Health and Wellbeing Board

Report title: Local COVID-19 Outbreak Engagement Board update

Date: 9th March 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

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Lewisham

Outline and recommendations

The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board in its role as the Local Outbreak Engagement Board.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report

Timeline of engagement and decision-making

1. Recommendations

- 1.1. The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board in its role as the Local Outbreak Engagement Board.
- 1.2. The Health and Wellbeing Board are recommended to note the contents of the report.

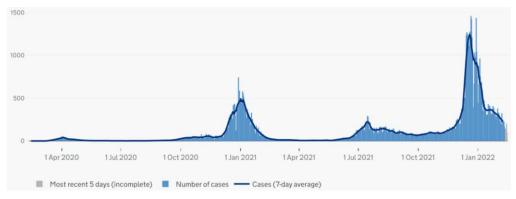
2. Background

2.1. At the September 2020 meeting of the Lewisham Health and Wellbeing Board, it was agreed that the Board will act as the Local Outbreak Engagement Board as part of the governance of the COVID-19 Local Outbreak Management Plan.

3. COVID-19 Cases in Lewisham

3.1. As of 11th February 2022 there have been a total of 82,477 confirmed cases of COVID-19 in Lewisham. Since December 2021 there was a significant increase in confirmed cases of COVID-19 in Lewisham following a national peak in cases due to the Omicron variant. This is demonstrated in Figure 1. There has since been a decline in cases nationally and locally, which alongside a number of other factors has led to a change in the national response to COVID-19 outlined in Section 4 of this report.

Figure 1. Daily number of new lab confirmed cases in Lewisham until 11th February 2022



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Source: https://coronavirus.data.gov.uk/cases

4. National COVID-19 Response: Living with COVID-19

- 4.1. On 21st February 2022, the government announced their plan for removing the remaining legal restrictions while protecting people most vulnerable to COVID-19 and maintaining resilience. The 'Living with COVID-19' plan has outlines four main objectives:
- 4.2. **Living with COVID-19:** removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses
- 4.3. **Protecting people most vulnerable to COVID-19**: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing
- 4.4. **Maintaining resilience:** ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergence
- 4.5. **Securing innovations and opportunities** from the COVID-19 response, including investment in life sciences.
- 4.6. The timetable for removal of national restrictions can be seen Table 1 below:

Date (comes into effect)	Main change(s)
21st February 2022	Staff and students in most education and childcare settings no longer advised to undertake twice weekly asymptomatic testing
24th February 2022	No legal requirement to self-isolate following a positive test (replaced by advice to stay at home for at least 5 full days and follow guidance until received 2 negative LFD tests on consecutive days) No routine contact tracing: • Fully vaccinated close contacts and under 18s no longer advised to test for 7 days • No legal requirement for close contacts that are not fully vaccinated to self-isolate • No self-isolation support payments • No legal requirement to tell employer when you are required to self-isolate Health protection (Coronavirus, Restrictions) (England) (No.3) Regulations revoked

24 th March 2022	Removal of the COVID-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations.
1st April 2022	Removal of the current guidance on voluntary COVID-status certification in domestic settings and no longer recommend that certain venues use the NHS COVID Pass. Updated guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people. This will align with the changes to testing. Universal symptomatic and asymptomatic testing for the general public in England to no longer be free of charge. Consolidation of guidance to the public and businesses, in line with public health advice. Removal of the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments. Replace the existing set of 'Working Safely' guidance with new public health guidance.

5. Implications for the Lewisham Local Outbreak Management Plan

5.1. The Lewisham COVID-19 Health Protection Board has considered the implication of the Living with COVID-19 guidance on the Local Outbreak Management Plan (LOMP) for Lewisham. These considerations are summarised below. As further guidance is issued we will be planning to maintain a state of preparedness locally in order to respond to future variants and health protection threats.

5.2. Prevent (Non-pharmaceutical interventions)

The remaining non-pharmaceutical interventions (NPIs) will form the basis of local communications to residents. These include:

- Vaccination
- Staying at home if unwell
- Test if you have symptoms
- Fresh Air
- Hand washing
- Face coverings in crowded places when rates of transmission high

Tailored messaging for complex settings e.g. schools and care homes will be developed

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as further government guidance is issued.

5.3. **Test**

Free symptomatic and asymptomatic COVID-19 testing is due to be stood down from 1st April. Free testing to remain in place for social care and (a small number of) at-risk groups.

5.4. Our testing leads will be making preparations to stand down testing in the borough and await clarification from government on the groups that will still receive free testing.

5.5. **Trace**

5.6. Our local contact tracing was stood down on 24th February 2022. During the course of the pandemic we had developed an effective service with a dedicated group of staff. We will be taking learning from the rapid development of the service and would like to thank the contact tracing staff for all of the support that they have provided to Lewisham residents during the pandemic.

5.7. **Contain**

Our local outbreak response support is to be refined and streamlined with prioritisation of complex settings: Care settings, supported living, schools and childcare settings. This will be supported by further guidance issued by the UK Health Security Agency (UKHSA).

5.8. **Protect (Vaccination)**

Vaccination underpins the government approach to 'Living with COVID' to protect the most vulnerable as restrictions are lifted. In Lewisham we will continue to encourage those yet to complete their course of COVID-19 vaccination to do so via a number of primary care network, hospital and pharmacy vaccination sites in the borough. Planning for ongoing engagement and vaccination provision particularly for those aged 5-11, 12-15 and over 75 (for a further booster dose) are underway via a weekly Lewisham COVID-19 vaccination group.

5.9. Surveillance and Champion insight

The UKHSA will continue to keep the content and frequency of COVID-19 data reporting under review. A reduction in testing will also mean that COVID-19 case rate data will need to be used differently. Locally we will be working to maintain some COVID-19 surveillance in place via the remaining national and local data sources available to us.

Our COVID-19 Community Champions are of significant value for local health promotion around a range of wider health issues. We will be planning on the future direction of the Champion programme in the coming months to build on the success of the programme to engage and communicate with Lewisham residents around health. This will be aligned with community engagement planning via the emerging South East London Integrated Care System (ICS).

6. Financial implications

6.1. Local authority COVID-19 response work has been resourced by the Contain Outbreak Management Fund (COMF) to date. Further notification is awaited as to whether further national funding will provided to local authorities to support any future local government COVID-19 response work. The grant awarding body have confirmed any unspent balances from 2021/22 can now be carried forward into the next financial year.

7. Legal implications

7.1. The legal context for managing outbreaks of communicable disease which present a

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risk to the health of the public requiring urgent investigation and management sits:

- With 'Public Health England' under the Health and Social Care Act 2012,
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- Specifically within the context of COVID-19 there is the Coronavirus Act 2020 which received royal assent on 25th March 2020.
- 7.2. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
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- 7.4. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 7.5. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed at above.
- 7.6. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
 - The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does

not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: https://www.equalityhumanrights.com/en/advice-and-quidance/equality-act-codes-practice

https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance

- 7.7. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
 - The essential guide to the public sector equality duty
 - Meeting the equality duty in policy and decision-making
 - Engagement and the equality duty: A guide for public authorities
 - Objectives and the equality duty. A guide for public authorities
 - Equality Information and the Equality Duty: A Guide for Public Authorities

The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:

https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1

7.8. The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:

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8. Equalities implications

- 8.1. COVID-19 has had a disproportionate impact on specific groups including older adults, and those from Black, Asian and Minority Ethnic groups. Health and Wellbeing Board Members' attention should be drawn to the following reports regarding these inequalities:
 - Disparities in the risks and outcomes of COVID-19, PHE, 2020
 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/atachment_data/file/892085/disparities_review.pdf)
 - Beyond the data: understanding the impact of COVID-19 on BAME groups, PHE,
 2020(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

9. Climate change and environmental implications

9.1. There are no significant climate change and environmental implications of this report.

10. Crime and disorder implications

10.1. There are no significant crime and disorder implications of this report.

11. Health and wellbeing implications

11.1. The health and wellbeing implications for this report are outlined in the main body of text.

12. Report author and contact

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