

Joint Public Health Board

Director of Public Health briefing

9 February 2021

2020 was a busy year ...

- Leading response to COVID-19 across the Dorset system
- Meanwhile, Public Health England is being dis-established (from April 2021)

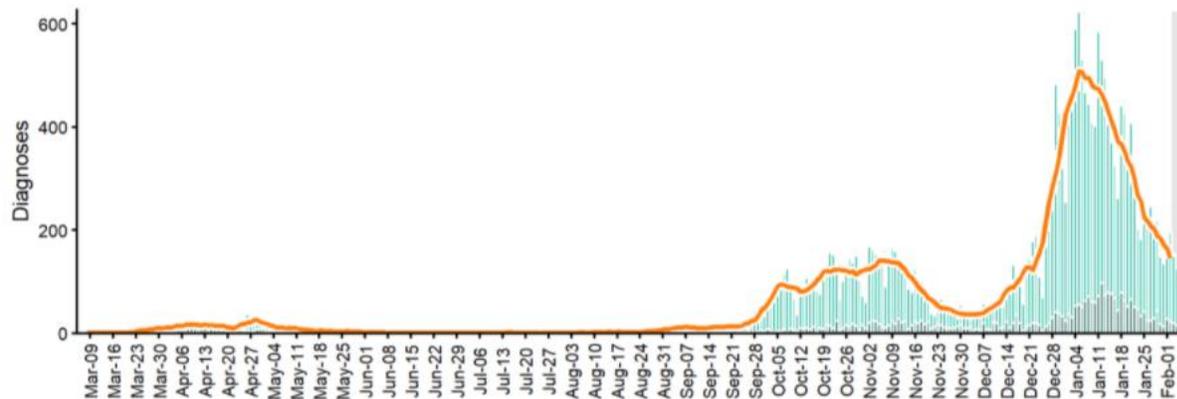
... and there is draft legislation to introduce Integrated Care Systems as legal entities from 2022

- Public health functions will remain with Councils
- But there may be new duties on public health within the ICS – as yet unclear
- Greater responsibility for local delivery of pandemic response, supported by colossal amounts of grant funding
- Limited number of qualified public health people to draw from

Coronavirus: current situation

- Current peak now receding – worst yet in terms of cases and severe disease requiring hospitalisation

A) March 5 2020 to February 6 2021



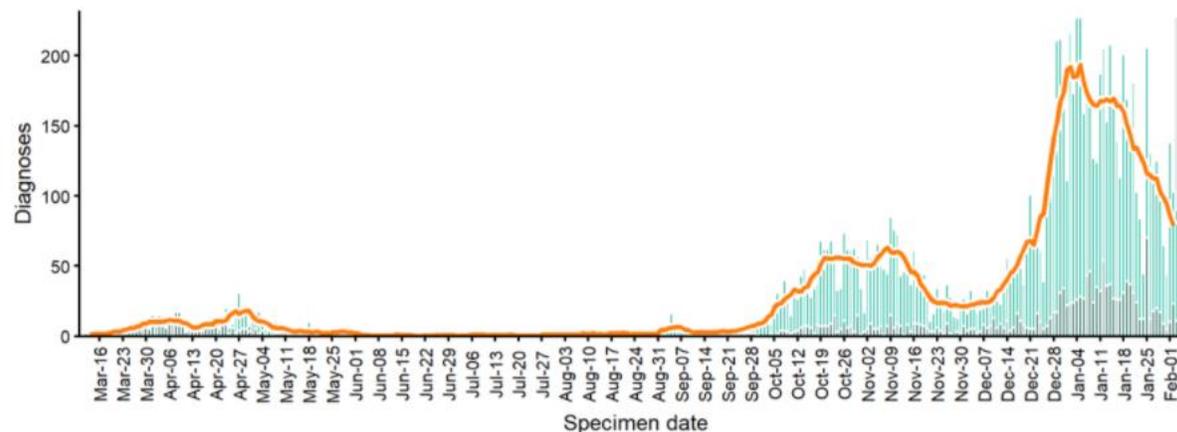
600 cases per day at the peak in BCP Council, compared with 250 cases per day in Dorset Council

Hospital occupancy far exceeded that in the first wave and is still high

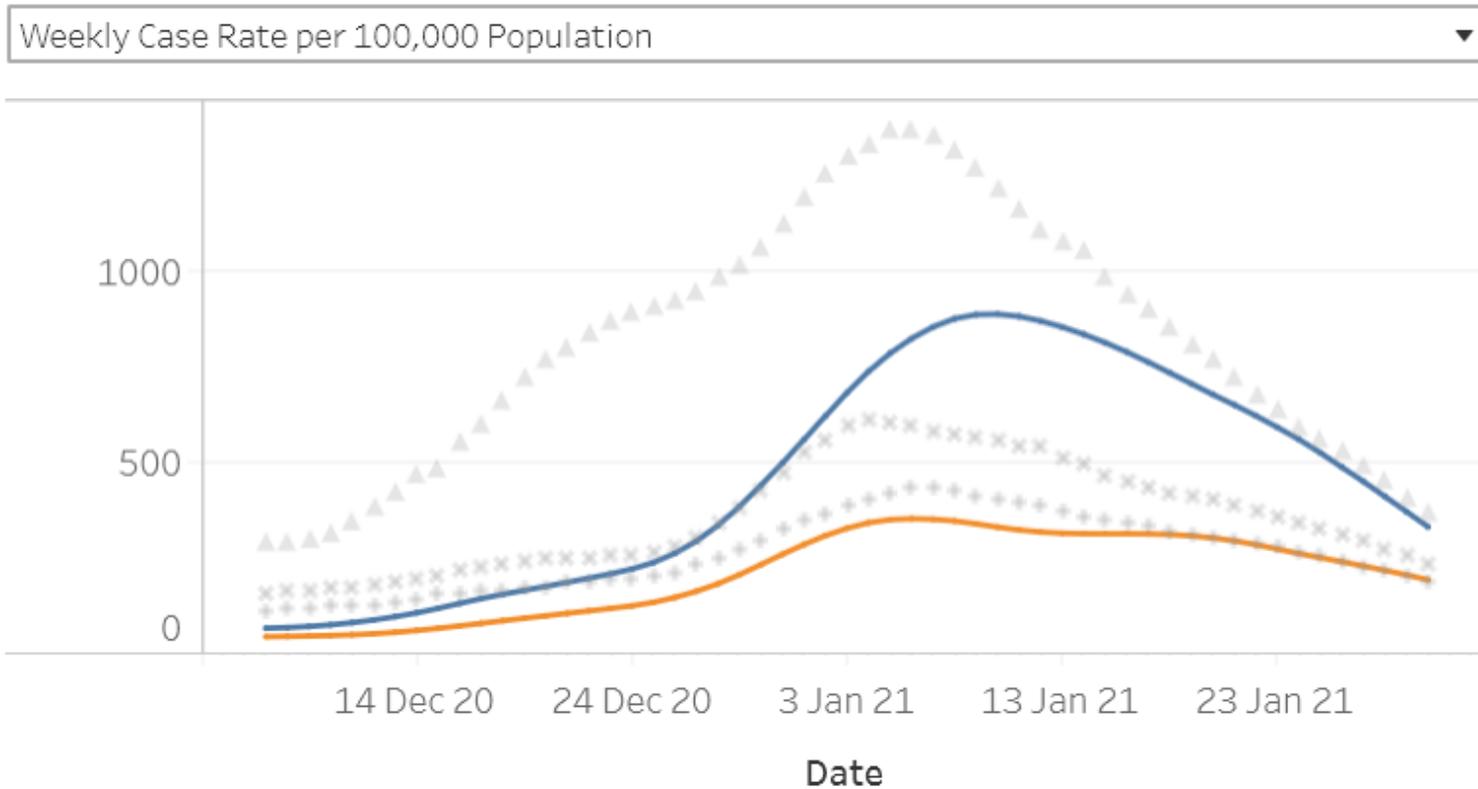
Outbreaks affecting care homes and schools form the majority of incidents that the public health team is responding to

At the peak, dealing with in excess of 100 incidents per week

A) March 10 2020 to February 6 2021



Local peaks compared with the national picture



- BCP Council weekly case rate (blue) rose above the median (UTLAs) from 3 Jan onwards but did not peak anywhere near UTLAs in the top quartile (grey triangles)
- Decline was less pronounced and peak more prolonged possibly due to inbound travel and social mixing over holiday period

Local delivery, regional co-ordination, national support

- More expectation being placed on local authority public health teams to develop local response to Coronavirus
- Regional structures – member of regional delivery group, Test, Trace Contain and Enable Board – developing regional approach to
 - Health protection and response
 - Testing
 - Contact tracing
 - Vaccination
 - Surveillance
 - Communications and behavioural insights work

Health protection – impact on the team

- Local outbreak management plan requires PH team to support high risk settings with managing outbreaks
- 80-100 plus incidents per week during January
- Day response team – manage incidents and requests for support coming into central inbox
- Consultant on-call service – evenings and weekends – very busy over winter
- Still providing surge capacity to Public Health England from trained health protection practitioners
- Using Contain outbreak funding to secure additional hours and backfill where appropriate

Local tracing partnerships: contact tracing

- Requirement for all Councils to be more integrated with NHS Test and Trace service
- Began making welfare calls through each Council in autumn 2020
- Very few take ups of support, thousands of calls
- Teams began to question value
- LTPs allow access to contact tracing dataset much quicker (real time)
- NHS Test and Trace pass un-contactables to LAs for local approach
- Dorset Council live in January – BCP Council live from mid-Feb
- So far, results in additional 41% successful reach c.f. national teams

Testing – roll out of lateral flow testing

- Access to standard (PCR) testing is good locally – up to 2,000 per day per Council at the peak
- Focus in past month has been expanding DPH-led lateral flow testing
- **Test to find, not test to release**
- Used to identify asymptomatic or pre-symptomatic cases for rapid isolation
- Tests are just as good as PCR at finding true positive cases
- Tests are less good than PCR at finding true negative cases – so less useful for providing assurance that you don't have C19
- Council employee testing – live in January – up to 3-4,000 per week
- Community testing for people working out of the home – live next week across 8 sites plus mobile pop-ups

Vaccination

- Supporting Dorset CCG to mobilise and deliver vaccinations
- Consultants are members of the Vaccination cell
- Specific workstream to support inequalities in uptake
- Mobilising community support – ensuring hyperlocal deliver
- Cabs for jabs initiative – COVID-safe subsidised transport to and from vaccination centres and or primary care for those without transport
- Behavioural insights work to overcome vaccine hesitancy working with adult social care teams and others
- Trusted Voices developing resources to be used for key groups to give the facts about vaccination

Surveillance and intelligence

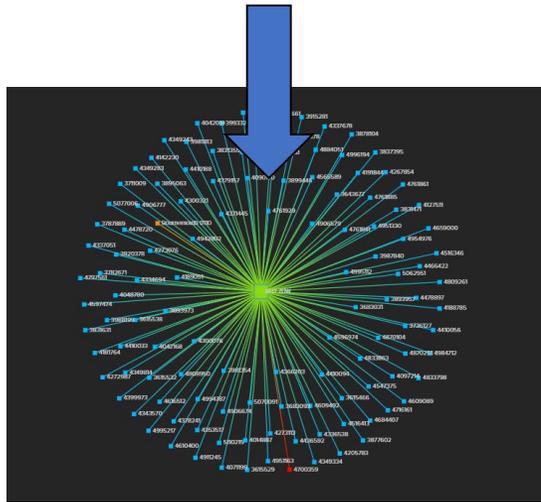
- Continue to run EpiCell on behalf of the Strategic Co-ordinating Group and other system planning groups
- Modelling to forecast near term impacts on hospital capacity
- Provide analysis of cases, settings and routes of transmission to guide communications and engagement activity

A new model for a new year?

Surveillance, cases, contacts, exposures

Data, insights, actionable segments – behaviour change

Enhanced contact tracing, rapid testing in key clusters ... rapid peer and social network notification?



EX: A Mosaic group with a high likelihood of kids in the household.

Cluster and network analysis

local contact tracing



Communications and engagement

- Continue to lead response on public health communications through both Councils and the health and care system
- Regular video briefings, 3x weekly data briefings via social media channel
- Campaigns through Warning and Informing group to pick up on trends and issues identified from outbreaks and public / partner insight
- Regular Media briefings – Radio, online
- Stakeholder briefings
- Regional lead for behavioural insights work – YouGov insight with young people to make transmission better understood (with University of West of England)

Other issues for the service

- Business planning and re-prioritisation of work programme in the light of COVID continues
- Suicide prevention plan – agreed for BCP Council, in progress with Dorset Council
- System work on mental health and wellbeing continues – psychology hub launched
- LiveWell Dorset digital developments continue
- Drugs and alcohol – supporting a new model in both Councils plus new one-year funding from PHE to support rough sleepers into treatment
- Inequalities work – Integrated Care System priority