

NOTICE  
OF  
MEETING

# OUTBREAK ENGAGEMENT BOARD

will meet on

**MONDAY, 19TH APRIL, 2021**

**At 2.30 pm**

by

**VIRTUAL MEETING - ONLINE ACCESS ON [RBWM YOUTUBE](#)**

TO: MEMBERS OF THE OUTBREAK ENGAGEMENT BOARD

HILARY HALL - DIRECTOR OF ADULTS, HEALTH AND COMMISSIONING  
(CHAIRMAN)  
TRACY HENDREN – HEAD OF HOUSING AND ENVIRONMENTAL HEALTH  
ANNA RICHARDS – CONSULTANT IN PUBLIC HEALTH  
DAVID SCOTT – HEAD OF COMMUNITIES  
KEVIN MCDANIEL – DIRECTOR OF CHILDREN'S SERVICES  
LOUISA DEAN – COMMUNICATIONS AND MARKETING MANAGER  
LISA PIGEON – ENVIRONMENTAL HEALTH MANAGER  
COUNCILLOR STUART CARROLL  
COUNCILLOR HELEN PRICE  
COUNCILLOR SIMON WERNER

Karen Shepherd – Head of Governance - Issued: 9<sup>th</sup> April 2021

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at [www.rbwm.gov.uk](http://www.rbwm.gov.uk) or contact the Panel Administrator **Mark Beeley** [mark.beeley@rbwm.gov.uk](mailto:mark.beeley@rbwm.gov.uk)

**Recording of Meetings** – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain. If you have any questions regarding the council's policy, please speak to Democratic Services or Legal representative at the meeting.

## AGENDA

### PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u>  To receive any apologies for absence.	-
2.	<u>DECLARATIONS OF INTEREST</u>  To receive any declarations of interest.	5 - 6
3.	<u>MINUTES</u>  To consider the minutes of the meeting held on 15 <sup>th</sup> March 2021.	7 - 20
4.	<u>QUESTIONS FROM THE PUBLIC</u>  To consider any questions submitted to the Board.	-
5.	<u>LATEST LOCAL POSITION</u>  To hear from the Consultant in Public Health.	Verbal Report
6.	<u>UPDATE ON HIGH RISK SETTINGS</u>  To hear from the Director of Children's Services/Director of Statutory Services (Optalis).	Verbal Report
7.	<u>COMMUNICATIONS AND ENGAGEMENT ACTIVITY</u>  To hear from the Communications and Marketing Manager.	Verbal Report
8.	<u>ENFORCEMENT AND COMPLIANCE ACTIVITY</u>  To hear from the Environmental Health Manager.	Verbal Report
9.	<u>UPDATE ON THE VACCINATION PROGRAMME</u>  To hear from the Executive Managing Director (CCG).	Verbal Report
10.	<u>ANY OTHER BUSINESS</u>  To consider any other business.	-
11.	<u>FUTURE MEETING DATES</u>  All at 2.30pm: <ul style="list-style-type: none"><li>• Monday 17 May 2021</li><li>• Monday 21 June 2021</li><li>• Monday 19 July 2021</li></ul>	-

- Monday 16 August 2021
- Monday 20 September 2021
- Monday 18 October 2021
- Monday 15 November 2021
- Monday 20 December 2021

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## MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

### Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

### Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
  - a) that body has a piece of business or land in the area of the relevant authority, and
  - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

*Or, if making representations on the item: 'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

### Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

*Or, if making representations in the item: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

### Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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## RBWM Outbreak Engagement Board Monday 15<sup>th</sup> March 2021, 2.30pm, Zoom meeting

www.rbwm.gov.uk



### Attendees:

- Cllr Carroll
- Cllr Price
- Cllr Werner
- Cllr Baldwin
- Cllr Cannon
- Cllr Coppinger
- Cllr Bhangra
- Cllr Story
- Cllr Rayner
- Cllr Tisi
- Director of Adults, Health and Commissioning – Hilary Hall
- Communications and Marketing Manager – Louisa Dean
- Consultant in Public Health – Anna Richards
- Head of Housing and Environmental Health – Tracy Hendren
- Head of Communities – David Scott
- Director of Children’s Services – Kevin McDaniel

### Apologies:

- Executive Managing Director RBWM, Clinical Commissioning Group – Caroline Farrar
- Managing Director – Duncan Sharkey
- Lisa Pigeon – Environmental Health Manager
- Tessa Lindfield – Director of Public Health

	Item		Actions
1.	Conflicts of Interest	<ul style="list-style-type: none"> <li>• Cllr Carroll is currently working for the UK Government’s Vaccines Taskforce as an expert adviser and infectious disease and vaccines specialist, Sanofi Pasteur. he declared his employment in the interests of full transparency and to highlight that should for any reason during the meeting, or indeed during future meetings, the HWB discussed anything directly related to Sanofi Pastuer’s business he would abstain from the discussion and leave the room as required.</li> </ul>	
2.	Questions from the Public	<p><b>Vaccinations – Caroline/Anna</b></p> <p>1. Why is it possible to book the second vaccination for Oxford-AZ vaccine in the area but not for Pfizer? Are there concerns about supply? When will the Pfizer recipients receive their follow up appointments? (initial vaccination early Feb very efficient at Desborough Suite)</p>	

Item		Actions
	<p><i>The arrangements for second doses in Vaccination Centres are different to those in Hospital Hubs and Local Vaccination Services (GP-led). In Vaccination Centres, both doses are booked at the outset. In the Hospital Hub and Local Vaccination Services, people will be contacted around 10 or 11 weeks after their first dose to book the second, which they should receive in the twelfth week. This is due to logistical reasons rather than supply concerns. The supply schedules for Pfizer second doses are currently being confirmed and we are not anticipating any difficulties. Due to the short shelf life of the Pfizer vaccine, the site needs to know which day its delivery is coming before second doses can be booked. Please wait to be contacted, the Maidenhead site has your details and will be in touch when it is time.</i></p> <p>2. I am concerned about my wife's safety and her second jab. She is 83 and has had four bouts of cancer including the equivalent of the loss of one lung through surgery. Her first jab of the Pfizer jab was on the 12th Jan. I would appreciate any help you can give me in arranging My wife's second jab.</p> <p><i>Answer Your wife's second dose is due around the end of March. We would expect her to be contacted about a week beforehand – we understand your anxiety, please be reassured that you will be contacted.</i></p> <p>3. We are told that a certain level of protection from covid 19 will take approx. 3 weeks from our first dose of the Pfizer vaccine. Could you therefore please advise whether it will also take approx. 3 weeks after the second dose for maximum protection to be possible from the Pfizer vaccination.</p> <p><i>Answer Yes, we would expect the maximum protection from the second dose to be reached in this approximate timeframe. Continuing to maintain hands-face-space will be important during this time.</i></p> <p>4. I have waited for my vaccine since January, am on the extremely clinically vulnerable list but have multiple allergies to food and medication. My GP in Maidenhead has been trying to make an appointment for me since then to get the jab done in a safe setting but unable to arrange it. The</p>	



Item		Actions
	<p>government need to step in and sort these out for people like me who want the job but unable to go to the Desborough suite. They called me today to see why I had not booked in but cannot help either. I have emailed Theresa May, Matt Hancock and Boris Johnson asking them to look at the thousands in my situation but no reply.</p> <p>If we have a bad reaction to the vaccine it needs to be dealt with fast so totally understand why it cannot be done in the town but having shielded for a year next week I think it is very sad we are just forgotten about.</p> <p><i>Answer We haven't forgotten you and we are working to arrange a vaccination clinic at Wexham Park Hospital for those with allergies, which should be available very soon.</i></p> <p>5. I'm aged 71 and had my first vaccination earlier last month at the Desborough. This was in response to a text sent to me via my GP surgery. I have been told that I must wait for a further invitation from my GP for the second jab. My wife who is younger than me was vaccinated at the Salt Hill Centre earlier this month. She has her second date already booked. I'm slightly at odds as to why I'm having to wait to be invited and why both dates were not offered to me at the same time? Ironically, after I'd accepted my GP's invite, a few days later a letter arrived from NHS which would have enabled me to book both appointments through the national NHS Covid website. In theory I could still book my second appointment through that site, but have decided to wait for the present.</p> <p><i>Answer As with the answer to question 1, this is due to the logistical challenges of sites handling both the Pfizer and AstraZeneca vaccine and when the delivery schedules are released. People will be contacted to arrange their second dose when it is due, please be reassured on this point. People should not book an appointment for a second dose at a different site to where they received their first dose.</i></p> <p>6. My fiancé is due to arrive from Thailand on Sunday 14th March on a fiancé visa, she will be isolating at home with myself, and we will be getting married next month. She is obviously going to settle here with me in the UK. My question is this, as the vaccine roll out continues, I am worried that she will</p>	

Item		Actions
	<p>be overlooked for her vaccination, since it will take some time to get her registered with a doctors surgery.</p> <p><i>Answer As per answer 7, she should register with a GP on arrival.</i></p> <p>7. I live in the Borough with my partner who is from overseas and is waiting for a visa to remain application to be approved by the Home Office. I have had my 1st vaccination but will my partner be able to have the vaccination while awaiting the Home Office decision which has already been pending for 9 months (process is slow due to Covid) and what is the process to register for the vaccination?</p> <p><i>Your partner should register with a local General Practice who will be able to ensure they are included in the national database supporting the vaccination programme. All people resident in the UK are eligible to register with a practice even if they are not eligible for hospital services. Once registered then you partner will be invited in line with the national COVID vaccination JCVI cohorts, either through their practice or by the national booking services via text or letter.</i></p> <p>8. How many people have died in the UK shortly after receiving a Covid vaccination? Within 24 hours if you need a time frame? I am not against vaccines in any way (and pray they prove effective) but this information needs to be available to the public so that all risks are clearly understood. What I don't understand is currently if an 80 year old dies within 28 days of a positive Covid test they are classed as a 'dying of Covid' not old age, yet if an 80 year old dies within 28 days of having the vaccine it is old age? There have been hundreds of deaths soon after vaccination in the UK to date, the data can be found via MHRA but it is extremely hard to find unless you have hours to spare and research skills? Please confirm the above at least for the local area? Of x people vaccinated, x died within 24 hours and x suffered severe side effects. If we want people to take the vaccine in this area the best way is to be totally transparent as lack of facts breeds fear and uncertainty.</p>	

Item		Actions
	<p><i>Answer There have been no clinical incidents reporting with severe side effects within the Royal Borough of Windsor and Maidenhead.</i></p> <p>9. Re Vaccine passports, as it is widely stated that you can still catch and pass on the virus post vaccination what is the point of them? Would you want to be at an airport or sitting next to someone on a plane who has their Vaccine passport but also has Covid which you can then catch? Surely a negative should be mandatory? I think we all need to be tested in a designated area at the airport entrance before we enter the airport. That way we would all feel relaxed and safer? The same on the way back from each country? I know several people who have had Covid and although not hospitalised it was hugely unpleasant and definitely something you don't want to catch. Heathrow and the Govt need to focus on this if we are to start flying again with any confidence.</p> <p><i>Answer The evidence is still unclear on transmission of the virus following vaccination, although we understand that early signs are promising that transmission may be reduced. The government is responsible for policy nationally on vaccine passports and travel requirements and we are unable to comment further.</i></p> <p>10. My wife and I are both on the clinically extremely vulnerable list and have been shielding for a year now, this includes running our business from home. Whilst I am lucky enough to have had my first job, my wife can't get hers. She was invited to book her job at Maidenhead town hall, and did so, for 2nd February, but was advised to cancel by the GP. The reason for this is because she has food and drug allergies and has been told by our GP that she needs to have her job in a medical setting, because of the risk of anaphylaxis. However, despite the GPs best efforts, they have hit a brick wall with the local hospitals, as they seem unwilling to make provision for people like my wife, who are at risk of adverse reactions to have the vaccine in a safe, hospital setting. I don't think that it is fair, right nor proper, that some those who need the vaccine most, are being sidelined just because they need a safe environment for the job. When will this be</p>	

Item		Actions
	<p>rectified so that extremely clinically vulnerable people, who also have allergies to drugs, can get vaccinated? They seem to be a forgotten group.</p> <p><i>Answer We haven't forgotten you and we are working to arrange a vaccination clinic at Wexham Park Hospital for those with allergies, which should be available very soon.</i></p> <p><b>Visiting</b></p> <p>11. My 92 year old father is receiving inpatient care in a community hospital as rehabilitation after surgery and a period in more critical care. When will regulations mean I can visit him? Currently we are refused because he is not in a care home. It would be most helpful to visit him as his morale and cognitive abilities are deteriorating.</p> <p><i>As the country has been in lockdown, hospitals have reduced face to face visitors to a minimum to help reduce the risk of and spread of infection. Many hospitals have developed new ways of facilitating contact between patients and their family such as video or phone calls, and whilst these are clearly different from visiting in person, they have facilitated contact in the safest way possible. As we emerge from national lockdown, the NHS will be reviewing its visiting guidance and each NHS trust will be doing the same. Hospitals will be keen to enable visitors as soon as it is both practical and safe to do so.</i></p> <p><b>BHFT Guidance:</b></p> <ul style="list-style-type: none"> <li>• <i>Where possible each patient should have one nominated visitor.</i></li> <li>• <i>Staff should make time slots to ensure there are a limited number of visitors to ward patients at any one time to ensure social distancing of 2 metres can be maintained. Where there is more than one ward on a site, the wards must co-ordinate the visiting arrangements.</i></li> <li>• <i>Each ward must have an identified, indoor, risk assessed area for where visitors will come to and where the weather allows it, visiting should take place outside.</i></li> </ul> <p><i>Visitors must contact the ward prior to planning to visit and they should be informed in advance about what to expect when they see the patient</i></p>	

Item		Actions
	<p><i>and be given practical advice about social distancing, wearing personal protective equipment and handwashing. Where a visitor is able to socially distance from the patient only a mask is required, where visitors are supporting with personal care, they must wear PPE in line with staff PPE. All visitors must be shown to a hand basin to wash their hands-on arrival to and departure from the ward.</i></p> <p><i>On arrival, visitors must report to reception and share their contact details for purpose of test and trace. Visitors must be shown where they can wash their hands, and preferably be bare below the elbow. Visitors should be offered a fluid repellent surgical mask on arrival to the ward, visitors must wear masks at all times. It should be explained to visitors about maintaining a 2 metre social distance. Visitors will be taken to the identified visiting area by a member of staff.</i></p> <p><i>Prior to visiting and on arrival visitors must be asked these questions:</i></p> <ol style="list-style-type: none"> <li><i>1. Do you or any member of your household/ family have a confirmed diagnosis of COVID-19?</i></li> <li><i>2. Are you or any member of your household/family waiting for a COVID-19 test result?</i></li> <li><i>3. Have you travelled internationally in the last 10 days? If yes, confirm where and if this is a country that has been agreed as safe for travel by the government then visiting can proceed. If this is not on the list, then 10 days quarantine will apply, and visiting is denied.</i></li> <li><i>4. Have you had contact with someone with a confirmed diagnosis of COVID 19, or been in isolation with a suspected case in the last 10 days?</i></li> <li><i>5. Do you have any of the following symptoms?</i> <ul style="list-style-type: none"> <li><i>• high temperature or fever</i></li> <li><i>• new, continuous cough</i></li> <li><i>• a loss or alteration to taste or smell</i></li> </ul> </li> </ol> <p><i>If the answer is yes to any of the above questions, they should be advised they cannot visit at this time. If visitors are displaying symptoms of coronavirus they should be asked to leave, self-isolate at home for 10 day and</i></p>	

Item		Actions
	<p><i>organise a test; members of their household should also self-isolate for 10 days.</i></p> <p><i>Visitors should be limited to one per patient unless:</i></p> <ul style="list-style-type: none"> <li><i>• the patient is receiving end-of-life care, where two visitors are allowed.</i></li> <li><i>• the visitor needs to be accompanied by a carer themselves.</i></li> </ul> <p><i>On departure visitors must be shown to an area to wash their hands. A waste bin must be available at the exit for the disposal of disposable face masks.</i></p> <p><i>After the visitor leaves, the seating area should be cleaned with disinfectant wipes. An identified member of staff is required to be responsible for this cleaning between visitors.</i></p> <p><b>Enforcement/compliance – David</b></p> <p>12. Why are there so many people in Windsor sitting on benches around the Castle not socially distancing and likewise, so many in and around Peascod Street not practising social distancing, making our town feel like a potential hotspot for Covid?</p> <p><i>In terms of resources, TVP have dedicated patrols responding to and looking for breaches of both the regulations and the legislation and will have additional patrols in Windsor at the weekend. TVP cannot enforce social distancing but we will engage with and encourage people to comply with the regulations and where TVP find people breaking the law such as gatherings we will look to enforce through the use of fixed penalty notices where appropriate to do so.</i></p> <p><b>Infection</b></p> <p>13. The infection rates in Datchet Wraysbury and Horton have reduced but are still by far the highest to date of any ward in the Borough. The high levels were raised in Q12 of the January 25th Q and A's. Is there any understanding of why rates of infection were so high in DWH ward and what actions were needed to address the problem?</p> <p><i>Answer They have had higher rates during the second pandemic. The current weekly rate is 49 cases per 100,000 population, which is now in line with other wards. This represents 5 or fewer</i></p>	

	Item		Actions
		<p><i>cases per week. There are regular meetings to look at the data and this has been closely monitored throughout this area. Actions that have been taken are direct messages to residents by using 'Next Door'. This is a social media platform for communities. The Environmental Health team have visited a number of premises in the ward to ensure that they are compliant.</i></p> <p>14. At the 2011 Census, the Non-White British total of Maidenhead was 26%, with those from 'Black, Asian and Minority Ethnic backgrounds' constituting for 17.1%, and a further 9% identifying as 'White Other'. Those from Asian backgrounds (primarily Pakistani and Indian) formed the largest ethnic minority group in the town at 12.9%, and Maidenhead's ethnic minority representation will have undoubtedly increased over the past ten years. During the COVID-19 pandemic, Black, Asian and Minority Ethnic communities in the UK have been disproportionately affected, and are overrepresented in terms of infection, hospitalisation and death rates. This is also reflected in the borough of Windsor and Maidenhead, as noted in the 18<sup>th</sup> February COVID-19 update. Please can you let me know when COVID-19 data for the borough (broken down by ethnicity) will be available online?</p> <p><i>Answer/Action AR will follow this up with Public Health England.</i></p>	
3.	Local Position	<ul style="list-style-type: none"> <li>• 334.5 cases tested per 100,000 population which is a 7 day moving average.</li> <li>• 2.2% of individuals tested positive. This is a slight increase.</li> <li>• 53.5 cases per 100,000 population, which has also increased.</li> <li>• 63.0 cases per 100,00 population for 60+. This has increased also.</li> <li>• RBWM are currently sitting in line with the average of the South East and England.</li> <li>• The case rate is higher in Riverside and Clewer East wards.</li> <li>• Weekly case rate information is now available by a 5 year age band. The heat map that is available on the Berkshire Public Health website, this enables us to see the levels of Covid-19 diagnosis by age group within RBWM which has changed over times. Darker colours show higher weekly case rates in people aged 90+ (273 cases per 100,000) and 25-29 years old (109 cases per</li> </ul>	

	Item		Actions
		<p>100,000). Case rates have decreased in all age groups over the last week.</p> <ul style="list-style-type: none"> <li>• Statistically mortality rate is in line with what would be expected. There have been 6 deaths from Covid-19. Weekly death rates are starting to reduce.</li> <li>• The number of Covid-19 patients is slowly decreasing in FHFT Hospitals with 5 admissions on 28<sup>th</sup> February. On 2<sup>nd</sup> March, 124 patients were in FHFT Hospitals for Covid-19 and 18 of these were on mechanical ventilation.</li> <li>• The number of daily admissions for Covid-19 patients is slowly decrease in Royal Berkshire foundation trust hospitals. There was 1 admissions on 28<sup>th</sup> February.</li> <li>• As of 2<sup>nd</sup> March, 43 patients had bee admitted to RBFT Hospitals for Covid-19, 19 of these needed mechanical ventilation.</li> <li>• Nearly 233,000 people in Berkshire have now received a Covid-19 vaccination (first dose). This is an increases of 31,500 people since last week.</li> <li>• Approximately 92% of people aged 80 and over have now received a vaccination in Berkshire and 89% people aged 65 and over.</li> <li>• The roadmap out of lockdown is decided at a national level. This will be no earlier that 12<sup>th</sup> April. As time moves on, there will be assessments of the situation as restrictions are lifted.</li> <li>• With regards to the 90+ age group being in the higher bracket for case rates, the numbers are currently low which means that a small number or cases can have a large impact on the data.</li> </ul> <p>Action – AR to look at numbers for that age group during the week that the data is from</p> <p>Action – AR to gather information on how Hospitals plan for further outbreaks.</p> <p>Action – AR to speak to the Shared Team regarding how many visitors the Berkshire Public Health website has.</p>	
4.	Update on High Risk settings	<ul style="list-style-type: none"> <li>• Most schools welcomes students back on Monday last week. The attendance across RBWM was very good. This was in excess of 22,000 young people attending school every day. Secondary school’s numbers varied due to the students returning in phases.</li> <li>• It is slightly too early to see if there has been a negative impact on case rates with the return of Young people to schools.</li> <li>• the feedback from the Head teachers is very positive. Young people are keen to see their friends, engaging in class and enjoying being back in the classroom.</li> <li>• Feedback from teachers is that the parents are also enjoying the social element of being able to engage with other parents at the school gates. A reminder of</li> </ul>	



Item		Actions
	<p>restrictions and the 'Hand, Face, Space' guidance would be beneficial. Posters and banners have been produced to remind parents. Wardens have also been deployed to monitor the schools.</p> <ul style="list-style-type: none"> <li>• It has become clear that the children that have fallen behind or done well during the pandemic was not what was expected. Observations suggested that those children that are often described as the middle, have done very well due to more time and additional resources.</li> <li>• Sir Kevin Collins has been appointed nationally as the Head of Education recovery phase. He has arranged for multiple directors of Children Service's to start a process with him. KMcD will be representing the South East during conversations, and has invited schools to input through himself.</li> <li>• It is vital this it is encouraged for people to continue to use lateral flow testing.</li> <li>• There is no further detail on the possibility of schools remaining open during the summer break. This suggestion has gone into the working group run by Sir Kevin Collins. The Department of Education have committed to a positive activities programme. The ambition is that it will be available to young people from financially disadvantaged families.</li> <li>• The Councils Youth Service is beginning to shape up on how the service will deliver to young people directly. This could be 4 days per week. There will be an update on this 2 weeks after the Easter break.</li> <li>• Cllr Rayner thanked the charities that have donated laptops and equipment to schools.</li> </ul> <ul style="list-style-type: none"> <li>• In Adult social care, hospital discharge pressure is reducing and care capacity in the Borough remains stable.</li> <li>• Moving forward with vaccinations for the informal carers. Details have been submitted to the NHS so that they can be called forward for it.</li> <li>• There are no cases in domiciliary care agencies or supported living arrangements currently. The providers are testing their staff weekly with additional lateral flow device testing coming through. This is mirroring what is currently happening in care homes.</li> <li>• There are currently 8 out of 37 care homes in the Borough that have had 2 or more cases in the last 28 days. This is a significant reduction in terms of infection.</li> <li>• Care homes have started to have indoor visits, so far there has been no issues reported.</li> <li>• Adult Social care have worked hard with Care homes to enable Care home visitors to access the community lateral flow device testing sites to support this.</li> <li>• There was a change in requests to go into a care home after the first lockdown. There had been a number of vacancies, however once through the first lockdown, capacity started to fill up again. This has been slightly</li> </ul>	

	Item		Actions
		<p>replicated this time round. It is expected that capacity will start to fill up again if that behaviour is mirrored.</p>	
5.	Engagement and Comms	<ul style="list-style-type: none"> <li>• The comms team have focused on NHS messages, Government roadmap, the schools opening, community testing and the Vaccine.</li> <li>• During last month, there has been 50 posts on FaceBook and Twitter on all of the above.</li> <li>• The public health messages have been shared from the Government and some have been created by the Comms team. The same for the Roadmap, the team have created some of their own content.</li> <li>• For the return of schools on 8<sup>th</sup> March, banners and posters were put up outside schools. Copies have been provided to schools so that they can be included in their newsletter.</li> <li>• Messaged have been promoted around schools online and via the Covid-19 newsletter which is being sent out to the majority of the residents within RBWM.</li> <li>• There is a section on RBWM's website that is for the vaccination. Content is being shared on there which has been received from the CCG.</li> <li>• The scheme for community testing launched on 8<sup>th</sup> February. Using social media, 100,000 people have been reached during the first 4 weeks. This is a mixture of static content which is tweet cards and graphics seen on social media.</li> <li>• There is a dedicated webpage to Covid-19 on RBWM's website.</li> <li>• The community collect scheme is due to start next week. This is where test kits can be picked up by individuals. The social media campaign for this will begin this week.</li> <li>• Interviews have continued with Asian Star radio.</li> <li>• There are over 150 people on the recipient list for the community champion emails, this is messaged that they can share within their community.</li> <li>• The Covid-19 newsletter has 54,000 people on the mailing list. This has an average click rate of 53% which is higher than the industry average.</li> <li>• The comms team have also taken part in some surge test exercises and working with other councils who have also done this. Surge testing is around intensive tests on location following variations of concerns that are unexplained. It allows for a better surveillance of the area. It is typically driven by postcode or surrounding areas. This enables Public Health England to have a much more detailed understanding through PCR testing.</li> </ul>	LD
6.	Enforcement and Compliance Activity	<ul style="list-style-type: none"> <li>• 12 inspections undertaken. All of these visits were compliance checks. 9 of which were broadly compliant, 3 had minor compliances which were resolved by undertaking the visit which meant no enforcement or sanctions to be issued.</li> <li>• During the inspections, the enforcement team were able to undertake the routine food hygiene inspections for 5 of the properties visited.</li> </ul>	

	Item		Actions
		<ul style="list-style-type: none"> <li>• 29 service requests –</li> <li>• 19 general non covid enquiries, 5 covid enquiries or advice, 2 Covid workplace measures,</li> <li>• 3 notifications received of Outbreaks within high risk settings, all within schools. This is a decrease.</li> <li>• 5 requests of premises opening</li> <li>• From 1<sup>st</sup> to 7<sup>th</sup> March, the outbreak notifications are lowering. High risk settings shows numbers mainly in schools.</li> </ul>	
7.	Update on Vaccination programme		
8.	AOB	<ul style="list-style-type: none"> <li>• None.</li> </ul>	
9.	Date of next public meeting	19 <sup>th</sup> April 2021, 2.30pm, Zoom meeting	

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