

Derby COVID-19 Outbreak Management Plan

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Derby City Council



Document control

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FOREWORD

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 worked together to ensure that we met the milestones of the roadmap to open up society, we now need to manage COVID and ensure that we can continue to stay 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 18 months 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 have also impacted on people's health and wellbeing and have had a negative impact on the local economy.

The Derby Covid-19 Outbreak Management Plan sets out our approach to prevent, manage and contain outbreaks of COVID-19 in line with the guidance set out in the national [Contain Framework](#). Led by Public Health, it takes a preventive, whole system approach, setting out arrangements for assessing and managing community transmission and outbreaks of COVID-19 in the city through an efficient and locally effective system. It outlines how local partners work together to implement the plan and reduce the impact of the pandemic individuals and groups more vulnerable to COVID-19.

We are now moving into a new phase as we learn to live with COVID-19 and using vaccination as our primary line of defence.

1.1 Aims

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

- Mitigate and minimise the impact of COVID-19 on individual, community and population health.
- Ensure COVID-19 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-19 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: UKHSA Health Protection Team (HPT), 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-19 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-19 response and recovery

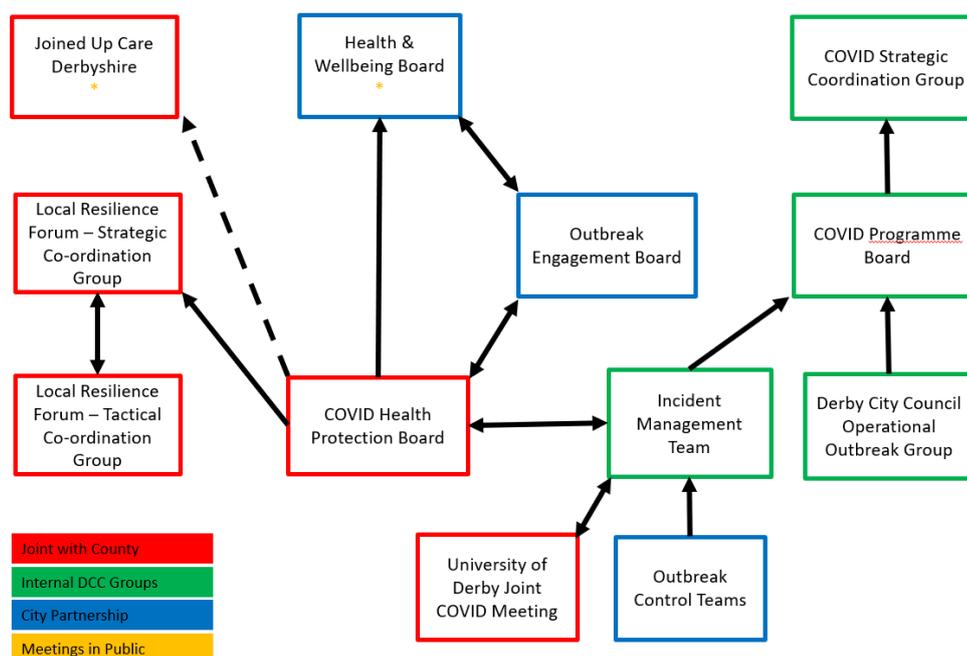
As the serious outcomes of COVID-19 cases reduce and restrictions ease we are increasingly considering what is needed to recover and build back better and fairer.

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-19 Strategic Coordination Group

The COVID-19 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-19 Programme Board, ratifying decisions made by COVID-19 Programme Board, ensuring appropriate governance and due diligence, and keeping Cabinet and Members abreast of key issues.

4.2 COVID-19 Programme Board

The COVID-19 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-19 Health Protection Board

Membership of the COVID-19 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, UKHSA (HPT) as required, 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 outbreaks involve cases and contacts from more than one local authority area, the area where a premise (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-19 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. It now meets as needed.

4.9 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-19 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 nationally provided datasets within both the Covid-19 Situational Awareness Explorer and Local Authorities Report Store
- Local [weekly report](#) of COVID-19 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-19 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 data both directly from Joint Biosecurity Centre and within PHE COVID-19 toolkit
- Google Mobility data, and Venue Alert data derived from the NHS COVID-19 app and made available via the PHE toolkit
- DHSC COVID-19 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 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 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-19 on groups who are more vulnerable to COVID-19 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-19 for other protected groups such as the LGBTQ+ community.

7 Outbreak prevention and response plans

Outbreak prevention and management is central to our COVID-19 response and our local approach is set out below. It is important to note, however, that in the case of an outbreak we will be supported by UK Health Security Agency's (UKHSA) regional and national teams and we have access to detailed guidance in the Outbreak Management Response Toolkit (OMRT).

To ensure an appropriate, timely 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 Higher risk settings and locations

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 will continue to advise caution, encouraging individuals and organisations to exercise judgement and responsibility in managing the risk of transmission, especially in crowded spaces. In individual settings where the risks of rapid spread are considered particularly high, the Director of Public Health, in consultation with setting operators and other key parties will advise that non-pharmaceutical measures such as social distancing and wearing of face coverings are put in place, if necessary, to control outbreaks.

Where guidance exists for specific settings, such as the [Contingency framework: education and childcare settings](#), we will as a minimum follow the principals and guidance set out to minimise outbreaks and their impact.

We will also continue to 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.

Whilst legislation is no longer in place requiring businesses to operate COVID-secure environments, we will continue to promote that businesses and workplaces follow the [Working Safely During Coronavirus \(COVID-19\)](#) guidance. The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 ('No.3 Regulations') which give local authorities the power to issue a direction imposing restrictions, requirements or prohibitions in relation to individual premises, events and public outdoor places have been extended until 24 March 2022. These regulations will be used locally if

required 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.

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-19

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-19 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 Middle Super Output Area (MSOA) 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-19 in local neighbourhoods.

Should we face sharply rising levels of transmission we will consider delivering an enhanced response as appropriate with support from UKHSA.

7.4 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. As set out in the government's [COVID-19 Response: Autumn and Winter Plan 2021](#), local authorities will retain powers under the No. 3 Regulations until 24 March 2022.

Whilst most specific business restrictions have been removed, businesses, employers and others must continue to follow statutory health and safety requirements to protect the health safety and welfare of staff, visitors and others associated with their business. Protection and compliance can be achieved by conducting a risk assessment and taking

reasonable steps to manage risks including COVID-19 in their workplace or setting. The government has issued guidance to help business reduce the spread of COVID-19 in their workplace – [Working safely during coronavirus \(COVID-19\)](#).

Should the government's contingency plan – Plan B – be initiated, as per its responsibility, the Council will ensure compliance, including enforcement as necessary with respect of the implementation of mandatory certification by businesses and event organisers.

7.5 Variant response

The biggest risk to the progress the country has made is a variant of concern (VOC) which fully or partially escapes immunity - COVID-19 Contain Framework. The Director of Public Health will lead and direct any response to a case or outbreak of a VOC or variants under investigation (VUI). Should there be an outbreak of a VOC or VUI in Derby an Incident Management Team will be immediately established by Derbyshire LRF Partners, with support as appropriate from the Health Protection Team and will co-ordinate the multi-agency response where required. An LRF plan is in place and regularly reviewed and updated to provide a framework for the local response including surge testing and vaccination which would be activated immediately as required to respond to an outbreak or identification of a case of VOC or VUI. To ensure the response is effective, we will work closely with our local communities and ensure effective communication and engagement is in place.

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.

We are confident that we have sufficient surge capacity to respond, for example, to a VOC or VUI 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.

Higher risk situations may trigger additional national support following local and national assessment. If a risk requires escalation, national partners will engage further with HPTs and local authorities to determine the appropriate support to assist in responding to the variant and consider whether a national incident management team (IMT) is required.

7.6 Action on enduring transmission

Throughout much of 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 seen 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.

Additional support, if required, will be provided by the UKHSA. Any requirement for additional support will be made through the local action committee bronze, silver and gold (BSG) structure.

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-19 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

Testing, both symptomatic and asymptomatic, is central to preventing the spread of COVID-19 by identifying those that have the virus and ensuring that they self-isolate. We continue to deliver both symptomatic and asymptomatic testing in the city.

8.1.1 Symptomatic testing

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

- Morleston Street Day Centre
- Sussex Circus Housing Office.

All testing sites are 8am to 6pm, seven days a week.

There are also plans in place to allow the deployment of mobile testing units at sites in the city to expand PCR testing capacity when required.

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 access free rapid lateral flow tests. Making use of lateral flow tests helps 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](#).

Whilst universal free testing is available to all, in partnership with the voluntary and community sector and other trusted partners, we are targeting those disproportionately impacted and under-served groups. These groups are more likely to suffer worse outcomes, are less likely to take up the vaccine and experience existing health inequalities.

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 six days a week. Public Health staff work closely with the team and provide daily liaison and advisory cover.

We are currently operating on the Local Tracing Partnership model where cases flow to the National Test & Trace (NT&T) team for the first 24 hours. Any cases not contacted by NT&T are then flowed through to the Derby team. This enables the local team to focus on those cases that are harder to reach.

The model of local contact tracing delivery will be kept under review and will ideally move to Local 0/Local 4 once national criteria can be satisfied (service would need to operate full weekend shifts), i.e. when local capacity allows. This would enable more effective outbreak management through earlier investigation and identification of potential outbreaks. 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. 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) or Covid Support Officers 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 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.

9 Communications and engagement, including community resilience

Communication and engagement are critical to enabling local people to understand and manage risk, to make informed choices, and live safely with COVID-19. We will continue to tailor our local public health messaging appropriately, taking into account a wide range of factors including the epidemiological situation, demographics, outbreak settings and the nature of any outbreak.

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-19 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 Councillor bulletin, prepared by Members Services and the Communications team, also provides detail on Derby's COVID-19 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

Vaccination continues to be our primary wall of defence and we have a high level of vaccination uptake in the city. The vaccination programme is led by our local NHS with oversight of the programme managed by the Vaccination Gold Group which brings together key partners to effectively roll-out the programme 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, roving 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.

Our current priorities are to:

- Promote uptake in our younger population
- Continue to increase vaccination rates overall but with particular focus on those in higher risk cohorts and/ or are disproportionately impacted
- Plan for the delivery of a successful booster vaccination programme.

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 Workforce

To support our COVID-19 effort we diverted existing staff focus to COVID-19 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-19 Support.

We recognise that the pandemic is not over and will continue to regularly review our capacity and capability and flex this as necessary to meet changing demands. We also recognise that our teams have been working long and hard in supporting our COVID-19 effort and we continue to consider how we promote sustainable ways of working that support the mental and physical mental health and wellbeing of all of our workforce. Where necessary additional support will be sought to ensure any response is appropriate in both speed and scale.

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-19. 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-19 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-19 secure)

Businesses have been proactively contacted over the last 12 months via email and telephone to support them and discuss their plans as they have reopened. This proactive targeted support will continue to ensure their understanding. 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 Self-isolation

It remains a legal requirement for positive cases and contacts who are 18 and over and not fully vaccinated to self-isolate. Contacts who are fully vaccinated, under the age of 18, clinical trial participants or who cannot be vaccinated for clinical reasons are not required to self-isolate. Self-isolation continues to be essential for people with COVID-19 symptoms, those who test positive for COVID-19 and close adult contacts who are not fully vaccinated. For those that have tested positive or need to self-isolate, support will continue to be provided to those who need it.

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 self-isolate. Those who need support can call Derby Direct on 01332 640000. Text service for the deaf community: 0777 4333412. The line will open between 9am and 5pm, Monday to Friday. There's also a dedicated email at covidsupport@communityactionderby.org.uk.

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. 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.

We continue to work closely with local businesses and workplaces to help ensure they are meeting their duties in relation to self-isolation.

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.

These messages will continue to be promoted through workplaces, businesses, schools and our communities.

We will monitor on an ongoing basis and ensure that we are, as a minimum, in line with national guidance and responsive to local need and issues. We will ensure readiness to step-up non-pharmaceutical intervention and/ or advice should contingency measures – Plan B – be used and/or modify our approach if required to manage local outbreaks and in supporting our winter response.

15 Risk

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

15.1 Managing business as usual and COVID-19 effort

The local authority and wider system are picking up business as usual. There is a responsibility and expectation that functions integrally involved in our COVID-19 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-19 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 with national re-opening.

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.