

Public Document Pack



NOTICE OF MEETING

Meeting	Hampshire Local Outbreak Engagement Board
Date and Time	Tuesday, 14th July, 2020 at 12.00 pm (or on the rising of Cabinet, whichever is later)
Place	Remote Meeting
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting is being held remotely and will be recorded and broadcast live via the County Council's website.

Please note: this meeting is convened subject to the formal establishment of the Board and appointment of Members in accordance with the proposed terms of reference by Cabinet at its meeting of 14 July.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

4. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

5. LOCAL OUTBREAK CONTROL PLAN (Pages 3 - 72)

To consider a report of the Director of Public Health presenting the Local Outbreak Control Plan

6. CURRENT SITUATION UPDATE

To receive a verbal update from the Director of Public Health on the current situation in Hampshire.

7. DATA SHARING PROTOCOLS (Pages 73 - 78)

To consider a report of the Director of Public Health regarding information flows and data sharing arrangements for the Local Outbreak Engagement Board.

8. LOCAL OUTBREAK CONTROL BOARD ATTENDEES

To consider and agree a process to invite additional attendees to future Board meetings as set out in the Terms of Reference:

- A representative of the main opposition group at the County Council.
- A representative of the District and Borough Councils in Hampshire.
- A Non Executive CCG representative.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Local Outbreak Engagement Board
Date:	14 July 2020
Title:	Local Outbreak Control Plan
Report From:	Director of Public Health

Contact name: Simon Bryant

Tel: 023 8038 3326

Email: Simon.Bryant@hants.gov.uk

Purpose of this Report

1. To present the Local Outbreak Plan (appended), detailing how the County Council and its partners will respond to further outbreaks of Covid-19 infection, to the Local Outbreak Engagement Board.

Recommendation

2. That the Local Outbreak Engagement Board notes the content of the Local Outbreak Plan for Hampshire.

Contextual information

3. In line with the next phase of the UK's response to the COVID-19 pandemic, Hampshire County Council is required to produce and implement a Local Outbreak Plan.
4. It is proposed that Cabinet establish the Hampshire Local Outbreak Engagement Board to facilitate political oversight and scrutiny of the local delivery of the test and trace service under the Plan as well as to lead communication and engagement with the public.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

This report proposes that the Board note the content of the Local Outbreak Plan and therefore does not have any direct impact on groups sharing protected characteristics. Specific actions to implement elements of the Plan will be subject to equality impact assessment.

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COVID-19 Incident and Outbreak Control Plan

Hampshire County Council
Public Health

Version 1.0

Foreword

The Hampshire County Council (HCC) COVID-19 Incident and Outbreak Control Plan describes the management structures and procedures used by HCC to prevent spread of COVID-19 and respond to the pandemic and any incidents and outbreaks that may occur as a result. This plan identifies the roles and responsibilities of the Hampshire Health Protection Board, the Local Outbreak Engagement Board, internal HCC departments, District and Borough services and multi-agency partners required to respond to an incident or outbreak.

This plan is written specifically for managing COVID-19 and outbreaks that occur in the Hampshire area however it works in collaboration with the Upper Tier and Unitary Local Authorities across the Hampshire and Isle of Wight Local Resilience Forum (HIOW LRF) footprint which includes the Isle of Wight Council, Southampton City Council and Portsmouth City Council.

Due to sensitive nature of the information contained within this plan, the annexes have been removed from this published version. The annexes referred to in the main version of the plan are:

Annex	Title
Annex 1	List of Acronyms
Annex 2	Hampshire Local Outbreak Engagement Board TOR
Annex 3	Hampshire COVID-19 Health Protection Board TOR
Annex 4	Template for Theme Situation Report
Annex 5	Management of a Possible or Confirmed Case in a Setting
Annex 6	Management of a COVID-19 Outbreak in a Setting
Annex 7	ICT Management of a COVID-19 Outbreak
Annex 8	Adult Care Settings
Annex 9	Schools, Education and Childcare Settings
Annex 10	High Risk Places, Locations & Communities
Annex 11	Contacts List

Document Control

This plan is authored and maintained by HCC.

Plan Version	Date	Remark(s)	Reviewer(s)
0.1 (draft)	05/06/2020	Drafted template	SL
0.2 (draft)	08/06/2020	Updated template and added text to sections	SL, CB
0.3 (draft)	09/06/2020	Updated template with comments from the Joint Biosecurity Centre	SL, CB
0.4 (draft)	15/06/2020	Updated all sections including section 3.1 with comments from the HCC DPH	SL, CB
0.5 (draft)	18/06/2020	Updated sections 2, 4, 5, 7, 9 and 11	SL
0.6 (draft)	19/06/2020	Updated sections based on feedback from Hampshire Health Protection Outbreak Group	SL
0.7 (draft)	21/06/2020	Updated sections based on feedback from Hampshire Health Protection Outbreak Group and to add consistency between sections. Added Port Health to Annex 10.	JJ / SBr
0.8 (draft)	22/06/2020	Updated based on consultation feedback from Outbreak Control Group members	SL
0.9 (draft)	23/06/2020	Updated based on feedback from HCC Gold	SL
0.10 (draft)	24/06/2020	Updated with comments from HP Board Members	SL
0.11 (draft)	25/06/2020	Updated with comments from wider consultation	SL
0.12 (draft)	26/06/2020	Updated with comments from Hampshire Outbreak Control Board and section 5	SL
Version 1.0	29/06/2020	Finalised and published final version	SL

Date Published: 29/06/2020

Next Review Date: 13/07/2020

Distribution

Hampshire County Council GOLD
Members of the Hampshire Local Outbreak Engagement Board
Members of the Hampshire Health Protection Board
HIOW Integrated Care System
HIOW LRF Strategic Coordination Group Chair

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Section 1 General Information

1.1 Introduction

Hampshire County Council (HCC), alongside many multi-agency organisations and partnerships across the Hampshire and Isle of Wight (HIOW) Local Resilience Forum (LRF), has been working to support a range of settings and communities, both proactively and reactively, as part of the COVID-19 response. As the national measures ease and change, and workplaces, businesses and other settings begin to re-open, local outbreak control plans are needed to identify, control and manage outbreaks at a local level.

As part of the government's COVID-19 recovery strategy, the [NHS Test and Trace service](#) was launched on 28th May 2020 with the primary objectives to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives, and help return life to as normal as possible, for as many as people as possible, in a way that is safe, protects our health and care systems and releases our economy.

Achieving these objectives requires a co-ordinated effort with local government, NHS and other relevant organisations at the centre of outbreak response with development and actioning of local Outbreak Control Plans for COVID-19 Test and Trace by the end of June 2020. National government funding of £300m will be provided to local authorities across England. On 10th June 2020 it was announced that the funding is based on the 2020/21 Public Health Grant allocation, as a result HCC will receive £4.8 million paid in one instalment in June 2020.

The HCC Incident and Outbreak Control Plan – COVID-19 Test and Trace has been put in place to protect the health of the population of Hampshire by:

- Preventing of the spread of COVID-19.
- Early identification and proactive management of local outbreaks.
- Co-ordination of capabilities across agencies and stakeholders.
- Providing assurance to the public and stakeholders that this is being effectively delivered.

1.2 The Hampshire context and the impact of COVID-19 in Hampshire

1.2.1 Hampshire context

The area of Hampshire has a two-tier Local Authority system. The County Council works closely with the 11 District and Borough Authorities across the area as well as neighbouring Unitary Authorities. The county of Hampshire is made up of rural, semi-rural and urban areas and has a population of over 1.3 million people who live and work across the area.

1.2.2 The impact of COVID-19

The data below provides a snapshot that the impact of COVID-19 has had across the Hampshire at the time of initial publication.

Cases

There have been 3,385 NHS lab-confirmed cases of COVID-19 in Hampshire (reported by PHE as of the 27th June 2020)¹. For Hampshire, this is a rate of 245.9 cases per 100,000 population, which ranks Hampshire 94 out of 150 Upper Tier Local Authorities (UTLA) in England (where 1= highest rank), in terms of cases of COVID-19.

Deaths

The first death involving COVID-19 in Hampshire occurred on the 13th March 2020. Deaths occurrence data up to the 12th June 2020 report there have been 1,016 deaths involving COVID-19 in Hampshire. Of these deaths, 444 (44%) have occurred in care home settings and 525 (52%) in hospital, and 47 (4%) in community settings (including home, hospice or other communal settings)².

Outbreaks

203 out of 499 (40.1%) CQC registered care homes in Hampshire have reported outbreaks as of 15th June 2020³.

¹ <https://coronavirus.data.gov.uk/#local-authorities>

² <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/>
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

³ https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information?utm_source=3c81d35e-b775-4cf1-97ae-bb15fa20848c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

1.3 Summary of the plan

The national brief asks all UTLAs to develop local outbreak control plans based on the following 7 themes:

1. **Care homes** - Defining monitoring arrangements, possible scenarios and planning for the required response.
2. **Schools** – Defining monitoring arrangements, possible scenarios and planning for the required response.
3. **Identification of high-risk places, locations and communities** – Defining preventative measures and outbreak management strategies.
4. **Local testing capacity** – Identifying methods for local testing to ensure a swift response that is accessible to the entire population at risk, defining how to prioritise and manage deployment.
5. **Contact tracing in complex settings** – Identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity.
6. **Data integration** – Integrating national and local data scenario planning through the Joint Biosecurity Centre (JBC), including planning, data security and NHS linkages.
7. **Vulnerable people** – Supporting vulnerable local people to self-isolate (facilitating NHS and local support, identifying relevant community groups and ensuring services meet the needs of the diverse communities).

The above 7 themes are covered in this plan as follows:

National brief	HCC COVID-19 Plan	Areas Covered
Governance	Governance Structures (Section 2)	Leadership, Decision-making
Care Homes and Schools	Care Homes (Section 4) Schools and Education Settings (Section 5)	Settings based response- planning and managing of incidents/ outbreaks
High-risk Places, Locations and Communities	High-Risk Settings, Locations and Communities (Section 6)	
Vulnerable People	Vulnerable People (Section 7)	
Local Testing Contact Tracing	Testing & Tracing (Section 8)	

Data Integration	Data and Outbreak Intelligence (Section 9)	Enablers of response-planning and managing of incidents/ outbreaks
(Not covered as individual theme in National brief)	Communications (Section 10)	

1.4 Purpose of the plan

The strategic purpose of the HCC Incident and Outbreak Control Plan is to describe how we will work as a system in Hampshire to prevent, prepare for, and respond to the COVID-19 pandemic and local outbreaks of COVID-19. The Plan builds on the existing robust health protection Standard Operating Procedure (SOP) already in place and is part of the council's overall response to emergencies, it does NOT replace existing Major Incident or other 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. The plan will be in place until such time as the pandemic is no longer impacting on business or where suspected or confirmed COVID-19 outbreaks in any setting type are no longer occurring on a basis that requires a multi-agency response or is disruptive to society.

1.5 Aim and objectives

The aim of the Plan is to provide a framework as to how we will work as a system to respond to COVID-19.

The objectives of this plan are as follows:

- To reduce transmission of COVID-19, protect the vulnerable and prevent increased demand on healthcare services.
- To provide consistent advice to settings to prevent the spread of COVID-19.
- To oversee the test and trace programme for Hampshire
- To coordinate testing across Hampshire.
- To ensure a collaborative and coordinated approach to supporting settings across the Hampshire area.
- To provide assurance to the Board's about the about the ability to prevent, identify and control COVID-19 outbreaks when they occur through the collation and analysis of a range of data.

Section 2 Governance

2.1 Overview

This section provides an overview of the governance arrangements for HCC in relation to local COVID-19 outbreaks. This is illustrated in figure 1 below with further detail provided in subsequent paragraphs.

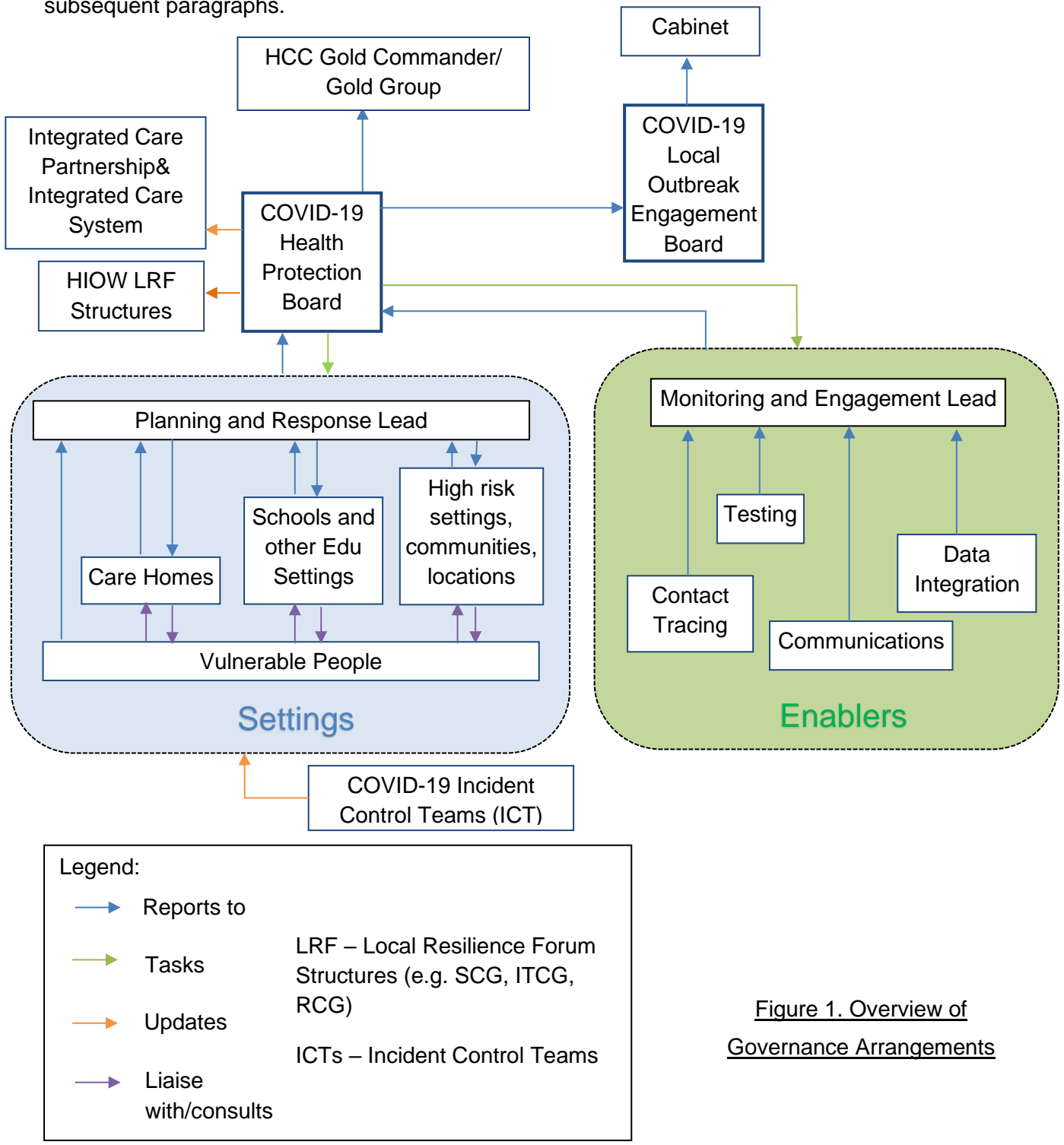


Figure 1. Overview of Governance Arrangements

2.2 Hampshire Local Outbreak Engagement Board

The Hampshire Local Outbreak Engagement Board (LOEB) is a member-led oversight board, chaired by the Leader of HCC. The LOEB is a subgroup of the Hampshire Cabinet. The primary roles of the LOEB are to have political oversight relating to outbreak response, provide direction and leadership for community engagement, and be the public face of the local response in the event of an outbreak.

2.3 Hampshire Health Protection Board

The Hampshire COVID-19 Health Protection Board will bring together senior professional leads from the organisations involved. The Board will report to the LOEB and the Council Gold group. The primary roles of the Board are the ongoing development and delivery of the HCC Outbreak Control Plan, to work with the relevant LRF Cells and to make recommendations to the LOEB on allocation of resources. The Chair will be the Director of Public Health (DPH).

Draft national guidance *Guiding Principles for Effective Management of COVID-19 at a Local Level* states that the Upper Tier Local Authority Chief Executive, in partnership with the DPH and PHE South East (SE) Health Protection Team (HPT) HIOW; are responsible for signing off the HCC Outbreak Control Plan.

- The Health Protection Board will monitor the burden of COVID-19 within Hampshire and ensure that appropriate actions and resources are in place to prevent the spread of infection, identify outbreaks as early as possible and that steps are taken to control outbreaks, reduce further spread and mitigate impact on the local population. The Board will also have responsibility for the development and targeting of communications to the public to help prevent spread of infection. In addition, the Board will put in place processes to enable local residents to access COVID-19 testing and to participate effectively in the Test and Trace programme.
- The board will oversee and ensure swabbing and testing for symptomatic individuals is in place and that testing services are available and can be deployed rapidly when an OCT/ICT is set-up.
- PHE SE HPT (HIOW) will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak.
- Through the established processes set out in the Health Protection SOP, incident-specific Incident Control Teams (ICTs) will be set up to agree and put in place follow up actions required to manage outbreaks in individual settings, including support to the setting to

continue to operate whilst managing the outbreak, including support with Infection Prevention and Control (IPC) guidance.

- PHE SE HPT (HIOW) will work collaboratively with the Health Protection Board both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems.

The Health Protection Board will also work closely with the following regional PHE groups:

- PHE South East Contact Tracing Operational Group.
- PHE South East Regional Test and Trace Oversight Group.
- PHE South East Schools Cell.

2.4 HCC Gold

This is the strategic level of command and control at which policy and strategy are established and managed for the HCC's emergency response to any major incident. HCC Gold will ensure appropriate resources are made available for the management of COVID-19 incidents, as per this plan.

2.5 COVID-19 ICTs

As outlined in section 3, the management of incidents of COVID-19 will usually require the establishment of Incident Control Teams (ICT) for the duration of the incident. These would be responsible for overall management of the incident and reporting into Health Protection Board. The ICT is a multi-agency response to the incident with membership determined by the nature of the incident and context.

2.6 Hampshire & Isle of Wight LRF

The Health Protection Board will provide regular updates to the LRF. Where a level 2 or level 3 response to an incident is occurring (see section 3.1.2), the Chair of the Health Protection Board will need to communicate this to the LRF Strategic Coordination Group (SCG). The HIOW LRF will support local health protection arrangements working with the Hampshire LOEB and the Hampshire Health Protection Board directly through the TCG, SCG and Recovery Coordinating Group (RCG) as well as the following cells (if active):

- Multi-Agency Information Cell (MAIC).
- Modelling Cell.
- Preventing Spread of Infection Cell.

2.7 Planning and Response Lead

The Planning and Response lead will be a senior member of HCC who sits on the Health Protection Board. They will be responsible for oversight of activity within the 'settings'-based themes in this plan i.e., high risk settings, care homes, schools and other educational settings and for activity related to the support of vulnerable people in the context of preventing and management of outbreaks. Each of these four themes has a designated lead which will be responsible for submitting weekly a SitRep to the Planning and Response Lead, highlighting any matters requiring escalation to the Health Protection Board.

For HCC, the Planning and Response Lead will be responsible for providing regular updates to the Hampshire Tactical Coordination Group (TCG).

2.8 Engagement Lead

The Monitoring and Engagement lead will be a senior member of HCC who sits on the Health Protection Board. They will be responsible for oversight of activity within the themes in this plan.

2.9 HIOW Integrated Care System

The HIOW Integrated Care System covers the majority HIOW area and leads on the overall system planning and coordination along with the commissioning of services at a scale that best serves the widest population. There will also be links to the Frimley Integrated Care System.

2.10 Integrated Care Partnerships

The Integrated Care Partnerships (ICP) are based around four providers of acute care in the area with the aim to improve the overall effectiveness and efficiency for the provision of health and care service delivery. The Outbreak Control Board will maintain close linked with the relevant ICPs through the Public Health locality lead to ensure a local system approach.

2.11 Record keeping

It is essential that accurate records are kept and updated daily. Weekly Sit-rep will be kept using information from "Incident Logs" held and shared by the Council's Public Health team, as well as any additional daily or weekly PHE reporting cascaded to Theme leads by the

Council's Public Health team. Weekly Settings Theme Sit-reps will be collated by the Planning and Response lead and shared with the Health Protection Board prior to any meetings. Where there is any ambiguity about which Theme lead would be overseeing an incident in a particular setting, the Council's Public Health team (involved in management of the incident) will facilitate agreement to oversee the incident by the relevant Theme lead, based on the scoping information provided in this Plan. Any matters requiring escalation will be documented and referred to the Health Protection Board Chair.

Section 3

COVID-19 Prevention, Incidents and Outbreak Response

3.1 Definitions

COVID-19 has been added to the list of notifiable diseases in the revised Health Protection (Notification) Regulations 2020. For the definition of a 'possible case' of COVID-19, see the latest government guidance [here](#).

As of 18th May 2020, a person well enough to remain in the community would be defined as a possible case if they had any of the following symptoms:

- A high temperature.
- A new continuous cough.
- 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.

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

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. An outbreak can also refer to an unexpected rise in the number of observed cases.

The current definitions of an outbreak in a care home and an educational setting are the following (please note that these may be updated from time to time):

- **Care Homes:** Two or more cases which meet the case definition of possible or confirmed case as above within a 14-day period among either residents or staff in the care home.
- **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).

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 outbreaks and will involve the relevant Environmental Health Officer(s) (EHO) from the Districts/ Boroughs and other required stakeholders to resolve the incident.

3.2 Strategic approach to COVID-19 Prevention, Incidents and Outbreaks

This plan outlines the role of HCC in the overall pandemic response. This encompasses two main areas of focus:

1. **Prevention**, which involves preventing the spread of infection across the Hampshire population and keeping the R number down; and
2. **Management** of incidents and outbreaks in settings and communities.

3.2.1 Prevention

The aim is to prevent infection by applying existing guidance to stay home and socially distance, adhere to the risk assessed safe working advice set out in the governments [COVID-19 secure guidance](#) , regularly clean hands and surfaces and minimise contacts outside of the household. The shielding guidance for extremely clinically vulnerable people remains important. Continued campaigns and support for essential workers and other residents to self-isolate and promptly access testing on experiencing COVID-19 symptoms will be key in the prevention of further cases. Timely results will enable a prompt Public Health response.

HCC is working closely with District Councils to ensure that businesses are aware of and operating within COVID-19 secure guidance. District Councils, through their Environmental Health function have a key role in supporting residents to limit their exposure to COVID-19 infections and thereby to prevent the spread of infection.

All local health and care organisations are working to ensure that patients and staff are protected from COVID-19 and that testing of patients prior to discharge is in place. Specific prevention activity related to Care Homes, Schools and other settings is detailed in Section 3 and 4.

Preventing Spread of Infection (PSI) remains a key objective of the HIOW LRF's SCG, the HCC Health Protection Board will seek to share intelligence and to identify opportunities for shared learning and coordinated action via this group.

The HIOW LRF Modelling Cell facilitates the development and delivery of health intelligence support to all partner agencies including the provision of daily data feeds and early-warning indicator dashboard to all agencies. The HCC Health Protection Board will maintain strong links into this Cell in order to facilitate the early identification of emerging patterns or clusters and / or increasing incidence COVID-19 infection across the wider HIOW area

3.2.2 Recovery Coordinating Group

The board will maintain strong links with the RCG and the Council's recovery group to ensure a coherent approach to both recovery and management of infection.

3.2.3 What we need to be doing

Intervention by the Health Protection Board and other players in the governance structure (Section 2) will be based on intelligence from a number of surveillance systems and the JBC playbook.

3.2.4 Early warning signs

A number of COVID-19 surveillance systems are used to track coronavirus activity⁴.

- **Daily confirmed COVID-19 cases in HIOW** – PHE dashboard.
- **NHS digital dashboard** – contains data on Testing statistics
- **Community surveillance** – Notifications from PHE SE HPT (HIOW) of COVID-19 incidents, exceedance and acute respiratory outbreaks in various settings, internet-based surveillance (Google), the online [FluSurvey](#) (completed by the public and tracks self-reported respiratory symptoms which has been adapted to monitor community prevalence and trend of COVID-19 symptoms).

⁴ No single piece of data tells the whole story of any outbreak, nor can any system provide a definitive figure for exactly how many people could have COVID-19 at any given point in time as many will have mild symptoms/be asymptomatic and remain unreported.

- **Primary care surveillance** - GP consultations for respiratory disease (in/out of hours), NHS 111 (online/calls) and Royal College of GPs Swabbing Scheme.
- **Secondary care surveillance** - Emergency Department Syndromic Surveillance (EDSS) and COVID-19 Hospitalisation in England Surveillance System (CHESS).
- **Virological surveillance** - Respiratory Datamart.
- **Mortality surveillance** – Hospital daily deaths, ONS weekly death registrations (all settings) and excess all-cause mortality.
- **International situation** – WHO and ECDC surveillance.

The Council Public Health team uses these surveillance systems along with ‘mobility activity’ as a measure of physical/social distancing, to assess, monitor and track COVID-19 infection.

Some of these surveillance systems inform the LRF Early Warning Indicator dashboard (see Section 9.2). This dashboard will be used to review rate of infection and, together with the data outlined above and intelligence from ICTs to determine if action is required by the Health Protection Board.

3.2.5 COVID-19 incident and outbreak management

Local outbreaks will need to be prevented and managed. PHE SE HPT (HIOW) and HCC PH will gather intelligence on COVID-19 outbreaks via the national Test and Trace service, laboratory results and local partner intelligence about suspected outbreaks.

In managing outbreaks, members of the ICT and the HPB will consider the use and implementation of any powers as described in relevant legislation (see Section 12 – Key Related Documents and Legislation). Similarly, settings where an outbreak or incident may be occurring would need to ensure they comply within any reporting requirements to statutory bodies/agencies as would normally be required, or that may be put in place as part of the response to COVID-19.

Broadly speaking, notifications of COVID-19 cases or potential outbreaks will be managed at 3 levels:

- **Level 1:** Cases/incidents/outbreaks dealt with at PHE SE HPT (HIOW) and Local Authority level will have oversight from the Health Protection Board (HPB). This can be referred to as the 'business as usual' approach, as it relies on longstanding systems and processes and has been the approach used prior to the development of this plan.
- **Level 2:** Management of an incident/outbreak exceeds existing capacity within the PHE SE HPT (HIOW) to respond. In such situations, the Health Protection Board would provide support through decision-making around resource/capacity deployment to manage the incident/outbreak.
- **Level 3:** Management of an incident/outbreak exceeds existing capacity within the PHE SE HPT (HIOW) and/or Local Authority to respond and which requires additional regional or national resource or coordination. In such situations, the Health Protection Board would provide support through decision-making around resource/capacity deployment to manage the incident/outbreak. The COVID-19 Outbreak Engagement Board would also support through its public-facing role, supporting external communications and public engagement. If a coordinated multi-agency outbreak response is required, the HIOW and TV Local Health Resilience Partnership (LHRP) Joint Health Protection Incident and Outbreak Control Plan may be activated in tandem with this plan.

PHE will initially conduct the risk assessment with the setting, provide IPC advice and organise testing as appropriate. This will be delivered following internal PHE SOPs developed for responding to COVID-19 cases and outbreaks in specific setting types. In the majority of incidents, the SOP will indicate the need for an ICT. Through participation in ICTs, Local Authorities and other relevant partners will provide support to the outbreak setting and additional capacity for contact tracing and testing, as needed.

It is highly likely that COVID-19 "outbreaks" will occur continuously for months and will become normal operational business for the PHE SE HPT (HIOW), EHO and the DPH.

The Health Protection Board will determine whether any action should be taken on receipt of notification or intelligence on COVID-19 incidents or outbreaks. Partner organisations contribute to mitigating actions as part of standard practice. As such an outbreak itself is not an emergency but may require urgent action to prevent or manage risk and to protect health.

3.3 Notification of a COVID-19 incident/ outbreak in a setting

An overview of the notification process for a single case or an outbreak of COVID-19 in a setting is outlined in figure 2 (page 23).

There are also a number of situations which would trigger the declaration of a COVID-19 Incident or Outbreak and may require the establishment of an ICT:

- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred (e.g. a 'hotspot' of COVID-19 activity identified through surveillance systems as outline in Section 8, and including data from the Joint Biosecurity Centre).
- Any of the setting-related 'Escalation Criteria' being met (see Appendix 5, 6 and 7):
 - 2 or more possible or confirmed cases linked to the same setting/location within a 14-day period (cases can be among staff and/or people attending or residing in the setting).
 - Situation worsens considerably within a setting.
 - There are COVID-19 hospitalisations or complex case/s associated with the setting.
 - Significant public, media or political interest.
 - Involvement of more than one setting or local authority.

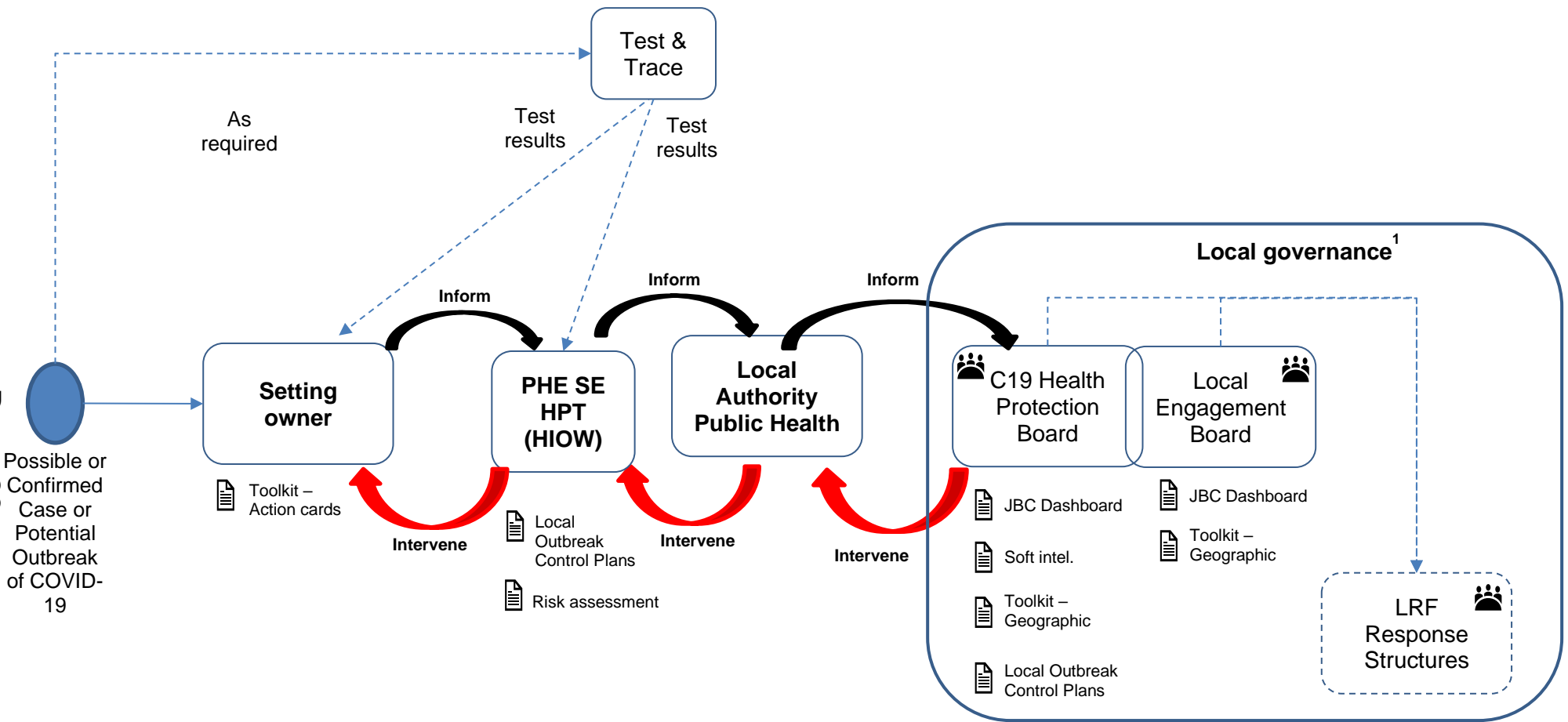


Figure 2. Overview of COVID-19 Case and Outbreak Notification Process

3.4 Management of a COVID-19 incident/ outbreak in a setting

The primary objective in 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. PHE has produced a wide range of guidance for various settings on how to manage COVID-19. Some of these are listed hereunder:

[Resources for Childcare and Education Settings](#)

[Resources for Care Homes](#)

[Resources for Workplaces](#)

For a health protection incident management, PHE SE (HIOW) has a responsibility to deliver the specialist health protection response which complements the Local Authority Public Health (Council Public Health) role to provide relevant 'information and advice' to the person/ body concerned with a view to promoting the preparation of appropriate local health protection arrangements. The HIOW Public Health SOP for a Health Protection Incident should be referred to wherever incidents of COVID-19 are being managed. This should be followed in conjunction with the PHE [Communicable Disease Outbreak Management Guidance](#), which describes the overarching principles of outbreak control, membership, roles and responsibilities of an ICT, and provides a framework for conducting an ICT.

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 and is being addressed in this plan.

It is recognised that COVID-19 incidents and outbreaks will be managed within routine business across the PHE SE HPT (HIOW) and the Local Authority Public Health team overseen by the Health Protection Board. Where an ICT is convened, responsibility for managing an outbreak is shared by all organisations who are members of the ICT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.

All activities should be underpinned by a comprehensive risk assessment. Risk assessments should be agreed by the ICT (or PHE SE HPT (HIOW) if the ICT is not set-up) and regularly reviewed throughout the outbreak investigation. An example of the risk assessment framework used by PHE is provided in Annex 7 of the PHE [Communicable Disease Outbreak Management Guidance](#).

The Hampshire Health Protection Board will work with neighbouring local authorities to ensure a consistent and all-informed regional response, where necessary. Details of any outbreaks on the border with another local authority will be shared as a routine matter.

The learning from incidents/outbreaks managed in the context of this plan will be captured through the situation reporting process, with Theme leads submitting these reports to the HP Board on a weekly basis. This learning will be collated and used to proactively managing future outbreaks.

Section 4

Adult Care Settings including Care Homes

This section of the plan looks the prevention measures, identification of an outbreak in a care home setting, testing and surveillance/ monitoring. Further advice from PHE and the Department of Health and Social Care (DHSC) on adult social care can be found [here](#).

There are 6 key objectives for supporting care homes throughout the COVID-19 response, these are listed in the below bullet points and are taken from the COVID-19 Care Home Support Plan for Hampshire.

- Ensure that the care provided is of a high standard and is able to meet individual needs safely.
- Support care providers in order for them to remain viable now and beyond the COVID-19 pandemic.
- Ensure that care providers receive the specialist clinical advice to support the health of their residents.
- Ensure appropriate provision of testing, availability of Personal Protective Equipment (PPE) and excellence in IPC practice.
- Allocate funds in a fair and transparent way and continue to review financial support.
- Provide access to the most up to date information in easily accessible formats.

4.1 Prevention

Care homes have been offered Infection Prevention Control (IPC) support through a [Care Home Support Offer scheme](#) which includes funding for staffing, access to specialist IPC advice via webinars, IPC training and a PPE supply chain.

4.2 Identification and management of an outbreak

Care Homes and other care settings should notify all outbreaks directly to PHE SE HPT (HIOW). Care Homes may also inform HCC Adult Health Care and/or the local CCG. Following notification of an incident or outbreak by the Care Home or other care setting covered by this section of the plan, the Council Public Health team will follow the Health Protection SOP and will make contact with the PHE SE HPT (HIOW). The Council Public Health team will notify Adult's Health and Care. The Council Public Health team will liaise with

the setting and support the District Council Environmental Health team where required and will liaise with the HCC Communications Team.

The PHE SE HPT (HIOW) will conduct a risk assessment and offer advice and testing as appropriate. Once PHE SE HPT (HIOW) has identified an incident or outbreak linked to a contextual setting (for example through case identification and contact tracing) then, upon risk assessment will offer advice and testing as appropriate. Following this, the HPT will arrange an Incident/Outbreak Control Team (ICT/OCT) to agree further actions with support from the Local Authority Public Health team and relevant stakeholders. Subsequently the incident/outbreak will be followed-up and provided with information about contacts of cases. If necessary, PHE SE HPT (HIOW) will arrange a multiagency ICT to agree further actions.

4.3 Testing process

The Health Protection Board will oversee initial testing arranged by PHE SE HPT (HIOW) in response to an outbreak arranged by and delivered by the Local Testing Service or Alternatively care homes can request whole-home testing via the Care Home Portal. For symptomatic staff, testing can also be requested via the national pillar 2 portal, attendance at a Regional Test Centre (RTC), deployment of a MTU or a home-test kit (see figure 3).

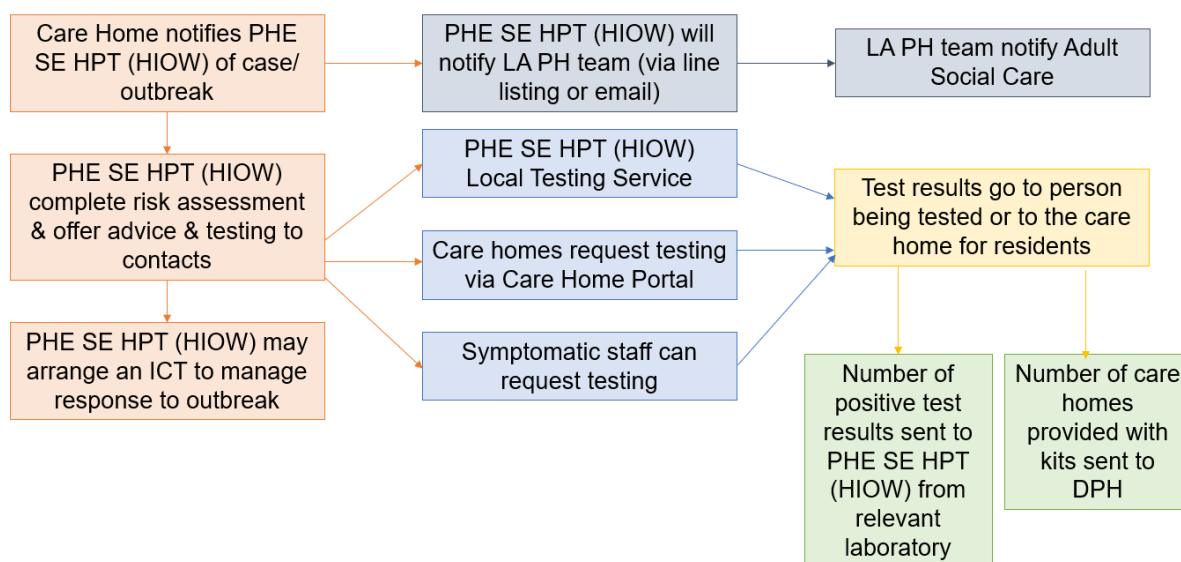


Figure 3. Notification and testing flow chart for Care Homes

4.4 COVID-19 surveillance and monitoring

To enable surveillance of care homes outbreaks across Hampshire, daily and weekly reports on outbreaks in care homes known to PHE are sent directly to the Council Public Health team and forwarded to the Care Home Theme Lead.

With regards to monitoring, this will be delivered through the Care Home Operational Delivery Group which draws on data from the Capacity Tracker which is shared with the DPH.

Information on COVID-19 incidents in Care Homes will be shared with the HPB via the Care Home Theme Lead's Sit-rep which collated prior to each HPB meeting, as well through the data integration theme. Please refer to the HCC Care Home Support Plan for further information.

4.5 Existing arrangements and arrangements that need to be set-up

The COVID-19 Care Home Support Plan for Hampshire contains the following 6 key objectives, all of which contribute to the effective delivery of the Hampshire COVID-19 Outbreak Plan in care settings.

- Safe and Personalised Care.
- Provider Workforce Resilience.
- Care Home Clinical Support.
- Preventing the Spread of Infection through IPC Support.
- Provider Financial Resilience.
- Effective Engagement.

The Hampshire Care Home Support Group and Care Home Operational Group will support delivery of the aspects of the Hampshire COVID-19 Outbreak Plan pertaining to Care Homes and other care settings.

Section 5

Schools, Education and Childrens Care Settings

This section of the plan looks specifically at planning for local outbreaks in schools, educational settings and childrens care settings. In Hampshire the settings are broken down as follows:

Early Years Settings	LA Schools	Independent Schools
36 Maintained nurseries	423 Primary schools (infant/junior/primary)	42 Independent schools
1161 Childminders	66 Secondary schools (incl. 6 sixth forms)	Of those 12 have boarders
636 Group preschool/nursery	2 All through schools (4-16)	20 have nursery provision
26 Nurseries of independent schools	26 Special school	
300 Out of school providers	5 PRU	22 are non-maintained special schools
	2 Alternative provision	

There are 56 residential children's homes in Hampshire including 10 HCC owned residential children's homes including a secure unit. There are a small number of private children's social care settings, which also provide placements for children in care. Considerations around COVID-19 prevention and incident management vary across different care settings, depending on the level of health and care needs of the children within the setting.

5.1 Prevention

There is various Government advice available for schools, educational settings and children's care settings, please see below:

- [Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)
- [Actions for education and childcare settings to prepare for wider opening from 1 June 2020](#)
- [Actions for schools during the coronavirus outbreak](#)
- [Managing school premises during the coronavirus outbreak](#)
- [Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)

- [Guidance for special schools, specialist colleges, local authorities and any other settings](#)
- [Coronavirus \(COVID-19\): guidance for children's social care services](#)
- [PHE webinars for schools and other resources](#)

Children's care settings are reminded to follow government guidance on children's social care settings, as well as additional advice on PPE use (especially for settings where higher levels of direct personal care is required). Children's care settings receive advice from the Council's Public Health Team, where necessary, and are supported by the Children's Services team in accessing PPE through a local supply chain.

5.2 Identification and management of an outbreak

There are a number of routes that notification of a case (incident) or outbreak in schools, educational settings and children's care settings may take, these are shown below:

1. Local laboratory reporting (PHE HPT).
2. Setting reporting to PHE HPT due to parent notification from national testing programme.
3. Contact tracing from positive case.
4. Setting reporting to Council's Children's Services.

Following notification of an incident or outbreak the Council Public Health team will follow the Health Protection SOP and will make contact with the PHE SE HPT (HIOW) if this was not the route of notification. The Council Public Health team will notify Children's Services, liaise with the setting and support Children's Services as well as liaising with the Communications Team.

The PHE SE HPT (HIOW) will conduct a risk assessment and offer advice and testing to contacts as appropriate. Subsequently the incident/ outbreak will be followed-up and provided with information about contacts of cases. If necessary, PHE SE HPT (HIOW) will arrange a multiagency ICT to agree further actions.

In managing cases or outbreaks of COVID-19, childcare and education settings need to follow guidance available on the [gov.uk website](https://www.gov.uk), as well as any tailored guidance and SOPs produced by the PHE SE Schools Cell and cascaded by the HCC.

5.3 Testing process

Following notification, The Health Protection Board will oversee testing arranged by PHE SE HPT (HIOW) and delivered by the Local Testing Service. Symptomatic staff and students can request testing via national pillar 2 portal accessed by an MTU or via a home-test kit (see figure 4). The results from a test go back to the person being tested. Person-level data for positive results flow back to PHE however it is expected that test results will go to the GP for positive cases.

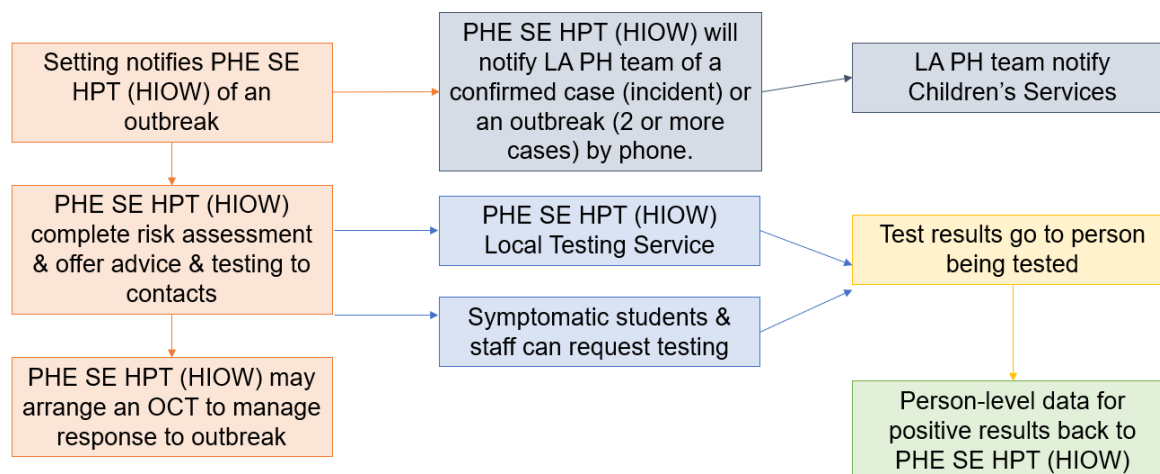


Figure 4. Notification and testing flow chart for Schools, Educational Settings and Children’s Care Settings

Following notification of symptomatic residents or an outbreak of COVID-19 in a children’s care setting, the PHE SE HPT (HIOW) will assist with requesting testing through the community testing service, or a MTU may be deployed if necessary. Symptomatic staff can access testing via the STC, MTU (if deployed), or a home test kit.

The Council has the role of corporate parent for children who may be placed in residential care settings out of the area therefore consideration needs to be given in relation to testing and self-isolation.

5.4 COVID-19 surveillance and monitoring

For operational monitoring and management, PHE SE HIOW HPT will inform the Council Public Health team of suspected and confirmed outbreaks. This may be in the form of real-time notification or retrospective daily/weekly reporting.

When a case is confirmed in an individual attending a setting within the scope of this workstream, alerting will take place by phone through an agreed cascade. Relevant individuals will then be alerted to offer support to the setting.

Outbreaks known to PHE are also sent directly to the Council Public Health team and forwarded to the Schools, Education Settings and Children's Care Settings Theme Leads.

To enable surveillance of outbreaks in schools and education settings across the Hampshire, daily and weekly reports on incidents and outbreak will be aggregated to show total incidents/outbreaks by setting and new incidents and outbreaks by setting in order to understand trends over time and increases in levels of COVID-19 infection more generally.

The COVID-19 Children and Families Management Team meets daily to discuss matters concerning children's social care across Hampshire and the Isle of Wight, and this may include discussion on matters around COVID-19 incidents in these settings.

Section 6

High Risk Settings, Locations, Communities & Healthcare Settings

This section of the plan looks specifically at planning for local outbreaks in settings, locations and communities where there may be an increased risk of substantial onward transmission, i.e. settings where significant numbers of people mix and /or social distancing is challenging and / or in which people who may be more vulnerable to COVID-19 may be living or working. Such settings include but are not limited to; sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings (links with Health and Justice Programme), accommodation for homeless people, domestic abuse refuges, meat packing plants, rough sleepers, religious settings, call centres, rehabilitation units, tourist accommodation and attractions and populations such as transient communities.

In Hampshire a number of high-risk settings, locations and communities of interest, which may need additional support to control the spread of COVID-19, have been identified. Further settings may be identified through contact tracing (see section 8).

COVID-19 SOPs will be developed for specific high-risk place, locations and communities to ensure all relevant partners are clear on their roles and responsibilities and action needed, especially for outbreak management, based on national SOPs where and when these are available. These SOPs will assist in determining the resource capabilities and capacity implications.

Public transport associated with an area where there is a localised community outbreak, will need to be considered by the ICT. But it clearly can only become a reality when the mobile phone app is in place nationally, the majority of the public use it, and the government decides how to respond to increased incidence of COVID-19 associated with a particular transport route/hub.

6.1 Types of High-risk settings, locations and communities in Hampshire

A mapping exercise of high-risk settings, locations and communities in Hampshire has yielded the following list:

Category	Examples
Housing	Sheltered housing HMOS Hostels/Shelters/Refuge Almshouses
Health Settings	Hospitals GP surgeries Dentist Pharmacies Alternative health settings (Chiropractor)
Leisure/ Tourist Venues	Theatres/cinemas/bingo halls Amusement parks/zoos/ attractions Leisure centres Accommodation
Transport hubs	Railway Cross Solent ports/ harbours/moorings Bus Taxis/Private hire
High Risk Workplaces	Primary food production and food processing plants* Call centres Manufactures Large office or retail BAME
Hotels and Holiday settings	Hotels/B&B Camp or caravan parks Educational adventure centres Beach hut rental
Public Facilities	Public Toilets Parks/esplanades/beaches
Detained settings	Custody suite HMP Prison
Faith/community setting	Churches/chapels/mosque Church halls Community halls
Events	Festivals Markets
Transient Communities	Migrant workers Circus/travelling shows/fairs Homeless/rough sleeping
Other Settings	Ministry of Defence Establishments Motorway Service Stations

Table 2: Categories and Examples of Hampshire High-Risk Settings and Communities

*Food processing plants will either fall to the Food Standards Agency or to District/Borough Council Environmental Health teams for food safety and either the Health and Safety Executive or to District/Borough Council Environmental Health teams. Should additional

support be required to access food processing plants the installations team in the Environment Agency may also be able to provide support. The EA regulate to ensure efficient water use, emissions to air and water are reduced and waste is minimised.

The first response to an possible outbreak in a high-risk setting may include contact by a suitably experienced member of the ICT to assess the setting is operating in a COVID secure way. High risk groups will be appropriately supported.

Classification of a high-risk setting will be determined using the following risk rated methodology:

- Number of employees (e.g. under or over 50).
- Number of employees, clients, customers or residents who may be classified as vulnerable to COVID-19 (e.g. hotel primarily for coach parties).
- Presence of an activity where close contact is for a prolonged period inside (e.g. factory setting).
- Impact on business or service provision that would have an impact on emergency service provision or economy (e.g. ambulance control or fire service).

A number of high-risk places, locations and communities of interest, which need additional support to control the spread of COVID-19, have been identified may be identified through:

- Risk rating (see above)
- contact tracing (see section 8)
- RIDDOR Notification (see below)
- Intelligence (requests for advice, complaints via the public or employees)

The reporting requirements relating to cases of, or deaths from, COVID-19 under RIDDOR apply only to occupational exposure, that is, as a result of a person's work. The following circumstances would require a report under RIDDOR:

- an accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2). This must be reported as a dangerous occurrence
- a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus. This must be reported as a case of disease

- a worker dies as a result of occupational exposure to coronavirus. This must be reported as a work related death due to exposure to a biological agent

6.2 Prevention

Guidance on prevention of COVID-19 incidents can be found on the government website for a number of setting-types:

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
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
Transient Community	TBC
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

Table 3: Existing national guidance for high-risk settings

The District and Borough Local Authority, Regulatory Services Teams, through this pandemic and into the UK Government Recovery strategy has been, and will continue, to assist

businesses in understanding and where necessary enforcing the provisions of the: Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 and Health and Safety at Work Act 1974 in preventing the spread of the virus in addition to ensure that businesses are operating safely and in line with government guidance.

Continued campaigns and support for essential workers and other residents to self-isolate and promptly access [testing when first experiencing COVID-19 symptoms will be key in the prevention of further cases. Timely results will](#) enable a prompt Public Health response.

[Working Safely During Coronavirus](#) (COVID-19) pages of Gov.uk host guidance for key workplaces, including:

1. 5 steps to working safely.
2. Construction and other outdoor work.
3. Factories, plants and warehouses.
4. Labs and research facilities.
5. Offices and contact centres.
6. Other people's homes.
7. Restaurants offering takeaway or delivery.
8. Shops and branches.
9. Vehicles.

[Business Support](#) guidance is available covering cleaning, risk assessment and making a workplace 'COVID secure' Further links to guidance relevant to premises in the jurisdiction of [Environmental Health](#) is available. Guidance for [faith settings](#) also exists. Guidance on [cleaning in non-healthcare settings](#) is relevant to all workplaces.

Continued campaigns and support for essential workers and other residents to self-isolate and promptly access Testing on experiencing COVID-19 symptoms will be key in the prevention of further cases. Timely results will enable a prompt Public Health response.

6.3 Identification and management of an outbreak

Where a setting becomes aware of COVID-19 cases or an outbreak within their premises/community, they would need to refer to any relevant guidance on the gov.uk website, NHS website or a setting-specific SOP, if this is available. COVID-19 SOPs may be developed for specific high-risk places, locations and communities to ensure all relevant partners are clear on their roles and responsibilities and action needed, especially for outbreak

management, based on national SOPs where and when these are available. These SOPs will assist in determining the resource capabilities and capacity implications.

Settings should make contact with the PHE SE (HIOW) HPT. The HPT may also become aware of outbreaks in high risk settings through other mechanisms (e.g. information from Council Teams, contact tracing, RIDDOR notifications).

The PHE SE HPT (HIOW) will conduct a risk assessment and offer advice, including on testing, as appropriate. Following this, the HPT may arrange an Incident/Outbreak Control Team (ICT/OCT) to agree further actions with support from the Council Public Health team, Environmental Health team and relevant stakeholders. Subsequently the incident/ outbreak will be followed-up and provided with information about contacts of cases.

The role of the HCC Health Protection Board in overseeing the prevention and management of incidents in high-risk settings and communities will require particular focus given the scope and complexity of some settings, and the nuances of addressing groups of people rather than location-based settings.

It is recognised that while established protocols, and data and communication flows may already exist that enable prevention and outbreak management in some traditional settings, e.g. care settings and schools, work is required to understand how these can be adapted to encompass high risk settings and communities. In particular, the role of the Regulatory Services and Environmental Health teams, as well as housing, community safety, and others, will be crucial in this response, and a mapping process to understand the skills needed for the workforce to meet this additional demand is underway.

6.4 Testing process

Following notification, The Health Protection Board will oversee testing recommended by the ICT. Testing will in most cases be through Pillar 2 [Testing arrangements for](#) essential workers and the broader public, but in certain cases may be arranged by PHE SE HPT (HIOW) and delivered by the Local Testing Service or may be accessed independently and the results of which may prompt/inform a Public Health response.

6.5 COVID-19 surveillance and monitoring

PHE SE HPT (HIOW) will provide surveillance and monitoring in terms of identifying cases, contacts and linked settings, informing Environmental Health and Local Authority Public

Health colleagues when relevant and calling an ICT/OCT when necessary. This builds on existing protocols.

6.6 Health care settings

Working with the CCG and the local NHS providers we will have strong links to the local acute hospital COVID19 and GP practice plans to ensure that any outbreaks in these settings are connected into this plan. Such incidents would be locally managed by the relevant NHS Trust and CCG. It is recognised, however, that ensuring two-way communication on the COVID-19 response with health partners will be a key part of the activities of the Health Protection Board given the interdependencies across the system. A list of the main NHS Trusts, including South Central Ambulance Service, with premises in Hampshire is provided table 4 below.

Trust Name	Trust Type
Hampshire Hospitals NHS Foundation Trust	Acute
Portsmouth Hospital NHS Trust	Acute
Solent NHS Trust	Community and Mental health
Southern Health NHS Foundation Trust	Community and Mental health
South Central Ambulance Services	Ambulance
University Hospital Southampton NHS Foundation Trust	Acute
Frimley Health NHS Foundation Trust (located Outside Hampshire but serving Hampshire residents)	Acute

Table 4. Trusts in Hampshire

Evidence has now shown that people infected with COVID-19 who are either pre-symptomatic⁵ or have very mild or no respiratory symptoms (asymptomatic)⁶ can transmit the virus to others without knowing. Detail as to how the Trusts will respond to this has been outlined in a letter from NHS England and NHS Improvement to Chief Executives, Chief Nurses, Medical Directors and HR Directors on the 24th June 2020.

⁵

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890236/s0267-nervtag-assessment-pre-symptomatic-transmission-covid-19-300420-sage30.pdf

⁶ Chau NVV, et al. The natural history and transmission potential of asymptomatic SARS-CoV-2 infection. medRxiv 2020.04.27.20082347; doi: <https://doi.org/10.1101/2020.04.27.20082347>

6.7 HMP Winchester

HMP Winchester Health Care Provider has an established outbreak management plan that is based on the [Prison Outbreak Plan for England](#). Further COVID-19 guidance for places of detention is available on the [gov.uk webpages](#).

6.8 Tourist Settings

Hampshire is a significant tourist destination, with a substantial number of particularly small to medium sized tourist attractions. Accompanying these attractions are a range of different accommodation, including traditional hotels and bed and breakfast establishments, formal camping and caravan sites, as well as informal caravan locations.

There is currently no specific guidance for tourist attractions, but the principles of the existing workplace guidance all apply to these settings. Environmental Health colleagues are providing advice and support to tourist attractions to ensure that when they open they are following COVID-safe principles, although many of these settings are still closed to the public. Government guidance for the visitor economy is also available online:

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/the-visitor-economy>

The following guidance applies to accommodation providers:

<https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers> and they are currently required to be closed for tourism related matters, and the existing cleaning and social distancing guidelines apply where they remain open for specific groups.

6.9 Mass gathering advice

<https://www.gov.uk/guidance/covid-19-guidance-for-mass-gatherings> (accessed 19th June 2020) states that *“In line with the social distancing guidance it is advised that large gatherings should not take place. While the risks of transmitting the disease at mass gatherings are relatively low, these steps will also allow emergency services that would have been deployed for these events to be prioritised in alleviating pressure on public services”*.

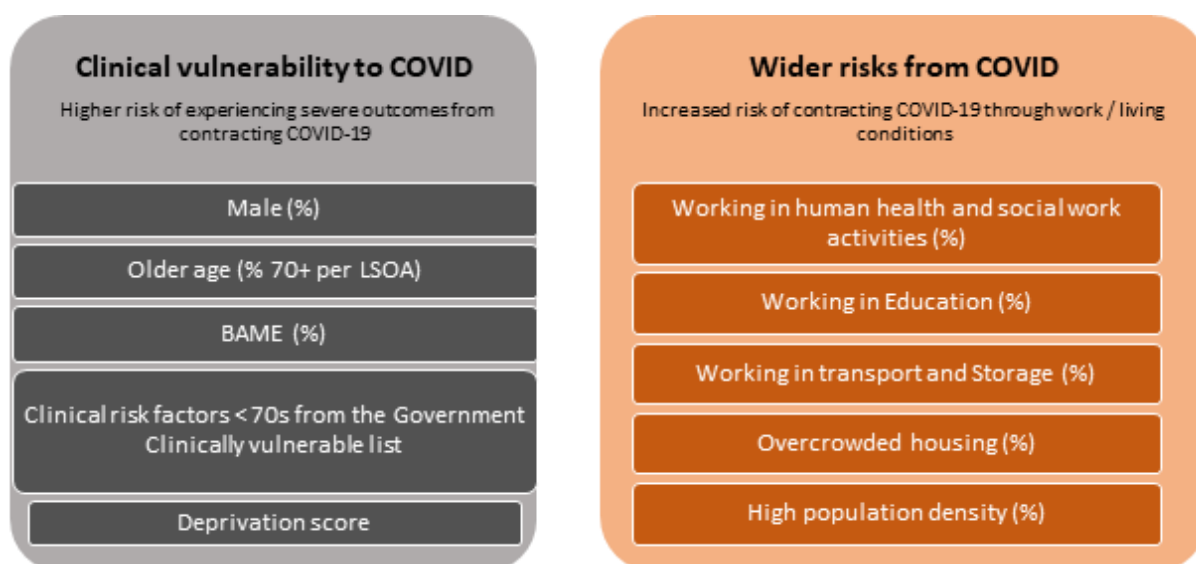
The following paragraph is taken from the WHO guidance from 29 May 2020 entitled [‘Key planning recommendations for mass gatherings in the context of COVID-19’](#).

Mass gatherings are events characterised by the concentration of people at a specific location for a specific purpose over a set period of time. These events could amplify the transmission of COVID-19 and impact response capacity. Any decision to restrict, modify, postpone, cancel or proceed with holding mass gatherings should be based upon a rigorous risk assessment tailored to the event and discussed with the Safety Advisory Group (SAG) and key stakeholders. The SAG and stakeholders should consider the following:

- Normative and epidemiological context in which the event takes place.
- Evaluation of risk factors associated with the event.
- Capacity to apply prevention and control measures.

6.10 High-Risk Groups

Assorted factors make people more vulnerable at different stages of the COVID-19 outbreak; response, recovery or both. Evidence shows an increased clinical vulnerability to severe outcomes from COVID-19 such as hospitalisation or dying for certain groups of people, as well as specific employment positions and living conditions also widely further increase risks. The following factors have been identified to support the range of approaches for prevention of infection.



Section 7

Vulnerable People

7.1 Overview

This section of the plan looks specifically at supporting vulnerable local people to self-isolate (e.g. facilitating NHS and local support identifying relevant community group etc) and ensuring services met the needs of diverse communities. This section also considers a wider group of people who are vulnerable in other ways, those requiring domiciliary care and those may need support to follow social distancing advice, access testing and / or interact with the national Test & Trace service.

The NHS Test and Trace service as people to self-identify as vulnerable or that they may need support. This information is provided to the NHS Business Services Authority who text the individuals with the relevant LA helpline details and provide links to websites with numbers for helplines.

The response to supporting vulnerable people is co-ordinated at county level, and the service is usually delivered via volunteers operating at district and borough level to people in the following categories:

- **Category A** - Extremely clinically vulnerable people who are shielding. This currently covers approximately 41,100 people in Hampshire, and the scheme is well developed for these people.
- **Category B** - Clinically vulnerable people (over 70s, people with specific medical conditions and pregnant women). Our estimate is there are approx. 330,000 in this group, but experience to date is that less than 100,000 have registered for support through this scheme.
- **Category C** - Other vulnerable people (not at increased risk due to medical reasons) who are at risk due to the restrictions put in place through social isolation, worsening mental or physical health, risk of violence. It includes homeless who need to self-isolate, people with specific disabilities, or at-risk factors where social isolation exaggerate or worsen illnesses or their circumstances (including drug and alcohol dependency), those who need safeguarding such as children and vulnerable adults, traveller communities including financially vulnerable and the Black, Asian and Minority Ethnic (BAME) community (PHE guidance on BAME is available [here](#)).

7.2 Supporting vulnerable people – existing arrangements

Hampshire County Council working with district and borough council, alongside the county's community and voluntary sector, to ensure vulnerable people are able to access the support they need. The Coronavirus Hampshire Helpline – [Hantshelp4vulnerable](#) is the gateway to a range of support. The helpline is available seven days a week, from 9am to 5pm, and is for vulnerable people, resident in Hampshire who do not have support from families, friends or their local community, and who need assistance with practical issues.

As of June 2020, there are 11 community hubs providing responder support across Hampshire, in addition to other Voluntary and Community Sector (VCS) provisions in place.

HCC are currently exploring the use of an adjusted form of our volunteer response to the shielded and vulnerable (the Hantshelp4vulnerable call centre, Adults Health and Care welfare team and the Local Response Centres) to respond to the needs of those who are socially isolating and are in need of food or prescription medication. Those vulnerable people with more complex needs who are receiving care and support (for example Adults Health and Care) will receive an appropriate response with support from business as usual teams and care providers.

7.3 Supporting vulnerable people - arrangements that need to be set up

It is anticipated that most people will be able to self-isolate for the maximum two-week period without any support.

PHE have confirmed that three questions have been included in the NHS Test and Trace questionnaires for people to self-identify as vulnerable or that they, or someone they care for, may need support. This information will be provided to NHS Business Services Authority who will text people with the relevant local authority helpline details and provide links to websites that allow them to find the numbers of their local support helplines. A list of people will not be provided directly to local authorities daily, as the preferred option of local government colleagues was to use communication from NHS Business Services Authority.

A mechanism for including people who have requested support via the helpline while they self-isolate as a result of Test and Trace, will need to be included in the food and medicines support scheme, where it is identified that they have no other means to get help. As people will be self-isolating for a short period of time (either 7 or 14 days), this support will need to be timely, and flexible to support a cohort of people that will be constantly changing. A set of sharing

schedules under the existing information sharing framework between LRF partners will need to be developed to include sharing data on those self-isolating due to COVID-19, who require support.

The challenges 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 may return to work and life as usual.
- Volunteers for outbound calling may be deactivated if volume of calls is reduced and would need to be remobilised to respond to multiple or large-scale incidents.
- Access to timely shopping and emergency food provisions if there is a sudden demand and a depletion of supermarket stocks in an outbreak scenario.
- System infrastructure for increased telephony needs and ability to mobilise quickly if over and above current capacity.

Section 8

Testing and Tracing

8.1 Testing arrangements

Testing is a key pillar of the NHS strategy to protect the NHS and save lives. The National Testing Strategy has a 5 pillars approach which includes:

1. NHS testing (patients and NHS staff, initial care home testing).
2. Commercial swab testing – now commonly referred to as Pillar 2 testing.
3. Antibody testing.
4. Surveillance testing (PHE).
5. Diagnostics National Effort.

Tests are important to understand who has the virus, 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 incorporates the NHS, social care and other groups is shown in figure 6.

8.2 Testing arrangements currently in place

The HIOW LRF Preventing the Spread of Infection Group has oversight of arrangements for testing of:

- Essential workers (including staff from Hampshire's local public sector agencies, national public agencies based in or assigned to Hampshire, suppliers of essential services/contractors, agency workers, interims or consultancies directly engaged by Hampshire's public agencies, and other organisations or businesses who are directly assigned to support the response).
- Residents (including care home residents and those in group living settings such as extra care and supported living and prisoners in Hampshire prisons).
- Wider resident testing as per government guidance.

Testing capacity in Hampshire is comprised of a combination of local and national provision. National testing provision is via:

- Pillar 1 testing for NHS patients, staff and care homes (TBC).
- Pillar 2 testing for essential workers (including NHS staff) and all other residents via
 - RTC at Tipner.
 - MTUs which are deployed in various locations around the county for a few days at a time.
 - Postal/courier swab kits.

Local testing provision is via:

- Acute hospitals (for inpatients and Trust staff).
- A community testing model.

The main routes into testing are as follows:

- Symptomatic residents can apply via the [NHS website](#), or by telephoning 119, to either be tested at a regional testing site, mobile testing unit, or receive a home testing kit.
- Essential workers can be referred individually via the Hampshire Testing Hub or via the [GOV.uk site](#), or in bulk via the [GOV.uk site](#).
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the [GOV.uk site](#).
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting.
- Outbreak testing – At the point of notification, PHE will request testing of symptomatic (and sometimes asymptomatic) individuals where appropriate, in order to inform outbreak management in various settings, including care homes, prisons and hostels. This will usually be delivered by South Central Ambulance Service (SCAS).
- Testing in Hampshire is comprised of a combination of local and national provision comprising of RTCs, MTUs, postal/ courier swabs and at acute hospitals. Testing in Hampshire takes place as identified in section 8.3.

8.2.1 MTU Logistics

Confirmation of mobile testing unit arrangements will be confirmed to enable the DPH through the Health Protection Board to direct the testing capacity to meet the needs of management of the outbreak.

8.3 Testing arrangements summary

NHS Patients and NHS Staff	Testing takes place at admission to the Trust (and before discharge to care homes) for staff with and without symptoms.
Care Home - Residents	PHE arrange testing of all symptomatic residents through the Community Testing Service.
Care Home - Symptomatic Staff	Order a postal kit via the national online system or if the employer is registered on the employer referral system then employees can attend the regional testing centre of an MTU.
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, CCG and CQC can refer the home for priority testing.
Essential Workers	Symptomatic essential workers, and their symptomatic household members can order a postal home testing kit via the national online system or book an appointment on this system. Alternatively, employers can register on the employer referral portal and the staff member can attend the regional testing centre or an MTU.
Children (under the age of 5 years)	Parents of children who are symptomatic can apply for a test through NHS 111 and can either have a postal home testing kit.
Anyone (over the age of 5 years)	Anyone who is symptomatic can apply for a test through the NHS 111 can have a postal home testing kit. Those over the age of 5, can also get tested via the STC or MTU, if mobilised.
Hostels, Refuges and Other Closed Settings	Not included in the national testing strategy Notification to PHE of an initial outbreak, PHE will then arrange testing through the community testing service.
Schools	Not included in the national testing strategy Notification to PHE of an initial outbreak. Anyone, including children under age 5, who is symptomatic, can apply for a test through the NHS 111 system. School staff can apply for a test via the national online system, including postal home testing kit, STC, or MTU, if mobilised. The employer can register on the employer referral portal and upload lists of all employees who require testing.
Prisons	Not included in the national testing strategy

	Notification to PHE of an initial outbreak. PHE will arrange testing of all symptomatic staff and prisoners. Prison staff can additionally apply for testing postal kit or attend the STC, or MTU is this is mobilised.
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Table 5. Testing Arrangements Summary

8.4 Testing arrangements that need to be set up

Councils may need to arrange for the rapid deployment of MTUs to assist in the management of a local outbreak.

Local testing capacity will continue to be expanded to accommodate the increased demand for testing as the eligibility criteria is widened nationally, and the introduction of new technology (e.g. antibody tests and rapid PCR tests).

Local delivery of community testing needs to be considered for the following types of scenarios:

- Swabbing in new care home outbreaks
- People being admitted to care homes from their own house
- Cases within the homeless population
- People in domiciliary care and supported living - symptomatic and asymptomatic
- Prison outbreaks
- Looked after children/ vulnerable adult and children
- If major issues beyond initial outbreak in settings e.g. safeguarding/multiple deaths
- Schools/special schools/ boarding schools

There is work in progress to establish a mechanism to allow people who are not able to access testing via national routes to be referred into the local hybrid community testing model.

8.5 Contact tracing arrangements

Contact tracing is a fundamental part of outbreak control. When a person is tested positive for COVID-19, they are contacted to gather details of places they have visited, and people they have been in contact with. Those who they have been in contact with, are risk assessed

according to the type and duration of that contact. Those who are classed as 'close contacts' are contacted and provided with advice on what they should do e.g. self-isolate.

8.5.1 NHS Test and Trace Service

Contact tracing for COVID-19 will follow the NHS test and trace service which ensures that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus and to help trace close recent contacts of anyone who tests positive for COVID-19 and, if necessary, informs close contacts to self-isolate to stop the spread of the virus.

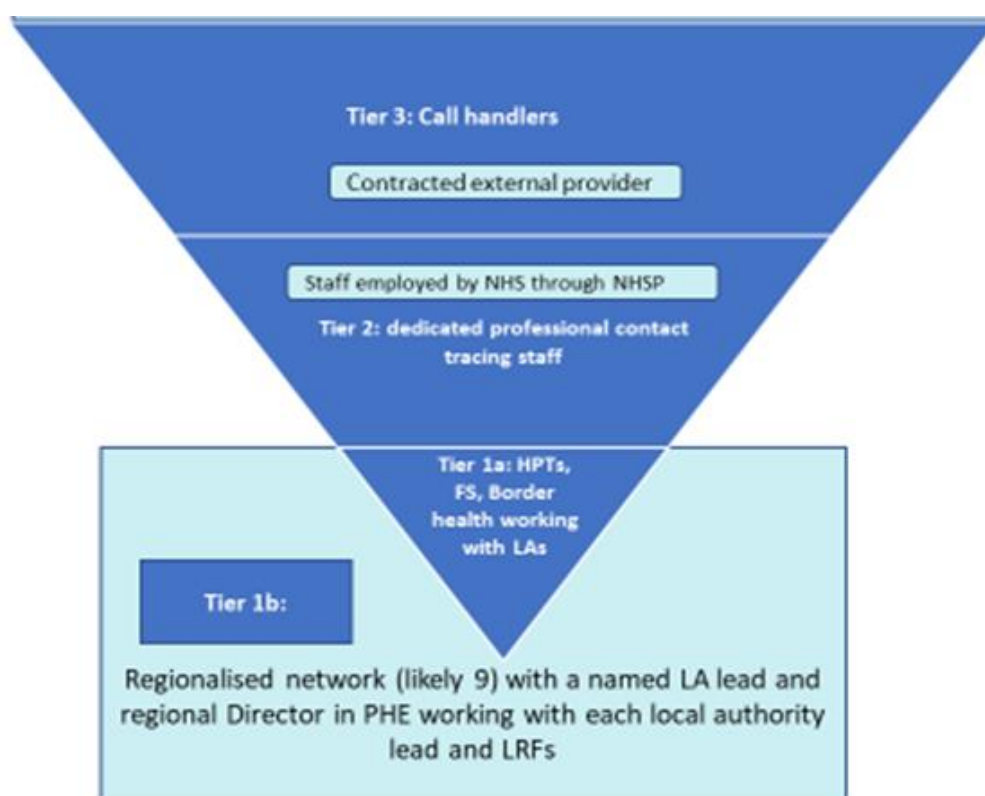


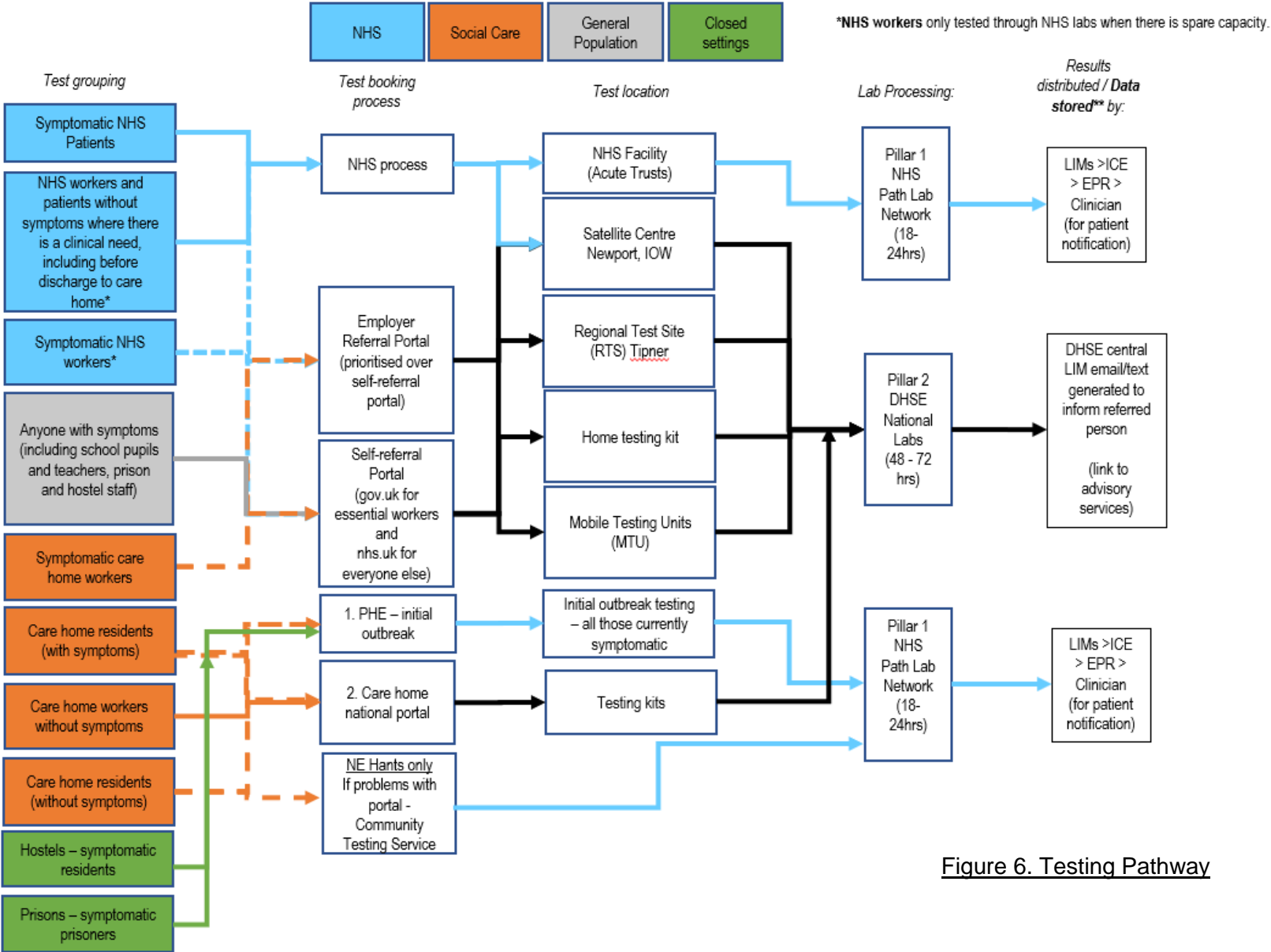
Figure 5. NHS Test and Trace Service

- **Tier 3** – Around 20,000 call handlers have been recruited under contract to PHE to contact people who have tested positive for COVID-19, to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. Advice following national SOP and scripts is given to close contacts as appropriate. An automated app will also be launched nationally for people to report symptoms, access testing and complete an online questionnaire.
- **Tier 2** – Around 3000 dedicated professional contact tracing staff have been recruited by the NHS where there are difficult/more complex issues to address which have been

escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts.

- **Tier 1** – PHE SE HPT (HIOW) will investigate cases escalated from Tier 2. This will include complex, high risk settings, and communities such as care homes, special schools, prisons/places of detention, healthcare and emergency workers, health care settings, and small vehicles; and places where outbreaks are identified e.g. workplaces. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate. An outbreak is defined as 2 or more cases (suspected and /or confirmed) linked in place/time. An outbreak will trigger this plan as detailed in section 3.1.

Antigen (swab) Testing – Hampshire mainland, Portsmouth and Southampton



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Figure 6. Testing Pathway

Section 9

Data and Outbreak Intelligence

9.1 Data objectives

The data objectives are:

- Review daily data on testing and tracing.
- Identify incidents/trends, undertaking mapping and surveillance of COVID-19 infection so that appropriate action can be taken, including support for any decision to convene an ICT.
- Track relevant actions (e.g. care home closure) if an outbreak control team is convened.
- Identify epidemiological patterns in Hampshire to refine our understanding of high-risk places, locations and communities, support decision-making and monitor effectiveness and impact of any actions.
- Provide intelligence to support quality and performance reporting to the Local Outbreak Engagement Board.
- Ensure that those who require access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring IG and confidentiality requirements are met.

9.2 Current Arrangements for Data Integration

9.2.1 LRF Work

Modelling Cell

The HIOW LRF Modelling Cell have successfully used a public health approach to model the spread of Covid-19 infection across the HIOW population. This modelling work has fed directly into the LRF Response and Recovery structure to support decision making by providing a range of scenarios based on the best available epidemiological evidence. The model uses the epidemiological evidence that we know of COVID-19 and simulates infection spread through a population. Population age structure, density and household composition are strong determinants of how infection spreads, so every area is different. The model includes evidence-based assumption on a range of transmission dynamics including population size, reproduction number (R), length of incubation and duration patient is infectious. Actual data on infections, hospitalisations and deaths are used to calibrate and further refine the model.

Data Compendium

Public Health analyst teams across HIOW have worked collectively across the LRF throughout the response to COVID-19 to deliver intelligence products efficiently through sharing resources and avoiding duplication of effort. This integration is evident in the HIOW LRF Covid-19 Compendium, which distils the increasing amounts of COVID-19 intelligence that are available into one place. It provides an overview of the impact of COVID-19 across the LRF system, with data also presented at more local geographies where appropriate and possible.

The COVID-19 Data Compendium:

- Collates a variety of data from a range of sources to understand COVID-19 related need, risks and vulnerabilities.
- Summarises information from data systems to monitor and track COVID-19 related activity in HIOW.
- Presents situation reports and summary sections where there are pressures for targeted LRF system intervention.

Early Warning Indicators Dashboard

Public Health analysts reporting to the Modelling Cell have produced an Early Warning Dashboard that is presented as a separate product within the Compendium and reviewed on a regular basis. It includes:

- Data on population mobility in different sectors and geographies from Google and Researchers at Oxford University, and data from the Police on complaints of non-compliance with social distancing.
- Data on the number of people contacting 999 and 111 (phone or online) from NHS pathways data published by NHS Digital, the latter of which has been shown to be a good predictor of Covid-19 16 days later during wave 1.
- Data on Covid-19 cases in primary care and hospital admissions.
- Data on confirmed Covid-19 infections.

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

Data to support the Health Protection Board work is sourced from PHE SE HPT (HIOW), PHE Field Epidemiology Service, the Office of National Statistics (ONS), the local registry office, local health and care partners, national COVID-19 reporting and the Test and Trace reports provided to local authorities. The Council Public Health team now receive the Contact Tracing UTLA daily reports, the Contact Tracing Epidemiology report (weekly), and the Contact Tracing quality and monitoring report (weekly). These reports are accessed through a PHE file-sharing site. Also of relevance for this plan is daily reporting by PHE on outbreaks in care homes, schools and prisons and the hospital on-set COVID-19 reporting to NHS England. The assumption is that existing arrangements for notifying PHE about individuals with positive COVID-19 test will remain.

The Joint Biosecurity Centre, which has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, will provide insight into local and national patterns of transmission and potential high-risk locations, and identify early potential outbreaks so action can be taken. Linkages to the Joint Biosecurity Centre (JBC) need to be established, including around testing data, local outbreaks intelligence, and local/regional R values/growth rates. The Chief Executive, DPH and Public Health Analysts will have access to the national COVID-19 dashboard (also known as the JBC Playbook).

Data from the Data Compendium is used to provide updates to senior management, Silver and Gold Groups and to the Hampshire's TCG updating them on key trends relating to COVID-19. This includes the Early Warning Indicators Dashboard and will include a care home dashboard once established.

The HCC Public Health team also now receive the Contact Tracing UTLA daily reports, the Contact Tracing Epidemiology report (weekly), and the Contact Tracing quality and monitoring report (weekly). These reports are accessed through a PHE file-sharing site.

The HCC Chief Executive, DPH and Public Health Analysts have access to the national COVID-19 dashboard (also known as the JBC Playbook). This contains data on Testing.

The assumption is that existing arrangements for notifying PHE about individuals with positive COVID-19 test will remain.

9.3 Data and Intelligence still needed

The resource capabilities and capacity implications for partners involved in this workstream is dependent on determining the precise requirements of the end users for the intelligence platform, and the ease and convenience of dataflows. It is anticipated that the following arrangements will need to be set up:

- Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programmes, and the national contact tracing programme. It is currently unclear whether the national JBC will provide a single source of data

- Apply the Information Governance models of compliance:
 - Establish purpose and future uses
 - Define data sets, ownership and rules of disclosure
 - Agree and define role-based access
 - Agree outputs of categories of data i.e. personal, pseudonymised, etc.
 - Define retention and closure
 - Agree information sharing protocols in a timely fashion as a matter of priority
 - Develop a local intelligence platform with role-based access to support the objectives identified above in collaboration with the end users. The institutional owner of the platform will need to be determined as part of the discussion about data flows,
 - Develop insight reports to support the various governance structure

A process will need to be set up for

- Daily monitoring and interpretation of incoming data and intelligence
- Development and publication of a daily “emerging issues” report for DPH and theme-leads.
- Development and publication of a weekly Hampshire COVID-19 Situation Report for the Health Protection Board, this should be in a format which enables the Board to identify key areas for action.

9.4 Hampshire County Council work

- Data from the Compendium is used to provide updates to senior management, Silver, Gold and to the Hampshire TCG updating them on key trends relating to COVID-19. This includes the Early Warning Dashboard and will include a care home dashboard once established.
- Daily care home outbreak reports are sent from the Public Health protection leads to senior managers in Adult Social Care.

9.5 Data sharing

There will 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.

Access to national data has been given to the Chief Executive and Director of Public Health through a secure web-based portal, and protocols are already established for holding and sharing this data.

Where additional personally identifiable data will need to be shared between organisations for purposes of outbreak response, it is anticipated that this will be performed under existing data sharing arrangements and powers. If new arrangements are required as part of the development of outbreak control plans these will be subject to Data Protection Impact Assessments.

Section 10

Communication and Stakeholder Engagement

10.1 Overview

Recognising that public engagement and trust is crucial, an external communications and engagement strategy will be developed in order to:

1. Ensure communications plans are in place to support the Local Outbreak Strategy and communicate key developments to our residents.
2. Promote the benefits of the National Test and Trace campaign locally to motivate compliance.
3. Aid in the development of best practice through networking with other authorities.

The Communications and Engagement plan will provide an overview of the key target audiences, as identified by the Health Protection Board, and how they will be reached. The plan will ensure that Hampshire residents and businesses understand both the national Government messaging as well as the Local Outbreak Control Plan and any potential 'local lockdown' measures and how this impacts them.

The communications approach will identify a wide range of mechanisms to reach the wider Hampshire public as well as targeted audiences, including those who are traditionally more difficult to reach. The use of digital engagement tactics will be maximised to ensure messaging can be targeted to those potentially affected within a few hours of notification of a local outbreak.

The Communication Plan will build on existing communications activity and draw on a range of national and international guidance and resources designed to support local communication activity on COVID-19 to include:

- General communications to the public and wider system about Hampshire's strategic response to COVID-19
- Communication to the public, and specific audiences, in response to a local outbreak
- Continuing promotion of national public health and behavioural messaging, as well as the development of specific local messages for Hampshire, joining up with neighbouring Local Resilience Forum partners where appropriate.

10.2 Communications with the general public

The Local Outbreak Engagement Board is responsible for communications to the public about local outbreaks. All communication with the public will be in line with World Health Organisation (WHO) Guidance and the five WHO Outbreak Communication Principles which are:

- Trust
- Announcing early
- Transparency
- Listening
- Planning

The Board will take account of the different populations in Hampshire, ensuring that the needs of local BAME groups and residents with learning disabilities are fully considered, and are addressed in the plan.

10.3 Communications between agencies

The Health Protection Board is responsible for communications between agencies and other fora including the LRF, LOEB, and PHE. This includes:

- Making recommendations to LOEB about COVID-19 communications
- Developing and implementing the communications strategy during COVID-19 outbreaks
- Agreeing which agency will lead on communications relating to specific outbreaks.

To deliver messaging effectively, the communications team will work with the Health Protection Board as well as monitor Government advice to provide updates on the situation in Hampshire and signpost people to the correct Government sources to gain information.

Section 11

Cross Boundary Arrangements

There are a number of Local Authorities within and neighbouring HCC including District and Borough authorities, Unitary Authorities and County Councils. The way in which outbreaks will be managed across the two-tier Councils are outlined below along with how HCC will work with neighbouring UTLA's and LRFs (see section 11.1 to 11.5). There are a number of settings across Hampshire that will be close UTLA boundaries e.g. schools and GP Practices. Should an incident or outbreak occur in a setting that crosses a UTLA border then the area that the setting sits in will lead the response in conjunction with PHE SE HPT (HIOW) and other relevant stakeholders.

11.1 Two-tier councils

Community protection actions may be implemented to a subset of a UTLA area, such as a district council. The decision to implement measures at this level will be decided by the UTLA Chief Executive in conjunction with district council Chief Executive, based on advice from the DPH. If the action relates to powers held by the district council, this will be implemented by the EHOs. However, if the action relates to powers held by the UTLA, this will be implemented by the relevant UTLA teams.

11.2 Whole UTLA area

UTLA Chief Executives, as advised by the DPH, may need to take action across the entire UTLA area to control an outbreak. In the case of small population UTLAs, shared outbreak plans may be in place across several UTLAs working together. In this situation agreed action may be taken at this level.

11.3 Multi-UTLA / LRF area

Where the 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.

11.4 Cross County Borders

The Hampshire Health Protection Board will work in partnership with neighbouring cross-border local authorities outside the LRF (Wiltshire, Dorset, Berkshire, Sussex and Surrey) to ensure a consistent and all informed regional response. Details of any outbreaks on the border to another local authority will be shared as a routine matter.

11.5 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).

Section 12

Roles and Responsibilities

The health system has a shared responsibility for the management of outbreaks of COVID-19. The key roles of PHE SE HPT (HIOW) and HCC in jointly managing complex cases and outbreaks are highlighted below in table 6.

PHE SE HPT (HIOW) will fulfil its statutory duties in relation to:	HCC will fulfil its statutory duties with partners in relation to:
<ul style="list-style-type: none"> • The detection of possible outbreaks of disease and epidemics as rapidly as possible, by receiving direct notification of outbreaks (i.e. from specific settings) and through monitoring covid-19 notifications, testing data and local intelligence. • Swabbing/testing of new outbreaks (notified via all routes): PHE may arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units. • 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. 	<ul style="list-style-type: none"> • Wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases. • Working with PHE to support complex cases and outbreak management (in a range of settings/communities). • Supporting swabbing of contacts e.g. school contacts. • Supporting individuals who are shielding and those self-isolating as required. • Providing a single point of access for communication with the local authority on matters relating to the reactive response, as well as out of hours contact (through Directors of Public Health and Health protection leads, or other local arrangements as they emerge). • Maintaining accountability for the local COVID-19 Incident and Outbreak Control Plan, ensuring appropriate PHE representation on COVID health protection boards/member-led Boards.

Table 6. PHE and HCC Roles and Responsibilities

PHE will work collaboratively with HCC 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 on request from local systems, including advice on closing and opening care homes to admissions, as well as other 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 of partner organisations in relation to this COVID-19 HCC Incident and Outbreak Control Plan are as follows in table 8:

Organisations/service areas		Key responsibilities:
Local Authority		
County Council Services		
Public Health	<ul style="list-style-type: none"> • Prepare for and lead the Council Public Health response to outbreaks. • Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases. 	
Emergency Planning	<ul style="list-style-type: none"> • Support the Local Authority and system-wide preparation for and response to outbreaks. 	
Adult Social Care	<ul style="list-style-type: none"> • Support the response with a focus on higher risk settings and vulnerable groups. 	
Children's Services	<ul style="list-style-type: none"> • Provide advice to education settings (using national guidance and local public health recommendations) to prevent the spread of infection and minimise risk of outbreaks/clusters. • Liaise with PHE SE HPT (HIOW) and HCC PH to support the investigation and management of outbreaks in education 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. 	
Culture, Communities and Business Services (CCBS)	<ul style="list-style-type: none"> • Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in cultural and leisure facilities. • Liaise with PHE SE HPT (HIOW) and HCC PH to support the investigation and management of outbreaks. 	
Communications	<ul style="list-style-type: none"> • Preparing and delivering the Communications Plan, which includes proactive and reactive communications with all relevant settings, agencies and the public. 	
District/ Borough Services		
Environmental Health*	<ul style="list-style-type: none"> • Advisory role to food, pubs, clubs and other relevant premises on preventing the spread of infection and minimising the risk of outbreaks/clusters of cases. • Enforcement of The Health Protection (Coronavirus, Business Closures) (England) Regulations 2020 relating to the closure of pubs, clubs, restaurants and other relevant premises. • Additional support in the event of the escalation of a local outbreak that requires further local capacity i.e. for contact tracing and interviewing. 	
Housing	<ul style="list-style-type: none"> • Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in key higher risk settings, such hostels and communal housing. • Liaise with PHE SE HPT (HIOW) and HCC PH 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. 	

Other Departments	<ul style="list-style-type: none"> • Be prepared to work with the ICT to support the response to an outbreak in line with departmental responsibilities.
Partner Organisations	
PHE SE HPT (HIOW)*	<ul style="list-style-type: none"> • Discharge the responsibilities of PHE via the SE HPT (HIOW).
NHS England and NHS Improvement*	<ul style="list-style-type: none"> • Provide strategic direction to local commissioners and providers of NHS funded care.
CCG *	<ul style="list-style-type: none"> • Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in healthcare settings and services i.e. primary care. • 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	<ul style="list-style-type: none"> • Provide specialist infection control advice to organisations and settings to prevent the spread of infection and minimise risk of outbreaks/clusters of cases, and to inform the response.
Hampshire Hospitals Foundation Trust	<ul style="list-style-type: none"> • Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE SE HPT (HIOW) in the event of an outbreak.
Community Trusts	<ul style="list-style-type: none"> • Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE SE HPT (HIOW) in the event of an outbreak.
Police	<ul style="list-style-type: none"> • To support the response to an outbreak through the implementation of relevant policies or powers.
Voluntary Sector	<ul style="list-style-type: none"> • Coordinate and provide support to residents with a particular focus on those that are vulnerable because they are shielding or self-isolating.

Table 8. Roles and Responsibilities

* Please refer to the HIOW & TV LHRP Joint Health Protection Incident and Outbreak Control Plan for further detail on roles and responsibilities.

Section 13

Key Related Documents

There are a number of HCC plans, HIOW LRF multi-agency plans, national guidance, legislation and August documentation that this plan is built upon as shown below in table 9.

Plan/ Document	Key Section(s)	Type of Document
HCC Corporate Resilience Framework	All sections	Plan
HCC Corporate Response Plan		Plan
HIOW and TV LHRP Joint Health Protection Incident and Outbreak Control Plan		Plan
HIOW LRF Community Recovery Plan		Plan
Joint HIOW Communications with the PHE HPT and the Council Public Health		SOP
Hampshire and the Isle of Wight Public Health SOP for Health Protection Incidents		SOP
Public Health (Control of Disease) Act 1984 and associated Regulations (2010)	Regulations 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11 Health Protection Part 2A Orders	Legislation
The Coronavirus Act 2020	Schedule 21 part 2 to 5: powers	Legislation
The Health Protection (Coronavirus, Restrictions) England Regulations 2020	Regulations 4, 5, 6, 7, 8, 10 & 11	Legislation
PHE Communicable Disease Outbreak Management – Operational Guidance	All sections	Guidance
PHE – LA Joint Management of COVID-19 Outbreaks in the South East of England		SOP
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013		Legislation
Premises Closure Guidance		Guidance

Table 9 – Plans and Legislation

Further to the above list, the legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- PHE under the Health and Social Care Act 2012.
- DPH 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 under the Health and Social Care Act 2012.
- Other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Local Outbreak Engagement Board
Date:	14 July 2020
Title:	Data Sharing Protocols
Report From:	Director of Public Health

Contact name: Simon Bryant , Director of Public Health

Tel: 07880384032

Email: Simon.bryant@hants.gov.uk

Purpose of this Report

1. This is a report setting out the information flows and data sharing arrangements for the Local Outbreak Engagement Board.

Recommendations

2. It is recommended that the Board should note the contents of this report and the data sources alongside a verbal update on the current data

Executive Summary

3. This report further summarises the range of published data and the reporting mechanisms for this board. The paper also outlines the flow of information about cases and incidents.

Data and information

4. There is a range of data that is published. This will be tabled each meeting for timeliness, and to ensure completeness at the board. Further updates of the same data will be provided to board members on a weekly basis.
 - a. Cumulative and daily cases and rates by district and county are published nationally at <https://coronavirus.data.gov.uk/>

- b. Number of people tested including positive cases as a proportion of all tests <https://coronavirus-staging.data.gov.uk/>
 - c. The count (not people) of triages of coronavirus symptoms through NHS Pathways by calls to NHS 111 and 999 and through NHS111 online. <https://digital.nhs.uk/dashboards/progression>
 - d. Death data will be published on a weekly basis based on the ONS data with a time lag
5. In addition, a weekly summary of outbreaks will be published for the board setting out all the confirmed outbreaks/incidents in the week by district. Due to the sensitive nature of this information circulation will be restricted to the board members.
 6. The Local Health Protection board which has a reporting line into this board will review all data sources maintaining confidentiality of patients and settings.

Information flows

7. The information about cases, incidents and outbreaks are key to understanding the local picture with regard to the pandemic to ensure the correct measures can be put in place.
8. For clarity the following definitions are used
 - a. A Case is one case with no implications for settings
 - b. An Incident is one case in a setting requiring intervention
 - c. An Outbreak is two or more cases in one setting
9. All information is received by the Director of Public Health and his team. This is reviewed on a daily basis. Appropriate action is taken for each incident or outbreak. The Outbreak control plan sets out a number of situations which would trigger the declaration of a COVID-19 Incident or Outbreak. This would include:
 - a. A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
 - b. Any of the setting-related 'Escalation Criteria' being met
 - c. 2 or more possible or confirmed cases linked to the same setting/location within a 14-day period (cases can be among staff and/or people attending or residing in the setting).
 - d. Situation worsens considerably within a setting.
 - e. There are COVID-19 hospitalisations or complex case/s associated with the setting.
 - f. Significant public, media or political interest.

- g. Involvement of more than one setting or local authority
10. Broadly speaking, notifications of COVID-19 cases or potential outbreaks will be managed at 3 levels
- a. Level 1: Cases/incidents/outbreaks dealt with at PHE SE HPT (HIOW) and Local Authority level will have oversight from the Health Protection Board (HPB). This can be referred to as the 'business as usual' approach, as it relies on longstanding systems and processes and has been the approach used prior to the development of this plan.
 - b. Level 2: Management of an incident/outbreak exceeds existing capacity within the PHE SE HPT (HIOW) to respond. In such situations, the Health Protection Board would provide support through decision-making around resource/capacity deployment to manage the incident/outbreak.
 - c. Level 3: Management of an incident/outbreak exceeds existing capacity within the PHE SE HPT (HIOW) and/or Local Authority to respond and which requires additional regional or national resource or coordination. In such situations, the Health Protection Board would provide support through decision-making around resource/capacity deployment to manage the incident/outbreak. The COVID-19 Outbreak Engagement Board would also support through its public-facing role, supporting external communications and public engagement. If a coordinated multi-agency outbreak response is required, the HIOW and TV Local Health Resilience Partnership (LHRP) Joint Health Protection Incident and Outbreak Control Plan may be activated in tandem with this plan.

Conclusion

11. This report sets out the key information available to the board and board members and the key escalation points when the board will need to become overtly involved in the management of a situation.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes/no
People in Hampshire live safe, healthy and independent lives:	yes/no
People in Hampshire enjoy a rich and diverse environment:	yes/no
People in Hampshire enjoy being part of strong, inclusive communities:	yes/no

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

See guidance at <https://hants.sharepoint.com/sites/ID/SitePages/Equality-ImpactAssessments.aspx?web=1>

Insert in full your **Equality Statement** which will either state:

- why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or*
- will give details of the identified impacts and potential mitigating actions*

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