

Integration Joint Board

Date of Meeting: 16th June 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, in terms of:

- ◇ distribution of infection rates in A&B community;
- ◇ COVID-19 testing programmes in A&B community;
- ◇ COVID-19 vaccination in A&B community;
- ◇ Brief update in the on-going support to A&B community.

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:

- An update on the epidemiology of COVID-19 in Argyll and Bute – rates of new confirmed cases have increased since the end of April 2021.
- Testing for SARS-CoV-2 in Argyll and Bute – alongside established processes, new programmes for LFD testing are being implemented, including community testing sites.
- As number of reported cases decrease, there is an opportunity to investigate and respond promptly to cases that arise, including the ability of detecting viral Variants of Concern (VOC).
- Vaccination programme for COVID-19 – has made great progress in A&B since its inception in December 2020.
- 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 timeliest 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.

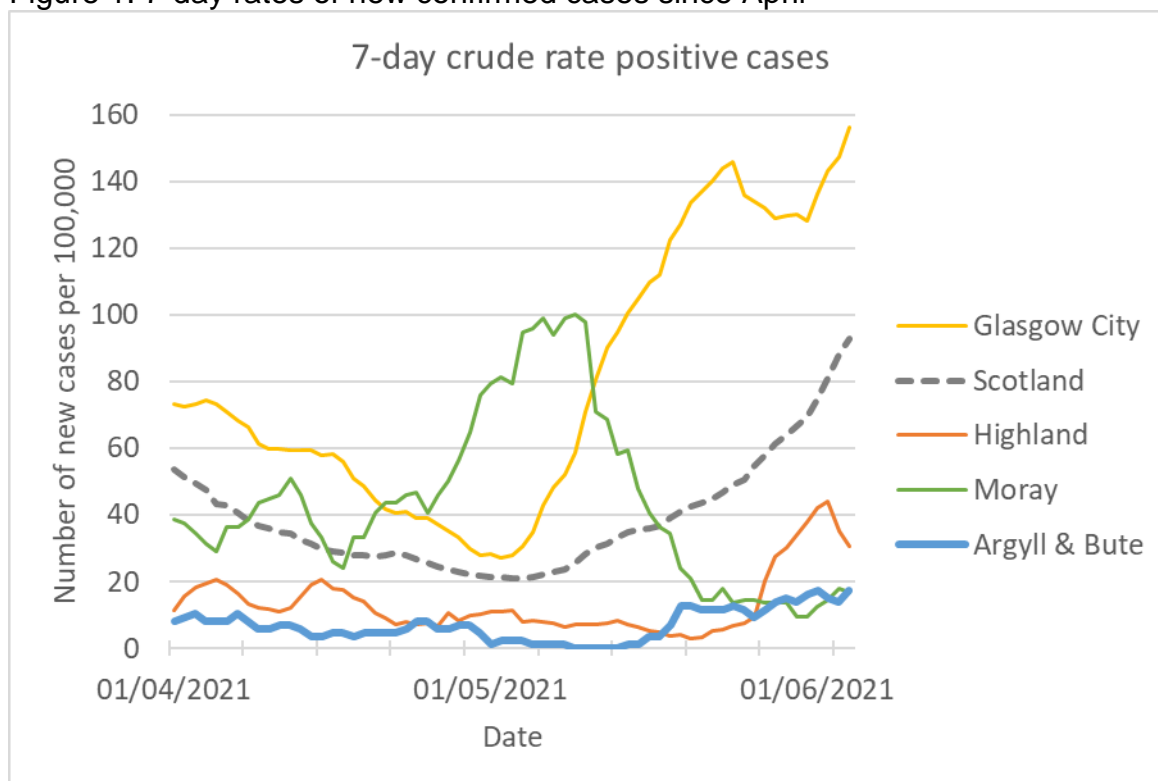
3. DETAIL OF REPORT

A. Epidemiology of COVID-19 in Argyll and Bute

Confirmed cases in Scotland

- Numbers of confirmed cases have increased during May and into the first week in June with 93 cases per 100,000 in the 7 days up to 4th June 2021. This compares to 22 cases per 100,000 in the 7 days up to 30th April 2021.
- The test positivity rate in the 7 days up to 4th June 2021 was 3.4%, an increase from 1.1% in the 7 days up to 30th April 2021.
- There are eleven council areas with 7-day rates of new confirmed cases above 100 per 100,000 people (29th May to 4th June), with a further ten areas with 7-day rates above 50 per 100,000 people (29th May to 4th June).
- The rate of new confirmed cases in Argyll and Bute over the same period (29th May to 4th June) was 17 per 100,000 people. Figure 1 presents trends in a selected number of LA areas.
- Information is made available publicly by Public Health Scotland: [COVID-19 Daily Dashboard | Tableau Public](#)

Figure 1. 7-day rates of new confirmed cases since April



Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#) Date updated: 7th June

Epidemiology Briefing – NHS Highland

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.

- Rates of confirmed cases in Argyll and Bute has shown an increase since the beginning of May with 15 new confirmed cases in the 7 days from 29/05/21 to 04/06/21.
- 64% of new cases in NHS Highland in the most recent two weeks (22/05/2021 to 31st May) were in those aged 20-44 with the highest rate of cases in those aged 20-24.
- Rates of confirmed cases in Argyll and Bute over the most recent 7 days remain low compared to most other Council areas in Scotland.
- There have been no new registered deaths involving COVID-19 in usual residents of Argyll and Bute since February.

COVID-19 protection levels

- Argyll and Bute is at level 1, except for the following islands which are at level 0: Coll, Colonsay, Erraid, Geometra, Iona, Islay, Jura, Mull, Oronsay, Tiree and Ulva.

[Coronavirus \(COVID-19\) protection levels: what you can do - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/coronavirus/covid-19/protection-levels)

Variants of Concern

- There has been an increase in the number of confirmed (sequenced) cases of the Delta variant within Scotland: there were 0 cases confirmed at 5th May, rising to 36 cases up to 12th May, 136 up to 19th May, 702 up to 26th May and 1,511 up to 2nd June.
- This variant of concern (VOC) is associated with higher transmissibility of the virus and it has been associated the increase in the numbers of cases in Glasgow city.
- There is evidence for reduced vaccine effectiveness for Delta compared to Alpha variants. This is more pronounced after one vaccine dose (compared to 2 doses).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/991135/3 June 2021 Risk assessment for SARS-CoV-2 variant DELTA.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/991135/3_June_2021_Risk_assessment_for_SARS-CoV-2_variant_DELTA.pdf)

Modelling

As reported by the Scottish Government on 3rd June, with estimates dated 2nd June:

- The reproduction rate R in Scotland is currently estimated as being between 1.1 and 1.3. This is an increase in the bottom of the range since last week.
- The growth rate for Scotland is currently estimated as being between 2% and 5%. This is an increase since last week.
- As a result of relaxations of non-pharmaceutical interventions along with the likely impact of the Delta variant, hospital bed and intensive care unit (ICU) occupancy are projected to plateau or rise over the next few weeks, with considerable uncertainty as to what this means for future weeks.

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

Imperial College London estimates, dated 6th June that:

- the R number for Argyll and Bute was 1.08 (90% confidence interval between 0.79 and 1.66) at 3rd June 2021.
- the probability of > 50 cases per 100,000 population is low at 0.11 between 13th June 2021 and 19th June 2021
[COVID-19 UK \(imperialcollegelondon.github.io\)](https://www.imperial.ac.uk/covid-19-uk/)

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, both through PCR and LFD testing, 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.

HPT receives data regarding genomic sequencing of positive samples. This type of screening is done using PCR tests as they are sent to a laboratory for full genetic sequencing. At the moment in Scotland small case numbers allow for all positive cases to undergo genetic sequencing.

Where variants of concern are identified or suspected, HPT may:

- recommend asymptomatic testing of contacts
- identify close contacts of the 'primary contacts'
- request targeted asymptomatic community PCR testing in areas with evidence of community transmission

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

PCR tests are mainly used for people with symptoms of COVID-19. This test is often referred to as the "gold standard" test. PCR 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, and

for regular screening of asymptomatic care home staff and residents, and non-health and social care keyworkers.

Symptomatic PCR testing for citizens in Argyll and Bute is currently available through:

- Helensburgh – MTU
- Oban – Walk-in
- Arrochar – Fire Station
- Campbeltown – Fire Station
- Cove (Loch Long) – Fire Station
- Dunoon - Fire Station
- Bute – Fire Station
- Lochgilphead – Fire Station
- Tarbert – Fire Station
- Rothesay – Fire Station
- Bespoke pathways are available in the islands

Home delivery of PCR tests is now available in every mainland postcode area of Argyll and Bute.

B2 Lateral Flow Device (LFD) testing for Health and Social Care staff

Origins

In December 2020 the Scottish Government directed Health Boards and Health and Social Care Partnerships to implement the roll out of Lateral Flow Device (LFD) testing in patient facing staff within Healthcare, Social Care and Primary Care. Over the following months this offer of voluntary twice weekly testing was extended to include all Healthcare staff, specific Social Care roles, contractors of registered services and some other services.

The programme is managed across NHS Highland, with 4 main workstreams: Raigmore, New Craigs, North Highland Community Services, and Argyll and Bute. The Scottish Government attached a target of 80% participation rate to the Healthcare staff programme and although Highland Health Board Healthcare staff participation rate is around 38%, we have been identified as a high performing board and looked upon for examples of good practice.

Delivery and Supply

The delivery and supply pathways have evolved over the previous 5 months. National Services for Scotland (NSS) supply all pathways from a central hub. Each kit contains 25 tests, when testing twice per week a kit will last approximately 12 weeks.

Healthcare Pathway: in this pathway test kits are delivered to Lochgilphead for onward distribution to all hospitals in Argyll and Bute. Staff can register and collect their test kits from their local hospital. To date 1867 kits are confirmed as collected by staff.

- Between January and February 1399 kits were distributed to staff.
- Sites were delivered 1402 kits in total for reissue.
- A further 557 kits were sent due to the Scottish Government extension to the programme.

Social Care Pathway: National Services Scotland (NSS) supply PPE hubs with LFD testing kits using a push allocation and resupply. Social Care staff collect test kits from their local PPE hub.

- To date 2626 kits have been allocated to staff from PPE hubs. Both internal and external services are supplied kits via this pathway.
- The rollout began in early February with 1360 kits being distributed to Social Care staff throughout February.
- Volumes requested suggest staff are continuing to participate in LFD testing.
- There have been regular changes to staff groups included in LFD testing, hubs have continued to communicate changes and adapt which staff groups receive kits.

Primary Care Pathway: Primary Care partners are provided kits by a push allocation and resupply from NSS. Initially Primary Care staff were included within the Healthcare allocation. 450 kits were allocated from Healthcare supplies for Primary Care staff from across Argyll and Bute. After the initial supply NSS indicated that a push allocation would be used for reissue of kits in this pathway.

Reporting of Results

Healthcare, Social Care and Primary Care staff should record every test result onto the Covid Testing Portal. Data has been made available to LFD testing teams by Public Health Scotland in the form of an LFD testing dashboard. The data available to Health Boards and HSCPs has been slowly improving, however data on compliance is not yet available to Council area and information governance does not allow it to be collected for Healthcare or Primary care locally.

There has been a downward trend in recording of results on the Covid Testing Portal for Healthcare staff. Submission of results from Healthcare staff have fallen from a high of over 7000 results entered on 21/02/2021 to fewer than 3500 results entered on 23/05/2021.

Data is not currently available in a useful format for Social Care staff. However a reporting system has been developed for internal Social Care staff. This data indicates high levels of compliance and continuity with the testing programme. To date there have been two invalid tests and zero positive tests.

Data from dashboard indicates that staff from Argyll and Bute in Primary Care settings cumulatively have recorded just over 3000 tests on the portal. However, there have been issues with linking information entered onto the portal against job role and location, this may account for the lower than expected figure on the dashboard.

Conclusion

Data collected from a Healthcare staff survey have showed that 69% of staff are undertaking twice weekly testing in line with the programme although many are not reporting all results on the Covid Testing Portal. An Improvement Plan has been drafted for submission to the Scottish Government on the 28th May. Improvements to the data provided to Health Boards on compliance will aid targeting of information and support for staff to undertake the voluntary testing programme.

Testing remains an important tool in the identification of COVID infection and subsequent confirmatory PCR testing provides confidence in the validity of the results. A modelling study by Public Health England indicated that periodic testing of staff can reduce infection in other staff by as much as 64%¹, this indicates the importance of LFD testing as part of a test-to-protect strategy. Testing of staff in Healthcare, Social Care and Primary Care is expected to become mainstream for the medium to long term.

B3 Asymptomatic Community Testing section using LFD

Origins

NHS boards in Scotland were tasked by the Scottish Government to develop plans to implement community asymptomatic COVID-19 testing working in partnership with local authorities in February 2021. This complements other areas of Covid-19 testing including the staff program outlined above, LFD testing in schools and the universal offer of LFD testing available through UK Government pathways.

The purpose of 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. Another key objective of this type of testing is to normalise testing in communities and encourage uptake.

Delivery

Boards customised their own asymptomatic community testing plans based on local needs, for example, current and previous known incidence rates, demographic factors, and other variables such as waste water sampling. A hub and spoke model is being utilised with a testing hub in Helensburgh operating since 22nd March, and Inverness during April. In addition, sites are planned to pop-up in different locations providing the spoke element of the plan. The 'spoke' element of the plan means that testing can be deployed at short notice at the discretion of health protection team or and utilising public health intelligence. However, the presence of a pop-up site does not necessarily indicate any particular concern.

Asymptomatic community testing is carried using 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 wrap around support via a helpline provides support for a range of needs such as loneliness, mental health problems, money worries or access to food while self-

¹ Evans S, Agnew E, Vynnycky E, Robotham J. The impact of testing and infection prevention and control strategies on within hospital transmission dynamics of COVID-19 in English hospitals. Available at: <https://www.medrxiv.org/content/10.1101/2020.05.12.20095562v2>

isolating. The implementation plan also recognises the importance of clear communication messages for the public.

Results

- Over 400 tests have been conducted via the site in Helensburgh since it opened.
- The test site has been used by both residents, visitors and people working in the area.
- Positive LFD results have potentially led to earlier identification and isolation of confirmed PCR cases.
- Testing at 'spoke' sites is commencing in May.

C. COVID-19 Vaccinations

Summary

Vaccination programmes in Argyll & Bute are following the Joint Committee on Vaccination and immunisations (JCVI) priority framework for vaccinations (see table below. Vaccinations across Argyll and Bute commenced in December with all care home staff and residents, front line Health and Social care staff as well as care at home staff and other identified priority staff groups are all up to date with 2nd doses.

Priority groups for the public 1 to 10 have all been vaccinated with many now vaccinated with 2nd dose. We are currently working on priority groups 11 and 12 during the months of June and July for 1st doses and we are in on track to meet current Scottish Government targets of having all over 18 adult population vaccinated (or, at least, offered a vaccination) with their 1st does by end of July 2021 and all 2nd doses completed by end of September 2021.

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 Carers both self identified and registered as carers Household contacts of those identified in priority 4 as clinically extremely vulnerable
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
10	All those 40 years of age and over
11	All those 30 years of age and over
12	All those 18 years and over

Delivery

The delivery of such an extensive vaccination programme should not be underrated and has not been without its challenges.

Vaccinations continue to progress well mainly led by GPs for the public. All of our practices delivered the vaccination programme to the adult population over 50.

One practice withdrew from the programme before the start of priority 10 group. Another 5 practices have withdrawn from delivering the programme to priority groups 11 and 12. Significant contingency planning was already in place to enable HSCP vaccination teams to step in and run HSCP clinics in Oban and Dunoon and assisting in Mull. Contingency plans remain in place for any other areas in case any further practices withdraw.

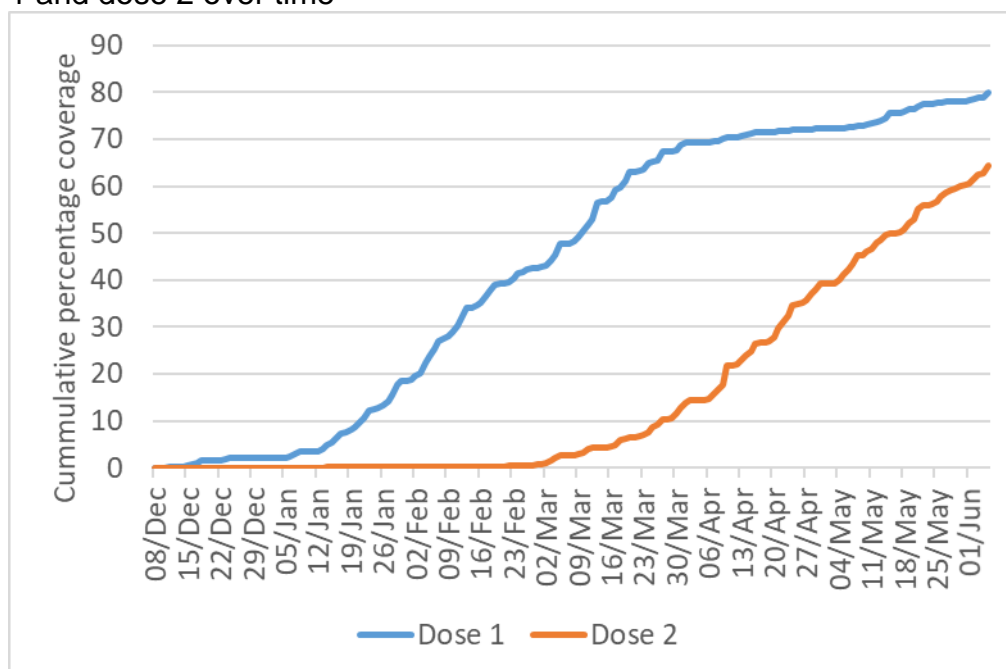
The main reason for withdrawal is due to the complexity of managing the Pfizer vaccine and the space required for the 15 minute wait post vaccination. Other challenges have included supply of vaccine but that now appears to be rectified and was short term.

A significant number of people were identified living in the Cardross area who were registered with GPs in Dumbarton but as the vaccine programme is based on board of residence these people were initially missed as not identified in our GP lists. Significant measures were put in place to identify these people and vaccinate them at HSCP staff clinics. This continues as we work through the priority groups. Support has also been offered from the Helensburgh practices have also offered to help.

Uptake

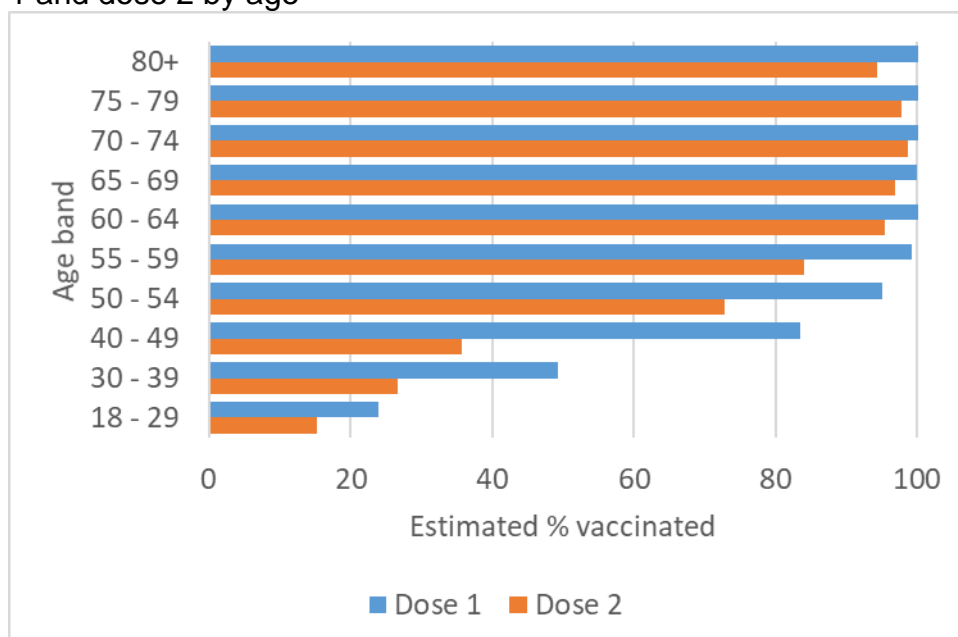
- Public Health Scotland report that 57,557 people in Argyll and Bute (an estimated 81% of the eligible population) have had a first dose (up to 6th June, updated 7th June).
- 45,985 people in Argyll and Bute (an estimated 65% of the population) have had a second dose (up to 6th June, updated 7th June).
- An estimated 36% of those aged 30 - 39 and 73% of those aged 40 – 49 have had a first dose in Argyll and Bute (Figure 7).
- Uptake has been relatively high in Argyll and Bute to date due to the high proportion of the population in older age groups, which have been prioritised for vaccination.
- Reduced uptake in the younger populations is starting to emerge and this is reflected nationally. Further work to be done on increasing uptake for the younger population.
- Those aged 18 to 29 in Scotland can register for a coronavirus vaccination: [Under 30s COVID-19 registration service - Home page \(nhs.scot\)](https://www.nhs.uk/under-30s/covid-19-registration)

Figure 2 Estimated percentage coverage for Argyll and Bute residents for dose 1 and dose 2 over time



Source: NHS open data. [COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/covid-19-vaccination-in-scotland-datasets) Accessed 7th June 2021

Figure 3 Estimated percentage coverage for Argyll and Bute residents for dose 1 and dose 2 by age



Source: NHS open data. [COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/covid-19-vaccination-in-scotland-datasets) Accessed 7th June 2021

D. Caring for People

The Caring for People partnership continues to meet as required 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 has completed and a short summary report is being developed. 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 developed a volunteer support model currently supporting the Dunoon clinics with marshalling and meet and greet roles. Oban clinics starting at beginning of June will also be able to access support from the volunteers.

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 is being reviewed and considered as we progress through this pandemic cycle and emergency operating arrangements. It has already been extensively shown that marginalised communities fare 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

Much progress has been made to reduce the health and socio-economic consequences of the spread of Covid-19, but it is not possible to scale down the response effort yet. All financial and human resources means have now been extended until March 2022.

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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