

Notice of Meeting

Local Outbreak Engagement Board (Public)

Monday, 6th September, 2021 at 6.30 pm
Virtual Meeting

This is an informal meeting of the Council and no decisions are being made. Therefore, this Meeting is being held in a virtual format.

Please note: The Council will be live streaming its meetings.

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Date of despatch of Agenda: 26 August 2021

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on e-mail: Gordon.Oliver1@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk



Agenda - Local Outbreak Engagement Board (Public) to be held on Monday, 6 September 2021 (continued)

To: Councillor Dominic Boeck, Councillor Graham Bridgman (Chairman), Councillor Lynne Doherty, Councillor Steve Masters, Meradin Peachey, Matt Pearce, Jo Reeves, Andy Sharp, Councillor Joanne Stewart (Vice-Chairman) and Councillor Martha Vickers

Substitutes: Shairoz Claridge, Councillor Rick Jones and Councillor Alan Macro

Agenda

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Sarah Clarke
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact Stephen Chard on telephone (01635) 519462.

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Item 1 – Apologies

Verbal Item

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

LOCAL OUTBREAK ENGAGEMENT BOARD (PUBLIC)

MINUTES OF THE MEETING HELD ON MONDAY, 16 AUGUST 2021

Present: Councillor Graham Bridgman (Chairman), Councillor Steve Masters, Councillor Joanne Stewart (Vice-Chairman), Councillor Martha Vickers, Meradin Peachey, Matthew Pearce, Andy Sharp

Also Present: Sean Murphy (Public Protection Manager) and Zoe White (Communications Consultant)

Apologies for inability to attend the meeting: Councillor Dominic Boeck, Councillor Lynne Doherty and Jo Reeves

PART I

198 Minutes

The minutes of the meeting held on 2 August 2021 were approved as a true and correct record.

199 Declarations of interest

No declarations of interest were made.

200 Covid-19 situational report

The Board considered a presentation from Matt Pearce (Agenda Item 4) on the Covid-19 Situational Report. Key points were as follows:

- Data for the period to 10 August showed the proportion of West Berkshire residents testing positive with Covid-19 was 7.1 percent, which was in line with the average for the South East region.
- There were 243 cases per 100,000 in West Berkshire, which was below the South East and national averages and below the other Berkshire local authorities.
- Amongst the 60+ age group, there were 90.3 cases per 100,000 – the data showed an upward trend.
- There were currently around 400 Covid cases per week, with a total of 9,436 cases since the start of the pandemic.
- There was uncertainty about the future trends and the impacts of people continuing to practice social distancing and wearing masks. Also schools were due to return in September, which may impact on the rate of transmission.
- The highest rates of transmission were seen amongst the 15-34 age groups.
- Also, the most recent data showed higher case rates amongst the more deprived areas, although care needed to be taken in interpreting the data due to low numbers. It was noted that contributory factors may include larger household sizes and the type of work that people were doing.
- There were no significant patterns in ward level data. There had been a few outbreaks towards the west of the District, but there were no concerns in terms of regularity / frequency.

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- There had been four new Covid related admissions on 8th August. There had been a gradual upward trend since July, but numbers remained low.
- There were 22 confirmed Covid patients, with three on mechanical ventilation, in Royal Berkshire Hospital (RBH) on 10th August. This included vaccinated as well as unvaccinated individuals.
- There had been no new Covid related deaths in West Berkshire in the most recent two week period. Since March 2020, the mortality rate had been 15 percent higher than the previous 5 year average, with 260 additional deaths.

The Chairman noted that the increase in cases amongst the 60+ age group and asked how badly they were being affected by Covid. Matthew Pearce noted that people's behaviour was changing as restrictions had been lifted, with older people going out more and being exposed to the virus. He confirmed that the vaccinations did not prevent people from contracting the virus, but it did mean that they were less likely to be seriously ill. He recognised that people were socialising and community transmission was high.

Councillor Steve Masters noted that people living in deprived areas may be less likely to be able to take time off work and asked if it was likely there could be an element of under-reporting and less testing amongst these communities. Matt Pearce indicated that further analysis was required. He highlighted the Test and Trace Grant and other support available to individuals and this was being promoted through local communications. He was aware that there had been reporting nationally that some people were reluctant to take time off work, but there was no local evidence to be able to corroborate this in West Berkshire. Councillor Masters asked if there were plans to look at this. Matt Pearce confirmed that this could be taken away as an action through the Covid Co-ordination Cell. For example, an anonymous survey could be used to seek feedback from residents.

Councillor Martha Vickers had heard that some employers were not allowing staff time off work to get vaccinated. She wondered if this was an issue locally, and if so, whether the Council would be able to discuss this with employers. Matt Pearce confirmed that the Council could work through the Public Protection Partnership to encourage employers to give staff time off to get their vaccination. He also stressed the importance of making vaccinations available outside of core hours.

Councillor Vickers also indicated that she had heard that some older people had experienced problems in attending appointments due to mobility issues and advocated vaccinations within community settings.

The Chairman explained that West Berkshire had relatively few Lower Super Output Areas within the most deprived deciles, and so it was difficult to make comparisons. Matt Pearce agreed that the number of people affected was very small.

201 Vaccination programme update

The Board considered a presentation from Matt Pearce (Agenda Item 5) on the vaccination programme. Key points were as follows:

- 87.4 percent of West Berkshire's adult population had received one dose, which was higher than the national and regional averages of 78.5 percent and 82.5 percent.
- 76.4 percent of West Berkshire's adult population had received two doses. Again this was higher than the national and regional averages of 67.5 percent and 71.7 percent.
- Vaccine take-up had been slightly higher in the older age groups. There had been a slight slowing of take-up amongst the younger age groups, but rates were still

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fairly high, and work and work was underway to encourage those remaining to come forward.

- Children aged 12-15 who were clinically vulnerable to Covid, or who lived with adults at increased risk of serious illness, were now eligible for a vaccine. This included children with severe neuro-disabilities, Down's syndrome, underlying conditions resulting in immunosuppression, and those with profound and multiple learning disabilities, and severe learning disabilities.
- All 16-17 year olds in England were being offered their first dose, or the chance to book one by 23 August. No second dose was planned.
- An online walk-in site finder was being launched by NHS England
- Local plans were being developed for deployment of vaccines to the above cohorts.
- There had been a change to the national self-isolation policy:
 - From 16 August, anyone identified as a close contact of a positive case would no longer have to self-isolate, providing they had been fully vaccinated and were not displaying Covid symptoms.
 - All close contacts, regardless of vaccination status were advised to take a PCR test as soon as possible.
 - Those who were fully-vaccinated would only be required to self-isolate following a positive PCR test.
 - Anyone under 18 years old who had been identified as a close contact of a positive Covid-19 case would also no longer be required to self-isolate. Instead, they would be given advice about whether to get tested and depending on their age would need to self-isolate only if they tested positive.
- Groups still required to self-isolate if identified as a close contact of a positive Covid-19 PCR test result included:
 - Those who had not received their Covid-19 vaccination or both doses of the vaccine.
 - Those who had received their second dose within the last 14 days.
 - Those who had tested positive following a PCR test
 - Those who had been fully vaccinated and were displaying Covid-19 symptoms (ahead of getting a PCR Test).
- Key messages were:
 - There was strong evidence that contacts of cases, including those who had been vaccinated, had higher Covid positivity than the general population.
 - Vaccination reduced, but did not eliminate, the risk of acquiring and transmitting infection.
 - Individuals exempt from self-isolation were advised, but not require to: limit contact with the clinically extremely vulnerable; take part in regular asymptomatic testing; wear a face-covering in enclosed spaces; and practise social isolation for the period of time they would have been required to self-isolate.
 - Guidance for household and non-household contacts was available on www.gov.uk.

Councillor Martha Vickers noted that many people had phobias of vaccinations, and asked what support was being given to them by GPs to come forward and receive them, and raised two residents who had been encouraged to be vaccinated. Matt Pearce noted that there was no data for this, but work could be done with GP to break down those barriers and assist. He noted a similar phenomenon with pregnant women that was being tackled.

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The Chairman asked what messaging was going out to 16-17 year olds to receive their first dose vaccination, noting that there were 4,200 teenagers eligible and that booking would be available to them on 23 August. Matthew Pearce had held talks with the CCG to identify a site suitable for that age group, and information would be available later that week on how they could access that. Meradin Peachey noted that there was an identified need for more walk-in sites. Matthew Pearce added that it was the Pfizer vaccine being offered, which raised further logistical issues.

202 Public Protection Partnership update

The Board considered a presentation from Sean Murphy (Agenda Item 5) on the work of the Public Protection Partnership (PPP). Key points were as follows:

- Contact Tracing:
 - There had been around 80 new Local Contact Tracing cases per week, which was slightly lower than the previous month. The service was now dealing with around 20 percent of contact tracing – up from 10 percent a few months previously.
 - The PPP was examining data for common exposure points.
 - A small number of possible outbreaks / clusters had been identified.
 - There had been 1,100 self-isolation calls made in West Berkshire in the first two weeks of August.
 - There had been a small increase in the number of calls to the community hub (approximately 10 per day).
 - Changes to the self-isolation rules came into effect on 16 August, but this would not affect the Local Contact Tracing service.
- Compliance:
 - There had been a reduction in service requests from businesses and the public.
 - There was a strong emphasis on communications with businesses.
 - Compliance checks were ongoing, but were mainly focused on visits by Licensing Liaison Officers.
 - Going forward, the focus would be on premises other than retail (e.g. offices, warehousing, etc) and carrying out desktop exercises.
 - Key areas of guidance were being promoted, such as ventilation and staff testing.
 - Other visits were being driven by intelligence such as common exposure or outbreaks.
- Events:
 - The main events season was underway.
 - There was a range of events from festivals to grass roots sports.
 - The PPP were working with organisers to look at all risk management plans, including Covid risks.
 - Event organisers were found to be risk assessing in line with national guidance.
 - The PPP were attending events on a risk assessed basis.
 - Prevailing guidance and best practice was kept under review and the PPP continued to work with organisers.

The Chairman made a declaration of interest and indicated that he would be involved in organising an event in the near future.

203 Communications update

Zoe White provided a verbal update on Covid-19 related communications (Agenda Item 7). Key points from the presentation were:

- Messaging was focused on ensuring people kept Covid-19 at the top of their mind, such as accessing and collecting self-testing kits, and promoting community testing.
- People were also being reminded of how they could access an assisted self-test.
- There was cross-promotion of community testing at vaccination centres and vice-versa.
- Vaccination promotion was continuing, including the NHS Health on the Move, with paid social media adverts, posters and work with community groups.
- Posters had been produced for businesses who had been encouraged to take down out-of-date posters.
- Additionally, new social media assets on the effects of Long-Covid had been received and were going out online.
- Promotion of vaccinations to 16-30 year olds was being explored, and support was being sought in peer-led campaigns, which would reach people within that demographic using their own channels.

Councillor Vickers asked if any incentive for young people was being considered, noting that the rationale for young people receiving vaccines was less strong. Zoe White responded that it had been discussed, but had not been decided as a positive way of encouraging young people, but that it could be reconsidered. Councillor Vickers asked who had discussed it. Zoe White responded that it was the Covid Co-ordination Cell.

The Chairman noted that the Council was only spreading the message, not running the vaccination programme itself, but that incentives could largely be sorted by the market, as venues chose not to admit unvaccinated patrons. Matthew Pearce responded that the Council could additionally provide intelligence to the CCG and welcomed additional soft intelligence about where there were gaps and unmet needs.

204 Future meetings and agenda items

The Chairman, noted that it would be problematic to hold the meeting in the week beginning 30 August due to the Bank Holiday and potential clashes with other meetings. He suggested holding the next meeting a week later on 6 September after Licensing Committee, at 6:30 pm.

The Chairman suggested that routine meetings of the Board may no longer be necessary in future, as the Council moved to a 'living with Covid' stance and proposed that the next meeting should be the final one. This would allow the Board to take stock of the impacts of the latest relaxation of restrictions related to self-isolation. He also noted that in three weeks there would be a clearer picture on progress with vaccinations for 16-17 year olds. He noted that information would still be made available through the Council and Berkshire Public Health websites.

Andy Sharp agreed the need to wrap up the meetings and move to a 'living with Covid' scenario, but noted that there may be a need to resume meetings at a later date, due to a new strain or increased hospitalisations. Also, he highlighted that there may be a need to discuss the Covid booster programme. He suggested that the terms of reference should be reviewed to articulate the circumstances in which the Board would be reconvened.

Councillor Jo Stewart agreed with the proposed approach, and asked whether there was a need to keep communicating with the public.

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Councillor Martha Vickers also agreed and stressed the importance of keeping open channels of communication.

Matt Pearce additionally noted that there would be a difficult winter ahead, which could require a resumption of the Board, and proposed bringing an updated terms of reference to the next meeting. The Chairman agreed to do this and confirmed that the next meeting would be the last one until there was a need to reconvene based on the criteria set out in the revised terms of reference.

205 Any other business

No other business was raised.

(The meeting commenced at 6:00 PM and closed at 6:59 PM)

CHAIRMAN

Date of Signature

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Item 3 – Declarations of interest

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Item 4 – Covid-19 situational report

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Item 5 – Vaccination programme update

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Item 6 – Public Protection Partnership update

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Item 7 – Communications update

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West Berkshire Local Outbreak Engagement Board Terms of Reference

Background

- 1 Following the initial wave of COVID-19, cases are declining across the country and national lockdown restrictions are gradually lifting. The next phase of the pandemic in England is predicted to be a much more variegated pattern with focussed outbreaks requiring local controls to keep cases and harm from COVID-19 to a minimum.
- 2 Each Upper Tier local authority has been required to develop and maintain a Local Outbreak Control Plan (LOCP). Signed off by the Director of Public Health for Berkshire, the Chief Executive of West Berkshire Council (WBC) and Public Health England, West Berkshire's LOCP clarifies how WBC will work with the national Test and Trace service, so that the whole local system is geared up to contain the virus.
- 3 The role of the West Berkshire Local Outbreak Engagement Board (LOEB) will be fulfilled by a sub-group of the West Berkshire Health and Wellbeing Board (HWB).

Purpose

- 4 The Board will encapsulate the following responsibilities:
 - Lead engagement with the public regarding COVID-19 risks and prevention;
 - Endorse the LOCP and the accompanying Communications Plan;
 - Provide ongoing oversight of the Plan's implementation;
 - Provide political ownership of the local response;
 - Proactively lead the communications and engagement in the event of a local incident¹;
 - Coordinate, where appropriate, with neighbouring authorities in the event of cross/near border local outbreaks.
- 5 The Board will act in an advisory capacity only and will report through the WBC Gold emergency command structure. It will be a time limited sub-group of the HWB, will provide regular updates to the wider HWB, and will have a working relationship with the local Health Protection Board, responsible for delivery of the LOCP.

Membership

- 6 The membership of the Board will comprise the following members of the HWB (or their substitutes on the HWB if they are unable to attend):
 - WBC Leader;
 - WBC Executive Member for Adult Social Care;
 - WBC Executive Member for Children, Education and Young People;
 - WBC Executive Member for Health and Wellbeing, Culture and Leisure;
 - WBC Opposition Member of the HWB;
 - WBC Minority Group Member of the HWB;
 - WBC Chief Executive;

¹ An outbreak is one or more cases of Covid-19, an incident has a broader meaning, encompassing events or situations which warrant investigation to determine if action is needed to manage the risk.

- WBC Executive Director – People;
- WBC Service Director – Communities and Wellbeing;
- Director of Public Health Berkshire West;
- Deputy Accountable Officer or Operations Director, Berkshire West Clinical Commissioning Group.

(Supported by the Principal Policy Officer (Democratic Services and Scrutiny), WBC and a Council Communications Team representative)

- 7 In the event of a local incident, the Board may invite one or more of the following to attend meetings to provide advice and support as required:
 - The relevant WBC Ward Councillors who will be the public face of engagement and communication with their local communities.
 - The relevant WBC service lead depending on the nature of the outbreak, for example:
 - Care homes – Service Director of Adult Social Care;
 - Schools – Head of Education Services;
 - Businesses – Economic Development Manager, Local Enterprise Partnership representative and Environmental Health Officers.

Meeting Frequency

- 8 Meetings of the Board will be held as often as required in order to manage and respond to local outbreaks of COVID-19.
- 9 The Board may be stood down if agreed by the majority of the Board members at a meeting to include either the Director of Public Health Berkshire West or the WBC Service Director – Communities and Wellbeing, or both if both present.
- 10 If the Board has been stood down it may be stood back up again by the Chairman or the Director of Public Health Berkshire West or the WBC Service Director – Communities and Wellbeing.
- 11 The regularity of meetings, or a decision to stand down or stand up the Board, will be guided by the following triggers:
 - 11.1 Significant Outbreak;
 - 11.2 A rise in community cases, in particular if above regional and/or national averages;
 - 11.3 Major Change in National Policy with local implications (including lockdown);
 - 11.4 If a Major Incident is activated across the Thames Valley.

Quorum

- 12 The quorum for a meeting of the Board shall be at least half of the board members and will require the Director of Public Health Berkshire West, or the WBC Service Director – Communities and Wellbeing, to be present.

Confidentiality

- 13 All information provided to members of the Board outside a public meeting shall be treated as confidential. Any such information to be made public must first be approved by WBC's Service Director – Communities and Wellbeing.

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Item 9 – Future meetings and agenda items

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Item 10 – Any other business

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