

**Integration Joint Board**

**Agenda item:**

**Date of Meeting: 05<sup>th</sup> August 2020**

**Title of Report Covid19 Public Health update**

**Presented by: Dr. Nicola Schinaia, Associate Director of Public Health**

**The Integrated Joint Board is asked to:**

- Consider the Covid19 current status update, in terms of:
  - ◇ distribution of infection rates in A&B community;
  - ◇ Covid-19 testing in A&B community;
  - ◇ support to A&B community during the peak of Covid-19 pandemic and its adaptation to the new response phases
- Review the look forward planning themes/implications to be able to respond to additional “spikes” of Covid19 infection, whilst our “business as usual” resumes.

## **1. EXECUTIVE SUMMARY**

This paper reviews the work of Public Health in Argyll and Bute relating to Covid-19 and focuses on four main areas:

- Understanding the epidemiology of Covid-19 in Argyll and Bute
- Testing for SARS-CoV-2 in Argyll and Bute
- Caring for people work stream supporting our communities
- the priority Public Health activities as the Covid-19 response evolves based on the changing epidemiological, clinical and socio-economical landscape

This work has enabled us to monitor the extent of the spread of the disease, to promote a comprehensive and widespread process to allow priority key workers as well as a wide variety of society sectors to undergo testing, with the aim at reducing the time spent in self-isolation, as well as to reduce transmission as low as possible, as well as to set up a robust mechanism to support most vulnerable people.

## **2. INTRODUCTION**

This paper builds on accounts provided in the earlier reports, with the dual aim of providing the timeliest update as the pandemic is unfolding in A&B, as well as the priority Public health work over the summer months.

### 3. DETAIL OF REPORT

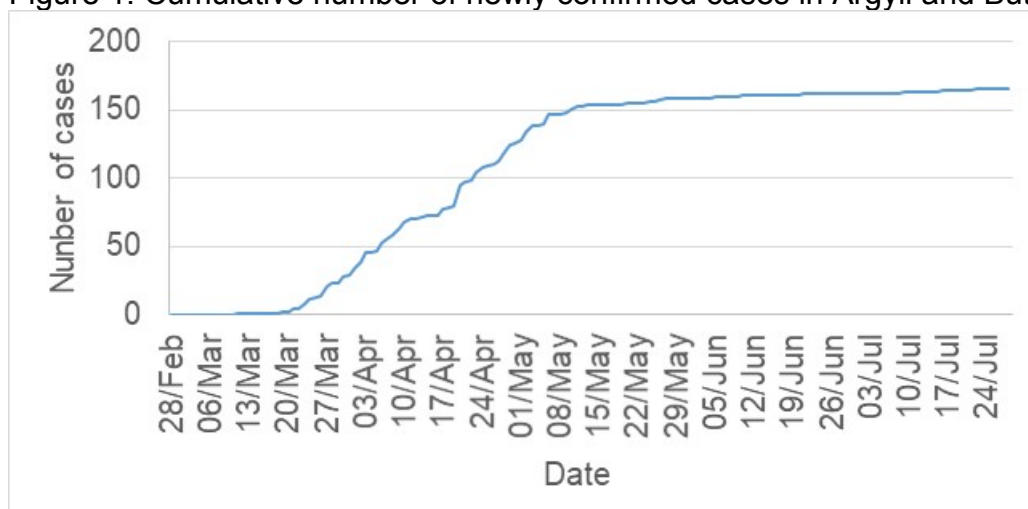
#### A. Epidemiology of Covid-19 in Argyll and Bute

This section will summarise the latest number of confirmed cases, the distribution of deaths over the course of the pandemic and their incidence compared to average of last few years for same period of time.

Public Health Scotland report there have been 165 confirmed cases recorded of Covid-19 in Argyll and Bute at 28<sup>th</sup> July 2020, equating to a crude incidence rate 19.1/10,000 people<sup>1</sup>. This includes data from NHS laboratories and UK Government test sites. Figure 1 shows the cumulative number of cases reported. There have been low numbers of new confirmed cases in recent weeks.

Scottish Government reported 381 confirmed cases across NHS Highland as of 28<sup>th</sup> July, equivalent to 11.8/10,000 people<sup>1</sup>. The total number across Scotland was reported to be 18,558, equivalent to 34.1/10,000 people<sup>1</sup>.

Figure 1. Cumulative number of newly confirmed cases in Argyll and Bute



Source: Scottish Government reporting  
<https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>

There have been a total of 64 deaths registered involving Covid-19 of Argyll and Bute residents up to the end of w/c 25<sup>th</sup> May (up to 31<sup>st</sup> May), with no deaths involving Covid-19 registered in the following 7 weeks, up to 19<sup>th</sup> July<sup>2</sup>.

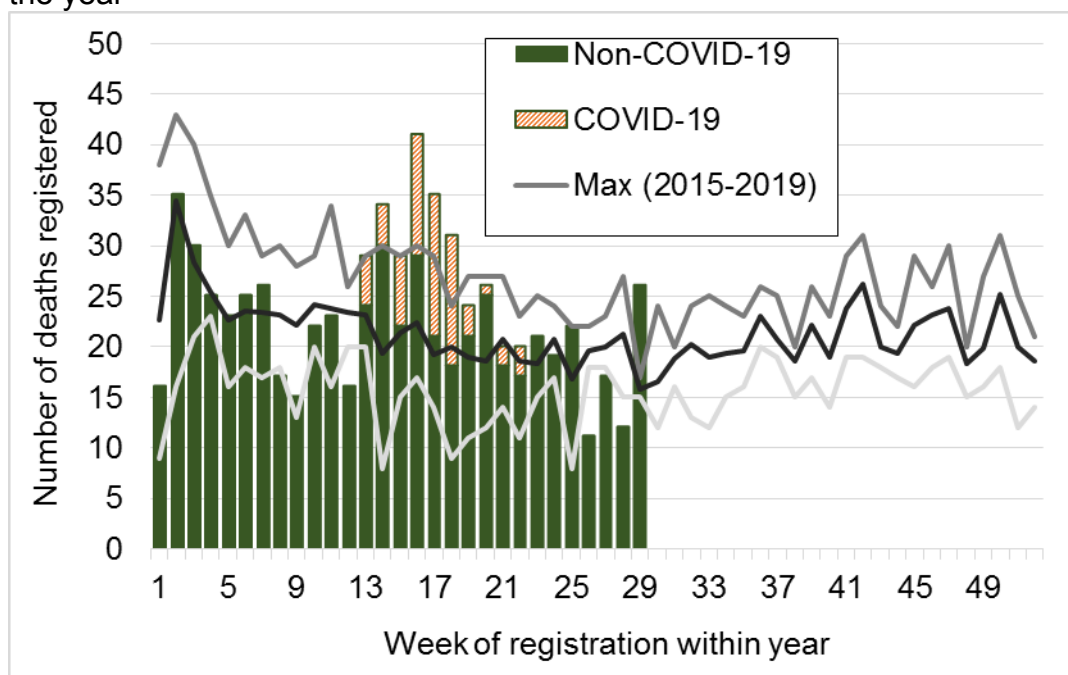
Figure 2 shows deaths involving Covid-19 alongside all other deaths for 2020. In addition, the average number of deaths from 2015-2019 and the minimum and maximum number of deaths from 2015-2019 are shown for each week

Data are by the date deaths are registered and not the date that deaths occurred. Data include confirmed and presumed cases of COVID-19.

<sup>1</sup> Population estimates from National Records of Scotland 2018 estimates: Highland:235,540, Argyll and Bute: 86,260 people, Scotland: 5,438,100 people.

<sup>2</sup> Reported by National Records of Scotland. Includes any non-residents of Scotland who died in Argyll and Bute.

Figure 2. Deaths of Argyll and Bute 'usual' residents by week registered within the year



Source: National Records of Scotland. Provisional data up to 19<sup>th</sup> July (week 29) of 2020.

Future work is being planned in conjunction with colleagues in North Highland as appropriate, includes consideration of evidence around:

- Monitoring of community and staff testing for Covid-19
- Monitoring the course of the epidemic in Argyll and Bute and primarily the follow up of new positive case through Test and Protect system
- Needs of those recovering from Covid-19 infection
- Consideration of the impact of long-term conditions, potential latent need for Health and Social Care services and the impact of likely economic downturn in Argyll and Bute
- Consideration of deprivation in Argyll and Bute and the association of deprivation with rates of death observed by ONS

Some of this planned work could be considered an update to the JSNA to inform strategic planning going forward.

Further epidemiological information and trends are provided in Appendix 1.

## B. Testing for Covid-19 in Argyll and Bute

Testing for Covid-19 in Argyll and Bute is accessible through different pathways for the public, hospital patients, symptomatic health and social care staff or household contacts, care home staff and residents and non-health and social care keyworkers. Testing pathways and eligibility are outlined in a set of NHS Highland test cards (Table 1).

The following pathways have been developed across NHS Highland to address the different testing requirements and policies.

Table 1. Testing pathways in Argyll and Bute

Test card	Title
1	Symptomatic General Public over 5
2	Hospital Inpatient
3	Hospital Inpatient 70 and over
4	NHS Highland employees
5	Symptomatic Care Home Staff (non-outbreak)
6	Care Home Staff Surveillance
7	Care Home Staff in Outbreak Site
8	Covid Assessment Centre
9	Care Home Care at Home staff in Argyll & Bute
10	Argyll & Bute HSCP – Council Employees
11	Pre-admission & Outpatient
12	Symptomatic Care Home Resident (non-outbreak)

### Overview of test locations and results

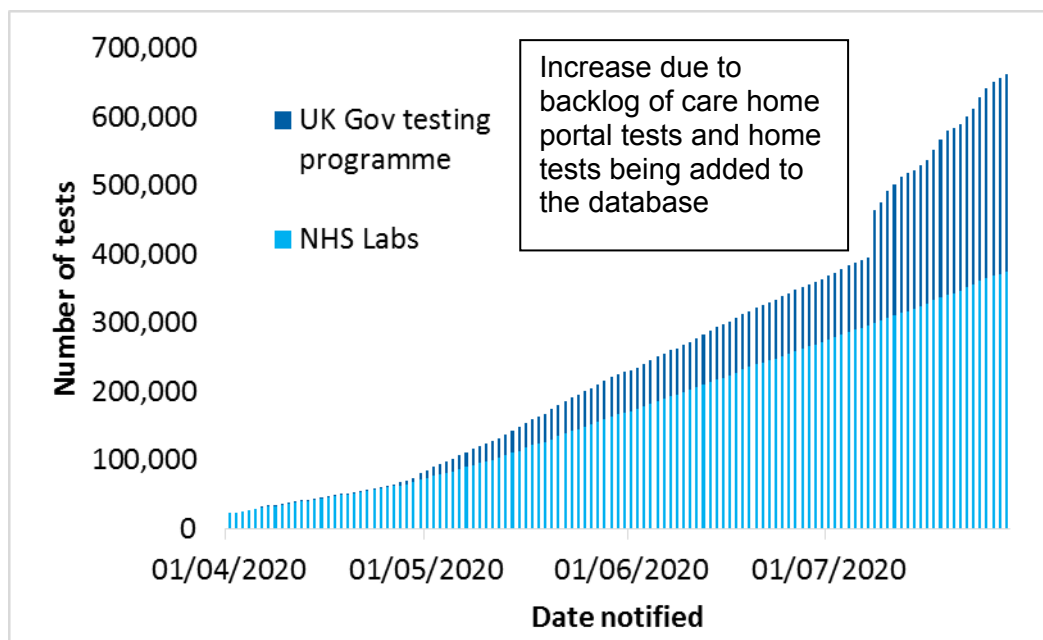
Testing can be carried out at a number of different locations as outlined in Table 2.

Table 2. Test locations

Test location	Description
NHS	Primarily within hospital or through Covid Assessment Centres (CACs)
Care Home portal	UK Government route for access to postal tests for care home staff and residents
Glasgow Airport	UK Government site
Home	Postal test taken at home organised by the UK Government
MTU	Mobile testing unit run by the army on behalf of the UK Government

Overall, numbers of tests for COVID-19 across Scotland have increased over time, as per Fig. 3.

Figure 3. Cumulative number of COVID-19 Tests carried out in Scotland



Source: Scottish Government reporting

<http://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/>

Different test sources have been introduced at different time points with increasing amount of testing occurring through UK Government routes. (Figure 3).

Table 3. Number of tests test route

Test route	Number of tests
NHS	5365
Care Home portal	2115
Glasgow airport	535
Home	269
MTUs	1842

Source: ECOSS test dates up to 26<sup>th</sup> July – downloaded 28<sup>th</sup> July. Argyll and Bute residents only. Only tests submitted by Glasgow Regional Virus Laboratory, Golden Jubilee and UK Gov labs. ECOSS does not include tests reported as void. ECOSS is a dynamic system and results reported here may be adjusted in the future.

Positive test results have reduced since April (Table 4). Note that the number of positive tests does not equate to the number of individuals tested positive as individuals may be tested more than once.

Table 4. Number of positive test results by week.

Month tested	Number of positive tests (note that individuals may be tested more than once)
March	29
April	114
May	59
June	15
July	<5

Source: ECOSS test dates up to 26<sup>th</sup> July – downloaded 28<sup>th</sup> July. Argyll and Bute residents only. Only tests submitted by Glasgow Regional Virus Laboratory, Golden Jubilee and UK Gov labs. ECOSS does not include tests reported as void. ECOSS is a dynamic system and results reported here may be adjusted in the future.

### Care Home Testing in Argyll and Bute

On 4 June 2020 the Scottish Government Cabinet Secretary for Health wrote to NHS chief executives with instructions to carry out weekly Covid-19 testing of staff working in care homes. The intention of this initiative was to further protect care home residents from Covid-19 infection and alongside other infection

prevention and control measures, to reduce the likelihood of a covid-19 outbreak in care homes.

This matter has been discussed regularly at the Care Home Task Force and the input and support from care homes in Argyll and Bute has allowed high numbers of available staff to be tested on a regular basis. A number of different arrangements for testing have been utilised and care home managers are to be recognised for their high degree of flexibility in accommodating these testing requirements.

- Testing Trends

Trends from week 2 of testing show an increase both in the percentage of available staff being tested and the number of homes taking part in routine testing. Overall for the period 15 June to 26 July 2020, an average of 69% of available staff in Argyll and Bute have taken part in weekly screening. This is shown in table 1. During the week commencing 8<sup>th</sup> June some homes did carry out testing but this was not recorded and reported to Scottish Government.

<b>Week Commencing</b>	<b>No. of Homes Tested</b>	<b>Available Staff</b>	<b>Staff Tested</b>	<b>% Staff Tested</b>
1. 15.6.20	14	672	295	44%
2. 22.6.20	13	657	372	57%
3. 29.6.20	15	664	506	76%
4. 6.7.20	16	623	522	84%
5. 13.7.20	14	609	427	70%
6. 20.7.20	17	613	518	85%

Table 1: Weekly totals of staff testing in Argyll and Bute Care Homes.

- Procedure for Positive Results

The Public Health team in Inverness is notified of positive results via laboratory services to their electronic Health Protection data management system. Occasionally Public Health are notified of results via other means, for example by phone.

A positive test result triggers intense support arrangements with the home being placed under surveillance and being closed to admissions. A Health Protection team member will contact the home to arrange for testing of all staff and residents. A PAG is convened to oversee the management of the incident and discusses actions and approach; media and public relations; communication with relatives; Care Inspectorate involvement; and ongoing support for the home.

This further testing is carried out in the home with kits from the local CAC. This allows for quicker reporting of test results to the Health Protection team and ensures the results are recorded through NHS laboratories. Test kits receive a lab number from Oban and are sent to West of Scotland Virology lab for testing. Results are communicated to the home via the Health Protection team and staff members via the testing CAC.

## C. Caring for People

In May 2020 the IJB received a comprehensive report of the approach taken in Argyll and Bute to implement a Caring for People (CfP) response in line with Scottish Government's national resilience strategy. This approach has been a joint partnership between Argyll and Bute Health and Social Care Partnership, Argyll and Bute Council and Argyll and Bute Third Sector Interface (TSI). This section provides an update of these community resilience activities since May:

- Caring for People Tactical Partnership

When the tactical partnership formed there was a need for daily meetings to enable support systems to be developed. In July these meetings reduced to weekly and have recently combined with the shielding meeting and convene each Monday morning. The joint agenda continues to include a weekly update of statistics from the previous week, for example, number of calls to the helpline and numbers of people in the shielding categories. The agenda also allows time for planning for evaluation and lessons learned and ongoing service developments.

- Caring for People helpline

The Helpline was set up on 27 March 2020 via the council's customer service system. Up to 19 July a total of 4,130 calls had been received. Calls are still being received, for example there were 99 in the week ending 19.7.20 but this volume is significantly lower than a peak of more than 500 per week in April. A total of 3,414 people have logged 4,061 Caring for People requests via the helpline or the electronic online form (some people phone back to the helpline and/or make more than one request for help, for example shopping and medication delivery).

Area	Food	Household Supplies	Prescriptions	Repairs/ Utilities/ Fuel	Befriending/ Counselling/ Support	Essential travelling	Community Group	Animal Welfare	Request Count	Incident Count
Bute	313	54	129	9	19	3	2	2	531	442
Cowal	414	97	180	20	17	7	2	4	741	589
Helensburgh and Lomond	496	74	110	12	24	4	2	3	725	617
Islay and Jura	85	13	1	2	3	0	0	2	106	90
Kintyre	274	36	112	8	13	2	1	2	448	403
Mid-Argyll	253	68	138	14	6	5	3	4	491	403
Mull, Coll, Colonsay, and Tiree	255	26	4	6	1	0	2	0	294	269
Oban and the Small Isles	414	78	174	15	29	4	4	7	725	601
<b>Total</b>	<b>2504</b>	<b>446</b>	<b>848</b>	<b>86</b>	<b>112</b>	<b>25</b>	<b>16</b>	<b>24</b>	<b>4061</b>	<b>3414</b>

Table: Caring for People requests by area and reason.

- Shielding

People most at risk of serious morbidity and mortality from Covid-19 have had special Scotland wide arrangements put in place to minimise these risks, this is commonly referred to as "shielding". A total of 3,298 people have been identified in Argyll and Bute for shielding with regular trawling of medical data to add new people to this list. The current shielding arrangements are coming to an end on 31 July 2020. To date comprehensive support has been provided for shielded people who chose to take up this support: 785 are receiving National Food Parcels and 661 are enrolled with the Priority Supermarket Delivery Scheme. In addition since inception 1021 local food requests, 343 pharmacy requests and 243 other CfP requests have been fulfilled, alongside 2277 general council requests made by 907 shielded individuals. A final round of welfare calls is underway to make sure shielded customers are aware of the imminent end of shielding.



- Emotional Wellbeing

Evidence from emergencies and disasters around the world tells us that emotional wellbeing and mental health are affected by significant events. This was considered at an early stage in the Covid-19 emergency response both nationally and locally with a wide range of campaigns and support being developed. CfP set up telephone support services in Argyll and Bute to help people navigate the different sources of support. This involved telephone befriending via the TSI and one to one telephone contact to enable people to access the most appropriate support. Despite significant promotion via front line health and social care staff and on social media, the numbers of people requesting this emotional help remains very low with less than 40 people having called the helpline for emotional support.

It is not clear if the anticipated mental health needs are not actually present in the population or if barriers exist that prevent people from seeking support for these needs. This is being carefully considered during this lessons learned phase and in the CfP evaluation plan to consider what else can be done support mental health and wellbeing during the pandemic. This is important in order to avoid a potential surge in demand for mental health and social care services.

- Next Steps

A comprehensive evaluation is being carried out into how the Caring for People response was mobilised and able to meet the needs of local communities during the Covid-19 emergency. This includes lessons learned to inform ongoing delivery of CfP. IN the short term the level of demand for support is low and some services are being stood down. This is with a view to having back up support in place ready to step up again if required.

#### **D. Priority Public Health activities during summer 2020**

As the Covid-19 response evolves, based on the changing epidemiological, clinical and socio-economic landscape, Covid-19 focused we will update all the work done in this area. The key activities encompass:

- Test and protect
- Protection of local communities whilst lockdown is lifted (Tourism Task Force)

The Test and Protect programme is in place across Scotland to identify people infected with Covid-19, to support them to stay at home till the end of their infectious period and to trace any of their close contacts who may also have been infected. This service is co-ordinated by the health protection team in Inverness for the whole of NHS Highland. Additionally there is a Scotland wide contact tracing service in place ready to respond to higher numbers of positive cases should this be required. Argyll and Bute public health staff are involved in developing support services to enable people who test positive to comply with stay at home requirements. Examples of this support may include the CfP services described above or emergency housing.

Effective Test and Protect is reliant on prompt testing of people with symptoms. This has improved significantly since June. Testing capacity in labs continues to increase allowing for routine screening of certain groups of

people in addition to testing symptomatic people within 5 days of symptom onset. Their main routes for testing include:

- Key workers and family members via NHS Community Assessment Centres (CACs).
- Everyone else over 5 years attend a community based Mobile Testing Unit or request a home test kit delivery.
- Postal kits for care home staff for weekly screening.

The UK wide testing pathways still have some gaps for our islands and bespoke pathways are being developed to allow locals and visitors to be tested if they are symptomatic. These pathways involve a combination of GP practices and CACs.

There is some concern across rural areas of Argyll and Bute, especially the islands that the relaxation of lockdown arrangements and increasing visitor numbers will pose risks to fragile communities. There has been significant interest in this from a number of different perspectives including local politicians, community members and tourism stakeholders. There are a number of local stakeholders in the agenda, for example the Economic Resilience Forum and Public Health's role is that of professional advisor. There are challenges in getting a balance between opening up the economy and minimising risks of further infection.

#### **4. RELEVANT DATA AND INDICATORS**

Data have been reported in the above section and in the Appendices. In summary, we have presented trends on: confirmed cases of COVID-19 infection, overall and COVID-19-specific mortality.

#### **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

This work supports/underpins the HSCPs strategic and operational response to this emergency pandemic.

#### **6. GOVERNANCE IMPLICATIONS**

##### **Financial Impact**

These activities - responding to the pandemic and following on from it - have employed a larger number of resources, primarily in terms of person-time. Such increased spending has been tagged to dedicated Covid-19 funding and will be accounted under this budget line work will need to be taken account of within current financial planning and return to business as usual which is in hand..

##### **Staff Governance**

The workforce consequences and staff and TU fantastic response to the crisis has epitomised the adoption and strengthening of good communication and formal engagement processes and partnership working.

##### **Clinical Governance**

Clinical governance response has been fundamental to the shaping and management of the public health projections and demand modelling and our response to ensure patient, client and staff safety.

## **7. PROFESSIONAL ADVISORY**

Inputs from professionals across stakeholders remain instrumental in the response to the Covid19 pandemic. There has been a close collaborative working between the Departments of Public Health in Argyll and Bute and North Highland. We expect this to be a long-lasting positive outcome of this major incident.

## **8. EQUALITY & DIVERSITY IMPLICATIONS**

Equality and diversity will need to be reviewed and considered as we progress through this pandemic cycle and emergency operating arrangements. Experience from other countries shows that marginalised communities fair worst in relation to both infection rates and health outcomes. An impact assessment will be developed for the response in due course, but in the meantime principles of equality have informed specific programmes of activity. Examples of this include targeted activity with gypsy/traveller communities and developing communications materials for different audiences eg learning disability friendly and subtitles for people with hearing impairment.

## **9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

Compliance with GDPR remains critical and is being considered within the various pieces of work supporting the sharing of information and data to protect health and wellbeing of staff and the public and patients.

## **10. RISK ASSESSMENT**

Not required for this report.

## **11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

A comprehensive communications strategy exists to provide accurate information on the Covid-19 response to staff, partners and the wider population. The Third Sector Interface contributes to the Caring for People Tactical Partnership and provides a link to local community resilience activity, third sector organisations and community members.

## **12. CONCLUSION**

Following the declaration of major incident in NHS Highland to respond to the Covid-19 pandemic, the Department of Public health identified a number of key activities to contribute to the overall HSCP response. Human resources have been focused to the response. Our overriding working principles of cooperative working within the HSCP have strengthened and it is expected that may be helpful in the management of the subsequent phases of the pandemic and the post-covid-19 work.

## DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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## APPENDIX 1 – Epidemiology update

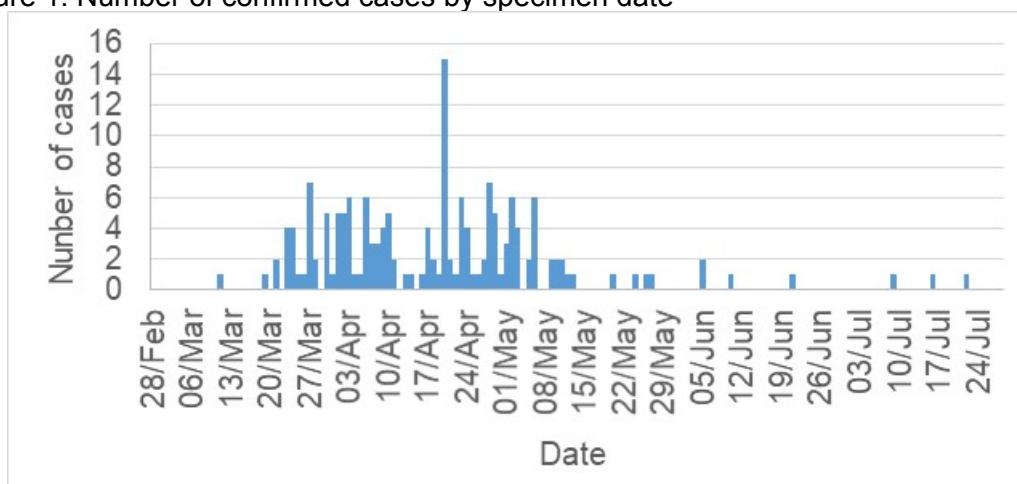
### 1. Introduction

- This section will present more detailed information on the individuals that have been reported since the beginning of the outbreak as testing positive for Covid-19, or that have sadly passed away. Data are for management purposes only and not for dissemination.
- Numbers of confirmed cases depend on the numbers of cases and the testing strategy employed. UK Digital data includes UK Government testing at UK Government test sites eg Glasgow Airport, Mobile Testing units, at home and tests booked via the care home portal.

### 2. Confirmed cases in Argyll and Bute by date reported

- are shown in Fig. 1.

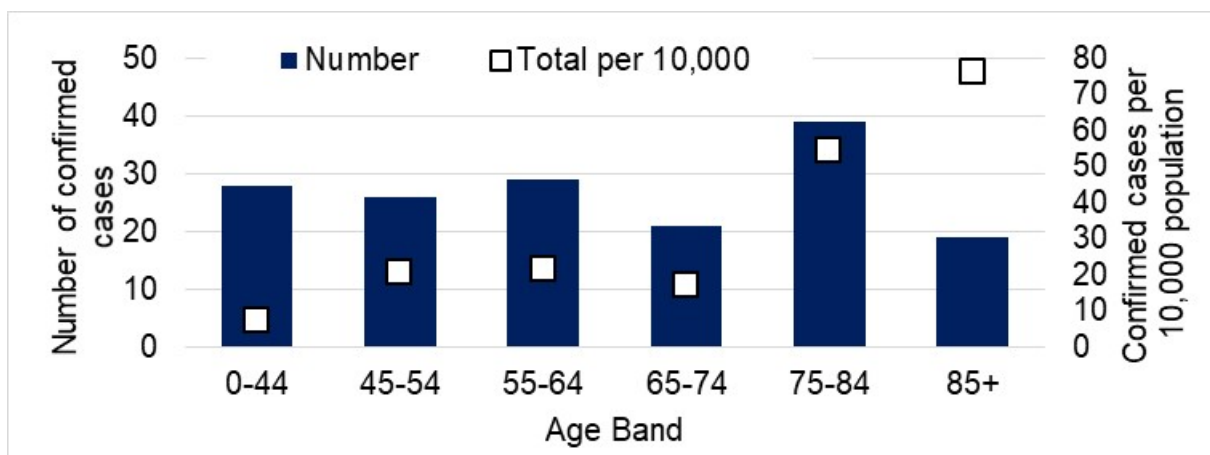
Figure 1. Number of confirmed cases by specimen date



Source: Scottish Government reporting  
<https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>

- Data on age and gender were available for 162 confirmed cases from Argyll and Bute. Argyll and Bute has now had 82 confirmed cases in males and 80 in females.

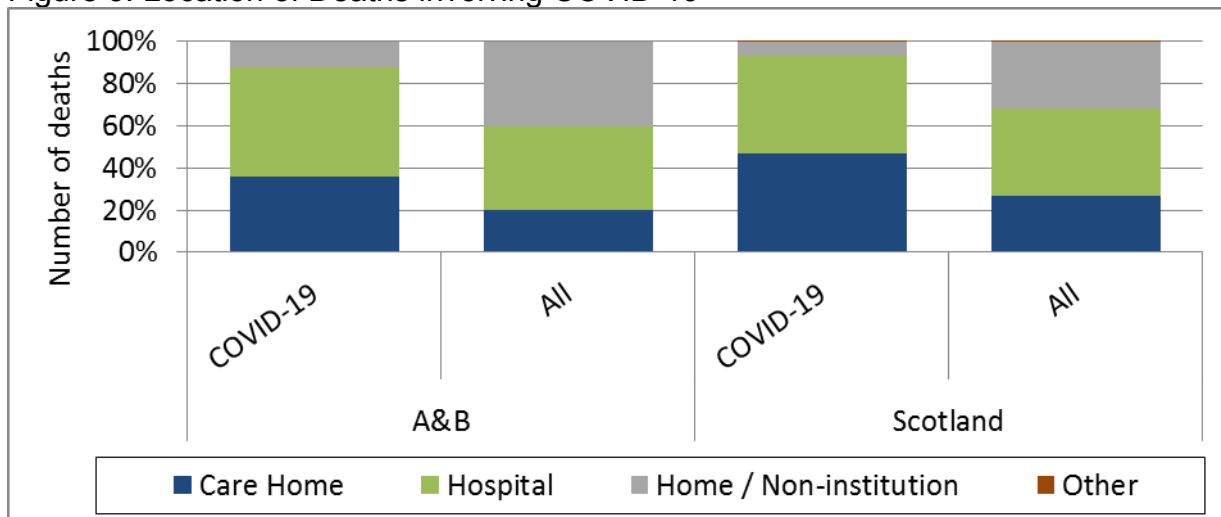
Figure 2. Number of confirmed cases by age band and gender and number of confirmed cases per 10,000 population by age band



Source: NHS Highland reconciled data up to 27<sup>th</sup> July 2020 and NRS population estimates (2018)

### 3. Deaths where Covid-19 is mentioned

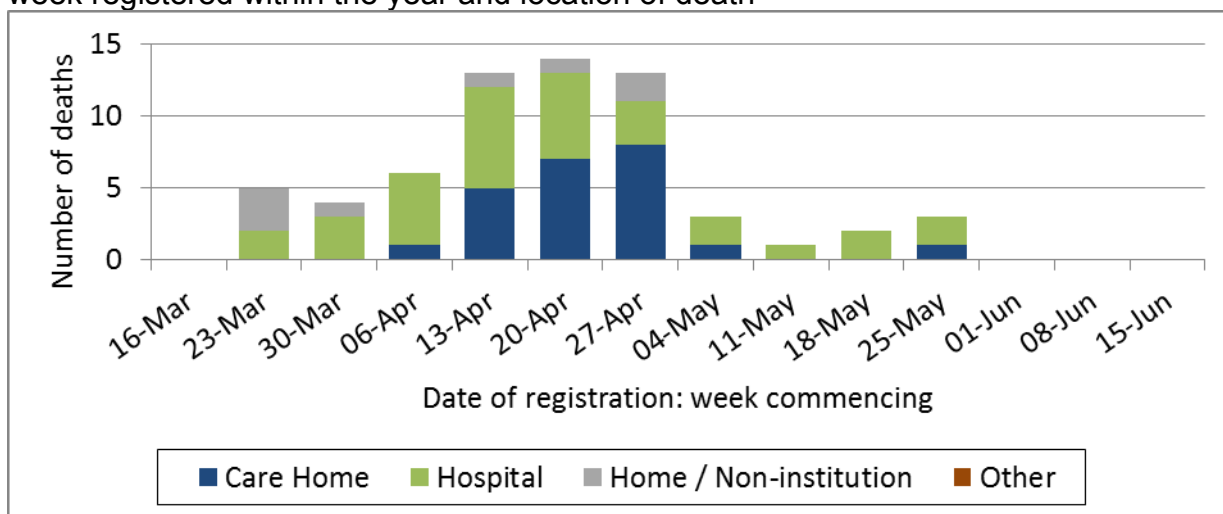
Figure 3. Location of Deaths involving COVID-19



Source: National Records of Scotland. Provisional data up to 19<sup>th</sup> July (week 29) of 2020.

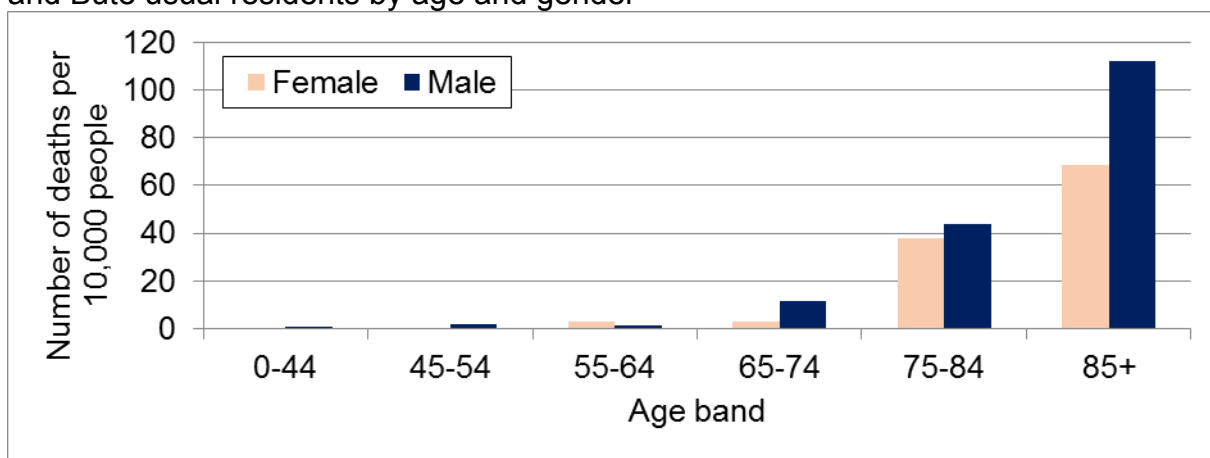
- 36% of Covid-19 deaths in Argyll and Bute occurred in care homes, compared to 21% of all deaths registered in 2020 in Argyll and Bute.
- 47% of Covid-19 deaths in Scotland as a whole occurred in Care Homes compared to 26% of all deaths registered in 2020 in Scotland.

Figure 4. Deaths of Argyll and Bute 'usual' residents in involving COVID-19 by week registered within the year and location of death



Source: National Records of Scotland. Provisional data shown up to 21<sup>st</sup> June (week 25) of 2020.

Figure 5. Number of deaths involving Covid-19 per 10,000 population of Argyll and Bute usual residents by age and gender



Source: National Records of Scotland. Provisional data up to 19<sup>th</sup> July (week 29) of 2020.

- The highest number of deaths involving Covid-19 has occurred in those aged 75-84.
- The highest rate of deaths, per 10,000 people, has occurred in those aged 85+ (Figure 5)

## APPENDIX 2 – Testing for Covid-19 in Argyll and Bute – Additional data

Numbers of tests accessed by the population in Argyll and Bute are presented here, aligned to these pathways as far as is currently possible.

### A&B non-NHS keyworker referrals

Data presented in Table 1 is not from ECOSS but is locally held information regarding referrals for testing through the A&B referral pathway for non-NHS keyworkers.

Table 1. Number of referrals by referral date

Week commencing	Number of referrals
27/04/2020	17
04/05/2020	25
11/05/2020	19
18/05/2020	21
25/05/2020	14
01/06/2020	9
08/06/2020	13
15/06/2020	8
22/06/2020	13
29/06/2020	<5
06/07/2020	5
13/07/2020	7
20/07/2020	<5

Source: Data collection by A&B HSCP social work



## A&B MTU locations

Technical Note - the number of tests reported below is only for A&B residents and does not include void tests. MTUs have been used for routine testing of asymptomatic care home staff as well as testing of symptomatic keyworkers and the public. MTUs have also been located on Mull and Islay but with less than 5 tests conducted. The data is not included in Table 2.

Table 2. Numbers of tests by week and MTU location

Week commencing	Campbeltown	Dunoon	Helensburgh	Oban	Lochgilphead	Rothesay
27/04/2020		36				
04/05/2020		5		26		
11/05/2020	75			26	26	<5
18/05/2020		37	64			11
25/05/2020	23			22		
01/06/2020		25				72
08/06/2020	72	107	128	41	111	
15/06/2020	20	19	45	35	27	38
22/06/2020	28	15	22	16	26	<5
29/06/2020	36	30	13	30	23	7
06/07/2020	23	41	9	19	40	8
13/07/2020	19	41	21	44	56	9
20/07/2020	43	14	10	48	51	<5

Source: ECOSS test dates up to 26<sup>th</sup> July – downloaded 28<sup>th</sup> July. Argyll and Bute residents only. Only includes tests at A&B MTU locations. ECOSS does not include tests reported as void. ECOSS is a dynamic system and results reported here may be adjusted in the future.

## Technical notes regarding data on testing from ECOSS

- Data sources from ECOSS downloaded on 28<sup>th</sup> July.
- ECOSS does not include VOID tests and these are not included in this report
- The number of test results (including numbers of positive test results) does not indicate number of individuals as individuals may be tested more than once.
- Test reports are only counted here if they were submitted by UK Digital or the NHS laboratories of Golden Jubilee or Glasgow Regional Virus laboratory. This is to avoid counting duplicate reports submitted by Raigmore laboratory for tests referred from Argyll and Bute.
- UK Digital test dates are not available for historical UK Government Regional Testing centres data between 15 and 25 April. For this data, a test date in the mid-point within this date range (20 April) is assigned to these tests.
- A&B residents were identified by postcode look up using NHS NSS postcode reference file with a manual check for postcodes not identified.
- Only tests conducted at MTU locations in Argyll and Bute are included under MTU in this report.
- ECOSS is a dynamic system and tests reported may be updated due to new testing or adjustments of previous reports including reassignment between areas and laboratory corrections.