

# Southend-on-Sea Local Outbreak Management Plan

**How we will manage Coronavirus outbreaks, and improve vaccination uptake.**

**May 2022**

## Document History

Version	Date	Author	Commentary
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## Document Approval

Name	Project Role / Title	STATUS*	Approver**
Andy Lewis	Chief Executive	A	Yes
Cllr Kay Mitchell	Cabinet Member	A	Yes
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\* Key: R - Responsible for delivery, A - Accountable

\*\* Denotes formal approvers of this document.

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## 1. Introduction

The future path and severity of the virus is uncertain, and it may take several years before the virus becomes more predictable. As a result, Southend City Council and partner agencies will continue to work closely together in taking steps to ensure there are plans in place to maintain resilience against significant resurgences or future variants and remain ready to act if a dangerous variant emerges.

The Government's latest strategy, as documented in the ['Living with Covid'](#) plan, has moved us away from a focus on reducing prevalence, to prioritising measures which reduce the risk of serious harms to vulnerable people, reduce the burden on the NHS and protect the economy. The Government's goal is to move towards managing COVID-19 in line with other respiratory viral illnesses and promote behaviours that can reduce the transmission of such viruses.

We are awaiting further guidance from UKHSA and the latest Contain Framework in order to clarify responsibilities and expectations of Local Authorities going forwards as a result of the end of the Contain Outbreak Management Fund (COMF) which allowed Local Authorities to resource the local response. So the following Local Outbreak Management Plan outlines our current functions and contingency plans. This document will be updated as and when the national guidance changes. Unless otherwise stated, the below outlines the actions that the Local Authority will take in each of the areas listed.

This plan is intended to help us to continue to live with Covid-19 and should we need to respond to a similar disease we have a plan that will give us the ability to upscale as required, using the learning we have gained throughout the pandemic.

## 2. Outbreak Management

Outbreak management in high-risk settings (eg. Care homes) remains the first priority of the Council's Covid response work and regular communication with care settings will continue as there have been limited changes to the guidance in this area. Overall, settings now have much more responsibility for outbreak management compared with earlier in the pandemic. The Southend Public Health team will provide Infection, Prevention & Control (IPC) and outbreak management advice.

The LA may be notified of potential outbreaks via the UKHSA HPT, or through local intelligence from businesses and/or residents. The public health team will inform the HPT as necessary and carry out investigation and provide advice and information to support management of the outbreak and reduce onward transmission.

This may include but is not limited to provision of IPC advice and information, investigation and review of the circumstances of the outbreak and its route cause, facilitation of testing, contact tracing, on site visits, IMTs. Any investigation and action required in relation to the outbreak will be based on assessment of the risk and directed by the HPT, Director of Public Health or clinical lead as appropriate, in accordance with current government guidelines and the MOU.

NOTE: If there is a new VOC (Variant Of Concern) then our response will be directed by UKHSA.

## Care settings

Given the nature of these settings, in the Government's 'Living with Covid' plan there have been less significant changes in the advised mitigations for health and social care staff identified as cases or as contacts of COVID-19.

Baseline measures	<ul style="list-style-type: none"><li>• Routine testing continues in health and social care settings</li><li>• Care settings and positive cases linked to, or residents of care settings are monitored daily through the positive case line list. In addition, care homes are proactively encouraged to report positive cases in staff or residents to the Covid Support Team. UKHSA will undertake an initial risk assessment, advise the care home on infection control measures and hand over the follow-up of the outbreak to the LA.</li><li>• Outbreaks need to be actively managed by the setting manager to mitigate any risk. This is done with the support of the Covid support and Quality team. This includes the monitoring of outbreak testing and recovery testing as required.</li><li>• Care settings are contacted regularly, and outbreak status is reviewed on a weekly basis. Those settings which are cause for concern are escalated in accordance with the IMT prioritisation matrix and IMTs are conducted as informed by the matrix and in consultation with the clinical lead.</li><li>• Care homes in outbreak wishing to take new admissions are required to provide formal risk assessment to the Covid team to support the admission. These are reviewed by the clinical lead and the outcome decision in relation to the admission documented. If it is considered necessary, an IMT will be conducted to review the details on a case-by-case basis.</li><li>• All activities are carried out in accordance with the current MOU, care setting SOP, and government guidelines.</li><li>• Care providers received PPE free of charge until March 2023 from the national PPE portal. Infection control guidance and training is available via the national scheme.</li></ul>
How we will upscale	<ul style="list-style-type: none"><li>• New measures to increase resilience across the whole care sector (care homes, domiciliary care, and supported living) are being built into provider's contingency plans, including financial resilience measures.</li><li>• Staffing capacity is being regularly reviewed alongside the trends in cases and outbreaks in order to pre-empt significant rises in demand. As care setting outbreak management is the first priority of our response, other members of the team will be tasked with supporting this work in the first instance. Business support in the team will undertake more of the administrative tasks associated with outbreak management to make best use of skills in the team.</li><li>• Other staff in the Public Health and Environmental Health teams who have returned to substantive roles will be recalled to support this work</li><li>• Recruiting agency staff will be a last resort</li><li>• Communication issued to all schools and settings or any guidance changes or need to upscale our actions</li></ul>

## Adult Social Care

In response to Covid-19, Southend City Council and our neighbouring councils worked closely to develop a framework called the Local Authority Pressures Escalation Level (LAPEL) to respond to escalating pressures from Covid-19 across social care delivery in Essex. The LAPEL framework is a way of presenting the current level of challenge for adult social care. It mirrors OPEL (Operational Pressures Escalation Level) which is the system used by hospitals and the ambulance service. The framework provides a structure around which the emergency response can be delivered. However, any response will be dynamic. The levels are:

Level	Description
LAPEL 1	Business as usual
LAPEL 2	Ordinary business continuity actions
LAPEL 3	Major pressures
LAPEL 4	Unable to meet care needs

Both LAPEL 3 and LAPEL 4 are expected to be very unusual and represent a very concerning situation. The LAPEL system is used to share information about the current position, and to create a set of agreed actions to mitigate pressure that can be put in place quickly.

A set of trigger points for LAPEL declaration have been agreed and these are set out below (see the [Appendices](#) for more information).

		Community No Formal Care		People waiting in short term Residential Care		People waiting in Short term Domiciliary Care		People waiting in hospital
Level	Description	Number	LoS	Number	LoS	Number	LoS	Number
LAPEL 1	Business as usual	up to 5	1-3 days- stable	up to 30	less than 28 days - stable	up to 15	less than 7 days - stable	up to 5
LAPEL 2	Ordinary business continuity actions	5 - 10	1-5 days - increasing	up to 30	increasing	15 - 20	increasing	5 - 10
LAPEL 3	Major pressures	10 - 15	increasing	more than 30	increasing	20 - 30	increasing	10 - 20
LAPEL 4	Unable to meet care needs	more than 15	increasing	more than 40	increasing	more than 30	increasing	more than 20

## Education

Baseline measures	<p>Staff and pupils in mainstream secondary schools are not expected to continue taking part in regular asymptomatic testing. Schools will no longer alert us of every case and only seek guidance from the Local Authority when the agreed threshold has been reached:</p> <ul style="list-style-type: none"><li>• Hospital admission for Covid-19 linked to attendance at an education setting</li><li>• There is severe operational disruption to face-to-face education</li><li>• The setting has requested to bring in special measures to deal with an outbreak eg. Face coverings, bubbles, closing the school/certain year groups.</li></ul> <p>Educational settings will only be considered for public health intervention and outbreak management in these circumstances.</p>
How we will upscale	<ul style="list-style-type: none"><li>• Communication issued to all schools and settings or any guidance changes or need to upscale our actions</li><li>• Signposting given to all national and regional guidance</li><li>• Regular webinars for school leaders with Director of Learning and DPH</li><li>• Offer advice and guidance in the updating of Local Outbreak Management Plans for each school</li></ul>

## Other High Risk Settings and Communities

There are a range of high risk settings and communities which may require specific actions and tailored communications, such as: Healthcare settings, HMOs, Sheltered housing/Hostels, Rough Sleepers, BAME and faith groups, Taxi drivers, Businesses and retail, and Food businesses.

In these situations, we will work with the relevant team in order to send out communications and liaise with the setting/individual.

Broadly speaking, there are a variety of measures which could be brought in if we needed to scale up our response:

- Review the settings' risk assessment and safety measures in place to ascertain if it's line with Government guidelines. SCC to advise on areas of risk that may be better mitigated.
- Support the setting with communicating the outbreak/supporting contact tracing in relevant way.
- Communicate with stakeholders any need for increased IPC measures eg. Wearing of face masks, use of anti-bacterial wipes, increased cleaning schedule, installation of protective screens, carrying out regular risk assessments etc.

Healthcare settings still encouraging face coverings and following measures in the Government guidance.

### 3. Testing

All test sites in the city are now closed. We will maintain this small supply of PCR and LFD stock if required to respond to an outbreak / variant / if there are supply issues through the normal ordering channels. We will prepare and maintain the capabilities to ramp up testing by maintaining our contacts at DHSC and Commisceo in the case where test kits need to be delivered, or a Mobile Testing Unit needs to be deployed to be used as a line of defence against a new variant.

Baseline measures	<ul style="list-style-type: none"><li>• Encourage testing available for high-risk individuals and those working in high-risk settings.</li><li>• Support given to health and care settings where they have issues ordering tests through the DHSC test ordering portal.</li><li>• Small stock of LFD and PCR test kits kept at Civic Centre as a contingency.</li><li>• Registered care homes can apply for test kits for their staff and residents</li><li>• Adult social care staff and healthcare staff can apply for test kits for themselves</li></ul>
How we will upscale	<ul style="list-style-type: none"><li>• Stand up the Testing Cell which formed part of the Southend Pandemic Management Programme and managed and coordinated the logistics and comms associated with local testing</li><li>• Work with Commisceo to deploy nurses to carry out doorstep testing/to staff testing sites</li><li>• Request Mobile Testing Units if there is an immediate need to test a section of the community</li><li>• Reopen local testing sites if there is a more long-term need for testing or more capacity is required - Short street and Southend airport test sites were longstanding sites previously</li></ul>



## 4. Data & Intelligence

Baseline measures	<ul style="list-style-type: none"> <li>• Monitoring variants and prevalence at a local level using testing data.</li> <li>• The wide-scale reduction in testing in the population limits our ability to closely monitor the virus locally. Wastewater data is no longer being collected/published.</li> <li>• COPI regulations due to expire at the end of June 2022 which currently allows sharing and collection of Coronavirus data within its guidelines.</li> </ul>
How we will upscale	<p>Restart some/all of the following actions:</p> <ul style="list-style-type: none"> <li>• Operation Performance and Intelligence team to assist with data download &amp; dissemination processes (subject to availability).</li> <li>• Download DfE School helpline data and enrich education cases data / update education master list</li> <li>• Identify care home cases and add to Care Tracker</li> <li>• Identify health cases and email to relevant colleagues (eg: Sccg.ttcehealth)</li> <li>• Identify cases related to HMOs and email to private sector housing team</li> <li>• Identify cases for Southend City Council staff and email local contact tracing team</li> <li>• Download mortality data and distribute analysis</li> <li>• Refresh COVID shiny app – dashboard displaying data trends for cases, vaccinates and mortality</li> <li>• Refresh care home dashboard summarising data on care home cases, outbreaks, vaccinations and mortality</li> <li>• Distribute daily sit rep email of key metrics</li> <li>• Download and distribute reports: common exposures, venue alerts and postcode coincidences</li> <li>• Download, analyse and distribute data on any new vaccine booster take-up</li> <li>• Summarise surveillance data as requested by DPH for Health Protection Board or equivalent governance group</li> </ul> <p>May need to bring back full use of our Case Management System (CMS) if there is a need to pick up wide-scale contact tracing again at a local level. Data &amp; Intelligence team may be needed to support with coding/extracting data and compiling reports associated with this. A new IT support &amp; maintenance contract with Agilisys will need to be put in place if the CMS is brought back into use.</p>

## 5. Vaccination

Vaccinations will continue to be the main tool for maintaining our resilience against Covid-19 and therefore we will continue our work on reducing vaccine hesitancy across the city with local partners.

Baseline measures	<ul style="list-style-type: none"><li>• Continue to support the NHS Vaccination programme available to residents in Southend through local Pharmacies, GP led clinics and a Local Vaccination Site based at the Southend City Council Civic Centre. SCC support with on-the-ground logistics, coordination, sourcing venues, comms, risk assessments etc.</li><li>• The Civic Centre will be available for continual use until end of 2022 as the main local vaccine site.</li><li>• Maintain a SCC member of staff in post as the Southend City Council Vaccination Lead – who has a key role in coordinating events and working with partners to deliver the Vaccination programme</li><li>• Continue great partnership working with CCG, PCN, EPUT and Public Health Colleagues and weekly meetings to ensure we are delivering what is needed of the programme and meeting residents' needs.</li><li>• EPUT Health Promotion Leads are clinically trained staff brought on board in January 2022 to carry out myth-busting and have conversations with the public/communities where vaccine hesitancy is high.</li></ul>
How we will upscale	<p>We predict that vaccination will remain high on our agenda for at least the next 12 months in order to maintain immunity in the population. A further programme of vaccination is predicted for September 2022 which will require one/several months of intense planning and implementation working with partners. Workforce capacity may be a challenge however we're looking at agile ways to maximize staff available eg. clinical teams fulfilling some community outreach and supporting care home setting and housebound visits.</p> <p>A range of other tasks may be required:</p> <ul style="list-style-type: none"><li>• Make outbound calls to unvaccinated residents to offer any support needed. A pilot was previously completed with Valkyrie Surgery in spring 2022.</li><li>• Run pop-up clinics offering vaccinations to a range of ages and also Flu vaccine where possible. These have been run at various Community Assets across the City including local Churches where food banks run, Libraries and Community Halls. All have been really successful and well-received by the community.</li><li>• Initiate a roving bus model throughout the City where community assets aren't available</li><li>• Increased communication to eligible residents through a range of methods</li></ul>

## 6. Events and Summer Planning

### Hosting Events

Baseline measures	<ul style="list-style-type: none"><li>• Keeping event organisers updated of any changes to Government guidance via email, Media releases, and website</li><li>• Work with Southend Safety Advisory Group (SAG) and other Local Authority SAGs to share best practice and guidance</li></ul>
How we will upscale	<ul style="list-style-type: none"><li>• Work with Southend Safety Advisory Group (SAG) to review risk assessments and types of event to align with any changes in government guidance on event capacity and social mixing</li><li>• Enhanced risk assessments will be required – but need to be flexible and proportionate</li><li>• Guidance and advice given to organisers to disseminate to participants &amp; 3<sup>rd</sup> party contractors to include advice on enhanced hygiene, wearing of face coverings, social distance measures etc.</li><li>• Reduced numbers allowed at a time. Staggered starts</li><li>• Encourage event organisers to promote Enhanced cleansing regimes, Contactless payments.</li><li>• Encourage event holders to maintain records of all guests at events to assist contact tracing</li><li>• Review Council position on large events once Government guidance is published and Regulations are amended.</li><li>• Hold Evening Seminar Session for Event Organisers</li><li>• Event Management Plan (EMP) &amp; risk assessment form includes a section for event organisers to explain their Covid 19 plans and procedures</li><li>• Reviewing Government guidance regularly.</li></ul>

### Seafront Overcrowding and IPC measures

Baseline measures	Work with CCTV, Community Safety/foreshore and Highways to monitor visitor numbers, flows and behaviours
How we will upscale	<ul style="list-style-type: none"><li>• Additional cleansing and toilet provision</li><li>• Signage and stewarding – including sharing public health messaging eg. Hands, face, space, vaccinate</li><li>• Closure of businesses and venues</li><li>• Closure of car parks</li><li>• Road closures</li></ul>

## 7. Supporting self-isolation and Coronavirus Helpline

Coronavirus Action Helpline proposed to be stood down from 1<sup>st</sup> June 2022 based on low demand at this stage in the pandemic.

Baseline measures	<p>There is currently no demand for Self isolation support following the Government's removal of. the legal mandate to self isolate.</p> <p>The Coronavirus Action Helpline was set up at the beginning of the pandemic to support self-isolating vulnerable people and shielded groups requiring support over and above government support. After there had been sufficient communication and signposting to volunteers via the Good Sams, SAVS, South Essex Community Hubs (SECH) and other community groups, many residents had made connections and were able to support each other without the need for the helpline.</p>
How we will upscale	<ul style="list-style-type: none"><li>• Reinstate the Coronavirus Action Helpline</li><li>• Maintain strong links with voluntary / community / faith sectors which collectively met much of the food (delivery, help with shopping)/ medication collection &amp; delivery / ancillary support needs early on in the pandemic</li><li>• Make outbound welfare calls to shielded groups and identify any needs. Social care support activated where required.</li></ul>

## 8. Communications

The Covid-19 Community Engagement and Communications Cell, as one of the Southend Pandemic Management Cells, was established to deliver operational management and response to the Covid-19 pandemic up until March 2022. The Cell's primary purpose was to ensure that accurate Covid-19 information is communicated to Southend residents and to community organisations. Residents and partners were encouraged to provide feedback and were mobilised to support efforts to keep everyone safe. This cell can be reinstated if required.

The Cell included representation from: Southend Association of Voluntary Services; NHS Clinical Commissioning Group; Southend-on-Sea City Council (including Communications representation; Public Health representation; economic development for communication with businesses, and Engagement and Participation representation); and other invited organisations such as Everyone Health; housing services; and the police as required.

Baseline measures	<ul style="list-style-type: none"> <li>• Keep the public and relevant stakeholders informed of any guidance changes requiring their action</li> <li>• Encourage the public, through communications, to access the vaccination offer</li> <li>• Communications reflect local risk and ensure the safety and health of the public, under our Duty of Care</li> <li>• Use a range of communication methods to communicate the required public health message eg. testing, vaccination, IPC measures. We have previously used press releases, billboards, Ad-vans, printed adverts, websites, radio and TV coverage, social media, and working with social influencers.</li> <li>• Continue to share messaging from UKHSA and localise the message as required</li> <li>• All communication will be updated in line with any guidance changes implemented by central government and the Council's Health Protection Board.</li> </ul>
How we will upscale	<ul style="list-style-type: none"> <li>• Restart the Comms and Engagement cell</li> <li>• Restarting 'Community Conversation' events - provide those attending with an opportunity to hear from the Director of Public Health, Council Officers and NHS leaders on the current national and local Covid-19 information (including data; testing and vaccination information). The 'conversations' provide an opportunity for attendees to ask questions and provide feedback to the Council and the NHS.</li> <li>• Reactive outreach to community groups with public health/regulatory services officers if required. To deliver a high support/high challenge approach and support groups to interpret and follow the guidance correctly</li> <li>• Community Connectors/Community Builders programme (previously had over 100 connectors involved) - hosted by SAVS enables community members, leaders, influencers, volunteers, and staff to sign up to receive up to date, localised, reliable, and timely information. It can be used to keep themselves, their family and community safe, disseminate it wider in their networks, and provide us with regular feedback on the local situation. The connectors received a weekly newsletter prepared by SAVS</li> <li>• Engage via Patient participation groups in the PCNs, and the interfaith working group.</li> <li>• Target communications to specific communities, settings, or areas to improve understanding, increase vaccine uptake and provide timely information</li> <li>• On occasion, a specific communications approach may be required to respond to a variant of concern, or contentious outbreak – in which case a steer will be sought from UKHSA and internal SCC comms team. Wider communications may be required such as communicating what residents or businesses need to do such as testing or isolating. Public/media interest and scrutiny around local outbreaks needs to be managed carefully. May need to identify local spokespeople such as Councillors, headteachers or community leaders.</li> </ul>

## 9. Governance

### 9.1. Strategic Structures & Decision-making

Baseline measures	<ul style="list-style-type: none"><li>• Maintain regular Health Protection Board meetings</li><li>• Maintain regular Health Protection Oversight and Engagement Councillor meetings</li><li>• Follow Local Outbreak Management Plan and approve any changes to approach</li><li>• Make decisions regarding local containment measures (beyond BAU)</li><li>• Provide assurance re. implementation of proactive measures</li><li>• Refine early warning systems</li><li>• Review/monitor indicators of system stress</li></ul>
How we will upscale	<ul style="list-style-type: none"><li>• Increase frequency of meetings in order to maintain more oversight of high-risk situations and resolve urgent issues arising</li><li>• Review legal powers</li><li>• As required set up Incident Management Team meetings</li><li>• Stand up Joint Consultant (CCDC) rota with Essex to cover weekends and evenings to reduce any delays in response</li><li>• Stand up Southend Covid-Gold Command group – senior managers at SCC to resolve resourcing/staffing issues</li><li>• Escalate any capacity issues to the Essex Resilience Forum and stand up the Essex LRF Strategic Co-ordinating Group – draw down mutual aid</li></ul>

National decision-making will take place through the government's Local Action Committee command structure, which can escalate concerns and issues to the COVID Operations Committee to engage ministers across government.

The decision-making model follows the approach to civil emergencies, based on the concept of subsidiarity, which is where decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level. At regional level, this is delegated to the Regional Partnership Team (RPT – this function is currently under review and may be subsumed into the UK Health Security Agency) whose role is to:

- provide a crucial link between local and national government,
- represent Whitehall working within local structures and provide a report back to ministers,
- offer advice about escalating critical issues,
- rapidly scale up responses.

Local authorities should alert RPT in instances where they are considering that the closure of a premises is necessary to manage local outbreaks. RPT will provide advice as to whether that premise is of national significance and therefore whether the relevant government department needs to be consulted before action is taken.

The LOMP has been developed and is implemented with support from the wider system and under the overall leadership of the Southend Health and Wellbeing Board.

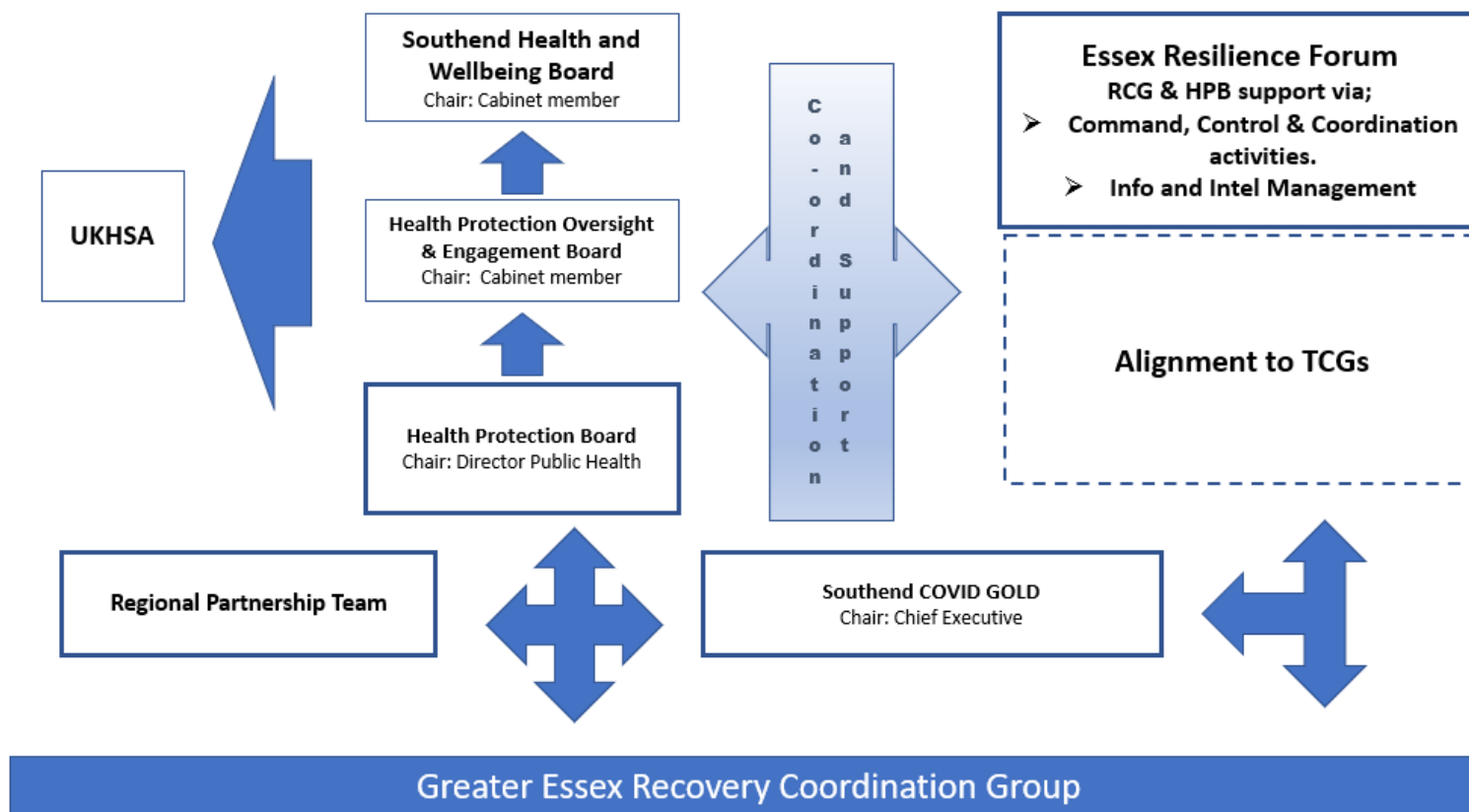
Two Southend-centric Boards were formed at the start of the Covid-19 pandemic in 2020 and will continue to operate with distinct roles and responsibilities:

- **Southend Health Protection Board** - Responsible for the development and implementation of the local outbreak control plan and will be led by the Director of Public Health. The core membership includes the Chief Executive of the Council, Public Health England, the local NHS body (Southend CCG and the MSE Health & Care Partnership), The Director of Adult Social Care (DASS) and Director of Children Services (DCS).
- **Health Protection Oversight and Engagement Board**- Provides political ownership and public-facing engagement and communication for outbreak response and responsible for scrutiny and assurance. The core membership includes cross-party Councillors, including the Chair of the Health and Wellbeing Board, the Leader of the Council and the Chair of the People's Scrutiny Committee; the Cabinet Member for Community Safety; the Chief Executive; Director of Public Health; and representatives from Southend CCG and the Essex Police and Crime Commissioner.

**UKHSA CCDC and the Health Protection Team** will continue to provide expertise in communicable disease control, epidemiology and outbreak management, while also acting as the conduit with the regional and national advice and support teams.

**Essex LRF Strategic Co-ordinating Group** - Gold emergency planning group across Southend, Essex and Thurrock, to support, co-ordinate and partner with broad local groups to aid with the delivery of outbreak management plans. This will be stood up when further support is required from neighbouring Local Authorities.

The Southend Health Protection Board will also work with the **Essex Resilience Forum** to support with co-ordination across Greater Essex and for a direct link into national government.



The two new Boards will be subgroups of the Health and Wellbeing Board and have signed off the Local Outbreak Management Plan. The Terms of Reference of these Boards are included in the [Appendices](#).

The Chief Executive is central to the coordination and decision-making process as vice-chair of the Health Protection Board, joint chair of LRF's Recovery Coordination Group, chair of the Southend COVID-Gold Command and a core member of the Oversight and Engagement Councillors Board. Southend COVID-Gold Command focuses on both pandemic management and recovery. Southend COVID-GOLD command group have been stood down since the management of the pandemic has moved into business as usual, but will be reinstated as the need arises.



## 9.2. Delivery and Operations

A small core pandemic management team is being retained to ensure that the Director of Public Health can continue to monitor risks, retain appropriate surveillance in conjunction with UKHSA, contain localised outbreaks and support the on-going vaccination programme. Where demand is lower than anticipated, the staff will support the recovery work of the public health team and continue to support the wider community engagement.

We are working closely with UKHSA to ensure the training needs of such teams are optimised and that we have built enough resilience to upscale our activities should the need arise.

DHSC has advised local authorities that they can carry forward the remainder of any unspent control outbreak funds (COMF). For smaller organisations, we have less resources but have been able to plan for up to 6 months from April 2022 – UKHSA has advised us that any shortfall will be reviewed by DHSC and mitigation in place if additional funding is required as we move into winter 2022.

The figure below shows what we have established to support the planning and operational management of this outbreak plan. This is reflective of the settings we are required to proactively review using both local and national data and intelligence, support with advising on infection prevention and control and in responding to any suspected and actual localised outbreak. This has been revised with a reduced number of cells allowing us to adopt a more sustainable model of delivery based on the national [Living with Covid](#) strategy.

# Southend Covid-19 Pandemic Management

## Health Protection Board

Chair: Director of Public Health

**Pandemic Operations Team** – Katie Gardner, Bharat Pankhania, Smita Kapadia, Juliette Gilbert, Kelly Clarke, Richard Warren, Comms, Julie Attridge, Gary Cullen

**Responsibilities:** 1. Strategic & Operational planning  
2. Data & intelligence, monitoring prevalence and variants  
3. Comms and engagement & Oversight of Cells  
4. Escalating health protection and operational issues

### Delivery & Operations (including Responsibilities)

Main Functions	Outbreak Management Cell Juliette Gilbert Lead Bharat Pankhania	Care Settings Cell Benedict Leigh Lead Erin Brennan-Douglas, Frances O'Donnell	Testing and Vaccination cell Kelly Clarke Lead Jo Judge
Responsibilities	<ol style="list-style-type: none"> <li>1. Information advice &amp; guidance in infection prevention and control to settings and public</li> <li>2. Overall outbreak management including IMTs</li> <li>3. Covid Support contact centre</li> </ol>	<ol style="list-style-type: none"> <li>1. Outbreak management in care settings</li> <li>2. Communications with care settings</li> <li>3. Wider responsibilities for management of the care sector, as well as other infectious disease</li> </ol>	<ol style="list-style-type: none"> <li>1. Increasing vaccination uptake</li> <li>2. Resolving test supply/distribution issues</li> <li>3. Deploy mobile testing and set up testing sites</li> </ol>

Delivery Support	
	<b>Workforce</b> : Sue Putt Lead
	<b>IT</b> : Ian McLernon IT Lead
	<b>Communications and Media</b> : Adam Keating Lead
	<b>Programme Management</b> : Katie Gardner
	<b>Finance &amp; Legal</b> : Leads – Paul Grout and Giles Gilbert
	<b>Governance and Secretariat</b> : CEO's Management Trainee

A number of key operating cells have been merged as a reflection of the current level of demand and the 'Living with Covid' plan. This structure allows us to streamline our response. The cells have dedicated capacity, as part of redeployment, reprioritisation and partly funded by the national pandemic funds (COMF - Contain Outbreak Management Fund), and are crucial in the ongoing support to the Health Protection Board. Mid & South Essex CCGs IPC team lead the Southend Social Care IPC service provision in close collaboration with the Public Health team. Southend CCG lead on vaccination planning across the Mid & South Essex system.

## 10. Resourcing and Resilience Planning

We are retaining a few members of the team who have been dedicated to the pandemic management. This will enable us to reintroduce key capabilities such as small-scale contact tracing for high-risk outbreaks, and set up mass vaccination and testing in an emergency. The few remaining staff members in the Pandemic Response Team have flexible skillsets to enable them to support our response to Covid-19 in whichever direction is required.

However, if there is another dangerous variant the team will not have enough capacity to face the demand alone and additional resource will be required. A Public Health Emergency Responders programme is being set up in order to equip a pool of SCC employees with the basic skills and knowledge to assist with the response.

The staff members will undertake some basic training in health protection, and be part of annual table-top emergency planning exercises so they can keep their skills and knowledge upto date. This will ensure that we have a small pool of staff who are ready to respond to future outbreaks/pandemics, not only Covid-19. We are requesting to maintain this approach for the next 2-5 years as the World Health Organisation have advised we keep our skills and capacity available for this time.

The UKHSA Health Protection Sharepoint and E-Learning for Health are two information platforms that have a large amount of training courses and materials available to staff in the Local Authority and this will be signposted to as well.

There will be another table-top exercise planned for November 2022, following the last exercise in July 2021.

Furthermore, there was a large volunteering effort from Southend residents at the beginning of the pandemic. So there is opportunity to call on this support once again if demand requires. The Good Neighbours scheme was setup in spring 2020 in response to the demand for self isolation support from the community, so this could be reinvigorated as well.

### **Potential Redeployment Roles:**

Below is a selection of potential roles that that may be required to respond to a future variant of concern/another pandemic. In order to maintain our readiness to respond we have proposed that a number of staff are moved to a reserve list in order to fill these roles and assist a wide-scale response.

#### **1. Call handler/contact tracer**

Skills required:

- Customer service
- Good telephone manner
- Able to handle challenging conversations and confrontation from the public

#### **2. Site coordinator / manager (testing and vaccination sites)**

Skills required:

- Project management
- Able to conduct risk assessments
- Knowledge of physical assets/buildings/venues that could potentially be used as sites

### **3. Community outreach officer**

This role has a generic title but these officers could be used as marshals, test site operatives, or generally deployed into the community as part of outreach work to signpost the public, answer questions and share key messages depending on the campaign/emergency in question.

Skills required:

- Strong interpersonal skills
- Ability to move around the city to different locations
- Able to work outdoors
- Able to handle challenging conversations and confrontation from the public






## 11. Glossary

ASC	Adult Social Care
ADPH	Association of Directors of Public Health
BAME	Black, Asian & Minority Ethnic
CCA	Civil Contingencies Act
CCDC	Consultant Communicable Disease Control
CCG	Clinical Commissioning Group
COMF	Containment Outbreak Management Fund
CTAS	Contact Tracing Advisory Service
CEV	Clinically Extremely Vulnerable
CMO	Chief Medical Officer
DASS	Director of Adult Social Care
DCS	Director of Children Services
DfE	Department for Education
DHSC	Department for Health and Social Care
DPH	Department Public Health
DPIA	Data Protection Impact Assessment
EDM	Excess Death Management
EHO	Environmental Health Officer
EFL	English Football League
EPUT	Essex Partnership University NHS Foundation Trust
ERF	Essex Resilience Forum
ESCTS	Essex Southend Contact Tracing Service
HPB	Health Protection Board
HPT	Health Protection Team

IMT	Incident Management Team
IPC	Infection Prevention Control
ITS	Integrated Tracing Service
LA	Local Authority
LAPEL	Local Authority Pressures Escalation Levels
LFD	Lateral Flow Device
LOMP	Local Outbreak Management Plan
LRF	Local Resilience Forum
LTS	Local Testing Site
MACA	Military Aid to the Civil Authorities
MOU	Memorandum of Understanding
MTU	Mobile Testing Unit
OIRR	Outbreak Identification Rapid Response
OMRT	Outbreak Management Response Toolkit
OPEL	Operation Pressures Escalation Levels
PCR	Polymerase Chain Reaction
PHE	Public Health England
PMART	Pandemic Multi-Agency Response Team
PPE	Personal Protective Equipment
RCG	Recovery Co-ordination Group
RPT	Regional Partnership Team
SCG	Strategic Co-ordination Group
SOA	Super Output Area
SOP	Standard Operating Procedure
SPOC	Single Point of Contact

TCG	Tactical Co-ordination Group
T&T	Track and Trace
TTS	Test and Trace Service
TTTS&V	Track, Trace, Test, Support and Vaccinate
UTLA	Upper Tier Local Authority
VAM	Variants and Mutations
VOC	Variant of Concern
VUI	Variant Under Investigation

## 12. Appendices

Title	Last updated	Document
Terms of Reference for Health Protection Oversight and Engagement Board	16 May 2022	 Terms of Reference for Health Protection Oversight and Engagement Board
Terms of Reference for Health Protection Board	16 May 2022	 Terms of Reference for HPB - 16May22.doc
PHE/UKHSA Memorandum of Understanding/ Standard Operating Procedure (SOP)	19 May 2021	 Southend Borough Council PHE Generic Memorandum of Understanding
UKHSA –LA Care Home SOP v16	15 February 2022	 01. UKHSA-LA Care Home SOP v16 15.02.22.docx
Local Authority Pressures Escalation (LAPEL) framework	26 January 2021	 LAPEL.docx