HAMPSHIRE COUNTY COUNCIL

Report

Committee	**Health and Adult Scrutiny Committee (HASC)**
Date:	**6 July 2020**
Title:	**Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak control Plans**
Report From:	**Director of Public Health**

Contact name: Simon Bryant

Tel: 02380 383326 **Email:** Simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an outline on the three different aspects in relation to COVID-19:
   - The pandemic context
   - The impact on health and wellbeing
   - The development of Outbreak Control Plans

Recommendation(s)

2. To note the Context of COVID-19

3. To note the impact on Health and Wellbeing and the need to monitor outcomes and take work forward to tackle the impact reviewing service development plans.

4. To note the development of Outbreak Control Plans

The Pandemic Context

5. The current COVID-19 outbreak is due to a new coronavirus from animals, which first came to light in China in December 2019. The first cases in the UK were identified in January 2020. With more and more countries around the world experiencing outbreaks, the World Health Organization declared a global pandemic in March 2020.

6. Coronaviruses are a large family of viruses which, in humans usually cause mild illness, including common colds. The COVID-19 disease is spread through cough droplets either directly from an infected person or from touching surfaces contaminated with the virus through someone coughing onto them. The virus is estimated to last for up to 72 hours on hard surfaces.

7. The symptoms of coronavirus disease (COVID-19) are typically (but not exclusively) a cough, a high temperature and shortness of breath. It is now additionally advised that a loss of sense of smell may also be a key symptom. The virus can affect anyone and for most people the symptoms will be mild, and people will recover in around two weeks. However, the individuals at highest risk for severe disease are those over 70 years and those with underlying health conditions where symptoms could require hospitalisation. There is further developing evidence about possible increased risks to BAME communities and those individuals with obesity. It remains difficult to accurately estimate the mortality rate because not all cases are identified. However, data from around the world suggests it is likely to be around less than 1%. The disease in children appears to be mild in most cases, though there have been instances of deaths.

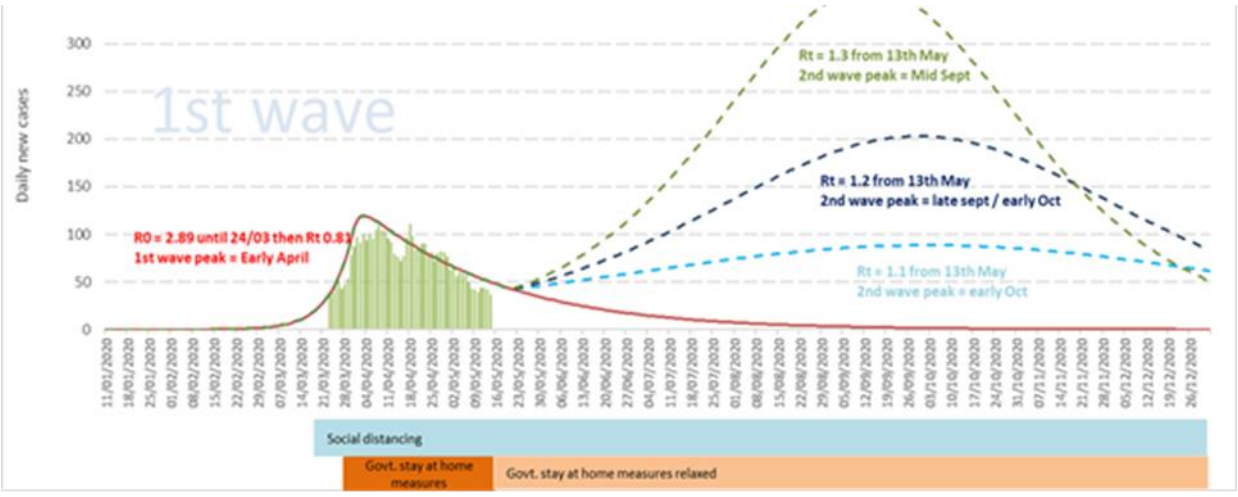
8. Within Hampshire there has been a steady rise in cases and deaths in line with the national spread and epidemic. As of 8June 2020, there are 3,358 diagnosed cases in Hampshire. The first peak was well managed through social distancing and effective planning. The modelling of the virus suggests further waves of disease will develop during the Autumn. We are working to manage further waves of disease.

9. Due to the lack of immunity in the population the disease can easily spread between people causing a large outbreak and ‘peak’ in cases. If allowed to spread without intervention the resulting level of disease would overwhelm our health and social care services due to the extreme volume of those requiring specialist care and support. Therefore, a number of measures, many of which were based on existing national plans to respond to influenza pandemics, were put in place by the government to manage the outbreak. The first phase was to CONTAIN the disease, tracking those who had the disease and contact tracing those they had been in close contact with. Working with Public Health England, the County Council’s public health team supported this through connecting with and supported key settings affected.

10. Following this phase and once the disease was understood to be spreading in the community, the country as a whole moved to the DELAY phase. This phase has increasingly involved measures to slow the spread through social distancing for the whole population and shielding for the most vulnerable. These measures have been largely successful, and we appear to have now seen a predicted peak much reduced and delayed, albeit with many people experiencing severe disease and significant numbers of COVID-19 related deaths. As referenced above, while recognising the success of these significant

measures in terms of lives protected and saved, the County Council has also to be concerned about the economic impact of this crisis upon the welfare of the Hampshire population.

11. The following graph depicts a predictive assessment of the potential severity and timing of a second peak or wave of the outbreak, relative to the first in April 2020. This is based on three scenarios linked to the future "R number" (the analysis of the reproductive pace and spread of the virus) and the prevalence of infection. Firstly, it should be stressed that it will not be feasible to construct an R value for localities or even the county of Hampshire. It is a broad statistical analysis over time and a wide population – it is likely we may see regional R values in time. We know that the first peak was based on a very high R number but from what was a low base of prevalence at that time. Crucially, that first peak, for all of the challenges and tragedies it brought, was contained within the capacity of the NHS so the worst national calamity was avoided. We also know, as we have come gradually down from the first peak through near total lockdown, that to avoid any second wave (as per the lower red line in this graph) would depend on continued high levels of lockdown that keep R well below the value of. But the closer the R number gets consistently towards or beyond a rate of 1.2, the more severe would be the second peak and the more intense would be the pressures upon the NHS and wider services. That is why the new local authority public health duties of outbreak control planning, discussed further in this report and separately to this Cabinet, and will be so critical to the management of and recovery from the crisis.



12. As the pandemic has developed and the impact of the interventions is becoming better understood we will have seen an easing of some of the measures but importantly maintaining social distancing wherever possible. This is not least because we appear now to be in a period of the middle of the end of the first peak or surge in the spread of the virus. However, in the absence of an effective vaccine, as long as there are cases of infection in the community, the likelihood of a resurgence of spread remains. As restrictions are eased, the

UK may then see a rise in the disease again leading to a second wave. This will need to be managed in a similar way to the current measures, with increased local leadership through the Outbreak Control plan

13. The programme of testing for COVID-19 is key for understanding the spread of disease and prevent further cases. The testing programme has been developed over the life of the epidemic. In the 'contain' phase testing was for people who had travelled to affected areas or those in contact with cases who were symptomatic. The next phase testing was for those admitted to hospital who were symptomatic and for potential outbreaks in care homes. A programme of testing for key workers has commenced in Hampshire recently to support business continuity. Finally testing was made available for everyone symptomatic. Testing programmes have developed through a variety of delivery models. Under the Director of Public Health these models are being reviewed to ensure they meet local needs. The progress and coordination of testing, and a stronger local authority role in that coordination will be key to the effective management of outbreak control plans.

14. We have now moved to a phase, as the start of outbreak management, of testing and tracing community cases. This involves increased testing in the community, tracing those who have been in contact with a case and supporting people to self-isolate with symptoms and NHS care where needed. It is intended to be a more targeted and "surgical" approach to management of the spread of the disease which can apply controls which do not have such widespread and economically as well as socially disruptive effects. The contact tracing will be the NHS Test and Trace programme overseen by Public Health England and Local Directors of Public Health. Further intervention will be via the mobile phone app developed by the NHS. The Director of Public Health is leading the early implementation of the programme through his leadership role on the Isle of Wight.

15. A vaccine is still being researched which would enable society to gain population immunity, preventing the spread of disease and protecting the vulnerable from illness. This is most likely to be available during 2021, if a vaccine can be developed.

Public Health – Leadership of the System

16. Through the Local Resilience Forum (LRF), Hampshire County Council has provided public health leadership to the multiagency response to ensure that the emergency is managed in a way that is proportionate and ensures that the local system, especially in health and care, is able to cope with the pandemic. The Director of Public Health (DPH) is the Deputy Chair of the Strategic Command Group of the LRF, working to the Chief Fire Officer. (The LRF is the umbrella term for the formal legal partnership of key statutory agencies in a given area, in our case that is Hampshire and the Isle of Wight, including the

two cities and the island. The LRF is not a legal entity in itself and holds no direct budgets or accountabilities but is the sum of its constituent statutory partners in the area who must work together during a time of crisis).

17. The public health team, working with Southampton and Portsmouth Directors of Public Health, has ensured that the data on the disease is understood by the partners for effective response. Key workstreams led directly by the County Council's DPH include preventing the spread of infection through effective social distancing, setting up testing with national government and ensuing national guidance on PPE is communicated and interpreted for effective use by local agencies. Throughout all stages of the pandemic, support and advice has been given to all parts of the council dealing with different aspects of the public health emergency.

Impact on Health and Wellbeing

18. There are direct and indirect impacts of COVID-19 on both physical and mental health. These impacts are yet to be quantified we are still in the first wave of the pandemic; also, cumulative impacts will take time to understand. With that consideration there is a lack of national figures and the understanding is developing. There has been a disruption to healthcare services due to re-designed non-COVID-19 services to prepare for COVID-19 Cases. This includes:
    - Drop in Urgent care use including for strokes and heart attacks
    - Treatment delays/modifications for cancer
    - Non-acute care including general practice with the impact on management of patients with Long Term Conditions
    - Impact of low immunisation update resulting in possible surge in vaccine-preventable diseases
    - Paused cancer screening leading to a backlog and undiagnosed/delayed cancer diagnosis and treatment
    - Reduced access to public health programmes – smoking, substance misuse, weight management, NHS health checks leading to poorer health outcomes

19. We need to monitor excess mortality to understand the full impact of COVID-19 on the health of the population and how these impacts on different population which may widen health inequalities. This is likely to lead to a drop in life expectancy and healthy life expectancy.

Mental Health Impacts

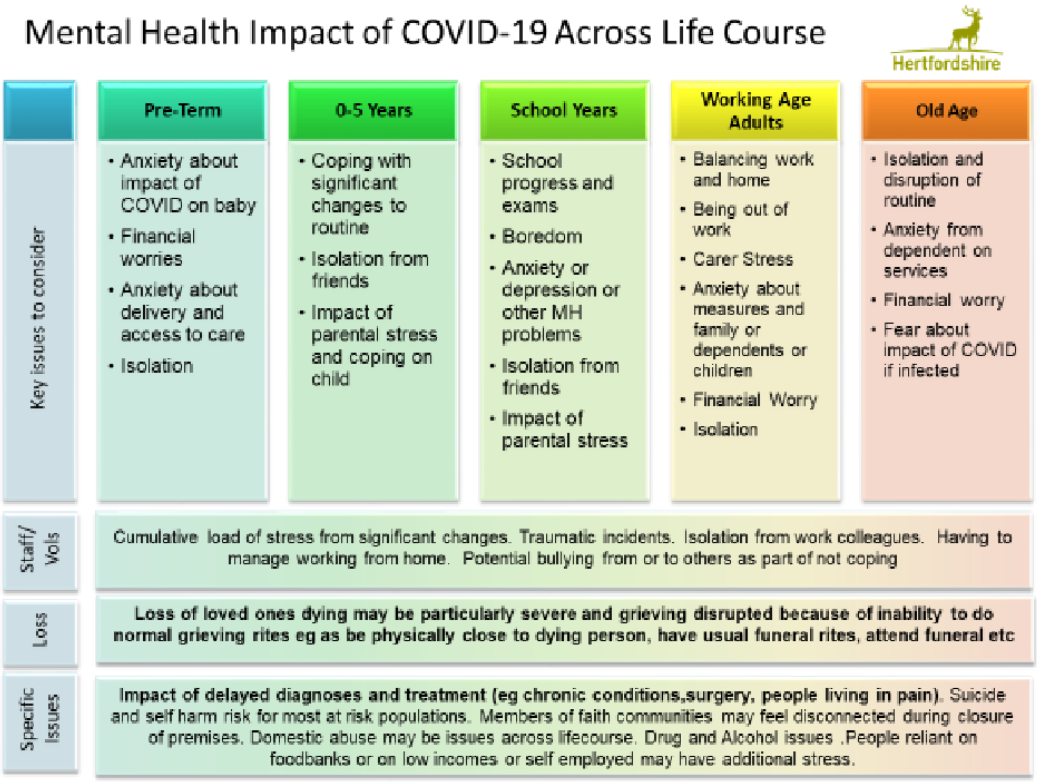
20. The psychological impacts of epidemics and protracted physical distancing measures, including those that are expected (such as loss of identity, disruption to usual activity, increases in feelings of loneliness) and those that may be

unintended (including increases in domestic violence, child maltreatment and cyberbullying).

21. For many, several coping strategies to deal with this psychological impact can be detrimental to mental health; including alcohol and drug misuse, and online gambling. Early studies have also highlighted the impact of stigma and discrimination targeted at certain communities.

22. Lessons from past epidemics are also helpful to understand some of the impacts on mental health. A higher concentration of social determinants associated with self-harm and suicidal ideation in this period, including isolation, stress, financial worries, disruption of personal recovery plans, and relationship discord. There is a recognised increased risk for post-traumatic stress disorder, both for those surviving hospitalisation in Intensive Care Units and the frontline healthcare workers and people with existing mental health vulnerabilities

23. Many people across the world will also be dealing with the effects of the pandemic's excess bereavement burden.



We need to ensure our recovery plans further our understanding of the issues and address them

Outbreak Control Plan

24. On Friday 22 May, national Government announced the requirement for Local Outbreak Control Plans (COVID-19) to be developed to reduce local spread of infection and for the establishment of an officer-led COVID-19 Health Protection Board for each upper tier Local Authority, supported by existing Local Resilience Forum command structures and a new member-led Board to communicate with the general public.

25. The primary objectives of the national Test and Trace service previously rolled out on the IOW, and new local requirements for outbreak plans, will be to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives. In doing so, we can help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

26. Achieving these objectives will require a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public. Local planning and response will be an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection. To that end, £300m in national government funding will be provided to local authorities in England to develop and action their plans to reduce the spread of the virus in their area.

27. Building on the statutory role of Directors of Public Health (DsPH) at the upper tier local authority level, and working with Public Health England's local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health.

28. Local Directors of Public Health will be responsible for defining these measures and producing the plans, working through COVID-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.

29. Cross-party and cross-sector working will be strongly encouraged, and all tiers of Government will be engaged in a joint endeavour to contain the virus, including Local Resilience Forums, NHS Integrated Care Systems and Mayoral Combined Authorities. Councils are free to work at wider geographic levels if they so choose.

30. £300m funding for upper tier Local Authorities accompanied this announcement, for Hampshire this is £4.8m although the requirements of the spend has not been published. The level of this resource is unclear at this time

but may include mobilising trained staff, such as public health practitioners and environmental health officers to undertake risk assessment and contact tracing within our local communities and high-risk settings

Local Plans

31. The aim of the Plan is to provide a framework as to how we will work as a system to respond to COVID 19. The objectives of this plan are as follows:

a) To provide the board with an understanding of data sources to manage the outbreak.
b) To reduce transmission of COVID 19, protect the vulnerable and prevent increased demand on healthcare services.
c) To provide consistent advice to settings to prevent the spread of COVID 10.
d) To oversee the test and trace programme for Isle of Wight
e) To coordinate testing across Isle of Wight.
f) To ensure a collaborative and coordinated approach to supporting settings across the Isle of Wight.

32. The plan has seven themes:

I. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).

II. Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).

III. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).

IV. Assessing local and regional contact tracing and infection control capability in complex settings (e.g. identifying specific local complex communities of interest and settings)

V. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).

VI. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.

VII. Establishing governance structures led by existing COVID-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

33. All upper tier local authorities need to develop local outbreak control plans in June ahead of further phases of the national infection control framework.

34. This work is being supported by eleven pilot areas that are rapidly developing best-practices and capturing learning. Local councils outside these areas will be invited to participate in regular engagement and best-practice sharing sessions.

35. A National Outbreak Control Plans Advisory Board will be established to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development.

36. Directors of Public Health will lead the development of Local Outbreak Plans and with Public Health England's local health protection team will lead the work on contact tracing and managing outbreaks in complex settings and situations.

37. The management of local outbreaks is resource-intensive work and so local authorities, through the leadership of their Directors of Public Health and PHE, will work closely together in building capacity of both the local authority public and environmental health teams and the PHE local health protection teams. This will be a key part of delivering the Local Outbreak Control Plans.

Governance

38. Two new local boards will be set up for the Island with key partners to take this forward linking nationally to the Joint Biosecurity Centre, regionally with the LRF, and locally for the best outcomes.

39. The Health Protection Board will have the right expertise and relevant ICP members to take this work forward. It will be responsible for the ongoing development and delivery of the Local Covid-19 Outbreak Control Plan, including:
    - Planning to prevent and respond to local outbreaks in settings such as care homes and educational settings

- Identification and management of other high-risk places, locations and communities of interest
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
- Oversight of contact tracing and infection control capability and capacity in local complex settings and identifying and escalating requirements
- Ensuring local services can support vulnerable people to self-isolate

The Member Led Board will bring local accountability and connection to the local community. Membership to include The Leader, Relevant Executive Members and Opposition Members.

Conclusions

40. The response to Covid-19 pandemic has been through a number of phases and actions. The development of the Outbreak Control plan is the next phase of the management of the pandemic which brings further local leadership to the response

41. The Health and wellbeing impacts of the COVID are wide and complex. The Board should note these and the work underway to ensure these needs are addressed.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
Title	Date
Direct links to specific legislation or Government Directives	
Title	Date
COVID-19 recovery strategy	12 June 2020

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document	Location
None	

EQUALITIES IMPACT ASSESSMENT:

1. **Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionally low.

2. **Equalities Impact Assessment:**

2.1 This paper does not contain any proposals for major service changes which may have an equalities impact other than to improve outcomes and manage the pandemic.