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NOTICE

OF

#### **MEETING**

## OUTBREAK ENGAGEMENT BOARD

will meet on

**MONDAY, 20TH DECEMBER, 2021** 

At 2.30 pm

by

**VIRTUAL MEETING - ONLINE ACCESS AND ON RBWM YOUTUBE** 

#### TO: <u>MEMBERS OF THE OUTBREAK ENGAGEMENT BOARD</u>

HILARY HALL – EXECUTIVE DIRECTOR OF ADULTS, HEALTH AND HOUSING (CHAIRMAN)

TRACY HENDREN – HEAD OF HOUSING AND ENVIRONMENTAL HEALTH ANNA RICHARDS – CONSULTANT IN PUBLIC HEALTH DAVID SCOTT – HEAD OF COMMUNITIES

KEVIN MCDANIEL – EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES LOUISA DEAN – COMMUNICATIONS AND MARKETING MANAGER

COUNCILLOR STUART CARROLL

COUNCILLOR SIMON WERNER

Karen Shepherd – Head of Governance - Issued: 10th December 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 <a href="https://www.rbwm.gov.uk">www.rbwm.gov.uk</a> or contact the Panel Administrator **Mark Beeley** 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.

## <u>AGENDA</u>

### <u>PART I</u>

ITEM	SUBJECT	PAGE
		NO
1.	APOLOGIES FOR ABSENCE	-
	To receive any apologies for absence.	
2.	DECLARATIONS OF INTEREST	5 - 6
	To receive any declarations of interest.	
3.	MINUTES	7 - 14
	To consider the minutes of the meeting held on 15 <sup>th</sup> November 2021.	
4.	QUESTIONS FROM THE PUBLIC	-
	To consider any questions submitted to the Board.	
5.	UPDATE ON THE VACCINATION PROGRAMME	Verbal
	To hear from the Executive Managing Director (CCG).	Report
6.	UPDATE ON IMPACT OF COVID ON HOSPITAL ACTIVITY	Verbal
	To hear from the Executive Managing Director (CCG).	Report
7.	LATEST LOCAL POSITION	Verbal Report
	To hear from the Consultant in Public Health.	Кероп
8.	UPDATE ON HIGH RISK SETTINGS	Verbal Report
	To hear from the Executive Director of Children's Services.	Report
9.	COMMUNICATIONS AND ENGAGEMENT ACTIVITY	Verbal Report
	To hear from the Communications and Marketing Manager.	Кероп
10.	ENFORCEMENT AND COMPLIANCE ACTIVITY	Verbal Report
	To hear from the Head of Housing and Environmental Health.	Report
11.	ANY OTHER BUSINESS	-
	To consider any other business.	
12.	FUTURE MEETING DATES	-
	All at 2.30pm:	

- Monday 17 January 2022
- Monday 21 February 2022
- Monday 21 March 2022
- Monday 25 April 2022
- Monday 23 May 2022
- Monday 20 June 2022
- Monday 18 July 2022
- Monday 22 August 2022
- Monday 19 September 2022
- Monday 17 October 2022
- Monday 14 November 2022
- Monday 12 December 2022



## Agenda Item 2

#### MEMBERS' GUIDE TO DECLARING INTERESTS AT 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 Disclosable Pecuniary Interest (DPI) or Other Registerable 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.

Any Member with concerns about the nature of their interest should consult the Monitoring Officer in advance of the meeting.

#### Non-participation in case of Disclosable Pecuniary Interest (DPI)

Where a matter arises at a meeting which directly relates to one of your DPIs (summary below, further details set out in Table 1 of the Members' Code of Conduct) you must disclose the interest, **not participate in any discussion or vote on the matter and must not remain in the room** unless you have been granted a dispensation. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted by the Monitoring Officer in limited circumstances, to enable you to participate and vote on a matter in which you have a DPI.

Where you have a DPI on a matter to be considered or is being considered by you as a Cabinet Member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

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 (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her 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 council.
- Any licence to occupy land in the area of the council for a month or longer.
- Any tenancy where the landlord is the council, and the tenant is a body in which the relevant person has a beneficial interest in the securities of.
- Any beneficial interest in securities of a body where:
  - a) that body has a place of business or land in the area of the council, 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 <u>or</u> (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.

#### **Disclosure of Other Registerable Interests**

Where a matter arises at a meeting which *directly relates* to one of your Other Registerable Interests (summary below and as set out in Table 2 of the Members Code of Conduct), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest.

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Other Registerable Interests (relating to the Member or their partner):

You have an interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body
  - (i) exercising functions of a public nature
  - (ii) directed to charitable purposes or

one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

#### **Disclosure of Non- Registerable Interests**

Where a matter arises at a meeting which *directly relates* to your financial interest or well-being (and is not a DPI) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer) you do not have to disclose the nature of the interest.

Where a matter arises at a meeting which affects -

- a. your own financial interest or well-being;
- b. a financial interest or well-being of a friend, relative, close associate; or
- c. a body included in those you need to disclose under DPIs as set out in Table 1 of the Members' code of Conduct

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied.

Where a matter *affects* your financial interest or well-being:

- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer, you do not have to disclose the nature of the interest.

#### Other declarations

Members may wish to declare at the beginning of the meeting any other information they feel should be in the public domain in relation to an item on the agenda; such Member statements will be included in the minutes for transparency.

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# RBWM Outbreak Engagement Board Monday 15th November 2021, 2.30pm, Zoom meeting



#### **Board Attendees:**

- Cllr Carroll
- Cllr Werner
- Cllr Price
- Executive Director of Adults, Health and Housing Hilary Hall
- Communications and Marketing Manager Louisa Dean
- Consultant in Public Health Anna Richards
- Executive Director of Children's Services Kevin McDaniel
- Executive Managing Director RBWM, Clinical Commissioning Group Caroline Farrar
- Head of Communities David Scott
- Head of Housing, Environmental Health and Trading Standards Tracy Hendren
- Environmental Health Manager Obi Oranu

#### **Additional Attendees:**

- Cllr Hilton
- Cllr Stimson
- Cllr Story
- Andrew Battye Head of Operations for East Berkshire and South Buckinghamshire, South Central Ambulance Service.

#### **Apologies:**

- Chief Executive Duncan Sharkey
- Director of Public Health Berkshire East Stuart Lines

	Item	
1.	Conflicts of Interest	Councillor Carroll declared a personal interest as he was an independent healthcare consultant, infectious disease specialist and vaccines expert and had formerly worked for Sanofi Pasteur. He was currently working as an adviser for the Vaccines Taskforce and Antiviral and Therapeutics Taskforce. Councillor Carroll declared this in the interests of full transparency and to highlight that should for any reason during the meeting, or indeed during future meetings, the Outbreak Engagement Board discussed anything directly related to Sanofi Pastuer's business he would abstain from the discussion and leave the room as required.
2.	Minutes of the last meeting	<ul> <li>The minutes of the meeting were approved, subject to the following additions:         <ul> <li>Confirmation that residents were being notified about the symptoms of Long Covid.</li> <li>Whether promotion of flu vaccines should be undertaken when there seems to be a shortage.</li> </ul> </li> </ul>

	Item	
		<ul> <li>Any updates on the Bradford pilot and the provision of CO2 monitors in schools.</li> <li>Concern that the advice to Councillors to wear masks at meetings was slow in being circulated.</li> </ul>
3.	Questions from the Public	<ul> <li>What are the current Covid immunity rates in the Borough for school aged children and adults, and given the immunity levels as well as the vaccination rates, do the panel consider that it is now time to move on from the frequent Covid messaging and switch now to the impact of other health issues arising in the Borough such as Cancer, heart disease, diabetes etc?  There is a slight misunderstanding in that we have vaccination rates but we do not have immunity rates. The latter would require testing of the whole population. Whilst we do have vaccination rates, vaccination, in and of itself, does not equal immunity as it does not offer 100% protection although protection against serious infection and death is very good. With regards to messaging, all areas have continued to be covered. The challenge is that one is inextricably linked to the other and the higher the Covid rates are, the more pressure there is within the health services to deal with the other work. This is what is being experienced at the moment. Long Covid is another serious issue and it is not known how long people will live with this.</li> <li>In recent months, Clewer Newtown ward has been recording particularly high number of covid infections, in many weeks it is amongst the highest in the Borough and much higher than the national averages. What is causing these disproportionate rates? I note that it drops during half term. Is this reduction significant in terms of understanding where infections are occurring? What is RBWM doing about the numbers and can you provide a breakdown of where infections are occurring so we can put the data into context?</li> </ul>
		Clewer Newtown is not a ward in its own right, it is part of the ward of Clewer East. Colleagues in the data team have been asked to look at this question to see if anything can be identified and to be able to advise. There are super output areas, and higher and lower areas have been looked at in regards to actions, which are sub ward populations to give greater insights into issues. There needs to be a note of caution as we are still looking at relatively small numbers in the context of being sub ward and therefore a small part of borough as a whole. Generally we report on numbers for the borough as a whole and then at Ward level. On certain specific items, we have been looking at actions at super output areas because that gives us greater insight as to where there are specific needs and actions required. Overall, it would appear there are some small pockets of activity rather than there being a wide whole spread explanation. We are therefore looking at what else can be done to address the rates. There have been a number of areas that have fluctuated in terms of numbers across the Borough.
4.	Update on the impact of Covid on Hospital Activity	Hospital activity     The occupancy of the beds is between 90 and 110 Covid positive patients over the last four weeks in Frimley Park and Wexham Park hospitals. The acuity and length of stay has slowly been increasing. Currently there are 5 Covid positive patients in Frimley and 5 in

Item	
	<ul> <li>Wexham Park, then there are 13 patients without Covid on ICU. This is having a knock on effect on planned operations.</li> <li>There are operational challenges as the trust has to run 4 critical care units, 1 for Covid and 1 for non-Covid at each site.</li> <li>Currently there are about 50 staff off work with Covid or who are self isolating which is just over 2% of the Trust's staff.</li> <li>The Trust is seeing a raised demand for both emergency pathways and for planned care. Trust colleagues are saying it's the busiest they have ever seen it and we are not yet in the months which are traditionally busy, namely January and February. The lack of bed capacity is a daily challenge for all the teams as Covid positive patients cannot be placed in the same wards as non Covid positive patients. The consequence of this is planned operations are being cancelled due to emergency admissions.</li> </ul>
	<ul> <li>Ambulance service</li> <li>Within the ambulance service there is similar issues with regards to staff sickness. 12% of their staff is currently off sick which is double the usual sickness rate.</li> <li>Demand is up significantly. To plan for the oncoming year, previous years' demand is looked at and 3% is added. The current demand increase across the whole Trust is 13%.</li> <li>Every month from April, the demand has been greater each month except for August. May was the worst month with a 33% increase in demand.</li> <li>The triage system prioritises calls, the categories go from 1 – 4. Category 1 is non breathing patients etc where time is of the essence, the response time is 7 minutes. Category 2 has a response time of 17 minutes. The ambulance service will now try and treat the person on the scene if possible due to the impact within the hospitals.</li> <li>The ambulance service, in common with the NHS, is seeing the impact of patients with co-morbidities who were isolating during Covid and are now requiring treatment which is impacting on the flow through the hospitals. This is then being exacerbated by the impact of Covid positive patients. The national target for the ambulance service is to hand over patients to the hospital within 15 minutes. From April this year, looking at every hospital that the ambulance service covers in the South Central area, of patients that took over 15 minutes to handover, they have lost 23,462 hours when an ambulance would otherwise be available to attend to other patient. The current view of NHS England is that no delay is acceptable.</li> <li>When other hospitals start to stack, the vehicles within the borough area will assist in other areas which means ambulances are lost within this area. The Queen Alexandra Hospital in Portsmouth creates the biggest challenge. Last week a Bracknell crew had to take a patient to this hospital which meant they had to join the queue there but equally meant that they were travelling a long distance.</li> <li>The amount of work the</li></ul>

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		<ul> <li>GP. Another option is NHS 111 which uses the same pathway as the 999 service. By nature of its product it will be risk averse and therefore people need to think carefully about the questions NHS 111 asks them and their responses – it is important to be clear whether the situation is a crisis (requiring ambulance support) or can it be dealt with in a different way.</li> <li>The focus needs to be on self care and good hygiene. Alongside the risks of Covid, now is also the season for norovirus which causes vomiting and diarrhoea and is also highly contagious. It is important that if people have those symptoms, they isolate and therefore reduce the risk of spreading infection.</li> <li>There is a queue system with both 111 and 999. When people are on hold it is best to stay holding because redialling puts you to the back of the queue.</li> <li>The challenges with staffing are causing the trust to prioritise the resources they have. Normally with the ambulance service you will get an associate ambulance practitioner or paramedic working with the Emergency Care Assistant, who cannot make clinical decisions. Where there are staffing constraints, this is not possible. Therefore, the service has twin Emergency Care Assistant crews, where they will be on a vehicle together but they will not be sent out on calls that will need clinical decisions to be made. The main role for them is once a patient has been deemed minor, or a GP has called to say someone needs to go into hospital but they do not require any treatment on the way, then they will be used to convey those patients to hospital as it frees up other clinical resource for emergencies.</li> <li>The walk in centre at Bracknell for minor injuries is invaluable and is probably more accessible than going to Wexham hospital. Consideration is being given to the future model of urgent care, including walk-in provision.</li> <li>There is a national problem in the Borough. This are pressures on the care sector in the borough, particularly around recruitment, but the</li></ul>
5.	Update on Vaccination Programme	<ul> <li>The booster programme is underway.</li> <li>The cohorts have now opened to ages 12 and above. All three vaccination centres are open to these age groups and they also continue to provide the "evergreen offer".</li> <li>The vaccination bus has also visited the Borough. Last week the bus was in White Waltham and although the figures are not back from last week's activity, the indications are that it went very well. This week the bus will be in Eton Wick.</li> <li>The CCG is waiting to hear on the next cohort for second doses and boosters which are expected this week, and which will assist on planning activity for January.</li> <li>The CCG is also looking at what a longer term programme will look like for Frimley ICS and the Royal Borough. It is at the early stages of this but it is likely that annual vaccinations will be required. It was agreed that a discussion on the lessons learnt from the vaccination rollout this year would be a useful topic for a future Board meeting once the information that is still being collected nationally is available.</li> <li>Cllr Price questioned whether information was available on the flu vaccination take up and CF agreed to find out and report back.</li> </ul>

	Item	
		Action – CF to find information out on the flu vaccination programme and report back to the next meeting.
6.	Local Position	<ul> <li>368 cases per 100,000 population. This represents 557 cases in the last 7 day period. This is a 16% reduction on the previous 7 days. This is a similar level to the South East average of 358 cases. The England average is 339.</li> <li>128 cases per 100,000 population for the 60+ age group. This has also decreased by 47% and is lower that the South East and England average.</li> <li>There have been 677 individuals tested per 100,000 population. We are testing more than other local authorities across Berkshire, and also South East and England.</li> <li>7.9% of individuals tested have tested positive.</li> <li>Previously all of the wards within RBWM have had high case rates. There is some variation across the wards now, although there are cases in all of the wards. Relatively higher case numbers are in Hurley and the Walthams, Furze Platt and Oldfield.</li> <li>Weekly case rates at 4* November show the highest rates in people aged 10-14 year olds (925 cases per 100,000) and 40-44 year olds (698 cases per 100,000). There were no cases in people aged 85 and over.</li> <li>The number of Covid-19 patients has continued to stay at low levels in FHFT Hospitals with 9 new admission on 31st October. On 2*nd November, 36 patients were in FHFT Hospitals for Covid-19 with 6 on mechanical ventilation.</li> <li>The number of daily admissions for Covid-19 patients also remains low in Royal Berkshire Foundation Trust hospitals. There were 3 new admissions on 31st October. As of 2*nd November, 19 patients were in RBFT Hospitals for Covid-19, with 1 patient needing mechanical ventilation.</li> <li>There have been some Covid-19 deaths, however few compared to what was seen earlier on in the year. Overall mortality rate is in line with what would be expected for this time of year.</li> <li>Over 694,000 people living in Berkshire have now received dose 1 of the Covid-19 vaccination, and nearly 633,000 people have received both doses. The question was raised as to whether booster data was also available and AR agreed to inves</li></ul>

	Item	
		Cllr Carroll raised concerns about some residents believing that because they have had Covid, they then have natural immunity and therefore do not need the vaccine. This is not true and vaccination is still the best for optimal protection.  Action AR to follow up with collegeness if the data for the beautice.
		Action – AR to follow up with colleagues if the data for the boosters is able to be shared
7.	Refresh of the Local Outbreak Management Plan	<ul> <li>The Borough is required to have a Local Outbreak Management Plan often referred to as a LOMP.</li> <li>An outbreak is where multiple cases are identified linked to a single setting.</li> <li>The aim of the plan is to ensure we have robust multi-agency arrangements for responding to, and dealing with, Covid-19 outbreaks within the Borough. The review has been undertaken in partnership with relevant stakeholders.</li> <li>The focus remains on high risk settings where we know outbreaks have occurred such as schools and care homes.</li> <li>The team have reviewed the environmental health/notification process to ensure it reflects current best practice and is in line with other infectious disease management processes.</li> <li>The next steps are to have formal approval of the plan by the Director of Public Health and the Chief Executive of RBWM.</li> <li>The public version of the plan will be made available on the council's website.</li> <li>The next review will be in June 2022, unless there is a need to bring this forward.</li> </ul>
8.	Update on High Risk settings	<ul> <li>There has been an increased rate within schools. A letter was sent to schools prior to half term, which encouraged the use of face coverings in communal areas in schools and daily lateral flow testing for those living in the same household to seek to reduce the spread. This was proven earlier in the year to help with spreading the infection. The information has been shared with parents by the schools.</li> <li>Schools continue to be open. School leaders report continual disruption due to illness of staff as the main challenge and this is also affecting the availability of supply teachers. All classes will remain open with the possibility of remote learning.</li> <li>With regards to the CO2 monitors, the Department for Education deal directly with schools therefore we do not have an update from them directly. Two-thirds of schools have reported, however, that they have received CO2 monitors. 420 monitors have been distributed and the rest will be received during this term.</li> </ul>
9.	Engagement and Comms	<ul> <li>The vaccine take up and the booster has been promoted. Also promoting to parents of 12 – 15 year olds that they can book through the national booking system or they can use the walk in vaccine centres.</li> <li>The Long Covid campaign has been started again. This was on RBWM's social media feeds last week.</li> <li>The NHS vaccine bus has been in Datchet and White Waltham and will be in Eton Wick next week. This has been promoted on all social media channels and via the newsletter.</li> <li>Testing messages have gone out including community testing at leisure centres and walk in's.</li> </ul>

	Item	
		<ul> <li>The government campaign has been promoted which is called Stop Covid Hanging Around. This has been promoted on all channels.</li> <li>The general reminders about covid safe behaviour have been shared as well.</li> <li>The team has been working with the Polish church and school in Slough regarding some Covid grants. Also working with the East Berkshire Public health team around the winter comms messaging including general tips and advice.</li> <li>There are at least 5 posts on social media weekly. There is a 45% click rate on the fortnightly newsletter and the covid champion email still goes out as well.</li> <li>LD confirmed that she will liaise with SCAS comms manager around messaging on use of 999.</li> <li>Cllr Price asked that in addition to messaging about the use of masks at council meetings, information should be provided about whether rooms where meetings are being held have natural ventilation.</li> <li>ACTION: LD to liaise with SCAS on messaging around the use of 999 and to work with Democratic Services on messaging around ventilation in rooms used for council meetings.</li> </ul>
10	Enforcement and Compliance	<ul> <li>15 general inspections have been undertaken, with 2 visits specifically related to covid risk assurance activity.</li> <li>The team responded to 12 service requests, none of which were related to covid concerns or complaints.</li> <li>There is a weekly meeting between the team and public health to share details of any premises requiring advisory visits which is resulting in around 2-3 visits per week with the majority of these being schools or leisure facilities.</li> <li>There has been 1 workforce notification, this is the first for many weeks, a visit by the team is underway.</li> <li>There have been 5 new food premises notifications, which continues to demonstrate the amount of new and alternative businesses starting up within the Borough. The team is using the opportunity to promote to employers the benefits of vaccination for their staff and as a result of the follow up visit to one of the colleges, they have now requested the vaccine bus to visit the college.</li> </ul>
11.	AOB	There was no other business.
12	Date of next public meeting	20 <sup>th</sup> December 2021

