

Bristol Living Safely with COVID-19 Framework

SURVEILLANCE | COMMUNICATION | ENGAGEMENT



BRISTOL
ONE CITY



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Contents

Authors.....	2
Acknowledgements.....	4
Forward.....	5
1. Living with uncertainty.....	6
2. A local framework for living safely with COVID-19.....	7
2.1 Surveillance, Communication and Engagement.....	7
2.2 Prevention.....	8
2.3 Protection.....	9
2.4 Treatment.....	10
2.5 Preparedness and Response.....	10
3. Looking Forward.....	11
Appendix 1: COVID-19 timeline.....	12
References.....	14

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Forward

On Monday 21 February, the Prime Minister announced the end of all remaining legal COVID-19 restrictions, including the requirement to self-isolate following a positive test result. The national Contain Frameworkⁱ and Local Outbreak Management Plansⁱⁱ have been replaced by a COVID-19 Response: Living with COVID-19 planⁱⁱⁱ.

The changes include the removal of all remaining COVID-19 regulations and significant changes for testing and contact tracing. These are being implemented in phases up to 31 March 2022. A list of the changes can be found on page 22 of the national COVID-19 Response: Living with COVID-19 plan.

Infection rates at the time of writing remain extremely high, both nationally and locally. However, at the same time, harms as measured by hospitalisation and severe illness are low, and containment measures are both costly and have other consequences for physical and mental health. The national Living with COVID-19 plan sets out how the country will move forward during this next phase, maintaining population resilience and protecting those most at risk.

This Bristol Living Safely with COVID-19 Framework replaces the Bristol Local Outbreak Management Plan. This framework sets our local arrangements for living safely with COVID-19 in Bristol, taking account the future uncertainties as outlined by the Prime Minister.

We would like to acknowledge the Association of Director of Public Health report, Living Safely with COVID-19, which has informed our local approach^{iv}.

This Bristol Living Safely with COVID-19 Framework is for individuals, employers, and institutions within the city to support our ongoing collective efforts to **prevent, protect, treat** and **respond** to COVID-19 in the coming year.

Together the small things we do can make a big difference.

Not because we have to, but because we care.

#WeAreBristol

Christina Gray

Director of Public Health
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Cllr Ellie King

Cabinet Member Communities, Public Health, One City
Bristol City Council

10 March 2022

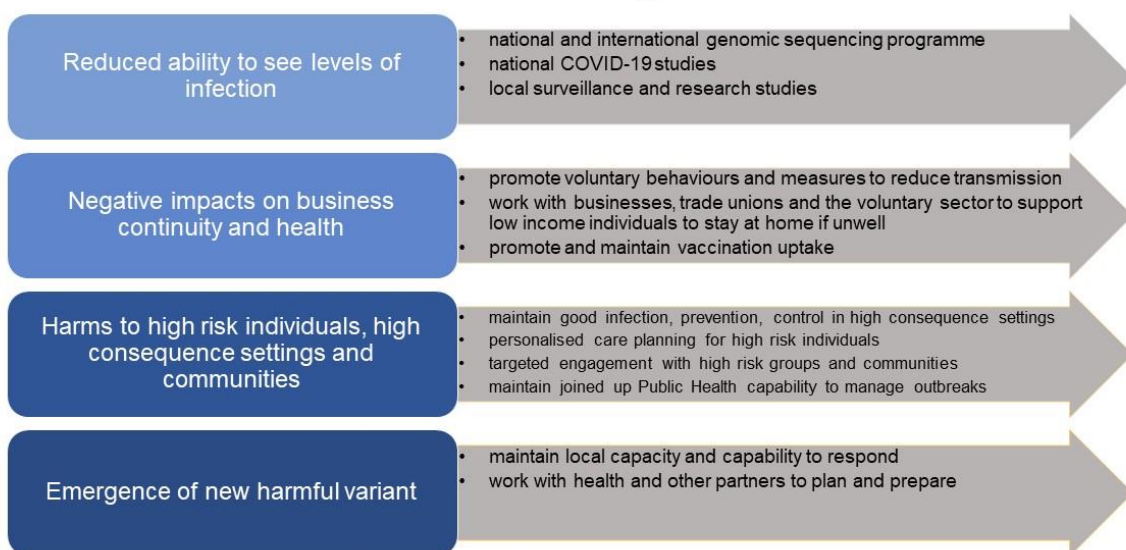
1. Living with uncertainty

The government is clear that there is considerable uncertainty about the path that the virus will take over the next few years^v. Infection rates at the time of writing remain extremely high both nationally and locally. However, at the same time, harms as measured by hospitalisation and severe illness are low, and containment measures are both costly and have other consequences for physical and mental health. The national Living with COVID-19 plan (23 February 2022) sets out how the country will move forward during this next phase maintaining population resilience and protecting those most at risk.

There are a range of possible futures for the course of the pandemic both locally and globally. The World Health Organisation and UK Scientific Advisory Group for Emergencies (SAGE) have looked at a range of possible scenarios. Scenarios describe a range of possible events; they are models, not predictions, and their purpose is to support preparedness and planning. Both scenarios assume that a more stable position will eventually be reached, but that this is likely to be in two or three more years.

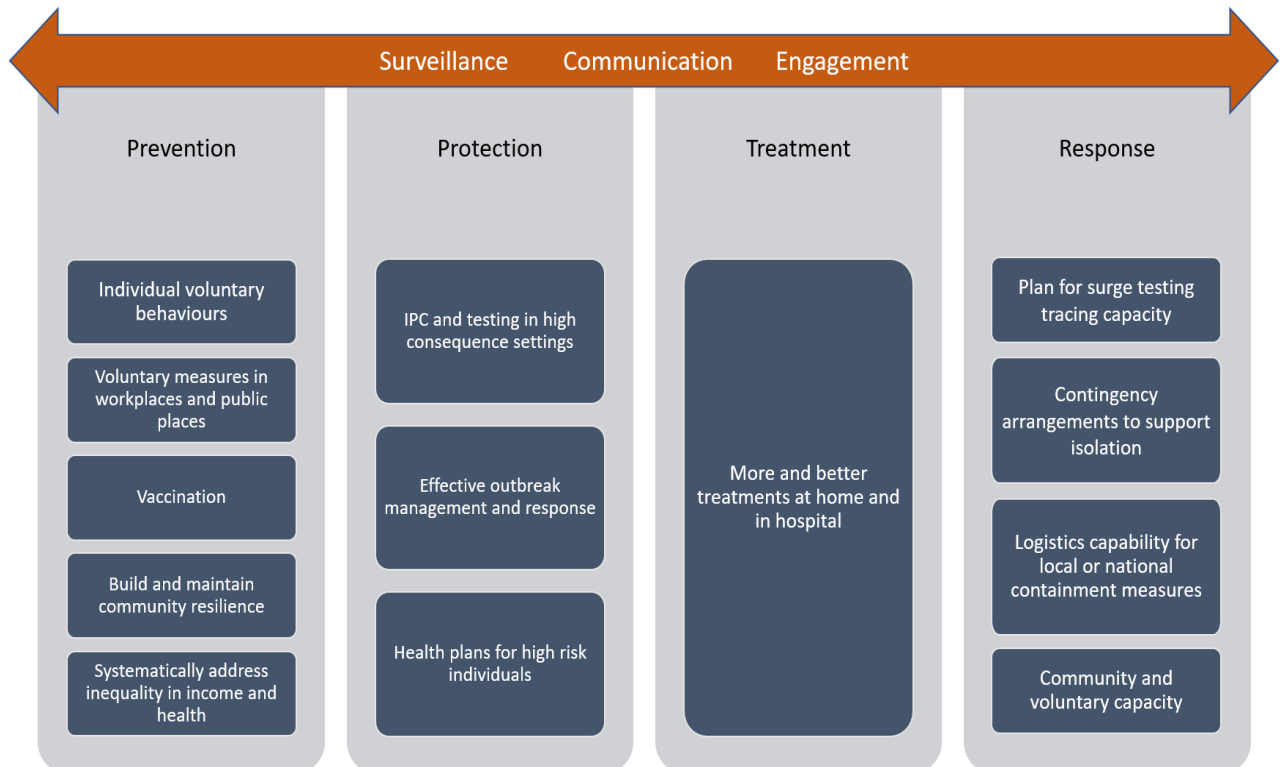
In the meantime, there are better and worse case scenarios and a position between. The 'central' scenarios are considered the most likely trajectory. The 'reasonable best case' describes reaching a stable position sooner while the 'reasonable worst case' describes further large waves of infections, with new Variants of Concern resulting in increased levels of severe disease. Our aim must be to make all efforts to stay in the middle ground; working towards a more stable future, while being prepared to respond if required. Using global, national, and local information we have undertaken a risk assessment for our local population. This has identified four broad areas of risk which require active management.

Risk Assessment and Mitigations



2. A local framework for living safely with COVID-19

In response to the national plan for living with COVID-19 and taking account of our local risk assessment, we have developed a local framework for Bristol. This consists of four pillars for action; prevention, protection, treatment and response supported by action on surveillance, communication and engagement.



Bristol Living Safely with COVID-19 Framework

2.1 Surveillance, Communication and Engagement

Data and Surveillance: As the testing system is reduced, we will no longer have access to the breadth of data on which we have come to rely on, which informs the COVID-19 dashboards and local rates. We will need to use other means of understanding levels of infection and consequent harms. We intend to develop local COVID-19 surveillance based on the following sources:

- vaccination uptake
- national genomic sequencing programme
- national prevalence studies
- local prevalence studies
- care home and NHS testing prevalence
- death registration data
- waste water analysis
- treatment for COVID-19 in the community and in hospital
- feedback from individuals, communities and settings

Communication: Clear, consistent and ongoing communication has been critically important in how we effectively manage our response to the pandemic, and we will keep communicating as we learn to live with COVID-19. We will continue to; listen to insights from communities and other key stakeholders, to publish regular briefings and key messages, and to meet with local groups to answer questions and support an appropriate local response. We understand the importance of using different channels of communication and multiple languages and formats. This Framework and key messages will be reproduced in a number of ways to make it accessible.

Sector engagement: The new arrangements will likely pose challenges for different sectors. We will maintain regular communication and dialogue with our businesses, care sector and education providers, providing whatever support we can as we move through the coming year. We will maintain conversations and good information flow to support our joint work to live safely with COVID-19 and to keep Bristol open.

Building the power of communities: Communities, faith groups and community action have been at the centre of the COVID-19 response and will continue to be central to learning to live safely with COVID-19 and in being able to effectively address inequality. We will continue to invest, jointly with funding partners, in strengthening community led activity and local support. We will also maintain our local We Are Bristol helpline and additional support for local volunteering.

2.2 Prevention

Small things make a big difference. **Individual voluntary behaviours** and **voluntary measures in workplaces and public places** will continue to be effective in reducing the spread of infection and preventing harm. As we move into this new voluntary space, there are still many small actions we can all do that collectively make a big difference to virus transmission. This includes:

- vaccinations
- good hand hygiene
- wearing a face covering in busy and enclosed areas
- don't mix with others if you are unwell. Whether it's COVID-19 or not, you can protect others and limit the spread of respiratory illnesses

Coronavirus **vaccinations** have been highly effective. Overall effectiveness at preventing symptomatic disease with the Delta variant after two doses approaches 90 per cent. Whilst this protection does fall over time and was further reduced by the emergence of the Omicron variant, booster vaccines are proven to restore a substantial level of immunity – reducing emergency department attendances and hospital admissions by 80 to 90 per cent.

Living with COVID-19 is highly reliant on vaccination. Those who remain unvaccinated will be at higher risk from COVID-19. We will continue to work with our local NHS to monitor uptake and support and promote vaccination for first, second and booster doses, across the city. We will also use targeted approaches in areas or populations where uptake has been lower. Looking to the future, it is likely that

certain groups of people at higher risk of severe illness from COVID-19 will continue to be offered booster doses, or indeed modified vaccines against new variants, so that their protection is maintained.

The pandemic has led to the development of many local neighbourhood level support networks. This development has **strengthened community resilience** by harnessing the assets of individuals and groups. We will continue to work in partnership with our excellent volunteer networks to support their work.

COVID-19 has revealed **health and income inequality** which brings greater risks for individuals and communities. A key part of our prevention programme must seek to address these inequalities. We will:

- continue to support the Bristol Race Equality and Health Programme
- further develop work to promote disability equality and health
- invest in and build the power of our local communities
- build ladders of opportunity to address disparity through the delivery of the Corporate and One City Plans

2.3 Protection

Infection, prevention and control (IPC) remain a key priority for COVID-19 and other infectious diseases. Infection, prevention and control is crucial to protect those most at risk. Some people may not have strong protection after vaccination due to age, illness or a need for treatments that suppress the immune system. There are some who are and will continue to be more vulnerable to severe illness. We will work with our local NHS and care colleagues to promote and support high quality infection prevention and control in health and care settings.

We expect that there will continue to be some testing available **in high consequence settings** such as health and social care after 31 March. We will work with local partners and support communication about emerging or changing arrangements.

Vaccination is the best and most important means of preventing severe illness due to COVID-19. While mandatory requirements for staff vaccination have been withdrawn, we will make all efforts to support vaccination for staff, clients and carers with a view to protecting those most at risk.

Bristol City Council Public Health team will work with the specialist UK Health Security Agency (UKHSA) to provide **effective outbreak management and response**. Our team will bring together partners and in-depth local knowledge to support organisations to manage their outbreaks and protect those at risk.

The NHS are developing **health plans for high-risk individuals**, supporting them to get tested and access anti-viral treatment if they test positive for COVID-19. For all those who have been shielding and who are at higher risk, we will work closely with the NHS, individuals, communities and volunteers to enable people to access appropriate support, to feel safe and to begin to reengage with others safely.

2.4 Treatment

Timely availability of treatments at home and in hospital is a key priority. Treatments for COVID-19 have been identified and developed at unprecedented speed, with universities and pharmaceutical companies working hard to produce new treatments. Therapies fall into two broad categories: treatment aimed at preventing progression of disease and need for hospital admission, and treatment for those unwell enough to need oxygen and hospital-based care.

There are now a number of therapies available for these patients which have been shown to greatly reduce the risk of hospital admission and death. These treatments are available to those with specific medical conditions that place them at the highest risk of severe disease – most patients eligible for them will have already been informed by the NHS. They are issued by the local “COVID Medicines Delivery Unit” (CMDU) and are not available from GPs or pharmacies.

There is growing evidence that COVID-19 vaccination is the best way to prevent **Post-COVID Syndrome** (often called Long COVID). The NHS defines Post-COVID Syndrome as signs and symptoms that develop during or following an infection consistent with COVID-19. These symptoms continue for more than 12 weeks and are not explained by an alternative diagnosis. A Bristol, North Somerset and South Gloucestershire (BNSSG) post-COVID assessment service, established in 2020, provides assessment, treatment and care co-ordination through both face-to-face and digital appointments.

2.5 Preparedness and Response

Bristol City Council and other key agencies are required to prepare for and respond to health emergencies, as we have during the last two years. As there is uncertainty about how the next stage of the pandemic will develop, we will review our response plans to ensure we are able to reinstate arrangements in a timely manner if required, for example, to the emergence of a new Variant of Concern.

Plans will need to address:

- mobilising capacity for **surge testing and contact tracing**
- arrangements to support **isolation or quarantine**
- deployment capacity for **anti-viral treatments**
- capability to mobilise mass surge **vaccination**
- putting in place contracts for emergency **facilities and services**.
- supporting the **community and voluntary sector** and **volunteer networks** to meet the diverse needs of our local population

3. Looking Forward

As a result of our experience of the past two years, we are better prepared looking forward to the next year of living with COVID-19.

We all now understand how the virus spreads and can take action to minimise the risk of transmission.

We have an effective vaccination programme which is reducing the impact of the disease and we have a range of new treatments.

We have learned the importance of social contact and physical exercise for our mental health, and we understand the impact of inequality on patterns of disease.

We will be working with our partners across the city to make sure that we are well-prepared and equipped, should we need to respond.

Let's take cautious and well-prepared steps into the future, together.

Thank you for your contribution to keeping Bristol safe.

Appendix 1: COVID-19 timeline

It has been an extraordinary two years. To set the context of this most recent change to living with COVID-19, we have set out below a timeline of key events taking us up to the most recent changes in January 2022.

2020

- **29 January:** first case in the UK
- **3 March:** first recorded confirmed case in Bristol
- **March:** surge of cases in Italy and increase in infection rates in the UK
- **26 March:** UK national lockdown begins
- **27 March:** first COVID-19 deaths recorded in Bristol
- **May to July:** roadmap out of lockdown, lifting of many, but not all, restrictions
- **September to October:** increasing rates prompt additional restrictions including the "rule of six" and regional tiers
- **November:** second national lockdown implemented to respond to the rapid rise in infection and hospital admissions due to Alpha (VOC B.1.1.7) emerging in London and south-east region
- **8 December:** launch of the COVID-19 vaccination programme
- **19 December:** tiered system reintroduced with the addition of tier four and specific guidelines restricting Christmas gatherings

2021

- **6 January:** third national lockdown announced, with businesses again closed and "stay at home" order returning as cases reach new peak
- **26 January:** 100,000 COVID-19 deaths recorded in the UK
- **9 February:** surge testing (Operation Eagle) to control Variant of Concern VOC202102-02 E484K identified in Bristol and South Gloucestershire
- **15 February:** hotel quarantine introduced for arrivals into the country from red list areas
- **22 February:** the Prime Minister publishes the roadmap for leaving lockdown
- **8 March:** schools reopen in England under step one of the lockdown roadmap
- **29 March:** outdoor gatherings of six people or two households are allowed again
- **12 April:** non-essential retail and outdoor hospitality reopen under step two of roadmap
- **17 May:** step three of the roadmap increases the outdoor gathering limit to 30 people and brings back the "rule of six" indoors. Pubs and restaurants reopen indoors and sports stadiums allow up to 10,000 capacity. International travel reopens under traffic light system
- **14 June:** Step four of the roadmap, planned for 21 June, is delayed four weeks to allow more people to receive the vaccine, as Delta variant causes a new spike in cases and becomes the dominant strain
- **19 July:** most remaining restrictions are lifted, including the reopening of nightclubs, as cases drop to a relatively flat level as vaccines take effect

- **14 September:** the UK government announces the winter plan, which includes detail on “Plan A” and “Plan B”
- **16 September:** the booster vaccination programme begins
- **December:** “Plan B” measures are put in place in England in response to the Omicron variant

2022

- **27 January:** England moves back to “Plan A”
- **21 February:** the government launches the COVID-19 Response: Living with COVID-19 plan for ending legal requirements and to set out the approach for the next phase of the pandemic

References

- i [COVID-19 contain framework: a guide for local decision-makers - GOV.UK \(www.gov.uk\)](#)
- ii [Coronavirus \(COVID-19\): outbreak management plan - bristol.gov.uk](#)
- iii [COVID-19 Response: Living with COVID-19 - GOV.UK \(www.gov.uk\)](#)
- iv [ADPH Guidance: Living Safely with Covid: Moving toward a Strategy for Sustainable Exit from the Pandemic - ADPH](#)
- v <https://www.gov.uk/government/publications/academics-viral-evolution-scenarios-10-february-2022?s=09>