

Coronavirus (COVID-19) Health Overview and Scrutiny Committee

10th September



Purpose of presentation

- **Update on changes to data availability since the last HOSC**
- **Overview of current situation**
- **Detailed overview of locality response (Oadby and Wigston)**

Data and capacity update

End of June

- First (weekly) release of postcoded data allowing smaller geography mapping – at Middle Super Output Area (MSOA) level.
- Postcoded data allows for exploration of geographic links to cases and household transmission
- Access to detailed PHE and JBS ‘products’.

July-August

- Oadby & Wigston part of localised contact tracing pilot

Mid-August

- Full access to Contact Tracing data
 - Enables joining up of case data and contact tracing to allow local investigation/hypothesis generation
- Analyst working as local field epidemiology service
- Extra capacity appointed to Infection and Prevention Control, support for the vulnerable, local contact tracing capacity.

Summer hotspots

June-August

- Oadby & Wigston numbers (mid-30's/100,000 pop'n up to a peak of 80. Subsequently fell back to 10 and now at mid-30's again.
- Testing – peak day of testing delivered 20x the national average in O&W (subsequent slides give case study)

August

- Melton - Rapid stand up of local testing

38

August-September

- Blaby and Oadby and Wigston of concern and general upward trend across County

General points

- Particular concern around household transmission and other informal settings -, holidays, workplace, car sharing.
- LRF partners working on a 'rising tide' as numbers climb across the country alongside 'suppress and sustain' developed during Leicester lockdown
- Pillar 2 testing has a markedly younger age profile (40 median age) than previous testing, and getting younger

Threshold and indicators

Ambition

- Rates of new infections (7 day) at National average level and certainly no higher than 20 per 100,000 (7 day) across the County and in any individual district.

Indicators considered

- Seven day incidence rate with thresholds on 20, 30 and 50 cases per 100,000
- Comparison of seven day rate with fourteen day rate
- Positivity rate
- Situational awareness
- Population size

Suppress and sustain – O&W example

Locality response strategy

- Details work undertaken in Oadby and Wigston achieved within sustainable resource. To be replicated in other areas that ‘trigger’ positivity threshold.

Trigger

- Rapid deployment of testing where positivity rate in a LSOA exceeds national average.
- Where 50% or more of the LSOAs in a ward have a rate above national average, the whole ward will be targeted for enhanced (asymptomatic) testing.
- Where there is an outbreak in a particular setting e.g. care home, and the situation persists despite control measures in place, or where there are concerns on the safe running of the setting, an enhanced testing programme will be invoked following discussion with PHE.

Scenario

On Wednesday 8th July IMT made a decision to test all residents in ‘hot spot’ LSOA areas (asymptomatic and symptomatic) and that where >50% of the LSOAs in a ward have a positivity above the regional average, the whole ward will be targeted. A ‘hotspot’ area is defined as a LSOA with a % positivity level above the East Midlands average of 5.4%. Within the County, the majority of areas fell within Oadby & Wigston Borough Council.

Timeline of activity

- Thursday 9th July
 - Discussion between Chief Executive of Oadby & Wigston Borough Council and Public Health to develop a plan of action
 - Comms: Draft leaflet developed by Comms aimed at residents living in the ‘hotspot’ areas to encourage testing for all residents.
 - Testing strategy: Request made to DHSC to move current MTU to a pre-approved site in O&W to commence from Tuesday 14th. A previous request made to DHSC for a walk-in site is in the process of being arranged
 - Intelligence – PH analyst drew up list of postcodes requiring leaflet drop off. This list identified 9,200 households across 315 streets.
 - Community engagement – Contact made with VAL to identify volunteers available for leaflet drop-off

Timeline of activity cont...

- Friday 10th July
 - Comms: Leaflet finalised and sent for print. In addition, a text message is developed to go out by GPs to patients living in the hotspot areas. A text message is also developed for patients in the non hotspot areas to encourage symptomatic individuals to get tested.
 - Testing strategy: Confirmation of MTU placement received from DHSC. LTS site assessed and deemed not suitable. An alternative site identified nearby and approved.
 - Community engagement: Confirmation of 20 volunteers from VAL available from Monday 13th
- Next steps
 - DHSC/Deloittes propose for LTS to be built on Monday 13th ready for mobilisation on Tue/Wed.
 - Comms: develop a press statement. Develop a leaflet to be made available at test site to remind individuals what to do once they get their test result and where to go for additional support.
 - Community engagement: Venue for base, and refreshments organised by O&W Borough Council. Briefing developed by PH. Maps for door to door leaflet drop developed. Volunteers likely to be needed for a week to cover all households in the hotspot zones.
 - Vulnerable groups: O&W BC colleagues to identify list of any large workplaces/factories that are based in the hotspot areas and currently operating
 - Vulnerable groups: O&W BC colleagues to identify list of supported/independent/sheltered living accommodation sites that are based there.
 - Testing strategy: Determine options for testing vulnerable groups.
 - Intelligence: Review uptake at MTU and LTS based on intelligence.

Locality response strategy - action:

- Communications to households in affected areas (leaflets and GP text messaging)
- Deployment of volunteer network. This will be arranged via Voluntary Action Leicestershire and via the appropriate district council. Roles of volunteers include:
 - leaflet drop-off to encouraging testing
 - knocking on doors and encouraging residents to get tested at the nearest test site
 - Knocking on doors and drop off of test kits at each place of residence and collection at the end of the day
- Deployment of MTUs in designated ‘hot spot’ areas, as required.
 - In areas where car ownership is high, a drive through MTU will suffice. An MTU has the capacity of 300 tests per day which can be pushed to 400 if required. MTUs can also accommodate some walk-ins
 - In areas where a walk-in service is required e.g. in a town centre or in areas where car ownership is low, an LTS will be required. It takes 20 minutes per test per bay. In a large LTS where 8 bays can be accommodated, this equates to 280 tests per day (8am to 8pm).
- Deployment of test kits to designated settings in ‘hot spot’ areas, as required
 - Test kits to GP practices in ‘hot spot’ areas
 - Test kits to care homes via pillar 2 care homes portal or via Pillar 1 DHU/UHL lab
 - Test kits to supported living accommodation and workplaces, or promotion of MTU/LTS

Locality response

Locality response strategy timelines:

- Volunteer deployment can be arranged within 48-72 hours with full briefing material, street maps and defined areas to cover each day.
- MTU placement can be arranged within 24-48 hours. If a site is already approved, MTU placement is quick. Where a site is not approved, a site visit and approval is required. This can be turned around within 4 hours.
- Communication material can be developed and printed and ready for delivery within 72 hours.

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