

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

Monday 10th January 2022, 1.00pm

Present: Cllr Jason Fazackarley, Roger Batterbury (Healthwatch), Helen Atkinson (Director of Public Health), Dr Linda Collie (Portsmouth CCG), Councillor Judith Smyth, Councillor Jeanette Smith, Richard Lee (Regulatory Services, PCC), Dominique Le Touze (Consultant in Public Health), Matthew Gummerson (Strategic Lead for Intelligence, PCC), Emma Seria-Walker (Public Health), Kelly Nash (Strategy Unit, PCC).

Apologies: Councillor Suzy Horton, Stef Nientowalski (Shaping Portsmouth), Louise Wilders (HIVE Portsmouth), Sarah Daly (Director of Children's Services).

1. Notes of last meeting (8th November 2021)

The notes were agreed as an accurate record of the meeting. Dominique Le Touze noted that there was not yet further information to share relating to the priority post-boxes. Richard Lee confirmed that Covid engagement officers remain in post and are still working with venues and premises.

2. Local Intelligence Summary

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

In relation to the national picture, positive cases, admissions and deaths are all increasing. The most recent ONS infection survey (w/up to 31st December) estimated that 6% of the population had covid with 95% of these cases Omicron.

In Portsmouth, there have been 3157 new cases in the last 7 days, which is a rate per 100k population of 1729, and this continues to rise. Rates are highest among the 30-44 age group but since 19th December rates have been increasing in all age groups.

However, flu positivity is very low, as are other respiratory viruses, which is important as it relieves a degree of pressure on the healthcare system.

It was noted that 79.2% of people have received their first dose of vaccine, 72.5% the second, and 50.9% the booster (which is 73.9% of the eligible population).

In terms of hospitalisations, most recent figures have 76 people in PHUT with covid, and 12 on ventilation in ICU beds. This is increasing but is below the numbers seen last year and the expectation is that the reduced severity of Omicron will mean that hospitalisations are below those seen previously despite the higher rate of infection.

There has been 1 death in the last 7 days, with a total of 419 deaths over the course of the pandemic. Overall deaths in the city are roughly where they would be expected to be for the time of year.

Cllr Smyth noted that there does seem to be confusion and mixed messages about when people should be testing and when they should report tests; and also suggested that this could be leading to a more confusing picture in the data around levels of positivity. Matt agreed that there are some caveats to the data, but that it is still helpful around comparisons and trends.

3. Director of Public Health and Regulatory services update

Helen Atkinson reported that some changes have taken place to the requirements around isolation and that there are ongoing discussions at national level about further changes, but these are not confirmed. Helen also reported that there are also some changes to the testing regimes, that will be covered in more detail later in the meeting.

The most significant issue to be raised is that there is now likely to be a significant business continuity impact from Omicron because of the number of infections and that this is likely to impact on critical services including acute and primary healthcare.

Dr Collie noted that the latest guidance, that positive cases can leave isolation on Day 10 even if still having a positive test, is quite confusing - Helen Atkinson confirmed that this is related to the idea that infectiousness reduces over time, and also that those with fever should still be isolating.

Cllr Smyth noted again that the rules relating to testing and isolation seem to be confusing and that it is important that local messaging provides as much clarity as possible.

Richard Lee reported that the Plan B regulations remain in force, and will next be considered on 26th January. The number 3 regulations are due to expire on 24th March and a national consultation is underway around whether these should be extended. Cllr Smyth noted that there are a lot of people taking their own avoidance action and we need to recognise that this is creating huge challenges for businesses.

4. Test, Trace and Isolate

Dominique Le Touze provided an update.

Testing:

- 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.

Local Contact Tracing Service (LCTS)

- 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.

Cllr Smyth noted that a number of websites appear to have out of date information included, and Dominique undertook to follow this up and ensure that the local information is correct.

5. Vaccination

Emma Seria-Walker provided an update:

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.

Roger Batterbury reported that Healthwatch had been asked to comment on vaccines for under 12 and whether the expectation was that this would be a universal offer. Emma reported that there are currently no plans for a wider under 12s rollout, and that this would need a JCVI recommendation.

Roger also raised that a care home had reported that they were waiting on guidance before being able to allow visitors again - Helen Atkinson confirmed that there are regular

discussions around support to care homes and she is not aware that any home is currently waiting for guidance, but to come back if that remains the case.

Jeanette Smith asked what immunity people seem to get from previous infection. Helen reported that on this point, the ONS antibody study is helpful, but as a rule, there is some immunity from previous infections but this wanes over time. There is also immunity from vaccines although there is evidence of lower efficacy in preventing infection, although this is increased by boosters, there is evidence that illness in those vaccinated is less severe. Dr Collie also pointed out that there is clearly a range of immune responses, demonstrated by the fact that there have seem some patients who have been reinfected multiple times, but also see people who have had high exposure in, for example, healthcare settings, but have not had the virus themselves.

6. Assurance report

The assurance report was considered and the Board were satisfied with the information provided.

7. Any other business

There was no other business.

8. Future dates

Future meeting dates are now established until March 2022:

- 7th February 2022
- 7th March 2022