

Local Outbreak Engagement Board - Assurance report - January 2022

Local Context - data and intelligence

Source	Status	RAG
Cases - weekly rate per 100,000	Case rates are at more than double the peak in January 2021 and continuing to rise in all age groups.	RED
Testing positivity ratio	Positivity is significantly higher than at any point in the pandemic at over 35%.	RED
Confirmed outbreaks and clusters	There are a growing number of situations, clusters and outbreaks in care homes and schools as they return from Christmas break. Care home outbreaks not currently resulting in hospitalisations.	AMBER
Neighbouring authorities / region	Rates of Covid-19 are similar in neighbouring upper tier local authorities in HIOW and across the South East.	RED
Enduring transmission	There are currently no specific local areas of concern but transmission remains high.	AMBER
Variants of Concern (VOC)	Omicron quickly became the dominant variant and accounted for >95% of Portsmouth cases by the end of December. Its much greater transmissibility and immune escape capabilities have driven the recent wave of cases.	RED

Commentary:

The number of new confirmed Covid-19 infections in Portsmouth has risen quickly since the last week of December as the Omicron variant became dominant, from an already high base of Delta-driven cases. Reported case rates are impacted by factors including availability and use of tests, lab capacity and re-infections, while policy changes such as the removal of requirements for confirmatory PCRs will potentially make interpreting prevalence through case rates more challenging. However local positivity rates (i.e. the proportion of tests that return a positive result) and data from the ONS Infection Survey all support the fact that rates are more than twice as high as at any previous point in the pandemic. Cases are currently highest in young adults aged 20-49 but are high and rising in older people and likely to rise again in school age children in January.

Given the high prevalence of Covid-19 across the community, there are a number of clusters and outbreaks in care homes. However the majority do not appear to be transmission within the homes and are not leading to hospitalisations (due to a combination of good Infection Prevention Control and high levels of vaccination in staff and residents). Similar impacts are likely to be seen in education settings as schools return after the Christmas break.

New hospital Covid-19 cases have begun to increase in the last week (though more is required to confirm the trend), and have increased by 50% compared to the previous week across the country as a whole. There is increasing evidence that Omicron is less severe than previous variants but case have only recently begun to rise in older age groups and there is always a lag between infections and hospitalisations so the situation over the coming weeks remains unclear. Modelling suggests the peak in hospitalisations could be similar to last January, while the impacts on staffing in health and a number of other settings will add further pressures to local service delivery systems.

Covid-19 mortality remains low in Portsmouth with just 1 death within 28 days of a positive Covid test in the 7 days up to 1st January 2022. Nationally Covid-19 deaths have increased back to the level of over 1,000 per week last seen in early November.

Local Activity

Source	Status	RAG
Test and Trace (including self-isolation support)	Our local contact tracing service continues to experience substantial pressure due to high case numbers.	AMBER
Vaccination	Booster vaccination programme has been extended to everyone aged 16+ years and 12-15 year olds in a clinical risk group. Capacity has been significantly increased to ensure anyone that wants a vaccine can get one. Over 100,000 boosters have now been delivered in Portsmouth. Rating Amber remains as continued work underway to improve uptake across all doses; expansion of the programme to 5-11 year olds in a clinical risk group and roll out of 2 nd doses for 12-15 yr olds will continue to be a challenge.	AMBER
Non-pharmaceutical interventions (including business compliance and PPE availability)	No concerns in this area.	GREEN
<p><u>Commentary</u></p> <p>Testing:</p> <ul style="list-style-type: none"> The emergence of the omicron variant has created unprecedented demand for both PCR and LFD testing and staff shortages in laboratories. This in turn has led to limited supply of LFD test kits and difficulty obtaining PCR tests as test sites have closed to manage demand. The DHSC run Local Test Site (LTS) at Commercial Road delivering PCR tests is currently operating at 223% capacity and completed 1429 tests in the week leading up to 1st January 2022. We have been planning carefully to ensure there is adequate lateral flow device supply in the Asymptomatic Test Site (ATS) at Somerstown Central. This week we have put in place governance and logistical protocols to share test kits with health and care organisations that need them. We are continuing to ensure those most at risk of contracting and developing serious illness from Covid have good access to kits. On Wednesday 5th January we handed out 146 kits from the ATS and delivered 336 to Foodbanks, Community Centres and PCC services. On Thursday 6th we received orders for a further 156 kits from similar community services. On 4th January it was announced that lateral flow test kits will be provided to 100,000 essential workers and 500,000 key workers. Dedicated infrastructure and supply chains are being established directly with organisations by the Department of Health and Social Care. In addition, locally we have planned for enough stock for delivery to essential workers, and to manage outbreaks if direct supply channels take time to become established. <p>Local Contact Tracing Service (LCTS)</p>		

- Contact tracing for Omicron cases is now being undertaken by local teams (where previously this was via a dedicated national team) through the standard Covid management mechanisms.
- The Local Contact Tracing Service received 932 cases for local contact tracing between Thu 30/12 and Wed 5/01/22, an average of 133 a day. This is 28% of total Portsmouth cases (3,310) during that time which is an increase from a typical 20-25%.
- The Local Contact Tracing team worked during the festive period (only closing on Christmas Day/Boxing Day and New Year's Day) to ensure residents are supported in self isolating and completing contact tracing.
- In order to manage demand over Christmas and the New Year, the Local Contact Tracing Service started sending emails and SMS messages daily to all cases and have actively encouraged self-reporting of their digital journey to those able to receive invitations to do so.
- To manage the increase in caseload, the Local Contact Tracing Service also prioritised resources to over 50's due to their increased risk and also under 18's as a phone call is the only way to complete contact tracing.
- From Thursday 6th January parents/guardians are able to self-complete under 18 cases which will help make contact tracing more accessible to Portsmouth residents.

Self-isolation support:

- A dedicated Self-Isolation Support Officer post to be funded by the Covid Outbreak Management Fund, has now been appointed to. The role will support residents who are identified as having support needs, whether practical (eg food shopping), concerning mental health, or financial worries or hardship. The new officer will either signpost residents to further support, or issue payments to residents based on assessment of their financial hardship.
- The latest figures for the self-isolation support fund can be found below.

Test and Trace Support Payment Statistics as of 05/01/2022

	Main Scheme	Discretionary Scheme	Total (Combined)
Number of applications received since 28/09/2020	3405	2596	6001
Number of applications paid since 28/09/2020	1601	768	2369
Total paid (£) since 28/09/2020	£800,500.00	£384,000.00	£1,184,500.00
Number of applications declined since 28/09/2020	1575	1617	3192
Number of applications yet to be started*	120	133	253
Number of applications currently pending	105	77	182

**The average age of the applications yet to be started is 14 days old.*

Vaccination

Following the call to scale up the NHS covid vaccination programme (CVP) booster roll out throughout December access to appointments for local residents have been significantly increased. Each of the five Primary Care Networks (PCN) increased the number of sites offering vaccinations and extended these slots beyond registered patients. Two of the PCNs are now on the National Booking System (NBS) and many are offering 'Walk In' provision. The two community pharmacies and St James' Hospital - the community vaccination centre - continue to offer vaccinations and have extended their capacity with St James's now offering 'Walk Ins' to anyone aged 12+ years from 8am-8pm every day. Queen Alexandra, the hospital hub site, has also been stepped up again to offer booster vaccinations, which are bookable online.

Overall uptake of 1st doses for Portsmouth residents aged 12+ years is 79.1% (3rd Jan) for 1st doses (in our 50+ year olds 1st doses are above 88% rising to 95% and above in 75+ year olds) and 72.3% for 2nd doses (above 86% in 50+ year olds rising to 95% and above in 75+ year olds). Booster uptake for Portsmouth residents aged 12+ overall is 49.7% (3rd Jan) and 73.9% in the eligible population. While lower than the regional or national figures, uptake remains favourable compared to 'similar' areas including Brighton & Hove and Southampton. Uptake continues to be lower in younger adult age groups, in part due to these groups being offered later in the programme. Efforts continue to encourage individuals to come forward with more options available for easier access to all doses (1st, 2nd and booster) being in place. We are currently working with partners to look at outreach and in-reach models of delivery to better enable some of our communities to take up the offer of vaccination in some parts of the city.

The 12 to 15 year olds programme is now in place and 2nd doses are being rolled out through schools, commencing 10th January. In addition, all 12-15 year olds can access vaccinations through the main vaccination centre at St James's and are able to utilise the 'Walk In' arrangements, as long as a parent or guardian accompanies them. Uptake of 1st doses in 12-15 year olds is currently at 56.2% (6th Jan). The Joint Committee on Vaccinations and Immunisations (JCVI) advised on 22/12/2021 that a booster dose should be offered to 12-15 year olds in a clinical risk group.

JCVI also advised that 5-11 year olds at higher clinical risk should be offered 2 doses, 8 weeks apart and it is anticipated that those eligible will be invited from Mid-January. Mobilisation planning is underway for this.

The Community Champions Programme is gaining momentum with 12 champions now recruited. They are continuing to support the dissemination of messages and are gaining valuable insights from community members regarding opportunities to improve uptake of the vaccination and other key issues. Marketing campaigns will continue to be targeted via social media channels and further developed based on insights and developments locally, regionally and nationally.

Non-pharmaceutical interventions

Two key items of primary legislation contain emergency powers relating to coronavirus and health protection in England. These are:

Coronavirus Act 2020 (c. 7)

Public Health (Control of Disease) Act 1984 (c. 22)

These current regulations set out the restrictions in England:

The Health Protection (Coronavirus, Restrictions) (Entry to Venues and Events) (England) Regulations 2021 (S.I. 2021/1416)

The Health Protection (Coronavirus, Wearing of Face Coverings) (England) Regulations 2021 (S.I. 2021/1340)

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021 (S.I. 2021/582)

The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 (S.I. 2020/1045)

The Health Protection (Coronavirus, Restrictions) (No. 3) (England) Regulations 2020 (S.I. 2020/750)

Whilst the majority of specific business restrictions have now been removed, the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 (the No.3 Regulations) remain in place until **24th March 2022**. PCC is mindful that these could be utilised, in exceptional circumstances, and for the need for a regulatory provision to assist with the delivery of such.

As previously confirmed, the GOV.UK guidance accompanying the No.3 Regulations has been amended to include updated factors which local authorities should consider when gathering evidence to meet the legal tests for issuing a direction. These factors are designed to reflect the current stage of the pandemic. These include, but are not limited to:

1. Regional and local epidemiological data on case rates, vaccination rates, hospitalisations and deaths as a result of Covid-19 infections
2. Local contextual information and insight on hospital capacity
3. Local outbreaks of Variants of Concern (VOCs) of Covid-19, particularly any with vaccine-escape properties
4. Whether the direction relates to any activities that contravene existing legislation and guidance in place to protect against the spread of Covid-19

We have been contacted by DHSC in respect to a call for evidence to gather information with respect to a potential extension of No.3 Regulations beyond 24th March 2022. The results of such will determine the need to extend, the length of extension and if existing legislation / guidance allows local authorities to effectively deal with outbreaks in a timely fashion.

As we have done so throughout the pandemic, Government expects us to follow the Regulators Code, engaging with business and supporting them to comply with any new rules. Only where necessary and proportionate is it expected that local authorities take enforcement action. To assist with our engagement PCC is continuing, through use of the Covid Outbreak Management Fund (COMF), to deploy COVID-19 Covid Business Compliance Officers (CBCOs) [*as from the 18th July rebranded as Covid Community Engagement Officers (CCEOs)*] to support businesses in this transition, to maintain compliance with emerging guidance and to react to any new guidance or restrictions that may be required to combat transmission rates or increasing levels of virus in the community. These officers will remain in place at least until the end of March 2022.

Assurance levels on key risk areas in the Portsmouth outbreak plan provided by the Regional DHSC and PHE Teams as part of the national assurance programme where we FULLY MET 7/12 assurance areas and MET the other 5.

Assurance area	Commentary
High-risk settings	The plan outlines high risk settings and populations, and potentially underserved communities. Section on demographics touches on the size of the BAME population and localities where deprivation is highest. Although these high risk groups are not specifically profiled in the plan by place, the plan does describe the development and use of the HIOW Vulnerability Indices which infers that this tool will be used to identify the most vulnerable groups with respect to COVID-19 outcomes.

High-risk populations & underserved communities	<p>Good level of detail on how vulnerable populations will access information and support. For example:</p> <ul style="list-style-type: none"> • The plan describes measures in place for community support around contact tracing for those who are particularly vulnerable and/or “hard to reach”. • Good level of detail on community engagement via PCC local contact tracing service to maximise the trace and isolate components of the COVID response • Clear detail on additional support available for individuals and settings to support isolation, including in the most vulnerable groups/settings • The HIOW COVID Vaccination Programme Equalities Group is working to ensure equity of access to vaccination for vulnerable groups. • Comms and engagement plan in development (linking to HIOW-wide communications and community engagement work) which includes consideration of vulnerable communities- increasing testing and vaccine uptake.
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Identified risks

<p>Highest local risk factors are currently considered to be:</p> <ul style="list-style-type: none"> - The 'Omicron variant' of coronavirus is now the dominant strain circulating in Portsmouth as it is across the UK. Omicron is more transmissible than previous variants of Covid-19 but is currently causing less serious illness but due to sheer number of infections will have a greater impact on business continuity. - We are now seeing very high case rates in the city as the infection rate remains high across the SE Region and UK. Infection rates are now highest in our 25-44 year old age group but now plateauing in primary and secondary school ages which went up following the return to schools in early September. - Our local modelling work shows we are still expecting to see infections from Omicron rise very rapidly in the coming weeks with hospitalisations following on from that due to the sheer number of infections. - We also expect to see a difficult winter with covid and other respiratory viruses, including influenza and paediatric RSV, causing pressures in the NHS. We continue to see increased risk of community transmission following the easing of restrictions on July 19 but will need to see the impact of the new restrictions on face coverings in shops, public transport and travel restrictions brought in on the 30th November (Plan B).

RAG: Green = no cause for concern;

Amber = some cause for concern / requires monitoring;

Red = serious cause for concern / requires action