

Equality Analysis Report – Sefton Outbreak Management Plan

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Signed off by Outbreak Management Plan Leaders Board (July 2021)

Local authorities have a significant role to play in the identification and management of local COVID-19 outbreaks. The [Outbreak Management Plan](#) is a coordinated approach, that contains the measures needed to identify and contain any coronavirus outbreaks and protect the health of people who live and work in Sefton, in a way that is safe, protects our health and care systems, and supports the recovery of our economy. It describes the actions that would be taken in the event of an outbreak and covers 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.

The Outbreak Management Plan outlines several initiatives and milestones that have taken place since May 2020, in response to the pandemic; namely testing sites, targeted testing and testing/pathways for vulnerable people and vulnerable or complex settings, the Cheshire and Merseyside Contract Tracing Hub, the establishment of a Sefton contract tracing partnership and contract tracing team, the vaccination roll out programme and community support for people who were vulnerable and shielding.

The Outbreak Management Plan also considers the new COVID-19 Response Plan published on 22 February 2021, which 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. 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 Plan will use local knowledge, experience and expertise to prevent transmission, manage and eliminate the virus over time.

To date over tens of thousands of people have been tested at the local sites, which have been promoted via several communication channels to reach our wide variety of audiences, including targeted messages for specific groups This has included, but not limited to:

- Sefton.gov.uk website including information in accessible formats and languages
- ReciteMe technology to make all webpages on the sefton.go.uk website

accessible, tailored to the needs of the individual end user

- Social Media content across a variety of channels. Facebook, Twitter, Instagram, LinkedIn.
- Direct targeted emails to care and support providers, homelessness agencies, the carers centre and Sefton Council for voluntary services, who also act as gatekeepers and help disseminate the information to a wider audience.

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 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 Proposal:

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.

The 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 contact tracing information when accessing
- Understanding contact 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

Are there any protected characteristics that will be disproportionately affected in comparison to others?

Age	The objectives in the Outbreak Management Plan are likely to have a positive impact on individuals and communities with regards to the protected characteristic of age, with interventions to prevent and respond to outbreaks and the longer-term transmission, in the form of the vaccination programme however the following factors need to be considered:
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- Diagnosis rates of COVID-19 increase with age. Mortality rates increase with age.
- Lowest income households have higher levels of non-car ownership, 40% have no car access – female heads of house, children, young and older people, black and minority ethnic (BME) and disabled people. In addition, there are considerable affordability issues with car ownership for many low-income households. In some instances, households may not have access to ICT / broadband to receive test results or instructions about self-isolation. Feedback from a recent young people's engagement event¹ highlighted that some young people do not have access to the internet and ICT equipment.
- Not enough accessible information for young people about COVID-19
- Some C&YP maybe at higher risk for clinical reasons and due to other wider determinants.
- The older population (65+) in Sefton is higher than other LCR regions and England and those over 80 years are more likely to be widowed and living alone
- Other clinical conditions and/or deterioration in patient's health and access to medical care. Young people's feedback indicates that some young people are worried about access to timely mental health support
- Lack of mobility may prevent some people accessing the mobile testing sites. Some people maybe housebound.
- Some elderly residents maybe, housebound, not in a home and not good with phone or doesn't have access to a phone – re getting a test and test and trace notification
- Under 18's will get a phone call from the Contract tracing team, which requires a parent/guardian providing permission for the call to continue.
- New coronavirus variants have emerged sparking fears that they may be more transmissible, more severe, or evade immunity acquired by prior infection or vaccines.
- [Research suggests](#) that anywhere between 25% to 80% of people with COVID-19 may be unknowingly transmitting the disease.
- Older people are disproportionately impacted by COVID-19 ([Coronavirus disease \(COVID-19\): Risks and safety for older people](#)).
- According to ONS estimates around 6 million people aged 65+ do not have the internet at home, 3.7 million of whom are aged 75+. [ONS data](#) finds that internet connections in households with one adult aged 65 years and over have increased by seven percentage points since 2019 to 80%; these households still had the lowest proportion of internet connections.

¹ Sefton Youth Making Better Opportunities with Leaders (SYMBOL) meeting – June 2020

	<p>During the past 12 months, to help address the above there is home testing available, which can be accessed by 119 and this has been communicated widely, as has the walk-in testing sites, the courier service and self-testing. Multi-platforms are being used to communicate with different age groups and a vast amount of work has taken place with partners to test and trace (SMART and SURGE testing and the local contract tracing team) and provide a dedicated phone line (Sefton Contact Centre).</p> <p>A Park and Ride service implemented in Southport to support access to/ from the vaccination site. 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 a multi-disciplinary outbreak control team will be convened. The Sefton COVID-19 Triage Line has been providing further guidance and signposting to school and further education settings.</p> <p>Contract Tracing cases are also filtered by testing by age, to allow people with possible vulnerabilities such as those over 70 and those who may have been in high risk settings such as care homes to be prioritised for contact or onward referral at the earliest possible point. There has also been an extensive volunteer programme to engage the vulnerable and shielding.</p> <p>To support the impact of COVID on children and young people's wellbeing, there has been wide promotion of KOOTH – the online mental health service and to support care and support workers and local authority workforce, there has been promotion of QWELL.</p> <p>There is also been pop-up mobiles that can go to targeted settings.</p> <p>Further consideration could be given to alternative communication channels to promote testing and the test sites to young people and link up with trusted organisations/individuals. – for example, schools and school nurses to support this. Also consider asking young people to design the messages and information for young people and keep reviewing whether people who do not have access to digital platforms are not disadvantaged by offering alternative communication methods.</p> <p>Ongoing monitoring of compliance with Infection, Prevention and Control (IPC) and continue to deliver IPC messages to workforce and public.</p>
Disability (physical, visual,	The objectives in the Outbreak Management Plan are likely to have a positive impact on individuals and communities with regards to the protected characteristic of disability, with interventions to prevent and

hearing, learning disabilities and mental health)

respond to outbreaks and the longer-term transmission, in the form of the vaccination programme however the following factors need to be considered:

- Lowest income households have higher levels of non-car ownership, 40% have no car access – female heads of house, children, young and older people, black and minority ethnic (BME) and **disabled people**.
- Waiting times at testing sites and impact on users needing to use toilets
- People around key workers may need to be tested – this will include the people they care for either at home or in care settings- it may be extremely difficult for some people with severe disabilities to use the drive through service, including people with visual impairments.
- May have information or communication needs e.g. hearing and/or visual impairment. This maybe further impaired by the wearing of face-masks.
- People experiencing poor mental ill health may become more anxious and stressed.
- Accessing the process and Understanding ‘what happens next’ and the need to follow further advice might be a challenge.
- Having people with serious a neurotypical-processing attending centres will be extremely challenging for carers, either carers who work in homes for the elderly or carers who are looking after a loved one at home.

- There may be some anxiety from the learning disability community about wearing face coverings at walk-through testing sites. They may not also be able to wear masks due to respiratory illnesses
- Carers may need to attend the walk-through test centres with the person who is being tested
- Support for Carers is reduced due to COVID-19. There is therefore pressure on carers, both paid and unpaid. As part of this initiative, the people around key workers may need to be tested – this will include the people they care for either at home or in care settings - it may be extremely difficult for some carers to leave the people they care for to people to use the drive through service.

- Carers may be anxious carrying out self-tests on people they care for.

- Feedback from the Sefton Carers Centre is that carers feel they do not have the time to go for SMART tests as they are caring more now and cannot leave the person they care for, for a long period of time. There also seems to be a fear of catching the

virus at the test centres as they think that people queuing are more likely to have been in contact with someone who has COVID.

- There is [evidence](#) to indicate that carers suffer from poorer health outcomes than non-caring counterparts, particularly from a mental wellbeing perspective. Young carers in particular, experience poorer health.
- As the rules have changed for people who are shielding individuals may not wish to leave the home (if able) for testing.
- According to the [ONS](#) at the end of April 2020, 90% of people who died with Covid-19 has at least one underlying health condition
- [Public Health England have developed several Covid-19 vaccination easy read resources - a Guide and Leaflet which can be downloaded.](#)

During the past 12 months, to help address the above there is postal/home testing available, which can be accessed by 119 and this has been communicated widely, as has the walk-in testing sites, the courier service and self-testing. Operational plans have been in place to help reduce waiting times and there have been some reserved appointments at walk-in centres. The walk-in centres have been wheelchair accessible and a Park and Ride service has been implemented in Southport to support access to/ from vaccination site. There has also been targeted asymptomatic testing to support key workers and their household/family members and whole care home testing and vaccination programmes.

Multi-platforms are being used to communicate with different age groups and a vast amount of work has taken place with partners to test and trace (SMART and SURGE testing and the local contract tracing team) and provide a dedicated phone line (Sefton Contact Centre) and information has been available in accessible formats and on the Sefton Council, CCG and Sefton CVS Websites. Information has also been shared with community gatekeepers to share wider. Contract Tracing cases are also filtered to allow people with possible vulnerabilities such to be prioritised for contact or onward referral at the earliest possible point.

Information has been available in accessible formats and shared with community gatekeepers to share wider, for example Sefton distributed [Communications cards](#) to help talk about COVID-19, Communication messages and [Leaflet for carers of people living with dementia](#) on how to stay well and information in Easy Read on the asymptomatic testing -

	<p>here</p> <p>Further consideration could be given to as whether the booking process can identify any support needs, and if these can be relayed to test centre staff as part of unique identification number process? The test site staff could use an app that enables the staff member to communicate via sub-titles or scribing onto the phone. CE marked transparent face coverings could be used to support people who have hearing impairments and therefore liaising with Procurement teams may be beneficial.</p> <p>Consideration could also be given to assisted home tests provision and/or alternative provision/supervised testing in the community and how engage with people with LD who do not live in residential settings and to promote both the COVID-19 and asymptomatic testing (Mersey Care and the Health Check programme are two examples).</p> <p>Increased promotion with staff at testing sites and delivering the services about exemptions to wearing a mask and keep reviewing whether people who do not have access to digital platforms are not disadvantaged by offering alternative communication methods.</p> <p>Commissioners of interpreter services to consider a review of contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services and encourage staff to complete the Accessible Information e-Learning and become Accessible Information Advocates.</p>
Gender Reassignment	<p>The objectives in the Outbreak Management Plan are likely to have a positive impact on individuals and communities with regards to the protected characteristic of gender reassignment with interventions to prevent and respond to outbreaks and the longer-term transmission, in the form of the vaccination programme, however the following factors need to be considered:</p> <p>A person can use identification in place of a QR code/booking reference. Documents may not match how a person presents if they have just started the transition process.</p> <p>Further consideration could be given to see if the person has the right Unique test number given by employer. Further development with the trans community may need to be actioned to consider this point.</p>
Marriage and Civil Partnership	<p>The objectives in the Outbreak Management Plan will provide positive impacts are likely to have a positive impact for all members of the community and fully includes individuals within the protected characteristic of marriage and civil partnership.</p>

Race	<p>The objectives in the Outbreak Management Plan are likely to have a positive impact on individuals and communities with regards to the protected characteristic of race, with interventions to prevent and respond to outbreaks and the longer-term transmission, in the form of the vaccination programme however the following factors need to be considered:</p> <ul style="list-style-type: none"> • Evidence emerged early on to suggest that COVID-19 was having a disproportionate effect on Ethnic Minorities. Early analysis also points to an overrepresentation of Ethnic Minorities who work as health and care professionals among coronavirus fatalities and vaccine hesitancy. • In Sefton, recent research² identified that the main barriers for Ethnic Minority Groups to access the vaccine was: potential side effects, how well the vaccine works and leaving home. • Ethnic minority communities who are reluctant to use the COVID-19 vaccines have genuine concerns at the root of their vaccine hesitancy. Some of these stem from individual and group experiences of healthcare and others relate feeling disenfranchised and lack of access to credible information. • Individuals from Ethnic Minority groups are more likely to work in occupations with a higher risk of COVID-19 exposure. • Individuals from Ethnic Minority groups are more likely to live in high levels of population density, use public transport, high household composition (houses of multiple occupancy) and poor housing conditions. • White people were consistently the most likely to have a full driving licence out of all ethnic groups, and Black people were least likely to. https://www.ethnicity-facts-figures.service.gov.uk/culture-and-community/transport/driving-licences/latest. • Language needs of eligible users and English not first language. • Cultural issues of users are met and understood. • Lack of engagement and effective communications with Ethnic Minorities. • Language and information navigability barriers. There may be concerns around the impact in immigration status? • Gypsy and Romany Travellers may be disproportionately
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² 'Getting Under the Skin' – Cheshire and Merseyside Health Care Partnership, February 2021

impacted by COVID-19 for different reasons, including difficulties self-isolating and challenges in accessing basic amenities.

- Gypsy and Romany Travellers are largely mobile populations and populations with lower literacy are more likely to miss accurate public health messages.
- [Research strongly suggests](#) that the BAME community are disproportionately impacted by COVID-19 and people in Black ethnic groups more likely to be diagnosed, and death rates higher in people from Black and Asian ethnic groups, counter to previous years³
- There has been an increase of deaths in people born outside the UK⁴.

During the past 12 months, to help address the above the Council and partners have worked and will continue to work closely with specific individuals/community groups and community gatekeepers to ensure that testing and vaccine programme information is available and in formats suitable.

The NHS website to book appointments has an accessibility feature explaining how the information can be translated into other languages. <https://www.nhs.uk/accessibility/>. The Local test units have access to translation services if needed and the Council website includes accessible information and a translation function/support through the Recite Me technology. Postal and home testing may mitigate transport concerns. Members of the public can order a test through the [NHS website](#) or by calling 119. A Park and Ride service implemented in Southport to support access to/ from vaccination site.

The DHSC translated content and instructions for local testing centres to 14 languages and shared with sites and self-testing / courier instruction are provided in alternative languages if required or provided with instructions on website.

A CCG [COVID-19 vaccination programme press release](#), which includes information in other languages has been shared with the Equal Voice Network and is on the Council and partners websites.

Information about vaccine safety in other languages on Council webpage.

A Cheshire and Merseyside Health & Care Partnership targeted

³ BAME and Vulnerable Groups Sub Group

⁴ BAME and Vulnerable Groups Sub Group

	<p>vaccination campaign took place in March 2021 that involved Sefton Council and partners.</p> <p>The Sefton local NHS Contract Tracing Scheme uses interpretation services when cases are not English speaking.</p> <p>Vaccinations within traveller community commenced w/c 8th February 2021.</p> <p>A potential negative impact may occur for individuals/communities where English isn't their first language and therefore inadvertently lack engagement. Where appropriate information in appropriate languages can be available to mitigate and barriers and using channels that are trusted. Continuing the support of Community Gatekeepers can also help with the engagement and sharing of information and public health messages, which may need to be targeted.</p> <p>Further considerations are to recruit staff for the local testing centres/vaccination hubs that have local language skills, where possible. Additionally, consider further alternative community provision/local testing centres in geographical areas where potentially there could be localised outbreaks linked to wider determinants and asymptomatic testing in geographical areas where there are/could be localised outbreaks linked to wider determinants.</p> <p>Keep reviewing whether people who do not have access to digital platforms are not disadvantaged by offering alternative communication methods.</p>
<p>Religion and Belief (includes no belief)</p>	<p>The objectives in the Outbreak Management Plan are likely to have a positive impact on individuals and communities with regards to the protected characteristic of Religion and Belief, with interventions to prevent and respond to outbreaks and the longer-term transmission, in the form of the vaccination programme however the following factors need to be considered:</p> <ul style="list-style-type: none"> • Take account of appointments during key religious Sabetha etc. • Religions may require that there is segregation by gender at local testing sites • Cultural beliefs may mean that our communities do not get tested due to relying on home remedies • Cultural beliefs may mean that our communities from this characteristic may not socially distance and isolate – for example, attendance at religious festivals and funerals. <p>During the past 12 months, communication messages and information on the Testing, the Contract Tracing service and the vaccination programme have been shared with community gatekeepers who can better reach members of our community with this characteristic. The testing sites have also a few bays on each site that can be split off using curtains and female staff members can supervise the bays. The curtains are cleaned down after each use.</p>

	<p>In response to concerns about vaccine products, a Position Statement from the British Islamic Medical Association https://britishima.org/pfizer-biontech-covid19-vaccine/ has been shared with the Equal Voice network and is on the Council and partners websites.</p> <p>A further consideration is to strengthen the engagement with local religious leaders and Sefton CVS to support.</p>
Sex	<p>The objectives in the Outbreak Management Plan are likely to have a positive impact on individuals and communities with regards to the protected characteristic of Sex, with interventions to prevent and respond to outbreaks and the longer-term transmission, in the form of the vaccination programme however the following factors need to be considered:</p> <ul style="list-style-type: none"> • The time of appointments may impact on caring responsibility and other key commitments. • Family members with multiple part-time job roles and school-age children may be asked to isolate multiple times in rapid succession • Essential workers will have children in nurseries and schools – therefore will have to operate around ‘school’ times • May have to bring child/children with them, if they are being tested. Car full of children can be difficult and distracting – this could influence the quality of the self- test. • Parents who can only attend in a walk-through basis may need to bring children with them – consideration to the needs of the children has to be given in terms of suitability of the environment. • Domestic violence on the rise, victims may not be able to access appointments for vaccines, attend testing sites or answer the phone if contacted by the Contract Tracing team. Victims may want to disclosure this to staff / safeguarding issues. • COVID-19 vaccination of patients who are HIV positive. It is expected that most patients will be invited for vaccination by their general practitioner, however, a small proportion have declined sharing their HIV status with their GP. • Mortality rates increase with age and in males. Men are known to be disproportionately affected by COVID-19 as found by Public Health England (PHE).

- 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.
- People who are homeless or are rough sleepers may face economic and financial barriers. Greater predisposition to infection due to higher rate of chronic health problems and co-morbidities.
- Communication barriers and there may be a reluctance to access mobile testing sites due to lack of access to IT, car and perception of other members of the public
- 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
- There are gender and age splits across the health and care, local government, wholesale and retail, transport and delivery, motor vehicle businesses, hospitality and leisure 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.
- There is evidence that men tend to have poorer health and wellbeing outcomes than females nationally and locally (according to [Marmot Indicators](#)).
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During the past 12 months a range of testing options have been available across the borough for people to book tests or walk-in, which have run over seven days and at different times of the day. Surge testing has also taken place in the north of the borough. Provision for Covid-19, testing, including asymptomatic testing has been available to residents within hostel settings and to those seeking asylum while multi-disciplinary; housing, health, public health, safeguarding, community safety professionals and clinicians meet on a regular basis to review accommodation arrangements and advise on matters such as self-isolation for residents. The sharing of preventative and reactive messages alongside Community Gatekeepers has also regularly taken place.

There has been support to deliver enhanced contact tracing and to enabling testing and isolating in communities with enduring

	<p>transmission is more resource intensive on local teams because of the barriers and obstacles people face.</p> <p>Further considerations include additional Test and Trace support to be available at the time and in the place, it is needed – options for additional support should be mapped out ‘before the event’.</p> <p>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. Keep reviewing whether people who do not have access to digital platforms are not disadvantaged by offering alternative communication or consultation methods.</p>
Sexual Orientation	<p>The objectives in the Outbreak Management Plan will are likely to have a positive impact on individuals and communities with regards to the protected characteristic of Sexual Orientation, with interventions to prevent and respond to outbreaks and the longer-term transmission, in the form of the vaccination programme however the following factors need to be considered:</p> <ul style="list-style-type: none"> • Access to and availability of key relevant information • Less likely to engage due to poor experience and discrimination and experience higher levels of health inequality. <p>Further consideration should be given to ensuring communications from local LGB community group are distributed.</p>
Pregnancy and Maternity	<p>The objectives in the Outbreak Management Plan will are likely to have a positive impact on individuals and communities with regards to the protected characteristic of Pregnancy and Maternity, with interventions to prevent and respond to outbreaks and the longer-term transmission, in the form of the vaccination programme however the following factors need to be considered:</p> <ul style="list-style-type: none"> • Pregnant women are considered in the 'vulnerable' group of people at risk of coronavirus • Media publications report that the COVID-19 vaccine can impact on fertility; resulting in potential vaccine hesitancy. <p>During the past 12 months there has been promotion of the National Guidelines are available to support service providers in their response to COVID-19.</p> <p>https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-</p>

	<p>pregnancy/</p> <p>Both national and local information and FAQ's documents have been prepared and distributed for health and social care colleagues on COVID-19 and the COVID Vaccine. Supporting media releases and short videos have also been shared widely to deliver key messages to young women hesitant to have the vaccine due to fertility concerns.</p> <p>It is important to ensure staff, patients and community members are aware of how to access support if they are pregnant or at risk of pregnancy.</p>
<p>Other socially excluded groups</p>	<p>The objectives and the interventions in the Outbreak Management Plan will provide positive impacts for all individuals and communities.</p> <p>In addition to the potential issues above, those on low incomes will face significant pressure due to COVID-19, which may result in not wanting to go for a test during the week day and reluctance to isolate if tested positive or have been contacted.</p> <p>Information and support for those people has been prominent on the Sefton Council website and social media.</p> <p>https://www.sefton.gov.uk/advice-benefits/covid-19-advice-and-benefits</p> <p>There is also information on the Sefton Council website about the Test & Trace Support Scheme and Discretionary Scheme</p> <p>https://www.sefton.gov.uk/covid-19-in-sefton/covid-19-support/test-and-trace-support-payment-scheme.aspx</p> <p>Consideration should be given to more targeted communications in relation to population and location, particularly to support any spike in cases. Community led engagement with housing associations and the local VCF sector, including Community Connectors, COVID Connectors and Living Well Sefton could support this.</p> <p>COVID-19 has resulted in higher levels of unemployment and people being furloughed. If someone secures work, it may mean that they are reluctant to isolate if required.</p> <p>The Local Authority has provided comprehensive support to this cohort and information and support has been prominent on the Sefton Council website and social media.</p> <p>https://www.sefton.gov.uk/advice-benefits/covid-19-advice-and-benefits</p> <p>Communications have been targeted in places to ensure that any adverse effects of the COVID-19 pandemic that may fall disproportionately on a specific group have been highlighted above.</p>

Local businesses have faced significant pressure due to COVID-19, including where their employees are not in work due to isolation. Some sectors will require people who access their facilities to provide contact tracing details and government guidance has been prepared to support these issues:

https://www.gov.uk/guidance/maintaining-records-of-staff-customers-and-visitors-to-support-nhs-test-and-trace?utm_source=e159c002-348d-40e9-892a-656cc5916a0f&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

<https://www.sefton.gov.uk/miscellaneous-pages/guidance-for-employers-on-workplace-safety-and-the-nhs-test-and-trace-service.aspx>

Information and support for those people has been provided by the Local Authority and prominent on the Sefton Council website and social media.

<https://www.sefton.gov.uk/business/business-rates/covid-19-business-support-for-202021.aspx>

Communications have been targeted in places to ensure that any adverse effects of the COVID-19 pandemic that may fall disproportionately on a specific group have been highlighted.

We have made efforts to communicate with community gatekeepers who can better reach members of our community with this characteristic, including Invest Sefton. We have launched campaigns to support this group, e.g. Shop Local.

Consultation:

Consultation on the Outbreak Management Plan has taken place with the Sefton COVID-19 Outbreak Management Stakeholder Board and the COVID-19 Outbreak Management (Health Protection) Board.

Is there evidence that the Public Sector Equality Duties will be met?

The Equality Act 2010 requires that those subject to the Equality Duty must, in the exercise of their functions, have due regard to the need to:

- 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- 3. Foster good relations between people who share a protected characteristic and those who do not.*

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.*
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.*
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.*

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. The different pieces of data included in regular Outbreak Management Board 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.

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.

We acknowledge the findings of the PHE Report (Beyond the Data -Understanding the Impact of COVID-19 on Ethnic Minority 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 Ethnic Minorities communities.

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. This will require further

monitoring, enhanced contact tracing, targeted communications and working with colleagues at both a local and regional level, for example.

The biggest barrier to self-isolation is 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.

Communications and Engagement Leads from the council and partner organisations meet fortnightly to share information as part of the Sefton Communication and Information Group. Information has been and will continue to be available in accessible formats and alternative languages, where appropriate, to mitigate any barriers where information needs to be in different ways so it can be understood and therefore inadvertently lack engagement with the Test & Trace programmes.

Partnership working is important to the delivery and monitoring of the Outbreak Management Plan and builds on the strong, well-established partner relationships in Sefton. These strong relationships will help foster good relations to further develop local initiatives to prevent transmission, respond to outbreaks and support the most vulnerable and those shielding in the community.

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.

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

The Council Contact Centre will continue to triage all COVID related calls and assess the level and type of support required, to ensure equality of opportunity for all to the following support:

- 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

What actions will follow if proposal accepted by cabinet & Council?

Include details of any mitigating action and ongoing monitoring to address any of the equality impacts highlighted above

The following actions are proposed:

- 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.