

Integration Joint Board

Date of Meeting: 15th September 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;
- ◇ Update on the remobilisation planning in 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.
- Vaccination programme for COVID-19 – has made great progress in A&B since its inception in December 2020.
- Remobilisation, in terms of both health improvements and winter planning.

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.

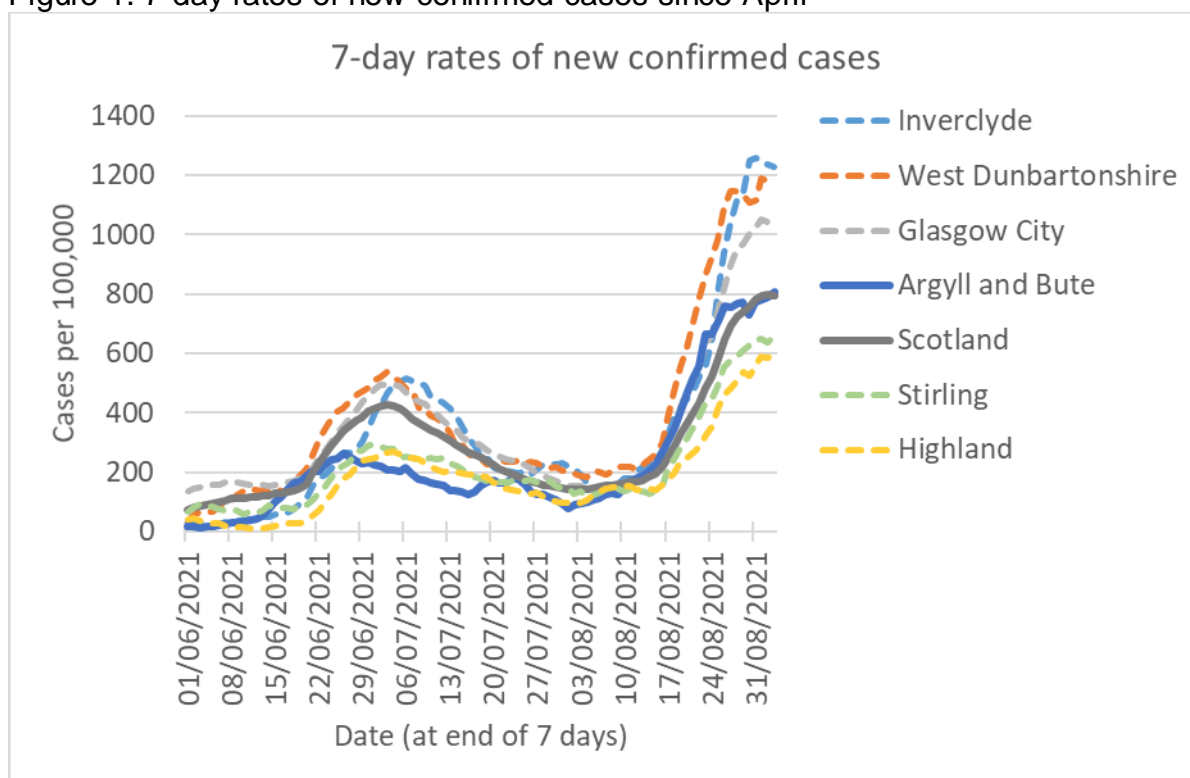
3. DETAIL OF REPORT

A. Epidemiology of COVID-19 in Argyll and Bute

Confirmed cases in Scotland

- As of the date of writing (7th September 2021), 7-day rates of confirmed COVID-19 cases in Scotland are higher than the peak of any other wave of the pandemic in Scotland.
- 7-day rates of confirmed cases in Argyll and Bute rose rapidly during August and, to date, remain high at almost 800 new confirmed cases per 100,000 population at the beginning of September.
- Test positivity is also high with 13% of PCR tests positive in the 7-days to 3rd September in Scotland and in Argyll and Bute.
- Daily 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: 6th September

Epidemiology Briefing – NHS Highland

The report in Appendix 1, was prepared on 6th September by the Public Health Intelligence team within the Public Health Department of NHS Highland. It offers snapshots of information through tables and graphs.

- Rates of confirmed cases in Argyll and Bute are, at this timepoint, highest in those aged 15-19, followed by those age 20-24.
- Up to 3rd September, 7-day reates from highest in Helensburgh, followed by Oban, Lorn and the Isles, with Cowal and Bute also experiencing high

rates of cases (>700 per 100,000) and >300 cases per 100,000 across Mid-Argyll, Kntyre and Islay.

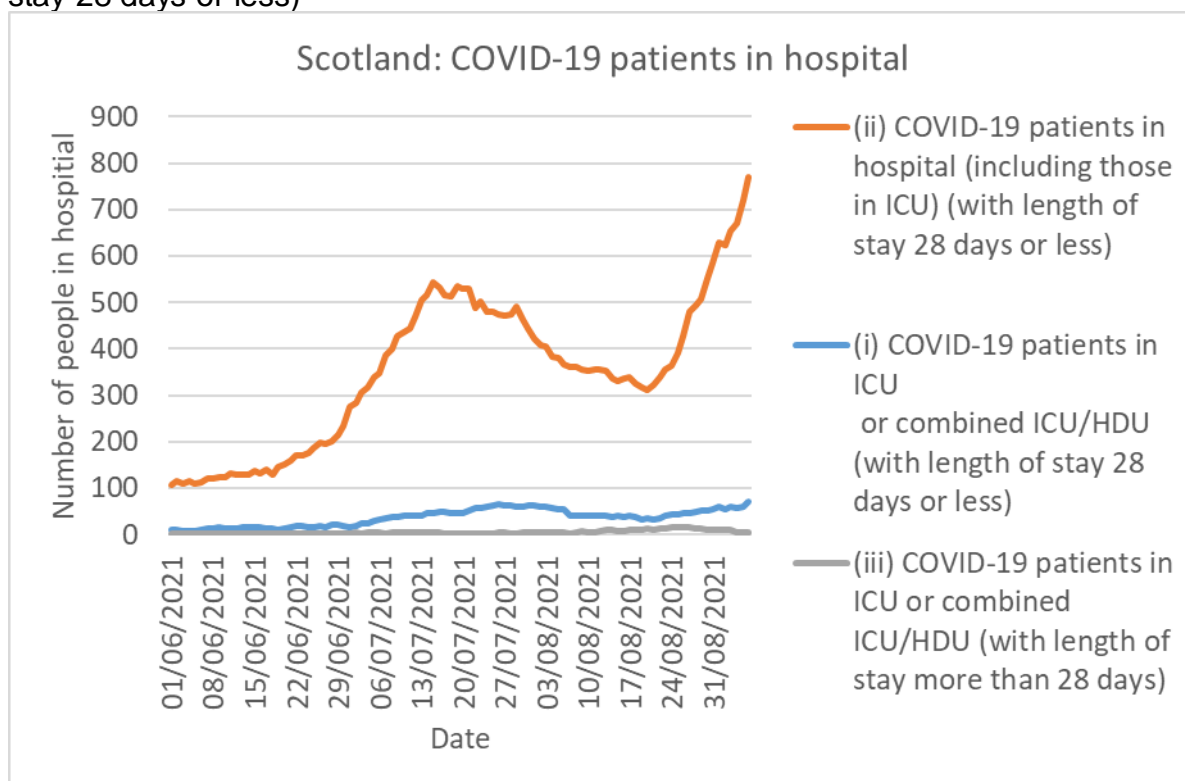
Modelling

As reported by the Scottish Government on 2nd September, with estimates at 17th August:

- The modelled estimate for R is between 1.3 and 1.6 at 17th August, with the growth rate between 5% and 10%.
- Waste water measures of viral RNA have risen to the highest level seen.
- Although there was considerable uncertainty in terms of actual numbers, future hospital occupancy and intensive care use are likely to continue rising as infections rise.
- At 6th September, there were reported to be 771 COVID-19 patients in hospital. This compares to a peak of 2,053 patients at 22nd January 2021.
- At 6th September, there were reported to be 71 COVID-19 patients in ICU or ICU/HDI. This compares to a peak of 161 patients at 22nd January 2021.

[Coronavirus \(COVID-19\): modelling the epidemic - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/)

Figure 2. COVID-19 patients in hospital (including those in ICU) (with length of stay 28 days or less)



<https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/> Date updated: 6th September

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, 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 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.

HPT receives data regarding genomic sequencing of positives 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 allows 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 of 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.

Testing for members of the public in Argyll and Bute is available via several methods:

- Helensburgh and Oban have testing sites available seven days a week via a drive through and walk-through site respectively.
- Postal tests are available seven days a week to all mainland post codes in Argyll and Bute. Work is underway establish this service on some of the islands with Bute and Mull expected to come online in the coming weeks.
- Scottish Fire and Rescue Service (SFRS) provide postal tests at fire stations, they then arrange courier transport for specimens to labs or provide

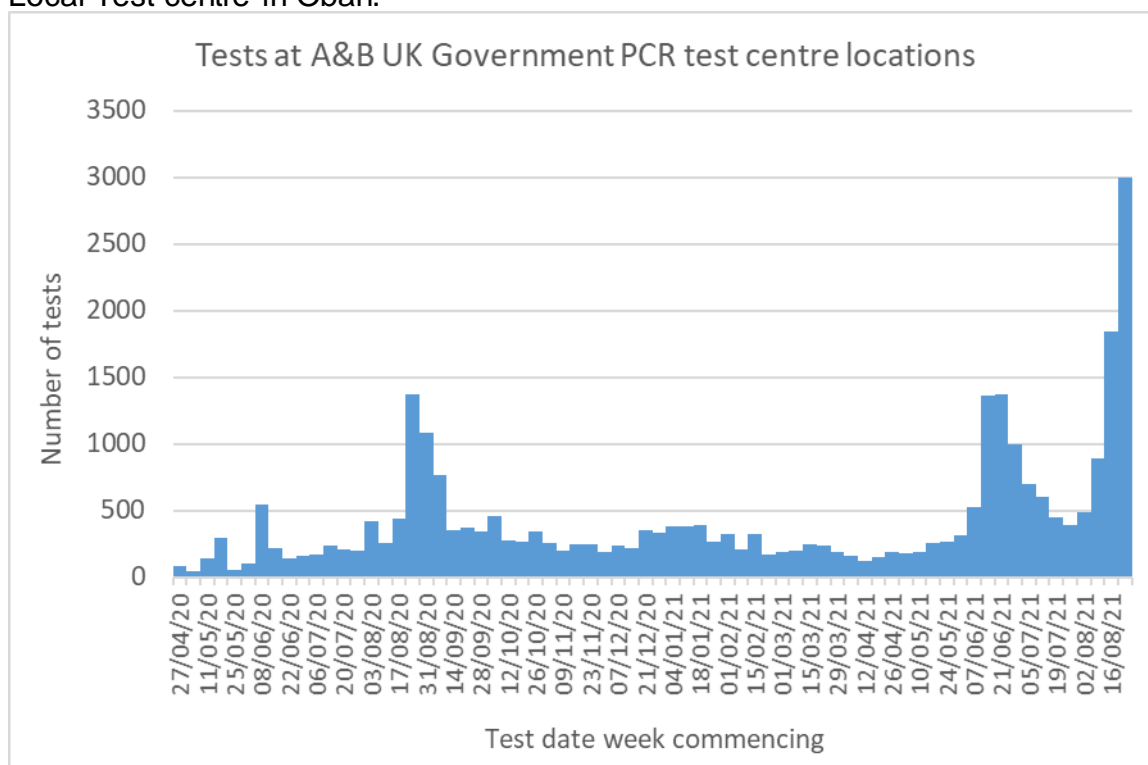
information on how to post completed tests using a priority post box. SFRS recently introduced testing on Gigha, Iona and Mull due to an increase in local demand for testing. They continue to provide testing in; Arrochar, Campbeltown, Cove (Loch Long), Dunoon, Lochgilphead, Tarbert and Rothesay.

- Islands including Coll, Colonsay, Gigha, Islay, Jura, Lismore and Tiree have bespoke arrangements in place for accessing a PCR test. These pathways are monitored regularly and adapted when necessary.

If there is a significant or sustained increase in transmission within a particular geographical area a mobile testing unit (MTU) may be deployed to increase PCR testing capacity. This occurred in Bute in the latter half of August 2021, due to rising incidence in Bute, particularly within Rothesay.

Figure 3 shows the volume of tests conducted at testing site within Argyll and Bute and shows the increase in testing volume towards the end of August.

Figure 3. Volume of PCR tests conducted through Mobile Testing Units or the Local Test centre in Oban.



Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse. Date updated: 7th September. Includes sites not open at present e.g. Mobile testing units in various locations in Argyll and Bute.

Postal tests are available seven days a week to all mainland post codes in Argyll and Bute.

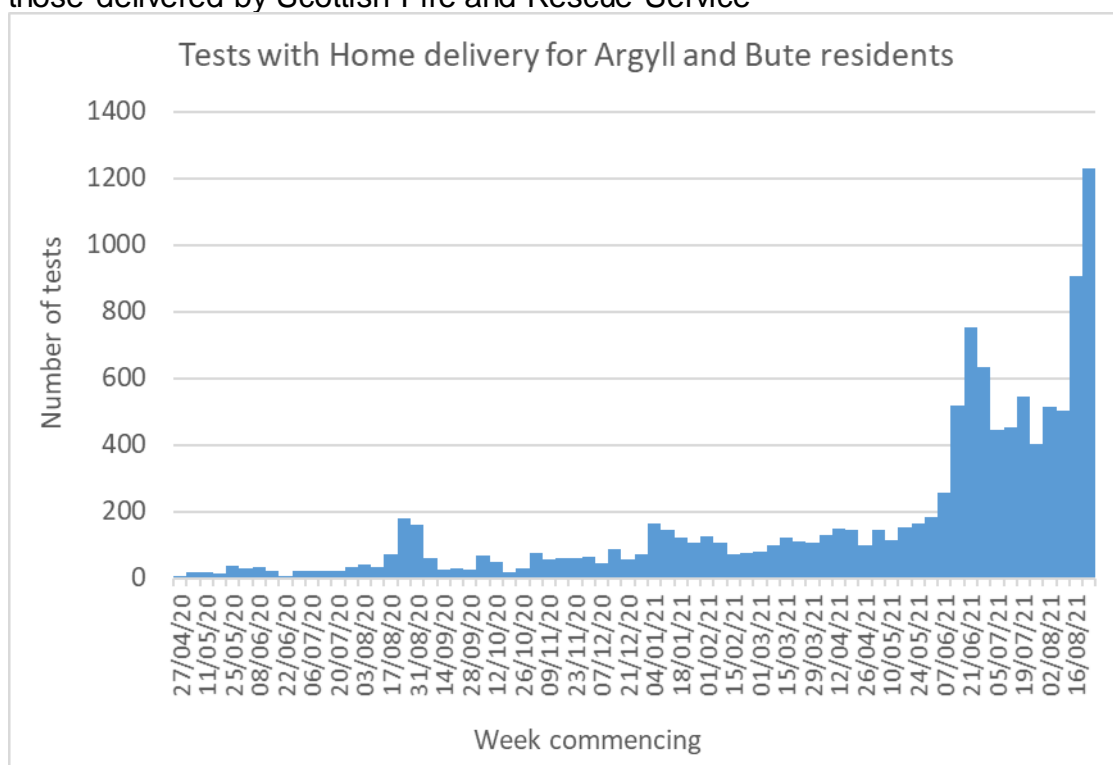
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Islands including Coll, Colonsay, Gigha, Islay, Jura, Lismore and Tiree have bespoke arrangements in place for accessing a PCR test.

Figure 4 shows the volume of tests conducted via 'Home delivery' for people identified as living in Argyll and Bute. 'Home delivery' includes tests provided through SFRS. As the SFRS was introduced, testing volume via 'Home delivery' increased. In addition, there has been an increase in volume of testing via this route towards the end of August in line with overall increased demand for testing.

Figure 4. Volume of PCR tests conducted through postal pathways including those delivered by Scottish Fire and Rescue Service



Data source: NSS Test and Protect Data Virtualisation Layer, NHS Highland BI Data Warehouse. Date updated: 7th September. Includes sites not open at present e.g. Mobile testing units in various locations in 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, this is measured against submissions of results on the portal compared to eligible staff figures. NHS Highland staff participation rate is around 20%, despite this 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 since the initial rollout of the testing programme. National Services for Scotland (NSS) supply all pathways from a central hub. Innova kits containing 25 tests have been distributed to date, when testing twice per week a kit will last approximately 12 weeks. Innova kit supplies for Health and Social Care staff will be exhausted and replaced by Orient Gene kits containing seven tests by January 2022.

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 approximately 3500 kits have been issued to NHS staff.

Localities can request kits to meet local demand, these are then despatched from Mid Argyll. All future requests by localities will be supplied with Orient Gene 7s test kits.

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 3553 kits have been issued to staff from PPE hubs. Both internal and external services are supplied kits via this pathway.
- The rollout began in early February.
- Volumes requested suggest most 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.
- PPE Hubs are being issued with Orient Gene 7s once Innova 25s supplies run out. It is anticipated this will occur from autumn 2021.

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. Push allocations from August 2021 will provide Orient Gene 7s instead of Innova 25s.

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.

Business Intelligence and Health Intelligence teams have produced a dashboard for NHS Highland containing data for Council area and job role, whilst this is an improvement data fields are not yet complete. The dashboard

can be accessed at:

<http://nhshrmsql09c/reports/powerbi/COVID19%20Testing/Covid%20Testing>

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 in the week beginning 15/02/2021 to fewer than 3900 results entered in the week beginning 23/08/2021. The Scottish Government has placed a target of 80% staff participation for NHS staff.

A reporting system has been developed for internal Social Care staff. The data available indicates high levels of compliance and continuity with the testing programme. To date there have been four inconclusive tests and three 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 was submitted to the Scottish Government on the 28th May, a response from the Scottish Government praised the efforts by staff working on the programme in NHS Highland. Improvement calls between NHS Highland and the Scottish Government were ceased due to the quality of the improvement plan. Communications and documentation is in development to ensure a smooth transition from use of Innova 25s to the Orient Gene 7s test kits.

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 as part of the test to protect strategy.

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

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>

people who are unknowingly infected with the COVID-19 virus and who may subsequently transmit the virus to other people. Positive LFD results have potentially led to earlier identification and isolation of confirmed PCR cases. 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. In addition, pop-up sites are deployed weekly 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 and utilising public health intelligence. However, the presence of a pop-up site does not necessarily indicate any particular concern.

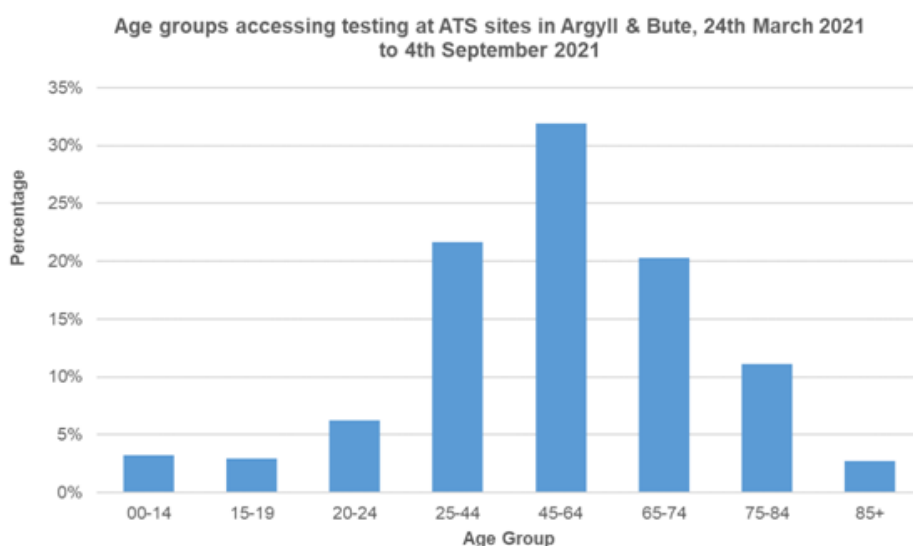
Asymptomatic community testing is carried out using Lateral Flow Device (LFD) tests which provide results in 30 minutes (although the testing sites are transitioning to a new test which only takes 15 minutes and requires a nasal swab only). People receiving positive results with this form of testing are referred for a confirmatory PCR test to confirm the result is positive or negative. From the 8th June 2021, home PCR tests have been made available at the Community Testing Sites for those who are unable to travel to the closest PCR testing site or those who have been identified as a close contact of a positive case. Furthermore, LFD collect has also been added to the service provided. There are known barriers to people accessing testing and wrap around support via a helpline which provides support for a range of needs such as loneliness, mental health problems, money worries or access to food while self-isolating. Calls to the helpline remain low. The implementation plan also recognises the importance of clear communication messages for the public and a communication plan is in place to ensure the public are aware of the testing sites. Work is underway to increase uptake in those aged 44 and under with a pilot assertive outreach plan in development in an effort to attract those in the age groups who are commonly testing COVID positive.

Results

- By the 4th September, 1643 tests have been conducted at the Asymptomatic Test sites since March 2021. Five tests were positive and five inconclusive.
- Testing at 'spoke' sites started in May.
- From the 8th of June, an LFD collect service was added and 165 LFD kits have been handed out to the public.
- 95 PCR home test kits have been distributed to the public.

Volume of testing by location 24th March 2021 to 4th September 2021

ATS site	Test results			Testing volume
	Negative	Positive	Insufficient	
Campbeltown Victoria Hall	97	-	-	97
Dunoon Queens Hall	216	1	2	219
Garelochhead	25	-	-	25
Helensburgh Parish Church	1,007	3	3	1,013
Inveraray	15	-	-	15
Lochgilphead	23	1	-	24
Mull	148	-	-	148
Oban Corran Halls	25	-	-	25
Rothesay Moat Centre	18	-	-	18
Tarbert Village Hall	24	-	-	24
Taynuilt	35	-	-	35
Grand total	1,633	5	5	1,643



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.

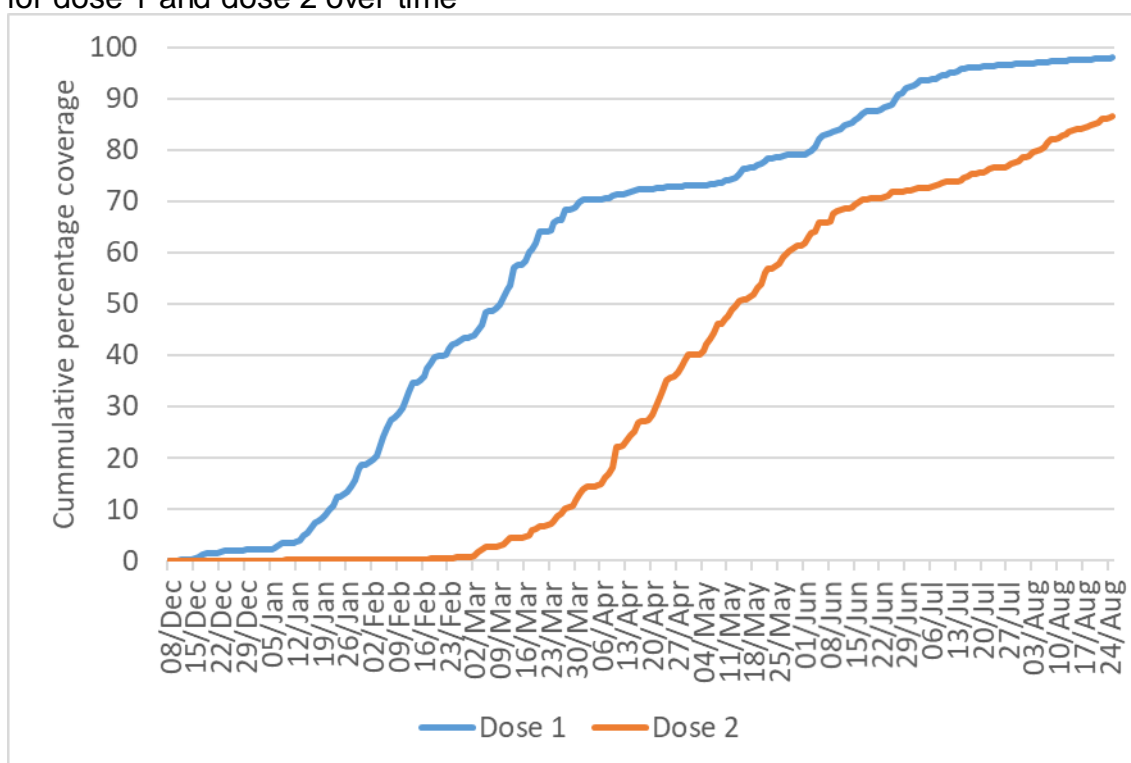
A significant number of people were identified living in the Cardross area who were registered with GPs in Dumbarton but as the vaccine programme is based on board of residence these people were initially missed as not identified in our GP lists. Significant measures were put in place to identify these 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

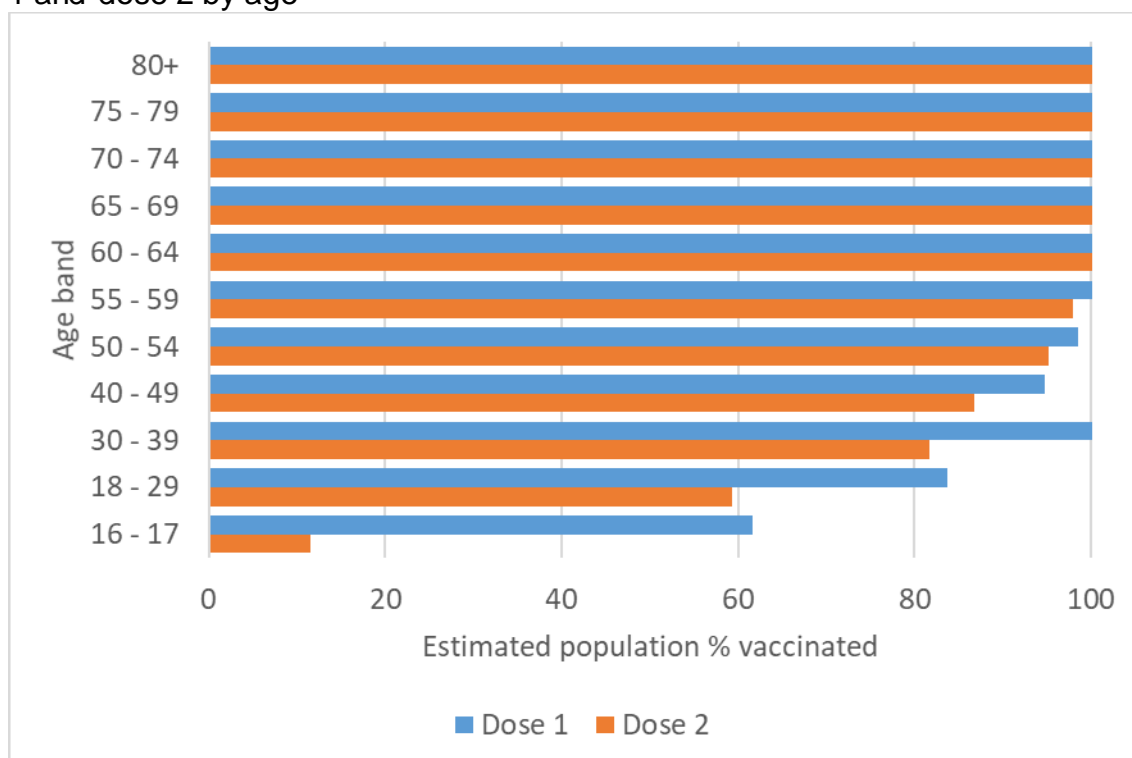
- Public Health Scotland report that 69,987 people in Argyll and Bute (an estimated 98.4% of the population aged 18+) have had a first dose (up to 6th September, updated 7th September).
- 64,166 people in Argyll and Bute (an estimated 90.2% of the population aged 18+) have had a second dose (up to 6th September, updated 7th September).
- An estimated 61.7% of those aged 16 and 17 have had a first dose and 11.5% of a second dose in Argyll and Bute (Figure 3).

Figure 3 Estimated percentage coverage for Argyll and Bute residents aged 18+ 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/open-data/datasets/covid-19-vaccination-in-scotland) Accessed 7th June 2021

Figure 4 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://www.nhs.uk/data-scotland/datasets/) Date updated: 6th September

D. Remobilisation planning

The Health Improvement Team is responsible for planning and delivering activity and programmes to improve health and wellbeing outcomes and prevent and/or reduce the occurrence of health problems. This work is delivered in partnership with communities and a wide range of partners. Community and Locality Planning is often the locus for health improvement.

Throughout the pandemic across Scotland, the health improvement workforce has been a readily available resource to support the urgent emergency response. In Argyll and Bute the health improvement team has supported community resilience, Covid-19 testing and the vaccination programme. However, this has been to the detriment of core health improvement business and there will be long term implications to health if health improvement is not fully remobilised. Action is ongoing at a number of levels to support this remobilisation:

- **Local** – Dynamic operational planning in Argyll and Bute over the past 18 months to ensure remaining capacity of health improvement team responds to most important needs and staff are not overwhelmed. These priorities include suicide prevention, mental health engagement, Living Well strategy and child poverty. This means there is currently less capacity to support corporate functions in the HSCP like engagement and equality impact assessments.
- **Board wide** – NHS Highland’s remobilisation plan produced in summer 2021 recognises redeployment of the health improvement workforce across north Highland and Argyll & Bute. This is a feature of board wide

planning both within the senior leadership team and the wider health improvement function.

- **National** – Public Health Scotland has a role to support the development of the workforce and organised a series of workshops in September 2021. These workshops considered national action required to ensure a skilled workforce and how to inform clearer expectations for health improvement.

NHS Highland launched their Social Mitigation Strategy in March 2021 to ensure the organisation responds to the emerging priorities arising from the pandemic. It endorses underlying principles of health improvement which include the targeting of services and interventions to those most in need to reduce inequality, and working to prevent problems before they arise. Priorities in this strategy include mental wellbeing, violence against women, financial inclusion and child poverty, alcohol and drugs, and digital inclusion.

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. With all restrictions being lifted in Scotland, the chances for increased transmission will rise as well, so it remains a priority to continue monitoring the pandemic. 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	

REPORT AUTHOR AND CONTACT

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