



#healthyplym



**Oversight and Governance**

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## HEALTH AND WELLBEING BOARD – SUPPLEMENT PACK

Thursday 30 July 2020

10.00 am

Virtual Committee

**Members:**

Councillor Kate Taylor, Chair

Councillors Allen, Laing and Nicholson.

**Statutory Co-opted Members:** Strategic Director for People, Director of Children's Services, NHS Devon Clinical Commissioning Group, Director for Public Health and Healthwatch.

**Non-statutory Members:** Livewell SW, University Hospitals Plymouth NHS Trust and the Voluntary and Community Sector

Please refer to agenda items 8 and 10 attached.

**Tracey Lee**

Chief Executive

## **Health and Wellbeing Board**

- 8. Plymouth COVID-19 Local Outbreak Management Plan (Pages 1 - 6)**
- 10. A Framework for COVID19 Inequalities (Pages 7 - 10)**

# Health and Wellbeing Board



Date of meeting:	30 July 2020
Title of Report:	<b>Plymouth's Local Outbreak Management Plan</b>
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Ruth Harrell
Contact Email:	Ruth.harrell@plymouth.gov.uk
Your Reference:	RH
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

Plymouth needs to take a cautious, system-wide approach to loosening the mitigations around COVID-19, and this framework – the Local Outbreak Management Plan - describes the health protection steps towards this. The actions contained within will require people, communities, businesses and organisations to take actions which will have a short term negative impact; for example, self- isolation, enhanced infection control measures, measures to reduce footfall or throughput, possibly even temporary closures. This will produce some short term harm for longer term gains; the avoidance of a second wave.

The full plan can be accessed via the website, along with a public facing version. A brief overview of some of the key areas are provided below.

<https://www.plymouth.gov.uk/publichealth/plymouthcovid19localoutbreakmanagementplan>

## Recommendations and Reasons

1. To note the Plymouth Local Outbreak Management Plan

## Alternative options considered and rejected

Not applicable.

## Relevance to the Corporate Plan and/or the Plymouth Plan

The prevention and limitation of COVID19 is essential for the Caring component of the Plymouth Plan. The successful management of COVID19 will enable the city to remain free from too many lockdown restrictions and therefore enables the corporate agenda and Plymouth Plan to be implemented.

## Implications for the Medium Term Financial Plan and Resource Implications:

All associated costs will be contained within the additional Test & Trace Covid-19 Grant awarded to PCC.

**Carbon Footprint (Environmental) Implications:**

None.

**Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:**

\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

None.

**Appendices**

\*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

**Background papers:**

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

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**Sign off:**

Fin	djn 20.21. 54	Leg	LT/350 74/240 720	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 17/07/2020											
Cabinet Member approval: Cllr Kate Taylor approved by email											
Date approved: 20/07/2020											

**PLYMOUTH COVID-19 LOCAL OUTBREAK  
MANAGEMENT PLAN**

Health and Wellbeing Board

**INTRODUCTION**

Plymouth needs to take a cautious, system-wide approach to loosening the mitigations around COVID-19, and this framework describes the health protection steps towards this. The actions contained within will require people, communities, businesses and organisations to take actions which will have a short term negative impact; for example, self-isolation, enhanced infection control measures, measures to reduce footfall or throughput, possibly even temporary closures. This will produce some short term harm for longer term gains; the avoidance of a second wave.

This plan is complementary to the plans in place to support the management of Communicable Disease outbreaks.

Plymouth's Local Outbreak Management Plan (LOMP) aims;

- To engage with our communities to prevent the spread of COVID-19 through adherence to guidance and other preventative actions
- To implement plans to prevent and respond to COVID-19 cases and outbreaks in targeted settings and communities
- To utilise surveillance and epidemiological data to allow early identification and interventions
- To coordinate the system response to COVID-19 to minimise harm to the population of Plymouth

This supports the 'Contain' element of the national NHS Test and Trace programme; to have "an integrated and world-class Covid-19 Test and Trace service, designed to control the virus and enable people to live a safer and more normal life, underpinned by a huge public engagement exercise to build trust and participation".

By its very nature, this will be an iterative plan, responsive to changes in the evolution of the systems and organisations that work together nationally as well as locally, and to changes in our understanding of the virus.

The full plan can be accessed via the website, along with a public facing version. A brief overview of some of the key areas are provided below.

<https://www.plymouth.gov.uk/publichealth/plymouthcovid19localoutbreakmanagementplan>

**GOVERNANCE**

In addition to the well-established Local Resilience Forum, two new elements are the Plymouth COVID-19 Engagement Board, and the Plymouth COVID-19 Health Protection Board.

**Plymouth COVID-19 Engagement Board** is chaired by the Leader of Plymouth City Council, Cllr Tudor Evans. It has responsibilities for:

- Political oversight of the local delivery of plan and response
- Communicating and engaging with residents and communities

**Plymouth COVID 19 Health Protection Board** is chaired by the Director of Public Health Dr Ruth Harrell. It has responsibility for;

- Have oversight of the current situation in Plymouth

- Review the current outbreak measures in Plymouth (the operational response)
- Consider any learning identified either locally or nationally (of relevance to Plymouth)
- Identify the future likely trends
- Identify potential responses to the current picture and future trends
- Make recommendations and provide assurance to Plymouth COVID-19 Engagement Board and the Local Resilience Forum

## **KEY COMPONENTS OF THE COVID-19 OUTBREAK RESPONSE**

This describes the likely response to a case, and how this would build into a response to an outbreak. This is expanded within the LOMP.

- Case and contact identification
- Outbreak recognition and declaration
- Outbreak investigation and closure
- Communication and engagement
- Data collection, flows and information analysis
- Reviewing and refining plans

### **Case and contact identification**

Cases are comprised of;

- Confirmed cases – anyone who has been tested for COVID-19 and has a positive test result.
- Probable cases – anyone with symptoms of COVID-19 (as defined by latest guidance)

NHS Test and Trace is in place for all confirmed cases; therefore there must be a focus on testing to facilitate the identification of areas of concern. There is sufficient capacity for testing within the system, especially since Plymouth has a regional testing centre located within its boundary. This capacity needs to be utilised such that people who need to be tested are both willing and able to be tested (understanding the barriers and minimising those will be important), in a timely manner.

Following a positive test result, the NCTS at Tier 3 will speak to the case. They will be advised to self-isolate until 7 days (or longer if required) and their contacts will be identified.

- Most contacts will have a small number of household and/or close family contacts; these will be told to self-isolate, and be reminded of the symptoms to look out for. This should be handled through Tier 3 or possibly Tier 2.
- Some cases will have a clear link to a place (context) such as a workplace or school, where significant time is spent. These links will be notified to Public Health England and the local authority.
- Some cases will have more tenuous links to places/contexts, for example shops, public transport, streets or neighbourhoods, cafés etc.

### **Outbreak recognition and declaration**

An outbreak is broadly defined as two or more cases connected in time and space (with more specific definitions for different settings detailed below). Information provided through the Tier 3 and 2 contact tracing will identify potential outbreaks. Validation and further information would be gathered by Tier 1a as well as an understanding of the broader situation.

Alongside settings-related outbreaks, there is also the potential for increased community spread without an obvious locus of infection. This would be alerted via general surveillance.

There would be many factors in common with the investigation of an outbreak. Initial investigation would explore;

- Whether there is an unidentified setting where spread is occurring
- Whether there is a specific behaviour enabling spread

- Whether there are particular barriers within the cohort for testing and self isolating
- Whether there are particular barriers for informing of contacts

And would seek to address these through a combination of approaches.

It is expected that further guidance will be provided on the need for 'local lockdown' where significant mitigations need to be taken over a geographical area including multiple settings.

### **Outbreak investigation and closure**

During an outbreak (or cluster) investigation, further information would be sought to identify additional contacts, and to actively look for cases, though testing, as well as considering any further prevention (infection prevention and control) that can be put into place immediately. Information on the setting and the cohort of exposed people will help to inform the likely level of risk and of spread, and the level of response required.

Over the course of a number of weeks, actions would be in place and monitoring would be carried to check for adherence to prevention measures, any symptomatic people, and the need for further testing. An outbreak would be closed when sufficient time had passed without further cases.

Protocols are in place for types of settings, and these would be followed to guide the risk assessment and appropriate actions.

**Communication and engagement** is at all stages, from prevention to identification, throughout the outbreak and then to continue adherence to prevention measures. Further information is provided in the LOMP and a detailed Communications Plan is being formulated via the LOEB.

**Data collection, flows and information analysis** is also critical and is discussed in some detail in the LOMP.

## **PROTECTING AND SUPPORTING VULNERABLE PEOPLE AND COMPLEX SETTINGS**

Complexity and vulnerability can be due to a number of factors. It was clear early on in the pandemic that older people and those with pre-existing health conditions were at higher risk. During the last few months, evidence has shown that those from Black, Asian and minority ethnic communities were also at higher risk. Across the country, there has been a clear trend showing poorer health outcomes for more deprived communities.

### **Potentially complex settings**

We have identified a list of all such settings within Plymouth, and key contact details, as well as the relationship with key partners in the response. A 'settings lead' has been identified from the Local Authority who has an understanding of each setting and of the particular issues the setting may face. These are aligned to the anticipated categories used for the Action Cards.

Some of these settings have clear plans in place, which have already been exercised;

- care homes and other social care settings (through Adult Social Care)
- accommodation for people who are homeless (through Alliance partners)
- Children's homes and special schools (through Education, Participation and Skills)
- NHS settings

Many of these have had close engagement already through the pandemic, and we will work within our existing frameworks to support the groups identified above.

### **Potentially complex cohorts**

Community connections work closely with partner organisations around these cohorts who may be complex. We have good links with people in contact with many of these communities and would use these links to ensure that messages are being provided by trusted people.

**Potentially complex individuals and households**

Over the last three months Plymouth has taken a proactive response to supporting people and household who may have found the mitigations put in place for COVID-19 particularly difficult. We established Caring for Plymouth and the Plymouth Good Neighbours Scheme which has provided the support to those clinically shielding as well as those with other vulnerabilities. We have also worked with a wide range of 'mutual support groups' who have emerged from within communities to support each other.

Currently the NHS Test and Trace contact tracers will be identifying vulnerable people and signposting them to our phonenumber or website which provides information, advice and signposting. It is not clear what threshold might have to be passed for contacts details to be passed on to the LA directly, but we would suggest that there would be benefit in the LA following up on those we feel may need additional support.

We will work pro-actively with representation from these groups to identify the preventative measures that can be put in place (key to this will be encouraging people to be tested despite what might be seen as negative implications).

# Health and Wellbeing Board



Date of meeting:	30 July 2020
Title of Report:	<b>A FRAMEWORK FOR COVID19 INEQUALITIES</b>
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Kamal Patel
Contact Email:	Kamal.Patel@plymouth.gov.uk
Your Reference:	RH/KP
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

The impacts of COVID19, both direct (as a result of the disease) and indirect (as a result of measures to control the disease), are experienced differently by different groups. There is therefore a risk that the pandemic may increase and entrench health inequalities that existed and were widening before the emergency.

Understanding these differences will enable health needs of the population and the particularly affected groups to be recognised and monitored so that appropriate support can be provided to mitigate the impact.

There are also many examples of local communities and systems responding positively to the pandemic to support those most in need. Building on these positives will be essential to ensuring long-term health and tackling health inequalities.

This paper sets out a framework for considering these impacts. Work is underway to populate the framework, and it is anticipated that this will be the topic of a workshop in September; to enable a discussion and deeper understanding of these issues.

## Recommendations and Reasons

1. To note the framework
2. To support the first of a series of workshops to explore this topic in more depth

## Alternative options considered and rejected

Not applicable.

## Relevance to the Corporate Plan and/or the Plymouth Plan

Tackling health inequalities is set out as a key aim of the Plymouth Plan, and of the corporate plan. Understanding the differential impacts of COVID19 on different groups is essential to help us to understand the actions that need to be put in place to mitigate against these inequalities.

**Implications for the Medium Term Financial Plan and Resource Implications:**

All associated costs will be contained within the additional Test & Trace Covid-19 Grant awarded to PCC

**Carbon Footprint (Environmental) Implications:**

None.

**Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:**

*\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

None

**Appendices**

*\*Add rows as required to box below*

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**Sign off:**

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Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 17/07/2020											
Cabinet Member approval: Cllr Kate Taylor approved by email											
Date approved: 20/07/2020											

# A FRAMEWORK FOR COVID-19 INEQUALITIES

ODPH



## BACKGROUND

Worldwide, countries have implemented wide-ranging social distancing measures to reduce transmission of COVID-19 to directly protect health. These measures slow the spread of infection but are impacting on almost all aspects of our lives. They are likely to be in place (in some form) for a significant period of time and have profound health, economic and social consequences (termed indirect impacts of COVID-19). Moreover, these direct and indirect impacts of COVID-19 are experienced differently by different groups. There is therefore a risk that the pandemic may increase and entrench health inequalities that existed and were widening before the emergency. It is crucial that we increase our understanding of the broad impacts of the pandemic and what population groups will be more greatly affected and in what way. This will enable health needs of the population and the particularly affected groups to be recognised and monitored so that appropriate support can be provided to mitigate the impact. There are also many examples of local communities and systems responding positively to the pandemic to support those most in need. In addition, whilst the impact of the pandemic is likely to be severe, changing public perspectives and new ways of working provide opportunities to promote health. Building on these positives will be essential to ensuring long-term health and tackling health inequalities.

## AIM

The aim of this document is to provide a broad approach to assessing the broad health and wellbeing impacts on the population of Plymouth as a result of COVID-19.

Supporting this document, Kamal Patel, a Registrar in Public Health, has developed a detailed breakdown of components of this model, along with the data required to start to understand the impacts and therefore the assessment of need for Plymouth.

It is intended that the Health and Wellbeing Board will consider some elements of this at an initial meeting, to be set for September. Local expertise in topics and the impacts will be called upon to discuss their observations and knowledge, with the intention of forming an action plan.

## IMPACTS

Due to the broad and far-reaching health impacts of COVID-19 there are many different ways in which these can be categorised. In this report, the impacts of COVID-19 are divided into the direct health impact of catching COVID-19, the indirect impacts on specific behaviours, groups and conditions, and the indirect impacts of changes to the wider determinants of health. Themes are identified from each of these domains (see figure on page 2). It is clear, however, that these themes are interrelated and there is significant overlap between them.

Within each theme the following questions will be considered:

- How COVID-19 is affecting this area and what populations are particularly affected?
- What is the current evidence for COVID-19 impacts and inequalities?
- What are the potential impact of future changes?
- What indicators can be monitored?
- What Plymouth data is readily available?
- What are we doing now?
- What can we do/future opportunities are there?

