

# Health and Wellbeing Board

Monday 27 July 2020  
2.00 pm  
This will be a virtual meeting

## Supplemental Agenda No.1

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**Contact:**

Tim Murtagh [tim.murtagh@southwark.gov.uk](mailto:tim.murtagh@southwark.gov.uk) or via MS Teams

Webpage: [www.southwark.gov.uk](http://www.southwark.gov.uk)

Date: 21 July 2020

<b>Item No.</b> 8.	<b>Classification:</b> Open	<b>Date:</b> 27 July 2020	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Covid 19 pandemic impact and inequalities	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Jin Lim, Acting Director of Public Health	

## RECOMMENDATIONS

1. To receive the report and presentation on the Covid 19 pandemic impact on the health and wellbeing of Southwark's population (Appendix 1)
2. To note the health inequalities impact and to request that officers develop a framework for tackling health inequalities to inform the refresh of the health and wellbeing strategy for Southwark.
3. To request a report back on the health inequalities framework in September.

## BACKGROUND INFORMATION

### Health inequalities and COVID

4. National reports have highlighted the disproportionate impact of COVID on our communities in Southwark<sup>1</sup>. Locally, we have also begun the process of pulling together more granular data to better understand the impacts so that our recovery process across the system takes into account the need to build in actions that secures equity for the most affected. Impacts have included:
  - Between 1 March and 17 April 2020 the deprived areas in England had more than double the mortality rate from COVID-19 than the least deprived areas.
  - Trends in diagnosed cases of COVID-19 show that cases in the least deprived quintile peaked earlier and at a lower level than those in other groups.
  - Differences in risk between ethnic groups that are not currently explained by age, deprivation, housing composition, education, region, rural / urban setting, or health status at the time of the 2011 Census.
  - When taking account of these factors, the risk of COVID-19 related death among Black ethnic groups is almost twice than among those of white ethnicity.
  - A very strong association of more severe disease and death with older age groups – those aged 80 and over are 70 times more likely to die than those aged under 40.
  - Higher risks of death in males than females.

## KEY ISSUES FOR CONSIDERATION

5. The key local issues highlighting how Southwark has been affected and the health inequalities implications for consideration are set out in detail in Appendix 1.

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<sup>1</sup> "Disparities in the risk and outcomes of COVID-19", Public Health England, June 2020

6. Both Public Health England and the Health Foundation<sup>2</sup> particularly note that

<sup>2</sup> <https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities>

- That national and local government, businesses and wider society all have a role to play in giving everyone the opportunity to live a healthy life
  - That there is a duty for all to tackle the structural disadvantage and discrimination faced by parts of the black, Asian and minority ethnic communities
  - Restoring the nation to good health will require renewed energy and commitment backed by a national approach across government departments and a commitment to develop and implement local approaches to tackle health inequalities. Action needed will include protecting incomes, improving the quality of jobs accessible to the most disadvantaged, creating affordable homes of good quality, and supporting critical voluntary and community services including strong advocacy and community empowerment and development approaches.
7. Public engagement and stakeholder discussions have started in July as part of the Southwark Stands Together Programme with further engagement work planned through Social Life surveys and workshops and with VCS partners. The discussions and findings will shape the health inequalities framework for the borough. This framework will be reported back in September.

#### **Community impact statement**

8. Appendix 1 describes in detail the impact of the Covid 19 pandemic on the health of Southwark's population. A framework to tackle health inequalities is proposed which will be reported back in September.

#### **Legal implications**

9. There are no specific legal implications arising from this paper.

#### **Finance implications**

10. There are no immediate finance implications.

#### **APPENDICES**

No.	Title
Appendix 1	Covid 19 impact on health and wellbeing in Southwark

**AUDIT TRAIL**

<b>Lead Officer</b>	Jin Lim, Acting Director of Public Health
<b>Report Author</b>	Sylvia Garry, Consultant in Public Health
<b>Version</b>	Final
<b>Dated</b>	19 July 2020

# COVID-19: Health & Wellbeing Board Update 27 July 2020

*Southwark's Joint Strategic Needs Assessment*

Knowledge & Intelligence Team

Southwark Public Health Division

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## GATEWAY INFORMATION

<b>Report title:</b>	<b>COVID-19 : Health &amp; Wellbeing Board Update 27 July 2020</b>
<b>Status:</b>	<b>Public</b>
<b>Prepared by:</b>	C Williamson & S Garry
<b>Contributors:</b>	L Colledge
<b>Approved by:</b>	J Lim
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<b>Contact details:</b>	<a href="mailto:publichealth@southwark.gov.uk">publichealth@southwark.gov.uk</a>
<b>Date of publication:</b>	17 July 2020

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# This report provides a local update on the latest COVID-19 trends in Southwark

## INTRODUCTION

**This report provides an overview of the COVID-19 pandemic at a local level and considers the impact on different population groups. The report is structured around three key sections:**

- Overview of COVID-19
- Inequalities
- Health, social and economic impacts
- Summary

**Please note that the evidence regarding COVID-19 continues to evolve rapidly. This document presents our best understanding at time of publication. Further information will be added as it becomes available.**

# CONTENTS

**Section 1: Overview of COVID-19**

**Section 2: Inequalities**

**Section 3: Health, social and economic impacts**

**Section 4: Summary**

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# The number of daily confirmed cases of COVID-19 infections has fallen since early April

## CASES

As at 10 July there have been 1,449 confirmed cases of COVID-19 in Southwark, with the pattern of infection broadly comparable to neighbouring Lambeth.

- Daily figures show a fall in the number of new diagnoses in Southwark from early April to late May, then a levelling off in our case numbers.

Figure 1: Confirmed cases (daily) in Southwark

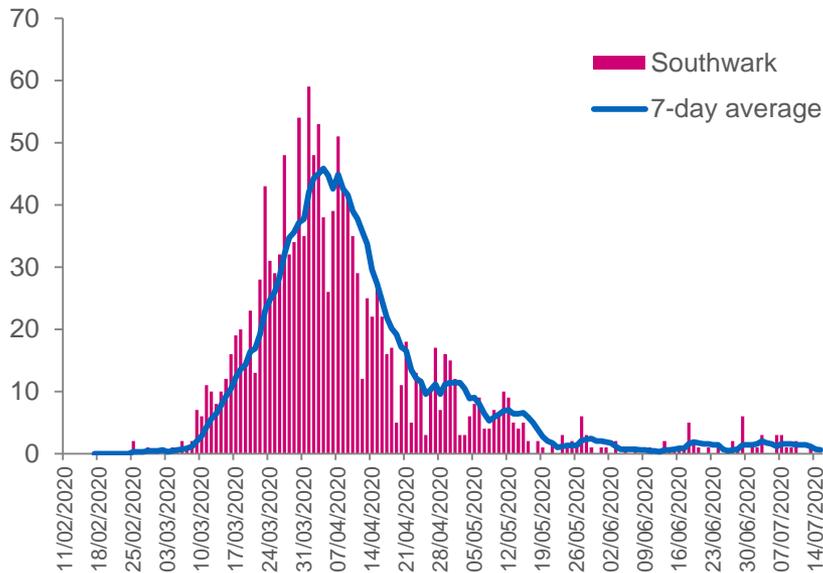
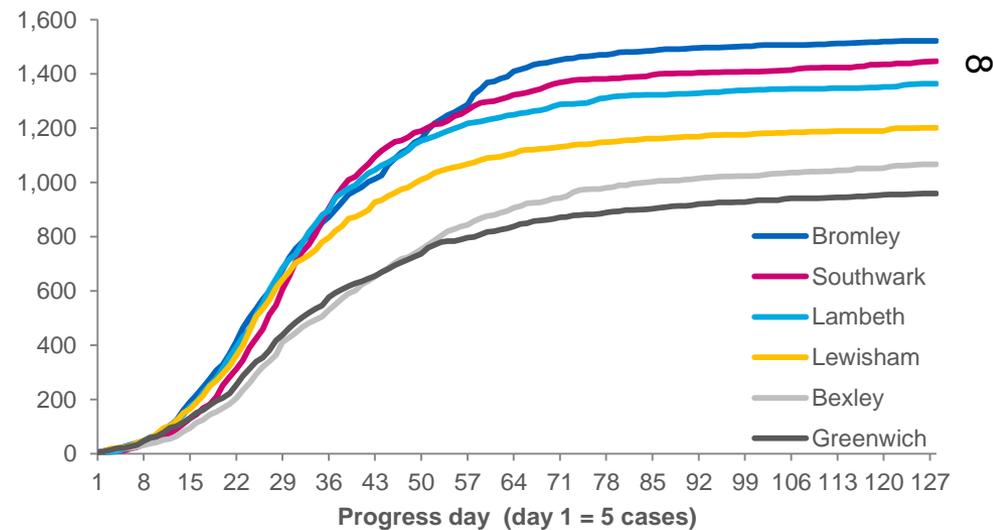


Figure 2: Confirmed cases (cumulative) across South East London



### Reference

- PHE (2020) Coronavirus (COVID-19) cases in the UK. Pillar 1 plus Pillar 2 positive cases. <https://coronavirus.data.gov.uk>

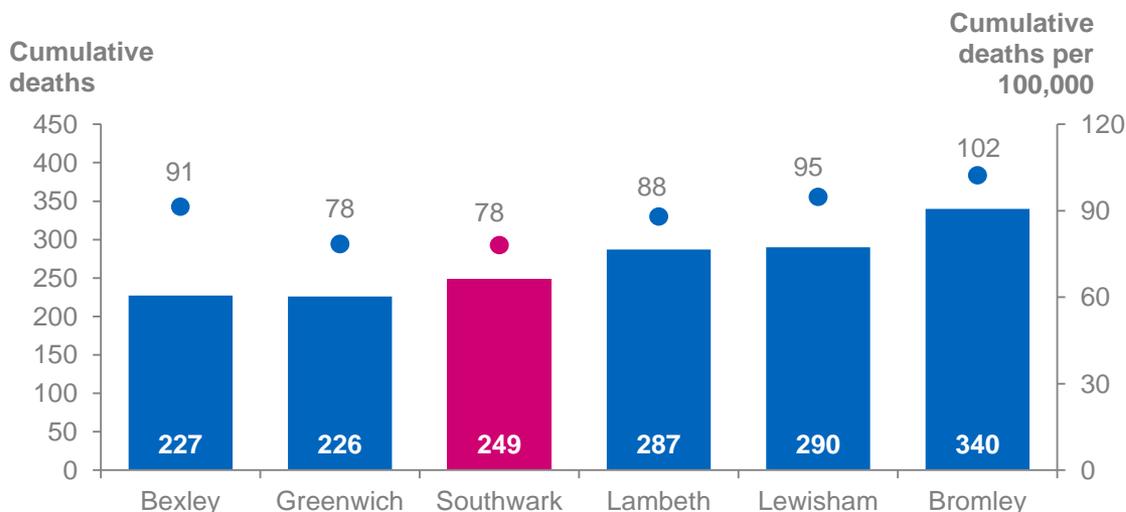
# ONS data show there have been 249 COVID-19 related deaths among Southwark residents as at 3 July

## MORTALITY

Although less up to date, figures from ONS give a more accurate picture of COVID-19 mortality than daily NHS reports as they include both hospital and non-hospital deaths, as well as medically suspected cases.

- The first COVID-19 deaths in Southwark were registered in late March, with 249 registered cases (78 per 100,000 residents) since then.
- Numbers of COVID-19 deaths in Southwark are broadly comparable to those in neighbouring Lambeth.

Figure 3: Cumulative COVID-19 related deaths across South East London



### References

1. User Guide to Mortality Statistics. ONS, 2019.
2. Deaths registered weekly in England and Wales, provisional: week ending 3 July 2020. ONS, 2020.

# Almost two-thirds of COVID-19 deaths have occurred in hospital, and over one-quarter in care homes

## MORTALITY

**Weekly data from ONS also allow us to monitor all COVID-19 registered deaths among Southwark residents based on place of death.**

- As at 3 July there had been 249 COVID-19 related deaths in Southwark, representing over 1 in 4 deaths since the beginning of the year.
- The majority of COVID-19 deaths among Southwark residents have occurred within hospital (66%), reflecting the national and regional pattern.

Table 1: Cumulative COVID-19 related deaths registered between 1 Jan 2020 to 3 July 2020

Area	Hospital	Care home	Home	Hospice	Elsewhere	Other communal establishment	Total
Southwark	165	60	20	2	2	0	249
South East London	1,238	238	101	32	7	3	1,619
England	30,104	14,281	2,156	680	181	206	47,608

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### Reference

1. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 3 July 2020.

Slide 7

# Between the start of 2020 and 3 July, there have been 181 more deaths in Southwark than we would normally expect

## MORTALITY

**Excess deaths measure the additional deaths within the population compared to what we would normally expect. It is generally considered the best indication of the pandemic impact on mortality.**

- The number of deaths among Southwark residents exceeded what we would normally expect between weeks 12 and 19 (14 March to 8 May) (see Figure 6).
- This was mainly associated with the increase in COVID-19 related deaths over the same period, as shown in Figure 7.

Figure 4: Weekly excess deaths in Southwark

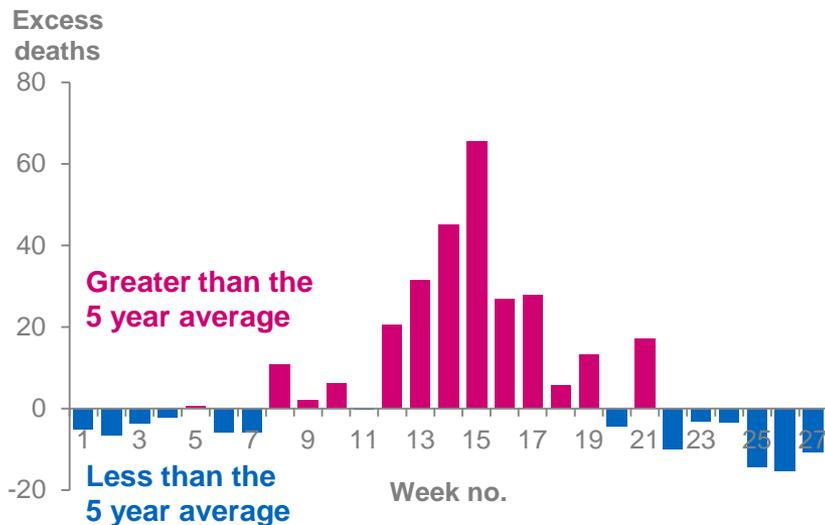
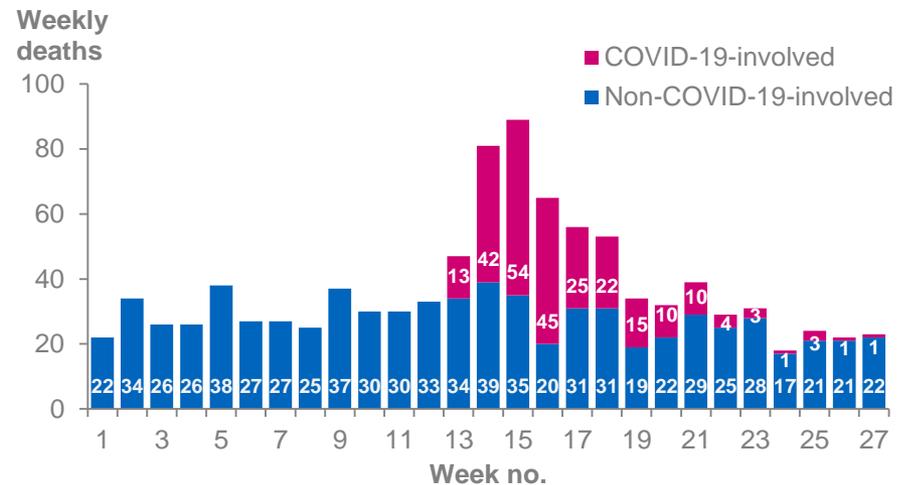


Figure 5: Weekly registered deaths in Southwark



Reference

1. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 3 July 2020.

# CONTENTS

**Section 1: Overview of COVID-19**

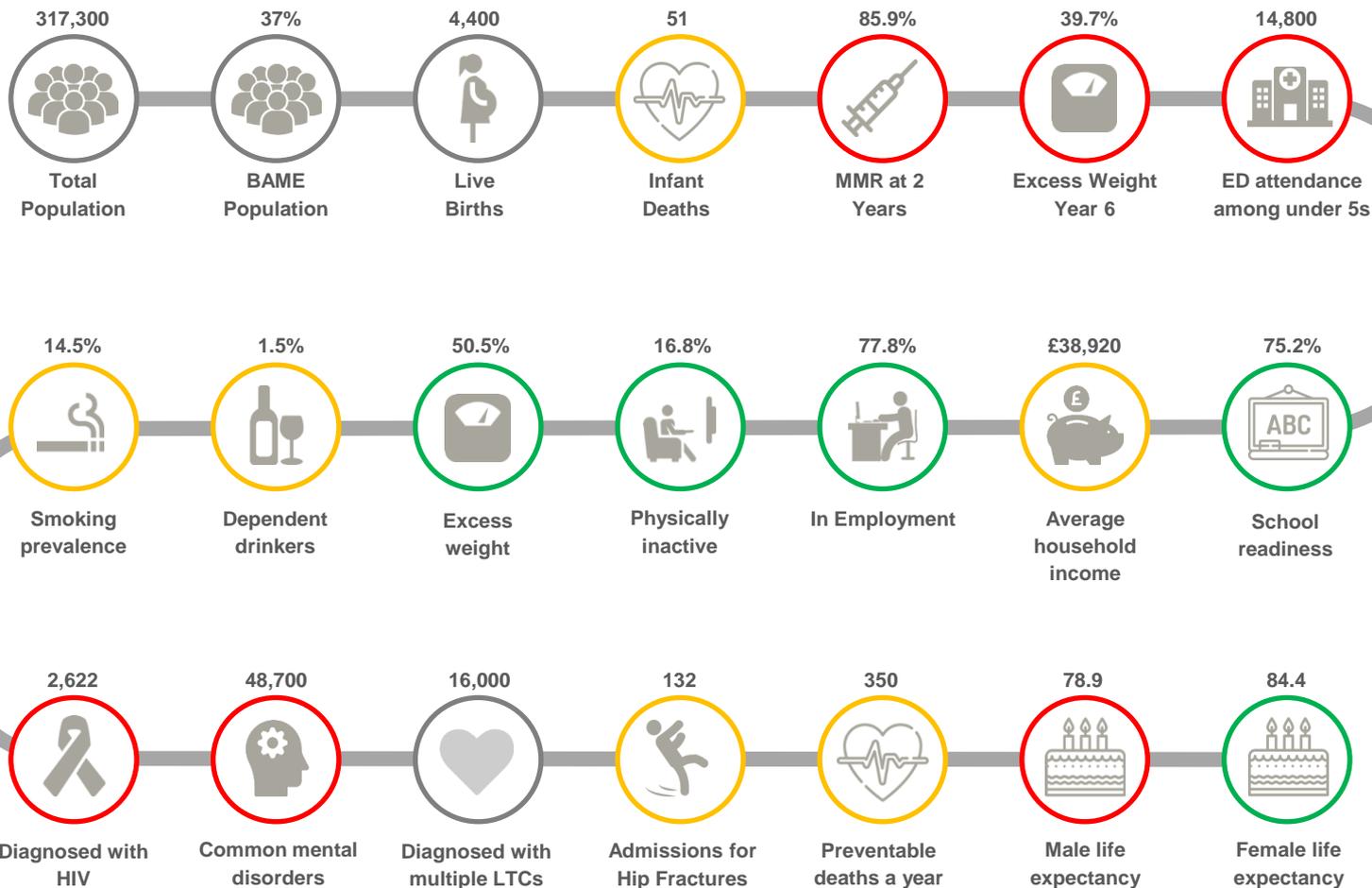
**Section 2: Inequalities**

**Section 3: Health, social and economic impacts**

**Section 4: Summary**

# While there have been health, social and economic improvements, challenges remained prior to COVID-19

## INEQUALITIES PRIOR TO COVID-19

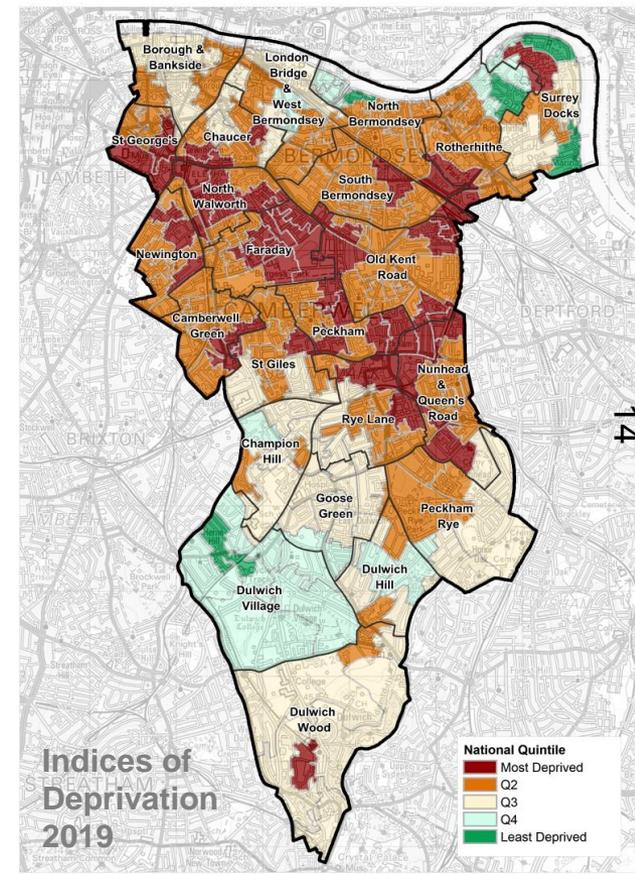
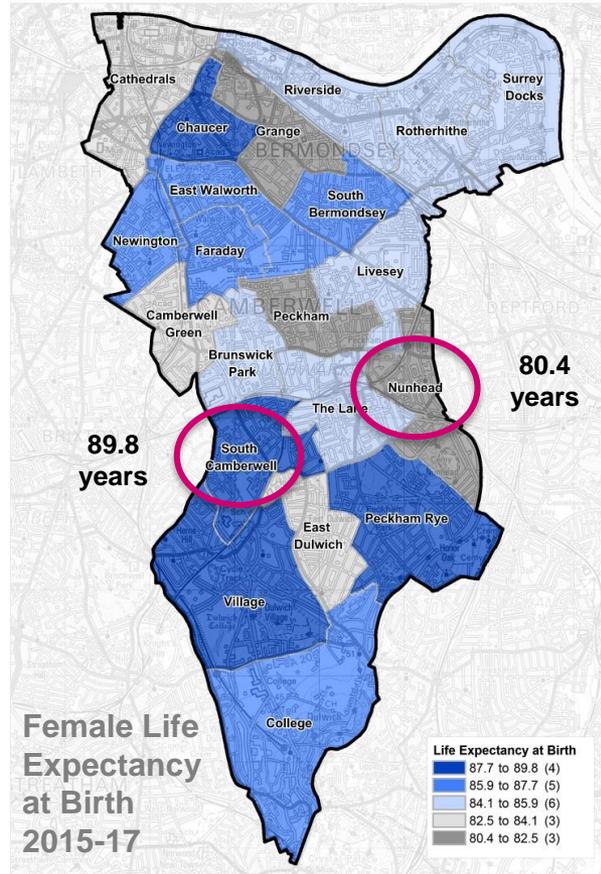
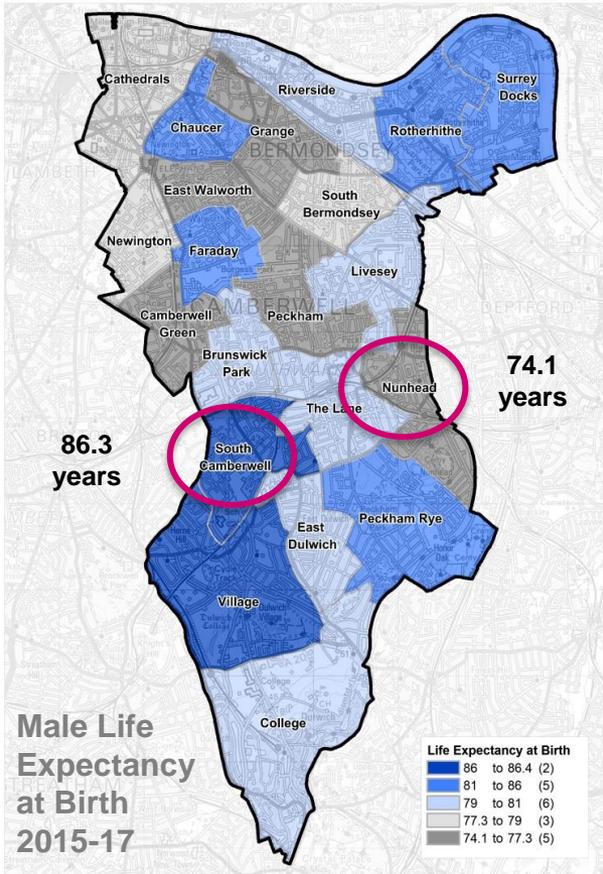


### References

1. Public Health England Local Health Profiles.
2. CACI Paycheck – Southwark Borough Report 2018.
3. Flaticon: Freepik and Smashicon.

# Prior to COVID-19 there were health, social and economic inequalities within the borough

## INEQUALITIES PRIOR TO COVID-19



### Reference

1. © OS Crown copyright & database rights 2018. Ordnance Survey (0)100019252.

# Analysis from PHE and ONS highlight a number of groups that are most affected by COVID-19

## WHO IS MOST AFFECTED?

### Age & sex

Age is the largest driver of disparity, with the majority of those dying from COVID-19 being aged over 65 years, with almost half aged over 85.

Mortality among working age men is more than twice that of their female counterparts.

### Ethnicity

Significantly higher mortality rates have been found among certain ethnic groups, most notably those of black and Asian ethnic backgrounds.

### Health

The majority of those dying from COVID-19 have had multiple underlying health conditions, including diabetes, hypertension, COPD and dementia.

Several studies, also report an increased risk of adverse outcomes in obese or morbidly obese people.

### Deprivation

People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas are more than double the least deprived areas.

### Geography

Local authorities with the highest diagnoses and death rates are mostly urban. Death rates in London from COVID-19 are more than three times higher than in the South West of England.

### Occupation

Those in public facing roles such as care workers, security guards, and transport workers have higher COVID-19 mortality.

For many occupations, however, the number of deaths is too small to draw meaningful conclusions.

### Care homes

PHE analysis indicates there were 2.3 times the number of deaths in care homes than expected between 20 March and 7 May when compared to previous years.

### Other groups

When compared to previous years, there has been a larger increase in deaths among people born outside the UK.

Higher diagnosis and mortality rates are also expected among rough sleepers and those with no fixed abode.

#### References

1. ONS, 2020. Coronavirus (COVID-19) Round-up – 13 May 2020.
2. PHE, 2020. Disparities in the risk and outcomes of COVID-19.

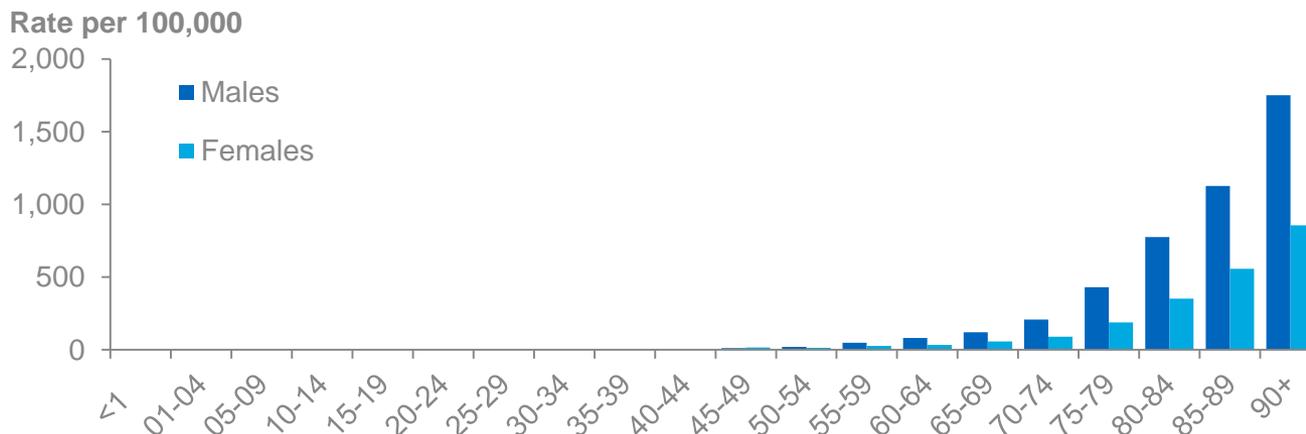
# People who were 80 or older are seventy times more likely to die from COVID-19 than those under 40

## AGE & SEX

**Older age and being male are both associated with significantly higher levels of COVID-19 mortality.**

- Over two-thirds of all COVID-19 related deaths have been in those aged 80+. Survival analysis for those with confirmed COVID-19 indicates those aged 80 and over are seventy times more likely to die than those aged under 40.
- Mortality rates among working age men are more than double their female counterparts. It is not clear what is driving the difference between sexes, whether this is related to exposure, access to care or underlying biological differences.

Figure 6: Age-standardised mortality rate for COVID-19 in England (March 2020)



### References

- English deaths in March and April. ONS, 2020. Deaths involving COVID-19, England and Wales: deaths occurring in April 2020.
- PHE, 2020. Disparities in the risk and outcomes of COVID-19.

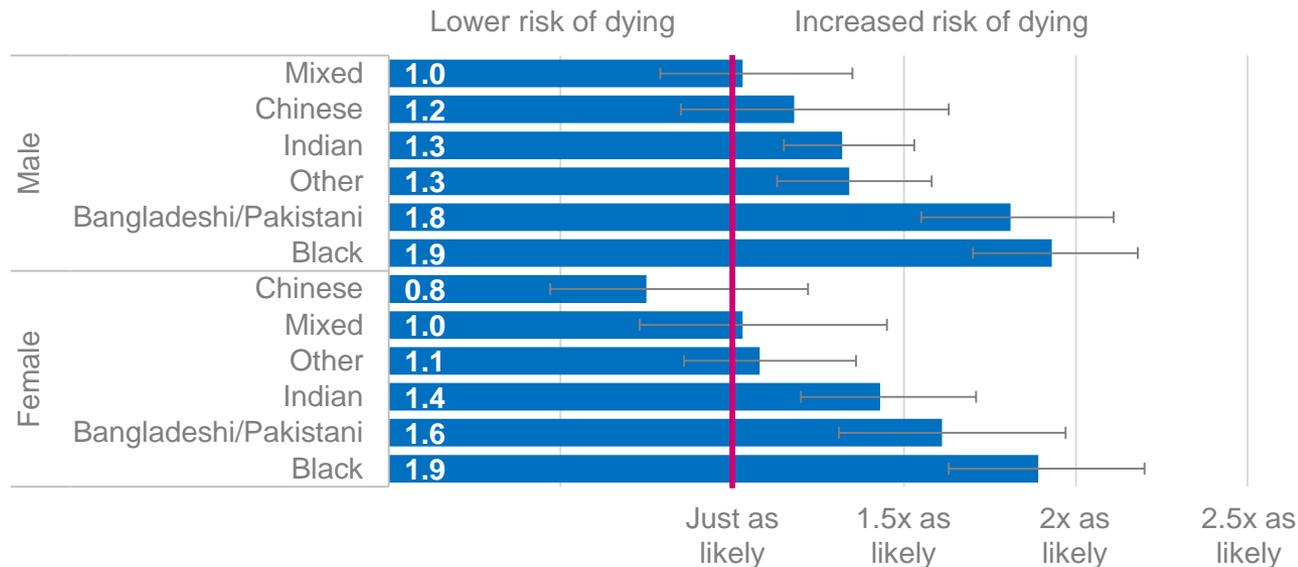
# When comparing COVID-19 related death by ethnicity, risk is highest among Black ethnic groups

## ETHNICITY

The Office for National Statistics has undertaken analysis of COVID-19 deaths across England & Wales by broad ethnic group.

- Their results show differences in risk between ethnic groups that are not currently explained by age, deprivation, housing composition, education, region, rural / urban setting, or health status at the time of the 2011 Census.
- When taking account of these factors, the risk of COVID-19 related death among Black ethnic groups is almost twice than among those of white ethnicity.

Figure 7: Risk of COVID-19 related death by ethnic group, compared to white population



### Reference

1. ONS, 2020. Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020

# Community engagement has identified key factors influencing COVID-19 impact on BAME communities

## ETHNICITY

Public Health England conducted extensive community engagement as part of their national review into the impacts of COVID-19 on black, Asian and minority ethnic groups. The engagement identified a number of themes, including:

### Long-standing health inequalities

COVID-19 has exacerbated long-standing inequalities affecting BAME groups, including poorer socio-economic circumstances. Associated poor health outcomes (e.g. asthma, obesity, diabetes, cardiovascular disease and mental health problems) raise the risk of severe COVID-19 illness.

### COVID-19 exposure

BAME people are more likely to work in occupations which increase their chances of COVID-19 exposure, via (i) greater general social contact, and (ii) greater contact with people likely to be COVID-19-positive.

### Healthcare and disease prevention

Existing health promotion and clinical healthcare programmes are not accessible and effective enough to reduce chronic disease levels. Chronic physical and mental health problems raise the risk of severe COVID-19 illness and death.

### Racism, stigma and fear

Stress due to chronic racism depletes physical and mental health. Previously experienced stigma and discrimination, plus fear and lack of information, reduce health-seeking and delay COVID-19 diagnosis and treatment. Workplace bullying erodes self-advocacy and compounds occupational risks.

#### Reference

1. Public Health England, 2020. Beyond the data: Understanding the impact of COVID-19 on BAME groups.

# Underlying health conditions have been observed in 90% of all COVID-19 related deaths

## HEALTH

**Those with underlying health conditions are at higher risk of poor COVID-19 outcomes than those without.**

- Underlying health conditions have been observed in 90% of all COVID-19 related deaths, with the average case having more than two pre-existing conditions.
- COVID-19 deaths are more likely to include reference to conditions such as cardiovascular diseases, diabetes and chronic respiratory conditions (COPD).

Condition	% all deaths where condition is mentioned	% of COVID19 deaths where condition is mentioned
Cardiovascular disease	44.1%	44.5%
Diabetes	14.6%	21.1%
Hypertension	14.5%	19.6%
COPD	10.6%	11.5%
Chronic kidney disease	8.5%	10.8%
Dementia	23.8%	25.7%

**Several studies also suggest an increased risk of adverse outcomes in obese and morbidly obese people.**

### References

1. English deaths in March and April. ONS, 2020. Deaths involving COVID-19, England and Wales: deaths occurring in April 2020.
2. PHE, 2020. Disparities in the risk and outcomes of COVID-19.

# People in more deprived and urban areas are more likely to be diagnosed with COVID-19 and have poor outcomes

## DEPRIVATION & GEOGRAPHY

**A number of studies have shown an association between area-based deprivation and both COVID-19 incidence and mortality.**

- Trends in diagnosed cases of COVID-19 show that cases in the least deprived quintile peaked earlier and at a lower level than those in other groups.
- Between 1 March and 17 April 2020 the most deprived areas in England had more than double the mortality rate from COVID-19 than the least deprived areas.
- PHE analysis suggests that inequalities in COVID-19 deaths are greater than those in all-cause mortality.

**As at 26 June 2020, London had the highest number of COVID-19 related deaths, with North East England having the lowest.**

- Diagnosis rates by local authority are highly clustered; as at 7 July the highest levels were in the North, the Midlands and London. Between March and May, age-standardised death rates were highest in London, the North and the West Midlands.
- Deaths in London as at 26 June were over one-quarter higher than expected.
- At the local authority level a range of underlying factors influence mortality rates, including population density, deprivation and ethnicity.

### References

1. PHE, 2020. Disparities in the risk and outcomes of COVID-19.
2. ONS, 2020. Deaths registered weekly in England and Wales, provisional: week ending 26 June 2020.
3. PHE, 2020. Coronavirus (COVID-19) in the UK.
4. ONS, 2020. Deaths involving COVID-19 by local area and socio-economic deprivation: deaths occurring between 1 March and 31 May.
5. ONS, 2020. Five year average weekly deaths by local authority and place of occurrence, England and Wales, deaths registered 2015 to 2019

# Those working in a number of public facing roles have been found to have higher levels of COVID-19 mortality

## OCCUPATION

**There is increasing evidence that a range of public facing occupations may have higher death rates relating to COVID-19.**

- ONS identified roles such as transport workers, security guards and some care worker roles as having significantly higher levels of mortality from COVID-19.
- PHE have expanded this analysis and identified nursing auxiliaries and assistants as also having higher mortality levels.

Occupation	All Cause Deaths 2014-2018 average	All Cause Deaths 2020	Relative Increase
Nursing auxiliaries & assistants	52	128	2.5
Security guards & related roles	80	209	2.6
Taxi drivers & chauffeurs	87	217	2.5
<b>All people 20-64</b>	<b>9,440</b>	<b>14,409</b>	<b>1.5</b>

- It is worth noting that analysis by occupational group is complex and should be interpreted with caution.
- Staff within broad occupational groups may have differing levels of exposure due to the nature of their specific roles, particularly during a pandemic.

### References

1. ONS, 2020. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020.
2. PHE, 2020. Disparities in the risk and outcomes of COVID-19.

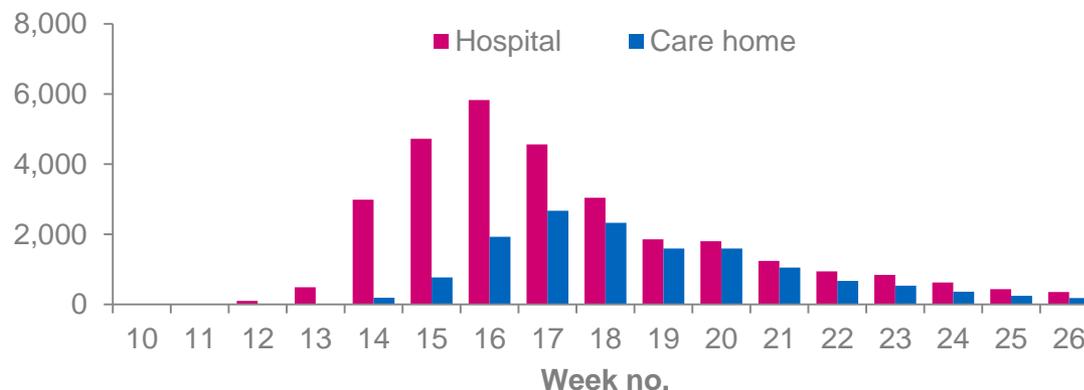
# Nationally, deaths within care homes between 20 March and 7 May were 2.3 times what we would normally expect

## CARE HOMES

Data from ONS shows there have been 14,118 COVID-19 related deaths within English care homes as at 26 June 2020.

- By early May over 1 in 4 COVID-19 related deaths had occurred within care homes. This excludes care home residents who may have died whilst elsewhere.
- PHE analysis indicates that nationally there were 20,457 excess deaths in care homes between 20 March and 7 May 2020, and 16,016 in hospitals.

Figure 8: Weekly COVID-19 deaths in England by place of occurrence



- Almost half of excess deaths occurring in English care homes up to early May were reported as not related to COVID-19, suggesting there had been an increase in other causes of death, or an under-reporting of COVID-19.

### References

1. PHE, 2020. Disparities in the risk and outcomes of COVID-19.
2. ONS, 2020. Deaths registered in England and Wales, provisional: week ending 26 June 2020.

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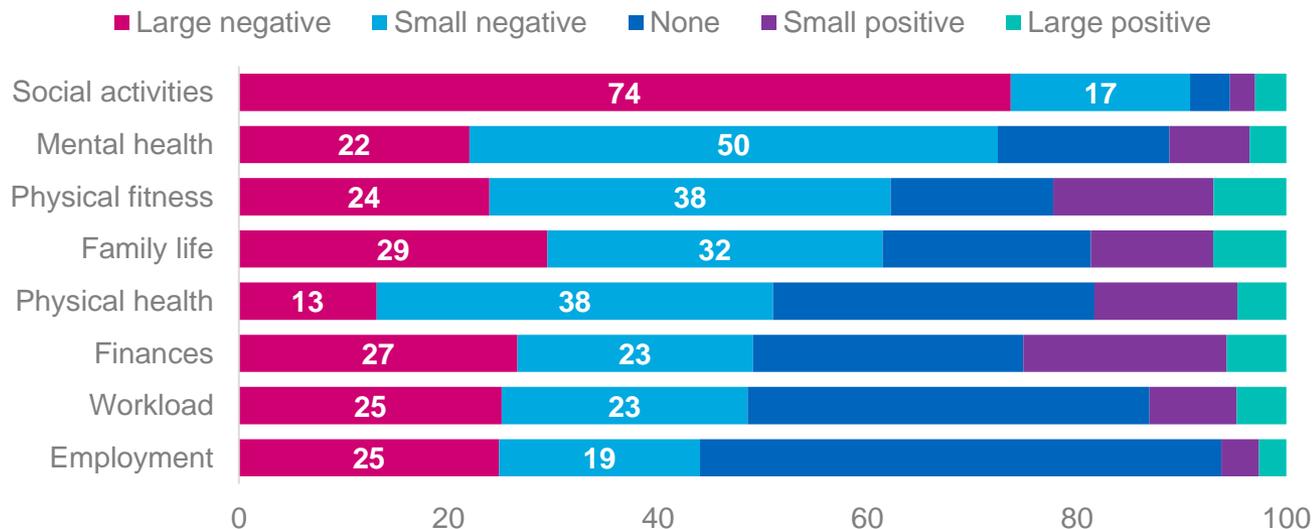
# A survey of local residents has highlighted the negative impacts of COVID-19 and lockdown on our communities

## HEALTH, SOCIAL & ECONOMIC IMPACTS

Southwark undertook a short survey of local residents to understand the impact of COVID-19 on residents. A total of 1,383 responses were received.

- The largest negative effect of the COVID-19 outbreak and lockdown was on the social activities of respondents (91%), followed by their mental health (72%) and physical fitness (62%).
- By comparison, the smallest negative effect was for respondents employment (44% negative), workload and finances (48% and 50% negative)

Figure 9: The positive and negative effect of COVID-19 and lockdown on respondents.



### References

1. COVID-19 Impact Survey 2020. Southwark Council.

# As of 30 June 2020, 12,347 Southwark residents have been on the Shielding Patient List, 4% of the borough population

## HEALTH, SOCIAL & ECONOMIC IMPACTS

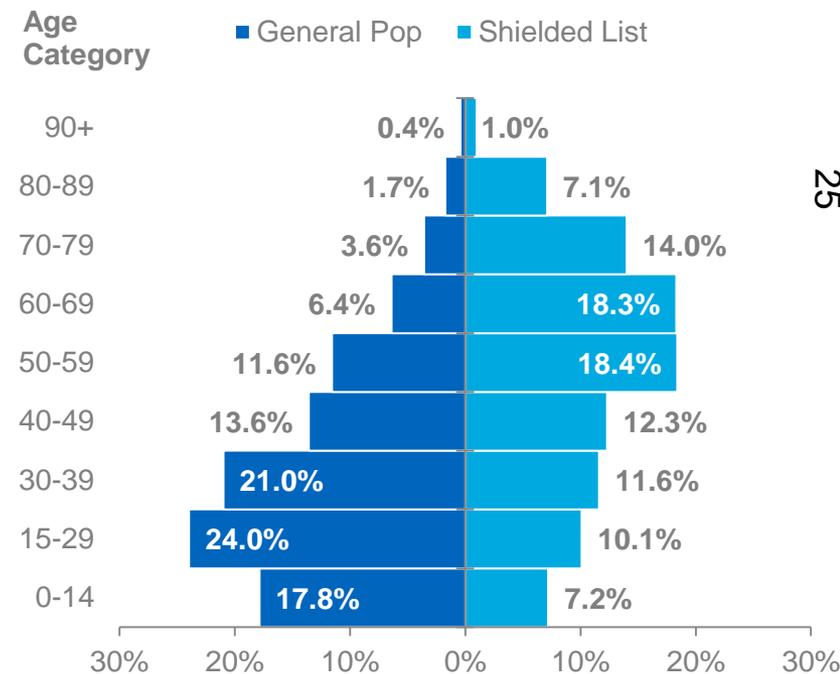
**As of the 30 June 2020, 12,347 Southwark residents have been identified as extremely clinically vulnerable .**

- Half (52%) are aged between 50-79 years old.
- Three-quarters (73%) live in areas amongst the two most deprived quintiles.
- Vulnerable residents are spread across all wards in Southwark.

**There have been 625 referrals, for 504 people (4% of the shielded population), to local services from the community hub.**

- The majority (66%) of people needing a referral were only referred to one service.
- The majority (67%) of people were referred for food deliveries.

Figure 10: Comparison of age distributions in the Southwark's General and Shielded Populations



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### Reference

1. ONS Mid-2018 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex
2. Ministry of Housing, Communities and Local Government: English Indices of Deprivation 2019

# COVID-19 will have significant medium and long term health, social and economic impact on our communities.

## HEALTH, SOCIAL & ECONOMIC IMPACTS

**COVID-19 will have significant medium and long term health, social and economic impact on our communities. These impacts are often inter-related and affect a number of population groups disproportionately.**

### Examples of COVID-19 impacts on our population and services

Health Impacts	Social Impacts	Economic Impacts
<ul style="list-style-type: none"><li>▪ Chronic and long-term health conditions</li><li>▪ Acute healthcare</li><li>▪ Immunisation &amp; Screening</li><li>▪ Children and young people</li><li>▪ Sexual health</li></ul>	<ul style="list-style-type: none"><li>▪ Mental health, wellbeing, isolation</li><li>▪ Safeguarding</li><li>▪ Behaviours – smoking, alcohol, drugs</li><li>▪ Healthy behaviours – exercise, healthy eating</li><li>▪ Outdoor spaces, transport</li></ul>	<ul style="list-style-type: none"><li>▪ Housing, homelessness</li><li>▪ Food security</li><li>▪ Job losses</li><li>▪ Educational impacts</li></ul>

# The knock-on effects of COVID-19 will have long-term impacts on population health

Health Impacts		
Area of Focus	Impacts	Vulnerable Groups
<b>Chronic health conditions</b>	<ul style="list-style-type: none"> <li>Those with underlying chronic health conditions e.g. cardiovascular disease, cancer, hypertension, respiratory conditions and diabetes, are at a higher risk of complications from COVID-19 and increased risk of death.</li> <li>There were over 16,000 patients with multiple long-term conditions on the care coordination register prior to COVID-19.</li> <li>Across England there was a 30% reduction in GP appointments in March compared to last year. However this may be somewhat offset by telephone and online appointments.</li> <li>In the medium / longer term economic impacts may lead to an increase in prevalence of chronic conditions.</li> </ul>	<ul style="list-style-type: none"> <li>Elderly and shielded</li> </ul>
<b>Acute healthcare</b>	<ul style="list-style-type: none"> <li>There have been reports of reduction in number of people attending emergency care, which may impact many aspects of healthcare delivery. Across England use of A&amp;E in April was almost 60% below levels seen last year.</li> </ul>	<ul style="list-style-type: none"> <li>Elderly and shielded</li> <li>CYP</li> </ul>
<b>Immunisation &amp; Screening</b>	<ul style="list-style-type: none"> <li>Cancer screening has been paused so there will be a drop in early stage cancer detection and a possible increase in number of cancer deaths.</li> <li>School immunisations have paused. Childhood and essential immunisations in pregnancy (e.g. pertussis) are continuing although anecdotal evidence suggests these may have dropped locally. A drop in coverage could lead to increased vaccine preventable diseases.</li> </ul>	<ul style="list-style-type: none"> <li>Children</li> <li>Adults</li> <li>Elderly</li> </ul>

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## References

1. Janke et al, The impact of COVID-19 on chronic health in the UK, 2020
2. Institute of Fiscal Studies, the wider impact of the coronavirus pandemic on the NHS, 2020

# COVID-19 will exacerbate social isolation, loneliness, mental illness and may increase harmful behaviours

Social Impacts		
Area of Focus	Impacts	Vulnerable Groups
<b>Mental health</b>	<ul style="list-style-type: none"> <li>Pre-COVID19 approximately 1,500 CYP and 23,000 adults in Southwark were thought to have depression or anxiety.</li> <li>Stress will likely lead to increase in anxiety and depression, and risks of PTSD in health and care workers. In extreme cases, this could cause an increase in death by suicide.</li> <li>Social distancing will increase loneliness, particularly for those who are shielding and vulnerable – almost 7,700 shielding residents in Southwark.</li> </ul>	<ul style="list-style-type: none"> <li>Elderly</li> <li>Families with young children</li> <li>NRPF</li> </ul>
<b>Safeguarding</b>	<ul style="list-style-type: none"> <li>Social distancing increases the risk of domestic abuse and safeguarding difficulties, with long-term negative psychological impacts on families and individuals, and increased risk of harm.</li> <li>Nationally, Refuge has reported a 25% increase in calls since the start of lockdown.</li> <li>Lockdown is also likely to have made reporting abuse more difficult due to a reduction in privacy and alone time. Some victims may be unwilling or unable to disclose abuse during virtual consultations.</li> </ul>	<ul style="list-style-type: none"> <li>Families in need</li> <li>Domestic abuse</li> </ul>
<b>Behaviours &amp; risk factors</b>	<ul style="list-style-type: none"> <li>Residents may be less physically active and / or have difficulty accessing healthy food. This is likely to widen inequalities.</li> <li>Alcohol sales in the UK have increased since lockdown. Immediate impacts include risk-taking behaviours, mental health issues and violence, and long-term impacts include risk of liver disease and cancer.</li> </ul>	<ul style="list-style-type: none"> <li>Young adults</li> </ul>

## References

- IPPR, Care fit for carers: Ensuring the safety and welfare of NHS and care workers during and after Covid-19, 2020
- WHO, Alcohol and COVID-19, 2020

# An economic downturn resulting from COVID-19 will have long-term impacts on health and wellbeing

Economic Impacts		
Area of Focus	Impacts	Vulnerable Groups
<b>Housing</b>	<ul style="list-style-type: none"> <li>Those in crowded or multi-generational homes are at higher risk of contracting and falling ill from COVID-19. There are over 5,000 HMOs in the borough.</li> <li>Increased time spent at home could exacerbate the health impacts of poor housing conditions.</li> <li>Increased risk of people becoming homeless or falling into debt due to an inability to pay rent.</li> </ul>	<ul style="list-style-type: none"> <li>Homeless</li> <li>NRPF</li> <li>Low-income</li> </ul>
<b>Food security</b>	<ul style="list-style-type: none"> <li>Prior to COVID-19, 75,000 adults were thought to be food insecure, this will likely increase due to the economic impacts. Local food banks have reported an increased in demand along with a decrease in supply coming in from shops.</li> <li>Those shielding or extremely vulnerable may have issues accessing food.</li> <li>People experiencing food insecurity are likely to have poor diets and stress which can adversely affect wellbeing and long-term health.</li> </ul>	<ul style="list-style-type: none"> <li>Elderly and shielded</li> <li>NRPF</li> <li>Low income</li> <li>BAME</li> </ul>
<b>Economic instability</b>	<ul style="list-style-type: none"> <li>As at the end of May there were 39,200 furloughed jobs in Southwark.</li> <li>Nationally 25% of businesses have temporarily closed, with a rise of almost 500% in Universal Credit claimants.</li> <li>Low earners are seven times more likely as high earners to have worked in a sector that is now shut down.</li> <li>Previous national austerity has increased vulnerability to economic impacts of COVID-19. Medium/longer term impacts of economic downturn or recession will likely exacerbate inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>Low income</li> </ul>

## References

1. ONS, Coronavirus and the economic impacts on the UK, 2020 (23 April 2020)
2. Institute of Fiscal Studies, 2020. Sector shutdowns during the coronavirus crisis: which workers are most exposed?

# CONTENTS

**Section 1: Overview of COVID-19**

**Section 2: Inequalities**

**Section 3: Health, social and economic impacts**

**Section 4: Summary**

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# COVID-19 is disproportionately affecting a number of population groups and exacerbating inequalities

## SUMMARY

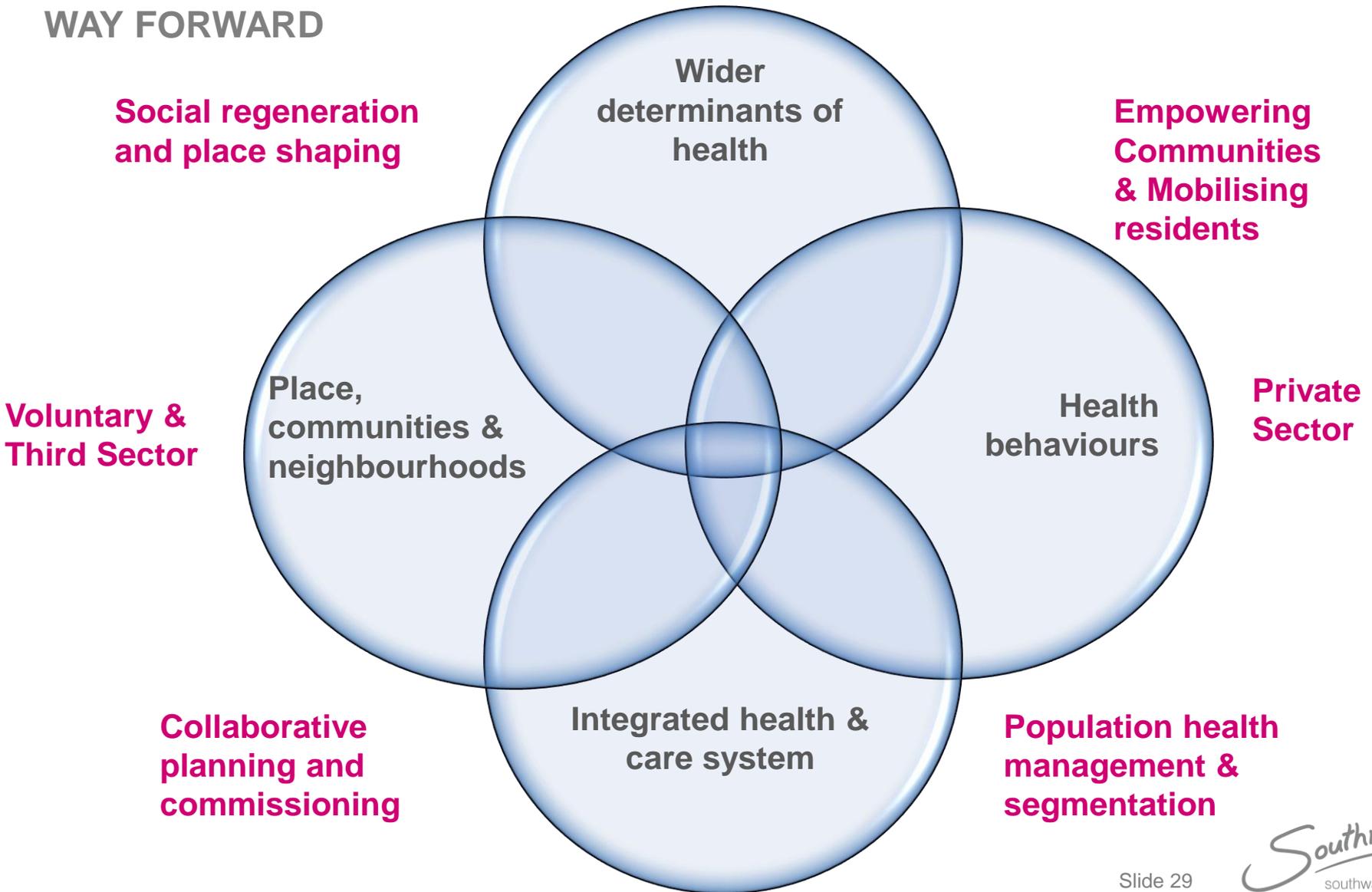
**COVID-19 is having a significant impact on our communities. The immediate and longer term impacts will not be felt equally and may exacerbate existing health, social and economic inequalities.**

- National analysis indicates a number of groups have higher levels of mortality related to COVID-19, including:
  - Older people
  - Males
  - Those with underlying health conditions
  - Certain ethnic minorities, particularly those from a black ethnic background
  - Those in public facing occupational roles e.g. transport
  
- In addition to COVID-19 itself, measures put in place to reduce transmission have hugely impacted the wider determinants of health.

**For many residents the health, social and economic impacts coincide, magnifying the challenges they face.**

# We must take a population health approach to addressing health inequalities in recovery and renewal

## WAY FORWARD



Find out more at  
[southwark.gov.uk/publichealth](https://southwark.gov.uk/publichealth)

Southwark Public Health Division

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<b>Item No.</b> 9.	<b>Classification:</b> Open	<b>Date:</b> 27 July 2020	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Southwark Outbreak Prevention and Control Plan for Pandemic Coronavirus	
<b>Ward(s) or groups affected:</b>		All wards; all groups	
<b>From:</b>		Jin Lim, Director of Public Health (Acting)	

## RECOMMENDATION

1. That the Health and Wellbeing Board considers and notes the Outbreak Prevention and Control Plan (OPCP) for Southwark [accessed [www.southwark.gov.uk/opcp](http://www.southwark.gov.uk/opcp) ]
2. That the Health and Wellbeing Board adopts the member led oversight and public engagement functions as advised in national guidance and as described in para 12.
3. That the Health and Wellbeing Board meets every 6 – 8 weeks and that some flexibility will be required should there need to be additional meetings.

## BACKGROUND INFORMATION

4. Novel coronavirus (SARS-CoV-2) was first detected in the United Kingdom (UK) in January 2020. A national effort has been underway to mitigate the impact of the disease. Local government has been involved in the acute response since the disease first emerged: providing welfare support and other relief efforts for communities and businesses.
5. Up to the end of June 2020, more than 1,400 cases of COVID-19 had been diagnosed among Southwark residents. With the relaxation of so-called ‘lockdown’ measures in May and June 2020, transmission and new cases will continue to occur locally – as they will nationally.
6. Since April 2020, efforts have been made by central government to develop local capability and oversight within local authority public health teams. Building on the Director of Public Health’s pre-existing statutory responsibility to assure the health of local populations, a number of new responsibilities have been conferred, including to oversee testing in care homes and deliver local support to the national contact tracing programme (NHS Test and Trace).
7. In London, local authorities are work closing with Public Health England

specialist health protection services (brought together as the London Coronavirus Response Cell, LCRC) with the latter providing contact tracing services at scale across the capital.

8. Local authority Directors of Public Health have been instructed to develop Local Outbreak Control Plans (LOCP) by the end of June 2020. The outbreak control plan will be a live document that reflects emerging threats and guidance as they arise.

## **KEY ISSUES FOR CONSIDERATION**

### **Overview**

9. Southwark's Outbreak Prevention and Control Plan (OPCP) sets out Southwark Council's ambition and approach to providing local leadership and support for the pandemic response. This fulfils the obligation to develop a Local Outbreak Control Plan (LOCP).
10. Led by Public Health, but working closely across the council, with the health service, voluntary sector partners and other key stakeholders, the OPCP proposes both strategic and operational approaches to the challenge of coronavirus.

### **Policy implications**

### **Governance**

11. Southwark's OPCE will be implemented by the Southwark Outbreak Prevention and Control Executive (OPCE): a multi-agency director-level executive group tasked delivering the plan and making decisions where non-routine incident control measures may be needed. This group will be chaired by the Director of Public Health and accountable to Southwark Gold and Cabinet.
12. Oversight of OPCE will be undertaken by the Health and Wellbeing Board. This will be chaired by the Leader of the Council. The Health and Wellbeing Board will meet every 6 – 8 weeks and if necessary more frequently. It will:
  - Receive and review reports on activity and decisions from the Outbreak Prevention and Control Executive (OPCE) relating to the implementation of the Outbreak Prevention and Control Plan (OPCP) and key programmes for: Prevent, Identify and Control.
  - Have oversight of the public and stakeholder engagement and through its public meetings have a lead role in the transparent communication of prevention and outbreak control issues.
  - Provide feedback to the OPCE and the work programmes OPCE supervises within the scope of the OPCP.

### **Strategy**

13. The aim of Southwark's OPCE is to mitigate the impact of novel coronavirus

on Southwark's population and communities, provide a robust framework for the delivery of actions, and prepare the way for a safe, healthy and confident return to renewal and post-pandemic life.

14. The strategic response involves three strands of work: *Prevent*, *Identify* and *Control*. 'Engagement & communications', 'Intelligence, evidence & epidemiology', and 'Training & capacity building' are the three strategic enablers.

## Operations

15. **Prevent:** Efforts will be focused around an engagement group that will take an asset-based approach to understanding and anticipating community needs in the borough. This engagement board will act in both advisory and information-gathering roles. This recognises that the coronavirus can spread rapidly through communities of geography as well as communities of interest.
16. Working alongside the engagement board will be a technically-led outbreak prevention team comprising health protection, infection prevention and control advice. Its work will be to work with our most vulnerable institutions and communities: building their trust while supporting adherence to national guidance where available.
17. **Identify:** The local implementation of NHS Test and Trace is *Test and Trace Southwark* (TTS). This will provide a single point of contact with regional and national infrastructure (including with Public Health England and the Joint Biosecurity Centre). This strand will provide coordination across the other elements of the plan, implementing and assuring case management for incidents and outbreaks as they arise.
18. **Control:** Where incidents and outbreaks arise, Incident Management Team(s) will work with Public Health England (PHE), NHS and other partners to institute control measures and manage communications with the public. An agreement is already in place between local authorities across London and PHE (London) with PHE's London Coronavirus Response Cell taking the leadership on management of complex incidents, with local authority leadership in other contexts.
19. Under-pinning all this work is the need to expand capacity and increase capability. A programme of training has already begun to ensure that all staff supporting the OPCR are appropriately aware and capable of providing a safe and effective response. Support will also be provided to protect staff and partner wellbeing.

## Community impact statement

20. Across all strands of work, community engagement and communication is critical: an engagement and communications plan with the aim of preventing disease (where possible), and mitigating its effects (where necessary) has been developed and is being implemented. The engagement and

communication programme will be agile and shaped by ongoing lessons from the rest of London and elsewhere.

21. On a societal level, COVID-19 has made structural inequalities (including racism and poverty) more apparent and more severe. Throughout our work, the Intelligence Group, will appraise and incorporate the latest evidence and epidemiology.
22. The Council is undertaking a baseline Equality Impact Assessment for the Outbreak Prevention and Control Plan.

### **Resource implications**

23. Under-pinning this work, is the need to expand capacity and increase capability. A programme of training has already begun to ensure that all staff supporting the OPCP are appropriately aware and capable of providing a safe and effective response. Support will also be provided to protect staff and partner wellbeing.

### **Financial implications**

24. On 22 May 2020, the Government announced £300m additional funding for local authorities to support them to develop and action their plans to reduce the spread of the virus in their area as part of the launch of the wider NHS Test and Trace Service. This funding will enable local authorities to develop and implement their tailored local COVID-19 outbreak plans through for example funding the staffing for the local test and trace function, support local testing initiatives, support prevention activities relating to key settings and community engagement and communications.
25. Southwark Council has been allocated and received £2,521,368 as a fixed grant supplementing the Public Health grant, relating to the local (Southwark) implementation of the Test and Trace function for COVID-19 pandemic response. The programme of activities relating to the Southwark Outbreak Prevention Control Plan will be met within this financial envelope.

**APPENDICES**

No.	Title
Appendix 1	Southwark Outbreak Prevention and Control Plan <a href="http://www.southwark.gov.uk/opcp">www.southwark.gov.uk/opcp</a>

**AUDIT TRAIL**

<b>Lead Officer</b>	Jin Lim, Director of Public Health (Acting)
<b>Report Author</b>	Richard Pinder, Consultant in Public Health Kirsten Watters, Consultant in Public Health
<b>Version</b>	Final
<b>Dated</b>	19 July 2020

# Southwark's Outbreak Prevention and Control Plan (OPCP)

Protecting Southwark amidst the novel coronavirus pandemic

Southwark Public Health Division

Environment, Leisure & Public Health

Last updated 15 July 2020

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## GATEWAY INFORMATION

<b>Report title:</b>	<b>Southwark's Outbreak Prevention and Control Plan (OPCP)</b>
<b>Status:</b>	Public
<b>Prepared by:</b>	Kirsten Watters
<b>Contributors:</b>	Sylvia Garry, Richard Pinder, Sarah Robinson, Chris Williamson & Jin Lim
<b>Approved by:</b>	Jin Lim, Acting Director of Public Health
<b>Suggested citation:</b>	Southwark's Outbreak Prevention and Control Plan (OPCP). Southwark Council: London. 2020.
<b>Contact details:</b>	<a href="mailto:publichealth@southwark.gov.uk">publichealth@southwark.gov.uk</a>
<b>Date of publication:</b>	15 July 2020, previous version 30 June 2020

## CAVEAT



**This document is a live document that reflects emerging threats and guidance as they arise.**

Please take note of version control which is indicated by the “Last updated” statement on the cover slide.

## PLAN ON A PAGE

Mitigate the impact of novel coronavirus on Southwark's population and communities, focusing on those most at risk.

### ENGAGEMENT & COMMUNICATIONS

#### PREVENT

Work with communities and settings to prevent transmission, focusing on those with greatest vulnerability

#### IDENTIFY

Collate and interpret data to ensure that cases, clusters and outbreaks of disease are promptly identified and those affected appropriately supported

#### CONTROL

Manage outbreaks by providing health protection advice and the institution of control measures (for individuals and communities) so as to prevent onward transmission

### INTELLIGENCE , EVIDENCE & EPIDEMIOLOGY

### TRAINING & CAPACITY BUILDING

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# We will protect our population and communities, with particular focus on our most vulnerable groups

## EXECUTIVE SUMMARY

### CONTEXT

Since the arrival of the novel coronavirus in the United Kingdom in early 2020, a national effort has been underway to mitigate the negative consequences of this pandemic.

**Southwark's Outbreak Prevention and Control Plan** (OPCP) sets out Southwark Council's ambition and approach to providing local leadership and support for the pandemic response. Led by Public Health, but working closely with many council, health service, and voluntary sector partners, in this document we propose both strategic and operational approaches to the challenge of coronavirus.

Across all of our workstreams, community engagement and communication is critical: we will produce and implement an engagement and **communications plan** with the aim of preventing disease (where possible), and mitigating its effects (where necessary). We will only achieve this by working with communities and receiving their **consent**.

Our operational response will involve three strands of work: **PREVENT**, **IDENTIFY** and **CONTROL**.

### PREVENT

Our prevention efforts will be focused around an **engagement board** that will take an asset-based approach to understanding and anticipating community needs in the borough. This engagement board will act in both **advisory** and **information-gathering** roles. We recognise that the coronavirus can spread rapidly through communities of geography as well as communities of interest.

Working alongside this engagement board will be a technical **outbreak prevention team** comprising health protection, infection prevention and control advice. Its work will be to work with our most vulnerable institutions and communities: building their trust while supporting adherence to national guidance where available.

# We will deliver a safe, effective and sustained response for as long as the virus remains

## EXECUTIVE SUMMARY

### IDENTIFY

We will deliver the **local implementation of NHS Test and Trace** providing a single point of contact with regional and national infrastructure (including with Public Health England and the Joint Biosecurity Centre). This strand will provide coordination across the other elements of the plan, implementing and assuring case management for incidents and outbreaks as they arise.

### CONTROL

Where incidents and outbreaks arise, the **Incident Management Team(s)** will work with Public Health England (PHE), NHS and other partners to institute control measures and manage communications with the public. An agreement is already in place between local authorities across London and PHE (London) with PHE's London Coronavirus Response Cell taking the leadership on management of complex incidents, with local authority leadership in other contexts.

### ENABLERS

On a societal level, we are more conscious than ever before of the impact of **structural inequalities** (including racism and poverty). Throughout our work, via our **Intelligence Group**, we will appraise and work with the **evidence** and **epidemiology**: we will target our resources to best meet the needs now and in the future.

Under-pinning all our work is the need to expand capacity and increase capability. A programme of **training** has already begun to ensure that all staff supporting the OPCR are appropriately aware and capable of providing a safe and effective response. Support will also be provided to protect **staff and partner wellbeing**.

### CONCLUSION

Every element of the pandemic response faces high degrees of uncertainty. Accordingly, we will be taking an **iterative, agile and sustainable** approach to meet the needs and challenges that Southwark's population and communities are facing.

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## FOREWORDS

**The Coronavirus pandemic is one of the most severe health challenges that faces Southwark's population and its impact will be felt for years to come.**

As the Cabinet Member for Public Health, I have worked closely with my Cabinet and Public Health colleagues to protect our population and vulnerable communities. The next 12 months will continue to bring challenges as lock down eases and Autumn approaches.

The Outbreak Prevention and Control Plan requires close partnerships and strong community engagement. I will work with my Cabinet colleagues and with local people to keep Southwark safe.

I would like to thank everyone – our communities, our NHS, our VCS and local businesses, for their major part they will all be playing in the implementation of this plan – together we are stronger.

**Cllr Evelyn Akoto**

Cabinet Member for Community Safety and Public Health

**Protecting the health of residents is a core public health duty and this plan builds on and strengthens our existing plans, partnerships and arrangements.**

Local authorities have been given additional responsibilities around supporting testing and contact tracing, supporting vulnerable residents to self isolate and leading on community outbreaks. This plan brings together these existing and new responsibilities under our three core priorities; preventing transmission; identifying cases, contacts and clusters; and controlling outbreaks. Through this work we will ensure we engage with our residents and communities to actively seek their feedback to inform work going forward.

This plan is intended to be a live document and it will be updated as required reflecting changes in local, regional and national guidance.

**Jin Lim FFPH**

Acting Director of Public Health

# This document sets out the basis of our approach to the novel coronavirus pandemic

## AIM AND OBJECTIVES

The aim of Southwark's OPCP is to mitigate the impact of novel coronavirus on Southwark's population and communities, provide a robust framework for the delivery of actions, and prepare the way for a safe, healthy and confident return to renewal and post-pandemic life.

In order to achieve this we will:

1. Work with local communities, institutions and partners from across sectors to maximise the impact of COVID-19 **prevention** measures across the borough, recognising the inequitable impact of the pandemic on some of our most disadvantaged communities.
2. Develop a rapid **identification, testing and response** capability for emerging clusters and outbreaks of infection within the borough.
3. Coordinate with regional and other health protection specialist advice in the management of outbreaks and instituting **local control measures** as they may be required.
4. Manage a **single point of contact** for the exchange, management and interpretation of **intelligence** and other epidemiological evidence with local, regional and national assets (including Public Health England and the Joint Biosecurity Centre).
5. Provide appropriately governed **assurance and oversight** of how the pandemic is handled in Southwark to local, regional and national stakeholders.

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# HM Government declared the pandemic a Level 4 incident for England's NHS on 3 March 2020

## THE GLOBAL PANDEMIC

**The novel coronavirus (SARS-CoV-2) was first reported in December 2019 in Wuhan, China with the first case of COVID-19 reported in the United Kingdom in late January 2020.**

- In March 2020 HM Government instituted a 'lockdown' of all-but-essential business. Since then some of these constraints have been relaxed in the context of a renewed focus on testing, tracing and isolating infected individuals.
- Local Government has been involved in the acute response to the pandemic since the beginning, in particular by providing relief to individuals at higher risk of disease, by enabling supply of personal protective equipment (PPE) and in granting financial relief to small businesses.
- Local Directors of Public Health have been instructed by HM Government to establish local outbreak control plans by the end of June 2020, along with a range of other new duties which include overseeing testing in care homes and leading the local implementation of the national contact tracing programme (NHS Test and Trace).
- Central government funding of £300m for upper tier local authorities in England has been allocated with Southwark receiving £2,521,368 to support the public health efforts relating to supporting local test and trace arrangements and the implementation of the local OPCR.

# Local government possessed responsibilities and powers for health protection prior to the pandemic

## LEGISLATIVE AND ORGANISATIONAL CONTEXT (1 OF 2)

The legal basis for managing outbreaks of communicable disease (pre-pandemic) is spread across several pieces of primary and secondary legislation, with the associated responsibilities split across a number of organisations and professional groups.

Legislation	Responsibilities	Organisations and professions
The Public Health (Control of Disease) Act 1984	es public authorities powers and duties to prevent and control risks to human health from infection or contamination	Local Authority Environmental Health Officers
Civil Contingencies Act, 2004	Sets out the responsibilities of different agencies in responding to major incidents	NHS organisations, local government and Public Health England
Health Protection Regulation, 2010	Provides Local Authorities with flexible powers to deal with emergencies or incidents where infection or contamination present or could present a significant risk to human health. Some powers can be exercised by Justices of the Peace (JPs) only.	Local Authority Environmental Health Team.
Health and Social Care Act, 2012	Requires LAs to appoint a Director of Public Health and to exercise functions in relation to planning for and responding to emergencies that present a risk to public health.	Creation of Public Health England and NHS Clinical Commissioning Groups; move of local Directors of Public Health to local government

# New legislation confers additional powers and prepares the way for a new legal basis for local control measures

## LEGISLATIVE AND ORGANISATIONAL CONTEXT (2 OF 2)

Since April 2013, the responsibility for providing day-to-day health protection advice and response has rested with Public Health England's Health Protection Teams (HPTs) having taken over from the Health Protection Agency (following the Health and Social Care Act 2012).

### The Coronavirus Act 2020

- The Coronavirus Act was brought forward as emergency legislation designed to facilitate a range of cross-government activity in a time of emergency.
- Within the Act new powers were created for the investigation, isolation and testing of persons suspected of being infected, with roles for both police and public health officers. In London the public health officers are currently named consultants working in Public Health England.

### Health Protection (Coronavirus, Restriction) (England) Regulations 2020, statutory instrument exercised on the basis of the Public Health (Control of Disease) Act 1984(1).

- These new regulations provide for specific restrictions relating to the national lockdown.
- Secondary legislation will be required to impose local lockdowns. *The Joint Biosecurity Centre (JBC) will be issuing further information about how local movement restrictions may need to be increased if infections increase again.*

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# There are three pillars to our strategy with three accompanying strategic enablers

## STRATEGIC FRAMEWORK

Mitigate the impact of novel coronavirus on Southwark's population and communities, focusing on those most at risk.

### ENGAGEMENT & COMMUNICATIONS

#### PREVENT

Work with communities and settings to prevent transmission, focusing on those with greatest vulnerability

#### IDENTIFY

Collate and interpret data to ensure that cases, clusters and outbreaks of disease are promptly identified and those affected appropriately supported

#### CONTROL

Manage outbreaks by providing health protection advice and the institution of control measures (for individuals and communities) so as to prevent onward transmission

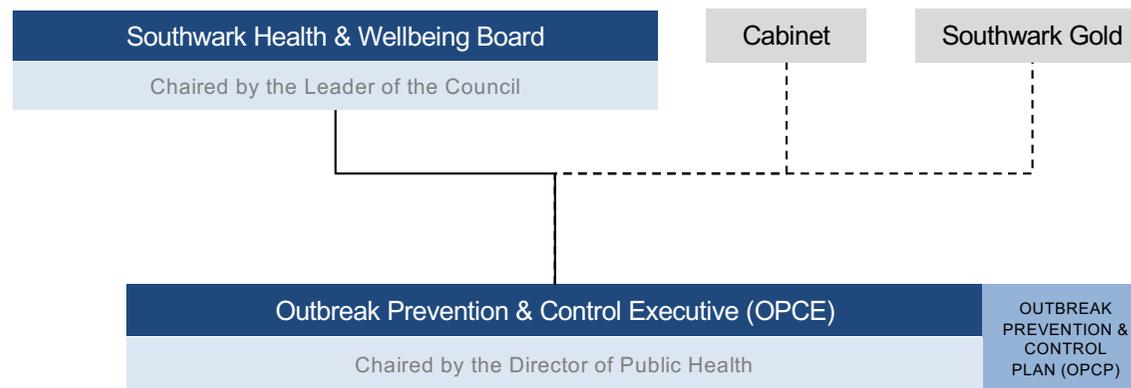
### INTELLIGENCE , EVIDENCE & EPIDEMIOLOGY

### TRAINING & CAPACITY BUILDING

# The OPCP will be held by the Outbreak Prevention and Control Executive (OPCE)

## GOVERNANCE

The development and implementation of the Outbreak Prevention and Control Plan (OPCP) will be led by the Director of Public Health and subject to oversight by the Health and Wellbeing Board chaired by the Leader of the Council.



The Outbreak Prevention and Control Executive (OPCE) will bring together senior-level staff from across Southwark Council, NHS and other partners. The OPCE will be responsible for implementing the OPCP including advising major control measures such as local lockdowns.

# Southwark's Health and Wellbeing board will provide member-led oversight

## OVERSIGHT

### Membership and Leadership

The Health and Wellbeing Board will be chaired by the Leader of the Council. The membership includes the Cabinet leads for public health, community safety, education, children and adult social care, and senior officers of the Council, local NHS Trusts and the VCS.

### Oversight function

- Receive and review reports on activity and decisions from the Outbreak Prevention and Control Executive (OPCE) relating to the implementation of the Outbreak Prevention and Control Plan (OPCP) and stakeholder engagement.
- Provide feedback to the OPCE and the work programmes OPCE supervises within the scope of the OPCP.
- Provide assurance back to the Health and Wellbeing Board and Cabinet, and in so doing, the public that we serve.

### Frequency

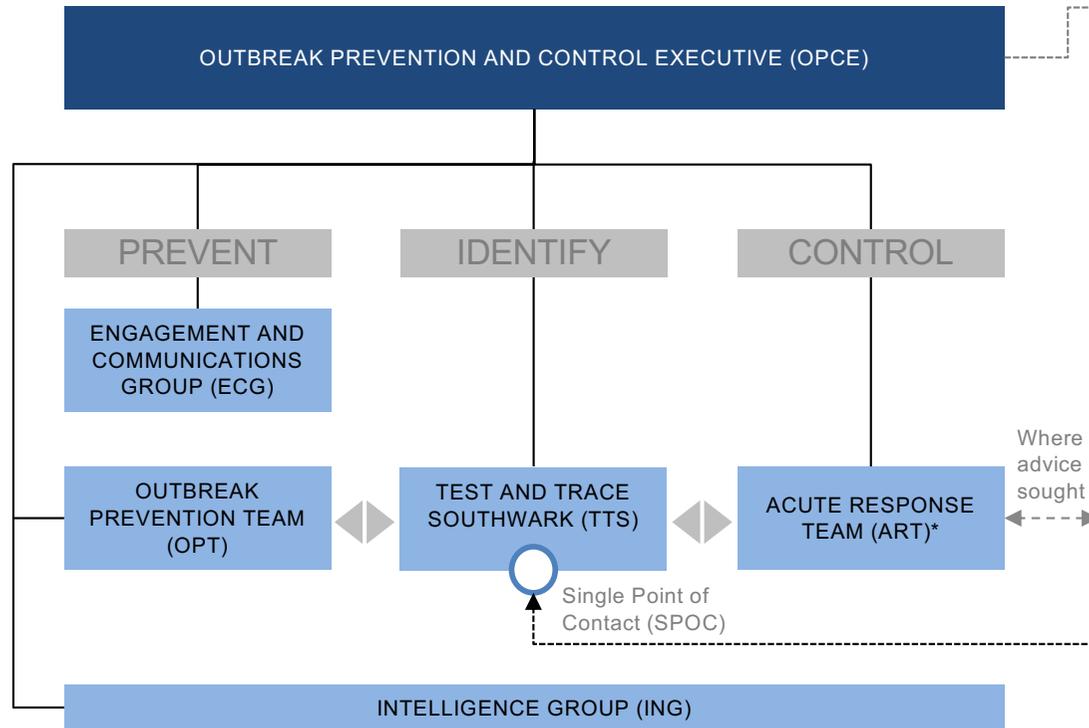
To meet every 6-8 weeks.

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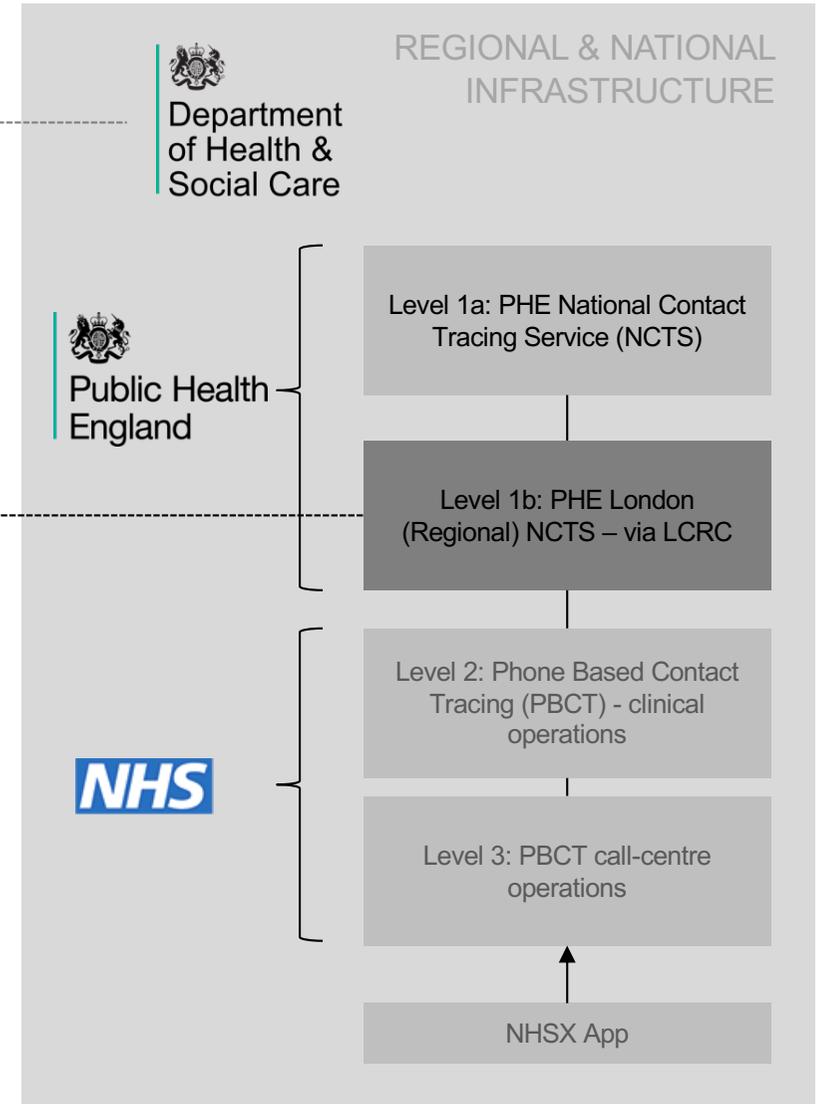
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# The OPCE will oversee five workstreams which will scale and provide mutual aid as needs arise

## OPERATIONAL APPROACH



The SPOC (within TTS) will provide a seven-day monitoring and coordination service across the OPCS workstreams, processing requests and managing the flow of information, cases and incidents between teams. A generic inbox and IT infrastructure enabling collaboration between teams is already in place. The incident management team will provide specialist health protection capacity and work with PHE LCRC to manage outbreaks and support settings.



■ Operational teams / groups

\* - The Acute Response Team (ART) will convene an Incident Management Team (IMT) where needed.

# Southwark will be working hard to coordinate activity across key partners, and collaborating with stakeholders

## COLLABORATIVE WORKING



Public Health England

Metropolitan Police Service



South East London Clinical Commissioning Group



Key partners

## Wider stakeholders



Care home and domiciliary care providers



Schools



NHS provider partners



Other communities of geography and of interest



Voluntary sector



Transport infrastructure and partners

A framework for joint working and shared protocols between the PHE London Coronavirus Response Centre (LCRC) and the public health structures in London Local Authorities (LAs) for managing COVID-19 outbreaks, complex settings and community clusters is being agreed.

The LCRC group will remain the source of specialist advice (temporarily centralising and replacing existing health protection team arrangements) and there will be close operational working between LCRC and Southwark's public health division in managing cases and outbreaks.

# Both capacity and capability require urgent extension to meet the likely surge needs arising

## STAFFING AND RESOURCE

The resourcing and coordination across Southwark Council will build on the existing work of the TTS Stakeholder Group which has met since April 2020.

- **Existing resource** from public health, environmental health, communications, community engagement and communities will be drawn into the OPCP implementation.
- A business case has also been provisionally approved to bring in **additional capacity** to the above teams, drawing down on the additional funding made available for the TTS implementation.

Training will be needed for many team members given that health protection work of this nature is not a routine function of local authority public health practice. The Consultant in Public Health who leads on Health Protection will oversee capacity building and training and the function will operationally sit with the *Prevent* stream. The development of Standard Operating Procedures will, over time, expand the range of staff who can operate in the teams.

# We will adopt a low threshold for taking preventive or anticipatory action, based on available capacity

## TRIGGERS & CONTEXTS

Community outbreaks and clusters are defined as **an increase in cases above expected or two or more cases linked by time, place or person.**

- Community clusters will be identified by the Joint Biosecurity Centre from a number of positive tests in a locality or a common site or activity or symptoms of COVID-19 / requests for tests from a number of people tests in a locality or a common site or activity.
- Community settings include workplaces, community halls and spaces, faith groups, shops and places of entertainment (including food premises).

### **Schools, care homes and other residential settings (including hostels)**

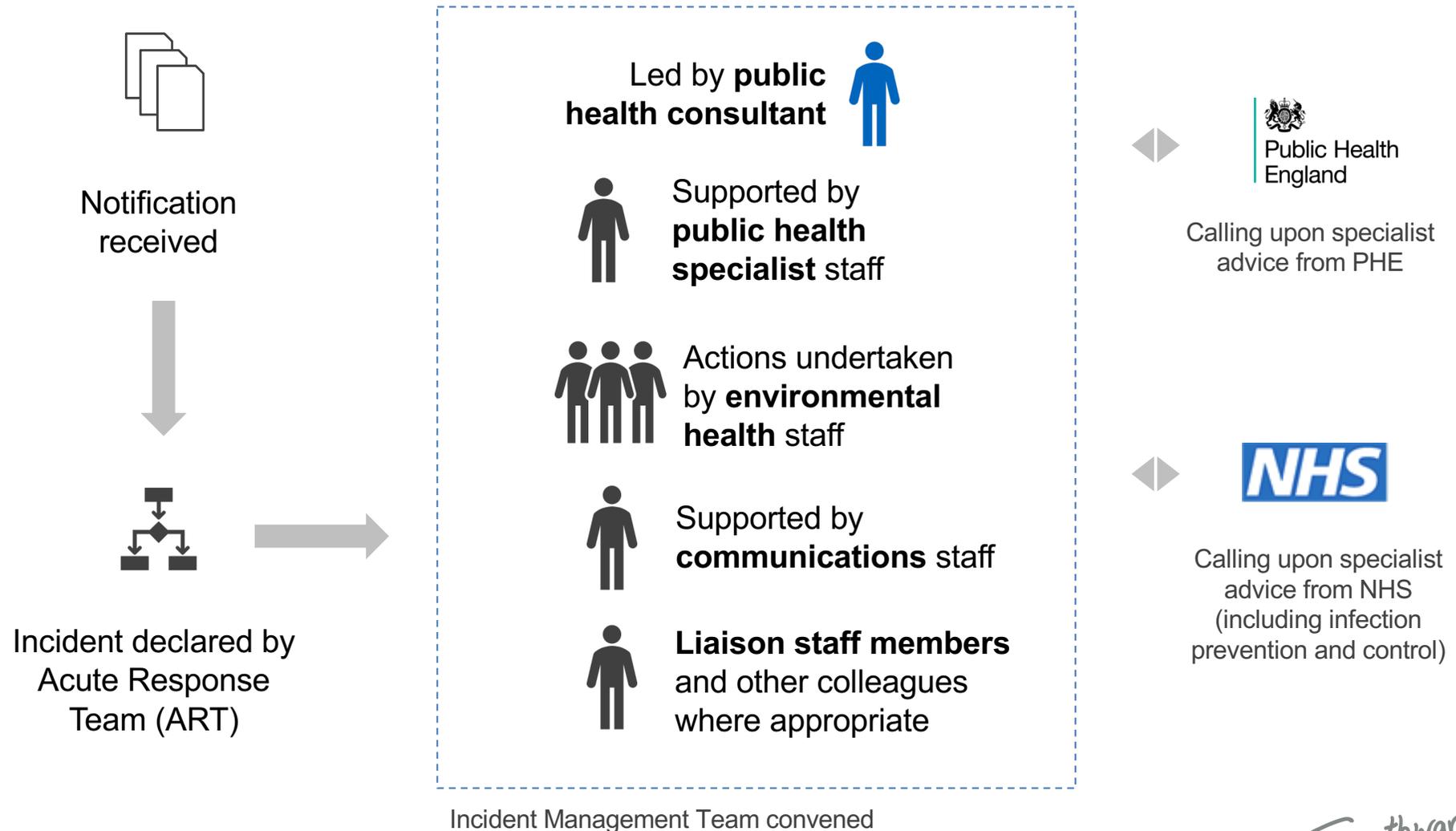
1. LCRC to risk assess and provide outbreak control
2. LCRC determines if an LCRC-led IMT should be convened
3. LCRC notifies SPOC
4. Southwark IMT provides support and liaison on local issues and provision of testing

### **Workplaces, communities and commercial venues**

1. LCRC notifies SPOC
2. Southwark to risk assess and provide outbreak control with determination of a Southwark-led IMT
3. Southwark IMT liaises with TTS and OPCE as required, and can call on LCRC advice

# The Acute Response Team will review notifications and act to institute control measures where necessary

## INCIDENT MANAGEMENT



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## ACTION PLAN: OUTBREAK PREVENTION & CONTROL EXECUTIVE (OPCE)

OPCE	
Mission & objectives	<p><b>Develop, direct and account for the implementation of the Southwark Outbreak Prevention and Control Plan (OPCP).</b></p> <ul style="list-style-type: none"> <li>▪ Convene and manage strategic development and implementation of the OPCP: working collaboratively across council departments, health partners and other stakeholders.</li> <li>▪ Coordinate with the Pandemic Outbreak Sub-Board and Cabinet where needed to improve the response and transparency of the OPCP.</li> <li>▪ Take decisions on control measures recommended by the Acute Response Team and incident management teams (as they arise) and regional specialist advice.</li> <li>▪ Approve the terms of reference of the operational groups within OPCP and the standard operating procedures presented by said groups.</li> <li>▪ Manage the OPCP risk register and incident reporting systems.</li> <li>▪ Receive and respond to reports from the operational teams.</li> </ul>
Priority activities & deliverables	<ul style="list-style-type: none"> <li>▪ Agree membership, terms of reference and meeting frequency.</li> <li>▪ Run tabletop exercise and subsequent emergency preparedness activities in readiness for activation in July 2020.</li> </ul>
Resourcing	<p>Chaired by the Director of Public Health, with senior level membership including (but not limited to) Director of Commissioning, Director of Education, Director of Children's' Services and NHS Borough Director, Consultant (Health Protection), Director of Communities , Head of Communications. and VCS.</p>
Rhythm and reporting	<p>Fortnightly meeting in the first instance. Reports regularly to the Health and Wellbeing Board.</p>

## ACTION PLAN: ENGAGEMENT AND COMMUNICATIONS GROUP (ECG)

ECG	
Mission & objectives	<p><b>Develop a sustainable and meaningful dialogue with residents, communities and the voluntary sector that enables the exchange of information and intelligence that will facilitate the objectives of the OPCP.</b></p> <ul style="list-style-type: none"> <li>▪ Collate cross-organisational COVID-19 work and broader prevention activities.</li> <li>▪ Identify vulnerable groups and contexts, and bring forward recommendations on how best to engage and collaborate for the purposes of preventing transmission.</li> <li>▪ Develop and implement a community engagement and communications plan with stakeholders (including voluntary sector, social care and health partners) to maximise adherence with national guidance.</li> <li>▪ Steer the activities of the Outbreak Prevention Team on targeted work among high-risk and vulnerable communities and institutions across Southwark.</li> <li>▪ Proactively manage community relationships so as to minimise the adverse consequences of local control measures (such as potential local 'lockdowns') in support of ART / IMT.</li> </ul>
Priority activities & deliverables	<ul style="list-style-type: none"> <li>▪ Map, engage and establish contacts with vulnerable groups and contexts across the borough by the production of an <b>COVID-19 asset and stakeholder register</b>.</li> <li>▪ Deliver a <b>community engagement and communications plan</b>, including public relations and digital engagement to notify people of transmission risks.</li> </ul>
Resourcing	<p>Chaired by a public health specialist with leadership shared jointly between Communications and Community Engagement. Additional communications capacity has been requested in the TTS Business Case.</p>
Rhythm and reporting	<p>Weekly operational meeting and less frequent stakeholder meetings. Reports regularly to OPCE.</p>

## ACTION PLAN: OUTBREAK PREVENTION TEAM (OPT)

OPT	
Mission & objectives	<p><b>Deliver tailored specialist advice (including both infection prevention and control, as well as broader health protection advice) that will reduce transmission, and mitigate the impact of COVID-19 on Southwark’s communities, institutions and workplaces.</b></p> <ul style="list-style-type: none"> <li>▪ Dynamically identify and characterise specific risks arising in communities, transport hubs and workplaces signposted by the ECG.</li> <li>▪ Dynamically identify and characterise specific risks arising in residential settings, schools and early years settings and other close institutions.</li> <li>▪ Build prevention capability in care homes and other high-risk institutional settings by facilitating training and IPC liaison.</li> <li>▪ Work with local community groups to provide guidance and capacity building across Southwark’s statutory, voluntary and private sector.</li> </ul>
Priority activities & deliverables	<ul style="list-style-type: none"> <li>▪ Establish and deliver a <b>menu of training offers for capacity building.</b></li> <li>▪ Establish a <b>rolling-audit</b> of transmission risks and best practice in Southwark in high-risk settings, liaising as required with ECG and ING.</li> </ul>
Resourcing	<p>Led by a public health consultant with operational resource coming from Public Health, Environmental Health and NHS infection prevention and control.</p>
Rhythm and reporting	<p>Weekly operational meeting. Reports regularly to OPCE.</p>

## ACTION PLAN: TEST AND TRACE SOUTHWARK (TTS)

TTS	
Mission & objectives	<p><b>Deliver a safe, effective and sustainable local arm of the national NHS Test and Trace programme for Southwark, that supports and coordinates with national and regional contact tracing efforts.</b></p> <ul style="list-style-type: none"> <li>▪ Receive and process all details of Southwark residents testing positive for novel coronavirus (as the single point of contact, SPOC).</li> <li>▪ Identify and refer circumstances and contexts necessitating further investigation in-line with nationally- and regionally-agreed standard operating procedures and definitions.</li> <li>▪ Support settings to access testing: managing prioritisation and deployment where needed.</li> <li>▪ Manage the referral of Southwark residents requiring additional support to appropriate statutory and voluntary services.</li> <li>▪ Direct local novel coronavirus testing via the use of nationally available testing resources and locally available capacity.</li> <li>▪ Support enhanced asymptomatic testing as directed by the LCRC and ART.</li> <li>▪ Monitoring testing capacity and uptake in key settings, liaising with stakeholders as appropriate and escalating issues.</li> </ul>
Priority activities & deliverables	<ul style="list-style-type: none"> <li>▪ Deliver a <b>business case</b> for expanded capacity across OPCR.</li> <li>▪ Agree <b>SOPs</b> for management of all communication.</li> <li>▪ Approve a staffing <b>rota</b> for delivery of programme on 29 June 2020.</li> </ul>
Resourcing	Led by a Consultant in Public Health with operational resource coming from Public Health and Environmental Health.
Rhythm and reporting	Daily operational meeting. Reports regularly to OPCE.

## ACTION PLAN: ACUTE RESPONSE TEAM (ART)

ART	
Objectives	<p><b>Deliver a responsive health protection function and investigate potential outbreaks of disease (incidents) and institute control measures as needed, liaising with local and regional health protection infrastructure as required.</b></p> <ul style="list-style-type: none"> <li>▪ Establish and maintain standard operating procedures in light of regional and national guidance.</li> <li>▪ Identify incidents and outbreaks and convene incident management teams (IMT) as needed.</li> <li>▪ Provide specialist public health advice where required and escalate local issues requiring specialist health protection advice to LCRC.</li> <li>▪ Act as the liaison between the Local Authority and LCRC in the management of outbreaks.</li> <li>▪ Support settings to manage outbreaks and implement control measures, including access to infection prevention and control advice and personal protective equipment.</li> <li>▪ Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to settings during outbreaks.</li> <li>▪ Coordinate with the OPCE in taking control and enforcement measures as circumstances arise.</li> <li>▪ Record and report on incidents in-line with overall governance and risk management systems and policies.</li> <li>▪ Coordinate health protection responses to queries arriving at the <a href="mailto:publichealth@southwark.gov.uk">publichealth@southwark.gov.uk</a> inbox.</li> <li>▪ Interpret and oversee the implementation of national guidance relating to prevention where needed.</li> </ul>
Priority activities & deliverables	<ul style="list-style-type: none"> <li>▪ Agree London <b>SOPs</b> for management of incidents in liaison with LCRC.</li> <li>▪ Approve a staffing <b>rota</b> for delivery of programme on 29 June 2020</li> <li>▪ Propose <b>working arrangements and governance</b> for sharing resource between Public Health and Environmental Health teams for surge capacity.</li> </ul>
Resourcing	<p>Led by a Consultant in Public Health with operational resource coming from Public Health and Environmental Health.</p>
Rhythm and reporting	<p>Daily operational meeting where incidents are open. Reports regularly to OPCE.</p>

## ACTION PLAN: INTELLIGENCE GROUP (ING)

ING	
Objectives	<p><b>Support an intelligence and evidence guided response to COVID-19 within the borough through the development of a hub for intelligence and epidemiology relating to the outbreak.</b></p> <ul style="list-style-type: none"> <li>▪ Establish operating procedures for the flow and management of information relevant to managing COVID-19 outbreaks in the borough.</li> <li>▪ Identify key monitoring indicators and escalation criteria for reporting to OPCE.</li> <li>▪ Coordinate and respond to queries relating to intelligence and epidemiology.</li> <li>▪ Provide analytical support to the three pillars of the outbreak control plan.</li> </ul>
Priority activities & deliverables	<ul style="list-style-type: none"> <li>▪ Agree <b>SOPs</b> for the flow and management of information relating to COVID-19</li> <li>▪ Establish <b>dashboard</b> of key outbreak indicators with regular reporting to OPCE and Health and Wellbeing Board.</li> <li>▪ Identify key <b>risk sites</b> within the borough including schools, care homes and transport hubs</li> </ul>
Resourcing	<p>Led by the Head of Public Health Intelligence with operational resource coming from the Public Health Knowledge &amp; Intelligence Team and wider Public Health Division.</p>
Rhythm and reporting	<p>Daily operational meeting. Reports regularly to OPCE.</p>

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# A range of evaluation methodologies will be deployed throughout the OPCP implementation

## MONITORING AND EVALUATION APPROACH

### **Formative evaluation and our approach to learning**

A rolling cycle of quality improvement will be undertaken as the OPCP implementation rolls-out. The team will be drawing on their experience of mobilising the COVID-19 Acute Hub where a range of process and safety improvements have been iteratively taken forward over Spring 2020.

### **Outcomes**

A Logical Framework approach to the OPCP's evaluation will be designed over the course of the first month of operation with the plan incorporated into this document.

### **Corporate reporting**

- Narrative milestones for the Outbreak Prevention and Control Plan have been proposed for the new Council Plan.
- A minimum dataset for recording and monitoring performance is being developed with the Intelligence Group. This will enable quantitative performance reporting to OPCE.

# Handling complex outbreak incidents requires a risk management and incident reporting approach

## RISK MANAGEMENT & INCIDENT REPORTING

**A 10x10 programme-level risk register will be collated ahead of OPCE meetings, with team-level risk registers reporting at operational meetings.**

Training will be provided to teams about incident reporting and all incidents will be reported to OPCE following investigation and response by the operational team and appropriate actions taken.

Serious incidents (where a material risk is posed to clinical safety) will be escalated to the consultant on-call and the Director of Public Health the time of identification.

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# The OPCE will continue to adapt the OPCP to ensure it best reflects the context, evidence and guidance

## FEEDBACK AND CONTACT

**A widespread roll-out of a vaccine is unlikely until mid 2021, and with an intervening winter period, it is likely that population-level control measures will require continual adjustment.**

- Enacting local control measures is critical to enabling as much of the population to go about their usual business and interactions as possible.
- The broader economic and societal implications of the pandemic and its control measures will be experienced for many years into the future.

Throughout this we must carefully monitor inequalities arising immediately, and anticipate inequalities likely to arise in the future. Creating a fairer and more equal society is an opportunity that this pandemic poses.

**The Outbreak Prevention and Control Executive welcomes all parties in supporting and contributing to our collective effort amidst this challenging time.**

**We welcome your thoughts and your feedback at [publichealth@southwark.gov.uk](mailto:publichealth@southwark.gov.uk).**

# Southwark's Outbreak Prevention and Control Plan (OPCP)

## Appendices

Southwark Public Health Division  
Environment, Leisure & Public Health

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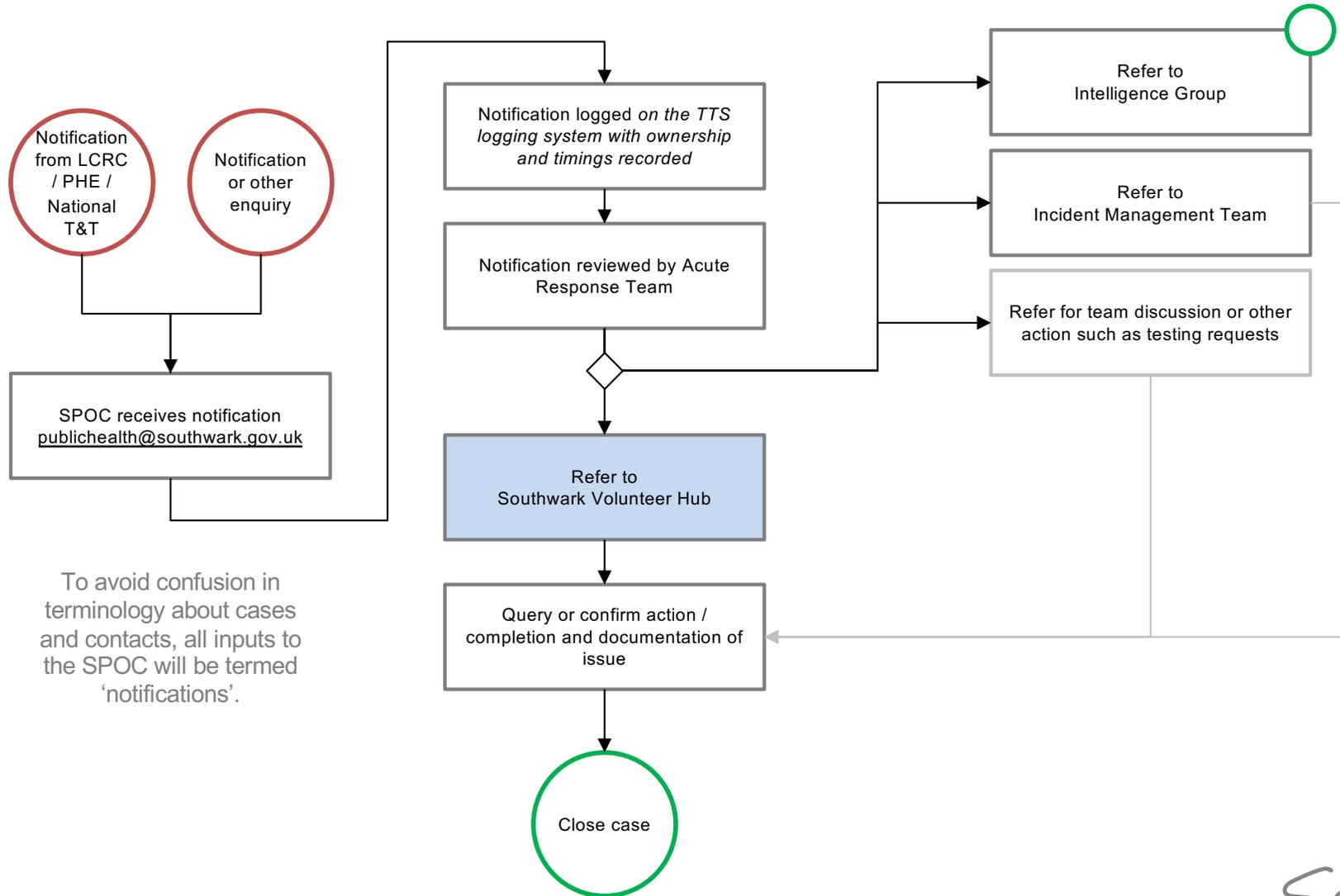
## APPENDIX A: RESPONSIBILITIES BETWEEN LOCAL RESPONSE AND LCRC

Setting or community	Outbreak Lead / Support
Care homes* (Adults and children) and other residential care settings	LCRC
Schools (primary and secondary), early years settings, universities / colleges and special schools	LCRC
Hospitals, mental health trusts and clinical settings	LCRC / Trust
Prisons and other prescribed places of detention	LCRC / NHSE
<b>Hostels</b>	LCRC / LA
<b>Workplaces</b>	LA / LCRC
<b>Commercial premises – retail, leisure services, indoor and outdoor event venues, catering and entertainment venues.</b>	LA / LCRC
<b>Faith settings</b>	LA / LCRC
<b>Community venues and community clusters</b>	LA
<b>Transport hubs</b>	LA
<b>Hard to reach communities including homeless</b>	LA

Common SOPs have been developed for these settings with LCRC.

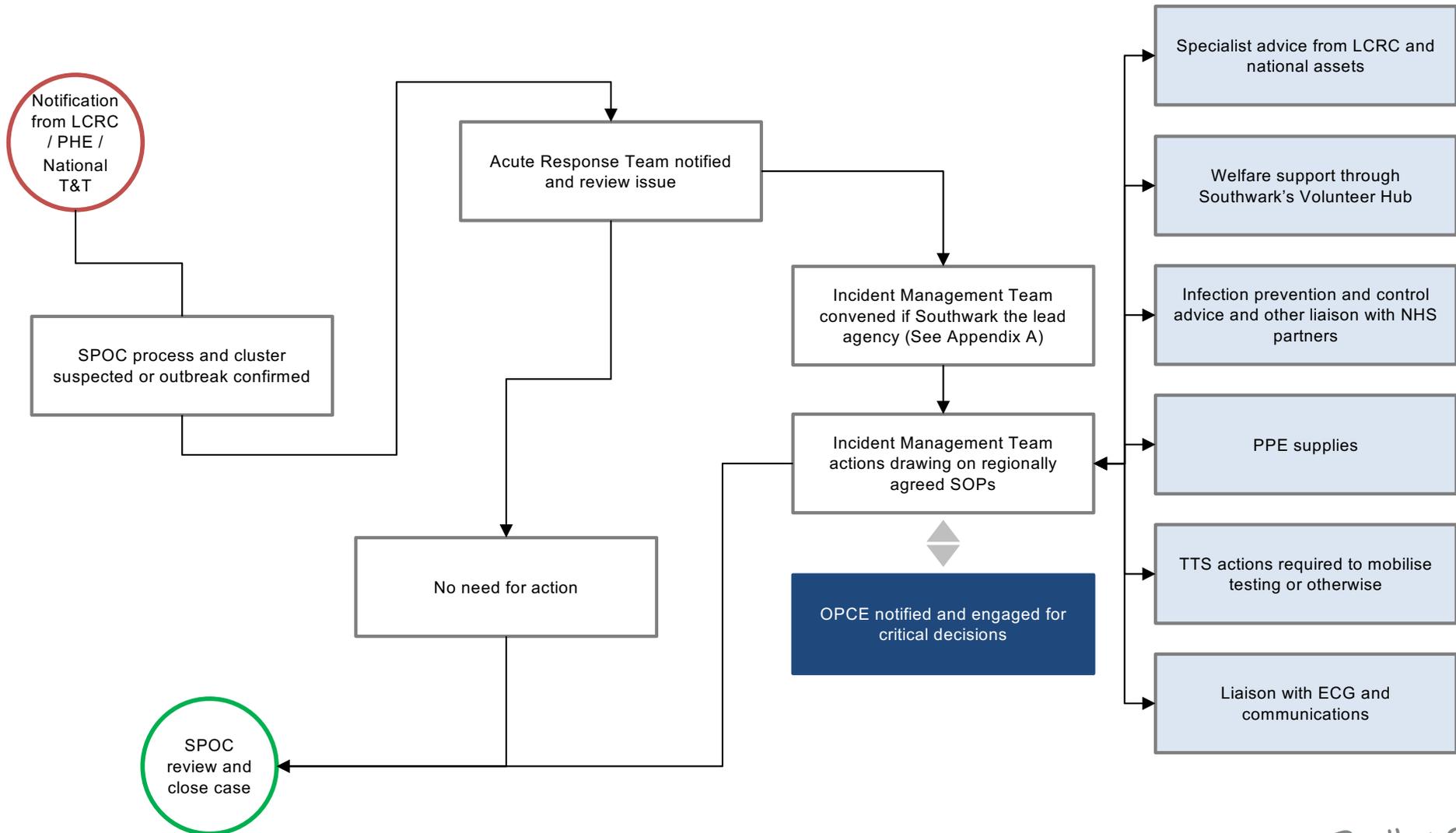
\* - A separate prevention plan has been submitted to the Department of Health and Social Care.  
 LCRC – London Coronavirus Response Cell operated by Public Health England  
 LA – **Local authority**; NHSE – NHS England

# APPENDIX B: STANDARD OPERATING PROCEDURE FOR SPOC



To avoid confusion in terminology about cases and contacts, all inputs to the SPOC will be termed 'notifications'.

# APPENDIX C: HIGH LEVEL SOP FOR INCIDENT SCENARIOS



# Glossary

**ART** – Acute Response Team – provides day to day routine support

**IMT** – Incident Management Team – convened as required to manage serious incidents or outbreaks

**LCRC** – the London Coronavirus Response Cell – the Public Health England London level health protection service for complex settings and incidents

**OPCP** – Outbreak Prevention & Control Plan

**OPCE** – Outbreak Prevention Control Executive – the coordination and operational board with multi agency senior officers

**SPOC** – Single Point of Access for contacting Test and Trace Southwark

**TTS** – Test and Trace Southwark – the local arrangements

**Find out more at**  
[southwark.gov.uk/publichealth](https://southwark.gov.uk/publichealth)

Southwark Public Health Division  
Environment, Leisure & Public Health

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## **Southwark's COVID-19 Test and Trace Communications and Engagement Strategy** (incorporating its Outbreak Control communications plan)

### **Key roles**

**Lead spokesperson:** Cllr Peter John, Leader

**Supporting spokespeople:** Cllr Evelyn Akoto, Cabinet Member for Community Safety and Public Health; and Jin Lim, Director of Public Health

**Chief officers:** Eleanor Kelly, Chief Executive/Caroline Bruce, Strategic Director, Environment, Leisure and Public Health

**Lead officer:** Louise Neilan, Head of External Affairs

**Supporting officers:** Kirsten Watters, Jess Leech, Jasbinder Baddhan, Rosie Dalton-Lucas, Justin Ashworth

### **Background**

In June 2020 the Government announced plans for a comprehensive test and trace approach with local councils playing a key role in a system which aims to reduce the spread of COVID-19.

In Southwark an Outbreak Control Plan has been published which sets out Southwark's approach to mitigating the impact of novel coronavirus on Southwark's population and communities, focusing on those most at risk.

There are three elements to the plan: prevent, identify and control. Communications and engagement will be key to the success of both the prevention and control elements. Although there is a great deal of work going on to help prevent outbreaks in specific settings such as schools and care homes, responsibility for managing an outbreak in these settings sits with other agencies. Our focus in this strategy is therefore on community outbreaks, which councils are responsible for managing.

The strategy builds on work already completed as part of the council's COVID-19 communications plan, which has included the promotion of healthy behaviours and testing through council channels, including widespread posters/banners, our newsletter, social media and Southwark Life magazine.

### **Research and analysis**

#### **Current position**

Early in the COVID-19 outbreak, rates in London were very high, and Southwark had the highest rate in inner London due to early recording of cases, and the density of our borough. However, in recent weeks there has been a decline in cases in London and Southwark. In the seven days up to 2/7/20, Southwark had 3.2 cases per 100,000 (compared to 141 in Leicester which has been subject to a local lockdown, and 179 in Merthyr Tydfil in Wales where an outbreak in a meat processing plant led to a sudden rise). Despite some reports of mass gatherings with a lack of social distancing in recent weeks, daily reports of positive cases remain in single figures. However, the reopening of pubs, restaurants, playgrounds and other facilities in early

July, gives us cause for concern, and we will be closely monitoring our data, so that we can respond quickly to any rise.

## **Awareness and perceptions**

Across London, research shows that awareness of the test and trace system, including how to get tested and when to self-isolate remains fairly low. Forty six per cent of Londoners don't know how to get a test and 35% know little or nothing about NHS Test and Trace.

Londoners from Black, Asian and minority ethnic backgrounds and those over 65 are least likely to know how to get a test.

We also know from focus groups in London, that among those who do know how to get tested, there are barriers that could prevent them from doing so, including worries about the impacts of self-isolating such as disruption to food security, education, employment. There are also concerns about personal data security and ethics.

In some parts of London, residents said they would be more likely to follow advice if the messaging referred to their specific local area such as 'Keep Peckham safe' whereas others preferred 'Keep London safe'. This has not been tested in Southwark so a combination of messages may be advisable and can be tweaked based on evaluation. The London message has the advantage of also speaking to visitors who travel across boroughs.

In addition to these groups, the government has identified young people (aged 18-24), single mothers with young children, and people of working age as key targets for test and trace communications.

## **Objectives**

### **Prevention**

To use clear, simple, compelling and wide reaching communications to promote safe and healthy behaviours which help protect residents and prevent the spread of COVID-19

To increase awareness of test and trace so that anyone who develops symptoms or is identified as a contact understands the process and knows how to respond

To reassure residents that following the recommended advice re test and trace need not have a detrimental impact on their lives and that support is available

To make best use of our established network of community, business and faith groups, to help reach all our communities with clear messaging and signposting to support

## **Outbreak control/lockdown**

To ensure we have a clear plan to communicate quickly with local people and other stakeholders in the event of an outbreak or local lockdown so everyone understands what they need to do and why.

## **Strategy**

To prevent an outbreak happening in the first place, we will support all of our residents, communities and businesses to understand and continue to comply with public health advice. This includes advice to have a test if you get symptoms and to help trace people you've been in contact with to prevent further spread of infection.

We will be open and transparent with local people about our rate of infection, by publishing the data on our website and sharing it through our regular communications. Any increase would lead to a ramping up of communications and messages.

By using messages and an overarching narrative developed and agreed across London, we can support all Londoners to feel safe and reassured to engage with NHS Test and Trace. Communicating the same consistent messaging across London will also avoid confusion among our communities and reinforce that NHS Test and Trace will play a key role in keeping Londoners safe.

We will also target these messages at specific groups and parts of the borough where we know the risk of transmission, the impact of the disease, or awareness of the risks is greater, working closely with community groups, businesses and councillors to help reach all our communities.

Furthermore, in the event of a local outbreak we will need to quickly and effectively contact people at risk of catching it with advice that prevents them from passing it on. This will be key to preventing further spread of infection, rumours and misinformation. To support this, we have developed a clear set of processes, involving local communities, so that we can respond quickly and effectively in the event of a local outbreak.

To achieve this, a bank of template materials has been developed for London, including letters, a phone script and marketing materials, that can quickly and easily be locally adapted. In order to reach all of our vulnerable and diverse communities, resources will be available in different community languages.

## **Key messages**

- 1) Keep Southwark Safe (Peckham/Camberwell/Borough etc) – the best way to avoid another lockdown is to keep your distance and get tested if you have symptoms
- 2) If you have any coronavirus symptoms (cough, temp, loss of taste or smell) stay at home and arrange a test by visiting [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus)

- 3) If you have to self-isolate, support is available. Visit <https://www.southwark.gov.uk/health-and-wellbeing/public-health/for-the-public/coronavirus>
- 4) Keep your distance - the best way to prevent the spread of COVID-19 is to keep your distance from other people who aren't part of your household
- 5) Wash your hands often, and for 20 seconds.
- 6) If you are able to, wear a face covering, especially in shops and on public transport

## Audiences

These key local audiences are important to this strategy both as groups whose behaviour we aim to influence, and as allies to help us reach a larger number of local people:

- All residents including those in our vulnerable and diverse communities
- Council staff
- Councillors and MPs
- Voluntary and community sector organisations
- Community and faith leaders
- Workforce of local sectors/organisations who can help us raise awareness – e.g. TfL, NHS, Health and Social Care
- Businesses – from small businesses to large organisations
- Social venues, especially those serving alcohol
- Trade unions
- Early years settings, schools, universities
- Staff in high-risk settings – e.g. care homes
- Landlords of houses of multiple occupation, or where overcrowding is likely
- Media – including media aimed at specific communities e.g. local BAME media
- Local stakeholders – e.g. PHE London, Metropolitan Police, universities

## Target demographics/audiences

In addition to widespread universal messaging to increase awareness of test and trace and healthy behaviours, we will take a targeted approach to reaching those who are most vulnerable to the disease, and to those who may be less likely to respond to general communications.

We know that some groups have been disproportionately affected by C-19, as well as in many cases having lower awareness of test and trace, and as such it is important that we go further in our efforts and plans to reach them with our key messaging and targeted engagement.

These groups include older people, men, people from black and ethnic minorities, people who live in deprived areas, those with underlying health conditions, and those working in public-facing jobs.

We have also, more recently, seen outbreaks across the country among people working in specific workplace settings such as those involved with food production. Our strategy will also ensure we are working closely with local business networks and communities to identify and target specific workplaces that may be more at risk of an outbreak.

## **Tactics and channels**

A London-wide test and trace campaign has been created, informed by research and resident focus groups, to reach our diverse communities with simple but engaging messages. Southwark will use, amplify and 'localise' the Keep London Safe campaign and materials (see Appendix 2) to ensure consistency across London with the use of this strong campaign which has been specifically designed for London.

Keep London Safe is due to launch at the end of July, with the support of the Mayor of London, and will have wide reach with advertising planned on public transport, out of home advertising sites and social media.

We will use and share the posters, social media materials, core script for community groups, translated materials, accessible materials and other useful collateral, which we will also add to. Officers across the council are currently working together and with the community to map out who can help us reach our target audiences with this messaging, and we are developing an operational plan for dissemination and engagement. This will complement and enrich our corporate communications using the same messaging via council and partner channels such as social media, newsletters, posters, magazines and letters (more detail below).

## **Communications channels**

We will use the following channels to get our message out to those who live and work in the borough:

- Local media including Southwark News, SE1, South London Press and News Shopper (some good local reach via print, social media and BBC syndication)
- Regional and national media are better read by our residents but are more likely to cover the London and national campaigns. However, they would be a useful channel for us to reach residents and reassure them and other stakeholders that Southwark is in control of any outbreak.
- Council enewsletter – goes to 100,000 subscribers, open rate currently 30-40% but likely to be higher in an emergency as it was when lockdown began.

- Internal communications - many of our staff are residents, others have direct daily contact with our residents and businesses, and so it will be essential to engage our staff in this campaign.
- Social media – we will use Twitter, Facebook and Instagram to reach our followers with a mix of clear messaging and brief videos from our spokespeople and community leaders (in different languages as appropriate). We will also try to engage local celebrities or influencers to help extend our reach.
- Schools – we will keep our school updated with the latest situation, and ask them to share key messages with parents and families through their regular communications
- GP surgeries – GPs often offer patients a text service. Via the CCG we can ask GPs to text all registered patients with key messages
- Out of home advertising – limited in Southwark but we will explore available options, and there will also be London-wide advertising on billboards and public transport.

## Engagement

We cannot rely on broadbrush communications if this strategy is to be successful. We need to reach a number of different target audiences, some of whom may not engage with council communications either because of language barriers or digital barriers. It is therefore essential that we work with our local community leaders, groups, and voluntary and community sector, to ensure this campaign has as wide a reach as possible. We will ask the following groups to help us disseminate messages, understand and overcome barriers, and in some cases work intensively with specific groups who need extra support.

We will also seek advice on hyperlocal media that we may be able to work with to disseminate messages to help us reach some of our target groups, particularly those who may not speak English as a first language.

We hope the following colleagues and groups will be advocates for Southwark's test and trace programme, and help us to support communities across the borough. We are currently developing more detailed plans for working with the VCS and business community over the coming months. This may involve commissioning specific support to amplify messaging for communities at risk; to support behaviour change within communities; and to ensure local communities can feed in to improve effectiveness of the programme. This process will need to evolve and respond to feedback from community leaders. For example, if a specific concern regarding behaviours or lack of awareness is identified in a church or business, we will offer additional support as appropriate.

- Community groups/VCS including faith groups
- Business community

- Tenant and Resident Associations
- Frontline council staff (eg Resident Services Officers)
- Ward councillors and MPs
- Other local public services (police, fire, health)

### **Evaluation**

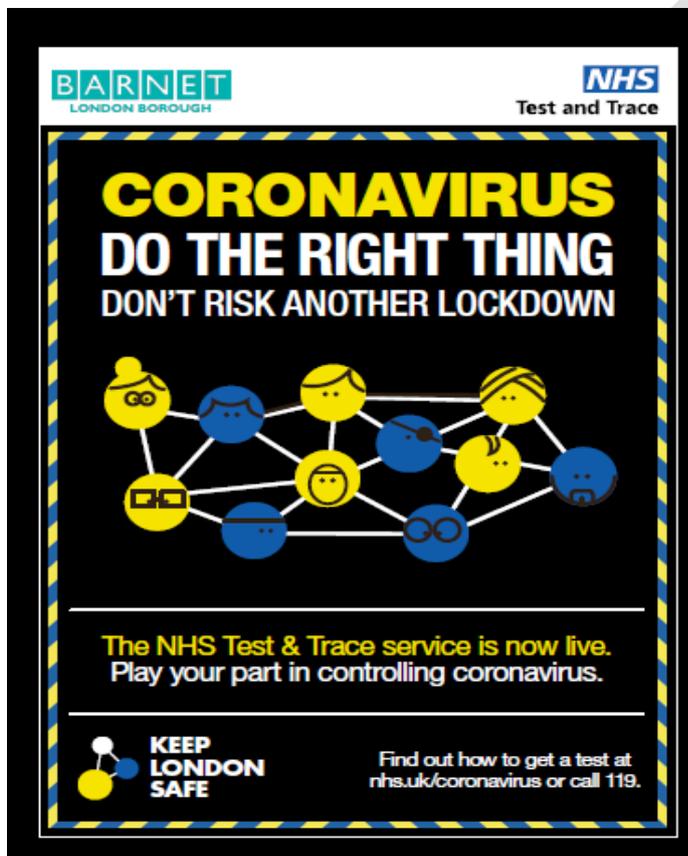
As we share some of our objectives and messages with other agencies, it will therefore be challenging to evaluate the impact of all our activity. However, we will monitor the success of our communications in signposting residents to testing, encouraging takeup of testing and contact tracing, and work with the community to measure awareness. The success of this strategy and the outbreak control plan depends on constant evaluation of our success, by monitoring rates of infection, and adapting our plans and approach accordingly.

## Appendix 1: Communications flow in a community outbreak scenario

- 1) DPH briefs Leader, CE, Gold, Head of External Affairs
- 2) Leader informs Cabinet, CE informs COT
- 3) Message drafted and agreed with those listed above to include:
  - Scope and location of outbreak
  - Immediate actions taken (closure of setting?)
  - Clear instructions for those in affected area/setting
  - Clear instructions for wider population (eg stay at home, avoid area x, continue to follow basic test and trace advice)
  - Quote from the Leader – reassurance, explanation of what we are doing, reiterate advice as per above
- 4) Agreed message shared via some or all of the following channels (proportionate to size of impact):
  - Resident newsletter (100,000 subscribers)
  - Email briefing for all councillors and local MPs
  - Twitter, Facebook and Instagram using key messages and brief video messages as appropriate
  - Council website
  - Health partners
  - Intranet and all staff email
  - Local media (and national if appropriate)
  - Tenants and residents associations
  - HMO Landlords and Housing Associations
  - Voluntary and Community Sector (via Community Southwark)
  - Faith groups via the Faith Network
  - GPs (request for them to share basic messaging with patients via their text service)
- 5) Quickly distribute appropriate materials to the area affected. This process will be carefully mapped for different scenarios but depending on the scenario, it could include hand-delivered leaflets or letters to residents and businesses in the affected area (translated as required); posters distributed to resident services officers for placing prominently across an estate; community doorknocking; social media messaging targeted by area or demographic; and core scripts in appropriate languages sent to voluntary and faith organisations who can help to get the message out.
- 6) Comms support for settings where an outbreak occurs  
 The council's External Affairs team offers support to local organisations such as schools in the event of a crisis or emergency. If an outbreak were to occur in a local setting, the team will work with Public Health colleagues to offer advice and support to partners and businesses on issues such as stakeholder communications, media relations and internal comms.

DRAFT

Appendix 2 – examples of London-wide communications materials which will be used in Southwark, with the council’s logo, and local place names added.





DRAFT

<b>Item No.</b> 11.	<b>Classification:</b> Open	<b>Date:</b> 27 July 2020	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Update on the review of the Health and Wellbeing Board	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Jin Lim, Acting Director of Public Health	

## RECOMMENDATIONS

1. To note the options for consideration emerging from the Health and Wellbeing Board review that commenced in February 2020 (Appendix 1). This review was paused in early March due to the pandemic.
2. To request that partners consider these options alongside the Health and Wellbeing Board's additional oversight function for pandemic outbreak prevention and control.
3. That a final review report be brought back for agreement to the Health and Wellbeing Board in September setting out the refreshed Terms of Reference and relationship to Partnership Southwark and the Southwark Borough Based Board.

## BACKGROUND INFORMATION

4. Health and wellbeing boards were established under the Health and Social Care Act 2012 where key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They have a statutory duty, with clinical commissioning groups (CCGs) and local partners, to produce the joint strategic needs assessments for the local population<sup>1</sup> (including the pharmaceutical needs assessment) and the joint health and wellbeing strategy.
5. The Health and Wellbeing Board began the review to refresh its Terms of Reference in February 2020 in light of the recent changes to the health and care system, namely the establishment of the SE London CCG and the Integrated Care System (ICS) and the emerging Borough Based Board (CCG) and Partnership Southwark.
6. A multiagency stakeholder workshop was held in February 2020 to re-visit the statutory requirements and guidance relating to the establishment of health and wellbeing boards<sup>2</sup> alongside the more recent requirements to establish

<sup>1</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf)

<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf)

integrated care systems (ICS)<sup>3</sup>. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. There were also follow up discussions with individual partners. Although the review was paused in early March due to Covid 19 pandemic priorities, a number of emerging options have been identified for consideration. The options are set out in Appendix 1.

## KEY ISSUES FOR CONSIDERATION

7. The options for consideration are set out in Appendix 1. It should be noted that the options are mutually exclusive and that it may be possible to combine options in particular for options 3 and 4.
8. Further stakeholder discussions will take place on the 4 options over August and a paper with recommendations will be brought back to the Health and Wellbeing Board in September.

## Community impact statement

9. The review and proposed options all seek to improve the health and wellbeing of the population.

## Legal implications

10. There are no immediate legal implications arising from this paper, although there may be implications depending on which option is adopted in the future.

## Resource implications

11. There are no immediate resource implications.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark's Constitution – who takes decisions	Constitution	Tim Murtagh <a href="mailto:Tim.Murtagh@southwark.gov.uk">Tim.Murtagh@southwark.gov.uk</a>

## APPENDICES

No.	Title
Appendix 1	Health and Wellbeing Board review – draft options
Appendix 2	Health and Wellbeing Board Terms of Reference (March 2016)

<sup>3</sup> <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

**AUDIT TRAIL**

<b>Lead Officer</b>	Jin Lim, Acting Director of Public Health
<b>Report Author</b>	Jin Lim, Acting Director of Public Health
<b>Version</b>	Final
<b>Dated</b>	19 July 2020

## DRAFT Options from Review \*

## APPENDIX 1

	Options	Strengths	Weaknesses
[1]	<p><b><u>No change</u></b></p> <ul style="list-style-type: none"> <li>▪ Continue with current Health and Wellbeing Board arrangements as-is.</li> <li>▪ Develop Partnership Southwark and the Borough Based Board in parallel and separately</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintains current well developed HWBB arrangements</li> </ul>	<ul style="list-style-type: none"> <li>▪ Does not take account of the synergies in scope and the overlap in membership</li> <li>▪ Potential duplication in agenda</li> </ul>
[2]	<p><b><u>Extend role of Health and Wellbeing Board</u></b></p> <ul style="list-style-type: none"> <li>▪ Co-opt additional members to Health and Wellbeing Board and extend its function and scope to cover the role of Partnership Southwark</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintains current well developed HWBB arrangements</li> <li>▪ Keeps it simple</li> <li>▪ Takes advantage of synergies in membership and representation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Extends size of agenda and remit and scope for Board.</li> <li>▪ Practicalities of increased and broader membership of HWBB, agenda management due to board scope &amp; lengthy meetings</li> <li>▪ Additional pressures arising from pandemic oversight</li> <li>▪ Out of step with other boroughs and SEL / national approaches</li> </ul>

[3]	<p><b><u>Create integration board as sub board of Health and Wellbeing Board</u></b></p> <ul style="list-style-type: none"> <li>▪ <b>Create Partnership Southwark as a sub group of the Health and Wellbeing Board with separate chairing and augmented representation</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintains strong linkage to HWBB and its role</li> <li>▪ Maintains an overall accountability to HWBB</li> <li>▪ Ensures a level of separation and enables broader system ownership</li> <li>▪ More manageable agenda</li> <li>▪ Takes advantage of synergies in membership and representation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires further clarification of governance and decision making and committee administration</li> </ul>
[4]	<p><b><u>Develop the Health and Wellbeing Board as the public and community engagement board to inform and shape integration</u></b></p> <ul style="list-style-type: none"> <li>▪ <b>The Health and Wellbeing Board continues to fulfil its statutory scope and leads on public and stakeholder engagement which will then shape the direction for Partnership Southwark.</b></li> <li>▪ <b>Establish Partnership Southwark as the partnership board for commissioning and systems integration.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintains strong linkage to HWBB and its role</li> <li>▪ Maintains an overall accountability to HWBB</li> <li>▪ Ensures a level of separation and enables broader system ownership</li> <li>▪ More manageable agenda</li> <li>▪ Takes advantage of synergies in membership and representation</li> <li>▪ Fits well with the engagement and oversight function for pandemic control and prevention</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires further clarification of governance and decision making and committee administration</li> <li>▪ Requires further scoping of public engagement function and identification of resourcing</li> </ul>

\*\* Informed by February 2020 workshop and draft notes.

## APPENDIX 2

### Health and Wellbeing Board Terms of Reference

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#### PART 3L: HEALTH AND WELLBEING BOARD

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#### ROLE AND FUNCTIONS

1. The Health and Social Care Act 2012 requires the local authority to establish and participate in the health and wellbeing board. The board shall be established as a committee of the council (section 102 of the Local Government Act 1972, subject to regulations issued by government).
2. The Health and Social Care Act 2012 states that the health and wellbeing board will have various functions. These include those conferred on it directly, such as the duty to encourage integrated working and in particular encourage the use of National Health Service Act 2006 powers to pool health budgets. It also includes duties conferred jointly on the local authority and its partner clinical commissioning groups (CCGs) but which must be discharged by the board. These joint duties include the preparation and publication of joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs).

#### MATTERS RESERVED FOR DECISION

3. To prepare and publish a JSNA and a JHWS to meet the needs identified in the JSNA in relation to the local authority's area.
4. To recommend the final version of the JHWS to be signed off by cabinet and the CCG governing body.
5. To involve third parties in preparation of the JSNA and JHWS including the Local Healthwatch and people living or working in the area, having regard to guidance from Secretary of State.
6. Together with each of its partner clinical commissioning groups, to have regard to the JSNA and JHWS in the exercise of any function.
7. When developing the JHWS, consider extent to which needs could be met more effectively by making arrangements under National Health Service Act 2006, to pool health budgets.
8. To appoint additional members as the board sees fit beyond the statutory membership. It is noted that the local authority may also appoint such additional members as it sees fit (in consultation with the board if an appointment is made after the establishment of the board). The board will determine if these members are voting or non-voting.
9. To establish any sub-committees or working parties including appointment of chair, terms of reference and membership. The board shall identify the resources to support the body and the time period for which the body is established.
10. To consider the working programme of the board including its aims and priorities and to keep these under review.

## Membership

11. The health and wellbeing board includes the following voting members:

- Local authority councillors, who will be (or be nominated by) the leader of the council\*
  - The leader of the council\*
  - The cabinet member for health and adult social care\*
  - The cabinet member for children's services\*
- The chief executive of the council
- The strategic director of children's and adults' services\*
- The director of public health\*
- Three representatives from the clinical commissioning group\*
- A representative of Southwark HealthWatch\*
- A representative from King's Health Partners
- Southwark Borough Commander, Metropolitan Police Service
- The chief executive of Community Action Southwark.

\* - Denotes a statutory member of the board.

## Notes

- a) At the current time none of the council's executive functions are delegated to the health and wellbeing board. Any decision for the board to exercise any local authority executive functions would be determined by the leader of the council, under the "strong leader" arrangements.
- b) The board will operate in accordance within the council's existing decision-making framework and normal council budget setting processes.

