

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 12 March 2021 from 10.00 am - 11.50 am

Membership

Present

Mel Barrett
Councillor Eunice Campbell-Clark (Vice Chair)
Steven Cooper
Clive Foster
Councillor Neghat Khan
Councillor Rebecca Langton
Councillor Sally Longford (Chair)
Vanessa MacGregor
Amanda Sullivan
Hugh White

Absent

Ruby Bhattal
Alison Challenger
Andrew Errington
Carolyn Kus
Dr Hugh Porter

David Johns (substitute for Alison Challenger)
Michelle Lawson (substitute for Ruby Bhattal)

Colleagues, partners and others in attendance:

Sarah Carter - Nottingham and Nottinghamshire Clinical Commissioning Group
Paul Dales - Chief Environmental Health Officer, Nottingham City Council
Nick Lee - Director of Education, Nottingham City Council
Clare Routledge - Public Health, Nottingham City Council
Michelle Tilling - Nottingham and Nottinghamshire Clinical Commissioning Group

200 Apologies for absence

Ruby Bhattal – Michelle Lawson attended as a substitute
Alison Challenger – David Johns attended as a substitute
Carolyn Kus

201 Declarations of Interests for agenda items 3-7

None

202 Public Minutes

The Board approved the minutes of the public section of the meeting held on 22 February 2021 as an accurate record.

203 Nottingham's Outbreak Control Plan Update

David Johns, Consultant in Public Health, gave an update on Nottingham's Outbreak Control Plan, highlighting the following information:

- a) There have been 304 cases in the last seven days, which is a rate of 91.3% per 100,000 population.
- b) This is an improving position, with a 42% reduction in the rate compared with the rate for the preceding seven days which was 157.4%.
- c) The rate in Nottingham remains higher than the England average but the gap continues to narrow.
- d) The number of cases amongst those aged 60 years or over has significantly reduced.
- e) Two additional asymptomatic testing sites have opened, at the Portland Leisure Centre and the Clifton Community Centre. The opening days and times for these sites vary but booking is not required. The sites are open to everyone but households/ bubbles with children at school and those who have to leave their home to work are particularly encouraged to attend.
- f) In accordance with the 'roadmap' set out by Government, schools reopened face to face to all pupils from 8 March but there is still a 'stay at home' instruction in place. If Government tests are met, then non-essential retail outlets, outdoor attractions, indoor leisure facilities and personal care services will be able to reopen from 12 April. It is important that as restrictions are eased, people continue to follow the guidance fully.

Vanessa MacGregor, Consultant in Communicable Disease Control Public Health England - Midlands, spoke to the Board about issues relating to virus mutation. She highlighted the following information:

- g) All viruses mutate over time and this is happening with the Covid-19 virus, and this can result in new variants that can be passed on. Most changes are very small with little impact on the virus or the people who get the disease, and the prevention measures remain the same. However, some changes can enable the virus to spread more easily and this can become a cause of concern.
- h) The Government is monitoring changes in the virus to identify any 'variants of concern'. The Covid-19 Genomics UK Consortium looks at a proportion of all Covid cases and this allows new variants to be picked up in the community. Variants are also identified through targeted testing e.g. testing all those entering the UK from southern Africa.
- i) There are a number of variants currently in circulation and details of these can be found on the Gov.UK website. Some are designated as 'variants of concern' and some are 'variants under investigation'. Variants of concern are subject to more intensive investigation.

- j) Variant VOC-202012/01, commonly known as the 'Kent Variant', is the most dominant variant present in the UK and accounts for 98% of all the samples that are sequenced. There is a variant originating in South Africa that, as of 8 March, had 310 confirmed cases in the UK and all entrants to the UK from southern Africa are tested for that variant. There are two variants originating in Brazil. There are two other variants that have originated in the UK but most cases have remained clustered in their local area: one in the north-west and one around Bristol.
- k) Cases of variants are investigated and managed to help determine how they are spreading; understand if there is wider transmission of the variants; understand risk factors e.g. links to travel, hospital admission; and to inform decisions to control the spread of variants.
- l) Investigations start with the Genomics Cell identifying the variant and/ or notifications coming in from outbreak investigations and clinicians. These are reported to the Public Health England National Incident Director, who informs the local Health Protection Team. Once informed, the Health Protection Team establishes an incident team and decides how to investigate to gather as much information as possible. Results of the investigation are fed back to the National Incident Director who considers the next steps e.g. further investigation and testing. Work then takes place with the Communications Team to send out messages about measures that people with the variant should put in place.
- m) People with a case of a variant of concern are currently not being advised to take any additional measures than for those with other cases.

In response to questions, Vanessa MacGregor confirmed that once the Health Protection Team is aware of a variant in the area, the Director for Public Health is notified of the case(s) and that an investigation is about to commence; the results of the investigation; and will be involved in discussions as to whether further investigation is needed.

204 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) During the previous week over 100 Fixed Penalty Notices were issued, mainly for gatherings and parties of over 15 people in residential settings. There were also a few fines relating to commercial premises.
- b) Some gatherings in public places have also been seen, although these have mostly been households out together. Additional officers have been deployed to engage and give advice and guidance about dispersing. If people do not comply then a fixed penalty notice will be issued as a last resort.
- c) The Police continue to work jointly with Environmental Health to advise business premises but most now understand how to ensure their arrangements are Covid-secure and there is generally good compliance.

- d) The Police are working with the two universities as student start to return and this includes joint patrols and a joint letter to those living in university halls. There has largely been a good level of compliance.
- e) People can continue to report issues to the 101 number or online and these will be responded to accordingly.
- f) From 29 March it is anticipated that two households or up to six people from different households will be able to meet outdoors. There are plans to adapt the policing response as the 'roadmap' progresses.
- g) It is anticipated that there will be challenging times ahead and lessons from the previous lockdown easing are being taken on board. The existence of the 'roadmap' gives some certainty and therefore helps to plan resourcing. There are a number of events planned for the summer e.g. Splendour that will need to be managed.

Paul Dales, Chief Environmental Health Officer Nottingham City Council, gave an update on the Environmental Health Team's engagement with businesses. He highlighted the following information:

- h) The Environmental Health Team is working with the Police, Community Protection Officers and Trading Standards in both the City and County to ensure a consistent and joined up approach to planning for businesses reopening in line with the 'roadmap'.
- i) There will be a focus on the highest risk areas through both a proactive and reactive approach.
- j) Initial liaison has taken place with City Centre businesses through groups such as PubWatch, the Business Improvement District and City Centre Managers to look at ensuring safety for both customers and employees.
- k) Businesses appear to be more informed than previously and it is intended to build on this with an expectation of immediate compliance.
- l) There are powers enabling formal enforcement action to be taken if necessary.

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

- m) There continue to be reductions in the number of hospital admissions, beds occupied and deaths associated with Covid-19. For the first time since October there are fewer people in hospital than at the peak in April.
- n) There were 83 hospital admissions related to Covid-19 in the seven days to 7 March. This compared to 153 admissions in the previous seven days.

- o) On 9 March there were 274 beds occupied by people with cases related to Covid-19. Of these 13% required mechanical ventilation.
- p) Between 4-10 March there were 18 deaths related to Covid-19, which compared to 32 in the previous week.
- q) Over 376,660 vaccinations have been administered and it is anticipated that the rate of vaccination will accelerate in coming weeks. Bookings are now being taken for people over 55 years.

The Board commented that it was reassuring that pressures on hospitals and health systems were continuing to reduce.

Nick Lee, Director of Education Nottingham City Council gave an update on issues relating to schools and education. He highlighted the following information:

- r) There has been a positive response from schools about the reopening of schools for all pupils from 8 March and the majority of pupils, parents and staff are pleased to be back in physical buildings.
- s) Schools have been asked to notify of any issues e.g. with social distancing but nothing has been reported so far.
- t) 75 of 118 schools are reporting on their attendance levels. On 11 March there was an overall attendance rate of 87% but it should be noted that some schools were operating a phased return. This compares to an attendance rate for a typical day of 94-96%.
- u) All secondary and special schools have on-site testing arrangements in place. Some schools commenced testing in the previous week. However, schools are reporting low levels of parental consent for testing so this is being monitored especially given that testing will move to the home setting.
- v) On 10 March there were 9 secondary school pupils, attending 5 different schools who tested positive in the lateral flow testing and a further 3 tested positive following symptomatic testing. In total, 33 pupils across 6 city schools were self-isolating either as a result of a positive test or close contact with someone who had a positive test.
- w) On 11 March 5 primary schools reported new cases leading to an additional 225 children and 20 staff having to self-isolate due to the closure of 7 class bubbles.
- x) There is a need to think about the messaging to encourage households with school aged children to get tested, which would mean that only children with a positive test would need to be out of school.
- y) Schools are increasingly experienced at identifying 'close contact' and work is taking place to support schools in taking a more targeted approach to identifying close contacts, and therefore those who need to self-isolate, especially at Key Stage 2 level. This is more difficult for Key Stage 1 pupils, where social distancing is more challenging.

During subsequent discussion the following points were made:

- z) Asymptomatic testing at schools cannot be enforced but through communication and peer support parents are being encouraged to give consent for their child to be tested. The position will continue to be monitored and more targeted work, especially in areas of particularly low consent, may be undertaken.
- aa) Learning from the first few days of testing will be used to identify what works well to share with other schools.

205 Overview of the Integrated Care Partnership Vaccinations Co-ordination Group

Michelle Tilling, Nottingham and Nottinghamshire Clinical Commissioning Group, gave an overview of the Integrated Care Partnership (ICP) Vaccinations Co-ordination Group. She highlighted the following information:

- a) The Group is looking at how to maximise uptake of the vaccine and deal with any blockages in the system.
- b) One of the objectives is to increase vaccination confidence, especially amongst ethnic minority communities. This will be done by identifying what the issues are and where; listening to relevant communities; co-producing a solution; and co-delivering that solution.
- c) There is focused work taking place to increase uptake amongst the Muslim population. As part of this work, the Team has listened to groups including GP leaders, Nottingham Council of Mosques, Imams, Community Cohesion Team etc and through this co-produced tailored messages from trusted sources and delivered through community channels. Vaccinations are being delivered in trusted settings such as pop-up vaccination clinics, supported by local GP practices, in mosques (Fiveway Islamic Centre and Mosque and Karimia Institute) and mosques are also able to book individuals' vaccination appointments.
- d) There is also work underway to increase uptake amongst the black Afro-Caribbean community. The Team has listened to GP leaders, the ICP Black, Asian and Minority Ethnic Project Lead, Majority Black Led Churches, Councillors and the Community Cohesion Team. This work has also resulted in co-production of messaging and vaccination delivery in trusted settings. Feedback has included that it would be helpful if vaccination teams could be reflective of the population they are serving.
- e) The Council's Community Cohesion Team has been very useful in engaging particular communities.
- f) The ICP Severe Multiple Disadvantage Programme Lead, Framework and the Nottingham City GP Alliance are working together to deliver vaccines to the homeless population.

- g) In wards with lower levels of uptake e.g. Radford and Hyson Green, GP practices are working hard to encourage take up.
- h) Compared with other vaccines, uptake of the Covid-19 vaccine in the City is really good and there are lessons to be learnt for improving vaccine uptake in the longer term.

206 Local Covid-19 Vaccination Plan update

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

- a) There are currently 13 vaccination sites open across the City and County and two new pharmacy sites, including Riverside Pharmacy in Bulwell, should be open on 13 March.
- b) Rapid progress is being made with the vaccination programme. So far in Nottingham City, 88% of over 80s have been vaccinated; 96% of over 75s; 93% of over 70s; 83% of over 65s; and 62% of over 60s. Anyone in these age groups that has not received their vaccination should come forward as soon as possible. Booking is now open to those aged 55 years and over and communities with lower levels of uptake are being targeted e.g. by GPs contacting eligible residents.
- c) As a result of targeted work, take up rates in groups such as the homeless, specific geographic areas and ethnic minority communities are starting to improve. In particular, progress is being made in reducing inequalities between ethnic minority groups and performance is amongst the best in the country on this.
- d) It is anticipated that there will be a good supply of the vaccine in coming weeks.

207 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.

208 Declarations of Interests for agenda items 10-13

See Confidential Minutes

209 Confidential Minutes

See Confidential Minutes

210 Situational Roundup

See Confidential Minutes

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211 Refresh of the Local Outbreak Management Plan

See Confidential Minutes

212 Local Covid-19 Vaccination Plan update

See Confidential Minutes