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<b>Report To:</b>	<b>Policy &amp; Resources Committee</b>	<b>Date:</b>	<b>17 November 2020</b>
<b>Report By:</b>	<b>Chief Executive</b>	<b>Report No:</b>	<b>LP/123/20</b>
<b>Contact Officer:</b>	<b>Aubrey Fawcett</b>	<b>Contact No:</b>	<b>01475 712701</b>
<b>Subject:</b>	<b>COVID-19 (Coronavirus): Scrutiny Report</b>		

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## 1.0 PURPOSE

- 1.1 This report updates the Committee on relevant actions taken by officers of the Council in order to address and mitigate the risks arising from the COVID-19 emergency.

## 2.0 SUMMARY

- 2.1 Following upon the resumption of the regular cycle of committee meetings and decision-making, this report provides the Policy and Resources Committee with oversight of the actions implemented by officers in the COVID-19 emergency.
- 2.2 The usual cycle of standing committee meetings has now resumed by online remote access and the emergency functions exercised through the Policy and Resources Executive Sub-Committee have ceased at this time. Officers, however, will continue to take relevant actions based upon the principles that essential services continue to be delivered to the public, wherever possible, and the core business of the Council is maintained with key regard to the safety of its workforce.

## 3.0 RECOMMENDATIONS

That the Committee:

- 3.1 notes the actions taken to date to mitigate the effects of the COVID-19 emergency in Inverclyde;
- 3.2 notes the new model of Day Centre delivery;
- 3.3 approves the resumption of on-street limited-stay parking and associated enforcement on 7 December 2020 following appropriate publicity and that any resumption of pay and display parking be reviewed in early 2021; and
- 3.4 approves the negotiated settlement of £13,500 to Bridgewater Housing Association for 2020 COVID-related losses against the small repairs service element of the aids & adaptations contract.

**Aubrey Fawcett**  
**Chief Executive**

## 4.0 BACKGROUND

- 4.1 The Council and its partners have been working to implement arrangements to deal with the ongoing response to the COVID-19 emergency. These arrangements are based upon an established corporate and incident response structure. Staff are able, by virtue of their roles and responsibilities, to deal with the emergency and it is recognised that the challenges posed by the current circumstances are profound and will require a continuous process of planning and preparation until its conclusion.
- 4.2 Internal and external communications, all decision-making by officers and any response arrangements are already firmly established through existing strategic and tactical meeting structures. The Corporate Management Team (CMT) is responsible for the strategic response and any tactical arrangements are discussed and proposed through the Council's Resilience Management Team (CRMT) (which also incorporates the Inverclyde Health & Social Care Partnership (H&SCP)). Additionally, the HSCP has activated its Local Management Resilience Team (LMRT) in which the Council has a number of representatives and this ensures that the Council and the HSCP are entirely joined up in decision-making. From a multi-agency perspective, the LMRT contributes to a Greater Glasgow & Clyde Health Board-wide gold command structure which covers acute, primary and social care. The Council meets regularly with multi-agency partners through the West Local Resilience Partnership (WLRP). At a strategic level LRP is also now operating at the level of the Health Board and this incorporates the six constituent Councils and appropriate multi-agency partners.

## 5.0 CURRENT ISSUES

- 5.1 The daily briefings which had been immediately implemented by the CMT during lockdown to ensure that all Members of the Council had advance notice of any service impact decisions have been discontinued at this time but there continues to be constant dialogue and contact with relevant Conveners and, where appropriate, Minority Group spokespersons/contacts on key issues. Key briefings are issued when circumstances require.
- 5.2 The following issues are identified and summarised as ongoing items for the Committee's information and for future business-planning:

### HSCP

- 5.3 **Older People and Adult Care Home Support:** As reported to Committee on 2 June 2020, the HSCP can confirm key actions are in place to support Care Homes in Inverclyde. In line with Scottish Government guidance Daily care home safety huddle continues to monitor and support registered Older people and Adult Residential Care homes in terms of Infection Control, Staffing Levels and Personal Protective Equipment. Daily updates on staff and resident surveillance testing is reviewed as well as any immediate actions required to be undertaken. There is a weekly meeting between Care Home Managers and Head of Service HCC as well as regular contact with the Contract and Monitoring Team.

The HSCP have provided additional support to two Care Homes in the area following Care Inspectorate Inspections and reduction in grades. One Care Home now has been re-graded and the second will be inspected this month.

As part of ongoing surveillance and monitoring of Care Homes HSCP staff will start a series of monitoring and assurance visits to all Care Homes from the 8 November 2020.

The outcome of all care home monitoring is reported back to the Inverclyde multi-agency meeting and Scottish Government.

- 5.4 **Flu Immunisation Programme:** Commencement of the flu programme has seen over 8,000 vaccinations delivered to the over 65s in our community venues and we expect all those who can attend to be vaccinated before the end of November. Around half of the identified 900 housebound individuals have been vaccinated and again we expect the remaining 450 vaccinations to be given at home by the end of November.

There have been a range of challenges within the NHS GG&C mass flu vaccination programme, including the issues raised by the appointment system (SIRS) used by NHS GG&C and supply issues with the vaccine for under 65s which is in limited supply within GP practices and community pharmacies. National procurement is expected to release further stock from w/c 9 November and this will improve delivery of both HSCP and wider social care staff vaccinations.

Active planning is underway to commence the new cohort of 55-64 year olds with an earlier potential start date of 30 November to be confirmed.

- 5.5 **Assessment Centre:** The COVID Assessment Centre has been stepped down since August 2020 with the intention to re-mobilise in time for the winter period. As respiratory conditions increase it is imperative that we ensure that patients can undergo rapid assessment to rule out or treat COVID and that this takes place in a dedicated centre outside of the normal primary care premises.

It is our intention to deliver training to a new group of staff on 6 November and to begin to assess Inverclyde patients w/c 9 November. We have begun to populate GP sessions for w/c 9 November and are engaging with G.P.s around supporting the CAC across the winter period.

Nursing and support staff will be required to be redeployed from services and sourced from GG&C's nursing bank. Since the beginning of September to 16 October (6 weeks), the CAC at Linwood has assessed on average 7 Inverclyde patients per week. In the same timescale Barr Street in Glasgow has assessed 7 patients from Inverclyde in the OOH period and we are awaiting further updated data.

- 5.6 **Day Services for Older People:** The building based service day services at Hillend, Muirshiel and Crown Care, have remained closed since March 2020. The closure of these settings has undoubtedly had an impact on the lives of people who attend and their unpaid carers.

Day Services have maintained contact with service users and are in the process of developing virtual links. Service user reviews are in progress to establish the need for day service and explore options within the self-directed support. Scottish Government guidance is that registered building based adult day services can re-open, subject to risk assessment, in response to the impact for users and carers. It is intended to recommence day services and this includes the Hillend Outreach Service providing community based support, and to offer a limited building-based service in both Crown Care and Muirshiel depending on identified need. This arrangement will be flexible, meet all infection control measures and will be for small number of people.

### **Education and Communities**

- 5.7 **Guidance on the opening of schools:** The most recent guidance for reducing the risks in schools (4.3) was published on 30 October 2020. Guidance for Early Years settings was published on the same day. Education Scotland have also released guidance on practical subjects. All of the most up to date guidance regarding the safe opening of schools and early years' establishments can be accessed on the Education Scotland Improvement Hub:

<https://education.gov.scot/improvement/COVID-19-education-recovery/cerq-guidance/>

- 5.8 **Funding for transport providers:** Inverclyde Council was awarded £16,706 payable over the financial year 01/04/2020 to 31/03/2021 in connection with the COVID-19 School Transport Retrofit Fund. This should be distributed to providers of school transport in a fair manner to cover costs linked to COVID-19 e.g. extra equipment such as screens, information signs, dispensers, PPE etc.

- 5.9 **SQA exams:** The SQA is continuing to issue guidance on the exam diet for the academic year 2020/21. All up to date guidance can be accessed at:

<https://www.sqa.org.uk/sqa/95281.html>

- 5.10 **Procedures in place to ensure effective test and protect protocols are in place:** If a school is notified of a positive case, the head teacher along with representatives from education services, health and safety and the interim head of COVID-19 response communicate to progress test and protect protocols. This includes identifying and contacting any close contacts through the school. If asked to self-isolate then contacts must do so for 14 days from the onset of the symptoms of the positive case. The date of return to school is sent in the notifying letter.
- 5.11 **Exercise and Activity:** The Scottish Government updated the official guidance for exercise and activity on 1 November 2020. All up to date guidance for exercise and activity can be found at <https://sportscotland.org.uk/COVID-19/latest-sport-and-physical-activity-guidance/>
- 5.12 **Inverclyde Leisure:** Further to the Scottish Government announcement in relation to Inverclyde being placed in tier three, IL have had to reduce some of their services. The operational impact has affected the key areas below:
- No indoor group fitness classes any facility – 60 classes per week cancelled ( not permitted in protection level- tier 3)
  - No over 18 outdoor contact sports e.g. adult football and rugby whilst in tier 3
  - No soft play facilities impacting on the potential reopening of cafes at Ravenscraig and Boglestone ( requires to be at protection level tier 1)
  - Temporary closure of Indoor Bowling Centre – no contact or non-contact Sport permitted indoors ( not permitted in protection level- tier 3)
  - Main hall bookings cancelled - no indoor sport activities contact or non-contact permitted indoors (i.e. basketball, netball, 5a side etc.)
  - Ice rink - curling or adult hockey will not be permitted in protection level- tier 3 as this is categorised as indoor group sports
  - Inverclyde Masters swimming club with participants over 18s are not permitted in tier 3
  - Temporary closure of Whinhill Clubhouse ( alcohol not permitted indoors in tier 3)
  - Town halls and community centres have no scheduled events planned for the remaining months and are being utilised for flu vaccinations and Crawfordsburn Community Centre has been transferred back to Inverclyde Council for a 6 month period for use as a COVID-19 test centre.

At the current protection level 3 IL continue to offer individual swims, gym access and swimming lesson taking in to account reduced capacity and ensuring appropriate safety measure are adapted in all facilities.

**Furlough update:** Following the government announcement delaying the job support scheme (JSS) and extending the furlough scheme (CJRS) throughout the UK until March 2021, Inverclyde Leisure have taken the decision to maximise this opportunity and have furloughed or flexi-furloughed around 80 employees.

**Waterfront Leisure Complex Ice Plant:** Inverclyde Leisure had been scheduled to re-open the Waterfront Leisure Complex's ice rink in line with their phased approach to re-opening services. This has been delayed due to mechanical plant failure.

### **Environment, Regeneration and Resources**

- 5.13 **COVID cases in Inverclyde:** Since the September meeting of the Committee have been provided with a weekly update on the number of cases and trends in Inverclyde. This has developed as we have gone forward and we are now including public source information about the 5 indicators used to inform the Scottish Government on the restriction level in which Inverclyde will be placed at each review. Members will be aware that there are other contextual elements taken into account when this judgement is made, including the rates in surrounding areas, but it is hoped that the details on the objective measures will still be of value. At the time of writing the trend in cases in Inverclyde remains upward and a verbal update will be provided to the Committee on the position at that time.
- 5.14 **COVID Deaths:** National Records of Scotland stopped weekly updates on COVID Deaths over Council areas for several months but this has now recommenced. Over the period from mid-

August to the end of October, no COVID related deaths were recorded in Inverclyde, a situation which was not reflected by any other mainland Scottish Council. In the week commencing 2 November 2020, however, Inverclyde sadly registered its first COVID related death since that 10 week period. As at 8 November 2020 Inverclyde no longer has the highest deaths/10,000 population.

- 5.15 **Business Grants:** The Council is administering 4 new grants on behalf of the Scottish Government which relate to the temporary lockdown during October.

The current grants relate to businesses instructed to close and those closely associated with the closed businesses which have been impacted. As of 10 November officers had paid out £242k via 87 grants with 5 applications to be finalised.

In addition the Council is scheduled to pay out grants to 2 nightclubs via the Contingency Fund whilst details are awaited of a "furlough scheme" to make payments to businesses instructed to close over October. The administration of these schemes has not been straightforward with eligibility criteria evolving and guidance catching up with announcements and publicity.

A new Business Support Fund has been launched to cover the period from 2 November to support similar categories of Businesses with 4 weekly payments of between £1400 and £3000 depending of rateable value. Applications opened on the 13 November with first payments due early December.

- 5.16 **Car Parking Enforcement:** Parking enforcement on yellow lines commenced in October. Consideration was given to the reintroduction of enforcement of limited stay parking. Officers consulted on this issue through the Community Recovery Plan. The view of the business sounding board was to reinstate the enforcement of limited stay parking. This is to free up spaces close to the town centre which have become occupied by long stay parking. It is therefore recommended that the use of time clocks and associated enforcement resumes in early December following appropriate publicity. It is not proposed that pay and display parking resumes at this time. This issue will be reviewed in early 2021.

- 5.17 **Small Repairs Service:** Members will be aware that the Small Repairs Service is now provided by Bridgewater Housing Association in conjunction with the Aids and Adaptation service. Bridgewater HA has delivered this service since April 2019. At the 28 August contract meeting Bridgewater raised an issue relating to the income from the small repairs service for 2020. As a result of COVID-19 Bridgewater took the decision not to charge members for renewal of their membership resulting in a £27,000 shortfall in income. A proportion of this shortfall could have been offset as discussed by officers with Bridgewater at the contract meeting but it was recognised that this could adversely have affected service delivery and with no support given to partners in this period.

As a result of the impact on income, Bridgewater has made a request to Inverclyde Council to cover some of their losses against the contract. The CMT has considered this request and is recommending that, to be consistent with support given to other suppliers, notably school transport suppliers at the 2 June 2020 Policy and Executive Sub-Committee meeting, that the Council should support Bridgewater on a one off basis at the level of 60% of the impact equating to a one off negotiated settlement of £13,500 The expectation would be that BHA would resume the membership scheme in line with the contract for 2021/22.

- 5.18 **Public Toilet Reopening:** Members will be aware from the operational logs that five of the eight public toilets operated by Inverclyde Council reopened following updated guidance from the Scottish Government. Three have yet to reopen with the initial decision being partly based upon the potential additional costs in reopening the facilities. It should also be noted that two of the facilities have a history of being a focus for anti-social behaviour. Consideration was given by the CMT at its meeting on 22 October and the decision was made to defer consideration pending the decision on Inverclyde's position in the Government 5 level restriction framework. On 5 November the CMT decided not to reopen the remaining public toilets in light of Inverclyde's position at level 3 and the more recent upward trends in the local infection rate.

- 5.19 **Isolate & Support:** Since 13 October the Council has stood up its humanitarian phone lines which had been monitored for ingoing calls only since the end of the shielding restrictions.

Outbound calls are now made to all those who we are notified of as self-isolating either as a result of a positive test or as a direct contact identified by test & protect. Between 13 October and 10 November over 300 people were contacted to ensure that they were clear on the need to self-isolate and to check whether additional support was required. Those called are offered similar support to that offered to those shielding. The Humanitarian Assistance Centre (HAC) has resumed to ensure that the appropriate support is available from the Council and its partners including CVS Inverclyde.

The additional support offered includes referral to the Revenues & Benefits Team for the Self-Isolation support grant. As of 10 November 58 applications had been received by the team out of which 17 grants had been awarded. The most common reason for applications not being fulfilled was either because an application had been made without a referral from test & protect or because the applicant was not in receipt of one of the qualifying benefits.

A large number of calls were also taken from those previously shielding in this period to ensure that they had access to supplies of vitamin D being arranged by the Scottish Government.

## 6.0 COVID-19 TESTING

6.1 **COVID 19 Testing:** At the Policy & Resources Executive Sub-Committee meeting on 19 May it was requested that an update on key issues relating to testing be submitted to each future meeting of the Committee.

6.2 **Mobile Testing Units:** The Mobile testing site is now established at Parklea, Port Glasgow operating on a day and day about rotational basis to complement the opening on a site in West Dunbartonshire. Due to the increased infection rate in West Dunbartonshire, the MTU will be split between Inverclyde and West Dunbartonshire for the time being. The Scottish Ambulance Service has now taken on responsibility for the management of the MTUs.

The walk in testing site at Crawfordsburn has now been established. Local test sites are designed to serve potentially more vulnerable people who may only be able to access a test site by walking. The intention would be for the walk in test centre to be deployed for a minimum of three months. Walk in test centres do not require Council or HSCP staff capacity to run them and are self-contained requiring only a fixed location with facilities.

6.3 Testing is accessed via the government website:

- Citizen Portal <https://www.nhs.uk/ask-for-a-coronavirus-test>
- Essential Workers self-referral <https://www.gov.uk/apply-coronavirus-test-essential-workers>
- Employers Portal <https://coronavirus-invite-testing.service.gov.uk/DaraTestDemand/Login>

6.4 **Health & Social Care Staff Testing:** At present Health & Social Care staff who are symptomatic can access COVID testing via the national Test & Protect programme. Testing capacity locally has increased with the development of the Walk-in centre at the Crawfordsburn Centre and the Mobile Testing Unit at Parklea.

6.5 **COVID19 Care Home Testing for Residents & Staff:** Adult & Older People's Residential staff are tested once a week via the Social Care Testing Portal with results being given directly back to care homes. In Inverclyde testing rates in all care homes remains high at almost 100%. Resident surveillance testing continues with a 10% sample taken from each Older People or Adult Care Home on a three weekly cycle. Over the next month testing of samples is being transferred back to NHS GG&C from the Lighthouse system.

In care homes there have been a number of care homes where mass testing has been triggered by on positive case all mass testing have come back negative.

6.6 **Testing for Council Employees and the Wider Community:** The Council is continuing to publicise and promote testing amongst Inverclyde Council staff including HSCP and the community. Priority testing referrals can be made more than once daily and will be accepted

between 8am and 6pm.

In order to streamline the process and to help deal with a rise in demand for testing an additional two email addresses have been set up. One specifically for Education; [school.COVIDtest@inverclyde.gov.uk](mailto:school.COVIDtest@inverclyde.gov.uk) and the other for all other council employees; [COVID.test@inverclyde.gov.uk](mailto:COVID.test@inverclyde.gov.uk). Monitoring of the school request email box is carried out by both education staff and health and safety in order to meet increased demand. Information on Icon has been updated and all education heads of establishments have been informed of the changes.

There has been a slowdown in testing referrals since the previously reported figures measured up to 4 September. From 1 May to 14 August there were 20 referrals for testing made; an average of 1.3 per week. From 17 August to 4 September there were 85 referrals made; an average of 28.3 per week. From 5 September to 6 November there were 35 referrals made; an average of 3.8 per week. It should be noted that this is not likely to be reflective of a decrease in persons being tested rather a significant number of staff are self-referring for tests due to improvements in access to testing.

Reasons for the referrals being made:

- 117 were due to the person having symptoms
- 12 were for contacts of someone with COVID-19
- 8 were for reassurance/possible contact
- 3 were retests.

Persons referred:

- 106 were employees
- 34 were household contacts

Referrals by Service area:

- 102 – Education
- 7 – Culture, Communities and Educational Resources
- 5 – Strategy and Support Services
- 6 – Regeneration and Planning
- 4 – Criminal Justice and Children’s Services
- 4 – Environment and Public Protection
- 4 – Health and Community Care
- 3 – Finance
- 2 – Organisational Development Policy and Communication
- 1 – Legal and Property Services

There has been one positive case reported as part of the referral process.

## **7.0 CORRESPONDENCE/ MEETINGS WITH SCOTTISH GOVERNMENT**

7.1 Members will be aware that the Chief Executive was asked to request a report from Government into the significant levels of COVID-19 deaths in Inverclyde. In this regard Members will be aware that during the early stages of the pandemic the rate of COVID-19 related deaths in Inverclyde was in excess of 2 to 3 times the Scottish average. A meeting was held with the Cabinet Secretary for Health and Sport to discuss the critical situation in Inverclyde and seek clarity around a number of issues including:

- How did the coronavirus come into Inverclyde?
- How was it transmitted?
- What action could be taken to avoid such a high death rate in the future?

7.2 A report, which was prepared by Public Health Scotland and is attached in Appendix 1, outlines the response to these questions. The report identifies that out of 226 cases among individuals

with an Inverclyde address for the period between 18 March and 19 April 2020, 128 samples were submitted for viral sequence analysis. It can be seen from this analysis that 91 of the 128 samples had a particular lineage known as UK 40 with the remaining samples comprising several other lineages. The report notes that the UK 40 lineage represents at least one but possibly several introductions of the virus into Inverclyde. Members should be aware that COVID-19 was identified in 10 other local authorities before the first case in Inverclyde was identified.

7.3 The report identifies that a COVID-19 outbreak was observed in the Inverclyde dialysis unit during mid-March/mid-April period but was not considered particularly unusual as there were outbreaks in 5 other GG&C dialysis units identified around that time. Other than the nosocomial transmission event in the Inverclyde dialysis unit Public Health Scotland does not have any additional information to indicate how the infection was transmitted during this early period. Although the report indicates no specific action which can be undertaken to avoid such a high death rate in the future but recognises deprivation is a significant factor.

7.4 Further dialogue has taken place with Public Health Scotland seeking clarity around a number of issues and further research into the background of the infection in Inverclyde. The Chief Executive has been advised as follows:

- Was there any contact tracing done on the early COVID cases?

Response: Contact tracing for the very first cases was undertaken but then stopped.

- How/where did the very first individuals become infected?

Response: The infection was likely to be travel related.

## 8.0 WORKFORCE ISSUES

8.1 **Workforce issues:** The issues in terms of workforce availability and confidence are crucial. Officers from Organisational Development, Policy & Communications are in contact with COSLA colleagues relative to workforce statistics, illness/absence rates, working from home, etc. This information is being collated at a national level and is helping to inform discussions between senior leaders in SOLACE, COSLA and the Scottish Government regarding the impact of COVID-19 on service provision, and the key staffing issues that require some form of national consideration.

8.2 **Employee attendance:** Information is being gathered on a daily basis by managers across the Council. This allows managers to assess resource implications for delivering essential services and also to maintain contact and support those unable to attend work.

8.3 The table below provides approximate absence levels council wide and within some of our key essential service areas, as at 10 November 2020:-

<b>Council</b>	
<b>Historic average absence rate (%) (Pre COVID-19 to give a baseline comparator.)</b>	4.3%
<b>Absence rate on 10 November 2020 (%) (This includes all those employees reporting sick, those isolating, those absent with caring responsibilities and those non-essential employees at home unable to work from home). Please note that this excludes employees working from home.</b>	<p>Council Wide      6.1%</p> <p><u>Essential Services Breakdown (% of Service Area)</u></p> <p>Home Care            5.0%</p> <p>Other HSCP            4.2%</p> <p>Waste Management    8.0%</p> <p>Facilities                4.6%</p>



- 8.4 The table below provides a comparison of absence levels across the Council over the past few months which have been reported to this Committee (the breakdown of absence levels amongst essential services is not available for 1 and 14 April dates):

	01.04.20	14.04.20	28.04.20	12.05.20	26.05.20	09.06.20	16.07.20	05.08.20	09.09.20	10.11.20
<b>Council</b>	19.0%	19.3%	18.5%	17.5%	17.6%	16.9%	7.5%	7.5%	7.7%	6.1%
<b>Home Care</b>	N/A	N/A	27.3%	19.2%	20.2%	18.5%	7.8%	8%	7.9%	5.0%
<b>Other HSCP</b>	N/A	N/A	21.87%	14.2%	17.3%	11.22%	6.3%	6.1%	6.2%	4.2%
<b>Waste Mgt</b>	N/A	N/A	29.5%	24.3%	24.0%	23.9%	9%	8.9%	8.6%	8.0%
<b>Facilities</b>	N/A	N/A	23.0%	26.1%	22.2%	14.6%	4.5%	4.6%	5.1%	4.6

- 8.5 There has been a significant reduction in absence levels in some areas over the past few months as Scottish Government advice has been updated and employees are supported back to work following periods of self-isolation and shielding.

From this, the Committee should note that it is essential for all officers to focus all efforts and available resources on addressing the Council's response to the emergency and, for that key reason, the support of all Members is requested in circumstances where the expectations of routine enquiries or normal timescales for operational response to Councillors cannot be met. The emergency will involve delays to otherwise usual Council business and recognition of this impact is needed and officers will, of course, continue to focus service support on the vulnerable in the community.

- 8.6 **Recovery plans:** Recovery groups have been set up Council wide to plan how we resume services and support employees back into the workplace taking account of Government advice and guidance. A Checklist for Managers has been developed which will support recovery plans and will cover areas such as: communication and consultation, continuation of homeworking, returning employees to work on a phased basis, workforce planning, and health and wellbeing. The Health & Safety team continues to provide risk assessments, advice on appropriate PPE, are working in close liaison with Property Services to ensure buildings are ready so that employees and visitors can safely undertake the correct social distancing and hygiene behaviours, as well as developing guidance on 'social distancing in offices'. HR Policies around home and flexible working will be reviewed in light of the ongoing crisis and lessons learned. All work to date and in the future will involve full engagement with our trade union colleagues.

## 9.0 IMPLICATIONS

### 9.1 Finance

The financial impact of COVID and its funding is reported as part of a separate report elsewhere on the agenda.

#### Financial Implications:

##### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
Scheme of Assistance	Payment to Other Bodies	20/21	£13,500		One off payment per 5.17

##### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

### 9.2 Legal

There are no Legal implications other than as noted within this report.

### 9.3 Human Resources

There are no Human Resources implications other than as noted within this report.

### 9.4 Equalities

#### Equalities

(a) Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO

### 9.5 Repopulation

All of the steps undertaken by Officers seek to support the long-term interests of the Inverclyde economy and to provide a secure and safe environment for its workforce.

## 10.0 CONSULTATIONS

10.1 The Corporate Management Team endorses this report.

## 11.0 BACKGROUND PAPERS

11.1 None

# COVID-19 in Inverclyde

## APPENDIX 1

**Report Prepared for Aubrey Fawcett, Chief Executive, Inverclyde Council, by Public Health Scotland in association with St Andrews University, the University of Glasgow and the GGC NHS Board Health Protection Team: August 2020**

### **Background**

The Cabinet secretary has asked Public Health Scotland to respond to the following questions posed by the Chief Executive, Inverclyde Council.

- How did the coronavirus come into Inverclyde?
- How was it transmitted?
- What action could be taken to avoid such a high death rate in the future?

### **Methods**

To answer the questions as above Public Health Scotland has undertaken the following approaches

- Interrogating COVID-19 case report data
- Interrogating reports of deaths among individuals testing positive for COVID-19 within 28 days of death
- Analysing viral sequence data (work undertaken by Matt Holden, University of St Andrews and Emma Thomson, University of Glasgow)
- Consulting with the GGC Health Protection Team.

## Results

### **How did the coronavirus come into Inverclyde and how was it transmitted?**

For the period 18 March to 19 April, 226 cases of COVID-19 among individuals with an Inverclyde address, were reported to PHS, of the 226, 128 (57%) had samples submitted for viral sequence analysis. Ninety one of the 128 samples belong to a particular lineage – UK 40. The remaining 37 sequences are comprised of several other lineages. The UK 40 lineage has also been detected outside Inverclyde; of 230 UK 40 samples a total of 104 are from Inverclyde. Note that the UK 40 lineage represents at least one but possibly several introductions of virus into Inverclyde.

COVID-19 (SARS CoV2) was identified in 10 other local authorities before the first case in Inverclyde was identified.

The outbreak of COVID-19 was observed in the Inverclyde dialysis unit during the mid-March/mid-April period but this was not considered particularly unusual with 5 other outbreaks in GGC dialysis units identified around that time. The outbreak in the Inverclyde dialysis unit was managed appropriately and rapidly.

GGCs' health protection team was not aware of any particular event in Inverclyde which might have spawned or amplified transmission in Inverclyde.

To date the Inverclyde case rate per 100,000 persons is appreciably higher than the Scottish average but is similar to rates observed in other GGC local authorities (West Dunbartonshire and Glasgow City) which have a similar demographic profile with respect to deprivation status.(See Appendix)

Other than the nosocomial transmission event in the Inverclyde dialysis unit, Public Health Scotland does not have any additional information to indicate how infection was transmitted during this early period.

### **What action could be taken to avoid such a high death rate in the future?**

The Inverclyde death rate per 10,000 persons is approximately twice the Scotland average. Although West Dunbartonshire and Glasgow City death rates per 10,000 are a little less than that recorded for Inverclyde, they also are considerably greater than the Scotland average.( See Appendix)

COVID-19 death rates are a function of incidence of infection, the underlying health of those infected and the care/management of those with serious diseases associated with infection.

A case control study investigating the risk factors associated with poorer outcomes among individuals hospitalised with COVID-19 in Scotland has demonstrated that deprivation is a significant, independent risk factor for poorer outcomes( in press PLOS Medicine)

## **Conclusions**

### **How did the coronavirus come into Inverclyde and how was it transmitted?**

A dominant viral lineage was identified in Inverclyde during the early period of the epidemic; however, evidence of multiple introductions of different viruses during this time indicates several different sources of infection. Further, the dominant lineage could be associated with one or more introductions of virus into Inverclyde.

There was a nosocomial transmission event in a renal dialysis unit but this was not unusual in the context of other outbreaks associated with dialysis units throughout GGC and beyond.

No particular event was identified as having spawned or appreciably amplified transmission in Inverclyde.

No other information is available to provide a better understanding of how infection was transmitted during the early stages of the epidemic.

### **What action could be taken to avoid such a high death rate in the future?**

Key factors associated with COVID-19 deaths are incidence of infection, the underlying health of those infected and the management/care of those with serious disease.

Scotland's approach to the elimination of COVID-19 infection is a universal one. Nevertheless people who are more deprived may be at a greater risk of acquiring infection and, because of poorer underlying health, may be more vulnerable to serious disease.

Accordingly, for individuals living in areas of deprivation, increased vigilance and support is justified in helping communities to avoid becoming infected in the first place and to ensure that immediate access to appropriate clinical management and care is optimal. The observations add further weight to the importance of tackling deprivation and reducing inequalities.

## Appendix

### COVID-19 epidemiological comparison of Inverclyde to West Dunbartonshire, Glasgow City and the whole of Scotland

As of the 5th of August, there has been 18,787 confirmed cases of COVID-19 confirmed in Scotland, 370 of those were reported in Inverclyde. The rate of COVID-19 is higher in Inverclyde (47.6 per 10,000) than the overall Scotland rate (34.3 per 10,000) and the rate in Glasgow City (40.8 per 10,000) but similar to the rate in West Dunbartonshire (48.5 per 10,000).

Table 1 presents the breakdown of cases and the rate per 10,000 persons by age group. With the exception of the youngest age group, the rate of COVID-19 is higher in all age groups in Inverclyde compared to the overall Scotland rates per age group. The rates of cases are relatively similar across all the age groups when comparing Inverclyde, West Dunbartonshire and Glasgow City but is higher in those aged 80 and over in West Dunbartonshire and Glasgow City compared to Inverclyde.

**Table 1: Number of cases and rate per 10,000 persons by age group in Inverclyde, West Dunbartonshire, Glasgow City and Scotland**

Age group	Inverclyde		West Dunbartonshire		Glasgow City		Scotland	
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000
0 – 19 years	4	2.5	7	3.6	37	2.9	399	3.5
20 – 39 years	60	33.5	73	33.2	598	25.7	4087	28.2
40 – 59 years	116	52.6	153	62.1	770	49.5	6015	40.8
60 – 79 years	100	56.7	102	54.0	605	63.6	4044	36.1
80+ years	90	203.6	96	233.6	575	247.8	4236	157.0
Unknown	0	0	0	0	0	0	6	N/A
<b>Total</b>	<b>370</b>	<b>47.6</b>	<b>431</b>	<b>48.5</b>	<b>2585</b>	<b>40.8</b>	<b>18787</b>	<b>34.4</b>

Table 2 presents the breakdown of deaths and the rate per 10,000 persons by age group. The rate of confirmed COVID-19 deaths per 10,000 persons is higher in all age groups in which deaths have occurred in Inverclyde compared to the whole of Scotland rates. The overall confirmed COVID-19 death rate per 10,000 people is higher in Inverclyde when compared to West Dunbartonshire and Glasgow City. When stratified by age, however, the death rates are similar across each age group in the selected local authorities. The main differences are seen in the 80+ year age group where the COVID-19 death rate is higher in Inverclyde compared to West Dunbartonshire but less than Glasgow City.

**Table 2: Number of deaths and rate per 10,000 persons by age group in Inverclyde and Scotland**

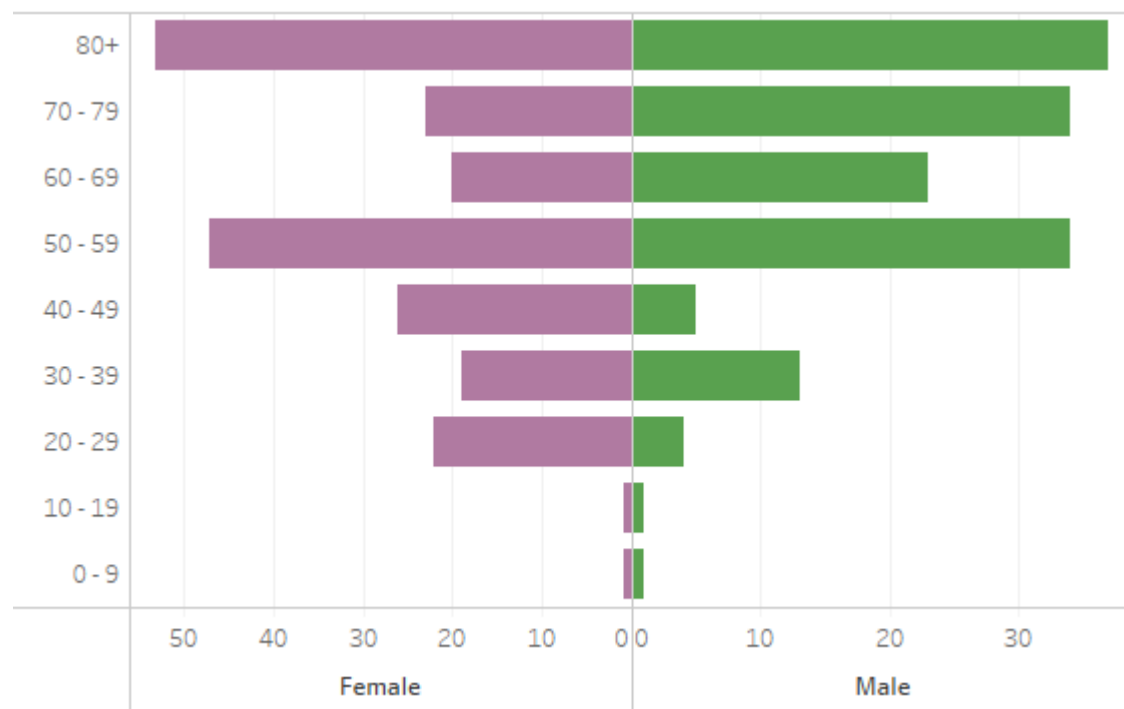
Age group	Inverclyde		West Dunbartonshire		Glasgow City		Scotland	
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000
0 – 19 years	0	0.0	0	0.0	0	0.0	0	0.00
20 – 39 years	1	0.6	0	0.0	1	0.04	7	0.05
40 – 59 years	5	2.3	6	2.4	35	2.2	127	0.86
60 – 79 years	21	11.9	23	12.2	125	13.1	830	7.42
80+ years	38	86.0	33	80.3	211	90.9	1527	56.58
<b>Total</b>	<b>65</b>	<b>8.4</b>	<b>62</b>	<b>7.0</b>	<b>372</b>	<b>5.9</b>	<b>2491</b>	<b>4.6</b>

The rate of confirmed COVID-19 deaths in males in Inverclyde is more than twice as high as the overall Scotland rate in males (11.3 per 10,000 compared to 4.9 per 10,000). The rate of deaths in females residing in Inverclyde is also higher than the Scotland rate in females but the difference is smaller (5.7 per 10,000 compared to 4.2 per 10,000). When comparing by local authority, Inverclyde (11.3 per 10,000) has a higher rate of confirmed COVID-19 deaths in males compared to West Dunbartonshire (7.3 per 10,000) and Glasgow City (6.0 per 10,000). The death rate in females is similar in the selected local authorities; Inverclyde (5.7 per 10,000), West Dunbartonshire (6.7 per 10,000) and Glasgow City (5.7 per 10,000).

Figure 1 shows the age and sex distribution of the number of COVID-19 cases in the selected local authorities and Scotland. The demographics of the COVID-19 cases in Inverclyde is relatively similar to the other local authorities and the whole of Scotland with no clear difference in age or sex.

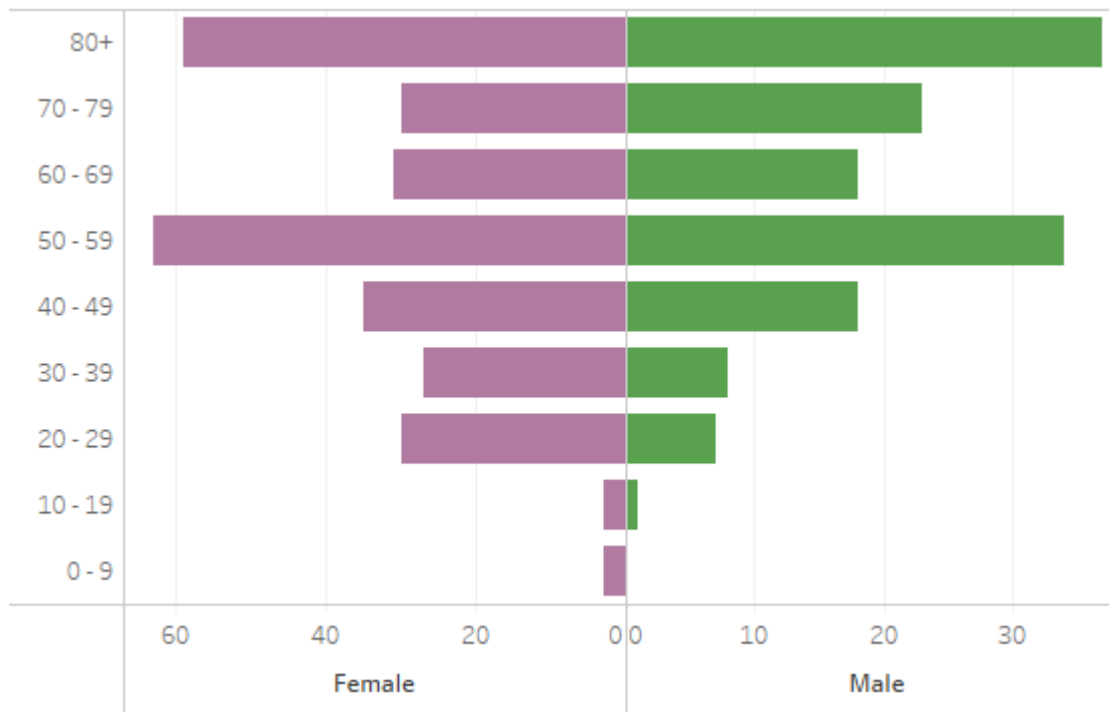
**Figure 1: Age and sex distribution of COVID-19 cases in Inverclyde (A) and Scotland (B)**

(A) Inverclyde

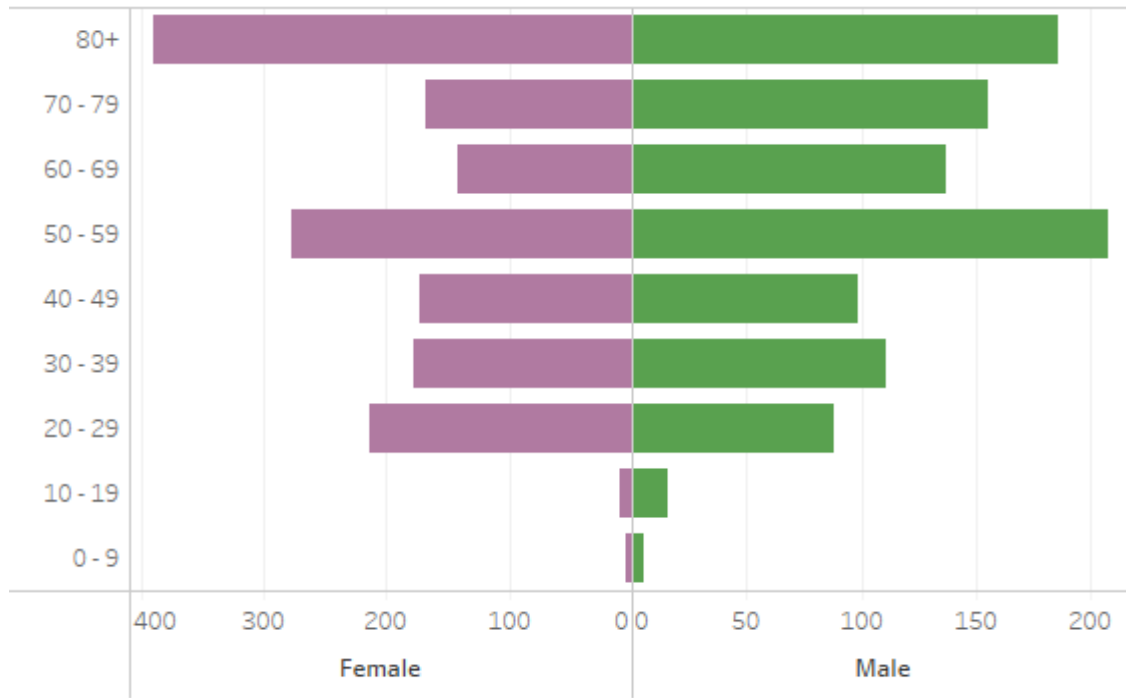




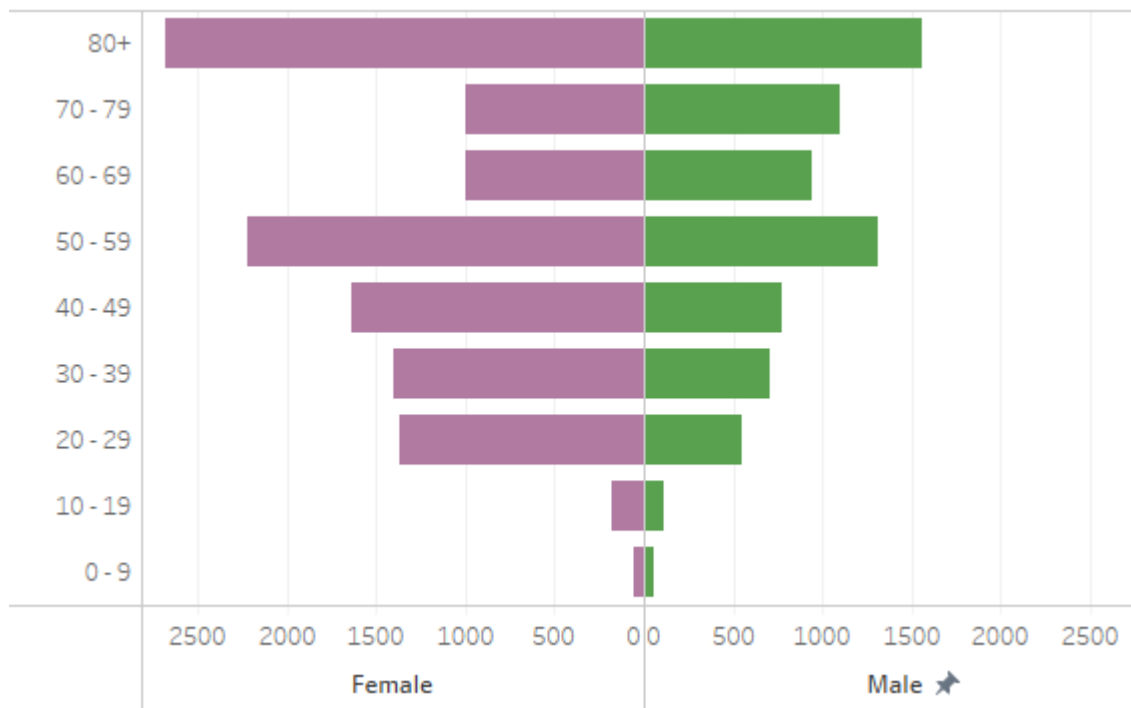
(B) West Dunbartonshire



(C) Glasgow City

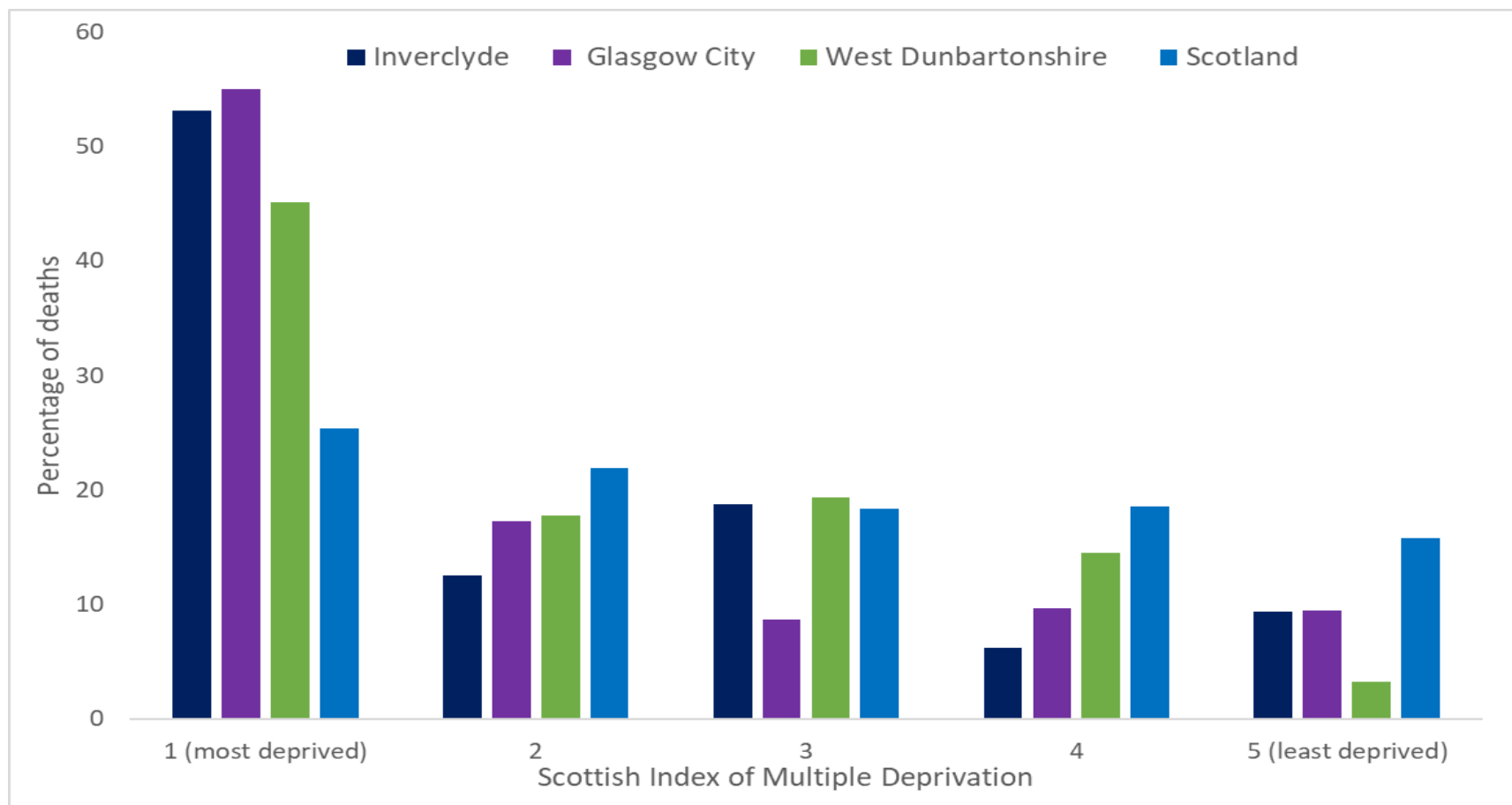


(D) Scotland



The percentage distribution by deprivation of confirmed COVID-19 deaths in Inverclyde differs compared to the whole of Scotland (Figure 2). Over half of those deaths that could be assigned to a SIMD category were in the most deprived quintile, this compares to 25% across the whole of Scotland. No clear difference can be seen when compared to the other local authorities but there are some regional variations in the percentage distribution of deaths by SIMD. Individuals in the most deprived areas accounted for most deaths in all local authorities and for the whole of Scotland.

**Figure 2: Percentage distribution of confirmed COVID-19 deaths by deprivation, Inverclyde and Scotland**



The peak in COVID-19 cases occurred in Inverclyde around the same time as the peak in the rest of Scotland (Figure 3). While the number of cases began to increase in Inverclyde in line with most other areas in Scotland, the daily number of cases appears to have been sustained at higher levels for longer.

**Figure 3: 5-day rolling average of the number of cases of COVID-19 by local authority**

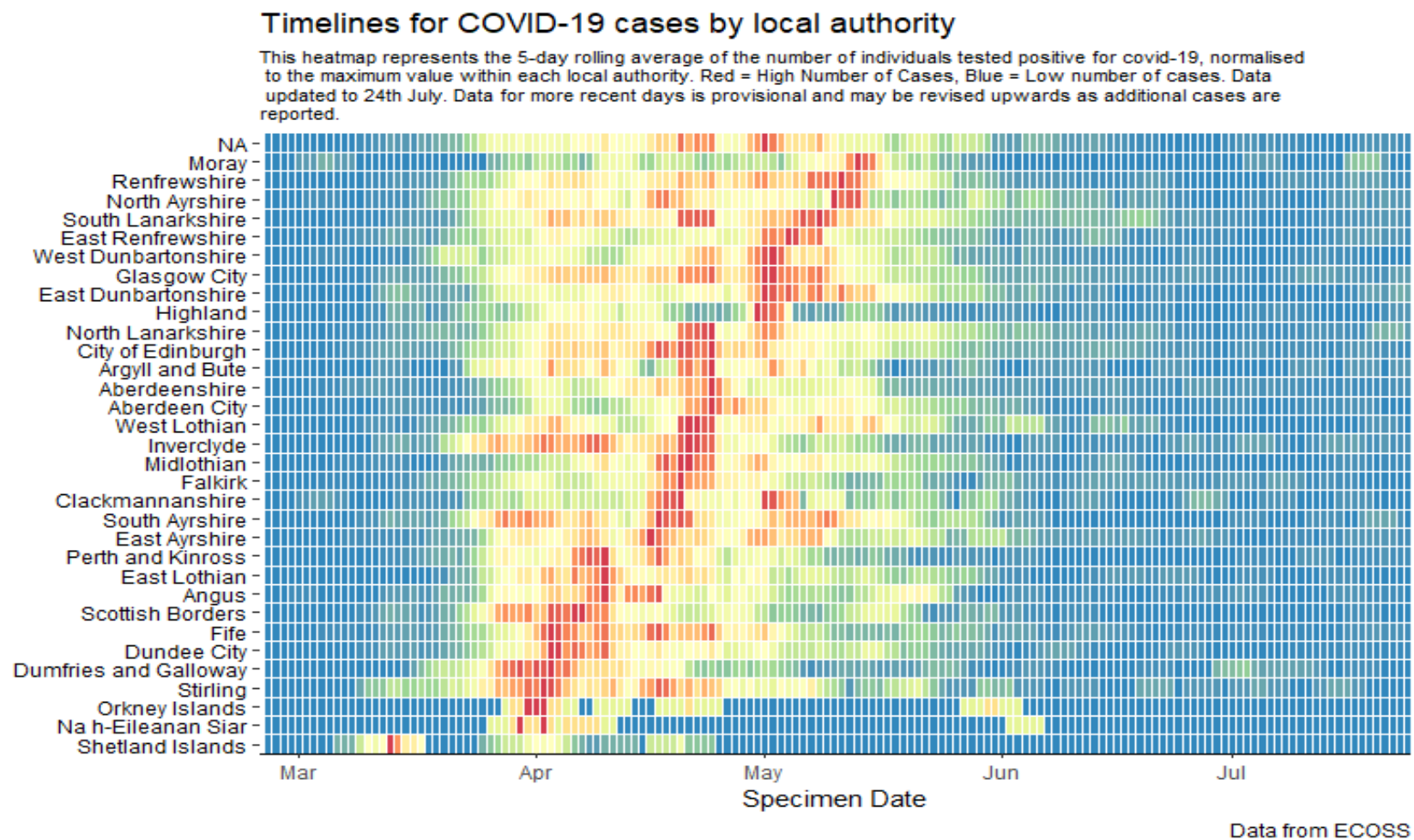


Figure 4 shows the peak in the daily number of deaths occurred earlier in Inverclyde than the rest of Scotland and within a relatively short time frame in early to mid-April.

**Figure 4: 5-day rolling average of the number of confirmed COVID-19 deaths by local authority**

