

Local Outbreak Engagement Board (Health and Wellbeing Board sub-committee)

Monday 2nd August 2021, 1.00pm

Present:, Cllr Jason Fazackarley, Cllr Jeanette Smith, Stef Nientowalski (Shaping Portsmouth). Roger Batterbury (Healthwatch), Helen Atkinson (Director of Public Health), Dr Linda Collie (Portsmouth CCG), Ed Skinner (Regulatory Services, PCC), Matthew Gummerson (Strategic Lead for Intelligence, PCC), Mike Stoneman (representing Director of Children, Families and Education, PCC - from 1.30pm), Matthew Nineham (Public Health), James Batney (Public Health), Claire Currie (Consultant in Public Health), Kelly Nash (Strategy Unit, PCC).

Apologies: Councillor Judith Smyth, Councillor Suzy Horton, Louise Wilders (HIVE Portsmouth), Dominique Le Touze (Consultant in Public Health).

1. Notes of last meeting (28th June 2021)

The notes were agreed as an accurate record of the meeting.

2. Local Intelligence Summary

Matt Gummerson provided an overview of the latest data and key messages.

In terms of the local infection data, Matt reported that there have been 733 new cases reported in the last week (averaging 130 cases a day) with the 7 day infection rate per 100,000 in Portsmouth now at 341.1, a decrease of 36% on the previous week. The city rate is above that in the wider SE region (248.4) and Hampshire (239.6), although the overall patterns are similar. The highest rates nationally are clustered in the north of the country, but there are some other pockets elsewhere. Rates are highest locally among the 15-29 age group, but reducing in all groups.

75% of the population have now received a first dose of the vaccination, and 58.7% have received both doses.

In relation to PHUT, hospitalisations are up 50% on a week ago, although still relatively low numbers. Admissions and diagnoses are generally among younger people.

There have now been 4 deaths in the last 15 days, although overall deaths remain below average for the time of year.

In questions, it was asked what the effect of reduced asymptomatic testing is. It was noted that whilst test numbers have reduced, it is difficult to tell if this is a cause of reduced numbers of infections being reported, or an effect of fewer infections in the community.

3. Vaccination Update

Claire Currie reported that guidance has now been issued on phase 3 of the national programme. This will be in three stages:

- Stage 1: 6th September (16+ who are immunosuppressed; residential care for older residents; 70+; 16+ CEV: frontline health and care workers)
- Stage 2: 17th December (50+; influenza or higher risk group; adult household contacts of immunosuppressed).

In terms of current uptake, the city is consistently above Brighton and Southampton as well as Reading and Slough in all under 50 age groups. Local planning is focusing on reaching groups where uptake is lower, looking at characteristics such as ethnicity and place of residence.

A number of walk-in clinics are in place and several pop-up clinics are being operated. There is continued communications and engagement, including the community champions programme, specialist marketing to eastern European communities and a local campaign to reach young adults being planned using insights work. This work has highlighted some key messages, with key barriers identified including concerns about side effects, concerns about the speed of vaccine development and concerns about impact on fertility. Motivators have been identified including social duty and a desire for life to return to normal. Ways of encouraging uptake include more walk-in provision and more information to enable informed choices.

Roger Batterbury asked if more details were known about how phase three of the programme would be delivered and it was confirmed that these details are still being worked through, but it is expected that there will be a mixed model of delivery including PCNs, hubs and pharmacies. Dr Linda Collie noted that there is a need to synchronise the flu and covid programmes, and some issues around financial implications to work through, so it is complex - also important not to miss the cohort who receive shingles and pneumonia vaccines too. The key will be good co-ordination.

4. Director of Public Health and Head of Regulatory Services Update

Helen Atkinson updated on the progress of the Long Covid working group - the work is underway to develop the pathways and ensure that there is good flow for people needing health and support; also making sure that what is available is being well signposted.

Helen updated that following the announcement around exemptions from isolation for health and care and other workers, a process has been put in place to manage this. There have been 17 applications for exemptions; note that household contacts are not allowed to be considered under the scheme and neither are those not yet double vaccinated. In order to be exempt, contacts need to have a negative PCR test and a daily negative LFD test. So far, only 2 exemptions have been agreed. For all non health and care worker, organisations have to go through their relevant government department.

From 16th August, rules will change for the double vaccinated although this will still be dependent on a negative PCR test and possibly daily LFD testing, to be confirmed.

Cllr Smith asked how this process will be policed, given that the messaging is unclear and that employers might be putting pressure on employees not to isolate. Helen and Ed Skinner confirmed that the biggest levers are communication and persuasion rather than regulatory as these routes are very complex and long-winded.

Helen also reported that the new contain framework has been published. Slides will be circulated but this framework sets out roles and responsibilities for agencies and key components of the ongoing pandemic management. There is a requirement for authorities to update the local outbreak management plans and this will be done throughout August and brought back to the Local Outbreak Engagement Board in September for approval. It was confirmed that Test, Trace and Isolate will stay in place to ensure local outbreaks can be managed effectively.

Ed Skinner reported that business restrictions have largely gone but the service have retained staff to continue to offer advice and guidance and also to respond rapidly to any change in circumstances. The service is focusing on attending events and high-risk venues to offer support. The team are still waiting to see how measures such as covid passes for nightclubs etc will be dealt with in practice. The team have also been using local data to support areas of common exposure identified.

5. Test, trace and isolate

James Batney and Matthew Nineham provided updates on these issues:

For testing, 570 supervised tests were carried out at Somerstown in July. There were very few positives, and it is not known how many positives were identified through kits administered at home. The team have been getting out to employment areas in the city to issue kits and offer advice, and have also been shadowing the vaccination programme.

In respect of contact tracing, an update was posted in the chat:

- Both nationally and regionally, cases are rising and are expected to continue to do so.
- To support contact tracing teams, extra prompts and reminders to self-report close contacts are now being sent during an initial period of four hours after the case's positive result is added to the NHS Test and Trace database.
- These extra prompts began on 6 July with the aim of reducing call levels by 20-30%.
- We've received 372 cases for local contact tracing in the last 7 days (Thu 1/7 - Wed 7/7), an average of 53 a day. The weekly figure is an increase of 3% on the previous seven day period, when there were 362 cases.
- Of those 734 cases over the last fortnight, we have had to pass back 180 because we didn't have sufficient capacity to deal with them, even with Council staff who have previously worked as volunteers for the service returning to help out.
- Additional contact tracers are currently being recruited and trained to allow the service to continue to take the majority if not all of Portsmouth's cases.
- Since the four hour self-reporting window was turned on, we have had to return proportionally fewer cases, although it is still early days in terms of the anticipated %age reduction.

Roger Batterbury asked about postbox collection for tests, and James Batney undertook to look into this.

POST MEETING NOTE: DHSC have confirmed the nearest Sunday collection priority post box is only 1.1 mile away in Gosport and James has this is not 1.1 miles but 14 miles away by car, unless you catch the Gosport foot passenger ferry. He has further escalated within DHSC.

6. Assurance report

The Board received the report which covered:

- Local context - updated with the information taken from the data reporting (and updated to include information about variants of concern and enduring transmission)
- Local activity - bringing together a range of information about what our work is telling us about our preparedness
- Assurance around high-risk settings, populations and underserved populations.
- Key risks, including relating to the relaxed restrictions.

There were no questions, and the Board noted that on the basis of information and evidence that they have received, they have a high degree of assurance on local arrangements.

Helen Atkinson summarised the position as one where we should be cautiously optimistic but recognise that there are huge amount of system pressures, including business continuity pressures arising from self-isolation requirements,

7. Any other business

There was no other business.

8. Future dates

Future meeting dates were noted - dates are now in the diary until September.