

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

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| 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. |
| 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 that residents were being notified about the symptoms of Long Covid.○ Whether promotion of flu vaccines should be undertaken when there seems to be a shortage. |

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| | | <ul style="list-style-type: none"> ○ Any updates on the Bradford pilot and the provision of CO2 monitors in schools. ○ Concern that the advice to Councillors to wear masks at meetings was slow in being circulated. |
| 3. | Questions from the Public | <ul style="list-style-type: none"> ● 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. ● 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? 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 | <p>Hospital activity</p> <ul style="list-style-type: none"> ● 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 |

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| | <p>Wexham Park, then there are 13 patients without Covid on ICU. This is having a knock on effect on planned operations.</p> <ul style="list-style-type: none"> • 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. • 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. • 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. <p>Ambulance service</p> <ul style="list-style-type: none"> • 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. • 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%. • 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. • 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. • 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. • 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. • The amount of work the service is getting is variable and there is a need to reinforce to the public that ambulances should only be called if it is a real emergency. • In response to questions, AB confirmed as follows: <ul style="list-style-type: none"> • GPs are still seeing people face to face. There is still a lot of telephone triage done by GPs because they are trying to minimise the risk to them and the patients. They have found that a larger number of activities can be dealt with over the phone. Pharmacies can also assist, they can advise and can also liaise with people's |

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| | | <p>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.</p> <ul style="list-style-type: none"> • 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. • 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. • 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. • 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. • There is a national problem of care home beds not being available, but this is not a problem in the Borough. This are pressures on the care sector in the borough, particularly around recruitment, but they are currently being managed. |
| 5. | Update on Vaccination Programme | <ul style="list-style-type: none"> • The booster programme is underway. • 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”. • 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. • 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. • 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. • Cllr Price questioned whether information was available on the flu vaccination take up and CF agreed to find out and report back. |

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| | | Action – CF to find information out on the flu vaccination programme and report back to the next meeting. |
| 6. | Local Position | <ul style="list-style-type: none"> • 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. • 128 cases per 100,000 population for the 60+ age group. This has also decreased by 47% and is lower than the South East and England average. • 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. • 7.9% of individuals tested have tested positive. • 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. • Weekly case rates at 4th 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. • The number of Covid-19 patients has continued to stay at low levels in FHFT Hospitals with 9 new admission on 31st October. On 2nd November, 96 patients were in FHFT Hospitals for Covid-19 with 6 on mechanical ventilation. • 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 2nd November, 19 patients were in RBFT Hospitals for Covid-19, with 1 patient needing mechanical ventilation. • 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. • 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 investigate. • Even with both doses of the vaccine, it is still possible to catch Covid-19. The vaccine is less effective in preventing infection, but it is more effective in preventing severe disease and hospitalisation. • We are very much still in a pandemic, although different in terms of hospitalisations compared with earlier in the year. 19% of adults within RBWM have not had dose 1 or 2 covid vaccine. There has been a lot of work within RBWM to understand why people are not being vaccinated. Different options to respond to people's different concerns are being actively pursued. Pop up clinics are a possibility to make this more accessible. • The "hands, face, space" message is still valid and needs to be followed. • It was noted that the 70 – 74 age range has a higher case rate compared with those aged older. There has been a marginal increase from 29th October to 4th November. AR confirmed that there is no specific intelligence associated with risk factors for this particular age range, but it will be kept under review. |

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| | | <ul style="list-style-type: none"> • 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. <p>Action – AR to follow up with colleagues if the data for the boosters is able to be shared</p> |
| 7. | Refresh of the Local Outbreak Management Plan | <ul style="list-style-type: none"> • The Borough is required to have a Local Outbreak Management Plan often referred to as a LOMP. • An outbreak is where multiple cases are identified linked to a single setting. • 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. • The focus remains on high risk settings where we know outbreaks have occurred such as schools and care homes. • 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. • The next steps are to have formal approval of the plan by the Director of Public Health and the Chief Executive of RBWM. • The public version of the plan will be made available on the council's website. • The next review will be in June 2022, unless there is a need to bring this forward. |
| 8. | Update on High Risk settings | <ul style="list-style-type: none"> • 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. • 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. • 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. |
| 9. | Engagement and Comms | <ul style="list-style-type: none"> • 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. • The Long Covid campaign has been started again. This was on RBWM's social media feeds last week. • 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. • Testing messages have gone out including community testing at leisure centres and walk in's. |

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| | | <ul style="list-style-type: none"> • The government campaign has been promoted which is called Stop Covid Hanging Around. This has been promoted on all channels. • The general reminders about covid safe behaviour have been shared as well. • 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. • 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. • LD confirmed that she will liaise with SCAS comms manager around messaging on use of 999. • 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. <p>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.</p> |
| 10 | Enforcement and Compliance | <ul style="list-style-type: none"> • 15 general inspections have been undertaken, with 2 visits specifically related to covid risk assurance activity. • The team responded to 12 service requests, none of which were related to covid concerns or complaints. • 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. • There has been 1 workforce notification, this is the first for many weeks, a visit by the team is underway. • 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. |
| 11. | AOB | There was no other business. |
| 12 | Date of next public meeting | 20 th December 2021 |