

Leicester City Council Covid-19 Local Outbreak Control Plan
June 2020



Version Control

V1 June 2020	Initial draft Julie O'Boyle
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Leicester City Council

COVID – 19 Outbreak Management Plan June 2020

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Introduction

A national test and trace service for Covid-19 launched on 28th May 2020. As part of this national response to the Covid-19 pandemic Directors of public health are required to develop local outbreak control plans in conjunction with Public Health England's local health protection teams.

Local outbreak control plans are required to cover seven specified themes

- 1 Care homes and schools**
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- 2 High risk places, locations and communities**
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
- 3 Local testing capacity**
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
- 4 Contact tracing in complex settings**
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
- 5 Data integration**
Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
- 6 Vulnerable people**
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
- 7 Local Boards**
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

Context

The Director of Public Health has, and retains, primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented.

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies.

At a local level a partnership between PHE's health protection teams and field services work and local authority public health teams led by the DPH provides strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

This plan sets out the roles, responsibilities, structures, governance and implementation of a local outbreak management plan for Covid-19 in Leicester City.

Leicester Population

Leicester City is a diverse, young, creative and ambitious city, and with a population of over 300,000 is the largest in the East Midlands. For centuries people of different races and cultures have gathered in Leicester, creating a rich and unique heritage. This diversity continues today, and continues to enrich city life.

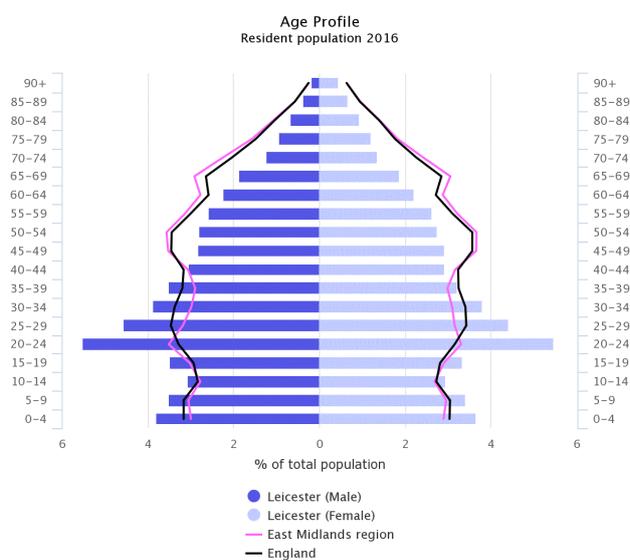


Fig1. Population Pyramid for Leicester City 2016.

This population pyramid also shows it has a much younger profile than England and the East Midlands, with larger proportion in particular of 20-29 year old age groups. In addition children and young people under 20 make up a quarter of Leicester’s population, and over 2/3s of school aged children are from minority ethnic groups (minority for England as a whole).

The City is also however one of the most deprived in the Country – and amongst the most deprived 10% of local authority areas in England. It has a lower life expectancy for both males and females compared to England and also lower Healthy Life Expectancy (the number of years a person can expect to live in good health). See Table 1.

	Leicester	England
Life Expectancy Males	77	79.6
Life Expectancy Females	81.9	82.9
Healthy Life Expectancy Males	60.3	63.4
Healthy Life Expectancy Females	59.2	63.8

Table1. Life Expectance and Healthy Life Expectancy Leicester v England PHOF 2015-17.

In addition within Leicester there is a gap of over 7.5 years life expectancy, and 11 years in healthy life expectancy, between the most deprived 10% of the city and the wealthiest 10%.

This combination of relative deprivation and high levels of ethnic diversity also are also significant risk factors for morbidity and mortality related to Covid-19 – both in increased risk of infection and once infected increased risks health complications and death.

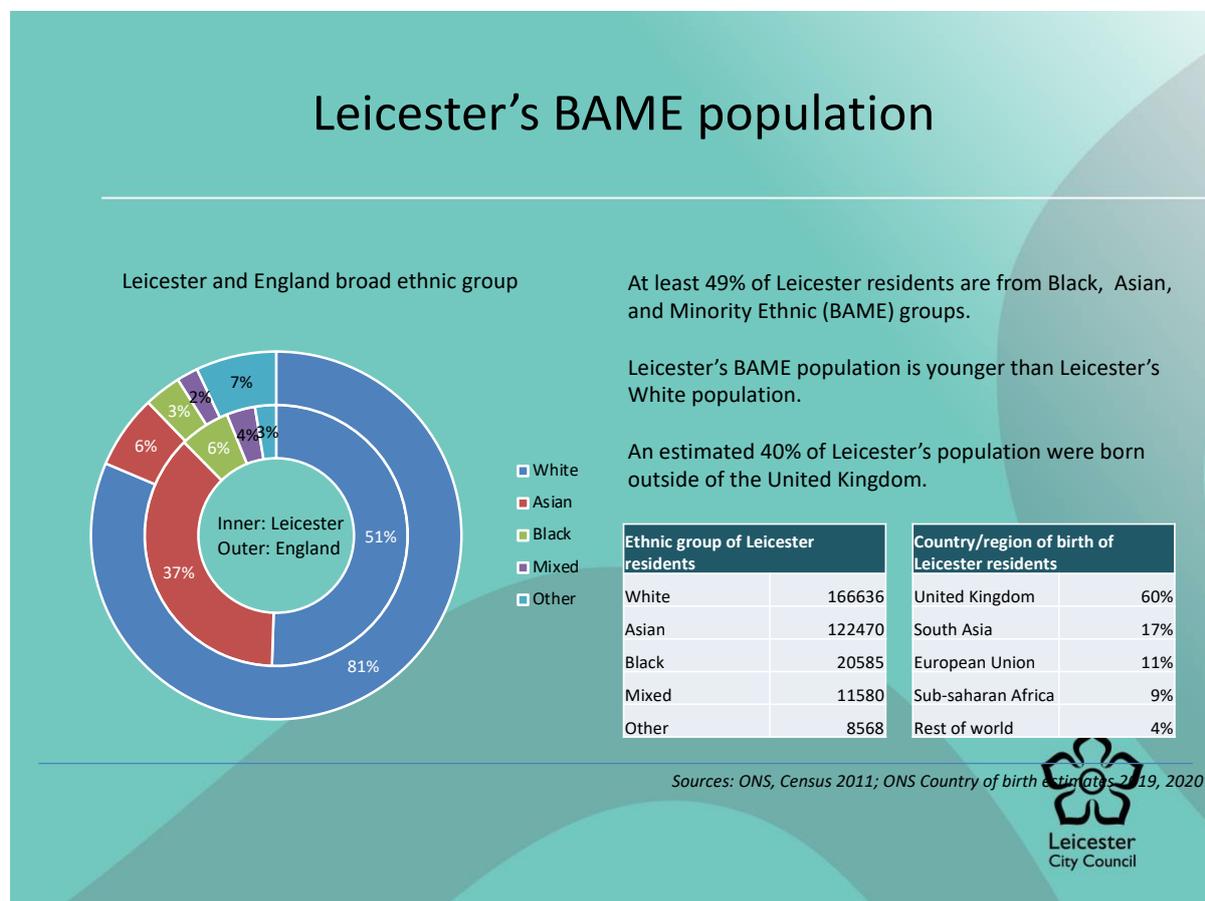


Fig 2. Leicester's Black, Asian and Minority Ethnic Population

Aims

The aim of the Local Outbreak Plan is to protect the health of the population of Leicester from COVID-19 by

- Preventing the spread of Covid-19 and associated disease
- Early identification and proactive management of local outbreaks

To achieve these aims we will;

- Support the national and regional effort to combat Covid-19
- Work with the existing local authority and local resilience forum structures to ensure joined up actions to support vulnerable people and to provide clear communication to the public

- Develop local workforce that has the necessary skills training support and capacity to support the regional PHE Health protection team response and to provide surge capacity to the wider system
- Facilitate rapid access to testing and further support agencies as required
- Collate and use data and intelligence to identify areas for action and reporting on outcomes

Structures and Governance Arrangements (Theme 7)

Local Boards:

At a local level there are a number of structures already in place at a LLR and local authority level to support the delivery of the local outbreak plan. The existing LRF structures including SCG and associated cells (see below and details in appendix 2) are well established and have been directing a co-ordinated response to the pandemic.

The Covid-19 Health protection board is a sub-regional board covering Leicester City, Leicestershire County and Rutland County local authority areas.

Covid-19 Multi-Agency Response Structure

This comprises the Strategic Coordinating Group (SRG) and Health Economy Strategic Coordinating Group and multiple cells including media and comms, Tactical Coordinating Group, and cells for testing, blue light response, mortality, finance, business, PPE, Community, Voluntary and Faith Engagement, primary care, workforce, health beds, social care, care homes, children and young people, LD/Autism, and mental health.

Full details are in appendix 2.

LLR Covid-19 Health Protection Board

This board is chaired by the local DsPH. It is a standing group of the LLR Health protection assurance board. The Covid-19 board will assure that local outbreak plans are in place and operating. During the current Incident in Leicester City (June 2020) this Board and temporarily become the Incident Management Team and Terms of Reference can be seen in Appendix 2. Once completed this will revert to the Covid-19 Board and we will publish terms of reference accordingly. The board will meet weekly to review outbreaks and situations of interest, and to review local data and intelligence to inform action.

LLR Covid-19 engagement board

This board provides political ownership and governance for the local response to Covid-19. This board also directs targeted communications with local population based on the local Covid-19 situation. Terms of reference for this group will be provided in appendix two once completed.

Operational groups

The outbreak management plan will be led by the City Council Public Health Team through four work streams.

Surveillance data and Epidemiology

This workstream will analyse local, regional and national data to provide local intelligence to support identification of outbreaks, and effectiveness of control measures. This will combine public health intelligence functions and resources across PHE and Leicester City Council, and where an appropriate Leicestershire County Council

Outbreak Management

A local incident management team will be stood up to supplement the existing provision within the local system to support ongoing management of outbreaks. See Appendix 2 for IMT Terms of Reference for existing Incident as an example.

Contact Tracing

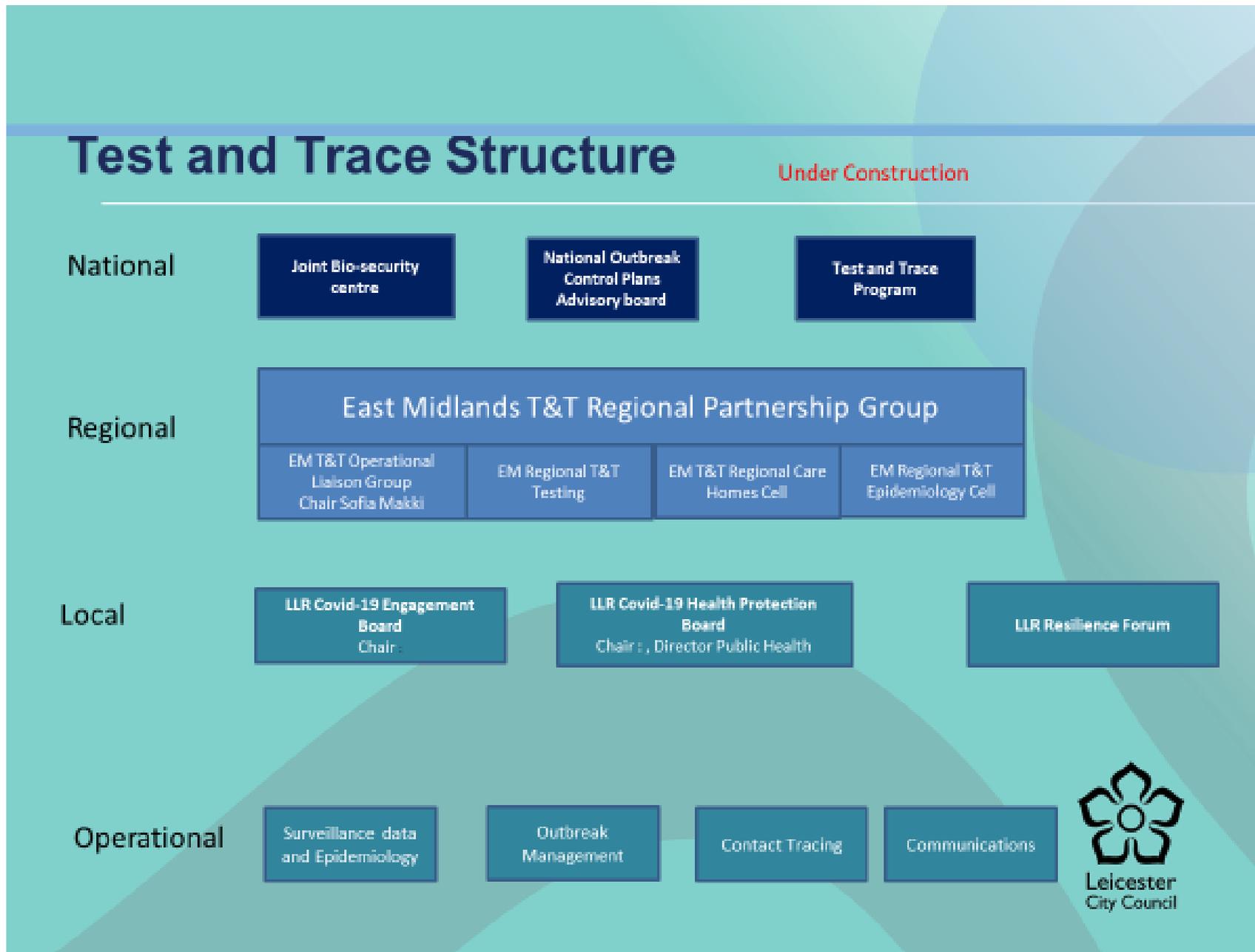
This workstream will support national and regional PHE led contact tracing. The function and resource is being developed and will report in detail in the coming weeks. This protocol will ensure:

- Awareness of the tracing capacity required for a range of scenarios
- Sufficient trained Tier 1 tracers in place to meet current requirements and requirements for a range of identified scenarios
- Clear procedures in place to draw on mutual aid
- Clarity of roles of PHE and local DPH teams

More details of the governance and system for national, regional and local contact tracing are in appendix 2. PHE currently offer assurance that they have capacity to undertake all required Tier 1 contact tracing but we are in the process of establishing an outbreak response service that will be able to provide mutual aid in the event of PHE's capacity being over-loaded.

Communications and Engagement

Led by Leicester City Council Director of Delivery Communications & Political Governance and supported by PHE Communications leads this function will develop communications plans relevant to the type of outbreak and will also consider pro-active and reactive communications at both generic and targeted levels.



East Midlands Regional Boards (See appendix two for TOR)

East Midlands Test and Trace regional Partnership group gives strategic regional support to the co-ordination of the NHS Test and Trace Service and provides a forum to share examples of best practice and address any concerns arising from the implementation of the programme. It is intended to support local DsPH, local and regional NHS partners and SCGs/LRFs, and it will also provide local situational awareness for national oversight of the Test and Trace programme

East Midlands Test and Trace Liaison operational group facilitates the design and delivery of Tier 1 COVID-19 test and trace (contact tracing) operating model in the East Midlands.

East Midlands COVID-19 testing subgroup supports the East Midlands Regional Test and Trace Partnership Board to implement national testing policy through clear leadership, oversight and coordination across the East Midlands Region.

East Midlands COVID-19 care home subgroup (setting of interest may change so other groups may be stood up or down)

East Midlands COVID-19 regional epidemiology cell

National Groups

Joint Biosecurity Centre

The joint biosecurity centre (JBC) brings together expertise and analysis to inform decisions on tackling COVID-19. The centre has two main roles the first as an independent analytical function providing real time analysis of infection outbreaks. The second is to advise on how the government should respond to spikes in infections.

There are five Covid-19 alert levels:

- Level 1: Covid-19 is not known to be present in the UK
- Level 2: Covid-19 is present in the UK, but the number of cases and transmission is low
- Level 3: a Covid-19 epidemic is in general circulation
- Level 4: a Covid-19 epidemic is in general circulation; transmission is high or rising exponentially
- Level 5: as level 4 and there is a material risk of healthcare services being overwhelmed.

Test Trace Contain and Enable team

The NHS Test and Trace Programme brings together four tools to control the coronavirus

Test: increasing availability and speed of testing.

- Trace*: when someone tests positive for coronavirus contacts of the case will be identified and alerted of the need to self-isolate.
- Contain*: The national Joint Biosecurity Centre will work with local authorities and public health teams in PHE, including local Directors of Public Health, to identify localised outbreaks and support effective local responses, including plans to quickly deploy testing facilities to particular locations.
- Enable*: The government to learn more about the virus, including as the science develops, to explore how to further in ease infection control measures.

Outbreak Planning (themes 1,2 and 4)

All Covid related public health enquiries from City Council PHE can be addressed to a dedicated inbox administered by public health and managed via dedicated MS Teams / SharePoint site.

Action Cards have been developed for a wide range of settings (see supporting document) which also have contact details to be used in an outbreak. Both this plan and supporting documents are available on the MS Teams / SharePoint site.

Care homes (theme 1)

There are established processes in place, agreed between the three local authorities, PHE and care homes, for notification, testing, management, follow up and closure.

Potential cases are flagged by the care home to PHE who organise pillar one testing through Derbyshire Health United. Tests are processed at the University of Leicester NHS Trust. Ongoing management is then handed over to LLR infection prevention control service with support from a response cell staffed from City and County Public Health, and supported where necessary by PHE.

Once pillar two whole home testing has been undertaken care homes are contacted daily to provide numbers of new cases, and numbers of residents and staff self-isolating and offer infection prevention and control advice and support.

A broader care home resilience plan being developed

See LCC action card for managing an outbreak in a care home setting in supporting document with embedded contact details for all care homes and supported living settings.

Education and childcare settings (theme 1)

Notification, risk assessment and initial outbreak management to be undertaken by local PHE Health Protection teams.

A link to the LCC action card for managing an outbreak in education and childcare settings (including universities) is provided in appendix three.

See LCC action card for managing an outbreak in education and early years settings including early year settings, nurseries, registered childminders, schools, special schools, colleges and Universities.

High Risk places, locations and communities (theme 2)

An outbreak can occur in almost any setting. The plan identifies a number of potentially high-risk populations, and settings and there are LCC action cards for managing an outbreak in workplaces places of detention, and homeless hostels in the supporting document.

High risk populations

homeless shelters and services for rough sleepers

From the start of the epidemic proactive advice on infection control measures were issued to hostels and day centres catering for the homeless population.

Under the “everybody in initiative” around 200 people were accommodated in hostels and temporary accommodation. This included moving people from dormitories to single occupancy rooms and also accommodating people who lost accommodation due to Covid-19 and those with no recourse to public funds.

A multiagency group including Inclusion Health Care, LA Public Health, LA Homelessness prevention, Hostel managers, voluntary sector providers, CCG, Mental Health Services, Drug and Alcohol Treatment services, and homeless outreach team meet weekly. This group reviews current status of the “everybody in” programme. Including healthcare provision, and issues with accommodation. This group also draws on the wider LRF and local authority structures to ensure that clients who are shielding and those temporarily accommodated in hotels receive support packages.

Under a local agreement with CCG and UHL our local provider of healthcare services to the homeless population, Inclusion Healthcare, undertake testing of residents displaying symptoms of Covid-19.

Notification, risk assessment and initial outbreak management will, in accordance with existing arrangements, be undertaken by local PHE Health Protection teams.

In the event of a suspected outbreak Inclusion healthcare will undertake further testing of residents and staff (if required).

See Action Card Public health management of an outbreak of Covid-19 in a Residential setting housing the homeless and/or vulnerable migrants

Migrant worker dormitories/accommodation for vulnerable migrants,

Notification, risk assessment and initial outbreak management to be undertaken by local PHE Health Protection teams.

Inclusion healthcare provide healthcare services for this group and will undertake swabbing of symptomatic individuals in accommodation.

See Action Card Public health management of an outbreak of Covid-19 in a Residential setting housing the homeless and/or vulnerable migrants

High risk settings

Workplaces

Notification, risk assessment and initial outbreak management to be undertaken by local PHE Health Protection teams with follow up support including ongoing advice, enforcement, and potentially contact tracing by Leicester City Council

See *LCC Action Card Public health management of an outbreak of Covid in a workplace*. This includes contact details for food processing plants – contact tracing data suggest are higher risk workplaces.

Places of detention

Notification, risk assessment and initial outbreak management to be undertaken by local PHE Health Protection teams.

Details of places of detention in Leicester City including HMP Leicester, Police custody cells, Courts is available in appendix four.

Health Settings

Notification, risk assessment and initial outbreak management to be undertaken by local PHE Health Protection teams.

Ongoing management will be undertaken by trust IPC teams.

A list of healthcare settings and contact details is available in appendix xxx

Travel hubs

Notification, risk assessment and initial outbreak management to be undertaken by local PHE Health Protection teams with follow up support including ongoing advice, enforcement, and potentially contact tracing by Leicester City Council.

Key travel hubs in the city include the railway station two city centre bus stations and the park and ride bus service.

Any issues related to Leicester Train Station would be discussed with East Midlands Railway and Network Rail.

Places of worship

Advice based on the national guidance about reopening places of worship has been circulated to main religious denominations in the city.

Notification, risk assessment and initial outbreak management to be undertaken by local PHE Health Protection teams with follow up support including ongoing advice, enforcement, and potentially contact tracing by Leicester City Council

Sport and Leisure

Notification, risk assessment and initial outbreak management to be undertaken by local PHE Health Protection teams with follow up support including ongoing advice, enforcement, and potentially contact tracing by Leicester City Council
LCC have existing close working relationships with professional sports clubs in the city.

There are numerous local authority owned gyms, swimming pools and leisure centres run under the leadership of the Director of Public Health.

Contact details for the larger privately and university owned gyms and leisure centres to be provided.

Supporting vulnerable people (Theme 6)

The existing LA and LRF structures have identified vulnerable people across the city who are shielding and self-isolating. Notification has been through a number of routes including national list of extremely vulnerable population, list from CCG of potentially vulnerable people, self-registration, notifications from other services such as Homeless prevention team,

Existing LA and LRF structures are in place to support vulnerable people who are shielding and/or are required to self-isolate. Support available includes

- Mental health and wellbeing support for people isolating and/or shielding
- Support for children and young people e.g. holiday hunger schemes
- Specialised support for people with substance misuse issues
- Safeguarding
- Food and wellbeing packs delivered to those who cannot leave their home
- Food banks operating to ensure food and hygiene products available to those in need

Contacting services

Contact details for vulnerable residents are available on the council website here:

<https://www.leicester.gov.uk/your-council/coronavirus/coronavirus-support-for-residents/>

Residents can contact the council

- if they need support to get food or other essential supplies
- if they need help to pay for fuel, rent, council tax or other bills
- if they are concerned about a resident who is vulnerable or isolated who needs help.

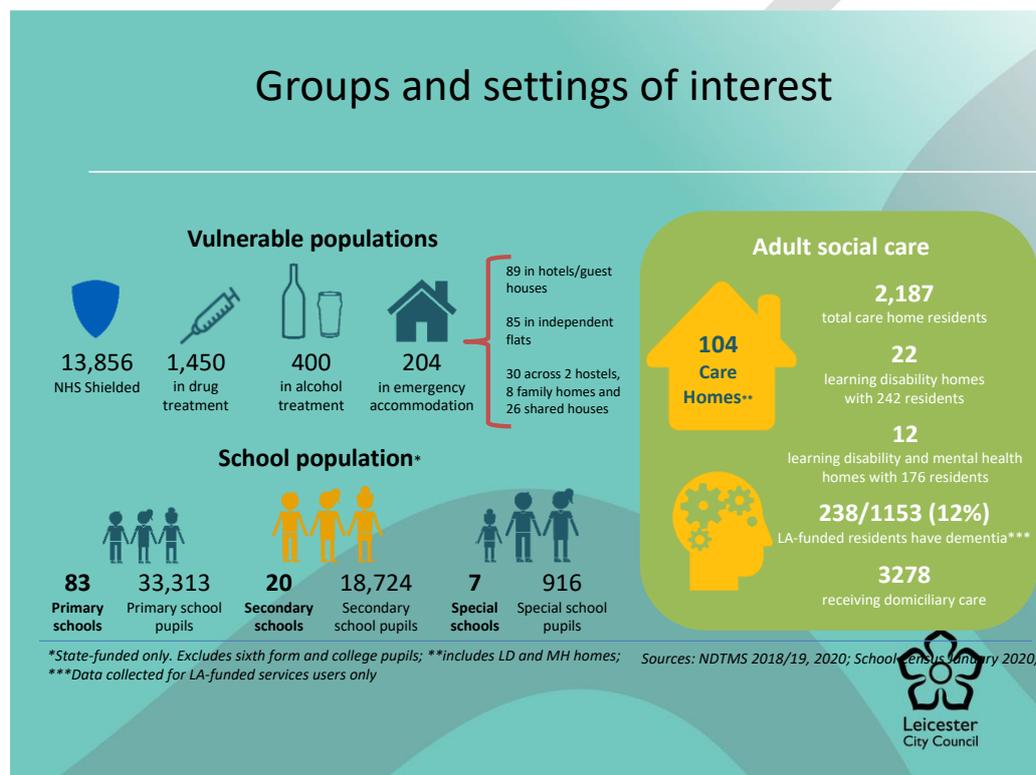
Email c19support@leicester.gov.uk giving a contact telephone number if possible.

A member of our staff will call you back between 9.30am and 4pm, Monday to Friday.

Medical needs

If you need support to get medicine, contact your GP or pharmacy.

If you have had a letter from the NHS saying that you are medically vulnerable, use the phone number or email on the letter.



Leicester City Council have developed a range of support services for vulnerable people for Covid-19. See <https://www.leicester.gov.uk/your-council/coronavirus/>

This includes advice on mental health and well being, tackling loneliness, avoiding scams, support for small businesses, charity and voluntary support services, information for different faith groups, financial support, information about social care, active travel, and the re-opening of council services.

Black, Asian and Minority Ethnic (BAME) groups

Emerging evidence in the UK and abroad suggests that black and minority ethnic (BME) communities are being disproportionately affected by COVID-19 – the government published initial work to better understand why such a high number of people from BME backgrounds are dying from the virus. (PHE, Disparities Review, June 2020).

Death rates by ethnic group show higher rates of BAME people being admitted to hospital with COVID-19, more BAME people dying and higher rates of death in NHS staff members. Evidence suggests several potential drivers behind these tragic national figures.

Almost half of Leicester's residents classify themselves as belonging to an ethnic group that is not White. Leicester has one of the country's largest Asian communities (37% of the population), with 28% of all residents defining themselves as of Indian heritage. At 3.8%, Leicester's African community is a notably larger proportion of the population than that for England (1.8%).

We have undertaken significant work on the data locally and published a report on Covid-19 and Ethnicity. The key points are:

- The recording of ethnicity data is not strait forwards and often leaves gaps in our understanding of the health and social care system usage at a local level
- Intensive care and mortality data shows more people from BAME backgrounds are dying of COVID-19 than White British people. This is likely due to a combination of the following factors. However research is not yet able to separate the contribution of each of these elements:
 - more BAME people being exposed to/contracting the virus in the first place
 - more BAME people experiencing severe symptoms leading to higher risk of death
 - It is likely that BAME people are more exposed to the virus as they form a significant majority of health and social care work force (44% of NHS medical staff) as well as other frontline service professionals (such as delivery drivers and transport staff)
 - People from certain ethnic backgrounds are more likely to have long-term health conditions (both genetic predisposition as well as wider determinant factors of health) this is likely to exacerbate symptoms and/or severity of COVID-19
 - By having more accurate recording of ethnic group at the point of testing, engagement with health care system and death we will be able to respond in an evidence-informed way – however this infrastructure is not yet established locally.

The full report is available on request.

Local Testing Capacity (Theme 3)

LLR wide testing cell is currently in place (part of the LRF response structure) this cell will co-ordinate and deploy testing capacity in support of the outbreak response. The testing cell is represented on the Covid-19 Health Protection Board.

Pillar one testing

Local laboratory capacity (UHL) for quick turnaround of results is already available. Can process approx. 100 results within 24 hours. The number of tests processed can be increased significantly (1,000 per day) but this would impact on turnaround time.

Pillar two testing

Drive through testing site at Birstall park and ride currently has capacity to perform 840 tests a day. Currently operating at 50% capacity. This site can increase testing up to a value of 1300 tests per day with the agreement of DHSC.

We have three mobile testing units (MTU) (operated by the military) available to cover LLR. There is a schedule in place, linked to the national booking portal, to place these units at various points across the patch to enable access to testing as required. Each mobile testing

unit is able to process 300 tests per day. Location of these MTU's is agreed through the military liaison officer for LLR.

There are other MTU's in neighbouring counties (e.g. Lincolnshire and Nottinghamshire) which could be diverted to LLR in the event of a major outbreak (likewise units from LLR could support the response in other counties if required). This would be agreed and managed through NHSEI

Additional mobile testing can be stood up using Deloittes agreed through DHSC. These offer additional flexibility in terms of size and location and can offer indoor testing sites as well as outdoor.

Self-test kits are available to the general public and can be ordered via the online portal or by calling 119. These will be able to be posted back using specially designated post boxes.

Local testing capacity

Derbyshire Health United are commissioned by Leicester City CCG to provide out of hours GP services. There is also a contract variation in place which allows them support outbreak management. This includes in home testing of care home residents. They have the capability and capacity to scale up and undertake swabbing in outbreak scenarios.

Inclusion Healthcare have capability and capacity to undertake swabbing within the homeless and asylum seeker populations

Data Integration (Theme 5)

Local data is analysed at a number of levels across the system. The LRF data cell works across the systems to produce a biweekly management report which is shared through the LRF structures and provides data on performance of the local healthcare system with some modelling of future demand.

PHE data released daily. The public health analyst team produce a weekly intelligence report drawing on nationally released data and local data to provide a detailed picture for the city. There are also daily report on outbreaks in care homes

The DPH now has access to data directly from the JBC.

A data sharing agreement has now been signed between the City Council and PHE to allow sharing of rapid sharing of test results by postcode and including available demographic information.

The Contract specifically:

- clarifies the responsibilities and commitments of the parties in relation to the Data, including any specific terms that will apply to the Processing of the Data;
- imposes confidentiality requirements on the Data Recipient;
- outlines the data security principles and requirements with which the Data Recipient must comply;

- sets out the audit rights of PHE; and
- stipulates arrangements for termination of this Contract and deletion of the Data.

We have in addition requested access to the Health Protection Case and Incident Management system used by PHE, HP Zone. This is being considered nationally.

Integration of national, regional and local data is required to enable the continuous monitoring of the frequency and the distribution of disease, and death, due to COVID-19 infections. In addition, effective management of notified outbreaks, contact tracing, and self-isolation relies on the flow of data between key stakeholders and between those at the front line of infection prevention control. We have requested access to postcode level data for Pillar 2 Testing results from PHE.

The LLR LRF data cell co-ordinates the work of analysts from the CCG, General Practice, City and County Councils, UHL and LPT.

We have developed a local surveillance system to monitor a number of indicators providing useful intelligence on the spread of the virus locally. This surveillance system makes use of a range of data sources including NHS 111 and 999 calls, COVID-19 hospital admissions and summary data about confirmed laboratory cases (Pillar 1).

The Health Protection Boards will require a range of data sources to inform their decisions.

Laboratory Confirmed Cases: Public Health England (PHE) publishes daily data on laboratory confirmed cases (<https://coronavirus.data.gov.uk/>). This data only includes tests carried out in Public Health England and NHS Trusts laboratories, which mainly cover hospital inpatients and critical health workers (Pillar 1 testing). Until recently, this picture has remained incomplete, with Pillar 2 data recently becoming available to DPH's on an ad hoc and confidential basis. Daily exceedance and surveillance reports using lab confirmed cases are also provided by Public Health England. The use of this data is currently limited as it is not reported at an individual or postcode level.

This data ensures that local NHS capacity can be considered by the Health Protection Board, alongside all other surveillance data, when making decisions on the need for local action.

Mortality surveillance: In addition to the mortality data collected by local NHS Trusts the data cell has utilised its links with local authority registry offices to receive timely updates on all deaths noting COVID-19 on death certificates.

The City Council Public Health team also monitors excess all-cause mortality. This tracks the number of deaths of any cause occurring in Leicester and whether they exceed the expected level for this time of year. This is an important indicator of the direct and indirect (e.g. through lockdown measures) impact of COVID-19 on mortality.

Excess deaths is an important measure for the Health Protection Board as it is a reminder that decisions on outbreaks, self-isolation and local lockdowns also come with opportunity costs that must be considered.

There are a number of existing data sources that can be used to monitor outbreaks:

- PHE East Midlands daily list of ongoing COVID-19 situations.
- PHE East Midlands daily surveillance report including outbreaks/clusters notified to PHE.

- Infection Prevention Control Team daily updates on ongoing care home outbreaks

It is anticipated the Joint Biosecurity Centre will also provide a dashboard identifying outbreaks and clusters including those escalated to Public Health England's regional teams. This may therefore supersede the data links identified above

Communications Plan

There is an LLR Communication Plan and City Council Covid-19 Communication Strategy. See appendix 3.

Financial Plan

- £300 million in national funding to support local authorities to develop and action local plans to reduce spread of the virus in their area
- Leicester City share of this funding is £2,489,071

Workforce considerations

The risks currently being assessed are

- Ensuring there is sufficient capacity within the current LCC PH workforce to deliver the outbreak plan
- Active recruitment required to address local capacity issues

Appendix one: Legal context for managing outbreaks

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups¹ to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives Local Authorities (Public Health and Environmental Health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the local Health Protection Partnerships (sometimes these are Local Health Resilience Partnerships) and local Memoranda of Understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government³.

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

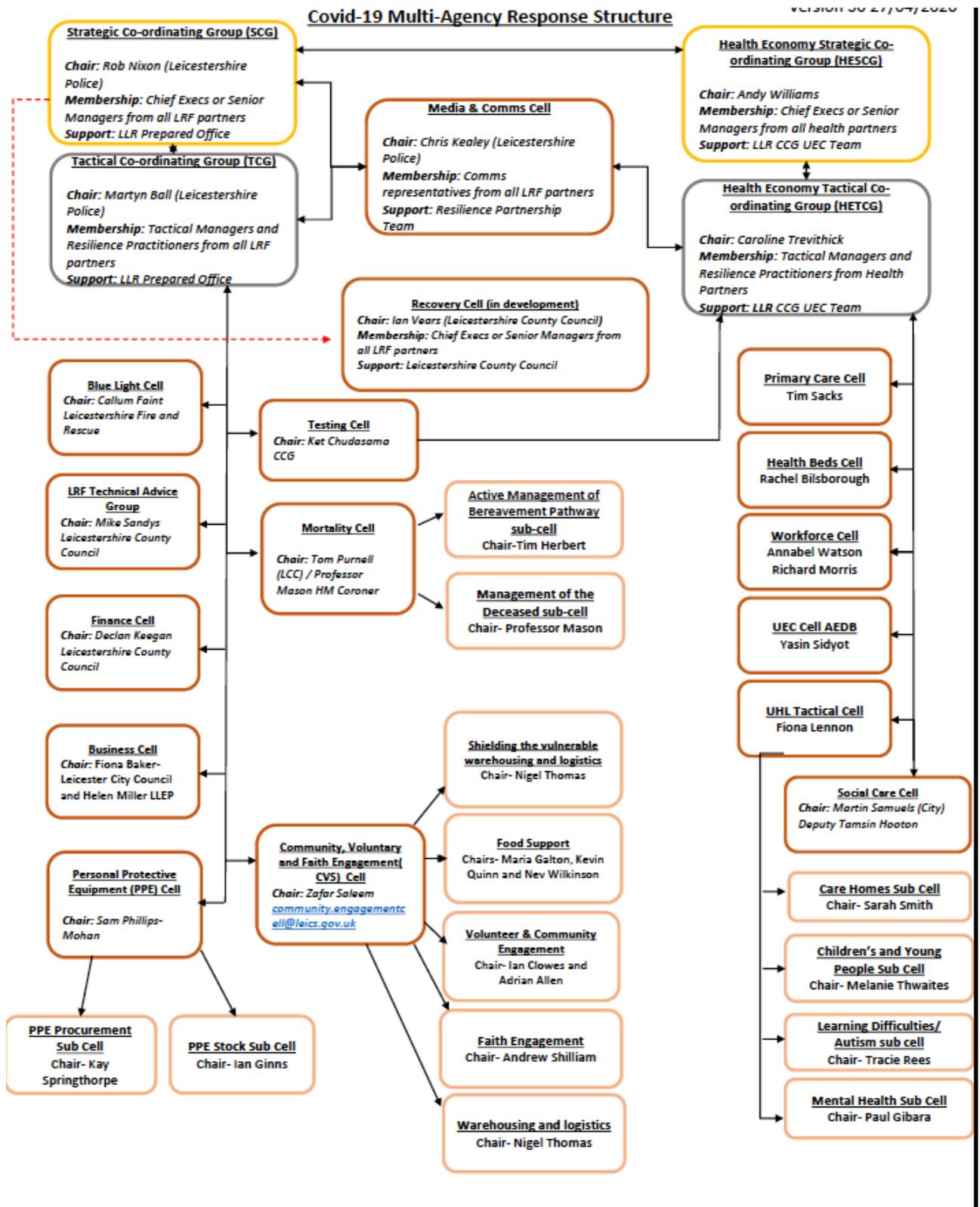
This legal context for Health Protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

¹ And NHS England in the case of Prisons and custodial institutions

Appendix Two: Terms of reference for local and regional groups

DRAFT

Covid-19 Multi-Agency Response Structure



Full details and ToR available as supporting document.

1 Aim

Building on existing health protection arrangements across LLR, the board will develop local Covid-19 outbreak control plans, including measures to identify and contain outbreaks and thus protect the public health of the population of Leicester, Leicestershire and Rutland.

2 Scope

- oversight of the local Covid-19 Outbreak Plans and their continual and agile updating
- review of local surveillance data including Joint Biosecurity Centre reports PHE exceedance reports and local intelligence to identify outbreaks
- advise on management of outbreaks
- advise on the deployment of broader resources and local testing capacity to swiftly test local people in the event of an outbreak
- review ongoing management of local Covid-19 outbreaks and situations of interest
- Advise LA and LRF structures on the support required
- Escalate to regional and national organisations as appropriate
- recommend further action to control outbreak including use of special powers
- produce situation report for COVID-19 engagement board

3 Methods of working

The board will;

- 1 Work in partnership to maintain a clear overview of the health protection system including governance and sources of expertise.
- 2 Support coordination of work concerning health protection issues and escalate where gaps in partnership working are identified.
- 3 Ensure that learning from incidents has been established to inform future working practices.
- 4 Ensure that evidence-based practice is being followed in all areas of health protection practice.

4 Governance

The Covid-19 Health Protection Board is a standing group of the LLR Health Protection Assurance Board. It will provide advice to the LLR Covid-19 engagement board.

5 Membership

- Directors of public health from each of the upper tier authorities in LLR
- Public health consultant leads for health protection from each of the upper tier authorities in LLR
- Consultant in communicable disease control Public Health England
- Lead environmental health officer from each authority
- Representation from Covid-19 LRF cells including

- testing
- care homes
- data
- communications support

6. Meetings

The Board will meet weekly and will be chaired by one of the DPHs by agreement between them.

Secretarial support and production of the risk register will be undertaken by one of the local authority public health teams (by agreement between the DPHs). Additional members may be invited where necessary by full Board agreement. Members will endeavour to send a deputy if they are unable to attend.

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LCC Covid -19 Incident Management Team: Incident number 20/06/001: Terms of Reference

Introduction

An Incident Management Team (IMT) will be convened in response to specific criteria as set out in the covid-19 outbreak management plan.

The role of the IMT is to coordinate the activities of relevant agencies involved in the control and investigation of an outbreak or incident in order to understand the aetiology mechanism and source of the outbreak and to employ appropriate and timely control measures to bring about a speedy resolution to the outbreak or incident.

Meetings will be chaired by a consultant in communicable disease control from Public Health England or a consultant in public health in the local authority. All meetings will have a written agenda, minutes and clear action points and records of policy decisions. These should be produced and distributed in a timely fashion to members of the ICT.

The incident management team through the chair will provide regular situation updates to the LLR Covid-19 Health Protection Board and to the LLR Covid-19 Engagement Board.

Purpose

This incident team has been convened in response to rise in Covid positive cases in the city and specifically clusters of cases in the North East area of the city in particular North Evington

Objectives

the objectives of the IMT are to undertake or ensure appropriate arrangements are in place for the following

- identification and control of an ongoing source
- minimise transmission (minimising number of primary and secondary cases)
- Monitor effectiveness of any measure introduced
- advise the public to the risk and its avoidance
- prevent further episodes of illness or re occurrence by identifying continuing hazards and eliminating or minimising them
- consider any legal procedures that may arise from the consequences of the outbreak
- Report on the final outcome

Specific tasks

- To review the epidemiological microbiological and environmental evidence and verify an outbreak or incident is occurring
- Agree a case definition
- regularly conduct a full risk assessment whilst the outbreak or incident is ongoing

- develop a strategy to deal with the outbreak or incident and allocate responsibilities based on the risk assessment
- determine the level of the outbreak or incident
- ensure appropriate control measures are implemented to prevent further primary and secondary cases
- agree appropriate further epidemiological microbiological environmental and food chain investigations
- communicate with other professionals the media and the public as required providing accurate and timely information
- determine when the outbreak or incident can be considered over based on ongoing risk assessment and taking account of risk management actions
- make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible and act these
- Produce reports at least one of which will be the final report containing lessons learned and recommendations

Membership

Lauren Ahyow consultant in communicable disease control PHE East Midlands

Ivan Browne DPH Leicester City Council

Mike Sandys DPH Leicestershire and Rutland County Councils

Peter Marks Regional Convenor NHS Track and Trace

Julie O'Boyle Consultant in Public Health/Health Protection Lead Leicester City Council

John Mair Jenkins Consultant Epidemiologist, Field Epidemiology Services PHE

Nadine Hilliard Communications Lead PHE

Ket Chudasama Director of Performance & Corporate Affairs West Leicestershire CCG/
Chair LRF Testing Cell

Jo Atkinson Consultant in Public Health Leicester City Council

Rob Howard Consultant in Public Health Leicester City Council

Debra Reynolds Media & PR Manager Leicester City Council

Govind Mandora Environmental Health Leicester city Council

Madeleine Redway Leicester City Council PR and Media Officer Leicester City Council

Miranda Cannon Director of Delivery, Communications, and Political Governance

Leicester City Council

Andrew Shilliam Head of City Mayor's Office Leicester City Council

Caroline Trevithick, Chief Nurse and Executive Director of Nursing, Quality and Performance

Legal representative

HSE rep

Case definition

Laboratory confirmed case of Covid-19 in someone living/working/attending school in North Evington.

Key metrics of interest are the number of positive cases and the proportion of positive test results.

Specific Roles

PHE Consultant in Communicable Disease

- Chair IMT meeting unless a different chair has been agreed
- liaise with clinicians over need for testing and management of cases
- agree with IMT who will lead the media response
- arrange for appropriate identification and follow up of contacts
- provide epidemiological advice and support analysis and interpretation of data
- ensure appropriate stakeholders are informed and updated including LA NHSEI CCG acute trusts, microbiologists, FES
- Inform relevant PHE Centre Director as necessary
- Ensure all documentation relating to outbreak is correctly managed and disseminated incorporating information governance and data protection requirements
- Co-ordinate production of outbreak report

Director of public health

Under the health and social Care Act the director of public health is responsible for the local authority contribution to health protection. including planning for and responding to incidents that present a threat to the public's health. They are also responsible for

- overall executive responsibility for reviewing the health of the population including surveillance, prevention, and control of communicable disease
- ensuring, in liaison with NHSEI and CCG's, that appropriate resources are available to support the investigation and control of outbreaks
- ensuring 24-hour local authority emergency management availability
- ensuring that hospital trusts are alerted and able to cope with a potential influx of patients
- informing local authority chief executive and political leadership as appropriate
- liaison with other local authorities as appropriate
- agree who will lead the media response

PHE field epidemiology consultant

- provide advice to the IMT on epidemiological aspects of the outbreak
- provide advice and support for local descriptive epidemiological summaries and analytical epidemiological investigations
- run an epidemiological investigation on behalf of the IMT
- coordinate cross boundary or widespread regional national investigations

Communications lead

- Liaise with IMT to establish an incident spokesperson
- Co-ordinate media handling in close liaison with partners
- Ensure appropriate health protection advice is made available to the public and media throughout, including appropriate messages articulating Health protection advice locally
- Monitor press and social media coverage of the outbreak

Regional Convenor NHS Track and Trace

Administrator

- Taking accurate and detailed minutes of IMT meetings including a record of actions and decisions
- Timely circulation of minutes to IMT members
- Organisation and circulation of dates of IMT meetings and associated paperwork
- Other administration support as required.

Meeting frequency

3 times a week

Monday, Wednesday Friday 16.00

1. Introduction

Test and Trace is a key plank of the government's next phase response to the COVID-19 epidemic in England. It is intended to support the management of the community, care home and hospital COVID-19 epidemics and to help control the virus.

PHE and ADsPH East Midlands are to be mandated through the national government command to (tbc):

- Ensure there is a robust interface between the local and regional public health responses to COVID-19 and the new national mass Contact Tracing service to manage complex individual cases referred from that service, and enable rapid identification of situations and outbreaks
- ensure there is coherent, rapid local and regional management of community outbreaks; and
- to oversee, coordinate and assure the mass CT programme in the region.

In parallel DsPH working with DsASC, local NHS and PHE have been mandated nationally to coordinate all local aspects of the care home programme, and regional coordination of this work programme is also occurring Midlands level with all partners engaged.

Whilst further national direction is awaited about the functionality to be included in the local and regional TTT programme, and about the interface between local, regional and national elements of the coordination and command of the programme, it is likely that the new local-regional arrangements will need to be put in place rapidly, hence this proposal for the regional partnership forum. It will be amended as further national information becomes available.

2. Purpose

The Test and Trace Partnership gives strategic regional support to the co-ordination of the NHS Test and Trace Service and provides a forum to share examples of best practice and address any concerns arising from the implementation of the programme.

It is intended to support local DsPH, local and regional NHS partners and SCGs/LRFs, and it will also provide local situational awareness for national oversight of the Test and Trace programme.

3. Governance

The Partnership is co-chaired by the Regional Director for Public Health England and the lead DPH for the ADPH in the East Midlands.

In terms of local governance and in line with usual practice, each constituent organisation remains wholly accountable for its own decisions and actions.

It will communicate with the DsPH in the East Midlands, LA Chief Executives, SCGs/LRFs, NHSEI Midlands, and will report into the national Test and Trace programme as required, via PHE.

4. Responsibilities

The Partnership Group will bring strategic co-ordination to all aspects of the Test and Trace Programme focused on strategic direction, priorities, resourcing, data and surveillance and communication.

Where required, the Partnership Group will escalate issues and concerns to the national Test and Trace programme as required, via PHE.

It will also provide regional public health understanding, narrative and oversight of the East Midlands COVID-19 epidemic to support the prevention and management of COVID-19 at a local level. The Partnership will be supported by sub-groups focussing on COVID-19 testing arrangements, data and intelligence, and setting-specific fora as required.

At the outset, the sub-groups are:

- Test and Trace Operational Liaison Group (East Midlands)
- Epidemiology Regional Cell (Midlands)
- Setting Specific Fora
 - Care Homes Liaison Group (Midlands)
 - Other settings to be determined
- COVID-19 testing
 - Pillar 1 testing arrangements (NHS/PHE laboratories)
 - Pillar 2 testing arrangements

The Partnership Group will also establish additional sub-groups and task and finish groups as required.

Establish links with the relevant incident response cells across the East Midlands/Midlands Region as required.

Membership

- PHE
- ADsPH
- LA CE
- NHSEI
- Representative of each of the 5 SCGs/LRFs in the East Midlands
- The Chairs of each sub-group in the structure (including those that traverse the Midlands Region)
- MHCLG RED (where relevant)

Members must be authorised to speak and act for the organisation that they represent.

Other members will be co-opted as necessary: e.g. ADASS, Directors of Children's Services

5. Meeting frequency

Initially weekly, expected to reduce over time

6. Support

The meeting secretariat function will be provided by PHE.

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Aim

To facilitate the design and delivery of Tier 1 COVID-19 test and trace (contact tracing) operating model in the East Midlands.

Purpose

There is a need for regional coordination and this will be a operational group of consultants in public health from local authorities and Public Health England (PHE) to shape the design and delivery of Tier 1 contact tracing.

The primary focus will be on management of situations and complex cases and how the system architecture comes together. The Tier 1 escalation criteria are:

- Cases where liaison with an educational/childcare setting or employer may be required
- Complex and high-risk settings
 - Care home staff and residents
 - Healthcare workers and emergency workers
 - Cases who attended healthcare settings as non-COVID patients
 - Cases living or working in prisons
 - Cases in attending or working in special schools
 - Small vehicles
- Specified activities or any workplaces where direct contacts are not identified or where 1+ case matched to postcode
- in disease frequency or severity that may require further investigation
 - Number of cases linked to a specific workplace.

Scope:

The group will focus on operational management and focus on themes 1-5 and 7 of local outbreak plans.

Figure 1. Local outbreak plan seven themes

- 1 Care homes and schools**
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- 2 High risk places, locations and communities**
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
- 3 Local testing capacity**
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
- 4 Contact tracing in complex settings**
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
- 5 Data integration**
Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
- 6 Vulnerable people**
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
- 7 Local Boards**
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

Overview

Test and Trace is a national programme which is a key element of the Government's response to COVID-19, aiming to control spread of the coronavirus by testing symptomatic people and tracing their contacts. The programme is led by Department of Health and Social Care (DHSC) and has three elements:

- NHS COVID-19 app – led by NHSX
- Widespread access to testing for symptomatic people – DHSC led
- Public health contact tracing – PHE led with phone-based methods and the NHS Test and Trace web-based tool.

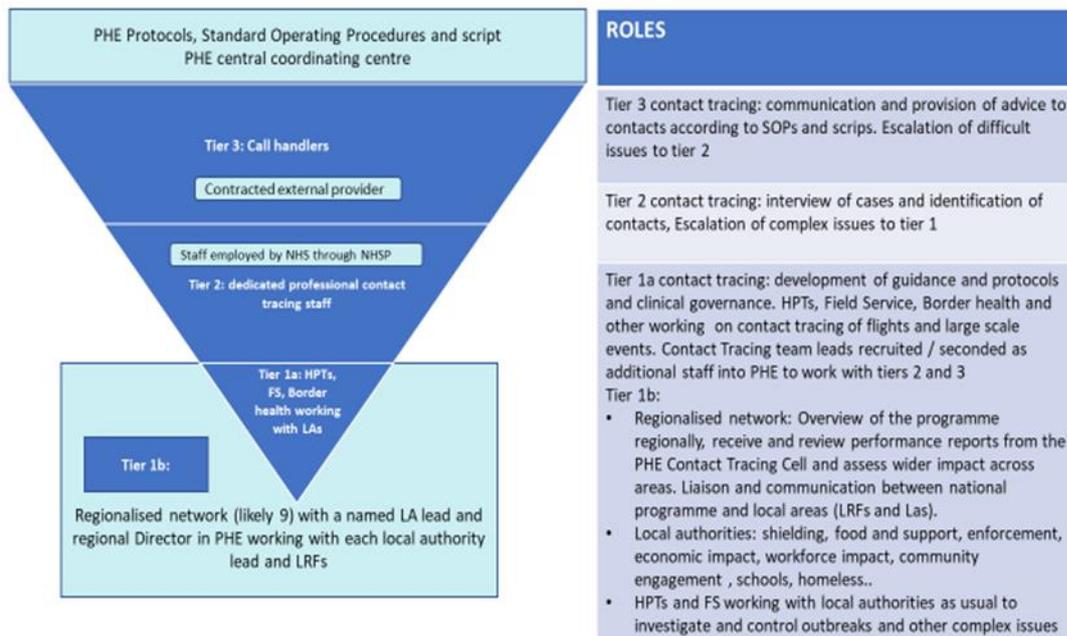
The national contact tracing model includes a regional oversight group to have oversight of the programme and its impact locally and ensure effective communication with local authorities and LRFs.

Operating models and system architecture

This group will focus on the Tier 1b regionalised network as shown in Figure 2 and this includes management of situations or complex cases.

Figure 2. Operating model showing each Tier.

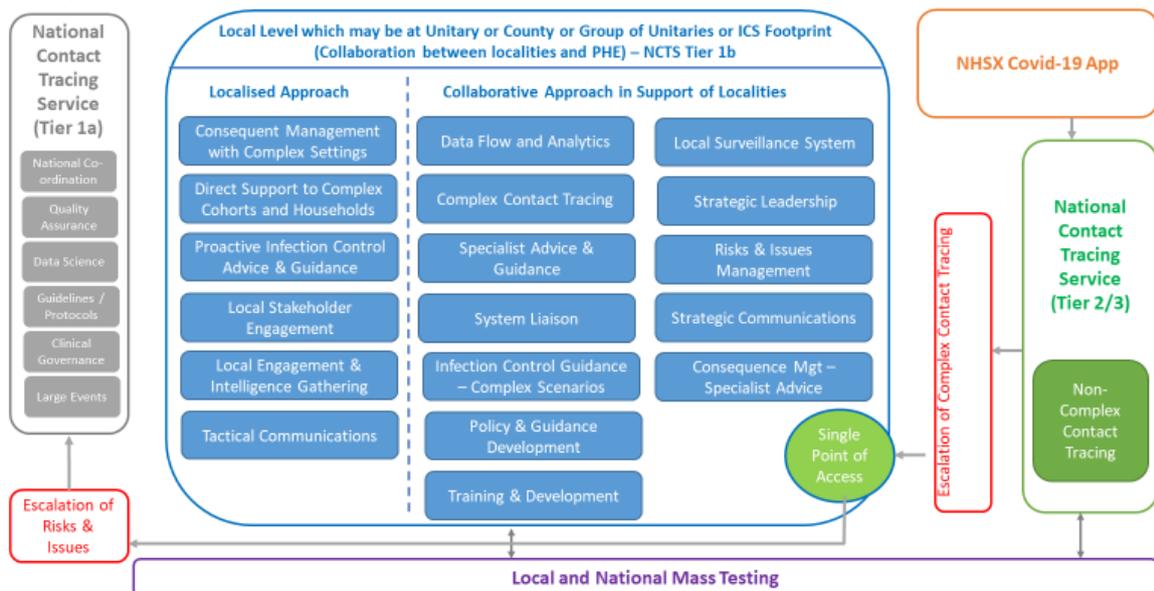
Operating model



Tier 1, 2 and 3 is described in greater detail in Figure 3 and the 1b collaboration framework may be useful for this group to consider. Tier's 2 and 3 will be centrally managed and Tier 1 locally managed. PHE, local authorities and other public health partners will work together.

Figure 3. Greater Manchester's system architecture for local authorities and PHE.

System Architecture (adapted with thanks to Greater Manchester)



Function

The function of the East Midlands Test and Trace Liaison Operational Group is to act as a responsive resource, providing timely advice, guidance and recommendations on testing, tracing and isolation issues, as requested by the DsPH. This will include, but is not limited to:

- Reactive thinking and problem solving
- Sharing best practice (one for all)
- Sharing information and insight
- Space for conversation

Responsibilities

- Oversight of outbreak and incident management
- Coordination and assurance
- Information sharing
- Shared learning
- Communication

Membership

Health protection/contract tracing leads from:

- Nottinghamshire County Council
- Nottingham City County Council
- Leicester City County Council
- Leicestershire and Rutland County Council
- Lincolnshire County Council
- Derbyshire County Council
- Derby County Council
- Northampton County Council

PHE:

- Sophia Makki chair PHE EM Contact Tracing Lead
- HPT EM Consultants in Communicable Disease Control (CCDC)
- PHE EM Systems Liaison Group representative
- Field Services representative
- Local Resilience Liaison representative / Senior Public Health registrar(s)

Relationships with other groups

- East Midlands Test and Trace Partnership Group
- Local Resilience Forums - SCGs
- Other LA local oversight groups
- PHE Incident Control Centre (ICC)
- PHE Health Protection COVID-19 operations group

Meeting frequency

Twice a week on Tuesdays and Thursdays 11:00-12:00 for 3/6 months

Deliverables

To be decided and monitored on a task tracker

East Midlands COVID-19 care home subgroup (setting of interest may change so other groups may be stood up or down)

East Midlands COVID-19 regional epidemiology cell

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East Midlands Covid 19 Testing Subgroup: Terms of Reference

Area Covered

The East Midlands Testing Subgroup will cover the following STP/ LRF footprints

- Leicestershire
- Derby & Derbyshire
- Lincolnshire
- Northamptonshire
- Nottingham & Nottinghamshire

Aim

To support the East Midlands Regional TT Partnership Board to implement national testing policy through clear leadership, oversight and coordination across the East Midlands Region.

Roles & Responsibilities of the Group

The Testing Subgroup will:

- Lead the implementation of Testing policy across the East Midlands
- Translate national strategy into implementation actions to ramp up testing based on the continued extended testing, introduction of contact tracing and exit of lockdown.
- Provide oversight and where appropriate co-ordination of all elements of the testing operational delivery
- Model demand and capacity across all elements of testing and assess and propose service plans to meet demand.
- Review and assess data/ intelligence to ensure access and reach across the East Midlands geography
- Ensure clarity of operational pathways to manage outbreaks in conjunction with HPT
- Review and deliver comprehensive approach to improve access to hard to reach / vulnerable groups, working across geographic boundaries
- Work collectively to resolve issues which have been escalated from each system
- Raise matters of concern and maintain a project risk register to provide oversight of the risks and issues, escalate to the EM TT Partnership Board
- Maximise the opportunities for the East Midlands to deliver a consistent and collaborative response to any testing approach
- Provide feedback to the EM TT Partnership Board regarding the experience of implementing national policy in local areas, and act as an advocate for the East Midlands in developing more devolved approaches

Membership

The chair of the Cell will be TBC

Organisation/Group	Member
STPs/Integrated Care systems (ICS) Leads	Sarah Carter- Notts ICS sarah.carter21@nhs.net Bridget Stacey – Derby/ Derbyshire brigidstacey@nhs.net Ket Chudasama – Leicestershire/ Leicester/ Rutland Ket.Chudasama@WestLeicestershireCCG.nhs.uk Pam Parmer – Lincolnshire pamelapalmer@nhs.net Sharon Wright Northamptonshire sharon.wright34@nhs.net
NHSE/I Regional Lead	Manjit Darby manjit.darby@nhs.net Nick Hardwick nick.hardwick@nhs.net
PHE Lead	
LA Dir of PH Lead	
LA Dir Adult SS Lead	
Trusts Laboratory Leads:	
Care Home Sector Lead	Sue Wilson Sue.Wilson2@nottscg.gov.uk
DHSC Regional Lead for Testing/Tracing	Tim Locke Tim.Locke@dhsc.gov.uk
National Testing Programme Lead	Liz May lmay@deloitte.co.uk
MOD Regional Testing Lead	
East Midlands Fire Service	
East Midlands Police	

Other leads will be invited as the agenda requires.

The Chair expects membership to be that of the title and roles within the above list. Fully briefed deputies with sufficient seniority and understanding to participate fully in the meeting are to attend in the absence of the nominated member.

Governance and Authority

Governance of Test/Track /Trace is being developed Nationally with the expected requirements for Regional and Local governance arrangements, whilst this remains in development this Testing Cell is responsible and accountable to the EM TT Partnership Board

Appendix 3: Communications Plans and Strategy

LLR Communications Plan

Test and Trace – comms plan
Leicester, Leicestershire and Rutland



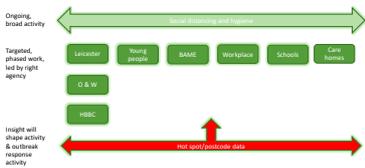
Audience



Approach



Approach



Tactics

Targeted advertising, inc. buses	Mainstream and community media	Face-to-face engagement
Neighbourhood WhatsApp groups	Influencers	Peer-to-peer
Online	Social media	Internal communications
Competition for young people	Newsletters	Political champions

Key messages

Cross-cutting messages suitable for all audiences:
<ul style="list-style-type: none"> Save lives, save livelihoods Play your part, protect your community Back to work? Back to basics – wash your hands and stay at 2m Know the symptoms. Get a test and self-isolate.
Location-based messages
<ul style="list-style-type: none"> Stay safe in xxxx Test centres Translated materials
Setting-based messages
<ul style="list-style-type: none"> Specific messages tailored to care homes, schools, factories
Demographic-based messages
<ul style="list-style-type: none"> Specific messages which highlight risks

Artwork

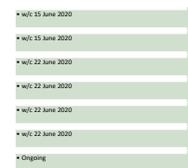
- Use Government artwork
- A range of static and moving images are available for a range of channels
- Collateral is available at: coronavirusresources.phe.gov.uk



Risks & triggers



Actions: phase one



Aim and Objectives

Overall aim is to protect the public by containing an outbreak of Covid-19 and stopping the spread. To do this the communication objectives would be as follows:

- Identify and agree clear and consistent key messages which identify the issues (using data as appropriate), the risks and what is expected of people and businesses
- Agree a clear communications plan and work as appropriate with national and local partners in the development, sign off and delivery of the plan taking account of local governance around outbreak management
- Identify and use appropriate general and targeted communication channels taking into account the nature and context of the outbreak, geographical location and communities affected
- Ensure a focus on identifying the most hard-to-reach groups and targeting messaging at these groups via appropriate channels
- Ensure a flexible and adaptable approach which can respond to a changing and dynamic situation
- Keep the public and key stakeholders informed of how the situation is changing
- Capture and share learning from the communications response

Strategy/approach

1. Understand the situation

- a. What is the nature of the outbreak
- b. What is the scale and what data is available
- c. Who is affected
- d. How is the response is being managed including governance arrangements
- e. What initial measures are being deployed eg increased testing capacity, new local restrictions,
- f. What initial comms measures are needed

2. Develop and sign off the communications objectives/strategy

3. Understand target audience

- a. Understand demographics of the affected area particularly language and other cultural considerations
- b. Identify specific hard to reach/vulnerable groups
- c. Identify important places within the local community which can be used for targeting messages eg map out places of worship, schools GP surgeries, local Policing Units, community centres, retail centres
- d. Collate other key information such as key business in the area

4. Develop and sign off key messages

- a. Ensure clarity of who signs off messages
- b. Understand any tensions with national/other messages and how to position those

5. Identify stakeholders / community influencers

- a. Stakeholders who will support the comms strategy eg partners such as Health, Police and internal Council services who operate out in communities eg Public Safety, City Wardens, Food Safety, Housing, Neighbourhood Services etc

- b. Community stakeholders who are important influencers within communities to support local targeted messaging
- 6. Use trusted local spokesperson(s) eg DPH to lead the messaging and confirm role of City Mayor/Executive Members in the comms response**
- 7. Identify appropriate channels for target audience and develop comms plan**
- 8. Deliver plan, update, review and evaluate**
- 9. Debrief and identify lessons learnt**

Potential comms channels/tactics:

- Council Social media eg Twitter, Facebook (including targeted activity via paid for advertising)
- City Mayor social media
- Member emails/member bulletin/member briefings
- Council's website - www.leicester.gov.uk
- Broadcast media – radio, TV etc (likely to include BBC Radio Leicester, Capital Radio, BBC TV East Midlands, Central TV, Sabras, Eava FM)
- Print media (print media such as Leicester Mercury can also put messages out quickly via their websites and do not need to wait for print)
- Community radio stations
- Your Leicester e-newsletter 60k+ circulation
- Schools' Extranet
- Internal staff newsletter
- Trade Union engagement
- Parents and families via schools
- SMS messaging including via GP practices
- Face to face engagement e.g. City Wardens, Public Safety Team, Customer Services, Neighbourhood Services, Ward Councillors
- Public notices/posters in prominent locations – indoors or outdoors
- Street messaging eg lamppost banners, bin stickers, floor stickers
- Information packs / guidance for business
- Targeted leafleting of individual premises including households in a defined area, businesses etc
- Provision of shareable assets to community and faith leaders / influencers to use on social media, WhatsApp etc
- Videos shared via social media, WhatsApp, website etc