

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

Thursday 16 July 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)
Councillor I. Robertson
Mr. S. Gunther, Director of Public Health
Dr. A. Rischie, Clinical Commissioning Group
Chief Supt. A. Parsons, West Midlands Police
Ms. D. Lytton, One Walsall
Mr. D. Fradgley, Walsall Healthcare NHS Trust
Dr. M. Lewis, Walsall Healthcare NHS Trust

In attendance: Councillor M. Bird, Leader of the Council
Dr. H. Paterson, Chief Executive

Dr. U. Viswanathan, Consultant in Public Health Medicine
Ms. 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 newly formed 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.

1/20 Declarations of interest

There were no declarations of interest

2/20 Local Government (Access to Information) Act, 1985

There were no items to be considered in private session.

3/20 Terms of reference and governance table

The Terms of reference and governance table as approved at the last meeting of the Health and Wellbeing Board were submitted for information:

(see annexed)

The Terms of reference and governance table were noted.

4/20 Frequency of meetings

The Board briefly discussed the frequency of future meetings and it was agreed by consensus that the Board should meet regularly on a six weekly basis whilst having the flexibility to call meetings as and when required at short notice should a situation arise where this is necessary.

5/20 Walsall Council Covid-19 data

Councillor Craddock submitted a paper which gave an overview of the current situation in Walsall:

(see annexed)

The Public Health Intelligence Manager, Ms E. Thomas presented the paper which was a summary of Covid related information and intelligence aiming to give a simplified picture of the situation in Walsall. She added that this data was a snapshot in time and was updated and published on the Council's website on a weekly basis.

The Board discussed the data and comments included:

- The information on requests for assistance and referrals related to Making Connections Walsall and total referrals by hub. It was recognised that, whilst not included in the figures, there were many more organisations who were also making a valuable contribution. These organisations were thanked for their work.
- Learning from other areas of the country which had recently been the subject of a local lockdown formed part of a range of indicators which were regularly being considered as part of planning actions for any future outbreaks in Walsall. The primary aim of the Outbreak Plan was prevention and there had been significant work undertaken behind the scenes with partners, businesses, community leaders and community organisations to inform and adapt this plan.
- The dataset currently used 111 and 999 calls as an indicator but it could usefully also include the redesigned track and trace data. This would be helpful to feed into Walsall Together to look at patterns across hospitals, communities and in homes.
- Meetings were taking place with Public Health England to include cases on a Walsall map to identify links and high risk locations. Further data

would be released shortly showing smaller geographies than ward level and these would be published on the Council's website in order that people can self-serve this information.

- There had been a significant difference in the way patients recovered compared to the outset of the pandemic and was getting better with an intensive process within the Walsall Healthcare Trust of reviewing experiences of managing Covid cases and contributing to some of the national trials and new treatments.

Councillor Craddock thanked Ms. Thomas and her team on behalf of the Board for their continued work on this.

6/20 Walsall Council Covid-19 Outbreak Management Plan

Councillor Craddock said that as part of the national strategy to reduce infection from COVID-19, every Council area in England had to have a local outbreak plan in place to respond and manage the disease. The Plan was a 'live' document, reflecting its evolving nature and was publicly available on the Council's website.

The plan was presented by Dr. U. Viswanathan, Consultant in Public Health Medicine:

(see annexed)

Dr. Viswanathan reminded everyone of the objectives of the plan which were essentially to reduce the number of new cases, focussing on prevention; to minimise the number of outbreaks and to manage any as effectively as possible; and to minimise the impact, particularly on those who were vulnerable. She said that the plan was based on current understanding but reiterated that it would be a 'live' document informed on up to date evidence. In addition, she advised that there was also a 'Live' action plan to support this which was the subject of a separate report on this agenda.

Dr. Viswanathan then went on to explain the seven themes being worked on as set out in the appendices to the plan and advised that:

- All establishments in the borough had been mapped and risk assessed and that engagement with high risk areas had been accelerated.
- A contact tracing team of 24 was now in place, trained and on standby so that they could be mobilised at short notice.
- Thanks to Walsall Together, a swabbing system and team was now in place
- The plan was now in week two and results of some demographic data had now been included, together with comprehensive information on how to support the vulnerable to ensure they are better prepared for any future outbreaks.
- Additional information around communications was contained in appendices which could be accessed upon request.

The Director of Public Health, Mr S. Gunther advised that the plan had been considered at the Health Protection Forum which included a broad range of professional and clinical input.

The report was discussed and Dr. Viswanathan and the Director of Public Health, Mr S. Gunther responded to questions and points of clarification. With regard to responding to concerns of schools, care homes and businesses, it was noted that an on-call public health service had been implemented which could be easily accessed by telephone or by e-mail. Risk assessments had been developed and webinars offered to support such establishments and there were also swabbing teams available at short notice which would produce results within 24-48 hours of notification.

Councillor Craddock commented that having the Walsall Together approach in place well before the pandemic had hit had enabled Walsall to respond well to the emergency and he thanked all partners for their contribution to this.

It was suggested that from an assurance aspect, the good work on dovetailing of governance and command structures across the health sector, Council and Blue Light structure should be made more clear, particularly as the Care Quality Commission would be looking next week at this Plan.

Councillor Craddock thanked Dr. Viswanathan and her team on behalf of the Board for her work.

7/20 Outbreak Plan update

Councillor Craddock introduced a paper providing progress on the delivery of actions to support the Outbreak Plan.

(see annexed)

Dr. U. Viswanathan, Consultant in Public Health Medicine presented the report in detail. She pointed out that the actions had been divided into themes and each action had been rated as Blue for actions completed through Red, Amber and Green being on target (BRAG); and that the actions had been divided into five themes. With regard to the Amber rating for test and trace, she said that this related to predicting the right level of capacity in teams and the need for more detail from Public Health England to be able to better plan this.

Councillor Craddock said that the 100% complete for training of contact and swabbing teams was reassuring. He was however anxious that seasonal infections such as winter flu which had similar symptoms to Covid-19 would trigger increased requests for tests and contract tracing and that capacity could be stretched notwithstanding that anecdotal evidence from other countries had suggested that the influenza rate had reduced because of the additional precautions people had taken. Dr. M. Lewis, Walsall Healthcare Trust, responded and said that he was not aware of data which would support the reduction in influenza rates however the premise was plausible. The Vice-

Chair, Dr. Rischie pointed out that hospital borne norovirus had been observed as reducing because of the additional measures being put in place however, one of the key sources of infection was from schools as Walsall had a low uptake of vaccines for a number of reasons, one of which was faith related, and that communications from community leaders needed to be pushed more. With regard to the potential for seasonal flu to increase in demand on test and trace teams, he suggested that conversely, people may think that their symptoms were flu and not go for tests; or that people may not get tested as it would place a burden on others who would need to self-isolate. This underlined the complexities of the situation.

In response to a question from Dr. Rischie as to whether there was an opportunity to extend the testing practice out so that GPs had testing kits, Mr Gunther advised that Directors of Public Health were to be given extra swabbing capacity to distribute locally and so this could be explored. Mr Gunther also said that there would be an ability to deploy Mobile Testing Units in areas of concern. He said that numbers of cases would naturally increase due to the increase in testing.

Mr Gunther urged everyone to encourage people to take the seasonal flu vaccination, supplementing the normal communications which would begin in September and also said that communications with schools was vital to push messages out and increase immunisation rates. In response to a concern raised about capacity to undertake such numbers given social distancing guidance, Dr. Rischie said that system level planning was being undertaken in conjunction with Public Health and there was assurance about stocks and supplies from providers enabling a Black Country response through Primary Care Networks, Community Teams and Pharmacies etc. It was noted that a proactive 'wrap around' approach was intended for multi-occupancy buildings such as care homes.

Referring back to the action plan, Dr. Viswanathan advised that with regard to the recording of surveillance and intelligence data, the Amber rating was around the availability of software which was currently being procured and would be in place in around 6-8 weeks. In the meantime, interim methods of recording had been put in place. Mr D. Fradgley, Walsall Healthcare Trust, said that they used Microsoft Dynamic and offered the use of that system.

It was noted that the Amber rating against the action relating to engagement with partners and communities had moved to Green as more clarity on the type of testing and capacity had been received.

In response to a question around understanding the extent of modern slavery in Walsall and the impact this might have on cases, Mr Gunther explained that the Council's Executive Director for Economy, Environment and Communities had been working with local partners and local businesses to seek that assurance.

With regard to communications in respect of the taking up of the flu vaccine, the Council's interim Communications Manager gave assurance that he was

working with regional colleagues to launch a campaign in September which also linked to Public Health England's campaign to amplify better health.

Councillor Craddock thanked Dr. Viswanathan for the report

8/20 Proposals for wider communication and engagement

In attendance: Mr J. Elsegood, Interim Director of Communications

Mr Elsegood gave a presentation which explained the focus areas of communications which was consistent with World Health Organisation strategy. He confirmed that the initial focus was on promoting general awareness of test and trace and national guidance, supplementing the broad messaging. Mr Elsegood went on to explain the proposals for dialogue and actively engaging with communities and interested parties to help get the message fine-tuned, targeting specific audiences and geographical areas, using a variety of techniques and sharing material which would be translated into different languages. Ms. D. Lytton, One Walsall, offered to work with Mr Elsegood to communicate with the wide variety of community and voluntary organisations with whom they engage.

In response to a question from Councillor Robertson in relation to communications should there be a local lockdown, Mr Elsegood said that he would continue to use the current network to work together to deliver messages, which could include as appropriate, publicising what powers the Council had, in order to encourage compliance with measures. It was also noted that work was ongoing to engage with community leaders and peers to ensure that messages get to the hardest to reach areas.

Councillor Craddock thanked Mr Elsegood for his presentation.

Date of next meeting: To be confirmed

Councillor Craddock thanked everyone for attending.

The meeting terminated at 5.30pm.

Chair:

Date: