

Health and Wellbeing Board (Local Outbreak Engagement Board)

Sub-Committee

Thursday 3 December 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)
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 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 and substitutions

Apologies for non-attendance were submitted on behalf of Chief. Supt. A. Parsons

33/20 Minutes

Resolved (via roll call)

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

34/20 Declarations of interest

There were no declarations of interest.

35/20 **Local Government (Access to Information) Act, 1985**

There were no items to consider in private session.

36/20 **Questions from the Public**

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

Question 1: *'It is disappointing to hear that Walsall is now one of the highest in the Midlands and recovery seems to be slow in coming. Has the Board been able to identify the areas where the virus is most prevalent and recovery is sluggish? If so, what action has been taken in those areas to ensure adherence to the restrictions and where necessary give help and advice. If Walsall is to move up the Tiers there needs to be a concerted effort over the coming weeks.'*

The Chair reported the answer from the Council and its partners as: Rates across the borough vary, however, the latest 7 day rates illustrate that the transmission is more prevalent in Bentley & Darlaston North, Paddock and Palfrey wards.

We continue to actively work with partners such as the Police, NHS, Community Groups, faith organisations and housing groups to communicate effective messages and ensure adherence to the restrictions. It is anticipated that the introduction of COVID Marshalls will further assist with this.

Question 2 *'I am a retired nurse and nurse lecturer, and am willing to help out in the covid vaccine workforce soon. Who do I contact?'*

The Chair reported the answer from the Council and its partners as: This winter, the UK national government is looking to roll out vaccinations on a never seen scale to the public. One Walsall are recruiting for up to 100 local volunteer heroes to support the Walsall rollout of the Covid 19 Vaccine as soon as possible.

If you would like to offer your support to our health and care services in the mobilisation of this programme during this historic time in all our lives, this may be the opportunity for you to help make a difference.

If you would like to get involved in this volunteering@onewalsall.org.

Question 3 *'For residents who are clinically extremely vulnerable receiving prompt notice from the Department of Health & Social Care is a priority to keep them safe, particularly if they are in employment and unable to work from home. I am aware of a case where the letter from the department was dated the 4th November and was not received by the person until the 12th November potentially exposing that person to stress and risk of infection remaining at work for that further week. With guidance ever changing what would you recommend residents do when in doubt if they have not received their notification letter as proof to their employer?'*

The Chair reported the answer from the Council and its partners as: Failure to receive timely notification is something central government should pick up, as there is no delay in digital extraction of codes for patients who have consented to share records on national spine. Most Clinically Extremely Vulnerable are being identified through this, and at times this is overdone rather than under reported.

If challenges are still experienced then residents are able to request full electronic access of their medical records which they can use to inform discussions of their job roles and inform any risk assessments that may be required.

The fourth question from was asked by a number of residents interested in mass testing:

a) Are you going to mass test?

b) When is mass testing going to be available in Walsall?

c) Will Walsall council be implementing a rapid testing programme as trialled in Liverpool and due to be rolled out across other black country areas in the coming weeks, to assist the downgrading from tier 3 to tier 2 restrictions.

d) Why isn't Walsall part of the mass testing (PCR test, or lateral flow test) for those not showing Covid-19 symptoms? Wolverhampton and Birmingham are part of the testing but Walsall has a higher population than Wolverhampton and similar infection rate per 100,000 population but is not offering this mass testing

e) What type of test are we using in Walsall? If we are due to swap over to the lateral flow test, when?

f) When will people be allowed to be tested without symptoms?

g) My question in a nutshell is when will mass testing be available for the Walsall area for this without symptoms? I am aware that this will be offered to everyone in tier 3 but am yet to see anything announced.

h) Cases are coming down slowly in Walsall. What plans are there for mass testing like in Liverpool in order to bring the number of cases down to a low level before Christmas?

The Director of Public Health reported the answer from the Council and its partners as:

Mass testing includes testing sections of the population, such as care home and hospital staff, as well as members of the general public. Walsall has started mass testing in certain high risk groups in line with national recommendations.

Walsall are developing plans for a pilot of rapid testing for people without symptoms, using the Innova lateral flow device. We are looking very closely at the outcomes of pilots elsewhere in the country. We know that the test is not as accurate as the existing PCR test in all circumstances. Our vision is to share learning from neighbouring colleagues, to continue working to support and protect the most vulnerable residents in the borough, while maintaining

positive outcomes for our local economy. Initially we will be taking a targeted approach, focusing on situations where the test is most effective. We are currently planning a pilot scheme with the aim to start testing as soon as it is operational.

The next area of questioning concerned retail:

a) Why can I go shopping in supermarkets and shopping centres with thousands of others but I can't go in a pub which is covid secure?

b) As councillor Bird remarked that data suggests an increasing number of transmissions are occurring in supermarkets, it is likely this may translate to other non-essential retail that is now due to reopen. Will Walsall council encourage and enforce retailers to increase sanitisation, use of masks and other mitigating measures to ensure these transmission sources are minimised.

The Chair reported the answer from the Council and its partners as:

We are having to follow Government guidelines, which state that hospitality settings, such as bars (including shisha bars), pubs, cafes, restaurants, and social clubs must close except for takeaway, delivery and click and collect services. This includes restaurants and bars within hotels or member's clubs.

The rules on opening of supermarkets, pubs and restaurants is the policy of national government and the Council is working with partners such as the Police, NHS, Community Groups, faith organisations and housing groups to ensure adherence to the restrictions.

Further to this Regulatory Services have visited over 1000 retail, hospitality and service industry businesses in the Borough since March 2020 specifically to check Covid-19 control measures. A lot of good practice has been noted which is satisfying however where noncompliance has been identified relevant action including verbal and written warnings, prohibition notices and alongside Police colleagues fixed penalty notices have been issued to require compliance and punish noncompliance. Recent visits have been made to larger retailers such as supermarkets to check their control measures are adequate and advice given where poor practices have been noted. As supermarkets in particular are the major source of food for many people and have stores across many local authority areas efforts have been made locally and nationally to encourage better compliance and stricter control measures.

Feedback from all sectors suggests that business owners are struggling to and are in certain aspects afraid to confront their customers over their own individual behaviours for fear of reprisal and loss of custom. This indicates that everyone needs to do their bit to ensure controls are effectively implemented.

The sixth question asked:

Why is council tax not suspended?

The Chair reported the answer from the Council and its partners as:

Council Tax is an annual fee that your local council charges you for the local services it provides, like waste collection and disposal, transport and highway

services including street lighting and cleaning, and road maintenance, environmental health and trading standards. The council also collects council tax on behalf of the West Midlands Fire and Rescue Authority and West Midlands Police and Crime Commissioner. These are both separate organisations over which the council has no control. During the pandemic, none of these services have stopped. In fact some have services carried out by the council have increased to ensure the continued welfare of residents which has come at a substantial cost.

If any residents are experiencing any difficulties with paying their Council Tax, for any reason, then they should contact the Council to discuss their circumstances as there are a number of ways they could be assisted this includes support for those on low incomes.

The seventh asked:

There are now numerous press reports (which began with Dr Anthony Fauci in the US Government) that the vaccines will not kill the SARS-Cov-2 virus. It'll simply suppress the disease and symptoms of COVID-19. So what the vaccines will do is to turn the vaccinated population into possible asymptomatic spreaders, what plans do Walsall Council have to control this group of people post roll out of the vaccines, or plans to protect the unvaccinated from these vaccinated asymptomatic spreaders?

The Director of Public Health reported:

The MHRA (Medicines&Health Care Products RegulatoryAgency) looks at the safety, quality and effectiveness of vaccinations to ensure they are safe to use and effective of what they are there to do. This is an independent body that makes the assessment, based on evidence provided, by the companies providing the vaccinations, and only those meeting the strictest requirements get the go ahead for deployment.

Therefore vaccinations will be only available and rolled out if they are effective, the reductions of the transmission of the disease will be considered as part of that safety assessment.

Regarding the asymptomatic cases and to protect those who are unvaccinated. When you are called up please get vaccinated as it an important part in controlling the disease. We do need to vaccinate the majority of the population which will protect the ongoing spread of the disease. As what we do with other required vaccinations, such as, childhood immunizations or seasonal influenza vaccinations.

If people aren't vaccinated, we will have to continue dealing with outbreaks and continue to stop the spread by using face coverings, washing our hands, and keeping our social distance as well as self-isolation.

Dr. Rischie highlighted that the information available it had shown that the vaccine was safe and its effectiveness had been documented in clinical trials. Only in the long-term it will be known if there areasymptomatic spreaders or not. He urged residents to get vaccinated.

The eighth question was:

Why have you done nothing about the gangs of youths hanging around certain areas of Walsall? Just because it's a deprived area you should be enforcing the rules!

The Chair reported the answer from the Council and its partners as:

Whilst recognising the difficult challenges faced by young people during the COVID-19 pandemic it should also be recognised that young people are not immune from COVID-19 and the consequences of infection can be tragic to themselves and their families. Young people are also not immune from COVID-19 legislation and groups of youths breaching COVID-19 regulations should be reported in the same way as any breach of COVID regulation.

West Midland Police and the Council have a joint approach to COVID-19 compliance. This includes both education and enforcement where appropriate and this approach is in place across the borough and is not limited to areas of high deprivation. A potential breach of COVID-19 regulations can be reported to either the Council or Police.

In relation to the areas in the question the authorities are aware of challenges being faced and working together to manage and mitigate the situation. If people see gangs congregating they are advised to call 101.

37/20Walsall 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.

(see annexed)

Mrs Thomas reported that at the time of the last Board meeting, Walsall had over a thousand positive cases in a seven day period. Recent data showed it had reduced to 708. Whilst it had reduced this confirmed that community transmission was still evident across the borough. She continued to explain that there had been an increase in the number of deaths which currently stood at 488 since the pandemic began.

Councillor Robertson asked what the rates were like in neighbouring areas, as he noticed there were higher case rates on the boroughs boundaries. Mr Gunther responded that the West Midlands as a whole has some of the highest case rates and had experienced reduced reductions during the recent lockdown. Neighbouring authorities also had high rates and experience demonstrated that cases clustered in and around neighbouring wards, areas and authorities with higher case rates. Discussions took place on a regular basis with peers across the region within regards to managing cross border issues. An analysis had taken place regarding the Walsall-Sandwell border following a spike in cases. This found that the outbreak was linked to house hold mixing. This appears to be main area of transmission over the last few weeks and is one of the reasons why Birmingham and the Black Country have been placed in Tier 3. Tier 3 was the highest level of restrictions which meant, amongst other restrictions, that non-essential shops were closed.

The Chairman asked for details on what was required to move Walsall from Tier 3 to Tier 2? Mr Gunther responded that [government guidance](#) set out how areas that were assessed for each local authority area. These focussed on case rates and NHS capacity. Regular reviews of tiers would take place.

The Chair emphasised the importance of the local community adhering to the requirements of Tier 3 and continuing to adhere to social distancing, the wearing of face covering and washing of hands. Following this he gave two examples of local people who had suffered from Covid-19 who were otherwise young and healthy people. This included a young wrestler who sadly passed away and one of his ward residents who was experiencing a challenging time with the virus.

Dr. Rischie thanked Walsall residents for their patience, the results that we are seeing of a declining rate of infection is due to their effort. He supported the Chair in calling for residents to continue adhering to restrictions. He highlighted a personal experience of personal protective equipment to protect him from catching the virus.

Resolved:

That the report be noted

38/20 Covid-19 & Flu Vaccination Update

The Board received an update on ongoing work to deliver flu vaccinations across the borough. Board Members were also informed about plans to deliver the Covid-19 vaccine.

Mr Gunther reported the uptake of flu vaccinations across the borough. He noted good uptake in over 65s and those who were clinically vulnerable. However, there had been reductions in uptake in other groups, for example, pregnant women.

The Chair reported that he understood from midwives that the fall in pregnant women taking up vaccinations could be due to reduced visits to GP surgeries for antenatal appointments. Pregnant women were trying to keep themselves safe by isolating.

Dr Rischie reported that Walsall GPs continued to offer flu and other vaccinations. He encouraged residents to contact their GP to arrange appointments for any immunisations available to themselves or their families.

Darren Fradgley provided an update on the Covid-19 vaccination program. He outlined the plans being developed for what was going to be an unprecedented mass vaccine programme. He noted the benefits of the Walsall Together partnership and the boroughs forward thinking group of GP's that were looking at options deliver vaccinations collaboratively.

He explained that the initial Covid-19 vaccine roll out would be focused on protecting and vaccinating the most vulnerable groups in the population. This would also include vaccinating health and care staff that are delivering care to

the most vulnerable. This would be a six month programme as each individual needed to receive two vaccine doses. He reported that whilst the Covid-19 vaccination programme was being developed that the most important thing residents could do was to get their flu jab. This was because there needed to be a seven day gap between receiving a flu vaccine and a Covid-19 vaccine.

Mr Gunther reported that the plan required the delivery of over 400,000 vaccinations for Walsall. The logistics were being set up. The next challenge was to ensure that it was taken up by residents. He urged local people to take the vaccine when offered it.

Dr Richie highlighted that peer reviewed evidence was available that demonstrated high confidence in the safety of the vaccine. Further to that the vaccine showed good effectiveness.

Councillor Robertson enquired about how clinical waste produced by this vaccination program would be managed? Dr Richie explained that the disposal of medical waste had been planned as part of the vaccination programme. He noted that in the short term there would be a significant amount of medical waste; particularly PPE. However, this was required to protect residents.

The Chair enquired on the level of Covid-19 vaccination take up you required, to suppress the virus. Mr Fradgley explained that plans were in place for a 100% take up. To achieve herd immunity take up of 80-85% was required. Below that the population will retain the virus. High take up rates were required for the vaccine to be effective.

The Chair mentioned the idea of a Covid-19 vaccine certificate or passport and the potential benefits this could offer.

Resolved:

That the report be noted.

39/20 Walsall local outbreak plan update

Mr Gunther introduced the report updating the Board on the Local Outbreak Management Plan actions, as attached at Appendix 1 to the report.

(see annexed)

He highlighted work taking place with the deployment of tests, the surveillance of Covid-19 data and the work being undertaken by the contact tracing service which was working seven days a week. He noted that work was ongoing to increase the capacity in this team. A short discussion took place on reducing suicide rates and the importance of mental wellbeing.

Resolved:

That the report be noted.

40/20 Test & Trace & Isolate

Mr Gunther introduced the report updating the Board on the actions being taken by the local test, trace and isolate team.

(see annexed)

He reported on testing available. It had been noted that men and Black, Asian and Minority Ethnic communities were less likely to have tests therefore work was planned to engage and encourage these sections of the community to get tests when required. He explained that lateral flow tests were now available. Dr Lewis reported on the use of lateral flow tests at the Manor Hospital. Staff were required to test themselves twice a week to help prevent asymptomatic spread. It was noted that the tests were accurate so long as a good sample from the nose and throat was taken.

Resolved:

That the report be noted.

41/20 Communication & Engagement

Mr. J. Elsegood, Interim Director of Communications, Marketing and Brand, gave a presentation updating the Board on the communication campaigns with how these linked with high level decisions and the Incident Management Team. He outlined the use of different media channels to target different sections of the community and played two radio adverts as examples.

(see annexed)

Resolved:

That the report be noted.

The meeting terminated at 5.30pm

Chair:

Date:

