



# Walsall Council

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

Thursday 4 February 2021 at 4.00 p.m.

Meeting via Microsoft Teams: Public access: <https://youtu.be/8l7ITkh2MR8>

**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. M. Dehal, One Walsall  
Dr. M. Lewis, Walsall Healthcare NHS Trust  
Mr. D. Fradgley, Walsall Healthcare NHS Trust

**Quorum:** 3 members of the Board

## 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 – 19 January 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).

7. Covid-19 Variant – Surge Testing (enclosed)

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

### **Sub-Committee**

**Tuesday 19 January 2021 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
- Chief Superintendent A. Parsons, West Midlands Police
- Councillor I. Robertson

**In Attendance**

- Mr. G. Griffiths, Walsall Managing Director, Black Country and West Birmingham CCGs
- Dr. U. Viswanathan, Consultant in Public Health
- Mr J. Elsegood, Interim Director of Communications
- Ms. C. Heath, Senior Public Health Intelligence Officer

### **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.

### **42/21 Apologies and substitutions**

Apologies for non-attendance were submitted on behalf of Dr. Lewis.

### **43/21 Minutes**

#### **Resolved (via roll call)**

**That the minutes of the meeting held on 3 December 2020, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.**

### **44/21 Declarations of interest**

There were no declarations of interest.

#### **45/21 Local Government (Access to Information ) Act, 1985**

There were no items to consider in private session.

#### **46/21 Questions from the Public**

The Chair reported that three questions from members of the public had been received. He introduced the questions, as set out in the report, and asked for answers to be provided in the forthcoming agenda items.

#### **47/21 Walsall Covid-19 Data**

Councillor Craddock introduced the item and welcomed Mr Ian Hawkins to the meeting.

Mr Hawkins explained how he had caught Covid-19 last year and was invited to explain its effects. He reported that he had caught the virus after visiting the Cheltenham Festival in March 2020. Three days after the festival he started to experience Covid-19 symptoms. He was admitted into hospital with his oxygen levels at 83%. He was in hospital for over 10 weeks with 3½ of those in an induced coma on a ventilator. During his time in hospital he survived organ failure, sepsis and had to undergo dialysis. As part of his recovery he had difficulty walking and holding his head up. At present he could still not feel his left foot, suffered from fatigue and breathlessness. Prior to catching Covid-19 he had been fit and healthy with no underlying health conditions. He thanked the Manor Hospital for saving his life and facilitating short outdoor visits with his family as he was recovering whilst visiting inside the hospital was forbidden.

Councillor Craddock thanked Mr Hawkins for sharing his experiences and invited the Senior Public Health Intelligence Officer to present a dashboard report providing an overview of the current situation for Walsall.

(see annexed)

She highlighted that following the national lockdown, introduced on 5 January 2021, cases were beginning to decline. They were currently 732 per 100,000 people compared to the previous week where rates were 815 per 100,000. She reported that around 25 people a day were being admitted to hospital. She also sadly noted that since the start of the pandemic 564 local people had died due to Covid-19.

Following a question the Senior Public Health Intelligence Officer explained that whilst positive cases had begun to decline it was expected that hospital admissions and deaths would continue to rise over the coming weeks.

The Director of Public Health reported that the Kent variant of Covid-19 was responsible for over 70% of cases. The working age population was the largest group testing positive. Outbreaks in care homes were also reported.

The Chair highlighted now the care home where his parents lived was experiencing an outbreak. This was despite strict control measures being in place.

**Resolved:**

**That the report be noted.**

#### **48/21 Covid-19 Vaccination Update**

The Board received an update on ongoing work to deliver Covid-19 vaccinations across the borough.

Mr. Griffiths began by highlighting the significant partnership working that was being undertaken to deliver the vaccine across the borough. He thanked everyone for their efforts in particular the many volunteers who were giving up their time to help the local community.

He continued to outline the achievements of the vaccine programme so far and the logistical challenges being tackled including the refrigeration requirements for the Pfizer vaccine.

Regarding the safety of the vaccine he reported that nationally only 9 individuals had experienced any negative effects after receiving their first dose. None of the 9 cases had required hospital treatment. There had been no evidence of severe reactions and every incident was closely monitored. Vaccination centres were operated by healthcare professionals and safety information was shared widely to ensure that any risk factors were identified quickly for management. Other Board Members spoke in support of the safety of the vaccine.

Dr. Rischie reported some hesitancy about getting vaccinated in BAME communities. He highlighted that the vaccine contained no ingredients that made it unacceptable on religious grounds.

The Board discussed methods of engaging the local community to promote vaccine take up. Ms. Dehal offered to assist with this promotion through One Walsall.

**Resolved:**

**That the report be noted.**

#### **49/21 Walsall Local Outbreak Plan Update**

Dr. Viswanathan, Consultant in Public Health, introduced the report updating the Board on the Local Outbreak Management Plan actions, as attached at Appendix 1 to the report.

(see annexed)

She highlighted work taking place with the deployment of lateral flow tests. Further to that she noted the majority of the plan had been achieved. Following a question she reported that data on different variants of the virus was captured at a national level and that numbers of reinfections were low.

The Chair suggested that, in future, the plan could be considered on an exception basis or if there were any changes made to it.

**Resolved (by roll call):**

**That:**

- 1) future updates on Walsall Outbreak Management Plan be made on an exception basis or if changes are made to it;**
- 2) the report be noted.**

#### **50/20 Lateral Flow Tests Update**

Dr Viswanathan introduced the report highlighting the approach being undertaken to test asymptomatic individuals within the community.

(see annexed)

**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 and how these linked with high level decisions and the Incident Management Team. He outlined the website traffic and the next phase of the communications campaign that would focus on the vaccine and lateral flow tests.

(see annexed)

Chief Superintendent Parsons reported that the Police were increasing the levels of enforcement relating to Covid-19 offences and encouraged support for this activity on social media.

**Resolved:**

**That the report be noted.**

The meeting terminated at 5.45pm

Chair:

Date:

## **Local Outbreak Engagement Board**

**4 February 2021**

### **COVID-19 Variant - Surge testing**

#### **1. Purpose**

To provide detail on COVID 19 Surge Testing.

#### **2. Recommendations**

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

#### **3. Report detail**

Extensive surveillance of COVID-19 has identified a small number of cases of the COVID-19 variant first discovered in South Africa, in localities across England, including an area in Walsall, which can't be traced back to international travel.

The Council is working closely with Public Health England and the national NHS Track and Trace team to support measures to curb any potential spread of this variant; this will include significantly increasing the testing offer in a targeted and intelligence-led way.

Residents, over the age of 18, who are living or working in parts of the Borough will be strongly encouraged to take a COVID-19 test, even if they are not showing symptoms. Testing Units will be deployed offering testing and Walsall Council will also be encouraging people in the area to get tested by providing home test kits.

Testing, in combination with measures such as hands-face-space and lockdown measures, will help to suppress and control the spread of the virus, while enabling a better understanding of the new variant.

#### **4. Conclusion**

That enhanced testing is carried out, allowing positive tests to be analysed to identify any further spread of the new variant first discovered in South Africa, enabling a better understanding of the variant and identifying if there are any more cases of this particular strand of the virus in the area.

**Author**

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