

**NORTH LINCOLNSHIRE COUNCIL**

**HEALTH & WELLBEING BOARD**

**GREATER LINCOLNSHIRE  
LIVING SAFELY WITH COVID PLANS**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

1.1 The objective of this report is to seek board members' approval to:

- Adopt the Greater Lincolnshire health protection service delivery plan (appendix A).
- Adopt the Greater Lincolnshire living safely with covid plan (appendix B).
- Delegate to the director of public health, authority to determine the form and function for a single health protection service for Greater Lincolnshire.

1.2 Board members are also asked to note progress of the Greater Lincolnshire's pilot and planned developments for health protection.

**2.0 BACKGROUND INFORMATION**

2.1 The Government's objective in the next phase of the Covid response is to enable the country to manage Covid like other respiratory illnesses, whilst minimising mortality, morbidity, and retaining the ability to respond appropriately to future situations.

2.2 As the national test and trace programme has now been stood down, local partners need to have plans in place to manage local Covid outbreaks. Local Authorities will be able to continue to support outbreak management through the Public Health Grant allocation once the Covid Outbreak Management Fund ceases at the end of the financial year.

## UPDATE ON HEALTH PROTECTION PLANS

### 2.3 **Greater Lincolnshire Health Protection Service Delivery Plan**

Appendix A details the proposal for a single Health Protection Service covering Greater Lincolnshire. The Greater Lincolnshire strategic approach improves resilience, capacity and ensures local arrangements are in place for effective health protection.

### 2.4 The plan is based around the following principles:

- **Prevent:** Reducing infection and transmission as far as possible in communities across Greater Lincolnshire using evidence-based health protection principles.
- **Protects:** Commissioned services that help support and protect communities and individuals.
- **Controls:** Works in partnership to deliver a collective response to control the spread of disease and support the development of robust plans to mitigate infections across the population of Greater Lincolnshire.

### 2.5 **Greater Lincolnshire living safely with Covid-19 plan (appendix B)**

In response to the government's Living with Covid-19 Strategy and taking account of our local risk assessment, we have developed our Greater Lincolnshire living safely with Covid-19 plan. This plan (see appendix B) sets out the key priorities for Greater Lincolnshire and outlines the local actions that will be taken to enable our local population and wider sectors to adopt effective strategies for living with and managing COVID-19.

2.6 The plan also includes managing outbreaks, testing plans, health protection approaches, and population messages. The plan includes joint approaches to communications and engagement across wider settings, including high risk settings, schools, education settings, children's social care provisions, and private businesses and industry.

2.7 In summary, we will use this plan to communicate how, as a Greater Lincolnshire Public Health Service, we will work together to support and protect our population and local communities.

### 2.8 **Progress and planned developments**

Public health intelligence is now being shared across a Greater Lincolnshire footprint, initially focusing on Covid-19 data, specifically relating to outbreaks, cases and areas of concern, across the three local authorities.

Additional developments for data sharing/gathering, outbreak intelligence and management are being undertaken. This will support the development of the Lincolnshire outbreak management digital platform to cover the North and Northeast areas.

- 2.9 Workforce governance and assurance reporting is currently being developed across the three authorities, with Lincolnshire's Health Protection Board (HPB) taking the lead for Lincolnshire, and a HPB being developed to cover North and North East Lincolnshire areas, all chaired by the Greater Lincolnshire DPH.
- 2.10 Reducing variation in service delivery across Greater Lincolnshire is well underway. Greater Lincolnshire health protection guidance has been produced and aligned across the following areas:
- Care home risk assessment and outbreak management
  - Care homes infection prevention and control guidance
  - Health protection in childcare and education settings
- 2.11 Additional development and scoping is planned across emergency preparedness, resilience and response, alongside agreeing approaches to outbreak response, based on the current work across the health and care system.
- 2.12 As a living safely with Covid approach becomes adopted across Greater Lincolnshire, work is now underway to re-establish core health protection practices. As the development work in North and North East Lincolnshire continues, the following is now being developed in Lincolnshire, with a view to develop similar approaches in the wider areas when appropriate:
- Re-establishing the proactive IPC care home visits and audits
  - Redesigning and relaunching the health protection workstream areas across:
    - Emergency preparedness, resilience and response
    - Communicable disease control
    - Non-infectious disease management
    - Screening and immunisation
    - Clinical service commissioning, including sexual health and substance misuse

### **3.0 OPTIONS FOR CONSIDERATION**

#### **3.1 Option 1:**

- a) Approve the Greater Lincolnshire health protection service delivery plan (appendix A).
- b) Approve the Greater Lincolnshire living safely with Covid plan (appendix B).
- c) To delegate to the Director of Public Health authority to determine the final form and function of a single health protection service for Greater Lincolnshire.
- d) To note progress of the Greater Lincolnshire's pilot and planned developments for health protection

#### **3.2 Option 2:**

- a) Not to approve Greater Lincolnshire health protection service delivery plan (appendix A)
- b) Not to Approve the Greater Lincolnshire living safely with Covid plan (appendix B)
- c) To not delegate to the Director of Public Health authority to determine the final form and function of a single Health Protection Service for Greater Lincolnshire.

### **4.0 ANALYSIS OF OPTIONS**

#### **4.1 Option 1:**

- a) Approving the Greater Lincolnshire health protection service delivery plan (appendix A) and the Greater Lincolnshire living safely with Covid plan (appendix B) will ensure that North Lincolnshire has robust arrangements in place to deal with future communicable disease outbreaks. This option will improve planning and operational arrangements, which will minimise the impact of future outbreaks, help improve health outcomes and reduce the negative impact on communities.
- b) Providing the director of public health with the authority to determine the final form and function of a single health protection service for Greater Lincolnshire, allows flexibility to rapidly and iteratively shape the service to meet demands. This will ensure that decisions can be made promptly, which is essential when dealing with communicable diseases.

#### 4.2 **Option 2:**

- a) Not approving the Greater Lincolnshire health protection service delivery plan (appendix A) and/or the Greater Lincolnshire living safely with Covid-19 plan (appendix B) will mean we do not have a robust plan in place to respond to any future Covid-19 outbreaks. Lack of planning is highly likely to have a detrimental effect on the health and wellbeing of North Lincolnshire's residents, should there be further outbreaks.
- b) Not providing the director of public health with the authority to determine the final form and function of a single health protection service for Greater Lincolnshire, means that the team may not function effectively. This may have a negative impact on the health and wellbeing of residents and wider society.

#### **5.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

5.1 None

#### **6.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

6.1 Implementation of effective health protection plans will minimise the impact of communicable disease. This will reduce risks to health and reduce the risk to business operations being disrupted

#### **7.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 Not relevant for this report.

#### **8 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 The documents shown in appendix A and appendix B have been co-produced by the three Greater Lincolnshire public health teams.

#### **9 RECOMMENDATIONS**

9.1 That the health and wellbeing board members approve option one:

- To approve the Greater Lincolnshire health protection service delivery plan (appendix A).
- To approve the Greater Lincolnshire living safely with covid plan (appendix B).
- To delegated authority to the DPH to determine the final form and function of a single Health Protection Service for Greater Lincolnshire.
- To note progress of the Greater Lincolnshire's pilot and planned developments for health protection

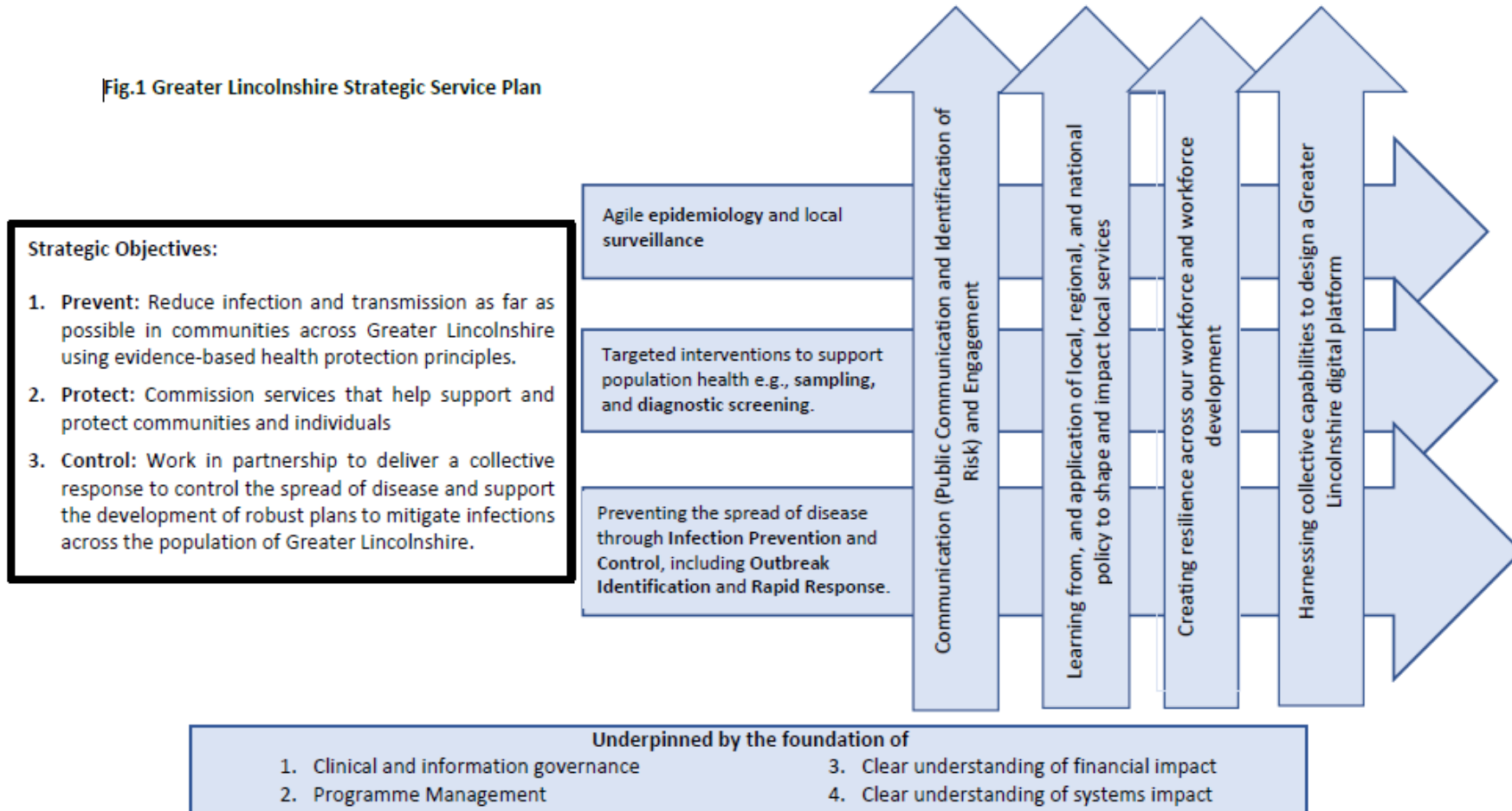
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Greater Lincolnshire Health Protection  
Service Delivery Plan

Fig.1 Greater Lincolnshire Strategic Service Plan



## DELIVERY MODEL PLAN:

The Greater Lincolnshire Health Protection Service Delivery Model is comprised of three core elements: *Prevent*, *Protect*, and *Control*. All three components of the Greater Lincolnshire Health Protection service will work simultaneously and are interdependent with one another. The three elements will have workforce and planning implications, and as such will need to be driven by a collective Programme Management approach to achieve the best outcomes for our Greater Lincolnshire population. Where possible, workstreams and functions as depicted in Fig.2 below will be co-designed and produced with a “once for Greater Lincolnshire” approach. This matrix approach will be led and overseen by a Health Protection Head of Service in order provide strategic assurance to the Greater Lincolnshire Director of Public Health and wider stakeholder partners.

Fig. 2 Greater Lincolnshire Service Delivery Model



## NEXT STEPS:



### CORE SERVICE MODEL

Agree core service delivery model; identify key priorities and align specialist resources to meet demand and create resilience.



### SERVICE OUTCOME REVIEW

We will be working to develop our approach to outcomes-based commissioning in securing the right balance of efforts and resources to support people to achieve improvement to their health and wellbeing.



### SERVICE DELIVERY PLANS

Refine service delivery plans; embed new ways of working; develop long-term strategy and horizon scanning; invest in people, process, and technology.



## GREATER LINCOLNSHIRE LIVING SAFELY WITH COVID-19 PLAN



HEALTH PROTECTION SERVICE

## DOCUMENT CONTROL

Title	Greater Lincolnshire Living Safely with COVID-19 Plan
Owner	Derek Ward, Director of Public Health
Endorsed by	TBC
Date of endorsement	TBC

Version	Date	Revision/ Amendment Details	Author
V1.0	01.03.22	Document created	Natalie Liddle, Acting Head of Service, Health Protection  David R Clark, Programme Manager, Health Protection  David Stacey, Programme Manager, Public Health  Phil Huntley, Programme Manager Public Health Intelligence  Amelia Diallo, Senior EPRR Officer

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# LIVING SAFELY WITH COVID

## LEARNING TO LIVE SAFELY WITH COVID-19

### Overview and Current Position

Remaining COVID-19 restrictions were originally due to expire in England on 24 March 2022, however the Government indicated at the beginning of February that the remaining rules would end a month early. The [Living Safely with COVID Strategy](#), announced on 21 February 2022, now replaces the remaining legal requirements in England with advice and guidance. This national strategy indicates a significant shift in how the virus will be managed, moving away from parallel management of the pandemic into an all-hazards approach.

From 24 February the Government removed the legal requirement to self-isolate following a positive test. As such, adults and children who test positive will be recommended to follow Public Health advice and stay at home, avoiding contact with other people for at least 5 full days. Individuals will be asked to follow national guidance until they have received 2 negative test results on consecutive days. Alongside this change, the Government will no longer ask fully vaccinated close contacts and those aged under 18 to test daily for 7 days and have removed the legal requirement for unvaccinated close contacts to self-isolate.

However, COVID-19 is not over and achieving elimination will not be possible in the short-term. The virus is yet to become endemic, and it is difficult to predict when this state may be attained. Over the past months we have seen significant levels of cases, hospitalisations and deaths continue to disrupt and devastate individuals, public services, and the economy.

At the time of writing this report England has had a total of 16,059,214 cases nationally. Since the start of the pandemic Greater Lincolnshire has seen a total of 282,509 cases and 2,017 deaths. Whilst these figures seem high, these are reported cases only, meaning the actual spread of COVID across the population is likely to have been much higher.

Deaths reported within 28 days of a positive COVID-19 test in Greater Lincolnshire has fluctuated considerably between 1 January and 23 February 2022. Total deaths have risen by 7.4% from 2,583 to 2,775, while rolling 7-day totals increased mostly during January from 12 deaths on 1 January to a high of 42 deaths on 31 January. Throughout February numbers of COVID related deaths have steadily dropped, with 15 deaths being reported for 7-day period leading up to the 23 February. The cumulative rate of deaths reported in 28 days nationally is 248.1 per 100,000 compared to the Greater Lincolnshire rate of 252.6 per 100,000.

Reassuringly, as of the 24 February 2022, case rates across all ages in Greater Lincolnshire continue to fall as outlined in fig. 1 below. When comparing case rates in Greater Lincolnshire with that of the national average we can see that we are faring well at 328.1 per 100,000 compared to the national average of 422.2. In stark contrast, during the peak of the pandemic case rates in Greater Lincolnshire were in excess of 1,800.

At the time of writing this plan, pressure on our local health and care systems across Greater Lincolnshire is beginning to ease. Locally reported outbreak figures are also reducing, indicating that we are transitioning into a 'new norm', though case rates of COVID-19 remain comparable to those that we experienced in the Autumn period, indicating that prevalence of COVID-19 remains high.

**Fig.1 Greater Lincolnshire Dataset**

Cases between 17/02/2022 and 23/02/2022													Tests between 16/02/2022 and 22/02/2022			
Area	Total positive cases	Rate of positive cases per 100,000 population	Age 4-11 Total positive cases	Age 4-11 Rate of positive cases per 100,000 population	Age 4-16 Total positive cases	Age 4-16 Rate of positive cases per 100,000 population	Age 12-16 Total positive cases	Age 12-16 Rate of positive cases per 100,000 population	Age 18-30 Total positive cases	Age 18-30 Rate of positive cases per 100,000 population	Age 60+ Total positive cases	Age 60+ Rate of positive cases per 100,000 population	Total positive cases (whole pandemic)	Total tests carried out	Positive Test Count	% of total tests that were positive
Boston	272	384.0	16	216.6	33	296.1	17	452.4	52	511.1	37	193.3	18,008	5,588	410	7.3%
East Lindsey	453	318.9	28	248.7	50	273.0	22	311.8	46	298.5	143	261.1	30,934	12,613	692	5.5%
Lincoln	347	346.8	10	116.1	17	129.0	7	153.4	103	353.5	61	304.5	28,477	8,330	535	6.4%
North Kesteven	442	374.1	28	255.8	53	304.5	25	387.0	68	450.3	89	252.4	29,252	12,247	699	5.7%
South Holland	365	380.8	30	334.8	50	357.2	20	397.0	72	592.8	57	193.2	23,240	8,290	611	7.4%
South Kesteven	562	392.4	45	327.0	80	356.9	35	404.5	85	513.0	105	243.0	37,289	13,724	859	6.3%
West Lindsey	303	315.0	14	162.6	34	243.7	20	374.5	50	426.8	78	250.6	24,039	9,060	469	5.2%
North Lincolnshire	433	250.7	31	187.6	52	192.9	21	201.2	87	376.7	76	155.7	45,239	14,264	732	5.1%
North East Lincolnshire	427	267.9	22	136.1	41	159.1	19	198.0	68	300.6	92	212.5	46,200	12,042	647	5.4%
Lincolnshire	2,744	358.1	171	245.9	317	287.1	146	357.3	476	431.7	570	244.6	191,240	69,852	4,275	6.1%
Greater Lincolnshire	3,604	328.1	224	219.1	410	251.3	186	305.4	631	404.6	738	227.0	282,679	96,158	5,654	5.9%

Given the indicators outlined above and the national change in strategy, we must cautiously consider what “Living with COVID-19” will look like locally. At the time of writing our local plan there remains a degree of unpredictability about the course ahead. We know that over time we can expect further waves of transmission because of waning immunity and the emergence of new variants. Furthermore, we are aware that disadvantaged groups and communities are likely to be more at risk from surges and outbreaks, and at risk of prolonged disruption to education and economy. The severity of these episodes will vary depending on a range of factors including behaviour, policy, and seasonality.

As such this local plan will set out the key priorities for Greater Lincolnshire and outline the local actions that will be taken to enable our local population and wider sectors to adopt effective strategies for living with and managing COVID-19. We will use this plan to communicate how as a Greater Lincolnshire Public Health Service, we will work together to support and protect our population and local communities.

### Effective Strategies for Managing COVID-19

The Government’s objective in the next phase of the COVID-19 response is to enable the country to manage the virus like other respiratory illnesses, whilst minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.

To meet this objective, the Government has indicated that it will structure its ongoing response around the following four key principles:

- a) **Living with COVID-19:** removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses.
- b) **Protecting people most vulnerable to COVID-19:** vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing.
- c) **Maintaining resilience:** ongoing surveillance, contingency planning, and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency.

- d) **Securing innovations and opportunities** from the COVID-19 response, including work in the vaccine taskforce and life sciences.

The role that Local Authority Public Health Service plays in this future response will be limited not by knowledge, expertise, and commitment, but by resources. At the time of writing this local plan, there remains considerable uncertainty around the Contain Outbreak Management Fund resulting in capacity being reduced across local government. This situation presents a risk to local public health systems as it is likely that they will lose experienced staff, leaving weaker response capabilities at local levels to the detriment of local communities and the wider health protection system.

From managing contact tracing to promoting vaccination uptake and supporting those most vulnerable in their communities, the local public health system has coped remarkably well. Local Authorities have developed their teams over the past two years and whilst some scaling-down is inevitable as the Omicron wave passes and national funding falls away, retaining crucial skills and capability in our local plan will be a key priority.

## **ACCOUNTABILITY FRAMEWORK**

### **Identifying Roles and Remits**

The successful delivery of this local plan will rely on an organised, coordinated, and decisive approach with clear roles and responsibilities agreed at national, regional, and local tiers.

Many of the actions that will need to be delivered locally are interdependent between the different tiers of the public health system. Consequently, there will be a need for a focus on synchronised delivery and execution as we transition towards the Government's Living with COVID-19 Strategy.

### **Application of Clinical Guidance**

As further changes in national policy and clinical guidance continue to be published, there will remain the need for local distillation and application. As a system lead, the Greater Lincolnshire Health Protection Service will continue to act in this capacity and will support partners across Greater Lincolnshire to interpret and synthesise such changes.

## **PREVENTING DISEASE**

Prevention remains one of our best defences in our fight against COVID-19. There are many actions that can be taken to mitigate the spread of infection.

To achieve this across Greater Lincolnshire we will strengthen our prevention messages and support people to take the necessary measures to protect themselves, their families, communities, employees, and customers.

### **Hierarchy of Control Measures**

- General Infection Prevention and Control measures that are effective:
  - Wash hands

- Respiratory hygiene
- Ventilation
- Social distancing
- Face coverings, if appropriate
- Appropriate PPE
- Exclusion from work with respiratory symptoms
- Minimising contact with others, particularly the most vulnerable, if symptomatic
- Social norming – Reinforce Public Health principles – e.g., people with respiratory symptoms should not be in work, out socialising or shopping etc.

## **Communication and Engagement**

Communication and engagement remain one of our most powerful tools. Regular communication to and with the public, at national, regional, and local levels is crucial in helping us to influence certain behaviours and create new societal norms which can drive improvements in public health, such as regular hand washing and opening windows to aide ventilation.

Developed with partners, it is proposed that a transitional Communications and Engagement Plan is developed to address:

- Communication and educational awareness with the public.
- Communication within and between key partners.
- Communication and educational materials to identified and prioritised settings and groups.

Communications and engagement are key tools to support transition to the national strategy and local plan. Therefore, our Greater Lincolnshire Communication and Engagement Plan will feature:

- Tailored interventions for different segments of our local population.
- Plans to encourage and enable community action and personal responsibility.
- Local toolkits to help coordinate a safe transition to new working arrangements - encouraging business and employers to support workplace COVID-19 security.

Local guidance will be developed to empower people and institutions to make their own risk assessments and instigate action based on Public Health advice. Local guidance will outline agreed escalation/checkpoints. This will entail:

- Changing perception among public, professionals, organisations, politicians, and government departments from “trying to control” to “living with” COVID-19.
- Managing expectations – single cases and minor outbreaks will need to be managed in house and not referred to the Health Protection Service/Local Authority.
- Having a clear statement for local thresholds for reporting, escalation and check points outlined.
- Training/webinars for staff across various settings.

## **Immunisations and Vaccinations**

The vaccination programme will be driven nationally. However, at the very least ongoing efforts to increase vaccination uptake, particularly amongst diverse and disadvantaged communities, within the existing programme should continue at local level where councils are best placed to run schemes like COVID-19 Champions (this is dependent on sufficient funding being provided to Local Authorities). This should include:

- The ongoing support for the community resilience structures, which can be built further to support this and many other aspects of the public health agenda over the long term.
- Collaborative working between the NHS and Councils at a local level.
- Managing the move towards vaccination of 5–11-year-olds, in a structured and carefully considered timeframe.
- Continuing to drive up equitable COVID-19 vaccine uptake to maximise protection and reduce transmission.

[NHS England has written to all local NHS systems](#) to set out the next steps for the NHS COVID-19 Vaccination Programme based on the central role of vaccination to the Government’s strategy for Living with COVID-19, the latest Government advice is to deliver a spring dose for those most at risk, and to offer vaccination to 5–11-year-olds.

Given JCVI advice that “there remains considerable uncertainty with regards to the likelihood, timing and severity of any potential future wave of coronavirus (COVID-19) in the UK” future stable patterns of vaccination are uncertain, NHSE has advised the following three priorities for the vaccination programme for the coming year:

1. Continued access to COVID-19 vaccination based on latest JCVI advice;
2. Delivery of an autumn COVID-19 vaccination campaign if advised by JCVI; and
3. Development of detailed contingency plans to rapidly increase capacity, if required.

Across each area, the focus must remain on increasing uptake in all communities and addressing unwarranted variation. All vaccination sites will be expected to create opportunities to improve population health, delivering as a minimum, health promotion advice and offering health and screening checks where possible to further address health inequalities.

Local NHS systems are expected to continue to strengthen their local partnerships, especially with Local Authorities, working together to design and deliver a continued offer for the year ahead, with clear ownership at each level, drawing on the insight, experience, and expertise of all partners.

Detailed operational plans for the next six months, and provisional plans to provide autumn boosters are currently being developed in Lincolnshire alongside this latest guidance and will be available shortly.

## **IDENTIFYING DISEASE**

To respond rapidly to high priority Variants of Concerns (VOCs), increased cases, clusters and outbreaks of COVID-19, there will need to be a robust surveillance programme in place to help identify cases, monitor prevalence and disease burden. It is imperative that as we move to the next phase of living with the COVID-19, that local interventions are taken in line with agreed national principles, health protection risk assessment and prioritisation frameworks.

### **Surveillance**

Robust population surveillance programmes are essential to understanding the prevalence of COVID-19 within a certain population. These programmes help to assess the impact of measures taken to contain the virus and help inform national and local government actions, including local Health Protection responses and evidence-based decision making<sup>1</sup>.

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<sup>1</sup> UKHSA - <https://www.gov.uk/government/publications/covid-19-surveillance/covid-19-surveillance>



As part of the ongoing national surveillance programme UKHSA are taking forward a [programme of academic studies](#) to understand to what extent COVID-19 is present and affecting the wider population. These studies will include ongoing projects to determine the level of COVID-19 circulating within a population, specific studies to understand the level of immunity and how fast it reduces for both those vaccinated and those who have been infected.

With the move away from population testing, surveillance will also be developed to specifically look at results from tests conducted in high-risk settings such as hospitals and care homes, and analysis of the ongoing wastewater programme. These three components will make up the main surveillance tools, in addition to local outbreak testing which may still be deployed into areas, settings, or populations where the local Health Protection Service identify significant concerns through local intelligence.

## **Sampling and Testing**

Lateral Flow Tests (LFTs) continue to offer a reasonable safety net at the present time and seem to be widely tolerated by the public. However, on the scale that they are currently used they are extremely expensive, and as such a programme of the current size is not sustainable indefinitely. However, LFTs will clearly have a part to play in ongoing case identification and be of particular use for vulnerable groups and those living or working in high-risk settings. Whilst the specific approach to LFT testing for high-risk groups is yet to be determined by the UK government, the Health Protection Service across Greater Lincolnshire will continue to support settings with measured and appropriate responses.

In addition, until the pandemic is largely over everywhere, there will be an ongoing need for surveillance for new variants that could cause significant new waves – and this requires PCR testing, not just LFTs. The introduction of charges for LFTs is likely to have a detrimental impact on take up, especially amongst disadvantaged communities. UKHSA need to develop a national testing strategy which focuses on the most vulnerable individuals and settings. Sufficient capability and contingencies (e.g., supply chains, laboratories) will need to be available to support local systems should new variants and surges be detected.

Based on the Government's Living Safely with COVID Strategy, PCR testing, alongside LFTs, will no longer be available to the general public from the 1 April. However, PCR and LFT testing will continue to be available to those deemed clinically vulnerable and in need of regular testing. The Greater Lincolnshire Health Protection Service will continue to support this approach to testing, and ensure, via available means, that access and utilisation is proportionate to the population need.

## **Contact Tracing**

Once the legal requirement to isolate was removed and the national model for contact tracing ceased, it remained the case that providing appropriate public health advice to those who are COVID positive was pragmatic and proportionate.

Employers can help by creating a culture in which coming to work when ill, whether with COVID-19 or other contagious infections, is discouraged and considered not in the interests of the individual concerned, their colleagues or customers. In the event of individuals needing to isolate, financial

support should be available so that inequalities are not exacerbated. It must be recognised that many employees are not able to work from home due to the nature of their job and sector e.g., food processing, warehousing, retail/hospitality, call centre work. These are certain businesses and industries across Greater Lincolnshire where we have seen significant outbreaks. As we learn to live with COVID-19 and respond to any future variants of concern, the arrangements for testing, tracing and isolation support will need to be carefully considered and balanced.

The Greater Lincolnshire Health Protection Service will continue to provide specialist health protection expertise and advice for high-risk settings, ensuring vulnerable populations are offered an enhanced level of protection from COVID-19.

## **CONTROLLING DISEASE**

### **Outbreak Management**

The recent publication of the [Living with COVID](#) guidance provides a direction of travel to Local Authorities to continue to develop local outbreak management plans and responses to manage future outbreaks and responses. Alongside updated advice and guidance from the UKHSA, utilising updated government outbreak response frameworks, the Local Authority will continue to lead outbreak management by:

- Securing the necessary outbreak prevention and control tools and infrastructure necessary for:
  - managing the transition to an endemic state
  - responding to VOCs
  - ensuring system readiness for responding rapidly to future surges/waves
- Prioritising specialist regional and local public health capacity on preventing, identifying, and managing outbreaks in vulnerable or complex settings and local communities.
- Supporting educational settings to manage COVID-19 infections and outbreaks whilst minimising educational disruption
- Develop/modifying existing tools and guidance for some settings to help manage single cases and small cluster outbreaks independently.
- Continue to develop local digital solutions for self-reporting, outbreak notification and case management.

### **Health Inequalities**

It is widely appreciated that COVID has highlighted, and in some circumstances broadened, significant health inequalities that exist across society. In order to assist in reducing inequalities caused by COVID-19, Greater Lincolnshire has agreed to focus on three key areas:

- Targeting higher risk and adversely affected populations with specific vaccination communications and providing localised approaches to vaccine access. This approach will ensure communications are published in a range of different languages, are supported by local community champions, vaccination clinics are taken to local areas of highest need, and

high-risk settings continue to be supported to increase vaccination rates due to vaccination hesitancy.

- Promotion of the testing offer to those most in need and underrepresented within the testing system. This is likely to include all frontline health and care workers, those deemed as clinically vulnerable, and those from minority ethnic and underrepresented groups.
- Support for high-risk settings to manage outbreaks using a variety of means and infrastructure available at the time.

## RESILIENCE AND PREPAREDNESS

### Identifying Lessons

The SARS-CoV-2 pandemic is not unprecedented. Over the last few decades, the scale and rhythm of emergent zoonoses which threaten population health internationally has increased and appears likely to continue. Whilst there are national and international biosecurity arrangements, there remain gaps in foresight, planning and co-ordination, all of which became apparent during the current pandemic.

The government published a report in October 2021<sup>2</sup> following a year-long joint inquiry, which examined six key areas of the response to COVID-19: the country's preparedness for a pandemic; the use of non-pharmaceutical interventions; the use of test, trace, and isolate strategies; the impact of the pandemic on social care; the impact of the pandemic on specific communities; and the procurement and roll-out of COVID-19 vaccines.

The inquiry concluded that some initiatives were examples of global best practice, but others represented mistakes. Both must be reflected on to ensure that lessons learned are applied to better inform future responses to emergencies. In particular:

- The forward-planning, agility and decisive organisation of the vaccine development and deployment effort will save millions of lives globally and should be a guide to future Government practice.
- The delays in establishing an adequate test, trace and isolate system hampered efforts to understand and contain the outbreak and it failed in its stated purpose to avoid lockdowns.
- The initial decision to delay a comprehensive lockdown - despite practice elsewhere in the world—reflected a fatalism about the spread of COVID-19 that should have been robustly challenged at the time.
- Social care was not given sufficient priority in the early stages of the pandemic.
- The experience of the pandemic underlines the need for an urgent and long-term strategy to tackle health inequalities; and
- The UK's preparedness for a pandemic had been widely acclaimed in advance but performed less well than many other countries in practice.

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<sup>2</sup> House of Commons Science and Technology Committee and the Health and Social Care Committee Joint Report: Coronavirus: lessons learned to date. October 2021.  
<https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/157991/coronavirus-lessons-learned-to-date-report-published>.

At a local level, the Greater Lincolnshire Health Protection Service will apply learning from a range of sources, including national, regional, and local reviews and debriefs, to analyse and improve local arrangements for resilience and preparedness.

### **Pandemic Planning and Resilience**

As we transition to living safely with COVID-19, it is important to address gaps in local pandemic preparedness identified through experience, as outlined above, to achieve optimum levels of resilience and preparedness in the event of a future pandemic or a resurgence of COVID-19. Initial local reviews of pandemic preparedness have identified the following key areas of focus, which sit alongside the core work areas of Prevent, Protect, and Control:

- **Resources** – maintaining sufficient contingency supplies for core resources such as PPE and surge testing.
- **Logistics** – ensuring robust arrangements are in place to quickly implement response plans at a local level, relevant to the geography of Greater Lincolnshire.
- **Competency and Capability** – building resilience in expertise through the Greater Health Protection Team for a range of roles and functions of pandemic response.
- **Health and Social Care System Preparedness** – working collaboratively with partners across Greater Lincolnshire to build on wider system resilience and preparedness.
- **Reactivation Thresholds** – defining surge and escalation thresholds through on-going maintenance and review of pandemic response plans.

The Greater Lincolnshire Health Protection Service will incorporate this work into the core emergency preparedness, resilience, and response workstream, in collaboration with the Local Health Resilience Partnership and the Local Resilience Forum.

## **MANAGING THE INITIAL TRANSITION OF THE LIVING SAFELY WITH COVID-19 STRATEGY**

### **Conclusion**

Nationally there has been an increased recognition of the role and value that Local Authorities and public health teams have contributed in terms of guiding changes in people's behaviour through skilled and bespoke messaging, providing advice to public and private sector organisations to reduce the risk of transmission, promoting and enabling testing and supporting self-isolation. Local intelligence and model for Health Protection has undoubtedly helped with the early identification and management of outbreaks across Greater Lincolnshire.

This Greater Lincolnshire Living Safely with COVID-19 plan has been developed to assist the partnership to respond in a timely and proportionate manner to future outbreaks. This will provide advice and guidance on how "live safely with COVID" and ensure both workplaces and the population are aware of steps they can continue to take, support local systems and organisations to return to a new form of normal without government COVID restrictions and support the Greater Lincolnshire population during any future waves or outbreaks.

The Greater Lincolnshire approach will increase the system's ability to provide consistent messages to the Greater Lincolnshire population, whilst supporting outbreaks and organisations who have staff, residents, or stakeholders spread across the Greater Lincolnshire Local Authority areas.

### **Next steps**

- As we transition into the next phase there will need to be engagement with key stakeholders and local partners including NHS, Educational Settings, DASS, Prisons, CEX, politicians etc.
- With reduced resources in UKHSA regional (HPTs), there may be a need to prioritise activities and redefine new areas of responsibilities.
- National guidance has become quite prescriptive in directing people to call the LAs or HPTs for low-risk incidents and cases. As we move to "living with" COVID-19 this will need to change. Local guidance, thresholds and action cards will need to be updated to reflect the change in position.
- Nationally, we have created a high dependency culture with many organisations and settings encouraged to contact the LA and regional HPTs to report cases and outbreaks. This now needs to be more balanced with cases and small outbreaks being managed "in house" in low-risk settings, coupled with a simple on-line reporting process to help maintain local oversight.