



Nottingham City Council Outbreak Control Engagement Board

Date: Wednesday, 27 January 2021

Time: 4.30 pm

Place: To be held remotely via Zoom - meeting participants will be given access details.
Public parts of the meeting will be livestreamed on the Council's YouTube Channel - <https://www.youtube.com/user/NottCityCouncil>

Board Members are requested to attend the above meeting to transact the following business

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 87654315

- 1 **Apologies for absence**
- 2 **Declarations of Interests for agenda items 3 - 8**
- 3 **Public Minutes** 3 - 10
To confirm the Minutes of the public section of the meeting held on 15 January 2021
- 4 **Nottingham's Outbreak Control Plan update**
- 5 **Supporting care homes to respond to Covid-19**
- 6 **Board Member updates**
 - a) Environmental Health
 - b) Nottinghamshire Police
 - c) NHS
- 7 **Local Testing Strategy update**
- 8 **Local Covid-19 Vaccination Plan update**
- 9 **Exclusion of the public to move into the confidential section of the meeting**
- 10 **Declarations of Interests for agenda items 11 - 13**
- 11 **Confidential Minutes** 11 - 14
To confirm the Minutes of the confidential section of the meeting held on

15 January 2021

12 Situational round up

13 Local Covid-19 Vaccination Plan update

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting

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 15 January 2021 from 10.05 am - 11.45 am

Membership

Present

Councillor Eunice Campbell-Clark (Vice Chair)
Councillor Neghat Khan
Councillor Rebecca Langton
Councillor Sally Longford (Chair)
Amanda Sullivan
Hugh White

Absent

Mel Barrett
Ruby Bhattal
Alison Challenger
Andrew Errington
Clive Foster
Andy Haynes
Vanessa MacGregor
Dr Hugh Porter
Catherine Underwood
Steven Cooper

David Johns (substitute for Alison Challenger)
Steve Thorne (substitute for Ruby Bhattal)
Paul Winter (substitute for Steven Cooper)

Colleagues, partners and others in attendance:

Mandy Clarkson	- Consultant in Public Health, Nottingham City Council
Jason Carter	- University of Nottingham
Paul Dales	- Safer Business, Food and Health and Safety Manager, Nottingham City Council
Nick Lee	- Director of Education Services, Nottingham City Council
Clare Routledge	- Public Health, Nottingham City Council
Nigel Wright	- Nottingham Trent University
Jane Garrard	- Senior Governance Officer, Nottingham City Council

149 Apologies for absence

Ruby Bhattal – Steve Thorne attended as a substitute
Alison Challenger – David Johns attended as a substitute
Steven Cooper – Paul Winter attended as a substitute
Andrew Errington

150 Declarations of interests for agenda items 3 - 7

None

151 Public Minutes

The Board approved the minutes of the public section of the meeting held on 18 December 2020 as an accurate record.

152 Nottingham's Outbreak Control Plan update

David Johns, Consultant in Public Health, gave an update on the Outbreak Control Plan. He highlighted the following information:

- a) There have been 1,651 cases of Covid-19 in the City in the last seven days, which equates to a rate of 495.9 per 100,000 population.
- b) This compares to a rate of 391.4 per 100,000 for the preceding seven days; a rate of 166.1 per 100,000 reported to the last Board meeting on 18 December; and a rate of 1,300 per 100,000 at the peak in October.
- c) The current rate in Nottingham is below the national average of 622.3 per 100,000 population, however over the last week England has seen a 1% rise in cases compared to a 26.7% rise in Nottingham.

153 Board Member updates

Amanda Sullivan, Chief Accountable Officer Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), gave an update from the health perspective. She highlighted the following information:

- a) There are significant pressures on the NHS both in hospital settings and community services.
- b) There are currently over 600 people in hospitals, which is twice the amount in hospital during the first wave of the pandemic. 50-60 of these patients are critically ill with Covid-19 in intensive care.
- c) GPs are also busy and approximately 50% of their appointments are taking place face to face.
- d) Due to current pressures, hospitals are having to prioritise emergency care over planned routine care. Some planned routine care has been stepped down and citizens may experience delays.
- e) The independent sector is being used to increase capacity and keep waiting lists down. This is being negotiated nationally.
- f) Work is taking place with social care colleagues to enable people to leave hospital as soon as they are able and this is working well.
- g) The 111 First approach is now in place and that should help to ease pressure by ensuring that people access the right service in the right place first time.
- h) In the week to 13 January there were 63 deaths in all settings linked to Covid-19, which is slightly lower than the previous week.

- i) It is anticipated that hospital admissions will continue to rise until at least the end of January and then may level off.

During subsequent discussion the following points were made:

- j) It is important that everyone continues to follow the lockdown rules and requirements to minimise any opportunities for the virus to spread. It is acknowledged that fatigue may be setting in and therefore it is important for all partners to keep refreshing the same key messages.
- k) The independent sector was used during the first wave of the pandemic, with sites such as Woodthorpe, The Park and Spire being used to carry out operations and provide routine care in a Covid-safe environment. There are discussions taking place about whether the independent sector can be used more widely over the next few months. In some areas staff work across both sectors so part of the consideration is how best to deploy staff.
- l) The CCG is working with the hospitals on raising awareness of what it is currently like in hospitals, which may include photographs of the inside of hospitals. The Chair welcomed this approach, noting that a question had been raised about this issue at the meeting of the City Council on 11 January.
- m) There have been reports in national media about patients being discharged from hospital into care homes without prior testing. It was confirmed that testing is taking place before individuals are discharged to care homes in Nottingham.

Nick Lee, Director of Education Services, gave an update on schools. He highlighted the following information:

- n) Schools are in a challenging situation at the moment. Although it was known that there would be a delayed opening for secondary schools, there was a very late decision in relation to primary schools. Schools are currently only open for vulnerable children and children of critical keyworkers.
- o) The Government has said that, although families should keep children at home if possible, they can send children to school if one parent/ carer is a keyworker. This is causing challenges for schools due to the number of children attending school in the 'keyworker child' category, which is approximately 65% of the children attending school.
- p) Based on data from the 95 schools who have responded to requests for attendance rates, there has been an average of 5,622 attending school in January with relatively consistent proportions of that cohort being children in receipt of free school meals, open to social care and children of critical keyworkers.
- q) During the first lockdown in April 2020 there was an average of 670 pupils attending school compared with an average of 5,622 so far this January. For children of critical keyworkers, there was an average of 413 attending school in April 2020 compared to an average of 3,642 in January. This means that it is a very different environment for schools.

- r) Schools have been asked if they are able to accept all of the pupils requesting a place. 6% have said that they are unable to provide a place for all vulnerable children who identify as needing one. The reasons for this include staffing levels and the increased number of children of critical keyworkers requesting places. Some parents of vulnerable children are also choosing not to send their children to school at this time and these families are being monitored by social workers and there is full oversight of their situation by the relevant school, social care and safeguarding teams. Approximately 302 children of keyworkers have been unable to access places that their parents have requested and the reasons for this include staffing capacity and the number of requests for places.
- s) Due to the number of children attending school and the increased contact associated with that, since January there have been a number of class bubbles that have closed due to cases of Covid-19 amongst vulnerable children and keyworker children. 349 children have had to self-isolate across 15 schools. This number is growing exponentially and is a significant concern.

During subsequent discussion the following points were made:

- t) Headteachers are very mindful of the needs of critical workers and it is appreciated that it can be very challenging to look after and home school children whilst working at home, but keyworkers should only be sending their children to school if they absolutely need to.
- u) Given the number of children requesting places and some schools saying that they can't meet this demand, work is taking place to prioritise access, including for those with challenging home environments, which may include introducing a rota system or more flexible model so that all children requesting a place can have a place at least some of the time, but there needs to be sufficient school capacity to enable this.
- v) It is very early days in terms of assessing the impact on safeguarding referrals from schools but protocols are in place and Ofsted has endorsed the arrangements.
- w) When children eligible for free school meals have been sent home to self-isolate, food provision has primarily been managed through the provision of food parcels. From 18 January most schools will be moving back to the national voucher scheme which the Council considers to be the most effective and safest method of support.
- x) Some data providers have given access to additional data to support home learning which has helped with connectivity, but there are still issues with a lack of access to devices to work on. Most households now have a suitable device but it may have to be shared between multiple siblings which can make learning difficult. Schools can now order more equipment directly from the Department for Education, which is an improvement compared with having to go via the local authority as previously. There is also a lot of community effort going into providing/ sharing equipment.

- y) The quality of online teaching has considerably improved as knowledge and expertise has been built and developed, there is more support available and teachers are becoming more confident. However, there are still concerns about the impact of online learning for children at home on learning routines, preparedness to work in this way, sleep patterns etc. This has been a key message from teachers in dealing with the return to full opening of schools in September 2020.

Jason Carter, University of Nottingham, and Nigel Wright, Nottingham Trent University, gave an update on the position in relation to universities. They highlighted the following information:

- z) Prior to Christmas the universities had plans for a phased return by students in January. These plans had to be significantly revised following Department for Education (DfE) guidance and the new national lockdown. The DfE placed restrictions on which courses can be taught face to face and that is limited to courses such as medical and educational training. All other courses are being taught online until the end of February at the earliest.
- aa) Universities are also required to support students who do not have alternative accommodation.
- bb) For those students who have returned to university, a significant testing regime has been put in place. Students are tested twice upon their return and continuously throughout the term, using lateral flow tests and internal testing facilities. While the universities cannot make testing mandatory, there has been a high uptake of testing so far.
- cc) The universities have Rapid Outbreak Response Plans in place with procedures to identify cases and isolate students as soon as possible. The universities are also working with the Public Health Team on tracking and tracing individuals.
- dd) The universities are supporting the implementation of lockdown guidance and working with the Police on responding to any lockdown breaches by students.
- ee) Guidance from Government in relation to the wider student cohort currently learning from home is awaited and in the meantime universities are trying to prepare for whatever that may be.

During subsequent discussion the following points were made:

- ff) The universities have agreed to provide a rent rebate for students who paid for university accommodation and are not using it during the current lockdown. The universities are lobbying private landlords to do the same, however it is anticipated that a large number will not do this.
- gg) It is important for the wider community to understand that some students do not have alternative accommodation or have difficult home circumstances that mean they have to be in Nottingham, even if they can't attend face to face learning.

154 Covid-19 Vaccination Plan update

Amanda Sullivan, Chief Operating Officer Nottingham and Nottinghamshire Clinical Commissioning Group gave an update on the Covid-19 vaccination programme. She highlighted the following information:

- a) Vaccinations commenced before Christmas and there are now nine vaccination sites, including hospitals, with more planned.
- b) The vaccination programme started with delivery at hospital sites due to the nature of the Pfizer vaccine but it is recognised that these are not necessarily the most accessible locations and additional, more accessible, sites are becoming available. This will be supported by a patient transport service and a roving service visiting people in their homes.
- c) There is national guidance to prioritise the most vulnerable groups as these are the most vulnerable to Covid-19, including care home residents and staff, those aged over 80 years and the frontline health and social care workforce. Priority will then be given to those aged over 75 years, those aged over 70 years and the clinically extremely vulnerable.
- d) Progress is on track to vaccinate all those in care homes and those over 80 by the end of January and all those in the top priority groups by mid-February. Many of those aged over 80 should have received their letter by 15 January and reminders will be sent out the following week and everyone aged over 80 years should have received their letter by 19 January.

During subsequent discussion the following points were raised:

- e) The new Kings Meadow site is a local site and the Medilink buses can provide transport to it if needed.
- f) The first vaccine available for use (the Pfizer vaccine) had a lot of requirements for its storage and this influenced decisions about sites for vaccination. The new Astra Zeneca vaccine is more flexible in how it can be transported and stored and this should enable a more flexible delivery model.
- g) Nationally work is taking place on using more GP sites for vaccination and also the use of community pharmacies, which are familiar sites for delivery of the seasonal flu vaccination. The use of pharmacies is being piloted nationally but the findings of these pilots is not yet known.

155 Local Testing Strategy update

Mandy Clarkson, Consultant in Public Health, gave an update on local testing sites. She highlighted the following information:

- a) So far most testing has been through the NHS Test and Trace Programme, based on symptomatic testing. As rates of Covid-19 are increasing, the use of asymptomatic community testing is becoming more important.

- b) There are three main purposes for carrying out asymptomatic testing: 'testing to protect' by preventing further transmissions in high risk settings e.g. care homes; 'testing to enable' people to carry out essential business (but this is less supported given the current national lockdown); and 'testing to find' asymptomatic cases that might otherwise not be known and break chains of transmission. 'Test to find' is the primary function of asymptomatic testing.
- c) Lateral flow technology is available but although this gives a rapid result and does not require the use of a laboratory it is not a perfect test as it does not pick up all positive cases. However, regular testing is likely to pick up those with high viral loads. It then adds to information and informs decision making.
- d) The national policy position is to encourage all local authorities to deploy lateral flow testing for those who have to leave their homes/ cannot work from home.
- e) In the City it is intended to have testing in neighbourhoods, closer to households with a 'test to find' approach; 'test to protect' the homeless and those at risk of homelessness; and also target frontline workers in essential keyworker groups using a 'test to find' approach.
- f) There will be a similar approach in Nottinghamshire so that there is a co-ordinated approach across the City and County, recognising that people need to cross boundary lines and ensure a good network of coverage.
- g) There will be a focus on getting working age people tested, and also those in areas of high positivity but lower levels of testing, and where people might face barriers to testing.
- h) Asymptomatic testing will start week commencing 18 January. The first phase will be the opening of a site at Djanology Leisure Centre, the second phase will be a site in the City Centre/ Trent Bridge area and consideration is also being given to St Anns. The third phase will consider other options in the City and possibly a mobile unit.

During subsequent discussion the following points were raised:

- i) There is a communications plan with a very targeted approach towards relevant local communities. This will include leaflet drops, information on local radio stations, posters in shops and information on roadside lamppost banners. Local faith and community leaders will be engaged with communication activity and consideration is being given to providing information in different languages.

156 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.

157 Declarations of Interests for agenda items 10 - 13

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See Confidential Minutes

158 Confidential Minutes

See Confidential Minutes

159 Situational round up

See Confidential Minutes

160 Local Covid-19 Vaccination Plans

See Confidential Minutes

161 Universities 2021 student return arrangements

See Confidential Minutes

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