

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee</b>	<b>Health and Adult Social Care Select Committee (HASC)</b>
<b>Date:</b>	<b>14 September 2020</b>
<b>Title:</b>	<b>Public Health COVID-19 Update</b>
<b>Report From:</b>	<b>Director of Public Health</b>

**Contact name:** Simon Bryant

**Tel:** 02380 383326

**Email:** [Simon.bryant@hants.gov.uk](mailto:Simon.bryant@hants.gov.uk)

#### **Purpose of this Report**

1. The purpose of this report is to provide an update on the state of the pandemic in Hampshire and the public health leadership of the pandemic response.

#### **Recommendation(s)**

1. To note the COVID-19 situation.
2. To note the leadership role of the Public Health Director and function.

#### **The Pandemic Context**

3. 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.
4. 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.
5. 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.

## **Situation in Hampshire**

6. Within Hampshire there has been a steady rise in cases and deaths in line with the national spread and epidemic. As of 5 September 2020, there are 5,385 diagnosed cases in Hampshire with 65 cases in the previous 7 days. The first peak was well managed through social distancing and effective planning. The modelling of the virus suggests further waves of disease may develop during the Autumn and Winter. We are working to manage further waves of disease.
7. 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 supporting key settings affected. 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.
8. 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
9. 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. 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 is key to the effective management of outbreak control plans. Whilst we have a strong leadership role locally many of the assets in regard to testing are nationally led and managed

10. 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.
11. The contact tracing is run by the NHS Test and Trace programme with Public Health England with input from local Directors of Public Health. We are developing our local programme to compliment the national Test and Trace service.
12. 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**

13. 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).
14. On 2 September 2020 the Major Incident was stood down by the Strategic Coordinating Group of the LRF and a transition to the new arrangements for Outbreak Control Planning was further implemented.

### **Outbreak Control Plan**

15. On Friday 22 May 2020, 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. Our plans have been in place from 1 July 2020 and are working well.
16. 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, these plans build on existing health protection plans and powers to identify and contain outbreaks and protect the public's health.
17. The Outbreak plan outlines these measures and powers, working through COVID-19 Health Protection Boards.
18. £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 use of this resource remains unclear at this time but includes mobilising trained staff, communication within our local communities and planning with our high-risk settings
19. The management of local outbreaks is resource-intensive work and so local authorities, through the leadership of their Directors of Public Health and Public Health England, will work closely together in building capacity of both the Local Authority Public and Environmental Health teams and the Public Health England local Health Protection teams. This will be a key part of delivering the Local Outbreak Control Plans.
20. 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-19.
  - d) To oversee the test and trace programme
  - e) To coordinate testing across Hampshire
  - f) To ensure a collaborative and coordinated approach to supporting settings across the County.

## **Governance**

21. Two new local boards have been set up with key partners to take this forward.

22. The Health Protection Board has the right expertise and relevant members to take this work forward; this includes Health and District Councils as well as key officers and the Chief Executive for Hampshire County Council. It is 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 brings local accountability and connection to the local community. Membership is comprised of The Leader, relevant Executive Members and Opposition Members and District Council Leadership.

## **Conclusions**

23. The response to the COVID-19 pandemic has been through a number of phases and actions. The development of the Outbreak Control plan brings the leadership response of the pandemic locally.

24. The Committee is asked to note the update and the work underway to ensure these needs are addressed.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
<a href="#">COVID-19 recovery strategy</a>	12 June 2020

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>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.)</p>	
<u>Document</u>	<u>Location</u>
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 disproportionately 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.

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