



NOTICE OF MEETING

CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE

MONDAY, 15 MARCH 2021 AT 2.00 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Anna Martyn 023 9283 4870

Email: Anna.Martyn@portsmouthcc.gov.uk

Membership

Cabinet Member for Health, Wellbeing & Social Care

Councillor Matthew Winnington (Cabinet Member)

Group Spokespersons

Councillor Jeanette Smith

Councillor Matthew Atkins

Councillor Graham Heaney

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon two working days before the meeting, and must include the purpose of the deputation (for example, for or against the recommendations). Email requests are accepted.

AGENDA

- 1 Apologies for absence**

- 2 Declaration of interests**

- 3 Adult Social Care Discharge to Assess Provision (Pages 3 - 8)**
- 4 Adult Social Care Response to Covid-19 (Pages 9 - 14)**
- 5 Public Health Response to Covid-19 (Pages 15 - 28)**

Agenda Item 3



THIS ITEM IS FOR INFORMATION ONLY

(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting:	Health, Wellbeing & Social Care Decision Meeting
Subject:	Adult Social Care discharge to assess provision
Date of meeting:	15 th March 2021
Report by:	Andy Biddle
Wards affected:	All

1. Requested by

2. Purpose

To inform the Cabinet Member for Health, Wellbeing & Social Care of the intention to extend arrangements for the Southsea Unit as part of the Portsmouth discharge to assess, (D2A) facility, providing reablement for Portsmouth citizens discharged from Hospital with care and support needs. To inform the Cabinet Member for Health, Wellbeing & Social Care of the intention to assess future use of the Victory Unit, Wyllie Road site.

Recommendations

- Note the intention to continue the temporary arrangements around the Southsea Unit, Discharge to Assess, (D2A) provision at Harry Sotnick House
- Note the intention to review options for the future provision of D2A in Portsmouth and the use of the space at the Wyllie Road site to continue meeting care and support needs.

3. Information Requested

Background

In June 2020, the Gunwharf unit was set up for the purpose of caring for people in isolation post-discharge from hospital, (whether COVID-19 positive or negative) in response to the Social Care Action Plan guidance published in April 2020¹.

¹ <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>

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In October 2020 the Department of Health and Social care issued guidance on designated settings² the new requirements were:

- Anyone with a COVID-19 positive test result being discharged into or back into a registered care home setting must be discharged into appropriate designated setting (i.e. that has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents) and cared for there for the remainder of the required isolation period.
- These designated accommodations will need to be inspected by CQC to meet the latest CQC infection prevention control standards.

On November 2nd 2020 the CQC visited the Gunwharf unit and agreed that the unit fulfilled the requirements to be designated. However, designated settings cannot care for both COVID-19 positive and negative citizens and there was therefore a need for a Discharge to Assess, (D2A) facility, (in addition to the Designated Setting) for those not COVID-19 positive.

In January 2021, in order to meet this need and in response to the pressure at Portsmouth University Hospitals Trust, (PHU) for discharge, ASC agreed a rapid move of staff from the Victory Unit at Wyllie Road to the Southsea Unit at Harry Sotnick House. The table below shows the risk analysis that was undertaken

<u>Risks</u>	<u>Benefits</u>
Reduces the number of beds available to the system	Staff team is already in place - would only need additional agency nursing and care staff
May destabilise the staff cohort increasing sickness and leavers at a time when we may need them most	Would require a reduced number of agency staff
	Potential to have more therapy staff to support D2A in order to achieve movement through these beds in a reasonable timeframe, thus mitigating the overall system bed reduction.
	Reduction in Length of Stay would increase capacity in the system.

² <https://www.gov.uk/government/publications/designated-premises-scheme-letter-to-directors-of-adult-social-services/winter-discharges-designated-settings>

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	Environment would enable a greater dependency, expanding the numbers that could be discharged to the unit.
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On the 18th January 2021, the Victory Unit was temporarily closed and all staff transferred to the Southsea Unit at Harry Sotnick House. This action was taken in order to deliver a 'designated setting' (Gunwharf Unit) for people discharged from Hospital who had tested positive for COVID-19 separate to a D2A facility for people discharged from Hospital who had tested negative for COVID-19. The temporary suspension of a service offering up to 6 weeks stay for rehabilitation and the change to a D2A environment enabling up to 14 days stay provided increased capacity, enabling more people to be discharge from Hospital.

Initial data shows that the Southsea Unit has maintained this 14 day length of stay, with the current average length of stay being 10 days and 50% of people who are discharged to the unit returning to their own home. As time progresses, data will be reviewed by ASC Management Information, to understand the long term effect of D2A on care provision for social care.

From January 28th 2020 to February 11th 2020 the number of people Medically Fit For Discharge, (MFFD) who needed to be discharged to a 'bed' (known as Pathway Three) were on average 13 per day with an average number of bed days lost, (had they been discharges earlier) of 44. Over the same time period in 2021, with Southsea unit in operation, the MFFD numbers for Pathway 3 were on average 5 per day with an average number of bed days lost of 16, a reduction of approximately 60%.

Options considered for Adult Social Care to deliver Discharge to Assess

Option 1 - Permanently establish the Southsea unit to provide a CQC registered 14 day discharge to assess unit and redefine the use of Victory building

Advantages -

- Better response to people with multiple needs outside of the hospital environment in surroundings better suited to the care of these people
- Better referral route for people without complex needs and others to support individuals to return home quickly
- Ensures separate registration of this service with a registered manager providing separate oversight and management for the unit to ensure that the needs of both client groups are met
- More reablement support staff which leads to improved optimisation in a shorter timeframe
- Improving the number of people who can be discharged from Hospital
- Better oversight of entire D2A journey
- Centralised nursing expertise at HSH for both residential and D2A clients

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- Economies of scale and support for staff by sharing qualified nursing and therapy staff across the whole unit
- Increased management support for the manager of HSH
- Fully utilises HSH
- Opportunity to utilise the Wyllie Road site for other care and support purposes (subject to a separate business case and report)

Disadvantages

- Destabilises staff
- May see staff leaving the service due to change of focus from rehab role and function
- Determination of what will happen regards Maritime House catering provision, (currently supplied through Victory) will require further analysis
- The security costs of managing Victory building whilst it is empty requires further exploration to establish if there is a more financially viable option in the long term.

Financial Advantages

- Economies of scale for staffing and management requirements
- Potential for reduced estate costs
- Low financial cost impact as move has already taken place
- Improved use of resources particularly in difficult to recruit to posts such as therapies and Social Workers
- More people going through dedicated D2A reduces cost, as people who are delayed in hospital or who are transferred to a nursing and residential unit decomensate which results in an increased cost for a package of care or a move to a long term placement.
- Reduction in some Victory Unit kitchen cover hours the detail of which will require more specific analysis of the options for the Staff and hours worked in the unit

Option 2 - Once the pandemic response support is complete, retain both Victory and the current Gunwharf Unit in their current locations with two sets of criteria.

Advantages

- Stability for staff
- Retains current variety of provision and choice
- Catering provision for Maritime remains unaffected

Disadvantages

- Reduced performance levels and increasing MFFD
- Service duplication
- Inconsistency of approach.
- HSH not fully utilised
- No economies of scale and therefore poor Value For Money
- Gunwharf Unit currently has not permanent funding post-May 2021

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Conclusion

Discussions across Health and Care Portsmouth around the use of the top floor of Harry Sotnick House continue and an extension of the current Southsea Unit enables provision, during this process. The service will review this arrangement by September 2021 and use the data gathered and result of discussions across Health & Care Portsmouth to decide on Option 1 or 2.

This timetable will enable a financial assessment of the options available for the Victory lease arrangement and kitchen facilities. This timetable would also enable staff consultation for any permanent change in provision. In the short term, whilst care home market stability work is carried out, the Victory Unit also provides space that would be accessible as a contingency, in the event of provider failure.

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Signed by (Director)

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

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Agenda Item 4



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Title of meeting:	Health, Wellbeing & Social Care Decision Meeting
Subject:	Adult Social Care Response to the COVID-19 Pandemic
Date of meeting:	15 March 2021
Report by:	Andy Biddle
Wards affected:	All

1. Requested by

2. Purpose

Cllr Winnington has requested an update to the Adult Social Care, (ASC) response to the COVID-19 Pandemic that was presented to the Health, Wellbeing & Social Care Portfolio meeting in September 2020.

This report will summarise some of the key issues and work undertaken by ASC in conjunction with Health & Care Portsmouth colleagues in relation to COVID-19, from September 2020 to February 2021.

3. Information Requested

Context

The focus for the ASC response to COVID-19 has been governed by the release of government guidance, as adult social care in England is governed by statutory duties contained in the Care Act 2014, Mental Health Act 2007 and Mental Capacity Act 2005.

When Portsmouth City Council, (PCC) moved to business critical activities in March 2020 ASC reduced or closed non-critical services and redeployed staff to support critical services both in PCC and the independent care sector. When the national alert status changed and lockdown measures were eased, in common with other Council services, ASC re-introduced those services that were either partially or fully closed. With the national lock down in November 2020 and subsequent lockdown in December 2020, ASC reduced day service provision, but maintained all other services. Day Service provision is again expanding with the lower rate of community infection, standard Infection Prevention & Control, (IPC) measures, vaccination and regular testing.

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Priorities

Personal Protective Equipment (PPE)

The City Council maintains a strategic reserve of PPE for use in critical services. As per the Adult Social Care Action Plan published in 2020, the government began to supply COVID-19 associated PPE to the social care sector and it has been agreed that this will be extended to July 2021.

Hospital Discharge

As per government guidance on Hospital discharge, (published in March 2020, updated in August 2020) ASC continues to work in partnership with Solent NHS Trust, (Solent) Portsmouth Clinical Commissioning Group, (PCCG) and Portsmouth Hospitals University NHS Trust, (PHU) to discharge people from hospital in a timely way. In September 2020, Solent and ASC agreed a single 'Senior Responsible Officer' (SRO) for discharge with the mandate to direct both organisations staff and with the support of PCCG. This role has been successful in joining up the teams and individuals working to achieve discharge in Portsmouth.

Since November 2020 we have seen a significant increase in the number of people who are 'Medically Fit For Discharge' (MFFD) in our local Hospital. This is consistent with the higher number of people being admitted to Hospital with COVID-19 and the need to discharge people as soon as possible to maintain critical care. Despite this increase, we have consistently seen the average numbers of people who are MFFD sustained at 50% less than that of March 2020. We continue to work with partners in the NHS to discharge people safely, being flexible with care provision outside of hospital.

Care Environments

One of the most significant impacts of the COVID-19 pandemic has been the effect of the virus on care homes. Following a period of no outbreaks in PCC managed and run care homes, in January 2021 there was an outbreak in Shearwater. The focus on Infection Prevention and Control, (IPC) measures, (following government/Public Health England guidance) contained the outbreak and one resident admitted to hospital was subsequently discharged back to Shearwater.

Since December 2020, there have been a number of outbreaks in non-PCC care home and supported living settings in the city. ASC, PCCG and Solent colleagues have monitored these situations, organised staffing support where required and provided advice and support to care providers. As of February 2021, we are seeing less outbreaks and staffing pressures in the city. I would like to express my gratitude to all of our colleagues in Health & Care Portsmouth for all of their work in helping people with care and support needs stay safe and well throughout this time. The willingness of people to work flexibly has been much appreciated.

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Whilst the expectation, both nationally and locally, is that most people will be discharged home, with some requiring support, there is a need for a smaller number of people to access a bedded facility, either for intermediate care or before returning to their care home. In partnership with PCCG, ASC set up the Gunwharf unit as a 'designated setting' supporting people who are COVID-19 positive on discharge from hospital who need a temporary placement.

In addition to this unit, in January 2021, ASC changed bed based rehabilitation and the staff at the Victory Unit moved to the Southsea Unit at Harry Sotnick House. This enabled a Discharge to Assess, (D2A) unit for people coming out of hospital who were not COVID-19 positive. The length of stay was reduced which created capacity to help more people move out of Hospital. Moving from one environment to another and opening up to new admissions was completed in nine days by the staff team and managers and was a significant achievement.

Whilst there is an ambition to establish a permanent Discharge to Assess, (D2A) unit on this site, to ensure that people are able to make a decision about care support needs outside of hospital, permanent funding has not yet been secured to do this. This is likely to be the subject of a cabinet paper in the autumn.

Financial Support

The central government support allocated to the care sector since March 2020 in Portsmouth has consisted of two tranches of the 'Infection Control Grant'; the Rapid Testing Grant and the 'Workforce Grant'. As of February 2021, £3,076,326 has been directly distributed to the sector in Portsmouth via the Council.

In addition, Portsmouth City Council has supported the sector, funding PPE and increased staffing, (prior to government funding) and a 'Minimum Income Guarantee' scheme. These funding streams amounted to an additional £1,327,000 for the care sector in Portsmouth.

From 1st September 2020, many people discharged have a period of care and rehabilitation provided for up to six weeks, funded by the NHS, ('Scheme 2') until an assessment for long-term care is undertaken. This has contributed to other measures enabling rapid discharge from hospital. A recent letter from the Department for Health & Social Care has informed that this funding will cease on 31st March 2021. Discussion with the Department continues around the impact of this on discharge and locally PCCG and ASC colleagues are planning for the scheme change.

It is likely that the after effects of the pandemic will see an increased level of care and support need that will have to be met by PCC. ASC has not seen the additional funding it needs to meet service demand, (Local Government Association estimated a £3.6 billion funding gap in adult social care by 2025). We have also not seen a clear plan for a sustainable social care sector and councils are therefore forced to make difficult decisions

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about where to allocate funding. The impact to the Council's income from social care charges, partly mitigated by Scheme 2 will need further consideration.

Testing

Testing for COVID-19 was an emergent issue throughout the pandemic. The range of testing now available locally includes an option at Queen Alexandra Hospital and, recently the asymptomatic community testing facility at Portsmouth Guildhall. In addition to this, government guidance and testing capacity has expanded since September 2020. Care Homes, domiciliary care agencies, supported living settings and day service settings are now all part of a regular testing programme for staff and people with care and support needs. We also anticipate an announcement on testing for Personal Assistants directly employed by people in receipt of a Direct Payment.

Vaccination

In December 2020, COVID-19 vaccinations commenced for the larger care homes, progressing in early January 2021 to smaller care homes. Working with PCCG colleagues, ASC have been ensuring that, where vaccinations could not take place due to outbreaks, follow up happened at a suitable time to vaccinate. Working with Public Health and PHU colleagues, ASC have supported vaccination for social care front line staff in PCC and across the city and have prepared for sharing information around unpaid carers to ensure this essential group can receive vaccination. Extra Care and supported living settings have also received vaccination.

Sadly, across the city we have seen further deaths due to COVID-19 across the range of services commissioned by ASC. It is not possible to convey how deeply this affects people with care and support needs and their families and staff employed in health and care environments. All organisations are considering the range of support they offer and this is being considered at an Integrated Care Partnership, (ICP) level and more widely in the Hampshire & Isle Of Wight system with a focus on sharing good practice.

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Signed by (Director)

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

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Agenda Item 5

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Portsmouth
CITY COUNCIL

Title of meeting:	Cabinet Member for Health, Wellbeing and Social Care Briefing
Subject:	Public Health COVID-19 Response Update
Date of meeting:	15 th March 2021
Report by:	Director of Public Health, Portsmouth City Council
Wards affected:	All

1. Requested by

Cllr Matthew Winnington Chair, Health, Wellbeing and Social Care Decision Meeting.

2. Purpose

- 2.1 To update the Health, Wellbeing and Social Care Decision Meeting on the Public Health COVID-19 Response including Test and Trace, Vaccination, Intelligence work and the work of the Health Protection Board and the Local Outbreak Engagement Board (sub-committee of the Health and Wellbeing Board).

3. Test and Trace

- 3.1 Overall test availability is good for symptomatic testing options including our two Local Testing Sites (LTS) at Eldon Road and North Harbour, our Mobile Testing Unit (MTU) at Portsmouth College and the Regional Testing Site at Southampton Airport.
- 3.2 A bid was approved by DHSC on Monday 15th February to undertake Community Testing at the Guildhall in Portsmouth. Asymptomatic testing is now available twice a week for all critical workers who must leave home to go to work, and who are not covered by any other national programme. Eligible workers include health and social care workers, volunteers, blue light services, retail workers and transport workers among others. The site can test around 2,400 people a day, and is open 8am - 8pm 7 days per week. Critical workers can book a testing slot online, and testing is free.
- 3.3 A number of other national asymptomatic testing programmes are also underway in the city including regular testing for NHS and care home staff, other adult social

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care settings, nursery, primary and secondary school staff and Universities and the Naval Base. Businesses with over 50 employees are also now eligible for workplace testing via a national DHSC offer.

- 3.4 The Portsmouth contact tracing service is now following up all confirmed cases of coronavirus not contacted by the national test and trace service within 12 hours. The service received 63 cases between 8 - 12th February, averaging around 13 cases per day. Referrals rose substantially during January, but have now stabilised. We anticipate that community asymptomatic testing could increase our caseload. We are still consistently reaching 88% of cases referred to us and completing their contacts, which is in excess of the 80% SAGE recommend for an effective contact tracing service.
- 3.5 On Monday 15th February we launched the HIVE volunteer support for vulnerable people older people, whereby HIVE volunteers will visit all those over 70 years that cannot be contacted by our team. We had 5 referrals transferred to the HIVE in the first week, and all were unanswered with cards posted through letterboxes. We are working with Police who are following up on all cases we cannot contact in case they are in hospital.

4. Vaccination

- 4.1 The NHS COVID Vaccination Programme is NHS led and Portsmouth is within the Hampshire, Isle of Wight programme area. In Portsmouth, there are five GP vaccination sites, two community pharmacy sites, a community vaccination centre at St James's Hospital and a hospital hub at Queen Alexandra Hospital. GP vaccination sites are able to invite their registered populations. The community vaccination centre and community pharmacies take bookings via the National Booking System to eligible groups according to the national roll out of the programme. Walk in slots have also recently been made available for specific groups. The Hospital Hub is largely focused on vaccinating eligible health and social care workers.
- 4.2 There are two vaccinations currently being deployed in England, the Pfizer/BioNTech vaccine and the Oxford/AstraZeneca vaccine. Vaccination sites in Portsmouth are using both of these. Both comprise a two dose schedule. The Moderna vaccine has also been approved for use by the Medicines and Healthcare Regulatory Agency and is expected to enter the supply chain in Spring 2021. The Chief Medical Officer has endorsed the Joint Committee of Vaccination and Immunisation (JCVI) recommendation to prioritise first doses in order to protect the greatest number of at risk people overall in the shortest possible time. This will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.

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- 4.3 National priority groups for vaccination have been defined, as recommended by the JCVI. The aim of phase 1 of the vaccination programme, which comprises 9 cohorts, is the prevention of mortality and the maintenance of the health and social care systems. At the time of writing, the vaccination programme is inviting cohorts 5 and 6; individuals aged 65 years and over and individuals aged 16 to 64 in a clinical at risk group. Cohorts 1-4 who have been offered vaccination include older adult care home residents and staff, individuals in the clinically extremely vulnerable group, frontline health and social care workers, and, adults 70 years of age and over. The target is for individuals in cohorts 1 to 9 (all aged 50 years and over) to be offered their first dose is by 15th April, with all adults offered by 31st July 2021.
- 4.4 Decisions to move through the steps set out in the 'roadmap out of lockdown' (February 2021) is linked to the continued success of the vaccine roll out as well as effectiveness of the vaccinations in reducing hospitalisations. It is the real-world surveillance of these vaccines which will build understanding of many aspects including effectiveness in preventing onwards transmission and duration of protection.
- 4.5 For the vaccination programme to be an effective control measure, effective vaccines are crucial, but high uptake is also needed. Uptake can be affected by many factors, including an individual's decision on whether to take up the offer of vaccination, as well as the offer of vaccination needing to be accessible which may differ upon the needs of groups within our local population. A HIOV COVID Vaccine Equalities Group has been established to consider groups at risk of lower uptake and to develop proposals for improving access. As part of this work, Portsmouth has been noted as an example of good practice in local work to offer vaccination to individuals who are homeless. This was achieved through collaboration between a GP practice who host the homeless healthcare team, Portsmouth City Council housing and public health teams as well as the Fire Service.
- 4.6 Communications and community engagement work to address vaccine hesitancy is also underway with work going on across the city. Portsmouth City Council now have a vaccine uptake co-ordinator. The initial focus of this role will be to work with colleagues to encourage uptake in Black and Minority Ethnic Groups, recognising tailored approaches will be needed for communities within this group.

5. COVID-19 Intelligence

- 5.1 Public Health Intelligence continues to be at the heart of the local and regional Covid-19 response. Data is sourced, collated, analysed and presented to a range of meetings and audiences to ensure that latest Covid-19 data and intelligence informs decisions. This includes:

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- Local Outbreak Engagement Board
- Health Protection Board
- PCC Gold
- Member briefings
- HIOW LRF Recovery Coordinating Group
- Health and Care Portsmouth Care Home Support meeting
- Operational activity e.g. Local Contact Tracing Service
- PCC communications with residents e.g. through the website and social media

5.2 An example of the weekly Intelligence Summary that is available on the PCC website is attached as Appendix 1. Working collaboratively with the HIOW Public Health Intelligence teams, the Modelling and Intelligence Cell provides detailed modelling to local systems of potential scenarios around cases, hospital admissions and deaths, which informs planning around demand and capacity. Data analysis is also carried out to support the local authority and the health and care system to understand and respond to the needs of residents beyond the immediate challenges related to the pandemic.

5.3 In January 2021, the Community Safety analysts transferred into the Public Health Intelligence team, building on the strong collaborative work already undertaken to create a more integrated service, while continuing to meet the needs of the Community Safety Portfolio. This includes the work to support the local Violence Reduction Unit, the Community Safety Strategic Assessment, and Domestic Abuse performance reporting.

6. Health Protection Board and the Local Outbreak Engagement Board

6.1 In June 2020, Government announced the requirement for Local Outbreak Control Plans (COVID-19) to be developed to reduce local spread of infection and for the establishment of local Health Protection Boards and a Member-led Covid-19 Engagement Board for each upper tier Local Authority.

6.2 Government guidance required that local plans should be centred on 7 themes:

- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
- Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).

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- Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
- Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

6.3 Terms of reference for Health Protection Board (HPB) and the Local Outbreak Engagement Board (LOEB) were agreed at the Portsmouth Health and Wellbeing Board on 17th June 2020, and this was established as a sub-committee of the Health and Wellbeing Board.

6.4 Since September the LOEB has met five times. Full minutes of board deliberations are published at <https://www.portsmouth.gov.uk/ext/coronavirus-covid-19/local-outbreak-control-plan> . Significant business has included:

- Continuing to oversee the Local Outbreak Plan, including significant changes relating to the local testing picture.
- Regularly receiving a summary of the latest intelligence and data relating to COVID-19 in the local community. This information is updated weekly and is also placed on the Local Outbreak Plan page on the PCC website at the link above.
- Considering changes to powers and regulations and ensuring that proposed responses are appropriate.
- Receiving reports relating to Test and Trace payments to support those at risk of hardship through losing income because of a requirement to self-isolate.
- Considering progress in developing a local contact tracing service.
- Considering issues in relation to the developing vaccination programme.
- Considering matters relating to testing.

6.5 The LOEB also receives a regular assurance report which summarises the supporting work of the local Health Protection Board, which is providing the focus for local outbreak prevention activity, and assesses the local preparedness picture. The report is structured around four key areas:

- Local context, looking at local data including the early warning indicators

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- Local activity, looking at confidence in a range of local matters such as enforcement, provision of PPE, testing etc.
- Assurance to PHE, looking at the confidence in the seven areas of the plan required to be included; and
- Risks, looking at what are the issues that may cause Portsmouth to see an increase in infections.

6.6 The LOEB will continue to meet on a monthly basis, and will receive reports summarising the activity of the Health Protection Board, which meets weekly, and the resultant assurance levels. The Board is a helpful forum for providing check and challenge around local outbreak arrangements, and for ensuring that the arrangements are fully appropriate to the city and its communities.

.....
 Signed by Helen Atkinson, Director of Public Health, Portsmouth City Council

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

Portsmouth Covid-19 Intelligence Summary

12.03.21

Overview

1. Infections

1.1 7-day rolling average Covid-19 cases in Portsmouth

1.2 HIOW infections by UTLA (spark lines)

1.3 Weekly rates per 100,000 and comparators

1.4 Age specific rates for Portsmouth

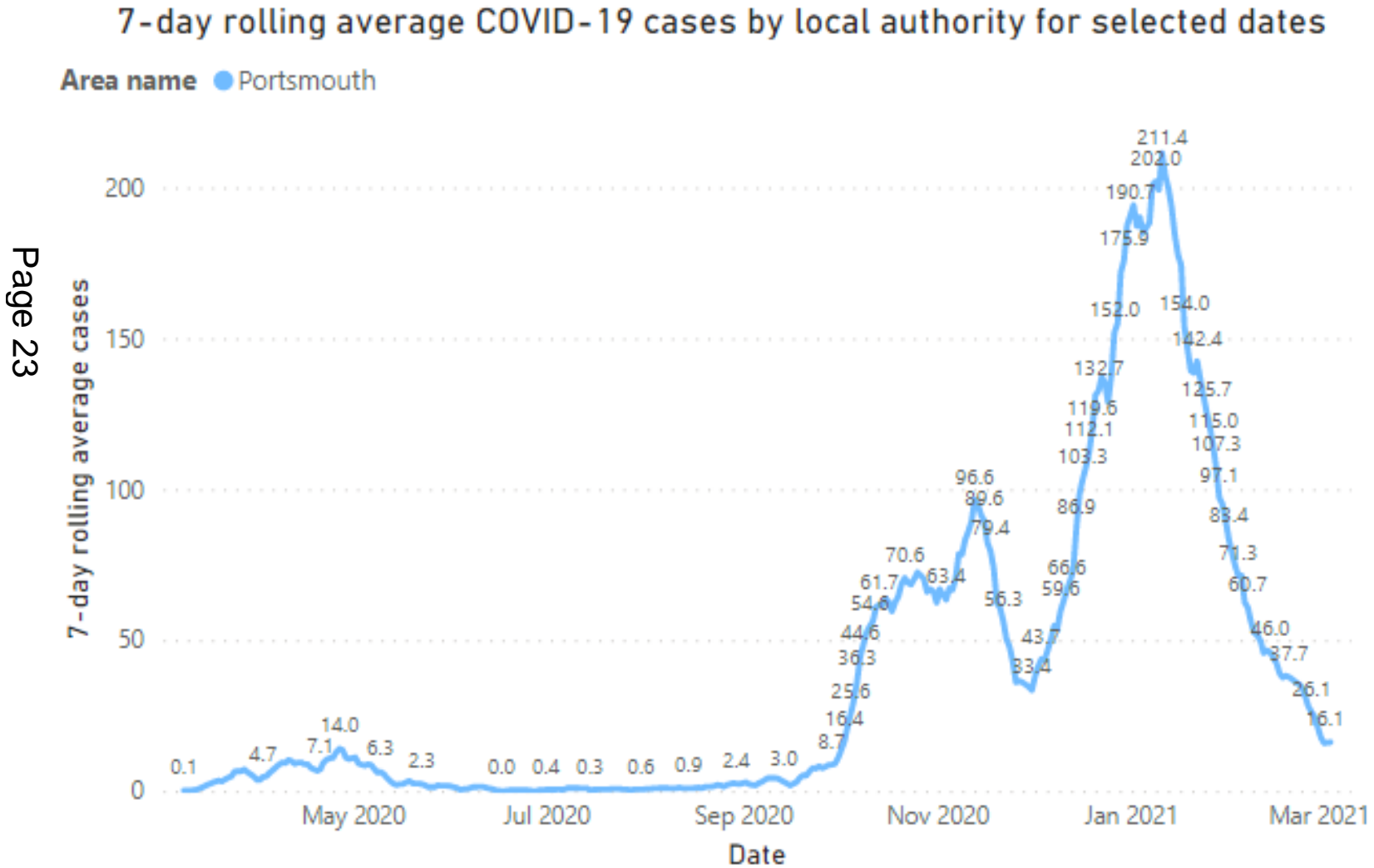
2. Deaths

2.1 Covid-19 deaths in Portsmouth

2.2 Extra deaths occurring in 2020 in Portsmouth compared to average of corresponding week by week of death

1.1 Infections – Portsmouth Covid-19 cases

7-day rolling average Covid-19 cases in Portsmouth, 30 January 2020 to 05 March 2021



There have been 125 new infections in Portsmouth recorded (Pillar 1 and Pillar 2) in the past week. Portsmouth has now have 13,920 people with at least one positive Covid-19 test result (either lab-confirmed or lateral flow device)

The chart shows the epidemiological curve of people with at least one positive Covid-19 test result, either lab-reported or lateral flow device.

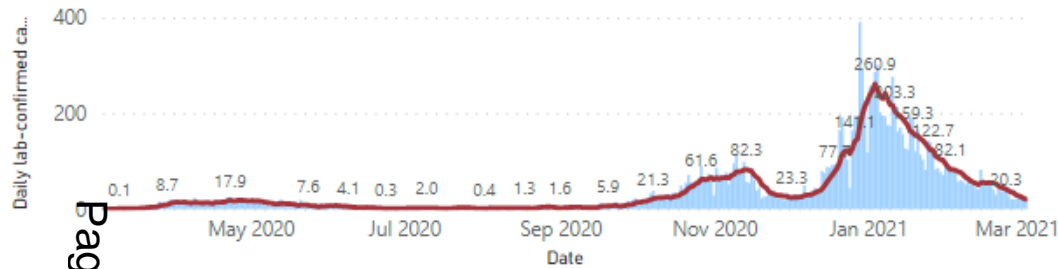
Data is from <https://coronavirus.data.gov.uk/>, data as of 11.03.21

Case numbers are subject to revisions, especially most recent numbers.

1.2 Infections – spark lines for HIOW UTLAs

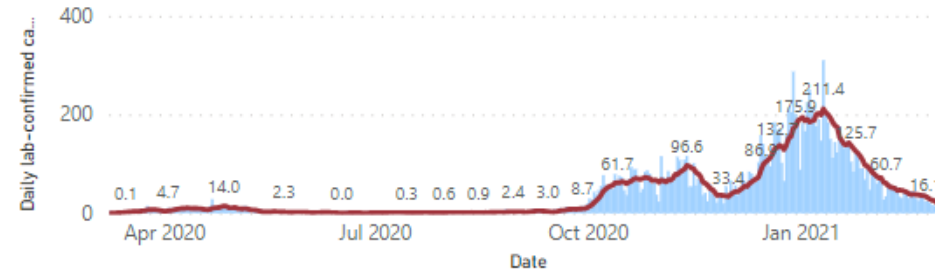
Number of COVID-19 cases per day and 7-day rolling average in Southampton for selected dates

Key: ● Daily lab-confirmed cases ● GOV Rolling 7 day average



Number of COVID-19 cases per day and 7-day rolling average in Portsmouth for selected dates

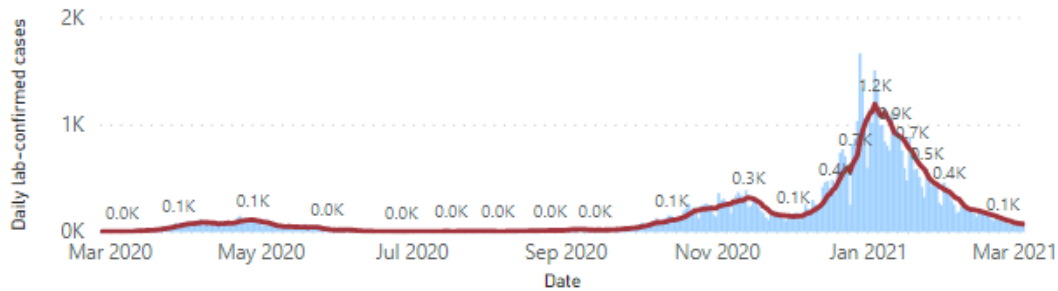
Key: ● Daily lab-confirmed cases ● GOV Rolling 7 day average



- Portsmouth:
- 13,920 total cases
 - 125 new cases in last 7 days*

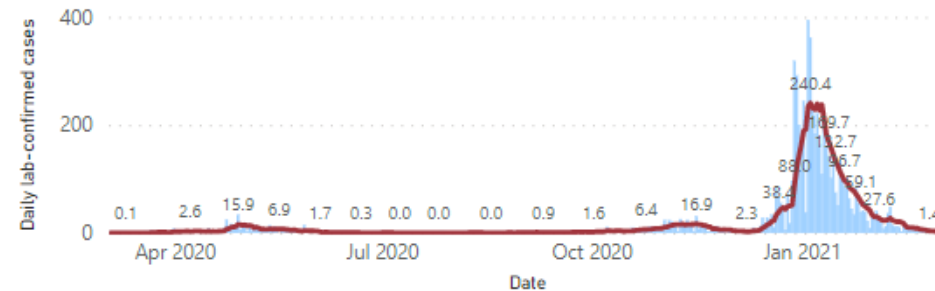
Number of COVID-19 cases per day and 7-day rolling average in Hampshire for selected dates

Key: ● Daily lab-confirmed cases ● GOV Rolling 7 day average



Number of COVID-19 cases per day and 7-day rolling average in Isle of Wight for selected dates

Key: ● Daily lab-confirmed cases ● GOV Rolling 7 day average



- Southampton
- 13,829 total cases
 - 147 new cases in last 7 days*

- Hampshire
- 61,735 total cases
 - 498 new cases in last 7 days*

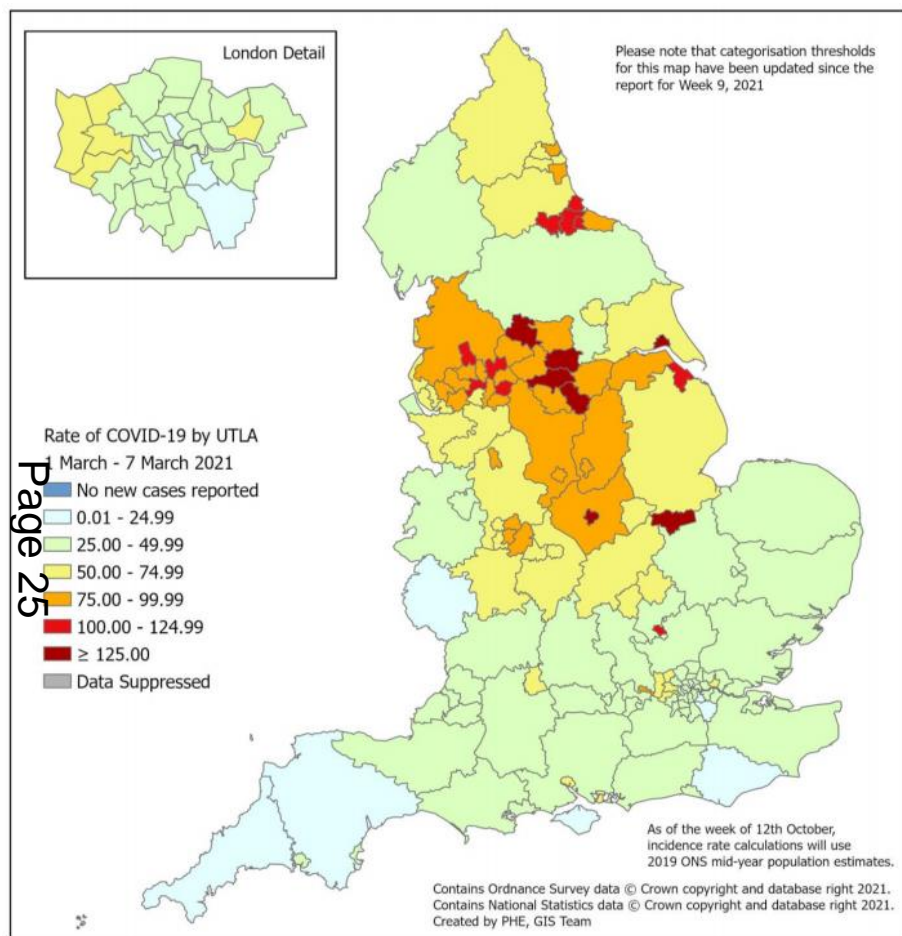
- Isle of Wight:
- 6,669 total cases
 - 13 new cases in last 7 days*

The chart shows the epidemiological curve of new cases (daily and 7 day average) for the Upper Tier Local Authorities in HIOW Data is from <https://coronavirus.data.gov.uk/>, data as of 11.03.21

*7-day period ending 06.03.21, as reported on 11.03.21

Case numbers are subject to revisions, especially most recent numbers. Cases since 01.09.20 were revised on 16.11.20 to use a new methodology for assigning cases to local authorities.

1.3 Weekly rates of Covid-19 cases



Weekly rate of COVID-19 cases per 100,000 population tested under Pillar 1 and 2, by upper-tier local authority, England (box shows enlarged maps of London area).

Based on week 9 (01 March to 07 March 2021). Available at: <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports>

Note: the colour ramp / scale for this map was altered as of 01 March 2021. This means that colours cannot be compared to previous versions of this map.

UTLA name	Rate per 100,000 last 7 days	% change in last 7 days
Isle of Wight	9.2	-45.8
Hampshire	36.0	-31.5
Medway	37.3	-41.6
South East	37.3	-34.4
Portsmouth	58.2	-31.7
Southampton	58.2	-40.2
England	60.3	-30.3
Slough	84.3	-29.6
Rotherham	151.8	+2

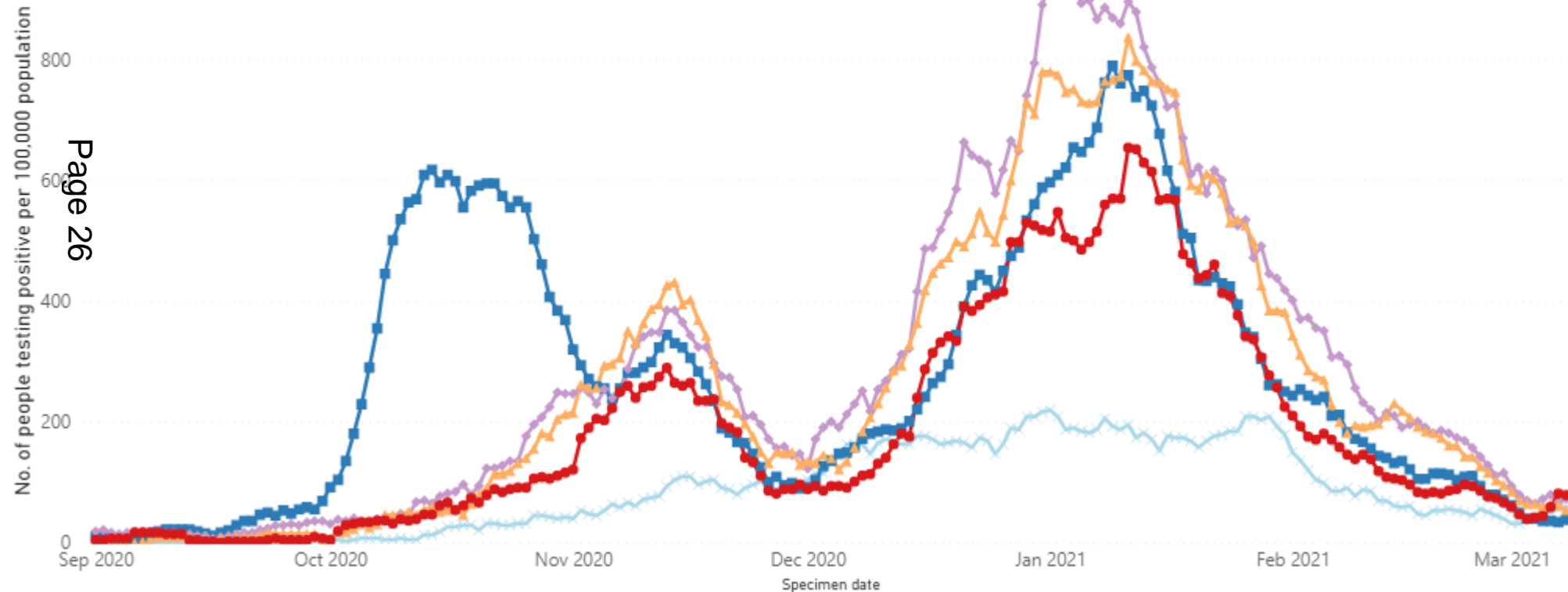
Rate of COVID-19 per 100,000 per week in most recent 7 day period with complete data (28 February to 06 March 2021).

Available at: <https://coronavirus.data.gov.uk/cases> (Accessed 11.03.21)

1.4 Weekly rates of Covid-19 by age bands

No. of people testing positive for Covid-19 in the rolling seven-day period per 100,000 population; by age group, Portsmouth residents

0-14 years 15-29 years 30-44 years 45-59 years 60 years and over



This chart shows the rate per 100,000 of cases in the last 7 days, split into broad age bands

Rates are now highest among 60+ year olds, closely followed by 30-44 year olds. The rate for all other age-bands is stabilising.

08/03/2021 00:00:00		
0-14 years	58.98	
15-29 years	38.29	
30-44 years	72.64	
45-59 years	54.62	
60 years and over	79.31	



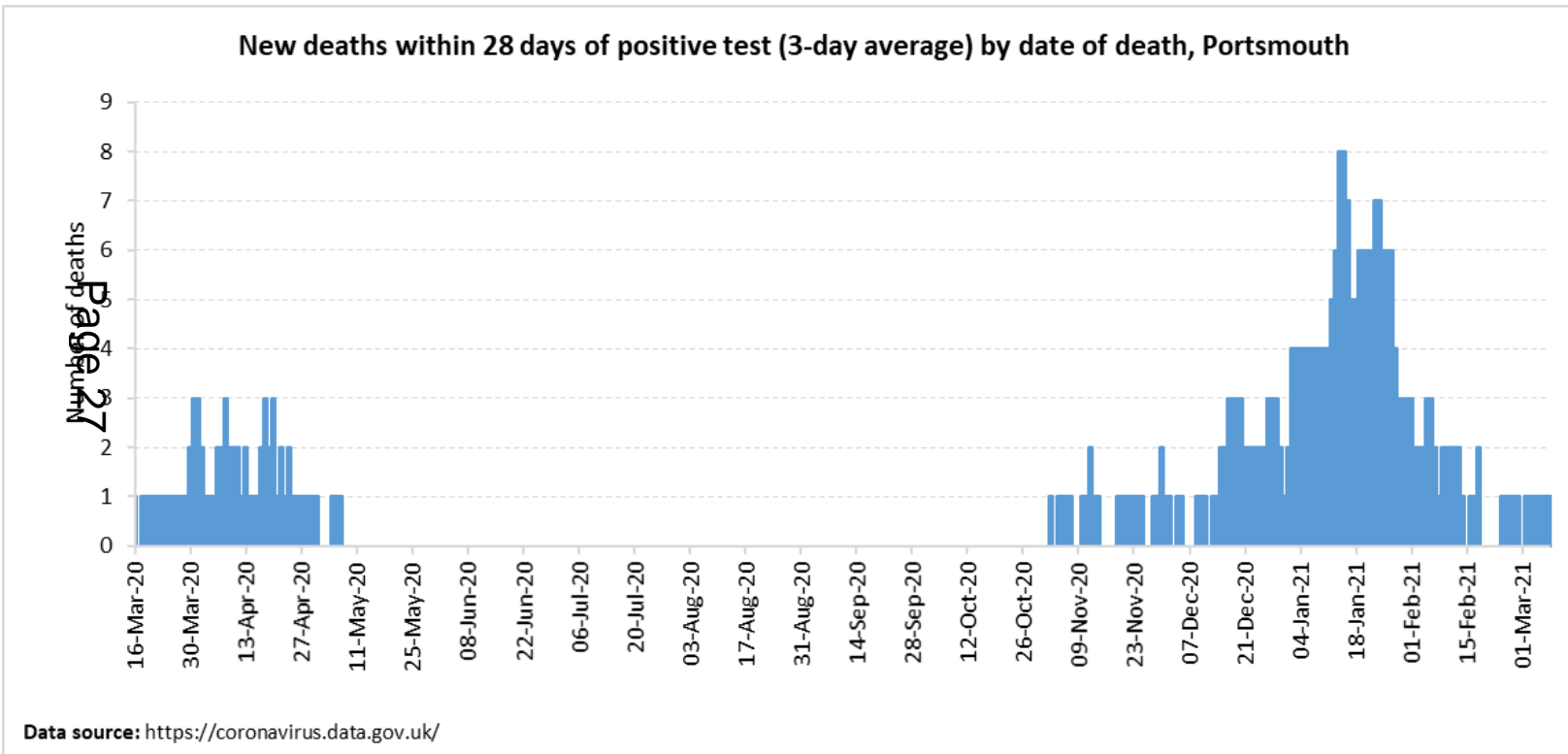
The chart shows the rolling 7 day average rate of people testing positive for Covid-19 by age group for Portsmouth residents.

Case data is from <https://coronavirus.data.gov.uk/>, data as of 11.03.21. Rates are calculated using the ONS 2019 mid-year population estimates.

Case numbers are subject to revisions, especially most recent numbers. Cases since 01.09.20 were revised on 16.11.20 to use a new methodology for assigning cases to local authorities.

2.1 Deaths

New deaths within 28 days of positive test (3-day average) in Portsmouth



There have been 272 Covid-19 related deaths within 28 days of positive test recorded in Portsmouth since the end of October.

There have been 6 deaths in the last 7 days, and 352 deaths in total.

The chart shows the number of deaths (3-day average rounded to the nearest whole number) of people who had a positive test result for Covid-19 and died within 28 days of the first positive test in Portsmouth.

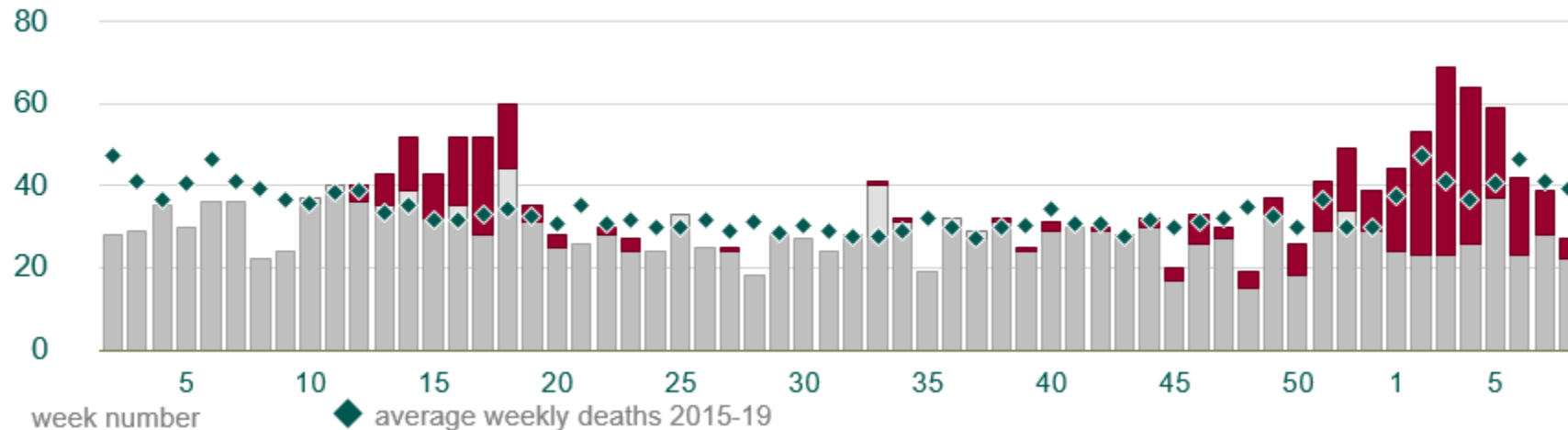
Data for the period ending 5 days before 11.03.21 (the date when the website was last updated with data) is incomplete and subject to change.

Data is from <https://coronavirus.data.gov.uk/>, data as of 11.03.21

2.1 Deaths – registered C-19 deaths vs weekly average

- There have been 6 deaths within 28 days of a positive Covid-19 test within the last 7 days in Portsmouth (Data up to 10.03.21. Available from: <https://coronavirus.data.gov.uk/>, accessed 11.03.21).
- The total number of deaths each week in Portsmouth was higher than in an average week for 5 weeks from the late March to early May 2020. These excess deaths were mostly Covid-19 related.
- Since week ending 15th May 2020, deaths have been below the weekly average in previous years. However, from week 34 (up to 21st August 2020) deaths were broadly in line with what has been seen in an average week over the previous five years.
- From week 51 (up to 18th December 2020) to week 5 (up to 5th February 2021) the total number of deaths in Portsmouth was higher than in an average week. These excess deaths were mostly Covid-19 related. However, for the last three weeks the number of deaths in Portsmouth has been lower than in an average week.

Week 8 2021: Portsmouth, death occurrences All deaths up to 26 February 2021



The chart shows the weekly provisional figures on deaths occurring, minus the weekly average occurrence 2015 to 2019, with the proportion where Covid-19 was mentioned on the death certificate (week 8 – up to 26 February 2021).

The number of deaths where COVID-19 was not mentioned on the death certificate are shown in pale grey.

The number of deaths where COVID-19 was mentioned on the death certificate are overlaid in red.

The total number of deaths is shown by the total height of the bar.

The average number of deaths for the corresponding week of the relevant years are displayed as a green diamond.