



Team Devon Local Outbreak Engagement Board

Decision and Action log

TEAM DEVON (LOCAL OUTBREAK ENGAGEMENT BOARD)

Date Thursday, 10 September 2020

Present

Councillor John Hart, Councillor Andrew Leadbetter, Councillor Roger Croad, Tony Gravett, Dr Louise MacAllister, Councillor James McInnes, Professor Janice Kay CBE, Dame Suzi Leather, Cara Stobart, Sue Wilkinson, Diana Crump, Sean Mackney and Rhys Roberts

Apologies

Dr Paul Johnson, Councillor Judy Pearce and Shaun Sawyer

No.	Decision/Action/Message	Who Will action?	When?
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1.	<p>Notes of the Previous Board Meeting The notes of the previous Board meeting on 12 August 2020 were endorsed.</p>		
2.	<p>Urgent Items from the Health Protection Board The Deputy Director of Public Health advised that there were no urgent items for escalation from the Health Protection Board.</p>		
3.	<p>Report / Presentation from the Health Protection Board The Board received a Report from the Health Protection Board on current issues, data and matters for information. Matters included in the Report were as follows.</p> <ul style="list-style-type: none"> • The most up to date picture relating to the current statistics, demonstrating the interactive maps available on the website (https://www.arcgis.com/apps/webappviewer/index.html?id=47574f7a6e454dc6a42c5f6912ed7076). • The Board noted the increase in positive cases, the majority being linked to international travel and that there had been 53 cases in last week (6.6 per 100,000 pop so still below England's average). • The comparison across each of the district council areas and the ability to drill down further into locality / smaller areas 		

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	<p>In relation Test and Trace, the Deputy Director of Public Health advised that the current system worked best when there was total honesty with those being questioned about their contacts and behaviours. There had been good compliance in terms of tracing contacts, however, some of the data received posed more questions which meant the need to seek further clarification.</p> <p>In relation to complex settings, the current process was working well.</p> <p>The Deputy Director of Public Health also gave feedback on the recent 'exercise' plan, highlighting that a final report would be made available shortly. The key headlines arising from that emergency planning exercise was the importance of the excellent working relations that existed in Devon, clear communications in respect of who needed to be informed (and when) and engagement with the community. The importance of testing and exercising plans was also emphasised in preparation for a real event / situation.</p> <p>The Board also noted that as part of the web resources, there was information regarding community and wider VCSE support and how to access this alongside routes for funding and response in the event of further outbreaks.</p> <p>Members asked questions in relation to the data and also the capacity for testing, both locally and nationally.</p> <p>AGREED</p> <p>(a) That the key elements arising from emergency planning exercise be brought back to Board; and</p> <p>(b) That Board Members also be asked to cascade the dashboard links to their respective organisations, networks and contacts. The weblink was https://www.devon.gov.uk/coronavirus-advice-in-devon/coronavirus-data/</p>	<p>KES / Emergency Planning / PH</p> <p>All Board Members</p>	

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4.	<p>Local and National Updates</p> <p>The Deputy Director of Public Health gave a brief update on the National Institute for Health Protection (Government Body for Public Health Protection and Infectious Disease Capability), advising that the recruitment for a Chief Executive had commenced.</p> <p>He also advised that Public Health did not receive early warnings of any announcements or changes of policy direction by Government, for example the recent announcements relating to groupings of 6 and the new requirements for some businesses (licensing) from the 18th September to capture more information to support test and trace. There would need to be some clear communications moving forward in response to the rise in cases and the new requirements as outlined above.</p> <p>The ongoing campaigns in relation to hands, face and space were still key public health interventions which were crucial to adhere to.</p> <p>The Deputy Director of Public Health also gave an update on local testing, access and availability and the challenges in accessing testing. Pillar 2 testing in Devon was in the region of 6500 tests per week.</p> <p>There was however a proportion of people obtaining tests (thought to be in the region of 25%) who had no symptoms or who had not been instructed to do so by a medical practitioner.</p> <p>The challenge, which was a national issue, was the capacity of laboratories. Whilst there were plans to increase capacity, on a local level and as a short term solution, local laboratories were being utilised and in addition the CCG were supporting when people were having issues accessing tests.</p>		

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	<p>The Board also received an update on the recent announcement by Exeter University who would be offering a test to any students showing symptoms or who was deemed high risk. The saliva-based tests should give results within 24 hours.</p>		
5.	<p>Schools and Colleges and the Safe Return of Pupils</p> <p>The Board received a presentation from the Council's Head of Education and Learning on the work that had been done to prepare for the return to school and good practice.</p> <p>The Head of Education and Learning highlighted that 92.5% of pupils had been attending school. The rates for student with an ECHP were 88.54% and 85.1% for those pupils with social worker support.</p> <p>There had been a significant amount of work to prepare for the return to school including;</p> <ul style="list-style-type: none"> • education welfare calls at the end of last term; • transition planning and guidance; • additional links with youth and health services; • advisory teacher support for individual children with SEN; • outreach support for year 11; • communications to Parents/Carers and specific webpages. <p>The Presentation also focussed on the early years and schools risk assessments, the DfE guidance and compliance with health and safety law. The risk assessments were very detailed in terms of minimising contact, bubbles, one-way systems, zoned areas, cleaning (especially in specialist areas), actions required if a child displayed symptoms, test and trace and training and monitoring.</p>		

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	<p>The presentation also focussed on the work carried out for colleges and HE, including detailed return plans, socially distanced learning, staggered returns etc. Whilst every site was unique, South Devon College had provided a strong example of the approach being taken and the presentation outlined those key measures.</p> <p>There was also advice from the Public Health Team in terms of creating safe environments and supporting PHE to disseminate information, guidance and information about webinars for schools and further education settings.</p> <p>Finally, the work in relation to school transport was explained, with additional Covid measures in place (e.g. boarding by year group and face masks for 11 year olds and over) and the work with transport providers to put in over 70 additional dedicated transport vehicles for additional capacity, the communications with parents and a social media campaign on travelling.</p> <p>Board Members expressed their gratitude to the Head of Education and Learning and her team for the hard work undertaken to prepare for the return to school and education.</p> <p>AGREED that the presentation be appended to and circulated with the minutes.</p>	<p>KES</p>	
6.	<p>Communications and Engagement Triggers</p> <p>The Deputy Director of Public Health and the Head of Communications reported on the current scenario's which triggered a specific set of communications in a range of given outbreak circumstances.</p> <p>The draft generic standard operating procedure allowed the Council to think about notifications and agree any necessary actions from a tactical management position as well as a communications perspective.</p>		

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	<p>There were 5 risk ratings ranging from low (potentially a single case, very few contacts) etc through to high risk with high and rising numbers of cases.</p> <p>The Head of Communications outlined that every setting and situation was different, so the required response was generally tailored to that scenario.</p> <p>AGREED that the Board receive the community support plan at a future meeting.</p>	<p>KES / Simon Kitchen</p>	
<p>7.</p>	<p>Public Questions / Other Questions for the Board Two further questions had been raised for the Board;</p> <p>(1) How is Test and Trace working in Torridge?</p> <p>We don't have detailed statistics for Torridge but at present, the national NHS led Test & Trace system is performing well for Devon. For Devon, since its launch to 16th August, 86% of people were reached by Test & Trace which is one of the best in the country (15th out of 150 nationally), and 68% of close contacts were identified (21st out of 150 nationally). These rates have improved locally and nationally in recent weeks, so the figures for Devon will be higher again although they are not available yet. Complex cases are referred to the Public Health England Local Health Protection Team for follow-up: they are currently reaching 100% of cases.</p> <p>(2) Do we have any data on how many of the positive cases in Devon are asymptomatic?</p> <p>No, this information is not available. It is important to note that it not known whether all people who is asymptomatic and test positive are infectious (able to spread the virus, although clearly asymptomatic transmission can occur).</p>		

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8.	<p>Key Messages to be Communicated</p> <p>The Board and Head of Communications and Media considered the key messages coming from the meeting, as outlined below.</p> <ul style="list-style-type: none"> • The Council urged extra caution (whilst the number of cases was still very low in Devon with very few deaths, numbers continued to rise slightly. The increase in cases mostly related to people returning from travel abroad). • Some concern that the pattern of infection was changing in line with the national situation which may put the vulnerable and elderly at risk if extra care was not taken. • the local situation was being very closely monitored, based on good local data and local intelligence. • close working with schools, colleges and the university to ensure a safe return for children and students. • continued working to identify other potential flash points and plan for a range of situations. <p>Other messages included;</p> <ul style="list-style-type: none"> • compliance with prevention messages and national guidance continued to be generally good in Devon – although there were concerns about the non-compliant behaviours of some younger adults, the return of students to university from areas of greater infection and ongoing protection and support of the most vulnerable. • tourism and business and that no impact had been seen from increased visitor numbers over the summer. Work continued to support the sector and the majority of business owners had been compliant and had operated in line with national guidance and advice, however a more rigorous enforcement regime relating to licenced premises was due to be put in 	<p>Board Members to disseminate</p>	

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	<p>place from the 18th September.</p> <ul style="list-style-type: none"> School/Education and the importance of children returning to school, however, further messaging was required in asking parents to observe social distancing when dropping off and picking up children. 		
9.	<p>Date of Next Meeting Members noted the date of the next meeting as 8th October 2020 @ 11.00am</p>	All to note	