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Guidance

COVID-19 contain framework: a guide for local decision-makers

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Overview and purpose

This is a guide for local decision makers in England. It sets out how national, regional and local partners should continue to work with each other, the public, businesses, institutions (including schools, prisons, hospitals, care home and homelessness settings), and other local system partners in their communities, to prevent, manage and contain outbreaks of COVID-19.

Test, Trace and Isolate has an important ongoing role in the management of local outbreaks. It is a core element of our shared ambition to break chains of COVID-19 transmission to enable people to maintain a more normal way of life, living safely with COVID-19.

Local communities are at the heart of this. It's important that there is a continued strong local, regional and national partnership to support people in understanding and complying with advice and guidance designed to protect their health. Many of the groups who face disproportionate impacts from COVID-19 are likely to be underserved by national activity, and we need local insight, and targeted, culturally competent action to engage them.

Local authorities and their local system partners are an integral part of the response to COVID-19, working closely with regional health protection teams (HPTs) and the wider COVID-19 regional partnership teams.

This updated Contain Framework sets out:

- the roles and responsibilities of local authorities and local system partners, and those of regional and national teams, as well as the decision-making and incident response structures
- the core components of the COVID-19 response across the spectrum of outbreak prevention and management, including to variants of concern (VOCs)
- the requirements of local authorities on the continued COVID-19 response, as well as how this should be factored into local outbreak management plans (LOMPs)
- the support local authorities can expect from regional and national teams

This framework should be read in the context of the government's roadmap to ease restrictions in England (COVID-19 response: summer 2021 (https://www.gov.uk/government/publications/covid-19-response-summer-2021-roadmap/covid-19-response-summer-2021)) and the government's overall public health objectives for responding to the COVID-19 pandemic.

The Contain Framework will continue to be updated as the response evolves, and to capture good practice from COVID-19 LOMPs. The next update is likely to be in the autumn to support winter planning.

The next phase of the response

We have all learned a lot since the COVID-19 response began, and our approach to breaking chains of transmission and protecting the public's health has evolved significantly. This has only been possible by working in partnership with:

- directors of public health (DsPH) and their teams
- wider local authority teams, including environmental health officers
- local authority chief executives and elected members
- the NHS
- public, private and not-for-profit sector partners, including academia

- other government departments
- devolved administrations

Local authorities and their local system partners have made great strides in responding to the challenges of this pandemic, innovating in the face of adversity to keep their local communities safe. Local authorities' LOMPs continue to be central to the ongoing response, and will be regionally supported and nationally enabled. The UK Health Security Agency (UKHSA), that brings together functions of Public Health England (PHE) and NHS Test and Trace (NHSTT), is committed to empowering local leaders, ensuring they have the appropriate tools and resources, and working in partnership to co-design the ongoing response to COVID-19 and other threats to the nation's health security.

Vaccines are significantly reducing the link between infections and severe disease and death. As originally set out in the COVID-19 response: spring 2021 ('the roadmap'), with a sufficiently high proportion of the population vaccinated the country can learn to live with COVID-19 without the need for the stringent economic and social restrictions which have been in place since March 2020.

The pandemic is not over. Cases are currently rising, as are hospitalisations. Cases, hospitalisations and, sadly, deaths, will rise further as society and the economy reopen. Vigilance must be maintained, and people will be asked to make informed decisions and act carefully and proportionately, to manage the risks to themselves and others. There will still be high levels of infection and illness and therefore disruption to lives, the economy and delivery of public services.

The biggest risk to the progress the country has made is a variant of concern (VOC) which fully or partially escapes immunity. There is evidence that vaccines may be less effective against some existing variants, such as the beta variant, and the government does not know what new variants will emerge in the coming months and years. Even without a new variant, next winter could see a further resurgence of COVID-19 cases, which would likely be compounded by other seasonal respiratory diseases, such as influenza.

The government recently published further details of how the lockdown restrictions in England will be ended in COVID-19 response: summer 2021 (https://www.gov.uk/government/publications/covid-19-response-summer-2021-roadmap/covid-19-response-summer-2021). This will mark a new phase in the government's response to the pandemic, moving away from stringent restrictions to everyone's day-to-day lives and towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. To do this, the government will:

1. Reinforce the country's vaccine wall of defence through booster jabs and driving take up
2. Enable the public to make informed decisions through guidance, rather than laws
3. Retain proportionate test, trace and isolate plans in line with international comparators
4. Manage risks at the border and support a global response to reduce the risk of variants emerging globally and entering the UK
5. Retain contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19

Local authorities will remain central to the continued response, working with wider system partners such as the local NHS.

Reinforce the country's vaccine wall of defence

Working with the NHS locally to drive up vaccination rates among those groups with lower uptake will remain a crucial shared priority for local areas, as will ensuring second vaccinations are administered. It is likely that booster vaccinations will be needed for the most vulnerable later in the

year. Once again, DsPH and the wider local authority team will play a key role in supporting the NHS to roll these out and ensure maximum uptake.

Enabling the public to make informed decisions

We have seen the powerful impact that both national and locally tailored communications and community engagements has had on the behaviour of individuals and communities. DsPH will need to support their local communities to understand and manage risk, to make informed choices, and live safely with COVID-19 as national restrictions are lifted. Community engagement, including the provision of locally tailored public health advice based on the ongoing national response creatively communicated by trusted sources, and targeted based on local circumstances, will potentially be even more critical for the next phase of the response.

The government has confirmed that it will keep in place certain key protections, which DsPH and their teams will play an important role in promoting using all the tools available to them. These are all subject to continuous review based on the epidemiological situation and qualitative and quantitative evidence on the impact of interventions:

- symptomatic testing and targeted asymptomatic testing in education and high risk workplaces, and to help people manage their personal risk
- self-isolation for those testing positive or when contacted by NHS Test and Trace or when advised to by the NHS COVID-19 app
- border quarantine: for all arriving from red list countries, and for applicable individuals arriving from amber list countries, full details are included in the travel section below
- cautious guidance for individuals, businesses and the vulnerable while prevalence is high, including on:
    - a gradual and safe return to workplaces over the summer
    - wearing face coverings in crowded areas such as public transport
    - being outside or letting fresh air in
    - minimising the number, proximity and duration of social contacts
    - encouraging and supporting businesses and large events to use the NHS COVID Pass in high-risk settings to help to limit the risk of infection

This continued action will be crucial to limit the spread, and to prevent and manage outbreaks, which should in turn minimise hospital admissions and deaths. Reducing transmission will also reduce the risk of the emergence of dangerous new variants.

The statutory duty of DsPH to improve and protect the health of their local population will be as vital as ever over the next period. DsPH will need to ensure their local response is targeted at the communities and settings that are at the greatest risk, ensuring that the underserved and vulnerable, particularly those who are ineligible or unable to be vaccinated, are protected. Their teams will want to ensure they use the data and other tools at their disposal to best understand which individuals and communities they particularly need to focus their efforts on. They will also want to continue to work with and through trusted local voluntary and community sector partners to support engagement and outreach.

Retain proportionate test, trace and isolate plans

It will remain critical to encourage people who have symptoms to get tested as quickly as possible and to self-isolate until they have a negative test result. Where people test positive, it will be as important to make contact with them as quickly as possible to help ensure they are self-isolating and

have the support to do so; to find out where and when they may have become infected to help identify potential outbreaks; and to find out who their close contacts are.

There is likely to be a range of asymptomatic testing available over the summer months to maintain our ability to find positive cases while the adult population is given access to the vaccine. Asymptomatic testing in vulnerable and higher-risk settings, such as NHS, adult social care, and prisons, will be continuously reviewed considering the public health risk, as will testing in educational settings that are open. While free asymptomatic twice-weekly testing (https://www.gov.uk/get-coronavirus-test) will continue to be available to the public via GOV.UK and pharmacies, it will be targeted at those individuals, communities and settings that are at greater risk of transmission and will experience worse outcomes from COVID-19.

Current evidence suggests that identifying the contacts of those who have tested positive will remain a priority, and all positive cases, regardless of age or vaccination status, will be contacted to enable us to break chains of transmission and provide effective support for self-isolation.

Where contacts are fully vaccinated, or under 18, the approach will shift. From 16 August, contacts will not need to self-isolate unless, or until, they become symptomatic, but – as now – they will be asked to take a PCR test. We will also see greater use of daily LFD testing as an alternative to self-isolation, following the results of clinical trials. For people who have tested positive and for those contacts who still need to self-isolate, we will continue to work with local authorities to help ensure people have access to the support they need to self-isolate effectively.

Manage risks at the border and support a global response

Local authorities and their DsPH will play an important role in supporting the government's border controls in their local areas. In particular, working with air-side partners for local authorities that have ports of entry, by supporting access to primary health care locally, and by supporting compliance with testing and quarantine regimes for those passengers still bound by them.

Retain contingency measures

The prevention and management of outbreaks is central to the role of DsPH and their teams. We know that outbreaks are more likely to occur in particular settings and providing ongoing advice and support will remain critical, as will a rapid response if outbreaks occur. The ability to respond swiftly and robustly to a variant outbreak must continue to be a priority for local areas, with the support of HPTs and national teams as required. The government will maintain contingency plans for reimposing economic and social restrictions at a local, regional or national level if evidence suggests they are necessary to suppress or manage a dangerous variant. Such measures would only be re-introduced as a last resort to prevent unsustainable pressure on the NHS.

The continued statutory backing for outbreak prevention and management, and many of the other core activities of DsPH, are contained in the Public Health (Control of Disease) Act 1984 as amended. This provides them with the ability to apply to a Justice of the Peace to impose restrictions or requirements to close contaminated premises, public spaces, and to decontaminate premises. In addition, the government has announced that the No 3. Regulations which enable local authorities to impose restrictions, requirements or prohibitions on individual premises, events and public outdoor places will continue until 27 September.

An integrated local system response

The contribution of local authorities and their DsPH has been significant and instrumental to the ongoing pandemic response. The flexibility, creativity, resourcefulness and resilience of local teams has been remarkable. It has demonstrated the ability of public health, local authorities and local

system partners to rise to the challenge, working as part of an integrated local response and putting their communities first.

The pandemic is not over and cases are currently rising. Local teams will therefore need to continue to keep their capacity and capability under close review, flexing across their local systems to share and move resources around as required. Regional and national teams, and dedicated surge support will provide some further capacity, but this will need to be prioritised for those areas facing the most acute challenges. This includes the support that is provided to enhanced response areas and areas of enduring transmission. HPTs will also continue to work in an agile way to support their local authorities with specialist health protection functions, including on non-COVID outbreaks or for COVID 'joint' outbreaks as we see a resurgence of other pathogens. Teams working across the response are understandably fatigued; local leaders will need to look after individuals and teams, supporting them to look after their physical and mental health and wellbeing, and promoting sustainable ways of working.

The response has brought about a shift in the impact and influence of the public health profession within local, regional and national government, and accelerated the integration of public health, social care and the NHS across the country. We must hold onto these ways of working and the deepened system partnerships that have arisen through the response to date as the reforms to the public health and NHS landscape are implemented. The UKHSA is committed to learning from the pandemic response to inform the development of its structures and ways of working, together with local colleagues and their professional membership bodies.

Ways of working

On 1 October 2021, NHS Test and Trace (including the Joint Biosecurity Centre), the COVID-19 managed quarantine service, and the health protection functions of Public Health England will join together in a new agency, UKHSA. The UKHSA's immediate priority will be to the lead the UK government's ongoing response to the COVID-19 pandemic, whilst continuing to manage other routine infectious disease and external health threats

UKHSA will work with local authorities, the NHS and other partners, building on the work undertaken by NHS Test and Trace and Public Health England, to ensure a strong and integrated local, regional, and national response in England. The proposed structures will bring together the regional health promotion teams within Public Health England and elements of the COVID-19 regional partnership teams into a new UKHSA functional structure, which will continue to work with local systems with shared purpose to:

- take a cross-system view of issues and develop a joint understanding of the local context
- pool and share resources, evidence and data
- engage, inform and involve our communities

UKHSA, NHS England and DHSC will also work with local systems, and the relevant professional and membership bodies, to further develop the plans for the operationalisation of UKHSA and the Office for Health Promotion, as they continue to shape the future public health landscape.

Roles and responsibilities

While COVID-19 continues to present an unprecedented challenge, well-established local, regional and national arrangements for public health and emergency planning and response continue to be used as the basis of the response. The decision-making model follows the tried and tested approach to civil emergencies, based on the concept of subsidiarity. National, regional and local teams have been working in partnership for many months to develop and deliver the response to the virus.

Local authorities and DsPH

All local authorities are engaged in activities designed to respond to COVID-19 in their areas. In 2-tier areas, DsPH work closely with their district colleagues to ensure joined up tracing, enforcement and support for self-isolation. Regional HPTs play a key role alongside local authority partners to combat outbreaks and deal with enduring transmission.

As well as working with HPTs, local systems will include emergency planning mechanisms which are widely used, including local resilience forums, supported by the Ministry of Housing Communities and Local Government, and engaging a full range of partners. This includes all of the emergency planning responsibilities of Category 1 responders and where necessary the deployment of regional and local resilience forums. Close working throughout the pandemic has strengthened and developed these existing partnerships.

While local arrangements will reflect local systems, clear governance is essential to ensure that each area operates effectively. Local governance of COVID-19 builds on existing practice and structures:

- the DPH has a statutory duty for the COVID-19 Local Outbreak Management Plan; supported by wider local authority teams as necessary
- the local authority chief executive is responsible for the local response, providing strategic leadership and direction, shaping local communications and engagement, and deploying local government resources
- local authorities, through their elected mayors and council leaders, are accountable to their local community for the local response, decisions and spending undertaken
- councillors, as local systems leaders, and local community leaders can facilitate systems relationships and community engagement
- the Civil Contingencies Act 2004 provides that other responders, through the local resilience forum (LRF), have a collective responsibility to plan, prepare and communicate in a multi-agency environment
- the local ‘gold’ structure provides resource coordination, and links to COVID-19 regional partnership teams and other key Category 1 responders from the local system
- local authorities have legal powers relating to public health which include the ability to impose restrictions on settings and members of the public

COVID-19 regional partnership teams

The COVID-19 regional partnership teams (RPTs) currently play a pivotal role in connecting the national and local response. RPTs work closely with national teams to support policy and operational co-ordination across UKHSA, NHS England’s regional teams, DHSC, and other key government departments.

The COVID-19 RPTs are currently led by the Regional Convenor (NHSTT), PHE Regional Director, and the regional Joint Biosecurity Centre lead. They work collaboratively bringing their collective capability together to support local areas, working in partnership, as necessary, with local DsPH, chief executives and local authority leaders or elected mayors, and wider system partners:

- Regional Convenor (NHSTT): manages the interface between national policy and operations and local political leaders while ensuring a coordinated approach in engagement activities
- Regional Directors (PHE) and NHS England Regional Directors of Public Health: currently responsible for the work of the regional HPTs and provides professional public health leadership on the response to this pandemic. Responsible for feeding in local intelligence and providing

professional public health advice into the government's Local Action Committee command structure. (These roles will sit in the Office for Health Promotion following the implementation of the wider public health reforms, continuing to work closely with UKHSA teams)
- Regional Lead (JBC): provides links to OGDs regionally and nationally, escalating and resolving issues and acts as a Whitehall 'gatekeeper' to funnel communications

RPTs work closely with local authorities and wider local systems to support their response, ensuring they are able to implement their COVID-19 local outbreak management plans. They provide ongoing oversight and assurance, escalating risks and issues as needed via the national Local Action Committee command structure; providing additional support and escalating requests for surge assistance; as well as identifying good practice for spread and scale.

Each region also has an HPT which includes specialist expertise in communicable disease control, epidemiology, outbreak management and related issues. They have a strong regional focus which enables effective professional working relationships with DsPH and, in partnership with their teams, are an integral part of the expert local response to COVID-19. They provide local DsPH with access to highly specialised public health advice and support, and often lead on complex outbreak investigation and management.

These posts and structures will be subject to some revision in the setting-up of UKHSA for 1 October. The range of responsibilities they discharge in relation to the COVID-19 response will be incorporated in UKHSA's operational arrangements.

National government

Ministers are accountable for setting the overall framework for the COVID-19 response with a national communications strategy, enabling and supporting the local response, including through provision of funding and for ongoing oversight and intervention where necessary. Ministers also work with the devolved administrations and international governments as required.

The Secretary of State for Health and Social Care takes day to day policy and operational decisions on the COVID-19 response, as appropriate. Oversight of the ongoing incident response takes place through the government's Local Action Committee command structure (bronze, silver, gold) where local and regional concerns are escalated, and issues for discussion and decision by ministers across government are taken. Recommendations on escalation of issues or requests for significant surge support can be taken by the 'gold' incident management structures to ministers for final decision.

Ministers have powers to take action against specific premises, places and events, as well as to direct UTLAs to act, and to consider whether a local authority direction is unnecessary and should be revoked. To address more serious and widespread cases, ministers can use their powers (under the Public Health (Control of Disease) Act 1984) to implement more substantial restrictions (regulations would be produced and approved by parliament on a case-by-case basis) which could include:

- closing businesses and venues in whole sectors or geographies
- imposing general restrictions on people's movements or gatherings
- restricting or closing local or national transport systems
- mandating use of face coverings in public places

Such measures would only be re-introduced as a last resort to prevent unsustainable pressure on the NHS.

Outbreak management

The majority of COVID-19 outbreaks will be best dealt with at a local level. Local authorities have a range of existing powers, such as enforcement of deep cleaning or temporary closure, to ensure an appropriate response. UKHSA's HPTs, in partnership with local public health teams, will be able to assist with outbreak management, drawing on their specialist expertise in epidemiology, infection control, targeted testing and effective local contact tracing, and strong communications and engagement.

Local authorities will be supported in their outbreak prevention and management by UKHSA's regional and national teams. There is also specific national support for preventing and managing outbreaks in specialised settings such as prisons. An overview of this core support is provided in this document, with detailed guidance in the accompanying Outbreak Management Response Toolkit (OMRT) that is available to local DsPH and wider local authority teams.

Further support will be available to areas facing the additional challenges outlined below.

The core COVID-19 response

Testing

Testing, both symptomatic and asymptomatic, performs a central role in the identification of people who have the virus to then enable the tracing of their contacts and ensure all parties self-isolate to prevent onward spread. The government has announced that there are currently plans to keep in place key diagnostic interventions such as symptomatic and asymptomatic testing in place to help people manage their personal risk and the risk of transmission to others, both pre and post-vaccination.

Local authorities and their DsPH have been crucial partners in delivering testing, helping to establish regional and local test sites, prioritising and directing the use of mobile test units and communicating with the public about the availability of testing and encouraging uptake.

Symptomatic testing

PCR testing for symptomatic people is a top priority – we will continue to operate a network of testing sites as well as the option to order PCR tests for self-test at home, as appropriate to the current epidemiology. At national level we will continue to use communications and marketing channels to reach different groups in the population to underline the importance of getting tested if an individual experiences any of the main COVID-19 symptoms, and will continue to make materials available to local authorities (including in a wide range of community languages) for local use. When demand for PCR testing is high, or for reasons of reach or epidemiology, symptomatic testing may be flexed to LFD provision, as clinically appropriate.

Asymptomatic testing

Approximately 1 in 3 individuals who test positive for COVID-19 have no symptoms. Identifying those who unknowingly have the virus will enable them and their contacts to self-isolate and break the chains of transmission and we have established testing programmes to increase asymptomatic detection. We will keep under close review the need for asymptomatic testing considering prevalence levels and continued roll out and uptake of the vaccine.

Targeted community testing

Targeted community testing supports local delivery of asymptomatic testing to disproportionately impacted and underserved groups, reflecting local priorities and insight. These groups are more likely to suffer worse outcomes, less likely to take up the vaccine and experience existing health

inequalities. They are also the groups most likely to live in areas of enduring transmission of the virus. Local authorities use a range of methods to reach these groups including using community venues and mobile services, to take testing to the heart of communities, and door to door distribution of LFDs.

Local authorities can draw on the contributions of the voluntary and community sector to encourage and support priority populations, using trusted partners, to increase access to testing and develop tailored communications. Working with voluntary and community sector organisations, Local authorities have already successfully been delivering their testing plans, reaching communities that they may not have been able to reach alone.

Testing in education settings

Rapid testing in schools and colleges using LFDs has been supporting the provision of face-to-face teaching by helping to identify asymptomatic pupils and staff. Educational settings that remain open over the summer holidays will be provided with kits to continue regular testing. Secondary school children will be asked to complete 2 onsite tests on return in September and then to continue home testing until the end of September. University students will be asked to test before travelling to university for the autumn term and to complete 2 LFD tests at home or at an asymptomatic testing site (ATS) site on return.

Employer led testing

Most regular workplace testing will finish at the end of July as previously announced and the online ordering system closed on 19 July. We are encouraging all businesses to signpost their employees to the GOV.UK and pharmacy collection service (https://www.gov.uk/get-coronavirus-test) to continue to access free weekly testing. We are currently considering the potential use of assisted daily contact testing in some workplaces.

To proactively mitigate exposure and outbreaks in high-risk and vulnerable settings (such as the NHS and adult social care) we will continue to provide tests in these settings, proportionate to the epidemiology and public health risk. We will work with local authorities, where possible and appropriate, to ensure that under-served groups and individuals who are at higher risk of transmission continue to be supported through targeted community testing.

Universal testing offer

Free LFD tests are currently available online and through Pharmacy Collect (https://www.gov.uk/get-coronavirus-test) . We will continue to encourage the public to test regularly in order to find cases and break chains of transmission.

Contact tracing

A critical step in the effective control of community transmission is the fast and efficient tracing of people who have tested positive and their close contacts. All positive cases, regardless of age or vaccination status, will continued to be contacted for three reasons:

- to provide them with public health advice to self-isolate and to check whether they need support to do this
- to determine who they might have infected
- to establish how and where they might have been infected

We have seen the success of Local Tracing Partnerships (LTPs) that are now the norm with over 300 in operation. LTPs work alongside the national trace team to ensure we reach the greatest possible proportion of positive cases as quickly as possible, bringing invaluable local knowledge, resource, and expertise where available.

In addition to the standard LTP model, many local authorities have adopted a new approach called Local – 4. Under this model, LTPs take responsibility for contacting new cases as soon as they are referred to the contact tracing system, rather than only those who cannot be reached by national tracing teams.

Work is underway to pilot Local Contacts, a scheme which enables local authorities to trace contacts of cases without them being passed through the national system. The UKHSA has also been working on further enhancements to the contact tracing service that better serve the citizen and reduce the spread of COVID-19. We are currently working with a number of local areas piloting new capabilities, including regional contact tracing hubs which allow a locally-led and nationally enabled model of trace operations.

Support for self-isolation

For contacts of confirmed cases, the process is evolving to reflect changes in self-isolation policy. From 16 August, fully vaccinated contacts and those under 18 will no longer have to self-isolate. They will however be advised to take a PCR test as soon as possible after being identified as a contact (with the exception of very young non-household contacts, where parents and guardians will be provided with public health advice) and to remain isolated until a negative result is received.

Following clinical trial results, daily contact testing will be rolled out to some critical workplaces in England so that contacts who would otherwise be self-isolating can instead take daily tests. The contact tracing process will therefore remain vital as a way of ensuring that people receive appropriate advice on self-isolation, PCR testing or daily LFD testing (depending on their circumstances).

For people who have tested positive for COVID-19 and for those contacts still required to self-isolate, it will remain important to ensure that people understand the importance of self-isolation in protecting other people – and that they have access to the support they need to self-isolate effectively. We will continue to work with local authorities and voluntary and community partners to share good practice and promote innovative approaches, raising awareness of, and providing, support.

Local authorities will continue to play a critical role in managing financial support by administering the Test and Trace Support Payment scheme (TTSP) and raising awareness of it. Since September 2020, local authorities have received funding to make TTSP payments to low-income workers who are required to self-isolate, can't work from home and will lose income as a result. This includes funding for people who fall outside the scope of the main scheme, but who will still face hardship if they are required to self-isolate. Since March 2020, the government has made £20 million a month available to fund the discretionary element of TTSP, enabling more people to receive financial support.

UKHSA has worked with local authorities to co-produce a framework for practical, social and emotional support for those self-isolating. Since March 2021, the government has provided monthly funding to support local authorities in arranging support in line with the framework, and this is currently scheduled to run until the end of September 2021. We are working with local authorities to update the framework, which was re-issued in July 2021. The Medicines Delivery Service, which provides free delivery of prescription medicines to those who are self-isolating, is also currently scheduled to run until end September 2021.

Local authorities also have an important role in working with employers to help ensure they are meeting their duties in relation to self-isolation by not knowingly allowing people to attend work when they have to self-isolate. UKHSA is working with local government and the Department for Business, Energy and Industrial Strategy (BEIS) to consider how best to work with employers to raise awareness of why self-isolation is important and why it is in their interest to support their employees to self-isolate when required to do so, with a specific focus on people in more atypical employment arrangements.

Vaccinations

Vaccines are significantly reducing the link between infections and severe disease and death, and therefore will continue to play a critical role in our response to the virus. There has been significant progress in the COVID-19 Vaccination Programme, which continues at pace. To date, over 85% and 65% of the adult population have had their first and second doses respectively (view data on uptake (https://coronavirus.data.gov.uk/details/vaccinations)), although there is significant variation in uptake between different groups of people.

Local authorities, working with local NHS colleagues, play a key role in delivering the programme and driving uptake, as set out in the COVID-19 vaccines delivery plan (https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan). DsPH and their teams, working closely with national Screening and Immunisation Teams, bring deep experience of immunisation and screening programmes and play a decisive role in understanding the population of an area. Increasing vaccination rates overall and especially among people in disproportionately impacted groups is central to the national and local COVID-19 response.

Local authorities should continue to work in partnership with the NHS locally to help shape local plans to tackle disparities in vaccine uptake, as well as ensuring uptake of second vaccines and boosters in due course for those eligible. MHCLG has allocated over £23 million in Community Champion funding to 60 local authorities and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine uptake.

The national COVID-19 vaccines programme can support areas' local planning and activities. This support can be accessed via NHS England regional teams or COVID-19 RPTs, following local discussion and agreement and includes:

- guidance on establishment of roving, pop-up sites and drive-through clinics which can drive uptake and address issues around complacency and convenience
- a framework that can support identification of the appropriate intervention or activity to drive uptake in underserved communities
- access to the Connect and Exchange Hub that details examples of activity that has worked elsewhere to increase uptake, allowing for areas to link directly with those teams that have developed the intervention
- identification of additional workforce from national schemes who can be deployed locally
- bespoke support to address specific challenges that local areas may be encountering to increase uptake within open cohorts.

NHS England has recently published guidance to local authorities on surge vaccination (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/06/C1320-covid-vaccinations-surge-response-guide-june-2021.pdf) in response to the prevalence of the delta variant.

NHS COVID-19 app

The NHS COVID-19 app has played a key role in breaking chains of transmission since its launch in September 2020. The NHS COVID-19 app complements wider NHS Test and Trace processes, extending the speed, reach and precision of contact tracing. Research by the Alan Turing Institute[footnote 1] and Oxford University[footnote 2] suggests that for every 1% increase in app users, the number of COVID-19 cases in the population can be reduced by up to 2.3%.

As we move away from legal restrictions to taking more personal responsibility the app is an important tool to help users make informed decisions. When there are rising case numbers on the upward curve of a pandemic wave, the app will be key in appropriately identifying many more contacts. It is important that people are informed if they are a contact of a confirmed case as they will be at increased risk of having and spreading the virus even if they don't have symptoms or have been vaccinated.

UKHSA has made key metrics from the app available at local authority level to support local decision-making and planning, including where to target marketing and communications. These data can also be used to help encourage business uptake of the official NHS QR codes to support venue check-ins. The NHS COVID-19 app can also support detection and management of VOCs by providing app users with advice about VOCs in their LTLA area and signposting to testing at the request of local authorities.

Venue alerts

Although it is no longer a legal duty for venues to ask customers to check in, they are strongly encouraged to do so and local authorities can promote the continuation of venue alerts. If multiple people who visited a venue on a given day are confirmed to have had COVID-19, NHS Test and Trace will contact the venue to request their logbooks of customer, visitor and staff contact details and, where these are available, venue alerts will be issued to those who checked in. Venue alerts do not advise individuals to self-isolate, rather they advise them to get a test.

If individuals checked in with the app, they receive this as an app notification, and those who provided their contact details will receive the venue alert by text message. Daily reports are shared with local authorities when a venue alert has been generated in their area. Local authorities should encourage venues to continue with their check-in systems and to continue to display official NHS QR code posters so that we can notify people who may have been exposed to COVID-19.

Outbreak Investigation and Rapid Response (OIRR)

Outbreak Investigation and Rapid Response describes a systematic approach to gathering and analysing contact tracing data and other information to rapidly detect and risk assess signals of new COVID-19 case clusters locally.

OIRR intelligence used to support outbreak detection includes backward contact tracing data gathered from cases. These data are used in analytical reports and tools to identify 'clusters' of new cases linked to a common setting which may be an early indication of a larger outbreak. Combined with local intelligence, this information is routinely assessed and prioritised for investigation by local public health teams and HPTs to assess whether an outbreak is associated with the location and to take public health control measures.

Surveillance

Surveillance will continue to play a critical role in preventing, understanding and responding to outbreaks. Surveillance can also help us to assess the impact of measures taken to contain the virus and to inform current and future actions.

Robust population surveillance programmes are essential to understand the rate of COVID-19 infection, and how the virus is spreading across the country. The National Surveillance Programme, currently including the Office for National Statistics COVID-19 Infection Survey and the Imperial College London and Ipsos MORI REACT study, provides the necessary information and intelligence to develop shared situational awareness to prioritise the ongoing planning and response to COVID-19.

UKHSA also has real-time surveillance data from:

- laboratory systems (the number of people who test positive, age, sex, location and so on)
- number of tests and where they were carried out
- outbreaks
- rates by UTLA, LTLA, borough, postcode and super output areas
- vaccination rates and vaccine efficacy
- hospital admissions, in general and to intensive care units etc
- deaths

This is shared with DsPH for information and action as appropriate.

Wastewater testing

Wastewater testing helps us understand where the virus is circulating in the population, regardless of whether people have symptoms or have been tested, and to swiftly identify future potential spikes in infection. The Environmental Monitoring for Health Protection (EMHP) Programme involves monitoring wastewater for the presence of COVID-19, including VOCs.

Wastewater monitoring is carried out on an ongoing basis across around 70% of the population of England. The programme can work with the local authorities to identify areas for focused wastewater testing. The testing results are analysed by the JBC, then are considered jointly to rapidly build up a picture of viral levels. This enables local authorities and their DsPH's teams to devise responses that are focused on specific areas of concern in a way that makes best use of their resources. It also provides important reassurance to local communities who are impacted.

Wastewater monitoring capabilities are being further optimised to establish a permanent national surveillance capability, monitoring wastewater from across England to inform understanding of the current national epidemiological picture. There are also ongoing pilots analysing the wastewater from specific institutions, such as food supply chains and schools.

Enhanced response to rapidly rising transmission

Prevalence will continue to vary across the country. UKHSA will provide enhanced support to local areas facing sharply rising levels of transmission, where the evidence suggests short-term additional support could slow or bring rates down.

In these enhanced response areas priority access will be available, depending on the epidemiological context, to the following:

- targeted surge testing, usually with LFDs, at locations within the local authority area
- vaccination logistical support, including extended opening hours and community outreach
- logistics support to help coordinate a ground campaign, for example door knocking in key neighbourhoods to support the response

- support for DsPH to work with education settings to stand up onsite testing, and discretion to work with secondary schools and colleges on the proportionate temporary reintroduction of face coverings.
- communications support, including national funding to enhance local communications efforts

Areas for enhanced response will be identified through a combination of epidemiological data and local insight, including from RPTs. A range of indicators will be considered, including case rates, growth rates and vaccine uptake. This will be kept under review and will incorporate additional data as it becomes available.

Decisions will be made through the existing bronze, silver, gold Local Action Committee structures. Any additional resources to areas of enhanced response will be deployed for a fixed period of 5 weeks, with areas being reviewed after 4 weeks to either roll off or be considered and prioritised again against any other areas requesting support.

Additional support for areas of enduring transmission

Areas experiencing enduring transmission are those parts of the country where the case rate has remained above the national or regional average for a prolonged period. UKHSA seeks to offer particular support to local authorities experiencing enduring transmission, to recognise the specific characteristics and drivers of higher transmission rates, including that vaccination uptake tends to be lower, and insecure employment can mean rates of testing, tracing and successful self-isolation are lower.

Supporting areas facing enduring transmission will contribute to reducing inequality, as these areas tend to have long-standing patterns of deprivation and health inequalities. Areas experiencing enduring transmission require a sustained approach, with national and regional support to enable and enhance the work of local government. This reflects the fact that enduring transmission is linked to wider socio-economic challenges, rather than being a short-term outbreak.

Local authorities will be offered a specific menu of support measures to implement as part of a localised plan developed with the backing of national and regional teams, depending on the epidemiological context, including:

- access to test capacity and communication support for hyper-local targeted testing
- support to plan and maintain public health workforce capacity for COVID-19 response
- capacity to support workplaces and businesses to be COVID-secure post step 4
- national COVID-19 vaccines programme support to an area’s local planning and activities, including supporting uptake of vaccination boosters in autumn

This work will also be underpinned by dedicated data and insight, including evaluation of impact and sharing of ‘what works’ through a nationally facilitated Enduring Transmission Community of Practice for DsPH and their teams.

Areas will be identified for additional support through analysis of case rate data and local insight from RPTs and local DsPH, which remains essential for understanding and tackling the drivers of enduring transmission in an area.

Variant response

As with other viruses, COVID-19 can mutate, creating new variants. A variant could display structural or transmission characteristics which might increase the risk of severe disease, or reduce the protection of vaccines, therefore vigilance, alongside swift and effective action, are key to minimising the threat variants may pose.

The UK has increased its surveillance and detection capabilities since the beginning of the pandemic to identify and assess variants more rapidly. These improvements include increasing genomic sequencing capacity and developing and deploying rapid genotyping tests (reflex assays) to identify specific variants within 48 hours. These capabilities are enabling swifter case detection and investigation by local and national teams to support outbreak management.

Managing outbreaks of variants under investigation (VUI) and variants of concern (VOC) requires a blend of national, regional and local capability and capacity which continues to develop. Local authorities will play a critical role in responding to VUI and VOC outbreaks, building on their LOMPs, to identify and isolate positive cases, while working with their communities to help support local responses, ensuring communities are safe and supported.

If an outbreak of a VUI or VOC occurs within a local area, HPTs and local authorities will establish an incident management team and work with their local community and partners to investigate cases and clusters. The response may include additional testing, tracing and self-isolation support, as well as national and local communications.

It is vital that local authorities work with their communities to raise awareness of the risk from variants and to seek their cooperation with the response using targeted, culturally sensitive communications and engagement campaigns, to drive greater compliance with the response.

As set out in COVID-19 Response: summer 2021 (https://www.gov.uk/government/publications/covid-19-response-summer-2021-roadmap/covid-19-response-summer-2021), the government will maintain contingency plans for re-imposing economic and social restrictions at a local, regional or national level if evidence suggests they are necessary to suppress or manage a dangerous variant.

Specialised settings

The government continues to advise caution, including that individuals and organisations exercise judgement and responsibility in managing the risk of transmission, especially in crowded spaces. For individual settings where the risks of rapid spread are particularly acute, DsPH, in consultation with setting operators and relevant departments, will be able to advise that social distancing is put in place, if necessary, to control outbreaks. This should be targeted, time limited, and apply to settings characterised by enclosed and vulnerable communities such as prisons, immigration removal centres and homeless shelters.

Events

The NHS COVID Pass (https://www.nhs.uk/conditions/coronavirus-covid-19/covid-pass/) is a tool which shows proof of vaccination, a recent negative test, or natural immunity as a means of entry. The government is urging nightclubs and other higher-risk venues with large crowds to make use of the NHS COVID Pass. Although this this will initially be voluntary the government has announced its intention to introduce mandatory vaccine-based certification from the autumn for nightclubs and other high-risk settings.

The government will provide further detail on how organisations can practically use and implement the NHS COVID Pass shortly, and further events guidance (https://www.gov.uk/guidance/working-safely-during-covid-19/events-and-attractions) has been published. Local authorities are not expected to support events with testing through targeted community testing, as these resources should be used to target priority groups, and tests will be available (https://www.gov.uk/get-coronavirus-test) through home and pharmacy channels for this purpose over summer. However, they can support the use of the NHS COVID Pass among their local entertainment venues.

Education

It is an imperative to reduce the disruption to children and young people's education – particularly given that the direct clinical risks to children are extremely low, and every adult will have been offered a first vaccine and the opportunity for 2 doses by mid-September.

The Department for Education (DfE) has published detailed guidance (https://www.gov.uk/coronavirus/education-and-childcare) covering the changes for each part of the sector. Local authorities, DsPH and HPTs are responsible for managing localised outbreaks and they play an important role in providing support and advice to education and childcare settings. If there is an outbreak in a setting or if central government agrees the area requires an enhanced response package, a DPH might advise a setting to temporarily reintroduce measures to help break chains of transmission – restrictions on attendance will always be the last resort. The DfE has published guidance for education and childcare (https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings) settings to describe the measures that can be reintroduced and when it is appropriate to do so. We will publish further guidance to support DsPH to manage outbreaks in education and childcare settings in due course.

The measures that apply in education settings have been changed at Step 4 to maintain a baseline of protective measures, while maximising attendance and minimising disruption to children and young people's education – attendance restrictions will always be a last resort. Schools, colleges and nurseries are no longer responsible for carrying out routine contact tracing. As with positive cases in any other setting, NHSTT will work with the positive case to identify close contacts. Schools and other settings will only be contacted in exceptional cases to help identify close contacts, as currently happens in managing other infectious diseases.

From 16 August 2021, children under the age of 18 will no longer be required to self-isolate if they are contacted by NHSTT as a close contact of a positive COVID-19 case. Instead, children – or a parent or guardian – will be informed they have been in close contact with a positive case and advised to take a PCR test. Attendance restrictions will always be a last resort.

Prisons

Currently, outbreaks are managed by prisons, HPTs and local teams. Prisons are required to notify confirmed or probable cases of COVID-19 among residents and staff to HPTs, who in turn inform the National Health and Justice Team for national surveillance purposes.

Following this, a risk assessment is carried out by the HPT, an outcome of which could be to stand up an Outbreak Control Team (OCT). OCTs comprise appropriate representation from key partners, including DsPH and their teams, NHS England, healthcare service providers, prison management, Her Majesty's Prison and Probation Service (HMPPs), Gold Health Liaison and other appropriate expert advisers. The OCT will decide if conditions are such that it is advisable that surge testing is deployed, as outlined by guidance.

There are future settlement plans to have nationally funded asset(s) available to OCTs to deploy, via HMPPS Gold, to support COVID-19 testing in prison estates. In the interim, local authorities work within agreed solutions with appropriate providers to deploy approved contractors into the prison to facilitate this – national support funding can be agreed on a case-by-case basis.

Vaccinations in prisons are being delivered by NHS England commissioned healthcare providers according to JCVI guidance.

Adult social care

Both the adult social care sector and local authorities will continue to receive support from HPTs and the wider RPTs, as well as UKHSA national teams as needed. If local authorities suspect an outbreak they should contact the regional HPT for support and advice.

In exceptional circumstances, fully vaccinated frontline NHS and social care staff in England who have been told to self-isolate as a close contact will be permitted to attend work. This will only apply where the individual's absence may lead to significant risk of harm. The decision to allow NHS and social care staff to attend work after being told to self-isolate should be made on a case-by-case basis, and only after a risk assessment by the organisation's management.

Changes to COVID-19 infection prevention control (IPC), personal protective equipment (PPE), visiting, testing and isolation guidance (https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance) in adult social care settings – including those recently announced for step 4 of the roadmap – have been developed in collaboration with local authorities, providers and national-interest groups.

Workplaces and businesses

Regulations that place COVID-secure requirements on businesses are no longer in place. The working safely guidance (https://www.gov.uk/guidance/working-safely-during-covid-19/events-and-attractions) issued by the government has been updated to provide examples of sensible precautions that employers can take to reduce risk in their workplaces, such as wearing face coverings in enclosed, poorly ventilated or crowded settings. This guidance should be taken into account when preparing risk assessments, which is a pre-pandemic health and safety requirement.

The Health and Safety Executive (HSE) and local authorities are the lead enforcement authorities for business related COVID-19 compliance and enforcement – respective enforcement powers are outlined in HSE's enforcement allocation guidance (https://www.hse.gov.uk/lau/enforcement-allocation.htm). Enforcing authorities can issue improvement or prohibition notices where they identify breaches of health and safety measures.

UKHSA will also work with the HSE on further help and advice (https://www.hse.gov.uk/coronavirus/index.htm) to employers that includes highlighting HSE and local authority enforcement powers. HSE has published 'Keeping workplaces safe as coronavirus (COVID-19) restrictions are removed (https://www.hse.gov.uk/coronavirus/roadmap-further-guidance.htm)', which provides the latest information on any changes related to working safely during the pandemic, following the easing of coronavirus restrictions. The HSE has also published guidance on protecting vulnerable workers (https://www.hse.gov.uk/coronavirus/working-safely/protect-people.htm), including advice for employers and employees on how to talk about reducing risks in the workplace (https://www.hse.gov.uk/coronavirus/working-safely/talking-to-your-workers/index.htm).

It is no longer necessary for government to instruct people to work from home. As a result, it can be expected that the demands on the transport network will rise. Local authorities should support public services to continue to protect workers and others from risks to their health and safety, in particular from COVID-19. Local authorities should support the message that employees and customers who wish to wear a face covering in the workplace should be supported to do so, as well as continuing to engage with businesses to ensure they continue to support employees to comply with self-isolation rules.

In exceptional circumstances, a limited number of critical workers (https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance#critical-services) may be informed by their employer, following agreement from the relevant government department, that they may be able to leave self-isolation to attend work. This would be a circumstance where there would otherwise be a major detrimental impact on

availability, integrity or delivery of essential services – including those services whose integrity, if compromised, could result in significant loss of life or casualties, or where there is an immediate risk to defence or security.

This is a time limited and targeted intervention to ensure that services critical to the safety and functioning of our society can continue and will only apply to workers who are fully vaccinated (defined as someone who is 14 days post-final dose). They will otherwise need to continue to self-isolate as directed by NHSTT. It applies to asymptomatic contacts only and not individuals who have tested positive or who have COVID-19 symptoms. Individuals will be subject to conditions to minimise any risk of transmission, including taking a PCR test as soon as possible, followed by daily LFD tests before attending work each day of their self-isolation period.

Travel

The guidance on travel to and from amber list countries (https://www.gov.uk/government/speeches/international-travel-from-amber-list-countries-and-territories) to England will change from 19 July 2021. Post step 4, UK nationals who have been fully vaccinated through the UK vaccination programme with an NHS administered vaccine in the UK (plus 14 days) or are on a formally approved UK vaccine clinical trial, returning to England from amber list countries (other than France) will no longer need to quarantine. However, passengers will need to provide proof of their vaccination status to carriers in advance of travel. They will still be required to complete a pre-departure test (https://www.gov.uk/guidance/coronavirus-covid-19-testing-for-people-travelling-to-england) before their travel back into England, alongside a PCR test on or before day 2 after their arrival.

For those UK nationals returning from red or green countries, currently there is no change to the requirements (https://www.gov.uk/uk-border-control), which are that arrivals from a country or territory on the:

- green list – a COVID-19 test on or before day 2
- red list – quarantine in a managed quarantine facility (MQF) and take 2 COVID-19 tests (day 2 and 8)

From 4am on 2 August 2021, passengers who are fully vaccinated in the EU with vaccines authorised by the European Medicines Agency (EMA) or in the USA with vaccines authorised by the Food and Drug Administration (FDA), or in the Swiss vaccination programme, will be able to travel to England without having to quarantine or take a day 8 test on arrival. Amber arrivals who have been fully vaccinated in the USA and European countries will still be required to complete a pre-departure test before arrival into England, alongside a PCR test on or before day 2 after arrival. Separate rules will continue to apply for those arriving from France.

All other international travellers arriving to England from amber countries, are still required to quarantine in the place they are staying and take 2 COVID-19 tests. They may be able to end quarantine early through the Test to Release scheme if they pay for a private coronavirus (COVID-19) test. They must still take 2 COVID-19 tests when they arrive in England:

- on or before day 2 (the day they arrive is day 0)
- on or after day 8

They must take a day 8 test even if they had a negative test result through Test to Release (https://www.gov.uk/guidance/coronavirus-covid-19-test-to-release-for-international-travel), unless they are exempt. There are certain jobs that can claim a limited exclusion (https://www.gov.uk/government/publications/coronavirus-covid-19-travellers-exempt-from-uk-border-

rules/coronavirus-covid-19-travellers-exempt-from-uk-border-rules) from border health measures, and there is additional guidance for seasonal agricultural workers and their employers (https://www.gov.uk/guidance/coming-to-the-uk-for-seasonal-agricultural-work-on-english-farms).

Opening up international travel is both an important step in the roadmap and an important part of the country's socio-economic recovery from the impacts of the COVID-19. Local authorities and their DsPH can support compliance with testing and quarantine regimes for those passengers still bound by them.

Oversight and assurance

The UKHSA actively monitors domestic and international trends and patterns in epidemiology to inform national and local response activity to COVID-19. A range of indicators are used as part of this monitoring activity, including:

- case detection and testing rates – covering all ages, including over 60s and additional age categories (such as primary and secondary school ages), ethnicity and geographies
- prevalence – at regional and sub-regional level, including from surveillance studies
- trajectory – rates at which cases are, or are predicted to be, rising or falling
- pressure on the NHS – occupancy and admissions
- variants – descriptive and analytical epidemiology of variants of concern
- vaccine uptake – across regions and local authorities, different populations, and the impact on case rates, hospitalisation and mortality
- effectiveness of operational response – testing infrastructure and usage, effectiveness of contact tracing, uptake of self-isolation financial and non-financial support, compliance and enforcement performance
- local characteristics – mobility, deprivation, ethnicity, data on reported contacts

These indicators, alongside extensive engagement with the scientific community within the UK and internationally, as well as qualitative insights from HPTs across the country create a holistic overview to inform response activity.

In the event that ongoing national and regional oversight and assurance or local gold command identifies a serious concern in the epidemiology (for example very rapidly rising rates or potentially suggestive of a variant) that may pose a risk nationally, the national Local Action Committee response structure will be used to consider activating support such as outlined in the above. This will usually be at the request of the local system and via the regional partnership team. The government will maintain contingency plans for reimposing economic and social restrictions at a local, regional or national level if evidence suggests they are necessary to suppress or manage a dangerous variant. Such measures would only be re-introduced as a last resort, for example, to prevent unsustainable pressure on the NHS.

Key enablers of the response

Operational support

It is vitally important that the local teams keep their capacity and capabilities under active review. Local authority activity, using local resources in line with individual LOMPs, will remain the first and primary mechanism to respond to incidents and outbreaks of COVID. There will be occasions however where additional support is required to ensure any response is appropriate in both speed and scale.

Some of these responses may require local authorities to be supported externally, including by national teams or by mutual aid. An outbreak response is likely to focus initially on the use of testing, tracing and support for self-isolation, to understand the scale of outbreak and support the delivery of a plan designed to rapidly control the spread. Local authorities have access to dynamic testing provision, HPT investigation and contact tracing capabilities as well as mechanisms to support individuals with self-isolation. Through their respective RPTs they can call on national assets across testing, tracing and self-isolation.

The current mechanism for this is through either Test Operations (through the Local Outbreak Response Forum) or the Contain Operational Response team (through the Response Support Group). There is work underway to bring these forums together to provide a more streamlined process for local areas to access support. These processes, feeding into the Local Action Committee bronze, silver, gold structure, will seek to prioritise the allocation of requests for national assets. Further refinement and simplification of how Local and Regional teams request national assets is underway.

Where local authorities are notified of cases or outbreaks of a VOC that necessitates a response set against a much lower risk threshold, then fast-track procedures exist to deploy national assets.

Requests for support, to assist with investigations, can be made from:

- Rapid Investigation Teams, staffed by skilled health protection professionals
- the Surge Rapid Response Team (SRRT), a multidisciplinary team, trained and equipped to be rapidly deployed in line with the National COVID-19 Response Centre (NCRC) response framework
- the Cabinet Office Field Team

Mobile testing units can also be deployed in support of local areas. The specific capabilities of these teams and avenues to request them are contained in the OMRT.

The role of national support prior to an outbreak should also form a key part of local and regional planning. Mechanisms to allow national teams to support the development of regional and local plans and response mechanisms are in place, with requests for SRRT playing an active role in this. This will allow good practice to be shared across local authority teams and for local authorities to challenge their own plans and processes through an external but trusted team with an option to retain feedback internally within the local authority. This will be particularly key for those local authorities who have been fortunate enough to have limited experience of outbreaks.

Funding

The government has allocated over £12 billion directly to local authorities since the start of the pandemic, including support to businesses and vulnerable households, compensation for irrecoverable loss of income, and for the public health response.

A further £400 million has been distributed for the financial year 2021 to 2022 through the Contain Outbreak Management Fund (COMF). The funding is available to support public health activities directly related to the COVID-19 response, such as testing, non-financial support for self-isolation, support to particular groups (for example, rough sleepers), communications and engagement, and compliance and enforcement. It is expected that all funds will be spent by the end of March 2022.

For the 2021 to 2022 financial year, the COMF was allocated using MHCLG's COVID-19 relative needs formula, which is weighted according to population and deprivation, so allows funding to be directed appropriately. The 2021 to 2022 COMF was distributed to both upper tier and lower tier local authorities on a 79% to 21% split, as a single payment, to support their continued public health response.

In the financial year 2021 to 2022 up to £423 million will also be made available to support payments to those who are self-isolating to reduce the financial hardships, and practical support payments and medicines delivery services also. These schemes are currently funded out to September 2021, and further analysis will be undertaken to ascertain funding requirements for the remainder of the year in line with the 'roadmap'.

UKHSA is committed to achieving value for money, publishing our expenditure in line with current requirements, and delivering the greatest impact on virus transmission that we can, through all the actions we take. Local authorities'' response should be guided by the same principles.

Legal powers

The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 ("No.3 Regulations") (https://www.gov.uk/government/publications/local-authority-powers-to-impose-restrictions-under-coronavirus-regulations/local-authority-powers-to-impose-restrictions-health-protection-coronavirus-restrictions-england-no3-regulations-2020) have been extended until 27 September 2021 and may be used right up to the date of expiry. The No.3 Regulations give local authorities the power to issue a direction imposing restrictions, requirements or prohibitions in relation to:

- individual premises, except when they form part of essential infrastructure
- events
- public outdoor places

The No.3 Regulations are made under the Public Health (Control of Disease) Act 1984. The main difference between the No.3 Regulations and the parent Act is that a local authority may close premises without prior recourse to a Magistrate's Court to enable swift intervention.

The Public Health (Control of Disease Act) 1984 gives local authorities the ability to make an application to a Justice of the Peace in the Magistrates' Court to impose restrictions or requirements to close contaminated premises; close public spaces in the area of the local authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance or structure be destroyed.

Under the Public Health (Control of Disease) Act 1984, Ministers equally have powers to take action against specific premises, places and events, as well as to direct UTLAs to act, and to consider whether a local authority direction is unnecessary and should be revoked. To address more serious and widespread cases, ministers can use their powers under this Act to implement more substantial restrictions (regulations would be produced and approved by parliament on a case-by-case basis) which could include:

- closing businesses and venues in whole sectors or geographies
- imposing general restrictions on people's movements or gatherings
- restricting or closing local or national transport systems
- mandating use of face coverings in public places

Compliance and enforcement

The Health and Safety Executive (HSE) and local authorities are the lead enforcement authorities for business related COVID-19 compliance and enforcement. Businesses are responsible for taking precautions to protect people against COVID-19 in their health and safety risk assessments, taking government guidance into consideration. The enforcement allocations between HSE and local authorities are explained in HSE's enforcement allocation guidance (https://www.hse.gov.uk/lau/enforcement-allocation.htm). Local authorities will continue to be the main

enforcement authority in retail, hotel and catering, office and consumer or leisure settings while, in general, HSE inspectors lead on enforcement in more industrialised settings such as manufacturing. Enforcing authorities can issue improvement or prohibition notices (https://www.hse.gov.uk/enforce/enforcementguide/notices/notices-types.htm) where they identify breaches of health and safety measures.

From step 4, many of the measures that were in place have moved from legal requirements to advice and guidance as outlined in the workplaces and businesses sections. With fewer regulations to enforce against and with some of the enforcement powers for local authorities also removed, they will carry out less enforcement work. Local authorities will still have an important role in supporting businesses and public places to be COVID-safe, for example by improving knowledge of infection prevention and control, ensuring spaces are well ventilated, and explaining the relevant regulations and guidance.

Local authorities can use the staff and resources previously deployed for COVID-19 compliance and enforcement work to support businesses and public places to follow guidance. This includes deploying local authority compliance and enforcement officers and using communications tools. They can also continue to use marshals, stewards or their equivalents for on-going support, such as providing in-person advice and support to businesses and to the public. These resources could be considered as part of local outbreak management planning in areas of higher risk, or where there is demand from businesses or the public locally for this type of intervention.

Communications and engagement

As we move to the next phase of the response, moving away from national restrictions, our communications and engagement strategy will be at the forefront of ensuring the public understand how to go about their daily business safely. While the government will determine the overall national communications strategy, which will continue to evolve according to risk, it will be critical that these messages are tailored appropriately to local communities.

Local authorities will tailor local public health messaging appropriately in their areas, taking into account a range of factors including the epidemiological situation, demographics, outbreak settings and the nature of the outbreak. These communications should equally focus on building community resilience by providing the knowledge and resources to enable individuals to care for themselves and others, and on enhancing the day-to-day health and wellbeing of communities to reduce the negative impacts of COVID-19.

We continue to work in partnership with local authorities to advise and support on appropriate local communications plan, taking learnings from behavioural insights and research into audience segmentation, as well as direct experience of what has worked across the country and internationally. In addition, the government will continue to make available a comprehensive and up to date range of assets available at the coronavirus resource centre (https://coronavirusresources.phe.gov.uk/).

Local politicians, MPs, local authority chief executives and DsPH also have an important role in community engagement to reinforce national messaging, encourage compliance, and understand the barriers to individuals engaging with the test, trace, isolate response and vaccination. This will continue to be critical as we exit national restrictions and learn to live safely with COVID-19, particularly for those individuals and communities that are higher risk.

Planning

Local outbreak management plans

COVID-19 local outbreak management plans (LOMPs) are based on the tried and tested practice of breaking chains of transmission and preventing and containing outbreaks. As national restrictions are removed, local authorities will increasingly be dealing with localised outbreaks that require decisive locally-led action. It is therefore important that LOMPs set out an effective response to outbreaks, including of VOCs, and in higher risk settings. LOMPs should reflect the core ongoing response including the national UKHSA tool and services that effectively support and enable this local response.

Local outbreak planning and management is led by UTLAs within a national framework, supported by UKHSA regional and national teams, and other government departments as needed. In 2-tier areas, county councils work closely with district, borough and city councils, particularly recognising the role they play in supporting community compliance and business enforcement. Each UTLA already has a local outbreak plan developed in line with the Association of Directors of Public Health guiding principles (https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/) that set out how local systems should work together to develop and implement the plans, including across geographical and administrative boundaries. These 4 principles, which should enable maximum effectiveness, are that plans should:

- be rooted in and led by public health
- adopt a whole system approach
- be delivered through an efficient and locally effective system
- be sufficiently resourced, both financially and with expertise

Local plans should be regularly refreshed to reflect learning from exercises, incidents, good practice and remain aligned with the overall national response as it evolves. They should also enhance, expand and reinforce the outbreak work of the HPTs within UKHSA and, as a minimum, cover the following themes:

- higher-risk settings, communities and locations
- vulnerable and underserved communities, including the clinically extremely vulnerable (CEV) and groups who have been disproportionately impacted by COVID-19
- compliance and enforcement
- governance
- resourcing
- communications and engagement, including community resilience
- data integration and information sharing

Plans should also reflect the approach to the core aspects of the end-to-end COVID-19 response, including:

- surveillance
- targeted community testing, local contact tracing, and support for self-isolation
- outbreak management, including responding to VOCs
- responding to enduring transmission, where appropriate
- support for vaccine roll-out, in particular plans to tackle disparities in vaccine uptake

The updating of LOMPs should involve local and regional system partners, building on the extraordinary work undertaken so far during this pandemic. These should include HPTs, voluntary and community sector partners, business community, blue light responders, integrated care systems

and local NHS providers. Effective actions to respond to COVID-19 also require strong partnership with local communities, on the basis of tailored communications and engagement, and informed consent. Each local system is therefore required to publish and maintain its LOMP.

Autumn and winter

It will be increasingly important that there is the relevant flex in the system to react to different levels of virus prevalence across the country. Seasonality, waning immunity or a more transmissible or vaccine-escaping variant could result in a significant resurgence of COVID-19 in the autumn and winter. This could be compounded by the return of respiratory illnesses, such as flu and respiratory syncytial virus (RSV), and other seasonal viruses such as norovirus.

UKHSA will work with NHS England to ensure that winter plans also include appropriate assumptions and mitigations for potential resurgences of COVID-19, other health threats, and impact on acute care capacity. Local authorities should continue to iterate their LOMPs, bearing in the mind the specific sets of challenges that the autumn and winter will bring in dealing with not just COVID-19 but other influenza-like illnesses. Local authorities should also plan for non-COVID outbreaks or COVID 'joint' outbreaks before the autumn and winter, as other pathogens start to become prominent again potentially out of season.

The JCVI published interim advice (https://www.gov.uk/government/news/jcvi-issues-interim-advice-on-covid-19-booster-vaccination) on a potential COVID-19 booster vaccination programme on 30 June 2021. This interim advice is that COVID-19 boosters are first offered to the most vulnerable, broadly cohorts 1 to 4, alongside an influenza vaccine as soon as possible from September. This is to maximise protection in those most vulnerable to serious COVID-19 ahead of the winter months when there is routinely increased pressure on the NHS, as non-COVID-19 emergency demand is at its highest.

NHS England is working with local colleagues via its regional teams to develop detailed plans to ensure that they are ready to deliver a booster programme from the start of September, in line with this guidance. They will continue to work closely with partners including local authorities and voluntary organisations to ensure equal access and to maximise uptake of both COVID-19 and influenza vaccines.

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1. The epidemiological impact of the COVID-19 app (https://github.com/BDI-pathogens/covid-19_instant_tracing/blob/master/Epidemiological_Impact_of_the_NHS_COVID_19_App_Public_Release_V1.pdf).
2. NHS COVID-19 app alerts 1.7 million contacts to stop spread of COVID-19 (https://www.gov.uk/government/news/nhs-covid-19-app-alerts-17-million-contacts-to-stop-spread-of-covid-19)

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