

Committee:	Health & Social Care Review Group (HSCRG)
Date of Meeting:	21 June 2021
Subject:	Update on COVID-19 in Luton (incorporating update on the Health Protection Board)
Report by:	Sally Cartwright, Director of Public Health
Contact Officer:	Sally Cartwright, Director of Public Health

Note: Latest Covid data will be provided verbally at the meeting.

Purpose

1. To update HSCRG on the impact of the COVID-19 pandemic on the health of the population of Luton

Recommendation

2. **HSCRG is recommended to note the report.**

Background

3. The Health and Wellbeing Board acts as the community engagement board for the delivery of the local outbreak response, as outlined in the Local Outbreak Management Plan.
4. The Board receive regular updates on progress and may seek additional information from partners.
5. This report will provide some context to the local COVID-19 response and consider how the health and wellbeing of the population of Luton has been impacted by the COVID-19 pandemic. It is important to pay respects to the families who have lost loved ones and to recognise the personal impact that this infection has had.
6. This report will focus directly on health and wellbeing services, and not consider the wider economic or social impacts of COVID-19 on the population, including benefits and rough sleepers.

LOCAL RESPONSE

7. COVID-19 is a pandemic caused by a novel coronavirus, first identified in the Wuhan region of China in December 2019. As a new infection, the whole population are susceptible and there remains further research to identify the duration of any immunity or the development of effective treatments or vaccines.
8. The infection can cause serious illness or death and particularly affects people of older age or with underlying health conditions. According to WHO, approximately 80% of infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation. Approximately 3-4% of cases will die from COVID-19.

9. As outlined above, some people will have no or very mild symptoms. The case definition is currently:

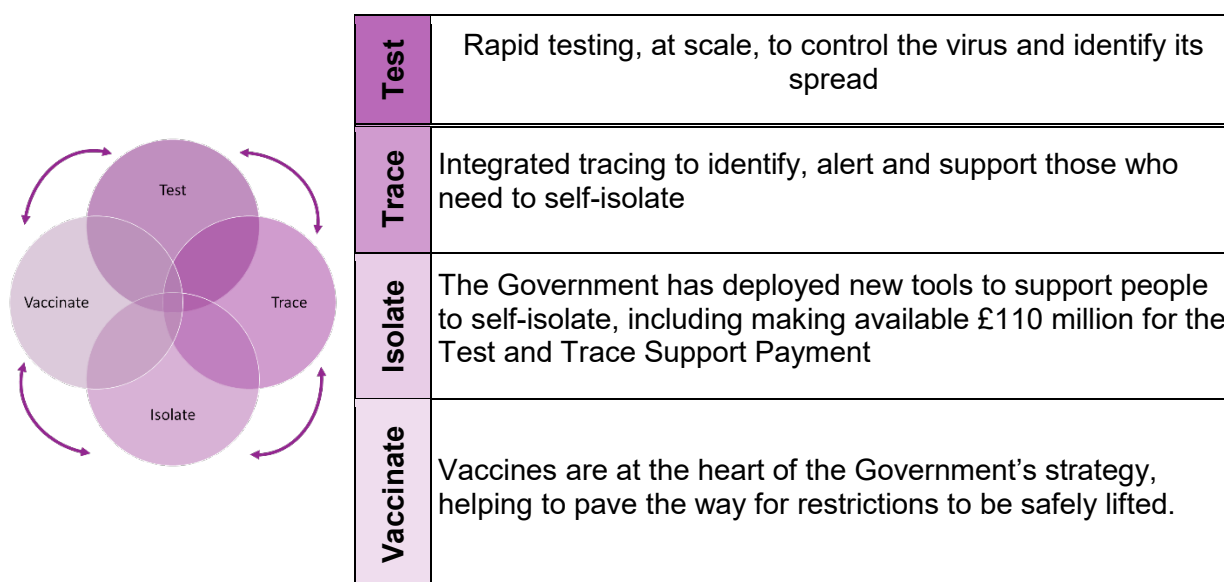
- new continuous cough or
- high temperature or
- a loss of, or change in, normal sense of taste or smell (anosmia)

10. The UK government instituted first 'lockdown' measures on 23 March 2020, which included 'stay at home', avoiding non-essential travel, closing of all non-essential businesses. There was a further lockdown in November 2020 which lasted for four weeks. The Government have introduced a four step 'roadmap' to guide the country out of the lockdown which commenced on 5th January 2021. As part of this roadmap, the Government introduced a four test approach to assure the safe lifting of lockdown measures at each step:

1. The vaccine deployment programme continues successfully.
2. Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
3. Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
4. Our assessment of the risks is not fundamentally changed by new Variants of Concern.

The actions to enable these tests to be achieved are based on the Test, Trace, Isolate, Vaccinate principles (see figure 1).

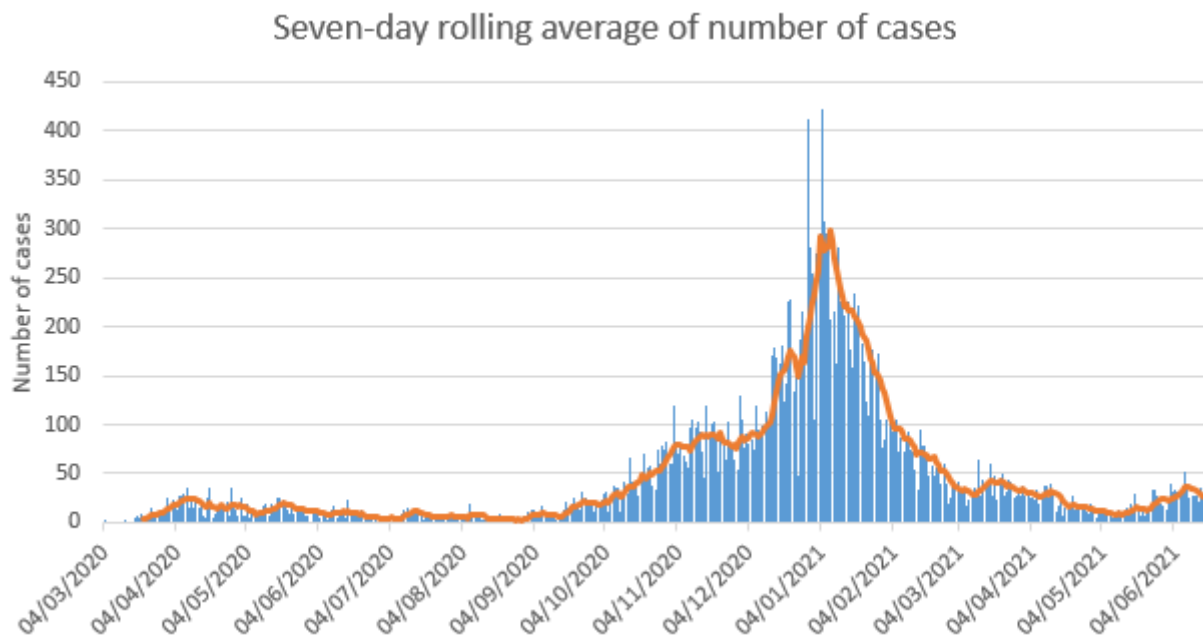
Figure 1: Test, Trace, Isolate, Vaccinate approach



11. Luton experienced a first peak in cases in mid-April (figure 2), with a subsequent decline in weekly cases. Since September we have seen a steady overall increase in case rates, leading to a significant increase during December 2020 and a decline in recent

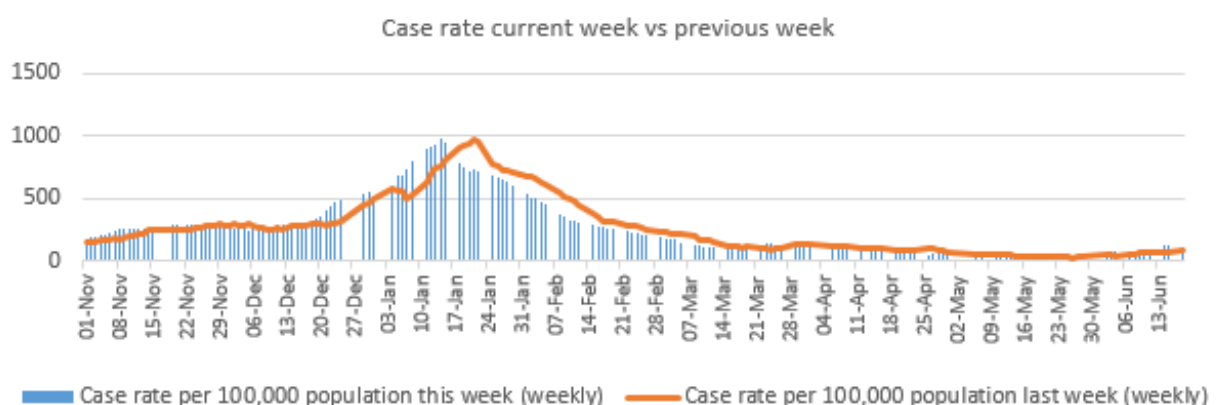
weeks. In total, there have been 21,681 total cases (as at 20 June) and a cumulative rate of 10,176.4 per 100,000.

Figure 2: Seven-day rolling average - confirmed cases (source: LBC BI)



12. Figure 3 shows the overall position in average case rates. Luton has 'enduring case rates', defined rates that remain high and above the national average for long periods of time. The causes of these rates are principally due to the wider determinants of health, than any omission in pandemic response. Luton has a slightly different profile of cases, often having a delayed and more enduring peak.

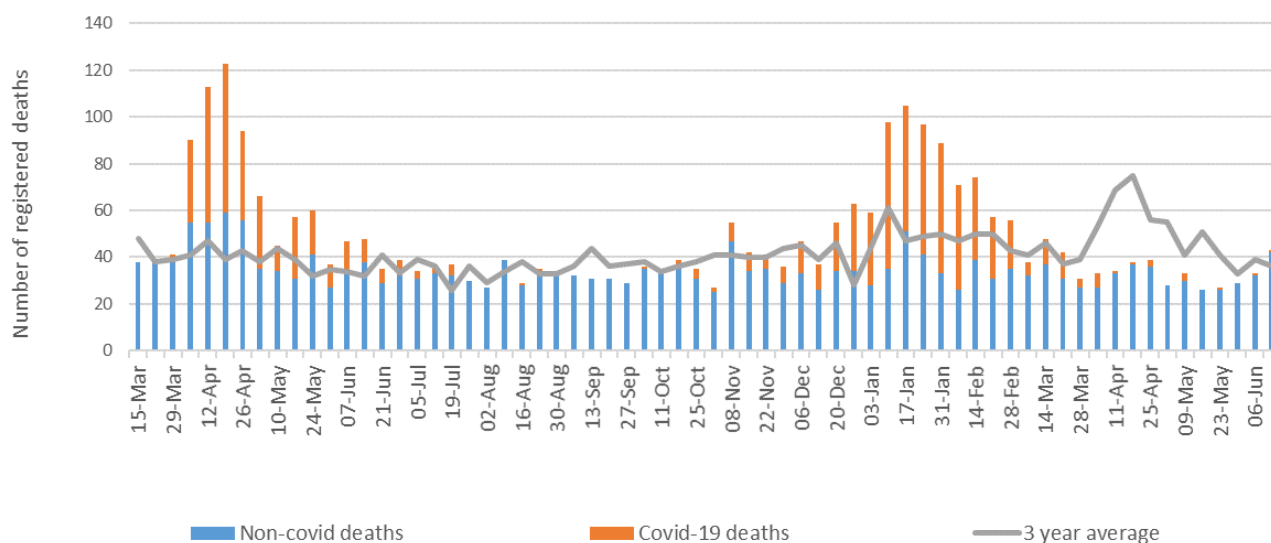
Figure 3: Case rate per 100k population: Current week against previous week (source: LBC BI)



13. Figure 4 shows that deaths directly attributable to COVID-19 initially follow a similar pattern to cases, with a peak in mid-April and a subsequent decline. When all deaths registered at considered, there was a 200% increase against the three-year average at the highest point. During the winter, the total deaths registered started to increase above seasonal averages again, although not to the peaks of last year.

Figure 4: Registered weekly deaths compared to a three year average (source: LBC BI)

Weekly registered deaths compared to a three year average



14. In early February 2021 Luton Council received a return visit from the Cabinet Office Covid-19 Field Team. These visits aim to gather qualitative and quantitative information on a local area to advise the Cabinet Office on areas of: good work, further support and; national implications. During the two day visit the team met with a range of stakeholders from across the local system, including the council, CCG and Police. They visited vaccination and testing centres and spent the evening with enforcement officers, visiting premises. They also extended the visit to meet with the Covid Community Champions.

15. The final report is classified as 'Official Sensitive' and so cannot be shared in the public domain. The key findings were that the Covid response in Luton has been innovative and agile due to long standing multi agency and system partnerships, supported by effective leadership and direction from the DPH. Several exemplars of good practice were noted, including:

- discharge arrangements between the L&D Hospital and Adult Social Care
- the partnership working between LBC and Bedfordshire Police on enforcement
- the schools outbreak management cell
- the tremendous efforts of our voluntary services to support the community was particularly highlighted.
- extensive and meaningful community engagement

16. The report makes some observations about how the pandemic has affected Luton and some areas where further national consideration would assist us. These include:

- noting that our high case rates are not due to any systemic non-compliance but due to the nature of employment in the town, meaning higher levels of circulation during lockdown

- the significant impact of Covid on the airport and the onward financial effect on council services and voluntary services
- the benefits of further national support to further enhance community engagement, particularly on behavioural insights

17. As part of the roadmap, the national Contain Framework has been refreshed. Local authorities have been asked to review and revise local outbreak management plans to support the national test, trace, contain and vaccinate approach. The initial plan for Luton was agreed by the HWB on 26 June 2020 and published on the council website on 30 June 2020. The revised plan has been drafted and submitted for review to the Regional Partnership Team. The revised version is attached for information.

18. A key element of the outbreak management plan is community engagement and a communication and engagement plan has been developed, building on the strong engagement approach taken to date. The council has worked closely with the community to provide updates and tailor communications. The Public Health team have hosted a regular briefing for community and faith groups, developed localised advice guides (some of which have been co-produced with the community) and provided expert health protection advice to community facilities, including schools. Public Health supported the community-initiated extraordinary Health & Wellbeing Board and the production of responses to the questions asked by the community.

19. Luton Council have introduced COVID-19 Community Champions, where community members are able to sign up to receive updates and resources to support us in getting key messages out and hear about community priorities that we should be addressing. Once signed up as a champion, they will receive:

- regular updates from the council on the latest situation with coronavirus in Luton
- key messages and updates that need to be communicated through Luton's communities
- FAQs to help with myth-busting about COVID-19
- Suggested templates, video scripts, photo suggestions, social media post and other tools to assist with the dissemination of key messages
- frequent zoom calls where all champions can share ideas and provide feedback from the community to the council to help us improve our communication and messaging
- a single point of contact to discuss ideas, offer suggestions and ask questions

OUTBREAK MANAGEMENT RESPONSE

20. As part of the Local Outbreak Control Plan, Luton Council hosts a weekly Outbreak Management Cell, with participation from NHS partners, PHE and the police. This group meets weekly to review current data trends and notified outbreaks and agree and implement mitigating actions.

21. Currently, Luton has a high weekly case rate (95 per 100,000), and a positive test rate of 1.55% (21/06/2021). Since the beginning of December nearly 100,000 LFD tests have now been completed.

22. In recent weeks, Luton has begun to see the swing from the variant first identified in Kent to the Delta variant (first identified in India). The Delta variant is now the

dominant virus circulating at 90% of sequenced cases. This variant is more transmissible but does not appear to be leading to more serious illness and death. However, with the need to isolate, the wider harms of COVID such as missed education or lost income are significant and greater in deprived communities.

23. The Public Health team commenced daily incident management meetings, reviewing each case and initiating appropriate action, including surge testing. This is no longer sustainable and a return to population measures has recommenced.
24. The national testing strategy (Community Testing Programme CTP) ceases on June 30th 2021. We are awaiting national sign off for the strategy moving forward but it is alluded that there will be an extension to March 31st 2022. The model being deployed in Luton following 30th June will be a 'Take testing to the people' approach. This will be achieved by the following;
- The testing bus will remain in St Georges Sq. 7 days a week for a town centre presence.
 - Two mobile testing units (MTU) will be deployed across the town in community locations i.e. leisure centres, faith centres, parks, industrial areas and residential settings.
 - One will cover Luton North and one will cover Luton South 7 days a week from 8:00am-8:00pm
 - The Mall will also still act as a distribution point for home test kits

A timetable will be published and communicated showing the days/times and locations in order for residents to continue their testing habits twice a week and also collect home test kits. In addition the 3 local PCR test centres will still be operational at Bury Park, Hockwell Ring and Vicarage Street.

25. Despite significant capacity and communications, there has been a sustained decline in the participation in testing. Luton Council carried out a poll to explore the reasons for this and found that the decision whether to test was driven by an individual's assessment of risk, including: frequency of leaving home; vaccination status; covid secure premises; validity of LFD tests.
26. We have commenced environmental sampling (wastewater) , working with the Joint Biosecurity Centre, to support the outbreak response. This model is currently used in key cities. This data is used to confirm the understanding and response already in train.
27. The contact tracing team commenced in early August. Luton has now commenced 'Local 0', which means that we are contacting all cases in Luton. We are also using this model to support outbreak management, reaching contacts in a timely and effective way.

Proposal/Options

31. The Local Outbreak Management Plan sets out the clear approach that the local system will support to reduce and control the impact of COVID-19 on the population. The support and commitment of the local communities is critical in the achievement of this.

Appendix

None

List of Background Papers - Local Government Act 1972, Section 100D

None