



Open Report on behalf of Andy Gutherson, Executive Director - Place and Senior Responsible Officer for Covid-19 Recovery

Report to:	Overview and Scrutiny Management Board
Date:	30 September 2021
Subject:	Covid-19 Update

Summary:

This report provides an overview of the work by the Local Resilience Forum (LRF), partners, and Lincolnshire County Council (LCC) to manage Lincolnshire's response to the Covid-19 pandemic.

This report is for the Board's information only and provides an update and overview of the situation since the most recent report provided to the Overview and Scrutiny Management Board (OSMB) on the 26th August 2021.

Actions Required:

To note the content of the report.

1. Background

This report will set out the current position with regard to Covid-19 and highlight any changes that have occurred since the report in August was produced and presented.

On the 14th September the prime minister announced the arrangements that would be in place during the autumn and winter of 2021 with the details set out in the new "Covid-19 Response, Autumn and Winter Plan 2021". A link to this document has been included in the background papers section of this report.

This document builds upon the Covid-19 Response: Summer 2021 document which sets out the essential actions that everybody should take to protect themselves and others as we transition towards learning to live with Covid-19 with a focus on personal responsibility and taking actions to protect themselves and their families and friends.

The Government continues to emphasise the importance of safe behaviours and actions that members of the public should use to reduce the risk of spreading the virus:-

- Get vaccinated
- Let fresh air in when you meet indoors
- Wear a face covering when in crowded and enclosed settings
- Get tested and self-isolate if required
- Try to stay at home if you feel unwell
- Wash your hands regularly
- Download and use the NHS app

The autumn and winter plan sets out the Government's intentions to enable us to protect the NHS while enabling communities to go about their lives with as fewer restrictions as is safe to do so within the context of the virus remaining active and prevalent in our communities. The main line of defence is now the vaccination programme rather than total lockdown which was not the position in the earlier stages of the virus. Data has shown that the link between infection rates, hospitalisations and deaths has weakened significantly since the start of the pandemic.

The report will now set out the current data position for the county. This is prior to providing further information on the local recovery position.

2. Latest Data

The latest data (reported as of the 20th September 2021) is presented in the tables below. To aid OSMB in monitoring the direction of travel a summary of this data in comparison to that presented to OSMB in August is provided as follows and be should viewed in consideration of the information provided above:

- Rate of Positive Cases per 100,000 Population was 326.7 per 100,000 (23rd August 2021) in comparison to the 20th September 2021, which was reported at 257.1 per 100,000.
- On the 23rd August 2021, Lincolnshire Covid-19 cases reported in the last 7 day period was 2487, in comparison to the figure reported on the 20th September 2021 which was 1957.
- Deaths reported in the last 7 day period up to the 23rd August 2021 for Lincolnshire as defined below was reported as seven, however in the last 7 day period up to 19th September 2021 it was reported as six.
- Number of Covid-19 vaccines administered up to the 19th August 2021 for Lincolnshire was 1,056,410, as of the 12th September 2021 this was reported as 1,108,065.

In addition to data covering Lincolnshire, it was agreed that the report would provide data on cases in surrounding areas of the country. This is to provide a comparison.

Upper Tier Local Authority	Rate of positive cases per 100,000 (updated)
Derbyshire	294.2
Leicestershire	451.1
Lincolnshire	258.2
Norfolk	223
North East Lincolnshire	308.1
North Lincolnshire	342.1
Nottinghamshire	320
Peterborough	300.6

Covid-19 related pressures within United Lincolnshire Hospitals NHS Trust (ULHT) are slightly higher than the report in August; however patients are less likely to require critical care. As of 20th September 2021 there are 57 inpatients in ULHT hospitals with a PCR confirmed case of Covid-19. This compares to 47 as of 23rd August 2021.

In the last 7 days, 100% of cases in Lincolnshire that were genome sequenced were the Delta variant and there are no issues to report relating to known variants of concern.

Further breakdown of the latest data is below:

LATEST DATA

Tests (updated: Monday 20th September 2021)

	Total Tests Carried Out	Total Positive Tests	% Positive Tests	Positive Cases	Rate of Positive Cases per 100,000 Population
Lincolnshire	92,365	2,593	2.8%	1,957	257.1
Boston	6,459	148	2.3%	128	182.4
East Lindsey	16,841	523	3.1%	403	284.3
Lincoln	11,151	362	3.2%	262	263.8
North Kesteven	16,270	488	3.0%	362	309.6
South Holland	11,641	404	3.5%	303	318.9
South Kesteven	18,348	391	2.1%	291	204.3
West Lindsey	11,655	277	2.4%	208	217.4

The data in the table above is a rolling 7-day summary of Pillar 1 and Pillar 2 Tests. Data has been extracted from Public Health England (PHE) daily line lists, which provide data on laboratory confirmed cases and tests captured through their Second Generation Surveillance System (SGSS). The rates shown are crude rates per 100,000 resident population.

Cases (updated: Monday 20th September 2021)

	Cases in the Last 7 Days	Cases to Date
Lincolnshire	1,957	70,760
Boston	128	7,594
East Lindsey	403	12,253
Lincoln	262	12,050
North Kesteven	362	10,001
South Holland	303	8,300
South Kesteven	291	12,479
West Lindsey	208	8,083

Data on cases are sourced from Second Generation Surveillance System (SGSS). This is PHE's surveillance system for laboratory confirmed cases. Lab confirmed positive cases of Covid-19 confirmed in the last 24 hours are reported daily by NHS and PHE diagnostic laboratories. This is the most accurate and up to date version of data and as such it will not align with the data that is published nationally ([link to tracker](#)) due to delays in reporting.

Deaths (updated: 19th September 2021 at 16.00)

Area	Total deaths	Total deaths in the last 7 days
Lincolnshire	1,695	6
Boston	183	0
East Lindsey	403	1
Lincoln	193	0
North Kesteven	229	1
South Holland	206	4
South Kesteven	285	0
West Lindsey	196	0

Total number of deaths since the start of the pandemic of people who have had a positive test result for Covid-19 and died within 28 days of the first positive test. The actual cause of death may not be Covid-19 in all cases. People who died from Covid-19 but had not tested positive are not included and people who died from Covid-19 more than 28 days after their first positive test are not included. Data on Covid-19 associated deaths in England are produced by Public Health England from multiple sources linked to confirmed case data. Deaths newly reported each day cover the 24 hours up to 5pm on the previous day. As of 31st August 2020, the methodology for counting Covid-19 deaths was amended and, as such, the total number of Covid-19 related deaths was reduced. Data is available to Local Authorities and the general public here <https://coronavirus.data.gov.uk/details/deaths>.

Hospital data

Number of beds occupied by confirmed COVID-19 cases as of 8am*	Number of COVID-19 intensive-care beds occupied*	Number of beds on oxygen**	Inpatients diagnosed with COVID-19 in past 24 hours**	New admissions with COVID-19 in past 24 hours**
57	11	19	2	2

* ULHT Corporate Ops as of 07:00 on 20/09/2021

** NHS England Covid-19 Situational Operational Dashboard as of 13:57 on 17/09/2021

Vaccinations in Lincolnshire – Period Covered 8 December 2020 – 12 September 2021 (Published: 16 September 2021)

Total number of vaccines given in Lincolnshire up to 12 September was 1,108,065

Age Group	First Dose	Second Dose	% who have had at least one dose	% who have had both doses
Under 18	12,631	2,360		
18 - 24	47,103	36,497	79.0%	61.2%
25 - 29	33,572	27,691	79.7%	65.7%
30 - 34	36,127	31,769	84.5%	74.3%
35 – 39	36,332	33,405	85.8%	78.9%
40 – 44	36,757	34,858	93.1%	88.3%
45 – 49	42,695	41,143	87.0%	83.8%
50 – 54	51,638	50,247	94.4%	91.8%
55 – 59	54,905	53,752	99.0%	96.9%
60 – 64	49,618	48,527	100%*	98.2%
65 – 69	45,092	44,572	93.6%	92.5%
70 – 74	48,469	48,069	96.6%	95.8%
75 – 79	36,157	35,861	100%*	100%*
Over 80	44,344	43,874	95.4%	94.3%

The number of people who have been vaccinated for Covid-19 split by age group published by [NHSEI](#). All figures are presented by date of vaccination as recorded on the National Immunisation Management Service (NIMS) database. *100% signifies that the number who have received their first dose exceeds the latest official estimates of the population from the ONS for this group.

3. Update on the current LRF Covid-19 activity

There remains an on-going level of activity underway; the areas to highlight in this report are below. This provides an overview of the work.

The latest updates in guidance and legislation

On the 17th July the Government published the Covid-19 contain framework. A link to this document has been included in the background papers section of this report. In addition this is now complemented by the autumn and winter plan released on the 14th September, a link is also provided in the back ground papers.

Over autumn and winter, the Government will aim to sustain the progress made and prepare the country for future challenges, while ensuring the National Health Service (NHS) does not come under unsustainable pressure.

The Government plans to achieve this by:

- a. Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
- b. Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
- c. Supporting the NHS and social care: managing pressures and recovering services.
- d. Advising people on how to protect themselves and others: clear guidance and communications.
- e. Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

This is the Government's Plan A – a comprehensive approach designed to steer the country through autumn and winter 2021-22. However, the last 18 months have shown the pandemic can change course rapidly and unexpectedly, and it remains hard to predict with certainty what will happen. There are a number of variables including: levels of vaccination; the extent to which immunity wanes over time; how quickly, and how widely social contact returns to pre-pandemic levels as schools return and offices reopen; and whether a new variant emerges which fundamentally changes the Government's assessment of the risks.

This winter could be particularly difficult for the NHS due to the impacts of Covid-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). It is a realistic possibility that the impact of flu (and other seasonal viruses) may be greater this winter than in a normal winter due to very low levels of flu over winter 2020-21.

In preparation, the Government has taken the responsible step of undertaking contingency planning in case Plan A is not sufficient to keep the virus at manageable levels. So that the public and businesses know what to expect, this document outlines a Plan B in England which would only be enacted if the data suggests further measures are necessary to protect the NHS.

The Government would provide prior notice as far as possible to the public and Parliament ahead of implementing any necessary changes in a Plan B scenario.

The Government's Plan B prioritises measures which can help control transmission of the virus while seeking to minimise economic and social impacts. This includes:

- a. Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously.

- b. Introducing mandatory vaccine-only Covid-status certification in certain settings.
- c. Legally mandating face coverings in certain settings.

The Government would also consider asking people once again to work from home if they can, for a limited period. The Government recognises this causes more disruption and has greater immediate costs to the economy and some businesses than the other Plan B interventions, so a final decision would be made based on the data at the time.

In addition it has been confirmed that from the 4th October at 04.00 GMT updates to the international travel regulations will come in to effect. The current traffic light system is to be replaced by a two tier system. This confirms countries it is safe to travel to and from and countries which remain on the red list where mandatory quarantine in a hotel is required for ten days. There is a need for proof of full vaccination to travel with reduced or no testing requirements and these arrangements will be further relaxed at the end of October.

There has also been an update to the requirements for Clinically Extremely Vulnerable people to shield. This has been removed from policy and guidance has been issued via a letter directly to these individuals by the Government.

At step 4 of the roadmap, the vast majority of Covid-19 regulations were removed.

The Government has reviewed the remaining regulations and decided, subject to agreement from Parliament, that it is necessary to extend the following regulations until 24 March 2022, at which point they will be reviewed:

- a. The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020, which impose legal requirements to self-isolate on positive cases and unvaccinated close contacts. Self-isolation will remain crucial in breaking chains of transmission throughout autumn and winter.
- b. The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020, which enable local authorities to respond to serious and imminent public health threats.
- c. The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021, which impose testing and quarantine requirements on arrivals in England, will remain.

The Government formally reviews the Coronavirus Act 2020 every six months to ensure that Parliament has an opportunity to expire any temporary non-devolved provisions that are no longer necessary to manage Covid-19. As part of the third six-month review of the Act due in September 2021, the Government is committed to removing those legal provisions that are no longer necessary or proportionate. The Government intends to recommend to Parliament that the following temporary non-devolved provisions are expired:

- a. Section 23 (UK wide) enables changes to the timings of urgent warrants under the Investigatory Powers Act 2016.
- b. Section 37 (Schedule 16) (for England) gives Ministers the power to direct the temporary closure of educational institutions and providers.
- c. Section 51 (Schedule 21) (for England) allows restrictions to be imposed upon potentially infectious persons including detention, and screening for Covid-19.
- d. Section 52 (Schedule 22) (for England) enables Ministers to restrict or prohibit gatherings or events and to close and restrict access to premises during a public health response period.
- e. Section 56 (Schedule 26) (England and Wales) provides that appeals imposed under powers set out in Schedule 21 of the Coronavirus Act can be heard by telephone or video in civil proceedings in the Magistrates Court.
- f. Section 77 (UK wide) increases the rate of the basic element of Working Tax Credit.
- g. Section 78 (for England) is a power for local authorities to change how they meet in meetings held before 7 May 2021.

The Government also intends to expire parts of Section 38/Schedule 17 of the Act. Schedule 17 allows the Secretary of State to disapply or modify existing requirements in education and childcare legislation. Expiring parts of Schedule 17 includes removing the ability to modify the duty on local authorities to secure the special educational needs provision in a child or young person's Education, Health and Care Plan.

The Government will consult with the Devolved Administrations in the normal way ahead of publishing the ninth edition of the Coronavirus Act report and subsequent parliamentary debate.

The Coronavirus Act is a critical part of the Government's response to the pandemic, as it continues to support the NHS in retaining emergency staff, enables Statutory Sick Pay to support self-isolation, as well as enabling remote participation in court proceedings among other necessary provisions.

The remaining temporary powers in the Coronavirus Act are due to expire at midnight on 24 March 2022. In the spring, the Government will review this legislation and the other remaining regulations and measures and decide whether any need to remain in place.

The Public Health (Control of Disease) Act 1984 gives emergency powers to be used in pandemics if they present significant harm to human health. This was used as the legal basis for national restrictions in England. No changes to the Public Health Act are planned.

The Covid-19 vaccination programme

There has now been confirmation nationally from 3rd September that persons 12-15 years of age and over are now to be offered a first dose of the vaccine; a plan is in place locally to utilise the immunisation programme delivered through schools. Other pathways will be available as required to ensure take up in this cohort is maximised. Parental consent is required for this cohort.

Media and communications

The media messages continue to reflect the national and local position including the key message of considering the risks of Covid-19 and remaining cautious. There is a continued focus nationally on paid campaigns to target vaccine hesitancy.

Covid-19 – Testing

The wider community testing programme is well established and continues to be encouraged locally and nationally. Home testing arrangements continue to be in place for the asymptomatic and the PCR testing provision remains in place for people with symptoms.

4. LRF Recovery and Exit planning

The Lincolnshire Resilience Forum (LRF) is now in the 'oversight and assurance' phase of our recovery. The Lincolnshire journey towards recovery has continued as planned and the overall position in the county remains cautiously positive. Meetings of the Recovery Strategic Co-ordination Group (RSCG) have taken place and will continue on a monthly basis from 2nd September. This will be underpinned by the Recovery Leads Group meeting on a fortnightly basis. The current data is being monitored carefully as part of this process, however RSCG received assurance from the NHS and Public Health that plans are in place to monitor and manage the recovery process within their own organisations. On this basis we are on track to maintain our current plan which is to step down LRF command structures for Covid-19 by the end of the calendar year. However this timetable will be monitored and reviewed in line with any changes to either the local or the national position.

The LRF will continue to work across the partnership to support the delivery of the strategic priorities, and will prepare and plan to support an exit from the recovery phase when the assurances are in place. The LRF coordinates the activity and is satisfied our current reporting procedures and structures are fit for purpose. These will be reviewed periodically to ensure these remain in line with national policy and guidance.

5. Conclusion

Protecting the public's health and mitigating harm to our residents, families, and vulnerable people will continue to be our priority as we plan for our longer term recovery.

6. Consultation

a) Risks and Impact Analysis

A full risk register is maintained as part of the RSCG assurance process.

An Impact Analysis is in place and is a live document which will be reviewed throughout the period of the recovery. This has been developed from the detailed impact assessment and action plan that has been agreed by the LRF.

7. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
Data on the levels of Vaccination in the UK	https://coronavirus.data.gov.uk/details/vaccinations
Covid-19 Response: Autumn and Winter Plan 2021	https://www.gov.uk/Government/publications/covid-19-response-autumn-and-winter-plan-2021
Covid-19 response Summer 2021 (Step 4)	https://www.gov.uk/Government/publications/covid-19-response-summer-2021-roadmap/covid-19-response-summer-2021
Covid-19 contain framework: a guide for local decision-makers	https://www.gov.uk/Government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

This report was written by Michelle Andrews, who can be contacted on 07917 463431 or via email at michelle.andrews@lincolnshire.gov.uk.