

Briefing paper –

Dissemination to Federation and Force Operation Talla teams only

Subject: COVID-19

Date:

Author: Simon Kempton

For information X

For decision

Colleagues, please find below today's COVID-19 update.

Public Health England:

The overall infection figures for the virus are moving in the right direction, in particular across the North of England where numbers of new infections are approximately 50% less than a week ago across that region. This mirrors a downwards trajectory across the United Kingdom for new infections.

However, there are still relatively high numbers of people being admitted to hospital, though this trend is beginning to slow. Similarly, though the number of cases overall is starting to drop, there had been an increase in the number of deaths recorded from COVID-19, due in part to the four-week lag between a person contracting the virus, being admitted to hospital and then either being discharged or passing away.

Looking towards the Christmas period, the greatest area of threat from the virus, which could lead to a renewed rise in cases, is that of crowded places, particularly retail venues. To that end the minister has signed off amendments to planning laws to allow stores to remain open much longer, in order to spread the customer footfall more evenly across the day. That said, it is likely that ministers will look to policing to continue to robustly enforce the Regulations in order to keep the pressure on the downwards trend in numbers.

Op Talla Silver Update:

Much of the work underway at the moment has related to the issue of self-isolation, in particular how self-isolation has worked during the pilot scheme of mass testing (or 'community testing') in Liverpool, something which has driven discussion for the operational team.

On the wider issue of police enforcement of breaches of self-isolation regulations, there has been some issue here around the evidential basis for issuing Fixed Penalty Notices or other action. This comes on the back of discussions with CPS who have stated that some breaches may not be enforceable for reasons such as confirming the identity of the individual and being unable to show a clear evidential trail sufficient for possible prosecution.

This is not the case for individuals who have had a positive test for the virus; there it is clear that they have been informed about the requirement to self-isolate and, from there, to show a breach to an evidential standard.

The advice to forces at the moment in relation to this issue is to continue as they have been, pending further guidance from the relevant NPCC lead, but with perhaps a pragmatic approach bearing in mind the above.

Regulations and Policy:

There will be further Regulation changes this week, as we know, to facilitate the end of the lockdown period and a return to a tiered approach to the virus.

To highlight some of the challenges being faced by the Op Talla team and our ability to influence those Regulations, as of yesterday (Monday 30 November) afternoon those final regulations had not been sent out to Op Talla. Even so, the College of Policing will be looking to send out the relevant guidance to forces this evening in time for the change of Regulations, once they've been signed off by Parliament.

One area which is being examined as we enter December is that of 'fox hunting' or, more properly since hunting with dogs became unlawful, Trail Hunting. Advice is being sought from legal teams around the legality of taking part in Trail Hunting during the restrictions in the various tiers, which may have an impact on some forces particularly with the traditional Boxing Day hunts.

Liverpool Community Testing:

A pilot scheme has been running in Liverpool for some weeks now, aimed at rolling out community testing (often referred to as 'mass testing') across the city. So far more than 30% of the population have been tested with the quicker Lateral Flow Tests with a marked increase in the number of PCR tests undertaken too.

The net result of this process has been to massively reduce infection rates across the city with the most rapid decline seen anywhere in the UK.

This has led to the development of what is known as 'Smart Testing'.

Smart testing involves an individual being identified as having had a close contact with an individual who may be infected with COVID-19. Note, this is not for an individual who is infected themselves, but someone who may be due to that contact.

The individual under normal circumstances would then self-isolate for fourteen days before returning to work or their otherwise normal life. We know that many of these individuals are isolating as a precaution and are likely not infected. We also know that many people will not put themselves forwards for testing because a positive test will mean being unable to work, and being unable to work will mean being unable to feed their families. Public Health England, therefore, were looking for ways to strike the balance between getting the protection for the community and making sure as many people as possible take part.

Smart testing, therefore, involves somebody taking a Lateral Flow Test for seven days in a row, and a PCR test on day five. As long as those tests are all negative, the individual can continue to go about their lives as normal, including going into work.

From the start, the Federation have expressed some concern around this approach. By definition, some of those who are in this pilot will be infected but the LFT test will not pick up their infection given that it is less accurate than PCR and works in a different way. Put simply, the LFT is more likely to pick up somebody with a high "dose" or viral load of COVID than somebody who has a smaller viral load. Our concern, therefore, was that some colleagues could be in the workplace with the virus after being identified as a possible carrier and potentially spreading the virus to colleagues and the public.

Our preference was that the individual work from home for that period, erring on the side of caution, to try and ensure we keep down transmission in the workplace as much as possible.

This pilot is now about to be rolled out to many more areas, between twenty and fifty, which will mean this question is one that comes to many more Branches. It is clear, though, that many local authorities are concerned about their ability to manage a mass testing programme given the huge logistics which sit behind it, particularly given that other areas have been told that they will not receive the same levels of support as that enjoyed by Liverpool Council.

The Federation have had the opportunity to discuss this with a Chief Medical Officer who has explained the reasons behind the programme and has accepted our concerns around

risk-mitigation. To this end, they have stated it is perfectly possible for forces to take a different approach and, perhaps, to tailor it so that they only use the approach where there's a pressing operational necessity or for critical areas.

Vaccines:

As we know there are three potential vaccines which are the front-runners to be developed first, those from Pfizer, Moderna and Oxford University/AstraZenica. The UK Government have ordered in excess of 400 million doses of the vaccines in total, including 300 million of the Oxford University vaccine.

It seems, though, that the Pfizer vaccine will arrive first. This is the one which poses the most logistical issues, as it must be stored at temperatures below minus seventy degrees centigrade. Once out of cold storage, the vaccine must be placed into vials and dispensed relatively quickly, something which has had to be planned for when putting together the mass vaccination programme.

The other vaccines are expected to follow shortly behind, with the beginning of a programme of mass vaccination expected to commence before Christmas.

As we know, the most vulnerable to COVID are likely to be vaccinated first, in the first phase, with those who are younger or otherwise less vulnerable, but engaged in critical roles, likely to follow afterwards.

Forces have started to be informed around the location of their first mass-vaccination sites to allow them to plan for both the security of the site and, where necessary, the management of people attending the site (for example if traffic congestion is caused). In total there will be 46 sites across the country initially, with more, smaller, community vaccination sites to follow.

Government Updates:

Government are standing up their response to the end of the EU-Exit transition phase in strength from 14 December with a more substantial response from 28 December to cover the period over the New Year. It seems likely though that where there is any impact, particularly on policing, that it won't be felt fully until a short period into January as cross border traffic picks up after the holidays.