READING COVID-19 OUTBREAK ENGAGEMENT BOARD

4 SEPTEMBER 2020

ADDITIONAL INFORMATION

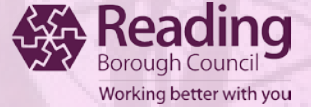This page is intentionally left blank

Local Outbreak Engagement Board

4th September 2020

Agenda

1. Welcome

2. Questions from members of the public

3. Local COVID-19 data

4. Local COVID-19 communications

5. Recent COVID-19 outbreaks- lessons learned

6. COVID-19 impacts on Black Asian and Minority Ethnic communities: how this informs our local planning

7. Local Outbreak Control Plan development

8. Dates of future meetings

1. Welcome

Introductions, Apologies and Terms of Reference

The Reading COVID-19 Outbreak Engagement Board was established at a meeting of Reading Borough Council's Policy Committee on 3rd August 2020. See:

https://democracy.reading.gov.uk/documents/s13454/Outbreak%20Engagement%20Board.pdf

2. Questions from members of the public

The following questions have been submitted pursuant to Standing Order 36 in relation to matters falling within the Board's Powers & Duties, and have been submitted in writing and received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.
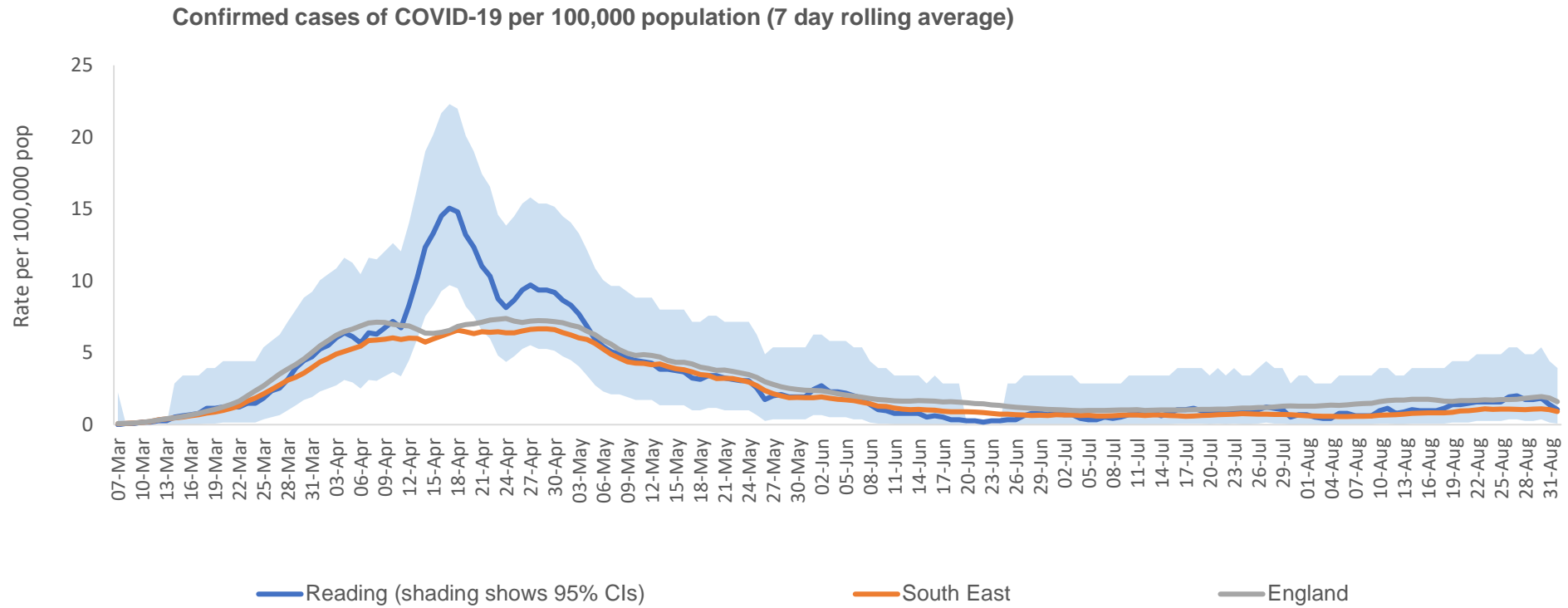
# 3. Local COVID-19 Data

David Munday
Consultant in Public Health

Confirmed cases of COVID-19 per 100,000 population (7 day rolling average)

Reading (shading shows 95% CIs) — South East — England

|			Date specimen taken			Total cases (cumulative)
			18-Aug-20	25-Aug-20	01-Sep-20	
Number of cases (7 day total)			13	18	12	
Number of cases (7 day rolling average)			1.9	2.6	1.7	864
Rate per 100,000 population			1.1	1.6	1.1	529.4
Comparison of 7-day rolling average at 01-Sep-20			Similar to South East		Similar to England	
Comparison of cumulative rates at 01-Sep-20			Significantly higher than South East		Similar to England	

Cumulative rate of COVID-19 cases per 100,000 population tested under Pillar 1 and 2, by upper-tier local authority, England
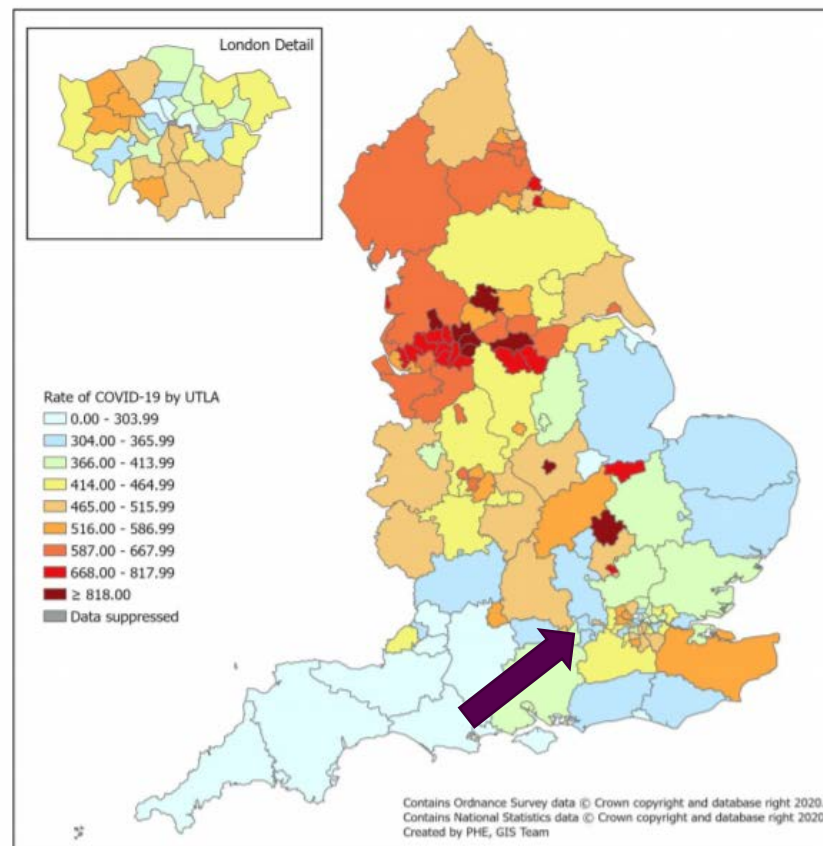
Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report
Year: 2020, Week: 35
Public Health England

Weekly rate of COVID-19 cases per 100,000 population tested under Pillar 1 and 2, by upper-tier local authority, England
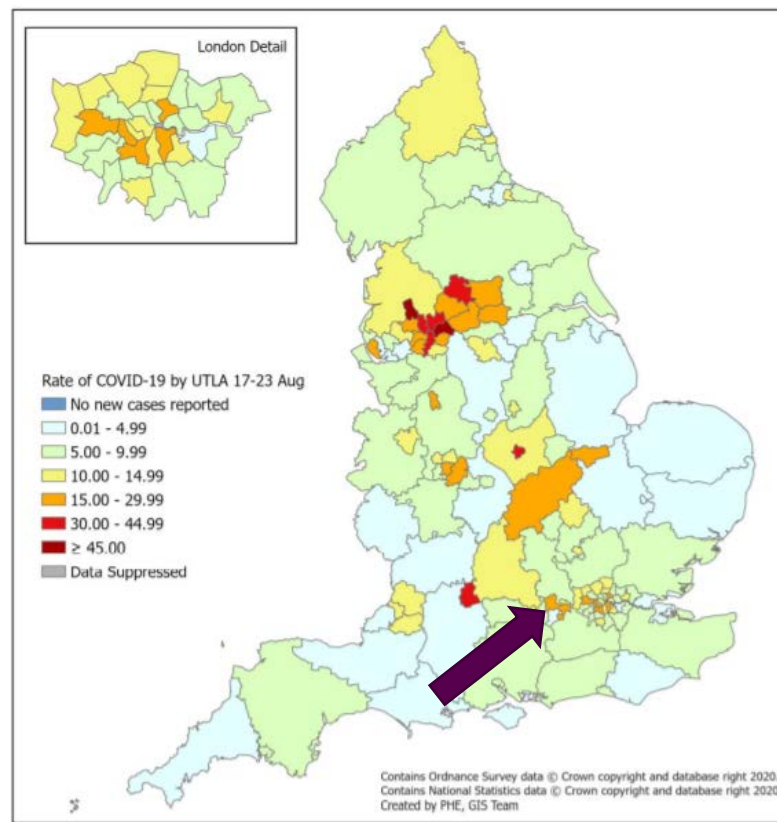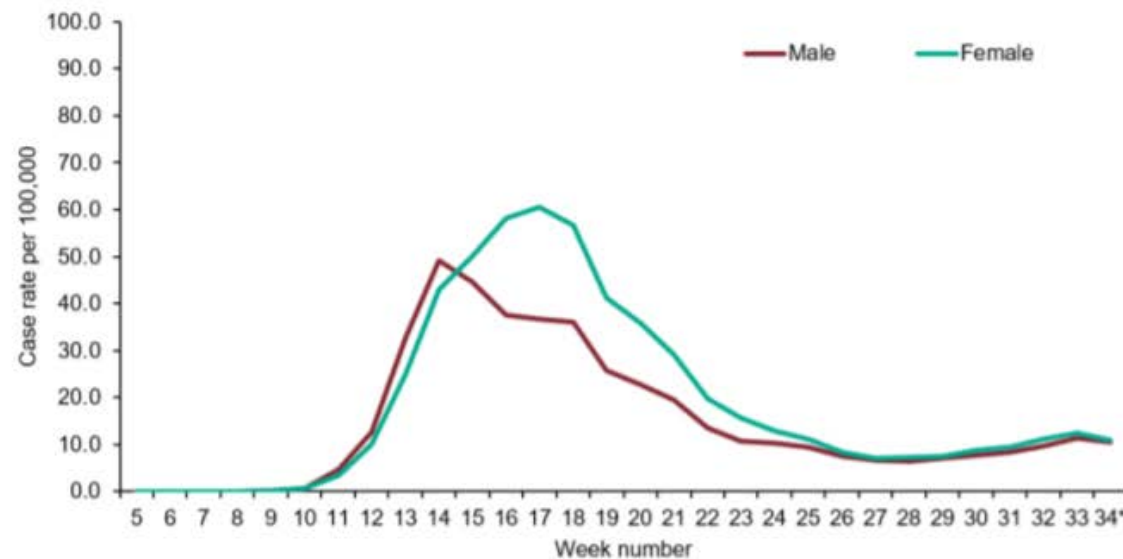
Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report
Year: 2020, Week: 35
Public Health England

COVID weekly rates

| Area	Week 35: 17th August to 23rd August (recorded by 26th August 2020)		Week 36: 24th August to 30th August (recorded by 2nd September 2020)			
	Number of cases (Pillar 1&2)	Rate per 100,000 population	Number of cases (Pillar 1&2)	Rate per 100,000 population	% increase in rate from Week 35	% increase in cumulative rate from Week 35
Bracknell Forest	5	4.1	8	6.6	60%	2.5%
West Berkshire	9	5.7	11	6.9	22%	2.5%
Reading	17	10.4	21	12.9	23%	2.7%
Slough	19	12.7	15	10.1	-21%	2.0%
Windsor and Maidenhead	38	25.2	20	13.3	-47%	4.8%
Wokingham	11	6.6	13	7.7	18%	2.1%
South East	670	7.3	659	7.2	-2%	1.9%
England	6443	11.5	7122	12.7	11%	2.6%

Weekly laboratory confirmed COVID-19 case rates per 100,000, tested under Pillar 1 and Pillar 2, by sex

Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report
Year: 2020, Week: 35
Public Health England

Weekly laboratory confirmed COVID-19 case rates per 100,000, tested under Pillar 1 and Pillar 2, by age group

Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report
Year: 2020, Week: 35
Public Health England
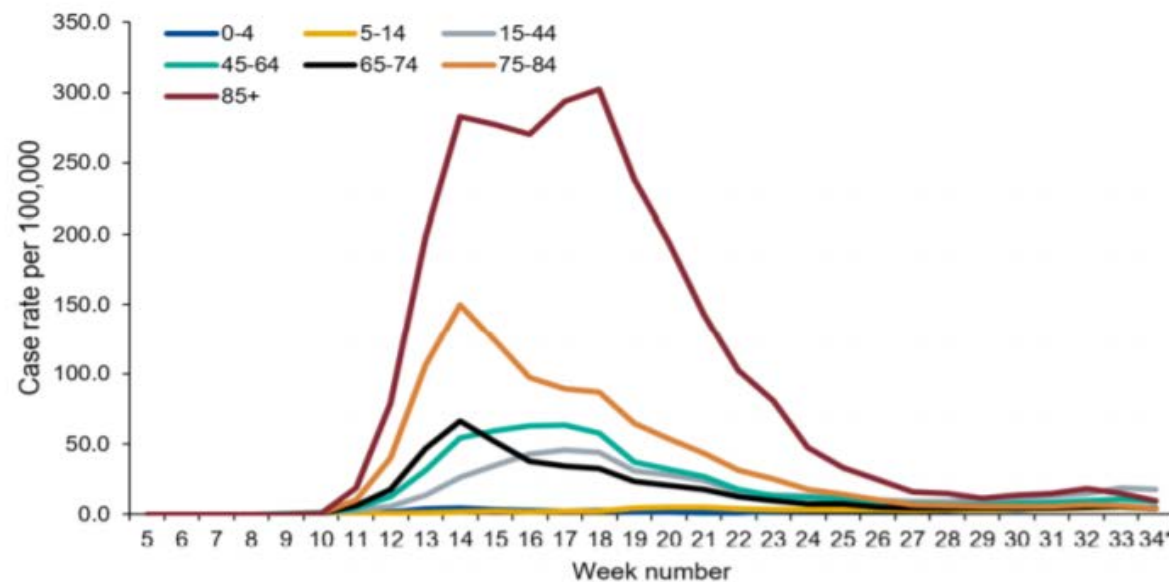
Mortality in Reading per 100,000 population (2020 compared to 2015-19 average)
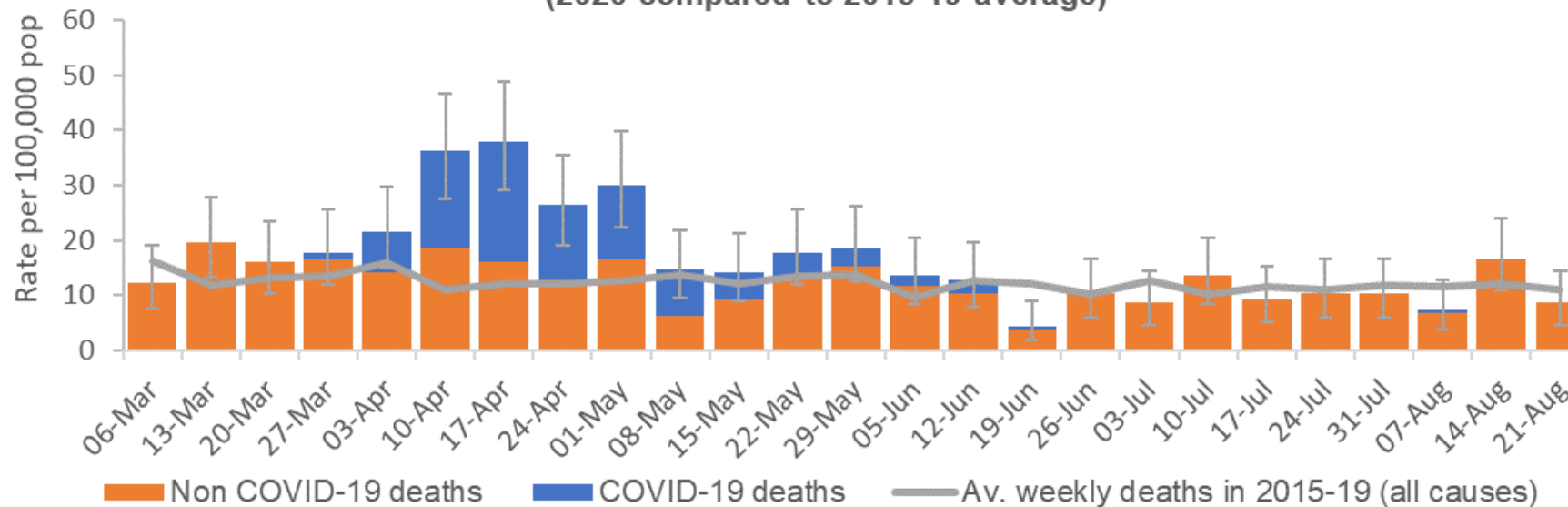
	Place of death for residents who have died from COVID-19 (as at 21-Aug-20)					
	Home	Hospital	Care home	Hospice	Other	Total
Number	9	85	65	5	2	166
Percentage	5%	51%	39%	3%	1%	-
Source:	Office for National Statistics; Death registrations and occurrences by local authority					

4. Local COVID-19 Communications

Prof. Dr Kate Reynolds
Director of Education (BFfC)

Niki Barton
Strategic Communications Manager

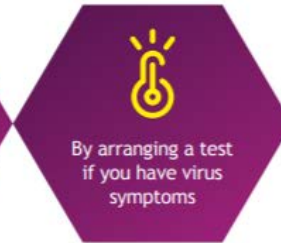# Messages and activities flex as alert levels change

Status	Context	Comms messages and activities
Level 1 - resting	"Resting": Cases low, no outbreaks, no clusters.	• Support local economy, stay fit, promote local services • Don't be complacent – follow guidance, face/hands/space. Symptoms → isolate and get tested. • Support for high risk settings – guidelines, prevention, notification. • Targeted messages for at risk groups based on specific insights.
Level 2 – low concern	"Area of concern": increase in cases, low number clusters, small outbreak.	• No need to panic but we need to take action – public health messages. • Increase in targeted preventative messaging based on insights from the rise in cases. • Increase in messages about testing info.
Level 3 – high concern	"Area of enhanced support": more cases, number clusters, small outbreak in more than one venue, local measures	• At risk of a local lockdown – we need to take action. Public health + local measures. • Increase in targeted preventative messaging based on insights from the rise in cases. • Strong messages about testing, tracing and isolating, additional test sites, local restrictions. • Respond to negative messages eg blaming particular groups.
Level 4 – emergency declared	"Area of intervention": Reading under different measures from the rest of England.	• Clear, fast crisis communications with new rules and restrictions. • Blanket coverage – letters, emails, social media, partners, signage. Daily media briefings. • Strong messages about testing, tracing and isolating, additional test sites, local restrictions. • Respond to negative messages eg blaming particular groups. • Targeted messaging for vulnerable groups – where to get support if shielding.

Campaign creative

We're developing communications specific to Reading's context, and continually testing and learning

Gather feedback, improvements and requests

Develop comms materials

Share with partners and test in community

Example: co-created infographic

Example: translation hub

Example: messages and learnings - masks

Talk to us!

Feedback, requests, suggestions:

cv19notifications@reading.gov.uk

Brighter Futures for Children (BFfC)

- COVID-19 web pages for school news, learning activities and wellbeing, updated daily

- Comms to headteachers and to Reading residents via social media

- Joint work on transport for school reopening: interactive web, school streets, buses

5. Recent COVID-19 outbreaks: lessons learned

This is a standing agenda item for the Board. There are no local incidents for consideration today.

6. COVID-19 impacts on Black Asian and Minority Ethnic Communities: how this informs our local planning

Yasmine Illsley
Public Health Programme Officer

Emerging disparities and impact of COVID19

Loss of life due to COVID19 in 2020 has generally replicated trends seen before COVID19 (2014-18) for age, gender and deprivation. By which we have seen the following patterns:

- **Age** – death increases with age, with 75% of death occurring in those aged 75 year above

- **Gender** – more men seen to have been worse clinical outcomes –needing more invasive treatment or resulting in death once you hit 60 years of age

- **Deprivation** – The mortality rates from COVID-19 in the most deprived areas were **more than double** the least deprived areas, for both males and females. More so than the inequality seen in mortality rates in previous years, suggesting greater inequality in death rates from COVID-19.

- **Geography** has also come into play. **London** was first to hit it's peak number of infection with the **highest crude mortality** rate in confirmed cases. **The North East and North West regions** to have the **highest diagnosis rates per 100,000** population suggesting a north/south divide.

- **Urban areas**: Population density, deprivation and other factors associated with urban areas such as an ethnically diverse population may also be associated with higher mortality from COVID-19

Impacts age and gender has on infection and loss of life

Age	Increase risk of mortality vs >40 years
40-49	3 times more likely
50-59	9 times more likely
60-69	27 times more likely
70-79yrs	50 times more likely
80 +yrs	70 times more likely

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Number of infection by deprivation quantiles

Number of positive Covid-19 cases
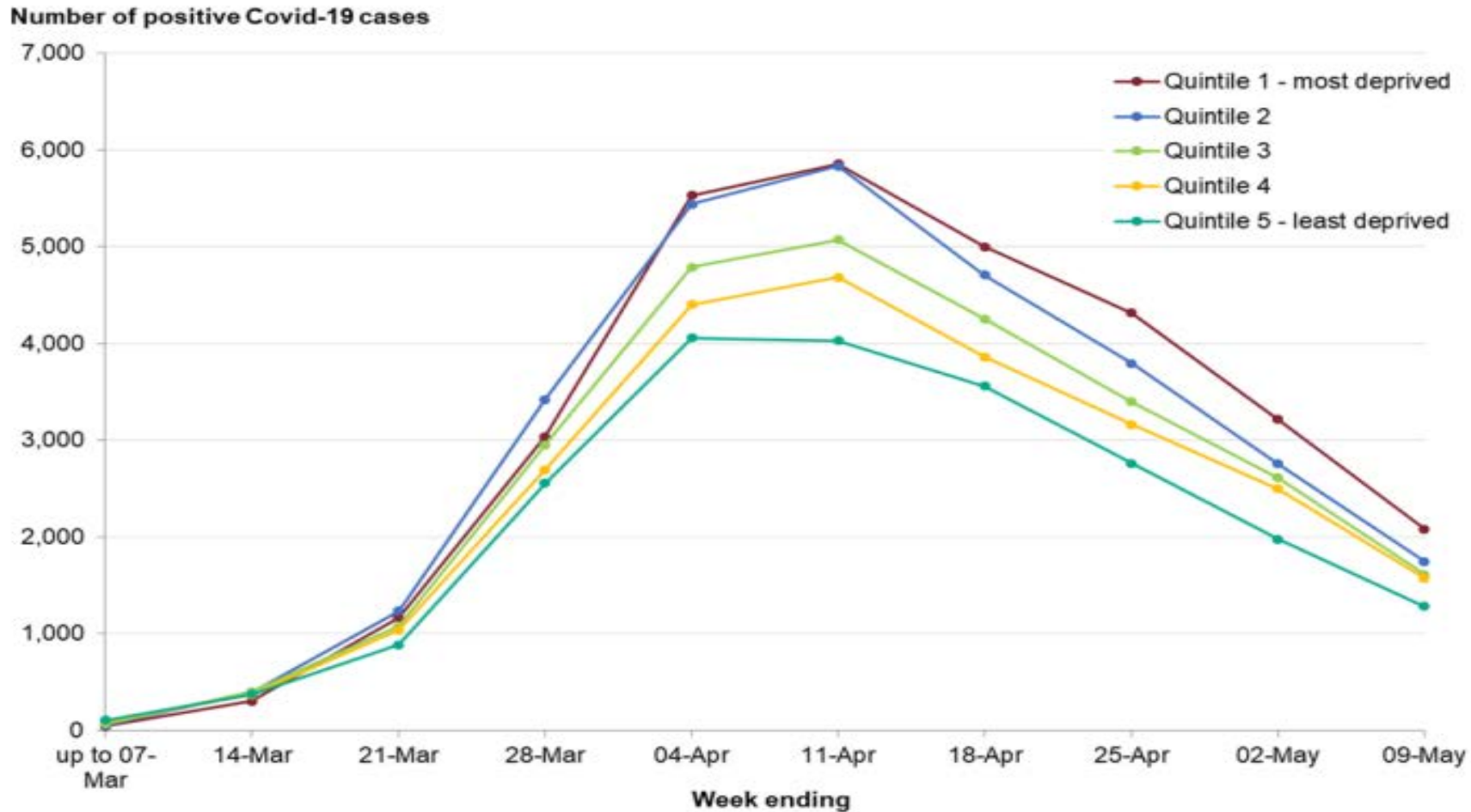
Emerging trends specific to COVID19

Other patterns also observed, which appears new and specific to 2020, and thus related to COVID19 was around Ethnicity, occupation and health - detailed below.

- **Ethnicity -** The relationship between ethnicity and health is complex and likely to be the result of a combination of factors. Including those listed above as well as the below.

- **Occupation** – Exposure is key – frequency of people or peak specifically with COVID19.

  High risk roles were For three occupations the which saw a relative increase in deaths in 2020 Caring Personal Services, Elementary Security Occupations, and Road Transport Drivers.

  Individuals from BAME groups are more likely to work in occupations with a higher risk.

- **Health** – Diabetes, high blood pressure, cardiovascular diseases were listed on death certificates of those who had died or suspected to have died from covid19

Ethnicity and Marginalised groups

This inequality in COVID-19 mortality between ethnic groups is the opposite of that seen for all causes of death in previous years.

When compared to previous **years all cause mortality** was as follows:

Men	Women
4 times higher than expected among Black males	3 times higher for Black, Mixed and Other females
3 times higher in Asian males	2.4 times higher in Asian females compared to
almost 2 times higher in White males.	1.6 times in White females

When the ONS study compared for an extensive list of cofounding factors including geography, deprivation, socio-economic position, self reported health or disability in 2011 consensus, this significantly reduced elevated risk. However,

- Black men and women were still **1.9 times** more likely to die from Covid19 then there white counter parts,

- Males of Bangladeshi and Pakistani ethnicity are **1.8 times** more likely to die; for females, odds of death are reduced **to 1.6 times** more likely

- Individuals from the Chinese and Mixed ethnic group have **similar risks** to those with White ethnicity

Continued…

The relationship between ethnicity and health is complex and likely to be the result of a combination of factors.

Firstly, the increased risk of acquiring the illness due to exposure:

urban areas, overcrowding housing, deprivation, and occupations that expose (either public facing or people likely to be unwell with covid19.

BAME increasingly likely to be born abroad and thus access to health care issues – language and culture – late presentation

Secondly, the increased risk of poorer outcomes once they acquire the infection:

Co-morbidities i.e. CVD higher in some Bangladeshi and Pakistani background compared to white population and Black Caribbean and Black African ethnicity higher High blood pressure than other ethnicity. Plus Diabetes higher in all BAME.

The **highest** age standardised **diagnosis rates** of COVID-19 per 100,000 population were in people of **Black ethnic groups** (486 in females and 649 in males) and the **lowest** were in people of **White ethnic groups** (220 in females and 224 in males).

Looking at survival, having accounted for sex, age, deprivation and region, people of **Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity**

Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British

Stakeholder insight

Key themes:

- Longstanding inequalities exacerbated by COVID-19
- Increased risk of exposure to and acquisition of COVID-19
- Increased risk of complications and death from COVID-19
- Racism, discrimination, stigma, fear and trust

Reading: The Local Picture

PHE Fingertips profile based on the inequalities highlighted above.

Environmental:

- Higher levels of deprivation, largely urban areas with above England and regional levels of overcrowding = all of which are associated with higher risk of spread of virus

Population:

- 58.6% of our adults are carrying excess weight (or obese) similar to England.

- Diabetes although comparatively low, is increasing in Reading

- Low Flu Vaccination coverage for those under 65 with clinical risk factors(<55%) and although better, low update coverage for those aged 75 years (<75%) – the same cohort that will be suspectable to covid19.

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PHE Report Recommendations

- Mandate comprehensive and quality **ethnicity data collection and recording** as part of routine NHS and social care data collection systems

- Support **community participatory research**

- Improve **access, experiences and outcomes of NHS, local government and Integrated Care Systems commissioned services by BAME groups**

- Accelerate the development of **culturally competent occupational risk assessment tools** for occupational settings and used to reduce employee's exposure to and acquisition of COVID-19

- Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns,** in partnership with BAME groups and faith communities

- Accelerate targeting of **culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma

- Ensure COVID-19 **recovery strategies reduce inequalities caused by the wider determinants of health to create long term sustainable change**. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

Beyond the data: Understanding the impact of COVID-19 on BAME

What action are we taking?

Focus is on:

a) Prevent against further loss of life/ ill health in anticipation of subsequent waves

b) Long term approach - mitigate against further disparity to COVID19 by addressing inequalities

Current Activity – Operational	Longer Term Strategic Activity
Emerging Opportunities/Scoping	Building Capacity

Reducing disparity Impact on BAME and other vulnerable/marginalised communities

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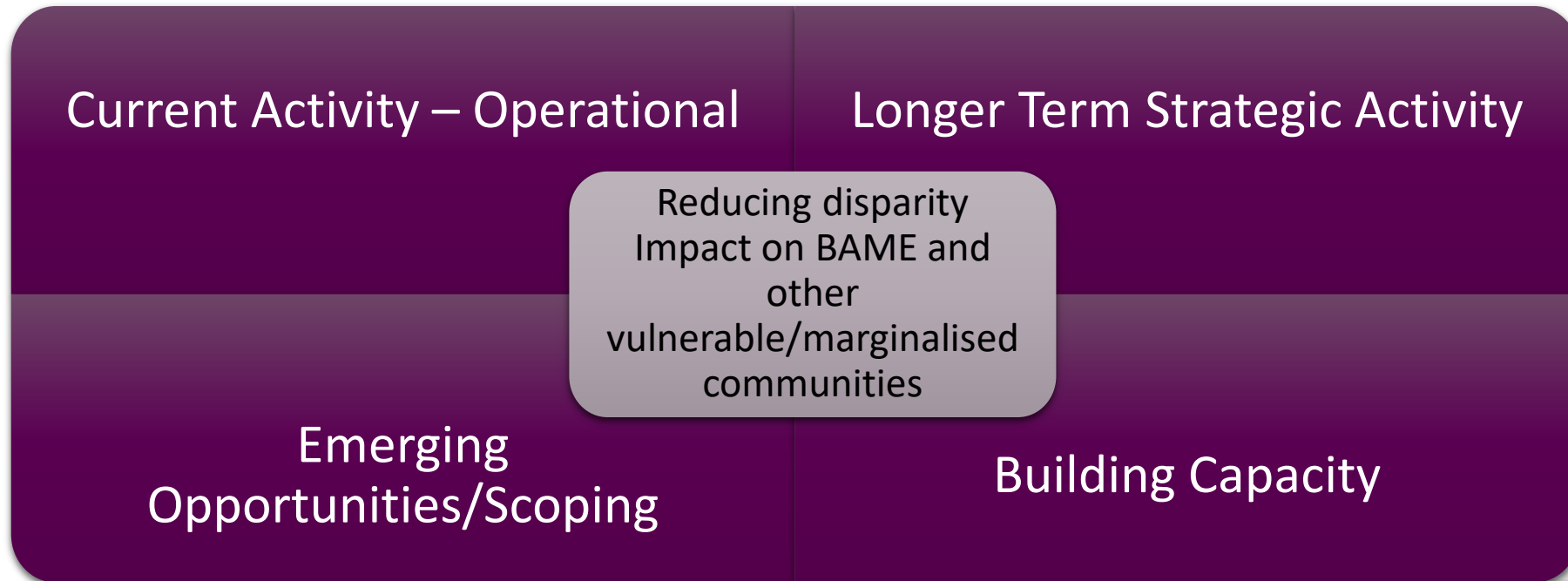
Wheels in motion

Strategic

- Develop and follow a **Outbreak Control Plan** *(managing the infection – treatment and prevention)*
  - High level document outlining how infection are to be mitigated
  - Identified high risk setting and population including BAME and Faith Groups to reach and collaborate with to minimise risk.

- **Community Impact Assessment (risk register)** *(prevention)*

- **Social Inclusion Workstream**
  - As this group is forming, there is opportunity to take forward emerging evidence around covid19 inequalities.
  - *Connecting communities* and Data group – understand and work to address this group

- **Outbreak Control Engagement Board**
  - Opportunity to hear from resident about what is need and where we go from here to support vulnerable community groups from COVID19 impacts

- **Supporting BAME and Faith Groups**
  - Hosted by Acre, fortnightly session take place during COVID to support members and leads within a number of BAME groups.
  - Hosted an inequalities conference at end July

Continued...

Operationally

- Commissioned and co-developed infographics for communication with BAME/Faith groups

- Supporting the national Better Health Campaign

- Focus efforts on healthy lifestyle services like weight management and NHS Health Checks

Purpose being...

- Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, in partnership with BAME groups and faith communities

- Accelerate targeting of **culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma

NHS
HM Government

کورونا وائرس
ہاتھ دھونا
انتہائی ضروری اے

حوجاں کولوں محفوظ فاصلہ رکھو
بور لوکاں نال رابطہ محدود کرو
Share your contacts
gov.uk/coronavirus

STAY ALERT ▸ CONTROL THE VIRUS ▸ SAV

CORONAVIRUS

IF YOU FEEL ILL WITH ANY OF THESE SYMPTOMS

COUGH FEVER LOSS OF TASTE NO SENSE OF SMELL

STAY HOME
Stay home for 10 days

BOOK A TEST
📱 Call NHS Direct 119
💻 nhs.uk/coronavirus

📱 GET MEDICAL HELP IF YOUR SYMPTOMS GET WORSE
CALL 111 OR IN AN EMERGENCY CALL 999

IF YOU TEST POSITIVE FOR CORONAVIRUS

STAY HOME
Stay home until you are well

TEST & TRACE
Share your contacts with NHS Test & Trace Service

CONTACT WITH CORONAVIRUS?
THE NHS TEST & TRACE WILL CONTACT YOU

STAY HOME
Stay home for 14 days

BOOK A TEST
If you feel ill book a test
📱 Call NHS Direct 119
💻 nhs.uk/coronavirus

nhs.uk/coronavirus
Infographic produced by Reading Borough Council

Reading
Borough Council
Working better with you

Further Opportunities...

- Work towards **implanting national recommendation** recently published, locally here in Reading to address these inequalities highlighted in this paper.
- Improving **data collection**
- **Exploring Health and Research champions**
- Keep abreast of the moving evidence
- Improved communication branding and message platforms
- Recruitment of COVID19 Community Engagement Officer

7. Local Outbreak Control Plan development

The executive summary of Reading's Outbreak Control Plan has been published here:

www.reading.gov.uk/c19outbreakplan

David Munday
Consultant in Public Health

Our Outbreak Control Plan has the following themes:

1. **Care homes and schools**

Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)

2. **High risk places, locations and communities**

Prevent and manage outbreaks in other high-risk locations, workplaces and communities

3. **Local testing capacity**

Deploy local testing capacity optimally

4. **Contact tracing in complex settings**

Deliver contact tracing for complex settings and cohorts

5. **Data integration**

Access to the right local data to enable the other 7 themes and prevent outbreaks

6. **Vulnerable people**

Support vulnerable people and ensure services meet the needs of diverse communities

7. **Local Boards including Communication & Engagement**

Take local actions to contain outbreaks and communicate with the general public

8. **Workforce**

Keeping our workforce safe

What actions might be taken or recommended if an outbreak occurs?

➢Alert messaging

➢Focussed testing of people with and without symptoms

➢Special testing facilities set up

➢Additional contact tracing

➢Closure of premises

➢Restricting visiting

➢Cancelling events

➢Closing playgrounds or other facilities

➢Enhanced monitoring of people isolating

➢Specific advice on PPE and infection prevention and control measures

8. Dates of future meetings

Future meeting dates have been scheduled to be interspersed with meetings of the Reading Health and Wellbeing Board, but additional meetings of the COVID-19 Outbreak Engagement Board may be called as required in the event of a local outbreak.

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