

## Cabinet – 19 May 2020

### Public Health Update – Covid-19 Response

**Portfolio:** Councillor Stephen Craddock, Health & Wellbeing

**Related portfolios:**

**Service:** Public Health

**Wards:** All

**Key decision:** No

**Forward plan:** Yes

#### 1. Aim

To provide members with an overview of the impact of Covid-19 across the borough of Walsall and a summary of Public Health Walsall's response to offer assurance to residents that we are working in partnership to assist the Government and the Council to put in place measures that will help to guide, advice and help protect them.

#### 2. Summary

- 2.1 Walsall Council, Public Health England, and local NHS partners are working closely together to respond to the COVID-19 outbreak by having regular meetings at strategic, tactical and operational levels with the aim delaying and mitigating the impact on residents in the borough. The aim of our Council response is to '*Maintain the welfare of the community and mitigate the long-term impact of COVID-19 to Walsall*'.
- 2.2 The Public Health team's work is intrinsically linked to the Government's and Council's Strategy on COVID-19. Work priorities have been moved to 'business critical' in order to support the council's response to COVID-19, whilst maintaining support and safeguarding for some of our most vulnerable residents. The Public Health teams are involved in every objective of our Council response to COVID-19.
- 2.3 Health and care partnership working is primarily via Walsall Together. Some examples of activity are the provision and guidance regarding the use of Personal Protective Equipment (PPE), assisting care homes with infection control, facilitating swab testing for staff and working with local communities to provide much needed support.

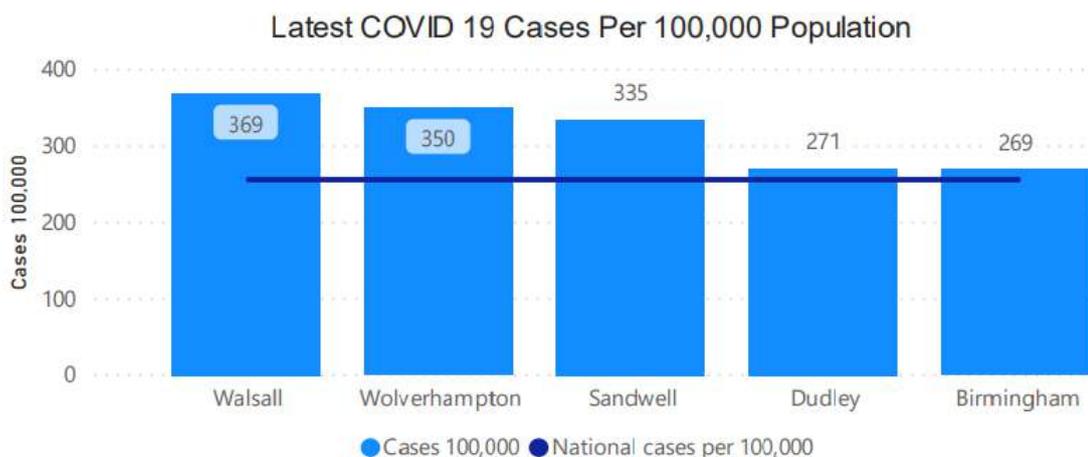
2.4 The contents of the report are based on circumstances that are changing frequently and therefore many areas are likely to become superseded by new information on an ongoing basis.

### 3. Recommendations

3.1 That members note the contents of this report and the measures being taken to assist the council in their response to the Covid-19 crisis and in the protection of Walsall residents.

### 4. Report detail – know

4.1 Walsall case figures, as at Saturday 9<sup>th</sup> May a confirmed rise of 2 cases brought the total to 1,046. Rises are also apparent across the Black Country (Wolverhampton, a rise of 2 cases; Sandwell a rise of 16 cases, Dudley a rise of 2 and Birmingham a rise of 15 cases). Walsall does have the highest rate per 100,000 population within the Black Country at 369 and above the national rate. This compares to Wolverhampton (350), Sandwell (335), Dudley (271) and Birmingham (269). However, this is based on those tested, the threshold of testing may vary between locations.



4.1.1 The hospital reported on the Sunday 10<sup>th</sup> May, 58 'confirmed Covid-19 inpatients', a reduction from 108 from two weeks ago. There have sadly been 183 deaths at the Manor Hospital. These deaths do not include those who died in the community, work is actively being undertaken to understand this in Walsall.

4.1.2 Further information on cases and comparison to other areas can be found at LG Inform<sup>1</sup> and the Government website<sup>2</sup>.

4.1.3 As at 24<sup>th</sup> April 2020 the Council employed 3,087 people (this excludes Education). One person was off work with confirmed coronavirus with a further 61 (1.9%) ill with related symptoms and not working.

<sup>1</sup> [https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker-area-quick-view-1?mod-area=E08000030&mod-group=AllMetropolitanBoroughLaInCountry\\_England&mod-type=namedComparisonGroup](https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker-area-quick-view-1?mod-area=E08000030&mod-group=AllMetropolitanBoroughLaInCountry_England&mod-type=namedComparisonGroup)

<sup>2</sup> <https://coronavirus.data.gov.uk/#local-authorities>

- 4.2 The Public Health team's work is intrinsically linked to the Government's and Council's Strategy with the team are involved in every objective of our Council response to COVID-19. This has included providing business insight, guidance, deploying staff to support Public Health England and putting measures in place to protect the residents of Walsall. Some of the measures include:
- 4.2.1 Expanding the Infection Control team with the support of the wider Public Health team to respond to incidents, queries and calls for advice from professionals and the community, implementing actions from SILVER meetings and arranging visits to care homes to advise and assist in the control of infections.
  - 4.2.2 Implementing an on-call health protection team working 8am-8pm seven days per week, alongside Public Health England and offering guidance, specialist advice and signposting to further information and support services.
  - 4.2.3 Commissioned services (including Healthy Child programmes (Health Visiting and School Nursing); Falls prevention; NHS Health Checks; Smoking Cessation; Lifestyles; Sexual Health and Drugs & Alcohol) have been risk assessed and amended, realigned or ceased to ensure the protection and safety of staff and to continue support to the most vulnerable residents.
  - 4.2.4 The support for our most vulnerable groups has been facilitated via our resilient communities model and officers from Public Health have helped facilitated the development and ongoing delivery of activity via locality hubs and of the recent opened food distribution centre. This includes expanding the Making Connections Walsall programme which sees referrals via West Midlands Fire Service to the 4 main hubs across Walsall, including: Age Accord Matters, Bloxwich Community Partnership, Manor Farm Community Association and Old Hall People's Partnership who are now working together to lead the Community response for Covid 19 - [COVID-19communityhelp@walsall.gov.uk](mailto:COVID-19communityhelp@walsall.gov.uk) or call 0121 380 6690.
  - 4.2.5 A virtual team arrangement has been established providing invaluable assistance to communication activity ensuring all council services consistently support the cascade of key messages and guidance from Public Health England and NHS England. This ensures messages are updated as campaigns and guidance change. Activity has included developing a dashboard for monitoring of social media accounts to provide insight into the reach of messages and to support services in developing their use of existing social media platforms.
  - 4.2.6 Supporting the Reset objective to ensure that we keep everyone safe, improve health and wellbeing and revitalise our economy. Our plan will require a engagement with Walsall residents to help mitigate the impact of COVID-19 in the community. Public health will be researching the impact this has had on our residents, particularly children and communities with a strong focus on mental health. The research will help inform our response on future actions, interventions and key messages for residents.
  - 4.2.7 The Public Health Intelligence team are actively working with partner colleagues across Walsall Together to support project work in relation to the impact of Covid-19 on the health and care system. This has led to changes in how the local health and care partners are putting their resources to where there is the greatest need.

Consequently there will be delays to the DPH report, PNA and JSNA as support to the Covid-19 response has been prioritised.

- 4.2.8 Coordinating swab testing for the Council which is currently being provided to all Adult Social Care Staff, including service users, Primary Care Staff and Pharmacists. The process involves care homes and domiciliary care agencies to identify staff who are self-isolating due to being symptomatic or where a member of their household is symptomatic. Time-slots are allocated with testing being undertaken Wolverhampton Science Park. This sits alongside the other ways that key workers can arrange a test more generally, i.e. national online booking and MoD swabbing happening in Walsall.
- 4.2.9 The Public Health team actively work with colleagues across Walsall Together and NHS STP partners supporting proactive swabbing in care homes; swabbing all residents and then staff. This is important as we have found many residents do not show signs of COVID-19 (around 25%) and allows us to ensure direct support to care homes through an enhanced support team (nurses, carers and volunteers). This is followed up with support from Public Health including additional staff, infection control advice and management of any outbreaks.
- 4.2.10 In addition, a pilot was run on the delivery of a Home Testing Kit service to those people who do not have access to a vehicle in their household or are too ill to make the journey to the testing site. This has informed future home testing.
- 4.2.11 There is an ASC lead for Personal Protective Equipment (PPE) within the council who is coordinating the obtainment and distribution of PPE not only to council staff, but also to care providers. Supplies have been shared throughout the health and care system locally primarily through Walsall Together so any one provider does not go short. Advice and guidance on its use and distribution has been provided by Public Health.
- 4.2.12 The Healthy Spaces Team are continuing work on managing the safe and appropriate use of the borough's parks and open spaces as we continue to stop many flouting social distancing guidance.
- 4.2.13 Observations on the impact of COVID-19 appear to be affecting those with underlying health conditions<sup>3</sup>, from BAME communities<sup>4</sup> and those from more deprived backgrounds<sup>5,6,7</sup>. This provides an opportunity to work with the local community on improving wellbeing and reducing inequalities in the next phase of

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<sup>3</sup> [https://www.medrxiv.org/content/10.1101/2020.04.25.20079491v1#disqus\\_thread](https://www.medrxiv.org/content/10.1101/2020.04.25.20079491v1#disqus_thread)

<sup>4</sup> <https://www.cebm.net/covid-19/bame-covid-19-deaths-what-do-we-know-rapid-data-evidence-review/>

<sup>5</sup> [https://www.medrxiv.org/content/10.1101/2020.04.25.20079491v1#disqus\\_thread](https://www.medrxiv.org/content/10.1101/2020.04.25.20079491v1#disqus_thread)

<sup>6</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand17april>

<sup>7</sup> <https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>

our response through our Resilient Communities model supporting those who need it the most, whilst continuing to build support networks in our community. Early development of a plan is currently underway.

4.2.14 Continued testing for COVID-19 is going to be important in the next phase of the COVID-19 outbreak, although tests will not detect all cases of COVID-19<sup>8</sup>. With the gradual opening of different services and businesses the implementation of contact tracing with testing is going to be critical to reducing the spread of COVID-19<sup>9</sup>. The local Public Health are in discussion with national teams and NHS partners on the best interface of the track, trace and treat model being developed and are advising appropriately.

4.2.15 As there is currently no vaccine, careful consideration of easement<sup>10</sup> of restrictions will be need to be followed with appropriate advice from Public Health to residents and business to reduce the impact of COVID-19 on local residents as far as possible. Social Distancing and washing hands are still key Public Health messages to reduce the spread of COVID-19.

### ***Council Corporate Plan priorities***

4.3 This is a unique situation with the potential to affect all age groups and across all denominations and cultures. As such the measures taken and the processes in place cross-cut all aspects of the Council's Corporate Plan priorities.

### ***Risk management***

4.4 Appropriate measures have been taken to ensure continuation of services where needed and to safeguard vulnerable residents.

### ***Financial implications***

4.5 The financial implications in determining the costs of Covid-19 response in terms of staffing and resources is being monitored and will be off-set by emergency planning budget and Government funding.

### ***Legal implications***

4.6 Advice has been taken in terms of the legal obligations of contracts, mandated services and has been taken into consideration in any decisions made.

### ***Procurement Implications/Social Value***

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<sup>8</sup><https://www.sciencemediacentre.org/expert-comment-on-different-types-of-testing-for-covid-19/>

<sup>9</sup><https://blogs.otago.ac.nz/pubhealthexpert/2020/04/06/testing-for-covid-19-in-nz-to-achieve-the-elimination-goal/#more-3996>

<sup>10</sup><https://www.sciencemuseumgroup.org.uk/coronavirus-exit-strategies/>

- 4.7 Advice has been taken from the Procurement team and will be acted upon accordingly in terms of Public Health contracts. Where appropriate, services have been extended.

***Property implications***

- 4.8 None

***Health and wellbeing implications***

- 4.9 In line with Government, PHE, Council and HR policies, all appropriate measures are being taken to ensure the health and wellbeing of staff and the population of Walsall.

***Staffing implications***

- 4.10 None

***Reducing Inequalities***

- 4.11 The implications of COVID-19 appear to be affecting those from areas of greater deprivation and therefore any response to COVID-19 in the medium to longer term will require a different approach to different communities in greatest need and will adapt as we know more.

***Consultation***

- 4.12 Due to the urgent nature of the response to the pandemic and the requirement to work in partnership, ongoing engagement and consultation with key partners is happening.

**5. Decide**

- 5.1 Following the measures put in place by the Government to introduce social distancing and reduce all non-essential travel in the management of the Covid-19 pandemic crisis, Public Health Walsall were required to undertake a review of service delivery. Circumstances are changing frequently and therefore many areas are likely to become superseded by new information and action on an ongoing basis.

**6. Respond**

- 6.1 In line with the above measures, Public Health Walsall reviewed all their programmes and service delivery to realign resources to support the management of the pandemic and by prioritising services to 'business critical'. By doing so, this has ensured that, where needed, services to our most vulnerable groups can continue (eg Drugs and Alcohol; Sexual Health) and maintains the safety of staff and safeguarding of service users.

As new information and changes in the Government strategy occur, the Public Health team will review its actions and respond accordingly.

## 7. Review

- 7.1 Regular reviews of the work the Public Health team are built into our response to ensure we are meeting the changing needs of our residents as the pandemic develops and the Government issues new guidance or changes its strategy.

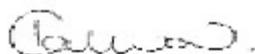
### Background papers

Background of COVID-19 and further details of PH response (Appendix 1)

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## Background of COVID-19 and further details of PH response

### Context

On 31<sup>st</sup> December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China. The cause is now identified as a Coronavirus, one of the family of viruses which caused the SARS (Serious Acute Respiratory Syndrome) outbreak in 2002-2003 across the world. These viruses are fairly common and can range from mild to very severe in effect. Coronaviruses are a family of viruses that infect a wide range of different species including humans.

Before this new coronavirus, there were six different coronaviruses known to infect humans. Four of these cause a mild common cold-type illness. Since 2002 there has been the emergence of two new coronaviruses that can infect humans and result in more severe disease (Severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) coronaviruses). Both SARS and MERS coronaviruses are thought to have originated in animals. They are transmitted via droplets in coughs and sneezes.

On Tuesday 10th February, the WHO named the disease caused by the novel coronavirus COVID-19. The virus itself has been named SARS-CoV-2, as the International Committee on Taxonomy of Viruses (ICTV) have determined that it is the same species as SARS but a different and milder strain of the species.

### Spread

Because this is a new illness, we are still learning exactly how coronavirus spreads from person to person. The virus is thought to spread mainly from person-to-person:

- Between people who are in close contact with one another (within about 6 feet)
- Through respiratory droplets produced when an infected person coughs or sneezes.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Droplets containing the virus can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. People are thought to be most contagious when they are most symptomatic (the sickest). Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

### COVID-19 Level of severity

The death rate is not yet accurately known but based on the available data it is estimated to be around 1-2%. This varies by country, but that is at least partly due to the fact the populations in different countries vary in their age structures (e.g. Italy has a much older population on the whole than China). However, this number is likely to be an overestimate

since the figure is based only on the number of individuals who have been tested and confirmed to have the virus.

It is highly likely that more people have been infected but have not been diagnosed because their illnesses were milder and thus have not been counted in the number of those infected. Current estimates (though these vary) are that 81% of people infected will have the milder form of illness, with 14% more severe and needing greater care, up to 5% critically ill and needing very specialist care and 1-2% fatality rates.

Although the virus can infect anybody, those with more severe illness, those over 70 and those with weakened immune systems are more vulnerable to serious disease. A key priority therefore is protecting those most vulnerable from infection and ensuring that resources are there for treating and caring for them. The government with the NHS and Local Authorities have identified roughly 1.4million people in the English population most at risk of serious illness, and have contacted them directly to stay at home for 12 weeks. These are known as the “shielded” group.

## **Treatment**

As this is a viral illness, antibiotics are of no use. The antiviral drugs that work against flu do not work. Several possible treatments are being evaluated in clinical trials, and a range of treatment options are being explored. Most cases will need little treatment and people will recover by themselves. Paracetamol will help reduce fever and muscle pains. In very severe disease treatment will be mainly supportive and is intended to keep people alive until they start to recover by themselves. In the most severe illness patients may be given oxygen or even artificial ventilation.

Since there is no vaccine or effective anti-viral drugs, the priority is preventing and slowing spread of infection, hence measures of social distancing being put into place.

The Government are working with Oxford University to develop a vaccine and pilot commenced on Thursday 23 April.

## **The Government Strategy**

The Government’s Strategy on COVID-19 has four phases:

- Contain: detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- Delay: slow the spread in this country. When the virus does take hold, lower the peak impact and push it away from the winter season either by a moderate delay strategy or a harder strategy to suppress the transmission (We are now in that suppression phase).
- Research: better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
- Mitigate: provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

On the 12<sup>th</sup> March the government announced moving out of the Contain phase into the Delay stage of the strategy.

## **Social Distancing, Delay and Isolation Messages**

The Prime Minister announced significant changes to the social distancing and other measures asked of people, especially those with symptoms or who are more vulnerable, on 16<sup>th</sup> March 2020. The latest information and guidance from government can be found at <https://www.gov.uk/coronavirus>.

National and local modelling indicates that the epidemic is moving faster than was thought, incorporates new data from Italy and the UK alongside information from China to model the potential scenarios applicable to the spread and impact of the virus. It appears that the peak has occurred in hospitals with cases in hospital steadily reducing.

### **Key Public Messages (as of 29<sup>th</sup> April)**

The key public messages remain as follows:

- Stay at home
- Only go outside for food, health reasons or work (but only if you cannot work from home)
- If you go out, stay 2 metres (6ft) away from other people at all times
- One form of exercise a day, for example a run, walk, or cycle - alone or with members of your household
- Wash your hands as soon as you get home
- Do not meet others, even friends or family. You can spread the virus even if you don't have symptoms.
- Self-isolation of people with BOTH a new continuous cough AND a fever of more than 37.8 degrees (you feel hot to the touch front and back) following new guidance (7 days if you live alone, 14 days for households);
- Self-isolation or "shielding" for protection from infection of the most vulnerable 1.4million people most likely to become seriously ill

Frequently asked questions are can be found [here](#).

### **The Council's response**

Walsall Council, Public Health England, and local NHS partners are working closely together to respond to the COVID-19 outbreak by having regular meetings at strategic, tactical and operational levels with the aim delaying and mitigating the impact on residents in the borough.

The aim of our Council response is to *Maintain the welfare of the community and mitigate the long-term impact of COVID-19 to Walsall*. The Councils tactical coordinating meeting (Silver control) will be delivering the seven objectives:

1. The Council Continues to support the people of Walsall through delivering essential services
2. Protecting our most vulnerable residents
3. Providing civic leadership and mobilising community assets

4. To provide advice and support to enable the continuation of health care support in the borough
5. Mitigating the long-term impact of COVID-19 on the local economy
6. Communicate regularly with staff, partners and public to mitigate impact to the borough
7. Planning and implementing action to recover from COVID-19.

## **Public Health Walsall**

### **What we have done so far (PH)**

- Public Health officer either leading or allocated to provide PH advice and support for each of the councils 7 objectives
- Developing local guidance for different services ie social care, waste collection and regulatory services
- Developed local PH communications campaign aligned with corporate communications
- Supporting or leading the emergency planning response for the Council and Walsall CCG
- Developed a re-prioritisation approach to key frontline services such as sexual health clinics, to ensure that 'life or death' services such as drug and alcohol provision are maintained for the most vulnerable of service users and if needs be nursing and other staff can be diverted to care for those most in need
- Continuing to provide key PH services such as drug and alcohol support, sexual health services, health visiting
- Provided epidemiological planning assumptions and modelling to support business continuity and demand for NHS and non NHS services
- Monitored the science and changing guidance around the virus
- Provided mutual aid to Public Health England by releasing a full-time members of staff to support contact tracing
- Worked with Care Providers and Homeless Shelter providers on infection control training and procedures
- Worked with Colleges and the University on their Business Continuity and infection prevention and control
- Supported Active Black Country, Sport England and a breadth of local stakeholders to run a local campaign in response to the Covid-19 virus. #stayInworkOut
- The PH Intelligence Manager continues to chair bi-monthly meetings of the 'Walsall Insight Group' (WIG). This brings together analysts from across the Council, as well as from partner organisations, to network and build positive working relations. Analysts from this network are actively working on Covid-19 analyses and project work
- PH staff are working remotely whilst supporting the COVID-19 response with Senior team members allocated to each of the work streams and the Health Protection team providing advice and support to the Community networks.

- School Games Organisers (SGO's) across Walsall are setting some specific personal challenges for children and young people at home. The aim is that these will eventually be banked/logged on a central page on our website
- Given detailed public health advice to a range of sectors and organisations including Fire, Police, social care, schools, offices, Coroner, Registrars, Funeral Directors, Cleaning and Facilities Management and updated this as national guidance or advice has changed
- Reviewed Business Continuity Plans with all internal teams and commissioned providers to establish priorities and plan for scaling down if required
- Carried out a health and care audit to understand which of our staff are in high risk groups or have responsibility for those that are
- Conducted a skills audit to identify staff with clinical skills who could be redeployed to support service delivery if required
- Supporting vulnerable and isolated groups across the borough through MCW Covid-19; ensuring links to services, food boxes etc
- Developed with PHE a specific local Health Protection Unit with a focus on care homes and care providers including guidance on PPE, testing and returning to work
- Supported the development, coordination, guidance and reporting for testing of key workers initially and then wider community testing with the NHS
- Developed more robust and timely process for community death reporting of COVID-19 with partners and coroner.

### **What Public Health is planning for**

- Further support for council services and partners across Walsall ie Walsall Together
- Further information for the public ie longer-term mental wellbeing impacts of COVID-19 and mitigating action
- Prioritising work to support the 7 objectives and our own business continuity and being able to offer support to partners such as Public Health England through mutual aid
- Ensuring we can keep critically important services running (e.g. drug and alcohol services where people may die if they do not get care; critically important nursing services for young children including safe guarding) while diverting nursing, medical and other clinicians to coronavirus patient care during the epidemic
- Ensuring updated national planning assumptions are shared across departments and with partners
- Supporting the implementation of the national contract tracing service which is being established.