

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

**Monday 8<sup>th</sup> November 2021, 1.00pm**

**Present:**, Councillor Jeanette Smith, Roger Batterbury (Healthwatch), Helen Atkinson (Director of Public Health), Dr Linda Collie (Portsmouth CCG), Councillor Judith Smyth, Councillor Suzy Horton, 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), Claire Currie (Public Health).**

**Apologies:** Cllr Jason Fazackarley, Stef Nientowalski (Shaping Portsmouth), Louise Wilders (HIVE Portsmouth), Sally Hodges (Director of Children's Services).

### **1. Notes of last meeting (27<sup>th</sup> September 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 917 new cases reported in the last week with the 7 day infection rate per 100,000 in Portsmouth now at 427.1, similar to the previous week. Rates are highest locally among the 0-14 age group; rates decreased in the past week for age groups 0-14, 15-29 and 45-59, but increased for the 30-44 group and those 60+.

Vaccinations continue to make steady progress - it was noted that 69.6% of the CCG registered population have now had their second dose (although this does not reflect that children 12-15 would not be eligible for a second dose). It was noted that over time, the data may be presented in such a way that reflects this and also the uptake of boosters and the administration of 3<sup>rd</sup> doses to the immunocompromised.

On the last available hospital data (2<sup>nd</sup> November) there were 21 patients admitted or diagnosed with covid in the 24 hour period, and 87 patients in the hospital were covid-positive. 9 patients were in ventilation beds.

There has been 1 covid-related deaths in the last 7 days (now 389 deaths in total) and deaths in the city overall are in line with the level that would usually be seen for the time of year.

Cllr Smyth asked if we know how many of those dying had been vaccinated. Matt replied that this data is not routinely provided, but that we do know that there are very different rates of hospitalisation between the vaccinated and unvaccinated populations, and in future presentations some context on this would be provided.

### **3. Director of Public Health and Head of Regulatory Services Update**

Helen Atkinson provided an update on the situation with schools and reported that she had written to all schools at half-term, with support from colleagues in children's services and the Cabinet member, to remind them that they should feel empowered to introduce IPC measures if necessary to manage their local situations. New guidance on daily lateral flow testing was also shared.

The PCC risk assessment for staff and public using buildings had been updated and other businesses and organisations are being encouraged to consider updating their assessments too.

The Long Covid Working Group action plan has been refreshed and work is now underway to develop a communications strategy that will ensure information is made available for patients, professionals and also the wider community, including employers so that they are informed about how they can best support employees.

Councillor Smyth asked if schools were carrying out testing on very young children and Helen clarified that the current guidance for primary schools is that testing for this age group is for parental decision and undertaken at home not in school.

Cllr Horton noted that the relationship with schools throughout the pandemic had been about maintaining a balance between advising and supporting schools, trying to ensure education continued as far as possible but respecting the autonomy of schools to act. The current advice seeks to maintain this way of working.

Richard Lee provided a brief update in relation to the Number 3 regulations and confirmed that it is expected their use would be very difficult.

### **4. Test, trace and isolate**

Dominique Le Touze provided an update on some key issues including the direction that ATS sites will now close at 6pm rather than 8pm. It was reported that the team are now running a fortnightly regular pop-up focused on underrepresented groups across busy sites including supermarkets.

In October, the team carried out 319 supervised tests and handed out 2580 community collect kits. It was noted that this demand may increase as there has now been a change in how pharmacy collect works which may drive more demand to the ATS. A decline in pharmacy collect demand has been noted.

In respect of contact tracing, the team successfully completed 47% of 744 cases received from NHS Test and Trace up to 20<sup>th</sup> October. A further 16% were contacted but for various reasons it was not possible to complete the contact tracing.

Around 40% of applications for self-isolation support are successful, and work continues to consider how unmet support needs could be addressed and of course, there continues to be a wide in-kind support offer in place.

## 5. Vaccination

Claire Currie provided an update on the vaccination programme. A key point is that anyone can still come forward for their first vaccination at any time (referred to as the evergreen offer). It was also reported that the flu programme is important for boosting overall immunity over the winter and people are being advised not to delay the flu jab whilst waiting for a covid booster.

Individuals who are immunosuppressed are now being called forward for their third dose and work is underway to increase the uptake amongst pregnant women.

For healthy 12-15 year olds, one dose of the Pfizer jab is currently being offered. Solent NHS Trust's school immunisation team are leading the delivery of the programme in Portsmouth and all mainstream secondaries were offered a clinic before half term, with catch-up clinics also in place.

For the booster programme, PCNs can now invite their registered patients and bookings can also be made on the National Booking System - it is now possible to book at 5 months after the 2<sup>nd</sup> dose, although the dose will still be available at 6 months. Walk-ins are not a predominant part of the HIOW offer for the booster. The hospital hub vaccination site has been re-established to offer vaccination for healthcare workers.

Work also continues to encourage uptake and address inequalities:

- Pop-up vaccination clinics (with Solent NHS Trust) including a focus on the University
- Know the Facts about the Vaxx communications campaign
- Other campaigns at HIOW level to reach Eastern European communities
- Community champions programme

Roger Batterbury asked what is happening in particular around the additional booster offer for vulnerable adults - Claire confirmed that vulnerable adults receiving a 3<sup>rd</sup> dose would then require a further booster but that guidance is still awaited on how that will work.

Roger also asked if people in discharge to assess settings were receiving the booster as in-patients - Dr Collie reported that patients are generally followed up on discharge by their PCN.

Cllr Horton asked how the programme is working for the housebound and whether arrangements are in place for them to be vaccinated in their homes. Dr Collie explained that this is tricky because of the 15 minute observation period required for the Pfizer vaccine and so co-ordination is required to ensure that the time is used productively, for example by carrying out routine blood pressure checks or reviewing medication. View currently is to try and get the flu vaccine done as quickly as possible and then follow up, and as far as possible, see if patients can get to surgeries or pharmacies to speed the process up.

Dr Collie asked if the school programme was leading to any impacts or delays on other school-age vaccination programmes, for example HPV. Claire said that no concerns had been flagged but that she would follow this point up.

**6. The report of the Health and Care and Science and Technology Select Committees on Coronavirus**

It was noted that Healthwatch had asked for the item to be considered and consider what lessons the report might have for the local response.

In discussion, Helen highlighted that over the course of the pandemic there had been a number of sources of review and assurance of the local response, and these had been very helpful. The local response had focused hard on doing the things that the evidence based suggested were the right things to do, and in some cases this was done in advance of formal guidance, but there was always a need to balance the needs of the local system with the national guidance and processes.

Roger Batterbury thanked Helen for the synopsis of the report and the local response and commended the executive summary of the report to colleagues on the LOEB (note that the full report was circulated with the meeting agenda).

**7. Assurance report**

It was noted that there was an error in one section of the assurance report and that a corrected version would be circulated outside of the meeting (post-meeting note: revised version circulated on 9<sup>th</sup> November) that correctly summarised the up to date position. However, it was noted that this did not change the RAG ratings or the assurance position being reported to the LOEB.

**8. Any other business**

It was noted that the Board did not have a formally appointed vice-chair to deputise in the absence of the chair, and that the Board would like to see this reviewed, with a view to formalising a vice-chair who is not a member of the Board. It was agreed that Helen Atkinson would discuss this with Cllr Fazackarley.

**9. Future dates**

Future meeting dates are now established until March 2022:

- 6<sup>th</sup> December 2021
- 10<sup>th</sup> January 2022
- 7<sup>th</sup> February 2022
- 7<sup>th</sup> March 2022