

Nottingham City Council

Outbreak Control Engagement Board

Minutes of the meeting held remotely via Zoom and livestreamed on the Council's YouTube Channel - <https://www.youtube.com/user/NottCityCouncil> on 10 November 2020 from 2.00 pm - 4.00 pm

Membership

Present

Mel Barrett
Councillor Eunice Campbell-Clark (Vice Chair)
Andrew Errington
Councillor Neghat Khan
Councillor Rebecca Langton
Councillor Sally Longford (Chair)
Kate Meynell
Amanda Sullivan
Hugh White

Absent

Ruby Bhattal
Alison Challenger
Clive Foster
Andy Haynes
Vanessa MacGregor
Dr Hugh Porter
Catherine Underwood

David Johns (substitute for Alison Challenger)
Steve Thorne (substitute for Ruby Bhattal)

Colleagues, partners and others in attendance:

Jane Bethea	- 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
Robert Dixon	- Head of Business Growth and International Strategy, Nottingham City Council
Lucy Lee	- Head of Customer Services, Nottingham City Council
Clare Routledge	- Executive Support Officer – Public Health, Nottingham City Council
Jane Garrard	- Senior Governance Officer

110 Apologies for absence

Ruby Bhattal – Steve Thorne attended as a substitute
Alison Challenger – David Johns attended as a substitute
Clive Foster
Hugh Porter

111 Declarations of interest for agenda items 3 - 8

None

112 Public minutes

The Board approved the minutes of the public section of the meeting held on 19 October 2020 as an accurate record.

113 Nottingham's Outbreak Control Plan update

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

- a) There have been 1,204 cases in the last seven days, which equates to a rate of 361.7 per 100,000 population. This is down from a rate of 407.6 per 100,000 for the previous seven days.
- b) The rate of infection in Nottingham continues to be above the national average, which was 243.3 for the last seven days, but no longer puts the authority in the top 50 local authority lower tier areas.
- c) The infection rates are broadly similar for all adult age groups in the City. The lowest rate is in those aged under 11 years.
- d) The country is currently in a national lockdown, due to end on 2 December. This lockdown replaced the Tier 3 (very high) status that Nottingham and Nottinghamshire had for a short time prior to the national lockdown. Guidance on the approach at the end of lockdown period is awaited and the local authority will work with businesses and individuals on implementing whatever regulations are put in place.
- e) Key messages about how to reduce risks of transmission and infection continue to be communicated across the City.
- f) It is understood that there will be further roll out of mass testing using lateral flow devices. It is expected that Nottingham will have access to 10,000, to cover approx. 10% of the population. More details on mass testing are awaited and the local authority will be discussing with partners how best to use the testing capability. The tests are the same as those being used in the Liverpool pilot but the approach is likely to be different.

During subsequent discussion the following points were raised:

- g) The Council is working with Nottinghamshire County Council on developing a local dashboard that will provide more timely data to the public. The dashboard will be updated daily and will be available from the Council's website shortly.
- h) To try and reduce infection rates, we need to continue to communicate key messages about social distancing, no household mixing except for those in support or childcare bubbles, hand washing and wearing a face covering as these are the measures that work in reducing transmission.

- i) It is hard to know the impact of delayed entry to Tier 3 restrictions, however it is known that most restrictions take 10-14 days to make a difference to infection rates.

114 Board Member updates

Paul Dales, Safer Business, Food and Health and Safety Manager, Nottingham City Council gave an update on the work of the Environmental Health, Community Protection and Trading Standards Teams. He highlighted the following information:

- a) Over the past week there have been 239 business compliance checks carried out, 10 of which have arisen from complaints. In addition, there has been a lot of routine monitoring taking place. 11 non-compliant businesses were found and the Teams have sought their compliance. There have been some closure requests.
- b) Data is gathered daily and reported every week. Overall the picture is positive and the majority of businesses are being proactive in complying with the regulations.
- c) Additional support has been obtained from the Health and Safety Executive Local Authority Covid Spotchecks Team and this will be focused on enforcement in the warehouse sector. Spot checks will be carried out to review risk assessments, provide advice and where necessary refer non-compliance back so that enforcement action can be undertaken. This is helping to provide good oversight of the sector.

During subsequent discussion the following points were raised:

- d) Some of the non-compliance breaches have been because some businesses have failed to understand that the new regulations apply to their sector. The regulations are complex and, where necessary, businesses have been supported to understand how the regulations apply to them. Most cases relate to a misunderstanding or misinterpretation of the regulations, but occasionally it is wilful misunderstanding.
- e) Many of the complaints received have related to non-compliance with social distancing and wearing face coverings, as has been the case throughout.
- f) It would be helpful to publicise where enforcement action has been taken to raise awareness and provide reassurance.
- g) There is a focus on hand car washes to offer advice and support. The regulations are complex and many of the sites do not have experienced managers and therefore require greater levels of support in order to comply.

Kate Meynell, Assistant Chief Constable, Nottinghamshire Police, gave an update on the activity of Nottinghamshire Police in the City. She highlighted the following information:

- h) The Police are working closely with Environmental Health and Community Protection Teams.
- i) Following lots of work to engage and explain the rules and legislation, there is now an increase in enforcement. Over the last week 32 Fixed Penalty Notices have been issued for a range of offences but mostly related to parties/ gatherings and unnecessary travel.
- j) There has been a reduction in calls and incidents related to Covid-19 but a return pre-Covid levels of normal activity. Therefore, the work of the Police is different to that during the first national lockdown.

During subsequent discussion the following points were raised:

- k) Individuals have a period of time to pay Fixed Penalty Notices and if they fail to pay then they will be taken to court and fines can be increased at the Magistrate's discretion. Some hearings are due to come to court in the next few weeks but some courts are experiencing backlogs due to the pandemic.
- l) There has been one £10,000 fine issued recently for a gathering of over 30 people.
- m) Some offences e.g. gatherings of over 30 people have been in place for some time and are generally well known but others, such as not meeting outside in groups of more than two are less well known and there may be some people who are genuinely surprised by being approached by the Police. Everyone is given the opportunity to comply and if they do not then enforcement action will be taken.
- n) The focus on ensuring compliance with regulations relating to gatherings of over 30 people is seeing successes in reduced numbers of parties/ gatherings being reported.

Amanda Sullivan, Chief Accountable Officer, Nottingham and Nottinghamshire Clinical Commissioning Group gave an update on activity in the health sector, highlighting the following information:

- o) There has been a rise in infections leading to hospitalisation. Across both Nottingham University Hospitals NHS Trust and Sherwood Forest NHS Trust there were 361 admissions in the week up to 1 November and 326 in the previous seven days.
- p) As of 3 November, there were 456 patients in beds. 7% of these required a ventilator. There is 50% more people in hospital than at the peak of wave one of the pandemic. The survival rate in intensive care has increased from 72% to 85%.
- q) GP surgeries continue to remain open. Just over half of appointments are being carried out face to face and just over half of appointments are taking place the same or next day.

- r) More people have received the flu vaccination than at this point last year, especially in the over 65 group with an uptake of 71%. Approximately one third of people in other identified risk groups have been vaccinated so far, so there is more work to do. The high level of public demand for vaccinations is positive. Children in 57 City schools had been vaccinated by the end of October, which is more than last year, and there are higher rates of consent for vaccination. There are some challenges due to single child or whole class isolation but there is confidence that there will be an improved position compared with last year.
- s) Planning is taking place to deliver a Covid-19 vaccine as quickly as possible once it becomes available. Good working is taking place across hospitals, community services and GPs on this. There are likely to be a mix of venues and choice about where individuals can get vaccinated, with a priority given to vaccinating the highest risk groups first, e.g. care home residents and those aged over 80 years.

During subsequent discussion the following points were raised:

- t) It would be helpful if partners could support with communicating messages about the importance of getting the flu vaccine.
- u) Flu vaccination teams will know anecdotally the reasons for parents not giving consent for their children to receive the vaccine.
- v) Barriers to vaccination are acknowledged and that is why there is close working with GPs and Primary Care Networks who understand their local communities best.
- w) Details of how a Covid-19 vaccine will be delivered and how it will be prioritised won't be known until the vaccine has been confirmed.
- x) The improvement in survival rates for those in intensive care is primarily due to the learning that has taken place and improvements in treatment rather than changes to the strain of virus. Initially, more people were put on ventilators but now other different methods of treatment, such as the use of a steroid to reduce the inflammatory process, have been identified.

Actions

- 1) Nottingham City Council Communications Team to promote flu vaccinations through its communications and media channels (Ruby Bhattal/ Steve Thorne)**

115 Rough Sleepers, Temporarily Housed and Socially Vulnerable Incident Management Plan

Jane Bethea, Consultant in Public Health, Nottingham City Council, gave an update on the development of a Rough Sleepers, Temporarily Housed and Socially Vulnerable Incident Management Plan. She highlighted the following information:

- a) The Plan hasn't yet been formally signed off but the approach has been used numerous times to respond to incidents.
- b) The Plan covers a range of groups including rough sleepers, temporarily housed, refugees and asylum seekers in hotel accommodation and the response involves some complex issues.
- c) If a rough sleeper has symptoms this will be picked up by the Street Outreach Team. Testing will take place as soon as possible and, because it can be harder for individuals in this group to access testing, the Homeless Health Team will go out to carry out a test on site. The tests are processed under Pillar 1 testing at Queens Medical Centre so the results are available quickly. Clinical assessment also takes place to assess needs for isolation. Accommodation is then identified which, in the City, will usually be hotel accommodation. Individuals will be transported to the accommodation and a risk assessment carried out. This assessment will look at behaviour, background and health issues. Individuals will then be supported to self-isolate. During the period of isolation, work will take place with Housing Aid to try and identify the next accommodation options once isolation ends.
- d) Isolation is difficult for everyone, but can be especially challenging for this cohort. The vast majority of individuals have been good at complying with the requirements but if not then the challenges can be complex. If necessary public health powers can be used.
- e) Contact tracing for this cohort can be difficult as, for example, some individuals don't have a telephone number.
- f) Under most plans there is considered to be an outbreak if there are two or more cases, but because of the level of vulnerability and the challenges around self-isolation, response is put in place when there is just one case.
- g) A rapid system level response is required and this is happening due to the strong partnerships in place.

During subsequent discussion the following points were raised:

- h) The 'Everyone In' policy for the first national lockdown did bring benefits and improve outcomes. There has recently been an announcement about additional funding to support rough sleepers although it is unclear whether the approach is the same as 'Everyone In' or different.
- i) There will be challenges this winter because the usual provision of night shelters for rough sleepers won't be possible and this will put the system under pressure.

116 Support for the Clinically Extremely Vulnerable (shielding)

Lucy Lee, Head of Customer Services, Nottingham City Council spoke about the support in place for the Clinically Extremely Vulnerable. She highlighted the following information:

- a) The Ministry for Housing, Communities and Local Government has issued a new shielding framework. It includes a higher reliance on self-support than the original shielding programme and states that Clinically Extremely Vulnerable individuals can leave their house. There will also be no free food provision from the Government or expectation that it will be provided by local authorities.
- b) The local support arrangements have been modified to reflect this new framework. The Council has restarted calling all Clinically Extremely Vulnerable individuals. There are 10,800 individuals on this list and those most at risk or new to the category are being called first.
- c) All individuals in the Clinically Extremely Vulnerable category have been sent an email or letter by the Government about the new guidelines and asking them to register to identify their need for support. Since the letters have been sent out only a few people in the City have registered to say that they need support. However, it is thought that this is because information about the need to register was on page 6 of the letter and may not have been seen, rather than because there is a low level of need. Therefore the Council is producing its own information with ward focused information and a supermarket toolkit.
- d) The Government is concerned about the impact of isolation and therefore, unlike previously, the Clinically Extremely Vulnerable are being encouraged to go out of their homes for exercise.
- e) The Council's 'Golden Number' is still in operation and there has been a rapid increase in the number of calls mainly asking for advice, signposting and explanation of the guidance. The Service is triaging individuals for access to community and voluntary support networks. Anyone can call this number for support regardless of whether they are classified as Clinically Extremely Vulnerable or not.
- f) Neighbourhood Cluster Teams have been remobilised and are responding seven days a week. There is also emergency out of hours provision in place.

During subsequent discussion the following points were raised:

- g) Out of the 10,800 Clinically Extremely Vulnerable people in the City, a significant proportion have registered to say that they are fine and do not need support. Therefore, these will be the last people that are called and the focus will be on those believed to be at highest risk or previously not known to the Service.
- h) The criteria for being classified as Clinically Extremely Vulnerable is very similar to previously but some conditions have been added. The main change is that the socially vulnerable are not included in these new guidelines. However, locally a decision has been taken to still contact those previously identified as socially vulnerable.

117 Business Support Grants

Robert Dixon, Head of Business Growth and International Strategy, Nottingham City Council, updated the Board on the distribution of business support grants. He highlighted the following information:

- a) There are a range of different business support grants available including national lockdown grants, Tier 2 grants, Tier 3 grants and additional discretionary grants for other businesses affected during any of these periods.
- b) Guidance was issued by Government in the previous week, with more information published today. The Team is working to understand and process this as quickly as possible.
- c) The Team is working to simplify the process and make it easy for businesses to understand and navigate.
- d) A single application portal is being developed and it is hoped that this can be launched shortly. In the meantime, businesses can read information on the Council's website and email to request an application form.
- e) The Team now has a better database of businesses due to previous applications for grants and this should help to speed up the processing of applications.

Actions

- 1) Update the Council's website with the latest information about business support grants, including the process for application (Robert Dixon)**

118 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.

119 Declarations of interest for agenda items 11 - 13

See Confidential Minutes

120 Confidential minutes

See Confidential Minutes

121 Situational round up

See Confidential Minutes

122 Universities - preparations for end of term and January

See Confidential Minutes