

Dorset Health and Wellbeing Board

Date: Wednesday, 24 June 2020
Time: 2.00 pm
Venue: MS Teams Meeting

Chief Executive: Matt Prosser, South Walks House, South Walks Road,
Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

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1. **LOCAL OUTBREAK MANAGEMENT PLAN**

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To consider a report by the Director of Public Health.

Please ask for:

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Dorset Health and Well-Being Board Date Local Outbreak Management Plan

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Jane Horne

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Report Status: Public

Recommendation:

1. That the Dorset Health and Well-being Board approves the development of a Local Outbreak Management Plan, with the Board taking the role of the Public Engagement Board.
2. That the Dorset Health and Well-being Board approves the set-up of a sub-group, that can be called together at short notice if required, to include as a minimum the Chair, Dorset Council Leader and Chief Executive, the Director of Public Health and a CCG clinical representative.

Reason for Recommendation:

All Councils must produce a local outbreak management plan by the end of June 2020 that sets out how Councils respond to COVID outbreaks in their local area, using the statutory responsibility of the Director of Public Health, and working closely with Public Health England regional health protection teams.

A key part of the plan is communication with the public through a Member-led Board.

1. Executive Summary

- 1.1 All Councils must produce a local outbreak management plan by the end of June 2020. This will set out how, with lockdown restrictions beginning to ease, Councils will identify and respond to local COVID outbreaks, using the statutory responsibility of the Director of Public Health, and working closely with Public Health England regional health protection teams.
- 1.2 The plans will build on much of the health protection work and response to COVID already underway in Councils and with partners across the system. The plans should show the measures that we have or will put in place to manage and respond to outbreaks, working in collaboration with the Dorset Local Resilience Forum emergency planning response to COVID. A member-led board will provide communication and engagement with the public.
- 1.3 There will be 7 themes within the outbreak management plan:
 1. **Care homes and schools** - monitoring arrangements, potential scenarios, planning the required response and pro-active support
 2. **Other high-risk places, locations and communities of interest** - Identifying local at-risk places and planning how to manage e.g. prisons, ports, sheltered housing
 3. **Local testing capacity** - working with national testing systems to prioritise and manage deployment of testing to ensure accessible, swift response e.g. local pop-up sites
 4. **Contact tracing in complex settings** - develop assumptions to estimate demand, and develop options to scale capacity if needed, including mutual aid to support tier 1 of NHS Test and Trace which went live on 28 May.
 5. **Data integration** - integrating national and local data and scenario planning through the Joint Biosecurity Centre toolkit (not yet published) to support surveillance and monitoring
 6. **Vulnerable local people** – mobilise, co-ordinate and deploy a local support offer working with neighbourhood groups, voluntary services and the community sector to help those individuals who will need to self-isolate. Town and parish councils also have a key role.
 7. **Local Boards** – delivered through a local COVID-19 outbreak board, overseen by a public engagement board with local political leadership.

- 1.4 Directors of Public Health across the South West Region are working on a skeleton plan that can be adapted for local Councils as required.
- 1.5 Initial discussion started in each Council to identify the best forum to work through issues connected with each of the 7 themes, which may be across the whole Dorset system or for some issues, recognising different forums and populations each Council may wish to develop separate plans.
- 1.6 For example, Dorset Council, NHS and relevant statutory partners are working in partnership with adult social care providers to support our local care homes through the current COVID-19 crisis, aligning, where possible, with Bournemouth Christchurch and Poole (BCP) Council in order to ensure a consistent approach across Dorset.
- 1.7 There is already a Dorset Health Protection Network that brings together representatives from infection prevention and control, environmental health, local public health and regional public health teams. It is proposed that this will act as the local COVID-19 outbreak board.
- 1.8 The Network meets regularly. They will consider frequency of meetings and whether they need additional representation at their next meeting.
- 1.9 There is national support for the outbreak public engagement board function to be carried out by Health and Wellbeing Boards, and it is proposed that we take this approach in Dorset.
- 1.10 A sub-group of the Board may need to be called rapidly to consider how to communicate messages to the public about measures in response to COVID, balancing the need for public confidence and reduced anxiety with any additional measures that are needed locally to reduce risks.
- 1.11 Suggested representation on the sub-group would be as a minimum the Chair, Dorset Council Leader and Chief Executive, the Director of Public Health and a CCG clinical representative. The group may need to call on other support including communications, or dependent on the issue or concern that has arisen e.g. Director of Adult Social Care, Director of Children's services, Director of Place.

2. Financial Implications

- 2.1 There has been a significant financial impact on Dorset Council and partners on the Health and Wellbeing Board as a result of the COVID-19 pandemic, with additional expenditure incurred in responding to the pandemic.
- 2.2 On 10 June 2020 the government announced £300M in additional funding to councils across England to develop and action plans to manage local outbreaks and reduce the spread of the virus. Dorset Council's share is £1.287M.

3. Climate implications

- 3.1 The implications of COVID-19 have been positive for our climate and ecology, with a significant reduction in travel by 80% during the lockdown. As we see the lockdown eased and respond to any local outbreaks we need to recognise and where feasible minimise any return to pre-COVID levels of travel.

4. Other Implications

- 4.1 Public Health implications are a central aspect of the local outbreak management plans. Confidence in these plans will have implications for recovery or reset as partners and local businesses begin to reopen their usual service delivery in new ways. This will therefore have knock-on implications for the economy, sustainability, property and assets, voluntary organisations, physical activity, the workforce and HR.

5. Risk Assessment

- 5.1 Having considered the risks associated with this decision, the level of risk to the Council has been identified as:

Current Risk: HIGH
Residual Risk: HIGH

- 5.2 Whilst many of the risks associated with COVID-19 are of 'high' impact, the likelihood of these happening has fallen but they are still 'possible'. Overall, the Council still faces a high-risk situation during a major incident with many factors unpredictable and national lockdown measures

beginning to be eased. The outbreak management plan will be a key part of managing risk as we go forward.

6. Equalities Impact Assessment

- 6.1 Public Health England have published a descriptive review of data on disparities in the risk and outcomes from COVID19, that shows that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them.
- 6.2 The report found the largest disparity was by age, with people who were 80 or older seventy times more likely to die than those under 40. Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.
- 6.3 There were also increases in all cause deaths among those born outside the UK and Ireland; those in a range of caring occupations including social care and nursing auxiliaries and assistants; those who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs; those working as security guards and related occupations; and those in care homes.
- 6.4 The specific focus on care homes, other high-risk settings and vulnerable local people within our local outbreak management plans will be key in mitigating these inequalities locally as far as possible.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

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