



# Committee report

COMMITTEE	<b>POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE</b>
DATE	<b>7 DECEMBER 2020</b>
TITLE	<b>PUBLIC HEALTH UPDATE</b>
REPORT OF	<b>SIMON BRYANT, DIRECTOR OF PUBLIC HEALTH</b>

---

## **SUMMARY**

This report is an update on key Public Health issues.

## **BACKGROUND**

The majority of this year has been dominated by COVID-19 with Public Health at the centre of the response. This report provides an update on the key Public Health response.

## **COVID-19**

The Isle of Wight is in a good position with regard to COVID-19 and the number and rate of cases. The Public Health team continues to play the leadership role in response to the pandemic. On 31 October 2020, the Prime Minister announced the implementation of a second national lockdown, covering England, and came into effect on 5 November until 2 December 2020. Whereas this second lockdown is a rapidly developing situation, and has been driven largely by data concerning the spread of the virus which is more concerning in other parts of the country, this report will also note the emerging implications of that step particularly with regard to the functions and responsibilities of the wider Council.

### **Tier**

The IOW is in the medium tier based on the fact that all age COVID-19 case detection rates for the IOW are low at less than 100 per 100,000. They were 71 per 100,000 when tiers were announced have fallen to 39.5 per 100,000, as of 24/11/20. The case rate amongst those aged over 60 was also lower at 44 per 100,000 when tiering was allocated and has decreased even further to 19.6 per 100,000, as of 24/11/20. The IOW trajectory is a downward one, with a slower rise and more rapid fall in cases. COVID-19 pressure on the NHS was assessed as being low.

### **Testing**

Testing remains a priority for management of the pandemic locally, although responsibility for the organisation and delivery of the majority of the testing programme remains at a national level. We have increased, with national support, the local availability of testing

sites to ensure local people can access testing venues. There are new modalities of testing including lateral flow devices

### **Tracking and Tracing**

Case testing investigation and contact tracing are fundamental public health activities that involve working with an individual (patient or resident) who is either symptomatic or asymptomatic and has been diagnosed with an infectious disease. The aim is to identify and provide support to people (contacts) who may have been infected through exposure to the infectious individual. This process prevents further transmission of the disease by separating people who have (or may have) an infectious disease from people who do not.

The National Contact Tracing Advisory Service (CTAS) started in May 2020. It has three parts to it which rely on individuals playing their part in order to contain the spread of the virus. Evidence shows that at least 80% of contacts of an index case would need to be contacted for a system to be effective.

The first Local Contact Tracing System LCTS was set up in Leicestershire during an outbreak, to help that authority contact positive cases and trace their contacts. The feedback from the Leicestershire experience (and subsequently from many other local authorities who have since gone live with their own local systems), is that residents respond positively to a call from a local number and a call handler with a local voice.

The Isle of Wight Council Local Contact Tracing system has a planned go live date for the week commencing 30 November 2020.

The process for the Local Contact Tracing system will include CTAS and will attempt to make contact with the index case and complete the information on-line with 24 hours. If the CTAS are unable to contact the index case within 24 hours of being notified of a positive case, the case will be passed to the LCTS to make contact by telephone. Where there are none, or incorrect, contact details, the LCTS call handlers will contact the relevant District Council Tax team to find the correct contact details. Information gathered by the LCTS call handlers will be entered on to the local system and then uploaded to the CTAS.

The LCTS call handlers will ask positive residents if they have any welfare needs (medicines, food etc) and will refer to relevant wrap around services. Call handlers will also establish whether positive residents are eligible for isolation payments.

### **Vaccination**

Finally, in public health terms, at time of writing, news of the likely arrival of an effective vaccine has been widely received. This is extremely positive in itself but our increasing understanding of the logistical and related challenges of any vaccination programme indicate that the measures required to control the spread of infection will remain essential for months to come.

### **Public Health Service Provision**

Further developments continue for public health services on the IOW; including Smoking Cessation and Weight Management services.

For drug and alcohol services Inclusion have robust step up and stand down plans in place to enable them to react to the changing COVID-19 situation. This includes ensuring that essential services such as those focusing on prescribing, harm reduction and needle exchange will continue. During the planned lockdown they will continue with face to face weekly clinics for service users with complex needs. A mixture of telephone and virtual contact is also available for all service users, with telephone contact by Recovery Workers stepped up. Naloxone and locked boxes have been delivered to all prescribed service users and appropriate partner agencies to support harm reduction efforts

Inclusion have worked hard to develop relationships with the pharmacies as part of their recovery strategy, ensuring access to prescriptions during lockdown. They have completed a risk review for each service user to ensure the current prescribing arrangement can continue. They are in daily contact with pharmacy partners to ensure proactive response to any change in circumstances. Pickup frequency will stay the same.

The service will continue to use the community clinic bus to reach people across the Island for health care needs including needle exchange. An additional member of staff has been deployed to deliver prescriptions and/or medication across the Island at short notice to ensure the service can remain responsive to the needs of service users.

Where someone is required to self-isolate, Inclusion will provide outreach and support with prescription / needle exchange deliveries.

Partnership working has also been a real highlight - including with MH providers and partners across the council.