings using insights from engagement opportunities 	Ongoing

5. Key messaging – part two

Things we need to help people understand and/or enact	Why we think this is important	What we will do to address this	Status
<p>5.5 Anyone with symptoms or a positive test should stay at home for 10 days from the onset of their symptoms or test date if they had none; after 10 days they can stop isolating as long as they are feeling better with no temperature for 48 hours</p>	<ul style="list-style-type: none"> ✓ It is important that people with symptoms prior to testing or a positive test isolate for 10 days as this is the period in which they would be most infectious to others ✓ If people go to school, work or other settings with symptoms or with a recent positive test they could pass the infection on to others and this could lead to an outbreak 	<ul style="list-style-type: none"> • Use simple messaging in line with current national guidance; adapt the tone, content and language of messaging as appropriate to different communities and settings using insights from engagement opportunities • Engage with settings to ensure the importance of this is understood and can be enacted; anyone developing symptoms within a setting should be immediately sent home to isolate and get tested 	Ongoing
<p>5.6 Anyone living in a household with someone who develops symptoms or lives with someone who has a positive test should self-isolate at home for 14 days</p>	<ul style="list-style-type: none"> ✓ It is important that household contacts of people with suspected Covid-19 or confirmed by a positive test stay at home for 14 days as this is the period of time in which they could develop symptoms if they are going to become infected themselves (the incubation period) ✓ If they develop symptoms themselves they should get tested and if they test positive they should begin 10 days of isolation from when their symptoms began; if they test negative they need to complete the original 14 days of isolation ✓ If household contacts return to a setting such as a school, work, or other settings during the incubation period it increases the risk of passing on the infection to others and this could lead to an outbreak 	<ul style="list-style-type: none"> • Use simple messaging in line with current national guidance; adapt the tone, content and language of messaging as appropriate to different communities and settings using insights from engagement opportunities • Engage with settings to ensure the importance of this is understood and can be enacted; any household contact of someone with symptoms or who has returned a positive test should be allowed to self-isolate at home for 14 days 	Ongoing

5. Key messaging – part three

Things we need to help people understand and/or enact	Why we think this is important	What we will do to address this	Status
<p>5.7 Anyone contacted by NHS Test & Trace and identified as a contact of a confirmed case should self-isolate at home for 14 days;</p>	<ul style="list-style-type: none"> ✓ It is important that contacts of people with confirmed Covid-19 by a positive test identified by NHS test and trace stay at home for 14 days as this is the period of time in which they could develop symptoms if they are going to become infected themselves (the incubation period) ✓ If they develop symptoms themselves they should get tested and if they test positive they should begin 10 days of isolation from when their symptoms began; if they test negative they need to complete the original 14 days of isolation ✓ If contacts return to a setting such as a school, work, or other settings during the incubation period it increases the risk of passing on the infection to others and this could lead to an outbreak 	<ul style="list-style-type: none"> • Use simple messaging in line with current national guidance; adapt the tone, content and language of messaging as appropriate to different communities and settings using insights from engagement opportunities • Engage with settings to ensure the importance of this is understood and can be enacted; any contact of someone with a positive test identified by NHS Test & Trace should be allowed to self-isolate at home for 14 days 	<p>Ongoing</p>

6. Evaluation

Component	Data	How this could be measured?	Status
6.1 Return on investment	<ul style="list-style-type: none"> ✓ Financial costs of engagement include input by staff, generation of briefing papers, communication, promotion, and translation ✓ Arguably less people becoming infected can preserve the economy and reduce financial impact of health systems ✓ There may be a financial impact on businesses if workforce are asked to self-isolate and various knock on effects of this ✓ ? Any health economic tools that might be developed specific to Covid-19 ✓ It would be difficult to attribute different rates in infection or outbreaks compared to other areas to the engagement plan and so ROI may be difficult to evidence 	<ul style="list-style-type: none"> • Communication promotion, and translation expenditure 	Pre-planning phase
6.2 Process	<ul style="list-style-type: none"> ✓ Number of community briefings/engagement events ✓ Attendance at community briefings/engagement events ✓ Evidence of how listening and adjusting has been enacted ✓ Number of resident surveys ✓ Metrics associated with development of the C19 Community Champions model 	<ul style="list-style-type: none"> • Count events • Count attendees • Log of adjustments • Count surveys • Number of champions & network meetings 	Pre-planning phase
6.3 Outcomes	<ul style="list-style-type: none"> ✓ Perceptions of engagement by communities ✓ Increased trust and confidence within communities ✓ Metrics on social media engagement and views of Covid-19 related posts ✓ Footfall and estimated number of views for digital outdoor displays ✓ Rates of Covid-19 and testing and test & trace engagement across subgroups to explore equity ✓ Number of outbreaks across different settings ✓ Comparison with local and statistical neighbours, regional, and national rates of infection 	<ul style="list-style-type: none"> • Surveys • Surveys • Social media metrics • Research • Surveillance data • Surveillance data • Surveillance data & intelligence 	Pre-planning phase

Appendices

Appendix A. Behavioural insights model - EAST

What we need to do

How we will do it

<p>Make it easy</p>	<ul style="list-style-type: none"> ✓ Simplify messaging and use plain English ✓ Translate into other languages where needed ✓ Ensure there is capacity to distribute printed materials for display in settings ✓ Make messaging very easy to access and across multiple channels ✓ Make engagement opportunities very easy to access
<p>Make it attractive</p>	<ul style="list-style-type: none"> ✓ Make communication & messaging visually appealing using images, colour and personalisation ✓ Focus on immediate benefit to individuals, families, communities and wider society
<p>Make it social</p>	<ul style="list-style-type: none"> ✓ Implicit within the community engagement is using the power of communities and networks to share understanding and actions needed to prevent infection, reduce the risk of onward transmission, and contain outbreaks ✓ Sharing successes across communities and highlighting how people have responded and prevented the spread of infection can encourage others to do the same aiming to make such behaviours the social norm
<p>Make it timely</p>	<ul style="list-style-type: none"> ✓ By building on community engagement generated throughout the first peak we can harness the opportunity we have now to help prevent the spread of infection as we head towards the winter months ✓ Engagement will help communities identify challenges in preventing infection, reducing onward transmission and containing outbreaks