



# Walsall Council

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

**Tuesday 20 October 2020 at 4.00 p.m.**

**Meeting via Microsoft Teams: Public access:** <https://youtu.be/WovipKqkMUk>

**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. D. Lytton, 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. Minutes – 1 September 2020 (enclosed)
3. Substitutions (if any)
4. Declarations of interest
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.

## Information

6. Walsall Covid-19 data
  - Report of Director of Public Health (enclosed)

## Assurance

7. Walsall Local Outbreak plan actions and progress on delivery
  - Report of Director of Public Health (to follow)
8. Test Trace and Isolate
  - Report of Director of Public Health (to follow)

## Communications and Engagement

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

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

**Tuesday 1 September 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  
Ms. D. Lytton, One Walsall  
Dr. M. Lewis, Walsall Healthcare NHS Trust

**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.

### **9/20 Apologies and substitutions**

Apologies for non-attendance were submitted on behalf of Chief. Supt. A. Parsons and Mr. D. Fradgley. No substitutions were notified.

### **10/20 Minutes**

Councillor Craddock moved approval of the minutes of the meeting on 16 July 2020 which was put to the vote by way of a roll-call of Sub-Committee members

The motion subsequently declared carried and it was:

**Resolved** (unanimously)

That the minutes of the meeting held on 16 July 2020 copies having been sent to each member of the Sub-Committee be approved and signed as a correct record.

At this point, Councillor Craddock took the opportunity to seek updates on issues raised at the meeting:

- *Flu Vaccines:* With regard to a concern raised by Dr Rischie in relation to the low uptake of the flu vaccine for faith related reasons, the Council's Communications lead, Mr J. Elsegood responded said that he was working with community leaders and faith groups to engage with those hard to reach areas and that specific, bespoke messages were being sent out later that week. Dr Rischie also mentioned the low uptake in relation to early-years school age children and said that the Clinical Commissioning Group would continue to work with Public Health colleagues in this respect.
- *Covid-19 Testing Kits for GPs:* Dr Rischie pointed out that he was not advocating routine testing in the primary care setting but he felt that opportunities may arise where GPs could use these should it be considered appropriate. Dr. Viswanathan said that she would discuss this further with Dr. Rischie and the Director of Public Health.

#### **11/20 Declarations of interest**

There were no declarations of interest

#### **12/20 Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

#### **13/20 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, the support offered to shielding and vulnerable residents; and the number and pattern of deaths in Walsall:

(see annexed)

Mrs Thomas emphasised that the information was updated on a weekly basis and was available on the council website. She said that the latest version did not include the shielding data as it was not needed at the moment but could be added in again as necessary.

With regard to the data on potential cases and incidences of mortality, Mrs Thomas said that this had reduced significantly and that other neighbouring

boroughs had higher rates. In response to a question on the availability of more detailed data at lower levels, members were advised that this information was a 'snapshot' in time and that whilst there were 'hot spots' identified on the map, these tended to move about for a variety of reasons, for example by including care homes in the data.

Councillor Craddock thanked Mrs Thomas for the presentation.

#### 14/20 **Walsall Local Outbreak Plan actions and progress on delivery**

Councillor Craddock introduced the report which provided progress on the delivery of actions to support the Outbreak Plan:

(see annexed)

The Director of Public Health, Mr S. Gunther, explained the progress in detail which he said had been informed by national guidance and regional critique.

A discussion took place during which time, members were advised that:

- With regard to those people with long term conditions and flu plans, the criteria for vaccines had expanded to a wider cross-section of the public and now included those aged over 50 and children so the eligible population had increased. There was a national issue around the supply and distribution of vaccines as vaccine production was calculated on the previous years' demand and set at the beginning of the year, therefore those at risk and those aged over 65 were being targeted first with the additional cohorts being captured from November onwards. In view of the current Covid-19 measures, the time taken to administer the vaccine had extended to around 5 minutes however, steps had been taken to enable GPs to cope with this.
- Over 1,000 high risk settings had now been identified as part of a risk assessment and local intelligence so that proactive engagement could be put in place. Ensuring compliance was key and Councillor Craddock urged members and the public to call in if they saw non-compliance.
- The uptake of tests had increased significantly and further testing sites, which were representative of the community, were being considered in addition to the three currently available. The current testing capacity at those three sites was 9,000 per week.
- The data dashboard discussed earlier in the agenda should include the hotline number to book a test.
- An antibody test could show that a person had antibodies but that did not mean that they were immune and could lead to people relaxing control measures. Whilst it would inform data, it was not advocated.
- The outbreak plan had been stress-tested and there had been assurance in relation to internal processes. There were areas for further development externally which included identifying lead roles and responsibilities for potential cross-border outbreaks. This was being considered at a regional level.

In response to a concern raised in relation to the potential for more mental health issues to arise as a result of the pandemic, Councillor Craddock said he was keen to see Mental Health being addressed as a top priority and said that the Council's Mental Health First Aid training had been offered to every elected member as part of their development. In addition, it was noted that more information was being included on the Council's website and in newsletters. Dr. Rischie briefly mentioned on-line training available from the Zero Suicide Alliance.

#### **15/20 Health Protection/Test, trace and isolate**

Councillor Craddock introduced the report giving an overview of data from the on-call data collection and reporting system:

(see annexed)

Dr. Viswanathan, explained the report in detail. She said that this was a snapshot of the work of the health protection team and included the work being done with care homes, schools and businesses. It set out the type of queries the team responded to, some of which were complex and took significant time to resolve. With regard to protocols for care home visiting, Dr Viswanathan said that a joint protocol had been agreed between care homes and that the team had developed guidance on infection control measures and safe visiting however, they would be working with individual care homes as necessary to continually review the guidance and provide advice depending upon developing situations.

#### **16/20 Questions from the public**

Councillor Craddock said that no questions have yet been received. He pointed out that a page had been included on the Covid-19 information page with information on how to ask questions and he encouraged people to participate in this.

#### **17/20 Returning to education settings**

Mr. J. Elsegood the Interim Director of Communications at Walsall Council gave a presentation updating on communications across the borough. He outlined the three main objectives, being; promoting general awareness, notification of local outbreaks and engaging with the community to help inform the plans.

(Presentation slides annexed)

In response to a question from Councillor Craddock as to why there had not been any feedback from the public, Mr Elsegood commented that in any survey, there was a level of apathy and a low level of response however, the communications team would strive to ensure that the message landed in an



engaging way. He explained the channels of communication used, both digital and non-digital and that he would continue to push the influencers to get the message out. Ms. Lytton, One Walsall, said that it was something that One Walsall could support and feed into, along with Healthwatch Walsall as they had a good level of attendance at virtual forums.

At this point, Dr Rischie raised a concern in relation to the requirement for school uniforms to be laundered daily and asked if schools could be tolerant of those who were unable to do this, given that not everyone had a washing machine or could afford to run the washing machine every day. Dr. Viswanathan said that whilst most schools were independent of the Local Authority, she would explore this further with the Director of Children's Services as they both had regular contact with head teachers.

The meeting terminated at 5.20pm

Chair:

Date:

## Local Outbreak Engagement Board

20<sup>th</sup> October 2020

### Walsall Covid-19 Dashboard

#### 1. Purpose

To update Board Members on of data in relation COVID-19 including potential symptoms, confirmed cases and deaths. Where applicable, it compares Walsall with Local Authorities across the region for benchmark purposes.

#### 2. Recommendations

- 2.1 That, subject to any comments Board Members may wish to make, the latest data presented in the dashboard be noted;
- 2.2. That Board Members use, promote and direct other users to the dashboard accordingly.

#### 3. Report detail

The 'Walsall Covid-19 dashboard' is a two sided dashboard refreshed weekly to provide timely data and can be sourced on the Walsall Council website [HERE](#)

Its purpose is to offer a brief overview for the Walsall borough and includes:

##### *Potential symptoms and confirmed cases:*

- Trends of positive cases
- Figures on potential symptoms
- Numbers of cases for Walsall and neighbouring Local Authorities
- Rates per 100,000 population for Walsall and neighbouring Local Authorities

##### *Mortality: distribution and incidence:*

- A map of deaths by Middle Super Output Area at a point in time (MSOA – a Census defined geography with a similar number of people and households. There are 39 MSOAs in Walsall).
- Charts presenting deaths over time and where they are occurring – 'care home' or 'hospital'
- Peak mortality comparator across 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 well received from users of the dashboard, and further amendments/tweaks are made to ensure the intended audience get the most from it.

#### **4. Conclusion**

The 'Walsall Covid-19 dashboard' provides Board Members with data to help gauge the latest situation, and feedback suggestions for possible future improvements. Further updates on a regular basis are recommended to keep Board Members informed of the most up-to-date information.

#### **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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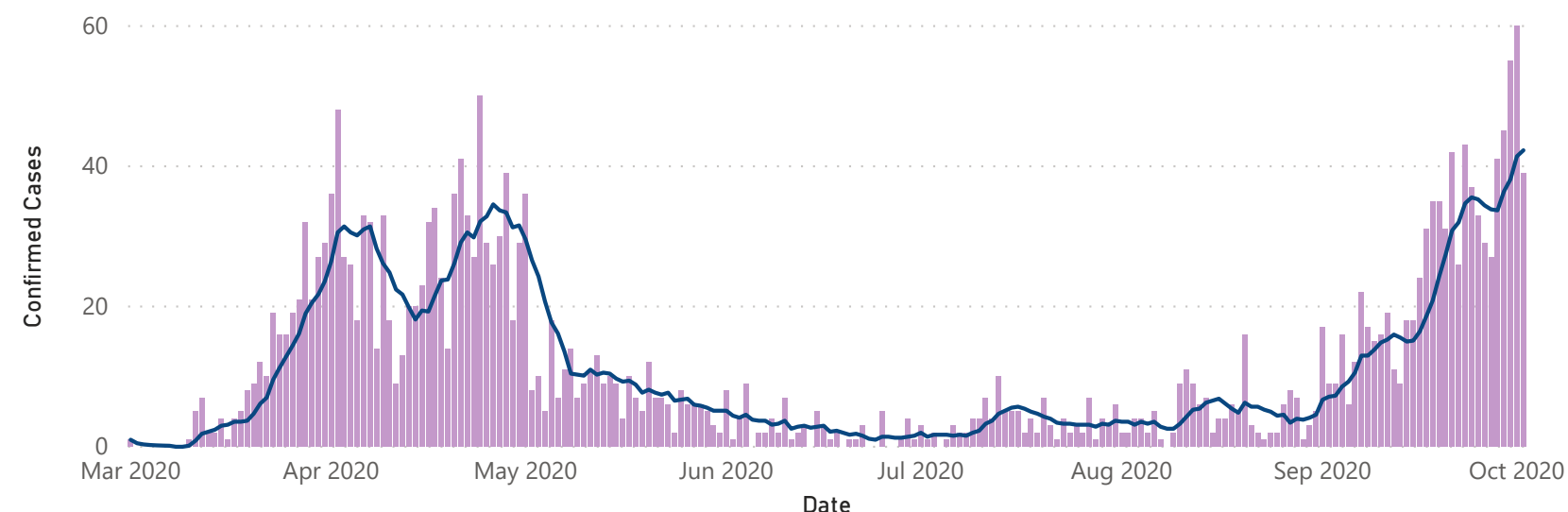
✉ [Emma.thomas@walsall.gov.uk](mailto:Emma.thomas@walsall.gov.uk)



## Walsall Daily Confirmed Cases

How many confirmed cases have been recorded in Walsall?

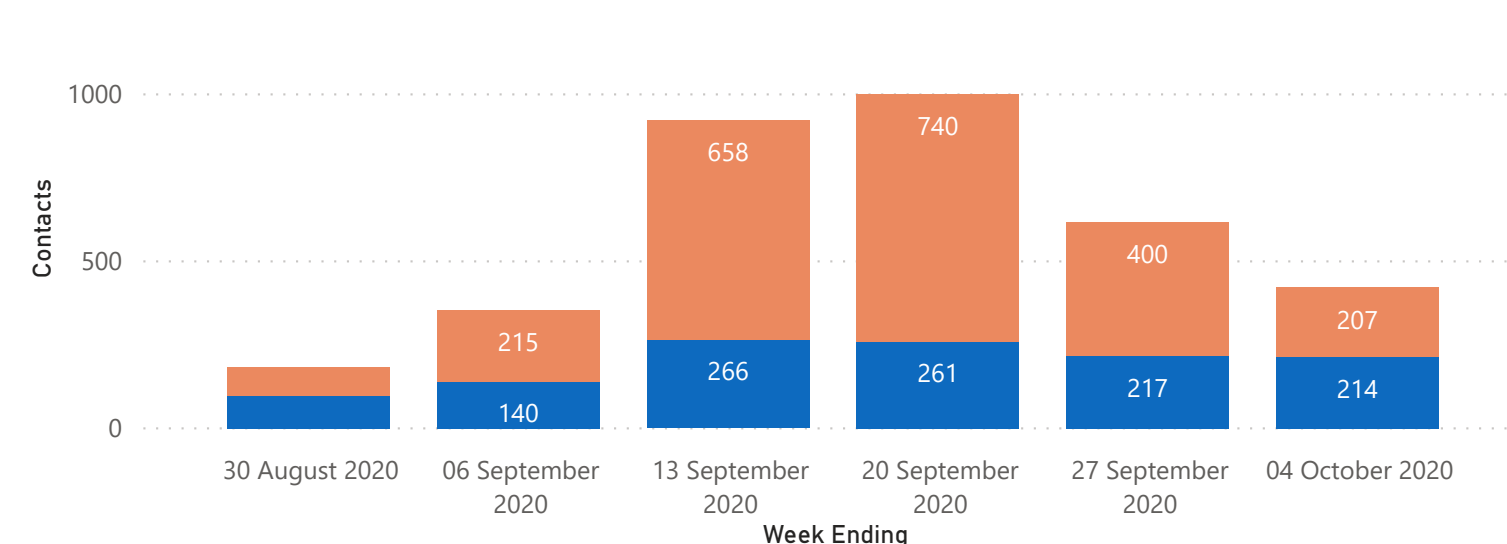
Confirmed cases 7-day average



## COVID-19 Triages: Weekly 999/111 Calls &amp; Online

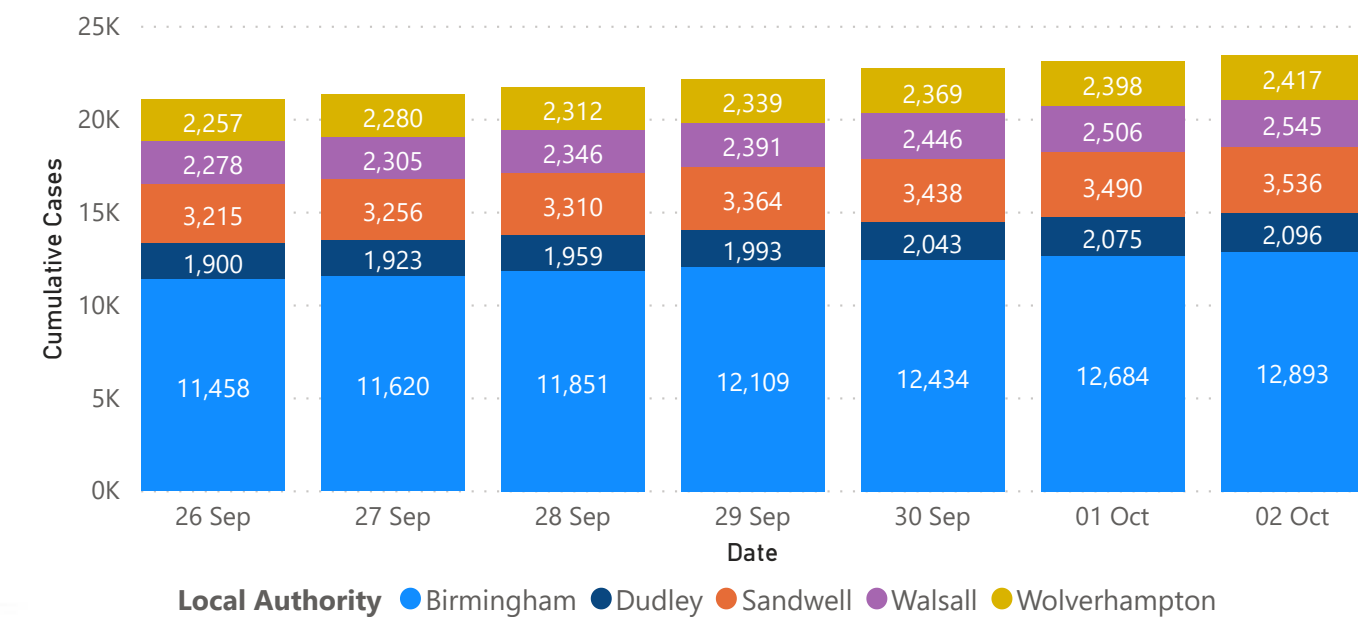
How many calls &amp; online assessments for potential symptoms?

Type Call Online



## COVID-19 Cases by Local Authority

How many confirmed cases by recent day?



## Regional Confirmed Cases

Birmingham &amp; The Black Country

Total Regional Cases

23,487

+2379

Over the previous 7 days

1003

Cases per 100,000 population

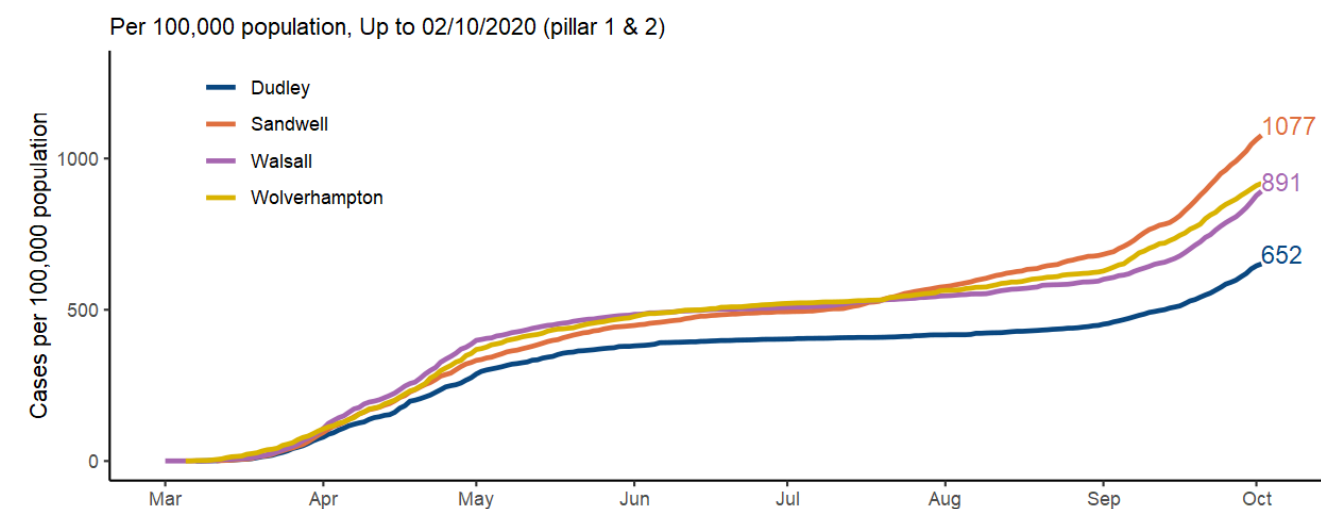
+267

Over the previous 7 days  
in Walsall, as of

02 October 2020

## COVID-19 Cumulative Cases per 100,000 Population

How do we compare to other local areas?

Data Sources: [PHE Coronavirus Tracker](#), [NHS Digital](#)

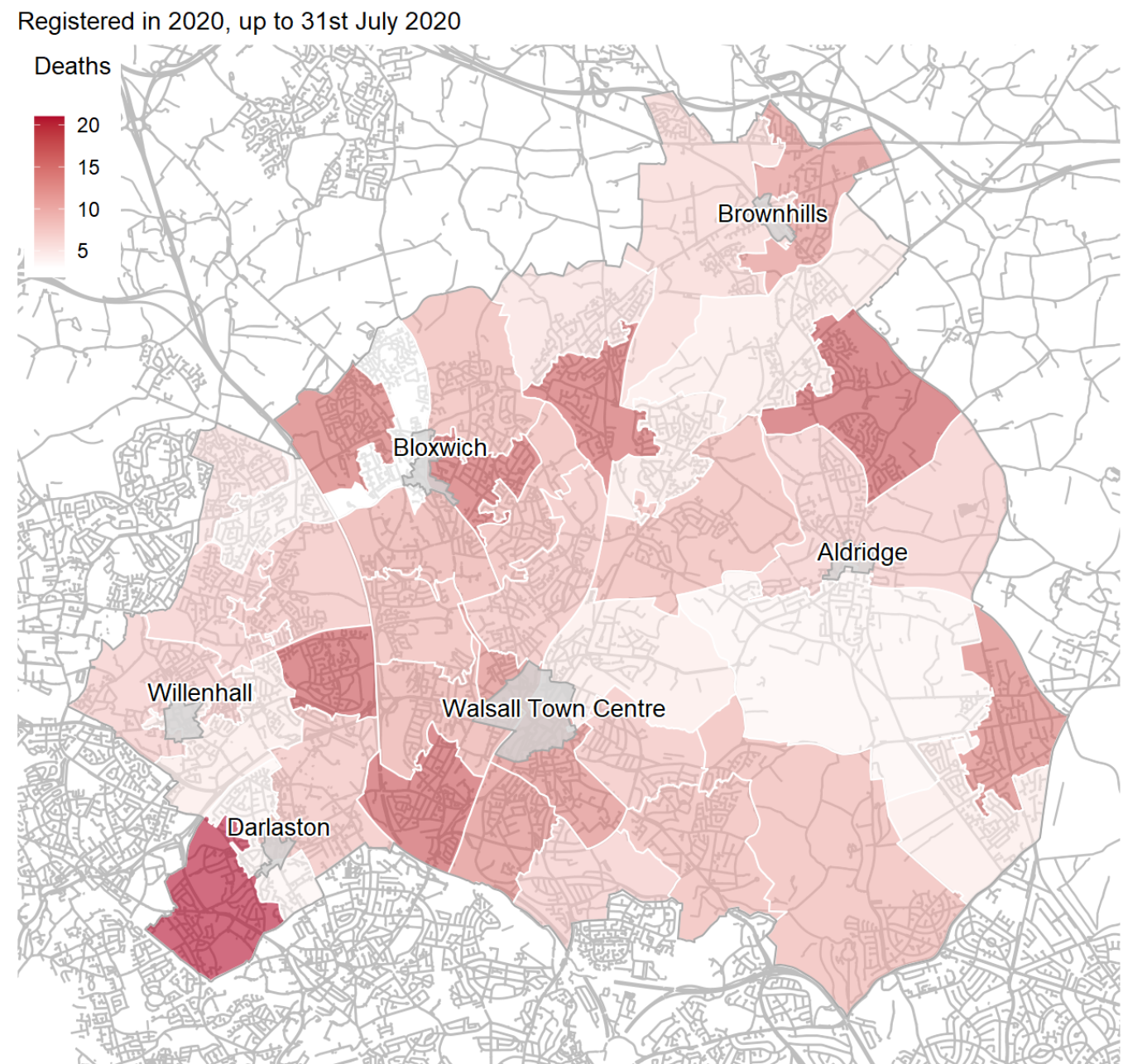


# Walsall Council Mortality: Distribution & Incidence

Mortality data is provided by the ONS & derived from Death Certificates where COVID-19 has contributed to, or been the primary cause of death. There can be up to a two week lag prior to release of new data.

## COVID-19 Registered Deaths by Neighbourhood (MSOA)

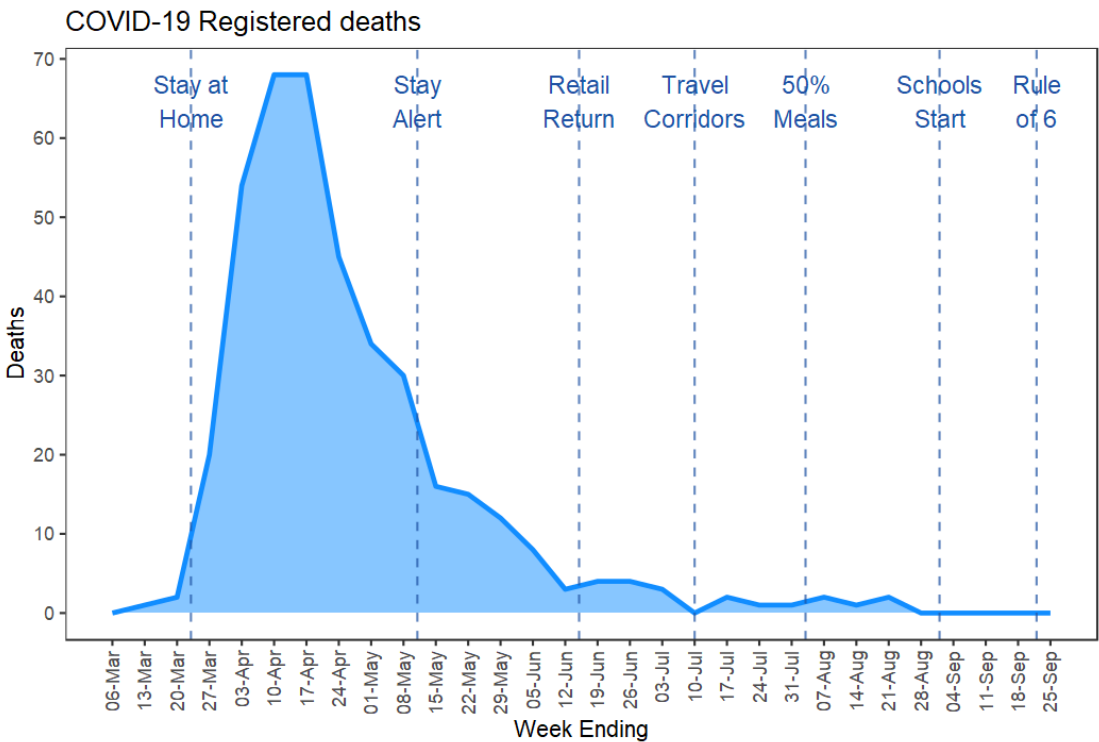
Where have COVID-19 deaths occurred?



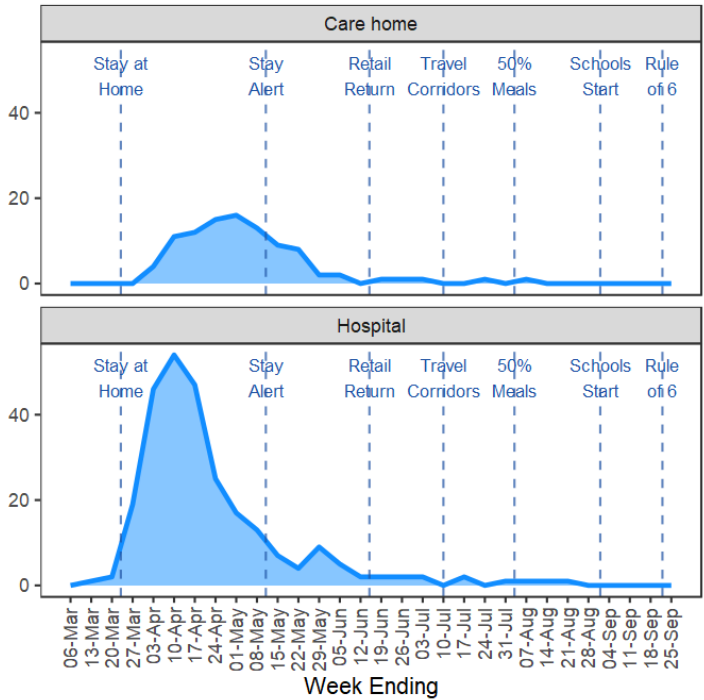
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## Distribution of Mortality by Week

When did most COVID-19 registered deaths occur & how have they fluctuated over time?



## COVID-19 deaths by Place of Death



## COVID-19 Mortality

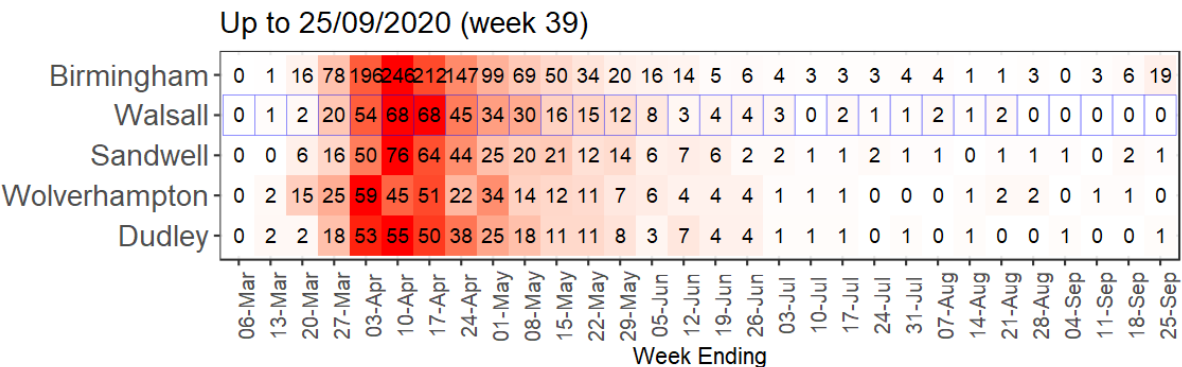
How many COVID-19 deaths?

**396**

Walsall COVID-19 deaths  
registered as of  
**25 September 2020**

## Distribution of Mortality

When did each local area experience peak mortality?





## **Local Outbreak Engagement Board**

**20 October 2020**

### **Local Outbreak Management Plan and Response to the Coronavirus Pandemic in Schools and Care Homes**

#### **1. Purpose**

This report details the work done by the public health team to support schools and care homes as part of the Coronavirus Outbreak Plan.

A performance report of the Local Outbreak Management Plan is included at Appendix 1 to this report.

#### **2. Recommendations**

- 2.1 That, subject to any comments Board Members may wish to make, the support to schools and care homes be noted.

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

##### *1.1 Schools, Early Years and other education settings*

Proactive work with schools commenced in May to prepare for both the limited June opening and the full September restart.

An on call support team has been in place since April 21<sup>st</sup> for schools and early years providers with the school nurses offering the first point of contact during office hours for education providers with support from the Walsall Public Health infection control team out of office hours 8-8 weekends and weekdays.

In addition, the Walsall Public Health Test and Trace team supports contact tracing in all venues in Walsall including schools.

Walsall Public Health have also commissioned the School Nursing team to support the COVID response.

Public Health are also working with the DHSC and Deloitte to organise access to testing across Walsall.

Interactive training offered to school and early years and related services:

Infection control support has been offered to schools through an infection control email alert system.

Updates and interactive sessions are offered to head teachers at webinars which are held weekly.

Special webinars have been specifically held for early years providers, detailing infection control measures including how to access appropriate PPE and COVID secure measures. Additionally, webinars have also been offered to

- Children's Residential Homes
- Foster carers
- School Improvement team
- Cleaning services
- Transport services
- Summer activities provider team

#### *Guidance sent to schools:*

Walsall Borough Council provide information to schools on a variety of issues including staff and student emotional health and wellbeing as well as specific information about Covid-19 on the schools website which is added to as more information is developed

Guidance from Public Health England for schools has been localised for Walsall including parent template letters and useful FAQs.

The following guidance has been provided to schools. The links to these documents are available on the schools website, and includes the following

**Section 1** - Keeping you safe in your setting: Do not come into the building in these scenarios Including information for parents and carers)

**Section 2** - What to do if you or someone in your setting develops symptoms

**Section 3** - Management of a single confirmed case

**Section 4** - Further confirmed case/s Arrangements for management of a possible outbreak

**Section 5** - Information on COVID-19 Testing (Including how to access local testing sites, school testing kits and re-ordering kits)

**Section 6** - Who might need to self-isolate? (Including definitions of a close contact, scenarios, diagrams explaining self-isolation)

**Section 7** - NHS COVID-19 App and QR Codes for education settings

**Section 8** - Frequently Asked Questions

**Section 9** - Translated information in community languages

**Section 10** - Key Contact Numbers

#### *Support offered to Walsall College*

As a facility for over 8000 students coming from outside of Walsall as well as from across the Borough and also a large employer, particular support has been given to Walsall College. Key leads attend the regular weekly Heads briefing but bespoke discussions with Public Health have also taken place to review infection control measures and actions in place and offer challenge to the College. Key leads within the College also make use of the Walsall Public Health infection control team support line when particular support is required and to notify the team of any positive cases

#### *Support offered to Wolverhampton University, Walsall Campus*

Wolverhampton University has campuses in Telford and Walsall as well as Wolverhampton. Work has been undertaken through a strategic group made up of Public Health from all 3 Public Health teams and University staff to ensure that the information given to students and staff, whether about infection control or mental

health, is consistent as well as review the issues individual to each campus. This strategic group is also looking to ensure students are able to return home for their full Christmas break

Work is being taken forward to investigate a student health champion role following several students expressing an interest in being involved in the work to tackle the Covid-19 pandemic. This could be used as a mechanism by which PH messages could be disseminated to other students and feedback could be fashioned from students to UoW and LAs on student experience of life on campus.

Support is being given to students who have placements in care homes or social care facilities as part of their courses to access testing in line with testing expectations.

In addition, Wolverhampton University have worked with Wolverhampton, Telford and Walsall Public Health to set up testing sites on campus which will benefit local residents as well as students and staff at the University

#### *Public Health Helpline Support for schools, early years and other educational settings*

Public Health support is offered from 8 AM to 8 PM, 7 days a week through a phone line/email support. The key elements of the offer include:

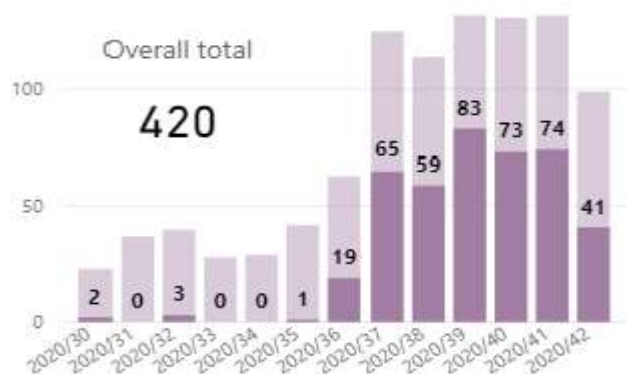
- Offer advice on outbreak management and public health issues to schools and other educational settings
- Offer advice on PPE in line with national guidance
- Offer advice and support to parents on COVID related issues
- Function as a single point of contact for PHE
- Escalation of outbreaks to PHE where the outbreak has not already been notified to PHE
- Organisation of Incident Management team meeting in collaboration with PHE where appropriate
- Undertake follow up support to schools and educational settings experiencing outbreaks in order to
  - Assess ongoing risks
  - Escalate to PHE if appropriate
- Organise swabbing in the educational settings if necessary
- Follow up on test results and communicate these if that has not happened already through the NHS test and trace.

#### *The story so far*

Given below are the weekly calls to the Health Protection on call team from schools and educational settings over the past 3 months.

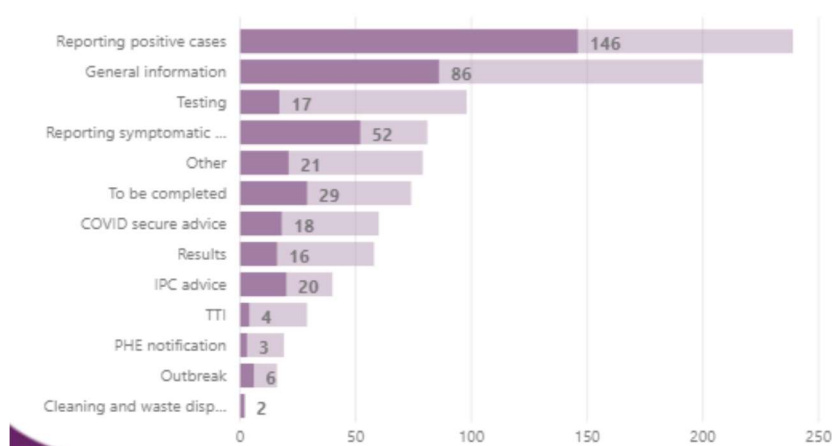


## Total calls per week



Given below is a breakdown of the types of queries received from schools and educational settings over the past 3 months.

## Type of query



## Feedback from schools and early years

The support offered by public health has been greatly recognised and appreciated by all the educational settings in Walsall. In particular, the on call helpline has been very valued, and the time and effort spent to resolve each individual case/outbreak has been welcomed.

## Care Homes

Walsall Public Health provide an enhanced Infection Prevention and Control (IPC) service to Care Homes in Walsall which includes outbreak management, education and support and onsite training covering IPC and PPE fit testing.

The public health team provide on-call support to homes (8am-8pm) 7 days a week. The Team also work in close liaison with PHE with weekly catch-up meetings to develop and deliver accessible guidance and FAQs on the latest testing announcements, how best national developments can support already successful local arrangements, who to contact at a local level for support, and ensuring rapid resolution of escalated concerns.

## IPC support offered to care homes to date – Enhanced Support Offer

Since declaration of the Pandemic and lockdown late march 2020, care homes have been visited on a prioritised basis on the basis of local intelligence. An enhanced support team had been put in place over the first wave and stepped down over the summer. This team has now been reinstated.

### *Education and training*

COVID education given in the form of slides provided by PHE and Royal orthopaedic hospital has been sent out to all homes. This support has been provided jointly from WHT, CCG and Infection prevention Training has been provided on the following:-

- Hand Hygiene
- Respiratory Hygiene,
- Decontamination,
- Safe handling of waste,
- Safe handling of linen
- Correct use of PPE including demonstration of donning and doffing.

### *Testing*

Whole home swabbing has taken place under a local initiative made up of staff drawn from areas less affected by COVID. This has provided both surveillance and assistance with management of homes with positive COVID residents. It has also assisted accurate certification of death in those sad circumstances.

Reactive IPC support to care home during office hours:

- Continue to respond to contract management and safeguard demands
- Continue to respond to outbreaks
- Continue to respond to alert organism process

### *COVID support offer to care homes*

#### **Scope of Offer**

The PH out of hours has been offered from 8 AM to 8 PM, 7 days a week since the 21<sup>ST</sup> of April through a support phone line and email. The key elements of the offer include:

- Reviewing information that has been collected to identify outbreaks (capacity tracker/COVID management service/other) to inform priorities of Enhanced Care Support Team.
- Escalation of outbreaks to PHE where the outbreak has not already been notified to PHE
- Organisation of Incident Management team meeting in collaboration with PHE where appropriate
- Undertake follow up support to care homes experiencing outbreaks in order to
  - Assess ongoing risks
  - Escalate to PHE if appropriate
- Liaise with Enhanced Care Support team to organise swabbing in the care home
- Follow up on test results and communicate these to care homes where PHE has not do so already
- Offer advice on outbreak management and public health issues to care homes
- Offer advice on PPE in line with national guidance
- Function as a single point of contact for PHE

### *Medium term proactive IPC support to care homes (preparation for second wave)*

1. The first element of plan for proactive IPC support to care homes involves visiting all of the homes once more with introduction of a “daily COVID checklist” put together by the health protection team with the aim of sustaining IPC standards during the “quieter times” and embedding permanent changes/ highlighting weak areas, etc in preparation for another peak should one arise.

Each home is visited to walk around with the manager/link carer to introduce the tool and then encourage them to do this on a daily basis and address any issues identified.

The homes have been asked to report any concerns around compliance to Walsall Health Protection Cell, although assurance visits from additional support eg the CCG /council quality. This process has been rolled out in 12 homes so far.

2. A second element offers homes a second layer of COVID education put together by Infection prevention society which also has a “sound over” provision enabling homes to access this when the time is convenient to them encouraging a wider reach.
3. An additional but most essential element will be to assist homes to look at future planning. Using the available knowledge gained from swab results, risk assessments and clear labelling of rooms will help to prevent spread around the home reducing the risk of a future uncontrolled outbreak.

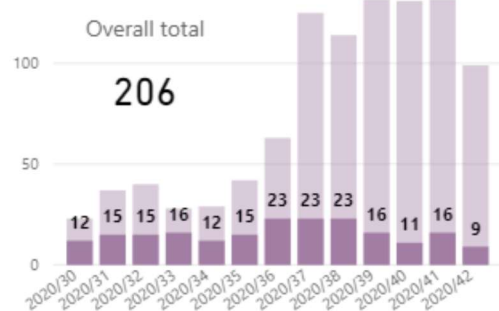
### *Long term proactive support to care homes*

- All homes being visited by IPC team at least quarterly, as opposed to current annual visits
- Annual audit (as current)
- Monitoring of checklist (wider team)
- Quarterly link worker meetings to continue
- Attendance and input to care home MDT forums to continue
- Further development of the PH website
- Extend service to Domiciliary Care
- Extend service to supported living
- Explore education/training to agency staff in care homes
- Explore IPC education/ training to Clinical Intervention Team etc
- Continue service to GP's (annual audit/education/attendance at regular meetings)

### *Story So Far*

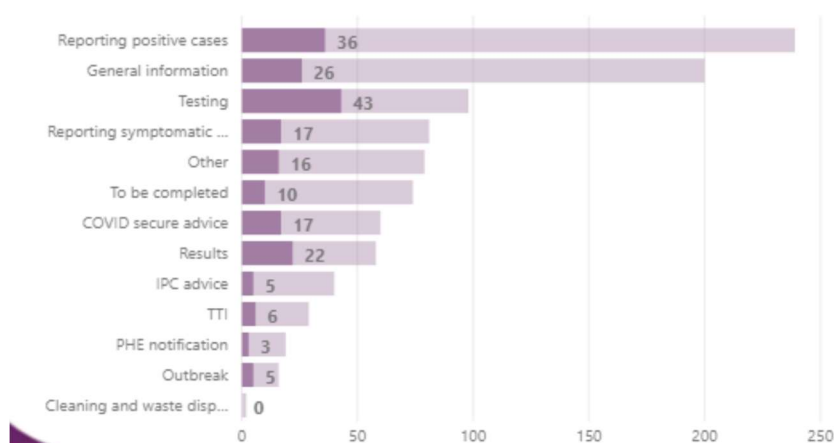
Given below are the weekly calls to the Health Protection on call team from care homes and residential settings over the past 3 months.

## Total calls per week



Given below is a breakdown of the types of queries received from care homes and residential settings over the past 3 months.

## Type of query



## Background papers





None

## Author

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## Outbreak Management Plan Monitoring - Appendix 1

Throughout our activities, we will strive to include Inequalities Reduction learning into our approaches. Decisions will be recorded on Action Log, include data, evidence base, community engagement and learning from national sources. **Key**

|                          |   |
|--------------------------|---|
| Complete                 |  |
| On track                 |  |
| Delayed with mitigations |  |
| Not started              |  |

### 1. Prevent Outbreaks and Respond Proactively

|  | BRAG Status | Completion Date  |
|--|-------------|--|
| <b>Schools</b>   |             |  |
| Guidance developed and disseminated  | 100%        | Complete   |
| Engagement Activities, webinars and Heads meetings carried out – primary, secondary, nurseries and childminders, school cleaning teams, school transport. - Children's Services Summer Activities and children's residential homes   | Ongoing     | Live   |
| Modelling PPE requirements for LA maintained schools   | 100%        | Complete   |
| Developing checklists for responding to incidents  | 100%        | Complete   |
| Responding to outbreaks and incidents  | Ongoing     | Live   |
| Schools: Support to school dedicated transport team in advance of Autumn Term  | 100%        | Complete   |
| Provision for further guidance to support school reopening in September  | 100%        | Complete   |
| <b>Care Homes</b>  |             |  |
| Guidance developed and disseminated  | 100%        | Complete   |
| Engagement Activities, webinars and Domiciliary Care providers carried out   | 100%        | Complete   |
| Face to face IPC training for Nursing and Care Home providers – e.g. PPE wearing   | 100%        | Complete   |
| Developing checklists for responding to incidents  | 100%        | Complete   |
| Escalation plans: We have developed and distributed a checklist for care homes. This is supported by staff follow up to ensure the checklist is operating and that sites are Covid-secure ready for a second wave, with an escalation for symptomatic staff and residents (reactive swabbing). Still need access to a room (at WHT), for the label printer and computer to print request forms. Admin person in place and trained. Escalation plan to be placed into the Outbreak Management Plan folder by Uma/ Kulvinder | 100%        | Complete   |
| Enhanced IPC support as part of overall delivery model for Care Homes, through Walsall Together <ul style="list-style-type: none"> <li>- Agree model</li> <li>- Recruit additional IPC Nurse</li> </ul>  | 80%         | 1.6 Band 7 staff recruited (start 01/11). Band 8 Nurse still required. Core delivery model in place. |
| Improve health and wellbeing for people with long term conditions including flu and pneumococcal vaccines  | Ongoing     | Black Country Final Flu Plan has been signed off. Arrangements have been made for                    |

|  |         |  |
|--|---------|--|
|  |         | vaccination of council staff. Comms have been given to staff.  |
| <b>High Risk &amp; Complex Settings</b>  |         |  |
| High risk and complex setting have been mapped and key contacts have been identified   | 100%    | Complete   |
| Summary guidance developed   | 100%    | Complete   |
| Dissemination of specific communications, guidance and proactive engagement with the settings has begun. Settings already covered are:- - Meat packing industries <ul style="list-style-type: none"> <li>- Licenced premises</li> <li>- Hair dressers</li> <li>- Retail</li> <li>- VCS</li> <li>- Faith settings</li> </ul> Ongoing engagement with the remaining settings based on the risk assessment being carried out. | Ongoing | Live<br><br>Targeted work being done with identified premises through Environmental Health and Community / Civic silver group<br><br>This will be a live process dependent on emerging evidence around risk. |
| Developing checklists for responding to incidents  | 100%    | Place based IMT Terms of Reference have been signed off  |
| Responding to outbreaks and incidents  | Ongoing | Live   |

## 2. Testing and Contact Tracing

|   |      |  |
|---|------|--|
| Guidance completed and SOP developed  | 100% | Complete   |
| Recruited Swabbing team   | 85%  | The model to recruit stand up / stand down has proven to be challenging due to recovery and restoration of services. We will now recruit rather than draw upon secondment and availability which is more robust. |
| Training for swabbing team  | 75%  | See above  |
| Explore laboratory capacity for Pillar 1 Testing with Black Country Pathology Service (BCPS) plus relevant partners for future proofing discussions around capacity |      | Estimated capacity of 500 tests / week   |
| Recruited contact tracers   | 70%  | We have 5 contact tracers assured. 2-3 more are sought.  |

|   |         |   |
|---|---------|---|
| IG approval, DBS approval, Safeguarding Training, Home Working Assessment added to training lists. 3 of 5 contact tracers are trained. 2 are submitting certificates.   | 80%     | All 5 will be complete by 15/10/20.   |
| Tracers have the ability to be given access to secure folder on Teams   | 100%    | Complete  |
| Use any modelling of current and potential demand using data points to compare with line list data and get an indication of possible contact patterns (per 100,000 population):<br>Scenarios: <ul style="list-style-type: none"> <li>No Curve Mitigation in Walsall</li> <li>Local Lockdown: (a) Tier 1 Just Houses (b) Tier 2 a+ wider – based on learning from other local lockdowns across England</li> <li>Tier 3 - National Lockdown – based on modelling of the last national lockdown</li> </ul> | 70%     | DPH now receiving more detailed, daily information on postcodes from PHE System<br>PHIT team looking at additional ways to show this data |
| Recruiting 2 x Admin to support Test and Trace  | 100%    | Complete  |
| Calculation of the number of test and trace staff needed at any future point  | Ongoing | Live  |
| Schedule of weekly updates and training sessions to be cascaded to all contact tracing colleagues   | Ongoing | Live  |
| Enhanced Contact Tracing  | 100%    | Complete – started 10/09/2020   |

### 3 Surveillance, Intelligence and Data

|   |      |  |
|---|------|--|
| KPI Dashboard created (the “how we are doing”)  | 100% | Complete   |
| IG involvement with Privacy Policy and assurance  | 100% | Complete   |
| Early Signals Insight methodology agreed to drive escalation of our response                        | 100% | Complete   |
| Technology for Contact Tracers ordered – to be delivered  | 100% | Complete   |
| Software for Contact Tracing – currently in Procurement and needs to be adapted for Walsall's needs | 100% | PwC tool now delivered. Until training complete, ongoing mitigation – Using Teams/ Sharepoint tool as interim. |
| Software for Contact Tracing – training – to be confirmed   | 80%  | Due to above delay – complete by 16/10/2020<br><br>Mitigation – training on Teams/ Sharepoint tool.            |

### 4 Engaging Partners and Communities:

|  |      |          |
|--|------|----------|
| Overarching communications plan developed to support vulnerable people and is in operation | 100% | Complete |
| Pathway developed to support vulnerable people and is in operation                         | 100% | Complete |
| Member engagement on Test and Trace initiated  | 100% | Complete |
| Engage with partners to engage with and sign off initial outbreak plan                     | 100% | Complete |

|   |         |  |
|---|---------|--|
| Engage with partners to <ul style="list-style-type: none"> <li>- Stress test outbreak plan and initiate plans for winter surge</li> <li>- develop joint plans for second potential local lockdown</li> </ul> Lessons Learned Log has been written using previous exercises. | 90%     | 2 <sup>nd</sup> stress test undertaken w/c 10/08/2020. 3 <sup>rd</sup> Walsall wide stress test planned. Place based IMT happening on a weekly basis |
| Reactive communications in case of outbreak   | Ongoing | Live   |
| Member engagement   | Ongoing | Live   |

#### 5. Governance and Programme Co-ordination

|   |         |          |
|---|---------|----------|
| Develop coronavirus outbreak plan – high level outline                | 100%    | Complete |
| Term of Reference for Governance Group created                        | 100%    | Complete |
| Sign off coronavirus action plan by HPF                               | 100%    | Complete |
| Present Coronavirus Action Plan to the HWBB Outbreak Engagement Group | 100%    | Complete |
| Sign off coronavirus action plan by Gold Command                      | 100%    | Complete |
| Ongoing engagement and reporting through DPH                          | Ongoing | Live     |
| Ongoing risk management   | Ongoing | Live     |
| Ongoing management of the programme                                   | Ongoing | Live     |
| Further updates to the Live Outbreak Plan                             | Ongoing | Live     |



## Local Outbreak Engagement Board

20 October 2020

### Test, Trace and Isolate

#### 1. Purpose

To inform Board Members of the work undertaken locally regarding Test, Trace and Isolate.

#### 2. Recommendations

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

#### 3. Report detail

##### Enhanced Contact Tracing for Coronavirus infections

Walsall Public Health have been undertaking enhanced contact tracing of COVID positive cases who have been designated as “failed to follow up” since the 9<sup>th</sup> of September.

The Walsall PH Contact Tracing team complete contact tracing and follow up of COVID positive cases sent across by the national Contact Tracing Advisory Service (CTAS). They input the finding/case notes into the National Contract Tracing Database (CTAD).

The Walsall Public Health Contact Tracing team has currently got 2.5 WTE members with an additional 4 contact tracers being included within the team within the next couple of weeks.

Since the 9<sup>th</sup> September 604 failed to follow up cases have been passed from the National team to the local contact tracers, however, numbers have been sporadic ranging from 13 – 173 cases uploaded at a time. In the early stages of the pilot many cases were already out of isolation date when uploaded, this issue appears to have now been resolved.

On a positive note the contact tracers have been successful in contacting cases previously marked as ‘uncontactable’ by PHE by interrogation of LA electoral roll information for additional contact details not included on the tracing form.

To ensure the consistency of information every case with a valid phone or email address receives an SMS text message or email advising them to isolate for 10 days and members of their household/close contacts to isolate for 14 days. Local contact numbers for *Making Connections Walsall* are also included in the message for additional support i.e. shopping, collecting prescriptions, financial and benefits advice.

## Successes

### Early successes reported by the Contact Tracing Team

- Identification of a wedding related outbreak which was not picked up by PHE or the national test and trace system.
- Outbreak linked to a pub not identified by PHE/National Test and Trace
- Outbreak linked to a hen party in a neighbouring authority
- Positive case on a holiday flight

### Additional Observations reported by the contact tracing team

- Any appropriate information is passed on to the PH on call team for them to follow up.
- Any appropriate information is passed onto other authorities – possible outbreak information.
- Escalation back to tier 1 PHE – Criteria for Escalation are change frequently.
- Cases do appear to be more responsive to a local team contacting them.
- The National system does not look at the cases as a household – therefore households become frustrated being contacted multiple times.
- We do contact a lot of people who are very ill with COVID 19.

## Challenges

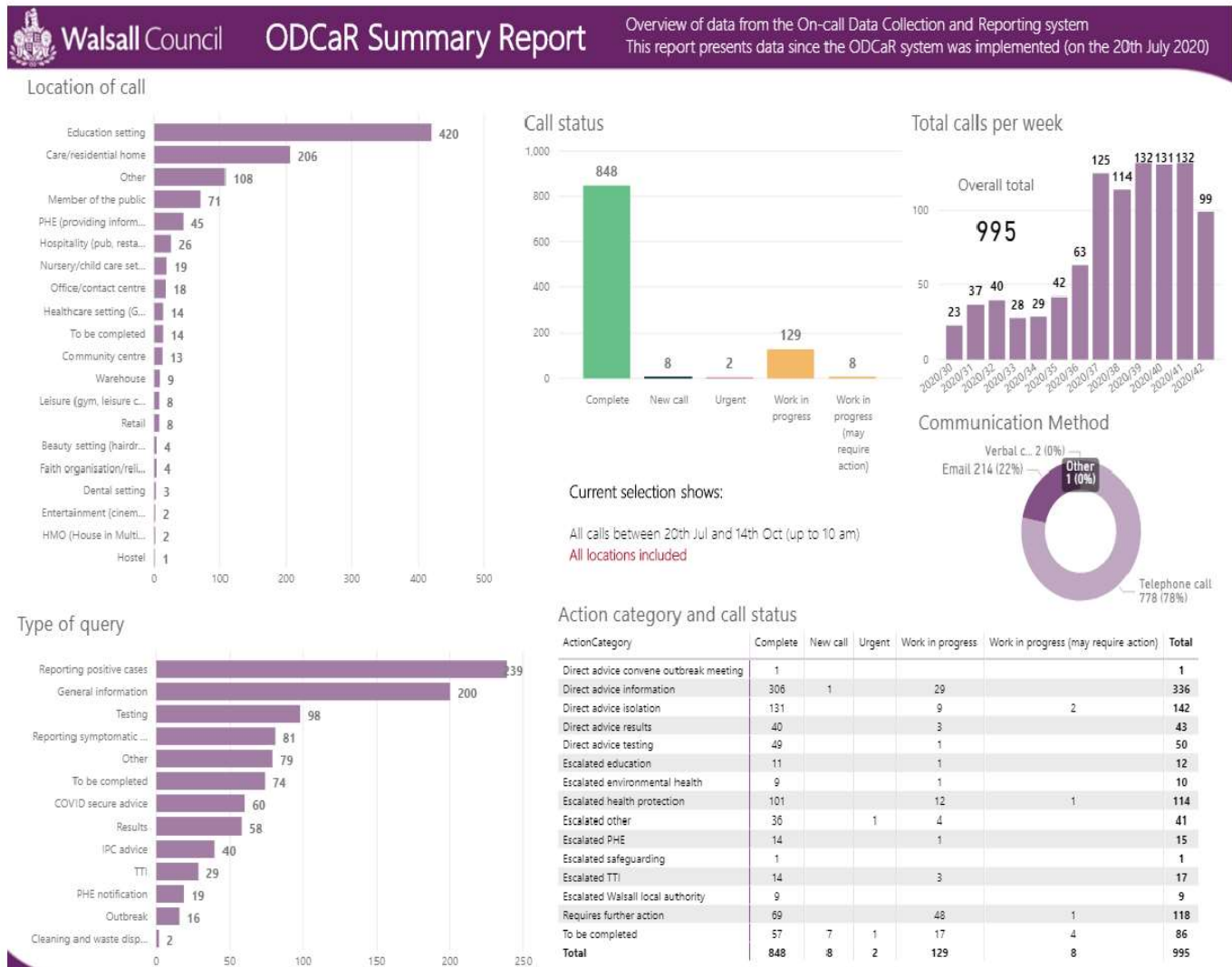
Given below are some of the challenges reported by the contact tracing team:

- Feeling unwell – unable to complete questionnaire.
- I have been through this before with National team.
- All my family have been contacted already? Why are you contacting us again?
- I have completed this on line – why are you contacting me?
- Retesting – some cases are retesting – one person retested 3 times at different testing sites. Clarity required about guidance for retesting.
- Cases in hospital –Hospital process when admitted and discharge information- cases are being retested prior to discharge and then advised to isolate for a further 14 days
- My employer will not let me back into the workplace unless I have a negative test.
- My family have not received test results and it has been 5 days since the test.
- I do not want to give any contact details- I have told all the people I have been in contact with and they are self-isolating.
- Do not co-operate on the phone – being abusive.

## Summary Report of the work of the Public Health On call cell

The public health on call service was set up on the 21<sup>st</sup> of April in response to the Coronavirus pandemic. It is available 7 days a week from 8 AM to 8PM through a phoneline/ email.

Given below is a summary report of the activity of the public health on call cell over the past 3 months, ie from the 20<sup>th</sup> of July.



## Background papers

None

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