

Meeting	City of York Outbreak Management Advisory Board
Date	22 June 2020
Present	<p>Councillors Aspden (Chair), Myers and Runciman</p> <p>Marc Bichtemann – Managing Director, First York</p> <p>Lucy Brown – Director of Communications, York Teaching Hospital NHS Foundation Trust</p> <p>Claire Foale – Head of Communications, Customer Services and Digital, City of York Council</p> <p>Ian Floyd - Interim Head of Paid Service, City of York Council</p> <p>Amanda Hatton – Corporate Director, Children, Education and Communities, City of York Council</p> <p>Professor Charlie Jeffrey- Vice Chancellor and President, University of York</p> <p>Dr Andrew Lee – Executive Director Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group</p> <p>Phil Mettam – Track and Trace Lead for Humber, Coast and Vale, NHS Vale of York Clinical Commissioning Group</p> <p>Julia Mulligan – North Yorkshire Police, Fire and Crime Commissioner</p> <p>Dr Simon Padfield – Consultant in Health Protection, Public Health England</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>Sharon Stoltz – Director of Public Health for the City of York</p> <p>Dr Sally Tyrer – General Practitioner, North Yorkshire Local Medical Committee</p>
Apologies	Siân Balsom – Manager - Healthwatch York

1. Welcome / Introductions

The Chair welcomed Board Members to the first meeting of the Outbreak Management Advisory Board.

2. Declarations of Interest

No declarations of interest were made.

3. Terms of Reference and Membership

The Interim Head of Paid Service, Ian Floyd, presented the draft Terms of Reference contained within the agenda pack.

As the response to Covid-19 continued, the Government had announced the roll-out of the NHS Test and Trace Programme across England, with equivalent programmes being developed across the UK.

As part of this response each council with responsibility for statutory public health functions had been asked to lead the local approach, based around an Outbreak Management Plan.

The Government indicated that the setting up of a local Outbreak Management Advisory Board (OMAB) would be the key way of engaging with councillors and partner agencies.

The Terms of Reference set out the purpose of the OMAB and its function. The decisions of the board are advisory and any recommendations the board makes will need to be considered through the governance arrangements of the individual organisations represented.

It was acknowledged that the OMAB did not exist in isolation and had links to many programmes of work that were happening at national, regional and local level; these were illustrated in Appendix 1 to the Terms of Reference. Cross-over in membership of the various groups and boards should aid connectivity across the system.

The Outbreak Management Advisory Board noted the Terms of Reference and acknowledged that these might need to change in response to new developments.

4. Overview of Current Situation: The City Council; Partners

The Director of Public Health and the Assistant Director, Public Health gave a presentation which included an overview of the current situation regarding Covid-19 in York; the local epidemiology; the objectives of the NHS Test and Trace programme and the purpose of the Outbreak Control Plan. The slides used were included within the agenda pack.

The local information presented information relating to cases of Covid-19, including numbers of people in hospital with Covid-19, deaths in the city, care home outbreaks and the number of deaths in care homes. This had been plotted against a timeline which illustrated the course of events in the city.

To date there had been 156 Covid-19 related deaths in the city with over half of these being in residential care settings.

The presentation also included some detail on the limitations of data and what it would be helpful to monitor going forwards to understand how the situation is being managed in the city. However, it was important to note that the data did not tell us anything about the rate of infection in the wider community in York.

Looking at the impact in terms of age, gender and deprivation deaths impacted on our older population more in York. The middle quintile of deprivation had seen the most deaths in York, rather than the lower quintile of deprivation which had been seen nationally.

Nationally there had been much reported on the impact of Covid-19 on the Black, Asian, Ethnic Minority (BAME) groups but we hadn't been able to do this analysis in York in terms of death as this was not recorded in our mortality details.

There was a question about the fact that ethnicity was not recorded and that it didn't seem right to dismiss this; was this something that we were going to be recording in the future as we were hearing nationally that ethnic minorities had been disproportionately affected.

It was confirmed that this issue had been raised and escalated to a national level; but at the moment this was how death data was recorded. We would like to be able to access better data at a national level but we could look at what could be done at a local level. We understand that this is important and want to be able to understand the picture more for BAME communities.

The Chair commented that he would like to be able to use this board as a way of flagging up issues such as what we need in terms of support, information and guidance nationally; such as access to Pillar 2 data more quickly.

The Chair suggested that the Board make representation on this as there did seem to be a gap if you could compare by area, gender and age but not by ethnicity.

5. Draft Outbreak Management Plan York

The Director of Public Health commented that the NHS Test and Trace Programme was just one strand of an overall approach to managing Covid-19 outbreaks. There was still a role for local authorities and partners to work jointly together to support the overall programme and ensure successful outbreak prevention and management in local areas.

One of the requirements for each local authority area with public health responsibilities is to produce an Outbreak Control Plan.

York had been allocated £733,896 to support this work as its share of £300m Government funding distributed in line with the Public Health Grant.

The overall aim of the Outbreak Control Plan was to provide a framework for the City of York approach to preventing and controlling outbreaks of Covid-19 and reducing the spread of the virus across the city.

There were a number of objectives to help deliver this:-

the first of these was to have a proactive approach to prevent outbreaks by identifying and supporting high risk settings and cohorts. Part of this work was to identify where we may have high risk settings and where there are groups in the population that might be at higher risk from Covid-19. Examples of high risk settings might be care homes; schools; high risk businesses where it is difficult to put in social distancing measures. Examples of groups that are high risk are the BAME population; older people and people with existing long term conditions.

The second was to identify outbreaks early by using local intelligence and responding to the various alerts of suspected cases through the testing system.

York had been successful in its application for a satellite testing site in the city and this will give us capacity for 500 tests a day. This opened up an opportunity to look at wider testing.

There was a third objective around outbreak management, which could include localised closures.

Fourthly, there was continuing the successful work done in York already through the community hubs to support people who needed to self-isolate.

Finally, there was a role for this Board to ensure that we had the right governance arrangements in place so that there was oversight and assurance in relation to the plan.

The Outbreak Control Plan had seven themes:

- i) Care homes and schools
- ii) High risk places, locations and communities
- iii) Local testing capacity
- iv) Contact tracing in complex settings
- v) Data integration
- vi) Vulnerable people
- vii) Local Boards.

The Director of Public Health went on to give an overview of the national framework of the 5 pillars of testing and how far these had progressed and are available. The five pillars were:

- Pillar 1: NHS swab testing
- Pillar 2: Commercial swab testing
- Pillar 3: Antibody testing
- Pillar 4: Surveillance testing
- Pillar 5: Diagnostics: national effort

Finally the presentation covered local testing capacity and capability as well as management and governance structure, the links into different groups across the health and care system and flexibility in terms of response and how long they might need to be in place for.

The city's Outbreak Management Plan would be published by the end of June but would need to remain a live document and be responsive to changing circumstances.

There was going to be a self-assessment at Humber, Coast and Vale level. The initial self-assessment for York, undertaken within the public health team, showed that we were broadly on track but the red risk area we had was is around confidence in data and systems needed for local surveillance.

There were some uncertainties going forward, including a lack of certainty around funding and whether there would be more funding in the future; Pillar 2 data not being available in a useful format; clarity on local lockdowns and information from the Department for Education in relation to schools.

There were a number of comments, questions and actions from Board Members, as follows:

Action: The Chair asked that the published Outbreak Control Plan be brought to the next meeting of this Board.

Action for the Director of Public Health: That the issues in relation to the 'uncertainties' section of the presentation (in particular those around the amber and red risks concerning data; the governance around local and regional lockdowns and the earlier flagged issue around collecting ethnicity data be included in one representation from this Board to the Local Resilience Forum and to Leeds City Council, who are the pilot Council in the region and also to the Department of Health.

The Police, Fire and Crime Commissioner mentioned the limited powers of the police around enforcement and also asked what constitutes a local lockdown. She raised some risks around the impact on critical service delivery and what would happen if one critical service was unable to function due to Covid-19 and the impact this would have. A local lockdown would also have implications for businesses; particularly in the hospitality sector on which York is reliant. She suggested that practical advice to businesses would be really useful.

In response the Director of Public Health said that getting the local surveillance systems and data sharing mechanisms in place would be really important. Implementing a local lockdown should be a last resort and the prevention measures we had in place should be robust enough to give us early warning of a hotspot of infection emerging. The Outbreak Control Plan should enable us to respond very quickly to manage and contain the situation.

In terms of practical help and support for businesses one of our priorities was to use some of the monies from the Government to expand our capacity to enable us to do this. Some packs had been sent to retail businesses already but this would only go so far and some may need further help. In addition to this there would be packs for the hospitality sector available soon.

The Vice Chancellor at the University of York hoped that students would return to York universities later this year. The York Universities should surely be classed as a high risk location or community with the numbers of students being approximately 27, 000. Universities feature in the local Outbreak Control Plan and it is acknowledged that they will require special consideration not least when it come to the complexity of the setting and contact tracing. There will need to be a very swift testing capability so that contacts can be traced quickly otherwise there could be an extensive number of students in self-isolation not knowing whether they are infected or not. Is the testing capability we have through the various sources really up to coping with this bearing in mind there will be upwards of 20,000 people from various places being brought together. If not, what can the universities do, to supplement that testing capability?

In response the Director of Public Health said that we were going to need an individual outbreak plan for each of the universities in the city. For the University of York there were challenges around the campus itself and the number of students. We would need to work with you and involve Public Health England (PHE) to develop an outbreak plan for the university.

The Managing Director of First York commented that the York picture was better than national picture yet we were adhering to the same national interventions, such as not using public transport. It would be good to understand where there was scope in the Local Outbreak Plan to provide positive local interventions that may not be aligned to the national picture.

In response, the Director of Public Health said there was scope to do things differently in York, providing that, as a city, partners together said we were able to do something that other cities may not be able to do. As long as we adhered to the themes in the Outbreak Control Plan then how we implement that was very much up to us locally.

Cllr Myers asked for clarity around theme 1 in the Outbreak Control Plan; particularly on the risks of a universal approach to care homes and schools.

In terms of the element around care homes, this would be covered under the case scenarios in item 7 of this agenda. In terms of schools the Corporate Director, Children, Education and Communities said that the approach would be the same approach that had been taken right the way through. It was important to remember that schools had been open through lockdown for particular groups of children. We had worked very closely with York Schools and Academy Board to take a city wide approach to making sure that everything we did was based on risk assessments and on the most up to date information available. The approach to opening each school was different, and dependent on the physical building and the

teaching staff available to them. We would continue to work with all of our schools to ensure they had individual plans.

The Board noted progress towards the development of a local Outbreak Control Plan, the deadline for publication and that the Plan would come back to this Board.

6. Case Scenarios York (presentation)

The Assistant Director Public Health, Fiona Phillips, gave an update about the work that had been happening with care homes. At one point there were 17 York care homes with outbreaks and this had now been reduced to 3.

In practical terms, colleagues in Adult Social Care had daily contact with every residential care home in the city. As part of this, care homes would report on a number of issues, including: whether any of their residents had symptoms; other concerns such as having low stocks of PPE; staff absences and cleaning regimes. This enabled Adult Social Care staff to gain an overall picture of what was happening in each care home and what support might be needed.

The conversations with the care homes had led on to a daily conversation with NHS Vale of York Clinical Commissioning Group (CCG) which then linked into a team that physically went to all care homes to provide support. The public health team were also included in these conversations and using the intelligence gathered they considered issues such as whether whole home testing needed to take place.

There was also a Care Home Gold meeting which took place every morning on the Local Resilience Forum (LRF) footprint which covered North Yorkshire and York. A wide range of partners were involved in this and this was where decisions were made about allocation of resources, such as whether the infection control team needed to visit a certain care setting to offer support.

This worked well and having a single point of access had been very useful. This was the approach we needed to build on for other settings such as schools and work places.

We needed to take a preventative and proactive approach in all settings and use the intelligence gathered to identify early where high risk settings were. Additionally we were building links with colleagues in other teams

such as Environmental Health and Health Protection to ensure we were well resourced.

7. Draft Communications Plan

The Head of Communications at City of York Council gave an update on the draft communications plan.

The Communications team had been working on sharing safety messages on the outbreak since it started and there were a number of examples given in the slide pack contained within the agenda papers. These included videos on specific safety aspects such as using face covering and question and answer sessions with senior staff and councillors.

There had also been a 'Let's Be Safe' campaign focused around opening the city in a safe manner which had been positively received.

A number of business packs had been provided free of charge to support businesses to re-open and a further pack would be launched imminently to support the hospitality sector's re-opening.

The team were also involved in sharing national messages, messages from the Local Resilience Forum and providing updated information to all households in the city.

There were three strategic strands in the communications plan:

- Build advocacy (sharing key public health messages and updates on the current situation in the city)
- Build confidence in the steps taken
- Build engagement through conversation

A comment was made that suggested this was a fundamental shift in communication strategy. In the past 12 weeks communication had been focused on enforcement; this felt different and was akin to an education campaign around how individuals could take personal responsibility for keeping safe.

There was also a desire for consistent messaging and advice from all partners as we began to see a move away from enforcement to personal responsibility.

The communications plan was noted and agreed as a standing item for future agendas. It was suggested that partner organisations be invited to update the Board on their way of communicating shared messages.

8. Dates of Future Meetings

The next meeting was set to be in 3 weeks' time and would be monthly thereafter. This was subject to requirements, as the Board might convene sooner if necessary.

9. Any Other Business

There was no other business to discuss.

Cllr K Aspden, Chair

[The meeting started at 5.34 pm and finished at 7.20 pm].