SEFTON COUNCIL
COVID-19 OUTBREAK MANAGEMENT PLAN

Refresh PUBLISHED MARCH 2021

*(**Please Note:** This plan is iterative and subject to change as further guidance is received and processes evolve. This document will be maintained as a result of any updates)*

Update History –

	Date	Summary of Update
1.	26/08/2020	*Introduction (section a) Update on Aims and Objectives about partnership working.*
2.	26/08/2020	*Introduction (section e) Update on Legal Issues regarding contain framework and new powers.*
3.	26/08/2020	*Section 7 – Update on Contact Tracing regarding the Merseyside and Cheshire Hub and Sefton's Local Testing Plan and urgent testing process which has been developed.*
4.	26/08/2020	*Section 8 – update on supporting vulnerable people in our community whilst self-isolating*
5.	26/08/2020	*Section 9 – Update on Data Integration specifically regarding Sefton's recently developed surveillance dashboard.*
6.	28/08/2020	*Updated to reflect increase from 7 days to 10 days for self-isolation period for cases of COVID-19*
7.	28/08/2020	*Section 6 - Update to reflect responsibility to notify care homes is they should shut to visitors if local COVID-19 infection rates increase.*
8.	29/10/2020	*Section 2 – Update to reflect the implementation of the new national tier system and LCR placement in Tier 3.*
9.	29/10/2020	*Section 7 – Removed information relating to drive through only MTU as Sefton now has walk through testing facilities available in addition to drive through.*
10.	29/10/2020	*Section 12 – Document attached providing breakdown of the restrictions implemented at each alert level*

11.	29/10/2020	*Any reference to shielding residents updated to "previously shielding" or "Clinically Extremely Vulnerable" to reflect that shielding is currently not taking place.*
12.	13/04/21	*Improved formatting and editing. Sections on Self -Isolation, Variants of Concern, Enduring Transmission, Vaccination.*
13	14/06/10	*Recommended amendments added and sections on Recovery, Living with Covid and Resources.*

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Contents

1.   Foreword

On 22 May the government asked all councils to develop local COVID-19 outbreak plans. Our first local outbreak plan was published at the end of June 2020. It gave an overview of how we planned to work together to keep Sefton safe. It described the actions that would be taken in the event of an outbreak. The plan was required to cover seven themes:

1. Planning for outbreaks in care homes and schools.
2. Identifying and managing outbreaks in high risk places, locations and communities.
3. Identifying methods for local testing capacity.
4. Contact tracing in complex settings.
5. National and local data integration.
6. Supporting vulnerable people to get help to self-isolate
7. Establishing local governance structures.

Key objectives of the plan included:

- To set out an approach to prevent settings from developing COVID-19 outbreak
- To protect public health by identifying the source of COVID-19 outbreak and implementing necessary control measures to prevent further spread
- To outline clear roles and responsibilities at a local operational level
- To develop clear response pathways and procedures if an outbreak occurs in Sefton
- To ensure local people have been given the most up to date and accurate information and advice
- To capture lessons learned and share best practice to improve COVID-19 control for the future.

Sefton's Outbreak Management Plan has been updated below, building on the June Plan and highlighting the progress made to date whilst also outlining the next steps in our continuing local response to the pandemic. Key milestones since the first plan are reflected in this updated plan, they include:
- The establishment of the
    - o   Mersey contact tracing hub
    - o   Sefton Council contact tracing team
    - o   Smart (asymptomatic) testing across Sefton and the wider Liverpool City Region
- The introduction of adult vaccination programme in December 2020
- Emergence of Variants of Interest and Concern
- Regular updates on advice re prevention and management of outbreaks in key settings
- Introduction of local tiering restrictions and national lockdowns.
- Changes to the national test and trace offer
- The challenge of enduring transmission
- Emerging COVID-19 inequalities

Each section of the plan includes reflection, learning and acknowledgement of the changing nature of the virus and the need to consider its possible progression and need to respond to local and national factors.

The COVID-19 Outbreak Management Stakeholder Board and the COVID-19 Outbreak Management (Health Protection) Board continue to meet regularly (weekly and fortnightly during January-March 2021 Lock down). The Stakeholder Board provides political ownership and is chaired by the Leader of the Council. The Health Protection Board is an operational group responsible for the development of local plans and is chaired by the Director of Public Health.

The Stakeholder Board is set up under the Cabinet to be responsive to local outbreaks and the current Health Protection Forum is reconstituted to a COVID-19 Outbreak Management (Health Protection) Board. These Boards continue to feed information and recommendations to the Cabinet for Council related decisions, through the Leader.

2. Context

Spring 2021

The new COVID-19 Response Plan published on 22 February 2021 is based on dynamic assessment of four tests to guide progress across a 4-step roadmap, starting no earlier than 8 March and finishing no earlier than the 21 June. Each step is separated by at least 5 weeks.

The evaluation of these four tests will draw on epidemiological and genomic data but are not linked to any specific threshold levels in the Spring Roadmap document. They are
- The vaccine deployment programme continues successfully
- Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
- Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
- Our assessment of the risks is not fundamentally changed by new Variants of Concern

The steps are summarised here: https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary

As Covid-19 restrictions ease, the council and its partners have a key role in supporting the return to normal life – as far as is possible – across Sefton, while protecting against a rise in infection rates. The updated plan describes:

- our approach to data and intelligence
- how we will work with national, regional and local health protection teams to respond to outbreaks
- how we will prepare and respond to outbreaks in care homes, schools, workplaces and communities
- how we will help people to self-isolate when they need to

- how we will work with national and local test and trace programmes
- how we will promote vaccine uptake by having honest discussion and listening to those who may be hesitant about having the vaccine, and
- supporting our economy to open up with advice and support re infection prevention control, management of positive staff, outbreaks and safe return to work
- our response to incidents, e.g. management of emerging Variants of Interest (VOI) and Variants of Concern (VOC)
- how we will address enduring transmission and COVID inequalities.

3. Prevention of SARS-CoV-2

Infection prevention and control strategies are essential for reducing community transmission and minimising risks for those who are most vulnerable to adverse outcomes, following COVID-19 infection.

The key elements of prevention and control for COVID-19 are:

- Isolation of cases and household contacts of those testing positive or displaying symptoms.
- Identification and isolation of close contacts of cases
- Maintaining social distancing
- Following guidance around face-coverings
- Hand and respiratory hygiene e.g. cough etiquette
- Regular cleaning
- Adequate indoor ventilation

Additional advice and guidance should be followed for complex or higher risk setting, including health and social care settings. This will include specific measures that should be taken to protect employees and people who access services and settings. This guidance includes specific advice on environmental cleaning and the safe and appropriate use of personal protective equipment (PPE) in relation to COVID, and the safe management of people who could be infectious and how to access further advice and support.

4. Outbreak Management

Sefton Council has a key role in outbreak management. The DPH and consultant lead for health protection and have responsibilities to:

- Convene an outbreak control team
- Ensure appropriate representation
- Deliver Covid-19 prevention work and respond to Covid-19 related enquiries
- Work with our partners to ensure a co-ordinated response, including through the Outbreak Board

a. Identification

Suspected outbreaks can be identified through direct reporting from settings, or through other surveillance and monitoring mechanisms such as positive case data and contact tracing information.

b. Management

For complex and/or vulnerable settings there are specific pathways in place to control and manage suspected outbreaks set out in national and/or regional public health guidance. This includes national action cards with information about escalating concerns and sources of support. These have been circulated to different settings including businesses, hostels and community centres, and links have been made available via mailing lists and the Sefton Council website.

When an outbreak is in complex or vulnerable setting, or if there are concerns about ongoing transmission a risk assessment will be carried out and if required an outbreak control team will be convened. An outbreak control team brings together multiagency partners to support the control and management of an outbreak.

Management of an outbreak will typically focus on infection prevention and control measures in the setting, and identification and isolation of cases. The team will continue to meet as necessary to monitor and respond to the outbreak.

c. Declaration of End

Outbreaks are declared over in health and social care settings when there have been no new cases for a 28 -day period. In other settings it may be necessary to agree when an outbreak can be declared over through an outbreak control team.

d. Special Considerations e.g. vulnerability of setting

Vulnerable and/or complex settings have reporting process for COVID-19 cases, and routes to access additional advice and support on the management and control of outbreaks.

Educational settings

Educational settings are offered support to implement national COVID-19 guidance and Public Health England North West (PHE NW) School's COVID-19 Resource Pack. This supports infection prevention and control measures and ensures an appropriate response to suspected or confirmed cases in an educational setting.

The Department for Education (DfE) provides initial advice on the management of cases for educational settings. The Sefton COVID-19 Triage Line can provide further guidance and signposting to school and further education settings, including referrals to the Infection Prevention and Control (IPC) team, the Health and Safety Team and the Sefton Public Health team in more complex scenarios. Reporting of cases or multiple cases is via secure email address. Early Years settings can also access support via the Sefton Education Quality Improvement Officers, who can refer into the Sefton Public Health team where additional support is required.

Special educational needs settings and schools with complex outbreak situations will also be supported by PHE NW, as required. An outbreak control team (OCT) will be called for complex outbreaks or situations, such as outbreaks impacting on large numbers of pupils or school staff.

How has this worked in Sefton - Investigation of Multiple Confirmed Cases in an Educational Setting

Secondary School A contacted the Educational Triage Team for advice after a school pupil tested positive. The situation was discussed with the Educational Triage Team who appropriately advised that the setting follow the PHE NW guidance and contact the DfE helpline for any support with tracing contacts from the single case. The Educational Triage Team reminded the setting to inform the Health and Safety Team at Sefton Council and to use a template for communications. Appropriate advice was received, and the setting identified contacts of the case for the two days prior to the student displaying symptoms. Contacts were provided with self-isolation advice and communication was sent to parents, carers and pupils.

Five days later the setting reported two additional positive cases to the Educational Triage Team. As this met the criteria for escalation by PHE NW, the case was referred to the Sefton Council Public Health Team via their on-duty single point of contact (SPOC). The SPOC followed up the case with the coordinating staff member from the Secondary School A. It was identified that both new cases had been identified as close contacts of the first case and were self-isolating for the two days prior to the onset of their symptoms. A review of preventative measures was conducted with the coordinating staff member to identify any potential support requirements. Information around self-isolation was provided to the setting, but no further public health actions were identified for the setting. During the telephone call the setting explained that they required some advice on ventilation. The SPOC was able to answer the enquiry and provided details of the enquiry and response to the Health and Safety team.

The setting submitted a minimum dataset to Sefton Council for ongoing surveillance to enable future identification of any clusters or potential outbreaks of COVID-19.

Care homes

Care homes will be supported to implement current national guidance for care homes and adult social care. The NW PHE Care Home COVID-19 Resource Pack will be used to facilitate implementation of infection prevention and control measures, correct use of personal protective equipment, early recognition and reporting of symptomatic staff or residents and engagement in the Department of Health and Social Care whole care home testing programme.

Sefton community infection prevention and control team lead on the management of care home outbreak, undertaking risk assessments and providing support and monitoring of the outbreak situation. NW PHE health protection team will provide on-call cover for out-of-hours,

handing over to the Sefton community infection prevention and control team on the next working day.

Daily outbreak reports are produced by the community infection prevention and control team Monday- Friday and the reports circulated to key partners including Sefton Council, Sefton CCGs, and Public Health.

The community infection prevention and control team escalate any concerns to Sefton Council public health team and Public Health England, and regular reviews of outbreak situations, will provide oversight of care home outbreaks in Sefton. Outbreak Control Teams can be stood up as required to address care home outbreaks.

Outbreak in a Sefton care home - case study

Care home A made contact with the community infection control team when routine whole care home testing (Pillar 2) revealed that three staff and two residents were positive for covid-19, none had symptoms.

Advice around isolation, and infection prevention and control was provided to the care home manager by the community infection prevention and control team. The three staff members that tested positive isolated at home, and the residents were cared for in their rooms. The community infection control logged the information from the care home on the care home outbreak report and supported the care home to arrange Pillar 1 outbreak testing. This means re-testing all staff and residents who tested negative following pillar 2 routine testing to try to identify new cases that arise.

The next round of testing showed that one more staff member and two more residents had tested positive. The care home manager was also concerned about a resident who seemed to be off colour. Further testing of this resident showed they were also positive for covid-19.

 Throughout this time regular support was provided by the community infection control team and during an update call the manager expressed some worries that staff were not always confident using personal protection equipment. In response to this a visit was arranged to the care home to offer an IPC PPE audit and training to staff around the use of PPE. The manager and staff felt more confident in the use of PPE.

Updates on the situation in the care home were shared with the Sefton Council public health team and any concerns could be escalated to Public Health England. The outbreak was declared over 28 days after the last case.

Hostels and homeless shelters

Sefton Councils' Housing Support and Public Health Teams have worked closely with local hostels and homeless shelter to ensure that they comply with advice and guidance https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-

experiencing-rough-sleeping/covid-19-guidance-for-commissioners-and-providers-of-hostel-services-for-people-experiencing-homelessness-and-rough-sleeping To date there have been no outbreaks in local hostels and hostel staff have supported individuals to self-isolate where cases of Covid-19 have been either suspected or confirmed. For examples of interventions and support provided to hostels to their endeavors to the minimise risk of infection and outbreaks for residents and staff, see section 10 below.

5.   Testing

The Sefton testing strategy is currently under review. This will be added as an appendix

a. Symptomatic Testing

Advice and guidance on COVID-19 testing for those who have symptoms can be found here:

https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested

b. Asymptomatic Testing

Lateral Flow Tests are simple-to-use point of care testing-kits for rapid COVID-19 testing. They offer rapid turnaround time (20-30 mins) without the need for laboratory processing. They may enable us to identify and isolate more asymptomatic people who are at high likelihood of spreading the virus, whilst simultaneously minimising disruption for those who test negative.

Directors of Public Health in Liverpool City Region (LCR) have developed a **SMART (Systematic Meaningful Asymptomatic Repeated Testing)** testing model.

Sefton Public Health, together with colleagues in Adult Social Care, Education, Health and the wider Council identified cohorts and communities who would benefit from testing. The prioritisation list was approved by the Sefton Outbreak Management Board. Key considerations included

- the susceptibility of the group to becoming infected;
- the consequences of onward transmission from people in the group; and
- the social impact of hastening return of that group to work or education.

What have we learned so far?

Learning from the Liverpool pilot suggested that there are greater benefits if testing is targeted. So, Sefton encouraged people who because of their work or personal circumstances might be at higher risk of exposure to the virus to take up this offer. People were also encouraged to have repeat tests.

SMART testing has helped us find people who would otherwise not be aware that they were carrying the virus.   This has helped them avoid passing the virus onto other people.

Sefton residents had taken 161,087 LFTs from the 6th November 2020 to 25th February 2021. Note residents were able to access Liverpool pilot sites before testing began in Sefton in the week beginning 4th December 2020. Of those tested 2,231 were positive.

Sefton continues to play a part in the LCR system approach to testing. We have jointly commissioned Liverpool John Moores University to evaluate the first phase of smart testing. Findings will be used to inform the refresh of the local and LCR testing strategy.

c. Sefton Review of SMART testing

The initial target groups have now been incorporated into direct asymptomatic testing programmes overseen by a number of Government departments. This together with the introduction of a national lockdown on the 5th of January 2021 and the publication of the COVID-19 Response- Spring 2021 has led to a rethink of the Sefton SMART testing offer. The strategy is currently under review, with a target to refresh from April 2021 and is expected to focus on

- fewer fixed testing sites
- alignment with national asymptomatic testing offers
- development of mobile testing teams (these were used successfully in surge testing)
- partnership with key infrastructure, e.g. Merseytravel to identify stations on the main line to Liverpool to test commuters as the economy opens
- Testing key public sector workforce at work base as staff return to routine duties/office base.

The Board supports the uptake of testing through national programmes.

6. Contact Tracing

a. National Test & Trace

The national Test & Trace service operates to:

1. contact individuals who have tested positive for COVID-19 to inform them of their obligation to self-isolate and to identify any contacts they may have had in their infectious period.
2. contact individuals are have been in contact with individuals who have tested positive for COVID-19, providing advice on self-isolation and how to get a test if required.
3. provide follow up isolation calls to ensure they are adhering to their self-isolation obligation and determining if they require any support to assist their isolation.

For further information on national Test & Trace visit: https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works

b. Local Tracing Partnerships (LTP)

Contact Tracing

The Sefton Council Local Tracing Partnership was established in November 2020, working with the national Test & Trace system to act as a final opportunity to contact individuals who have tested positive for COVID-19, inform them of their legal obligation to self-isolate and capture the contacts of individuals to put back into the national system for follow up. This:

- ensures contacts of a confirmed COVID-19 case are identified and notified that they must self-isolate and stay at home for 10 days from the day after the date of last contact with the case.
- depends on people sharing information promptly and accurately about recent contacts and advises cases they could be fined if they knowingly provide false information about contacts.
- identifies where COVID-19 cases may have caught the infection and then alerts public health teams about places and/ or events that may put other people at risk of being infected.

Outbreak Identification and Rapid Response

As the burden of infection in the community lessens, enhanced contact tracing can be used to monitor and rapidly respond to outbreaks in the community. Enhanced contact tracing for cases of COVID-19 is a systematic process of using information collected from cases during the contact tracing interviews to identify clusters of cases and activities/settings where transmission may have occurred. This intelligence is combined with local sources of information known to local authority and health protection teams to assess whether investigation may be needed to determine whether public health actions may be needed in these settings to prevent further transmission.

c. Cheshire and Mersey Contact Tracing Hub

The Cheshire and Mersey Contact Tracing Hub is hosted by the Cheshire & Merseyside Public Health Collaborative through a collaboration with Local Authorities and Public Health England North West (PHE NW).

The Hub undertakes contact tracing and the management of the consequences of contact tracing across the Merseyside area, for the delivery of the Level 1 responsibilities as set out in the Memorandum of Understanding between the Cheshire & Merseyside Local Authorities and Public Health England NW (note a hub is also in place for Cheshire Authorities).

The Memorandum of Understanding (MOU) outlines roles and responsibilities and working relationships between the parties in specific relation to Level 1 contact tracing and consequence management responsibilities across Merseyside. These include:

i. Contact Tracing in complex cases or settings:

- Potentially complex settings (For example: schools, Special Schools, Homeless Accommodation; domestic violence refuges; Police and Fire Stations; HMO's; Day

Centre Provision; NHS Settings; Social Care settings; Statutory Service HQ's; residential children's homes)

- Potentially complex cohorts (For example: rough sleepers; faith communities, asylum seekers)
- Potentially complex individuals and households (For example: Clinically extremely vulnerable individuals; Learning Disability; diagnosed Mental Illness; substance misusers Rough Sleepers; Victims of Domestic Abuse; complex social-economic circumstances)

ii.   Providing direct support to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links into locality hub pathways for previously shielded and vulnerable cohorts.

iii. Consequence management as a result of contact tracing or managing an outbreak in a complex setting or within a complex cohort.

PHE provide expert clinical and operational leadership within Hub

- Clinical leadership
    - Maintains clinical oversight
    - Senior clinical input for health protection, infection prevention and control and epidemiology
    - Risk assessment and decision that an Outbreak Control Team (OCT) is required
    - Escalation of situations
    - Contributing to or leading OCT

- Operational leadership – team leader.
    - Responsibility for delegation of tasks
    - Oversight of enquiries and situations
    - Supporting contact tracers
    - Escalate issues to consultant
    - SOPs
    - Provision of Business support

- Additional Support
    - Training and education
    - Train the trainer model – team leaders will take over when trained themselves
    - Facilitate honorary contracts for Hub staff as appropriate

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What have we learned?

Training

The training process required to ensure we had a team of highly skilled, confident contact tracers took a considerable length of time (1-2 weeks). As such it is important that this team of contact tracers is maintained to ensure we are able to rapidly respond to outbreaks or clusters of transmission.

Although National training infrastructure was in place, as a result of the test and trace system being set up at Local Authority level rapidly additional localised and in-house training in infrastructures were required

Personalisation

By operating at a local level, we were able to make a number of adjustments to increase engagement with the service. These included:

- a local number recognisable by those in the community
- signposting to support services available to those in the council
- a more responsive script that could be adapted to provide person-centred support
- the provision to follow-up cases for safeguarding and or welfare concerns when issues identified

Partnership

To achieve this piece of work, partnership was key. This included building links with hospital IPC teams, Adult Social Care teams, and neighbouring boroughs to share best practice.

7.   Self-Isolation

Self-isolation continues to be an integral part of COVID-19 response. It is essential to ensure high levels of compliance, both for those who test positive for Covid and for their close contacts.

People need to self-isolate if they or a household member have symptoms of COVID-19 and are legally obliged to do so if they test positive for COVID-19 or if they are a close contact of someone who has tested positive.

In December 2020, changes to self-isolation guidance were implemented nationally. This included:
- The first day that a case experienced symptoms or received an asymptomatic test was termed day 0.
- The length of time required to self-isolate was reduced from 14 days to 10 full days following first symptoms or a positive test result.
- If symptom start date was 5 or more days before the date of doing the test, then the isolation end date will be reset to 5 days from the day after test date.

Further information about self-isolation can be found here:
https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/

Self-isolation can be a challenge for a number of reasons. In Sefton we focus on three elements of support

1. Communication – ensuring people understand when they are required to isolate, why it is important and how they can access support.

2. Practical support – removing barriers such as access to food and not being able to carry out caring responsibilities or other practical tasks and recognising the impact of loneliness and boredom and mental wellbeing.

3. Financial support – concerns about the financial consequences or impact of self-isolation on employment status are a very real risk to compliance.

Self-Isolation Payment

The Test and Trace Support Payment scheme commenced on Monday 28 September 2020 and has been extended.

Sefton residents who have received notification from NHS Test and Trace to self-isolate will be entitled to a Self-Isolation Payment providing they satisfy all four of the following requirements:

- They comply with the notification from NHS Test and Trace to self-isolate;
- are employed or self-employed;
- are unable to work from home and will lose income as a result; and
- are in receipt of one of the following benefits:
  o Universal Credit
  o Working Tax Credit
  o Income-related Employment and Support Allowance
  o Housing Benefit
  o Income Support
  o Income based Job Seeker's Allowance
  o Pension Credit

There is also a Test & Trace Support Payment – Discretionary Scheme for those who are not in receipt of any benefits listed above but meet all other criteria.

Further information regarding self-isolation support payments can be found at: https://www.sefton.gov.uk/covid-19-in-sefton/covid-19-support/test-and-trace-support-payment-scheme.aspx

What are the barriers to self-isolation?

The biggest barrier to self-isolation was financial concern. While the support payments are in place, many people who are not eligible to receive this support payment will still struggle to meet their cost of living should they be required to self-isolate. Those who are self-

employed are particularly affected by this. It is important that contact tracing staff understand this issue and are kept up to date on the payment offer.

As system leaders Sefton partners are exploring alternative forms of assistance. These include

- The feasibility of discretionary grants for those unable to self-isolate
- Enhancing existing support, e.g. debt management, access to hardship payments, foodbanks as necessary.

8. Data Management/Surveillance

Surveillance is a continuous process of measuring what is happening with Coronavirus infection. A range of mostly numerical information is used to describe patterns (epidemiology) of SARS-CoV-2 infection over time, across different places and in different groups of people in the population.

Each day we review data provided by PHE, the NHS Test and Trace, The ONS and other local sources, e.g. CIPHA which provides early warning information on hospital activity.

We collate and share information to provide relevant and appropriate updates for the outbreak board, CCG leaders, elected members, and other partners. Regular reports include:

- 2 x weekly Sitrep shared with partners
- Weekly summary shared with Executive and political leaders
- Weekly update for Senior Leadership Board

The different pieces of data included in regular Situation Reports give answers to some key questions that inform decisions on actions to prevent and limit transmission, protect and support those who are most vulnerable and inform others of current and potential developments:

- How many cases of Coronavirus infection do we have? How many cases do we have relative to the size of the population and relative to the number and types of tests being taken?
  - Counts of case numbers, rates per 100 000 people, percentage positivity (number of positive results per 100 tests)
- Who is being infected?
  - Rates according to age, gender, ethnicity, occupation, income level
- Where is infection occurring?
  - Maps of infection rates, location of outbreaks and clusters, differences between areas of social advantage and disadvantage
- How does Sefton compare?
  - Compared to England, North West, Liverpool City Region, similar areas
  - Compared to set alert levels for key indicators

- What is the trend, what is the pace of increase or decrease?
  - Halving time, doubling time, R number, percentage change week to week
- Which variants of SARS-CoV-2 are spreading?
  - Variants of concern, variants of interest, information from genetic sequencing, surge testing if needed
- What are the impacts?
  - Symptomatic and asymptomatic cases,
  - Outbreaks in different settings, numbers of contacts isolating, numbers and rate for people being admitted to hospital, being treated in hospital and intensive care,
  - Numbers, rates and place of deaths for different population groups

Purposes of surveillance

Different aspects of surveillance underpin different elements of the ongoing response to Coronavirus in Sefton, including management of outbreaks and tackling enduring transmission (areas where breaking chains of transmission is more challenging). Broadly, the process is one of selecting the right data, analysing it to answer questions like the ones above, extracting and interpreting what analysis is telling us and sharing with those who can act on this information.

A good example is the Situation Reports (SitReps), which are prepared for the Outbreak Management Board, Outbreak Stakeholder Board and shared at other groups, involved in Sefton's ongoing response. Current SitReps also provide the basis for regular dialogue with regional and national teams (Public Health England, Joint Biosecurity Centre, Department of Health and Social Care), and evidence areas of concern for escalation or where specialist input from experts in epidemiology, disease modelling or health protection may be required.

As the amount of information available for surveillance has increased, supported by developments in data-sharing software there has been more potential for pattern-spotting analysis, for example;

The Sitrep includes

- Population level data, National position, local incidence rates, outbreaks in settings, common exposure, age etc
- Community testing rate and positivity
- Taqpath lab findings
- Vaccination report: population/volume of vaccinations (1st and 2nd dose) by ward, age etc
- Weekly deaths/excess death report, cumulative deaths.

Sefton was one of the first areas locally to start analysing infection rates in smaller age bands, which provided insight into patterns of transmission across family and other social networks and shaped key messages in communications. Inequalities in testing and infection rates in under-served groups and communities where income, housing, work can increase chances of infection and transmission surveillance reports have supported the existing equity-sensitive approach.

However, there are still some limitations with the data available for analysis, for example it is common for cases and contacts not to disclose an occupation or employer. The analytical expertise with the local and regional health protection teams in Public Health England have been invaluable for outbreak detection. This aspect of surveillance has been augmented by detailed case follow-up through Locally Supported Contact Tracing. Developing an enhanced contact tracing function (contact tracing that looks backwards as well as forwards) will increase the value we can take from the array of data now available, but as recent national efforts to identify and suppress variants of concern from South Africa and Brazil have shown this type of work is intensive and requires dedicated time and expertise.

Types and sources of surveillance information

Since the first version of this plan was published the number and range of data sources available for local surveillance purposes has increased significantly. These include

Restricted data

- Information on test results, cases and contacts alongside demographic information e.g. age, sex, location, ethnicity from Public Health England (PHE), from the North West Combined Intelligence for Public Health Action Dashboard (CIPHA)
- Information on cases, contacts, occupation, employment isolation and support needs from the NHS Test and Trace system and from PHE
- Information on healthcare and hospital activity from CIPHA and NHS Digital
- Information on outbreaks in schools, care homes and other settings from PHE, local Schools and Education Team, local Infection Prevention and Control Team
- Information on vaccination from NHS England, CIPHA and PHE
- The data sources listed above encompass raw data, requiring further analysis and reports including statistics, graphs and maps. All of this information is classified as Official Sensitive meaning that it can only be shared with people directly involved in the response to Coronavirus. Access to personal information is highly restricted and is only shared where necessary, e.g. within the locally supported contact tracing team.

Open access data

The UK Coronavirus dashboard https://coronavirus.data.gov.uk/details/cases has been developed into a very useful resource, with no limits on sharing and informative, interactive graphs, maps and visualisations of data down to local authority and small area level across all the key epidemiological domains. This is the basis of reporting into wider partnership groups for example Joint Health Communications and Information Cell. The Office of National Statistics also supplies a wide range of open access data including its Coronavirus Infection Survey, which gives a weekly estimate of prevalence of infections, both symptomatic and asymptomatic.

Data management, surveillance and epidemic phase

Since the first cases of SARS-CoV-2 were diagnosed in Sefton in March 2020 Coronavirus has mostly been in 'epidemic phase', meaning infections have been widespread, with ongoing transmission in the community and/or trending quickly upwards. This experience is typical of many areas of the country, especially in the North West.

As vaccination progresses, the proportion of people infected who develop severe and symptomatic COVD-19 will fall, admissions to hospital and deaths from or with Coronavirus will also fall. As more adults in the working age population are vaccinated this will damp down person to person transmission. Parts of the population that have not yet been reached by the vaccination programme or where people have not taken up vaccination initially will remain vulnerable to all the impacts of COVID-19 we have seen to date, including serious illness and long-term complications ('Long Covid').

Current vaccines and better treatment options signal a less harmful existence alongside the current variants of SARS-CoV-2 vaccines have been designed to target. In the early steps of the Government's 2021 Roadmap the majority of the population will not have had their immunity boosted by vaccination – surveillance has a vital role to play to detect, any serious and harmful upswing in the infection rate as national restrictions are eased. The minimum 5 week intervals separating each step are to enable surveillance data to come through the system, be analysed and risk assessed, and Sefton will continue to report up its data to support this process.

Surveillance developments

As the vaccination programme extends to all eligible adults the context for surveillance is altered - patterns of infection are anticipated to highlight areas of lower vaccine uptake and groups subject to higher exposure and transmission risk. Therefore, surveillance is developing to,

- Describe and monitor characteristics of the vaccinated and unvaccinated parts of the population using data and reporting from PHE and CIPHA at present
- Further develop enhanced contact tracing, cluster/outbreak identification and explore innovative techniques such as data on virus load of waste water, which is now becoming available
- Draw together, outputs from different elements of testing strategy to understand how this is performing locally to identify gaps, issues to escalate or enhance support
- Improve links to genetic epidemiology for variants
- Integrate behavioural data and intelligence with social, economic and environmental risk factors that are associated with ongoing community transmission (see enduring transmission section) to target testing, isolation and vaccination support to individuals, settings and wider communities
- Exploring the best ways to share information about the changing local picture with cross-border colleagues and with residents, workers and others who travel to Sefton so that people in areas with some cases feel supported and not stigmatised
- Work with expert colleagues at regional and national level to improve surveillance information and reporting products that best help collective efforts on the challenges ahead
- This includes helping to shape the new National Institute of Health Protection, its Intelligence functions and workforce development

Information Governance

We have ensured that all systems and arrangements for sharing information within the Council and with partners have been consistent with GDPR requirements (General Data Protection Regulations).   We published a COVID-specific Privacy Notice at the start of the pandemic to inform people of how we process their data.

The Councils Information Governance team is involved with all COVID related work to ensure the Council remains compliant with data protection legislation at all times.

9.   Variants of Concern (VOC)

A new virus variant has one or more mutations that differentiate it from the wild-type or predominant virus variants already circulating among the general population. Variants of Concern or VOC are identified by the national expert committee, the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and PHE will investigate and notify us. If there are no links between the case and travel, then an incident management team will be convened to determine appropriate action.

At the end of January 2021, Public Health England identified the spread of a new variant of Covid-19, first identified in South Africa in a small number of localities across England (called VOC202012/02 in the UK, also named B1.351 and 501Y.V2 internationally).

In order to gain a better understanding of the prevalence of the variant and to suppress it's spread, Sefton was instructed to surge test asymptomatic residents living in Norwood, and central Southport (Dukes and Cambridge) as part of a national operation. This involved the deployment of Mobile Testing Units and additional Home testing kits being distributed directly to homes via door to door drop. As well as council staff, partners from police, Fire and Rescue, voluntary sector, education and neighbouring Councils provided support.

- *We asked as many people as possible in the target wards to get tested even though they did not have symptoms.*
- *People with symptoms were asked to book a test at nhs.uk/coronavirus or call 119*
- *Residents were advised to follow the national guidance and remember hands-face-space.*
- *Extensive communications, including press, TV and radio messages stressed that there was currently no evidence that this variant caused more severe illness, or that the regulated vaccine would not protect against it.*
- *Residents were advised that If a person tests positive, has any symptoms, or are contact traced following contact with someone who tests positive, they should self-isolate immediately.*

Thankfully no associated cases were identified suggesting the containment of the variant. Since the surge testing, Sefton has developed our asymptomatic testing service to be capable of responding to requests for surge testing. The testing teams are flexible, able to work out of fixed sites, door to door or in pop-up venues including vulnerable settings.

What did we learn?

Going forward the partnership can be confident that it has the know how to deliver surge testing, however there are significant risks. Such an intervention would be very difficult without the financial and technical support from the centre. This will be especially so as key public sector staff return to business as usual work as set out in the Covid-19 Response – Spring 2021. This will be a risk, primarily to the Council, unless there is assurance that costs to cover manpower and logistics will be recovered. If we need to test again, we need to consider

Logistics
- Challenge of finding testing hubs during mass vaccination roll out
- Surge testing is a complex concept to get across quickly
- Door to door testing dependant on the weather
- Vulnerable settings: houses of multiple occupation and households where English is not the first language

Finding resources quickly
- Training materials
- Rest centres for staff
- Communication materials
- IT – phones for digitally excluded

Our partnership is key to successful testing
- Pinch points to mobilisation
  - HR capacity
  - Training department
  - Public health capacity
  - Even so, 100 staff trained to deliver testing
- Existing staff fatigue
- But mutual aid was invaluable as was the support from local PHE and DHSC
- Key to success was the support and cooperation of the local community

Communication
- Need to reassure whilst making case for surge testing
- Asking people to self-isolate again within 90 days of positive test
- Testing voluntary – must not coerce or be over enthusiastic.
- National messaging sometimes misconstrued as Sefton having additional restrictions to national lockdown
- Responding to enquiries from public, elected members and media interest

To build resilience for future surge testing
- **Asymptomatic testing offer will adapt to include mobile teams**
- **Other covid response staff, e.g. contact tracers will be kept on standby, receiving up to date training on testing, use of PPE etc**

> - **Testing "grab kits" will be ready for quick response. Will include test kits, hi vis jackets, IT etc.**
>
> **The Board recognises that this is not option that should be used lightly and should be seen as the last step in future outbreak control interventions.**
>
> A slide deck of learning points is available on request.

10.   Supporting Vulnerable People and Complex Settings

Vulnerable individuals/groups in Sefton may be affected by a combination of issues within these categories, thus a local response to an outbreak may require a coordinated and combined effort from partners across the borough. Examples (not exhaustive) of vulnerable people in Sefton, include some of the key groups of people and settings outlined below, which could increase vulnerability to the impact of COVID-19 cases and outbreaks:

1. **The clinically vulnerable:** highest risk are the previously shielded, followed by those who are eligible for the flu vaccine (over 65s, underlying health conditions), men and BAME groups
2. **Personal and social circumstances:** asylum seekers/hard to reach groups, homeless, gypsies and travellers, people who use alcohol and other drugs, victims of domestic abuse and looked after children.
3. **People who may not be able to socially isolate:** people in houses of multiple occupation, people with dementia, people with learning difficulties, people with severe mental health problems,
4. **People who have lots of contacts:** frontline staff, teachers, drivers, factory workers, retailers
5. **High risk settings:** care homes, hostels, children's homes, special schools, prisons, hospitals
6. **Geographical hot spots:** street, neighbourhood, extended family

These can be considered as three categories of complexity:

1. **Complex and high-risk settings** (such as care homes, special schools, primary care)
2. **Complex cohorts** (such as those who are rough sleepers, faith communities, asylum seekers),
3. **Complex individuals and households including our defined vulnerable and previously shielded cohorts and people unable to comply with guidance** (such as: Learning Disability; diagnosed Mental Illness; Victims of Domestic Abuse; complex social-economic circumstances).

These individuals and groups will be acknowledged by the Outbreak Management Board who will have a duty of care to ensure they are supported and protected.

We acknowledge the findings of the PHE Report (Beyond the Data -Understanding the Impact of COVID-19 on BAME Groups) and we will ensure we work together with partners to improve data collection on ethnicity and inform actions to mitigate the impact of COVID-19 on BAME communities.

Community support services are continually reviewed to ensure that they remain fit for purpose and support the needs of the most vulnerable who need to self-isolate as part of the national test and trace programme. Moreover, changes in National policy ensure that all people who are required to self-isolate, and are eligible for financial support, have access to the financial hardship grant.

The Council Contact Centre will triage all COVID related calls and assess the level and type of support required. This could be:

- DEFRA slots for Supermarkets
- Assisted shopping (working in partnership with Sefton Council for Voluntary Services)
- Getting help with navigating Online services
- A friendly chat if people feel lonely
- Prescription collection
- Foodbank vouchers

Vulnerable and underserved communities

Support to vulnerable and underserved communities builds on progress already made in developing systems to protect people who are vulnerable as a result of the COVID-19 pandemic. The Council has built strong partnerships within the NHS, community and voluntary sector and other partner agencies to enhance the support and contribution of this multi-agency approach. Wellness checks, maintaining regular one to one support over the phone, delivering shopping, doorstep check-ins and provision of online activities to improve health and wellbeing have been delivered regularly to our most isolated and vulnerable communities. Measures to improve wellbeing and reduce the risk of Covid-19 outbreaks among vulnerable and underserved groups and communities include:

a. People living in hostels, emergency accommodation or homeless.
Under the Government 'everyone in policy' the Council have provided shelter and accommodation for all homeless and rough sleeping individuals including those in temporary transitional arrangements such as sleeping on floors or in 'sit up shelters'.

Provision for COVID-19, testing, including asymptomatic testing has been available to residents within hostel settings. Priority status has been given to people living in hostels and emergency accommodation with health partners offering specific vaccination sessions.

The Council have worked closely with hostels, emergency accommodation and rough sleeper projects in Sefton to ensure that they remain 'covid secure' and that they have up-to-date information and guidance to help them support individuals who might be required to self-isolate.

b. Asylum seekers.

COVID-19 has resulted in restrictions on movement and the usual processes of resettlement for people seeking asylum in the UK. Sefton is one of a number of Councils who support the Home Office Asylum Seekers temporary accommodation provision and with health and social care partners, work with Asylum Seeker project managers to ensure accommodation is COVID Secure and that asylum seekers have access to health service provision. Testing for COVID-19, including asymptomatic testing is made available to those seeking asylum while multi-disciplinary; housing, health, public health, safeguarding and community safety professional meet on a regular basis to review accommodation arrangements and advise on matters such as self-isolation for residents.

c. Gypsy and Traveller families

Gypsy and Traveller families are amongst the most marginalised sections of the community. Some Gypsies and Travellers are particularly vulnerable. They may be disproportionately impacted by COVID-19 for different reasons, including difficulties self-isolating and challenges in accessing basic amenities. Gypsies and Travellers have been identified by health partners as a priority group for COVID-19 vaccination, and work is ongoing to deliver on-site interventions. Moreover, Sefton Council have worked with health colleagues and trusted community organisations including Irish Community Care to circulate COVID-19 health related information via social media, websites and music.

Sefton Council have worked alongside colleagues from Merseyside to review support available for Gypsies and Travellers. Support has been provided in line with guidance from the Ministry of Housing, Communities and Local Government and public health responsibilities.

d. People who use alcohol and other drugs

People who use alcohol and other drugs often experience multiple and complex health needs while uptake of mainstream health care facilities are lower than average. Physical illness including respiratory and cardiovascular disease can make people who use alcohol and other drugs vulnerable to severe illness should they contract COVID-19. Services providing specialist treatment and support to this group now offer virtual consultations while, following robust risk assessment, medication is dispensed for longer periods to reduce the need for more regular visits to community pharmacists. Sterile injecting paraphernalia can be ordered on line or by telephone and delivered securely to individuals. Both measures have significantly reduced face-to-face contact with health professionals and reduced the likelihood of infection and outbreaks amongst this group.

11. Living with Covid

In the context of enduring transmission and recognising that vaccines will not be 100% effective against symptomatic infection in those vaccinated, actions to enable safe living with Covid will continue to be crucial.

The Association for Directors of Public Health has recently published Living Safely with Covid: moving towards a strategy for sustainable exit from the pandemic. https://www.adph.org.uk/wp-content/uploads/2021/02/Living-Safely-with-Covid-ADPH-Guidance.pdf

The guidance for Directors of Public Health identifies four key epidemiological principles to be focused on in our drive to enable safe living with COVID-19 in Sefton:

1. Transmission of the virus needs to be brought and kept as low as possible.

This involves promoting and ensuring compliance with Non Pharmaceutical Interventions and COVID-secure guidelines set out by Government. Clear communications with residents, close working with employers and engagement with communities will help to keep transmission of the virus as low as it possible.

2. Surveillance of transmission and variant emergence must be optimal.

The approach to outbreak management ensures set out in section 4, ensures effective outbreak management at a local level. This includes capacity to provide pop up and mobile testing in response to emergence of variants of concern.

3. Test, Trace and Isolate needs to work effectively, with a clear testing *strategy*

Sefton now has a robust contact tracing system in place and is participating in Outbreak Identification Rapid Response system, which uses contact-tracing data to identify and investigate potential outbreaks. Residents will be supported to self-isolate as set out in section 7.

4. Vaccines must be effective and delivered equitably.

Support to the rollout of the vaccination programme will continue, with a particular focus on improving equitable access and reducing vaccine hesitancy in the local population. This approach is set out to detail in section 14

We anticipate that all of the above will need to be in place well into 2022. As such Sefton has focused on funding and strengthening capacity around the council health protection team, community Infection Prevention Control, supporting Environmental Health, Business Intelligence and Communications. Sefton Council has also recruited local contact tracers and are extending the asymptomatic testing service.

Non Pharmaceutical Interventions will be key

- Hands, face, space and air
- Regular asymptomatic testing
- Covid secure working arrangements

We will work with our partners to guide, inform and support local compliance with regulations and restrictions. One such partnership is with other Merseyside authorities through the Compliance and Regulation Cell and Subgroups. This enables the sharing of resources, mutual aid and sharing best practice across Merseyside.

Sefton's approach is to initially seek compliance with COVID-19 regulation by education, encouragement and engagement with individual and our business communities. However, where prevention measures have failed or there is deemed an imminent risk Sefton will use enforcement powers to prevent the spread of infection.

The Council has a range of legal powers which allow us to close, restrict and make improvements to business and venues on specific issues and time periods as well as insist on infection prevention measures.

To help living with Covid we will:

- Support our local and visitor economy to open with advice and support on infection prevention control, management of positive staff, outbreaks and safe return to work
- Respond to incidents e.g. management of emerging Variants of Interest or Concern.
- Align local enforcement messages with national guidance around practical reintroduction or continuation of travel restrictions
- Plan for large events, festivals and gatherings and support such events when appropriate
- Foster positive community relations to ensure compliance

Night Time Ambassadors

In May 2021 Night Time ambassadors were introduced to support Sefton's busy hospitality sector. Over the summer they will visit pubs, bars and restaurants, cafes and takeaways between 12.00 noon and 10 p.m. on weekends.

Their role is to provide landlords, owners and managers with advice on how to comply with coronavirus restrictions.

In the first weekend, the ambassadors visited 700 business.

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12. Enduring Transmission

Transmission rates of the coronavirus have remained stubbornly high in some parts of the UK. Sefton along with the rest of the Liverpool City Region has experienced periods when rates have been higher than the national average. The Joint Biosecurity Centre has identified a number of interconnected factors that may influence enduring rates of transmission. Evidence continues to emerge, and Sefton's plan needs to consider

- Events that might drive transmission
- And or factors that have a continued impact on rates

Risk factors that could pre-dispose Sefton to more problematic enduring transmission are:

Areas of high deprivation and unmet financial need
- Predominantly in the south but also in parts of Southport

- Much lower ownership of private transport in these areas, reliance on public transport and taxis – increased exposure, barriers to testing
- Very low incomes and living conditions necessitate more frequent, in-person shopping
- Digital access, literacy and vulnerability factors - barriers to navigating test, trace and isolate and support system

Demographics and household composition
- Some poor quality housing - clusters in multi-occupancy housing have not been a major feature of Sefton's epidemic
- Under-served populations include minority ethnic groups in the context of a large White British majority and people with diagnosed and undiagnosed mental health conditions, physical and learning disabilities
- Single person households, including lone parent families are more common in areas of higher deprivation – isolation and extended support networks may both favour onward transmission

Employment and occupation
- Significant proportion of low income, in-work households
- Higher than average proportion of part-time workers (people with more than one job)
- Majority of business are small, and self-employment is common – staff working in sectors without specific testing guidance reliant on community testing offer, impact of staff absence self-isolating is greater for business continuity – home-working not an option for many
- Prominent business sectors are health and care, local government, wholesale and retail, transport and delivery, motor vehicle businesses, hospitality, leisure including accommodation and tourism in the north

Attitudes and Behaviours
- There are gender and age splits across these industries, for example women are more likely to work in health and care, men in motor trade, skilled trades, transport – a small, familiar work-force, possibly younger, noisy work environments may mean COVID security measures and social distancing etc is performed less effectively over time. This is increasingly likely as vulnerable population and other adults are vaccinated (some evidence from care home outbreaks)
- Fear of loss of income or business continuity are possible disincentives to test, isolate, complete isolation, particularly if this happens repeatedly
- Family members with multiple part-time job roles and school-age children may be asked to isolate multiple times in rapid succession
- Higher prevalence of long-term conditions that may mimic Covid-19, e.g. cough, infective exacerbation, fatigue may influence test seeking behaviour
- Vaccine hesitancy may prove to be more prevalent in communities in areas of higher deprivation
- In October wave and January wave 20-24 year olds have had highest rate and rapid increase

Response
- Under-developed enhanced contact tracing system, complicated by low self-report of occupation hinder early detection of specific factors in areas with enduring transmission

- Systematic test avoidance is a concern, but not straightforward to substantiate/evaluate from current data and reports – under-testing means that by the time clusters of cases are picked up many more undetected chains of transmission are likely to be established and the situation can escalate quickly
- Up to date data on epidemiology of unvaccinated population from PHE, NHS TT, CIPHA will help to inform actions to pre-empt and prevent enduring transmission. In Sefton, this will benefit from closer cross-border planning on border with Liverpool, Knowsley and West Lancs

Mitigating actions

- Support to deliver enhanced contact tracing
- Enabling testing and isolating in communities with enduring transmission is more resource intensive on local teams because of the barriers and obstacles people face – additional Test and Trace support needs to be available at the time and in the place, it is needed – options for additional support should be mapped out 'before the event'
- Relationship building on the ground that makes contact tracing feel more of a supportive, local intervention, coupled with vaccine catch-up offer. This is a more likely way to minimise the risk of stigmatising communities with continuing transmission.
- Continuing to support vaccine uptake and de-risking vulnerable groups in the population as far as possible is important – recognising that vaccine hesitancy is not the same as once-and-for-all vaccine refusal.

Learning from previous targeted interventions

In late September 2020, Sefton along with other LCR authorities became an area of interest to the national covid team. This was triggered by a

- A rapid increase in incidence in rates across LCR in the preceding 3 weeks
- High positivity rates, reflecting likelihood of undiagnosed disease
- Doubling times of infection of around 8 days on average
- Most schools were experiencing cases and some schools and local universities were experiencing outbreaks with very large numbers needing to self-isolate
- Care home cases and outbreaks were increasing.
- Previously set thresholds for action had all been breached.
- COVID hospitalisations were starting to increase across Merseyside hospitals.

Working with colleagues from PHE, LCR identified a number of actions for consideration, they included consideration for mandated restrictions on household mixing, extension of the then shielding scheme and restrictions on gatherings. The authority also requested advice on care home visiting and additional support to test those with symptoms.

Sefton along with the rest of LCR was placed in "Very High" local coronavirus alert level on the 14th October. This meant for the most part no household mixing, hospitality closed except for takeaways, retail and personal care services remained open but entertainment venues were closed. Travel outside the rea was advised against.

During this period Sefton worked with partners across the LCR and local and national teams from PHE, DHSC to develop longer term interventions to address the problem of enduring levels of Covid. These included

- Planning for Asymptomatic testing – learning from the Liverpool Pilot in November 2020
- Strengthening the Mersey contact tracing hub and developing local contact tracing offer
  Sefton specifically
- Supported residents through he Contact Centre, sign posting to statutory and CVS services.
- Living Well Sefton (LWS) managed enquiries forwarded to Sefton CVS from Sefton Council for those requiring additional and ongoing assistance due to COVID 19. These referrals are then triaged to Living Well Mentors within the partner organisations based on the support required and are supported by a dedicated team of local volunteers.

These learning points will hopefully help Sefton as it emerges from the national lockdown and into the spring road map.

13.   Recovery

With enduring transmission in mind, the Council and its partners have a key role in supporting the return to normal life as far as possible across Sefton, while protecting against a rise in infection rates. This will mean a start to rebuilding the confidence of local people, business and communities, while developing a Covid-19 secure environment for all. Sefton's Recovery Plan sets out the best and worst case scenarios for spring/summer and autumn/winter of 2021/22.

The plan considers the broader economic and societal challenges. This section highlights the wellbeing of residents. The Council and partners are responding to the demands of this transition through commissioning and delivering interventions to support good mental and physical health, supporting those dealing with financial hardship, managing community and clinical services and committing to a whole system approach to health improvement. A brief summary of this recovery support is outlined below.

a. 0-19 Heathy Child Programme (Healthy Child Programme)

The 0-19 HCP continues to work under business continuity, in line with Community Restoration Guidance V9, however, development of new service delivery model is emerging, with focus on recovery and restoration of the 0-19 HCP. The model priorities vulnerable families, face to face contact for all families and catch up programmes around screening and immunisations.

In agreement with schools Heads, 0-19 School nursing provision will recommence on site after the Easter holidays. In the meantime, catch up clinics for immunisation and vaccinations are being delivered in community settings.

In response to increased demand and concern for children and young people's emotional wellbeing, school nurses are providing school 'drop ins' for children who are not currently in attendance. Parents and young people can book appointments to go into school and meet with the school nurse. School nurses are also using a virtual platform 'Attend Anywhere' to complete virtual 'drop ins' if face to face contact is not possible.

b. Mental Health

Men's Health; A range of support services have been commissioned to support mental health. Small grants have been targeted to improve men's access to mental health support specifically to reduce the number of suicides of middle-aged men in Sefton with funding made available to seven successful bids, who will each provide activities to support the mental health of men during 2021/22.

Young people; The Kooth online mental health support service has been recommissioned to help provide support to children and young people aged from 10-25 years old. Over the last 9 months 490 new users have started using the service, bring the total number to just under 2000.

Mental Health Support Teams; Early in 2020 the Sefton Emotional Health and Wellbeing partnership, led by Public Health and the CCGs, were successful in securing £740k for two Mental Health Support Teams to work in Sefton schools. Mental Health Support Teams (MHSTs) will work in Sefton and be part of the system-wide local transformation plan for children and young people's mental health. They will work in schools and colleges to deliver early intervention for mild to moderate mental health issues and build on the support already available in schools, from local health and care services and voluntary, community and faith organisations. In total 39 schools will begin to be supported from April 2021 and will provide support to nearly 16,000 young people.

c. Wellbeing for education return

The Department for Education has allocated Sefton funding to implement a new national training offer within all schools. The training and resources will support mental wellbeing and resilience. To date, 50 schools have undertaken the training which will continue to be rolled out to schools and colleges over the next 12 months.

Adult mental health; The QWell service is an adult version of Kooth and is available to anyone working in an education setting in Sefton, council workforce, and care home and domically staff. The service will be available until at least the end of 2021.

The Living Well Sefton Service will continue to provide emotional health and well-being support, advice for those managing financial hardship, bereavement counselling support and on-line physical activity and nutritional advice. Council staff have also been directed to a portfolio of lifestyle support services and will continue to receive on line and direct marketing promotion of all available health improvement support services.

d. Community Partnership

The Sefton communities partnership is a local multi – agency response to the pandemic and will continue to provide strategic direction to partners and operational support to those most in need. Partners have collectively supported residents in shielded and non- shielded cohorts with prescription collection, shopping services, isolation support, financial advice and bereavement counselling. This will continue as we move through the transition stage and commissioned contract variations will ensure delivery is flexible and responsive to local demand. Over a thousand local volunteers are still providing support to our communities and 100k of resilience grant funding will provide individuals and organisations with 'kick-start' funds to support mental and physical health and wellbeing initiatives into 2021 and beyond.

e. Community Champions

In February 2021 the Council secured £500k of central government funding for a Community Champions scheme which will support those most at risk from COVID-19, specifically BAME communities and those who find it difficult to engage with health and social care services. The council and voluntary organisations will be delivering a wide range of measures to protect those most at risk, building trust and communicating accurate health information.

Case Study – Living Well Sefton (LWS)

Sefton CVS has coordinated the LWS Programme funded through Public Health to contribute towards the reduction of health inequalities experienced by vulnerable groups and those living in our most deprived communities in Sefton. We work in partnership with voluntary, community, faith partners and statutory organisations to enable improved access to services, information and advice for the community.

Prior to COVID-19, LWS offered:

- One to one and group support to improve health and wellbeing through our Delivery Partners
- Training for front line staff – Making Every Contact Count
- Wellbeing grants
- Community Connectors Programme
- Social Prescribing Link Workers within PCNs

With the agreement of Commissioners, all LWS partners adapted their service and redeployed staff to respond to the unprecedented need in communities, presented by COVID 19. This included:

- setting up shopping services to reach shielding residents who had no other options available, to ensure access to food
- mobilising a large number of volunteers to deliver telephone befriending
- signposting shielding clients from Council lists to support
- supporting shielding residents with prescription collections

As the need in communities evolved, services adapted to meet these needs. Telephone befriending became crucial and was often the only way to ensure vulnerable clients had support.

LWS led on the community response for Shielding or Clinically Extremely Vulnerable (CEV) residents and since Friday 3rd April 2020, 1,238 shielded residents or CEV residents have been provided with support, including 626 supported with shopping. This offer has also been extended, with informal online peer support groups for Clinically Extremely Vulnerable residents in North, Central and South Sefton led by each Community Connector.

Access to the full report is available upon request.

14.   Vaccine

Vaccination is a simple, safe and effective way of protecting people against the Coronavirus. It uses our body's natural defences to build resistance and make our immune system stronger.

Ideally, the vaccine will:
- produce the same immune protection which usually follows natural infection but without causing disease
- interrupt the spread of infection by preventing the vaccinated person passing the virus to someone else

In December 2020, the government published a list of nine priority groups for vaccination, following the advice of the independent Joint Committee on Vaccination and Immunisation (JCVI). It starts with the most vulnerable before moving down through age groups and risk levels. Vaccination began in the UK on the 8th December 2020. By the first of March 2021 just over 20 million people had received their first dose.

The rollout of the vaccine is the responsibility of the Department of Health and Social Care (DHSC), working with NHS England and Improvement and Public Health England to co-ordinate vaccinations across a large network of vaccination sites including in hospitals, GPs and pharmacies.

Locally, NHS leadership is provided by South Sefton and Southport and Formby Clinical Commissioning Groups. The CCG Chief Operating Officer chairs the Covid-19 Mass Vaccination Strategic Group. This is a multi-agency partnership which oversees the vaccine delivery. Vaccination is a standing item on the outbreak management board agenda, with a verbal report from the CCG as well as weekly written briefings for the wider partnership.

The CCG report to NHSE regional equalities team on progress being made to build confidence and address hesitancy in uptake of the vaccine in both our communities and workforce. Current actions include

- Resident newsletters, social media, websites, GP bulletins and across partner cascade systems to reach different communities.
- Videos promoting vaccine uptake produced locally using trusted GP clinical leads.
- Community Gatekeeper packs developed with Sefton Council, which includes a number of resources and is shared across multiple networks, allowing messages to be adapted to suit different needs of differing communities.

- Black, Asian and Minority Ethnic Community Development Worker project liaising with local religious leaders and other trusted community figures to support delivering key messages to promote vaccine uptake.
- A local partner trust has produced a video for system use to deliver key messages to young women hesitant to have the vaccine due to fertility concerns.
- messages delivered through trusted sources via spoken word for Gypsy and Romany Travellers. Vaccinations within traveller community commenced w/c 8th February 2021.
- Roll out of vaccination in homeless community and engaging asylum seekers and refugee hostels.
- CCGs are now looking at how to address a particular cohort of people who may be residents within the borough of Sefton but who may not be registered with a GP.
- Similar engagement approaches have been used with care home and domiciliary staff.

Ensuring physical access at vaccination sites

- Equality Impact Assessment in place with mitigating actions.
- Site assessments carried out on all sites.
- People with mobility difficulties are being considered on individual basis as part of domiciliary cohort.
- Local Pharmacy provision in place.
- Park and Ride service implemented in Southport to support access to/ from vaccination site.

Tackling Misinformation

The Sefton Health Information and Communication Group, co-chaired by the CCGs and Sefton Council Public Health, have identified the circulation of misinformation as a key communication concern. Partners have promoted work by Liverpool University Hospitals NHS Trust to improve vaccine take-up amongst people who do not speak English as a first language. The group have also invited feedback and learning from the University of Liverpool 'Being Alone Together: Developing Fake News Immunity' project. Work is ongoing to consider how the partners can work together to create accessible and accurate information about COVID-19 and vaccinations to people across Sefton, with a focus on vulnerable groups including Black, Asian and Minority Ethnic communities.

What do we know so far

Initial roll out of the vaccine is going well in Sefton. The board will review the offer and uptake across all of our communities. We recognise that some individuals and communities might be vaccine hesitant. We will encourage multiple offers of vaccine to

ensure that those who initially decline the vaccine are given many opportunities to receive it.

Further information about the vaccination rollout across Sefton can be found at the CCG vaccination pages:

https://www.southseftonccg.nhs.uk/your-health-and-services/covid-19-vaccination-programme-what-you-need-to-know/

Further information about the Coronavirus (COVID-19) vaccine can be found on the NHS website: https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/

15.   Communications

Any public communications will need to be adapted to ensure messages and methods of communication are appropriate and coordinated around the specific circumstances of each individual outbreak.

Ensuring that all communications is effective, coordinated and current, messaging will be agreed by all stakeholder partners in line with our stated commitment to Working Better Together. The Health Information and Communication Group also supports this function. It has membership of Sefton Council communications team, local authority public health team, CCGs, community NHS trusts, hospital NHS trusts, Healthwatch, Sefton CVS, Living Well Sefton and other community partners. The group aims to produce unified messaging with a focus on groups that may be less likely to engage with traditional routes of communication or digital communications.

Communications will continue to cover:

- wider public warning and informing messaging
- targeted messages on how to access the Test and Trace process and the importance of following up if contacted;
- messages around the wider consequences of an outbreak e.g. in a workplace/service and what is being done to manage those consequences
- benefits of, and encouragement of, the COVID-19 vaccine, where and how to get it, challenging misinformation about the vaccine.

All communication will be based around agreed messages on advice and support and the channels through which they can be obtained e.g. Sefton Contact Centre along with telephone numbers/emails etc.

This will mean using our existing digital and other channels but also recognising that some people will not necessarily have access to information in this format and agreeing ways of connecting with these people – using existing information and networks or, if necessary, devising specific new ones.

This work will be carried out in line with latest Government guidance and alongside ongoing wider, COVID-19 communications, particularly around the importance of complying with the Test and Trace service if contacted because they have been in close contact with someone who has tested positive.

Advice and information on support available for those who are self-isolating will also be made available.

At the same time, tailored and proactive communications campaigns to ensure this level of advice and support is well communicated at a local level will be developed and will include wide promotion of the Sefton Contact Centre direct telephone number. The processes and structures will be made clear and individuals will be guided to the most appropriate route.

Sharing Preventative and Reactive Messages Alongside Community Gatekeepers

Regular joint communications packs are produced by Sefton Public Health, Sefton Council Communications and the CCGs Communications teams. These include the key messages for a range of COVID-19 related issues (national lockdown restrictions, vaccines, healthcare access) and social media messages. Public Health, alongside colleagues from across the Council, produced a list of community gatekeepers across Sefton. The packs are then disseminated to community gatekeepers to be adapted and shared with communities.

The community gatekeeper directory includes over 60 key contacts, who themselves have key contact lists. Accordingly, the reach of the communications pack is wide, and a snowball effect takes place on dissemination. The directory includes contacts and gatekeepers for the following groups of people: people with a physical disability; people with a learning disability and or/autism; people living with dementia; carers, including unpaid and informal carers including kinship carers; people who use drugs and alcohol, especially those who access support services; people with poor mental health; gypsy and traveller communities; people at risk of abuse, including neglect and domestic abuse; individuals working in the informal sector and precarious workers; vulnerable migrants, including people seeking asylum; LGBTQ+ communities; BAME communities; people with no fixed accommodation; people recently released from prison; children, young people and families; and, members of the armed forces and veterans.

The gatekeeper directory identifies known vulnerabilities and required communication adjustments for different communities. However, its key function is to enable people within our communities to input regarding language, dissemination methods and framing of communications, to ensure relatability and relevance of information shared.

Case Study: BAME Communities

Information is shared via different networks including BME Lead Network (Equal Voice) and via the Sefton CVS BAME Community Development Worker. Communications packs are

also shared with organisations that support BAME people directly. Requests for translated versions of information can be completed via the Sefton Council procured translation service. Other forums such as the Sefton Faith Forum can be used to engage people from across our local communities.

Case Study: Working with Traveller and Gypsy Communities

Communication scripts have been produced for Irish Community Care with information about COVID-19 e.g. vaccinations, health services, testing. Irish Community Care have worked with local Traveller people to produce audio versions of the information for sharing across their social medias and other networks e.g. WhatsApp. In addition, they work alongside volunteers who support Irish Traveller and Gypsy people and circulate information via these networks so that volunteers can provide information by telephone or during face-to-face contact.

Case Study: The Voluntary, Faith and Community Sector

Sefton CVS, Living Well Sefton and Healthwatch, circulate communications packs sent to all members, to volunteer networks, via newsletters and on social media. In addition, they use the information in direct communications with members and other charities. Smaller organisations and community groups can then utilise the information to send direct communications to their members and support practitioners to provide accurate and appropriate information about COVID-19.

What did we learn from our management of the VOC surge testing?

In January 2021 Sefton was instructed to surge test asymptomatic residents living in Norwood, and central Southport (Dukes and Cambridge) as part of a national operation (Operation Eagle). This involved the deployment of Mobile Testing Units and additional Home testing kits being distributed directly to homes via door to door drop.

We secured extensive media coverage, including press, TV and radio. Daily updates to the media, and to residents via social media, ensured that there was not a vacuum of information, that local residents and businesses were kept informed. A letter was sent to every household in the affected wards explaining why the testing was being carried out, encouraging residents to get tested and stressing that there was currently no evidence that this variant caused more severe illness, or that the regulated vaccine would not protect against it. Elected members were fully briefed by senior colleagues and as community champions were able to help disseminate the information to local residents.

Some early confusion about the specific location(s) affected, and whether residents in those areas had additional restrictions applied to them, caused some negative publicity, but on the whole, coverage and feedback was positive.

Once DHSC had concluded that we had carried out enough testing, the surge testing programme in those areas stopped. Sefton Council received negative feedback and publicity on this, and some residents and businesses had expected to be tested/visited because they were in that area.

We should have been clearer that once DHSC had concluded that we had carried out sufficient testing, that the surge testing programme in those areas would stop, which meant that not every single household would be visited and tested.

16.   Resources

Sefton has received funding from national government to support the response to COVID. This is being used to deliver local testing, training, isolation support and infection prevention control in line with the National Contain Programme. Funding received is comprised of:

- Test and Trace Grant in relation to the mitigation against and local management of local outbreaks
- Funding to support asymptomatic testing
- Funding from the Contain Outbreaks Management Fund helping to reduce the spread of coronavirus and support local public health.

Sefton is using funds to strengthen our specialist capacity for Contain.

- The Council public health team has expanded to include a core resource of health protection staff. This delivers public health advice and leadership, communications advice, support to education, social care and other vulnerable settings.
- Sefton Council has established a contact tracing team
- Contributed to the development of the Mersey Contact Tracing Hub.
- Recruited
  - additional communications resource
  - Enforcement and compliance staff e.g. Night Time Ambassadors
  - Community services to promote engagement and compliance
  - Intelligence resource

One year on Sefton recognises that longer term stability is required. To allow outbreak management to continue alongside core business we anticipate
- Extension of testing and contact tracing into 2022
- Extension of the existing contact tracing information sharing to provide ongoing capacity for local contact tracing.

17.   Equality Impact Assessment

Sefton has completed an Equality Impact Assessment (EIA) of the current outbreak plan. The EIA is being kept open and will be continually revised to reflect any changes to government guidance and operation of the testing and vaccination programmes. This section includes a summary of the issues identified in the assessment and possible actions to mitigate impact. As full copy of the EIA is on the Council COVID webpage.

This EIA has six functions:

1.   Identify changes that will impact on eligible users of the services.

2.   Identify potential negative impacts that may or have the potential to be discriminatory

3.   Identify potential mitigations

4.   Advise design/ planning and implementation process on any necessary considerations

5.   Highlight any actions that may need to be considered in facilitating change linked to protected characteristics

6.   Feedback and insight will support ongoing development of the test and trace services

There has been a separate Test and Trace EIA, since July 2020, which may be consumed within this overarching Outbreak Management Plan EIA going forward. The Test & Trace EIA has been used to inform this EIA. The CCG also developed an EIA for the implementation of the vaccination deployment programme. Equality considerations from a health perspective continue to be incorporated into a regular COVID-19 equality briefing which is shared with system partners across Cheshire and Merseyside for relevant action

Ramifications of the Outbreak Management Plan:

The whole population of Sefton is affected. The approach to testing, contract tracing, community support, the vaccination programme recovery and the recovery will affect all people who live, work and visit the borough.

This Plan does highlight that there are potentially settings where potential/future outbreaks can occur and as such need a dedicated plan to respond:

- Educational settings
- Care Homes
- Hostels and Homelessness shelters

and potentially groups of people who may be affected by a combination of issues within these categories, thus a local response to an outbreak may require a coordinated and combined effort from partners across the borough. (The list below is not intended to be exhaustive)

The clinically vulnerable: highest risk are the previously shielded, followed by those who are eligible for the flu vaccine (over 65s, underlying health conditions), men and Ethnic Minority groups

Personal and social circumstances: asylum seekers/hard to reach groups, homeless, gypsies and travellers, people who use alcohol and other drugs, victims of domestic abuse and looked after children.

People who may not be able to socially isolate: people in houses of multiple occupation, people with dementia, people with learning difficulties, people with severe mental health problems,

People who have lots of contacts: frontline staff, teachers, drivers, factory workers, retailers

High risk settings: care homes, hostels, children's homes, special schools, prisons, hospitals

Geographical hot spots: street, neighbourhood, extended family

There are potentially several barriers to accessing the testing facilities and isolating:

- Access to the internet or a mobile phone to receive a unique identification numbers that permits use of test centre
- Access to a car to be transported to test centre and or face to face facility
- Understand signage and rules of the test centre and process (drive through and face to face facility)
- To continue to self-isolate until results arrive
- Understanding results and follow isolation guidance once results arrive
- Willingness to provide contract tracing information when accessing
- Understanding contract tracing advice if received in connection to individual and household isolation
- Willingness and financial ability to self-isolate if contacted
- Fear of loss of income or business continuity are possible disincentives to test, isolate, complete isolation, particularly if this happens repeatedly
- Staff working in sectors without specific testing guidance reliant on community testing offer, impact of staff absence self-isolating is greater for business continuity – home-working not an option for many
- Belief that immunity exists
- May not access testing facilities if they are not registered with a local general practice

The EIA has set out a number of mitigating actions.

- Review the further considerations identified for each protected group against the Outbreak Management Plan/interventions.

- Review whether people who do not have access to digital platforms are not disadvantaged.

- Carry out conversations and developments with the trans community to consider and review the booking process.

- Have a responsive and dynamic communications approach to targeted groups to ensure all messaging and communication is appropriate and timely.

- Review this EIA each time the Outbreak Management Plan is refreshed.

The action plans relating to testing will be reviewed regularly and progress will be monitored. Given the pace at which some of these interventions may need to change, considerations,

adaptations and mitigations will continue to be monitored and remain responsive. Should issues relating to any of the protected characteristics emerge, we will use the intelligence to inform our approach.

18. Appendices

National Testing programmes and links

Work places with more than 50 employees	https://www.gov.uk/get-workplace-coronavirus-tests
Rapid lateral flow testing for households and bubbles of school pupils and staff	https://www.gov.uk/guidance/rapid-lateral-flow-testing-for-households-and-bubbles-of-school-pupils-and-staff
Asymptomatic testing in schools and colleges	https://www.gov.uk/government/publications/coronavirus-covid-19-asymptomatic-testing-in-schools-and-colleges/coronavirus-covid-19-asymptomatic-testing-in-schools-and-colleges
Asymptomatic testing for staff in primary schools and nurseries	https://www.gov.uk/government/publications/coronavirus-covid-19-asymptomatic-testing-for-staff-in-primary-schools-and-nurseries/rapid-asymptomatic-coronavirus-covid-19-testing-for-staff-in-primary-schools-school-based-nurseries-and-maintained-nursery-schools
Rapid asymptomatic testing in specialist settings (This guidance supplements the guidance on mass asymptomatic testing for schools and colleges)	https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/rapid-asymptomatic-testing-in-specialist-settings
Education, universities and childcare	https://www.gov.uk/coronavirus/education-and-childcare
Coronavirus (COVID-19) testing for adult day care centre workers	https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-day-care-centre-workers
Coronavirus (COVID-19) test kits for children's homes	https://www.gov.uk/guidance/coronavirus-covid-19-test-kits-for-childrens-homes

Care Home testing for staff, residents and visitors	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/949665/Care_Home_Testing_Guidance_visual_v291220-1.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963633/Care_Home_Testing_Guidance_England_v22-02_2.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961927/care-home-outbreak-testing-guidance-england-visual-v1602.pdf https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus
Testing for home care workers	https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers
Testing service for extra care and supported living settings	https://www.gov.uk/government/publications/coronavirus-covid-19-testing-service-for-extra-care-and-supported-living-settings/testing-service-for-extra-care-and-supported-living-settings
Get a coronavirus (COVID-19) test if you're an HGV or van driver	https://www.gov.uk/guidance/get-a-coronavirus-covid-19-test-if-youre-an-hgv-or-van-driver