

Appendix 1 - Local Outbreak Engagement Board - Assurance template - January 2021

Local Context - data and intelligence

| Source | Status | RAG |
|--|--|-------|
| Early warning indicators | Hospital case data trends suggest total new hospital COVID-19 cases beginning to slow and decrease, but level of hospital activity has continued to grow, and the number of patients in intensive care beds continues to increase. Primary care and 111 trend data suggests decreases in Covid-19 activity during the last 7 days. Mobility data highlights extent to which this lockdown is less restrictive (and impactful) than the one in March 20 | AMBER |
| Cases - weekly rate per 100,000 | Case rates appear to have peaked but remain very high and sustained reductions are not yet apparent | RED |
| Testing positivity ratio | Positivity remains very high indicating widespread community transmission, and is relatively high compared to neighbouring areas | RED |
| Confirmed outbreaks and clusters | Significant outbreaks in several care settings, with greater transmissibility of new variant making outbreak management more challenging | AMBER |
| Neighbouring authorities / region | Rates of Covid-19 are falling in all districts of HIOW and regionally. However, rates remain high in many of these areas including within HIOW | AMBER |
| <p><u>Commentary:</u></p> <p>The number of new confirmed Covid-19 infections in Portsmouth appears to have begun to fall in recent days, having seen consistent rises in almost all age groups throughout December and the first part of January. However rates remain high and sustained reductions are not yet apparent. Positivity also remains very high indicating widespread community transmission, and is relatively high compared to neighbouring areas.</p> <p>The rise in infections during December and January led, as in wave 1, to increases in hospital admissions and mortality. Hospital case data trends suggest total new hospital COVID-19 cases are beginning to slow and decrease, but level of hospital activity has continued to grow, and the number of patients in intensive care beds continues to increase. Primary care and 111 trend data suggests decreases in Covid-19 activity during the last 7 days. Mobility data highlights extent to which this lockdown is less restrictive (and impactful) than the one in March 20</p> <p>The HIOW LRF Situational Awareness Summary on 19/01/21 reports that the rate of new infections is beginning to decrease across HIOW although numbers of new infection, and positivity, remain high. There continues to be a high number of care home outbreaks and this will be a contributing factor to the lack of sustained decrease in over 60s rates across HIOW. Outbreaks in confined areas are continuing to take hold more quickly and impact more people than in wave 1 or in the autumn, as a result of the new variant.</p> <p>Surveillance indicators suggest that at a national level Covid-19 case rates have declined in week one of 2021, while hospitalisations, ICU admissions and mortality continued to increase. Positivity rates decreased in Pillar 1 and Pillar 2. Case rates were highest among the 20 to 59 year olds, however declines in case rates were seen in most age groups. The highest rates were in London and East of England but decreases were seen in these regions and in the South East. The R</p> | | |

number for the South East region is now estimated to be between 1.0 and 1.2 and the growth rate between -1 and +3.

Local Activity

| Source | Status | RAG |
|----------------------|---|-------|
| Enforcement activity | Established processes | GREEN |
| Testing availability | Improved | AMBER |
| PPE availability | Sufficient local stocks and good routes of communication | GREEN |
| Contact tracing | Service operational - analysis underway to identify potential improvements. | AMBER |
| Vaccination position | Still awaiting good local data to support judgements | AMBER |

Commentary:

Enforcement: PCC Covid Business Compliance Officers have been in place since the end of October 2020 working as necessary in split shifts during the day and into the evening / night. Since commencement the officers have undertaken a range of reactive (responding to complaints) and proactive interventions (responding to national and local priorities) across Portsmouth to monitor and ensure business compliance with the changing Health Protection Regulations and guidance imposed by the Government. The focus of these officers has been to offer friendly appropriate advice to businesses in respect to such and only where absolutely necessary to report non-compliance to the established enforcement officers within Regulatory Services. The reaction to these officers has generally been extremely positive, with businesses being grateful of the services offered, however, more recently some hostility to officers has occurred from the populace as the detrimental economic impacts of the lockdown increase.

Over the period, approximately 3100 physical interventions have been made to businesses. Average levels of compliance have been very high throughout this period and continue to increase. In the week 11th January to 17th January the average compliance level was 94.6% resulting in an exceptionally low need for formal enforcement interventions.

PPE: Good availability of PPE locally, and positive feedback around access to this from local providers. Local LRF drops have ended and settings now need to work with existing supply lines - there is a mixed picture on the success of this locally as the new process beds in and this is being closely monitored. System for accessing PPE through the LRF is now well-embedded. Notification has been received that providers will continue to be able to access PPE through national supply lines until June 2021.

Testing: Overall test availability is good for symptomatic testing options (including our two Local Testing Sites)

A bid has been submitted to DHSC to undertake Community Testing at one site in Portsmouth. This is being planned in collaboration with the LRF colleagues, with an intention in the first instance to offer LFTs to critical public sector workers who cannot work from home. A local site is being sought.

A number of other national asymptomatic testing programmes are also underway in the city including regular testing for NHS staff, care homes, other adult social care support services, school staff and Universities, with plans for other settings being piloted.

Contact tracing: The local contact tracing service is getting better established. Between 4th November and 22nd December, there were 467 cases referred to the service, with an average of 67 weekly referrals. In that time we were adding contact details to around 30% of cases referred. Weekly referrals have risen substantially since the beginning of January, and we are now receiving around 40 new cases per day. We are seeking to expand the staff team to manage the increase in demand.

We are working with the HIVE to follow up cases over 70 years old that we cannot contact via phone. Volunteers will visit cases homes to ensure that cases are able to self-isolate, offer support to do so if necessary and request that they contact the local contact tracing service. A local test centre in the North of the city, at Northarbour, is now live and we will be monitoring usage against capacity. An option has been accepted for a further local test centre and we are awaiting news from DHSC on when this will be stood up. Overall test availability is good.

The city has now taken on more responsibility for contact tracing. The local service was established on 4th November, and 317 cases have been referred, an average of 10 per day (with high of 18 and a low of 4). Of successfully closed cases, 27% had referral contacts added to national system (NHS Test and Trace).

The team are seeing between 15-28% of the total number of positive cases. This has risen from 13-15% initially - so indicates that the local team are receiving more hard to reach cases despite the downward trend in case numbers.

Around 38% of new positive cases are self-reporting symptoms and contacts via the national Test and Trace system, using the 8 hour self-reporting window to which they have access when they are notified of their positive result. National call handlers, who have the cases for 24 further hours before passing them to the local team, are reaching and dealing with between just over a third and just under a half our cases.

The team are in the process of analysing cases closed for any reason to improve service e.g. whether contacts shared, escalated to tier 1, uncooperative, uncontactable, or attempts to contact exhausted.

Vaccination: The NHS covid vaccination programme (CVP) is being rolled out through the Queen Alexandra Hospital hub, five GP sites covering all of the city's registered population. A community vaccination is expected to open in the coming weeks. Over 80's and care home residents and staff have been the initial focus in line with nationally defined priority groups. HIOW data indicates good uptake in over 80's (verbal report from NHS CVP lead), though more granular data is not yet available. All care homes for older adults in Portsmouth have been offered vaccination - a small number of homes have not yet been able to go ahead due to substantial outbreaks. Vaccinations for eligible frontline health and social care workers are also underway with plans in place to reach this cohort by the national target of mid-February.

Assurance levels on Local Outbreak Plan as reported to PHE

| Source | Status | RAG |
|--|----------------------------|-------|
| Care Homes | Good state of preparedness | GREEN |
| Schools | Good state of preparedness | GREEN |
| High risk locations | Partially complete | AMBER |
| Vulnerable people | Good state of preparedness | GREEN |
| Contact tracing | Complete | GREEN |
| Contact tracing in complex settings | Partially complete | AMBER |
| Mobile testing | Complete | GREEN |
| Data integration | Good state of preparedness | GREEN |
| Governance | Good state of preparedness | GREEN |
| Commentary: Contact tracing readiness has now moved to a rating of "Green" as necessary data is available. | | |

Identified risks

Highest local risk factors are currently considered to be:

- The new variant of coronavirus which is more transmissible and is currently the dominant strain circulating in Portsmouth.
- High local infection rate following the Christmas relaxations prior to the third national lockdown impacts starting to show.
- Still seeing an increase in infection rate across all aged groups in Portsmouth.

RAG: Green = no cause for concern;

Amber = some cause for concern / requires monitoring;

Red = serious cause for concern / requires action