

DERBYSHIRE COUNTY COUNCIL

CABINET

11 March 2021

Report of the Director of Public Health

**Urgent Officer Decision – Implementation of Community Testing in Derbyshire
(Health and Communities)**

1. Purpose of the report:

To ask Cabinet to:

- i. Note a decision made using delegated powers arising from the ongoing response to the COVID-19 pandemic in relation to the commencement of a community testing programme.
- ii. Seek retrospective approval from Cabinet for the programme of activity.

2. Information and analysis:

A decision was taken by Corporate Management Team utilising an Urgent Officer Decision on 18 December 2020 to introduce targeted community testing to identify asymptomatic COVID-19 cases in a phased approach across Derbyshire, commencing on 21 December 2020 in Swadlincote.

The Department of Health and Social Care invited Directors of Public Health from all Public Health Authorities in Tier 3 areas, as of the beginning of December 2020, to submit plans for the introduction of community testing to identify asymptomatic individuals with COVID-19. The proposal submitted for Derbyshire complements the existing symptomatic testing programme, and the whole home testing programme within care homes.

On Friday 11 December 2020, the Council was informed that Derbyshire's plan had been agreed, with a start date of 21 December 2020.

The programme of community testing has been developed and following activity in Swadlincote, further activity will take place in other communities targeting particularly areas where asymptomatic testing will allow Public Health and partners to understand more about the spread of COVID-19. Roll out across the county will take place in the final phase.

The programme of activity will be kept under regular review to make sure that we are utilising learning from the latest epidemiological analysis to inform site locations and activity.

Delivering a community testing programme supports the Council's overall goal to reduce the spread of the virus, protect the most vulnerable and drive down the infection rate across the county area of Derbyshire (excluding Derby City).

The programme will be subject to external evaluation and the Cabinet Member for Health and Communities, alongside any appropriate partnership meetings will be kept updated on the learning from the programme.

3. Legal considerations:

Urgent officer decisions can be taken by Executive Directors as outlined in the Council Constitution, which states:

'Notwithstanding any other provision of this Constitution, the Executive Directors shall have power, after discussion, if practicable, with the Leader of the Council or the relevant Cabinet Member or Chairman, to take such action deemed to be necessary and expedient in matters requiring urgent consideration and which, because of the time scales involved, or the need to safeguard the interests of the County Council, cannot be dealt with by submission to the next following meeting of the Council, Cabinet, Cabinet Member or Committee'.

4. Financial Considerations:

The community testing programme is supported by funding of £14 per head for each test completed. The £14 will be a combination of in-kind support and cash to the Council. There is a potential financial risk to the Council if testing uptake targets are not achieved. However, this is mitigated by additional Contain Outbreak Management funding the Council has received, a proportion of which has been earmarked to provide further financial support in the event that community testing produces unexpected financial risk. At present, as a result of the national lockdown, the Council received approximately £6.5m Contain Outbreak Management Fund funding, and there was a report considered by Cabinet on 14 January 2021, highlighting how this funding will be invested. Further funding will be available to the Council up to the end of the financial year in line with any ongoing restrictions. These payments will continue up until 31 March 2021 and the funding can be rolled over into the next financial year.

Funding will be spent in accordance with the grant conditions outlined by Government.

5. Human Resource Considerations:

The rapid roll out of the community testing programme will require Public Health to recruit to a range of temporary roles utilising redeployed County Council and partner agency staff, alongside agency staff and individuals specifically recruited to support the delivery of the community testing programme.

6. Equality considerations:

An Equality Impact Assessment has been undertaken and is attached to this report for reference. The impact assessment is being reviewed and updated as the programme of community testing is delivered in different communities across the county. The report attached is focused on the initial phase of delivery within the Swadlincote area and developing roll out in Bolsover and Amber Valley areas.

7. Other considerations:

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, environmental, health, property and transport considerations.

8. Background papers:

[Community testing: explained from gov.uk](#)
[Community testing a guide for local areas](#)

9. Key Decision:

Yes

10. Call-in:

Is it required that call-in be waived for any decision on this report?

No

11. Officer's Recommendation:

To ask Cabinet to:

- i. Note a decision made using delegated powers arising from the ongoing response to the COVID-19 pandemic in relation to the commencement of a community testing programme.
- ii. Seek retrospective approval from Cabinet for the programme of activity.

Dean Wallace
Director of Public Health

Appendix 1: Copy of Urgent Officer Decision form

DERBYSHIRE COUNTY COUNCIL
OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones		Service: COVID-19 Community Testing	
Delegated Power Being Exercised: Emergency powers			
Subject of Decision: (i.e. services affected)		Introduction and roll out of targeted community testing across Derbyshire	
Is this a review of a decision? If so, what was the date of the original decision?		No	
Key decision? If so have Democratic Services been notified?		Yes	
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):		<p>To introduce targeted community testing to identify asymptomatic COVID19 cases in a phased approach across Derbyshire, commencing on 21st December 2020 in Swadlincote for a period of six weeks.</p> <p>A programme of community testing has been developed and following activity in Swadlincote further activity for a period of six weeks each will take place in Amber Valley, Bolsover, Chesterfield and Derbyshire Dales targeting particularly communities where asymptomatic testing will allow Public Health and partners to understand more about the spread of COVID-19. Roll out across the county will take place in the final phase.</p> <p>The programme of activity will be kept under regular review to make sure that we are utilising learning from the latest epidemiological analysis to inform site locations and activity.</p>	
Reasons for the Decision (specify all reasons for taking the		The Council's overall goal is to reduce the spread of the virus, protect the most	

<p>decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.</p>	<p>vulnerable and drive down the infection rate across the county area of Derbyshire (excluding Derby City).</p>
<p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p>	<p>Not endeavouring to undertake targeted community testing, however this would risk continuation of existing rates of community transmission, and place vulnerable residents at risk of death or serious illness from COVID, and increase pressure on local NHS services. No alternative options were included in the plan submitted to DHSC.</p>
<p>Has a risk assessment been conducted ?- if so what are the potential adverse impacts identified and how will these be mitigated?</p>	<p>The programme of work is on the PH Departmental risk log and a separate risk log for the programme has been developed and is subject to ongoing review by the Settings and Community Testing Board. Across the COVID-19 testing landscape there are various risks to the Council that need to be acknowledged and which are being worked through, at present these include; clinical governance, insurance liability, and human resources. All of these could lead to significant reputation risk to the Council.</p>
<p>Would the decision normally have been the subject of consultation with service users and the public? If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision</p>	<p>No, there has been no consultation in advance of the service going live as we are delivering a nationally defined testing programme that requires the Council to conform to a Standard Operation Procedure. We have engaged the University of Nottingham to undertake evaluation throughout the programme of testing and will use this approach to engage and learn from local communities who have taken part in testing.</p>

<p>Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?</p>	<p>An impact assessment has been completed and is subject to ongoing review.</p> <p>Key impacts and mitigations identified are:</p> <ul style="list-style-type: none"> • Testing is available to anyone aged 11 and over as it is not recommended the test devices are used with children younger than this. Children aged under 11 who are exhibiting COVID symptoms can access COVID testing through the national testing portal. • The risks associated with death and severity of illness from COVID increase with age, and we will monitor information from the testing sites to review attendance by age and determine if additional targeted measures are required • National evidence demonstrates that people from BAME communities have been disproportionately impacted by COVID 19 and offering and supporting participation in community testing will be important. We will monitor information from the testing sites to review attendance by ethnicity and determine if additional targeted measures are required • Learning from sites elsewhere in England suggests that concerted effort is required to ensure that there is participation in community testing across all socio-economic groups. Local communication channels and door-to-door leafleting will target all households within the testing areas. • Testing will initially focus on urban communities within the county, however the inclusion of Derbyshire Dales within the second phase will allow us to consider any rural issues that may act as a barrier to participate in community testing.
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<p>Background/Reports/Information considered and attached (including Legal, HR, Financial, Equality and other considerations as required))</p>	<p>DHSC invited Directors of Public Health from all Public Health Authorities in Tier 3 as of the beginning of December to submit plans for the introduction of mass community testing to identify asymptomatic individuals with COVID19. The proposal submitted for Derbyshire will complement the existing symptomatic testing programme, and also the whole home testing programme within care homes.</p> <p>On Friday 11th December, the Council was informed that Derbyshire’s plan had been agreed, with a start date of 21st December.</p> <p>Recognising the limitations of the lateral flow test itself, the plan ensures that:</p> <ul style="list-style-type: none"> • We are targeting areas that have the highest infection rate or areas where from local intelligence we believe there might be an issue but have been unable to reach with the testing approach that has been available to us until now. • We want to undertake repeat testing in definable geographies and/or settings to target that to maximise the public health benefit of community testing. • Generate learning to inform the wider national roll-out across a mix of areas, settings and target populations to target, bearing in mind the two bullet points above. <p>Due to Derbyshire’s large and varied geography comprising of small towns and rural villages it is essential that we are provided with military support to plan, set up and initially staff community testing sites. This would be followed by a phased transition to a civilian operation support by redeployed public sector workforce from across the council and partner agencies between 4 to 6 weeks after launch. Initially, we would look to bolster our contact tracing and wider health protection work, which wraps around the testing</p>
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	<p>process to operate an effective locally based test, trace and isolate approach in line with the attached strategy.</p> <p>More specifically we would look to rapidly deploy a focused approach that offers some scale/coverage at the start but expands over the four to six-week period to other targeted areas or cohorts. Initially, we would look to focus on a smaller number of areas based on our local epidemiology and then broaden out. The aim would be to undertake repeat testing, with a view that we pull out of some locations after six weeks (workplace focused/ areas with reducing prevalence) and then look to replace this with medium/ small testing sites mixed with local door to door activity in targeted communities utilising local civilian resources.</p> <p>Financial considerations</p> <p>The community testing programme is supported by funding of £14 per head for each test completed. The £14 will be a combination of in-kind support and cash to the Council. There is a potential financial risk to the Council if testing uptake targets are not achieved. However this is mitigated by additional containment funding the Council has received, a proportion of which is being held-back should community testing produce unexpected financial risk. At present as a result of the national lockdown the Council received approximately £6.5m containment funding, there is a paper for January Cabinet highlighting how this funding will be invested. Whilst the County is in tier 3 we will receive containment payments of £4 per head of population for each month that we are in tier 3, should the County become a tier 2 area this payment will fall to £2 per head of population for each month that we are in tier 2. These payments will continue</p>
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	<p>up until 31st March 2021 and the funding can be rolled over into the next financial year.</p> <p>Funding will be spent in accordance with the requirements of the grants.</p> <p>Legal considerations</p> <p>The Council’s Constitution provides that “notwithstanding any other provision of the Constitution Strategic Directors shall have the power, after discussion, if practicable, with the Leader of the Council or the relevant Cabinet Member or Chair, to take such actions deemed to be necessary and expedient in matters requiring urgent consideration and which, because of the timescale involved, or the need to safeguard the interests of the County Council, cannot be dealt with by submission to the next following meeting of the Council, Cabinet, Cabinet Member or Committee.”</p> <p>The Improvement and Scrutiny Procedure Rules states: “13(6) The call-in procedure set out above shall not apply where the decision being taken by Cabinet is urgent. A decision will be urgent if any delay likely to be caused by the call-in process would seriously prejudice the Council’s or the public interest. All reports recommending that decisions be taken should say whether or not it is proposed that call-in be waived. The record of the decision, and notice by which it is made public, shall state whether in the opinion of the decision making person or body, the decision is an urgent one, and therefore not subject to call-in. The Chairman of the appropriate Improvement and Scrutiny Committee should agree both the decision proposed is reasonable in all the circumstances and to it being treated as a matter of urgency.</p>
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	<p>Decisions taken as a matter of urgency should be reported to the next available meeting of the Council, together with the reasons for urgency.”</p> <p>In accordance with the Access to Information Procedure Rules, where it is intended to make a key decision in cases of special urgency, then the key decision can only be taken if the decision maker obtains the agreement of the chairman of a relevant Improvement and Scrutiny Committee that the taking of the decision is urgent cannot be reasonably deferred.</p> <p>The Council has powers in accordance with S1-6 of the Localism Act 2011 to do that which will be to the ‘benefit of the authority, its area or persons resident or present in its area.’ The proposed benefit of this action is to identify those persons identifying as asymptomatic whilst having Covid-19 and to thereby reduce the spread of the infection.</p> <p>The Director of Legal Services will ensure that appropriate indemnities are in place before the commencement of the testing programme.</p>
<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>Discussed and approved at Local Engagement Board on 14th December. Cllr Lewis chaired the meeting, with Cllr Hart in attendance.</p>
<p>Approval of Chair of appropriate Improvement and Scrutiny Committee where call in is intended to be waived and key decision to be made without requisite notice – please note this is obligatory in those circumstances</p>	<p>Councillor Taylor, chair of Improvement and Scrutiny Committee – Health has approved the waiver of the call in due to the urgent nature of the decision required; has agreed special urgency applies and the notice of key decision is not required; and supports the action being taken.</p>

Decision:	To commence a programme of targeted community testing in Derbyshire to help manage and mitigate the impact of COVID-19 on local communities in the county.
Signature and Date:	

Appendix 2: Equality Impact Assessment



Derbyshire County Council Equality Impact Analysis Record Form 2018

Department	Public Health
Service Area	Health Protection
Title of policy/ practice/ service of function	Community Testing for COVID-19
Chair of Analysis Team	Anne Hayes

Stage 1. Prioritising what is being analysed

- a. Why has the policy, practice, service or function been chosen? (rationale)
- b. What if any proposals have been made to alter the policy, service or function?

Derbyshire has recently been approved to roll out COVID-19 community testing. This is a new service function to support the COVID-19 response and therefore it is appropriate an Equalities Impact Assessment is undertaken. Community testing is delivered using lateral flow testing technology.

Community Testing will take place across a number of communities in Derbyshire from late 2020 to early 2021.

The programme of community testing has been developed following activity in Swadlincote with further activity for a period of six weeks in other communities targeting particularly areas where asymptomatic testing will allow Public Health and partners to understand more about the spread of COVID-19. Roll out across the county will take place in the final phase.

The programme of activity will be kept under regular review to make sure that we are utilising learning from the latest epidemiological analysis to inform site locations and activity.

Delivering a community testing programme supports the Council's overall goal to reduce the spread of the virus, protect the most vulnerable and drive down the infection rate across the county area of Derbyshire (excluding Derby City).

The programme will be subject to external evaluation and the Cabinet Member for Health and Communities, alongside any appropriate partnership meetings being kept updated on the learning from the programme.

c. What is the purpose of the policy, practice, service or function?

The overall goal of community testing is to reduce the spread of the virus, protect the most vulnerable and drive down the infection rates across the county area of Derbyshire, excluding Derby City. The aims of the programme are to ensure:

- We are targeting areas that have the highest infection rate or areas based on local intelligence which indicates there might be an issue but the available testing approach up to date has been unable to reach such communities.
- We undertake repeat testing in defined geographies or settings, and we maximise public health benefit.
- We want to generate learning to inform the wider local rollout of community testing and feed learning into national roll out.

d. Will the proposals lead to changes in staffing resources/ the organisation of staffing? If Yes, please outline.

There will need to be significant recruitment to support the delivery of this new service for the county council on a short to medium term basis. We anticipate some form of community testing will need to take place throughout the first six months of 2021, with a potential to continue at a reduced level throughout the rest of the year to support outbreak management and response.

Stage 2. The team carrying out the analysis

Public Health Community Testing Oversight Group and members of the Public Health department.

Stage 3. The scope of the analysis – what it covers

The analysis will cover the initial development and implementation of the community testing programme in communities within South Derbyshire, Bolsover and Amber Valley. The Equalities Impact Assessment will be reviewed and refreshed as testing takes place in additional communities across Derbyshire.

This Equalities Impact Assessment has been undertaken in terms of providing assurance in relation to the delivery of the overarching programme and where appropriate information will be added in relation to specific locations and/ or any learning that is fed back throughout the initial stages of the programme. As this is a new and rapidly evolving service it needs to be acknowledged that the authority needs to learn from the experience and refine approaches on an ongoing basis.

Stage 4. Data and consultation feedback

a. Sources of data and consultation used

Source	Reason for using
Derbyshire Observatory data	Modelling of target communities and approach to testing
Learning from NHS Test and Trace of pilots in Liverpool and Merthyr	Learning from pilot activity
National guidance supplied by the Department of Health and Social Care, Public Health England and NHS Test and Trace	Provides baseline policies and procedures that need to be delivered in Derbyshire
Derbyshire Test, Trace and Isolate Strategy	Provides strategic context for the roll out of community testing and how wider support is linked into the process
Submission to Department of Health and Social Care for participating in the initial stages of the community testing programme	Provides rationale and policy context
COVID-19 epidemiological data	Evidence regarding where we have decided to focus initial activity

Stage 5. Analysing the impact or effects

a. What does the data tell you?

Protected Group	Findings
Age	<p>Testing is available to anyone aged 11 and over. It is not recommended that Lateral Flow tests are conducted on children aged 11 and under unless there is clear consent from a parent or guardian.</p> <ul style="list-style-type: none"> • In the Swadlincote area, the selected MSOAs where testing activity is focused have a population of 44,192 people of which 38,109 are aged 11 and over. • In the Amber Valley Cotes Park area, testing activity will be focused on working age adults who are employed at a local business. • In the Amber Valley Heanor area, the selected MSOAs where testing activity is focused have a population of 27,092 people of which 23,748 are aged 11 and over.

	<ul style="list-style-type: none"> • In the Bolsover South Normanton area, the selected MSOAs where testing activity is focused have a population of 14,914 aged 11 and over. • In the Bolsover Creswell area, the selected MSOAs where testing activity to be focused has a population of 11,021 aged 11 and over. <p>The risks associated with COVID-19 increase with age, therefore considering the population aged 65 and over is important.</p> <ul style="list-style-type: none"> • In Swadlincote the population aged 65 and over is 7,353. • In Amber Valley - Heanor area the population aged 65 and over is 5,133. • In Bolsover - South Normanton area the population aged 65 and over is 3,177. • In Bolsover - Creswell area the population aged 65 and over is 2,693. <p>Evaluation from the initial mass testing pilot in Liverpool suggests however that younger people are less likely to attend community testing, with older people being more likely to attend.</p>
Disability	<p>We have considered the potential impact of individuals with a long-term health condition or disability attending testing.</p> <p>It is ultimately personal choice whether to attend testing as the opportunity is open to anyone aged 11 and over living in the selected areas. However, it would be a reasonable assumption to make, that those identified as clinically extremely vulnerable and individuals living in the same household as someone who is clinically extremely vulnerable may be less likely to come forward for testing because they are following guidance which advises to minimise social contact.</p> <p>There is no specific government guidance which states whether clinical extremely vulnerable individuals should or should not come forward for testing.</p> <p>All the sites which are being selected for community testing are accessible for people with a physical disability. Staff are aware that they may need to support individuals with a physical or learning disability.</p> <p>Each testing station has a privacy booth in place which will allow additional privacy should this be required.</p>
Gender (Sex)	<p>Testing is open to anyone aged 11 and over, so it is not anticipated to have an adverse impact due to gender.</p> <p>Evaluation of the initial mass testing programme in Liverpool suggests that females are slightly more likely to participate in testing. Therefore, analysis of demographic data associated with the testing process will need to be monitored and if appropriate specific communications and marketing to target particular sections of the local community will need to be undertaken.</p>

Gender reassignment	Testing is open to anyone aged 11 and over, so it is not anticipated to have an adverse impact due to gender reassignment.
Marriage and civil partnership	Testing is open to anyone aged 11 and over, so it is not anticipated to have an adverse impact due to marriage or civil partnership status.
Pregnancy and maternity	Individuals who are pregnant or have recently given birth are able to take part in the testing, there is not anticipated to be an adverse impact due to pregnancy or maternity.
Race	<p>National research has highlighted that people from BAME communities have been disproportionately impacted by COVID-19 and therefore offering and encouraging participation in community testing is important.</p> <p>In Derbyshire, 2.5% of the population belong to BAME ethnic groups compared to the England proportion of 14.5%</p> <p>Across the Swadlincote Community testing site area, the average proportion from BAME communities is 2.3% similar to the Derbyshire rate and below the overall proportion for South Derbyshire district, 4.3%. The % BAME in Swadlincote suggests the need to monitor uptake carefully to ensure this group is not under-represented.</p> <p>Amber Valley district has BAME communities at 1.9% of the population. The identified MSOAs have a similar average proportion at 1.9% but this includes a higher proportion of 2.3% in the Heanor East and Langley Mill MSOA – again suggesting the need to monitor uptake carefully to ensure this group is not under-represented.</p> <p>Bolsover district has BAME communities at 1.9% of the population. The average proportion across the MSOAs is 2.05%. However this includes higher proportions notably in South Normanton Broadmeadows & Pinxton: 2.9% and Creswell & Hodthorpe: 2.2% – again suggesting the need to monitor uptake carefully to ensure this group is not under-represented.</p> <p>Evaluation of the initial mass testing programme in Liverpool suggests that BAME groups were underrepresented when compared to 2011 Census data. Therefore, analysis of demographic data associated with the testing process will need to be monitored and if appropriate specific communications targeting particular sections of the local community will need to be undertaken.</p> <p style="text-align: right;"><i>(Source: PHE fingertips, local health profile. Census 2011.)</i></p>
Religion and belief including non-belief	<p>Testing is open to anyone aged 11 and over, and it is not anticipated to have an adverse impact due to religion or non-belief.</p> <p>Testing centres in Swadlincote were closed over the Christmas Break (Christmas Eve, Christmas Day and Boxing Day). However there was no</p>

adverse impact in terms of unmet demand immediately prior to or after the Christmas break.

The split across religion and belief is available below at district/borough level:

	Has religion %	Christian %	Buddhist %	Hindu %	Jewish %	Muslim %	Sikh %	Other religion %	No religion %	Religion not stated %
Amber Valley	62.4	61.2	0.2	0.1	0.1	0.2	0.1	0.5	30.3	7.3
Bolsover	66.1	65.2	0.2	0.1	0.0	0.2	0.1	0.3	27.0	6.8
South Derbyshire	66.6	64.0	0.2	0.3	0.0	0.3	1.5	0.4	26.8	6.6

(Source: Nomis, Census 2011)

As testing roles out to communities across Derbyshire throughout 2021 consideration will be given to other religious holidays and events which may need to be considered.

Each testing station has a privacy booth in place which will allow additional privacy should this be required.

Sexual orientation

Testing is open to anyone aged 11 and over, so it is not anticipated to have an adverse impact due to an individual's sexual orientation.

Other

Socio-economic

Learning from Liverpool who initially trialled mass testing has indicated that this needs to be a key area of focus as their analysis suggests that people living in more deprived areas of the city did not participate. Additionally young professionals in Liverpool were hard to reach as were males occupied in front line service occupations.

This report considers the IMD score for the identified MSOAs with comparison to Derbyshire and England to support information of socio-economic status across the identified MSOAs.

The Derbyshire IMD score is 18.5, slightly less deprived than England at 21.8.

MSOAs	IMD
South Derbyshire district	13.7
Swadlincote central	17.5
East	18.4
North	21.3
South	17.3
West	21.1
Amber Valley borough	18.1
Heanor East/ Langley Mill	17.4
Heanor Gate/ Aldercar	17.8
Heanor South/ Shipley Park	34.8

	<table border="1"> <tr> <td>Bolsover district</td> <td>24.8</td> </tr> <tr> <td>South Normanton, Broadmeadows and Pinxton</td> <td>17.9</td> </tr> <tr> <td>South Normanton West</td> <td>24.4</td> </tr> <tr> <td>Whitwell and Elmtton</td> <td>21.1</td> </tr> <tr> <td>Creswell and Hodthorpe</td> <td>35.5</td> </tr> </table> <p>(Source: PHE fingertips, local health profile. Census 2011.)</p> <p>In summary, the Swadlincote MSOAs show deprivation similar and slightly less than England but higher than the district IMD score – concluding that Swadlincote has deprivation in its population compared to the rest of the district.</p> <p>Amber Valley MSOAs show a slightly less deprivation level compared to England but the area around Heanor South shows higher deprivation.</p> <p>Bolsover district as a whole has higher deprivation than England and the MSOAs reflect this.</p> <p>The current and planned testing areas include some MSOAs with higher levels of deprivation compared to England and this needs to be a key focus in development to mitigate against under-representation from lower socio-economic groups and maximise uptake.</p>	Bolsover district	24.8	South Normanton, Broadmeadows and Pinxton	17.9	South Normanton West	24.4	Whitwell and Elmtton	21.1	Creswell and Hodthorpe	35.5														
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Rural	<p>Testing is initially focused in suburban or urban areas of the county. However, future phases of the programme will cover more rural communities.</p> <p>We are also aware that travel time to symptomatic testing sites are lengthy so undertaking testing more locally will improve access to testing for some populations.</p> <p>Breakdown of households by district, by rural/urban classification across current planned testing areas:</p> <table border="1"> <thead> <tr> <th></th> <th>Urban minor conurbation</th> <th>Urban city and town</th> <th>Rural town and fringe</th> <th>Rural village</th> <th>Rural hamlet and isolated dwellings</th> </tr> </thead> <tbody> <tr> <td>Amber Valley</td> <td>54.4%</td> <td>26.3%</td> <td>7.9%</td> <td>6.7%</td> <td>4.7%</td> </tr> <tr> <td>Bolsover</td> <td>19.1%</td> <td>33.8%</td> <td>39.9%</td> <td>6.0%</td> <td>1.2%</td> </tr> <tr> <td>South Derbyshire</td> <td>0.0%</td> <td>56.8%</td> <td>27.9%</td> <td>10.6%</td> <td>4.7%</td> </tr> </tbody> </table> <p>(Source: Nomis, Census 2011)</p>		Urban minor conurbation	Urban city and town	Rural town and fringe	Rural village	Rural hamlet and isolated dwellings	Amber Valley	54.4%	26.3%	7.9%	6.7%	4.7%	Bolsover	19.1%	33.8%	39.9%	6.0%	1.2%	South Derbyshire	0.0%	56.8%	27.9%	10.6%	4.7%
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Employees of the Council	<p>Employees of the council will support the delivery of community testing and therefore these cohorts will be able to access daily lateral flow testing as a requirement of the role. Employees not participating in this programme of work will not have this opportunity but may be able to access other testing programmes such as those for front line health and social care staff and also testing in schools. As the programme develops, Public Health may be able to offer target testing to key groups of staff that undertake business critical roles but are not yet subject to a regular testing programme.</p>																								

- b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

Protected Group	Findings
Age	People want to be tested to protect other family members both younger and older from the risk of COVID-19.
Disability	People want to protect others in their family with a health condition or disability and therefore want to be tested. Consideration is recommended to support engagement possibly through partnerships/established networks and forums in Derbyshire to encourage participations from this group.
Gender (Sex)	Females are more likely to attend so there is a need to target marketing and communications towards other groups especially males in front line roles or where circumstance presents particular risk factors.
Gender reassignment	This cohort of people have concerns and fears about judgement and non-confidentiality across multiple service areas and this may hinder attendance. Community testing communications planning takes such challenges into account.
Marriage and civil partnership	People want to be tested to protect other family members both younger and older from the risk of COVID-19.
Pregnancy and maternity	This group can participate in testing and family members are encouraged to attend to further help protection.
Race	Plans to encourage attendance and engagement need to be in place. This could be through working with established networks, forums and use of cultural settings if applicable in Derbyshire to encourage participations. Resource materials will be available in different languages identified locally.
Religion and belief including non-belief	Testing centres are open 7 days a week from 9am to 7pm during the week and 9am-4pm at weekends. Therefore a range of times are available for testing to allow people to accommodate any religious or cultural practices. All testing stations have a booth for additional privacy should this be required.
Sexual orientation	People want to be tested to protect other family members both younger and older from the risk of COVID-19 and

	maintain their role in the workplace especially if a key worker. Testing sites should be mindful that individuals may have concern relative to their lifestyle and/or personal circumstance. One aspect in this community is lack of trust around confidentiality and judgement issues across services. These elements should be acknowledged in planning to reassure individuals and encourage test uptake.
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Other

Socio-economic	Testing will enable people to continue in key roles in the workplace and support protection across family members. There may be a risk of being unable or unsure to self-isolate following a positive test.
Rural	Planning will be mindful of this area when and if development happens across more rural areas and any specific challenges such as difficulty to travel/ attend a community testing site. Mobile facilities might be considered.
Employees of the Council	Staff on short term contracts. The testing programme will result in new recruits and employment opportunities within the Council at a time of high level of unemployment. This may support and improve wellbeing and quality of life. Individuals involved may also need to work additional hours and this may support across socio economic circumstances.

- c. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

<p>Clinically extremely vulnerable and clinically vulnerable may not be able to attend testing and it would not be advisable for them to do so.</p> <p>Socially isolated individuals who may have limited access to transport and networks of support may not be aware of the testing opportunities taking place and they may not be able to get to a testing site.</p>

- d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
There are gaps in data as this is a new and evolving service both locally and nationally.	We will continue to learn from published research, data and information from bodies such as the Department of Health and Social Care, Public Health England and NHS Test and Trace. We will also learn from other local authorities both regionally and nationally as the programme evolves, however Derbyshire is considered to be a pilot area.

Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations

We are undertaking targeted communications to encourage uptake. As the programme develops we will further refine and target communications to key sectors of the community to make sure that testing targets the right people.

Recommendations to mitigate adverse impact include:

- Staff training to promote awareness of equality and the importance of an inclusive approach.
- Partner involvement whereby promotional resources will be made available to organisations working with groups identified in this EIA to further support their access.
- Communications and marketing should be inclusive and use additional resources such as materials in different languages as appropriate to meet local need.
- Plans to ensure that community testing is seen as a positive experience for individuals and across the wider community. Working with partner organisations, promotion of visual resources and local media might be considered. We are promoting testing via social media and the community is leaving positive feedback which will encourage others to attend.
- Undertaking evaluation and learning throughout.
- Consistent analysis of epidemiology to target activity.
- Actively learning from the initial roll out to enhance and improve the offer, including the use of a “one stop shop” element

Stage 7. Do stakeholders agree with your findings and proposed response?

We need to undertake further engagement to understand whether stakeholders agree with the findings of this initial analysis early in 2021. There has been limited opportunity to date to do this due to the rapid deployment of the service.

Stage 8. Main conclusions and recommendations

Testing provides opportunities for the local community to actively participate and take proactive steps to help identify asymptomatic transmission within communities across Derbyshire of COVID-19.

The approach and venues are community based and we are seeking to have an open and accessible process that actively encourages participation.

Learning from other areas such as Liverpool and taking into consideration challenges in Derbyshire – there are some potential implications in relation to age, gender, disability, BAME and socio economic groups which risk under-representation.

Uptake should be monitored on an ongoing basis and mitigations enacted to ensure the access from these identified EIA groups is maintained and improved to mitigate against under-representation.

Stage 9. Objectives setting/ implementation

Objective	Planned action	Who	When	How will this be monitored?
Weekly review of data	Test uptake data reviewed against the broader picture of local populations identified in this EIA.	Knowledge and Intelligence Team (KIT)	Weekly	Weekly comparison against EIA group data as a whole to identify level of representation and if gaps.
Evaluation	Formative and summative evaluation, collation of data sources.	Nottingham University	During and at end	During development and at end.
User experience	Monitoring of feedback from emails/ social media and verbal comments captured at site.	Nottingham University	Ongoing	During development and at end; use of uptake data.
BAME network	Engagement of BAME networks, cultural settings in identified areas	Community Engagement Board of LRF	Monthly	Testing uptake from BAME groups as a proportion of local cohort.
Active learning approach	Review of data learning from other authority practice	Settings and Community Testing Board	Ongoing during development	Ongoing report and final.
Health inequalities is a key consideration	Engagement of local wider system partners working with groups identified in this EIA	Settings and Community Testing Board and KIT – data analysis	ongoing	Monitoring of uptake through weekly data comparison against EIA group data.
Review and update EIA for other pilot sites as programme moves to other locations across Derbyshire	Conduct EIA review and update aligned to new locations/ new data.	Settings and Community Testing Board	As new locations develop.	Amended EIA

Stage 10. Monitoring and review/ mainstreaming into business plans

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

- Weekly performance review submission to Department of Health and Social Care Review as programme as new sites identified and approach is refined
- Measure included within Council Plan and Service Plan for 2021/22 (pending confirmation)
- Evaluation by Nottingham University

Stage 11. Agreeing and publishing the completed analysis

Completed analysis approved by Settings and Community Testing Board
on 13 January 2020

Where and when published?

On DCC website in Equality Analysis section following approval of report by Cabinet.

Decision-making processes

Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures

Attached to report (title): Urgent Officer Decision – Implementation of Community Testing in Derbyshire

Date of report: 11 March 2021

Author of report: Iain Little/ Ellen Langton

Audience for report e.g. Cabinet/ date: Cabinet

Web location of report: tbc

Outcome from report being considered

To ask Cabinet to:

- i. Note a decision made using delegated powers arising from the ongoing response to the COVID-19 pandemic in relation to the commencement of a community testing programme.
- ii. Seek retrospective approval from Cabinet for the programme of activity.

Details of follow-up action or monitoring of actions/ decision undertaken

To be completed in due course.

Updated by:

Date: