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Title of meeting: Cabinet Member for Health, Wellbeing and Social Care Briefing

Subject: Public Health COVID-19 Response Update

Date of meeting: 15th 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.

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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