Hampshire County Council
COVID-19 Local Outbreak Management Plan 2021

Version 2.0 FINAL

Hampshire County Council

Public Health

Foreword

In line with the UK's response to the COVID-19 pandemic, Hampshire County Council (HCC) regularly reviews and refreshes this COVID-19 Local Outbreak Management Plan (LOMP) which details how the local authority and its partners will respond to further outbreaks of infection. The response to the pandemic continues to evolve therefore this plan will be updated as frequently as required to ensure that it is in line with the latest government guidance.

We recognise that the COVID-19 pandemic is not over and it is important that we all play our part in taking sensible measures to continue with our lives whilst learning to live with COVID-19. The County Council continues to work across all sectors and with communities to achieve this in a way that is safe, protects our health and care services, and enables the local economy to restart and thrive. The County Council, along with District and Borough Councils and all system partners will continue to support our local communities to understand and manage risk, to make informed choices, and live safely with COVID-19. Community engagement, including the provision of locally tailored public health advice based on the ongoing national response and targeted based on local circumstances, will underpin all that we do. Working with partners, the County Council aims to:

- Reduce the transmission of COVID-19, protect those who are most vulnerable and prevent increased demand on our health and care services.
- Provide consistent advice to places and communities to prevent the spread of coronavirus.
- Oversee the test and trace programme in Hampshire and coordinate testing across the county.
- Work together with partners, in a coordinated way, to support communities across the county to reduce spread of infection.

This HCC COVID-19 LOMP should be read in conjunction with the HCC COVID-19 Incident and Outbreak Control Plan which is available which remains on the County Council website for reference.

Document Control

This plan is authored and maintained by Hampshire County Council Public Health.

Version	Date	Remark(s)	Author
0.1 (draft)	11/03/2021	Initial draft	SL
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1.0 FINAL	30/03/2021	Updated with additional information	SL/ SB
1.1 (draft)	18/08/2021	Reviewed against new national Contain Framework and updated in line with other national guidance and local procedures	SL/ SB/ BH/ EL
1.2 (draft)	01/09/2021	Tracked changes and comments removed – second draft.	EL
2.0 FINAL	17/09/2021	Finalised	EL

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Document Review

The HCC COVID-19 Local Outbreak Management Plan 2021 will be reviewed on a quarterly basis unless learning from an incident or outbreak requires it to be reviewed sooner. The original HCC COVID-19 Incident and Outbreak Control Plan V3.0 remains available on the County Council website for reference.

Document Distribution

- Hampshire County Council Corporate Management Team
- Members of the Hampshire Local Outbreak Engagement Board
- Members of the Hampshire Health Protection Board
- Hampshire and Isle of Wight Integrated Care System
- Frimley Integrated Care System
- Hampshire and Isle of Wight Local Resilience Forum
- Hampshire Health and Wellbeing Board
- Districts and Boroughs in the county of Hampshire

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1.1 Hampshire context

The area of Hampshire has a two-tier Local Authority system. Hampshire County Council (HCC) works closely with the 11 District and Borough Authorities across the area as well as neighbouring Authorities. The county of Hampshire is made up of rural, semi-rural and urban areas and has a population of 1.4 million people who live and work across the area. Throughout this document, HCC will be referred to as the County Council/ the Local Authority and Districts and Boroughs will be referred to as Districts and Boroughs.

This plan, and the original [HCC COVID-19 Incident and Outbreak Control Plan V3.0](#), identifies those at high risk of COVID-19 such as, those over 70, from ethnic minorities, or living with long term conditions. It also provides an understanding of high risk settings in the area (for example prisons and care homes) and identification of those populations who are least likely to access services, such as people from ethnic minority groups, people living in areas of deprivation, or those not registered with a GP.

The County Council produce COVID-19 [data packs](#) for each of the Districts and Boroughs across Hampshire which comprises of the latest information available from open sources related to COVID-19. Local authorities can use these packs to understand the potential population health needs, risks and vulnerabilities which exist within their own areas. The packs also include information related to those higher risk settings, which have been identified within the Local Outbreak Control Plan.

The County Council has identified three different layers of risk of COVID-19: clinical vulnerability; working and living conditions; and impact of policies relating to COVID-19. Work has been undertaken to identify in each area where the challenges are concentrated:

- Rushmoor, Gosport, Havant and New Forest have a higher proportion of neighbourhoods with an increased risk of **clinical vulnerability** to COVID-19.
- Eastleigh, Havant and Rushmoor have a higher proportion of neighbourhoods with an increased risk of contracting COVID-19 through **working and living conditions**.
- Gosport, Havant, New Forest and Rushmoor have a higher proportion of neighbourhoods with an increased vulnerability risk due to **policies relating to** COVID-19.
- The 49 Lower Layer Super Output Areas (LSOAs) areas with the highest percentage of ethnic minority population are concentrated in Rushmoor and Basingstoke and Deane.

Public Health regularly use the data behind these risk factors to target communications and

interventions at a more granular level i.e., LSOA, postcode sector, and individual household level using segmentation tools including Experian Mosaic. See appendix 2 for more detail.

1.2 COVID-19 objectives

The main objective in managing an outbreak is to protect the public's health. In the context of COVID-19, this requires taking action to ensure those infected self-isolate, contacts are traced, and measures are implemented to stop further spread or recurrence of the virus. Following government guidance, the plan has a number of key components. These are identified below and shown in more detail in section 2 – planning themes:

- Adult care settings including care homes
- Schools, education and children's care settings
- High risk places, locations and communities
- Local testing
- Contact tracing
- Self-isolation
- Vulnerable people
- Outbreak management and Variants of Concern
- Enduring transmission
- COVID safe
- Vaccinations
- Compliance and enforcement
- Communications and engagement
- Surveillance
- Resourcing

The County Council will continue to work with partners including the Department of Health and Social Care (DHSC) and Public Health England (PHE), soon to formally become the UK Health Security Agency (UKHSA), to:

- **Take a system view of issues and develop a joint understanding of the local context**: ensuring even greater coordination and coherence of our response, a commitment to working across teams to understand impacts at a local level, and planning ahead from a shared set of assumptions.
- **Engage, involve and inform our communities**: building a positive narrative about the response that reassures people and enables them to feel optimistic about the future

and clear about the expectations of them – with more support for locally tailored communications and local decision making that recognises the diversity of local communities.

- **Pool and share resources, evidence and data**: ensuring the County Council are using and sharing our combined resources efficiently, effectively, and more systematically, so our response continues to adapt to the latest evidence and good practice to deliver our shared goals of living safely with COVID-19.

1.3 Governance

The plan provides an overview of the governance structures currently set up within Hampshire County Council to support the response to COVID-19 outbreaks across the Hampshire footprint. These structures include, but are not limited to, the Hampshire Health Protection Board (HPB), Hampshire Local Outbreak Engagement Board (LOEB), Health and Social Care Cell, and Health and Wellbeing Board. Full roles and responsibilities can be found in Appendix 3, however figure 1 shows the County Council governance arrangements for the management of COVID-19.

Governance reporting for the HPB is currently as shown in the diagram below (Figure 1). A risk register for the Board is maintained and reviewed regularly and risks identified by the Test., Trace, Isolate & Board are formally escalated to the COVID-19 Health Protection Board.
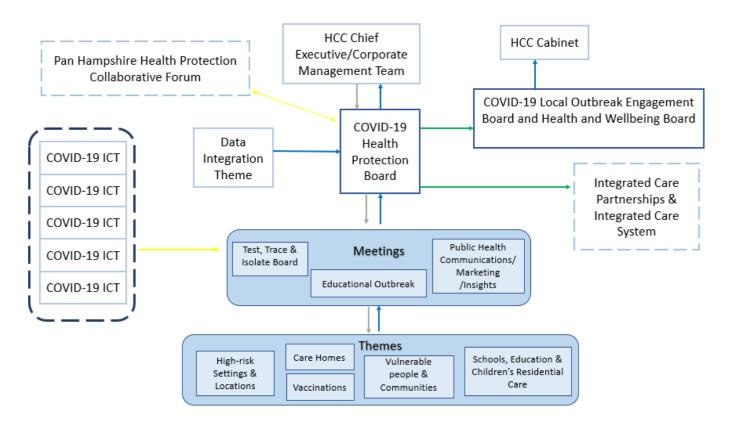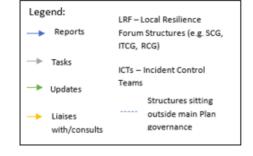
Figure 1. HCC COVID-19 Governance Arrangements

1.3.1 Local Outbreak Engagement Board

The Hampshire LOEB is a member-led oversight board, chaired by the Leader of the County Council. The LOEB is a subgroup of the Hampshire Cabinet. The primary roles of the LOEB are to have political oversight relating to COVID-19 incident and outbreak response, provide direction and leadership for community engagement, and be the public face of the local response in the event of an outbreak. In line with the guidance, the County Council have further strengthened the accountability to the Health and Wellbeing Board.

1.3.2 Health Protection Board

Under the leadership of the Director of Public Health (DPH), the Hampshire COVID-19 Health Protection Board (HPB) is responsible for the delivery of the plan. Membership of the HPB include the County Council Chief Executive, County Council Directors (including Adults' Social Care, Children's, and Communications), District Council Chief Executive representative, Public Health England (PHE), the NHS and Police. This partnership is instrumental in managing the local response to the pandemic and by continuing to work together through this Board, the County Council will ensure the needs of Hampshire's residents are met, and that the incidence of cases is lowered and lives saved.

1.3.3 Hampshire and Isle of Wight Local Resilience Forum

Throughout the COVID-19 pandemic, the County Council have been an integral partner within the Hampshire and Isle of Wight Local Resilience Forum (HIOW LRF) and have actively supported the command and control structure with representatives in the core groups including the Strategic Coordinating Group (SCG), Tactical Coordinating Group (TCG) and Recovery Coordinating Group (RCG).

As the pandemic progresses, the requirement for the various cells of the HIOW LRF command and control structure needs to change. At this stage in the response, a number of the HIOW LRF command and control cells have stepped down including the SCG and TCG. There are, however, some key workstreams from previous cells that will need to continue for the foreseeable future, these include media, testing, and tracing. In order to ensure oversight of these key workstreams they will now feed into the Pan Hampshire Health Protection Collaborative Forum (PHHPCF) who will report any issues up to the four HPBs as required.

1.4 Local authority and public health protection powers

A key part of the plan is to engage with residents and communities to encourage behaviours that help prevent the spread of infection. This has been largely successful, and engagement

will continue to ensure everyone plays their part to keep our communities safe. However, occasionally voluntary measures are insufficient and legal powers are needed to deal with infections or contamination that present a significant risk to human health.

The powers that are available to local authorities (both county and district) to protect the public's health are detailed within the [HCC COVID-19 Incident and Outbreak Control Plan](#) and shown in Appendix 4. Any exercising of these powers will usually be in consultation with other organisations, such as PHE's Health Protection Team, the NHS or the emergency services.

2.1 Adult care settings including care homes

Measures have already been put in place in care homes to prevent the risk of infection, but the County Council need to be ready for any potential outbreaks. 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 and geographical provision of symptomatic testing, including access to regular asymptomatic testing,
- Ensure availability of Personal Protective Equipment (PPE) and excellence in Infection Prevention and Control (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.

New priority areas:
- Support uptake of COVID-19 vaccination in staff working in care homes, and ensure providers are viable beyond 11th November when regulations come into force.
- Support uptake of twice weekly asymptomatic testing to underrepresented groups and disproportionality impacted groups.
- Ensure providers remain up to date on changing restrictions for staff, residents and visitors.

The County Council will continue to monitor the local situation through data integration and information sharing (see section 2.14), so that actions needed to manage an outbreak and protect lives can be quickly identified.

2.2 Schools, education and children's care settings

There are many early years settings, schools, and independent schools across Hampshire. Measures have already been put in place to prevent the risk of infection, but the County Council

need to be ready for any potential future outbreaks.

Along with the PHE Health Protection Team (HPT), the County Council will continue to monitor the local situation through data integration and information sharing via the HPB, so that the County Council can quickly identify actions needed to manage an outbreak and protect lives.

The County Council will continue to work with health and education to support staff in early years, primary, secondary schools and colleges, and secondary school pupils to undertake asymptomatic testing in preparation for the Autumn term restarting. This is supported by the wider testing strategy which provides an accessible testing offer through asymptomatic pharmacy testing sites and the availability of tests for collection for childcare and household bubbles, as detailed in section 2.4.

2.3 High risk places, locations, communities and healthcare settings

Working with partners, including the NHS and District and Borough councils, the County Council have identified other high-risk locations and communities (other than outlined in 2.1 and 2.2). These include a wide range of places such as sheltered housing, transport hubs, prisons, hospitals, tourist venues, hospitality, and higher risk workplaces. As restrictions ease, and people are no longer instructed to work from home, the County Council will continue to work with all multi-agency partners, e.g., transport operators, to ensure that demand on networks and facilities can be managed.

The County Council has established close links with settings of national strategic importance and worked with them to ensure they are confident in how to access support in managing outbreaks and community testing. The County Council has also established links with the Local Enterprise Partnership (LEP) in order to communicate with local business leaders and keep them up to date with information on outbreak management and community testing, similar links have also been established with the National Farming Union (NFU) as a conduit to communicate with agricultural businesses which make up a significant part of the Hampshire economy and may have specific risk factors. Local Authorities will continue to work closely with businesses, including encouraging the use of the NHS COVID Pass for high-risk settings to limit the risk of infection.

Everyone who arrives into England and has been in a red list country must quarantine in a Managed Quarantine Hotel / Facility (MQH / F) for 10 full days from the point of their arrival. The county of Hampshire has numerous ports of entry, both via sea and air, and currently Farnborough Airport is listed as a border quarantine port as it receives arrivals from red list countries. The County Council is working with multi-agency partners to support the

ports and arrivals through frequent dialogue with the MQF(s), DHSC and local stakeholders and the production of a twice-weekly SitRep shared with key stakeholders and County Council departments.

The County Council are working to support the local coordination of the Home Office national Afghan evacuee operation, Operation Warm Welcome, alongside local stakeholders via established command and control structures. The aim of the operation is to support Afghan evacuees via local Afghan Bridging Hotels and then onward settlement in the local areas across the country. As of September 2021, there are three bridging hotels across the pan-Hampshire area, all of which are being supported from a COVID-19 infection prevention control and wider Public Health system approach through collective multi-agency working via the health sub cell.

2.3.1 Events

The County Council is working closely with District and Borough Authorities, along with the other Upper Tier Local Authorities in Hampshire and the Isle of Wight, to ensure consistency in managing events. Using an escalation process agreed with the District and Borough events and Environmental Health leads, the County Council's Public Health and Emergency Planning teams review event applications, risk assessments and event management plans to ensure they include sufficient COVID-19 safety measures in line with current Government guidance. To support the national guidance, the County Council Public Health team have produced some key areas for event planners to consider including encouraging large events to use the NHS COVID Pass to help limit the risk of infection. Further detail on the NHS COVID Pass should be available in the Autumn of 2021, following which local guidance will be reviewed.

Learning from the national Events Research Programme that is available to date has been shared and reviewed amongst Safety Advisory Group (SAG) leads and the County Council Public Health team and applied to events taking place across Hampshire. Further information, guidance, and advice is available on the Keep Hampshire Safe website for businesses and event organisers.

2.4 Local testing

The County Council aims to ensure that testing can be accessed easily by all of our residents. Within Hampshire, access to testing for residents with COVID-19 symptoms is provided via the NHS website, or by telephoning 119 to arrange to be tested at a Regional Testing Site (RTS), Mobile Testing Unit (MTU), Local Testing Site (LTS), or via a home testing kit. These sites provide materials in both visual and various different languages to meet the needs of the local population. Targeted communication for places which have been identified as higher risk is also available to ensure that they can access testing for their staff.

The County Council is also exploring the opportunity of introducing a Mobile Processing Unit (MPU) testing facility, to expand access to symptomatic testing in the rural locations of Hampshire and for outbreak situations.

2.4.1 Asymptomatic testing at scale

The County Council know that COVID-19 can be passed from individuals who are asymptomatic and therefore unaware that they are infectious. In order to help reduce transmission across Hampshire, access to asymptomatic testing is available through the pharmacy test and collect offer.

Alongside our District and Borough Council partners, the testing offer has been supported by tailored communications and engagement to engage with target groups and those who may be harder to reach, through a number of media channels and specific engagement with partners across the community and in local businesses. The County Council is also working with the DHSC to extend its use of saliva testing to ensure access to testing is made available in a variety of testing modalities to suit its population's needs.

2.4.2 Optimising testing capacity

The County Council has developed testing plans based on the needs of the population and in line with government guidance. The County Council will continue to work with DHSC to improve coverage of community testing in Hampshire, both through the collection of home testing kits and attendance at pharmacy asymptomatic testing sites. The County Council will facilitate workplace testing for public sector workers to ensure coverage for our frontline health and social care workers where not covered nationally elsewhere, demonstrating the leadership of the public health authority.

The Daily Contact Testing programme (regular daily testing of close contacts of individuals who have tested positive for COVID-19) remains in place amongst Central Government

approved workplaces, predominantly those supporting critical national infrastructure and 'normal pattern of life' activities such as emergency services and food supply chains. Local Authorities hold no formal role in the delivery of Daily Contact Testing but provide Public Health advice to those businesses within their geographical area as required.

The testing strategy is informed by insight and engagement work, enabling a targeted offer in areas of high COVID-19 vulnerability and for those groups who are less likely to engage, and are either disproportionality impacted or are considered to be underrepresented groups. It is supported by tailored communications to ensure improved awareness and uptake for people with and without symptoms.

For further information on testing, please visit the Hampshire County Council Keep Hampshire Safe website.

2.5 Contact tracing

Testing is only an effective means of infection control if part of a wider system of test, trace and isolate therefore contact tracing is a fundamental part of the outbreak control plan. Contact tracing is a proven method of disease prevention and control used for many years by public health experts. The aim of contact tracing is to identify and provide support to people ('contacts') who may have been infected through exposure to another infectious person. Providing residents with access to prompt and convenient testing, support to self-isolate, and ensuring their close contacts are traced, is key to preventing further spread of the virus by breaking the chain of infection.

When a person tests positive for COVID-19, they are contacted to gather details of places they have visited and people with whom they have been in contact. Those who are identified as a 'close contact' are then contacted and given advice on what they should do e.g., self-isolate (if they are not exempt), and book a PCR test. Contact Tracing is carried out by the Local Tracing Partnership, in collaboration with NHS Test and Trace.

2.5.1 Outbreak Investigation and Rapid Response

Outbreak Investigation and Rapid Response (OIRR), previously known as enhanced contact tracing, is a systematic approach to gathering and analysing contact tracing data and other locally available information in order to rapidly detect and risk assess potential new COVID-19 case clusters locally. Test and Trace collect backward contact tracing data from people who have tested positive for COVID-19 to help identify where and when they were likely to have been

infected.

Information from contact tracing questionnaires is used to identify common exposures among cases, places and events that have been named by multiple cases as a potential source of their infection. Locations that multiple cases visited while infectious are detected in postcode coincidence reports and these are reported to HPTs.

HPTs will use various data streams including common exposure reports and postcode coincidence data to produce a report for Local Authorities giving details of outbreaks and linking this to previous contact tracing data. This report will detail the action carried out by the HPT and determine if further follow up is required by the Local Authority, or District and Borough partners. Local teams will risk assess these to confirm if there is a cluster / outbreak and determine what public health action needs to be taken. In addition, this report is used by the COVID-19 app team to send alerts to other people who attended the place or event to notify them that they may have been exposed to the virus. When required, the County Council will work with the local HPT to undertake enhanced contact tracing in high risk venues using the test and trace staff.

2.5.2 Hospitality Venues

Hospitality venues and businesses are encouraged to request and maintain customer, visitor and staff contact details and display an official NHS QR code poster. Should an outbreak occur at a venue, this will support NHS Test and Trace to be able to contact those who are at potential risk of COVID-19 and give them the necessary public health advice. This advice will come via a notification from the NHS COVID-19 app. The Local Authority will receive daily reports when a venue alert has been generated in our area. The County Council will review this data alongside other intelligence and liaise with our colleagues within District and Borough Councils where necessary.

2.5.3 Local tracing partnerships

A locally supported contact tracing system supports to prevent further spread of infection and allows local control over case completion rates from the national system, with the aim of increasing the proportion of cases traced through local engagement. The County Council have worked in partnership with the DHSC to establish a Local Tracing Partnership known as the Hampshire Local Tracing Service.

Additional advantages of locally supported contact tracing include a higher potential for cases with incorrect contact details to be tracked using locally held contact details and a higher

likelihood of cases responding due to the use of local telephone numbers and call-back facilities.

The Hampshire Service began operation on 3 December 2020 and covers the Hampshire County geography. In practice this means:

- Where the NHS Test and Trace service is unable to reach people who have tested positive for COVID-19 (cases) within their 24 hours, local call handlers take over.
- The Hampshire Tracing Service work in collaboration with the National Test and Trace service to begin contact tracing activity at a local level at 4 hours into the contact tracing journey for specific postcode areas. This approach is known as 'Local 4'.
- The local call handlers then attempt to contact cases to gather details of their close contacts. This is achieved through a variety of methods including text messaging, and a call from a local phone number. Where necessary, information is sought from a variety of local authority sources under a GDPR compliant process.
- When contact is made, the case is asked about their movements in the days prior to the start of symptoms, or a positive test, and asked to provide relevant information about close contacts. This information is then shared with the national Test and Trace team to enable them to follow-up the contacts.
- The local call handlers also offer advice on local support that is available to self-isolate if required, as well as picking up on any welfare, wellbeing or safeguarding concerns.
- Processes are in place to escalate safeguarding concerns appropriately.

The Local Tracing Service therefore plays a crucial role in protecting our communities in Hampshire and the LTP will continue to develop in line with National policy to ensure that the County Council provide the best service to support our residents and to break the chain of infection.

2.6 Self-isolation

Self-isolation is an integral part of the COVID-19 response ensuring that individuals who have COVID-19, or are at high risk of having the virus through contact with a confirmed case, minimise the risk of exposing others to infection. Local Authorities have a critical role in raising awareness of and supporting self-isolation. An effective approach to ensuring high levels of adherence to self-isolation involves the following elements:

- **Communications** – the County Council will continue to work with the Government to ensure maximum impact with seldom heard groups, this will include digital and

traditional media, as well as targeted translated materials advising residents of the importance of isolating as well as planning ahead and how to seek support if they need it. Hampshire County Council has an online 'Coping with COVID' webpage to support positive cases through their self-isolation and recovery.

- **Practical, social and emotional support** – Support will be delivered via the County's established COVID-19 welfare infrastructure. Focusing on providing advice and information, the County Council will also be able to refer residents directly to organisations in their areas who can provide bespoke support.

- **Financial support** – The Test and Trace Support Payment, to support people on low income and who are required to self-isolate and not attend a place of work, is distributed by District and Borough councils. This extends to parents or guardians of children who have to self-isolate. In addition, Hampshire County Council have been working with all partners to fully distribute the Practical Support Grant within the conditions of the funding. The County Council regularly review self-isolation practical support activities against the published DHSC Self Isolation Support framework.

It is anticipated that most people who need to self-isolate will be able to do so for the maximum 10-day period without any support, however we know that some residents will need extra help to access test and trace and to self-isolate. The County Council's work during the pandemic has identified that the types of support people require to self-isolate include prescription and food delivery, dog walking, wellbeing, financial advice, and support for carers. The County Council, working with District Councils and the voluntary sector, have developed a robust local offer to meet these needs and will continue to support vulnerable residents by identifying relevant solutions, including voluntary sector organisations andensuring services meet the needs of our diverse communities.

Hampshire residents who require support to self-isolate, following a positive test or being traced as a contact of a case, will be referred for support one of three ways:
- NHS Test and Trace National Team – those requiring support will be flagged via the national tracing system.
- Local Tracing Team – support will be identified through our initial contact. Advice and, if necessary, referrals will be made as outcome of this call.
- Self-Referral – any resident will be able to call the Hampshire Coronavirus Helpline for support, resulting in advice and, where required, onward referral.

2.7 Vulnerable people

It has been identified that certain communities and individuals within Hampshire are more vulnerable to harm from COVID-19. Different factors contribute to this vulnerability, some of which have become evident in how individuals and communities respond to and recover from the virus.

To help us understand the potential direct and indirect impact COVID-19 may have on our communities during the different stages of the pandemic, three separate indices have been developed. These can be used to inform the range of approaches the Local Authority may employ to prevent the further spread of the virus and manage outbreaks. These indices are:

- Clinical vulnerability to COVID-19: those at higher risk of experiencing severe outcomes from contracting COVID-19.
- Wider risks from COVID-19: the increased risk of contracting COVID-19 through work and living conditions.
- Vulnerability to policies relating to COVID-19: the increased risk of experiencing negative impacts from COVID-19 related policies, e.g., lockdown or economic downturn.

Since the beginning of the pandemic, the County Council has worked closely with Hampshire residents who have been identified as Clinically Extremely Vulnerable (CEV) to provide them with support throughout their shielding periods. Communication with this cohort has been via letters, email, phone, social media and SMS to keep residents up to date and informed on the support available to them. The County Council also maintain and distribute the Getting Going Again Fund to community partners, with the aim to ensure that CEV residents have the support and confidence to reintegrate with society following their shielding period.

Hampshire continues to build upon these communication approaches to engage pro-actively with residents self-isolating, promoting practical, emotional, and financial self-isolation support. The Hampshire Coronavirus Helpline is a one stop shop for all Hampshire residents to access this support and will continue operating over the coming months.

An action plan for welfare provision and vulnerable people is held by the County Council.

2.7.1 Shielding

During any national pause on shielding advice, the Local Authority will remain responsible for maintaining a contingency plan to stand up support to those identified as CEV. In the event of a major outbreak or identification of a Variant of Concern (VOC) or Variant under Investigation

(VUI) that poses a significant threat to individuals on the Shielded Patient List (SPL), re-introduction of shielding can occur by agreement of Ministers. If agreed, shielding notifications would be issued by post to all people on the SPL in an affected area.

For more detailed information on the vulnerable populations across Hampshire, please see the [Hampshire Joint Strategic Needs Assessment for COVID-19 Vulnerability Indices](#) (November 2020) and the COVID-19 [data packs](#) for each of the Districts and Boroughs across Hampshire.

2.8 Outbreak management and Variant(s) of Concern

The local response to a COVID-19 incident or outbreak in a Hampshire setting, or multiple settings, requires robust processes for notification, incident, and outbreak management, and may require collaborative work with neighbouring Local Authorities. The original [HCC COVID-19 Incident and Outbreak Control Plan](#) provides Standard Operating Procedures for how the County Council Public Health team will respond to an outbreak of COVID-19, working with partners including District and Borough Councils and Public Health England. Throughout the response to COVID-19, additional staff have been upskilled to provide additional support to respond to outbreaks of COVID-19, and to support the response to an identification of a VOC. While the response to a VOC or VUI will use many of the same approaches as the response to other forms of outbreak, the risk from VOCs or VUIs can be greater (e.g., due to vaccine resistance) and therefore the response may need to be carried out at a far greater pace and scale.

2.8.1 Surge capacity management locally to respond to outbreaks, including identification of a VOC or VUI

To enable a swift response following the identification of a VOC or VUI, the County Council have developed a surge testing plan that enables us to respond as and when a VOC has been identified. This includes establishment of a local Incident Control Team (ICT) in partnership with HIOW HPT as well as a tactical group to obtain and coordinate resources, linking with LRF partners through existing structures when these are stood up or through a partner activation conference as appropriate. The surge testing approach is agreed at the ICT to ensure the most effective method for identifying spread from the VOC. If mass testing is agreed this will be led by a small on-site operational group including public health staff, district council staff and volunteers. A suite of practical resources has been established to enable this, including written briefing for those delivering door to door test kits. An established communications plan has also been developed to ensure stakeholders, the population in the surge area, and the wider Hampshire population are informed at the appropriate time and level.

When planning for surge testing there are a number of general elements to consider:

- The best method for conducting surge testing, i.e., door knocking; workplace testing or targeted testing.
- Area for testing and the parameters, i.e., residential only, if schools or commercial properties are included.
- Logistics of delivery, including utilising resource from LRF partners and the voluntary and community sector where appropriate.
- Communication with local staff / councillors and to the public.

In the event that Targeted Case Finding has been requested by PHE as a result of a VOC in the County geography, the County Council work in collaboration with District and Borough Councils to carry out door-knocking if the Local Tracing Partnership are unable to contact positive cases over the phone to ascertain their close contacts.

2.9 Enduring transmission

In some areas, transmission of COVID-19 has remained high and above the national average for long periods of time, resulting in increased levels of infection persisting for many months, with the result that restrictions remained in place. This is referred to as enduring transmission. Evidence gathered by NHS Test and Trace suggests that, while there is no single cause of enduring transmission, there are a range of inter-connected factors related to enduring transmission including:

- Deprivation (including un-met financial need).
- Employment and occupation.
- Demographics and household composition.
- Attitudes and behaviours.
- Response.

Hampshire is among the least deprived authorities in England according to the Index of Multiple Deprivation 2019, although there are pockets within Hampshire that fall within the most deprived areas in the country. Similarly, Hampshire has a high level of employment but there are areas where this is lower. Household composition also varies widely across the County.

As Hampshire is a large geographical area, it is more appropriate to consider the factors that may increase the risk of enduring transmission at a more local level, in partnership with District

and Borough colleagues. The factors outlined above can be considered as social vulnerabilities and the first three factors are included in the COVID-19 [data packs](link) shared with District and Borough colleagues and available to all partners via the Public Health JSNA website.

The County Council Insights Team continues to work to understand attitudes and behaviours to inform further action, for example, this has enabled insight-driven work to support targeted communications to increase vaccine uptake, improve access to testing and for cultural or religious based events. These efforts have been concentrated in specific communities living in areas with a higher number of houses of multiple occupation, higher deprivation levels, lower educational levels, and higher proportions of residents from minority ethnic groups.

Insights, together with close monitoring of local data, will continue to inform our actions to prevent enduring transmission.

2.10 Activities to enable 'living with COVID' (COVID secure)

Below are the four key epidemiological principles that will guide us through the next phase of exiting the pandemic and living safely with COVID-19:

1. Transmission of the virus needs to be brought, and kept, as low as possible.
2. Surveillance of transmission and variant emergence must be optimal.
3. Test, Trace and Isolate needs to work effectively, with a clear testing strategy.
4. Vaccines must be effective and delivered equitably.

These principles are underpinned by what seems now to be an evident reality: the virus and its variants will continue to circulate for some time. Given this, our emphasis must be on creating the conditions and articulating the ways in which we can function and live as safely as possible with the virus continuing to circulate. It can be assumed that even with vaccines, variants of the virus will circulate endemically for some time to come. We will have to find a way of living and working while variants of the virus circulate for at least the next 24 months, if not longer.

The crucial elements to help us live safely with COVID are described in the plan, but in summary, it requires us to work together to:

- Reduce and keep the virus transmission as low as possible.

- Ensure we have a high-quality national and local surveillance system in place to monitor the transmission and identify variance emergence as well as identify local cases and outbreaks as quickly as possible.
- Have a comprehensive and effective national and local test, trace, and isolation programme.
- Have an effective vaccination programme to protect the most vulnerable from serious illness.

For the foreseeable future, the County Council will encourage maintenance of Non-Pharmaceutical Interventions (NPIs) to reduce the risk of infection. Examples of this include, handwashing, using face coverings (where appropriate), and maintaining adequate social distancing as well as ensuring there is appropriate ventilation in indoor settings. To enable these interventions to continue to be successful within our communities, the County Council will continue to monitor social attitudes and adapt communications accordingly.

'Hands, face, space and fresh air' is a key message that continues to be embedded in all 'Keep Hampshire Safe' campaigns: it is included in all digital and offline assets, promotional materials such as leaflets and posters, stakeholder briefings, newsletters, and press releases. In addition, to support communication at a local level, 'hands, face, space and fresh air' social media banners have been created for district communications partners with tailored branding which they can use on their own digital channels; these banners are refreshed each season. E-signature graphics have also been created for County Council staff and internal communications channels are used to promote the message across the organisation.

Most districts have been carrying out locally targeted communications campaigns, both digital and traditional, based on their district demographics and utilising voluntary sector partners and networks. Using national messaging (stay home; hands, face, space, and fresh air; get tested (symptomatic / asymptomatic) etc.) but locally nuanced and redesigned.

Specific hard to reach groups have been identified and, where necessary, communications campaigns and specific interventions put in place. Rushmoor continue to utilise community networks and use of video to support the local Nepalese community, and are currently undertaking a project focused on houses of multiple occupation (HMO) to encourage both adherence to restrictions and vaccine take up.

District and Borough Councils have supported their communities by increasing place-based patrols and notices in parks, town centres, and other public areas, to encourage compliance with restrictions This activity can be scaled up or down based on current Government guidelines. One

District Council utilised a digital van at the peak of infections in 2021 with strong, targeted messaging given the extremely high infection rates in the borough.

The County Council have also made sure that essential businesses have been supported to reopen safely, including floor markers and pop-up facilities for hand gel.

Districts provide a range of advice and guidance directly to businesses through their existing channels such as Environmental Health and town centre teams which is supplemented by COVID-19 specific projects and initiatives such as town centre marshals and enabling asymptomatic testing for small businesses.

2.11 Vaccinations

The COVID-19 vaccine is a safe, effective way to protect ourselves from Coronavirus. The County Council are working closely with NHS England, Clinical Commissioning Groups (CCGs), and other partners across the HIOW LRF footprint to support the successful roll-out of vaccinations. The County Council are also working closely with our Insights and Communications Teams to encourage uptake of the vaccine by Hampshire residents and to provide clear information on the vaccine so that residents feel fully informed ahead of receiving the vaccine. It is important to continue providing testing for symptomatic and asymptomatic people within Hampshire alongside the vaccine roll-out to continue to protect the most vulnerable in our society and those who are not yet eligible for the vaccine. More information on the vaccine and when you will be contacted is available here – Keep Hampshire Safe: COVID-19 Vaccine.

2.11.1 Measures to improve vaccine uptake locally

The County Council are active members of the Hampshire Strategic Vaccination Board and the Frimley Vaccination Board, and the inequalities groups for both systems. In partnership with our public health colleagues in other Local Authorities the County Council have identified, from the evidence, groups at lower risk of uptake. This has included groups in high-risk settings, higher risk groups in community settings, and other groups of concern. The County Council have proposed measures to reach and vaccinate these groups, including system-wide identification and support for people with learning disabilities and provision of roving and pop-up clinic models. This work will continue as the vaccination programme moves to phase three in Autumn.

The County Council will continue to work at place level with CCGs and Primary Care Networks (PCNs) to help refine strategies to maximise uptake, using evidence of effectiveness and

emerging data. We have implemented a vaccination champions programme which has targeted trusted individuals in communities that are seldom heard, to develop trust and gain insight and feedback from these groups.

The County Council have undertaken focus groups with seldom heard groups to understand their perspectives and will continue to hold these groups to test our marketing and communication approaches. The County Council have a Vaccination Communications and Marketing plan which details our strategy to reach both the general population and specific groups. The County Council are also working with our care home sector, monitoring uptake and offering webinars and communications materials.

The vaccine champions programme commenced in April 2021 to respond to the inequalities in take-up of the COVID-19 vaccination, for example, in ethnic minority populations and people living in areas of deprivation. These communities are not only at higher risk of transmission, they are also more likely to suffer severe disease and mortality. The programme is run by Hampshire County Council, in partnership with the HIOW NHS vaccination programme team. The champions are asked to share up-to-date and trusted information with friends, families and their communities about the COVID-19 vaccination on social media, WhatsApp, local magazines and news boards and other communication channels. Champions also feedback concerns from their communities and ask any questions raised. The champions' ability to link and communicate directly within their communities make them a valuable channel for sharing safe and trusted information that responds quickly to the questions posed by their communities.

2.11.2 Linkages between vaccine roll-out and testing

The County Council have ensured that our messaging on vaccination and testing is cohesive and consistent. With our communications, the County Council have ensured that people who have been vaccinated continue to access testing. Once the vaccination roll-out expands, the County Council will use our testing sites to promote vaccine uptake. The County Council are aware that the inequalities seen in take-up of testing also apply to uptake of vaccination so will work to ensure that learning is applied across the programmes.

2.12 Compliance and enforcement

As a result of the move to step four in the Government's Road Map, the specific COVID-19 Regulations were removed in July 2021, removing the responsibility and associated powers from Hampshire Constabulary and Local Authorities.

The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 (No. 3 Regulations) ('The Regulations') will, however, continue to apply until the end of 27th September 2021. These powers may be exercised by Upper Tier Local Authorities in England. As set out in Regulation 1(4), in Hampshire, this power may only be exercised by Hampshire County Council or Upper Tier Authorities.

The regulations grant powers to make directions which respond to a serious and imminent threat to public health. Any direction must be necessary and proportionate in order to manage the transmission of the coronavirus in the Local Authority's area. The regulations contain powers for Local Authorities to give directions which:

- restrict access to, or close, individual premises,
- prohibit or restrict certain events (or types of event),
- restrict access to, or close, public outdoor places (or types of outdoor public places).

To give a direction under these regulations, a local authority needs to be satisfied that the following three legal conditions are met:

- That giving the direction responds to a serious and imminent threat to public health.
- The direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection by coronavirus in the Local Authority's area.
- The prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose.

This is a particularly high bar to meet in an environment where the strictness of COVID-19 controls have been significantly reduced.

The requirements on businesses to maintain appropriate controls now fall to the duties imposed by The Health and Safety at Work (etc) Act 1974, Regulations made thereunder, and associated provisions. Businesses are now expected to consider the control of Covid in their workplace risk assessments, giving regard to the Government's non-statutory guidance. The duty to risk assess is contained within The Management of Health and Safety at Work Regulations 1999. In addition, the requirement for adequate workplace ventilation is contained within The Workplace (Health, Safety and Welfare) Regulations 1992. Enforcement of safety law is split between Local Authority jurisdiction (District, Borough and Unitary Authority) and Health and Safety Executive (HSE) jurisdiction depending upon the premises / business activity.

The status of the Government's COVID-19 guidance as non-statutory limits the ability of Local

Authorities to take formal action against duty holders. For the County Council, enforcement can be taken up until 27th September 2021 through the Regulation 3 provisions (see above) however the trigger levels to utilise these powers are challenging to meet in the current circumstances. District and Borough Authorities have limited powers in relation to COVID-19 and rely on 'business as usual' enforcement powers. Enforcement decisions will remain with the Local Authority and will be informed by the Enforcement Policy of each Local Authority, the Enforcement Management Model (published by HSE), and any supplementary enforcement guidance issued by HSE, in order to determine appropriate and proportionate enforcement action. It is likely that each Local Authority will take a stepped approach to enforcement (similar to the "Engage. Explain. Encourage. Enforce." approach of the Constabulary, for example) giving businesses / employers the opportunity to achieve compliance without enforcement.

2.13 Communications and engagement

Public engagement and trust is crucial to the response to COVID-19. The County Council Communications and Insights Teams work closely with multi-agency partners across the HIOW LRF area to ensure consistent messaging and information sharing. Communications meetings are held regularly between the County Council Communications Team and the Public Health Team to discuss key areas of focus and the latest guidance and public health messaging.

Key to the success of managing COVID-19 is that communities, residents and businesses are engaged with locally tailored public health advice based on the ongoing national response, and targeted based on local circumstances. Core messaging throughout the COVID-19 pandemic has been on NPIs such as hands, face, space, and fresh air, not undertaking unnecessary travel, and working from home where possible. These messages have constantly been refreshed by the Communications Team to ensure they remain in line with key national messages and also remain refreshed and relevant to encourage continued public support. These messages are, and will continue to be, consistently reinforced whilst living with COVID-19.

Some of the key areas of focus for the Communications Team include:

- National and local landscape i.e., outbreaks / lockdowns / tier escalations / issues / events / emerging variants.
- Weekly Hampshire infection data.
- Feedback from stakeholders, partners, the voluntary and community sector, as well as

working with other Hampshire Local Authorities and public sector organisations to research methodologies and findings and help develop best practice tools.

- Media management and responding to the regional / national news.
- Resident feedback via social media.
- Seasonal themes i.e., events and celebrations.
- Response by County Council services, including, most significantly, schools and care homes.
- Political decision making i.e., LOEB and Cabinet.
- Use of Mosaic and existing data records to identify need and target effective communication and support.
- Working with seldom heard communities, in particular ethnic minority community representatives.

To reach offline audiences, digital campaigns are complemented by outdoor media advertising, for example on bus sides and stops, digital and print billboards, and in local newspapers. Insights data is used to inform locations of these assets, to ensure they are placed in areas of deprivation and with a higher concentration of ethnic minority communities. To support reaching the 'harder to reach' communities across Hampshire, the County Council have aimed to provide information to those for whom English is not their first language in their own primary language via pictorial posters and/or verbal announcements. This was particularly used for the Nepalese community and is anticipated to be a growing issue as isolated and digitally disconnected people emerge as lockdown eases. In addition, funding from the Control Outbreak Management Fund (COMF) grant was used to engage Nepali residents, specifically living in houses in multiple occupation in one Borough area, to provide key messages and support and to encourage them to take advantage of local services. Funding was used to target communications and messaging to; establish contact with residents in properties at highest risk for the spread of COVID; explain and deliver pathways to residents at risk to ensure access to services, and; provide contact information for help to those in need and ensure that information is available and accessible to all residents of those properties visited.

As we move through the ongoing response to the COVID-19 pandemic, the County Council's communications will be tailored to focus on building community resilience through the provision of knowledge and resources to enable individuals to care for themselves and others. Local Authorities across Hampshire already work closely with communities across the HIOW LRF area to encourage and support community resilience for emergencies e.g., flooding and have been working with communities throughout the COVID-19 response to continue this work.

2.14 Surveillance

Surveillance will continue to play a critical role in preventing and responding to outbreaks. The current arrangements for surveillance, data integration and information sharing across Hampshire are as follows:

- **Population Health, Intelligence and Modelling Cell** - The HIOW LFR Population Health, Intelligence and Modelling cell successfully utilised a public health approach to modelling the spread of COVID-19 infection across the HIOW population. This modelling work 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. From November 2020 and in recognition of the increasing complexities such as the rollout of the vaccination programme and new variants, a new model was adopted which builds on the work Kent and Medway developed. The model uses the epidemiological evidence that the County Council know of COVID-19 and simulates infection spread through a population, it also models the impact on our population of the new variant, social distancing compliance and the vaccination roll out and effectiveness.

- **Early Warning Indicators Dashboard** - Public Health analysts reporting to the HIOW LRF Population Health, Intelligence and Modelling Cell access and review an Early Warning Dashboard that is presented as a separate product in a PowerBI report.

- **Joint Biosecurity Centre (JBC) Playbook** - The JBC, 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. The JBC will act as an independent analytical function to provide data and analysis to Government and to Local Authorities, helping to identify and respond to outbreaks as they occur and trends for early warning.

- **Local PowerBI dashboard** - Data from a range of sources, as outlined above, is used to populate a local PowerBI dashboard on a weekly basis. This local dashboard provides information on trends and locations of cases, rates of positive tests, demographics of cases and outbreaks which is used to form the Weekly COVID-19 dashboard.

- **Wastewater testing** – Wastewater testing helps to understand where the virus is

circulating in the population, regardless of whether people have symptoms or have been tested. Across HIOW, wastewater sampling is taking place to understand any links between wastewater and rising case numbers. These data suggest that the virus concentration began to rise approximately two weeks before the County Council saw evidence of case rates rising across the area. It was felt that the data are interesting and having access to all the national sample data may provide an early warning for increasing infection rates, but is a limited dataset in isolation and would have to be used in conjunction with other data sets.

- **Vaccination data** – there are a number of data sources accessed to understand vaccination uptake and inequalities across HIOW, for example, and in addition to the publicly available data, NIMS and Foundry are accessed. Analysis of these data are used to inform the vaccination roll out programme.

- **Outbreak Investigation and Rapid Response** – local outbreaks are monitored and reported in the local PowerBI report, these are discussed with colleagues across Public Health and PHE HPT. Outbreaks of concern, or those that require action, are raised individually though a communication framework between LA Public Health and PHE HPT.

Further detailed information on surveillance, data integration and information sharing is available in the HCC COVID-19 Incident and Outbreak Control Plan.

2.14.1 COVID-19 reports

The following reports / resources are also developed for use by the County Council Public Health team, DPH, HPB and the general public:

- Data meetings take place to discuss incidents and outbreaks and case rate trends. The reports are sent to the Health Protection Boards by the County Council Public Health team.

- Regular collations of theme situation reports are provided to HPB members. This Combined SitRep is collated by project support officers using input from theme leads. Any actions or exceptions from these reports are escalated to the HPB.

- Weekly reports for the general public accessible on the HCC website: https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/covid19-data-and-intelligence

2.14.2 Local data and intelligence integration

The resource capabilities and capacity implications for partners involved in this workstream is dependent on determining the precise requirements of the end users for an intelligence 'platform', and the ease and convenience of dataflows. The following arrangements have been established:

- Secure regular automated dataflows from a variety of organisations to provide the intelligence to support the system. This includes, but is not limited to, data from the national testing programme, the community testing programmes, and the national contact tracing programme.

- Application of the Information Governance models of compliance for intelligence platforms:
  - 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 structures.

2.14.3 Data and information 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 three different regulations:

- 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 DPH through a secure web-based portal, and enhanced data sharing agreements between the DPH and PHE have been established for holding and sharing this data. Where additional personally identifiable data needs to be shared between organisations for purposes of outbreak response, 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.

2.15 Resourcing

The COVID-19 pandemic has required a large amount of County Council resource to be assigned to various areas of the response as well as a significant requirement in Environmental Health, Community, Business Support and Revenues teams across District and Borough Councils. Capacity management and the resumption of business as usual activities are shown in the following two sections.

2.15.1 Capacity management

The County Council has drawn in specialist skills and professionals from across the Council and our partners to ensure that the County Council have sufficient capacity to respond across all aspects of our outbreak control response across Hampshire. In addition to this, and to enable the Council's business as usual functions to continue to a high standard, the County Council has utilised the government Control Outbreak Management Fund (COMF) grant to support a number of fixed term appointments, harnessing additional skills and capacity across a broad range of departments including Public Health, Adults' Health and Care and Communications, as well as capacity in partner organisations.

Additional support via the COMF grant was also provided to District and Borough Councils to support a system wide approach, providing additional capacity for community management and releasing capacity in Environmental Health teams to maintain statutory inspections of food businesses etc. Support was also provided to ensure Trace and Test protocols could be achieved through use of council tax data at a time when council tax bills were being deployed.

2.15.2 Management of impacts of the resumption of business as usual activities

Capacity requirements are regularly reviewed by senior leaders to ensure that resources are deployed where they are most needed, both across the Council and with our partners. This is being carefully managed alongside the Government guidance and consideration being given to enable our ongoing COVID-19 response as internal resources return to business as usual

activities and additional support will be required when services and settings reopen. The ongoing capability of our response will also be reviewed in line with the continuation of Government COMF grant funding to support specialist posts where this is currently being utilised.

Regular briefings of local authority leaders and chief executives take place to ensure all partners are able to raise issues of concern in respect to delivery of business as usual issues.

2.16 Winter Infections

The County Council Public Health Analysts are closely monitoring the prevalence and severity of other winter infections that may impact residents and potentially lead to an increase in hospital admissions. The County Council have strong working relationships with partners in Health to support in joint communications and messaging, as well as system-wide contingency planning to ensure optimal capacity wherever possible.

Section 3 – Forward Planning

This HCC COVID-19 Local Outbreak Management Plan will continue to evolve as the COVID-19 pandemic continues, and, as a result, this plan is a living document, enabling our response to be agile and respond to change in guidance, policy, and legislation, as well as to changes in infection levels and impact. The next iteration of this plan is expected in late Autumn and will reflect any changes in the forthcoming update to the Contain Framework, including the interface of the vaccine booster programme with the broader winter immunisation programme.

- Responding to Variants of Concern (VOC) – completion of an After Action Report to learn from Surge Testing (Operation Eagle) activation in Hampshire and incorporation of lessons learned into surge testing plans and briefing documents. Undertaking further tabletop training and exercising to embed learning.
- Action on enduring transmission – further work with the County Council Insights team to understand attitudes and behaviours.
- Outbreak Investigation and Rapid Response, in partnership with the PHE HPT - working with the HPT to understand and agree systems of work to enable Outbreak Investigation and Rapid Response tracing to take place in alignment with the Hampshire Local Tracing Service.
- Ongoing role of Non-Pharmaceutical Interventions (NPIs).
- Interface with vaccines roll-out – further development and utilisation of insights-led work to support uptake of vaccination among specific communities. Development of a vaccine champions programme to support this work in the longer term.
- Strategy to promote the importance and uptake of testing, tracing, isolating and vaccination.
- Activities to enable 'living with COVID-19 (Covid secure)' – a continued focus on effective communications campaigns, targeting to specific audiences where insights and data indicate compliance may be lower. Developing systems of working with Hampshire Constabulary and other enforcement agencies in line with the updated Contain Framework.

The County Council will continue to review and update this plan in line with any further updates to the Contain Framework, to ensure that our local response remains dynamic to respond to changes in infection rates as we continue to live with COVID-19. As part of this, the County Council will work with our LRF partners to collaborate and share plans and resources where appropriate to bolster our local response.

Appendix 1 - List of Acronyms

ATS	Asymptomatic Testing Site
CCG	Clinical Commissioning Group
CEV	Clinically Extremely Vulnerable
COMF	Control Outbreak Management Fund
CYP	Children and Young People
DCT	Daily Contact Testing
DPH / DsPH	Director of Public Health / Directors of Public Health
DHSC	Department of Health and Social Care
EH / EHO	Environmental Health / Environmental Health Officer
HCC	Hampshire County Council
HIOW LRF	Hampshire and Isle of Wight Local Resilience Forum
HMO	House of Multiple Occupation
HPB	Health Protection Board
HPT	Health Protection Team
HSE	Health and Safety Executive
HTP	Hampshire Tracing Partnership
ICT	Incident Control Team
JBC	Joint Biosecurity Centre
LOEB	Local Outbreak Engagement Board
LSOA	Lower Super Output Area
LTP	Local Tracing Partnership
LTS	Local Testing Site
MQF / H	Managed Quarantine Facility / Hotel
MPU	Mobile Processing Unit
MTU	Mobile Testing Unit
NPI	Non-Pharmaceutical Interventions
OIRR	Outbreak Investigation and Rapid Response
PCN	Primary Care Network
PHE	Public Health England
PHHPCF	Pan Hampshire Health Protection Collaborative Forum
RCG	Recovery Coordinating Group
RTS	Regional Testing Site
SAG	Safety Advisory Group
SCG	Strategic Coordinating Group

SPL	Shielded Patient List
TCG	Tactical Coordinating Group
TTI	Test, Trace and Isolate
VOC	Variant of Concern
VUI	Variant Under Investigation

In developing the Indices, the most up-to-date published reports and evidence were considered to understand which datasets and indicators best described COVID-19 vulnerabilities. Indicators were then sourced at Lower Super Output Area (LSOA) correlating with the evidence[1],[2],[3],[4],[5],[6] and grouped into three domains to explain different vulnerabilities at varying stages and the potential direct and indirect impacts COVID-19 may have on our communities.

- **Clinical vulnerability to COVID-19:** Higher risk of experiencing severe outcomes from contracting COVID-19.
- **Wider risks from COVID-19:** Increased risk of contracting COVID-19 through work / living conditions.
- **Vulnerabilities to policies relating to COVID-19:** Increased risk of experiencing negative impacts from COVID-19 related policies, e.g., lockdown or economic downturn.

The Indices are not intended to be used as a standalone tool, but within the context of local knowledge and other available data. The geographical patterns across the districts were considered by constructing deciles across Hampshire and Isle of Wight in its entirety (bar charts) and within each upper tier local authority districts (maps).

A2.1 Wider risks from COVID-19

Information pertaining to the wider risks from COVID-19 can be found on the HCC website COVID-19 Data and Intelligence | Health and social care | Hampshire County Council (hants.gov.uk).

A2.3 Vulnerability to policies relating to COVID-19

Information pertaining to the vulnerability to policies relating to COVID-19 can be found on the HCC

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[1] Public Health England (2020) COVID-19: review of disparities in risks and outcomes https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes Accessed 23 June 2020
[2] British Red Cross and University of Oxford (2020) British Red Cross Covid-19 Vulnerability Index https://britishredcrosssociety.github.io/covid-19-vulnerability/ Accessed 21 April 2020
[3] Office for National Statistics (2020) Deaths involving COVID-19, England and Wales: deaths occurring in May 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinmay2020 Accessed 23 June 2020
[4] Office for National Statistics (2020) Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020
[5] European Centre for Disease Prevention and Control (2020) COVID 19 Surveillance report https://covid19-surveillancereport.ecdc.europa.eu/#3_risk_groups_most_affected Accessed 26 May 2020
[6] The Lancet (2020) Estimating excess 1-year mortality associated with the COVID-19 pandemic according to underlying conditions and age: a population-based cohort study https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7217641/ Accessed 26 May 2020

website COVID-19 Data and Intelligence | Health and social care | Hampshire County Council (hants.gov.uk).

A2.4 Where are ethnic minorities in Hampshire?

Information pertaining to ethnic minorities in Hampshire can be found on the HCC website COVID-19 Data and Intelligence | Health and social care | Hampshire County Council (hants.gov.uk).

Organisations/service areas	Key responsibilities:
Local Authority	
County Council Services	
Hampshire County Council	• Wider proactive work with settings and communities to **minimise the risk of outbreaks/clusters of cases.** • Working with PHE HPT to **support complex cases and outbreak management** (in a range of settings/communities). • **Supporting individuals who are 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 DPH and health protection leads, or other local arrangements as they emerge). • **Maintaining accountability for the local COVID-19 Incident and Outbreak Management Plan**, ensuring appropriate PHE representation on COVID-19 health protection boards/member-led Boards.
Public Health	• 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. Should it be deemed necessary, the DPH can advise the use of the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020. • Directors of Public Health (DsPH) and their teams are responsible for community testing, supporting local Outbreak Investigation and Rapid Response tracing, supporting self-isolation, working closely with PHE Health Protection Teams (HPTs) to control outbreaks, and undertaking ongoing surveillance. • DsPH work with PHE and local Health Protection Boards (HPB), supported with resource deployment by local 'Gold' structures led by Local Authority Chief Executives, and local boards to communicate and engage with communities led by council leaders. • Working with health partners and communities to promote take up of the COVID-19 vaccination programme.
Emergency Planning	• Support the Local Authority and system-wide preparation for and response to outbreaks.
Adult Social Care	• Support the response with a focus on higher risk settings and vulnerable groups.
Children's Services	• 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 HPT and County Council Public Health 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 Children and Young People (CYP) needing to self-isolate.

Culture, Communities and Business Services (CCBS)	• 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 HPT and County Council Public Health to support the investigation and management of outbreaks.
Communications	• 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*	• Environmental Health provides an advisory and enforcement role to businesses preventing the spread of infection and minimising the risk of outbreaks/clusters of cases. • Additional support in the event of the escalation of a local outbreak that requires further local capacity i.e., for contact tracing and interviewing. • Enforcement of various legislation related to the control of disease or health and safety at work. • EH teams to provide support to HPT to conduct initial risk assessment at specific locations as agreed.
Housing	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in key higher risk settings, such as hostels and houses in multiple occupation (HMOs). • Liaise with PHE HPT and County Council Public Health to support the investigation and management of outbreaks. • Ensure a focus on people that will be particularly vulnerable because of the outbreak and response.
Other Teams e.g., Economic Development, Grounds Teams, Legal and Finance	• Be prepared to work with the ICT to support the response to an outbreak in line with departmental responsibilities. • Support delivery of the Track and Trace service through local data sharing agreements. • Support businesses or individuals through distribution of financial support as required by Her Majesty's Government. • Support compliance in local areas through advisory and enforcement roles. • Support the most vulnerable in the community through Local Response Centres as required.
Partner Organisations	
PHE SE HPT (HIOW)	• Discharge the responsibilities of PHE via the South East (SE) HPT (HIOW). • **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 cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units (MTUs). See appendices 5, 6 and 7. • **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.

PHE National	• Lead the national response to COVID-19. • Work with local HPTs to provide guidance and support for their work with local partners.
NHS England and NHS Improvement	• Provide strategic direction to local commissioners and providers of NHS funded care.
CCG	• Coordinate wider proactive work to prevent the spread of infection and minimise risk of outbreaks/clusters of cases in healthcare settings and services i.e., primary care. • 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. • 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. • Coordinate and deliver the local vaccination programme.
Hampshire Hospitals Foundation Trust	• Deliver the Trust's Infection Control Plan in relation to COVID-19. • Liaise with PHE HPT in the event of an outbreak.
Community Trusts	• Deliver the Trusts Infection Control Plan in relation to COVID-19. • Liaise with PHE HPT in the event of an outbreak.
Police	• To support the response to an outbreak through the implementation of relevant policies or powers.
Voluntary Sector	• Coordinate and provide support to residents with a particular focus on those that are vulnerable because they are shielding or self-isolating.

A4. Legislative powers to impose restrictions on settings and members of the public

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.
- DsPH 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 CCGs to collaborate with Directors of Public Health (DsPH) and PHE 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.

The majority of COVID-19 outbreaks will be best dealt with at a local level, and local leaders have a range of powers at their disposal to enforce decision-making as set out below. This list is intended as a guide, and not an exhaustive catalogue. Local Authority legal departments will be best placed to advise on the use of such powers:

- Public Health (Control of Disease Act) 1984 [sections 45G, 45H and 45I]: local authorities can make an application to a Justice of the Peace in the Magistrates' Court to impose restrictions or requirements to close contaminated premises; close public spaces in the area of the local authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance, or structure be destroyed.

- Food Safety Act 1990 [section 12]: the emergency powers in section 12 allow a local District Authority to close a food business if there is an imminent risk of injury to health (i.e., the 'health risk condition' as set out in the legislation is fulfilled).

- The Health Protection (Local Authority Powers) Regulations 2010 (SI 2010/657) [Regulation 8]: local authorities have a limited power to request persons or groups of persons to do or refrain from doing anything by serving a notice for the purpose of preventing, protecting against, controlling, or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to public health.

- Food Safety and Hygiene (England) Regulations 2013 (SI 2013/2996) [Regulation 8]: District Authorities in England could use the power to close a business by way of a Hygiene Emergency Prohibition Notice but only if the Regulations have not been followed and this in itself creates an imminent risk of injury to health.

- The Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020: UTLAs are given power to make directions in respect of premises, events, and public outdoor places. A direction may impose a prohibition, requirement, or restriction. The Secretary of State may direct a County Council / Unitary Authority to give a direction. This direction must meet 3 conditions:

  1. Giving the direction responds to a serious and imminent threat to public health.

  2. The direction is necessary for the purpose of preventing, protecting against, controlling, or providing a public health response to the incidence or spread of infection by Coronavirus in the area.

  3. That the prohibition, requirement, or restriction imposed by the direction are a proportionate means of achieving that purpose.

This power sits with the HCC Chief Executive on advice from the DPH and is in place until the 27th September 2021.

In addition to the above powers, Local Authorities may also seek support from ministers to use powers under the Coronavirus Act 2020 to implement temporary control measures within schools and to cancel or place restrictions on organised events or gatherings, or to close premises. Ministers will be able to make regulations under the made affirmative procedure to implement further restrictions to as and when needed if a serious and imminent threat to health exists relating to Coronavirus transmission.