



Classification	Item No.
Open	

Meeting:	Cabinet
Meeting date:	Wednesday 26 th May 2021
Title of report:	Update on Covid-19 in Bury and the Local Response
Report by:	Andrea Simpson, First Deputy and Cabinet Member for Health and Wellbeing.
Decision Type:	Non-Key
Ward(s) to which report relates	Borough Wide

Executive Summary:

The report sets out a summary of the local response to the on-going Covid-19 pandemic highlighting the additional measures to address the emergence of the more transmissible Variant of Concern B617.2 (Indian) variant and the need to maintain an on-going Covid-19 response over the longer term.

Recommendation(s)

That:

- Cabinet note the comprehensive response to date.
- Note the potential for a fourth wave of Covid-19 and the potential for impact on hospitalisations, disruption to education, social and economic life and the planned further easing of lockdown measures.
- Note the need to maintain an on-going local response in the context of the continued global pandemic
- Note the resources received and committed to date and the work underway to develop a further resource allocation plan to support the continued response.

1. Background

It is now more than a year since the first case of Covid-19 in Bury was reported on 1st March 2020. Since then, more than 18,000 people living in Bury have tested positive for Covid-19 and over 500 people have died of Covid-19.

Bury has experienced three waves of Covid-19 infections. The first ran from March to June 2020. The second ran from September to December 2020, and the third from January until March 2021. Although peak weekly deaths from Covid-19 were higher in the first wave, more than half of all deaths from Covid-19 so far in Bury happened since the start of September.

Lockdown and Road Map

2. Current Position

At the time of writing, England and Bury's case rate have been falling since mid-March 2021 and Bury until recently had the lowest rate in Greater Manchester and a similar rate to the England average. However, there are growing concerns about rising numbers of cases in the UK particularly in the North West and Bolton specifically of the B617.2 (Indian) variant. Initially cases were linked to International travel but there is now evidence of growing community transmission and case rates in Bolton have risen to over 200/100,000.

A small number of cases of the Indian variant have also been identified in Bury. It is unknown at this point whether the variant is any more likely to cause severe disease and deaths than previous variants or whether the vaccine is any less effective against it. There is growing evidence though that the variant is more transmissible and potentially significantly more transmissible than previous variants.

The growing number of Covid-19 cases in Bolton and other parts of the country also coincides with the wider re-opening of society and Step 3 of the Government Road Map on easing lockdown. From May 17th 2021, two households or up to six people will be permitted to meet indoors, including overnight stays. For Greater Manchester this is the first time that this type of contact has been permissible for over twelve months. In addition, the hospitality industry is also permitted to open indoor service and museums, theatres and cinemas can reopen. Hotels, hostels and Bed & Breakfast venues can reopen, and international travel is permitted. Other significant changes include increases in the number of guests permitted at weddings and funerals and, when meeting outdoors, groups of up to 30 can gather.

Given this increase in social activity it is highly likely that with greater mixing and the presence of a more transmissible variant case rates in Bury will rise and there are already question marks over whether Step 4 of the National Road Map provisionally set for the 21st June will go ahead on that date. There are concerns that an increase in cases could lead to a surge of Covid-19 related hospital admissions and put significant pressure on the NHS although it is not certain at this point in time.

3. Local Response

Our local response to the pandemic is set out in Bury's Local Outbreak Plan (Appendix A). The original plan was written in June 2020 and was refreshed in March 2021 in line with National Guidelines. The plan was submitted for national review and received positive feedback. A number of actions were identified to strengthen our response as part of the re-refresh for which there is an action plan that is overseen by the Health Protection Board chaired by the Director of Public Health reporting into Borough Gold Chaired by the Joint Chief Executive of the Council and CCG Accountable Officer.

The response comprises the following key elements:

3.1 Surveillance

Since the start of the pandemic, Bury Council and Bury CCG have developed a sophisticated surveillance system. This system integrates a wide range of data and has evolved rapidly to integrate new data sources as they have become available. A dedicated Covid-19 data project group prioritises and conducts analysis to address information gaps. Links with Greater Manchester (GM) and the North West (through strategic groups like the Greater Manchester Data and Intelligence Cell and Directors of Public Health and operational groups like the Greater Manchester Public Health Intelligence Network and GM CCG Heads of BI) allow sharing of epidemiological insights and pooling of analytical resources to address common questions.

Key outputs include a daily data pack, weekly epidemiological reporting and a weekly compendium of data which breaks down data across cases, vaccinations, testing within inequality cohorts and groups, so we can target resources during the pandemic where most needed.

Additional response to the current situation: enhanced surveillance is being enabled through the whole Genomic Sequencing and S-Gene Target analysis (a proxy for the presence of variants) of all positive cases in the North west and an expansion of wastewater surveillance for Covid-19.

3.2 Vaccination

At the time of writing over 100,000 adults in Bury have received their first vaccination and around two thirds of those have already received their second vaccination. Overall uptake rates in Bury remains amongst the highest in Greater Manchester across all cohorts and we remain in target to meet government targets for all adults to have been offered their first dose by the end of July and second doses by the end of September.

The vaccination programme is delivered through 4 local Primary Care Network Sites in Ramsbottom, Bury Town Centre, Radcliffe and Prestwich. There is also a nationally run mass vaccination centre at the Etihad Stadium in Manchester and a Hospital Hub site at Fairfield General Hospital which has provided vaccine to frontline health and care staff.

The vaccine programme is overseen by a Vaccination Assurance Group reporting to the Health Protection Board and a dedicated task group focuses on increasing and addressing inequalities in uptake. Two 'pop up' clinics have been held at the Jinnah Centre in Bury to increase uptake in two Middle Super Output areas with lower uptake. Around 250 people were vaccinated at each of these clinics. In addition, dedicated clinics have been organised for those who are homeless and refugees and asylum seekers and programmes of outreach to those with learning and physical disabilities and the Gypsy and Traveller community.

The community hubs continue to reach out directly to all those identified through GP registers who have not yet received their vaccination. Staff have been recruited to the hubs who are able to speak a range of community languages and help people overcome any difficulties with the on-line booking system.

Additional response to the current situation: Based on guidance from the Joint Committee on Vaccination and Immunisation (JCVI), the government has brought forward the time for 2nd dose vaccines from 12 weeks to 8 weeks to ensure those most vulnerable to severe disease, hospitalisation and death have maximum protection as soon as possible and this is being implemented locally. Work continues to drive uptake among those eligible in all cohorts who have not yet received their first vaccine and under additional guidance from JCVI we are extending vaccination to younger people living in multigeneration households in areas of lower overall uptake to help break chains of transmission.

3.3 Testing

Since the start of the pandemic, Bury Council and Bury CCG have worked hard to make sure that Bury residents have access to Covid-19 testing beyond the national offer and to tackle barriers to access that lead to inequalities in testing uptake. A full range of Testing provision is in place including 7 local neighbourhood test centres (2 locally run and 5 run by DHSC) which offer both PCR testing for symptomatic people and a collection of Rapid Lateral Flow Testing Kits for asymptomatic people.

All care homes, schools and colleges and over 80 businesses have been supported to introduce weekly rapid testing as part of the Community testing programme. Test kits can also be collected from community pharmacies and ordered for home delivery.

Uptake of testing is comparable to the rest of Greater Manchester and a new 'Best to Test' campaign has been launched to encourage all residents to undertake twice weekly asymptomatic LFT testing and to go for a PCR test promptly on developing any symptoms or if they get a positive LFT.

Additional response to the current situation: All local provision for PCR Testing has been opened up for asymptomatic testing and plans have been put in place to mobilise surge testing if required.

3.4 Contact Tracing

As part of Greater Manchester, Bury was among the first areas in England to have a local tracing partnership, starting in early September 2020. It provides a 7-day a

week service. Cases are called from a local phone number that they can ring back if they miss the call. Any cases that cannot be reached within the day will have a letter hand-delivered asking them to contact the Council contact tracing team as soon as possible.

As well as routine 'level 2' contact tracing, Bury Council also manages almost all cases linked to complex settings ('level 1' contact tracing). The Council was one of the first in Greater Manchester to take on the role of managing cases and outbreaks in schools and nurseries. This service is highly valued by our schools.

Bury has been an early adopter of enhanced contact tracing. We have been using the common exposure data provided by PHE since November 2020. This supports outbreak identification and investigation and drives proactive support and enforcement activity as well as wider understanding of transmission patterns in Bury. The overall performance of contact tracing in Bury is among the best in Greater Manchester however we strive for continual improvement and have recently appointed a Contact Tracing Operational Manager to work on further integration of data to drive outbreak investigation, infection control support and enforcement activity as well as monitor performance and identify and implement improvement opportunities.

Additional response to the current situation: Enhanced contact tracing for Variants of Concern has been switched on nationally for all Northwest positive cases. This involves a more in-depth interview covering a wider time frame. This has been replicated locally for all cases passed to the local service.

3.5 Outbreak prevention and management

Bury Council has an in-house infection prevention control team within the Public Health Department. To manage the workload arising from the pandemic, the capacity of the infection control team has been increased from 1.6 to 4.2 full time equivalent staff plus extra support from a senior registrar in public health who has more recently been appointed as a substantive Consultant in public health.

Up to March 2021, the infection control team had managed over 120 incidents of confirmed or suspected cases including 66 outbreaks in 59 health and social care settings since 23 March 2020, and over 1,200 confirmed or suspected cases in 139 schools or childcare settings since August 2020.

The Infection Prevention Control team has established strong working relationships with colleagues from across the Council and One Commissioning Organisation and these relationships have been essential in supporting education and early years settings, social care and primary care providers with infection control advice throughout the pandemic via regular communication channels and webinars.

Feedback from these settings on the support they have had from the Council has been very positive. Care home managers have praised the council in press interviews. Feedback from schools has been that they prefer the service and advice that they get from the Council's infection control team to that they get from the national helplines.

Additional response to the current situation: As case rates and consequently the number of outbreaks fell, the team have been focused on reaching out to ensure settings remain vigilant in their application of Covid-19 safe measures and alert to new cases and potential outbreaks to enable as early intervention as possible. All secondary schools and colleges have been advised to continue using face masks in all areas of school as evidence from other areas with rising case rates have observed higher case rates among secondary age children and young adults and outbreaks linked to education settings.

3.6 Supporting Self Isolation

Bury has five community hubs that provide a range of humanitarian support to people who are isolating, as well as 14,000 people who are clinically extremely vulnerable to Covid-19. Since March 2020, these Hubs have provided support to over 3,200 people who were shielding and managed over 6,000 requests for help. Bury Council has also processed over 1,700 applications for financial support for self-isolation. Due to Government eligibility criteria however only around 25% have been funded.

Although NHS Test and Trace makes follow-up calls to cases and contacts to check whether they are isolating, data quality is not good enough to judge how many people are successfully self-isolating. There is some evidence in this data that isolation rates within Bury vary by deprivation, as would be expected based on ability to work from home and/or bear the financial costs associated with isolation impact on isolation rates.

Additional response to the current situation: As part of a Greater Manchester bid to government, a new local self-isolation payment scheme is being put in place and all local cases and contacts are being followed up by the Community Hubs to encourage and support self-isolation.

3.7 Compliance and Enforcement

Our approach to COVID-19 compliance and enforcement has been underpinned by the 4 E's approach - Engage, Explain, Encourage, Enforce. Public Protection teams within the Council have worked together with partners from Greater Manchester Police in a 'one team' approach.

Together they help businesses with compliance, providing interpretation, guidance and support on the changing legislation and government guidance. Where this has been ignored action has included taking enforcement action against non-compliant businesses. Funding from the Compliance and Enforcement Grant has been used to recruit a pool of Covid-19 Marshals. The marshals have been key in carrying out compliance checks during lockdown ensuring businesses that should be closed remain closed and those permitted to be open do so in a compliant and Covid safe way.

Partners come together in a daily 'huddle' to review all available data and intelligence to identify and target areas for action. There is also a weekly Enforcement Meeting to identify areas for concern and agree appropriate action. Overall, around 3000 Business compliance checks have been undertaken. In general, there are have been

high levels of engagement and cooperation by the people and business of Bury with only a relatively small number of enforcement actions being required.

A Covid-19 safe behaviour change plan is also in place which includes additional measures such as signage in busy areas including parks.

Additional response to the current situation: Particular attention is being given to those businesses and activities that are able to re-open and extend services under Step 3 of the national road map. An Event Safety Advisory Group is now established consisting of partners from across the Council and CCG, as well as the Greater Manchester Police, North West Ambulance Services and the Greater Manchester Fire and Rescue Service. Covid-19 risk assessments for all planned events and gathering are reviewed by the group and a forward plan have been developed through to end of October including large scale events such as the European Football Tournament and Parklife, through to smaller carnivals, fairs and street festivals.

3.8 Communications and Engagement

Communications and engagement have been a vital and continued underpinning factor across all aspects of our response to Covid-19.

The local response has used real-time messaging at neighbourhood level to support Greater Manchester and national cells and Bury's Local Outbreak Plan. We have used whole systems co-ordination across Team Bury stakeholders sharing the same messages across multiple channels. The Bury Council website has been used as dedicated central portal for all current coronavirus related information and updated frequently. Core materials have been made available in other formats including monthly information bulletin to blind and partially sighted via the Blind Society, Easy read version of information leaflet and translated versions in Urdu and Pakistani Punjabi. The prime campaigns currently are '*Let's Do Our Bit*' aimed at encouraging continued maintenance of the core 'Hands, Face, Space, Air' Covid-19 safe behaviours as lockdown eases; '*Best to Test*' to encourage regular weekly testing and a campaign to encourage vaccination uptake.

Our approach emphasises engagement as well as communications. This has included two-way dialogue with 5 community partnerships, the Bury VCFA, faith and business leaders. We have worked with public sector partner such schools (with 4,000 staff, 29,000 pupils) and GPs. We have held regular meetings with 176 community groups through our neighbourhood hubs who support with wider outreach to circa 11,000 members of community. These hubs have helped us to get insights into questions, concerns, and barriers faced by the public. Examples have included identifying and helping to address misconceptions about COVID-19 testing and gaining insight into reasons for vaccine refusal among clinically extremely vulnerable people.

A network of over 40 community champions is also in place to help spread key messages and feedback insight from local communities.

Additional response to the current situation: Key messages to alert the people of Bury to the threat posed by the 'Indian' Variant and the potential for a further wave of cases which may threaten the further easing of lockdown are being promoted through all key channels. Work is also underway to expand our network of

community champions further especially in our South Asian and more deprived communities where Covid-19 rates have been historically higher.

3.9 Support to Businesses

The continuing requirement for a lockdown has presented multiple challenges to the Bury business community. The most pressing challenges have been faced by businesses forced to close for periods over the last 15 months and those which supply and trade with businesses in these circumstances. The Council has been able to deploy national funding to provide direct financial relief to businesses who have been forcibly closed and has used allocations of discretionary resource to target support at those businesses most impacted without being in a forced closure position. The impact of covid has been most keenly felt in the principle town centres, with Bury town centre suffering as a major retail and leisure destination, and Prestwich and Ramsbottom which both have strong concentrations of food and drink businesses. The long-term impact of the forced closures is hard to gauge at such an early point in the recovery process, however the Council will both work in the shorter term to assist businesses safely re-open and in the longer term will drive regeneration programmes designed to give residents and investors' confidence in the future economic prospects of our towns.

4. Resourcing the Response

4.1 The government has provided a range of grants to Local Authorities to support the response to Covid. Grants have been made available for different purposes and have different grant criteria but all are linked to Covid. Most of the grants were paid in the last financial year and where these have been unspent have been carried forward into the current financial year in order to provide some continuity on the delivery of operational plans. This is line with the criteria and reflects the fact that some of the grants were only received in the last quarter of the financial year. A summary of the grants received is set out below. Plans on how the grants would be utilised have been presented to the Emergency Powers Group however some of the proposals have been revised to reflect the changing needs of the borough. Appropriate monitoring arrangements are in place.

	2020/21 Allocation (£m)	2021/22 Allocation (£m)
Test, Track and Trace	1.080	0.000
Test and Trace Enhanced Support	0.150	0.000
Covid Marshal Funding	0.104	0.000
Contain and Outbreak Management Fund	4.808	1.375
Community Champions Fund	0.467	0.000
Clinically Extremely Vulnerable	0.529	0.000
Practical Support for Self-Isolation	0.044	0.132
TOTAL	7.182	1.507

5.0 Looking Ahead

Covid-19 is a global pandemic which will remain with us for some time to come. Whilst good progress is being made in the UK on the vaccination programme, the emergence of the B617.2 (Indian) variant is a reminder of the fragility and uncertainty of the situation. With high levels of continued transmission around the world, the potential for further variants of concern developing, spreading and having a significant negative impact is high. It is vital that we maintain our ability to respond and manage future outbreaks and surges over the longer term whilst we aim to build back better and return to as normal life as possible.

Recommendation(s)

That:

- Cabinet note the comprehensive response to date.
- Note the potential for a fourth wave of Covid-19 and the potential for impact on hospitalisations, disruption to education, social and economic life and the planned further easing of lockdown measures.
- Note the need to maintain an on-going local response in the context of the continued global pandemic
- Note the resources received and committed to date and the work underway to develop a further resource allocation plan to support the continued response.

Reasons for the decision:

N/A

Other options considered and rejected:

N/A

Community impact/links with Community Strategy

Both Covid-19 and the control measures have community wide impacts which have exacerbated existing inequalities. There are ways in which the pandemic has served to both accelerate and hinder various aspects of the Community Strategy.

Equality Impact and considerations:

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.*

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.

Equality Analysis	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>
<p>The Equality Impact Assessment highlights that Covid-19 is more likely to have severe impact on older age groups and those with underlying health conditions. Case rates are also likely to be higher among more deprived and minority ethnic communities. Control measures such as vaccination and testing contact tracing and self-isolation are less likely to be taken up by those same communities most at risk of high transmission and there are potentially barriers for those who have disabilities, people who are homeless, refugee and asylum seekers and gypsy and traveller communities. 'Lockdown' measures are also more likely to have a negative impact on people within these communities with higher levels of deprivation and people who are socially excluded. Proactive monitoring of inequalities and action to target and tailor interventions and mitigations has been a feature of our Covid response throughout.</p>	

**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Assessment of Risk:

The following risks apply to the decision:

Risk / opportunity	Mitigation
N/A	

Consultation: N/A

Legal Implications:

The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021 were made on 29th March 2021, and were amended slightly when the Step 2 restrictions were brought into force on 12th April. The whole of England will move into Step 3 on 17th May. The Step 3 restrictions are significantly less onerous than the current Step 2 restrictions, however some restrictions will remain until at least 21st June.

Financial Implications:

The additional requirements placed on Local Authorities in dealing with Covid has resulted in additional costs. To some extent these costs have been mitigated for by various grants that have been provided throughout the year as the pandemic evolved. The flexibility afforded by the grants ensures that these can be carried forward into 2021/22 in recognition of the fact that the impact of the pandemic has

continued beyond the financial year end. Appropriate monitoring arrangements are ensuring that the grants are targeted to where they can add most value and in line with the overall grant criteria.

Report Author and Contact Details:**Lesley Jones**

Director of Public Health

l.jones@bury.gov.uk

Background papers:Bury COVID-19
Outbreak Control PI

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

Term	Meaning
CCG	Clinical Commissioning Group
DHSC	Department of Health & Social Care
GM	Greater Manchester
JCVI	Joint Committee on Vaccination and Immunisation
PCR	Polymerase Chain Reaction (Covid-19 Tests where samples are sent to a laboratory for testing of genetic material)
LFT	Lateral Flow Tests (used for rapid testing without the need for a Laboratory)
VCFA	Voluntary, Community & Faith Alliance