

Health and Well-Being Board



Report subject	Update on the local outbreak management plan
Meeting date	17 June 2021
Status	Public
Executive summary	The BCP Council Health and Wellbeing Board approved the refreshed Local Outbreak Management Plan at its March 2021 Meeting. The Board continues to support local outbreak management by regularly meeting as an outbreak engagement board to consider current communications and engagement activity in the context of the local COVID-19 situation. This report provides an update on current actions under the plan.
Recommendations	This report is for noting.
Reason for recommendations	To update the Board on the Plan.
Portfolio Holder(s):	Cllr Nicola Greene, Portfolio Holder for Portfolio Holder for Covid Resilience, Public Health and Education
Corporate Director	Jan Thurgood Corporate Director Adult Social Care, BCP Council Sam Crowe, Director of Public Health, BCP Council
Contributors	Sam Crowe, Jane Horne, Sarah Longdon
Wards	All
Classification	For information

Background

1. The BCP Council Health and Well-Being Board oversees the development and delivery of the local outbreak management plan for COVID-19, as well as providing leadership to the communications and engagement function for COVID-19 through the Local Outbreak Engagement Board.
2. A refreshed Local Outbreak Management Plan was published in March 2021, and the Health and Wellbeing Board approved the plan at its 18 March meeting. At the time of publication, the Government was publishing its updated Contain strategy, including a new Roadmap to outline how and when England would ease out of COVID-19 restrictions as infection rates began to fall.
3. This report provides Health and Wellbeing Board members with a short update on the current situation with COVID-19, and the response that is continuing under the refreshed local outbreak management plan. Because the refreshed plan set out 4 priorities to be delivered through the ongoing work of the health protection board, the report will use these priorities to structure the current position and outlook.

Current position

4. Priority 1: bring infection rates down as low as possible and maintain them.
Weekly infection rates have remained below 25 cases per 100,000 population in the BCP Council area since 18 March 2021 and are currently below 10 cases per 100,000. The number of outbreaks and incidents has fallen to its lowest level since the start of the pandemic. This relatively stable position has continued for more than two months and is similar in other councils in SW England. However, over the past 2 weeks the England infection rate has started to rise, partly due to increasing infection rates in other regions linked with the Delta Variant of Concern, B.1.617.2 which is becoming the dominant strain of coronavirus in England.
5. Priority 2: Surveillance of transmission including for Variants of Concern (VOCs) must be optimal. The EpiCell that was stood up early in the pandemic to provide weekly situation intelligence for COVID-19 continues to report weekly. In addition the work on a local short term forecast model continues, supported by system partners. Intelligence on surveillance of Variants has also improved in the past few months. Public Health England now provides a weekly regional summary of all VOCs, shared with Directors of Public Health. The confidential line list of cases provided to DsPH also now contains information on the presence of S-gene or S-gene target failure – both proxy markers of the main variants currently in the country, Kent, or Alpha, B.1.1.7, and Delta (formerly known colloquially as Indian 02 variant, B.1.617.2). As well as enhanced surveillance for VOCs both Councils have surge testing plans in place and an emergency response pathway should the need to stand up rapid testing in any of our communities arise.

6. Priority 3: Contact tracing and isolation needs to work, with a clear testing strategy. BCP Council has developed an effective contact tracing operation and has progressively taken on more direct contact tracing under a scheme called Local Zero. This means the local team are able to access information on cases and contacts with almost no delay, and often make the first contact rather than waiting for NHS Test and Trace to try and reach contacts on the system. As there are now many fewer cases and contacts, the team is successful in reaching almost all of the contacts, using a combination of emails, text messages and phone calls. Testing capacity remains high locally, and there is a combination of community testing for asymptomatic COVID-19, using assisted lateral flow tests, and PCR testing for people who have symptoms of COVID-19 or who have tested positive on lateral flow and need a confirmatory test. Testing positivity rates are very low due to the low infection rates. There has also been a fall in demand for assisted testing now that people are able to order tests by post or pick up from a collection site. For this reason the community asymptomatic testing programme is being reshaped to replace many of the static sites with mobile asymptomatic testing from the end of June onwards. Public Health Dorset will continue to promote regular asymptomatic testing through the summer, as we aim to maintain vigilance for asymptomatic transmission. Regular testing is one way of ensuring we can identify COVID-19 as early as possible and act to break transmission through isolation of contacts and cases.
7. Priority 4: Local vaccination must continue to be delivered effectively and equitably. The vaccination programme in Dorset is progressing extremely well, with more than 85% of age groups older than 50 years having received their first dose, and around half of 30-39 year olds vaccinated with one dose – the current focus of local efforts. In addition, 75% of those eligible for second doses have now been vaccinated – with a current big push on offering 50-59 year olds their second dose. The biggest challenge over the next few weeks will be ensuring that the coverage remains as equitable as possible. There are currently some differences in uptake emerging when analysed by primary care network – with slightly lower uptake among people living in areas with higher deprivation scores compared with the least deprived areas. Partly this is due to age (more deprived areas are more likely to have a younger population) but even comparing rates in older cohorts, there is still around an 11% difference in the proportion unvaccinated between most and least deprived areas (over 50s and clinically vulnerable). Work is underway via the Health Inequalities Group to support the vaccine delivery group with insights-led communications to overcome some of the barriers to uptake stemming from a lack of confidence in its safety and efficacy. Primary care also continues to plan additional capacity, including pop up clinics for people in areas with poorer uptake.

Forward look, key risks and issues

8. All of the national modelling is forecasting increases in infection rates as the country progresses through the final stages of the roadmap. The decision on

whether to move to the final stage of opening up on 21st June, is expected on 14 June. At this moment, it is difficult to predict how the decision will go as a number of public health advisors are recommending caution because of the increase in cases of Delta variant in parts of England. The infection rate has also begun to rise in secondary school-aged children at a national level, although there are still relatively few local incidents and outbreaks in local schools. Any local increase in hospital occupancy linked with increasing infection rates is likely to begin to be seen from 1 June onwards, picking up in July. EpiCell will continue to monitor the situation on a weekly basis. The progress with vaccination is the main mitigation measure, and we are on track to meet the national target of vaccinating all eligible groups by the end of July.

9. The main risks during the summer period will be the risk of importing cases of Delta variant, either linked with international travel, but also as the number of domestic summer visitors rises in the holiday period. Extensive planning supported by use of the Contain Outbreak Management Fund has meant that BCP Council is better prepared to deal with the forecast increase in visitor numbers, with an emphasis on supporting people to enjoy the summer here safely. In addition, BCP Council has developed plans to deploy surge testing should it be needed quickly in response to new variants.
10. There is also an ongoing risk of fatigue from COVID-19. This is fatigue among the public, who have become less engaged with communications messaging in recent weeks about COVID-19 measures, and are undertaking less asymptomatic testing. And fatigue among public sector workers who have been involved in providing a response for well over a year now. The public health team continues to provide a day response team to handle incidents and outbreaks, as well as out of hours consultant cover. To ensure resilience going forwards, a number of fixed term roles are being advertised to ensure the capacity to continue to respond is in place, funded from the Contain outbreak management fund. Appendix A shows how the fund has been used in the past financial year to support local efforts to control outbreaks and promote COVID-19 resilience.

Summary of financial implications

11. The Local outbreak management plan delivery is supported by use of the non-recurrent Contain Outbreak Management Fund. Appendix A sets out how the fund has been used for the financial year 2020/21, in line with the grant conditions.
12. There are also ongoing financial costs to the public health shared service arising from COVID-19 which are likely to be met from reserves. This includes needing to fund an element of some fixed term roles, where these extend beyond the financial year 21/22.

Summary of legal implications

13. Councils have a legal duty to improve the health and wellbeing of their residents, and reduce inequalities in health between different areas within their Council. The Director of Public Health is responsible for ensuring the health and wellbeing of local residents through a range of statutory functions. Health protection is a statutory responsibility of Public Health England. However, because of the emergency nature of the pandemic, local public health teams in Councils have been fulfilling this statutory role, working closely with PHE, and based on delivery of strong local outbreak management plans.
14. This report shows how BCP Council is fulfilling its legal duties by continuing to protect the local population from COVID-19 infection.

Summary of human resources implications

15. The continued success of a strong local outbreak management function is only possible through having a resilient, skilled and dedicated workforce. This report outlines the steps the public health team is taking to ensure continued resilience through developing a number of fixed term roles to bolster the team.

Summary of environmental impact

16. No direct impacts.

Summary of public health implications

17. Being able to continue to provide strong local outbreak management is essential to the continued protection of the public's health from COVID-19 infection. This report shows how the four priorities under the refreshed plan are being met locally, and ongoing risks managed.

Summary of equality implications

18. Addressing issues of inequality and deprivation and ensuring equality duties are fully enacted are central to the ongoing success of the vaccination programme, ensuring coverage is as high as possible in our communities.

Summary of risk assessment

19. There is an ongoing risk of further increases in the COVID-19 infection rate, some of which is related to factors outside of the control of those working to deliver the local outbreak management plan (further loosening of measures, international travel). However, this paper has set out a number of risks where mitigating actions are underway, including ongoing risk of fatigue to public health teams, the risk of unvaccinated populations leading to infection rate rises, and risks arising from increasing numbers of visitors to BCP Council over the summer. The ongoing risks are likely to present a medium chance of further infections and deaths from COVID-19 at the current time.

Background papers

BCP and Dorset Council COVID-19 Local Outbreak Management Plan (Refresh, March 2021)

Appendices

Appendix A – Summary of how the Contain outbreak management fund has been used in 2020/21.

**Test and Trace Grant, and Contain Outbreak Management Fund for BCP
Council
Summary of funding for financial year 2020/21**

During the pandemic Government provided funding to Councils under the Contain strategy to support the development and delivery of local outbreak management plans. Plans set out how local government would respond to COVID-19 in their communities, setting out the end to end outbreak management and response. Funding was provided under two Grants – the Test and Trace Grant (TTG) and Contain Outbreak Management Fund (COMF).

The table below shows the total amount received for each grant, the total of schemes approved, and the amount spent up to 31 March 2021.

T&T and COMF allocation summary BCP 20/21 Year-end	
	£
Test and Trace	(1,808,624.00)
Contained Outbreak Management Fund	(9,120,850.93)
Total Grants received	(10,929,474.93)
Test and Trace	840,532.00
Contained Outbreak Management Fund	7,303,537.48
Total approved schemes	8,144,069.48
Spend as at 31st March	2,896,260.33
Approved remaining to spend	5,247,809.15
Total grants remaining for approval	(2,785,405.45)

Grant conditions

MHCLG wrote to Councils setting out the grant conditions for use of funds during the financial year 2020-21. These are set out below.

Test & Trace Grant

The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

COMF Grant

This was paid on a per capita amount depending on the severity of local outbreaks, and the time spent under local restrictions during the tier system. Financial support for Local Authorities at Local COVID Alert Level Medium and High is to fund the following activities:

- a. Targeted testing for hard-to-reach groups out of scope of other testing programmes.
Additional contact tracing.

- b. Enhanced communication and marketing e.g. towards hard-to-reach groups and other localised messaging.
- c. Delivery of essentials for those in self-isolation.
- d. Targeted interventions for specific sections of the local community and workplaces.
- e. Harnessing capacity within local sectors (voluntary, academic, commercial).
- f. Extension/introduction of specialist support (behavioural science, bespoke comms).
- g. Additional resource for compliance with, and enforcement of, restrictions and guidance.

Financial support for Local Authorities at Local COVID Alert Level Very High has a broader scope, to support local economies and public health. Activities expected such as (this list is not exhaustive):

- h. Measures to support the continued functioning of commercial areas and their compliance with public health guidance.
- i. Funding Military Aid to the Civil Authorities (marginal costs only) .
- j. Targeted support for school/university outbreaks.
- k. Community-based support for those disproportionately impacted such as the BAME population.
- l. Support for engagement and analysis of regional areas to assess and learn from local initiatives.
- m. Providing initial support, as needed, to vulnerable people classed as clinically extremely vulnerable who are following tier 3 guidance.
- n. Support for rough sleepers.

The Department of Health has confirmed in correspondence that Local Authorities are best placed to determine how to use their COMF allocation to meet the needs in their communities, within the guidelines set out above, including how the funding can support a smooth de-escalation in their local area through the roadmap stages. This will ensure that we can continue to progress at the same pace nationally through the steps of exiting lockdown, protecting citizens, our health care systems, and the economy.

The specific public health activities that can be funded from the COMF are left to the judgement of LAs in conjunction with their directors of public health.

We have updated the local outbreak management plan for Dorset, and COMF funding is designed to support delivery of the objectives set out in these plans.

A further payment for 2021/22 financial year was received in April. Updated guidance and grant conditions were recently published. The grant payment is dependent on councils submitting regular returns for monitoring purposes during the previous year. In addition, the criteria have been amended slightly to make clear that the purpose of the funding is to support local areas to ensure cases remain low as we progress through the spring roadmap.

We have established a robust process to approve and monitor the schemes, to ensure they meet the criteria and are spent accordingly. This is co-ordinated by the public health team on behalf of the Health Protection Board and overseen by the director of public health. BCP's internal audit team have reviewed the process and records and have given a green 'reasonable assurance' rating.

We submit a monthly monitoring report to DHSC in line with national requirements.

Appendix A

The table below schemes approved from the Test and Trace grant

Test and Trace Grant allocation summary 2020/21			
		£	
Total Grant received		(1,808,624.00)	
Ref	Activity	£	Approval by CIMT
TTG1	Together we can legacy manager post 50% funding	52,992.00	20/07/2020
TTG2	Testing resources 1/10/20-30/9/21	72,494.00	26/10/2020
TTG3	Programme manager	26,465.00	26/10/2020
TTG4	Regulatory services	179,000.00	30/10/2020
TTG6	Housing manager	60,000.00	05/10/2020
TTG7	Trusted voices engagement leads	10,000.00	26/10/2020
TTG8	Local COVID-19 health protection rota costs	11,500.00	09/11/2020
TTG10	Comms support in BCP	24,000.00	26/10/2020
TTG13	5% overheads BCP	90,431.00	26/10/2020
TTG14	Young people's campaign	15,000.00	09/11/2020
TTG15	On call comms covering weekends for 6 months DC	6,000.00	09/11/2020
TTG16	Comms backfill in Public Health	20,000.00	09/11/2020
TTG17	Bespoke resources for trusted voices /other activities	10,000.00	14/12/2020
TTG18	Project management for lateral flow testing	9,650.00	14/12/2020
TTG19	Various costs for testing cell	1,000.00	14/12/2020
TTG20	Pre-Christmas communications	2,000.00	14/12/2020
TTG21	Public health resources	215,000.00	11/01/2021
TTG22	Drugs & alcohol support	15,000.00	11/01/2021
TTG24	Public Health Day response team	20,000.00	15/02/2021
Total approved schemes		840,532.00	
Spend as at 31st March		503,205.79	31/03/2021
Approved remaining to spend		337,326.21	
Total grant remaining to approve		(968,092.00)	

Appendix A

The table below shows the schemes approved from the Contain Outbreak Management fund

Contain Outbreak Management Fund allocation summary 2020/21				
Total Grant received		£		
		(9,120,850.93)		
Ref	Activity	£	Decision	Date
COMF02	Local contract tracing partnership	153,077.00	CIMT	12/12/2020
COMF04	Postcard to households	70,000.00	CIMT	08/01/2021
COMF05	Port of Poole haulier testing £1k per day January	17,300.00	CIMT	04/01/2021
COMF06	Lateral flow testing for key council staff	370,000.00	CIMT	13/01/2021
COMF07	Behavioural insights work SW plan	17,206.50	CIMT	25/01/2021
COMF08	Rule breaking communications	25,000.00	CIMT	25/01/2021
COMF13	Connected communities co-ordinators posts x 3	105,000.00	CIMT	08/02/2021
COMF14	Promenade social distancing - sand clearance	70,000.00	CIMT	01/02/2021
COMF16	Citizens Advice mobile outreach vehicle	55,000.00	CIMT	08/02/2021
COMF18	Support with transportation to vaccinations for priority residents	13,000.00	CIMT	08/02/2021
COMF22	Best start in life phase 1	125,000.00	CIMT	15/02/2021
COMF24	Business support officers x 3	55,000.00	CIMT	01/03/2021
COMF25	Covid marshals	262,000.00	CIMT	01/03/2021
COMF26	Communications capacity	25,000.00	CIMT	08/03/2021
COMF29	Housing isolation case	1,000.00	Officer	16/03/2021
COMF30	Regulatory services enforcement programme	62,535.00	CIMT	29/03/2021
COMF31	PPE for highways, parks and bereavement	43,000.00	CIMT	29/03/2021
COMF32	Emergency welfare grants (communities)	20,000.00	CIMT	29/03/2021
COMF33	Security for temporary housing for homeless	578,000.00	CIMT	29/03/2021
COMF34	Security patrols waste services	50,000.00	CIMT	29/03/2021
COMF35	Security patrols in community	5,000.00	CIMT	29/03/2021
COMF36	Corporate communications and marketing	9,234.00	CIMT	29/03/2021
COMF37	Customers services	30,467.00	CIMT	29/03/2021
COMF38	PPE	330,000.00	CIMT	29/03/2021
COMF39	Homelessness support for accommodation, security & support worker costs	350,000.00	CIMT	29/03/2021
COMF40	Car park management	137,000.00	CIMT	29/03/2021
COMF41	Car park management - Purchase of no waiting cones	10,000.00	CIMT	29/03/2021
COMF42	Traffic Control room	15,000.00	CIMT	29/03/2021
COMF43	Sandbanks ferry measures	31,000.00	CIMT	29/03/2021
COMF44	Security & enforcement patrols	286,000.00	CIMT	29/03/2021
COMF45	Seafront additional seasonal staffing	107,000.00	CIMT	29/03/2021
COMF46	Signage	60,000.00	CIMT	29/03/2021
COMF47	Seafront additional first aid cover	25,000.00	CIMT	29/03/2021
COMF48	Equipment	30,000.00	CIMT	29/03/2021
COMF49	Communications management	50,000.00	CIMT	29/03/2021
COMF50	Replacement of seafront litter bins	38,000.00	Officer	12/03/2021
COMF51	Leave only footprints and recycling artwork for each bin	3,495.00	Officer	12/03/2021
COMF52	Third party public cleaning company for open spaces	60,000.00	Officer	12/03/2021

Appendix A

Ref	Activity	£	Decision	Date
COMF53	2 night supervisors at Nuffield site to facilitate tipping	27,000.00	Officer	12/03/2021
COMF54	Increase household waste recycling centre and waste transfer station staffing levels	32,186.00	Officer	12/03/2021
COMF55	Employ traffic CSAS staff to work at recycling centres	58,716.00	Officer	12/03/2021
COMF56	Additional communications messaging required for live updates	25,000.00	Officer	12/03/2021
COMF57	Traffic management officers to cover 8 key sites	315,000.00	Officer	12/03/2021
COMF58	Park and ride for 350 vehicles	112,000.00	Officer	12/03/2021
COMF59	Additional CEO supervisory to support team	50,000.00	Officer	12/03/2021
COMF60	Beach app rapid development to include parking locations	30,000.00	Officer	12/03/2021
COMF61	Security patrols at the beaches on estimated 60 busy days in the summer	80,284.00	Officer	12/03/2021
COMF62	3 Full time data analysts	90,000.00	Officer	12/03/2021
COMF63	Command Structure Lead officer fill /overtime	110,000.00	Officer	12/03/2021
COMF64	Public Toilets - increase in toilet provision	20,000.00	Officer	12/03/2021
COMF65	Private site increase in opening hours (toilets)	15,000.00	Officer	12/03/2021
COMF66	Additional cleansing (toilets)	60,000.00	Officer	12/03/2021
COMF67	Covid compliance and out of hours noise officers x 2	80,000.00	Officer	12/03/2021
COMF68	Additional Covid marshals at train stations and ferry	65,520.00	Officer	12/03/2021
COMF69	Drones for use on key busy days including staff training allowance	77,000.00	Officer	12/03/2021
COMF70	Contingency on core costs in case of significant increase in demand	170,320.00	Officer	12/03/2021
COMF71	Health protection / day response team	404,000.00	Officer	29/03/2021
COMF72	Data science capability	170,000.00	Officer	29/03/2021
COMF74	Enhanced contact tracing	137,242.00	Officer	29/03/2021
COMF75	Communications, trusted voices, behavioural	173,000.00	Officer	29/03/2021
COMF91	Insights	9,000.00	Officer	09/04/2021
COMF92	Customer contact telephony	422,000.00	Officer	19/04/2021
COMF93	Homelessness accommodation	599,000.00	Officer	19/04/2021
COMF94	Resettlement officers	22,000.00	Officer	19/04/2021
COMF95	Cleaning of accommodation	25,000.00	Officer	19/04/2021
COMF96	Children Services	26,000.00	Officer	19/04/2021
COMF97	Administration costs 5%	113,954.98	Officer	19/04/2021
COMF98	Rough sleeper locker project	40,000.00	Officer	23/04/2021
COMF99	Mental health worker	50,000.00	Officer	23/04/2021
Total approved schemes		7,303,537.48		
Spend as at 31st March		2,393,054.54		31/03/2021
Approved remaining to spend		4,910,482.94		
Total grant remaining to approve		(1,817,313.45)		