COVID-19 OUTBREAK CONTROL

Local Outbreak Management Plan

March 2021

Coventry City Council

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FOREWORD

In June 2020, Local Authorities were tasked by Central Government to produce specific local outbreak control plans in response to the ongoing COVID-19 pandemic. The Coventry Local Outbreak Control Plan has now been refreshed into a Local Outbreak Management Plan (LOMP). The LOMP reflects local and national developments since the original plan was produced, and includes changes in local roles, responsibilities and resources, as well as incorporating the learnings of the past nine months and plans for the next phase of the response, as we move towards recovery. The current plan includes key metrics and the incentive dates within the national roadmap on easing lockdown. The plan also considers scenarios, should case numbers not continue to improve as expected.

At the time of writing, Coventry has sadly seen 636 deaths as a result of COVID-19. This figure emphasises how important it is that we continue to invest resource and capacity in the LOMP - to prevent infections via non-pharmaceutical interventions (NPIs), manage outbreaks and encourage vaccination uptake across all our communities. This activity will need to be maintained alongside our recovery programmes.

As a Marmot City, Coventry is committed to tackling health inequalities. The LOMP focuses on supporting our vulnerable communities. We knew which of our communities were disadvantaged due to structural inequalities in social, health and economic terms prior to the pandemic and we were working to redress these issues. Unfortunately, these inequalities have deepened and widened during the past year and our LOMP is designed to ensure our vulnerable, disadvantaged and hard-to-reach communities are supported to stay safe within the remit of the plan.

We know that businesses small, medium, and large have all faced extreme challenges. Our aim has been to sustain the most severely impacted sectors and supply chains, in order for them to be able to recover as quickly as possible. Workplace testing, effective outbreak management and the Coventry Solihull & Warwickshire (CSW) Business Charter are designed to build confidence in our businesses and to support them to work in a COVID safe way which protects their staff and customers.

The success of the roll-out of the national vaccination programme is key to recovery and so far, uptake has been good. As a young city, Coventry is likely to see a slightly lower percentage of overall population vaccination coverage whilst vaccination is restricted to cohorts 1-9. We are constantly reviewing the data and working with our communities to maximise uptake, particularly in our vulnerable and hard to reach communities.

We have never witnessed such dramatic, adverse impacts on communities, education, the economy, public institutions, the community/voluntary sector and the financing and machinery of national government as we have seen over the past 12 months. However, we are proud of the way in which Coventry has responded to the challenge. Voluntary and community groups have grown and developed across the City to support their communities; NHS colleagues have worked tirelessly under difficult and challenging conditions through three COVID peaks; nurseries, schools, colleges and universities have supported children and young people through this tough time; other partners have shown their strength and determination to support the City too. Finally, thanks must go to all colleagues across Coventry City Council who have worked incredibly hard, across directorate and organisational boundaries, to support the residents of Coventry and have shown the true value and meaning of a One Coventry approach.

Martin Reeves
Chief Executive

Liz Gaulton
Director Public Health
and Wellbeing

Outbreak management in Coventry

This is what we have achieved…

💬 **Engaging communities**   ☀ **Reducing transmission**   🏢 **Supporting residents**
✔ **Test & trace**   🛡 **Compliance & enforcement**

5,300
social media posts to inform and encourage residents, reaching 194.6m impressions

102 37
primary & secondary schools supported to manage outbreaks

273
community messengers across Coventry to help our communities

3,026
vulnerable residents contacted to identify food, support and contact needs during the first lockdown

43,979
community (lateral flow) tests conducted since the launch on 16 December; 514 positives identified

200
rough sleepers homed in the city as part of Everyone In

7
community testing centres in operation with a capacity of over 7,000 tests every day of the week

1,375
most vulnerable households supported with food parcels

100
businesses and workplaces supported or visited in relation to outbreak management

73
infection control audits completed to support and reduce transmission in care homes

265
advice and compliance actions taken by our 3 officers to help businesses and workplaces stay covid-safe

670+
residents supported via good neighbours scheme

289
workplace, education & care settings followed-up through outbreak identification rapid response

38 27
looked after children   shared lives carers
supported via 10 new social workers

35
outbreaks in complex workplace settings supported through incident management teams

10
tracers to make welfare call & undertake enhanced contact tracing on every case – 11,500 contacted

119
visits to businesses undertaken (78 outbreaks; 41 complaints) to help employees stay covid-safe

3
additional specialists appointed to support victims of domestic violence and abuse

45
Covid advisors employed to support shops, restaurants and other places to be Covid-secure

17,000
contacts responded to provide support through the Winter Grant Scheme

67
whole setting testing completed to support outbreak management

www.staysafecsw.info | www.coventry.gov.uk/coronavirus/

INTRODUCTION

CURRENT SITUATION IN COVENTRY

Like most other areas of the UK, the city is now seeing sustained signs of improvement. Regionally, the Covid seven-day case rate for the West Midland has fallen from being the worst-affected at the end of January 2021, to fifth place by the middle of March 2021. Similarly, in Coventry, the seven-day case rate has fallen from 586 per 100,000 residents at the beginning of January to around 50 per 100,000 by early-March – similar to the level last experienced in early October when the city was in Tier 1 restrictions.
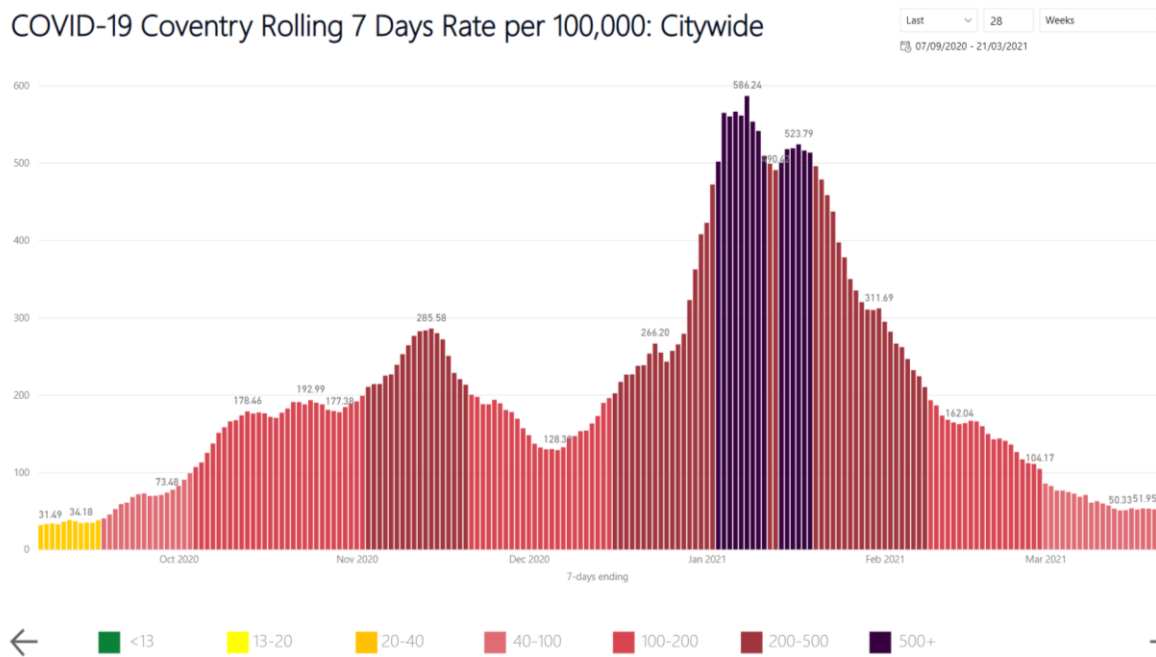
Locally, the successful roll-out of the first dose of vaccinations and the high uptake amongst older people have meant that the case rate in the over 60s age group has fallen from a rate per 500 per 100,000 to 25 per 100,000. This is also reflected in a sustained reduction in hospital cases, meaning that the vaccination programme amongst the older age groups has not only made a difference to case numbers, but also in reducing the severity of infections.

As the country embarks on the roadmap out of lockdown, there is a huge reliance on increasing community testing; tracing and isolating contacts; widespread vaccinations across all groups; and managing outbreaks and new variants. On these measures, Coventry has made sustained progress. In mid-March, our rate of PCR testing stands at 285 tests per 100,000 residents per day. While lower than the West Midlands rate of 340, our positivity rate is lower, at 2.3% in Coventry compared to 2.8% in the West Midlands. We have undertaken a widespread roll-out of community testing in the city – with 52,000 lateral flow tests completed in our community sites since 16th December – and uptake increasingly reflective of the city's diverse communities (16% and 9% of tests for residents of

Asian and Black ethnic groups respectively from 1-17 March, compared to around 16-20% and 5-13% of the population respectively).

Over 125,000 residents – that is, 43% of the city's 18+ population (ONS MYE 2019) – have now received the first dose of the Covid vaccination – including 70% of our frontline care staff; three-quarters of our clinically extremely vulnerable population; and over 90% of our over 70s. There are concerns over vaccination rates amongst our more deprived neighbourhoods and some BAME communities – and work is taking place to improve access to vaccinations in these groups using local pharmacies and community hubs.

As more of the population is vaccinated, levels of immunity will rise, rates will continue to fall and there is an expectation that the focus will be on identifying and managing outbreaks which requires local-led action, aligned to the new national COVID-19 contain framework. As a young city Coventry is likely to see a slightly lower percentage of vaccination uptake whilst vaccination is restricted to cohorts 1-9. Potentially leading to a higher Covid case rate in our communities over the forthcoming months.

The Government's Roadmap for exiting national lockdown published on the 22nd of February is only achievable with effective planning and deployment at local level. This Local Outbreak Management Plan for Coventry City Council (CCC) will set out the current response and how we are working in local areas, the governance of and roles/responsibilities on each aspect of our response and how insights and a focus on reducing inequalities will underpin the response.

LIVING WITH COVID

This Roadmap overleaf sets outs our response to the recovery roadmap.

This Roadmap is supplemented by three living with COVID scenarios which are informing the development of all our recovery plans, including the LOMP. We will be in a position to move flexibly through the scenarios as the picture changes locally and nationally over coming months.

RESPONSE TO RECOVERY ROADMAP

NATIONAL ROUTE

STEP 1

8 March
- Schools and colleges are open for all students. Practical Higher Education Courses.
- Recreation or exercise outdoors with household or one other person. No household mixing indoors.
- Wraparound childcare.
- Stay at home.
- Funerals (30), wakes and weddings (6)

29 March
- Rule of 6 or two households outdoors. No household mixing indoors.
- Outdoor sport and leisure facilities.
- Organised outdoor sport allowed (children and adults).
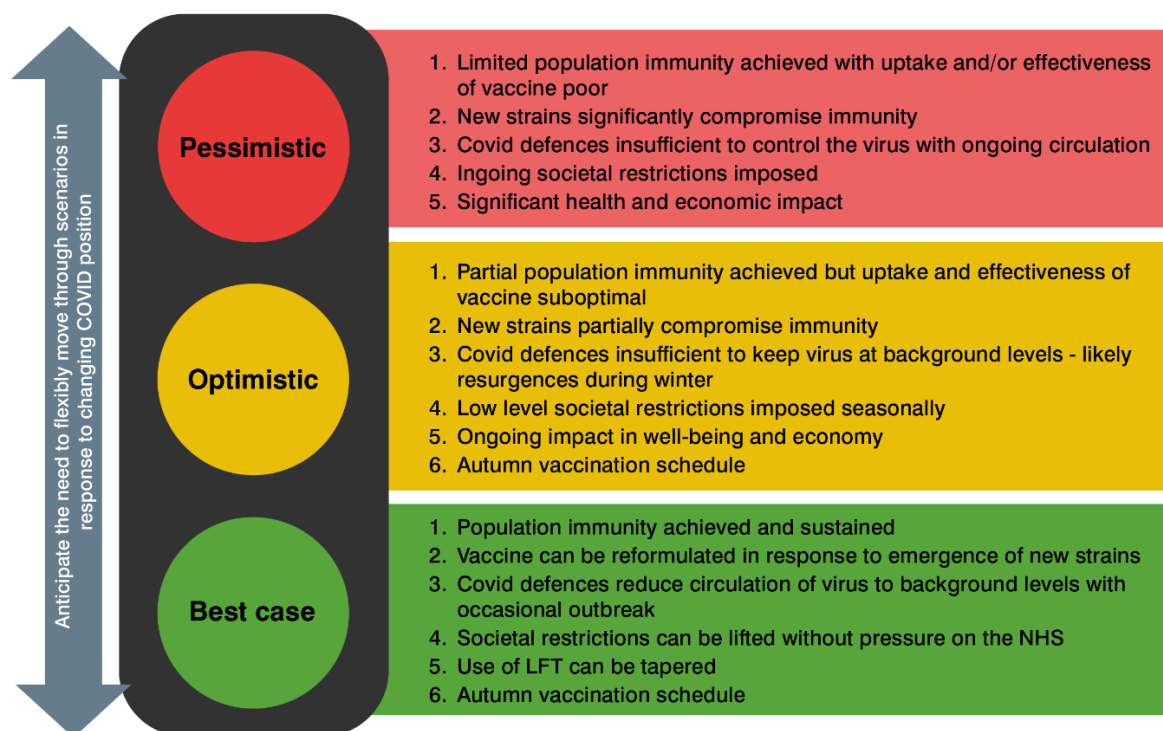- Minimize travel. No holidays.
- Outdoor parent & child groups (up to 15 parents).

STEP 2

12 April
- Indoor leisure (including gyms) open for use individually or within household groups.
- Rule of 6 or two households outdoors. No household mixing indoors.
- Outdoor attractions such as zoos, theme parks and drive-in cinemas.
- Libraries and community centres.
- Personal care premises.
- All retail.
- Outdoor hospitality.
- All children's activities, indoor parent & child groups (up to 15 parents).
- Domestic overnight stays (household only).
- Self-contained accommodation (household only).
- Funerals (30), wakes, weddings and receptions (15).
- Minimise travel. No international holidays.
- Event pilots begin.

STEP 3

17 May
- Indoor entertainment and attractions.
- 30-person limit outdoors. Rule of 6 or two households (subject to review).
- Domestic overnight stays.
- Organised indoor adult sport.
- Most significant life events (30).
- Remaining outdoor entertainment (including performances).
- Remaining accommodation.
- Some large events (expect for pilots) - capacity limits apply.
  - Indoor events: 1,000 or 50%.
  - Outdoor other events: 4,000 or 50%.
  - Outdoor seated events: 10,000 or 25%.
- International travel - subject to review.

STEP 4

21 June
By Step 4, the Government hopes to be able to introduce the following (subject to review):
- No legal limits on social contact.
- Nightclubs.
- Larger events.
- No legal limit on life events.

4 TESTS
STOP

REGIONAL ROUTE

REGIONAL POSITION CHECK (using the Regional Metrics) to determine regional response and comms

KEY DATES & EVENTS

MARCH

APRIL

MAY

JUNE

JULY

Budget 3 March 2021	Schools reopen 8 March 2021			Vaccine cohorts 1-9 first dose End of March 2021	Easter Weekend 2 - 5 April 2021	Vaccine cohorts 1-4 second dose End of April 2021	May Bank Holiday 3 May 2021	Local Elections 6 May 2021	May Bank Holiday 31 May 2021	School Summer holidays Late July

| SCG 3 March 2021 | SCG 10 March 2021 | SCG 17 March 2021 | SCG 24 March 2021 | SCG 31 March 2021 | SCG 14 April 2021 | SCG 28 April 2021 | SCG 19 May 2021 | SCG 23 June 2021 (SCG stands down (tbc)) |

Anticipate the need to flexibly move through scenarios in response to changing COVID position

Pessimistic

1. Limited population immunity achieved with uptake and/or effectiveness of vaccine poor
2. New strains significantly compromise immunity
3. Covid defences insufficient to control the virus with ongoing circulation
4. Ingoing societal restrictions imposed
5. Significant health and economic impact

Optimistic

1. Partial population immunity achieved but uptake and effectiveness of vaccine suboptimal
2. New strains partially compromise immunity
3. Covid defences insufficient to keep virus at background levels - likely resurgences during winter
4. Low level societal restrictions imposed seasonally
5. Ongoing impact in well-being and economy
6. Autumn vaccination schedule

Best case

1. Population immunity achieved and sustained
2. Vaccine can be reformulated in response to emergence of new strains
3. Covid defences reduce circulation of virus to background levels with occasional outbreak
4. Societal restrictions can be lifted without pressure on the NHS
5. Use of LFT can be tapered
6. Autumn vaccination schedule

PURPOSE OF THE LOCAL OUTBREAK MANAGEMENT PLAN (LOMP)

To take a whole-system, One Coventry approach to reducing COVID-19 transmission whilst mitigating where we can against the socioeconomic and health inequalities the pandemic has exacerbated.

KEY THEMES OF OUTBREAK CONTROL

The Department of Health & Social Care (DHSC) and the Local Government Association (LGA) have identified six key critical themes in outbreak plans for this phase of the pandemic which will all be interwoven throughout this plan:

THEME 1: Governance: Our ways of working

THEME 2: Preventing infection in high-risk settings, communities and locations: preventing and managing outbreaks

THEME 3: Communications and Engagement: working with our communities

THEME 4: Vulnerable and hard to reach communities: working with, and supporting, our most vulnerable communities

THEME 5: Resourcing: How we resource our COVID work

THEME 6: Data integration and information sharing: How we use data

THEME 1: GOVERNANCE: OUR WAYS OF WORKING

CSW BEACON

Coventry, Solihull and Warwickshire (CSW) were selected as one of the eleven Local Authority Beacons to work with national leaders to rapidly develop and test Outbreak Control Plans at a local level. This Beacon involved identifying common themes, sharing best practice; innovating to develop faster approaches to testing and tracing, and identifying opportunities to scale the programme rapidly. Since its creation, the work of the Beacon has evolved to meet the needs of the sub-region and partners. The governance diagram below shows how the Coventry system sits alongside the CSW Beacon arrangements.

Working as a Beacon, the three authorities developed consistent approaches and shared best practice in the following areas:

- Outbreak management: especially with respect to process for managing cases and outbreaks in high-risk settings and partnership approach to working with PHE.
- Epidemiology: with the three authorities working collectively to identify and ensure consistency in the collection, interpretation and presentation of metrics and the approach to sharing data with all stakeholders.
- Communications, engagement and leadership: recognising that each local area required a tailored approach but equally that each could benefit by sharing good practice, procuring specialist services collectively and providing mutual aid to one another.

As well as the strategic elements, there are also operational activities which have taken place through the CSW Beacon including a shared Pledge for Businesses and approach to enhanced contact tracing.

The work of the CSW Beacon is set out in the Stay Safe CSW portal at www.staysafecsw.info.

OUR GOVERNANCE STRUCTURE

Coventry City Council Test and Trace Governance Structure – March 2021
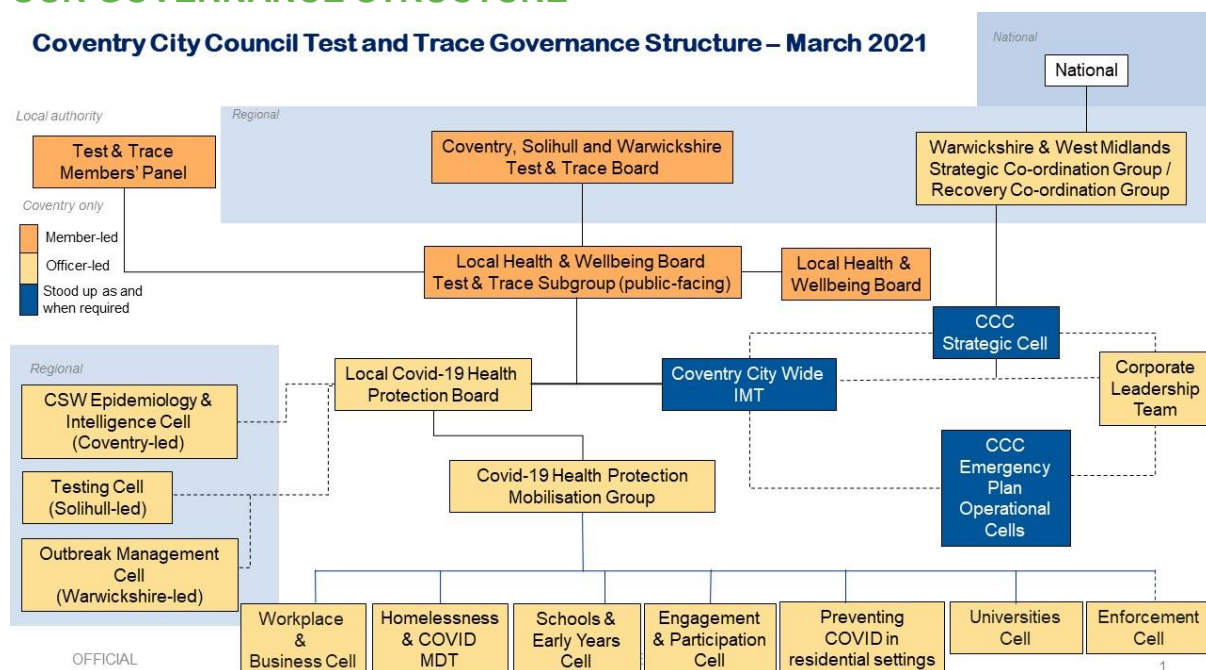
LOCAL ROLES AND RESPONSIBILITIES

Locally, Directors of Public Health along with their teams and wider council are responsible for Local Outbreak Management Plans including; community testing, local contact tracing, supporting self-isolation, controlling local outbreaks and ongoing surveillance, working with PHE and local partners and engaging local communities. These responsibilities are supported by West Midlands and Warwickshire Strategic Coordination and Recovery Groups and local Health and Care infrastructure.

For the last six months the 'One Coventry' Incident Management Team (IMT) have been meeting weekly to lead our city wide COVID response as we move to the next phase of living with Covid, the focus of IMT will shift to recovery and the Outbreak Management Plan will be led by the Covid-19 Health Protection Board.

In summary:

- The COVID-19 Health Protection Board provides public health leadership and infection control expertise.
- The Health Protection Mobilisation group oversees the day-to-day delivery of the local outbreak plan and reports to the Health Protection Board.
- The Director of Public Health is responsible for the local outbreak management plan.
- The Strategic Coordination Group provides resource coordination, and links to NHS Test and Trace COVID-19 Regional Partnership teams.
- The City Council Chief Executive is responsible for the deployment of Local Government resources and liaison with the Local Resilience Forum (for example, for mutual aid), and with Whitehall via COVID-19 Regional Partnership teams.
- Council Leaders are responsible for the community engagement required to deliver all aspects of the plan.

While Upper Tier Local Authorities (UTLA) have powers to close certain individual premises, public outdoor spaces and prevent specific events from going ahead, we expect these powers to continue to be used with discretion, and only on the advice of the Director of Public Health. In any event, in exercising any of these powers, the UTLA must notify the Secretary of State (Health) as soon as reasonably practicable after the direction is given and review their use to ensure that the basis for the direction continues to be met at least once every 7 days. They should not be applied to settings of national importance without prior consultation with the setting owner and the Regional team, which will work with the relevant government department to determine the best course of action.

RISKS

Risks related to the LOMP are held on the local and sub-regional risk registers and are held with agreement by the most appropriate local-sub-regional group.

Coventry City Council has a Corporate COVID-19 Risk Register which is reviewed regularly by Coventry City Council's Senior Management Board (SMB).

The tables below outline a number of key risks relating to the LOMP. These risks fall into two main categories: locally managed One Coventry risks, and those which are external to One Coventry partners.

Key One Coventry COVID 19 LOMP Risks

Risk	Mitigation
Public COVID fatigue leads to poor compliance and adherence to COVID secure measures, testing and self-isolation.	• Continued messaging at local and hyper local level. Needs to be reinforced with strong national messaging around continued importance of COVID secure measures.
Impact of roadmap and settings reopening on internal capacity and case rates.	• Sub-regional work around Business Pledge and local engagement with key sectors. • Need for strong national guidance and legal frameworks.
Corporate and wider partnership capacity to maintain on-going response and Business-as-Usual.	• Maintain local and sub-regional Strategic command arrangements and effective coordination with Business-as-Usual recovery process.
High levels of staff fatigue and risk of burn-out.	• High risk at present, organisational awareness of this risk.
Ability to surge capacity in response to major localised outbreak or a potential third wave, particularly in relation to enhanced contact tracing.	• Local plan for surge developed and tested via CSW workshop. • Agreed thresholds for returning contacts of cases to NHS Test and Trace as part of implementation of ECT if case numbers rise above agreed level.
Vaccine uptake in certain communities.	• Vaccinating Coventry are using health equity assessment and localised data to target vaccine messaging and delivery to low uptake communities and settings (care workers). • Working with CCG & NHSE to improve access to vaccination in deprived and BAME communities.

Key External COVID 19 LOMP Risks

Risk	Mitigation
Financial uncertainty to support outbreak management.	• Consolidation and longevity of funding streams from National Government.
Test and trace strategy, risks include; • a lack of national testing strategy • uncertainty of funding for testing post June • lack of ringfenced elements in Public Health grants for test and trace and the grant being insufficient to cover test and trace costs • Pilots and initiatives starting before approval is confirmed • Local, regional and national surge planning roles are unclear • National quarantine service is not robust	• Issue a testing strategy for at least the next 12 months • Regional genome lab capacity to be available • Ring fence funding for localities which is to underpin the LOMP • On-going liaison with Regional Convenor and NHS T&T.

Social care capacity and ending of funding to support COVID response beyond end of March as the Infection Control Fund is due to end.	• National escalation. • On-going liaison with care providers, particularly those with known capacity or delivery issues.
Compliance/ enforcement • Covid secure guidance needs statutory footing, re: essential shops • Number of cases linked to health and care settings	• National changes could address lack of statutory footing will make the system more effective • Strengthened of HSE role re Covid safe workplaces
Covid safe settings • Ventilation and non-compliance issues in essential shops • HSE role in enforcement	• Clarity of role of all agencies in COVID safe settings and impacts on staff and residents - HSE, CQC etc – and all agencies ensuring their staff are informed so 'every contact counts' • Strengthened of HSE role re Covid safe settings
LA capacity • Capacity issues to work with essential retail, given guidance's' lack of statutory footing • Planning is difficult without longer term national strategy and narrative • LA need period of consolidation to deliver within roadmap, less weekly initiatives; currently there are a high number of overlapping national initiatives/pilots	• Consolidation and longevity of funding to supports this work, with flexibility for the Director of Public Health to refocus resources appropriately. Early clarity will be supportive of capacity before late summer. • National trace capacity to be devolved within national framework to regional footprints to support flex, focus and effectiveness and LA capacity. The national minimum offer, clarity of the NHIP role and offer is needed now for LA to be able to plan capacity etc

THEME 2: PREVENTING INFECTION IN HIGH-RISK SETTINGS, COMMUNITIES AND LOCATIONS: HOW WE PREVENT AND MANAGE OUTBREAKS

Local authorities have been working to support a range of high-risk settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response. Prevention of the spread of disease is at the core of all activity and work streams. This includes physical/organisational measures for maintaining appropriate distance between people and good infection control advice and training. This work is evolving to support the Government's Roadmap out of lockdown.

Outbreak Identification and Rapid Response (OIRR): There are three primary mechanisms for identifying if action is required in high-risk settings:

Notifications from Public Health England or direct from the setting themselves - These notifications of complex cases and outbreaks come to a single point of access (covid19testing@coventry.gov.uk) and this is monitored 7 days a week. Cases are sent onto the relevant High Risk Setting Cell lead for review and action.

Hotspot Analysis – NHS data on cases and contacts (CTAS data) is reviewed and analysed regularly. Any positive cases with connections to a high-risk setting are gathered and discussed at a daily "hotspot" meeting. Cases are assigned and investigated.

Intelligence – Complaints and intelligence gathered from Partners or through our Welfare and COVID advisors will often highlight high risk settings with cases or problems with COVID safety measures. These will be followed up by one of the outbreak control partners or services depending on the nature of the intelligence e.g. complaint about a school's management would be followed up by an Education lead or poor management of close contacts in a business would be followed up by the Test & Trace Environmental Health Officers.

To ensure that all High-Risk Settings are ready to respond to cases and outbreaks, they have all got the following in place:

- Local action cards and/or process charts regarding key processes to be followed day to day and in case of outbreaks.
- Plans for likely potential scenarios and the required response.
- Risk management and escalation processes (to include trigger points).
- Monitoring and evaluation arrangements – including lessons learned documents which can inform future process and practice

Outbreak management tools developed, in conjunction with PHE, to support high risk settings include;

- Checklists
- Case History Tables
- Guidance Documents which include core Non-Pharmaceutical Intervention messages on cleaning; identifying close contacts; ventilation and car sharing.

As well as responding to outbreaks, proactive preventative work takes place by engaging with specific high-risk businesses (for example supermarkets and warehouses) as well as general communications to all Coventry businesses like the mailshot sent to all rate paying businesses promoting uptake of LFT. Lessons learned documents from managing outbreaks have been created for specific settings including workplaces and education.

Multi-agency stress testing and scenario planning sessions are an on-going process and is led by the Mobilisation Group. These sessions have been run to test our existing plans to ensure that our responses are robust and fit for purpose, in the event that there was an outbreak in high-risk settings and/or a rise in cases within a certain area in the City. This work involves Partners from PHE, Police, Council, NHS, CCG and the COVID Mobilisation Group and COVID Health Protection Board.

Case Study

Outbreak management

The team of Test and Trace Environmental Health Officers who are embedded within Public Health at Coventry City Council are an integral and invaluable part of the outbreak response. The team have regulatory and advisory backgrounds and provide a breath of knowledge, practical expertise and the "eyes" on the ground.

In January 2021, the team dealt with an outbreak amongst staff at a large essential retailer in Coventry. The hotspot meeting identified that case numbers at the store were rising and several complaints had been received through the COVID Concerns inbox about how the store was being run. Despite being operated by a national chain, an initial visit by the Test and Trace Environmental Health Officers found extremely poor COVID-19 management. Following the site audit, several IMT's were held and due to the number of cases and substantial concerns raised, on-site COVID PCR testing was undertaken by our locally Commissioned Testing Service.

Due to the extent of the fundamental issues found and the initial poor engagement by the Company, the Test and Trace Environmental Health Officers held discussions with the Council's legal team about a graduated enforcement approach should it be required. Thankfully, despite the initial reticence, a positive working relationship developed with the Company, resulting in improvements being made without the need for formal action. This relationship continues - the company now proactively approach officers for advice, report cases directly to the local authority and have improved Company procedures around cleaning and close contact tracing. COVID Advisors regularly visit the premises to ensure compliance and standards are maintained and report back any concerns to the team.

MANAGING OUTBREAKS

The operational response to managing and controlling outbreaks of COVID-19 consists of both proactive and reactive activity to reduce transmission. Key partners involved in operational responses are represented on the Coventry City Wide Incident Management Team (IMT) Meeting, the Health Protection Board and the Test and Trace Mobilisation Group.

The diagram below illustrates the different partners and CCC services involved in the outbreak management response in Coventry.

Key:
- 🟧 National or regional services and partners
- 🟦 / 🟦 Local Coventry services and partners
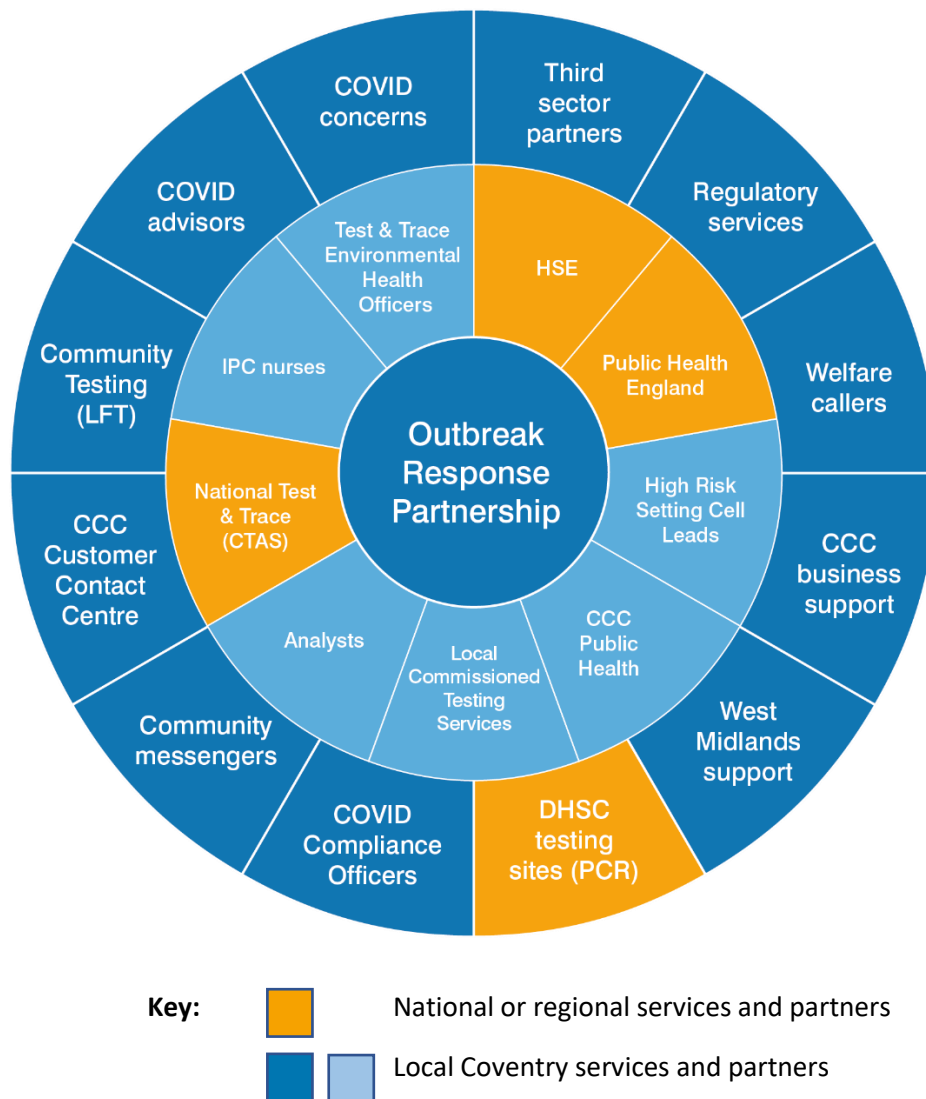
Coventry City Council and the PHE Health Protection Team are required to work collaboratively as part of a single Public Health system to deliver effective control and management of COVID-19 outbreaks. A Standard Operating Procedure (SOP) was developed to provide a framework for working across PHE WM, public health structures in the LA, but also sets the scene for wider work with our Clinical Commissioning Groups and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. The SOP supports the effective delivery of the sub-regional COVID outbreak control plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks. The SOP is due to be refreshed, to bring it in line with current guidance and changes in the capacity across the system. The Outbreak Management Response Framework shows the local, regional and national roles in local outbreak prevention and management.

Coventry City Council works closely with NHS partners as part of an existing integrated health and care partnership and this relationship facilitates the management of complex cases and outbreaks in healthcare settings.

The Mobilisation Group oversees both preventative and reactive operational responses and ensures that outbreak management is working across all areas. The group meets every 2 weeks to update services on the latest position/developments, understand key issues or problems and to share intelligence and best practice. This group manages and escalates problems or decisions to the COVID-19 HP Board and Coventry IMT where applicable. Group membership reflects both our highest risk settings (cell lead for each of this on the group) and the partnership and engagement approach we are taking to outbreak management. As such it includes CCG/NHS and police partners and council officers who lead on communication and community engagement.

Where required outbreak management capacity can be mobilised 24/7 in an out of hours arrangement with the Local Resilience Forum. A Public Health Consultant or the Programme Delivery Manager are on call out of hours to deal and respond to any notifications or incidents that need managing out of hours and will call upon other services as needed e.g. commissioned testing providers for outbreak testing. The IPC team, education colleagues and Environmental Health team also operate an out of hours service as required.

VARIANTS OF CONCERN

Public Health England (PHE) and NHS Test and Trace (NHSTT) are working together with national and local partners to rapidly identify cases of COVID-19 caused by a variant of concern (VOC), this is thought likely to be more transmissible or severe than other strains, or a strain that any vaccine within our current vaccination programme is less effective against.

When a new variant is identified, there is targeted action at an individual level where the index case(s) infected by the VOC are identified using genome sequencing and at a locality level where a cluster of new VOC cases appear.

Managing VOC has taken place across England and nationally a framework is being developed for action following the identification of a VOC. The Coventry LOMP approach to managing VOC follows the learning from the areas where VOCs have previously been identified. As part of the framework, the LA will work with Test and Trace and PHE to implement surge testing, contact tracing and self-isolation activity in relevant localities as appropriate.

The VOC work locally would be led by DPH and CEX, with the support of City-wide IMT and Health Protection Board members. The approach to managing VOC would include: early contact of any known cases, surge testing (using Mobile Testing Units and/or dropping and collecting test kits directly to households in targeted areas) a locally led targeted communications campaign, with support from National Organisations; the provision of real time information and comprehensive briefings from the National Team to local leaders; the prioritisation of the samples at the lab and a dedicated local team to contact all positive cases from the areas of concern, on an accelerated timeline.

A surge plan for rapidly testing large sections of the city in response to a VOC has been developed. This is based on an agreed model and mutual aid across Coventry, Solihull and Warwickshire. The plan outlines the approach to be taken to surges based on three levels of response; Business as Usual; Significant Incident and Major Incident. Leads and resources have been identified for each of the response levels. The Operation Eagle Surge Response Plan and Operation Plans have been developed and were stress tested in March 2021 prior to sign off.

The approximate cost to run surge testing in a geographical area of around 10,000 people is around £100,000. These costs are based on estimates from other areas who have been required to undertake VOC surge testing, adapted to reflect the local context.

ACTION ON ENDURING TRANSMISSION

Areas of enduring transmission are those where rates have remained consistently high or which decline at a slower rate than expected. In terms of national data, Coventry overall is not an area of concern for enduring transmission. However, within the City, data is constantly reviewed to identify small pockets of stubborn transmission. The North East part of the city, stretching from the city centre, through Foleshill, Radford and Longford towards the border with North Warwickshire (corresponding to the Coventry North East parliamentary constituency), have throughout the pandemic experienced amongst the city's high rates of positive cases. This part of the city is marked by areas of significant deprivation and high ethnic diversity. It has in parts also showed lower uptake of both testing and vaccination than other parts of the city.

Other parts of the city or segments of the population have, at various times during the pandemic, experienced high rates of infection. Examples include areas of high student population, in particular, large scale student housing developments where students live in close proximity, and in care homes, with transmission between residents as well as between residents and staff working in multiple care settings. In these cases, deep dives are undertaken to try and understand the reason for the ongoing transmission and what mitigations are required.

Case Study

Managing Enduring Transmission in Care Homes

Outbreaks in care settings have been jointly managed by a collaborative team: infection control nurses, adult social care commissioning and quality teams at the CCG with Public Health. Creating a multi-disciplinary team providing intensive outbreak support to settings 7 days a week, flexing our approaches to the nature of the setting, and as the transmission characteristics of the predominant viral strains have changed. We have jointly developed a wide range of local guidance (related to PPE, infection control, testing), provided support around outbreak prevention and control through training and educational sessions, as well as promoting system-wide collaboration at the interface of our local hospitals and the community.

We have commissioned capacity not only to provide dedicated beds for COVID-19 positive patients in the community, but also for those who have been exposed to COVID-19 in a hospital setting, where it would be high risk for them to return to a care home setting.

Recently, focus of the team has shifted to vaccination roll out, including engaging with homes on a 1:1 basis, provision of outbreak and vaccine awareness sessions and incentivisation of homes to support vaccination uptake.

We continue to work with the WMCA on approaches to enduing transmission in workplace settings. Management of enduring transmission in workplaces is hampered by lack of clarity on work-place testing beyond June 21 and there is no financial support for testing delivery staff or equipment for businesses.

The CSW COVID Secure Business Pledge is an initiative being launched across the CSW Beacon. The aims of the pledge are to support the national guidance and legal compliance by each individual business to encourage businesses to go further in their efforts to reduce the risk of transmission. The benefits to businesses of taking part in the scheme is that we will raise the profile of those businesses that are making additional efforts. This should encourage business and customer confidence to return to workplaces/town and village centres and therefore increase turnover for companies.

CSW Covid Secure Business Pledge
• **Our premises** – we carry out a regular COVID 19 risk assessment, displayed at our premises and published on our website.
• **Our staff** – we will protect our staff through:
§ Adhering to the latest government COVID 19 standards for our sector and educating staff on latest practices.
§ Encourage all staff in the workplace to have regular COVID 19 tests.
§ Supporting all staff with the appropriate working patterns and practices that protects the spread of infection alongside their well-being and mental health.
§ Having a named COVID lead who takes responsibility for COVID measures in the workplace.
• **Our customers** – we will ensure that customer safety is paramount, through ensuring our premises and procedures are COVID secure and supporting our customers to follow our guidelines rigorously.

COMPLIANCE AND ENFORCEMENT

There are three main pieces of legislation that can be used to support COVID-19 related prevention and response activity – namely, the Health and Safety Act, the Public Health (Control of Disease Act) 1984 and the Coronavirus Act 2020.

Enforcement has always been the last resort, and the overall approach to delivering outbreak plan work has been and remains, supportive.
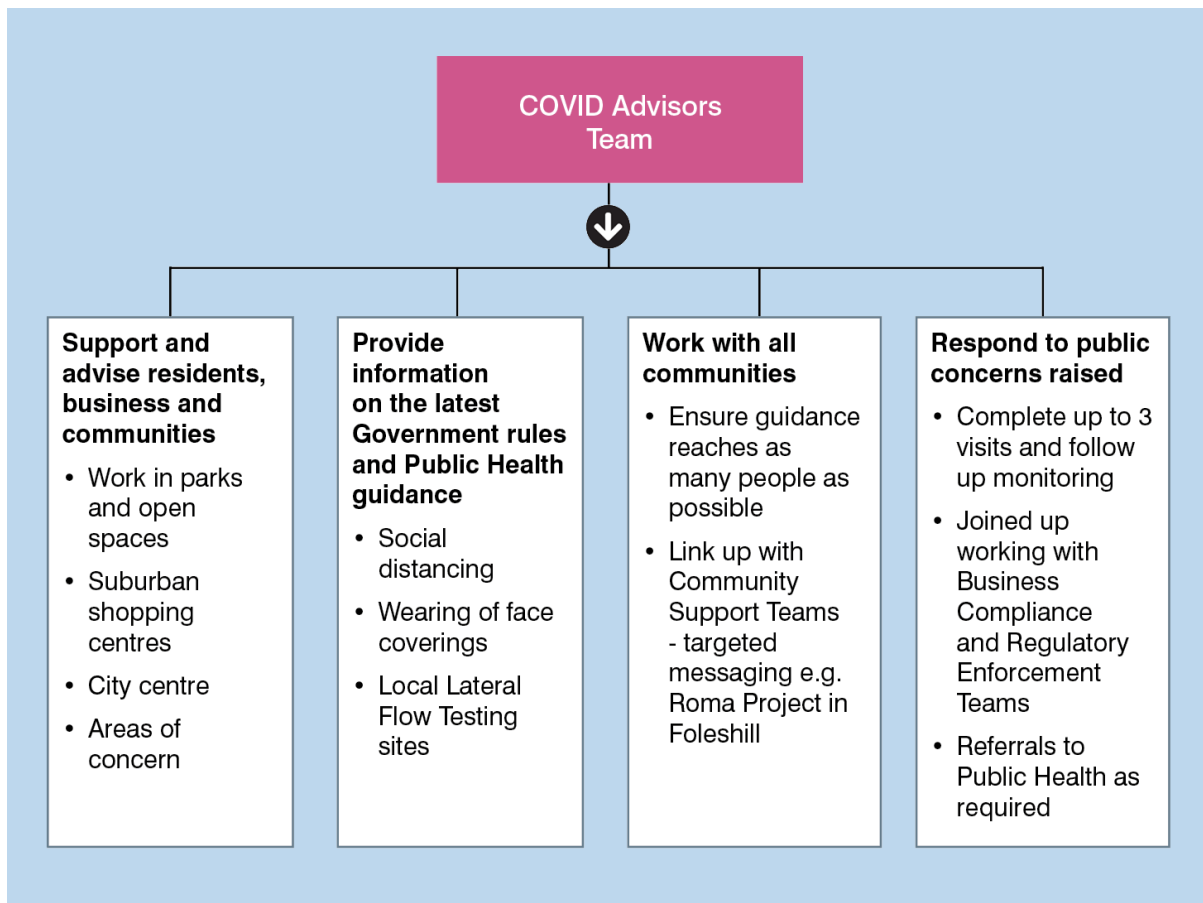
Business Compliance and Enforcement Overview

The role of the Council's Regulatory Services during the pandemic is to have oversight of how businesses are meeting their responsibilities in the context of the current health risk. This is in line with Government Guidance in respect of COVID compliance and the Council's published enforcement policy and the Regulators Code which stipulates the requirement to provide an opportunity for dialogue in relation to the advice, requirements, or decisions, with a view to ensuring that businesses are acting in a way that is proportionate and considerate.
The Coventry approach to compliance and enforcement has been proportionate and while firm action has been taken when continuous breaches are found within a business setting, this is used as a last resort when all other avenues have been exhausted. The Coventry approach has been to firstly engage and support businesses to fulfil their legal responsibility, to facilitate this a team of **COVID advisors** have been recruited to engage with public-facing businesses. The team priorities visiting

local areas with high infection rates and places where there have been reports of non-compliance with COVID secure guidance, either by the business or by members of the public using that business.

The diagrams below outline the role and workflow of the COVID Advisors

COVID Advisors Team

Support and advise residents, business and communities	Provide information on the latest Government rules and Public Health guidance	Work with all communities	Respond to public concerns raised
• Work in parks and open spaces • Suburban shopping centres • City centre • Areas of concern	• Social distancing • Wearing of face coverings • Local Lateral Flow Testing sites	• Ensure guidance reaches as many people as possible • Link up with Community Support Teams - targeted messaging e.g. Roma Project in Foleshill	• Complete up to 3 visits and follow up monitoring • Joined up working with Business Compliance and Regulatory Enforcement Teams • Referrals to Public Health as required

Examples of the targeted proactive inspection work undertaken is listed below. This has involved working with supermarkets, pubs, takeaways, restaurants, gyms, car wash operators and hairdressing and beauty salons.

- o Provide support with COVID Risk Assessments
- o Queuing systems outside of premises
- o Advice around communal areas in workplace settings to mitigate the risk of transmission
- o Track and trace requirements by businesses

Owing to the continuous changes to restrictions which have affected businesses and the public since the first lockdown in March 2020, there has been a need to continuously reprioritise the regulatory approach to key critical areas and activities.

Regulatory Services take a proportionate approach to breaches identified, however there are times when more formal action has to be taken, despite the amount of business engagement and proactive work undertaken. A testament to the proactive work undertaken is that fact that during the pandemic, limited enforcement action has been taken. When enforcement is taken, it is done in a staged approach;

Stage 1 – Warnings

Stage 2 – Action Plans

Stage 3 - Review/ Monitor

Stage 4 - Enforcement Powers

Initially businesses are provided with information and advice to help them gain compliance. If further non-compliance is found written warnings are sent to the business. If severe concerns are found additional enforcement has been used, for example, the use of notices.

Partnership work is an important part of compliance and enforcement work to ensure a consistent approach, for example working with the Communications team to provide the correct, timely message and with CCC Legal team to ensure consistency with the enforcement approach, making sure that it is at pace with evolving government guidance. West Midlands Police are also a key partner in this work stream.

Over the past twelve months the approach to the pandemic has evolved and developed to ensure there is a consistent coordinated response to complaints received; business non-compliance and the changes that come with differences in tiers and lockdown status. As we travel along the roadmap to reopening, there will be an ongoing coordinated approach to staged enforcement which will be balanced with supporting businesses within the city to reopen and rebuild.

LOCAL STRATEGY ON TESTING

Both symptomatic and asymptomatic testing to identify cases will prevent outbreaks, minimise transmission especially in high-risk settings and ultimate reduce numbers and facilitate lockdown easing. Key components of our testing strategy are:
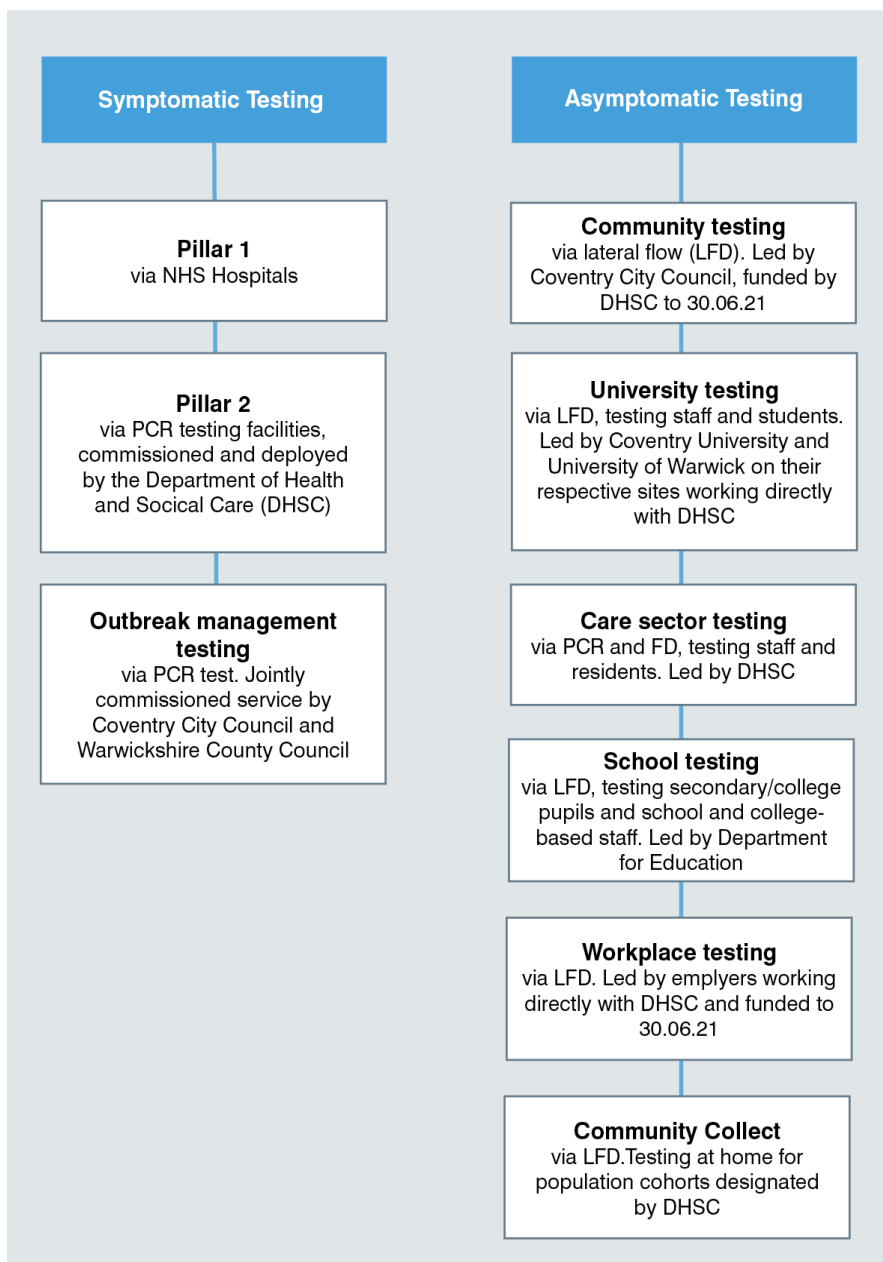
Case Study

Supporting areas of non-compliance

These locations were the focus of joint regulatory service area visits as businesses sectors opened following the initial reopening. The effectiveness of this approach resulted in the development of a team of COVID Advisors. A flexible workforce who currently undertake regular patrols of the hotspot areas. The COVID Advisors have also provided support to major supermarkets and other larger essential retailers that have remained open throughout. The focus on specific locations has provided intelligence from the advisor visits, officers and the police which provides evidence of non-compliance and an effective area response can be initiated.

An example of our approach can be seen by the work in one area of the city where on-going issues were found, following reports from the Covid Advisors and Police. These were followed up with visits by business compliance officers, with the decision taken to hand deliver a final written warning to those businesses operating outside of the guidance. Over 40 businesses received this letter in January. Feedback from the COVID Advisors since the letter was delivered has been that the compliance of businesses in that area has improved.

1. Continue to communicate and engage with all communities to ensure that those experiencing symptoms of COVID get tested as soon as possible and isolate (along with their contacts) if they are positive.
2. Strong narrative that everybody who is at higher risk of transmitting infection are tested regularly. This includes those who cannot work from home and households of those attending any educational settings. As lockdown eases and other cohorts of the population are at risk of transmitting infection the routine testing offer is likely to be expanded.
3. Locally commissioned testing service (PCR) which can be used as required to test cohorts of people quickly and efficiently in settings which have had outbreaks.

The COVID 19 test landscape in Coventry can be seen below.

Symptomatic Testing

Pillar 1
via NHS Hospitals

Pillar 2
via PCR testing facilities, commissioned and deployed by the Department of Health and Socical Care (DHSC)

Outbreak management testing
via PCR test. Jointly commissioned service by Coventry City Council and Warwickshire County Council

Asymptomatic Testing

Community testing
via lateral flow (LFD). Led by Coventry City Council, funded by DHSC to 30.06.21

University testing
via LFD, testing staff and students. Led by Coventry University and University of Warwick on their respective sites working directly with DHSC

Care sector testing
via PCR and FD, testing staff and residents. Led by DHSC

School testing
via LFD, testing secondary/college pupils and school and college-based staff. Led by Department for Education

Workplace testing
via LFD. Led by emplyers working directly with DHSC and funded to 30.06.21

Community Collect
via LFD.Testing at home for population cohorts designated by DHSC

COMMUNITY TESTING

Community testing sites have been established across the City to identify asymptomatic cases using Lateral Flow Testing. There are seven community testing sites and a mobile testing unit which can be deployed to areas of concern. Sites were chosen based on ensuring citywide accessing, taking into areas of vulnerability and low testing rates. The sites are reviewed with regards to their usage and reach and can be adjusted accordingly. Sites and mobile offer testing for all those living in or visiting Coventry and gong forward collection of kits for home testing to priority groups defined by DHSC and our local DPH-led testing prioritisation group.

CONTACT TRACING IN HIGH RISK SETTINGS

Contact tracing is vital to contain the virus and prevent its spread to more people. Under the test and trace system anyone who has been in close contact with someone who has tested positive (from 2 days before their symptoms started and for the duration of symptoms) for coronavirus will be informed and asked to voluntarily self-isolate for 10 days.

Where the contact tracing process identifies a complex case or one involving a high-risk location, such as where a person who has tested positive for COVID-19 has worked or recently visited a health or care setting, a prison/other secure setting, a school, workplace or critical national infrastructure, and other complex settings, then the case will also be referred to Public Health England's regional teams and our local Public Health team.

Public Health and wider partners will mount an appropriate response if contact tracing identifies a setting which requires outbreak management. Health Protection Mobilisation Group described above under the section entitled Outbreak Control and Response Partners will oversee this response.

LOCAL TRACING PARTNERSHIP

The Coventry Local Tracing Partnership went live in January 2021. The partnership involved the local contact tracing team making calls to positive cases in specific parts of the city where the national test and trace team were experiencing low completion of contact tracing. The local team were able to tailor the approach to contact to improve quality and response. Initially LTP focussed on the CV6 postcode area before rolling out to all areas from February 2021.

From March 2021, a new fast-track tracing approach (Local-0) is being rolled out which means the referral to the national Test and Trace service happens at the same time the individual testing positive is asked to complete the Digital Journey (i.e. filling in their details and that of their contacts online). Coventry will begin Local-0 contract tracing on 22nd March 2021. This new model means the local authority may be notified of positive cases within 60 minutes of it being available – rather than up to 48 hours.

The rapid identification of positive cases combined with the adoption of the new Microsoft Dynamics system will mean the opportunity to improve our approach to identifying at risk individuals and ensure COVID-positive individuals are supported in lockdown. We plan to adopt the new model within our current local contact tracing resource; however, this resource may need to be increased if we see a local increase in rate as lockdown eases.

ENHANCED CONTACT TRACING

Coventry adopted enhanced contact tracing, in the form of backward contact tracing and welfare calls to all positive cases in October 2020, with two main aims. Firstly, we wanted to ensure that positive cases and their households and close contacts were isolating and that they had access to necessary resources to support this isolation; secondly, we wanted a better understanding of where people thought they might have caught the virus from. During the welfare call, the case is asked to recall the 14 days before they became symptomatic (or had a positive test if asymptomatic) and if any setting seemed particularly high risk or they struggled to adhere to infection control advice. This insight is used both to tailor communication messages and engagement, but also to help identify settings where transmission is potentially occurring, so that we can intervene.

Across the CSW Beacon, each authority has a level of ECT currently in operation. Capacity for ECT is growing and this growth will continue into the Spring of 2021. The preference for a Contact Tracing model is one which is local authority based, with resource or capacity from the national team welcomed to enhance the local team. The benefit of local knowledge for contact tracing has been demonstrated over the past 12 months. If a local authority based contact team is not an option, then the request would be that national teams be aligned to local authority areas or the CSW sub-region.

CSW Beacon continue to provide mutual aid and surge capacity across the tripartite arrangement. CSW will continue to work collaboratively on cross border issues in relation to contact tracing activities.

THEME 3: COMMUNICATIONS AND ENGAGEMENT: WORKING WITH OUR COMMUNITIES

Ensuring communities understand and trust public health messages, and that they are accessible and culturally appropriate, has been central to the communication strategy in Coventry throughout the pandemic. Through our Health and Wellbeing Strategy there was already a strong commitment to working more closely with our communities in an honest and transparent way. We have built on this commitment and engaged communities to land key messages about the Test and Trace programme in an effective and appropriate way.

We established a multi-agency engagement and participation cell to lead this activity. One of the key focuses of this cell has been health inequalities, aligned to our status as a Marmot City and addressing the findings of the PHE disparities review, and subsequent emergent recommendations specifically for BAME communities, and the targeting of culturally sensitive messages to those communities most at risk. We have used learning from other areas of the country e.g., Leicester and Liverpool, and profiling tools such as Acorn to develop our comms and engagement approach, especially with hard-to-reach communities. We have utilised expertise in Behavioural Science from our local Universities to review campaign messages and offer ways in which we widen our reach and appeal with certain messages. As well as looking at communities within Coventry, we have also mounted campaigns for businesses and other settings such as schools within the City. Communications have been developed to support businesses to operate in a COVID safe way and guidance based on national good practice and local lesson learned has been disseminated across all sectors.

Our Director of Public Health, Council Leader and Cabinet Member have worked alongside trusted local community leaders to reinforce national messaging, encourage compliance, and understand the barriers to adherence in communities. Public perceptions of the threat of the virus have continued to shift throughout the pandemic. Our communications have had to evolve to match this changing environment to ensure that central communications about the Non-Pharmaceutical Interventions (NPIs) are tailored to meet local need and feedback received from the community about how messages are landing and are understood. We recognise that our communications will become increasingly important as restrictions are eased. As more sectors of society and the economy resume, the need for people to go about their daily business in a safe way will be paramount.

Community Engagement to build Trust and Participation Coventry City Council Community Resilience and Engagement Teams (CRET) continue to work with businesses and voluntary and community sector partners to amplify key communications messages through a range of communities. This will build on existing local networks and support outlined in the Vulnerable People section.

Support for Places of Worship and Community Centres

- Webinars to enable dialogue and answer questions on best practice and provide peer support
- Action cards offering practical help were developed and can be viewed here and here.
- Funding of PPE, IPC resources to ensure safe reopening was possible

CRET have built on their participatory approach by submitting a bid to Ministry of Housing Communities and Local Government Community Champions fund and have been successful in securing funding to set up two interventions. The first a small grants scheme to support small grassroots community organisations support BAME community and disabled people to better engage and get the stay safe messages out as well as encourage community lateral flowing testing and vaccine take up. This has been purposely targeted at smaller community organisations in touch with those hardest to reach – it launched mid-February and 13 small grants have already been awarded. These groups will now work hand in glove with CRT, like community messengers in the delivery of messages out.

The second element is being run by the Council's Migration Team and will support medium to large community organisations/charities in the city to host a community champion who will work to engage and support key target groups. There are currently 14 host organisations hosting community champions. CRT will work hand in glove to support these organisations (who will also become community messengers to link up the work). Additionally, the Migration team are establishing a range of outreach work to engage and support migrants and asylum seekers in the city.

Community Messengers

- Increased from 160 to 273 since June 2020.
- Supported to create and tailor messages for their communities, meaning messages are being heard and understood as they are not corporate in identity or tone.
- Receive invites to a weekly webinar and weekly bulletin and the service receives regular feedback from them.
- Local Government Association case study on community messengers highlighting the success of this approach https://www.local.gov.uk/our-support/guidance-and-resources/comms-hub-communications-support/covid-19-communications-0
- Example short film created for a community in collaboration with CCC: https://www.youtube.com/watch?v=XxRafTHtbjw&feature=youtu.be.
- Young people working as messengers with Positive Youth Foundation have created videos for their peers please see these examples https://youtu.be/PSFRZfbNiMk and https://www.youtube.com/watch?v=9y9PQ6ThheQ. Young people also worked on creating graphics to explain lockdown to their peers.

Future work to engage communities will focus on trying to better understand and map the reach and coverage of all community organisations, messengers and champions so that targeted work in 'cold spots' (area with limited availability of community resource) can take place. This will greatly enhance community engagement. The planning, scoping and resourcing of this work will commence in April 2021.

We are also building on existing relationships with GPs and other health professionals, particularly those working with populations at higher risk due to inequality, deprivation, ethnicity, underlying health. This work has been specifically mobilised through the Vaccinating Coventry work.

THEME 4: VULNERABLE AND HARD TO REACH COMMUNITIES: WORKING WITH, AND SUPPORTING, OUR MOST VULNERABLE COMMUNITIES

INTRODUCTION

The COVID-19 pandemic has served to shine a light on the engrained health inequalities that exist in Coventry. It became evident within the first months of the response that certain groups of people including Black and Ethnic Minority groups, those living in poor, overcrowded or insecurity housing and those with disabilities were more likely to be infected and more likely to suffer greater morbidity from infection than the overall population. Our approach as a Marmot City means we are well placed to address these inequalities with a specific focus on engaging with and supporting our most vulnerable and hardest to reach communities.

BUILDING COMMUNITY RESILIENCE

At the start of the pandemic, many informal support groups sprang up in neighbourhoods to enable people to help each other with tasks such as shopping, dog walking and prescription collection. Many of these groups are still active and being supported by the Council's Community Resilience Team, in some cases to establish themselves as a charity.

The City had an existing range of food and feeding community organisations prior to the pandemic, however, with support, this offer has grown over the past 12 months. As well as the established foodbanks, we now have a range of food hubs, grub hubs and social supermarkets in the city, which are located to be accessible for those in need of support.

The informal and food providers are all logged onto an extensive map of the City so that people requiring help can contact their nearest support group, food provider or by calling the customer contact centre who can signpost the individual https://www.coventry.gov.uk/info/1/council_and_democracy/3551/covid-19_coronavirus/8.

It became apparent that people were calling into customer services for assistance and or going direct to the food providers/ neighbourhood groups however it was not clear whether all vulnerable people were being supported. To ensure those in need of support received it, work

> **Feeding Coventry**, a partnership arrangement between the Council and food providers, are opening two new social supermarkets, in Spon End and Tile Hill, address ongoing need in these areas.
>
> CRT will support new and existing organisations to grow and reopen as in line with roadmap principles.

was undertaken to reach out to those people who could be classed as vulnerable, although they were not on the shielding list.

CRT worked with data colleagues to create a definitive list of people believed to be vulnerable using data such as Severn Trent vulnerable persons list, those on house bound/bin collections and age. This resulted in a list of 3104 people suspected to be vulnerable, but not shielding.
The Council then mobilised and redeployed staffing to contact people at risk and referred them to appropriate support if needed.

Community Engagement and the COVID Advisors – The Roma Community

Early on in the pandemic the Roma community were identified as needing additional resources to link with, and work with, in order to get messages out, the Community Resilience Team supported the Roma Project to access some additional funding from The National Lottery to employ their own Engagement Worker within the project.

This work has gone from strength to strength, the worker now accompanies the COVID Advisors weekly on their routes around Foleshill, is linked in with the CCG around vaccines and is helping to spread the word as community messengers.

The Engagement Worker has assisted CCC by creating videos relating to COVID-19 in the most appropriate languages and has been translating and sending messages out to the community to inform and educate. They have now been recruited as a Community Champion, ensuring that the community will continue to receive up to date information and encouraging vaccination take up.

The Coventry Black Community Taskforce

This was set up in April 2020 as a partnership of 18 organisations to respond to needs and demands resulting from the COVID-19 pandemic. The 18 organisations came together to support specific areas, such as mental health, domestic violence, youth, and food supplies. CRT have supported this taskforce by translating key information, posters and at a glance guides into 4 different languages, ensuring that the messages are accessible to those that either do not speak or read English or have English as a second language.

CLINICALLY EXTREMELY VULNERABLE AND SHIELDING

In March 2020, 16,165 people were asked to shield in Coventry as they were considered to be Clinically Extremely Vulnerable. In February 2021, there was an extension to the Shielding Person List which saw the addition of 7,137 people to the list.

National Policy

- A further 1.7m people will be added to the shielding list of approximately 2.3m
- This is as a result of a new predictive population risk model being introduced to help clinicians identify adults with multiple risk factors that make them more vulnerable to COVID-19
- It does not include those under the age of 19 as the model is not suitable for use with this cohort
- The 1.7m is broken down into 2 cohorts:
- Those aged 19 to 69
- Those aged 70+
- 19 – 69 cohort was added on 16 February. This is over 800,000 adults who will now be prioritised to receive a vaccine as part of the current vaccination cohorts
- No specific date has been issued for when 70+ cohort will be added
- The advice to the existing clinically extremely vulnerable, and to this group of new additions to the SPL, is to shield and stay at home as much as possible until 31 March 2021
- Shielding is advisory only and not a legal requirement

SUPPORT FOR SELF-ISOLATION

Self-isolation of people who have coronavirus or are at high risk of having the virus is a key NPI (Non-Pharmaceutical Intervention) and is an integral part of the COVID-19 response and will remain so throughout the medium term, alongside ongoing roll-out of vaccination, particularly in light of the threat posed by new variants. A Framework for Local Authorities has been produced by MHCLG, DHSC and NHS Test and Trace which identifies two key areas for Councils;

- Communications to improve awareness of when people need to self-isolate, how long for, what this involves, its importance in stopping the spread of the virus, the support available and the consequences of breaking the rules.
- Practical, social, and emotional support for those who need it, organised by councils and community groups.

Communication requirements are summarised in the Framework and include the need to encourage people to have advance plans for self-isolation support, availability of practical support from Councils and channel/s for people to declare a support need, including digital portals and customer contact line. The Council will update its communication and engagement plans and external communication materials accordingly; however, mapping our current offer against the new Framework shows that Coventry is offering above and beyond what outlines to support self-isolation.

Councils will make proactive contact to people flagged by NHS Test and Trace as having specific support needs to offer help in accessing support. Anyone required to self-isolate who seeks help directly from the Council will be able to receive the same help in accessing support as someone referred via NHS Test and Trace.

The support offer to people who are self-isolating is to;

- Ensure they have access food where they are unable to rely on family, friends or other support networks (with direct provision of food via parcelling on an exception only basis).
- Ensure those who do not have alternative support networks to access support in carrying out essential tasks and social or emotional support.

Everyone identified as COVID positive is contacted by the Council's Welfare Callers. As well as offering initial welfare support to individuals, the team undertake backward contact tracing and enhance the service provided by the national test and trace service.

The Council with the support of its customer services team will subsequently triage those identified as needing 'support' including those identified via NHS Test and Trace (data will be provided on those people in the Council area who have flagged a support need). They will use their expertise in assessing any requirements for practical, social or emotional support and help people access tailored support where needed using knowledge of community resources. Direct provision of food will be on an exception only basis via a local registered charity in the form of a food parcel. People to be charged when there is ability to pay.

People can also apply for the NHS Test and Trace Support Payment from the Local Authority. Payments have been made to those eligible for the scheme, however verifying eligibility can take time as evidence is often required from employers.

COVID-19 VACCINE ROLLOUT

The roll out of the vaccination programme across Coventry and Warwickshire is led by the Clinical Commissioning group working in partnership with NHS E, primary care networks and the City Council. Overall while vaccine uptake across Coventry and Warwickshire is good, early in the vaccination programme data started to reveal areas of Coventry with much lower uptake. Lower uptake was evident in some BAME groups and those living in more deprived areas, with the lowest uptake in Black people in the poorest parts of Coventry. To address these inequalities the Vaccinating Coventry group (a sub-group of the Coventry Incident Management Team (IMT)/Coventry Health Protection Board and is a multi-disciplinary forum (CCG, Council and primary care – both pharmacy and GP) focusing on advocacy and promotion of COVID-19 vaccination uptake among underserved populations was established.

The work of the group is linked tightly with wider COVID-19 prevention inequality work, focused upon access to testing, understanding of and adherence to national guidelines. The four key work themes are outlined below with current areas of action and plans.

Operational group established between Coventry City Council (CCC) and Coventry Rugby CCG with membership from Comms and Engagement teams, Public Health, Adult Social Care, Migration Team, Primary Care and Universities

Focus on: Advocacy and promotion of of COVID-19 vaccination among underserved populations, and in areas of need. Linked closely with wider COVID-19 prevention and community testing work:

- Care staff
- Coventry North East
- Homeless and Vulnerable populations
- Targeted BAME/ faith communities

Activity	Detail
UNDERSTAND	Monitor uptake at small area level, and according to key demographic characteristics
	Support mobilisation of community pharmacy programme in areas of low uptake – currently in city centre, Foleshill, Radford areas. Next wave of pharmacies to start 22/3 – put forward pharmacies in City Centre, Foleshill (Cov Muslim Resource Centre), Radford, Wood End, UoW
	Address transport barrier – LA transport pilot with small number of GP practices with low uptake. Nominated (TBC) practices: Woodend, Woodway and Cheylesmore practices
	Mobilise mobile/outreach offer of vaccinations for key population groups – e.g. homeless communities (wider cohort), asylum seeker population, undocumented migrants, traveller community and communities in areas of lower uptake. Mental Health/LD workstream. Workplaces – for consideration
	Address language/booking barriers
LISTEN	Receive and consider feedback from our communities through Members, community messengers, COVID-19 advisors, welfare callers (contact tracers) and also through wider engagement work.
ENGAGE	Continue with engagement sessions at a sub-local level for a range of community groups: • Black African/Caribbean communities • South Asian communities – particularly Pakistani and Bangladeshi communities • Eastern European communities • Younger women • Broader engagement with a focus on areas and communities across the deprivation gradient.
COMMUNICATE	Share resources with key partners from shared communications repository
	Develop simple local messaging for women of childbearing age
	Continue focusing communications (including new ways of engaging, e.g. through Facebook live sessions) with care staff etc.

Understand & Act

We are increasingly understanding variation in uptake at small geographical levels and among different population groups

Vaccination coverage in Coventry (Dose 1) up to 19 March 2021
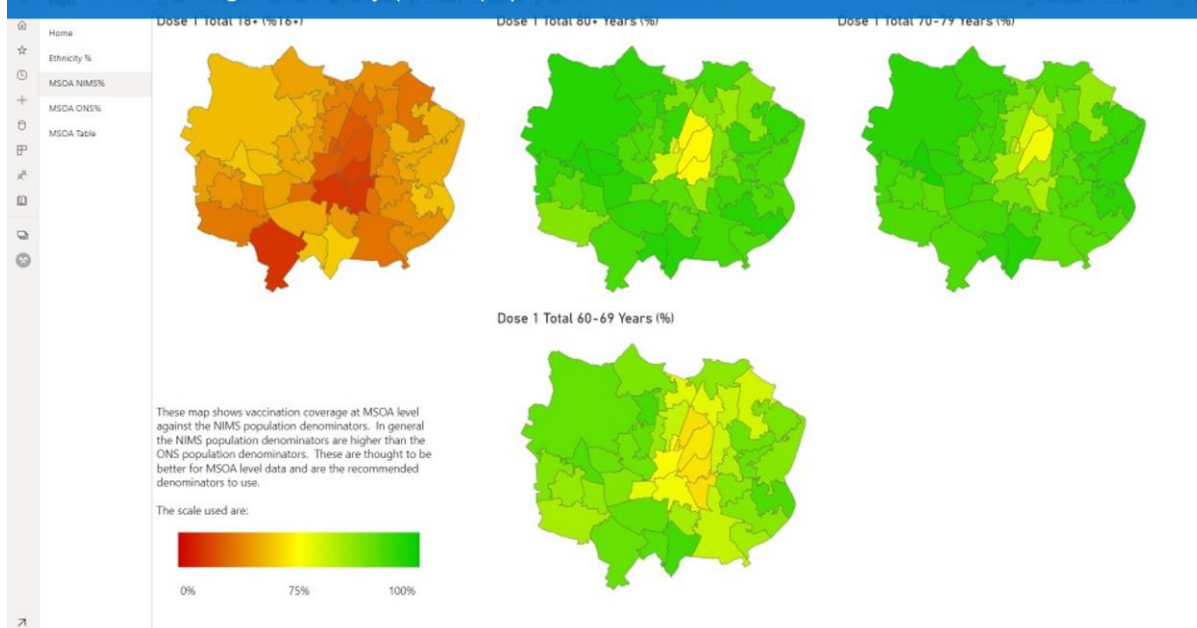
Acting on barriers is key and, as a system, we are currently addressing issues of hesitancy and access, and in particular provision of additional vaccination sites through community pharmacies, and particularly in areas of higher deprivation and in areas where we know uptake of the vaccination may be lower. To do this we are;

- Awaiting the outcome of the five pharmacies which were put forward by NHSE to for vaccination clinics improve access for our most deprived communities.
- Scoping an outreach/mobile vaccination programme, and seeing how we can offer vaccination outside of the "static sites" to support particular population groups, including;
  - Asylum seekers in our hotel accommodation,
  - Undocumented migrants,
  - People in areas of highest deprivation in the city, i.e. in the North East
  - People in areas of deprivation in both the South East and South West of the city.

  We plan to vaccinate in residential settings and are also looking to work with a number of community centres to provide this offer.

  We are exploring the possibility of also vaccinating in workplaces
- Considering how we expand the vaccination programme for
  - Our homeless community
  - Traveller communities
- Putting in place plans to ensure individuals with learning difficulties and mental health problems are supported to access vaccinations.
- Reviewing transport as this has been cited as a barrier to vaccination for certain GP practices. Three practices have been identified in the first instance to be supported via the council to provide transport to and from their vaccination appointments.

Listen

We are listening to questions and concerns our communities may have about the vaccination and what they think may be helpful in addressing these – key feedback to date has related to concern about safety, needing more information about the vaccine itself, and about vaccines in general and what to expect (including side effects) and concerns among younger women of child-bearing age.

The Community Resilience Team have been working intensively with the CCG to assist them with outreach and engagement into the BAME communities for vaccine roll out, through the engagement work CRT have heard about groups who are worried or hesitant about having vaccinations. It has been arranged for the CCG to speak directly to these small grass roots groups to allay fears and increase vaccination uptake.

Engage

A wide range of engagement is being undertaken across the city, some focusing on vaccination, and some on the wider national roadmap/recovery, and what this means for us locally. Regular open community engagement sessions have been hosted by the CCG and the Council for: Black African and Caribbean Communities, South Asian Communities, and groups for younger women, including a number of bilingual events. Vaccine understanding/engagement sessions have been held for our community messengers, migrant health champions and welfare callers (contact tracers), City of Culture staff, and provider of Cook and Eat Well sessions in the city. We have also built questions into our contact tracing processes to gather information, and talk to individuals, about vaccination. MHCLG funding granted to Coventry has also allowed us to embed a number of community champions in community organisations in the city to support their work, particularly with BAME communities on COVID-19 prevention and recovery.,

Communicate

A broad shared portfolio of communications assets has been developed by partners within the CCG, Acute Trusts and in the Council. The communication and engagement strategy for vaccinations (joint NHS and Council) is being guided by the intelligence and understanding we are gaining from our communities and where we understand the areas of highest need are, this will continue to evolve as the vaccination programme evolves.

Why you should take the vaccine - videos
Community messengers speak about their experiences.

UHCW Staff on the vaccine

Why I took the vaccine - Francesca Riggon (Service manager for Adult Social Care, explains why she decided to take the Covid-19 vaccine when offered and why you should too)

THEME 5: RESOURCING: HOW WE RESOURCE OUR COVID-19 WORK

FINANCIAL

The table below shows how we are financing our outbreak management response and what we have achieved using the money.

Resources

LOMP	COMF	Outputs	Activities	Source of Funds	£000
Communications and Engagement	**Communications & Marketing**	• 5.3k COVID Facebook and Twitter posts sent with a reach of 194.6m • Citivision delivered to 143,000 households • 54.7 COVID Facebook and Twitter clicks • 35 COVID advisors deployed	• Covid Advisors recruited and deployed • Additional Comms and engagement capacity sourced	COMF Compliance & Enforcement Grant T&T Support Grant	259
Preventing infection in high-risk settings, communities and locations	**Targeted intervention / Support for Educational outbreaks**	102 primary and 37 secondary schools supported		• COMF T&T Support Grant	41
Vulnerable and hard to reach communities	**Support for clinically extremely vulnerable/ Support for wider vulnerable groups**	• 3,026 people supported with contact calls • 1,375 people supported to get food • 235 people supported to get prescriptions • Over 200 people supported into housing • 73 Care Home infection control audits completed • 38 additional Looked after Children supported in placement • 670+ people supported via good neighbours scheme • Additional DVA support made available • 27 Shared Lives Carers supported	• Staff recruited to support those shielding • 3 additional DVA practitioners recruited • Infection control nurses recruited • 10 additional Social Workers • Shared Lives Carers supported • Good Neighbours scheme expanded • Children's placements commissioned	• COMF • T&T Support Grant • CEV Grant • Next Steps Accommodation Programme	3,736
Testing	**Testing**	• 43,979 Community LFT tests • 514 positive • 24 Invalid • 35 Home testing sessions completed • 67 Group testing sessions completed	• 9 LFT test sites setup with capacity for 7,828 tests per day • Community swabbing service procured	• COMF • T&T Support Grant • Community Testing Funding	1,734
Contact Tracing	**Tracing**	• 11,500 people who have tested positive have been contacted	• 9 Local tracing staff/Welfare callers recruited • COVID Case management	• COMF • Compliance & Enforcement Grant	174

			system purchased	T&T Support Grant	
Support for Self Isolation	**Support for those self-isolating**	• Responded to over 17,000 contacts requiring support through the Winter Grant Scheme • Support to those self isolating	• Winter grant scheme support implemented • Implemented support to those self isolating	COMF Winter Grant Scheme	1,385
Data Integration and Information Sharing	**Specialist support i.e behavioural science**		Increased staffing capacity to monitor infection rates and outbreaks	T&T Support Grant	30
Compliance and Enforcement	**Compliance measures**	• Responded to 282 Outbreaks • 447 Environmental and compliance actions undertaken	7 Licensing, Business Compliance and H&S Officers recruited Workplace guidance and posters produced and circulated	• COMF • Compliance & Enforcement Grant T&T Support Grant	122
Other	**Other**		• Local and sub regional programme support resourced	• COMF T&T Support Grant	332

ONE COVENTRY COVID-19 WORKFORCE

The response to, and on ongoing management of COVID in the city demonstrates a One Coventry approach from the City Council and partners, with staff from various teams across the organisation playing a key role.

In addition to the dedicated Public Health response, which under the leadership of the DPH/CPH has been expanded to include 1 x Programme Manager, 1 x Programme Officer, 3 x Test and Trace EHOs and 3 x additional Analysts, a whole host of departments have been involved in responding to COVID. Below is a is summary of the departments who have led and contributed to the LOMP response. These departments have staffed this response through a mixture of expansion to existing roles, temporary changes to roles, secondments, redeployments and new posts.

One Coventry: Departments contributing to the Management of Outbreaks				
Public Health	Community Resilience Team	Library Service	Migration Team	Licensing
Insight Team	Adult Social Care Commissioning	Welfare Callers	Housing & Homelessness	Transformation
Public Health/ GP Trainees	Education	COVID Advisors	Communications	Regulatory Services
Economic Growth Team	Environmental Health Officers	Community Testing Centre Staff	Business Compliance Officers	Trading Standards
Test and Trace Team (Newly appointed)	Revenues and Benefits	Finance	Food and Health and Safety	Legal Services

THEME 6: DATA INTEGRATION AND INFORMATION SHARING: HOW WE USE DATA

DATA INTEGRATION

Integrated quantitative and qualitative evidence from national, regional as well as local sources are critical to enable evidence-based decisions and responses to the pandemic. At the current stage of the pandemic, this means the ability to look at trends at a local, neighbourhood level, stratified by population demographics, to identify, understand and address health inequalities.

Coventry City Council are leading a sub-regional data hub. Working in partnership with PHE, the Joint Biosecurity Centre and NHSE/I, the hub developed an early warning and surveillance system so that each of the Beacon Authorities can target prevention work and monitor the implementation of the test and trace programme locally.

A publicly accessible dashboard on the Stay Safe CSW website maintained by the CSW Beacon (www.staysafecsw.info) is now being used regularly by decision-makers across local authorities in the area, plus local media outlets and local businesses to understand the progress of the pandemic. The dashboard includes data on testing, cases, hospitalisations, vaccinations and deaths.

Within each local authority, the products are further developed so that stakeholders can rapidly assess the data and monitor progress. This includes interactive dashboards setting out in detail trends in testing, positivity rates, cases and vaccination uptake in an appropriate geography (by neighbourhood/ward or by GP practice or Primary Care Network as appropriate to need). In addition, city metrics/lockdown and recovery metrics dashboards bring together wider metrics including economic data, footfall, traffic patterns and wider healthcare impacts. Membership of the hub includes data leads from Coventry, Solihull, and Warwickshire along with representation from PHE's Local Knowledge and Intelligence team (with links into the Joint Biosecurity Centre) and NHS E/I.

USING DATA TO INFORM LOCAL DECISIONS

In addition to 'hard' data described above, local knowledge and intelligence have been used to map populations and settings which have experienced higher rates of transmission; and interviews have been undertaken with frontline staff to capture qualitative data about localities and workplace settings that have seen outbreaks – so that an appropriate response can be tailored to meet the needs of specific groups. The Health Protection Board Mobilisation Group works with stakeholders in these settings to target preventative intervention. Both surveillance of case data and 'softer' intelligence will support a range of actions – for example the deployment of the City Council's COVID Advisors to promote COVID-safe activities.

Outbreak Identification and Rapid Response (OIRR): COVID-19 cases and 'hotspots' have been identified and tracked, with settings of concern regularly maintained through a watchlist. This has been supplemented by local intelligence from COVID Advisors and EHOs visiting premises to provide advice/support; as well as evidence and intelligence obtained from backward contact tracing by Welfare Callers to help people self-isolate. However, there are potential situations that are less straightforward, such as gatherings that have occurred in breach of social distancing guidelines and in situations where people may not be willing to disclose information. In Coventry, our Mobilisation Group includes the lead for community engagement and resilience as well as representation from

West Midlands Police so that information on situations that could potentially give rise to a local outbreak can be shared and acted on. Outbreaks amongst members of the community who are socially excluded are likely to be especially difficult to detect, as people in these groups may be transient or lack the means to isolate themselves. It is important that we continue to utilise the strong and widespread partnerships that exist in Coventry to identify and proactively defuse potential outbreak hotspots.

As infection rates continue to decline and our focus shifts towards outbreaks and areas of enduring transmission, we are keen to further explore the possibility of using wastewater analysis to provide an early indication of settings or communities where rates may be increasing. The wastewater data we currently have access to is not granular enough to provide any meaningful insight but would like to work with regional and local partners to develop this data source.

DATA MANAGEMENT, SECURITY AND LINKAGES

Local protocols and data sharing agreements have been established as appropriate in line with legislation; and as per routine process for all data being processed via the data hub.

VERSION CONTROL

Version	Date Change	Editor	Comments
1	23 March 2021	Corporate Leadership Team	
2	30 March 2021	Health Protection Board	