

# Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 24<sup>th</sup> November 2022

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**Subject: Local approach to COVID-19 and other respiratory infections**

## **Summary statement:**

This report provides an update on COVID-19 in Bradford District. It describes the response to the COVID 19 pandemic since February 2022 when activities became integrated within 'business as usual'. The report sets out how the Bradford District COVID-19 response is being managed, in line with the management of other respiratory infections like flu. This report summarises what 'Living safely with COVID-19' means for Bradford District, and how we are preparing for this next phase of the pandemic.

## **EQUALITY & DIVERSITY:**

An equality assessment has been made on the local plan 'Living safely with COVID-19 and other respiratory infections' with no negative impact on equality; conversely it will help mitigate any widening of existing health inequalities due to COVID-19. This report contributes to the Council's equality objectives: **1. Visibility, leadership and accountability** – through defining the Council's responsibilities in this new phase of the response to COVID-19; and **3. Community** – through identifying and signposting to resources to support people to live safely with COVID-19 and other respiratory infections.

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

- 1.1. The COVID-19 pandemic is not over. COVID-19 is still a serious global and national public health threat. While many services are now operating business as usual, some remain under significant pressure, especially health and social care. The virus is not yet endemic (constantly circulating in the population with predictable patterns) therefore we need to be prepared for on-going new waves of infection, mainly related to emergence of new variants.
- 1.2. As a local authority we have the statutory duty to plan and respond to emergencies and public health incidents such as outbreaks of respiratory infections. We should continue to stay vigilant and prepared against COVID-19. That means keeping contingency plans and capacity to escalate a response if needed, while also planning how to address deepening health inequalities that have been evidenced and worsened by the pandemic.
- 1.3. Bradford Council's response to COVID-19 since the beginning of the pandemic has been guided by the COVID-19 Local Outbreak Management Plan (LOMP), first published in July 2020. LOMP's were part of the COVID-19 Contain Framework, which set out the roles and responsibilities of local authorities and system partners in response to COVID-19 outbreaks. The Contain Framework was withdrawn in April 2022 following publication of the [Living with COVID-19](#) national strategy which sets out the next phase of the COVID-19 response. This report summarises what 'Living with COVID-19' means for Bradford Council and how we are preparing for this new phase of the pandemic.

## 2. BACKGROUND

### Objectives

- 2.1. The current phase of national response to the COVID-19 pandemic aims to enable the country to manage COVID-19 in line with other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new and more dangerous variant emerges.
- 2.2. The [Living with COVID-19](#) national strategy is structured around four principles:
  - **Living with COVID-19** what means encouraging safer behaviours to avoid return of domestic restrictions.
  - **Protecting people most vulnerable** to COVID-19 through promoting vaccination and targeted testing.
  - **Maintaining resilience** of the system and communities via continued surveillance and contingency planning.
  - **Securing innovations** and opportunities from the COVID-19 response.

- 2.3. Vaccines are the backbone of the current response phase. The UK Health Security Agency (UKHSA) will continue leading the COVID-19 response in England, and supporting national recovery. Responding to the virus will be gradually integrated within business-as-usual arrangements. Outbreaks will be managed through collaboration between UKHSA and the local authority.
- 2.4. Lessons from the last two years have been incorporated within plans to prepare for future public health threats. Some lessons from the first two years of local response to the pandemic in Bradford are summarised in Box 1 below.

*Box 1: Lessons learned from the local response to COVID-19 in Bradford 2020-21*

Good practices	Ongoing risks
<ul style="list-style-type: none"> <li>• Regular meetings to review outbreaks and coordinate local response</li> <li>• Collaborative work with clear and agreed responsibilities across organisations</li> <li>• Single COVID-19 reports to all local system partners (common intelligence)</li> <li>• The COVID-19 hub and support workers</li> <li>• Involvement of community leaders and champions</li> </ul>	<ul style="list-style-type: none"> <li>• Uncertainty about future funding for local response.</li> <li>• Recruitment and retention of a qualified and sufficient workforce</li> <li>• Inconsistent communication between agencies reinforcing public misinformation and uncertainty.</li> <li>• Persistently low vaccine uptake among certain groups.</li> <li>• Influenza and COVID-19 co-circulating.</li> </ul>

- 2.5. We continue to encourage uptake of vaccines and safer behaviours which are also longstanding ways of managing other infectious respiratory illnesses such as flu. For this, it will be essential to find effective ways of building the confidence of communities in public health advice, vaccines and treatments.

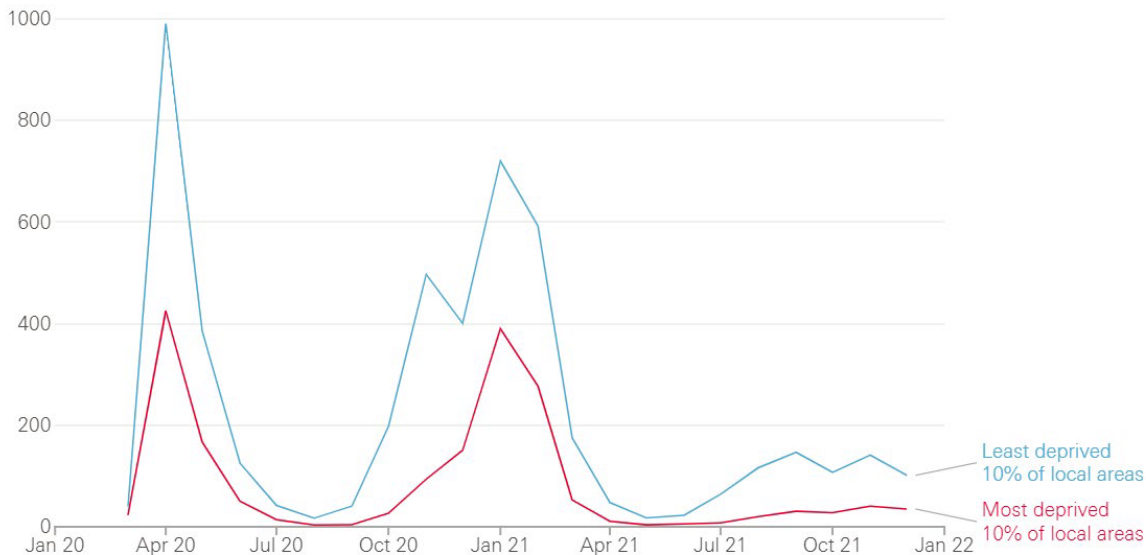
### 3. REPORT ISSUES

#### Mortality and inequalities

- 3.1. The roll-out of COVID-19 vaccinations and the discovery of new treatments for those hospitalised with COVID-19 have considerably reduced COVID-19 mortality when compared with 2020-21. Vaccines also reduced the severity of COVID-19 infections, weakening the link between cases, hospitalisations and deaths. However, COVID-19 remains a significant cause of death in the UK.

- 3.2. There is a significant difference in the risk of dying from COVID-19 for those living in deprived areas. Figure 1 shows that between July and December 2021 there were 2.5 times more COVID-19 deaths in the most deprived areas of England, than in the least deprived areas.

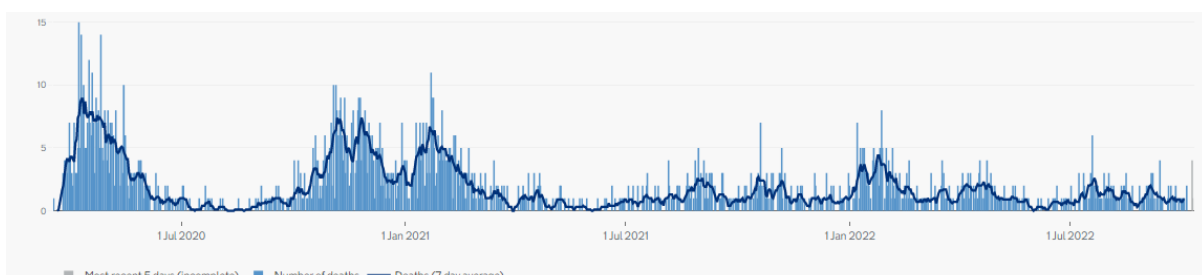
*Figure 1: Age standardised COVID-19 mortality rate per 100,000 by deprivation*



Reproduced from Finch D, Tinson A. The continuing impact of COVID-19 on health and inequalities: A year on from our COVID-19 impact inquiry. The Health Foundation. Published online 24 August 2022. Available at <https://www.health.org.uk/publications/long-reads/the-continuing-impact-of-covid-19-on-health-and-inequalities>. Accessed 12 October 2022.

- 3.3. Bradford District has had higher COVID-19 transmission rates than most localities in England. Deaths related to COVID-19 have followed the national pattern of peaks related to new variants, with slightly steadier rates when compared to the national numbers. Up to 27 October 2022, a total of 1705 people had died within 28 days of a positive COVID-19 test within the district, as Figure 2 shows. This corresponds to a rate of 314 deaths per 100,000 people, while the rate for England is 300 per 100,000.

*Figure 2: Deaths within 28 days of a COVID-19 positive test in Bradford*



Source: Gov.uk Coronavirus (COVID-19) in the UK (national COVID dashboard). Last updated 13 October 2022.  
Available at: <https://coronavirus.data.gov.uk/details/deaths?areaType=Itla&areaName=Bradford>. Accessed 13 October 2022.

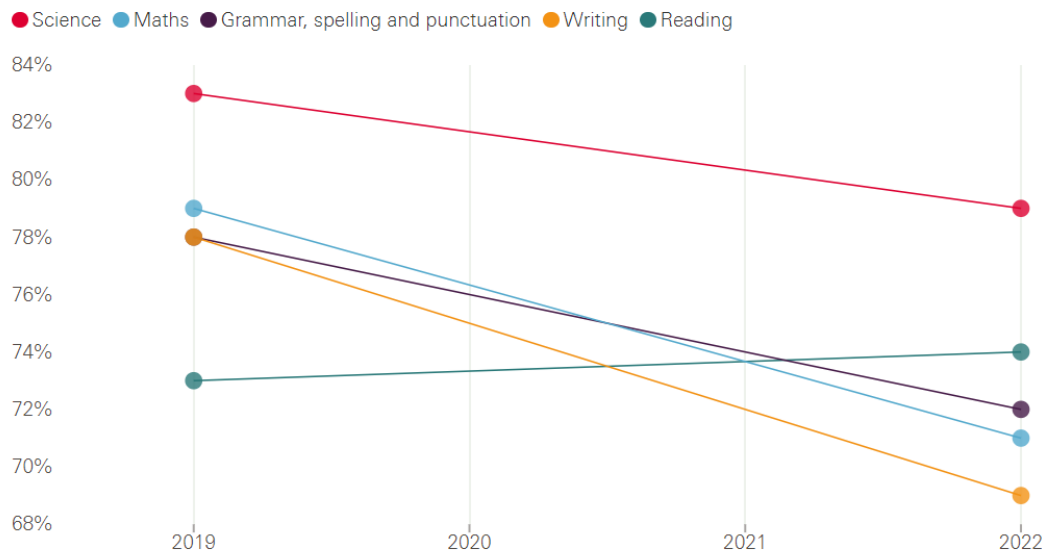
- 3.4. The highest numbers of deaths in Bradford have been in areas with greater levels of deprivation (including City and Keighley Central), older populations (including Ilkley and Bingley) or among those with pre-existing medical conditions. When mortality rates are corrected by the age structure of the population, the highest mortality in the areas of Bradford City where deprivation is highest is even clearer.
- 3.5. It is too early to predict how the pandemic might behave over the colder months. Nationally, COVID-19 cases and deaths increased between September and October 2022 but decreased in the week ending 22 October 2022. The R value and growth rate that show if the pandemic is growing or reducing have also shown a similar behaviour with an increase followed by numbers around 1 in the latest measures.
- 3.6. Plans are in place to provide advice to individuals and organisations and to escalate a local response in the event of a new variant or a surge in cases or deaths.

### **Long term and indirect impacts of COVID-19**

- 3.7. While most people feel better within a few days or weeks of their first symptoms of COVID-19 and make a full recovery within 12 weeks, for some people, symptoms can last longer. Anyone, even those with mild acute illness, can experience ongoing symptoms after COVID-19, although the COVID-19 vaccines reduce this risk.
- 3.8. An estimated 2.3 million people in the UK (3.5% of the population) were experiencing self-reported long COVID as of 3 September 2022 ([ONS data](#)). Of those, almost half (46%) reported symptoms for one year or more. The most frequently self-reported symptoms of Long COVID-19 are fatigue, shortness of breath, cough, muscle aches, loss of smell, loss of taste and difficulty concentrating (brain fog).
- 3.9. In Bradford district, a multi-disciplinary service for people with Long COVID-19 has been operating since July 2021 expanding to offer rehabilitation in January 2022. The pathway offers holistic assessment and multi-faceted rehabilitation through face to face and virtual platforms across Bradford District and Craven with clinics in Bradford University, Moor Park, Bingley and Skipton. Local information can be found on the [Long COVID Rehabilitation guide](#) whilst national guidance can be found on [Your COVID Recovery website](#).
- 3.10. The pandemic has impacted other health outcomes, education attainment, public services and the economy, as described in a [Health Foundation report](#) published August 2022. Some issues are highlighted below:
  - a) The pandemic has increased demand for health care, leading to growing waiting lists and a substantial elective care backlog (including primary care).

- b) Mental health and wellbeing were significantly affected by the huge changes to day-to-day life. Self-reported anxiety among women remains higher than before the start of the pandemic.
- c) It is likely that people are less able to cope with further crises (such as the cost-of-living crisis or a hypothetical return of social restrictions) following the experience of the pandemic.
- d) Young people's overall happiness and confidence are the lowest in 13 years. In a [national survey of people aged 16-25yrs](#), a quarter of disadvantaged young people and those facing unemployment reported always feeling anxious.
- e) Restrictions to face to face education have resulted in learning loss across all areas other than reading, affecting the most disadvantaged students more. See Figure 3 below.

*Figure 3: Percentage of pupils meeting the required standard at the end of KS2: England 2019-2020*



Reproduced from Finch D, Tinson A. The continuing impact of COVID-19 on health and inequalities: A year on from our COVID-19 impact inquiry. The Health Foundation. Published online 24 August 2022. Available at <https://www.health.org.uk/publications/long-reads/the-continuing-impact-of-covid-19-on-health-and-inequalities>. Accessed 12 October 2022.

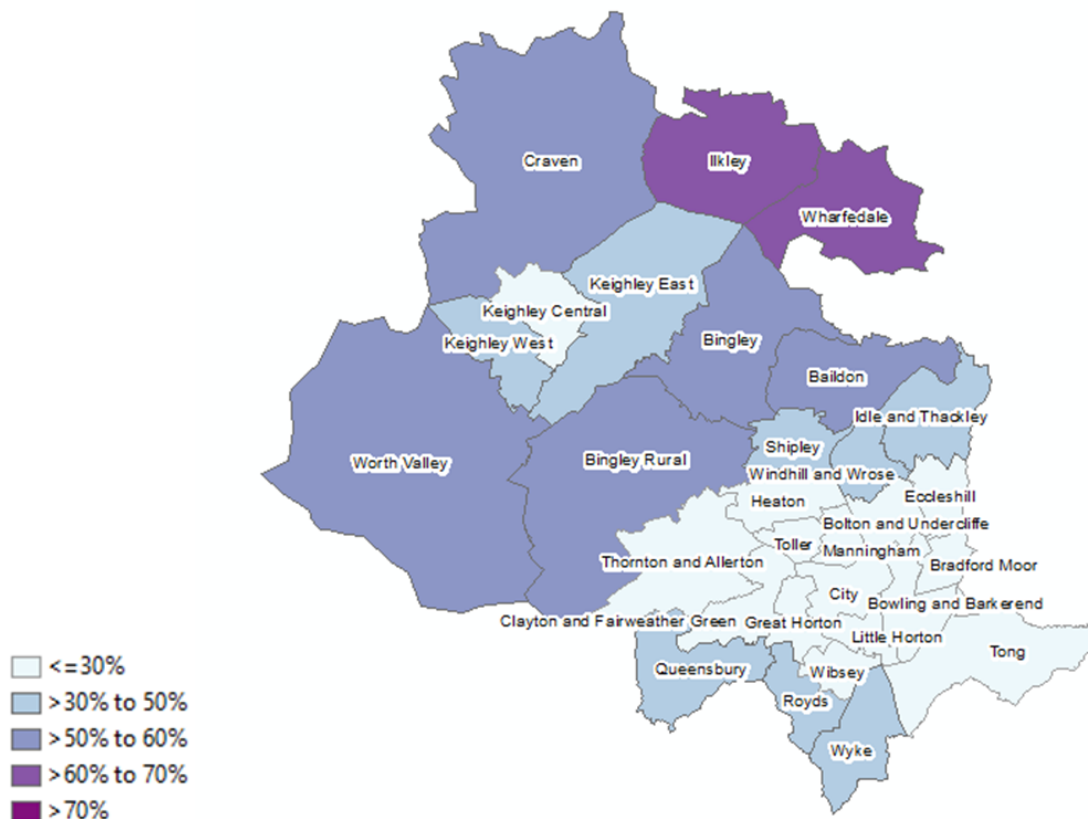
## The COVID-19 vaccines and inequalities

- 3.11. As of 27 October 2022, over 93% of the population aged 12 and over in England had a first vaccination dose, 88% a second dose and 69% a booster or third dose. While vaccine uptake in the country has increased it remains lower amongst certain communities.
- 3.12. Nationally, those living in the most deprived areas, those whose first language is not English and some minority ethnic groups are more likely to not be fully

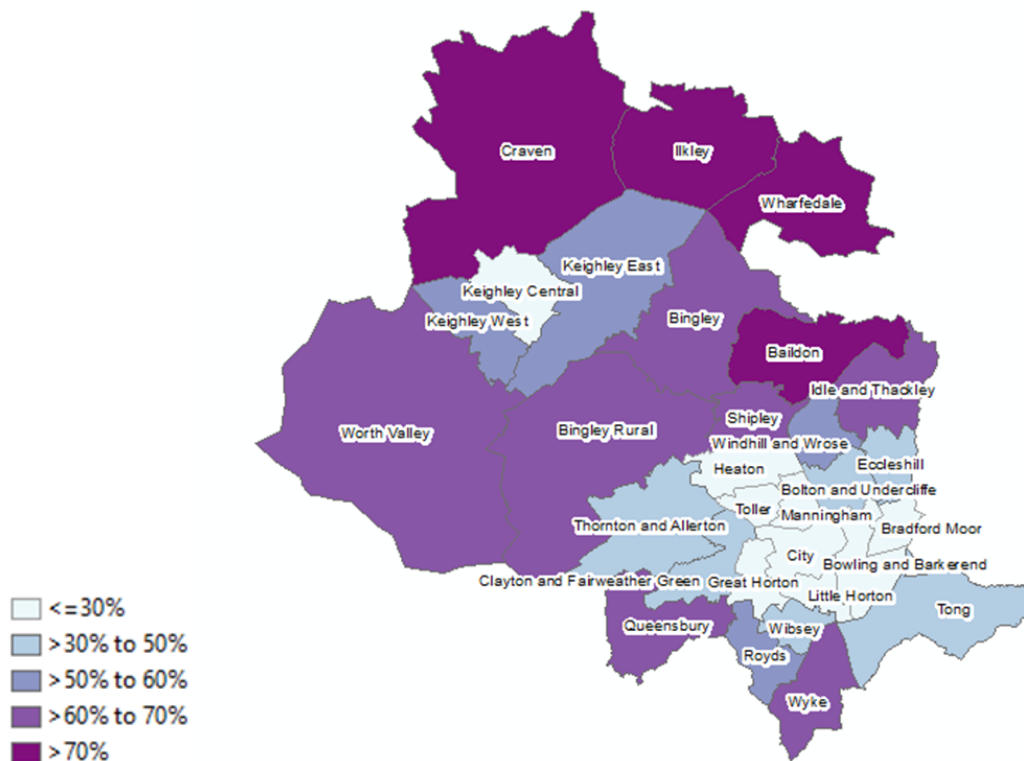
vaccinated. As of July 2022, booster uptake was lowest amongst Black and Pakistani adults (below 35%), adults living in the most deprived areas of England (53%, compared to 84% among those living in the least deprived areas) and younger age groups (39% among 18-24 year olds).

- 3.13. Vaccination coverage continues to be lower in Bradford district than the national average, with 75% of over 12 years old having received a first dose, 70% a second dose and 48% a booster or third dose by 27 October 2022.
- 3.14. The most deprived areas have also had the lowest vaccination rates so far. The maps below are based on data from 20 October 2022 which show uptake of a first vaccine dose (Map 1) and full vaccination (third dose and/or booster, Map 2) respectively. Of particular concern, less than 70% of the population has had a first dose of COVID-19 vaccine in some areas around Bradford City and in Keighley Central.

*Map 1: COVID-19 vaccine coverage per ward - any vaccine (first dose or more)*



Map 2: COVID-19 vaccine coverage per ward – fully vaccinated (3 doses/booster)



- 3.15. Encouraging vaccination amongst younger people – particularly those under the age of 30 years – has proven difficult at both the local and national level. Pregnant women are another group with very low COVID-19 vaccine uptake – until 20 October 2022, less than half (48.6%) were fully vaccinated (3 doses).

### The flu vaccine

- 3.16. The problem of low vaccine uptake is a national issue and it is not limited to COVID-19. In recent years, there has been low uptake of the flu vaccine among specific groups like pregnant women, pre-school (2-3 years) children, and health and social care staff. This season the NHS is launching a joint national COVID-19 and flu communication campaign to maximise uptake of both vaccines and protect people from respiratory infections as a whole. Consistently, a joint COVID-19 and flu vaccination communications group has been constituted in the district.
- 3.17. Locally, uptake of the flu in the season 2021-2022 was good considering the circumstances, with a slight increase compared to the previous years among 65+, those at clinical high-risk, those aged 50-65 yrs. and carers. However, there were inequalities across wards, uptake was below the national average among pregnant women and pre-school children, and overall Bradford district had the lowest uptake in West Yorkshire.



- 3.18. The Flu Operations Group oversees implementation of the Multi-Agency Flu Plan for Bradford District and Craven. This plan outlines the local approach to maximise uptake of the Flu vaccine for the population. The Council's public health team has worked alongside Bradford District and Craven Health and Care Partnership to review the flu plan and prioritise actions for the flu season 2022-23. For the 2022-2023 season, the priority groups for targeted communications are pregnant women and pre-school children (2-3 years).
- 3.19. At the time of this report we are heading towards the midpoint of the flu season that this year runs between 1<sup>st</sup> September 2022 and 31<sup>st</sup> January 2023. More than half of residents aged 65 years and over as well as care home residents, have received their flu vaccinations. However only around 1 in 10 pregnant women and children aged 2 and 3 years old have been vaccinated against flu, so far.

### **The Living with COVID-19 local plan**

- 3.20. The **objectives** of the Bradford local plan for living safely with COVID-19 are to:
- a) Ensure that updated, fit-for-purpose local outbreak management plans are in place
  - b) Ensure roles, responsibilities and governance on each aspect of the outbreak response are clear across the system, in particular management of outbreaks in partnership with the UKHSA.
  - c) Ensure the new local COVID-19 plan reflects cross-cutting considerations, such as socio-economic and health inequalities.
  - d) Work with communities to build confidence, long term community engagement and proactive messaging and help everyone live with the virus safely
  - e) To work closely with UKHSA locally and nationally to monitor the local position and manage outbreaks and any new variants of concern in line with national and local guidance.
  - f) Ensure adequate and proportionate contingency planning is in place to deal with a range of scenarios including the emergence of new VOCs, COVID-19 and Flu co-circulating, escalation of local outbreaks or increases in severe illness related to COVID-19
  - g) Move towards mainstream management of COVID-19 alongside other respiratory illnesses, in line with UKHSA guidance
  - h) Ensure uptake of all vaccinations is maximised in all communities and across all geographies including for COVID-19, Flu and childhood immunisations, providing intensive support and building confidence in those areas and social inclusion groups with low uptake

## **Communications and community engagement**

- 3.21. Trusted communication is imperative to the success of reducing the transmission of COVID-19 in Bradford District. The Council's communications strategy has been driven by intelligence gathered through community engagement and by national and local communication materials.
- 3.22. Some principles that will continue to guide our communications strategy regarding COVID-19 and other respiratory infections are summarised below:
- a) Encourage residents to maintain safe behaviours such as 'hands, face, space, fresh air'
  - b) Humanise and normalise the vaccination process and ensure vaccine promotion is community-led
  - c) Engage trusted local figureheads and publicise their positive engagement with safe behaviours
  - d) Publicise the benefits of the vaccine amongst 'regular' residents e.g., protecting their loved ones, not missing out work or leisure
  - e) Whenever possible, coproduce messages with the target groups; ensure messages are owned by local organisations and community leaders
  - f) Leverage on existing research projects (e.g. Bradford Institute for Health Research) and community engagement activities (e.g. Neighbourhood Teams) to understand local needs and fears
- 3.25. We aim to continue working with community partners to develop accessible health messages that will ensure residents have the best chance of accessing the information they need to take effective action to stay safe. These messages must be culturally appropriate and easily understood for all the district's diverse population groups, and whenever possible coproduced with the targeted groups.

## **Surveillance**

- 3.26. Our public health team will continue working closely with UKHSA to monitor COVID-19 cases, with emphasis on the following:
- A rise of COVID-19 related admissions in intensive care units
  - An increase in COVID-19 related hospitalisations
  - The emergence of new variant of concern driving increased rates
  - A rise in all-age all-cause mortality
- 3.27. The Council will meet all the priority areas outlined in the Living with COVID-19 national plan, to avoid further restrictions to social life. This will include monitoring vaccination coverage for both COVID-19 and flu and doing our part to make sure uptake of vaccines is as universal as possible.

## Living safely with COVID-19: actions for individuals

- 3.28. There are still actions we can all take as individuals to help reduce the risk of catching respiratory infections like COVID-19 and passing it on to others. The following safe behaviours are still part of the national and local approach to prevent spread of respiratory infections including COVID-19 and should continue to be reinforced for the foreseeable future:
- a) **Get vaccinated:** the single most important protection measure against COVID-19 and flu.
  - b) **Practise good hygiene:** wash your hands, cover your coughs and sneezes, clean your surroundings frequently
  - c) **Consider wearing a face covering** in crowded and enclosed spaces where you meet people that you don't usually meet, or if you have any respiratory symptoms.
  - d) **Let fresh air in** if meeting others indoors, or meet outdoors
  - e) **Stay at home if you have symptoms** of a respiratory infection such as COVID-19 or flu, particularly if you have a high temperature or do not feel well.
- 3.29. The symptoms of COVID-19 and other respiratory infections are very similar. Whenever possible, adults with symptoms of a respiratory infection should stay at home for 5 days (3 days for children). In particular, they should avoid contact with people who have a high risk of becoming seriously ill if they get a respiratory infection.
- 3.30. Whenever people need to leave their home while they have symptoms of a respiratory infection, there are steps that can be taken to reduce the chance of passing on the viruses to others. People in this situation should be advised to wear a face covering, avoid crowded places such as public transport, take any exercise outdoors and practice good respiratory hygiene (cover mouth and nose, wash hands frequently etc.)

## Living safely with COVID: actions for those responsible for public spaces

- 3.31 There are additional actions that employers, educational leads, health and social care managers and other responsible for community venues or any places where people gather together (e.g. places of worship and public spaces) can take to make those environments safer. These include:
- a) Promote vaccination to staff, clients and the public
  - b) Review ventilation to improve the amount of fresh air indoors and reinforce cleaning
  - c) Communications to raise awareness among staff, clients, and the public
  - d) Keep local risk assessments and outbreak management plans updated

- 3.32. Cold weather can increase the risk of many health conditions including respiratory infections like COVID-19 or flu. This risk is higher for people who are older, very young, or those who suffer from chronic conditions. Cold weather also affects more severely those in fuel poverty, and fuel poverty will increase this year due to the cost of living crisis and rise in energy prices.
- 3.33. To balance the need to keep indoor environments ventilated and warm while saving on energy costs, we recommend ventilating indoor spaces when they are already warm and opening a small window or vent intermittently for short periods throughout the day.

## Testing

- 3.34. Most people are no longer advised to get tested for COVID-19 even if symptomatic. Tests are available to buy from pharmacies and some retailers. Routine asymptomatic testing in health and social care testing was also paused from 31 August 2022.
- 3.35. The following people are still eligible for free NHS COVID-19 tests **if they show symptoms**:
- People with a health condition which means they are eligible for COVID-19 treatments
  - People who are going into hospital for surgery or a procedure
  - Staff or patient/resident in NHS or adult social care settings
- 3.36. Specific operational guidance is available for those situations. Where symptomatic testing is recommended, this should be based on the current list of [symptoms of COVID-19 and other common respiratory infections](#), which is more comprehensive than the list used during the previous phases of the COVID-19 response.

## Outbreak management

- 3.37. Public health have reviewed the joint work agreements with the UKHSA regional teams with clear responsibilities between agencies. The UKHSA Yorkshire and Humber Health Protection Team should be the first point of contact for reporting outbreaks in all settings including adult social care. They will log all information received, assess risks, and provide initial advice to the setting. The Council will retain an important role in responding to and monitoring outbreaks in care homes, where there is a high number of vulnerable or at risk individuals.
- 3.38. In most settings, including educational settings and workplaces, outbreaks of respiratory infections do not need to be routinely reported to public health authorities and they can generally be managed by following the recommendations

outlined below:

- a) ensuring that any individuals who are unwell do not attend the setting
- b) ensuring all eligible groups are supported to get vaccines against COVID-19 and flu
- c) ensuring occupied spaces are well ventilated and let fresh air in
- d) reinforcing good hygiene practices such as frequent cleaning and hand washing
- e) considering communications to raise awareness among clients, parents or carers about the outbreak or incident and to reinforce key safety messages
- f) checking the government website for the latest advice:  
<https://www.gov.uk/coronavirus>

3.39. Support from the UKHSA Yorkshire and Humber Health Protection Team is available for COVID-19 outbreaks in the following high-risk settings:

- Care homes
- Care settings
- Places of detention
- Residential special needs units
- Refugee, asylum and homeless accommodation
- Special school, boarding school or high-priority special needs day care units (including residential).

3.40. For outbreaks in care homes and other Adult Social Care settings, following reporting to UKHSA, the council's Infection Prevention Control team will maintain regular contact with the setting to monitor cases and provide advice. They will liaise with UKHSA and other agencies if necessary. Measures to be taken to control outbreaks in care homes and other high-risk settings will usually include testing of other staff and residents, and may also include temporary reduction of activities, movement of staff, visiting or admissions.

3.41. There are situations where public health advice and additional measures may be needed even for low risk settings. The local HPT should be contacted for advice if there is concern and/or suspect of:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to the same infection
- evidence of severe disease due to an infection, for example if someone is admitted to hospital
- more than one infection circulating in the same group, for example COVID-19 and flu

### **Maximising vaccine uptake**

3.42. The Council's public health team will work with partners to maximise the opportunities for promoting the COVID-19 vaccine alongside flu and other

immunisations. This opportunistic co-promotion approach will be also promoted in multiagency forums where we have a seat, like the Health Protection Committee, Flu Operations Group, Bradford Immunisation Operations Group and WY Health Inequalities Vaccination Meeting.

- 3.43. Employers are in a unique position to support the uptake of COVID-19 and flu vaccines among staff. Helping to promote vaccination will help reduce workplace sickness and brings benefits for the local economy (e.g., lower risk of staff absences and protection to customers).
- 3.44. The [COVID-19 vaccination guide for employers](#) and the [employers' toolkit](#) contain suggestions and resources to help promote vaccination within the workforce, such as:
- Share information on the facts around vaccination
  - Show support for vaccination from senior leadership
  - Engage expert and community leaders
  - Being open with employees about what support the business provides to facilitate workforce vaccination
- 3.45. Bradford Council has their own scheme to promote flu vaccination among staff, a local enhanced influenza vaccination service which is commissioned by the Council (the “Flu Voucher Scheme”). This scheme extends the offer of a free flu vaccine to all CBMDC staff who would otherwise be ineligible for a free flu vaccine under the NHS scheme. For this flu season 2022-23, frontline VCS staff who are eligible for a COVID-19 vaccine will also be offered a flu voucher to obtain a flu vaccine for free.
- 3.46. Local research conducted with Bradford population groups to better understand [vaccine hesitancy](#) and the role of [misinformation](#) have provided useful insights on how to improve vaccine uptake among those groups. The following principles can be used to underpin local vaccination strategies:
- a) Frame messages positively and focus on the key motivations for the target individuals e.g., young people: protecting family and friends, getting life going again, avoiding restrictions
  - b) Challenge myths about vaccination using an evidence-based technique
  - c) Avoid stigma and blame by having messages for different groups but not focusing exclusively on them
  - d) Provide links to or signpost additional evidence-based accurate information about the vaccination to promote an informed choice
  - e) Produce culturally appropriate messages led by trusted role models, faith leaders, high profile vaccine champions aiming to dispel vaccine myths
  - f) Develop a grassroots network of COVID-19 leads to provide neighbourhood advice and support.

- g) Provide health, social and community workers with an updated summary of locally circulating misinformation with resources to help them counter concerns and provide informed reassurance

#### **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1. Funding streams put in place specifically to support local response to COVID-19 have now ended, e.g., the Test and Trace Support Payment for individuals and the COVID-19 Additional Relief Fund (CARF) to businesses. Likewise, NHS free COVID-19 testing for the general public and asymptomatic testing in health and social care settings were paused.
- 4.2. As part of Bradford's local contingency planning for public health incidents, a Memorandum of Understanding was approved in 2022 which includes provision of funding up to 75k (split equally between the Council, the Health and Care Partnership and NHS) for local response to public health incidents and emergencies including COVID-19 outbreaks. The use of this funding is to be authorised by the Director of Public Health.

#### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 5.1. The responsibility for delivering the Council's response to COVID-19 remains with the Director of Public Health (DPH), with support from the public health and environmental health teams and coordination from the Corporate Management Team. The Outbreak Control Board alongside the Health Protection Committee are the local forums for system assurance and coordination between agencies, and they are accountable to the Wellbeing Board.
- 5.2. If there is a temporary surge or a novel variant is detected locally, the DPH will evaluate the need to mobilise additional capacity as required from Environmental Health, Infection Prevention and Control as well as the Voluntary and Community Services, to flex the environmental health and public health teams temporarily for support, or to potentially mobilise contact tracers.
- 5.3. Bradford Council has [emergency response](#) and continuity plans in place for maintaining care services in the event of acute workforce supply challenges. An updated Memorandum of Understanding has been agreed in July 2022 outlining responsibilities for the Council, NHS and UKHSA and other partners in response to public health incidents emergencies, including emergency funding. In the event that the local authority is unable to cope, a request for further support could be made via the Local Resilience Forum (LRF).

#### **6. LEGAL APPRAISAL**

The Council has a number of widely expressed powers which enable it to act flexibly and innovatively at a time of crisis. In particular, the Localism Act 2011

enables the Council to do anything which it considers is likely to promote or achieve the economic, social or environmental well-being of the area. In exercising this power, the Council must take account of its continuity and emergency response plans, consider how the use of the power will contribute to the Council's economic, social or environmental objectives, and monitor any such response. This report monitors and reports on the pandemic and where the council are to date, including an options appraisal and looking forward.

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

No implications

### **7.2 GREENHOUSE GAS EMISSIONS IMPACTS**

No impact

### **7.3 COMMUNITY SAFETY IMPLICATIONS**

No implications

### **7.4 HUMAN RIGHTS ACT**

No implications

### **7.5 TRADE UNION**

No impact

### **7.6 WARD IMPLICATIONS**

There will continue to be on-going review and reporting of COVID-19 infection rates across wards, including to the Outbreak Control Board, chaired by Councillor Ferriby.

### **7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS**

**(for reports to Area Committees only)**

Not applicable

### **7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE**



No implications

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

No implications

## **8. NOT FOR PUBLICATION DOCUMENTS**

None

## **9. OPTIONS**

- 9.1. We recommend that the strategic approach to COVID-19 and other respiratory infections moving forward should be based on the elements outlined in sections 3.20 to 3.46 of this report. This approach is in line with the national Living with COVID-19 plan and builds upon learning from the first two years of local response to the pandemic.
- 9.2. The described approach is the most proportionate response to the epidemiological situation. We will keep constant monitoring of any changes in the scenario of the pandemic that could demand an escalation of the Council's level of response.

## **10. RECOMMENDATIONS**

- 10.1. The Committee is invited to note and comment on the report and to appreciate the options outlined in section 9.

## **11. APPENDICES**

- 11.1 The mentioned report does not contain confidential information that falls under Schedule 12A of the Local Government Act 1972.

## **12. BACKGROUND DOCUMENTS**

- [Coronavirus \(COVID-19\) testing for adult social care services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/coronavirus-covid-19-testing-for-adult-social-care-services)
- [Infection prevention and control in adult social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/infection-prevention-and-control-in-adult-social-care-settings)
- [COVID-19: managing healthcare staff with symptoms of a respiratory infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection)
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