

Integration Joint Board

Date of Meeting: 27 January 2021

Title of Report COVID-19 Public Health Update

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

The Integrated Joint Board is asked to:

- Consider the COVID-19 current status update, in terms of:
 - ◇ distribution of infection rates in A&B community;
 - ◇ COVID-19 testing in A&B community;
 - ◇ COVID-19 vaccination in A&B community;
 - ◇ support to A&B community during the peak of COVID-19 pandemic and its adaptation to the new response phases

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 – there has been a considerable spike in number of infections, symptomatic people with varying degrees of severity
- Testing for SARS-CoV-2 in Argyll and Bute – alongside established processes, new sites have been established. The follow up programme of reported cases has kept up to increased demand, and has contributed to identifying reasons for acquiring this virus;
- Vaccination program for COVID-19 – the planning has been well established and quite a number of people have already been injected;
- Caring for people work stream supporting our communities.

2. INTRODUCTION

This paper builds on accounts provided in the earlier reports, and will present the most timely update as possible of how 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

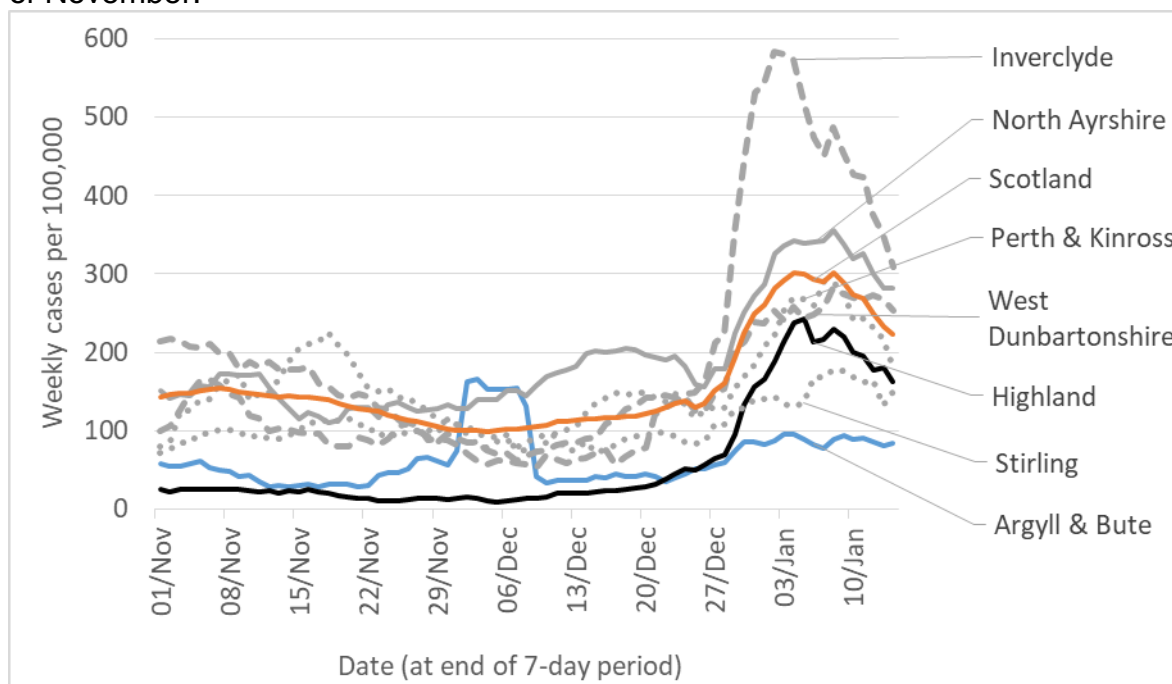
A. Epidemiology of COVID-19 in Argyll and Bute

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. Further epidemiological information and trends are provided in a separate Epidemiology briefing.

Public Health Scotland report there have been 1,078 confirmed cases recorded of COVID-19 in Argyll and Bute, with 899 cases from 1st September and (as published on 18th January 2021).

Presenting confirmed cases as a rate per 100,000 people in the population allows comparison with other areas of different population size (Figure 1). Presenting data as the total over a 7 seven period smooths the fluctuations seen day to day. During the second wave of the epidemic, rates of cases in Argyll and Bute have been lower than in neighbouring areas, with the exception of a peak in cases at the start of December relating to a contained workplace outbreak.

Figure 1. 7-day rates, per 100,000 population, of newly confirmed cases in, Argyll and Bute, Scotland and neighbouring local authority areas, since the start of November.



Source: Public Health Scotland downloaded 18th January.

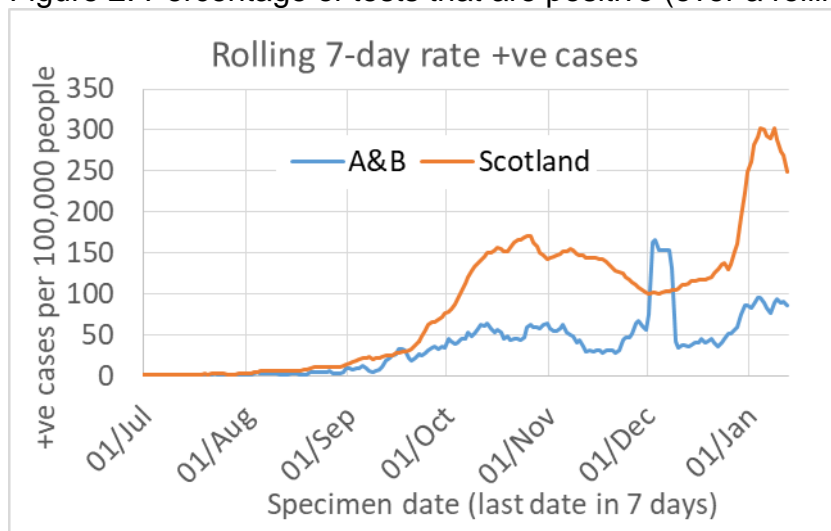
From around 26th December, cases in Scotland have increased rapidly. This may reflect increased mixing before Christmas but also the impact of the variant

of concern (VOC) with its increased transmissibility¹. Public Health Scotland published an evidence from UK Government laboratories that 61.9% of new cases in Scotland between 10th and 11th January were consistent with the new variant.

As shown in the accompanying Epidemiological Briefing, Helensburgh and Lomond and Cowal and Bute have higher rates of cases in the most recent four weeks than the other two localities in Argyll and Bute.

The percentage of tests carried out that are positive has increased since September and in the most recent weeks (Figure 2).

Figure 2. Percentage of tests that are positive (over a rolling 7-day period)



Source: Public Health Scotland. Accessed on 18th December 2020.
<https://www.opendata.nhs.scot/dataset/COVID-19-in-scotland>

Projections of the future number of cases in Argyll and Bute can be based on modelling work by Imperial College London.
https://imperialcollegelondon.github.io/COVID-19local/LTLA_public/Argyll_and_Bute.html

At 9th January 2021, R in Argyll and Bute was estimated to be above 1 (90% confidence interval between 1.03 and 1.15) indicating exponential increase in cases. Projections based on an R of above one indicate future increases in cases. However, future numbers of cases will depend on the guidance and rules in place regarding social distancing and adherence to these. In addition, the ongoing vaccination program is likely to decrease, going forwards, the number of people will symptoms who access testing.

National Records of Scotland (NRS) report that there have been a total of 87 deaths registered involving COVID-19 of Argyll and Bute residents registered up 10th January 2021, 23 of which have been registered since the start of

¹ <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/>

September. 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. Public Health Scotland report that there have been 54 deaths of Argyll and Bute residents within 28 days of a positive test, 19 of which have occurred since the start of September.

B. Testing for COVID-19 in Argyll and Bute

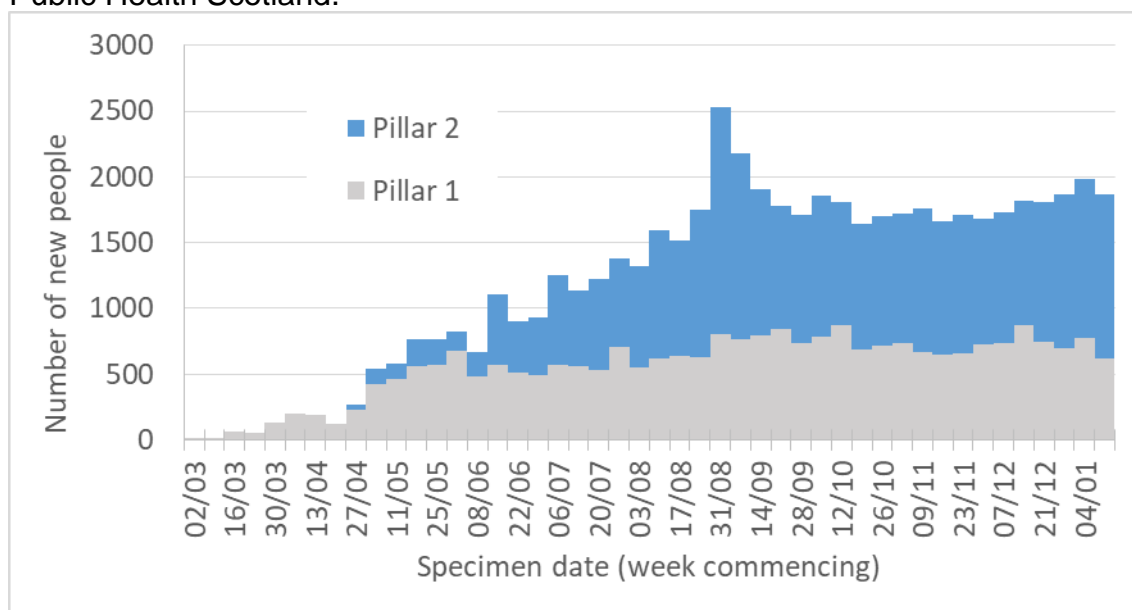
This section will include:

- An update on testing volumes;
- An update on the Test and Protect system;
- Some recent developments aimed at increasing efficiency and effectiveness of the testing programme.

B1 Testing volume

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.

Figure 5. Weekly number of tests of Argyll and Bute residents, as published by Public Health Scotland.



Source: Public Health Scotland. Accessed on 11th January 2021
<https://www.opendata.nhs.scot/dataset/COVID-19-in-scotland>

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.

B2 Test and Protect

How this service works has been explained in detail in our previous Public Health update. It is managed by the Health Protection team within the Public Health Directorate, and is operated by Department staff as well as additional staff 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 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 businesses require to be assessed.

School linked cases continue with effective arrangements in place between NHS and Council Education, although are no longer an issue of major concern in the last few weeks.

Information from contract tracing carried out has been used by NHS Highland to appeal to the public to follow COVID-19 guidance and “stay at home”. Pre-Christmas socialising combined with people mixing indoors over the festive period has been described by the Health Protection Team as having thought to be the cause of increased infections in Highland and Argyll and Bute Council areas. When the number of cases of COVID-19 rises in our communities, we inevitably also see an increase in positive cases in health care workers and care home staff. So strong reminders were issued not to mix with others outside own household, despite awareness of how challenging this has been for many people.

B3 Recent Developments in the testing programme

B3.1 Walk through COVID-19 testing Centre in Oban - A new walk through testing facility opened in Oban just before Christmas 2020. It's open every day, a test needs to be booked in advance.

B3.2 Walk through testing in Lochgilphead

Coronavirus (COVID-19) testing will be available from two fire stations in Thurso and Lochgilphead this month, as part of a trial to increase testing access in remote and rural areas. The trial test sites will run between 6 and 29 January 2021 in partnership with the Scottish Fire and Rescue Service (SFRS). Each site will be available Monday to Friday, for three and a half hours each day.

People within driving or walking distance of these locations who have COVID-19 symptoms will be able to book a test slot at the Thurso or Lochgilphead stations by calling NHS Highland, who will provide details of the booking and what to do when people arrive.

In addition to hosting the testing sites, the SFRS will provide logistical support, including test ordering and storage of samples ahead of courier collection (for further information: [Fire Station COVID Testing Trial in Lochgilphead \(scot.nhs.uk\)](https://www.scot.nhs.uk/fire-station-covid-testing-trial))

B3.3 Lateral Flow Device Testing (LFD)

This is a quick and easy test that can be used to check if an individual is infected and hence likely to be infectious for COVID-19, even if they are not displaying symptoms. The sample does not need to go to a laboratory to be analysed and a test result is usually available within 30 minutes.

This programme was launched by SG at the end of November 2020, whereby all patient-facing health care staff would be invited (it is not mandatory) to perform twice weekly. During December 2020, it has been extended to patients/clients facing social workers and the majority of health and social care staff, with the aim at being fully operational by end of January 2021.

Additionally, the Argyll and Bute Health and Social Care Partnership (HSCP) has been working with the Scottish Government as an early adopter area for the introduction of lateral flow testing for visitors and health and social care staff visiting care homes. Three care homes within Argyll and Bute have been identified as early adopters and have been testing visitors from early December 2020: Northwood House (Helensburgh), Ardfenaig Residential Home (Ardrishaig), Thomson Court (Isle of Bute). For further information:

Adult care home visitors: - [Coronavirus \(COVID-19\): adult care home visitor testing guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/coronavirus/covid-19/adult-care-home-visitor-testing-guidance)

[Argyll and Bute Care Homes Early Adopters for Care Home Testing \(scot.nhs.uk\)](https://www.scot.nhs.uk/argyll-and-bute-care-homes-early-adopters-for-care-home-testing)

C. COVID-19 Vaccinations

The initial priorities of the COVID-19 vaccination programme in Argyll & Bute are to prevent mortality from COVID-19 and protect health and social care staff and services. Evidence indicates that the risk of poorer outcomes from COVID-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions.

People over the age of 50 are more at risk and the risk increases with age. There are currently 2 COVID-19 vaccines available in NHS Highland, the Pfizer vaccine and the Astra Zeneca vaccine.

The Pfizer vaccine is a more complex vaccine requiring storage at -70C and has limitations on how it can be moved, stored and used once defrosted. Because of these challenges the initial has been on taking vaccines to care homes and staff vaccination clinics on NHS sites. The Astra Zeneca vaccine is less complex and can be used in non NHS settings and GP surgeries allowing a more extensive roll out by GP practices commencing with the over 80s.

Vaccination programmes in Argyll & Bute are following the Joint Committee on Vaccination and immunisations (JCVI) priority framework for vaccinations.

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline Health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (Table 3)
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

Vaccinations across Argyll and Bute commenced in December with all care home staff and residents vaccinated. Front line Health and Social care staff as well as care at home staff are currently being vaccinated. GP practices are now receiving vaccine for the over 80s group and progress is being made. The delivery of such an extensive vaccination programme should not be underrated.

Public Health Scotland report that from 8 December 2020 to 3 January 2021, 113,459 individuals received their first dose of COVID-19 vaccination, as reported in the Vaccination Management Tool.

D. Caring for People

The Caring for People partnership continues to meet 3 weekly as a collaborative group:

- A statement of intent for the group has developed which defines the purpose as information sharing.
- 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. 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.

E. Recovery

Throughout the emergency response, partners have been sighted on the recovery phase. This is currently dovetailing with the emergency response and will gather momentum at the end of the pandemic. To date activity includes:

- Collaborative working with Argyll and Bute Council's Building Back Better workstream. This includes engagement with people and communities adversely impacted during the pandemic to articulate with these impacts are and proposed actions.
- NHS Highland is developing a strategic response to recovery entitled Social Mitigation Strategy. The corporate lead for this will be the Public Health Department, however the purpose of the strategy is to review how the whole organisation and services must transform to meet changing needs. Examples of these needs include social factors such as economy and employment and health factors such as mental health impacts.
- The Living Well Strategy for Argyll and Bute has ongoing engagement via our third sector partners and this is overseen by the Steering Group which continues to meet bi-monthly. Mental health and wellbeing has been investigated via engagement with community groups and physical activity continues to be a key priority for people at risk of increasing frailty.

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 allocated to dedicated COVID-19 funding and will be accounted under this budget line.

Staff Governance

The workforce and TU have had a 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 COVID-19 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 e.g. 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 to:	tick
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Directions required to Council, NHS Board or both.	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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