

# Living safely with COVID-19

Overview and Scrutiny Committee

21<sup>st</sup> February 2022



# What we have become used to



- Surveillance
  - Daily data on positive cases, testing, vaccination levels
- Testing
  - Free access and easy availability of PCRs and LFTs (home, sites)
  - Contact tracing of positive cases
- Vaccination
  - Mass vaccination centres, primary care, pharmacies, community clinics
- Outbreak prevention and management
  - Enhanced infection control measures and outbreak response (esp care settings, schools)
- Mandation and guidance
  - Mandatory self isolation, face masks, 'hands, space, face' guidance, travel restrictions
- Protecting the most vulnerable and responding to inequalities
  - Shielding
  - Engagement and coproduction with communities and high risk groups
- Communications
  - Ongoing communications with the public, organisations and professional – PM announcements, policy changes etc
  - Wider context of mistrust of authority, misinformation, dissonance between policy and behaviour



# Looking ahead



- COVID-19 and its variants will continue to circulate
  - SAGE estimate it will take 5 year to get to a predictable endemic state
- Repeated vaccination may be required to maintain immunity
- Future epidemics are possible that will overwhelm health and care services
- We need to create conditions in which we can live, work and study as safely as possible while the virus circulate
- Health and care capacity that can respond to future waves will be critical
- The response will need to focus on the most vulnerable and the direct/indirect disproportionate impacts on individuals, groups and communities



# Living Safely with Covid



- Surveillance
  - Importance of ONS survey data (testing data increasingly unreliable)
- Testing
  - Scaling back of both PCR and LFT testing (future access to free testing needs clarification)
  - Testing will be needed for clinically vulnerable to enable use of antivirals that can prevent hospitalisations
- Vaccination
  - Future threat of variants and epidemics mean need to continue push (increasingly integrated into local health and care system)
  - Likelihood of regular annual vaccination?
- Outbreak prevention and management
  - Will need to continue to address local outbreak
  - Clarity on respective roles of local authority and UKHSA will need clarification
- Mandation and guidance
  - In absence of mandation, staying safe and protecting others will be down to personal responsibility and social norms
- Protecting the most vulnerable and responding to inequalities
  - Many are anxious about the changes and we need to do what we can to support and help (including reassurance about risk)
  - We need to sustain and strengthen the engagement and coproduction we have developed with communities and high risk groups
- Communications
  - In the context of public fatigue (based on our insight) and other national government priorities, local communications will be critical



# Next steps



- National government Living with Covid Plan (launched today)
  - Review esp in relation to future of testing and vaccination programmes
- London
  - Local authority framework for Living with Covid developed
    - Sector led improvement – collective action and sub regional (ICS) and London level
  - Clarification of UKHSA and local authorities roles and responsibilities
- Tower Hamlets
  - Living Safely COVID-19 plan by end March
  - Continuing with Health Protection Board, Local Engagement Board, CLT Gold but for discussion

