

## READING COVID-19 OUTBREAK ENGAGEMENT BOARD MINUTES - 6 NOVEMBER 2020

### Present:

|                              |  |
|------------------------------|--|
| Councillor Hoskin<br>(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's Service & Education Committee, RBC    |
| Councillor McGonigle         | RBC  |
| Gail Muirhead                | Prevention Manager, Royal Berkshire Fire & Rescue Service                    |
| Meradin Peachey              | Director of Public Health for Berkshire West                                 |
| Councillor Robinson          | RBC  |
| Rachel Spencer               | Chief Executive, Reading Voluntary Action                                    |
| Councillor Terry             | Lead Councillor for Children, RBC  |

### Also in attendance:

|                       |  |
|-----------------------|--|
| Nicki Barton          | Strategic Communications Manager, RBC  |
| Lorraine Briffit      | Managing Director, Connect Reading   |
| Tony Cowling          | Member of the Public   |
| James Crosbie         | Regulatory Services Manager, RBC   |
| Sarah Del Tufo        | Chair of Trustees, Reading Community Learning Centre   |
| Seona Douglas         | Director of Adult Care & Health Services, RBC  |
| Isabel Edgar-Briancon | Assistant Director of Corporate Improvement and Customer Services, RBC   |
| Victor Koroma         | General Manager, ACRE (Alliance for Cohesion and Racial Equality)  |
| Zainab Koroma         | Member of the Public   |
| Tom Lake              | Information Officer, South Reading Patient Voice   |
| Joan Lloyd            | Member of the Public   |
| John Missenden        | Member of the Public   |
| Sally Moore           | Communications and Public Engagement, Royal Berkshire NHS Foundation Trust/Berkshire West CCG/Berkshire West ICP |
| Oscar Mortali         | Media Relations Manager, RBC   |
| David Munday          | Consultant in Public Health, RBC   |
| Becky Nadal           | Senior Strategic Projects Manager, University of Reading   |
| Unis Nisa             | Covid-19 Communication and Engagement Outreach Officer, RBC  |
| Victoria Pearson      | Member of the Public   |
| Olivia Philp          | Coroners Officer, RBC  |
| Fiona Price           | Member of the Public   |
| Kate Reynolds         | Director of Education, Brighter Futures for Children (BFfC)  |

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Vicky Rhodes Director of Early Help, BFfC  
Jan Rothwell Strategic Support, Citizens Advice Reading  
Janette Searle Preventative Services Development Manager, RBC  
Nicky Simpson Committee Services, RBC  
Chris Stannard Wellbeing Programme Officer, RBC  
Parveen Yaqoob Deputy Vice Chancellor, University of Reading

### Apologies:

Deborah Glassbrook Director of Children's Services, Brighter Futures for Children (BFfC)  
David Shepherd Chair, Healthwatch Reading  
Councillor Stanford-Beale RBC

### 1. MINUTES

The Minutes of the meeting held on 4 September 2020 were confirmed as a correct record.

### 2. QUESTION FROM A MEMBER OF THE PUBLIC

A question on the following matter was submitted by a member of the public:

|    | <u>Questioner</u> | <u>Subject</u> |
|----|-------------------|----------------|
| 1. | Tom Lake          | Isolation      |

(The full text of the question and response 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 included information on:

- New national lockdown restrictions from Thursday 5 November 2020.
- A selection of information from the latest Berkshire data on Covid-19, which was now available on a dedicated website for the public. This included cases of COVID-19 per 100,000 population - Reading had 128 cases per 100,000 - fewer cases than Slough and Windsor & Maidenhead, higher numbers than the South East average, and lower than the England average. The positivity rate was 6.1 per 100,000, also higher than the South East average, and lower than the England average. These figures had increased significantly since the last meeting in September 2020, and there were generally higher numbers in London and in areas near London.
- Information on case numbers by age and ethnicity - there was over-representation of the BAME community in cases compared to their proportions in the community.

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- “Heat map” showing cases in different age groups. There had been a doubling of numbers of cases in all age groups over October 2020, but the numbers were lowest in the 0-15 age group, supporting the case that, despite the second lockdown, schools did not need to be closed. The highest rate was in 16-29 year olds, as nationally.
- Mortality in Reading - across the whole pandemic there had been 798 deaths related to COVID-19 in Berkshire, including 176 in Reading. In October 2020, there had been seven COVID-19 related deaths in Reading. Reading’s current all-cause mortality rate was in line with what would be expected for the time of year. Since March 2020, Reading’s all-cause mortality rate had been 28% higher than the previous 5 year average, which equated to 183 additional deaths.
- Hospital admissions had been increasing significantly and part of the rationale for the lockdown was to prevent overwhelming of the NHS.
- Outbreaks - monitoring of outbreaks continued (two or more confirmed cases in a setting), and there had not been high numbers of outbreaks in Reading, with most spread being through household transmission and community clustering.
- Data of cases of weekly and total rates by electoral ward in Reading, noting that, because the wards were small, data was affected by numbers of cases from workplaces and care homes, and there was not necessarily an increased risk for residents in those wards with higher numbers.

**AGREED:** That the position be noted.

### 4. LOCAL COVID-19 COMMUNICATIONS UPDATE

Niki Barton gave a presentation 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 Covid-19 Communications Plan was continuing to evolve as expected and a strategic approach was being taken:

- Amplify core Government messages eg hands, face, space; testing; lockdown
- Make it local, create a reason to comply: Do the right thing for Reading
- Identify key insights based on data and push targeted messages on those eg encouraging isolating
- Understand local conditions and communities and target messages, eg
  - High risk settings or local outbreaks
  - Behaviour of specific groups, and the reasons why
  - Needs of specific groups eg simplified or translated materials

The presentation gave details of activities to date, the results and learning points from these and planned next steps, including a Wellbeing Campaign for November 2020 to January 2021.

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

- Information about Covid and about mental and physical wellbeing for parents and carers
- Support for young people: social media including Instagram, specific zone on website, closed Facebook group for care leavers.

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- Support, advice and information around domestic abuse and coercion
- Schools - information for parents on safety measures, travel to school, facemasks, social distancing at drop off/pick up etc
- Headteacher briefings, one a week, with localised messaging (as requested in headteachers' survey on comms)
- Increased foster carer recruitment through more Facebook ads
- Increased presence of Reading Children's Centres on social media, including videos, targeted messaging and timetabled activities

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

- Physical exercise was even more important in lockdown - a number of communications messages had already been prepared on this and materials would be used each week to encourage physical activity.
- Isolation messaging would focus on the fact that it was important for people to isolate after receiving a positive test result or notification that they had been in contact with someone who had tested positive, even if they had no symptoms, and this should help prevent asymptomatic transmission.
- Whilst schools were already implementing ventilation good practice, it was important to get the message out more widely about the importance of ventilation, for example targeted to businesses, and this was something that the Communications team would be looking at further with partners.

**AGREED:** That the position be noted.

### 5. RECENT COVID-19 OUTBREAKS - LESSONS LEARNED

Meradin Peachey reported that there had been a Covid-19 outbreak at the University of Reading. The Health Protection Board had signed off the University's comprehensive Outbreak Control Plan and Public Health had been meeting regularly with the University. Information on the outbreak, which had involved over 200 cases, was available on the University's website.

Parveen Yaqoob, the Deputy Vice Chancellor at the University of Reading, addressed the Board, explaining that the University had been working closely with the Council and Public Health England and had recently requested the setting up of a joint incident management team for ongoing management. It had been established that the transmission of infection had not occurred through teaching, but through student households and social activity, and there was no evidence that transmission was spilling over into the community.

Following the national lockdown announcement, guidance had been published for Universities to stay open with students remaining at university in lockdown and receiving face to face teaching, at a level agreed with local Health Protection teams. The University had recently launched a Covid-19 support line and had an internal case management team to support test and trace efforts.

The University had followed updated government guidance on ventilation and had increased ventilation flow rates in teaching rooms to comply with the regulations and converted mechanical ventilation from recirculated to fresh air. Where there was no mechanical ventilation in teaching rooms, windows were being opened. The University

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had brought in external consultants who had been monitoring ventilation since the beginning of term, and the measures seemed to be working well.

Meradin Peachey explained that it had been investigated whether students had been congregating in pubs or restaurants in town, and there seemed to be hardly any transmission linked to this, so it was more likely that transmission had occurred in homes. It was noted that the University was in both Reading and Wokingham local authority areas, and work was being done to look at separating out the data. Some students were still using their home addresses which could confuse the data collection and the contact-tracing process was looking at this issue.

Andy Ciecierski noted that GPs were receiving test results for students at University who were still registered with their home GPs even though they were living away at University.

Parveen Yaqoob reported that the University was going to re-emphasise the importance of students registering with a GP in Reading and students were also required to inform the University of any positive tests as soon as possible.

David Munday explained that any positive test was referred to the national Test and Trace service for isolation advice and contact tracing purposes. Information was received daily by Public Health on positive tests and where cases were not engaged with the national Test and Trace, local contact tracing could be used. The GP's role was only in relation to welfare checks for the patient, and not as part of isolation, test and trace.

**AGREED:** That the position be noted.

### **6. SUPPORTING THE MOST VULNERABLE DURING WINTER AND WAVE 2 OF COVID-19**

#### **a) Working in Partnership: Social Isolation and Loneliness in Reading**

Janette Searle gave a presentation on the work being done to help people needing extra support during the pandemic, including:

- People needing support to understand the communications about Covid-19, for example those for whom English was not their first language, or those who did not have access to digital information
- People who had other health conditions and needed to access treatment and care
- People experiencing social isolation and loneliness, some of whom were already experiencing this before Covid-19
- People needing practical help accessing services and supplies

The presentation detailed the risk factors involved and Janette Searle noted that, in the spring and summer, more people had been experiencing problems and there had been an increase in demand for dedicated support services. The voluntary sector had responded quickly with a huge increase in the phone befriending service on offer. It was noted that not all people would necessarily immediately request services and so there was a need for partnership working and sharing of information to be able to do proactive work. Loneliness could affect any age and life events such as bereavement

and job loss could trigger social isolation and loneliness; the pandemic was increasing these experiences. There were also links to poverty and other physical and mental health problems.

There had been a partnership response and the voluntary and community sector had got together to identify gaps in responses and various groups had revised their normal access criteria, for example Engage Befriending had extended their service to a younger age, Launchpad had widened their remit from just people experiencing homelessness and Age UK Berkshire was also supporting a number of middle-aged adults. Virtual offers and other alternative service delivery methods had been introduced, such as Mencap delivering activity boxes.

The presentation gave examples of services supporting older people, who often had increased risks and were experiencing tighter restrictions. It also detailed work going on to help people to get online to be able to access digital services where appropriate, and of virtual services being provided, including training and support to those who were themselves providing services. Sharing information was harder when people were not meeting in person, but a Wellbeing Newsletter was sent out regularly, there was going to be a Wellbeing Campaign over the winter, and creative approaches to getting people active, including home-based activities, were being offered.

Janette Searle introduced Unis Nisa who had been appointed as the new Covid-19 Communication and Engagement Outreach Officer, with a particular focus to engage with seldom-heard and minority and ethnic groups, understand their needs and concerns and develop initiatives for the Covid-19 response in the Outbreak Control Plan. Unis Nisa explained her role further and said that she would be happy to hear from groups, individuals and organisations in order to help her reach as many people as possible.

### **b) ACRE - Alliance for Cohesion and Racial Equality**

Victor Koroma gave a presentation on the work of ACRE, whose core activities were Equality, Community Empowerment and Community Cohesion in Reading. The organisation had a role engaging with the ethnic minority communities in Reading and had 75 different community groups as members of the alliance, with nearly 600 interested parties on their database, with whom they communicated regularly.

The presentation detailed the challenges for ACRE in the first lockdown, for management and staff:

- Unexpected occurrence
- Office shutdown
- Access to database & information
- Reaching our service users to assess needs
- No allocated financial resources

The challenges for service users had included the need for:

- Practical support: food, medicines; childcare; home schooling; play and recreation etc.
- Emotional support: anxiety; how, when and where to get information/advice; loneliness & isolation; mental health/pastoral support; assurance

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ACRE had responded internally:

- Redeployed staff to emergency response
- Synchronised files on to laptops for staff to access files at home, although this was an imperfect solution.
- Provided staff with mobile phone allowance
- Encouraged staff to engage with, and to be on call especially for, vulnerable service users. Referrals had also been made to the One Reading Community Hub where appropriate.

Externally, ACRE had:

- Recognised the need to engage community partners to create a wider network of helpers. The community partners included Utulivu Women's Group, Women with Vision, Green Arch Business Services, Mojatu and "We, Men!"
- Linked up with the statutory and voluntary sector to coordinate & implement a response strategy
- Developed an online Covid-19 support form
- Introduced fortnightly 'Let's Talk' Zoom meetings which brought community members together with other service providers and expert mental health support workers, which up to 90 people had attended.
- A wonderful team of volunteers who were making links with and supporting community members

ACRE had been working in preparation for the second lockdown, including:

- Improved IT -VPN access to office files & information
- Better understanding of needs, and access to solutions
- Increased online community contacts
- Community Champions & Volunteers
- Pilot Community Radio led by young community activists
- Holding twice a week 'Let's Talk' community network meetings
- Resumed Alafia Family Support group meetings virtually

It was noted that, whilst ACRE was receiving some donations from the community, it did not have many financial resources.

A computer suite had been set up at the end of the first lockdown, and it was hoped to provide digital training, as many people did not know how to access digital information even if they owned a smartphone.

The office was now open five days a week to help to identify service users' needs.

### **c) One Reading Community Hub & Contact Tracing**

Isabel Edgar-Briancon gave a presentation on the work of the One Reading Community Hub which had been set up to support Reading residents in the Covid-19 pandemic.

At its inception on 24 March 2020, the Hub's service offer had been:

- Food parcels and/or dietary top-ups for shielded residents

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- Support to access food and essential supplies - via foodbank, volunteers getting shopping and support for on-line shopping
- Prescription medication delivery
- Advice and support on employment and benefits
- Befriending to address isolation

To the end of July 2020:

- Nearly 10,000 calls had been taken or made in total to the Hub
- Over 5,000 residents had been shielding in Reading, 1,092 of which had sought and been given support through the Hub
- A further 1,920 vulnerable residents had been supported by the voluntary sector through the Hub
- Over 2,300 food deliveries had been made

Since the first lockdown and as the situation had recently been changed from the Tiered system to the second lockdown, the new One Reading Hub Service had been amended to avoid building in dependency and enable resources to be directed to those who needed them:

- The new lockdown primary focus was on maintaining independence and self-sufficiency, while staying safe and protected.
- The new guidance for Clinically Extremely Vulnerable (CEV) people replaced previous 'Shielding advice' and was advisory and less restrictive.
- If residents had received a letter to say they were CEV and needed additional support then they could visit the national service [www.gov.uk/coronavirus-shielding-support](http://www.gov.uk/coronavirus-shielding-support)
- Only CEV's could register on the national service.
- RBC would receive data of all CEV's and if registered on the national website then RBC would receive information about their additional needs.

The Hub had been relaunched on 5 November 2020:

- The hub had continued to operate after lockdown and shielding ended, although with significantly less demand.
- RBC would contact all CEV's and customers that had previously accessed the Hub services during lockdown.
- A lot had been learned from the previous Hub and more streamlined processes had been put in place to support the most vulnerable customers.
- The new Hub offer was Wellbeing and befriending support, older person support, securing supermarket priority slots and shopping online or via telephone, financial advice and signposting. There was no national food delivery service and the council was not expected to provide direct food provision, unless in extreme and urgent need.
- If residents were not CEV but needed additional support they should register at [www.reading.gov.uk/coronavirussupport](http://www.reading.gov.uk/coronavirussupport)

### d) Access to General Practice

Eiliis McCarthy gave a presentation explaining that GP practices were still open in the pandemic lockdown, but the way that patients accessed services had changed. In order



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to look after Covid-19 patients and maintain the core service in a safe way, all patients were initially having an online or telephone triage. Some appointments could be made online and consultations were being held both virtually and face to face as appropriate. Face to face assessments for people with suspected Covid could be provided by referral to the hub in the Reading Walk-In Centre. Many services were available online, such as ordering repeat prescriptions, asking questions

Community pharmacists and NHS 111 were still available to patients for advice and it was safe to attend the Royal Berkshire Hospital for booked appointments. Work was going on with Healthwatch Reading to develop explanatory videos for patients which would be published soon and with the Council to produce communications on the winter wellbeing campaign and to encourage patients to attend the hospital when necessary.

**AGREED:** That the presentations be noted.

### 7. LOCAL OUTBREAK CONTROL PLAN DEVELOPMENT

David Munday referred to Reading's Outbreak Control Plan which detailed action to prevent outbreaks and how to respond as and when outbreaks occurred, which had been published on the Council's website at [www.reading.gov.uk/c19outbreakplan](http://www.reading.gov.uk/c19outbreakplan).

He explained the Covid-19 three tier alert system in England and the rules that had been relevant to each tier, noting that the national lockdown had overridden those, but that once the national restrictions were ended, a return to the tiered system was expected. Details were awaited as to how it would be determined where Reading would be, but this would be done in collaboration with neighbouring authorities, reflecting that fact that urban Reading was larger than the Borough itself and a cohesive approach was needed for residents.

Access to Covid-19 testing in Reading had increased and the testing rate had increased 3-fold in Reading since the previous meeting in September 2020. A new testing site had gone live at the University of Reading London Road campus since 24 October 2020, a mobile testing unit was regularly visiting Prospect Park, and further permanent testing sites were being explored. Information was awaited on how mass-testing would be rolled out.

Isabel Edgar-Briancon gave a presentation on local contact tracing, explaining that this local service supplemented the national service; where people had not been able to be contacted by the national service, their details were passed on to the local service. Up to 5 November 2020, 125 cases had been handled, with 64 total contacts made, giving a key performance indicator success rate of 52 %, which reflected the fact that these were difficult-to-reach contacts. There had been more cases handled per day than estimated, and the backlog meant that there could be up to 15 days elapsed from the Covid test to the local contact tracing, but these were still being pursued.

Work was being carried out looking at how to expand the service, but the work already carried out meant that the current local success rate had increased to 80%. Further details of the performance of the local contact tracing showing the outcomes of closed cases were shown at the meeting.

**AGREED:** That the position be noted.

**8. DATE OF NEXT MEETING**

**Resolved** - That the next meeting of the Board be held at 2pm on Friday 26 February 2021.

(The meeting started at 2.08pm and closed at 4.23pm)