

# Notice of Meeting

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## Local Outbreak Engagement Board (Public)

**Monday, 14th February, 2022 at 6.00 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.

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Date of despatch of Agenda: 04 February 2022

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](mailto:Gordon.Oliver1@westberks.gov.uk)

Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk)



**Agenda - Local Outbreak Engagement Board (Public) to be held on Monday, 14 February 2022 (continued)**

**To:** Councillor Graham Bridgman (Chairman), Joanne Stewart (Vice-Chairman), Dominic Boeck, Tracy Daszkiewicz, Lynne Doherty, Nigel Lynn, Steve Masters, Matt Pearce, Andy Sharp, Katie Summers and Martha Vickers

**Substitutes:** Councillor Rick Jones, Alan Macro and Jo Reeves

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# 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, 24 JANUARY 2022**

**Present:** Councillor Dominic Boeck, Councillor Graham Bridgman (Chairman), Tracy Daszkiewicz, Councillor Lynne Doherty, Nigel Lynn, Councillor Steve Masters, Matt Pearce, Jo Reeves (Substitute) (In place of Katie Summers), Councillor Joanne Stewart (Vice-Chairman) and Councillor Martha Vickers

**Also Present:** Martin Dunscombe (Communications Manager), Sean Murphy (Public Protection Manager), and Gordon Oliver (Principal Policy Officer)

**Apologies for inability to attend the meeting:** Katie Summers

#### **PART I**

##### **269 Minutes**

The minutes of the meeting held on 10 January 2022 were approved as a true and correct record.

##### **270 Declarations of interest**

No declarations of interest were made.

##### **271 Covid-19 situational report**

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

- West Berkshire testing rates were the lowest of the 6 Berkshire unitary authorities.
- The positivity rate was 17%.
- There were 840.6 cases per 100,000 population in West Berkshire in the week ending 15 January, which was down on the previous period, but the latest data showed a slight increase.
- Amongst residents aged 60+, there were 317.3 cases per 100,000 population, which was lower than the other Berkshire authorities.
- Transmission remained high, with the risk of people experiencing long-Covid symptoms.
- The sharp rise and sudden decline in cases mirrored that experienced in South Africa.
- The recent increase was thought to be related to schools returning after the Christmas break.
- Rates were highest amongst those aged 5-9 years, with 2,555.9 cases per 100,000 population – the Public Health Team was working closely with primary schools.
- The rates for 5-9 year olds was increasing sharply, while rates for all other age groups were falling or flattening.
- An increase amongst those aged 10-14 had been seen nationally, but there had only been a slight rise in cases for this age group locally.

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- There were 65 confirmed Covid-19 inpatients in the Royal Berkshire Hospital.
- Admissions to intensive care were much lower than in previous waves.
- Many patients were in hospital for other reasons.
- There was still significant pressure on hospitals which generally experienced additional demand during the winter months.
- There was a downward trend in case numbers across most wards in West Berkshire.
- There had been one Covid-related death in West Berkshire the last week, with 289 since the start of the pandemic.
- There had been a 16% increase in the all-cause mortality rate compared to the five year average, which equated to 355 additional deaths.
- Caution was urged in interpreting the data, since many of the deaths were not attributable to Covid-19.
- The latest data showed that the number of deaths was lower than expected for the current period. This was thought to be attributable to Covid control measures and the lack of social mixing.

The Chairman suggested that it would be useful to look at national data on the differences between hospitalisation rates for vaccinated and unvaccinated patients. He also asked if there was any data on the ages of Covid patients being admitted to hospital, given the current trend for high case rates amongst children, and what the long-term impacts were on different age groups. He also asked how statistics handled people who had tested positive for Covid, but had then died due to different causes (e.g. traffic accident).

Matt Pearce confirmed that the vast majority of those who were getting severely ill were unvaccinated. While he did not have local data, national data showed an increase in admissions of children with Covid. However, the rates were much lower than for adults. Statistics referred to people who had Covid within the previous 28 days as a proxy. The best data was based on the primary cause of death as stated on death certificates, but this data tended to be more delayed.

Tracy Daszkiewicz confirmed that the data had last been updated on 21 December, which showed an increase in children being admitted to hospital with Covid. She undertook to do more research and forward the information to the Chairman.

Councillor Martha Vickers noted that when her grandson had contracted Covid, she had found conflicting advice about isolation periods on the NHS and Government websites, and wondered what advice was being given to schools and businesses.

Matt Pearce indicated that policies had changed quickly and at short notice, and there was often a lag in the Government updating their webpages. While the Council communicated the most recent data it had, residents were often found to be accessing out of date information via other sources. He acknowledged the challenge of keeping up to date with the changes.

Councillor Steve Masters asked if the sudden drop in infection rates had coincided with the period where Lateral Flow Devices had been in short supply, and if the recent increase could be attributable to supplies improving.

Matt Pearce confirmed that analysts were looking at this. However, the Office for National Statistics undertook sampling of the population and their data was showing a decline in prevalence. He indicated that the true figure would never be known and the test results would always be an under-estimation. The figures would be monitored closely in the coming days to see how much they increased. He confirmed that a large number of primary school children would be infected in the coming weeks and months.

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Councillor Masters asked about the prevalence and duration of Long-Covid in children.

Matt Pearce did not have any data on this and highlighted issues with classifying Long-Covid. However, he undertook to investigate and report back on existing data. He also noted that re-infections were being monitored, since Omicron was more likely to re-infect individuals.

The Chairman asked if this referred to re-infection with the same or different strains. Matt Pearce confirmed that it referred to having Covid again with any strain.

### 272 Vaccination programme update

The Board considered a presentation from Jo Reeves (Agenda Item 5) relating to the Vaccination Programme. Key points from the presentation were as follows:

- There was good appointment and walk-in availability for booster doses.
- 16-17 year olds were being invited to have a booster 12 weeks after their second dose.
- Boosters / fourth doses were being booked for immunosuppressed patients.
- 12-15 year olds were eligible for a second dose 12 weeks after their first. They also had to wait 12 weeks after a positive Covid test. They could either book an appointment via the national booking system or wait for a visit by the School Aged Immunisation Team to their school.
- A key focus was improving rates of booster take-up in groups that experienced health inequalities, in addition to promotion of primary course of vaccination to those with no / one dose.
- Within West Berkshire 86.5% of residents had received a booster, which compared favourably to the England average of 63.2%.
- In relation to inequalities:
  - There was a system-wide, targeted Outreach and Engagement Plan running to the end of March, which aimed to mitigate inequalities and ensure that under-served populations had access to the vaccine.
  - Additional funding had been allocated to communications and expenses associated with the Health on the Move Van.
  - In West Berkshire, there was a focus on engagement with social care workers, patients with serious mental illness, carers and areas of deprivation.
- Health and care employers would not be allowed to deploy anyone who hadn't had at least two doses in a patient-facing, CQC-regulated role unless they were exempt from 1 April.
- Staff would need to have their first vaccine by 3 February in order to have received their second dose by 1 April.
- Take-up by health and care staff was in the high 90s%.
- Health providers were having one-to-one conversations with relevant staff and the CCG was offering support.
- The CCG was undertaking an audit of the vaccination status of its own staff, since they were likely to visit health settings.
- The Joint Committee on Vaccination and Immunisation (JCVI) had recommended:
  - Boosters for 12-15 year olds in a clinical risk group or who were a household contact of someone who was immunosuppressed / severely immunosuppressed and who had a third primary dose.
  - First doses for 5-11 year olds, prioritising those who were clinically extremely vulnerable.

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- Government had accepted the recommendations and operational guidance was awaited.
- It was noted that there was a logistical challenge in getting the correct doses.

The Chairman noted that within the Royal Berkshire Hospital, 97% of all staff had received two doses of the vaccine.

Councillor Steve Masters acknowledged the efforts of the vaccination teams. He asked if any local centres had been affected by the planned day of action by anti-vaccination protesters.

Jo Reeves confirmed that there had been some protesters at the Kennet Centre, but the Centre's Security Team were on hand to support the clinical staff, and the event had passed off peacefully.

Councillor Martha Vickers indicated that she had an 11 year old grandson who was at secondary school where the majority of pupils were eligible to be vaccinated. She asked why the threshold was 12 years rather than 11.

Jo Reeves did not know the reasons for the age limit. The Chairman asked if Matt Pearce could investigate further.

### 273 Public Protection Partnership update

The Board considered a presentation from Sean Murphy (Agenda Item 6) relating to the work of the Public Protection Partnership (PPP). Key points from the presentation were:

- Reports were being monitored from national and regional centres as well as from settings – most reports from settings were from schools and early years, with a few from workplaces and care settings.
- The local contact tracing service had dealt with around 350 cases since the last meeting.
- Following the change to five day isolation periods, the service had moved to locally led tracing in identified postcodes with high case rates, rather than just handling cases that the national system had been unable to contact.
- The Hub had contacted 998 people with 300 provided with advice / referral and around 50 had been supported with food.
- Visits had been carried out to premises identified from coincidence data or where outbreaks had been identified, including workplaces and a care setting.
- Plan B regulations were set to be revoked on 26 January and Plan A would come back into force, with guidance for settings to assist with meeting health and safety obligations.
- Government was consulting on the need for the remaining controls which allowed for 'directions' to be given in relation to premises, events and public spaces.
- The effects of future changes to isolation rules were being reviewed to understand how they would affect the contact tracing and isolation calls model.
- Event organisers were still submitting Covid mitigation measures and the PPP were continuing to provide advice as part of wider Safety Advisory Group feedback.

Councillor Lynne Doherty asked about calls to and from the Hub.

Sean Murphy explained that the Hub was actively contacting people who were self-isolating and the feedback was that these calls were welcomed. He confirmed that around a third of these needed some support / advice, including food parcels / referrals to the Food Bank / details of financial support that was available, etc. The Hub also received a small number of inbound calls.



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Councillor Doherty asked about the number of inbound calls. Sean Murphy did not have the figure, but undertook to provide this after the meeting.

Councillor Martha Vickers asked where people could go if they were confused about changes to the requirement to wear masks.

Sean Murphy did not think that this was an issue of concern to local people and the Hub tended to take calls in relation to shopping and financial support. He undertook to provide more data on the sorts of calls that were being handled.

**274 Communications update**

The Board considered a presentation from Martin Dunscombe (Agenda Item 7) relating to the Communications Update. Key points from the presentation were as follows:

- Communications continued to focus on testing, vaccinations and the changes to the rules / guidance.
- Support had been provided to Solutions4Health and Healthwatch who had been doing outreach work in relation to assisted testing with information provided on social media and printed media.
- Face-to-face, community based communication was becoming increasingly important to reach groups that had traditionally been hard to reach.
- Work was ongoing with the CCG to promote vaccine availability and encourage people to take up boosters, promoting individual clinics. Again the focus was on people who would be less likely to use the internet / social media.
- The recently announced changes to Covid rules were also being promoted via the residents’ newsletter, which featured a new infographic to make the changes easy to understand.

Councillor Steve Masters felt that the newsletter struck the right tone in informing people that the rules were changing, while still encouraging them to retain measures to ensure their safety and that of the wider community.

**275 Future meetings and agenda items**

The Chairman indicated that he would consult with Tracy Daszkiewicz and Matt Pearce over the need for another meeting, based on infection rates.

Councillor Martha Vickers highlighted a potential clash of meetings on 7 February.

**276 Any other business**

No other items were raised.

*(The meeting commenced at 6.00 pm and closed at 6.43 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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## **Item 8 – Future meetings and agenda items**

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## **Item 9 – Any other business**

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