



Blackburn with Darwen

COVID-19 Local Outbreak Management Plan October 2021

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Introduction

Since the first case of COVID-19 in Blackburn with Darwen in March 2020, the pandemic has seen more than 28,508 positive cases in the Borough. This has had a huge impact on our citizens, communities and businesses.

Blackburn with Darwen has experienced three complete waves of the pandemic, with daily case rates now steady, however, when compared to other areas in the North West, Blackburn with Darwen currently has one of the lowest weekly case rates per 100,000.

During these pandemic waves, Blackburn with Darwen has been under social and economic restrictions for much of the time since the first case on March 13th 2020. At the end of July 2020, the Borough experienced a range of restrictions from local measures to tiered systems which lasted longer than most areas in the country.

As we approached the summer of 2021, a 4 step Roadmap and Guidance was implemented from the 21st July. This meant:

- No need to stay 2 metres apart from the people you do not live with
- No limits on the number of people you can meet
- Homeworking is not a necessity and employers can begin to plan a return to workplaces
- Face coverings will no longer be required by law in any setting
- No limits on the number of people who can attend weddings, civil partnerships, funerals and other life events (including receptions and celebrations).
- No longer any restrictions on group sizes for attending communal worship.

Throughout the Pandemic our communities have experienced some of the worst effects. As the pandemic has developed there has been increasing acceptance that places with high levels of deprivation, larger black and minority ethnic populations, higher density and overcrowded housing, greater numbers of workers in key frontline occupations and younger population profiles have higher risks from COVID-19 in terms of infections, hospitalisation and deaths. Blackburn with Darwen has all of these key risk factors and at this stage of the pandemic, despite falling case numbers, inpatients and mortality, continued action is required to suppress the enduring rates of transmission experienced by the borough.

On 14th September, the government released its Autumn and Winter Plan in response to COVID-19 outlining steps that will be taken throughout the autumn and winter period to help the fight against COVID-19.

Pandemic Progress

This total number of cases recorded acknowledges that in the first wave, case numbers were a huge underestimate as testing only took place on people that had been hospitalised. At the highest peak during Wave 2 (October 2020) and Wave 3 which peaked in January 2021 there were in excess of 200 confirmed cases each day and this has now reduced to less than 100 a day.

In Wave 1 with testing only in hospitals on admission, cases were dominated by older adults with the highest rates in April and May. From the middle of summer as community testing became widespread, transmission among younger adults was more clearly identified. In October 2020, cases were most prevalent in 15-19 year olds of any five year age cohort and in January the greatest prevalence was amongst the 25 to 29 year olds. Patterns of intergenerational transmission were also evident.

In October 2021, our weekly case rate is just over 200 cases and our daily case rate has decreased to under 100 cases daily. The current age cohort with the most cases is the 10 to 14 year olds.

The pandemic put a heavy strain on local hospitals and East Lancashire Hospital Trust worked exceptionally hard to increase capacity in ITU and HDU to cope with **hospitalisations** and the need to provide ventilation and oxygen. At the height of Wave 1 there were 128 inpatients with COVID-19 from across Pennine Lancashire; in the peaks of Waves 2 and 3 there were more than 100 in patients from Blackburn with Darwen.

On the 1st October 2021, there are 41 inpatients across Pennine Lancashire with COVID-19. While this is significantly lower than during the waves of the pandemic, there is still a lot of work to do to ensure these numbers remain low and that residents are protected as much as possible.

Throughout the Pandemic 448 local people have died with COVID-19 and **mortality** in 2020 was significantly higher than in the previous three years. In common with cases and hospitalisations there have been three waves of excess deaths with peaks in late April 2020, November 2020 and in the early to middle weeks of January 2021. In 2020 for Blackburn with Darwen, COVID-19 was the leading cause of death.

Blackburn with Darwen has led the way in **testing** with early community testing programmes targeted at wards with the highest case rates; we have led on local test and trace efforts to support the national system and been successful at drawing in resources to increase local testing with the Borough.

The **Vaccination** programme has provided great hope for overcoming the worst effects of COVID-19. The Local Vaccination Programme has been progressing well through the pandemic, with 86% of the 16+ population having received their first dose and 77% receiving their second dose. However, despite these overall high levels of uptake, there are signs of lower uptake in lower income and some ethnic minority groups and as a result we are providing support to the vaccination programmes through COVID-19 ambassadors, Engagement and Integration Officers and Social Prescribing Link Workers.

What Next?

On the 14th September, the Government released its Autumn/Winter Plan to sustain progress whilst ensuring the NHS does not come under unsustainable pressure. The main priority for this will be the vaccination programme. A 3rd booster jab will be given to 50+, Clinically Vulnerable and people at risk. This plan will also see the start of vaccinations for 12 to 15 year olds with Blackburn with Darwen having the highest number of under 18's in Lancashire.

Living with COVID-19

A combination of interventions to contain & mitigate the pandemic have proven to help reduce the spread of COVID-19. Vaccines are now being developed and delivered at unprecedented speed, however, as we transition toward normality, deaths from COVID-19 will fall but the virus will not disappear for a number of reasons;

- As new strains become dominant they could cause a delay in reaching herd immunity
- If curbed in one part of the world, the virus is likely to continue in other places
- If it is no longer an immediate pandemic-level threat, coronavirus will likely be endemic
- Slow, sustained transmission and smaller outbreaks will persist

During this period we will still require public health measures to allow greater normalisation of social, civic and business activities.

There have been, and will continue to be, great **opportunities** that result from COVID-19 to improve the health of the population, reduce health inequalities and improve health equity. These opportunities include digital and innovation; home and agile working; sustainable economic development models; increased volunteering; whole system approaches to health; and safe and active travel.

The National Contain Framework

The National Contain Framework sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks. Successful management of local outbreaks is a core element of breaking the chain of COVID-19 transmission to enable people to return to and maintain a more normal way of life, living safely with COVID.

The national framework supports local decision-makers by clarifying their responsibilities and empowering them to take preventative action and make strong decisions locally.

Managing outbreaks is very dynamic. The overarching aim of the Framework is to empower local areas to act at the earliest stage and ensure swift national support is readily accessible where needed. Continuous improvement is critical as we learn more about managing the virus alongside existing infectious disease and emergency response arrangements.

Ministers are accountable nationally for setting the framework and for oversight and intervention where necessary. Locally, Directors of Public Health (DPH) are accountable for controlling local outbreaks, working with UK Health Security Agency (UKHSA) and local health protection boards and local boards to communicate and engage with communities led by council leaders.

Five aims set out in the Contain Framework to support effective implementation of an integrated national and local system are:

- reinforce the country's vaccine wall of defence through booster jabs and driving take up
- enable the public to make informed decisions through guidance, rather than laws
- retain proportionate test, trace and isolate plans in line with international comparators
- manage risks at the border and support a global response to reduce the risk of variants emerging globally and entering the UK
- return contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19

The updated Contain Framework builds on the version first published in July 2020 and sets out:

- the roles and responsibilities of LAs and local system partners, and those of regional and national teams, as well as the decision-making and incident response structures
- the core components of the COVID-19 response, including on Variants of Concern (VOCs) and enduring transmission, and emphasises the need to consider inequalities in every aspect of the response
- the requirements of LAs on the continued COVID-19 response, as well as how this should be factored into Local Outbreak Management Plans (LOMPs)
- the support LAs can expect from regional and national teams

[COVID-19 contain framework: a guide for local decision-makers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/covid-19-contain-framework-a-guide-for-local-decision-makers)

The framework should be read in the context of the government's roadmap to ease restrictions in England (COVID-19 response: Autumn and Winter Plan 2021) and the government's overall public health objectives for responding to the COVID-19 pandemic. The contain framework will continue to be updated as the response evolves.

Local Outbreak Management

Building on existing plans and the national Contain Framework our COVID-19 Outbreak Control Plan describes how we will contain outbreaks and respond to complex cases and incidents in Blackburn with Darwen.

The Director of Public Health (DPH) is responsible for providing local leadership and producing the plan, through the Health Protection Board and an elected member led Local Outbreak Engagement Board.

This plan adopts the '[Guiding Principles for Effective Management of COVID-19 at a Local Level](#)' produced jointly by the Association of Directors of Public Health, Faculty of Public Health, Local Government Association, Public Health England, Society of Local Authority Chief Executives, UK Chief Environmental Health Officers group.

Given the evolving nature of the national policy in managing the COVID-19 pandemic, this plan is a dynamic plan that will be reviewed and updated in response to emerging guidance and best practice.

Purpose

The overall purpose of the outbreak management plan is to prevent avoidable mortality and reduce harm from COVID-19, in order to allow lockdown restrictions to be safely relaxed.

This is achieved through a continuum of local outbreak management to prevent and suppress outbreaks, including prevention, early identification, rapid investigation, active management across a range stakeholders, and support for the vulnerable and building on lessons learned.

The plan identifies the roles and responsibilities of key stakeholders, identifies higher risk scenarios, and describes operational aspects of the outbreak response, and outlines communication, investigation and control procedures.

Key Themes

This plan is centered on the following themes:

- Higher-risk settings, communities and locations e.g. care settings, schools, prisons, hospitality, hospitals and education
- Vulnerable and underserved communities
- Compliance and enforcement
- Testing
- Contact tracing
- Communications and engagement
- Data integration and information sharing
- Governance
- Resourcing

Local Incident and Outbreak Management Arrangements

Where the national contact tracing process identifies a complex case or one involving a high-risk location, such as where a person who has tested positive for COVID-19 has worked or where the case is linked to a school, care home or other high risk setting, then the case will be referred to the UKHSA regional team who will notify the Local Authority in three forms of escalation;

- For information
- For action
- For preparedness (no action required, but may be required in the future)

A dedicated e-mail address has been established for this purpose, which is monitored five days a week by a 'front door' team, and this is stepped up to cover weekends and bank holidays when required.

The front door team hold responsibility for:

- Receipt of an initial assessment of all notifications into the dedicated mailbox
- Forwarding the notification to the relevant setting SPOCs/setting support team
- Logging full details of the incident within the case management system
- Reporting key information into the IMH and Health Protection Board meetings

Alternatively, local intelligence may be received, which is also 'triaged', logged and escalated as described above.

Single Point of Contacts

We have established Single Points of Contacts (SPOCs) for various settings (e.g. care settings, schools, workplaces). Upon notification, the relevant SPOC assesses the situation, follows the relevant standard operating protocol and establish and liaises with the Public Health Team to establish Incident or Outbreak Control Meeting, where necessary, to:

- Confirm and assess incidents and outbreaks
- Establish appropriate outbreak control measures to minimise transmission and mitigate social risks caused by control measures,
- Provide consequence management support to the setting
- Record actions, recommendations and follow up plus case closures
- Mobilise the people and resources required to maximise outbreak control
- Where necessary and appropriate, this will include identifying and allocating surge-capacity of resources to control outbreaks.

Incident Management Hub

Blackburn with Darwen Incident Management Hub (IMH) coordinates the operational response to incidents and outbreaks. This includes support in the form of specialist advice, deployment of resources to assist the investigation and management of the outbreak, such as testing, and coordination of engagement with settings and the wider community.

Core **membership** of the IMH includes

- Local Authority Public Health (Chair)
- A representative of Regional UKHSA Health Protection Team
- Public Protection (Environmental Health)
- BwD Help Hub (support for vulnerable people and those required to self-isolate)
- Communications
- Setting specific SPOCs

The key **functions** of the IMH are to

- Receive notifications of incidents and outbreaks from UKHSA, SPOCs and other local intelligence
- Escalate issues/cases identified locally where specialist input is required
- Review data and intelligence to inform action and monitor outcomes
- Coordinate advice and guidance to setting
- Oversee rapid and proactive management and coordination of local outbreaks as set out in local plans
- Ensure consequence management with complex settings
- Ensure direct support is provided to vulnerable and complex cohorts and households
- Coordination of proactive infection control advice & guidance
- Local stakeholder communications and engagement
- Deployment of appropriate legislative and regulatory powers
- Declare the end of outbreak

Infection Prevention and Control

Providing timely infection prevention and control support is central to our outbreak control plan. Our nurse-led Infection Prevention and Control teams will provide advice and support to COVID-19 incidents and outbreaks when they occur.

The team will when requested:

- Provide education and training
- Attend the outbreak/incident control meetings;
- Assist with investigate the incident
- Collaborate with stakeholders and subject matter experts
- Provide advice and specialist support

The key steps that will be led by Blackburn with Darwen IMH, in conjunction with partners, are as follows:

Step	Action Required
1. Notification	The 'front door' or SPOC will be informed of the situation and will log basic information to determine next steps and immediate follow-up.
2. Outbreak Investigation & Risk Assessment	<p>In the event of a suspected or confirmed outbreak, the front door team or SPOC will conduct further enquiries and may set up an Incident Management Team (IMT) to assess the incident and agree any initial infection control measures required to control the outbreak.</p> <p>The team will be made of representatives who have the knowledge and skills specific to the affected setting.</p> <p>This will involve contact with the setting to gather further information about numbers of symptomatic individuals and potential contacts and any other risks.</p> <p>Where significant risk is identified a joint decision will be taken between the local authority and UKHSA to declare an outbreak.</p>
3. Advice & Controls	<p>Infection prevention & control advice is provided to the setting to manage immediate risks. This will include social distancing, hygiene, PPE use, cohorting, cleaning and any requirement for closure.</p> <p>Links to relevant national and local advice including template letters for further communications will be provided.</p> <p>The need for any further testing will be assessed and deployed, as necessary.</p> <p>Communications implications will also be considered at this stage.</p>
4. Assess Need for ongoing support/Outbreak Control Team	<p>In the event of a complex outbreak it may be necessary to set up an Outbreak Control Team (OCT).</p> <p>It is the role of the OCT to agree the appropriate intervention measures to put in place and how this is communicated to key people within the setting and/or their carers.</p> <p>Communications implications will also be considered at this stage.</p> <p>A high threshold will be applied and an OCT will only be convened for the most complex situations. In lower risk scenarios the IMH will coordinate the local response.</p>
5. Continued Follow-up	<p>Consequence management issues will be coordinated via the IMH and picked up by local partners.</p> <p>Examples may include support for vulnerable individuals; PPE supply; complex local contact tracing; staffing and business continuity issues.</p> <p>Settings will remain in contact with the front door team/SPOC to inform of any further issues or changes to the situation. The risk assessment will be reviewed if information emerges that would change the approach (e.g. increase in number of cases)</p>

Step	Action Required
<p>6. Close Outbreak</p>	<p>In the short term, once all necessary infection prevention and control and consequence management actions are complete the situation is closed for further actions.</p> <p>An outbreak for COVID-19 can be declared over, once 28 days have passed (for care homes and 14 days for all other settings) since onset of symptoms in the most recent case. Although this remains the gold standard for COVID-19 outbreak management, in practice professional judgement is utilised within individual settings on a risk assessed basis as to whether cases that might emerge after a 14 day period are more likely to be representative of co-incidental community transmission and if so, whether the full range of control measures can be temporarily relaxed pending formal closure after the longer 28 day period.</p> <p>Further actions around consequence management may need to continue beyond this period if there has been significant impact.</p>
<p>7. Further Monitoring/ Notification</p>	<p>The setting will monitor the situation and will notify the IMH SPOC if the situation worsens and further input is required.</p>

Preventing and Managing Outbreaks in Higher Risk Settings

We know that there are some people and communities are at an increased risk of COVID-19, and some settings that are more likely to experience outbreaks, or may be more challenging to manage during an outbreak.

There has been significant multi-agency work across the local authority and LRF footprint to prevent and manage the risk of outbreaks in a range of high risk settings including;

- Care homes and other residential settings
- Education and early years
- Higher risk workplace and occupations
- Vulnerable and underserved populations

This work is described in more detail below.

Care Settings

Comprehensive local arrangements have been established to manage outbreaks of COVID-19 in care homes. These arrangements involve partnership and joint working between social care, public health, Infection Prevention Control Teams, NHS and the LRF.

Both the Lancashire and CCG Infection Prevention Control Teams are involved in providing training to Care Home staff on IPC, PPE and swab-taking.

The Local Authority has established a dedicated multi-disciplinary **Care Sector Response Team** to provide coordinated support to the adult social care sector. The team are in daily contact with settings to monitor cases, outbreaks and vaccine uptake as well as providing;

- Provider engagement through relevant fora and communication channels
- Proactive advice and guidance in line with national guidance encompassing issues such as care setting visiting, testing,
- Coordination of Infection Prevention and Control (IPC) advice and support in liaison with the Lancashire and CCG IPC Teams
- PPE supply
- Support for wider consequence management i.e. auxiliary workforce, financial assistance, alternative accommodation
- Support for Outbreak Control Teams as required

The Care Sector Response Team act as the Single Point of Contact (SPOC) for care sector incidents and outbreaks and these arrangements are integrated into the Blackburn with Darwen Incident Management Hub.

Designated Settings

Blackburn with Darwen Council along with NHS CCG colleagues have put in place 'designated settings' for COVID-19 care. These settings ensure that all people requiring admission to a care setting or back to their own care setting can be discharged from hospital safely, which helps to reduce the spread of the virus within other care settings. A designated setting allows the resident to undergo the necessary period of isolation, which could be up to 10 days.

Vaccination

Processes have been locally agreed between the Local Authority and NHS to ensure opportunities to vaccinate care home staff and residents are maximised. Uptake is monitored and reported via the Care Response Team and issues of vaccine hesitancy are being addressed via dissemination of key messages to all care homes and the offer of a 1:1 conversation with a Local Authority Engagement and Integration Officer for staff concerned about the vaccine.

Schools and Early Years Settings

Throughout the pandemic the Director of Children's Services, Head of Education, Public Health and Health and Safety Team have worked closely with Head Teachers, via special weekly School Improvement Group (SIG) meetings and other fora to provide specialist advice, guidance and support.

All Blackburn with Darwen schools have been provided with:

- Online Infection & Prevention Awareness training
- Proactive IPC advice via the Council's Health and Safety Team
- Regular clarification of key guidance and messages via the head teachers bulletin and SIG meetings
- A localised and regularly updated version of the UKHSA NW Schools Pack setting out actions and up to date guidance to prevent and respond to outbreaks of COVID-19
- A COVID-19 risk assessment tool, which has been regularly updated in line with the latest guidance and best practice
- A COVID-19 staff risk assessment tool, which has been regularly updated in line with the latest guidance and best practice

The Local Authority has established a dedicated multi-disciplinary **Education Response Team** to provide coordinated support to all education and early year settings. The team are in regular contact with settings to monitor cases and outbreaks as well as providing the following;

- Proactive advice and guidance in line with national guidance and the UKHSA Schools Resource Pack
- Infection Prevention Control and Health and Safety guidance
- Support for school based testing and tracing arrangements
- Monitoring, data gathering and intelligence including analysis of bubble closures
- Consequence management i.e. PPE and supply, workforce resilience, staff and pupil wellbeing
- Support for communications with stakeholders and media where required

The Education Response Team acts as the SPOC for education and early years settings and these arrangements are integrated into the Blackburn with Darwen Incident Management Hub

Workplaces

Managing the risk of exposure and transmission in the workplace is key to ensuring not only the health of the workforce, but also the sustainability of the business, and the wider economic

recovery. The risk of COVID-19 transmission varies according to type of workplace and the effectiveness of the control measures in place.

Locally, there is a multi-agency approach to workplace support and engagement comprising local authority public health and public protection teams, Public Health England and the Health and Safety Executive.

The Local Authority has a key role in promoting and enforcing **COVID-19-secure** workplaces based on the five main steps to working safely set out in [Government guidance on working safely during coronavirus](#).

The [COVID-19 Resource Pack for Workplaces](#) has been developed collaboratively to provide clear advice and guidance to support businesses in managing their response to the situation; together with contact details for further information.

The Public Protection Team are responsible for working with businesses to promote COVID-19-secure practices, monitoring compliance and taking action where necessary. This includes close working with local business networks.

Examples of the proactive approach being undertaken include:

- Local web pages with links to advice and guidance on working in accordance with COVID-19-safe measures
- Dedicated communications circulated to high risk workplaces the key, basic messages of Hands, Face, Space and promoting participation in testing and contact tracing arrangements
- General communications through the Shuttle (the civic magazine of Blackburn with Darwen) and social media channels for all businesses
- Use of circulation lists based on business rates information to disseminate advice and guidance to retailers
- Food safety inspections now include questions about COVID-19 security measures in place

Health and safety inspections are being undertaken, targeting high risk workplaces i.e. where there is a high risk of close contact, shared facilities, likelihood of non-compliance or other risk factors and responding to complaints and requests for advice.

A wide range of data are used to identify those workplaces that would benefit from further intervention and support, ranging from common exposure and postcode incidence alerts via the Public Health England hub to local grass roots intelligence via the local authorities.

Case Study: Taxi Trade

Taxi drivers have been identified nationally as being disproportionately affected by COVID-19 and within Blackburn with Darwen many of our licensed drivers come from a BAME background. The taxi and private hire trades have worked throughout the pandemic, although on a reduced scale.

Links with the trade, through our strong taxi forum, have allowed regular COVID-19 related messages to be shared. The gov.notify text messaging service has been used often providing information about testing, COVID-19 secure guidance updates and access to financial support.

We have invested in making private hire vehicles safer for drivers and passengers by funding a scheme to fit screens in vehicles. The screens provide a barrier between passengers in the rear seats and the driver and have stickers attached carrying key public health messages.

Approximately 600 vehicle owners have taken up the offer of the free screen. Further details can be found [here](#).

As lockdown restrictions have eased and all businesses are open, we are redoubling our efforts to ensure appropriate public health control measures are in place, in relation to:

- Identification and management of COVID-19 positive cases
- Identification and management of workplace contacts of positive cases
- Implementation and ongoing review of COVID-19 secure measures
- Sustainable and proportionate testing arrangements

Healthcare Settings

Healthcare settings such as hospitals and primary care have their own outbreak control plans and IPC arrangements and will liaise directly with UKHSA regarding the management of outbreaks in their settings. The Blackburn with Darwen Incident Management Hub will support local consequence management of outbreaks in healthcare settings, as appropriate.

Local SPOC arrangements have been agreed for healthcare settings and are represented on the Incident Management Hub.

Vulnerable and Underserved Populations

Managing COVID-19 incidents and outbreaks in settings and communities with vulnerable people is critical to reducing possible spread of infection and risk of serious illness in cohorts that may have other long term conditions and risks. This includes houses in multiple occupation, rough sleepers, refuges, approved premises, asylum seeker refuges and other minority groups.

Locally, there is a multi-agency approach to managing incidents and outbreaks relating to vulnerable and underserved populations, which is coordinated via the Blackburn with Darwen Incident Management Hub. The IMH is notified of an incident or outbreak either via UKHSA or, more commonly, direct notification from the setting or via the nominated SPOC. Incident and outbreak management meetings are called following review of the setting, context and known experience of COVID-19 management within the setting.

Setting specific outbreak management plans have been developed and incident/outbreak meetings allow for review of identified cases, the setting environment, cleaning arrangements, staff groupings and work patterns, access to welfare support (where relevant) and observance of standard measures such as effective use of PPE, social distancing and hand washing.

Case Study: Homeless/HMOs

The Borough has an above average number of Houses in Multiple Occupation (HMOs) temporarily housing people who are homeless, which was identified as a risk early in the pandemic. A dedicated multi-agency group and COVID-19 SPOC has been established to support these settings and the individuals living in them.

A number of measures have been put in place to protect people experiencing homelessness within the Borough and observed rates of COVID-19 within this group appear to have been low. These interventions include;

- A dedicated HMO Outbreak Management Plan for adoption across all HMOs to ensure clear processes and pathways are in place to help prevent and manage outbreaks.

- Regular clarification and promotion of all relevant guidance
- Daily contact with and monitoring of each setting
- Provision of bespoke site specific infection prevention control and health and safety advice
- Provision of 6 self-contained COVID-19-care units to enable positive, or possible, cases to safely self-isolate away from the wider homeless population
- Arrangements for safe transportation of COVID-19 positive individuals
- Clarification of local testing arrangements for vulnerable groups and support for HMOs and other homelessness settings to access testing including lateral flow testing
- Enhanced clinical support and close working with providers of drug and alcohol services
- Provision of additional temporary accommodation and support for people sleeping rough during the first wave. This has now been decommissioned and all residents have moved on to a social rented tenancy, or helped to secure a private tenancy.
- A new model of winter provision for rough sleepers using specialist 'pods' with support
- Support for people experiencing homeless and staff working with vulnerable groups to access vaccines

Improved relationships with HMO landlords and co-operation throughout has been a key feature of engagement and these arrangements are integrated into the Blackburn with Darwen IMH.

Black and Minority Ethnic (BAME) Communities

Throughout the COVID-19 pandemic, evidence has shown that South Asian, African and Mixed heritage communities are at higher risk from COVID-19 morbidity and mortality. Subsequent studies have revealed that these groups are more likely to be hospitalised after contracting COVID-19 resulting in higher risk of mortality.

Approximately one third of the borough's population is from a BAME group, the 32nd highest proportion in England. The proportion of Blackburn with Darwen residents who describe themselves as Indian or Pakistani heritage were the 11th highest and 6th highest respectively of any local authority in England (Census 2011). It is therefore, important that in Blackburn with Darwen, we are alert to the impact of COVID-19 on our BAME communities.

All settings have been asked to consider the additional risks posed to BAME communities and put appropriate mitigation measures in place. A range of initiatives have been put in place to assist with this and we continue to learn about what is most effective. This includes;

- A staff risk assessment tool developed by the Local Authority and other partners incorporating consideration of ethnicity
- Weekly meetings between the Local Authority and representatives of the local Muslim community, which provides an opportunity to work together on a range of current issues. Development of resources and messaging specifically for the Muslim community in a range of formats i.e. BwD Muslim burials video
- The Blackburn with Darwen Director of Public Health chairs the LRF BAME/Inequalities cell which has had an on-going programme of research and action since the summer of 2020 and has published reports and case studies on its work, which has also featured in DHSC Guidance on vaccination uptake [here](#).

- Coordination and DPH/Elected Member participation in regular webinars and Zoom calls to discuss issues of concern and interest to the BAME community including vaccination, communal worship, COVID-19-safe Ramadan and COVID-19-secure places of worship
- Direct communications to local faith leaders and communities regarding issues of concern such as burials, cemetery visits, congregational prayer, safe re-opening of settings
- The Council's Public Protection and Health and Safety Teams have been undertaking visits to all faith settings to check on COVID-19 security measures; providing advice and guidance where improvements are needed.
- Elected member training to support COVID-19-secure Mosques
- Collaboration with Lancashire Council of Mosques and other faith leaders to issue guidance for the safe opening of Madrassahs
- A Working group put together to meet regularly in regards to the impact of COVID-19 on BAME communities. The Group will work to ensure that Local Authorities are focussed on mitigating the impact of COVID-19 on these groups and to also support mitigation of the wider health, socioeconomic and inequalities experienced by them. This will include long COVID-19 and the impact on people's health and wellbeing.

Compliance and Enforcement

The bulk of specific COVID-19 legislation has now been repealed, with only the No3 Regulations (allowing directions to be issued) available to the local authority in a worst case scenario. COVID-19 secure measures have now been absorbed into routine health and safety requirements.

Main Objectives

- Protection of the Public by ensuring premises and other settings are safe and operating in accordance with regulatory requirements, relevant guidance, and best practice
- Supporting businesses and the Public in order to minimise COVID-19 related risks
- Contributing to the wider Public Health efforts to contain and reduce the prevalence of the virus

Key Priorities

- Protecting the public to support businesses, public venues to implement and maintain COVID-19 measures
- Capturing and sharing learning with colleagues and partners and acting as a sounding board.
- Ensuring effective communication with Businesses, Consumers and Partners
- Undertaking compliance visits.
- Using the full complement of tools and powers available and encouraging partners to utilise their powers, where more appropriate.
- Ensuring information and intelligence is shared quickly and effectively between partners.
- Reporting regularly on performance/compliance rates to senior leaders and officers and government departments.

The following provides a summary of how these priorities are delivered;

As described elsewhere in this plan **encouraging compliance and enforcing restrictions** in accordance with current regulations, via use of available powers will continue to be a priority. The Local Authority delivers other enforcement roles for which it is either directly responsible or needs to contribute to, including the **issuing of direction notices**. This requires the input of various departments, including Public Health, Legal Services and Trading Standards.

Public Protection officers will continue to support **COVID-19 secure messaging** and best practice advice, via use of webpages, social media and direct contact with businesses, as appropriate. To ensure compliance officers have used a range of techniques including webinars, training, mailshots, text message and visits.

The Public Protection Teams are integral to our **outbreak management** work, reviewing intelligence to decide on prevention work and coordinating support to workplaces and other settings.

Communications and Engagement

Communications

Providing ongoing up-to-date guidance, information and advice to the public and specific stakeholders/audiences is a vital element of the overall plan.

The key proactive work areas for this ongoing function will be;

- supporting delivery of the NHS vaccination programme
- promoting the Borough's testing and tracing capabilities
- promoting support available from the Council (including for self-isolation) and its partners and;
- promoting positive behaviours both by residents and businesses to mitigate against future risk

Our proactive work will continue to be informed by latest data, insight and intelligence.

Communications Resources

The Communications Team continue to provide day to day support for the Council's COVID-19 response and develop appropriate campaigns to support the strategic objectives of the plan. The Communications Manager can call on wider team support as and when necessary (i.e. web team, advertising team). In case of a severe outbreak it may be necessary for the team to call upon mutual aid especially from local NHS partners. These arrangements have been agreed and are in place should this be necessary.

Partnerships

Strong on-going partnerships with local NHS organisations and wider partners in the community and voluntary sector is critical to the success of the plan. We will continue to utilise established and trusted networks to share messages to reach a variety of audiences, including the Local Integrated Care Partnership Communications and Engagement group, COVID-19 Community Champions and so on. We will continue to engage with the Lancashire Resilience Forum framework and the Lancashire Communications Network.

We continue to recognise the important role Council staff play in sharing messages across their own personal and professional networks, and include internal communications channels in our plans.

Our principles

- We will always be open, honest and transparent about our challenges which in turn will help us effectively neutralise myths and disinformation.
- Campaigns will be driven by data and intelligence. The data and intelligence will help us target messages effectively.
- We know our community and we can utilise every function of the Council to get out effective messages including through trusted networks such as our COVID-19 Community Champions.
- We continually assess and evaluate all our activity for effectiveness.

Our key tactics

Targeted communications and engagement will be carried out using an evidence-based rationale. Clear targets, expectations, outcomes and measures of success will be outlined at the start of any activity as part of the overarching strategy and plan for any required actions.

- We will primarily use real, local people including trusted local advocates such as GPs and elected members to deliver messages.
- We will produce easy to access, easy to share content hosted on our content hub which can be accessed by everyone.
- We will continue to provide accurate local data to our communities in an easy to understand way.
- We will focus primarily on local channels including our own advertising assets as well as other regional and national media.
- We will work closely with the neighbourhood infrastructure and wider council departments such as Young People's Services to support effective targeted engagement.
- We will translate communications materials into community languages as appropriate, as informed by our engagement teams and local partners.

Our engagement with residents in the borough, including through the Council's COVID-19 engagement team and COVID-19 Community Champions, will continue to inform our communications plan. We will respond accordingly, and at speed. Our network of COVID-19 Community Champions can help us to engage with our community at a grassroots level, making sure that we are able to get key messaging to our residents, including those who may be digitally isolated, ensuring they are able to access the support they need, when they need it.

Our approach to communications

At this stage in the pandemic, we regularly share national COVID-19 communications assets relating to various elements of the pandemic recovery, including ventilation messaging, face coverings, links to flu campaign messaging and so on.

We also continue to develop our own content with a local focus, and using local people as messengers.

We continue to evolve our communications channels, using feedback from partners – for example, exploring using voice notes on WhatsApp to share important updates swiftly across communities.

Partnership with local media

We have previously partnered with the Lancashire Telegraph as part of a COVID-19 public information campaign. The editorial achieved thousands of online advertising hits as well as a huge increase in referrals to our Help Hub.

If the need arises in the future, we can explore a similar campaign.

Coordinated testing communications

We continue to share content across all Council communications channels, and through trusted networks, to promote COVID-19 testing and inform residents how to access them:

- Regularly asymptomatic testing using lateral flow/rapid tests
- Symptomatic testing using PCR tests

- Schools testing
- Community testing / surge testing (ad hoc)

This content will be influenced by current data, such as groups with the highest case rates, places where outbreaks are occurring etc.

A consistent flow of PR and social media content promoting the entire testing programme including production of graphics and images for use across digital channels; testing myth busting content; commissioning of the Ad Van to travel round the borough promoting messages around symptomatic testing where required, in response to high case rates or low rates of testing, and so on.

Fresh content relating to testing is planned linking in to seasonal changes, e.g. Christmas and New Year etc.

Community Engagement

The Council's Engagement strategy is both broad and targeted, reaching out to multiple sectors and working directly with the community and community organisations so that as many people as possible receive important messages and have a voice in supporting the pandemic response.

Blackburn with Darwen is one of five "Integration Areas" across the country, receiving funding from Ministry for Housing, Communities and Local Government since 2018. This has seen a number of pieces of work undertaken as part of our "Our Community, Our Future" strategy - supporting our ambition to have a strong, cohesive and prosperous community, where everyone is treated fairly, where people's faith and cultures are understood and respected.

Through the pandemic Belong and The University of Kent have conducted research into the effects of COVID-19 on identity, cohesion and relations between communities in six local areas investing in social cohesion, including Blackburn with Darwen. This research has included how the virus has affected relations between neighbours, perceptions of different ethnic and religious groups, and levels of trust in others.

Findings have revealed that areas such as Blackburn with Darwen where there has been investment in social cohesion are faring well, and this has continued with the latest draft report showing stronger evidence of cohesion in a variety of forms including their sense of neighbourliness; social connectedness; levels of active social engagement, and sustained inclusiveness towards other groups, including immigrants. The six local areas included in the study sustained substantially higher levels of active social engagement than elsewhere, and this is consistent with their achieving enhanced levels of cohesion.

Community Champions

Additional funding has enabled us to establish a local Community Champions programme to help consolidate our COVID-19 engagement activity. Made up of local residents, public sector staff, local businesses, voluntary, community and faith sector organisations who will help the Council and NHS. The programme focuses on sharing important local updates and signposting people to relevant information and support, enabling vital feedback on issue of local concern and shaping our local plans and messages. A large Champion's Network alongside targeted engagement with black and minority ethnic communities, people with learning difficulties and autism and young people enables both deep and broad engagement.

Case Study

One example of this approach in action is local resident Mehrun who provided hot meals for vulnerable residents across the borough affected by the COVID-19 crisis. Before lockdown,

Mehrun had been taking part in the Our Community, Our Future Community Ambassador programme to help develop her skills and knowledge and become more involved in her community.

As the Catering Manager at Tauheedul Islam Girls' High School and The Olive Primary School in Blackburn, Mehrun put her ideas forward to her manager on how she felt they could help people during these difficult times. Star Academies supported and encouraged Mehrun to use her networks as a Community Ambassador to set up a co-ordinated response to make sure help was available for residents most in need. Using her networks developed from meeting like-minded people on the Community Ambassador programme, Mehrun was able to help facilitate the setup of meal preparation and distribution. Further details can be found [here](#)

Data, Intelligence and Surveillance

The availability of local, timely and high-quality data and intelligence is a critical factor in preventing, managing outbreaks and in the COVID-19 recovery process. Local intelligence feeds directly into scheduled meetings, whilst key information is always available through the Council dashboards. Additionally, basic information is presented to the public via the Council website, for transparency.

Data requirements are constantly changing, and will continue to do so. From the initial focus on cases and hospitalisations to the emergence of new variants and the vaccination roll out, the available data and intelligence has developed over time.

Data

Nationally produced reports and data form a significant source of timely data, whether this is drawn from publicly available sources such as gov.uk and nhs.uk or non-public sources such as UKHSA's COVID-19 Situational Awareness Portal, NEXUS, Aristotle and reports from CSUs.

Data is presented using local dashboards utilising API links where possible as well as traditional reports, presentations and maps.

This data is used to:

- Identify local incidents, outbreaks and hotspots through data analysis and mapping;
- Provide evidence to support neighbourhood level decision making
- Provide evidence to support resource distribution decisions (e.g. testing capacity)
- Provide evidence of communities or groups who may require additional support (e.g. aware of larger numbers of people in a particular area self-isolating)
- Where possible, undertake forecasting and predictive analytics

The Public Health intelligence teams across the Lancashire footprint, work in partnership to coordinate data collation, analyses and reporting, through the Joint Planning and Intelligence Group.

Intelligence

To complement the national data dashboards, local data and intelligence gathered from partners and through local incident management teams and outbreak control teams, is vital to ensure an effective tactical response to local outbreaks.

All agencies are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

Surveillance

We will continue to use and develop the Outbreak Management System from MS Dynamics and utilise additional test and trace systems as appropriate, working with NHS Test and Trace to develop an integrated system for test and trace and incident and outbreak management.

Additional sources of surveillance data from UKHSA will continue to be monitored and fed into appropriate outbreak management and response.

Testing

The initial COVID-19 testing response was focused on surveillance and diagnosis of symptomatic cases, using PCR laboratory tests that take 24 – 48 hours to process. Since the beginning of 2021 the importance of asymptomatic testing has come to the fore, using Lateral Flow Devices (LFDs) that provide results in as little as thirty minutes or less. The current testing model for the borough is to maintain both symptomatic and asymptomatic testing.

Why test?

- To find people who have the virus, trace their contacts and ensure both self-isolate to prevent onward spread
- Surveillance, including identification for vaccine-evasive disease and new strains
- To investigate and manage outbreaks
- To enable safer re-opening of the economy

Throughout the last 18 months the borough has proactively engaged in local testing and tracing as a priority to protect our communities, to keep businesses, schools and community services open and to support key workers and the wider workforce.

Symptomatic Testing

Symptomatic testing is a national programme managed by UKHSA involving PCR testing for people with COVID-19 symptoms and is carried out in the following settings:

- Regional and Local Testing Site
- NHS settings
- Home delivery service
- Adult social care settings

The rationale for symptomatic testing are:

- Can be undertaken during the broadest window after exposure and symptoms.
- PCR offers highly accurate (both specific and sensitive) test performance
- Accordingly it is the test used for national surveillance activities e.g. by ONS
- A laboratory analysis is required meaning that it can take 24-48 hours minimum for a result to be available.

PCR testing is also used to find cases in 'surge testing' among asymptomatic cases.

The plan is to retain the regional testing site at Royal Blackburn Hospital and the two local testing sites at Penny Street Blackburn and Railway Road Darwen. There are also a number of mobile testing units that are being used in the North West region and these can be redeployed to support local outbreaks.

Asymptomatic Testing

Asymptomatic testing is both a national and local programme and uses LFDs for people without symptoms in the following settings:

- Workplaces
- Schools
- Colleges and Universities
- Local static and mobile Asymptomatic Test Sites (ATS)
- Home

The rationale for asymptomatic testing are:

- The general public can access testing from a range of settings if they are asymptomatic but want the reassurance of knowing whether they are infectious on a given day
- Specificity is high
- ATS sites may also become the focus of outbreak management activities
- A single positive LFD suggests the individual has a high viral load and must immediately self-isolate (a positive result should be validated with a PCR test where applicable).

LFDs are able to rapidly identify individuals with high viral loads without symptoms. They are a useful tool to rapidly identify and isolate the most infectious individuals but will not pick up all infectious cases.

Asymptomatic testing in the local community

The local community are able to access free LFDs through the following services:

- Home Direct Free
 - Rapid LFD tests can be ordered on-line and delivered directly to an individual's home.
- Targeted community testing
 - Blackburn with Darwen in partnership with NHS Test and Trace and the UKHSA Regional teams has developed a targeted community testing programme that delivers asymptomatic testing in the local area through ATS sites, mobile ATS units, community collection points and pop-up sites. The aim of this service is to enable local residents to easily access LFD testing.
- Schools and Colleges
 - The DfE requires that staff and students in secondary schools, colleges, HE settings and staff in primary schools should test themselves twice a week at home. All early years and wraparound childcare staff should also test twice weekly.
- Workplace Settings
 - The Blackburn with Darwen workplace SMART testing programme was successfully implemented at the end of 2020 with training provided to businesses and smaller workplace settings to help establish on-site testing. This programme is planned to continue until December 2021 when it is due for review by the government.
- Pharmacy Collect
 - Rapid LFD tests can be collected from participating pharmacies

Contact Tracing

Contact tracing can be both a part of surveillance and epidemiology on local outbreaks and a tool for implementing outbreak control. Contact tracing sits as one component within the full range of public health tools and techniques needed to manage an outbreak, and assumes these other components are in place to be effective. Delivering an effective contact tracing service is therefore critical.

The NHS Test and Trace programme was launched by the Government to track every single case of coronavirus in our communities to reduce the rate of infection and save lives. The more people that use Test and Trace correctly, the more effective it will be at stopping the spread of the virus. Anyone who tests positive for COVID-19 is required to self-isolate by law.

From 16 August 2021, people who are double vaccinated or under 18 years and 6 months no longer need to self-isolate if they are identified as a close contact of a positive case. Fully vaccinated means they have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since they received the recommended doses of that vaccine.

Those who have not been fully vaccinated, still need to self-isolate for 10 days.

Those who are not required to self-isolate are encouraged to book a PCR test as soon as possible after being identified as a close contact. They may also consider:

- Limiting close contact with other people outside their household, especially in enclosed spaces
- Wearing a face covering in enclosed spaces and where they're unable to maintain social distancing
- Limiting contact with anyone who is clinically extremely vulnerable
- Taking part in twice weekly LFD testing

Blackburn with Darwen is running a council wide contact tracing service, working closely with NHS Test and Trace to contact people who have tested positive for COVID-19, giving those help, advice and support to self-isolate. Our local contact tracing services and holistic support model was launched in July 2020 and is amongst the longest standing and mature in England. Since the launch we have helped to shape local models and shared learning across the country with our regional and national partners.

Our service is holistic and connects with our residents' Help Hub that can link people isolating or in need with essential services such as, befriending, medication delivery, mental health support and more. Data has demonstrated that our local contact tracing service effectively reach people, strongly suggesting that difficult, hard to reach cases passed down from the national team are served better locally. The offer of a wide range of tailored advice and support, a local number and a local voice have been the main determinants of our success.

Council officers, who have undergone special training in contact tracing, will be following up on people who have tested positive for COVID-19 but have not responded to a call or email from the national service, and will ask them for details of their close contacts.

The quicker we can reach people who have tested positive and get them to isolate - and get them to share details of who they've been in contact with - the quicker we can break the chain of infection.

A step-by-step guide to how the system works:

- If the national NHS Test and Trace service is unable to make contact with anyone who tests positive with a Blackburn with Darwen postcode, they will refer the details into the local contact tracing team.
- The local team will receive this information daily, seven days a week.
- The Blackburn and Darwen team will contact people, initially by phone or text or email, and this will show up as a local number or come from an official council email address. The person will be asked to contact a local number.
- If we can't contact the person through phone/SMS/email we will send a council officer to their address to speak to them personally.
- We will provide advice, get details of their 'contacts' and then update the national system with this information.
- The national process and service will then take over and contact the close contacts of the people we've been in contact with.
- When we make contact we will also see if people need any support or help through the council help hub – this could be financial support if people are unable to work, support to shop for food, get medication or undertake essential household chores etc.

As well as supporting with contact tracing, which involves identifying those people who may be infected as a result of contact with a positive case, the local contact tracing team also supports with backward contract tracing. This involves looking at how a person became infected to try and identify the events or places that led to the person becoming infected.

Support for Self-Isolation

Self-isolation of infected persons and their close contacts is a crucial and effective strategy for reducing spread of infectious diseases. Compliance with self-isolation in England has been sub-optimal, to have any hope of enduring suppression of transmission it must be made to work better as a core priority of this plan.

We know that some people and families who are instructed to self-isolate face multiple barriers and require some form of additional support to complete it well. Blackburn with Darwen Borough Council, working with partners, provides support to ensure that these people are able to find appropriate help and support.

Individuals asked to self-isolate will be directed to the [BwD Help Hub](#) if they require any of the following during the period of self-isolation:

- Support to obtain food
- Support to obtain essential personal and sanitary care items
- Support with utilities and bills
- Support for welfare, mental wellbeing and loneliness
- Support to obtain health care or medication
- Support for someone they care for
- Support around debt or benefits (including claiming SSP)

The Help Hub assists individuals to access the local support available as well as provide reassurance and re-iteration of key messages. This is a bespoke local offer for communities taking account of language, cultural needs and dietary requirements. If the Help Hub is notified as people are identified as needing to self-isolate, pro-active outbound calls can be made to triage need.

The Help Hub is staffed with people who are representative of the communities they serve and equipped with a wide range of community development and engagement expertise, including over 100 approved volunteers who support in befriending roles.

The Help Hub approach is a strength based one that builds on the assets within communities. As well as the functions above the Help Hub has a co-ordination function that includes:

- The Voluntary, Community and Faith Sector (VCFS) a wide range of trusted VCFS partners providing a comprehensive offer of local support.
- Engagement expertise – a team of officers who have established relationships with communities and can be called upon to ensure local communities understand test and trace messages.
- Community Learning - a team of tutors who deliver workshops and on-line classes around health and wellbeing and who support digital inclusion for vulnerable people who do not have IT access or skills.

The dedicated COVID-19 section of our [website](#) sets out lots of useful information and support available to individuals who are self-isolating and also employers who have staff self-isolating. This information is also shared on social media.

It is a legal requirement for employers to allow staff to isolate if required and there are legal sanctions available to us to use if needed. We work closely with the police to contact people who are not self-isolating.

In addition to the Help Hub, the council have been successful in securing additional funds to support a Self-Isolation Support pilot. The proposal will look to contact people/households, who have been told to self-isolate, within 24 hours to offer to develop a bespoke plan for self-isolation. The pilot will target the whole population of Blackburn with Darwen and will provide an insight into what works best in supporting those who test positive and their contacts to do the right thing to protect themselves, their families and wider communities.

The pilot will allow for tracing data to be closely monitored and matched with referrals to the police in order to identify any trends around none compliance. Should any trends be identified around specific groups, targeted engagement work can then be carried out in an attempt to address this and the impact closely monitored and reported on.

The individual/household bespoke plan will typically include:

- providing alternative accommodation for people in overcrowded households, homeless people
- social care support such as increasing existing social care support for vulnerable adults
- child care support to include taking children to and from school arranging before and after school clubs
- communication support for individuals where English isn't their first language
- Finance, benefits and debt management inc. arranging payments breaks for those on lower incomes during the isolation period.
- mental health support
- wellbeing and loneliness support
- access to food and essentials items
- 10 day access to technology / internet in order to support the isolation period
- education around vaccination benefits for those isolating due to not being fully vaccinated

Financial support for people asked to self-isolate

Access to financial support for those self-isolating is still available via our website and to date (September 2021), we have received 7533 applications in total and distributed £1,531,000 in payments across our different schemes – the Government Self Isolation scheme, BwD's discretionary scheme and our two Parent & Guardian schemes.

Support for self-isolation still continues to be critical to ongoing efforts to improve compliance with test and trace and may require additional resources from a national level.

Enduring Transmission

In some places, such as Blackburn with Darwen, transmission rates have remained stubbornly high and above the national average for long periods of time. When looking at enduring transmission, we are differentiating between key events that might drive transmission (or its reduction), such as national lockdowns, wider opening of schools, and those factors that have a continued impact.

We have sought to consider the challenge of enduring transmission across our Pandemic response planning, however, we welcome ongoing collaboration with national and regional partners to build additional evidence and insights into the key drivers of enduring transmission and inform further action we can take to mitigate it.

There is no single cause for enduring rates of transmission, it is likely to be due to a range of interconnected factors including:

Deprivation

There is some evidence to suggest that higher levels of unmet financial need may be a factor in enduring levels of transmission. Targeted communication and promotion of local services, and accessibility of financial support, may improve compliance where this is the case.

Employment and Occupation

There is some evidence to suggest that areas with a higher proportion of workers in high contact (and therefore higher risk) occupations will see an increased risk of transmission. This is likely to be one of the interconnected factors in enduring transmission locally. Support for regular asymptomatic testing and self-isolation payments along with continued promotion and observance of non-pharmaceutical interventions may assist in reducing this risk.

Demographics and Household Composition

There is evidence to suggest that high-density accommodation and multi-generational households are likely to increase the risk of transmission due to the limited opportunity to socially distance within the home and transmission from younger and working age adults to older and more vulnerable individuals living within the same household. The Borough has a disproportionately high population living in high-density, multi-generational households and a relatively high proportion of terraced housing (47%, compared with 26.4% in England and Wales). Within the borough 12.6% of residents live in overcrowded properties compared with 8.3% in England and Wales. This figure rises to 27.0% for Asian/Asian British residents in the borough, compared to 25.8% nationally.

Transmission between household members can be mitigated through a combination of personal, procedural, and environmental controls, both preventative and as enhanced measures implemented immediately when any household member has symptoms or is a possible or confirmed close contact of a case. Enhanced measures are also likely to be beneficial when a household member is vulnerable.

Interventions targeted at reducing this risk including, targeted communications and engagement promoting non-pharmaceutical and other preventative measures and access to regular asymptomatic testing along with practical, financial and emotional support to self-isolate may assist in reducing this risk.

Attitudes and Behaviours

Areas experiencing enduring transmission have largely been in additional restrictions with additional requirements for communities follow specific local guidance rather than following UK

guidance. As a result, there are most likely to be higher levels of 'pandemic fatigue' in these areas. We have sought to address this through our local approach to communications, engagement and support, however, additional insights and novel approaches may be needed to sustain necessary support for and compliance with control measures.

We continue to work closely with the Department of Health and Social Care, Joint Biosecurity Centre, UKHSA and other partners to understand and address enduring transmission within Blackburn with Darwen via a range of additional support measures including;

- hyper-local targeted testing
- support to plan and maintain workforce capacity for COVID-19 response
- capacity to support workplaces and businesses to be COVID-secure
- supporting uptake of vaccination
- data, intelligence and behavioural insights to inform localised approaches

Responding to Variants of Concern

All viruses regularly mutate as they replicate to create new variants. Most mutations have little or no effect and are not a cause for any concern. Some, however, pose an increased risk to public health due to changes in transmissibility, infection severity, ability to evade immune responses or the virus's susceptibility to treatments. Where this is the case, the variant may be designated as a Variant of Concern (VOC).

Our response to VOCs uses many of the same approaches as our response to other forms of outbreaks, however, as the risks from VOCs can be far greater the response may need to be carried out at far greater pace and scale and require additional national and surge support.

The Blackburn with Darwen Incident Management Hub monitors intelligence about VOCs and has agreed a localised approach to escalating our response.

Where cases of new variants are detected locally, The Direct of Public Health, supported by the regional Health Protection Team (HPT) and UKHSA Regional Director, will work to quickly assess the risks, drawing on surge testing and sequencing to rapidly bring in more data, evidence and understanding to support making the risk assessment as robust as possible.

When new variants are brought to our attention we will act quickly to establish an Incident Management Team responsible for ensuring an appropriate and targeted local response, building on learning from other parts of the UK. Working closely with the Department of Health and Social Care, UKHSA, NHS Test and Trace and the Joint Biosecurity Centre we will investigate individual cases or clusters, identify potential routes of transmission, and create a management plan.

Our approach includes the ability to target and upscale testing and tracing and provide targeted culturally sensitive and reassuring communications and engagement, as well as additional advice and support to individuals and settings to ensure compliance with self-isolation. Services will be reprioritised to direct additional resources and capacity, where necessary.

A local **Surge Response Plan** has been developed to support this, which covers:

- Notification and activation
- Command, control, and coordination
- Staffing and resources
- Testing processes
- Communication and engagement

Non Pharmaceutical Interventions

While coronavirus deaths have significantly reduced, the virus is still circulating in communities and impacting people of all ages across the UK. 'Hands. Face. Space' are simple but vital behaviours that have the power to protect the public from both the short and potential long-term impact of coronavirus. We will continue to promote national and local communications encouraging residents to observe the following key behaviours.

Hand washing

While coronavirus is not likely to survive for long periods of time on outdoor surfaces in sunlight, it can live for more than 24 hours in indoor environments. Washing hands with soap and water for at least 20 seconds, or using hand sanitizer, regularly throughout the day will reduce the risk of catching or passing on the virus.

Covering your face

Coronavirus is carried in the air by tiny respiratory droplets that carry the virus. Larger droplets can land on other people or on surfaces they touch while smaller droplets, called aerosols, can stay in the air indoors for at least 5 minutes, and often much longer if there is no ventilation. Face coverings reduce the dispersion of these droplets, meaning if you're carrying the virus you're less likely to spread it when you exhale.

Making space

Transmission of the virus is most likely to happen within 2 metres, with risk increasing exponentially at shorter distances. While keeping this exact distance isn't always possible, remaining mindful of surroundings and continuing to make space has a powerful impact when it comes to containing the spread.

Ventilation

Good ventilation has been a key mitigation in supporting to reduce transmission throughout the pandemic and the importance of adequate ventilation has become more prevalent as more studies have been carried out.

As we approach the winter months, it is vital we keep our indoor spaces as well ventilated as possible, to ensure good air flow to reduce the impact of indoor transmission via droplets in the air and air-borne spread. A small task and finish group, with representatives from key areas – Public Health, Schools, Public Protection, Health & Safety and Property Services has been set up to look at how we can encourage and support ventilation in public buildings, high-risk areas and what potential support the Council can offer to the general public, local businesses and educational settings.

As part of the initial scoping they have identified the need for the following:

- Guidance for residents in their homes
- Specific advice for schools and workplaces to highlight the importance of ventilation
- The use of CO₂ monitors to monitor levels within settings that may be high risk (high volumes of people, high risk individuals) or to support as part of outbreak management
- Special support and guidance for settings that may be poorly ventilated

Vaccination

As at mid-October 2021, the COVID vaccination programme has focussed on administering a 2 dose primary course to people in the following groups:

Phase 1: Cohorts 1-9

- 1) a. Residents in a care home for older adults
b. Staff working in care homes for older adults
- 2) a. All those 80 years of age and over
b. Frontline health and social care workers
- 3) All those 75 years of age and over
- 4) a. All those 70 years of age and over
b. Individuals aged 16 to 69 in a high risk group (CEV)
- 5) All those 65 years of age and over
- 6) Adults aged 16 to 65 years in an at-risk group or a household contact of people who are immunosuppressed
- 7) All those 60 years of age and over
- 8) All those 55 years of age and over
- 9) All those 50 years of age and over

Phase 2: Cohorts 10-12

- 10) All those aged 40-49 years
- 11) All those aged 30-39 years
- 12) All those aged 18-29 years

The current focus of delivery is again more complex than simply working through the nationally prescribed priority cohorts and covers the following groups:

- Two doses for all those aged 12-15 years in an at-risk group or a household contact of people who are immunosuppressed
- Two doses for staff working in a Social Care setting, if not yet fully vaccinated, as this becomes mandatory from 11th November 2021
- Two doses for anyone eligible in Phases 1 or 2 who has not yet been fully vaccinated (Evergreen Offer)
- A first dose for healthy young people aged 16-17 years
- A first dose for healthy young people aged 12-15 years (in school settings)
- A third primary dose for anyone who is severely immunosuppressed
- A booster dose at least 6 months after their second dose for anyone in Cohorts 1-9

Current modes of delivery include:

- Primary Care Network (PCN) sites delivering Local Vaccination Services (LVS) in the town centres of Blackburn and Darwen;
- Mass Vaccination Site (MVS) in Blackburn Cathedral
- Hospital Hub site operating at the Royal Blackburn Hospital
- Community Pharmacy sites
- Roving / outreach to Care Homes, Schools, hyperlocal areas with large numbers of unvaccinated residents

COVID-19 Vaccination Data

Vaccination data is updated weekly from
UKHSA (PHE) Situation Explorer – Resident population
Emis – GP Registered population

Health Inclusion Groups

A coordinated approach has been taken to health inclusion groups across the Lancashire and South Cumbria Integrated Care System, working closely with local areas. This includes additional, specifically commissioned engagement and vaccination activity, to complement the focused and targeted work of local areas and services, to vaccinate;

- Residential and secure mental health inpatients
- Those with learning disabilities or autism
- Residents of domestic abuse refuges
- Travellers
- Homeless/ rough sleepers
- Substance users
- Sex workers
- HIV service users

Good progress has been made vaccinating homeless/rough sleepers and residents of domestic abuse refuges, travellers and those with learning disabilities and autism. This has been through ICS discussions and via delivery by Outreach Teams who have attended sites to administer the vaccine.

Identified Group	Deployment Method
BAME	PCN / Pharmacy / Large Scale Site Pop up temporary sites in local mosques
Residential and secure mental health inpatients	Outreach Model (LSCFT)
Those with learning disabilities or autism	Inpatients – LSCFT Community - PCN
Residents of domestic abuse refuges	PCN / Pharmacy / Large Scale Site
Travellers	Outreach model (LSCFT)
Homeless/ rough sleepers	Outreach model (LSCFT)
Substance users	PCN / Pharmacy / Large Scale Site Outreach model for those not registered with GP (LSCFT)
Sex workers	PCN / Pharmacy / Large Scale Site
HIV service users	PCN / Pharmacy / Large Scale Site

What has worked well in our efforts to improve vaccine uptake?

Lancashire & South Cumbria ICS has produced an Equality Impact and Health Inequality Assessment for the COVID-19 Vaccination Programme and a Health Inclusion Groups and BAME Communications and engagement plan.

Locally we have piloted a range of engagement approaches to addressing ‘vaccination hesitancy’ in its various forms, using data and soft intelligence to identify target groups, including:

- Social Prescribing Link Workers following up patients in the early cohorts (>70yrs) in one GP practice with high levels of deprivation and ethnicity who had not been vaccinated within the first few weeks of invitation to. This highlighted practical difficulties of booking as the

main barrier in this group, which could easily be addressed with support of an administrative nature, rather than lack of confidence in the vaccine itself.

- Local Authority Engagement and Integration Officers have worked effectively with a group of Health and Social Care staff to address their vaccination concerns and increase uptake in this group
- Use of the ICS Vaccination Trainer's technical knowledge to engage constructively with Care Home owners and managers to increase coverage amongst their staff.
- COVID-19 myth busting videos for local authority staff highlighting colleagues taking up the offer of vaccination
- Targeted use of the MHCLG Community Champions Funding to promote key messages and understand community concerns about the vaccine
- Use of established fora, to address the circulation of specific vaccine misinformation, such as the local taxi-drivers forum
- NHS ICS Insight quantitative and qualitative work on Black and minority ethnic groups and Gypsy, Roma and Traveller communities
- Vaccination message at Friday prayers Khutbah (sermons)
- Media in Asian languages
- BIMA myths answered in 10 languages widely distributed
- Videos of local faith leaders video encouraging people to take the vaccine
- Imam messages on promoting the vaccine
- Lancashire Council of Mosques and Lancashire BME network webinars including Safe Ramadan
- Mosques and other community settings as temporary vaccination clinics – work underway with GPs
- Working with Blackburn Rovers Football Club to vaccinate players and generate positive communications targeting younger people, particularly men
- Promoting vaccinated young people as role models, such as the Youth MP

Vaccine Uptake Case Study 1 There are indications that some people who identify as being from an ethnic minority background in the community are more likely to be hesitant about taking the vaccine than in white communities. For some people, the worry is that being given the vaccine will make them ill, or that it could affect their fertility. Others want to see people around them take the vaccine before they do themselves.

To respond to these emerging concerns, local leaders have taken steps to reassure residents and build on pre-existing initiatives. The Lancashire Local Resilience Forum, supported strongly by the Local Authorities, established a BAME/Inequalities Cell in Spring 2020, which is chaired by the Director of Public Health from Blackburn with Darwen.

Blackburn with Darwen BAME Engagement Programme has commissioned a number of voluntary sector groups to conduct targeted engagement activity. Providing education about vaccines is one of three core themes of the Programme and includes common vaccine myths, criteria for vaccination and information about the safety of the vaccine. We are using local insights, combined with local and national data, to help inform targeted engagement with communities, groups and individuals on key public health messages and to support those most affected by COVID-19.

Vaccine Uptake Case Study 2

Bank Top Vaccine Engagement Pilot

Background

Reports produced from the EMIS databased showed a number of areas in Blackburn with Darwen with clusters of low vaccine uptake. One of these clusters with the lowest uptake, was the Bank Top area located in the Wensley Fold ward.

The purpose of this pilot activity was to engage with residents located in this cluster of low vaccine uptake, to encourage those not yet vaccinated to get the vaccine and have available the opportunity to be vaccinated within a short walk of where they live or even in their own homes.

Pre engagement work

4 days prior to the planned activity, the COVID team delivered a vaccine leaflet to every home within the identified area. This leaflet contained information on reasons to be vaccinated, myth busting and the whole Blackburn with Darwen vaccine offer and support, including where our vaccine sites are, free transport and support offered by the Help Hub.

This allowed residents to read the leaflet and consider the information prior to the in person engagement work.

Impact

On the day, we deployed engagement teams in the area between the hours of 9-5pm. 6 engagement officers knocked on around 700 doors speaking to residents and encouraging them to take up the offer of the vaccine if they had not already been vaccinated.

Highlighted stats recorded by the engagement team were (all circa):

- 35% of doors knocked on were answered;
- Of these 80% were positive about the vaccine in general;
- Only a small percentage were negative towards discussing vaccination;
- 10 vaccinations were given on the day, all from direct interaction with the engagement officers.

Other findings from comments taken by the engagement team, were:

“Some of the interactions failed due to language barriers”

“There was a trend among some residents who refused the vaccine and refused any information about the vaccine”

“Family members pointed out that there were members of the house not vaccinated, but they were at work”

Case Study

One lady who received a door knock reported that she had been unable to access the vaccine. She had no access to the internet via a computer or smart phone and her only offer to date was a phone call from her GP offering her the vaccine at a site not near her, which she was unable to access. Prior to our interaction, she thought she had exhausted her options. She was very

pleased to get a knock on the door and be offered the vaccine within a few minutes' walk and took up the opportunity.

Lessons learned

Increased signage around the pop up clinic to encourage passers-by

Consider an out of hours offer, extend the clinic to include times after 5pm

Use the Community Champions to assist the engagement team to be able to offer other languages during door knocks

Utilise the opportunity to collect better data during the engagement

The ICS have since offered additional support in sending a text message to all residents in the identified area informing them of the pop up clinic, using records held by GPs

Next steps

Identify the next area based on low vaccine uptake and repeat the exercise, inclusive of the lessons learned.

What could be done to further support our efforts?

In order to continue to deliver a 'roving vaccination model' and target low uptake areas, there needs to be vaccinators and vaccine supply available to the council for small hyper local targeted delivery, this fits alongside the engagement work. The council are continuing to request this support it is key to the success of the delivery.

Resourcing

Two particular remaining gaps will be addressed as follows:

- Accessible and convenient services for those with pressured and demanding lives; local community pharmacies will be sought to provide a suitable alternative mode of delivery
- Locally trusted services for those lacking awareness or confidence in the vaccination programme, for whatever reason; pop-up outreach clinics welcoming the whole local community in familiar venues such as mosques and other faith settings, large employers, anchor institutions and community venues, including men and women only sessions.

Local Governance Arrangements

Achieving the objectives set out in the Local Outbreak Management Plan requires a co-ordinated effort from local authorities, the NHS, businesses and employers, voluntary organisations, other community partners, and the general public. A clear governance structure is in place to oversee the implementation and review of the Local Outbreak Management Plan.

These structures have been developed in conjunction with a range of partners and include clear lines of reporting to, and relationship with, national and regional arrangements.

Local Health Protection Board

A multi-agency Health Protection Board, chaired by the Director of Public Health or their representative, oversees the delivery of our outbreak plan.

The Blackburn with Darwen Health Protection Board monitors outbreak management and epidemiological trends and provide assurance that robust plans and arrangements are in place to protect the population of Blackburn with Darwen.

The Health Protection Board has evolved to incorporate elected member and other community representatives to provide political ownership and public-facing engagement and communication for local outbreak response.

Incident Management Hub

The primary role of the COVID-19 Incident Management Hub (IMH) is to provide operational management for the Blackburn with Darwen Outbreak Management Plan.

The IMH monitors local outbreaks and epidemiological trends and provides assurance to the Health Protection Board (HPB) that the operational elements of the plan are being delivered.

Assurance of the plan

This Outbreak Management Plan is prepared, maintained and published by the Blackburn with Darwen Health Protection Board.

The Board will ensure that the Plan is reviewed regularly and as national guidance evolves. Consideration will be given to reviewing the plan following activation or an exercise and in response to new and emerging scenarios such as variants of concern.

Resources

The effectiveness of the Outbreak Plan requires financial resource and capability as well as staff skills and expertise. We have expanded capacity for the management of outbreaks within the local workforce, in particular for those staff directly involved in testing, outbreak and consequence management, provision of specialist advice and guidance, contact tracing or provision of support to vulnerable people who are instructed to self-isolate.

Nationally, significant resource has been allocated for local areas to support the additional capacity required to develop and implement the plans to mitigate against and manage local COVID-19 outbreaks. This has enabled the Local Authority to put in place an enduring COVID-19 function until the 31st March 2022. This includes capacity for;

- Leadership and coordination
- Testing
- Contact tracing
- Incident and outbreak management
- Communications and engagement
- Support for vulnerable groups and people asked to self-isolate
- Data and intelligence

Over the last few months, a Core COVID-19 Team has been established with resource and capacity to oversee the delivery of testing, contact tracing, self-isolation support and vaccination activity. We are continuing to build resilience across the teams so that we can continue to respond appropriately.