

# Public Document Pack

## Nottingham City Council

### Outbreak Control Engagement Board

Minutes of the meeting held remotely via Zoom -  
<https://www.youtube.com/user/NottCityCouncil> on 28 September 2021 from  
9.05 am - 10.41 am

#### Membership

##### Present

Amanda Sullivan  
Councillor Adele Williams

##### Absent

Mel Barrett  
Councillor Sally Longford  
Sara Storey

#### Colleagues, partners and others in attendance:

Paul Dales, Health & Safety Manager  
Lucy Hubber, Director of Public Health  
Amanda Sullivan, Nottingham and Nottinghamshire CCG  
Roz Howie, Programme Director NCC  
Nick Lee, Director of Education  
Clare Routledge, Executive Support Officer - Public Health  
Emma Powley, Governance Officer NCC

#### 285 Apologies for absence

Councillor Longford (substituted by Councillor Williams)  
Ruby Bhattal (substituted by Steve Thorn)  
Sarah Storey  
Mel Barrett

#### 286 Declarations of interest - Items 4-9

None

#### 287 Public Minutes - 13 August 2021

The minutes of the meeting held on the 13 August 2021 were agreed as a true record

#### 288 Nottingham's Local Outbreak Management Plan Update

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

- a) The most recent figures showed that cases had risen slightly in Nottingham with a 7-day incidence rate of 249.8 per 100,000 population (213.6 the previous week). The Average 7-day incidence rate for England is 313.7 per 100,000 population.

- b) The figures in Nottingham reflected the trend in the rest of England but there was some concern about increased numbers of school age children catching the virus.
- c) Figures for the week 15 September to 22 September 2021 showed the most significant increase was in children aged 12-17 years; the second largest increase was in children aged between 5 and 11 years old. This was considered to be as a result of children returning to schools and transmission between homes and families. The older population had not moved due to the vaccination uptake.
- d) Moving towards Autumn and Winter, the Covid response was split into Plan A and Plan B. Plan A would be a continuation of the current measures in place. If there is no significant change or there is an increase in cases, the Government announced that they would proceed with Plan B. The details of Plan B were not fully known and further information and guidance on the plan had not been issued.
- e) The following regulations were to be extended until 24 March 22 (at which point they will be reviewed);
  - i) Self-isolation – legal requirement to self-isolate on positive cases and unvaccinated close contacts
  - ii) No.3 regs – which enable local authorities to respond to serious and imminent Public Health threats e.g. by stopping events
  - iii) Regulations which impose testing and quarantine requirements on arrivals in England will remain
- f) Communications around Covid would remain, including the ‘hands, face and space’ message as well as promoting the vaccine. It was reported the uptake of the vaccine by young people had been very positive and the Chair noted that they had been significantly affected by the pandemic.
- g) Regarding Communications around Covid, the message had been consistent and would continue to be so.
- h) There had been concerns of instances where a child who had contracted the virus would be isolating but their siblings would be in attendance at school, increasing the likelihood of transmissions

## **289 Board Member Updates**

### **NHS**

Amanda Sullivan, Nottingham and Nottinghamshire CCG updated the Board and the following information was highlighted:

- a) There was still a relatively high levels of hospital admissions; 127 people had been admitted to hospital, 27 were in the Intensive Therapy Unit and 13 deaths.
- b) Whilst the number of people being admitted to hospital was significantly lower than the first and second wave, there was growing concern especially as autumn and winter were looming and the pressures on the NHS during these months would be significant.
- c) Whilst those who had been vaccinated were still able to get Covid, they would be significantly much less likely to be hospitalised as a result of getting the virus.

The Chair thanked Amanda and her NHS colleagues for their hard work through the pandemic and expressed her sadness that lives were still being lost to the virus.

## **Environmental Health**

Paul Dales, Health & Safety Manager NCC, updated the Board on the work of the Health and Safety department. The following information was highlighted:

- a) The key work being undertaken was in nightclubs and other licensed premises. Overall, the work in nightclubs had been very positive with many having completed risk assessment and putting control measures in place. There had been some discussions about ventilations with a number of premises having already contacted ventilation engineers to organise a service of their systems.
- b) The Detonate Festival had been held at the weekend with over 15,000 people in attendance and work had been done with the organisers to ensure that it was compliant with the Covid guidance. Those attendees unable to show their Covid pass were requested to have a lateral flow test and would only be able to enter with a negative result.
- c) Lucy Hubber, Director of Public Health commented that there had been a very positive understanding of expectations and participations of event organisers who had gone above and beyond what was required.

## **290 Local COVID-19 Vaccination Plan Update**

Amanda Sullivan, Nottingham and Nottinghamshire CCG updated the Board on the Vaccination Plan and the following was noted:

- a) There was a very good uptake of young people getting vaccinated; the number of 18-24 year olds fully vaccinated was 44.5%, 30-35 years old fully vaccinated was 65%. The numbers getting their second doses were very positive.

- b) The Booster campaign was well underway and was being rolled out similarly to the first vaccinations. There were a lot of sites that were being opened which included GP's, pharmacies and other places in the community.
- c) For information on the walk-in services for vaccinations for different age groups was available on the CCG website. There had been an issue with the vaccination bus but it was hoped that the issues would be resolved and the programmed timetable released.

## **291 Local Symptomatic Testing Strategy**

Roz Howie, Programme Director (NCC) updated the Board and the following points were highlighted:

- a) PCR test could be ordered from 119 or via the online government portal. A Local Strategy was continuing to ensure that the city had enough testing facilities and a strategic framework was being developed to look at reducing in-person testing.
- b) The Department of Health and Social Care had been quite rigid in their prescription of where Local Testing Sites (LTS) were set up and as such, mobile testing units had been utilised in order to do outbreak and targeted testing.
- c) A back-pack model had been used in student accommodation blocks, asylum seeker hotels and homeless hostels
- d) The testing model had been developed in order to be flexible and agile when focusing on different outbreak situations.
- e) Work had continued to address Covid testing in both Disproportionally Impacted Groups and Under-represented Groups as well as those with vulnerable complex needs. On-site testing was being offered to homeless/rough sleepers, sex workers, domestic violence refugees and those with a dependency on drugs/alcohol. Further work was being considered on how best to target the traveller communities.
- f) It was unclear how long the free universal lateral flow tests would continue.

The Chair commented that the Council would write a letter to the Minister outlining concerns about charging people for lateral flow tests.

## **292 Educational Settings Update**

Nick Lee – Director of Education NCC, updated the Board and highlighted the following information:

- a) Due to a relaxation of the control measures schools returned having dispensed with "bubble" arrangements, Face covering requirements, and in many cases other measures such as staggered school days, one way entry

and exit were not mandatory and in some instances, they had had such a positive impact on the schools that they were remaining in place.

- b) One of the main measures promoted by the Department for Education (DfE) was ventilation in schools. However, there was a huge contrast in the construction of school buildings. CO2 monitors had been supplied to measure quality of air in classrooms
- c) Secondary and Special Schools had been fully engaged in pre-return testing for all secondary age pupils. The value was immediately apparent as a small number of positive cases were reported, enabling isolation before opportunity for in school transmission.
- d) All education providers had been requested to complete daily DfE attendance returns – providing information on overall attendance. Figures for the week up to the 23 September 2021 saw an overall attendance of 89%.
- e) The removal of control measures have resulted in more School Leaders having to make judgement calls who often sought supported during a very fluid situation which added huge pressures.
- f) One city Primary School had been subject to a Public Health led outbreak and it had been deemed necessary for a year group to revert to online teaching to avoid increase infection rates.
- g) The 12-15 year olds vaccination programme had been very good and prompt and there had been a swift response from the NHS who had mobilised vaccination very quickly. For those 12-15 year olds not in school on the day of vaccination would be able to access the service as a mop-up would be completed afterwards.
- h) Lucy Hubber, Director of Public Health explained that there were some consent concerns from parents but that the vaccination Team were fully trained in consent.
- i) There were numerous conflicting pressures and demands on School Leaders who were expected to increase school attendance but also judge whether there was increased risk of children attending schools especially those who had a confirmed case in a school aged siblings

Lucy Hubber, Director of Public Health, updated the Board on behalf of the Universities and reported the following:

- j) There had been a very good uptake of the vaccinations among the students, with very good communications and risk management in place, the University and NHS working collaboratively on it.
- k) There had been a very good testing regimes in the Universities and the figures did not indicate any increase associated with students

Outbreak Control Engagement Board - 28.09.21

- l) There was some concerns about international students, who may have had vaccinations not officially approved

**293 Exclusion of the public**

**294 Declarations of interest - Item 11-14**

See confidential minutes

**295 Confidential Minutes - 13 August 2021**

See confidential minutes

**296 Local Symptomatic Testing Strategy**

See confidential minutes

**297 Educational Settings Update**

See confidential minutes

**298 Local COVID-19 Vaccination Plan Update**

See confidential minutes