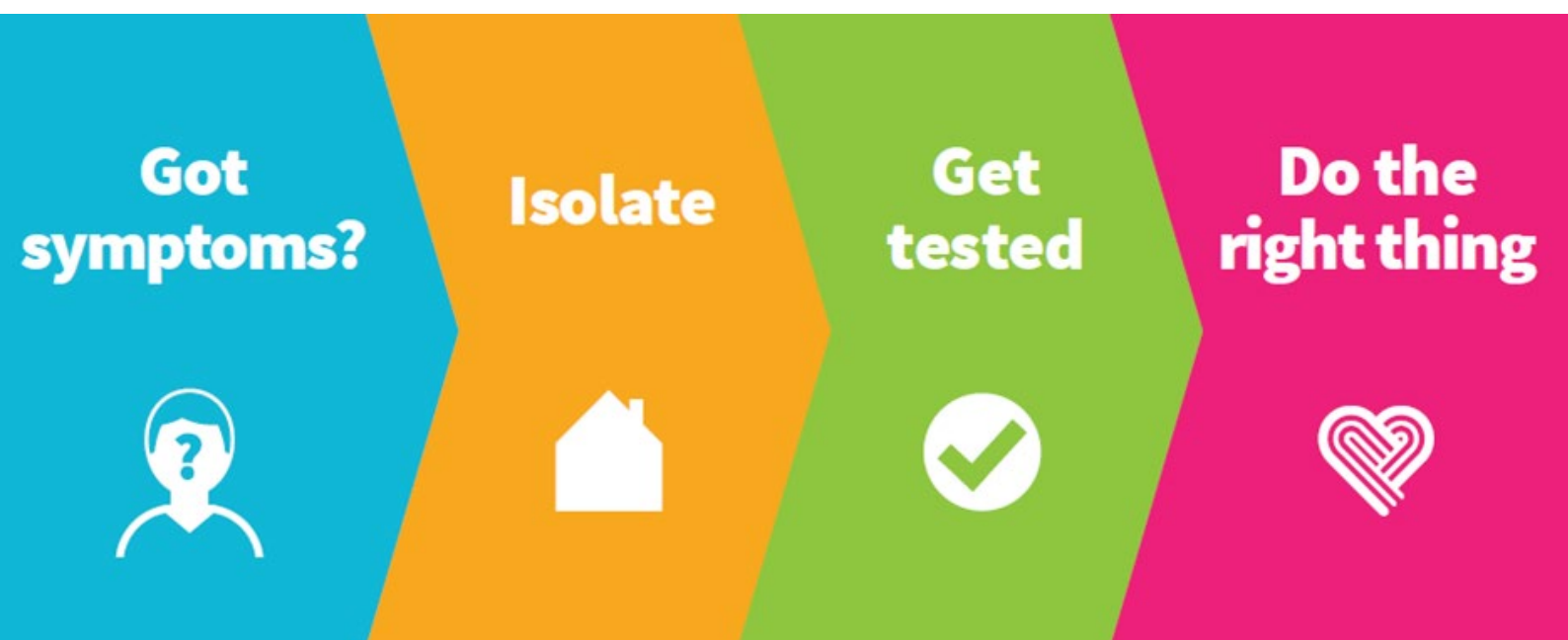


Derbyshire COVID-19 Local Outbreak Management Plan March 2021



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Document control

Title: Local Outbreak Management Plan Refresh

Version: 1.1 – web friendly version

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Approved by: Department for Health and Social Care

Approved date: April 2021

This plan will evolve and develop as new resources and opportunities become available. Therefore, it is proposed that this plan is a live document which is regularly reviewed and updated to reflect the current position within the county.

Latest review date: 31 March 2021

Approved by:

- LRF Strategic Co-ordination Group
- Local Engagement Board
- COVID-19 Health Protection Board
- Public Health Senior Management Team
- Derbyshire County Council Corporate Management Team
- Health and Wellbeing Board – to be considered at July meeting
- Cabinet – to be considered at the start of the new municipal year in June.

Introduction and scope

COVID-19 is an infectious disease caused by a coronavirus (SARS CoV 2). Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. COVID-19 is best understood as a pattern of local outbreaks, rather than a national pandemic with a similar impact in every community. Test and trace systems in association with wider surveillance and evidence support local situational awareness of COVID-19. This information is then used to inform public health action to prevent and control disease spread.

Scope

In July 2020, Derbyshire's initial Local Outbreak Management Plan was published. This document refreshes the initial plan to incorporate a wider range of locally led or locally delivered activity introduced since initial publication, such as testing and contact tracing, the local actions that need to secure the successful delivery of the roadmap and the rollout of the vaccine programme. This document aims to provide an overarching strategic approach and a direction of travel, describing:

- Derbyshire's role and response within the overarching national contain framework.
- The approach and tools available locally for preventing, identifying and disrupting transmission of COVID-19 within Derbyshire.
- The approach and tools available locally for preventing, identifying and managing outbreaks of COVID-19 within Derbyshire.
- The wider public health measures which support the recovery from COVID-19 and maximise population health and wellbeing.
- Support for vaccine rollout and monitoring to maximise uptake.
- A targeted approach to reduce and prevent the impact of health inequalities and enduring transmission locally in relation to COVID-19.
- Processes and approaches to provide assurance locally, regionally and nationally with triggers for escalation where appropriate.
- An evolving approach which aligns with current and emerging national thinking and takes best practice from across the system on an ongoing basis.

As with the previous plan, this refreshed document remains a system-wide plan, and reflects the input required from all partners to continue to protect the local population from COVID-19.

A summary of learning from other areas which has informed the development of this plan is included as Appendix 1.

Strategic context

Throughout 2020, Derbyshire was significantly impacted by the pandemic, with many local people infected with the virus, many requiring treatment in hospital, and others losing loved ones to the disease. Throughout 2021 and beyond, COVID-19 will continue to have a significant impact on day-to-day lives and restrictions will remain in place throughout spring and into the summer months. Local residents will need to continue to adjust to live with the longer-term impacts of COVID-19, and others who have been shielding will be contemplating how their life returns to normal.

In addition to the direct impact of COVID-19, there has also been a wider impact to health through, for example, delayed treatment, late diagnosis of disease, an impact on mental health and wellbeing, digital inequality and higher rates of domestic violence. Individuals have also been impacted by changes to education, employment and financial insecurity, all of which will have adversely impacted personal wellbeing. There is no-one in Derbyshire that has not in some way been impacted by this pandemic, and it is important that professionals and communities work together to address future outbreaks and support recovery.

National context

Nationally, significant steps forward have been made in relation to the vaccine development supported by local roll-out, with a high proportion of people in the priority cohorts now having received their first dose of vaccine. As the vaccine roll-out progresses and further efforts take place to manage, mitigate and reduce the risk of COVID-19 continue, restrictions will be lifted in line with the [national roadmap outlined by the Prime Minister on 22 February](#). The roadmap focuses both on economic recovery and restoration of NHS capacity and services, which is welcomed. However, consideration of the varied impact COVID-19 has had across communities needs to be factored into planning. Issues in relation to inequality, wellbeing and vaccine hesitancy need to be addressed via a comprehensive system-wide approach to building sustainable communities.

The [Contain Framework](#) provides an overarching strategy and approach in terms of roles, responsibilities and key requirements for local authorities and local system partners, working alongside national and regional partners. The framework has helped shaped the content of this document and it will continue to be reviewed against the national framework. Partners in Derbyshire will continue to consider the local implementation of national policy, and work alongside regional colleagues from the Department of Health and Social Care, Public Health England, the Joint Biosecurity Centre, and NHS Test and Trace to provide appropriate assurance that the various elements of the framework are in place and being discharged effectively across Derbyshire.

In the longer term, the Contain Framework notes that planning will begin to move from a central incident response phase to many aspects of the COVID-

19 response being a core part of local infrastructure within local authorities' responsibilities for Public Health. This reflects the development of a more local, sustainable response to coronavirus.

The Contain Framework utilises the principles of subsidiarity and empowering local decision makers to support local delivery of outbreak management plans.

Local context

The latest data relating to COVID-19 within Derbyshire can be found online in a [weekly summary report](#). This, alongside more granular place-based data analysis continues to shape and inform both planning and response.

Through the implementation of the refreshed Local Outbreak Management Plan, Public Health and partners will continue to provide a mix of immediate, dynamic and flexible responses to emerging local and national COVID-19 related health protection matters across the local system.

Coronavirus does not respect borders or boundaries and people who live, work and socialise in Derbyshire move between different areas. This is particularly true for neighbouring authorities. The relationship with colleagues in Derby City is key and collaborative working has allowed a shared view on issues. Derbyshire County and Derby City share Local Resilience Forum (LRF) arrangements. The LRF governance effectively brings together key system partners strategically, tactically, and operationally to enable an effective and co-ordinated response. In addition, a joint Derbyshire County and Derby City COVID-19 Health Protection Board delivers assurance for the local pandemic response, and to provide specialist, technical and scientific advice to the local engagement boards.

A shared operational approach is in place between Public Health teams at Derbyshire County Council and Derby City Council to manage outbreaks impacting on both city and county residents. Equally, a shared approach to engagement and co-design is in place, and a joint programme of work to reduce inequalities in vaccine uptake is currently being delivered.

Alongside vaccination, non-pharmaceutical interventions remain the most effective way of limiting the impact of the disease. Throughout all the actions articulated in this plan a combined prevention approach will underpin all activity.

Increasingly, the approach will integrate both COVID-19 and non-COVID-19 related activity to ensure that collective resources are maximised and available to have the greatest possible positive impact on the health and wellbeing of the population of Derbyshire.

Aims and objectives

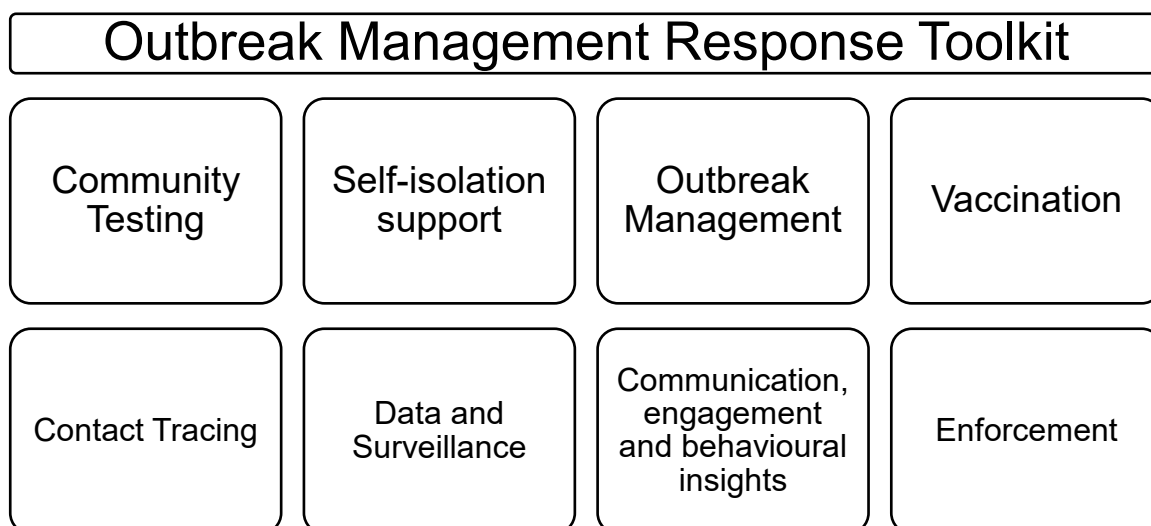
This plan has an overall system-wide aim to:

Work to protect the health and wellbeing of the population of Derbyshire County from the risks associated with COVID-19.

The aim is underpinned by four key objectives:

1. Preventing spread and impact of COVID-19.
2. Identifying and proactively managing outbreaks and incidents.
3. Ensuring service capability.
4. Enabling effective communication with the public and stakeholders.

This plan also provides more details about the toolkit of resources and actions that will help shape the local response, which will be flexed and scaled as required. These are summarised below:



The plan outlines how the local response will be applied to:

- Outbreaks across all settings, including those settings with higher risk of outbreaks occurring.
- Vulnerable and underserved communities to support prevention and response to cases of COVID-19 in these communities.
- Ongoing community transmission.

Roles and responsibilities

The response to COVID-19 across Derbyshire has been multi-agency and led by the Local Resilience Forum (LRF) Strategic Co-ordinating Group (SCG). Working through the Local Resilience Forum structures, partners ensure a coherent, collaborative system-wide response that makes the best of local resources on an ongoing basis.

The local system response to COVID-19 has expanded since the initial phase of the pandemic, and responsibilities relevant under this Local Outbreak Management Plan include:

- Implementation of the Local Outbreak Management Plan and co-ordination across partner organisations in responding locally to the COVID-19 pandemic.
- Epidemiological analysis and interpretation to support local decision-making.
- Delivering contact tracing as part of the Local Tracing Partnership programme.
- Providing additional enhanced local contact tracing, integrated with surveillance data and local community intelligence.
- Co-ordinating across partners and delivering specific elements of the health protection response, specifically around advice and assurance, including infection prevention and control.
- Co-ordinating and where appropriate delivering Incident Management Teams/approaches in relation to local area epidemiology and intelligence.
- Co-ordinating and where appropriate delivering Outbreak Control Teams in response to outbreaks.
- Co-ordinating and reinforcing public health messaging to encourage adherence to government guidance to help reduce the spread of COVID-19.
- Delivering a county wide community and settings asymptomatic testing programme.
- Providing advice on cases, exposures and outbreaks to educational establishments, including completion of risk assessments.
- Supporting vaccine roll out and uptake.
- Focussing on health inequalities across all outbreak management actions
- Leading, where required, the local response to variants of concern and activities such as surge testing.
- Local Enforcement.
- Developing communications campaigns, and engagement with local political leaders, as well as stakeholders and residents.
- Developing a community engagement programme.
-

Learning, reflection and assurance

Across the local system, partners will continue to actively learn and reflect on experiences and issues to date. System plans will be regularly reviewed and tested, where appropriate, to provide more assurance that plan can deal with worse case scenarios. To date, the systems and processes outlined in this plan in relation to outbreak response have demonstrated a robust approach in response to local outbreaks and incidents.

Additionally, formal evaluation of key elements of the local response will take place throughout 2021 to inform system planning and resilience in case there are further local or national waves of COVID-19 later in the year.

When appropriate, existing Local Resilience Forum structures will be stepped down and assurance that COVID-19 remains a key priority will remain within the local Integrated Care System and via the Health and Wellbeing Board. System-wide assurance will be provided for issues relating to health inequalities, enduring transmission and vaccine uptake.

Across Derbyshire, the Public Health team will continue to play a key role in:

- Bringing together leaders from across the public, private and voluntary sector to address longer term challenges, building informal relationships and trust to coordinate local pragmatic responses.
- Continuing to jointly solve problems by working together on cross cutting issues, recognising that not one part of the system can solve issues on its own.
- Talking openly about the future and the challenges that lie ahead together to develop a shared view on how to work through these issues and do what is right for Derbyshire.
- Formally evaluating and researching the impact of interventions and actively learning from these.
- Sharing and utilising relevant data across the system to provide a place-based system-wide view of health and wellbeing to provide assurances that the right actions continue to be taken and constructively challenge if required.

Where additional support is welcomed

- Continued discussion and advice about how systems, processes and approaches can evolve and adapt to effectively address key issues.

Part 1: Core aspects of the end-to-end COVID-19 response

There are a number of interventions that can be deployed to help suppress the transmission of COVID-19. Some of the interventions should always be deployed whilst others will depend on the local context and the rate of cases within the community. This section of the Derbyshire Local Outbreak Management Plan outlines key interventions as part of an overall package of measures, which together form an appropriate end-to-end local response, alongside the enablers which are detailed in Part 2.

Testing

Testing is the process of offering a diagnostic test to either symptomatic or asymptomatic individuals to identify the presence of infection. Rapid testing is an essential component of prevention and outbreak management to enable early identification. 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 Derbyshire:

- **PCR tests** are designed to detect the presence of the disease via lab analysis and remain the most accurate testing method for COVID-19. This test has been used primarily to confirm that people with symptoms are COVID+.
- **Lateral flow swab antigen tests** are designed to detect the presence or absence of coronavirus without analysis in a lab and return rapid results in around 30 minutes. This means that they are well-suited for regular use by asymptomatic people, to find, identify and isolate potentially infectious individuals.

Symptomatic testing

Current position

Since the start of the pandemic Derbyshire has linked with national partners to set up a range of testing sites across the county. There are currently several permanent and mobile drive-through and walk-in sites available which individuals can book a test at via 119. Regular assessment, utilising local intelligence and data, ensures these sites are located in the most suitable locations to maximise uptake by the local population and that if required they are moved to deal with a specific issue or increase in cases in a locality.

Future plans

Derbyshire County Council will continue to support and develop this infrastructure as appropriate and continue to support people to access home testing kits as well.

Where additional support is welcomed

- Ability to offer PCR home testing kits to someone if they test positive via a lateral flow test in a community testing site, when Government guidance suggests that this is the right thing to do as case rates fall and the accuracy of lateral flow tests decreases.
- Explore door-to-door testing activity utilising PCR kits in communities where there is evidence of enduring transmission of COVID-19 and the epidemiology suggests this is the right thing to do.
- Clarity and consistency on the requirement for a confirmatory PCR test following a positive LFD test, to improve public understanding would be beneficial.

Asymptomatic testing

Current position

Lateral flow tests are being utilised as a case finding tool as it is suggested that one in three individuals with COVID-19 do not show symptoms, so if an individual returns a positive result they can isolate and protect others. Finding asymptomatic cases can reduce the spread of disease and protect more vulnerable people in the local community and asymptomatic testing needs to be appropriately targeted.

In December 2020, Derbyshire was the first local authority in the East Midlands to establish an asymptomatic community testing offer. Since then, in excess of 85,000 people have been tested at asymptomatic testing sites across the county. Derbyshire wants to continue to utilise new testing technologies throughout 2021 to identify asymptomatic individuals to minimise transmission of the virus, to prevent and detect large outbreaks early, targeting key workforce groups and protecting vulnerable communities.

Utilising additional asymptomatic testing capacity in Derbyshire has enabled key workforce groups to get tested on a regular basis to reduce the risk of spreading the disease via asymptomatic transmission.

A network of eight fixed community testing centres has been established, which means there is one in each locality. Fixed hubs are complemented by a flexible mobile or pop-up resource that allows additional testing capacity to respond to outbreaks, increase access to testing for hard to reach groups, and target local communities, particularly those in more rural locations. Sites for flexible testing are informed by regular data review and local intelligence from across the system. Increasingly, this approach will look to utilise smaller testing venues and mobile resources to encourage participation and engagement in the testing process in communities where there is an identified need to do so.

A model of testing which is both fixed and flexible, will remain in place until at least the end of June 2021, pending Government review and announcements on a longer-term approach to community testing. Testing will continue to be heavily promoted to the whole population, but additional activity through the

targeting of social media advertising and messaging will encourage participation. For example, targeted social media activity in the Bolsover area has encouraged people who do not have English as a first language to get regularly tested. Focussed communication has also been targeted towards younger working-age adults to increase the proportion of this age group accessing testing, as well as employee groups unable to work from home.

Derbyshire became a partner for the Community Collect testing model at an early stage. The Public Health Team has worked proactively with the DHSC to scale this model.

Testing is also facilitated through a range of national programmes and the local approach to asymptomatic testing will align wherever possible with the following national programmes:

- NHS patient facing staff: increasing the testing offer to test high-contact staff twice a week.
- Care home staff and residents: Increasing the frequency of testing, to twice weekly for staff and weekly for residents.
- Care Home visits: testing will be available for up to two visitors per resident to be tested twice a week in all care homes.
- Extra care and supported living staff and residents: twice weekly testing for staff and weekly for residents.
- Registered domiciliary care staff: testing available weekly.
- Other social care settings: testing other homecare workers, including personal assistants.
- Food manufacturing plants: beginning weekly testing for all staff.
- Antibody testing for the health and social care workforce.
- Secondary schools, universities and colleges.
- Early Years Settings.
- Workplaces.
- Closed settings including prisons and asylum centres: weekly testing for all staff and prisoners/residents.

Derbyshire will continue to target and facilitate access to testing across the following cohorts:

- Frontline key workers in critical professions and those who must attend work whilst stay at home guidance is in place.
- Frontline staff from other partner agencies such as the Fire Service and Police and district and borough councils (noting that NHS have alternative arrangements in place).
- Repeat testing in large workplaces where it has been identified there is a large outbreak which requires further investigation over a period of six to eight weeks.
- Repeat testing of employment groups at higher risk of infection/transmitting the virus through close contact with high numbers of

the population, such as taxi drivers, hairdressers, tradespeople, cleaners that visit people's homes and supermarket workers.

- Additional repeat testing capacity to support identification of cases in areas with high case rates, where rapid testing of the population may take place to identify individuals who are asymptomatic but COVID+. This could be on the scale of a town, rather than across a whole district or borough.
- Repeat testing in workplaces and key industries to support Derbyshire's economic recovery e.g. workers that support critical infrastructure where private workplace testing is not being undertaken.

Case Study: Establishing a dedicated business focused testing centre.

As part of Derbyshire's pathfinder project for asymptomatic testing we established a small business-only testing centre in a portacabin on an industrial estate. We approached local businesses and offered them a block of appointments every week to allow their staff to regularly access testing. The appointment booking system gave businesses confidence that their employees would only be away from work for a short time and allowed us to maximise the use of the testing centre capacity. The initial pilot has engaged over 30 businesses, with over 4,000 tests completed by employees, and we are now looking to integrate this approach into our other testing centres across the county by establishing dedicated testing booths for local businesses. It has successfully helped to identify asymptomatic positive cases preventing further potential workplace outbreaks.

Future plans

Future plans for testing in Derbyshire include:

- Ensure asymptomatic testing is offered at scale for as long as is required to manage transmission of COVID-19.
- Seek to optimise local testing capacity by mixing fixed, flexible and bespoke testing options to appropriately manage the impact of COVID-19 in Derbyshire.
- Utilise a flexible testing resource to target asymptomatic testing where there is concern about case rates in a specific community or setting.
- Recognise that Derbyshire's large and varied geography may mean a range of testing options will need to be deployed at any one time and these need to continually adapt the testing offer to target hard to reach groups.
- Implement a tailored local approach so people develop trust and see the added value in attending a local community testing centre.
- Explore how asymptomatic testing can become a greater part of day-to-day life which is linked to the wider local public health offer to ensure that opportunities for brief health interventions to make positive lifestyle changes are utilised to greatest effect.

- Implement the learning from an early evaluation of Derbyshire's Community Testing programme.

Where additional system support is welcomed

- Discussing with DHSC colleagues the longer-term approach to asymptomatic testing to enable forward planning.
- Understanding how home testing can be deployed in particularly hard to reach communities where due to rurality, deprivation or another factor it may be difficult for individuals to access testing centres.
- Working with regional colleagues in NHS Test and Trace to link local contact tracing and asymptomatic testing systems together more effectively.

Surge testing

Local Resilience Forum (LRF) system partners have developed a local response for surge testing, should there be a need to rapidly deploy either lateral flow or PCR testing to a defined geography within the county. Further details of this can be seen in the section regarding Variants of Concern/Variants under Investigation in Part 3 of this plan. A range of resources would be deployed including accelerated contact tracing and local workforce will ensure that positive, or probable, variant cases are strongly supported to comply with self-isolation.

Where additional system support is welcomed

- Urgent provision to Derbyshire of additional PCR test kits, lateral flow test kits and the necessary lab capacity to enable urgent and timely analysis to take place.
- Additional support to work across regions and/or local authority areas in response to an incident as required.
- Early sight of toolkits and resources to enable ongoing planning, including details of kit which is supplied nationally.

Contact tracing

The National Test and Trace service aims to ensure that anyone who returns a positive COVID-19 result is contacted to explain the need to self-isolate and to identify close contacts to reduce the onward spread of the virus. The process of contact tracing allows the identification and monitoring of COVID-19 both locally and nationally.

In Derbyshire, contact tracing is undertaken via a hybrid approach of National Test and Trace and local contact tracing teams, and follows agreed standard operating procedures.

Current position

Derbyshire has been undertaking local contact tracing since the summer of 2020 to provide additional information than that collected by the National Test and Trace service. Local contact tracing teams utilise a positive and strengths-based conversation aimed to build trust that supports with self-isolation and provides to close contacts. Local calls have enabled us to identify local outbreaks and clusters at an early stage allowing for prompt action.

Case study: Identifying outbreaks in Derbyshire via local contact tracing

We were made aware of a potentially large COVID-19 outbreak at one of the county's main employment sites via our local review of NHS Test and Trace employment status information. We noted all the information on a timeline developed by the local contact tracing team to look at how cases may link. Following contact tracing calls and on-site investigation with the employer it became apparent some cases were linked via the workplace and others due to community transmission. We were able to accurately understand the true scale of the outbreak and provide appropriate advice and utilise the learning for similar such outbreaks.

Contract Tracing partnership

In November 2020, Derbyshire became a local tracing partner alongside the National Test and Trace service. Within the limitations of the national Test and Trace system, local contact tracing has been developed and embedded into local systems, utilising data, insight and local knowledge to make sure chains of transmission are disrupted, identify outbreaks and minimise the impact of COVID-19 in communities. Undertaking local contact tracing for all postcodes within the county has enabled the utilisation of information received within 24 hours of case notification data. Local contact tracers have sought to contact a person within 72 hours to discuss with them their health condition, their close contacts and whether further assistance or advice to enable them to self-isolate can be provided.

Local contact tracing alongside local community knowledge has allowed us to successfully identify local hotspots, clusters and linked cases that were

missed by the national team, which has then triggered action by wider parts of the outbreak management approach.

Case Study: Residents receive local support during self-isolation

As part of local contact tracing calls, we will ask a person if they require assistance to self-isolate. If so a referral will be made to Derbyshire's Community Response Unit so further conversations can take place with the individual about the help and financial support and other assistance they can receive locally. We hope that this will promote adherence with the guidance to self-isolate.

Future plans

The local contact tracing team undertakes enhanced contact tracing activity, and this is now evolving into the Outbreak Identification Rapid Response (OIRR). Additional investment in the team has enabled this approach to be further developed utilising data from Public Health England (PHE) and NHS Test and Trace to allow for focus on a small geography or setting.

The additional investment in this aspect of local provision will increase the proportion of Derbyshire cases managed locally. Maximising and integrating this approach with wider outbreak management and community testing activity is planned. Benefits of becoming a **Local 0**, where even more localised tracing takes place at a more rapid pace will be explored, and as part of this, an enhanced model incorporating face-to-face as well as phone-based activity will be developed to further increase the rates of successful follow-up.

Consideration will also be given to the role of the contact tracing team in supporting vaccine roll-out and uptake via outgoing calls to identified communities or individuals as part of a more integrated holistic service model.

Where additional system support is welcomed

- Ability to add cases directly to CTS, the contact tracing computer system, and undertake initial local based contact tracing conversations following a positive test result at a community testing centre.
- Increased local access to national systems and specialist resources to facilitate additional contact tracing activity.
- Increased sharing of information from COVID-19 app as venues re-open to inform contact tracing.
- Secure additional support from Public Health England to rapidly identify and prioritise clusters and outbreaks for contact tracing activity.
- Liaison with the national Trace team to ensure a localised model that effectively works to identify sources of transmission, prevent onwards transmission, and delivers a personalised service

Support for self-isolation

Throughout the pandemic making sure there is support for local people to self-isolate if they have tested positive for COVID-19, or are identified as a close contact, has been critical and is recognised as a complex part of the ongoing response. Derbyshire County Council, a wide range of partners and local communities have helped ensure that people have both the tools and resources to be able to self-isolate, and they feel safe and supported doing so. Effective self-isolation support will remain a key priority for local authorities and wider local system partners.

Current position

Since the early stages of the pandemic Derbyshire has sought to enable self-isolation by:

- Providing people with locally appropriate guidance, information and advice to enable them to access the Test and Trace Support Payment Scheme for self-isolation, if eligible.
- Providing additional income maximisation advice where appropriate by signposting to hardship funds and welfare rights advice.
- Making sure people can access essential food and other household supplies and prescription deliveries to enable effective self-isolation.
- Maintaining effective links with local mutual aid or other networks to deliver community-based support to individuals self-isolating.
- Responding to 9,600 calls to the Community Response Helpline requesting help and support from the council and its partners.
- Making sure communities across Derbyshire continue to prevent the spread of the disease and protect others by self-isolating.
- Providing information to employers to support employees to self-isolate.
- Using enforcement powers for individuals and businesses as a last resort.
- Giving advice and support to those within the same household to ensure they are not spreading the virus.

Case study: Learning from local experiences of self-isolation

There are locally several reasons that people find it hard to fully comply with self-isolation requirements and these include:

- A lack of understanding by the employee.
- Language barriers, which means individuals are not always aware of the requirement.
- Individuals do not feel ill themselves.
- Fear of losing their job.
- Other people they know haven't followed the guidance.
- No access to statutory sick pay as they are a temporary worker.
- Statutory sick pay does not cover key costs.

We are working hard locally to ensure people have enough financial support to self-isolate. We want to utilise the Contain funding allocated to Derbyshire to develop a range of support to remove barriers to self-isolation.

Future Plans

Next steps to increase compliance with self-isolation include further local tailoring and targeting of communications to maximise opportunities to support self-isolation. Locally, as reflected nationally there is concern that limited or non-compliance with self-isolation is increasing transmission. System-wide working in Derbyshire will continue to work proactively with any local employers that aren't supporting self-isolation.

Furthermore, by utilising a range of local mechanisms including mutual aid, access to the [Derbyshire Discretionary Fund](#) and practical or emotional wrap-around support, local partners will continue to commission and deliver appropriate localised efforts to increase rates of successful self-isolation. Local action will complement the Test and Trace Support Payment scheme, co-ordinated nationally and delivered via local district and borough councils.

Derbyshire Public Health are also looking to begin outgoing calls from the local Community Response Unit to allow people to talk through any concerns or anxieties they have with a view to increasing compliance.

Where additional system support is welcomed

- Engagement with regional and national colleagues in relation to the newly published self-isolation framework.
- Ability to have greater flexibility and support locally to enable people to self-isolate successfully and increase compliance.
- Utilise shared insight and learning from other areas to develop a more localised approach that is right for Derbyshire.

Outbreak management

A COVID-19 incident can be defined as ‘any incident involving COVID-19 which presents a real or possible risk to the health of the public and requires urgent investigation and management’.

An outbreak can be defined as ‘two or more persons with confirmed or suspected COVID-19, which are linked through common exposure, personal characteristics, time or location (time, place or person); or a greater than expected rate of COVID-19 infection compared with the usual background rate for the particular population and period’.

In order to ensure the effective management of COVID-19 risk and the effective response to COVID-19 outbreaks and incidents, it is essential that a range of organisations work together collaboratively, using combined specialist expertise, resource, and regulatory powers. The diagram below describes the roles of a range of organisations who support local outbreak management at a local level. How they link together is outlined in Appendix 2.



Current position

A comprehensive Outbreak Management structure is in place, co-ordinated by a multi-agency **Outbreak Control Meeting**, which is outlined in the governance section below. The Outbreak Control Meeting meets regularly throughout the week (daily when required) to review county, district and community rates, and seeks assurance from outbreak cells and incident management teams on actions in place to reduce transmission in settings and communities. Other groups and structures supporting the response are outlined on the next page.

Incident Management Teams

Incident Management Team (IMTs) structures exist across all district and boroughs in Derbyshire and they meet on a regular basis to co-ordinate the local response and provide both strategic and operational oversight. These meetings are comprised of a range of relevant place-based and system partners. The primary aim of an IMT is to protect public health by agreeing and co-ordinating activities across key stakeholders to manage the investigation and control of community transmission of COVID-19. The meetings document advice sought, and control measures taken and the chain of evidence (which may include contact and case details) with due consideration given to responsibilities to support investigations which may result in legal proceedings. The meetings add to surveillance across Derbyshire about COVID-19 transmission and identify lessons learnt.

Outbreak Control Teams

An Outbreak Control Team (OCT) is a formal meeting of all relevant system partners to address the control, investigation and management of an outbreak in a setting, or a discussion between two or more stakeholders following the identification of cases. An OCT could take the form of a single meeting or series of meetings depending on the nature of the outbreak. There are specific outbreak control teams in place for care homes, workplaces, educational settings and outbreaks in NHS facilities.

Strategic cells

Strategic cells have been established across the schools, care home and workplace functions that allows for shared learning across the separate outbreak control team structure to bring learning and assurance together across the system.

Working across local authority areas in relation to outbreak management

The management of risk of transmission across local authority boundaries through the movement of residents needs to be considered. Where larger clusters or outbreak involves cases and contacts from local authority areas outside of Derbyshire County, the outbreak will be managed through Derbyshire's outbreak management structure, but will rely on input from staff from neighbouring local authorities to inform action taken, and ensure collaborative cross-boundary working.

Outbreak Investigation and Rapid Response

Derbyshire has incorporated an Outbreak Investigation and Rapid Response (OIRR) approach in its outbreak management function, through use of local enhanced contact tracing, and analysis of common exposure datasets. The OIRR approach will be further strengthened in Derbyshire to provide a further enhanced timely systematic approach to identifying and investigating outbreaks, clusters and cases with each partner agency having a clearly

defined role, responsibility and actions to enable effective outbreak management.

Future Plans

To further develop the approach, work is taking place to effectively link together IMT, OCTs and strategic cells to provide a place-based view at a local district or borough level. This will provide robust and high-level assurance and enable rapid evaluation to assess if additional support is required via local or national partners to address an issue of concern at an early stage.

Where additional system support is welcomed

- To secure additional specialist outbreak prevention and control support to develop a response and longer-term support offer to settings, such as domiciliary care providers or supported living providers that fall outside of current infection prevention and control commissioning arrangements.

Part 2: Key enablers underpinning and defining the response

The end-to-end response described in Part 1 of this plan is strengthened through underpinning by key enablers which are shaping and defining the planning and implementation of actions in relation to the COVID-19 response in Derbyshire.

Surveillance and intelligence gathering

Communicable disease surveillance involves monitoring the frequency and distribution of disease, as well as the human impact including hospital admissions and deaths. Surveillance involves gathering a wide variety of data about a disease from a range of sources to provide a picture of emerging trends, geographical variations and the groups of people who are most affected or at risk. However, case information only tells part of the story, and within Derbyshire case data is used alongside intelligence gathered from other sources to inform the response.

The datasets available to the local Public Health team have been incorporated into a dashboard, using Power BI technology, that is updated daily, providing real-time information across all aspects of the local response. Examples include:

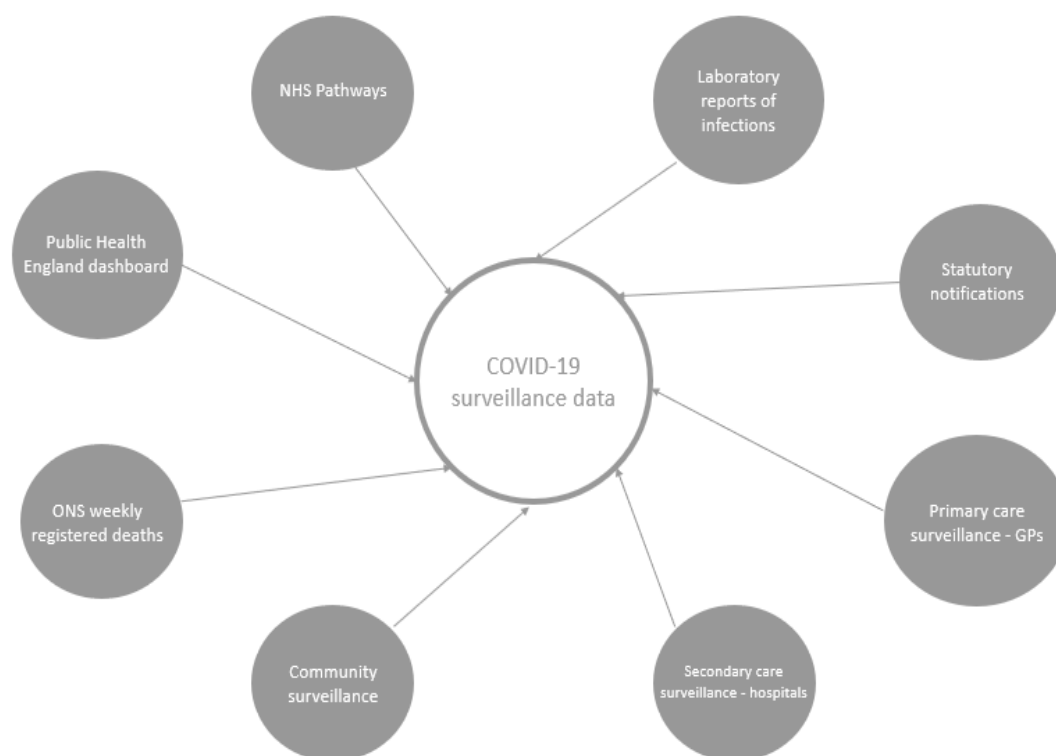
- Case rates by age, gender and small-level geography.
- Case trends.
- Hospitalisations.
- Activity at community testing sites.
- Common exposures.
- Details of outbreaks.

In addition, to support ongoing work a range of deep dives and briefing reports have been produced that explore specific areas and involve in depth analysis. A weekly surveillance report is published on the [council website](#). The report provides a summary of the count and 7-day rate of cases by week for Derbyshire, exploring districts at MSOA level.

Intelligence from other sources, including qualitative data, is collated, including from LRF partners and community sources to complement the surveillance data and as the basis for identifying appropriate action. Enhanced contact tracing provides an additional level of granularity building on data collected by the National Test and Trace service, and this is also utilised to identify possible causes of transmission within settings and communities.

Data has been integrated locally across a range of data sources and that information informs the risk matrix utilised to determine the local level of action. Examples of the data utilised are summarised in the diagram on the next page.

Public Health have submitted a proposal to conduct wastewater testing within certain localities across the County. Wastewater testing supports surveillance and provides additional monitoring in areas where access to symptomatic or asymptomatic testing is more limited.



Data and information from the NHS COVID-19 app will help us to identify additional actions required locally in relation to outbreak management and this will be further integrated into reporting and intelligence dashboards.

Additional local measures relating to health inequalities and communities will also need to be regularly reviewed alongside the measures of progress outlined in the national roadmap regarding vaccine deployment, vaccine effectiveness, infection rates and hospitalisations and data regarding variants of concern including for example:

- Case detection rates and testing.
- Prevalence.
- Rates at which cases are rising and falling across Derbyshire.
- Descriptive epidemiology in relation to variants.
- Vaccine uptake.
- Mobility.
- Deprivation.
- Ethnicity.
- Contact tracing.

As rates continue to reduce, small-area MSOA modelling is being added to our intelligence dashboard to allow us to identify areas of concern at an early

stage. This will use a statistical process control methodology and will enable hyper-local analysis to support prompt response and action.

Increasingly it is recognised that surveillance in relation to COVID-19 needs to become part of business as usual activity for longer-term reporting and analysts are looking to simplify, rationalise and further integrate systems to ensure a streamlined approach that makes the best use of resource. This has started via the OIRR approach Derbyshire in which utilise two mains reports provided by PHE:

- 'Common Exposure' reports which uses contact tracing data from the 'backwards' period to identify shared locations, settings and activities reported by two or more cases in a defined period.
- 'Postcode Coincidence' reports which uses contact tracing from the 'forwards' period to identify where the case has been while infectious – and so potentially cause risk of transmission to others.

Where additional system support is welcomed

- Understanding how we can further link up data and insight across the response to inform local action plans and response and prevent issues developing.
- Enable system partners to undertake some surveillance and analysis by ensuring they are appropriately trained, and have access to relevant systems.
- Access to data in relation to vaccine take-up for both geographical communities and individuals with protected characteristics so Derbyshire Public Health can take action where there is lower uptake.
- Work with NHS Test and Trace and PHE to improve the data architecture and flow of data into our systems.

High risk settings, communities and locations.

Increasingly, it is recognised the importance of targeting the response to high risk settings within the county.

There are several locations such as prisons, care homes and supported living accommodation which may require a more specialist and longer-term offer of support to prevent and minimise the risk of COVID-19. Due to the quantity of concurrent outbreaks, it is not possible to hold OCTs for each outbreak across all settings, however, the governance structure ensures all outbreaks can be discussed and managed with all appropriate stakeholders involved in these discussions. In addition, there remains the facility to call an OCT for a specific setting, if required. Assurance can therefore be provided throughout the governance arrangements of details of all current outbreaks and actions being taken to control and mitigate risk of further transmission.

Workplaces

The local experience since the start of the pandemic assures us that many businesses in Derbyshire are compliant with COVID-19 requirements and

have taken steps to make sure that workplaces are COVID-19 secure. However, some businesses have required support from PHE, environmental health teams and Public Health, in conjunction with regulatory agencies where required, to manage outbreaks and mitigate risks of further transmission among their workforce. Of concern are the manufacturing and distribution sector, and domiciliary and home care agencies. Workplace OCT meetings are held weekly, on a district and borough footing to allow for review of all workplaces with outbreaks. A Workplace Outbreak Cell allows for sharing of good practice and learning across Derbyshire.

Care Homes

Outbreaks have occurred in many of Derbyshire's care homes. With the onset of the vaccination programme, the size and scale of outbreaks have reduced, however there continues to be a need to provide support to those care homes reporting cases. Regular support and advice are provided to care homes for the duration of an outbreak by specialist Infection, Prevention and Control teams, and by Adult Social Care.

Infection prevention control (IPC) is commissioned by Derby and Derbyshire Clinical Commissioning Group and Tameside and Glossop Clinical Commissioning Group. In the event of an outbreak or incident, local infection prevention and control teams will provide direct support to care settings with regards to Infection Control management as required, this may include providing specialist advice, education or training or support to settings.

A range of useful resources regarding IPC is available on the [council website](#).

Weekly multi-agency OCT meetings review all care homes with an outbreak to determine whether additional actions are required. A Care Home Outcome and Exposure Group allows for sharing of learning and good practice.

Education

In October 2020, Derbyshire County Council Public Health took responsibility from PHE for providing support to local schools, colleges and Early Years Settings. A dedicated Educational Settings Team was established, and weekly OCT meetings are held to review all educational settings with outbreaks. The team contact any educational setting that has reported an outbreak within one working day of receiving a notification of cases. Outbreak investigation should then begin within 2 working days. In the event of an OCT being required more urgently than the next scheduled meeting, an extraordinary meeting is convened, and an OCT for a specific educational setting can be convened if required.

A multi-agency group co-ordinate the COVID-19 response within the University of Derby, including campuses in Chesterfield and Buxton, and within the student population.

Other higher-risk settings

Derbyshire includes two prisons, HMP Foston and HMP Sudbury, a number of acute and community hospitals, as well as other health and care settings, in addition to hostels and other settings that provide accommodation to vulnerable individuals. There are also a number of higher risk businesses across the county, such as food manufacturers and distribution warehouses. In conjunction with PHE and NHS colleagues, using a settings-based approach, the organisations responsible for leading on the management of outbreaks in different settings has been agreed and is summarised as Appendix 3.

The lead agency for managing an outbreak will work alongside other partners to ensure that all aspects of outbreak management are included. For example, for outbreaks within local prisons, PHE are responsible for managing the outbreak, but through the IMT structures in South Derbyshire and Derbyshire Dales consideration is given as to whether there are any additional measures needed to take place in the community. This will include engagement with local MPs and elected members, as well as the local community.

Case study: HMP Sudbury and HMP Foston – managing an outbreak in partnership in a high-risk setting

Partners across the LRF worked together to provide a co-ordinated response to an outbreak in a high-risk setting. Specifically, the Derbyshire Health Protection Team:

- Acted on behalf of DPH to seek assurance.
- Provided knowledge and experience of uncharacteristic settings, which enabled them to provide insight of the nuances that may apply in an outbreak.
- Acted as main point of contact for PHE led OCTs.
- Ensured the COVID-19 mitigations were appropriate; i.e. preparing inmates for discharge or allowing inmates to attend the workplace.
- Provided information to DPH in a timely manner to enable preparation for members briefings and/or press inquiries.
- Ensured DCC commissioned services are delivered to the prisons in a safe and effective manner.
- Provided feedback to Test & Trace, outbreak management team or other local authority teams as required in order to facilitate communication, preparatory work and a proactive response.

Several community settings have been identified that currently do not have consistent access to specialist health protection input to manage COVID-19 outbreaks. These settings, including, but not limited to, supported and assisted living facilities, extra care facilities, domiciliary care providers and Children's residential homes. The settings are not covered by existing infection prevention control contracts, as provided to NHS facilities and care

homes. A pathway has been developed to provide specialist health protection and infection prevention control support to these settings as required. An initial risk assessment will be undertaken by Public Health England (PHE), with local follow up through the Derbyshire COVID-19 Workplace Cell. Where appropriate, environmental health teams will provide additional general support and advice, and highlight any settings that in their view require specialist health protection and/or IPC support. This advice and support will be provided by the Health Protection Team within Public Health.

Events

As restrictions are relaxed as part of the Government's Roadmap, performances, sports events and large gatherings will re-start. Learning from the Government's event research programme will be used to make sure appropriate arrangements are in place locally, including working collaboratively with colleagues in licensing teams in district and borough councils.

Vulnerable and underserved communities

Health inequalities underpins the Public Health response and broader activity within Derbyshire. Health inequalities and inequity have been exposed throughout the impact of COVID-19 both nationally and locally. Evidence in Derbyshire suggests a link between deprivation and a higher cumulative case rate per 100,000 people. Challenging and preventing health inequalities is vital in the longer-term response and recovery from COVID-19 and is a critical measure in relation to prevention and increasing resilience of communities.

Health inequalities are structural and a collaborative effort of professionals working alongside communities is required to help prevent them, and to build a more equal society where everyone has the same opportunities and access to support that enables positive health and wellbeing. Alongside the more practical and reactive response to COVID-19, Derbyshire Public Health is working alongside a range of local partners to seek to ensure that health inequalities are addressed as a priority during the recovery from the pandemic.

COVID-19 harm describes a range of impacts that diverse groups have experienced in different amounts. This includes specifically those identified as 'clinically vulnerable to COVID -19' and therefore identified as more likely to experience either severe illness, defined by a need for hospital admission, or death.

In the wider sense, harm from COVID-19 includes 'social vulnerability'. Many of these vulnerabilities existed prior to the pandemic, but of increasing concern is mental and financial wellbeing and local action will be required across the system.

Research has suggested that the wider determinants of health are a significant factor in relation to enduring transmission of COVID-19 and therefore need to continue to be part of the local Public Health response. In summary key factors include:

- Deprivation: Enduring areas may have higher instances of 'unmet financial needs' and therefore compliance with interventions such as isolation, are lower and transmission is higher.
- Employment and Occupation: Enduring Areas may have a disproportionately high population in 'high contact/high risk' occupations, or insecure employment that do not allow them to work from home, will result in a greater risk of infection. In many instances insecure employment can result in financial hardship.
- Demographics and Household Composition: Enduring Areas may have a disproportionately high population living in high-density, multi-generational, overcrowded or poor-quality accommodation which drives persistent community transmission; and reduces ability/opportunity to self-isolate.
- Literacy, health literacy and digital connectivity: Enduring Areas may have a disproportionately high population with low literacy levels and/or ability to access digital information which drives persistent and high transmission rates. Digital exclusion increases vulnerability to misinformation and rejection of COVID-19 safe advice.
- Access to transport: Enduring Areas with communities that do not have suitable transport/are reluctant to use public transport may engage less with testing services.
- BAME communities: [Research by Public Health England](#) suggests that death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. However, this research does not take into account the effect of occupation and other risk factors which are associated with COVID-19 and place people at increased risk.

Across Derbyshire there are communities that continue to be at higher risk of the impact of COVID-19 due to occupation and enduring transmission. At IMT meetings place-based assessments allow interventions to be appropriately targeted to make sure that key groups within the local population who may be more at risk or adversely impacted by COVID-19 are appropriately supported through a range of system-wide actions.

Supporting Clinical Extremely Vulnerable individuals in Derbyshire

Clinically Extremely Vulnerable (CEV) individuals identified in Derbyshire are contacted by Adult Social Care to determine whether individuals are already known to social care services and if so, the nature of current support arrangements. If an individual is not known to Adult Social Care, they are asked to contact the Community Response Unit where appropriate support can be arranged.

Via the Derbyshire County Council operated Community Response Unit (CRU), individuals who are shielding are supported to meet their basic needs, including access to food, shopping, accessing a supermarket priority slot, fetching a prescription, or providing wellbeing or emotional support such as befriending. Through the CRU, onward referrals to approved partner volunteer organisations are made to offer additional assistance.

Case Study: Supporting the most vulnerable in Derbyshire

The Community Response Unit has undertaken over 10,000 follow up calls to those who are shielding, and 43,000 letters have been sent to those who are clinically extremely vulnerable outlining support available throughout the pandemic. Over 7,000 people have been directly supported with food, medication and other essential support.

In terms of longer-term support for CEV, the Council has committed to maintaining the functions of the Community Response Unit and linking this into business as usual activity. Therefore, within this piece of work there will be consideration of what mechanisms need to be retained to enable effective support should shielding need to be reinstated on a local or national basis over the next 12 to 24 months.

Compliance and enforcement

In exceptional circumstances where there is a risk to the population and an individual or organisation chooses not to comply with COVID-19 legislation, the powers within the Coronavirus Act (2020) may be utilised. District and Borough Council Environmental Health Officers, Trading Standards and the Derbyshire Constabulary have worked in partnership to provide a co-ordinated response. Additional resources within Environmental Health and Trading Standards teams have been funded through the Contain funding to ensure sufficient capacity to respond as required.

Local partners will continue to work proactively and collaboratively in line with the latest national legislative framework and act when required to protect the wellbeing of the population. As lockdown restrictions ease it is important to be mindful in balancing Derbyshire's role as a tourist destination and its economic recovery alongside the need to protect local people and populations via a positive and constructive approach to enforcement.

Local partners will continue to have a constructive dialogue regarding COVID-19 restrictions and where requested provide evidence-based feedback in relation to any restrictions that may be required in the future.

As well as individual and business enforcement, with the imminent approach of the easing of restrictions, increasing numbers of Temporary Events Notices (TENS) and event applications are being received. District and borough councils, responsible for licensing of events, and the Public Health team at Derbyshire County Council will continue to review all such applications and

consider against the Health Protection (Coronavirus Restrictions) (England) (No. 3) Regulations 2020.

Resourcing Finance

Derbyshire County Council has received additional funding from Government to support the ongoing response to the COVID-19 pandemic as part of the Contain Outbreak Management Fund. The funding allocation has made a difference to the scale and intensity of the local response and it has allowed the development of new and existing non-pharmaceutical interventions to manage and mitigate the impact of the pandemic in communities across Derbyshire. The Contain funding has been utilised to deliver non-pharmaceutical interventions outlined in a [report by the Association of Directors of Public Health](#).

Examples of local use of these tools include:

- Targeted and population-wide communications activity.
- Resourcing a dedicated Outbreak Response Team within Public Health.
- Developing local testing and contact tracing teams and infrastructure.
- Securing clinical psychologist support to integrate behavioural sciences into the COVID-19 response.
- Funding a range of community-based projects to extend the reach of communications activity and increase capacity across the community and voluntary sector to support the ongoing response to the pandemic.
- Securing additional trading standards and environmental health resource to effectively undertake business advice, support and enforcement activity where required.
- Providing additional support to the welfare rights team who can provide one off financial support to individuals who are self-isolating and help them access the Test and Trace Support Payment Scheme.
- Enabling care home providers to deliver wellbeing activities within homes where visiting restrictions are in place.

Throughout 2021/22 funding will be allocated to build on these initial programmes of activity and ensure that there is sufficient capacity within the system to deliver against the various elements of this plan. Activity will increasingly be targeted at communities where structural inequalities exist that result in an ongoing greater impact from COVID-19, and that will enable communities to live safely alongside the ongoing risks of COVID-19. Removal or reduction in the levels of funding would impact on both the scale and intensity of the response.

An open and honest dialogue will continue with regional and national colleagues as to how this funding is utilised and whether additional investment or greater flexibility is required to effectively manage the next steps in the response and recovery from the pandemic.

Whilst the range of one-off funding from Government has enabled Derbyshire to undertake additional and scaled activity at pace over the past year to support the COVID-19 response, this is time limited and does not provide clarity on the longer-term funding position for Derbyshire County Council to fulfil its Public Health responsibilities.

Derbyshire would welcome clarity from DHSC on the longer-term funding position for Local Government Public Health to enable effective recovery planning and prioritisation to take place.

In addition, responsibility for operating some of the national infrastructure and services were to transfer to local government, such as local symptomatic testing sites and further contact tracing functions, it would be helpful to ensure a sustainable and planned approach is in place. This would include consideration for the transfer of finances, as well as other resources, such as workforce.

Workforce

An Outbreak Response Team has been established within the Public Health Department to lead on aspects of implementation of the plan. However, to date, due to the volume of work required to deliver against it, additional staffing resource has been required to implement the local COVID-19 response, and so many staff have been seconded from other roles within the department to deliver against aspects of the plan. The past year has extensively drawn on the specialist knowledge and expertise of registered Public Health specialists in the local authority and the department has invested in additional posts.

In addition, Derbyshire Public Health has also drawn on furloughed and redeployed council staff to undertake key functions such as contact tracing and community testing, for example, until dedicated resource has been recruited to on a more permanent basis.

The Senior Management Team within Public Health will continue to review and assess where staffing resource is best utilised, and a flexible approach will continue to be utilised to ensure that Public Health deliver against the relevant priorities and actions outlined in this plan on an ongoing basis alongside the resumption of more business as usual activity.

In addition, conversations will continue through the LRF structures to ensure sufficient workforce capacity is able to be deployed to implement all aspects of the Plan. The wellbeing of staff is a key consideration as it is recognised that many are continuing to provide a sustained response in support of COVID-19, and this is being considered across the system.

Communications and engagement

The provision of advice and information to the public is a core function of COVID-19 Outbreak Management.

The Derbyshire County Council communications teams has acted as the lead for communications when responding to COVID-19 outbreaks or incidents locally.

[The Coronavirus section of the council website](#) has received 1.5 million-page views since March 2020 and 101,000-page views between 1 January 2021 and 28 February 2021. This section contains information for the public as well as professionals and small businesses. Facebook and Twitter posts have reached 34,500 and 51,000 people respectively.

Targeted social media advertising has been deployed to react to outbreaks or spikes in infection rate and will continue to do this on an ongoing basis. In addition, paid-for advertising on social media has enabled us to target information where there have been outbreaks and concerns that the workforce may not have English as a first language.

Social media activity has been supported by more traditional media activity, alongside extensive community engagement and the involvement of local councillors, MPs, Parish Councils and voluntary and community sector partners.

These are well developed approaches which will continue to be deployed on an ongoing basis in the right mix to support the core messages of:

- Hands, face and space and fresh air.
- Participating in regular asymptomatic testing.
- Encouraging people to accept the vaccination when it is offered.
- Promote use of the NHS app amongst communities less likely to download it.

Case Study COVID FACTS – linking communications and behavioural insights

A system-wide behavioural science informed campaign has been developed to address misinformation around COVID-19. This has been a collaboration between the communications team, the health protection team, a creative agency, a Public Health registrar and a behavioural scientist. Campaign development followed a few key stages;

- a) identification of the target behaviour(s),
- b) behavioural assessment of the key factors involved,
- c) co-creation of the intervention(s) (including social media posts, webpages, a leaflet), and
- d) testing and reiteration.

The campaign was evidence-informed throughout. For example, messages did not repeat misinformation, avoiding giving it more airtime, and took a normalising and de-stigmatising tone to the topic of misinformation. A focus on

health literacy underpinned the campaign, increasing access to credible facts for those that may have the greatest need.

Community Leadership

The importance of community leadership and action has been recognised throughout the COVID-19 response and future-plans will seek to strengthen engagement with communities. The Derbyshire Community Champions scheme provides a space for community groups and community leaders to come together to work alongside statutory sector organisations in the local COVID-19 response. The group has been instrumental in increasing the reach of local messaging by using additional networks into local communities. The community partners also provide a bottom-up view of the impact of the pandemic and local response, by raising current issues and concerns being identified within communities. The weekly Community Forums allow for these issues to be discussed.

Regular briefings and engagement take place between LRF leaders, including the Director of Public Health, with MP's, county councillors and district and borough councillors and these will continue to be a key tool in managing the ongoing COVID-19 response in their role as community leaders across Derbyshire. All partners locally want to continue to build trust and resilience within communities to ensure an ongoing positive and constructive response to the challenges of COVID-19.

Risks

There is a range of evidence to support planning assumptions around local risk, related to both transmission and morbidity. This includes factors including population demographics, location and occupation. Mapping has been undertaken to explore Derbyshire's population in terms of its urban density, age profile, ethnicity and occupation.

	Low Risk	Moderate Risk	High Risk
Low consequence	Parks and outdoor space Motor trade	Supermarkets	Indoor pubs and bars
Moderate consequence		B&Bs/ hotels Special schools Children's Homes Transport sector Schools COMAH sites	Mass gatherings Beauty sector Factories and warehouses Residential centres for people with a learning disability Meat Processing
High consequence		Drug and alcohol services	Care Homes Prisons Hostels

Further details around risks can be found in the [original Outbreak Management Plan approved in summer 2020](#), however key risks continue to include:

- COVID-19 diagnosis rates increased with age for both males and females. Working age males diagnosed with COVID-19 were twice as likely to die as females.
- People who live in deprived areas have higher diagnosis rates and death. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females.
- People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups.
- Roles that are most likely to be exposed to COVID-19 include those involving a close-proximity with others and those where there is regular exposure to disease, for example healthcare workers.

Utilising evidence and research generated locally, regionally and nationally will continue to inform the Derbyshire COVID-19 response, with deep dive research taking place as and when required to inform planning and response activity.

Data integration and information sharing.

Local measures are in place to integrate and share data where it is right and appropriate to do so. A Privacy Impact Assessment has been undertaken and is regularly reviewed as systems and processes evolve. A [Privacy Notice](#) is in place to support activity led by the County Council. Derbyshire Public Health continues to liaise and share information with Local Resilience Forum partners to enable an effective outbreak management response.

Locally it would be beneficial to have greater clarity from national and regional partners to tackle existing barriers that prevent data sharing in a complex two-tier authority area, as on occasion this has prohibited an effective local response. For example:

- Inability to access data regarding community testing activity that takes place in Derbyshire but does not relate to a Derbyshire resident.
- Cross-border sharing of data is limited to us proactively asking and sharing data with public health colleagues from other authorities on a one-off basis. More routine sharing of information across local authority boundaries would allow the full picture of outbreaks to be assessed rapidly.
- Accessing this information may enable us to identify additional outbreaks within workplaces, schools or settings that can be addressed at an early stage.

In the longer term, decision making in public health, from routine responses to interventions to improve the public's health, is increasingly reliant on the efficient use of data. Reluctance or delay in data sharing can hinder or slow down the response. Therefore, any further support which can be provided to link data and provide access in a timely manner across organisations would be beneficial.

Part 3: Strategic and operational developments

Since the development of the original Outbreak Management Plan in July 2020 it is important that the following strategic and operational matters are integrated into both planning and response activity.

Responding to variants of concern/Variants under Investigation

Derbyshire County Council and LRF partners have developed a local response for surge testing, should there be a need to rapidly deploy either lateral flow or PCR testing to a defined geography within the county. This local response will be initiated if a variant of concern/variant under investigation is identified within the county or there is a significant local outbreak of concern. This will enable us, working closely with Public Health England, NHS Test and Trace and the Joint Biosecurity Centre, to closely monitor any community spread of the new variant and restrict further transmissions. The Derbyshire wide surge testing plans are being refined and tested as appropriate on an ongoing basis, taking learning from other local authorities who have had to deploy this response in recent weeks. Throughout 2021 Derbyshire will keep surge testing plans under regular review so an effective local response can be deployed if required.

Place-based approach

Derbyshire is a large geographic county, comprising of a County Council, eight District and Borough Councils, numerous Parish and Town Councils, two non-coterminous CCGs, two acute trusts, two community health trusts, a single Police Force, and numerous community and voluntary sector infrastructure organisations. To date, implementation of Derbyshire's Local Outbreak Management Plan has focused on delivery at a county, district and community level. If rates continue to reduce, then a place-based approach will be vital to managing further transmission. The governance structure in place enables inclusion of local partners across the complex organisational landscape. To support further emphasis on place-based working, Derbyshire Public Health will work alongside local partners to implement local area action cards that build from learning at IMT's and OCT's within a place, examples are included as Appendix 4. This will, if required, form the basis of additional localised response plans should one area within Derbyshire require specific action in relation to an emerging issue of concern. These action cards will allow for a consistent approach, while recognising the differences in Derbyshire's communities, and be supported by a deep understanding and knowledge of place, down to a small geography where required. The action cards will allow a varied and appropriately scaled response locally responding to the needs of different communities across the local authority footprint.

Working with partners in neighbouring local authorities where a cross boundary approach is required will continue.

Action on enduring transmission

In some places transmission rates have remained stubbornly high and above the national average for long periods of time. This has resulted in case rates enduring for many months, resulting in restrictions remaining in place, or being re-implemented shortly after they were relaxed. There is some evidence that this is an issue in some communities in Derbyshire.

Evidence suggests there is no single cause for enduring COVID-19 transmission rates and therefore not one way to resolve the issue. Enduring transmission is likely to be due to a mix of highly localised factors including deprivation, employment and household composition. Further information is outlined in the vulnerable and underserved communities' section above.

Derbyshire will seek to address issues associated with enduring transmission by:

- Seeking to influence attitudes and behaviours via bespoke and hyperlocal communications activity to effect the required behavioural changes.
- Building and developing trust in testing and contact tracing activity to ensure participation, action and identification of close contacts and provide financial support to self-isolate.

Activity will strongly link with action on health inequalities as previously described within this plan.

Enhanced Contact Tracing

Over the coming months enhanced contact tracing will be further developed within the county to provide a localised and bespoke response to outbreak management. See the section above on future development for contact tracing in Derbyshire.

Interface with vaccines roll-out

A vaccine is the most effective way to protect vulnerable people from COVID-19. However, vaccines are not a silver bullet, so it is important locally and nationally expectations around the impact of the vaccination programme are managed. A combination of interventions required will continue to reduce the spread and impact of the virus.

Public Health and partners in Derbyshire will work to support:

- Uptake of vaccination for those that are eligible.
- Those who are unable to be vaccinated due to a pre-existing health condition or aged 16 and under.
- Tackling structural barriers – such as not being registered with a GP or GPs holding out of date records, so people do not receive an invitation for vaccination.

- Those who are hesitant to be vaccinated due to cultural barriers, anxiety in response to misinformation, and/or who may be actively against accepting any form of vaccination.
- Targeting of vaccination at those areas and communities with structural inequalities and higher underlying risks

Derbyshire Public Health has a critical central role in supporting vaccine uptake across the county. Public Health teams and services have established links within communities that have higher levels of health inequalities so can act as a trusted voice to promote the benefits of the vaccine and outline the risk for communities or individuals. Additionally, there are effective local communication and engagement networks which can be accessed and utilised to share key messages regarding the vaccination programme on an ongoing basis.

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, people with a learning disability and use and siting of, for example, pop-up sites and extension to pharmacy settings.

Shared data and insight will form a key element of maximising vaccine uptake. It is essential that the data systems are available so that local partners can identify individuals who have been missed or have not initially come forward for vaccination, flag particular settings and populations where uptake is low and identify cross border issues and provide lookbacks.

Data and intelligence also need to be used to effectively monitor, detect and prevent inequalities. Collaboration with public health colleagues across organisations, can also ensure that additional datasets held by other system partners can be accessed to support the identification of specific population groups and target specific activity to ensure improved access and more effective delivery.

Targeting vaccine take-up will be crucial over the next 12 months at a local and national level to reduce the risk to the population as a whole in relation to space being created for new Coronavirus variants to emerge, with a worst case scenario that one is potentially vaccine resistant.

Ongoing role of Non-Pharmaceutical Interventions (NPIs).

The role of non-pharmaceutical interventions such as social distancing, physical and environmental measures, communications and engagement, testing and tracing, limiting social contact outside of households and good hand hygiene will need to remain a critical element of day to day life for some time. NPIs may also need to be flexed if COVID-19 has a seasonal element to it, with potentially an increased use of these tools throughout the autumn and winter months. Derbyshire has already successfully deployed a range of NPIs over the past 12 months to help mitigate and prevent the risk of infection from

COVID-19 and these will continue to be utilised and reinforced in interventions moving forward.

It is recognised that NPIs need to be utilised alongside the vaccination programme to maximise preventative behaviours that reduce the risk of COVID-19. Activity will increasingly be targeted at areas or to groups, within Derbyshire where there is a need to positively reinforce behaviours and ensure compliance with the arrangements. It will be critical to ensure continued adoption of behaviours by the population to prevent the spread of the disease, especially amongst those who have been vaccinated and may consider themselves at reduced personal risk of being impacted by the disease. Partners will seek to make every contact count with the public to support the development of new habits and reinforce core messages.

Activities to enable ‘living with COVID’ (COVID secure).

Whilst focus remains on the response phase to COVID-19, the vaccine roll-out allows for consideration of what needs to put in place now to enable Derbyshire to live with COVID-19 over a longer timeframe of two to five years. A realistic scenario would suggest that the virus will not be eradicated, and planning needs to account for partial population immunity, with pockets in local communities where vaccine uptake is suboptimal. New strains of the virus will affect vaccine effectiveness, and with an unknown impact on immunity. As restrictions ease, NPIs will be required to maintain virus levels at a background level, alongside re-enforcement of behavioural and preventative messaging, and the potential for seasonality of the virus may require population restrictions to be imposed on a recurring basis.

A longer-term strategy to live with COVID-19 as business as usual returns will need to be developed. Within this, several risks exist that will need to be addressed in Derbyshire, including:

- The potential for COVID-19 to further exacerbate health inequalities, through lower levels of protection due to vaccine hesitancy and the risk of increased exposure in more vulnerable communities.
- Increasing proportion of asymptomatic cases due to vaccination, leading to longer chains of asymptomatic transmission and reduced compliance with test, trace and self-isolation due to reduced visibility.
- Viral mutations affecting transmissibility, immunity and severity of illness.
- Variation in regional rates leading to differential imposition or lifting of restrictions with corresponding variation in impact on economy and population health and wellbeing.
- Withdrawal of national test and trace infrastructure, requiring gaps to be plugged by already stretched local systems.

Linking it together across the system

Governance

In addition to the multi-agency Outbreak Control Meeting, Outbreak Control Teams and Incident Management Teams previously outlined in the plan, the partnership governance arrangements include:

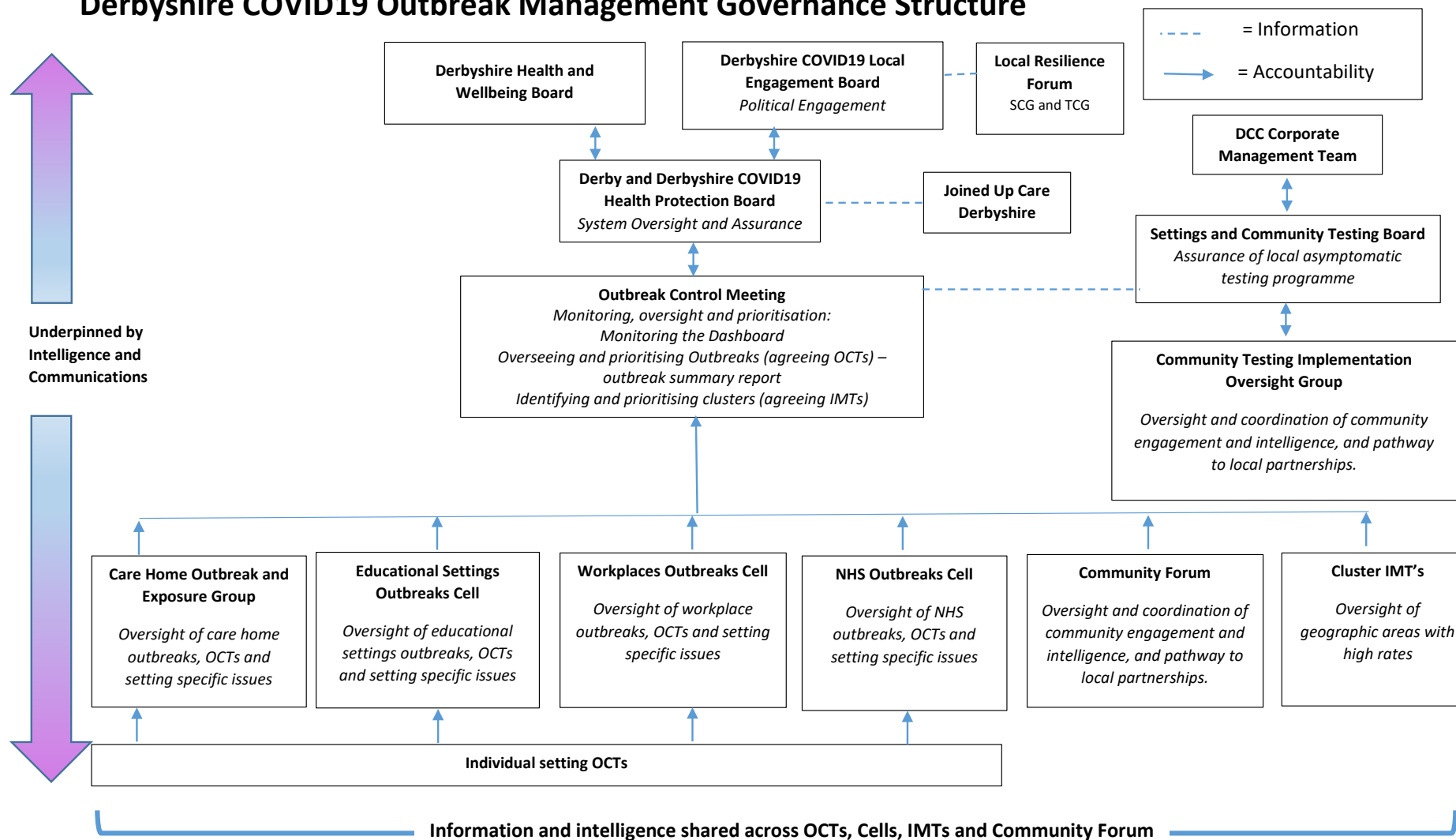
- **COVID-19 Health Protection Board:** Membership of the board is taken from health, social care and wider public sector agencies across Derby and Derbyshire. It provides strategic oversight to the COVID-19 response and related risk to population health across Derbyshire County and Derby City local 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.
- **Local Outbreak Engagement Board:** Provides political ownership and public-facing engagement and communication for outbreak response. There is one board for each local authority area of Derby City and Derbyshire.
- **Settings and Community Testing Board:** Co-ordinates all symptomatic and asymptomatic testing within the county.
- **Community Forum:** Provides a space for community leaders and organisations to come together with public health professionals to discuss the COVID-19 response and recovery.

A partnership governance diagram is included on the next page and governance arrangements will continue to evolve to provide a dynamic response. Issues that require escalation as they cannot be resolved locally or would benefit from additional regional or national assurance or oversight will be fed through the governance structure as appropriate.

Moving to a whole-system health protection approach

With the introduction of the UK Health Security Agency (UKHSA), a new model for health protection will emerge. Locally, it is important that this is shaped to provide a comprehensive system-wide approach and is not overly focused on simply tackling outbreaks or incidents, but responds to the impact on individuals, and harnesses the power of communities. Derbyshire partners would encourage UKHSA representation on the LRF at an early stage. The new model for health protection must link across to health improvement functions within local authorities and have a clear focus on challenging and reducing inequalities. Future health protection activity needs to be aligned with local and place-based delivery so when there is a major health protection threat local partners have the capability and capacity to effectively respond.

Derbyshire COVID19 Outbreak Management Governance Structure



Appendices

Appendix 1: Benchmarking and best practice from other local authority areas

As well as development in line with national policy and guidance, and a review of learning from nine months of implementing Derbyshire's previous Local Outbreak Management Plan, good practice from other areas has also influenced the development of the plan.

Cumbria: Vulnerable and underserved communities: Community groups are picking up concerns around those that have fallen through the gaps of NHS & social care.

Gloucestershire: The Community Building Collective which focuses on connecting and growing community capacity.

Norfolk: Development of specific information for businesses via accessible materials and support tailored to their needs.

Norfolk: A community contact tracing service which is run in partnership between the county council and districts.

Leicester: Development of door-to-door testing of residents as part of local contact tracing service.

Leicester: Following the launch of the NHS Test and Trace initiative organisations were asked to collect details on all individuals that enter and exit buildings to assist with the national response.

Warwickshire: A COVID-19 Health Impact Assessment (HIA) was created to identify key factors that may affect the population's health and wellbeing as a direct result of the COVID-19 outbreak.

Northamptonshire: The Public Health team developed and mobilised a multi-agency Ethics Advisory Group (EAG) as part of the Local Resilience Forum (LRF).

Lancashire: An effective partnership of the Lancashire Resilience Forum (LRF) which provided a platform for bringing together a number of workstreams across the county.

Nottinghamshire: The County Council have produced a video which provides a comprehensive overview of how they are using digital technology to coordinate their community response.

Further information on the case studies above can be found on the [Local Government Association website](#).

Appendix 2: Outbreak Control Teams and Incident Management Structure roles and functions

Standards for managing outbreaks

Outbreak recognition

- Initial investigation to clarify the nature of the outbreak begun within 24 hours.
- Immediate risk assessment undertaken and recorded following receipt of initial information.

Outbreak declaration

- Decision made and recorded at the end of the initial investigation regarding outbreak declaration and convening of outbreak control team.

Outbreak Control Team

- OCT held as soon as possible and within three working days of decision to convene
- All agencies/disciplines involved in investigation and control represented at OCT meeting.
- Roles and responsibilities of OCT members agreed and recorded.
- Lead organisation with accountability for outbreak management agreed and recorded.

Outbreak investigation and control

- Control measures documented with clear timescales for implementation and responsibility.
- Case definition agreed and recorded.
- Descriptive epidemiology undertaken and reviewed at OCT. To include: number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; severity; hypothesis generated.
- Review risk assessment in light of evidence gathered
- Analytical study considered and rationale for decision recorded.
- Investigation protocol prepared if an analytical study is undertaken

Communications

- Communications strategy agreed at first OCT meeting and reviewed throughout the investigation.

- Absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards

End of outbreak

- Final outbreak report completed within 12 weeks of the formal closure of the outbreak.
- Report recommendations and lessons learnt reviewed within 12 months after formal closure of the outbreak

All groups within Derbyshire's governance structure for responding to COVID-19 have Terms of Reference, and meetings and associated decision making is formally recorded.

Appendix 3: Responsibility for local outbreaks in Derbyshire

- Care Homes - Derbyshire County Council/ Infection Prevention and Control
- Assisted living/ supported living/ extra care units - Derbyshire County Council/ Environmental Health
- Domiciliary care/ home care agencies - Where the registered workplace is in Derbyshire County Derbyshire County Council/ Environmental Health
- Hospitals – NHS and independent sector and NHS CCG
- Non-hospital healthcare settings e.g. GP, dentist, optometry, pharmacy, - NHS CCG
- Prisons/Immigration Centres - PHE
- Vulnerable settings e.g. homeless, hostels -PHE
- Schools, Nurseries and other Early Years Settings, Colleges, (non-SEN, non-boarding) - Derbyshire County Council
- SEN schools, Residential/Boarding Schools, Nurseries, Colleges - PHE
- Children's Home -PHE
- Universities -Derbyshire County Council
- High-risk workplaces and critical infrastructure e.g. food production, transport, warehouse distribution centres, utilities -Derbyshire County Council/ Environmental Health
- All other workplaces- Derbyshire County Council/ Environmental Health

Appendix 3: Local Area Action Card

DERBYSHIRE COVID 19 RESPONSE LOCAL AREA ACTION CARD

Area(s) for further investigation:

Case rates: Describe the pattern of case rates. Is the case rate similar or different to other areas? Describe the age profile of positive cases. Are there any known links between the cases? Any links between current and historical cases?

Testing: Describe the trend for symptomatic/asymptomatic testing rates. What testing facilities are available in the local area? What testing facilities are local residents using?

Contact tracing: What is the completion rate for cases in this area? Has any enhanced contact tracing been completed? If so, what were the main findings?

Self-isolation: Is any information available on Test and Trace Support payment applications?

Outbreak Management: State any known outbreaks in the area. How many cases are directly and indirectly (eg through household transmission, shared transport) associated with known outbreaks?

Vaccine uptake: What is the local uptake rate for vaccination?

Community demographics and intelligence: Are there any community factors that may be impacting on transmission (such as deprivation, employment, local attitudes and behaviours, non-English speaking population)? Does

intelligence from communities or community partners highlight local concerns contributing to transmission?

Common exposures: Are there any common exposures identified worthy of further investigation?

Identified actions

- Further data analysis
- Access to testing
- Enhanced contact tracing
- Self-isolation support
- Outbreak management
- Vaccine uptake
- Common exposures
- Enforcement
- Comms/behavioural support
- Community engagement/leadership
- Other

Action card completed by:

Date:

Glossary

- Asymptomatic: (of a condition or a person) producing or showing no symptoms
- COVID-19: Coronavirus disease (COVID-19)
- CTAS: Contact tracing and Advice Service
- Domiciliary: Concerned with or occurring in someone's home
- Epidemiology: The branch of medicine which deals with the incidence, distribution, and possible control of diseases and other factors relating to health
- IMT: Incident Management Team
- Inequalities: A symbolic expression of the fact that two quantities are not equal
- Integrated: With various parts or aspects linked or coordinated
- Intervention: The action or process of intervening
- Lateral flow tests: Rapid test devices intended to detect the presence of a target substance in a liquid sample without the need for specialised equipment
- Local O: Project to increase local contact tracing arrangements
- LRF: Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others
- MSOA: Middle Layer Super Output Areas (MSOA) are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales
- Non-Pharmaceutical Interventions: NPIs are also known as community mitigation strategies. When a new flu virus spreads among people, causing illness worldwide, it is called pandemic flu
- OCT: Outbreak Control Team
- Outbreak: A sudden occurrence of something unwelcome, such as war or disease
- Pandemic: (of a disease) prevalent over a whole country or the world
- PCR: Polymerase chain reaction
- PHE: Public Health England
- Public Health: The health of the population as a whole, especially as the subject of government regulation and support
- SARS CoV 2: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the strain of coronavirus that causes coronavirus disease 2019 (COVID-19), the respiratory illness responsible for the COVID-19 pandemic.
- SCG: Strategic Coordinating Group
- Suboptimal: Of less than the highest standard or quality

- Surge: a sudden large increase, typically a temporary one
- Symptomatic: exhibiting or involving medical symptoms
- TEN: Temporary Event Notice
- UKHSA: UK Health Security Agency
- VOC: Variant of Concern
- VUI: Variant under Investigation
- Wellbeing: The state of being comfortable, healthy, or happy