



Walsall Council

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

Monday 16 November 2020 at 4.00 p.m.

Meeting via Microsoft Teams: Public access: <https://youtu.be/24ZJ0EBUMck>

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. Substitutions (if any)
3. Declarations of interest
4. Minutes – 6 & 20 October 2020 (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

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

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

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.

18/20 Apologies and substitutions

There were no apologies or substitutions.

19/20 Declarations of interest

There were no declarations of interest

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

There were no items to be considered in private session.

21/20 Questions from the public

The Chair reported that two questions from members of the public had been received. He introduced the questions and reported the answers as follows:

The first question from Mr Spencer was: 'Having been to Walsall Town Centre for the first time in months. My question is about why no one is enforcing the rules wearing masks in shops. At least 50% of the people in a shop were not wearing masks. When I asked the duty manager why the rules were not being enforced his reply was it's the Polices job to enforce the rules as they are not going to turn away paying customers. So how are you going to prevent Walsall becoming an area of interest to the Government?'

The Chair reported the answer from the Council and its partners as: *'The enforcement of COVID legislation extends much further than the police.*

Those responsible for the management of premises which are open to the public, have a duty to ensure the COVID guidance and regulations are adhered to – social distancing, wearing of face masks. The circumstance described is not one which should be referred to the police without the store first making efforts to either secure customers compliance or establish whether any exemptions apply.

Where premises make a report to the police that person/s are breaching guidance / regulations, an assessment will be made of the individual incident and this assessment will then be balanced against the other demands being made on resourcing at that particular time prior to any decision being made to deploy staff or not.

National guidance on what a face covering is and when to wear one is available on the government website'.

Mr Parr asked: *'Can you please tell me and almost everyone why shops are still keeping their toilets closed when we are all being encouraged to use the shops and other businesses? After all it's at least another chance to wash our hands'.*

The Chair reported the answer from the Council and its partners as: *'The opening and closing of toilet facilities is a matter for individual stores and their risk assessment. They have to create a COVID safe environment and make decisions on toilets as part of this process'.*

22/20 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 and the number and pattern of deaths in Walsall. She presented the most up to date information at the meeting.

(see annexed)

Members discussed the differences between age groups that tested positive for the virus in different local authority areas. It was also noted that the south west of Walsall had shown greater prevalence of infections. The cause of this was believed to be socio-economic. It was also noted that mortality was beginning to increase in the region but there were no recent deaths in Walsall.

The meeting discussed the age groups in which cases were currently being found and noted that the virus was spreading amongst family groups. At this point there were no serious outbreaks being recorded in schools, large businesses, places of worship or sports groups. Care homes had developed good interventions and were continuing to receive enhanced support.

The need to remain vigilant over the coming weeks with numerous community festivals set to take place was noted. It was important that key messages on prevention techniques were emphasised to reduce further community transmission. On this point a Member noted low compliance with wearing face coverings in a local supermarket. The need for the public and all partners to work together to encourage the wearing of face coverings was discussed.

Resolved:

That the report be noted.

23/20 Incident Management Team

Mr. S. Gunther introduced the report on the establishment of an Incident Management Team for the borough.

(see annexed)

Resolved:

That the report be noted.

The meeting terminated at 4.42 p.m.

Chair:

Date:

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

Tuesday 20 October 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.

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Ms. D. Lytton, One Walsall
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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.

24/20 Apologies and substitutions

There were apologies from Dr. M. Lewis and no substitutions.

25/20 Minutes

Resolved (via roll call)

That the minutes of the meeting held on 1 September 2020 copies having been sent to each member of the Sub-Committee be approved and signed as a correct record.

26/20 Declarations of interest

There were no declarations of interest

27/20 Local Government (Access to Information) Act, 1985

There were no items to be considered in private session.

28/20 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 and the number and pattern of deaths in Walsall. She presented the most up to date information at the meeting highlighted growing case numbers since September

(see annexed)

The meeting noted that there was growing cases within the community with a perception that there was complacency to adhering to prevention methods. There was a risk that Walsall could become a Tier 3 area if cases continued to increase.

Mr. Gunther reported that lessons were being learned from the experience of the local lockdown of Leicester. It was noted that a success had been the management of communications across local partners.

Following a question Mr. Fradgley reported that there were 71 confirmed or suspected cases of Covid-19 in the Manor Hospital. There had been an increase of 20 patients from the weekend. 7 out of 13 patients in critical care had Covid-19.

Resolved:

That the report be noted.

29/20 Walsall Local Outbreak plan actions and progress on delivery

Dr. U. Viswanathan introduced 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 explained the support being offered to schools, Walsall College and Wolverhampton University as outlined in the report. She reported that outbreaks were taking place in schools who were receiving support from Public

Health and Children's Services. Following discussions it was reported that schools were provided with testing kits to assist in identifying cases. Schools were forming bubbles of classes or year groups to minimise infection risks. Challenges sometimes occurred if there were lapses and bubbles mixed.

She went on to describe the support being provided to care homes. This focused on infection and prevention control advice, education and training and testing. During discussions it was recognised that care home residents were high risk patients therefore visits to homes had been banned. Care homes also provided discharge beds for the hospital so there were potential challenges that required focus to address to manage to ensure the ongoing availability of discharge pathways.

Resolved:

That the report be noted.

30/20 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, as attached at Appendix 1 to the report.

(see annexed)

She reported that additional contact tracers were due to be in post shortly which would be a welcome growth in capacity. It was noted that the local contact chasers were producing good results. Work was ongoing to structure the delivery of COVID Marshals with discussions focussing on a Council and Community partnership delivery model.

Resolved:

That the report be noted.

31/20 Communication with residents

Mr. J. Elsegood, Interim Director of Communications, Marketing and Brand, gave a presentation updating the Board on the communication campaigns with residents, target audiences and hyper local plans. He also highlighted now questions to the Board could be submitted.

(see annexed)

Resolved:

That the report be noted.

The meeting terminated at 5.12 p.m.

Chair:

Date:

Local Outbreak Engagement Board

16th November 2020

Walsall Covid-19 Data

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 members 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. For the first time, seeing more than 1,000 positive cases over the last 7 days
2. High amongst young adults and older working age groups with increases in those aged 65 and over being most prominent at present
3. Widespread community transmission across the borough

Background:

- 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 with the Outbreak Management Plan.
- 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 are 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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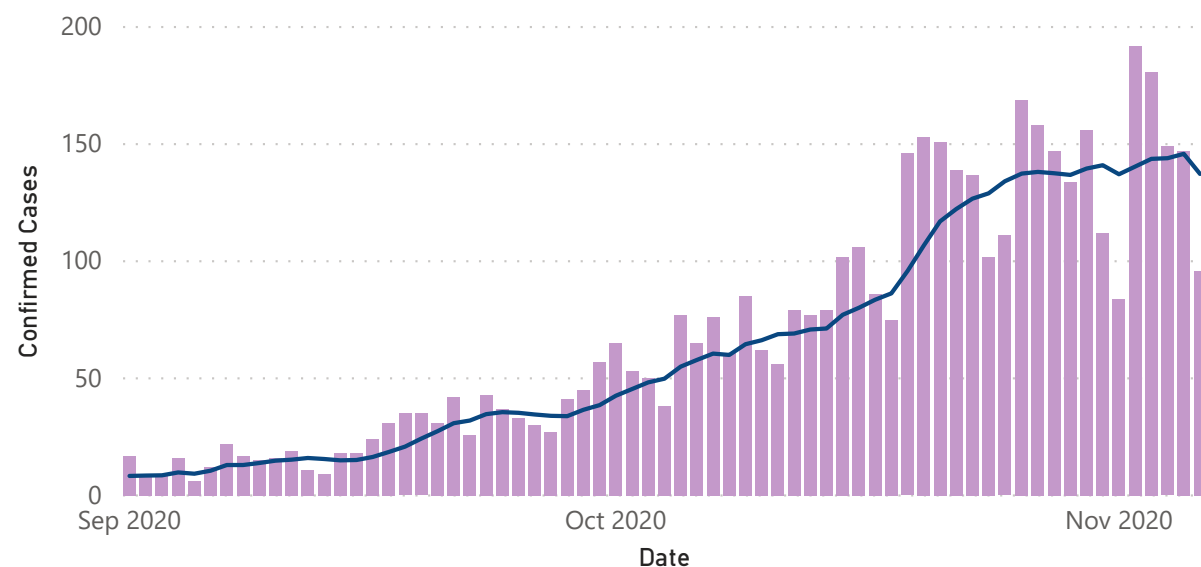
✉ Emma.thomas@walsall.gov.uk



Walsall Daily Confirmed Cases

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

Confirmed cases 7-day average



Walsall Confirmed Cases

COVID-19 cases within Walsall

Total: **Cases** **Per 100,000 population**
6,407 **2,244.3**

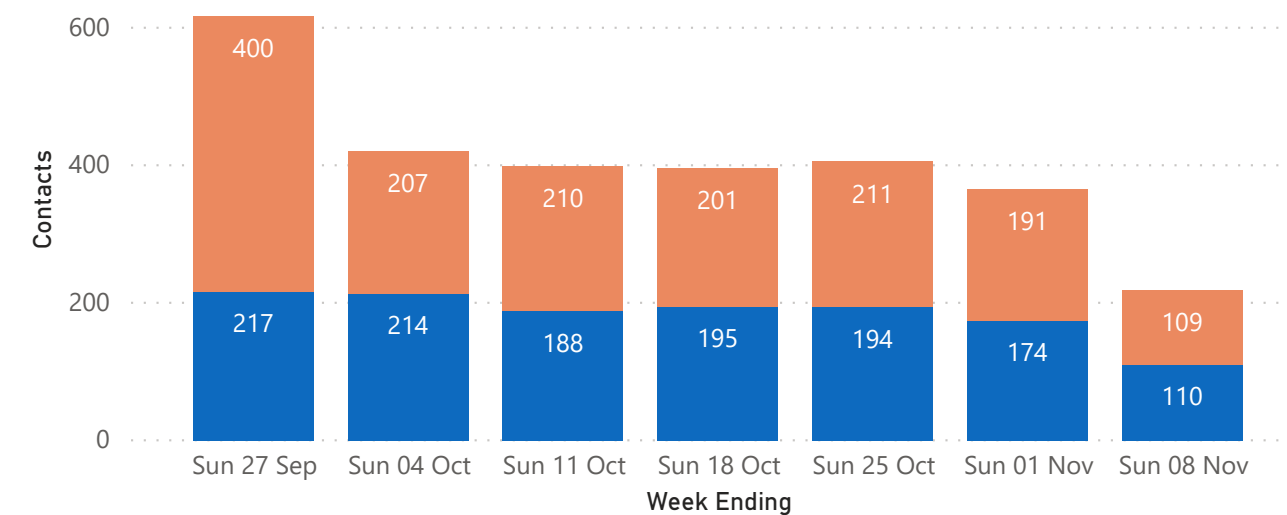
Previous 7 days: **Cases** **Per 100,000 population**
+961 **+336.6**

Cases as of: **06 Nov 2020**

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

How many calls & online assessments for potential symptoms?

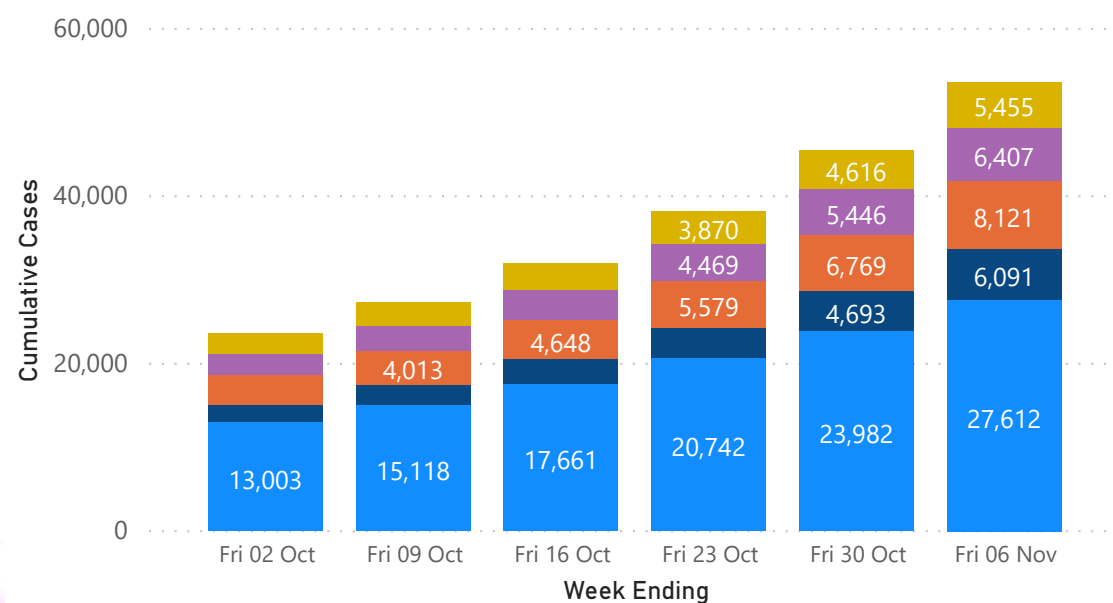
Call Online



COVID-19 Cumulative Cases by Local Authority

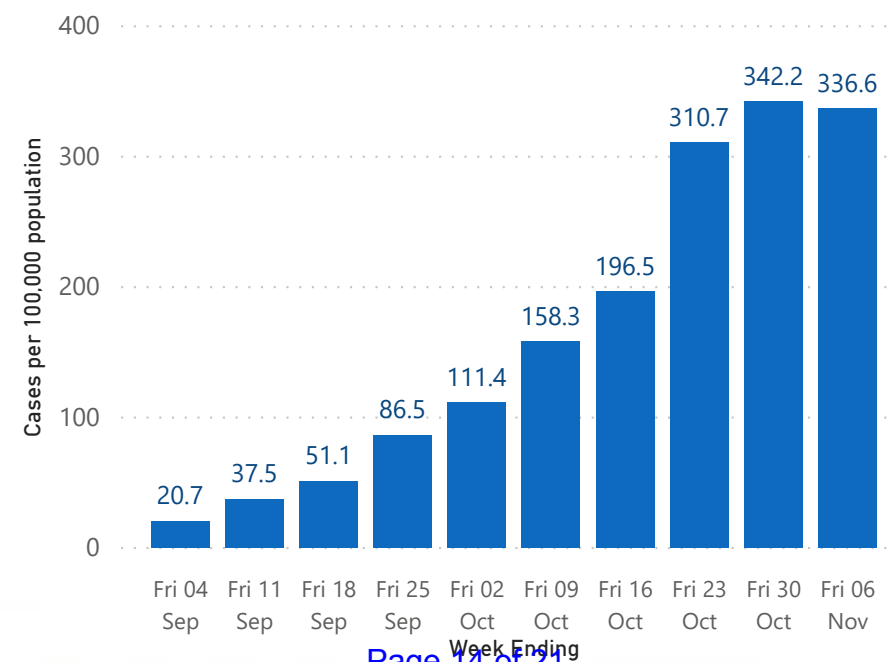
How have cumulative cases changed by recent weeks in the local area?

Birmingham Dudley Sandwell Walsall Wolverhampton



Walsall Cases per 100,000 population

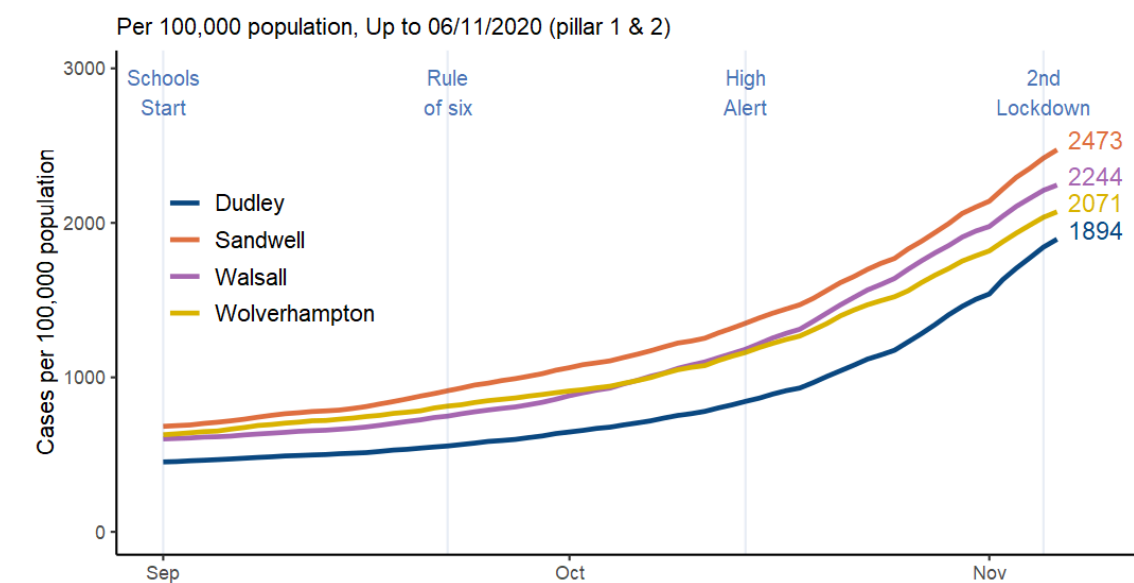
How many people per 100,000 tested positive each week?



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Cumulative Cases per 100,000 Population

How do we compare to other local areas?

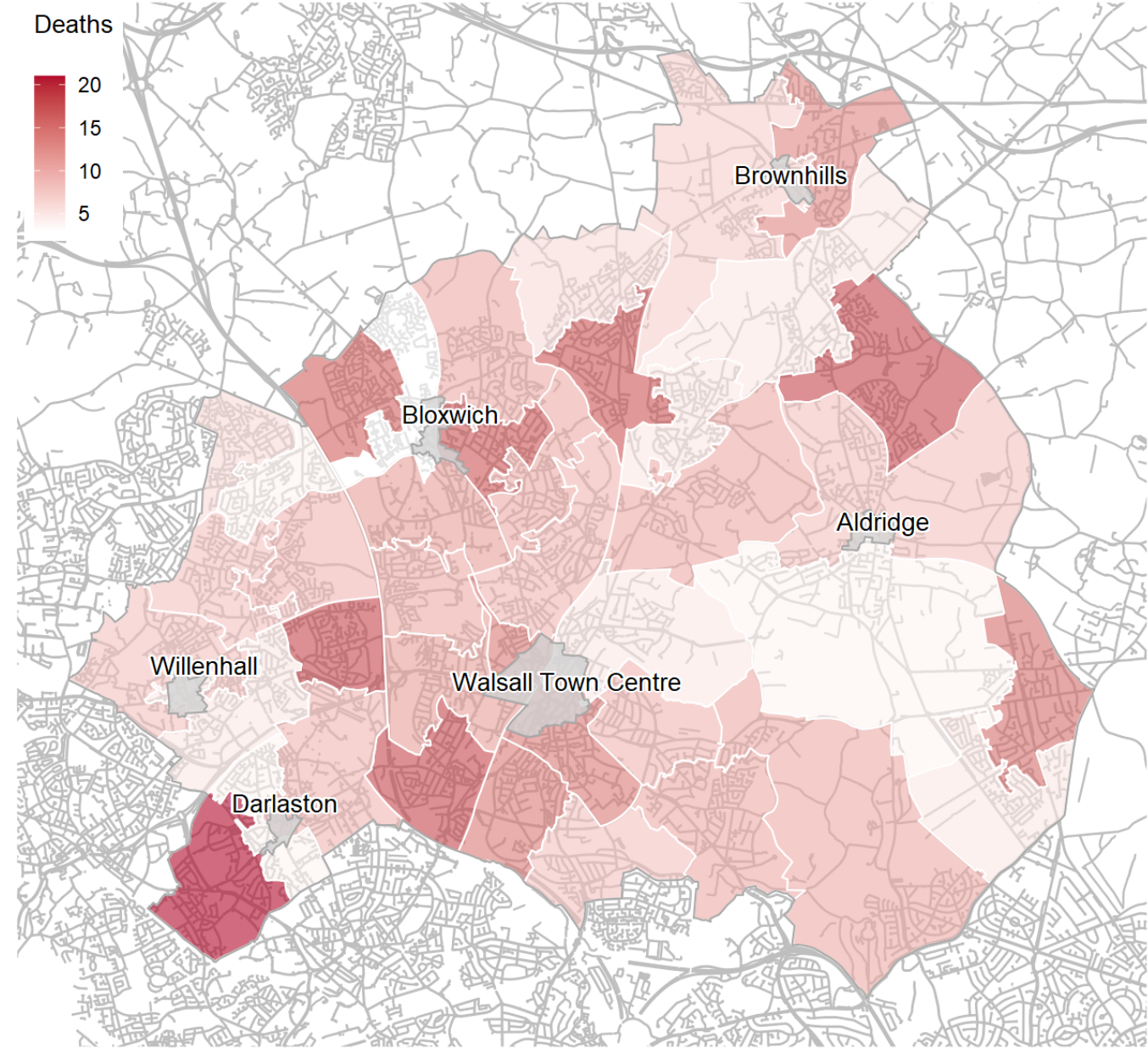
Data Sources: [PHE Coronavirus Tracker](#), [NHS Digital](#)

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?

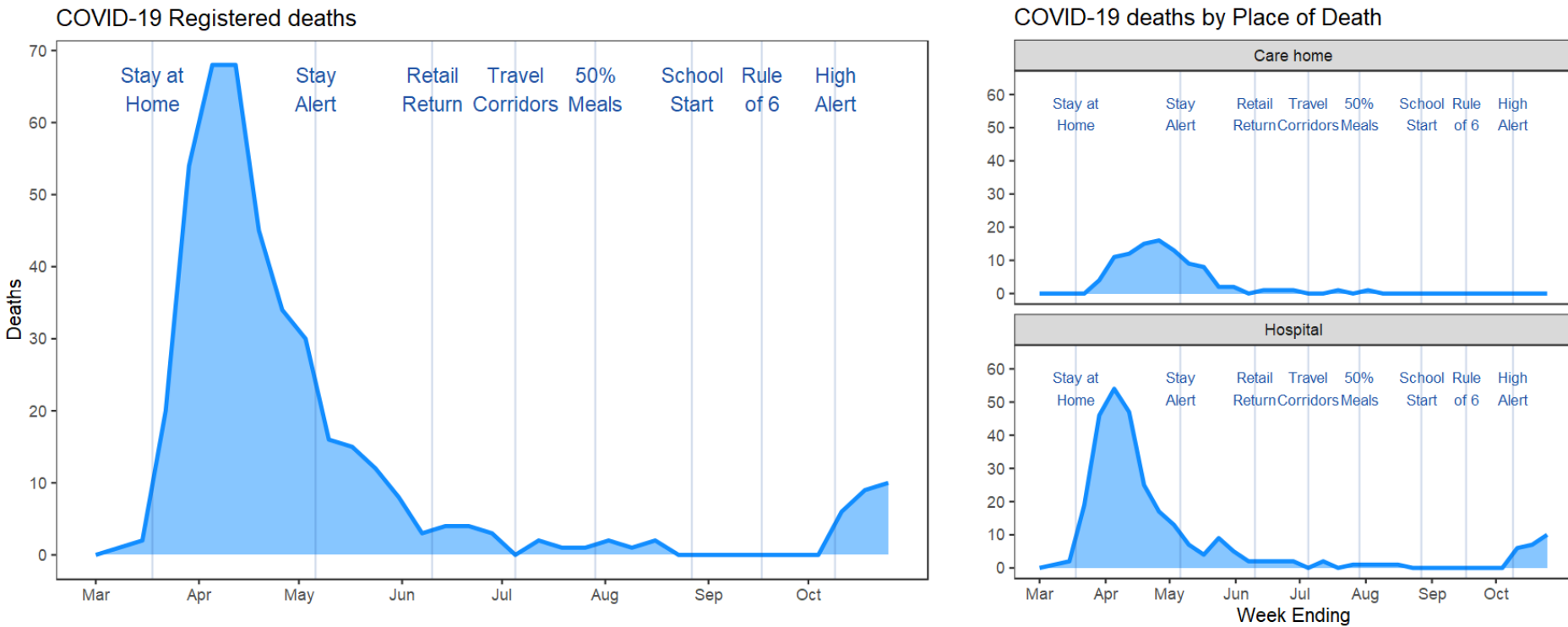
Registered in 2020, up to 31st July 2020



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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?

421

Walsall COVID-19 deaths
registered as of
Fri 30 Oct

Distribution of Mortality

When did each local area experience peak mortality?

| Up to 30/10/2020 (week 44) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Birmingham | 1 | 16 | 78 | 196 | 246 | 212 | 147 | 99 | 69 | 50 | 34 | 20 | 16 | 14 | 5 | 6 | 4 | 4 | 3 | 3 | 4 | 4 | 1 | 1 | 3 | 0 | 3 | 6 | 20 | 6 | 17 | 19 | 24 | 22 |
| Walsall | 1 | 2 | 20 | 54 | 68 | 68 | 45 | 34 | 30 | 16 | 15 | 12 | 8 | 3 | 4 | 4 | 3 | 0 | 2 | 1 | 1 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 9 | 10 |
| Sandwell | 0 | 6 | 16 | 50 | 76 | 64 | 44 | 25 | 20 | 21 | 12 | 14 | 6 | 7 | 6 | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 3 | 2 | 1 | 2 | 7 | 6 | 10 |
| Wolverhampton | 2 | 15 | 25 | 59 | 45 | 51 | 22 | 34 | 14 | 12 | 11 | 7 | 6 | 4 | 4 | 4 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 2 | 2 | 0 | 1 | 1 | 0 | 3 | 5 | 6 | 6 | 4 |
| Dudley | 2 | 2 | 18 | 53 | 55 | 50 | 38 | 25 | 18 | 11 | 11 | 8 | 3 | 7 | 4 | 4 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 2 | 6 | 12 |
| Solihull | 0 | 1 | 5 | 36 | 48 | 61 | 36 | 30 | 18 | 17 | 9 | 3 | 4 | 3 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 4 | 0 | 2 | 6 | 7 |
| | 13 Mar | 20 Mar | 27 Mar | 03 Apr | 10 Apr | 17 Apr | 24 Apr | 01 May | 08 May | 15 May | 22 May | 29 May | 05 Jun | 12 Jun | 19 Jun | 26 Jun | 03 Jul | 10 Jul | 17 Jul | 24 Jul | 31 Jul | 07 Aug | 14 Aug | 21 Aug | 28 Aug | 04 Sep | 11 Sep | 18 Sep | 25 Sep | 02 Oct | 09 Oct | 16 Oct | 23 Oct | 30 Oct |
| | Week Ending | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Local Outbreak Engagement Board

16 November 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 recently engaged proactively with teachers.

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

Author

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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 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"> - Agree model - Recruit additional IPC Nurses | Ongoing | 1.6 Band 7 staff recruited (start 01/11). Core delivery model in place. |

| | | |
|--|---------|--|
| Several visits have been undertaken to access infection prevention and control in care homes, concerns identified have been addressed/ escalated to commissioning team | | |
| 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:- <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> 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 10 th Nov. Until training complete, ongoing mitigation – Using Teams/ Sharepoint tool as interim. |
| Software for Contact Tracing – training – to be confirmed | 80% | Due to above delay – training will now be 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 <ul style="list-style-type: none"> - 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 exercises. | 90% | 2 nd stress test undertaken w/c 10/08/2020. 3 rd 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 |