

Nottingham City Council

Outbreak Control Engagement Board

Minutes of the meeting held remotely via Zoom with public parts of the meeting livestreamed on the Council's YouTube Channel

<https://www.youtube.com/user/NottCityCouncil> on 9 February 2021 from 2.00 pm - 4.05 pm

Membership

Present

Ruby Bhattal
Councillor Eunice Campbell-Clark (Vice Chair)
Alison Challenger
Steve Cooper
Andrew Errington
Clive Foster
Councillor Neghat Khan
Carolyn Kus
Councillor Rebecca Langton
Councillor Sally Longford (Chair)
Amanda Sullivan
Hugh White

Absent

Mel Barrett
Andy Haynes
Vanessa MacGregor
Dr Hugh Porter

Colleagues, partners and others in attendance:

Sarah Carter	- Nottingham and Nottinghamshire Clinical Commissioning Group
Mandy Clarkson	- Consultant in Public Health, Nottingham City Council
Paul Dales	- Chief Environmental Health Officer, Nottingham City Council
Clare Routledge	- Public Health, Nottingham City Council
Jane Garrard	- Senior Governance Officer, Nottingham City Council

175 Apologies for absence

Hugh Porter

176 Declarations of Interests for agenda items 3 - 7

None

177 Public Minutes

The Board approved the minutes of the public section of the meeting held on 9 February 2021 as an accurate record.

178 Nottingham's Outbreak Control Plan update

Alison Challenger, Director of Public Health Nottingham City Council, gave an update on Nottingham's Outbreak Control Plan, highlighting the following information:

- a) There have been 1,113 cases in the last seven days, which is a rate of 334.3 per 100,000 population.
- b) This compares to a rate of 347.0 per 100,000 population for the preceding seven days, so there has been a small reduction in the rate of infections.
- c) The Nottingham City rate is higher than the England rate of 222.7 per 100,000 population, and the infection rate is reducing more slowly in the City than England as a whole. There has been a fall of 17% in the City's infection rate since the last Board meeting, compared with a fall of 45% in England.
- d) The slight reduction and plateauing of infections has been consistent across all age groups. The highest infection rate is in the working age population of 23-59 year olds.

During subsequent discussion the following points were made:

- e) There is no single place primarily responsible for transmission but higher rates amongst the working population mean that those individuals may transmit infection to their households. Some industries are having significant numbers of employees having to isolate.
- f) The progress of the vaccination programme is encouraging but not sufficient yet to make a difference, so it is important that everyone continues to do as much as possible to reduce transmission by challenging themselves on the need to leave home and carrying out individual risk assessments to tighten their approach as much as possible.
- g) More information on the end of the current lockdown period is expected from Government on 22 February. It is anticipated that if infection rates are still high then some form of restrictions will continue.

179 Board Member updates

Steven Cooper, Nottinghamshire Police, gave an update on the work of the Police in the City since the last Board meeting. He highlighted the following information:

- a) Since 15 January, 269 Fixed Penalty Notices (FPNs) have been issued. There have been 8 repeat offenders and some venues/ events with multiple people receiving FPNs.
- b) Since the last meeting, a fine of £800 has been introduced for people attending gatherings of 15 or more people, and a number of these fines have been issued. The most high-profile gathering was at Castle Boulevard, when 21 fines were issued.

- c) There has been a slight increase in calls regarding Covid incidents but they remain small in number. The Police have been responding to these calls with colleagues from Trading Standards and Environmental Health Teams as appropriate.
- d) The Police have also been providing a response to medical settings when required e.g. the Police recently responded to an incident of a violent patient with Covid-19 at Queens Medical Centre.
- e) There continues to be low staff absence rates so the Service still has flexibility to deal with normal business and respond to requirements of the pandemic as part of Operation Bion.

During subsequent discussion the following points were made:

- f) The Border Force has primary responsibility for ensuring individuals comply with the requirement to self-isolate following foreign travel. However, if they have been unable to check on individuals, for example because the contact details they have for them are incorrect, then the Police carry out checks to make sure individuals are complying. This activity can range from 2-35 checks per day, and generally very few breaches and attempts to avoid checks have been found.
- g) The Force does have drone capability but it has not been deployed in relation to the pandemic.
- h) The Police have a protocol for dealing with situations when they are required to enter homes or have close contact with individuals and this follows advice from Public Health England. If officers are likely to be closer to individuals than 2metres then they wear masks, and additional personal protective equipment is available depending upon the situation. Staff have been trained in the requirements and there is plenty of equipment available.
- i) Police officers are not in the highest priority cohorts for vaccination and this is understandable. However, if having first made it available to health and social care staff, if there is spare vaccine available that would otherwise be wasted, some officers have been invited to get vaccinated.

Paul Dales, Chief Environmental Health Officer Nottingham City Council, gave an update on the work of the Environmental Health Team. He highlighted the following information:

- j) The Team has been supporting investigations into outbreaks in workplaces such as day nurseries, manufacturing businesses, call centres and hotels to review risk assessments, identify any issues etc. Businesses are often making good efforts to comply but typical issues identified include lack of social distancing, car sharing, small businesses with a number of employees from the same household.
- k) The Team has also continued to respond to complaints about business compliance, complaints about whether businesses should be open and complaints from workers about safety compliance; give advice to businesses

about compliance standards and methods; and implementation of the supermarket Covid-compliance inspections project.

- l) So far audits of 50 supermarkets and 185 independent outlets have been carried out.
- m) 12 mini-markets have been found to have significant levels of non-compliance and were referred to Environmental Health Officers for the next level of intervention. 96 mini-markets were found to have some minor non-compliance and the audits were followed up by a visit from a Community Protection Officer. The main issues were a lack of hand sanitiser, not having maximum capacity calculations and a lack of signage and floor markings. Issues with challenging customers for not wearing face coverings were also identified.
- n) Most major supermarkets were found to be predominately compliant and feedback has been given to the relevant Head Office and Primary Authority for that business.

During subsequent discussion the following points were made:

- o) It is easier for businesses to know whether staff have a genuine exemption from wearing a face covering than customers. Many staff unable to wear face coverings are able to wear face visors instead.
- p) All opportunities are taken to encourage staff to wear face coverings, for example during food safety inspections.
- q) There is an expectation that both drivers and customers wear face coverings in taxis and there is generally fairly good compliance, especially from taxi drivers who are often self-employed and have a greater interest in protecting themselves. The screens in hackney carriages offer additional protection, and people are encouraged to travel with windows open to allow ventilation.
- r) The Team works with the Business Grants Teams, e.g. by sharing databases, to enable as smooth a process for accessing grants as possible. Weekly meetings are held across the teams to share information.
- s) It was suggested that during compliance checks, colleagues should remind business owners and employees about the availability of asymptomatic testing for businesses and the community.

Amanda Sullivan, Chief Officer Nottingham and Nottingham Clinical Commissioning Group, gave an update from a health perspective. She highlighted the following information:

- t) The level of hospital admissions is beginning to reduce but, in line with the reduction in infection rates, this reduction is slow. There is still more than double the number of people in hospitals than during the first wave of the pandemic.
- u) In the seven days to 31 January, there were 342 hospital admissions compared with 367 in the previous seven days.

- v) As of 2 February, 668 beds were occupied compared with 749 on 26 January.
- w) 10% of patients currently need mechanical ventilation.
- x) Between 26 January and 3 February there were 100 hospital deaths.
- y) GPs continue to see high volumes of patients and GPs are also supporting the vaccination programme.
- z) Community services are working well to keep people at home where possible and support discharge from hospital.
- aa) Planned hospital procedures are continuing but there continues to be a need to prioritise emergency and critical procedures.
- bb) There is still pressure but it is decreasing slowly and the system is working well.

180 Local Testing Strategy update

Mandy Clarkson, Consultant in Public Health Nottingham City Council, gave an update on the Local Testing Strategy, with a focus on community and workforce asymptomatic testing. She highlighted the following information:

- a) The asymptomatic testing programme is focused on providing testing for those people who are unable to work from home. It is not a replacement for the standard measures of social distancing, wearing a face covering and hand washing.
- b) Apart from the national programmes, asymptomatic testing can only take place at testing sites and is not available for home use.
- c) There two pathways for asymptomatic testing: institutional testing and community testing.
- d) Institutional testing is a nationally-led programme for large organisations with a workforce of over 50 people. There has been feedback that the requirements are onerous and can be difficult for relatively small businesses to manage and therefore this pathway is best suited for large organisations.
- e) Community testing is carried out at local community testing sites. Local authorities have been asked to focus community testing on population groups at higher risk or groups that are less likely to get tested. The first such site opened in the City at Djanogly Leisure Centre on 20 January. Accessing testing at such sites is more suitable for small businesses, self-employed people and sole traders etc.
- f) Anyone in the City can get tested at Djanogly Leisure Centre. It is open 9:30am to 6:30pm Monday to Friday and 9:30am to 2:30pm on Saturday.

- g) There are currently four community testing sites in Nottinghamshire County and more are planned. City residents can get tested at a site in the County if that is more accessible for them.
- h) There was initially a slow start to testing at Djanogly Leisure Centre, possibly due to levels of awareness and understanding about what was available. So far testing at the site has identified 17 people with the virus who might not otherwise have been identified. Early evidence shows that the site is reaching those people who have been targeted: 81% of those attending are employed (the most common sectors are Nottingham City Council, education and manufacturing); and 25% of those attending live in the NG5 postcode area. For those whose ethnicity is recorded, 16% attending are from black, Asian and minority ethnic communities. Of those attending for a second test, 68% plan to get tested regularly.
- i) In addition to the community testing site at Djanogly Leisure Centre, the first vulnerable user setting opened on 25 January at London Road Hostel. A similar approach will be extended to other settings soon.
- j) The next steps in the programme are to extend community testing sites to Clifton, the Meadows and Top Valley/ Bestwood. The location of sites is informed by demographic information and data about positivity rates. Four other testing sites in Nottinghamshire County are also planned.
- k) Local businesses are also being supported to test their own workforce where they can or encourage employees to access the community testing network.

During subsequent discussion the following points were raised:

- l) Before people leave the testing centre they are told what to do if their test is positive. In a recent change, people are no longer required to get a confirmatory test, a positive test now means that they must self-isolate. A positive test also triggers the NHS Test and Trace process.

181 Local Covid-19 Vaccination Plan update

Sarah Carter, Nottingham and Nottinghamshire Clinical Commissioning Group, gave an update on the Covid-19 Vaccination Plan. She highlighted the following information:

- a) Letters inviting people to book a vaccination appointment have been sent out to all those in the top four priority cohorts.
- b) As of 7 February, 186,000 vaccinations had been delivered across the system and delivery is on track to meet the national target for vaccinating those in the top four priority cohorts.
- c) At close of play on 7 February, in the City 81% of over 80s had been vaccinated; 77% of over 75s had been vaccinated; 63% of over 70s had been vaccinated and all residents in older adult care homes had been vaccinated (or there were plans

for the roving service to deliver a vaccination if they had been unable to due to infection prevention and control measures in place).

- d) Nottinghamshire County Council Contact Centre is contacting those in eligible cohorts who have not yet received, or booked to receive the vaccine.
- e) Later this week the next cohort will be contacted about booking their vaccination appointment.
- f) Over 50,000 appointments were available across the City and County during the following week.
- g) An Equalities Group has been established to review uptake data, identify areas of low uptake and make recommendations for increasing uptake through hyper-local solutions. This may include use of a roving service, pop-up clinics and support with pharmacy applications to deliver the vaccine.

During subsequent discussion the following points were raised:

- h) It was always known that there would be variable levels of take-up and some of the reasons for that were predictable.
- i) All housebound individuals should have received letters about the options available to them and GPs are also contacting individuals who they know may face particular difficulties. The roving service is currently in operation and individuals can contact the Nottinghamshire County Contact Centre about accessing this.
- j) Vaccination rates in the City have been lower than elsewhere in the country. Progress is being made every day but as numbers of unvaccinated people in a particular cohort become smaller it becomes more difficult to continue delivering vaccines at the same rate. It isn't expected that a 100% vaccination rate of all those in the top four priority groups will be achieved – the aim is to get mid-90% vaccinated by the national target date. There are sufficient appointments and vaccine to achieve this.
- k) There may be challenges in understanding information, booking appointments and responding to reminder calls for those who do not speak English as a first language.
- l) It is good to have City-specific data on vaccinations and it was confirmed that this can be made available on a regular basis.
- m) When they receive their first vaccination, everyone gets a date for their second vaccination appointment and capacity for delivering second vaccines is built into the programme plan.
- n) Voluntary sector organisations were asked if they had any workers eligible to be in the Priority Cohort 2b and those identified as being in that category will have been prioritised for vaccine access.

- o) Lots of communication is taking place about appointment availability, including that same-day appointments can often be available.

Nottingham City Council's Director of Adult Social Care confirmed that work was taking place to ensure that frontline care workers can book vaccination appointments. Independent care providers have been contacted and asked to provide feedback on vaccination rates amongst their workforce so that it can be identified if more needs to be done. There is a dedicated email address for the adult social care workforce to raise any issues. In addition, all those in receipt of direct payments who have assistants supporting them have been contacted with booking details.

182 Exclusion of the public to move into the confidential section of the meeting

The Board agreed to exclude the public to move into the confidential section of the meeting.

183 Declarations of Interests for agenda items 10 - 13

See Confidential Minutes

184 Confidential Minutes

See Confidential Minutes

185 Situational roundup

See Confidential Minutes

186 Local Testing Strategy update

See Confidential Minutes

187 Local Covid-19 Vaccination Plan update

See Confidential Minutes