Walsall Council

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

Thursday 3 December 2020 at 4.00 p.m.

Meeting via Microsoft Teams: Public access:https://youtu.be/mAAODVowsIl

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	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. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.
Contracts	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: (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
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	Any tenancy where (to a member's knowledge): (a) the landlord is the relevant authority; (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where: (a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either: (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (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.

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 – 16 November2020 (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).

Information

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

8. Covid-19 and Flu Vaccination Update
   - Report of Director of Public Health (enclosed)

Assurance

9. Walsall Local Outbreak Plan Update
   - Report of Director of Public Health (enclosed)

10. Test, Trace and Isolate –
    - Report of Director of Public Health (enclosed)

Communications and Engagement

11. 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

Monday 16 November2020 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
Councillor I. Robertson

In attendance: Councillor M. Bird, Leader of the Council
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.

32/20 **Apologies**

There were apologies from Chief Superintendent Parsons.

33/20 **Substitutions**

There were no substitutions for the duration of the meeting.

34/20 **Declarations of interest**

There were no declarations of interest.

35/20 **Minutes**

Resolved (via roll call)

That the minutes of the meetings held on 6 and 20 October 2020, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.

36/20 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

37/20 **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 andthe number and pattern of deaths in Walsall. She presented the most up to date information at the meeting.

(see annexed)

The meeting was informed that cases were increasing in Walsall with 1100 new positive cases in the last seven days. Community transmission was evident across the borough. Transmission was predominately taking place between friends and family in households.

The Director of Public Health reported that cases were rising exponentially across the region. It was important to minimise social contact with others to prevent the spread of the virus.

Dr. Lewis reported that hospital occupancy was approaching the levels of the first outbreak earlier in the year. Routine work was being reduced and staff plans remodelled to create additional capacity. However, he noted that it was important that those who needed urgent care should seek it as hospital capacity was being retained in this area. Mr. Fradgley reported staff sickness was increasing as the virus was more prevalent in the local community.

Dr. Rischie reported that all GP practices had stocks of flu vaccinations ad work was ongoing to deliver them. However, he noted that there was still work to do to meet delivery targets.

A discussion took place on lateral flow tests. The Director of Public Health explained that these were being piloted and outlined potential uses and benefits.

A question was raised about 'Long Covid', meaning those who were chronically ill after testing positive for Covid-19. Mr Fradgley explained that

the hospital had a 12 week programme for short term rehabilitation to support people and understand their needs. After this a Long Covid Pathway had been developed to support patients with, for example, respiratory and physiotherapy needs.

A discussion took place on the development of a Covid-19 vaccine. The Director for Public Health highlighted that work was ongoing to develop and approve a vaccine. Plans were being made for delivery through the NHS beginning in December.

In closing the item the Chairman highlighted the importance of the local community following government guidance and to avoid gathering in large groups.

Resolved:

That the report be noted.

38/20 **Walsall Local Outbreak plan actions and progress on delivery**

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

(see annexed)

She highlighted the service provided by the Health Protection team helpline and the work taking place to engage with schools and care homes.

Resolved:

That the report be noted.

39/20 **Test, trace and isolate**

Dr. U. Viswanathan introduced the report updating the Board on the actions being taken by the local test, trace and isolate team.

(see annexed)

She reported that contact tracing capacity was due to be tripled and had been successful at preventing outbreaks. The Chair questioned why the RAG rating for contact tracing software was amber and sought to understand when it would be complete? Dr. Viswanathan explained that since the publication of the report this work had now been completed.

Resolved:

That the report be noted.

40/20 **Communication with residents**

Mr. J. Elsegood, Interim Director of Communications, Marketing and Brand, gave a presentation updating the Board on the communication campaigns with how these linked with high level decisions, reinforced messages about the current lockdown and the next steps. He also highlighted now questions to the Board could be submitted.

(see annexed)

Following a question Mr. Elsegood explained that regular email updates were provided to 60,000 local residents. Ms. Dehal highlighted how One Walsall was using its networks to get messages to its members.

Resolved:

That the report be noted.

The meeting terminated at 5.00p.m.

Chair:

Date:

Local Outbreak Engagement Board

3rd December 2020

Walsall Covid-19 Dashboard

1. Purpose

The 'Walsall Covid-19 dashboard' provides a weekly update of data in relation to 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 member's note the latest data presented in the dashboard and the highlights listed below

2.2. That members use, promote and direct other users to the dashboard accordingly

3. Report detail

Latest summary highlights:

1. ***Following a first of over 1,000 positive cases over 7 days previously, cases have reduced and a rate of 339.8 per 100,000 population. Comparing Walsall with our Black Country neighbours (Dudley, Sandwell and Wolverhampton), Walsall ranks 2nd highest behind Sandwell.***

2. ***Deaths attributable to Covid-19 have increased in recent weeks - the importance of abiding by the government guidance is paramount.***

3. ***Widespread community transmission continues across the borough as a whole – the importance of abiding by the government guidance is paramount.***

Background:

- The 'Walsall Covid-19 dashboard' is a two sided dashboard refreshed weekly (usually on a Tuesday) to provide timely data and can be sourced on the WalsallCouncil website HEREand clicking on the dashboard link

- 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 01922 658065

- Comments and feedback are welcome from users of the dashboard, and further amendments/tweaks will be made to ensure the intended audience get the most from it.

4. Conclusion

Continue to utilise the 'Walsall Covid-19 dashboard' on a regular basis to help gauge the latest situation, and feedback suggestions for possible future improvements.

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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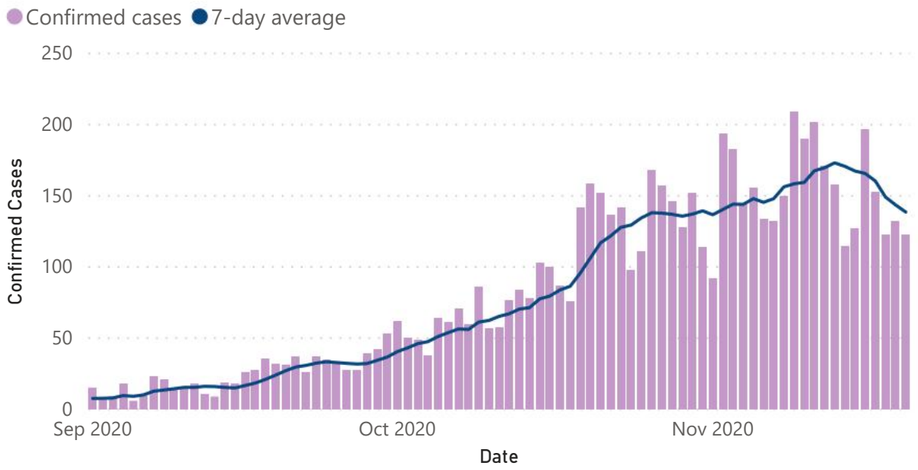
✉Stephen.gunther@walsall.gov.uk

Emma Thomas – Public Health Intelligence Manager
☎ 07944 274445
✉Emma.thomas@walsall.gov.uk

Walsall Council Potential Symptoms & Confirmed Cases

Walsall Daily Confirmed Cases

How many daily confirmed cases have been recorded in Walsall since September 2020?



Walsall Confirmed Cases

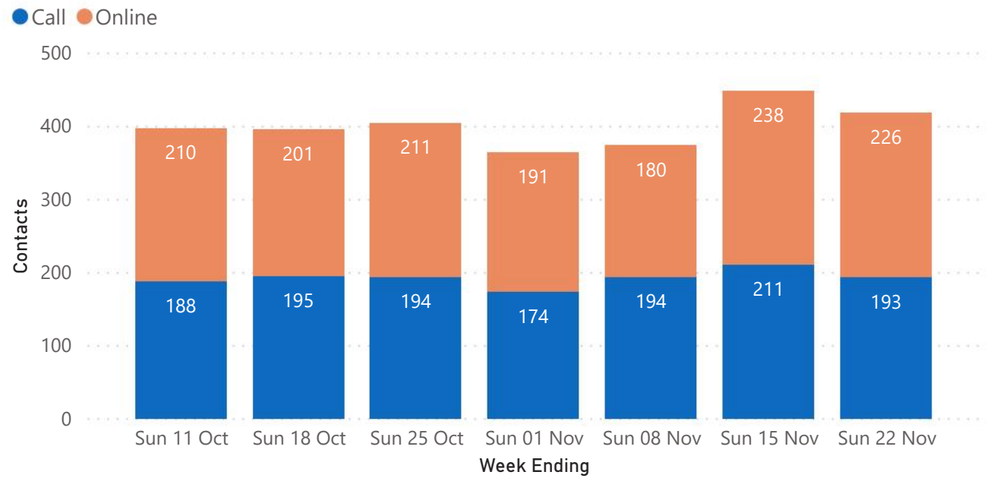
COVID-19 cases within Walsall

	Cases	Per 100,000 population
Total:	8,576	3,004.1
Previous 7 days:	970	339.8

Cases as of: **20 Nov 2020**

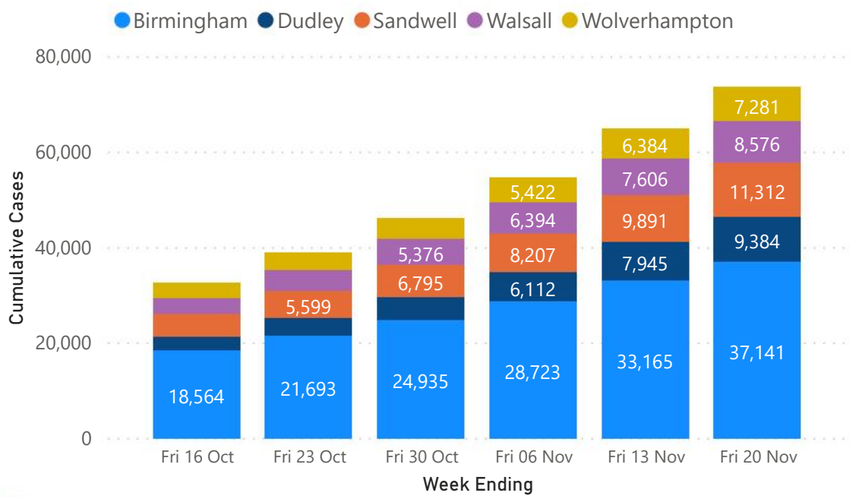
COVID-19 Triages: Weekly 999/111 Calls & Online

How many calls & online assessments for potential symptoms?



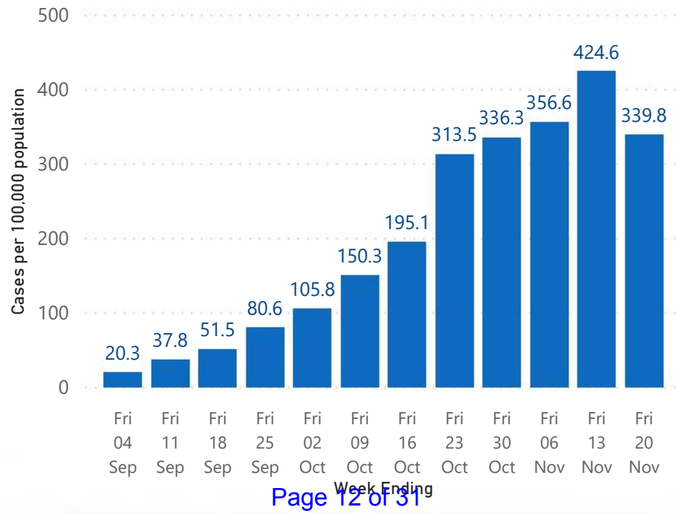
COVID-19 Cumulative Cases by Local Authority

How have cumulative cases changed by recent weeks in the local area?



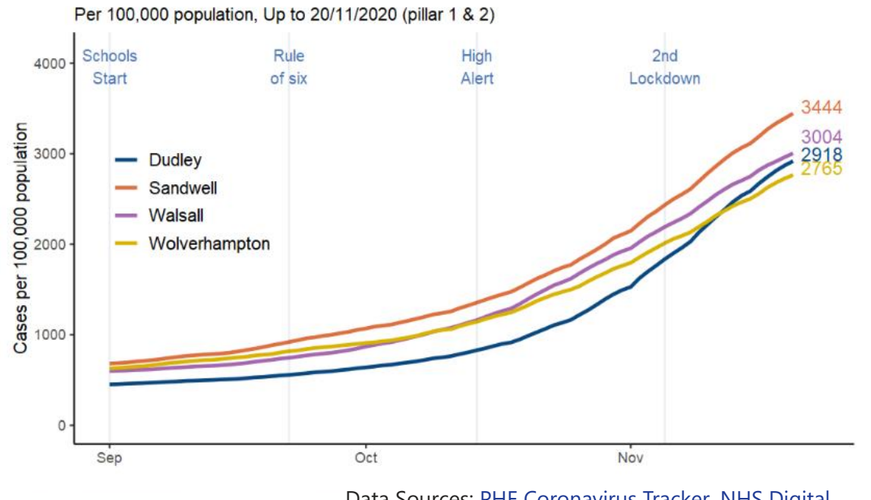
Walsall Cases per 100,000 population

How many people per 100,000 tested positive each week?



Cumulative Cases per 100,000 Population

How do we compare to other local areas?



Data Sources: PHE Coronavirus Tracker, NHS Digital

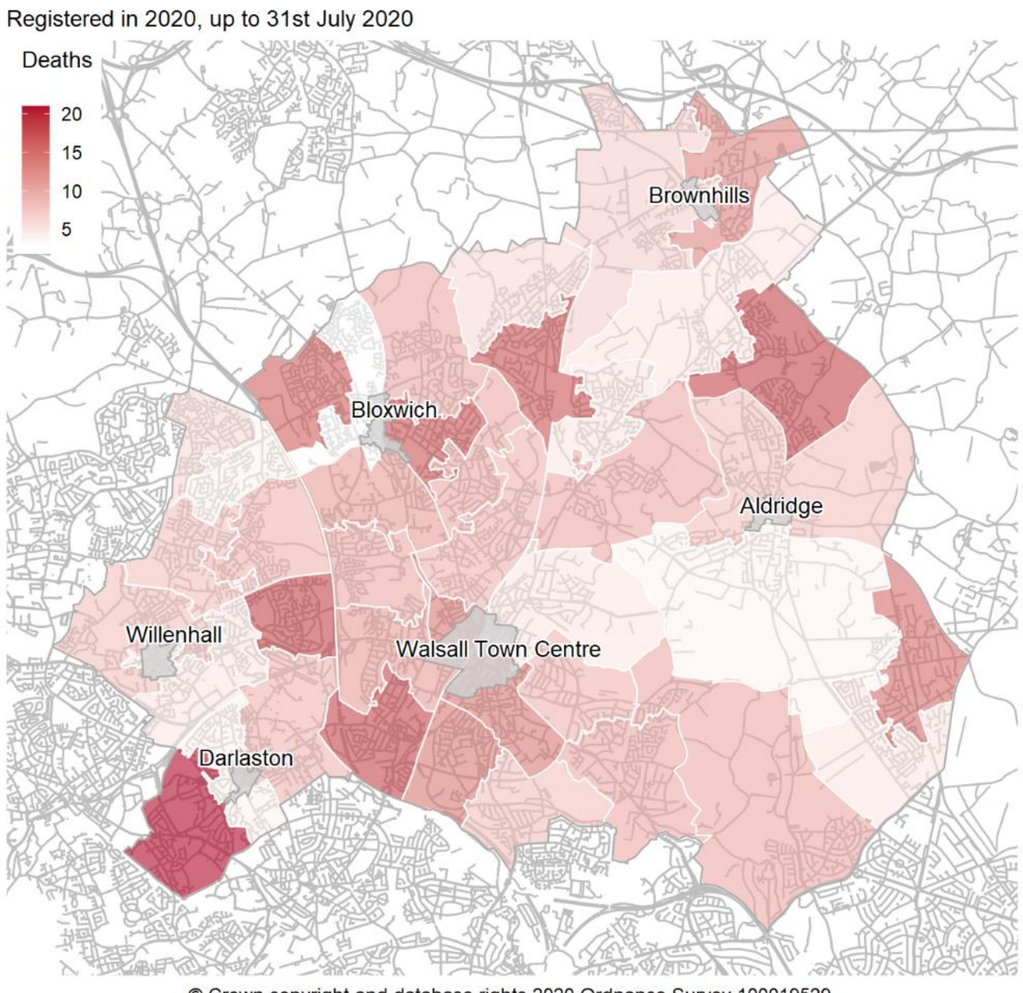
If you need any help or advice please contact our Health Protection Team: Email: walsall.healthprotection@nhs.net Tel: 01922 658065

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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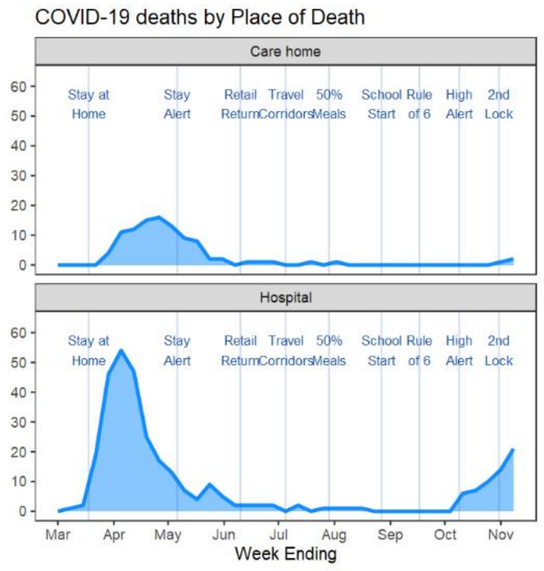
Distribution of Mortality by Week

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



COVID-19 Mortality

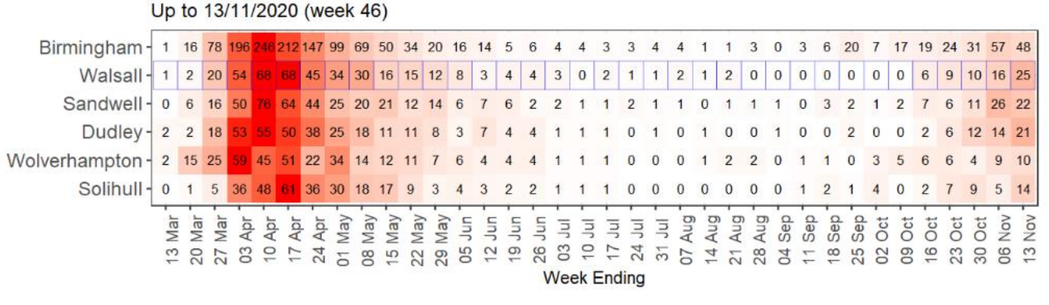
How many COVID-19 deaths?

462

Walsall COVID-19 deaths registered as of **Fri 13 Nov**

Distribution of Mortality

When did each local area experience peak mortality?

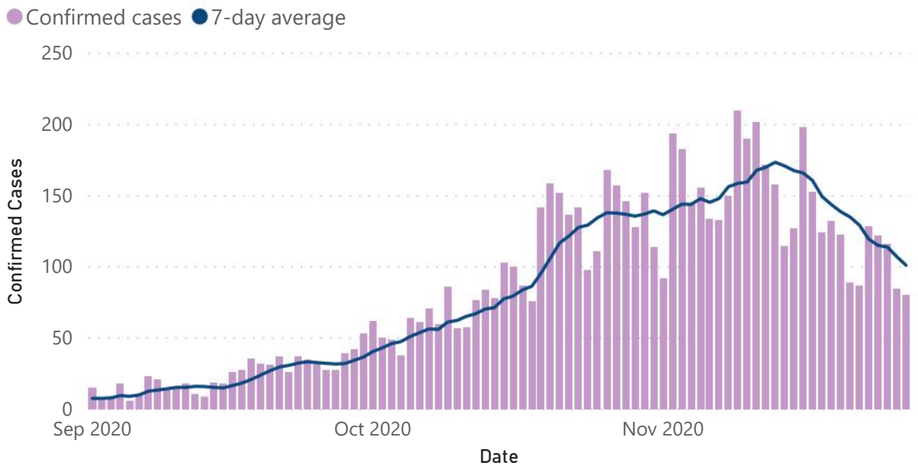


Data Source: ONS Weekly Registered Deaths

Walsall Council Potential Symptoms & Confirmed Cases

Walsall Daily Confirmed Cases

How many daily confirmed cases have been recorded in Walsall since September 2020?



Walsall Confirmed Cases

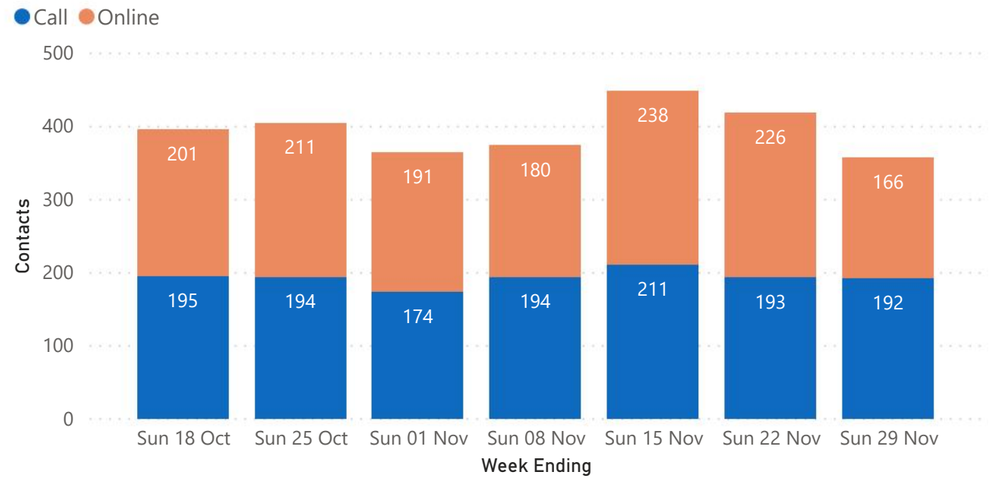
COVID-19 cases within Walsall

	Cases	Per 100,000 population
Total:	9,289	3,253.8
Previous 7 days:	708	248.0

Cases as of: 27 Nov 2020

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

How many calls & online assessments for potential symptoms?



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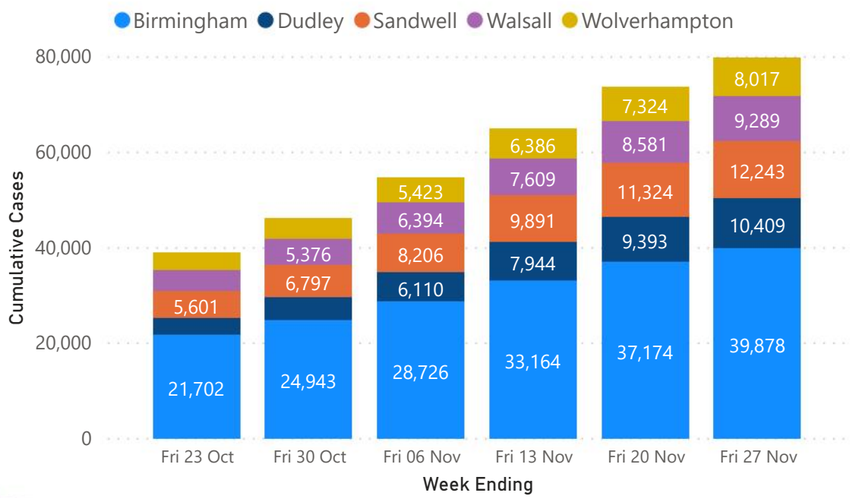
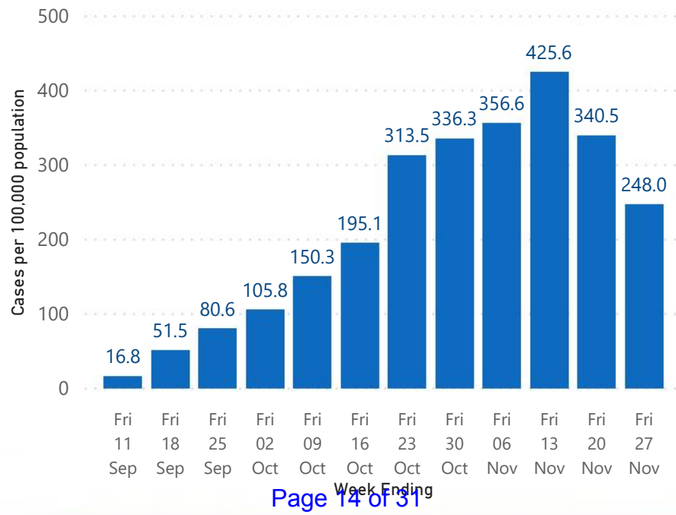


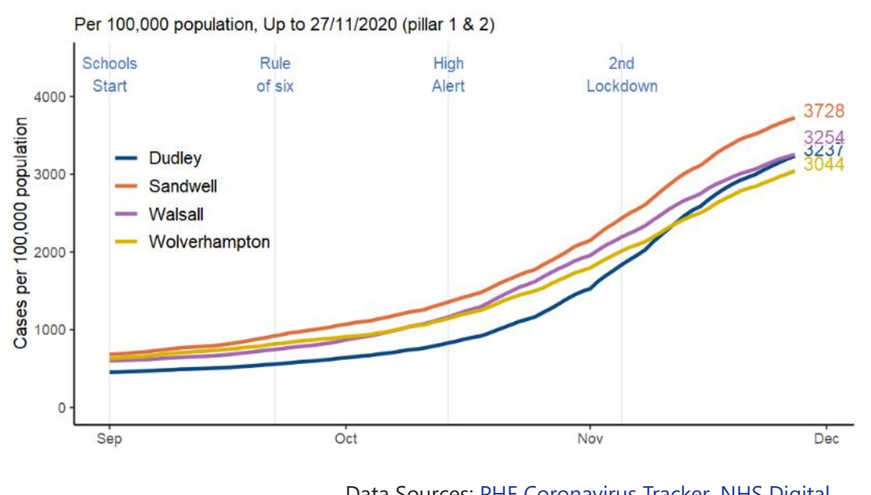
Walsall Cases per 100,000 population

How many people per 100,000 tested positive each week?



Cumulative Cases per 100,000 Population

How do we compare to other local areas?



Data Sources: PHE Coronavirus Tracker, NHS Digital

If you need any help or advice please contact our Health Protection Team: Email: walsall.healthprotection@nhs.net Tel: 01922 658065

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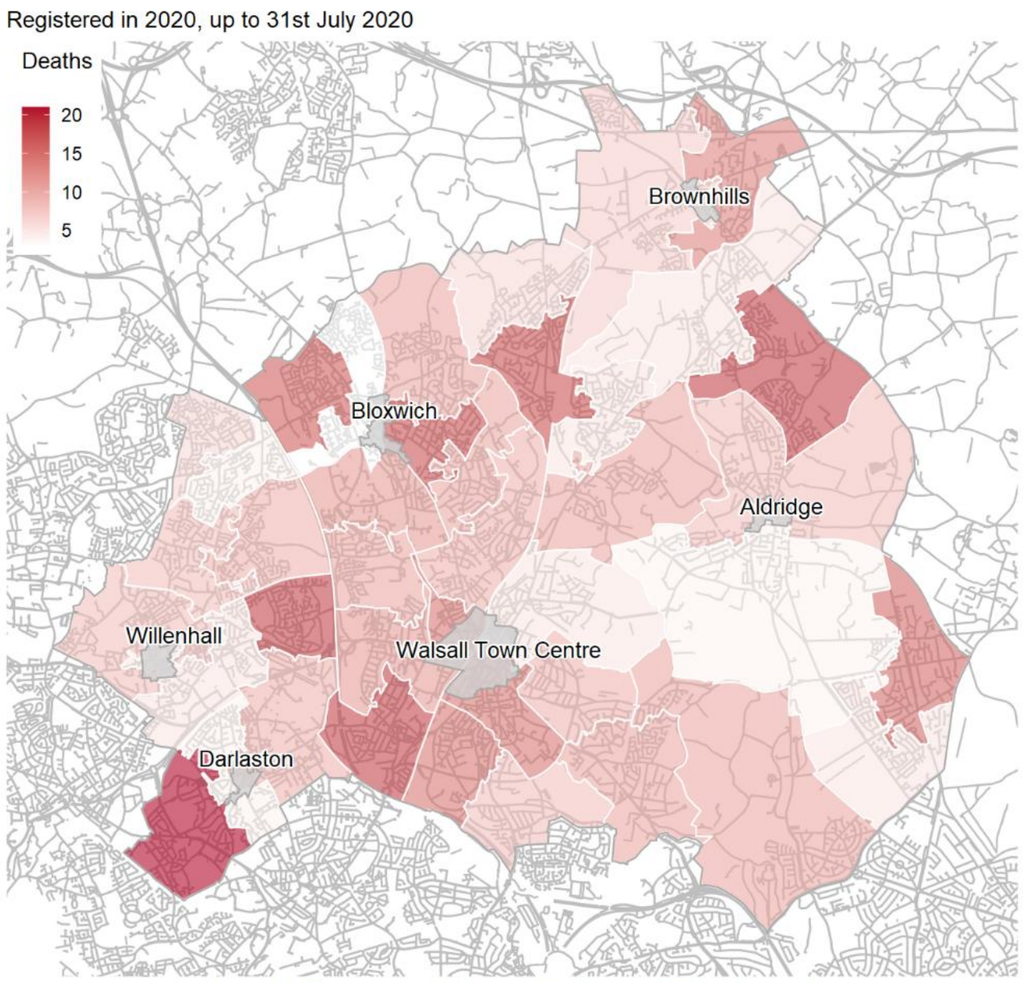

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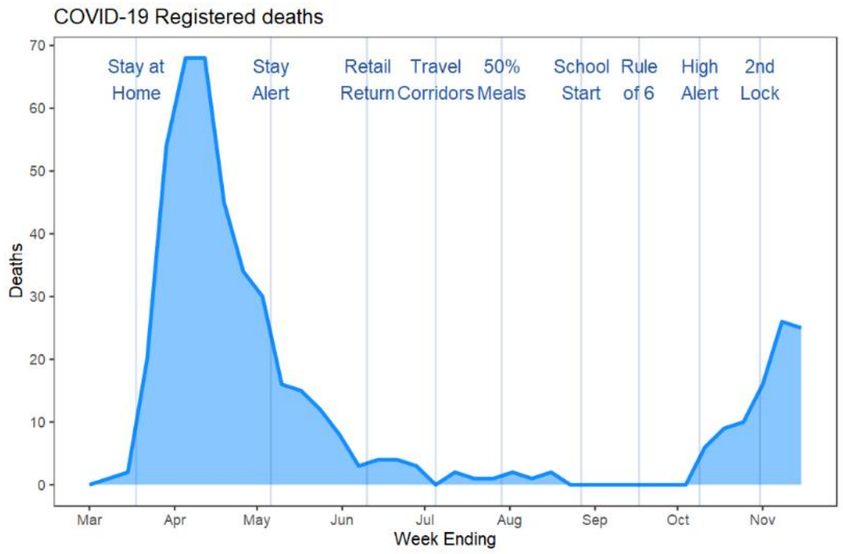
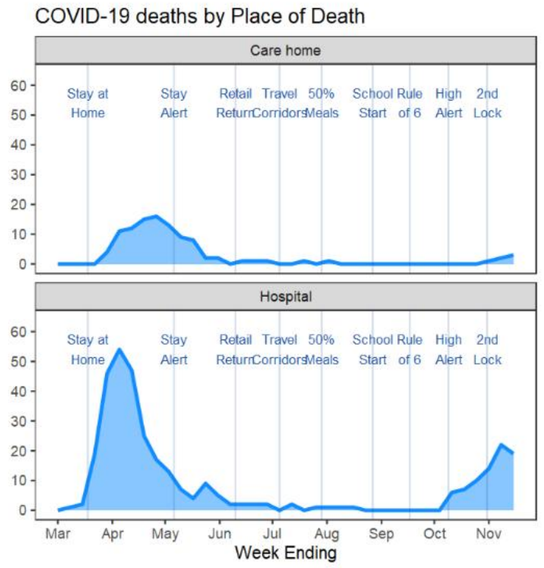
Distribution of Mortality by Week

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





COVID-19 Mortality

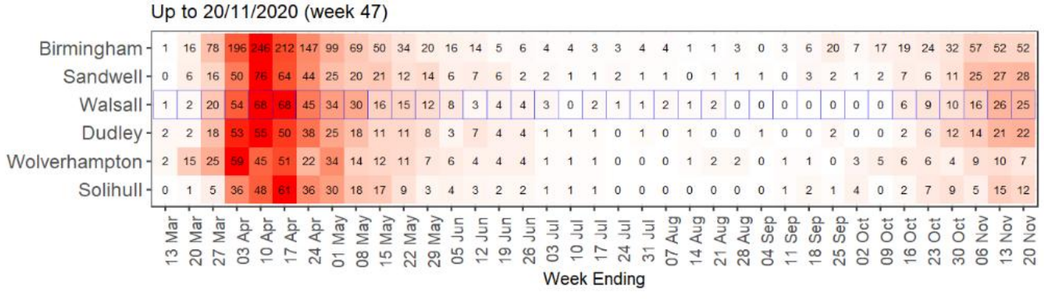
How many COVID-19 deaths?

488

Walsall COVID-19 deaths registered as of **Fri 20 Nov**

Distribution of Mortality

When did each local area experience peak mortality?



Data Source: ONS Weekly Registered Deaths

Local Outbreak Engagement Board

03 December 2020

Flu and COVID19 Vaccination Update

1. Purpose

This report is an update on the flu vaccination and plans for COVID vaccination in Walsall.

2. Recommendations

2.1 That, subject to any comments Board Members may wish to make, the update report on flu and COVID vaccination in Walsall be noted.

3. Report detail

3.1 The flu vaccination in Walsall continues to be delivered to schedule. The current uptake of flu vaccination is available in Appendix A.

The key developments have been summarised below.

Flu vaccination

- Relative to the corresponding period of last year, Influenza vaccination in the over 65's is approximately 10% higher this year. However, it should be noted that the vaccination campaign commenced earlier this year.
- Vaccination of pregnant women who are not otherwise at clinical risk, and in pregnant women overall is lower this year than at this time last year. However, uptake in pregnant women who are also at clinical risk is higher than in the 2019/20 season ending October.
- Flu vaccination has been actively promoted to the residents and staff in care homes.
- Plans are in place for offering flu vaccination to homeless people in the near future.

COVID Vaccination

- Plans are being drawn up for the roll out of the COVID vaccines in the near future.
- It is likely that the vaccination will be made available in phases; the first phase is likely to prioritise the elderly and vulnerable groups and health care workers.There are approximately 91,000 eligible people in Walsall who will be offered vaccine in Phase 1.
- A 13 week programme of vaccination is being drawn up and will commence in early to mid-December to offer vaccine to phase 1.
- Potential sites are being explored for mass vaccination and community sites (PODs). In addition, vaccination will also be offered from the acute hospital for healthcare workers.
- There are plans to develop a model for roving delivery of vaccination to people who are homebound or in care homes.
- A programme of communications and engagement with the public to promote the uptake of the COVID 19 vaccine and combat vaccine hesitancy is underway.

Background papers

None

Author

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Appendix A

Influenza Vaccine Statistics for Target Groups in Walsall.

Table 2: Uptake in Adult Target Groups:

% Uptake Ending Oct 2020					
65 and over	**65 and over: At-Risk**	**16 years to under 65 years: At-risk**	**Pregnant and NOT IN a clinical risk group**	**Pregnant and IN a clinical risk group**	**Total Pregnant Women**
68.4	**72.3**	**35.8**	**18.4**	**38.4**	**20.7**

The table above illustrates the uptake of Influenza vaccine by key target groups in Walsall.
Nationally, these figures stand at:

72.9% in 65+ year olds
37.8 % in under 65 at clinical risk
30.8% in pregnant women

Table 3: Uptake in Adult Target Groups in comparative period last season

% Uptake ending October 2019				
65 and over	**16 years to under 65 years: At-risk**	**Pregnant and NOT IN a clinical risk group**	**Pregnant and IN a clinical risk group**	**Total Pregnant Women**
58.6	**28.8**	**25.5**	**34.4**	**26.4**

Relative to the corresponding period of last year, Influenza vaccination in the over 65's is approximately 10% higher this year. However, it should be noted that the vaccination campaign commenced earlier this year.

Vaccination of pregnant women who are not otherwise at clinical risk, and in pregnant women overall is lower this year than at this time last year. However, uptake in pregnant women who are also at clinical risk is higher than in the 2019/20 season ending October.

This year, preschool children (ages 2-3) and all primary school-aged children are being offered the vaccine. Uptake data are not comparable with the corresponding period of the 2019/20 season due to the changed eligibility criteria.

Table 3: Uptake in Child Target Groups:

% Uptake ending October 2020	
Aged 2 years to 10 years - All Patients	**Aged 2 years to 10 years - At Risk**
7.9	**13.9**

National child uptake data will be available at the end of November to enable comparison with national average and regional neighbours.

Local Outbreak Engagement Board

03 December 2020

Local Outbreak Management Plan Update

1. Purpose

This report is the performance report of the Local Outbreak Management Plan.

2. Recommendations

2.1 That, subject to any comments Board Members may wish to make, the performance report of the Local Outbreak Management Plan be noted.

3. Report detail

3.1 The Coronavirus Outbreak Management Plan continues to be delivered to schedule. The details are available in Appendix A.

The key developments have been summarised below against the themes within the plan.

Preventing Outbreaks and responding proactively

- The public health on call team continues to respond to an extremely high number of enquiries; we have seen a 5 fold increase in enquiries since the summer. The complexity of the enquiries has also increased since the summer.
- The capacity of the public health on call team continues to be increased to meet demand; the Walsall school nursing team is also supporting the on call response.
- We are continuing to engage with schools proactively; we also respond to about 120 requests for help from schools every week.
- We have initiated proactive engagement with parents.

Testing and contact tracing

- The contact tracing team continues to work with COVID positive clients who have escalated to Walsall Public Health from the National Test and Trace system; they have identified and prevented several outbreaks as a result.
- The capacity of the contact tracing team is being increased to meet demand; we are initiating welfare checks for COVID positive cases to support them to self-isolate.
- Plans are being developed to roll out mass testing in the near future.
- Plans are also being developed for a coronavirus vaccination programme.

Surveillance and data

- The public health intelligence team reviews data at the neighbourhood level on a daily basis.
- We are working with Walsall Healthcare Trust to review data on COVID positive admissions.

Engaging Partners and communities

- Compliance with self-isolation advice appears to have dropped; we are stepping up engagement with communities to combat this through the newly appointed COVID champions and are recruiting voluntary sector partners to support this initiative.
- The council continues to support local businesses to understand and comply with COVID guidelines

Governance and Programme Co-ordination

- Walsall continues to hold place based Incident Management Team meetings to engage with partners across the borough. Two sub cells have been set up to address
    - Mental wellbeing
    - Communications

Background papers

None

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Appendix A

Test, Trace and Isolate Action Plan Update

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
Schools		
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
Engagement with teaching staff	Ongoing	
Engagement with parents	Ongoing	
Care Homes		
Guidance developed and disseminated on PPE, Infection prevention and control, swabbing, safe visiting	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	100%	Complete

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		
Enhanced IPC support as part of overall delivery model for Care Homes, through Walsall Together - Agree model - Recruit additional IPC Nurses Several visits have been undertaken to access infection prevention and control in care homes, concerns identified have been addressed/ escalated to commissioning team	Ongoing	1.6 Band 7 staff recruited (start 01/11). Core delivery model in place.
Improve health and wellbeing for people with long term conditions including flu and pneumococcal vaccines. Flu vaccine uptake is high amongst residents in care homes; uptake of flu vaccine in care home staff needs to be addressed.	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.
High Risk & Complex Settings		
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 - Licenced premises - Hair dressers - Retail - VCS - Faith settings Ongoing engagement with the remaining settings based on the risk assessment being carried out. Work being undertaken to work with the newly appointed Community Champions and Wardens. Training is being offered to these teams	Ongoing	Live Targeted work being done with identified premises through Environmental Health and Community / Civic silver group 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	100%	Swabbing team supported by Community nursing and Adult social care
Training for swabbing team	100%	See above
Explore laboratory capacity for Pillar 1 Testing with Black Country Pathology Service (BCPS) plus relevant partners for future proofing discussions around capacity	100%	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): Scenarios: • No Curve Mitigation in Walsall • Local Lockdown: (a) Tier 1 Just Houses (b) Tier 2 a+ wider – based on learning from other local lockdowns across England • Tier 3 - National Lockdown – based on modelling of the last national lockdown	70%	DPH now receiving more detailed, daily information on postcodes from PHE System 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 found to have issues that need to be addressed. Final version made available on 10th Nov. Until training complete, ongoing mitigation – Using Teams/ Sharepoint tool as interim.
Software for Contact Tracing – training – to be confirmed	90%	Training is now being rolled out to contact tracing team 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 - Stress test outbreak plan and initiate plans for winter surge - develop joint plans for second potential local lockdown Lessons Learned Log has been written using previous	90%	2nd stress test undertaken w/c 10/08/2020. 3rd Walsall wide stress test planned. Place based IMT happening on a weekly basis

exercises.		
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

03 December 2020

Test, Trace and Isolate Update

1. Purpose

This report is an update on the Test, Trace and Isolate initiative in Walsall.

2. Recommendations

2.1 That, subject to any comments Board Members may wish to make, the update report on the Test, trace and Isolate initiative in Walsall be noted.

3. Report detail

3.1 The Test, trace and Isolate work in Walsall continues to be delivered to schedule. The details are available in Appendix A.

The key developments have been summarised below.

Testing for Coronavirus

- Uptake of PCR testing continues to match regional and national levels
- Testing uptake continues to be somewhat lower in younger age groups, men and BAME groups but active communication messaging continues to promote the benefits and importance of testing.
- There continue to be three operational Local Testing Sites at Walsall Town Hall, Darlaston Community Centre and the University of Wolverhampton.
- The MobileTestingUnit continues at Wakes Ground Car Park in Willenhall and has the most activity to date.
- Plans are being drawn up for the roll out of lateral flow testing. It is anticipated 10k tests per week will be available to begin with, increasing to 28k and a targeted approach will be adopted across the region focusing first on core workers and the vulnerable.

Contact Tracing

- Contact tracing in Walsall on the 9th of September. They have contact traced about 1400 individuals to date; at present they trace about 25 individuals a day.
- Walsall council continues to offer local contact tracing to support the national programme for those cases where the National programme has failed to make contact; they have identified and prevented several outbreaks as a result.
    - Wedding at a private residence resulting in 40 positive cases
    - Cases linked to a nursing home
    - Cases admitted to hospitals
- The team have been successful if contacting previously uncontactable people by tracking down their correct contact details.
- The capacity of the contact tracing team is being increased to meet demand and maximise the number of people who are traced.
- The contact tracing team have initiated welfare checks for COVID positive cases midway through the isolation period to support them to self-isolate.

Support for self-isolation

Background papers

None

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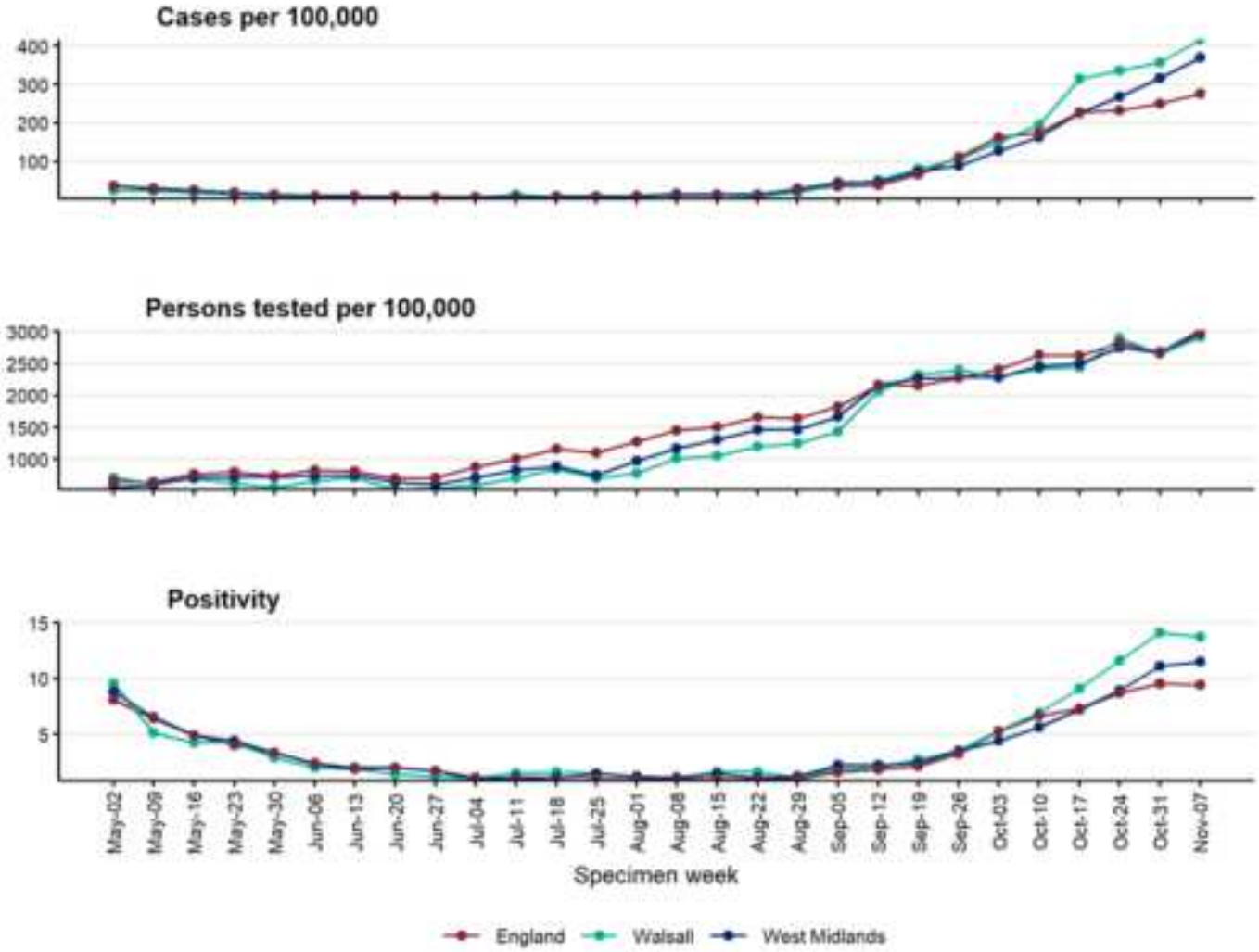
Appendix A

Coronavirus Testing in Walsall

Persons tested and cases diagnosed per 100,000 population and positivity per week in Walsall, West Midlands and England (5th May 2020 to 13th November 2020).



PHE data shows that cases are rising at a faster pace than England & the West Midlands, whilst testing numbers per 100,000 population remain comparable. Positivity for Walsall although greater than both regionally and nationally, does appear to have plateaued.

Contact tracing data

Contacts by exposure/activity setting and current contact tracing outcome in Walsall (May 28 2020 to November 17 2020) *Data has been collected by NHS Track & Trace (NTAT)*

Unknown exposure: data on exposure/activity setting has not been provided. Uncontactable cases: insufficient contact details provided to contact the person. Failed contact tracing: contact tracing team attempted but did not succeed in contacting an individual