



North Yorkshire Outbreak Management Advisory Board

Notes of a discussion held remotely, via Skype, on Tuesday 18th August 2020

THOSE WHO JOINED THE DISCUSSION:

North Yorkshire County Council Representatives

Councillor Carl Les, Leader of North Yorkshire County Council (Chair)
 Councillor Caroline Dickinson, Executive Member, Public Health, Prevention, Supported Housing
 Councillor Michael Harrison, Executive Member for Health and Adult Services
 Councillor Stuart Parsons, Leader of the Independent Group, North Yorkshire County Council
 Richard Flinton, Chief Executive, North Yorkshire County Council
 Lincoln Sargeant, Director of Public Health
 Richard Webb, Corporate Director, Health and Adult Services

District Council Representatives

Councillor Steve Arnold, Ryedale District Council (substitute for Councillor Keane Duncan)
 Councillor Richard Foster, Leader, Craven District Council
 Councillor Ann Myatt, Harrogate Borough Council
 Councillor Steve Siddons, Leader, Scarborough Borough Council
 Councillor Stephen Watson, Portfolio Holder for Environmental Health, Waste and Recycling, Hambleton District Council

Other Partners' Representatives

Judith Bromfield, Healthwatch, North Yorkshire
 David Richards, Vice-Chair, North Yorkshire and York Local Enterprise Partnership (substitute for David Kerfoot)
 Leah Swain, Chief Executive, Community First Yorkshire
 Sally Tyrer, Chair, North Yorkshire Local Medical Committee
 Ian Yapp, Head Teacher, Riverside Primary School
 Lisa Winward, Chief Constable

In attendance (all from North Yorkshire County Council, unless stated)

Ray Busby, Principal Democratic Services Officer
 Patrick Duffy, Senior Democratic Services Officer (Clerk)
 Faye Hutton, Marketing and Customer Communications Officer
 Katie Needham, Public Health Consultant
 Victoria Ononeze, Public Health Consultant
 Victoria Turner, Public Health Consultant
 Rachel Woodward, Test and Trace Service Manager

Apologies received from

Amanda Bloor, Accountable Officer, North Yorkshire Clinical Commissioning Group
 Councillor Mark Crane, Leader, Selby District Council
 Councillor Angie Dale, Leader, Richmondshire District Council
 Councillor Keane Duncan, Leader, Ryedale District Council
 David Kerfoot, Chair, North Yorkshire and York Local Enterprise Partnership
 Julia Mulligan, Police, Fire and Crime Commissioner
 Simon Padfield, Public Health England
 Mike Padgham, Chair, Independent Care Group

NO.	ITEM	ACTION
36	<p data-bbox="300 241 1203 275">WELCOME AND INTRODUCTION BY THE CHAIR</p> <p data-bbox="300 309 1203 376">County Councillor Carl Les welcomed Members of the Board and any members of the public or media viewing the meeting.</p> <p data-bbox="300 409 1203 477">He advised that he is the Leader of North Yorkshire County Council and the Chair of this Board and that:-</p> <ul style="list-style-type: none"> <li data-bbox="308 510 1203 645">- the main role of this Board is to support the effective communication of the test, trace and contain plan for the county and to ensure that the public and local businesses are effectively communicated with; <li data-bbox="308 678 1203 813">- decisions of the Board are purely advisory and its recommendations will be considered through the governance arrangements of the bodies represented, which retain their decision making sovereignty <li data-bbox="308 846 1203 913">- the papers for this meeting had been published in advance on the County Council's website. <li data-bbox="308 947 1203 1552">- the Board comprises:- <ul style="list-style-type: none"> <li data-bbox="363 1014 1203 1081">• Three other County Councillors – Caroline Dickinson, Michael Harrison and Stuart Parsons <li data-bbox="363 1115 1203 1182">• Representatives – generally the Leaders – of each of the 7 District Councils in North Yorkshire <li data-bbox="363 1216 1203 1283">• The Chief Executive, Director of Public Health and Director of Health and Adult Services for North Yorkshire <li data-bbox="363 1317 970 1350">• The Police, Fire and Crime Commissioner <li data-bbox="363 1384 691 1417">• The Chief Constable <li data-bbox="363 1451 1203 1552">• Representatives of Business; the Care Sector; Healthwatch; the NHS: Public Health England; Schools; and the Voluntary and Community Sector (VCS) <li data-bbox="308 1585 1203 1653">- people can see the names of everyone on the Board and the organisations they represent on the Council's website. 	
37	<p data-bbox="300 1686 1203 1720">APOLOGIES</p> <p data-bbox="300 1742 954 1776">As stated in the attendance on the previous page.</p>	
38	<p data-bbox="300 1809 1203 1843">DECLARATIONS OF INTEREST</p> <p data-bbox="300 1865 810 1899">There were no declarations of interest.</p>	
39	<p data-bbox="300 1933 1203 1966">NOTES OF MEETING HELD ON 30TH JULY 2020</p> <p data-bbox="300 2000 1169 2033">AGREED that these were an accurate reflection of the discussion.</p> <p data-bbox="300 2056 722 2089">(There were no matters arising.)</p>	

UPDATE ON THE CURRENT POSITION IN NORTH YORKSHIRE

Slides had been circulated with the Agenda containing data internationally; for the UK; North Yorkshire and by District; and information on Theme 2 of the Outbreak Management Plan – High Risk Locations.

Lincoln Sargeant advised that, over the last few weeks, there has been an average of 3 cases per day of people testing positive. This has increased to 5/6 people per day in the last week or so. There are three categories evident:-

- the majority of spread is within households;
- we are seeing an increase in the number of cases in Care Homes due to more pro-active testing of both residents and staff; and
- the number of outbreaks has been kept relatively low and have occurred in workplace settings; factories and the hospitality sector

The low level of rates in the county give us confidence that there is no immediate likelihood of any lockdown action being required, although we remain vigilant,

Victoria Turner advised of the recent change in the reporting of deaths in England. Initially, everyone who died who had had a positive test for Covid-19 had been included in the figures. Public Health England had reviewed the data and introduced two new measures:-

- Those who had died within 28 days of a positive test.
- Deaths within a 60 day period of the first positive test, if Covid-19 appeared as a reason on the Death Certificate.

Other data, such as the number of excess deaths, will continue to be monitored.

Councillor Foster mentioned that Craven feel on the frontline, given their proximity to some neighbouring areas with high rates of infection and asked if there is any advice to employers. Lincoln Sargeant stated that this was being looked at. There are some situations that can be linked to cross border working, but there are not many at the moment. His Team work closely with Public Health England so that, where there are outbreaks, it is possible to track back if employees visited any areas with high levels of circulating Covid-19.

He added that his Team pro-actively share toolkits and other information with employers and bespoke communications for that sector.

Slides had also been circulated that contained information on Theme 2 of the Outbreak Management Plan – High Risk Settings. Katie Needham, who leads this Theme, with Rachel Richards, a fellow Public Health Consultant, talked through this aspect.

Theme 2 has been sub-divided into three main areas:-

- Workplaces (which include closed essential business – production processes and packaging plants and military bases).
- Communal accommodation settings (such as people who are drug and alcohol dependent; homeless people; people fleeing from abuse and violence; supported accommodation and Houses of Multiple Occupation.
- Hospitality, Leisure and Tourism. This category is very wide ranging and includes hotels, self-catering accommodation; camping and caravan parks and amusement arcades.

There is also a new sub-theme – Events. This encompasses things like Remembrance Sunday and outdoor music events.

There are three main responses:-

- Universal information.
- A more targeted response, working proactively with the setting concerned.
- Responding to an outbreak and providing a range of support and advice.

There have been a number of achievements so far including:-

- in liaison with partners, the development of a range of products that support preventative work and outbreak management;
- Action Cards that dovetail with national Action Cards to provide an outline of the local notification process and response;
- a Public Health offer has been developed to reflect the needs of High Risk Settings; and
- regularly working with tenants and landlords to better understand and support them with any outbreak in Houses of Multiple Occupation.

Next steps include testing out plans; continuing to support businesses to navigate Covid-19 secure guidance and sharing/disseminating action points.

Councillor Parsons commented that there seems to be confusion in retail establishments as to the wearing of facemasks. A lot of shop workers are not wearing facemasks and this is causing some concern. A standardised message is required. Lincoln Sargeant advised that Public Health is reinforcing national messages and, where there are serious concerns, working with District Council colleagues to follow these up. Customers should feel able to have a polite word with the Manager about their concerns as there is not the capacity to follow up on all concerns. Councillor Parsons advised that the people who had contacted him had tried this approach to no avail. That is why he considers a standardised message necessary.

The Chair suggested this be picked up further under the Communications Update.

NOTED.

BEYOND THE DATA: UNDERSTANDING THE IMPACT OF COVID-19 ON BLACK, ASIAN AND MINORITY ETHNIC GROUPS

Slides had been circulated with the Agenda.

Lincoln Sargeant introduced this Item. It had become clear that certain groups suffered disproportionately.

In terms of people from Black, Asian and Minority Ethnic Groups (BAME), he wanted to engage the Board in a sophisticated response. For example, it would be a knee jerk response to shield all males, just because they are more likely to die from Covid-19 than women. Similarly, our analysis of this report must be more nuanced, than looking for one single, explanatory factor.

Victoria Turner took Members through the slides. Among the points she highlighted were:-

- the reports do not take into account other important factors such as occupation, co-morbidities, obesity or genetics;
- Key workers are more likely to be from BAME background;
- a higher death rate is occurring in lower skilled occupations;
- risks associated with transition morbidity can be increased by the housing challenges faced by some members of BAME groups;
- some pre-existing conditions that increase the risk are more common in BAME groups;
- poor examples of healthcare at work and historic racism can make people from BAME groups less likely to seek medical help; and
- there are clear links to economic disadvantage

Victoria outlined the seven recommendations in the Public Health England Report, together with ideas as to how we should respond and areas of potential focus, which included targeted work with BAME communities and individuals and consideration of ethnicity as part of the Joint Strategic Needs Assessment.

There were links into wider work being undertaken, such as the reviews by West Yorkshire and Harrogate, and Humber Coast and Vale Health and Care Partnerships.

Victoria Ononeze emphasized that the approach should not be to shield people who are from BAME communities but to address the wider issues outlined by Victoria Turner. This is a system issue.

Councillor Parsons commented that, since responsibility for smoking cessation had transferred from GP Practices, there was less mention of it within practices. A coherent approach is required. Lincoln Sargeant advised that there is such an approach but it is dependent on GP Practices signing up, as it is on a voluntary basis. He agreed there is a need for GP Practices to be at the forefront of these efforts. Also, whilst smoking rates in the county are generally low, the challenge is within particular groups.

	<p>Dr. Sally Tyrer stated that, as part of healthy living advice, she would hope that all practices still offer advice on stopping smoking, even if it is just signposting to where further support is available. However, there is a limit as to how much advice can be provided in a brief conversation with patients.</p> <p>Leah Swain added that the VCS can use their links to ensure people get the right information on Covid-19 and health support for underlying conditions. She wondered whether we could look at existing models i.e. raising awareness of the impact of cold homes on people's health.</p> <p>She added that colleagues in Darwen are looking at local testing for BAME groups. Could we have support at Test Centres to signpost people to other health advice? Lincoln Sargeant welcomed this suggestion. As more responsibility shifts to local government for test and trace, having good, local, trusted relationships will be critical to engaging with communities.</p>	
42	<p>COMMUNICATIONS UPDATE</p> <p>Faye Hutton updated verbally as follows: -</p> <ul style="list-style-type: none"> - Test and Trace universal communication packs are now available and have been widely disseminated. These include high level messaging about face covering; how to keep safe; etc; - the website is now live with extra support and guidance for different settings, including tourism. Communication Packs are available in several languages. These are being shared with partners so they can be disseminated and spread across the county to support businesses and tourism; - roadside signage has been put up, with a press release issued around this. There are 100 signs on how to stay safe and preventative messaging, including keeping areas such as the inside of cars clean for people who may be sharing a lift to and from work; - Key messages have gone to 18,000 residents of North Yorkshire with the end of shielding letter; - we have increased our visibility by boosting our targeted social media activity for specific areas in the county, where it may be busier – such as key tourist spots; and coastal areas; - based on feedback from partners, Packs are being produced in different formats – e.g. easy read and audio versions to support vulnerable people; - working on securing case studies for different themes to support work that we are doing and working with the Cabinet Office to secure a National Case Study. - working with the Cabinet Office on a campaign focusing on promoting the correct wearing of facemasks. We will use social media channels to run this, working with businesses: 	

	<ul style="list-style-type: none"> - looking to find influencers who will support our messages in Faith Groups and BAME audiences, to help connect with specific areas; - will work with Public Health colleagues to promote targeted messages for larger workplaces; and - further to the earlier discussion in today's meeting on smoking cessation, "Quit for Covid" has been promoted widely. <p>AGREED that the standard messaging in the Communications Packs be emphasised to businesses and, in particular, larger organisations.</p>	Faye Hutton
43	<p>PARTNER UPDATES</p> <p>Leah Swain:</p> <p>Community First Yorkshire continue to be the pro-active liaison lead for North Yorkshire and York on the National VCS Emergency Partnership, which aims to ensure that there is no unmet need. There have been no referrals from this source which is a positive reflection on the joint working between the Local Authorities, the Local Resilience Forum and the VCS - particularly in regard to the thirty Community Support Anchors who support their local residents.</p> <p>Continuing to engage with health partners in the Integrated Care Systems on their recovery plans and working alongside the County Council on the recovery plan for the VCS.</p> <p>NOTED.</p>	
44	<p>NEXT MEETING AND FUTURE MEETINGS</p> <p>The Chair advised that the next scheduled meeting on 8th September would need to be postponed as there is a clash with another County Council meeting that is being live broadcast – only one meeting can be broadcast at any time.</p> <p>Patrick Duffy will be in touch to confirm the revised date.</p> <p>The Chair also sought Members views on the frequency of future meetings. The general consensus was that meetings be held on a monthly basis, rather than the current three-weekly interval subject, of course, to an emergency, in which case a meeting can be called between times.</p>	<p>Patrick Duffy</p> <p>Patrick Duffy</p>
45	<p>ANY OTHER BUSINESS</p> <p>None.</p>	

The meeting concluded at 12:10 p.m.

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