

Derby COVID-19 Outbreak Management Plan

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Derby City Council



Document control

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FORWARD

On the 6th March we passed a notable milestone, a year since our first Coronavirus diagnosis in Derby. This point gives us an opportunity to review our plans and ensure that we are ready for any challenges in the year ahead.

Our plan is an update from that produced last summer. It sets out the work we are already undertaking to manage the pandemic locally, and also our plans for the coming months. It will be regularly reviewed and updated throughout the year, to respond to the changing guidance and regulations.

It is clear that Coronavirus is now a part of our lives. We all need to continue to work together to ensure that we can meet the milestones of the roadmap to open up society, and to keep it open.

Our future success relies on our understanding of the issues in the City, both through the information provided by testing and contact tracing, but also understanding the experience of everyone living in our City. We can only succeed by working together with the people in the City, those who live, work, study, worship and socialise here.

Thank you for all you have done so far, we have all made such sacrifices over the past year and this has made such a difference and thank you for continuing to Do the Right Thing for Derby.



Robyn Dewis

Director of Public Health, Derby City Council

1 Introduction

COVID-19 disease first emerged as a presentation of severe respiratory infection in Wuhan, China in late 2019 (WHO, 2020). Since that time, the disease has spread across the world. In addition to the impact of ill-health caused by the disease itself, the lockdown measures in place to prevent and control community transmission also impact on people's health and wellbeing and have a negative impact on the local economy.

The Derby Covid-19 Outbreak Management Plan sets out our approach to tackle the COVID-19 pandemic. It takes a preventive, whole system approach, setting out arrangements for assessing and managing community transmission and outbreaks of COVID-19 within Derby City as well as outlining how local partners work together to implement the plan and reduce the impact of the pandemic individuals and groups more vulnerable to COVID.

1.1 Aims

The aims of Derby's COVID19 Outbreak Management Plan are to:

- Mitigate and minimise the impact of COVID on individual, community and population health.
- Ensure COVID does not exacerbate health inequalities and build on the light shone on health inequalities through the pandemic.
- Prevent, control and reduce transmission of the virus within the community.
- Protect those who are most vulnerable to contracting the virus and/ or significant disease or death.
- Prevent an unmanageable demand for health care services.
- Support the city's community and economic recovery.

1.2 Objectives:

- To outline the governance arrangements in place to oversee and steer this work locally.
- To clarify the responsibilities of key individuals, organisations and partnerships within the Derby system.
- To outline the arrangements for understanding and reducing the transmission of COVID-19 in the community and the impact on groups who are more vulnerable to Covid.
- To outline the response to outbreaks of COVID in various settings, with particular attention to those which are critical to the continuity of business in the city.
- Set out the timely and responsive testing, contact tracing and consequence management capacity needed to ensure effective delivery of this Plan.

- Set out communications and engagement arrangements to support delivery of this plan, including any potential disproportionate equality impacts from the Plan and how they will be mitigated.
- Set out the financial and legal framework that enables delivery of this plan.

These objectives will be achieved by:

- working in partnership with our partners and our local communities.
- using a range of high-quality and timely data, local knowledge and experience and on-going learning to enable to effectively recognise and respond to triggers and changes to drive action.

It is intended that this Local Outbreak Management Plan will be a 'live' document that will be flexible and responsive to take into account seasonal changes and easing of measures including potential events and gatherings.

2 Partnership/ cross boundary arrangements

Coronavirus does not respect borders or boundaries. We know that the people who live, work and socialise in the City move between different areas. This is particularly true for our neighbouring authorities.

Our relationship with the Public Health team in Derbyshire County Council is key. We work together on any issues impacting both areas through our Joint Health Protection Board, sharing intelligence on issues and outbreaks as needed.

Our wider local response to managing COVID-19 is a collaborative one, requiring the input and support of our health and care partners under the leadership of the Director of Public Health. Key partners in this collaborative response includes: Public Health England (PHE), health protection teams, local and national government, NHS, emergency services as well as our community and voluntary sector and perhaps most importantly our local communities.

We intend to continue our collaborative approach, working beyond our response as we build back better and fairer. We aim to fully understand the impact of COVID on the determinants that contribute to health and wellbeing and health inequalities and work in partnership with our communities and voluntary, public and private sector partners to mitigate and minimise this impact and drive positive change to support local people live and enjoy better, healthier lives.

2.1 Wider national and regional impacts

In certain cases, an outbreak might extend beyond the boundaries of Derby City or affect infrastructure which would have a serious economic impact on the region or nation. In such circumstances, national agencies such as Public Health England as well as neighbouring local authorities will be involved in managing outbreaks and joint Outbreak Control Teams will be held.

At a local level this is supported by our Local Resilience Forum arrangements which effectively brings together key system partners strategically, tactically, and operationally to enable effective and co-ordinated response.

Professionally, we work in partnership across the East Midlands as Directors of Public Health sharing learning, experience, and resource where appropriate. Further public health expertise and resource is routinely engaged.

3 Derby’s COVID response and recovery

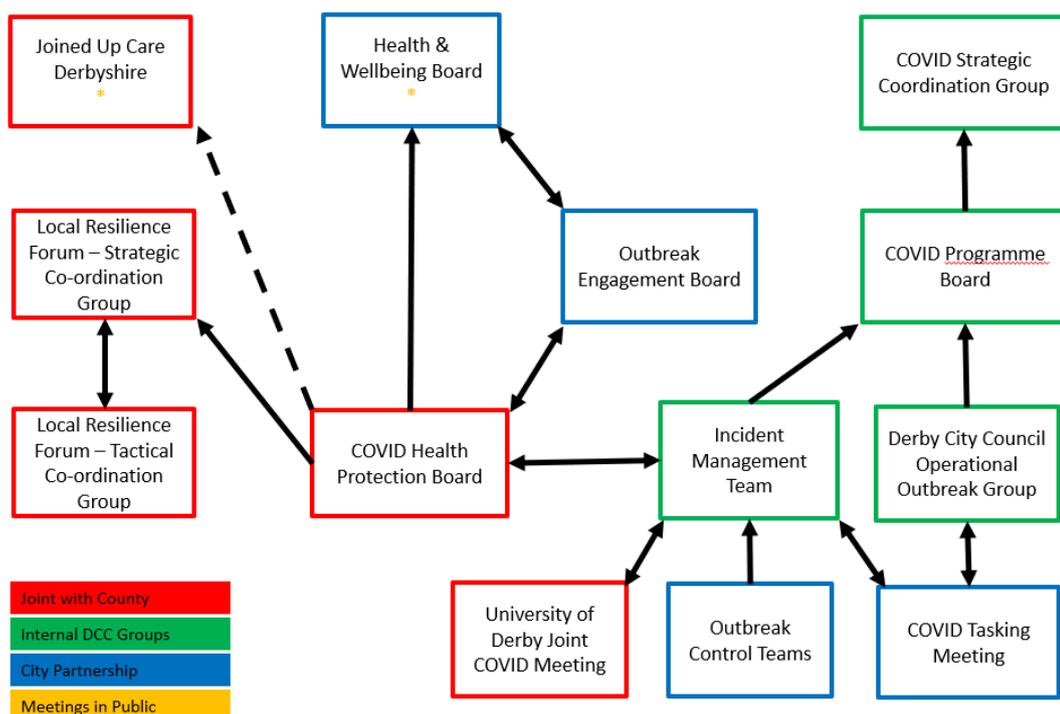
As Covid-19 cases reduce and restrictions ease we will increasingly consider what is needed to recover and build back better and fairer.

Alongside this Local Outbreak Management Plan, the Council, in collaboration with our partners, have developed the Derby Recovery Plan 2021/22 which sets out our priorities for the next 18 months, underpinned by the Council Plan 2019 – 2023. We are determined to bring together our collective expertise from across the community, public and private sectors to help the city build back better and fairer.

4 Governance of local outbreak management

The Director of Public Health (DPH) has primary responsibility for the health of their communities including being assured of the arrangements in place to protect the health of their communities. The DPH is supported in this responsibility through a system approach. This section outlines the management and implementation of the Derby COVID-19 Outbreak Management Plan. The overarching governance arrangements are shown in Figure 1.

Figure 1 Summary of the governance and reporting arrangements



The role of the key COVID-19 specific groups established in Derby are summarised below:

4.1 COVID Strategic Coordination Group

The COVID Strategic Coordination Group membership includes the Derby City Council Chief Executive and Strategic Directors.

It is responsible for addressing any issues / risks escalated by COVID Programme Board, ratifying decisions made by COVID Programme Board, ensuring appropriate governance and due diligence, and keeping Cabinet and Members abreast of key issues.

4.2 COVID Programme Board

The COVID Programme Board membership includes senior leaders from across Derby City Council.

It's role is to manage the Council's response to any emerging COVID-19 issues and risks, implement any actions required by the Local Resilience Forum and to maintain the health and safety of the council workforce and customers to prevent the spread of the COVID-19 virus.

4.3 Outbreak Engagement Board

The Outbreak Engagement Board has a membership taken from senior decision-makers across the public, business and voluntary sectors. It provides leadership and decision-making, as necessary, to effectively manage an increase in prevalence of COVID 19 within the community or setting, and local outbreaks.

To support the Board in its role it engages with the local community to understand any local issues and communicate effectively with local people.

4.4 COVID Health Protection Board

Membership of the COVID Health Protection Board is taken from health, social care and wider public sector agencies across Derby and Derbyshire.

It provides strategic oversight to the COVID-19 response and related risk to population health across Derbyshire County and Derby City local authority areas. It ensures effective links to wider system response and ensures the Local Engagement Boards have the relevant information, advice and guidance required to inform decision-making and local action.

4.5 Incident Management Team

Membership of the Incident Management Team (IMT) is taken from the wider health, social care, public and education sector.

The overarching aim of the Incident Management Team is to protect public health by identifying the source of outbreaks or rising community prevalence and to ensure the

implementation of the necessary control measures to prevent further spread of the infection.

4.6 Derby City Council Operational Outbreak Group

The Operational Outbreak Group (OOG) has membership from across Derby City Council.

Its role is to coordinate the council's response to controlling the spread of COVID-19, to ensure effective systems are in place and to identify where additional resources are required.

4.7 Outbreak Control Teams

Outbreak Control Teams (OCT) are established in response to outbreaks or increased concern related to specific settings.

The membership includes Local Authority Public Health, Public Health England alongside the range of organisations relevant to the setting and nature of the outbreak. They are the principal mechanism to agree and coordinate the activities of the agencies involved to manage the investigation and control of outbreaks in specific settings.

Risk of transmission across local authority boundaries through the movement of residents is considered, especially in relation to the Derbyshire/ Derby City populations. Where larger clusters or outbreak involves cases and contacts from more than local authority area, the area where a premises (e.g. a workplace) is located would take the lead for the overall investigation, but the responsibility for investigating cases / contacts may be delegated to their 'home' teams and that information reported back into an overarching OCT.

4.8 University of Derby Joint Covid Meeting

The membership of the group consists of key senior members of the University of Derby and public health leads from Derby City Council and Derbyshire County Council.

The group co-ordinates activities to manage the investigation and control of specific to the university and it's students.

4.9 Covid Tasking Meeting

The Covid Tasking Meeting comprises Police Inspectors from across the city and City Council representatives from Environmental Health, Trading Standards and Public Protection Officers.

The group focuses on sharing intelligence around matters relating to COVID and enforcement covering:

- Breaches – gatherings, business closures, face coverings etc.
- Advice – COVID secure guidance
- Support – joint visits etc.

4.10 Local Resilience Forum – Strategic Co-ordination Group (SCG)

The LRF SCG has membership from key partners across the system including local authority, NHS, Derbyshire Police and Derbyshire Fire and Rescue Service.

The purpose of the group is to co-ordinate and mobilise cross system activity to adequately respond to COVID and its impacts in Derbyshire.

5 Data integration and surveillance

We are utilising a range of data sources to support our local surveillance and action. This includes:

- Full suite of PHE datasets within both the Covid-19 Situational Awareness Explorer and Local Authorities Report Store
- Local [weekly report](#) of COVID epidemiology plus additional monthly case characteristics summary
- IMT review - intelligence sharing by local stakeholders including NHS providers, Police and University of Derby
- Primary Care Mortality Database and daily death registrations from local registry office, of COVID-related deaths
- Daily outbreak logs spanning workplaces, education settings and care homes, sourced from various other datasets including the NHS Tracker, local schools COVID monitoring mailbox, and insight from the police
- Regular review of contact tracing data incorporating Outbreak Investigation Rapid Response
- Bespoke analysis utilising MOSAIC population segmentation tool
- NHS 111 and hospital admission and discharge data, including into positive (designated) care home beds
- Shielding/ Clinically Extremely Vulnerable Government data
- Waste Water Testing
- COVID Adult Social Care Dashboard
- Data directly from members of public and businesses through receipt of complaints and service requests and through good working relationships with businesses, educational and care establishments.

We are aware of the NHS COVID-19 app and Google mobility data that is soon to be made available, and opportunity in the data held behind it to further enhance our understanding of spread and population behaviours.

We are able to combine this information with other data, for example, Experian Mosaic PS, to give us additional understanding and intelligence that has supported both targeting and approach to working with different communities and geographies – in respect of testing uptake, adherence to current guidance, transmissibility and more recently, vaccine uptake.

‘Softer’ intelligence from our Councillors and key partners, for example Police, and engagement with our communities is also utilised to augment our data providing a richer

understanding of local issues, concerns and barriers. This allows us to work in a very targeted and considered way.

In addition to using data to instigate and shape local action, it is also used to communicate with local people and partners. An example of this is our weekly reporting published publicly on our [website](#). We also send a weekly report to Public Health England with all business and educational establishments that have experienced outbreaks and received support.

The data shared is underpinned by appropriate data sharing agreements with relevant partners.

6 Our Equality response to Covid 19

To consider and mitigate the impact of COVID on groups who are more vulnerable to COVID and its impact, we established a Health Inequalities Group. This group has overseen a range of work including:

- Ensuring services remain accessible, for example, health checks for Gypsies and Travellers
- Ensuring communications and messaging is accessible including production of videos in BSL and community languages, text phones and information for people with learning difficulties
- Challenging of businesses who discriminate against disabled people who can't wear a mask or face covering and businesses blocking off blue badge spaces and not allowing carers to accompany disabled people shopping
- Completed colleague risk assessments with our minority ethnic colleagues and disabled colleagues
- Continued delivery of Equality Impact Assessments (EIAs), including where we had to change our services. This also included an in-depth EIA on the Recovery Plan which considered health inequalities around COVID for other protected groups such as the LGBTQ+ community.

7 Outbreak prevention and response plans

To ensure an appropriate and proportional response to outbreaks of COVID-19, a risk-based approach is taken, which is informed by local data and intelligence and that considers the following factors when deciding on which course of action to take:

- a. The nature of the setting
- b. The vulnerability of the population
- c. The level of community infection and transmission
- d. The involvement of variants of concern
- e. The wider national or regional impact of the outbreak
- f. Whether located in an area/ ward within the city where higher rates are being experienced.

7.1 Settings

Certain settings are considered higher risk, either because of the vulnerability of the groups they cater for, or due to the social and economic disruption that might occur if a setting cannot continue to operate. These include:

- Care Homes, supported livings or domiciliary care
- Educational settings (schools, colleges, nurseries, University of Derby)
- Communications and food manufacturing businesses
- Traveller sites
- Asylum Centres
- Homeless hostels
- Children's Homes
- Events or activities with a high population expectation.

We also look at trends of cases in the type of businesses or where they are mentioned in Track and Trace and use this intelligence to provide proactive advice and support to certain business types.

Processes, including Action Cards and Standard Operating Procedures exist to manage outbreaks in these settings. These include details of the agreed key partners to include when convening an outbreak control meeting.

7.2 Populations who are more vulnerable to COVID

Certain populations are more vulnerable to serious illness from COVID-19. These communities have been identified and mapped and are considered when deciding on what action to take in the event of an outbreak of COVID-19. Populations identified as being more vulnerable to Covid include:

- Those aged 70 or above
- People living in deprived areas
- Black, Asian and Minority Ethnic Communities and Roma populations
- Homeless people
- Asylum seekers
- Gypsy and Traveller communities
- Disabled people.

7.3 Community Infection and Transmission

The rates of COVID-19 and levels of transmission vary from community to community over time and are monitored at Ward level. The level of transmission and rate of infection within a community or neighbourhood are important contextual factors to consider when deciding on how to manage outbreaks in places and settings. Local community leaders are key partners in helping to reduce transmission of COVID in local neighbourhoods.

7.4 Compliance and enforcement

The responsibility to achieve compliance with COVID-19 legislation is shared jointly by the Council's Environmental Health, Trading Standards and Public health teams and the Police. In addition, there are close links with national enforcement bodies such as the Health and Safety Executive (HSE).

Co-ordination of enforcement is achieved through regular tasking meetings and the relevant attendance at Incident Management Team (IMT). Achieving compliance is through an agreed graduated, risk-based approach with enforcement being used as a last resort. Within the Council, there is a solicitor providing legal support to officers undertaking enforcement activities. This ensures that enforcement activity is carried out within the confines of the legislation and in line with government guidance and that supplied by the Office of Product Safety and Standards (OPSS).

When single issues of non-compliance occur, the relevant enforcement authority may act independently whilst keeping IMT informed of actions and seek support where necessary. Where outbreaks occur, the relevant enforcing authority will support the setting and, if necessary, use enforcement. This is conducted following the Outbreak Prevention and Response Plan and is co-ordinated and discussed at an IMT. If deemed necessary, a separate Outbreak Control Team is organised.

Enforcement activity by Derby City Council officers is fed into the Government knowledge base through a weekly return to the OPSS. OPSS then links the activities of other enforcement agencies in relation to business compliance to provide an overall picture to Government.

7.5 Responding to Variants of Concern (VOC)

The Director of Public Health will lead and direct any response to a case or outbreak of a VOC. Derbyshire LRF Partners will co-ordinate the multi-agency response where required. An LRF plan has been prepared to deliver surge testing which would be activated immediately as required to respond to an outbreak or identification of a case of VOC testing.

The process for activating surge-testing is incorporated within the plan and the key individuals/ teams are aware of their roles in activating the plan. We have sufficient surge capacity to respond to outbreaks including VOC. We have identified capacity across key partners that can be urgently deployed as required. The local voluntary sector has also agreed to support where appropriate. We have a mixed model of delivery that will be flexed appropriately to meet the needs of the community.

Whilst the management of the response would be managed through the LRF structure, we anticipate that to support effective response a specific IMT would additionally be established.

We are confident that we have sufficient surge capacity to respond, for example, to a VOC case. If, however, there is more than one case or notable outbreak to respond to at one time beyond our resource capacity we would call on regional/ national support.

7.6 Action on enduring transmission.

Throughout the pandemic we have identified several communities and issues, for example, stigma, financial, household size, occupational make-up, that have led to higher levels of cases and transmission and enduring transmission. We have worked to fully understand the issues at play, including engagement with communities, and identify solutions. This work has started to see significant and positive results.

We will continue to use the breadth of knowledge and intelligence available to us including:

- Reviewing evidence from JBC in relation to local area
- Deep dive analysis of areas moving away from average
- Review of relevant contact tracing details
- Focussed additional testing as suitable for the local population
- Engagement with local communities to understand any issues and concerns.

This will enable us to develop bespoke approaches to each individual community to mitigate and minimise enduring transmission.

8 Testing and contact tracing

Testing is the process of offering a test to either symptomatic or asymptomatic individuals to identify the presence of infection. The local approach is aligned with national testing programmes and links to the national test and trace arrangements.

There are two main types of test being used in Derby:

- PCR tests - designed to detect the presence of the disease via lab analysis and are highly accurate. This test is primarily used to confirm whether people with symptoms have COVID or not.
- Lateral flow tests (LFTs) - designed to rapidly detect the presence or absence of COVID. These tests are well-suited for regular use by asymptomatic people, to find, identify and isolate infectious individuals. Results are very quick - around 30 minutes, but are less accurate than PCR tests.

8.1 Community testing

We have both symptomatic and asymptomatic testing sites established within the city.

8.1.1 Symptomatic testing

We have four walk-through symptomatic local testing sites sited in deprived communities to support accessibility for those with limited or no access to a care. The four sites are:

- Morleston Street Day Centre
- West End Community Centre
- Austin Sunnyhill - Sure Start Centre
- Sussex Circus Housing Office.

All testing sites are open mornings, seven days a week and there are plenty of tests available.

8.1.2 Asymptomatic testing

About 1 in 3 people with COVID-19 do not have symptoms but can still infect others. Anyone who doesn't have symptoms can now access free regular rapid lateral flow tests. Making use of lateral flow tests regularly could help to prevent the spread from asymptomatic individuals, keeping ourselves and others safer. Home testing kits can be collected using community collect services, which means you can:

- Collect tests from participating [pharmacies](#)
- Order tests for [home delivery](#)
- Collect tests from the test centres listed above and from the Council House.

In addition to community collect services, Lateral Flow Tests can be taken at our testing sites. The location and opening times of our asymptomatic testing sites can be accessed at <https://www.derby.gov.uk/coronavirus-covid19/testing/tests-without-symptoms/#page-4>. These sites are particularly supporting people who need help with their test, those who need help to complete their first test and all essential workers in Derby city who:

- Cannot currently work from home including essential voluntary work
- Work or live in the city and who regularly come into contact with other people.

We will maintain a LFT site in the city for community testing until at least the end of June. Clinical governance of this site is provided by one of our NHS provider organisations delivering clinical oversight and assurance...

8.2 Enhanced Contact Tracing

Derby's local contact tracing service is staffed by a dedicated team of Call Handlers and Team Leaders, based within Derby Direct. The service operates seven days a week. Public Health staff work closely with the team and provide daily liaison and advisory cover.

The Derby contact tracing service is currently delivering local enhanced contract tracing through 'Local-0' where cases are fast-tracked to the local team and received within one-hour of a positive COVID-19 test. This is in place for the whole city. This resource has scope to flex capacity up and down to respond to the relative volume of cases.

There is a standard operating procedure and question checklist for contact tracing call handlers to follow.

The use of local contact tracers is highly effective in terms of cases contacted and successfully closed - over 80%. Additional benefits of local management of contact tracing include identification of barriers to self-isolating for local people and opportunity to understand individual issues and potential need for support. As our call handlers are local and are highly familiar with the local support available, for example, advice and the Community Response Hub, this enables this to be signposted during the call.

Our contact tracing service operates doorstep visits for cases where telephone contact has been unsuccessful. This is carried out by our Public Protection Officers (PPOs) and takes place every day. Information is updated daily by the PPO Team Manager. This approach results in higher numbers of cases closed successfully or verification that the case is isolating but unable to complete tracing.

Intelligence gathered during the tracing interview is used alongside other sources of information, including Common Exposure Reports and Postcode Coincidence Reports, to support our Outbreak Investigation Rapid Response (OIRR) process. Tracers take advantage of being able to call cases quicker, normally one day following their test result, to focus on the 'backwards' part of the interview and identify and flag places visited and activities where they may have acquired the infection.

Referral processes for Health Protection Teams are in place through the Contact Tracing Admin System and through the local Incident Management Team.

Resource is currently in place to effectively deliver enhanced contact tracing. This will be monitored on an ongoing basis. Further need to clarify regional support in complex circumstances and in surge situations.

9 Communications and engagement, including community resilience

9.1 Let's Do the Right Thing for Derby campaign - including localisation

The 'Let's Do the Right Thing for Derby (LDTRT)' campaign was developed in summer 2020 to respond to perceived message fatigue and relaxation of measures over the summer. The campaign was developed through strong partnership working between the Council's Communication and Public Health teams.

Key themes

- Co-operation, "we"
- Staying the course
- What we do today influences tomorrow
- Protecting our families, friends and communities.

Critical to the successful development and implementation of LDTRT was its co-production with Community Action Derby – the city's voluntary sector infrastructure. This has included the shared ownership of key messages - adapted to local areas, shops, schools. Through this approach we have strengthened our relationships with the community, voluntary and faith sectors through Community Action Derby – who have led outreach, shared leadership over communications and co-branding.

The branding has stood the test of time and has become well embedded and will therefore be continued. This is complemented by 'COVID Facts' campaign. This campaign, in partnership with Derbyshire County Council and Joined Up Care Derbyshire aims to ensure that accurate information is easily available and counter any misinformation.

In addition, we maximise our contacts complementing messaging in relation to COVID-19 with winter messaging, wellbeing and support and vice-versa. This will continue.

9.2 Local Media relationships

We have developed a positive working relationship with our local media partners. We produce regular press releases which ensure regular updates and communication with the public.

In addition, our Director of Public Health and wider senior leadership are making regular local radio and television appearances to further support communication with local people to provide updates, reinforcing messaging and assurance.

9.3 Voluntary and Faith Sector

Significant local outreach into communities and faith organisations – led by Community Action Derby - has been, and will continue to be, undertaken. These strong relationships have enabled local community-led testing and vaccination projects, we expect this to remain resilient and develop even further.

9.4 MPs and Councillors

The Director of Public Health, alongside other senior colleagues, provide regular briefings to our Cabinet Members, cross-party elected members and to local MPs. A weekly Councillor bulletin, prepared by Members Services and the Communications team, also provides detail on Derby's COVID case numbers, vaccination progress and key communications and social media messages.

9.5 Other stakeholders

In addition, briefings are also delivered as appropriate to other key stakeholders, including community groups and our Equality Hubs and Forums by the Director of Public Health and senior Public Health staff.

10 Vaccination programme

The vaccination programme led by the NHS. Oversight of the programme is locally managed by the Vaccination Gold Group bringing together key partners to effectively roll-out across the priority cohorts as per national guidance.

The high level of engagement with the Vaccination Gold Group and with the Vaccine Inequality Sub-group has, and continues to, deliver the vaccination programme in a highly effective manner.

The Inequalities Sub-group is actively identifying groups where uptake is lower, understanding the issue through data analysis and engagement with communities to establish actions to increase access and uptake in these groups. This enables targeted interventions with key groups e.g. homeless, learning disability and use and siting of, for example, pop-up sites and extension to pharmacy settings.

A partnership approach to communications enables a rounded approach and maximises our opportunities to promote positive messages regarding vaccination. Examples include, voluntary and faith sector links, messaging via our local Councillors and incorporating within our support calls to our residents who are more vulnerable to COVID. In addition, we have, and continue to, work closely with Derby and Derbyshire Clinical Commissioning Group on vaccination communication.

Access to timely and high-quality data is essential to allow analysis and targeting of interventions.

11 Resourcing

11.1 Allocation of funding streams

We have received a number of Government Grants to support the local response. This funding has, and will continue, to be used to respond to need, mitigate and minimise impact, enable COVID-secure environments and compliance and to support clear and consistent messaging across our diverse communities.

11.1.1 Additional staffing

To support our COVID effort we diverted existing staff focus to COVID and also recruited additional staff to support the effort. This capacity includes the following staff groups:

- Public Health
- Environmental Health
- Health Protection
- Communications
- Public Protection
- COVID Support.

11.1.2 Voluntary sector and community support

The local voluntary and community sector is central to our response and are a significant part of our resource. This has enabled swift on the ground delivery, for example, the establishment of the Community Response Hub. This has also enabled us to understand local issues and communities and to effectively engage with communities to manage the virus.

To deliver a well-rounded response we have funded our voluntary sector infrastructure organisation, Community Action Derby alongside smaller bespoke organisations such as Baby People who have delivered tailored communication and engagement, for example with children and young people.

We have tried to maximise the resources we have and to deliver in a joined up coherent way. An example of this is the Food 4 Thought initiative which has linked up our food banks and food support through the development of this alliance and multi-dimensional approach to food insecurity.

11.1.3 Communications resources

Communication and engagement with our partners and most importantly local people, has been central to our response to COVID. Communications resource includes professional expertise and guidance as well as a range of physical and digital resources. These resources are regularly reviewed and updated as appropriate.

11.1.4 New services

A significant amount of resource, both in terms of our staff capacity and financial has been the establishment and maintenance of new services including:

- Contact tracing
- Asymptomatic testing
- Sites for symptomatic testing
- Surge testing.

11.1.5 Service delivery

In addition to new service delivery and arrangements to directly support the COVID effort, resource has been required to maintain delivery of key services and community delivery. This has ensured that delivery is COVID-secure and is mitigating risk within the community.

12 Activities to enable 'living with COVID' (COVID secure).

Businesses have been proactively contacted over the last 12 months via email and telephone to support them and discuss their plans with as they reopen. This proactive targeted support will continue as lockdown is relaxed and businesses open through the road map process to ensure their understanding and readiness. To support this, trained colleagues familiar with the latest guidance will be available to provide support and guidance.

The 'Let's Do the Right Thing for Derby' campaign will continue to ensure a consistent and sustained campaign to ensure that local people are aware of latest guidance and action necessary to maintain COVID-secure environments. This includes specific and bespoke work where necessary with communities and businesses.

To support this, early sight any changes to guidance and legislation is key to being able to undertake this work effectively as is appropriate legislation to enforce compliance where necessary.

These activities will be further reviewed in response to pending Non-Pharmaceutical Interventions review and the publication of further guidance and legislation.

13 Support for self-isolation

We have a well-established Derby Community Hub led by the voluntary and community sector. The Hub coordinates help and support for people who need it. It assists anyone in the community who is vulnerable and/or needs support prioritising those with no family, friends or neighbours who can help them. This includes those who need support to enable them to self-isolate.

Through contact via our contact tracing, we have received feedback on some of the challenges faced in maintaining self-isolation including, financial, practical and social interaction and support. This understanding enables targeted activity to address some of these issues. Local-0 contact tracing helps in quickly understanding any issues that may make self-isolation difficult for some people. As this is delivered by colleagues who have a good understanding of the local support offer including community support and welfare guidance and advice and can quickly link individuals to this support.

Eligibility for financial support remains a key issue.

14 Ongoing role of Non-Pharmaceutical Interventions (NPIs)

We recognise that there will be an ongoing role of NPIs – measures such as social distancing, wearing of face coverings and hand washing - for a significant period as part of the ongoing management of COVID-19. This is integral to our local 'Do the Right Thing for Derby' campaign which will be maintained.

As now, these messages will continue to be promoted through workplaces, businesses, schools and our communities.

We will monitor on an ongoing basis and ensure we are in line with national guidance and local need. We will review following national evidence review and ensure readiness to step-up and/or modify the campaign if cases increase and in preparation for our winter response.

15 Risk

There are a number of risks associated with our ability to deliver this plan:

15.1 Managing business as usual and COVID effort

The local authority and wider system are starting to pick up some business as usual. There is a responsibility and expectation that functions integrally involved in our COVID response, most notably Public Health and Environmental Health teams also deliver aspects of business as usual. This includes input into significant local developments, for example, the shaping and growth of the Integrated Care System.

There is a risk that capacity is stretched and unable to deliver either the COVID effort or business as usual effectively. We are considering the priorities in relation to this and how resource is managed to mitigate this risk.

15.2 Sufficient resource to continue new roles and functions

As already described, some additional resource has been established – through new roles and redeployment of existing staff. The new roles are fixed-term and there are calls on redeployed staff to return to substantive roles, particularly as we progress the national roadmap and re-opening of services.

This is a risk to our longer-term delivery and links to the above risk. We are similarly considering how to establish appropriate resource for the long-term to effectively deliver our responsibilities.