

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock	Leader of the Council, RBC
Councillor Challenger	RBC
Andy Ciecierski	GP and Urgent Care Clinical Lead for Berkshire West CCG
Nick John	Reading LPA Commander, Thames Valley Police
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG (substituting for Sam Burrows)
Councillor McEwan	Chair of Adult Social Care, Children & Education Committee, RBC
Councillor McGonigle	RBC
Gail Muirhead	Prevention Manager, Royal Berkshire Fire & Rescue Service
Councillor O'Connell	RBC
Councillor Robinson	RBC
Councillor Stanford-Beale	RBC
Councillor Terry	Lead Councillor for Children, RBC

Also in attendance:

Nicki Barton	Strategic Communications Manager, RBC
Lorraine Briffit	Managing Director, Connect Reading
Sarah Del Tufo	Chair of Trustees, Reading Community Learning Centre
Seona Douglas	Director of Adult Care & Health Services, RBC
Yasmine Illsley	Public Health Programme Officer (Adults), RBC
Tom Lake	Information Officer, South Reading Patient Voice
Frances Martin	Executive Director for Economic Growth & Neighbourhood Services
Amanda McDonnell	Media & Communications Manager, RBC
David Munday	Consultant in Public Health, RBC
Diane Palmer	Supported Housing Manager, RBC
Tamsin Phipps	Services Manager, Age UK Berkshire
Sue Pigott	Project Coordinator, Talkback
Herjeet Randhwa	Advice Worker, Reading Voluntary Action
Kate Reynolds	Director of Education, Brighter Futures for Children (BFfC)
Jan Rothwell	Strategic Support, Citizens Advice Reading
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC
Lynn Taylor	Services Manager, Reading Change, Grow, Live

Apologies:

Sam Burrows	Deputy Chief Officer, Berkshire West CCG
Neil Carter	Royal Berkshire Fire & Rescue Service

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

Jon Dickinson Assistant Director of Adult Social Care, RBC
Deborah Glassbrook Director of Children’s Services, Brighter Futures for Children (BFfC)
Tessa Lindfield Strategic Director of Public Health for Berkshire
David Shepherd Chair, Healthwatch Reading
Rachel Spencer Chief Executive, Reading Voluntary Action

1. WELCOME & TERMS OF REFERENCE

Councillor Hoskin welcomed everyone to the first meeting of the Reading Covid-19 Outbreak Engagement Board.

The Board had been set up at the meeting of Policy Committee on 3 August 2020, to involve the public and partners in the evolution of the Reading COVID-19 Outbreak Control Plan, and to support swift and effective local communication with all residents potentially impacted by a local outbreak. Its membership and Terms of Reference were set out in the report to the Policy Committee, a weblink to which was provided on the agenda. The Terms of Reference of the Board were:

“The Reading Outbreak Engagement Board will function to ensure that:

- Reading residents and partners have a voice in the development of the more detailed Plan and the ongoing approach to delivering it;
- System leaders are accountable for the policy and operational decisions taken in support of the Plan;
- A Reading Outbreak Communications Plan is developed and kept under review to ensure it is building public trust and participation in the Control Plan;
- The Reading Plan respects and promotes equality and diversity and demonstrate how disproportionate impacts on vulnerable groups can be mitigated; and
- There is appropriate scrutiny of decisions taken in support of the Reading Plan either by the Berkshire West Health Protection Board or by Reading’s Gold Command emergency planning forum.”

Councillor Hoskin said that it was hoped that the Board would not need to meet too often, probably interspersed with the dates of the Health & Wellbeing Board meetings, but noted that, if necessary, extra meetings of the Outbreak Engagement Board could be held at short notice in the case of a local outbreak.

AGREED: That the position be noted.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC

Questions on the following matters were submitted by members of the public:

	<u>Questioner</u>	<u>Subject</u>
1.	Sue Pigott	Covid-19 and People with Learning Disabilities and/or Autism
2.	Francesca Rolle	Communications for People with Visual Impairment

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

3.	Tom Lake	RBC Covid-19 objectives/Test & Trace/Guideline Conformity
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(The full text of the questions and responses was made available on the Reading Borough Council website).

3. LOCAL COVID-19 DATA UPDATE

David Munday gave a verbal update and presented slides on the latest situation in Reading on the Coronavirus (COVID-19) pandemic. The presentation slides were made available on the Reading Borough Council website. The presentation covered information on:

- A graph of confirmed cases of COVID-19 per 100,000 population in Reading, compared to the South East and England - there had been a sharp spike in cases in Reading in April 2020, the graph had rejoined the national and regional numbers in May, and these had all declined until July and the graph was currently on a plateau. Other places like Reading with a completely urban make up had also had similar trends to those shown in the graph, whilst rural areas had generally had lower infection rates.
- A table showing data on the number of cases over a 3 week period. Over a 7-day period, there had been between 12-18 positive cases a day in Reading - averaging around 2 cases a day. There was a cumulative total of 864 positive cases, but this would be an underestimate because the data only included those who had had positive tests, and early in the pandemic testing had not been available to all.
- Maps of the cumulative rate and the weekly rate of COVID-19 cases per 100,000 by local authority area. Reading was mid-range in terms of both of these rates.
- Data on Covid-19 weekly rates in Reading compared to other Berkshire authorities, the South East and England in the previous two weeks, showing a slight increase in Reading, similar to that in England.
- Recent media discussion about access to testing - testing capacity had been expanded dramatically, including an increased number of sites accessible from Reading and access to home testing kits. New technologies were being piloted in some places, including testing from saliva and antibody tests. There was a national requirement to focus the current testing resource on areas of highest incident and areas of outbreak where demand had exceeded laboratory capacity for processing tests.
- In Reading, Public Health was working closely with local labs and DHSE to get the testing needed in Reading and identify any bottlenecks. It was noted that it was important to focus on providing tests for people who had Covid-19 symptoms.
- National data showing COVID-19 rates in males and females - the differences shown were likely to be about how tests had been accessed, rather than fitting with the emerging picture of the differential effect of Covid-19 on the sexes.
- National data showing Covid-19 rates by age group - the sharpest rise had been in the two oldest age groups, which was likely to be because testing had been done primarily in acute hospital settings early in the pandemic.
- Mortality in Reading per 100,000 population - weekly deaths - there had been a marked increase in Covid deaths in April and early May, but a significant decrease in Covid deaths since the end of May.

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

- Data showing the place of death for Covid deaths in Reading - most in hospital settings as would be expected, and 39% in care homes, which was a typical number across the country. A Care Home resilience plan had been developed in Reading to ensure care homes were as prepared as possible, and care homes were rolling out whole home testing - testing staff on a weekly basis and residents on a monthly basis - to identify the presence of the virus even in people who were asymptomatic.

AGREED: That the position be noted.

4. LOCAL COVID-19 COMMUNICATIONS UPDATE

Niki Barton and Kate Reynolds gave presentations on the latest situation in Reading on communications on the Coronavirus (COVID-19) pandemic. The presentation slides were made available on the Reading Borough Council website.

Niki Barton explained that the existing Covid-19 Communications Plan was evolving as things changed, and the messages and activities would vary depending on the alert level status of the area - from Level 1- resting, Level 2 - low level Area of concern, Level 3 - high concern - Area of enhanced support to Level 4 - emergency declared in an Area of intervention. Reading was currently in Level 1, with a low number of cases, no outbreaks and no clusters, but if it moved up, more action would be taken as appropriate.

She said that it was important to get feedback from local communities on their needs in terms of communications and officers were keen to receive feedback to refine and improve communications on Covid-19.

The presentation covered:

- A Reading-focused approach to Covid-19 information in graphics - reminding residents to wear face coverings, wash hands, socially distance and get tested if symptomatic.
- An example of using a feedback loop to learn about and develop communications improvements by the High Risk Settings team, visiting and working with local businesses and other high risk settings such as faith settings and hair salons, to explain guidance and provide suitable communications to help them meet the guidance to be Covid-secure. For example, looking at solutions for local businesses and other settings to capture visitors' details to help with contact tracing.
- An example of a co-created infographic on Covid-19 produced with partners, available in other language translations and in audio and text-only format.
- The creation of a translation hub on the website, getting feedback from the community during its development, which provided information and also signposted to information from other sites. Working with the hospital to provide audio recordings in different community languages.
- Example of learning in social media - putting out messages and carrying out ongoing testing to see what works locally - used national materials initially, discovered Reading-specific material and videos worked particularly well to create engagement.

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

Kate Reynolds gave a presentation on the Covid-19 communications work carried out by Brighter Futures for Children. The presentation covered:

- The production of Covid-19 web pages for school news, learning activities and wellbeing, updated daily.
- Communications to Headteachers including email briefings at least three times a week in term time and weekly dial-in meetings with Headteachers and the Directors of Children's Services and Education Services.
- Communications to Reading residents for school re-opening via social media regarding Covid-safe schools.
- Joint work with transport colleagues for school re-opening, including an interactive website to work out the best walking or cycling route to school, introduction of school streets, and ensuring sufficient capacity on buses for pupils who needed to use buses.
- Most secondary schools would start back from 7 September 2020 and appropriate Covid-19 measures were in place.
- Attendance figures in primary schools on 2 September 2020 had been 85%, similar to the national figure of 87% and in one school, 98% of pupils attended on the first day of term. Most non-attendance was thought to be due to quarantine following foreign holidays.
- Regarding the impact of lockdown on mental health of children and young people, new apps were being circulated via schools and a programme of mental health support with Government funding was to be rolled out into classrooms.
- Concerns about access to testing had been fed back to the DfE.

In the discussion following the presentations, the points made included:

- The local Directors of Education were in regular contact and were working together looking at school and transport movements across authority boundaries to ensure cross-border issues were addressed; there was also a Berkshire West Health Protection Board who worked jointly on local health issues.
- In response to reference to stories about some children with special needs in Berkshire being told by headteachers that they could not attend school because they could not meet the demands of social distancing, Kate Reynolds said that there was no evidence of children with Education, Health & Care Plans being turned away from any schools in Reading. Risk assessments had been carried out for children with Plans when off school and in order to plan for return to school.
- There was no data currently on any children not returning to schools because of parental anxiety in Reading. There was anecdotal information that five families out of 22k children had decided to home educate their children instead of returning to school, and there had been a couple of examples of parents being anxious about the return. The Education Welfare Service was available for all schools in Reading to work with such families, even if the schools did not buy into the service. Online coping guides were also available to help anxious parents.
- Close monitoring of school exclusions was always carried out which would identify if there was any spike in exclusions due to a zero-tolerance approach to pupils endangering the Covid-safe nature of schools. Access to remote learning would continue to be available for any excluded pupils, as this had been developed during lockdown.

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

- It would be good to have easy reading guides for those with learning disabilities on Covid-19 communications. It was noted that it would be helpful to know which information was needed to be prioritised to be provided in this format so as to be able to prioritise the production of appropriate material, and contacting the Covid-19 email address cv19notifications@reading.gov.uk was the best way to provide this information.

AGREED: That the position be noted.

5. RECENT COVID-19 OUTBREAKS - LESSONS LEARNED

It was noted that there were currently no local outbreaks, but this was a standing item in case it was needed in future.

AGREED: That the position be noted.

6. COVID-19 IMPACT ON BLACK ASIAN AND MINORITY ETHNIC COMMUNITIES - HOW THIS INFORMS LOCAL PLANNING

Yasmine Illsley gave a presentation on emerging disparities in the impact of Covid-19, especially on Black, Asian and Minority Ethnic (BAME) communities. The presentation slides were made available on the Reading Borough Council website. The presentation covered the following areas, giving more details on each:

Trends replicating the loss of life trends prior to Covid-19:

- Age - mortality increasing with age, with 75% of deaths occurring in those aged over 75
- Gender - more men with worse clinical outcomes
- Deprivation - mortality rate in most deprived areas more than double that for the least deprived areas
- Geography - London first to hit peak number with the highest crude mortality rate in confirmed cases, but a north/south divide with the highest diagnosis rates per 100,000 in the North East and North West.
- 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

Emerging trends specific to Covid-19:

- Ethnicity and marginalised groups - a complex situation with a combination of factors. Initial analysis of Covid-19 mortality showed that Black men and women had 3-4 times higher mortality than expected compared to previous years all-cause mortality, Asian men and women had 2.5-3 times higher mortality and white men and women had a 1.5-2 fold increase. Once other cofactors had been controlled for, black men and women were still 1.9 times more likely to die from Covid-19 than white men and women; Bangladeshi and Pakistani men and women were 1.6-1.8 times more likely to die, with Chinese and mixed ethnic men and women having similar risks to white men and women.
- Occupation - exposure to the virus was key - high risk roles included caring personal services, security occupations and road transport drivers. Individuals from BAME groups were more likely to work in occupations with a higher risk.

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

- Health - pre-existing health conditions increasing the severity of the illness.

It was explained that the relationship between ethnicity and health was 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 groups 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 eg Cardiovascular Disease is higher in some Bangladeshi and Pakistani background compared to the white population and Black Caribbean and Black African ethnicities more likely to have high blood pressure than other ethnicities. Diabetes incidence also higher in all BAME groups.

The presentation gave details of key themes that had emerged from Stakeholder feedback looking at the lived experience of people in BAME communities and a summary of the local picture in Reading, which included key issues of deprivation and overcrowding, obesity, increase in diabetes and low flu vaccination coverage for some of those susceptible to Covid-19.

The presentation also set out the recommendations from the Public Health England report “Disparities in the risk and outcomes of COVID-19”, and gave details of what action was being taken in Reading, which was being focused on preventing further loss of life/ill health in anticipation of subsequent waves of Covid-19 and a long-term approach to prevention to mitigate against further disparity, both at a strategic and operational level. It was reported that it was also intended to recruit a Covid-19 Community Engagement Officer.

In the discussion following the presentations, the points made included:

- The importance of using NHS healthchecks to pick up undiagnosed conditions such as diabetes - healthchecks had been put on pause due to the lockdown, but were now to be reinstated, and work would be carried out with the CCG to encourage checks, particularly in areas with a higher percentage of Asian communities, who had a predisposition to diabetes and kidney disease.
- Air quality was a determinant of health and tended to be worse in deprived areas, although it was hard to make direct correlations with Covid-19. Air quality was already one of the Council’s priorities and it was trying to promote an active travel approach in Reading to have a more sustainable situation for the people of Reading.
- Data collection needed improving, but ethnicity information was now being collected routinely and the latest data in Reading for the previous two weeks had just been received, which showed recent Covid-19 cases were 42% white, 16% white other and 42% BAME, whilst only 25% of the population was from BAME communities. The new Engagement Officer would be pulling together work in the area of data collection to help work out what was needed.

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

- In response to a query about whether there was any data about increases in walking, running and cycling during lockdown and if there was any evidence on whether this had been maintained or had dropped off after the release of restrictions, it was reported that Berkshire Active had carried out a survey which had shown a mixed picture. Some people had done more exercise, but some had done less due to the closure of gyms, pools etc and this data had only been from the initial relax of the lockdown. It was also reported that Public Health England had done a survey of transport use following lockdown which had shown an initial drop-off in vehicle use, but that private car use had then increased considerably, although public transport use had not increased as much.

AGREED:

- (1) That the position be noted;
- (2) That a report be submitted to the Health & Wellbeing Board on the impacts of the pandemic on Black Asian and Ethnic Minority Communities and reducing health inequalities.

7. LOCAL OUTBREAK CONTROL PLAN DEVELOPMENT

David Munday explained that the authority had a responsibility to develop a Local Outbreak Control Plan to plan action to prevent outbreaks and how to respond as and when outbreaks occurred.

The executive summary of Reading's Outbreak Control Plan had been published on the Council's website at www.reading.gov.uk/c19outbreakplan. The Control Plan had the following themes:

- 1. Care homes and schools**
Prevent and manage outbreaks in specific individual settings (eg schools and 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**

READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 4 SEPTEMBER 2020

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

8. Workforce

Keeping our workforce safe

David Munday explained that the plan gave details of the actions which might be taken or recommended if a local outbreak occurred and he reiterated the three levels of the Covid-19 alert level framework, noting that Reading was not currently in any of the three levels of the framework (see Minute 8 above). The authority had been given local powers to take action as needed to protect residents in case of an outbreak, including closing particular settings if necessary. He explained that the Director of Public Health had the delegation to carry out actions across as wide or small an area of Reading as felt necessary, based on the data available at the time.

He said that engagement with the health service on the plan was already happening, although there were still some connections that needed to be made. Once a vaccination was available, health colleagues would play a vital role in this key part of the local control plan.

AGREED: That the position be noted.

8. DATE OF NEXT MEETING

Resolved - That the next meeting of the Board be arranged for a date in November 2020.

(The meeting started at 2.02pm and closed at 4.20pm)