

RBWM Outbreak Engagement Board

Monday 21st March 2022, 2.30pm, Zoom meeting

Board Attendees:

- Cllr Carroll
- Cllr Price
- Cllr Werner
- Executive Director of Adults, Health and Housing – Hilary Hall (chair)
- Communications and Engagement Officer – Louise Page
- Head of Public Health – Anna Richards
- Associate Director of Education, Children’s Services – Clive Haines
- Director of Operations RBWM, Frimley CCG – Alex Tilley
- Head of Communities – David Scott

Additional Attendees:

- Cllr Baldwin
- Cllr Bond
- Cllr Brar
- Cllr Coppinger
- Cllr Hilton
- Cllr Hunt

Apologies:

- Chief Executive – Duncan Sharkey
- Director of Public Health Berkshire East – Stuart Lines
- Executive Managing Director RBWM, Clinical Commissioning Group – Caroline Farrar
- Executive Director of Children’s Services – Kevin McDaniel
- Communications and Marketing Manager – Louisa Dean
- Head of Housing, Environmental Health and Trading Standards - Tracy Hendren

	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 had been 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 this 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"> • There were no matters arising.
3.	Questions from the Public	<ul style="list-style-type: none"> • Has a full impact assessment now been carried out by the board (or elsewhere in RBWM) on the impact of covid restrictions across the Borough. Can the board confirm that the restrictions imposed haven't caused more harms and collateral damages than good to the wider community- not just covid risk patients. Please could this impact assessment report be published. <i>We responded to a similar question in December 2021. In summary, this is a complex question which is not within the role of this Board, the council or its partners to answer. The impacts of the pandemic are multiple and complex and it will not be easy to determine the impacts easily at a local level. In addition, as the restrictions formed part of the national response to the pandemic, the implications and impact of them will form part of the remit of the national public enquiry.</i> • Now the evidence shows that covid causes no great fatality risk than the flu. What measures are being taken by the board to encourage restrictions to be lifted in all areas? How are the board encouraging local organisations to lift restrictions which are no longer required even by National Government guidelines. https://www.ft.com/content/e26c93a0-90e7-4dec-a796-3e25e94bc59b <i>The evidence shows that vaccination along with immunity acquired through previous infection is providing a good level of protection, which we would wish to maintain in the population. In places where this level of protection has not been reached, fatality rates are still high. Moreover the risk from Covid-19 is not merely the risk of death but of serious long-term chronic health problems for which there is currently limited treatment. As a council, we continue to provide advice to businesses but ultimately, the decision on restrictions is one for each individual organisation to make based on current national policy and their own risk assessment.</i> • In what ways are the Board encouraging residents build back confidence, to move on from the virus, out of fear and on with their lives for the greater good of the wider community, particularly children for whom the virus has always presented minor risk compared to losses experienced. <i>This is not something that is within the terms of reference of the Board; however, the council and its partners, including schools, continue to assess the impacts on residents' mental health and are looking at the best ways of addressing it through existing, and potentially new, services.</i> • Are PCR tests going to stop? If they are, when are they going to stop and how will new variants be detected as it will no longer be possible to do genomic sequencing?

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		<p><i>We are not in a position to be able to answer this question as we are awaiting a further statement from the Government on the testing strategy after 31 March 2022.</i></p> <ul style="list-style-type: none"> • Who will be eligible for free LFD tests and how will they get them? <i>We are not in a position to be able to answer this question as we are awaiting a further statement from the Government on the testing strategy after 31 March 2022.</i> • Who is going to be eligible for the 4th vaccine and when will the rollout start? Where will people be vaccinated? <i>In line with new advice from the Joint Committee on Vaccination and Immunisation, the NHS Covid-19 vaccination programme is inviting adults over the age of 75, care home residents and the most vulnerable over 12s to book a spring Covid booster. Our existing PCN-led vaccination services are still open and offering the evergreen offer for all doses and boosters, along with some community pharmacies.</i> • When will children aged 5 to 11 get vaccinated and where will they be vaccinated? <i>This starts 1 April and all our PCN-led sites have opted in to providing the vaccination. For RBWM residents this includes the Desborough Suite in Maidenhead, Windsor Yards, and Waitrose Sports Club in Bracknell.</i> • Has the vaccination bus stopped permanently? <i>The vaccination bus has not stopped. During March, the provision has been focused on Slough targeting areas of low uptake. We will be reviewing our data to understand where to target the mobile service in future months.</i>
4.	Local Position	<ul style="list-style-type: none"> • 779 cases per 100,000 population. This represents 1,178 cases in the last 7 day period. This is slightly higher than the South East average of 674 cases and the England average of 512. • 739 cases per 100,000 population for the 60+ age group. This has also increased and sitting higher than the South East and England average. • There have been 275 individuals tested per 100,000 population. 19.9% of individuals tested have tested positive. This is above the England average and below the South East average. • Cases overall are starting to climb again. • There are still cases in all of the wards across the Borough, although there is variation which has occurred throughout the pandemic. • The heat map shows the weekly case rates as of 10th March with the highest rates in people aged 25-29 (1,008 per 100k), 30-34 (893 per 100k) and 45-49 (851 per 100k). • The winter pressures are increasing within FHFT hospitals with overall numbers of patients presenting at hospital increasing.

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		<ul style="list-style-type: none"> • The number of Covid-19 patients in FHFT Hospitals is increasing with 155 new admissions over the last 7 days (28th February to 6th March). This is a 38% increase on the previous 7 days. There were 163 patients in FHFT hospital on 8th March with 1 patient on mechanical ventilation. • The number of Covid-19 patients in RBFT Hospital is decreasing with 53 new admissions over the last 7 days (28th February to 6th March). This is a 31% decrease on the previous 7 days. There were 40 patients in RBFT hospital on 8th March with no patients on mechanical ventilation. • Unfortunately there are still deaths within the borough from Covid 19 although overall, the mortality rate is lower than what would be expected for this time of year. • Over 287,000 people aged 50 and over have now received their three doses/booster Covid-19 vaccination in Berkshire. This equates to 84% of the population. • In response to questions: <ul style="list-style-type: none"> ○ AR reported that there is an easily spread sub variant of omicron and this is causing most of the cases across the country. ○ The situation within FHFT hospitals was raised and AT reported that there were a number of elements contributing to the pressures. That is why communications went out to ask residents not to use the Emergency Department. Staffing was an element due to the impact of Covid and sickness absence on the workforce which was significant. Also two ambulance trusts went into Opel 4 which is the highest range of emergency position for an ambulance provider. Furthermore, on the previous Tuesday, an IT system went down at Frimley Park which also affected Wexham Park and caused significant delays in issuing medication to patients being discharged from hospital. ○ HH confirmed that people are being discharged into care homes. However, if there is an outbreak within a care home, this can cause delays. The area with the greatest pressure is domiciliary care. Temporary support is in place through the Short Term Support and Reablement Team. ○ DS confirmed that the numbers of cases fluctuate across all the wards and it is difficult to understand to what is leading to higher numbers in certain wards. Early on within the pandemic, outbreaks in certain areas had explained the numbers but currently there is no obvious explanation to identify any anomalies. ○ It was clear that the borough was seeing higher positivity rates, although there has also been higher testing rates compared to other local authorities. ○ HH confirmed that the aggregate demand for care is within the budget parameters for this year and next year. In terms of domiciliary care agencies, the number of them remains the same but due to Covid sickness absence, agencies were struggling to provide carers. She stated that she did not see

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		<p>this as a long term trend around supply and demand but a short term pressure due to staff sickness.</p> <p>Action – AR to research data with the NHS on the number of antivirals that have been prescribed locally for patients/residents that have had Covid.</p>
5.	Long Covid	<ul style="list-style-type: none"> • There is information available on the local government website on emerging data and implications for health and care. • The World Health Organisation (WHO) published its clinical definition of Post-COVID-19 condition. Post covid-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of Covid-19 with symptoms for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but there are also others and generally they have an impact on everyday functioning. Symptoms may be new following initial recovery from an acute Covid-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time. A separate definition may be applicable to children. • Long covid presents with clusters of symptoms, often overlapping and fluctuating. Common symptoms can include fatigue, breathlessness, cough, fever, palpitations, chest tightness, pain, anxiety, loss of taste and loss of smell. • Some cardiac and respiratory symptoms are less common in children and young people than in adults. • 1.5 million people are reported as experiencing self-reported long Covid, representing 2.4% of the population. Generally long Covid cases follow the pattern of Covid 19 infections. Continuing symptoms are more prevalent in women, people living in deprived areas and those with an existing health condition or disability. It is likely to be more prevalent in middle age and white ethnicities. • The vaccines are effective in reducing transmission, severity and hospitalisation, although the effects of the vaccine on long Covid are still emerging. The data using the Zoe app users (aged 18-60+) suggests that two vaccine doses reduces by half the risk of developing symptoms for more than 4 weeks. • The CLoCK (children and young people with long covid) is the largest study post covid, which shows 1 in 7 children and young people could have symptoms 15 weeks later. This study has looked deeper into the symptoms and characterised two classes. The less common were more likely to be female with a poorer baseline. • 14 paediatric hubs have been established to support local paediatric services to support families with long Covid. • A local summit will be taking place for local businesses/employers on mental health and long Covid will form part of that.

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8.	Update on High Risk settings	<ul style="list-style-type: none"> • Schools continue to be disrupted with absences from pupils and staff. A few schools have moved to remote learning due to this. • Schools will go to their risk management plans if they feel they are in an outbreak situation. Luckily this has not been the case within the schools throughout the Borough.
9.	Engagement and Comms	<ul style="list-style-type: none"> • Communications over the last few weeks have been focussing on encouraging residents to get vaccinated. There has been general promotion of the vaccination centres and weekly promotion of the walk in vaccine centres. • With rates going up, there will be more communications. The team are looking at new messages at the moment.
10	Enforcement and Compliance	<ul style="list-style-type: none"> • There have been no new notifications from public health or queries from the public to environmental health. • The team has continued to carry out the advisory role that it has been doing throughout the pandemic.
11.	AOB	<ul style="list-style-type: none"> • None
12	Date of next public meeting	23 May 2022