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Meeting	City of York Outbreak Management Advisory Board
Date	23 March 2022
Present	Councillors Aspden (Chair), Runciman (Vice-Chair) and Kilbane Fiona Phillips – Assistant Director of Public Health, CYC (Substitute for Sharon Stoltz) Siân Balsom – Manager, Healthwatch York Lucy Brown – Director of Communications, York and Scarborough Teaching Hospital NHS Foundation Trust Professor Charlie Jeffery – Vice Chancellor, University of York Alison Semmence – Chief Executive, York CVS Nicole Hutchinson – Office of the Police, Fire and Crime Commissioner (Substitute for Zoe Metcalfe) Mabs Hussain – North Yorkshire Police (Substitute for Lisa Winward)
Apologies	Ian Floyd – Chief Operating Officer, CYC Sharon Stoltz – Director of Public Health, CYC James Farrar – Local Enterprise Partnership Ian Humphreys – Managing Director, First York Zoe Metcalfe – Office of the Police, Fire and Crime Commissioner Phil Mettam – Track and Trace Lead for Humber, Coast and Vale, NHS Vale of York Clinical Commissioning Group Stephanie Porter – Director of Primary Care, NHS Vale of York CCG Dr Sally Tyrer – General Practitioner, North Yorkshire Local Medical Committee Lisa Winward – Chief Constable, North Yorkshire Police Simon Dennis – Office of the Police, Fire and Crime Commissioner
In Attendance	Jamaila Hussain – Director of Prevention and Commissioning/Education and Skills, CYC

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### **63. Declarations of Interest**

Board Members had no interests to declare.

### **64. Minutes of the Meeting held on 26 January 2022**

The Board signed off the minutes of the meeting held on 26 January 2022 as an accurate record.

### **65. Presentation: Data - Summary of the Pandemic Period**

Fiona Phillips provided a presentation summarising data from York through the pandemic period since late February 2020. In that time there had been 59,026 positive cases of Covid in York, which equated to a lower rate per 100,000 of population than the regional and English averages. There had been almost 80,000 positive tests in the population, mostly through Pillar 2 testing (lateral flow and PCR tests), with over 70,000 testing appointments attended across seven CYC-run testing sites to February 2022. Although cases remained high, York was moving out of the outbreak response phase.

Fiona noted that the Delta and Omicron BA.1 variants accounted for 40% and 48% respectively of all cases in York across the pandemic, with most current cases involving the Omicron BA.2 variant. Peaks in hospital bed occupancy had occurred in January 2021 and March 2022, although in the present peak the figures for Intensive Treatment Unit bed occupancy were very low. To date 469 York residents had died from Covid, with peaks occurring in May 2020 and January 2021; the success of the vaccination programme had ensured that there was no corresponding peak in deaths during the current phase. The vaccination programme was ongoing, with over 85% of the 16+ population having received both doses of the vaccine to date and work being done to target low-uptake wards. The contact tracing service had now concluded, with over 80% of referrals actioned being successful.

Fiona also noted that over 3,000 Test and Trace Support Payments, over 800 Hospitality and Leisure Grants, and over 5,200 Additional Restrictions

grants had been paid by the Council over the course of the pandemic and highlighted the scale of the effort made across the city over the period.

The Chair expressed the Board's thanks for the efforts of public health teams, volunteers, NHS and primary care staff, the community and voluntary sector, and businesses in pulling together across the pandemic.

Alison Semmence echoed the Chair's comments, highlighting the work of the Public Health team and asked about the drop-off in uptake of the booster vaccination. Fiona noted that this was partly due to timing, with high rates of Covid delaying when people could have their booster, but messaging was still needed to emphasise the importance of vaccination, which was the reason why people with Covid were not becoming more unwell.

Siân Balsom also echoed the Chair's comments and enquired about the messages Public Health wanted emphasised going forwards in weathering the Omicron BA.2 strain. Fiona confirmed that a focus on vaccination was a key element; many would be nervous about the next phase so it was important to help give people confidence that monitoring of the disease would continue and that local measures could be introduced if needed.

Jamaila Hussain asked whether there would be any further guidance around testing for both internal and external care providers. Fiona noted that this was expected to be published on 1 April, addressing the next phase including testing in high-risk settings.

The Board noted the update.

## **66. Covid Vaccination Programme**

Mike Holmes provided an update on the vaccination programme to date, noting that since December 2020 a multi-sector offer had been provided, with Nimbuscare working from Askham Bar to deliver local and national vaccine services, alongside GP practices, York Hospital and community pharmacies. Pop-up sites had been established in areas of low take-up, as well as at the universities. Over 600,000 vaccines had been delivered at Askham Bar alone, with particularly good uptake among older and higher-risk cohorts. Although some were still unvaccinated a drop-in service would remain available to them. Despite short notice there had been a strong response to the December booster campaign. The spring booster

programme was now underway and vaccines were also being offered to the 5-11 age group; discussions were taking place with NHS England about the ongoing commissioning of local and national vaccination services at Askham Bar until March 2023. Preparations were being made for a further booster campaign later in the year and for potential surges.

Cllr Kilbane asked about comparative vaccination levels across wards. Mike confirmed that pop-up services would continue to be delivered in areas of low uptake when needed. The response to pop-up services suggested that access issues were not always the cause of low uptake. Cllr Kilbane also enquired about work with ward councillors to encourage vaccine uptake in these areas, and Fiona Phillips confirmed that contact had been made with relevant councillors and the Public Health team were willing to try new ideas to encourage people to come forward.

The Board noted the update and offered its thanks to all involved in delivering the vaccination programme.

#### **67. Presentation: Living with COVID - The Public Health and Partner Response, including System Pressures**

The Board received a presentation on the Public Health and Partner Response to living with Covid going forward, including outlining ongoing work, acknowledging potential risks, and the question of continuing with the current Board or using other mechanisms for oversight.

Fiona Phillips outlined the Public Health perspective, noting that the Director of Public Health had been responsible for leading the response to the pandemic under seven themes outlined in the Outbreak Management Plan. The Board had been established to oversee the implementation of this Plan. This enhanced pandemic response would come to an end at the end of March.

Fiona noted that the Public Health team would continue to act as local experts for schools on any public health issues and support care homes, where full guidance was expected soon, as well as continuing to work with partners to identify specific risks for particular locations and communities. The last symptom-free testing sites would close this weekend, with symptomatic PCR testing sites operating until 30 March, although symptomatic testing would remain available for the over-80s and the immunocompromised. The local contact tracing service had already ceased

to operate on 24 February, and any future need for contact tracing or testing for future outbreaks would be arranged through UKHSA. Case data would no longer be published although the national ONS Covid infection survey would continue. The need to support people to isolate through local community hubs had ended with the end of the legal duty to isolate for Covid cases.

With reference to the Outbreak Management Advisory Board, Fiona noted that the Board had played an important role in providing local political ownership and public-facing communication through the pandemic, but that it was now proposed to stand the Board down. The Joint North Yorkshire and York strategic health protection board and a local York-only health protection group would continue to oversee Covid-related work. She also highlighted risks including the potential for future variants of concern, the impact of health inequalities including around vaccination, the ability to stand back up an outbreak response locally which would entail scaling back other Public Health work given limited resources, and the long-term impacts of Covid in health, education and the economy.

Mike Holmes provided an overview from the perspective of Primary Care and Out of Hospital Services. He drew attention to lessons from the pandemic experience which could be carried forward, including practices working together to deliver at scale through Nimbuscare, risk stratification of patients, co-design of services being delivered outside hospital, outreach services and remote working. Continuing use of e-consultations and telephone triage could potentially help address health inequalities by freeing practice capacity for in-person appointments. There was a backlog in general practice and ways of reducing waiting lists were being looked at, including using Askham Bar for other services. The principle of transactional care to deliver at scale was being developed to allow practices to focus on relational care to better help patients with complex needs. However, there were significant pressures, with continuing staffing and recruitment challenges, capacity being outstripped by demand, and the transition from CCGs to an integrated care system.

Lucy Brown provided a summary from the perspective of York Hospital. She noted the high current numbers of patients in all Trust hospitals who had tested positive for Covid. National infection prevention and control guidelines were still being followed, and hospital services remained under pressure, especially regarding inpatient capacity and a backlog of planned care and routine operations. Emergency and urgent care and cancer patients continued to be prioritised, and more guidance around testing was

expected which should help manage the continued challenge of living with Covid in hospitals.

Alison Semmence presented an overview from the VCSE perspective. She noted the opportunities for increased partnership working and highlighted the agility and responsiveness of the voluntary sector across the pandemic. Health inequalities had been exacerbated during Covid, and a more targeted approach was being taken to respond to this challenge. Partnership working was continuing, and grants had been secured to continue supporting those worst affected by the pandemic, especially around physical and mental health. People coming to the voluntary sector for supported tended to be facing complex issues, and workforce training in the sector was needed to help address these. Workforce and recruitment issues continued to be a challenge, and demand for services was higher than capacity and resources could match. Due to system pressures more people were failing to meet thresholds for services, although partnership learning had been positive and the VCSE was in a good position to respond to the upcoming changes in Health and Social Care.

Charlie Jeffrey provided an overview from the Universities and Colleges Sub Group, highlighting strong collaboration between institutions over the period. There was a continued focus on vaccination which would carry into the next academic year, while mitigating risks for the most clinically vulnerable remained a challenge, but work was being done through the Student Health Network to respond. Covid continued to have an impact on staffing levels, while anxieties remained high with face coverings and testing mostly disappearing. There would be an emphasis on carrying forward effective general public health messages around hygiene with the arrival of new students in the autumn. Charlie also offered his thanks to colleagues in Public Health and health care across the city for their support and collaboration during the pandemic.

Cllr Aspden thanked partners for the presentation. He drew attention to the suggestion to stand down the Outbreak Management Board and expressed his thanks to all of the individuals and organisations who had taken part in the Board's work over the pandemic. He suggested that the Health and Wellbeing Board would be the most appropriate forum to discuss relevant public health issues moving forward if the Board was stood down, although having the option of reconvening the Board if needed would be sensible.

As Chair of the Health and Wellbeing Board Cllr Runciman welcomed this suggestion, noting that outbreak management could be a regular agenda

item for the Health and Wellbeing Board. Alison Semmence indicated her agreement and noted other boards might also consider specific issues, for example around health inequalities. Fiona Phillips also indicated agreement and noted an ongoing offer from the Public Health team to provide updates to any other interested groups.

Cllr Kilbane thanked colleagues for their work across the period and enquired about what public health advice was to be given in this interim period, for example for those testing positive for Covid around isolation, or around clinically vulnerable people now that symptom-free testing was ending. Fiona noted that although there was no legal requirement to isolate after a positive test, the guidance still suggested doing so for five days. She noted that the change of mindset around testing would be a challenge for many. Those who had been advised to shield earlier in the pandemic were now much less vulnerable if they had been vaccinated, and arguably the impact of feeling isolated was now a bigger risk to them than Covid itself. Cllr Kilbane also asked about testing for carers, and those supporting or visiting immunosuppressed people or those in care homes. Fiona noted the importance of good hand hygiene and not going into those settings if feeling unwell, but that routine symptom-free testing would not be being recommended, which marked a significant shift.

Siân Balsom also noted her agreement with exploring ongoing issues through the Health and Wellbeing Board. She also noted the changing advice for those who had previously been shielding and enquired about information available for members of the Board to explain this in an accessible way. Fiona agreed to put together an explainer covering key messages.

The Board noted the update and agreed that this would be its last meeting. Ongoing issues would be picked up by officers, members and partners in other settings including the Health and Wellbeing Board to ensure information and discussion remained available and accessible to residents, while reserving the right to revive the Board if required in future. It was also agreed that notes of thanks be sent to all individuals and organisations who had participated in the Board's work across the period.

## **68. Any Other Business**

Fiona Phillips thanked Board members for their acknowledgement of the work done by the Public Health team, and offered thanks to colleagues in

the Council, the NHS, the voluntary, education and business sectors, and the former Public Health England (now UKHSA) for their support across the pandemic.

Cllr K Aspden, Chair

[The meeting started at 5.30 pm and finished at 6.56 pm].