

## **Integration Joint Board**

**Date of Meeting: 24<sup>th</sup> August 2022**

**Title of Report Public Health update**

**Presented by: Alison McGrory, Interim Associate Director of Public Health**

### **The Integrated Joint Board is asked to:**

- Review the latest Covid-19 issues, in terms of:
  - Distribution of infection rates
  - The success of the Covid-19 testing programmes
  - The autumn vaccination programme
- Note and be aware of new legislation on smoke free hospital grounds
- Review latest statistics on deaths related to suicide, alcohol and drugs and work being undertaken

## **1. EXECUTIVE SUMMARY**

This paper outlines Public Health activity in relation to Covid-19 prevalence in Scotland. This remains high at an estimated one in 20 people but is a reduction from the peak of one in 15 in July 2022.

Also included are details on new legislation for smoke free hospital grounds, and deaths statistics related to alcohol, drugs and suicide.

## **2. INTRODUCTION**

Covid-19 remains a public health concern with significant impacts on staffing and service sustainability. The recent pattern of peaks of infection every three months remains apparent in 2021 and this suggests ongoing impacts for health and social care as we move into the autumn. Covid-19 mitigation is driven by national strategy with a focus on infection prevention and control in health and care settings and a focus on personal responsibility in the wider community. We no longer have universal access to testing so it is difficult to gauge the full impacts on public health. Rates of hospitalisation from Covid-19 ill-health remain low when compared to the pre-vaccination period.

The Public Health Team is now full remobilised to previous core business and no longer has an emergency response role. This allows more focus on prevention and the social determinants of Public Health.

## **3. DETAIL OF REPORT**

### 3.1 Covid-19

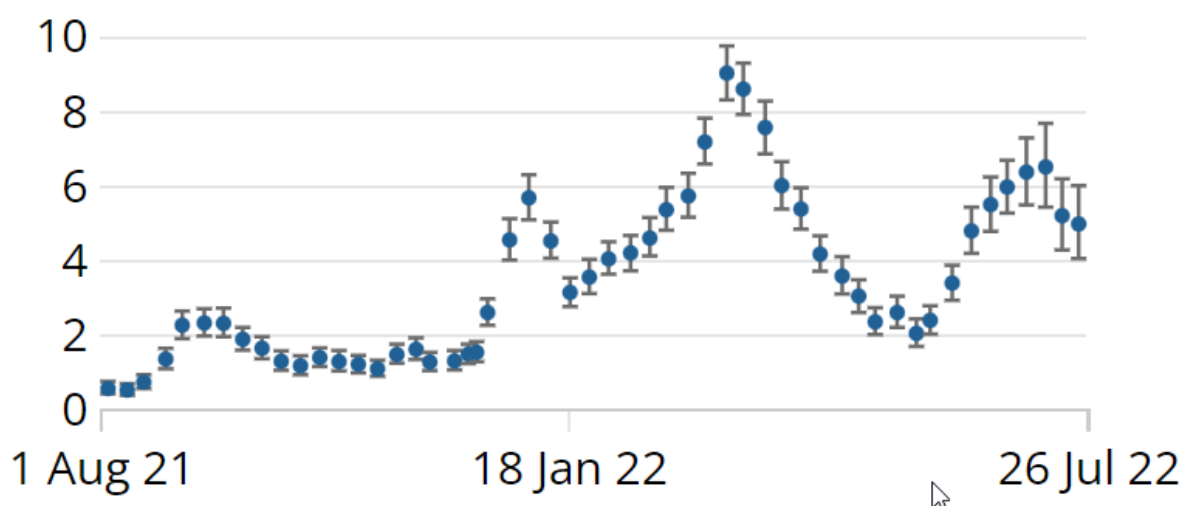
#### 3.1.1 Epidemiology of COVID-19 (as reported up to 15<sup>th</sup> August 2022)

- The Office for National Statistics (ONS) infection survey (Figure 1) shows that the proportion of people in the community with COVID-19 has been falling.
- In the week 19<sup>th</sup> July to 26<sup>th</sup> July, it is estimated that 4.95% or 1 in 20 of the population would test positive.
- Rates remain among the highest reported during the course of the epidemic.
- Currently, the variants under surveillance in the UK are Omicron, including sub-lineages BA.1, BA.2, BA.3, BA.4 and BA.5.
- The current wave of infection has been driven by the BA.5 Omicron sub variant.
- In the week ending the 17th July, BA.5 made up 79.4% of all sequenced COVID-19 infections with BA.4 comprising 16.2%.
- Following a planned change to ONS data collection method, there was no ONS Infection Survey briefing on the 12th of August.

**Figure 1. ONS infection survey results – Trend in the estimated percentage of the Scottish population living in private residential households testing positive for coronavirus (COVID-19) on nose and throat swabs**

## Scotland

### Percentage testing positive for COVID-19



Source: Office for National Statistics, Coronavirus (COVID-19) Infection Survey (CIS), 5 August 2022

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveys/latest>

- COVID-19 levels in wastewater in the most recent week suggest viral levels in the population are decreasing.

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

- The changed national testing policy from the 1st of May 2022 has resulted in a sharp reduction in the quantity and quality of data available for monitoring the transmission of the virus in the population.
- Nationally and locally the number of positive cases reported have reduced in recent weeks, as has COVID-19 related hospital occupancy.

[https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard\\_15960160643010/Overview](https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard_15960160643010/Overview)

### **3.1.2 COVID-19 Testing in Argyll and Bute**

The Argyll and Bute Public Health Team delivered community asymptomatic testing on behalf of NHS Highland and a recent independent evaluation has recognised strong leadership and effective partnership working with the third sector, local authorities and local communities.

This evaluation provides useful lessons for delivering national programmes at pace and contains recommendations for future emergency planning scenarios. This work will be shared widely in autumn 2022. The team also contributed to the Scotland wide evaluation of asymptomatic testing.

### **3.1.3 Planning for the Autumn/Winter Covid-19 & Flu vaccination programme**

From Autumn/Winter 2022, the COVID-19 and flu vaccinations will be delivered by Argyll and Bute HSCP vaccination teams. In the development and recruitment of this new service and the team, there has been a conscious decision to recruit flexible and mobile posts in anticipation of a different delivery model. The delivery model is now being rolled out across Argyll and Bute and planning is underway to ensure residents across Argyll and Bute receive their vaccinations quickly, safely, and efficiently.

Further information on COVID-19 vaccinations can be found via the link below and is updated regularly

<https://www.nhshighland.scot.nhs.uk/COVID19/Pages/Vaccination-ArgyllBute.aspx>

## **3.2 Wider Public Health Updates**

### **3.2.1 Smoke Free Hospital Grounds**

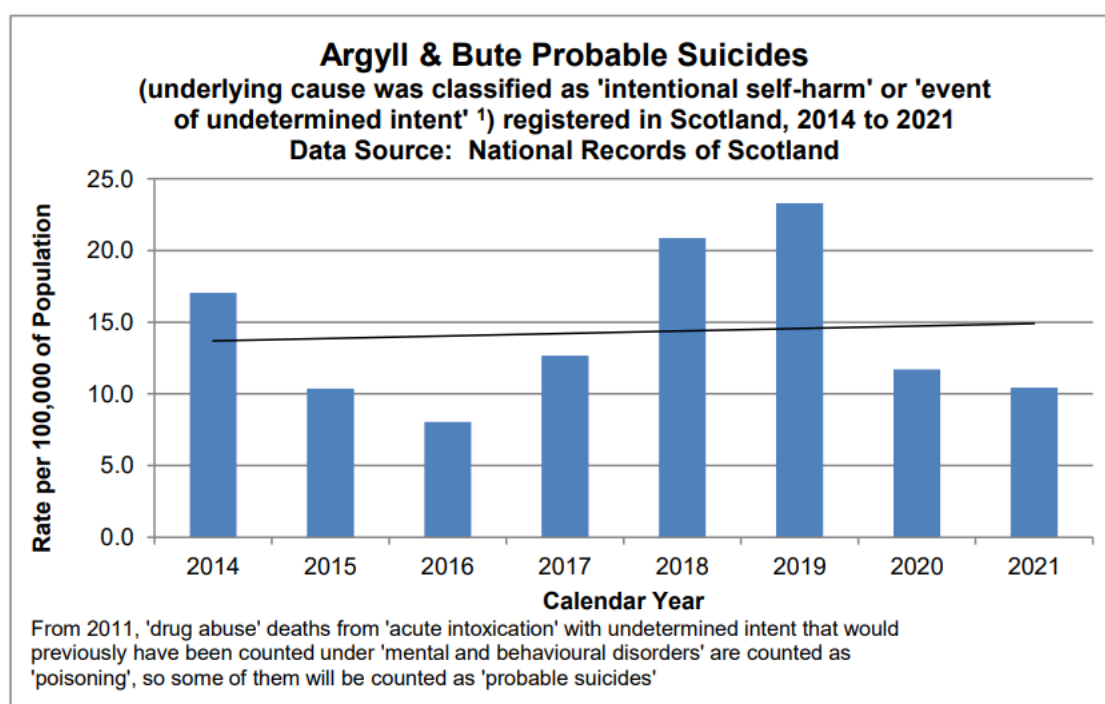
Smoke free hospital grounds legislation will be implemented on 5<sup>th</sup> September 2022 following a 3-year delay. The legislation stipulates that an area of 15 metres from the entrances to the hospitals is required to be smoke free. Following the release of national communications resources, materials will be shared widely. Plans are in place to provide training for staff and promote the national communications material. The legislation requires NHS Boards to make people aware that it is illegal to smoke on

NHS grounds with individuals being fined £50 for breaches. This development provides an opportunity to promote local stop smoking services and further moves in the direction of non-smoking being the norm.

### 3.2.2 Suicide related deaths

The National Records of Scotland published data on probable deaths by suicide for 2021 on 2 August 2022. This report found a 6% drop in suicides from 2020 to 753. The age standardised rate of suicide in Argyll and Bute is slightly higher than the Scottish average. Suicidality is strongly correlated to socio-economic deprivation but not exclusively linked. Every death by suicide is a tragedy and work carries on apace to develop effective approaches to suicide prevention in Argyll and Bute with an active multi-disciplinary steering group. An updated national strategy for suicide prevention is awaited in autumn 2022. The full report is available at the link below:

[Probable Suicides, 2021, Report \(nrsotland.gov.uk\)](https://nrsotland.gov.uk/Probable-Suicides-2021-Report)



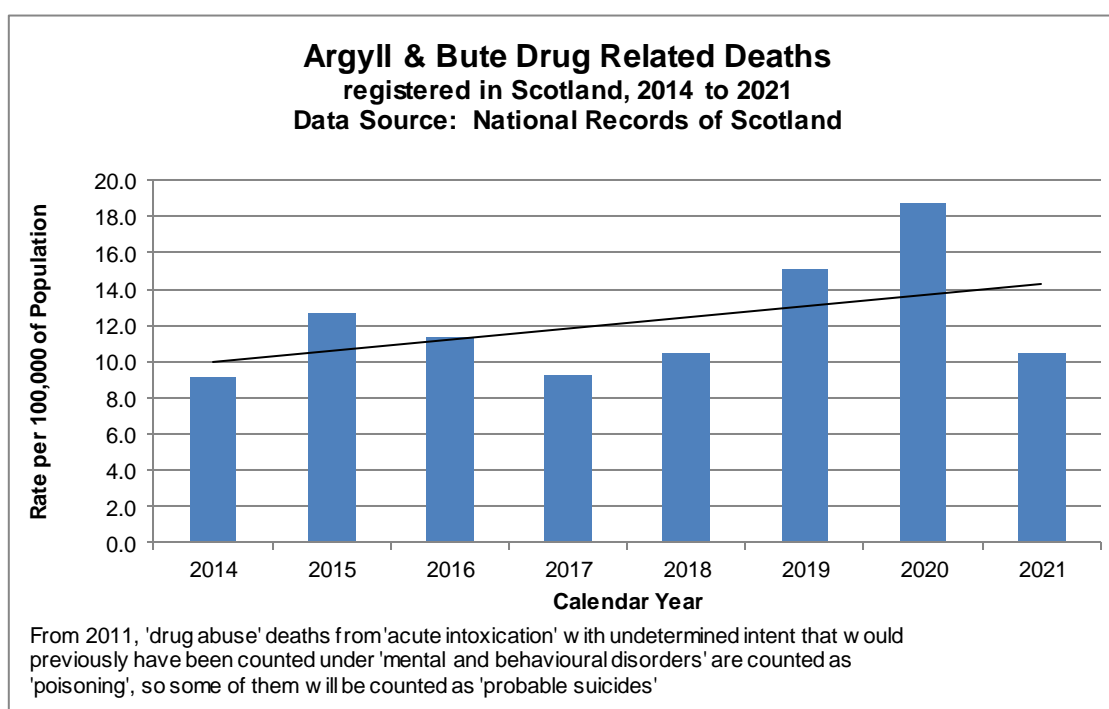
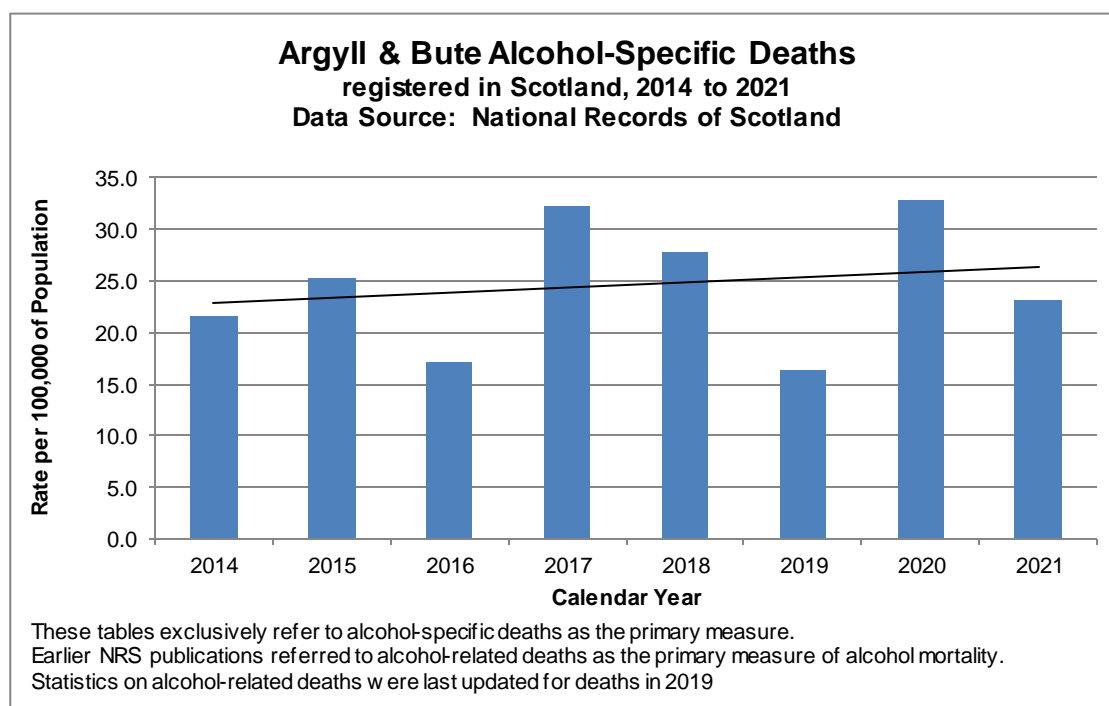
### 3.2.3 Alcohol and Drug related deaths

The rate of alcohol specific and drug related deaths fell in 2021 compared with 2020. The relative low numbers in Argyll and Bute can result in wide fluctuations year on year so not necessarily indicative of service improvement. It is important to note that the trendline for all these forms of death is upwards. Drug deaths are now published quarterly and there is significant expectation on services to identify and support people with drug problems.

Full reports are available here:

<https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2021/alcohol-specific-deaths-21-report.pdf>

<https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/21/drug-related-deaths-21-report.pdf>



### 3 RELEVANT DATA AND INDICATORS

Data about COVID-19 epidemiology has been reported above.

#### **4 CONTRIBUTION TO STRATEGIC PRIORITIES**

This work supports/underpins the HSCPs strategic and operational response to promoting health and wellbeing and protecting public health.

#### **5 GOVERNANCE IMPLICATIONS**

##### **Financial Impact**

The activity outlined in this report does not require additional funding investment.

##### **Staff Governance**

Nothing significant to report.

##### **Clinical Governance**

Nothing significant to report.

#### **6 PROFESSIONAL ADVISORY**

The Associate Director of Public Health oversees the work of the Public Health Team in Argyll and Bute and relevant activity is reporting to other professional advisors for governance, support and oversight.

#### **7 EQUALITY & DIVERSITY IMPLICATIONS**

Equality and diversity is inherent in the delivery of public health business and is within the core competencies of the public health workforce.

#### **8 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.

#### **9 RISK ASSESSMENT**

Not required for this report.

#### **10 PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

The Public Health Team works closely with communications colleagues to ensure opportunities to work with communities are maximised. This includes proactive press releases and responding to press queries in relation to drugs related deaths.

#### **11 CONCLUSION**

This report outlines some current areas of priority for the Public Health Team in Argyll Bute. A wide remit of activity is ongoing in relation to health improvement, health protection, service improvement and health intelligence/data analysis.

## 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

Author Name Alison McGrory, Interim Associate Director of Public Health  
Email [alison.mcgrory@nhs.scot](mailto:alison.mcgrory@nhs.scot)