
Health and Adult Social Care Policy & Scrutiny Committee

20 April 2022

Report of the Directors of Public Health

The City's response to Covid

Summary

1. The first case of covid-19 was confirmed in York on 31 January 2020. Not only was this the first case in York, but the first case in the UK. From the point of the first case being identified, much of the response has been led nationally by the Government, with expert advice provided from a range of experts through the Chief Medical and Chief Scientific Officers.
2. As a country we have been through periods of national lockdowns, whereby non-essential businesses and schools have been closed, and our social movements have been restricted. We have had tiered approaches, where the restrictions have been tailored depending on infection rates and impact on health services in a geographic area. From 1 April 2022, over two years on from the first case, we have now moved onto the next stage of 'living with covid'. This signals the end of the outbreak response at a local government level, and sees covid being managed like any other infectious disease. This does not mean that the pandemic is over, and certainly at the point when this report was written, covid is having a significant impact on our local NHS services, care services, as well as the wider community in York.
3. This report sets out some of the key responses to the pandemic over the last two years and the local response going forward as it currently stands. However, it should be noted that at any point things could change and the outbreak response could be stood up again. The things that would be likely to lead to a change in national direction and a standing up of a local response are:
 - An increase in patients in ITU for Covid.
 - An increase in the population in hospital being treated for Covid.

- A new variant of concern that drives an increase in the above.
- All-cause mortality increasing.

York's response to Covid-19

4. York's outbreak response revolved around the Outbreak Management Plan, which had 7 themes;
 - Care homes and educational settings, including schools, colleges and universities
 - High risk places, locations and communities
 - Local testing capacity
 - Contact tracing in complex settings
 - Data integration
 - Supporting vulnerable people to get help to self-isolate
 - Local Boards and governance structures

Care Homes

5. Up until 18 March 2022, since the start of the pandemic, out of 473 covid deaths in York, 144 occurred in care homes. Our most vulnerable population was that of care home residents, and Adult Social Care, the CCG and Public Health worked together to ensure that care homes were supported to take preventative measures to prevent outbreaks, as well as support to curtail them when they did emerge. Whilst most of the national guidance was around care homes for older people, our approach in York was also to be more inclusive and support other residential settings where residents could be at risk, such as residential settings for people with learning disabilities. The response centred on daily contact between adult social care and care settings to get a clear picture of the situation in the home. In-person visits when required from infection prevention and control in the CCG to observe practice and identify any areas requiring a change in practice. We used the 'eyes on the ground' mantra to have assurance that we were seeing things from a resident perspective. As the pandemic progressed, care settings took part in regular asymptomatic testing programmes for staff and residents. Under the new guidelines from 1 April 2022, this testing will still continue and partners will continue to support these settings.

Schools

6. During the pandemic schools had periods where they were closed to all but key worker children and education was delivered remotely. This

presented huge challenges to schools as they adapted to providing education to children in school and those at home. Every school was required to have a covid protocol and take on new ways of operating in the school environment. When schools did open fully, secondary school staff and pupils were required to undertake regular asymptomatic testing. In primary schools this was just for staff. City of York Council worked in partnership with secondary schools to offer mass testing at our test sites prior to the reopening of schools at various stages in the pandemic. When schools had a high number of cases in their setting public health supported with advice around infection prevention and control. Advice was also offered around advice in particular cases in terms of length of isolation and identifying relevant contacts. Public health will continue to be the local public health experts and a resource for schools on covid, or any infectious disease.

High risk places locations and communities

7. The Public Health Team worked with colleagues across the Council to support a number of groups that came under this category. This included colleagues in the local authority in Housing, Communities, and Public Protection as well as external colleagues in the universities and colleges and the business sector. Partners were able to receive general advice through the public health enquiries inbox. This service was available to partners as well as members of the public 7 days a week. Answers to queries were generally provided within a matter of hours and became a great resource for the City. A number of Incident Management Teams were convened through the course of the pandemic to manage outbreaks in particular settings. Settings were supported with contact tracing and access to testing.

Local testing capacity

8. In the early stages of the pandemic testing was only for those with symptoms. The first symptomatic testing site opened in York at the Poppleton Bar Park and Ride at the end of April 2020, and was initially for NHS and key workers only. As symptomatic testing became available to the general public, through the Outbreak Management Board, we lobbied for another testing facility to be opened on the other side of the City, and the Wentworth Way site was opened on 1 October 2020. Throughout the period of the pandemic, through regular monitoring of case rates, a number of temporary mobile testing units were set up across the City.

9. In late 2020, lateral flow devices were becoming available as a means of identifying cases of Covid in people not displaying symptoms. The government established a programme of targeted community testing, and York submitted a bid to be part of this programme of work and our first asymptomatic test site opened at York St John University in December 2020. This followed soon after in January with a second site at the University of York. These sites were run in partnership with the two Universities and provided a means of testing students and residents of the City. Throughout the pandemic sites were opened at the Community Stadium, Rawcliffe Recreation Centre, Foxwood Community Centre, and St William's College. Over 72,500 tests were carried out at one of our test sites during the course of the pandemic.
10. As national guidance changed, lateral flow tests were licensed for use by individuals at home. Our testing programme developed to offer test kits for people to collect to use at home. We also undertook a programme of outreach work, delivering by hand test kits into many of our communities in order to encourage regular asymptomatic testing.
11. From 1 April 2022, the general public will not be able to access free LFD or PCR testing. Symptomatic testing in the general population will only be for people with specific health conditions. These groups will have been notified via NHS England or their clinician and will have been sent PCR tests to keep at home. Asymptomatic testing will continue during periods of high transmission for health and social care staff providing direct patient care, or working in certain settings such as care homes. Other settings such as refuges, homeless hostels and prisons are also included in this guidance. We are currently in a period of high transmission.

Contact tracing in complex settings

12. At the start of the pandemic contact tracing was undertaken by the Health Protection Team in Public Health England (now UKHSA). Local public health teams provided support to these efforts where required. As covid cases escalated in 2020 national contact tracing stopped in most cases. The national contact tracing system was launched on 28 May 2020. The success rate was not sufficient to have an impact on the transmission of covid and local areas were asked to express an interest in working in partnership with the national contact tracing team. York expressed an interest in doing this, and our local contact tracing service went live at the end of October 2020. The initial process was that our service would contact those that the national team could not contact after 48 hours of them attempting contact. This soon changed to us following

up after 24 hours, and then changed again in March 2021 to our local team contacting all covid positive cases as soon as the positive case was entered onto the database, thus by passing the national team. From 10 March 2021 to 11 February 2022 our local team dealt with 17,674 cases of covid, 83% of who were successfully contact traced. Where our team were unable to contact the case, a home visit was conducted and if there was no answer advice materials were left at the address.

13. Local and national contact tracing was stood down in February 2022. Any contact tracing required going forward will be led by the regional health protection team in UKHSA with support offered from local public health teams as required, as was the case for any infectious disease prior to covid.

Data integration

14. The Business Intelligence Hub has led on ensuring that officers in the local authority had access to regular data relating to covid, as well as the public through York Open Data. Data that they have provided has related to covid case numbers and rates, nationally, regionally, by local authority and ward level. This has also been provided by 5 year age band, in the over 60s as well as in particular settings such as school, university, and care homes. They have also provided data on positivity rates by different testing pillar, the reproduction rates, and data on variants of concern. Regular data on admission to hospital for covid, as well as number of covid patients in ICU, data of covid deaths as well as excess deaths.
15. As well as providing this data, the team have supported many of the background processes and data requirements needed to operate testing and contact tracing services. They have also supported the public health team in outbreak management through data such as common exposure reports and cases in workplace settings.
16. Much of this data will continue to be reported by Business Intelligence but on a less frequent basis. The main change will be in case data that is reported, as testing changes. In order to monitor the prevalence of covid, this will be taken from the ONS covid-19 infection survey.

Supporting vulnerable people to get help and to self-isolate

17. During the pandemic, when there was a legal duty to self-isolate if you had covid, or were identified as a contact of someone with covid, the government provided a support payment of £500 for lost income relating

to having to isolate. This was key in ensuring that people were enabled to follow the direction to isolate and reduce the transmission of covid. These payments were administered through the local authority. In York, 3,079 support payments were processed, totalling £1,539,500.

18. In periods of lockdown when businesses were closed, the government also provided business grants. This was done again during the surge in cases due to the omicron variant. In York, the local authority administered 5,218 Additional Restrictions Grants amounting to £6,446,473, and 809 Omicron Hospitality and Leisure Grants amounting to £2,751,507.

Local Boards and governance structures

19. The Outbreak Management Advisory Board was established to ensure public engagement with, multi-agency involvement in, and democratic oversight of, City of York's outbreak management planning as part of the national Test and Trace programme. The key role of the board was to support the effective communication of the test, trace and contain plan for the city and to ensure that the public and local businesses are effectively communicated with. The Board first met on 20 June 2020, and continued meeting until 28 March 2022, when it was stood down. Internally, the Public Health had weekly Outbreak Management Group meetings with colleagues across the Council to oversee the operationalisation of the Outbreak Management Plan. The local authority also took part in Local Resilience Forum structures and meetings, as well as local, regional and national meetings and reporting structures.
20. As we move into living with covid, the York and North Yorkshire Health Protection Board will be the main forum for providing an oversight of covid, where it will be dealt with as a business as usual health protection issue.

Vaccinations

21. The covid vaccination programme has enabled us to move to the next phase of the pandemic. At the start of the pandemic, the pattern was an increase in cases, approximately two weeks later an increase in hospital admissions, and then a further two-three weeks after that an increase in deaths. The vaccination programme has broken the relationship between cases and hospitalisation and death. The NHS has led on delivering the vaccination programme in York with a mass vaccination site at Askham Bar, vaccinations at pharmacies, pop up clinics in

community venues, as well as more targeted programmes such as in care homes, for house bound patients, and with the homeless population. It has been the biggest population level vaccination programme for many years. At the end of March 2021, almost 160,000 first doses of the vaccine had been delivered to those over 16 years old, representing 89% of the eligible population. 85% of the eligible population has now received the second dose, and 72% has received the booster dose. 71% of the 12-15 year old population has had one dose of the vaccine, and 41% two doses. This rate of vaccination coverage, along with some immune response in people that have now had covid, means that there is good protection within our population.

22. The covid vaccination programme is what is known as an evergreen programme, meaning that anyone that has not had the full schedule recommended for them can come forward at any time to receive the vaccination. At the end of March 2022 the fourth booster dose was being offered to those in clinical risk groups and the over 75s. At the start of April the 5-11 year old programme was just commencing. The vaccination programme will likely evolve into a regular vaccination programme like the flu vaccination programme. Further details of this and the eligible populations will be advised by the Joint Committee on Vaccinations and Immunisations later this year.

Consultation

23. Not applicable.

Implications

24. There are no specific or immediate implications.

- **Financial**
- **Human Resources (HR)**
- **Equalities**
- **Legal**
- **Crime and Disorder**
- **Information Technology (IT)**
- **Property**

- **Other**

Recommendations

25. The purpose of this report is to provide the Health and Adult Social Care Policy and Scrutiny Committee with an update regarding the Public Health response to Covid.

Scrutiny are asked to note the content of this report.

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**Report
Approved**



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Wards Affected: List wards or tick box to indicate all

All ☒

For further information please contact the author of the report

Abbreviations

CCG – Clinical Commissioning Group
ICU – Intensive Care Unit
ITU – Intensive Therapy Unit
ONS – Office for National Statistics
UKHSA – UK Health Security Agency