Living Safely with Covid in Trafford

Trafford Health and Wellbeing Board Helen Gollins, Director of Public Health (Acting) 23rd March, 2022

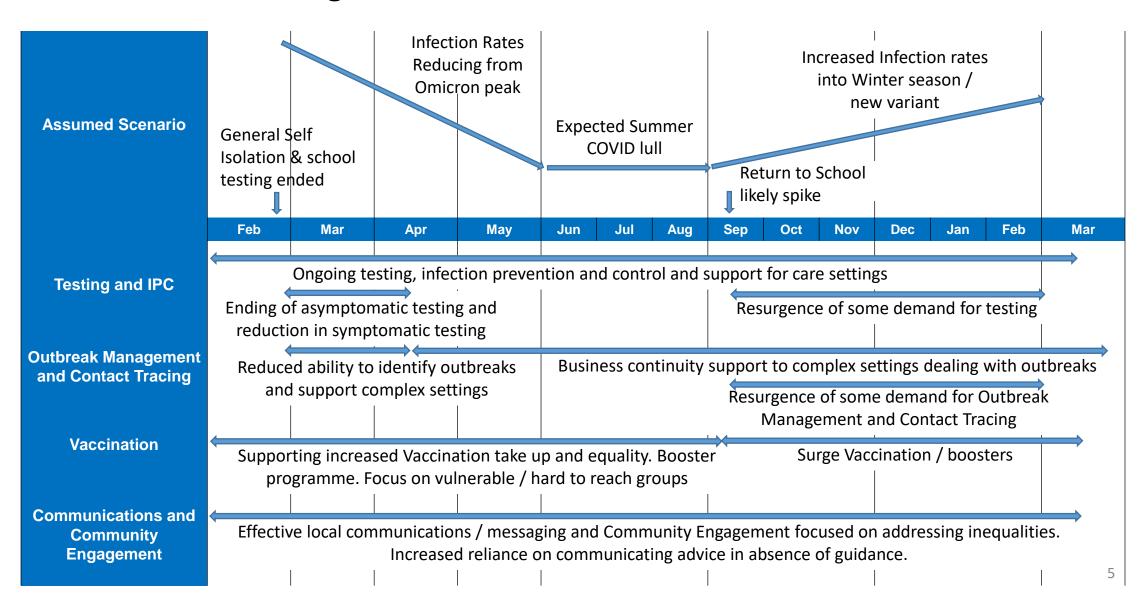
The Government will structure its ongoing response around four principles:

- a. 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;
- b. Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing;
- c. Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- d. Securing innovations and opportunities from the COVID-19 response, including investment in life sciences.

	Change
21 st Feb	 Removal of the guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing.
24 th Feb	 People who have tested positive for Covid no longer required to isolate workers will not be legally obliged to tell their employers when they are required to self-isolate. Routine contact tracing to end No longer ask fully vaccinated close contacts and those under the age of 18 to test daily for 7 days, and remove the legal requirement for close contacts who are not fully vaccinated to self-isolate Revoke The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations. Local authorities will continue to manage local outbreaks of COVID-19 in high risk settings as they do with other infectious diseases.
24 th March	• The COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end.
1 st April	 The Government will update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people. The Government will remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments. the Government will replace the existing set of 'Working Safely' guidance with new public health guidance. From 1 April, the Government will no longer provide free universal symptomatic and asymptomatic testing for the general public in England limited ongoing free testing: Limited symptomatic testing available for a small number of at-risk groups - the Government will set out further details on which groups will be eligible. Free symptomatic testing will remain available to social care staff

Mitigations	Consideration
Vaccination	Continue to monitor and provide vaccination opportunities across the borough Monitor uptake particularly with a focus on inequality
Outbreaks management	Continue to work with the GM system Our OH&CT team shifting from population to complex settings Continued support to our EYs and Education settings when required
PPE	Available until March 2023
Treatments, antiviral and therapeutics	Working with NHS and PCN colleagues-1.3 million people in England with specific immune issues have been sent a PCR to be taken when symptomatic-if positive these individuals will be able to access antivirals.
ASC-vaccination, guidance for visitors and workers and free PPE	Strong local networks to support care settings
Surveillance	UKHSA will maintain scaled down critical surveillance capabilities including the COVID-19 Infection Survey (CIS) population level survey, genomic sequencing and additional data. This will be augmented by continuing the SARS-CoV-2 Immunity & Reinfection Evaluation (SIREN) and Vivaldi studies.
HR workplace policies	Sickness absence Use of meeting rooms etc

Assumptions-based view to April 2023: Based on Central Optimistic Scenario and "Living With COVID"



Approach for Core Capabilities

Workstream	Key Points for Planning
Testing	Testing in most settings will largely end with closure of symptomatic and asymptomatic test sites in coming months. Asymptomatic testing will cease. For care settings current testing guidance will remain in place for the time being (detailed updated guidance awaited). Charges for LFTs will be introduced for the general public. Unclear how free LFDs will be provided to vulnerable groups – likely that Council will have a role in this. Emergence of a new variant with a resultant surge in infection rates is likely to mean that the reinstatement of wider scale symptomatic and asymptomatic testing could need to be reinstated at short notice.
Outbreak Hub	Scaling down of testing will make ongoing proactive identification of outbreaks impossible in most contexts. Emphasis for most settings (e.g. schools, businesses, events) will be on providing advice and guidance on containment measures and supporting outbreaks that are identified and raised with the team. Ongoing support for Care Homes / Settings will be required. Support will also be required for those suffering from COVID who face resultant hardship – approach to providing this is not yet clear. Emergence of a new variant with a resultant surge in infection rates could require the urgent stepping back up of outbreak management capacity.
Contact Tracing	End of most testing and self isolation means that the current approach to contact tracing and self isolation support will not be sustainable. Emergence of a new variant with a resultant surge in infection rates could require the urgent stepping back up of an effective local Contact Tracing capability.

Approach for Core Capabilities

Workstream	Key Points for Planning
Infection Protection and Control	Ongoing advice and support for care settings will be required. Current testing / isolation guidance will remain in place for the time being (detailed updated guidance awaited). If the guidance is subsequently relaxed ongoing advice will be required to help protect vulnerable groups in care settings. Ability to respond rapidly to any new surge / variant is important given the vulnerable population involved and the need to minimise hospital bed blocking.
Vaccinations	In the absence of further mass COVID vaccination / booster campaigns our focus will be on addressing vaccine inequalities and increasing the level of vaccinations in vulnerable and hard to reach groups in our community. We can also support flu vaccinations and the required catch ups on MMRs. It is expected that further boosters are likely to be offered in Spring 2022. If there is a new variant requiring further boosters we need to be positioned to support the campaigns, again with particular emphasis on vulnerable groups.
Public Health Intelligence	The planned reduction in testing will have a significant impact on the infection data available. Increased emphasis on addressing health inequalities relating to vaccination rates in specific localities. Detailed ongoing analysis of national and local COVD data will be required to focus ongoing activities and to provide early identification of potential surges so that no time is lost in scaling up Contain activities if required.
COVID Operations Team	The Operations team provides us with the essential flexibility to address emerging requirements. They can support testing, vaccinations, contact tracing, care settings and a range of other situations as required. While infection levels are low support can be given to inequalities work and to other areas that have been impacted by COVID / lock down across Public Health and in wider areas of the council.

Approach for Core Capabilities

Workstream	Key Points for Planning
PPE	A transition plan in being executed that will migrate PPE ordering for our users to the portal and remove the need for direct support of users in the borough. PPE is to continue to be provided free of charge until the end of March 2023. We will need to continue to monitor for developments in requirements and any supply problems but we will no longer be directly involved. The migrated approach should be sustainable in the event of a surge / new variant.
Community Engagement	Ongoing effective community engagement is required to support our vaccinations work in particular. After June 2022 plans are in place for our team to move into a business as usual way of working with funding being from PH reserves rather than contain funding. This will enable an ongoing capability to remain in place which would be used as the platform for addressing a new variant / surge if required.
Communications	The bulk of our COVID-related activities require effective communications to be in place. A small ongoing COVID-dedicated resource will remain in place supporting, in particular, our vaccinations and ongoing public health messaging and linking with national and GM level messaging. This will form the basis for an expanded capability in the event of a new variant / surge.
Project Management	A small COVID-focused capability will be retained to manage resourcing, planning, risk and the ongoing response to what will continue to be a rapidly changing situation. This will form the platform for an expanded capability if we have a resurgence of the pandemic.

Community Engagement & Communications

Individuals can still reduce the risk of catching and passing on COVID-19 by:

- a. Getting vaccinated;
- b. Letting fresh air in if meeting indoors, or meeting outside;
- c. Wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet, when rates of transmission are high;
- d. Trying to stay at home if you are unwell;
- e. Taking a test if you have COVID-19 symptoms, and staying at home and avoiding contact with other people if you test positive; and
- f. Washing your hands and following advice to 'Catch it, Bin it, Kill it'.

Risks & Considerations for the HWB

- Variants
- Widening inequality-North/South, testing, employment, vaccine uptake, impact on education
- Isolation & loneliness
- Flu & Covid
- Ongoing system pressures
- Future pandemic preparedness
- Impact of vaccination programme on Primary Care and Children's Community Health Services