

Integration Joint Board

Date of Meeting: 24th November 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 A&B community, in terms of:
 - ◇ distribution of infection rates;
 - ◇ COVID-19 testing programmes;
 - ◇ COVID-19 vaccination.
- Consider the updates on Health Improvement activities in A&B community that have gradually increased during 2021.

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:

- Rates of new confirmed cases of COVID-19 infections have increased since July 2021, and have remained consistently high (albeit with some sharp peaks or moderate reductions).
- 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, mainly in terms of health improvement programmes.

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

Scotland as a whole

- 7-day case rates across Scotland have slowly increased to 361.6 per 100,000 at 8th November. This compares to a peak of 824.6 per 100,000 at 6th September ([Figure 1](#)).
- Test positivity for 7-days up to 8th November has increased to 9.36% following the reduction to 7.61% over the 7 days to 5th October ([Figure 2](#)).
- The rate of new confirmed cases in Argyll and Bute over the same period (up to 8th November) was 405.0 per 100,000 people with a test positivity of 10.0%, currently both higher than for Scotland as a whole.
- There were 15/32 council areas with 7-day rates of new confirmed cases of 400 or more per 100,000 people and 1 council area (Shetland) had 7-day rates of new confirmed cases below 200 per 100,000 people (up to 8th November).
- Orkney Islands had the highest rate of cases at 642.9 per 100,000 up to 24th October. Unusually for throughout most of the pandemic, council areas with the current lowest rates of cases (apart from Shetland) are across the central belt, as well as Aberdeen city and Aberdeenshire ([Figure 3](#)).
- For Scotland as a whole, 7-day case rates have fallen in the week to 8th November compared to the previous week for those in this oldest age groups. Booster vaccinations may have played a role in this.
- In contrast, there have been increases in the young age groups with case rates 50% higher in the week up to 8th November than the previous week for those aged 0-14 ([Figure 3, 4, 5 and 6](#)).
- The number of people in hospital with COVID-19 in Scotland has reduced to 768 at 11th November. This compares to a peak of 1107 people reported at 21st September ([Figure 7](#)) and over 2,000 in January 2021.
- Daily hospital admissions with COVID-19 has also reduced with admissions at an average of 83.6 per day in the 7 days up to 5th November ([Figure 8](#)). This compared to 162.6 up to 13th September.

Epidemiology Briefing – NHS Highland

- The Epidemiological Breifing 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.
- Numbers and rates of cases by age band for Argyll and Bute are shown.
- Case rates have shown a recent increasing trend in those ages 0-14 in Argyll and Bute. Cases rates are highest in those aged 0-14.

- Cases are widely spread across different parts of Argyll and Bute. 7-day case rates up to 8th November were over 200 per 100,000 in all 4 localities and over 400 per 100,000 in MAKI and OLI (Page 13).
- Case rates have been increasing in OLI but show a plateauing in MAKI, albeit at a high level.

Modelling

In their publication dated 4th November, Scottish Government report:

- *The reproduction rate R in Scotland is currently estimated as being between 0.9 and 1.1, as of 19th October. The lower and upper limits have increased since last week.*
- *The reproduction rate R in Scotland is currently estimated as being between 0.9 and 1.1, as of 19th October. The lower and upper limits have increased since last week.*

Three modelling scenarios were presented, both based on current vaccine roll-out plans and efficacy assumptions. In addition, *all three scenarios account for the end of the half-term period and COP 26 conference in Glasgow. Due to this, there is a large amount of uncertainty as to the potential impact on infections.*

- *‘Central’ assumes that infections will rise or plateau at the current level, resulting from a small rise in transmission.*
- *‘Worse’ assumes a larger rise in transmission from the current level.*
- *‘Better’ assumes a small drop in transmission*

Modelling hospital bed use is based on test data up to 1st November ([Figure 9](#)). At this point:

- *There continues to be uncertainty over hospital occupancy and intensive care in the next three weeks.*

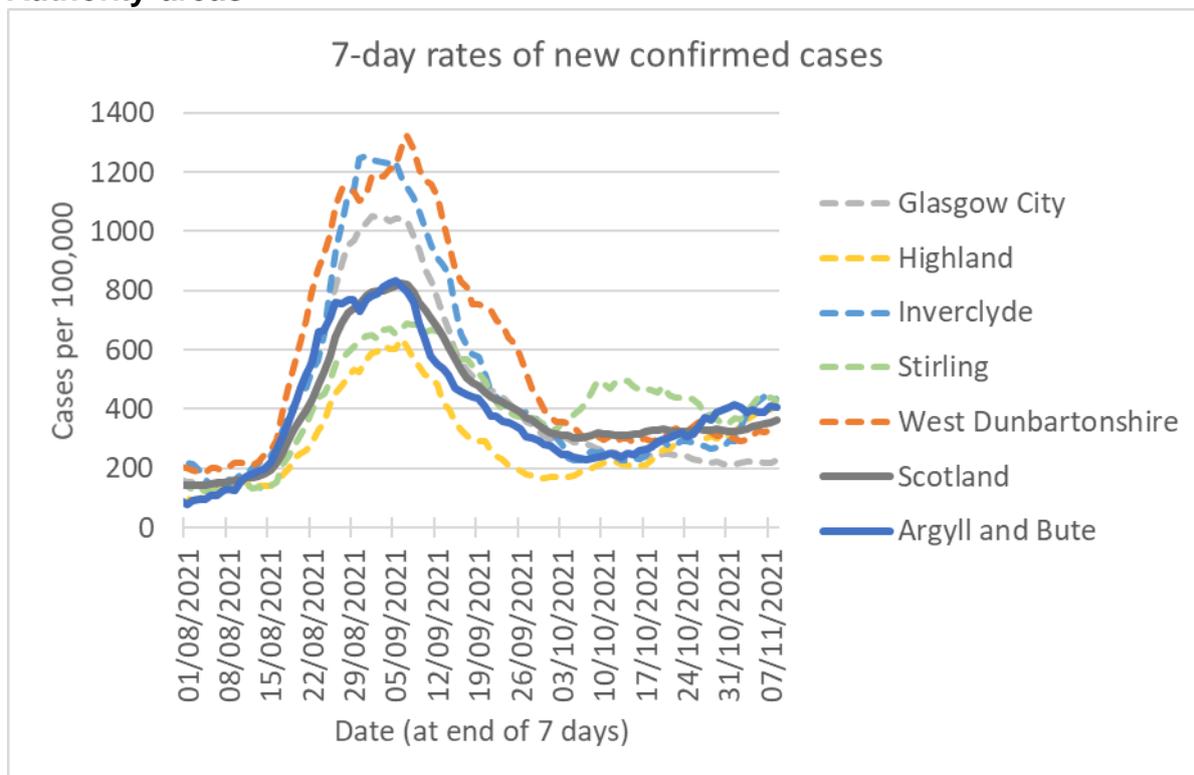
An update to this is due to be published towards the end of this week.

- *Nationwide, Covid-19 levels in wastewater (WW) have shown an increase since last week (20th to 26th October), increasing by approximately 20%.*
- *Modelling of long Covid estimates that on 21st November 2021 between 1.4% and 2.9% of the population are projected to self-classify with long Covid for 12 weeks or more after their first suspected Covid-19 infection in Scotland. The upper and lower limits of the estimate are higher than last week.*

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

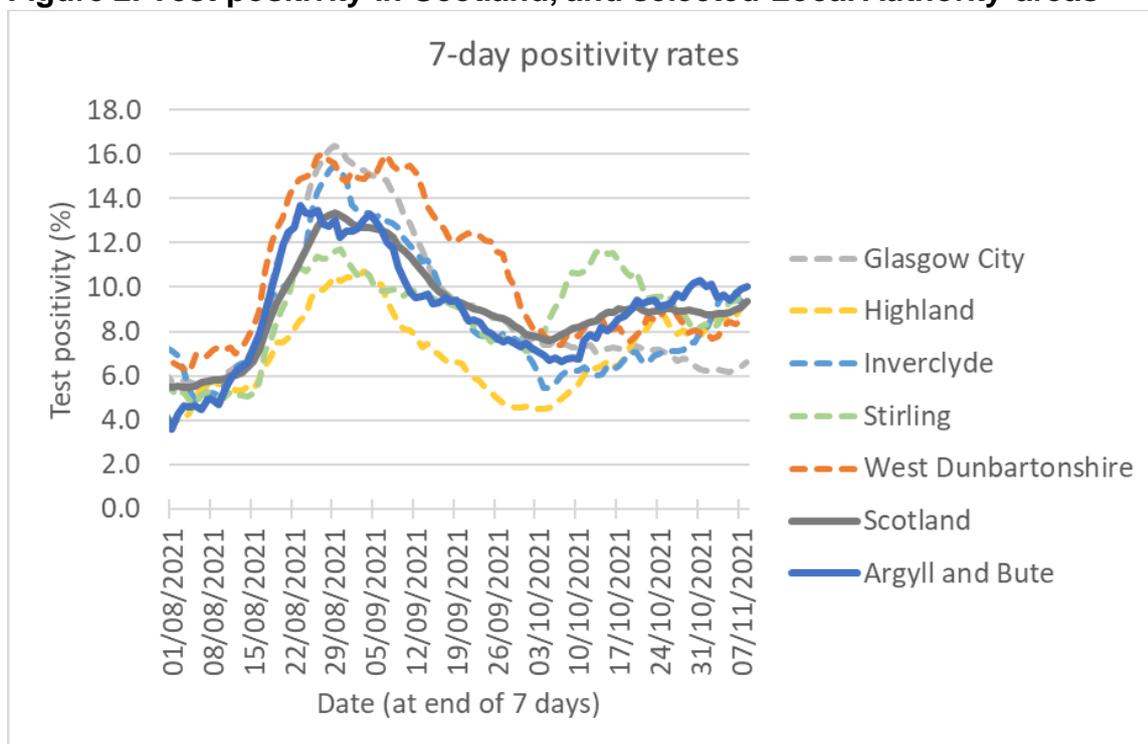
- Imperial College London estimated R in Argyll and Bute to be 1.04 (90% confidence interval: 0.69 to 1.44) at 5th November, with a probability of 0.71 of >300 cases per 100,000 in week commencing 14th November with a probability of 0.89 of >200 cases per 100,000.
- <https://imperialcollegelondon.github.io/covid19local/#downloads>

Figure 1. 7-day rates of new confirmed cases in Scotland, and selected Local Authority areas



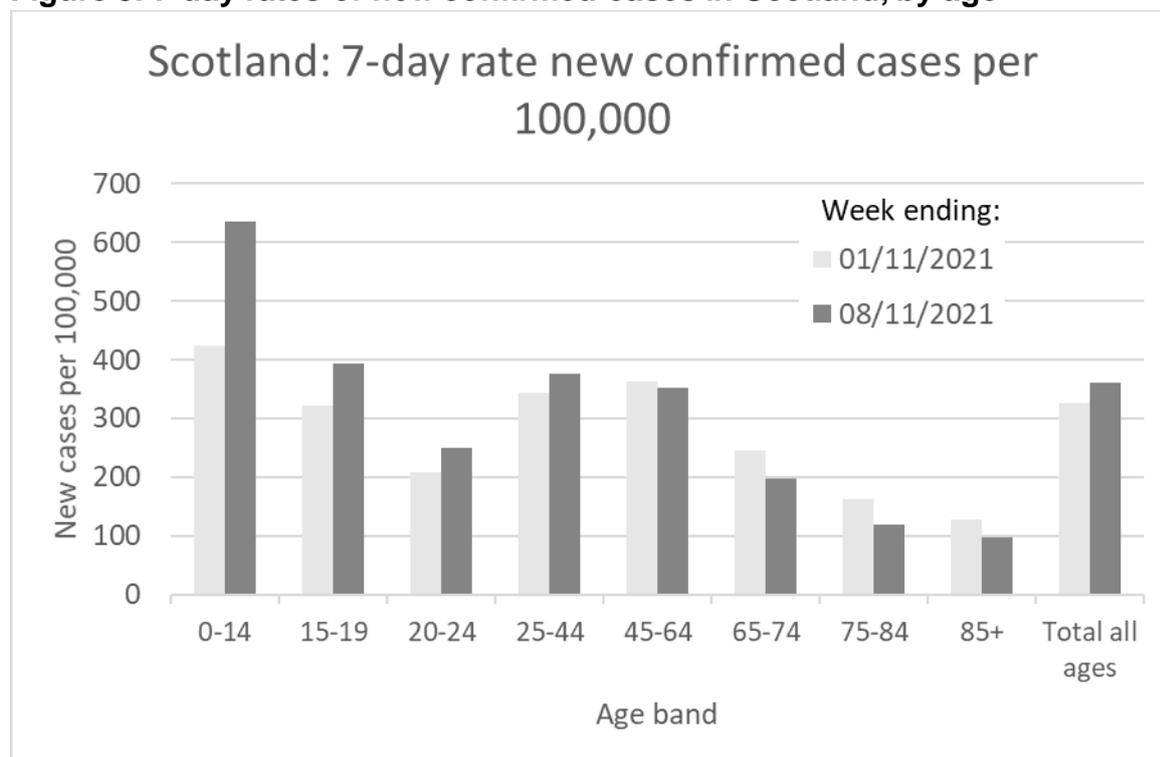
Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-statistics/datasets/daily-covid-19-cases-in-scotland)

Figure 2. Test positivity in Scotland, and selected Local Authority areas



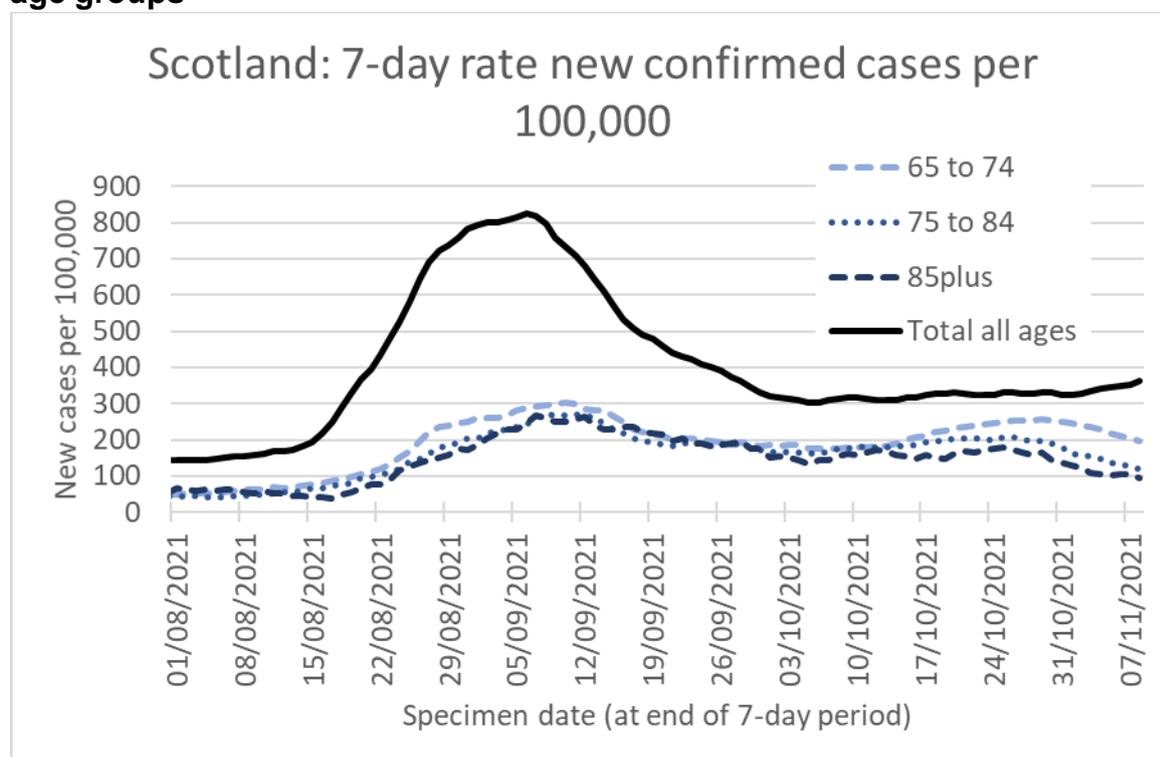
Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-statistics/datasets/daily-covid-19-cases-in-scotland)

Figure 3. 7-day rates of new confirmed cases in Scotland, by age



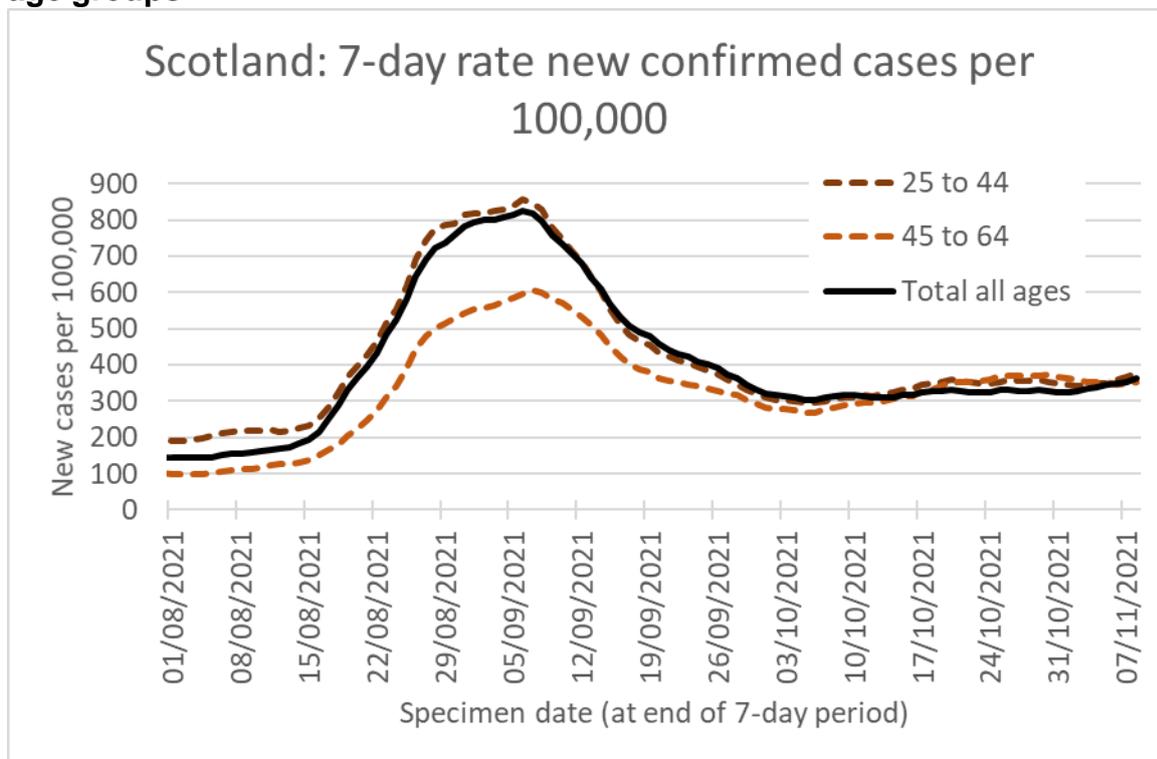
Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-statistics/datasets/daily-covid-19-cases-in-scotland)

Figure 4. 7-day rates of new confirmed cases in Scotland, over time, for older age groups



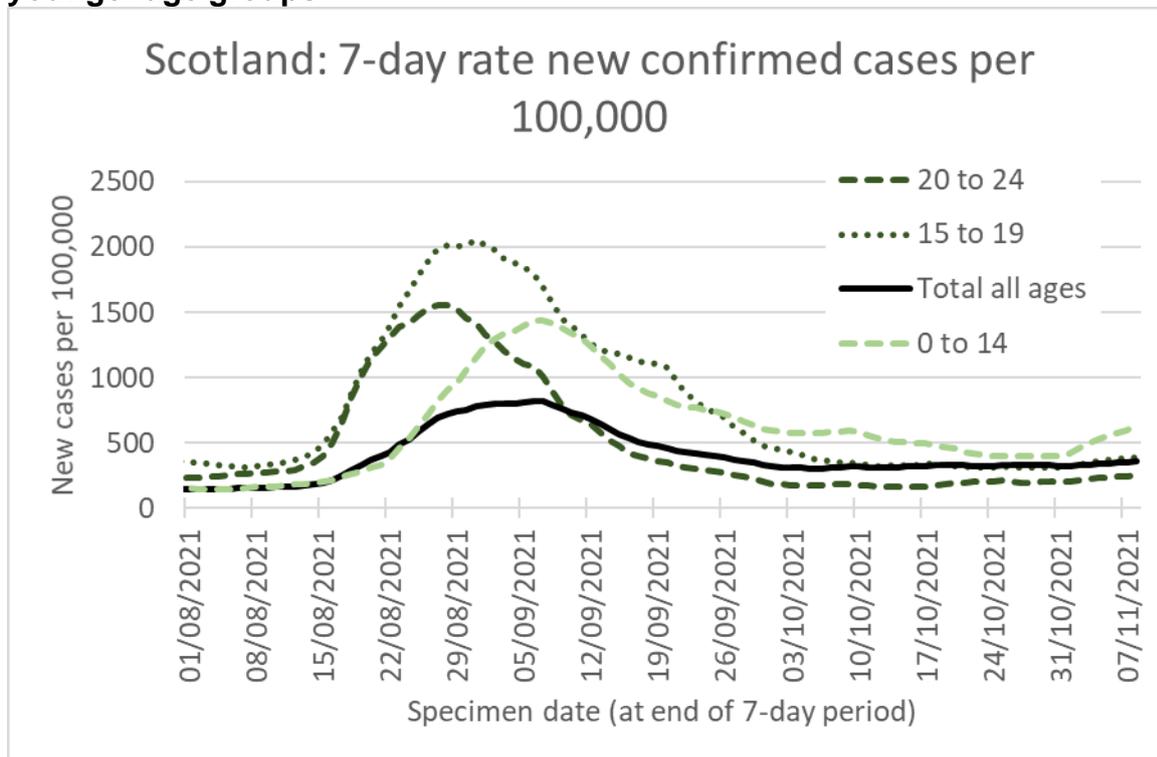
Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-statistics/datasets/daily-covid-19-cases-in-scotland)

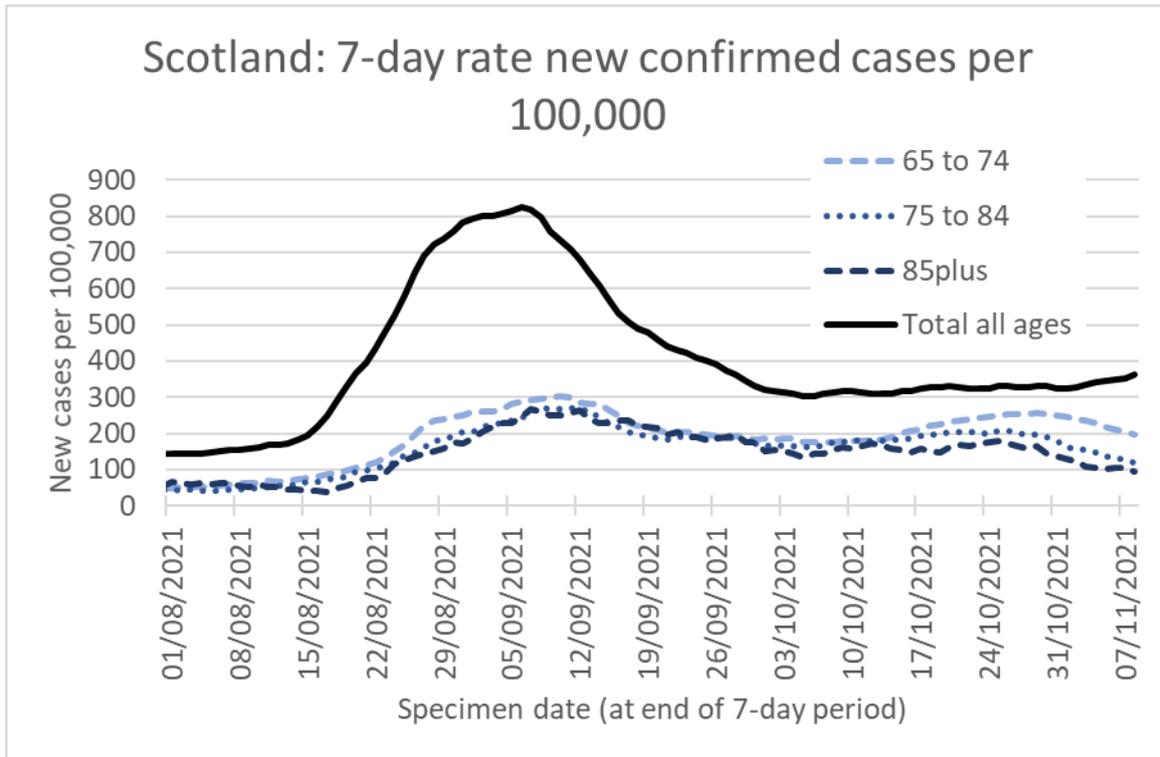
Figure 5. 7-day rates of new confirmed cases in Scotland, over time, for middle age groups



Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-statistics/datasets/daily-covid-19-cases-in-scotland)

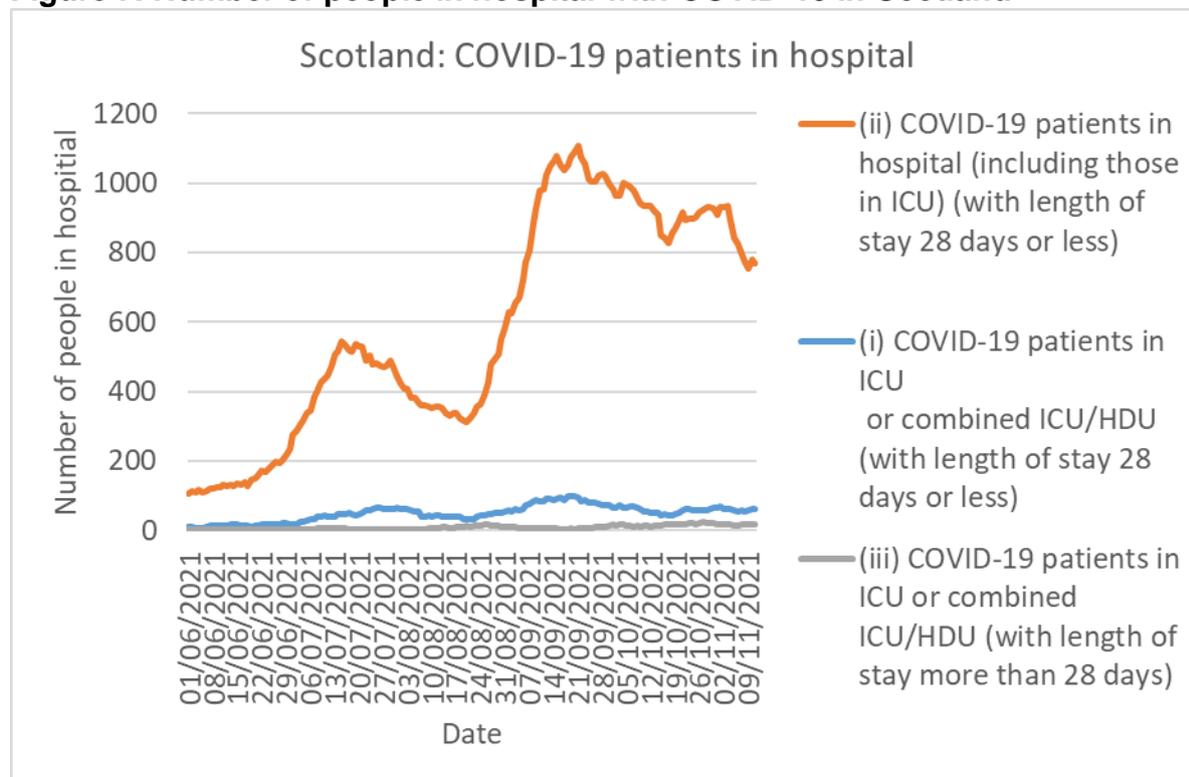
Figure 6. 7-day rates of new confirmed cases in Scotland, over time, for younger age groups





Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/datasets/daily-covid-19-cases-in-scotland)

Figure 7. Number of people in hospital with COVID-19 in Scotland



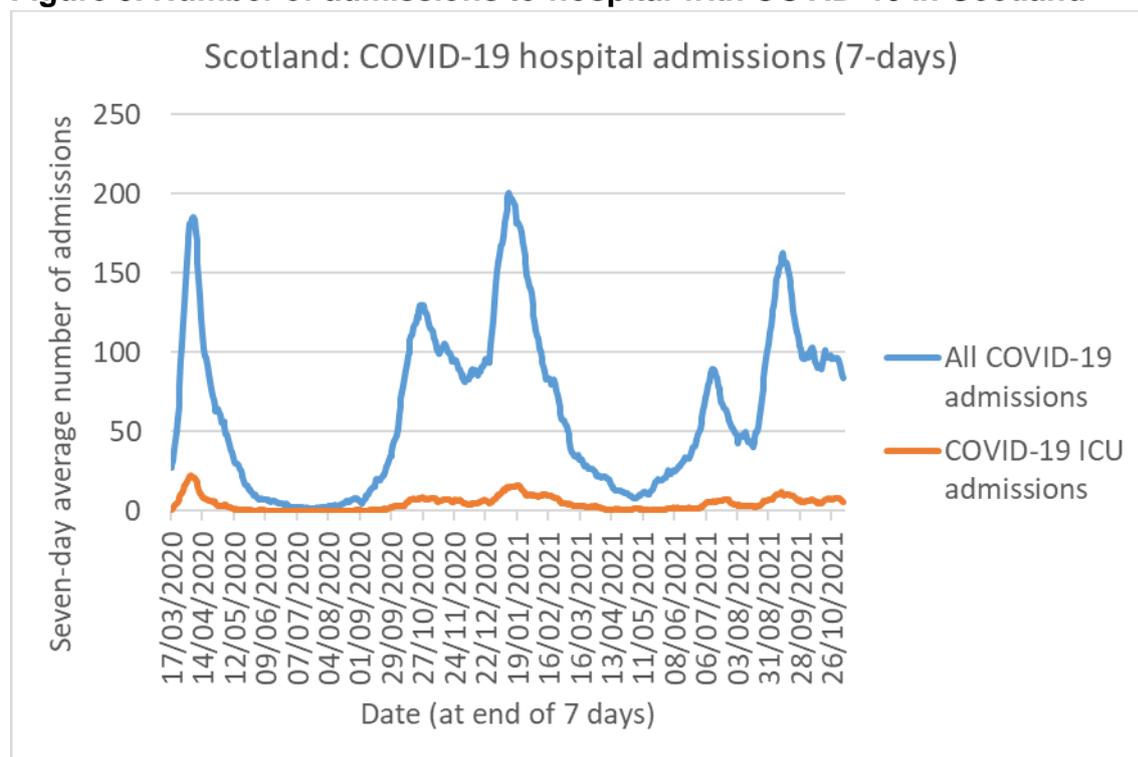
Source: [Coronavirus \(COVID-19\): trends in daily data - gov.scot \(www.gov.scot\)](https://www.gov.scot/coronavirus-trends-daily-data)
 Details on [definitions](#)

(i) the total number of people in ICUs or combined ICU/ HDU across Scotland with recently confirmed COVID-19 (not the number of people admitted to ICU each day), **with a length of stay of 28 days or less**, as at 8am the previous day.

(ii) the total number of people in hospital across Scotland with recently confirmed COVID-19 (not the number of people admitted to hospital each day), **with a length of stay of 28 days or less**, as at 8am the previous day. This figure includes those in ICU. It does not include people with COVID-19 symptoms who have not yet tested positive. Only hospital inpatients are included, not those who may be in the Emergency Department. Patients in acute hospitals, and long stay community hospitals including mental health are included.

(iii) the total number of people in ICUs or combined ICU/HDU across Scotland with recently confirmed COVID-19 (not the number of people admitted to ICU each day), **with a length of stay of more than 28 days**, as at 8am the previous day.

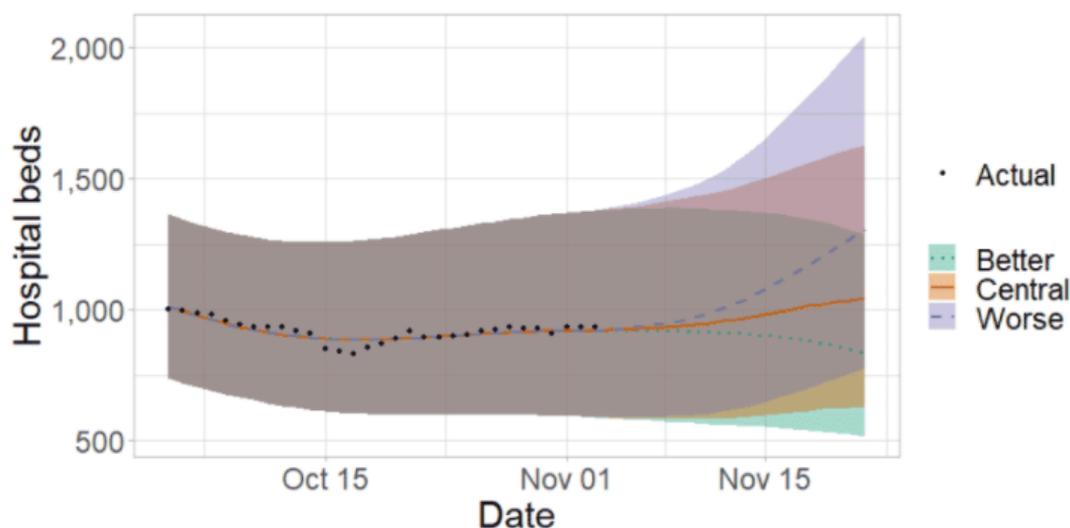
Figure 8. Number of admissions to hospital with COVID-19 in Scotland



Source: [Daily COVID-19 Cases in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/open-data/datasets/daily-covid-19-cases-in-scotland)

Figure 9. Modelled projections of hospital bed demand in Scotland.

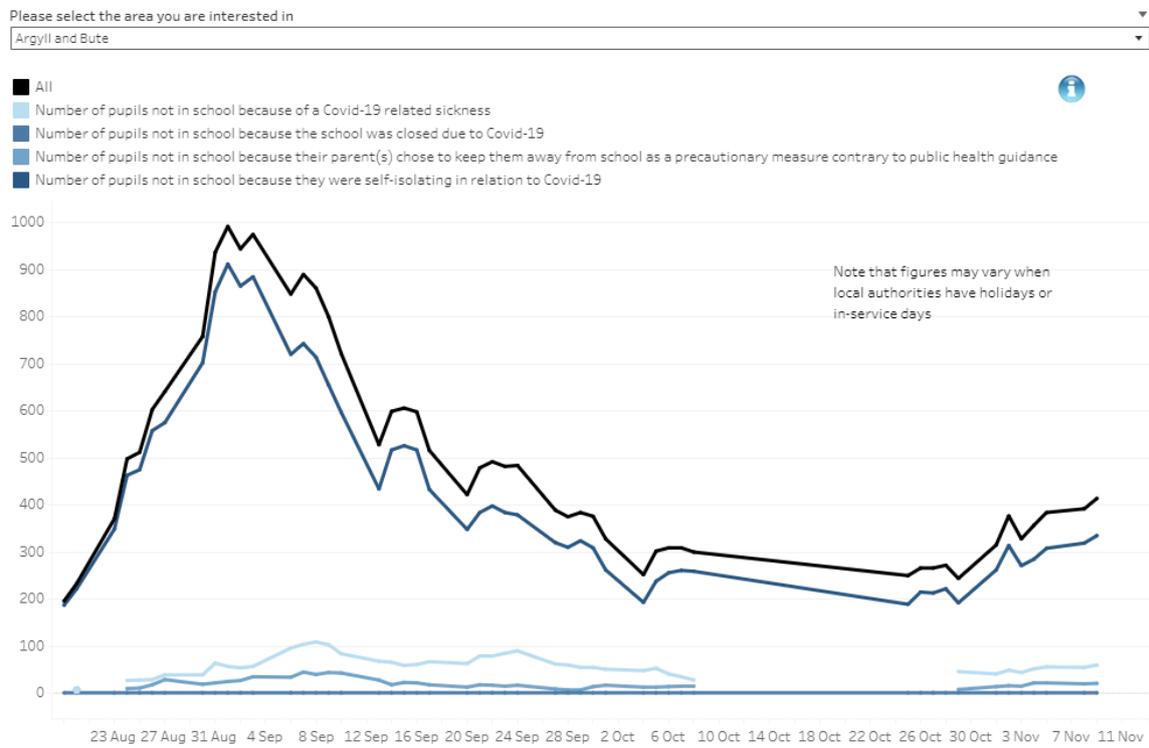
Figure 13. Medium term projections of modelled hospital bed demand, from Scottish Government modelling, based on positive test data reported up to 1st November.



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

The modelling includes all hospital stays, whereas the actuals only include stays up to 28 days duration that are linked to Covid-19.

Figure 10. Number of pupils in Argyll and Bute not in School because of COVID-19 reasons



Source: [COVID19 - Schools and Childcare Information August 2021 | Tableau Public](#)

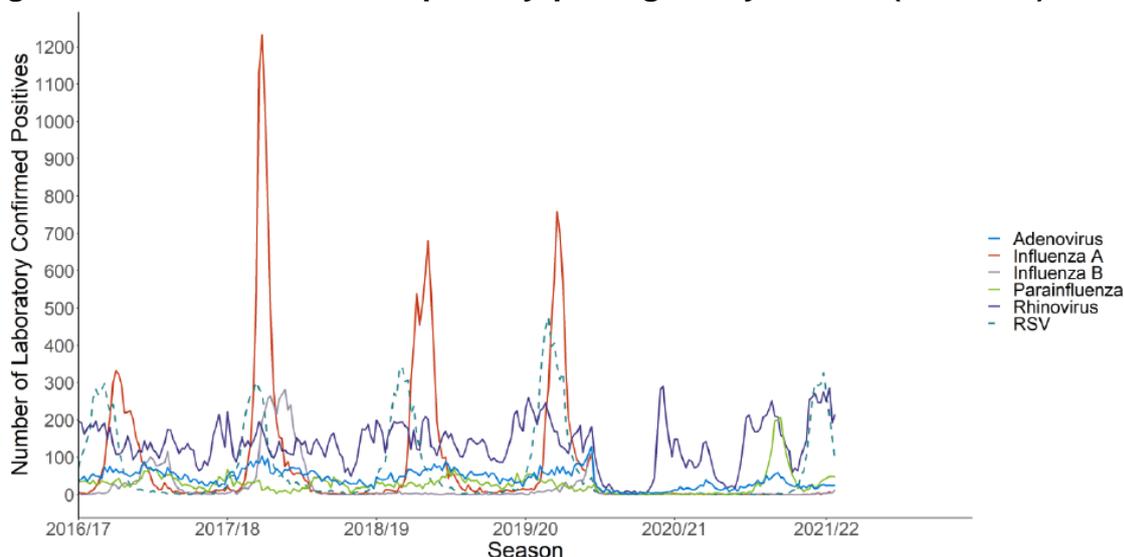
Surveillance of other respiratory viruses in Scotland

Public Health Scotland publish a weekly national respiratory report.

- Influenza incidence remains at 'baseline' levels ([Figure 11](#)).
- Incidence of respiratory syncytial viral (RSV) has decreased to a 'baseline' level following an uncharacteristically early (in terms of the calendar year) peak in infections.
- Laboratory confirmed cases on rhinovirus increased to 'Moderate' activity level in Scotland but was 'high' in NHS Highland.
- Coronavirus (non-SARS-CoV-2) remained at Moderate activity level.
- Parainfluenza incidence is 'low' following a peak in Scotland over the summer.

[Show all releases - Publications - Public Health Scotland](#)

Figure 11 Confirmed viral respiratory pathogens by season (Scotland)



Source: [Weekly national respiratory report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

Test and Protect

- NHS Highland Health Protection Team report significant activity related to schools.
- Contact tracing is focusing on high risk cases.
- In the week ending 31 October 2021, 68.2% of index cases received a telephone call and 31.8% were contact via sms¹.

¹ <https://publichealthscotland.scot/our-areas-of-work/covid-19/covid-19-data-and-intelligence/covid-19-weekly-report-for-scotland/>

Absences from School

Data on school absences involving COVID-19 are publicly available [Figure 10: COVID19 - Schools and Childcare Information August 2021 | Tableau Public](#)

- Schools have returned from October break with data at 9th November showing and increase in school absences related to COVID-19.
- At 9th November, **4.1% of school openings** showed a pupil was **off school due to a COVID-19** related reason in Argyll and Bute. This compares to 2.2% for Scotland as a whole.
- 413 children were not at school in Argyll and Bute due to a COVID-19 related reason. Of these, 334 were self-isolating in relation to COVID-19.

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

- The number of tests conducted at UK Government sites in Argyll and Bute is shown in [Figure 12](#). There has been an increase in testing volume since a low in October. At present, UK Government test sites include:
 - a Mobile Testing Unit (MTU) in Helensburgh
 - a walk-in Regional Test Site (RTS) in Oban
 -
- In week commencing 16th August, an MTU was deployed to Bute to provide increased access to PCR testing in the outbreak there.
- An MTU has been deployed in Oban to provide testing capacity when the RTS was closed.

Note that sites may be accessed by those living outside Argyll and Bute e.g. living in West Dunbartonshire and accessing the Helensburgh MTU.

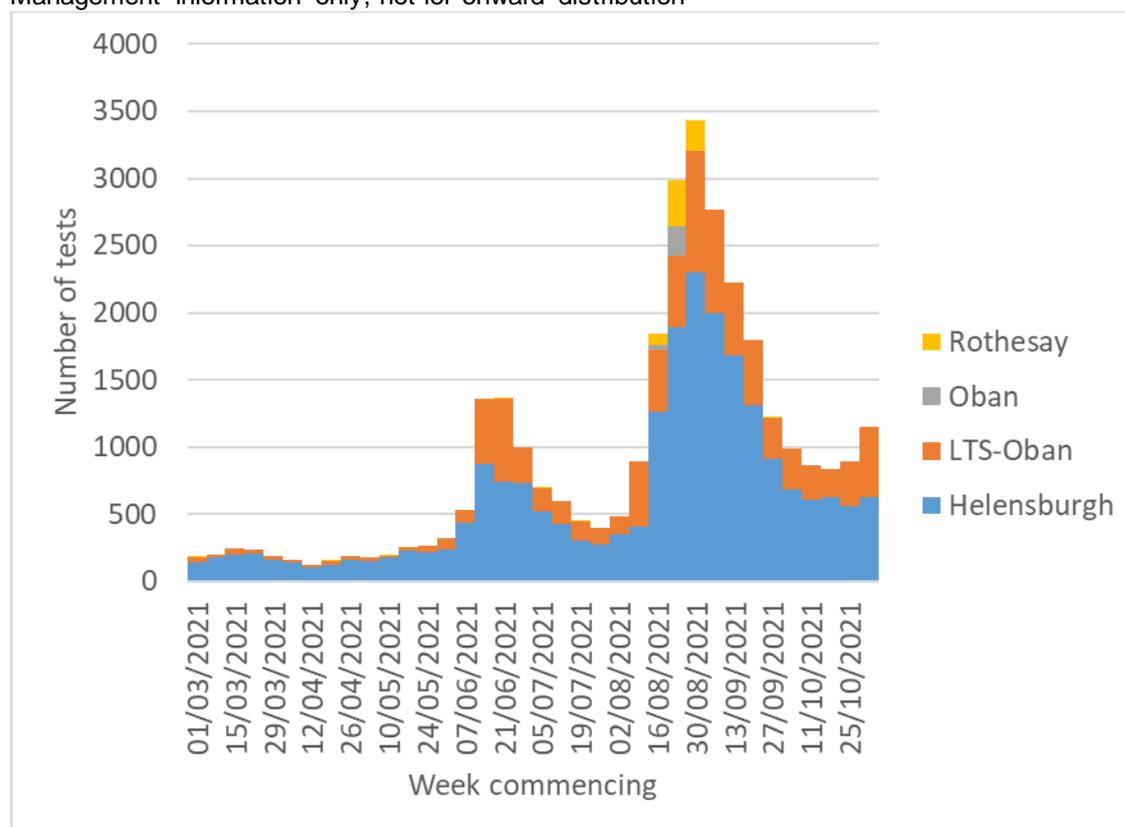
- There are other UK Government test sites outside of Argyll and Bute that are used by Argyll and Bute residents e.g. Glasgow Airport test. In addition, PCR tests can be accessed by 'home delivery' through collection of test kits with through Scottish Fire and Rescue Service (SFRS). These are available in:
 - Arrochar
 - Campbeltown
 - Cove (Loch Long)
 - Dunoon
 - Lochgilphead
 - Tarbert

- Rothesay
- Gigha
- Mull
- Iona
- [Fire station testing expansion in Argyll and Bute \(scot.nhs.uk\)](https://www.scot.nhs.uk)
- Home delivery of PCR tests has increased with the availability of the Fire Station sites for collection of tests and with increased numbers of cases ([Figure 13](#)). There has been an increase in home delivery testing particularly in MAKI over the past 2 weeks. Bespoke pathways remain in place for more remote islands.

Large numbers of PCR tests each week continue to occur for Argyll and Bute Care home staff. The pathway for referrals for PCR testing via Argyll and Bute Council via or Social work admin is still in place and the number of referrals for PCR testing via this route remain low. Referrals that occur via this route represent testing of employees from social care services, Argyll and Bute council employees and other keyworker groups. Social care clients, e.g. those moving into care homes or supported living arrangements, may also be referred by this route.

Figure 12. Number of PCR Tests at Argyll and Bute sites

Management Information only, not for onward distribution*

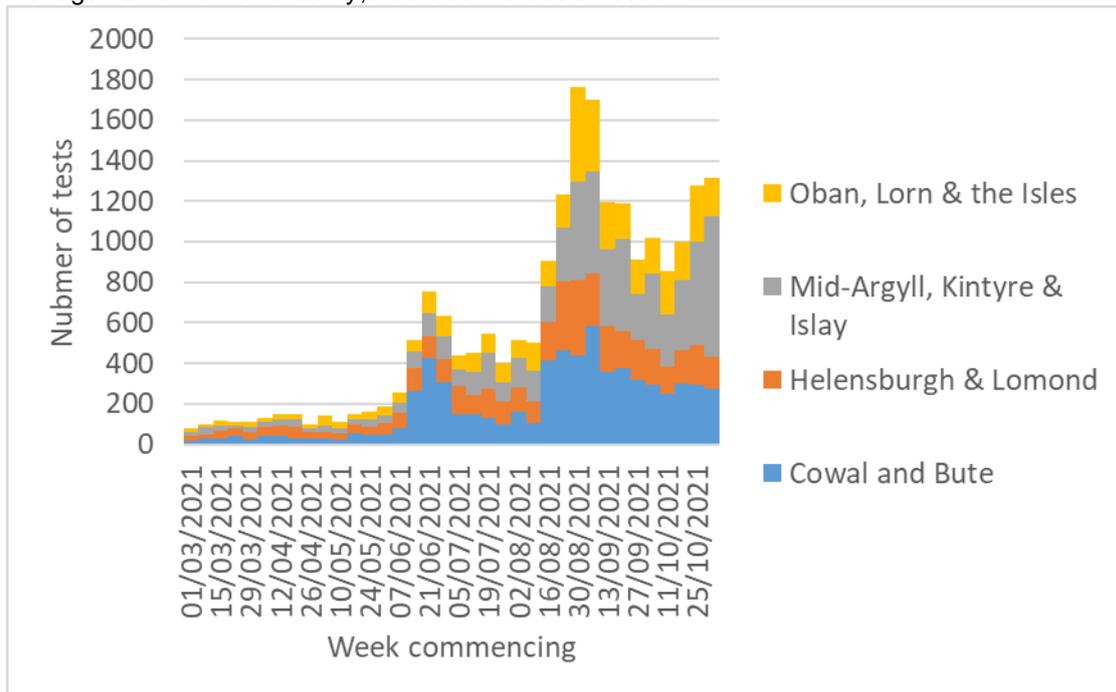


Source: NHS Highland data warehouse including testing data from the Test and Protect Data Virtualisation. Updated on 11th November. Excludes tests with postcode outside Scotland. PCR testing through NHS Digital only. Data from most recent week may to be incomplete. Week commencing based on test date.

**This information has been released for management information purposes only. The data have not been adjusted to protect against potential disclosure risks and may contain information which enables (perhaps with the aid of further knowledge of the topic) an individual patient or member of staff to be identified. Please ensure circulation is restricted and that patient confidentiality is not compromised.*

Figure 13. Home delivery PCR tests for Argyll and Bute residents

Management Information only, not for onward distribution*



Source: NHS Highland data warehouse including testing data from the Test and Protect Data Virtualisation. Updated on 11th November 2021. PCR testing through NHS Digital only. Data from most recent week may to be incomplete. Samples marked 'Home delivery' collection location. Week commencing based on test date. **This information has been released for management information purposes only. The data have not been adjusted to protect against potential disclosure risks and may contain information which enables (perhaps with the aid of further knowledge of the topic) an individual patient or member of staff to be identified. Please ensure circulation is restricted and that patient confidentiality is not compromised.*

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

Twice weekly staff LFD testing remains available and all staff are encouraged to participate in testing via the route for staff. This section will include Key messages, followed by a more detailed update.

Key Messages week commencing 8th November 2021

- **Staff must not use LFD tests if they have any COVID symptoms** – they must isolate and get a PCR test. The LFD tests are not accurate when used incorrectly
- Samples of Orient Gene kits will be sent to each locality for use by NHS staff involved in distribution of LFD tests.
- These staff can use the sample Orient Gene kits so they are familiar with the differences between Innova and Orient Gene LFD tests.
 - Key differences include:
 - Extraction tubes are pre-filled with buffer solution.

- A single extraction tube holder is included in the kit – this should be retained and re-used for each test.
- Each nostril is swabbed in a circular motion – 5 times.
- The fabric tip is pressed against the edge of the extraction tube with force and rotated at least six times.
- The swab is then left in the extraction tube for one minute.
- Four drops are placed into the specimen well on the test cartridge.
- Orient Gene instructions for use are included within the packs of seven tests. A copy can be viewed here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1026389/COVID-19-self-test-nose-only-instructions-orient-gene.pdf
- Orient Gene will be the only brand of LFD test issued to NHS Highland staff after January 2022.
- Staff should continue to issue and use up Innova test kits until our supplies are exhausted.

Progress in Argyll and Bute

There are two workstreams included in this report: Healthcare Workers and Social Care staff (adult and children). Primary Care staff and locums have received guidance detailing their inclusion in LFD testing.

Figures for Kits Issued to Staff in Argyll and Bute.

Number of test kits issued to staff by work stream as of 05/11/2021.

Work stream	Kits issued to staff (Reissue of kit)
Healthcare workers	3610 (775)
Social Care staff	4280 (Included)
Total	7890 (Includes reissued kits)

The total number of kits issued across the Health (using registration of kit) and Social Care streams has increased by 434 since the LFD report on the 29th of October. Whilst this appears to be a large increase in tests issued in the past two weeks, Social Care staff are now provided with Orient Gene tests. Two boxes of seven tests are issued per staff member – this will artificially inflate the reported number of tests issued.

Healthcare Work stream

In the past two weeks approximately 41 kits have been issued to Healthcare staff according to the registration e-forms completed. Please distribute a leaflet to NHS staff that will remind them to register their kit and report their results. The re-issue figures in the table below are based on kits registered as a reissue; the actual figure is likely to be higher than that stated in the table.

Number of test kits supplied and allocated to Healthcare Staff up to 05/11/2021

Location	Kits Delivered to sites	Kits supplied to staff (reissue)
Oban	1600	1289 (120)
Lochgilphead	874	620 (78)
Kintyre	337	305 (72)
Islay	154	124 (42)
Mull, Tiree, Colonsay & Coll	156	155 (17)
Cowal	662	453 (233)
Bute	409	311 (45)
Helensburgh	415	353 (168)
Total	4607	3610 (775)

Social Care Work stream

The total number of kits issued to social care workers to date is 4280.
Table shows kits issued from Community PPE Hubs from February to 05/11/2021.

Individual Detail	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Bute	142	3	27	67	9	2	78	5	22	5		360
Cowal	194	80	103	29	71	36	44	103	110	0		770
Helensburgh and Lomond	310	19	200	36	78	7	80	72	7	1		810
Islay	0	27	0	108	27	0	0	0	0	0		162
Kintyre	189	0	50	79	3	43	32	55	52	46		549
Mid Argyll	183	6	101	27	3	22	51	26	79	0		498
Oban and Lorn	342	113	96	119	46	37	160	86	132	0		1131
Total	1360	248	577	465	237	147	445	347	402	52		4280

Recording of Test Results by Staff on the Covid Testing Portal – NHS Staff

In the week beginning 01/11/2021, 622 tests were reported by NHS staff in Argyll and Bute. These tests include those reported by people who recorded their test using a postcode within Argyll and Bute Council, this figure therefore may not include staff tests taken but not recorded as living within the local authority boundary. The 80% target for NHS staff is based on the staffing figures for NHS Highland as a whole. There is no specific target for Argyll and Bute staff.

There are an approximate 1200 staff undertaking LFD testing in Argyll and Bute. Reporting of results twice weekly would therefore yield 2400 reported tests, 622 tests represents 26% of 2400. 349 individual staff registered one or more tests in the week beginning 01/11/2021.

Cumulative LFD tests to PCR tests NHS Highland Staff between 23/11/2020 and 22/10/2021. Source: Public Health Scotland.

Location	Test Group	Positive LFDs	Total PCRs	% PCR Carried out	Number Positive PCR	% Positive PCR
NHS Highland	Healthcare Worker	153	108	71 (108/153)	72	67 (72/108)
NHS Highland	All LFD testing Programmes	715	480	67 (480/715)	371	77 (371/480)
Argyll and Bute	Healthcare Worker	32	24	75 (24/32)	12	50 (12/24)

The table displays PCR tests linked to a positive LFD test. LFD tests may not include a follow up PCR test for the following reasons. Individuals have been linked using CHI to identify PCR results (via NHS or UK Gov Labs) within 48 hours of tests being entered into the Covid Testing Portal; if 48 hours elapses, PCRs after this time will not be included. It cannot be confirmed that the PCR within 48 hours is a confirmatory PCR as some individuals are taking a combination of LFTs/PCRs on a regular basis. Where a submission of a positive result is done in error, there is no requirement for a follow up PCR test. All data on testing programmes is available on NHS Highland's SQL reporting server available at:

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

Recording of Results for Internal Social Care Staff

To date, Internal Social Care staff in Argyll and Bute have recorded **four invalid** tests and **three positive LFD** tests. The internal Social Care recording system on SharePoint indicates good uptake and continued testing amongst Social Care staff.

B3 Asymptomatic Community Testing section using LFD

Community LFD testing

- The asymptomatic test site at Helensburgh is now open Tuesday – Saturday 10am – 3pm. This is open to anyone not experiencing symptoms consistent with COVID-19 and has conducted over 1,000 tests.
- Other asymptomatic test centres have been open in local areas to encourage testing uptake.
- LFD test kits can also be ordered for home delivery or collected from a pharmacy or the Oban RTS. This is only for those who are asymptomatic

and for those *not* accessing LFD testing via their workplace or education setting.

<https://www.gov.scot/publications/coronavirus-covid-19-getting-tested/pages/no-covid-symptoms/>

Assertive Outreach pilot and pop-up collect service

- Staff from Live Argyll are deploying to areas of Helensburgh with high levels of positive cases over a continuous period of time, and/or low testing numbers. Staff go door-to-door to offer people access to information leaflets and test kits if they want one.
- The pilot of the assertive outreach is being closely monitored and we hope will be rolled out throughout Highland.
- Also, starting on the 5th Nov, Live Argyll staff have had a stall at Helensburgh Central Train Station providing a LFD testing pop-up collect service. This will run until the 19th Nov in an effort to reduce cases as a result of the COP26 conference in Glasgow.
- No testing takes place in the assertive outreach or the pop-up collect.
- 119 kits handed out, 108 leaflets handed to people and 118 leaflets put through doors. Train station over 5 deployments of a few hours each, 96 kits taken and 108 leaflets handed out

C. COVID-19 Vaccinations

- New research from the EAVE II group indicates that for August to October 2021 most hospitalisations are among older double vaccinated individuals².
- This study also shows that from August to October 2021 most hospitalisations are among double vaccinated individuals with multiple comorbid clinical conditions, though a substantial number are still unvaccinated individuals with no clinical conditions.
- This differs to the earlier period (1st April to 31st July 2021) when the majority of admissions to hospital following a positive Covid-19 test were among unvaccinated younger people, although a substantial number were elderly and double vaccinated
- This may reflect a number of factors, e.g. waning vaccine protection, now that most of the adult population are now double vaccinated.

Public Health Scotland (PHS) reporting on vaccination uptake is now available by Council area for third and booster doses ([Figure 14](#)).
[COVID-19 Daily Dashboard - PHS COVID-19 | Tableau Public](#)

² [Coronavirus \(COVID-19\): modelling the epidemic \(issue no. 76\) - gov.scot \(www.gov.scot\)](#)

- It is reported that 71,003 people in Argyll and Bute (an estimated 99.8% of the population aged 18+) have had a first dose (up to 10th November, updated 11th November).
- It is reported that 66,605 people in Argyll and Bute (an estimated 93.6% of the population aged 18+) have had a second dose (up to 10th November, updated 11th November).
- It is reported that 17,670 people in Argyll and Bute (an estimated 24.8% of the population aged 18+) have had a third dose or booster³ (up to 10th November, updated 11th November).

Estimated vaccination rates by age, for Argyll and Bute are shown in [Figure 15](#).

- It is reported that 76.1% of those aged 16-17 have had one dose (up to 10th November, updated 11th November).
- It is reported that 25.2% of those aged 12-15 have had one dose (up to 10th November, updated 11th November).
- It is reported that 72.0% of those aged 80+ have had a booster or third dose (up to 10th November, updated 11th November).

Across Scotland, booster vaccinations and flu vaccinations have started to be rolled out with different arrangements in place in different areas.

For Scotland as a whole, PHS report as of 8th November that:

- In the last four weeks, from 09 October 2021 to 05 November 2021, the age-standardised acute COVID-19 related hospital admission rates are lower for vaccinated individuals compared to unvaccinated individuals.
- From 29 December 2020 to 29 October 2021, 1,181 individuals tested positive for SARS-CoV-2 by PCR more than 14 days after receiving their second dose of COVID-19 vaccine and subsequently died with COVID-19 recorded as an underlying or contributory cause of death. This equates to 0.031% of those who have received two doses of COVID-19 vaccines.
- In the last week, 23 October 2021 to 29 October 2021, age-standardised mortality rates for COVID-19 deaths are lower for people who have received two doses of a COVID-19 vaccine compared to individuals that are unvaccinated or have received one dose of a COVID-19 vaccine.

Regarding vaccine effectiveness:

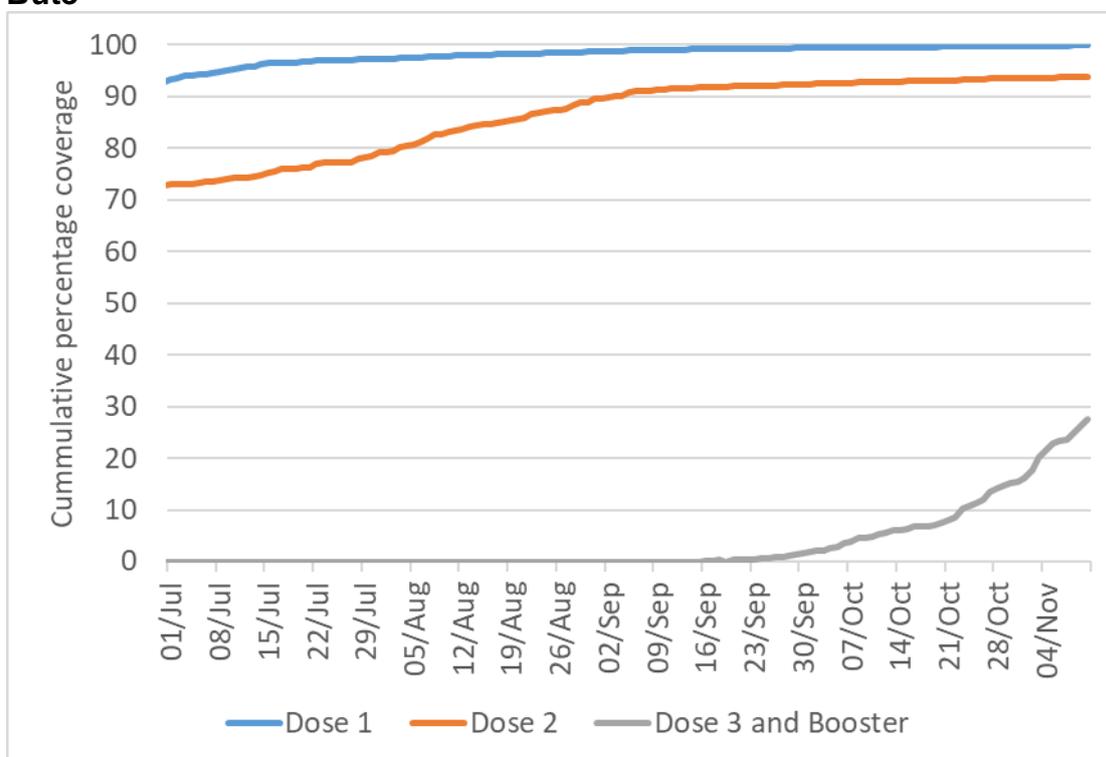
- Recent studies have been released by the UK Health Security Agency, formerly Public Health England (PHE), looking into the

³ Some third doses for immunocompromised persons (a minority of the population) have been recorded as booster doses, and some booster doses have been recorded as third doses. Therefore data are currently combined.

effect of vaccination against mild and severe COVID-19⁴. UKHSA analyses show vaccine effectiveness against symptomatic disease with the Delta variant to be approximately 65 to 70% with AstraZeneca (Vaxzevria) and 80 to 95% with the Pfizer-BioNTech (Comirnaty) and Moderna (Spikevax) vaccines. Data from the UKHSA shows that vaccine effectiveness is waning, but remains high, against hospitalisations and deaths.

<https://publichealthscotland.scot/our-areas-of-work/covid-19/covid-19-data-and-intelligence/covid-19-weekly-report-for-scotland/>

Figure 14. Estimated vaccination rates for those aged 18+ for Argyll and Bute

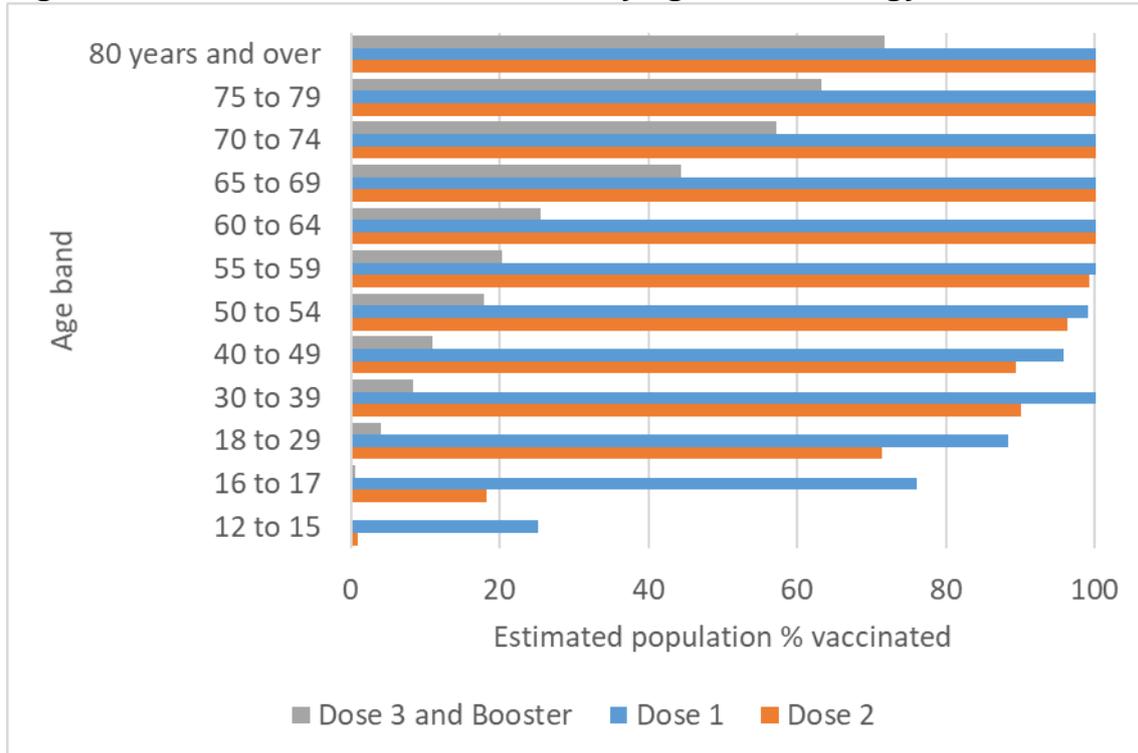


[COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#)

Recent dates likely to be incomplete data.

⁴ [COVID-19 vaccine surveillance report - week 42 \(publishing.service.gov.uk\)](#)

Figure 15. Estimated vaccination rates by age band for Argyll and Bute



[COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://open.data.nhs.uk/datasets/scottish-health-and-social-care/covid-19-vaccination-in-scotland-datasets)

D. Health Improvement

Health Improvement

The Health Improvement Team continues to balance Covid-19 related priorities such as testing and social mitigation with usual health and wellbeing activities. Prioritisation of work has been subject to ongoing remobilisation planning and it is anticipated this will continue for the foreseeable future. The current workplan is dynamic and covers the period to end March 2022. Planning is currently underway with health improvement colleagues in north Highland with a view to having an NHS Highland wide health improvement plan in place next year. This will include a balance of preventative long term health and wellbeing interventions and social mitigation work to support people and communities adversely impacted by the pandemic.

Living Well Networks

The Living Well Networks continue to operate in eight areas of Argyll and Bute and play an important role in healthy communities. The networks provide an opportunity of service and organisations with an interested in improving health to come together to network, plan activities and events, and to co-develop health improvement projects. The Living Well Networks have developed their own local action plans, incorporating priorities from the Living Well Strategy, wider Health Improvement work and the Alcohol & Drugs Partnership.

Living Well Strategy

The Health Improvement team continue to lead on the Living Well Strategy which is Argyll & Bute's strategy for supporting enablement, prevention & self-

management of long term health conditions. The Living Well Steering Group identified the following priorities for 2021-22:

Priority	Examples of Linked activity	Lead
Physical Activity	Physical activity subgroup-comms, training & education, maximising resources Keep Moving Pathway Escape Pain/Tai Chi/Walking	HSCP Live Argyll Versus Arthritis
Healthy Weight	Prevention of type 2 diabetes Child and adult weight management	Dietetics supported by community partners
Emotional and mental well being	Self care planning (Acumen) Mental health engagement Staff wellbeing Living Well grants	Acumen HSCP HSCP HSCP
Access to information and support (signposting)	Implementation of Community Link working Keeping Connected A&B National Service Directory (NHS Inform) Living Well website Health behaviour change training Online Self Management courses	HSCP Versus Arthritis HSCP HSCP HSCP Healthy Living Partnership

In addition, Argyll & Bute HSCP has launched year 3 of the Living Well (Self-Management) community capacity building fund, open to Third Sector organisations who currently deliver services/support to adults over the age of 18 living in Argyll and Bute. We will fund third sector self-management projects that support people to better manage their existing long-term conditions and/or prevent the development of long term conditions. This year we are looking to fund projects with a particular focus on: increasing physical activity opportunities as part of self-management or prevention of mental or physical health conditions AND/OR supporting emotional and mental wellbeing of people living in our communities. Further details can be found at: <http://healthyyargyllandbute.co.uk/living-well-grants/>

Mental Health Engagement

Three organisations, ACUMEN, Support in Mind Scotland (SiMS) and Jean's Bothy, were awarded grants by the Public Health Team to conduct engagement activity between March and September 2021. Engagement was targeted at

people who have mental health conditions, groups with a protected characteristic and clients and carers. The anticipated outcomes were to learn about experiences of accessing mental wellbeing support during the pandemic as well as assessing the impact of the pandemic on people who have mental health conditions.

All organisations found that the pandemic had impacted on respondent's mental wellbeing. Some of the key themes that emerged were: digital connectivity, community and peer support and access to professional support. A report will be produced on the key findings from the engagement activity by the end of the year. This will be used by the Living Well Steering Group and in partnership with colleagues in Mental Health with a view to service improvement for mental health support in Argyll and Bute.

The Scottish Government has provided additional funding for mental health in the form of a Communities Mental Wellbeing Fund for the year 2021-22 with the commitment to further investment the following year. This funding has been awarded to Third Sector Interfaces with the intention of allocating grants to local projects in partnership with HSCPs and other stakeholders. A sum of £285k is available in Argyll and Bute.

Implementation of Community Link worker service

The Health Improvement team is supporting the implementation of Community Link Workers (CLW) service at part of the Modernisation of Primary Care programme. The CLW service will be accessed through referral from GP services across Argyll and Bute. CLWs recognise that social issues such as debt, relationships, employment and loneliness affect people's health and wellbeing, and will connect people to sources of support or resources within their community.

We Are With You has been contracted to provide this service for Argyll and Bute. We Are With You have a strong understanding of the rural geography of our communities. Recruitment of Community Link Workers will take place from October and the service will start in January.

Health Behaviour Change training

The Argyll & Bute Health Improvement team has been providing Health Behaviour change training to the HSCP and wider partners for a number of years. In 2019 we introduced the NHS Education for Scotland (NES) 'MAP of Health Behaviour change' training to Argyll and Bute and this received very positive feedback. The MAP of Health Behaviour Change Learning Programme is open to all health and care staff, and aims to provide learners with the knowledge and skills to be able to talk to people about behaviour change and to deliver interventions tailored to the individual's circumstances and based on current behaviour change evidence [Behaviour change for health | NHS Education for Scotland](#).

Training was put on hold in March 2020 due to the pandemic. In partnership with NES, we are now looking to restart online MAP of health behaviour change training within Argyll and Bute. This is especially important due to the impact of COVID on health and widening inequalities. Dates will be announced shortly and priority will be given to those who may be interested in becoming a MAP trainer, within the existing scope of their work.

Recruitment is also underway for a Trainee Health Psychologist, in partnership with NES. The trainee will sit jointly in the Dietetics and Health Improvement team and will lead on Type 2 Diabetes work alongside health behaviour change.

Suicide prevention

The local structure for suicide prevention is well established within Argyll and Bute and complements Scotland's commitment to mental health and suicide prevention. The Suicide Prevention Strategy Group is multi-agency and multi-disciplinary with representation from Police Scotland, the Navy, third sector partners, social work, child protection and other NHS Highland colleagues. The group is now chaired by Fiona Davies and reports to the Community Planning Partnership. Partners are committed to delivering a local action plan supporting the delivery of Every Life Matters, Scotland's Suicide Prevention Action Plan (SPAP) 2018-2021 (Scottish Government, 2018). The national approach is due for review in 2022 with an ongoing consultation available here - [Suicide Prevention Strategy Development Questionnaire - Scottish Government - Citizen Space \(consult.gov.scot\)](#).

The action plan seeks to support the national target 20% reduction in the suicide rate by 2022 from the 2017 baseline. The group has established working sub-groups in the topics of data, communications, training and bereavement to deliver on this, taking into account both adult and children's needs.

Smoking Cessation

The smoking cessation team continues to offer a blended model of service, with 3 employed smoking cessation officers and 3 contracted advisors who work aligned to a surgery. The virtual model of delivery has worked well during the pandemic. Some face to face meetings are now able to take place, which will allow for carbon monoxide monitoring.

One of the main NRT therapies is currently unavailable nationally but advice and guidance on alternatives are being made.

October saw the focus on Smoking Cessation with 'Stoptober', with newspaper adverts and increased social media presence. Various initiatives took place in each area such as working closely with midwives and delivering presentations to community groups, which were well received.

Money Counts

Development and delivery of a core poverty awareness programme of training across Argyll and Bute has been identified as a priority action for Argyll and Bute, via the Argyll and Bute Child Poverty Action Group. Argyll and Bute council have commissioned such training, with the aim delivering a core general poverty awareness programme, augmented by specialist training courses for specific sectors of the workforce. In addition, the Health Improvement team are piloting complementary Money Counts training adapted from colleagues in North Highland. This course is aimed at health and social care staff who are in a position to have a brief conversation with individuals around money worries and signpost on.

The course aims to: increase understanding of poverty and its impact; increase confidence to ask about money worries; and increase knowledge of support services for money matters. This course is booked through Turas:

<https://learn.nes.nhs.scot/56163/public-health-zone/health-inequalities/healthinequalities-money-counts-level-1-for-argyll-and-bute-hscp-only>

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	

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