

NOTICE
OF
MEETING

OUTBREAK ENGAGEMENT BOARD

will meet on

MONDAY, 21ST FEBRUARY, 2022

At 2.30 pm

by

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

TO: MEMBERS OF THE OUTBREAK ENGAGEMENT BOARD

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 HELEN PRICE

COUNCILLOR SIMON WERNER

Karen Shepherd – Head of Governance - Issued: 11th February 2022

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 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.

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 17 th January 2022.	7 - 12
4.	<u>QUESTIONS FROM THE PUBLIC</u> To consider any questions submitted to the Board.	-
5.	<u>UPDATE ON THE VACCINATION PROGRAMME AND HOSPITAL ACTIVITY</u> To hear from the Executive Managing Director (CCG).	Verbal Report
6.	<u>LATEST LOCAL POSITION</u> To hear from the Consultant in Public Health.	Verbal Report
7.	<u>UPDATE ON LONG COVID</u> To hear from the Executive Managing Director (CCG) and the Consultant in Public Health.	Verbal Report
8.	<u>UPDATE ON HIGH RISK SETTINGS</u> To hear from the Executive Director of Children's Services.	Verbal Report
9.	<u>COMMUNICATIONS AND ENGAGEMENT ACTIVITY</u> To hear from the Communications and Marketing Manager.	Verbal Report
10.	<u>ENFORCEMENT AND COMPLIANCE ACTIVITY</u> To hear from the Head of Housing and Environmental Health.	Verbal Report
11.	<u>ANY OTHER BUSINESS</u> To consider any other business.	-
12.	<u>FUTURE MEETING DATES</u>	-

All at 2.30pm:

- 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

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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 **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.

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.

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.

RBWM Outbreak Engagement Board Monday 17th January 2022, 2.30pm, Zoom meeting

www.rbwm.gov.uk



Board Attendees:

- Cllr Carroll
- Cllr Werner
- Cllr Price
- Executive Director of Adults, Health and Housing – Hilary Hall
- Communications and Engagement officer – Louise Page
- Consultant in Public Health – Anna Richards
- Head of Housing, Environmental Health and Trading Standards - Tracy Hendren
- Executive Director of Children’s Services – Kevin McDaniel
- Executive Managing Director RBWM, Clinical Commissioning Group – Caroline Farrar
- Head of Communities – David Scott

Additional Attendees:

- Cllr Del Campo
- Cllr Hilton
- Cllr Baldwin
- Cllr Hunt
- Cllr Bond
- Cllr Cannon
- Cllr Stimson
- Cllr Bhangra
- Cllr Rayner
- Cllr Brar
- Cllr Clark

Apologies:

- Chief Executive – Duncan Sharkey
- Director of Public Health Berkshire East – Stuart Lines
- Communications and Marketing Manager – Louisa Dean

	Item	
1.	Conflicts of Interest	<ul style="list-style-type: none"> • 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.

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2.	Minutes of the last meeting	<ul style="list-style-type: none"> • The minutes of the meeting were approved, subject to the following additions: <ul style="list-style-type: none"> ○ Confirmation to be provided to residents, that where the rooms could not be ventilated by opening windows, the air conditioning had been properly checked and was confirmed to be adequate. ○ Vaccination service in Windsor is a bookable service, which is why lunch breaks are taken without any detriment to residents.
3.	Questions from the Public	<ul style="list-style-type: none"> • How many of the Governments 8000 air purifiers have been allocated to RBWM schools & Colleges? <i>The first 1,000 air purifiers were earmarked for special schools. Within our borough ,the Forest Bridge School has not sought any air purifiers, because they are comfortable that their new building with the new ventilation system meets their needs. Manor Green School is currently seeking 5 purifiers from the DHFE so that they do not have to open their doors in some of the classrooms quite so often. At present, they do not have these, however this is being actively followed up.</i> • Have CO2 monitors been installed and are they working in every classroom in RBWM schools & Colleges? How are they monitored? <i>The Department for Education has distributed 300,000 CO2 Monitors, which detect how much CO2 is in the air. They are portable devices which schools can move around. All schools have the monitors and are in use. Classrooms are monitored by the staff, and if the levels are rising they will open windows or use different spaces.</i> • What happens when a classroom has a CO2 level above 800 parts per million (the recommended level) and it is not possible to improve ventilation in the classroom? <i>None of the schools have found a particular location where the levels are going above 800 parts per million.</i> • How many classrooms regularly have levels above 800 parts per million? <i>There are no classrooms that have levels above 800 parts per million regularly.</i> • Are schools and colleges individually responsible for investigating and funding long term ventilation solutions and what is currently being offered by the government? <i>For clarification, while the Department for Education are making these devices, they are not offering any specific money in the form of capital grants to any schools for adaptations that need to be made. So the funding that is required for any structural changes would need to come from the three normal places which are devolved formula capital, the school maintenance grant and for academy schools they would need to bid to the condition improvement fund.</i> • How many people in Frimley Park hospital suffering from Covid are not vaccinated? <i>This information is not available at a local hospital trust level; however the evidence is clear that not getting vaccinated against covid puts people at greater risk of serious illness. The latest intensive care national audit research shows that 3 in 5 people in intensive care have</i>

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		<i>not been vaccinated. Getting vaccinated is the best way to protect yourself and your family.</i>
4.	Update on Vaccination Programme	<ul style="list-style-type: none"> • The booster campaign and the evergreen offer has continued to run. The uptake was very good at first, however over Christmas and New year, this reduced leading to the workforce being stood down. • Work is continuing to target the vulnerable population. There is a small but steady increase on first vaccinations. At present capacity is being matched to demand as it is not sustainable for sites to be offering lots of slots that then go unutilised. • With regards to the Omicron surge, it was considered that additional services would need to be opened for people who have a covid19 infection and need a primary care appointment. However, this has not been needed but it will be kept under review as there is uncertainty on the next phase of this surge and possible recirculation. • There has been additional capacity booked for non covid services in all three local areas including Windsor at King Edward and at St Marks hospital. It has been important to keep the separation for covid and non covid services in light of the additionally infectious Omicron variant. <p>Hospital Activity</p> <ul style="list-style-type: none"> • Data for people with long covid is not known at present. This is also due to people not registering this with health services. Estimates are made; however, the number is not easy to calculate. • Within the hospital, there are a still a number of beds closed due to infection control. Staff sickness rate is higher than it would normally be. Much focus is currently on timely discharge to free up capacity in the hospitals. There has been a knock on impact with a large amount of elective procedures needing to be cancelled.
6.	Local Position	<ul style="list-style-type: none"> • 1,433 cases per 100,000 population. This represents 2,167 cases in the last 7 day period. This is in line with the South East average of 1,363 cases and the England average of 1,698. All case rates are going down. • 742 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. • There have been 952 individuals tested per 100,000 population. • 23.7% of individuals tested have tested positive. This is also reducing. • There are still cases in all of the wards across the borough. • Weekly case rates at 6th January show the highest rates in people aged 20-24 year olds (3,022 cases per 100,000), 30-34 year olds (2,365 cases per 100,000) and 25-29year olds (2,351 per 100,000). There are high case rates across all age groups presently. • The winter pressures are increasing within FHFT hospitals. • The number of Covid-19 patients in FHFT Hospitals is increasing with 16 new admissions on 2nd January. On 4th January, 148 patients were in FHFT Hospitals for Covid-19 with 15 on mechanical ventilation. • The number of daily admissions for Covid-19 patients is also increasing in Royal Berkshire Foundation Trust hospitals. There were 8 new admissions on 2nd January. As of 4th January, 75 patients were in RBFT Hospitals for Covid-19, with 5 patients needing mechanical ventilation. • There have been a small number of Covid deaths, although this is a relatively small number compared to the previous year. Overall

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		<p>mortality rate is in line with what would be expected for this time of year.</p> <ul style="list-style-type: none"> • Over 277,000 people aged 50 and over have now received their three doses/booster Covid-19 vaccination in Berkshire. This equates to 81% of the population. • The guidance for self isolation is people who have tested positive with a lateral flow or PCR, will now self isolate for 5 days if they have a negative result using a lateral flow test. They will have to test on day 5 and day 6 and the tests must be 24 hours apart. If the test is positive, the person will have to continue to test until a negative result is received for two consecutive days. Timing of taking the test is not specified. <p>Action – AR to check the guidance on isolation times prior to the new guidance. Action – HH to add Long covid to be a regular item on the agenda. Action – AR to check the guidance on timing of testing for release after isolation.</p>
8.	Update on High Risk settings	<ul style="list-style-type: none"> • As the schools have only been back a week, the implications on schools of the Omicron variant are still unknown. • Secondary schools undertook return to school testing, which showed a slight increase in the number of cases compared to the last week before the Christmas break. There is a group of young people that are remote learning due to staff absences; however, schools remain predominantly open for in person education. No schools have reported that they will be closing. • The schools have not reported to test and trace for an extended period, however all the schools are willingly filling in a daily case count. • In relation to care homes, there have been some small outbreaks within them however nothing significant. These are being managed and all infection control measures are in place.
9.	Engagement and Comms	<ul style="list-style-type: none"> • Continuing to push messages on vaccinations, encouraging people to come along and take up the vaccination. • Mask wearing, opening windows and washing your hands are messages being sent. • The changes on PCR testing and isolation times have been shared with the residents. Also mental health messaging has been put out. • All channels, including social media, covid newsletters and community champions, continue to be used. • In the last week, there has been a slight re-brand, just to use different ways of sending the same messages to residents. • Those wards with higher case rates were named in one of the covid newsletters. This came from the East Berkshire public health report which was in the public domain. However, the Board felt that was unhelpful. <p>Action – LP to redact the names of the wards from communications that have higher case rates during that week.</p>
10	Enforcement and Compliance	<ul style="list-style-type: none"> • Since the revocation of the earlier set of Covid regulations and earlier Government advice last summer, Environmental health have generally provided a reactive and advisory response to covid, and this is reflected in the recent covid related demands on the service over the past three months.

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		<ul style="list-style-type: none"> • Single cases are not normally investigated but remain on file to inform future investigations if further cases come through. • Outbreaks are defined as two or more cases linked by a particular place or time. • There were: <ul style="list-style-type: none"> ○ 21 regulatory visits which includes proactive inspection work ○ 14 service requests, which include complaints or referrals ○ 0 direct covid notifications • The UK Health Security Agency has been identifying common exposures across RBWM area and then using data from the NHS test and trace system to collate and identify common exposure areas. Once this is collated into clusters, it would be looked to see if anything has been reported or if there were more cases in the previous 28 days. There were 4 advisory investigations, 3 of which were advice only and 1 visit was undertaken. No significant issues were found. • 6 additional food registration requests. Applications are continuing to be reported on a weekly basis, averaging at 20 new registrations a month. • Plan B measures will continue and will expire on 26th January. The current legislation remains the same as in December for indoor and outdoor events. • Environmental health will respond to complaints about an absence of signage and will also advise businesses on compliance with this requirement during regulatory visits. • Out of hours will continue to be provided for any Covid outbreaks reported by the Thames Valley Health Protection Team outside of office hours. • Advice and guidance on compliance have been provided to businesses/venues regarding vaccine or test status of visitors. There have been no complaints made to RBWM concerning this. • Environmental health are currently undertaking their food sampling programme. • With street food stalls, the food hygiene and sampling will still take place and the team will still inspect.
11.	AOB	<ul style="list-style-type: none"> • Clarification was provided that an endemic is where the outbreak is confined to a certain number or areas or territories which means it is not as wide or far reaching as a pandemic. The next step down is an outbreak in terms of rate and geographical spread. The main difference between a pandemic and endemic is the predictability. A clearer occurrence or rate will be within an endemic. As the virus is unpredictable and its ability to mutate, it is not possible to estimate when this will become flu like in order to be able to control the epidemiology of the virus.
12	Date of next public meeting	21 st February 2022

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