

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

**Tuesday 20 October 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)  
Councillor I. Robertson  
Mr. S. Gunther, Director of Public Health  
Ms. D. Lytton, One Walsall  
Mr. D. Fradgley, Walsall Healthcare NHS Trust  
Chief Supt. A. Parsons, West Midlands Police

**In attendance:** Dr. H. Paterson, Chief Executive  
Dr. U. Viswanathan, Consultant in Public Health Medicine  
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.

### **24/20 Apologies and substitutions**

There were apologies from Dr. M. Lewis and no substitutions.

### **25/20 Minutes**

**Resolved** (via roll call)

**That the minutes of the meeting held on 1 September 2020 copies having been sent to each member of the Sub-Committee be approved and signed as a correct record.**

## **26/20 Declarations of interest**

There were no declarations of interest

## **27/20 Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

## **28/20 Walsall 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 looking at potential symptoms, number of confirmed cases and the number and pattern of deaths in Walsall. She presented the most up to date information at the meeting highlighted growing case numbers since September

(see annexed)

The meeting noted that there was growing cases within the community with a perception that there was complacency to adhering to prevention methods. There was a risk that Walsall could become a Tier 3 area if cases continued to increase.

Mr. Gunther reported that lessons were being learned from the experience of the local lockdown of Leicester. It was noted that a success had been the management of communications across local partners.

Following a question Mr. Fradgley reported that there were 71 confirmed or suspected cases of Covid-19 in the Manor Hospital. There had been an increase of 20 patients from the weekend. 7 out of 13 patients in critical care had Covid-19.

**Resolved:**

**That the report be noted.**

## **29/20 Walsall Local Outbreak plan actions and progress on delivery**

Dr. U. Viswanathan introduced the report updating the Board on the Local Outbreak Management Plan actions, as attached at Appendix 1 to the report, and work that had been undertaken to support care homes and schools.

(see annexed)

She explained the support being offered to schools, Walsall College and Wolverhampton University as outlined in the report. She reported that outbreaks were taking place in schools who were receiving support from Public

Health and Children's Services. Following discussions it was reported that schools were provided with testing kits to assist in identifying cases. Schools were forming bubbles of classes or year groups to minimise infection risks. Challenges sometimes occurred if there were lapses and bubbles mixed.

She went on to describe the support being provided to care homes. This focused on infection and prevention control advice, education and training and testing. During discussions it was recognised that care home residents were high risk patients therefore visits to homes had been banned. Care homes also provided discharge beds for the hospital so there were potential challenges that required focus to address to manage to ensure the ongoing availability of discharge pathways.

**Resolved:**

**That the report be noted.**

### **30/20 Test, trace and isolate**

Dr. U. Viswanathan introduced the report updating the Board on the actions being taken by the local test, trace and isolate team, as attached at Appendix 1 to the report.

(see annexed)

She reported that additional contact tracers were due to be in post shortly which would be a welcome growth in capacity. It was noted that the local contact chasers were producing good results. Work was ongoing to structure the delivery of COVID Marshals with discussions focussing on a Council and Community partnership delivery model.

**Resolved:**

**That the report be noted.**

### **31/20 Communication with residents**

Mr. J. Elsegood, Interim Director of Communications, Marketing and Brand, gave a presentation updating the Board on the communication campaigns with residents, target audiences and hyper local plans. He also highlighted now questions to the Board could be submitted.

(see annexed)

**Resolved:**

**That the report be noted.**

The meeting terminated at 5.12 p.m.

Chair:

Date: