

<b>Local Members Interest</b>
N/A

## **Cabinet – Wednesday 16 February 2022**

### **Update from Covid Member Led Local Outbreak Control Board**

#### **Recommendation**

Cabinet is asked to:

- a. Note the update from the Covid Member Led Local Outbreak Control Board.

#### **Current Situation**

1. Covid case rates remain high however the number of people in hospital with Covid has fallen and deaths are at or below pre-pandemic levels for this time of year. Health and care services remain under significant pressure due to Covid and winter illnesses, as well as staff absences, but there are some signs that this is starting to abate. The Covid vaccination programme continues to make steady progress with a gradual increase in uptake in all age groups.

#### **Expectations for 2022/23**

2. The ongoing course of the Covid pandemic is difficult to predict and we need to be prepared for a range of scenarios. A major risk is the emergence of a new variant that escapes the protection afforded by vaccination. However current expectations are that as we enter 2022/23 Covid will become an endemic infection that we will be managing largely as a symptomatic illness.
3. Covid cases rates are likely to remain high and there may be a degree of seasonality with cases lower in the summer and higher in the winter. Vaccination should protect most people from the more serious complications and whilst the illness will be unpleasant it should be manageable without unsustainable pressures on health and care services.

#### **Emerging Government policy**

4. Government policy for ongoing pandemic management is not yet clear, but some insights are available through informal discussions to allow planning for 2022/23.

5. Public spaces and workplaces are likely to be advised to take sensible precautions to limit transmission in order to protect staff and customers: ventilation, hand hygiene, a degree of social distancing. There is likely to be ongoing guidance for enhanced infection prevention and control measures in health and care settings such as hospitals and care homes. There may be further booster vaccinations, perhaps limited to higher risk people, for example the groups who are offered annual flu vaccination.
6. The legal requirement for isolation of cases will end 24 March 2022 and people are likely to be advised to stay at home if they are symptomatic to avoid spreading the virus. Symptomatic testing is likely to be limited to people admitted to hospital and residents of care homes.
7. Population wide asymptomatic testing and contact tracing is likely to be discontinued in favour of focusing these activities in support of management of outbreaks and community clusters. Local authorities are likely to be asked to lead and support outbreak management – for example in care settings, as well as in schools, businesses and communities where there are high attack rates and/or high numbers of hospitalisations or deaths. Mass testing may be required in the event that a new variant is identified in order to find and isolate other cases.

### **Council response**

8. The Council has plans in place to maintain a proportionate Covid response during 2022/23 and is prepared for a range of scenarios. Routine outbreak management operations can be sustained without significant impact on other priorities, and contingencies are in place to escalate the response if required.
9. We would like to thank residents, schools, businesses, the voluntary sector, care providers, the NHS, the Council's own staff and everyone else who has been involved in the Covid response so far. It has been a magnificent collective effort and leaves Staffordshire in a great position to face the future.

**Report Author:** Dr Richard Harling, MBE

**Job Title:** Director of Health & Care

**Telephone No.:** 01785 278700

**E-Mail Address:** [richard.harling@staffordshire.gov.uk](mailto:richard.harling@staffordshire.gov.uk)