

## COVID-19

### Draft Local Outbreak Management Plan for Somerset

30/6/20 V1.7



**SOMERSET**  
County Council



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## Foreword

Whilst the first wave of the COVID-19 pandemic has passed and infection and death rates are reducing nationally as well as locally, the challenge now shifts to staying on top of the infection whilst society restarts.

COVID-19 is proving to be a disease focussed around clusters and outbreaks, it therefore makes sense that going forward there is an increased local emphasis on managing the epidemic. Local Authorities are well placed to lead this work with a statutory duty of wellbeing and employing the Director of Public Health who holds the statutory duty to protect and promote the health and wellbeing of the local population.

The local Somerset Public Health Team, working with Public Health England (South West) and the Environmental Health teams sitting within district councils, who together already manage outbreaks of many infectious diseases throughout the year. Outbreak management is not a new responsibility, but from the beginning of July 2020, county and unitary authorities are required to have a COVID-19 Outbreak Management Plan.

These plans aim to set out how local authorities, working with Public Health England and Environmental Health, will work with the national Test and Trace service to manage local outbreaks of COVID-19.

There is currently no vaccine and no treatment for COVID-19, infection control measures are the only method we have of preventing the spread of the virus. Measures such as physical distancing, hand washing and self-isolation are paramount to preventing and suppressing outbreaks but rely heavily on the good will and perseverance of everyone living, working and visiting the county.

Importantly, Local Outbreak Management Plans must recognise the important role of individuals, families and communities and have a strong emphasis on engaging and communicating locally to help people adopt and stick to a way of life that reduces the risk of spreading infection.

**Trudi Grant**  
**Director of Public Health**

## **1. Introduction**

### **1.1 National and Local Context**

Building on the foundation of the statutory role of Director of Public Health and working with Public Health England's local Health Protection Team, the Local Outbreak Management Plan will provide the mechanism for local authorities to anticipate, prevent and contain incidents and outbreaks in their local area, using their knowledge of and relationship with people and place. The plan will give clarity on how local government works with the NHS Test and Trace Service, the Joint Biosecurity Centre and wider partners to ensure a whole system approach to preventing and managing local outbreaks.

An ongoing engagement and communication with local residents and communities throughout the epidemic is paramount to controlling the spread of infection. The willingness and ability of the local population and visitors to adhere to infection control measures is central to the prevention of outbreaks and spread of the disease. This Local Outbreak Management Plan has two key focusses,

- tracking the local epidemic and managing outbreaks
- engaging and communicating with the Somerset residents and visitors to limit the spread of the infection.

### **1.2 The Somerset Epidemic to Date**

Somerset is a largely rural county with a population of around 560,000. About half the population live in towns, with the rest living in less densely populated rural areas. Somerset has approximately 25% of the population over the age of 65, compared to the UK average of 18%.

In common with most of the South West region, Somerset has to date seen lower COVID infection rates than other areas of the country. Nevertheless, there have been almost 70 separate outbreaks in the county (at 18 June 2020).

New infections are now at low levels in the county. The next phase of living with COVID-19, (which we should plan to do for up to two years) while we await an effective vaccine and/or treatments, is to open up the county carefully with strong disease surveillance in place, and an ability to tackle outbreaks as swiftly and effectively as possible.

## **2. Working in Partnership**

### **2.1 Local Communities and Organisations**

The pre-existing strong working relationships in Somerset within and between local government, the care sector, education providers, the NHS, police the voluntary and community sector and the private sector have been reinforced through the first wave of the pandemic. With some fantastic examples of all parts of Somerset pulling together, from local businesses diversifying to provide PPE to local communities providing support to the shielded population. The community effort has been vast and diverse.

Alongside the local Public Health Team and the national Test and Trace programme, the Environmental Health functions of District Councils have considerable experience and expertise in contact tracing and control of disease. Locally, we have a strong history of working together on risks to health. Public Health Specialists, alongside Environmental Health Officers, knowledge and skills have already been applied to follow up cases notified by Public Health England. To reach out to individual cases, identify contacts and provide public health advice to isolate. As the Testing and Tracing service becomes fully established, the ability of these local practitioners to reach contacts, and to advise affected businesses and providers on appropriate infection control measures will be vital. Environmental Health Officers also have some enforcement powers that can be deployed if needed, but voluntary compliance will always be the preferred approach.

Town, City and Parish Councils also have an important role to play. They know their communities well and can play a really important role in supporting and promoting their local communities in infection control measures. They could also play an important role in the event of a significant local flare-up or outbreak in representing the interests of their communities, supporting local communication and engagement and providing practical support to help local people to isolate.

The way the voluntary sector and communities have worked together during the pandemic to date has been exemplary. Supporting vulnerable people with essential food and medicinal supplies, walking dogs, setting up online social events and fundraising for NHS and other charities, are just a few of the many activities that have made the lockdown tolerable. As lockdown relaxation gives most of us back some lost freedoms, others will remain more dependent due to the extra threat they face from

the virus, and the voluntary sector and communities will remain vital in providing support.

Many of Somerset's businesses have been hit hard by the implications of the pandemic and many may need to change their business models to adapt to the challenges faced by physical distancing. This will mean that even when hospitality businesses reopen, they will have reduced capacity. It is in everybody's best interests to ensure we keep the local infection rates as low as possible and local workplaces and businesses will have a significant role to play in ensuring they enable people to interact as safely as possible.

## **2.2 Working in Partnership across the South West**

A virus knows no boundaries. Aligning and co-ordinating our response with organisations across the South West, not only makes collaborating easier, it also means that when outbreaks occur across geographical boundaries, we are all working to the same framework and set of principles.

Under the South West Association of Directors of Public Health (SWADPH), all thirteen Directors of Public Health across the South West have agreed a set of core principles to guide the development of Local Outbreak Management Plans and enable collaboration where needed. These are detailed in Annex I.

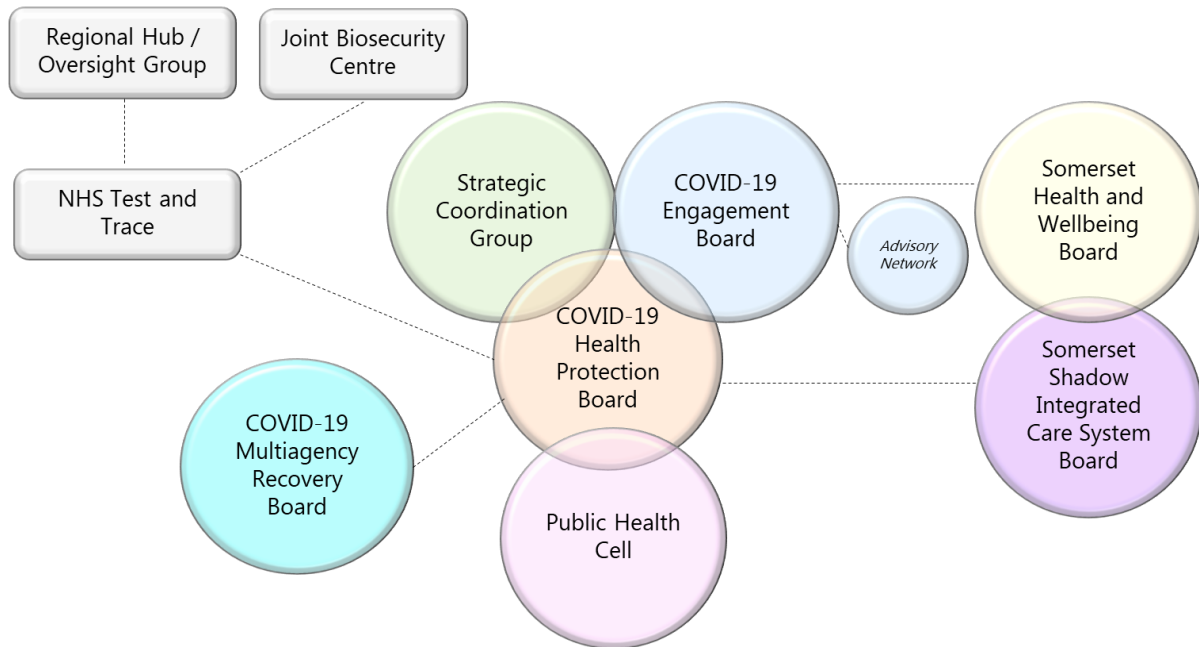
Similarly, the Avon and Somerset Local Resilience Forum (ASLRF) is the strategic multi-agency partnership which convenes under the Civil Contingency Act (2004) to plan for and respond to major emergencies across the Avon and Somerset area.

Avon and Somerset LRF is the point of escalation for Directors of Public Health (DsPH) and local authorities if a situation is of severity and scale that, mutual aid or the coordination of strategic partners is required. Arrangements for escalation to ASLRF have been agreed by DsPH.

The LRFs role in the context of Local Outbreak Management Plans is under review and a decision will shortly be taken regarding the need for continuation of the Strategic Coordination Group. During this COVID-19 response a Regional Strategic Coordination Group (ReSCG) has been established and it is likely this regional level structure will remain and continue to work alongside Local Outbreak Management Plans.

### 3. Governance

The governance structure for the Local Outbreak Management Plan can be seen in figure 1 below. The functions of each part of the structure is detailed in the following sections.



*Figure 1: COVID-19 Somerset Governance Structures*

#### 3.1 Somerset Local Outbreak Engagement Board

This Board will meet in public and be chaired by the Leader of Somerset County Council. It will have a broad membership to include real engagement across Somerset’s geography and those communities particularly affected by COVID-19, such as older people, people with disabilities or long term health conditions, the BAME community and the business community. Its purpose is to promote the maintenance of the infection control measures and gain a greater understanding of the barriers to adopting control measures so support can be provided if possible. A key role of this board will be communicating with and engaging communities to prevent and control outbreaks. The Draft Terms of reference for the Board can be seen in Annex II.

It is vital that this board is connected to the work of the voluntary sector both organisationally and through the network of health connectors, village agents, and individual volunteers



This board will publish a weekly COVID dashboard, identifying Somerset's current epidemic position and providing key messages to feedback to communities. This Board would not be responsible for managing individual outbreaks or situations but would have an oversight of the epidemic.

### **3.2 Somerset COVID-19 Health Protection Board**

This Board will be chaired by the Director of Public Health and meet at least weekly to review the latest data on infections and outbreaks, and actions necessary to control the virus in the county. Membership will include senior leaders and clinicians from the Public Health Team, the NHS, Public Health England and Social Care. Environmental Health representation from District Councils will be invited to attend if their geography is specifically impacted in the week preceding.

This Board has the responsibility for overseeing the delivery of the Local Outbreak Management Plans, being the link between the Joint Biosecurity Centre, regional agencies and the NHS Test and Trace system, with the aim of reducing the morbidity and mortality associated with COVID in Somerset. This board will inform the work of the COVID-19 Engagement Board and, if required, will mobilise resources and escalate concerns through the ASLRF structures. The Draft Terms of Reference for the Board can be seen in Annex III.

The reporting relationship of these local Boards with regional and national infrastructure is not yet determined. To date the diagram above is a representation of how this might work.

### **3.3 Strategic Coordination Group (and Regional Oversight Group)**

The Strategic Coordination Group and Regional Oversight Group have responsibility to shift resource deployment where needed according to local outbreaks such as surge testing capacity.

These groups also have links with the Joint Biosecurity Centre to understand where outbreaks are occurring across Avon and Somerset and the South West and have a function to liaise with Whitehall and CORBA.

### **3.4 Somerset Health and Wellbeing Board and Shadow Integrated Care System (ICS) Board**

The Somerset Health and Wellbeing Board and Shadow ICS Board will receive assurance on the COVID-19 response in order to inform their functions to improve the

health and wellbeing of the population and provide leadership to the health and wellbeing system.

### **3.5 Somerset COVID-19 Multiagency Recovery Board**

The COVID-19 Multiagency Recovery Board and COVID-19 Health Protection Board will liaise in order to ensure recovery is undertaken with relevant infection control measures in place and at an appropriate pace depending on the level of infection in the county.

## **4. Understanding and Tracking the Local Epidemic**

### **4.1 Public Health Cell**

The Public Health Cell will coordinate the practical day to day work of outbreak management, including the allocation of staff resource, liaison across partner organisations, management of the Local Outbreak Management Plan budget, daily outbreak management decisions and data analysis and integration. If risks are identified around securing an organisational response, these will be logged onto the SCC JCAD risk system and managed through this process. The JCAD system is held centrally and a dedicated risk manager is in post. If there are wider system risks these will be escalated to the Somerset COVID-19 Health Protection Board and managed as required.

The cell will operate a daily huddle to have oversight of cases and outbreaks and allocate resource to individual outbreaks. It will have responsibility, in liaison with Public Health England to identify, co-ordinate and close outbreaks as well as capture learning for ongoing development of practice.

This cell will also ensure that following notification of specific outbreaks or situations to SCC Public Health, relevant stakeholders are informed, with the correct information to enable a co-ordinated response, according to agreed processes (See Annex VI, VII, VIII).

The Public Health Nursing teams are part of the County Council Public Health team, this public health trained workforce will work alongside public health consultants and specialists to manage outbreaks and assist with any initial surge capacity required around school and early years settings. Additionally, the Public Health team have received offers of support from other Directorates to assist with outbreak

management. These departments consist of subject matter experts in the field of education, childcare or adult care settings. The current proposal is that SCC will establish a cadre of staff who have received specific outbreak management training and who will be able to mobilise if surge capacity required.

The cell will provide specialist public health advice to the COVID-19 Engagement Board and COVID-19 Health Protection Board.

## **4.2 Data Integration**

The Somerset Public Health team will lead the data integration process for Somerset to support Local Outbreak Management working in collaboration with colleagues across the system.

There are a number of data feeds which will be used inform the Local Outbreak Management Plan. These include:

- National and regional alerting of activity hotspots and modelling of the epidemic
- Community resilience, numbers and locations of vulnerable individuals and settings
- Symptom reporting, 111 / 119, primary care, other self-reported cases
- Number of cases detected via the different testing routes
- Test and Trace feedback
- Local outbreaks information covering schools, care homes and other vulnerable settings
- Hospital and Social Care capacity and analysis of inpatients
- Deaths reported in different settings

The local Public Health Team have developed a local COVID-19 dashboard which shows the epidemiological picture of the local epidemic. An example dashboard can be seen in Annex IV.

Considerable progress has been made across Somerset to ensure appropriate data sharing and regular data flows are in place in order to track and manage the epidemic. Some national data flow issues still remain and need to be resolved to provide the most complete picture of the epidemic for Somerset.

As it is established, the Joint Biosecurity Centre will be providing a wider set of data products to local authorities. Data from across these sources will be integrated to support the Local Outbreak Management Plan processes.

## 5. Outbreak Prevention and Response Plans

### 5.1 Overview

To date Somerset has been notified and responded to 68 outbreaks of COVID-19. The number of outbreaks are low, as case rates have remained low and to a large extent the County has remained in lockdown for much of the time. Somerset residents have in the main complied with national guidance and have modified their behaviour to help prevent the spread of the SARS CoV-2 virus. To date the SCC PH team, with PHE and the affected settings have been able to respond to the demand for outbreak control meetings and the necessary actions to take to control spread.

As the national alert level is reduced and lockdown measures relaxed, it is likely there will be more localised outbreaks, which will require greater capacity across the system. The model proposed is that of surge capacity from across the system, to be in place to respond. The most effective response is likely to involve teams who are used to working with particular settings. An enhanced capacity within District Environmental Health Officer teams, CCG Infection control teams, the SCC Public health team and adult and children services teams will be required but will require investment in training of the basics of outbreak control, to enable positive contribution to this work.

Fundamental to controlling an outbreak is the need for consistent use of definitions for cases, situations, clusters and outbreaks.

#### **Definitions:**

A possible case of COVID-19 is defined as someone who has:

- A new continuous cough **or**
- high temperature **or**
- a loss of, or change in, normal sense of taste or smell (anosmia)

|          | <b>Criteria to declare non-residential setting</b>   | Criteria to end   |
|----------|--|---|
| Cluster  | Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days<br><br>(In the absence of available information about exposure between the index case and other cases)  | No confirmed cases with onset dates in the last 14 days   |
| Outbreak | Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days<br><br>AND ONE OF:<br><br>Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for more than 15 minutes) during the infectious period of the putative index case<br><br>OR<br><br>(when there is no sustained community transmission or equivalent Joint Biosecurity Centre risk level) - absence of alternative source of infection outside the setting for initially identified cases | No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters) |

|          | <b>Criteria to declare institutional or residential setting</b>  | Criteria to end   |
|----------|--|---|
| Outbreak | Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days<br><br>NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment. | No confirmed cases with onset dates in the last 28 days in that setting |

For more detailed definitions see Annex V.

Within Somerset we have an existing Memorandum of Understanding (MOU) that outlines how key partners work together to reduce morbidity and mortality associated with outbreaks. The MOU has been in place in Somerset since 2015 but will be refreshed as part of this outbreak plan.

The following section details specific work in particular settings to ensure prompt identification and response to outbreak in these settings.

## 5.2 Adult Care Settings

Somerset County Council (SCC) prides itself on having long had robust and supportive oversight arrangements in place with our care provider market. The proportion of Good and Outstanding-rated care provision in the county exceeds national and regional averages, and SCC work closely in partnership with the Registered Care Providers Association (RCPA), Care Quality Commission (CQC) and Clinical Commissioning Group as part of routine commissioning and quality oversight activity.

Based on latest available CQC Directory information (1 June 2020), there are:

- a total of 218 Residential and Nursing Homes in Somerset, including services supporting adults with learning disabilities and enduring mental health needs. Of these, 186 (85.3%) are rated by the independent regulator, the Care Quality Commission, as being Good or Outstanding. 31 'Requires Improvement' and 1 is 'Inadequate'.
- 64 community-based adult social care services, of which 61 (82%) are judged 'Good' or better by the CQC. No domiciliary care provision is rated inadequate in the county.

Additionally, there are currently 575 micro-providers working across the county - paid professionals providing local services for people needing some help and support.

Adult Social Care, Public Health, the Clinical Commissioning Group, NHS providers, CQC and the RCPA have been working hard with care providers to support them to manage and respond to the unique pressures that COVID-19 has placed upon them and take all possible steps to mitigate and prevent the spread of the coronavirus. A summary of local activity to support care settings during the COVID pandemic was published on 29 May 2020 and is available here:

<https://www.somerset.gov.uk/coronavirus-support-for-adult-social-care-providers/>.

All process for care providers to take on all aspects of COVID-19 e.g. testing, notification of cases of COVID-19 and response to an outbreak are published at:

<https://ssab.safeguardingsomerset.org.uk/covid19/>

For more detail of prevention and response plans for adult care settings please see Annex VI.

### 5.3 Education and Children's Care Settings

Early years provision (0-5 years) in Somerset is provided by a range of different settings. There are a total of 567 early years settings. Of these 188 are school run provision, 264 registered childminders and 185 Private, Voluntary and Independent Sector (PVI) providers.

In Somerset there are 268 state funded schools. Of these, 217 are primary schools, 8 are middle schools, and 2 are all through schools. There are also 4 pupil referral units and 9 special schools. In total 71,190 pupils in Somerset attend a state funded school. There are four further education colleges and no universities.

There are approximately 24 independent schools in Somerset attended by just over 8,000 pupils.

All national guidance relating to education and childcare settings is available here:  
<https://www.gov.uk/coronavirus/education-and-childcare>

There is a multiagency group including representation from local authority education leads, public health, health and safety, and head teachers, which is chaired by SCC Education that has been working hard to put plans in place for schools to operate within the COVID-19 secure guidance and understand how to respond to suspected or confirmed cases or outbreaks of COVID-19.

All schools are following government guidance for social distancing and putting in place measures such as teaching in bubbles, staggered drop off and pick up times, and reduced class sizes. There has been a continued increase in the number of key worker and vulnerable children attending school. This will limit the ability of schools to further extend provision.

The Director of Children's Services is in regular communication with schools. The decision for schools to remain open currently lies with the individual schools, however, this may be influenced by Public Health advice in the context of an outbreak

If there are increasing rates of COVID-19 within a particular community this would be discussed at the COVID-19 Health Protection Board. Any appropriate communication to stakeholders and actions would be taken. There is as yet no clarity regarding how local lockdowns, which may or may not include schools, will be decided upon or enforced.

All information regarding COVID-19 guidance and processes is hosted on the Support Services for Education (SSE) website:

<http://www.supportservicesforeducation.co.uk/Page/17461>

Any update to the guidance is communicated to schools through the daily SSE bulletin which is distributed to all schools.

For more detail of prevention and response plans for education and childcare settings see Annex VII.

#### **5.4 Children's residential settings**

Children's residential settings cover schools and housing provision for children looked after. There are 550 children in care across Somerset who are accommodated across a range of settings. Approximately 500 households are offering foster care provision and there are 35 Ofsted registered children's homes in Somerset offering homes for children and young people from within and beyond Somerset. The 'pathways to independence' programme offers supported accommodation to vulnerable young people in 37 properties.

There are 17 independent non-maintained special schools which offer a range of day and residential places to children with complex needs. Of these, 7 offer residential care.

Residential school settings are considered as a household for the purposes of isolation. The isolation unit will depend on individual circumstances e.g. could be a dormitory or an isolated building. The HPT can help schools with the risk assessment and the defining of a group/ household that needs isolation.

If a student or staff member develops symptoms whilst away from the school setting, they should NOT return to school and must self-isolate at home.

If a student/ staff member has been in contact with someone with symptoms at home, they need to self-isolate at home and not return to the school.

These settings are likely to have staff visiting rather than residing on site. In such circumstances, infection control procedures for staff entering and leaving the site are crucial.



All residential schools and children's homes have been provided with IPC guidance and PHE documentation regarding the prevention and response to suspected cases of COVID-19. Specialist IPC support is available from the CCG IPC nursing team.

All residential settings are encouraged to notify PHE of any suspected or confirmed cases in students or staff. The PHE SOP for educational settings also includes guidance for residential settings.

National guidance for residential settings is available:

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>

### **5.5 High Risk Major Employers and Businesses, including Major Tourism Sites and large events**

Somerset is renowned for its food and drink, and has a significant number of food processing businesses, notably meat and dairy, but also ready meals and a range of other businesses. Experience elsewhere in the UK and abroad has shown that some food processing establishments seem to be at higher risk of COVID-19 outbreaks, notably slaughterhouses and poultry processing plants. It is not yet clear why this is so. The aim will be to work with this sector on preventing outbreaks, as well as managing them if and when they occur.

Somerset is also a major tourist destination and as the economy opens up, some of our major holiday destinations will face increased risks of outbreaks, including in particular holiday camps. These destinations have well-rehearsed outbreak plans for more common diseases such as norovirus. Work on this local outbreak management plan will continue to ensure that these businesses are supported in being COVID Secure, to minimise risk of infection.

In the event of an outbreak at a major workplace Somerset public health and environmental health services will work with the regional PHE Health Protection Team, the NHS locally and site management through well-established outbreak control team processes. This team will work to understand the epidemiology of the outbreak and what additional steps are required to bring the outbreak under control, including any spread into the wider community from the establishment. It is important to note that outbreaks linked to major holiday establishments may have cases that have left Somerset before onset of symptoms occurs, with the potential for dispersal of incubating cases around the country.

Somerset is also home to the largest construction site in Europe, the EDF Hinkley Point C nuclear power plant, which also has associated premises including accommodation campuses in Bridgwater and at site. This project is a nationally significant infrastructure project that has continued the build through lockdown, with a reduced workforce of about 2,500 people to enable physical distancing. EDF has introduced a whole raft of measures to minimise risk of infection, including in-house PCR testing and more recently antibody testing. Hinkley Point has an outbreak plan and a national team that can be deployed to site in response to an outbreak. EDF work closely with SCC Public Health and PHE.

## **5.6 High risk place, locations and communities**

Somerset has a number of settings where an outbreak of COVID-19 is likely to have adverse health consequences. For example, the homeless people hostels, businesses that have a high proportion of workers who are not engaged with local health services, or where social distancing is challenging, or where there are a number of vulnerable individuals. Notification and response processes are detailed at Annex IX.

Somerset does not have any universities or significant ports. However, it has experienced significant in-migration, predominantly from the European Union, over the last 12 years in particular, with significant parts of the workforce in agriculture, food, tourism and other parts of the economy. In addition to the employment location, these communities can also be at increased risk due to:

- shared and/or communal housing, sometimes of poor quality, sometimes overcrowded
- English as a second language
- insecure employment
- low pay
- minimal sick pay provisions
- no recourse to public funds status

These types of conditions can make outbreak investigation challenging and resource intensive, typically requiring on the ground contact tracing and translation services. From experience, this requires public health, environmental health staff and housing officers with detailed local knowledge plus excellent contact tracing skills. There are also barriers around achieving compliance with self-isolation of contacts for 14 days, due to the poor financial position many would find themselves in.

There are similar issues arising in relation to the homeless and rough sleeping population, with hostels identified as a high-risk location. Again, local staff with a good understanding of local support services around homelessness, drugs and alcohol, mental health etc are vital. Working with local specialist agencies who are able to continue providing support is essential. The swift removal of shared/communal sleeping arrangements in hostels was also a crucial move and Districts are working hard to make sure they do not return any time soon. A flow chart for homeless hostel outbreak notification and response is at Annex VIII.

## **6. Protecting and Supporting People at Greater Risk of COVID-19**

Work to support specific people at increased risk of COVID-19 has been joined up and co-ordinated across numerous organisations. This work has identified and supported vulnerable people with basic needs: food, shelter and welfare. This has included supporting delivery of the shielding programme for the most clinically vulnerable and establishing food delivery and distribution for those shielded and locally identified vulnerable people not supported through the Government programme. District Councils have provided accommodation and support to all rough sleepers and have co-ordinated additional support and information for victims of domestic abuse.

The approach has been a strength-based approach to develop a contact strategy to reach the most at risk in Somerset building on the infrastructures and relationships across the health, care and VCS system in Somerset.

The county has come together to create the Somerset Coronavirus Helpline, effectively creating one number for people to call to get in touch with services in one place. This has been extensively promoted through social and local media and via direct mailing to 88,738 people on the Shielding and locally vulnerable list. In addition, 6,350 of this group have received phone calls to check on welfare and offer support where required. If people are a contact of a case of COVID-19 and advised to self-isolate by the Test and Trace system, they will be given the Somerset Coronavirus Helpline number, to ensure any practical difficulties with self-isolation, such as access to food or medication are addressed. This is vital to support that individual to comply with the self-isolation direction and prevent further spread of the virus

Local Village Agents and social prescribing organisations have supported over 40,000 clients during the epidemic and over 70 COVID community groups and 1,200 volunteers have been offering support to neighbours. Combined with a large number

of voluntary, community and charitable organisations who have provided considerable support. This support will continue to be vital to prevent the spread of the virus amongst those most vulnerable to the virus

In line with MHCLG guidance, all those people that were rough sleeping in Somerset at the end of March were rapidly found accommodation. Where possible, all are still in accommodation and have resettlement plans in place.

Each of these settings for rough sleepers and existing homeless hostels have clear plans for responding to individuals with symptoms of COVID-19. It is vital to ensure that living arrangements for these individuals continue to support self-isolation if required, to prevent virus spread amongst this group.

All agencies involved in Somerset's COVID-19 response have been unequivocal in supporting the Government's social distancing guidelines. This included not leaving home at all, except for the four permitted reasons during the "lockdown" and continues to include not travelling for overnight stays outside the home.

The support for Gypsies, Travellers and Nomadic people has been put in place to reduce movement wherever possible and to take a pragmatic approach to reduce risk. Avon and Somerset Police and Somerset's District Councils have agreed not to take enforcement action against Travellers at this time unless there is a safety risk. This reduces the need for onward movement and potential contact with further members of Somerset's settled community. Infrastructure has been established to allow washing and therefore further reduce infection risk.

All four District Councils have been working to set up temporary transit sites, as well as water these also enable access to services and provide for self-isolation if required.

Somerset has relatively small BAME populations. The County Council and NHS Trusts locally have put in place support mechanisms for their Black, Asian and Minority Ethnic (BAME) staff due to the increased risk from COVID for some minority ethnic people. PHE have recently published new guidance and any appropriate measures necessary to support BAME people as part of outbreak prevention and management will be deployed locally.

## 7. Testing and contact tracing

A co-ordinated and timely system of testing, contact tracing and responding to outbreaks is the cornerstone of public health outbreak management and is used across Somerset continuously for a wide range of communicable diseases. Somerset public health staff and District environmental health officers, alongside care setting, schools, nurseries and businesses are practised in this protocol.

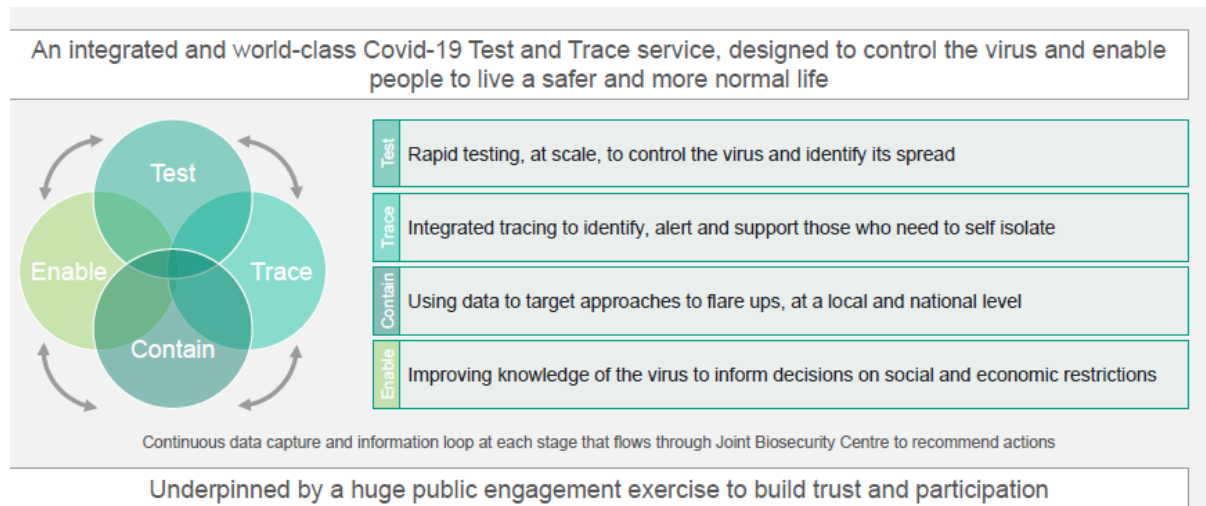


Figure 2: COVID-19 Test and Trace service

Figure 2 summarises the new national COVID-19 Test and Trace service. The remainder of this section describes how Somerset will co-ordinate efforts with this service to provide a whole system approach to managing the local epidemic.

### 7.1 Testing

For SAR CoV-2, the organism that causes the disease COVID-19, there is a licensed, accurate antigen test available that relies on one swab taken from the back of the throat and nose. Somerset hospital laboratories can process these specimens and provide a diagnosis within 24-48 hours. This local testing capacity links with wider regional and national testing capacity, to ensure different target groups can access testing in a timely manner.

**Local - Pillar 1** - Patients and NHS and care staff, access testing through local testing sites. Specimens are processed through the laboratory at Musgrove Park Hospital

**Regional - Pillar 2** - People with symptoms and symptomatic key workers. There are currently regional testing sites in Bristol, Exeter and Taunton and the army provide mobile testing units. Additionally, there is a national portal to arrange whole care

home testing. Specimens from these tests are processed nationally, results are now fed back to the patients local GP

Requesting a test yourself if you are symptomatic is managed through the following website [www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/)

**Pillar 3** - is an antibody test that tells people if they have recently had COVID-19. This is not helpful for outbreak management and so in its current form does not contribute to outbreak management

**Pillar 4** - is the national surveillance of the prevalence of infection, this will not be used for local outbreak management, but is important to help us understand the immune response of individuals to an infection

A reactive capacity to enable testing of large numbers of people in one place e.g. a factory, might be needed in the future, to help prevent spread of the virus. The current capacity of testing is not able to respond to this need

## 7.2 Contact Tracing

<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

The English NHS Test and Trace service was launched on the 28<sup>th</sup> May to help minimise community transmission of COVID-19 and protect those most vulnerable to infection. A summary of the process for the National Test and Trace Service can be seen in figure 2. All the laboratory results from either local, regional or national testing systems feed into the Test and Trace system.

When someone has symptoms of coronavirus they must:

- **Isolate:** as soon as symptoms are experienced, self-isolation must occur for at least seven days. Other members of their household must self-isolate for 14 days
- **Test:** a test can be ordered or arranged immediately through the online portal
- **Results:** if the test is positive, complete the seven-day self-isolation. Anyone in the household must also complete self-isolation for 14 days. If the test is negative, self-isolation can be ceased
- **Share contacts:** if the test is positive, the NHS test and trace service will send instructions for how to share details of people with whom close, recent contact

has occurred. This can be done online via a secure website or over the telephone.

When someone is identified as being a close contact with someone who has tested positive for COVID-19 they will be alerted and asked to isolate:

- **Alert:** people will be alerted by the NHS test and trace service if they have been in close contact with someone who has tested positive. They should then log on to the NHS test and trace website. Under-18s will get a phone call and a parent or guardian will be asked to give permission for the call to continue
- **Isolate:** people will be told to begin self-isolation for 14 days from their last contact with the person who has tested positive.

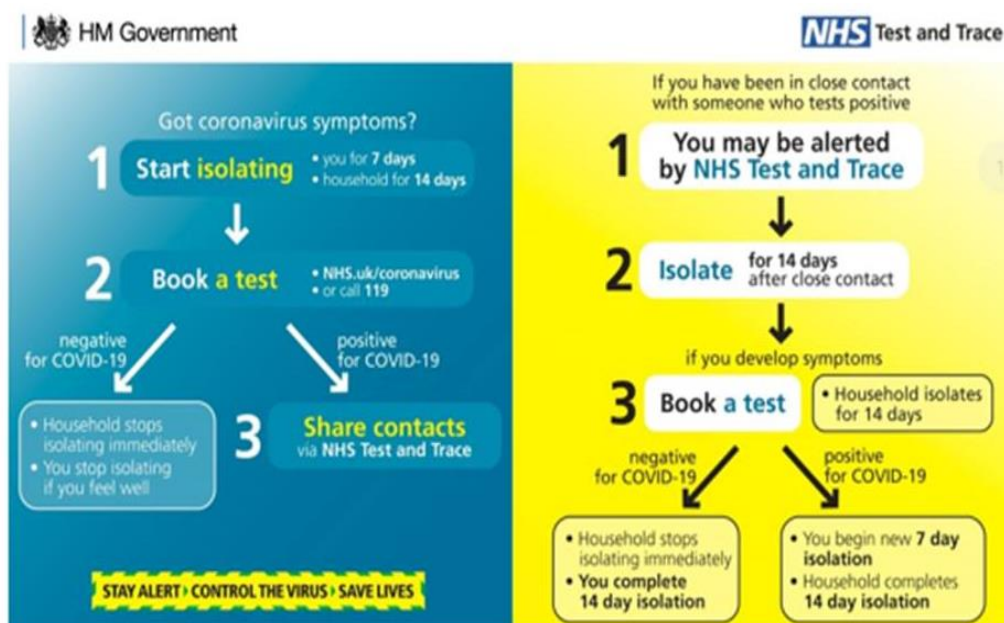


Figure 3: National Test and Trace Service Processes

If a case of COVID-19 is linked to particular places, such as a health or care settings, an education setting, a prison or hostel, more detailed follow up will be undertaken by specialist Health Protection Teams in the South West Public Health England Centre, working alongside Somerset County Council Public Health Team. In these situations, an outbreak control meeting will be arranged to co-ordinate a public health response in partnership with key partners and the setting affected.

It is likely that capability to provide on-site testing for specific outbreaks will be required. This is currently being discussed through the Regional Test and Trace Cell to

ensure arrangements are put in place for a rapid and specific service that Directors of Public health could call on at short notice.

## **8. Communication and Engagement**

To ensure the impact of the pandemic is minimised, the population of Somerset need to be engaged with messages that are easy to understand, with a clear logic behind them. Communication with Somerset residents has been a central part of the response in Somerset.

At the beginning of the pandemic Somerset had a clear communication plan which focused on communication to staff and key stakeholders. Weekly bulletins are published for staff and for wider stakeholders and the public.

Going forward and working to the COVID-19 Engagement Board a communication strategy needs to be developed, based on a greater understanding of how behavioural sciences information can be used, to ensure that messages are logical and practical. As well as being based on an understanding of the challenges Somerset residents have in following the public health advice in their daily lives, related to working, running businesses, accessing childcare and protecting the most vulnerable within our community. Throughout the pandemic conspiracy theories and myths about the origin of COVID-19 and potential treatments have circulated on social media and in the press. Behaviour change and communications specialists will work together to develop appropriate messaging to address these on the Somerset County Council website.

Communication and engagement will be key to the success of our Outbreak Management Plan. The Somerset COVID-19 Engagement Board will provide leadership and engagement with the public. This Board has been established to provide oversight, scrutiny and challenge, and to ensure accurate, up-to-date and meaningful communication and engagement with all stakeholders and residents.

For a draft communication and engagement strategy see Annex X.

## **9. Resources**

Each Upper Tier Local Authority has been allocated funding to resource the additional capacity and work needed under the Local Outbreak Management Plans to control the spread of the virus. Somerset has been allocated £1.926 million of funding to resource this plan.



National guidance is expected shortly to outline what this resource is expected to fund. Specific details of spend will be developed based on the national guidance when it is published and will also depend on the number of outbreaks experienced. An expenditure plan will be developed and then this will be reviewed on a quarterly basis.

Initial areas for resourcing are listed below, these are yet to be fully costed:

1. Management of Outbreaks, to include enhanced staff capacity across SCC Public Health team, DC Environmental Health Team, CCG Infection, Prevention and Control team, training on outbreak management for a wider pool of staff and enhanced mobile testing capability
2. Support for individuals to self-isolate to prevent virus spread to include, possible behavioural research to understand population held health beliefs regarding COVID-19, facilitation of self-isolation and communication resources including translation services
3. Support to COVID-19 engagement and health protection boards, including project management and epidemiology support

Preliminary data, based on the first week of operation of test and trace indicates 15/68 cases contacted have required PHE involvement, which are those situations that the LA will become involved in the management of. Currently case numbers are low in Somerset and so this is likely to escalate and be closely linked to how successfully we can engage and keep local people sticking to infection control measures and testing.

This would indicate approximately 3 OCTs / discussion / day across the county geography. The majority of these will be in care settings and education and childcare settings, but would indicate a full-time role for a health protection manager, with 0.5 wte EHO across each district to support discussions with businesses and HMOs / housing related situations.

## **10. Summary and Conclusions**

This document has set out the COVID-19 Local Outbreak Management Plan for Somerset. It details a proactive approach to preventing and managing COVID outbreaks by identifying and supporting high risk settings and groups. Identification of outbreaks and clusters through rigorous attention to new cases and strategic use of testing capability will be key.

The document details comprehensive outbreak management in close liaison with partner agencies and with specific plans in place for surge capacity. It details the processes for practical support and robust infection control guidance.

The importance of engagement and communication with the public is highlighted throughout the plan, led by the COVID Engagement Board and an Advisory Network that can be inclusive and grow over time.

It is acknowledged that the plan will need to flex and be reviewed as the needs of the local epidemic change, as national alert levels are changed, and as national policy is amended.

## **Annex I: Principles Agreed by South West DsPH**

1. We will work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and PHE. We will endeavour to ensure we make best use of the capacity and capability of the regional public health workforce.
2. While recognising local sovereignty we will commit to ensuring a common language to describe the local governance arrangements:
  - a. COVID-19 Health Protection Board
  - b. Local Outbreak Management Plans
  - c. Local Outbreak Engagement Board (While Local Authorities may have an established Board/Committee they wish to undertake the function of this Board e.g. Health and Wellbeing Board, it is important that within the title they include the title Local Outbreak Engagement Board)
3. We will ensure that we all work to an agreed common set of quality standards and approaches in the management of local outbreaks, utilising and building upon already agreed approaches such as those defined within the Core Health Protection Functions MoU.
4. We will adopt a continuous learning approach to the planning and response to COVID-19 outbreaks, sharing and learning from one another to ensure we provide the most effective response we can.
5. We will ensure that there is an integrated data and surveillance system established, which alongside a robust evidence-base will enable us to respond effectively to outbreaks. We propose that a COVID-19 Regional Data and Intelligence Framework is developed which will enable DsPH to have access to the necessary information to lead the COVID-19 Health Protection Board.
6. We will commit to openness and transparency, communicating the most up to date science, evidence and data to colleagues, wider partners and the public.
7. We will ensure that within our planning and response to COVID-19 we will plan and take the necessary actions to mitigate and reduce the impact of COVID-19 on those most vulnerable, including BAME communities.

8. We recognise that DsPH have a system leadership role in chairing the COVID-19 Local Health Protection Board. We commit to actively engaging with key partners, including all levels of government (Upper, lower tier local authorities, towns and parishes and wider partners and communities), key stakeholders including the community and voluntary section to ensure a whole system approach.
9. We accept that we are currently working in a fast-changing, complex environment. DsPH are having to respond dynamically to changing evidence, national guidance, demands and expectations. We will commit to be action-focused and to working to public health first principles.
10. We will ensure that our Local Outbreak Management Plan includes a strong focus on prevention and early intervention to ensure key settings (e.g. care homes and schools) and high-risk locations and communities identify and prioritise preventative measures to reduce the risk of outbreaks.

V1.4

## **Annex II: Draft Terms of Reference Somerset COVID-19 Engagement Board**

### **1. Context**

- 1.1 Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. The purpose of Local Outbreak Management Plans is to give clarity on how local government works with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks.
- 1.2 Building on the foundation of the statutory role of Director of Public Health, working with Public Health England's local Health Protection Teams, the Local Outbreak Management Plan will provide the mechanism for local authorities to anticipate, prevent and contain incidents and outbreaks in their local area using their knowledge of and relationship with people and place. The Director of Public Health will be responsible for defining these measures working through the Somerset COVID-19 Health Protection Board.
- 1.3 Somerset is a largely rural county with a population of around 560,000. About half the population live in a towns, with the rest living in less densely populated rural areas. Somerset has approximately 25% of the population over the age of 65, compared to the UK average of 18%.
- 1.4 In common with most of the South West region, Somerset has to date seen lower COVID-19 infection rates than other areas of the country. Nevertheless, there have been almost 70 separate outbreaks in the county (at 18 June 2020).
- 1.5 New infections are now at low levels in the county, and the next phase of living with COVID-19, which we should plan to do for up to two years while we await an effective vaccine and/or treatments, is to open up the county carefully with strong disease surveillance in place, and an ability to tackle outbreaks as swiftly and effectively as possible.
- 1.6 The willingness and ability of the local population and visitors to adhere to infection control measures will be paramount to controlling the spread of infection. The Director of Public Health and the Somerset COVID-19 Health Protection Board will provide advice to the Somerset COVID-19 Engagement

Board to support it in its purpose of engaging with the local community in these endeavours.

## **2. Purpose and Duties of the Board**

### **Purpose**

- **To lead and enable engagement and communication with public, communities and partner organisations in the effective management of the COVID-19 epidemic in Somerset.**

### **Duties of the Board**

- 2.1 The Board will engage with Somerset's communities on the ongoing requirement for infection control measures, identify where infection control measures are going well or, where they may need further consideration (within the national guidelines and the current evidence-base), particularly around barriers to following social distancing, self-isolation or shielding advice.
- 2.2 The Board will communicate the status of the local epidemic weekly and will engage communities and local leaders with the management of significant outbreaks as appropriate.
- 2.3 The Board will provide oversight of the local epidemic and assure delivery of the Somerset Local Outbreak Management Plan.
- 2.4 The Board will host an Advisory and Engagement Network made up of a range of organisations and groups which will provide a mechanism for two-way communication to inform and aid the management of the local epidemic. This Network should include representatives from:
  - Visit Somerset
  - Faith Leader
  - Black, Asian and Minority Ethnic Groups
  - Voluntary and Community Sector
  - Healthwatch
  - Somerset Youth Parliament
  - Mendip District Council
  - Sedgemoor District Council
  - South Somerset District Council
  - Somerset West & Taunton District Council
  - Somerset NHS Foundation Trust
  - Yeovil District Hospital NHS Foundation Trust

- 2.5 The Board will ensure the support to vulnerable people who are shielding, or self-isolating is robust and meeting local people's needs.
- 2.6 The Board will comply with regional and national reporting requirements of COVID-19 Engagement Boards.

### **3. Authority and Accountability**

- 3.1 The Board has a responsibility to direct Individual members will be able to act with the level of authority and the powers granted to them by way of their constituent bodies' policies and make decisions on that basis. Notwithstanding and for the avoidance of doubt, the Board is not a decision-making body but is able to discuss and agree recommendations for approval by the constituent members' statutory bodies; its role is primarily one of engagement, oversight and collective co-ordination. As arrangements progress nationally, there may be decision-making powers given to the board to out in place local infection control measures, but this is unclear to date.
- 3.2 The Board Chair will actively seek to reach agreement by consensus on the recommendations for decision by the constituent members' statutory bodies. Should this not be possible then issues should be escalated to all member bodies' boards/cabinet to attempt to find a resolution.

### **4. Board Membership**

- 4.1 The Board shall be made up of the following members:

#### **Core members to include:**

- Leader of Somerset County Council - **Chair**
- Portfolio Holder for Public Health & Climate Change (Health & Wellbeing Board Chair) – **Vice Chair**
- Avon and Somerset Police and Crime Commissioner
- Chair, Somerset Clinical Commissioning Group
- CEO, Somerset County Council
- Director of Public Health, Somerset County Council
- Representative from Somerset District Councils
- Representative from Somerset Business Sector
- Representative from Somerset Education Sector

- 4.2 The Board may co-opt members for meetings should significant outbreaks occur in specific settings, groups or geographies.
- 4.3 Members should make every effort to attend but may identify a named representative in their absence.

### **Quorum**

- 4.4 A quorum will be reached with at least the Chair (or Vice Chair) and five members.
- 4.5 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations for decision by the constituent member bodies may be taken.
- 4.6 Nominated deputies attending a meeting on behalf of a member may count towards the quorum.

### **5. Notice and Frequency of Meeting**

- 5.1 Generally, meetings will be held Monthly but more frequently if required for specific matters.
- 5.2 An agenda specifying the business proposed to be transacted shall be delivered electronically to each member, save in the case of emergencies or the need to conduct urgent business.
- 5.3 The Board members may meet either in person, via telephone/video conference or communicate by email if an urgent recommendation for decision is required or if there is an urgent matter to discuss. The quorum, as described at section 5, must be adhered to for urgent meetings.
- 5.4 The Board will be formally recorded, and actions and notes will be provided to the members after each meeting.

### **6. Review and Monitoring of Effectiveness**

- 6.1 The effectiveness of the Board shall be monitored at least annually through a review process that will include gathering the views of key individuals across the system.



6.2 The Board will review these terms of reference at least quarterly or more regularly in light of policy changes or changes in the needs resulting from the local epidemic.

V1.4

## **Annex III: Terms of Reference COVID-19 Health Protection Board**

### **1. Context**

- 1.1 Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. The purpose of Local Outbreak Management Plans is to give clarity on how local government works with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks.
- 1.2 Building on the foundation of the statutory role of Director of Public Health, working with Public Health England's local Health Protection Teams, the Local Outbreak Management Plan will provide the mechanism for local authorities to anticipate, prevent and contain incidents and outbreaks in their local area using their knowledge of and relationship with people and place. The Director of Public Health will be responsible for defining these measures working through the Somerset COVID-19 Health Protection Board.
- 1.3 Somerset is a largely rural county with a population of around 560,000. About half the population live in towns, with the rest living in less densely populated rural areas. Somerset has approximately 25% of the population over the age of 65, compared to the UK average of 18%.
- 1.4 In common with most of the South West region, Somerset has to date seen lower COVID-19 infection rates than other areas of the country. Nevertheless, there have been almost 70 separate outbreaks in the county (at 18 June 2020).
- 1.5 New infections are now at low levels in the county, and the next phase of living with COVID-19, which we should plan to do for up to two years while we await an effective vaccine and/or treatments, is to open up the county carefully with strong disease surveillance in place, and an ability to tackle outbreaks as swiftly and effectively as possible.
- 1.6 The willingness and ability of the local population and visitors to adhere to infection control measures will be paramount to controlling the spread of infection.

## **2. Purpose and Duties of the Board**

### **Purpose**

- **To lead the delivery of the Local Outbreak Management Plan**
- **To minimise the morbidity and mortality associated with COVID19 within Somerset**

### **Duties of the Board**

- 2.1 To oversee the delivery of the Local Outbreak Management Plan.
- 2.2 The Board will promote the close collaboration of the Somerset system, PHE and the Joint Biosecurity Centre to ensure better outcomes for residents in Somerset.
- 2.3 The Board will lead the local Public Health response to the epidemic, ensuring join up with Public Health England (and NHS Test and Trace) within Somerset to specific outbreaks and to the pandemic as a whole, taking decisions regarding how to respond under the led by the Director of Public Health.
- 2.4 To ensure a thorough understanding of the pandemic within Somerset at any one point of time through the effective use of data and intelligence, including on test and trace data, local outbreaks and intelligence, NHS and care providers capacity and mortality.
- 2.5 To mobilise resources as required to effectively respond to COVID outbreaks and control the local epidemic.
- 2.6 To develop and maintain dataflows and communications amongst Somerset partner agencies in order to maintain an up to date position on the local epidemic.
- 2.7 Remain informed by the emerging national evidence base and evaluate the impact of local interventions, including public health messaging, to ensure effective use of resources.
- 2.8 To advise the COVID-19 Engagement Board on the provision of clear, evidence-based messages to inform communication to the public.

- 2.9 To provide regular reports to the COVID-19 Engagement Board on the tracking of the local epidemic and the high-level position of open outbreaks.
- 2.10 To escalate issues affecting either the Somerset system or residents, to regional Strategic Coordination Group, to enable resolution of issues within nationally commissioned programmes
- 2.11 To understand the triggers for a major incident and ensure timely decision making to enable requests for mutual aid to be made, or where cross border issues are impacting the Somerset system, liaise with the LRF to declare a Major Incident should this be required. .
- 2.12 Comply with regional and national reporting requirements

### **3. Authority and Accountability**

- 3.1 The Board has no executive powers however individual members will be able to act with the level of authority and the powers granted to them by way of their constituent bodies' policies and make decisions on that basis. Notwithstanding and for the avoidance of doubt, the Board is not a decision-making body but is able to discuss and agree recommendations for approval by the constituent members' statutory bodies; its role is primarily one of epidemic oversight, collective co-ordination and
- 3.2 The Board Chair will actively seek to reach agreement by consensus on the recommendations for decision by the constituent members' statutory bodies. Should this not be possible then issues should be escalated to all member bodies' boards/cabinet to attempt to find a resolution.

### **4. Board Membership**

- 4.1 The Board shall be made up of the following members:

#### **Core members to include:**

- Director of Public Health, Somerset County Council – **Chair**
- Director of Adult Social Care, Somerset County Council
- Consultant in Communicable Disease - Public Health England
- Director of Infection Prevention & Control, Somerset Clinical Commissioning Group
- Clinical Director - Somerset Clinical Commissioning Group
- Medical Director - Somerset Foundation Trust

- Medical Director - Yeovil NHS Foundation Trust

**Additional members, as required:**

- Mendip District Council – Environmental Health Principal
- Environmental Health Principal - Sedgemoor District Council
- Environmental Health Principal - South Somerset District Council
- Environmental Health Principal - Somerset West & Taunton District Council

**Additional support provided to the Board:**

- Public Health Consultant – Health Protection
- Public Health Consultant – Public Health Intelligence
- Business Change Strategic Manager – Somerset County Council

4.2 Members should make every effort to attend but may identify a named representative in their absence.

**Quorum**

4.3 A quorum will be reached with at least the Chair and four of the core members.

4.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations for decision by the constituent member bodies may be taken.

4.5 Nominated deputies attending a meeting on behalf of a member may count towards the quorum.

**5. Notice and Frequency of Meeting**

5.1 Generally, meetings will be held weekly but more frequently if required for specific matters.

5.2 An agenda specifying the business proposed to be transacted shall be delivered electronically to each member, save in the case of emergencies or the need to conduct urgent business.

5.3 The Board members may meet either in person, via telephone/video conference or communicate by email if an urgent recommendation for decision is required or if there is an urgent matter to discuss. The quorum, as described at section 4, must be adhered to for urgent meetings.

5.4 The Board will be formally recorded, and actions and notes will be provided to the members after each meeting.

**6. Review and Monitoring of Effectiveness**

6.1 The effectiveness of the Board shall be monitored at least annually through a review process that will include gathering the views of key individuals across the system.

6.2 The Board will review these terms of reference at least quarterly or more regularly in light of policy changes or changes in the needs resulting from the local epidemic.

V1.4

## Annex IV: Example of the COVID-19 Public Dashboard

### Somerset Public Health COVID-19 Dashboard

The higher case numbers seen in early June include a number of cases that have been falsely identified as positive following an issue at the laboratory.  
For further information please see the following statement from Somerset NHS Foundation Trust

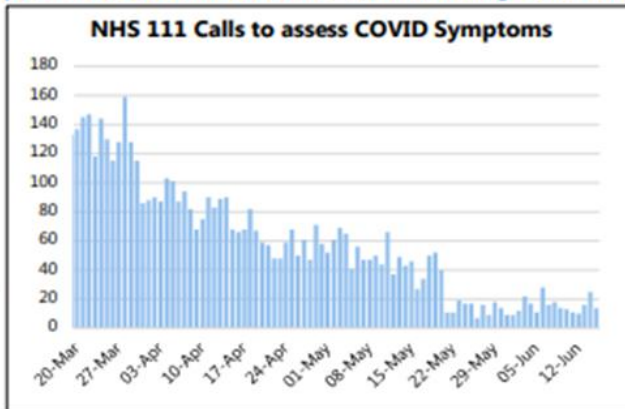
<https://somerseft.nhs.uk/?news=issue-affecting-some-covid-19-test-results-for-some-inpatients-at-musgrove-park-hospital>

#### NHS 111 COVID Demand



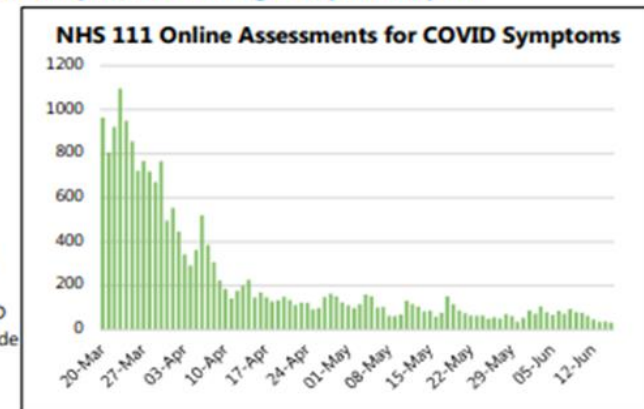
Latest daily Somerset based calls to NHS 111 to assess COVID symptoms

15/06/2020



Latest daily NHS 111 Online symptom assessments for COVID giving Somerset postcode

15/06/2020

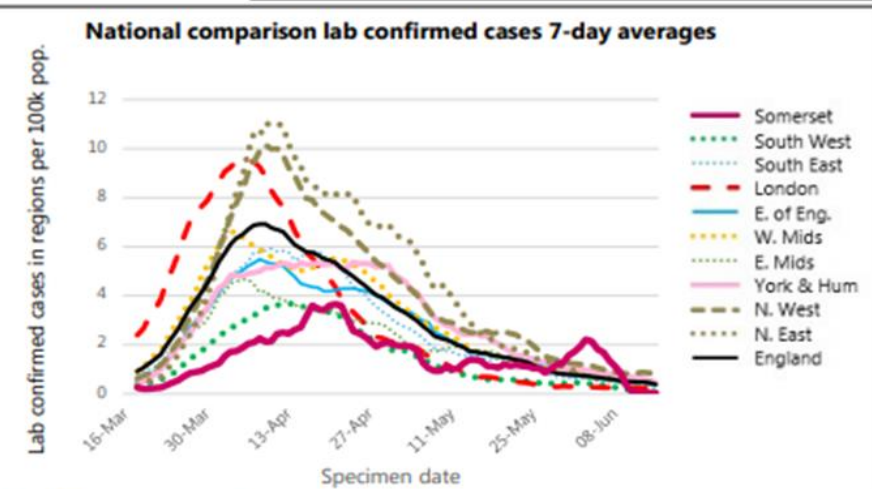
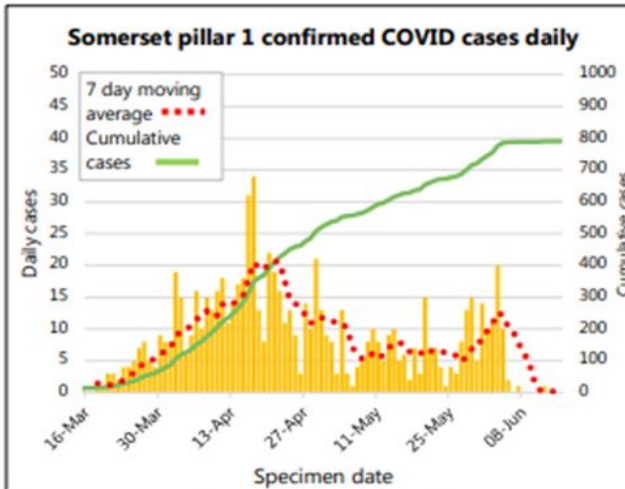


#### Detected cases



Total pillar 1 lab-confirmed COVID cases in Somerset

15/06/2020



Produced 17/06/2020 For data sources see final page. For more information contact [publichealth@somerset.gov.uk](mailto:publichealth@somerset.gov.uk)

## Somerset Public Health COVID-19 Dashboard

Latest R number range for the South West

# 0.8-1.1

Last updated on Friday 12 June 2020

Produced by:

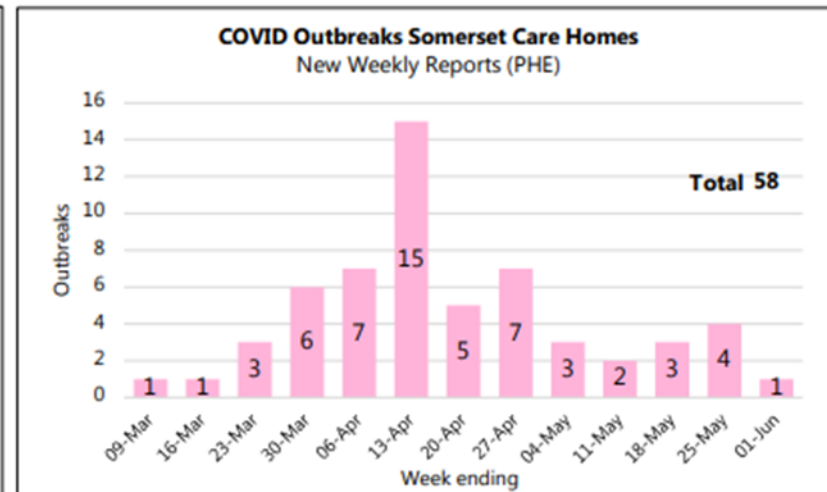
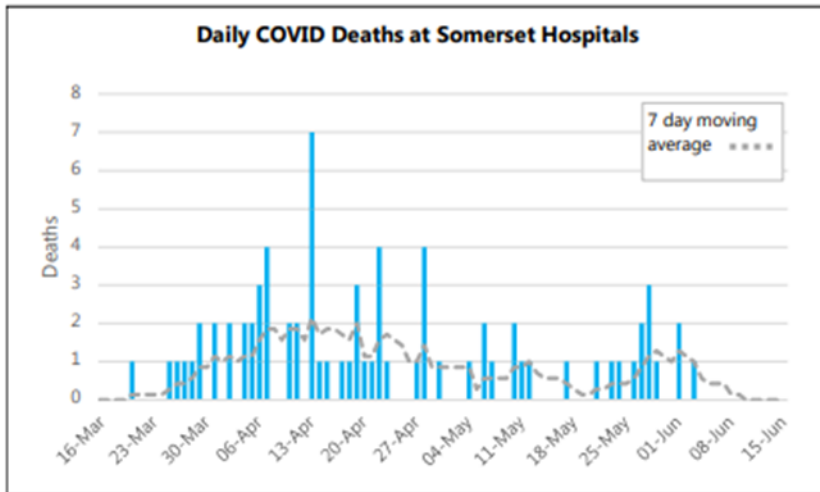
UK Government Scientific Advisory Group for Emergencies (SAGE)

### What is R?

The reproduction number (R) is the average number of secondary infections produced by 1 infected person.

An R number of 1 means that on average every person who is infected will infect 1 other person, meaning the total number of new infections is stable.

| Region          | R       |
|-----------------|---------|
| UK              | 0.7-0.9 |
| England         | 0.8-1.0 |
| East of England | 0.7-0.9 |
| London          | 0.8-1.0 |
| Midlands        | 0.8-1.0 |
| NE and Yorks    | 0.7-1.0 |
| North West      | 0.8-1.0 |
| South East      | 0.8-1.0 |
| South West      | 0.8-1.1 |



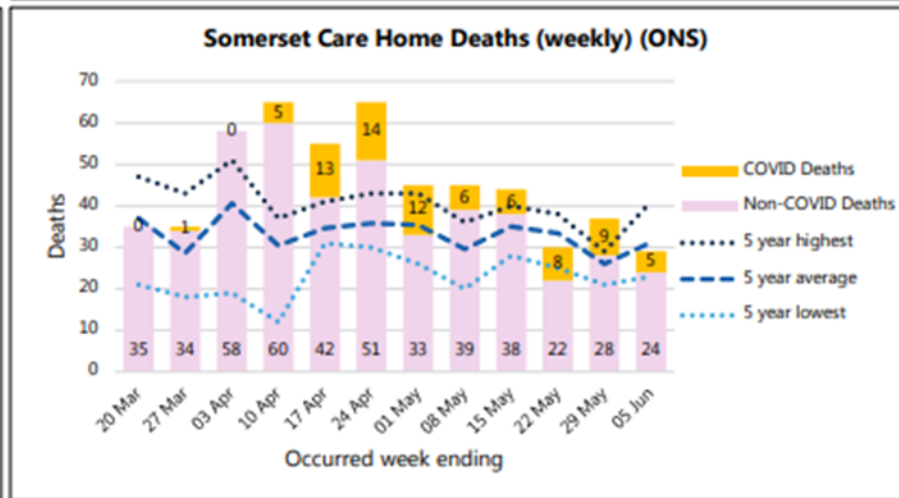
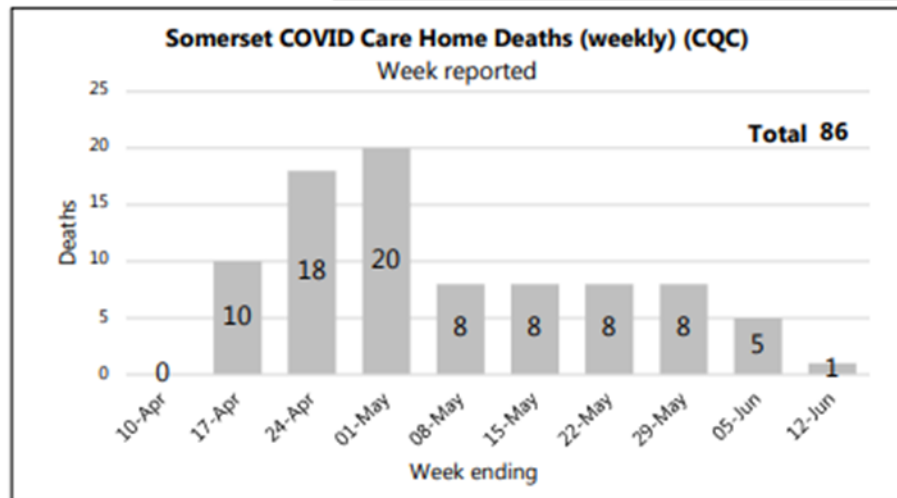
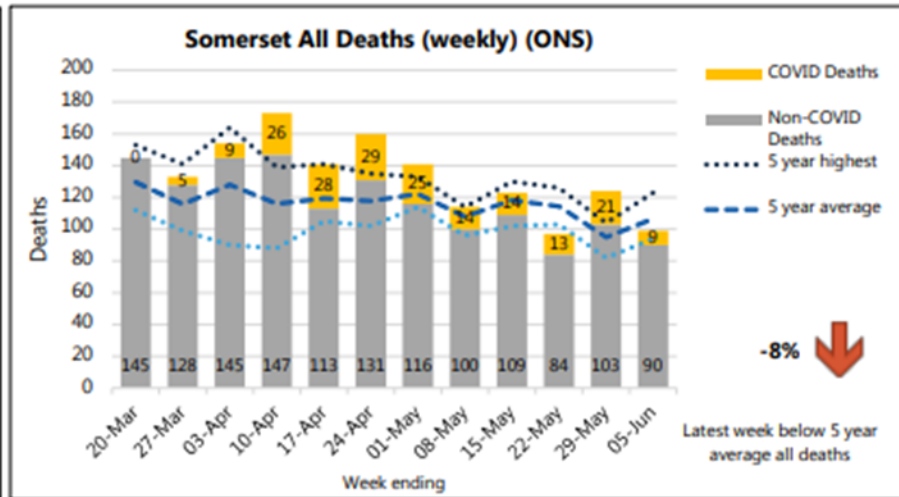
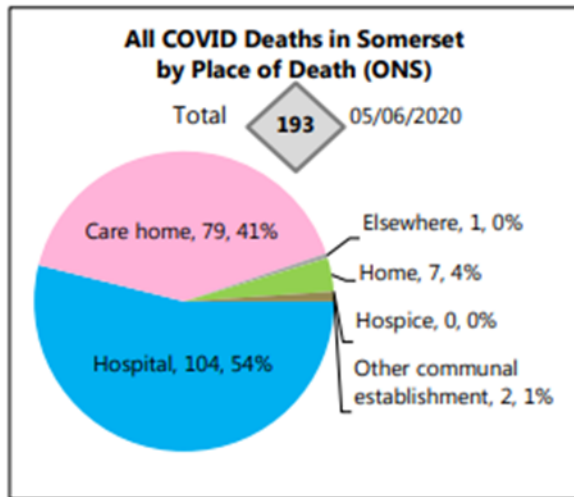
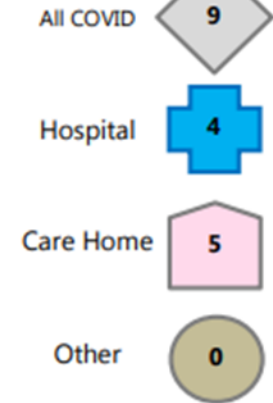
Produced 17/06/2020 For data sources see final page. For more information contact [publichealth@somerset.gov.uk](mailto:publichealth@somerset.gov.uk)



# Somerset Public Health COVID-19 Dashboard

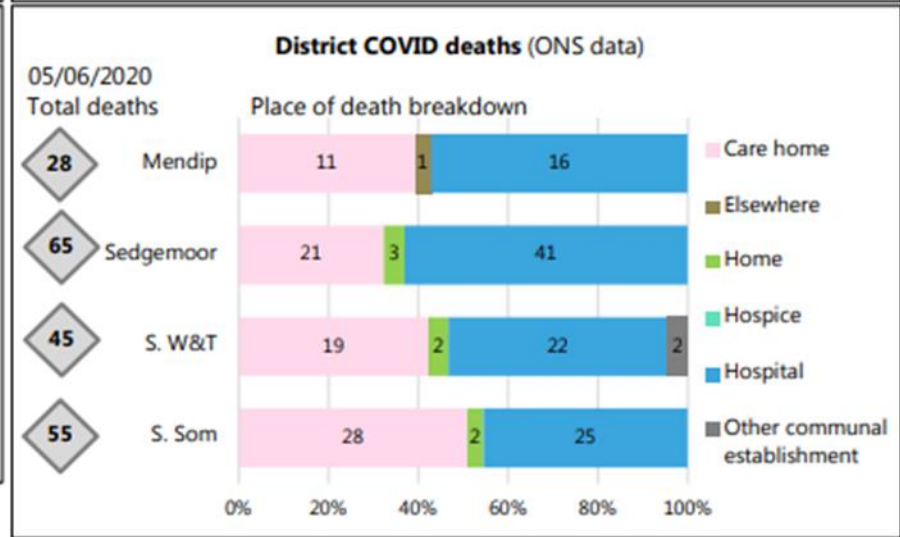
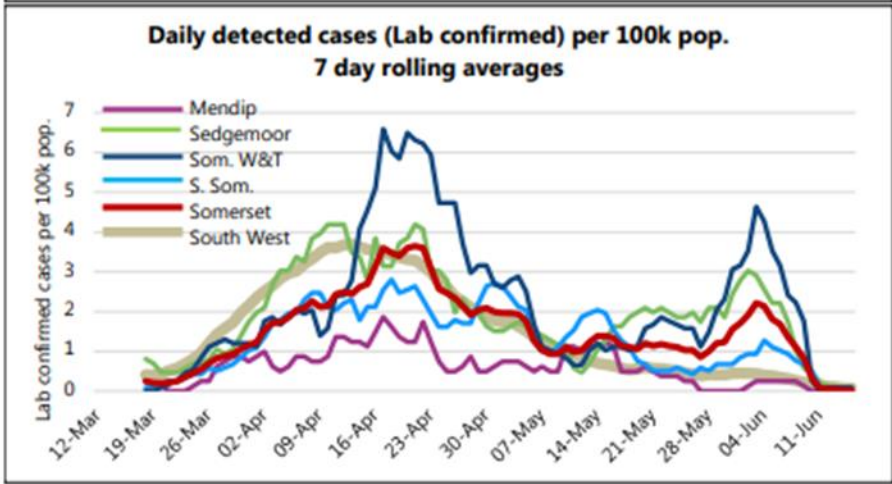
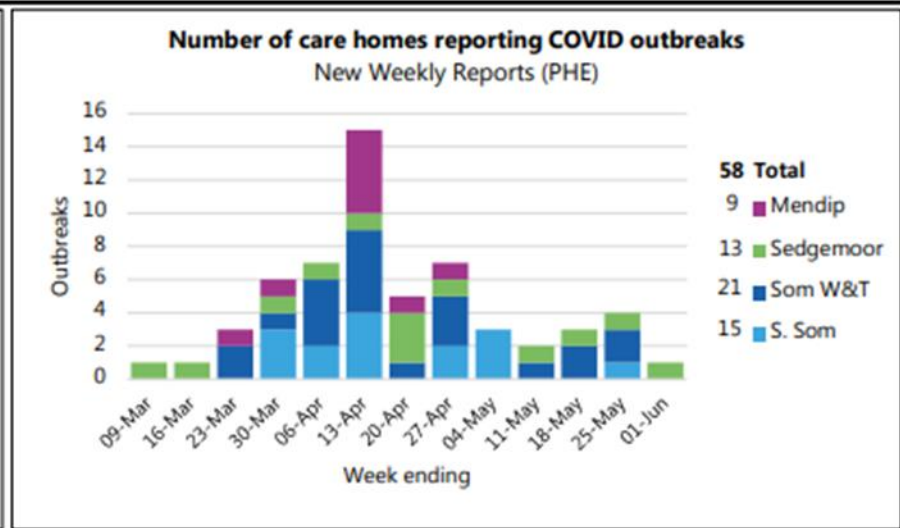
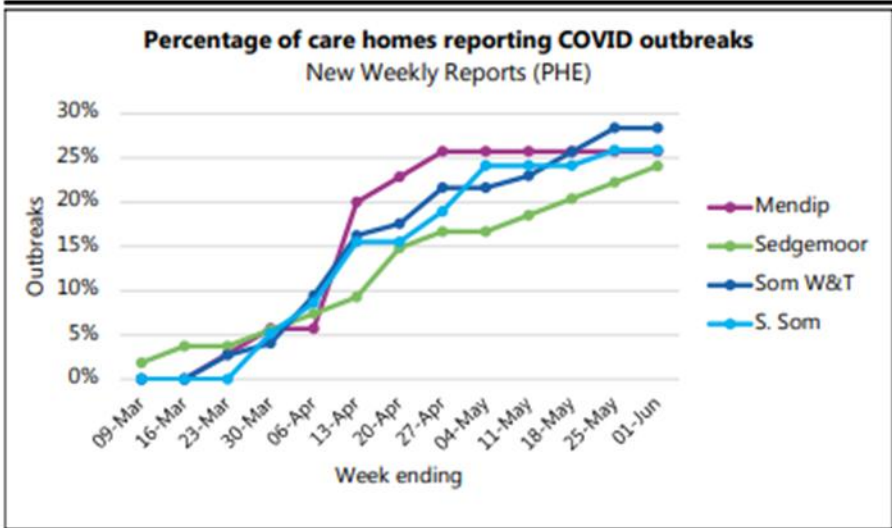
COVID deaths week ending

05/06/2020



Produced 17/06/2020 For data sources see final page. For more information contact [publichealth@somerset.gov.uk](mailto:publichealth@somerset.gov.uk)

# Somerset Public Health COVID-19 Dashboard



Note: Most recent case counts forearly June in Somerset districts include some data from incorrect lab results. See page 1 for more details.

Produced 17/06/2020 For data sources see final page. For more information contact [publichealth@somerset.gov.uk](mailto:publichealth@somerset.gov.uk)

## Somerset Public Health COVID-19 Dashboard

| Data type                                    | Next updated | How published  | Link for more information   |
|--|--------------|--|---|
| NHS 111 Triages                              | 17/06/2020   | Published weekdays only, with data to day before.                                    | <a href="https://digital.nhs.uk/dashboards/nhs-pathways#dashboard">https://digital.nhs.uk/dashboards/nhs-pathways#dashboard</a>   |
| Lab confirmed cases                          | 17/06/2020   | Pillar 1 data. Published daily with data to day before. Specimen date.               | <a href="https://coronavirus.data.gov.uk/">https://coronavirus.data.gov.uk/</a>   |
| R values (PHE / MRC)                         | 12/06/2020   | Anticipated Friday publication. Not yet updated.                                     | <a href="https://www.mrc-bsu.cam.ac.uk/now-casting/">https://www.mrc-bsu.cam.ac.uk/now-casting/</a>   |
| Care home outbreaks (PHE)                    | 18/06/2020   | Published weekly on Thursdays with data to Sunday before.                            | <a href="https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information">https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information</a>   |
| Hospital deaths (NHSE)                       | 17/06/2020   | Published daily with data to day before. Most recent 5 days subject to data updates. | <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/</a>   |
| Care home deaths (CQC)                       | 23/06/2020   | Published weekly on Tuesdays with data to Friday before.                             | <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland</a> |
| Death counts (ONS) County and district level | 23/06/2020   | Published weekly on Tuesday with data to the Friday 11 days before.                  | <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard">https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard</a>     |
| R value from SAGE group                      | Unknown      | Published 12/6/2020.   | <a href="https://www.gov.uk/guidance/the-r-number-in-the-uk">https://www.gov.uk/guidance/the-r-number-in-the-uk</a>   |

<https://www.somerset.gov.uk/covid-19-dashboard/>

## **Annex V: Definition of an Outbreak**

### **Context**

1. With lockdown being eased, this paper provides an overview of definitions that PHE would use as part of its daily submission to the JBC and ongoing monitoring of COVID-19 in different settings.
2. It focuses on outbreak definitions in key settings, prioritising those that are critical for local and national infrastructure and areas with significant public and press interest. Applied to surveillance data shared with the Joint Biosecurity Centre, these definitions will inform local alerts and action and provide consistency with how areas manage outbreaks.

### **Priority settings for the JBC**

3. On this basis, the following categories have been prioritised:
  - Local settings: schools, nurseries, cafes, restaurants and bars, religious and factory settings
  - Sport and leisure industries
  - National Infrastructure: Police, Fire, Finance, Transportation and Parliamentary settings
  - International jurisdictions
  - NHS and healthcare facilities
  - Institutional and residential settings e.g. prisons, care homes, boarding schools.

### **Outbreak definition for non-residential settings**

4. Table 1 provides the definition of an outbreak in non-residential settings and also includes the criteria to measure recovery and declare the end of an outbreak. This definition is consistent with the WHO outbreak definition.
5. A cluster definition is also provided to capture situations where there is less epidemiological evidence for transmission within the setting itself and there may be alternative sources of infection; however, these clusters would trigger further investigation.

**Table 1: Declaring and ending an outbreak and cluster in a non-residential setting (e.g. a workplace, local settings such as schools and national infrastructure)**

|          | Criteria to declare  | Criteria to end   |
|----------|--|---|
| Cluster  | <p>Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days</p> <p>(In the absence of available information about exposure between the index case and other cases)</p>   | No confirmed cases with onset dates in the last 14 days   |
| Outbreak | <p>Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days</p> <p>AND ONE OF:</p> <p>Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for &gt;15 minutes) during the infectious period of the putative index case</p> <p>OR</p> <p>(when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases</p> | No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters) |

6. Table 2 provides a broader definition of an outbreak in residential settings. This definition differs from the definition for non-residential settings because SARS CoV2 is known to spread more readily in residential settings, such as care homes and places of detention, therefore a cluster definition is not required.

**Table 2: Declaring and ending an outbreak and cluster in an institutional or residential setting, such as a care home or place of detention**

|          | Criteria to declare   | Criteria to end   |
|----------|---|---|
| Outbreak | <p>Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days</p> <p>NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.</p> | No confirmed cases with onset dates in the last 28 days in that setting |

**Table 3: Declaring and ending an outbreak and cluster in an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care**

|                                   | Criteria to declare  | Criteria to end   |
|-----------------------------------|--|---|
| Outbreak in an inpatient setting  | <p>Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital.</p> <p>NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.</p>  | No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters) |
| Outbreak in an outpatient setting | <p>Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days</p> <p>AND ONE OF:</p> <p>Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for &gt;15 minutes) during the infectious period of the putative index case</p> <p>OR</p> <p>(when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases</p> | No confirmed cases with onset dates in the last 28 days in that setting   |

### **Protocols for managing outbreaks and incidents with multiple agencies**

7. There are existing multiagency incident management protocols in place for managing complex incidents. These are led by local Health Protection Teams in collaboration with the relevant partner agencies for setting in question.
8. In addition, local government is also providing support on identifying and managing outbreaks with advice and support on guidance, infection prevention control, cleaning and social distancing for schools, nurseries and care home settings.
9. For complex outbreaks multiagency meetings are co-ordinated in the following situations:
  1. there has been a death in the setting
  2. there are a large number of vulnerable people
  3. there are a high number of cases
  4. the outbreak has been ongoing despite usual control and infection control measures
  5. there are concerns on the safe running of the setting or institution
  6. there are other factors that require multi-agency coordination and decision making

## Annex VI: Prevention, Notification and Response Plans for Adult Settings of Care

### Prevention plans for adult settings

- COVID-19 incident room established, staffed by strategic managers and business support to serve as a central advice point and information repository with a dedicated phoneline and email address for any queries.
- Care provider email briefings routinely issued since the start of the national outbreak sharing latest guidance, developments and providing responses to FAQs.
- Provider-focused webpage established at start of pandemic to host latest available information and good practice, including that relating to IPC.
- Welfare calls and contacts shared across local health and care services to routinely 'check in' with local care settings and offer infection prevention and control advice and guidance.
- A range of virtual sessions and webinars hosted, including sessions led by Public Health and IPC Team staff.
- Routine review of local care market data and intelligence to support market oversight and ensure ability to respond where needed to any emerging outbreak or issue.
- Strengthened clinical support for care homes: provided through LARCH team that can address clinical challenges proactively e.g. suctioning for a person with a Tracheostomy. The NHS in Somerset is doing all it can to offer support to care homes, and is working hard to provide additional and consistent support in three areas: weekly check-ins and rapid access to GP and community services for every home; compassionate and thoughtful advance care planning; clinical pharmacy support for medication reviews.
- The majority of Somerset care homes have engaged with the 'whole home testing' programme and have used the results, where received, to proactively manage cases, that might otherwise have driven ongoing transmission.
- Administration and distribution of £600m devolved Infection Control Grant monies made available to the care provider market via LAs by the Government in May 2020; 75% of each months' funding must be passed directly to care homes (conditions associated), but for the remaining 25% the Local Authority has discretion on how this is spent. SCC intends to share these monies across its domiciliary care market, as well as across supported living and Extra Care Housing provision.



- Procurement and routine distribution of PPE, at no cost to providers, to supplement national supplies – including to domiciliary care providers and micro providers. As of 15/06/20, this automatic distribution switched to a PPE ordering process to ensure ongoing PPE stock was reaching those settings most in need.
- 10% fee uplift on fee levels paid as a lump sum; this premium was paid on all contracted rates across homecare and residential/nursing care (including all LD & MH services in these categories). For SCC this totalled £3m.
- Testing upon discharge from hospital admission.
- Additional provision created via opening of a 37 bedded 'pop up' care home in Yeovil as an alternative accommodation source for people who have tested positive for COVID-19 or are displaying symptoms but cannot safely return to their care home or own home. The Local Authority has also commissioned 90 beds from Somerset Care, as well as additional block beds for hospital discharge complex OPMH and made 60 spot placements. We have also implemented additional Mental Health support, with "step down" accommodation established to free up acute Mental health ward space and reduce the risks of infection in those settings.

**Response plans for adult settings, see flow chart below**

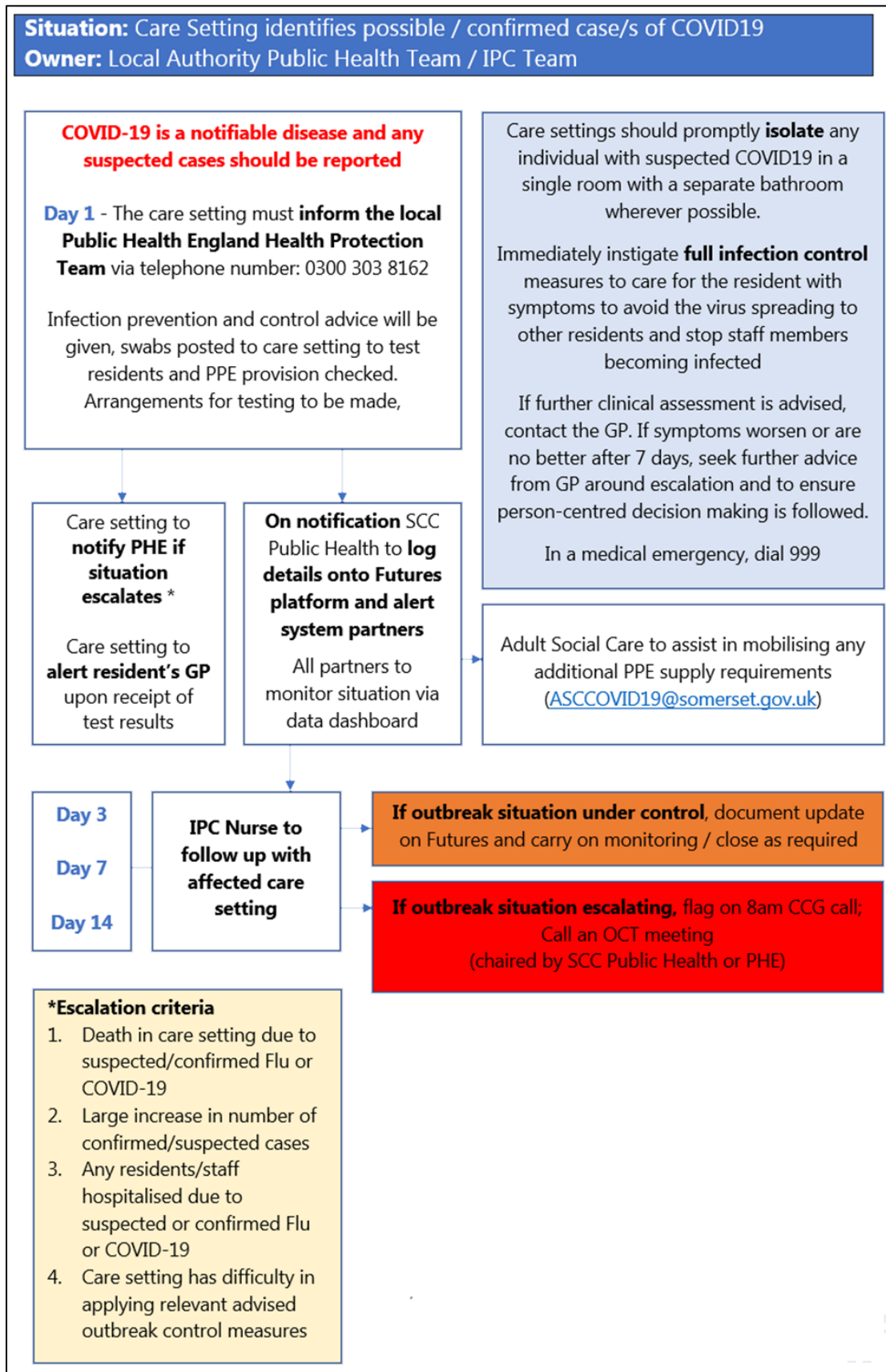
- Care home staff were given access to NHS testing, through pillar 1 locally, from early April 2020 to promptly identify symptomatic staff and isolate them from work.
- Care homes in Somerset promptly identify outbreaks; to date there have been 57 outbreaks of COVID-19 notified.
- PHE provide the initial support to a care home experiencing an outbreak, this is then notified into the local system and cascaded to local GPs, DNs? And a team of infection control nurses based at the CCG. The IPC team then provide structured follow up via telephone at agreed intervals to monitor the progress of the outbreak and escalate any ongoing concerns.
- SCC PH monitor outbreak occurrence and any trends as part of monitoring the outbreak locally.

All national guidance, notification, testing, PPE flow and outbreak management relating to care setting is available here:

<https://ssab.safeguardingsomerset.org.uk/covid19/>

There is a Standard Operating procedure for outbreaks in care settings that will be adhered to by PHE and SCC Public Health.

## Flow Chart for Care Settings to Respond to a Suspected or Confirmed Case of COVID-19:



## **Annex VII: Prevention, Notification and Response Plans for Education and Childcare Settings**

### **Prevention activities:**

Public Health nurses have undertaken enhanced training for IPC and are a resource for schools, early years settings and families to deliver public health messages.

PHE are delivering webinars for school staff on IPC and outbreak management. These webinars will run weekly and be available for all schools who contact PHE with an enquiry or suspected/confirmed case. Training webcasts are also available.

In Somerset a localised IPC document has been developed and agreed through the school nurses, PPE cell and Schools cell. This also includes a flow chart for PPE and flow chart for how schools can obtain public health advice. This document has been widely shared with schools through SSE (support services for education).

An outdoor curriculum has been developed in collaboration with SCC, public health and Lifebeat. This offer has been shared with primary schools and offer schools an opportunity to use outdoor spaces for learning.

All schools have been provided with several resources from PHE. These include:

- Poster for how to contact PHE
- Flow chart for suspected and confirmed cases
- National schools FAQ document

### **Response to COVID-19 in Education Settings**

PHE are using the following definitions for clusters and outbreaks:

#### *Cluster definition*

"Two or more confirmed cases of COVID-19 among students or staff in a school/college within 14 days"

or

"Increase in background rate of absence due to suspected or confirmed cases of COVID-19 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases)".

### *Outbreak definition*

"Two or more confirmed cases of COVID-19 among students or staff who are direct close contacts, proximity contacts or in the same cohort or 'bubble'\* in the school/college within 14 days".

\* a cohort or 'bubble' might be a class, year group or other defined group within the school/college. This definition aims to distinguish between transmission occurring in the community versus transmission occurring within the school/college setting.

### Outbreak/cluster management

- Consider whether a press statement should be prepared / released (refer to PHE press pack).
- Consider whether school closure is required. The most important factor in this decision is whether the school could function normally with depleted staff numbers. It might also allow cleaning and disinfection to take place. Closing the school is not routinely advised during an outbreak but should be discussed with the Health Protection Team and the Local Authority. The decision to close a school is at the discretion of the Head but can be guided by advice from SCC and PHE.
- Consider whether additional, specialist IPC support is required (contact IPC team at CCG).

There are two ways public health will be notified of suspected or confirmed cases in early years or schools settings:

- Notifications from PHE on a daily line list of confirmed cases in school settings (identified through test and trace and HPT)
- Notification to LA PH team direct from schools or through LA education leads

Notifications received by Public Health will be forwarded to the 'schools notification' email group.

The number of suspected and confirmed cases in school settings will be logged on the Incident log.

### **Response to an individual case**

Schools are encouraged to notify PHE of all suspected or confirmed cases of COVID-19 in either staff or pupils. PHE have developed a standard operating procedure for:

### **Suspected case**

- The individual must be sent home to self-isolate for 7 days and for their household to self-isolate for 14 days.
- Children or staff are advised to obtain a test using the NHS website.
- The areas the child has frequented must be deep cleaned.
- PPE is advised for anyone conducting the deep clean or for staff members who are caring for the symptomatic child within 2m.

### **Confirmed case**

If the CONFIRMED case has not been in the setting during the infectious period (48 hours before symptoms to 7 days after) then no further action needs to be taken by the school.

As above plus:

- Staff and children who have been in close contact with the confirmed case will be traced by the PHE team.
- The rest of the class or group within the setting should be sent home and advised to self-isolate for 14 days. The household of that wider group do not need to isolate unless the contact subsequently develops symptoms.
- The HPT can help with identifying those who are in the 'track and trace' category and those who do not require this.
- The HPT will provide template letters which can be used for informing all staff and children of the situation.
- Household contacts of contacts do not need to self-isolate.

Isolation of those identified as contacts:

|                    | <b>Swab positive</b>                   | <b>Swab negative</b> | <b>No swab taken</b> |
|--------------------|--|----------------------|----------------------|
| <b>Symptomatic</b> | 7 days isolation<br>from date of onset | 14 days isolation    | 14 days isolation    |
| <b>No symptoms</b> | 7 days isolation<br>from date of swab  | 14 days isolation    | 14 days isolation    |

There is a Standard Operating procedure for outbreaks in education and childcare settings that will be adhered to be PHE and SCC Public Health.

## **COVID-19 Infection prevention and control resources and support for schools in Somerset**

This document provides a short summary of some the infection prevention and control resources available to schools during the COVID-19 pandemic. This document is live and will be updated as new resources and information become available.

### **Public Health England**

The South West Regional Public Health England Health Protection team are responsible for managing complex cases and outbreaks of infectious disease in settings such as schools and other childcare settings. When PHE are notified of a possible case of COVID-19 in a setting, they will provide information and advice to that setting to support them to implement appropriate infection prevention and control measures to prevent further spread of the disease. Depending on the complexity of the situation, they may decide that there is a need for an 'Outbreak Control Meeting'. This meeting will be attended by representatives from PHE, Local Authority public health and education teams, and the school/childcare setting. They also provide advice and resources to prevent and manage outbreaks. PHE are currently awaiting national Government guidance confirming protocols for schools. Once this information is available it will be cascaded to you.

In the meantime, please find the following resources for use:

1. Short webcasts for school/setting staff which provide an overview of infection prevention measures:

Prevention webcast – NO MUSIC

<https://www.powtoon.com/c/bBEyP5CIpEt/1/m>

Prevention webcast – WITH MUSIC

<https://www.powtoon.com/c/bBv6gGj2V1q/1/m>

2. A poster with the contact details of the Health Protection Team
3. A flow diagram clearly laying out what to do in the event of case or outbreak in the school setting. **Please note that this flow chart may change as more information becomes available nationally. We will update you accordingly.**

Resources which are being finalised:

- Short webcasts for schools to provide an overview of management of a single possible case and outbreak management
- Details of webinars which school/setting staff can join and ask questions
- A copy of the Schools infection control Checklist which will assist the response if there is an outbreak

- Template letters which will be adapted in the event of an outbreak to inform parents of the situation and any action required

### Infection Prevention

Additional infection prevention training resources:

- National guidance on [‘implementing protective measures in education and childcare settings’](#)
- Public Health England [Poster](#) for Education settings
- NHS England [Handwashing for teachers](#) video
- NHS England [Handwashing for children](#) video
- NHS [Coronavirus factsheet for kids](#) video which is also available as a PDF
- EBug resources available from:
- <https://www.cypsomersethealth.org/news&id=224>

### School Nursing Service

The School Nursing Service aims to promote, and support children aged 5 – 19 to live safe and healthy lives. The SN Offer consists of seven strands which includes: school profiling, school readiness, national child measurement programme, Relationships, Sex and Health Education (RSHE) Delivery, Provide School Health Clinics and 1-1 Consultations, support for bedwetting and Children Looked After Health Assessments and Safeguarding. The school nursing service can also provide public health and infection prevention and control advice including handwashing.

The school nursing service have adapted their service delivery but are still available to take referrals, using the form below.

Email the referral to the relevant School Nurse team in your school’s area or ring:

|  |                          |
|--|--------------------------|
| <a href="mailto:MendipSN@somerset.gov.uk">MendipSN@somerset.gov.uk</a>                       | Telephone: 0300 790 9852 |
| <a href="mailto:SouthSomersetSN@somerset.gov.uk">SouthSomersetSN@somerset.gov.uk</a>         | Telephone: 0300 790 6839 |
| <a href="mailto:SedgemoorSN@somerset.gov.uk">SedgemoorSN@somerset.gov.uk</a>                 | Telephone: 0300 790 9853 |
| <a href="mailto:TauntonSchoolNurses@somerset.gov.uk">TauntonSchoolNurses@somerset.gov.uk</a> | Telephone: 0300 790 9854 |



### SCHOOL NURSE REFERRAL FORM

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| Child/YP Name*   |   | School*                             |  |
| Date of Birth*   |   | Year Group/Tutor                    |  |
| Address  |   | GP Practice and Tel                 |  |
|  |   | NHS Number                          |  |
|  |   | Other professionals contact details |  |
| Consent permission                                     | The information may be shared partly with the service user and his/her family                           |                                     |  |
| Are the parents / carers aware of this request?        | Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                     |  |
| Who gave consent to referral?                          | Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Young Person <input type="checkbox"/> |                                     |  |
| Parents/Guardian Names                                 |   | Tel:                                |  |
|  |   | Tel:                                |  |
|  |   | Tel:                                |  |
|  |   | Tel:                                |  |
| Other relevant address, eg: separated/divorced parent. |   |                                     |  |
| Sibling name   |   |                                     |  |
| Date of birth  |   |                                     |  |
| Gender   |   |                                     |  |

\*Mandatory Field





### SCHOOL NURSE REFERRAL FORM

|   |  |                       |
|---|--|-----------------------|
| Year Group  |  |                       |
| Parental responsibility   |  |                       |
| Reason for referral<br>(Please provide all relevant information)  |  |                       |
| What needs to change?   |  |                       |
| What are we hoping for?   |  |                       |
| Referred by*  |  | Signature of referrer |
| Date Referred*  |  |                       |
| Health Visitor / Teacher / Parent / SENCO / Child / Young Person / Local Service Team / PFSA / Other (please state) - |  |                       |
| Referrers contact details* (mobile and email)   |  |                       |

Please return completed form to: [SouthSomersetSN@somerset.gov.uk](mailto:SouthSomersetSN@somerset.gov.uk)

\*Mandatory Field

### Actions for education/childcare settings

The following actions should also be taken by schools to help prevent the spread of coronavirus in school settings:

- Conduct the SCC COVID-19 [risk assessment process](#) for schools and educational settings
- Ensure staff and students who are displaying any symptoms of coronavirus do not attend the education/childcare setting. For note the [case definition](#) has been expanded to include:
  - a new continuous cough
  - a high temperature
  - a loss of, or change in, your normal sense of taste or smell (anosmia)
- Staff or pupils should continue to follow the [stay at home guidance](#) if they are the household contact of someone who is experiencing the symptoms of coronavirus. This means they need to stay at home for 14 days following the onset of their household members symptoms.
- In the event of a staff member or pupil starting to display symptoms of coronavirus while in the education/childcare setting please use the PHE flow chart on the next page.

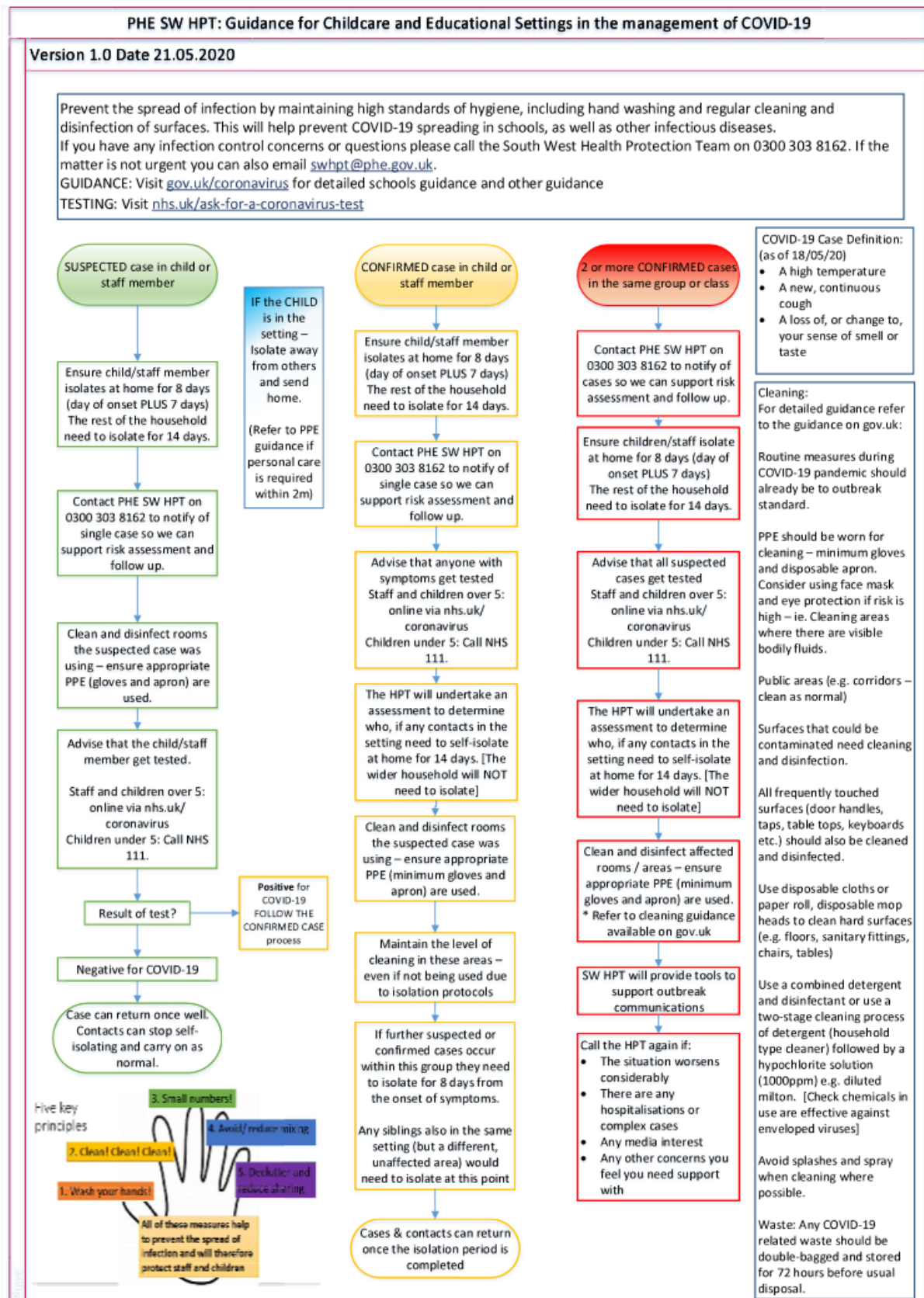
### National Test and Trace Service

The NHS Test and Trace service was launched nationally on 28<sup>th</sup> May. The service will help to identify people with coronavirus and their contacts, helping to reduce the spread of the virus and save lives.

Testing is now available for anyone who develops the symptoms of coronavirus through the [NHS Website](#) or by dialling 119. Anyone who receives a positive test result will be contacted by NHS Test and Trace to find out about their recent interactions and who they have been in close contact with. Then, if necessary, the people they have been in close contact with will be notified and given guidance on self-isolation and staying at home to help stop the spread of the virus. The test and trace service will identify staff or students who have attended school settings and alert to the South West Health Protection Team.

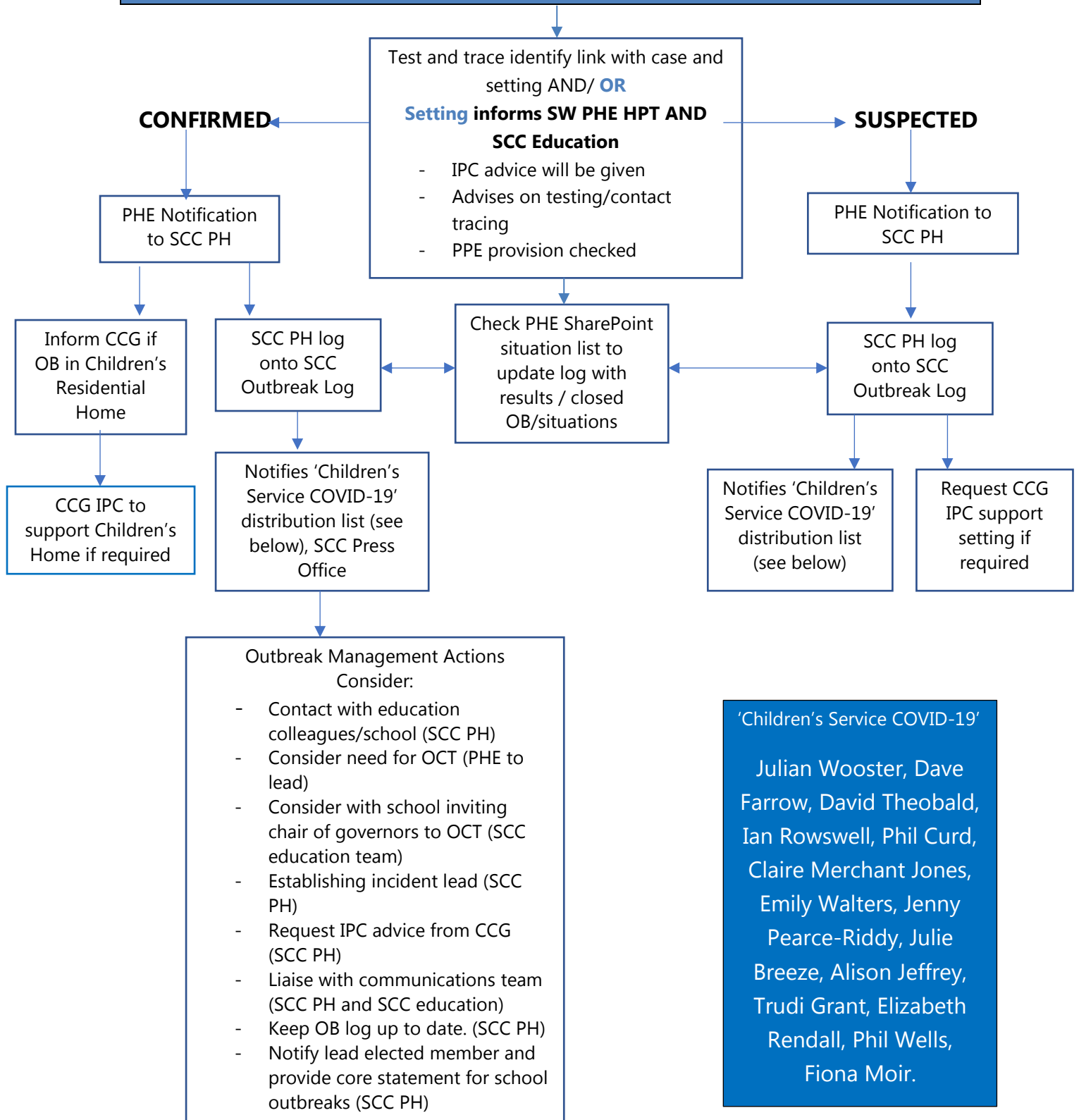
There is more information about how the system works available on the [government website](#) along with guidance for people who have been notified by [NHS Test and Trace that they've been in contact with someone who has a positive test result for coronavirus](#).

# PHE flow chart of actions for education/childcare settings where staff or pupils start to display symptoms of coronavirus

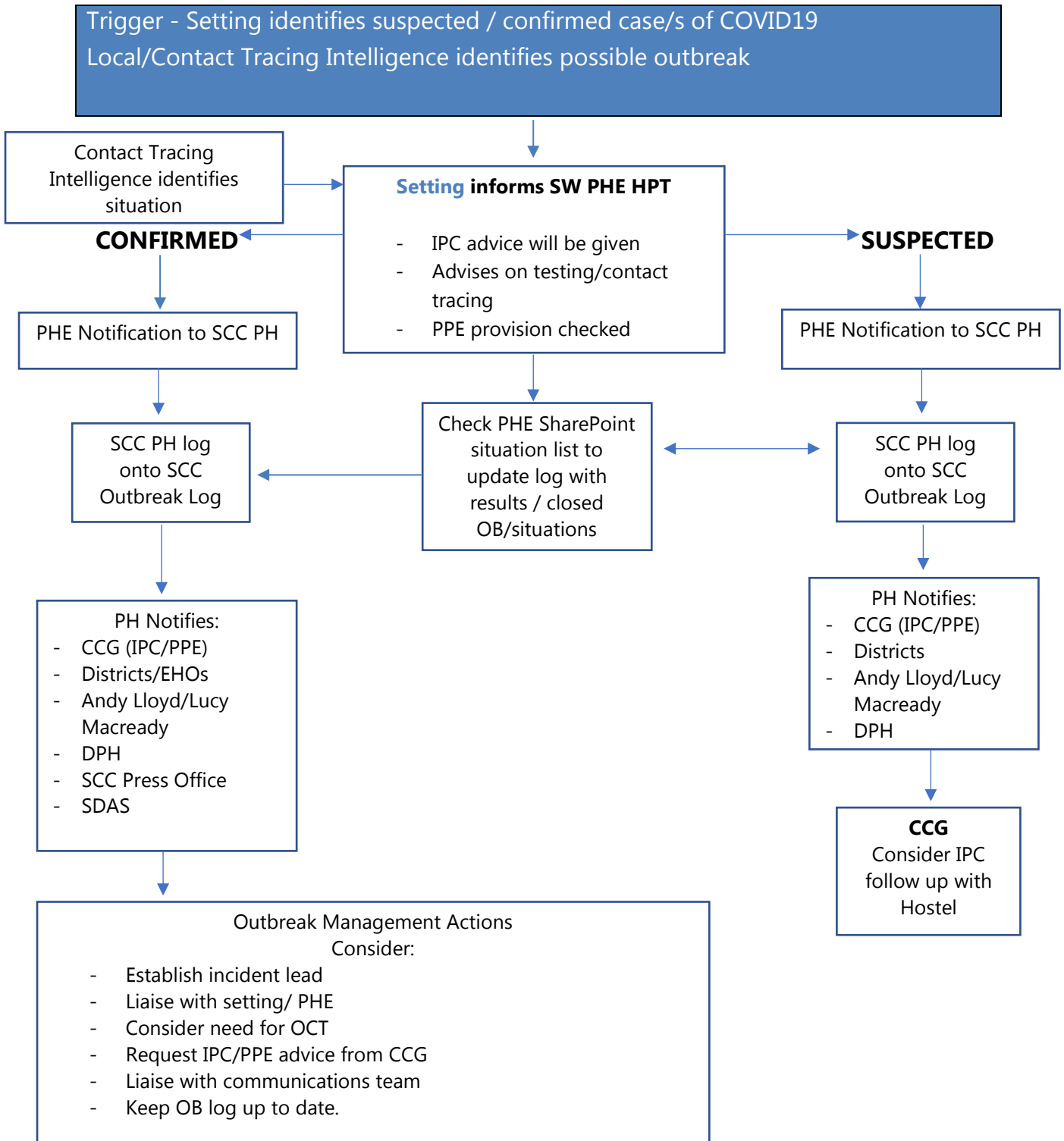


## Flow Chart for Response to a Suspected or Confirmed Case of COVID-19 in an Education, Early Years or Children’s residential setting

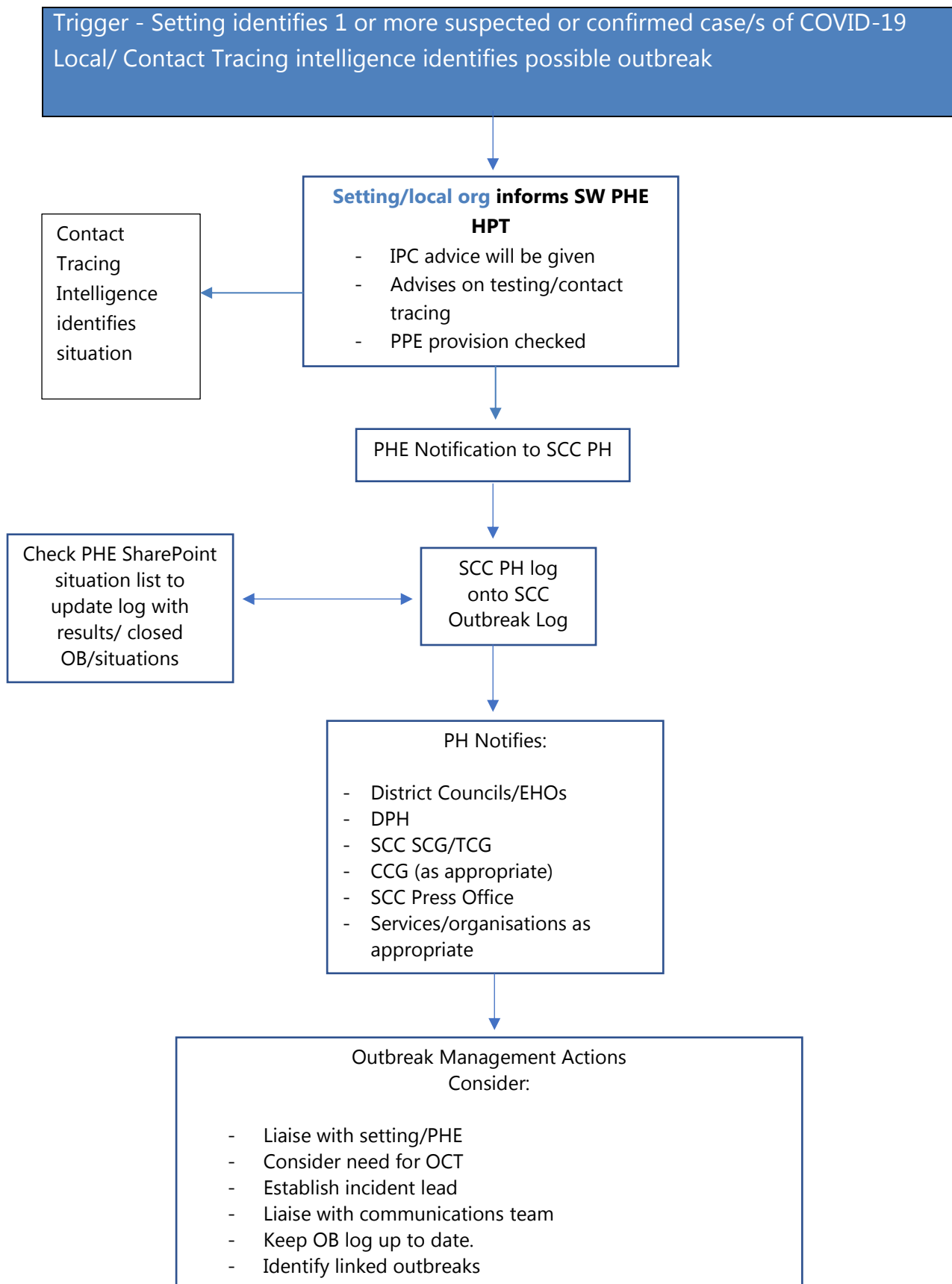
Trigger - Setting identifies suspected / confirmed case/s of COVID-19



## Annex VIII: Response plan for Hostel Outbreak Notification Process



## Annex IX: High Risk Places and Employers Outbreak Notification Process



## Annex X: COVID-19 Communications and Engagement Plan

### 1. Introduction

Ongoing engagement and communication with local residents, visitors, businesses and communities is paramount to controlling the spread of infection. This will be achieved through promoting national, local and public health messages and reacting quickly when an outbreak occurs.

Somerset Coronavirus cases have remained low compared to other parts of the country, but to date the County has seen over 70 separate outbreaks (as of 18 June 2020). As we move forward and lockdown measures further ease, it is vitally important we continue to engage with local communities to reinforce the importance of social distancing, test and trace, self-isolate if you or someone in your household display symptoms and communicate with relevant stakeholders when further clusters/outbreaks appear.

Rapid and effective communications is recognised by the government's [Joint Biosecurity Centre](#) (JBC) as a primary intervention for controlling the spread of the virus.

### 2. Aims

The aims of this Communications Strategy are to:

1. Engage and communicate with Somerset residents, visitors to the County, businesses, employers and communities to encourage them to behave responsibly, follow national, local and public health guidelines and prevent further infection whilst living life fully.
2. Promote the importance of the national test and trace service if residents start to show Coronavirus symptoms. Encourage take-up, showcase how and why tracing works, provide reassurance and explain how sharing close contacts will prevent the spread of the virus and save lives.
3. Raise awareness and encourage residents and visitors (or anyone in their household) experiencing Coronavirus symptoms to immediately self-isolate, securing buy-in from communities and employers and signposting those affected to available support.
4. Communicate with relevant stakeholders when clusters/outbreaks occur in community settings (workplace, schools, housing complexes, care homes etc) and communicate potential measures which may have to take place in order to prevent further spread.

5. Work closely with health, care, education and childcare, public sector, VCSE and other key partners to collectively promote messages and engage with Somerset communities in order to maximise reach.

This Strategy will complement and use (but not replace) other local and national coronavirus-linked communications campaigns. These include the national [NHS Test & Trace](#) campaign; the national [symptoms, testing](#), social distancing and handwashing campaigns.

### **3. Governance – the role of the COVID-19 Engagement Board**

This communications strategy will be agreed, co-ordinated, and evaluated by the local COVID-19 Engagement Board.

The Engagement Board will provide a useful forum to agree and co-ordinate the sharing of key messages across a range of sectors including health, education, public transport, culture, tourism, communities, businesses, and the third sector.

The board will support the aims of the Communications Strategy through their own networks and resources. Members of the Board should take an active role in cascading key messages to their organisation's employees, networks and customers.

### **4. Stakeholders**

A co-ordinated multi-agency approach will be needed across a range of stakeholders including local and national government, the NHS, care sector, education, businesses, voluntary organisations and other community partners, media and the general public to successfully deliver this Communications Strategy.

If clusters/outbreaks are identified in specific settings, further stakeholders may need to be identified on a local basis.

The Joint Biosecurity Centre has identified a number of settings and sub-settings which should all be considered as part of our stakeholder engagement.

### **5. Key messages**

Our communications must be meaningful, open, transparent with an emphasis on social responsibility. Behaviour is the key to reducing infections.

Messages therefore need to connect and resonate with audiences, shape their behaviour through reminding residents and visitors of the importance of social responsibility, the



consequences if they don't with a 'we all need to play our part' to reduce the spread and save lives.

## **6. Strategy**

### **6.1 Engage and communicate with Somerset communities to reduce infection**

National messages are widespread (TV, newspaper, radio and digital advertising) on promoting Coronavirus symptoms; the importance of reducing infection through social distancing, frequent washing of hands etc; self-isolating if you or someone in your household start to show symptoms; and the new test and trace.

This Communications Strategy will complement the national campaign through sharing DHSC and PHE social media messages (a trusted source) - reinforcing national messages through local communication avenues including press and media, digital engagement, direct marketing, identifying influencers, creating communication toolkits, internal communications and publications.

Existing communication avenues will be used to promote key public health messages including staff forums, Talking Cafes, local social media community groups, GP surgeries, Your Somerset, e-newsletters and lots more besides.

Work will continue with evidence based 'higher risk' areas such as workplaces, care homes, businesses, schools, faith centres and tourism and hospitality sites to ensure everyone behaves in a safe and appropriate manner, are aware of and can access latest government guidance and knows what to do if someone within their establishment develops COVID-19 symptoms.

A Public Health Dashboard is published every Wednesday at [www.somerset.gov.uk/coronavirus](http://www.somerset.gov.uk/coronavirus), which enables residents, visitors, businesses and communities to see the latest Coronavirus Somerset figures and helps dispel myths. This supports Somerset residents to make informed decisions and potentially shape behaviour. Moving forward will this be shared weekly through social media as well as on the [www.somerset.gov.uk/coronavirus](http://www.somerset.gov.uk/coronavirus) website.

### **6.2 Test and Trace**

The NHS test and trace service provides testing for anyone who has symptoms of coronavirus. A tracer gets in touch with anyone who has had a positive test result to obtain information about any close recent contacts they may have had. The tracer will

then alert those contacts where necessary and notifies them they need to self-isolate to help stop the spread of the virus.

By following these instructions to self-isolate, people can help protect their family, friends, colleagues and other people around them, and will play a direct role in stopping the spread of the virus.

This service will also enable tracing of the spread of the virus and isolation of new infections - and plays a vital role in giving an early warning if the virus is increasing again, locally or nationally.

This Strategy will:

- Promote the importance of the national test and trace service if residents/visitors start to show Coronavirus symptoms in preventing further community spread through promoting national and locally tailored messages with the aim to encourage take up.
- Explain how the tracing system works to individuals and employers and how it will help to reduce the spread of the virus.
- Encourage relevant businesses to take customers contact details in a safe and secure way in order to support the test and trace system and helping save lives.
- Encourage people to 'play their part' by using the tracing system if testing positive and addressing any barriers to participation.
- Raise awareness that individuals may be contacted by NHS Test and Trace and should self-isolate.
- Raise awareness of proactive test and trace advice and guidance, ensuring it's easily available
- Promoting guidance for identified settings such as schools, workplaces, care homes, businesses etc, again ensuring it is easily available.

The Government Communication Service (GCS) has launched a national campaign alongside the NHS Test and Trace programme based around the themes of: "Test. Trace. Contain. Enable."

This multi-platform campaign includes national and regional PR, social media, radio ads, print, influencers, television ads, paid social media, paid marketing and organic social media activity. GCS is sharing resources via the PHE [campaign resource centre](#).

Initially, the aim of its activity is to raise awareness and explain the NHS Test and Trace programme. However, later phases of the campaign will drive app downloads and engagement, reassure the public that test and trace will help to safely ease lockdown and help return to a new life.

### **6.3 Self-isolate if showing symptoms**

This Strategy will continue to encourage Somerset residents and visitors to play their part and self-isolate if they or someone in their household start to show symptoms and book a test (available to anyone aged 5 and above).

It will also promote the importance to self-isolate immediately if you are contacted by the 'test and trace service' and advised you've been in close contact with someone who tested positive.

Work will continue with settings (schools, care homes, businesses etc) to ensure they are aware what to do if someone in their establishment shows symptoms including promoting national guidance.

This Strategy will also promote support available for people self-isolating who may feel anxious and concerned. Support includes promoting the single helpline, Mindline, volunteer networks (i.e. Coronahelpers), home schooling and childcare tips, financial support, the bereavement support service and the Healthy Somerset website which has a host of useful information and resources around a number of public health topics.

It will also:

- a. Encourage individuals to prepare in advance for self-isolation by understanding what support is available and consider how they would get food, medicine, etc.
- b. Encourage individuals to 'play their part' by supporting their friends, family and neighbours in isolation.
- c. Encourage employers to 'play their part' by preparing in advance for employees self-isolating by clarifying policies, processes and support available.

### **6.4 Outbreaks in settings**

Somerset's Local Outbreak Management Plan specifically highlights clusters/outbreaks are more likely to occur in care homes, schools, high risk workplaces, community settings and locations – places where people are more likely to congregate and socially distancing measures are more likely to break down or not be possible.

Local authorities and their partners will need to make use of their local and well-networked position to target messaging and reach specific communities and employers if an outbreak/cluster occurs in a particular setting or area.

This strategy proposes the following phased approach if Somerset has a cluster/outbreak:

### **Phase 1 – notification of a local outbreak**

- Identify stakeholders affected by the outbreak and decide best approach to contact them e.g. Headteacher letter to parents.
- Reassure stakeholders whilst explaining the situation, advise what infection control measures are in place (e.g. no visitors allowed, school closing etc), promote awareness of symptoms and the test and trace service.
- Explain what conditions will need to be met for any new measures to be eased.
- Encourage those shielding to be extra cautious and abide by public health advice
- Educate about the potential consequences of not complying and thank those who are doing the right thing.
- Encourage key outbreak influencers (i.e. school leaders, care home managers, employers, Cllrs) to 'play their part' by sharing messaging with their own contacts.

As these aims and messages will be very specific to local conditions, it is recommended messaging is seen to be led locally. However, this should link to national guidance and messages. Most importantly, it must be able to be deployed quickly.

For residents who do not speak English messaging needs to be accessible. Consider translation of key messages into both text and audio-visual materials. Empower local communities to share these messages 'on the ground' by producing translated resources that can be shared by key influencers and by working closely with local communities. Ensure any visuals represent the diversity of communities.

A communications toolkit will be devised as part of this Strategy including stakeholder checklists, reactive statements, sample letters, digital collateral – which can be amended and adapted quickly to support getting communications out quickly.

### **Phase 2 – the end of a local outbreak**

This phase will support the 'recovery' of a particular area/setting with aims to:

- a. Promote any changes to the guidelines or restrictions to identified key stakeholders;
- b. Explain the public health reasons behind why restrictions are being eased;
- c. Encourage residents to 'play their part' by supporting and engaging with local businesses and neighbours that may have been affected by restrictions;
- d. Explain how COVID-19 is being monitored across Somerset to protect public health;
- e. Continue to promote key public health messages i.e. social distancing, washing hands etc.

## **7. Implementation**

Since the onset of the pandemic, a range of local communication tools have been used to share and amplify national Department for Health and Social Care (DHSC) and Public Health England (PHE) messages around social distancing, test and trace, self-isolating, shielding etc.

This approach will continue. In addition, the following will be used to achieve the aims of this Communications Strategy:

### **7.1 Stakeholder engagement**

Stakeholder engagement will be critical for successful delivery of this strategy, given the large number of distinct settings and audiences who may be difficult to engage with otherwise.

The Engagement Board will work closely with stakeholder representatives and oversee and discuss the communications and recovery plans. Each of these representatives have a key role to play in cascading feedback and information both to and from the board.

A multi-agency communications approach is also vital to the success of this Communications Strategy.

Somerset's communications health, care and public sector teams already work closely together and meet virtually on a weekly basis – and can be 'stepped up' as required if a local outbreak occurs.

Messages will continue to be shared and disseminated to staff, businesses and communities through our partners communication channels.

Additionally, Somerset has a number of multi-agency command and control groups including the Avon and Somerset Local Resilience Forum (ASLRF), leaders from the five Local Authorities, our health and care system, emergency services, VCSE and Local Economic Partnership. These groups should be used to cascade key messages and resources.

## **7.2 Press and media**

The media play a key role in amplifying communications to a broader audience. Community and local media can also be used to reach priority audiences. As an overview we should:

- Regularly promote the work of the COVID-19 Engagement Board through press releases, press calls, conferences and other media opportunities. These should include mainstream, regional, and community or hyperlocal media as appropriate, particularly around local outbreaks.
- Continue to use trusted experts for quotes and interviews, especially the chair of the Engagement Board and sector-appropriate leaders, depending on the nature of campaigns or outbreaks.
- Media work to be underpinned by the key messages and the transparent and regularly sharing and signposting of as much local (and officially approved) public health data as possible.

Reactively, organisational and system wide media protocols are in place for media handling and enquiries should be escalated to DsPH, Public Health England, NHSE&I and/or government bodies where necessary and appropriate.

## **7.3 Digital engagement**

Digital engagement can be deployed quickly, is relatively cost-effective and has the potential of reaching a number of residents including those at home or self-isolating.

We should continue to:

1. Share our own key messages through corporate social media channels of the council and key partners. These are trusted and have large established followings. We should use images, infographics, animations, blogs, Vlogs and videos as much as possible.
2. Amplify the reach of these messages by encouraging all corporate accounts, partners, members, and local MPs to re-share a selection of these posts.
3. In the event of an outbreak, it can also be targeted at particular audiences and geographies through paid social media boosting.

4. Target social media messages with specific areas or audiences by encouraging specific influencers to share, using paid ads, and by sharing in local groups on Facebook, Twitter and NextDoor. The Director of Public Health and/or other appropriate spokespeople can be videoed in targeted communications.
5. Share our key messages via the Council's and partners e-newsletters.
6. Fear and misinformation have contributed to the generation of myths around the origin and potential treatments of COVID-19. Where myths or conspiracy theories are circulating in communities or on social media, trusted sources of information will be shared to increase public awareness of facts and help prevent potentially dangerous behaviour e.g. 5G mobile networks do not spread COVID-19. Share WHO 'myth-busters':  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
7. Promote announcements and press releases across all relevant digital channels.
8. Update the weekly Public Health dashboard with key information to help Somerset residents, businesses, visitors and communities make informed decisions.
9. Regularly update dedicated webpages ([www.somerset.gov.uk/coronavirus](http://www.somerset.gov.uk/coronavirus) and partners) with relevant information, advice, support and latest government guidance for residents, businesses and employers, and those shielding.
10. Depending on the severity and level of an outbreak, digital road signage could be used to promote key approved messages.

#### **7.4 Direct marketing**

In the event of an outbreak targeted mail drops and text messages may also be considered.

Depending on the setting of an outbreak, direct marketing may be used – for example a Headteacher writing a letter to parents.

#### **7.5 Influencers**

Provide key messages and resources to Members and local MPs to use and share with their own communities.

#### **7.6 Communications toolkits**

Develop a communications toolkit including 'outbreak checklist', stakeholder list, reactive statement, sample letter, links to government guidance etc, digital assets, which can be shared with Comms colleagues in advance of any outbreak.

Communication toolkits should be prepared for the following evidence-based potential 'higher risk' outbreak scenarios in the first instance:

- Care homes
- Workplaces
- Educational settings – early years, schools, residential settings
- Tourism sites – hotels, caravan sites, camping
- Faith centres
- Libraries
- Registration Services i.e. weddings
- Transport – public and school transport
- Village/Town/area

### **7.7 Internal communications**

Messages should continue to be promoted via Somerset County Council and partners internal channels such as newsletters, staff briefings, Somerset Direct, Intranet sites, GP briefings, reception TV screens (if buildings open).

Key messages and resources should also be shared with partners to share with their own staff.

### **7.8 Publications**

Continue to promote key messages through County Council and partner publications such as Your Somerset, VCSE, Commuic8, The Loop, GP Bulletins.

Encourage evidence based 'high risk settings' to ensure posters and clear messaging is displayed at all times and they are clear on what to do if anyone within their establishment begins to show symptoms.

Additional publications will be required to support visitors to the area such as downloadable posters/leaflets for tourism/hospitality settings to display. These could emphasise Somerset's elderly population, low number of cases in the area to date, the importance of keeping locals and visitors alike safe, abiding by social distancing rules and what to do if you or one of your party develops symptoms including relevant local health and support information i.e. single helpline.

## **8. Evaluation**

Members of the COVID-19 Engagement Board will evaluate the effectiveness of whether this communications activity is succeeding in persuading people, visitors, employers and



businesses to adopt appropriate behaviour to aid the pandemic management, with no community or sector left behind.

To inform this, regular evaluation will be measured and shared with the Board. This will include:

- A summary of communications activity.
- Estimated reach of communications activity.
- Traffic for key webpages.
- Social media engagement and tone of comments
- Any feedback from stakeholders and residents on key messages.