

Local Outbreak Engagement Board

Tuesday, 29th September, 2020
at 5.30 pm

PLEASE NOTE TIME OF MEETING

PLEASE NOTE: this will be a 'virtual meeting', a link to which will be available on Southampton City Council's website at least 24hrs before the meeting

This meeting is open to the public

Members

Councillor Hammond (Chair)
Councillor Fielker (Vice-Chair)
Councillor Dr Paffey
Councillor Shields

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PUBLIC INFORMATION

BACKGROUND AND RELEVANT 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.

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

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.

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.

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 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 "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

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

Agendas and papers are now available online at
www.southampton.gov.uk/council/meeting-papers

APOLOGIES

To receive any apologies.

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

TERMS OF REFERENCE (Pages 1 - 2)

Terms of Reference for the Local Outbreak Engagement Board as approved by Council on 15th July, 2020.

SOUTHAMPTON LOCAL OUTBREAK CONTROL PLAN (Pages 3 - 66)

Report of the Interim Director of Public Health outlining the Southampton Local Outbreak Control Plan.

SOUTHAMPTON LOCAL OUTBREAK COMMUNICATIONS PLAN (Pages 67 - 84)

Report of the Interim Director of Public Health outlining the Local Outbreak Communications Plan

SOUTHAMPTON LOCAL OUTBREAK COMMUNITY ENGAGEMENT PLAN (Pages 85 - 114)

Report of the Interim Director of Public Health outlining the Southampton Local Outbreak Community Engagement Plan.

COVID-19 LOCAL SITUATION UPDATE (Pages 115 - 118)

Report of the Interim Director of Public Health providing an update on the local Covid-19 situation.

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Meeting

SOUTHAMPTON COVID-19 LOCAL OUTBREAK ENGAGEMENT BOARD

Document

Terms of Reference

Purpose
<p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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.
Membership
Chair: Leader of the Council
Deputy Chair: Cllr Fielker (Chair of HWB, Cabinet member for health and adults)
Cllr Paffey, Cabinet member for children and learning
Cllr Shields, Cabinet member for stronger communities
Board supported by:
Director of Public Health SCC
Director – Adult Social Care SCC
Director – Children’s Social Care SCC
CCG Governing Body Chair
Healthwatch and SVS Deputy Chief Executive
Medical Director University Hospitals Southampton
<i>TBC - Representative Southampton Chamber of Commerce</i>
Southampton City Council Communications Lead Officer
The Board will invite representation from other organisations or roles specific to the agenda items under consideration.

Objectives

The Southampton Covid-19 Local Outbreak Engagement Board will:

- Be the public face of Southampton City Council's response in the event of an outbreak of COVID-19
- Provide political oversight of ongoing development and delivery of the Southampton City Local Covid-19 Outbreak Control Plan, including:
- Approving recommendations from the Health Protection Board for allocation of resources to support the effective delivery of the Plan
- Lead engagement with local communities, advising on community engagement, including with vulnerable and/or higher risk communities of interest
- Approve the communications strategy for the Local Outbreak Control Plan
- Approve implementation measures (or make recommendations to other bodies where appropriate) that will prevent virus transmission.
- Monitor the response to local outbreaks and ensure learning informs future practice
- Make recommendations for the wider policy agenda including the recovery workstreams, NHS Recovery and Restoration programme and the Health and Wellbeing Strategy

Accountability

The group will be accountable to Cabinet in its Statutory role, bringing together key partners in the local health and care system.

It will also have reporting relationships to

- HIOW level governance process for functions delivered at this level
- Southampton's Health and Wellbeing Board

Frequency of Meetings

The Board will meet as and when considered necessary by the Chairman of the Board.

Meetings are open to the public. An agenda and papers will be published at least 5 working days before the meeting. Conflicts of interest must be declared by any member of the group.

Quoracy

A quorum for meetings will be a minimum of 2 people, one of whom will be the Chair or nominated Co-Chair.

Review

Terms of Reference will be reviewed on a bi-monthly basis.

July 2020

Agenda Item 5

DECISION-MAKER:	Southampton Outbreak Engagement Board		
SUBJECT:	Southampton Outbreak Control Plan and Programme		
DATE OF DECISION:	29 September 2020		
REPORT OF:	Director of Public Health		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Amy McCullough	Tel: 07833 441461
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Director	Name:	Debbie Chase	Tel:
	E-mail:	Debbie.Chase@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
NOT APPLICABLE			
BRIEF SUMMARY			
1.1.	In May 2020 all upper tier Local Authorities were asked to ensure they had robust COVID-19 Outbreak Control Plans in place to support the national effort to prevent the spread of COVID-19 infection. In line with national guidance, Southampton City Council published a Southampton Outbreak Control Plan on 30 th June 2020 to supplement existing public health, emergency planning and outbreak control plans.		
1.2.	The aim of the Plan is to provide a framework for how Southampton City Council and partners will work together to both prevent COVID-19 transmission and to 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.		
1.3.	A key element of the Plan is therefore prevention; preventing the transmission of COVID-19 to reduce cases and outbreaks from occurring in the first place. A second key element is outbreak management and containment of COVID-19 to prevent onward transmission to prevent further cases and outbreaks, and a third element is supporting higher risk settings, residents, and the most (clinically and socially) vulnerable in our city to adhere to public health measures. There are a number of what the Plan describes as “enablers” to support the realisation of these; including use of intelligence and behavioural insights to inform the local response, robust communications and public engagement, exercising of the Plan to share learning and identify gaps in planning, and NHS testing (including Local Testing Sites) and contact tracing.		
1.4.	<p>The objectives of the Outbreak Control Plan are therefore to ensure:</p> <ul style="list-style-type: none"> • A strategic and coordinated approach to the prevention of COVID-19 infection and to minimising the risk of outbreaks occurring. • Effective surveillance and monitoring of data and intelligence to inform the early identification and proactive management of potential outbreaks. • A collaborative and coordinated approach to supporting settings in both minimising the risk of outbreaks occurring and responding to and managing COVID-19 outbreaks. • Effective measures are taken to control any outbreaks in conjunction with PHE, to limit spread and prevent recurrence (including use of testing, see below). 		

		<ul style="list-style-type: none"> • Deployment and prioritisation of testing capacity through the LRF Regional Coordinating Group (i.e. use of Mobile Testing Units) and other testing capacity that is available. • Oversight of infection control capability and capacity in local complex settings. • 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 contact of a confirmed case.
1.5.		<p>This Outbreak Control Plan is also crucial in setting out how local leadership and actions will support the work of the national NHS Test and Trace service. The utilisation of national and local intelligence to identify and manage local outbreaks, ensure that testing capacity is deployed effectively in high-risk locations, and engage with local residents and agencies to support confirmed cases and contacts to self-isolate for example, are all key in supporting the national programme.</p>
1.6.		<p>The Plan is a multi-agency Plan, approved by the Southampton Health Protection Board, and describes how partners across the system will work together to protect the health of the population of Southampton. The faith, voluntary and community sectors for example are vital in supporting the health and wellbeing of clinically and socially vulnerable residents, as was seen during the first wave of the pandemic, and partners such as Go Southampton key in working with and supporting businesses to operate in accordance with national COVID-19 guidance.</p>
1.7.		<p>Both the development and operationalisation of the Plan is overseen by the Health Protection Board, and a number of sub-groups report into the Health Protection Board, including a Care Home Oversight Group, Education Oversight Group, and an operational Outbreak Control Plan Group. The latter Group supports the operationalisation of the Outbreak Control Plan; a large programme consisting of ten key projects, which have interdependencies between them. Additional resource has been secured to support the delivery of the programme, including a Programme Manager and project support, and key posts that strengthen the health protection system.</p>
1.8.		<p>The Outbreak Control Plan and its delivery needs to be responsive to an ever-evolving situation; as we experience changes in national policy, we learn from other areas and from within the Southampton system, and we collate and analyse intelligence (i.e. Test and Trace, Public Health England, and local intelligence, including behavioural insights and feedback from partners and residents). The Outbreak Control Plan is therefore refreshed when new national and local developments come into place, and operationalisation of the Plan is responsive to these.</p>
RECOMMENDATIONS:		
	(i)	<p>That Southampton Outbreak Engagement Board members note the Outbreak Control Plan (OCP), and the OCP Programme that has been established to ensure operationalisation of the Plan.</p>
	(ii)	<p>That Southampton Outbreak Engagement Board members ask partners and residents whether there are aspects of the OCP and its operationalisation that they would like to support further.</p>

REASONS FOR REPORT RECOMMENDATIONS	
1.	The Southampton Outbreak Control Plan outlines how the city will respond to the current COVID-19 pandemic, and hence the engagement of partners in its development and delivery is key. This includes Southampton residents who have played a crucial role in keeping the city's rate of COVID-19 lower than similar cities in the UK to date.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	Not applicable.
DETAIL (Including consultation carried out)	
2.	All partners on the Southampton Health Protection Board are consulted on the development of the Outbreak Control Plan. The Board reviews and approves any updates of the Plan.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
3.	A Test and Trace Grant has been provided to all Local Authorities to support them to operationalise and deliver their Outbreak Control Plans.
<u>Property/Other</u>	
4.	Not applicable.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
5.	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. 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).

	For further details see section ' <i>Legal context for managing outbreaks</i> ' on page 35 of the attached Southampton Outbreak Control Plan.	
7.	The DHSC guidance <u>Local authority powers to impose restrictions: Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020</u> 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>		
8.	None	
RISK MANAGEMENT IMPLICATIONS		
9.	No decision being requested. For information and discussion only.	
POLICY FRAMEWORK IMPLICATIONS		
10.	In alignment with SCC Plans, including SCC Pandemic Influenza Plan as appropriate.	
KEY DECISION?		no
WARDS/COMMUNITIES AFFECTED:		All
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Southampton Outbreak Control Plan	
2.	Operationalisation of Outbreak Control Plan Programme and governance	
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.		Yes (complete)
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.	

Southampton COVID-19 Outbreak Control Plan

Southampton City Council, Public Health and EPRR

www.southampton.gov.uk

Document Control	
Name of document	Southampton COVID-19 Outbreak Control Plan
First published	20 th June 2020
Version and date	Version 1.2 – September 2020
Owner	SCC Director of Public Health
Author	SCC Public Health and EPRR Team
Next review due	4 th October 2020

Distribution

Internal

Southampton COVID-19 Health Protection Board
Southampton COVID-19 Outbreak Engagement Board
SCC GOLD
Southampton Port Health Authority
Public Health
Emergency Preparedness, Resilience and Response Team
Integrated Commissioning Unit
Policy and Strategy
Adult Social Care
Children's Social Care
Education
Consumer Protection and Environmental Services (Environmental Health)
Culture and Leisure and events
Legal services
Finance
Housing
Communications
Stronger Communities

External

H&IW LRF Strategic Coordination Group Chair
NHS Southampton City CCG
Hampshire Constabulary
Infection Prevention Control Southampton City CCG/SCC
PHE South East HPT (HIOW)
University Hospital Southampton NHS Foundation Trust
Solent NHS Trust
Southern Health NHS Foundation Trust
South Central Ambulance Service NHS Foundation Trust
Hampshire Care Association
Hampshire Fire and Rescue
Southampton Voluntary Services
GO! Southampton – Business Improvement District Limited
Council of Faiths
The University of Southampton
Solent University
Services commissioned by the Council will also receive it from their commissioners

Version Control

Plan Version	Date	Remark(s)	Reviewer(s)
1.0	29/06/2020	Finalised and published first version post HPB approval	ELD/AMc/DC/ SCC PH Team
1.1	13/7/2020	Legal & enforcement: Updated terminology & inclusion of Acts Testing: Updated diagram Addition of in/OOHs departmental contacts directory University Action Card Update to OEB accountability Mass Gathering updated guidance Amend plan review dates to monthly	ELD/AMc
1.2	02/09/2020	Section 1: Reference to SCC COVID-19 dashboard. Section 2: Figure 1: Governance arrangements and updates to text including additional COVID-19 specific working groups and national and local oversight arrangements. Section 5: Reference to the national action cards. Section 4: Updated and additional definitions, roles and responsibilities, and recent changes to legislation. Section 5: Includes references to the national action cards, updated text on higher risk settings, includes advice on events. Section 7: Updated text on Southampton saliva testing pilot.	ELD/AMc

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
ICT	Incident Control 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
OCP	Outbreak Control Plan
OCT	Outbreak Control 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

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To note: We are continuing to work with partners to develop action cards and exercise both the Outbreak Control Plan and action cards with “higher risk” settings. Exercising of plans are critical in supporting the prevention of COVID-19 transmission and outbreak management and containment. Further higher risk settings include adult day care services, specialist schools, some business sector settings, faith and community sector settings (where people gather in larger numbers).

Since Local Authorities were asked to develop action cards, a series of **national action cards have been developed 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. These can be accessed via the Department of Health and Social Care [COVID-19 early outbreak management guidance](#).

Section 1 Background and Introduction

Introduction

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 has worked 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 has been established to provide strategic system-wide leadership in preventing the spread of COVID-19 infection, and a Councillor-led Outbreak Engagement Board is being set up to ensure robust public engagement and assurance in relation to outbreaks of COVID-19 infection.

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 Control Plans in place. This Plan therefore sets out how partners across the system will protect the health of the population of Southampton through:

- Preventing the spread of COVID-19 infection
- Early identification and proactive management of local outbreaks
- Co-ordination of capabilities across agencies and stakeholders
- Maintaining the support of residents to follow public health advice, and supporting those that need additional help to enable them to do so
- Assurance to the public and stakeholders that this Plan is being effectively delivered

This Outbreak Control Plan is also crucial in setting out how local leadership and actions will support the work of the national NHS Test and Trace service. The utilisation of national surveillance intelligence to identify and manage local outbreaks, ensure that testing capacity is deployed effectively in high-risk locations, and engaging with local residents and agencies

to support confirmed cases and contacts to self-isolate for example, are all key in supporting the national programme.

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, outbreaks, 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 (TEUs) 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 control 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)
- 1 Unitary Council
- 1 Clinical Commissioning Group
- 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 Southampton City Clinical Commissioning Group (SCCCG), 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 guidance, Southampton's Outbreak Control Plan (OCP) will centre on the following 7 themes:

- 1. Care Homes and Schools** – defining monitoring arrangements, possible scenarios and planning for the required response;
- 2. High Risk Places, Locations and Communities** – defining preventative measures and outbreak management strategies;

3. **Local Testing Capacity** – identifying methods for local testing to ensure a swift response that it is accessible to the entire population, defining how to prioritise and manage deployment;
4. **Contact tracing in Complex Settings** – identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity;
5. **Data Integration** – Integrating national and local data and scenario planning through the Joint Biosecurity Centre (JBC), including planning, data security and NHS linkages;
6. **Vulnerable People** – Supporting vulnerable local people to get help to self-isolate (facilitating NHS and local support, identifying relevant community groups and ensuring services meet the needs of the diverse communities);
7. **Governance** – the establishment of governance structures within the LA including Health Protection Board and Member-led Board to ensure community engagement.

Table 1 below sets out how each of the seven themes will be addressed in this Plan.

Table 1: Summary of how the seven key themes will be addressed

National brief	SCC COVID-19 Plan	Areas Covered
Governance	Governance Structures (Section 2)	Leadership, Decision-making
Care Homes and Schools	Education settings: including early years, schools (primary and secondary), sixth form colleges (Section 5)	Settings-based response-planning and managing incidents/outbreaks
	Care Homes (Section 5)	
High-risk Places, Locations and Communities	High-Risk Settings, Locations and Communities (Section 5)	
Vulnerable People	Vulnerable People (Section 6)	
Statement cards for the above settings and other higher risk settings are included in Annex X.		
Local Testing	Testing and Contact Tracing (Section 7)	Enablers of response-planning and managing incidents/outbreaks
Contact Tracing		
Data Integration	Data Integration and Intelligence (Section 8)	
(Not covered as individual theme in National brief)	Communications and public engagement (Section 9)	

Whilst the majority of the seven themes are addressed within the main body of the Plan, a series of setting-specific preparedness statements are available at Annex X onwards, which demonstrate how the key themes should be considered within different settings. Each sector statement sets out the range of actions that need to be taken to prevent the spread of COVID-

19 infection and minimise the risk of an outbreak occurring, as well as how to support the identification, notification and management of the outbreak in a specific setting.

Purpose of the plan

The strategic purpose of the Southampton's COVID-19 OCP 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 national guidance and changes in capacity across the system. It is an outline document intended to be flexible and adaptable for local operation.

Aim and objectives

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

To provide a framework for how Southampton City Council and partners will work together to both prevent COVID-19 transmission and to 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 OCP are therefore to ensure:

- A strategic and coordinated approach to the prevention of COVID-19 infection and to minimising the risk of outbreaks occurring.
- Effective surveillance and monitoring of data and intelligence to inform the early identification and proactive management of potential outbreaks.
- A collaborative and coordinated approach to supporting settings in both minimising the risk of outbreaks occurring and responding to and managing COVID-19 outbreaks.
- Effective measures are taken to control any outbreaks in conjunction with PHE, to limit spread and prevent recurrence (including use of testing, see below).
- Deployment and prioritisation of testing capacity through the LRF Regional Coordinating Group (i.e. use of Mobile Testing Units) and other testing capacity that is available.

- Oversight of infection control capability and capacity in local complex settings.
- 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 contact of a confirmed case.

The OCP also has an assurance role by ensuring:

- Processes, roles and responsibilities are explicit.
- Established and evidence-based methods for public health action are taken.
- Production of epidemiological surveillance to improve knowledge of the virus, inform future outbreaks, and inform local decision-making.

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), Southampton City CCG, the Joint Biosecurity Centre (JCB), the NHS, education settings, employers, the community, faith and voluntary sector and local and national media.

It is recognised that individual organisations will have outbreak control and/or infection control plans in place. This Plan should supplement rather than replace these, and takes overall responsibility for coordinating action to prevent the spread of COVID-19 across the city.

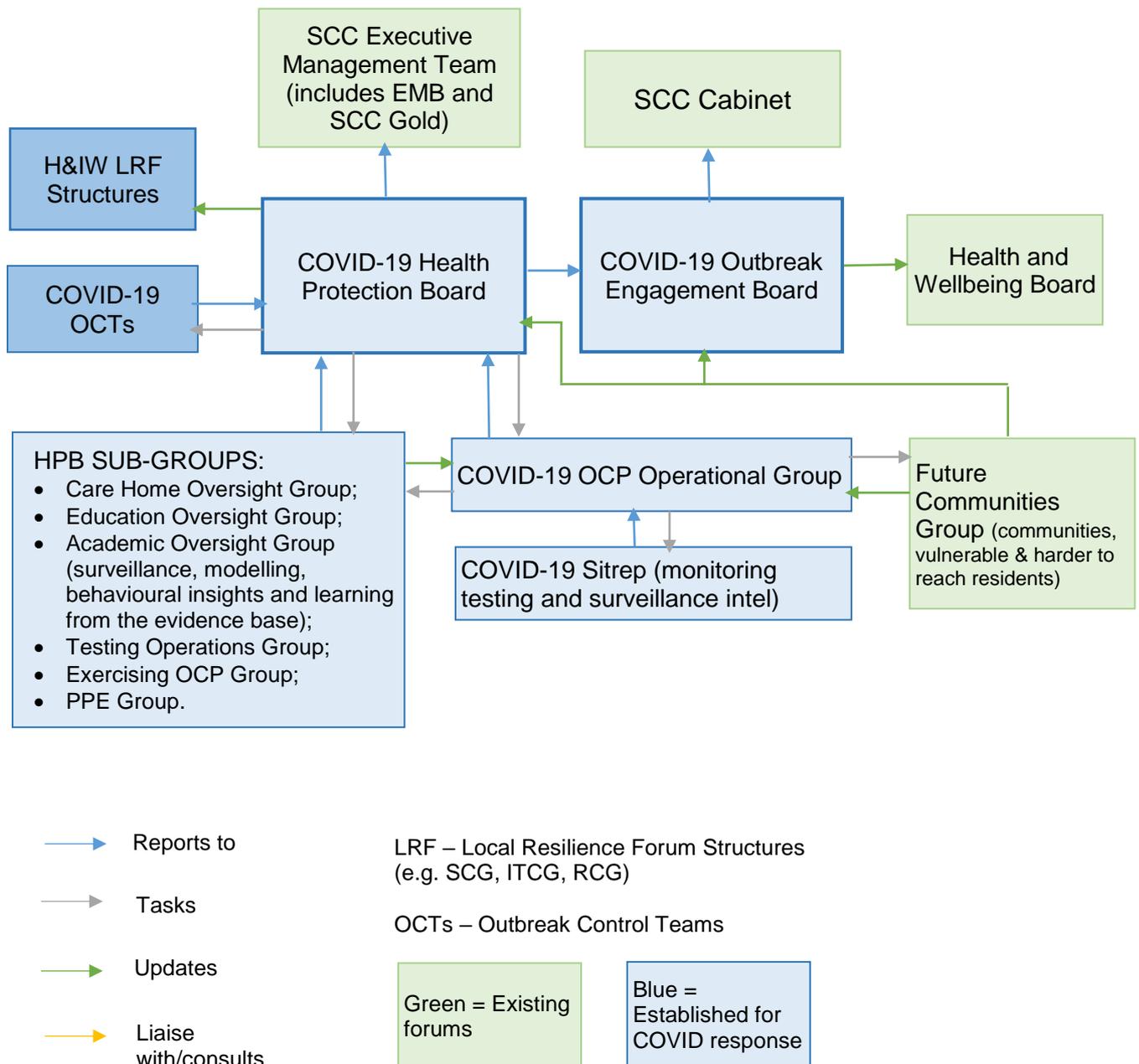
At national and regional level, plans are underway to increase the capacity of local PHE Health Protection Teams to manage outbreak management and complex setting management issues. However, as good planning requires local Outbreak Control Plans to be able to deal with outbreaks at an unprecedented scale across multiple locations and facility types simultaneously, local planning is also underway to ensure there is increased local capacity and specialist expertise to support outbreak management in the event it is needed.

Section 2 Governance

Overview

Figure 1 below provides an overview of the governance arrangements in place to support the delivery of the COVID-19 OCP. Other forums in the system will be important to link with, including the Primary Care Reference Group.

Figure 1: Governance arrangements



Southampton COVID-19 Outbreak Engagement Board

The Southampton COVID-19 Outbreak Engagement Board (OEB) will be a Councillor-led oversight board, which will be chaired by the Leader of Southampton City Council. The OEB will report 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 primary roles of the OEB 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.

Southampton COVID-19 Health Protection Board

The Southampton COVID-19 Health Protection Board will bring together senior professional leads from agencies across the Southampton system, and will report to the OEB and SCC GOLD (or the Executive Management Board when GOLD is not sitting). The primary roles of the HPB are to provide oversight of the ongoing development and operational implementation of the Outbreak Control Plan, work with the relevant local forums and LRF Cells, 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) are responsible for signing off the SCC COVID-19 Outbreak Control Plan.

The Board will work closely with the following regional groups:

- PHE South East Regional Test and Trace Oversight Group.
- PHE South East Contact Tracing Operational Group.
- PHE South East Schools Cell
- LRF groups (see below).

COVID-19 Outbreak Control Plan Operational Group

The purpose of the OCP Operational Group is to bring together OCP workstream leads to work through priority issues and tasks that are required to ensure the operationalisation of the OCP, and including issues and recommendations raised through other Groups. The key functions of the Group are therefore to review recommendations from the COVID-19 Sitrep Group (see below) and any other related Groups (i.e. Future Communities Group), discuss operational issues related to the prevention of COVID-19 transmission and incident and outbreak control, highlight risks within and interdependencies between workstreams, and

share learning. The Operational Group is chaired by the DPH or Preventing the Spread of Infection (PSI) Lead Consultant in Public Health and meets weekly, ahead of the Health Protection Board. The Chair of the Outbreak Control Working Group reports to the Health Protection Board.

COVID-19 Sitrep Meeting

In addition to the DPH reviewing the latest information on cases, incidents, outbreaks, exceedances, and Test and Trace data daily, a COVID-19 Sitrep meeting has been established to ensure timely joint discussion on the latest position. Key members are Public Health, Intelligence (Health Analyst) and project support. Key functions are to review the available surveillance data from PHE and the local analysis that triangulates intelligence from multiple sources, identify whether any actions should be recommended (including escalation of COVID-19 status to the DPH and OCT Operational Group), and assign actions to workstream leads. The 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 from this meeting may inform a decision to request an ICT/OCT (see below) and / or an urgent Health Protection Board to enable further action.

COVID-19 Incident Control Teams (ICTs) and Outbreak Control Teams

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, Education Oversight Group) or the COVID-19 OCP Operational Group. As outlined in **Section 4**, where the management of incidents and outbreaks of COVID-19 require an escalated multi-partner response, Incident Control Teams and Outbreak Control Teams will be established. ICTs and OCTs will be responsible for overall management of the incident/outbreak. The ICT/OCT is a multi-agency response to the incident or outbreak with membership determined by the nature of the incident/outbreak and context. The ICT/OCT is usually chaired by a senior member of the PHE SE (HIOW) HPT and includes members of the Local Authority as appropriate to the setting.

HIOW Local Resilience Forum

The HIOW Local Resilience Forum (HIOW LRF) will support local health protection arrangements working with HPB and OEB directly through the Strategic Co-ordinating Group (SCG), Tactical Co-ordinating Group (TCG), and Recovery Coordinating Group (RCG) and the following Cells as appropriate and where these are “stood up”:

- Multi-Agency Information Cell (MAIC).
- Modelling Cell.
- Cross Border Outbreak Control Plan Cell (previously Preventing the Spread of Infection)
- Port Health Cell

National oversight of local COVID-19 transmission and response

On 17th July 2020, the UK Government published the "[COVID-19 Contain Framework: A Guide for Local Decision-Makers](#)", which has been refreshed a number of times since then. This national framework supports Local Authorities by clarifying their responsibilities and empowering them to take preventative action and make strong decisions locally, supported by mechanisms that safeguard key national assets and interests. Wherever possible, actions to address outbreaks of COVID-19 will be undertaken in partnership with local communities, on the basis of informed engagement and consent. Local Authorities will have powers to close individual premises, public outdoor places and prevent specific events.

The Framework also outlines how Local Authorities and their partners will be supported if their COVID-19 status (i.e. infection rates, cases, outbreaks) is a cause for concern. If this is the case, local systems enter the national "watchlist" and are designated into one of three 'escalation' categories, which trigger specialist expertise and resource to be drawn down from regional and national levels to augment the local systems.

The three national escalation categories are as follows:

1. **Area(s) of concern** – a watch list of areas with the highest prevalence, where the local area is taking targeted actions to reduce prevalence – for example additional testing in care homes and increased community engagement with high risk groups
2. **Area(s) of enhanced support** – for areas at medium/high risk of intervention where there is a more detailed plan, agreed with the national team and with additional resources being provided to support the local team (e.g. epidemiological expertise, additional mobile testing capacity)
3. **Area(s) of intervention** – where there is divergence from the measures in place in the rest of England because of the significance of the spread, with a detailed action plan in place, and local resources augmented with a national support. Local Authorities may request an intervention from government.

National decision-making will take place through the government’s Local Action Committee command structure, which can escalate concerns and issues to the COVID Operations Committee to engage Ministers across government. The national command structure is provided in figure 2 below.

Figure 2: National COVID-19 Command Structure

Group	Attendees	Frequency	Remit
COVID-Operations Committee	Relevant secretaries of state Chief Medical Officer Senior civil servants	As needed	Cross-government consideration of situation and actions required in the extreme cases where local lockdown is a consideration
Local Action Committee (gold)	Secretary of State for Health (Chair) Ministers and senior civil servants Chief Medical Officer PHE CEO, senior officials from the Department of Health and Social Care (DHSC), NHS Test and Trace, and PHE	Weekly at a minimum This group can be convened rapidly as required	Brief ministers on latest national and local epidemiological picture Review and evaluate responses in key areas and further action or escalation to other government departments or COVID-Operations
Weekly containment group (silver)	Chief Medical Officer (Chair) Senior officials and PHE colleague	Weekly, at a minimum This group can be convened rapidly as required	Assess latest national and local epidemiological picture Review and evaluate local outbreak responses and consider further action or escalation
Daily Containment Group (bronze)	NHS Test and Trace Executive (rotating) (Chair) Senior officials from government departments and PHE colleagues	Daily This group can be convened rapidly as required	Provide situational awareness on latest outbreaks and epidemiological picture Review and evaluate local outbreak response and action extra support Decide whether a situation needs further investigation and action Determine escalation

Local oversight of COVID-19 Incidents and Outbreaks

It is highly likely that COVID-19 outbreaks will occur for many months and will become normal 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 control 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 bi-weekly meetings, but an extraordinary meeting may also be called by the DPH to discuss the required response.

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:

- The HIOW LRF Data Compendium, including Early Warning Signs and the Care Home dashboard
- Testing data from the national Test and Trace system
- Behavioural insights
- Public engagement (including through the OEB)
- COVID-19 Outbreaks as informed by PHE and key agencies

Early warning signs will be used to monitor and assess whether there is a confirmed or potential increase in the rate of local infection in Southampton's population, warn of a potential second wave, and to determine if further action is required. These early warning signs include information on:

- South Central Ambulance Service (SCAS) activity and NHS pathways
- Primary care intelligence and admissions to hospital
- Infection rate (number of new positive test results over time in Southampton) and the R number in the South East
- Travel or population movement activity
- Police action in relation to social distancing

Test and Trace data will also be used to inform whether COVID-19 infection rates have increased in the community, and the deployment of testing resource. Information about how Test and Trace data will be utilised to support the management and containment of outbreaks is outlined in section 8.

Behavioural insights and stakeholder engagement intelligence will 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 9).

Public health and infection control measures

A combination of measures are crucial in preventing the spread of COVID-19 infection. These include:

- **Social distancing:** Individuals to adhere to current recommendations on social distancing in England.
- **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.
- **Good respiratory hygiene:** By promoting the 'catch it, bin it, kill it' approach.
- **Enhanced cleaning regimens:** Including cleaning frequently touched surfaces often using standard products, such as detergents and bleach.
- **Self isolating:** Where individuals or someone in their household are unwell with coronavirus symptoms, or are a contact of a case, they should stay at home for the required period.
- **Testing:** Individuals with coronavirus symptoms are encouraged to have a test through the NHS Test and Trace service so that their contacts can be traced and asked to self-isolate for 14 days.
- **Use of face coverings in enclosed spaces:** In line with the latest national guidance.
- **Use of Personal Protective equipment in health and social care settings** and other workplace settings in line with the latest national guidance.
- **Additional infection control practices** will also be critical in health and social care settings, and some other higher risk settings.

The COVID-19 HPB, and its sub-groups, will ensure that these key public health and infection control measures are used proactively and strategically, and promoted through communications and public engagement. For example, the HPB will have a role in ensuring that testing capacity is deployed to prevent the spread of infection in higher risk settings, as well as to support an outbreak response.

National Guidance

Guidance on the prevention of COVID-19 incidents and outbreaks is available on the government website for a number of setting-types as highlighted below;

Sector	Guidance
Employers and businesses	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19

Housing	https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities
Healthcare settings	https://www.england.nhs.uk/coronavirus/
Leisure/Tourist Venues	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19 https://www.bma.org.uk/media/2717/bma-tourism-summary-and-principles.pdf https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/the-visitor-economy
Festival/Events	https://www.gov.uk/guidance/covid-19-guidance-for-mass-gatherings
Transport hubs	https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators
Hotels and Holiday Settings	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19
Public Places	https://www.gov.uk/guidance/safer-public-places-urban-centres-and-green-spaces-covid-19
Detained settings	https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance
General	https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

Licensing and enforcement

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 opens up and businesses reopen, there will be 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 operate in a safe and responsible way and are supported to respond appropriately in the event of an outbreak. Hampshire Constabulary and SCC Consumer Protection and Environmental Services will continue to review and assess the impact of easement of lockdown restrictions and the re-opening of Licensed Premises, and will work closely with partners to encourage compliance.

Enforcement:

Policing will continue with a four-phase approach when interacting with individuals as a result of regulations or legislation relating to Covid-19.

1. Engage
2. Explain
3. Encourage
4. Enforce

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

Section 4 COVID-19 Incident and Outbreak Response

Strategic approach to COVID-19 incidents and outbreaks

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

- Early warning signs, including testing data from the national Test and Trace system
- COVID-19 Outbreaks as informed by PHE through laboratory results
- Local partner intelligence about suspected outbreaks

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. 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 **'contact'** is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
 - being coughed on
 - having a face-to-face conversation within one metre
 - having skin-to-skin physical contact, or
 - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes

- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

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, an unwell child/staff in a school

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 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases).
- **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

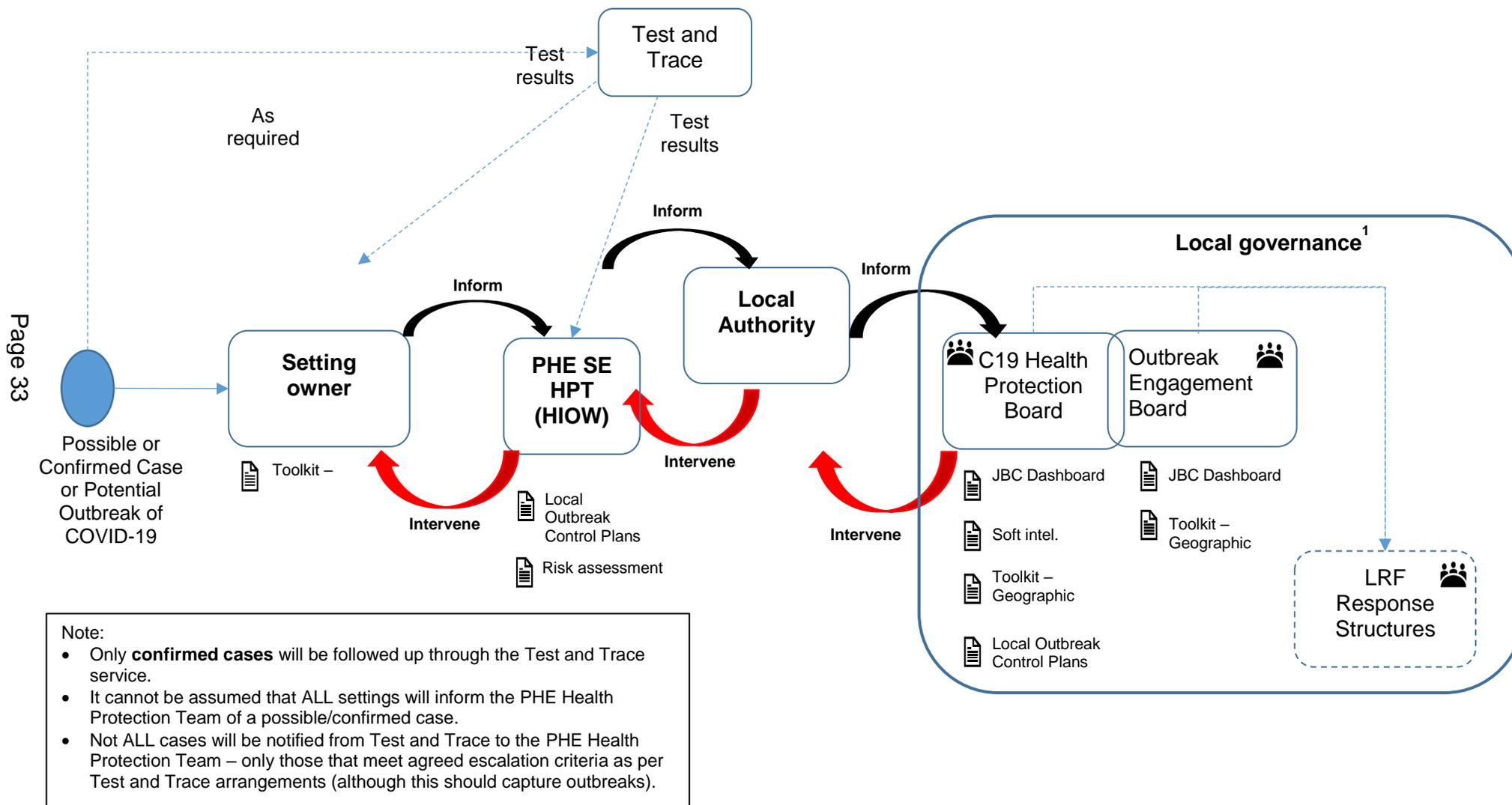
An 'incident' refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

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

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

Figure 3 presents an overview of the notification processes and feedback loops.

Figure 3: Overview of COVID-19 Case and Outbreak Notification Process



Risk assessment

An initial risk assessment will be carried out by members of the PHE South East HPT (HLOW) 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.

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 will convene an initial Outbreak Control Meeting with relevant partners as set out in the HLOW and TV LHRP Joint Health Protection Incident and Outbreak Control 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 (HLOW) and overseen by the COVID-19 Health Protection Board.

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. Annex X outlines the steps that should be taken when an outbreak is suspected.

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 Control Team (OCT)

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 Control Team (OCT) meeting to coordinate the partner response. There are well established processes in place for convening OCTs and mobilising responses to outbreaks. Where an OCT is convened, responsibility for

managing an outbreak is shared by all organisations who are members of the OCT. 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 OCT, key roles and responsibilities are described in the HIOW and TV LHRP Joint Health Protection Incident and Outbreak Control Plan.

Ongoing risk assessment

All activities must be underpinned by a comprehensive risk assessment. Risk assessments should be agreed by the OCT 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 OCT. 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 control of the outbreak

The approach to the investigation and control 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 control 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 probable 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.

- Provide advice on how to control the spread of infection, in line with the “public health and infection control measures” stated in section 5 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.
- 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 OCT 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 OCT.
- 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 OCT 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 Control 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 highlighted in Table 2 below.

Table 2: 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:
<ul style="list-style-type: none"> • 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 for new outbreaks where able to do so (not able to for all settings) and in line with local arrangements. 	<ul style="list-style-type: none"> • 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 OCT 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 through regional arrangements (i.e. Mobile Testing Units) and other testing capacity that becomes available. • 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. • Maintaining accountability for the local COVID-19 Outbreak Control Plan.

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).

Roles and responsibilities of SCC service areas and partner organisations

The roles and responsibilities of SCC service areas and partner organisations in relation to the Outbreak Control Plan are as follows:

Table 3: Roles and responsibilities of SCC service areas and partner organisations

Organisations/service areas	Key responsibilities:
Local Authority	
Local Authority Public Health	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Support the LA and system-wide preparation for and response to outbreaks.
Local Authority Regulatory Services (Port Health/ Environmental Health)	<p><u>LA Environmental Health</u></p> <ul style="list-style-type: none"> • 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. • <p><u>LA Port Health</u></p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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, Nursing Homes, Day centres, and other residential care settings. • This includes through the Care Home Oversight Group (ICU-led). • Provision of specialist infection control advice. • Coordination of delivery of other respiratory preventive measures such as flu and pneumococcal vaccination.
Local Authority Adult Social Care	<ul style="list-style-type: none"> • Support the response, with a focus on higher risk settings and vulnerable groups.
Local Authority Children and Learning	<ul style="list-style-type: none"> • 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. • Liaise with PHE South East HPT (HIOW), SCC PH, and education/residential setting management teams to support the investigation and management of outbreaks in education and residential settings. • 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	<ul style="list-style-type: none"> • Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in key higher risk settings, such as 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	<ul style="list-style-type: none"> • Preparing and delivering the Communications Plan, which includes proactive and reactive communications with all relevant settings, agencies, businesses, and the public. The lead agency for communications will be determined at the OCT.
Local Authority Culture and Leisure and events	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Provide specialist advice to support the operationalisation of the Outbreak Control 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 X	
PHE South East HPT (HIOW)	<ul style="list-style-type: none"> • Discharge the responsibilities of PHE as outlined in Table 2 above.
Southampton City CCG	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Support the response to an outbreak through the implementation of relevant policies or powers.
Community, Voluntary and Faith Sector	<ul style="list-style-type: none"> • 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, 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.

National

In extreme circumstances escalation may need to continue to the national level, with community protection actions implemented across the whole country, as set out by the national alert level. National alert levels will be set through a recommendation from the JBC to the Chief Medical Officer (CMO), followed by the Prime Minister as Chair of Cabinet Office Briefing Rooms (COBR); these are not in scope of this Plan.

Legal context for managing outbreaks

¹The legal context, including enforcement powers, for managing outbreaks of communicable disease, which present a risk to the health of the public requiring urgent investigation and management, sit 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 control 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. 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.

'Localised' lockdown would require amending Declarations issued under the Regulations that are designed to be used locally. At this time, there are no such Declarations in effect.

Health Protection Regulations 2010 as amended

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 magistrates' 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. In the recent events of Leicester (June 2020) to proceed without an Order from the Magistrates Court required new Regulations to be 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:

1. the direction responds to a serious and imminent threat to public health in the local authority’s area
2. 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
3. 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.

Table 4: Changes to new legislation and who can exercise the response / action:

What power?	What legislation?	Who exercises it?
<p>Impose restrictions or requirements on persons or groups of persons, contaminated premises or things, e.g. restrictions on movement, vehicles, contact, work, closure of public places</p> <p>NEW Restrict access to or close individual premises, outdoor public places, restrict or prohibit events</p>	<p>Public Health (Control of Disease) Act 1984 (s45G, s45H, s45I, s45J)</p> <p>NEW Health Protection (Coronavirus, Restrictions) (England)(no.3) Regulations 2020 (s.4 individual premises, s.5 events, s.6 outdoor public place)</p>	<p>Magistrates, on the application of a local authority.</p> <p>Or</p> <p>The UK government, but only if it enacts further Health Protection Regulations specific to areas.</p> <p>NEW Local authorities, without application to Magistrates Court 'if necessary and proportionate'. See further guidance below.</p>
Close a food business	Food Safety Act 1990, s12.	Local authorities – only if there is an ' <i>imminent risk of injury to health</i> / ' <i>health risk condition test</i> '.
Close a food business or other business on hygiene grounds	Food Safety and Hygiene (England) Regulations 2013, S8.	Power to serve Hygiene Emergency Polution Notice but only if Regulations not followed and no compliance creates ' <i>imminent risk of injury to health</i> '
Request that individuals or groups do anything for health protection purposes	Health Protection (Local Authority Powers) Regulations 2010 (Para 8)	Local authorities can make the request but it can be refused. Not binding without an application to the magistrates under the 1984 Act above.
Keep a child from school	Health Protection (Local Authority Powers) Regs 2010 (s2)	Local authorities
Enforcement of health and safety legislation, including employers' duties to avoid risks to health from their premises	Health and Safety at Work Act 1974 (ss2-4, read with ss18-25)	Local authorities and the Health and Safety Executive
Isolate or otherwise restrict the movements, activities or contacts of people who are tested/assessed as potentially infectious by a public health officer	Coronavirus Act 2020 (Schedule 21)	Local authorities and any other public health officers designated by the UK government
Close schools and other educational institutions	Coronavirus Act 2020 (Schedule 16)	UK government or, if ministers authorise local authorities, then local authorities
Prohibit or otherwise restrict events or gatherings of a specified description, or close or otherwise restrict premises of a specified description	Coronavirus Act 2020 (Schedule 22)	UK government

Section 5 High Risk Settings, Locations and Communities

Higher risk settings and locations

“Action cards” have been developed both nationally and locally to 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. If there is more than one case of COVID-19 associated with a workplace, setting managers or owners should contact H&IW PHE HPT (HLOW) to report the suspected outbreak, who will then support risk assessment and provide advice on appropriate actions. H&IW PHE HPT may also become aware of outbreaks in high risk settings through other mechanisms (e.g. information from Local Authority Teams, NHS Test and Trace notifications).

National action cards have been developed 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. These can be accessed via the Department of Health and Social Care [COVID-19 early outbreak management guidance](#).

Prior to the national action cards being developed, 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 been exercising both the OCP and action cards with settings to ensure a good level of preparedness in relation to prevention of transmission, incidents and outbreaks. **Table 5** below highlights the settings that SCC is working with to develop and exercise action cards. This is not a definitive list, and further action cards will be developed in partnership with stakeholders as required.

Communities that are at higher risk of severe illness from COVID-19 infection or more vulnerable to the impacts of the pandemic are considered across all of the local action cards. **Section 6** sets out which communities and groups are particularly vulnerable in the context of the COVID-19 pandemic.

A recent mapping exercise to identify higher risk settings and locations in Southampton City has yielded the following list:

Table 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 form colleges Universities
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).
Other Settings	Ministry of Defence establishments Motorway service stations

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 local BAME 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 Outbreak Control 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 Health 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 BAME communities to develop relevant messaging on preventing the spread of infection, and including on test and trace and the OCP.
- 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 BAME communities.
- Ensuring that specific arrangements are in place to prioritise and deploy testing capacity to test BAME symptomatic members of the public, and including to those BAME communities or individuals that are "harder to reach".
- Ensuring robust signposting and access to the Southampton Community Hub offer of support.

Events

Current UK guidelines allow for some outdoor events that are organised by a business, charitable, benevolent or philanthropic institution or public body as a visitor attraction and where they have:

- Carried out a satisfactory risk assessment (in line with the Health and Safety at Work Act).
- Taken all reasonable measures to mitigate the risk of transmission of COVID-19.

This includes ensuring that social distancing between different households or support bubbles, and between those working at events and customers is maintained. The Events Industry Forum has also published guidance on outdoor events with input from the Department for Culture, Media and Sport.

Although the COVID-19 Secure government guidance itself is not legally enforceable, there are other powers which can require a premises to comply with the requirements to stop the spread of transmission. These 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

Local Authority Events Safety Advisory Group's (SAG) play an important role in reviewing applications for events and supporting events to take place in a way that minimises risks to the public as far as possible. The purpose of the SAG is to have a forum which discusses the safety of the public at an event and to advise the Local Authority on matters of concern. It is a non-statutory body and so does not have legal powers or responsibilities to approve or prohibit events from taking place. Event organisers and others involved in the running of an event retain the principal legal duties for ensuring public safety. The forum enables SAG partners to discuss joint enforcement options and potential resource requirements.

In order to ensure that advice on events by Southampton SAG is as robust as possible in relation to COVID-19, the following steps have been taken (in addition to existing process):

- Public Health are a member of Southampton Events SAG (in addition to colleagues such as emergency planning, environmental health and Hampshire Police).
- Event organisers are asked to complete a COVID-19 risk assessment, as part of the application process, to take full account of the measures proposed to prevent and control the potential for COVID transmission.
- A COVID-19 secure events checklist is used by Southampton Events SAG to review risk assessments and inform advice to the event organiser.
- Events of a certain size and/or complexity are referred to the Health Protection Board for a recommendation from a “preventing the spread of infection” perspective.

The SAG members should advise the event organiser about public safety matters that they think need further consideration, explaining their reasons. It is the event organiser’s responsibility to take any appropriate action. On occasion where there is disagreement between a SAG member and the event organiser, and there remains a genuine risk to the public, individual organisations on the SAG such as the police, Environmental Health or Trading Standards, may decide to act to resolve the issue in line with the council’s local enforcement policy and officer delegations.

Where concerns remain regarding specific risks in relation to COVID-19 further advice/recommendations will be sought from the Health Protection Board. The Board is not able to make a decision on behalf of the Local Authority in terms of issuing a direction. That decision may be taken by the Local Authority Chief Executive or other designated officer. The Board however would be ideally placed to offer information and advice specifically around the consideration of the following: is there a serious and imminent threat to public health in the local authority’s area.

The current guidance suggests that the following evidence would be required as a minimum:

- Relevant evidence, such as disease prevalence and transmission rates in the area and the risks associated with the event including the anticipated level of attendance and the activities which are due to take place
- Data and intelligence sources such as NHS Test and Trace, Join Biosecurity Centre, PHE and local expert advice.

Section 6 Vulnerable People

Overview

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, they or someone in their household are unwell with coronavirus symptoms, they are a contact of a confirmed COVID-19 case, 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":

- **Category A** - *Clinically extremely vulnerable* residents that are 'shielding' because they are at highest risk of severe illness from COVID-19. Approximately 10,500 residents in Southampton fall into this category.
- **Category B** - *Clinically vulnerable* people that are at higher risk of severe illness from COVID-19 (includes those over 70 years, people with specific medical conditions, and pregnant women). There are approximately 47,000 clinically vulnerable residents in Southampton (not including those in category A). 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 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.
- **Category C** - Other 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. We are continuing to work with our partners to ensure that those affected by the pandemic can access the support they may need if they have no alternatives, such as access to food, support with shopping or collecting a prescription, support with basic care needs, or support for those who are isolated.
- **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. University accommodation has also been temporarily commissioned to provide "Covid care" and "Covid Protect" units of accommodation. This allows individuals to self-isolate. Intensive support workers are available to ensure they have access to food, health care and other services. 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. This includes access to a mutual aid emergency supply of Personal Protective Equipment (PPE). 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 will be provided to NHS Business Services Authority who will text residents with the relevant local authority helpline details (i.e. Southampton Community Hub). A list of people identified as “vulnerable” will not be provided directly to local authorities daily, and so proactive communications in relation to the Southampton Community Hub and other services and support across the city will be key. Plans are in place and are regularly refreshed to ensure that the Community Hub can be agile to meet an increase in demand where the need for support increases as a result of rising infection rates and/or outbreaks. Challenges in meeting increased demand include:

- The unknown demand for urgent food and medical supplies that may fluctuate in scale at any given time based on the number of outbreaks and specific setting type.
- The reduced volunteer pool as many return to work and life as usual, though the volunteer pool is still relatively large at present.
- Testing the system to understand what level of demand the current processes and resources could cope with, and the level of demand that would begin to strain the system.

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 such as where to display and distribute information on the Community Support Hub.

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 control 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 launched earlier this year. In order to fully consider the needs of diverse communities through this Outbreak Control Plan an Equality Impact Assessment will be conducted and used to inform communications, engagement, and the targeting of PSI interventions and resource.

Section 7 Testing and Contact Tracing

National Testing Strategy

The National Testing Strategy consists of 5 pillars as follows:

- **Pillar 1:** NHS antigen (swab) testing for those with a medical need (NHS patients) and the most critical key workers (includes any member of the public that is symptomatic, and NHS and Care Home staff).
- **Pillar 2:** Commercial antigen (swab) testing – for critical key workers in the NHS, social care and any member of the public with symptoms.
- **Pillar 3:** Antibody testing to help determine if people have any immunity to coronavirus.
- **Pillar 4:** Surveillance testing to learn more about the disease and help develop new tests and treatments.
- **Pillar 5:** Diagnostics National Effort to build a mass-testing capacity at a completely new scale

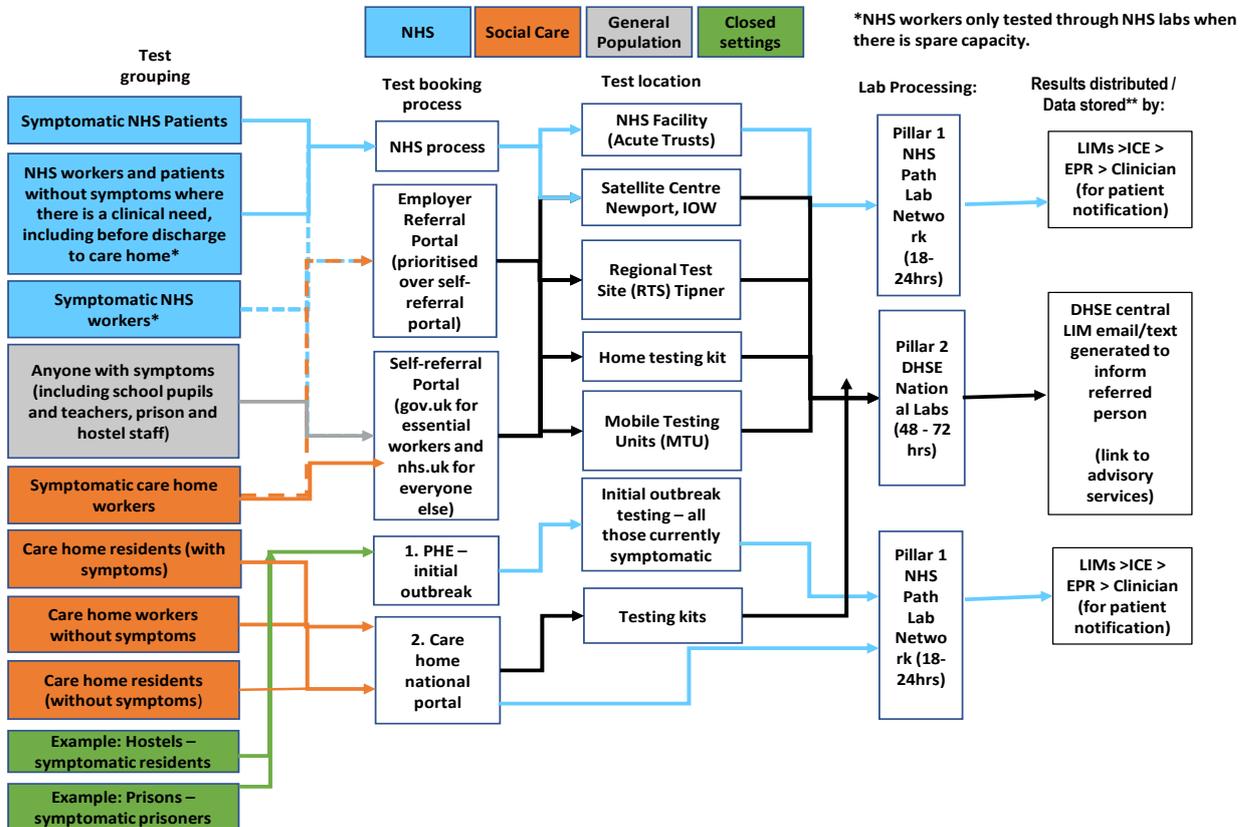
Pillar 2 is the main testing route for any member of the public that has COVID-19 symptoms, while NHS staff and patients, and social care staff and clients have a number of different options or pathways through which they can be tested. These tests are for the COVID-19 antigen to demonstrate the presence of the virus and identify someone as a “case”. As testing has expanded to staff groups, these cases include some who are asymptomatic or “pre-symptomatic”. All these cases need to self-isolate.

Under Pillar 3, testing for antibodies to COVID-19 is being rolled out, with hospital staff and other NHS patient-facing staff being the first priority. This test, if positive, gives an indication that the person has produced antibodies or has natural immunity, but we cannot say at this stage whether they have effective protection against the virus or how long-lasting any protection might be. In practice, the testing for antibodies is mainly of benefit for public health surveillance.

Tests are important to understand who has or has had the virus, and the results of these tests enable appropriate clinical management of patients, identification of infected individuals who need to self-isolate and to inform policy decisions for implementing, continuing or easing lockdown measures. The national testing pathway, which shows the different routes for being tested are summarised in the flow diagram at Figure 4 below:

Figure 4: Testing process map developed by HCC on behalf of the LRF to reflect the different testing pathways

Testing Process Map as at 13/07/2020



Testing in Southampton is comprised of a combination of national, regional and local provision including a Regional Testing Centre in Portsmouth (a large-scale drive through testing site), Mobile Testing Units (drive through and change location to respond to need), home testing via postal/courier swab testing, and testing at University Hospital Southampton. Table 6 below outlines the testing routes according to different groups and settings.

Table 6: Testing routes for different groups and settings

Any symptomatic member of the public	Anyone who is symptomatic can apply for a test through the NHS (i.e. NHS website or NHS 111) and can either have a postal home testing kit or book an appointment at the Regional Testing Unit (RTU) or one of the Mobile Testing Unit (MTU) sites.
NHS Patients and NHS Staff	Testing takes place at admission to the Trust (and before discharge to care homes), and for staff with and without symptoms.
Care Home - Residents	PHE arrange testing of symptomatic residents through the Community Testing Service at the point of initial/new outbreak notification to the HPT. Further testing of symptomatic residents is via Pillar 2 testing arrangements. Appropriate arrangements for gaining the consent of those that do not have the mental capacity to provide consent themselves should be in place.
Care Home - Symptomatic Staff	Staff can apply for a test through the NHS (i.e. NHS website or NHS 111) and can either have a postal home testing kit or book an appointment at the Regional Testing Unit (RTU) or one of the Mobile Testing Unit (MTU) sites OR if the employer is registered on the employer referral portal then employees can apply for a test through the employer portal route.
Care Homes – Whole Testing	For symptomatic and asymptomatic residents and asymptomatic staff. Tests can be requested through the national care home testing portal or the DPH (in partnership with ASC, Southampton City CCG and CQC) can refer the home for priority testing.
Essential Workers	Anyone who is symptomatic can apply for a test through the NHS (i.e. NHS website or NHS 111) and can either have a postal home testing kit or book an appointment at the Regional Testing Unit (RTU) or one of the Mobile Testing Unit (MTU) sites. Alternatively, employers can register on the employer referral portal and the staff member can attend the regional testing centre or an MTU.
Hostels, Refuges and Other Closed Settings	Anyone who is symptomatic can apply for a test through the NHS (i.e. NHS website or NHS 111). In an outbreak scenario PHE will request testing through the Community Testing Service.
Schools	Anyone who is symptomatic can apply for a test through the NHS (i.e. NHS website or NHS 111). In an outbreak scenario, the requirement for additional testing would be considered by an OCT and may be requested via the Community Testing Service.

NHS Test and Trace Service

The national NHS Test and Trace service has been set up to undertake contact tracing for confirmed COVID-19 cases. Contact tracing is crucial in identifying close contacts of a confirmed case, and advising that they self-isolate for 14 days to reduce any onward transmission of infection. Complex or high-risk settings will be escalated to the local PHE team for contact tracing. This may include cases linked to care homes, special schools, healthcare and emergency workers, health care settings; and places where outbreaks are identified e.g. workplaces.

Deployment of testing capacity

Mobile testing is an agile capability that allows temporary testing sites to be set up quickly to serve communities on a rolling basis. The Mobile Testing Units (MTU) have been designed as a flexible testing capability that can respond to most situations. While the ultimate power to direct an MTU will remain with the Department of Health and Social Care (DHSC), decisions around where to place vehicles and direct their movements will continue to be planned by the (LRF) Regional Coordinating Group with input from the DPHs. This includes collating testing demand requests and determining where and when an MTU is needed on a routine basis, and responding to areas of urgent need such as outbreaks of COVID-19 infection, under the direction of DPHs. The prioritisation and deployment of testing capacity to meet the needs of higher risk settings, locations and communities (including BAME communities) is a critical aspect of the local response.

Southampton testing pilot

A pilot project in Southampton, funded by the DHSC, is exploring the feasibility of regular testing of whole households, students and school pupils, with a simple saliva sample and a more rapid laboratory test. 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, with the aim to return results within 24 hours and no later than 48 hours. Participants testing positive are contacted and their contacts traced and advised on isolation through the national Test and Trace service. Regular testing means catching new cases of the virus earlier, even before symptoms develop and spread has occurred. Such testing on a large scale, coupled with self-isolation for those testing positive and their close contacts, would help safe easing of restrictions by stopping the spread of the virus. The programme will analyse data in real time to understand the feasibility and acceptability of regular, at-home, University and school-based testing. Findings are being reported to central

Government to inform future decisions about wider testing across the City and elsewhere in the UK.

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 (up to whole-city testing) and for more localised outbreak control activities.

Section 8

Data Integration and Intelligence

Use of data in outbreak identification and management

As well as using data and intelligence to inform strategic decisions on how best to prevent the transmission of COVID-19 and maintain public confidence and engagement with public health measures (see section 3), data and intelligence will be crucial in informing the identification and proactive management of local outbreaks. Data will be utilised to achieve the following:

- Identify complex outbreaks so that appropriate action can be taken, and including whether an Outbreak Control Team (OCT) needs to be convened.
- Track relevant actions if an OCT is convened.
- Identify any epidemiological patterns across the city to refine understanding of high-risk places, locations and communities.
- Provide intelligence to support quality and performance reporting to the COVID-19 HPB and OEB.

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 Compendium, which provides an overview of the impact of COVID-19 across the LRF system, with data also presented at local geographies where appropriate and possible.
- HIOW LRF Modelling, to model the spread of COVID-19 infection across the HIOW population.
- Early Warning Dashboard that is presented as a separate product within the Compendium (see section 3).
- Test and Trace data is beginning to be sent to Public Health teams and will be included in the Compendium once “stable”.

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. This will continue under the outbreak management plans with close linkages to the Test and Trace work, which will continue to be delivered in an integrated way across HIOW.

Further data integration

Further opportunities for data integration to support LRF and local decision-making will be sought, and including by the following:

At LRF level:

- Data and intelligence gathered in the management of local outbreaks will be fed up into the Compendium to provide a collective view across the LRF.
- Linkages to the Joint Biosecurity Centre (JBC) will be established, including around testing data, local outbreaks and local/regional R values.

At Southampton City level:

- The JBC have stated that Upper Tier Local Authorities will be notified of any hotspots in their area that are apparent in the data from Test and Trace. This will be integrated into the presentation of local issues at the COVID-19 HPB and OEB.
- Local presentation of the data from Test and Trace will be integrated with existing outputs to provide decision-makers with the intelligence needed to effectively manage local outbreaks.
- Exploration of information exchange protocols and access to information to proactively identify vulnerable people that have been advised to self-isolate and may require support to do so.

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.

Section 9 Communications and Public Engagement

Public communications and engagement

Recognising that public engagement and trust is crucial in maintaining residents and businesses support for public health measures, a Preventing the Spread of Infection (PSI) Communications and Engagement Plan has been developed in order to:

1. Communicate to the public, businesses, and wider system about Southampton's strategic response to COVID-19.
2. Promote the public health measures that are critical to reducing the spread of COVID-19 infection, and communicate and interpret infection control information in a culturally sensitive and competent way.
3. Consolidate the National Test and Trace campaign locally to motivate compliance.
4. 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).
5. Reach out to vulnerable groups that may need support to be enabled to follow public health advice (i.e. to self-isolate).
6. Gain insight into the perceptions, understanding, and behaviours of residents in relation to 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.
7. Use the above insights and other intelligence discussed in sections 3 and 8 (and including from partner agencies) to identify communication and engagement "gaps" and inform future communications.

As well as developing communications that are informed by insight from our local communities, the PSI Communication and Engagement Plan draws on a range of national and regional guidance and resources designed to support local communication activity on COVID-19. The Plan will encourage comprehensive understanding about public health and infection control measures, promote compliance with these, and keep stakeholders informed about COVID-19 outbreaks as appropriate.

The Plan provides an overview of key target audiences and how they can be reached, including at risk groups such as the BAME and “shielded” communities. 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 at residents within a few hours of notification of a local outbreak, and targeted messaging by resident’s locality (home or work) and/or their profession.

The role of the Outbreak Engagement Board

The OEB is responsible for public communications about COVID-19 and local outbreaks. Communication with the public will be in line with World Health Organisation (WHO) Guidance and the five WHO Outbreak Communication Principles, which are summarised as:

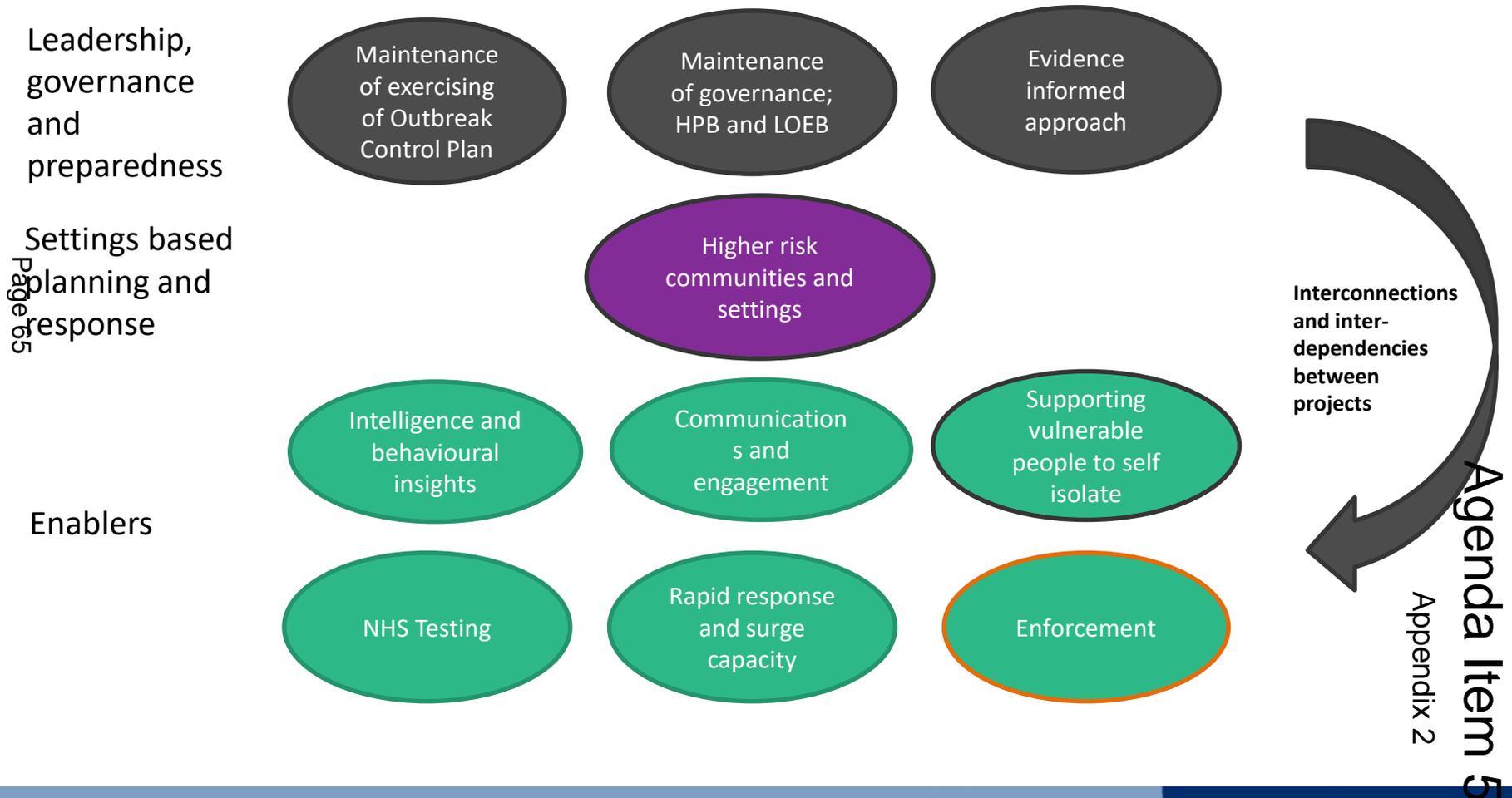
- Trust
- Announcing early
- Transparency
- Listening
- Planning

The OEB will also take account of the needs of different populations in Southampton, especially the need to provide culturally sensitive communications, and in languages and formats appropriate for the local BAME Groups and residents with learning difficulties.

Communications between and with other agencies

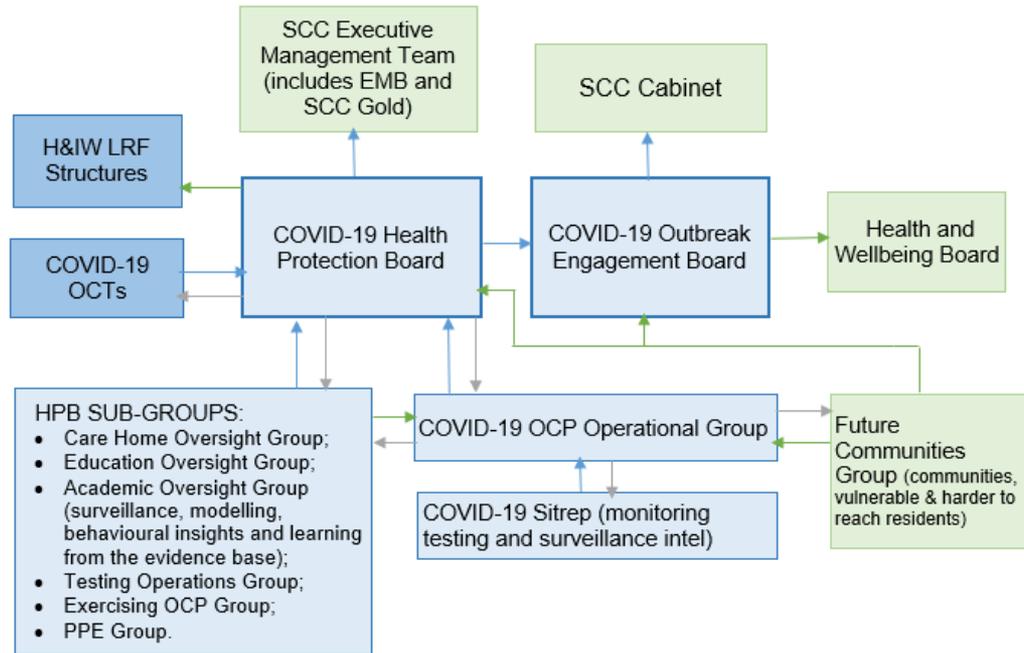
The SCC communications team will work closely with the LRF Comms Cell, neighbouring local authorities, the NHS, and other stakeholders as appropriate on communications and engagement, which will include joint campaign activity and messaging, especially where issues are shared. The SCC Team is already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

Operationalisation of Southampton Outbreak Control Plan - Programme



Governance arrangements to support delivery of Southampton Outbreak Control Plan

Figure 1: Governance arrangements



Agenda Item 6

DECISION-MAKER:	Local Outbreak Engagement Board		
SUBJECT:	Communications Plan		
DATE OF DECISION:	29 th September 2020		
REPORT OF:	Interim Director of Public Health		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Patrick O'Shea	Tel: 02380 83 4411
	E-mail:	Patrick.O'Shea@southampton.gov.uk	
Director	Name:	Debbie Chase	Tel: 023 80833694
	E-mail:	Interim Director of Public Health	
STATEMENT OF CONFIDENTIALITY			
N/A			
BRIEF SUMMARY			
Southampton Covid-19 Health Protection Board discussed a draft Outbreak Control Communications Plan. This report aims to provide the Local Outbreak Engagement Board with a summary of the Communications Plan, and asks for their support in delivering it moving forward.			
RECOMMENDATIONS:			
	(i)	The Southampton Outbreak Engagement Board is asked to note the contents of the Communications Plan	
	(ii)	That members of the Southampton Outbreak Engagement Board champion, engage with, develop and support activity to deliver the Communications Plan.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	N/A. Report is for information and discussion.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None		
DETAIL (Including consultation carried out)			
	Background		
3.	<p>At the outset of the COVID-19 pandemic, and beginning in earnest with the lockdown measures that came into force in March 2020, Southampton City Council quickly redeployed communications resource to work on the urgent response to this virus.</p> <p>Our activity focused on four key areas:</p> <ul style="list-style-type: none"> • Preventing the Spread of Infection • Public Confidence • Protecting Critical Services • Restore and Recover 		
4.	We have carried out extensive work to communicate about national and local guidance, changes to services and access to support for the most vulnerable.		

	<p>We rapidly set up new processes and channels that put us in a strong position to communicate with stakeholders going forward. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • Regular updates on the councils growing social media channels, including a weekly video message from the Leader of the Council • A weekly bulletin to over 45,000 subscribers on our data base • Regular briefings for media and press releases on key issues • New web pages covering guidance and important service information • Direct mail to all residents, tenants, businesses and further targeted maildrops to some of our most vulnerable residents • Outdoor advertising and paid for social media advertising
5.	From July 2020 communications activity on Covid-19 has been informed by and refreshed in response to direction and insight from the Southampton Covid-19 Health Protection Board and the Covid-19 Outbreak Control Plan.
	Covid-19 Outbreak Control Communications Plan
6.	This plan will seek to support the delivery of the Local Outbreak Plan and define our approach to communications to prevent local outbreaks, manage them if and when they take place, maintain the support of residents to follow public health advice, and support those that need additional help to enable them to do so.
7.	<p>The plan is based on the principles of:</p> <ul style="list-style-type: none"> • Proactive Prevention Activity • Providing Transparency, Clarity and Context • Being Highly Responsive and Reactive when needed
8.	<p>The plan includes an action plan focused on objectives:</p> <ol style="list-style-type: none"> 1. Raise awareness of the actions people can take to prevent the spread of Covid-19 in Southampton and amplify national NHS Test & Trace messaging on how and when to isolate and get tested 2. Provide an accurate and up-to-date weekly picture of the prevalence of Covid-19 and the latest local guidance to key stakeholders, the media and residents. 3. Ensure rapid response in the event of Local Outbreaks through robust reactive communication with public, settings and stakeholders on how they can support the containment of the outbreak through compliance with public health measures, and what to do if they need support to enable them to self-isolate. <p>Across these three objectives we will use:</p> <ol style="list-style-type: none"> A. All available channels to ensure maximum reach but crucially tailor messaging and tactics to reach communities, settings and locations at high risk or that may be less engaged or aware of how to protect themselves and others. B. Public health surveillance, behavioural insights and engagement activities to inform messaging and channels and identify gaps and barriers.
9.	The Communications Plan aligns with and works closely alongside the Community Engagement Plan. It recognises work to date, what we need to do, when we will do it and the lead for each action.
10.	Examples of actions outlined within the action plan include:

	<ul style="list-style-type: none"> • The development of a city-wide marketing campaign to encourage residents, businesses to take the right action at the right time to prevent the spread of infection of Covid-19. • Publish an accessible weekly update of the data the Health Protection Board uses to track the virus in Southampton • Engage both proactively and reactively with the local media on key issues relating to controlling the virus and following guidance • Support and amplify national messages relating to guidance and to the NHS Test & Trace programme
11.	The plan recognises the importance of partnership working to deliver important outbreak prevention control messages. The communications team will continue to collaborate with partners in neighbouring local authorities, the police, the NHS and colleagues in national government departments.
12.	A dedicated Senior Communications Officer is being employed on a 12 month fixed term contract to help support COVID-19 communications and deliver the action plan.
13.	The Communications Plan recognises that the support of key stakeholders is vital to ensure delivery. Members of the Outbreak and Engagement Board are community and organisational leaders and key to it's successful delivery. They are asked to note the content and asked for their support to champion, engage with, develop and support delivery of the plan.
14.	The Community Engagement Plan is monitored and reviewed by the Health Protection Board.
	Conclusion
15.	Communications is vital to the delivery of a successful Covid-19 Outbreak Control Plan and it comes with significant challenges. Members of the Outbreak and Engagement Board are key to the plan's successful delivery, so are asked to note the content and asked for their support to champion, engage with, develop and support delivery of the plan.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
16.	The Communications Plan has a resource implication to the council in relation to time and resource from Communications and Design teams and supporting departments as well cost on any print or paid for advertising activity. This is being managed within existing budgets, with additional costs to COVID-19 recorded by the Council's Finance Department.
<u>Property/Other</u>	
17.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
18.	N/A
<u>Other Legal Implications:</u>	
19.	The COVID-19 contain framework states that:

	“a Local Outbreak Control [Engagement] Board (or existing governance such as a local Health and Wellbeing Board) provides public engagement and community leadership, including comprehensive and timely communications to the public and a link to ministers. Council leaders are responsible for community engagement”	
20.	This Plan sets out how council leaders will take responsibility for communicating with communities in line with the contain framework. https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers	
RISK MANAGEMENT IMPLICATIONS		
21.	Risks related to the management of the coronavirus (COVID-19) pandemic are being managed within the Council’s Risk Management Framework.	
POLICY FRAMEWORK IMPLICATIONS		
22.	None.	
KEY DECISION?		No
WARDS/COMMUNITIES AFFECTED:		
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Southampton Local Outbreak Communications Plan	
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) None		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)



COVID-19 Outbreak Control Communications Plan [DRAFT]

Introduction and overall aims

This Communications Strategy is designed to support the objectives of the Local COVID-19 Outbreak Control Plan for Southampton. It is arranged around three core themes:

- **Prevention** – proactive communications to help prevent the spread of infection of Covid-19 in Southampton and enable partners and settings to take actions they need to keep us all safe.
- **Managing Outbreaks** – reactive communications to ensure timely notification of local outbreaks and robust messaging that supports the containment and management of the outbreak, including compliance with advised public health measures.
- **Transparency, Clarity and Context** – to ensure the Outbreak Control Plan, and the process for decision making and governance, is communicated and that Southampton data is presented with consistency, clarity and context to key stakeholders and the public.

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The plan will evolve over time with the Local Outbreak Plan and as our understanding of the virus increases and the local picture changes. Working with partners in the NHS, Police, community, voluntary and business sectors will be key to its success.

It is accompanied by the Comms Matrix which includes more detailed tactics and stakeholder mapping. This plan does not cover the wider recovery work taking place.

This plan should be read in conjunction with the COVID-19 Engagement Plan, which sets out how key stakeholders cross the city will be engaged in supporting the OCP.

Where are we now

- At the outset of the pandemic, and beginning in earnest with the lockdown measures that came into force in March 2020, we quickly redeployed communications resource to work on the urgent response to this virus. Our activity has focused on four key areas:
 - Preventing the Spread of Infection
 - Public Confidence
 - Protecting Critical Services
 - Restore and Recover

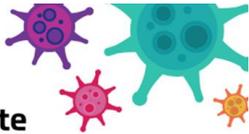
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We have carried out extensive work to communicate about guidance and changes to services across the board, setting up new processes and channels that put us in a strong position to communicate with stakeholders going forward.

- From July 2020 communications will be informed by and refreshed in response to local insight from the Health Protection Board and the Outbreak Engagement Board, as well as intelligence and behavioural insights more broadly.
- This plan will seek to support the delivery of the Local Outbreak Plan, and in doing so define our approach to communications to prevent local outbreaks, manage them if they take place, maintain the support of residents to follow public health advice, and support those that need additional help to enable them to do so.



Coronavirus (COVID-19) update



Councillor Christopher Hammond, Leader of the Council, gave a short speech at council earlier today outlining our priorities for responding to the COVID-19 pandemic as a council and as a city.

You can [watch a summary video](#) and [read the speech in full on our website](#).

[website](#).

You will find below links to all the latest national guidance from the government and information on changes to local services.

Southampton City Council is sharing a COVID-19 Update.
 Published by Yesterday at 12:06 PM

A second walk-through COVID-19 testing site is now open in Southampton at Woodley Road Car Park, Woolston.

You must book ahead at [this link](#) for coronavirus or by calling 119. Both this site and the site already in operation at Marlborough Road in Shirley will not be accepting people that turn up without an appointment.

The site is being run by Mite on behalf of the Department for Health and Social Care as part of the Government's UK-wide drive to increase testing for coronavirus. [See More](#)



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When you boost this post, you'll show it to more people.

44,008 People Reached 7,941 Engagements [Boost Post](#)

Southampton City Council
 Published by [7] · September 2 at 7:10 PM

We want to help you to stay up to date with the latest advice about COVID-19 so we're looking for COVID-19 Community Champions to work with our Public Health and Stronger Communities Teams to share messages about how to stay safe during the coronavirus pandemic with your families, friends, communities and workplaces.

Any resident can be a COVID-19 Community Champion! You will be provided with the latest information, advice and guidance, through regular briefings in order to... [See More](#)



Become a COVID-19 Community Champion!
Details on how to register
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Coronavirus (COVID-19)

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southampton.gov.uk/coronavirus



SOUTHAMPTON CITY COUNCIL

Coronavirus (COVID-19): Please read the latest advice and updates on our services

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Southampton COVID19 Outbreak Control Plan

Foreword to the plan from Dr Debbie Chase – Director of Public Health

On current evidence, new coronavirus COVID-19 cases and deaths in Southampton are on the decline. This puts partners in the city in a stronger place to ease lockdown measures in line with national guidance and move into a 'new normal'. This is a safer position than we were in, but it is not without risk.

It is critically important that we all continue to take precautions to reduce our risk and that of our families and communities. Social distancing, regular handwashing and isolating if we are symptomatic or contacted by the NHS Test and Trace service are all vital. It is also important that the places where we live, go to school, work and enjoy time together are as 'COVID-secure' as possible.




southamptoncitycouncil · Following

southamptoncitycouncil Good morning from a sunny Watts Park, Southampton 🌞

Enjoy our parks and open spaces in this beautiful weather but make sure you keep your distance #StaySafe #StayApart #Southampton

southampton.guide Reply

Liked by lodwick10 and 49 others

ADD COMMENT...



Objectives

1. Raise awareness of the actions people can take to prevent the spread of Covid-19 in Southampton and amplify national NHS Test & Trace messaging on how and when to isolate and get tested
 2. Ensure rapid response in the event of Local Outbreaks through robust reactive communication with public, settings and stakeholders on how they can support the containment of the outbreak through compliance with public health measures, and what to do if they need support to enable them to self-isolate.
- Page 75 Provide an accurate and up-to-date weekly picture of the prevalence of Covid-19 and the latest local guidance to key stakeholders, the media and residents.

Across these three objectives we will use:

- A. All available channels to ensure maximum reach but crucially tailor messaging and tactics to reach communities, settings and locations at high risk or that may be less engaged or aware of how to protect themselves and others.
- B. Public health surveillance, behavioural insights and engagement activities to both inform messaging and channels and identify gaps and barriers

Stakeholders and core audiences



- All residents
- Vulnerable Residents
- BAME
- 'Digitally Excluded'

See Comms Matrix for full picture

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*See Table 7 pg 35
Outbreak Control Plan

Audience insights

- Southampton has a population of approx 250,000 people. Visitors and commuters have reduced over normal levels but as lockdown measures continue to ease this is expected to increase significantly.
- ‘Shielded’ - there are 10,488 people on the Shielded list in Southampton. These are people of all ages – with specific medical conditions identified by the NHS – who are at greater risk of severe illness from coronavirus. Shielding restrictions have been relaxed with further relaxation from 1st August. We will need a distinct approach to formerly shielded people, specifically if we need them to re-shield as part of local control measures
- Page 77 Under the NHS Test and Trace system a list of people identified as “vulnerable” will not be provided directly to local authorities daily, and so proactive communications in relation to support and services across the city will remain important.
- Intelligence from the City (saliva swab) Testing Pilot with the University of Southampton shows some significant barriers to adherence with test and trace guidance - workplaces not being able to afford high levels of absence and fearing positive results, individuals being reluctant to take tests for reasons including impact on life insurance and mortgage applications.
- Lack of trust among some demographics on official guidance on face coverings and other guidance can be a challenge. Feedback from our informal community discussion groups has suggested using trusted voices within communities and local experts are seen as more trustworthy than national figures

Audience insights continued

- According to Southampton Ward Profiles (2018), the city average of residents whose first language is not English is 11.85%. The concentrations of those whose first language is not English in specific wards:

Bevois	32.51%	Shirley	13.05%	Peartree	4.79%
Bargate	20.21%	Millbrook	9.11%	Redbridge	4.64%
Freemantle	19.05%	Bitterne Park	7.29%	Harefield	4.18%
Swaythling	18.39%	Coxford	6.36%	Bitterne	3.39%
Bassett	15.34%	Woolston	4.79%	Sholing	2.94%
Portswood	14.97%				

- This highlights a need for a tailored approach, potentially including translation and/or easy read versions of key information. While translations may be helpful in some instances, just as important is the framing of messages for certain communities and how they are delivered. Two way community engagement will be key to this.
- Through the Southampton Covid-19 Engagement plan we will engage with local populations, working with the NHS CCG, community partners, faith organisations and the voluntary sector to inform our communications work.
- Southampton has a large student population – communicating with them on how to reduce risk on their return in the Autumn will be key. Both the major universities in the city are represented on the Health Protection Board
- ‘Digitally excluded’ - The council has documented in its [Digital Strategy 2018-2022](#) the importance of reaching those excluded from digital communications channels. We must consider options to reach those who may not have immediate access to, or lack fluency using the Internet via smartphones, laptops and other digital devices.

Objective 1. Raise awareness of the actions people in Southampton can take to prevent the spread of Covid-19 and amplify NHS Test & Trace messaging

Actions

City-wide marketing campaign encouraging population to follow guidance to stay safe

Targeted communications to those identified as vulnerable and who were formerly on the shielded list with latest guidance and support available

Share national resources on Test & Trace through all council owned channels, persistently and consistently

Work through Future Communities group to ensure BAME communities are reached with targeted messages about preventing the spread of infection – including tailoring of resources and translations where required

Deliver regular updates to the business community and employers in the city on latest guidance and provide communications toolkit for business

Work with LRF Comms Group to develop comms toolkits on preventing the spread for workplaces and other settings

Establish regular communications with key settings such as schools, colleges and care homes advising on steps they need to take to prevent spread

Promote Covid Community Champions programme to recruit new champions and develop communications assets using champions and other trusted voices to reach and engage communities

Inform local population and stakeholders about operation of testing sites for Southampton residents

Objective 2. Ensure rapid response in the event of Local Outbreaks through robust reactive communication with public, settings and stakeholders on how they can support containment through compliance with public health measures, and what to do if they need support to enable them to self-isolate

Actions*

Prompt notification to local and regional media outlets as required about local outbreak and any lockdown measures and urgent guidance

Posts on social media, asking LRF partners to amplify reach where appropriate and using paid for posts to target specific impacted geographical areas

Targeted communications to those identified as vulnerable and who were formerly on the shielded list with latest guidance and support available:

Think need to break down vulnerable people/communities into:

1. Those that are clinically vulnerable or clinically extremely vulnerable (shielding)
2. Those that are vulnerable for other reasons I.e. socio-economic.
3. Those that are vulnerable due to a combination of the above I.e. BAME

Updates to businesses via local business networks and council channels

Where an Outbreak Control Team has been convened, engagement with partners on the OCT including PHE and the setting/community where the outbreak has taken place

Engagement and coordination with local LRF partners to ensure consistent messaging.

*Actions will need to be flexible and change dependent on nature of the outbreak

Objective 3. Provide an accurate and up-to-date weekly picture of the prevalence of Covid-19 and the latest local guidance to key stakeholders, the media and residents

Tactics	By when	By who
Develop simple to understand dashboard for public release on current Covid-19 infection rates which can be updated regularly with latest figures	Weekly – to be reviewed on an ongoing basis	Comms, design, intelligence
Email to council members and Southampton MPs		Comms
Email to partners and business networks		Comms
Email to all Stay Connected subscribers		Comms
Post on SCC social media channels		Comms

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Key messages

Key messages will be defined by intelligence contained within the H&IW Compendium, test and trace data, early warning indicators, vulnerability indices, and behavioural insights, and adapt to the local situation and changes in national guidance. The top level key messages to understand are:

What are the symptoms or coronavirus COVID-19?

- a high temperature/fever
- a new, continuous cough
- a change to, your sense of smell or taste

If you have any of these symptoms of COVID-19 it is very important that you stay at home and arrange to have a test. This can be done by phoning 119 or visiting the NHS website.

To protect yourself and your family

- Whenever possible keep 2 metres away from people you do not live with.
- Wash your hands well and more often than usual with soap and water or a hand sanitiser for at least 20 seconds.
- Cover your coughs and sneezes with tissues or your clothes. Throw away your tissue after it's used and wash or use hand sanitizer gel to clean your hands.
- Wear face coverings on public transport in shops and other enclosed places where you are in contact with people you would not normally be.

Key messages

If you need help

- If you think you might have the virus, phone 111 for use NHS 11 online for advice. Do not try to visit your GP practice.
- If you, or someone with you, feel very ill with COVID-19 symptoms, or are having breathing difficulties, call 999 and tell them you have symptoms of the virus.
- If you need to get a test for COVID-19 visit the NHS website call 111 for advice
- If you can't get help from friends or family and you need emergency food parcels, you can contact:

Community Support Hub

Tel: 023 80 83 48 00

www.southampton.gov.uk/coronavirus-covid19/

They can also help with enquiries about paying the rent, council tax and water, electricity and gas bills.

You can also call the Community Support Hub if you need up to date advice on COVID-19 Testing.

- You can also contact your local Mutual Aid group

<https://www.facebook.com/groups/southampton.covid19.support>

Tel: Hotline 07923 353 365

Channels

Stay connected – regular weekly bulletin to 40k+ subscribers to SCC database

Print letters/flyers – blanket or targeted approach possible

Social media – significant reach of SCC channels across Facebook, Twitter, Instagram, LinkedIn and YouTube. Option also for paid for activity to boost reach and target specific demographics

Outdoor - can be targeted by area, both on council owned sites, ad sites and posters

Video – Leaders weekly video, video from other leaders within authority and animations as required

Press - Local, regional and national media contacts. Key relationships with Daily Echo, local BBC, commercial radio stations and community stations

Stakeholder email and letters - for MPs, members, partners and others

Website – online home of up-to-date local information on guidance and impact on services at southampton.gov.uk/coronavirus

Partner channels – communicate with partners so they are able to share through their own channels

Agenda Item 7

DECISION-MAKER:		Local Outbreak Engagement Board	
SUBJECT:		Southampton COVID-19 Community Engagement Plan	
DATE OF DECISION:		29 th September 2020	
REPORT OF:		Interim Director of Public Health	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Kate Lees	Tel: <input type="text"/>
	E-mail:	Locum Consultant in Public Health	
Director	Name:	Debbie Chase	Tel: 023 80833694
	E-mail:	Interim Director of Public Health	
STATEMENT OF CONFIDENTIALITY			
N/A			
BRIEF SUMMARY			
Southampton Covid-19 Health Protection Board agreed an Outbreak Control Community Engagement Action Plan on 7 th August 2020. This report aims to provide the Local Outbreak Engagement Board with a summary of the Community Engagement Plan, and asks for their support in delivering it.			
RECOMMENDATIONS:			
	(i)	The Southampton Outbreak Engagement Board is asked to note the contents of the Community Engagement Plan.	
	(ii)	That members of the Southampton Outbreak Engagement Board champion, engage with, develop and support activity to deliver the Community Engagement Plan.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	N/A. Report is for information and discussion.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None		
DETAIL (Including consultation carried out)			
	Background		
3.	National evidence from the first phase of the Covid-19 pandemic have shown that strong community engagement is crucial to preventing the spread of infection and to manage local outbreaks.		
4.	Southampton had a strong community response to the first phase of the Covid-19 pandemic. A wide range of community assets were mobilised and enabled the city to respond successfully through this challenging time.		
5.	National and local evidence from the first phase of the pandemic has shown that the direct impact of Covid-19 and the measures put in place to prevent its spread have been experienced differently across the city. Understanding about the measures required to prevent the spread of infection and manage outbreaks may vary across the city. This highlighted the need for a community		

	engagement plan, with a focus on those most vulnerable to the impact of Covid-19.
	The Community Engagement Plan
6.	The Community Engagement Plan aims to understand and act upon the needs and issues of the community* to prevent Covid-19 infection, reduce onward transmission, and contain outbreaks.
7.	<p>The plan's objectives are:</p> <ul style="list-style-type: none"> • To enable communities to increase interest and understanding of things that can support people to prevent infection and reduce onward transmission • To enable communities to ready themselves for action needed in the event of an outbreak • To enable communities to find solutions to challenges that make preventing the spread of infection more difficult • To understand what support communities need to achieve these things
8.	<p>The plan is based on the principles of:</p> <ul style="list-style-type: none"> • Infection • Communities • Vulnerability • Community action • Community cohesion • Connections • Behavioural insight
9.	<p>The plan includes an action plan, focused on:</p> <ul style="list-style-type: none"> • Identification of communities and settings • Engagement of communities • Engagement of settings • Visibility and openness • Key messaging • Evaluation <p>The plan recognises work to date, what we need to do, when we will do it and the lead for each action.</p>
10.	The Community Engagement Plan aligns with and works alongside the Communications Plan
11.	<p>Examples of actions within the action plan include:</p> <ul style="list-style-type: none"> • Establishing a network of Covid-19 Community Champions who will be developed and grown over time, with representation from as many communities, organisations, and settings as possible. C19CCs are provided with the latest information, advice and guidance, about how to prevent infection, reduce the risk of onward transmission, and contain outbreaks. They are encouraged to use the information to help keep themselves safe and are to share the information in any manner they

	<p>prefer, and to share ideas and issues with one another, as well as with the city council, to enable the things we do to be adjusted appropriately.</p> <ul style="list-style-type: none"> • A series of briefings with stakeholders from a range of settings, for example community organisations, schools, City Council employees to engage with them, provide updates about the latest guidance and situation in Southampton and to better understand the challenges and issues they face.
12.	The Community Engagement Plan recognises that the support of key stakeholders is vital to ensure delivery. Members of the Outbreak and Engagement Board are community and organisational leaders and key to its successful delivery. They are asked to note the content and asked for their support to champion, engage with, develop and support delivery of the plan.
13.	The Community Engagement Plan is monitored and reviewed by the Local Outbreak Engagement Board and Health Protection Board.
	Conclusion
14.	Community Engagement is vital to the delivery of a successful Covid-19 Outbreak Control Plan. The Health Protection Board has responded by developing the Community Engagement Plan. Members of the Outbreak and Engagement Board are key to the plan's successful delivery, so are asked to note the content and asked for their support to champion, engage with, develop and support delivery of the plan.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
15.	The Community Engagement Plan has a resource implication to the council in relation to staff time from SCC Stronger Communities, Public Health, and Communications teams. This is being managed within existing budgets, with additional costs to COVID-19 recorded by the Council's Finance Department.
<u>Property/Other</u>	
16.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
17.	N/A
<u>Other Legal Implications:</u>	
18.	The COVID-19 contain framework states that: "a Local Outbreak Control [Engagement] Board (or existing governance such as a local Health and Wellbeing Board) provides public engagement and community leadership, including comprehensive and timely communications to the public and a link to ministers. Council leaders are responsible for community engagement"
19.	This Plan sets out how council leaders will take responsibility for community engagement in line with the contain framework. https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

RISK MANAGEMENT IMPLICATIONS		
20.	Risks related to the management of the coronavirus (COVID-19) pandemic are being managed within the Council's Risk Management Framework.	
POLICY FRAMEWORK IMPLICATIONS		
21.	None.	
KEY DECISION?		No
WARDS/COMMUNITIES AFFECTED:		All
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Southampton Local Outbreak Community Engagement Plan	
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.	None	

Version 1.2
18/09/2020

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Outbreak Control Community Engagement Action Plan

Agenda Item 7
Appendix 1

Aim

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

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*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
<p>1.1 Identify all the communities, settings and partners that we need to engage in the outbreak control plan</p>	<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 	<p>Continuous cycle of engagement, listening and adjustment</p>	<p>Ongoing</p>

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
<p>1.2 Identify who are the most vulnerable and how we reach them</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 101</p>	<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 	<p>Continuous feedback cycle of engagement, listening and adjustment</p>	<p>Ongoing</p>
<p>1.3 Identify how we effectively communicate with those that are most vulnerable</p>	<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 	<p>Continuous feedback cycle of engagement, listening and adjustment</p>	<p>Ongoing</p>

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>	
	2.2 Use multiple channels of engagement to cater for the needs of different communities	<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 began 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
<p>2.3 Different tones or framing may be needed within messaging aimed at different communities to be effective</p> <p>Page 103</p>	<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
<p>2.4 Amplify social networks in the city</p> <p>Page 103</p>	<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
<p>2.5 To help communities understand each others needs and issues as we all work towards a common aim</p>	<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
<p>2.6 Create opportunity to listen to what the community has to say</p> <p>Page 104</p>	<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

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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	• 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	• 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	• 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	• 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 	Ongoing

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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

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Agenda Item 8

DECISION-MAKER:	LOCAL OUTBREAK ENGAGEMENT BOARD		
SUBJECT:	COVID-19 Situation Report		
DATE OF DECISION:	29 September 2020		
REPORT OF:	Interim Director of Public Health		
<u>CONTACT DETAILS</u>			
AUTHOR:	Title	Interim Director of Public Health	
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Director:	Title	Interim Director of Public Health	
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STATEMENT OF CONFIDENTIALITY			
N/A			
BRIEF SUMMARY			
<p>A COVID-19 infographic report is published by Southampton City Council on a weekly 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>This infographic report 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) pandemic.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	No alternative options considered.		
DETAIL (Including consultation carried out)			
3.	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.		
4.	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. A coronavirus		

	infographic report is published weekly to help inform members of the public of the current coronavirus situation in Southampton. This report can be found at: https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/
5.	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).
6.	Comparisons in the report are made with the latest 7 days available data to 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 being more important than daily fluctuations. It is also important to highlight that the data in these reports, especially most recent figures, are subject to revision. Data presented in these reports are correct at the time of publishing, but historic reports available here may not necessarily reflect the current most up to date published figures.
7.	At time of writing (data up to 8 September) there have been 1,038 confirmed cases of COVID-19 in Southampton (includes both pillar 1 and 2 cases). There were 15 confirmed cases in the previous 7 days, which is an increase of +5 compared to the previous 7 days.
8.	Up to 28 August there have been a total of 168 COVID-19 deaths in Southampton. Of those, 102 died in hospital and 66 in the community (53 of which were in case homes). Resident deaths overall have now come down to expected levels compared to previous years.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
9.	None. This report is for information only.
<u>Property/Other</u>	
10.	None. This report is for information only.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
11.	N/A. This report is for information only.
<u>Other Legal Implications:</u>	
12.	The COVID-19 contain framework sets out responsibilities for a Local Outbreak Engagement Board to provide public engagement and community leadership.
13.	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		
14.	COVID-19 risks are being managed in line with the council's risk management framework.	
POLICY FRAMEWORK IMPLICATIONS		
15.	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/	
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.	None	

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