



Northumberland

County Council

HEALTH AND WELLBEING BOARD OVERVIEW AND SCRUTINY COMMITTEE

5TH APRIL 2022

Northumberland Covid 19 update

Report of: Liz Morgan, Interim Executive Director of Public Health and Community Services

Cabinet Member: Cllr Wendy Pattinson, Adult Health and Wellbeing

Purpose of report

This report provides an update on the changes outlined by the Government between 21st February and 1st April on [Living with Covid 19](#) and the implications for future management of the pandemic.

Recommendations

The Health and Wellbeing Overview and Scrutiny is recommended to comment on and support proposals for the future management of Covid 19 in Northumberland.

Link to Corporate Plan

The direct and indirect consequences of living with covid whilst remaining in a pandemic state links to all priorities in the corporate plan.

Key issues

- The UK is still in a pandemic situation, but the vaccination programme has allowed us to change the way we manage community transmission. This is not a change in approach, but a shift towards managing the SARS-CoV-2 virus as we do for other respiratory infections.
- We can expect the next few years to be unsettled with unseasonal peaks in transmission as immunity wanes in some cohorts or new variants emerge. There remains a significant degree of uncertainty about the path that the pandemic will now take in the UK. 'Living with Covid' sets out how the Government will ensure resilience, maintaining contingency capabilities to deal with a range of possible scenarios. It is based on four principles of removing domestic restrictions while encouraging safer behaviours through public health advice; protecting people most vulnerable to COVID-19; maintaining resilience (surveillance, contingency planning

and a surge capability); and securing innovations and opportunities from the COVID-19 response.

- A set of goals and short to medium terms priorities have been agreed between the DsPH across the LAs that make up the LA7 group (County Durham, Gateshead, Sunderland, South Tyneside, North Tyneside, Newcastle, Northumberland).

Background

On 21 February the Government's plans for living with COVID-19 in England were announced. With increasing immunity, largely due to vaccination, the Government's strategy moves away from a focus on reducing prevalence, to prioritising measures which reduce the risk of serious harms, reduce the burden on the NHS and protect the economy. The aim is to move towards managing COVID-19 in line with other respiratory viral illnesses and promote behaviours that can reduce transmission. This will both support ongoing COVID-19 management and reduce the risk of surges of other respiratory viral infections and the subsequent impacts on the health and care system, local economy, and the wider community.

Most elements of the national response effort have now been scaled back. This includes: routine national and local contact tracing (the Council's Local Tracing Partnership ceased on 24th Feb); the legal requirement to self-isolate (but not the need to self-isolate) and the provision of accompanying self-isolation payments; routine testing in school children and staff (with some exceptions); free universal symptomatic and asymptomatic testing for the general public (from 1 April) – regional, local and mobile testing sites will all be demobilised although some mobile provision will be retained as part of national contingency measures; changes to statutory sick pay will have reverted (individuals won't be able to claim from Day 1 of illness); the removal of guidance for venues on having systems in place that allow individuals to 'check in' and be notified if they have visited a venue linked to a COVID-19 outbreak; expiration of the 'No 3 Regulations' meaning that the powers available to LAs to respond to COVID-19 outbreaks will revert to align with those available to respond to infectious disease outbreaks more generally.

During this transition period, NE LAs have agreed that the arrangements for managing outbreaks will largely revert back to those in place pre-pandemic. The regional UKHSA Health Protection Team will be taking the lead on outbreak management, supported by local animal health, environmental health, and public health teams along with other agencies as appropriate. Outbreak investigation activities will be focused on high-priority and complex cases.

The statutory role at local level for health protection relates to assurance and sits with the Director of Public Health. Any proposals for LAs to assume more responsibility for health protection delivery will require additional resourcing.

The LA is continuing to routinely provide public health messaging and communications to set out advice about sensible behaviours and actions to residents. Much of this work is being done across an LA7 or LA12 footprint and with NHS partners. Updated guidance for workplaces and other settings/situations is expected at the end of March; businesses and

employees should maintain safe behaviours, particularly around hand and respiratory hygiene and staying at home if unwell to avoid transmission in the workplace.

Next steps and future response

The expectation is that SARS-CoV-2 will be managed regionally and locally as part of a wider all hazards approach, using existing health protection frameworks. This has been enabled largely by the success of the vaccination programme, but we can expect to see surges of infection over the next few years. We cannot assume new variants will be less dangerous than those that we have already experienced.

The focus will be on protecting those settings known to be at highest risk through local COVID-19 outbreak investigation and management activities, led by UKHSA Regional Health Protection Teams (HPTs). Limited symptomatic testing for a small number of at-risk groups and free symptomatic testing will remain available to social care staff. A testing strategy is in development.

UKHSA has been working in collaboration with Local Government Association (LGA), Association of Directors of Public Health (ADPH) to develop and provide further detail on the planned changes. This includes establishing what interventions and capabilities will be needed to maintain or remobilise as a priority in local areas, to scale up an effective response to a resurgence of COVID-19 or a dangerous new variant. Further information is expected by the end of March which should also include expectations around the ongoing need for a Local Outbreak Management Plan and the future relationships between local, regional, and national partners.

Going forward, the Government will structure its ongoing response around four principles:

- Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses.
- Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing.
- Maintaining resilience: ongoing surveillance, contingency planning, and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- Securing innovations and opportunities from the COVID-19 response, including investment in life sciences.

The LA response will be guided by the additional detail which is anticipated on 24th March.

As an LA7 group of LAs a proposed a set of goals and short to medium term priorities have been agreed:

Goals

1. Protect people and communities at greatest risk from COVID-19 and its consequences and enable them to live a healthy and fulfilled life.
2. Protect all critical infrastructure, including the NHS, social care and our community and voluntary sector, so that they, in turn, can protect and support our population.
3. Minimise the impact of COVID-19 on the wellbeing and development of children, young people and adults.
4. Enable the recovery and further progress of education, economic activity and social connectivity.
5. Strengthen system-wide prevention and preparedness for future waves and other epidemics, learning the lessons of the COVID-19 pandemic.

Short to medium term priorities

1. Take our communities with us in all that we do through clear communications, listening to them and addressing their concerns.
2. Continue to support sustainable, equitable and rapid deployment of vaccination.
3. Transform our approach to good infection, control and hygiene measures, taking our partners, businesses and communities with us, to ensure the protection of all of the population and the inclusion of vulnerable people in settings and in the community.
4. Ensure a consistent approach to the prioritisation of threats to health, including considering the vulnerability and complexity of settings and the level of demand on the public health system, to ensure that public health capacity is deployed as effectively as possible.
5. Support educational settings to understand, prevent and manage COVID-19 infections to minimise education disruption.
6. Have plans to maximise use of available workforce capacity to respond quickly in a surge, in line with agreed national frameworks and health protection risk assessments.
7. Work with the health and social care system to ensure equity of access to treatments and support.
8. Maintain and improve surveillance systems and oversight.
9. Promote the use of research to improve our knowledge of COVID-19 and interventions to prevent, treat and deal with its consequences and seek opportunities to contribute to the evidence base.
10. Ensure that data flows and information governance support us to do our best for our population.

These priorities will change as the pandemic develops and guidance changes.

Locally and nationally, there are some specific issues and opportunities that need some focus:

- There is a group of residents who are at higher risk of severe illness or have less confidence in returning to everyday activities. We need to find a way to ensure those individuals are supported to understand, manage, and mitigate their risks in living as near normal a life as possible. This is not the sole responsibility of those individuals; it is a shared responsibility with society and public services.

- We have built Infection Prevention and Control (IPC) skills and capacity within care homes, high risk settings, education and child care settings and businesses etc. That focus on IPC needs to be maintained and reinforced across society to enable us to better prevent the whole spectrum of infectious disease which will have broader health, social and economic benefits.
- Individuals and families living on low incomes in jobs which have less favourable sickness benefits continue to be disadvantaged in terms of being enabled to adopt those behaviours that prevent transmission. In particular, being able to stay at home when they or their children have a respiratory infection. The need for a review of statutory sick pay as part of the all hazards approach to the management of infections has been escalated.

Appendices

None

Implications

Policy	The LAs response to the pandemic has been and will continue to be in keeping with guidance and best practice
Finance and value for money	There is an expectation that any additional responsibilities placed on the council in relation to pandemic response will be funded by the Government. Any investment in areas of activity, such as IPC, which has a broader application, would be required to go through the council's normal financial procedures or potentially via the ring-fenced Public Health Grant.
Legal	The legal powers to manage any issues arising from the pandemic have reverted back to the Public Health and H&S regulations that are in place to manage any other infectious disease
Procurement	None
Human Resources	None
Property	The use of suitable council premises may be required to support surge testing and vaccination
Equalities (Impact Assessment attached) No	Covid 19 has disproportionately affected some of those with protected characteristics and those living in our most deprived communities. One of the goals of the council's response to 'Living with Covid' will be to mitigate the consequences of further impact on inequalities.
Risk Assessment	Risk assessments are being undertaken related to council activities and staff to reflect the shift in approach

Crime Disorder &	The pandemic and its management has influenced patterns of crime and disorder.
Customer Consideration	The management of the pandemic needs to balance the direct harm from COVID 19 with the indirect social, educational and economic harms.
Carbon reduction	N/A
Health and Wellbeing	The management of COVID 19 is shifting in its approach to minimising harm and the management of infection as part of an all hazards approach to health protection. There are opportunities to build on good practice and embed harm reduction behaviours that will have benefit in preventing a wider groups of infections.
Wards	This report is relevant to all residents in all wards

Background papers

None

Report sign off.

Authors must ensure that officers and members have agreed the content of the report:

	Full Name of Officer
Monitoring Officer/Legal	Suki Binjal
Service Director Finance & Deputy S151 Officer	Alison Elsdon
Relevant Executive Director	Liz Morgan
Chief Executive	Daljit Lally
Portfolio Holder(s)	Wendy Pattison

Author and Contact Details

Liz Morgan FFPH
 Interim Executive Director of Public Health and Community Services
<mailto:elizabeth.morgan@northumberland.gov.uk>