![Ministry of Housing, Communities & Local Government]

Rapid Stocktake of Lessons Learnt and Good Practice in the Management of Local Covid-19 Outbreaks

With a focus on the experience in Leicester City and Leicestershire.

Dame Mary Ney DBE

Contents

1. Summary

This rapid stocktake was undertaken between 5 and 21 August 2020 and has sought to identify the good practice and key learning in dealing with a local Covid-19 outbreak, with a focus on the experience in Leicester City and Leicestershire. It has been undertaken from a local perspective but has also identified message for other parts of the system.

The Leicester City/Leicestershire Intervention was the first of its type and commenced when some of the architecture for managing such an event was underdeveloped and had never been exercised. Not surprisingly there was some turbulence in the early stages, but the stocktake found a high level of energy and commitment by all agencies and their staff to work together and tackle the situation. This is borne out by an openness and flexibility in seeking solutions and a continuous learning environment amongst all those working on the ground in the City and the County. Even during the course of this stocktake, adjustments were being made to arrangements and ways of working nationally and locally. All agencies have been involved in capturing good practice and there is a rich array of operational examples.

The key learning points from this stocktake, therefore, have focused on the strategic and systems messages and the signposting of good practice. These are described in detail in the report but in summary:

Learning Points

1. **Review the national and local governance frameworks to clarify the interface between them, how councils will be engaged and to strengthen local political oversight.** See section 4.1.

2. **Councils need to exercise local outbreaks scenarios so they are well prepared.** See section 4.1.

3. **The management and effectiveness of announcements of changes in local restrictions could be improved by the use of a checklist of requirements.** See section 4.2.

4. **Ongoing work is required to improve the testing data available, in particular, data on ethnicity and workplace.** See section 4.3.

5. **Councils should ensure they understand their communities and have community cohesion arrangements in place so that community and business engagement is effective.** See section 5.1.

6. **In devising tactical control plans don't underestimate the range of skills and local knowledge that councils can deploy at pace from across the organisation.** See section 6.1.

7. **There is scope to further the role of local councils and to move to a more preventative whole system approach on the ground bringing together scaling up of testing, tracing and supporting self-isolation and shielding.** See sections 6.1, 6.2 and 6.3.

8. **There is a need to refine the application of the new regulatory framework in achieving compliance of businesses and events.** See section 6.4.

9. **In Civil Contingencies arrangements, the role of local political leaders and local elected representatives should be reviewed.** See section 7.

Good Practice

10. **Implementation of a Local Political Oversight Board to provide a forum for local political leaders to have collective oversight of the management of the outbreak.** See section 4.1.

11. **Integration of the PHE Incident Management Team into local resilience structures and establishing a joint outbreak management team.** See section 6.1.

12. **Community and Business Engagement building on local knowledge and community cohesion work.** See section 5.

13. **The local approach to scaling up testing – City Reach – used on the ground teams drawing on the local knowledge of council staff, local NHS staff and volunteers to undertake door to door visits.** See sections 6.1 and 6.2.

14. **Tracing contacts using the range of existing council data bases and systems as well as on the ground teams.** See section 6.2.

15. **Bespoke Data Base built to capture activity and testing outcomes of the City Reach Teams.** See section 6.1.

I am grateful for the cooperation given to me by the 5 councils, the Good Practice Network and other local partners including those drawn from central government and for the frank and open way in which they shared their knowledge and expertise. It would not have been possible to complete my task in the timeframe without such generous contributions especially at a time when the councils were dealing with a long-term incident.

I was ably assisted by Mary Stallebrass, MHCLG, who provided excellent secretariat support as well as contributing her expertise.

Dame Mary Ney DBE
August 2020

2. Introduction

2.1. Remit and approach

2.1.1. The remit

The Secretary of State for Housing Communities and Local Government was concerned to provide shared learning across the local government sector at the earliest opportunity given the potential for councils to be involved in dealing with local outbreaks of Covid-19. The learning would focus on the experience of Leicester City and Leicestershire and the 3 district councils as the first group of councils to deal with a local intervention determined by government and would identify key messages for local and central government and for other agencies.

The remit and approach set by the Secretary of State was to undertake a rapid stocktake comprising:

- MHCLG officials inviting the 5 councils involved in the Leicester City/Leicestershire outbreak to submit their perceptions of the lessons learnt and good practice. These are Leicester City Council, Leicestershire County Council, Blaby District Council, Charnwood District Council, Oadby and Wigston Borough Council.

- An invitation to Councils in the existing Good Practice Pathfinder Network for Track and Trace and Outbreak Management to submit their perceptions.

- Appointing Dame Mary Ney DBE to review submissions and produce an independent report by 21 August 2020 setting out the key messages of good practice and learning as well as identifying any matters which might benefit from further consideration whether by local or central government or by other agencies.

- The Secretary of State signalling his intent to publish the report promptly in order to facilitate wider dissemination of key messages.

2.1.2. The approach

This stocktake commenced on the 5 August 2020 and the final report was submitted to the Secretary of State on 21 August 2020. Within the timeline set it was possible to undertake a high-level review of the experience of the 5 councils as well as taking account of the wider reflections of the Pathfinder Network. The contributions from the Pathfinder Network confirmed considerable consistency with the good practice and issues found in Leicester City/Leicestershire. This has not been a forensic analysis but has drawn on the wealth of practical experience on the ground, somewhat similar to a 'hot debrief', and I consider that this is sufficient to identify the key messages from the Leicester City/Leicestershire experience. It is important to note that this work has focused on the experience from the local perspective albeit some discussions were held with central government officials. Therefore, where lessons learnt impact on central government matters, they will need further exploration.

The task has been considerably assisted by the ongoing commitment I saw from all local responders including the 5 councils to identify and share good practice. It is a commendable feature of the Covid-19 experience that all parties have shown a commitment to learning and sharing alongside dealing with the incident. The Leicester City /Leicestershire Councils and partners have proactively shared their learning with other localities facing local outbreaks and the City Council alone has recorded and responded to nearly 50 requests from other councils and various parts of government. It is certainly the case that what was innovative in Leicester City/ Leicestershire a few weeks ago in terms of management of an outbreak by the local authority, PHE, the NHS and the Local Resilience Forum (LRF) has rapidly become the norm.

In reviewing the learning and identifying the issues I undertook the following:

- Review of relevant government guidance (See list at Appendix 1)

- Review of all submissions from the 5 councils

- Review of submissions from 4 pathfinder Councils

- Discussions with Chief Executives of the 5 Local Councils

- Discussion with Mayor/Leaders of the 5 local Councils

- Discussion with Local Directors of Public Health

- Discussions with key officials at Public Health England, the NHS and DHSC

- Discussion with the Chief Constable Leicestershire Police Service

- Discussion with Chair of the SCG

- Discussion with relevant MHCLG officials

- Discussion with a voluntary sector and a faith leader representative

All discussions were held virtually and were not minuted.

Appendix 1 lists formal documents reviewed only. In addition, those taking part provided further information from their own records and analysis, often in power point format.

2.2. This report

Whilst the focus of this report is on the Leicester City/ Leicestershire experience, it also draws on learning contributed by the Good Practice Network. Throughout the period, guidance and arrangements have been subject to ongoing development in the light of the

day to day experience on the ground and there has been significant sharing of good practice on operational detail. Therefore, this report does focus on the strategic and systems messages.

The report presents its findings using the 3 themes:

- Governance

- Community and Business Engagement

- Incident Management

Each section highlights examples of good practice and learning. Finally, in section 7, I identify learning which is wider 'food for thought' which may be worthy of further consideration beyond the remit of this report.

3. Background

3.1. The outbreak

On the 29 June 2020, The Secretary of State for Health and Social Care announced local outbreak control restrictions in Leicester City and parts of Leicestershire County to be reviewed by him every 2 weeks. This was the first occasion since the onset of the Covid-19 pandemic that local measures had been imposed. The restrictions included a continuation of the national "lockdown" beyond 4 July and the closure of schools and non-essential shops. The measures affected approximately 475,000 residents, 355,000 residents in the City of Leicester and 120,000 in Leicestershire in the 3 districts Oadby and Wigston, Charnwood and Blaby.

When the local control restrictions were introduced the area was experiencing a 7-day incident rate of 135 per 100,000 population, and a positivity rate of 14%. By 24 July, the local measures had reduced the 7-day incident rate to 65 per 100,000 population and the positivity rate to 1.9%. At the first review some parts of the county were removed from the measures. At the 4-week stage, sufficient progress had been made to allow some further relaxation of restrictions across the City with parts of the county removed from the measures entirely. A further easing of restrictions was announced on 18 August 2020.

3.2. The national context

The national arrangements and governance for the management of local outbreaks was in development at the time the concerns around Leicester were emerging. Councils were developing their Local Outbreak Plans for submission to Government by the end of June 2020 and the Government's Strategy document *Covid-19 Contain Framework: a guide for local decision-makers,* was not published until 17 July 2020. Similarly, the publishing of data by Public Health England (PHE), the Joint Biosecurity Centre (JBC) and NHS Test and Trace (NHS TT) was still in development. Not surprisingly, therefore, the initial stages of the decision making in relation to Leicester City/Leicestershire were difficult for all parties and suffered from the lack of clearly understood arrangements between central and local government in terms of governance and decision-making, data sharing and communications. However, this appears not to have distracted locally from the 'on the ground' work and local resolve to scale up and respond to the incident once the local restrictions had been declared. This stocktake noted that in the intervening period improvements had been made to address many of these initial concerns.

3.3. The legal context

A range of powers are available to Ministers and local authorities to underpin a local lockdown.

The Public Health (Control of Disease) Act 1984 ("the 1984 Act") allows local authorities to make an application to a Justice of the Peace in the Magistrates' Court to impose

restrictions or requirements to close contaminated premises; close public spaces in the area of the local authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance or structure be destroyed.

In 2010, the *Health Protection (Local Authority Powers) Regulations 2010* came into force and allowed local authorities limited powers to request persons or groups of persons to do or refrain from doing anything by serving a notice for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to public health.

Finally, in response to Covid-19, the *Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 ("the No. 3 regulations")* came into effect on 18 July 2020 and gave local authorities the power to close individual premises, close public outdoor places and restrict events with immediate effect if they conclude it is necessary and proportionate to do so, in order to respond to a serious and imminent threat to public health and control the transmission of Covid-19 in its area.

The regulations require the local authority to review a direction at least once every 7 days. They also give the Secretary of State power to direct the local authority to give a direction under the regulations, or to revoke (with or without replacement) a direction.

For Leicester City/ Leicestershire, the local restrictions were put in place on 4 July by the *Health Protection (Coronavirus, Restrictions) (Leicester) Regulations 2020 ("the Leicester regulations")* which set out, by postcode, the extent of the lockdown and required the closure of businesses in the Leicester area selling food or drink for consumption on the premises, and businesses listed in Part 2 of Schedule 3, except for limited permitted uses. Restrictions were also imposed on businesses other than those listed in the Schedule, which were permitted to remain open. The Leicester regulations also prohibited anyone staying overnight in a place other than the place where they live without reasonable excuse and banned certain gatherings. The closures and restrictions were to last until they were terminated by a direction given by the Secretary of State who was required to review the restrictions every 14 days, with the first review taking place by 18th July 2020.

The Leicester City/Leicestershire regulations and amendments were revoked and replaced by *the Health Protection (Coronavirus, Restrictions) (Leicester) (No.2) Regulations 2020 on 3 August*. These "second Leicester regulations" require the closure of businesses listed in the schedule to the regulations in Leicester, except for limited permitted uses. They impose restrictions on gatherings of two or more persons in private dwellings. They also impose restrictions on other gatherings of more than 30 people. The closures and restrictions last until they are terminated by a direction given by the Secretary of State who is required to review them every 14 days, with the first review taking place by 17th August 2020.

4. Governance

4.1. Structures

Leicester City, Leicestershire and Rutland form a single LRF which has been operating since the outbreak of the Covid-19 pandemic. It is a well-established and exercised partnership and has functioned successfully in dealing with a variety of incidents in the past. Since the outbreak of the pandemic, there have been 39 Strategic Coordination Group (SCG) meetings with an associated governance structure, tactical group and operational cells to take forward key tasks for example, community engagement and communications, local PPE Sourcing, and data analysis. All those contributing to this review reported good working relationships and confidence in the effectiveness of the arrangements with all partners showing great flexibility in responding to the pandemic over the months since onset.

The City and County Councils had pre-existing Outbreak Management Plans and these were further developed in response to the requirement for all councils to develop specific plans in relation to the Covid-19 local outbreaks by the end of June 2020. In Leicester City, Leicestershire and Rutland, the Local Plans included provision for a Covid-19 Outbreak Planning Board covering the whole area. In addition, it provided for a Political Oversight Board comprising the City Mayor, the Leader of the County Council, the Leader of Rutland CC and District Council Leaders whose areas were affected by the outbreak, as well as engaging the Police Crime Commissioner and the local NHS Executive.

However, at the time of determining the decision to impose local restrictions, the local Outbreak Management Plans were in their infancy and the national governance structure did not exist. There was no widely understood governance for the imposition of a national decision in response to a local outbreak. These deficiencies, in the context of the first national decision and the speed of onset of the decision, meant that some arrangements within the local plan were not initially adhered to prior to decisions being taken. For instance, the Covid Outbreak Planning Board did not convene, and the Political Oversight Board was unable to undertake its role of ensuring local political oversight of decisions and the engagement of District Council Leaders in the way they expected. First knowledge of the lockdown for some local partners, who needed to actively respond to the situation, was through the late evening announcement in Parliament. There was no clarity at that point on how the range of stakeholders and other politicians should be informed. This led to widespread local questioning of the decision and uncertainty about the detail of the restrictions and where they applied, which initially impacted on the local communications effort. This is dealt with in greater detail below in section 4.2.

Some of these matters were addressed subsequently when:

- the local plan and governance structure were mobilised and, in addition, arrangements were made to adjust it to allow for the integration of the work of the newly deployed Regional PHE Incident Management Team into the local governance arrangements with a reporting line to the SCG; and

- national government on 17 July 2020 published the *Covid 19 Contain Framework: A guide for local decision makers* (which was later updated on 7August 2020) which set out the national decision-making structure and the escalation categories.

Although not part of the formal governance structures, the roles of Regional Convener within PHE and the Liaison Official within the JBC were regarded as providing helpful conduits to resolve issues between the central and local levels. It seems there is a particularly useful role in trouble shooting issues on behalf of the council which need fast turnaround responses; for example, agreement on use of grant for business support. The cross- government nature of the issues which may arise would benefit from cross-government facilitation of such a role. The regional convener role may also provide horizon scanning capacity and it is understood the role is being used in this way currently to prepare for the return of students to the area in the autumn.

Learning and good practice

NATIONAL GOVERNANCE

It is necessary for effective action that central and local levels of government have a shared understanding of the issues and that there is a joint approach and shared ownership of decisions. This enables strong community engagement, clear messaging and public confidence in the measures implemented and it facilitates rapid scaling up of actions on the ground. The government's Contain Framework provides an essential explanation of the way in which decisions on local outbreaks will be managed. Importantly it begins to address the respective roles of central and local government.

However, it is silent on some issues and further work is required in relation to national control of local outbreaks in order to:

- Set out more clearly the interface between central and local decision making so that councils are aware of how they will be engaged and how they need to align their own governance arrangements to engage and mobilise other local players. This should be described for the initial decision and review stages.

- Clarify how local knowledge can contribute to the detailed aspects of the decision in terms of scope of restrictions, the geographic range (the redline map) and the timing. The Framework needs to accommodate the role that other agencies, such as police services, GPs and lower tier councils, need to play in implementing the restrictions as well as in scaling up. See also sections 4.2 and 6.1 below.

- Describe how announcements will be made and key stakeholders informed on what is planned, including other local politicians.

The Contain Framework describes the role of local upper tier council leaders/mayors in terms of political engagement and omits their role and the role of district council leaders in political leadership of place with the ability and the need to deploy considerable resources on the ground in response to the outbreak. Whilst Leicester City/Leicestershire, in recognising this gap, made provision for a Political Oversight Board in their local governance structure, in practice the speed of decision making precluded the potential effectiveness of that at the outset.

The **key learning point** is that the governance arrangements whether of local or central government need to be cognisant of each other's arrangements and be clear about the nature of the interface to allow adequate engagement. It would be helpful if the Contain Framework was reviewed to take account of the above points and to recognise and reflect the reality of local political leadership structures of councils, as well as the role of and engagement with other politicians within the local landscape.

LOCAL GOVERNANCE

The existence of a competent LRF structure provides the building blocks and relationships for establishing arrangements for local outbreak control. In responding to the immediate onset of an incident it is important to adhere as far as possible to the local plan. In particular, it is essential to achieve good communication and participation of all tiers of local government and local players in what is a complex landscape. The Political Oversight Board within the Leicester/Leicestershire Governance arrangements represents **good practice** in addressing this but requires further development and it is recommended that in the light of recent **learning** further consideration be given to its remit, membership (to include all relevant tiers of local government) and establishing a meeting rhythm. The City and County also moved to convening a weekly Synchronisation meeting bringing together the Chief Executives of local PH Authorities, key statutory agencies and the chair of the SCG. Although this was not part of the formal governance structure it was widely seen as a useful vehicle for communication and troubleshooting and provides **learning** for others.

Following the national decision on 29 June 2020, Regional PHE deployed an Incident Management Team to assist the local Public Health Teams and contribute to the scaling up at pace of testing. In order to avoid dysfunctionality and ensure local knowledge is shared, it is important to plan for how this team will integrate into the local arrangements. In Leicester City and Leicestershire it was agreed to put Joint Leadership arrangements in place for Incident Management comprising the PHE Director and the two local Directors of Public Health for the City and the County, and to locate Incident Management within the local governance arrangements of the SCG. This integrated partnership approach resulted in a more focused tactical plan which was widely owned and resulted in scaling up of capacity at pace drawing on all partners. This represents **good practice** and although innovative just a few weeks ago, is now being adopted in other places.

At the time of the Leicester City/ Leicestershire restrictions being initiated, the local plan structures were in their infancy and much learning has had to be assimilated in real time. The governance structures are complex bringing together a wide range of agencies both national and local and are being operated in new and testing circumstances. A key **learning point** for other localities is to find time and space to undertake multi-agency tabletop exercises in advance of dealing with a local outbreak in order to test out local structures and explore the scenarios that will be faced. It will be particularly beneficial in exploring roles and relationships and in developing shared thinking on community engagement and messaging.

4.2. Decision making and communication

Section 4.1 refers to the need for greater clarity in both the national and local governance structures about the processes of decision making and engagement which are needed at both national and local levels. The Leicester City/Leicestershire situation, as the first of its type, does provide learning on the issues to be considered in formulation and communication of the decision. In the early period there was some confusion about the nature of the restrictions (not helped by loose use of the term 'lockdown'), what the precise requirements were, the timing of commencement of the measures and the geographical reach - the red line map. Misinformation and speculation circulated on social media and there was a lack of a single clear message. This led to a lack of confidence in and questioning of the decision, as well as impacting on the planning of the immediate 'on the ground' measures which needed to be put in place by all tiers of local government, the police service and other partners within the resilience structures, and the essential scaling up at pace which was needed. It hampered the ability to support local businesses.

Learning and good practice

Whilst the improvements to local and national governance structures referred to in section 4.1 should assist in tackling the better formulation and announcing of a decision (whether locally or nationally determined) the **learning** from this experience suggests that it might be helpful if there was an agreed checklist of key matters which needs to be part of the preparation for an announcement. It is inevitable that rumours about a pending decision may place pressure on decision-makers but the effectiveness of the communication of the decision will be enhanced if these key matters are in place and, in particular, that agreed communication lines provide a single authoritative voice. This is particularly the case where limitations are subject to phased easing, making a clear single message and agreed timing essential to ensuring on the ground preparedness.

It is suggested that a checklist should be completed in preparation for an announcement about restrictions (whether local or national) and should include:

- Details of the control restrictions

- Agreed map for where they apply

- Agreed timing of commencement of measures

- Agreed common communication lines to be used including the data to be made public in support of the decision

- Confirmation that all councils and agencies that will be required to stand up services have been informed

- Arrangements to immediately brief local MPs and local community/faith leaders are in place.

4.3. Data

Data was available to councils on Pillar 1 Testing (ie relating to testing in PHE Labs and NHS Hospitals and NHS/Care workers). In addition, since the outbreak of the pandemic the SCG had been drawing on its own local data from its NHS Services and Register of Deaths. From early June data was available on Pillar 2 Testing (ie from testing the wider population). Over the next month further improvements were made to data availability and quality. In preparation for plans to improve the sharing of data with councils, the DHSC issued data sharing agreements to all councils on 22 June 2020 and Leicestershire and Leicester City were given permission to access post code level testing data from 25 June 2020. From 6 July, information at MSOA level (middle layer super output areas, with populations of around 7,000) was able to be made public and, from 16 July, weekly counts at MSOA level were provided by PHE. From 27 July, PHE provide twice weekly testing data reports.

At that time of the additional local restrictions being imposed, on 29 June 2020, there was much concern expressed by the councils at their lack of access to detailed local data sufficient to assist them in targeting interventions and in providing explanations to the public as part of the community engagement plan. The presentation made by PHE to the councils on 29 June, in a call with the Secretary of State for Health and Social Care and the Chief Medical Officer amongst others, provided more detailed data and gave clarity to support the restrictions needed. There was local speculation on the source of the outbreak, but it was only as more detailed data became available and could be made public that the hot spots of what was a community surge arising from household transmission became apparent. This assisted the councils in developing their incident management plans and tailoring their approach which is referred to further in section 6.1 below.

Learning and good practice

Continuing improvements are being made to the availability of data to councils. In particular, the issue of data protection which was hampering the flow of personal data appears to have been resolved. The remaining challenges centre on consistency of time intervals for the data, the timely availability of data and a need for councils to have more consistent access to data about ethnicity and workplace. It is understood that this information is often missing as it is not always shared by those being tested/traced. In addition, discussion is ongoing on how more detailed information on those who have tested positive can be made available so that the on the ground teams can follow up cases where self-isolation is required, and more tailored support may be needed.

The **learning** is for continuing efforts to improve the content (in particular ethnicity and workplace), timing and consistency of data and in particular to persuade the public of the benefits of supplying the full range of data requested. Local councils may be able to assist NHS TT to promote this with their explanations of how that data can support them, help protect everyone and avoid more stringent interventions.

5. Community and business engagement

5.1. Communities and businesses

Since the onset of the pandemic, all of the 5 councils have implemented wide ranging programmes of community and business engagement and these were scaled up in response to the local outbreak. Over time the approach to community engagement has been improved and ramped up. There is much good practice within these programmes which is also referenced in the contributions from the Good Practice network. There has already been significant sharing of learning across the sector of the various approaches that have been deployed. In summary, the key features which have been deployed in Leicester City/ Leicestershire include:

- Multi-agency approach to ensure consistent messaging

- Understanding of the language and communication channels appropriate for a diverse population. Using appropriate community languages as well as BSL and Easyread, distinguishing between written and oral use of languages, for instance video clips were provided in 14 community languages

- Use of a wide range of media channels including digital, videos, social media, community radio, WhatsApp groups, local press, council website, council e-newsletter, street signage and messaging and tailoring content to specific audiences including young adults

- Engaging local faith and community leaders and other trusted local voices.

- Use of focus groups and interviews to get feedback and improve the programme.

Councils worked to support business from the outset providing advice on control measures as well as on Covid-19 secure management and safe environments for employees and the public. In preparation for the easing of the national lockdown the City Council developed, in partnership with other agencies, a re-opening plan for the City and local neighbourhoods which included management of the public realm and public spaces/parks, night time economy, cleansing, transport and community safety activity.

In response to the local outbreak the councils scaled up the use of all of these engagement approaches. In particular, the City Council prepared a separate business engagement plan and established a business data base and a single point for reporting concerns, increased the leafleting of residential areas and business in 12 languages, used community radio broadcasting, community representatives and local GPs as trusted local voices. The Council's regulatory teams undertook a programme of 795 visits to businesses and this is discussed further in section 6.1 below. A broadly similar approach was implemented in each of the District areas.

Learning and good practice

The key points of **learning** are the importance of councils maintaining, as everyday practice, the building of in depth understanding of their communities, strong partnerships with community organisations and harmonious relationships with community and faith leaders which can then contribute to maintaining community cohesion in adversity. Faith, community and political leaders in Leicester City and Leicestershire expressed positive views about the prospects for community cohesion.

Where an area is subject to additional control measures, the messages about limitations are complex and often confusing and inevitably as measures ease on a phased basis there is more scope for confusion. The need to ramp up community engagement and to have a very clear single message is essential to explaining the position for the public and businesses and to answer questions.

5.2. Volunteering

There is a single voluntary sector umbrella organisation in the City and the County which is well established and has existing funding to operate a volunteering centre and as a consequence has the capability to scale up its contribution. At the outset of the pandemic it established a register of around 2,000 volunteers and these had been deployed on various tasks. Volunteers were also used to support community hubs. Following the local outbreak, volunteers were provided to the on the ground 'door to door 'effort, delivering leaflets as well as delivery and collection of testing kits. Additional access to grant funding was also provided for local groups supporting the effort.

Learning and good practice

In using volunteers, it is important for statutory organisations to be alert to the best approaches to nurturing voluntary capacity and realistic about the demands made especially when it is required to be sustained over an extended period. In Leicester, the sector was represented on the SCG, on the tactical group and within the volunteering cell and this **good practice** embedding the sector in the governance architecture assisted in engagement with the sector ensuring good use of volunteering resources.

6. Incident management

6.1. Scaling up

From the commencement of the local outbreak measures at the end of June 2020, the councils instituted a wide-ranging programme of activity to scale up and supress the virus. A joint Incident Management Team was set up led by the Directors of Public Health and the regional PHE Director. This initially had a key focus on the city hot spots whilst the County and local district councils pursued similar testing strategies in their hot spot areas. The key requirement was to scale up testing of the public and to ensure those testing positive self-isolated and that their contacts were traced. This required scaling up of:

- Community messages
- Testing and tracing
- Supporting self-isolation
- Advice to workplaces and businesses
- Enforcement activity where needed.

Section 5 has referred to the wide-ranging community engagement programmes that were already in place and which were scaled up in response to the local outbreak and were focused on getting tested and ensuring the public heard this message from multiple sources

The scale up was initially led by the PHE Incident Management Team using local NHS capacity and some volunteers. The City Council had drawn on staff from across the organisation to lead workstreams, for example supporting shielding and managing the community hub. The City scaled up its capacity and assembled 'door to door' teams comprising both volunteers and council staff experienced in people facing services, with language skills and with good local knowledge to bring to bear. Several hundred staff were brought off furlough to be part of this effort. Training and regular briefing sessions were organised. The City is continuing to deploy these teams comprising approximately 100 staff per day in 3 shifts on weekdays and 2 shifts at weekends. Their role is to engage with communities and encourage the take up of testing, signposting residents to local testing facilities and distributing testing kits. They have a particular remit to identify and support those experiencing difficulties with self-isolating for whatever reason. Key barriers to self-isolation have included concerns about loss of income, loss of employment, meeting the need for shopping and medicines, the physical difficulties of self-isolating in some settings, and the ability of housing accommodation to facilitate self-isolating. The teams could signpost residents to practical support from the Community Hub, for example for shopping, advice on sick pay and other benefits and, in some cases, alternative accommodation to allow self-isolation. Measures which incentivise self-isolation continue to be important for those facing financial and employment difficulties. As the testing programme ramped up they were also able to deliver and collect test kits on a door to door basis. By 22 July, the City had scaled up to 75,000 Pillar 2 tests and was testing at a rate of 15,000 per week.

The ramped up programme of testing led by the City Council was termed City Reach and the council developed its own bespoke data base which tracks the activity of the teams.

Prior to the teams going into an area there is a 72-hour community engagement programme to explain City Reach to residents before the Teams begin door to door visits. Since 28 June to date, the City Council has achieved 100,000 tests completed.

Similarly, in hot spots in the county, a targeted messaging campaign was launched and additional testing capacity was deployed. The district councils facilitated speedy implementation, facilitated test site operations and deployed volunteers on door to door leafleting. In Oadby this saw testing rates ramp up from 2,000 to 15,000 Pillar 2 tests per week and the virus incident rate falling. More recently the same approach was deployed locally in Melton which was not within the original outbreak redline. The additional data then available allowed the county proactively to identify a rising trend in the incident rate in Melton. Local testing and door to door leafleting was implemented within 48 hours and succeeded in supressing the incidence rate.

In both the county and the city the use of on the ground teams needed to be accompanied by more local access to testing and in the city in particular, the deployment of mobile testing, walk-in testing, hyper-local testing and distribution of testing kits by the teams and at GP practices provided a wide range of options.

In parallel with the on the ground effort in residential areas, the councils regulatory services also deployed teams to visit businesses drawing on staff from across the council with expertise to contribute, including environmental health officers, trading standards officers, licensing officers, community safety and neighbourhood staff. The effort was also enhanced by seeking collaboration from the local Fire Service and the Health and Safety Executive (HSE). The city council recorded 795 visits to business premises to check compliance with Covid-19 safety measures as well as support to city centre/neighbourhood High Street businesses in devising re-opening plans, In addition the HSE undertook 51 visits and the city council assisted them in undertaking 110 visits to HSE regulated premises. The city council also followed up on 572 enquiries to its dedicated Covid-19 email address. Overall, the level of compliance was good and most business only required advice with a minority needing a revisit.   As restrictions are eased, the councils had a key role together with the local police and transport police in ensuring business were prepared for reopening as well as monitoring for compliance.

Learning and good practice

The approach to scaling up in the city and the county has many **good practice** features and it is understood that these are now being deployed more widely in other parts of the country. The key examples of **good practice and learning** are listed below:

- The integration of the rapid deployment by PHE of the regional incident management team to with local team structures and local governance architecture

- Deployment by the city, county and districts of on the ground 'door to door' capacity to drive up testing rates and to support local people to self-isolate. The ability to provide a 'whole systems' response by drawing on expertise from across the council, GPs and other local services including the voluntary and faith sectors.

- Flexibility from NHS Testing to move to and commit a wider range of more localised testing facilities including walk-in and hyperlocal sites.

- Deployment of multi-disciplinary teams to visit local businesses, drawing on cross agency expertise including from the Fire Service and HSE.

- Building a bespoke data base to capture the activity of the teams.

- In devising virus control arrangements, it is important not to underestimate the potential for councils to draw on skills, local knowledge and capacity from across its functions and its workforce, many of whom will also be local residents.

In addition to these examples, the County, Districts and the City hold a wealth of experience in the detail of implementation which can be drawn on by others. The City's Local Covid-19 Sustainability Plan July 2020 is a good source of more granular information for others to use.

There is more to be **learnt** on the potential of these arrangements to be deployed in a proactive and preventative way in vulnerable communities and this is developed further at section 6.3 below.

6.2. Tracing

At the onset of the Leicester City/Leicestershire local outbreak, the system for tracing the contacts of individuals who tested positive was a national operation with call centre staff making repeated efforts to contact individuals. There were concerns that contact rates for community cases were too low. During the course of the local restrictions in Leicester City, a shift was made by NHS TT to refer those contacts that they could not reach after 48 hours to the City Council and from mid August cases were referred after 24 hours. The council was able to draw on its local data bases and Customer Management Systems to trace contacts, to use their contact centre staff with local knowledge to make contact and to deploy direct contact from the on the ground teams if need be. Having made contact the council was able to provide information about local testing and provide advice on self-isolating and on dealing with the worries and barriers to compliance. The city achieved an 81% contact rate within the first 24 – 48 hours of the first tranche of 63 cases being referred to them. The City has now dealt with 190 cases of contact tracing referred by NHS TT and is achieving a success rate of 90%.

Learning and good practice

Learning from this **good practice,** a similar approach has been adopted in the more recent local outbreaks and during this stocktake, NHS Test and Trace has announced changes to its current arrangements to transfer responsibility for tracing contacts to local councils in order to draw on their local knowledge.

The further **learning** point is to explore the potential for councils to follow up on those who are self-isolating in order to provide support and assist with barriers to self -isolation utilising councils' on the ground multi- disciplinary teams. NHS TT have recently began to refer some cases where support to self-isolate may be needed and consideration should be given to scaling this up to cover all those known to NHS TT to be self-isolating. This

approach is resource intensive. But the City Council would welcome the opportunity to pilot this and it would provide good insight to the barriers to self-isolation and the incentives needed. It may be particularly useful to put in place where there are local community outbreaks as a result of household transmission. Whilst some councils may struggle to resource this level of activity over a prolonged period the proposed switch of NHS TT resources to local activity may be of assistance. This is discussed further in section 6.3 below.

6.3. Prevention

This stocktake has focused on the management of an incident of local outbreak and working in hotspots. However, there is scope to consider the extent to which wider deployment of the 'whole system approach of on the ground teams ' with a wrap-around support offer (particularly in vulnerable communities) might be effective in the long- term the suppression of the virus. The whole system approach would bring together community engagement, local testing, contact tracing and supporting those self-isolating and shielding. This is a high resource option but may be offset by the avoidance of future outbreak restrictions and consequent local economic impacts. It is beyond the scope of this piece of work but is worthy of further analysis and would require more systematic evaluation of the performance of the approach in differing transmission contexts.

6.4. Enforcement

The focus of the work in Leicester City and Leicestershire has been on communication, direct engagement and support to individuals and to businesses in order to achieve compliance with the restrictions. In the main there has been good compliance with restrictions and the local police force have only issued 500 penalty notices. Similarly, there has been good compliance amongst businesses. The Regulatory Services have issued few notices and only a small number of cases have required repeat visits and closer monitoring. The need to rely on the formal enforcement regime has been limited.

The City and County Council have drawn on all their Regulatory Services to ensure they have the capability to apply the (No3) Health Protection Regulations, putting in place guidance and protocols and engaging other partners within the local LRF. Since the regulations came into force the County has considered two cases where the regulations may have applied relating to a large scale sporting event and to a private water park. In both cases matters were resolved with mutual consent albeit the solutions needed council monitoring arrangements to be in place.

Learning and good practice

The experience of the County and their development of policy and guidance and dealing with the 2 cases does provide **learning** for others and has highlighted some key points for further development:

- Clarifying with DCMS potential inconsistency between treatment of elite and non-elite sporting events

- Building on existing procedures for events, in particular the role of Safety Advisory Groups (SAGS) to cover the No. 3 regulations

- Guidance and consistency of approaches to risk assessment and thresholds for intervention, requirements on event/site owners for test and trace etc.

- Interface with other regulatory powers.

- Resourcing compliance and enforcement activity

7. Longer term issues – food for thought

7.1. Local Political Roles in Civil Contingencies

Historically Civil Contingencies arrangements, as rolled out across England, have not fully addressed the issues of local political leadership. The nature of incidents which are becoming prevalent, for instance, adverse weather, pandemics and terrorism incidents, are having increased impact on communities with consequences for community cohesion as well as for the local economies. This increases the need for political engagement both in terms of local political leadership as well as community engagement.   In addition, the range and structures of local political leadership have become more complex. In the main at the local level councils make their own ad hoc arrangements to ensure political oversight but it would be timely to review the approach to this issue within Civil Contingency arrangements more generally, including involving political leaders on exercising.

Appendix 1: Documents reviewed

Closing certain businesses and venues in Leicester *(Government guidance:* *https://www.gov.uk/guidance/closing-certain-businesses-and-venues-in-leicester*)

Containing and managing local coronavirus (COVID-19) outbreaks *(Government guidance:* https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks) Known as the Contain Framework

Coronavirus (COVID-19) guidance and support *(Government guidance:* https://www.gov.uk/coronavirus)

Leicester lockdown: what you can and cannot do *(Government guidance:* https://www.gov.uk/guidance/leicester-lockdown-what-you-can-and-cannot-do?utm_source=01a87e46-546d-4845-8fe7-dad731022a2c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate*)*

SPI-B Consensus Statement on Local Interventions, 27 July (pub.14 August) 2020 *(SAGE)*

Also, submissions received from:

Leicester City Council

Leicester County Council

Blaby District Council

Charnwood District Council

Oadby and Wigston Borough Council

Good Practice Network Pathfinder Councils: Cheshire West and Chester pathfinder

Leeds City Council

London Region

Surrey County Council

Dr Luke Evans, MP

Appendix 2: Abbreviations

DHSC	Department of Health and Social Care
DPH	Director of Public Health
GLO	Government Liaison Officer
GPN	Good Practice Network
IMB	Incident Management Board
IMT	Incident Management Team
JBC	Joint Biosecurity Centre
LFRS	Leicestershire Fire and Rescue Service
LLR	Leicester, Leicestershire and Rutland
LRF	Local Resilience Forum
LSOA	Lower Layer Super Output Area
LTC/S	Local Testing Centre/Site
MHCLG	Ministry for Housing, Communities and Local Government
MSOA	Middle Layer Super Output Area
MTU	Mobile Testing Unit
NHS TT	NHS Test and Trace
PH	Public Health
PHE	Public Health England
PPE	Personal Protective Equipment
SAG	Safety Advisory Group
SCG	Strategic Co-ordination Group
SPI-B	Scientific Pandemic Influenza Group on Behaviours