

Health and Wellbeing Board

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Update on the Local Outbreak Management Plan For Review and Consultation

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Report Status: Public

Recommendation: None

1. Executive Summary

The Dorset Council Health and Wellbeing Board approved the refreshed Local Outbreak Management Plan at its March 2021 Meeting. The Board continues to support local outbreak management by regularly meeting as an outbreak engagement board to consider current communications and engagement activity in the context of the local COVID-19 situation. This report provides an update on current actions under the plan.

2. Financial Implications

The Local outbreak management plan delivery is supported by use of the non-recurrent Contain Outbreak Management Fund. Appendix A sets out how the fund has been used for the financial year 2020/21, in line with the grant conditions.

There are also ongoing financial costs to the public health shared service arising from COVID-19 which are likely to be met from reserves. This includes needing to fund an element of some fixed term roles, where these extend beyond the financial year 21/22.

3. Climate implications

No direct impacts.

4. Other Implications

Summary of legal implications

Councils have a legal duty to improve the health and wellbeing of their residents, and reduce inequalities in health between different areas within their Council. The Director of Public Health is responsible for ensuring the health and wellbeing of local residents through a range of statutory functions. Health protection is a statutory responsibility of Public Health England. However, because of the emergency nature of the pandemic, local public health teams in Councils have been fulfilling this statutory role, working closely with PHE, and based on delivery of strong local outbreak management plans.

This report shows how Dorset Council is fulfilling its legal duties by continuing to protect the local population from COVID-19 infection.

Summary of human resources implications

The continued success of a strong local outbreak management function is only possible through having a resilient, skilled and dedicated workforce. This report outlines the steps the public health team is taking to ensure continued resilience through developing a number of fixed term roles to bolster the team.

Summary of public health implications

Being able to continue to provide strong local outbreak management is essential to the continued protection of the public's health from COVID-19 infection. This report shows how the four priorities under the refreshed plan are being met locally, and ongoing risks managed.

5. Risk Assessment

There is an ongoing risk of further increases in the COVID-19 infection rate, some of which is related to factors outside of the control of those working to deliver the local outbreak management plan (further loosening of measures, international travel). However, this paper has set out a number of risks where mitigating actions are underway, including ongoing risk of fatigue to public health teams, the risk of unvaccinated populations leading to infection rate rises, and risks arising from increasing numbers of visitors to BCP Council over the summer. The ongoing risks are likely to present a medium chance of further infections and deaths from COVID-19 at the current time.

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

Current Risk: Medium

Residual Risk: Medium

6. Equalities Impact Assessment

Addressing issues of inequality and deprivation and ensuring equality duties are fully enacted are central to the ongoing success of the vaccination programme, ensuring coverage is as high as possible in our communities

7. Background

The Dorset Health and Wellbeing Board oversees the development and delivery of the local outbreak management plan for COVID-19, as well as providing leadership to the communications and engagement function for COVID-19 through the Local Outbreak Engagement Board.

A refreshed Local Outbreak Management Plan was published in March 2021, and the Health and Wellbeing Board approved the plan at its 18 March meeting. At the time of publication, the Government was publishing its updated Contain strategy, including a new Roadmap to outline how and when England would ease out of COVID-19 restrictions as infection rates began to fall.

This report provides Health and Wellbeing Board members with a short update on the current situation with COVID-19, and the response that is continuing under the refreshed local outbreak management plan. Because the refreshed plan set out 4 priorities to be delivered through the ongoing

work of the health protection board, the report will use these priorities to structure the current position and outlook.

Current position

Priority 1: bring infection rates down as low as possible and maintain them.

Weekly infection rates have remained below 25 cases per 100,000 population in the Dorset Council area since 18 March 2021, and are currently below 10 cases per 100,000. The number of outbreaks and incidents has fallen to its lowest level since the start of the pandemic. This relatively stable position has continued for more than two months, and is similar in other councils in SW England. However, over the past 2 weeks the England infection rate has started to rise, partly due to increasing infection rates in other regions linked with the Delta Variant of Concern, B.1.617.2 which is becoming the dominant strain of coronavirus in England.

Priority 2: Surveillance of transmission including for Variants of Concern (VOCs)

must be optimal. The EpiCell that was stood up early in the pandemic to provide weekly situation intelligence for COVID-19 continues to report weekly. In addition the work on a local short term forecast model continues, supported by system partners. Intelligence on surveillance of Variants has also improved in the past few months. Public Health England now provides a weekly regional summary of all VOCs, shared with Directors of Public Health. And the confidential line list of cases provided to DsPH also now contains information on the presence of S-gene or S-gene target failure – both proxy markers of the main variants currently in the country, Kent, or Alpha, B.1.1.7, and Delta (formerly known colloquially as Indian 02 variant, B.1.617.2). As well as enhanced surveillance for VOCs both Councils have surge testing plans in place and an emergency response pathway should the need to stand up rapid testing in any of our communities arise.

Priority 3: Contact tracing and isolation needs to work, with a clear testing

strategy. Dorset Council has developed an effective contact tracing operation, and has progressively taken on more direct contact tracing under a scheme called Local Zero. This means the local team are able to access information on cases and contacts with almost no delay, and often make the first contact rather than waiting for NHS Test and Trace to try and reach contacts on the system. As there are now many fewer cases and contacts, the team is successful in reaching almost all of the contacts, using a combination of emails, text messages and phone calls. Testing capacity remains high locally, and there is a combination of community testing for asymptomatic COVID-19, using assisted lateral flow tests, and PCR testing for people who have symptoms of COVID-19 or who have tested positive on

lateral flow and need a confirmatory test. Testing positivity rates are very low due to the low infection rates. There has also been a fall in demand for assisted testing now that people are able to order tests by post or pick up from a collection site. For this reason the community asymptomatic testing programme is being reshaped to replace many of the static sites with mobile asymptomatic testing from the end of June onwards. Public Health Dorset will continue to promote regular asymptomatic testing through the summer, as we aim to maintain vigilance for asymptomatic transmission. Regular testing is one way of ensuring we can identify COVID-19 as early as possible and act to break transmission through isolation of contacts and cases.

Priority 4: Local vaccination must continue to be delivered effectively and

equitably. The vaccination programme in Dorset is progressing extremely well, with more than 85% of age groups older than 50 years having received their first dose, and around half of 30-39 year olds vaccinated with one dose – the current focus of local efforts. In addition, 75% of those eligible for second doses have now been vaccinated – with a current big push on offering 50-59 year olds their second dose. The biggest challenge over the next few weeks will be ensuring that the coverage remains as equitable as possible. There are currently some differences in uptake emerging when analysed by primary care network – with slightly lower uptake among people living in areas with higher deprivation scores compared with the least deprived areas. Partly this is due to age (more deprived areas are more likely to have a younger population) but even comparing rates in older cohorts, there is still around an 11% difference in the proportion unvaccinated between most and least deprived areas (over 50s and clinically vulnerable). Work is underway via the Health Inequalities Group to support the vaccine delivery group with insights-led communications to overcome some of the barriers to uptake stemming from a lack of confidence in its safety and efficacy. Primary care also continues to plan additional capacity, including pop up clinics for people in areas with poorer uptake.

Forward look, key risks and issues

All of the national modelling is forecasting increases in infection rates as the country progresses through the final stages of the roadmap. The decision on moving to the final stage of opening up is expected on 14 June, to be implemented from 21 June. At this moment, it is difficult to predict how the decision will go as a number of public health advisors are recommending caution because of the increase in cases of Delta variant in parts of

England. The infection rate has also begun to rise in secondary school-aged children at a national level, although there are still relatively few local incidents and outbreaks in local schools. Any local increase in hospital occupancy linked with increasing infection rates is likely to begin to be seen from 1 June onwards, picking up in July. EpiCell will continue to monitor the situation on a weekly basis. The progress with vaccination is the main mitigation measure, and we are on track to meet the national target of vaccinating all eligible groups by the end of July.

The main risks during the summer period will be the risk of importing cases of Delta variant, either linked with international travel, but also as the number of domestic summer visitors rises in the holiday period. Extensive planning supported by use of the Contain Outbreak Management Fund has meant that BCP Council is better prepared to deal with the forecast increase in visitor numbers, with an emphasis on supporting people to enjoy the summer here safely. In addition, BCP Council has developed plans to deploy surge testing should it be needed quickly in response to new variants.

There is also an ongoing risk of fatigue from COVID-19. This is fatigue among the public, who have become less engaged with communications messaging in recent weeks about COVID-19 measures, and are undertaking less asymptomatic testing. And fatigue among public sector workers who have been involved in providing a response for well over a year now. The public health team continues to provide a day response team to handle incidents and outbreaks, as well as out of hours consultant cover. To ensure resilience going forwards, a number of fixed term roles are being advertised to ensure the capacity to continue to respond is in place, funded from the Contain outbreak management fund. Appendix A shows how the fund has been used in the past financial year to support local efforts to control outbreaks and promote COVID-19 resilience.

7. Appendices

Appendix A – Summary of how the Contain outbreak management fund has been used in 2020/21.

8. Background Papers

BCP and Dorset Council COVID-19 Local Outbreak Management Plan (Refresh,
March 2021)

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.