

Public Document Pack

People Overview & Scrutiny Committee

Monday, 14th September, 2020

6.00pm

Virtual Meeting

[Join here](#)

AGENDA

1. Welcome and Apologies for Absence

To welcome those present to the meeting and receive any apologies for absence.

2. Minutes of the Previous Meeting

To approve as a correct record and sign the minutes of the meeting held on 9th March 2020.

People Overview and Scrutiny Committee minutes- 9th March 2020 **2 - 5**

3. Declaration of Interests

To receive any declarations of interest from members on items on the agenda.

4. Public Health Progress on COVID19

To receive a presentation on the work to prevent the spread of COVID19 in the Borough and the ways that would be used going forward. A copy of the presentation given to the Health and Wellbeing Board is enclosed. The information contained in the presentation will be updated at the meeting of the committee.

COVID Pres02092020_v3 **6 - 24**

5. Children's Services and COVID19

To consider the response to COVID19 by the Children's and Education Services.

People Overview and Scrutiny Committee

9th March 2020

Present Councillor Liddle, (in the chair), Councillors Afzal, Parwaiz Akhtar, Jane Oates, Jacqueline Slater, Julie Slater, Dave Smith, Ron Whittle and Julie Gunn,

1. Welcome and Apologies

The Chair welcomed those present to the meeting including the invited guests to receive a briefing on the way that the Council and its partners were dealing with the Corona virus and the preparedness of the borough to face the challenges it would have to face. The Chair informed the meeting that due to the issue of covid19 the agenda had been revised and the other issues for consideration by the committee would now be considered at a future meeting.

2. Covid 19

The Committee received a briefing from the Director of Public Health supported by health partners and providers on the current situation regarding the Covid-19 virus.

The Committee were informed that a coronavirus is a type of virus of a group, coronaviruses common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties. Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan City, China

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

Given that there is currently neither a vaccine against COVID-19 nor any specific, proven, antiviral medication, most treatment will comprise managing symptoms and providing support to patients with complications.

The majority of people with COVID-19 have recovered without the need for any specific treatment and the vast majority of cases will best be managed at home, as is the case for the common cold or seasonal flu.

The Committee were updated on the actions being taken to deal with the pandemic.

1. Government action:

The committee were informed that the government states that UK is well prepared for disease outbreaks, having responded to a wide range of infectious disease outbreaks in the recent past, and having undertaken significant preparedness work for an influenza pandemic for well over one decade. Plans are regularly tested and updated locally and nationally to ensure they are fit for purpose. This experience provides the basis for an effective response to COVID-19.

Planning draws on the idea of a “reasonable worst case (RWC)” scenario. This is not a forecast of what is most likely to happen, but will ensure we are ready to respond to a range of scenarios.

[The Health Protection \(Coronavirus\) Regulations 2020](#) have been put in place to reduce the risk of further human-to-human transmission in this country by keeping individuals in isolation where public health professionals believe there is a reasonable risk an individual may have the virus.

On 10 February, the Secretary of State for Health and Social Care, Matt Hancock, announced [strengthened legal powers to protect public health](#).

On 3rd March the government published its [coronavirus action plan](#) setting out;

- What we know about the virus and the disease it causes
- How the government has planned for an infectious disease outbreak, such as this
- The actions taken so far in response to the current coronavirus outbreak
- Next steps, depending upon the course the current coronavirus outbreak takes
- The role the public can play in supporting this response, now and in the future

The fundamental objectives are to deploy phased actions to **Contain, Delay, and Mitigate** the outbreak, using **Research** to inform policy development, as described below. The different phases, type and scale of actions depends upon how the outbreak unfolds over time.

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- **Delay:** slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.
- **Research – cross cutting:** to better understand the virus and actions that will lessen its effect; innovate responses including diagnostics, drugs and vaccines; and inform models of care

2. Local response arrangements:

the committee were then informed that local response arrangements will vary depending on the phase of the disease response. During the **Containment** Phase Public Health England (PHE) will be the key partner responsible for many of the response arrangements including the following;

- The local Health Protection Team will notify the Director of Public Health of any confirmed case of COVID-19 in Blackburn with Darwen.
- PHE will be responsible for carrying out contact tracing and taking any appropriate public health action required following a confirmed case.
- If deemed necessary, PHE may convene an incident management team meeting of key stakeholders including the DPH following the Multi-agency Outbreak Management Plan
- The Council will be key in ensuring effective communication with the public

The Lancashire Resilience Forum (LRF) has convened a multi-agency Strategic Coordinating Group (SCG). This met on 3rd March and will hold weekly meetings every

Tuesday. All category 1 responders under the Civil Contingencies Act such as police, local authorities, PHE and the NHS participate in these meetings. A Tactical Coordinating Group (TCG) for Lancashire is also being set up. The SCG is also establishing a communications cell and business continuity cell.

The NHS has also stepped up its response arrangements. On 3rd March the NHS has declared COVID-19 a level 4 incident. The Council is working with the Pennine CCGs and East Lancashire Hospitals Trust to ensure joined up planning and response arrangements.

Plans for the Councils annual corporate emergency planning/business continuity exercise, already scheduled for 26th March, are being updated to further support and develop our local response.

The committee were informed of the role the public were encouraged to take in supporting the response.

An effective response to COVID-19 requires the active participation of all partners, including a well-informed public. Everyone can help support our response by:

- Maintaining good hand, respiratory and personal hygiene
 - Wash hands often with soap and water following [NHS guidelines on good hand hygiene](#)
 - Use an alcohol-based hand sanitiser that contains at least 60% alcohol if soap and water are not available.
 - Avoid touching your eyes, nose, and mouth with unwashed hands
 - Avoid close contact with people who are sick
 - If you feel unwell, stay at home, do not attend work or school
 - Cover coughs and sneezes with a tissue, throw the tissue in a bin. See [Catch it, Bin it, Kill it](#)
 - Clean and disinfect frequently touched objects and surfaces at home and work
- Reducing the impact and spread of misinformation by sharing and using information from trusted sources, such as those set out in Appendix 1 of this document
- Checking and following the latest Foreign and Commonwealth travel advice when travelling and planning to travel
- Ensuring that vaccinations are up to date as this will help reduce the pressure on the NHS through reducing vaccine-preventable diseases
- Checking on elderly or vulnerable family, friends and neighbours
- If you are worried about your symptoms, please call NHS 111. **Do not go directly to your GP or other healthcare environment**
- Being understanding of the pressures the health and social care systems may be under, and receptive to changes that may be needed to the provision of care
- Accepting that the current advice for managing COVID-19 for most people will be self-isolation at home and simple over the counter medicines
- Checking for new advice as the situation changes.

Members were informed that the situation was changing on a daily basis and was being led by the government and Public Health England. The guidance coming out was shaping the Councils direction and advice. Key partners of the Council had been invited to attend the briefing to enable a full discussion to take place and a sharing of information and advice. These partners included the Hospital Trust and The CCG who were on the front line in treatment of people with the virus. The wider partners who attended included the Hive Business Group, Lancashire Council of Mosques, the Shopping Mall, Blackburn Bid etc These partners were key to the day to day life of the borough.

The Committee looked at the potential impact of the virus and the current advice and guidance. They also examined the way in which the council was disseminating information and advice and how we as an authority were working with partners to keep the community safe. The Committee looked at the key messages that were being shared and put forward a number of recommendations that seek to ensure that the citizens of the borough were as aware of the issue as possible.

RESOLVED-

- 1 That the Director of Public Health and partners be thanked for the briefing on the Covid-19 issue.
2. That the Council seek to ensure that the residents of the borough are as well informed as possible on the information given out by Public Health England and that this information be delivered in as population friendly way as possible taking account of cultural and social need. The Committee would recommend that the information and advice be up front on the Council website and include information on symptoms, preventative measures such as washing hands over 5 times a day with soap and what to do and who to ring if you have any symptoms. All available help line numbers to be included on the Council's web front page.
3. That all members and key partners be kept up to date either through briefing sessions or guidance on a regular basis and on the emerging information that is issued.
4. That the potential issues for that could arise for care of the vulnerable residents be noted at this stage and that members be kept informed of the developing guidance on the situation

3. Work of the Executive Member for Adults Neighbourhoods and Prevention

The Committee received a detailed presentation on the work of the Executive Member for Adults and Neighbourhoods and Prevention and performance against the key priorities of the Council as agreed at the Policy Council. The difficulties in meeting demand were outlined together with the resource implications that the portfolio and the council as a whole faced. The Executive Member undertook to give regular updates to the committee on progress towards achieving the key objectives.

RESOLVED-

That the presentation of the progress towards key objectives for the portfolio be noted and the Executive Member be requested to report back to the committee on a regular basis on the issue.

Chair at the meeting at which the minutes were signed.....

Date.....

Health and Wellbeing Board - Covid-19

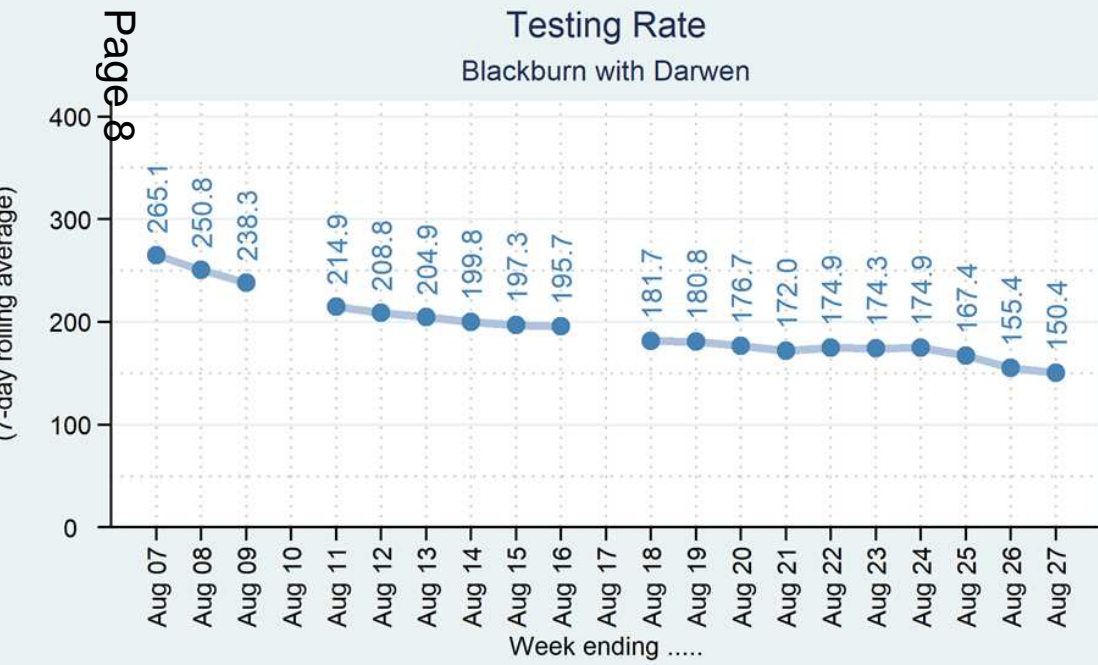
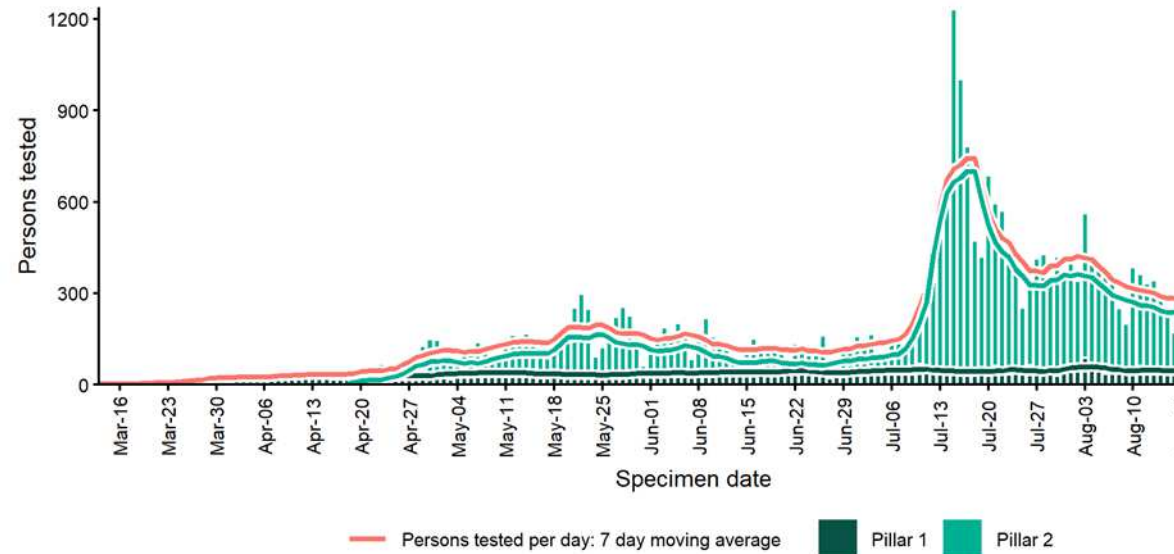
2nd September 2020

Covid-19 Timeline

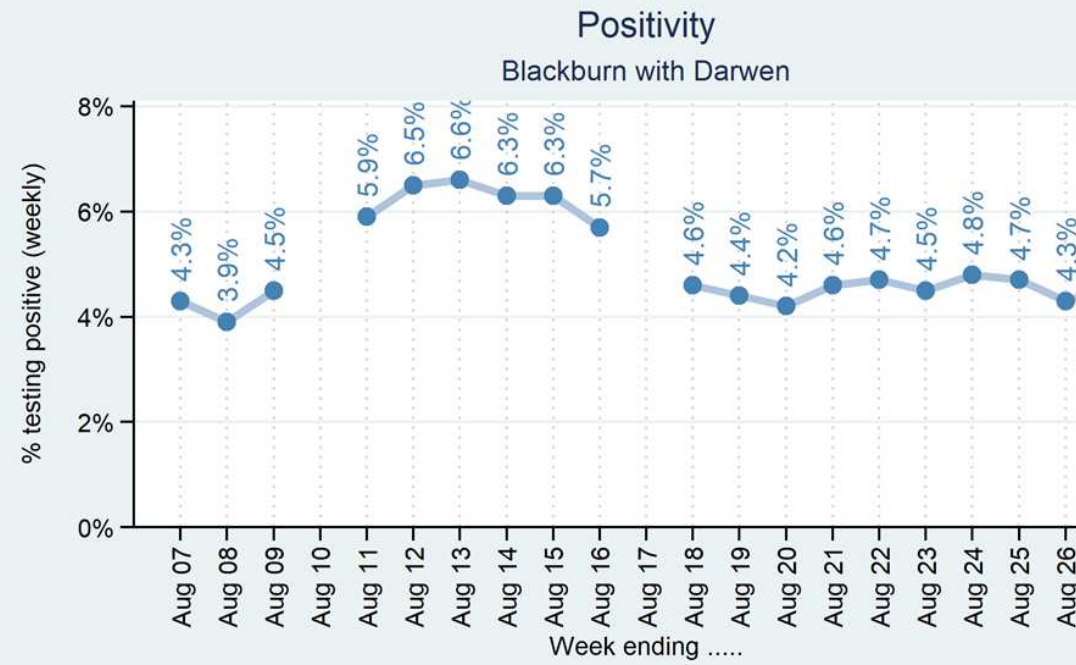
Cases

Testing rate

Positivity rate



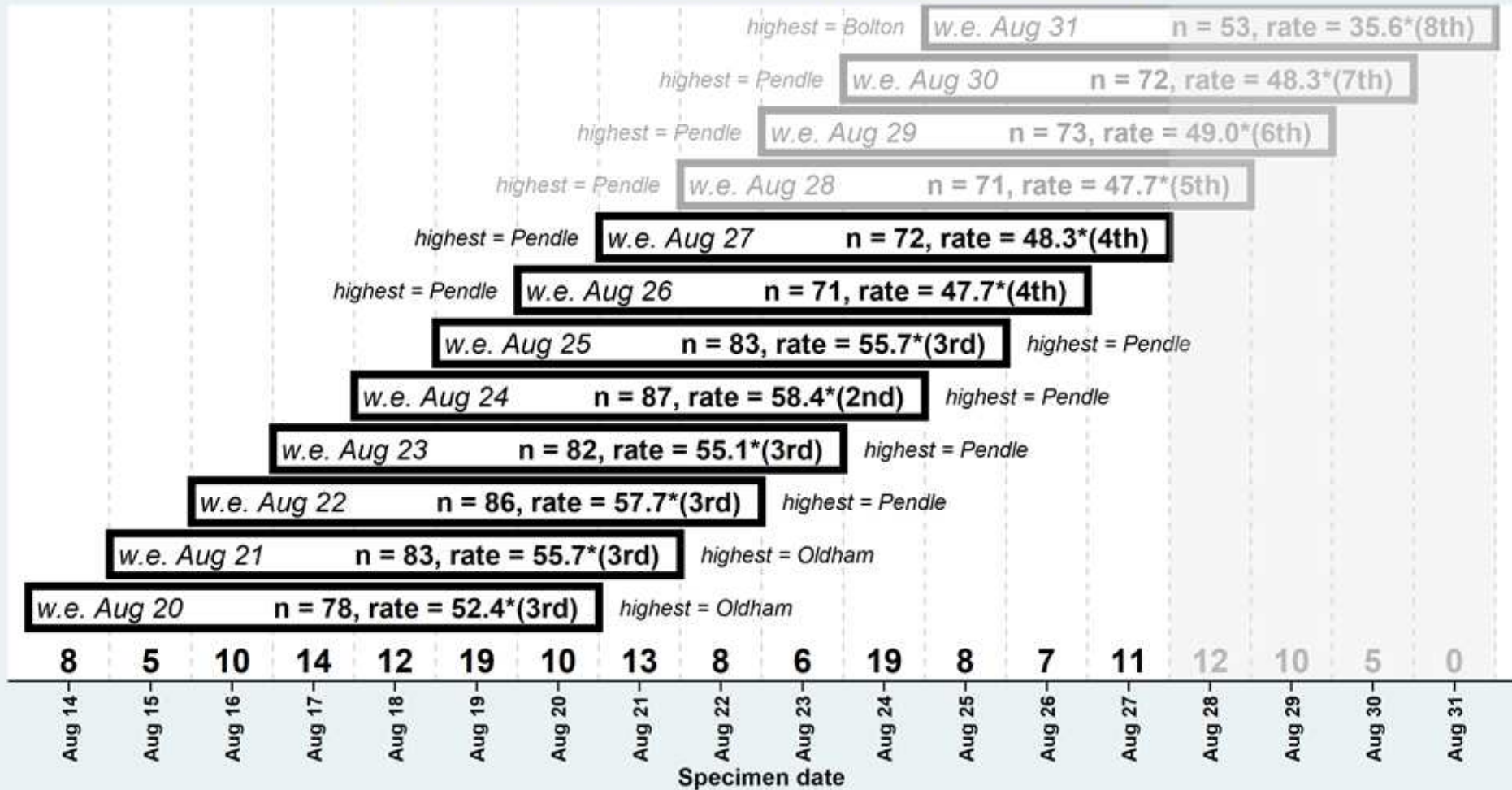
Gap = no Situational Awareness report received



Gap = no Situational Awareness report received

Latest positive case data – to w/e 27 Aug

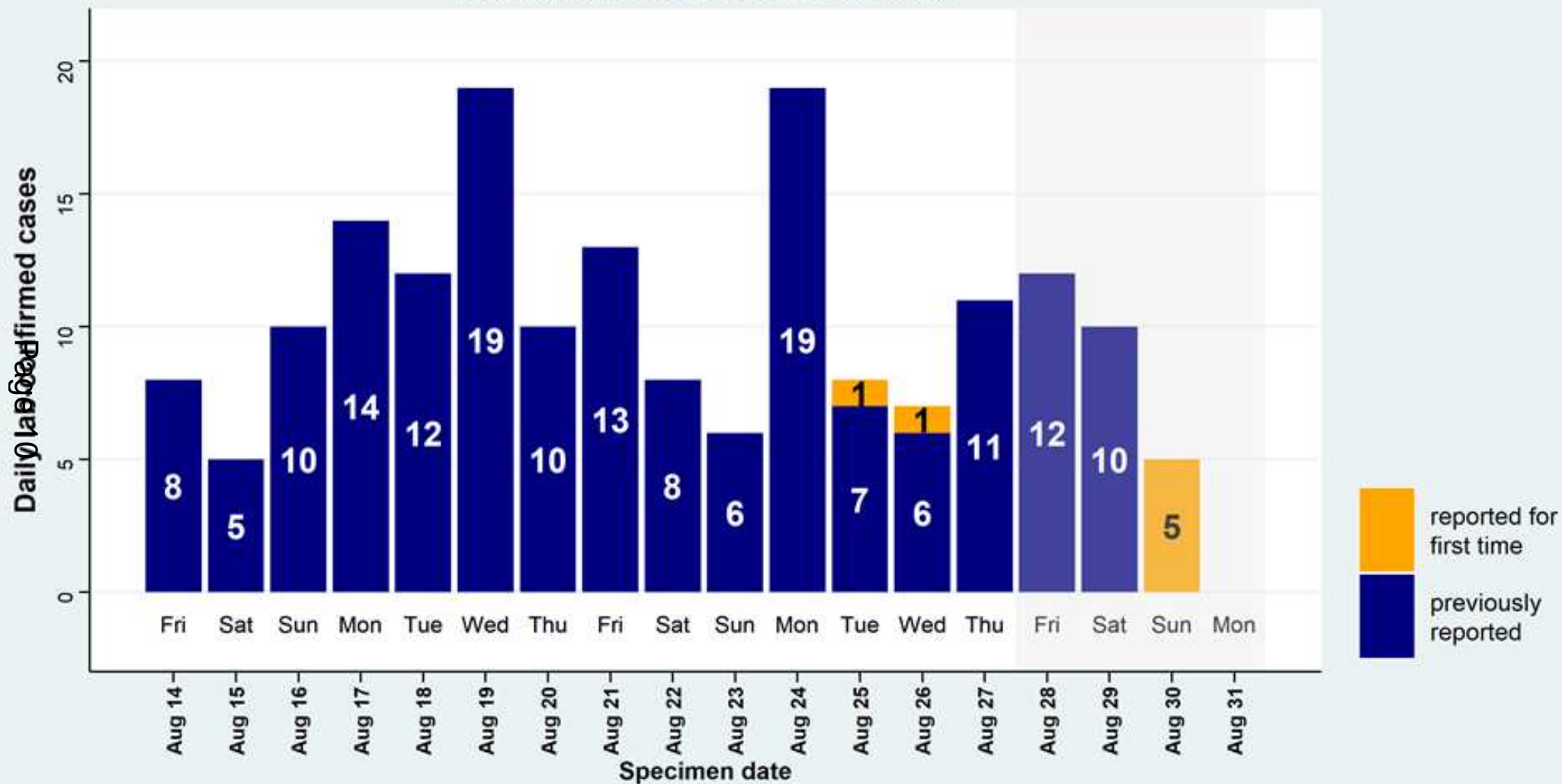
Blackburn with Darwen daily and weekly incidence



* Crude rate per 100,000. Calculated using mid-2018 population estimates (= 148,942 for BwD).

Blackburn with Darwen confirmed cases by Specimen Date

(highlighting cases reported for first time)

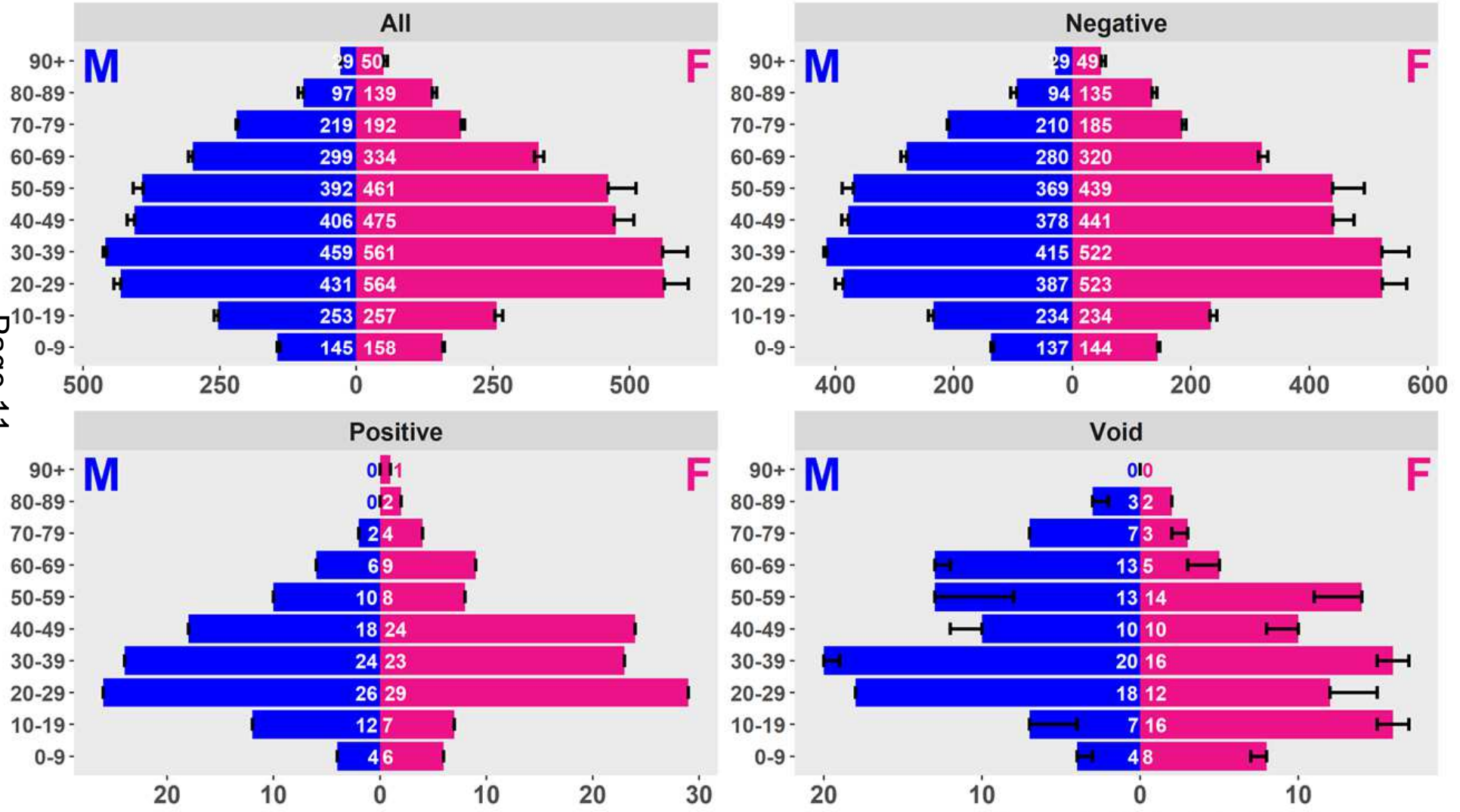


Source: <https://coronavirus.data.gov.uk/>. Grey shading for latest four days = provisional counts.

Age/Sex distribution of Blackburn with Darwen residents tested during 14 days ending Aug 21 (where result is known)

Solid bars drawn from latest file (received Sep 02).
Error bars show range of values contained in last three files.

Page 11

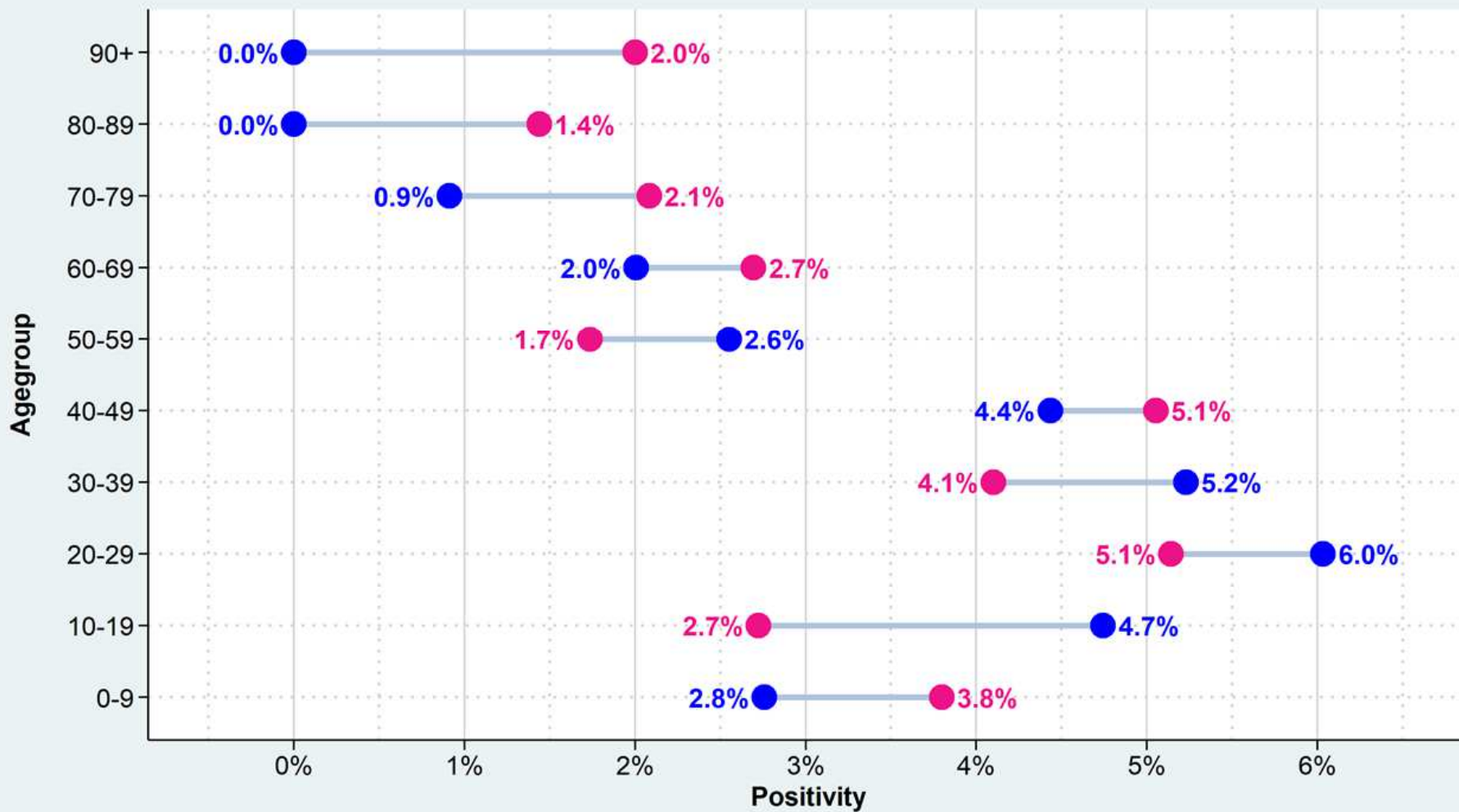


Please note differing horizontal scales on charts

Positivity of Blackburn with Darwen residents tested during 14 days ending Aug 21 (where result is known)

Based on latest file (received Sep 02)

Sex ● Female ● Male

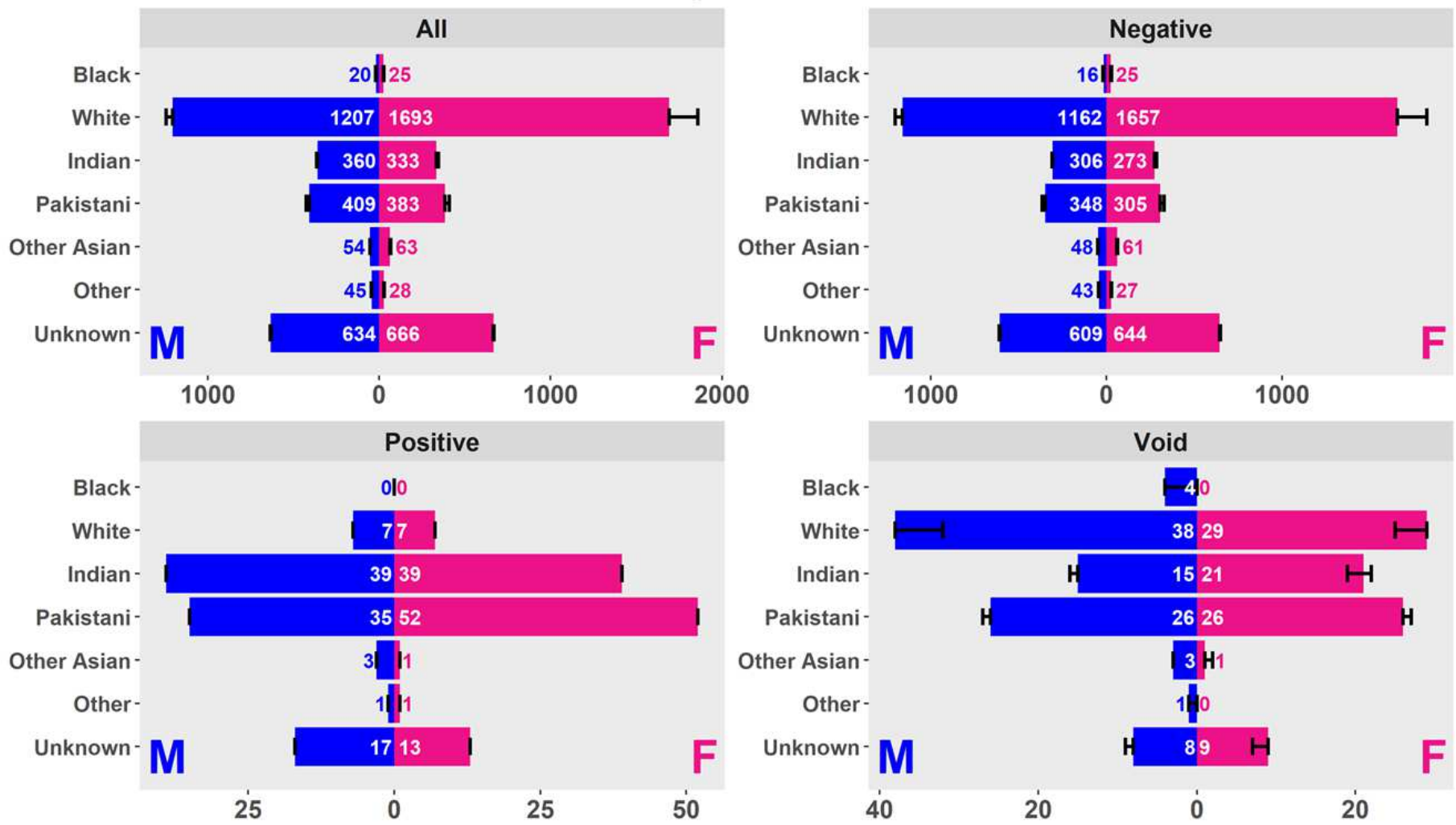


Denominator = all known results, including voids

Ethnic Group and Sex of Blackburn with Darwen residents tested during 14 days ending Aug 21 (where result is known)

Solid bars drawn from latest file (received Sep 02).
Error bars show range of values contained in last three files.

Page 13

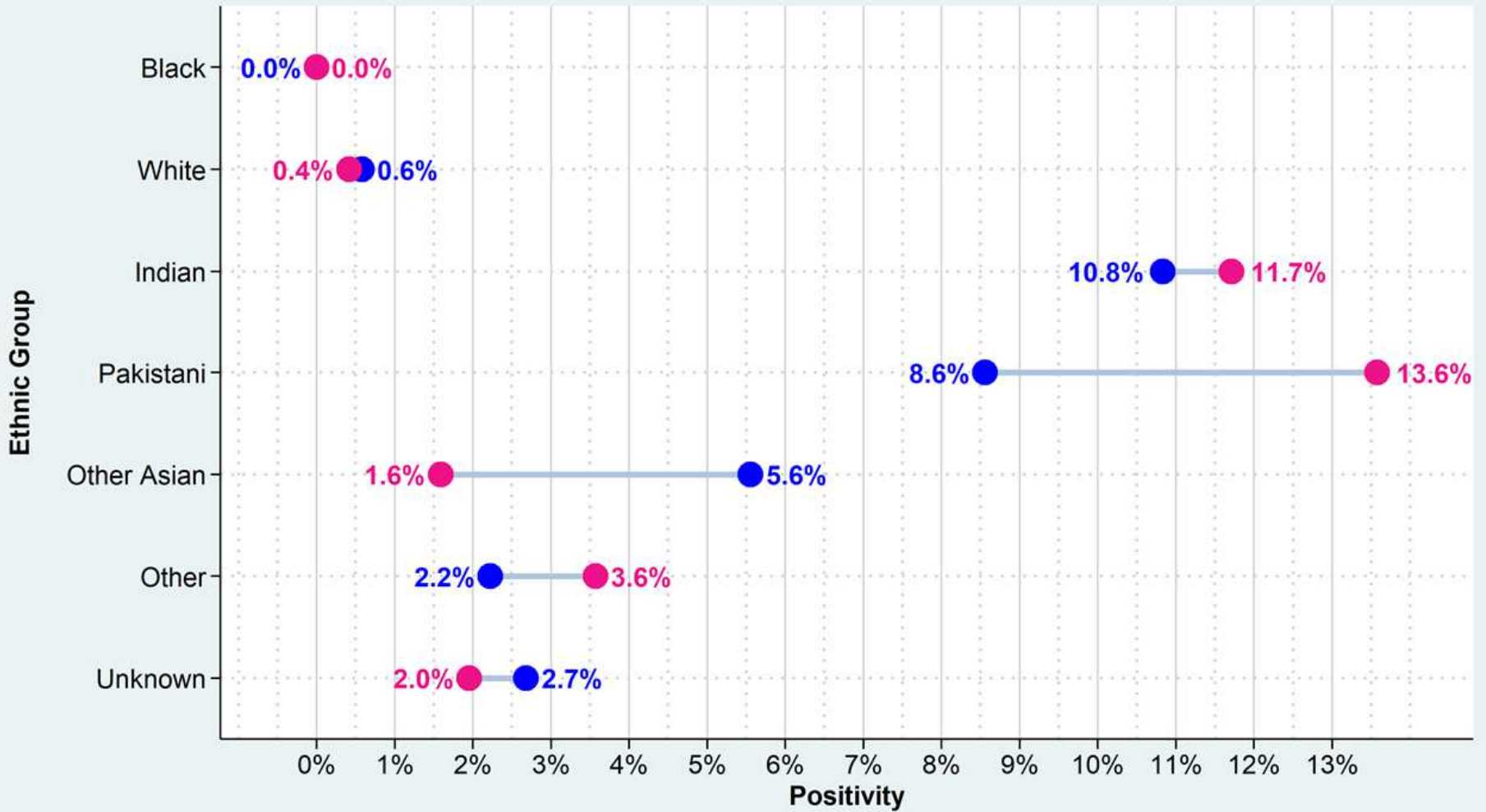


Please note differing horizontal scales on charts

Positivity of Blackburn with Darwen residents by Ethnic Group tested during 14 days ending Aug 21 (where result is known)

Based on latest file (received Sep 02)

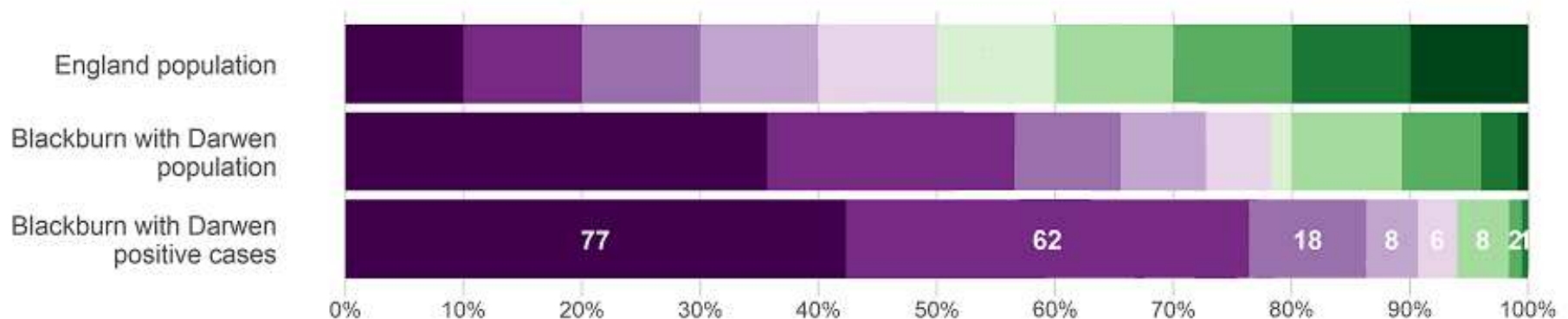
Sex ● Female ● Male



Denominator = all known results, including voids

Deprivation Case Profile

Deprivation breakdown of Blackburn with Darwen positive cases
(compared with Blackburn with Darwen and England populations)



182 cases, with Specimen dates Aug 14 to Aug 31

Deprivation is measured here according to the Index of Multiple Deprivation 2019. The chart below shows the deprivation profile of:

- The entire England population (by definition, spread evenly across the ten national deprivation deciles)
- The BwD population (disproportionately concentrated in the more deprived national deciles)
- The 308 people who tested positive for Covid-19 in Blackburn with Darwen between 24th July and 10th August. Those testing positive are even more disproportionately deprived, with nearly 90% of them living in the purple or lilac-shaded areas which make up the more deprived half of England.

Tests, Population and Testing Rate per 100,000 by Ward 28 days to 23/8

Ward Name	People tested	Mid-2018 population	Rate per 100,000 per day	Intervention Area?
Billinge & Beardwood	936	8740	382.5	Yes
Roe Lee	907	8670	373.6	Yes
Ewood	1021	9948	366.5	No
Mill Hill & Moorgate	832	8116	366.1	No
Shear Brow & Corporation Park	896	8996	355.7	Yes
Blackburn Central	879	8924	351.8	Yes
Darwen West	845	8591	351.3	No
Wensley Fold	822	9001	326.2	Yes
Blackburn South East	880	9914	317.0	No
Livesey with Pleasington	644	7350	312.9	No
Darwen South	657	7770	302.0	No
Audley & Queen's Park	895	10735	297.8	Yes
Bastwell & Daisyfield	701	8593	291.4	Yes
Blackburn South & Lower Darwen	636	7898	287.6	No
West Pennine	614	7665	286.1	No
Darwen East	740	9404	281.0	No
Little Harwood & Whitebirk	653	8627	270.3	Yes

Guidance

Blackburn with Darwen, Oldham, Pendle: local restrictions

Find out what you can and cannot do if you live, work or travel in areas of the north of England.

- Pendle (whole area subject to wider restrictions, but the following parts have additional restrictions):
 - Whitefield
 - Walverden
 - Southfield
 - Bradley
 - Clover Hill
 - Brierfield
 - Marsden
- Blackburn with Darwen (areas affected):
 - Audley & Queen's Park
 - Bastwell & Daisyfield
 - Billinge & Beardwood
 - Blackburn Central
 - Little Harwood & Whitebirk
 - Roe Lee
 - Shear Brow & Corporation Park
 - Wensley Fold

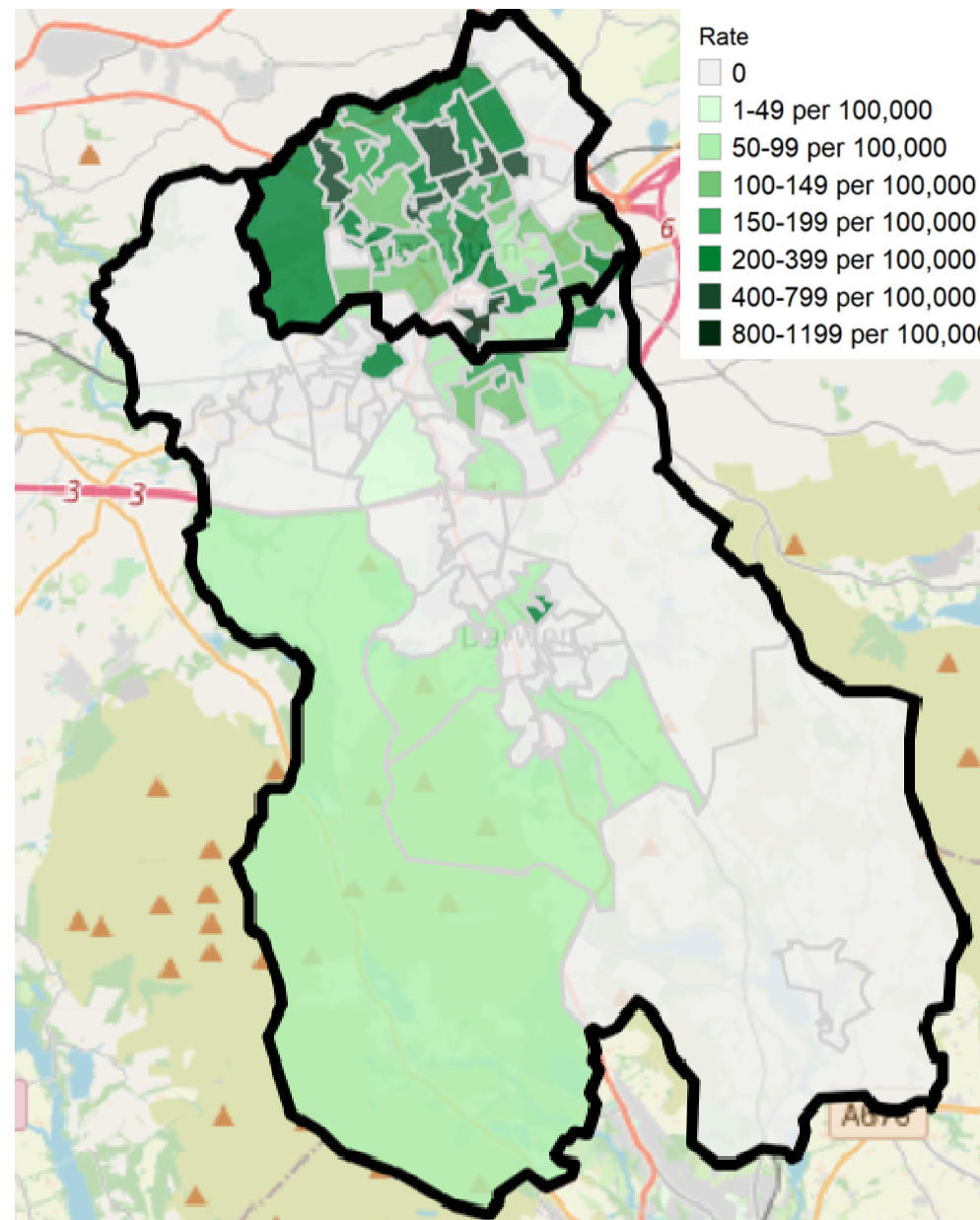
Ward data from Friday 21st August used for intervention area.

Figure 1. Rate of new COVID-19 cases from Pillar 1 and 2 testing by ward in Blackburn with Darwen most recent week (August 8th to August 14th 2020) and previous comparison week (17th to 23rd 2020)

Rank (Current rate)	Ward	Previous comparison week		Most recent week (2020- 08-08 to 2020-08-14)		Change in rate between two weeks	
		Cases	Rate	Cases	Rate	Absolute difference	Relative
1	Bastwell & Daisyfield	15	174.6	25	290.9	116.3	=
2	Blackburn Central	10	112.1	23	257.7	145.6	Increase
3	Little Harwood & Whitebirk	6	69.5	14	162.3	92.8	=
4	Roe Lee	9	103.8	14	161.5	57.7	=
5	Billinge & Beardwood	19	217.4	14	160.2	-57.2	=
6	Shear Brow & Corporation Park	27	300.1	12	133.4	-166.7	Decrease
7	Wensley Fold	18	200.0	7	77.8	-122.2	Decrease
8	Audley & Queen's Park	27	251.5	8	74.5	-177.0	Decrease
9	Mill Hill & Moorgate	5	61.6	4	49.3	-12.3	=
10	Darwen East	0	0.0	4	42.5	42.5	Increase
11	Blackburn South & Lower Darwen	1	12.7	2	25.3	12.6	=
12	Blackburn South East	1	10.1	2	20.2	10.1	=
13	Ewood	0	0.0	2	20.1	20.1	=
14	West Pennine	0	0.0	1	13.0	13.0	=
15	Darwen South	0	0.0	0	0.0	0.0	=
16	Darwen West	1	11.6	0	0.0	-11.6	=
17	Livesey with Pleasington	1	13.6	0	0.0	-13.6	=

Page 18

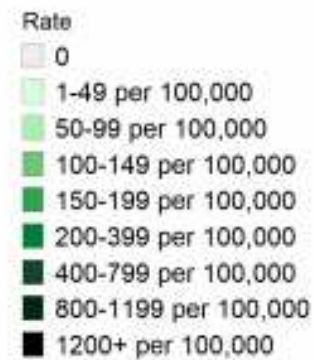
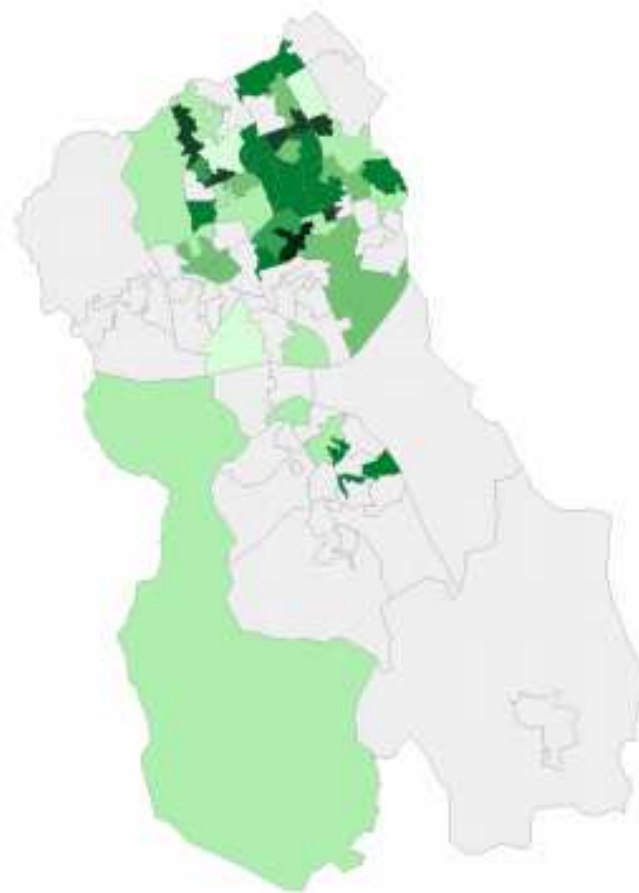
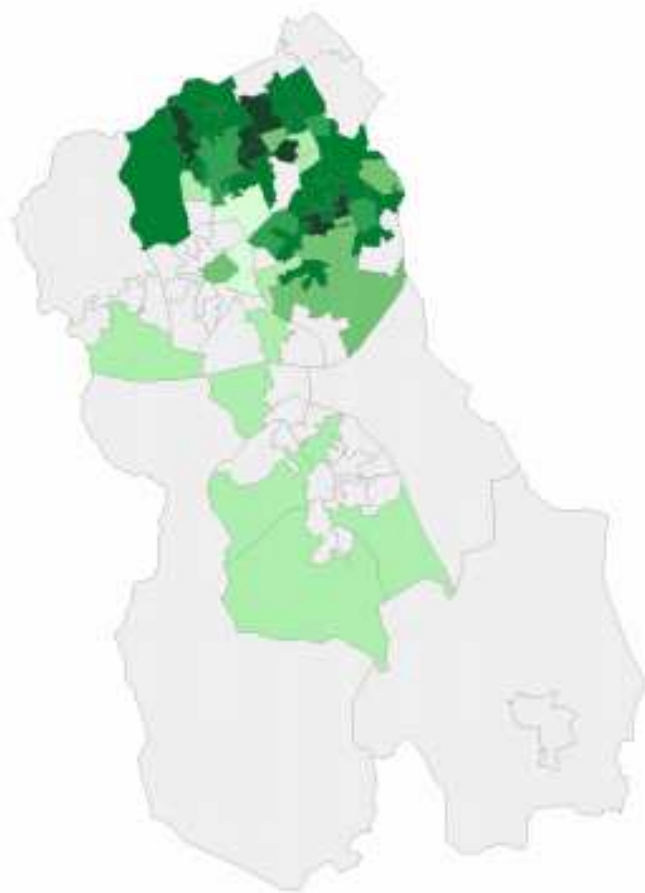
Positive case rate by LSOA for fortnight ending 16/8



BLACKBURN WITH DARWEN COVID-19 rates by LSOA

Prior 14 day period (July 27 2020 to August 9 2020)

Past 14 days (August 10 2020 to August 23 2020)



Rank (Most recent rate)	Ward	Total (since start of pandemic)		Prior week (2020-08-14 to 2020-08-20)		Latest week (2020-08-21 to 2020-08-27)		Change in rate between two weeks	
		Cases	Rate	Cases	Rate	Cases	Rate	Absolute	Relative
1	Bastwell & Daisyfield	182	2118	10	116.4	11	128	11.6	=
2	Audley & Queen's Park	222	2068	13	121.1	13	121.1	0	=
3	Little Harwood & Whitebirk	117	1356.2	11	127.5	9	104.3	-23.2	=
4	Billinge & Beardwood	185	2116.7	7	80.1	7	80.1	0	=
5	Wensley Fold	162	1799.8	14	155.5	6	66.7	-88.8	=
6	Roe Lee	137	1580.2	2	23.1	4	46.1	23	=
7	Blackburn Central	139	1557.6	8	89.6	4	44.8	-44.8	=
8	Darwen South	48	617.8	0	0	3	38.6	38.6	=
9	Shear Brow & Corporation Park	182	2023.1	8	88.9	3	33.3	-55.6	=
10	Ewood	96	965	2	20.1	3	30.2	10.1	=
11	Mill Hill & Moorgate	57	702.3	2	24.6	2	24.6	0	=
12	Darwen West	69	803.2	0	0	2	23.3	23.3	=
13	Darwen East	57	606.1	1	10.6	2	21.3	10.7	=
14	West Pennine	32	417.5	0	0	1	13	13	=
15	Blackburn South & Lower Darwen	40	506.5	0	0	1	12.7	12.7	=
16	Blackburn South East	81	817	0	0	1	10.1	10.1	=
17	Livesey with Pleasington	47	639.5	0	0	0	0	0	=
18	Unknown ward	2	NA	NA	NA	NA	NA	NA	=
Intervention Area		1326	1834.4	73	101.0	57	78.9	-22.1	=
non-Intervention Area		529	690.1	5	6.5	15	19.6	13.0	Increase
Blackburn with Darwen as a whole		1855	1245.5	78	52.4	72	48.3	-4.0	=

Incidents and Outbreaks

	Week Ending					TOTAL
Setting	31 Jul	07-Aug	14-Aug	21-Aug	28-Aug	
Page 21 Care Sector	4	3	6	3	5	21
Workplaces	3	4	6	3	5	21
Health care settings	3	0	0	1	1	5
Educational setting	1	0	0	2	0	3
Other (such as places of worship)	1	1	1	2	4	9

Incidents and Outbreaks

Setting	Week Ending											TOTAL
	19-June	26-Jun	03-Jul	10-Jul	17-Jul	24-Jul	31-Jul	07-Aug	14-Aug	21-Aug	28-Aug	
Health care Sector	0	0	0	0	0	0	4	3	6	3	5	21
Workplaces	1	0	1	3	3	2	3	4	6	3	5	26
Health care settings	0	0	0	0	0	2	3	0	0	1	1	7
Educational setting	1	0	0	4	8	2	1	0	0	2	0	13
Other (such as places of worship)	0	0	0	0	0	3	1	1	1	2	4	12

ELHT Hospital summary

Patient admissions (note these are all patients, not just BwD residents; received 02/09/20)

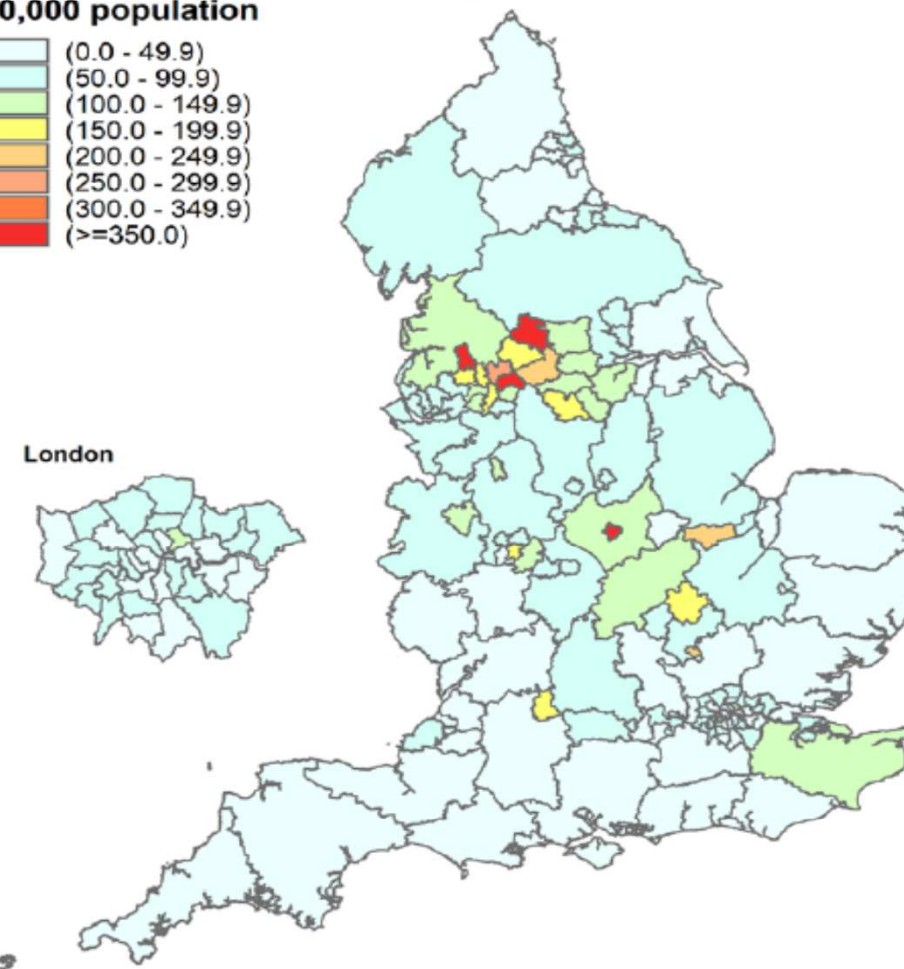
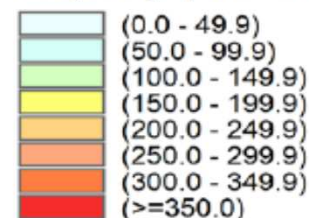
	26/08/20	27/08/20	28/08/20	29/08/20	30/08/20	31/08/20	01/09/20
Number of confirmed COVID19 +ve admissions in the past 24 hours	0	0	0	2	1	1	1
Number of suspected COVID19 +ve admissions in the past 24 hours	0	0	17	8	5	13	2
Current number of inpatients who are COVID19 active	2	1	1	2	3	4	4
Number of COVID19 related deaths (cumulative)	274	274	275	275	276	276	276

Cumulative incidence rates under 18s (up to 27 August 2020)

Cumulative rate of Pillar 1 and Pillar 2 COVID-19 cases (per 100,000) by upper-tier local authority in England* (n=9,973)

Excludes 277 COVID-19 cases for whom geographical information is to be confirmed.

Cumulative incidence rate U18s per 100,000 population



Page 24

Local Authorities with the highest cumulative rate	
	Rate
Leicester	576.2
Blackburn with Darwen	405.4
Bradford	395.1
Oldham	370.3
Rochdale	298
Peterborough	248.4
Kirklees	234.6
Luton	210.9
Manchester	197.6
Bury	180.8
Calderdale	178.2
Bolton	175.9
Sheffield	175.3
Swindon	169.2
Bedford	157.2

High level summary 1

Local authority areas of interest

Table contains the areas with the highest weekly incidence rates

for specimens taken/outbreaks reported between 21 August 2020 and 14 August 2020 (7 day) and 14 August 2020 and 27 August 2020 (14 day).

Tables demonstrate how figures compare to the equivalent figure as of 20 August 2020.

Percentage positive: >7.5%, Amber >4 to 7.5%

Weekly incidence rate: >50 cases per 100,000 per week, >25 per 100,000 per week

Exceedances RAG: refer to slide 35

These areas are currently under investigation by local public health protection teams and DsPH. Testing capacity is being increased in these areas.

These areas are also associated with workplace outbreaks which have contributed to the increase in infection

	Individuals tested per day per 100,000 population (7 day moving average)		Percentage individuals test positive (weekly)		Incidence per 100,000 population (weekly)	Incidence per 100,000 population (fortnightly)	Daily exceedance score	Community outbreaks (Last 7 days)	National Response Level
Pendle *	268.8	↓	3.8%	↑	71.1	140.0	R	0	Intervention
Corby	334.8	↑	2.5%	↑	57.9	76.2	A	2	
Oldham *	199.6	↓	4.0%	↓	55.6	125.2	G	3	Intervention
Blackburn with Darwen **	150.4	↓	4.6%	↑	48.3	100.7	G	0	Intervention
Bradford ***	118.3	↓	5.3%	↑	44.1	89.0	G	3	Intervention
Rochdale *	153.4	↓	3.8%	→	40.5	83.2	R	1	Intervention
Manchester *	147.0	↓	3.9%	↓	40.0	85.1	G	3	Intervention
Kettering	264.2	↑	2.0%	↑	37.5	57.3	R	2	
Bolton *	105.2	↑	4.9%	↑	36.4	55.7	R	0	Enhanced Sup
Tameside *	118.1	↓	4.2%	↑	35.1	61.3	G	0	Intervention
Trafford *	143.7	↑	3.2%	↑	32.6	50.3	A	1	Enhanced Sup
Hyndburn *	179.1	↓	2.4%	↑	29.7	43.3	A	0	Enhanced Sup
Bury *	133.2	↓	3.2%	↓	29.5	63.1	G	0	Intervention
Preston	170.5	↓	2.4%	↑	28.9	52.9	A	0	Intervention
Burnley *	192.7	↓	2.1%	↑	28.2	53.1	G	2	Enhanced Sup
Oadby and Wigston	136.2	↓	2.9%	↑	28.0	45.6	R	0	Concern
Salford *	128.7	↓	3.1%	→	27.5	60.1	A	2	Intervention
Leeds	124.1	↓	3.2%	↑	27.4	46.5	G	2	
Great Yarmouth	94.5	↑	4.1%	↑	27.2	30.2	G	0	
Sandwell	91.6	↓	4.1%	↑	26.6	47.7	A	2	Enhanced Sup
England	112.4	↓	1.5%	↑	12.1	23.9		94	

* local authority is part of an area in which overall infection rates are high, with household transmission a key infection pathway

** within this local authority the interventions have been restricted to the Blackburn wards.

*** within these local authorities the interventions have been restricted to some wards only

+ local authorities with small populations whose data are frequently combined with another local authority area