

COVID-19 Update

Purpose of report

For direction.

Summary

This paper updates the Board on the LGA's policy and improvement work since December 2020 around the public health and enforcement related activity of councils to manage local outbreaks of COVID-19. It sets out some of the changes to national policy the LGA has been able to secure on behalf of the sector, as well as the immediate challenges local authorities face as we implement the national roadmap for exiting the third national lockdown.

Recommendations

Members of the Executive Advisory Board are asked to:

- (a) Note the update on the LGA's COVID-19 related since the last report to the Board in December, and what the LGA has been able to secure for the sector.
- (b) Comment on the LGA's work programme going forward and whether these are the right priorities.

Action

Officers to incorporate members' views into the LGA's work in this area.

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Background

1. This paper outlines for the Board the LGA's public health, adult social care and enforcement work around management of local outbreaks of COVID-19 since the last report members received in December.
2. As managing local outbreaks requires a range of measures to reduce the rate of transmission in the local community, this work falls not only under the remit of the Community Wellbeing Board, but also those of the Resources and the Safer and Stronger Communities Board.

Managing local outbreaks – the Contain Framework

3. While there was a return to the local tiers following the end of the second national lockdown, these were superseded by the implementation of the third national lockdown on 4 January 2021. The government's roadmap out of the latest national lockdown was published on 22 February, and it set out the four stages which will be implemented nationally between now and 21 June to ease restrictions. The move from stage to stage in the roadmap will be subject to the four tests set out by the government around the trajectory of the pandemic and the country's response to it.
4. In order to assist councils plan for the next stages in the roadmap and the gradual lifting of restrictions, the Department of Health and Social Care (DHSC) is in the process of refreshing the Contain Framework, which we understand will be published on 15 March. As with the original version we expect the Framework to set out how national and local government will work together to prevent and manage COVID-19 outbreaks. It will also reflect the learning from the past few months, as well as how to respond to Variants of Concern (VOCs).
5. With the removal of tiered restrictions there will need to be a focus on local outbreak management we have been making the case that the revised Framework has to put councils in a position where they can successfully undertake the vital role they have to play. As part of that process we are pressing the Department to share a draft of the Framework with the Chairman and Group Leaders to enable them to comment on it before publication.
6. Alongside the revisions to the Contain Framework councils have been asked to refresh their Local Outbreak Management Plans by Friday 12 March to ensure they are fit for purpose. We anticipate that in refreshing their plans councils will be reviewing the lessons learned from their local responses since they originally drew up their plans in June 2020, planning for the next stages in the roadmap, and setting out how they will respond to on-going transmission in communities and new VOCs. The funding for this work will come through the Contain Outbreak Management Fund (COMF) which will

provide £400 million in the next financial year until June 2021, when funding will be reviewed.

7. In order to better support local responses a key element of the Contain Framework will be assurance and escalation processes. The LGA has been involved in discussions with the Department of Health and Social Care (DHSC) and the Joint Biosecurity Centre (JBC) to ensure there is a joined-up approach across government departments, that the processes ensure local support needs are identified in a timely way, and common issues can be escalated to help inform future policy and operational development.
8. Following on from these discussions a regional architecture has been put in place to bring together regional departmental teams working to support local outbreak management with the LGA's Principal Advisers, the Association of Directors of Adult Social Services and the Association of Directors of Public Health (ADPH). These new regional meetings include Public Health England's (PHE) regional teams, members of the NHS's Test and Trace Contain Division, as well as staff from JBC, and participants from a number of teams from the Ministry of Housing, Communities and Local Government (MHCLG).
9. These regional meetings are already taking place or are in the process of being established and it is intended they will take place regularly (at least fortnightly initially), but also with communication between meetings, to pool insights and intelligence on local area COVID outbreak management; as such these meetings should build on what there already is in place rather than creating a new group. Secretariat support will be provided by the JBC. In addition, there is a national level working group (of which the LGA is part) meeting regularly to consider feedback on how the process is developing, and review it as needed.

Test and Trace

10. Contact tracing remains a key pillar in the government's response to the pandemic, and arguably will be even more important with the move away from local restrictions through the tiers. Although there was no specific testing strategy in the roadmap announcements, we know that community testing, alongside contact tracing, will be an important foundation for confidence in the opening up of the economy, and there will be growing demands on council community testing systems. This will have implications for councils in terms of providing community testing, subsequent contact tracing and self-isolation support, both financial and non-financial.
11. Councils have had considerable success at local contact tracing. Over 312 Local Tracing Partnerships have now been created across the country. Local Tracing Partnerships (LTPs) are an adaptation of the national programme, bringing invaluable local knowledge and effort. LTPs involve Local Authorities utilising local expertise to follow up cases which nationally NHS Test and Trace has been unable to contact within 24 hours.

12. The relationship with NHS Test and Trace has improved over the last few months. The government recently announced the roll out of a £100m programme to enable the piloting of work to enhance the trace to help build and execute trials related to further localisation of trace and isolation support services. NHS Test and Trace are currently working with a number of local areas piloting new capabilities building on the core Local Trace Partnership.
13. This includes working in partnership with the North East Covid Hub to create a regional model for all 12 of its local authorities and working with Yorkshire and Humber on locally enhancing communications to drive engagement. The new Integrated Trace System (ITS) is also due to come online, which will enhance the Trace journey. This will enable Local Trace Partnerships to access cases and contacts in a timely manner based on local criteria. It has not yet been announced when the national contact tracing system will be disbanded.
14. Community testing has already been enhanced, with all employers irrespective of size now able to apply for a free supply of Lateral Flow Device (LFD) tests for their employees to use. This follows the initial roll out of the scheme to larger employers alongside locally-led community testing for self-employed people, small businesses and other at risk groups. LFD tests are also currently being used to enable the reopening of schools, with this shifting to a home-testing model after the initial tests being conducted this week as children return to school.
15. Although government published evidence in December about the use of LFD testing, concerns have been expressed over the accuracy of the LFD tests compared with PCR tests, and the possibility of false-negative results, which may lead to complacency and the spread of the virus. This raises issues for councils around the use of the tests in some settings and also in managing local communications. The LGA continues to push for the application of testing mechanisms appropriate to the setting, which could include the LAMP (spit-test) for some settings, particularly of vulnerable people and young children. These tests still require laboratory processing.
16. The identification of new strains of COVID-19 in the UK has led to the adoption of surge testing techniques. This involves intensive, door-to-door testing, in a specific geographical area. Councils in affected areas have also established local communications to strongly encourage every person over 16 living in these locations to take a COVID test.
17. The LGA is lobbying to ensure councils are adequately resourced when they undertake surge testing, and it is likely this model of rapid intense testing will be needed to tackle current and future mutations of the virus. The LGA is calling for data on the success of surge testing so far to be shared with councils and residents, so lessons can be learnt, and residents kept engaged and willing to participate.

Self-isolation

18. Councils' test and trace work will only be successful if those who test positive self-isolate for the required period of time. Councils and the LGA raised considerable concerns about the sufficiency of the funding for self-isolation payments, in particular the discretionary element of the scheme. This was accompanied by considerable media coverage and evidence during November and December of people who could not access the payment failing to self-isolate because of financial worries.
19. In January government confirmed to councils and the LGA that it would be making additional funding available for the discretionary payment, and that they planned to extend the scheme to cover parents and guardians of children who had been asked to self-isolate. DHSC consulted with councils and the LGA on the practical implications and financial requirements, and combined this with management information on the existing scheme to put their proposals to Treasury and the Test & Trace Programme.
20. In the week commencing 22 February DHSC confirmed that they would:
 - 20.1. Extend Test and Trace Support Payments (TTSP) to 30 June 2021.
 - 20.2. Expand eligibility criteria for the scheme to allow one parent or guardian to be paid if they have to take time off work to care for a child who is self-isolating (where the parent or guardian is not required to self-isolate by NHS Test and Trace but meets all the other eligibility criteria for a main TTSP or discretionary payment). To be in place when children return to school on 8 March.
 - 20.3. Increase funding available to English local authorities for discretionary payments to £20 million per month through to the new end date of 30 June.
21. They reconvened their working group with the LGA, London Councils and a representative group of revenues and benefits managers to work through the detail on Wednesday 24 February, and hosted an all councils webinar on Friday 26 February. These meetings focused primarily on the extension of the scheme to parents and guardians, which has a number of practical and administrative implications for councils.
22. DHSC have said that they will produce revised guidance on the main scheme and the discretionary scheme. They have asked the LGA to work with them on developing local approaches to the use of the discretionary funding, as well as the potential to explore how the scheme integrates with other forms of support to address issues in particular demographic areas. We have sought to align these discussions with those on non-financial support.
23. A number of councils continue to raise considerable concerns about the role of employers, and evidence that suggests that people are choosing not to engage with the test and trace system because they are worried about their employment status and

protections, as well as loss of income – particularly if they are on a zero hours contract or employed in the gig economy. DHSC have said that they are considering doing more to engage with employers, and have asked councils to share ideas on approaches they would like to see applied in their local area.

24. MHCLG have this week issued a 'Practical Support for Self-Isolation' framework covering non-financial support for self-isolation, with full roll out planned for by the end of March. Developed with councils and building on existing work, the framework aims sets out the types of practical, social and emotional support that people may need if they or a close contact have tested positive for COVID-19. Councils will also be asked to complete a brief self-assessment survey to understand councils' capacity and readiness to implement the framework. The framework is designed to be a live document which will form part of the wider Contain Framework and government is keen to share the learning from councils to inform this.
25. The government is providing £12.9 million funding per month from March until June with a review point in May, with allocations to follow. This funding aims to help meet the overhead costs involved in setting up and running local systems for contacting those identified as having potential support needs, assessing those needs, helping people access local support and reporting on key outcome measures. Where councils decide on an exceptional basis to provide direct support, they will as now need to meet the costs involved from the Contain Outbreak Management Fund or from other sources.
26. We continue to push for guidance and frameworks on financial and non-financial support to be joined up, with the funding allocations for both to be confirmed as soon as possible. We also continue to push for this local support to be underpinned by clear national communications and for continued engagement with councils on plans for the medium to long term, alongside integration of all the ongoing asks of councils.

Enforcement

27. We have continued our regular engagement with MHCLG and DHSC on compliance and enforcement issues, which has remained a key area of focus for the government. Following the challenging and rapid moves through the tier system in December, the subsequent lockdown has presented a more limited but nevertheless consistent set of challenges linked to persistent non-compliance by some businesses; councils have used the Anti-Social Behaviour, Crime and Disorder Act 2014 and Local Government Act 1972 to compel non-compliant businesses to close. Additionally, there has been ongoing frustration around mixed use premises and the lack of powers to compel businesses to close parts of stores selling non-essential items. Following concerns raised about the risk of infection in supermarkets, councils responded to the Government's request to undertake targeted compliance activity in these premises.
28. With council officers, we highlighted to Government the compliance and enforcement challenges councils experienced under the previous regulations, and how the framework

could be strengthened in the roadmap for reopening. Many of the more difficult issues have been addressed through the removal of the substantial meal requirement, curfew for hospitality businesses and the opportunity for tier tourism. We have continued to emphasise to Government the need for consistency between the legal framework and accompanying guidance, with as much information as possible included within the regulations to ensure that it is enforceable, and are hopeful that this will have been taken on board in the next iteration of the regulations.

29. Looking ahead, the process of reopening will undoubtedly increase the demands on councils. Of particular concern are the apparent withdrawal of the dedicated compliance fund, which we understand has been rolled into wider Contain funding, as councils have been clear that without maintenance of this funding they will be unable to maintain levels of resourcing that have been in place throughout the winter. There is also a concern at the likely demands placed on councils by multiple businesses wishing to stage local events as we move through reopening, and ensuring that councils have sufficient time to review plans and support businesses to ensure COVID secure events. We are engaging with the government on both these issues.

Infection prevention in care homes

30. In September the government announced it would be supporting councils and care providers to maintain staffing levels over the winter period. On 16 January the government announced a further £120 million was being made available to support the care system to manage workforce pressures through the Workforce Capacity Fund. The Fund is a ringfenced adult social care grant for measures that provide additional staffing for adult social care providers, including those with whom the local authority does not have a contract, and maintain continuity of care. The letter asked councils to use this funding to target providers with the most urgent staffing shortages. The LGA worked with DHSC to provide guidance to sit alongside the fund, which includes examples of strategies used by some local authorities and providers to supplement and strengthen adult social care workforce capacity.
31. Along with the move to extend the provision of free personal protective equipment (PPE) to the adult social care sector, councils and Local Resilience Forums (LRFs) are now able to access free PPE for unpaid carers who support people they do not live with.

Shielding

32. Following the announcement of the third national lockdown, the Government confirmed that it would reintroduce the shielding guidance that was in place during the November lockdown, with people who are clinically extremely vulnerable (CEV) advised to work from home or not attend work if that is not possible and stay at home as much as possible. Funding equal to £14.60 per CEV person was provided to councils to continue the provision of support to the shielded population. Again repeating the pattern of activity in November, there were comparatively few requests for councils to provide direct food

support to CEV people, reflecting the efforts made by councils over summer and autumn to assist people to find sustainable ways to access food during the pandemic. However, there were a significant number of requests for councils to support people who were shielding with basic care and support needs as well as general advice.

33. In February, the Government announced a significant expansion of the shielded population following an extensive piece of risk stratification work to identify factors that make people more vulnerable to COVID-19. The previous shielded list comprised 2.2m people and was based solely on the clinical conditions that individuals have. The updated list includes an additional 1.6m people identified on the basis of a combination of age, sex, ethnicity, body mass index and a range of clinical conditions which data suggests means they are at high risk from COVID-19. This cohort has also been advised to shield and added to the priority list for vaccinations, with members of the CEV group currently being invited for vaccines. To date, the increase has not prompted a significant increase in the numbers of the newly expanded cohort seeking support, although it has led to a number of queries and calls to council hubs and helplines.
34. The Government has also announced that it expects shielding to end by the end of March, by when it is expected that the CEV population will have been vaccinated. Councils have highlighted that they anticipate an ongoing role in supporting those who have been shielding to effectively re-engage with society following the requirement to shield for a substantial part of the past year.

Vaccinations

35. On 11 January the government published the UK COVID-19 Vaccines Delivery Plan. The plan set out how the government aimed to reach its target of vaccinating the priority cohorts in the Joint Committee on Vaccinations and Immunisation's (JCVI) list.
36. As members will be aware significant progress has been made in vaccinating those in the JCVI 's priority cohorts. At the time of writing over 22 million people have received their first dose of a vaccine, and it is the government's aim for all adults to have received their first dose by the end of July.
37. The role of councils in supporting the NHS has been acknowledged by government, and in February the Secretaries of State for Health and Social Care and Housing, Communities and Local Government jointly wrote to councils setting out how they can support the national vaccination programme in the immediate future and over the longer term.
38. A list of possible roles for councils to play (though the government are keen to stress this should not constrain the contributions of councils) include assisting the NHS in removing barriers to vaccination through lack of easy access to a vaccination centre, developing local communications plans to foster take up of the vaccine, assisting in the running of vaccination centres, and ensuring eligible health and social care workers are vaccinated.

The letter also acknowledged the additional costs for councils in supporting this work and indicated councils should be seeking to recover those costs through their relevant clinical commissioning groups.

39. During the roll out of the vaccination programme the LGA has been in discussion with DHSC on a number of issues. We were pleased that carers who are in receipt of Carer's Allowance or are the main carer of an elderly or disabled person whose welfare may be at risk if the carer contracted COVID were included in priority group 6 alongside people with underlying conditions.
40. Following on from this we were involved in the co-production of the government's standard operating procedure (SOP) for the vaccination of unpaid carers, alongside the Association of Directors of Adult Social Services and Carers UK. As part of this process we made it clear that councils did not have the resources to be able to identify all unpaid carers. The SOP therefore makes it clear that councils will help in identifying eligible unpaid carers who are known to them and local carers organisations and enabling them to take-up the national vaccination offer through the NHS. Many councils are well underway with this process, with many unpaid carers already vaccinated. The next step is to reach unpaid carers who are not known to their local health and care system so they can self-refer through the National Booking System. Here councils will be able to assist by raising awareness of this important opportunity throughout their local area.

Challenges related to the vaccination programme

41. Ensuring the uptake of the COVID-19 vaccine is high enough to achieve herd immunity, will be of the utmost importance. Herd immunity refers to the concept that 'a population can be protected from a certain virus if a threshold of vaccination is reached'. That will require addressing vaccine hesitancy as well as unequal take-up.
42. Councils have an important role alongside national government in addressing vaccine hesitancy. The Office of National Statistics has found that younger adults, black or black British adults, renters, lower earners and those living in the most deprived areas are more likely to be hesitant about COVID-19 vaccinations.
43. COVID-19 has exposed long-standing health inequalities in different parts of the country, and also different take-up rates of the vaccine. Although the national picture is changing all the time publicly available data showed that in the period between 8 December and 24 January at least 10 per cent of the white British population of England were likely to have received their first dose of a COVID-19 vaccine, compared with around 6 per cent of the Asian population and 4 per cent of the black population.
44. Provision of suitable granular vaccination data to local authorities is key to addressing vaccine hesitancy, vaccine refusals, 'no-shows' and unequal take-up. The LGA has been continuously lobbying for better data related to the vaccination programme to be made available to councils. It has been a significant challenge making progress in this area,

with local vaccination data initially not being shared with Directors of Public Health for “commercially sensitive” reasons.

45. However our involvement in the DHSC working group looking at data issues improved the amount of data made available to Directors of Public Health including information from mid-January on all vaccinations by local authority area, and as such we have launched our [LG Inform report on vaccination data](#), which allows councils to view the count and rate of vaccinations in their area, both overall and by age-bands.
46. We continue to work closely with the vaccination programme in ensuring Directors of Public Health have access to the data they require and we will push for greater transparency of this data as it is developed.

Sector-led Improvement

47. The LGA has continued to deliver a range of support to councils in relation to managing outbreaks. We have:
- 47.1. Delivered a range of webinars and workshops to provide opportunities for councils to hear national policy updates, raise challenges, and discuss issues. Topical events include the vaccination (including addressing vaccine hesitancy) webinar series, workshop on testing, the update of the unpaid carers’ standard operating procedure and the refresh of local outbreak management plans. Overall we have held sixty-seven COVID-19 related webinars, with 19 of them taking place in the last three months.
 - 47.2. Collaborated with regional networks and local authorities to bring together shared learning, best practice, and toolkits around topics including vaccinations, behavioural insights, surge community testing, targeted testing, self-isolation, and contact tracing.
 - 47.3. Provided resources and facilitated networks for specific audiences such as ‘top tips for leaders’ and action learning sets for Chief Executives.
 - 47.4. Published a range of briefings, guidance and good practice case studies.
 - 47.5. Continued to manage the Testing, Tracing, and Outbreak Management Khub which has 600 members and over 100 good practice examples made up of toolkits, case studies, research projects and more.

Implications for Wales

48. Health is a devolved responsibility to the Welsh government, so the work outlined in this report is only relevant to English councils.

Financial Implications

49. In order to support the LGA’s work around testing, tracing and outbreak management a new cross organisational team has been established, which has been funded to date from existing LGA resources, although we have also sought to secure funding from DHSC in addition for non-staffing related costs. As the areas of work outlined in this report are likely to continue into the 2021/22 financial year, consideration will have to be

given to the future funding of the team, in particular in light of the outcome of negotiations with DHSC for the Care and Health Improvement Programme grant.

Next steps

50. Members of the Executive Advisory Board are asked to:

50.1. Note the update on the LGA's COVID-19 related since the last report to the Board in December, and what the LGA has been able to secure for the sector.

50.2. Comment on the LGA's work programme going forward and whether these are the right priorities.