



## North Yorkshire Outbreak Management Advisory Board

Notes of a discussion held remotely, via Microsoft Teams, on Thursday 19<sup>th</sup> November 2020

### THOSE WHO JOINED THE DISCUSSION:

#### North Yorkshire County Council Representatives:

Councillor Carl Les, Leader of North Yorkshire County Council  
 Councillor Caroline Dickinson, Executive Member, Public Health, Prevention, Supported Housing  
 Councillor Helen Grant (substitute for Councillor Stuart Parsons)  
 Councillor Michael Harrison, Executive Member for Adult Services and Health Integration  
 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 Liz Colling, Scarborough Borough Council  
 Councillor Richard Foster, Leader, Craven District Council  
 Councillor Ann Myatt, Harrogate Borough Council

#### Other Partners' Representatives:

Ashley Green, Chief Executive Officer, Healthwatch, North Yorkshire  
 David Kerfoot, Chair, North Yorkshire and York Local Enterprise Partnership  
 Julia Mulligan, Police, Fire and Crime Commissioner  
 Susan Peckitt (substitute for Amanda Bloor), North Yorkshire Clinical Commissioning Group  
 Leah Swain, Chief Executive, Community First Yorkshire  
 Sally Tyrer, Chair, North Yorkshire Local Medical Committee  
 Lisa Winward, Chief Constable  
 Ian Yapp, Head Teacher, Riverside Primary School

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

Ray Busby, Principal Democratic Services Officer  
 Lisa Dixon, Director, Scarborough Borough Council  
 Patrick Duffy, Senior Democratic Services Officer (Clerk)  
 Faye Hutton, Marketing and Communications Officer  
 Mike James, Team Leader, Marketing and Customer Communications  
 Victoria Turner, Public Health Consultant  
 Louise Wallace, Assistant Director, Health and Integration

#### Apologies received from:

Amanda Bloor, Accountable Officer, North Yorkshire Clinical Commissioning Group  
 Councillor Mark Crane, Leader, Selby District Council  
 Councillor Keane Duncan, Leader, Ryedale District Council  
 Richard Flinton, Chief Executive, North Yorkshire County Council  
 Barry Khan, Assistant Chief Executive (Legal and Democratic Services), North Yorkshire County Council  
 Phil Mettam, Humber, Coast and Vale NHS Test and Trace Lead  
 Mike Padgham, Chair, Independent Care Group  
 Councillor Stuart Parsons, Leader of the Independent Group, North Yorkshire County Council

NO.	ITEM	ACTION
68	<p><b>WELCOME AND INTRODUCTION BY THE CHAIR</b></p> <p>County Councillor Carl Les welcomed Members of the Board and any members of the public or media viewing the meeting.</p> <p>He advised that he is the Leader of the Council and Chairs this Board and that:-</p> <ul style="list-style-type: none"> <li>- 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> <li>- 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> <li>- the papers for this meeting had been published in advance on the County Council's website; and</li> <li>- people can see the names of everyone on the Board and the organisations they represent on the Council's website.</li> </ul>	
69	<p><b>APOLOGIES</b></p> <p>As stated in the attendance on the previous page.</p>	
70	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest.</p>	
71	<p><b>NOTES OF MEETING HELD ON 19<sup>TH</sup> OCTOBER 2020</b></p> <p><b>AGREED</b> that these were an accurate reflection of the discussion.</p> <p>Arising from the Notes, with reference to the Item <i>Update on the current position in North Yorkshire</i>, Councillor Ann Myatt, via the chat facility, queried if the reference to Covid being the leading cause of death worldwide was correct – was it meant to be that it is the leading infective cause of death worldwide? Lincoln Sargeant confirmed that Councillor Myatt is correct; Covid is the largest infectious cause of death.</p>	
72	<p><b>NATIONAL RESTRICTIONS: 5<sup>TH</sup> NOVEMBER, 2<sup>ND</sup> DECEMBER</b></p> <p>Lincoln Sargeant advised that we are in a second lockdown because, once an exponential phase of a pandemic is reached, there is very little that can be done to stop it, other than interrupting interactions between people.</p> <p>The findings from lockdowns in Scotland and Wales are that behaviour change has to be maintained.</p> <p>In England, we are still waiting to see the effect of the lockdown, but evidence suggests that in areas with more consensus the numbers of people being infected fall more quickly. It does seem that the</p>	

	<p>momentum of rise is beginning to slow. In North Yorkshire, there are signs that we may be approaching the peak but it is too early to say for sure.</p> <p>When the lockdown ends, it is likely that areas in the lowest Tier will face restrictions that are stronger than was the case in the previous Tier 1.</p> <p>The Chair asked about compliance with the current measures. Lisa Winward advised that very few Fixed Penalty Notices had been issued or prosecutions made. Where these had been necessary, they broadly related to larger gatherings and people refusing to break these up when requested to. This compared to 1,151 Fixed Penalty Notices during the first lockdown, which mostly involved people travelling into the county for lengthy walks, which had been against the spirit of the legislation.</p> <p>There has been a high level of compliance with the current restrictions, with the Force operating, from a policing perspective, on the 4 E's, namely:-</p> <ul style="list-style-type: none"> <li>- <i>engaging</i> with the public where there has been a breach;</li> <li>- <i>explaining</i> the Guidance;</li> <li>- <i>encouraging</i> adherence to the Guidance and, as a last resort;</li> <li>- <i>enforcement</i>, where people fail to follow the guidance</li> </ul> <p>In North Yorkshire we have not seen a big departure from compliance; people want to do the right thing.</p> <p>In response to a question from Julia Mulligan, Lisa Winward confirmed that there are certain hot spots and, once people have been reminded of their responsibilities, the legislation will be enforced to protect people's health.</p> <p>Councillor Helen Grant, via the chat facility, asked if the introduction of Marshalls had helped. Julia Mulligan advised that some areas had decided to use funding to deploy Marshalls. The term implies enforcement, but that is the role of the Police. She is happy to support local authority colleagues to support engagement in known problem areas – conversations are on-going.</p> <p>Richard Webb thanked partners and the public for their co-operation. In Scarborough, we are beginning to see a slight improvement in infection rates. The Council's Communications Team and the media had provided extensive coverage to help get the message across.</p>	
73	<p><b>UPDATE ON THE CURRENT POSITION IN NORTH YORKSHIRE</b></p> <p>Slides had been circulated with the Agenda containing data internationally; for the UK; North Yorkshire and by District. Elements of the data presented at the meeting had been updated to include the latest information.</p> <p>Lincoln Sargeant advised that:-</p> <ul style="list-style-type: none"> <li>- The number of people who have tested positive and died are probably underestimates. Internationally, there is no indication that the virus is running out of steam</li> <li>- In the UK, there are signs of a plateau, but the descent phase will take longer than the time it took to reach the peak</li> </ul>	

- In North Yorkshire the situation has changed rapidly with the latest rates by District as follows:-

<b>New infection rate per 100,000 population over the last 7 days up to 18<sup>th</sup> November 2020</b>	
Nationally	263
North Yorkshire	276.5
Scarborough	457
Craven	290.5
Selby	275.9
Harrogate	245
Richmondshire	214
Ryedale	204
Hambleton	190

- There have been an estimated 64 people who have died in Hospitals since 1<sup>st</sup> September and 245 Care Home deaths to 6<sup>th</sup> November

Julia Mulligan advised that the City of York Outbreak Management Board, which she is also a Member of, had noted the increase in suicides. Have we looked at this data for North Yorkshire? Lincoln Sargeant said that he could ask for an analysis. Drug and Alcohol data will also be examined.

Sally Tyrer, via the chat facility, added that people presenting with mental health has increased significantly, both in primary care and with Tees, Esk and Wear Valleys NHS Foundation Trust.

NOTED.

Lincoln Sargeant

**74** **THEME 4 OF THE OUTBREAK MANAGEMENT PLAN: CONTACT TRACING IN COMPLEX SETTINGS**

Victoria Turner advised that, from 5<sup>th</sup> November, a local system had been set up, in discussion with Public Health England. This will continue to develop.

Among the points she mentioned were:-

- The national system will continue to follow up cases but if no contact has been made within 24 hours this is handed over to the local authority. In North Yorkshire, trained staff in the Customer Resources Centre, supplemented by specialist support from Public Health, where required, deal with these cases
- The national definition of “failure” is not what people would normally take this to mean i.e. if someone who has no contacts self isolates and does all the right things this will be seen as a “failure” as no people have been contacted
- We have been able to learn from others, to develop how we link in with vulnerable people, for example

	<ul style="list-style-type: none"> <li>- There are some clear benefits to this local contact e.g. we can search our databases for alternative contact numbers that might not be known to the national service</li> <li>- Local contact tracing is part of a wider package and is adding value</li> </ul> <p>In response to a question from Ian Yapp, Victoria confirmed that this local work on contact tracing would not take away from the work that is being done with schools.</p> <p>Councillor Liz Colling noted that the number was an 01609 code. Have we the telephony to be able to provide numbers local to the areas? Victoria said she would look into this.</p> <p>Councillor Michael Harrison sought clarification as to circumstances in which the national system cannot inform people that they have tested positive. Victoria advised that the national system can cross reference with the NHS spine but it could still be they do not have, say, a 'phone number or email. Often we have this from our databases.</p> <p>In response to queries from Julia Mulligan, Victoria said that the success rate of local contact tracing is difficult to gauge due to some of the vagaries of the system that she had previously referred to.</p> <p>Lincoln Sargeant updated on the local sites available, with more due to come on stream shortly. In addition, satellite provision allows fast deployment of swabs.</p> <p>He added that testing works best in targeted situations and is not convinced that blanket testing will affect the overall management of the pandemic. Testing works best when there is a fair chance of asymptomatic people being identified in a single setting.</p> <p>Richard Webb, via the chat facility, added that anyone we contact locally is a "success" in that the national system has not been able to contact them.</p> <p>Julia Mulligan commented that there seemed to be a difference in approach between the County Council and City of York Council. Richard Webb advised that the Local Resilience Forum is working through options to achieve the best outcomes and return on investment.</p> <p>Lincoln Sargeant added that the County Council is looking to extend the radius of mobile testing beyond 10 miles to take these to the areas of greatest prevalence. There is, however, good testing capacity within North Yorkshire.</p> <p>NOTED.</p>	Victoria Turner
75	<p><b>LOOKING AHEAD</b></p> <p>Lincoln Sargeant reported that an announcement is expected next week on the Tier System and the associated criteria and restrictions.</p> <p>It is clear that a menu of restrictions are most effective. To restrict patterns of spread you need restrictions that send the strongest symbol/message, allied to community engagement and enforcement, as appropriate.</p>	

	<p>The key question for North Yorkshire is whether restrictions should be applied by district or sub-district level and across the whole county or on a district-by-district basis.</p> <p>Responding to a question from Councillor Liz Colling, Lincoln Sargeant said the general approach has been to apply restrictions over a larger area.</p> <p>Richard Webb mentioned that he understood there could be a move away from a regional approach and that there is likely to be a clearer escalation and de-escalation route with the new Tiers, but the detail is awaited.</p> <p>Councillor Richard Foster, via the chat facility, indicated that Craven District Council would prefer to work district-by-district on new Tiers that will follow lockdown.</p> <p>Councillor Liz Colling said Scarborough Borough Council's response would depend on conditions around the National Tiers and there are a lot of people who travel from Scarborough to Ryedale and York for work and education, but her preference would be for district level.</p> <p>Councillor Ann Myatt felt that some people who test positive might not comply with isolation requirements – so how much reliance can we place on testing and contact tracing? Lincoln Sargeant commented that test and trace is most effective when numbers are low. A pattern for viruses is that often people are not aware of anyone they know who has tested positive and wonder what the fuss is about. By the time an exponential increase of cases has been reached, the pandemic has taken hold.</p> <p>Julia Mulligan asked what plans are in place for managing potential spread of the virus by students returning home for Christmas. Lincoln Sargeant said the County Council is working with Coventry University (Scarborough Campus). The numbers of students testing positive has fallen and he is confident that they will act responsibly.</p>	
76	<p><b>COMMUNICATIONS UPDATE</b></p> <p>Mike James took Members through this Item. Slides had been circulated with the papers for the meeting.</p> <p>He highlighted that:-</p> <ul style="list-style-type: none"> <li>- the communications response is managed by the Local Resilience Forum Communications Group, which meets weekly and who are in constant contact between times; and</li> <li>- a new set of materials has been produced for the current restrictions and all core messages have been updated and shared across media platforms</li> </ul> <p>Examples of digital/press/marketing, to convey messages, were shared, together with how baseline materials are presented. Recent work in Scarborough has looked at areas of concern and targeted communications activity undertaken.</p> <p>Looking ahead, it is important to counter “message fatigue”. This will include liaison with the Cabinet Office and developing “trusted voices” to convey messages to people, rather than people having to come to us.</p>	

	<p>Councillor Liz Colling thanked the Communications Team and partners for the work done in Scarborough and asked if we are ready to apply this work if required in other parts of the county. Mike James confirmed that a framework is in place that can be tailored to particular areas.</p> <p>In response to a question by Ian Yapp, Mike James advised that work with the Youth Council has found that young people favoured physical marketing in places where they are. Also, seeing other people in their lives following the rules is a big factor. Therefore, getting the message out to parents is crucial.</p> <p>Lisa Winward advised partners that there has been a surge in anti-social behaviour of young people outside of school hours. Therefore, any messages that partners can get out would be appreciated, as this behaviour is impactful on the wider community.</p> <p>Richard Webb advised that messages for schools could be included in the "Red Bag" (which is the official communication method for sending information to Schools). Partners should contact Mike James or Stuart Carlton (Corporate Director for Children and Young People's Service) about this.</p> <p>Sally Tyrer, via the chat facility, commented that, in terms of the covid vaccine, it will be really important, from a communications perspective, to ensure the message gets out about the safety of the vaccine if/once it is licensed.</p> <p>NOTED</p>	
77	<p><b>PARTNER UPDATES</b></p> <p><u>David Kerfoot, Business</u></p> <p>Referred people to the website for all of the latest information – <a href="http://www.businessinspiredgrowth.com">www.businessinspiredgrowth.com</a></p> <p><u>Care Sector</u></p> <p>Richard Webb provided an update in Mike Padgham's absence.</p> <ul style="list-style-type: none"> <li>- A number of designated discharge beds for people with Covid have been brought on stream</li> <li>- Insurance cover for Covid is a big issue for providers</li> <li>- His Directorate (Health and Adult Services) are working with the Sector on outbreak management and is providing support</li> </ul> <p><u>Ashley Green, Healthwatch, North Yorkshire:</u></p> <ul style="list-style-type: none"> <li>- Continuing to see a lot of traffic on their website and over the 'phone</li> <li>- Acting as a conduit to help get information across</li> </ul> <p><u>Sue Peckitt, NHS</u></p> <ul style="list-style-type: none"> <li>- Increased numbers of cases putting pressure on all NHS Services</li> </ul>	

	<ul style="list-style-type: none"> <li>- Hospital admissions increasing, but less take up currently of Intensive Care Unit beds due to the use of non-invasive ventilation</li> <li>- Re reports that some Hospitals are struggling with oxygen, this refers not to a lack of oxygen but to issues caused by needing to deliver it at a higher flow, which is causing pipes to freeze - being addressed</li> <li>- Seeing a much higher take up of the flu vaccine this year</li> <li>- Being asked to step up preparations for a vaccination programme from early December, on a phased basis, with over 80's; Care Home residents and staff; and Healthcare workers in the first phase</li> <li>- Identifying potential sites for vaccine to be administered with key partners</li> </ul> <p>Julia Mulligan referred to the huge ask on Primary Care staff, whose welfare is important too, so anything partners can do to support NHS colleagues would be good. When will we be able to get information to people as to how the vaccination programme will work? Sue Peckitt advised that national information is awaited, but she will share it as soon as it is received.</p> <p><u>Ian Yapp, Schools</u></p> <ul style="list-style-type: none"> <li>- Schools want – and need – to be open. Work with partners is helping to ensure this – appreciate the support of health partners</li> <li>- A number of staff are self-isolating</li> <li>- An increasing number of students are being taken off the school roll and being formally educated at home, which is a concern</li> <li>- Messaging about community transmission is not being received with the seriousness that it should</li> </ul> <p><u>Leah Swain, Community First Yorkshire:</u></p> <ul style="list-style-type: none"> <li>- Staying in touch with national discussions about volunteers assisting with mass testing and vaccination and learning from the Liverpool experience, where volunteers were sought but then not used</li> <li>- Liaising with Clinical Commissioning Groups about vaccination for front line VCS staff and volunteers. For example, if Community Transport drivers need to get people to vaccination sites should they be a priority to receive the vaccination?</li> </ul> <p>NOTED.</p>	
78	<p><b>NEXT MEETING</b></p> <p>Monday 21<sup>st</sup> December at 1.00 p.m.</p>	ALL TO NOTE
79	<p><b>ANY OTHER BUSINESS</b></p> <p>There was no other business to consider.</p>	

The meeting concluded at 3.40 p.m.

PD