

# Local Outbreak Management Plan (LOMP)

12 March 2021  
Control version: Version 2  
Status: Approved

**Theme 1:** Care Homes

**Theme 2:** Schools Year Years and College settings

**Theme 3:** High Risk Places, Locations and Communities

**Theme 4:** IPA

**Theme 5:** Local Test and Trace

**Theme 6:** COVID-19 Vaccination Programme

Care Homes		
Shazia Ahmed/Victoria Lawrence		
<b>Desired outcomes</b> <ul style="list-style-type: none"> <li>To support the resilience of the care home sector in North Lincolnshire and facilitate solutions to the challenges of the COVID-19 pandemic, through an offer of support which enables the delivery of quality care and the safety of both residents and staff.</li> <li>Outbreaks within care homes are prevented and where they do occur, they are effectively managed and contained.</li> </ul>		
<b>Success measures/performance metrics</b> <ul style="list-style-type: none"> <li>Reduction in the number of outbreaks within care homes.</li> <li>Vaccination uptake of care home residents and staff is maximised and above the England average.</li> <li>Reduction in serious illness, hospitalisation and deaths of care home residents and staff due to COVID-19.</li> <li>Care homes maintain adequate staffing resources to meet the care and support needs of the residents.</li> <li>All front-line staff receive infection, prevention, and control and donning and doffing training.</li> <li>All new guidance including in respect of testing and visiting is effectively implemented.</li> </ul>		
Action	Progress Made	Lead
Oversight of outbreak situation across our care homes	<p>As of 4 March 2021, there are 30 people (23 residents and 7 staff) testing positive across 6 care homes (. One care home has an outbreak which is significant with 19/31 residents and 6/28 staff having tested positive. 90% of residents and 81% of staff have been vaccinated and majority of those who have tested positive have been vaccinated. Both residents and staff are largely asymptomatic. Two IMTs have taken place with the care home overseen by the oversight group and risk mitigation and management actions have been agreed and implemented. Eight people finish their isolation period today, but further PRN testing completed yesterday and awaiting test results.</p>	SP/SA/VL
MOU between NLAG enabling bank staff to be used by care homes	NLaG have now confirmed that the paperwork to agree the MOU will be completed to enable it to be operationalised at the point NLaG have sufficient staffing capacity to support care homes and the wider system.	HD
Ensure adequate COVID testing in place across settings	Concerns have been raised by care home managers about the level of assurance and communication regarding the testing of professionals visiting care homes are being addressed with the community health services The discretionary element of the ASC Rapid Testing Fund has been distributed to and received by care home providers to further support testing in March.	SP/SA
Ensure the timely and effective distribution of grant funding.	The Workforce Capacity Fund and additional discretionary Infection Control Fund has been distributed against requirements and received by providers.	VL

Visiting arrangements	<u>Visiting arrangements in care homes</u> : Sets out how care homes can support families and visitors to visit residents from 8 March. The guidance has been replaced with a new version to reflect the announcements in the roadmap published on 22 February (COVID-19 Response – Spring 2021) for the next phase in opening up care home visiting has been circulated to care home providers .	
Support COVID vaccination programme in Care Home settings	94% of care home residents and 80% of care home staff have received the first dose of the vaccination. A letter has been provided for care home managers to give to members of their staff teams who have not yet taken up the opportunity of a vaccination with further information about the vaccine and an offer of a discussion about any reservations they may have to encourage uptake. Second doses to commence from week commencing 8 March 2021. PCNs communicating directly with care homes regarding dates, paperwork and numbers once they have received confirmed delivery dates. See separate vaccination theme report.	HD/VL
<b>What are the next key actions/priorities?</b>		
<ul style="list-style-type: none"> <li>• Management and support of current outbreaks.</li> <li>• Improving communication and assurance regarding testing of professionals visiting care homes.</li> <li>• Support the vaccination programme – second doses and remaining residents and staff.</li> <li>• Communication with care home providers re visiting arrangements following the DHSC guidance being updated.</li> </ul>		

<b>Schools, Early Years &amp; College Settings</b>		
<b>Jemima Flintoff</b>		
<b>Desired outcome/s</b>		
<ul style="list-style-type: none"> <li>• To ensure business continuity in settings across North Lincolnshire so that all children have access to education and childcare which is uninterrupted</li> <li>• Schools and settings continue to deliver high quality learning for all children, prioritising vulnerable children and the children of key workers in line with the national guidance when COVID public health intelligence requires schools to close</li> </ul>		
<b>Success measures/performance metrics</b>		
<ul style="list-style-type: none"> <li>• Transmission in schools and settings remains low through effective control measures and as a result schools and settings remain open and minimise disruption to children’s learning.</li> <li>• Attendance and available benchmark measures of children’s achievement remain at least in line with national comparators</li> </ul>		
<b>Action</b>	<b>Progress Made</b>	<b>Lead</b>
Effectively manage enquiries from educational settings to ensure the right children and staff are self-isolating, and ensure business continuity in education settings	<ul style="list-style-type: none"> <li>• <u>All North Lincolnshire schools and colleges reopened on 8 March 2021 in line with national guidance. All schools are complying with national guidance for staff testing at home; secondary pupils have three tests at school before returning to face to face education and from then home testing.</u> <a href="https://www.gov.uk/government/news/mass-testing-for-secondary-pupils-as-all-schools-and-colleges-fully-reopenfrom8-march">https://www.gov.uk/government/news/mass-testing-for-secondary-pupils-as-all-schools-and-colleges-fully-reopenfrom8-march</a></li> <li>• Parents and other adults in households with children at school or college, who do not have symptoms, can now access regular, rapid coronavirus (COVID-19) testing. <a href="https://www.gov.uk/guidance/rapid-lateral-flow-testing-for-households-and-bubbles-of-school-pupils-and-staff">https://www.gov.uk/guidance/rapid-lateral-flow-testing-for-households-and-bubbles-of-school-pupils-and-staff</a></li> </ul>	Head of Standards and Effectiveness

	<ul style="list-style-type: none"> <li>• Early years settings continue to be open in line with national guidance.</li> <li>• There have been 51 cases in schools and settings in the last 14 days, 19 in staff, 21 in children and the remainder in parents.</li> </ul>	
<p><b>Areas of good practice</b></p> <ul style="list-style-type: none"> <li>• Daily School Support meetings including officers from education and inclusion, transport, school organisation, health and safety, public health and children’s social care attend to ensure rapid response to changing and emerging need across the sector.</li> <li>• Schools and Early Years Settings played an essential role in understanding community transmission in 2020 as they reported cases in parents as well as children and staff. This was beyond what was asked in national reporting but ensured that local intelligence about outbreaks in businesses were able to be identified managed quickly</li> <li>• A nuanced approach to advice and guidance about managing bubbles and identifying close contacts for schools and early years settings has supported resilience in the sector, with almost no school closures during Autumn 2020 with attendance rates for primary, secondary and special all above national average for the same period.</li> <li>• A suite of local documents has supported schools to have consistent approaches to keeping in touch with vulnerable children and recording and reporting cases. Updated guidance on a page distributed after half term in readiness for schools reopening</li> <li>• COVID-19 stay safe banners produced and given to all primary and secondary schools and alternative provision settings to ensure parents and carers, as well as children do not gather outside school</li> <li>• Leadership briefings provide regular, monthly updates to schools. Most recently information shared with schools on 1 and 2 March briefings included local health intelligence, Holiday Activities and Food scheme, Winter Covid Grant Free School Meal vouchers, recent changes to Ofsted, DFE School Support during Covid, and Covid exams arrangements for Year 11 pupils.</li> <li>• Fortnightly cluster meetings on MS Teams for school leaders have supported resilience in the sector and facilitated sharing of best practice, for example around meeting children’s learning needs through remote teaching and learning.</li> <li>• Schools have reviewed arrangements for the safe running and it is anticipated that attendance levels will return to those of the autumn term within two or three weeks of reopening – this averaged at around 87% for secondary and 90% for primary schools during autumn 2020 and was better than national.</li> <li>• Experience indicates that some families will be anxious and not send children back at the start, however as schools remain open, parental confidence increases with linked improvement in attendance. To support this, NLC officers are working with schools and families to encourage those who are reluctant for their children to return to education.</li> <li>• Ongoing individual advice guidance for early years settings including communication of COVID business support and an application through Schools Forum to provide hardship funding has ensured business resilience and no Early Years setting has had to permanently close as a result of COVID 19.</li> </ul>		
<p><b>Issues / Risks</b></p> <ul style="list-style-type: none"> <li>• A proportion of staff working in schools have been identified as CEV under the revised criteria and advised not to work in school as a result. Most schools can manage the impact of this on ratios and business continuity however the LA is supporting those that are particularly affected to manage the impact of this.</li> <li>• Out-of-School Clubs continue to be the most vulnerable of childcare settings as these have no funded places and places are fully paid by parents and carers. Increases in parents working from home has seen reduced demand for this sector which may present that sector with business continuity issues in the longer term.</li> </ul>		
<p><b>What are the next key actions/priorities?</b></p>		
<ul style="list-style-type: none"> <li>• Continue to focus on ensuring community testing is accessible for those staff in education settings who cannot access testing through other routes</li> <li>• Ensure information about community testing for parents, carers and support bubbles of children returning to schools and colleges is shared through comms</li> </ul>		

- Ensure continued accessibility of Public Health support and guidance during out of hours to support leaders managing cases in schools and colleges when reopening for face-to-face teaching

High Risk Places, Locations and Communities		
Lesley Potts		
<b>Desired outcome/s</b>		
<ul style="list-style-type: none"> <li>• To develop defined preventative measures and outbreak management strategies to manage high risk places, locations, and communities of interest to prevent further transmission of COVID19 and outbreaks in North Lincolnshire.</li> </ul>		
<b>Success measures/performance metrics</b>		
<ul style="list-style-type: none"> <li>• Reduction in COVID-19 positive cases across North Lincolnshire</li> <li>• No Outbreaks identified in North Lincolnshire due to preventative measures in place</li> <li>• Good practice/learning shared across high-risk settings to break the chain of transmission and support the economy</li> </ul>		
No.	Action required	Completed
1.	Utilise existing covid-19 shield infrastructure to support the local response	✓
2.	Map and risk assess potentially complex settings and those who currently provide liaison and support to these settings	✓
3.	Establish a plan for proactive preventative infection control advice and guidance for: <ul style="list-style-type: none"> <li>• High Risk Communities</li> <li>• Health care settings</li> <li>• Supported Housing</li> <li>• Business settings</li> </ul>	✓
4.	Ensure surveillance can quickly identify potential outbreaks that may be linked to specific places, locations, or communities	Ongoing
5.	Define preventative measures and outbreak management strategies in line with the joint working agreement for high-risk settings and communities	Ongoing
6.	Engage with local employers (within public service and beyond) and encourage the development / updating of local business continuity plans to prepare for scenarios where large proportions of the local workforce are asked to self-isolate (especially those required to deliver critical face-to-face or in office services)	Ongoing
7.	Develop contingency plans for those who need to move from their existing household	✓
8.	Establish and implement comprehensive communications plan to focus on preventing outbreaks, behaviours, and targeted messaging e.g., webinar's, newsletters, tool kits etc.	Ongoing
9.	Take a risk based intelligence led approach to compliance by using national. regional and local intelligence to inform projects and enforcement responses	Ongoing
<b>Areas of Good Practice</b>		

- A whole system approach was taken via strategic and tactical high-risk groups convened to map relevant settings via relevant practitioner leads in primary service areas. This provided a single place to report and manage cases, outbreaks and workloads effectively.
- The organisation is well placed and agile to create virtual teams, with a willingness to support and manage outbreaks, using their transferable skills to support businesses.
- Utilising of the existing Business newsletter, that has a reach of 6900 businesses with a 98% open rate, to share key messages on advice and guidance on prevention of transmission, outbreak support and financial assistance
- Integration of the data to provide a single view of individual case data, outbreaks, and a case management dashboard.
- Our strong relationships with business used to encourage voluntary case reporting to facilitate rapid response to any outbreaks and the review of control measures in place.
- The creation and operation of an Incident Management Team (IMT) where an outbreak is identified, bringing together Public Health, Environmental Health, Economy and Growth, Public Health England, Health and Safety Executive and Businesses to support them to manage business continuity, whilst breaking the chain of transmission. This has enabled the IMT to work together and enable solutions, such as, providing access to mobile testing unit, onsite visits from Environmental Health to review risk assessments and provide support and guidance. This has been well received by businesses and fostered relationships of mutual respect and honesty across all partners.
- The learning gained through IMT's has been shared across the wider business sector (including our own organisation) to prevent further transmission, via Business webinars and the sharing of best practice with a flexible and adaptable approach to our own practice.
- There has been a strong coordinated approach to event management based on risk, local infection rates and our regulatory responsibilities.
- There has been good community engagement including faith groups and local leaders carried out by EH to share Covid 19 secure information and to support the community sector.
- We have taken a risk-based intelligence led approach to inspections and project work across business sectors using national, regional and local intelligence. e.g., the Retail project carried out ensuring premises are Covid 19 secure.
- Intelligence has been shared across all partners via the Health Protection and Outbreak Management Group to target where enforcement visits are made, and informal visits have been carried out by Environmental health on behalf of HSE. An agreed working protocol has now been developed around outbreak management at HSE enforced premises.
- A proactive approach has been taken to extending the 'everyone in' initiative for homeless into all lockdowns and maintaining a process of review, to keep our most vulnerable safe and well.
- There has been a shared comms narrative led by emerging risks, identified through IMT, enforcement visits and data.
- The Covid Prevention Assistants have been well received by residents and provide visible support.
- Work carried out to ensure a Covid 19 secure response to any emergencies around evacuation and emergency shelter.
- Having a single point of contact for high-risk settings has worked well.

#### Issues / Risks

- Should a business refuse to engage this could have an impact on North Lincolnshire case numbers.
- Resources need to continue to be available to ensure IMT's remain robust in the future to manage further transmission of COVID19 and outbreaks in North Lincolnshire.
- Businesses need a quick response and turnaround from the national LFD testing programme.
- We need to get the balance right in businesses around payment and self-isolation of staff to encourage compliance with self-isolation.

- We need to encourage honesty from potential contacts, to enable them to share any breach of COVID19/working protocols that could have led to transmission.
- HSE resilience at a local level.

**IPA -**

**Sandra Simmons**

**Desired outcome/s**

Build upon the existing effective relationship created through community enablement activities in partnership with North Lincolnshire Voluntary, Community and Social Enterprise (VCSE) Alliance and the wider voluntary and community sector.

To ensure support for vulnerable local people to get help to self-isolate (e.g., facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities. In line with new legislation and government guidance - Shield and CEV arrangements

**Success measures/performance metrics**

- Strengthen and embed a 'Community First' Approach and increase the capacity of the community and voluntary sector.
- To enable a greater range and diversity of community support and engagement to meet community and residents needs at the lowest level

No.	Action required	Completed
1	Grow and embed an Integrated Preventative Approach with place, public sector partners and the VCS, enabling communities to reduce the spread of Covid -19.	Ongoing
2	Strengthen and embed a 'Community First' Approach and increase the capacity of the community and voluntary sector. To enable a greater range and diversity of community support and engagement to meet community and residents needs at the lowest level.	Ongoing
3	To facilitate and grow the reach and a shared understanding of our most ethnically diverse communities– working with local leaders and interest groups to increase uptake and community ownership of COVID-19 guidance, particularly amongst disabled people and/or people from BAME communities.	Ongoing
4	Develop the communication conduit between communities, local authority, and system partners to influence what and how we communicate and support our residents. Utilising the Intelligence and Innovation Hub to analyse and present this qualitative data in a way that can be utilised by communities, local and national partners to influence and effect long lasting change.	Ongoing
5	Develop a community led Steering Group with representatives from the identified hard to reach communities, VCSE, public health, public and private sectors to steer and monitor progress against actions.	Established
6	Support organisations with 'in reach' to the communities identified, assisting them to connect into the wider network including expanding and enhancing the existing Community Champions role, providing, and promoting accessible public health information, healthy behaviours, and positive mental health training.	Ongoing
7	Create the space to have 'Community Conversations' on doorsteps and familiar places, assisting hard to reach people to identify and prioritise their needs, identify their assets	Ongoing



	and work with individuals, communities and partners to draw upon resources to facilitate and implement locally identified solutions.	
8	Build on the positive and pro-active relationships created with large companies during Covid 19 to develop 'Canteen Conversations' with staff from BAME groups to influence the approach to 'messaging' and connect people into community support networks.	Ongoing
9	Utilise these communication networks to introduce people to, and provide, good quality information and guidance, from trusted local and national sources using appropriate media and language targeted at the identified hard to reach groups with a particular focus on health protection, Covid 19 messaging, practical application, and safe behaviour.	Ongoing
10	Community Champions ensure residents remain up to date with the latest information, advice, and guidance directly from public health experts. All communities are represented within the Community Champions network and strategy groups	Established
11	Communications tailored and targeted for specific vulnerable groups re self-isolation, social distancing, preventative behaviours, translating.	Good progress being made
12	Community Support – Community Enablement Team, Covid Community Champions	Good progress being made
13	Groundwork engagement with vulnerable communities – understanding barriers, perspective, anxieties.	Good progress being made
14	Develop Soft intelligence related to risks to vulnerable groups	Good progress being made

#### Good Practice

- **Building on the foundations** of the Integrated Adults Partnership, and the collaboration and development of the VCS Alliance.
- **Place Planning** - Taking our learning forwards and framing it within the Council Plan and priorities for Place by establishing a three-year workplan for the priority of 'enabling resilient and flourishing communities'.
- **Volunteering:** The creation of a Volunteer Hub enabling Volunteer managers to receive training on providing quality experiences for volunteers.
- **Support for Community Groups to build on their collaborations to support individual residents during covid to become more formally affiliated Community Organisations.** Supporting the more vulnerable members of their communities to feel less isolated and more involved.
- **Community Champions.** The development of Community Champions provides people with the opportunity to engage in volunteering through acting as a quality communication conduit and local influencer of good behaviours.
- **Shared Conversation across partner organisations to create better collective conversations.** Creating greater, and a more sustainable infrastructure for the voluntary and community sector by working collectively using shared funding across the council and CCG – Health. Innovative ways of having a 'a conversation' to check isolated residents Health and Wellbeing through 'Bags of Kindness delivered by known and trusted volunteers from within the community.

- **Community Insight and dialogues** – looking at solutions through the eyes of residents. Gaining a greater perception of what is like to live and work within an area. Building and deepening relationships with local businesses to develop contacts and reach into the community.
- **Establishing a Community Champions Steering Group**, with greater representation and voice of a wider diversity of communities. Enabling a more targeted approach to communications, supporting more vulnerable residents.
- **The use of intelligence and community and partner’s insight to provide a rapid response to need that is proportionate and manages demand.** Use of data stratification identifying higher numbers in areas of most disadvantage, BAME communities and Households accessing FSM. This has enabled a much more targeted approach to communications, a shared dialogue across community leaders and partners and supported the focus of resources and messaging.
- **Using a Risk Stratification approach to the use of data** to provide high levels of diligence but keeping low numbers in terms of long term of high numbers of residents needing support.
- **Agile and creative workforce who have learnt new skills and ways of working across organisations and within the local community** – a wider sense of understanding of the challenges of residents and their own transferrable skills sets.
- **Created, and grown a ‘blended workforce’ from across different areas of the council and local partners, particularly the VCS.** This has enabled the opportunity to deepen relationship and understanding of each other’s roles and provided the capacity to extend the VCS and volunteer workforce.
- **A collective approach not defined by organisational barriers and concepts. Creating a blended, strengths-based approach - being proactive and agile in thinking ideas through based on local insight, data, and community voice.**
- **A weekly Community Partners Meeting with a specific task and finish remit linked to IPA priorities.** Providing a forum to share and embed a collective understanding and shared language in relation to Community Enablement at a strategic, partnership and operational level.
- **Cross referencing insight and roles to increase reach.** For example, The VCS Volunteer Coordinator encourages all 300 vaccine volunteers to become Community Champions.
- **Strong representation with local Health leaders and GPs – Humber and Wolds CCG** – By Identifying shared priorities and communication links – For example, a BAME Seminar 2<sup>nd</sup> March across Humber and Wolds CCG with local GPs leading. Linked to Community Champions and local businesses newsletters.

Helen Manderson

Local Contact Tracing and Testing

Desired outcome/s

To provide a local end to end test, trace and isolate service for North Lincolnshire to find positive cases earlier, break chains of transmission and prevent outbreaks.

### Success measures/performance metrics

- Optimisation of testing capacity
- Embedding of testing as part of everyday life for target population cohorts
- Equality of offer across all locations, age, gender, ethnicity, disability within target population cohorts
- Reduction in community transmission and number of outbreaks
- Positive user experience
- No of cases transferred to local contact tracing,
- % of cases successfully contacted.
- Number of target population cohorts booking and attending tests.
- No +ve, -ve and void tests completed
- Number of contacts per +ve case

No.	Action required	Completed
1.	Develop a robust local contact tracing service.	✓
2.	Development of further integration with regional/national Test and Trace, and isolation follow up support mechanisms.	Ongoing
3.	Set up local community testing sites in Scunthorpe and Brigg for critical workers.	✓
3.	Fully embed the Community Testing offer within the business-as-usual Local Test and Trace Service.	Ongoing
4	Development of a Contact Tracing performance dashboard	✓
5.	Further development and integration of a performance Dashboard across local test and trace.	Ongoing
6.	Planning to increase the target population cohorts for Community Testing, scaling up testing capacity (where required) and adapting to meet national testing programme requirements.	Ongoing
7.	Develop and deliver community collect arrangements for home testing kits (initially school pupil families and bubbles).	Ongoing
8.	Keep under review the need for on-site community testing and the development of options for effective delivery.	Ongoing
9.	Develop and roll out an intelligence led, targeted engagement action plan, including comms to encourage take up of testing and compliance with self-isolation requirements.	Ongoing
10.	Implement continuous improvement activity as identified in the Performance Dashboard.	Ongoing

### Areas of Good Practice

- A fully integrated approach has delivered a seamless service for contact tracing and local testing.
- Collaborative working from subject experts across the council and partners to enable the effective mobilisation, at pace of the community testing sites.
- A flexible approach to enable the service to scale up or down to meet future needs, including mass testing.
- Testing centres have been matched to centres of population for target cohorts, with initial capacity for over 2,600 tests per week, enabling rapid roll out of testing to public and private sector critical workers.

- Reuse of digital infrastructure and use of established supply chain to meet set up needs.

#### Issues / Risks

- The reused digital infrastructure does not allow us access to all data or control over booking capacity, a bespoke solution that integrates with the Performance Dashboard could improve efficiency.
- Including Community Collect for home testing kit collection, will enable us to best support people to get tested, to deliver this work we may need to work outside of the test sites, in communities.
- Hard to reach groups are not unique to the Contact Tracing and Testing service, we need to ensure no one is excluded or left behind.

### Public Health Delivery Plan

#### COVID-19 Vaccination Programme

##### Desired outcome/s

- To deliver a rapid COVID-19 vaccination programme across North Lincolnshire, which prioritises the roll out to the most vulnerable populations first before expanding to cover all eligible individuals, in line with the national guidance, whilst seeking to maximise vaccine take up and minimise health inequalities.

##### Success measures/performance metrics

- Vaccination uptake per each JCVI cohort is equal to or greater than the England average.
- Vaccination uptake is equally comparable across all sectors regardless of areas of deprivation, gender, age, ethnicity
- Reduction in deaths attributed to COVID-19 as a direct result of the impact of the vaccination programme
- Reduction in hospitalisation and serious illness due to COVID-19 as a direct result of the impact of the vaccination programme

No.	Action required	Responsible Officer	Completion date
3.	Place based Senior Responsible Officer COVID-19 Vaccination Group established to coordinate, support and seek assurance on the roll out of the vaccination programme within North Lincolnshire, incorporating all system partners.	NLCCG COO, Deputy CEO NLC and DASS NLC	Completion December 2020 - ongoing
4.	Support and implement the roll out of the Vaccination programme across the 4 Primary Care Networks covering the North Lincolnshire geographical area.	NLCCG COO and NLCCG MD	Completion January 2021
5.	Support and implement a larger vaccination site within North Lincolnshire to support the roll out of the programme in line with increased vaccine supply into the region and the commencement of the 2 <sup>nd</sup> doses of vaccines for those already vaccinated with a first dose (mid-March 2021 onwards).	NLCCG COO	Planned - 15 <sup>th</sup> March 2021
6.	Review and analyse the vaccination data to determine areas of lower uptake to ensure a targeted approach for the local population.	Deputy DoN&Q NLCCG and Public Health	March 2021
7.	Targeted approach to increasing uptake amongst the Care Home workforce	DPH	March 2021
8.	Support and implement alternative vaccination sites to increase uptake of the vaccine and reduce the health inequalities gap by proactively targeting certain communities or areas where the	NLCCG COO and NLCCG MD	March 2021 - ongoing

	COVID-19 vaccine uptake is lower than the Place or England average.		
9.	Develop and roll out a targeted communications plan to support the vaccination roll out and uptake, including utilising a range of methods to reach all communities (e.g. use of material in alternative languages, use of different styles of communication – verbal, written, videos, COVID champions).	NLC and NLCCG Head of Communication	March 2021 – ongoing
8.	Develop and implement any additional actions required following continuous review of the COVID Vaccination data considering all Health Inequalities, promoting alternative access to the COVID vaccination programme, myth busting support, use of local COVID Champions and local leaders within Place to promote the health benefits.		March 2021 – ongoing

#### Areas of Good Practice

- Initial uptake of the vaccination programme across all cohorts has been very well received in North Lincolnshire.
- Very good uptake of vaccination rates for residents within the Care Home sector which has started to see a reduction in the severity of the illness and hospital admissions from this sector. The positive take up was achieved through excellent collaboration between the PCN, GPs and the Care Home sector who ensured proactive support in preparing for the vaccine programme and ensuring all relevant consent and pre- vaccination visits were undertaken prior to vaccination dates.
- Local GP's have been supporting vaccine hesitancy by recording videos in multiple languages (16 now live) to support myth busting and general uptake. These have been shared and promoted across many different platforms including local news reporting and social media channels across the Humber, Coast and Vale ICS.
- Role modelling from local Health Care staff, especially GP's by promoting that they have been vaccinated has increased confidence in the local programme.
- Extensive external communications, on a weekly basis, via radio, local news channels, social media and local newspaper articles by the Medical Director and Chair (Local GP) of the CCG, encouraging prevention strategies for COVID-19 and promoting the vaccination programme locally with a focus on the health benefits.
- The location of the first Local Vaccination Site in North Lincolnshire played a significant part in creating a positive uptake in the ethnic communities as the area has a large population. Positive patient experiences and word of mouth has influenced uptake in the local population, which is also an area of higher socio-economic deprivation.
- Excellent collaboration between all system partners, including but not limited to the PCN's, CCG, Local Authority and Volunteer sector who ensured the smooth running of local vaccine sites which has promoted positive feedback and patient experience.
- Use of local COVID-19 vaccination webinars have been used to target myth busting and promote the vaccine programme across a variety of settings and population groups.
- Addition of a local Pharmacy Site increased access opportunities.
- Excellent collaboration with the Local Acute Hospital in relation to implementing a Health and Social care vaccination hub for the workforce with an electronic booking system for rapid and timely access to appointments.

#### Issues / Risks

- Lack of vaccine supply and short notice delivery dates have caused difficulty and frustration in the planning and preparation across PCN sites.
- Lack of data and sharing opportunities regarding vaccine uptake in the earlier days of the programme caused difficulty in ascertaining the local position against each cohort, to enable thorough planning and ensure equity across Place.
- Change to guidance regarding the 2<sup>nd</sup> dose timing interval resulted in an excessive amount of administration requirements within each PCN and frustration from a patient perspective.



## Covid-19 Prevention and Outbreak Management Communications Plan

Adam Lovell

The principles of the communications plan will remain true and will be applicable across a broad range of territories; transmission, testing, isolating, vaccine.

The two aims previously of preventing the spread and managing outbreaks will, I presume, remain constant.

Effective communications will help achieve the outcomes/aims:

- informing residents and businesses of what they need to do
- educating them further as to the risks and how their behaviour has a direct impact upon achieving the aims
- motivating them towards taking action/adjusting to the new normal throughout the duration of the continuing impact of Covid-19
- reassuring that while the risks remain we can control the spread by taking simple measures to protect ourselves, our families and our communities.

Activity will be aligned to the Council Priorities and cognisant at all time of demand management:

- Keep people safe and well
- Prioritise the most vulnerable
- Enable resilient and flourishing communities
- Enable economic growth and renewal.

Any Outbreak management communications is founded in crisis communications:

### Strategic Aims

- To ensure those who need to know about an outbreak do so in a timely, responsible and measured way
- To maintain public confidence and trust in the organisations and systems involved.

### Crisis communications Principles

- Be first. The first source is that which against all others are measured.
- Be right. Accuracy is critical to credibility.
- Be credible. Honesty is fundamental to maintaining trust.
- Express empathy. Emotion cannot be countered with facts. People must first know that their leaders care.
- Promote action. Giving people something specific to do restores a sense of control over out-of-control circumstances.
- Show respect. Lack of respect for a public in crisis undermines trust.

Results of the COVID-19 Communication Impact Survey is attached



Covid-19 Impact  
Survey Report.pdf

