



# Walsall Council

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

**7 September 2021 at 4.00 p.m.**

**Meeting via Microsoft Teams**

**Public access:** <https://youtu.be/oZNBT5SGI2g>

**Membership:** Councillor S. Craddock (Chair)  
Dr. A. Rischie, Clinical Commissioning Group (Vice-Chair)  
Councillor I. Robertson  
Mr. S. Gunther, Director of Public Health  
Chief Supt. P. Dolby, West Midlands Police  
Ms. M. Dehal, 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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## Agenda

1. Apologies
2. Substitutions (if any)
3. Declarations of interest
4. Minutes – 6 July 2021 (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 (to follow)
8. Covid-19 Vaccination Update
  - Report from Walsall Council and Black Country and West Birmingham CCG (To Follow)
9. Booster and Flu Vaccine (to follow)
  - Report from Walsall Council and Black Country and West Birmingham CCG (To Follow)
10. Access to GP Services and Hospital Appointments (to follow)
  - Report from Walsall Council and Black Country and West Birmingham CCG (To Follow)

## Communications and Engagement

11. Communication with residents
  - Presentation from Director of Communications, Marketing and Brand

## **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:

<b>Subject</b>	<b>Prescribed description</b>
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.

## **Health and Wellbeing Board (Local Outbreak Engagement Board)**

### **Sub-Committee**

**In the Council House at 6th July 2021 at 4.00 p.m.**

**Present** Councillor S. Craddock (Chair)  
Mr. S. Gunther, Director of Public Health, Walsall Council  
Mr. D. Fradgley, Walsall Healthcare NHS Trust

**Board Members  
Attending remotely** A. Rischie, Clinical Commissioning Group (Vice-Chair)  
Councillor I. Robertson  
Ms. D. Lytton, One Walsall  
Chief Superintendent P. Dolby, West Midlands Police  
Dr. M. Lewis, Walsall Healthcare NHS Trust

**In Attendance** Councillor M. Bird, Leader of the Council  
Mr. K. Beech, Director of Communications, Marketing and Brand  
Ms. E. Thomas, Public Health Intelligence Manager  
Ms. L. Jones, Black Country and West Birmingham CCGs  
Ms S. Gulzar, Mind Kind Project  
Dr. M. Shehmar, Walsall Healthcare NHS Trust

### **Welcome**

At this point, the Chair opened the meeting by welcoming everyone, and explaining that as the emergency legislation which enabled Council meetings to meet virtually has expired, the meeting was taking place in person with a small quorum in the Council House. Other Board Members and Officers attended the meeting remotely.

He reported that only those Board Members physically present in the Council House were able to vote in accordance with the provisions set out in the Local Government Act 1972.

### **78/21 Apologies and substitutions**

Ms. D. Lytton attended as substitute for Ms. M. Dehal.

### **79/21 Minutes**

#### **Resolved**

**That the minutes of the meeting held on 13 April 2021, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.**

#### **80/21 Declarations of interest**

There were no declarations of interest.

#### **81/21 Local Government (Access to Information) Act, 1985**

There were no items to consider in private session.

#### **82/21 Questions from the Public**

The Chair promoted the opportunity for Members of the public to ask questions of the Board. No questions had been received for this meeting.

#### **83/21 Walsall Covid-19 Data**

The Public Health Intelligence Manager updated the Board on the latest Covid-19 data using the Council's weekly dashboard and government data.

She advised that since the pandemic began there have been over 27,000 positive cases in Walsall and in the past 7 days there had been a rate of 169.5 per 100,000 population which represented a 117.9% increase on the previous week. Confirmed cases are higher in young adults who were encouraged to take up the offer of vaccination and ensure they received both doses to have maximum protection.

There had been a total of 852 Covid related deaths in Walsall and current trends showed fewer deaths than would be expected.

Following a question the Director of Public Health stated that the communities in which there appeared to be more resistance in vaccine uptake were workers in domiciliary care and those from Black and Black African communities.

**Resolved:**

**That the report be noted.**

#### **84/21 Covid-19 Vaccination Update**

The Board were updated on the latest situation with delivering Covid-19 vaccines.

Ms. L. Jones noted that Walsall was one of the best performing local authorities within the Black Country and West Birmingham area, with 85% of residents aged 25 or over having had their first dose. This still remained below the national benchmark.

Higher levels of vaccine hesitancy were reported among younger cohorts and the number of vaccinations in Walsall had been consistently lower than the national target for 18 – 29 year olds.

Areas of the borough with lower vaccine uptake amongst the Black British ethnic group included Bloxwich, Short Heath, Streetly and Willenhall. Areas with lower vaccine uptake in unknown ethnic groups included Birchills, Darlaston, Pelsall and Pleck and these areas were to be targeted with vaccination buses and a number of communication strategies.

It was highlighted that all local public bodies need to work together to encourage vaccination uptake.

**Resolved:**

**That the report be noted.**

#### **85/21 Delta variant**

Dr. M. Lewis presented a report to the Board on the Delta variant originally identified in India in January 2021.

He advised the Delta variant appeared to be around 60% more transmissible than the Alpha variant and the risk of hospitalisation within 14 days of contracting the virus was also greater. The Delta variant was identified as the most prevalent variant in the UK at present.

In the UK fewer hospitalisations and deaths were recorded for the Delta variant and this was thought to be due to the effectiveness of the vaccination programme with vaccinations providing a high level of protection.

Mr D. Fradgley highlighted that whilst hospitalisation was down attendance at the hospital was at very high levels and it was important to manage expectations and encourage the public to use services responsibly.

Following this report Councillor Craddock noted that Dr. M. Lewis would shortly be leaving his post in Walsall and publically thanked him for his professional and knowledgeable contributions to the Local Outbreak Engagement Board.

**Resolved:**

**That the report be noted.**

#### **86/21 Communication with Residents**

The Director of Communications, Marketing and Brand gave a presentation highlighting high-level plans, communication data and future plans regarding messages relating to the vaccination programme.

Following a question he advised that some communications would be released in regards to upcoming Euro 2020 football matches to encourage the public to take lateral flow tests before going out and to adhere to Covid restrictions in place.

He introduced Ms S. Gulzar of Mind Kind, a local community interest company who were working as Covid community champions. Ms S. Gulzar shared her experiences of working as a community champion and some successes of the

scheme, suggesting that it would be beneficial if more Covid community champions had the opportunity to share their experiences.

**Resolved:**

**That the report be noted.**

In closing the meeting the Chair emphasised the rising rates in the borough and highlighted the importance of residents taking personal responsibility to assist in the prevention of the spread of the virus. He promoted the availability of vaccines in the borough and encouraged all to take their first and/or second doses when offered.

The meeting terminated at 5.30 pm

Chair:

Date:



## Local Outbreak Engagement Board

7<sup>th</sup> September 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, hospital admissions 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:***

- 3.1 *Since the easing of Government restrictions and a change in guidance, Walsall has seen an increase in the number / rate of positive cases with Walsall ranking 90<sup>th</sup> highest when compared to other 309 Lower Tier Local Authorities (LTLAs).*
- 3.2 *The latest number of seven-day positive cases are 991 (as of 28<sup>th</sup> August) with a rate of 345.6 per 100,000 population – an increase of 7.6% compared to the previous week. Young adults aged 15 to 19, 20-24 and 25 to 29 years are most prominent.*
- 3.3 *In addition, the positivity rate in Walsall has increased, currently at 11.2% (higher than West Midlands (10.0%) and England at 8.3%).*
- 3.4 *Deaths within 28 days of a Covid-19 test have exceeded 870 within Walsall. Evidence suggests there continues to be community transmission across the borough as a whole.*
- 3.5 *However, the vaccination efforts continue, with those aged 60+ having received both doses and reached the 90% threshold. Efforts continue to improve the uptake within the younger age groups.*

- The 'Walsall Covid-19 dashboard' is a two sided dashboard refreshed weekly (usually on a Tuesday morning) to provide timely data and can be sourced on the Walsall Council 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
- Positive cases by age group
- Hospital admissions
- Rates per 100,000 population for Walsall and neighbouring Local Authorities
- Vaccination uptake by age group

*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 – hospital, home, elsewhere or care home
  - 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](mailto:Walsall.healthprotection@nhs.net)  
01922 658065
  - Comments and feedback are welcome from users of the dashboard, 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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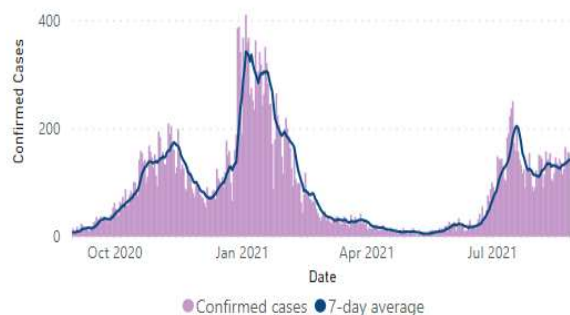
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## Walsall Council Walsall COVID-19 Dashboard: Confirmed Cases, Admissions & Vaccinations

### Daily Confirmed Cases

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



### Summary

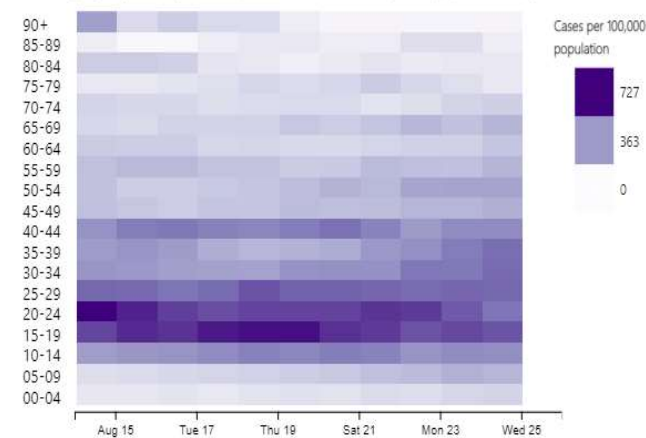
COVID-19 Confirmed Cases



Cases as of: 28 Aug 2021

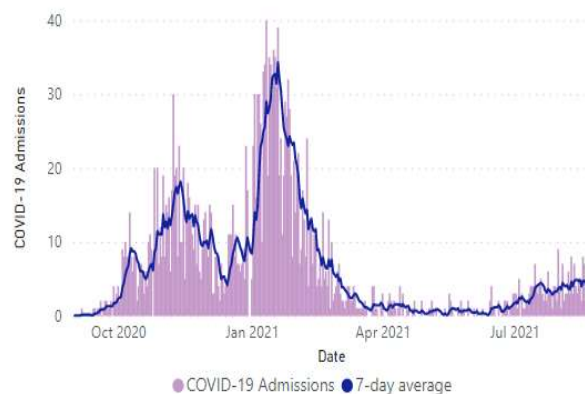
### Confirmed Cases by Age

Which age groups are experiencing the most cases? 7-Day average per 100,000 population



### Hospital Admissions

How many COVID-19 related hospital admissions per day?



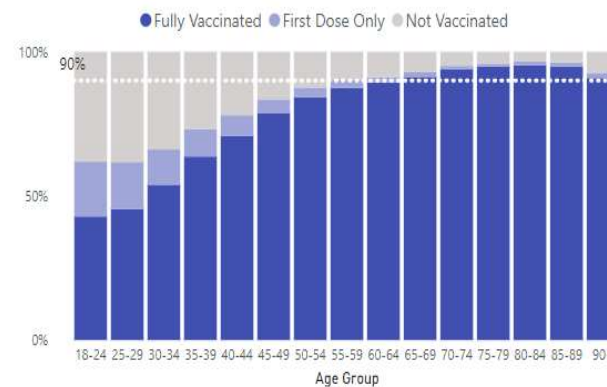
### Weekly Cases per 100,000 population

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



### Vaccinations by Age Group

What proportion of each of the eligible age groups have received vaccinations?



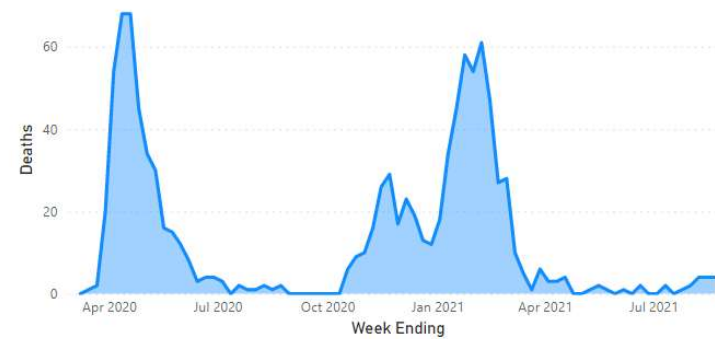
Data Sources: PHE Coronavirus Tracker, ONS Population Estimates 2020

# Walsall Council Walsall COVID-19 Dashboard: Mortality Distribution & Incidence

## Mortality Distribution by Week

How have COVID-19 registered deaths fluctuated over time and by place?

### All Locations



### Hospital



### Home



### Elsewhere

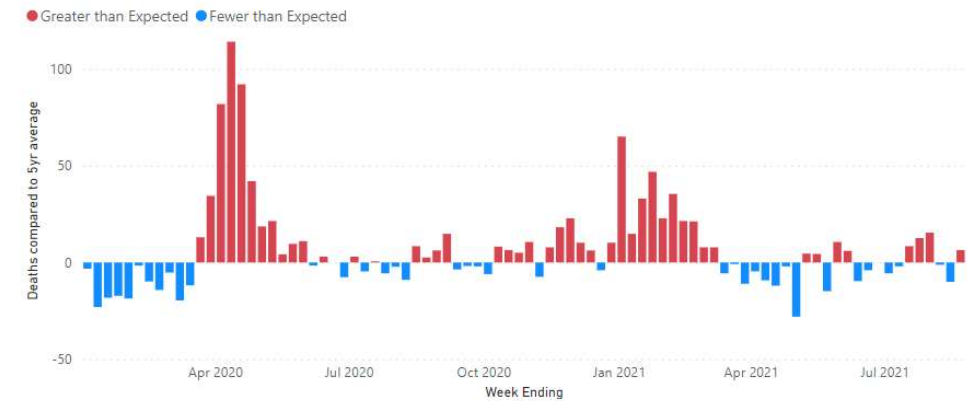


### Care home



## Excess Mortality by Week

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



## COVID-19 Mortality

How many COVID-19 deaths?

874

Total COVID-19 Deaths

Within 28 days of a positive test

As of:

Sunday 29 August

## Mortality Distribution by Local Area

How has COVID-19 mortality fluctuated across the local area? By week ending date of registration.

Local Authority	27/06/21	04/07/21	11/07/21	18/07/21	25/07/21	01/08/21	08/08/21	15/08/21	22/08/21	Total
Birmingham	3	6	9	10	16	14	13	16	12	99
Sandwell	0	0	3	1	7	5	4	5	3	28
Wolverhampton	0	1	1	0	3	2	5	3	6	21
Dudley	1	0	1	1	3	2	6	3	3	20
Solihull	1	0	1	3	1	1	2	8	0	17
Walsall	0	0	2	0	1	2	4	4	4	17

Data Sources: [PHE Coronavirus Tracker](#), [ONS Weekly Registered Deaths](#), [ONS 2015-19 Average Weekly Mortality](#)

If you need any help or advice please contact our Health Protection Team:

Email: [walsall.healthprotection@nhs.net](mailto:walsall.healthprotection@nhs.net)

Tel: 01922 658065

**Local Outbreak Engagement Board****7<sup>th</sup> September 2021****Covid-19 Vaccination update****Purpose**

This report is to update LOEB on COVID-19 vaccination uptake for Black Country & West Birmingham ICS and Walsall residents. Clinical Commissioning Groups and Primary Care Networks (PCNs) are responsible for vaccine scheduling and delivery, which is a devolved responsibility from NHS England (NHSE). Walsall Council is heavily involved through its provision of vaccination sites and related support, funding for vaccination buses, communications to promote uptake, Public Health Team monitoring of coverage, and resourcing the COVID Community Champions (CCs). The PH team also participates in the PCN Gold Meetings and Walsall Vaccine Programme Strategy Group meetings.

**Recommendations**

For information - that the Board notes the contents of the report.

**1. Covid-19 Data**

- 1.1 Overall vaccination uptake/coverage is now being monitored at System and Place levels against the NHSE targets. According to the latest published NHS England figures, weekly (w/c 22<sup>nd</sup> August 2021) uptake percentages at system level are as follows:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

**First dose % (using ONS denominators)**

Age group	BCWB	England
<b>80+</b>	91.3	93.0
<b>75-79</b>	94.6	100
<b>70-74</b>	97.1	97.6
<b>65-69</b>	95.3	95.5
<b>60-64</b>	99.0	100
<b>55-59</b>	95.2	98.6
<b>50-54</b>	93.2	93.4
<b>45-49</b>	84.5	88.0
<b>40-44</b>	89.4	91.9
<b>35-39</b>	78.4	84.8
<b>30-34</b>	70.4	81.7
<b>25-29</b>	60.5	73.4
<b>18-24</b>	61.1	70.9

### Second dose % (using ONS denominators)

Age group	BCWB	England
80+	89.6	91.2
75-79	93.3	100
70-74	95.7	96.4
65-69	93.2	93.9
60-64	95.9	97.6
55-59	91.3	95.3
50-54	88.5	89.8
45-49	77.8	82.9
40-44	79.3	84.3
35-39	63.4	72.6
30-34	51.6	63.9
25-29	37.9	49.2
18-24	32.5	37.6

1.2 The BCWB ICS has delivered 1,630,478 vaccines since December 2020 (<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>), an enormous achievement which has meant that those most vulnerable were protected early from the serious effects of COVID-19. The BCWB CCG is working with Local Authority Public Health colleagues in each of the five places to ensure that we are reaching into communities, using local champions to support people with the right information upon which to make decisions around the vaccine and we have a large number of vaccination sites to ensure good access to the service. All this great work will continue.

1.3 Our teams are contacting everyone eligible to urge anyone aged 18 or over who has not yet had their vaccine to walk in or book at a local site. In addition, following The Government's acceptance of the JCVI recommendations the NHS is now putting plans in place to vaccinate over 12s. We are asking that people in this cohort wait to be contacted for their vaccination.

1.4 Unfortunately there has been some aggression towards staff at vaccination sites, particularly in relation to people wanting their second doses early. This is unacceptable behaviour towards our staff and volunteers and it will not be tolerated. The NHS is offering second doses, 8 weeks after the first and this message is being communicated widely.

1.5 The NHS is urging expectant mums to get the Covid-19 vaccine after new data shows the overwhelming majority of pregnant women hospitalised with the virus have not had a jab. The BCWB ICS will soon be mirroring the Wolverhampton model with vaccination clinics on site in each maternity unit so that the vaccine can be offered during antenatal appointments to women and their families. The overarching message is to reassure pregnant women that Covid-19 vaccines are the safest and best way to protect them and their baby from severe illness and premature birth. Any pregnant women who have questions or concerns about the vaccine can speak to their GP, midwife or obstetrician to get more information and advice. Even if they have previously declined the vaccine, they can book an appointment to get their jab on the NHS National Booking Service website or call 119 between 7am and 11pm.

1.6 Whilst we await further guidance we are planning Phase 3 of the COVID-19 vaccination programme. We know this will start in September with boosters for those most at risk and we



are looking to plan the vaccination capacity carefully to ensure we can deliver flu vaccines too.

## **2 Monitoring current vaccination inequalities**

- 2.1 We are now reporting regularly overall vaccination coverage and inequalities at Borough and Ward/Middle Layer Super Output (MSOA) resident population levels. The latter is important as it will allow tracking of the impact of CCs and practice interventions in small areas. We use small area (LSOA) Index of Multiple Deprivation (IMD) scores summarised into quintiles and deciles to report coverage by deprivation.
- 2.2 Uptake in the Black/Black British ethnic group and mixed / multiple ethnicity is still low in Short Heath, Streetly and Willenhall North. Similarly, uptake in the Other/Unknown ethnic groups is low in Birchills and Pelsall.
- 2.3 As noted in previous reports first and second dose coverage is highest in the White and Asian major ethnic groups, and much lower in other ethnic groups.
- 2.4 A variety of methods are being used in a bid to improve uptake. Including grassroots outreach within local communities by the CCs, the vaccine bus service targeting local pockets of low uptake, targeted advertising via social media and radio, direct messaging via schools and other education partners, Walsall FC players filmed, vox pops produced of people getting vaccinated, videos with health professionals, toolkit for workplaces, information and reassurance in multiple community languages, and frequent press releases and local media appearance

### **3.0 Report detail**

3.1 On the 18<sup>th</sup> June 2021, NHS England announced new targets for the programme because the rate of increase in coverage, particularly in younger age groups, has been slowing markedly. The new national coverage targets are as follows:

- 89% minimum uptake in cohorts 1-10
- 85% minimum uptake in cohorts 11 and 12
- 2nd doses for cohorts 1-10 to be completed at 8 weeks
- All cohorts must receive at least 3 invites to access the vaccine
- Each PCN as a minimum in each cohort 75%.

3.2 The task is more challenging for any Places which are not affluent and/or mainly White British. Motivating younger people to get vaccinated will be an added challenge as they frequently perceive themselves to be at low risk. To make vaccination as convenient as possible, the Saddlers Centre vaccination service has extended its opening hours to 8am-7pm, seven days a week, while vaccinations are also offered at selected local pharmacies, and GP-led sites including Forrester Street surgery and Oak Park Leisure Centre, both of which run frequent walk-in clinics.

3.3 In addition to existing Vaccination Centres (VCs), a wide range of interventions have been deployed, including targeted communications activity (see section 2.4 above), pop-up clinics, and two vaccination buses which will visit priority locations including areas with low uptake and high-footfall sites such as major employers.

3.4 COVID Community Champions (CCs) have mobilised to locally promote visits of the vaccination buses, accompany patients and act as marshals at the sites of visits. CC groups are also linking up with GP practices. They will be supporting the second bus in the same way as the first.

## **4 Conclusion**

It is crucial that all local public bodies continue to work together to promote the benefits of vaccination and encourage uptake, and the CCG and council will continue providing support and materials to enable our partners to do this.

Vaccination is safe and effective, and the best way to protect individuals and their community from the harmful effects of COVID-19. There is a vaccination waiting for all Walsall residents, even those who have previously declined and have changed their mind. It is important to get both doses of the vaccine, to provide the maximum protection. Details of all local vaccination services can be found here:

<https://www.blackcountryandwestbirmccg.nhs.uk/your-health-services/health-advice/covid-19-vaccination>

### **Background papers**

None

### **Authors**

Geraint Griffiths Dale, Managing Director, Walsall; Black Country & West Birmingham CCG  
Louise Jones Head of Primary Care & Place Development, Walsall BCWB CCG



## **Local Outbreak Engagement Board**

**7<sup>th</sup> September 2021**

### **COVID-19 Booster Jabs and Flu Vaccine**

#### **1. Purpose**

The purpose of this report is to provide the Board with details of the forthcoming flu vaccination campaign and the COVID-19 booster vaccine programme.

#### **2. Recommendations**

- 2.1 That, subject to any comments Board Members may wish to make, the report be noted.

#### **3. COVID vaccination programme - Phase three**

3.1 We are now approaching Phase 3 of the COVID-19 vaccination programme which will be delivered in 2 stages:

Stage 1 - The following persons should be offered a third dose COVID-19 booster vaccine and the annual influenza vaccine, as soon as possible from September 2021:

- Adults aged 16 years and over who are immunosuppressed;
- Those living in residential care homes for older adults;
- All adults aged 70 years or over;
- Adults aged 16 years and over who are considered clinically extremely vulnerable;
- Frontline health and social care workers.

Stage 2 - The following persons should be offered a third dose COVID-19 booster vaccine as soon as practicable after Stage 1, with equal emphasis on deployment of the influenza vaccine where eligible:

- All adults aged 50 years and over
- Adults aged 16 – 49 years who are in an influenza or COVID-19 at-risk group

3.2. People eligible for the Flu vaccine:

- All children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- Those aged 6 months to under 50 years in clinical risk groups\*
- Pregnant women
- Those aged 50 years and over
- Those in long-stay residential care homes
- Carers
- Close contacts of immunocompromised individuals
- Frontline health and social care staff employed by:
  - A registered residential care or nursing home
  - Registered domiciliary care provider
  - A voluntary managed hospice provider

Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants.

All frontline health and social care workers are expected to have influenza vaccination to protect those they care for.

### 3.3 Clinical Risk Groups

Clinical risk groups include, but not exhausted to:

Chronic (long-term) respiratory disease, such as asthma (requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission), chronic obstructive pulmonary disease (COPD) or bronchitis

Chronic heart disease, such as heart failure

Chronic kidney disease at stage 3, 4 or 5

Chronic liver disease

Chronic neurological disease, such as Parkinson's disease or motor neurone disease

Learning disability

Diabetes

Splenic dysfunction or asplenia

A weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)

Morbidly obese (defined as BMI of 40 and above)

Healthcare practitioners should refer to the influenza chapter in 'Immunisation against infectious disease' (the 'Green Book') for further detail about clinical risk groups advised to receive influenza immunisation and advice on contraindications and precautions for the influenza vaccines.

### 3.4 Combined COVID-19 booster and Flu campaign

It is not yet confirmed that the Flu and Covid-19 booster can be given at the same time. In anticipation of this we are planning a combined system-wide campaign that majors on the following:

- Maximising the intention of take-up of both vaccines among eligible groups, by addressing barriers and increasing understanding of the benefits
- Generating high-levels of confidence in flu and COVID-19 vaccination
- Generating high levels of knowledge about who is eligible
- Ensuring people know how/where to get vaccinated.

### 3.5 Campaign delivery plan

- Black Country and West Birmingham wide resources for all to share, hosted on the CCG website.
- Various communication toolkits for internal and external use
- All campaign resources for COVID-19 booster and flu campaign
- Resources to be disseminated to health and care organisations to share with own stakeholders and communication channels
- Local experts and clinicians to reinforce national messages in a variety of multimedia to support digital channels
- All to seek people stories and real local faces – photos or videos - in particular:

- BAME community members/staff
- Pregnant women
- Staff

**Authors**

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## **Local Outbreak Engagement Board**

**7<sup>th</sup> September 2021**

### **Access to GP Services**

#### **1. Purpose**

This report aims to set out how the pandemic has and will continue to change service delivery within primary care.

#### **2. Recommendations**

2.1 That the Board note the contents of the report.

#### **3. Primary Care Services**

3.1. Primary care services are usually the first point of access to the healthcare system. For most people this is your local GP. Walsall has 52 GP practices, divided into seven Primary Care Networks. These are groups of closely connected local practices, working together with community, mental health, social care, pharmacy, hospital and the voluntary sector to provide a wide range of services.

All practices are members of the CCG, but the CCG does not run GP practices as these are individual businesses. The CCG commissions (buys) primary care services from GP practices to meet the needs of local people.

The regulator for GP practices, like other NHS services, is the Care Quality Commission (CQC).

##### **3.2 Primary care challenges**

**Demand:** There is an increasing demand for services, with a growing and ageing population with changing health needs, e.g. more people managing long-term health conditions.

**GP workforce:** the NHS cannot train and recruit GPs quickly enough to keep up with growing demand for their services.

**A greater focus on prevention:** modern practice roles/responsibilities include screening, vaccination and social prescribing.

For some time, the NHS has recognised the need to change how things are done in primary care, to make best use of resources and better meet modern healthcare needs.

##### **3.3 Impact of COVID-19**

Practices are working differently to keep patients and staff safe, restrictions have lifted but COVID-19 has not gone away. COVID-safe measures continue in all parts

of the NHS and where possible people are asked that they don't attend GP practices unless asked to do so. However all Walsall GP practices are open and anyone who is unable to access care remotely will be triaged face to face at the practice.

GPs have been at the forefront of delivering COVID-19 vaccination programme, this has been a vaccination drive of unprecedented-scale and has therefore presented challenges to ensure local delivery of the vaccine programme versus maintaining primary care access to core services. There has been an increase in demand on primary care services post-lockdown with patients now seeking help with issues they may have put off during lockdown.

The pandemic has caused the NHS to accelerate transformation plans – especially in digital technology – that might otherwise have taken years to bring in.

### 3.4 Current primary care performance

The average number of appointments for Q1 2021/22 were the same level as Q1 2019/20 before the pandemic. Over half a million GP appointments are carried out per month across BCWB. More than half (56%) of appointments have been face to face. Almost half (49%) of all appointments are same day appointments – up from 43% before the pandemic. 56% of appointments are with a GP, the same proportion as before the pandemic (average 54%).

Data shows that supply is broadly what it was pre-pandemic, but it demonstrates that demand is up – practices report up to 150% of the call volumes experienced pre-pandemic.

We are aware that there are challenges getting an appointments in certain areas of Walsall. The CCG is working with these practices to improve access for patients. All GP practices are open for business.

In response to the increased demand, GPs are investing in new technologies to support virtual appointments and prescription ordering. They are introducing telephone triage/healthcare navigation to ensure that patients are directed to the right professional at the right time for their specific healthcare needs. Face to face GP appointments are still happening and are available depending on the levels of demand and the type of concern where a face to face appointment is clinically appropriate. Patients who are vulnerable, are unable to use technology, or who clinically need to be examined in person by a doctor, will always be prioritised for in-person appointments.

GP practices are also using different clinical roles within primary care to support managing the increase in demand such as Pharmacists, Physician Associates and Advanced Clinical Practitioners.

#### **4. Conclusion**

Primary care is changing and it is acknowledged that patients have quickly adapted to the new ways of working. There have been benefits seen from the new way of working, over and above the need to protect services. It's likely that some of these will remain in the future, for example increased use of online and virtual consultations where it meets the patient needs.

#### **Background papers**

Report information sources:

- Presentation given to Health Watch members on 6<sup>th</sup> August 2021 by: Geraint Griffiths-Dale – Managing Director, Walsall Place; Dr Sukhpal Gill – GP and Walsall Commissioning Board member; Corrine Ralph – Head of Primary Care (Strategic Commissioning and Contracting), BCWB CCG

#### **Authors**

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# Member Led Engagement Board

Communication and Engagement

7 September 2021



**Walsall Council**



**IMPROVE**  
outcomes and  
customer experience



**IMPROVE**  
employee satisfaction  
and engagement



**IMPROVE**  
service efficiency  
and performance

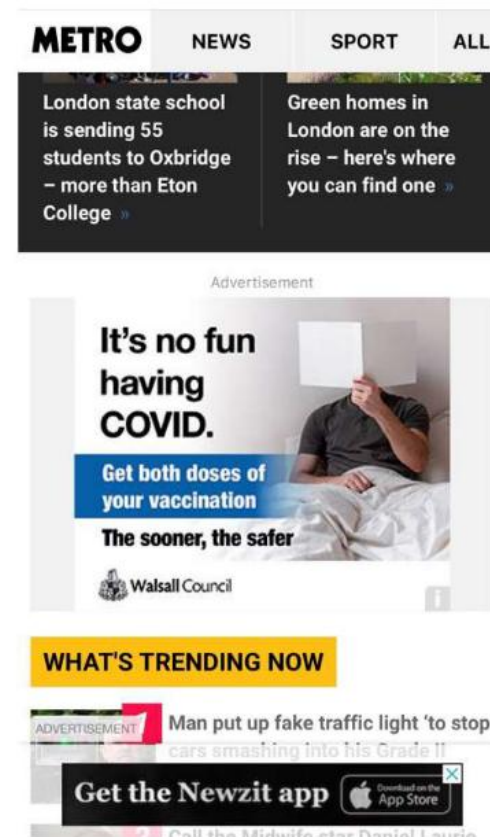
# Communications Strategy

- High level COVID-19 messaging continues to be shared across a wide range of channels, including website, social media, and newsletters, as well as community networks across a range of partners and trusted voices in the Walsall community.
- While much of the guidance and messaging is currently derived from central government, Public Health England (PHE) and NHS the interpretation and the localisation of the main messaging is required.
- The Incident Management Team (IMT) Comms Cell continues to meet on a weekly basis to agree, coordinate communicating proactive, timely messaging.
- Communications continue to promote testing and vaccinations as well as ramping up the prevention messaging to help bring COVID-19 rates down in the borough.
- Public health data and insight, including segmentation of the audience by age and demographic is used to target communication and engagement effectively.
- To continue to build trust in the vaccination with a personal focus, this includes a series of personal case studies on #WhatItMeansToMe on continues to be developed and shared across channels.

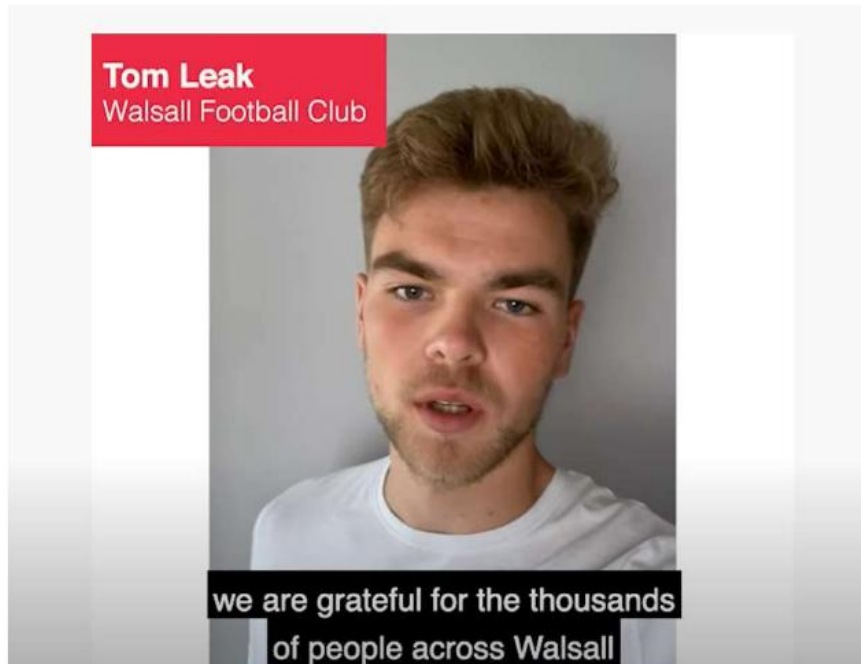


# Highlights: Communication and Engagement

- Messages are being shared in a range of formats to reach target audiences. This includes videos, social media advertising, media relations, poster adverts and up to date web pages.
- Radio adverts have been placed on Ambur FM which is the largest multicultural community radio station in the region broadcasting in English, Hindi, Punjabi, Urdu, Bengali and in Gujarati.
- Train adverts are now on train carriages between Walsall and Birmingham and the periphery line between Lichfield and Birmingham
- We have launched a banner advert campaign on mobile phone apps, targeting 18-29 year olds.(see image)
- We continue with effective, joined up media relations which has helped us to secure recent coverage in the Express & Star on changes to Government guidance and on BBC Midlands Today on the subject of the roll out of vaccinations to 16 and 17-year-olds.
- We continue to work closely with our COVID-19 Champions updating key public health messages.
- Community language and alternative format resources on COVID-19 including vaccinations are available on Walsall For All website, including; guide for adults, guide for healthcare workers.



# Examples of Communication and Engagement



[Walsall FC COVID 19 show their support to the borough's vaccination programme - YouTube](#)



[COVID-19 vaccination and what it means to me - YouTube](#)

# COVID-19 Testing

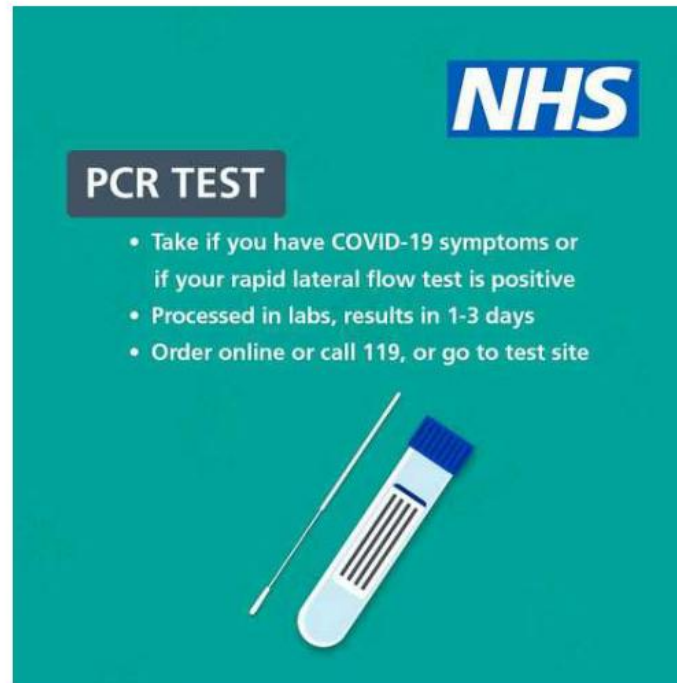


**NHS**

**COVID-19 tests at a glance**

Swipe →

Illustration of two eyes looking at the text.



**NHS**

**PCR TEST**

- Take if you have COVID-19 symptoms or if your rapid lateral flow test is positive
- Processed in labs, results in 1-3 days
- Order online or call 119, or go to test site

Illustration of a PCR test tube and swab.



**NHS**

**RAPID LATERAL FLOW TEST**

- Take twice a week when symptom-free
- Results from device in up to 30 minutes
- Order online or call 119, or get from participating workplaces and pharmacies

Illustration of a rapid lateral flow test device and swab.

[Walsall Council COVID-19 web pages - How to get tested \(walsall.gov.uk\)](https://www.walsall.gov.uk)

# COVID-19 Champions

Work continues to take place based on public health data and insight, this includes:

- **MindKind Projects:** are encouraging lateral flow testing for the beach trip they organised with the community. Two podcasts are being finalised where primary aged pupils are discussing the impact of COVID-19 and how people can stay safe;
- **Aaina Hub:** have recorded a podcast about the COVID-19 vaccination with a pharmacist.
- **UMO:** have held a women's only session with a GP to discuss vaccinations;
- **New Testament Church of God:** provided one of their community champions to volunteer on the vaccination bus;
- **Union of Muslim Organisations:** organised a women's only awareness session, with a GP specialist in infectious diseases.



*My name is Inese and my husband's name is Konstantins. We are both 34 years old and we live near Bloxwich.*

*I used to attend Vera Group's ESOL lessons, which helped me a lot with speaking comfortably in English. During those lessons, we would also often discuss the recent COVID-19 news and updates. I learnt how so many people were still unaware of a lot of the recent information on the virus, especially regarding vaccinations. I was really inspired to help others and once I heard that I could volunteer as a COVID-19 Community Champion, I immediately knew this was something I wanted to do. I also shared this with my husband and he was very enthusiastic to get involved as well. Therefore, we both became COVID-19 Champions.*





# Recent Communications Data / Evaluation

## In summary;

### Social Media

- 698 social media posts were published in July with a potential of 1,190,534 potential views. This is higher than July 2020 (n 875,114)
- The vaccination posts are attracting lots of engagement, some of it negative. There has been an increase in the number of 'dislike' on posts especially around the vaccination bus in particular. 27% of the corporate dislikes are linked to vaccination bus.

### Resident newsletter

- 17,463 (28.7%) of residents opened the July stage 4 newsletter. An increase to the previous stage 3 newsletter and slightly higher than Walsall peers. (see image right)

### Banner Ads

- An over delivery of over 2,000 impressions (number of times an individual views the adverts) against a target of 200,000 was achieved.

### Symptom-free DAX (Digital Ad Exchange) - This targeted three age groups, under 18s, 18-24 and 45-54

- In the under 18 age group, the advert reached 8,648 youngsters with 7,899 listening to the entirety of the advert, a 'Listen Through Rate' (LTV) of 91.2%.
- In the 18-24 age group, the advert reached 51,400 people with 48,013 listening to the whole advert (a LTV of 92%).
- For the 45-54 age group there was a LTR of 95.2% - the highest of all the ads - reaching 53,302 people.
- Predominantly across all age groups, smart speakers were the most popular device that people heard the advert on with 41.1 % of under 18s listening via their mobile phones and 46.3% via smart speakers.

**[Communications@walsall.gov.uk](mailto:Communications@walsall.gov.uk)**



**Walsall Council**

**PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE**