BCP Council

Dorset Council

Our Dorset

Your Local NHS and Councils Working Together

Living safely with Covid-19

Update to the Local Outbreak Management plan 2021-22

Our Dorset Health Protection Board

1. Introduction

The pandemic of the past year has been unprecedented in our lifetimes in terms of the impact on people and families, our communities, public services, and the wider economy. Local government was tasked in the summer of 2020 with leading the
local response, through the outbreak management work of health protection and local outbreak engagement boards.

Since those first local outbreak management plans (LOMP) were published the focus on health protection work to reduce COVID-19 impacts has shifted to local teams, with regional co-ordination and more national support via the Contain framework[1] and directed funding.

This refreshed local outbreak management plan sets out the Dorset Health Protection Board's priorities, challenges and confidence in responding to this crucial next phase, as we start to open up in line with the Prime Minister's Roadmap.

It sets out how people and communities in Dorset and BCP Councils can live safely with COVID-19, through the ongoing work of responding to outbreaks, being vigilant for new variants of concern, and our suppression strategy to keep infection rates as low as possible. Above all, it sets out how we will continue to deliver the response to COVID-19 locally, with regional co-ordination and national support.

Four priorities must be delivered through the local Health Protection Board (HPB) and partners if we are to successfully open up and avoid a return to lockdown.

1. **Transmission of the virus needs to be brought, and kept, as low as possible;**
2. **Surveillance of transmission and variant emergence must be optimal;**
3. **Contact tracing and isolation needs to work, with a clear testing strategy;**
4. **Local vaccination must continue to be effective and delivered equitably[2].**

This plan provides details about how we are much better equipped to deliver these priorities. Rather than set out operational details, we have chosen to use case studies, data and reflective learning from the past year to show how we will tackle the challenges of the next phase.

The board's work in the coming year will be continuing to support high risk settings, ongoing surveillance, being vigilant for signs of sustained transmission, preparing to deal with new variants of concern (including surge testing capability and local suppression strategy) and use of rapid testing and contact tracing to break chains of transmission early, keeping our cases low.

Compared with nine months ago, where LOMPs were first introduced, our ability to respond and supress COVID-19 has improved dramatically. Through the board we will continue to develop our medium-term prevention strategy.

[1]COVID-19 contain framework: a guide for local decision-makers. Updated December 2020

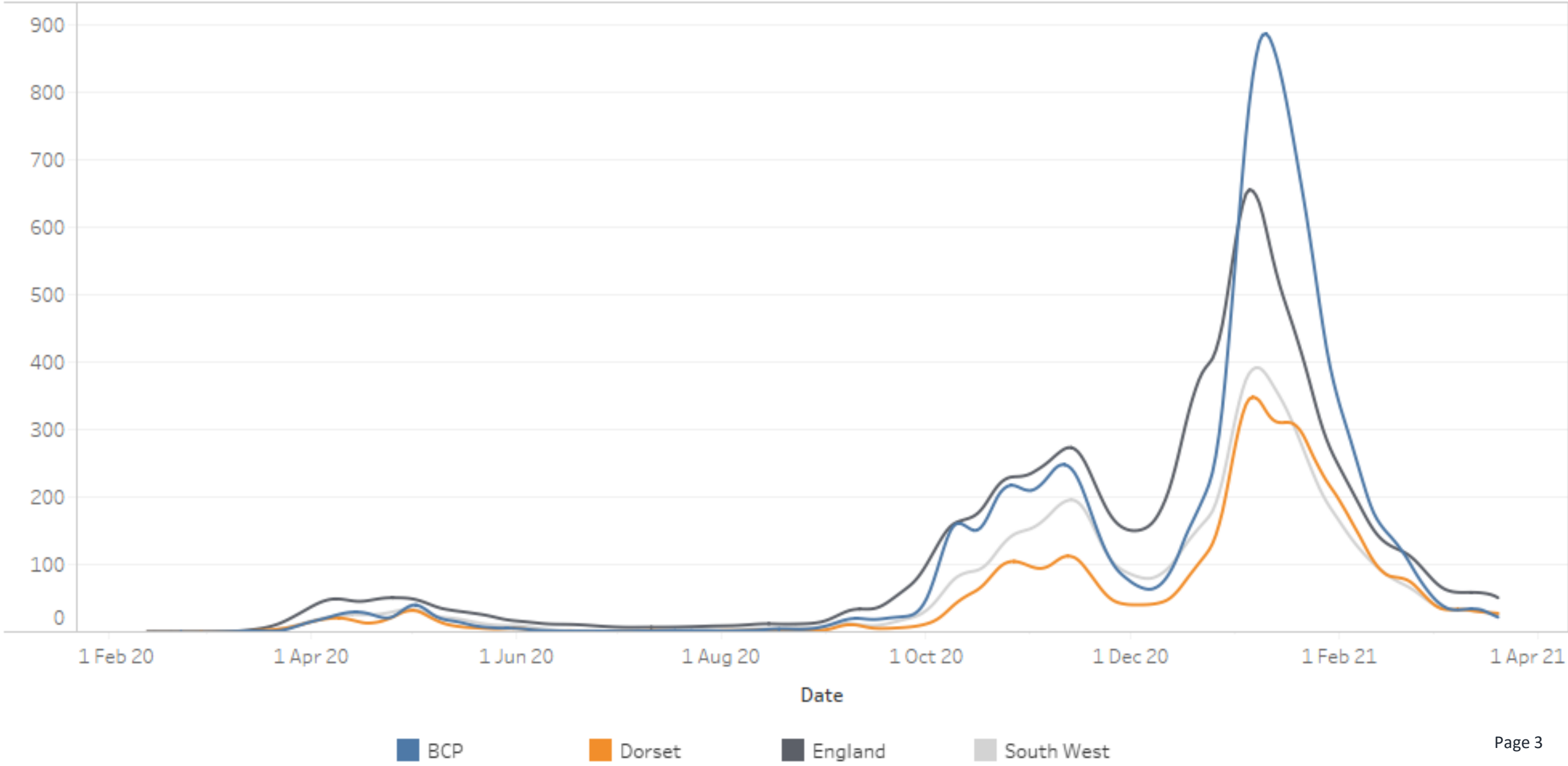
[2]ADPH. Living safely with COVID: guidance for directors of public health.

Priorities and capabilities

This summary shows the relationship between the priorities we have set out in this plan, and our current capability through our local outbreak toolkit, and planned developments over the coming months.

Priority	Function and current capability	Planned developments	Lead
Transmission as low as possible	Avoid early release, regulatory services and enforcement of measures under roadmap	Summer contingency planning, use of insights from network and cluster tool to identify outbreaks rapidly	Dorset Health Protection Board
Surveillance of variants	Regional VOCs group participation Local surge testing plan	National VOCs intelligence dashboard	PHE SW Health protection team and local public health team
Effective contact tracing and isolation	Local tracing partnerships in place	Integrated Tracing Partnerships and enhanced contact tracing (early adopters) Implement framework for practical self-isolation support	Public Health Dorset working with both LAs
Close the gaps in vaccine uptake	DiiS vaccination insights dashboard, behavioural insights work, communications and engagement and Trusted Voices	System inequalities plan with clear interventions for defined groups	Dorset CCG Public health support

Weekly case rate per 100,000 population



2. Learning from the past nine months

When the first case of COVID-19 was detected in Dorset on 08 March 2020, none of us could have known just what an impact the pandemic was to have on our way of life. Dorset and BCP Councils have fared relatively well with lower infection rates (at least until early 2021). But despite this, the following figures make sobering reading:

36,193 people testing positive for COVID-19 (and possibly many more before community testing introduced)

1,364 people who have died within 28 days of a positive test result

365 incidents and outbreaks affecting education settings

588 incidents and outbreaks in our care settings

Outbreaks in all **3** of our major hospitals

40 outbreaks in other healthcare settings

Despite these huge impacts on our communities, it is widely recognised that case numbers in Dorset have, overall, been lower than the national average. The first wave, in particular saw case numbers remaining lower, which may have been due to lower social mixing in urban centres and less travel across communities than elsewhere in the country. The second wave saw case numbers rising much higher (see enduring transmission Deep Dive case study).

In addition to the significant impacts from outbreaks, diagnoses, morbidity and mortality, COVID-19 has also caused incalculable wider impacts on our communities.

The ambition behind this plan is to show how we can avoid the need to return to the most extreme of the non-pharmaceutical interventions, lockdown. We must aim for a sustainable exit from the pandemic, moving to a situation where we may have to live with COVID-19 as an endemic seasonal infection, but not seeing the sort of epidemic transmission that has characterised the past two waves of infection.

We also have a better understanding of the role that inequalities play in the pattern of transmission and the risk of poor outcomes and mortality. Looking at local case data over the past most serious surge, it is clear it has had a disproportionate impact on BAME communities.

	Proportion of…		
Ethnicity group	Total pop.	Cases Nov 2020*	Cases in Jan 2021**
Asian/Asian British	2.9	4.9	5.3
Black/African/Caribbean/Black	0.6	1.4	1.8
Mixed/Multiple ethnic group	6.9	12.8	16.5
Other ethnic group	0.6	1.5	1.5
White British	88.4	78.8	74.4
White Irish	0.6	0.6	0.5
*Excludes 1752 cases where ethnicity is not known	100	100	100
**Excludes 6973 cases where ethnicity is not known			

Delving into the data

When infection rates are examined by age and by deprivation decile, there are also clear and repeating patterns in our local cases. When transmission is high, it tends to be highest in our most deprived postcode areas. Although infection rates when transmission is high are often highest in working age adults, hospitalisations and deaths are much more likely to occur in older age groups.

There are also some features of our population context that have been important factors in our local outbreaks. This includes:

- A younger, large demographic in BCP Council linked with higher education settings and universities
- Significant older, frailer populations compared with England (Dorset and BCP Council)
- Housing tenure – houses of multiple occupancy and higher rates of transmission in selected LSOAs – multi-generational households also key
- Hospitality and tourism sector – large number of low paid workers who socialise, often share accommodation and transport, and also makes Dorset and BCP Council attractive areas for people to visit – risking transmission if coming from high prevalence areas
- Older population many of whom are vaccinated and may no longer adhere to non-pharmaceutical interventions.

Over the past nine months, we have learned a lot about how to effectively mobilise a local response to protect our local population from COVID-19.

In the early days of the outbreak plans, work was focused on building relationships and understanding in relation to supporting high risk settings in managing outbreaks.

We ran joint exercises to clarify roles and responsibilities, developed local assurance frameworks for our action cards, and through the health protection board and local outbreak engagement board quickly settled into a rhythm.

The board's role is to

- brief system partners involved in the health protection response
- identify key themes from our local outbreaks and intelligence
- use the forum of the board to guide actions relating to outbreak management, communications and engagement, enforcement and regulatory services support to sectors
- plan for what may happen in the immediate future.

Lessons learned

These learning points will be incorporated into our review of how the health protection board will function, now we are aiming for a sustainable exit from the pandemic.

1. Outbreak management and response
When infection rates are low, the board's work needs to focus on medium to longer term approaches to implementing a combined prevention approach, working with key high-risk settings. This should incorporate ensuring a good understanding of risk and COVID-safe measures in each sector. Positive relationships formed through the Health Protection Board and its breadth of partners has helped us share learning and good practice from outbreaks affecting different settings, and updating action cards as required.

2. A dedicated day response team
Supplemented by consultant out of hours cover, the day team has been invaluable in offering timely, dedicated support to our local system and people working on the frontline of high risk settings. But this has been to the detriment of our routine public health work. We need to find balance between response and recovery in the next phase.

3. Schools and education
Settings were able to know their dedicated contact points communicated via our work on education settings action cards before the start of the autumn term, supported by a responsive service from Public Health Dorset and the two Local Authorities.

This was crucial in reducing the number of children missing school unnecessarily. This enabled us to run incident management team meetings quickly to identify who could attend school safely, and who would need to self-isolate.

4. Testing
There needs to be a really clear local understanding of the aims and objectives of testing, linked with clear public health actions.

Standing up more and more testing capability without a clear rationale risks depleting local resources, confusing the public and partners, and risks undermining the value of purposeful testing as part of a combination prevention strategy

Lessons learned

5. Contact tracing
This must be as quick as possible to be effective in breaking transmission chains. When infection rates are high, local systems should place more emphasis on supporting higher risk settings and more complex cases. More work needs to be done nationally on understanding barriers to self-isolation and providing a more attractive proposition to people likely to be financially disadvantaged by self-isolating. The discretionary payment scheme did not work well for all groups on the ground, for example.

6. Lower cases
Now that cases are low again, there is a chance for local teams to develop suppression strategies. This will require rapid contact tracing, the ability to mobilise testing quickly to social networks and settings where there is a risk of an outbreak, and development of clearer offers of support to improve compliance with self-isolation. We are developing our local approach to contact tracing including being an early adopter of the new integrated system, to pull cases more quickly and develop speed of response.

7. Intelligence
The national and regional epidemiology and surveillance reports are now providing excellent information, supplemented by the ability to access the line list of cases and contacts.

We have used this to build our own network and cluster visualisation tool that can quickly be used to look at the impact of different outbreaks in our community transmission.

However, we could improve our ability to provide this insight at a strategic, tactical and operational level. It currently happens reactively on an ad hoc basis – we need to work proactively and use automation to support regular use of this insight in our health protection board to guide and direct the interventions and response as we open safely.

8. Support to businesses
As we have cycled in and out of lockdown, the Tier system and other local restrictions, it has been difficult to work consistently to support businesses in playing their part in developing COVID safe practices. There is still variability between the best in the sector, and instances where retailers remaining open during lockdowns have found ways around the restrictions to continue selling non-essential goods for example.

9. Cross-public sector working
Our experience of a prolonged SCG and TCG has demonstrated excellent cross-sector working between the public sector partners and relationships have generally been improved by the close collaborative working that was adopted by our system leaders across the wider Dorset area.

3. Living safely: supporting the roadmap

The Health Protection Board has met every week on a Monday since responsibility for local outbreak plans was passed to Councils. The Board, covering the population of BCP and Dorset Unitary Councils, has proven to be an effective strategic and tactical level group with wide representation from public health, adult services, regulatory and place services, education, specialist infection prevention and control, fire, police and communities frontline workers.

The meeting is used to brief members on the current situation, using national, regional and our local Epidemiology Cell updates, and to use this intelligence to support the work of our main response cells and programmes:

- Testing cell
- Infection prevention and control cell
- Health and Care Silver group
- Warning and Informing – agreeing key messages on COVID-19 for the system
- Engage and Contain – multi-agency intelligence sharing and common approaches to enforcement
- Trusted Voices – community engagement to mitigate COVID-19 risks
- Behavioural insights work
- Contact tracing

The Dorset Health Protection Board also has good representation from the LRF Tactical Coordinating Group (TCG) and the Civil Contingencies Unit to ensure a good level of engagement and coordination through the work of the Local Resilience Forum.

The main objective of the work of the Health Protection Board over the next few months will be supporting the loosening of lockdown, following the publication of the 4-step roadmap on 22 February.

To prepare for this change, the Director of Public Health is supporting regional work to identify best and worst-case scenarios as part of a regional planning exercise.

The aim is to identify and prepare for the health protection challenges from COVID-19, and to enable wider partners to focus on the planning for contingencies as we head into Spring and Summer.

This will include being prepared for inbound travel and tourism and hospitality opening up.

At each of the four stages, health protection work will continue to ensure that we live safely with COVID, and avoid a return to the harsh measures we had to implement out of necessity.

Step one

08 March – return of schools, leave home for recreational purposes, nominated visitor for residents of care homes.

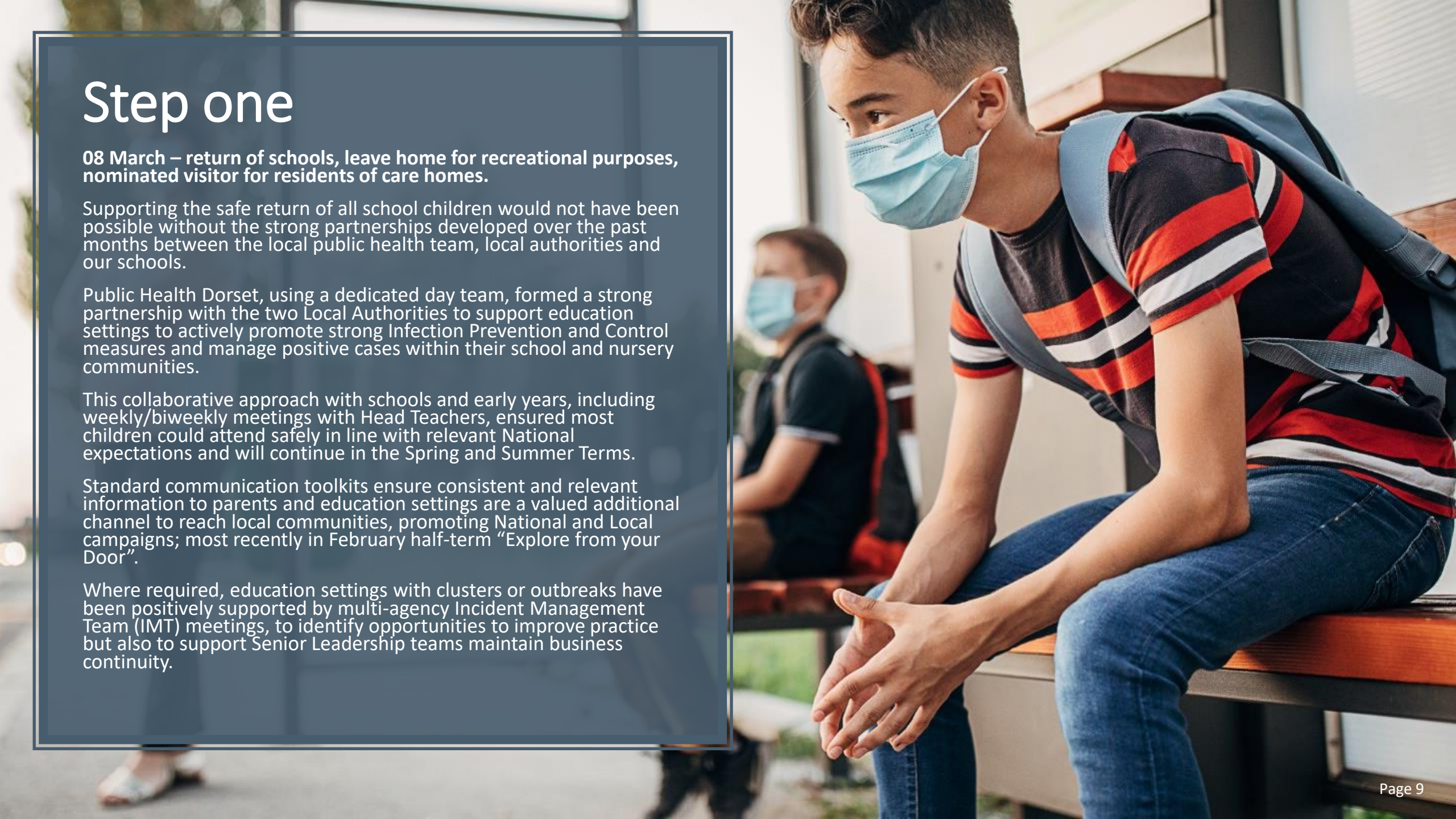
Supporting the safe return of all school children would not have been possible without the strong partnerships developed over the past months between the local public health team, local authorities and our schools.

Public Health Dorset, using a dedicated day team, formed a strong partnership with the two Local Authorities to support education settings to actively promote strong Infection Prevention and Control measures and manage positive cases within their school and nursery communities.

This collaborative approach with schools and early years, including weekly/biweekly meetings with Head Teachers, ensured most children could attend safely in line with relevant National expectations and will continue in the Spring and Summer Terms.

Standard communication toolkits ensure consistent and relevant information to parents and education settings are a valued additional channel to reach local communities, promoting National and Local campaigns; most recently in February half-term “Explore from your Door”.

Where required, education settings with clusters or outbreaks have been positively supported by multi-agency Incident Management Team (IMT) meetings, to identify opportunities to improve practice but also to support Senior Leadership teams maintain business continuity.



Step one (cont.)

Learning from IMT's along with case rates and school attendance data informs and shapes local good practice.

Education settings receive timely updates on the local situation and how measures they promote contribute to reducing active cases as part of a regular dialogue with the Health Protection Board.

One local secondary school, Poole Grammar, was part of the national pilot for using Rapid Lateral Flow Device (LFD) testing.

This was to identify asymptomatic cases in the school community. The learning was widely shared across the sector to prepare for the roll out of Secondary School LFD testing in the Spring term.

LFD testing is being positively adopted by education settings and the new scheme for household members and support bubbles of children attending education is being actively promoted across the partnership.

Contain and Outbreak Management Funding has been allocated to specific programmes which support learning, development and emotional health and wellbeing for children, young people and their families.

The strong collaborative practice with educational settings and stakeholders established by the Local Outbreak Management Plan and Health Protection Board ensures plans are robust to achieve significant outcomes.

The Health Protection Board provided weekly advice to the care sector based on its assessment of risk. This included highlighting changes to national guidance and policy on allowing visits to care homes, through a weekly newsletter from the Director of Public Health and Directors of Adult Social Services.

This advice and guidance to the sector will continue under Step 1, and particularly where care settings require support to manage cases of COVID-19, and conduct risk assessments.

Step two

12 April – Indoor leisure, outdoor attractions and hospitality, libraries and community centres, personal care services and premises, retail, domestic overnight stays, minimal travel, events pilots

Timely advice to businesses on the detail of new regulations will be essential in order that they can make adequate preparations for reopening. A significant range of non-essential businesses will be requesting advice from Regulatory Services on the new regulations which, experience suggests, will be published within a few days of taking effect. Hence timely advice and assistance to businesses is crucial as retail businesses reopen.

This could lead to a major rise in public activity and a key demand will be to ensure that the expansion does not stray into Step 3, and can happen in a controlled manner. A key part of this will be communication to businesses and the public that reopening does still have its limitations and regulatory response and enforcement will be applied where limitations are not observed.

The debate about restrictions to staff who refuse to be vaccinated is likely to continue, and will result in enquiries to Regulatory Services from employees, customers and employers where our councils are the health and safety regulatory authority.

Regulatory Services will need to liaise with Public Health Dorset, Health and Safety Executive, Public Health England, and relevant Government departments over developing policy in order to provide clarity to local businesses.

Step two (cont.)

Investigations into local outbreaks linked to businesses will need to continue, even where the number of outbreaks begin to decline.

Particular focus will include ensuring that other holiday accommodation that is not self-contained remains closed; personal care premises maintain safe practice; that hospitality businesses do not open indoor areas (as defined, noting that many pub garden cabin type arrangements are ‘indoors’) and that service at outdoor hospitality venues is table service with seated customers without household mixing allowed.

The constraints will be a source of frustration and compliance hard to assess, as it was before under Tier restrictions.

Officers will be visible in towns to provide advice to hospitality and personal care services – including providing advice and guidance and checking compliance. We will consider what premises require a visit based on historic compliance data and target visits to these premises or sectors.

The Covid Marshall schemes will also continue and be extended to provide advice and assistance in public spaces, particularly resort towns.

There will be close links between Health Protection Board work during this phase, and the tactical and operational plans being developed by both Councils to ensure the infrastructure and contingency plans are in place to support a large number of visitors.

These plans need to consider car parks, litter, beach management, public toilets as well as ensuring COVID safe measures remain in place for some time.

Complaints will continue to be investigated and take appropriate action taken in line with the engage, educate, encourage, enforce approach.

We will continue to act on intelligence from partners (including the police) to inform the targeting of proactive and reactive work, through the Engage and Contain cell, reporting to the board.

There will be a need to balancing regulatory services work with the clear steer from MHCLG to ensure we are supporting the local economy to get back on its feet as quickly as possible.

Step three

17 May – Indoor entertainment, larger groups outdoors (30), domestic overnight stays, organised indoor adult sport, larger weddings and funerals, larger indoor and outdoor events, international travel

For regulatory services, as most businesses except night clubs and larger events are allowed to open, the focus is likely to be on safe and permitted behaviour in hospitality premises, with indoor hospitality being permitted to be open at this point.

These premises will not require a meal to be served and there will be no curfew, but customers are still required to be seated at this stage, which may rise to pressure on compliance with unacceptable levels of mixing between groups (rule of six indoors) and households (limited to two). With larger events there will be a need to scrutinise crowd limits as these are controlled as a proportion of capacity, even though they can open at this point.

Policy will need to be reviewed, alongside other LRF partners, to ensure the regulatory and enforcement approach is consistent around the likelihood of increasing disregard for COVID-19 regulations as disease prevalence reduces and general restrictions are eased.

The Safety Advisory Groups (SAG) will have an important role in managing the re-opening of events. There is likely to be a high influx of proposed events and the SAGs under both councils will need to be effectively resourced to provide the necessary advice and guidance from the public health team on COVID-secure event management.

Step three (cont.)

As the seaport and airport begin to increase passenger services, Port Health will need to work closely with Border Force and PHE to ensure that various COVID-19 safety measures are implemented and any outbreaks contained.

Close scrutiny of maritime and aviation declarations of health will be essential. Through the LRF Ports and Borders group a watch will be kept on the re-opening of the cruise industry and implications arising from the operation of Portland Port. Close liaison will continue with cruise companies.

Registration and Bereavement Services will adapt their COVID-19 secure operations to accommodate the provision of larger marriage ceremonies and funerals at premises.

Registration Services are working closely with wedding venues to help business understand and comply with the restrictions as they change.

At both Steps 2 and 3 there could be a tension and complaints as a result of a lack of understanding of what is permitted. What some of the public may see as acceptable and safe others will find too risky and object to. Good communications will be essential.

4. Governance and assurance

The main governance board for local outbreak management activities in Dorset is the Health Protection Board. Chaired by the Director for Public Health, it has representatives from the key agencies that are involved in the outbreak management work.

The board has a clear terms of reference and defined structure for reporting into the board from the relevant cells and groups; including various incident management teams, healthcare including care homes, testing, contact tracing, communications and engagement, regulation and enforcement.

Regional Public Health England representatives also attend to provide a critical link and information updates. A weekly sitrep is circulated to share key updates to all partner agencies, including corporate incident management teams and the LRF Strategic Co-ordinating Group.

The Health Protection Board operates alongside the Dorset LRF Strategic Co-ordinating Group (SCG) and Tactical Co-ordinating Group (TCG). These groups are flexed up or down depending on the nature of the situation.

Dorset Police chair the SCG through Chief Constable James Vaughan which has allowed SCG to focus on issues wider than just the immediate COVID-19 incident. This included responding to the issues connected to the release of lockdown in the Spring, when councils faced an unexpected influx of visitors during the warm weather, as well as cliff falls and a large forest fire.

The board also links closely to the Local Outbreak Engagement Boards (LOEBs) for each of the unitary councils. This provides for political oversight for the development of key messaging at important stages of the pandemic response. For example, LOEBs would be convened rapidly in advance of significant national guidance or Contain announcements, increasing infection rates, and also used to develop ongoing engagement around how messaging lands with different sections of our communities.

The Health Protection Board reviews regular assurance updates and monitors the allocation of funding under the Contain outbreak management fund and Test and Trace Grants. The terms of reference and membership are reviewed periodically to ensure they are relevant and effective.

At regional level, the Director of Public Health attends the Regional Delivery Group, and weekly Regional Test, Trace, Engage and Contain Board. There is a regional work programme focused on clear health protection priorities to tackle COVID-19.

Over the past year, the degree of collaboration and close working through these regional groups has become more focused and effective, with a high degree of sharing of best practice and peer support on hand to resolve complex issues quickly. Through these structures local authority public health teams have continued to develop the Regional Outbreak Management Plan, working closely with the Regional Director of Public Health, and the South West Health Protection Team.

5. Responding to outbreaks

Throughout the course of the COVID-19 pandemic we have worked to establish effective and timely processes and infrastructure to respond to emerging outbreaks and incidents. These continue to be reviewed and updated.

Over the summer the Dorset COVID-19 Health Protection Board identified the key areas and settings of concern within our local area and have produced a series of action cards which articulate how we respond locally and identify key contacts and agreed processes for escalation. These were reviewed, tested and signed off by the Health Protection Board.

The preparatory work on these action cards has proven to be very useful and we have used, refined and updated them over the past few months, from November and January and February when our cases and infection rates were highest, and we were experiencing outbreaks across a range of settings.

The relationships and processes we established have proven invaluable to be able to quickly respond when a situation developed. These continue to develop and iterate as resources such as access to different types of testing emerge.

One of the significant developments which we have established locally has been the Public Health Dorset Day response team.

Since October we have established a multi-professional team from within Public Health Dorset which includes health programme advisors, senior health programme advisors (who also work part time for PHE and provide practical mentoring), our head of programmes with a key lead for schools, a communications officer, intelligence support and daily consultant level oversight this is all co-ordinated by the business support team.

This team offers a daily dedicated support resource for the local system on COVID-19 related enquiries and situation. This has provided a very timely and trusted response to partners and professionals across BCP and Dorset Council areas, including support around interpretation of national guidance, support with contact tracing within school and early years settings, support to Local Authority services such as Adult Social Care and Regulatory services as well as more recently information and support for businesses and local employers about outbreaks and testing.

The Public Health day team and the consultant lead also connect closely with the two Environmental Health and regulatory service teams in Dorset Council and BCP Council. There are regular meetings to exchange information about situations of concerns such as workplace outbreaks, complaints about COVID-19 breaches or enforcement issues. The role of the Environmental Health teams has been particularly important in the interface between the regional PHE team and the support and follow up for businesses, employers and police locally.

Suppressing COVID-19

The Public Health Dorset COVID day team response has also been supplemented by an out of hours consultant level on-call rota, supported by communication colleagues, to provide advice and guidance in the evening and at weekends.

One of the key strengths that has been fed back to us from partners has been the recognition of the positive impact of this timely support for colleagues in the education sector. The support and guidance provided to headteachers around managing cases within an education setting has really enabled swift and effective public health action to manage the situation, including supporting contact tracing and advice on how to mitigate the impact.

The team have worked very closely with the local authority schools continuity teams to provide effective and timely support to schools across our areas, including the independent sector, special schools, language schools as well as the state sector. This has proved increasingly necessary and welcomed to support during the wider opening of schools and around the roll out of testing in schools.

The support for our local care sector has been an important focus of our work in the Dorset system. A multi-agency group was quickly established comprising representatives from adult social care teams in both local authorities, the Dorset NHS CCG Quality improvement team and Public Health Dorset.

This multi-agency group reviewed the data on every situation or outbreak within the local system and maintained oversight on the level of impact on the availability of care home beds in the system.

During the height of the wave during Jan and Feb 2021, the group increased the frequency of meetings from the established twice weekly meeting to include a daily touch point to review the situations and provide focus and support to those homes with significant outbreaks.

If outbreaks were of particular concern, the multi-agency group would arrange a system support meeting with to provide the opportunity for an in-depth review of the situation, provide input or advice on infection prevention and control measures, PPE and testing and share any suggestions of lessons learnt from other outbreaks.

In addition, these support meetings can be supplemented with a joint infection prevention and control visit from the Dorset NHS CCG and local authority quality team.

The feedback for the system support meetings has been very positive from care home managers who valued the opportunity to discuss, reflect and ask questions. There is a strong link back into the Public Health England South West Health Protection Team via the locality link consultant and practitioner and the sharing of minutes from system meetings.

Suppressing COVID-19 cont.

There are regular bi-weekly meetings between the PHE consultant and the Assistant Director of Public Health from Public Health Dorset to exchange information and intelligence and discuss any particular concerns or specific scientific advice on outbreak management. PHE always have a standing invitation to any system support meetings and will chair an Incident management team in particularly complex or protracted outbreaks.

This established process and the development of a strong system wide multi agency group has been incredibly constructive and valuable in providing effective and timely support to care homes in Dorset and BCP council areas, particularly those in difficult circumstances. It is such an important element of our system response to COVID-19 and will continue to be important facet of continuing to mitigate the impact of COVID on the most vulnerable in the future.

This multi-agency approach to supporting higher risk settings where there have been severe outbreaks came into its own in the early part of 2021, when our local infection rates started to increase rapidly in the early New Year.

There were extensive outbreaks affecting our healthcare settings, as well as care homes, with notable outbreaks in Poole and Royal Bournemouth Hospital sites, part of University Hospitals Dorset.

Public health consultants supported outbreak control teams during these outbreaks, working closely with Public Health England to support the hospitals in stopping transmission and limiting spread.

There is ongoing work to review any learning and themes as a result, working with PHE's Field Epidemiology Service.

6. Testing capability

Our ability to offer both symptomatic and asymptomatic testing continues to evolve.

Symptomatic testing (PCR)

- Regional test site in Poole with four local testing sites and seven mobile testing unit sites.
- Community swabbing service to enable access to COVID-19 testing where someone would otherwise be unable to access routine testing services that are routinely available.

  Used for pre-admission screening of housebound patients to hospital or care homes or hospices, as well as for exceptional cases such as homeless adults and vulnerable children who are under the care of social services. The service is also commissioned to support a system response to outbreaks
- Ability to stand up alternative local testing provision in exceptional outbreak situations

Asymptomatic testing (lateral flow device testing)

- 12 community testing sites which are offering supervised LFD testing, with a plan for some sites to also offer community collect for home testing.
- National offer for community collect for home testing from symptomatic test sites supported by postal offer.
- National offer for workplace-based testing for employers with over 50 employees.
- Regular employee testing in health and care settings supported by regular whole care home PCR testing.
- Mobile testing capacity to offer better access to community testing and community collect in more remote communities in North Dorset.
- Ability to mobilise mobile testing to other sites/geographies to respond to outbreaks or areas of persisting high prevalence.
- Pop-up testing using mobile capacity in high footfall sites.
- Established testing in university settings.
- Implementation of school-based testing.

Case study – port testing

During the period from the end of Dec 2020 to the end of Jan 2021, the Dorset LRF, Dorset testing cell worked together with Public Health Dorset, Department of Health and Social Care, Department for Transport and Poole Port to establish an asymptomatic testing offer for hauliers intending to travel from Poole Port to the Continent.

This process was set up in a matter of days to be able to comply with the rules established for testing of all lorry drivers prior to onward travel to the EU.

This proved to be a very swift and effective response which remained in place until other national testing offers were made available through government and the hauliers.

Case study – visible community testing

Visible community testing was provided during the February half term holiday across Dorset by our community testing providers.

Testing was provided from mobile units and deployed at areas of potential high footfall, including shopping centres and tourist sites.

Over 1500 tests were conducted over the period.

While deployed at the Castlepoint Shopping Centre, the unit found multiple positive cases at one employer leading to the identification of an outbreak.

7. Surveillance, data and intelligence

Our intelligence work is led through our local EpiCell. This includes partners from public health, acute, community and primary care, both local authorities and our system population health management programme (DiiS).

We use a range of data, information and intelligence tools to inform the public and local stakeholders of our current position, support local planning and to inform action:

- Our public website presents overall local COVID-19 figures and trends from nationally published sources and is updated weekly.
- We have a surveillance dashboard that brings together local COVID figures and trends from national, regional and local sources, as well as locally modelled forecasts of NHS impact during the recent surge. This dashboard is supplemented with a regular EpiCell briefing to the Health Protection Board and other key meetings which highlights current issues and future risks for the system that could lead to further COVID-19 cases.
- We bring together anonymised data at a more granular level mapping change across small area geographies and common exposures to identify emerging issues and areas for focus. This is then fed into work through Engage and Contain or Environmental Health with key sectors or geographies, explaining and educating around their COVID-secure measures, and if required progressing to enforcement.
- Our near real-time cluster network tool brings together record level data so that we can identify, respond to and monitor outbreaks in addition to those notified to us through PHE or the setting.
- Our local vaccine dashboard enables us to understand any local inequalities in uptake and to address these at a system through work with communities, as well as at an individual level where this is shared back with GPs.

All our intelligence work is underpinned by national and local data sharing agreements that mean we have access to an increasing range of national data (both aggregate and record level) through shared data portals, as well as access to anonymous local GP data through our DiiS platform.

Our data sharing agreement with Public Health England also underpins the work of our local contact tracing teams and the councils' revenue and benefits team who administer Test and Trace support payments to those who would otherwise lose income when required to self-isolate.

As well as informing the activities of the Health Protection Board, the intelligence is used to support the wider partnerships and the emergency response units in each partner organisation. Data and trend sharing has ensured that our partners are fully sighted and that collaborative approach has enabled greater efficiency and focus across the partners and through the wider working of the SCG and TCG.

8. Challenges for the next phase

As we prepare to live safely with COVID, and progress along the roadmap, three challenges are likely to be important for the health protection board:

1. **Being vigilant and able to respond to Variants of Concern (VOCs)**
2. **Suppression of transmission, and avoiding enduring or stubborn transmission**
3. **Ensuring equitable uptake of vaccine**

Variants of concern

Both Local Authorities are involved in developing the plan for standing up and delivering surge testing (Operation Eagle) in their area. Any identified gaps are being escalated and managed through the LRF Tactical Coordinating Group (TCG).

This includes a comprehensive communications plan, with pre-prepared statements developed with both local councils, and a comprehensive mapping exercise that has worked through how local testing capacity and capability could be mobilised quickly to support the need for surge testing across all our postcode areas.

The draft plan will be developed through a scenario testing workshop led by the TCG to identify and work through any remaining gaps.

In line with normal emergency planning processes the TCG and subsequent response can be stood up in or out of hours as required with further provision being made in support of Operation Eagle.

Dedicated public health consultant weekend and out of hours on-call provision is already in place for COVID-19 that would allow activity to be quickly escalated out of hours.

Avoiding enduring transmission – rapid deep dive

Throughout most of the pandemic during 2020 Dorset and BCP Councils were fortunate to have had lower infection rates compared to many areas in England. But this situation changed quickly in late December, early January 2021, when we saw a huge increase in infection rates, particularly among working age and older adults.

The concern of the health protection board, and local outbreak engagement board for BCP Council, was that rates at one point placed the council in the top 20 of all upper tier councils in England.

We needed to understand quickly what was driving the increase, which groups in the population were most affected, and how to deliver the right messaging, in addition to the national measures announced on 04 January 2021.

Deep dive – BCP Council area

A rapid deep dive was carried out, which looked at whether the increase seen in the Bournemouth, Christchurch and Poole Council (BCP) area was out of step with comparable councils, with similar demographic profiles.

Several working hypotheses were quickly developed, including whether community transmission was being driven by inbound travel to the area, whether housing type and household composition was playing a part in sustained transmission, and whether there were any obvious patterns geographically, once known incidents and outbreaks connected with settings like care homes were removed from the picture.

An analysis of movement using telephone data was commissioned rapidly from the Joint Biosecurity Centre, to test the hypothesis that travel from London and other areas that locked down sooner than BCP Council, which had remained in Tier 2 for some time, was driving local transmission.

This found no evidence for increased travel from London and the surrounds but did confirm travel from neighbouring areas including Southampton which at the time had higher infection rates.

Housing type was found to play a part too – unsurprisingly there were more cases reported from postcodes with houses of multiple occupancy, and larger properties with multi-generational households compared with other types.

This analysis was conducted by matching cases with Experian Mosaic Types at household level, using our network and cluster analysis tool.

Based on the findings, the local outbreak engagement board took the decision to reinforce the national stay at home messaging with a hard-hitting postcard to all households, setting out in clear numbers the current impact of coronavirus.

Now that infection rates have fallen significantly, the task is to use our local contact tracing capability and capacity to work much more closely with NHS Test and Trace.

9. Contact tracing

Dorset and BCP Councils are undertaking contact tracing in support of Test and Trace nationally, following up on cases that the national team have hitherto been unable to establish contact with.

Since January 2021, Dorset Council Local Tracing Partnership (LTP) has successfully completed contact tracing with 141 individuals whom National Test and Trace were unable to contact.

The BCP LTP has only been established more recently but has already completed contact tracing with 63 positive cases. As numbers have reduced over recent weeks, both LTPs are keen to take on more and have asked for access to all local Tier-2 cases.

Both teams have also applied to become early adopters of the new Integrated Tracing System (ITS). At current capacity the LTPs in Dorset and BCP are each able to undertake contact tracing with up to 40 individuals per day; beyond that number there would still be a need to escalate cases back up to the National Test and Trace service.

Enhanced Contact Tracing

As case numbers continue to fall, there is greater opportunity to enhance the contact tracing offer with the aim of further suppressing transmission of the virus locally.

We are currently planning:

- More proactive use of common exposure data as a means of prioritising local health protection response.
- Enhanced communications, warning and informing individuals in settings where there is concern of exposure, or risk of an outbreak occurring. In some situations, this could include cohort isolation.
- Flexible use of lateral flow device testing informing timely contact tracing and other public health actions specific to settings of concern.
- The possibility of more detailed backward contact tracing, to interrupt the chain of transmission more quickly and to prevent the occurrence of super-spreading
- The scope for enhanced support arrangements to ensure cases and contacts can effectively self-isolate through for example alternative accommodation provision.

The Public Health Dorset Intelligence Team have developed a highly impactful mapping tool which visualises the interactions between positive cases, close contacts and settings daily. This, along with the regional common exposure notifications, acts as an early warning system of existing and emerging clusters of infection, enabling a more intelligence-led deployment of local resources as part of the tactical health protection response.

10. Specialist public health team response

Since the very early stages of the pandemic, the Public Health Dorset team has worked closely with other local and regional partners in responding to incidents and outbreaks of infection as they occurred across our local communities.

Through close working relationships, we've been able to respond at pace to enquiries and concerns from across the local system. The scope of this work has necessarily flexed according to rapidly emerging situations and changes in overall policy.

As we now consider living with COVID-19 over the longer term, there is a need for us to bolster our capacity to enable parallel working on recovery and other public health priorities to take place.

We also want to draw our tactical response work closer to that of our LTPs to enable a more seamless approach in responding to individuals and community needs.

In planning our resources and capacity for this next phase, there is a need for us to understand the corresponding plans for both our regional health protection team and indeed the National Test and Trace service going forward.

Ensuring equitable uptake of COVID-19 vaccines

Looking back at what we've learned from the past nine months, behavioural insights, cultural issues and structural barriers have all played a part in how public health measures have been adopted.

The challenge facing the vaccination programme is no different – how to ensure that coverage is as high as possible among all sections of our community, and how to combat uncertainty over whether to have the jab.

The Integrated Care System vaccine inequalities working group is using local insights from the DiiS dashboard to identify areas for further actions:

Behavioural insights

We have developed a behavioural insights methodology which is supporting other local programmes of work to be more effective. The approach consists of the following:

- Review local COVID-19 transmissions data to identify significant target groups, settings and context.
- Desktop analysis of emerging data and development of local insight of target groups and settings using commissioned expertise
- Application of the COM-B behaviour change framework to identify the behavioural interventions most likely to impact positively on adherence.
- Working with key stakeholders to assess intervention options according to the APPEASE and EAST criteria and implement in target groups, settings, contexts.

Behavioural insights have been applied in the following local projects:

- Design and implementation of Local Contact Tracing Partnerships scripts
- Informing communications messaging and mechanisms to improve adherence with COVID-19 guidelines, e.g. self isolating and social distancing
- Understanding and addressing vaccine hesitancy and inequalities in vaccine uptake
- Sector-specific behavioural insights projects – schools, higher education and social care

Case study – vaccine hesitancy

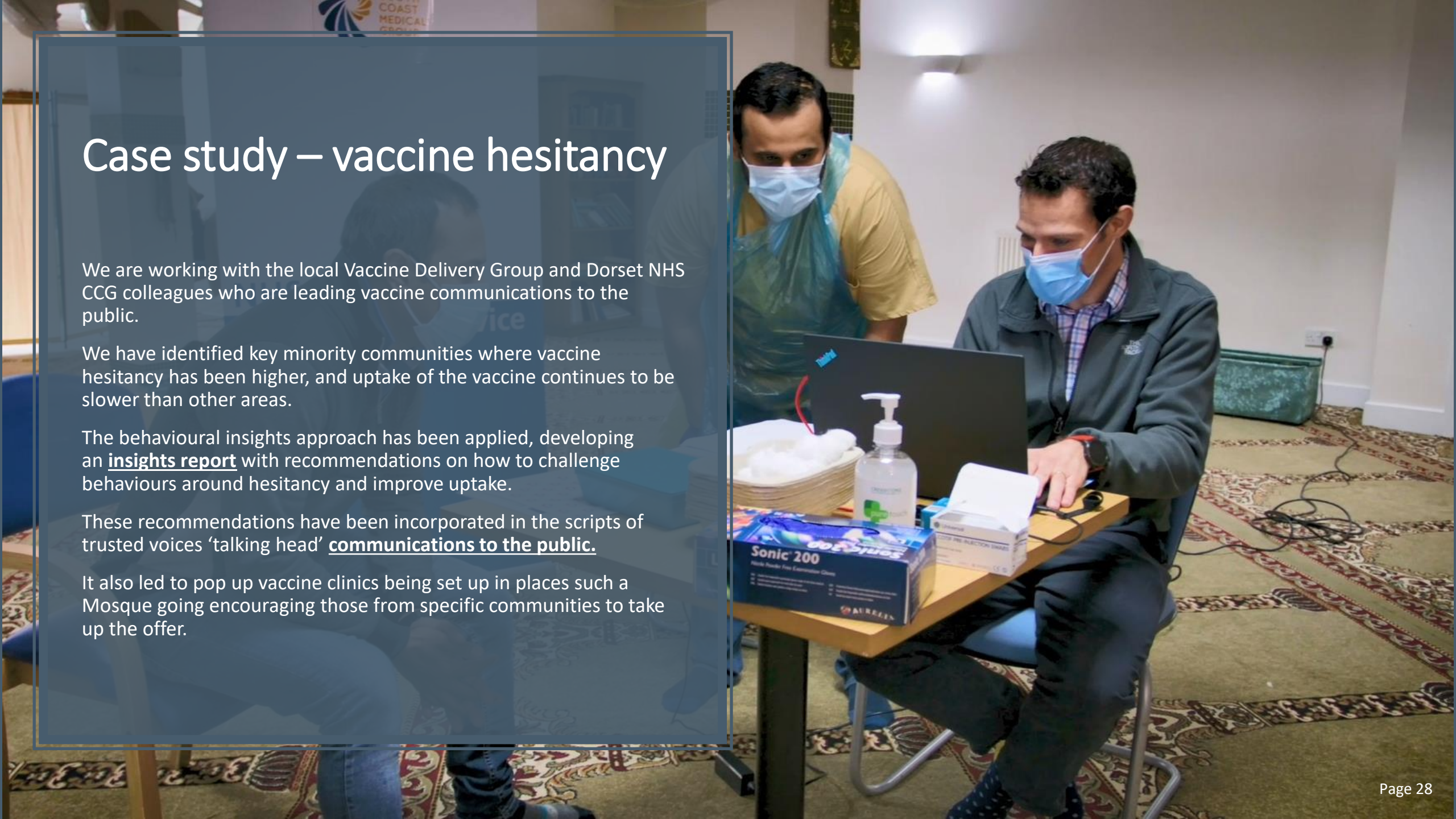
We are working with the local Vaccine Delivery Group and Dorset NHS CCG colleagues who are leading vaccine communications to the public.

We have identified key minority communities where vaccine hesitancy has been higher, and uptake of the vaccine continues to be slower than other areas.

The behavioural insights approach has been applied, developing an **insights report** with recommendations on how to challenge behaviours around hesitancy and improve uptake.

These recommendations have been incorporated in the scripts of trusted voices 'talking head' **communications to the public.**

It also led to pop up vaccine clinics being set up in places such a Mosque going encouraging those from specific communities to take up the offer.



Case study – cohort specific transmission

Recognising that early transmission rates appear in younger cohorts first, we sought to develop behavioural insights into how young people are likely to react as the latest lockdown begins to ease.

We want to understand how to communicate effectively with this cohort to encourage COVID-safe, or at least, COVID-safer behaviour.

We have led a regional collaborative project involving commissioning a professor in social marketing and YouGov to carry out the behavioural insights of people aged 16-29.

We have an **initial report** and an indicative approach for a developing an ongoing communications and marketing campaign.

Case study – Trusted Voices

The project started as a weekly e-newsletter to community members willing to share weekly updates. In November, community infrastructure organisations came on board to provide engagement expertise. The newsletter runs weekly, with around 600 subscribers.

Our engagement work has centred on working with community leaders to refine messages, get a better understanding of and addressing barriers to staying COVID-safe. We have a network of 40+ champions who are actively engaged, receiving ongoing support, resources and access to a WhatsApp group and Facebook 'library'.

Several Champions have produced 'talking head' short videos for their communities to help with COVID-19 messaging.

Our focus has primarily been on ethnic minorities, the LGBTQ+ communities and people with learning disabilities. Growing trust in the project has led to:

1. A listening event with the BCP Polish community. Arranged in response to intelligence suggesting widespread vaccine hesitancy, this event identified the need for Polish speaking advice with benefit claims and mental wellbeing. Those attending were all positive about getting vaccinated.
2. Working with the Nigerian Community in Dorset to support a community meeting to promote vaccine uptake. Following this a local Pentecostal Church has expressed interest in hosting a pop-up vaccine centre.
3. Residents contacted the team to express interest in a local mosque hosting a pop up COVID-19 vaccine centre. Liaison with the CCG and South Coast Medical Group has resulted in three mosques in BPC offering pop up vaccine centres.

Case study – intelligence insights

We have worked on developing our local data tools, linking datasets relating to cases, their contacts and settings they have visited and presenting these visually through a cluster network tool.

We compare this visual picture with information collected locally to inform outbreak management conversations and deepen our understanding of potential clusters.

Social Network Analysis allows us to view clusters with many connections, that we may want to investigate further. In one example, using this method to examine a particular setting of concern allowed us to identify additional linked cases and connections to other settings through visual means.

This allowed us to have a better picture of what was happening locally to inform any further actions needed. Having a rural/urban mix in our local area means that people often live and work or access other settings in quite different areas.

We are working to enhance our tool to visualise clusters geographically, which will enhance our understanding of smaller area rates and changes.

Case study – responding to a prison outbreak

At the end of January cases of COVID19 were identified in residents within a Category C prison in Dorset. By 02 February 2021 an Outbreak was declared, and a multiagency Outbreak Control Team (OCT) convened by Public Health England (PHE).

This outbreak unfortunately occurred initially within a dormitory style wing which provided accommodation for the most clinically vulnerable and elderly residents within the prison.

The outbreak quickly spread within that wing which led to a significant pressure on both the prison, the prison health team and the local health system, including SWAST and the local Acute Trust.

One of the recommendations from the OCT based on PHE advice was to try to carry out mass testing of residents and staff to establish the level of spread with the closed environment. Although timely testing of symptomatic residents was in place and LFDs were just becoming available for staff, it was felt that there wasn't a clear understanding of the number of asymptomatic cases within the setting.

It quickly became clear that there was no established mechanism to arrange mass asymptomatic testing within a prison environment.

We were unable to use a DHSC Mobile Testing Unit, the prison was not able to become part of a national pilot on prison testing and the prison health team and the prison staff themselves did not have the capacity to be able to carry out mass testing of 550 residents as well as staff due to already huge pressures caused by the outbreak.

The Dorset testing cell worked closely with DHSC regional lead, PHE and the assistant Director of Public Health to agree a way to commission and enable our local community testing provider, a local events and security firm, to carry out mass testing of all eligible residents and staff within the prison on a day.

This was successfully set up and completed within 4 days of the original request. The first mass testing successfully tested 526 residents and staff members and results have been invaluable to identify the level of spread within the prison community and the patterns of transmission. Mass testing has been carried out a further three times on a weekly basis as the outbreak has evolved.

This model has also been shared as good practice by PHE with a neighbouring Local Authority who were also trying to manage a prison outbreak. A team from Dorset were commissioned to go and carry out testing within a prison as well.

11. Summary

This refresh of the local outbreak management plan shows how Dorset and BCP Councils, working through the Dorset Health Protection Board, will deliver a continued outbreak response while we aim for a sustainable and safe exit from the pandemic.

This will develop as the Contain strategy evolves nationally, and our understanding of how to live safely with COVID-19 increases. There are some uncertainties, risks, challenges, but also opportunities in moving to this next phase.

Priority	Risks	Mitigations	Opportunities
Keep transmission as low as possible	• Public fatigue • Opening too soon • Wider system moves on to recovery – less interested in COVID	• Comms and engagement messaging to support NPIs • Epicell and SAGE modelling – clear messages to local system and wider partners through LRF • Resilient public health team using COMF funding	• Behavioural insights work to promote positive behaviours • Ongoing health protection function in LA resourced through PH Grant
Optimal surveillance including for variants	Incomplete information or late information about variants of concern	Regional VOCs group member, greater use of local network and cluster tool to spot early signs of unusual transmission	Greater use of population health management tools (DiiS dashboard) to understand people most at risk of COVID and poor outcomes
Effective contact tracing and testing	• Tracing and self-isolation not quick enough to prevent onward transmission • Self-isolation not happening or people not coming for testing	• Early adopter of integrated tracing • Continued promotion of easy ways to test – including asymptomatic testing; new support framework for self-isolation	More local control including use of rapid testing in social networks and rapid peer notification
Maintain vaccine uptake and equity	• Local delivery slows once GPs move through priority cohorts • Gaps in vaccine uptake leave proportion of population susceptible	• Plan for vaccination to become business as usual in the local system • Inequalities plan being developed with CCG colleagues; continued use of behavioural insights to drive understanding of benefits and clarify misunderstandings	• Use of population health management insights to understand where the gaps are and how to address them • Build on community and volunteering efforts and networks to reach into populations underserved through Trusted voices work

12. Resources

How we are using the Contain Outbreak Management Fund
The resources to support local outbreak management plan activities are in the form of two grants; Test and Trace grant in June 2020 and Contain Outbreak Management Fund, through monthly payments from November 2020. In total Dorset and BCP Councils have received nearly £17m in funding so far.

The public health team has developed a strategic overview of fund allocations that supports the Local Outbreak Management Plan priorities, working with both councils and Health Protection Board members to define the activities that require funding, produce evidence for the expenditure, and monitor the drawdown of approved funds.

Priority area of spend	Expenditure activities
Testing	PCR testing sites, Lateral flow testing for local authority frontline staff, asymptomatic community testing programme, planning for surge testing
Contact tracing	Contact tracing run by local authority contact centres, planning for enhanced contact tracing linked to testing
Communications and engagement	Regular local campaigns linked to national messages and specific situations, Trusted voices network to engage with specific communities
Behavioural insights	Supporting targeted communications, vaccination campaign, developing actionable insights
Community and voluntary sector	Supporting local organisations across a range of activities to support vulnerable and people in need
Education and young people	Extra interventions for services and providers looking after young people
Economy and place	Regulatory support for businesses, Covid Marshalls and monitoring high streets and opens spaces, Covid safe measures for summer operations and opening the economy