Notice of a public meeting of
Health and Wellbeing Board

Date: Thursday, 30 July 2020

Time: 10.00 am

Venue: Remote Meeting

To:

Councillors: Runciman (Chair), Baker, Cuthbertson and Perrett

Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
Sharon Stoltz	Director of Public Health, City of York
Sharon Houlden	Corporate Director, Health, Housing & Adult Social Care, City of York Council
Amanda Hatton	Corporate Director, Children, Education & Communities, City of York Council
Lisa Winward	Chief Constable, North Yorkshire Police
David Harbourne as substitute for Alison Semnance	Chair of York CVS Chief Executive, York CVS
Sian Balsom	Manager, Healthwatch York
Gillian Laurence	Head of Clinical Strategy (North Yorkshire & the Humber) NHS England
Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust

Simon Morritt	Chief Executive, York Hospital NHS Foundation Trust
Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Mike Padgham	Chair, Independent Care Group

A G E N D A

One minute's silence in memory of those lost during the pandemic

Message from the chair giving thanks, recognition and congratulation to all that have played their part in the local system response

1. Declarations of Interest

At this point in the meeting, Board Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda. A list of general personal interests previously declared is attached.

2. Minutes (Pages 3 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 4 March 2020.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is **5:00pm on Tuesday, 28 July 2020**.

To register to speak please contact Democratic Services, on the details at the foot of the agenda. You will then be advised on the procedures for dialling into the remote meeting.

Webcasting of Remote Public Meetings

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission. The remote public meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Outbreak Management Advisory Board and the Outbreak Control Plan (Pages 15 - 86)

All local authorities with responsibilities for public health were required to develop and publish Covid-19 Outbreak Control Plans by 30 June 2020 and to establish new member led Outbreak Management Boards. Board Members will consider a report providing further information on the council's response.

5. Assessment of Health Impacts of Covid 19 in North Yorkshire and York (Pages 87 - 100)

Peter Roderick, Acting Consultant in Public Health, will provide a presentation assessing the health Impacts of Covid 19 in North Yorkshire and York.

6. Positives and the Learning Arising from the Emergency

Board Members will discuss the positives and the learning that have come out of the emergency [verbal item – no papers].

7. The Focus and Next Steps for the Health and Wellbeing Board

A discussion led by the Director of Public Health, which is inclusive of all board members, on the focus and next steps for the Health and Wellbeing Board [verbal item – no papers].

8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:
Name – Michelle Bennett
Telephone – 01904 551573
E-mail – michelle.bennett@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

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Agenda Annex

Extract from the
Terms of Reference of the Health and Wellbeing Board

Remit

York Health and Wellbeing Board will:

- Provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning;
- Take responsibility for the quality of all commissioning arrangements;
- Work effectively with and through partnership bodies, with clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Agree the strategic health and wellbeing priorities for the city, as a Board and with NHS Vale of York Clinical Commissioning Group, respecting the fact that this Group covers a wider geographic area;
- Collaborate as appropriate with the Health and Wellbeing Boards for North Yorkshire and the East Riding;
- Make a positive difference, improving the outcomes for all our communities and those who use our services.

York Health and Wellbeing Board will not:

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health Overview and Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Health Watch. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

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Agenda Item 2

City of York Council | Committee Minutes

Meeting	Health and Wellbeing Board
Date	4 March 2020
Present	Runciman (Chair), Baker (In attendance for all except Agenda item 6, Minute 69 Children and Young People's Mental Health and Well-Being LTP Refresh 2019/2020), Cuthbertson and Cllr Perrett (as sub for Lomas)

Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
Sharon Stoltz	Director of Public Health City of York
Sharon Houlden	Corporate Director Health, Housing and Adult Social Care, City of York Council
Amanda Hatton	Corporate Director, Children, Education & Communities, City of York Council
Alison Semmence	Chief Executive, York CVS
Siân Balsom	Manager, Healthwatch York
Gillian Laurence	Head of Clinical Strategy (North Yorkshire & the Humber) NHS England

	Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust
	Lucy Brown (as sub for) Simon Morritt	York Hospital NHS Foundation Trust Chief Executive, York Hospital NHS Foundation Trust
	Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Apologies:		
	Lisa Winward	Chief Constable, North Yorkshire Police
	Mike Padgham	Chair, Independent Care Group
	Simon Morritt	Chief Executive, York Hospital NHS Foundation Trust

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64. Declarations of Interest

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda. None were declared.

65. Minutes

Resolved: That the minutes of the previous meeting of the committee held on 4 December 2019 be approved and signed as a correct record.

66. Public Participation

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme

Mr Ocean Melchizedek spoke on behalf of 5G Awareness York to highlight the potential negative health risks in relation to the lack of testing of 5G and that these risks were uninsurable. He requested that that the HWBB set up a working group to consider these concerns further.

The Director of Public Health (CYC) responded that she was aware that there was a live petition to the council on these concerns. As this was very technical, advice would be sought from the scientific section of Public Health England. A response to the petition would also be made in due course.

67. Report of the Chair of the Health and Wellbeing Board's Ageing Well Partnership December 2018 to February 2020

The Health and Wellbeing Board members considered the report of York's Ageing Well Partnership covering the period December 2018 to February 2020. The partnership is chaired by the Director of Public Health (PH) for the City of York who was in attendance to present the report and respond to questions.

The following information was provided in response to questions from board members:

- A key priority agreed at the last meeting had been in relation to York becoming an age friendly city.
- Some members of the HWBB were members of the partnership.
- HWBB members were pleased to note that the partnership were considering work on creating a more dementia friendly area and improving the situation regarding getting about the city – which would benefit everyone. This

included drop kerbs which would be great for mothers getting about.

- Members noted the huge amount of work which had been undertaken over the last year.
- The partnership were incorporating and trying to influence the various schemes of work across the city. Therefore, there was a lot of focus on transport at the moment due to the fact that there was currently a lot of work underway in the city of York in relation to transport.
- The partnership were considering how to align with the emerging Primary Care Networks to provide accessible health services in areas where our population wish to access this.
- Colleagues from the Health and Care Resilience Board had been invited to attend the partnership. This was to ensure that the voice of the partnership could influence that area of work, as it was noted that none of the members of the HWBB were linked to the Health and Care Resilience Board (formerly the Accident and Emergency delivery board).

Resolved: The Health and Wellbeing Board noted the report of the chair of the Ageing Well Partnership.

Reason: To give the Health and Wellbeing Board oversight of the work of the Ageing Well Partnership and assurance in relation to strategy delivery.

68. Joint Health and Wellbeing Strategy 2017-2022: Draft Supplementary Document - March 2020

The Health and Wellbeing Board (HWBB) were invited to provide feedback and comment on the draft supplementary document March 2020 (Annex A refers) which is intended to accompany the current joint health and wellbeing strategy 2017-2022. The Director of Public Health for the City of York was in attendance to present this document and to respond to questions.

The following information was provided during discussion of this item:

- The YorOK Board were undertaking some work in relation to the priorities outlined, in their capacity as a sub-group to the HWBB. For example the ‘starting and growing well’

priority and priorities arising from their draft Children's and Young People's Plan.

- Once the YorOK Board had agreed their priorities this would be considered at this board. The HWBB would then take forward one key priority.
- YorOK's work would be reflected in the final report.
- The Children's and Young people plan and the draft priorities were on the agenda for discussion at the next YorOK Board meeting to be held on 17 April. Provided this is confirmed, the plan would be received at a multi-agency conference.
- No date had been agreed regarding the multi– agency conference. Information would be sent out after the next YorOk meeting.
- In relation to the 'living and working well' priority and the wider determinants of health, it should be noted that the council's scrutiny committees were undertaking a wide reaching scrutiny review of all aspects of poverty which included: income, employment, affordable housing, and homelessness.

The Executive Director for Primary care and Population Health, NHS VOY CCG, suggested that the York Health and Care Collaborative be invited to attend this board meeting in relation to the synergy between their priorities and ours, particularly in relation to the delivery of the NHS aging well programme.

Resolved: The Health and Wellbeing Board noted the Joint Health and Wellbeing Strategy 2017-2022: Draft Supplementary Document - March 2020 are asked to comment and provide feedback on the supplementary document.

Reason: To ensure that the Health and Wellbeing Board are responsive to system changes and progress made towards delivering the joint health and wellbeing strategy's aims and ambitions.

69. Children and Young People's Mental Health and Well-Being Local Transformation Plan Refresh 2019/2020

Note: Cllr Baker had left the meeting prior to discussion on this item.

The Health and Wellbeing Board considered the refreshed Local Transformation Plan (LTP). The Commissioning Manager, NHS Vale of York CCG, was in attendance to present the report and to respond to questions.

The following areas were highlighted and discussed:

- Positive progress had been made against the five year forward view for mental health which were aligned with the five themes of the LTP.
- Prevention and early intervention was a key theme throughout the current approach to children and young people's mental health and wellbeing.
- Further work was required in relation to promoting positive messages around mental wellbeing in secondary care.
- The achievements of the last year were set out in the report. Of particular note was the peri-natal service. This was a preventative service that works with mothers with serious mental health disorders, over the course of a year. Fostering good emotional resilience, which benefits to the child's wellbeing. This service is intended to expand to offer support to the mother's partner.
- An additional £250k funding had been allocated to the child and adolescent mental health services (CAMHS) this year. This would be spent on Lime Trees, York and the Selby Clinic. This was in addition to significant money allocated to the first of the mental health support teams within the CCG area.
- Another initiative in the coming year was a possible mental health support team bid for the City of York in relation to 'school refusal'. This is children who were finding it difficult to be in school and were in need of support to either remain in school or at least attend school part time. This initiative was designed as a prevention, promotion and early intervention approach as children with difficulty in this aspect often ended up on exclusion pathways. This would support children at primary school and for the first few years of secondary school.
- Another significant change in the report and referenced within the LTP is a strong development of the understanding that integration across the system is key for ensuring that children and young people were able to easily access services according to the level of need they have. There were still significant gaps in provision. Tees, Esk and Wear Valley (TEWV) Clinical Commissioning

Group (CCG), VOY CCG, North Yorkshire CCG, were working with colleagues at the City of York Council (CYC) and at North Yorkshire County Council to develop a fully articulated whole pathway for children and young people's emotional mental health to support young people up to the age of 25.

- At a recent stakeholder meeting which had involved children and young people, as well as a wide range of professionals working across the board in terms of children and young people's mental health, the perennial difficulty around information sharing had been discussed, i.e. can I or should I be sharing this information with you? I don't know if I can share this information with you? and not realising it would be a good idea to share this information. This had resulted in young people having to explain things multiple times, which had led to misunderstandings and potentially preventing young people from accessing the services they needed.
- NHS England were eager to develop a service for those aged 0 – 25 years, which would support service users in the transition from CAMHS to adult services in recognition of the consequences of a difficult transfer, which could lead to a deterioration in health, refusal of help and accessing hospital or wider services.
- VOY CCG were working closely with colleagues in York Council in relation to the Children and Young People's Plan and how this would reflect the health (including mental health) needs of children and young people.
- The VOY CCG were working with colleagues in CYC and at Lime Trees, York on the autism pathway and whether or not need was being met in the right place. This led to a discussion regarding the number of children being referred for assessment. The Commissioning Manager explained that the messages coming from parents was that having a diagnosis made it easier to explain and understand these behaviours. Parents had also considered that their child would only receive extra support from the school if there was a confirmed diagnosis. The HWBB discussed how this could lead to label impairment.
- The Director of Operations, North Yorkshire and York – TEWV NHS Foundation Trust highlighted that an area that might also contribute towards the LTP refresh for the HWBB to consider was the additional investment that had been agreed with CCG colleagues in relation to the early intervention psychosis team which would work with the

upper age group of young people. This funding allocation was extremely important for children that may end up with a life-long condition from psychosis. With this investment it would be possible to develop the 'at risk' pathway. This would be online in the York area in the coming year.

Resolved: The Health and Wellbeing Board considered and noted the Children and Young People's Mental Health and Well-Being Local Transformation Plan Refresh 2019/2020 and looked forward to receiving a progress report in due course.

Reason: So that the Health and Wellbeing Board are kept informed of the Children and Young People's Mental Health and Well-Being Local Transformation Plan Refresh 2019/2020.

70. Verbal Update from the Director of Public Health: Coronavirus

The Director of Public Health for the City of York provided an oral update on the coronavirus situation to provide assurance to York residents that the council was adequately prepared. Her department had been instructed by government and public sector organisations to prepare for the worst case scenario. It was reported that the council's co-ordinator - North Yorkshire Local Resilience Forum were meeting weekly and were closely monitoring this ever-changing situation. The Community Monitoring service would be in place as of tomorrow.

Resolved: Members of the Health and Wellbeing Board noted the work underway in relation to managing the coronavirus situation.

Reason: So that the Board are kept up to date regarding how coronavirus is being managed in York.

71. Living and Working Well Theme - Establishment of a Prevention and Population Health Programme Board

The Director of Public Health for the City of York and the Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group, provided a presentation (this can be found on line at item of the agenda) outlining proposals for a Prevention and Population Health

Programme Board to be established as a sub-group of the Board.

Key points arising from the presentation included:

- This area of work had arisen due to conversations with health colleagues and is an area of work which Humber, Coast and Vale along with Integrated Care partnerships were very focused on.
- Key areas that needed to be considered were: (i) how could we scale up the work on prevention undertaken in York (ii) coming to a shared understanding of the term 'prevention' and of what is meant by a population approach (iii) How might a sub-group of this board take forward this area of work to implement the system changes that are required.
- Compared to regional or national averages, York scores at about average in terms of this area of work. Considering the assets York has it should be leading the way. The health programme board needs the right level of ambition for better outcomes for York's population.
- The health programme board would need to ensure effective links with Primary Care Network's (PCN) long term plans. There had been a discussion on whether clinical leads on the PCN should be members of the health programme board.
- The Executive Director for Primary Care and Population Health, NHS VOY CCG, proposed that PCN's needed to be feeding into this work in an effective way so that they share the obstacles they are facing and so that we are working together on delivering the objectives.
- Talked about linking York as an area to Humber, Coast and Vale as increasingly services are planned, commissioned and delivered on a wider geographical footprint. York needs to be an active player in these systems. This could be achieved through the work of a Prevention and Population Health Programme Board.
- The presentation talked about the four pillars of health which are interconnected. This model accords with the discussion, strategies and priorities of the HWBB.
- Members were very supportive of using this model and agreed that going forward as reports are received from the health programme board, they could use this model to assess how far the board was meeting this criteria in its proposals.

- The HWBB considered what was meant by 'prevention' to reduce demand and to prevent or delay the need for healthcare.
- The HWBB considered the 'window of need' model as developed by East Midlands CCG. It was evident that the window of need was wider in areas of deprivation. This evidence base helps in terms of planning and commissioning services in areas of deprivation.
- The HWBB discussed how prevention of health problems was relevant to every sector of health care including secondary and tertiary care. This programme was broader than primary health care.
- Barnsley CCG were leading the way on undertaking work in the area of prevention. The chair of HWBB suggested that we should consider exemplars such as Barnsley to see how their work could fit within a York scenario.

It was agreed that the HWBB would receive a progress report on this area of work in due course.

Resolved: The Health and Wellbeing Board noted the presentation and approved the proposals.

Reason: To ensure that the board is kept informed of the Living and Working Well theme and the establishment of a Prevention and Population Health Programme Board.

72. Better Care Fund 2019 - 20 Update

The above item had been included in the agenda for information.

Members were pleased to note that the Better Care Fund plan 2019 – 20 had been approved.

73. Healthwatch York Report: Changes to Repeat Prescription Ordering

The above item had been included in the agenda for information only.

The Executive Director for Primary Care and Population Health, NHS VOY CCG reported that concern in relation to these changes had settled. Significant savings had been made in

relation to people not being prescribed medicines unnecessarily and the CCG were continuing to monitor this.

Members of the HWBB expressed some concern in relation to these changes which they would raise at the Health and Adult Social Care Policy and Scrutiny Committee. These concerns included:

- Consultation and communication with service users at the planning stage in relation to these changes.
- Adverse effect on vulnerable service users and some carers, some of whom had experienced difficulty in obtaining exemptions.
- Community pharmacists not being contracted to deliver these changes.

The Head of Clinical Strategy (North Yorkshire and the Humber) NHS England had requested a response on these concerns from NHS England.

Cllr Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.25 pm].

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Health and Wellbeing Board **30 July 2020**

Report of the Director of Public Health

Outbreak Management Advisory Board and the Outbreak Control Plan

Summary

1. All local authorities with responsibilities for public health were required to develop and publish Covid-19 Outbreak Control Plans by 30th June 2020 to ensure local delivery of the NHS Test and Trace Service and an effective local outbreak response. This work to be led by the Director of Public Health as part of their statutory role.

2. Local authorities are also required to establish new member led Outbreak Management Boards with a key role around ensuring advocacy for local residents in the city's outbreak response and effective communication and engagement with residents, businesses etc.

3. In York we have established an Outbreak Management Advisory Board (OMAB), chaired by the leader of the Council with a variety of other partners represented.

4. OMAB met for the first time on 22nd June and for a second time on 13th July 2020. It will now meet monthly, unless there is a need to meet more frequently.

5. An initial draft Outbreak Control Plan was shared with key stakeholders in June for comment. The final plan was approved by the Outbreak Management Advisory Board on 13th July 2020. The Plan is attached at **Annex A** to this report and includes the Terms of Reference for the Outbreak Management Advisory Board.

Background

6. A new (novel) coronavirus which came to be named SARS-CoV-2 was first identified in late 2019. This virus appeared to cause a respiratory type illness of varying levels of severity now known as Covid-19. Over the last six months the virus has spread to cause a global pandemic, including in the UK.

7. The first pandemic wave in the UK occurred in March peaking in April. Since then the number of cases, hospital admissions and deaths from Covid-19 have all fallen steadily. It is anticipated that further pandemic waves will follow, therefore there is an urgent need to minimise and manage the spread of infection so the people of York feel safe to return to work, school and public places and restart the economy.

8. Achieving these objectives requires a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public.

9. Our local Outbreak Control Plan sets out our planning and response centred on seven key themes as set out in the Department of health and Social Care guidance. More details against each of the themes are set out in the Plan.

    a. Care homes and educational settings, including early years, schools, colleges and universities.
    b. High risk places, locations and communities.
    c. Local testing capacity.
    d. Contact tracing in complex settings.
    e. Data integration.
    f. Supporting vulnerable people to get help to self-isolate.
    g. Local Boards and governance structures.

10. Because disease does not contain itself within local authority boundaries, as far as possible the York Outbreak Control Plan is aligned with the North Yorkshire plan to facilitate joint working and ensure a single point of escalation via the North Yorkshire Local Resilience Forum. There are also established mechanisms in place to ensure cross border working with other local authorities in the region as necessary, for example in a situation where a person works, or attends a school in York but lives in another area.

Consultation

11. The draft plan was shared for comment and feedback internally within the Council, NHS Vale of York Clinical Commissioning Group and key partners through the North Yorkshire Local Resilience Forum.

12. The plan is intended to be a live document and will evolve as national guidance changes and as a result of learning from our local outbreak response and the learning from other areas such as the local lockdown in Leicester.

13. Initial engagement with residents has taken place through “Our Big Conversation”. So far there have been over 500 responses. The key issues arising from the Covid-19 related health questions are summarised below:

    a. 98% confident they know the symptoms (82% extremely or very confident)
    b. 98% confident they know what to do if they have symptoms (86% very or extremely confident)
    c. 95% confident of social distancing guidance (81% very or extremely)
    d. There is less confidence in who and how many to socialise with, rules around returning to work and journeys you should make. We will look at what we can do to address these.
    e. There is low confidence others will stick to rules
    f. More people understand our advice than the governments
    g. Slight challenge re shops and public transport which we can look to address.
    h. Lower confidence re how safe York will be when visitors from UK or abroad come. Will need addressing.
    i. 95% feel informed of what they can do to stop the spread of the virus (75% extremely or very).

14. The feedback from residents will be used to inform our communications and engagement plan which will be regularly evaluated and updated.

Options

15. The Health and Wellbeing Board are asked to receive and note the Outbreak Control Plan and the establishment of the Outbreak Management Advisory Board.

16. All agencies represented at the Health and Wellbeing Board are asked to commit to working together to implement the plan.

Analysis

17. Failure to produce and publish a local Covid-19 Outbreak Control Plan would mean that the council was not meeting a mandatory requirement but most importantly, not having an outbreak control plan would put the people living and working in the city at risk of infection, put lives at risk and harm the recovery of York.

Council Plan

18. The York Covid-19 Outbreak Control Plan relates to the Council's Plan 2019-23 by ensuring good health and wellbeing.

Implications

19. The following implications have been taken into consideration.

- **Financial**
  The Minister of State for the Department of Health and Social Care allocated a ring-fenced grant of £300m to local authorities on 10 June 2020. The amount of grant received was decided upon using the 20/21 Public Health Grant allocations as a basis for proportionately distributing the funding. City of York Council received £733,896 to be used to fund the local outbreak response as determined by the Director of Public Health. Initial estimates of how the budget will be spent are set out in the following table. As the pandemic unfolds these figures may be subject to further amendment.

	2020/21	2021/22	Total
Public Health Programme lead for Covid outbreak prevention & response/ test and trace	£43,500	£58,896	£102,386
Specialist Public Health Protection	£47,250	£63,000	£110,250
Environmental Health	£37,500	£50,000	£87,500
Contact tracing	£76,500	£102,00	£178,500
Data analysis/business intelligence	£25,500	£34,000	£59,500
Dedicated communications support and engagement	£12,750	£17,000	£29,750
Infection control measures	£52,500	£68,000	£120,500
Business support	£19,500	£26,000	£45,500
Total	**£315,000**	**£418,896**	**£733,896**

It is unclear at this stage whether further funds will be available in future years. Therefore the activities funded from the grant will need to consider the longer term financial impact and may need to be funded from core Public Health budgets in future. Careful consideration is needed when committing the Council to ongoing costs from a one off funding source.

- **Human Resources (HR)**
  Recruitment or redeployment of council staff to support delivery of the local outbreak control plan will be in accordance with corporate human resources policies and procedures.

- **One Planet Council / Equalities**
  We know that there are stark inequalities in the burden of risk and outcomes of Covid-19. The Outbreak Control Plan identifies these inequalities and the delivery of the Plan will include measures to mitigate these.

- **Legal**
  There is a statutory duty for the Council to prepare an Outbreak Management Plan. The Plan will need to be kept under review and may require amendment to respond to, and remain compliant with, emerging national guidance and legislative changes.

Risk Management

20. The risk to the residents of York from the Covid-19 pandemic is high, the York Outbreak Control Plan sets out the local planning and response which reduces the risk to medium.

Recommendations

21. The Health and Wellbeing Board are asked to receive and note the Outbreak Control Plan at **Annex A** to this report and the establishment of an Outbreak Management Advisory Board.

22. All agencies represented at the Health and Wellbeing Board are asked to commit to working together to implement the plan.

Reason: To assure the Health and Wellbeing Board that the national requirement for producing and publishing a local Outbreak Control Plan has been met.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tracy Wallis Health and Wellbeing Partnerships Co-ordinator	Sharon Stoltz Director of Public Health

Report Approved ✓ **Date** 21.07.2020

Specialist Implications Officer(s)
None

Wards Affected: **All** ✓

For further information please contact the author of the report

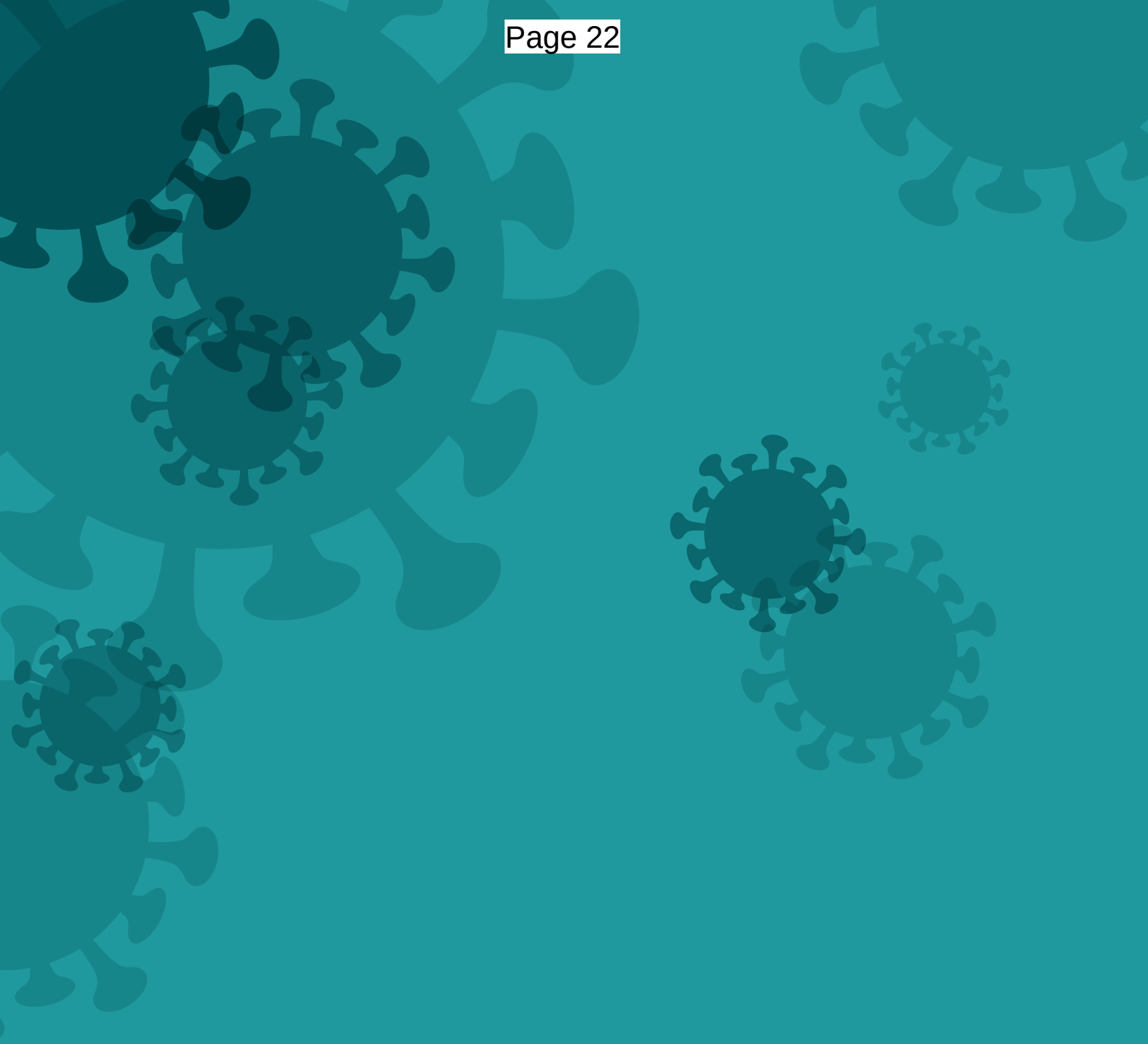
Background Papers:
None

Annexes
Annex A – Outbreak Control Plan

CITY OF YORK COUNCIL

COVID-19
Outbreak Control Plan

Department of Public Health | July 2020



Lead Directorate and service:
Department of Public Health
Health, Housing & Adult Social Care Directorate

Effective Date: 01 July 2020

Date Reviewed:

Date Due for Review: March 2021

Contact Officer: Sharon Stoltz

Contact: Sharon.stoltz@york.gov.uk

Approved By: Sharon Stoltz Director of Public Health

Contents

1 Introduction

Overview

A new (novel) coronavirus which came to be named SARS-CoV-2 was first identified in late 2019. This virus appeared to cause a respiratory-type illness of varying severity, now known as Covid-19. Over the last six months the virus has spread to cause a global pandemic, including in the UK. The first epidemic wave in the UK occurred in March, peaking in April. Since then the number of cases, hospital admissions and deaths from Covid-19 have all fallen steadily. It is anticipated that further epidemic waves will follow, therefore there is an urgent need for disease control measures to mitigate this.

The York Covid-19 Outbreak Control Plan sets out how local partners will work together to reduce transmission of Covid-19, prevent and manage outbreaks. This is a city wide plan and is being developed with our key partners, under the leadership of the Director of Public Health (DPH). The plan will cover the context and background to the development of local outbreak control plans, the principles that will guide our approach and how we will deliver this for the people of York. Although it is recognised that many of the council services have an important part to play the outbreak control plan will focus primarily on the public health response.

Our response has been developed in line with national guidance issued by the UK government and relevant UK Public Health agencies. This information is updated regularly to reflect the changing situation. As such the outbreak control plan is iterative and will be frequently reviewed and modified in order to ensure that the plan reflects the most up to date information.

Wherever possible the York outbreak control plan is aligned with the North Yorkshire outbreak control plan to facilitate joint working across local authority boundaries. Mechanisms are also in place through existing networks to work in partnership with other local authorities across the region as required to deliver a joint outbreak response that may cross geographical boundaries.

Context

York already has strong infection prevention and outbreak management arrangements in place with robust governance under the leadership of the Director of Public Health and approved by the Health and Wellbeing Board.

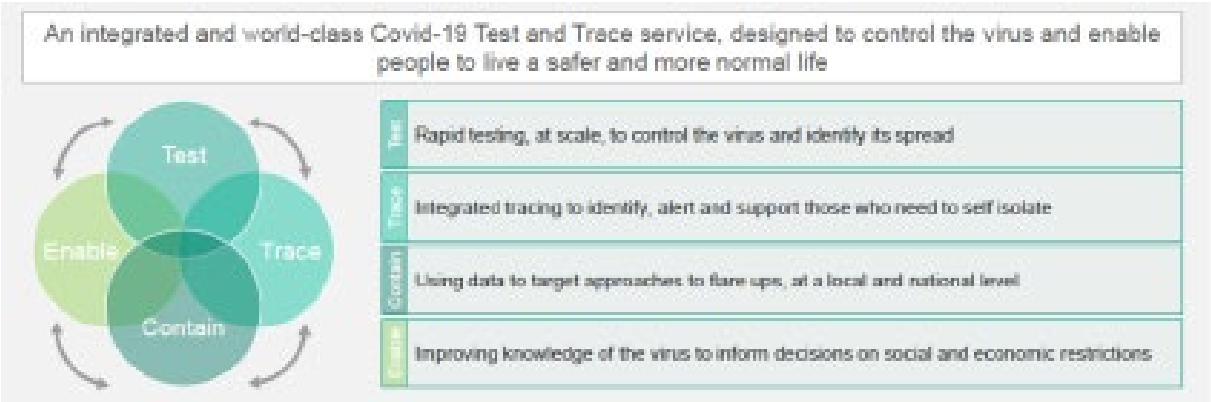
These well-established arrangements are robust, effective, timely and responsive outlining clear roles and responsibilities of health and care services to manage outbreaks within a wide range of settings and population groups. Specialist health protection skills and responsibilities sit within an already functioning system which includes local authority public health and environmental health functions and Public Health England (PHE).

The York Covid-19 Outbreak Control Plan will build on these foundations, working to scale up and further enhance the local existing arrangements and increase workforce capacity in environmental and public health to be able to deliver an effective outbreak prevention and response.

Contact tracing is only one component of the York Covid-19 outbreak plan and must link in with the full range of public health tools and techniques such as epidemiology and surveillance, infection control and evaluation.

Test and Trace

The UK Government launched the NHS Test and Trace service, which forms a central part of the government's Covid-19 recovery strategy, on 27th May 2020.



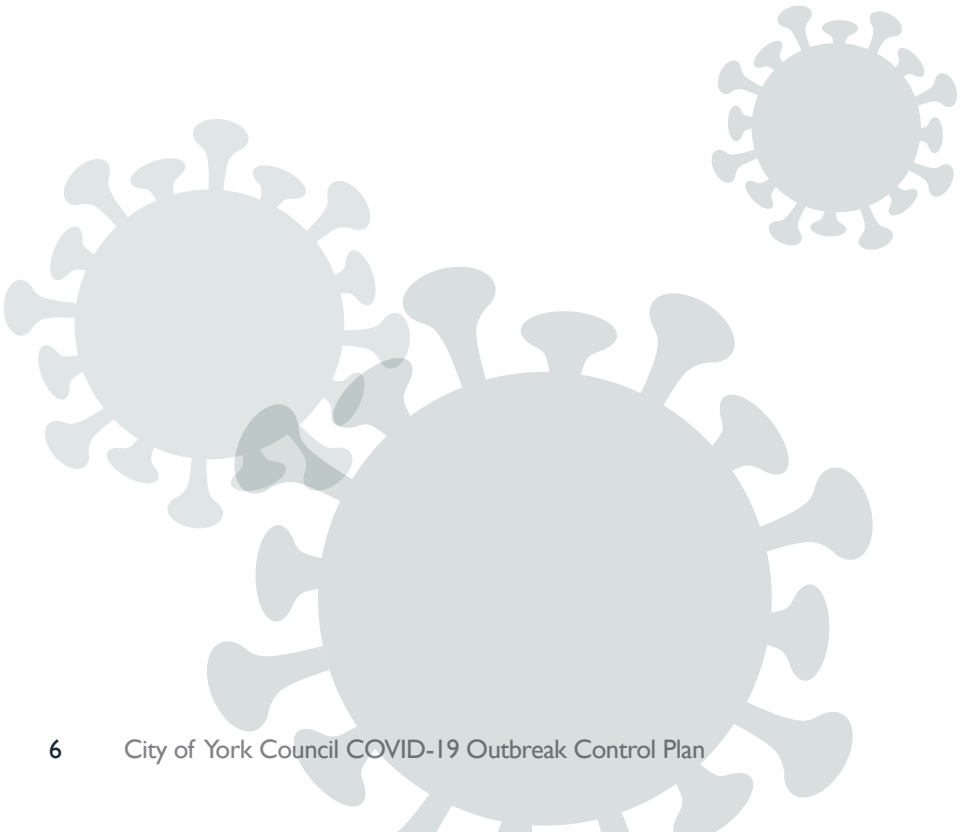
This is underpinned by effective planning and response strategies at a local level. The primary objectives of the Test and Trace service are to:

- Control the Covid-19 rate of reproduction (R),
- Reduce the spread of infection and
- Save lives.

Achieving these objectives requires a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public.

Local planning and response is 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. This Outbreak Control Plan sets out the local response within City of York based around the seven key themes set out below:

- 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
- Supporting vulnerable people to get help to self-isolate
- Local Boards and governance structures



2 Aims and Purpose

Aims

To provide a central framework for the City of York approach to preventing and controlling outbreaks of Covid-19 and reducing the spread of the virus across the City in order to:

- Reduce infections
- Save lives
- Support recovery

We need to minimise and manage the spread of coronavirus so the people of York feel safe to return to work, school and public places and restart the economy. Whilst Covid-19 can affect us all, some of us, due to our underlying health conditions or individual circumstances will be more vulnerable to its effects. We need to ensure we reach and support all the people in York and prioritise those facing the highest risk.

Our Principles and Approach

We will be guided by certain principles in our approach to the design and operationalisation of the York Covid-19 Outbreak Control Plan.

- We will take a proactive, preventative and positive approach, with an emphasis on what people can do to keep themselves safe and support others. We will work to engage communities, businesses and the third sector. Infection prevention is one of our key priorities.

- We will take an asset based approach, building on our strengths and enhancing our local system. We already have a strong infection prevention control team, delivered by the Harrogate and District NHS Foundation Trust, outbreak management expertise in our public health and environmental health teams and fantastic work going on in the third sector. We are expanding our capacity and capability in public health and environmental health to enable us to widen our scope with a focus on prevention as well as outbreak response.

- We will focus on equity and need taking a person-centred, community-centred approach. We know some people are more at risk from poor outcomes from Covid-19, including older people and those with long term conditions. We also know that there are clear inequalities in infection rates and outcomes for

different groups. In particular national work has highlighted how Black, Asian and Minority Ethnic (BAME) groups often face four key areas of risk:

- Long-standing social disadvantages
- Occupational risk
- Patterns of health-care access
- Structural issues (racism and discrimination)

- We will ensure that action is tailored to need and that we reach and work with communities at greatest risk.

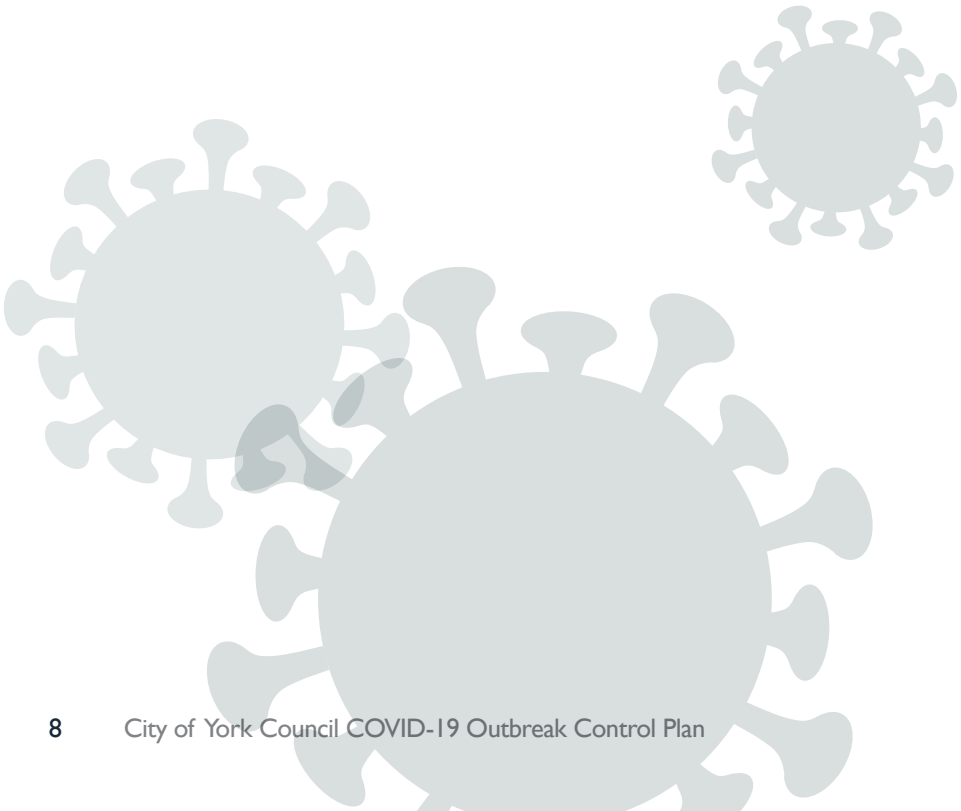
- We will take a one system approach engaging and communicating widely across different sectors and stakeholders in an open and transparent way

- We will take a co-production approach, working with people, communities and partners

- We will communicate and engage widely with stakeholders across the city

- We will share good practice building on our learning from outbreaks locally and in other areas and embed evaluation and learning to drive ongoing improvement

- We will be guided by intelligence and data, evidence and best practice



3 Background

Outbreak Management

Health protection is one of the three key functions of the public health role, and outbreak management has always formed a significant part of this. Local authorities have worked with partners for many years to prevent, detect and manage outbreaks of disease. There are already a number of plans in place setting out how the system responds to outbreaks, and this Outbreak Control Plan draws and builds upon these existing arrangements:

- **Communicable Disease Outbreak Plan - North Yorkshire and York Operational Guidance**
  Sets out the roles and responsibilities of key agencies and the agreed procedures during local and national outbreak investigations.

- **City of York Council Pandemic Influenza Plan**
  Provides a framework to support City of York Council staff to respond to a declared influenza pandemic in a coordinated, timely and effective manner.

- **North Yorkshire County Council and City of York Council Mass Treatment and Vaccination Plan**
  Outlines the approach for providing mass treatment or mass vaccination. Details the roles and responsibilities of each responding organisation, describes how the activation of a plan will be coordinated and gives a general guidance of what steps need to be taken to deliver mass treatment or vaccination in North Yorkshire and the City of York.

- **Yorkshire and Humber LRFs and LHRPs (Local Health Resilience Partnership) Pandemic Influenza Framework**
  Provides a strategic level framework to ensure, where necessary, a co-ordinated multi-agency response to minimise the impact of an influenza pandemic on the health and welfare of the communities across Yorkshire and the Humber.

- **The North Yorkshire Local Resilience Forum (NYLRF) Response to Major and Critical Incidents (RMCI) Plan**
  Sets out the protocol for information sharing and escalation process. The NYLRF provides a multi-agency approach to response, a common reporting structure, and a joint approach to information management, to achieve a shared situational awareness across North Yorkshire and the City of York.

Epidemiology

As a novel virus, research is still ongoing to understand the exact epidemiological features of SARS-CoV-2.

Incubation period
Current evidence suggests that the incubation period (i.e. the time between acquiring the infection and becoming infectious) of Covid-19 ranges from 1-14 days (median 5).

Infectious period
Originally, individuals were considered to be infectious for as long as their symptoms lasted. However, there is now evidence to suggest individuals can be infectious without showing symptoms, and that those who do become symptomatic can be infectious for up to 48 hours before symptom onset. People experiencing mild illness should no longer be infectious 7 days from the onset of symptoms. However, people who are admitted to hospital with more severe illness, or people living in care homes (who are likely to have weaker immune systems due to age and frailty) are being advised to isolate for 14 days from symptom onset as they may have greater difficulty clearing the virus.

Severity of disease
It is not yet clear what proportion of the people who are infected with Covid-19 remain asymptomatic. Of those who develop symptoms around 80% will experience mild illness, around 14% will experience severe disease (with complications such as pneumonia) and 5% will have critical disease requiring intensive care treatment.

Mortality from Covid-19 is estimated to be around 1% overall. However, this varies with age, being highest in people aged 80 or over (7.8%) and lowest in children 9 and under (0.0016%).

Methods of spread
The main methods of transmission of Covid-19 are directly via respiratory droplets from infected individuals (e.g. through coughing or sneezing), or indirectly through contamination of surfaces by these infected respiratory droplets.

Human coronaviruses have been found to survive on inanimate objects and can remain viable for up to 5 days at temperatures of 22 to 25°C and relative humidity of 40 to 50% (which is typical of air conditioned indoor environments). An experimental study using SARS-CoV-2 specifically reported viability on plastic for up to 72 hours, for 48 hours on stainless steel and up to 8 hours on copper.

Covid-19 can also be spread via respiratory aerosol. This method of transmission occurs as a result of health care intervention – specifically aerosol generating procedures.

Reproduction rate

The reproduction number (R) is the average number of secondary infections produced by one infected person. An R number of 1 means that on average every person who is infected will infect 1 other person, meaning the total number of new infections is stable. If R is 2, on average, each infected person infects 2 more people. If R is 0.5 then on average for each 2 infected people, there will be only 1 new infection. If R is greater than 1 the epidemic is generally seen to be growing, if R is less than 1 the epidemic is shrinking.

R can change over time. For example, it falls when there is a reduction in the number of contacts between people, which reduces transmission.

R is not the only important measure of the epidemic. R indicates whether the epidemic is getting bigger or smaller but not how large it is. Other measures are taken into account such as the number of people accessing testing with symptoms and testing positive; hospital admissions due to Covid-19 and the number of deaths due to suspected or confirmed Covid-19 recorded on death certificates.

At the time of writing the latest R number range for North East and Yorkshire was 0.8 to 1.0.

Inequalities

As identified in the recent PHE report *Disparities in the risk and outcomes of COVID-19*, Public Health England 2020, we now know there are stark inequalities in the burden of risk and outcomes of Covid-19.

Key findings of the report are:

- People aged 80 or older are 70 times more likely to die than those under 40
- Working-age men diagnosed with Covid-19 are twice as likely to die as women
- The risk of dying with the virus is higher among those living in more deprived parts of the UK. People living in more deprived areas have continued to experience Covid-19 mortality rates more than double those living in less deprived areas. General mortality rates are normally higher in more deprived areas, however Covid-19 appears to be increasing this effect.

- Certain occupations - security guards, taxi or bus drivers and construction workers and social care staff - are at higher risk.

- Virus death rates were highest among people of Black and Asian ethnic groups when compared to white British ethnicity.

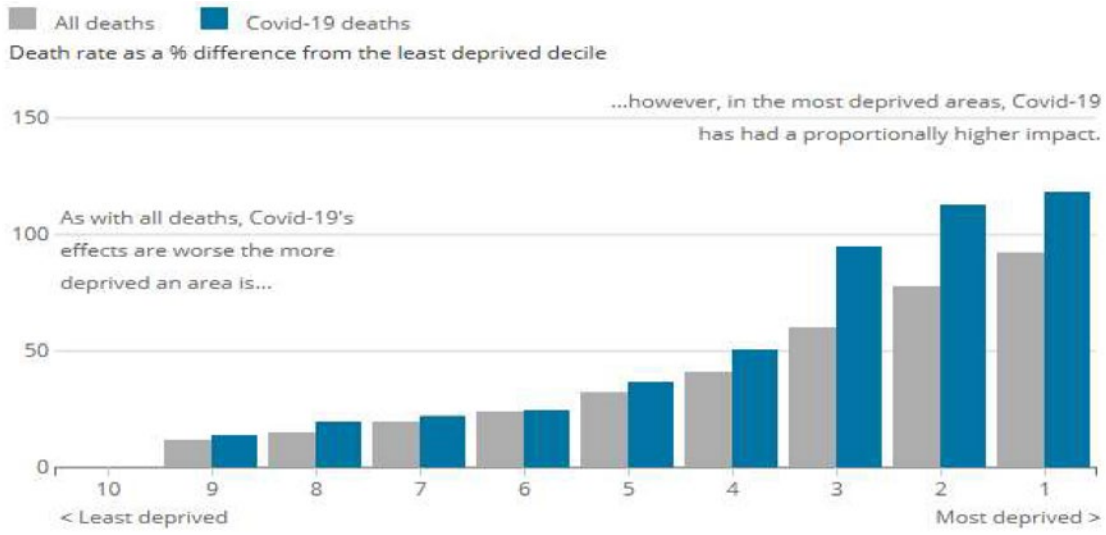
- People of Chinese, Indian, Pakistani, other Asian, Caribbean and other Black ethnicity had between a 10% and 50% higher risk of death when compared to white British people.

As more evidence emerges about how to prevent, and the impacts of Covid-19 we will need to adjust our approach accordingly.

Socio-Economic deprivation

Deaths from Covid-19 have fallen disproportionately on the most deprived communities in England. The chart below shows deaths in the most deprived tenth of areas were 128.3 deaths per 100,000 population compared with 58.8 in the least deprived tenth of areas. Mortality in the more deprived areas is more than double that seen in the least deprived areas.

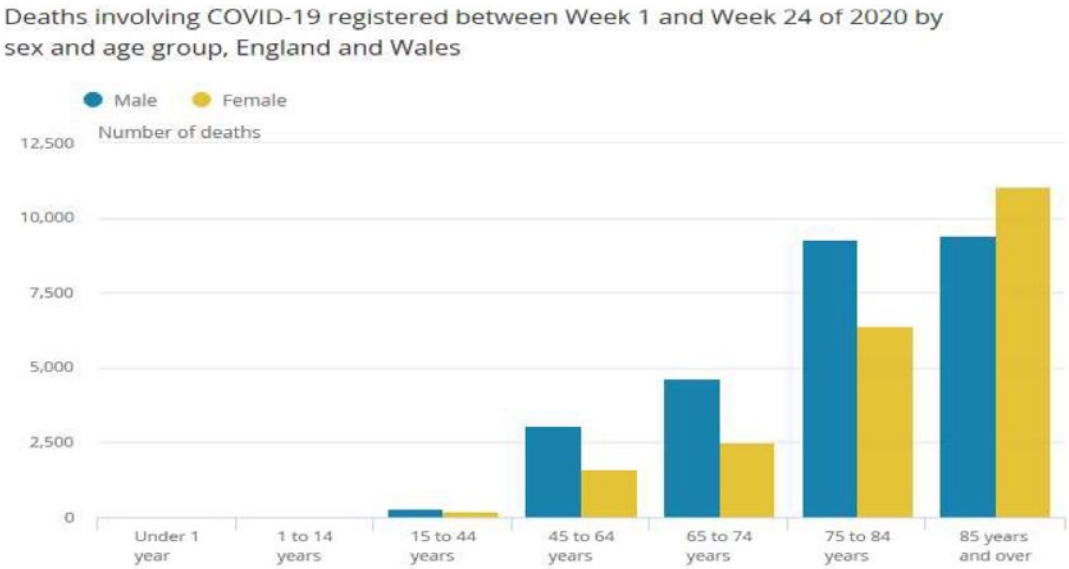
Table 1: Deaths by deprivation in England, 1st March to 31st May 2020



Source: Office for National Statistics – Deaths involving COVID-19

There is little information on Covid-19 inequalities in City of York because of the relatively low numbers of deaths. This section of the plan will be revised and updated as further information becomes available.

Table 2: **Deaths by age group and sex, England & Wales, 1st March to 31st May 2020**



Source: Office for National Statistics – Deaths registered weekly in England and Wales

The average age of the people who have died from suspected or confirmed Covid-19 in York is 82.4 years with an age range of between 53 and 104 which is a slightly older age profile than the national average.

Ethnicity

Nationally we know that many people from Black, Asian and Minority Ethnic (BAME) groups are significantly more likely to die from Covid-19 than their white counterparts. The reasons for this are likely to be multifactorial and are not currently well understood. In the 2011 census, 94% of residents in York describe themselves as 'White British'; this is substantially larger than the national average. The largest minority ethnic group in York is Chinese; this is partly due to the large number of international students. The majority (91%) of residents in York were born in the UK. Trends over the last two decades indicate that York is becoming more ethnically diverse and this trend is expected to continue.

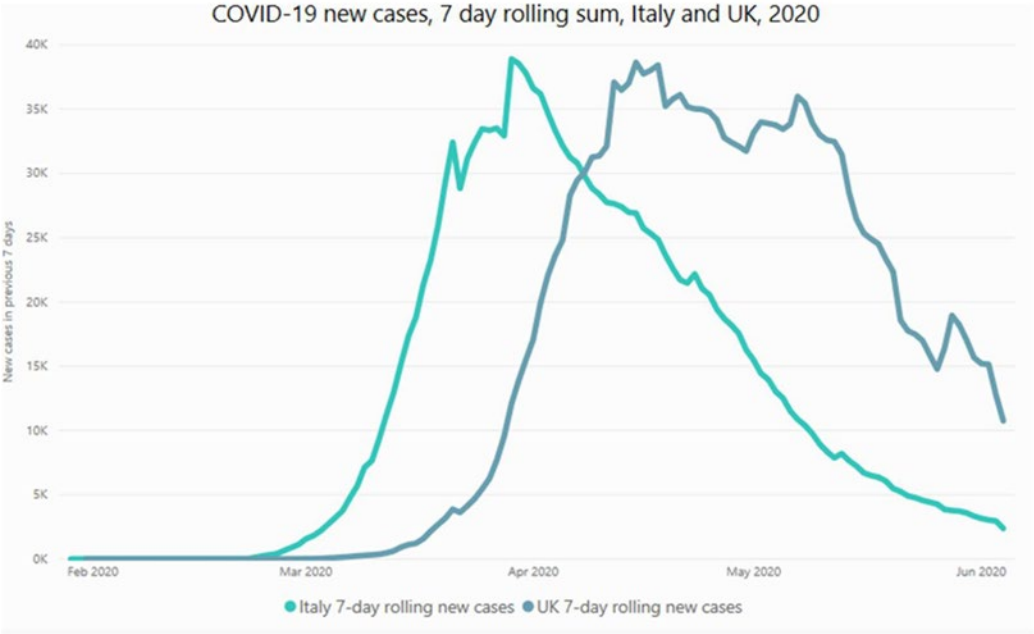
Disability

Nationally, those whose daily activities are limited or have pre-existing medical conditions such as diabetes and heart disease are significantly more likely to die from Covid-19 compared with those who are in generally good health. There is no information currently on the disability status of Covid-19 patients in City of York.

National context

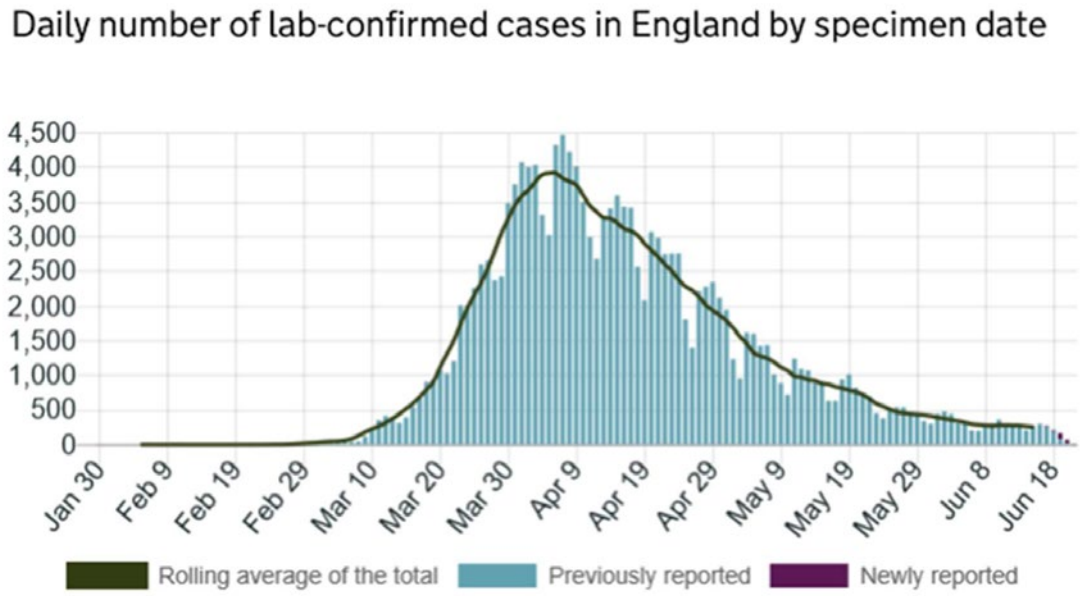
At the time of writing this report, globally cases now exceed 8.9 million, with over 400,000 deaths. The UK has the 5th highest total cases globally and the 3rd highest number of deaths in the world. The UK is approximately 2-3 weeks behind Italy on the epidemic curve. The Italian outbreak took off in the last week of February and appeared to peak on 29 March. For the UK, the epidemic escalated in the second week of March, and the curve peaked on 15 April. Chart 1 below shows the COVID-19 new cases 7 day rolling sum for Italy and the UK over the period February 2020 to June 2020.

Chart 1



Public Health England data shows there were 305,289 lab confirmed cases in the UK on 21 June, up by 958 from the previous day. The number of lab-confirmed cases in England on 21 June was 159,118.

Chart 2



Please note that this refers to data from Pillar 1 testing only.

City of York context

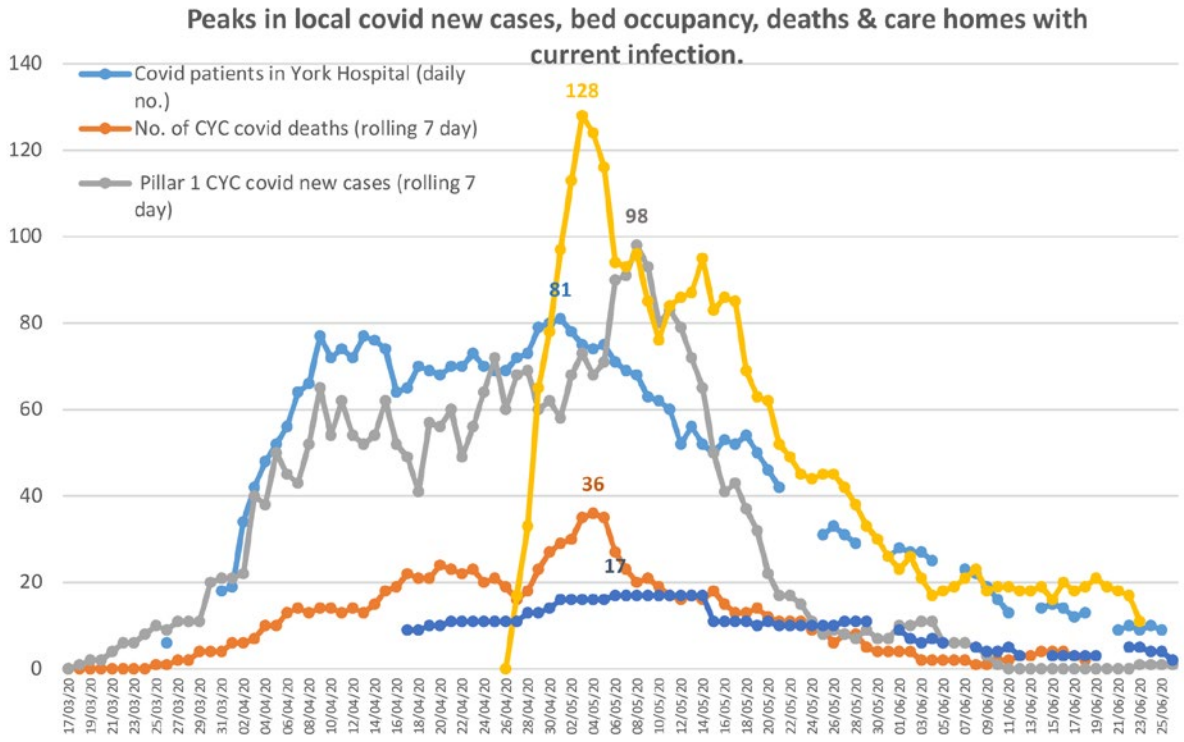
As at 26 June 2020, York has had 463 cases confirmed through the Pillar 1 (tests carried out in NHS and PHE laboratories) a rate of 220.6 per 100,000 population. This compares with an England rate of 285.8 and Yorkshire and Humber rate of 278.8.

City of York Council has recently been given access to Pillar 2 testing data (tests carried out through commercial providers). As at 24 June 2020, York has had 420 confirmed cases in total, a rate of 200.1 per 100,000 population. The England rate is 136.5 and the Yorkshire and Humber rate is 232.1.

When we look at Pillar 1 and Pillar 2 data combined as at 24 June 2020 York has had 883 confirmed cases of Covid-19, a rate of 420.7 per 100,000 population compared with an England rate of 421.3 and Yorkshire and Humber rate of 509.8.

Chart 3

Chart 3 looks at the peaks in Covid-19 new cases, hospital bed occupancy, deaths and care homes with current infections for the period 17 March 2020 to 25 June 2020. The yellow line indicate the rolling 7 day average of new cases through the pillar 2 resting programme. The dark blue line shows the number of care homes with current Covid-19 infection.



Responsibilities

National Responsibilities

Many of the responsibilities for outbreak management (including Covid-19) sit at national level these include:

- The Department for Health & Social Care (DHSC) is the lead UK government department with responsibility for responding to the risk posed by Covid-19.
- The four UK Chief Medical Officers (CMOs) provide public health advice to the whole system and government throughout the UK.
- SAGE is responsible for ensuring that a single source of co-ordinated scientific advice is provided to decision makers in Government (COBR).

- The NHS works in partnership with Local Resilience Forums on pandemic preparedness and response delivery in healthcare systems in England and Wales.
- Public Health England (PHE) provides specialist technical expertise on health protection issues and support both planning and delivery arrangements of a multi-agency response.

- The Department for Education (DfE) lead on the children's social care response.

These organisations have developed plans for co-ordinating the response at a national level and supporting local responders through their regional structures. DHSC, PHE and NHS England provides strategic oversight and direction for the health and adult social care responses to pandemics.

Local/regional responsibilities

Local authorities have a key role in preventing, investigating and managing outbreaks of communicable disease. The specific statutory responsibilities, duties and powers available to them during the handling of an outbreak are set out in the following legislation:

- Public Health (Control of Disease) Act 1984
- Health Protection (Notification) Regulations 2010
- Health Protection (Local Authority Powers) Regulations 2010
- Health Protection (Part 2A Orders) 2010
- Health and Safety at Work Act 1974 and associated regulations
- Food Safety Act 1990 and associated regulations
- Food Safety and Hygiene Regulations 2013
- Food Law Code of Practice (England)
- International Health Regulations 2005
- Coronavirus Act 2020
- Civil Contingencies Act 2004

Local Resilience Forums (LRF) and Local Health Resilience Partnerships (LHRP) have the primary responsibility for planning for and responding to any major emergency, including pandemics. In North Yorkshire and York the multi-agency emergency response to the pandemic has been escalated to the North Yorkshire Local Resilience Partnership.

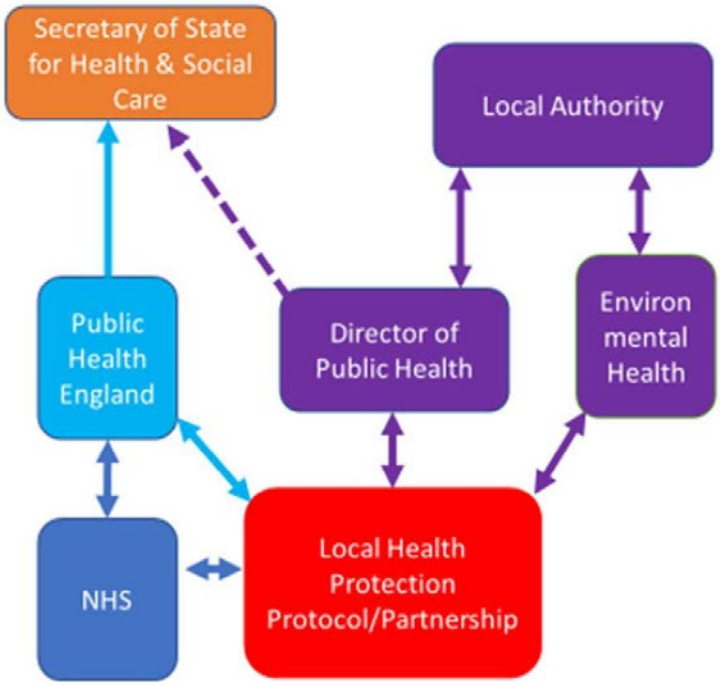
Public Health England (PHE) is the lead agency for Test and Trace at a regional level. City of York is covered by PHE North East and Yorkshire & Humber which works on two sub-regional footprints (North East and Yorkshire and Humber). PHE

Yorkshire and Humber Health Protection Team provide Tier 1 support to Test & Trace, managing outbreaks and cases linked to complex/high risk settings.

Multi-agency working at both a national and local level ensures joint planning between all organisations. A co-ordinated approach to ensure best use of resources to achieve the best outcome for the local area.

Figure 1 below shows a simplified diagram of the local health protection system.

Local Health Protection System simplified diagram



4 Mobilisation and delivery of the plan

At the national level, PHE runs the Contact Tracing and Advisory Service (CTAS). Where a person develops symptoms they should contact the national Test and Trace service to request a test. Where the test is positive the individual will be required to share their contacts via the NHS website or one of the contact tracing team will make contact via telephone. Based on the information provided the contact tracer will assess whether contacts need to be alerted. Complex cases will be referred to local Public Health experts.

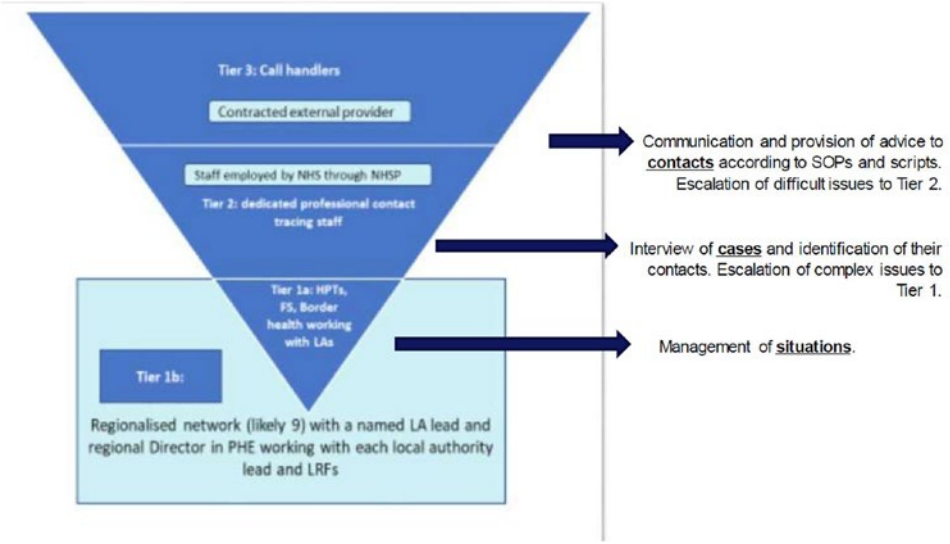
PHE are also responsible for producing training materials, reports and operating procedures. These operating procedures will be used in order to inform and develop the local response in specific settings.

At a regional level, the Association of Directors of Public Health (ADPH) regional networks will work with PHE regions on a footprint of nine areas across the country, City of York Council works with PHE North Yorkshire and the Humber Health Protection Team. Sharon Stoltz, Director of Public Health is the named contact responsible for linking in with the regional PHE team in relation to contact tracing for City of York.

At the local level, the Director of Public Health plays the key leadership role and is responsible for the development of the local Outbreak Control Plan. This includes linking across services into specific local Covid-19 response arrangements, ensuring the service is inclusive and meets the needs of diverse local communities, interfaces with the Local Resilience Forum (LRF) and Integrated Care Systems (ICS) and works with Public Health England in focusing on the most complex outbreaks, especially care homes.

The diagram below shows how the 3 tiers work together. It is anticipated that the majority of contact tracing will be completed by the national team, as described in tier 2 and tier 3. However in some case the local Health Protection Team will take the lead on contact tracing with support from the local authority, as described in Tier 1a. Where cases are extremely complex and require a local response these will be led by the local authority, alongside the PHE Director and the LRF, as described in Tier 1b.

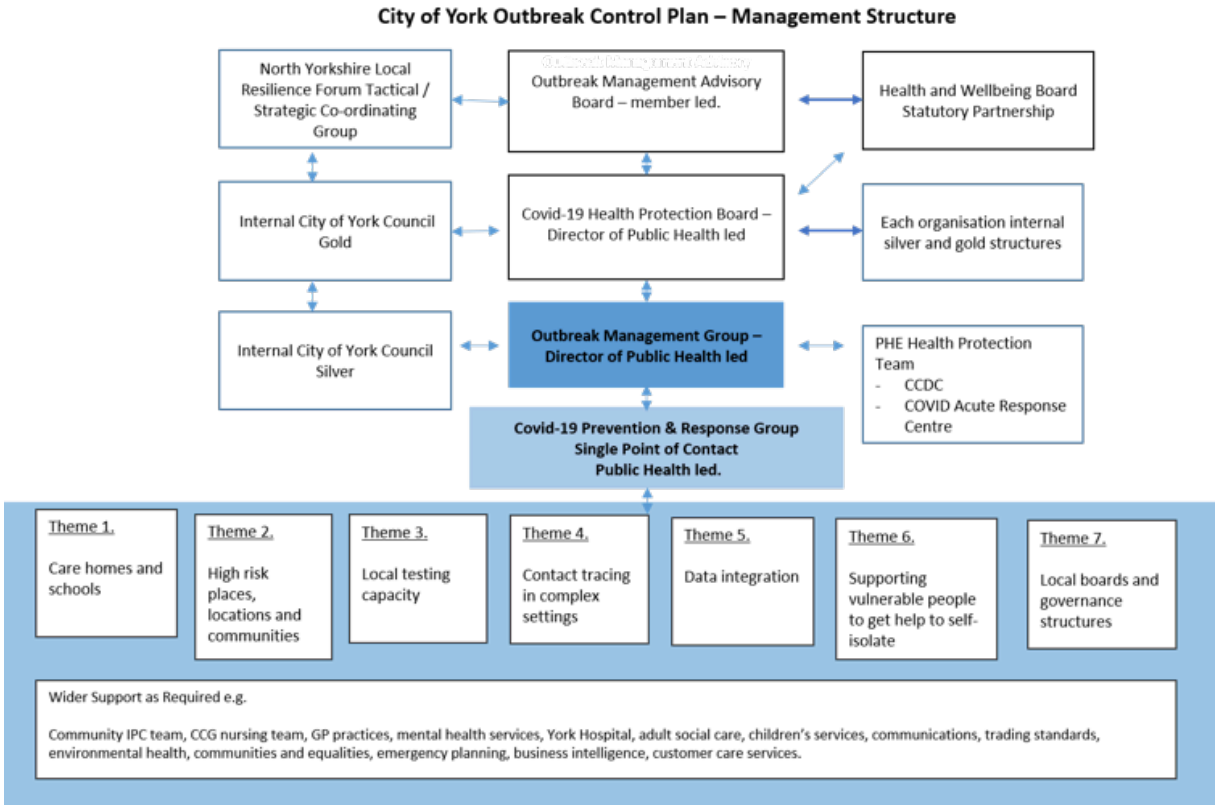
Figure 2



Governance & Management Structure

The diagram below describes the governance and management structure for the York Covid-19 Outbreak Control Plan.

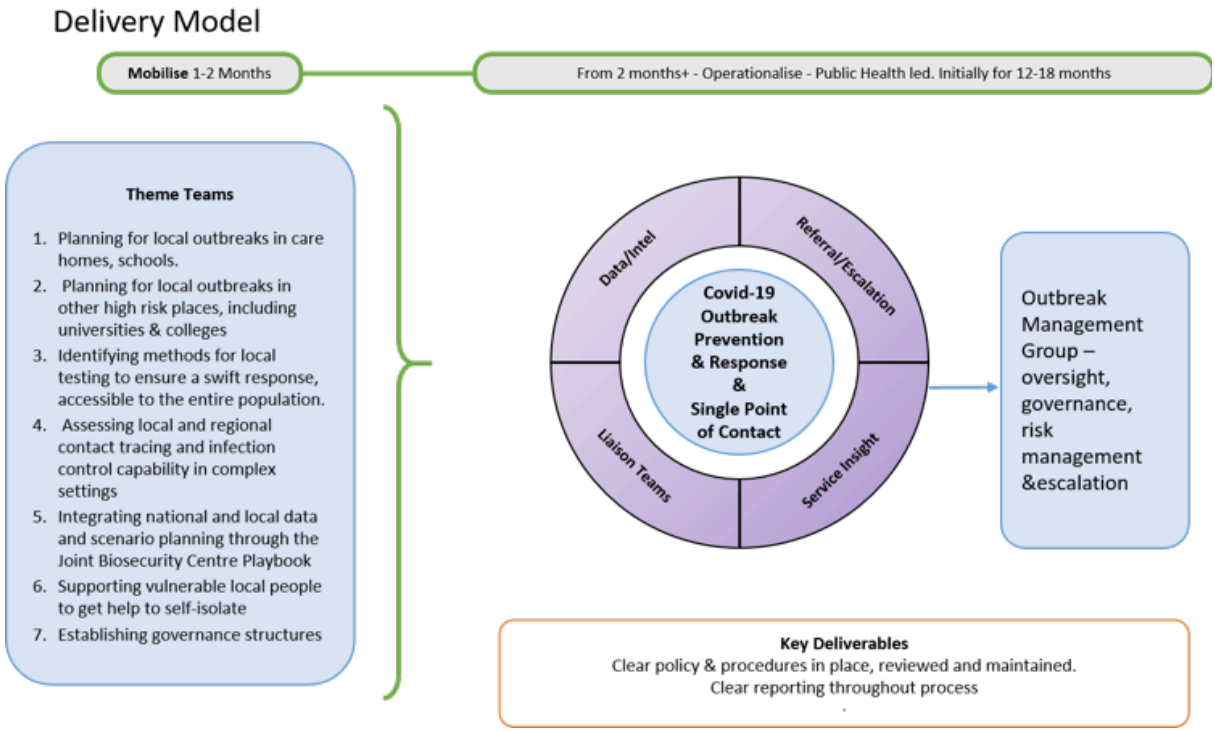
Figure 3. City of York Covid-19 Outbreak Control Plan Management Structure



Operationalising the Outbreak Control Plan – City of York

As Test and Trace embeds and becomes more established we will be able to step down the emergency response to the current pandemic. It remains unknown how long it will be before a vaccine or effective treatment is available. As a result there is a need to move the local test and trace capabilities and function into a business as usual service – Covid-19 outbreak prevention and response and Single Point of Contact. This group, chaired by the Assistant Director / Consultant in Public Health, will have the operational capability to manage the day to day organisation of Test and Trace within York and report into the Outbreak Management Group who will ensure linkages into appropriate onward referral routes / pathways whilst ensuring a continuous feedback cycle to check and review the response.

This group will be formally established from July 2020 onward and is currently expected to operate for 12-18months. A key part of the governance for the group will be the ability to step up the response, as appropriate, for example in the scenario of a second wave.



Each of the seven themes has a Public Health Specialist lead. For each theme there will be a core team to support delivery; the exact make up of these teams will vary depending on who is most appropriate for each theme. Wherever possible we will use existing groups / mechanisms to make the most efficient use of limited capacity.

The Covid-19 outbreak prevention and response and Single Point of Contact will be responsible for taking forward the seven themes. The group will monitor information received through Test and Trace and other sources, identify any issues, complete an initial risk assessment and follow up as appropriate. This group will report to the Outbreak Management Group chaired by the Director of Public Health.

Should issues require a multi-agency response, an incident management team (IMT) will be convened by a public health consultant – either a Consultant in Communicable Disease Control (CCDC) at Public Health England, or the Director of Public Health. Membership will depend on the nature of the outbreak / incident. Should the outbreak require a wider response than an IMT, additional partners can be alerted through the North Yorkshire Local Resilience Forum (NYLRF) through the RCMI process.

An Outbreak Management Group consisting of the Director of Public Health, Assistant Director / Consultant in Public Health, Nurse Consultant in Public Health, theme leads and programme management team will be responsible for the overall delivery of the outbreak control plan during mobilisation.

The programme is expected to last for 12-18 months, and will need to have surge capacity built into the arrangements to be able to respond quickly to any localised spike in cases.

Escalation of response

Should it be necessary to invoke a wider council or multi-agency response, the Outbreak Management Group will be able to escalate through existing routes in place within the council. These include:

- CYC Silver emergency planning response group
- CYC Gold emergency planning response group
- Escalation to North Yorkshire Local Resilience Forum via RCMI process

Outbreak Management Advisory Board

This is a newly established member led group which has political ownership for public facing engagement and communication for the outbreak response. The group has been set-up in accordance with government guidance. A terms of reference and meeting schedule for the group has been agreed.

The Outbreak Management Advisory Board will act as an advisory committee with a critical role being to ensure relevant representation and a joined up response to Covid-19. If there are any local outbreaks this Board will play a crucial role in managing communications within and across our communities.

Any issues requiring escalation for political consideration will be escalated to the Outbreak Management Advisory Board, the criteria which would trigger the need to escalate a situation to the Board is still in development and will be approved by the Board in due course.

Data Sharing

Information relating to the Covid-19 outbreak should be shared as needed to support individual care and to help tackle the disease through research and planning during the Covid-19 situation. The focus should be to ensure the risk of damage, harm or distress being caused to individuals and service users is kept to a minimum and that data is only processed where it is necessary to do so and in an appropriate manner. The Council's privacy notice has been updated accordingly.

Test & Trace – locally

The local test and trace capacity will support the identification and management of the contacts of confirmed Covid-19 cases and ensure that individuals are rapidly identified in order to intervene and interrupt further onward transmission.
This is achieved through:

- The prompt identification of contacts of a probable or confirmed case of Covid-19
- Providing contacts with information on self-isolation, hand and respiratory hygiene as per the national guidance and advice around what to do if symptomatic
- Timely laboratory testing (all those with symptoms and, if resources allow, asymptomatic high-risk exposure contacts as defined below).

Further information about the Single Point of Contact to support the delivery of Test and Trace in York can be found in appendix 2.

Funding Allocation

The Minister of State for the Department of Health and Social Care has allocated a ring-fenced grant to Local Authorities on 10 June 2020. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred in the prevention and management of the outbreak response. The amount of grant received was decided upon using the 2020/21 Public Health Grant allocations as a basis for proportionately distributing the funding. City of York Council received £733,896.

National guidance requires local authorities with public health responsibilities to double their existing health protection capacity. The Outbreak Management Group have therefore developed initial proposals for investment to include:

- Infection prevention and control resource
- Enhance public health specialist capacity to support local prevention and outbreak response
- Enhance environmental health and trading standards capacity to support local prevention and outbreak response
- Support localised contact tracing resource
- Data and intelligence
- Communications

The allocation of the grant will be subject to the necessary approvals.

National Lockdown

The UK government imposed the lockdown on the evening of 23 March 2020 in order to prevent the spread of Covid-19. Significant restrictions were placed on the UK including the closure of schools, non-essential shops and businesses, restricting non-essential travel and requiring the majority of the UK population to remain at home.

Localised Lockdown

As part of the development and implementation of the local Outbreak Control Plan the Government has indicated the potential for local lockdowns. Under the plans, the new Joint Biosecurity Centre is expected to use data and analytics to identify risks in order to offer advice. Most interventions are expected to be at local level, with councils potentially called upon to close down towns or a few streets.

Currently, lockdown powers sit with ministers however there is a potential that responsibility may be passed to councils. Further details about how this might be implemented are awaited but we will use the experience of other areas such as Leicester who have recently had a local lockdown in order to develop our plans in the event that this is required in York at any point during the course of the pandemic.

5 Overview of Seven Core Themes

Detailed operational plans which sit below this Outbreak Management Plan are being developed and will be available on request by contacting enquiries.publichealth@york.gov.uk

The accountability structure for each theme is captured below and forms part of the wider governance and management structure.

THEME 1 – CARE HOMES & SCHOOLS	
Theme Lead	• Designated senior public health officer.
Theme Team	**Support to care homes:** • Public Health Officers • Adult Social Care • Vale of York CCG • Community IPC team • Care Home Gold & Silver Resilience plan structures supported by adult commissioning team **Support to schools:** • Children Services Team –Education Advisors, Early Years, Inclusion, Adult Learning and Health & Safety, Public Health Officers
Theme Description	
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).	
Theme Objective	
What are we going to achieve • Effective local plans are in place which ensure a timely response to a suspected COVID-19 outbreak. • Monitoring arrangements are robust to support proactive identification and management of suspected COVID-19 hotspots. • Clear plans are in place to manage a localised response. • Clear and timely communications are in place.	

THEME 1 – CARE HOMES & SCHOOLS

Operating Scope

- 37 care homes in York with 1459 registered care beds,
- 57 supported households (all family types from parents with children, through single homeless)
- 9 Children's Centres
- 63 -State maintained schools and academies
- 5 Independent schools
- 276 -Early Years and Childcare providers
- 988 -Children and young people with EHCPs
- 25,698 - School age children (5-18)

Plan

Provide key milestones to achieve the objectives

- Supporting people and settings to remain isolated by providing practical support and guidance on infection control.
- A KPI dashboard is being developed to enable daily monitoring of key data metrics
- Care homes – continuation of::
  - Daily calls to care homes from contact worker
  - Care home liaison through adult social care commissioning team
  - Monday to Friday gold care home meeting, weekends by exception
  - Escalation to Local Resilience Forum as required
  - Care home testing and prioritisation framework
  - Support on a range of issues including infection prevention and control, staffing, PPE.
  - Care market resilience plan – available on the CYC website https://www.york.gov.uk/ShapingCare
- Schools – School plans are in development in collaboration with CYC Education Colleagues.
  - Development of robust support system for schools and early year's settings.
- Consistent and co-ordinated communications to ensure a co-ordinated outbreak response. This will include: what information is to be communicated, by whom, how, when and who the recipients should be.
  - Consider help lines, information bulletins, media updates and social media responses tailored for the care home/ education settings.
- Standard Operating Procedures (SOPs) from PHE will be followed and factored into our local response when a setting has a confirmed Covid-19 case in their setting.

THEME 1 – CARE HOMES & SCHOOLS

Measurement

Critical data which will be monitored

- Care homes data on categorisation (updated daily)
- No outbreak/new outbreak/ongoing outbreak/historical outbreak
- Daily updates on numbers of suspected/confirmed cases, hospitalisations, deaths from Covid-19 in each care home
- Proportion of care homes that have been able to access whole home testing
- Daily updates on numbers of suspected/confirmed cases in schools
- Number of outbreaks in schools.

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- Timely access to the national data dashboard
- Robust mechanism to access timely testing
- Clear operating procedures in relation to the "hand-off" of cases.
- Ensuring daily updates from all settings.
- Proactive follow up of suspected cases in educational settings.
- Resilience in Public Health Team.

Accountability Structure:	• Outbreak Management Group • Care home Silver (internal) and Gold (multi-agency) meetings • Linking into the wider Outbreak Control Plan governance & management Structure – City of York

THEME 2 – HIGH RISK PLACES, LOCATIONS AND	
Theme Lead	• Designated senior public health officer
Theme Team	**Support to businesses / workplaces:** • Public Health Officers • Public Protection (EHO and Trading Standards) • Health & Safety • Federation of Small Businesses • York Business Improvement District (BID) • Local Enterprise Partnership (LEP) **Support to accommodation settings:** • Public Health Officers • Housing Officers • Others as appropriate **Support to Colleges and Universities:** • Public Health Officers • Vale of York CCG • Others as appropriate **Support to other High Risk settings such as Hospitality, Leisure and Tourism:** • Public Health Officers • CYC Officers in economy & place • Public Protection (EHO and Trading Standards) • LEP / BID / Make it York

Theme Description

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).

Theme Objective

What are we going to achieve

- Define complex, high risk settings, cohorts, scenarios of relevance to CYC
- Risk assess by likelihood of impact
- Ensure high risk settings have access to accurate, evidence based information relating to infection control and managing outbreaks
- Prevent spread of Coronavirus in these settings

- Supporting people and settings to remain isolated by providing practical support and guidance on infection control.
- Proactive approach to preventing outbreaks by identifying and supporting high risk settings and cohorts.

THEME 2 – HIGH RISK PLACES, LOCATIONS AND

- Effective local plans are in place which ensure a timely response to a suspected Covid-19 outbreak, these are tailored to the requirements of specific communities and high risk / vulnerable groups/ communities as appropriate.
- Preventative measures implemented.
- Monitoring arrangements are robust to support proactive identification and management of suspected Covid-19 hotspots.
- Clear plans are in place to manage a localised response.
- Clear and timely communications are in place

Operating Scope

Specific High risk / complex settings:

- **High risk Employer / businesses settings that are workplaces**
- **Complex higher education settings – colleges and universities**
- **High risk Accommodation settings** – Homeless shelters; Houses of Multiple Occupation
- **High risk other** e.g. Hospitality accommodation; Food and Beverage.
- **High risk communities – see theme 6 Vulnerable people** Homelessness; Gypsy & traveller; Military; BAME; Substance misusers.

Plan

Provide key milestones to achieve the objectives

- A KPI dashboard is being developed to enable daily monitoring of key data metrics
- Tailored communications strategy for targeting specific group/cohorts and high risk / vulnerable groups/ communities is being developed to ensure effective engagement.
- Case studies based on responses to live suspected Covid will be collated and tracked to ensure a continual review of approach and ensure processes are kept up to date.
- Preventative measures are identified and implemented.
- PH team and LEP and Trading Standards work together to utilise existing relationships with workplaces within City of York to proactively manage infection control.
- Prevention approach – Work with high risk communities to proactively to prevent outbreaks and strengthen communication channels.
- Work with high risk workplaces/ business to prevent outbreaks and strengthen communication channels
  - Consistent and co-ordinated communications to ensure a co-ordinated outbreak response. This will include: what information is to be communicated, by whom, how, when and who the recipients should be.

THEME 2 – HIGH RISK PLACES, LOCATIONS AND

- Consider help lines, information bulletins, media updates and social media responses tailored for the care home/ education settings.

Standard Operating Procedures (SOPs) from PHE will be followed and factored into our local response when a setting has a confirmed Covid-19 case in their setting.

Measurement

Critical data which will be monitored (will add once these have been confirmed)

- High Risk workplace settings matrix categorisation
- No outbreak/new outbreak/ongoing outbreak/historical outbreak.
- Weekly updates on numbers of suspected/confirmed cases, hospitalisations, deaths from Covid-19 in each high risk setting (more frequently if required)
- Proportion of high risk settings that have been able to access whole site testing.
- Number of outbreaks in high risk settings.

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- Timely access to the national data dashboard.
- Robust mechanism to access timely testing.
- Clear operating procedures in relation to the "hand-off" of cases

Accountability Structure	Outbreak Management Group Linking into the wider Outbreak Control Plan governance & management Structure – City of York

THEME 3 – LOCAL TESTING CAPACITY

Theme Lead	• Designated senior public health officer
Theme Team	• Public Health Officers • Emergency Planning • LRF testing workstream

Theme Description

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).

Theme Objective

What are we going to achieve

- Expansion of existing local testing to support test and trace
- Additional testing facilities which provide different access routes to people for testing.
- Ability to provide fast response testing in high risk location(s) e.g. outbreak in school/ care home/ workplace.
- Timely pathway from requesting; accessing and receiving results to ensure timely action.
- Clear and timely communications are in place.

Operating Scope

- Within City of York Council boundary
- Student population across four higher York institutions is 31,000 – York St. John, University of York, Askham Bryan and York College.
- Understand the scope around offer to Askham Grange open prison.

Plan

Provide key milestones to achieve the objectives

- Data dashboard developed which enables daily monitoring of key data metrics.
- Utilisation of York pseudo-satellite testing unit (PSTs)
- Access Amazon supply portal to enable nominated people to access bulk orders of supplies i.e. to support testing in care homes and home testing capacity.
- Monitor swabbing (and antibody testing) capacity in Pillar 1
- Continuation of rotational mobile testing units across the city under the direction of the DPH.
- Understand and support roll out of antibody testing as appropriate
- Support national surveillance testing, including schools surveillance.

THEME 3 – LOCAL TESTING CAPACITY

Measurement

Critical data which will be monitored (will add once these have been confirmed)

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- Testing pathway currently not as timely as it needs to be (from requesting test through to receiving results) in order to enable effective public health action.
- Still issues with high numbers of void tests (although decreasing)
- No modelling data currently available – therefore an element of uncertainty in relation to resource which may be required to the local response.
- Developing local data metrics to ensure daily monitoring.

Accountability Structure	• Outbreak Management Group • Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York

THEME 4 – CONTACT TRACING IN COMPLEX SETTINGS	
Theme Lead	• Dedicated senior public health officer
Theme Team	• Public Health Officers • Environmental Health Officers • Option to request support from IPC and TB service, sexual health if surge capacity needed

Theme Description

Assessing local and regional contact tracing and infection control capability in complex settings (Tier 1) 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).

Theme Objective

What are we going to achieve

- Early identification of outbreaks by responding to alerts to suspected cases based on symptoms and case finding through whole setting testing where feasible.
- Comprehensive outbreak management including instituting quarantine of setting based on suspicion and reviewing with test results.
- Providing support to PHE when required to undertake face to face contact tracing of individuals/communities where standard Tier 1 procedure not successful/appropriate.
- Community and employer engagement.
- Targeted approach to meet the needs of different communities and economies.
- Accessing and reaching different groups and communities.
- Meeting the humanitarian needs of those who need to self-isolate.

Operating Scope

On 28th May 2020 the Government announced the start of the national NHS Test & Trace programme. The T&T programme has 3 tiers:

- Tier 1 – **Public Health England health protection team** will manage the most complex cases – and will be the interface with local authorities (Tier 1b)
- Tier 2 – **healthcare professionals** will contact cases and escalate complex cases
- Tier 3 – the commercial arm of **call handlers** will manage routine contacts

Whilst the core contact tracing elements will be managed by the regional and local T&T teams as above, there is a significant role for local authorities and partners to support the overall programme. This will focus on:

THEME 4 – CONTACT TRACING IN COMPLEX SETTINGS

- Providing support to PHE when required to undertake face to face contact tracing of individuals/communities where standard Tier 1 procedure not successful/appropriate e.g. high risk and hard to engage communities
- Meeting the humanitarian needs of those who are required to self-isolate and need additional support.
- Engaging with health/social care organisations, workplaces etc. to ensure they are aware of what the Test and Trace programme means to them e.g. operational impact (and how to mitigate), communications required etc.

Plan

Provide key milestones to achieve the objectives

- A KPI dashboard developed which enables daily monitoring of key data metrics.
- Develop a core team of people who will provide local support where there are complex cases who cannot be followed up over the phone or via the app.
- Developing proposals to increase capacity and provide training to contact tracers on Covid-19 specific contact tracing.
- Provide clarity on how/when contact tracers will be asked to work as part of Covid-19 outbreak response teams on contact tracing
- Mutual aid will continue to be sought from North Yorkshire and York partner organisations.

Measurement

Data will be monitored (will add once these have been confirmed)

- Log of all outbreaks/cases/incidents referred into outbreak management team

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- T&T alone will not keep case numbers low. Rising numbers of cases can quickly overwhelm capacity and may be an indication that other control measures are needed. Robust data metrics to monitor are crucial.
- The ring-fenced budget will be insufficient to cover the actual costs of management of prevention and response to the pandemic.
- Re-examine the mechanism for the outbreak management team to share confidential information directly with PHE (T&T Tier 1).

Accountability Structure	• Outbreak Management Group • Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York Council

THEME 5 – DATA INTEGRATION	
Theme Lead	• Dedicated senior public health officer.
Theme Team	• Business Intelligence Hub • Outbreak Management Group • Test & Trace Hub • Information Governance

Theme Description

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).

Theme Objective

What are we going to achieve

- Timely access to local data through CYC Business Intelligence Team which supports individual and multiple case management, informs prevention activities as well as allowing for reviewing performance.
- Monitoring arrangements are robust to support proactive identification and management of suspected Covid-19 outbreaks and outbreaks, including those cutting across multiple settings and capturing those needing support such as translation services or support to those self-isolating.
- Access to national data on test and trace
- Providing local intelligence to highlight growing or reducing risk settings so Public Health leads are able to make informed decisions.
- Ensure controls are in place to assure the quality of data captured through outbreak management themes.
- A Data Protection Impact Assessment (DPIA) has been completed for the processing activity, stating the lawful basis to enable the activity to occur, whilst identifying and mitigating potential risks in respect to the individuals and organisations concerned. Information Sharing Agreements (ISAs) will also be set up for each external organisation with whom data is being shared, ensuring a secure mechanism is in place for the transfer of data.

Operating Scope

Access to national datasets is an evolving area and the details are still unclear at this point.

Work is underway locally to utilise the existing datasets which are being monitored in relation to Covid to ensure visibility of key data metrics to ensure effective and timely management.

THEME 5 – DATA INTEGRATION

Where there is currently no formal system for capturing data, localised spreadsheets are being established to ensure timely monitoring. These new process will be reviewed on an ongoing basis through the data integration theme. Reconciling different data recording will be important in ensuring high quality data and avoiding duplicating data entry.

Plan

Provide key milestones to achieve the objectives

- Data dashboard developed which enables daily monitoring of key data metrics.
- Expect to be fed information from the Joint Biosecurity Centre about the local picture e.g. hotspots, local R rate.
- Standards around common data schema to inform recording across all themes.
- Locally need to look at potential developments for a secure database to hold all data and support reporting.

Measurement

Critical data which will be monitored

- A number of Covid-19 indicators are currently being monitored
- Although the initial peak has passed, covid-19 indicators are being monitored daily including new data on symptomatic patients, to help provide an early indication of a possible second wave.
- A number of Covid-19 public health indicators are published on York Open Data. These are
  - Daily and cumulative new Pillar 1 diagnosed cases in York.
  - Cases per 100,000 of population for York and England
  - Daily and cumulative deaths from covid-19 at York Hospital
  - Weekly number of covid-19 deaths for CYC residents from local registrar data.
  - Weekly number of covid-19 deaths for CYC residents from data supplied by the Office for National Statistics (ONS).
  - Narrative breakdown of deaths by age and gender and location.

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- Need for clarity about national data sets and data sharing agreements, which also work effectively in local contexts (e.g. workplaces).
- The dashboards / data intelligence products need to provide the key information that enables the outbreak management group to be quickly informed of the analysis to support timely and evidence based decision making.

THEME 5 – DATA INTEGRATION

- Timely access to accurate data is crucial. Failure to record accurate information could quickly result in the virus spreading.
- Appropriate use of language and terminology e.g. clusters and outbreaks.
- Failure to monitor the data will result in a delayed response to potential outbreaks. This is being mitigated through support by business intelligence.

Accountability Structure	• Outbreak Management Group • Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York

THEME 6 – VULNERABLE PEOPLE	
Theme Lead	• Designated senior public health officer
Theme Team	• Communities and Equalities Team • Housing & Community Safety Team • Local Area Co-ordinators • Community & voluntary sector

Theme Description

Supporting vulnerable local people, not in receipt of adult social care services, 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.

Theme Objective

What are we going to achieve

- We will utilise the Councils existing community offer to support people who are contacted by Test and Trace. However we recognise that there may be residents who are not aware of the offer as they have not had the need to access it to date or lack the skills/confidence to access this service which will need to be addressed in the communication plan.
- We will work with local services, community and volunteering networks to utilise local experience of identifying and engaging with vulnerable groups or communities who may struggle to self-isolate (if identified through Test and Trace) as well as looking at how we can encourage and support vulnerable groups to get tested if symptomatic and participate in the tracking system.
- We will work with partners to identify the challenges/barriers different vulnerable groups may face to self-isolate (or participate in Test and Trace) and look to find solutions.
- We will ensure that communications (message and method) are tailored to meet the needs of vulnerable groups and address key behaviours that look to prevent, manage and control the spread of Covid-19.
- We will produce data intelligence on vulnerable groups (as identified below) where it is required to support more effective targeting of interventions.
- We will work with high risk settings who provide services or employment to vulnerable groups to support them to take action to prevent and manage outbreaks appropriately (links to Theme 2).

Operating Scope

In partnership with NHS and the Voluntary and Community Sector, City of York Council has established a dedicated programme of initiatives designed to ensure that anyone who is self-isolating has the help they need.

THEME 6 – VULNERABLE PEOPLE

Through existing relationships with the community and voluntary sector, swift mobilisation of a community response to Covid will be possible.

We have identified a number of vulnerable groups who due to their pre-existing physical and mental health conditions, their living or working environment and or chaotic lifestyle make them vulnerable to Covid-19 and may impact on their capability, opportunity and motivation to take action in response public health messages and advice. However, this is an emerging condition so those that are vulnerable are likely to include the following but should not be restricted to this list:

- People, including those aged 70 and over, those with specific chronic pre-existing conditions and pregnant women, are clinically vulnerable, meaning they are at higher risk of severe illness from coronavirus.
- People who are defined, also on medical grounds, as clinically extremely vulnerable to coronavirus
- BAME groups
- Gypsies and Travellers
- People at risk from domestic violence
- Homeless and rough sleepers
- Refugees and asylum seekers
- Migrant workers
- People with learning disabilities
- People/families on low income
- People living in more deprived areas - have continued to experience COVID-19 mortality rates more than double those living in less deprived areas. General mortality rates are normally higher in more deprived areas, but COVID-19 appears to be increasing this effect."
- Substance misusers
- Digitally excluded.

Plan

Provide key milestones to achieve the objectives

- Data dashboard developed which enables daily monitoring of key data metrics.
- An effective process is in place via the councils customer service centre to support shielded or symptomatic people/households.
- The national test and trace team will inform those self-isolating to contact the local authority if they require:
  - Practical or social support for themselves;
  - Support for someone they care for
  - Financial support.

THEME 6 – VULNERABLE PEOPLE

- Develop a contact list of key agencies/ services that are linked with our vulnerable groups.
- Contact key agencies/agencies to discuss how they can support local vulnerable groups as part of the test and trace programme.

Measurement

Critical data which will be monitored (will add once these have been confirmed)

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- As the support is rolled out further and volunteers have to support people known to have tested positive with Covid this may lead to concerns about attending the premises (although no contact is required).
- If there are geographic clusters of affected people living in one locality requiring support during periods of self-isolating the local community support organisations may not have sufficient volunteer capacity to respond within required timescales. Mitigation – there are 3 tiers of volunteer support:
  - Tier 1 - The community support organisations
  - Tier 2 - CYC registered volunteers
  - Tier 3 – Members of CYC staff and / or other public sector staff

These tiers of volunteers would be called upon if the local community support organisation is unable to respond. If there is an identified gap in an area requiring volunteers, targeted media campaigns will be undertaken.

Accountability Structure	• Outbreak Management Group • Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York

THEME 7 – LOCAL BOARDS	
Theme Lead	• Director of Public Health, City of York Council
Theme Team	• Democratic Services • Health and Wellbeing Board Partnerships Co-ordinator

Theme Description

Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by Gold command forums and a new member-led Board to communicate with the general public.

Theme Objective

What are we going to achieve

- Appropriate and proportionate governance to implement public health measures with community engagement as relevant.
- Effective governance plans and structure in place with clearly defined roles and responsibilities.
- Terms of Reference agreed for the new member-led Board – the Outbreak Management Advisory Board.

Operating Scope

The key principles of how we work together in an outbreak situation were agreed by the North Yorkshire and Humber Directors of Public Health, Health Protection Assurance group, and later agreed by the North Yorkshire and York LHRP. These were updated in May 2019. Where appropriate and possible existing governance will be used to manage our response.

Plan

Provide key milestones to achieve the objectives

- Data dashboard developed which enables monitoring of key data metrics for the relevant governance groups.
- The established Outbreak Management Advisory Board will have political ownership and public facing engagement and commutation for outbreak response.
- Evidence of widespread community transmission in any part of the City may require action to disrupt transmission by closing services down (i.e. mini lockdown). The Outbreak Management Advisory Board (OMAB) needs to have sufficient power and legitimacy to implement public health actions that may be required. These could include tightening lockdown around particular geographic areas, or advising on school closures etc.
- The frequency of meetings will be in line with data on active cases/outbreaks.

THEME 7 – LOCAL BOARDS

- **Public Health England and CYC Public Health/Health Protection Team** - co-ordinate and chair the Incident/Outbreak Control Team meeting. The Outbreak Control Team includes:
  - Director of Public Health / Assistant Director of Public Health (Chair)
  - Consultant in Communicable Disease Control (CCDC), PHE
  - Nurse Consultant in Public Health
  - CYC Emergency Planning
  - Vale of York CCG representative (s)
  - Administrative support
  - Media / communication representative
  - Other partners as required dependent on the nature and setting of the outbreak / incident

Measurement

Data which will be monitored (will add once these have been confirmed)

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- Public health workforce capacity

Accountability Structure	• Outbreak Management Group • Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York

6 Communications

We will communicate simple and clear preventative measures to our staff, residents, schools, local employers and businesses and ensure that these are updated as new guidance and information is developed.

We will link the communication into existing campaigns such as Our Big Conversation and make infection prevention and safety messages a core part of our recovery planning.

The core focus of communication will be to:

- Share public health infection control advice to prevent the spread
- Establish confidence in the response.
- Correct misinformation to build trust in our response.
- Promote and explain the Test and Trace system.
- Explain the outbreak – warn and inform without frightening.
- Help reduce the spread of infection and save lives.
- Support communities and the economy to return to business as usual safely through recovery.

A communications strategy is in the process of being developed. The strategy will encompass the following themes:

Build Advocacy

- Share key public health messages and updates on the current situation in York.
- Work closely with partners to ensure consistent messaging across the city.
- Share public health actions taken by city partners and public health.

Build Confidence

- Build confidence in the steps being taken and what they can do to support the city wide effort.
- Share more of what the city is doing to protect residents.
- Use data to update residents and businesses on the current position.
- Demonstrate the partnership approach being taken.

Build Engagement

- Engage residents through "Our Big Conversation" campaign.
- Work closely with partners to share messaging and ideas.

A detailed communication plan will be developed with all key partners which will be overseen by the Outbreak Management Advisory Board

CITY OF YORK COUNCIL

Appendices

Appendix 1
Outbreak Definitions

Outbreak definition for non-residential settings

1. Table 1 provides the definition of an outbreak in non-residential settings and also includes the criteria to measure recovery and declare the end of an outbreak. This definition is consistent with the World Health Organisation (WHO) outbreak definition.

2. A cluster definition is also provided to capture situations where there is less epidemiological evidence for transmission within the setting itself and there may be alternative sources of infection; however these clusters would trigger further investigations.

Table 1: Declaring and ending an outbreak and cluster in a non-residential setting e.g. workplace, school etc.

	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days. (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days.
Outbreak	Two or more confirmed cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

	Criteria to declare	Criteria to end
	And one of: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case Or (When there is no sustained community transmission or equivalent JBC risk level) – absense of alternative source of infection outside the setting for initially identified cases.	

Outbreak definition for residential settings

3. Table 2 provides a broader definition of an outbreak in residential settings. This definition differs from the definition for non-residential settings because coronavirus is known to spread more readily in residential settings such as care homes therefore a cluster definition is not required.

Table 2: Declaring and ending an outbreak in an institutional setting such as a care home or place of detention.

	Criteria to declare	Criteria to end
Outbreak	Two or more confirmed cases of Covid-19 OR clinically suspected cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days. NB. If there is a single laboratory confirmed cases, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting.

4. Table 3 provides a broader definition of outbreaks in either in-patient and out-patient settings.

Table 3. Declaring and ending an outbreak in an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care.

	Criteria to declare	Criteria to end
Outbreak in an inpatient setting	Two or more confirmed cases of Covid-19 OR clinically suspected cases of Covid-19 among individuals associated with a specific setting with onset dates 8-14 days after admission within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days.
Outbreak in an outpatient setting	Two or more confirmed cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days. AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for > 15mins)) during the infectious period of the putative index case OR (When there is no sustained community transmission or equivalent JBC risk level) – absense of alternative source of infection outside the setting for initially identified cases.	No confirmed cases with onset dates in the last 28 days in that setting.

Other Definitions

Possible case	New persistent cough OR fever (over 37.8) OR change or lack of sense of smell or taste.
Confirmed case	Laboratory confirmed positive PCR test for SARS-CoV-2 (regardless of symptoms)
Outbreak	Two or more confirmed cases linked in space and time.
Incubation period	Range 4 to 6 days with the shortest recorded incubation of 1 day and longest of 11 days.
Infectious period	48 hours before onset of symptoms until 7 days after the onset of symptoms.
Exclusion period	Symptomatic confirmed cases – 7 days from onset of symptoms; 14 days for elderly care home residents. Asymptomatic confirmed cases – 7 days from date of test. Household contacts of cases – 14 days from onset of symptoms / (date of test if asymptomatic) in family member.

Appendix 2
Functions and details of York Single Point of Contact

Contract tracing is a tried and trusted approach to prevent the spread of infection and to contain and prevent outbreaks. Comprehensive contact tracing alongside mass testing are common features in countries that have so far succeeded in keeping the number of cases of Covid-19 relatively low, such as Germany and South Korea. There is now a recognition that in the absence of a vaccine or effective treatment a medium / long term approach to Test and Trace is needed over 18 months to 2 years.

City of York Covid-19 Single Point of Contact (SPOC)

As part of the preventative approach to the control and management of Covid-19 in York, a Single Point of Contact has been established to interface with the NHS Test and Trace service. This acts as a single point of contact for two way communication and to receive and escalate cases and situations where they are identified both by the national Test and Trace system and local intelligence.

York Covid-19 SPOC: covid.SPOC@york.gov.uk
Telephone: 01904 553005
Hours of operation: 09:00 to 17:00 7 days a week
Ownership: Public Health Team, City of York Council

Key Functions of the York SPOC:

- To provide a single point of contact (SPOC) for NHS Test and Trace and the PHE Health Protection Team.
- To act as a key point of contact for settings and service leads.
- Will receive cases from level 1 (PHE health protection team) for information and for action.
- To act as a key point of contact and co-ordination in the event of an outbreak situation.

- To work in partnership with the communications team to identify key communication messages around infection prevention and control and provide information as necessary to support elected member, partner, residents briefings and media statements.

- To escalate issues / cases identified locally to the level 1 (PHE health protection team) whether further contact tracing support is required (e.g. cross geographical borders) or highly specialist input is required.
- Using data and intelligence for:
  - New outbreak monitoring
  - Early warning / surveillance of increase in case activity
  - Hotspot analysis

- Vulnerable people monitoring and case management support (including those clinically shielded and support for self-isolation)

- Reporting regularly to outbreak management board including escalation of any issues of concern.

National Test and Trace Service

The York Single Point of Contact (SPOC) will work within the framework of the national test and trace service. The UK Government launched the NHS Test and Trace service on 28 May 2020 as part of an integrated test, trace, contain and enable (TTCE) approach to Covid-19. The National Test and Trace service has 3 levels:

Level 3: National call handlers contracted from external providers who are responsible for:

- Providing advice to contacts according to Standard Operation Procedures (SOPs) and scripts. This will include the household and community contexts of cases escalated to Level 1.
- Escalating difficult issues to the Level 2 staff.

Level 2: Professional contact tracers recruited through NHS Providers (mainly recently retired NHS staff and public health specialists) who are responsible for:

- Interviewing index cases (i.e those who test positive) and identifying their contacts using SOPs and scripts.
- Handling issues escalated from level 3 staff.
- Escalating complex issues and situations to Level 1.

Level 1: Regional arrangements via the PHE health protection team who are responsible for:

- Establishing a single point of contact
- Leading on complex contact tracing
- Collaborative working on a regional and sub-regional footprint
- Escalating complex issues to the local public health team that require a more bespoke response – the City of York Single Point of Contact (SPOC).

Appendix 3
City of York Council COVID-19 Health Protection Board

Terms of Reference (TOR)	
Background	Managing the current pandemic of COVID-19 presents considerable challenges in York as for the rest of the country. Many organisations have a role to play in protecting the people of York from COVID-19 and the overlapping roles and responsibilities of the main agencies for health protection can be complex.
Purpose	The primary role of the COVID-19 Health Protection Board is to provide strategic leadership to support the delivery of the City of York Council COVID-19 Outbreak Control Plan and the explicit connections to other organisations outbreak control plans across health and social care. The Board will also ensure appropriate connections are made to North Yorkshire County Council and Humber, Coast and Vale Integrated Care System for those issues that are best managed in collaboration. The Board will monitor outbreak management and epidemiological trends across York. The Board will establish appropriate communication and engagement with other groups focusing on COVID-19 response (e.g. Care Homes Gold Group) to avoid duplication and ensure consistency of approach in matters relating to infection prevention and control. The Board will provide assurance to the City of York Outbreak Management Advisory Board that there are robust plans and arrangements in place to protect the population from COVID-19. It will draw to the attention of that Board any matters of concern.

Terms of Reference (TOR)

Scope	Topics that are within the scope of the Board include, but are not restricted to: • Personal Protective Equipment (PPE) • Test and Trace • Data management, analysis and interpretation • Infection prevention and control • Interpretation of guidance and development of policy • Training and staff development relating to infection prevention and control, contact tracing etc. • Dissemination of information as appropriate
Key Responsibilities	To oversee the development of the local outbreak control plan • To provide assurance to the York COVID-19 Outbreak Management Advisory Board as to the adequacy of arrangements for the prevention, surveillance, planning for, and response to, COVID-19 in York • To highlight concerns about significant COVID-19 related health protection issues and the appropriateness of health protection arrangements for York, raising any concerns with the relevant commissioner / provider or, as necessary, escalating concerns to the Outbreak Management Advisory Board • To provide an expert view on any health protection concerns on which the Outbreak Management Advisory Board request advice from the Board • To monitor a 'COVID-19 Health Protection Dashboard' in order to assess local performance in addressing the key health protection issues relating to COVID-19 in York, raising any concerns with the relevant commissioner / provider or, if necessary, escalating concerns to the Outbreak Management Advisory Board • To monitor significant areas of poor performance through the dashboard and to seek assurance that recovery plans are in place • To review the content of local plans relevant to COVID-19 • To seek assurance that any lessons learned e.g. from outbreaks locally or in other areas, are embedded in future working practices

Terms of Reference (TOR)

	• In addition to reporting to the Outbreak Management Advisory Board, the COVID-19 Health Protection Board will report to the City of York Health and Wellbeing Board which will hold City of York Council, NHS England, Vale of York Clinical Commissioning Group, York NHS Teaching Hospitals NHS Trust and Tees, and Wear Valley Mental Health Trust to account in terms of their health protection responsibilities.	
Meeting Arrangements	• The Board will be chaired by the Director of Public Health or their deputy and will meet monthly. More frequent meetings can be arranged if necessary with the agreement of the Chair. • The meetings will be convened by the York Public Health team who will provide secretarial support • Items for inclusion on the agenda will be sought from all members in advance of each meeting. Draft minutes and action log will be sent electronically to members and then approved at the next meeting • Meetings will not be open to the public and will not be recorded. • Conflicts of interest must be declared by any member of the group at the start of each meeting • Decisions of the Board are purely advisory and its recommendations will be considered through the governance arrangements of the bodies represented which will retain their decision making sovereignty.	
Quorum	To be quorate the meeting must include: • Director of Public Health (Chair) or his/her deputy • Vale of York Clinical Commissioning Group representative • Clinical representative • Adult social care representative • Children's services representative	
Core Membership	Director of Public Health (Chair)	City of York Council
	Assistant Director / Consultant in Public Health (Vice Chair)	City of York Council
	Nurse Consultant in Public Health	City of York Council

Terms of Reference (TOR)

	Consultant in Communicable Disease Control (CCDC)	Public Health England
	Representative	Harrogate & District NHS Hospital Community Infection Prevention & Control Service
	Representative	York Hospital NHS Trust Infection Prevention & Control Team
	Clinical lead	Vale of York Clinical Commissioning Group
	Emergency Planning Lead	Vale of York Clinical Commissioning Group
	Senior Business Intelligence Officer	City of York Council
	Emergency Planning Lead	City of York Council
	Head of Public Protection / deputy	City of York Council
	Health & Safety lead	City of York Council
	Adult Social Care	City of York Council
	Representative	Independent Care Group
	Children's Services	City of York Council
	Communications	City of York Council
Others will be invited to attend to present agenda items or participate in discussion on specific issues.		

Appendix 4
City of York Council Outbreak Management Advisory Board Terms of Reference (TOR)

Terms of Reference (TOR)	
Context	NHS Test and Trace programme across England, with equivalent programmes being developed across the UK. As part of this response, each council with responsibility for statutory Public Health functions has been asked to lead the local approach, based around an outbreak management plan. A key element of local outbreak management is the engagement of democratically elected councillors/politicians and the key partnership agencies that will contribute to Test and Trace development and delivery. This document sets out the Terms of Reference for the City of York Outbreak Management Advisory Board, which will bring together elected members and senior officers from the City of York Council, as well as key partners from statutory, private and voluntary sector organisations.
Purpose	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. To advise and inform the development of City of York Council's outbreak management plan and the local Test and Trace programme, reflecting the views of different communities and sectors across the city. To engage and communicate with the public about Covid-19, outbreak management and Test and Trace

Terms of Reference (TOR)

	To ensure that statutory bodies are able to make informed decisions in relation to outbreak management and Test and Trace within City of York and that such bodies retain their own decision making processes. The key role of the board is 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. It will support and strengthen the plan that will need to underpin every decision that is taken as we move through the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively. It will help ensure that the best routes to communicate with all key stakeholders have been identified and utilised. It will oversee the evaluation of the success of communications with the public, the public sector and businesses to ensure that they are effective. It will receive regular updates from the City of York Covid-19 Health Protection Board via the Director of Public Health or their nominated representative. Through these updates it will provide public oversight of progress on the implementation of the Test, Trace, Contain stages. It will also ensure that communications build on existing good practice and that lessons learned from other geographies are taken into account. It will identify any barriers to progress and delivery and make suggestions to help resolve them, making the most of any opportunities that may arise.
Decision maker	Decisions of the Board are purely advisory and its recommendations will be considered through the governance arrangements of the bodies represented which will retain their decision making sovereignty.
Frequency	The Board will meet, as and when required, initially the first two meetings will be held at three week intervals and thereafter revert to monthly, although the Chair has the right to change the frequency depending on local circumstances.

Terms of Reference (TOR)	
Quorum	To be quorate the meeting must include: • The Leader of the Council, (Board Chair); or • Chair of the Health and Wellbeing Board (CYC Elected Member) (Deputy Board Chair); • AND • The interim Head of Paid Service of the Council or nominated deputy; and • Director of Public Health or nominated deputy; and • One other full member of the Board (not a CYC Elected Member)
Agenda management and secretariat	The Council's Public Health team will support the agenda setting for, and minuting of, the Board. Meetings of the Board will be live-streamed by CYC unless there are exceptional reasons which prevent this. Any member of the Board may request an agenda item to be considered at the Chair's discretion and should do so within 48 hours of the next Board meeting. Given the potential emergency nature of the Board's business, final papers will be distributed 24 hours before each Board. Any emergency items may be agreed with the Chair within three hours of the next Board meeting. The Board will meet as a working group and will therefore be covered under the Access to Information Rules for committees. However, as communication is an essential role of the Group, it recommendations will be communicated widely as deemed appropriate.

Board membership

Name	Title	Organisation	Role on the Board
Cllr Aspden	Leader of the Council	City of York Council	Board Chair
Cllr Runciman	Executive Member Adult Social Care & Health	City of York Council	Deputy Chair/Chair of CYC Health and Well Being Board
Cllr Myers	Labour Councillor	City of York Council	Leader of the Main Opposition CYC
Ian Floyd	Interim Head of Paid Service	City of York Council	Interim Head of Paid Service
Sharon Stoltz	Director of Public Health	City of York Council	Statutory Director of Public Health
Amanda Hatton	Corporate Director Children, Education & Communities	City of York Council	Statutory Director of Children's Services
Dr Andrew Lee	Executive Director Primary Care & Population Health	Vale of York Clinical Commissioning Group	Vale of York Clinical Commissioning Group Representative
Dr Sally Tyrer	Chair	North Yorkshire Local Medical Committee	General Practitioners Representative
Lucy Brown	Director of Communications	York Hospitals NHS Foundation Trust	York Hospital Representative
Phil Mettam	Accountable Officer	Vale of York Clinical Commissioning Group	Humber, Coast & Vale Integrated Care System Chief Executive Officer lead for testing
Dr Simon Padfield	Consultant in Communicable Disease Control	Public Health England	Health Protection Yorkshire & the Humber
Julia Mulligan	Police, Fire and Crime Commissioner	North Yorkshire Constabulary	Police, Fire and Crime Commissioner
Lisa Winward	Chief Constable	North Yorkshire Police	North Yorkshire Police

Board membership			
Professor Charlie Jeffery	Vice-Chancellor and President	University of York	Further / Higher Education
James Farrar	Chief Operating Officer	York, North Yorkshire & East Riding Local Enterprise Partnership	Business Representative
Marc Bichtemann	Managing Director	First Group	Transport Representative
Alison Semmence	Chief Executive	York CVS	Voluntary & Community Sector
Sian Balsom	Manager	Healthwatch York	Healthwatch York

In attendance			
Name	**Title**	**Organisation**	**Role on the Board**
Claire Foale	Head of Communications	City of York Council	Communications
Tracy Wallis	Health & Wellbeing Board Partnerships Co-ordinator	City of York Council / Vale of York Clinical Commissioning Group	Support to the Board
Sam Alexander	Public Health Technical Systems Support Officer	City of York Council	Minute taker
Democratic Services		City of York Council	Support to the Board

Other attendees (e.g. from the culture/events/sport, pharmacy sectors) to be invited as and when required

Notes

1. The Board does not have any decision making powers, its main function is one of advice, support and challenge. This is because decision making is sovereign with the constituent bodies and they all operate under their own recognised delegated schemes of delegation.

2. Board members should make every effort to attend meetings, but they can delegate to named individuals as appropriate and must endeavour to ensure that the delegated person attends.

3. Others, as appropriate, may be invited by the chair to attend for specific items on the agenda and constituent bodies are free to choose who they nominate onto the Board.

4. The Board will receive appropriate documentation in order to form views and give advice to the decision makers.

5. Board members and attendees must manage any potential conflicts of interest in an appropriate way. Any conflicts should be declared at the start of the meeting. It is noted that this is an advisory group and individuals who represent retail, schools etc. have been chosen to reflect the views of those bodies and will not be considered as having a conflict in expressing their sectors views on proposals.

6. There will be a clear mechanism for comments and recommendations to reach the decision maker

The impact of COVID-19 in North Yorkshire and York

Rapid Health Needs Assessment

Presentation for York Health and Wellbeing Board July 2020

Peter Roderick, Acting Consultant in Public Health, Vale of York CCG

INTRODUCTION

Overview

•This rapid Health Needs Assessment (HNA) was written at speed in late May 2020 to assess population health need in the North Yorkshire and York region emerging as a result of the COVID-19 pandemic.

•Commissioned by the NY+Y Systems Leadership Executive to inform recovery planning for NHS and social care sectors across the two Local Authority/CCG areas. Data presented today has been made York-specific where possible

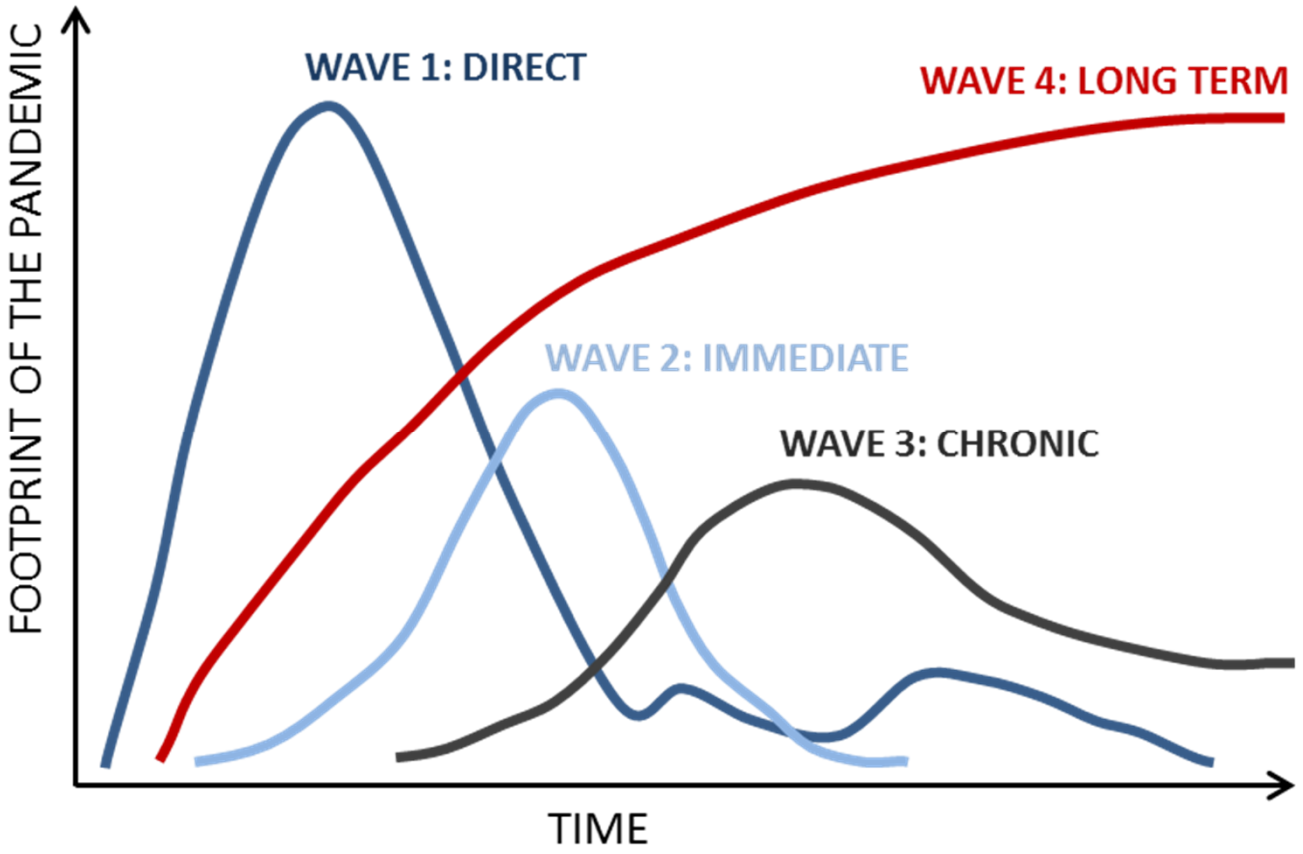
•Methods included data analysis, engagement with partners and a public survey with 611 responses

•Full document available on the JSNA website

Rationale for a HNA approach

'HNA is a systematic method of identifying the unmet health and healthcare needs of a population' … 'rapid assessment methods are needed to collect reliable, objective information that is immediately required for decision making in the recovery phase of an event [so that] interventions can be prioritized'
(Korteweg / Currie 2010/16)

THE FOUR ‘WAVES’ MODEL



WAVE 1 DIRECT IMPACTS OF COVID-19

WHO IS MOST VULNERABLE?

Shielded groups
People with underlying conditions esp. diabetes and asthma
People from BAME backgrounds
People who are over 70
Deprivation - residents living in the bottom 20% IMD
Residents of high risk settings

SUMMARY OF WAVE IMPACTS

- **Mortality from COVID**: 165 deaths in York, with 71 (43%) in a care home
- **Mortality from other causes**:
  - Small number of suicide inquests in the region opened with COVID as a factor
  - Proportion of deaths at home from two conditions sensitive to timely urgent care, MI and Stroke, was higher compared to 2019, and the proportion of these deaths which occurred at home increased
- **Morbidity**: 3,441 patients hospitalised across NY+Y, with 308 in general beds or ITU at peak (13th April).
- **Discharge** and aftercare needs of COVID-19 patients vary but early intelligence suggests a high level of rehabilitation is often needed in broadly three areas: cardio, respiratory and neurological, plus mental health support

POSSIBLE MITIGATIONS / KEY GAPS

- Increasing access to bereavement support and counselling
- Better understanding / support for PTSD and mental health issues in healthcare staff
- Investment in the 3 key COVID community rehab areas – neurological, cardiovascular and respiratory
- Increased understanding of discharge support needs for COVID patients
- Communicate effective messages on seeking appropriate urgent care for time sensitive conditions

WHAT PARTNERS SAY

" There will be a large on-going rehab need in the system to support "

" Rapid discharge into community/care homes, lack of early PPE support/advice, has resulted in widespread infection "

" In flu season there will be increased pressure on primary and community care; cough and temperature will cease to be a helpful distinguishing feature for Covid "

WHAT THE PUBLIC SAYS

" I had symptoms and have now been off work for nearly 3 weeks … unable to get tested … have struggled for breath and had chest pains, reality quite scared for my life. Didn't want to call for an ambulance…"

" I am deaf, and am worried about the introduction of face masks - then I cannot lip-read people "

" It is surprisingly exhausting, mentally and physically. I am in the most vulnerable category and live alone "

" I am confused over the Government's shielding letter "

WAVE 2 IMMEDIATE IMPACTS OF COVID-19

WHO IS MOST VULNERABLE?

People with long term conditions
People who are severely mentally ill
Digital exclusion
People who are frail
Marginalised groups
People in food poverty
Children and young people
People at risk of abuse

SUMMARY OF WAVE IMPACTS

- Face to face **GP consultations** fell by 60%, offset by an increase in phone consultations
- Childhood **vaccination** rates held steady, shingles vaccine uptake dropped, screening (cervical, bowel, breast, AAA) was paused
- Much **dental treatment** paused – but no discernible increase in urgent dental admissions
- At its lowest **A+E attendance** was 49% below start of March level at YTHFT. Around 14,000 fewer attendances were seen in March-May compared to the same period in 2019. Numbers are now slowly rising.
- Impact on **urgent care** for CVD: emergency admissions at YTHFT for chest pain fell sharply from 160 in January to 78 in March 2020.
- Adult **mental health impatient** admissions were 54% lower in April compared to January, however across all four NY+Y CCGs crisis teams saw a 15% rise in demand for support in April
- Adult and children's **safeguarding** referrals dropped sharply in April but have started to rise and partners report concerns around significant hidden need which may be disclosed in months to come

POSSIBLE MITIGATIONS / KEY GAPS

- Access to timely primary care trend data (including dental data) to better anticipate trends in demand
- Target communication on healthcare 'reopening' to excluded groups e.g. migrants, visually impaired
- Build health and digital literacy through community groups
- Prepare for stored up urgent demand wider that ED e.g. safeguarding, mental health crisis

WHAT PARTNERS SAY

" Some patients who have attempted to manage at home are likely to be at a more enhanced state of crisis "

" Currently the public fear accessing healthcare due to COVID anxiety "

" Delayed cancer diagnosis, delayed cardio/stroke and other medical care due to fear of COVID risk – these are tremendous issues and will need a very different public health message "

WHAT THE PUBLIC SAYS

" I've not wanted to bother people, as my queries are trivial .. but I was relieved when my CPN got in touch "

" I needed an urgent blood test as my autoimmune condition had flared up, I was not allowed to bring my children to the surgery but they are too young to wait outside, and I have no one to leave them with "

" I care for my Mum with dementia who is starting to feel very low. It is really difficult to deal with her wellbeing & my own"

" No dental appointments available for my child, despite contacting our surgery. My son is in lots of pain "

" I have a child with autism and learning disability. Out of routine, feel fairly abandoned by school, don't have any regular input from health, … all our usual support is gone, my anxiety is very high. "

WAVE 3 CHRONIC IMPACTS OF COVID-19

WHO IS MOST VULNERABLE?

People with Longer term conditions
Carers
People with learning disabilities
Socially isolated people
People with addictions
People with Mental health problems

SUMMARY OF WAVE IMPACTS

- Much routine primary care for **long term conditions** was paused from March to June, following RCGP guidance: this includes NHS health checks (40-74, SMI, LD), medication reviews, frailty and annual reviews, low risk/routine smears, routine/ annual ECGs, spirometery
- Routine **referrals to secondary care** in the region were paused on the 25th March. Urgent referrals continued but fell in almost all specialties. Two week wait referrals for cancer fell to around 25% of normal volume in Mid April, but have since risen
- **Elective admissions** fell by nearly 75% at their lowest week for York, Harrogate and South Tess Trusts.
- **Prescribing** trends show a significant increase of around 25% total number of items in March and April before reducing
- There was a drop of 40% (York and Selby) in **IAPT referrals** for low level mental health support in Apr 20 compared to April 19. In IAPT as well as in CAMHS a shift to telephone and video consultations has enabled contact with service users to be sustained
- **Social prescriber** link workers identified a number of needs emerging, including bereavement support, mental health specifically in relation to isolation, anxiety, alcohol harm, and support for people with learning disabilities and their carers.
- The CYC **falls prevention** and home adaptation service have seen a significant decline in the number of referrals from professionals, and from individuals themselves, indicating lost prevention opportunities.

POSSIBLE MITIGATIONS / KEY GAPS

- Better identification and support for carers
- Using the sense of 'reset' in healthcare to promote self management and better chronic condition management
- Increase capacity to deal with a healthcare 'surge' in preventative parts of the system eg IAPT, falls prevention
- Build on social prescribing, CSOs and health champions programmes to focus on multi-morbidity/complexity

WHAT PARTNERS SAY

“ I have concerns that patients and families are not talking to GPs about emerging mental health issues. ”

“ Delays in investigation and treatment in secondary care will likely affect mortality and morbidity for a long time. ”

“ There is a risk that NHS/care staff will experience the deep effects of managing traumatic experiences and stress. ”

“ We have seen much better working between practices, and between practices and community teams ”

WHAT THE PUBLIC SAYS

“ My daughter has severe anxiety but all appointments have been cancelled and the people we were getting help from have postponed treatment. ”

“ I have had a baby during lockdown. Midwives, hospital care and health visitor care has all been affected. Also not been able to access support group for breastfeeding which I have found very difficult. ”

“I have suffered with bad mental health in the past, but am now unable to use my coping mechanisms such as seeing friends”

WAVE 4 LONG TERM IMPACTS OF COVID-19

WHO IS MOST VULNERABLE?

Self-employed people	People with precarious work	People who are unemployed
Those living in poor quality housing	Homeless people	Children and Young People

SUMMARY OF WAVE IMPACTS

- Nationally there has been a 41% increase in **household alcohol purchasing** since lockdown. York experiences high levels of alcohol related harm, with a rate of admission episodes for alcohol-specific conditions in 2018/19 of 825 per 100,000.
- Analysis from the University of York shows improvements in **air quality** (NO2) of 30% on average across the city since mid-March.
- **Policing demand** reduced during lockdown, with a higher number of antisocial behaviour and domestic violence incidents as a proportion of dispatches. NYP has identified a number of future risks: a spike in county lines activities, an increase in safeguarding disclosures as schools go back, higher alcohol consumption when pubs and clubs re-open, and acquisitive crime linked to job losses.
- A recent ONS survey of a sample of businesses reported an average of 27% of employees have been **furloughed**, equating to around 27,000 in York. The number of people claiming Universal credit has risen from 1.3% of the population to 3.2%. Some **business sectors** are particularly affected by COVID-19: e.g. the accommodation and food services sector; combined it is estimated there are 36,000 jobs in these sectors in York.
- Many **people who are homeless** have been temporarily accommodated, and begging activity largely disappeared; however usual informal accommodation e.g. B+Bs, friend's houses may be seen as less safe. Additionally, the last economic downturn led to a rise in homelessness in the UK.
- Local **substance misuse services** have reported a change in the types of substances being used, in particular a significant reduction in "on top" illicit usage as evidenced through urine samples. The service has identified a risk of spikes in accidental overdoses as individual's tolerance levels will have dropped.

POSSIBLE MITIGATIONS / KEY GAPS

- Prepare health and social care partners now for health need generated by economic recession
- Reduce unnecessary hospitalisation and mortality by maintaining and surpassing COVID air quality levels through encouraging cycling and walking and helping people find alternatives to driving
- Use the Children's Commissioner's Local vulnerability profiles to identify risks to long term CYP health
- Take steps to support businesses in strong infection control policies to minimise economic impacts

WHAT PARTNERS SAY

" We will see increased safeguarding issues, financial hardship for people with lost jobs, increased alcohol use and delayed access to community detox "

" I am concerned about children and young people's disconnection with schools, peers, extended families and loss of … ability to re-engage with education and formal structures, leading to impacts on family functioning and overall resilience "

" Wider determinants of health … double whammy of initial covid disruption to income followed by 2nd wave of austerity "

" Potential change to the rate of suicides across the working age adult workforce "

WHAT THE PUBLIC SAYS

" I am benefiting a lot from the cleaner air. Daily walks without pollution have improved my chronic sinus problems "

" I fear for the families like me who don't fall into any brackets for financial support due to currently having too much savings …by the end of the year they will be gone, but by then people will have forgotten about me "

" I need to work and earn and provide, and this lockdown is killing me "

SUMMARY OF HNA FINDINGS

The stark conclusions of this assessment are that COVID-19 has already caused:

- Significant impact on all-cause mortality which will change the demographic shape of the region
- Significant impact on morbidity which will create a new category of clinical need (post-COVID care) for a large number of people
- Significant unintended consequences of the system response to COVID-19, including deferred and delayed care, missed prevention opportunities and healthcare-avoiding patient response
- Significant unintended consequences of the policy response to COVID-19, including economic threat, mental health worries due to lockdown, educational disadvantage, all of which threaten the poorest and most marginalised communities the most

At this stage it is only possible to collect data on a small number (by no means all) of meaningful indicators to quantify these impacts. More evidence will emerge

RECOMENDATIONS

1. Four priority areas emerge from the HNA for local health systems as we adjust and recover from COVID-19:
    - **Infection minimisation** will seek to reduce to the absolute minimum the death and disease caused by the pandemic
    - **Mental Health** services will need support to adjust to new disease prevalence patterns and support our residents back to mental health rooted in asset-based approaches and compassionate public services.
    - **Healthcare access** has changed rapidly and dramatically; as it is restored, a very nuanced public health message will need to be found to encourage people who need healthcare to come forward in the midst of infection precautions.
    - **Prevention** of long term conditions may not be a first-order priority at present, but they remain the leading causes of death for our area, and in particular obesity and smoking are key risk factors for COVID-19

Additionally …

2. We should increase our focus and capacity to support **health literacy** and **digital literacy**.
3. We should take a **population-le**d rather than **demand led** approach to recovery
4. We should take a **wide approach to 'vulnerability'**:
5. Recovery programmes may benefit from **taking the approach of this HNA**
6. This HNA should be extended in **Phase Two** to cover areas which have not received detailed discussion

A message of hope:

‘There is a sense that anything CAN be possible if we let patient need drive the changes’

And a message to galvanize:

‘There is probably only a small window of opportunity to do this whilst systems are “unfrozen” before they re-freeze back into previous rigid patterns of delivery’

(quotes from the HNA partner survey)