

Integration Joint Board

Agenda item:

Date of Meeting: 25th November 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
 - ◇ look forward planning themes/implications

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-economic 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, and will present the timeliest update as the pandemic is unfolding in A&B, as well as the improved response, in terms to timely access to testing and clinical management.

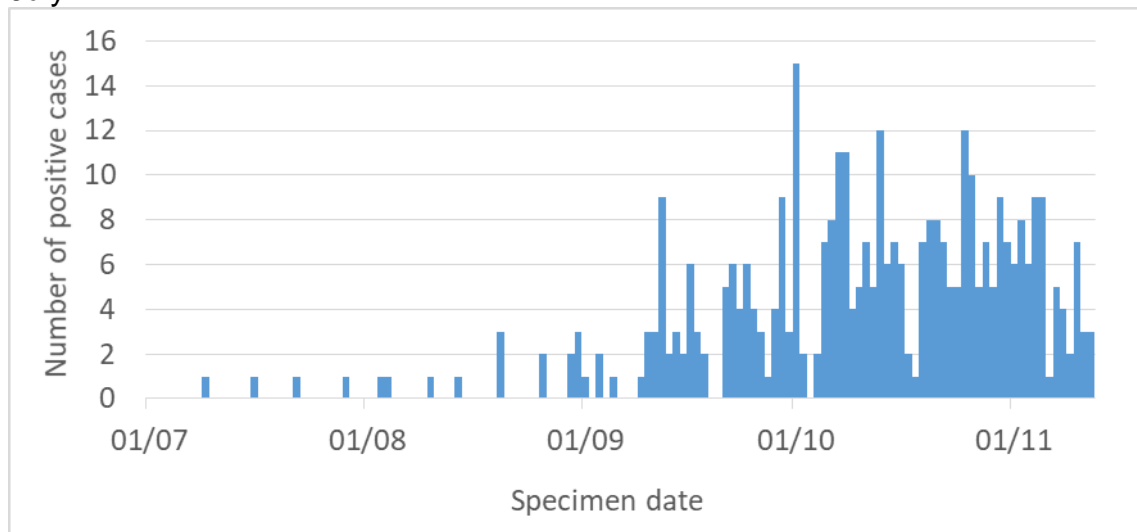
3. DETAIL OF REPORT

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 532 confirmed cases recorded of Covid-19 in Argyll and Bute, with 352 cases from 1st September (as published on 13th November 2020). This includes data from NHS laboratories and UK Government test sites from people with Argyll and Bute addresses associated with their CHI numbers. Figure 1 shows the daily number of cases reported since the start of July. Data should be interpreted alongside data on number of tests conducted and are not comparable to data from the first wave of the epidemic when testing was less accessible than during the second wave.

Figure 1. Daily number of newly confirmed cases in Argyll and Bute since 1st July

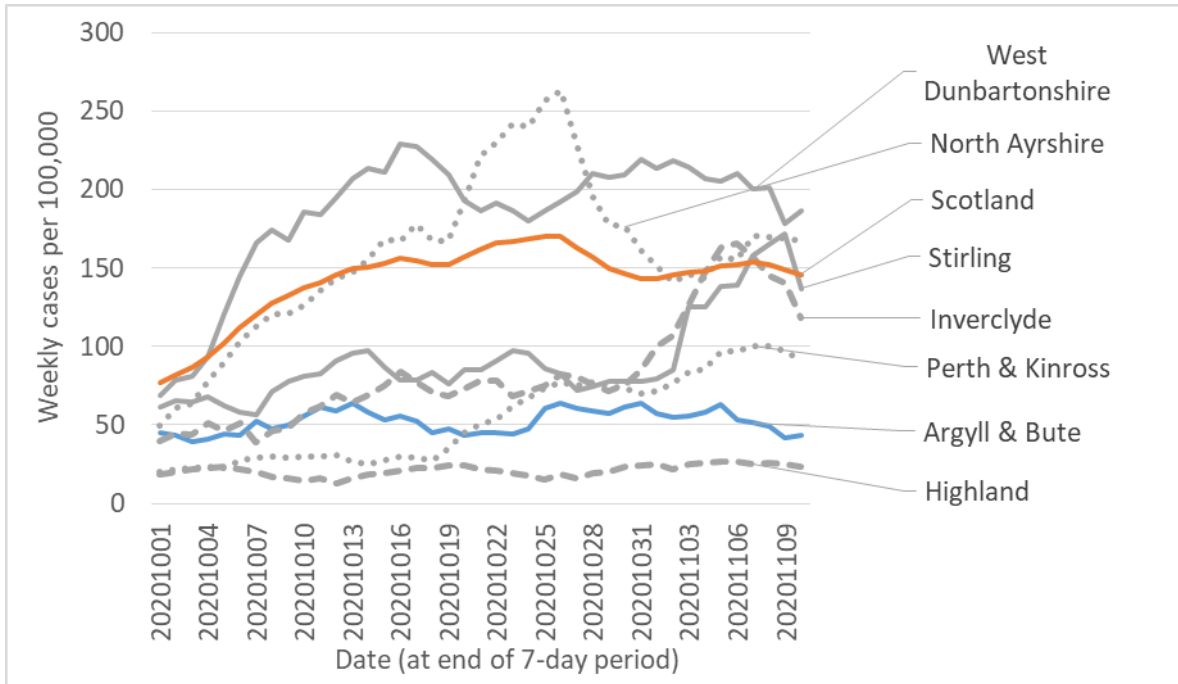


Source: Public Health Scotland. Accessed on 13th November 2020. Note that data for the most recent time points are likely to be incomplete.

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

The number of confirmed cases of Covid-19 in Argyll and Bute over a 7 seven period smooth the fluctuations seen day to day. Presenting information as a rate per 100,000 people in the population allows comparison with Scotland as a whole and neighbouring Council areas (Figure 2). Rates of cases in Argyll and Bute has been relatively stable throughout October and into November and are lower than for Scotland as a whole and for other neighbouring local authority areas, with the exception of Highland.

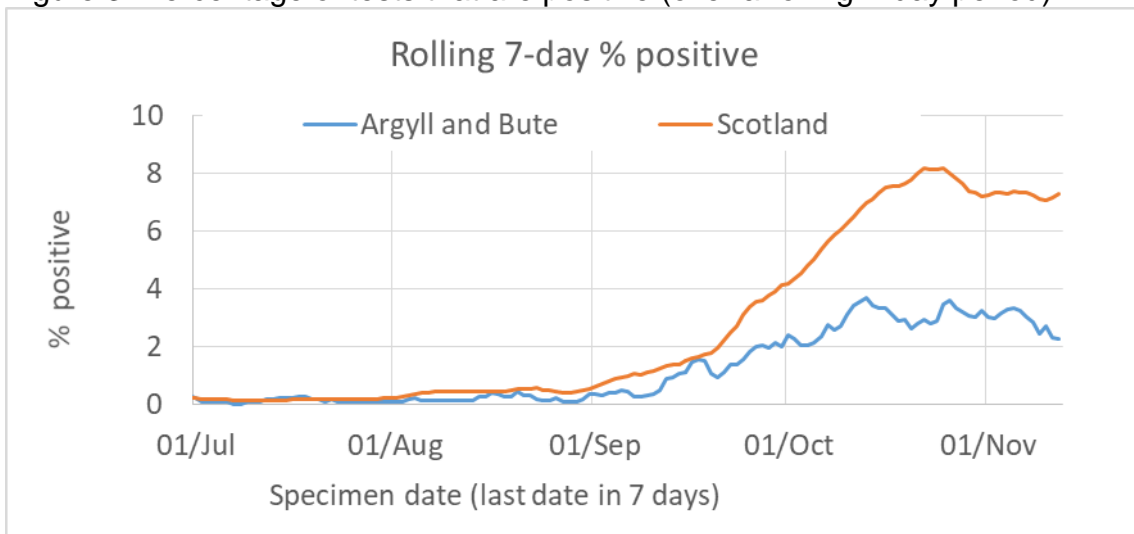
Figure 2. 7-day rates, per 100,000 population, of newly confirmed cases in Scotland, Argyll and Bute and neighbouring local authority areas, since the start of October.



Source: Public Health Scotland. Accessed on 13th November 2020. Only includes data up to 10th November as data for recent time points is likely to be incomplete.
<https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>

The percentage of tests carried out that are positive (now including repeat testing e.g. through routine testing at work) is lower than at the end March/early April (when almost 25% tested positive) but has increased since July (Figure 3). The percentage testing positive in Argyll and Bute has fluctuated over the past month.

Figure 3. Percentage of tests that are positive (over a rolling 7-day period)



Source: Public Health Scotland. Accessed on 13th November 2020. Note that data for the most recent time points are likely to be incomplete.
<https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>

The Scottish Government have assigned Argyll and Bute to Tier 2.

<https://www.gov.scot/publications/coronavirus-covid-19-allocation-of-levels-to-local-authorities-10-november-2020/>

There are 5 indicators used to consider which Tier Local Authority areas are in:

1. The number of cases per 100,000 people over the past seven days (Figure 2)
2. The percentage of tests that have been positive over the past seven days (Figure 3);
3. Forecasts of the number of cases per 100,000 consisting of the weekly number of cases in two weeks' time
4. Current and projected future use of local hospital beds, compared with capacity
5. Current and projected future use of intensive care beds, compared with capacity

Indicators 3 to 5 are based on modelling work. Scottish Government bases estimates of hospital use on NHS Highland as a whole (Appendix 1). The estimate of the future number of cases is based on modelling work by Imperial College London.

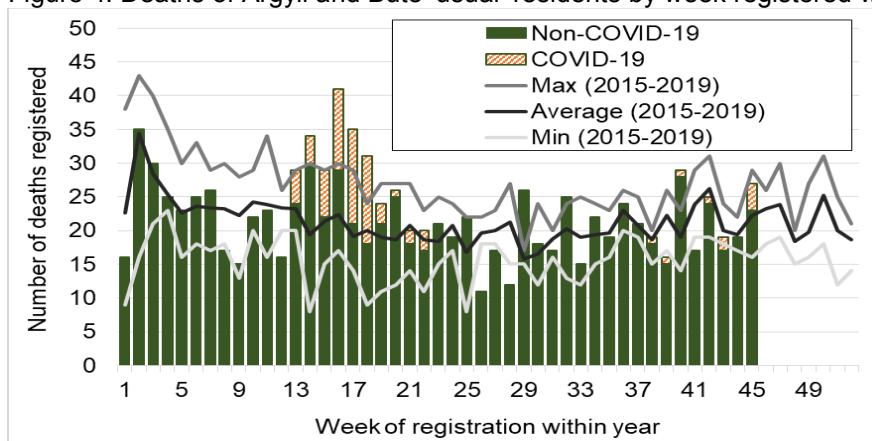
https://imperialcollegelondon.github.io/covid19local/LTLA_public/Argyll_and_Bute.html

At 9th November, R in Argyll and Bute was estimated to be 0.98 (90% confidence interval between 0.73 and 1.19) falling below 1 for the first time since near the beginning of July. Projections based on an R of below one indicate a possible future decrease in cases. However, future numbers of cases will depend on the guidance and rules in place regarding social distancing and adherence to these.

There have been a total of 74 deaths registered involving Covid-19 of Argyll and Bute residents up to the end of w/c 2nd November 2020 (up to 8th November). NRS data on deaths includes both confirmed and presumed cases and is based on 'usual' residents of Argyll and Bute. 'Usual' residents can include those living outside of Argyll and Bute at the time of death if they have lived outside Argyll and Bute for less than a year.

Figure 4 shows deaths involving Covid-19 alongside all other deaths for 2020.

Figure 4. Deaths of Argyll and Bute 'usual' residents by week registered within the year



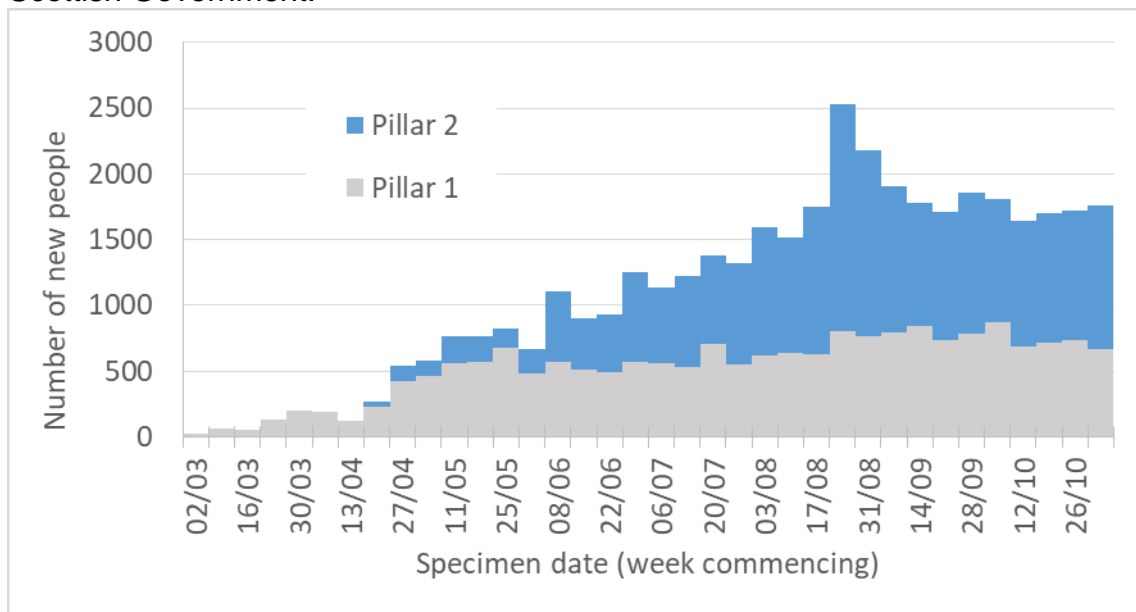
Source: National Records of Scotland. Provisional data up to 8th November (week 45) of 2020.

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. 43 deaths have occurred within 28 days of a positive test.

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. The total volume of testing, as published by Public Health Scotland, is shown in Figure 5. Pillar 1 relates to NHS testing whereas pillar 2 relates to UK Government laboratory test including those conducted at UK Government sites, mobile testing units, routine testing of care home staff and home tests.

Figure 5. Weekly number of tests of Argyll and Bute residents, as published by Scottish Government.



Source: Public Health Scotland. Accessed on 13th November 2020. Note that data for the most recent time points are likely to be incomplete.

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

Further information regarding testing volume via different routes are provided in Appendix 2.

On 17th August, Scottish Government published its testing strategy, outlining priority groups, likely need for increase in testing volume and adoption of new technology. This was updated on 23rd October:

<https://www.gov.scot/news/clinical-and-scientific-review-of-testing/>

Priorities for access to testing remain:

1. Whole Population Testing of anyone with symptoms (Test & Protect).
2. Proactive Case Finding by testing contacts and testing in outbreaks.
3. Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing.
4. Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart.
5. Surveillance to understand the disease, track prevalence, understand transmission and monitor key sectors.

It was highlighted that, “In particular, it is the unanimous view of clinical and scientific advisers that the overriding priorities for testing capacity in Scotland are symptomatic demand and clinical care of patients.”

The review set out that any additional capacity within the UK Government testing will be prioritised for:

- more intensive asymptomatic testing where that is most likely to find positive cases and thereby contribution to reducing transmission (by testing close contacts and more intensive asymptomatic testing early in outbreaks); and
- extensions of routine testing to protect the vulnerable.

There was a cautious approach to using new testing technologies to ensure that they are piloted to build evidence for their use.

C. Test and Protect

This service is delivered primarily through a large team based in Inverness, purposely recruited and trained, working 8:00 am – 8:00 pm, 7 days per week. Positive cases are electronically fed into the Health Protection Team – that hosts the contact tracing programme - and are phoned individually. Information is collected on a standard national web-based database, aimed primarily at identifying:

- People that have been in close contact with case
- Risk exposure for cases, or settings where transmission may have occurred or infection could be spread further.

The HPT works in close contact with the AB Council Environmental Health (EH) Department. Namely, EH receive notifications from HPT team in respect of businesses linked to positive cases or close contacts. These business require to be assessed.

School linked cases continue with effective arrangements in place between NHS and Council Education.

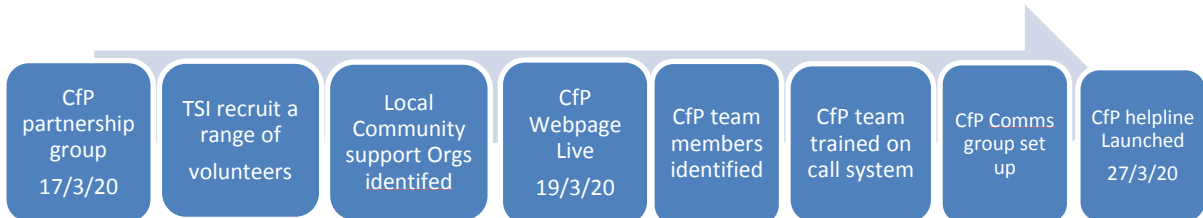
Further epidemiological information and trends are provided in Appendix 3.

D. Caring for People

Background

The Caring for people tactical partnership group was set up in March 2020 to lead the Humanitarian aid response to Covid 19 in Argyll and Bute.

The partnership was made up of 3 partners, A&B council, A&B HSCP Public Health team and the Third Sector Interface



The Caring for People helpline supported over 3400 people with community support. The community food team delivered 44,811 food parcels to vulnerable, shielding and free school meal households and also coordinated local community groups, organisations and volunteers to support people shielding and self-isolating with food shopping. 990 volunteers registered on the volunteer register developed by TSI.

As lockdown restrictions were restricted and Shielding paused calls to the helpline for support rapidly declined. The Caring for People helpline became a response for people requiring support who had been told to self-isolate by Test and Protect. Numbers contacting this service have been very low in the past 3 months with very few of the calls requiring support for food or medication. This service now is fully supported by Argyll and Bute Council call centre staff. If community support requests come in there is a process followed to ensure those request are met.

All people contacted by Test and Protect who identify they require support are also contacted by the Council call centre manning the helpline very few have required food or medication support.

Caring for People tactical partnership update

The Caring for People tactical partnership continued to meet monthly from August 2020 in case there was a need to step up the response again. All partners are comfortable that we could step up very quickly if required. The pressure on our volunteers could be a risk though unless we go back to full lockdown as we did in March where many were furloughed. But at present Community groups, third sector partners and volunteers are managing with current demands.

Changes to the shielding categories to include Kidney disease and Down's syndrome has seen an increase in Shielding to 3,300 people in Argyll and Bute. Additional guidance has been given to all on the shielding list on extra precautions to take in each tier.

Early findings from the evaluation of Caring for People have identified some key lessons that could help shape how we respond in the future.

Key emerging themes included

- Differing governance and reporting processes between organisations was unclear and felt unwieldy to some of our partners. A more streamlined governance route is required with a wider group in place that links into resilience and emergency planning with CfP being 1 element of that emergency response.

- Partnership working has been a challenging at times particularly with different organisational structures in place. This at times created time delays particularly with communications as everything had to go through different approval structures. Roles and remits of members from different organisations were identified as unclear again possibly due to the different structures in place. But it was identified that there were clear benefits to the collaborative approach and that included learning and sharing between the partners.
- Communicating out to our communities and third sector organisations could have been managed better. Speedier communication on our progress with Caring for People to inform public and communities of our response in. Also local information on local contacts and developments to third sector organisations and community groups was identified as a gap. A process to improve that local area communication is currently being developed. It was also recognised that the development of the fully managed and staffed helpline within 10 days was a tremendous effort by all concerned.
- Supporting and managing volunteers and third sector groups is an area where further support was required going forward. Roles and remits for caring for People team, volunteer coordinators was felt to be something that would help in future

Next steps

Based on the findings of the evaluation of our tactical group and current need for reduced Caring for People humanitarian support a recent review of Caring for People tactical was carried out.

It was agreed that-

- The Caring for People partnership will continue to meet monthly as a collaborative group
- A statement of intent for the group will be developed which will define its purpose and membership
- The group will have less formality and will continue as a group sharing information on related Caring for People activity. Governance and reporting will not be required.
- The group will at any time be able to step the response back up if required.
- The evaluation of Caring for People will continue as planned and should be completed by end of November. This evaluation will shape how future humanitarian responses will be carried out and has already helped to shape how Caring for People partnership moves forward into its next phase.
- The Caring for People partnership was shortlisted for a recent people's choice health award.

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, than budgeted for the year. Such increased spending has been tagged to dedicated Covid-19 funding and will be accounted under this budget line.

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.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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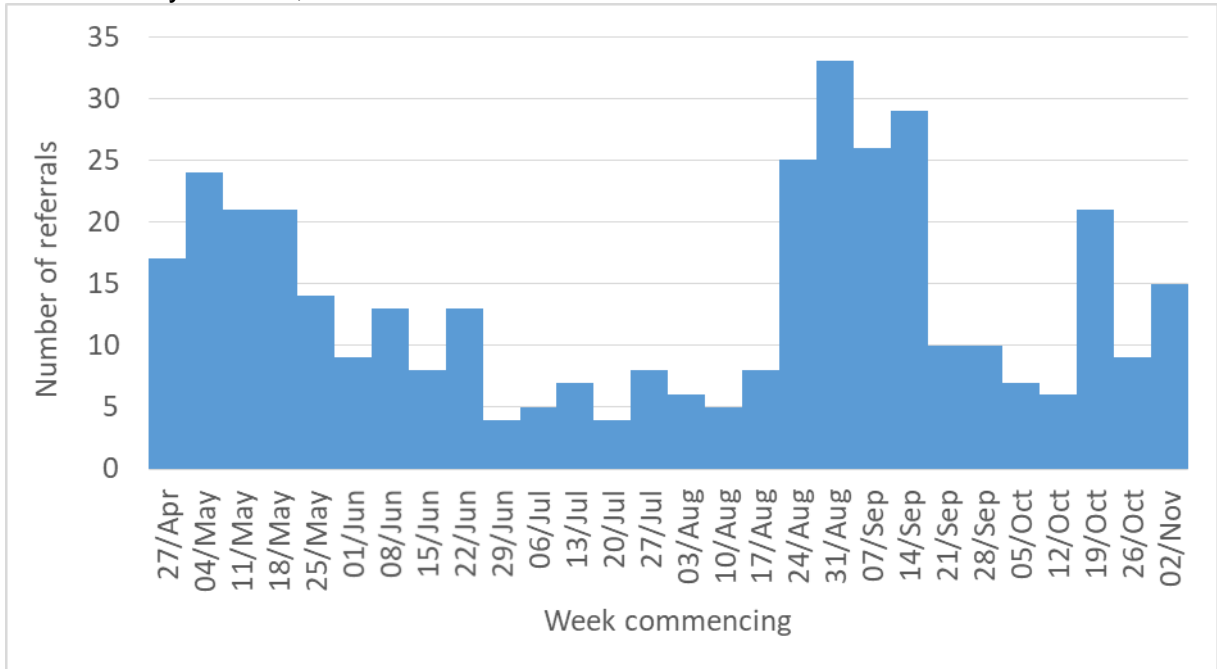
APPENDIX 1. Scottish Government Trends and Ratings for Argyll and Bute

Argyll and Bute		Health Board:		Highland								
Current level		2		Cases/test positivity data published up to 09-Nov								
				Cases, hospital & ICU projections made on 09-Nov								
Indicator levels summary		Weekly cases per 100,000	Test positivity	Case forecast	Hospital Forecast	ICU forecast						
Last week		Low	Moderate	Low	Very low	Very low						
Current position		Low	Moderate	Low	Very Low	Very Low						
Change		Same	Same	Higher	Same	Same						
		Days in last week indicator was...		Weekly cases per 100,000	Test positivity							
		Decreasing		3	3							
		Increasing		4	4							
Current cases per 100,000 *		28-Oct	29-Oct	30-Oct	31-Oct	01-Nov	02-Nov	03-Nov	04-Nov	05-Nov	06-Nov	% change in Last week
Argyll and Bute		59	57	62	64	57	55	56	57	62	52	-15%
Scotland		157	149	146	142	143	145	146	147	150	150	3%
Test positivity		28-Oct	29-Oct	30-Oct	31-Oct	01-Nov	02-Nov	03-Nov	04-Nov	05-Nov	06-Nov	Change in Last week
Argyll and Bute		3.2	3.0	3.0	3.3	3.0	3.0	3.2	3.2	3.3	3.2	0.2
Scotland		7.6	7.4	7.3	7.2	7.3	7.4	7.4	7.4	7.5	7.5	0.2
Case forecast		Last week				This week						
		P(Cases>500)	P(Cases>300)	P(Cases>100)	P(Cases>50)	P(Cases>500)	P(Cases>300)	P(Cases>100)	P(Cases>50)			
Argyll and Bute		0%	2%	53%	85%	0%	2%	45%	80%			
Scotland						0%	0%	0%	0%			
Health Board Hospital Forecast		Capacity		Last week				This week				
		Board figures		21	28	35	42	21	28	35	42	
Date				16-Nov	23-Nov	30-Nov	07-Dec	30-Nov	07-Dec	14-Dec	21-Dec	
Highland		176		16	21	27	36	31	34	39	44	
Health Board ICU forecast		Capacity		Last week				This week				
		Double	Triple	14	21	28	35	14	21	28	35	
Date				16-Nov	23-Nov	30-Nov	07-Dec	23-Nov	30-Nov	07-Dec	14-Dec	
Highland		16	36	2	3	4	5	3	3	3	4	

Source: Scottish Government. <https://www.gov.scot/publications/coronavirus-covid-19-allocation-of-levels-to-local-authorities-10-november-2020/>

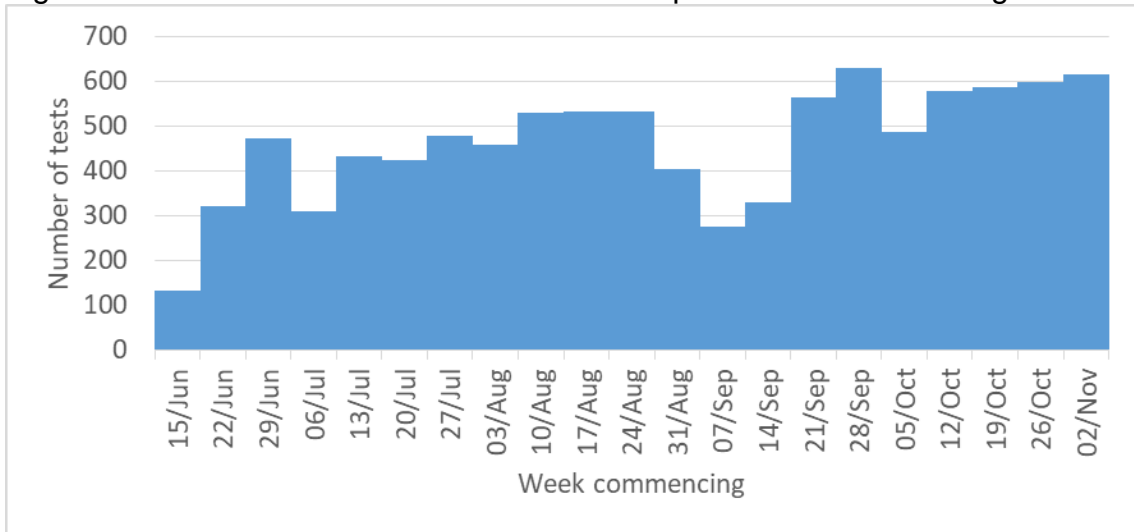
APPENDIX 2 – Additional data regarding testing

Figure A1. Weekly number of referrals for tests via the Argyll and Bute Council route for keyworkers, Council staff and care home admissions



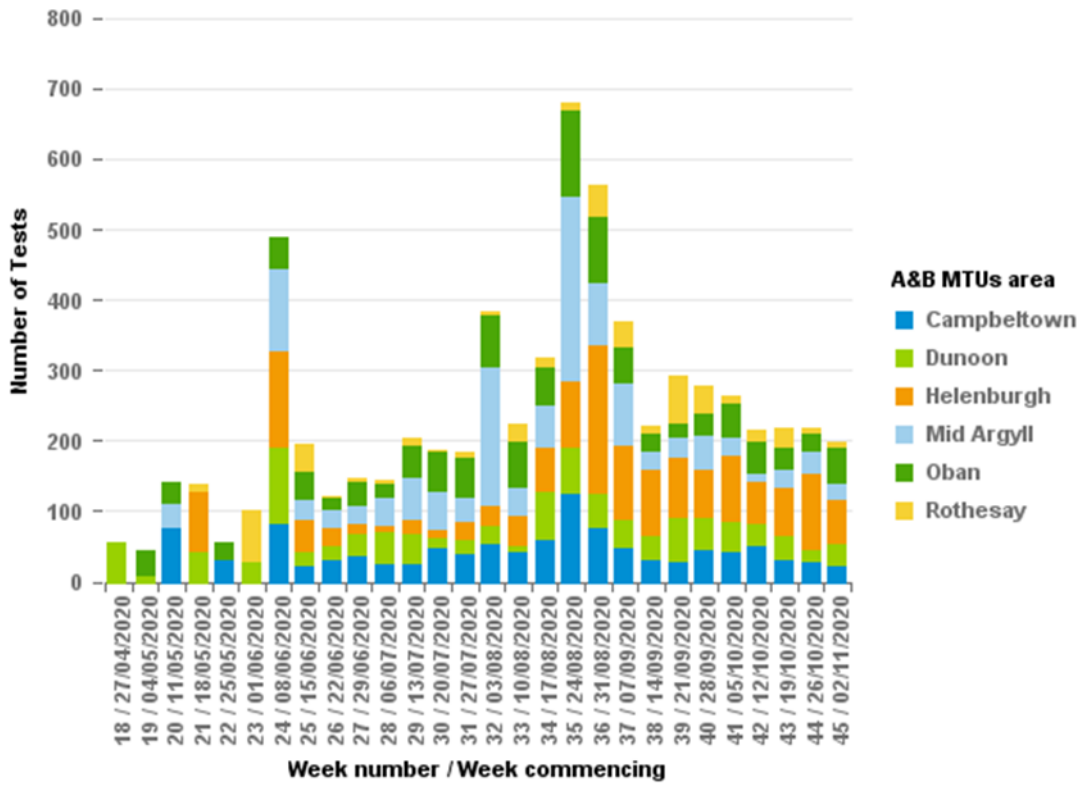
Source: Argyll and Bute Council

Figure A2. Number of tests via the Care Home portal for routine testing of staff



Source: Test and Protect ‘Business Objects Universe’ NHS Highland dataset. Accessed on 10th November Includes all tests through the care home portal recorded for Argyll and Bute Care Homes.

Figure A3. Number of Tests at Argyll and Bute MTUs.



Source: Test and Protect ‘Business Objects Universe’ NHS Highland dataset. Accessed on 11th November. Excludes data from one MTU visit to each of Islay and Mull.

APPENDIX 3 – Epidemiology update

Please see separate Epidemiology briefing.