



Walsall Council

**Health and Wellbeing Board
(Local Outbreak Engagement Board)
Sub-Committee**

Tuesday 19 January 2021 at 4.00 p.m.

Meeting via Microsoft Teams: Public access: <https://youtu.be/mcusWlj0sqw>

Membership: Councillor S. Craddock (Chair)
Councillor I. Robertson
Mr. S. Gunther, Director of Public Health
Dr. A. Rischie, Clinical Commissioning Group (Vice-Chair)
Chief Supt. A. Parsons, West Midlands Police
Ms. D. Lytton, One Walsall
Dr. M. Lewis, Walsall Healthcare NHS Trust
Mr. D. Fradgley, Walsall Healthcare NHS Trust

Quorum: 3 members of the Board

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The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

Schedule 12A to the Local Government Act, 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.
8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:
 - (a) Constitutes a trades secret;
 - (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);
 - (c) It was obtained by a risk management authority from any other person and
its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Agenda

1. Apologies
2. Substitutions (if any)
3. Declarations of interest
4. Minutes – 3 December 2020 (enclosed)
5. **Local Government (Access to Information) Act, 1985 (as amended):**
To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda.

Questions

6. To receive any questions

(All questions will have been submitted at least 7 clear days before the meeting Answers will be provided at the meeting - no supplementary questions will be allowed).

Information

7. Walsall Covid-19 data
 - Report of Director of Public Health (enclosed)
8. Covid-19 Vaccination Update
 - Report of Walsall Managing Director, Black Country and West Birmingham Clinical Commissioning Groups (enclosed)

Assurance

9. Walsall Local Outbreak Plan Update
 - Report of Director of Public Health (enclosed)
10. Lateral Flow Testing Update
 - Report of Director of Public Health (enclosed)

Communications and Engagement

11. Communication with residents

- Presentation from Interim Director of Communications, Marketing and Brand

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Health and Wellbeing Board (Local Outbreak Engagement Board)

Sub-Committee

Thursday 3 December 2020 at 4.00 p.m.

Virtual meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Council's Standing Orders for Remote Meetings and those set out in the Council's Constitution

Present Councillor S. Craddock (Chair)
Dr. A. Rischie, Clinical Commissioning Group (Vice-Chair)
Manjit Dehal, One Walsall
Mr. D. Fradgley, Walsall Healthcare NHS Trust
Mr. S. Gunther, Director of Public Health
Dr. M. Lewis, Walsall Healthcare NHS Trust
Councillor I. Robertson

In Attendance Mrs. E. Thomas, Public Health Intelligence Manager
Mr J. Elsegood, Interim Director of Communications

Welcome

At this point, the Chairman opened the meeting by welcoming everyone to the Local Outbreak Engagement Board and explained the rules of procedure and legal context in which the meeting was being held. He also directed members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

32/20 Apologies and substitutions

Apologies for non-attendance were submitted on behalf of Chief. Supt. A. Parsons

33/20 Minutes

Resolved (via roll call)

That the minutes of the meeting held on 16th November 2020, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.

34/20 Declarations of interest

There were no declarations of interest.

35/20 **Local Government (Access to Information) Act, 1985**

There were no items to consider in private session.

36/20 **Questions from the Public**

The Chair reported that eight questions from members of the public had been received. He introduced the questions and reported the answers as follows:

Question 1: *'It is disappointing to hear that Walsall is now one of the highest in the Midlands and recovery seems to be slow in coming. Has the Board been able to identify the areas where the virus is most prevalent and recovery is sluggish? If so, what action has been taken in those areas to ensure adherence to the restrictions and where necessary give help and advice. If Walsall is to move up the Tiers there needs to be a concerted effort over the coming weeks.'*

The Chair reported the answer from the Council and its partners as: Rates across the borough vary, however, the latest 7 day rates illustrate that the transmission is more prevalent in Bentley & Darlaston North, Paddock and Palfrey wards.

We continue to actively work with partners such as the Police, NHS, Community Groups, faith organisations and housing groups to communicate effective messages and ensure adherence to the restrictions. It is anticipated that the introduction of COVID Marshalls will further assist with this.

Question 2 *'I am a retired nurse and nurse lecturer, and am willing to help out in the covid vaccine workforce soon. Who do I contact?'*

The Chair reported the answer from the Council and its partners as: This winter, the UK national government is looking to roll out vaccinations on a never seen scale to the public. One Walsall are recruiting for up to 100 local volunteer heroes to support the Walsall rollout of the Covid 19 Vaccine as soon as possible.

If you would like to offer your support to our health and care services in the mobilisation of this programme during this historic time in all our lives, this may be the opportunity for you to help make a difference.

If you would like to get involved in this volunteering@onewalsall.org.

Question 3 *'For residents who are clinically extremely vulnerable receiving prompt notice from the Department of Health & Social Care is a priority to keep them safe, particularly if they are in employment and unable to work from home. I am aware of a case where the letter from the department was dated the 4th November and was not received by the person until the 12th November potentially exposing that person to stress and risk of infection remaining at work for that further week. With guidance ever changing what would you recommend residents do when in doubt if they have not received their notification letter as proof to their employer?'*

The Chair reported the answer from the Council and its partners as: Failure to receive timely notification is something central government should pick up, as there is no delay in digital extraction of codes for patients who have consented to share records on national spine. Most Clinically Extremely Vulnerable are being identified through this, and at times this is overdone rather than under reported.

If challenges are still experienced then residents are able to request full electronic access of their medical records which they can use to inform discussions of their job roles and inform any risk assessments that may be required.

The fourth question from was asked by a number of residents interested in mass testing:

a) Are you going to mass test?

b) When is mass testing going to be available in Walsall?

c) Will Walsall council be implementing a rapid testing programme as trialled in Liverpool and due to be rolled out across other black country areas in the coming weeks, to assist the downgrading from tier 3 to tier 2 restrictions.

d) Why isn't Walsall part of the mass testing (PCR test, or lateral flow test) for those not showing Covid-19 symptoms? Wolverhampton and Birmingham are part of the testing but Walsall has a higher population than Wolverhampton and similar infection rate per 100,000 population but is not offering this mass testing

e) What type of test are we using in Walsall? If we are due to swap over to the lateral flow test, when?

f) When will people be allowed to be tested without symptoms?

g) My question in a nutshell is when will mass testing be available for the Walsall area for this without symptoms? I am aware that this will be offered to everyone in tier 3 but am yet to see anything announced.

h) Cases are coming down slowly in Walsall. What plans are there for mass testing like in Liverpool in order to bring the number of cases down to a low level before Christmas?

The Director of Public Health reported the answer from the Council and its partners as:

Mass testing includes testing sections of the population, such as care home and hospital staff, as well as members of the general public. Walsall has started mass testing in certain high risk groups in line with national recommendations.

Walsall are developing plans for a pilot of rapid testing for people without symptoms, using the Innova lateral flow device. We are looking very closely at the outcomes of pilots elsewhere in the country. We know that the test is not as accurate as the existing PCR test in all circumstances. Our vision is to share learning from neighbouring colleagues, to continue working to support and protect the most vulnerable residents in the borough, while maintaining

positive outcomes for our local economy. Initially we will be taking a targeted approach, focusing on situations where the test is most effective. We are currently planning a pilot scheme with the aim to start testing as soon as it is operational.

The next area of questioning concerned retail:

a) Why can I go shopping in supermarkets and shopping centres with thousands of others but I can't go in a pub which is covid secure?

b) As councillor Bird remarked that data suggests an increasing number of transmissions are occurring in supermarkets, it is likely this may translate to other non-essential retail that is now due to reopen. Will Walsall council encourage and enforce retailers to increase sanitisation, use of masks and other mitigating measures to ensure these transmission sources are minimised.

The Chair reported the answer from the Council and its partners as:

We are having to follow Government guidelines, which state that hospitality settings, such as bars (including shisha bars), pubs, cafes, restaurants, and social clubs must close except for takeaway, delivery and click and collect services. This includes restaurants and bars within hotels or member's clubs.

The rules on opening of supermarkets, pubs and restaurants is the policy of national government and the Council is working with partners such as the Police, NHS, Community Groups, faith organisations and housing groups to ensure adherence to the restrictions.

Further to this Regulatory Services have visited over 1000 retail, hospitality and service industry businesses in the Borough since March 2020 specifically to check Covid-19 control measures. A lot of good practice has been noted which is satisfying however where noncompliance has been identified relevant action including verbal and written warnings, prohibition notices and alongside Police colleagues fixed penalty notices have been issued to require compliance and punish noncompliance. Recent visits have been made to larger retailers such as supermarkets to check their control measures are adequate and advice given where poor practices have been noted. As supermarkets in particular are the major source of food for many people and have stores across many local authority areas efforts have been made locally and nationally to encourage better compliance and stricter control measures.

Feedback from all sectors suggests that business owners are struggling to and are in certain aspects afraid to confront their customers over their own individual behaviours for fear of reprisal and loss of custom. This indicates that everyone needs to do their bit to ensure controls are effectively implemented.

The sixth question asked:

Why is council tax not suspended?

The Chair reported the answer from the Council and its partners as:

Council Tax is an annual fee that your local council charges you for the local services it provides, like waste collection and disposal, transport and highway

services including street lighting and cleaning, and road maintenance, environmental health and trading standards. The council also collects council tax on behalf of the West Midlands Fire and Rescue Authority and West Midlands Police and Crime Commissioner. These are both separate organisations over which the council has no control. During the pandemic, none of these services have stopped. In fact some have services carried out by the council have increased to ensure the continued welfare of residents which has come at a substantial cost.

If any residents are experiencing any difficulties with paying their Council Tax, for any reason, then they should contact the Council to discuss their circumstances as there are a number of ways they could be assisted this includes support for those on low incomes.

The seventh asked:

There are now numerous press reports (which began with Dr Anthony Fauci in the US Government) that the vaccines will not kill the SARS-Cov-2 virus. It'll simply suppress the disease and symptoms of COVID-19. So what the vaccines will do is to turn the vaccinated population into possible asymptomatic spreaders, what plans do Walsall Council have to control this group of people post roll out of the vaccines, or plans to protect the unvaccinated from these vaccinated asymptomatic spreaders?

The Director of Public Health reported:

The MHRA (Medicines&Health Care Products RegulatoryAgency) looks at the safety, quality and effectiveness of vaccinations to ensure they are safe to use and effective of what they are there to do. This is an independent body that makes the assessment, based on evidence provided, by the companies providing the vaccinations, and only those meeting the strictest requirements get the go ahead for deployment.

Therefore vaccinations will be only available and rolled out if they are effective, the reductions of the transmission of the disease will be considered as part of that safety assessment.

Regarding the asymptomatic cases and to protect those who are unvaccinated. When you are called up please get vaccinated as it an important part in controlling the disease. We do need to vaccinate the majority of the population which will protect the ongoing spread of the disease. As what we do with other required vaccinations, such as, childhood immunizations or seasonal influenza vaccinations.

If people aren't vaccinated, we will have to continue dealing with outbreaks and continue to stop the spread by using face coverings, washing our hands, and keeping our social distance as well as self-isolation.

Dr. Rischie highlighted that the information available it had shown that the vaccine was safe and its effectiveness had been documented in clinical trials. Only in the long-term it will be known if there are asymptomatic spreaders or not. He urged residents to get vaccinated.

The eighth question was:

Why have you done nothing about the gangs of youths hanging around certain areas of Walsall? Just because it's a deprived area you should be enforcing the rules!

The Chair reported the answer from the Council and its partners as:

Whilst recognising the difficult challenges faced by young people during the COVID-19 pandemic it should also be recognised that young people are not immune from COVID-19 and the consequences of infection can be tragic to themselves and their families. Young people are also not immune from COVID-19 legislation and groups of youths breaching COVID-19 regulations should be reported in the same way as any breach of COVID regulation.

West Midland Police and the Council have a joint approach to COVID-19 compliance. This includes both education and enforcement where appropriate and this approach is in place across the borough and is not limited to areas of high deprivation. A potential breach of COVID-19 regulations can be reported to either the Council or Police.

In relation to the areas in the question the authorities are aware of challenges being faced and working together to manage and mitigate the situation. If people see gangs congregating they are advised to call 101.

37/20Walsall Covid-19 Data

Councillor Craddock introduced the Council's Public Health Intelligence Manager Mrs. E. Thomas, who presented a dashboard report which provided an overview of the current situation for Walsall.

(see annexed)

Mrs Thomas reported that at the time of the last Board meeting, Walsall had over a thousand positive cases in a seven day period. Recent data showed it had reduced to 708. Whilst it had reduced this confirmed that community transmission was still evident across the borough. She continued to explain that there had been an increase in the number of deaths which currently stood at 488 since the pandemic began.

Councillor Robertson asked what the rates were like in neighbouring areas, as he noticed there were higher case rates on the boroughs boundaries. Mr Gunther responded that the West Midlands as a whole has some of the highest case rates and had experienced reduced reductions during the recent lockdown. Neighbouring authorities also had high rates and experience demonstrated that cases clustered in and around neighbouring wards, areas and authorities with higher case rates. Discussions took place on a regular basis with peers across the region within regards to managing cross border issues. An analysis had taken place regarding the Walsall-Sandwell border following a spike in cases. This found that the outbreak was linked to house hold mixing. This appears to be main area of transmission over the last few weeks and is one of the reasons why Birmingham and the Black Country have been placed in Tier 3. Tier 3 was the highest level of restrictions which meant, amongst other restrictions, that non-essential shops were closed.

The Chairman asked for details on what was required to move Walsall from Tier 3 to Tier 2? Mr Gunther responded that [government guidance](#) set out how areas that were assessed for each local authority area. These focussed on case rates and NHS capacity. Regular reviews of tiers would take place.

The Chair emphasised the importance of the local community adhering to the requirements of Tier 3 and continuing to adhere to social distancing, the wearing of face covering and washing of hands. Following this he gave two examples of local people who had suffered from Covid-19 who were otherwise young and healthy people. This included a young wrestler who sadly passed away and one of his ward residents who was experiencing a challenging time with the virus.

Dr. Rischie thanked Walsall residents for their patience, the results that we are seeing of a declining rate of infection is due to their effort. He supported the Chair in calling for residents to continue adhering to restrictions. He highlighted a personal experience of personal protective equipment to protect him from catching the virus.

Resolved:

That the report be noted

38/20 Covid-19 & Flu Vaccination Update

The Board received an update on ongoing work to deliver flu vaccinations across the borough. Board Members were also informed about plans to deliver the Covid-19 vaccine.

Mr Gunther reported the uptake of flu vaccinations across the borough. He noted good uptake in over 65s and those who were clinically vulnerable. However, there had been reductions in uptake in other groups, for example, pregnant women.

The Chair reported that he understood from midwives that the fall in pregnant women taking up vaccinations could be due to reduced visits to GP surgeries for antenatal appointments. Pregnant women were trying to keep themselves safe by isolating.

Dr Rischie reported that Walsall GPs continued to offer flu and other vaccinations. He encouraged residents to contact their GP to arrange appointments for any immunisations available to themselves or their families.

Darren Fradgley provided an update on the Covid-19 vaccination program. He outlined the plans being developed for what was going to be an unprecedented mass vaccine programme. He noted the benefits of the Walsall Together partnership and the boroughs forward thinking group of GP's that were looking at options deliver vaccinations collaboratively.

He explained that the initial Covid-19 vaccine roll out would be focused on protecting and vaccinating the most vulnerable groups in the population. This would also include vaccinating health and care staff that are delivering care to

the most vulnerable. This would be a six month programme as each individual needed to receive two vaccine doses. He reported that whilst the Covid-19 vaccination programme was being developed that the most important thing residents could do was to get their flu jab. This was because there needed to be a seven day gap between receiving a flu vaccine and a Covid-19 vaccine.

Mr Gunther reported that the plan required the delivery of over 400,000 vaccinations for Walsall. The logistics were being set up. The next challenge was to ensure that it was taken up by residents. He urged local people to take the vaccine when offered it.

Dr Richie highlighted that peer reviewed evidence was available that demonstrated high confidence in the safety of the vaccine. Further to that the vaccine showed good effectiveness.

Councillor Robertson enquired about how clinical waste produced by this vaccination program would be managed? Dr Richie explained that the disposal of medical waste had been planned as part of the vaccination programme. He noted that in the short term there would be a significant amount of medical waste; particularly PPE. However, this was required to protect residents.

The Chair enquired on the level of Covid-19 vaccination take up you required, to suppress the virus. Mr Fradgley explained that plans were in place for a 100% take up. To achieve herd immunity take up of 80-85% was required. Below that the population will retain the virus. High take up rates were required for the vaccine to be effective.

The Chair mentioned the idea of a Covid-19 vaccine certificate or passport and the potential benefits this could offer.

Resolved:

That the report be noted.

39/20 Walsall local outbreak plan update

Mr Gunther introduced the report updating the Board on the Local Outbreak Management Plan actions, as attached at Appendix 1 to the report.

(see annexed)

He highlighted work taking place with the deployment of tests, the surveillance of Covid-19 data and the work being undertaken by the contact tracing service which was working seven days a week. He noted that work was ongoing to increase the capacity in this team. A short discussion took place on reducing suicide rates and the importance of mental wellbeing.

Resolved:

That the report be noted.

40/20 Test & Trace & Isolate

Mr Gunther introduced the report updating the Board on the actions being taken by the local test, trace and isolate team.

(see annexed)

He reported on testing available. It had been noted that men and Black, Asian and Minority Ethnic communities were less likely to have tests therefore work was planned to engage and encourage these sections of the community to get tests when required. He explained that lateral flow tests were now available. Dr Lewis reported on the use of lateral flow tests at the Manor Hospital. Staff were required to test themselves twice a week to help prevent asymptomatic spread. It was noted that the tests were accurate so long as a good sample from the nose and throat was taken.

Resolved:

That the report be noted.

41/20 Communication & Engagement

Mr. J. Elsegood, Interim Director of Communications, Marketing and Brand, gave a presentation updating the Board on the communication campaigns with how these linked with high level decisions and the Incident Management Team. He outlined the use of different media channels to target different sections of the community and played two radio adverts as examples.

(see annexed)

Resolved:

That the report be noted.

The meeting terminated at 5.30pm

Chair:

Date:

Local Outbreak Engagement Board

19 January 2021

Questions from the public

1. Purpose

To provide answers to questions received from Members of the public.

2. Recommendations

2.1 That the answers to the questions received from the public be noted.

3. Report detail

As part of the government's national strategy to reduce infection from COVID-19, every council in England was required to create a local outbreak plan by the end of June and to create an elected member-led Local Outbreak Engagement Board.

Walsall Council Cabinet considered the arrangements for a Local Outbreak Engagement Board on 17 June and, at the meeting of the Health and Wellbeing Board on 23 June, the creation of a sub-committee as the Local Outbreak Engagement Board was agreed. The purpose of the board is to provide political ownership and public-facing engagement and communications in relation to an outbreak response.

Members of the public can ask the Local Outbreak Engagement Board questions which are within its remit and it will be answered when the board next meets. Members of the public need to submit their question(s) at least seven clear days before the meeting (clear days are working days and does not include the day the question is received or the day of the meeting).

Since the last meeting three questions have been received. They are:

1. A recent presentation by the Centre for Disease Control (CDC) from the US regarding their newly approved COVID-19 vaccines noted that there were 3150 reported severe reactions to the vaccinations termed "Health Impact Events" (including 6 life-threatening anaphylaxis reactions). The presentation relates to Dec 18, when there were only about 272,000 recipients of the COVID vaccine in the US, Matt Hancock mentioned on TV 2 days ago that there are already 500,000 recipients in the UK. May I therefore enquire whether the corresponding figures are available for the UK, and where may I see them?

2. Please could we get an update on the community testing roll out that is planned for Walsall? In places where the infection rate has been high, making community based testing available has been shown to lower the rate by allowing people to check themselves without symptoms. Nothing like this has been rolled out for Walsall but had been reported to be coming by the media when we entered Tier 3. Once lockdown is over and we return to a Tier system this could help the borough get back on its feet, what is the plan post lockdown?

3. What is the planned vaccination roll out looking like for our area. We get the high level numbers but I'm not sure how that looks per area, is this information available?

Answers will be provided to the above questions at the meeting.

Background papers

None.

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Local Outbreak Engagement Board

19th January 2021

Walsall Covid-19 Dashboard

1. Purpose

The 'Walsall Covid-19 dashboard' provides a weekly update of data in relation to potential symptoms, confirmed cases and deaths. Where applicable, it compares Walsall with Local Authorities across the region for benchmark purposes.

2. Recommendations

- 2.1 That member's note the latest data presented in the dashboard and the highlights listed below
- 2.2 That members use, promote and direct other users to the dashboard accordingly

3. Report detail

Latest summary highlights:

In Walsall, new milestones are being reached in terms of increased positive case numbers, rates and deaths.

1. ***The latest number of seven-day positive cases exceeds 2,100, with a rate of 826 per 100,000 population – almost double the week before. Comparing Walsall with our Black Country neighbours Walsall ranks 3rd highest behind Wolverhampton (1020.3) and Sandwell (937.4), with Dudley's rate currently lowest at 740.7***
2. ***Deaths within 28 days of a Covid-19 test have exceeded 500 within Walsall***
3. ***Widespread community transmission continues across the borough as a whole with the impact of the Christmas household mixing evident.***

Background:

- The 'Walsall Covid-19 dashboard' is a two sided dashboard refreshed weekly (usually on a Tuesday) to provide timely data and can be sourced on the WalsallCouncil website [HERE](#) and clicking on the dashboard link
- Its purpose is to offer a brief overview for the Walsall borough and includes:

Potential symptoms and confirmed cases:

- Trends of daily positive cases& confirmed case numbers
- Figures on potential symptoms
- Hospital admissions
- Rates per 100,000 population for Walsall and neighbouring Local Authorities

Mortality: distribution and incidence:

- A chart illustrating excess deaths compared to the average for the last five years
 - Charts presenting registered deaths over time and where they are occurring – ‘care home’ or ‘hospital’
 - Peak mortality heat chart comparing Walsall with the rest of the region.
- There are also contact details highlighted for the Health Protection Team who, along with other Public Health staff and some provider staff, cover the on call phone line / email from 8am until 8pm, 7 days per week.
Walsall.healthprotection@nhs.net 01922 658065
 - Comments and feedback are welcome from users of the dashboard, and further amendments/tweaks will be made to ensure the intended audience get the most from it.

4. Conclusion

Continue to utilise the ‘Walsall Covid-19 dashboard’ on a regular basis to help gauge the latest situation, and feedback suggestions for possible future improvements.

Background papers

The following data sources have been used to collate the dashboard:

[PHE Coronavirus Tracker](#)

[NHS Digital](#)

[ONS Weekly Registered Deaths](#)

Authors

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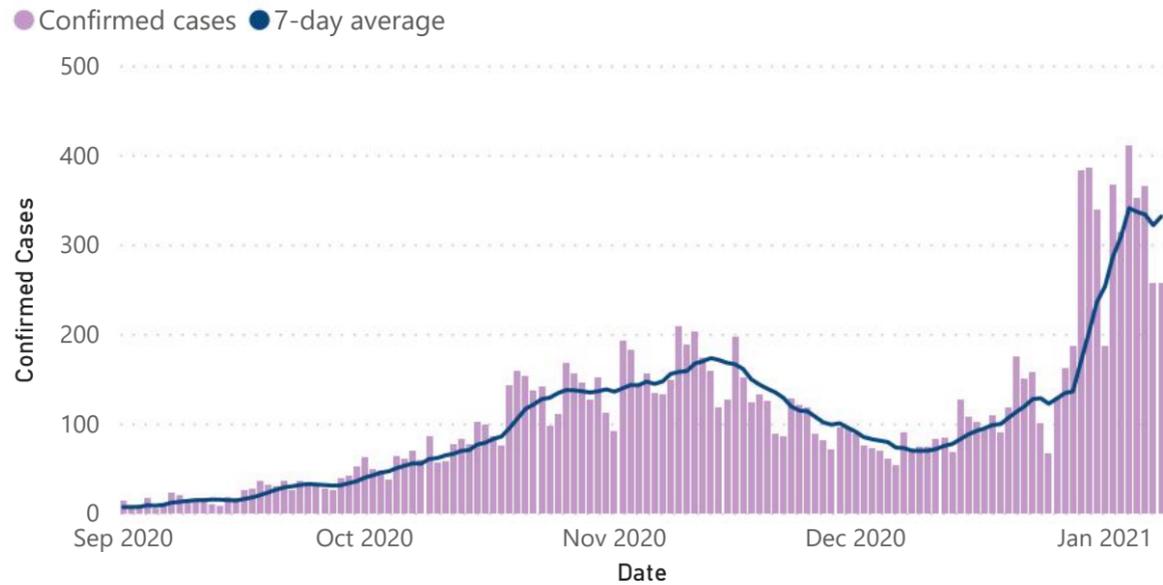
Emma Thomas – Public Health Intelligence Manager

☎ 07944 274445

✉ Emma.thomas@walsall.gov.uk

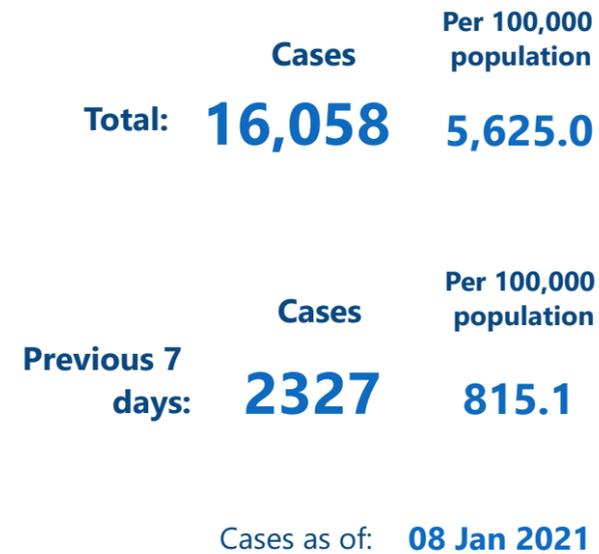
Walsall Daily Confirmed Cases

How many daily confirmed cases have been recorded in Walsall since September 2020?



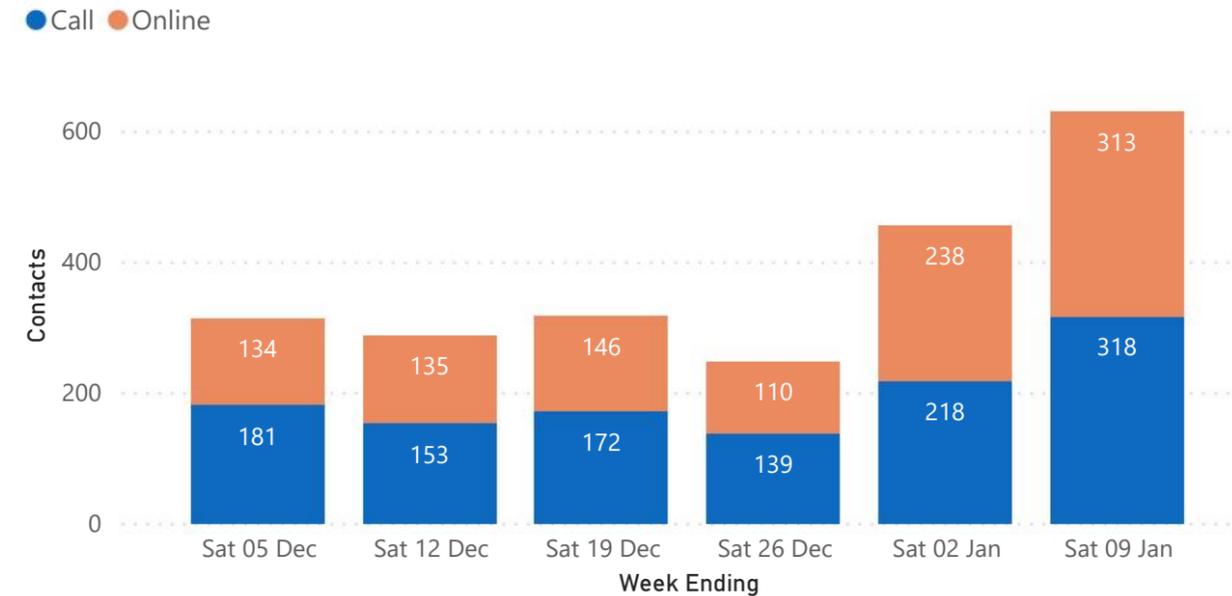
Walsall Confirmed Cases

COVID-19 cases within Walsall



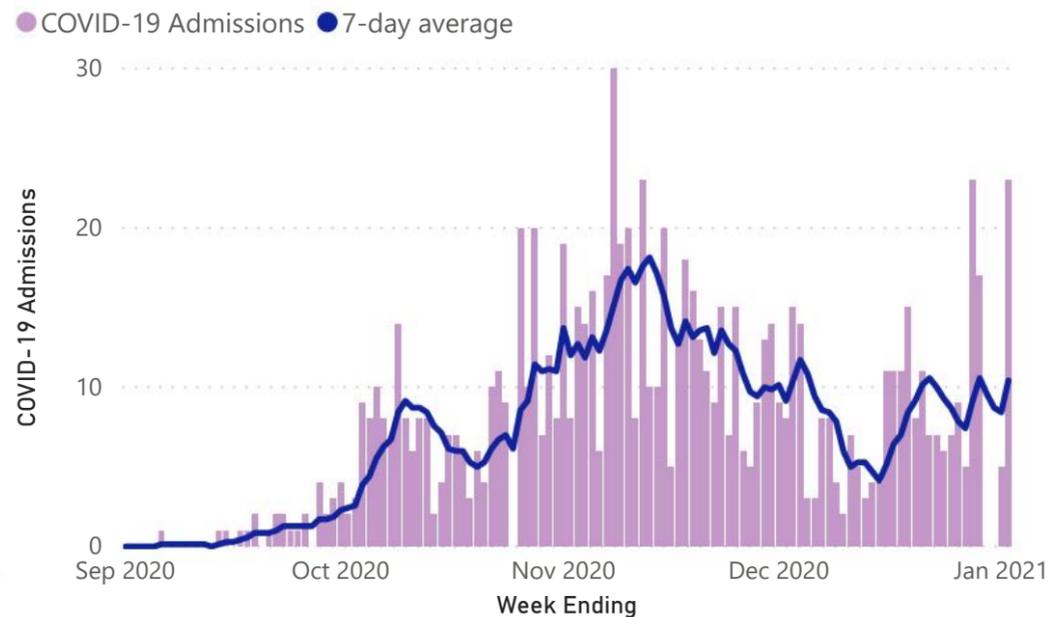
COVID-19 Triages: Weekly 999/111 Calls & Online

How many calls & online assessments for potential symptoms?



Walsall COVID-19 Hospital Admissions

How many COVID-19 related hospital admissions per week?



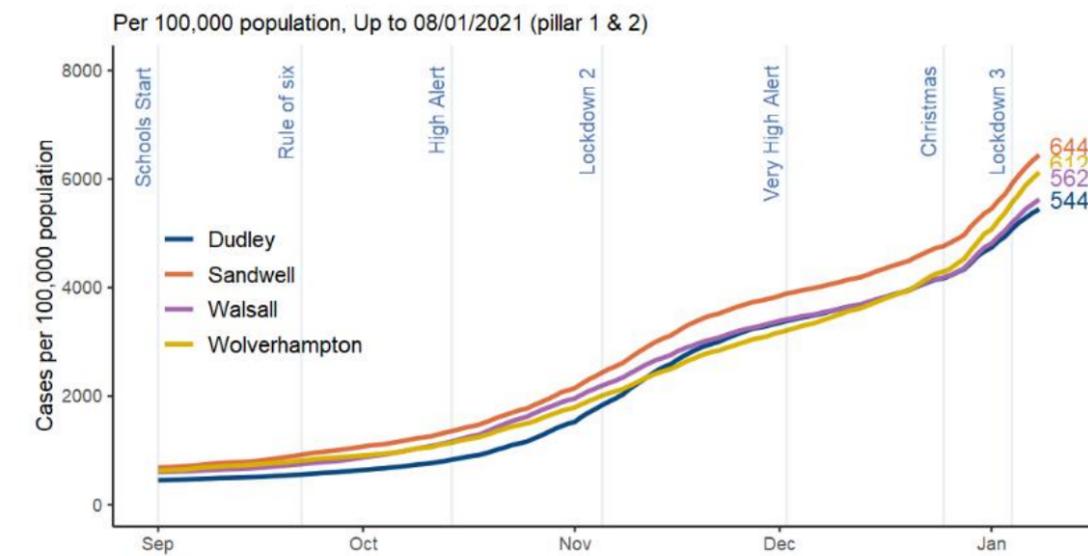
Walsall Cases per 100,000 population

How many people per 100,000 tested positive each week?



Cumulative Cases per 100,000 Population

How do we compare to other local areas?



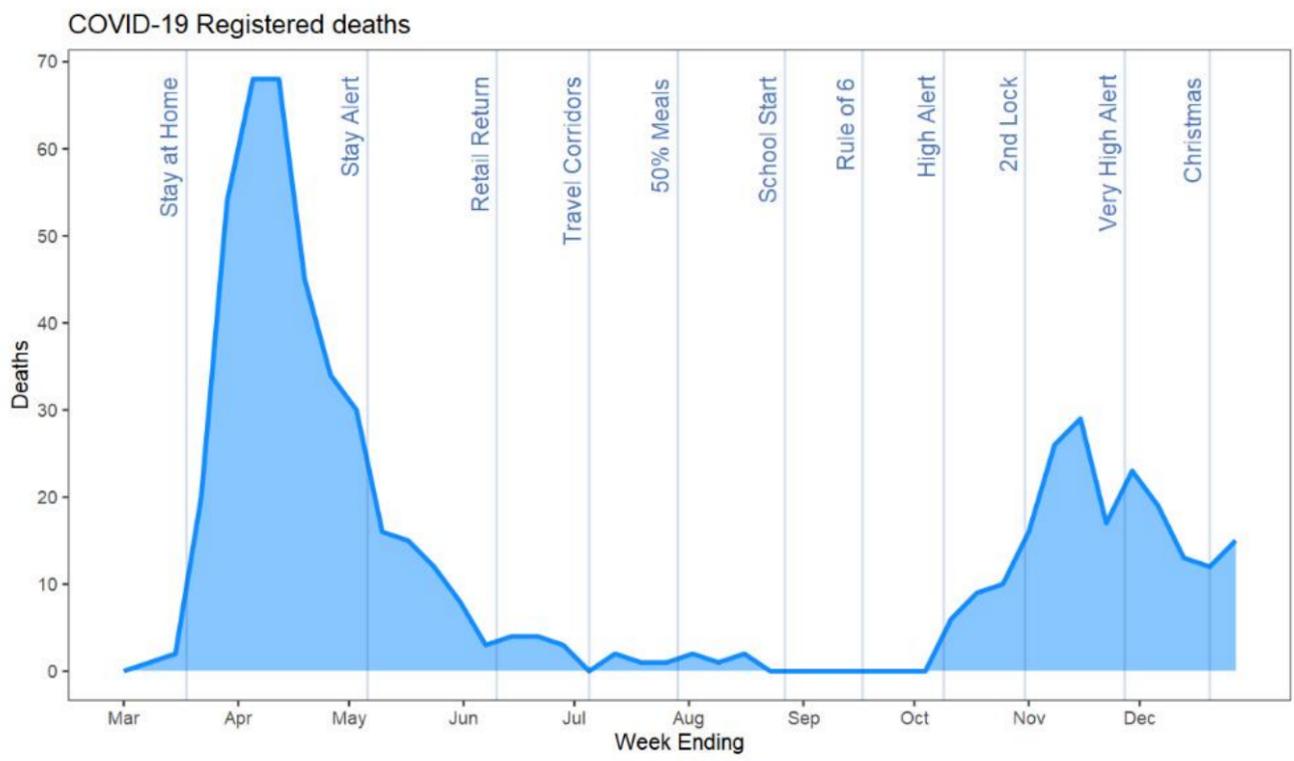


Walsall Council Mortality: Distribution & Incidence

Mortality data is provided by the ONS & derived from Death Certificates where COVID-19 has contributed to, or been the primary cause of death. There can be up to a two week lag prior to release of new data.

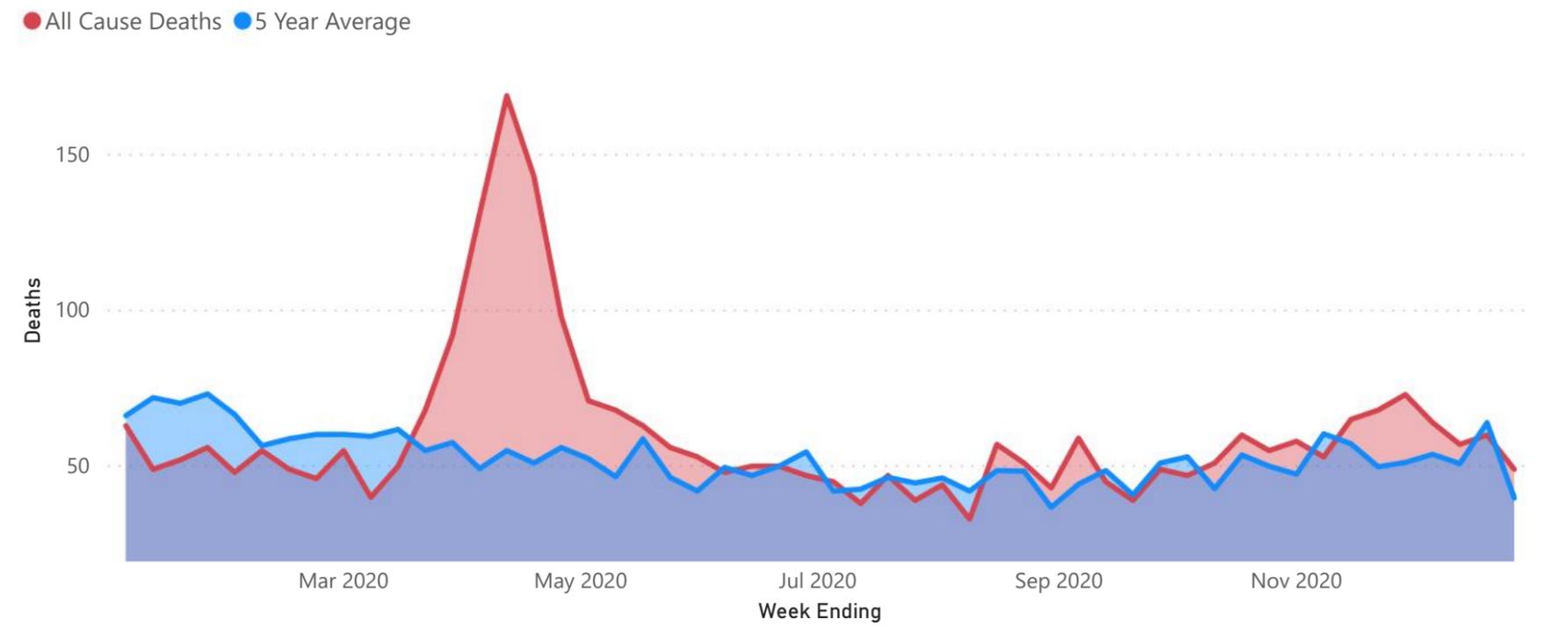
Distribution of Mortality by Week

When did most COVID-19 registered deaths occur & how have they fluctuated over time?

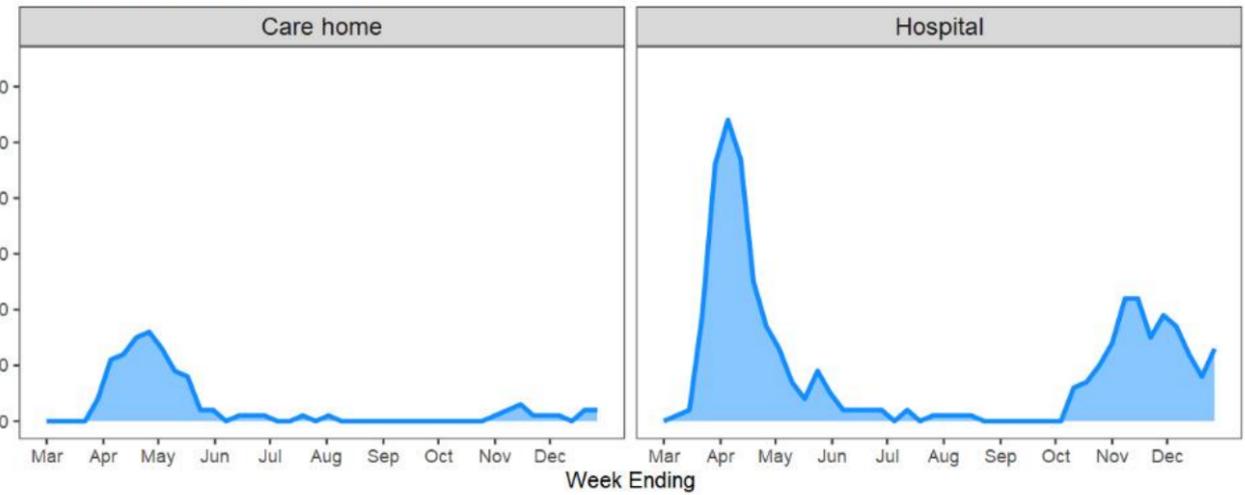


Excess Mortality by Week (All Causes)

How does weekly mortality compare to the previous 5 years' average? All causes of mortality includes COVID-19.



COVID-19 deaths by Place of Death



COVID-19 Mortality

How many COVID-19 deaths?

521

Walsall COVID-19 deaths (within 28 days of a positive test) As of:

Sunday 10 January

Distribution of Mortality

When did each local area experience peak mortality?

Up to 01/01/2021 (week 53)

Birmingham	1	16	78	196	247	212	147	99	69	51	34	20	16	14	5	6	4	3	3	3	4	4	1	1	3	0	3	6	20	7	17	19	24	32	60	53	62	73	67	54	58	42	44							
Sandwell	0	6	16	50	76	64	44	25	20	21	12	14	6	7	6	2	2	1	1	2	1	1	0	1	1	1	0	3	2	1	2	8	6	11	27	27	35	24	34	33	21	17	17							
Walsall	1	2	20	54	68	68	45	34	30	16	15	12	8	3	4	4	3	0	2	1	1	2	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	9	10	16	26	29	17	23	19	13	12	15
Dudley	2	2	18	53	50	50	38	25	18	11	11	8	3	7	4	4	1	1	1	0	1	0	1	0	1	0	0	2	0	0	2	6	12	14	21	22	22	28	25	17	18	16								
Wolverhampton	2	15	25	59	45	51	22	34	14	12	11	7	6	4	4	4	1	1	1	0	0	0	1	2	2	0	1	1	0	3	5	6	6	4	9	10	13	22	13	16	10	12	8							
Solihull	0	1	5	36	48	61	36	30	18	17	9	3	4	3	2	2	1	1	1	0	0	0	0	0	0	0	0	1	2	1	4	0	2	7	9	5	16	15	18	11	10	13	21	4						

Week Ending

Local Outbreak Engagement Board

January 2021

Covid-19 Vaccination Update

1. Purpose

- 1.1. This report is coming to the Board to update on the current progress with the establishment of a COVID vaccination programme in Walsall to meet the national ambition of offering a vaccination to all adults.

2. Recommendations

- 2.1. To note the scale of the COVID vaccination programme in Walsall
- 2.2. To encourage as many residents as possible to receive the vaccination as it becomes available
- 2.3. Note the establishment of the COVID vaccination centres

3. Report detail

- 3.1. The Covid19 Vaccination programme for Walsall successfully commenced on 9th December 2020 at the Walsall Healthcare Trust (WHT) hospital hub swiftly followed by vaccination centres operated by Primary Care Networks (PCNs). PCNs have now commenced the vaccination programme. The Black Country and West Birmingham CCG has established a System Vaccine Operational Centre (SVOC) operational from 1st December which has daily oversight of national and regional communications, vaccine delivery and progress. There is daily touch point with the Regional VOC with any issues are escalated to the National Team via this route.
- 3.2. There are 2 vaccines currently approved for use by the Joint Committee on Vaccination and Immunisation (JCVI); Pfizer and Astra Zeneca (Oxford vaccine). Both vaccines have been approved nationally and the CCG does not play any role in the assessment of effectiveness. Regular updates are provided to the CCG through the national operational centres and the guidance is passed to the vaccination centres to ensure that they always have the latest information.
- 3.3. It is vitally important that the vaccine is provided to all adults in the Borough as soon as the vaccines are available. There is sufficient vaccinator capacity available to deliver the vaccine. A high take up of the vaccine will significantly

reduce the spread of the COVID virus enabling a reduction in social restrictions and reducing pressures on key services including the NHS.

- 3.4. The delivery of the vaccination programme is a major undertaking and the CCG has been working with a wide variety of partners to ensure the vaccine can be delivered as quickly as possible
- 3.5. WHT, the Tranche 1 Hospital Hub, is achieving circa 750 vaccinations/day. Wave 1-5 PCN sites are all established with Wave 5 commencing 4th Jan. The roving delivery model was activated w/c 21st December for care homes (with 50+ residents) in areas with activated PCN sites. Community Pharmacy delivery model is pending final outcome of the completed designation
- 3.6. The national reporting system is not currently available to the CCGs, therefore all reporting of the COVID vaccination delivery is being done nationally.
- 3.7. The Dudley Group NHS Foundation Trust is leading the Workforce Bureau and is committed to establishing a workforce model for the vaccination programme, which doesn't impact adversely on the capacity of the acute providers, particularly given the significant challenges and pressures of COVID-19
- 3.8. Vaccinations commenced using the Pfizer vaccine with packs of 975 doses delivered for administering by PCN sites and Hospital Hubs. PCN sites receive their delivery in a thawed state and administer over a 3½ day period (shelf life at 2-8 degrees centigrade). Packs of 75 doses are being delivered for administering to care homes, also delivered to PCN sites in a thawed state. The Oxford/ Astra Zeneca vaccine is now delivered to Hospital hubs and PCNs in batches of 400 doses.

3.9. There are currently 7 COVID vaccination sites live in Walsall

Location	Lead Organisation
Oak Park Active Living Centre, Walsall Wood	East 1/East 2 PCN with Walsall Together
Bloxwich Active Living Centre, Bloxwich	North PCN
Sycamore House Surgery	South 2 PCN with Walsall Together
Forrester Street Surgery	South 1 PCN
Keys Surgery, Willenhall	West 2 PCN
Darlaston Health Centre	West 1 PCN
Walsall Manor Hospital	Walsall Together

3.10. The programme will be offer vaccinations to a total of 211,228 adults, with each person receiving 2 vaccinations

Cohort	Sub Group	Qty
RC	Residents	1354
	Workers	3401
80+	80+ Housebound	1794
	Non Housebound	11082
DE	All Detained Estates	1
HCW	NHS Trust	6106
	GP Staff	884
	Community Pharmacy	450
	Dentists	442
	Optometrists	67
	Other	0
SCW	Day Care	151
	Domiciliary Care	4130
	Community Care	1105
75-79	Housebound	1258
	Non Housebound	7961
70-74	Housebound	678
	Non Housebound	11473
65-69	Housebound	608
	Non Housebound	11689
High Risk	Housebound	0
	Non Housebound	1185
Mod. Risk	Housebound	850
	Non Housebound	22596
60-64	Non Housebound	9076
55-59	Non Housebound	10943
50-54	Non Housebound	13070
Key Worker	Education and Childcare	5238
	Food and Necessary Goods	3353
	Not At Risk Key Public Services	1030
	National and Local Government	341
	Public Safety and National Security	1192
	Transport	1747
	Utilities and Communication	3772
18-49	BAME Non Housebound	12434
	Non BAME Non Housebound	59767

3.11. As the availability of vaccine increases it is expected that larger sites may be required to deliver the number of vaccinations required. The programme will continue to balance local accessibility with the scale required.

4. Conclusion

4.1. The delivery of a COVID vaccination programme is one of the largest scale programmes ever delivered. It is vitally important that all adults receive 2 doses of the vaccine as quickly as it becomes available. Locally vaccinations have been developed both through NHS services and working closely with all partners.

Author

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Local Outbreak Engagement Board

19 January 2021

Local Outbreak Management Plan Update

1. Purpose

This report is the performance report of the Local Outbreak Management Plan.

2. Recommendations

- 2.1 That, subject to any comments Board Members may wish to make, the performance report of the Local Outbreak Management Plan be noted.

3. Report detail

- 3.1 The Coronavirus Outbreak Management Plan continues to be delivered to schedule. The details are available in Appendix A.

The key developments have been summarised below against the themes within the plan.

Preventing Outbreaks and responding proactively

- The public health on call team continues to respond to a high number of enquiries; even with schools and businesses closed, we have fielded over 160 queries over the Christmas period.
- The capacity of the public health on call team continues to be increased to meet demand; we are in the process of recruiting additional support for the public health on call team.
- We are continuing to engage with schools proactively in relation to the roll out of Lateral Flow testing in schools.

Testing and contact tracing

- Lateral flow testing is being rolled out to priority groups, including key workers across Walsall.
- The contact tracing team continues to work with COVID positive clients who have escalated to Walsall Public Health from the National Test and Trace system; they have identified and prevented several outbreaks as a result.

- The capacity of the contact tracing team has been increased to meet demand; we are now carrying out welfare checks for COVID positive cases to support them to self-isolate. The numbers of cases being followed up by the Walsall Contact Tracing team has increased 4 fold over the past 2 weeks.

Surveillance and data

- The public health intelligence team continues to review data at the neighbourhood level on a daily basis and reporting it to decision makers regularly.
- The public health intelligence team are working with Walsall Healthcare Trust to review data on COVID positive admissions.

Engaging Partners and communities

- We are continuing to engage with communities to combat this pandemic through the work of the COVID champions and are recruiting voluntary sector partners to support this initiative.
- The council continues to support local businesses to understand and comply with COVID guidelines through the environmental health teams.

Governance and Programme Co-ordination

- Walsall continues to hold place based Incident Management Team meetings to engage with partners across the borough. Three sub cells have been set up to address
 - Mental wellbeing
 - Communications
 - LFT project group

These sub cells continue to meet on a regular basis to progress the COVID response.

Background papers

None

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Appendix A

Test, Trace and Isolate Action Plan Update

Throughout our activities, we will strive to include Inequalities Reduction learning into our approaches. Decisions will be recorded on Action Log, include data, evidence base, community engagement and learning from national sources.

Key

Complete	
On track	
Delayed with mitigations	
Not started	

1. Prevent Outbreaks and Respond Proactively

	BRAG Status	Completion Date
Schools		
Guidance developed and disseminated	100%	Complete
Engagement Activities, webinars and Heads meetings carried out – primary, secondary, nurseries and childminders, school cleaning teams, school transport. - Children’s Services Summer Activities and children’s residential homes	Ongoing	Live
Modelling PPE requirements for LA maintained schools	100%	Complete
Developing checklists for responding to incidents	100%	Complete
Responding to outbreaks and incidents	Ongoing	Live
Schools: Support to school dedicated transport team in advance of Autumn Term	100%	Complete
Provision for further guidance to support school reopening in September	100%	Complete
Engagement with teaching staff	Ongoing	
Engagement with parents	Ongoing	
Care Homes		
Guidance developed and disseminated on PPE, Infection prevention and control, swabbing, safe visiting	100%	Complete
Engagement Activities, webinars and Domiciliary Care providers carried out	100%	Complete
Face to face IPC training for Nursing and Care Home providers – e.g. PPE wearing	100%	Complete
Developing checklists for responding to incidents	100%	Complete
Escalation plans: We have developed and distributed a checklist for care homes. This is supported by staff follow up to ensure the checklist is operating and that sites are COVID-secure ready for a second wave, with an escalation for symptomatic staff and residents (reactive swabbing). Still need access to a room (at WHT), for the label printer and computer to print request forms. Admin person in	100%	Complete

place and trained. Escalation plan to be placed into the Outbreak Management Plan folder by Uma/ Kulvinder		
Enhanced IPC support as part of overall delivery model for Care Homes, through Walsall Together <ul style="list-style-type: none"> - Agree model - Recruit additional IPC Nurses Several visits have been undertaken to access infection prevention and control in care homes, concerns identified have been addressed/ escalated to commissioning team	Ongoing	1.6 Band 7 staff recruited (start 01/11). Core delivery model in place.
Improve health and wellbeing for people with long term conditions including flu and pneumococcal vaccines. Flu vaccine uptake is high amongst residents in care homes; uptake of flu vaccine in care home staff needs to be addressed.	Ongoing	Black Country Final Flu Plan has been signed off. Arrangements have been made for vaccination of council staff. Comms have been given to staff.
High Risk & Complex Settings		
High risk and complex setting have been mapped and key contacts have been identified	100%	Complete
Summary guidance developed	100%	Complete
Dissemination of specific communications, guidance and proactive engagement with the settings has begun. Settings already covered are:- <ul style="list-style-type: none"> - Meat packing industries - Licenced premises - Hair dressers - Retail - VCS - Faith settings Ongoing engagement with the remaining settings based on the risk assessment being carried out. Work being undertaken to work with the newly appointed Community Champions and Wardens. Training is being offered to these teams	Ongoing	Live Targeted work being done with identified premises through Environmental Health and Community / Civic silver group This will be a live process dependent on emerging evidence around risk.
Developing checklists for responding to incidents	100%	Place based IMT Terms of Reference have been signed off
Responding to outbreaks and incidents	Ongoing	Live

2. Testing and Contact Tracing

Guidance completed and SOP developed	100%	Complete
Recruited Swabbing team	100%	Swabbing team supported by Community nursing and Adult social care
Training for swabbing team	100%	See above
Explore laboratory capacity for Pillar 1 Testing with Black Country Pathology Service (BCPS) plus relevant partners for future proofing discussions around capacity	100%	Estimated capacity of 500 tests / week
Recruited contact tracers	70%	We have 5 contact tracers assured. 2-3 more are sought.
IG approval, DBS approval, Safeguarding Training, Home Working Assessment added to training lists. 3 of 5 contact tracers are trained. 2 are submitting certificates.	80%	All 5 will be complete by 15/10/20.
Tracers have the ability to be given access to secure folder on Teams	100%	Complete
Use any modelling of current and potential demand using data points to compare with line list data and get an indication of possible contact patterns (per 100,000 population): Scenarios: <ul style="list-style-type: none"> No Curve Mitigation in Walsall Local Lockdown: (a) Tier 1 Just Houses (b) Tier 2 a+ wider – based on learning from other local lockdowns across England Tier 3 - National Lockdown – based on modelling of the last national lockdown 	70%	DPH now receiving more detailed, daily information on postcodes from PHE System PHIT team looking at additional ways to show this data
Recruiting 2 x Admin to support Test and Trace	100%	Complete
Calculation of the number of test and trace staff needed at any future point	Ongoing	Live
Schedule of weekly updates and training sessions to be cascaded to all contact tracing colleagues	Ongoing	Live
Enhanced Contact Tracing	100%	Complete – started 10/09/2020

3 Surveillance, Intelligence and Data

KPI Dashboard created (the “how we are doing”)	100%	Complete
IG involvement with Privacy Policy and assurance	100%	Complete
Early Signals Insight methodology agreed to drive escalation of our response	100%	Complete
Technology for Contact Tracers	100%	Complete
Software for Contact Tracing	100%	PwC tool is in place; the contact tracing teams the CT team will have live access to the National Contact Tracing System

Software for Contact Tracing – training – to be confirmed	100%	All contact tracers are trained in the use of the National Contact Tracing system
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4 Engaging Partners and Communities:

Overarching communications plan developed to support vulnerable people and is in operation	100%	Complete
Pathway developed to support vulnerable people and is in operation	100%	Complete
Member engagement on Test and Trace initiated	100%	Complete
Engage with partners to engage with and sign off initial outbreak plan	100%	Complete
Engage with partners to <ul style="list-style-type: none"> - Stress test outbreak plan and initiate plans for winter surge - develop joint plans for second potential local lockdown 	90%	2 nd stress test undertaken w/c 10/08/2020. 3 rd Walsall wide stress test planned. Place based IMT happening on a weekly basis
Lessons Learned Log has been written using previous exercises.		
Reactive communications in case of outbreak	Ongoing	Live
Member engagement	Ongoing	Live

5. Governance and Programme Co-ordination

Develop coronavirus outbreak plan – high level outline	100%	Complete
Term of Reference for Governance Group created	100%	Complete
Sign off coronavirus action plan by HPF	100%	Complete
Present Coronavirus Action Plan to the HWBB Outbreak Engagement Group	100%	Complete
Sign off coronavirus action plan by Gold Command	100%	Complete
Ongoing engagement and reporting through DPH	Ongoing	Live
Ongoing risk management	Ongoing	Live
Ongoing management of the programme	Ongoing	Live
Further updates to the Live Outbreak Plan	Ongoing	Live

Local Outbreak Engagement Board

19 January 2021

Lateral Flow Testing Programme Update

1. Purpose

This report is the performance report of the Local Outbreak Management Plan.

2. Recommendations

- 2.1 That, subject to any comments Board Members may wish to make, the performance report of the Lateral Flow Testing programme in Walsall be noted.

3. Report detail

3.1 Background

Testing of asymptomatic individuals within the community can help suppress COVID-19, therefore enabling Walsall Council to ensure it protects vulnerable residents.

Lateral Flow Tests (LFTs) are rapid turnaround tests that can process COVID-19 samples on site without the need for laboratory equipment. The testing kits are self-administered and detect the presence of COVID-19 from a nasal and throat swab sample. These tests will support identifying infectious individuals that are asymptomatic.

This will support:

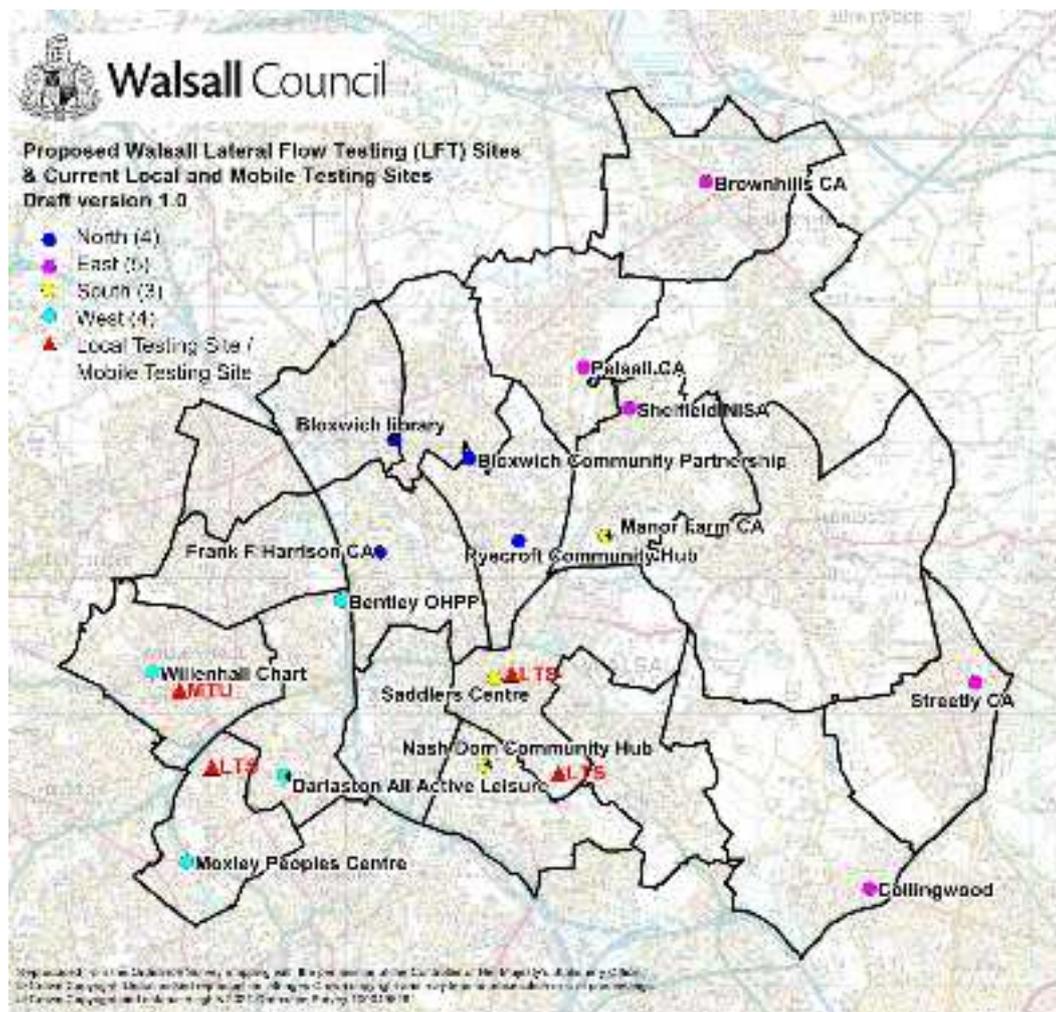
1. Reducing cases and transmission of COVID-19 within the key worker groups identified below
2. Reducing cases and community transmission of COVID-19 across Walsall Borough
3. Reducing cases and transmission within key identified cohorts of the population
4. Surveillance - finding out the incidence and prevalence of COVID-19 in the population, and changes to these over time; this may help give early warning to a potential outbreak situation (2 or more cases)

Approach to community asymptomatic testing

We will take a phased approach in the planning and mobilisation of community asymptomatic testing. This will involve developing an infrastructure across the Borough to provide capacity for testing. This will include using existing buildings and estates as testing sites.

These sites will include:

- Council run LFT sites (including Bloxwich library; Education Development Centre, Depot and Goscote)
- Wolverhampton University site (currently a pilot site for training and administering tests)
- LFT sites provided and run by Community Associations on a locality footprint
- Pharmacy sites
- Mobile testing sites



Phase 1

The Council, Wolverhampton University and Community Association sites will be prioritised in the first phase to ensure the sites are up and running and testing key workers from Walsall Borough. These sites are being selected based on a locality-focussed footprint to ensure there is good accessibility and equity across the Borough. There will also be flexibility in the system to respond to demand and capacity.

The priority key worker groups identified include:

- Adult social care staff working in domiciliary care and day centres
- Children social care staff; care workers, day centre workers open for children of key workers or vulnerable children, care staff in children's residential settings
- Walsall Council community protection teams
- Other council staff including; highways, waste management staff, cleaning and catering staff in schools and care settings
- Community and voluntary sector staff in public facing roles e.g. volunteers at foodbanks
- Police & Fire and rescue staff
- Staff in childcare / nursery settings
- Primary school & independent school staff
- Funeral director staff
- High footfall businesses (e.g. supermarkets)

Phase 2

Phase two will involve wider community testing and expanding testing sites to include pharmacies and mobile testing sites, supporting a whole population approach with the ability to target specific community groups. This wider testing of the community will facilitate a reduction in case rates and transmission, as well as provide intelligence to act early in potential outbreak situations.

To support the approach outlined above, to date we have developed a range of resources and guidance for the public and providers of the tests and testing sites.

Next steps and timelines

- A project group is currently meeting three times weekly to support the mobilisation and implementation of the LFT sites.
- A service specification including a standard operating procedure for the sites is in development and due for completion in the next week.
- Community associations are being engaged with to determine interest in providing the tests and gauge where the sites should be geographically located

- Engagement with council teams, including adults and children's social care, to ensure that processes are in place for council key workers to be tested.

Background papers

None

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