Leicester
City Council

MEETING OF THE HEALTH & WELLBEING SCRUTINY COMMISSION

DATE: **WEDNESDAY, 16 SEPTEMBER 2020**

TIME: **5:30 pm**

PLACE: **Virtual Meeting - Zoom**

Members of the Commission

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

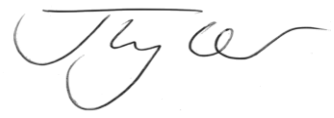
Councillors Aldred, Chamund, March, Dr Sangster and Westley

1 unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester



For Monitoring Officer

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Information for members of the public

PLEASE NOTE *that any member of the press and public may listen in to this 'virtual' meeting on Zoom through YouTube at the following link:*

https://www.youtube.com/watch?v=hhGSSFtDGCQ.

Members of the press and public may tweet, blog etc. during the live broadcast as they would be able to during a regular Commission meeting at City Hall.

It is important, however, that Councillors can discuss and take decisions without disruption, so the only participants in this virtual meeting will be the Councillors concerned, the officers advising the Commission and any external partners invited to do so.

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Further information

If you have any queries about any of the above or the business to be discussed, please contact: Jason Tyler**,** Democratic Support Officer on (0116) 454 6359 or email jason.tyler@leicester.gov.uk

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

USEFUL ACRONYMS

HEALTH AND WELLBEING SCRUTINY COMMISSION

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG LCCCG ELCCG WLCCG	Clinical Commissioning Group Leicester City Clinical Commissioning Group East Leicestershire Clinical Commissioning Group West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit

GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF THE PREVIOUS MEETING **Appendix A (Pages 1 - 4)**

The Minutes of the meeting of the Commission held on 23 June 2020 are attached and Members are asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any Questions, Representations and Statements of Case submitted in accordance with the Council's procedures.

The following Questions have been received in accordance with Scrutiny Procedure Rule 10 (1):

A. From: Brenda Worrall

Have local NHS leads published the document which brings together or offers a guide to reconfiguration proposals and which was promised in January at the Joint Scrutiny Committee meeting?

B. From: Sally Ruane

1. Will the Health and Wellbeing Scrutiny Commission be requiring the acute reconfiguration Pre-Consultation Business Case and the details of the proposed consultation process in advance of the start of the consultation itself?

2. On 31st July Simon Stevens & Amanda Pritchard wrote to all NHS trusts and health providers outlining priorities for the rest of the year. The focus is on plans to restore cancer and GP services, expand and improve mental health services and make preparations for winter whilst also preparing for localised or national Covid outbreaks. Additionally, it sets targets to recover the elective activity. My understanding is that local systems must return a draft summary plan by 1 September using templates issued by NHSE and covering the key actions set out in the letter, with final plans due by 21 September. How were the public involved in the development of these plans and when will these plans be put in the public domain?

C. From: Robert Ball

On what date does (or did) the national committee meet to consider final approval of the Pre-Consultation Business Case for the acute hospital reconfiguration proposals in Leicester? If the committee has already met, what is the outcome? Will the public be consulted on the establishment of an Integrated Care System in Leicester, Leicestershire and Rutland?

6. FLU PROGRAMME - UPDATE **Appendix B (Pages 5 - 8)**

The Clinical Commissioning Groups submit a report, which provides a briefing on work being undertaken in relation to the flu vaccination programme 2020/21.

7. COVID19 - UPDATE **Appendix C (Pages 9 - 16)**

The Director of Public Health submits a report, which provides a review and update on the Covid-19 response.

8. ADVENTURE PLAYGROUNDS AND FARESHARE

A presentation to be received from Leicester PlayFair and Fareshare on their holiday hunger programme at adventure playgrounds in line with the stated aims of Public Health.

The Strategic Director (Social Care and Education) to also update on the Council's link to the above programme.

9. ANY OTHER URGENT BUSINESS

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 23 JUNE 2020 at 4:00 pm

P R E S E N T:

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Aldred Councillor Chamund
Councillor March

In Attendance:

Sir Peter Soulsby - City Mayor
Councillor Dempster - Assistant City Mayor (Health)

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Prior to the commencement of the meeting the Chair asked those present to observe a minute's silence to remember those that had lost their lives in the city as a result of the ongoing Covid-19 pandemic.

67. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Sangster and Westley.

68. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

69. MINUTES OF PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 30 January 2020 be confirmed as a correct record.

70. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

71. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

72. COVID-19 RECOVERY UPDATE

In opening the item, the Chair referred to the announcement of the Secretary of State for Health during a recent Government Covid-19 bulletin, which identified Leicester as an area of concern and had extended the lockdown period.

The Director of Public Health commented on the lack of information received and delayed notice concerning the announcement. It was reported that efforts to extend community testing had been undertaken, however access to data had not been made available to the Council.

The timing of the Secretary of State's announcement was considered to be unhelpful as it followed arranged communications meetings including attendance by Public Health England.

The Chair and the Director of Public Health then welcomed to the meeting Dr Fu-Meng Khaw, Director of Programmes, Place and Regions and Honorary Associate Professor at the University of Leicester.

Dr Khaw gave a presentation on behalf of Public Health England, based on the data covering the period of 11 March 2020 up to 21 June 2020, including the epidemic curve of daily confirmed cases over that time in Leicester. The presentation also provided details of the rate per 10,000 population of weekly confirmed cases in Leicester, compared to the East Midlands, and England. The proportion of all tests with positive result by week, age demographic and a breakdown of the most affected areas in the city were provided.

In response to a question it was confirmed that the higher numbers could be contributed to the heightened awareness in the city, with increased availability and more tests being carried out than in other areas. It was also reported that no single point of origin for the increased numbers could be identified at this stage.

The City Mayor was invited to comment and referred to the determination to ask for more detailed data on postcode areas in order to recognise whether there was useful information concerning ethnicity, workplaces or care homes that could be contributing to the high output area.

In response Dr Khaw explained that a further localised analysis of data could be released, but it was accepted that the neighbourhood information collected would not accurately match with Ward boundaries.

The Chair then referred to a communication received regarding the testing centres and the appropriateness of the location in Spinney Hill Park. In response the City Mayor provided details of the rationale for locating the test centre in the park and advised that the arrangements were considered to be acceptable, properly put in place and had been used safely.

The Chair expressed concern regarding the actual positioning of the test centre in the park. He referred to the difficulties arising to ensure social distancing and criticised the openness of the facility within the busy area.

The facilities offered at the Belgrave Neighbourhood Centre as a walk-in test centre were also referred to. It was considered vital to offer tests on this basis as not all city residents had access to cars and were unable to visit the drive-in facilities provided elsewhere.

At this point NHS colleagues advised that they would leave the meeting to attend a separate briefing. The report and presentation supplied concerning the NHS response to Covid-19 had been circulated with the agenda papers and the content was noted by Commission members.

In concluding the item, it was noted that two sets of data continued to be collected, including the information from the military testing centres in addition to the information received from NHS colleagues. It was confirmed that the Ministry of Defence were being asked to provide greater information on the testing practices, risk assessments and the statistical results which were not currently shared.

AGREED:

1. To note the update and the statistical information received; and

2. That further localised and more detailed data on postcode or neighbourhood areas be requested in relation to ethnicity, workplaces or care homes.

73. AN UPDATE ON THE UHL FINANCE ADJUSTMENT

In the absence of NHS colleagues, the item was deferred.

It was noted that the issue would be discussed at a forthcoming Joint HOSC meeting together with the NHS response to Covid-19 report and presentation previously referred to.

74. HEALTH INEQUALITIES RE COVID-19

The Director of Public Health referred to the report titled “Disparities in the Risk and Outcomes of Covid-19” as produced by Public Health England and circulated with the agenda.

A presentation was given, which provided information on the complex interactions and interdependencies between the factors that affect general health as well as Covid-19 and the challenges to identify causes.

The national findings and the recent analysis from Public Health England had confirmed that older people, males, people from black and minority ethnic backgrounds and from deprived backgrounds were more likely to be affected. Statistical data of mortality rates and detailed breakdowns on age, ethnicity, gender and deprivation were also reported.

The additional health burden of Covid-19 was therefore of particular concern locally given the diversity and deprivation experienced by the population of Leicester.

In concluding the presentation, the following key points were noted:

- Inequalities in Covid-19 could be seen by age, sex, deprivation, ethnicity, occupation and comorbidities.

- The picture was complicated as factors were interdependent and the evidence base was still growing.

- Inequalities seen in Covid-19 appeared to mirror the pattern of inequalities seen in health in general.

- A whole system approach was needed to address the underlying causes of social inequality and improve health equity going forward.

The Commission welcomed the data provided and referred to the complexities of the situation. Particular comment was made on the socio-economic factors, the genetic immune response to Covid-19, and the wider issues of inequalities reflected nationally.

AGREED:

That the update and presentation be noted.

75. CLOSE OF MEETING

The meeting closed at 6.10 pm.

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

Flu Programme Update

Purpose

1. The purpose of this paper is to provide a short briefing on work being undertaken in relation to the flu vaccination programme 2020/21

Introduction

2. Now more than ever before it is important to maintain high vaccination coverage. The flu vaccine remains one of the best defences available against flu however the delivery of this year's programme is going to be more challenging because of the impact of COVID-19. This includes flu vaccinations taking longer because of the need to observe social distancing rules and the need for clinicians to change personal protective equipment (PPE). The expansion of the programme to an increased number of eligible groups such as people over 50 years, despite the plans for phased approach, creates practical challenges around vaccine supply and storage.

3. There is no one right way of maximising flu vaccinations; it will take effort from everyone. All organisations need to act as advocates for vaccination of their staff where eligible and emphases the importance of this on overall system resilience.

4. The table below provides information on the ambitions for the 2020/21 flu season.

Eligible groups	Uptake ambition
Aged 65 years and over	At least 75%
Clinical at risk groups	At least 75%
Pregnant women	At least 75%
Children aged 2 and 3 year old	At least 75%
All primary school aged children and school year 7 in secondary school	At least 75%
Frontline health and social care workers	100% offer

The Flu Vaccination programme in LLR - Governance

5. LLR has established a LLR STP Flu Board which takes its membership from the following partners although membership continues to be refined.

- NHS Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups
- Leicester City Council
- Leicestershire County Council
- Rutland County Council
- Public Health England
- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust
- DHU Health Care
- Primary Care Networks
- Leicestershire Local Medical Committee
- Local Pharmaceutical Committee

6. The Flu Board has established terms of reference and has agreed to meet fortnightly during the flu season. There is a clear governance process for monitoring the plan and escalation routes have been identified to ensure we are able to support and 'unblock' any issues at the earliest opportunity.

7. A number of areas of focus have been identified and named leads have been allocated to specific areas. For example primary care, training, care providers, pharmacy. The named leads will report on progress at each board meeting.

The Flu Vaccination programme in LLR - Delivery

8. The commissioning landscape for the programme is mixed. General practice are contracted to provide much of the flu vaccination programme through the Directed Enhanced Service (DES) specification. Community pharmacies can register to provide flu vaccination to eligible people. The school aged immunisation programme is commissioned by NHSEI and delivered in LLR by LPT. There are also employer led vaccination programmes.

9. General practice does wish to provide a practice based programme with some Primary Care Network scaling up. Care homes are a high priority for LLR. The main delivery model for care homes will be for general practice to continue to undertake this service for residents. A specific sub group looking at care homes, domically care and other care providers has been established chaired by adult social care.

10. There is likely to be phased approach to delivering the flu vaccination programme with people 50 to 64 years-old may be invited later in the flu season subject to availability of the vaccine.

11. A review of general practice level data indicates varied flu vaccination uptake rates across the STP, in the 2019/20 season. For example for those at risk aged under 65 years, vaccination take up at GP Practices ranged from 20.9%of the eligible population to 65.4%. This indicates the scale of the challenge to vaccinate 75% of people in eligible groups.

12. General practice is being supported by a primary care sub group reporting into the flu board to enable them to deliver the primary care requirements, for example, practical support such as staff training, flexibility of sessions, information provision as well as targeted specific support to practices which have struggled in the past to reach or cover their patient populations generally or for any specific 'at risk group'.

13. The impact of the COVID-19 lockdown has been to emphasise the bearing of societal inequalities on health and wellbeing. Important factors are likely to include:

    - People living in areas of high socioeconomic deprivation;
    - Ethnic inequalities in COVID-19: People from Black British and Asian British ethnic backgrounds may be at high risk of illness;
    - Interaction of ethnic and socioeconomic inequalities, demonstrating the intersectionality of multiple aspects of disadvantage;
    - Other marginalised groups (such as homeless people, asylum seekers, prisoners and street-based sex workers).

14. Given the diverse make – up of the population in Leicester City in particular, our plan will address the need to ensure BAME and other marginalised groups are offered the flu vaccine where eligible. Approaches to increase uptake of the flu vaccine will be tailored based on the target population, practice data and uptake records. Existing systems which work with vulnerable people and provide support will also be utilised to increase uptake. We will work with local groups and influencers to support vaccination uptake.

15. There will be a communications campaign to ensure equitable take up for people from black and minority ethnic backgrounds and to advertise local clinics in rural areas where access to clinics may be difficult. There will be ongoing reviews of the relationship between these health inequalities and flu vaccine uptake. Responses are likely to involve different engagement techniques depending on the target group.

Communications

16. Raising awareness of eligibility for the Flu vaccine is core to our plan. We will deploy a range of tactics to ensure people are aware of eligibility and the process for being vaccinated. This will be a mixture of direct contact with patients through invitations to book appointments including letters, call and recall and text messaging.

17. This will be backed up by an extensive media and publicity campaign both locally and nationally. The national campaign will start at the end of September and includes national and regional advertising.

18. Our partners in local authorities have been engaged and have offered support through the Leicester City IMT Communications cell and Local Resilience Forum.

19. Information will be provided in other languages and we are working with our networks to use outreach approaches to reach the groups highlighted at point 13 above. The work undertaken as part of the Leicester extended lockdown has provided insight into those channels which are most effective to reach certain communities.

The Flu Vaccination programme in LLR - Link to COVID 19 Vaccination

20. The COVID-19 pandemic poses a specific set of challenges to achieving high volume through-put when vaccination becomes available. NHSEI are exploring options for delivery and further information will be made available as this becomes know. Local NHS systems are being asked to work up plans for COVID vaccination on the basis of this being available before Christmas

21. Within LLR the two programmes, flu vaccination and COVID vaccinations, will be organised by the same or similar groups of people as we recognise the interdependencies between the two programmes.

Conclusion

22. This year's flu programme will be challenging. The establishment of a STP flu board will help coordination and the support being provided across the sub groups will be instrumental in achieving the ambitions.

Appendix C

Review and update of the Leicester Coronavirus Response

For consideration by: Health & Wellbeing Scrutiny Commission

Date: 16 September 2020

Lead Director: Ivan Browne

Useful information

- Ward(s) All
- Report author: Ivan Browne, Director of Public Health
- Author contact details: Ivan.Browne@leicester.gov.uk

1. Purpose of report / Introduction

On 18th June Leicester stood up an Incident Management Team (IMT) to investigate and control the increase in coronavirus (COVID-19) cases flagged by the Director of Public Health for Leicester City Council following the publication of pillar 2 (community) test results for Leicester City.

On 29th June 2020, the secretary of State for Health and Social Care announced local restrictions to the city of Leicester and to parts of the bordering Leicestershire County. At this time, the incidence of coronavirus cases in Leicester per 100,000 population for the previous 7-day period was 135/100,000. The IMT established a governance structure to investigate and control the outbreak.

2. Report Summary

What were the key interventions used to stabilise and then reduce the number of new infections in Leicester?

Testing

Leicester implemented a rapid increase in targeted testing and case finding with national and local infrastructure. This included increasing from 2,000 to 15,000 community tests per week through multiple testing sites, hyper-local approaches were deployed in the most affected communities including tests being offered door-to-door along with information and support for whole households to include those with and without symptoms (symptomatic and asymptomatic). Workplace testing was also important e.g. on-site factory testing.

Important features of the testing strategy:

Local targeting of the most affected communities was based on a constant review of the epidemiology and innovating quickly to develop different bespoke solutions that were practical and worked for different communities based on local understanding of the communities. E.g. Spinney Hill is a densely populated area with very low car ownership. A drive-through testing station on the edge of the city would not work for this population and there was no obvious suitable site for a drive through testing station in the neighbourhood. Instead, a walk-through testing station was developed in Spinney Hill Park and an indoor Local Testing site was developed in the local Highfields Centre. These were well-used by local people, identifying many positive cases in the area that might not otherwise have been tested.

Speed, scale and agility have been vital to the successful testing strategy in Leicester with testing staffing going from 100 people to 250 people working in shifts, 7 days per week to make testing widely available and easily accessible, particularly in hotspot areas. This effort was supported initially by NHS staff and military personnel. As well as ensuring that these efforts were appropriately targeted to the emerging epidemiology, the logistical management, co-ordination and communication associated with testing has been vital.

The huge increase in testing in Leicester resulted in many more positive cases being found and helped to break the chains of onward transmission through self-isolation of these cases and their contacts.

Outbreak Management

Whilst most transmission seems to have been within and between households, we worked closely with Public Health England's Health Protection Team to constantly review cases identified within any local outbreaks, to identify postcodes of co-incidence or links and congregational risks. Whilst non-household clusters and outbreaks within the city do not seem to have been a major feature within Leicester, there may have been links to workplace outbreaks being managed and controlled in parts of the County. The watchful identification of these types of links and the active management of clusters and emerging outbreaks, has helped to stabilise the number of new clusters emerging.

Contact Tracing and support for self-isolation

The prompt identification and management of contacts of COVID-19 cases is vital to interrupting further onward transmission of the virus and the work of NHS Test and Trace has obviously been vital. Completeness and speed are of the essence in successful contact tracing and it has taken concerted action to improve the effectiveness of contact tracing for Leicester.

When Leicester went into local Lockdown at the end of June 2020, little over half of the people who tested positive in Leicester were being interviewed within 24 hours by NHS Test & Trace to identify the contacts who might have become infected. In addition, every day, positive cases in Leicester were recorded as being 'not contactable' or 'follow-up failed'.

As part of efforts to limit the spread of COVID-19 in Leicester in July 2020, NHS T&T facilitated enhancements to its standard process for Leicester with the aim of reaching more people with COVID-19 more quickly, identifying their contacts more quickly by telephone and reaching contacts more quickly to advise them about self-isolation. A ringfenced group of tier 2 staff within NHS T&T used custom scripts and processes to support the Leicester Lockdown area by:

- Bypassing the automated system, NHS T&T passed Leicester cases straight to the ringfenced group of tier 2 staff to contact cases by phone
- Recognising the significance of the Leicester outbreak and encouraging partner/contact notification as part of the adapted scripts

- Cases were only followed up by NHS T&T for 48 hours or 10 calls, whichever was the shorter before being handed over to Leicester City Council for local follow-up
- Cases requiring local authority support (e.g. to self-isolate) were referred directly for support by NHS T&T.

To avoid delays in contacting cases and to reduce the worrying number of cases lost to follow-up every day, Leicester City Council set up local services to supplement the work of NHS Test and Trace locally.

From 17th July 2020, Leicester City Council began to receive a daily encrypted list from NHS Test and Trace of the details of Leicester residents who had tested positive but who had not provided information about their contacts to NHS T&T and/or who NHS T& T had been unable to interview, despite up to 10 attempted phone calls over 48 hours.

Leicester City Council trained a team of staff from customer services and libraries to investigate and find alternative ways of contacting positive cases, usually by phone using a different number held by the Council. This approach is often successful but if this fails, a 'ground team' visit the positive case(s) at their home address to provide advice, offer support and obtain details of their contacts.

Within a few weeks, this approach proved so successful that, since 16th August, Leicester City Council's contact tracing team have now been following up all cases that have not been followed up within 24 hours by NHS T&T.

Leicester's local contact tracing results to 30th August:
- We have received 301 valid cases to investigate.
- Of these, local investigation team has contacted 278 cases
- Of our successful contacts 41 have been achieved by our ground team visiting an address (13.6%)
- We have recorded 21 cases as No Trace (6.9%)
- This is a 92.3% success rate so far

Leicester City Council also started taking referrals for cases who have indicated that they require additional support to self-isolate and additional support calls are made to understand support needs and to arrange the necessary support to be provided. A support hub provides support in the form of food supplies, but accommodation and funding have also been made available to people quickly depending of the needs and circumstances of each case. Between 22nd July and 30th August, Leicester City Council have followed up 141 cases referred for support.

Communication and Community Engagement

Leicester developed and implemented a comprehensive Communications and Community Engagement strategy for Leicester's Lockdown with the aim:
To support a reduction in the number of cases of Coronavirus within Leicester through a multi-channel social marketing, communications and engagement campaign which is sensitive to the cultural and language needs of the local population and which focuses on:

- Regular, clear and transparent messaging about the ongoing situation (including data)
- Messaging which also recognises the efforts made by communities and the many agencies involved and which is regularly refreshed to mitigate against message fatigue and the need to continue to maintain adherence to protective behaviours
- Clear guidance for communities and businesses about what actions they need to take to protect themselves, others and the wider community
- Increasing awareness of the importance of testing whether symptomatic or asymptomatic, how to get tested and what to do if you test positive
- Implementing targeted and enhanced communications activity at a local level in the priority hotspot areas to ensure communities take the actions needed to reduce transmission of the virus
- Supporting the efforts to reduce the level of 'failed' contacts in the contact tracing programme
- Engagement of community influencers and local trusted voices (local leaders, health spokespeople) to support understanding, awareness and behaviour change
- Evaluating the reach and impact of activity and identifying lessons learned

This work has been extensive and is on-going. It is being governed and delivered through a Communications and Community Engagement Cell of the Incident Management Team, led by a Leicester City Council Director with input and support from communication leads from national, regional and local partners.

There is a Communications and Community Engagement strategy document provides a comprehensive overview of this activity and starts to identify some of the lessons learnt through these interventions. It is also worth noting that communications messages in Leicester have been complicated by the easing of restrictions nationally and in surrounding areas requiring Leicester's restrictions to be articulated with clarity and repetition to counter myths and misunderstandings.

Community Engagement

As an under-pinning part of all the work in Leicester, it would be hard to over-state the importance of listening to local community leaders and responding to their ideas and suggestions based on their local knowledge and intelligence. Leicester City Council's networks have enabled important formal and informal engagement conversations with around 160 stakeholders in priority areas of the city.

This was followed up by more in-depth focus groups across key wards which provided greater understanding of needs and issues within communities as well as helping to ensure the development of common messages through trusted community voices as well as in other appropriate formats.

Whilst it is always important to start with engagement and with attempts to inform and persuade people to adopt COVID-safe behaviours, our communities themselves have suggested that more enforcement action might be appropriate with some individuals/households and/or that making enforcement action more visible with individuals/households might also be important as we move forward.

Business Engagement

The Business Engagement Cell of Leicester's IMT remains proactive in ensuring COVID-19 Secure business working practices inside and outside premises are put in and remain in place and that the Cell responds to any surges in demand for restaurants or other business environments that might threaten matters such as social distancing etc (noting for example the work that was required to help support businesses and the public during the now ended "Eat Out to Help Out" scheme).

Business Engagement Context

- By the 31st August there had been 1018 business engagement COVID-19 Secure check visits in the north east of the City.
- Leicester City Council Regulatory Services has visited 52 HSE regulated premises and 744 local authority regulated premises in the north east of the City.
- As part of the above there have been 244 revisits recorded as Action/Intervention required (242 local authority regulated, 2 HSE regulated).
- Total number of remote interventions where no visit was required: 184 (167 local authority regulated, 17 HSE regulated).
- In addition to the above visits to businesses outside of the north east of the city have also taken place.
- Prior to the above there had also been significant business engagement work through the Council's Regulatory Services team that had already taken place and it was reassuring to know much of the above resulted more in conversations with businesses about reaffirming advice that had previously been provided, and was being implemented, rather than starting from scratch.
- As part of the City Council's regulatory response The Health Protection (Coronavirus, Restrictions) (England) No.3) Regulations have recently been used. This was in response to large unmanaged queues outside restaurants, predominately on London Road, that were participating in the "Eat Out to Help Out" Scheme. The council determined that two directions (Regulation 4 – Direction against premises – applied to 11 premises) and Regulation 6 – Outdoor Public Places Direction) were required having considered the following conditions had been met: -

    a. direction responds to a serious and imminent threat to public health;
    b. direction is necessary for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection by coronavirus in the Authority's area; and
    c. the prohibitions, requirements or restrictions imposed by this direction are a proportionate means of achieving that purpose.

Business Engagement Lessons Learned:

1. Leicester City Council has been able to build on previous business engagement work and have visited a substantial number of businesses premises in a short space of time since 29th June 2020 to ensure COVID-19 Secure compliance working in partnership with Public Health England whose data identified priority areas for visits.

2. The visits were required to take place in local authority regulated premises and HSE regulated premises. It became apparent that the HSE is working to a nationally informed programme that is based on spot checks. This was not something PHE or JBC representatives were initially aware of in the Leicester Incident Management Team meetings that commenced from 29th June.

3. Whilst the HSE has conducted visits in Leicester they have been unable to direct visits in accordance with the requirements of the Public Health England Incident Management Team that was introduced. Leicester City Council has therefore conducted visits in HSE premises (52 premises) to ensure all priority sites were assessed and appropriate advice provided. It proved important not to rely on the HSE due to the significant and apparent resource limitations that they have and their inability to respond to the demand required to ensure as part of a comprehensive programme of work COVID-19 Secure compliance within HSE regulated premises.

4. The Council has been able to conduct all the required visits to priority sites (covering local authority regulated sites and as appropriate HSE regulated sites). For the HSE sites if regulation issues were found it was agreed with the HSE that these would be of course be referred to them for follow up.

5. Not linked to point 4 but where the HSE has been notified of outbreaks the Business Engagement Cell has not been informed of the outcome of the HSE's work and unfortunately the HSE has only been able to attend a few BEC meetings.

6. Leicestershire Fire and Rescue Service has proved to be a very valuable additional resource/partner to support COVID-19 Secure/Public Health visits. They have visited 28 hotels as part of the Business Engagement Cells work.

7. Where businesses were found to be open that should not have been, appropriate action was used, including the use of prohibition notices where required – such methods have proved effective in ensuring compliance with the restrictions that have been/are in place in Leicester.

8. In terms of the use of the "The Health Protection (Coronavirus, Restrictions) (England) No.3) Regulations" in relation to large unmanaged queues outside restaurants participating in the "Eat Out to Help Out" scheme on London Road the following lessons have been noted: -

3. Conclusion

The decreasing incidence of COVID-19 and the reduction in positivity rate clearly suggests that Leicester's strategy is working and that the interventions put in place since 18th June have resulted in a significant progress in Leicester. It is hard to disaggregate the impact of each aspect of the efforts and interventions and it is likely that the progress could only have been delivered through concerted efforts on all fronts simultaneously.

This report does not cover a range of other actions and interventions delivered by the Council and other partners through the IMT and its working 'cells' e.g. work to prepare schools for re-opening, support to care homes (e.g. Leicester City Council rings every care home in the city once per week to check on issues and progress with testing) and all of work delivered through the NHS – all of this has been important too.

It is important to note that all interventions have been informed by a granular understanding and interpretation of the epidemiology by local and PHE colleagues; all approaches have been shaped by an understanding of local communities and the delivery of Leicester's plan at such pace has been possible through the over-arching leadership and governance of Leicester's IMT. This has brought relentless and rigorous focus and grip as well as the management and co-ordination of many inter-related strands of activity across many organisations and individuals.

It is important to note that coronavirus knows no boundaries and that the integration and alignment of arrangements between Leicester city and Leicestershire County Council has also been important. There is no doubt that Leicester City Council's leadership and agility has been a vital part of this progress with many staff at all levels turning their skills and capacity to the delivery of action related to COVID-19. The leadership and specialist health protection expertise of PHE staff has also been vital as has the close and proactive working relationship between all partner organisations.