

Integration Joint Board

Agenda item:

Date of Meeting: 31st March 2021

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;
- ◇ 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 – following a considerable spike in number of infections earlier this year, with symptomatic people with varying degrees of severity, incidence rates have considerably dropped recently.
- Testing for SARS-CoV-2 in Argyll and Bute – alongside established processes, new sites have been established. New programmes have started, such as the testing of all patient facing health and social care staff, and it is about to start the testing of asymptomatic people.
- 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 – following sound planning, almost have of adult population have already been injected.
- Caring for people work stream supporting our communities is adapting to changing situation.

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

Epidemiology Briefing

The report in Appendix 1 is prepared centrally by the Public Health Intelligence team within the main Public Health Department of NHS Highland. It offers snapshots of information through tables and graphs.

Number of confirmed cases in Argyll and Bute has decreased since a peak near the beginning of February.

Methodological Notes

- The graphics presented are based upon the date that tests are undertaken (specimen date) and include data to the 21st March 2021.
- The fixed tables within the report show the position to 19th March 2021, the most complete week for which data are available. This is due to the 2-to-3-day time delay in processing tests and submitting records for inclusion.
- Data in the Epidemiology Briefing may differ slightly from that published by Public Health Scotland.
- Data on confirmed cases in the Epidemiology Breifing is sourced from the Test and Protect Data Virtualisation.
- Please also note that data are dynamic and may be different depending on the day the data are accessed.

Local Area Data

The following shows number of cases by Intermediate Geography area for week ending 20th March and week ending 13th March.

- Data are suppressed in many neighbourhood areas.
- Note that cases can occur in any area.

The data source is Public Health Scotland. Please note that the names of these areas can be misleading. A map showing neighbourhood areas is available here: [COVID-19 Daily Dashboard - PHS COVID-19 | Tableau Public](#)

Local Area	Notes	7 days until:	
		20-Mar-21	13-Mar-21
Bute	Does not include all of the area of Bute. There is a separate area for Rothesay	*	*
Rothesay Town		*	*
Cowal North	Includes part of H&L area e.g. Arrochar	*	*
Cowal South		*	*
Dunoon		*	*
Hunter's Quay		*	*
Garelochhead	Includes Faslane	*	*
Helensburgh Centre		*	*
Helensburgh East		*	*
Helensburgh North		4	*
Helensburgh West and Rhu		*	*
Lomond Shore		*	*
Whisky Isles	Includes Islay, Jura and Colonsay	*	*
Campbeltown		*	*
Kintyre Trail	Not including Campbeltown	*	*
Greater Lochgilphead	Includes Lochgilphead and Ardrishaig	*	*
Knapdale	Includes Tarbert as well as Kilberry, Inverneil, Tayvallich and Achnamara	*	*
Mid Argyll	Includes Inveraray and Ardfern. Does not include Lochgilphead or Tarbert	*	*
Mull, Iona, Coll and Tiree		*	*
Benderloch Trail	Relatively large geographical area including Benderloch, Apin and Lismore	*	*
Loch Awe	Relatively large geographical area.	*	*
Oban North		*	*
Oban South		*	*

Source: Public Health Scotland * suppressed data. Accessed 23rd March

Modelling

As reported by the Scottish Government on 18th March, with estimates dated 17th March:

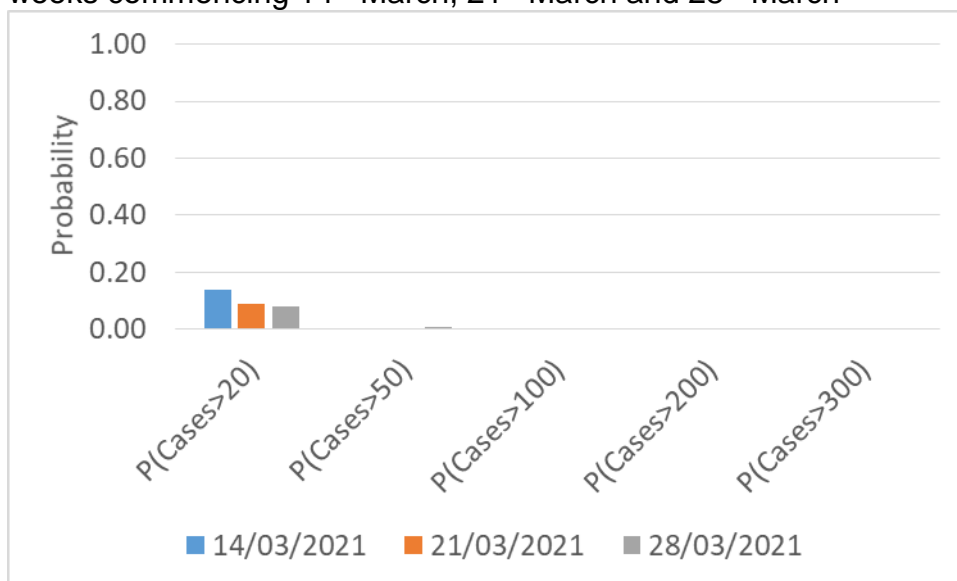
- The reproduction rate R in Scotland is currently estimated as being between 0.7 and 1.0.
- The number of new daily infections for Scotland is estimated as being between 1 and 18, per 100,000 people.
- The growth rate for Scotland is currently estimated as being between -6% and -2%.
- Hospital bed and ICU occupancy are projected to fall over the next few weeks, but with the potential to plateau, or increase, as a result of schools reopening.

[Coronavirus \(COVID-19\): modelling the epidemic - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/information/coronavirus-covid-19/modelling-the-epidemic/)

Imperial College London estimate the R number for Argyll and Bute, at 17th March, to be 0.76 (90% confidence interval between 0.62 and 0.86). The

probability of > 20 cases per 100,000 population is now estimated to be <0.75 for w/c 14th March to 28th March (Figure 1).

Figure 1. Modelled probability of case rates per 100,000 for Argyll and Bute for weeks commencing 14th March, 21st March and 28th March



Source: [COVID-19 UK \(imperialcollegelondon.github.io\)](https://www.imperial.ac.uk/covid-19-uk/) Data updated 23rd March

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 h8:00 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 business 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.

B. Testing for COVID-19 in Argyll and Bute

This section will include:

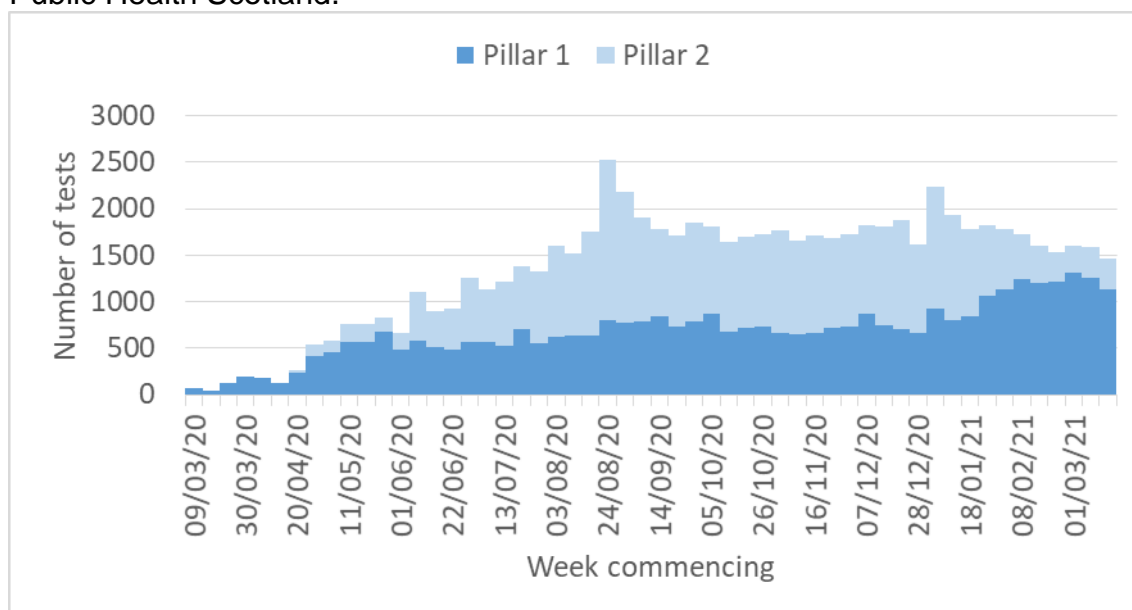
- An update on testing volumes, including some recent developments aimed at increasing efficiency and effectiveness of the programme;
- A detailed outline of the newly introduced testing programmes, namely the Lateral Flow Device (LFD).

B1 PCR 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 2.

Pillar 1 relates to NHS testing whereas pillar 2 relates to UK Government laboratory test including those conducted at UK Government sites including mobile testing units, and home tests. Note that some routine testing of care home staff has moved from UK Government to NHS laboratories in recent weeks.

Figure 2. Weekly number of tests of Argyll and Bute residents, as published by Public Health Scotland.



Source: Public Health Scotland. Accessed on 23rd March 2021
<https://www.opendata.nhs.scot/dataset/COVID-19-in-scotland>

Use of Mobile Testing Units in Lochgilphead, Campbeltown, Rothesay and Dunoon have ceased with the roll out of home tests provided through Scottish Fire and Rescue Service (SFRS). From 2nd March, these were available in:

- Arrochar
- Campbeltown
- Cove (Loch Long)
- Dunoon
- Lochgilphead
- Tarbert
- Rothesay

The number of days that testing is available in Helesburgh has increased to 7-days a week since 15th February, leading to an increase in testing volume at this site in that week (and a decrease observed in Argyll and Bute residents accessing the Glasgow Airport test site). Use of home delivery of tests has increased in January with the availability of the Fire Station sites. Large numbers of PCR tests each week continue to occur for Argyll and Bute Care home staff.

Referrals continue for NHS testing from Argyll and Bute Council via or Social work admin with the volume of referrals having reduced from 46 in the 4 weeks from 4th January to 20 in the proceeding 4 weeks, commencing 1st February.

B2 Lateral Flow Device (LFD) testing

Key Messages

- The [Covid Testing Portal](#) has been improved allowing staff to create a personal account and record their result quickly and easily and in addition, a bulk upload facility allowing multiple results to be added simultaneously.
- Test kits are for staff member use only and should not be used by family members, including in the event of a positive test. Staff with a positive LFD test will undertake confirmatory PCR using their organisations pathway.
- Staff must continue to undertake the twice weekly testing during periods of annual leave and record all test results (positive, negative or invalid) on the covid testing portal within 24 hours of taking the test.
- 1350 kits have been ordered from NSS for the resupply of Healthcare staff. Localities will receive their allocation in the coming weeks for distribution to staff who will require their next set of kit. Staff must complete the electronic form prior to collecting their next test kit.
- The Scottish Government announced on the 17th March the inclusion of testing for all remaining healthcare workers including those in non-patient facing roles – further guidance is awaited with the implementation expected to take place in April.

Overview

Lateral Flow Device (LFD) testing for asymptomatic staff is currently being rolled out to all frontline Health and Social Care workers across the country, including Primary Care. This programme is based on Guidance from Scottish Government to Boards and HSCPs.

The programme is not mandatory however we encourage all eligible staff to consider taking part and aim for 80% participation rate. Staff wishing to participate must complete a registration form prior to collecting their test kit. This procedure confirms that staff agree to follow the instructions for use, are competent to undertake the test and will register the result of every test (positive, negative or invalid) on the Covid Testing Portal within 24 hours of taking each test - contact tracing will be initiated by registering the test result on the covid portal. Staff undertake testing twice weekly. If they return a positive test result, they (and their household), must immediately self-isolate. The staff member must contact their Line Manager and arrange a confirmatory PCR test using their organisations' pathway.

This programme is managed across NHS Highland, with 4 main workstreams: Raigmore, New Craigs, North Highland Community Services, and Argyll and Bute.

LFD testing has been extended to social care where up to two designated visitors a week can test prior to visiting care home residents.

We await guidance from the Scottish Government regarding the inclusion of Children and Families social work staff, however this programme is currently being implemented. Data regarding the number of kits allocated will be included in this report going forward.

LFD testing of staff and senior Secondary School students programme has started and Community Asymptomatic Testing and Screening (ATS) is in development and will be in place in the coming weeks.

Progress in Argyll and Bute

There are three workstreams: Healthcare Workers, Adult Social Care, and Primary Care (GP practices).

Figures for Kits Issued to Staff in Argyll and Bute.

Number of test kits issued to staff by workstream as of 19/3/2021.

Workstream	Kits issued to staff
Healthcare workers	1392
Social Care staff	1518
Total	2910

All three workstreams have been initiated but are at different stages of implementation. Independent Primary Care now receive push delivery of kits and therefore are no longer included in this report. The total number of kits

issued across the three work streams above has increased by 65 from previous week.

An electronic system for NHS Healthcare staff to register when they have collected test kits was launched on 23rd February and can be accessed [here](#). A link is also available on the Intranet, however you do not need access to the intranet to use the form. The link can also be accessed on tablet and mobile devices by emailing or texting the link. Paper registration forms will not be used for reissue of kit.

Data on all of the LFD programmes has become available on the Public Health Scotland Dashboard and will improve in the coming weeks and months.

Healthcare Workstream

This week approximately ten additional kits have been allocated to staff, all localities are at the stage of identifying the last remaining eligible staff. Sites with a small surplus of kits are advised to keep this for issuing to people such as: eligible staff who have yet to be identified, students, bank workers and newly recruited staff.

Re-allocation of kits will begin in the coming weeks and will require staff to register using the electronic kit registration form.

Number of test kits supplied and allocated to Healthcare Staff up to 19/3/21

Location	Kits Delivered to sites	Kits supplied to staff	Unallocated
Oban	450	441	9
Lochgilphead	325	325	0
Kintyre	130	122	8
Islay	100	84	16
Mull, Tiree, Colonsay & Coll	36	36	0
Cowal	182	170	12
Bute	115	110	5
Helensburgh	128	104	24
Total	1466	1392	74

Social Care Workstream

There has been an increase of 54 kits distributed to care providers, the total number of kits issued to social care workers to date is 1518.

Table shows kits issued the week of 15th to the 19th March from Hubs.

Allocation Detail	Bute	Cowal	Helensburgh and Lomond	Islay	Kintyre	Mid Argyll	Oban Lorn	Totals
Adult Social Work, Mental Health and Children and Families	0	0	0	0	0	0	0	0
Day Services	1	0	0	0	0	0	0	1
Self-Directed Support, Personal Assistants	0	0	0	0	0	3	0	3
Internal Homecare	0	0	0	0	0	0	50	50
External Care at Home Housing Support	0	0	0	0	0	0	0	0
Child Residential, Hostel	0	0	0	0	0	0	0	0
TOTALS	1	0	0	0	0	3	50	54

Recording of Test Results by Staff on the Covid Testing Portal

Up to Friday the 19th of March 84,450 tests have been registered from NHS Highland area across all staff groups on the Covid Testing Portal. 9690 tests were registered between the 12th and 18th of March, an increase of 135 on the previous week. It is not currently possible to extricate Argyll and Bute Healthcare/Social Care/Primary Care staff figures from the data provided by the portal.

The Scottish Government are aware of the limitations of the Covid Testing Portal however there have been significant improvements to the portal. Improvements include the creation of user accounts so personal information will only have to be input once.

It is important that staff do not share their LFD test kits with family members and that record their results, (positive, negative and invalid) after each test on the Covid Testing Portal even during annual leave periods.

Positive Lateral Flow Device Tests

NHS Highland Occupational Health have reported 15 positive LFD Test results from Healthcare staff in NHS Highland to date, and 4 of those returned positive PCR results. This has remained the same since 24th February 2021.

Internal Social Care have reported no positive tests and 1 invalid result to date.

B3 Asymptomatic Community Testing section

NHS boards in Scotland have been tasked by the Scottish Government to develop plans to implement asymptomatic Covid-19 testing. This will complement other areas of Covid-19 testing. The purpose of this asymptomatic testing is to identify people who are unknowingly infected with the Covid-19 virus and who may subsequently transmit the virus to other people. Boards have been directed to customise their own asymptomatic testing plans based on local needs, for example, current and previous known incidence rates, demographic factors, and other variables such as waste water sampling. Asymptomatic community testing is being delivered in partnership with The Highland Council and Argyll and Bute Council. A hub and spoke model is being utilised with testing hubs in Inverness and Helensburgh where the majority of recent infections have occurred, albeit these cases have significantly reduced in recent weeks. The importance of having the ability to deliver testing at short notice to any area of NHS Highland is the spoke element of the plan and pop up testing centres can be deployed at short notice to emerging outbreaks. Testing centres have been operating in Inverness and Helensburgh since 22 March with the support of a military MACA arrangement (Military Assistance for Civilian Authorities). The MACA will end in April with a transition to local furloughed staff delivering this service.

Asymptomatic community testing is done with Lateral Flow Device (LFD) tests which provide results in 30 minutes. People receiving positive results with this form of testing are referred for a PCR test to confirm the result is positive or negative. There are known barriers to people accessing testing and a comprehensive wrap around support service is being developed to meet a range of needs such as loneliness, mental health problems, money worries or access to food while self-isolating. The implementation plan also recognises the importance of clear communication messages for the public.

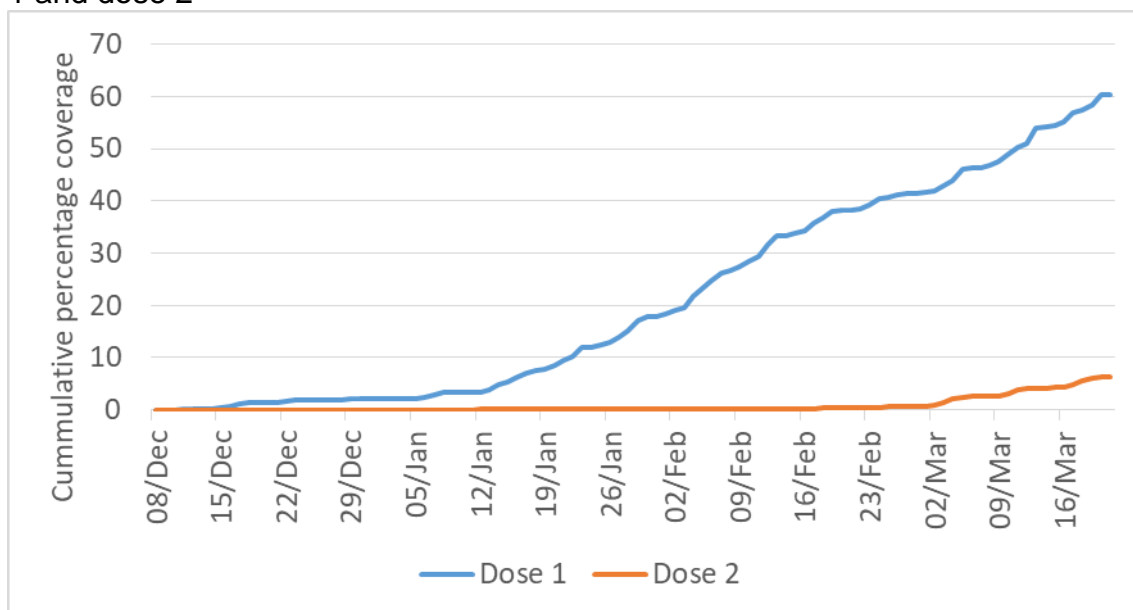
C. COVID-19 Vaccinations

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 (PHS) reporting on vaccination uptake is now available via the daily PHS dashboard. [COVID-19 Daily Dashboard - PHS COVID-19 | Tableau Public](#)

- It is reported that 44,069 people in Argyll and Bute (an estimated 60% of the population) have had a first dose (up to 22nd March, updated 23rd March.)
- Uptake is be expected to be relatively high in Argyll and Bute due to the high proportion of the population in older age groups, which have been prioritised for vaccination.

Figure 6. Estimated percentage coverage for Argyll and Bute residents for dose 1 and dose 2



Source: NHS open data. [COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#) Accessed 23rd March 2021

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

See table below.

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 continue to progress well led by GPs for the public. Currently age groups 55 to 59 and 50 to 54 are receiving first doses. Most of our practices plan to continue with the 18 to 49s due to commence at end of April. Contingency plans in place or planned for any practices who withdraw All dependant on vaccine supply. Care home clients, staff and frontline HSCP staff are currently receiving their 2nd doses.

D. Caring for People

The Caring for People partnership continues to meet monthly 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.

A sub group was developed to set up a volunteering support for vaccination clinics if required. A partnership with Red Cross, TSI, A and B council and our Public Health team has developed a volunteer support model ready to respond for larger vaccination clinics if required.

E. Recovery

Throughout the emergency response, partners have been sighted on the recovery phase and this continues to be a focus, alongside the emergency response. To date activity includes:

- Continued collaborative working with Argyll and Bute Council's Building Back Better workstream. Building Back Better is being considered as a Community Planning Partnership cross-cutting theme, alongside community wealth building, child poverty, climate change and digital inclusion. Public Health sit as one of the Community Planning Partners.
- NHS Highland continues to develop their 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. This work is ongoing and will inform the Public Health workplan over the coming year.
- 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. Living Well is currently particularly focussed on healthy weight and mental/emotional wellbeing, physical activity and access to information. Work is being commissioned via the third sector on the impact of COVID-19 on people with mental health conditions. This will inform service transformation. 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 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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