

<b>Meeting</b>	<b>Grampian NHS Board</b>
<b>Meeting date:</b>	<b>5 August 2021</b>
<b>Item Number 5</b>	
<b>Title:</b>	<b>COVID Third Wave – Public Health Response</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Susan Webb, Director of Public Health</b>
<b>Report Author:</b>	<b>Alan Cooper, Head of Business Operations</b>

## **Purpose**

This paper is presented to the Board for awareness.

## **Situation**

As we move through the Scottish Government framework, and population level restrictions continue to be relaxed, we observed climbing cases through May and June. A surge spike in cases resulted from a combination of end of term behaviours, football and reduction in level controls. At previous points in the pandemic, we have seen that school closure for summer reduces transmission as a 'fire break', but relaxation of levels and messaging in recent weeks is anticipated to drive transmission higher. We are therefore well into the 'Third wave' of Covid-19.

In the immediate short term the health care system continues to manage high levels of COVID case numbers and hospitalisations are rising proportionately to this, albeit at a substantially reduced level than would have been seen without vaccination.

## **Overview**

In planning for and responding to a third resurgence of Covid-19 infections our approach continues to build on the strong and established relationships already in place with key partners for tackling situations across Grampian. Through a greater uptake of testing by the public, the success of the contact tracing and support to isolate services coupled with the high uptake of the vaccination programme to date and responsive adaption of the Covid-19 vaccination programme to support pop-up, outreach and drop-in clinics, the number of people in hospital is much reduced compared to previous rates.

The introduction of the Covid-19 vaccination and its successful rollout is paving the way for the safe and gradual reopening of society and the economy. However, we recognise that continuing to take a careful and cautious approach to living with Covid-19 is critical. As we move into the next phase of the pandemic and learn to live with Covid-19 for the longer term, our strategic aims are:

- To protect those at risk of serious health consequences (acute and chronic)
- To maintain critical services and infrastructure
- To minimise exposure and transmission within the parameters of the national framework

- To promote public understanding and protective behaviours through targeted and focused communication

Underpinned by our strategic aim, our tactical action plan sets out how we will continue to protect and support our communities, informed by the learning we have gained over the course of the last 16 months.

- Our tactical actions are aligned to the national Strategic Framework six steps which work together to achieve our strategic aim. The following sections outline our actions and progress against each of the six steps as we move into the next phase of the pandemic.

## **1. Vaccination Programme**

Over the last seven months the COVID-19 Vaccination Programme has been rolled out across NHS Grampian in response to the ongoing COVID-19 pandemic. The vaccine helps to build up immunity to the virus and can reduce the risk of developing COVID-19 or, if developed, can make the symptoms milder. The COVID-19 vaccination offers good protection within two to three weeks of the first dose. A second dose completes the course and is likely to be important for longer-term protection. It is important to get both for maximum efficacy.

There are three COVID-19 vaccines now licensed for use in Scotland (Pfizer-BioNTech, AstraZeneca and Moderna) and the Scottish Government set a timetable for roll out of the vaccines according to the Joint Committee on Vaccination and Immunisation (JCVI) recommended priority order. The original target was for all adults to be offered a first dose by 31<sup>st</sup> July 2021, latterly reduced by the Scottish Government to 19<sup>th</sup> July 2021.

Delivery of vaccination appointments has taken place across Grampian, with two mass vaccination centres in Aberdeen City and Elgin, seven medium vaccination centres in Aberdeenshire, Community Nursing teams delivering to care homes and housebound citizens, and numerous ad hoc clinics tailored to a variety of settings.

Challenges to delivery have included:

- Limitations and fluctuations of vaccine supply as this is dictated nationally;
- Logistical requirements of vaccines, including storage and second dose timing;
- Identification of long term sustainable clinic locations;
- Resilience and sustainability of workforce;
- Public perception of the vaccines;
- Pace required to meet changing Scottish Government guidance and schedule.

A huge amount of effort has been, and continues to be, made by teams across Grampian to meet these challenges and deliver vaccines to our local population.

NHS Grampian and local Health & Social Care Partnership (HSCP) teams have consistently performed well with Grampian maintaining pace with the Scottish Government's timetable. Uptake figures are included in the table from NHS Grampian's local dashboard (**extracted on Wednesday 14<sup>th</sup> July**).

Cohort	% 1 <sup>st</sup> dose uptake	% 2 <sup>nd</sup> dose uptake	Comments
Older People Care Home residents and Staff	88.2%	80.0%	These figures are based on the eligibility reason(s) selected by vaccinators and therefore not consistent
2. Front Line Health & Social Staff and Over 80s	95.1%	92.8%	These figures are based on the eligibility reason(s) selected by vaccinators and therefore not consistent
3. 75-79	96.5%	95.4%	
4. 70-74	95.5%	94.5%	
4S. Shielding/Clinically Extremely Vulnerable	94.5%	92.0%	
5. 65-69	94.2%	93.1%	
6A. 16-64 with underlying health conditions (flu list)	91.0%	87.5%	
6B. Unpaid carers	84.4%	77.8%	These figures are based on the registered carer cohort and don't include those that self-registered
6C. 16-64 with underlying health conditions (non-flu list)	89.3%	85.0%	Additions to the 'at risk' group who would not normally have been invited for flu vaccine
7. 60-64	92.9%	91.1%	
8. 55-59	91.8%	89.3%	
9. 50-54	89.1%	85.8%	
10. 40-49	80.7%	68.8%	
11. 30-39	68.6%	25.6%	Most of this cohort are being called forward for second doses in the second half of July
12. 18-29	63.1%	21.6%	Most of this cohort will not be eligible for second doses until mid-August
<b>Grampian total</b>	<b>87.6%</b>	<b>67.5%</b>	

Second doses were initially scheduled 12 weeks after the first dose, but from late May 2021, Boards were encouraged to reduce the gap to as close to eight weeks as possible in light of the emergence of the COVID-19 Delta variant and increasing case numbers.

It is evident that uptake has reduced as the programme has moved down the age cohorts, which is in line with the picture across Scotland. There are a number of factors contributing to that, including vaccine hesitancy (e.g. fertility concerns), more transient populations who may have moved and not updated records, and younger citizens being in better health generally and feeling there is not such a risk to them if they catch COVID-19. Public communications have been tailored by national and local teams to address these areas but there remains a variation in uptake across the age cohorts.

While the programme operated at high volume, there was also an acknowledgement that accessing vaccination appointments is challenging for a number of population groups. Local engagement on identifying barriers in order to either support individuals to take up their offered appointment or adapt provision to meet these groups' needs was undertaken. This included analysis of uptake data to identify 'cold spots' geographically but also amongst specific population groups, engagement with specific communities that expressed vaccine hesitancy and delivery of pop up clinics where a tailored solution was required.

The Scottish Government published a set of core minimum standards to support inclusivity to which the programme team were asked to report against at fortnightly performance meetings – these updates were always well received and NHS Grampian's pragmatic and enthusiastic approach has been commended. The programme team continues to analyse uptake alongside vulnerable population groups and settings to inform ongoing engagement for the completion of tranche one and, what will be, tranche two in the autumn (COVID-19 booster and flu programme).

What we have done so far:

- Vaccination centres set up in a number of locations across Grampian in order to maximise the number of citizens able to be vaccinated in a short period of time.
- By 19<sup>th</sup> July 2021, all adults in Grampian offered a vaccination appointment.
- Engagement with population groups that are more vulnerable or experience barriers to taking up their appointment, in order to support them to attend and delivering ad hoc clinics in community settings where required. Examples include: clinics at two churches in Aberdeen City mainly attended by the African community; a walk in clinic at one of the mosques in Aberdeen City; engagement with food and fish processing companies across Grampian, where there is a high proportion of Eastern European employees.

- Ensure communications are available in other languages and formats, including vaccine myth-busting videos in other languages.
- Response to local outbreak of COVID-19 cases in Moray by accelerating the offer of vaccination appointments to all adults.
- Response to local outbreaks of COVID-19 cases by targeting delivery and communications in areas with increasing rates.

What we will do now:

- Continue to ensure that everyone who takes up their vaccination appointment receives a second dose appointment.
- Continue to ensure the programme is inclusive and support those who are experiencing barriers to be able to get the vaccine.
- Continue to support the response to local outbreaks by encouraging uptake of vaccination appointments for those who have not yet attended.
- Plan and deliver tranche two: COVID-19 booster and Seasonal Flu programme in autumn 2021 in line with Scottish Government guidance.

### Seasonal Flu and Covid-19 Booster Programme

Planning is underway for tranche two of the Covid-19 booster and the Seasonal Flu programme delivered in Autumn/Winter 2020. The current COVID-19 vaccination programme has provided significant learning for all of the teams involved in planning and delivery.

Lessons learned will continue to be applied to ensure that programme delivery across Grampian is prioritised to protect the most vulnerable. Interim guidance on the COVID-19 booster has been shared by the JCVI and a local delivery plan has been developed, which sets out the scope and requirements for the programme. Many of the planning assumptions are still to be confirmed by the Scottish Government and we will continue to plan with an agile and flexible approach to respond to any changes to these planning assumptions.

To support delivery of tranche two in Grampian, a range of Short Life Working Groups (SLWGs) have been established, with representation from across the system, to ensure that the necessary capacity and expertise that is required to deliver and implement the programme is in place from the beginning.

## **2. Test and Protect**

Test and Protect is a national strategy aimed at managing the spread of Covid-19 by quickly identifying cases of the virus and breaking the chains of transmission.

The Scottish Government’s ambition to control the virus and return to a new normality is clearly set out within the Strategic Framework. To progress this ambition we will harness the opportunity to utilise our test and protect workforce in a flexible and effective way to support:

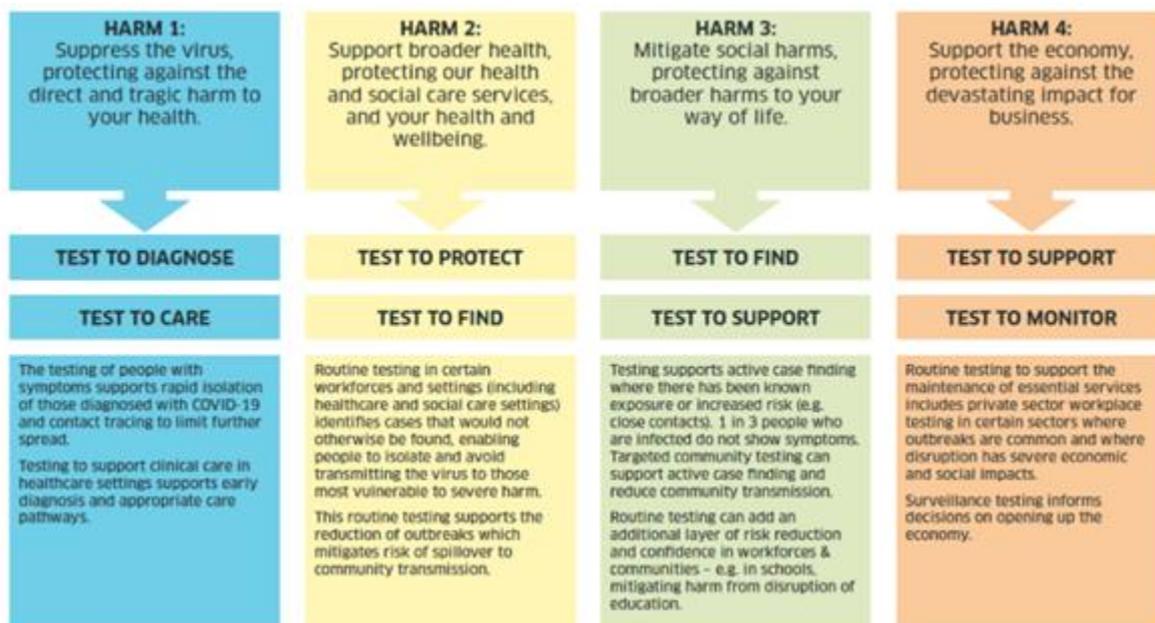
- Controlling the spread of the virus
- Maintaining Grampian as “pandemic ready” as part of a world class public health system
- Addressing the four harms – the Covid19 specific aspect
- Enabling local remobilisation
- Meeting Scotland’s public health priorities – the broader public health aspect

Flexible use of our available workforce will also help to maintain a focus on reducing and preventing any unintentional widening of inequalities in our pandemic and recovery responses.

## 2.1 Testing

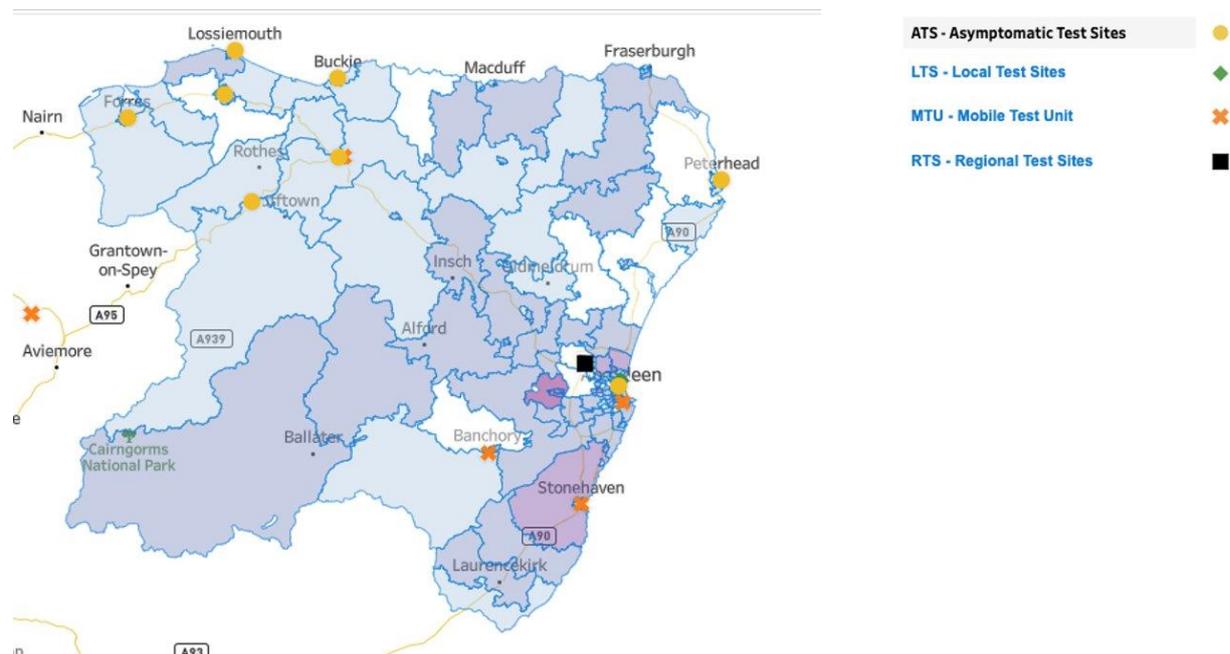
Testing is a key aspect of the pandemic response to identify cases. Since the start of the pandemic, a total of 733,594 PCR tests have been carried out and processed through NHS Scotland laboratories and UK Government Regional Testing Centre laboratories, with a total of 21,325 positive cases identified in Grampian (data reported up to 14/07/2021).

The Scottish Government Covid-19 testing strategy was updated in March 2021 outlining six rationales for testing aligned to minimising the four harms outlined in figure 1 below:



The Local and Regional sites for symptomatic testing using PCR tests are run by Scottish Government, located at Aberdeen Airport, Old Aberdeen, Torry and Elgin. This is supplemented by a network of mobile testing units that rotate between key towns in Aberdeenshire and Moray. Another symptomatic testing site is planned to start week commencing 19<sup>th</sup> July. NHS Grampian has direct responsibility for some of the testing programmes (staff testing, pre-admission and in-patient testing), some are delivered by health and social care partnerships (care homes), some are delivered in partnership with Local Authorities (community testing), whilst others are implemented and managed directly by Scottish Government and/or Local Authorities (schools) without input from NHS Grampian. Testing sites in Grampian are available in figure 2 below:

Figure 2: Map of Testing Sites in Grampian



The NHS Grampian testing team consists of 65 WTE including 26 WTE in the booking team and 34 WTE in the three swabbing teams with associated service managers to ensure provision of a seven-day service from 8.00am to 7.30pm. The workforce model is sufficiently agile to be able to respond to any fluctuation and increases in demand.

This team undertakes symptomatic staff testing from health and social care, staff contacts of cases, pre-admission testing, Covid hub referrals, very sheltered housing staff testing, care home surveillance testing, additional testing as requested by Health Protection/Contact Tracing including asymptomatic staff member going into care home for one off visit, people moving to a care home, looked after children, additional public capacity to support outbreaks, etc.

Drive through 'staff testing' facilities are available in Aberdeen, Elgin and Huntly. NHS Grampian also provides a limited number of community tests which are carried out at

the person's home if a member of staff or their household who is eligible to be tested is unable to drive to one of the drive through facilities.

## **Patient Care**

### Planned Admissions

All patients with a planned (including planned medical or elective surgical) admission to hospital are required to have their test undertaken prior to admission by the NHSG testing team. The test is booked 48 to 72 hours prior to their admission, to ensure a 'negative' test result before coming into hospital.

### Emergency Admissions

All emergency and unplanned admissions to hospital are tested on admission (i.e. acute, DGH, MH&LD, AMH, RACH, community hospitals), in accordance with SG policy. This is carried out via existing PCR testing arrangements at each site. National work is being carried out to review the evidence and agree an appropriate point of care testing to deploy where PCR rapid turnaround is not possible. Compliance across NHS Grampian remains high in this area.

## **Social Care**

### Care Home Staff

All care home staff are offered and have access to weekly PCR and twice weekly LFD testing. This is arranged through NSS directly with Health and Social Care partnerships/Care Homes and compliance with PCR testing is high.

### Care at Home

All care at home staff are offered and have access to PCR or LFD testing. Scottish Government supply tests, training materials, etc directly to employers. This is supported by leads in each HSCP area.

Weekly PCR testing is supported via NHSG testing team for staff of very sheltered housing (VSH) – this is a local variation as national guidance recommends LFD testing for this group. A local decision was taken to support this due to the vulnerability of VSH residents.

### Care homes resident testing

The NHS Grampian testing team co-ordinates testing as required to support care home outbreaks – includes an initial test followed by 5-day testing until all results are not detected.

## **NHS staff asymptomatic testing programme**

All NHS staff, are eligible and encouraged to take part in the staff asymptomatic testing programme. This requires staff to undertake two Lateral Flow tests per week at home, and report their results (irrespective of whether it is positive or negative) on to the NSS results portal. Current uptake of this programme is low (as is the case

across Scotland). An action plan has been developed and is being implemented to raise awareness and encourage staff to continue participation in the programme – progress against this action plan is being monitored closely with oversight from the NHS Grampian Test and Protect Oversight Group/Programme Board.

## **Education**

The Scottish Government (NHS Test and Protect), in partnership with the UK Department of Health and Social Care, Local Authorities and the NHS Scotland, is responsible for the overall delivery of COVID-19 Lateral Flow Testing (LFT) of staff in primary, secondary and special schools and Early Learning and Childcare (ELC) and senior phase pupils (S4-S6) in Scotland. This is implemented across all schools in Grampian by each of the three Local Authorities. NHS Grampian are not directly involved in the delivery or implementation of this programme.

## **Community Testing**

NHS Grampian, in partnership with Moray, Aberdeen City and Aberdeenshire Local Authorities, was successful in securing funding from SG for the implementation of a Community Testing Programme in Grampian. Phase 1 was implemented in February 2021 for a 12 week period, and the lessons learned have informed the development and implementation of the current Phase 2 of Community Testing in Grampian. The Grampian Community Testing Programme aims is to reduce community transmission of COVID-19 by identifying and isolating positive cases that would otherwise be missed in order to suppress community transmission. We do this by providing:

- An AGILE and RAPID situational response to increase access to testing for people who have symptoms, and
- A PARTICIPATIVE approach with communities to engage them in regular asymptomatic testing for COVID-19

We are currently operating three Asymptomatic Testing Sites (ATS), in University of Aberdeen and Tillydrone, Aberdeen City and Elgin in Moray, in addition to two mobile asymptomatic testing units that rotate around the main towns in Aberdeenshire and Moray. We used a range of indicators (SIMD, the Colorado Social Distancing Index and infection rates) to decide on initial locations of test sites. A weekly review of surveillance data (including waste water testing) at the weekly Grampian-Covid-19 Tactical team meetings (previously Grampian IMT) enabled us to identify emerging issues and direct locations for testing as appropriate. The programme has the capacity to deploy mobile or pop-up asymptomatic testing sites to areas where high rates of infection are observed through surveillance and local intelligence, with prioritisation to areas that are known to be vulnerable as defined by the vulnerability indices described above. For example, in response to the recent increase in cases in Aberdeen City, particularly the Tillydrone area, a pop-up ATS was set up by our partners at the University of Aberdeen at the Tillydrone Community Centre.

All ATS services provide a supported testing service (asymptomatic testing using Lateral Flow Devices (LFD) and provide the LFD collect service, aligned to the universal offer from Scottish Government. The provision of home testing kits from our ATS, particularly in Aberdeenshire and Moray increases access to asymptomatic testing for communities that are unlikely to proactively use digital platforms to access the universal offer and may require some support for the first time they test and/or support for isolation in the event of a positive test. In addition we are working with community groups and health and social care staff such as district nurses and also housing officers to promote the key messages about regular asymptomatic testing, how to access testing kits for asymptomatic testing and how to access testing when symptomatic. To date 245 LFD testing kits have been distributed to the public through this route – each kit has 7 LFD tests that people can use at home as needed (ideally twice a week).

As part of the universal offer from Scottish Government, LFD testing kits can also be collected from participating pharmacies, during June 2021 16,233 kits were distributed to the public through this route. This is in addition to the 92,503 test kits that have been ordered online or collected from local testing sites as part of the SG universal offer (data as of 14/07/2021).

NHS Grampian is responsible for the interpretation of the data to direct testing response, quality assurance, clinical governance, regional coordination and evaluation of the programme. Local Authority partners are responsible for the delivery of the programme in accordance with agreed standard operating procedures. Staff at testing centres are employed directly by the Local Authorities.

## **2.2 Contact Tracing**

Effective ascertainment and isolation of cases, along with identification, isolation and testing of contacts is necessary to limit onward transmission of infection. All cases notified to NHS Grampian are contacted by telephone or SMS and compliance to date has been good.

The NHS Grampian contact tracing team provide a 7-day service from 10am to 8pm. The team operate with 60 whole time equivalent (WTE) contact tracing staff day (this equates to a workforce of 157 WTE to allow for predicated absence allowance) in addition to team leads, clinical leads and managers.

A National Contact Tracing Operational Group has been established to provide system-wide oversight of case management arrangements, directing available resources towards priorities for Scotland including:

- National prioritisation of contact tracing capacity amidst high population prevalence:
- Online completion of contact tracing questionnaire and only those indicating links to high-risk settings (health and social care, custodial

- settings, international travel, licensed premises, food factories, call centres) are telephone assessed
- All contacts to receive SMS text messages only

The Scottish Government recently announced policy changes to isolation requirements for those doubly vaccinated as part of 'beyond Level 0' within the Strategic Framework. The operational requirements of this policy are currently being considered at both local and national levels.

## **Data and Surveillance**

An essential part of incident management is the recognition of a change in the distribution of illness or the occurrence of an illness of major public health significance. Our surveillance system has enabled our system to model the impact of COVID19 to inform health and care planning, monitoring uptake of testing, spot clusters/outbreaks early, identify vulnerable geographies and monitor the impact of COVID 19 on communities. Our multiagency surveillance network has strengthened capacity and analytical experience to respond to outbreaks and support recovery.

### National Data Response

National dashboards support a comparative view of pandemic impact and response across: case burden, testing and vaccination. UK modelling supports planning for potential future scenarios.

Applied to Scotland level, very short term forecasting is generated to support operational planning for the next 1-2 weeks. These provide useful tools, but our experience of the pandemic identifies that locality expertise and response has been critically important to add detail and understanding to the National support. In response to this, NHS Grampian Public Health led the establishment of a pandemic incident management analytical support group for analytical teams across the health boards. With support from PHS and SG, this is now established as the Scottish Data Analysts Support group (SCODAS) and meets weekly to share learning and address challenges.

### Local Data Response

A core pandemic response team was established within Public Health Intelligence to support NHS Grampian bringing together the analytical expertise to support cross system analysis. Additional expertise has been drawn in through our partnership within Aberdeen Centre for Health Data Science enabling access to University expertise and capacity. Priority activities during third wave:

- Data integration across multiple data systems to give live, or close to, situational awareness;
- Cross system situational surveillance reported through dashboards and situational updates;
- Modelling of the local pandemic to support tracking of situation and cross system planning; and

- Analysis to support operational management of testing and vaccination programmes.

In addition, the team are delivering analytical support to understand other aspects of the harms of the pandemic on wider health and social care system disruption, demand and capacity and waiting times.

We retain capabilities to support enhanced surveillance for cluster and outbreak detection and management and continue to develop local and national methods for this. Post-third wave, we will bring further focus to the wider harms on mental health and wellbeing and vulnerable groups.

### **3. Cluster and Outbreak Management**

Management of clusters and outbreaks is influenced by the setting and national prioritisation. Local Public Health Teams are responsible for the management of local incidents. The team investigate cases, clusters and outbreaks and undertake rapid information gathering and risk assessment to decide what multi-professional/agency response should be convened. The size and nature of the incident will determine the arrangements and some tasks may be delegated to other agencies.

The breadth and intensity of community spread means that IMTs are uncommon during the peak of waves. This is because there are no specific focal settings to implement control measures within and instead contact tracing leads are contacting managers of settings, completing risk assessments, advising on appropriate control measures, and liaising with regulatory partners about prioritised settings. IMTs continue for vulnerable settings including care homes, hospitals and prisons.

Over the last 12 months testing teams have been rapidly deployed to support enhanced testing within areas of concern (geographical/workplace/care). This approach has utilised local staff who are trusted by the community to encourage uptake of testing and/or advise on what testing does and does not do. It also enables a community development approach through which teams have discovered a lack of support by certain workplaces for their staff to isolate, housing conditions which fuel spread and in some cases concerns about deportation. This has enabled the appropriate support to be put in place.

Contact tracers have also supported outbreak management over and above contact tracing, for example, with team leaders acting as the lead investigator in certain clusters. It is now common practice for one team leader to oversee a situation of concern. This enables them to piece together the jigsaw and alert specialists in health protection and environmental health of issues that require action to bring the situation under control.

As we move into the third wave many of the teams, now experienced, proactively reach out to cases and contacts and enquire how able they have been to adhere to the self-isolation guidance. This feedback informs more proactive work to link cases/contacts into the available support available through LRP structures.

#### **4. Managing the risk of importation**

One of the greatest risks of the virus is importation from abroad. NHS Grampian has a mobile population and we continue to work with partners to engage with workplaces to provide advice and support to prevent and minimise the impact of importation.

NHS Grampian receives weekday notifications of whole genome sequencing results from positive PCR tests. Should a variant of concern be notified (other than the Alpha or Delta variants) a case review of contact tracing arrangements is undertaken to assure compliance, and secondary contact tracing has been previously used to search for wider transmission chains

Border Control is managed nationally and measures remain in place to manage risk of importation from other countries. The Scottish Government continues to strongly advise against international travel.

#### **5. Supporting Adherence**

We continue to support vulnerable people to get help to stay safe. Working in partnership we have established a support line for those who are in need of support to isolate, established a volunteer service to provide practical support to those who need it, worked with community leads to understand concerns and tailored both our communications and available support to address emerging concerns.

Through the identification of themes from the contact tracers, partners have changed how they deliver services such as provision of housing to ensuring digital connects.

To ensure our staff remain well trained, contact tracers have increased the range of activities that they support. They have undertaken surveys of contacts to identify barriers to isolation and what support they would wish, they have responded to those surveys through for example, the provision of calls to support isolation.

We have expanded the role of contact tracers to support the remobilisation of mental health and wellbeing and other lifestyle behaviour support interventions. In Grampian Living Life to the Full (LLTTF) has been offered to cases and early pilots showed an increase in wellbeing scores following participation in the programme. LLTTF allows all cases and contacts the opportunity to complete a validated questionnaire measuring wellbeing. Those people completing the questionnaire and who fall into the lowest quintile of wellbeing will be offered a telephone intervention designed to give individuals more control over their life circumstances. A cohort of 35 contact tracers undertook training at the beginning of March 2021 to enhance their current skills to deliver this approach. Follow-up wellbeing questionnaires are completed at the end of the intervention and six months following the interaction.

## **6. Providing care and support to mitigate the harms of Covid-19**

### Care Homes

Care at home/Care homes are a key part of the health and social care pathway and system. They accommodate some of the most vulnerable in our communities and as such have been susceptible to outbreaks with devastating impact.

In Grampian a multi-agency oversight group has been established to ensure care homes receive the support they need in a timely manner from the most appropriate agency. Over the last 12 months Test and Protect as part of the public health response has supported care homes to manage cases. For example, the testing team have supported with resident testing in the event of a case in the home for weekly surveillance purposes, supported the establishment of staff testing and more recently visitor testing. Contact tracers have supported through answering care home queries in addition to investigation of an outbreak, as they would in any other setting. Regular contact between the team and the homes have built relationships and these relationships have enabled timely advice and support.

We continue to support care settings to prevent the ingress of Covid-19. This includes risk assessment and interventions in the event of identification of a case including closure, cessation of visiting, and mass testing. We are working to improve engagement and communication with residents and their families relating to actions we may have to take at short notice, particularly in relation to meeting winter pressures especially if combined with normal winter flu.

Care homes within NHS Grampian generally remain stable and the increased incidence of cases in the community has not translated into clusters or outbreaks of COVID-19 in care homes as was seen in the first and second waves. This continues to be very closely monitored.

### Educational Settings

Local authorities undertake comprehensive risk assessments in line with government and public health guidance to make the school environment as safe as possible.

Educational settings continue to work closely with environmental and public health colleagues and monitoring and surveillance systems have been strengthened, rapid response to situations put in place, improvements implemented based on learning and a programme of ongoing engagement to support those working in education to keep up to date with guidance.

The Test and Protect team have supported with rapid testing response, support schools to undertake the initial investigation and support specialist public health colleagues with intelligence to inform IMTs. Public Health teams have highlighted learning which in turn has informed communication to children and young people and parents alike.

### High Risk Places, Locations and Communities of Interest

High risk places, locations and communities of interest may require additional support to stay safe or take the necessary action if someone develops symptoms of COVID-19. We have seen high-risk settings where we have had to deploy on site testing, and allocate contact tracers who are familiar with and able to effectively use translation services, who understand the local support to isolate available and who are able to investigate situations sensitively.

Through this work we have also identified situations where enforcement has been required through EHO, HSE or Care Inspectorate colleagues. The guidance has changed regularly over the last twelve months and the contact tracer team leads ensure the team are kept up to date but are also able to support the wider public health team in their Q&A sessions with various sectors e.g. food processors, hospitality and Oil and Gas.

### **Communications**

Our response to the COVID-19 pandemic is supported by extensive public and staff communications. Two communications sub-groups – the NHS Grampian Communications Cell and the Local Resilience Partnership public communications group – meet regularly with representation from colleagues in Public Health, staff side, Health and Social Care Partnerships, Local Authorities and further education.

Public and staff communications are agreed and shared through these groups to ensure consistent messaging and wide reach across the organisations and to the public.

Regular local and national updates are shared through NHS Grampian and partner social media channels and websites, giving information on the vaccination programme, access to testing and the latest guidance around restrictions. Information is also shared through the local press and through the Covid-19 Daily Staff Brief.

The NHS Grampian Corporate Communications team continues to support Incident Management Teams which are convened to manage local outbreaks, to ensure up-to-date and consistent information and advice is issued to the public, local press and any affected groups or organisations.

### **Conclusion**

The NHS Grampian Public Health system has demonstrated its responsiveness and resolve throughout the Covid-19 response – enhanced intelligence systems to focus our effort, design and implementation of new systems such as Test and Protect at pace, drawing on system skills to support the most vulnerable in care homes, and preventative measures in education, workplaces and hospitality all designed and delivered with our partners. We have grown our public health workforce considerably to ensure we have the required skills and capacity to protect our population from the threat of Covid-19 whilst looking ahead to renewing our efforts to empower people to live longer, healthier and more fulfilling lives.

While we have navigated a recent surge in cases, this is by no means predicted to be the peak of the Third Wave and all predictions anticipate growing cases over the coming weeks, through into a peak in late August. The size and duration of this third wave depends on two key things: vaccination uptake and the factors that increase the risk of exposure to, and transmission of, Covid-19.

Growing case numbers will continue to increase pressure on already stretched community and hospital health and social care services, impacting on our ability to deal with those waiting for non covid treatments. There are also growing impacts from staff off sick and staff off isolating across all sectors of the economy including health and social care services.

There are growing concerns about the number of people who will be left with 'long-covid', and the increasing possibility of new variations of concern.

The vaccination rollout is a huge success and allows us to move closer to normality, but it is not complete. Public health measures both limit the spread of infection and provide the foundation for a sustainable economic and social recovery.

Balanced measures, clear communication and the collective effort of everyone is key to easing restrictions and keeping cases at low levels. This is a pivotal and challenging moment – caution is crucial. We all need to continue to play our part to keep our communities safe.

### **Responsible Executive Director and contact for further information**

For any further information in advance of the Board meeting please contact:

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