Southampton COVID-19 Outbreak Control Plan

Southampton City Council, Public Health and EPRR

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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
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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
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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

Contents

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 pace 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

<table>
<tr><th>National brief</th><th>SCC COVID-19 Plan</th><th>Areas Covered</th></tr>
<tr><td>Governance</td><td>Governance Structures (Section 2)</td><td>Leadership, Decision-making</td></tr>
<tr><td rowspan="3">Care Homes and Schools</td><td>Education settings: including early years, schools (primary and secondary), sixth form colleges (Section 5)</td><td rowspan="4">Settings-based response-planning and managing incidents/outbreaks</td></tr>
<tr><td>Care Homes (Section 5)</td></tr>
<tr><td>High-risk Places, Locations and Communities</td><td>High-Risk Settings, Locations and Communities (Section 5)</td></tr>
<tr><td>Vulnerable People</td><td>Vulnerable People (Section 6)</td></tr>
<tr><td colspan="3">Statement cards for the above settings and other higher risk settings are included in Annex X.</td></tr>
<tr><td>Local Testing</td><td rowspan="2">Testing and Contact Tracing (Section 7)</td><td rowspan="4">Enablers of response-planning and managing incidents/outbreaks</td></tr>
<tr><td>Contact Tracing</td></tr>
<tr><td>Data Integration</td><td>Data Integration and Intelligence (Section 8)</td></tr>
<tr><td>(Not covered as individual theme in National brief)</td><td>Communications and public engagement (Section 9)</td></tr>
</table>

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.

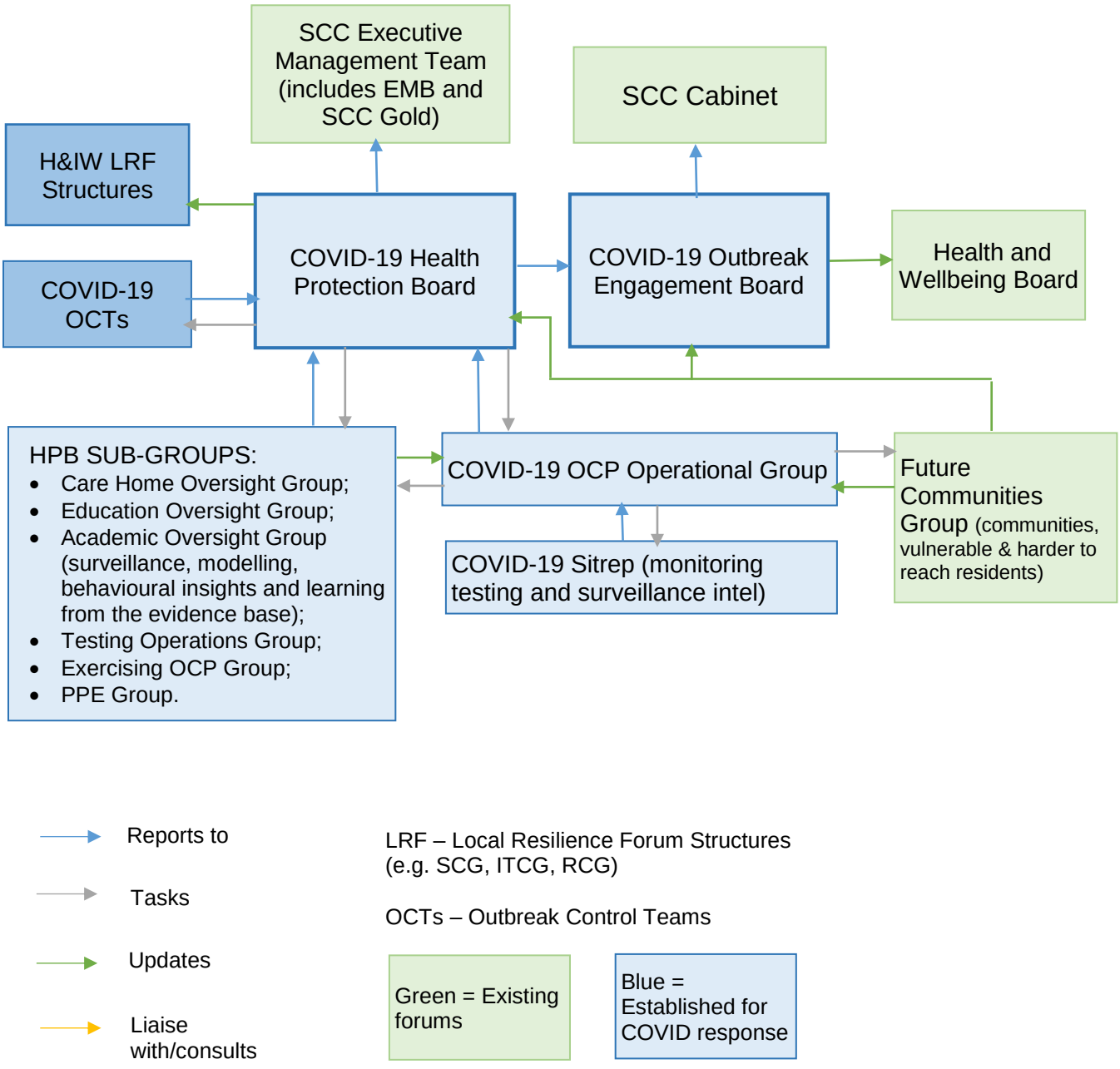
At national and regional level, plans are underway to increase the capacity of local PHE Health Protection Teams to manage outbreak management and complex setting management issues. However, as good planning requires local Outbreak Control Plans to be able to deal with outbreaks at an unprecedented scale 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 HIOIW 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</br> 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

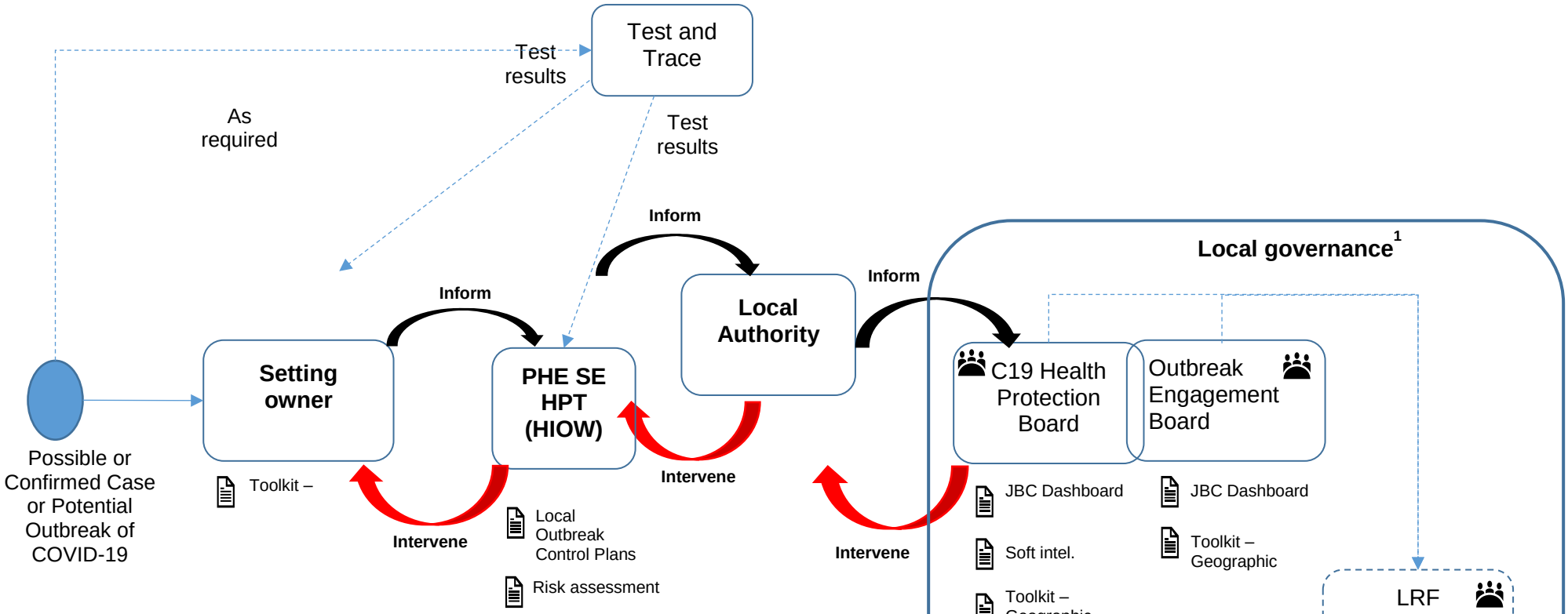
An 'incident' refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

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



Note:

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

Risk assessment

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

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 HIOW 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 (HIOW) 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:**
• **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.	• 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	• Prepare for and lead the Local Authority Public Health response to outbreaks. • Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases. • Should it be deemed necessary, advise the use of legal powers to ensure compliance; Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020.
Local Authority Emergency Planning	• Support the LA and system-wide preparation for and response to outbreaks.
Local Authority Regulatory Services (Port Health/ Environmental Health)	<u>LA Environmental Health</u> • Advisory role to food, pubs, clubs and other relevant premises on preventing the spread of infection and minimising the risk of outbreaks/clusters of cases. • Enforcement of The Health Protection (Coronavirus, Business Closures) (England) Regulations 2020 relating to the closure of pubs, clubs, restaurants and other relevant premises. • Additional support in the event of the escalation of a local outbreak that requires further local capacity. • <u>LA Port Heath</u> • Enforcement of infectious disease controls and the relevant Health Protection Regulations. • Liaise with PHE South East HPT (HIOW) to support the investigation and management of outbreaks, working with ship/cruise companies and management.
Local Authority Integrated Commissioning Services	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in key high risk settings, such as Care Homes, 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	• Support the response, with a focus on higher risk settings and vulnerable groups.
Local Authority Children and Learning	• Provide advice to education and residential settings (using national guidance and local public health recommendations) to prevent the spread of infection and minimise risk of outbreaks/clusters. • 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	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in key higher risk settings, such hostels and communal housing. • Liaise with PHE South East HPT (HIOW), SCC PH, and hostel/communal housing management teams to support the investigation and management of outbreaks. • Ensure a focus on people that will be particularly vulnerable as a result of the outbreak and response.
Local Authority Communications	• Preparing and delivering the Communications Plan, which includes proactive and reactive communications with all relevant settings, agencies, businesses, and the public. The lead agency for communications will be determined at the OCT.
Local Authority Culture and Leisure and events	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in cultural and leisure facilities. This includes in relation to places of worship, religious festivals and cultural practices such as funerals, weddings. • Liaise with PHE South East HPT (HIOW), SCC PH, and cultural/leisure management teams to support the investigation and management of outbreaks. • Ensure appropriate measures are taken to reduce risk linked to an event, including preventative measures i.e. use of a COVID-19 risk assessment to review and provide advice on events, inclusion of Public Health in the Events Safety Advisory Group and the planning meetings for priority events, and seek recommendations from the HPB for larger events.
Other teams and services i.e. Legal, Finance, Economic Development	• Provide specialist advice to support the operationalisation of the Outbreak 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)	• Discharge the responsibilities of PHE as outlined in **Table 2** above.
Southampton City CCG	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in healthcare settings and services i.e. primary care. This includes working with the Primary Care Reference Group on preventing the spread of infection and signposting residents to support services, with a particular focus on vulnerable residents. • Take local action (e.g. testing and treating) to assist the management of outbreaks, and to provide services for prevention, diagnosis and treatment of illness, under the Health and Social Care Act 2012.
Infection Prevention Control SCC/ Southampton City CCG	• Provide specialist infection control advice to organisations and settings to prevent the spread of infection and minimise risk of outbreaks/clusters of cases, and to inform the response.
Solent NHS Trust	• Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE South East HPT (HIOW) in the event of an outbreak. • Liaise with LA and local services as appropriate in relation to supporting vulnerable people.

University Hospitals Southampton NHS Foundation Trust	• Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE South East HPT (HIOW) in the event of an outbreak. • Liaise with LA and local services as appropriate in relation to supporting vulnerable people.
Southern Health NHS Foundation Trust	• Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE South East HPT (HIOW) in the event of an outbreak. • Liaise with LA and local services as appropriate in relation to supporting vulnerable people.
Hampshire Police	• Support the response to an outbreak through the implementation of relevant policies or powers.
Community, Voluntary and Faith Sector	• Coordinate and provide COVID-19 related support to residents, with a particular focus on those that are vulnerable (for clinical, wellbeing, and/or socio-economic reasons) because they are shielding or self-isolating. • Adapt service delivery to be able to continue to provide support services for children, young people and adults (i.e. housing, 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

[1]The 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.

<u>Coronavirus Act 2020</u>

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?
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 NEW Restrict access to or close individual premises, outdoor public places, restrict or prohibit events	Public Health (Control of Disease) Act 1984 (s45G, s45H, s45I, s45J) NEW Health Protection (Coronavirus, Restrictions) (England)(no.3) Regulations 2020 (s.4 individual premises, s.5 events, s.6 outdoor public place)	Magistrates, on the application of a local authority. *Or* The UK government, but only if it enacts further Health Protection Regulations specific to areas. NEW Local authorities, without application to Magistrates Court 'if necessary and proportionate'. See further guidance below.
Close a food business	Food Safety Act 1990, s12.	Local authorities – only if there is an *'imminent risk of injury to health / 'health risk condition test'*.
Close a food business or other business on hygiene grounds	Food Safety and Hygiene (England) Regulations 2013, S8.	Power to serve Hygiene Emergency Pohition Notice but only if Regulations not followed and no compliance creates '*imminent risk of injury to health'*
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 (HIOW) 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 from 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 Heath management programme to promote enhanced ethnicity recording and linked data sets, and as far as possible, utilising intelligence that includes ethnicity data to inform identification, profiling and targeting of resources and support.
- Engaging proactively with 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.

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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:

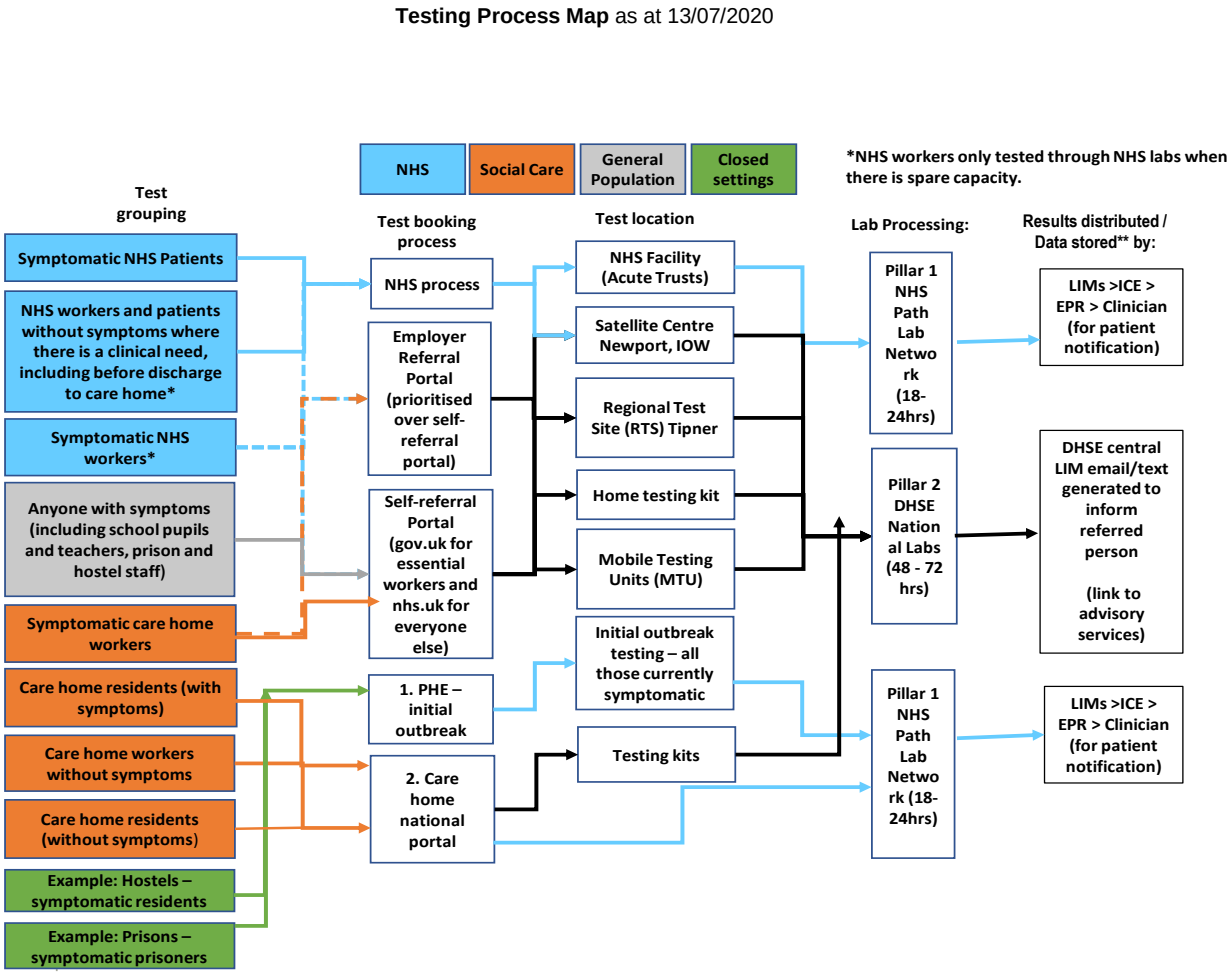
- **Pillar 1:** NHS antigen (swab) testing for those with a medical need (NHS patients) and the most critical key workers (includes any member of the public that is symptomatic, and NHS and Care Home staff).
- **Pillar 2:** Commercial antigen (swab) testing – for critical key workers in the NHS, social 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 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 pubic	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.