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Agenda

Name of meeting	LOCAL OUTBREAK ENGAGEMENT BOARD
Date	THURSDAY 10 DECEMBER 2020
Time	2.00 PM
Venue	VIRTUAL (MS TEAMS)
Members of the committee	Cllrs D Stewart (Chairman), S Hutchinson, C Mosdell and G Peace Executive Support Assistant: Jayne Tyler jayne.tyler@iow.gov.uk

1. **Minutes** (Pages 5 - 10)

To confirm as a true record the minutes of the meeting held on 12 November 2020.

2. **Declarations of Interest**

To invite Members to declare any interest they might have in the matters on the agenda.

3. **Public Question Time - 15 Minutes Maximum**

Questions must be delivered in writing or by electronic mail to democratic.services@iow.gov.uk no later than 2 pm on Tuesday, 8 December 2020. Each question must give the name and address of the questioner.



To observe the meeting as a member of the public/press please use the link provided. This link will be made available 24 hours prior to start of the meeting. Please ensure you access the meeting in good time. Guidance on how to access the public meeting can be found [HERE](#). Committee members and pre-arranged attendees will be contacted by Democratic Services to supply the appropriate link to participate in the meeting.

Details of this and other Council committee meetings can be viewed on the Isle of Wight Council's Committee [website](#). This information may be available in alternative formats on request.

4. **Reports of the Local Outbreak Engagement Board**

- (a) Update on current situation

[IOW Public Health Data](#)

- (b) Actions taken and required

To receive an update from the Director of Public Health.

- (c) Update on Communications Activity

To receive an update from the Assistant Chief Executive and Chief Strategy Officer.

5. **Members' Question Time**

A question must be submitted by electronic mail to Democratic Services no later than 2.00pm on Tuesday, 8 December 2020.

CHRISTOPHER POTTER
Monitoring Officer
Wednesday, 2 December 2020

Interests

If there is a matter on this agenda which may relate to an interest you or your partner or spouse has or one you have disclosed in your register of interests, you must declare your interest before the matter is discussed or when your interest becomes apparent. If the matter relates to an interest in your register of pecuniary interests then you must take no part in its consideration and you must leave the room for that item. Should you wish to participate as a member of the public to express your views where public speaking is allowed under the Council's normal procedures, then you will need to seek a dispensation to do so. Dispensations are considered by the Monitoring Officer following the submission of a written request. Dispensations may take up to 2 weeks to be granted.

Members are reminded that it is a requirement of the Code of Conduct that they should also keep their written Register of Interests up to date. Any changes to the interests recorded on that form should be made as soon as reasonably practicable, and within 28 days of the change. A change would be necessary if, for example, your employment changes, you move house or acquire any new property or land.

If you require more guidance on the Code of Conduct or are unsure whether you need to record an interest on the written register you should take advice from the Monitoring Officer – Christopher Potter on (01983) 821000, email christopher.potter@iow.gov.uk, or Deputy Monitoring Officer - Justin Thorne on (01983) 821000, email justin.thorne@iow.gov.uk.

Notice of recording

Please note that all meetings that are open to the public and press may be filmed or recorded and/or commented on online by the council or any member of the public or press. However, this activity must not disrupt the meeting, and if it does you will be asked to stop and possibly to leave the meeting. This meeting may also be filmed for live and subsequent broadcast (except any part of the meeting from which the press and public are excluded).

If you wish to record, film or photograph the council meeting or if you believe that being filmed or recorded would pose a risk to the safety of you or others then please speak with the democratic services officer prior to that start of the meeting. Their contact details are on the agenda papers.

If the press and public are excluded for part of a meeting because confidential or exempt information is likely to be disclosed, there is no right to record that part of the meeting. All recording and filming equipment must be removed from the meeting room when the public and press are excluded.

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Arrangements for Submitting Oral Questions at Meetings of Council and Cabinet:

Due to Coronavirus, it is not possible to ask an oral question in person, all questions must be submitted in writing by the date shown on the agenda please see [Procedure Rules for the regulation of proceedings – Cabinet and Committees](#)



Minutes

Name of meeting	LOCAL OUTBREAK ENGAGEMENT BOARD
Date and Time	THURSDAY 12 NOVEMBER 2020 COMMENCING AT 9.30 AM
Venue	VIRTUAL (MS TEAMS)
Present	Cllrs D Stewart (Chairman), P Brading, S Hutchinson and G Peace
Officers Present	S Bryant, J Metcalfe, W Perera

6. Minutes

RESOLVED:

THAT the Minutes of the meeting held on 8 October 2020 be agreed.

7. Declarations of Interest

No declarations were received at this stage.

8. Public Question Time - 15 Minutes Maximum

No public questions were received.

9. Reports of the Local Outbreak Engagement Board

The Chairman sought an update on matters since the previous meeting in regard to a number of areas, these included:

Care Homes

The Chief Executive (CX) confirmed the council was in regular contact with care homes and placed a call with them every week. Information received last week had confirmed the care sector felt well supported. The CX confirmed that 104 care providers had been spoken to every week and positive feedback had been received.

The Director for Public Health (DPH) confirmed that the Island was in a very good place with respect to the number of cases and any facilities with positive cases were working very closely with Public Health England (PHE).

The CX stated that we had to say a huge thank you to all care homes and providers as to the way they were working with the council and that we were hearing very positive feedback as to how that sector was working with us.

Schools

Cllr Brading stated that there had been a spike in schools reporting positive tests within the community – 10 cases since Friday, 6 November. Each had been dealt with professionally and effectively. Advice given by PHE was very clear and schools were quick in circulating that information. Plans were based on the fewest people needing to self-isolate as possible but everyone who had to, would do so.

Cllr Brading thanked all staff for all the hard work they did and confirmed that schools will automatically switch to remote learning if they needed to. Pupils and parents were understanding and adapting to what we have to put in place.

10. Update on current situation

The Director of Public Health (DPH) shared a presentation in regard to the latest data and developments. The Board were advised the information was sensitive and was used in managing the pandemic.

It was noted 106 new cases had been registered in the past seven days, which gave the Island a total of 770 cases. The number of cases and the overall rate was increasing, although the levels remained well behind the national rates for England. The Board were advised the estimated positivity rate was 2.6 per cent and that this had been increasing. The weekly case rate for the Isle of Wight was 74.8 per 100,000 population, with other areas having much higher numbers, although all were going in an upwards direction.

In regard to hospitalisations, the Board acknowledged this had increased in October and from September there had been an increase countrywide. There had also been a slight increase in the use of ventilation beds across Hampshire and the Isle of Wight, but not as much as previously. The number of deaths were currently below the seasonal average for all causes.

The DPH provided an update on testing, it being stated there was a number of pillars. Pillar one was those taking place in hospitals and by Public Health England (PHE). Pillar two was the wider community testing, with the Island testing facility only on the Newclose site. Pillar three related to work regarding antibodies, which would allow for a greater understanding on where the infection was spreading and how it might be managed in the long term. Pillar four was national surveillance, which offered a representative sample of the whole of the UK to track the infection. Care homes were undergoing weekly programmes and every school was managing well, with sample test kits to use if necessary. It was stated they were being used very effectively.

The DPH updated the Board on a number of pilot programmes and drew particular attention to the vaccination programme, from which there had been some positive news. It was likely a small-scale programme would be in place from December, although it would not be in general circulation for some months. The DPH advised it therefore remained important to continue with social distancing. Two large scale trials were nearing completion however, they were not as yet licensed. A watching brief was being maintained.

The Board were advised that when any vaccine was deemed safe to roll out, it would be done through a mass vaccination programme across Hampshire and the Isle of Wight. The NHS were leading on that programme, with it starting small in December and scaling up from January 2021 over the coming year.

The Deputy Leader referred to the 97 per cent negative rate of positivity and questioned if that figure was derived from all four testing regimes. He also asked that if more testing was being undertaken, might we expect that negative figure to increase. In addition, the DPH was asked to provide an update on the increase in figures for particular age groups, such as 21 plus.

In response the DPH confirmed the positivity number covered all tests taking place and he made particular effort to highlight that if residents wished to undertake a test there was easy access, although it was about testing the right people. It was noted some of the tests might be suitable on asymptomatic individuals in certain situations.

With regard to age groups, the virus was being seen more in younger age people, but it then spread through the community, meaning older people then contracted the virus. The north west was seeing younger cases reducing but it was increasing in older age groups. By comparison, on the Island cases were still in the main amongst younger age groups, but those in the older age groups were rising.

In answer to a further question, the DPH confirmed that he reviewed many types of data in order to gauge the difference in age groups. He confirmed it was a relatively good picture at present but there was a need to understand the positivity rates and what the impact was.

The Board focussed on the issue of vaccinations, and the Chief Executive (CX) advised it may be helpful to consider the current environment the council was working within and the current challenges to be considered over the next six weeks. He provided an example; how might we step up the arrangements for mass vaccinations and mass testing.

He also highlighted the need to focus on what the issues would be for the whole community when the current national lockdown ends. It was likely the country would return to a tiered structure and it was hoped the results of the lockdown would mean the Island would return to Tier 1. It was noted there was no clear timing for vaccinating the whole community at present.

The Board was told that non pharmaceutical interventions took about two weeks, which would determine the earliest the impact of the latest lockdown could be assessed. The DPH also confirmed the preparations at the hospital were going well and had worked well during the first wave of the virus. They were currently looking at data to ensure they were prepared to take any action required to manage an increase in cases.

Members of the Board were concerned about the knock-on effect for those not receiving non-Covid-19 treatments and asked if there had been any consideration for missed cancer treatments. The DPH confirmed one of the differences with the second wave had been the NHS not shutting down other services. Very careful monitoring was being undertaken to ensure the NHS maintained 'business as usual' as much as possible.

The Board noted the vaccination programme was being led by the Clinical Commissioning Group (CCG) and the primary care sector, so GPs would be working with their patient lists to deliver to their patients on the Island. There was a brief discussion regarding the efficacy of the vaccine and mutation possibilities.

In closing the Assistant Chief Executive (ACX) provided assurance the Island Tactical Coordination Group (ITCG) met weekly and was a multi-agency group. Part of their responsibility was to have a regular update from all members regarding arrangements and pressures on system as either green, amber or red. Up to the current date all had reported green and any difficulties being experienced on the Island would be highlighted through this group.

11. Actions taken and required

None.

12. Update on Communications Activity

Members of the Board were advised the update would reflect from the point national restrictions were introduced on 5 November 2020. The council continued to use a full range of channels to share information, including a forward programme of radio sessions with the Leader and other health professionals and colleagues.

In terms of activity directly related to Covid-19 there had been a variety of announcements around support for vulnerable islanders. Other activities covered included:

- Remembrance Sunday and other activities.
- Launch of covid support officers.
- Launch of business support grant information.

This was in addition to the general communications messages of "keeping the Island safe" and raising awareness of national restrictions.

Further work was being done to look at how to include "lived experiences" – asking people to give their story as to how Covid had impacted them, to highlight guidelines. It was noted the focus for the upcoming week would be:

- Continuing information for clinically vulnerable and support available to them.
- National safeguarding adult's week from 16 November.

- Planning for Christmas campaigns from end of lockdown.
- Continuing to work on the self-isolation tool kit and what people can do in their own homes.
- Hands face space, testing ongoing programme of work.

The following week would see a resident mailing complete, which would be a letter from the Leader and Integrated Care Partnership including general messaging about to how to keep safe and healthy over the winter.

The ACX reported that currently there were a range of contact points where residents could provide feedback to the council, but some work was required to bring it all together. This, with other softer intelligence would inform future media strategies.

Looking further ahead there would be a need to have media plans in place for the return of university students over Christmas, and for vaccinations and testing. Jonathan Van Tam had made it very clear that we were still dealing with wave two and whilst vaccination and testing were coming forward, they were not solutions to wave two – individually people still needed to do as much as they could to keep themselves and our community safe.

It was made clear the strong media message was that if residents want to be in a low tier and resume the freedoms it brings, then we all need to continue the good work the community was doing and think carefully about how we are mixing with friends and colleagues to reduce the community spread of infection.

There was a discussion about ferry operators and the ACX confirmed that the ferry operators had made their own business decisions but that we had been engaged with them, to understand their response to the recent national lockdown. They were also working with health, police and fire to understand staff, patient and goods and services movements in order to put a case to DfT that the services were critical to the Island and to secure if necessary, DfT intervention to keep services provided.

The Deputy Leader and Cabinet Member for Covid-19 Recovery raised questions regarding additional government discretionary funding, particularly with regards to what level of funding the Island had received, and if guidance had been issued. The Deputy Leader requested an update on the amount of money given out in grant aid during the second containment phase.

It was noted the next scheduled meeting on 10 December 2020 would be after the current proposed lockdown, and it would be possible to re-assess the Islands situation at that point. It was also likely we would have data on how the national lockdown had impacted Island statistics.

The CX explained the important message to share with the community there was no pattern to where the infection was and how it was spreading. The only link was household transmissions. Hands-Face-Space remained really important, but not mixing in households was also key.

In closing, the Leader expressed his thanks for the continued good work on behalf of the Island.

CHAIRMAN