LOCAL OUTBREAK

Management Plan

Nottinghamshire County Council

NOTTINGHAMSHIRE COVID-19 Local Outbreak Management Plan

Document Control

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This document will be regularly reviewed and updated following the publication of new guidance or identification of local learning.

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Contents

Part 1: Introduction

In June 2020 Nottinghamshire County Council published its local outbreak management plan which set out arrangements for Nottinghamshire's response to the COVID-19 pandemic. In the months since then, much of the plan has been in continuous or repeated use as the blueprint for local action by local authorities working closely with Public Health England, the local NHS, Nottinghamshire Police, Nottinghamshire Fire & Rescue and other partner agencies.

The publication of the Government's Roadmap for exiting national lockdown and the refresh of the national Contain Framework mean that the Local Outbreak Management Plan now needs to be refreshed to ensure that it describes the arrangements needed in Nottinghamshire County for the next phase of the pandemic.

Underlying the plan is the evidence that, even with the widespread uptake of effective vaccines, COVID-19 will continue to circulate for the next couple of years.   Therefore, arrangements must be made which enable people, employers, education and civic society to manage risk without repeated reversion to wide scale lockdowns.

The updated Local Outbreak Management Plan identifies these arrangements including those which require additional work to enable people in Nottinghamshire to live with COVID-19 in a way that is safe and confident. In the coming months it will need to be developed further as part of a wider set of plans relating to the establishment of the National Institute for Health Protection, plans for recovery including action at local and governmental level to address the underlying inequalities which COVID-19 has exploited and exacerbated.

1.   Purpose

Nottinghamshire County Council first produced its Local Outbreak Control Plan (LOCP) in June 2020 as part of a national strategy to reduce infection from COVID-19. In March 2021, local plans were refreshed, incorporating the learnings of the past nine months and planning for the next phase of the response.

The overall purpose of the refreshed plan is to seek to prevent, reduce and contain coronavirus infection in this context and taking account of recent and potential changes including:

- o   Roll-out of the coronavirus vaccination programme
- o   Falling levels of infection at a national level alongside reductions in numbers of people dying or needing hospital treatment
- o   Reduction in the alert level from the highest level
- o   Publication of the Government's road map for the lifting of restrictions over the coming months.

The updated national Contain Framework sets out a combination prevention approach and for which this Local Outbreak Management Plan describes the local components.

3

The Local Outbreak Management Plan is owned by Nottinghamshire County Council but is critically dependent on the close collaboration and mutual aid of partner organisations in the Local Resilience Forum. The multi-agency insights and capacity brought by these partners will be essential to the further development and implementation of the plan.

2.   Aims

The main aims of the Local Outbreak Management Plan are to:

a) Protect the health of people in Nottinghamshire from COVID-19 by:

- o   Minimising/preventing the spread of the virus
- o   Identifying and taking action to suppress outbreaks
- o   Co-ordinating capabilities for testing and contact tracing
- o   Identifying action to ensure compliance with regulations
- o   Co-ordinating capabilities across stakeholders.

b) Support people in Nottinghamshire to protect themselves and others from COVID-19 by:

- o   Providing advice on preventing the spread of the virus
- o   Supporting the NHS vaccination programme
- o   Supporting self-isolation
- o   Considering the needs of vulnerable people and under-served communities.

c) Provide confidence and assurance to the public and stakeholders by:

- o   Publishing the updated local outbreak management plan
- o   Reporting via a member-led governance structure
- o   Having a good epidemiological surveillance system
- o   Communicating and engaging with local people and organisations.

3.   The local context

3.1 Key characteristics of Nottingham and Nottinghamshire

- Nottinghamshire County has a population of 828,200. Working age residents comprise 59% of the population, 20% are under 18 years old and 21% are aged 65 and older.
- Nottingham City and Nottinghamshire are home to two universities, the University of Nottingham and Nottingham Trent University, with approximately 67,000 students living and studying at a number of campuses across the City and County. About two thirds of students at these universities live within the City boundaries, but others live in district areas within the County. Many students live in shared accommodation, either within halls of residence or shared private rented accommodation.
- Four local prisons; HMP Nottingham; HMP Lowdham Grange; HMP Whatton and HMP Ranby have a combined capacity of 3,595 prisoners.
- In Nottingham and Nottinghamshire there are 364 care homes, residential and nursing, registered with the Care Quality Commission.

- There are 76 Ofsted registered children and young people's residential settings in Nottingham and Nottinghamshire. Young adults aged under 21 also receive support in semi-independent living across circa 120 different settings.
- There are approximately 100 schools in Nottingham City and 340 in Nottinghamshire County, plus alternative provision schools.

3.2 Infection rates in Nottinghamshire County

The first COVID-19 case in Nottinghamshire was recorded on the 21st February 2020. As of 3rd March 2021, there had been a total of 52,252 confirmed cases among residents in the County or 6.31% of the population.

Chart 1: Weekly COVID-19 case rate, Nottinghamshire County to 3 March 2021
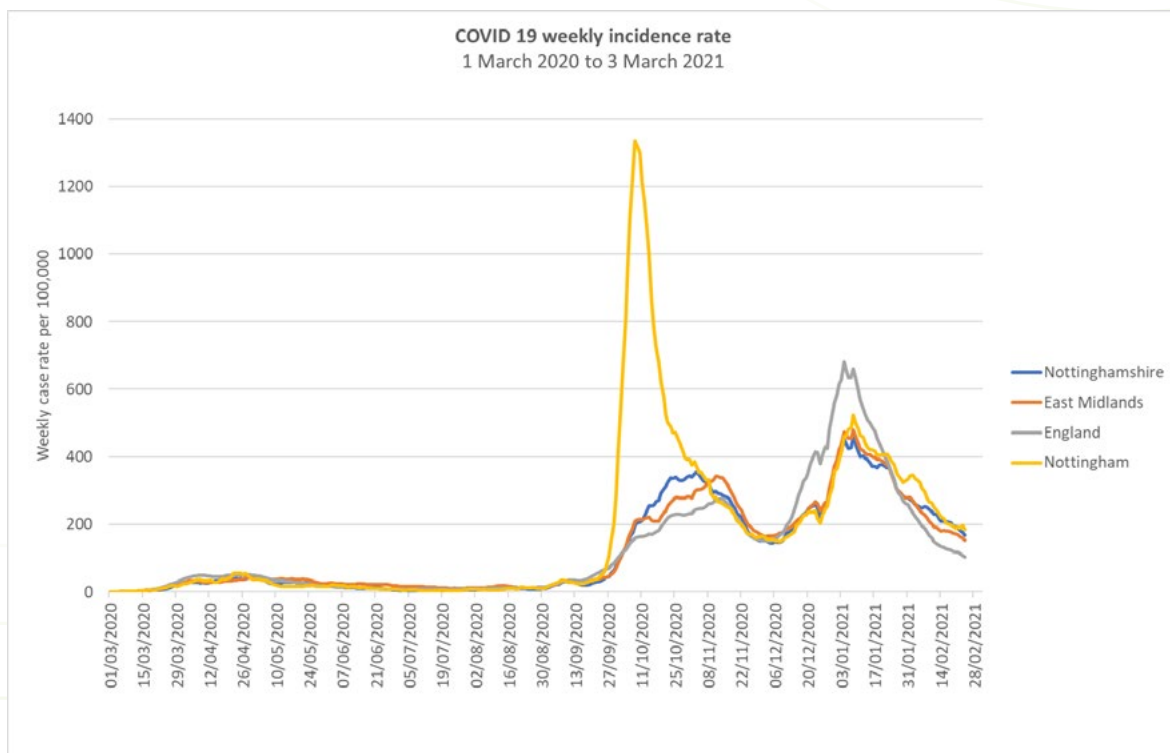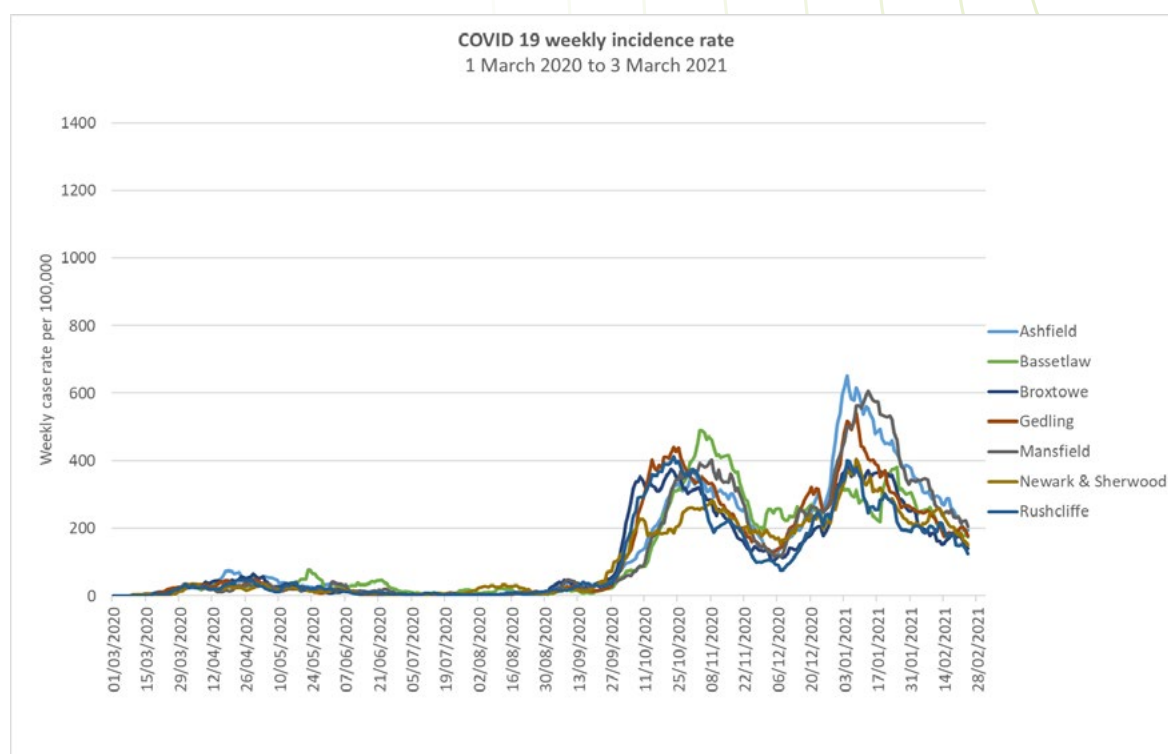
Chart 2: Weekly COVID-19 case rate, Nottinghamshire County districts to 3 March 2021

Further information about the local population is provided in Appendix A and online at Home - Nottinghamshire Insight.

Part 2: Controlling COVID-19

4.   Outbreak management

4.1 Overview

Outbreak management is a combination of:

- Health protection expertise and capabilities (local authority public health, environmental health and Public Health England) including epidemiology and surveillance; infection suppression and control techniques and contact tracing investigation and evaluation.

- Multi-agency capabilities to support the deployment of resources to deliver health protection functions at scale where needed (Local Resilience Forum, with community leadership provided by elected members)

Within the LRF structure, the Local Outbreak Cell facilitates the day-to-day operational delivery of the outbreak management plan, escalating and reporting any issues to the LRF Tactical Coordinating Group (TCG). The Cell provides a single point of contact for queries and the notification of concerns, and coordinates the following outbreak management activity to ensure effective and timely response to the changing local situation:

- A daily review of population level data and local situations is undertaken. This work monitors case rates, identifies trends and highlights new outbreaks which require investigation and / or follow up actions. It involves multi-agency partners to provide a holistic view of the local situation and actions being taken.

- The Local Outbreak Cell is responsible for keeping oversight of all actions and agrees to stand up Outbreak Control Teams (OCT) or Incident Management Teams (IMT) in response to an emerging risk or defined outbreak. OCTs and IMTs provide the forum to co-ordinate the resourcing and deployment of resource, including environmental health officers, Infection Prevention Control expertise, local testing and contact tracing.

   - An IMT is established in response to a local geographical or broad-ranging incident. IMTs can be place-based e.g. district level, or countywide or generic-setting e.g. universities or care homes. This allows discussion of common themes and coordinated activity across the setting or geography of concern. The effectiveness of geographically based IMTs will be reviewed as will their ability to look at granular detail to identify decisive local actions.

   - An OCT is established in response to a specific local outbreak. These can be led by Local Authority Public Health teams or Public Health England (PHE) depending on scope. OCTs are generally setting-specific e.g. high-risk workplace or common-setting e.g. across multiple sites of a large organisation. Outbreak control meetings ensure all control measures are considered to manage outbreaks.

- An enhanced contact tracing process is in place, (also referred to as Outbreak Investigation & Rapid Response) to ensure situations of interest are identified and investigated as soon as possible. This provides resilience between PHE and Local Authorities to share intelligence and prioritise action based on assessed level of risk. This is supported by the local client management system: COVIZ, which combines PHE data with local intelligence to highlight trends and situations of interest. Further information on contact tracing is included in Section 7.

Weekly reports are produced to summarise the local situation, highlighting the relative contribution of local workplace, care home and prison outbreaks in the overall position, as well as providing analysis on age-specific, geographical and positivity trends. These are made available to the TCG. Information is also reviewed in conjunction with PHE to escalate any local areas of concern.

In addition to general outbreak management activity, there are a number of activities and processes to manage care homes, healthcare, education and childcare settings, and the business sector as they represent settings of particular interest and higher risk.

4.1.1 Health & Social Care Settings

- The Nottingham and Nottinghamshire health and social care system (covered by the County Council, City Council, and two Clinical Commissioning Groups (Nottingham & Nottinghamshire CCG and Bassetlaw CCG,) work in partnership to provide support, guidance and quality assurance to care homes, supported living and home-care providers. The LRF Strategic Care Home and Home Care Cell provides oversight of all

related pressures such as care home bed capacity, discharge and workforce pressures. Mitigating actions are agreed and monitored ensuring senior level engagement and assurance across the local health and social care system.

- Through the Cell governance structures, the system has provided support throughout the pandemic ensuring providers receive timely information, practical support, help and guidance in relation to residents & service users. Measures include:

  o A regular taskforce to identify outbreaks, monitor and manage Infection Prevention Control (IPC) and quality measures across care homes, supported living and home care providers.
  o System calls to identify areas of immediate and emerging concern and potential sources of support to care homes and home care providers.
  o Twice-weekly communications to providers on new guidance, developments and training opportunities.
  o Clinical support offer in-reaching to care homes and home care providers
  o System view of fragile care homes and home care i.e. those providers with financial or leadership challenges
  o Planning for care homes which are closed to admission for COVID positive
  o Support and advice on PPE, vaccination and testing
  o Regular system-wide care home training and webinars to support effective learning and implementation of COVID-19 control and IPC measures and to help promote Government guidance.

- Local NHS Hospital Trusts monitor internal outbreak information including current COVID-19 positive inpatients, ward outbreaks and staff absence. Each Trust has an IMT in place with input from Local Authority Public Health, PHE and NHSE&I colleagues to investigate the current situation and agree required actions. Key issues are fed into the Local Outbreak Cell on a daily basis. Escalations and joint discussions are raised through the LRF Health & Social Care Economy TCG.

- Outbreaks in Independent Hospitals are highlighted through the Local Outbreak Cell, and Public Health support is provided to ensure control measures are in place, such as IPC support and sharing good outbreak management practice from NHS and other hospitals.

4.1.2 Other High-Risk Settings

- Cases identified among the rough sleeper community or complex settings are led by a programme manager taking advice from specialists as needed. Actions are identified to address the specific needs of the situation. An IMT is stood up as needed, for example where extended multi-agency involvement is required.

- A process for shared learning across the business sector is also in place. A good practice toolkit is being developed in conjunction with webinar-based training to support businesses in adhering to COVID-19 secure measures.

- A Nottinghamshire Schools and Early Years surveillance group meets weekly to review cases and provide further analysis and support to these settings.

Where informal outbreak management measures are not sufficient, legal powers are considered to enforce required actions to manage an outbreak or situation. Compliance and enforcement are described further in Section 11.

4.2 Data sources

The following data sources will be utilised to inform local outbreak management:

- COVID-19 Situational Awareness Explorer: a range of data provided to the Director of Public Health (DPH) by Public Health England
- PHE COVID-19 Local Authority reports
- COVID-19 wastewater programme
- NHS COVID-19 app

The following activity will be undertaken to improve our use of data to inform local outbreak management:

- Close liaison with PHE to continuously improve issues pertaining to data quality, particularly around fields such as occupation, as well as coded limits
- Further exploration of the recently available NHS COVID-19 app summary data and how best this can be used in outbreak management.

4.3 Complex settings

Specific settings-based incident management plans have been developed for use in high-risk settings and places in Nottingham and Nottinghamshire. These plans were developed in partnership for use in settings-based Incident Management Teams as part of the development of the Local Outbreak Control Plan 2020. The plans are and will continue to be kept current by responsible public health and environmental health leads. Specific incident management plans are in place locally for:

- Care homes
- Children's residential settings
- Higher education settings
- Prisons and secure settings
- Education and childcare settings
- Houses in multiple occupation
- Leisure settings
- Rough sleeping, temporarily housed and socially vulnerable individuals
- Places of worship
- Hospitals
- Public realm and transport
- Hospitality
- High-risk workplaces.

Incidents and outbreaks within the settings listed above (and other settings as necessary) are managed through a dedicated whole system approach in collaboration with Public Health England East Midlands (PHEEM). PHEEM remain the first point of contact for the notification of positive cases and outbreaks. It is important that reports of confirmed cases in these settings are communicated by the setting owner to the PHE local Health Protection Team as quickly as possible using the agreed pathways. PHEEM feed this information into

the Local Outbreak Cell. A standard operating procedure is in place regionally with PHEEM, which details the link between PHEEM and Local Authority Public Health Teams.

4.4 Surge planning

Flexibility will be required to scale the actions and level of resource up and down as required, dependent on the local situation at any given point in time. Experience from the past year has given useful insights in the required activity for a variety of settings and rates of infections. The process described above has proved to provide effective outbreak management, although lessons on adequate capacity management are now being embedded into the future resource plan. The future resource plan will be tested against the reasonable worst-case scenario and is described further in Section 17.

4.5 Variants of concern

A specific area of surge planning has been identified in response to the emergence of new COVID-19 variants of concern (VOC). On identification of a VOC, surge testing will be required to contribute to surveillance and to suppress the spread of coronavirus.

A local multi-agency surge plan has been produced to respond to the identification of a VOC in Nottingham and Nottinghamshire. This plan has been developed through the LRF and is ready to be enacted as required by the local Directors of Public Health. It addresses all the necessary steps to enable everyone aged over 16 living in a defined locality to take a COVID-19 test during a two-week period, whether they are showing symptoms or not. The plan also includes supplementary actions including communication, self-isolation support, contact tracing and enforcement.

Further detail is included in Section 6.

5   Surveillance

5.1 Routine Surveillance Reports

Nottingham and Nottinghamshire public health analysts produce a catalogue of routine reports overseen by the Local Outbreak Cell to inform local outbreak management. The following standard reports are produced on a regular basis, ranging from daily to weekly:

- **COVID-19 Testing Dashboard**: Covid-19 volumes/rates, aggregated by local authority, cohort and ward. Includes trends over time, rate of change reporting, and positivity trends.
- **Vaccination Report**: Proportions/volumes of vaccinations (1st/2nd dose) by cohort, ward and ethnicity.
- **Population-level data:** National position table, local incidence rates, (upper and lower tier local authorities, prison and care home settings), common exposure reports, spatial distribution by age.
- **Community testing rate and positivity** (deduplicated and excluding tests in health and care locations) trends by: lower-tier local authority; age-band & upper-tier local authority (UTLA); broad ethnic group & UTLA; middle super output area.

- **LRF report**: Weekly deaths/excess deaths report for City/County, cumulative deaths (COVID-19 &non-COVID-19), place of death.
- **TaqPath Lab report:** Sample of Pillar 2 cases containing VOC, upper and lower tier local authorities.
- **Specific investigations:** Detailed analytical reports to support incident and outbreak investigations as required.

5.2 Data integration and information sharing

The Nottingham & Nottinghamshire Local Resilience Forum (LRF) represents the strategic level of decision-making and is responsible for directing and overseeing the emergency planning policies. Its overall purpose is to ensure there is an appropriate level of preparedness to enable an effective multi-agency response to major incidents which may have a significant impact on the communities of Nottingham and Nottinghamshire. Two main groups analyse and present data to the LRF: the LRF data cell and LRF local outbreak cell.

The data cell collects, analyses, interprets and distributes a range of data to support the system's response to COVID-19. This includes a local 'R-value' or measure of the 'growth rate of transmission'. This uses and is presented alongside data on confirmed cases of COVID-19; NHS 111; and hospital admissions. Other data is also distributed to LRF partners on a regular basis including excess mortality and Apple and Google mobility data.

The data cell has worked closely with local authorities to facilitate the sharing of information about those who are clinically extremely vulnerable who at times may require support from local authority services. It also supports local bed modelling of future COVID-19 hospital admissions and ITU capacity which is provided, in confidence, to cell chairs to support their planning. The Local Outbreak Cell's role and operation is described in Section 4 above.

Appendix B summarises the overall approach to data sharing during the COVID-19 pandemic. Data agreements are in place to allow the sharing of line list data between the two local authorities in order to consolidate data and facilitate joint exploration of COVID-19 case rates.

5.3 Cross-boundary and partnership working

The local authorities have data sharing agreements with a range of LRF partners including, NHS, district & borough councils, police and the two local universities. These agreements allow data to be shared in both directions for the purpose of outbreak management and individual welfare. This has been done to facilitate fast outbreak management and support self-isolation.

At a regional level, data for positive cases is shared for neighbouring Local Authorities through the PHE Power BI COVID-19 Situational Awareness Explorer where Nottingham or Nottinghamshire is listed as an alternate address. This allows identification of community and settings-based outbreaks across local authority boundaries and collaboration to implement effective control measures.

A regional network (EMPHIN leads) is facilitated by Public Health England for Public Health Intelligence Leads in Local Authorities. This network provides ways to share, agree and standardise ways of working and data interpretation.

6 Testing

There are four key strands of the local testing strategy for Nottingham and Nottinghamshire: 1) symptomatic testing, 2) asymptomatic testing, 3) outbreak testing and 4) surge testing. Waste water testing is currently undertaken at a national and regional level and is described in Section 5 above.

1) Symptomatic testing

The purpose of symptomatic testing is to swiftly identify those with SARS-CoV-2 infection whose isolation will reduce transmission.

Under the NHS Test and Trace programme, anyone with symptoms of coronavirus is actively encouraged to be tested by arranging a test on-line at www.nhs.uk/coronavirus, calling 119 or attending a testing site. A network of testing sites will be maintained in locations that optimise accessibility for local populations, including several that can be accessed without the need to book. In addition, mobile testing units will continue to be deployed to support current need.

Backpack or drop and collect testing is also available to individual's homes or other suitable locations for those who would otherwise find it difficult to access testing, as part of the customer support available from each local authority.

It is necessary to ensure the local symptomatic testing model remains sustainable as management of the pandemic shifts to a longer-term approach and business as usual begins to return. To this end, a detailed action plan will be developed setting out activity that will be undertaken to maintain the function.

2) Asymptomatic testing

The purpose of asymptomatic testing is to identify people who are carrying high levels of SARS-CoV-2 virus but who do not have symptoms.   These individuals are required and supported to self-isolate, further reducing transmission.

The national ambition is that twice-weekly testing is made available to the whole population, but targeted at groups within the population who are likely to be most at risk of carrying the virus. Achieving this will require a range of routes through which people can receive tests. Nottinghamshire County Council will develop arrangements for assisted testing through:

- Registered community testing sites, conducting assisted testing
- Settings where vulnerable people mix (includes homelessness settings).

In addition, work will be undertaken with government and other partners to support them in their expansion of asymptomatic testing through:

- Registered workplace testing sites, conducting assisted testing (includes critical workers such as fire and police),

- Home testing for eligible groups (health and care workers, including those in care homes, nursery staff, school staff, secondary school pupils, households of children who attend school), available through Community Collect sites, employers or national workplace and home delivery routes
- University and school settings (where home testing is not suitable)

3) Outbreak testing

Targeted testing to people connected with a setting without symptoms will be made available to support the management of outbreaks, including high-risk or complex settings or specific geographical areas, where a risk assessment determines it necessary.

Outbreak testing will always utilise PCR tests. Bespoke local arrangements will be put in place as agreed through an outbreak control team. The mode of deployment will be tailored according to each situation to ensure a fast, accessible response.

4) Surge testing

If surge testing becomes necessary in a locality, every person living in a specified area (aged 16 and over) will be strongly encouraged to take a COVID-19 test, whether they are showing symptoms or not. Testing will be offered to people who have received a vaccination.

Testing may use a combination of:

- Collect & drop sites
- Mobile testing units
- Asymptomatic testing sites (lateral flow tests will stop in the affected area and sites can potentially be repurposed to use PCR tests to allow genome sequencing to take place)
- A backpack model to deliver testing kits to clinically extremely vulnerable people and vulnerable people.

The same national restrictions will continue to apply in these areas.

People with symptoms should book a test in the usual way (i.e. via www.nhs.uk/coronavirus, calling 119 or attend a testing site).

A local multi-agency surge plan has been produced through the LRF to respond to the identification of a VOC in Nottingham and Nottinghamshire. This plan defines the roles and responsibilities of all LRF partners and is stored on the Local Resilience Forum website to ensure access to all emergency responders.

The document includes a number of sections outlining the different elements of the surge response. These include testing, communication, self-isolation support, contact tracing and enforcement. A separate testing mobilisation plan has also been developed which will be enacted on notification of a VOC.

The Testing Coordination Centre hosted by Nottingham & Nottinghamshire CCG has led the response for symptomatic testing throughout the pandemic. With the advent of new modalities and delivery mechanism, this arrangement is under review to combine the

function within the wider outbreak control structure. This review will be progressed alongside overall resource planning. See Section 17 for further information.

7 Contact Tracing

7.1 Overview

Contact tracing is the process of identifying, assessing and supporting people who have been exposed to COVID-19 to prevent onward transmission.

The national NHS Test and Trace (NHS T&T) programme identifies positive COVID-19 cases amongst those citizens who access both asymptomatic (Lateral Flow Device) testing and Pillar 2 (PCR) testing and provide immediate self-isolation advice. Each positive case is contacted, and information sought on recent close contacts. Contacts are informed to self-isolate for a 10-day period. More information about this programme can be found at: https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#how-test-and-trace-helps-fight-the-virus.

7.2 Local authority contact tracing

If NHS T&T are unable to contact a positive case within the first 24 hours, the case is passed to the Nottinghamshire County Council's Test & Trace team (within the Customer Service Centre).

The Customer Service Centre follows a similar process to that of the national NHS T&T but couples this with local knowledge and an ability to access and offer localised help to those who need it. The Customer Service Centre staff are experienced at identifying potential support and care needs and are well placed to ensure appropriate referrals into other services. This includes raising support requests in the Notts Coronavirus Community Hub led by the LRF Humanitarian Assistance Group.

If a COVID-19 positive case still cannot be contacted, Field Contact Tracers will undertake visits to their place of residence (house visits), to encourage them to participate in contact tracing. This is now formally called field contact tracing but is also sometimes called a doorstep intervention.

By building on the successes of our local contact tracing model and using our existing infrastructures and learning in the contact tracing element of surge planning, our enhanced contact tracing approach will be developed.

The contact tracing undertaken by NHS Test and Trace, the CSC and Field Contact Tracers is known as 'Conventional 'or 'forward' contact tracing: this type of contact tracing involves contacting individuals who test positive (cases) to identify their close contacts and asking their contacts to self-isolate. Forward Contact tracing is needed to *prevent onwards transmission,* advising the case to self-isolate and identifying contacts more quickly so they can be tested and self-isolate swiftly with support where they test positive*, thereby delivering a personalised and exceptional service*, end-to-end from the point of a positive test and into the citizen's home to implement a long-term delivery model.

7.3 Enhanced contact tracing and outbreak identification rapid response.

In addition to participating and delivering forward contact tracing, Nottinghamshire County Council also can conduct 'enhanced contact tracing', also referred to as Outbreak Investigation Rapid Response (OIRR). This is conducted in partnership with Public Health England (PHE).
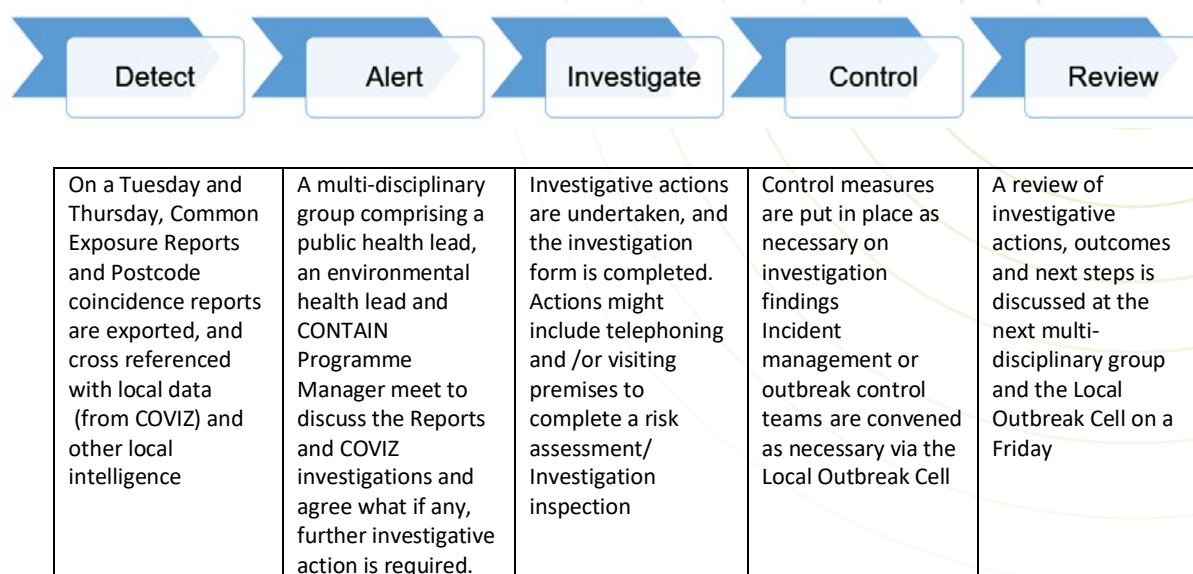
OIRR is used to detect and respond to COVID-19 outbreaks. It involves identifying both close contacts (forward contact tracing) and potential sources of the infection. The latter, backward tracing, considers the 3 to 7 days before symptom onset.

Through working closely with colleagues on current Trace priorities, sources of transmission will be identified with information collected from cases to identify the source of infection, information provided to target public health action to break the chains of transmission, support individuals, businesses and public services to better understand and manage risks of COVID-19 transmission and to provide insights on risk factors associated with transmission to inform policy and guidance.

OIRR will be delivered to improve the identification and control of common sources or locations of infection and help more effective management of local outbreaks through a five-stage process described below:

- **Detect** - NHS Test and Trace and Public Health England provide a suite of intelligence reports to help identify potential outbreaks:
  - *Post code coincidence reports* include those locations where cases may have transmitted the virus by attending during the period where they were infectious and may transmit the virus. 'Post code' coincidences provide intelligence which can direct public health investigation and action.
  - *Common exposure reports* are compiled based on 'backward contact tracing' including the locations where cases may have acquired the infection. This report helps identify themes and venues where closer working, investigation or public health messaging may be required.
  - *Local intelligence* is also used to identify potential areas, workplaces or case clusters that require further investigation. This is supported by the local client management system: COVIZ, which combines PHE data with local intelligence to highlight trends and situations of interest
- **Alert** - PHE Health Protection Team and Nottinghamshire County Council review intelligence and triage settings to prioritise investigation of potential local outbreaks.
- **Investigate** - Further investigation of potential outbreaks to identify the need for control measures.
- **Control** - Control measures are implemented and continuously reviewed as informed by ongoing investigation.
- **Review** - Ongoing review and monitoring for 28 days after the last positive case.

Nottinghamshire's approach to OIRR is described below:

Detect	Alert	Investigate	Control	Review
On a Tuesday and Thursday, Common Exposure Reports and Postcode coincidence reports are exported, and cross referenced with local data (from COVIZ) and other local intelligence	A multi-disciplinary group comprising a public health lead, an environmental health lead and CONTAIN Programme Manager meet to discuss the Reports and COVIZ investigations and agree what if any, further investigative action is required.	Investigative actions are undertaken, and the investigation form is completed. Actions might include telephoning and /or visiting premises to complete a risk assessment/ Investigation inspection	Control measures are put in place as necessary on investigation findings Incident management or outbreak control teams are convened as necessary via the Local Outbreak Cell	A review of investigative actions, outcomes and next steps is discussed at the next multi-disciplinary group and the Local Outbreak Cell on a Friday

Environmental Health Officers (EHOs) have a fundamental role to play in OIRR. Officers are trained and experienced in forward and backward contact tracing, outbreak investigation, review of COVID-secure measures and enforcement to ensure compliance. Plans are in place which outline how the LRF will deploy additional contact tracing capacity if either a surge of COVID-19 cases occurs, leading to multiple, complex outbreaks or if a variant of concern is detected. This includes developing 'cluster-busting' in times of low prevalence and making this a key plank of local control.

Future developments will be explored to make efficient use of PHE and local resource and knowledge, to support the response time for investigations and to ensure there is enough capacity to resource both forward and backward tracing in complex scenarios and settings across Nottinghamshire. This includes ensuring situations of interest are identified and investigated as soon as possible using OIRR. A dynamic approach to the allocation of resource to OIRR will take into account baseline prevalence and other COVID-19 pressures, including increased Environmental Health engagement with business as the economy reopens.

8 Self-isolation

8.1 Introduction

Self-isolation will continue to be an integral part of the COVID-19 response. It is essential to ensure high levels of compliance with self-isolation requirements (alongside high uptake of testing), both for people who test positive for COVID-19 and for their close contacts.

Individuals are expected to self-isolate if they or a household member have symptoms of COVID-19 and are legally obliged to do so if they test positive for COVID-19 or if they are a close contact of someone who has tested positive.

It is recognised that self-isolation is not easy for anyone, and for a variety of reasons can be particularly challenging for some. The local approach to self-isolation comprises four mutually supporting elements, addressing the known barriers to successful self-isolation;

1) **Communication** – ensuing that people understand when they are required to isolate, why it is important and how they can access support.
2) **Practical support** – removing barriers such as access to food and not being able to carry out caring responsibilities or other practical tasks and recognising the impact of loneliness and boredom on mental health.
3) **Financial support** – concerns about the financial consequences or impact of self-isolation on employment status are a very real risk to self-isolation compliance.

Whilst the first three elements are centred on encouraging and enabling self-isolation, where necessary enforcement will also be used, in conjunction with the local Police.

4) **Targeted enforcement** of breaches of the legal requirement to self-isolate.

There are indications from local authorities across England that for some households with limited means or whose employment is precarious, the current support and incentives may be insufficient. Working with our partners, Nottinghamshire County Council will explore options to improve support for people whose circumstances make isolation especially challenging.

8.2 Communications

The local authority (and partners) will continue to ensure that local communities understand the importance of self-isolation, as well as how to access the support needed to achieve this.

8.3 Practical support for self-isolation

The Nottinghamshire Coronavirus Support Hub will continue to provide practical and wellbeing support for residents who need to self-isolate. The support that will be provided is described in Section 9.

The government is introducing a new framework for Local Authorities to support those self-isolating. The framework sets out the types of practical, social and emotional support that people may need to access if they are self-isolating because they or a close contact have tested positive for COVID-19. It sets out the role of NHS Test and Trace in sharing information with councils about people who may need help in accessing support – and the role of councils in assessing people's needs and helping them access support. Councils are expected to have implemented the framework by the end of March. The LRF Humanitarian Assistance Group will work to develop the local approach.

8.4 Self-isolation in complex settings

For some individuals the practical barriers to self-isolation are substantial, including access to a safe and suitable location in which to complete their self-isolation period. Complex needs, including drug and alcohol dependency, provide an extra level of challenge to self-

isolation compliance. Strong partnership working between public sector partners and voluntary and community sector providers, alongside support from local hotels has enabled pathways and processes to be put in place to facilitate self-isolation, even in these difficult circumstances.

COVID-19 positive individuals, as well as close contacts, who are rough sleeping or have no safe place to self-isolate are accommodated in local hotels for the duration of their self-isolation period. A triage system is in place involving adult social care and district council Housing Departments to support the actual placement of the vulnerable individual, i.e. arranging accommodation and generally a food package.

Mechanisms are in place to facilitate a wider support package for an individual, such transport (if needed), alcohol, drug and medication needs (supported through the Council's public health substance misuse service provider, CGL). In the rare situation of ongoing compliance issues, with risk to the wider public, then a concierge service to monitor the individual can be arranged.

8.5 Financial Support

Processes are in place to ensure the efficient and timely delivery of the national Test and Trace Payment Scheme, which enables local authorities to support people on low incomes who cannot work from home to self-isolate, and face hardship as a result. District councils in Nottinghamshire administer the Test and Trace support payment scheme. Access to this is via the individual district council.

District councils also operate the discretionary support payment scheme for those who are on a low income and will face financial hardship as a result of not being able to work from home whilst they are self-isolating but who do not meet the criteria for the Test and Trace support payment because they are not currently receiving one of the qualifying benefits.

The County Council operates an emergency assistance fund which gives grants to groups helping people who are struggling to afford food and other essentials. Further information and a list of the local organisations and charities that have benefited from this fund and can provide support for individuals can be found at https://www.nottinghamshire.gov.uk/care/coronavirus/the-local-authority-emergency-assistance-grant-for-food-and-essential-supplies.

From April 2021, there will be additional requirements to support self-isolators. The Nottinghamshire Humanitarian Assistance Group will work to develop the local approach.

9 Supporting vulnerable people

9.1 Overview

Humanitarian support in the County resulting from the pandemic is coordinated by the Local Resilience Forum (LRF) Humanitarian Action Group. This coordination includes the assessment of needs in different population groups and geographical areas, responding to new local needs as they occur (e.g. combined impact of flooding and COVID-19).

Support for vulnerable residents who need to self-isolate or present with other humanitarian needs is provided via the Nottinghamshire Coronavirus Community Support Hub, coordinated by Nottinghamshire County Council working with LRF Partners. Details of the support available, and how to access it, are contained in Appendix C.

The Nottinghamshire Coronavirus Community Support Hub provides an online database which enables residents in need of support to input their postcode and requirements via the webpage and be served up with a list of local groups and organisations able to meet those needs which they can contact. When a Community Hub form is completed by the resident or on their behalf, details are captured in a database available to all LRF Partner organisations. LRF partner organisations aiding the community response effort will ensure that staff can provide the required support in a coordinated way which minimises duplication and effectively uses resources.

9.2 Links to Social Care

Safe and well checks are in place for vulnerable people known to adult social care, who may be referred to the Hub for support. Some of those who self-identify as vulnerable during the COVID-19 outbreak may also already be known to Social Care Services. The Hub workflow includes a check to ensure needs continue to be met and any increased needs can be picked up and responded to. Specific workflows are in place for people in the Clinically Extremely Vulnerable (CEV) category (including direct communications to individuals), and for individuals who self-identify as vulnerable.

10 Covid Safe

Nottinghamshire County Council's COVID Response Team will continue to work with district and borough councils to provide co-ordinated support to businesses. The operational order sets out a stepwise local approach to engagement with businesses as the economy reopens.

Step 1

- Development of an agreed working protocol between the COVID-19 Response Team and the Nottinghamshire Regulatory Managers Group, for reopening business depending on the risk level, history and type of offence for effective engagement with business.
- Continue routine food safety inspections, prioritising the backlog of visits to newly registered food businesses and more frequent uploads to FHRS, so that business ratings are visible on the FSA national website.
- Assessing COVID-19 compliance and referring businesses who show reluctance in complying to Health and Safety colleagues.
- Engagement with business sectors which are reopening to ensure they are aware of the risks and their legal duties from a COVID-19 and Health and Safety context.
- Engage with the Hospitality Sector to support the role out of the Manual Venue Alert System.

- Work in partnership with the LA Cell partners including highways, licensing, pollution control and town centre managers to agree a structured approach to dealing with business that operate on the pavement in an unsafe way.
- Supply a factsheet detailing guidance and restrictions such as no music provision to highways for inclusion with the pavement licence communications.
- Work with local industry groups such as PubWatch to promote safety objectives.
- Continue to triage complaints that are received via the Nottinghamshire County Council reporting system and share intelligence with members of the Nottinghamshire Regulatory Managers Group actioning interventions when necessary, the number of which will increase as businesses reopen.

Step 2

In conjunction with the LA Cell and Nottinghamshire Regulatory Managers Group provide a consistent and co-ordinated response to undertake the following :
- Liaison with legal teams to draft and finalise new legal notices and disseminate to enforcement teams.
- Research and respond to legislative or guidance anomalies, taking a view based on additional guidance, consultation with OPSS and other regulatory consensus.
- Visit close contact service business to make sure they are COVID-secure and complete any outstanding licencing and registration inspections that have been delayed due to business closures.
- Engage in the Public Health outbreak investigation process, including carrying out audits and investigations to ensure Covid Secure Compliance.
- Ensure non-compliant business are engaged with in accordance with the '4 E's' (engage, explain, encourage and enforce) to justify enforcement for continued noncompliance.
- Engage with large venues and event organisers for proposed events in May and beyond.
- Produce a summary of the COVID-19 guidance for large outdoor gatherings and sign post event organisers to the event industry's guidance.
- Continue outbreak investigations and enhanced contract tracing in business.
- Work with our sporting venues on their reopening with reduced capacity and COVID-19 control measures and compliance with DCMS sports ground COVID-19 guidance.

Step 3
- In line with enforcement priorities, visit large venues and events, during events to assess level of COVID-19 secure compliance.
- Continue in a reactive capacity to respond to COVID-19 concerns and escalations from the County's outbreak investigation process.

- Assess the government's plans for the reopening of nightclubs and larger events in June 2021 and plan a proactive engagement project accordingly with businesses, to be delivered in Step 4.

11 Compliance and enforcement

11.1 Overview

This Plan sets out some general principles to assist Nottingham City Council, Nottinghamshire County Council, District/Borough Councils and Police partners to deliver a consistent approach in the use of enforcement powers to prevent, contain and manage the spread of COVID-19. This document does not seek to reproduce any guidance issued by government or other agencies e.g. OPSS, HSE.

In considering enforcement action, local authorities should have regard to the following:

- The relevant statutory provisions including the following
  - Public Health (Control of Diseases Act) 1984 as amended
  - Health Protection (Coronavirus) Regulations 2020 as amended
  - Health Protection (Coronavirus, Restrictions) (Obligations of Undertakings) (England) Regulations 2020 as amended
  - Any regulations or other subsidiary legislation made under the above and any enactments amending or replacing the same

- Any local controls or other regulations that may be in place.

The principles of enforcement have been laid out in the enforcement concordat and within the Enforcement Policies of each LRF partner ensuring proportionality, accountability, fairness, consistency, openness and transparency.

LRF partners will work in partnership when carrying out their enforcement duties but as a principle only use enforcement as a last resort applying the four 'E's approach as outlined by the College of Policing:

1. Engage
2. Explain
3. Encourage
4. Enforce

Enforcement officers will employ their professional judgement in making sensible decisions based on the following factors:

- The seriousness of the offence or contravention specifically its impact on public health
- History of compliance
- The likely effectiveness of the enforcement options
- Confidence in management

Notwithstanding the above where businesses do not act responsibly and fail to comply with their legal obligations, enforcement will be considered.

11.2 Enforcement Options

LRF partners will continue to adopt and comply with all legal standards in respect of evidence gathering e.g. PACE and Criminal Procedural Rules. All actions taken must be evidence based with the intention to prevent, contain and manage the spread of the virus.

The split in powers between the Police and Local Authorities is broadly as follows;

Business Controls – District and Borough Councils Local Authority officers are the lead for enforcing how businesses comply with business-related Coronavirus Restriction Regulation. They also share regulatory responsibility with the HSE to ensure Health and Safety at Work including the management of COVID risks to staff, visitors and customers.

Community Controls – The Police are the enforcing body for enforcing citizens' personal compliance with Coronavirus Restriction Regulations.

Direction Powers - Nottinghamshire County Council may enforce a specified Direction to prohibit or place restrictions on the operation of a premises where satisfied that there is a serious and imminent risk to health.

Coronavirus Improvement/Prohibition Notices – Nottingham City Council and local Borough/ District Councils may use these intervention powers at businesses to secure compliance.

Fixed penalty notices – Local authorities and the Police may issue a fixed penalty notice for a breach of the regulations.

Criminal proceedings – Authorities may decide to take legal proceedings when there has been a serious breach of the regulations which satisfies the enforcement policy of the LRF partner and it is in the public interest to take such action.

Consistency – Local authority Environmental Health and Trading Standards lead managers meet regularly to discuss matters of consistency and coordination.

11.3 Enforcement activity

This is undertaken as follows:

- Environmental Health investigation in response to identified COVID-19 outbreaks or local intelligence
- Use of HSE proactive spot checks service to target local business sectors including supermarkets, taxi services, large retail stores, warehouses and care homes
- Outbreak control actions agreed and implemented where breaches in COVID-19 security are identified, using advisory and regulatory options
- COVID-19 marshals deployed to enforce COVID-19 security in certain settings such as transport
- Information sharing with Police to join up engagement and enforcement activities

- Defined protocol for 'won't stay put' to support enforcement of public health powers where necessary.

12 Vaccination

An effective vaccination programme is fundamental to the long-term control of coronavirus. The UK's COVID-19 vaccination delivery plan sets out the national strategy for the supply, prioritisation and delivery of vaccines to the population[1]. The programme aims to offer all adults the COVID-19 vaccine by 31 July 2021 through phased delivery. Prioritisation within the programme is based on the recommendations of the Joint Committee for Vaccinations and Immunisations (JCVI) to maximise the prevention of mortality and the maintenance of the health and social care systems.

Nottingham & Nottinghamshire Clinical Commissioning Group[2] and Bassetlaw Clinical Commissioning Group[3] are responsible for the delivery of the vaccination programme, working in partnership with their integrated care systems. A COVID-19 Oversight Board provides leadership and oversight through the Local Resilience Forum (LRF) to ensure local partnership and response.

In a joint letter on 2 February 2021, the Department of Health and Social Care (DHSC) and Ministry of Housing, Communities & Local Government (MHCLG) outlined the role of local authorities in the future of the vaccination programme. It set out the specific areas where local authorities, particularly with their public health responsibilities, bring core skills and resources to the programme. The Local Authority role supports a wide variety of actions, including vaccination of frontline social care workers, supporting communications and community engagement, addressing health inequalities and supporting future delivery of the programme within core infrastructure.

Planning will continue through Spring 2021 to consider resourcing, staffing, monitoring, communications and governance to allow Local Authorities to continue to play their part in the COVID-19 vaccination programme as it moves from incident response to core business.

12.1 Health inequalities

Within the JCVI framework, it is essential that implementation allows deployment of vaccine at a local level to mitigate the exacerbation of existing health inequalities. Emerging patterns of inequality illustrate that deprivation and ethnicity are significant factors in vaccine uptake.

Within Nottingham & Nottinghamshire, in particular, Black and Asian ethnicity and 'other white' (e.g. Eastern European) is linked to low vaccine uptake. These are in line with

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[1] https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan/uk-covid-19-vaccines-delivery-plan
[2] COVID-19 Vaccination in Nottingham and Nottinghamshire - NHS Nottingham and Nottinghamshire CCG (nottsccg.nhs.uk)
[3] Bassetlaw (bassetlawccg.nhs.uk)

patterns emerging across all areas of the country. Experience also tell us that additional focus is needed to reach some specific groups in the community such as those who are socially deprived, homeless, asylum seekers, people with learning disabilities and travelling communities. As the programme rolls out specific inequalities are also being highlighted in younger age groups who are clinically extremely vulnerable and across cohort 6, which includes individuals who are clinically vulnerable and unpaid carers. Further attention will be given to promoting vaccination to younger age groups who are likely to be more hesitant or complacent. This will include targeted engagement using local influencers to speak to this audience.

Working through the LRF Health Inequalities Cell, NHS, Local Authorities and wider LRF partners are actively involved in identifying and targeting communities and under-served groups to help mitigate inequalities. An LRF inequalities framework and workplan are in place that identifies and monitors inequalities across the local population. Working across the Integrated Care Systems (ICS), Integrated Care Partnerships (ICP) Primary Care Networks, districts and communities, targeted actions are agreed to address variation in uptake and provide assurance that actions are having a real impact on reducing inequalities. Activities include proactive calls and visits to individuals that have not accepted their offer of vaccination, a query support line, engagement with community leaders, establishment of local pop-up clinics (e.g. using mosques,) and implementation of an inequalities bus and travel scheme or home visiting for those unable to get themselves to a vaccination centre.

National and local data is used to actively monitor take up across vaccination cohorts and within communities. As the dataset evolves, it is used to provide greater focus and support to all communities in taking up the vaccine, including those under-served. Nottingham and Nottinghamshire public health teams will continue to advocate for more granular data on vaccinations in order to monitor concerns related to equity and outbreaks.

As the vaccination programme continues to roll out, new outbreaks and increases in case rates for a specific geography or demographic group may act as an early warning sign of low vaccine uptake, poor vaccine efficacy or emergence of a new vaccine-resistant variant. Therefore, ongoing surveillance and analysis is crucial and will provide an ongoing link between testing and vaccine roll out to ensure local intelligence is embedded in the local outbreak management plan.

13 Living with COVID-19

In a context of enduring transmission, and in recognition that vaccines will not be 100% effective against symptomatic infection in those vaccinated, activities to enable safe living with COVID-19 will continue to be crucial to the protection of the health and wellbeing of residents. Non-pharmaceutical interventions (NPIs), such as "hands, face, space and air", the adoption of regular asymptomatic testing and COVID-secure working arrangements, will continue to play an important role in daily lives as the country moves step-by-step out of the current national lockdown restrictions.

Government is completing a review of social distancing and other long-term NPIs, which will inform decision making on the potential lifting of measures. Local clarity as well as

compliance to NPI measures in line with Government guidance will be ensured through our approaches to communications (set out in Section 16), COVID-secure (set out in Section 10) and compliance and enforcement (set out in Section 11). The local Test, Trace and Isolate system will be maintained and developed further in line with direction from Government and learning from local pilots.

It is inevitable that demand for transport will rise as restrictions ease. Through engagement and communications with people and employers, continued home working and limited travel, particularly at busy times of day and on busy routes, will be encouraged.

The Association for Directors of Public Health has recently published Living Safely with COVID: moving towards a strategy for sustainable exit from the pandemic. This guidance for Directors of Public Health identifies four key epidemiological principles to be focused on in our drive to enable safe living with COVID-19 in Nottingham and Nottinghamshire:

1.   Transmission of the virus needs to be brought, and kept, as low as possible.

This involves promoting and ensuring compliance with NPI measures and COVID-secure guidelines set out by Government. Clear communications with residents, close working with employers and engagement with communities will help to keep transmission of the virus as low as is possible.

2.   Surveillance of transmission and variant emergence must be optimal.

The approach to outbreak management, set out in detail in Section 4, ensures effective outbreak management at a local level. This includes specific surge planning to respond to an emergence of new COVID-19 variants of concern (see para 4.4).

3.   Test, Trace and Isolate needs to work effectively, with a clear testing strategy.

A robust local contact tracing system is in place, as well as a new Outbreak Identification Rapid Response system, which uses contact-tracing data to identify and investigate potential outbreaks.   Residents will be supported to self-isolate according to the approach set out in Section 8.

4.   Vaccines must be effective and delivered equitably.

Support to the rollout of the vaccination programme will continue, with a particular focus on improving equitable access and reducing vaccine hesitancy in the local population. This approach is set out in detail in Section 12.

Part 3: Management

14 Roles and responsibilities

Nottinghamshire Council County and the Director of Public Health (DPH) have matching duties to protect and improve the health of their populations. This includes being assured the arrangements to protect the health of their population are robust and are implemented in a timely manner.

Nottinghamshire County Council and Nottingham City Council work closely together, and with system partners, to provide a consistent response across organisational and geographical boundaries. Achievements in local outbreak management to date are a direct outcome of the strength of the relationships forged as a system of partners working together. This partnership agreement is maintained through the LRF.

The plan builds on established relationships through continued clarity about the roles and responsibilities of the main partners in its delivery. In the event of any substantial change in working relationships, the LRF will review and agree new arrangements, roles and responsibilities.

The roles and responsibilities are set out fully in Appendix D.

15 Structure and governance

Local outbreak management governance builds on the existing outbreak management structure and the well-established and effective Local Resilience Forum (LRF) response structure set up prior to the pandemic in line with a requirement of the Civil Contingencies Act 2004. Current interdependencies with parts of the LRF structure may require adjustment as local management of the pandemic evolves from emergency response to the longer-term aspects of living with COVID-19. The local outbreak control governance structure is being revised following the publication of the Government's Contain Framework expected in March 2021.

Local Outbreak Management Governance Structure
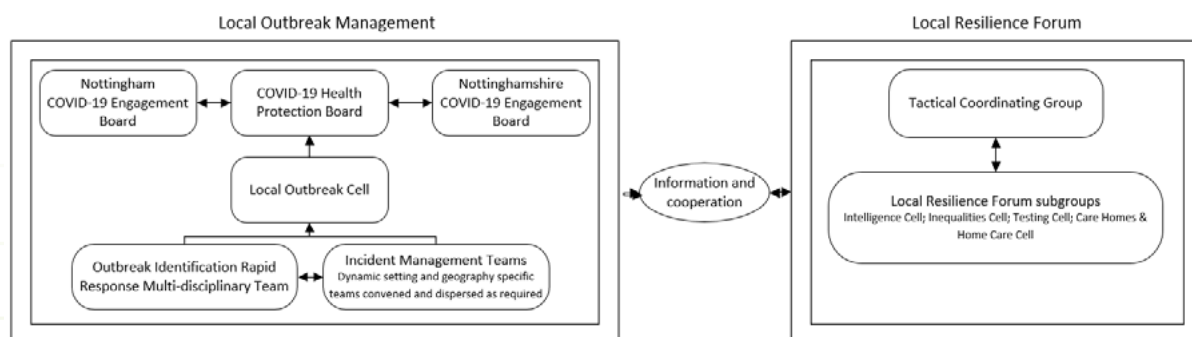
15.1 Local Outbreak Cell

A Local Outbreak Cell facilitates day-to-day operational delivery of the outbreak management plan, including oversight of Incident Management Teams. Both the Local Outbreak Cell and Incident Management Teams are described in detail in Section 4.

15.2 COVID-19 Health Protection Board

Decision makers are held accountable for this plan through the Health Protection Board's reports to Local Outbreak Control Boards for COVID-19. The Health Protection Board will provide public health leadership and IPC expertise. Specific functions of the Board include providing oversight of the Local Outbreak Cell and evaluating the effectiveness of the

delivery of this plan. The Board is co-chaired by the Directors of Public Health for Nottingham City Council and Nottinghamshire County Council and includes but is not limited to membership from PHEEM, the NHS and environmental health.

The COVID-19 Health Protection Board has not fulfilled all that was originally intended of it. Going forward, its role, membership and function will need further review and consideration will need to be given to its longer-term interface with the Health and Wellbeing Boards and the two ICSs in Nottinghamshire.

15.3 Nottinghamshire County COVID-19 engagement board

The Engagement Board ensures there is effective public oversight and communication of the COVID-19 Outbreak Management Plan for Nottinghamshire County. To this end, the Nottinghamshire Engagement Board publishes notes of its meetings online.

15.4 Outbreak management plan engagement, approval and dissemination

The Council will engage with LRF partners on the plan and take into consideration their feedback when making further changes to the plan. The plan itself will be reviewed by the Engagement Board and endorsed by Committee. A dissemination plan sets out how the local outbreak management plan will be shared with residents and stakeholders.

15.5 Risk management

Risks are managed through the local outbreak management and LRF governance structures. Risks associated with emerging and potential outbreaks are escalated to the Local Outbreak Cell following identification by:

- The Outbreak Identification Rapid Response multi-disciplinary team, following initial investigation
- The relevant incident management team
- Directly via partner organisations such as PHE and IPC following a risk assessment.

The Local Outbreak Cell resolves or escalates risks as necessary to the Health Protection Board, Engagement Board and LRF subgroups or Tactical Coordinating Group. The Local Outbreak Cell maintains and monitors a record of actions taken and outcomes achieved following discussion of risks escalated to the meeting.

Corporate and organisational risks are discussed in weekly joint Nottingham City and Nottinghamshire County Local Outbreak Management Planning Meetings. A record of the risk identified, the discussion, mitigating action agreed and resolution is taken at the meeting. The planning meeting escalates risks as necessary to the Health Protection Board, Engagement Board, LRF subgroups and LRF Tactical Coordinating Group.

15.6 Clinical Quality

Quality assurance and clinical governance are core components of the local outbreak management plan. Public Health, health protection, Infection Prevention & Control and environmental health expertise is embedded throughout the governance structures, from setting-based incident management teams up to our Local Outbreak Cell and Health Protection Board, providing professional advice and challenge to the plan.

Each element of the outbreak response is governed by clear procedures and guidance ensuring a consistent quality approach. These include the following areas:

- Standard Operating Procedures have been developed to support the local testing strategy in line with the national quality framework, including risk assessment of venues and training of staff.
- Extension of the local contact tracing service has included accreditation of services, development of procedures, training of staff and performance management.
- Each of the 13 settings-based incident management plans is based on an approved Public Health England communicable outbreak management plan template and has undergone a process of peer review prior to finalisation.

16 Engagement and communications

Communications will be used to ensure awareness and engagement among the public and key stakeholders. Stakeholder comms will include regular communication across the LRF through the chief exec forum, outbreak cell, COVID-19 dashboard, and regular briefings. Effective communication and engagement with local communities will be an important part of preventing and responding to local outbreaks, as well as helping to keep the infection rate low as restrictions are lifted.

The Nottinghamshire County Council communications team will undertake the lead role for communications, where required in association with Public Health England and with the local LRF Communications Cell. Communications will be both proactive and reactive:

- **Proactive comms** - Providing information to the public, amplifying and clarifying national messages, to promote adherence to the guidance and to support and reinforce behaviours that reduce the spread of COVID-19. Public Health prevention messages along with regular updates and responses to the public's concern will continue to be extensively communicated using a range of methods. Key messages include;
  - Continued importance of staying safe by following the Hands Face Space guidance
  - Requirements for social distancing (two metres away from people as a precaution or one metre when you can mitigate the risk by taking other precautions) to reduce the chances of the virus spreading
  - Raising awareness and encouraging adherence to regulations, including self-isolation requirements, and participation in NHS Test and Trace programme
  - Raising awareness and encouraging uptake of testing and vaccination programmes
  - Providing a daily data update to the public through the Nottingham and Nottinghamshire COVID-19 dashboard, which shows the current and historical rates of coronavirus infection.

- **Reactive comms** - Issuing messages efficiently and effectively in case of outbreaks or in response to local data indicating changes in infection rates, in order to support the effort to control any spread. This will consider communications with cases, contacts,

communities, businesses, stakeholders and local media. The communications response in the event of an outbreak will be flexible and tailored depending on the type and location/setting of the outbreak.

In both types of communication, channels and messaging will be adapted to the audience and take account of the needs of particular groups and communities, including seeking to reach under-served communities. Communications will be enhanced through close working with stakeholders and partners, for example use of community champions, local influencers and COVID marshals to promote messages to the public.

Further detail on the local Communication Strategy is included in Appendix E.

17 Resourcing and Finance

Local Authorities have received funding throughout the pandemic to support the delivery of the Local Outbreak Control & Management Plans to mitigate and manage local outbreaks of COVID-19. This funding has been allocated from two main grants:

17.1 Test & Trace Grant

In June 2020, the Government allocated a Local Authority Test and Trace Grant to all upper tier local authorities. This was allocated to councils based on need, determined by the formula that is used to allocate the Public Health Grant. For Nottinghamshire County Council this grant was £3,802,915. The Test & Trace Grant has been utilised to implement core outbreak control functions required across Nottinghamshire, including increased capacity requirements for outbreak response, community engagement, testing, contact tracing, infection control, support for vulnerable people and specialist expertise.

17.2 Contain Outbreak Management Fund

Following the move to Local COVID-19 Alert Levels in October 2020, Local Authorities also became eligible for a series of payments from the Contain Outbreak Management Fund (COMF) to support proactive containment and intervention measures depending on local rates of infection. Funding was made up to a maximum rate of £8 per person based on COVID-19 Alert Level. For Nottinghamshire County Council the initial fund was £6,625,792. A supplementary top-up payment of £709,906 was also received in recognition of the period of time spent in Tier 3 restrictions ahead of national lockdown on 05 November 2020.

In December 2020, Upper tier local authorities facing higher restrictions upon exit from national lockdown were allocated additional funding. The grant was made in the form of a regular payment of £4 per head per 28-day period, up until the end of March 2021. Funding arrangements for 2021/22 were confirmed in the revised Contain Framework. A further £400 million has been allocated across Local Authorities for the 2021/22 financial year using MHCLG's COVID-19 relative needs formula, which is weighted according to population and deprivation, and maps well against areas of enduring transmission. The funding is available to support public health activities directly related to the COVID-19 response, such as testing, non-financial support for self-isolation, support to particular groups (CEV individuals, rough sleepers), communications and engagement, and compliance and enforcement.

the Government has committed to cover any reasonable costs associated with the local community testing strategy. This includes surge planning associated with the emergence of variants of concern (VOC).

A complementary but separate stream of funding is available to local authorities to provide humanitarian support to vulnerable groups, including those who have been identified as Clinically Extremely Vulnerable. This is outside the scope of the Local Outbreak Management Plan.

17.4 Resourcing

17.4.1 Staff Prioritisation

From the onset of the pandemic, local resourcing has been balanced against business as usual. As for usual emergency incident response, internal prioritisation of core business has been undertaken to free up resources to support outbreak management and response. This prioritisation has established a core resource of Public Health professionals, Project Management, Communications, Enforcement and Business Management. Roles and work plans have been shared across Nottinghamshire County Council and Nottingham City Council wherever possible to support close working and sharing of limited resource, including resources of other LRF partners such as District Councils, Police, and Fire & Rescue.

17.4.2 Recruitment of fixed term posts

In addition to the resource identified through local prioritisation there have been some areas where additional resource has been commissioned through local partners (e.g. testing capacity held in the testing cell) or employed on a short-term contract. This has allowed specialist skills such as Public Health (PH), PH intelligence, local enforcement, communications, infection control and programme management to be added to the resource plan.

17.4.3 Sustainability

One year on, the course of the pandemic illustrates that longer-term sustainability is required to allow outbreak management to continue alongside core business. The resource plan is being refreshed to includes the following actions. This will form a part of the LRF Recovery Plan:

- Extension of current fixed term posts to allow longer term support into 2022 to provide capacity to deliver on all aspects of the plan.
- Recruitment drive to provide a dedicated outbreak management team that allows staff from across the LRF who have been temporarily reassigned to COVID-19 response to return to their non-COVID work areas.
- Further work on skill mix to identify roles that can be undertaken by individuals outside Public Health to mitigate the risk from limited availability of staff with the necessary PH skills and experience.
- Creation of a long-term formal testing infrastructure to provide all testing requirements for Nottinghamshire
- Extension of the existing contact tracing infrastructure to provide ongoing capacity for local contact tracing and embedding enhanced contact tracing into core business.

17.4.4 Surge planning & responding to a reasonable worst-case scenario

Alongside establishing dedicated resource to ensure outbreak management continues as part of core business, there is also a need to plan for surges and responding to a reasonable worst-case scenario. Experience over the past year has provided valuable learning on stepping up necessary emergency response as COVID-19 case rates have risen. This has been successfully delivered through staff redeployment.

Local planning to respond to a Variant of Concern (Operation Eagle) has identified the roles and resource required to quickly respond to early warnings and implement mass testing of communities, contact tracing and support to prevent spread of a new strain of COVID-19. A multi-agency surge plan is in place that can be activated by the Director of Public Health in response to an emergency incident being identified.

Resources to deliver this plan are planned to be drawn from internal re-prioritisation to allow for short term flexing of local workforce across the Local Resilience Forum. In addition, an informal 'bank' will be created from local workforce known to the LRF, that have flexible capacity to support response e.g. recently retired PH professionals. Human Resource support will ensure robust short -term employment and deployment to support the surge planning. Further work will be required to ensure that there is surge capacity available in the future.

Glossary of abbreviations

CCG	Clinical Commissioning Group
CEV	Clinically extremely vulnerable
CGL	Change Grow Live. Local provider of substance misuse services.
CPO	Community Protection Officer
CQC	Care Quality Commission
CSC	Customer Service Centre
DHSC	Department for Health and Social Care
DPH	Director of Public Health
ECT	Enhanced Contact Tracing
EHO	Environmental Health Officer
EMPHIN	East Midlands Public Health Information Network
FHRS	Food Hygiene Rating Scheme
FSA	Food Standards Agency
HSE	Health and Safety Executive
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMT	Incident Management Team
IPC	Infection Prevention Control
ITU	Intensive Therapy Unit. Colloquially known as intensive care.
JCVI	Joint Committee on Vaccination and Immunisation
LA	Local Authority
LFD	Lateral Flow Device – a type of COVID-19 test
LOCP	Local Outbreak Control Plan
LRF	Local Resilience Forum
MHCLG	Ministry of Housing, Communities and Local Government
NHSE/I	NHS England & Improvement
OCT	Outbreak Control Team
OIRR	Outbreak Investigation Rapid Response
OPSS	Office for Public Service and Science
PACE	Police and Criminal Evidence Act
PCR	Polymerase Chain Reaction – a type of COVID-19 test.
PHE	Public Health England
PHEEM	PHE East Midlands
TCG	Tactical Coordination Group
VOC	Variant of Concern
WTE	Whole Time Equivalent

Appendices

A. Local context
B. Information governance during the COVID-19 pandemic
C. Support for vulnerable people
D. Local, regional and national roles and responsibilities in developing and delivering outbreak plans

Appendix A: Nottinghamshire County context

Nottinghamshire is a county with a mix of urban and rural areas. The total population is 828,224 (Source: ONS, 2019 mid-year estimate). The population age breakdown is shown below.
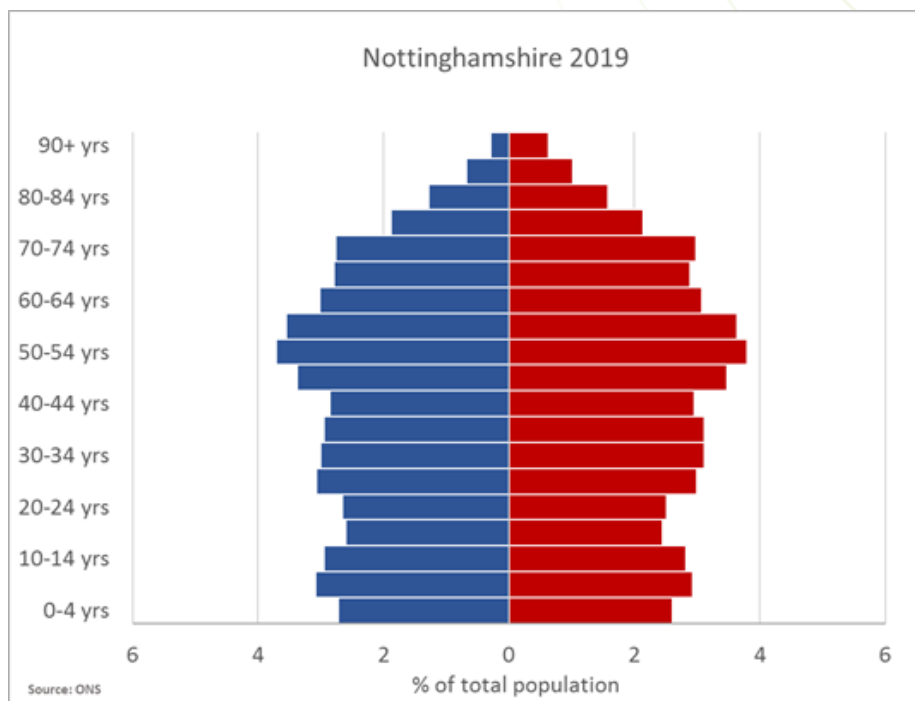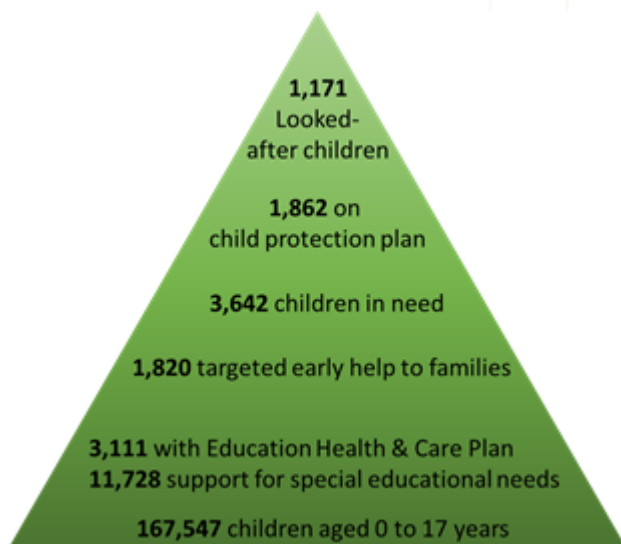

21% of Nottinghamshire's population is over 65 years of age. There is a relatively large older population and a proportionately large care sector supporting them. 5,760 people live in care homes, of whom 2,860 have dementia.

Other care needs in the population include

- 155,600 people estimated to have common mental illness, of which 25,250 are aged over 65
- 4,846 adults with learning disabilities of which 2,119 are receiving long term local authority support

Vulnerable groups include 14,830 people with serious mental illness or behavioural disorder, 3,785 people in adult drug and alcohol treatment services, 2,700 people in three Nottinghamshire prisons, 1,300 homeless people (and 40 rough sleepers), and 1,880 people receiving support from domestic violence and abuse services. There are five refuges in the County and 261 beds.

Children age 0-17 make up 20% of the population. The numbers of vulnerable children are described in the graphic below:

1,171
Looked-
after children

1,862 on
child protection plan

3,642 children in need

1,820 targeted early help to families

3,111 with Education Health & Care Plan
11,728 support for special educational needs

167,547 children aged 0 to 17 years

81.7% of the working age population is economically active with 78.6% being in employment.

Nottinghamshire County Council is an upper tier local authority. Nottingham City Council is a separate upper tier authority. The County area, which excludes the City, has a two-tier local authority structure with seven district councils and two Integrated Care Systems. Nottingham and Nottinghamshire ICS covers Nottingham City plus the whole of the County, except for Bassetlaw. Bassetlaw is part of the South Yorkshire and Bassetlaw ICS.

Appendix B: Information Governance During the COVID-19 Pandemic

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19). These can be found here https://www.gov.uk/government/publications/coronavirus-COVID19-notification-of-data-controllers-to-share-information.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

The Nottingham and Nottinghamshire LRF Constitution was approved through the LRF meeting on 20th March 2020 and covers the principles and approach to information sharing amongst partners (at Section 5) in a way which is compliant with data protection obligations. A more detailed but complementary LRF Information Sharing Agreement (ISA) has been drafted, circulated and is with partners for sign-off.

Appendix C: Support for vulnerable people

The Nottinghamshire Community Support Hub links residents to support near where they live, enabled by a bespoke Community Hub IT system, which links residents needs with support in the community. This support includes:

Support	Detail
Access to food	Help with food shopping, food delivery
Access to medicine	Help with collecting / delivering prescriptions and over-the-counter medicines
Dog walking	Help with walking the dog(s) for those unable to get out of the house
Befriending/ social wellbeing	Friendly chat via phone, providing updates on what is going on in your local area regarding COVID-19
Physical wellbeing	Help to stay mobile and active - access to virtual gym sessions, advice about health
Libraries	Click and collect and delivery access to library services
Other	Picked up from the database and addressed by LRF Partners

For access to the support service, please contact

Nottinghamshire Community Hub Website

https://www.nottinghamshire.gov.uk/care/coronavirus/nottinghamshire-coronavirus-community-support-hub

Nottinghamshire Community Hub Website Telephone contact

Tel 0300 500 8080 (open 8am to 5pm, Monday to Friday)

Appendix D: Roles and responsibilities

1. Nottingham & Nottinghamshire Local Resilience Forum (LRF)
The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and management of transmission and outbreaks.

2. Public Health England
- Category 1 responder under the Civil Contingencies Act 2004
- Statutory responsibilities related to health protection
- Regional Health Protection Team will lead in managing COVID-19 outbreaks in local care homes and contribute to managing outbreaks in schools in partnership with Director of Public Health (DPH).

3. Local authorities
- Category 1 responders under the Civil Contingencies Act 2004.
- Unitary and upper tier authorities have statutory responsibilities in protecting and improving the health of the population.
- The DPH has a statutory role for the Local Authority contribution to health protection, including preparing for and responding to incidents that present a threat to public health. Public health teams provide support for these functions.
- Unitary and lower tier authorities have additional health protection functions and statutory powers under various health protection, health and safety and food safety regulations. Environmental health teams in local authorities provide support for these functions.

3.1 LA Public health responsibilities
Strategic roles in relation to COVID-19 planning, resilience and response.
Directors of Public Health and their teams are responsible for:

1. Community testing
2. The local approach to contact tracing
3. Supporting residents to self-isolate
4. Local outbreak management and control
5. Surveillance and monitoring.

Public Health teams will work with Public Health England and Health Protection Boards to fulfil their duties. They will also be supported by resource deployed by 'gold' structures.

4. NHSE&I

- Category 1 responder under the Civil Contingencies Act 2004.
- Central commissioning of primary care services and specialised services.
- Direct commissioning of health and justice services, armed forces and veteran's health services.
- Responsible for ensuring that contracted providers deliver an appropriate response to an incident which threatens public health.

In relation to this plan:

- Lead the mobilisation of NHS funded services;

5. CCGs

In support of NHS England in discharging its Emergency Preparedness Resilience and Response (EPRR) functions and duties locally, the CCG is delegated to coordinate the health economy tactical coordination during incidents (Alert Level 2-4).

- Category 2 responders under the Civil Contingencies Act (2004).
- Principal local commissioners of NHS funded acute, community health and primary care services.
- Responsible for ensuring that their contracted providers (general practice, acute hospital, community health, mental health, out-of-hours etc.) will provide the clinical response to incidents that threaten the health of local population.

In relation to this plan:

- Authorise assistance as required by a local provider of NHS funded care.
- Provide support and advice to care providers.
- Provide infection prevention and control advice and support to the population, including care homes and complex settings.

6. Healthcare (including public health) service providers

In relation to this plan:

- Provide assistance as required by a local commissioner including support to care settings, e.g. to schools through school nursing services.
- Provide local surge capacity if required for complex situations.

7. HSE
- Category 2 responder under the Civil Contingencies Act 2004.
- Protects the health and safety of the public by ensuring workplace risks are properly controlled, including infectious/communicable disease hazards.

In relation to this plan:
- Collaborate with Incident Management Teams;
- Inspect premises;
- Regulate workplace risk assessment processes;
- Exercise statutory powers under the Health and Safety at Work Act 1974.

8. CQC
- Enforcement role in relation to regulated services such as care settings.
- Responsibility to protect people who use regulated services from harm and the risk of harm, to ensure they receive health and social care services of an appropriate standard.

COVID-19 LOMP Engagement and Communication Strategy

Updated 30 March 2021

Introduction

This document sets out the strategic engagement and communications approach for Nottinghamshire and its joined up approach with NHS and LRF partners, designed to serve residents across the whole county. This document arises from the Local Outbreak Control Management Plans for Nottinghamshire and will inform the Incident Management Plans in relation to specific outbreaks in the community or anywhere else.

In step with the original LOCP Communications Principles, communications activity will be informed by:
- The data
- Intelligence gathered from communities and notably the respective local authorities including district councils and other groups that are well connected particularly for the areas impacted by an outbreak
- Guidance or instruction as set out by Government departments
- Direction from the COVID-19 Health Protection Board and LOCP Engagement Boards.
- Direction from The Strategic Coordinating Group as delivered through the Local Resilience Forum Communications Cell.
- Direction from the Director of Public Health for Nottinghamshire.

As outbreak management continues through each stage of the Roadmap new communications challenges will emerge influenced heavily by the easing of restrictions and drivers of the economic recovery. Communications strategies will adapt to the evolving needs of the system as it responds to specific outbreak challenges across Nottinghamshire. The guiding principle of communications strategies will be to remain in step with government guidance. Communications will be heavily focused on planning for and responding to the emerging challenges presented by outbreak management alongside the Government Roadmap to recovery.

1. What is the objective?

Business objective

- Help prevent local outbreaks and/or contain a local outbreak
- Inspire long term and sustainable cultural change towards infection, prevention and control measures.
- Support new and emerging public health strategies that strengthen communities resolve against future pandemics.
- To ensure equality of messaging is achieved regardless of circumstance so that everyone has access to important messaging that can impact on a community's ability to respond to outbreaks in any setting.

Communication objectives

- Provide public confidence and reassurance through relevant, timely, accurate and accessible information and promote a sense of shared responsibility to prevent a local outbreak
- Increase awareness among local people/decision makers and stakeholders about how to receive services and the support they need, including NHS Test and Trace services, in Nottinghamshire
- Inform and explain to residents what they need to do to help prevent a local outbreak and in such an event, what response they can expect from their local authority and partners and what action they must take to respond to and mitigate the spread of infection

Behaviour change objectives

Build trust, participation, consent and co-operation so that residents:

- follow government advice and access the support they need.
- recognise the main symptoms of coronavirus and display behaviours that show a clear understanding of the regulations in place to keep communities safe.
- engage and co-operate with the NHS Test and Trace service
- Supporting the NHS to encourage people to cooperate with the vaccination programme by coming forward when called.

2. What is the strategy and messaging?

The Government's strategic communication and engagement plan was developed using a framework for activity using the OASIS Model (objectives, audience insight, strategy, implementation, evaluation). This required the communications lead role to work closely with partner organisations and other agencies to coordinate activity and ensure consistent and timely communications activity to help **prevent** an outbreak, **explain** the plans in place, roles and responsibilities and **respond** quickly and effectively in an outbreak situation – making it clear what people needed to do.

Prevent
- Amplify national messages with a local focus providing information and messaging to the public and promote awareness and adherence to the guidance and encourage the behaviours which will help prevent and reduce/stop the spread of COVID-19.

- Use of established channels and media strategy has focused on working with the local media and applying more bespoke methods of community based relationships to reach high-risk groups and those communities where English is not the first language, or where there may be issues around access, with trust/and/or low contact with public services.

- Maintain adherence to all the government guidance and adopt good practice measures to prevent infection from spreading in the community including social distancing, using a face covering where needed, getting tested and self-isolating where symptoms occur.

Explain
- Engagement and communications activity has been developed through ongoing stakeholder engagement with all parts of the governance structure including local communities, councillors, faith groups and the voluntary sector and the media, to explain and help everyone understand:

  o What people need to do and why to prevent a local outbreak.
  o What data is available, and what it means
  o How we might announce sporadic cases, a cluster of cases or a surge, which may lead to an outbreak or an outbreak that could become a major incident.
  o Clear messaging through effective media management.

Respond:
- Messages are issued quickly, accurately, and efficiently in the event of a local outbreak as determined by weekly Outbreak Control Cell or through the emergency planning teams as directed by the Local Resilience Forum.
- Media strategy and communications plans pertinent to individual incident management plans (settings, communities, geographies) are prepared in response to specific outcomes and recommendations as set by the director of public health and Incident Management Teams as well as through direction from the Strategic Coordinating Group as part of the Local Resilience Forum.

The communications response is flexible and tailored depending on the type and location setting of the outbreak. Channels and messaging are adapted to the audience, with a particular focus on ensuring high risk vulnerable and diverse communities are communicated with using bespoke methods. Statements will be led by The Director of Public Health for Nottinghamshire and made available quickly to the local media.

3. Audience and Channels	Channels & Tools
Audience:	

General public:
All residents, workers and visitors (settings) in Nottinghamshire
 	
High risk groups:
- BAME
- Single mothers with children
- 65+ year olds
- 18 - 64 year-old workers
- Clinically vulnerable
- Gender
 	
Key stakeholders:
- MPs, Leaders, Ward Councillors
- Faith or community
  leaders/influencers
- Media
- Covid-19 Protection Board, LOCP
  Engagement Board (Incident Management Teams)
- Government departments
 	
Other sectors:
- Business
- Health sector
- Justice organisations
- Education sector
- NHS
	- Business owners/ networks
	- Care Homes/ networks
	- Clinical settings/hospitals/NHS assets
	- Community networks
	- Education providers
	- Faith networks
	- GPs bulletin
	- LEPs and local business networks
	- LA websites/social/other channels
	- Local Leaders, MPs, Councillors
	- Local media
	- Pharmacies networks
	- Police
	- Political networks
	- Trade bodies
	- Unions
	- Voluntary Groups (NCVS and others)
	- Partnerships (inclu. Comms cell)
	- Notts Help Yourself website
	
	Briefings/webinars/emails/e-bulletins/ interviews/digital/social content/ web/ intranet/press releases and/or weekly media briefings /Q&As/Texts/
	Videos (DPH/Community influencers)/door knock/ print/signage/out of home/stakeholder letters/radio

Further insights about how we have and will continue to engage stakeholders in Nottinghamshire are shown at the end of this plan.

4. What are the risks and mitigations?

Risks	Mitigations
Misinformation	Heavily promoting official channels as the reliable source of information and using ambassadors to convey messaging.
Information overload	Timely consideration of publishing information against the context of political noise and other factors
Reaching the disconnected	Using a variety of methods including print outdoor and radio advertising to reach our wide variety of audiences.
The disaffected and doubters	Maximising use of official voices and using targeted social media campaigns reinforced by research and evidence
Pace of change and confusion of messaging	Clear and well-timed publication of messaging in line with Government Roadmap. Remain in step with official government communications

Local variation of outbreaks can lead to stigmatising of communities	Clearly agreed approach maintains a county-wide messaging approach so as not to pin-point specific areas.

5. Tactics and Activities

5. a. Media Strategy

The Director of Public Health was established as the leader lead spokesperson for all aspects of the outbreak management. In Nottinghamshire, effective and joined up media handling strategies have been developed with all LRF member agencies including NHS ICS Leads in order to provide mutual support to strengthen outbreak messaging across the county. This has involved development of a successful weekly media briefing - established at the height of the pandemic to provide directors of public health and NHS leaders in Nottingham and Nottinghamshire with a forum where important and regular messages are reinforced using local media.

5. b. Public Awareness Campaigns

Government Contain Funds have supported the development of locally led public information and awareness campaigns to promote the Hands, Face and Space messaging and to recognise the positive contributions of the public in their response to the restrictions implemented. The Council's communications campaigns aim to adopt a strength-based approach to recognise the positive impact of adherence to the regulations as well as the community efforts of those who have helped those in need throughout the pandemic. Materials on our web site and our proactive media material focusses on highlighting and promoting the positive aspects of the community response, whilst still conveying the important public health messages.

The 'Thank You Nottinghamshire' campaign adopted a coordinated county wide outdoor media and print campaign backed by an engaging radio advertising campaign.

5. c. Stakeholder Engagement

Stakeholders engaged as part of the outbreak management team are summarised in the table below which is representative of the typical nature of communications methodologies adopted but not an exhaustive list.

Our Residents	Regular Email-me subscriber bulletin and ongoing engagement through the development of our web site and social media channels.
Carers and care home sector	Regular bulletins from the director of Adult Social Care and Health and through regular provider briefings
Schools - staff and pupils	Direct communications from Academy leads, through the head teacher forums and via ongoing targeted subscriber email bulletins to parents.
Vulnerable citizens	Humanitarian Assistance Group and the council's customer services helpline
Businesses	Through the customer services helpline, communications briefings and contact with the relevant district councils mainly to promote the business support grants
Councillors across Nottinghamshire.	Regular briefings from the director of public health, the chief executives and through established committees such as the Local Outbreak Engagement Board and notably through the establishment of a dedicated Recovery, Resilience and Renewal Committee established to oversee the local response to the pandemic
Chief officers and executive leads	Through the chief executives' forum and other established executive forums including the Strategic Coordinating Group and Local Resilience Forum
Workplaces where there are outbreaks	Through environmental health officer leads, and ongoing direct contact as part of the day to day management of outbreaks in specific settings as coordinated through the outbreak communications cell

Partner organisations such as Healthwatch	Regular briefings as required.
Voluntary organisations	As coordinated through the Community Support Hub and Humanitarian Assistance Group
MPs	Regular briefings from chief executives and the director of public health.

6. Monitoring and Evaluation

Regular monitoring and evaluation will take place to review:
- The effectiveness of the communications, such as how messages are delivered and received
- The effectiveness of the digital, print and advertising materials evidenced through analytics
- The impact of media coverage received including the tone and volume of content
- The take up of NHS Test and Trace Service
- The behaviours displayed in the community as evidenced through the Outbreak Control Cell, Local Resilience Forum and through evidence gathered through Council service reviews.
- A reduction in circulation of the virus in the community.

Other measures include feedback received from the Covid-19 Health Protection Board and the Engagement Board, the Council's Health and Wellbeing Board and through anecdotal and data driven evidence gathered through the Local Resilience Forum Communications Cell.