Northumberland
County Council

Health and Wellbeing Overview and Scrutiny Committee

2ND JUNE 2020

Update on COVID 19

Report of: Executive Director of Children's Services and Adult Social Care

Cabinet Member: Cllr Veronica Jones, Adult Health and Wellbeing

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Purpose of the Report

1. To update the Health and Wellbeing Overview and Scrutiny Committee on the current situation with respect to NHS Test and Trace; testing processes nationally, regionally and locally; and the development of the council's outbreak management plans.

Recommendations

2. It is recommended that the Health and Wellbeing Scrutiny Committee:

- Note the two tests available and the various processes for testing nationally, regionally and locally;
- Acknowledge the implications for control of transmission in high risk settings arising from issues with the current mechanisms and processes for testing and the difficulties in influencing national processes;
- Note the new NHS Test and Trace model and implications for the council;
- Comment on the plans for the development and governance of the council's Outbreak Control Plan.

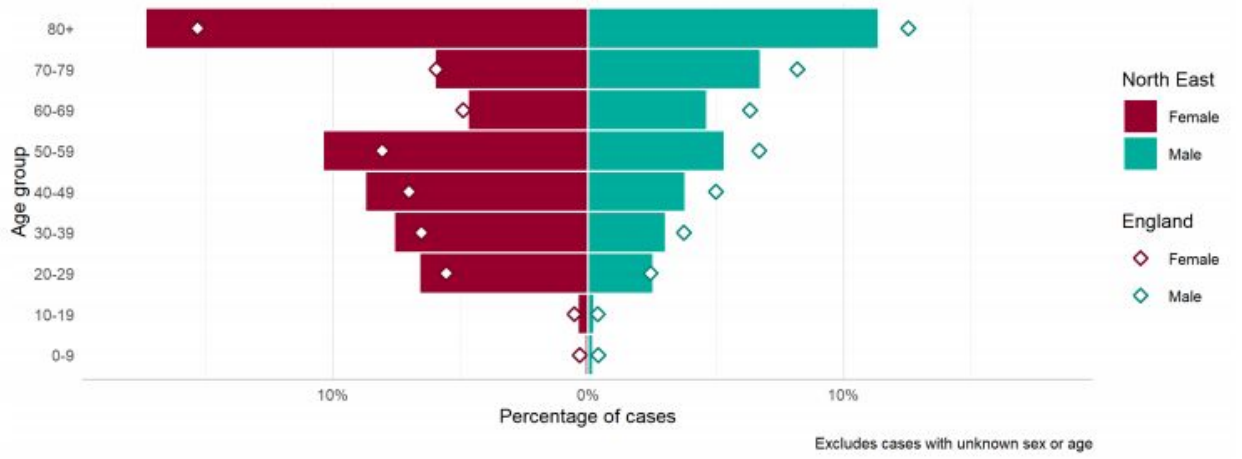
Link to Corporate Plan

3. This report is linked to the 'Living' priority included in the NCC Corporate Plan 2018-2021.

Background

4. As at 30th May, Northumberland had had 938 cases tested through NHS laboratories (Pillar 1 testing). It is estimated that a further 220 have tested positive through the mobile, regional and home based testing options (Pillar 2 testing). The NE has the highest regional rate of positive cases at 398.8/100,000 population compared to 271.3/100,000 for England. Within the NE, South Tyneside, Sunderland, Gateshead and Middlesbrough have the highest LA rates in England; Northumberland's rate is 292.9/100,000. Figure 1 shows the distribution by age and sex of all NHS laboratory-confirmed COVID-19 cases in North East PHE Centre and England. Northumberland is likely to share the same pattern.

Figure 1. Age/sex distribution of total cumulative laboratory-confirmed COVID-19 cases in North East PHE Centre and England.



5. There are a number of ongoing studies looking at how common coronavirus currently is in the community. Based on ONS survey data[1], at any given time between 11 May and 24 May 2020, the ONS estimated that an average of 0.24% of the community population had COVID-19 (but could be between 0.11% and 0.46%). Of those individuals providing blood samples, 6.78% tested positive for antibodies to COVID-19 (but could be between 5.21% and 8.64%); this equates to around 1 in 15 people.[2] These figures refer to infections reported in the community i.e. private households and exclude infections reported in hospitals, care homes or other institutional settings.

6. As at 29th May 186 deaths have been registered in Northumberland in which COVID 19 appears on the death certificate; a small proportion of these will be residents from other LA areas who have died in Northumberland. Registrations peaked during the week commencing 20th April. Since the first death from COVID 19 there have been 977 deaths registered in Northumberland in total of which 29% were attributable to COVID 19. A further 10% were due to pneumonia, some of which could be COVID related.

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[1] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/28may2020#measuring-the-data

[2] Unweighted data so may not be representative of the population

7. The relaxation of the current lockdown situation requires robust surveillance of COVID 19 cases and deaths; rapid identification and management of cases facilitated by contact tracing; appropriate testing to monitor disease prevalence; and an overarching outbreak management plan. The aim of an outbreak management plan is to protect public health by identifying the source of an infection and implementing control measures to prevent further spread or recurrence of the infection. The investigation and management of outbreaks and implementation of necessary control measures requires multidisciplinary expertise and collaboration. Outbreak plans are not new, but what is new is the scale and impact of this COVID 19 pandemic.

Testing for COVID 19

8. What the tests do. There are currently two tests for COVID 19:

- PCR test for specific pieces of SARS-COV-2 genetic material (also referred to as an antigen test). It aims to identify whether someone currently has the infection from samples taken from a patient's nose and/or throat.
- Antibody test. Looks for the presence of antibodies against the virus in a small blood sample. Finger prick tests are not recommended yet as they are not sufficiently reliable. It is not yet known whether antibodies are able to protect against re-infection; or how long any immunity (if the antibodies confer immunity) will last but knowing whether health and care workers, hospital patients and care home residents have had the virus, and collecting data on the test results is useful data for surveillance purposes.

9. Testing processes. The national strategy Coronavirus (COVID-19) Scaling up our testing programmes describes various pillars for testing:

- Pillar 1 - NHS swab testing for those with a medical need and, where possible, the most critical key workers. The criteria have changed over time and now includes all non-elective patients irrespective of symptoms. It also includes initial testing of symptomatic residents in care homes by Public Health England (PHE). These tests are undertaken in Trust laboratories
- Pillar 2 - mobile and regional testing units and the government testing portals. This is available for all other symptomatic individuals and includes the Whole Care Home Testing scheme for asymptomatic care home residents and staff launched 11th May These tests are undertaken in large private centralised laboratories.
- Pillar 3 - National antibody testing programme for NHS and care staff in England announced on 22 May 20.
- Pillars 4 and 5 - Surveillance testing and increasing mass-testing capacity.

10. The regional NENC COVID-19 Strategic Testing Group has introduced a local process to funnel, where capacity allows, symptomatic key workers into NHS lab testing processes through the North East Commissioning Support (NECS). This enables quicker testing and turnaround of results; ensures positive results are notified in accordance with the legislation to PHE; ensures positive results are sent to the individual's GP; and is

accompanied by guidance on how to interpret results. At a Northumberland/North Tyneside level, a more local process is in place to support the further testing of symptomatic testing in care home residents (PHE do not test beyond the initial symptomatic patients in a care home). In individual cases, Northumbria Trust has tested asymptomatic residents moving from the community into a care home to facilitate that move even though this is not in keeping with any local or national process.

11. A simple guide to testing symptomatic staff and residents has been provided for care homes within the last week. This is part of a package of enhanced care being delivered by a system wide Integrated Support Team consisting of social care, CCG, public health and Trust infection prevention and control staff. A more extensive summary of COVID 19 testing in the NENC is attached at Appendix 1.

12. Mobile testing units (MTUs) remain the province of the MOD and there has been little involvement with LAs beyond trying to influence the sites selected. Currently the MTU schedule across the six Northumbria Local Resilience Forum (NLRF) Local Authorities is planned about a week in advance – the draft schedule is shared to all LAs for comment and is subject to amendment. There are 13 testing sites across the NLRF area (of which 6 are in Northumberland), but only 8 MTU teams active at any one time across the entire North East region (South Yorks up to Berwick) so on average, there is one in Northumberland every other day. The lead for mobile testing is being transferred to DHSC and it is understood that this function may transfer to a private provider in due course

13. Surveillance data. Data on positive cases is in the public domain on the coronavirus dashboard but only available at aggregated LA level and only for Pillar 1 testing so does not reflect all cases in the county. Up until very recently, positive cases from Pillar 2 testing were not reported to PHE at all but data is still not available to LAs or to the individual's GP, although mechanisms to address the latter are actively being sought and data at LA is starting to trickle through via NHS the local PHE team. The surveillance data currently available to LAs is therefore incomplete and of limited value in terms of informing public health action.

14. Recently, the Government has announced the creation of a Joint Biosecurity Centre (JBC) to bring together expertise and analysis to inform decisions on tackling COVID 19. The intention is that either through the JBC or our local PHE regional centre, the postcodes of positive cases will be made available to LAs; and that either through PHE or through the JBC, mechanisms will be put in place to identify local hotspots or clusters. These may inform local decisions on closing schools and workplaces; the legal mechanisms in place to enforce those will need to be better understood.

15. Issues with testing. The drive to achieve 100,000 tests per day has meant that the reasons for testing and the science behind the interpretation of results have been given less attention. Apart from the fundamental issues about the availability, completeness and quality of the testing data, key issues are:

- There are fundamental considerations which need to be taken into account when interpreting negative test results in symptomatic patients for the PCR test. For this reason, the NENC approach to interpreting results in this situation takes a very

precautionary approach for individuals working with high risk groups on the basis that we cannot risk care home staff with false negative results going back to work.

- Whole Care Home Testing of asymptomatic/pre-symptomatic residents and staff can only provide some assurance on the day on which the swabs were taken. One off testing is of limited value. To prevent transmission by identifying pre-symptomatic or asymptomatic individuals, testing needs to be repeated at regular intervals (the regional view is that this should be weekly); and turnaround times need to be no more than 24 hours. This can be better achieved through local NHS laboratories but although they have considerable capacity, they do not have access to adequate supplies of reagents and kits to support this process which would be the NENC COVID-19 Strategic Testing Group's preferred option.
- There are numerous operational issues with testing through Pillar 2 including a lack of local access to testing; unavailability of testing slots; and a lack of swabs for those who choose to have a test kit sent to their home.
- The Whole Care Home Testing portal has also experienced some operational issues including availability of swabs; a failure to collect swabs once they'd been taken; and slow results. MOD personnel are now supporting the delivery and collection of swabs where they are made available.
- On 14th May, DsPH were informed that they were now responsible, with DASSs and local NHS providers, for coordinating and prioritising care home testing. Since the portal was promoted directly by CQC, a large proportion have applied through the portal, making the coordination and prioritisation task slightly more challenging. This will be addressed through a new COVID 19 Integrated Support Team which has been put in place specifically for care homes..

All of these issues have been raised through multiple routes to DHSC and are now acknowledged and being worked through.

Contact Tracing

16. NHS Test and Trace commenced on 28th May. Contact tracing is a core component of communicable disease control and for COVID 19 involves:

- Identifying and interviewing people with confirmed infection;
- Supporting isolation of those who are infected;
- Identifying contacts of their exposure, assessing their symptoms and risk, and providing instructions for next steps
- Linking those with symptoms to testing and care.

17. For NHS Test and Trace, initial contact with cases will be via a link sent to them asking them to complete an online portal detailing their contacts from 2 days before they became symptomatic. If cases do not engage with this portal within a set amount of time they will be called by a call handler from 'Tier 2' recruited by NHS Professionals. The callhandler will then interview them to identify all their contacts instead. The current definitions of a contact are:

- People who live in the same household/ spend significant time in the same household as the case;
- Sexual partners;

- A person who has had face-to-face contact (within one metre), including:any contact within one metre for one minute or longer without face-to-face contact;
- A person who has been within 2 metres of a case for more than 15 minutes;
- A person who has travelled in a small vehicle with a case.

These are unlikely to apply in settings where full PPE was worn in line with guidance.

18. The details of these contacts will be passed to 'Tier 3' who are lay call handlers recruited by Serco. 'Tier 3' will call all of the identified contacts and provide them with advice on self isolation for a period of 14 days. Any cases where a complex setting is identified at 'Tier 2' (clinical contact tracers) will be escalated to the PHE NE Health Protection Team (HPT) ('Tier 1') who will then take over management.

19. Implications for the council to consider include:

- Implementing COVID-19 secure workplace guidance is critical to reducing the number of contacts among staff who are required to isolate should a member of staff test positive.
- The impact of contact tracing and isolation advice in workforces where social distancing may be more difficult such as F&R staff.
- Management of issues escalated by PHE NE HPT into local authorities across council directorates and partners / contractor organisation which will need a co-ordinated local multi agency response e.g. school, care homes, prisons, high risk settings such as hostels and refuges. This will be part of the Council's local outbreak control plan which is required to be in place by the end of June.
- Management of local communications to public and partners and handling of media enquiries relating to local issues.

Further information on NHS Test and Trace is available here.

Council Outbreak Control Plan

20. The council has no role in the contact tracing process but does have a critical role in outbreak control although advice on communicable disease control measures for individual situations will continue to be provided by PHE. This has not changed as a result of COVID and is in keeping with the health protection functions of the DPH and the council. Over the next few weeks we will be putting in place a multi-agency COVID 19 Incident Control Team and developing a COVID 19 control plan which will include:

- Planning for and responding to incidents in schools and care homes (we already have an Integrated Support Team in place for care homes);
- Identifying and planning for the management of incidents in high risk places and communities;
- Exploiting local testing capacity (delivered through the NENC Strategic Testing Group);
- Identifying where additional capacity is required (partly dependant on receiving some planning assumptions from the JBC and elsewhere);

- Developing a COVID 19 surveillance dashboard;
- Supporting vulnerable people required to self isolate (systems already in place via Community Hub);
- Reactive communications for the public, elected members and other key stakeholders in response to an incident;
- Exploring mechanisms for assurance around the implementation of social distancing in Northumberland workplaces and businesses and the legal implications.

In addition, there is an expectation that councils will develop a new member-led Board to communicate with the general public. The Government has committed £300m for LAs to develop and implement outbreak control plans but there is no further information on how that will be apportioned and what the constraints on expenditure might be.

21. Governance. The proposal is that:

- The Outbreak Control Plan is endorsed by the Health and Wellbeing Board;
- The Incident Control Team reports to the CE through Exec Directors;
- The member-led Board leading on communication is chaired by the portfolio holder for Adult Wellbeing and Health and is a sub-group of the H&WB, linking into the Incident Control Team and the H&WB.

Summary

22. Containing transmission during the relaxation of lockdown requires robust surveillance processes, rapid testing, identification of cases and contact tracing and the implementation of a variety of control measures to prevent the spread of infection. For those responsibilities which rest with the council, this will be drawn together in an outbreak control plan. There are a number of challenges with the current mechanisms and processes, particularly around testing but we will continue to work with colleagues across the region to put in place local solutions where possible.

Appendices

Appendix 1. NENC COVID-19 Strategic Testing Group Update dated 20th May 20.

Implications

Policy	The raft of COVID 19 guidance has implications across a range of policy areas including buildings access and management, working practices and business continuity
Finance and value for money	.£300m has been promised by the Government for LAs in England to develop and implement outbreak control plans but there is no further information on how that will be apportioned and what the constraints on expenditure might be.

Legal	Legal issues around the extent to which control measures can be imposed through legal processes need to be explored.
Procurement	There may be implications for procurement depending on the constraints on the use of the LA outbreak control funding
Human Resources	Implementing COVID-19 secure workplace guidance is critical to reducing the number of contacts among staff who are required to isolate should a member of staff test positive.
Property	H&S risk assessments will be required to open buildings safely
Equalities (Impact Assessment attached) Yes x No N/A ☐	This outbreak control plan will aim to protect those most vulnerable from COVID 19 i.e. older people in residential settings This pandemic will have the heaviest impact on the lives of people living in deprivation or facing difficult socio-economic circumstances and will be reflected in recovery planning.
Risk Assessment	Risk assessment is central to the council's response to implementing the emerging guidance
Crime & Disorder	NHS Test and Trace, testing and the development of the council's outbreak management plan are unlikely to impact on crime and disorder. Some aspects of criminal behaviour are likely to decrease due to government induced measures, including social distancing and the closure of, pubs, bars and clubs. The impact on crime will depend on crime type
Customer Consideration	This will be met through the various communications and engagement workstreams which are part of the outbreak management plan
Carbon reduction	Little direct impact from NHS Test and Trace, testing and the development of the council's outbreak management plan but there are reports of increasing air quality due to reduced car and air transport usage.
Health and Wellbeing	The impact of COVID 19 extends beyond that of the direct impact of the infection on individuals to the wider determinants of health. The outbreak control plan will only seek to address the control measures required to reduce transmission of infection.
Wards	All wards have been affected by COVID 19 and the control measures that have been imposed so far.

Background papers

None

Report sign off

	Full Name of Officer
Monitoring Officer/Legal	
Executive Director of Finance & S151 Officer	
Relevant Executive Director	
Chief Executive	
Portfolio Holder(s)	

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