



Classification	Item No.
Open	

Meeting:	Council Cabinet
Meeting date:	14 th October, 2020
Title of report:	Covid-19 update
Report by:	Councillor Andrea Simpson
Decision Type:	Non Key Decision
Ward(s) to which report relates	All

Executive Summary:

This report provides:

- An overview the current epidemiology of Covid-19 in Bury
- An outline of anticipated future trends
- A summary of local action being taken
- An update on the current position on additional measures

Recommendation(s)

That: Cabinet is asked to note the report.

Equality Impact and considerations:

24. *Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:*

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*
25. *The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying ‘due regard’ in our decision making in the design of policies and in the delivery of services.*

An Equality Impact Assessment of the Covid-19 Local Outbreak Plan has been undertaken.

Assessment of Risk:

The following risks apply to the decision:

Risk / opportunity	Mitigation
N/A	.

Consultation: N/A

Legal Implications:

The Council is a Category 1 responder under the Civil Contingencies Act and as such is at the core of the response to meet the Covid-19 emergency. The Council is

subject to a full set of civil protection duties including putting in place emergency plans, business continuity and public information arrangements, all in cooperation with other local responders. Bury's Local Outbreak Plan is such a response.

The Council also has duties and powers in relation to public service provision and enforcement. The changes in legislation and guidance must be constantly monitored and the Council must not only comply with the law and have regard to guidance issued by the government, it must work with other agencies to ensure compliance.

At the present time a balance must be struck between those duties and powers and the need to comply with legislative restrictions connected with Covid-19 and its health and safety obligations. The report identifies those obligations and the actions being taken to address them, taking account of an ever changing picture.

Financial Implications:

The government has provided grants to support Local Authorities with requirements in relation to track and trace and self-isolation payments. Every attempt will be made to manage the additional costs within the funding made available however there may be additional costs that emerge that are in excess of the funding. These costs are being monitored on an ongoing basis and reported as part of the monitoring process and will inform returns to the Ministry of Housing, Communities and Local Government.

Report Author and Contact Details: Lesley Jones, Director of Public Health, l.jones@bury.gov.uk.

1.0 Introduction

This report provides:

- An overview the current epidemiology of Covid-19 in Bury
- An outline of anticipated future trends
- A summary of local action being taken
- An update on the current position on additional measures

2.0 Local epidemiology

There has been a sustained rise in the number of detected Covid-19 cases in Bury since the easing of the national lockdown in early July. This is in common with the rest of Greater Manchester, the North West

and the rest of the UK. The rate of rise began relatively slowly but has since gathered pace particularly across Greater Manchester and the North where rates were already at higher levels than the rest of the country as lockdown measures were lifted.

During the week from Friday 25 September to Thursday 01 October 2020 there were 469 confirmed cases of COVID-19 in people living in Bury (a rate of 246.7 cases per 100,000 people per week or an average 35.2 cases per 100,000 people per day). These figures are likely to be an under-estimate as there is a time-lag in the data, not all those with Covid-19 are tested & there are currently limits to national laboratory testing capacity. The true levels of infection are likely to be much higher. The REACT study led by Imperial College London, estimates that around 1% of the population in the North West currently have Covid-19 (equivalent to around 1900 people in Bury).

There is now embedded community transmission within Bury amplified by transmission within households. Community transmission has risen as more people have returned to more normal work and social activity. Cases of Covid-19 are spread across the borough with slightly higher rates now within more deprived areas. This is likely to be due to factors such as increased vulnerability to exposure through front-line occupations, denser living conditions and greater barriers to self-isolation.

The majority of people testing positive for COVID-19 in Bury identify as White British. Out of 469 cases, 302 (64.4%) were in people who described themselves as British and 62 (13.2%) were in people who identified as Pakistani.

Whilst cases remain largely within the adult working age population, there are now signs of an upward trend among the over 60's age group. The likelihood of developing more severe symptoms requiring hospitalisation increases with age and also with pre-existing health conditions which are also more common in older age groups.

The number of admissions to hospital and occupancy of Intensive Care Unit beds has risen significantly across the North West. Locally there have been increase in hospital activity at both Fairfield and North Manchester with 18 and 60 patients respectively currently in hospital with Covid-19. This is double the number in the previous week.

Sadly, there have also been 4 further Covid deaths in Bury to Bury residents following a number of weeks with no Covid-19 deaths reported.

3.0 Future trends

The North West 'R' value is estimated to be between 1.2 and 1.5 with a growth rate of between 4 -8% per day. An 'R' of 1.2 – 1.5 means that on average every 10 people infected will go on to infect a further 12 – 15 other people. Once R is above 1, the rate of growth becomes exponential.

Based on a doubling rate every 10 days, we would see a case detection rate of approximately 1,960/100,000 with around 936 people in Fairfield and North Manchester hospitals and 32 deaths by the end of October.

Modelling by the Academy of Medical Sciences suggests the winter period will be particularly challenging with hospital admissions and deaths peaking around Jan-Feb 2021 coinciding with a peak period of demand on the NHS, a residual backlog of activity deferred during the first wave and seasonal flu. The reasonable worst case scenario suggests the numbers requiring hospital admission and the number of

deaths could exceed that of the first wave. Manchester University is currently undertaking specific modelling for Greater Manchester which will further aid planning once completed.

It is hoped that with improved treatments, the overall covid-19 death rate will not be as high as the first wave although numbers are still expected to be high. For those who 'recover' from Covid-19, many go on to suffer serious and debilitating effects for some month's afterwards requiring health and care support. Further research is underway to fully understand the longer term health impacts of Covid-19 including for those who were only mildly symptomatic.

There are promising signs of a vaccine being available by next spring and possibly earlier in small quantities for targeted use. We have begun local planning for a mass vaccination programme in anticipation. A full vaccination programme could take around 12 months to roll out.

Winter 2021 is expected to be another challenging period although hopefully less challenging than this winter.

4.0 Local Action

Bury's Local Outbreak Plan sets out our approach to managing transmission. The following provides a brief summary of activity to date:

4.1 Communication and engagement

A comprehensive and sustained communications and engagement campaign has and continues to underpin our local action. The campaign uses multiple channels including social media, website press, radio, household leaflet distribution and outdoor marketing to ensure the people of Bury and key stakeholders are kept up to date on the latest position and are aware of the key messages. Staff and member briefings have been held via team events live, alongside regular webinars for GP practices, Head teachers and Care Home Managers.

4.2 Testing

The widely reported national laboratory testing capacity issues are slowly being resolved with fewer people now reporting problems booking a test and more people receiving their results in a timely manner. It will however take some time to fully deliver the required level and standards of service.

Within Bury, seven walk in test centres are being established across the Townships in addition to the drive through site at Waterfold.

Four are currently operational, namely Mosses, Chesham, Whitefield and Radcliffe. The remaining three sites at Redvales, Prestwich and Ramsbottom will be operational by the end of October. The sites offer new job opportunities which we are ensuring are made available to Bury people.

Following some initial teething problems exacerbated by the national testing issues, the sites are now all running extremely well and carrying out an average of around 40-50 tests per day each.

A Mobile Testing Unit has also been made available for 2 days per week for 3-4 weeks at Foundry Street.

The current testing rate is 209.7/ 100,000 which is broadly on par with other areas of Greater Manchester and the 14th highest in the North West. The positivity rate for Pillar 2 testing is around 11%, above the 5% national target.

Full details can be accessed via the council website <https://www.bury.gov.uk/coronavirus-testing>

4.3 Contact Tracing

Bury has been undertaking locally enhanced contact tracing since 7th September, 2020. The local team are passed all Bury index cases that have not been contacted by the national team within 24 hours. Our local performance has been better than the national team with 88% of cases that are followed up being contacted. However demand has been much higher than forecast with between 30 and 60 cases being referred to the local contact tracing system per day. We are dealing with a larger fraction of all cases than expected. There have also been delays in cases being referred from the national team. Following discussion with the national team, these issues appear to be resolving. The situation will continue to be closely monitored to ensure the improvements are sustained.

The local service is being delivered within existing resources through the redeployment of a number of staff mainly from the Public Protection Team. To put the local service onto a more sustainable footing, a collective proposal has been submitted by the Greater Manchester Strategic Coordinating Group to National Gold for additional resources. The outcome of the proposal is not yet known.

4.4 Supporting self-isolation

Local intelligence is consistent with national research showing that compliance with isolation is poor with only around 20% of cases and contacts isolating when they need to. It is recognised that there are a number of barriers to people isolating either as an index case or as a contact. Locally we are working to try and minimise these barriers by:

- Tackling the confusion over when to isolate and for how long through concerted communications and use of infographics to simplify the messages.
- Provision of humanitarian aid such as help with food shopping, collection of medication and comfort calls via the neighbourhood hubs. The demand for humanitarian aid is starting to rise whilst the number of volunteers available to support the effort has reduced as people have returned to work. Many of the remaining volunteers are in the older age group who are more susceptible to more severe effects of covid-19. Their activities are therefore limited. Additional ways of providing support through community groups and primary care are being explored.
- Processing of claims for financial support. Following the government announcement of the £500 self-isolation grants, systems have been established to process and award the grant to eligible people. The system is expected to go live by the end of the week subject to sign off of the Data Sharing Agreements.
- There is also the provision to enforce self-isolation and issue fines to those breaching the rules however this will only be used as a last resort.

4.5 Enforcement

The Public Protection team continue to work closely with the Police to undertake proactive and reactive enforcement of the Covid-19 regulations. They have made over 1000 proactive visits and contacts with licensed premises and 104 visits in response to complaints. One direction notice has been issued for breach of regulations which has now ended. A further 1174 proactive visits and 322 reactive visits have taken place targeting non-licensed premises such as cafes and take-aways, supermarkets and shopping centres, close contact services such as hairdressers and barbers. This includes 70 proactive visits to businesses in Sedgley area of Prestwich following rise in positive Covid-19 cases in area plus increase transactions Yom Kippur.

4.6 Incident and outbreak management

The infection prevention control team continue to manage a high number of incidents and clusters across a range of settings including nurseries, schools, colleges, care homes and workplaces. These mainly involve one or two index cases but often a large number of contacts who are then required to self-isolate.

Since schools returned at the beginning of September, over 60% of schools have experienced a confirmed case, either staff or pupils. This has led to large numbers of pupils and teachers being required to self-isolate for 14 days.

In line with initial Government guidance, where a confirmed case was identified in a school, the pupils and staff in a 'bubble' have been required to self-isolate. For primary schools, these bubbles are typically a class of approximately 30 pupils, but for secondary may extend to a year group of up to 200 pupils. A more recent focused approach has enabled a smaller number of close contacts to be identified, and requiring a part bubble to be isolated.

The impact of self-isolation is significant. Whilst the numbers vary on a daily basis, at its maximum during the third week of September, approximately 2,200 children were out of school. More recently, in the rolling 7 days to the 1st October, there were approximately 90 confirmed cases in a school, with 40 staff and 800 children required to self-isolate. Over the following 72 hours, a further 700 pupils have been required to self-isolate. The situation is very dynamic. We are working with Greater Manchester colleagues to produce data that can then be reported consistently, and enable bench-marking across Local Authorities.

A significant number of care homes have also been effected by individual cases largely staff members detected through the whole care home testing programme. In the last week a small number of larger outbreaks have started to be reported in schools, care homes and workplaces. This is a trend that is likely continue and grow.

5.0 Additional measures

Due to high and rising rates, Bury is subject additional measures over and above the national restrictions such as restrictions on people from different households meeting and restrictions on the opening hours and operations of businesses in the hospitality sector. People are also advised to work from home if they can. These measures have been selected based on the epidemiology which shows general work and social activity, amplified by household transmission to be the main drivers of transmission. There is some evidence emerging that these measures may have served to slow the rate of growth down to an extent but they will not be sufficient to bring R below 1 and bring transmission rates down.

The National Gold Committee and Greater Manchester Strategic Coordinating Group are therefore currently evaluating whether additional measures need to be brought in. This evaluation will consider the balance of health, social and economic risks created by rising rates of Covid-19 alongside the health, social and economic risks of introducing different measures. There is an increasing body of evidence that the economic price of not restricting the spread of Covid-19 could be twice as high as that of a 'structured lockdown'. No approach is without harm and a level of judgement will be required to determine the least harmful way forward and how anticipated harms can be mitigated.

It is also recognised that a patchwork of measures across the country now exists which have been introduced at varying levels of transmission resulting in confusion and loss of trust among the population.

A three tiered 'Alert system' is under development nationally to bring a more consistent approach to the introduction of additional measures. Announcement of this is expected shortly.

6.0 Conclusion

Bury Council, together with all our key partners, are delivering as comprehensive a response to Covid-19 in Bury as possible within the resources available. This response will need to be maintained until at least spring 2021.

The current rising rate of infections and projected impacts on morbidity, hospital activity and mortality as well as the impact on mental wellbeing, businesses, jobs and economic hardship mean that further measures are likely to be needed to contain the spread of the virus. The negative effects of any such measures will need to be mitigated as far as possible.

7.0 Recommendations

Cabinet is asked to note the report.

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning