

# Public Document Pack



<b>MEETING:</b>	Overview and Scrutiny Committee - People Achieving Their Potential Workstream
<b>DATE:</b>	Tuesday, 3 November 2020
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	THIS MEETING WILL BE HELD VIRTUALLY

## AGENDA

### People Achieving their Potential Workstream

Councillors Carr, T. Cave, Ennis OBE, Frost, Daniel Griffin, Hayward, W Johnson, Makinson, Mitchell, Newing, Tattersall, and Williams.

Administrative and Governance Issues for the Committee

#### 1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

#### 2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

#### 3 Minutes of the Previous Meeting *(To Follow)*

To note the minutes of the previous meeting of the Committee held on 13<sup>th</sup> October, 2020.

**Note:** The minutes of the 'Call in' Meeting of the Committee held on the 26<sup>th</sup> October, 2020 will be published on the website in draft once prepared and will be submitted for noting to the meeting to be held on the 1<sup>st</sup> December, 2020.

Overview and Scrutiny Issues for the Committee

#### 4 Public Health and Covid 19 *(Pages 3 - 16)*

To consider a joint report of the Director of Public Health and Executive Director Core Services regarding the Public Health approach to COVID-19 in Barnsley.

Enquiries to Anna Marshall, Scrutiny Officer

Email [scrutiny@barnsley.gov.uk](mailto:scrutiny@barnsley.gov.uk)

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis OBE (Chair), Bowler, Carr, T. Cave, Clarke, Felton, Fielding, Frost, Gillis, Gollick, Green, Daniel Griffin, Hand-Davis, Hayward, Higginbottom, Hunt, W. Johnson, Leech, Lofts, Makinson, McCarthy, Mitchell, Newing, Noble, Phillips, Pickering, Richardson, Smith, Stowe, Sumner, Tattersall, Williams, Wilson and Wraith MBE together with co-opted Members and Statutory Co-opted Member Ms. G Carter (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Shokat Lal, Executive Director Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement and Communications

Martin McCarthy, Service Director, Governance, Members and Business Support  
Press

Witnesses

Item 4 (2:00pm)

- Julia Burrows, Executive Director - Public Health, BMBC
- Carrie Abbott, Service Director, Public Health & Regulation, BMBC
- Alicia Marcroft, Head of Public Health (Children and Young People), and Head of Service Public Health Nursing, BMBC
- Helen Watson, Public Health Registrar, BMBC
- Dr Kirsten Vizor, Public Health Registrar, BMBC
- Dr Andrew Snell, Public Health Consultant, Barnsley Hospital NHS Foundation Trust

# Item 4

Report of the Director of Public Health,  
and the Executive Director, Core Services,  
to the Overview and Scrutiny Committee (OSC)  
on 3 November 2020

## Public Health and COVID-19

### **1.0 Introduction**

- 1.1 The aim of this report is to inform the Overview and Scrutiny Committee (OSC) about the Public Health approach to COVID-19 in Barnsley. This report provides an overview of the role of the Public Health Team and current knowledge about COVID-19, describes measures to prevent and manage COVID-19 in Barnsley, and work to identify and mitigate the impact of COVID-19. Finally, the report includes a summary of ongoing challenges and future plans.
- 1.2 The information in this report is correct at the time of writing, however, it is important to acknowledge that the COVID-19 pandemic is a situation that changes quickly. New research and other evidence about COVID-19 is being published every week, allowing us to understand more about the disease and its impact and to respond appropriately.

### **2.0 Background - Public Health**

- 2.1 Public health refers to all organised measures to prevent disease, promote health, and prolong life among the population as a whole. Public health supports individuals, organisations, and society to tackle preventable disease, disability and death.
- 2.2 The Council's Public Health function is based on a distributed model which aligns public health capacity across all the Council's directorates alongside a core function which covers health improvement; health protection; health care public health; public health nursing; and regulatory services.
- 2.3 The Public Health team works productively with key partners such as the Barnsley Clinical Commissioning Group (CCG); NHS England; Public Health England (PHE); police; schools; and the voluntary sector to address population-level challenges that no single agency can address on its own.
- 2.4 All work carried out by the council's Public Health team incorporates the following core public health principles: a population focus; prevention; data and evidence-based decisions; working in partnerships; and commitment to addressing health inequalities.

### **3.0 Background - COVID-19**

- 3.1 COVID-19 is the disease caused by the SARS-CoV-2 coronavirus. Coronaviruses are a family of viruses that cause diseases in animals or humans. SARS-CoV-2 is the scientific name for the coronavirus which was first discovered in Wuhan, China in December 2019.
- 3.2 As COVID-19 is affecting large numbers of people across the world it has been classified as a pandemic by the World Health Organisation (WHO). As of 19 October 2020, there have been 741,212 cases in the UK and as of 2 October 2020 there have been 57,690 cases where COVID-19 has been written on the death certificate. Worldwide confirmed cases have reached 39,944,882 across 235 countries, and 1,111,998 people are reported to have died.
- 3.3 After the initial confirmed cases in Yorkshire in December 2019, the UK saw case numbers rise to a peak in April 2020. Following that, case numbers initially decreased following national lockdown measures, although local fluctuations were observed, mostly due to small local outbreaks. In recent weeks COVID-19 has been increasing again across the UK, with an increase in daily cases both locally and nationally with corresponding changes to government guidelines and law.
- 3.4 COVID-19 is spread from person to person primarily through droplets or contact. Infected droplets are released into the air when an infected person coughs or sneezes which may then be inhaled by

people who are nearby and lead to infection. Alternatively, someone may touch an infected person or a surface or an object that has been contaminated with infected droplets and then touch their own mouth, nose, or eyes, for example touching a door handle or shaking hands and then touching their own face.

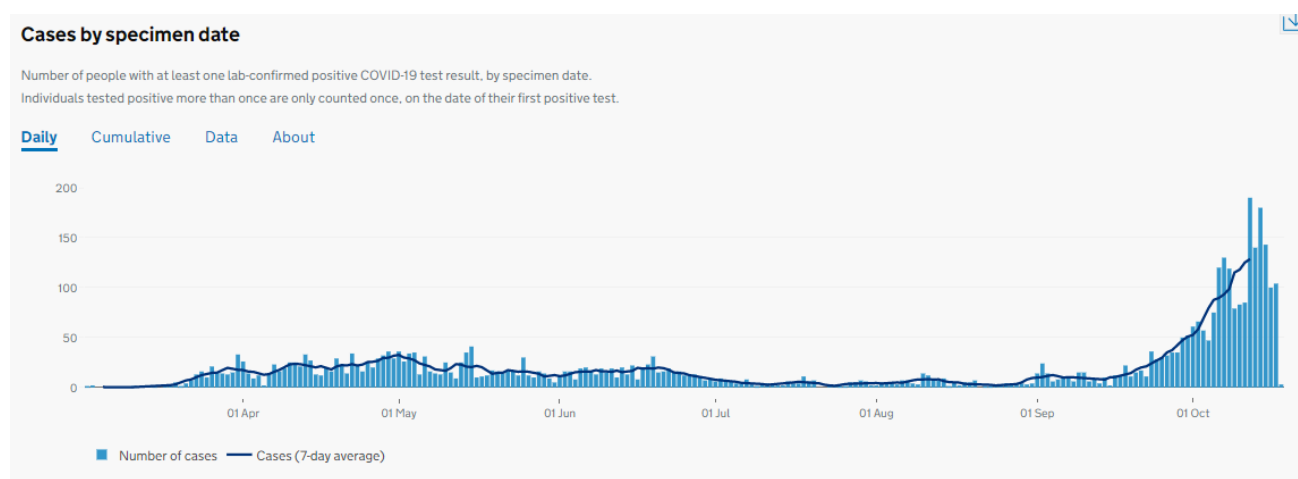
- 3.5 It can take up to 14 days to develop symptoms after being exposed to the virus. The infectious period, the time when someone can pass the virus on to other people, is estimated to be from 2 days before a person has symptoms and until 10 days after the symptoms started. However, there is now good evidence that infected people who don't have any symptoms can spread the virus too.
- 3.6 The main COVID-19 symptoms include cough, fever, and loss of taste or smell. Some people may also experience shortness of breath or difficulty breathing, muscle or body aches, sore throat, diarrhoea, headache, new fatigue, nausea or vomiting. COVID-19 symptoms range from mild to severe. There is growing evidence of a phenomenon of long-term consequences of infection with SARS-CoV-2, called 'long-COVID'. For many, the burden of infection with SARS-CoV-2 does not end with discharge from hospital, with the disappearance of the virus, or with the fading of acute symptoms. Profound fatigue is a commonly reported symptom of long COVID, but a wide range of other features include a cough; breathlessness; muscle and body aches; skin rashes; palpitations; fever; headache; diarrhoea; and pins and needles.
- 3.7 COVID-19 infection is currently confirmed using a laboratory test which identifies genetic material belonging to the virus, termed the 'antigen test'. The test involves taking a swab of the nose and the back of the throat and can be self-administered. Individuals are notified by text, phone, or email of their results, generally between 24 and 72 hours after taking the test.
- 3.8 There is currently no effective treatment for COVID-19, and those who are hospitalised are treated with supportive measures to relieve symptoms. For severe cases, there may be additional options for treatment, including researched drugs. There are approximately 132 different treatments being researched, which are trying either to prevent the virus from multiplying or to help the immune system to fight the virus or stop it from overreacting dangerously. Of all the drugs being trialled, so far only steroids have been proven to save lives and this discovery has been a significant breakthrough in the fight against COVID. One of these steroids, dexamethasone has been shown to reduce risk of death by 35% for patients on ventilators and by 20% for those receiving oxygen.
- 3.9 There is currently no effective COVID-19 vaccine. As of 21 September 2020, there are over 240 vaccines being developed and over 40 in clinical trials are in progress, nine of which are in the middle or later stages of large-scale trials. It is unlikely that a vaccine will be available before the end of 2020.
- 3.10 It is currently estimated that less than 8% of the whole UK population has had COVID-19, and as we do not have evidence about long term immunity, almost all of us are still vulnerable to being infected and passing the virus on to others.
- 3.11 In the absence of an effective vaccine or treatment, public health disease prevention measures have been widely promoted to reduce the spread of the virus, which include:
- Frequent hand-washing with soap and water
  - Maintaining social distance of two meters from others not in the same household
  - Using face coverings in enclosed spaces, especially where social distancing may be difficult
  - Self-isolation when experiencing symptoms or following a positive test result, when notified of being in contact with an infected person or after returning from an area with high levels of the disease
  - Good respiratory hygiene, including coughing into a tissue and placing this immediately into the bin
  - Decontamination and cleaning

#### **4.0 COVID-19 in Barnsley**

- 4.1 As of 11 October 2020, 3,340 people in Barnsley have had at least one lab-confirmed positive COVID-19 test result since the start of the pandemic. As a result of increasing infection rates, Barnsley, along with other areas in South Yorkshire, has been moved into the 'Tier 3' category, with increased restrictions on household mixing. People must not meet socially with friends and family indoors unless they are part of the same household or 'support bubble' - this includes private homes and hospitality venues such as

pubs. All pubs and bars are to close unless they are serving substantial meals, such as a main lunchtime or evening meal, and people must not meet with others outside of their household or support bubble in a private garden or in most outdoor public venues. These and other restrictions have been communicated to residents from both local and national channels. To support local regions to manage this change in circumstance, £41 million pounds has been granted from central government to be distributed across South Yorkshire. Of this, £30 million pounds will go to business support, and £11m has been designated for public health measures such as contact tracing.

- 4.2 There have been some local outbreaks in Barnsley in workplaces, care homes, school settings, and community settings, and these have been managed as outlined in the later sections of this report. However, the majority of current transmission is within communities, and across all age groups, though the largest proportion of spread is between working age adults. In late August/early September 2020, there was an increase in the number of cases within the younger age groups in Barnsley, between 15-34 years of age, in contrast to earlier in the pandemic when the more elderly members of the population were experiencing the highest case numbers. However, there remained a real risk of this rise in cases among younger people generating wider spread into more vulnerable groups of people including the elderly or those with underlying disease, and we have seen a large increase in case numbers across all age brackets in October 2020.
- 4.3 The table below shows the number of people in Barnsley with at least one lab-confirmed positive COVID-19 test result, by specimen date, up to 19 October 2020. Individuals tested positive more than once are only counted once, on the date of their first positive test. Note that the volume of testing currently available is much greater than it was at the beginning of the year.



## 5.0 Our Approach to Preventing and Managing the Spread of COVID-19 in Barnsley

### Ten-Point Plan

- 5.1 In July 2019, we published a 10-point plan to outline our approach to manage and reduce the spread of COVID-19 in Barnsley:
1. Use our communications channels to tell people about what's happening in Barnsley.
  2. Provide information so people understand their role in protecting themselves, their families and their communities by adhering to social distancing measures, washing their hands, wearing a face covering and getting a test and self-isolating if they have symptoms.
  3. Support businesses to follow government guidelines and help them to manage any outbreaks in their workforce.
  4. Embrace opportunities to deliver effective testing within the borough. This will help us to detect the virus and support people to quickly self-isolate and prevent any further spread within the community.
  5. Pay very close attention to what the data is telling us about the spread of Coronavirus (COVID-19); continuously reviewing our action plan so we can identify high-risk areas and can respond to any changes, trends or potential outbreaks.

6. Work closely with Public Health England and our partners in Barnsley, South Yorkshire, and Yorkshire and Humber regions to share information and best practice so our response is the best it can be.
7. Continue to protect our care homes, schools and early years settings and make sure we have the right level of infection prevention control to keep people safe.
8. Give advice and support for Coronavirus (COVID-19) related issues, and broader support such as financial advice, mental health support, health and care needs etc.
9. Engage with our local communities to find out how we can better support them to develop and provide accessible information to make sure that people have the best chance of accessing the right information they need to protect themselves, their families and their communities.
10. Report our actions and progress to Barnsley's Outbreak Control Engagement Board and existing health protection boards. We'll also continue to be an active member of the South Yorkshire Local Resilience Forum, supporting our regional response.

### Prevention Measures

- 5.2 Prevention is key to limiting the spread of COVID-19, and this includes regular hand washing, maintaining physical distance from others, and covering one's mouth and nose in public areas. Barnsley public health teams have been supporting national measures to assist with these efforts in providing clear health protection messages on a regular basis. There have been frequent communications updates to the public through various channels such as social media, the Council website, the Barnsley schools bulletin, community toolkits, marketing/advertising material and signage, and updates from our Director of Public Health to reinforce the importance of these messages. In July 2020 the council provided 25,000 free reusable face coverings to the public, and the Targeted Youth Service undertook outreach work in the community, in places where young people meet across the borough, to engage with them and have discussions around public health messages and staying safe, distributing face masks and hand sanitiser.
- 5.3 The Public Health team have been providing supportive visits to all licensed premises across Barnsley to support their efforts to meet the safety requirements, keeping staff and patrons well and keeping businesses open. The Public Health Nursing service have provided all schools and early years settings with a link practitioner, and they have been supporting schools and settings to provide a safe return for children - particularly those with identified health needs and supporting with public health guidance and messages around outbreak plans.
- 5.4 The Regulatory Services department have worked to provide advice and guidance to businesses via information on the Enterprising Barnsley web pages, including signposting to the latest government guidance and developing a checklist for businesses to ensure that they are COVID secure. Further work includes:
  - Responding to enquiries and queries from businesses on their responsibilities and requirements and providing general and bespoke advice
  - Providing advice visits where required to help businesses work in a COVID secure way
  - Signposting businesses to the latest government guidance
  - Identifying potential higher risk premises to target advice and intervention, by use of an electronic risk assessment questionnaire which has been sent to over 4,100 business premises in Barnsley – to date over 900 have been returned

### Enforcement Measures

- 5.5 If there are instances where groups, individuals, or businesses are not adhering to current guidelines or best practice, measures need to be taken to support those groups or organisations to alter their practice. The Heads of Regulatory Services and Safer Neighbourhoods meet on a weekly basis with the Chief Inspector of South Yorkshire Police to discuss working together. Colleagues from Safer Neighbourhoods are carrying out joint patrols with South Yorkshire Police. Regulatory Services and Licensing are carrying out targeted visits to problem premises with the Police to identify and address COVID related issues. Complaints from members of the public are dealt with by contacting businesses and offering help and advice in the first instance. The council also addresses non-compliant businesses to ensure a level playing field for businesses to operate safely, and to protect the public. Enforcement action is taken where necessary to address problem premises, and between 1 April 2020 and 1 October 2020, officers

have dealt with 964 complaints and requests for advice regarding COVID related matters in workplaces, relating to somewhere in the region of 610 businesses.

### Testing for Coronavirus

- 5.6 Testing for COVID-19 is important in order to control the spread of the disease, prevent any outbreaks, and to identify and support people affected directly and indirectly by the virus. The national NHS Test and Trace service has been designed to ensure that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus. In Barnsley community testing is provided at different sites including:
- Regional Testing Sites - via South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) with a Regional Test Centre at Doncaster Sheffield Airport and Meadowhall
  - Local Testing Unit – this is based at Lower County Way
  - Mobile testing units (MTU) - operate out of the regional testing site and travel to offer tests where they are needed. MTUs are moved according to greatest need within the borough, responding to available data and have previously been located in Wombwell, Mapplewell, Penistone, Royston, Grimethorpe and Monk Bretton
  - Home testing kits - delivered to individuals so they can test themselves and their family members and are returned by post or courier
  - Schools are also equipped with a small number of tests for exceptional circumstances, and care homes have been provided with swabs for routine testing of staff and residents
- 5.7 As the demand for tests has expanded, there has been increased pressure on the testing system. The Public Health team at the council have responded by working with settings who are under the most pressure to acquire tests, including care homes and schools, to obtain the required number of swabs and working directly with local laboratories to process the test results where necessary. Advice to the public about how and when to obtain tests for the general public is regularly provided by the communications team.

### Contact Tracing

- 5.8 Within the national Test & Trace programme, once a positive case is detected, an automated system supported by call handlers and clinical supervision acts to trace recent close contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus. NHS Test & Trace data was made available to Barnsley Council Public Health team at the end of July 2020, in a move for local authorities to supplement the national system. This allows council colleagues to now proactively monitor and act on data from the NHS Test and Trace system to reach cases that have tested positive for COVID-19 if the national scheme has not been able to get a response from them.
- 5.9 Local follow-up of residents with a positive COVID-19 test who the national Test and Trace service have not been able to contact after 24 hours is underway and is initially attempted via email, text and telephone. The advantage of a local follow up service is that Barnsley public health services can respond quickly using their accumulated local knowledge about communities within the borough, thus helping to prevent the occurrence of outbreaks. It also enables us to ensure that every Barnsley resident with a positive COVID-19 test result is fully informed and supported to complete self-isolation and share information about their recent contacts which is crucial to avoid further onward transmission of the virus. Where national systems are limited by their distance from the local community, we can reach those who may not have reliable access to a mobile phone or the internet, those who may be distrustful of the national system and those who face barriers and need further support.

### Data, Intelligence & Reporting

- 5.10 The Public Health team uses data about the spread of COVID-19 to identify high-risk areas and respond to any changes, trends or potential outbreaks, in order to protect residents, particularly those who are most vulnerable. Use and the interpretation of data and the evidence base helps to ensure that interventions are designed, delivered and tailored to be as effective as possible. This involves collating local health, care and wider data and information from across partners. Data captured includes COVID-

19 cases and deaths, and wider health and care activity across all providers, along with information on the community, social and economic situation in Barnsley. National and local level information is interpreted via a variety of systems which monitor for trends, look for potential clusters and outbreaks, and identify areas of concern and intervene in order to minimise spread of the virus.

- 5.11 We are continuously broadening the scope of health surveillance and intelligence to strike the right balance between ongoing vigilance of COVID-19, identifying suppressed and hidden harm from social distancing, and informing recovery so we can help to address non-COVID-19 health needs and the longer-term impact of the economic decline. Since the COVID-19 outbreak began, Barnsley's system wide Population Health Management Unit took on the role of forming the COVID-19 Intelligence Cell. The cell provided daily surveillance updates during the initial phase of the outbreak and now reports twice weekly. These updates are circulated to partners across the health and care system and have provided an ongoing narrative of the Barnsley COVID-19 journey through a surveillance lens. The Cell also advocates for sustainable and open data and information sharing. The production of a twice weekly Barnsley Health Surveillance Bulletin with top lines and key charts serves as an update to the Outbreak Control Engagement Board, local system partners and Council staff.
- 5.12 The public can access information about COVID-19 from a variety of sources, some of which give information specifically about the Barnsley population. Our intelligence team have produced information, available on the Barnsley council website, on both COVID-19 cases and deaths in Barnsley, with summary points, graphs and tables to illustrate weekly trends from the beginning of June 2020. The council website page will also reiterate the messages about social distancing, hand washing, face coverings, and testing, along with providing links to national websites containing information on COVID data and to other COVID-related data pages on the council website. The link to this website is: <https://www.barnsley.gov.uk/covid19data>.
- 5.13 Information governance and the protection of people's information is a priority, and strict measures are taken to ensure that confidential patient information is used appropriately and lawfully for purposes related to the COVID-19 response.

#### Outbreak Management

- 5.14 Since the beginning of the pandemic, the Public Health team has worked alongside multiple organisations and partnerships across the borough to prevent and manage COVID-19 outbreaks in all settings as part of the overall COVID-19 response.
- 5.15 The Barnsley Local Outbreak Control Plan was published in June 2020 and has recently been refreshed, building on existing health protection plans and putting in place measures to contain any outbreak and protect the public's health. The plan provides the framework for how the Public Health team in Barnsley works collaboratively with key organisations - Barnsley Metropolitan Borough Council (BMBC); Barnsley CCG; Barnsley District General Hospital; South West Yorkshire Partnership NHS Foundation Trust (SWYPFT); Barnsley GP Federation; Public Health England North East and Yorkshire (PHE NEY) - and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. The Outbreak Control Plan outlines the vision for how the Council approaches outbreaks; managing the various aspects of testing, tracing, providing support, managing data, supporting the most vulnerable in the community, and working with other health partners.
- 5.16 The role of the Barnsley Outbreak Engagement Board is to help prevent the transmission of COVID-19 within the borough and to effectively manage outbreaks if and when they happen. The board is chaired by the Leader of the Council and its purpose is to:
- Provide oversight, assurance and scrutiny of plans to prevent and manage outbreaks of COVID-19 in Barnsley and actions taken to prevent and manage outbreaks and their outcomes
  - Lead communication with residents, businesses and stakeholders in the borough generally in relation to outbreak prevention and management
  - Engage with communities and groups where outbreaks may be more likely or where they have occurred
  - Ensure implementation of the Barnsley Outbreak Control Plan



- 5.17 An Outbreak Management Group was formed at the beginning of the COVID-19 pandemic, consisting of members of the Public Health team, colleagues from other directorates within the council, and associated partners in health care and the community. This group meets weekly and agenda items include an intelligence briefing; communications updates; updates on contact tracing and testing; and an update from each settings lead (care homes/adult social care, workplace settings, healthcare, vulnerable groups, and early years/schools) with regards to the current situation including any outbreaks and future planning.
- 5.18 When an outbreak occurs within the borough, a team is formed to manage the outbreak, with members including a consultant from the Public Health England Health Protection Team, the Public Health Team, the Communications Team and relevant wider partners. The aim of this outbreak management team is to reduce onward transmission of the virus, protect the most vulnerable and prevent an increased demand on healthcare resources. A risk assessment is undertaken regarding the potential severity of the case, considering, for example, how many people are potentially involved or exposed, and what control measures are currently in place and the current evidence is reviewed. Follow up plans are made regarding contact tracing, isolation advice, communication to the general public, and any changes that need to be made in that setting to prevent further transmission of the virus. Regulatory services investigate outbreaks related to workplaces and offer help and advice to businesses to prevent recurrence of any work-related infections. Lessons taken from previous outbreaks are applied to future incidents and all efforts are made in order to reduce the impact of any outbreak, and to prevent further spread of COVID-19.

### Strong Partnerships

- 5.19 There is regular liaison with peers across South Yorkshire to provide mutual support and share best practice and commitment to effective partnership working with all key stakeholders. Current partnerships involved in the COVID-19 response in Barnsley include:
- Regular meetings with Public Health England (PHE) staff with a focus on prevention, outbreak management and data and epidemiology
  - Regular meetings with the South Yorkshire Local Resilience Forum and Data Cell Group
    - The South Yorkshire Local Resilience Forum brings together all agencies with a significant role to play in responding to and recovering from the effect of emergencies in South Yorkshire. The main agencies involved are: South Yorkshire Police, South Yorkshire Fire & Rescue, Yorkshire Ambulance Service, the four Local Authorities in South Yorkshire, the NHS, Public Health England, and the Environment Agency
    - The Data Cell Group is a subgroup of the Local Resilience Forum, gathering and analysing data to assist with emergency responses
  - Regular sharing of public health activity via BMBC Gold and Health and Social Care Gold groups
  - Regular calls with the Chief Medical Officer
  - Good engagement and attendance at our Health Protection Board
  - Multi-agency Intelligence Cell (made up of members from the Clinical Commission Group (CCG), hospital partners, local authority public health and business improvement analysts looking to understand local data trends)
  - Outbreak Engagement Board

## **6.0 Addressing the Impact of COVID-19**

- 6.1 Alongside preventing and managing outbreaks of COVID-19, the Public Health team continue to work with council colleagues and a range of wider partners and stakeholders to identify and mitigate against the impacts of COVID-19. This impact is far reaching, and much of it is difficult to measure directly. Some impacts on individuals and communities will be felt immediately and others will be more long term, some are clearly visible or predictable, others remain hidden. While some impacts may be temporary others will affect permanent change and what is increasingly clear is that we are not all being affected equally.

### Inequality

- 6.2 The presence of COVID-19 in the UK has further exposed some of the health and wider inequalities that persist in our society. The impact of COVID-19 has replicated existing health inequalities and, in some cases, increased them. People who have been worst affected by the virus are generally those who had

poorer health before the pandemic, including people working in lower-paid professions, those from ethnic minority backgrounds and people living in poorer areas. Mortality rates from COVID-19 in the most deprived areas are more than double that seen in the least deprived areas, for both males and females. This is greater than the inequality seen in mortality rates in previous years, indicating greater inequality in death rates from COVID-19. The Third Phase NHS Response to COVID-19 letter identifies that collaboration with local communities and partners is needed to take urgent action to increase the scale and pace of progress of reducing health inequalities. It is imperative that we tackle these deeply entrenched inequalities as part of our approach to improving health outcomes in Barnsley.

- 6.3 National evidence demonstrates that older people, the black, Asian and minority ethnic (BAME) community, and those with some long-term health conditions are more at risk of catching COVID-19 and are more severely affected. Barnsley has a population of 243,341 and 19.1% of the community are aged 65 or older. 3.9% of the population are from the BAME community, with the largest proportion from white Irish/gypsy/traveller/other background. The national evidence has shown that people from Black and Asian backgrounds are most at risk of COVID-19, which makes up 1.2% of Barnsley's population. Further demographic data illustrates that Barnsley has a low healthy life expectancy rate, with men living for 19 years in poor health and women 20 years, and therefore we can assume a significant proportion of the adult population are living with long term health conditions.
- 6.4 We can look at life expectancy in England and Barnsley to demonstrate the disparity in healthy living within the country. In England, there has been an increase in expectancy in both males and females (from 79.6 to 79.8 years for males, and from 83.2 to 83.4 years for females), yet Barnsley has seen a decrease in life expectancy for both males and females over the same time period. In 2016/2018, males in Barnsley were living on average until the age of 78.1, but in 2017/2019 they are only living to an average age of 77.8; for females the life expectancy age has seen a smaller decrease, from 81.9 years to 81.8 years. It is imperative that addressing these inequalities are part of the public health plan moving forwards.

#### Health Behaviours

- 6.5 Large studies have shown that people who smoke are at increased risk of suffering from the negative consequences of COVID-19. There are high rates of tobacco use and the related health problems in Barnsley. In response, Barnsley Council and partners have taken innovative cross-sectoral action and since 2012 the adult smoking prevalence in the town has fallen by 7%, compared to a 4.9% decrease nationally. The smoking prevalence in routine and manual occupations in Barnsley fell by 6.3% from 2016 to 2017. There is an overarching aim, steered by Barnsley Council, to 'Make Smoking Invisible' to the general population, especially to younger people, and thus to normalise the practice of not smoking. It is important that projects such as this continue during the COVID-19 pandemic, to protect the most vulnerable from impacts of both smoking and COVID-19.
- 6.6 Living with excess weight is consistently reported to be associated with an increased risk of testing positive for COVID-19, hospitalisation, and need for advanced levels of treatment including mechanical ventilation or admission to intensive or critical care and death. Obesity is most prevalent amongst the most deprived groups, and in Barnsley 65.8% of adults are either overweight or obese. With excess weight being one of the few modifiable risk factors for COVID-19, it is crucial to support everyone to achieve a healthier weight and to keep fit and well as we move forward with our local and national recovery. Barnsley Council have set out to adhere to the Local Authority Declaration on Healthy Weight, with pledges to achieve action on improving policy and healthy weight outcomes in relation to specific areas of the Council's work. This includes supporting the Barnsley Change4Life weight management service - a specialist weight management service to support obese residents in Barnsley to achieve a healthier weight. This includes medical assessment of clients, treatments and lifestyle changes such as improved diet, increased physical activity, behavioural interventions, low and very low-calorie diets, pharmacological treatments, and psychological support.
- 6.7 Prior to COVID-19, Barnsley had achieved some of the greatest improvements in physical activity across the whole of Yorkshire. Although local evidence about the impact of COVID-19 is not yet available, national data has demonstrated this has disrupted physical activity behaviours among children and adults and that groups that were least active before lockdown are finding it harder to be physically active. Throughout the pandemic the Public Health team have worked with partners to help people to remain

active or to become more active. This has included a social media campaign trying to increase positive messaging about being active #WhatsYourMove, the distribution of Staying Active booklets to people who have been shielding, the creation of the Summer Challenge and 17 associated Go Discover Trails and wide distribution of activity packs.

- 6.8 COVID-19 has also impacted on alcohol consumption. Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15 to 49-year olds in the United Kingdom, and the fifth biggest risk factor across all age groups. Across the Yorkshire & Humber region, Barnsley has the highest rate of hospital admission episodes for alcohol-specific conditions for males and females, and the mortality rate for alcoholic liver disease in men has increased in Barnsley over the past five years. It is therefore important to realise that Barnsley has a large population of people who are vulnerable to the ill-effects of alcohol both before and during the COVID-19 pandemic. National data shows that people who drank alcohol the most often before lockdown are drinking more often and drinking more on a typical drinking day, and Barnsley Recovery Steps (a local alcohol recovery group) saw a decrease in the number of referrals at the beginning of the pandemic, suggesting that people were not accessing the support needed to reduce their intake. Barnsley council have been working to prevent alcohol misuse and to support those suffering with alcohol related problems, with programs that were set up prior to the COVID-19 pandemic. Efforts include working with the local A&E department to understand trends and opportunities for intervention; joining the regional Alcohol Alliance and supporting positive change for the future health of generations to come; and developing a work programme with partners to address issues relating to older people and alcohol use.

#### Access to Health Services

- 6.9 As the healthcare services shifted towards an acute COVID-19 response, many secondary care services were suspended, and community health services saw full and partial closures. There have been significant disruptions to NHS care for people with long-term health conditions including cancer, cardiovascular disease and diabetes, particularly hospital treatment and outpatient care. Non-urgent dental appointments were suspended, risking a decline in oral health. Reduction in emergency department attendances were seen for all causes (apart from pneumonia). Whilst the reduction mainly affected 'less complex' cases, there were about 30% fewer cases entering emergency departments with suspected heart attack and stroke. Whilst the childhood vaccination programme was not suspended, national MMR (Mumps, Measles, and Rubella) vaccination counts fell from February 2020 and, in the 3 weeks after lockdown, were 20% lower than the same period in 2019, before improving in mid-April.
- 6.10 There has been a national effort to restore many of these services, including the restarting of all cancer services, and increasing the number of outpatient appointments and elective procedures. Although some screening and immunisation programmes were paused during 'lockdown' all of these have now been resumed in Barnsley. Barnsley hospital saw a rise in hospital cases of COVID-19 throughout the early stages of the pandemic, in line with the national trend, before case numbers declined throughout the summer. There has been an increase in national hospital admissions related to COVID-19 and this has also been reflected by an increase in cases within Barnsley hospital at this time. These changes are being closely monitored, as we expect that patterns seen nationally will be followed locally.

#### Public Health Nursing

- 6.11 The Public Health Nursing service has maintained contact with families through a combination of virtual and face to face contact methods. The service has continued to offer a duty cover provision and parents, young people and professionals can contact a single point of access number within weekday daytime working hours to speak to a Public Health Nurse. This proved essential to support the emotional health and wellbeing of many families facing significant challenges of lockdown with babies and small children in the absence of usual support networks due to the lockdown. Breast feeding support has been maintained through telephone and video calling, and where essential, home visits have been undertaken to support continued breast feeding. Breast pumps are being loaned for priority cases, and though the provision of community breast-feeding groups has been impacted, virtual delivery of antenatal infant feeding education and support programmes has been carried out, reaching hundreds of women.

## Mental Health

- 6.12 Barnsley already had high rates of poor mental health among both adults and children before COVID-19 and concerning, numbers of suspected suicides in Barnsley this year are already higher than in 2018 or 2019. COVID-19 is having a significant impact on mental health and wellbeing as many people have experienced illness or death of friends or family members, social isolation and quarantine, job losses and financial insecurity and changes to virtually every area of social life as restrictive measures have been implemented to reduce the spread of the virus.
- 6.13 The negative mental health impacts of COVID-19 include grief; loneliness; stress; depression; new or worsening anxiety; and post-traumatic stress disorder. These can subsequently lead to changes in eating patterns, difficulty sleeping or concentrating, increased use of alcohol, tobacco or other drugs, worsening of chronic physical and mental health conditions, self-harm and suicide. COVID-19 has not affected mental health of people equally and those most at risk include women; women with children; those on low incomes; healthcare workers; those with existing mental health conditions; those who have been shielding; and older people.
- 6.14 At the beginning of the COVID-19 pandemic, a Mental Health and Resilience Sub-group was established to bring together a wide group of partners to work together to mitigate against the impact of COVID-19 on mental health of Barnsley residents. This group has influenced a range of mitigation measures for pregnant women and new parents, children and young people, and working age adults and older people including establishing a bereavement support line for those affected by loss during the pandemic; virtual support groups; adapting mental health and wellbeing service provision to move online during 'lockdown'; providing befriending services for those who are socially isolated; and creating additional resources. This links to the ongoing work of the Public Health team to protect and promote mental health across the borough by working in close collaboration with stakeholders to establish a Mental Health Partnership.

## Wider Determinants of Health

- 6.15 As well as the physical impacts of COVID-19 disease, studies have examined the impacts of COVID-19 on the 'wider determinants of health', as these are the factors that largely determine our opportunities for good health and wellbeing. These wider determinants of health include jobs, education, food, poverty status, and housing. With the restrictions imposed on everyday social and economic activities, these factors have been negatively affected. The economy is experiencing a recession, the UK unemployment rate is at its highest level for two years, and house prices are beginning to rise. Across the UK, the number of people who had been made redundant or took voluntary redundancy increased from the quarter February to April 2020 to May to July 2020, and there were 153,000 fewer young people (aged 16-24) in employment compared to the same period last year. An age comparison shows how much worse the employment situation is for this group versus others. The economic crisis caused by the impact of COVID-19 has continued to drive a sustained surge in need for food banks in the United Kingdom. New figures suggest that across April there was an 89% increase in need, compared to the same period last year.
- 6.16 The Public Health team continue to work with colleagues across the Council to support local businesses through these difficult circumstances, to enable employees to work safely by supporting safe working conditions and ensuring that individuals who have tested positive for COVID-19 are supported with regards to food and other essentials and their overall welfare.

## **7.0 Future Plans and Challenges**

- 7.1 The Public Health team will continue to work with partners to engage in close monitoring and management of COVID-19, strengthening national measures with local initiatives. We will continue to act on the idea that real and lasting resilience will be achieved by collaborating with partners across different sectors, understanding that general prevention and health improvement measures will reduce poor outcomes from COVID-19. This includes targeting the most vulnerable people in our population in all health, care, economic and social activities, in order to tackle inequalities. Relevant guidance, certain aspects of recording and reporting of data, and key policies will be adapted to recognise and wherever possible mitigate or reduce the impact of COVID-19 on the population groups that have been shown to be more affected by the infection and its adverse outcomes. As Barnsley has moved into the Tier 3

category with further restrictions on individuals and businesses, it is vital that the council supports its residents and businesses with the challenges they face, and to bring down infection rates for the whole community.

- 7.2 We will continue to work with partners to work to understand and address the wider impacts of COVID-19. This includes our 'A Day in the Life' project which will be an opportunity for Barnsley residents to share their lived experiences on 3 November 2020 by completing and sharing a diary entry. This will provide us with an invaluable and unique insight into the impact of COVID-19 on Barnsley residents and an understanding of how they are coping. It will form an important piece of social history by providing generations to come with a record of life in Barnsley during this global pandemic and will form the basis of our new Health and Wellbeing Strategy.
- 7.3 We are mindful of the challenges of ensuring Public Health staff capacity, resilience and wellbeing at this time and are undertaking recruitment for additional team members and providing training and support to our staff. In addition, winter presents us with the annual increased strain on healthcare systems and communities with the additional burden this year of COVID-19. Our winter planning has already begun, which includes collaboration with partners across Barnsley to deliver a comprehensive flu vaccination programme. Delivery of flu vaccinations to those most vulnerable to flu, to frontline health and social care workers and to Council employees is now underway.

## **8.0 Invited Witnesses**

- 8.1 The following witnesses have been invited to attend today's meeting to answer questions from the committee:-
- Julia Burrows, Executive Director - Public Health, BMBC
  - Carrie Abbott, Service Director, Public Health & Regulation, BMBC
  - Alicia Marcroft, Head of Public Health (Children and Young People), and Head of Service Public Health Nursing, BMBC
  - Helen Watson, Public Health Registrar, BMBC
  - Dr Kirsten Vizor, Public Health Registrar, BMBC
  - Dr Andrew Snell, Public Health Consultant, Barnsley Hospital NHS Foundation Trust

## **9.0 Possible Ares for Investigation**

- 9.1 Members may wish to ask questions around the following areas:-
- What are the key positive and negative impacts you expect for Barnsley residents as a result of the recent move from Tier 2 to Tier 3 restrictions?
  - How is testing going locally in terms of capacity, booking appointments and results turnaround?
  - How are you supporting care homes and home care services so that they can continue to deliver safe and effective care, particularly for dementia sufferers?
  - What lessons have been learned from the first wave in Barnsley that can be used to tackle a potential rise in cases this winter and any other future pandemics?
  - How do you ensure that your information is accessible to all sections of the community, particularly those with learning disabilities; dementia; sensory impairments; English as an additional language; and those without access to the internet?
  - How is the flu vaccine programme progressing – are sufficient vaccines available, what proportion of the population are you hoping to vaccinate and when do you expect this to be achieved?
  - What is in place to support the mental and physical wellbeing of public health staff?
  - What concerns you the most in the short and long term – what is the greatest risk to Barnsley residents as a result of COVID-19?

- What powers do you have if businesses are not complying with guidelines and do you have the capacity to deal with every single report of non-compliance from members of the public?
- How confident are you that you are getting the right data at the right time?
- When working in partnership with other organisations, do you have the right people around the table and are they actively engaging and contributing?
- Have all secondary care services, screening and vaccination programmes dealt with their backlog or are there still some that have large waiting lists?
- How do you know that the Outbreak Control Plan is having an impact and improving outcomes for people? Can you give an example?
- From the very recent BMBC employee survey (Pulse survey), how does the percentage of employees expressing an increase in anxiety and depression compare to the results from the beginning of lockdown?
- If there is a large surge in the number of cases and deaths in Barnsley are the many services involved fully prepared and appropriately resourced?
- What can members do to support the public health work in tackling COVID-19?

## 10.0 Background Papers and Useful Links

Barnsley Outbreak Control Plan:

<https://www.barnsley.gov.uk/media/15812/barnsley-COVID19-outbreak-control-planpdf-correctedbypave.pdf>

Barnsley Borough Profile 2019:

<https://www.barnsley.gov.uk/media/11759/our-borough-profile-20190724.pdf>

Barnsley Council: COVID-19 (coronavirus) cases and deaths in Barnsley:

<https://www.barnsley.gov.uk/services/health-and-wellbeing/covid-19-coronavirus/covid-19-coronavirus-cases-and-deaths-in-barnsley/>

Gov.uk: Coronavirus Barnsley data:

<https://coronavirus.data.gov.uk/cases?areaType=Itla&areaName=Barnsley>

Gov.uk: Coronavirus UK data:

<https://coronavirus.data.gov.uk/>

Gov.uk: Wider Impacts of COVID-10 on Health:

<https://www.gov.uk/government/publications/wider-impacts-of-COVID-19-on-health-monitoring-tool/wider-impacts-of-COVID-19-on-health-summary>

National COVID-19 Surveillance Reports:

<https://www.gov.uk/government/publications/national-COVID-19-surveillance-reports>

NHS Phase 3 Letter:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/20200731-Phase-3-letter-final-1.pdf>

NHS Test and Trace (England) and coronavirus testing (UK) statistics:

<https://www.gov.uk/government/publications/nhs-test-and-trace-england-and-coronavirus-testing-uk-statistics-13-august-to-19-august-2020>

Office for National Statistics – Deaths involving COVID-19 by local area:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-involvingCOVID19bylocalareasanddeprivation/deathsoccurringbetween1marchand30june2020>

PHE Report: Excess weight and COVID-19:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/907966/PHE\\_insight\\_Excess\\_weight\\_and\\_COVID-19\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf)

Report: Direct and Indirect Impacts of COVID-19 on Health and Wellbeing:

<https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-COVID19-on-health-and-wellbeing.pdf>

WHO Covid-19 Dashboard:

<https://covid19.who.int/>

Office for National Statistics - Life expectancy for local areas of the UK: between 2001 to 2003 and 2017 to 2019:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/lifeexpectancyforlocalareasoftheuk/between2001to2003and2017to2019>

Barnsley – Making Smoking Invisible:

<https://www.barnsley.gov.uk/services/health-and-wellbeing/healthy-living/making-smoking-invisible/>

Local Authority Declaration on Healthy Weight:

<http://www.foodactive.org.uk/projects/local-authority-declaration/>

Barnsley Weight Management Service:

<https://www.southwestyorkshire.nhs.uk/services/barnsley-tier-3-change4life-weight-management-service/>

Food and Healthy Weight – Barnsley:

<https://www.barnsley.gov.uk/services/health-and-wellbeing/healthy-living/food-and-healthy-weight/>

PHE Local Alcohol Profiles for England:

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

## 11.0 Glossary

BAME	Black, Asian and Minority Ethnic
BMBC	Barnsley Metropolitan Borough Council
CCG	Clinical Commissioning Group
MMR	Mumps, Measles and Rubella
MTU	Mobile Testing Unit
NHS	National Health Service
OSC	Overview and Scrutiny Committee
PHE (NEY)	Public Health England (North East & Yorkshire)
SWYPFT	South & West Yorkshire Partnership NHS Foundation Trust
SYB ICS	South Yorkshire & Bassetlaw Integrated Care System
WHO	World Health Organisation

## 12.0 Officer Contact

Anna Marshall, Scrutiny Officer, [Scrutiny@barnsley.gov.uk](mailto:Scrutiny@barnsley.gov.uk) 26<sup>th</sup> October 2020

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