

North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 08/10/2020

Subject of Report: Update on COVID-19

Town or Parish: All

Officer/Member Presenting: Matt Lenny, Director of Public Health

Key Decision: NO

Reason:

Report is provided for information and discussion and to help guide future actions in response to the pandemic.

Recommendations

To note content of the report and comment on aspects of the response to the COVID-19 pandemic.

1. Summary of Report

The COVID-19 pandemic has created significant challenges in trying to restrict spread of the virus and minimising impact on health and wellbeing in North Somerset. Action is being taken across a number of workstreams with a summary of some of the latest developments provided within this report. The key headings are:

- Levels of transmission
- Local planning
- Escalation and use of powers
- Contact tracing
- Testing
- Capacity building
- Communications and engagement

Members of the Panel are asked to note the detail included, with additional up-to-date reporting from the Director of Public Health to be provided at the meeting.

2. Policy

Health protection response is a key responsibility of the Local Authority under the Health and Social Care Act (2012).

3. Details

This update is broken down into a number of key headings:

- 1) **Levels of transmission:** The number (and rate) of cases has risen in North Somerset since late August. This is in line with the trend across the South West and the rest of the

country. Until recently, the incidence rate (per 100,000 population) in North Somerset was the highest in the South West but other authorities are now displaying similar or higher rates of transmission.

At the time of writing (28 September), the rate in North Somerset is 26.6 cases per 100,000 compared to the South West regional average of 15.9 and the England average of 53.6.

Our small population base means that small numbers of liked cases pushes up our rate per 100,000 quicker than most other local authorities in the South West (for example, Plymouth are experiencing a similar phenomenon now and Bath and North East Somerset have seen this recently).

The national contain framework identifies local authority areas which are considered to be of concern, requiring enhanced support or intervention. There are no local authorities in the South West which are on the national watchlist.

The data on North Somerset local cases is reviewed daily to see if there are any identifiable links between cases (either clusters or outbreaks) which can be actioned to reduce risk. The rise in cases was primarily linked to returning holidaymakers particularly younger adults in early September but since then the age profile has changed to include a wider range of adults. Most cases have been associated with single households although a number of situations (single or clusters of cases) have developed in schools and care homes. When required, Incident Management Team meetings, featuring colleagues from within the Council plus key partner organisations (like Public Health England, the CCG and the setting in question) are convened to assess and manage risk appropriately.

- 2) **Local planning:** Since the publication of the Local Outbreak Management Plan elements of the plan have been tested in a number of different partnership forums through scenario testing. Learning from those exercises is being combined into a report alongside key learning from other parts of the country. This is being shared at the Health Protection Board (HPB) and Outbreak Engagement Board (OEB) meetings in September. The OEB (community leadership) and the HPB (operational response) are meeting monthly to ensure key actions are addressed. In the event of an identified outbreak, both Boards would be mobilised to inform stakeholders and generate support for identified control measures, but appropriate health protection steps would be taken immediately to control risk.
- 3) **Escalation and use of powers:** The context for potential use of powers is constantly evolving with an anticipated adaptation of the Contain Framework expected soon. A weekly watchlist is published by the Government identifying local areas being watched at three escalating levels from concern to enhanced support to intervention. The list reveals that classification does not just depend on the current (or trend) rate for positive cases per 100,000 people. A key element is demonstrating effective action is being taken to build confidence in the grip being applied in the local area to manage growing incidence or an outbreak effectively.
- 4) **Contact tracing:** A national announcement was made around the intention to shift contact tracing resources (call centre capacity) to local public health teams. However,

no detailed roadmap on how to achieve this has been published yet. Some pilots are being run to test how this could take place, including in Swindon and Somerset for the South West. The South West Directors of Public Health group are waiting for an evaluation to be completed and assessed before any decisions are taken on where best to put resources. Improving the performance of the national system may be a more efficient approach than implementing localised solutions. Alternatively, capacity could be retained at regional level so there is a more flexible use of resources to meet localised peaks and troughs in need, plus the ability to integrate a regional team with the regional Health Protection Team from PHE. More detail is awaited on how this system may develop

- 5) **Testing:** Testing capacity has been under pressure in recent weeks as the demand has risen but extra laboratory capacity is yet to become available. Capacity is growing but accessing to testing remains a significant challenge for some local residents. The importance of swift testing with timely results has been highlighted to the Department of Health and Social Care by Directors of Public Health, through regional public health forums and via the Leader of North Somerset Council. North Somerset worked to create good physical access to testing sites with three sites in our area (Bristol Airport, Locking Road car park in Weston Super Mare and Castlewood car park in Clevedon). All three sites continue to operate but the number of tests carried out at each site has fluctuated according to the testing capacity released by the national system.
- 6) **Capacity building:** The development of the Local Outbreak Management Plan has been supported by an additional grant of £860,000. Plans have been developed on the basis of this being a one-off sum which will be used over a two-year period to support the response and recovery. The resources have primarily been invested in extra staff to strengthen our capacity to prevent and respond effectively to cases of COVID-19. This includes investment in public health staff, regulatory services staff, communications and engagement support, business intelligence and work with key settings like care homes, schools and businesses.
- 7) **Communications and engagement:** Throughout the pandemic response, messages have been targeted at the public, key stakeholders and the media to give details around our local response and clear calls to action to help to minimise transmission of the virus.

The increase in cases locally, regionally and nationally means effort has been invested in developing a new suite of resources to reflect this second wave and have material ready for enhancing public messaging. So far this has concentrated on increasing vigilance and a call to action for people to continue to practice good protective behaviours – hands, face and space. Targeted communications material (social media content) was developed to get messages across to young adults (16-21 year olds).

Plans also include the ability to coordinate our engagement and communications activity with neighbouring authorities. Learning from other local outbreaks shows the benefit of a consistent approach given cross border links, such as schools or places of employment, and common risk factors e.g. travel to and from Bristol as an employment hub.

The public dashboard (updated every Tuesday and Friday) is the main route for updating all Members, local stakeholders and the public on the latest picture. Regular stakeholder bulletins are being issued to describe actions across the Council and different forums are being used to keep two-way channels of communications with key

stakeholders, for example, monthly Teams meetings with Headteachers led by the Director of People and Communities and the Director of Public Health

4. Consultation

Actions delivered to mitigate risks of the COVID-19 pandemic have been developed in consultation with a range of audiences (as described above).

5. Financial Implications

Actions have been delivered through existing resources or use of the grant to support delivery of the Local Outbreak Management Plan.

Costs

See above

Funding

See above

6. Legal Powers and Implications

A framework of powers has been developed to support action at both the national and local level.

7. Climate Change and Environmental Implications

This will be kept under review for potential benefits such as encouraging active travel behaviours made possible by new environments and work or social patterns.

8. Risk Management

Risks being actively assessed and addressed as part of the pandemic response and reflected in a COVID CLT risk register.

9. Equality Implications

No

No specific policy in place but impacts of COVID-19 being monitored through a range of measures using national tools and guidance.

10. Corporate Implications

Plans include trying to mitigate impact on key corporate objectives.

11. Options Considered

Pandemic response has been driven by population needs and key guidance or policy issues by government as well as localised assessment of risk.

Author:

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Appendices:

None

Background Papers:

None