Portsmouth CITY COUNCIL

Report to:	Cabinet Member for Health, Wellbeing and Social Care
Subject:	COVID-19 Briefing
Date of meeting:	7 July 2020
Report from:	Helen Atkinson - Director of Public Health
Report by:	Helen Atkinson and Matt Gummerson
Wards affected:	All
Key decision:	No
Full Council decision:	No
Key decision:	For information

---

1. Purpose of report

1.1 To brief the Cabinet Member for Health, Wellbeing and Social Care meeting on the work led by public health on the Covid-19 initial response in Portsmouth, current plans in place, including current insight data, and the local governance arrangements in place for the next stage of the response for Test and Trace, Outbreak Plans and the Health Protection Board and Member Led Engagement Board.

2. Background

2.1. Public Health Leadership within the Portsmouth City Council corporate response and the HIOW Local Resilience Forum

Early in the pandemic response, we ensured that we were maintaining our statutory responsibilities and PH service delivery as well as supporting the council around specialist advice for preventing the spread of infection. This work included providing advice and interpretation of the national guidance into HR plans for staff including use of PPE, social distancing, resident home visits, volunteering and infection control in care homes, schools, sheltered housing and our homeless accommodation. PH set up a daily rota to reply to queries that came in from the HR team and other senior managers in the council via our generic emails address. PH also supported, via our Communications lead, much of the internal and external facing communication messages on our intranet and internet sites.

2.2. The three Directors of Public Health (DPHs) for Portsmouth, Southampton, Hampshire and the IOW have played a senior leadership role within the COVID-19

Local Resilience Forum (LRF) response as the local specialists for infectious disease pandemics. We have each taken a lead for specific areas of the response within the LRF. Simon Bryant (HIOW DPH) has led the work for preventing the spread of infection as the Strategic Coordinating Group (SCG) Deputy Chair; Debbie Chase (Southampton DPH) has led the work of the LRF Modelling Cell and Helen Atkinson (Portsmouth DPH) has led on the PH in-put to the Health and Social Care Cell and specialist PH advice, including the recovery timeline, to the Recovery Coordinating Group RCG) chaired by our Chief Executive, David Williams. The DPHs and their teams have worked closely together to ensure a networked response to COVID-19 across HIOW as well as taking a lead role in their individual local authority response.

2.3. The Public Health Team in Portsmouth City Council are core members of several of the groups and provide specialist in-put to the work of the LRF response to the pandemic. Please find below details of which groups we have been supporting:

- Helen Atkinson, DPH - Member of the Strategic Coordinating Group; the Recovery Coordinating Group, the Modelling cell, chairing the Recovery Intelligence Cell and member of the Health and Social Care Cell.
- Fiona Wright, Consultant in Public Health (CPH) - The Tactical Coordinating Group (TCG); protecting our Most Vulnerable Residents group and co-chairing the Portsmouth Mental Health Alliance.
- Dominique Le Touze, CPH - The Portsmouth City Council GOLD Business Continuity Group and the Preventing Spread of Infection Group.
- Matt Gummerson, Strategic Lead for Intelligence - The Recovery Coordinating Group, the Modelling cell, GOLD Business Continuity Group and the Recovery Intelligence Cell.
- Alan Knobel, PH Development Manager - Covid-19 Homelessness work-stream and the PCC Homeless Management Group
- Cheryl Scott, PH Communications Lead - LRF Media Cell.

2.4. PH are also involved in regional and national work as members of the Association of Directors of Public Health (ADPH). To mention two examples of this work - the SE ADASS Recovery Reference Group and the DHSC Whole Care Home Testing Task and Finish Group.

The SE ADASS Recovery Reference Group was set up to support the work on recovery that all DPHs in the region are currently involved with. We are all looking at the evidence from other pandemics and current response from other parts of the world to identify opportunities for learning during recovery. To reduce duplication and save on scarce PH resource we are undertaking this work together across the South East. Emma Richards, Specialist Registrar in PH, and Matt Gummerson, Strategic Lead for PH Intelligence at PCC are taking the lead on the literature review work for the whole region. The aim of the group is to:-

- identify issues relating to whole population health and wellbeing for consideration in the recovery phase of COVID 19

- set out a whole systems approach to health and wellbeing recovery based on available evidence and learning from previous pandemics, disasters and emergencies
- collate / generate resources that PH teams can use to feed in to their local recovery plans/systems which will all be different

Whole Care Home Testing - in mid-May the Minister of State for Care, Helen Whately MP announced whole care home testing across the sector. In a letter to local Directors of Public Health and Directors of Adult Social Services, she asked them to lead work with local NHS providers and PHE Regional Directors to ensure that testing of staff and residents in care settings is joined up. This program, along with the Test and Trace program will allow us to get a better understanding of where our local community infection 'hot spots' and outbreaks are so that we can direct effective prevention measure to reduce the spread of infection.

2.5 Public Health Intelligence and COVID-19

Public Health Portsmouth has worked in partnership with colleagues across Hampshire and the Isle of Wight (HIOW) to develop a range of Covid-19 Intelligence products that are being used to inform the local response and recovery efforts.

Modelling - Coronavirus is a newly emergent virus and much remains to be understood about COVID-19 transmission dynamics. Its precise impact on individuals is not fully known. Through the Local Resilience Forum (LRF) Modelling Cell, we aim to distil the emerging evidence and try to infer from that to what it may mean for us and the impact on our area for capacity and demand planning.
Our model adopts a public health approach to modelling infectious diseases. It uses the epidemiological evidence that we know of COVID-19 and simulates infection spread through a population. Population age structure, density and household composition are strong determinants of how infection spreads, so every area is different. So far, our model has been successful in predicting COVID-19 rates for the LRF, and we continue to adapt the model as new evidence becomes available. Our next step is to model different scenarios in response to the relaxation of lockdown restrictions and identify potential early warnings in the local system.

Portsmouth Gold Dashboard - As well as data and analysis at LRF level, we have produced a local dashboard for GOLD that highlights key information about the progression of COVID-19 in Portsmouth. An updated Dashboard (Appendix 1) is presented weekly to GOLD, summarising key data into charts covering:

- Infection rates for Portsmouth, HIOW authorities and comparators
- Epidemiological care of Portsmouth new cases
- Deaths in Portsmouth Hospitals NHS Trust from COVID-19
- Excess deaths each week in Portsmouth compared to previous weekly averages

Recovery timelines - Public Health Intelligence supports the LRF Recovery Coordinating Group through the Recovery Intelligence Cell. We provide advice and information on potential timelines and emerging challenges and opportunities for the next phases of the response to, and recovery from, COVID-19. This includes analysing national policy, local sector intelligence, and wider evidence on recovery. A summary slide of the latest assumptions on Recovery timelines is attached as Appendix 2.

Additional information and analysis - We continue to respond to local demand for new information and analysis around COVID-19 e.g. working closely with Adult Social Care and the Clinical Commissioning Group to provide an intelligence-led approach to the challenges in the local care sector.

3. Next phase of the COVID-19 response including Test and Trace, local outbreak plans and local health protection and engagement boards.

3.1 On Friday 22nd 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 a Member-led Covid-19 Engagement Board for each upper tier Local Authority to communicate with the general public, supported by an Officer-led Health Protection Board connected into existing Local Resilience Forum command structures (PCC GOLD). A £300m funding offer to upper tier Local Authorities accompanied this announcement, though individual allocations.

3.2 Work is continuing on the design of the national test and trace programme, which was launched on Tuesday 26th May. This will form a central part of the government's Covid-19 recovery strategy. The primary objectives of the national test and trace programme, and our local programme including the 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.

3.3 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 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 and to develop and action their plans to reduce the spread of the virus in their area.

3.4 Building on the statutory role of Directors of Public Health (DPHs) at the upper tier local authority level, and working with Public Health England's (PHE) local health protection teams (HPTs), 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. Local DPHs 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.

3.5 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.

4. Local Outbreak Plans

4.1 Government guidance requires that local plans should be centred on 7 themes:

- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
- 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).
- 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).
- Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
- 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).
- 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.
- 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 public.

4.2 All upper tier local authorities need to develop local outbreak control plans in June ahead of further phases of the national infection control framework. This work is being supported by eleven pilot areas (Surrey in the SE) 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 provided by the LGA and ADPH.

4.3 A National Outbreak Control Plans Advisory Board will be established, led by Tom Riordan, CEO Leeds City Council, 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. The local plans, linked with the work of the Joint Biosecurity Council, will be at the heart of the next phase of the response.

4.4 DPHs will lead the development of Local Outbreak Plans and work with PHE local HPTs to lead the work on contact tracing and managing outbreaks in complex settings and situations. HPTs will lead at centre level and DPHs will lead within their Authorities. This is described as Level 1, which is delivered with partners at local levels. The management of local outbreaks is resource intensive work and so local authorities through the leadership of their DPHs and PHE will work closely together in building capacity of both the local authority teams and the PHE local HPTs, which will be a key part of the Local Outbreak Control Plans.

5. Test and Trace - contact tracing

5.1 The national approach to contact tracing has been highly iterative and remains so, however, is proposed to include two main elements:

- **Covid 19 App:** This is an innovative, but largely untested approach to using technology to support people to identify when they are symptomatic, order swab tests, and send tailored and targeted alerts to other app users who have had close contact. Even when operational, this feature of the national model will be insufficient as a standalone approach due to limitations in terms of reach and functionality. The NHSX app will no longer go forward but government are working with Apple/Google to develop an App that will be in place by the autumn.

- **National Contact Tracing Service (NCTS):** This incorporates a significant scaling up of the tried and tested contact tracing approach and has 3 proposed tiers:
  Tier 3: A new cohort (c.25, 000) of contact tracing call handlers based within a national call handling centre providing phone-based contact tracing (PBCT);
  Tier 2: A significantly increased cohort (c.3, 000) of trained contact tracing Specialists providing phone-based contact tracing (PBCT) to be recruited through a national recruitment approach;
  Tier 1b: A regionalised network, including sub-regional and localised delivery providing contact tracing, consequence management and support in relation to complex settings, cohorts and individuals / households.
  Tier 1a: A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

5.2 Tier 1b will have 3 primary functions:

1. Complex Contact Tracing with:

- Potentially complex settings (for example: Special Schools, Homeless Accommodation; DV refuges; Police Stations; HMO's; Day Centre Provision; NHS Settings; Social Care settings; Statutory Service HQ's; residential children's homes)
- Potentially complex cohorts (for example: rough sleepers; faith communities, asylum seekers)
- Potentially complex individuals and households (for example: Clinically shielded; Learning Disability; diagnosed Mental Illness; Rough Sleepers; Victims of Domestic Abuse; complex social-economic circumstances)

2. Providing direct support to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links into locality hub pathways for our shielded and vulnerable cohorts.

3. Consequence management as a result of managing an outbreak in a complex setting or within a complex cohort.

6. The role of the Local Resilience Forum

6.1 The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and control of transmission of COVID-19. An LRF may often cover multiple local authority areas and at a local level, the relationship between each local authority and the SCG needs to be agreed and understood by stakeholders. In this respect, the SCG will add value to co-ordination and oversight across larger geographical footprints. Local areas are best left to determine how these arrangements will work.

7. The role of the Integrated Care System (ICS)

7.1 Just as the Public Health "system within a system" is necessary to a strong Local Outbreak Plan, so the Capabilities of the whole system, including the ICS, will be crucial to preventing and managing Outbreaks. Both are necessary parts of a system. A good local Outbreak Plan will:

1. Have a clear role for the Strategic Co-ordinating Group in deploying and aligning multi-agency capabilities in furtherance of the Plan
2. Ensure that agencies play to their strengths and capabilities and do not try to do the roles of others with specific statutory responsibilities or more suited to a specific role
3. Ensure the capabilities needed from all agencies, from analysts and data specialists to clinicians, local authority, NHS, police and voluntary sector functions are harnessed for appropriate roles ranging from supporting those self-isolating to the use of legal powers where needed.

4. Ensure NHS infection control capabilities will deliver clinical leadership fully playing their part in supporting the leadership of the Director of Public Health in NHS and Care settings, and the ICS and NHS organisations will facilitate this

8. Recommended terms of reference and membership of the Local Health Protection Board

8.1 The Local Health Protection Board will be an operational group that will develop and be responsible for the ongoing implementation of the Local Outbreak Plan. It is recommended that as a minimum, this group includes:

Director of Public Health (PCC) - Chair

Assistant Director - Regulatory Services, PCC (and Deputy Chair)

Representative from PCC communications

Assistant Director - Adult Social Care (care homes a key focus of Local Outbreak Plans)

Deputy Director of Children, Families and Education - Education (schools a key focus of Local Outbreak Plans)

Emergency Planning and Resilience Representative

PHE - link to wider health protection structures

Housing (appropriate representation to pick up homeless and sheltered housing as both groups are a focus of the Local Outbreak Plans)

Culture and Leisure (link to high-risk locations or events)

The HIVE (Supporting local vulnerable people to self-isolate)

PCC finance (to support resource allocation)

CCG - Infection control specialism

Portsmouth Hospitals Trust

Solent NHS

8.2 It is recommended that the Board meets at least weekly in the immediate phase to drive the development of the plan. There will be scope for extraordinary meetings if required.

9. Recommended terms of reference and membership of the Local Engagement Board

9.1 The Local Engagement Board will provide strategic oversight for the Health Protection Board and the development of the Local Outbreak Plan. Guidance envisages that this oversight is provided through the Health and Wellbeing Board, in its statutory role as bringing local system partners together. It is recommended that in Portsmouth, the Local Engagement Board is established as a sub-committee of the Health and Wellbeing Board, as the full board has a wide membership and only

meets quarterly. A sub-committee can have a focused membership and be more responsive to immediate need of the Health Protection Board.

9.2 It is recommended that the membership of the Board is balanced to be composed half of elected members, and half of other membership, with the elected membership representing political proportionality. It is therefore recommended that the membership is:

Cabinet Member for Health, Care and Wellbeing (PCC) - Chair

Five elected members (1 Liberal Democrat, 2 Conservatives, 1 Labour and 1 Progressive Portsmouth Party)

Director of Public Health

Accountable Officer (PCCG)

Healthwatch

The Hive

Two additional members drawn from Business and Education

9.3 It is recommended that the Local Engagement Board sub-committee be established formally through the Health and Wellbeing Board meeting on 17th June, and meets monthly. There will be scope for extraordinary meetings if required.

10. Summary structure

10.1 In summary, the reporting structure can be summarised as below: