

REPORT TO: Health and Wellbeing Board
DATE: 23 March 2022
REPORTING OFFICER: Dr Ifeoma Onyia, Interim Director of Public Health
PORTFOLIO: Health and Wellbeing
SUBJECT: Living with COVID in Halton
WARDS: All

1.0 PURPOSE OF THE REPORT

To provide an update to the Health and Wellbeing Board on the current situation regarding the Covid Pandemic and highlights the future of managing recovery from and life beyond the COVID-19 pandemic. [Please note that guidance on Covid is changing frequently and the written paper represents a point in time, there may be additional updates presented at the meeting to reflect any subsequent changes to the guidance and regulation.]

2.0 RECOMMENDATION: Health and Wellbeing Board are asked to note the content of the report and generate discussion regarding potential scenarios identified in the paper.

3.0 SUPPORTING INFORMATION

3.1 What does “Living with COVID” mean?

Sars-CoV-2 causes COVID-19. As with all new and emerging infections, the virus will not simply go away but will evolve to eventually become part of the range of pathogens that we are challenged with in everyday life.

Pandemic → Epidemic → Endemic

COVID-19 will become an epidemic; we will continue to see rises in cases and outbreaks at specific times and then ultimately become endemic. Endemic does not mean mild, endemic illness can still be exceptionally severe. It will be present in our populations but more likely to be relatively predictable.

COVID-19 has had impacts on physical, mental and social health and wellbeing, as well as much wider than just health. As set out by the ADPH (Association of Directors of Public Health)

“...Living safely with COVID-19 is an economic good, not just a health good, and that a thriving, sustainable economy is a health good, not just an economic good. Good health and economic success are mutually dependent”

Countries that have been pursuing ‘zero COVID’ policies are likely to find the transition to endemic more difficult than the countries within the UK where a

delay and contain approach has been used. The need to have a healthy economically active workforce after two years of constrained work and lockdowns affecting all sectors is now a driving imperative.

3.2 Path to endemic Covid

The World Health Organisation is clear, that at this present time, the pandemic is not over worldwide though different countries are at different stages along the pathway to endemic.

[COVID-19 Response: Living with COVID-19](#) was published on February 21st 2022. It sets out the government's plan for removing the remaining legal restrictions related to the national COVID-19 response, it is also said to protect people most vulnerable to COVID-19 and maintain resilience.

3.3 Current control measures

COVID-19 remains a very infectious disease, the omicron variant is highly contagious and BA.2 a sub-lineage of Omicron is even more contagious though the evidence does not suggest any worsening of disease impact or vaccine 'escape'. SAGE estimates that a combination of behavioural change such as increased home working, mask wearing, testing, self-isolation have reduced transmission by 20- 40%. Transmission can be expected to increase if behaviours revert rapidly to pre-pandemic norms now that policy has changed. The faster growth of BA.2 may also increase this risk. Variants of more severity are still possible.

Vaccines are very effective at preventing serious illness and mortality but are only partially effective at blocking transmission and are time-limited.

Vaccination programmes do not achieve 100% effectiveness but it remains one of the few tools available to support the reduction in hospitalisations and deaths. Clear pervasive communication to the public on factors that will protect them- with an emphasis on behaviours is required. Emerging research shows that vaccination can provide protection from Long Covid.

The Halton Outbreak Support Team (HOST) has supported about 60 people a month, since August 2021. The team have also made referrals to the VCA for food collection, welfare support and have also made two safeguarding referrals. The team has been supporting workplaces, schools and other settings. The response to COVID-19 remains a dominant work stream for the public health team in partnership with other departments and partners.

3.4 Recent and future developments

There have been very significant and rapid variation in guidance related to the management of COVID-19.

The government's plan for Living with Covid 19 identifies that from 24 February, the Government has:

- Removed the legal requirement to self-isolate following a positive test. Adults and children who test positive will continue to be advised to stay at home and avoid contact with other people.
- No longer asking fully vaccinated close contacts and those under the age of 18 to test daily for 7 days, and remove the legal requirement for close contacts who are not fully vaccinated to self-isolate.
- Ended self-isolation support payments and national funding for practical support.
- Revoked: The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations. Local authorities will continue to manage local outbreaks of COVID-19 in high risk settings as they do with other infectious diseases.

From 24 March, the COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end. People with COVID-19 may still be eligible, subject to the normal conditions of entitlement.

From 1 April, the Government will update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people. This will align with the changes to testing set out later in this chapter.

The Public Health (Control of Disease) Act 1984, is used for preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination. COVID-19 will ultimately become a routine infection for which existing powers to control spread will be utilised as necessary. Enactment of the Public health Act is rarely used as alternative mechanisms are sought to protect populations prior to the need for legal routes. Senior members of the public health directorate are appointed Proper Officers to undertake key function of the Public Health Act.

3.5 Local response to change in policy

As a local authority, we have a continued duty to protect the health of our communities. The public health team will continue to protect the public using a variety of tools including, expert help and advice, outbreak management, commissioning of appropriate services, provision of Infection, Prevention and Control services and providing community outreach and support at a variety of levels.

3.6 Actions to protect Halton population from COVID-19

As already alluded to, basic health protection principles will still need to be applied.

The following will remain available to us, albeit there will need to be a shift to be responsive to any changes

3.6.1 Local Surveillance and data intelligence

The Public Health Evidence and Intelligence team will continue to monitor and collect a range of data from local, regional and national sites in order to identify the likely change in the pattern of COVID-19 infections. The team will work with partner organisations and networks to understand and interpret changes in data.

3.6.2 Targeted testing

While the requirement to test regularly, including with symptoms is being removed as a legal requirement, testing will remain an important part of infection control in a number of settings and workplaces. Care homes, some education and NHS settings will continue routine testing. LFT and symptomatic testing will continue to be free until March 31st after which time LFD tests will be available to purchase for those who choose, and are able, to purchase these. Details are yet to be confirmed

Care homes, Health and Care staff

Staff in the NHS and social care are still required to test and access tests through their usual routes. Reporting test results remains a requirement.

Schools

Staff and children in the majority of schools no longer need to test regularly. However, SEND schools, mainstream schools and colleges with a SEND facility will continue to be required to undertake regular testing for staff and pupils with the result reported online.

Very high risk individuals

Testing for high risk individuals – identified through their GPs will remain a priority. This will enable direct and rapid access to out of hospital antiviral and antibody therapies to prevent worsening of conditions and treatment out of hospital.

Outbreaks

Local Public health Teams will be given access to test kits to support outbreaks and to provide the best advice to bring localised outbreaks amongst populations, or in settings to a rapid end.

3.6.3 Vaccination

Vaccination remains a high priority and is an NHS commissioned and delivered service.

The following vaccination priorities have already been confirmed as part of the NHS vaccination plan: “evergreen” offer – continuation of the offer to any eligible individual of any 1st, 2nd, 3rd or booster dose; Vaccination of 12-15 year

olds- in school and out of school offer; and 4th/5th Booster for people over 75years / or significantly immunocompromised and 1st dose 5-11 years old, both from April

Significant pockets of vaccine hesitancy exist within our community. The vaccination uptake amongst the most at risk and clinically vulnerable groups has been very high but there remain pockets of individuals who are most at risk, and people who will become more at risk over time that we must ensure continue to come forward for vaccination.

The NHS planning guidance requires the vaccination programme to enable surge and increased capacity within 2 weeks, as required in response to new variants, changing epidemiology etc.

3.6.4 Advice, guidance interpretation and support

The Public Health Team will likely receive calls for advice and support at higher volumes as the transition occurs. The team will maintain up to date knowledge of existing guidance as well as support settings and individuals who experience challenge as a result of these changes. The most vulnerable will continue to be supported by the HOST team by signposting and other support. Infection control team's advice and support will also remain a service option.

3.6.5 Supporting NHS partners

The Public Health team will continue to work with primary care, the PCNs and NHS commissioners to support vaccination and to support the development of pathways to enable rapid access to antivirals and other home based treatments for COVID-19. Advice, support and advocacy on reducing health inequalities through delivery will continue.

3.6.6 Flexible, responsive approach

The public health team will maintain a flexible response that is able to meet the needs of an increase in demand such as is likely to occur in relation to predictable increases- autumn/ winter/ vaccination- as well as the emergence of new variants of concern.

3.6.7 Communication

Communication to the public remains an important tool to encourage the desired behaviours that will prevent spreader events, lowering the risk to our most vulnerable residents who are not in settings identified for additional measure. We will continue to work across partner agencies to ensure we send consistent messages across all channels.

3.7 Considerations for the future

There are a number of considerations to make for the future and discussions that need to take place in order to ensure that we can continue to adapt as a council to best protect our populations. These considerations could include:

- Potential for difference in terms of local approaches to protecting local populations and the national policy approach.
- Move from specific Covid regulations to general health and safety legislation places emphasis on settings to identify controls via a risk assessment. These should cover the risk from all other infectious diseases as well as COVID-19.
- There will continue to be members of the community who are considerably more vulnerable to COVID-19 and the impacts of Covid who may need additional and targeted approaches to ensure their safety.
- Unequal vaccine uptake may result in disproportionate long-term impact in some communities
- Long-term disease burden of COVID-19 is unknown.
- Better design of indoor spaces to enhance infection control

There will need to be a greater emphasis on planning and preparedness for future pandemic or large scale epidemic events as part of the design of public and private space and delivery of services.

4.0 POLICY IMPLICATIONS

- 4.1 National guidance and policy direction will impact upon application and development of local policy.

5.0 FINANCIAL IMPLICATIONS

- 5.1 The COVID-19 pandemic has resulted in significant financial impact, in terms of additional demands on existing services, reduced income and most significantly, the cost of responding to, and mitigating against, the impacts of the pandemic. Whilst there has been additional government support to enable the upscaling of responses this will not continue and any additional costs associated with continuing to maintain appropriate levels of preparedness, to respond to the unknown requirements of the epidemic and endemic responses must be considered.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The impacts on children's development and education caused by the pandemic cannot be underestimated. Responding to these needs and preventing any additional impact must be taking in to account to protect our children and future generations.

6.2 Employment, Learning and Skills in Halton

Disruption of education and skills may take some time to recover and the impact that continued disruption from ongoing outbreaks must be considered and mitigated.

6.3 A Healthy Halton

Prevention of infection is a key and basic health protection requirement. Ensuring that we have appropriate mechanisms in place to support our communities to prevent ongoing risk and mitigate against these risk is vital. Inequalities within our population mean that not every member of the Halton community will be equally able to protect themselves and their families against ongoing risks caused by COVID-19.

6.4 A Safer Halton

Keeping the population safe against infection is a key and basic health protection requirement. Ensuring that we have appropriate mechanisms in place to support our communities to prevent ongoing risk and mitigate against these risk is vital.

6.5 Halton's Urban Renewal

The impact of Covid has been strongly felt in terms of the local economy. Protecting our populations to ensure that local communities and businesses a can thrive and maintain economic activities is vital to ensuring ongoing prosperity and growth.

9.0 RISK ANALYSIS

9.1 Additional risk analysis will be required once expected ongoing guidance is available.

10.0 QUALITY AND DIVERSITY ISSUES

10.1 COVID-19 has been shown to have the greatest impact on the most vulnerable members of our communities. Vulnerability to COVID-19 results from many factors including, but not solely as a result of specific protected characteristics. Full assessment of equity and diversity needs to be reflected in all approaches to living with and beyond the COVID-19 pandemic.

11.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

11.1 None under the meaning of the Act.