

Integration Joint Board

Date of Meeting: 25th May 2022

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 latest trends in A&B community, in terms of:
 - ◇ Distribution of infection rates;
 - ◇ COVID-19 testing programmes.
- Assess the remobilisation plan following the COVID19 response in A&B community, in terms of Health Improvement.

1. EXECUTIVE SUMMARY

The updates on the COVID-19 Public Health response in Argyll and Bute and focus on two main areas:

- Sustained community transmission has considerably reduced in the last 5-6 weeks. Many social distancing measures are in place only as recommendations, not mandated any longer.
- Testing for SARS-CoV-2 in Argyll and Bute – widespread community testing has ceased, and access to routine testing is mainly for health and social care staff and patients prior to admission to various health care services, in accordance to the transition plan that was briefly mentioned in our previous report (end-March 2022).

As a consequence of this improved picture, Public Health programmes prior to the onset of the Covid-19 pandemic are resuming in earnest.

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 how the next phase of the pandemic response in Scotland will be developing.

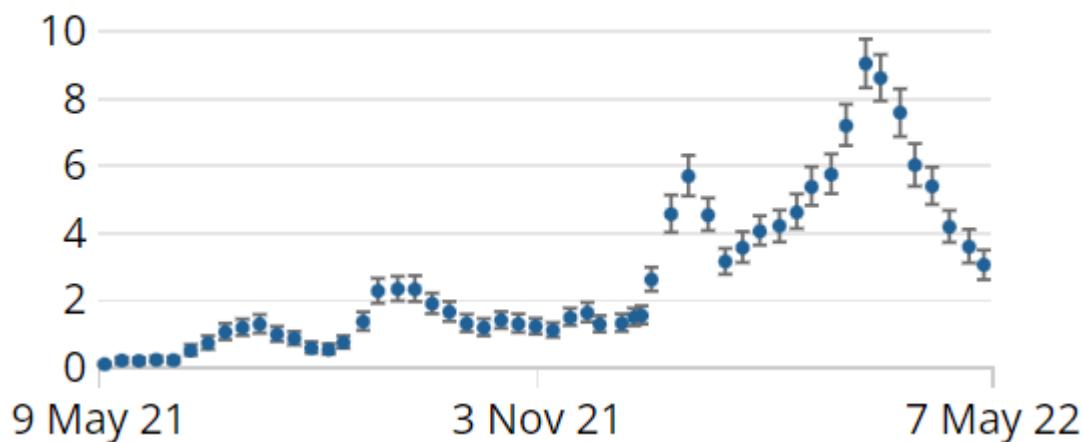
3. DETAIL OF REPORT

A. Epidemiology of COVID-19 in Argyll and Bute (as reported up to 13th May 2022)

- The Office for National Statistics (ONS) infection survey (Figure 1) shows that the proportion of people in the community with COVID-19 has decreased since a high in the week of 13th to 19th March to the most recent timepoint available at writing (1st to 7th May). The survey is based on testing of a sample of individuals and it is not affected by changes in access to testing.

Figure 1. ONS infection survey results – Scotland weekly modelled estimates – up to 1st to 7th May 2022

Percentage testing positive for COVID-19



Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveys/pilot/18march2022>

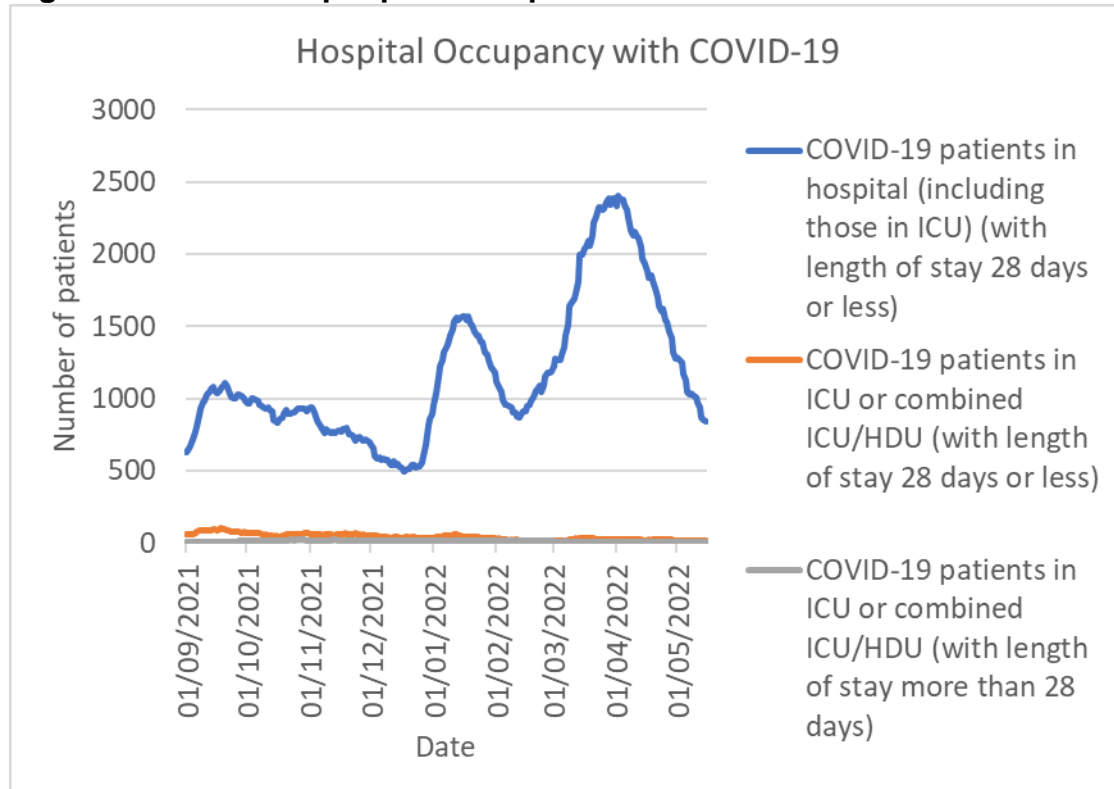
- 7-day rates of confirmed cases have decreased in Argyll and Bute (appendix 1). This likely reflects both changes in access to testing as well as decreased rates of infection. There were a recorded 132.3 cases per 100,000 population confirmed by a test between 7th and 13th May.
- Over 8% of the recent cases in NHS Highland are identified as reinfections (that occurred 90 days or more following a previous COVID-19 infection).

See Appendix 1 for embedded NHS Highland Epidemiological Briefing.

- The number of people in hospital *with* COVID-19 has decreased since a peak in April 2022 (Figure 2).

- ICU numbers have also decrease with 17 people in ICU with COVID-19 (at 15th May 2022). Note that these figures include people in hospital for reasons other than COVID-19.

Figure 2. Number of people in hospital with COVID-19 in Scotland



Source: <https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>

- Recent modelling highlights the continued uncertainty regarding future COVID-19 infections.

<https://www.gov.scot/collections/coronavirus-covid-19-modelling-the-epidemic/>

B. COVID-19 Testing in Argyll and Bute

B1 Lateral Flow Device 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.

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. The LFD product for the foreseeable future will be Orient Gene 7s.

Healthcare Pathway: UPDATE In this pathway test kits are delivered to Lochgilphead for onward distribution to all hospitals in Argyll and Bute. Work is underway to create a supply route locally utilising PECOS.

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.

- 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.

Primary Care Pathway: Primary Care partners are provided kits by a push allocation and resupply from NSS. NSS indicated that a push allocation would be used for reissue of kits in this pathway. Push allocations from August 2021 will supply Orient Gene 7s.

Process & Reporting of Results

Symptomatic staff were previously asked to take a PCR test, they are now advised to take an LFD test as soon as they feel unwell and report the results to their line manager. In the event of any positive test staff should not attend work for 5 full days and can return to work following 2 consecutive negative LFD test results taken at least 24 hours apart. Full details on changes to the LFD testing programme were released via a Directors Letter issued on 29 April 2022 which can be accessed at: [https://www.sehd.scot.nhs.uk/dl/DL\(2022\)12.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2022)12.pdf)

Healthcare, Social Care and Primary Care staff should record every test result onto the Covid Testing Portal. Results were used to initiate contact tracing, from 1 May 2022 all contact tracing of staff ended in line with ending it for the general population.

Conclusion

Improvement calls between NHS Highland and the Scottish Government were ceased due to the quality of the improvement plan submitted in May 2021. There are no plans at present to reintroduce these calls.

LFD testing remains an important tool in the identification of COVID infection. Continued twice weekly LFD testing is strongly encouraged for all eligible staff. The eligible cohort of this pathway will be kept under clinical review nationally with any changes communicated to stakeholders.

B2 Community Testing

Community asymptomatic testing for the public has been in place since April 2021 in Argyll and Bute in response to a Scottish Government request to expand access to rapid Lateral Flow Device (LFD) testing for the public. The service was successfully deployed by Live Argyll in Argyll and Bute. A static testing site was established in Helensburgh with pop-up sites throughout Argyll and Bute the locations of which were driven by data and health intelligence. After a successful and innovative pilot of assertive delivery and collect during COP26, the service moved away from supported testing to LFD collect and an assertive delivery model. This move was fully endorsed by the Scottish Government.

In March 2022, the Scottish Government announced the cessation of community asymptomatic testing from the 18th April and subsequent cessation of testing for the public from the 1st May 2022.

Work commenced to wind up the service and move to evaluate the local response to the unprecedented public health challenge and examine lessons learned in preparation for any future step up of service required in the future. A plan to formally evaluate the asymptomatic community testing programme had been formulated in late summer of 2021 with ethical approval gained early in 2022 providing the opportunity to publish a research paper. Significant progress has been achieved in the delivery of the evaluation with the first milestone being the presentation of the interim evaluation results at the Faculty of Public Health Conference in May 2022. The final report will be available from mid-June 2022.

C. Health Improvement in Argyll and Bute

The past two years has seen constant flux between proactive health improvement delivery and the Covid-19 response. However, there is now an ongoing rebalancing, with health improvement core business once again being the primary focus of the team. Health improvement is defined as the prevention of health problems and improving health outcomes across the population. This is often achieved through an inequalities lens by targeting those most in need. Health improvement considers the causes of ill-health, then develops interventions and programmes to address these root causes. Argyll and Bute HSCP has a small health improvement workforce, however, by building capacity through the Living Well Networks, communities, partners and across the wider health and social care system, manages to deliver a wide ranging operation plan.

The pandemic brought significant impacts on health and wellbeing; some of these impacts are manifesting now but many will manifest over the life-course. National and local Public Health leadership recognises the importance of tailoring appropriate responses. The following are the key health improvement programmes in Argyll and Bute:

- **Living Well Strategy**

The Living Well Strategy 2019-2024 was endorsed by the IJB in September 2019. It provides a framework for preventing the occurrence of long term conditions (LTCs) as well as enabling those living with an LTC to maximise their health. The key components of this strategy include: people have the tools and support to enable them to live well; a wide range of local services to enable people to live well; staff motivated to enable people to live well; and effective leadership to deliver Living Well intentions. An active multi-disciplinary steering group oversees the delivery of an annual action plan. Current highlights include:

- **Mental Health Engagement**

Jean's Bothy, Support in Mind Scotland and ACUMEN were commissioned to engage with residents of Argyll and Bute to explore the impact of the pandemic on mental wellbeing and access to support during 2021. A report is being developed documenting: participants' experiences of accessing community and peer support, experiences of accessing statutory support, and the impact of the pandemic on

mental wellbeing. Findings will be shared with Living Well Networks, the Living Well Steering Group and Community Planning groups. An event is being planned for Summer 2022 where recommendations arising from the report will be discussed and next steps agreed.

- **Physical Activity Sub Group**

This group promotes and increases opportunities and levels of engagement for adults within Argyll and Bute to access physical activity and exercise regardless of current physical ability or level of frailty. Work includes supporting education of staff and the public on the significant risks of sedentary behaviour and the positive impacts in general wellbeing, aging well and in the prevention and management of illness and mental health. Key partnerships exist with Versus Arthritis, Live Argyll and Macmillan Cancer Support.

- **Community Links Workers and Social Prescribing**

Social prescribing means connecting people with sources of support for potential causes of their health problems: for example, money worries, loneliness, being an unpaid carer or a relationship breakdown. All staff working directly with people should be able to take a person centred approach to providing holistic care. The General Medical Services Modernisation Programme recognised the potential for social prescribing to improve primary care, which includes the provision of Community Link Working (CLW) service. CLW will be delivered in a targeted way via prioritised GP practices through the provider We Are With You. Community Link Workers were appointed in late 2021 and are now in the process of launching services across Argyll and Bute. Referral to the CLW is via the wider GP Practice team.

Further information on Living Well in Argyll and Bute is available here - Living Well Strategy — Living Well ([squarespace.com](https://www.squarespace.com))

- **Social Mitigation Strategy**

NHS Highland Board ratified the Social Mitigation Strategy in May 2021 in recognition of the increased demands for services and the need to do things differently. This strategy includes a range of priorities based on the analysis of the impacts of the pandemic with a focus on poverty/cost of living, mental health and wellbeing. The impact of cost of living increases cannot be underestimated and is a key priority in Argyll and Bute's health improvement plan.

- **Money Talks**

Money Counts level 1 awareness training is delivered in Argyll and Bute to inform front line staff of how they can support the people they work with, who are experiencing money worries. The session increases the understanding of poverty, its impact and increases knowledge of support services for money matters. Four sessions have already been delivered with two more confirmed in May and June.

- **Poverty**

Living in poverty is strongly associated with negative health outcomes. The Health Improvement Team works with partners on a range of responses to mitigating the impacts of poverty. One example of this is the Child Poverty Action Plan which is a statutory requirement for all local authorities in Scotland. Other examples include fuel poverty, food insecurity and digital inclusion activity. The Living Well Networks meetings have all had speakers presenting on challenging poverty in Argyll and Bute.

- **Community Planning**

The Health Improvement Team takes an active role in the Community Planning Partnership (CPP), both in local authority wide activity and in the four local area groups. Examples include:

- **Climate Change**

A Climate Change strategic group convened in 2021 to oversee an area wide response to addressing climate change and the impact on our communities. A draft action plan includes: engaging people on developing and implementing the plan; taking action to adapt how we live to reduce carbon emissions; and mitigate the impacts of climate change in local communities. The group is in the process of maximising resources to employ a project officer.

- **Suicide Prevention**

Suicide prevention is led by the HSCP on behalf of the wider CPP. There is an active multi-disciplinary steering group tasked with delivering a local action plan. Priorities in this plan include: access to support for those impacted by suicide; distress brief intervention and psychological first aid; digital support; and use of/sharing of data and information to improve suicide prevention intervention. These priorities were set by Cosla in 2020. The Scottish Government ran a consultation earlier in 2022 for the next iteration of a national policy on suicide prevention.

- **Shaping Places** in Dunoon

There are six national Public Health priorities for Scotland¹ including, *a Scotland where we live in vibrant, healthy and safe places and communities*. The Improvement Service in partnership with Public Health Scotland have developed a place based approach called 'Shaping Places'. Dunoon is one of the six towns selected for this project, which aims to inform national approaches for place based working.

National Health Improvement Outcome Framework from Scottish Government

Approximately 40% of the budget associated with public health activity in Argyll and Bute is ring fenced. This includes Outcomes Framework funding for smoking cessation, healthy weight and sexual health activity, which is awarded on an annual

¹ Scotland's public health priorities - gov.scot (www.gov.scot)

basis with some specific targets. The HSCP reports on the outputs of this work via the Annual Performance Report.

The smoking cessation service continued throughout the pandemic through virtual consultations and the Smoking Cessation Advisers are now moving back to face to face working.

A steering group oversees all healthy weight activity, which is led by Dietetics service. Additional funding is awarded to address type 2 Diabetes.

Sexual health outcomes relate to prevention and health improvement activity rather than service delivery. There is an ongoing third sector service level agreement in place across NHS Highland.

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 e.g. learning disability friendly and subtitles for people with hearing impairment.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliance with GDPR remains critical and is being considered within the various pieces of work supporting the sharing of information and data to protect health and wellbeing of staff and the public and patients.

10. RISK ASSESSMENT

Not required for this report.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

A comprehensive communications strategy exists to provide accurate information on the COVID-19 response to staff, partners and the wider population. The Third Sector Interface contributes to the Caring for People Tactical Partnership and provides a link to local community resilience activity, third sector organisations and community members.

12. CONCLUSION

It would appear that Public health – as much of most of other health services – can resume a wider set of activities than during the acute stage if the pandemic response.

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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Appendix 1

NHS Highland Epidemiology Briefing (12th May 2022)