



Public Health Annual Report 2020

Blackpool Council

Contents

Foreword	4-5
COVID-19 Timeline	6-10
Introduction	12-14
Epidemiology	15-21
Response in Blackpool	22-42
Settings	43-49
Acknowledgments	50





Foreword

2020 will undoubtedly be remembered as the year when a novel coronavirus, which causes the disease COVID-19, emerged and spread around the world. Cases of COVID-19 started to be identified in the United Kingdom in February 2020 and the first case in a Blackpool resident was identified on 16th March 2020. This report covers these early stages of the pandemic in March 2020 through to 31st March 2021; roughly a twelve month period.

This has been an enormously difficult time for the people of Blackpool and the country as a whole. Loved ones have been lost to COVID-19, people have experienced serious illness and many are now living with the effects of long COVID. Many people have worked exceptionally hard through challenging and uncertain times to support the COVID-19 response, particularly health and social care staff and other key workers. Everybody has had their life impacted due to the restrictions imposed during this unprecedented year and the people of Blackpool have risen to these many challenges and pulled together to support one another. I'd like to thank everybody for the care they have taken in following the changing rules and guidance over the course of the year. The implementation of 'lockdown' restrictions in March 2020 and again in December 2020 undoubtedly saved hundreds of lives in Blackpool alone.

I have tried to show the rapidly changing situation across the course of the year by creating a timeline of events. This shows key dates, such as the introduction of 'lockdown' restrictions and guidance, important milestones in the national response and the local activities that were undertaken in Blackpool to reduce the transmission of COVID-19 and support the local community. This report also describes the impact of COVID-19 on Blackpool, both in terms of the number of cases of disease, but also the level of mortality and how this compared with the country as a whole and our neighbours.

COVID-19 has had a huge impact in some settings and I focus on these settings in particular in this report. Sadly care homes have experienced many deaths in their residents and care staff have faced extremely difficult times. Hospitals have dealt with an incredibly challenging situation, with large numbers of COVID-19 patients at some points in the last year, and a huge amount of disruption affecting other services. School buildings have been closed for a long period, and even after reopening, bubbles have had to close with children taught at home.

I devote much of this report to describing the incredible local response to COVID-19. From the practical support for those people asked to shield or self-isolate, the support provided for homeless and vulnerable people, activities offered to children over the summer and the close working relationship formed with the business and tourism sector to ensure Blackpool was COVID secure. Blackpool Council Public Health team, with the support of Public Health England, has coordinated outbreak management activities and contact tracing. Blackpool Council Public Protection team, working alongside COVID marshals, have provided important advice to business and a highly visible presence.

Voluntary sector organisations have provided invaluable support to the community and local people have got involved, for example as COVID champions. Schools have worked really hard to provide a safe learning environment balancing the needs of keeping children and staff safe and continuing to provide essential education for our young citizens. It has been an extremely difficult year but I am incredibly proud of what has been achieved in Blackpool.

We know that some of the work related to COVID-19 will have to carry on for some time yet. This will include:

- The COVID-19 vaccination programme which has been a huge success and has been delivered with great speed by NHS colleagues. However we know uptake of the vaccination has been slower in younger age groups and there are inequalities in uptake in our more deprived communities. We must focus on:
 - Increasing uptake in younger ages
 - Reducing inequalities in uptake between our most deprived communities and elsewhere
 - Increase uptake in people working in public facing roles
 - Achieve good uptake in COVID booster doses and flu vaccination
- Continue to provide a COVID-19 contact tracing function in the Blackpool Council Public Health team that links with the national system
- Blackpool Council Public Health team to continue to provide a COVID-19 outbreak management function
- Continue to provide infection control advice and guidance via Blackpool Council Public Health and Public Protection
- Continue to monitor the epidemiology of COVID-19
- Continue to work with our communities both directly and in partnership with our voluntary community and faith sector organisations
- Assess the medium and longer term impacts of COVID-19 in areas such as health behaviours, mental wellbeing, children's learning and the economy and jobs



Dr Arif Rajpura – Director of Public Health

Start of symptomatic testing

COVID-19 Timeline

15/03/2020



Government Announcement

PM says “now is the time for everyone to stop non-essential contact and travel”. Working from home begins

23/03/2020



Local Work

Corona Kindness Hubs established in Blackpool

25/03/2020

Legislation/ emergency powers

Coronavirus Act 2020 gets Royal Assent

26/03/2020

Lockdown/restrictions introduced

Lockdown measures legally come into force

26/03/2020

Local Work

Homeless food delivery implemented

30/03/2020

Local Work

Corona Kindness helpline established to support the community with local needs

April, 2020

Case Study

Jon Hutchinson, Programme Director, Groundworks

“At the very onset of the pandemic the public sector and third sector came together quickly to identify and respond to community need. Support was coordinated centrally by Blackpool Council through the creation of thirteen neighbourhood Corona Kindness Hubs which were operated by third sector partners. There were open lines of communication ensuring both resources and accurate information filtered down to organisations...

April, 2020

Local Work

Welfare visits commenced

April, 2020

Local Work

Homeless testing and isolation pathway created “Covid Care Pathway”

30/03/2020

Case Study

Contact from the family of a resident who lives outside of area and were concerned for their fathers health and wellbeing. We were able to put a safety measure in place with the help of the Community hubs and local organisations.

May, 2020

Case Study

“Recently I moved to a local Hotel where my life has transformed. I feel that for the first time since I can remember I have a chance to rebuild my life. I am making every effort to stay ‘clean’ and make a determined effort every day to make my life better”

May, 2020

Local Work

Homeless health packs, sexual health, entertainment, NRT, drug & alcohol support

May, 2020

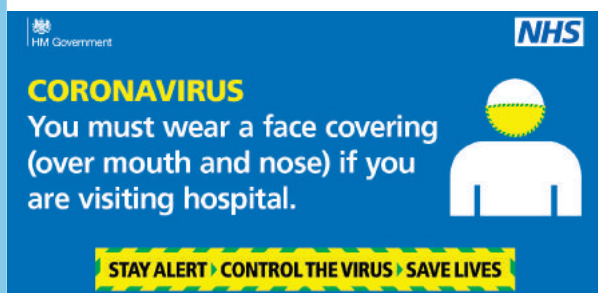
Local Work

Symptomatic community testing available in Blackpool

19/05/2020

Government Announcement

Advice to wear face coverings



10/05/2020

Lockdown/restrictions eased

PM announces a conditional plan for lifting lockdown, and says that people who cannot work from home should return to the workplace but avoid public transport

16/04/2020

Lockdown/restrictions introduced

Lockdown extended for ‘at least’ three weeks.

05/05/2020

Government announcements

NHS Test and Trace launched

01/06/2020

Lockdown restrictions eased

Phased re-opening of schools in England

15/06/2020

Lockdown restrictions eased

Non-essential shops and places of worship reopen in England

23/06/2020

Lockdown restrictions eased

PM says UK’s “national hibernation” coming to an end – announces relaxing of restrictions and 2m social distancing rule

04/07/2020

Lockdown restrictions eased

More restrictions are eased in England, including reopening of pubs, restaurants, hairdressers

04/07/2020

Lockdown restrictions introduced

UK’s first local lockdown comes into force in Leicester and parts of Leicestershire

12/07/2020

Government Announcement

Easing of working from home messaging

18/07/2020

Legislation/emergency powers

Local authorities in England gain additional powers to enforce social distancing



July, 2020

Local Work

Blackpool Summer of Fun Programme runs for 6 weeks over the summer

01/08/2020

Government announcements

Compulsory wearing of face coverings in shops

03/08/2020

Lockdown restrictions eased

Eat Out to Help Out scheme, offering a 50% discount on meals up to £10 per person, begins in the UK



14/08/2020

Lockdown restrictions eased

Lockdown restrictions eased further, including reopening indoor theatres, bowling alleys and soft play

22/09/2020

Lockdown restrictions introduced

PM announces new restrictions in England, including a return to working from home and 10pm curfew for hospitality sector

14/09/2020



Lockdown restrictions introduced

'Rule of six' – indoor and outdoor social gatherings above six banned in England

09/09/2020

Government announcements

Shielding 'paused'

02/09/2020

Local Work

Locally supported contact tracing starts in Blackpool to support NHS Test and Trace

31/08/2020

Lockdown restrictions introduced

Eat Out to Help Out scheme ends

23/08/2020

Local Work

Blackpool Council runs the 'Back to school safely campaign' to prepare for schools reopening after the summer holiday



24/11/2020

Lockdown restrictions eased

PM announces up to three households will be able to meet up during during a five-day Christmas period of 23 to 27 December

23/11/2020

Local Work

Director of Public Health led asymptomatic community testing programme (homeless Provision, schools, care settings, Blackpool Transport Services)

Evidence shows that around 1 in 3 people who test positive for COVID-19 have no symptoms at all. These asymptomatic people can spread the virus unknowingly, in workplaces and in the community. That is why the testing of people without symptoms is vital. Rapid 'lateral flow devices' are used to test that give results within 30 minutes. Offering testing builds confidence among employees when returning to the workplace....

05/11/2020

Lockdown restrictions introduced

Second national lockdown comes into force in England

November, 2020

Local Work

Covid Community Champions project launched

14/10/2020

Lockdown restrictions introduced

A new three-tier system of Covid-19 restrictions starts in England. Blackpool enters Tier 3

Covid-19 alert system in England**Tier 1: medium**

Nationwide restrictions, including:
- only meet other people in groups of six or less ('rule of six')
- 10pm curfew for hospitality venues

Tier 2: high

As Tier 1, plus:
- no households allowed to mix indoors
- 'rule of six' applies outdoors, including private gardens

Tier 3: very high

As Tier 1, plus:
- no households allowed to mix indoors or outdoors
- all pubs & bars to close, unless they can operate as a restaurant
- people advised against travel in & out of areas

Figure 1

02/12/2020

Lockdown / restrictions introduced

Second lockdown ends after four weeks and England returns to a stricter three-tier system of restrictions

02/12/2020

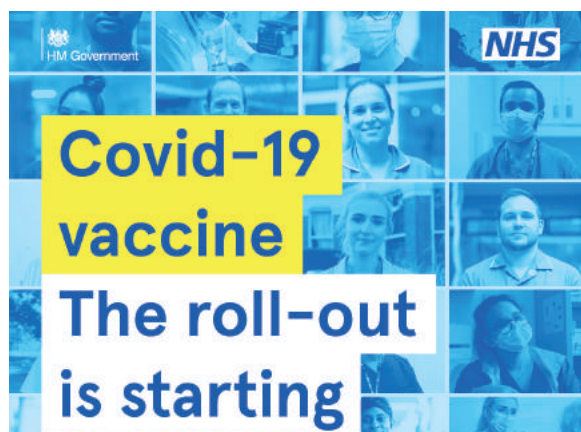
Local Work

Asymptomatic Community Testing site opened in Town Centre at The Salvation Army

08/12/2020

Vaccination rollout

Pfizer vaccine rollout begins



December, 2020

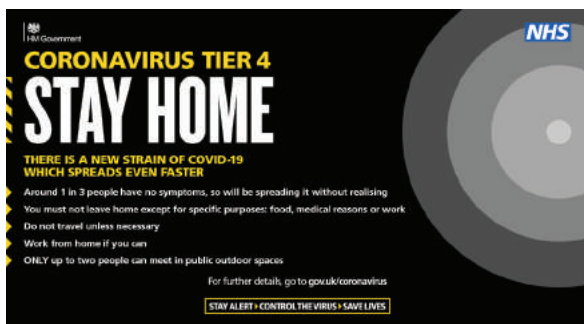
Local Work

Blackpool Council starts to undertake contact tracing work for Fylde Borough Council

15/12/2020

Lockdown restrictions eased

PM says Christmas rules will still be relaxed but urges the public to keep celebrations "short" and "small"



19/12/2020

Government announcements

PM announces tougher restrictions for London and South East England, with a new Tier 4: 'Stay at Home' alert level. Christmas mixing rules tightened

26/12/2020

Lockdown / restrictions introduced

Blackpool enters Tier 4 restrictions

04/01/2021

Government announcements

PM says children should return to school after the Christmas break, but warns restrictions in England will get tougher

January, 2021

Local Work

Two more asymptomatic Community Testing Sites opened in North and South of town. Whiteholme Community Centre and The Oracle offer symptom free testing to anyone who has to go out to work

04/01/2021

Vaccination rollout

AstraZeneca vaccine rollout begins

06/01/2021

Lockdown restrictions introduced

England enters third national lockdown

08/03/2021

Lockdown / restrictions eased

Return to school for primary and secondary school students in England

March, 2021

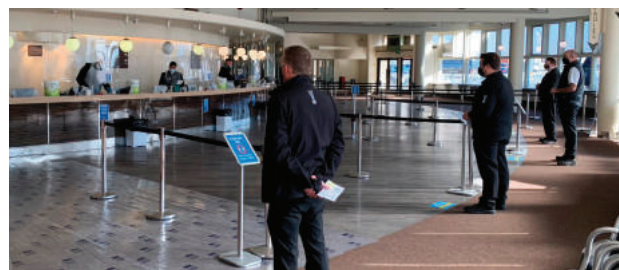
Local Work

Seaside Supper food engagement

March, 2021

Local Work

Local-0 contact tracing pilot starts in Blackpool, where the Council contact traces cases as soon as they are recorded as testing positive



March, 2021

Local Work

New Community Testing Site opened in Hounds Hill Blackpool to support the reopening of retail and hospitality. Symptom Free Testing rolled out to everyone. Community Collect Test at Home kits available to all. Workplace Collect launched to allow businesses the option for staff to test at home

22/02/2021

Lockdown restrictions eased

Roadmap for lifting the lockdown published

15/02/2021

Lockdown / restrictions introduced

Hotel quarantine for travellers arriving in England from 33 high-risk countries begins

February, 2021

Local Work

Community Collect Test at Home kits rolled out in schools

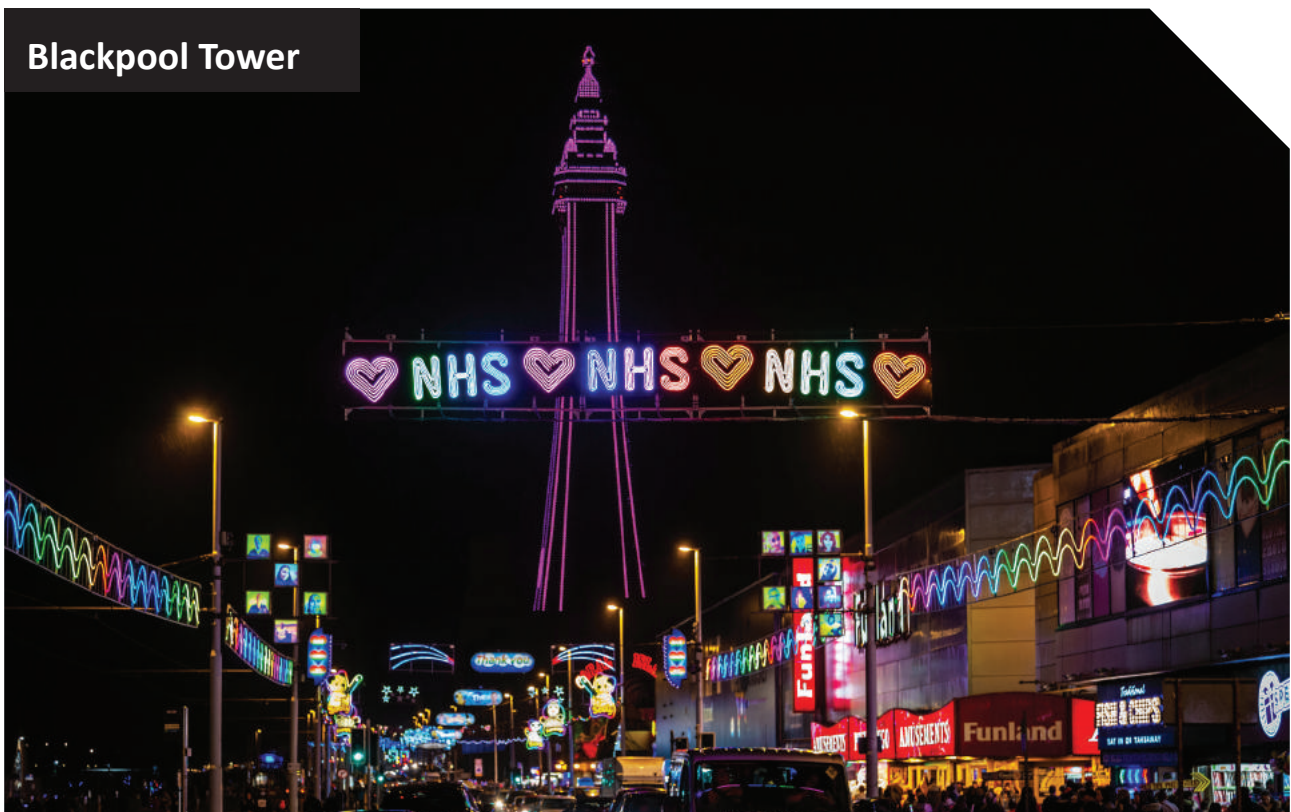


Introduction

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. On 12 January 2020, it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2 and the associated disease as COVID-19. The source of the outbreak has yet to be determined. The outbreak is likely to have occurred when the disease transferred from an animal source to humans, but the mechanism by which this occurred has not yet been established.

SARS-CoV-2 is primarily transmitted between people through respiratory (droplet and aerosol) and contact routes. Transmission risk is highest where people are in close proximity (within two metres). Airborne transmission can occur in health and care settings in which procedures or support treatments that generate aerosols are performed. Airborne transmission may also occur in poorly ventilated indoor spaces, particularly if individuals are in the same room together for an extended period of time.

Blackpool Tower



Clinical Features

COVID-19 presents with a range of symptoms of varying severity. Asymptomatic infection also occurs often although frequency is not defined.

More common symptoms are:

- fever
- a new and continuous cough
- shortness of breath
- fatigue
- loss of appetite
- anosmia (loss of smell)
- ageusia (loss of taste)

Non-specific symptoms include:

- shortness of breath
- fatigue
- loss of appetite
- myalgia
- sore throat
- headache
- nasal congestion
- diarrhoea
- nausea
- vomiting

Atypical symptoms, such as delirium and reduced mobility, can present in older and immunocompromised people, often in the absence of a fever.

Of unvaccinated people who develop symptoms, current data indicate that:

- 40% have mild symptoms without hypoxia (problems with the level of oxygen in the blood) or pneumonia
- 40% have moderate symptoms and non-severe pneumonia
- 15% have significant disease including severe pneumonia
- 5% experience critical disease with life-threatening complications

Risk of severe disease and death is higher in people who are older, male, from deprived areas or from certain non-white ethnicities. Certain underlying health conditions, as well as obesity, increase risk in adults. Infants and children generally experience milder symptoms than adults.¹

Long COVID

There is growing evidence to suggest that individuals who have suffered from either mild or severe COVID-19 can experience prolonged symptoms or develop long-term complications. The term long COVID was originally adopted by patients to describe an “illness in people who have either recovered from COVID-19, but are still reporting lasting effects of the infection or have had the usual symptoms for far longer than would be expected”.² The causes of this are, as yet, not well understood. Illness may persist due to organ damage, but may also be due to a number of different clinical conditions, symptom clusters and syndromes.

Over a third of people who had COVID-19 reported symptoms lasting at least 12 weeks and around a tenth of those with symptoms lasting over 12 weeks described them as severe. A survey of people recovering from COVID-19 suggests that the prevalence of persistent symptoms, or long COVID, increases with age, with a 3.5% increase in likelihood in each decade of life. It also showed that long COVID is higher among women, people who are overweight or obese, who smoke, live in deprived areas, or had been admitted to hospital. Persistent COVID-19 symptoms were lower in people of Asian ethnicity.³

1 COVID-19: epidemiology, virology and clinical features - GOV.UK (www.gov.uk)

2 Mahase E. Covid-19: What do we know about “long covid”? *BMJ*. 2020;370:32665317.

3 <https://www.gov.uk/government/news/new-research-shows-2-million-people-may-have-had-long-covid>

Epidemiology

COVID-19 cases

The first two cases of COVID-19 identified within the UK were confirmed on 31 January 2020 in York. In total 23 cases were identified in the UK in the period to 29 February and rapid and exponential growth of COVID-19 infection occurred through early March. The first case of COVID-19 in a Blackpool resident was identified on 16 March.

Testing for COVID-19 serves two purposes. It allows the diagnosis of an individual, but also allows us to track the progress of the epidemic. By late-March 2020 it was clear that testing capacity had been exceeded and the vast majority of people experiencing symptoms consistent with COVID-19 were not able to access testing. This is an extremely important consideration when assessing the impact of COVID-19 in this early period, March to May 2020. Figure 1 shows the trend in cases in Blackpool residents and Figure 2 shows the trend for England as a whole. The number of cases is very low in both charts in the March to May 2020 period. However, we can be confident that this is not a true reflection of the spread of infection, as the peak in both hospital admissions and deaths in April 2020 were nearly as high as the peak in January 2021. The shape of the epidemic curve is slightly different to what we see across England as a whole. Cases peaked in Blackpool residents in late October 2020, with a lesser peak in January 2021. This is quite different to England as a whole, where the January 2021 peak is two and a half times greater than seen in October 2020.

Throughout the period from September 2020 to March 2021, the testing rate, per head of Blackpool population, remained consistently and significantly higher than the North West as a whole and Blackpool's neighbouring areas. This is both evidence of the excellent accessibility of testing in Blackpool, but also gives confidence that the information available to monitor the progress of the epidemic in Blackpool is of a high standard.

Figure 1:

Cases by specimen date - Blackpool residents

Source: coronavirus.data.gov.uk

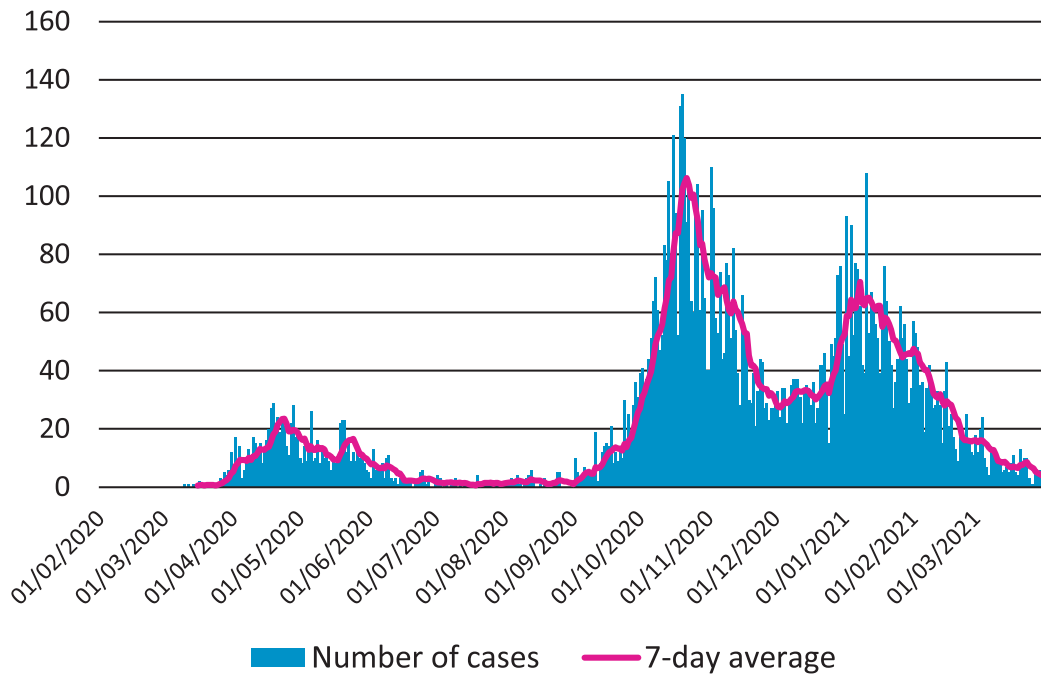
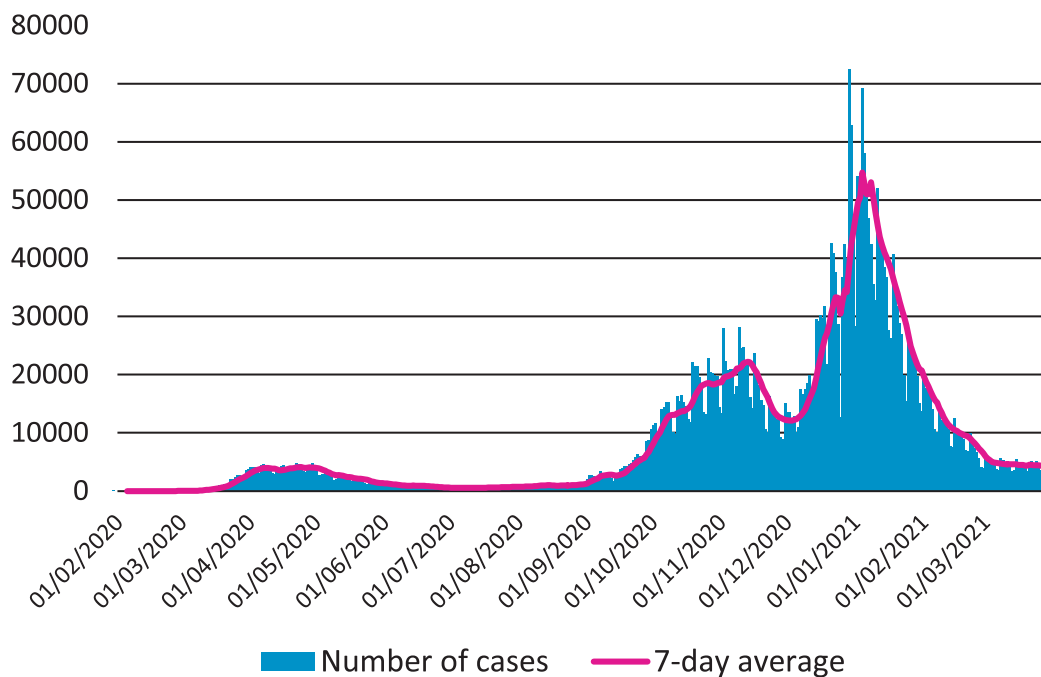


Figure 2:

Cases by specimen date - England

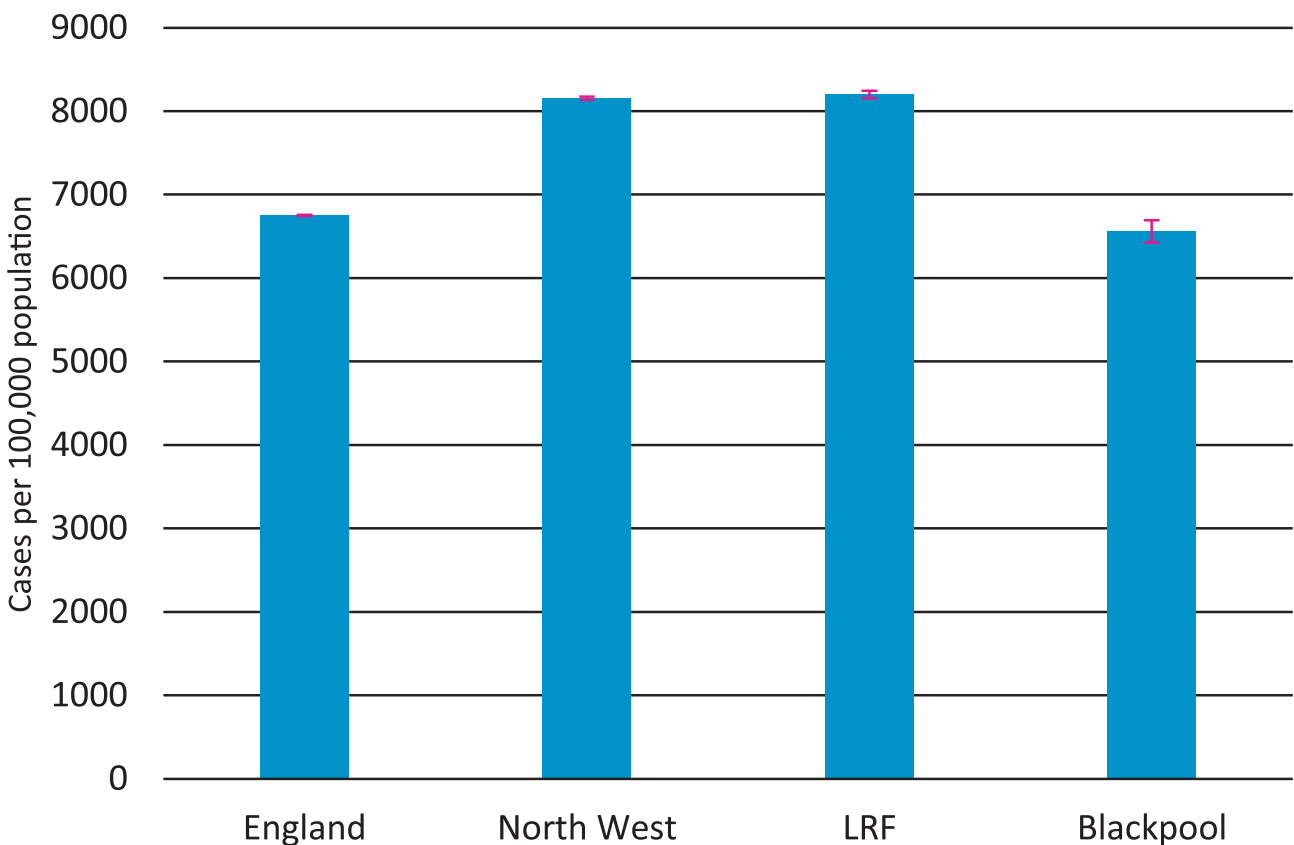
Source: coronavirus.data.gov.uk



To examine whether Blackpool has seen more or less cases than elsewhere, over the course of the epidemic, we must take into account population size. Figure 3 presents a rate per 100,000 population for cases up to 31 March 2021. This shows that significantly less cases of COVID-19, per head of population, were identified in Blackpool compared with our local neighbours in the Local Resilience Forum area (Blackpool, Blackburn with Darwen, Lancashire), the North West and England as a whole. One of the key reasons for this is that Blackpool did not experience the same very high peak in cases in January 2021.

Figure 3:
Cases to 31st March 2021 - Rate per 100,000 population

Source: coronavirus.data.gov.uk



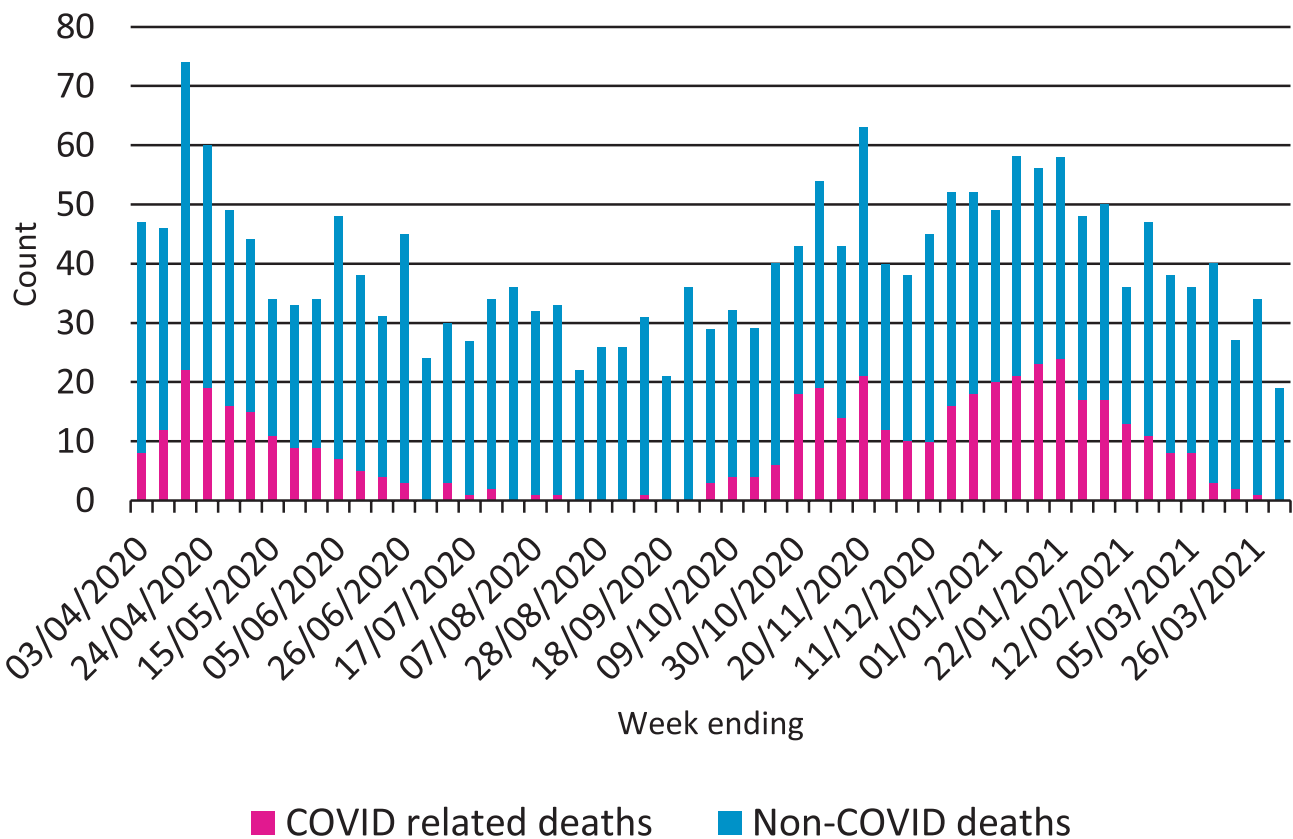
COVID-19 mortality

A number of different methods have been used to quantify the number of deaths related to COVID-19. Deaths within 28 days of a positive COVID-19 test is often quoted and this is the timeliest method for associating mortality with COVID-19. It is an extremely important measure to monitor during the course of the epidemic. However, COVID-19 testing was not widely available during April 2020 and it is likely that, using this method, some deaths, particularly in care home residents, will not be counted as associated with COVID-19.

The Office for National Statistics provides information on the number of deaths where COVID-19 is recorded on the death certificate. This is how analysis is undertaken on most other causes of death, and this is the dataset that is presented here. Figure 4 demonstrates a first peak in COVID-19 related deaths in April 2020 and then a high proportion of COVID-19 related deaths from November 2020 through to February 2021. Mortality peaks two to three weeks after a peak in cases and then declines more slowly than cases decline. In the weeks with the highest mortality, COVID-19 related deaths accounted for up to 25% to 40% of all deaths occurring in Blackpool residents. In total 473 COVID-19 related deaths occurred in Blackpool residents to 31 March 2021.

Figure 4:
Weekly deaths with COVID-19 recorded on the death certificate by date of death - Blackpool residents

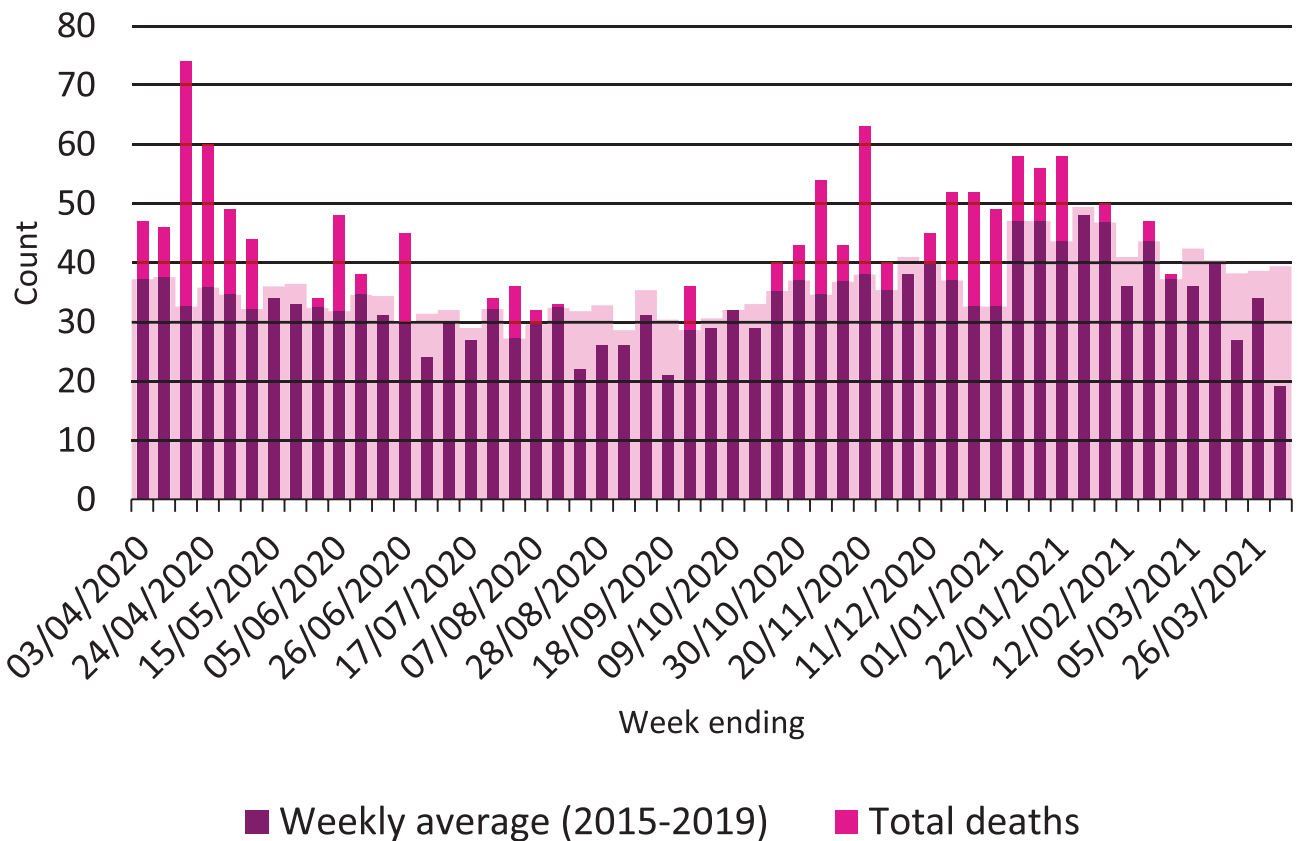
Source: Death registrations and occurrences by local authority and place of death - Office for National Statistics



Another way to consider mortality is to look at whether the current year is similar to previous years or not, for deaths from any cause. This is referred to as excess mortality. Figure 5 compares the period of the epidemic, in red, to the average number of deaths that occurred in the previous five years. It is clear that there are prolonged periods where the number of deaths that occurred over the course of the epidemic are higher than we would expect from what we know about previous years.

Figure 5:
Weekly deaths by date of death vs previous years - Blackpool residents

Source: Death registrations and occurrences by local authority and place of death - Office for National Statistics

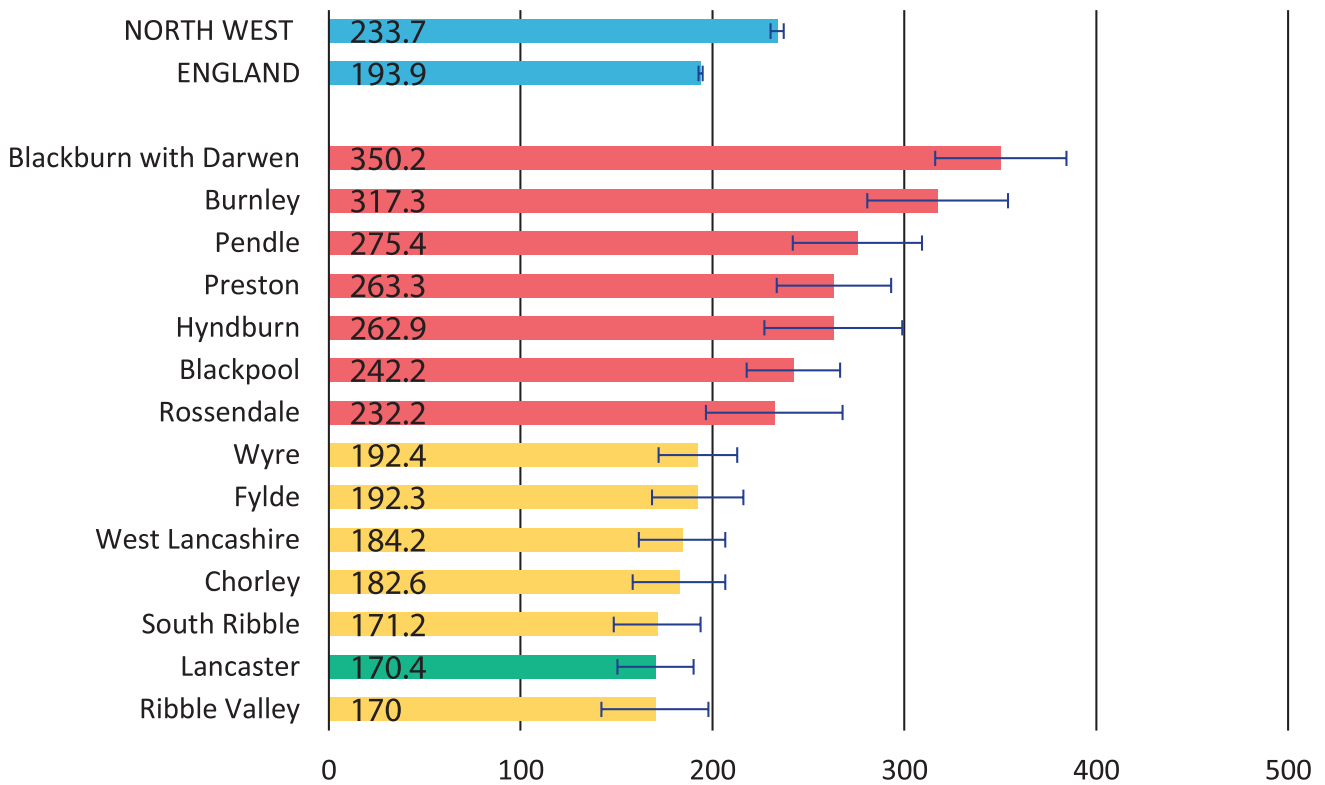


It is also possible to compare the rate of mortality seen in Blackpool against our neighbours and also what has happened across the whole of the country. When a crude rate is calculated, by only dividing the number of deaths by the population size, Blackpool appears to have a comparatively very high mortality rate. This is an indication that there has been significant mortality and severe illness in the town and that significant resources have had to be deployed to deal with this.

However, to understand whether the pattern of mortality is different to what we would expect, it is really important to take the age profile of the population into account. This is done by calculating and then comparing Directly Standardised rates, as these take account of age. Figure 6 shows that, although Blackpool has a significantly higher COVID-19 mortality rate than England as a whole, it is not significantly different to the North West. This is because Blackpool has a relatively older population compared with the rest of the country and some areas locally have very young populations, such as Burnley and Blackburn with Darwen.

Figure 6:
Deaths due to COVID-19* - age standardised rate per 100,000 population, all persons - March 2020 to March 2021, Lancashire LRF area

Source: ONS, *deaths where COVID-19 was the underlying (main) cause of death, based on registration date of death



COVID-19 and Health Inequalities

COVID-19 has not impacted all communities and demographic cohorts equally. The most important risk factor, in terms of severity of disease, risk of hospital admission and death, is age. If infected with COVID-19, the risk of mortality in those aged over 75 is estimated to be over 1,000 times higher than those aged 15-24, for example.⁴

Other risk factors can be explored using the Public Health England COVID-19 Health Inequalities Monitoring for England (CHIME) tool.⁵ This clearly demonstrates that higher rates of hospital admission and mortality have occurred in males and also in more deprived communities. Over the course of 2020, mortality rates in Black and Asian ethnic groups have been two to two and a half times greater than in the white ethnic group. Although not fully understood, existing socio-demographic inequality will play an important role in creating these discrepancies. Poor living and working conditions, large multi-generational households, population density, international travel and, later in the epidemic, vaccination uptake will all be important factors in the spread of infection. Added to this, poor health and long-term conditions, which are known to be much more prevalent in more deprived communities have led to poorer outcomes when people are infected with COVID-19.

⁴ <https://www.mrc-bsu.cam.ac.uk/now-casting/nowcasting-and-forecasting-27th-may-2021/>

⁵ <https://analytics.phe.gov.uk/apps/chime/>

Response in Blackpool

Support for the community in Blackpool

In March 2020 people who were clinically vulnerable (over 70, people with long-term health conditions) and people who were identified as clinically extremely vulnerable in Blackpool were advised by the Department of Health and Social Care that they needed to take additional measures to keep themselves safe.

These measures included staying at home as much as possible and “shielding” themselves from transmission in the community by avoiding travel, shopping and even, for those most at risk, leaving their home to exercise.

Corona Kindness

Corona Kindness was quickly set up as this advice was given, providing a freephone helpline, email address and web form for people who needed practical support and advice on how to keep themselves safe. Blackpool Council’s social work team made proactive contact with everyone who was identified as clinically extremely vulnerable to check on their welfare and ensure they had support. A call for volunteers was made, to help people with shopping, prescription pick-ups, dog walking and befriending. During lockdown many more people across our communities found themselves in need of support for a wide range of reasons. Over 500 local people and businesses came forward to offer support and a system was quickly put in place to deal with the volume of demand, with compassion and care, with dedicated teams working at a community level.

Within days of the need emerging Blackpool Council Public Health, Leisure Services and Catering teams set up a huge food supply service. Staff were redeployed from across the council and support was provided from Blackpool Coastal Housing and a local day care provider delivering food parcels to vulnerable households across the town at incredible pace. A network of community groups came together to deliver 12 “Community Hubs” across the town, ensuring that relationships could be built with those people most in need and support could be delivered proactively from within the local community. At the peak, the Community Hubs were collectively delivering approximately 800 food parcels a week across Blackpool. These locally based hubs further developed to support the communities they knew very well, with some offering a shopping service for their most vulnerable elderly residents, the delivery of homemade reheatable meals across the town and activity packs being provided for families. In addition to the food parcels, the Community Hubs provided welfare support through telephone calls and visits to individual’s homes to make sure they were safe and provided additional support if this was required.

Well over 3,000 households have received support through Corona Kindness, many building lasting, positive relationships that have lasted well beyond lockdown and built sustained community resilience as restrictions have eased and been reintroduced.



Corona Kindness

spread kindness, not the virus



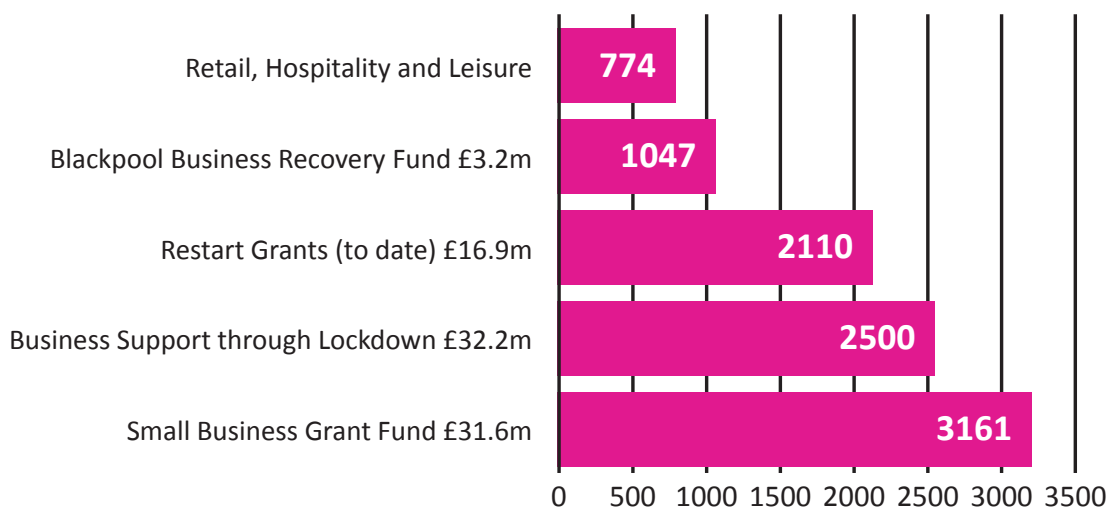
Use of funding

National funding was carefully managed locally to ensure that those most in need had access to support with as few barriers as possible.

- Vouchers and food supplies were made available through our schools for families on Free School Meals and schools supported to help families who were not eligible or claiming free school meals, but were nevertheless significantly impacted by the pandemic.
- Blackpool Council’s family support teams have been supported to ensure that our most vulnerable children, young people and families received practical support and funds when they needed it.
- Blackpool food partnership has helped thousands of households with the combined support of local donations from individuals and businesses, alongside grant support through the Council.
- Through the winter, our discretionary support team and the Citizens Advice Service ran funds offering specialist support for families experiencing food and fuel poverty that reached out across our community partnership.
- Over £2,000,000 has been distributed to working age households through the Council Tax reduction COVID hardship fund.
- Nearly 5,000 children were able to access support with uniform costs in August 2020 to support their return to school.
- Since the self-isolation payment scheme was introduced more than £200,000 has been paid to households who have lost income, allowing them to do the right thing for their families and communities by isolating and reducing the risk of onward transmission.

Business across Blackpool were also hit hard and the Council worked extremely hard to ensure that grants available to support them were accessible and paid promptly. Incredibly, nearly £100,000,000 has been distributed to thousands of businesses across the town to help them through this most difficult time.

Figure 7:
Financial support to businesses across Blackpool 2020/21



Homeless lockdown response

On 26 March 2020, Central Government wrote to all Local Authorities asking them, within the context of a global pandemic, to ensure all homeless people had accommodation where they could safely stay. Within days we were able to house our homeless population largely through the use of a number of Bed and Breakfasts across the town. In Public Health we took on the responsibility of supporting both hotel owners/managers with COVID advice, cleaning guidance and regular checks while also ensuring the welfare of our homeless population.

A weekly Homelessness Partnership call was created bringing together a range of services across the town including hostels, soup kitchens, outreach, police, housing and treatment services. Through a partnership with St. Marks Church, Blackpool Food Bank and the Hive café we provided three hot meals a day, delivered directly to clients. This often included extras such as welfare parcels, radios, nicotine replacement therapy (NRT), sexual health packs and information regarding laundry services and cleaning protocols.

Weekly welfare visits were coordinated for those most at risk and moving-on plans were developed by the housing team. As individuals moved into dispersed housing they transitioned to food parcels and were provided with the necessary 'starting items' and recipe ideas.

Councillor Neal Brookes, Blackpool Council Cabinet member for Housing and Welfare Reform said:

“Blackpool Council has been a part of the Blackpool Food Partnership for some time. It works well under 'normal' circumstances, but the coordinated response has been particularly crucial over the last few weeks ensuring that the most vulnerable in our society are protected and provided for.

The Food Partnership is ensuring that those homeless people in need are receiving food – three meals a day, every day. The food is being delivered directly to where they are staying, in order for everybody to be able to stay safe and adhere to the Government's guidelines on social distancing. Working together and looking after each other has never been more important than it is now.

The Council is doing everything in its power to ensure that no-one in the homeless community needs to leave their accommodation to put themselves or the wider community at risk. In addition to the need for food and shelter, the Council and its partners are also addressing the complex needs that often go hand in hand with homelessness to protect some of the most vulnerable individuals in our community. As a result of the efforts being made by all concerned, individuals have no need to leave their accommodation and be on the streets either asking for support or seeking shelter in these exceptional times. Hopefully, the message that can endure for all concerned is to stay at home and stay safe.”

Locally supported contact tracing

Blackpool Council's Public Health Team was responsible for leading the work on locally supported contact tracing. The work commenced on 2 September 2020 and continues to operate. The service was set up to support NHS Test and Trace to speak to all individuals who had tested positive for COVID-19. The initial work of the team was only to contact trace those individuals who had tested positive for COVID-19 and the cases the National Team had been unsuccessful in making contact with.

In December 2020, the team agreed to undertake the contact tracing work for Fylde Borough Council, where strong partnership working has developed between the two organisations. Since March 2021, the team have undertaken Local-0, which means cases were contacted at a local level, as soon as they were recorded as testing positive. By using the local team to contact trace it also allows a welfare check to be undertaken during the process, where signposting to relevant local services could be provided if required.

The service operated 7 days a week, Monday to Friday 9am–5pm and at weekends from 11am–3pm. The contact tracing team worked closely with Blackpool Council's Health Protection Team to identify outbreaks and work proactively to prevent the spread of COVID-19. Up to the end of May 2021 the team has handled 2,246 cases. On average the team successfully complete 91% of the cases, with the majority of positive cases being contacted within the first day of being notified that they were positive.

The team constantly looked at how to improve the delivery of the service and worked closely with the National Team to ensure everything was working well. Due to the successful work of the team, in June 2021 the team will take on the responsibility from the National Team to contact trace all contacts. This will strengthen the work of the Outbreak Management Team and allow Public Health to follow the process from end to end and help reduce the transmission of the virus within the Blackpool population.



Member of the Blackpool Council Contact Tracer team

Fortnightly Community COVID Briefings

In order to maximise local awareness and ensure we were able to reach the most vulnerable communities regular briefings were set up with community and voluntary groups. These meetings were chaired by the Director of Public Health and attended by groups from across Blackpool. Information including local case rates, hot spots and programmes were presented to ensure our community leaders and representatives were at the forefront and able to provide accurate and timely information to their service users. These meetings also acted as a platform for communities to feedback local concerns and misconceptions, directly influencing and shaping local messaging to meet local need.

These meetings proved popular and have continued to develop, building strong, positive relationships within neighbourhoods and recognising that in working together we are better able to support our residents. Key successes from these meetings included the development of a resident led long COVID support group and utilisation of local people in COVID-19 communications.

COVID Community Champions

Through funding from the Ministry of Housing, Communities and Local Government (MHCLG) we were able to establish a Community Champions programme, working directly with voluntary organisations across the town to shape and mould messages to meet local need. The program focused on sharing and promoting COVID-19 appropriate messages in a way that was relevant and relatable, with specific focus on young people, visually impaired people, families and those in more deprived wards. The programme linked directly in to the Council's Communications Team and helped shape the 'Let's Get Blackpool Back' campaign, using local people to promote messages and encourage compliance.

Plans and strategies

As part of our response to COVID-19 we have developed a range of plans to ensure our approach is cohesive and co-ordinated. Plans developed are:

COVID-19 Outbreak Management Plan

This plan sets out the framework for Blackpool's response to COVID-19 as part of the Contain Framework in England. It is an iterative plan and will be developed and refined in line with national policy and local circumstances

Local Prevention Zone Plan

This plan will put in place proportional and scalable measures to address the situation (incident or outbreak), in order to reduce the transmission rate and infection rate in Blackpool

Communications Strategy

The aim of this strategy is to set out how we will effectively communicate with people in Blackpool to promote our message and aid outbreak control. Key approaches, which will be regularly reviewed, include:

- Providing key information where appropriate about local outbreaks, the impact on people's normal lives and the effect on local services
- Reassure the Blackpool public that we expect pockets of outbreaks and that we have a system in place to deal with and manage those
- Increasing awareness of the importance of testing and encouraging take up
- Raising awareness about how tracing works and explaining how the sharing of contacts prevents the spread of the virus and saves lives
- Increasing understanding of the importance of isolation, encouraging individuals with symptoms to help to contain the virus, increasing understanding from employers and signposting people to available support
- Supporting and sharing communications from NHS Test and Trace scheme to help to control and reduce the infection rate and assist with our recovery
- Encouraging vaccination uptake

Surge Capacity Plan

This plan sets out our framework on responding to concentrated outbreaks that are likely to occur. These outbreaks may include variants under investigation (VUI) or variants of concern (VOC) requiring concentrated local surge testing to map the type, characteristics and spread of the variant. Enhanced contact tracing will be used for individuals testing positive with a VOC or VUI to look back over an extended period to determine the route of transmission.

Let's Get Blackpool Back Campaign

The aim of the campaign is to build on the trust we already have within our local communities and to communicate accurate health information, supporting those most at risk of COVID-19 and to boost vaccine uptake. The campaign moves away from a national or regional approach and is purposely highly localised to achieve its aim. The tone of the campaign is different to that seen within national campaigns and encourages people to look at what they are missing and how we can get back to that.



COVID marshals patrolling Blackpool town centre

Lancashire Resilience Forum (LRF)

The LRF was responsible for co-ordinating strategic actions to manage demand on systems, infrastructure and services and protecting human life and welfare. It had crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention of transmission of COVID-19. The LRF covers the local authority areas of Lancashire County Council, Blackburn with Darwen Council and Blackpool Council. It provided co-ordination and oversight across this larger geographical footprint and then more local partner agencies determine how these arrangements were implemented locally.

We worked as part of the LRF to agree a framework for strengthening the health protection system in Lancashire for managing COVID-19 cases and outbreaks. The overarching goals of the LRF were to prevent transmission of COVID-19, protect the vulnerable and prevent increased demand on healthcare services. Specific areas considered collaboratively were:

- Improving contact tracing
- Increasing overall testing capacity and offer local asymptomatic and symptomatic testing
- Workplace testing
- Oversight of the vaccination programme
- Epidemiological surveillance

The role of Blackpool Council's Public Protection Team

Blackpool is a very unique town, one that has its own unique issues. The challenge was to adapt very quickly to deal with the COVID-19 crisis, as well as ensuring that the people of Blackpool still received the services that they need from our Public Protection Teams. Challenges were faced, as with other authorities, in the ever changing regulations and guidance, that often made enforcement a challenge in itself.

Here in Blackpool we endeavour to help our businesses as much as possible through advice and education. There are dedicated teams dealing with COVID-19 enquiries and complaints, signposting people to the relevant information. 283 COVID-19 complaints have been received and investigated since the start of the pandemic and in excess of 3,000 face-to-face advice and education visits carried out by officers.

A 'Coronavirus Checklist for Businesses' was devised to help businesses in assessing the risk in their workplace and putting the relevant and necessary infection controls in place. This checklist has been continually updated in line with current restrictions. The checklist, available on the Blackpool Council website, has received 26,260 hits since May 2020. Hundreds of businesses have also received this checklist in a pack also containing a vaccination facts leaflet, lateral flow testing information and NHS QR code information, as officers have been going from business to business. As businesses had been closed for some time, this checklist also includes advice on how they can re-open safely, such as legionella guidance, food safety information and health and safety advice.

Last year teams began working weekend shifts, to ensure that businesses were complying with regulations at their busiest times, in particular licensed premises. This was an unprecedented task for both officers and business owners. Mistakes were made and mistakes were corrected. In October 2020, two seafront hotels were served with directions to close, due to a continuation of breaches related to the Coronavirus Regulations and the premises being connected to COVID-19 outbreaks. These businesses have since worked with officers to ensure that they are operating well within the requirements. Two massage parlours were also served with prohibition notices under the Regulations, for operating outside of the restrictions.

We have maintained good working relationships with key stakeholders and conducted advice visits to our beloved attractions. This includes working with Merlin, Blackpool Zoo and Blackpool Pleasure Beach.

So far this year, from the easing of the restrictions that began in March 2021, teams have reverted back to working weekend shifts, to monitor businesses and ensure that any risk to residents was reduced as far as practicably possible. As we have moved through the steps laid out in the Government's 'Road Map', we have welcomed back visitors to the town and it has become busier and more of a task.

Public Protection worked alongside Public Health colleagues in contacting businesses that have been connected to positive cases, ensuring that sufficient controls are in place to reduce the spread of infection. Unfortunately, there have been a small number of problematic businesses. We found that barbers, arcades, smaller retailers and a number of licensed premises were amongst our less compliant settings, with 11 improvement notices being served under the Health and Safety at Work Act 1974. A further massage parlour was served with a prohibition notice under health and safety legislation, for COVID-19 breaches as well as additional health and safety contraventions. Problems found have included a lack of social distancing, staff and customers not wearing masks, insufficient cleaning and disinfection of premises, a lack of contact tracing information, and bigger group sizes than permitted.

Public Protection is able to use a selection of different powers, not only those offered by Coronavirus Regulations, but also the above mentioned health and safety legislation and also Anti-Social Behaviour, Crime and Policing Act 2014. Various Community Protection Warnings have been served that have also included reference to restrictions around household mixing.

This year has seen the introduction of four COVID Officers into the team. They have been tasked with complaint investigations, educational visits, aiding the investigation of outbreaks and door knocking properties when Contact Tracers have not been able to make contact with a positive case. These officers are currently piloting a door knocking programme in our deprived wards to encourage the uptake of vaccinations.

From 16 April 2021 to 31 May 2021, counting weekend visits alone, 1,173 businesses have been visited in person by a Public Protection Officer, offering support and advice. Out of these business, 54 have required a more thorough visit or a revisit due to non-compliance. A number of improvement notices have been served in this period and one public house has been served with a direction to close. This direction was served as there had been a continuing lack of effective COVID-19 control measures within the premise and there have been COVID-19 cases connected with the premises.

Although enforcement action has been taken where necessary, we have had an overall compliance rate of 95.4% from 16 April 2021 to 31 May 2021.

A partnership that we are particularly proud of is working alongside Lancashire Police. We have joined forces on a number of key dates and this has proved incredibly beneficial. Between Public Protection and the Police, all problems that have arisen, were dealt with efficiently and effectively by the appropriate authority.

Frontline Sergeants and Inspectors have commented on the low number of incidents around public houses and licensed premises in Blackpool. The early intervention is having a positive outcome on reducing incidents which come from the pubs/clubs.

Support for workplaces

Blackpool Council introduced lateral flow testing in early December 2020. Workplace testing will identify more positive cases of COVID-19 and ensure those infected isolate. This will reduce the spread of the virus and protect those who cannot work from home and our vital services. This programme is crucial given that around one in three people who are infected with COVID-19 have no symptoms so could be spreading the disease without knowing it. Broadening testing to identify those showing no symptoms will mean finding positive cases more quickly and break chains of transmission. We encouraged as many employers as possible to sign up to regularly test their employees; this will reduce the risk of transmission among those who cannot work from home and ensure vital public and economic services can continue.

Testing can provide confidence to workers and customers in the workplace, helping to protect and enable business continuity. In the period January 2021 to March 2021, over 40,000 onsite tests were conducted to support businesses in Blackpool.

A spokesperson for Alexander Grace Law said of workplace lateral flow testing:

“It has been a really good experience and has been welcomed by all members of staff. The testing provides both our staff and management team the reassurance that we are doing everything that we can to keep them safe from COVID-19.

The main advantages are that the staff feel more comfortable in the office now that they are being regularly tested. It prevents loss of time during the working day having to visit third party testing centres and on occasions where clients are still coming into the office, it puts them at ease knowing that our staff are being tested more regularly.”



Alexander Grace Law testing staff, assisted by the Army

Active Blackpool's Sports Development Team

Throughout the school summer holidays sports coaches from Active Blackpool delivered a series of sport and physical activity sessions as part of the Blackpool Summer of Fun Programme as the whole town came together to ensure that children and young people were given the opportunity to be active, be fed and most importantly be happy after such a difficult summer term in schools.

A six-week long programme of activities saw the sports coaches delivering at ten community venues each week providing 30 hours of games, sports and activity that included old favourites like football, tennis and cricket as well as being joined by bowls, fencing and archery which kept the young participants and staff on their toes.

A total of 116 participants took part in the sessions throughout the summer which helped to create an overall engagement figure of over 400 interactions across the six-week programme.

Active Blackpool's Exercise Referral Team delivered over 2,000 'We Are Undefeatable' leaflets to those who were shielding and unable to get out. The leaflet contained a series of home based exercise ideas and health and well-being guidance. The Feel Good Factory wellness instructors have continued to make regular telephone calls to customers to have a chat and offer support. The telephone calls have been well received by all.

Children exercising during the Summer of Fun





The new Get Out Get Active programme delivered more than 200 Table Tennis sets to households so that they could be active within their home throughout lockdown and 300 activity booklets which contained information about the benefits of physical activity, five ways to well-being, healthy eating, puzzles and quizzes.

Active Blackpool took part in a Bat it on challenge which lasted 36 days from 20 April to 25 May, staff, customers and local schools, Anchorsholme Academy and Holy Family Catholic Primary School shared a short video message of support encouraging people to be active, this was shared on the Active Blackpool social media channels.

The Family Weight Management programme went online to ensure that support was available to families who had been referred on to the programme.

Blackpool Council Bereavement Services

During the worst of the epidemic, Bereavement Services needed to increase the number of funerals to ensure a timely service for those who had lost loved ones. At the height of excess deaths this resulted in Bereavement Services undertaking 16 services a day over six days a week.

As well as the Bereavement Services team, there were also people from other areas of the Council who volunteered their services to support us in managing the extra demand. Two staff from Highways and one from Streetscene undertook full training and were accredited with a qualification, which allows them to support us with cremations.

Due to the requirement to clean the chapel after every service approximately fifteen volunteers were recruited from School Transport and School Crossing Patrol who carried out cleaning duties in the chapel after each service.

The role registrars was totally turned around in March when all birth registrations, ceremonies and certification services were suspended and the team began dealing with death registrations over the telephone, which was a first for all registration services across the UK.

Blackpool and Fylde Coronial service is one of the only coroners teams nationally who has continued to conduct inquests throughout the epidemic.

Outbreak management

Robust management of outbreaks has been integral to Blackpool's success in keeping transmission of infection as low as possible.

The overall purpose of outbreak management is to prevent avoidable mortality and reduce harm from COVID-19, which has in due course allowed lockdown restrictions to be safely relaxed.

This has been achieved through a continuum of local outbreak management to prevent and suppress outbreaks, including prevention, early identification, rapid investigation, active management across a range of stakeholders, support for the vulnerable and building on lessons learnt.

The Public Health team has worked closely with Council colleagues and wider partners to identify their roles and responsibilities in response to the COVID-19 pandemic. We have identified and considered our needs to respond to higher risk scenarios, the operational aspects of the outbreak response, investigation and control procedures. Communication messages to support our response at all stages of the pandemic have been essential to ensure public and professional awareness and responsibility to act.

Outbreak Management measures include:

- Procurement of a bespoke case management system to record and manage incidents and outbreaks effectively
- Establishment of a multi-agency Health Protection Board
- Establishment of a multi-agency Outbreak Engagement Board – chaired and led by the Leader of the Council to ensure community engagement
- Single Point of Contact established to ensure simple, easy access to Public Health advice for all (public, professionals)
- Dedicated Public Health Duty Desk and Health Protection team to investigate and manage incidents and outbreaks
- Dedicated leads to establish close working relationships with settings e.g. schools, care homes, businesses
- Development of a detailed Communications Plan
- Local Testing Strategy, polymerase chain reaction (PCR), lateral flow test (LFT), Community Testing Sites, Business onsite LFT
- Vaccination Programme

Monthly Councillors COVID briefings

In October 2020 as part of the COVID Community Engagement Plan we started to implement monthly COVID briefings for Councillors. These meetings provide an up to date snapshot of local activity relating to COVID including figures on cases, testing, bed occupancy and key messages. As elected representatives for their community it was felt that Councillors could play an important role in building trust and delivering local messages. It also provided a good opportunity to highlight potential risks or areas for additional focus based on feedback.

COVID-19 vaccination programme

On the morning of 8 December 2020, the NHS made history when 82-year-old Agnes Lovatt became the first person on the Fylde Coast and one of the first people in the world to receive the COVID-19 vaccination. This momentous occasion sparked the beginning of the biggest and most highly anticipated immunisation campaign in the history of the NHS. Following the announcement from the Medicines and Healthcare products Regulatory Agency (MHRA) that the Pfizer/BioNTech vaccine was authorised for use in the UK, NHS staff worked around the clock to manage the huge scale logistical challenge of deploying the vaccine.

Agnes Lovatt, the first person in Blackpool to be vaccinated



The Pfizer/BioNTech vaccine – an mRNA vaccine – requires very specific and logistically challenging storage and transportation as well as a very short shelf life when defrosted. This limited the number of appropriate locations to administer the vaccine. The vaccination programme began at Blackpool Victoria Hospital's hub on 8 December and was followed a week later by the first Primary Care Network (group of family GPs) site in Blackpool. This was followed by a further four Primary Care Network sites across Blackpool through December and early January. On 25 January 2021, the large-scale vaccination centre at Blackpool Winter Garden's launched and began providing the newly approved Oxford/AstraZeneca vaccine, which came with far less restrictive storage and transportation requirements making it easier to deploy at a small scale and so could be used to vaccinate the housebound population with the help of Blackpool Teaching Hospital NHS Foundation Trust's community nurses.



Blackpool Winter Gardens, site of a large vaccination centre

To widen the availability of the vaccine and reduce geographical barriers, a number of community pharmacies were contracted to provide a more local and convenient service to people who may be limited on the distance they can travel. In Blackpool, a community pharmacy site was set up at Moor Park Health and Leisure Centre, Bispham in February. This became the eighth location in the Blackpool area.

Jane Scattergood, COVID-19 Vaccination Director for Lancashire and South Cumbria Vaccination Programme said:

“I’m so proud of the NHS and its partners specifically GP practices and hospital trusts who are doing an incredible job at delivering the vaccine at pace to protect our residents. This is an incredible achievement and is the result of careful planning and the huge efforts of NHS staff, our primary care networks, hospital trusts, community pharmacies, as well as our wider partners and stakeholders. It is also important to remember that the programme would not be where it is today without our army of devoted volunteers who have donated over 50,000 hours of their time.”



**Jane Scattergood,
COVID-19 Vaccination Director for
Lancashire and South Cumbria Vaccination
Programme**

The roll-out of the vaccination programme was determined by the Joint Committee on Vaccination and Immunisations (JCVI) with a focus on preventing COVID-19 mortality and the protection of health and social care staff and systems. With this in mind, the programme was split into three phases with the first phase focusing on the most vulnerable members of the population and those with the highest risk of developing serious complications from the virus.

Phase one consisted of the following nine cohorts and was complete by 31 March 2021:

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

Phase two, beginning in the first quarter of 2021/2022, focuses on 18 to 49-year-olds – again adopting a staged rollout across descending age-related cohorts.

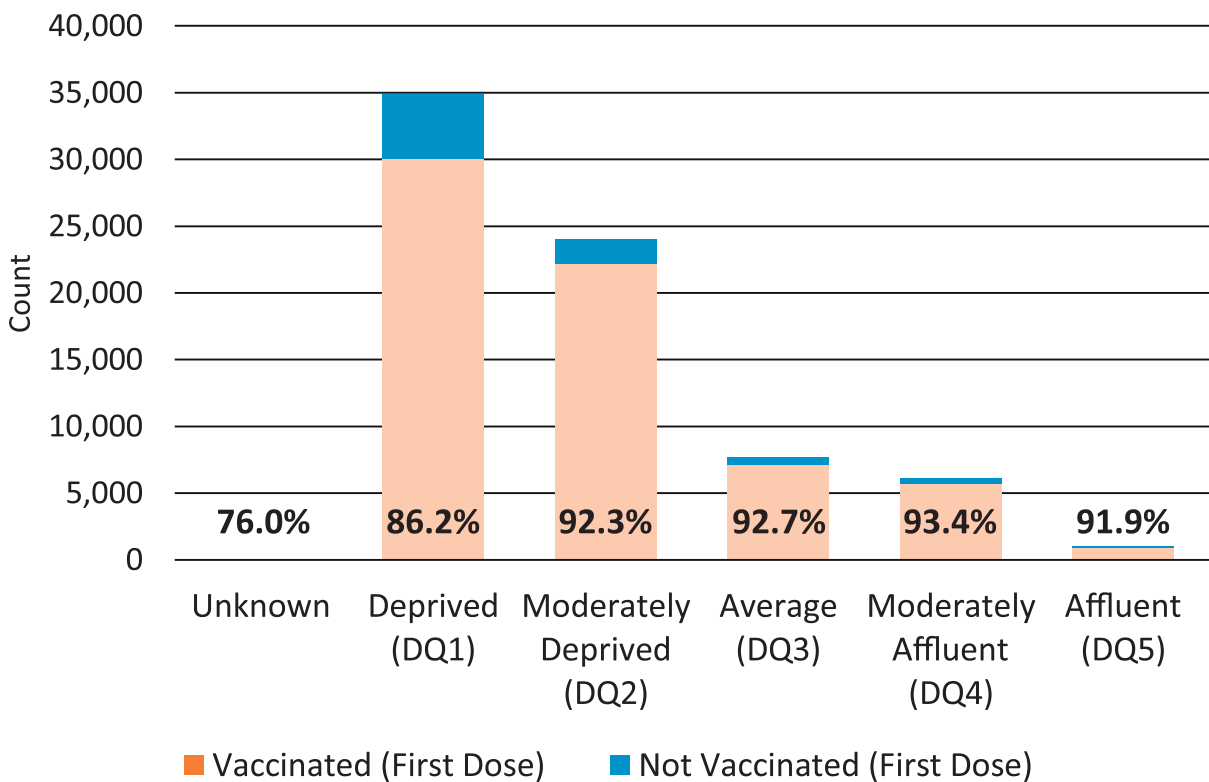
Phase three of the vaccination rollout is still under consideration by the JCVI.

Vaccine uptake has been high right across the country. Over 90% of Blackpool residents aged 50 and over have received at least the first dose of the vaccine and this is in line with the rate we see across England as a whole. There are however clear inequalities in the uptake of the vaccine. Figure 8 shows that low uptake is concentrated in the most deprived communities within Blackpool, as identified by the Index of Multiple Deprivation 2019.

Figure 8:
NHS Blackpool CCG registered population uptake by IMD quintile -
Age 50 and over – as at 19/04/2021

*DQ = Deprivation Quintile

Source: NHS South, Central, West CSU COVID Vaccine Uptake Report



Lower vaccine uptake is heavily concentrated in the centre of the town and is associated with existing disadvantage, such as the concentration of houses in multiple occupation and social isolation. Analysis has also identified lower uptake in males than females and although Blackpool has relatively very small BAME populations, the uptake is lower in Black and Asian ethnic categories. Vaccine uptake also drops consistently in younger ages. Through the second half of 2021, Blackpool Council and the NHS will encourage vaccination uptake through campaigns, recall, working with employers and community engagement, to increase vaccination uptake as much as possible and reduce inequality in vaccination uptake between different communities.

Settings

Care homes

Blackpool Council's Public Health team set up a dedicated Care Home Duty Desk, with a single point of telephone and email contact (SPOC) for any COVID-19 related incidents, outbreaks or queries in Blackpool care homes. Care home providers were provided with these contact details and asked to use these for any COVID-19 queries and to notify of any symptomatic or COVID-19 positive staff or residents in their home. The SPOC also receives notification of positive test results from Public Health England for care home residents and staff.

The Duty Desk officers speak to the manager, or responsible person, in the care home and provide infection prevention and control guidance and outbreak management advice. They also help identify possible contacts of symptomatic or positive individuals and provide clarification of national and local Care Home COVID-19 guidance. Notifications of new single cases or outbreaks are emailed to the Director of Public Health, the Director of Adult Social Services and other appropriate individuals as they occur. The team offer daily welfare calls, support and advice to care homes and manage requests for supplies of personal protective equipment. Latterly this has incorporated proactively encouraging testing and vaccination amongst care home staff and residents.

The Duty Desk supervisor provides a weekly situation report, giving an overview of the care homes that have current symptomatic or positive residents or staff. The supervisor also attends the weekly Care Home Provider meetings chaired by the Director of Adult Social Services to provide answers and clarification to any questions raised by care home managers.

Outbreak management meetings are initiated when appropriate and attended by representatives from the Care Home Duty Team, the Health Protection Team, the Social Care Provider Hub, the NHS and appropriate internal or external parties.

The Care Home Duty Desk and the collaborative work with Adult Social Services to proactively support homes, advise and champion good standards of cleanliness and infection control has successfully managed and mitigated large outbreaks safely.

Deaths in care homes

Due to the nature of COVID-19 and the fact that older people were hugely more likely to suffer severe illness, even with a huge effort from care providers and intensive support from partner organisations, sadly care homes were impacted severely and high rates of mortality were experienced across the sector. More people died with COVID-19 in care homes in Blackpool in the second wave of the pandemic than in the first and this follows the national picture. While the rise in coronavirus deaths amongst care home residents was much sharper during the first wave between March and September 2020, the number and proportion of deaths were higher in the second wave from September to April 2021.

However, it should be remembered that because of subsequent enhanced testing and increased medical knowledge, there may have been other undiagnosed deaths during the first wave.

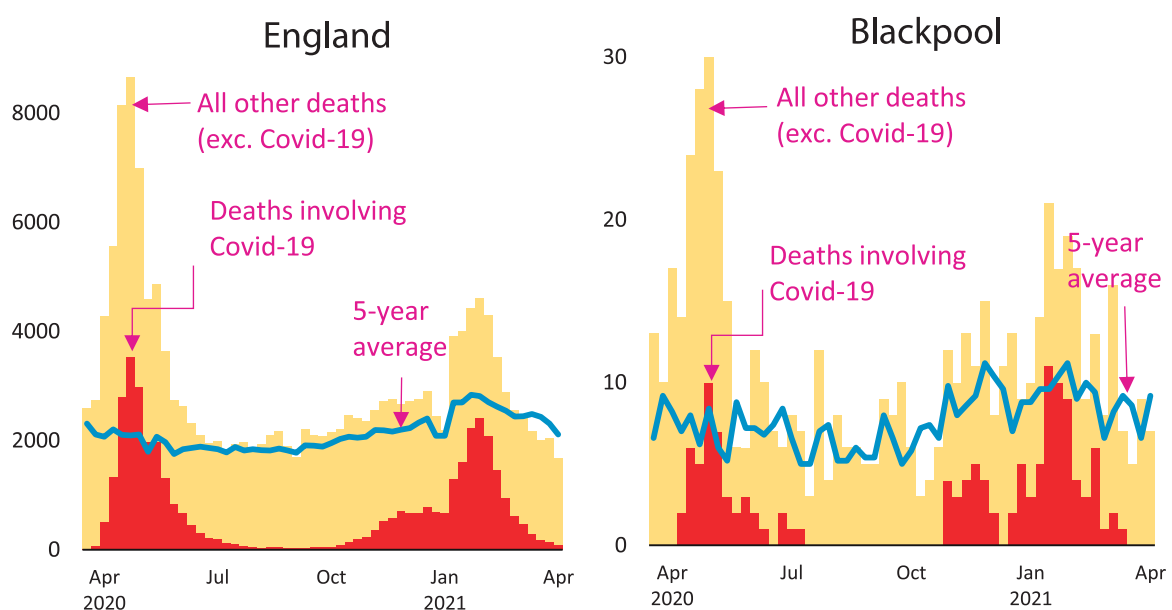
- Overall there have been 129 deaths from COVID-19 in Blackpool care homes up to the end of March 2021, just over a quarter (27%) of all deaths from COVID-19
- In the first wave (mid-March to 11 September 2020) there were 45 deaths involving COVID-19 to residents in care homes, 15% of all care home deaths
- In the second wave (12 September 2020 to 2 April 2021) there were 84 deaths, 27% of care home deaths
- By comparison, England had 23% of deaths in care homes involving COVID-19 in the first wave and 25% in the second wave
- In the first wave Blackpool had significantly lower proportions of deaths in care homes than was seen nationally, although it should be remembered that there may have been undiagnosed cases of the virus in the early stages.
- Blackpool's rate in the second wave was not significantly higher than average.

Following the national picture, there were more total deaths of care home residents above the five-year average in the first wave (117 excess deaths) than in the second wave (63 excess deaths).

Not all such deaths would be because of COVID-19. Other causes include delayed access to healthcare while the lower number in wave two may be attributable to vaccine availability and mortality displacement.

Figure 9:
Number of weekly deaths of care home residents involving COVID-19

Source: ONS



Schools

Schools have coped extremely well with the demands of the pandemic, evidencing great leadership, tenacity and a real commitment to children and families. Schools have largely remained open throughout the whole of this period, with isolated instances of closure, mostly in primary schools.

Minimising the risk of transmission of COVID-19 was ensured through the availability of materials to support clear preventative measures and the embedding of handwashing in schools' culture. Additionally, regular sessions were organised with Public Health Infection Prevention and Control specialists and the Director of Public Health who reinforced this in the daily thinking and planning of our school leaders. Signage for school sites was supplied that reinforced these messages for staff and pupils, produced by Blackpool Council's Corporate Print Services. Schools with a Service Level Agreement for Health and Safety had their risk assessments checked by specialists and their sites visited to check adherence to the guidance.

There was a mixed approach to the formation of "bubbles" in primary and secondary schools. Primary schools were able to form bubbles of between ten and 15 pupils, with a teacher and Teaching Assistant. They used available space to establish as many of these bubbles as possible. Secondary schools used the option to bring back year ten pupils initially for small group face-to-face contact, whilst social distancing and maintained bubbles for pupils who were vulnerable or who have parents who are critical workers. When whole cohorts of pupils returned to schools, these arrangements have been maintained and have helped massively with track and trace processes. These have been facilitated through the Public Health advice line and through the use of Minimum Data Set (MDS) forms that have been completed by schools and colleges.

Primary schools extended these bubbles from September 2020, but increased their size. Secondary schools largely used whole year group bubbles and "zoned" areas to keep these bubbles separate. Pupils used different exits and entrances to access buildings where possible.



School children practicing social distancing

A COVID-19 Health Protection Board was established in Blackpool that kept relevant professionals up to date with the current information on the pandemic response, including NHS Test and Trace processes and gave schools direct points of contact with two named people who acted as the primary contacts for NHS Test and Trace. The Head of School Standards, Safeguarding and Inclusion/Assistant Director acted as the primary point of contact (SPOC) and Head Teachers could email across for prompt attention, any concerns requiring action and/or advice. Schools were also kept up to date through the weekly Question and Answer sessions with Public Health and Public Health England North West provided a guidance pack for schools, which was regularly shared with schools when updated to reflect changes in national guidance, process and any updated evidence base.

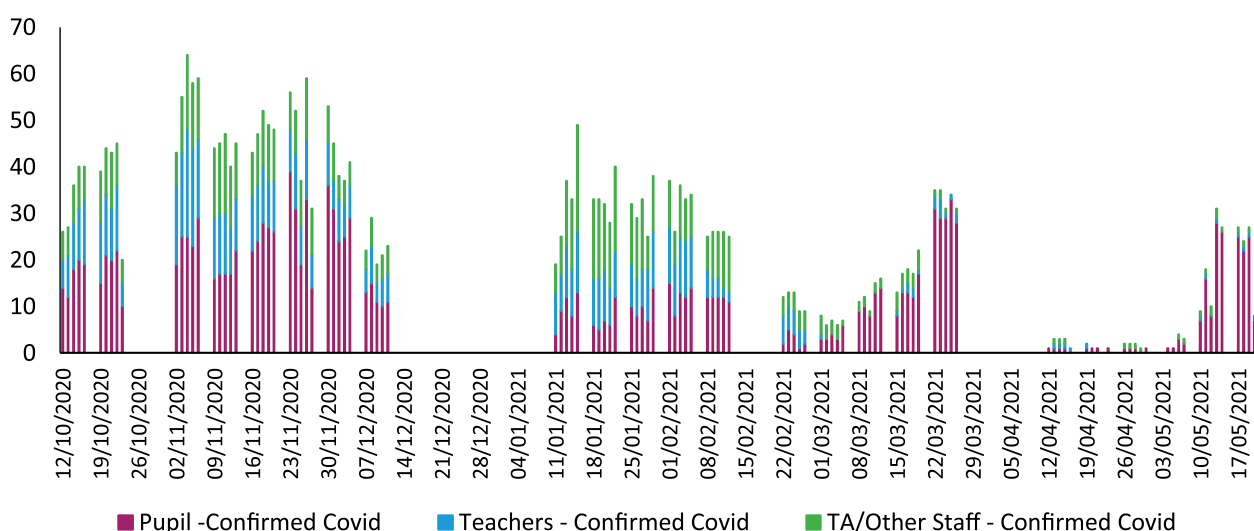
A central email address and telephone helpline for COVID-19 related enquiries was established by the Council and operated 9am to 5pm, seven days a week. Help and advice outside of these hours could be gained from the DfE Helpline or Public Health England out of hours service.

Blackpool Council Public Health worked closely with schools to provide testing in schools when appropriate or if concerns were raised as to transmission risk (via the provider FCMS) – this testing support was undertaken before the DfE roll out of regular testing in schools; and both FCMS and Lancashire's Resilience Forum (LRF) Army Surge capacity was used by many schools to build confidence and skills in taking on the testing processes for themselves going forward.

Schools worked hard to ensure that they had functioning systems that could easily pick up remote learning if there was a localised lockdown. All our allocated DfE laptops were distributed to families and we also progressed the access to BT Wi-Fi hotspots if they required it, as well as distributing 4G "dongles" to families. Schools that were unable to facilitate online learning were able to access the free support from the DfE and establish a Google or Microsoft platform. We shared information with school leaders about how to safely and effectively use Microsoft Teams and Google Classroom as well as using available online resources such as Oak National Academy. Schools could also utilise printed resources where absolutely necessary and we were able to use existing distribution networks to distribute resources and Free School Meals if required.

Figure 10:
Number of Confirmed COVID-19 Cases

Source: Blackpool Council local data collection



Blackpool Teaching Hospitals NHS Foundation Trust

The onset of the COVID-19 pandemic in March 2020 had a significant impact on secondary care service providers across the NHS. All but the most urgent elective activity was stood down to allow the Trust to focus on its response to the pandemic including the preparation and management of emergency admissions. Telephone and video appointments were utilised wherever possible to limit face-to-face clinic appointments and wards and departments were reconfigured to accommodate the huge surge in positive patients. Staff with key skills were also trained and redeployed to areas such as critical care in order to meet the needs of the local population.

At the peak of the first wave in April 2020, 144 hospital beds were occupied by patients with COVID-19 and over 100 new cases were reported in a one week period.

The NHS has been subject to ever changing national guidance throughout the pandemic, the first of which was the reclassification of COVID-19 from a High Consequence Infectious Disease; which required the use of enhanced Personal Protective Equipment (PPE) including FFP3 respirators, to a disease that required only standard PPE (i.e. gloves, apron and a surgical facemask).

The timing of this announcement coincided with reports of national PPE shortages and the release of PPE from the NHS's pandemic stockpile which consisted of items that had passed their original expiry date. This understandably caused anxiety and concern amongst healthcare workers, particularly those in secondary care who were at the frontline in terms of caring for patients with COVID-19.

By June 2020, the first wave had ended and new national guidance was issued which aimed to allow some secondary care services to resume as long as certain infection prevention measures were implemented. This included the need for elective patients to self-isolate and to have a negative test prior to admission.

New patient pathways were introduced in line with this guidance. All patients admitted to the Trust are now tested for COVID-19 on admission and again at regular intervals thereafter. The reason for admission and the test result determines whether or not patients are placed on a Low, Medium or High Risk COVID-19 pathway. In general, patients undergoing planned elective procedures are placed on Low Risk pathways and those requiring an emergency admission are managed on Medium Risk Pathways. Patients with suspected or confirmed COVID-19 are allocated to High Risk pathways and all areas within the Trust are clearly signed to denote which pathway is in operation in that area.

The Governments 'Hands Face Space' guidance was also implemented and remains in place to this day. Social distancing is still a crucial part of limiting the spread of COVID-19 and therefore the number of patients attending for clinic appointments, surgery or investigative procedures has to be carefully managed to ensure that a minimum two metre distance can be maintained between patients.

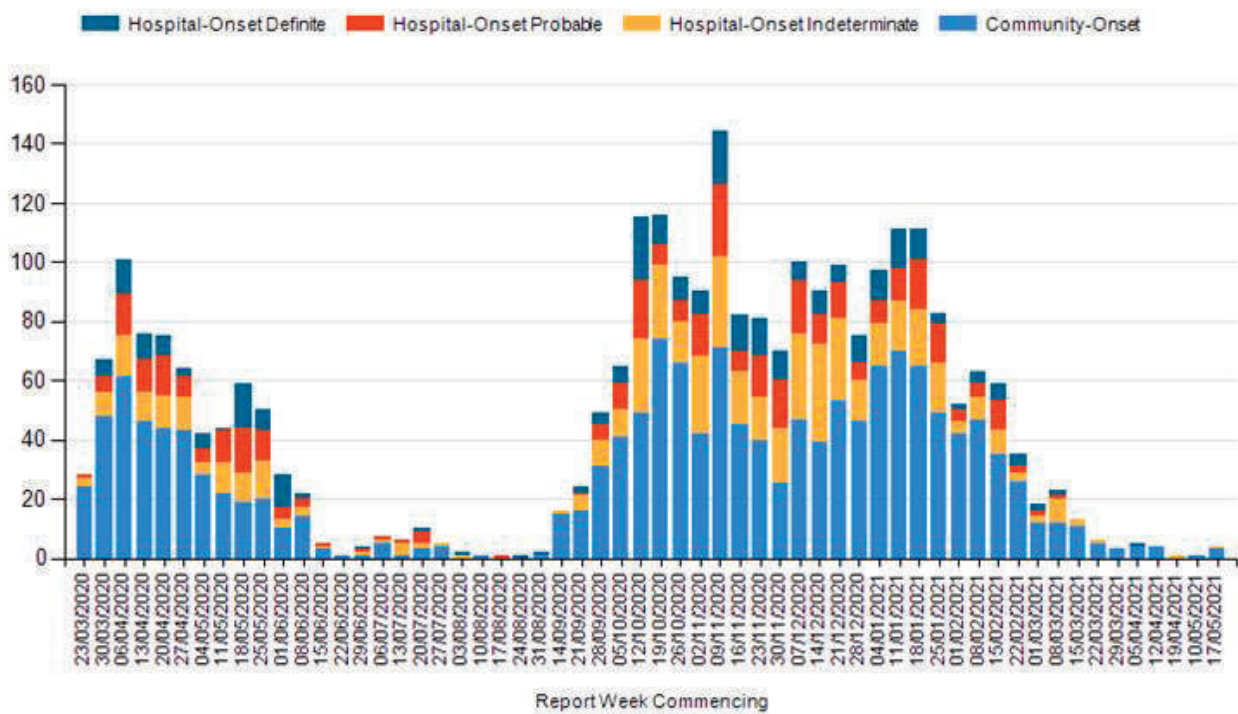
Secondary care services were put under pressure once again during the second wave of the pandemic where hospital admissions, including critical care admissions, surpassed those recorded during the first wave. The number of beds occupied by patients with COVID-19 reached a peak of 205 on 25 October 2020. This exponential increase in cases is clearly demonstrated in the chart below as is the significant decrease over recent weeks.

Nosocomial (hospital acquired) infections and outbreaks have also been reported throughout the pandemic and the Trust has implemented numerous preventative strategies based on the learning from root cause analysis and outbreak investigations. A Trust wide debrief is planned for June 2021 and learning from this exercise will be incorporated into future escalation plans and shared with key stakeholders across the Lancashire and South Cumbria Integrated Care System.

Figure 11:

Admissions to Blackpool Teaching Hospitals NHS Foundation Trust, by possible source of the COVID infection

Source: Blackpool Teaching Hospitals NHS Foundation Trust



Acknowledgements

This report was prepared by:

Stephen Boydell

Principal Epidemiologist

With support and contributions kindly supplied by:

Kate Aldridge

Head of Commissioning, Corporate Performance and Delivery

Angela Avery

Communications Officer

Nicky Dennison

Public Health Specialist

Denise Jackson

Public Health Business Manager

Sharon Mawdsley

Head of Infection Prevention, Blackpool Teaching Hospitals NHSFT

Lindsay Milner

Food and Health & Safety Enforcement Manager

Liz Petch

Consultant in Public Health

Chloe Pieri

Community Engagement and Partnership Manager

Alan Shaw

Public Health Practitioner

Paul Turner

Interim Assistant Director – School Improvement and SEND

