



Walsall Council

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

Tuesday 13 April 2021 at 4.00 p.m.

Meeting via Microsoft Teams: Public access:

Membership: Councillor S. Craddock (Chair)
Dr. A. Rischie, Clinical Commissioning Group (Vice-Chair)
Councillor I. Robertson
Mr. S. Gunther, Director of Public Health
Chief Supt. A. Parsons, West Midlands Police
Ms. M. Dehal, 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 – 2 March 2021 (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 Vaccination Update
 - Verbal

Assurance

9. Local Outbreak Management Plan
 - Report of Director of Public Health

Communications and Engagement

10. Communication with residents
 - Presentation of Director of Communications, Marketing and Brand

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Health and Wellbeing Board (Local Outbreak Engagement Board)

Sub-Committee

2 March 2021 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, Walsall Council
Councillor I. Robertson

In Attendance Councillor M. Bird, Leader of the Council
Dr. U. Viswanathan, Consultant in Public Health
Mr J. Elsegood, Interim Director of Communications
Ms. E. Thomas, Public Health Intelligence Manager
Mr. G. Griffiths-Dale, Walsall Managing Director, Black Country and West Birmingham CCGs
Mr. S. Baugh, Public Health Registrar
Mr. M. Fearn, Systems Lead

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.

58/21 Apologies and substitutions

Apologies for non-attendance were submitted on behalf of Dr. Lewis.

59/21 Minutes

Resolved (via roll call)

That the minutes of the meeting held on 4 February 2021, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.

60/21 **Declarations of interest**

There were no declarations of interest.

61/21 **Local Government (Access to Information) Act, 1985**

There were no items to consider in private session.

62/21 **Questions from the Public**

The Chair presented and answered a question submitted by a member of the public.

The question was:

Why does the Bloxwich Active Living Centre seem to have stopped vaccinations, have supplies run out, been diverted elsewhere in the area, and does it have anything to do with the our ranking as one of the lowest ranking health partnerships (as at 31st Jan) in terms of vaccination rollout?

Stats as taken from The Telegraph 8/2/2021: How many first doses have been given in your local area? Use our postcode tool to see if your healthcare authority is ahead or behind WS3 2AB The Black Country and West Birmingham (WS3 2AB) 16.3% of people in your area have received their first dose of the Covid-19 vaccine running up to Jan 31. That's 175,605 people now with a first dose of the vaccine out of a total population of 1,079,401, an increase of +4.4% since Jan 24 Your local partnership ranks 34th out of the 42 healthcare partnerships across England. How this breaks down: Over 80s: 83.9% Rank: 36th out of 42 Age 75-79: 79.1% Rank: 29th out of 42 Age 70-74: 39.0% Rank: 15th out of 42 Under 70s: 6.0% Rank: 32nd out of 42 Source: Most recent weekly NHS data as of Jan 31, 2021

The Chair provided the following answer:

Walsall has taken the approach to open a large number of vaccination centres to ensure that the over 60s population can be vaccinated as close to home as possible. Each vaccination centre can vaccinate large numbers of people per day and is therefore not required to be open every day. Bloxwich Active Living Centre has received regular deliveries of vaccine and has consistently been the first of the vaccination centres in the Black Country and West Birmingham to vaccinate its age cohorts. The numbers of vaccine released to each centre is controlled nationally, however, it is not possible for the local centres to vaccinate quicker than the national timetable.

The figures quoted in The Telegraph are measured at a regional level. He provided assurance that the figures for Walsall borough are consistently featured in the highest vaccination rates nationally.

63/21 Walsall Covid-19 Data

The Public Health Intelligence Manager updated the Board on the latest Covid-19 data.

(see annexed)

She explained that cases were reducing due to national lockdown restrictions. Excess deaths were still above average. It was estimated that 24,000 local people had contracted the virus during the last year.

Mr. Fradgley reported that critical care beds were 150% over peak capacity at the Manor Hospital. He noted that it had been higher, however, this was still a challenging situation. He also highlighted that there was a younger age range of patients in hospital during this wave of infections.

The Chair expressed his condolences to an elected Member who had a family member pass away from the virus.

Resolved:

That the report be noted.

64/21 Covid-19 Variant Surge Testing

The Director of Public Health explained that surge testing had been taking place in two areas of Walsall following the discovery of two individuals testing positive for South African variant of Covid-19. Surge testing in area 1 had found no additional cases of the South African variant. Final results were awaited for area 2. He noted that 400 asymptomatic cases had been discovered which he hoped would contribute to a reduction in cases in the borough. He noted that there may be further requirements for surge testing in the future. This would be reflected in an update Local Outbreak Management Plan.

Following a question he explained that the door-to-door testing had been locally led and delivered. Mobile testing centres had been provided by a national resource.

He thanked all partners and volunteers for their work in delivering this important project.

Resolved:

That the updated Local Outbreak Management Plan be reported to the next meeting.

65/21 Covid-19 Vaccination Update

The Board were updated on the latest situation with delivering Covid-19 vaccines.

Mr. Griffiths-Dale reported that 92% of the eldest cohorts and 85% of those considered clinically extremely vulnerable had been vaccinated. Vaccines

were currently being offered to 60-64 year olds. It was forecast that the area was on target to vaccinate all over 50's by 15 April. By 30 July all adults will have been offered a first vaccine. Work had been taking place in the community to vaccinate groups with low take up in partnership with the voluntary sector. Repeat offers were made to those that had previously not accepted a vaccine appointment. Vaccination sites were being reviewed as younger cohorts would be vaccinated by a nationally led programme at larger sites

Mr. Fradgley added that partnership work with One Walsall and Walsall Together had been critical to the delivery of the vaccination programme. Approximately 40,000 vaccines had been delivered by the Manor Hospital. A vaccination site at the Saddlers Centre was planned to open in March to increase vaccination capacity further. He emphasised the safety of the vaccine.

Dr.Rischie highlighted that going into the community to deliver vaccines was working well and increasing uptake through improved accessibility and trust. He reported that the Duke of Cambridge had visited a local vaccination site. He also emphasised the safety of the vaccine and noted that he had received his first dose.

The Chair noted that it was important that residents did not see the vaccine as a 'free pass' to break restrictions. It was still critically important to maintain social distancing and obey the national lockdown.

In terms of hard to reach communities, it was reported that work was underway to improve engagement with the local Polish community.

Resolved:

That the report be noted.

66/21 Symptom Free Testing (Lateral Flow Testing) Programme

The Public Health Registrar set out the symptom free testing programme to the Board. He highlighted that one third of Covid-19 cases were asymptomatic meaning that people inadvertently spread the virus. Regular testing of asymptomatic people would assist in eliminating this chain of transmission. Therefore residents were encouraged to take two lateral flow tests a week. Tests could be booked via the Councils website.

Resolved:

That the report be noted.

67/21 Isolation Payments

The Systems Lead explained the isolation payments that were available to local residents if they were asked to self-isolate by NHS Test and Trace. He explained that the Council had widened the eligibility criteria to help more residents receive support.

Resolved:

That the report be noted.

68/21 Communication with Residents

The Interim Director of Communications, Marketing and Brand gave a presentation highlighting high-level plans, key message, surge testing communications and engagement data from January and February 2021.

(see annexed)

In response to a question the Interim Director explained that communication messages were reviewed and evaluated for effectiveness. Radio adverts were syndicated over 30 different stations to reach as many different listeners as possible.

Ms. Dehal noted that voluntary groups were a useful method for communicating key messages.

The Chairman paid tribute to the Interim Director and thanked him for his help, support and guidance.

Resolved:

That the report be noted.

The meeting terminated at 5.48pm

Chair:

Date:

Local Outbreak Engagement Board

13th April 2021

Walsall Covid-19 Dashboard

1. Purpose

The 'Walsall Covid-19 dashboard' provides a weekly update of data in relation to potential symptoms, confirmed cases, hospital admissions 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:

- *Both nationally and locally in Walsall, the numbers and rates of Covid-19 positive cases is decreasing.*
- *The latest 7-day average of positive cases is 204 (as of 26th March 2021), with a rate of 71.5 per 100,000 of the population.*
- *The positivity rate in Walsall has also continued to decrease and is now at 3.4% (which is similar to the Birmingham and Black Country rate of 3.3%, but higher than national at 2.6%.*
- *The number and rate of hospital admissions continues to decrease.*
- *Deaths within 28 days of a positive Covid-19 test have now exceeded 831 in Walsall.*

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 Walsall Council website [HERE](#) and 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 daily positive cases & confirmed case numbers
- Figures on potential symptoms
- Hospital admissions
- Rates per 100,000 population for Walsall and neighbouring Local Authorities

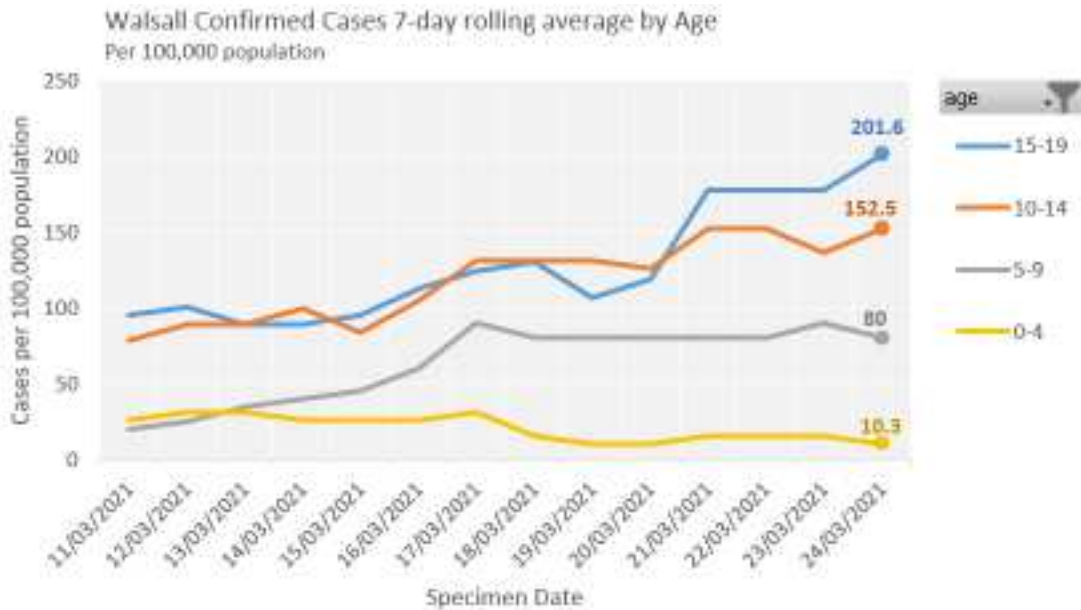
Mortality: distribution and incidence:

- A chart illustrating excess deaths compared to the average for the last five years
 - Charts presenting registered deaths over time and where they are occurring – 'care home' or 'hospital'
 - Peak mortality heat chart comparing Walsall with the rest of 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, to ensure the intended audience get the most from it.

Covid-19 Infections in School-aged children

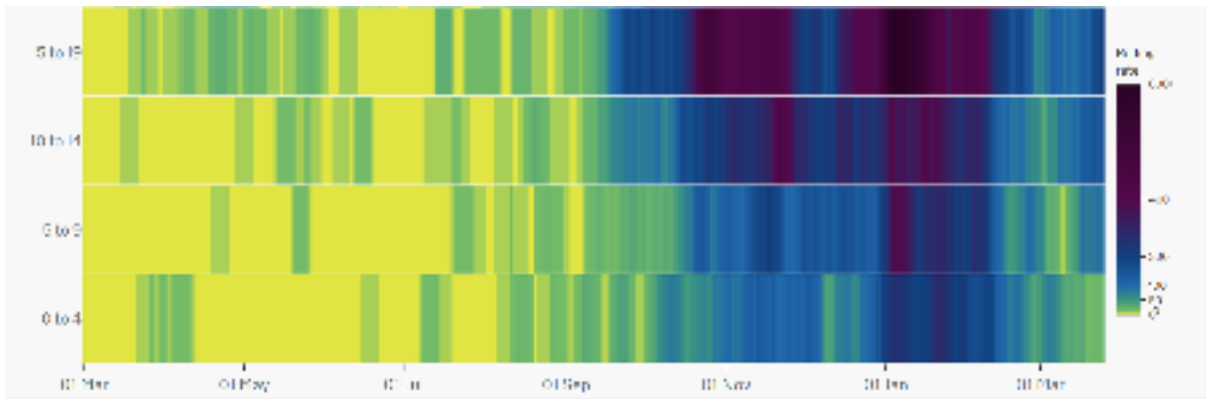
In recent weeks the numbers and rate of school aged children testing positive, has increased, particularly in older secondary-school aged children.

Figure 1. The rate of School-aged Children testing positive for Covid-19 in Walsall.



It is however important to note that this increase in infection rates in school children, which is possible through increased and regular rapid testing in schools, does not necessarily indicate that there will be more cases, serious illness, hospitalisation and death across all age groups, in large part due to the Covid-19 vaccination programme.

Figure 2. Heatmap of Covid-19 Infection Rates in School-aged children in Walsall.



The heatmap above illustrates the rate of Covid-19 infections in school-aged children in Walsall throughout the course of the pandemic. Notwithstanding the increased rate in recent weeks as described above, the rate in these age groups is currently not as high as it was during the second wave peak in early 2021.

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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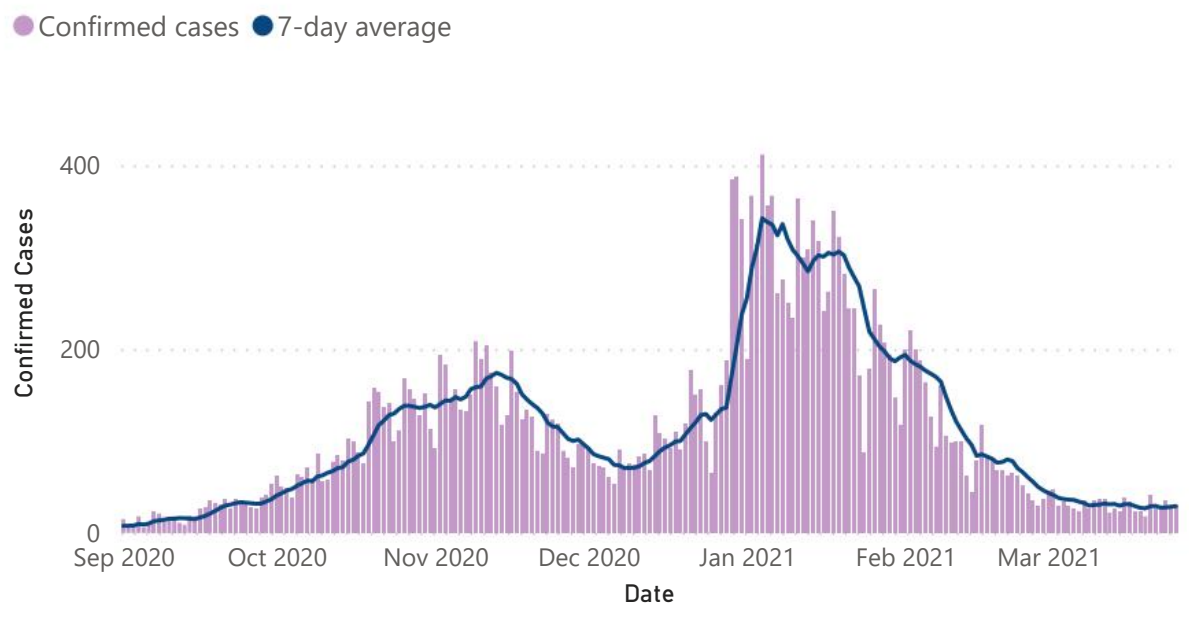
Dr. Claire J. Heath – Senior Public Health Intelligence Officer

☎ 01922 655983

✉ Claire.heath@walsall.gov.uk

Walsall Daily Confirmed Cases

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



Walsall Confirmed Cases

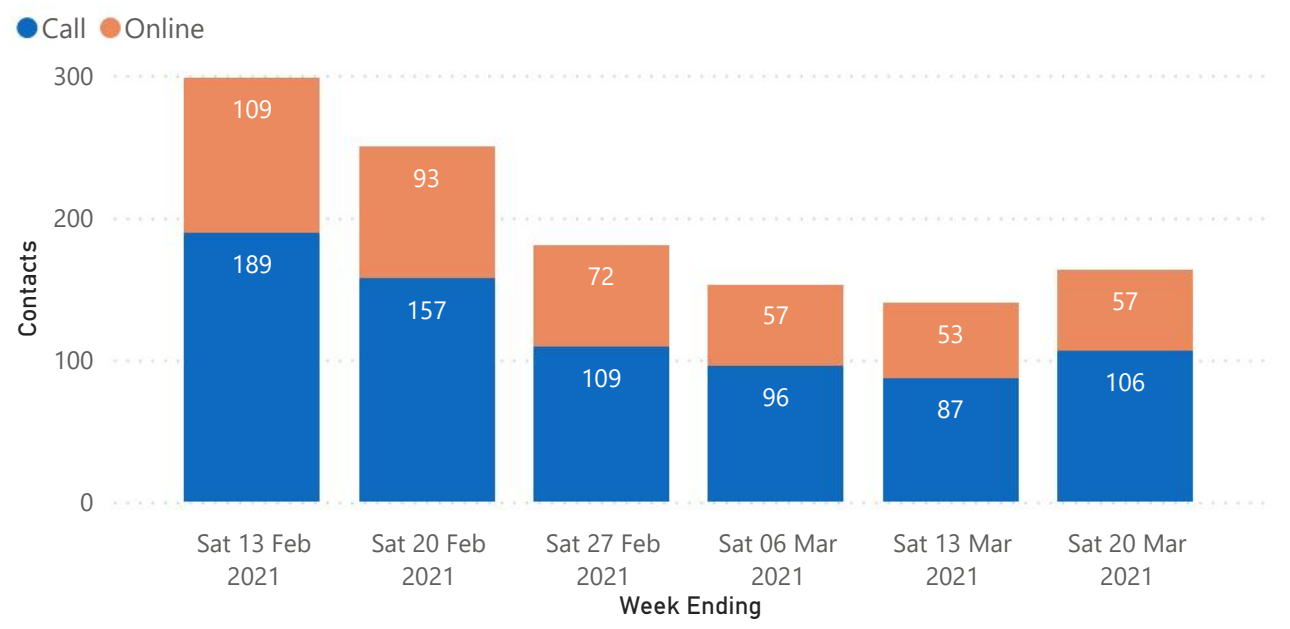
COVID-19 cases within Walsall

Total:	Cases	Per 100,000 population
	25,293	8,859.9
Previous 7 days:	Cases	Per 100,000 population
	204	71.5

Cases as of: **26 Mar 2021**

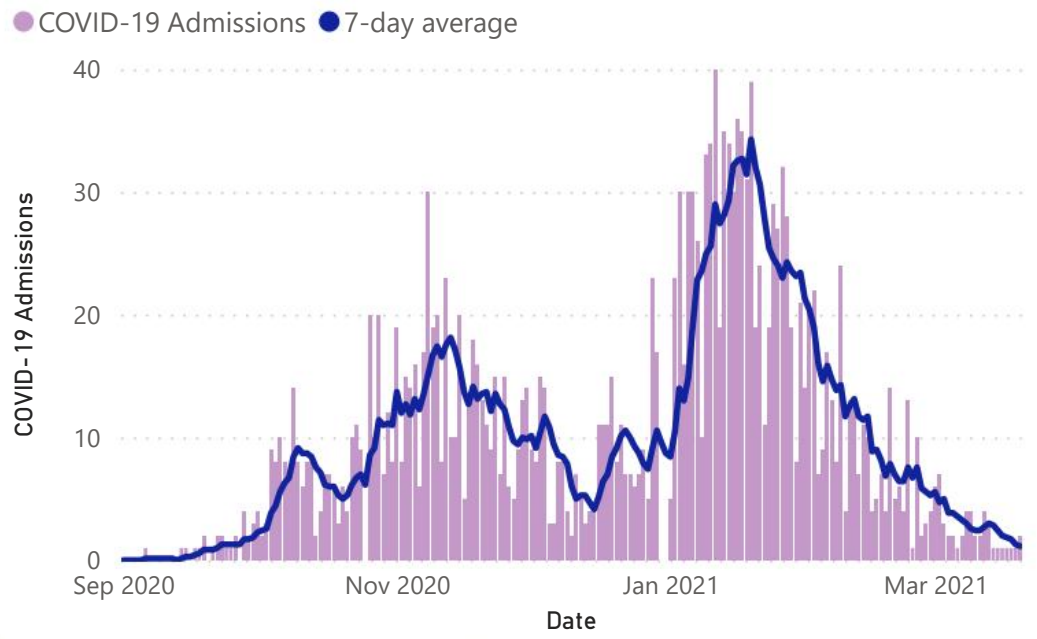
COVID-19 Triage: Weekly 999/111 Calls & Online

How many calls & online assessments for potential symptoms?



Walsall COVID-19 Hospital Admissions

How many COVID-19 related hospital admissions per day?



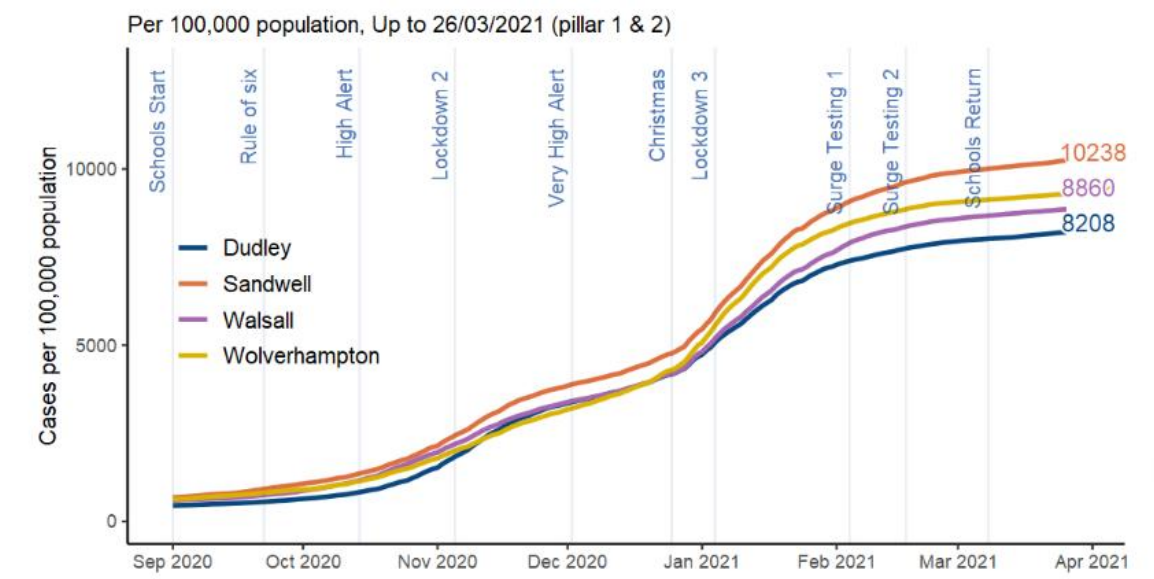
Walsall Cases per 100,000 population

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



Cumulative Cases per 100,000 Population

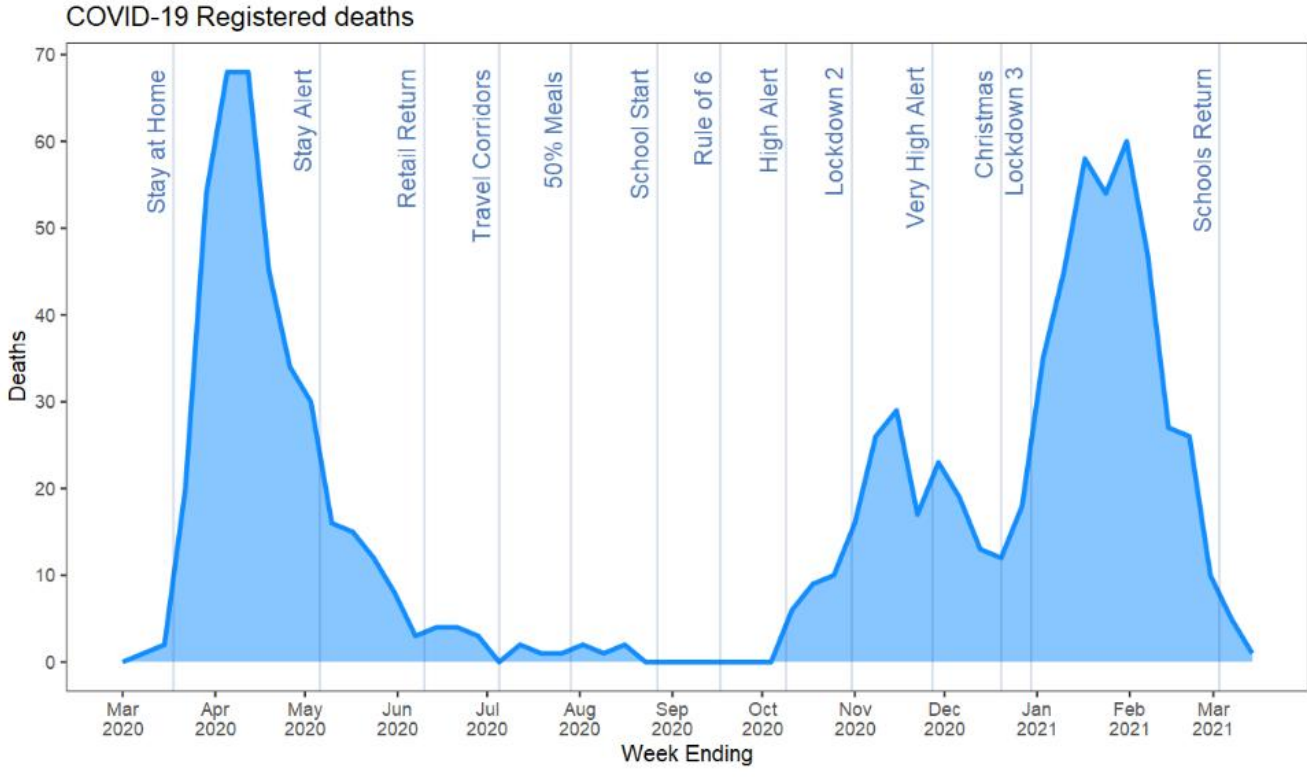
How do we compare to other local areas?



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.

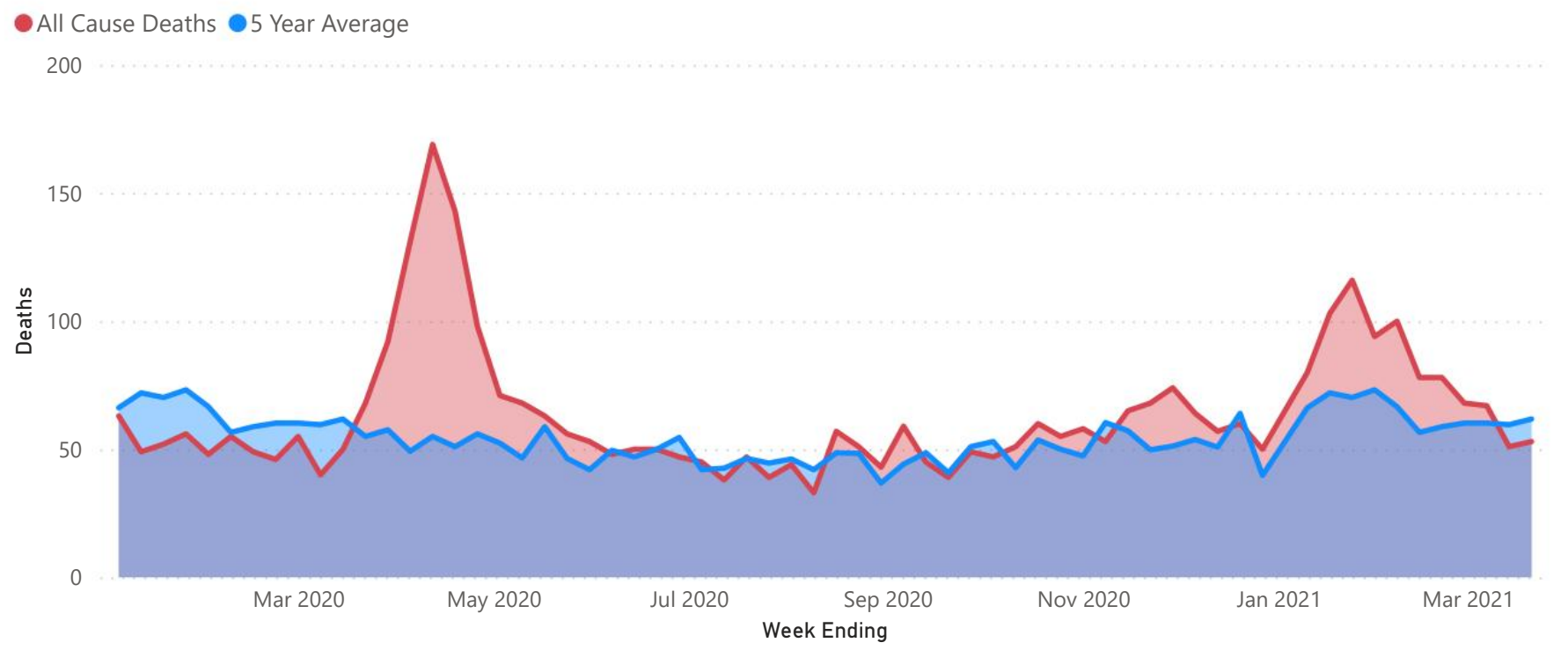
Distribution of Mortality by Week

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



Excess Mortality by Week (All Causes)

How does weekly mortality compare to the previous 5 years' average? All causes of mortality includes COVID-19.



COVID-19 Mortality

How many COVID-19 deaths?

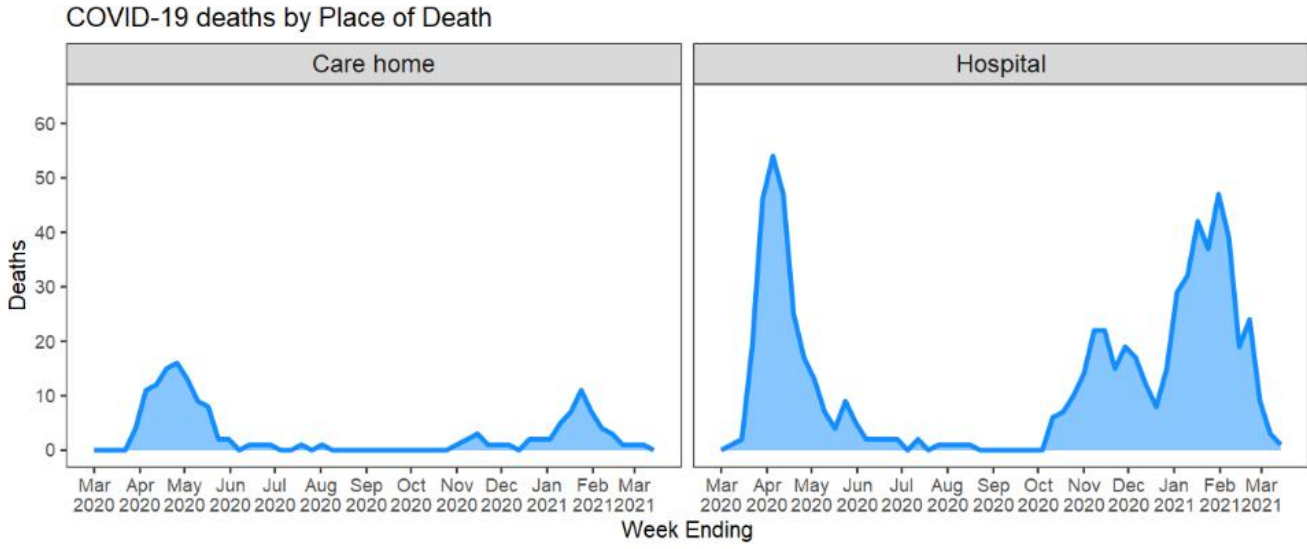
831

Walsall COVID-19 deaths
(within 28 days of a positive test)
As of:

Sunday 28 March

Distribution of Mortality

When did each local area experience peak mortality?



Fri 28 August 2020 - Fri 19 March 2021

Birmingham	3	0	3	6	20	7	17	19	24	32	60	53	62	73	68	56	59	43	79	97	157	186	164	146	116	88	58	35	25	16
Sandwell	1	1	0	3	2	1	2	8	6	11	27	27	35	24	35	33	21	18	21	34	49	84	69	67	43	31	38	20	10	4
Walsall	0	0	0	0	0	0	0	6	9	10	16	26	29	17	23	19	13	12	18	35	45	58	54	60	47	27	26	10	5	1
Dudley	0	1	0	0	2	0	0	2	6	12	14	21	22	22	29	25	17	18	22	25	29	42	61	60	32	28	16	14	10	8
Wolverhampton	2	0	1	1	0	3	5	6	6	4	9	10	13	22	13	16	10	13	12	19	69	73	63	45	36	30	15	10	8	1
Solihull	0	0	1	2	1	4	0	2	7	9	5	16	15	18	11	11	13	21	8	18	30	40	31	31	14	24	10	7	7	4
Week Ending	28 Aug 2020	04 Sep 2020	11 Sep 2020	18 Sep 2020	25 Sep 2020	02 Oct 2020	09 Oct 2020	16 Oct 2020	23 Oct 2020	30 Oct 2020	06 Nov 2020	13 Nov 2020	20 Nov 2020	27 Nov 2020	04 Dec 2020	11 Dec 2020	18 Dec 2020	25 Dec 2020	01 Jan 2021	08 Jan 2021	15 Jan 2021	22 Jan 2021	29 Jan 2021	05 Feb 2021	12 Feb 2021	19 Feb 2021	26 Feb 2021	05 Mar 2021	12 Mar 2021	19 Mar 2021

Walsall Council

COVID-19

Outbreak

Management Plan

March 2021

V4

**If you have any concerns about an outbreak
of COVID-19 please contact the Health
Protection Team (8am-8pm 7 days a week)**

on

01922 658065 or via email

walsall.healthprotection@nhs.net

Version Control and Document Management

Version	Version 4
Title	Coronavirus (COVID-19) Outbreak Management Plan
Director Responsible	Stephen Gunther – Director of Public Health
Associated Documents	<ul style="list-style-type: none"> • Walsall Council Emergency Plan • Walsall Council Health Protection and Outbreak Response Plan • Walsall Conops for Responding to Emergency Incidents and Outbreaks • Walsall Council Communications and Engagement Plan

Version Control

Version Number	Dated Issued	Details of Change(s)	Date Action taken	Changes by
V1.1	23/06/2020	HPF amends	23/06/2020	DH
V1.2	29/06/2020	Proofing/ consistency with national naming requirements	29/06/2020	SG/ KK/ DH
V2	14/07/20	Updated following Member engagement	14/07/20	SG/UV
V3	23/03/21	HPF amends	26/03/21	SG/UV
V4	29/03/21	Updated following DHSC assurance	30/03/21	PM/SG

Foreword

The scale and severity of this coronavirus pandemic has challenged every aspect of how we live our lives, exacerbated existing inequalities and created unprecedented and new demands on services.

Agencies and residents across Walsall have worked together to manage the challenges thrown up by the COVID-19 pandemic and continue the massive effort to protect our population, businesses and voluntary sector.

We now enter another phase of our response to the pandemic, taking what we have learnt so far and building that into this updated plan. The three main areas of focus for this next phase are to:

1. reduce the number of new community cases of COVID-19;
2. minimise outbreaks and manage them effectively when they occur and;
3. reduce the impact of the pandemic on the most vulnerable groups in our community.

This Local Outbreak Management Plan and aligned documents, including an action log and risk register, set out our collective commitment to preparedness, outlining how we will work together to prevent, manage and contain outbreaks through the ongoing COVID-19 pandemic.

This pandemic and the after-effects will be with us for some time. Therefore, we need to ensure our approach is resilient, joined up and agile enough to meet the changing demands placed upon us. This plan will be regularly updated to reflect changes in national guidance.

We recognise the need to maintain a strengthened ongoing health protection function in Walsall to ensure continued resilience to respond to future challenges as they arise.

I am confident we will overcome the challenges ahead of us and emerge as a more cohesive and stronger Walsall.

Stephen Gunther, Director of Public Health.

Table of Contents

Introduction.....	5
Local Context	6
COVID – 1 Year On	8
Aims of the Outbreak Management Plan.....	10
Priority Actions.....	10
Management and Escalation Overview	11
Expectations of PHE and the NHS Test and Trace/DHSC.....	13
Resources	14
Enforcement and Legal Context	15
Key Themes in the Outbreak Management Plan	16
Theme 1: Care Homes and Education settings.....	17
Theme 2: High Risk Workplaces, Locations and Communities	23
Supporting COVID Secure environments.....	23
Compliance and Enforcement.....	24
Theme 3: Local Testing Capacity	26
Responding to Variants of Concern (VoC).....	30
Enduring Transmission.....	31
Theme 4: Contact Tracing	32
Theme 5: Vaccination.....	36
Theme 6: Data Integration and Information Sharing	37
Theme 7: Support for vulnerable local communities	40
Theme 8i: Local Governance	45
Theme 8ii Communications and Engagement.....	47
List of Appendices	49

Introduction

On 22nd May 2020 Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 (COVID-19) it would expect every area in England to create a local Outbreak Plan.

Local plans were produced by June 2020, led by the Director of Public Health. National Guidance was issued jointly by Public Health England with five key partner agencies.

This document highlights the roles and responsibilities of the Director of Public Health, the new UK Health Security Agency (successor to Public Health England), officers within Walsall Council and other key local partners, in the event of a declared outbreak or public health incident to ensure a coordinated approach is taken to the investigation, control and response to the outbreak.

The Walsall Outbreak Management Plan has been reviewed in March 2021 and builds on already established plans, processes and governance with learning and the scope for forward planning as part of governance.

The primary aims of the Plan are to control COVID-19, reduce the spread of infection and save lives. Our subsequent aim is to reduce inequalities where they are identified from COVID-19 and help us build a more sustainable, fairer situation for our communities' health, wellbeing and safety.

A detailed action plan and risk register aligned to this Outbreak Management Plan sit alongside this document and assist in the implementation of this plan.

This Plan will remain a live document, reflecting the evolving nature of guidance, expectations and local experience. The Local Outbreak Management Plan will be guided by national policy and will respond in the context of national/regional restrictions or easements.

Local Context

Walsall is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities. Covering 40 square miles, it is located to the north-west of Birmingham, and is one of the four local authorities that make up the Black Country sub-region (with Dudley, Sandwell and Wolverhampton). Walsall town centre lies at the heart of the borough surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall district centres.

Walsall's overall population of 285,500 (ONS 2019) residents is predicted to increase by 5.9% over 10 years, from 274,200 in 2014 to 290,200 in 2024. Like many areas, the predicted growth of Walsall's older population (> 65) is higher than this at 12.4%. There has already been an 8.8% increase in births in Walsall between 2004 and 2014, and the number of reception pupils in Walsall schools has increased 11.34% between 2012 and 2017.

Within Walsall, there is considerable variation in the levels of deprivation experienced in neighbourhoods across the borough. Figure 1 shows deprivation relative to England overall, highlighting the most deprived and least deprived LSOAs in the borough in 2019. There are pockets of extreme deprivation in some areas and over a quarter of neighbourhoods (44 of 167) are amongst the most deprived 10% in England. This is more than the 34 highly deprived neighbourhoods in 2015 and the 41 in 2010. These highly deprived LSOAs are located primarily in Blakenall, Birchills Leamore, Pleck, St Matthew's and Bloxwich East and West wards. Darlaston and Willenhall South also have very widespread multiple deprivation.

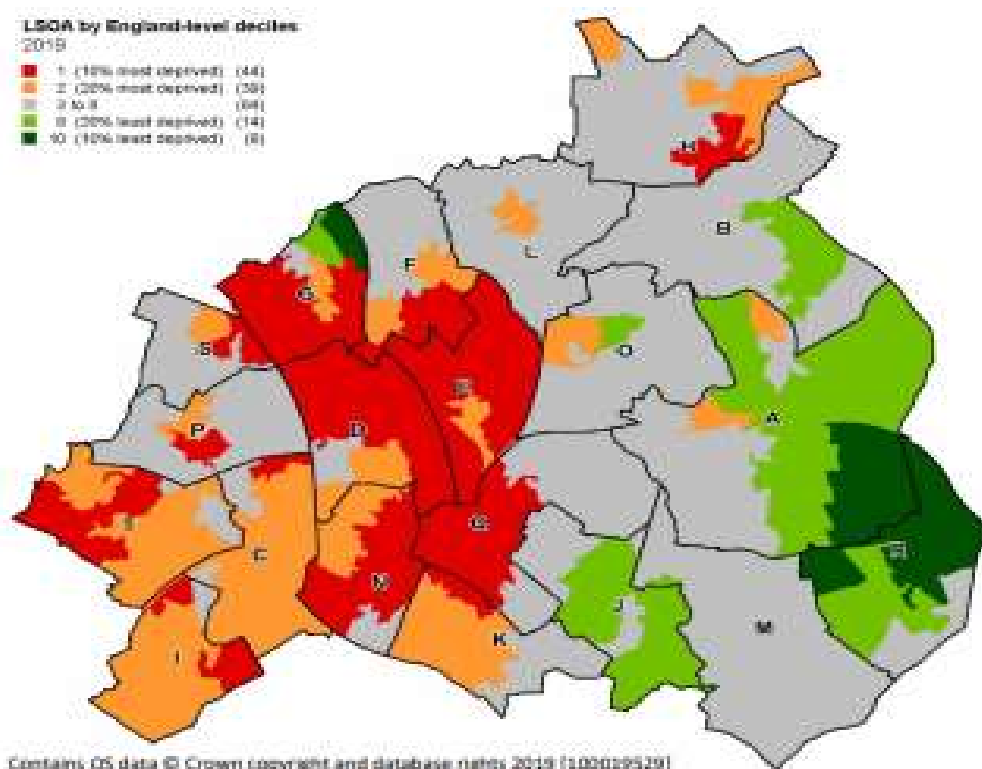


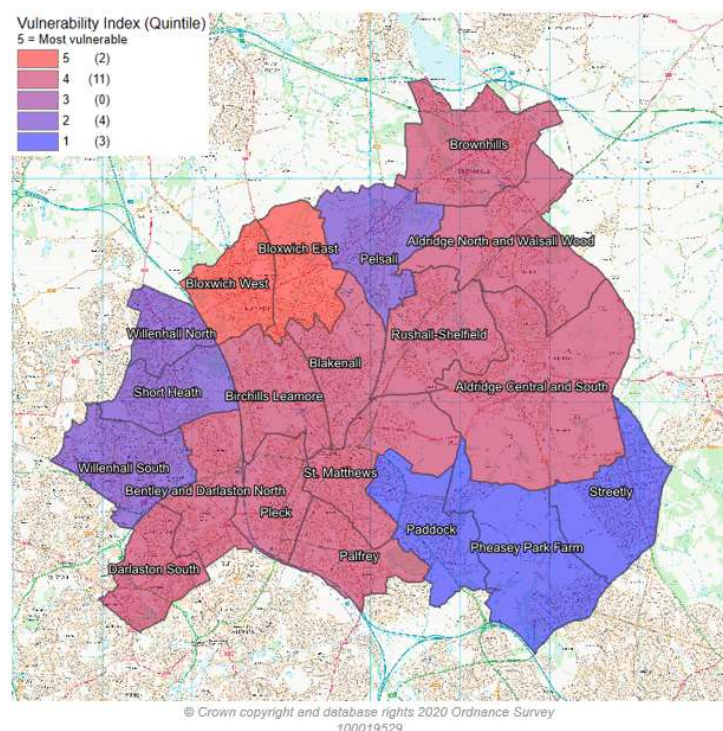
Figure 1: IMD 2019 shown by England-level percentiles

Walsall is a culturally diverse town where people from Black and Minority Ethnic communities make up around a quarter of the population of the borough. Indian, Pakistani and Bangladeshi communities form the largest of the minority ethnic groups, comprising around 15% of the population, while Black ethnic groups make up around 2.5% of Walsall residents. Additionally, Walsall now has a small Eastern European Community, who comprise around 1% of the population.

The British Red Cross has provided a COVID-19 vulnerability index which puts Walsall in the 20% most vulnerable local authorities in England. This makes Walsall more susceptible to outbreaks of COVID-19 than many other areas across the county as seen in figure 2.

Walsall Insight and the Joint Strategic Needs Assessment has further details around these and other vulnerabilities that exist (accessible via the [Walsall Insight Website](#)).

Figure 2: British Red Cross – Walsall vulnerability map



COVID-19 Vulnerability Index for wards in Walsall British Red Cross Society

Based on 4 key domains:

- **Clinical Vulnerability**
Age & medical i.e. COPD, cancer, asthma, Cardiovascular, etc
 - **Health/Wellbeing Vulnerability**
Mental health, loneliness, dementia, frailty etc
 - **Economic Vulnerability**
Claimant count, ESA, Disability benefits, universal credit etc
 - **Social Vulnerability**
Distance to GP/hospital/supermarkets, household condition, homelessness, air quality etc
- Nationally Walsall is in the **5th quintile** or **20% most vulnerable** local authorities in England.
 - Majority of Walsall wards (65%) are in **4th quintile** or higher: in the **40% most vulnerable** wards nationwide
 - Most vulnerable **Bloxwich East & West**
 - Least vulnerable south-east **Streetly, Pheasey, Paddock**

Source: <https://britishredcrosssociety.github.io/covid-19-vulnerability/>

Further detail on the vulnerability index of the British Red Cross and how Walsall compares on a regional and national scale can be viewed [HERE](#).

COVID – 1 Year On

Twelve months on since the first positive COVID-19 case in Walsall, we have reached many significant milestones having been reached. These include:

- Walsall has surpassed 25,000 positive cases
- The highest number of daily cases peaked on 4th of January 2021, with 411 tests recorded
- The numbers of cases in Walsall have been consistently higher than those for the West Midlands and England average.
- 831 deaths have occurred within 28 days of a positive COVID-19 test.
- There have been 144 deaths in care homes with COVID-19 on the death certificate.
- There were 20,217 Walsall residents shielding and 6,227 food parcels have been delivered to them
- Walsall unemployment is currently at its highest with 15,375 claiming out-of-work benefits in February 2021, 8.9% of all working age adults (unemployment was 4.8% in February 2020).
- Over 130,000 first dose of Covid-19 vaccinations and over 15,000 second doses have been given, accounting for approximately 50% of the adult population.
- Walsall Adult Social Care (ASC) services introduced an Additional Expenses process to support the financial viability of care providers.
- Through donations ASC were able to purchase tablet devices for residents to keep in contact with their families
- With colleagues from WHT & CCG, ASC developed the Enhanced Quality in Care Team offering practical support to care homes such as hands-on caring staff and volunteers.
- Direct engagement from the Employment Growth Team with 418 local businesses.
- Walsall Council communications team issued more than 165 press releases to local and national media and handled more than 400 enquiries from print and broadcast media
- 250 news items published to the Walsall Council Newsroom on the external website
- 20 editions of the COVID-19 Residents' newsletter published by Walsall Council (with an average readership of 25,000 residents)
- Recorded 400,000 views to the Council's COVID-19 information webpages
- Published over 8000 social media posts from key council accounts with a potential of over 10 million views and over 630,000 interactions.

Throughout the pandemic Walsall Communications Team have adopted a joined up approach to communications, working together with organisations from across the borough, to share and amplify key messages for Walsall's residents and businesses.

In addition to providing communications and media support to service areas and programmes across the council, during the 12 months of the 2020/21 reporting period to date, the corporate communications team has:

- issued more than 165 press releases to local and national media
- published more than 250 news items to the Walsall Council Newsroom on the external website
- managed and published 20 editions of the COVID-19 News from Walsall Council newsletter for residents, with an average readership of 25,000 residents
- handled more than 400 enquiries from print and broadcast media
- created and continued to update more than 20 new external COVID-19 information webpages, receiving more than 400,000 views (combined)
- Produced and distributed more than 100 COVID-19 updates to MPs, elected members and partner organisations
- published more than 8000 social media posts from key council accounts with a potential of over 10 million views and over 630,000 interactions
- Responded to more than 400 direct message engagements on Facebook and 260 direct message engagements on Twitter.

Coronavirus – Walsall Council response over the last 12 months



Maintained
105,000 collections
per week of household
waste and recycling



6200+
food parcels
provided



3433
new care and support
assessments completed
for vulnerable adults



2303
adults supported to
safely discharge
from hospital



41,391
highway drains
cleaned



2000+
people helped
with shopping



Responded to **10,223**
befriending requests



Delivered £103m
financial support to
Walsall businesses



6141
potholes repaired



Responded to **7663**
requests for early help
or social care support
for children and families



7500+ devices
issued to vulnerable
children



5120
street lights
fixed



Walsall Council

The Covid-19 response in Walsall has been underpinned by a robust local intelligence system. Data and information has been sourced, analysed and collated to enable the development of the 'Walsall COVID-19 dashboard'. The dashboard provides timely data on infections, positivity rates, hospital admissions and mortalities, as well as syndromic surveillance, and has been essential for informing strategic and operational decision making.

The dashboard can be accessed via Walsall Council website [HERE](#).

Aims of the Outbreak Management Plan

The Walsall Local Outbreak Management Plan supports the government's approach to reducing the impact of COVID-19, as originally set out in its Coronavirus Action Plan. The first version of this plan was published in March 2020. This version looks forward from March 2021.

The aims of the local outbreak management plan are to:

- limit COVID-19 transmission;
- minimise direct mortality and morbidity from COVID-19, and indirect harm arising both from the disease and the policy response;
- minimise the impact of COVID-19 on the sustained normal functioning of society;
- minimise the impact of COVID-19 on inequalities;
- Support the development of a sustainable and effective public health system.

Priority Actions

- Rapid case finding and isolation
- Rapid outbreak identification & management
- Surveillance and monitoring and response to variants of concern
- Vaccination of priority groups
- Development of a Winter COVID Plan as part of Winter Plan
- Addressing long term health consequences, focusing on those most affected
- Evaluation, monitoring, and mitigation of the impact of policies on transmission and inequalities
- Clear, consistent communications
- Continuous review of new evidence

Outbreak Identification and Rapid Response

Outbreak identification and Rapid Response (OIRR) is intended to identify sources of transmission and break the chain preventing onwards transmission. Walsall will utilise the Outbreak Prevention and Management Response toolkit published by DHSC in March 2021 to inform and shape the local outbreak response.

The key elements of our strategy for outbreak identification and response include:

- Joint response across Walsall Public Health and PHE, supported by a local agreement: response tailored to meet prevalence & system capacity (PHE/LA prioritisation framework available on request).
- Effective management of clusters, outbreaks and nosocomial spread within healthcare settings led by NHS / PHE with support from Walsall Public Health
- On-going cluster and outbreak management for schools, care homes, work-places and other settings led by Walsall Public Health
- Joint action by police/Walsall Council around 4Es approach to early intervention and enforcement

Management and Escalation Overview

Health Protection arrangements already exist for managing outbreaks of infection in Walsall. In developing this plan we have identified levels of outbreak alerts aligned to the Outbreak Prevention and Management Response Toolkit.

Differential levels of outbreaks

On a sliding scale, there are a range of outbreak scenarios that require appropriate actions:

- cases - this refers to individual cases of COVID-19
- clusters - this refers to 2 or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case
- outbreaks - this refers to 2 or more confirmed cases associated with a specific setting with evidence of a common exposure or link to another case
- community spread refers to sporadic or linked cases on a limited or extensive basis

In the majority of these scenarios, Walsall Public Health will respond to control the outbreak drawing on expertise in epidemiology, analysis, communications and engagement, infection control, enhanced testing and effective local contact tracing. The Council may also impose restrictions on the specific setting, such as cleansing or temporary closure.

In exceptional cases, an outbreak in a setting will require additional support or intervention. Walsall Public Health will work with NHS Test and Trace and the new UK Health Security Agency to ensure that settings of national significance, for example those which form part of the UK's critical national infrastructure or underpin major supply chains, are identified proactively and managed appropriately.

For the most extensive, highest risk or complex outbreaks, Walsall Council in partnership with the West Midlands Health Protection Teams will call on a national multi-agency incident surge response that will be deployed to significantly bolster local resources to support outbreak management. This team will include epidemiologists, health protection experts, logisticians and general managers, communications specialists and other skills as needed depending on the scale and type of outbreak.

The following table published within the CONTAIN Framework summarises the key roles for managing outbreaks within an individual setting, within a local authority area, and which cross regional boundaries.

Level	Decision-maker(s)	Coordination, advice and engagement
Individual setting (for example restaurant, school, factory)	Setting owner – with appropriate support.	
May vary depending if the setting is deemed a setting of national significance.	PHE (local health protection teams) Director of Public Health	
Within a local authority area	Decisions may be taken by the chief executive, Director of Public Health or Head of Environmental Health	COVID-19 Health Protection Board (including NHS, faith, community partners, PHE) Local Strategic Co-ordination Group Local Outbreak Control Board or other political oversight bodies
Regional (cross-boundary)	N/A – agreed cross-boundary decisions will be implemented at local authority level	# Local resilience forums (LRFs) Mayoral and combined authorities Integrated care systems Regional health directors (PHE and NHS)

Expectations of PHE and the NHS Test and Trace/DHSC

Walsall will continue to work constructively with Public Health England, the NHS Test and Trace service and DHSC and the new National Institute for Health Protection.

We anticipate that the following agencies will continue to lead on:

DHSC

- Symptomatic testing (PCR)
- Contact tracing and follow up of Tier 3 cases
- Using best practice to develop an operational guide/playbook for dealing with VoC/VUI
- Port regulation

PHE

- work to the agreed PHE/LA prioritisation framework
- Surveillance and rapid identification of Variants of Interest and Concern
- Training and guidance for LA health protection teams

NHS

- The roll out of vaccination
- Planning for COVID-19 booster vaccination and winter pressures
- Planning and implement services for long COVID-19
- Address inequalities
- Addressing health impact of COVID-19
- Support reactive swabbing in the identification and management of outbreaks
- Support a multidisciplinary enhanced offer to the care sector

Resources

The Plan has been resourced by central government grants. This includes the

- Test and Trace grant (£1.65m),
- Contain Outbreak Management Fund (allocation of £5.71m to date) and
- Community Testing Programme funding (approx. £370k).

The resources made available by central government grants have been supplemented by resources by local statutory agencies, voluntary agencies, businesses and local communities in Walsall. These financial resources have been secured for the financial year 2021/22.

The principles of investment were as follows:

- Alignment with themes in the Plan
- Evidence based interventions
- Value for money

Use of resources have been monitored through the governance structure to ensure value for money and effective deployment of the grant included:

- Staffing; additional specialist public health expertise, environmental health and infection control capacity, analytical capacity, additional contact tracers
- Communications: marketing materials etc.
- Data management integration and analysis
- Making Connections/Community investment (resilient communities), training and development/capacity building. This has also included delivery of essentials for those in self-isolation.
- Peripherals, IT equipment, PPE, swabbing kits etc.
- Vaccination centres
- Community testing programme; setting up and running the programme until the end of June
- Surge testing
- Education settings supports for outbreaks and management / prevention
- Targeted support for school/university outbreaks
- Additional resource for compliance with, and enforcement of, restrictions and guidance

Surge Capacity Requirements

We continue to draw on the multi-agency capabilities and expertise of our key partners, operating as a whole system, to support efforts in response to the changing landscape of the pandemic. To date this has enabled efficient use of capacity and resources across the system to respond swiftly and effectively at scale where needed.

Surge capacity requirements have been built into ongoing planning based on a reasonable worst-case scenario i.e. an outbreak of significant size / complexity or multiple concurrent outbreaks. Capacity within the public health on call support service and contact tracing team are monitored on a weekly basis to enable Walsall to respond flexibly and appropriately to the situation.

The volume, scale and complexity of incidents is difficult to predict however further alignment of operating procedures, resource deployment / redeployment, recruitment and investment in commissioned services will support this capacity plan.

Enforcement and Legal Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England (PHE), the [Health and Social Care Act 2012](#) makes them responsible for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, each Local Authority, the emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases. PHE will fulfil its statutory duty of receiving notification of outbreaks, undertaking the risk assessment and providing public health advice in accordance with national guidance and or local standard operating procedures (SOPs).
- With Directors of Public Health under the [Health and Social Care Act 2012](#) there a duty to prepare for and lead the Local Authority Public Health response to incidents that present a threat to the public's health. Directors will collaborate with area (i.e. Black Country) Clinical Commissioning Groups and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks
- With Chief Environmental Health Officers under the [Public Health \(Control of Disease\) Act 1984](#) [sections 45G, 45H and 45I], local authorities can make an application to a Justice of the Peace in the Magistrates' Court to impose restrictions or requirements to close contaminated premises; close public spaces in the area of the local authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance or structure be destroyed
- The [Health Protection \(Local Authority Powers\) Regulations 2010](#) (SI 2010/657) [Regulation 8] states that local authorities have a limited power to request persons or groups of persons to do or refrain from doing anything by serving a notice for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to public health.
- In the context of COVID-19 there is also the [Coronavirus Act 2020](#) and Coronavirus Regulations 2020. Should an individual need to be detained under the Coronavirus Regulations, a suitable place to hold the individual will need to be found (which could be in current isolation units being used for our vulnerable communities, or may need to be on healthcare premises (as utilised for Part 2A orders).

Enforcement will be the “last resort” option, as the focus of work with partner organisations and workplaces is one of collaboration and support. However, it is important to consider circumstances in which legislation may be required to be used. Further, it will be important to understand, for those organisations regulated by the Health and Safety Executive, how we might ensure we still maintain a local supportive relationship with those businesses and how enforcement might work in practice. Where the local authority shares Health & Safety enforcement powers with the Health & Safety Executive, enforcement action will be taken as appropriate and where necessary with other responders, specific responsibilities to respond to major incidents as part of the [Civil Contingencies Act 2004](#)

As the legislative environment changes, so the plan will be updated accordingly.

Key Themes in the Outbreak Management Plan

The aims of the Outbreak Management Plan outlined earlier will be delivered according to themes as set out by DHSC. The key themes of the Walsall Outbreak Management Plans are listed below:

Requirement	Description
1. Care homes and Educational settings	Planning for local outbreaks in care homes, Educational settings (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
2. Workplaces and other locations	Identifying and planning how to manage workplaces, high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
3. Local testing capacity	Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc.)
4. Contact tracing in complex settings	Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
5. Vaccination	Roll out of vaccination to JCVI priority groups, address health inequalities in vaccine uptake and address vaccine hesitancy
6. Data integration	Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
7. Vulnerable people	Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities
8. Local Governance	Establishing governance structures led by existing COVID-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and the member-led Board to communicate with the general public

The themes described above are described in detail in respect to the approach taken and learning/experience over the past year, with recommendations for the way forward.

Theme 1: Care Homes and Education settings

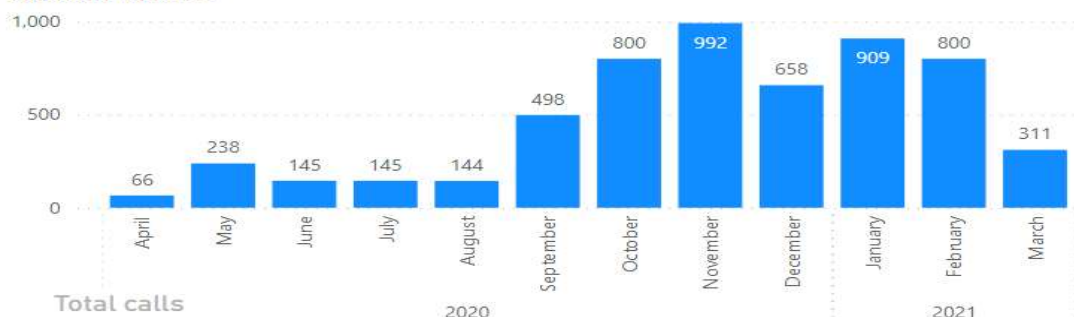
Since the beginning of the pandemic, Walsall Public Health have worked with health and care partners to support care homes, educational settings and other high risk locations to manage and mitigate the impact of the COVID 19. Two key support systems that have been established include the public health COVID-19 support service and the Infection Prevention and Control service.

Public Health COVID-19 Support Service

The Walsall Health Protection Team provides on-call support (8am-8pm) 7 days a week, working in close liaison with Public Health England with weekly update meetings, and have developed and delivered accessible guidance and frequently asked questions. On call support has been available via the Health Protection Team and between April 2020 and 22nd March 2021, there have been 5,706 calls.

Summary of all calls (all locations combined)

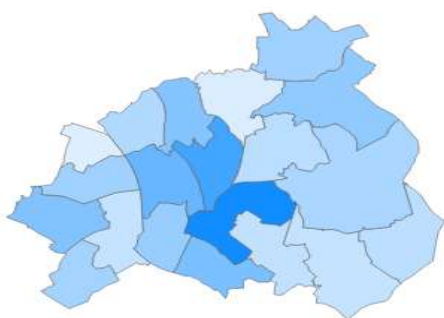
Number of calls



Total calls

5706

Number of calls by ward



NB: Only calls containing a valid Walsall postcode are included in the map.

QueryCategory	Total n	Total %
Reporting positive cases	2073	36%
General information	934	16%
To be completed	449	8%
Other	434	8%
Testing	305	5%
COVID secure advice	277	5%
Operation Eagle	216	4%
Follow up	196	3%
Reporting symptomatic cases	161	3%
Results	155	3%
Isolation	106	2%
IPC advice	90	2%
TTI	63	1%
PHE notification	61	1%
Outbreak	56	1%
Lateral Flow Testing (LFT)	48	1%
Vaccination (COVID-19)	48	1%
PPE	21	0%
Cleaning and waste disposal	12	0%
Reporting missing swabs	1	0%
Total	5706	100%

Infection Prevention and Control Service

Walsall Health Protection team provide an enhanced Infection Prevention and Control (IPC) service to Care Homes and schools, including:-

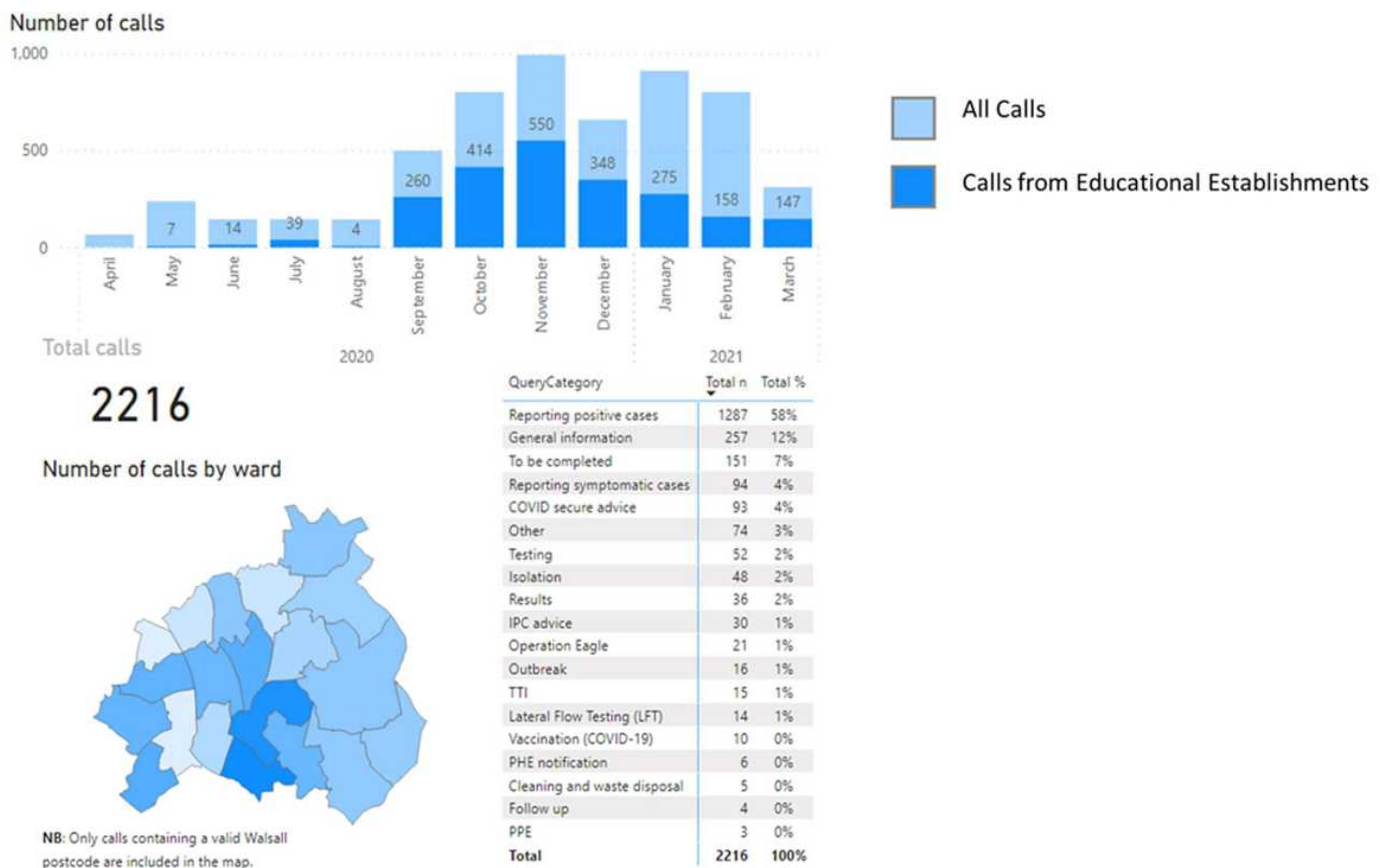
- Outbreak management support
- Education and support and onsite training covering Infection Prevention Control and 'fit testing' for Personal Protective Equipment

Educational Settings including Wolverhampton University (Walsall Campus), Walsall College, Schools and Early Year settings

Support has been available from the Walsall Public Health team to Wolverhampton University (Walsall Campus), Walsall College, schools, children’s residential homes and Early Years settings since the start of lockdown when they were open to support vulnerable children or children of key workers, during the autumn term when all students had returned to school and as they prepared to welcome students back into school from 8th March 2021. Support has also been offered to providers of holiday activities around COVID secure measures in the form of webinars and through the on call team when specific advice is required.

Public Health on call Support Service: This support has been through the Public Health team’s health protection line which runs from 8am-8pm weekends and weekdays (including Bank Holidays). This team is available to answer any queries that education staff might have about COVID and infection prevention. Positive cases in staff and students are also reported via this route and a risk assessment of those who are close contacts of case, and so required to isolate. The majority of communication with Walsall Health Protection has been to inform of positive or symptomatic cases but the team also receives many questions about testing and requests for Infection Prevention Control advice.

As at the 22nd March 2021, 2216 calls have been received from Educational establishments as below since April 2020. This accounts for 39% of the total calls coming into the Health Protection Team.



Education settings have greatly appreciated the support available to them from the public health on call support service.

Webinars for schools and specifically for Early Years providers, Special Educational Needs and Disability (SEND) transport providers and children’s care homes have been offered detailing infection control measures including how to access and use appropriate PPE as well as advice about hygiene and distancing and what to do in the case of an outbreak.

Walsall Council provides information to settings on a variety of issues including staff and student emotional health and wellbeing as well as specific information about COVID-19.

The information provided includes but is not limited to:

- School specific intranet
- Weekly updates at the weekly head teacher meeting with some meetings dedicated solely to provision of public health/COVID-19 information
- On-call helpline (as described above)
- Regular bespoke support to Wolverhampton University and Walsall College
- Weekly monitoring of positive and isolating cases in staff and students which informs the required West Midlands and Department for Education (DfE) reporting systems
- Support to provide Lateral Flow Device (LFD) tests to children's home staff
- Advice on return to short break provision for SEND students and infection control management in children's residential homes when there has been an outbreak
- Coordination and leadership in multiagency incident management team meetings

Guidance from Public Health England for schools has been localised for Walsall including parent template letters and useful FAQs. Walsall has developed its own assessment of infection risk which schools now use to assess who might be a potential contact as well as constantly review where IPC breaches might have occurred.

In addition, a local Test and Trace team has been established to support all venues in Walsall including schools and to ensure good communication with parents and the wider community.

Lateral Flow Device Testing in Schools

Since January 2021, LFD testing has been available to staff in primary and secondary schools including associated staff such as drivers of SEND transport. From 8th March students in year 7 and above were offered 3 initial LFD tests to firm up their techniques. Thereafter settings will provide students with tests to undertake at home. In addition households, childcare and support bubbles of nursery children, primary and secondary-age pupils and college students and households, childcare and support bubbles of staff of nurseries, primary and secondary schools, and colleges have been provided access to regular lateral flow testing to be done at home.

One of the schools in Walsall is participating in the Daily Contact Testing pilot and is being supported by Walsall Public Health to do so.

Way forward:

- Walsall will continue to build on the close links developed with Educational settings during the pandemic and look to work further with schools as they support the young people who have been adversely affected by lockdown.
- Walsall public health will continue to offer the on call support service to help educational settings to manage outbreaks and incidents
- We will continue to offer webinars and other training as appropriate

Care Settings

Enhanced Support to care homes

Walsall health and care organisations have provided enhanced support to nursing and residential homes since April 2020 covering training, supply of equipment, PPE and direct nursing and care staff to help homes to maintain services. The Care Quality team, the CCG and the Public Health IPC team have worked closely together to support care homes and nursing homes who were in crisis during the first and second waves of the pandemic.

The plan is to continue this enhanced support and expand to all nursing and residential care settings with proactive interventions to ensure the care sector is more resilient as we move into the next phase of the pandemic.

Infection Prevention and Control services:

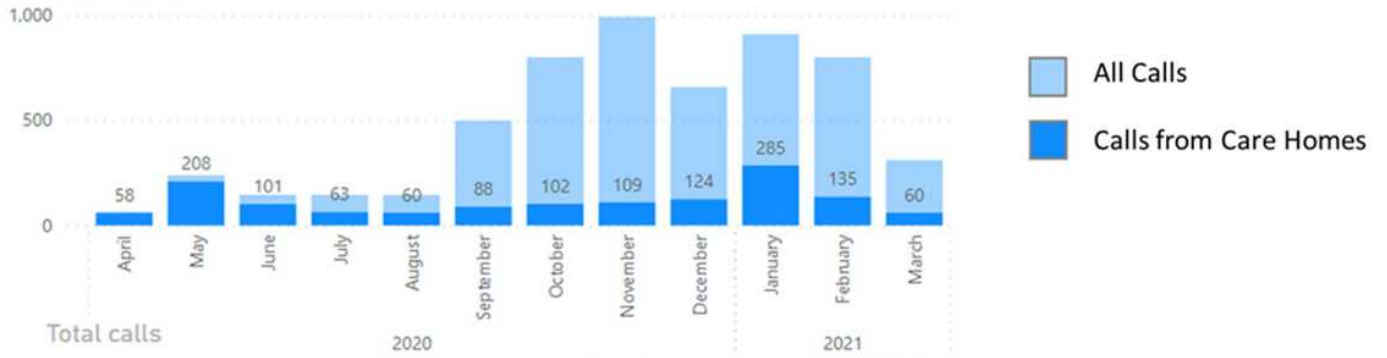
The IPC have provided training (both onsite and remote), supportive visits, IPC audits and reviews, specialised advice on the managements of outbreaks and developed policies as appropriate, including for safe visiting, donning and doffing of PPE, undertaking swabbing and testing etc.

The IPC team work with local partners including the Clinical Commissioning Group and Walsall Healthcare Trust and primary care to provide an enhanced support care team to the care sector in Walsall and with Local Authority social care colleagues and Heads to offer bespoke support to education settings. Care settings have greatly appreciated the support available to them to interpret guidance for their settings.

Public Health on call Support Service:

As at the 22nd March, 1393 calls have been received from nursing or residential homes and care providers (e.g. domiciliary care) since April 2020. This accounts for 24.4 % of the total calls coming into the Health Protection Team. The figure below provides details of the types of enquiry made.

Number of calls



Total calls

1393

Number of calls by ward



NB: Only calls containing a valid Walsall postcode are included in the map.

QueryCategory	Total n	Total %
Reporting positive cases	438	31%
Follow up	184	13%
General information	157	11%
Testing	139	10%
Other	93	7%
Results	75	5%
COVID secure advice	71	5%
To be completed	60	4%
Reporting symptomatic cases	43	3%
IPC advice	29	2%
Isolation	27	2%
Outbreak	20	1%
PHE notification	14	1%
PPE	12	1%
TTI	11	1%
Vaccination (COVID-19)	8	1%
Operation Eagle	7	1%
Cleaning and waste disposal	3	0%
Lateral Flow Testing (LFT)	1	0%
Reporting missing swabs	1	0%
Total	1393	100%

Way Forward:

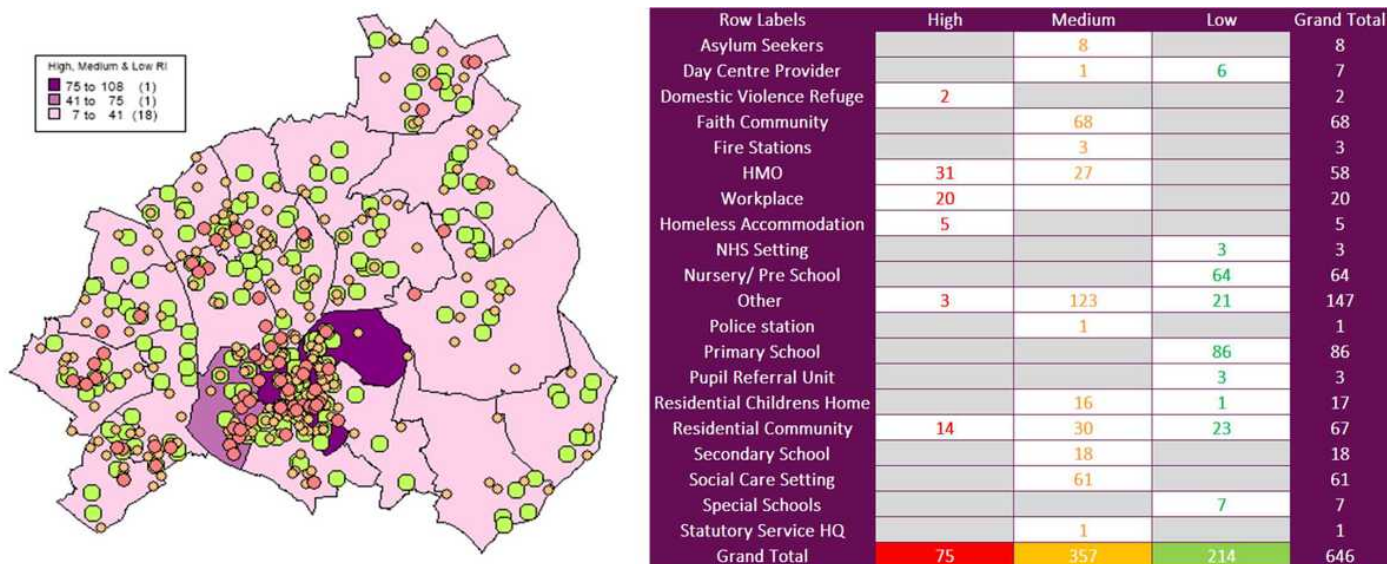
Walsall health and care partners are committed to:

- Continue to provide support for Infection Prevention and Control, and to co-ordinate system-wide response to outbreaks. Additional areas identified during COVID-19 which have benefited from IPC support and training include extra care facilities, domiciliary care, children's homes, supported living, and day centres
- Provide support for Infection Prevention and Control, and to co-ordinate system wide response to outbreaks
- ensure that all residents in care homes have a personalised care and support plan (Advanced Care Plan)
- ensure that there will be specialist clinical palliative care for residents in care homes at End of Life
- Walsall public health will continue to offer the on call support service to help care settings to manage outbreaks and incidents
- Walsall public health will continue to offer webinars and other training as appropriate
- Walsall public health will specifically deliver IPC training and audits to the domiciliary care sector and children's homes going forward
- Walsall Together will provide support to care homes to be able to provide excellent quality in care on a consistent and ongoing basis through the enhanced care home support programme, with specialised support including statutory advocacy for mental health, mental capacity and social care for frail elderly, learning disability, dementia and other mental health conditions as appropriate
- Continue to support the roll out of regular testing in all care settings including Lateral Flow testing
- Continue to encourage the uptake of vaccination by residents/clients and staff in the care sector
- Continue the current governance arrangements for the care sector going forward
- Work with partners within Walsall Together to plan for influenza and COVID-19 booster vaccinations and winter pressures in the autumn of 2021

Theme 2: High Risk Workplaces, Locations and Communities

The previous Outbreak Management Plan described a high risk location or community as one which would present complex problems or risks for tracing or containment should an outbreak occur. High risk areas across the borough were identified as below:

Figure 5: High Risk Locations, Places and Communities Summary



The Council has been providing information, advice and support to high-risk workplaces, locations and communities throughout the pandemic. Examples include:

- 418 local businesses have received direct engagement from the Employment Growth Team as a result of the economic impact of the pandemic
- The team held five virtual events in the last year with over 50+ attendees, ranging from 'Ensuring Your Premises are Safe for Staff & Customers' (this was held in partnership with Regulatory Service teams from across the Black Country) to start-up specific events and health & wellbeing events organised with Public Health colleagues

The team has also worked with strategic partners, including the Black Country Growth Hub, Black Country Chamber of Commerce, Federation of Small Businesses, Best of Walsall and other representative organisations to ensure that Walsall businesses are kept up to date with various funding initiatives and wider business support programmes.

Supporting COVID Secure environments

Walsall Council has supported COVID secure environments through a communications and engagement campaign which included both general and targeted activity.

The Walsall Council website has comprehensive pages for businesses and other high-risk locations which are updated regularly, and which are promoted widely as the 'go to' source for information updates.
https://go.walsall.gov.uk/covid-19_information

Written information produced by Public Health and specifically tailored for workplaces and high-risk locations, "How to Stop the Spread of Coronavirus", was mailed out to over 2500 workplaces and other venues during the summer of 2020. This included information on symptoms, COVID secure measures, managing symptomatic/positive cases or outbreaks and reporting requirements.

Compliance and Enforcement

Regulatory Services have provided direct communication via letters, information sheets and telephone on COVID-secure measures as well as proactive on-site visits to relay advice on safe business practices.

At different times during the restricted period the team have targeted those premises found to be at the highest risk of noncompliance. This targeted work has involved visits and mailshots. Since March 2020, nearly 2,000 targeted/proactive contacts have been made. Some of the visits have been carried out jointly with the Police.

The team has contacted supermarkets, grocers, takeaways, non-essential retailers, licensed premises, hairdressers, and car washes in the borough.

In addition, COVID Marshalls have also carried out over 500 advisory/enforcement visits.

Our business services have been regularly sharing information on national guidance and key actions for businesses as well as providing direct advice and support for access to relevant grants and other financial support.

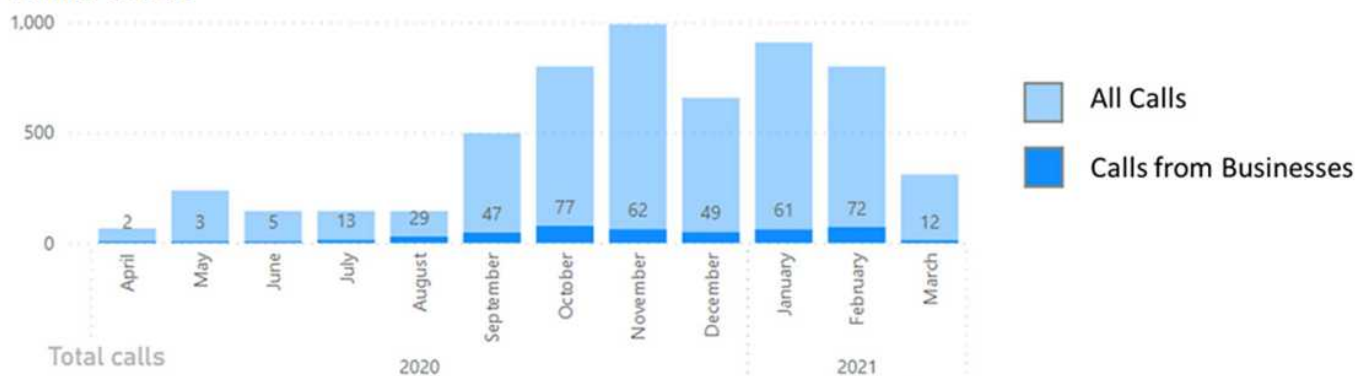
Many of our workplaces and other high-risk locations and communities have worked hard to put measures in place to comply with COVID guidance and protect both staff and customers.

Throughout the pandemic Regulatory Services have received regular calls and complaints of non-compliance with national guidance. Over 1340 non-compliance or similar queries regarding businesses have been received since March 2020. The majority of complaints have been about businesses that were open illegally (39%) or about poor COVID controls at businesses (37%).

Public Health on Call Support

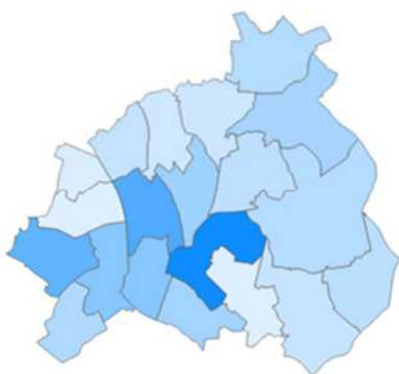
On call support has been available via the Health Protection Team. As of the 22nd of March, 432 calls have been received from businesses and other locations as below since April 2020. This accounts for 7.6% of the total calls coming into the Health Protection Team.

Number of calls



432

Number of calls by ward



NB: Only calls containing a valid Walsall postcode are included in the map.

QueryCategory	Total n	Total %
Reporting positive cases	112	26%
General information	95	22%
COVID secure advice	46	11%
To be completed	27	6%
Other	24	6%
Operation Eagle	22	5%
Testing	17	4%
IPC advice	14	3%
Results	14	3%
TTI	14	3%
PHE notification	10	2%
Outbreak	8	2%
Reporting symptomatic cases	7	2%
Lateral Flow Testing (LFT)	6	1%
Vaccination (COVID-19)	6	1%
Isolation	4	1%
Follow up	3	1%
Cleaning and waste disposal	2	0%
PPE	1	0%
Total	432	100%

Lateral Flow Testing (LFT)

More recently, local Businesses and other high-risk locations have been supported to access Lateral Flow Testing (LFT). This is crucial in supporting businesses to avoid transmission in the workplace and therefore maintain COVID-free environments.

Walsall businesses that employ more than 50 staff can register to order COVID-19 symptom-free tests for their employees. We have currently had 38 organisations sign up for LFT kits and there are plans to provide further support to Businesses with training and Q&As to increase the numbers registering.

Critical workers that do not have access to LFT testing through their workplace have been able to access testing in one of Walsall's community testing centres.

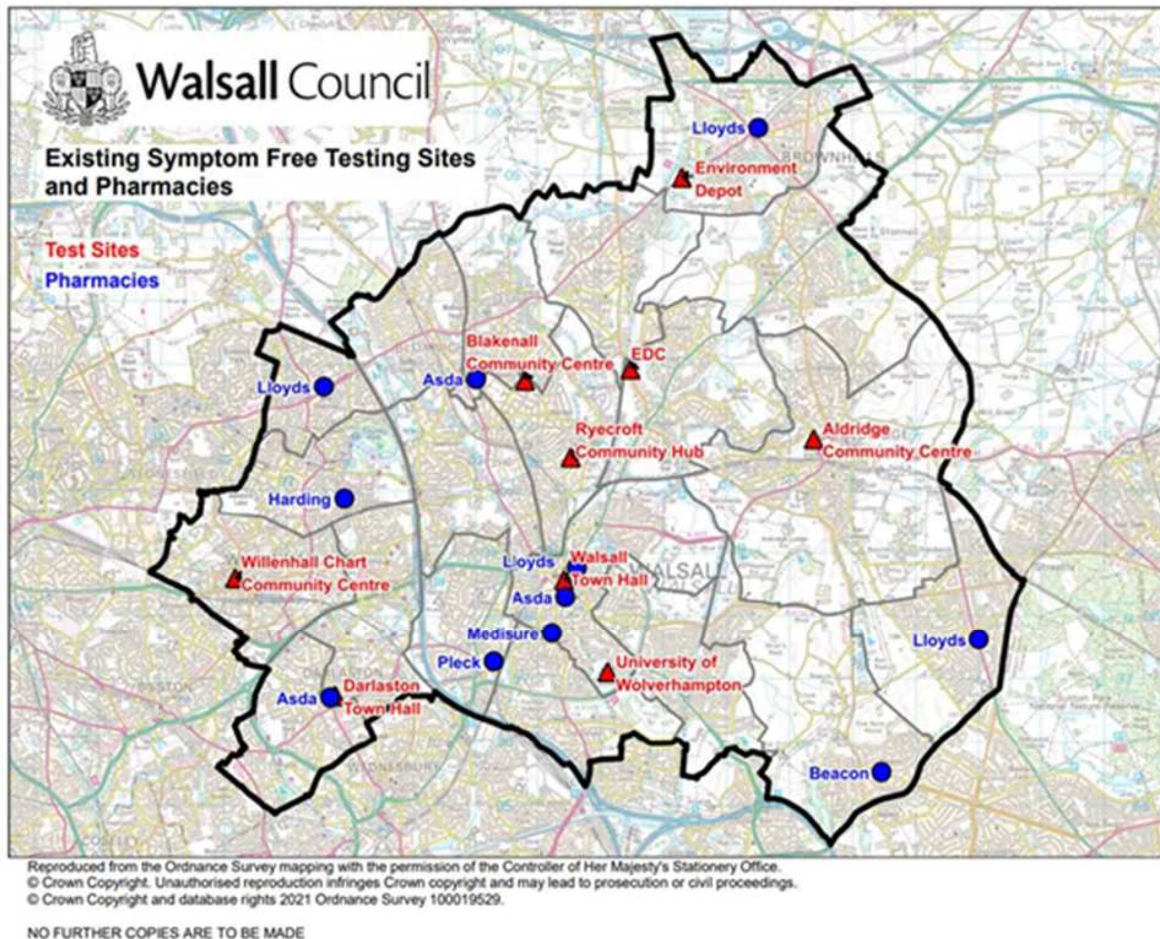
Way Forward:

- encouraging and supporting the uptake of Lateral Flow testing across workplaces and other high-risk locations
- Walsall will continue to build on the close links developed with businesses during the pandemic and look to work further with workplaces to promote health in the workplace
- Walsall public health will continue to offer the on call support service to help workplaces and high-risk settings to manage outbreaks and incidents
- We will continue to offer webinars and other training as appropriate

Theme 3: Local Testing Capacity

Key to the successful implementation of the next iteration of the local outbreak management plan is a testing system that provides easily accessible, timely, equitable, flexible and responsive access to COVID-19 testing.

There is now a significant testing infrastructure available locally in Walsall to support this approach, for both symptomatic and asymptomatic testing. The map below shows the symptom free testing sites and pharmacies across Walsall.



As a system, we have also learnt from the experience of mobilising surge testing at speed and scale, including the key aspects, facilitators and barriers of setting up.

The table below provides a summary of where we are now and the testing offers available across Walsall. As restrictions are lifted and guidance changes, the system as a whole is likely to be reliant on different aspects of testing in the borough.

Summary of COVID-19 testing offer in Walsall

	Symptomatic testing	Asymptomatic testing	Surge testing
Leadership	National	National & local	National & local
Settings	Local testing sites, NHS, home testing, Adult social care, Children's services, prisons	Workplaces, schools, universities, community symptom free testing sites, Adult social care, Children's services, NHS, community collect-home testing	Local testing sites, mobile testing units
Test type	PCR	LFT PCR used in some Adult / children's settings weekly	PCR
Testing regime	Test following symptoms	Twice-weekly (LFT) Weekly PCR in some settings	One-off testing
Rationale	Gold standard test for COVID-19	<ul style="list-style-type: none"> Point of care test, identifying asymptomatic people that may be infectious, supporting to break the chain of transmission Twice-weekly testing required to identify people at the early stages of infectiousness 	One-off surveillance exercise to understand community transmission of a variant of concern
Target population	People with COVID-19 symptoms	<ul style="list-style-type: none"> All critical workers that need to leave home to go to work Households and bubbles of pupils, students and staff of schools and colleges Health and care staff in high risk settings 	Specific population based on geographical boundaries agreed by all partners
Notes		<ul style="list-style-type: none"> Criteria for who can access testing to be expanded as restrictions are lifted as per the governments roadmap Confirmatory PCR – only required for home testing at present, but due to be reinstated as a requirement regardless of test location 	<ul style="list-style-type: none"> Surge testing has been undertaken to date when genetic sequencing has identified a variant of concern locally Surge testing planning and readiness is required in the future to support timely mobilisation of mass testing in a defined population

Expansion of asymptomatic testing: community collect

In addition to the testing offer at community sites, within workplaces or schools, home testing is currently being trialled and offered to households and bubbles of pupils, students and staff of school and colleges. The community collect model enables adults in households and support or childcare bubbles of staff, parents and carers of children at nursery, primary and secondary schools and colleges to access home testing kits through a range of channels:

- Collecting kits from local or regional testing sites
- Ordering kits online for direct home delivery
- Collecting kits from community testing sites
- Collecting kits from participating pharmacies (due to be available in April 2021)

The self-test kits are performed at home by individuals. This model will support the expansion of asymptomatic testing; improving testing capacity and allowing for more flexible access.

For the latest information on sites and eligibility criteria for accessing testing visit:

https://go.walsall.gov.uk/covid-19_information/covid-19_-_i_want_to_know/covid-19_-_testing_information

Next steps / Way forward

We have identified three themes specific to local testing to focus on for the next stage of the local outbreak plan:

Understanding local testing need, demand and capacity

The testing system has to be responsive to the local demand and need for testing across the borough. This should primarily be driven by data and intelligence, as well as local and national context. This theme will include consideration for the following:

- Tracking symptomatic and asymptomatic testing demand and capacity across Walsall and providing a testing system that meets the needs of the population in a timely and accessible manner.
- The likely scaling back of symptomatic PCR testing sites as the prevalence of COVID-19 reduces in the community and widening the asymptomatic testing offer across Walsall as the nation moves through the Government roadmap steps.
- The ability to respond rapidly to testing need through the mobilisation of surge testing plans and / or mobile testing units in specific scenarios e.g. variants of concern or targeted testing within community / workplace settings

Community centred approaches to improve uptake in testing

Testing is going to become a normal part of daily life over the coming months and potentially longer term. Community centred approaches seek to mobilise the assets within communities, promote equity and increase people's control over their health and lives (PHE, 2015). These approaches can support the testing system to access communities, community settings and high-risk settings most affected and impacted by COVID-19. For example, this may include:

- Under-represented groups
- Faith settings
- High-risk workplaces and settings
- Deprived communities

The testing infrastructure across Walsall should also be considered a community asset. The vision is that symptom free testing sites become community hubs where residents, critical workers, community groups and employers / organisations can access the sites to:

- pick up home testing kits
- receive basic training around testing (residents / households)
- receive workplace specific training and support
- education, advice and support for testing and wider COVID issues

This will happen through partnership working with the local community associations delivering the community testing sites, as they are well placed assets that understand and have the relationships with their local communities, residents and local businesses. We will set out the further detail on how this will be realised, including timelines, in the LOMP action plan and risk register.

Training and Quality Assurance

Since the introduction of asymptomatic testing, there has been a focus on mobilising a number of test sites to develop a significant testing infrastructure, in addition to local testing PCR sites across Walsall. A training and quality assurance need for all settings and environments that use lateral flow devices has been identified. A lack of training or focus on quality will have an impact on the outputs and outcomes of the symptom free testing programme e.g. inappropriate testing techniques leading to false results; failing to log results through the national portal leading to an inaccurate picture of positive LFT cases in Walsall.

A training and quality assurance programme will be developed by the end of April 2021. Specific timelines for this programme will be captured within the detailed action plan for the Local Outbreak Management Plan. It will be advertised widely within the community and wider settings, linking to the development of test sites as community hubs providing this offer. The Community Association workforce will play a role in supporting and delivering on this offer.

Responding to Variants of Concern (VoC)

The overarching principles for action in the event of a variant cluster or outbreak are:

1. To implement a rapid, coordinated and precautionary approach.
2. A proportionate response based on the risk the variant cluster or outbreak poses. If the risk is unknown the variant is treated as a high-risk variant.
3. Responses are time limited and with principle of quick stand up and quick stand down operated.

Specific principles for operation of the response tool are:

- A response will be initiated once the risk threshold established in the risk assessment process is met.
- Locally led, nationally and regionally supported.
- Once a variant cluster or outbreak is identified a response will be initiated regardless of information available on the specific variant.
- Once a variant outbreak is identified all cases in that area are treated as potential variant cases – therefore all contact tracing, testing and self-isolation approaches apply to all COVID positive cases until the outbreak is stood down.

Surge Testing in response to Variants of Concern

Towards the end of January and the first weeks of February, Walsall Council and partners had to mobilise, at speed, surge testing within two identified areas of the Borough. Given the limited time to prepare for surge testing, Walsall Council's response overall was successful, however, areas for improvement have been identified concerning all aspects of the response.

Lessons Learnt

- The existence of an already established Mobile Testing Unit at Walsall College aided the response in the early stages, although uptake was greater through door-to-door engagement and residents ordering PCR test kits online.
- During the implementation of surge testing in area 1, there was a lack of alignment between local and national communications. On reflection, communication within the operation response at all levels needs to be more concise and timely, therefore enabling a more effective response, with potentially less risks.
- In particular, the community response to surge testing in area 2 exemplified the need to engage diverse and economically challenged communities well in advance of operations.
- There was insufficient clarity around the geography for surge testing, and the decision of the footprint was not sufficiently informed by intelligence on transmission
- Timeliness of surge testing – both surge testing exercises were undertaken up to 4 weeks after the index case
- There were no clear Standard Operating Procedures for the implementation of surge testing
- Operation Eagle was a resource intensive exercise for the system, with many council staff and the community workforce pulled into the operational response. There are implications around the local system's opportunity cost for implementing such an operation from resource perspective, the public health value to the local population, and the societal costs of some of the challenges identified.

Way Forward

- The lessons learnt have resulted in the development of a generic surge testing framework plan. The plan is owned by Walsall Council GOLD corporate management team and will remain as a live document, to be updated continually, and linked to the Outbreak Management Plan, along with this report. This will support planning for and mobilising any future surge testing requirements in Walsall including the deployment of Mobile Testing Units at short notice in the event of surge testing.

Enduring Transmission

Enduring transmission is transmission of disease at a higher than expected level and is likely to exist where there is insufficient preventative or deterrent activity in place within families, groups, workplaces and communities to stop the spread. This will need to be tackled by reducing the contact points and opportunities for contact as well as reinforcing the need to stop virus spread in all groups. This works best where people understand and support that they (and everyone else they connect with) have an individual and a shared role in reducing viral infection in total, rather than just relying on the vaccine. This is in line with the latest Contain strategy released by national government on 18th March 2021.

Walsall continues to have challenges with enduring transmission.

There is evidence from national research that enduring transmission is linked to deprivation, particularly affecting some of the groups identified particularly where people have difficulty in maintaining self-isolation or social distancing e.g. due to their occupation or housing situation.

It has also become clear over the course of the pandemic that some groups are more vulnerable to COVID-19 infection. Further work will be undertaken to understand key vulnerabilities that may drive enduring transmission in the local population of Walsall.

Failure to self-isolate has been identified as a key contributor to enduring transmission. Reasons for this may be related to type of work (e.g. concerns about loss of income), denial of risks from COVID-19, general lack of understanding and housing situation. To support residents Walsall Council has made discretionary payments to support self-isolation and Walsall Public health is working with the West Midlands Combined Authority on research into financial barriers to self-isolation.

In addition, Walsall Councils' Business Support, Regulatory and Public Health teams will reinforce the guidance and advice to help businesses to assist their work force to adhere to the requirements for self-isolation. This will be reinforced by the broader offer of lateral flow tests across the borough.

Walsall Council has developed a community champions model to optimise engagement with the population to improve understanding of COVID-19 risks.

Theme 4: Contact Tracing

Contact tracing in complex settings has been undertaken by the Walsall Health Protection Team in collaboration with Public Health England.

Walsall Health Protection Team supplemented the contact tracing work led by Public Health England in complex situations including;

- Large outbreaks
- Homeless persons
- Difficulties in engaging with index cases due to lack of cooperation
- Complex situations e.g. safeguarding concerns

A team of contact tracers were recruited to respond to contact tracing. This complemented the team within Public Health England and a swabbing pathway has been designed to support the contact tracing process. This will be regularly reviewed following any incident/outbreak and revised as necessary.

The Outbreak Management Process

Walsall Council continues to lead on the preventative work necessary to reduce transmission of COVID-19 in our setting and communities, under the local themes outlined in the Plan. The Authority will work closely with the successor to Public Health England and will have a Standard Operating Procedure established which outlines the way in which the response will work between Public Health England and Walsall Council.

National contact tracing teams will be following up most non-complex routine positive cases and will escalate complex cases, clusters and outbreak work to the UK Health Security Agency who will work with Walsall Health Protection Team in these instances to rapidly prevent and control transmission. Further, if Walsall Council receives direct notification of outbreaks and complex cases, this will be notified to the national bodies.

Public Health On Call Support Service

Walsall Health Protection Team continues to be contactable out of hours between 8am and 8pm 7 days a week, and a formal out of hours rota has been established.

Public Health England will be responsible for initial risk assessment of complex cases, cluster and outbreaks and Walsall Council for mobilising the local response, onward risk assessment and management.

A range of resources and guidance documents have been developed and made available nationally, regionally and locally to support outbreak response. Walsall Council will continue to ensure timely local interpretation of national/regional guidance is undertaken where required.

Contact Tracing Team

The contact tracing team currently comprise of 2 WTE contact tracing team leads supported by an additional team of 7 contact tracers providing an additional 107hrs per week of flexible contact tracing hours to allow for any surge in capacity or to ensure an active and timely response to any outbreak. The team will remain an inclusive part of the Walsall Public Health team, engaging with the PH Intelligence, On Call, and Health Protection Teams on a daily basis.

Service Provision

Walsall will continue to provide a Level 2 contact tracing service between the hours of 8am - 6pm, 7 days a week, utilising a central phone number, which is well advertised across the community as a whole. It is anticipated that any future planning will continue to provide a community-based approach to advertising the service as the joint advertising of the contact tracing service with linkages to community support services has proved a practical and accessible tool for the community to access.

Training and Capacity

There is a requirement for all contact tracers to have achieved the National Level 2 CTAD training assessment and future planning ensures the local contact tracers have access to and will have achieved the National training requirements of the updated Integrated Tracing System (ITS) replacing CTAD prior to National roll out and be system ready.

The team leads will continue to engage with National training, communications and data performance and development groups in the development and implementation of the National Integrated Tracing System, and in partnership with local contact tracing leads across the boundaries of neighbouring authorities. This process is allowing for growth in regard to seizing the opportunity for greater information sharing and cross-border benefits. Currently we are leading in this area.

In order to plan appropriately for any increased capacity (current capacity 125 cases on any given day) further capacity will be released by providing training (to be completed by August 2021) to selective members of the 'on call team' and vice versa in order to provide a responsive and flexible approach to managing outbreaks, and initial surge capacity will be based around this existing capacity for contact tracing.

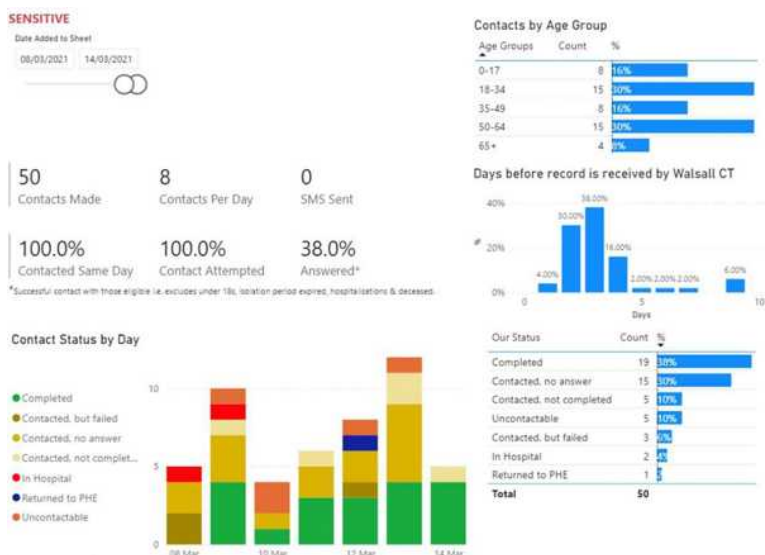
Process

Walsall Public Health currently support NHS Test and Trace and Public Health England in the use of local Enhanced Contact Tracing in Walsall, a process whereby the team access CTAD only for 'failed to follow' up cases where the National team have been unsuccessful, This process has so far been effective in earlier identification of places of transmission by gathering and reporting contacts and workplace information enabling the local teams (Public Health dept. Environmental Health, Health Protection Team) to detect and respond to local COVID-19 outbreaks.

(Enhanced contact tracing includes both forward contact tracing to detect index cases and identify their contacts, and also backward contact tracing whereby contact tracers record data in the backward period of an index case to identify places of transmission. In particular the backward contact tracing process thus enables the detection of primary cases, additional index cases and other cases who are part of an outbreak).

A dashboard has been developed to enable contact trace data surveillance and monitoring and is reported weekly at the 'TTI meetings'. It offers an overview of the number of contacts made, the age groups of those contacts and the status.

Sample Weekly Contact Tracing Dashboard



Welfare support offered by the Contact Tracing Team

Contact tracers evidence from initial surge testing in Walsall in relation to a variance of concern, resulted in contact tracers developing and strengthening seamless access to help and support services for the most vulnerable and needy communities. In particular contact tracers have referred cases to (this list is not exhaustive):

- Crisis Support
- Social workers
- Translation services
- Migrant health services
- Refugee and migrant Centres
- Safeguarding services

In the event of future surge testing, the contact tracing team will respond rapidly and effectively. Enhanced contact tracing systems are in place, data collection and reporting processes are proven and embedded, system readiness has been achieved and capacity planning to at least 'stand up' an active team of tracers to achieve a minimum of up to 1000 cases a week is in place,

Way Forward

- Contact tracing in Walsall is seen as both part of surveillance/epidemiology of local outbreaks and a key part of the Outbreak Identification and Rapid Response function
- Walsall is looking to go online with the Integrated Testing System as one of the early adopter sites. Planning is underway, in partnership with PHE, to begin a process whereby the team access new cases and their contacts as they are uploaded to CTAD/ ITS. By earlier intervention in the contact tracing process, Walsall will be able to more swiftly mobilise services and agencies, support local intelligence gathering, provide infection control advice and ensure timely communications to the public. In the first instance, the numbers of index cases and their contacts will be sourced from selective postcodes where the cumulative prevalence of index cases in the Borough is highest.

Consequence management issues such as support for vulnerable individuals; PPE supply; complex local contact tracing; staffing and business continuity issues, currently subject to delays in communications from National to local level will therefore be reduced.

- The use of local outcome data from contact tracing processes in combination with PHE intelligence reports, including common exposure reports¹ and postcode coincidence reports² will ensure Walsall will be ready to meet any future pandemic challenges, as we anticipate a more complete integration with national contact tracing systems, partnership and processes. This data will be used to subsequently develop and escalate the service provision across the Borough to more adequately meet the activity requirements in the shortest available time, thus allowing a more coordinated approach, earlier reach to cases and contacts, and subsequently earlier intervention.

¹ **Common Exposure Report** - details places, events, postcodes and activities visited/engaged in by cases during the period where they mostly likely acquired the infection, specific locations where cases may have acquired their infection, and which may justify further public health investigation.

² **Postcode coincidence reports** - developed from the 'forwards' contact tracing information (the period 2 days before the infectious period), and show: places, events and activities visited/engaged in by cases during the period when they were likely to have been infectious, places where cases may have transmitted their infection, and which may justify further public health investigation. Postcode coincidences provide intelligence about where transmission may have occurred and provide information to direct potential public health actions.)

Theme 5: Vaccination

The COVID-19 Vaccination Programme is proceeding at pace. Walsall Council working with local NHS colleagues, will continue to play a key role in delivering this and driving uptake, as set out in the UK Covid-19 vaccine delivery plan.

Walsall Public health have a key role in ensuring as many people as possible take up the offer of a vaccine and in combating the lack of enthusiasm for the vaccine in some residents. This includes providing functional support through learning and good practice examples, working with communities, voluntary organisations, faith leaders, and health leaders to actively encourage vaccine take up.

Early exploration of the reasons for not taking up the vaccine offer included geographical barriers to access. In response to this, Walsall CCG has worked with other agencies in the borough to extend the range of sites which offer the Covid-19 vaccination.

Way forward:

Walsall has been allocated £432,500 for a Community Champions project to assist with this task and support the follow-up already being done by CCG practices. This funding will be allocated before 31/3/2021. Based on cohort penetration in cohorts 1 to 4, the Black Country West Birmingham STP have been provided data on vaccine uptake within the local PCNs and at a postcode level to provide more support. An additional funding of £100k has been provided to the Black Country CCG to develop and deliver local solutions with Community Champions, and will be focused on intensifying existing or novel local engagement activity that focuses on one or all of the following:

Confidence (vaccine hesitancy)

- Understanding the reasons for vaccine hesitancy, especially in minority ethnic communities, through an evidence review of surveys published on the medRxiv preprint server and using this evidence in comms work as to how to deploy the Community Champions most effectively
- Developing solutions for overcoming hesitancy. We are seeking advice from other exemplar areas including Nottingham and Leicester. Door-to-door vaccination is being planned for some LSOAs
-

Convenience (barriers to access)

- Understanding the barriers to access, in collaboration with practices, who are already using repeated telephone follow-up extensively, which is having some effect
- Addressing, minimising or removing barriers, especially for health inclusion groups, through pop-up clinics in churches and mosques

Complacency

- Understanding the reasons for complacency in certain groups, especially younger populations, and
- Developing local solutions to support civic and individual responsibility, especially in younger populations

Theme 6: Data Integration and Information Sharing

To monitor, respond and evaluate the effectiveness of the Plan good data integration is essential. Data feeds from the Joint Biosecurity Centre, the NHS National Test and Trace Service, Public Health England and regional NHS partners, as well as local intelligence and operational data feeds will be used to evaluate the Plan and help provide insights to support resource planning.

To support the COVID-19 response in Walsall, a weekly 'Walsall COVID-19 dashboard' was developed and provides a two-sided dashboard overview which is refreshed weekly (usually on a Tuesday) to provide timely data and can be sourced on the Walsall Council website [HERE](#) and clicking on the dashboard link. The dashboard provides information to support awareness raising activity by the Council to inform and communicate with residents of Walsall and a summary is presented for discussion at the Member Led Local Engagement Board meetings.

Agencies should continue to assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of COVID-19, and give health organisations and local authorities the security and confidence to share the data they need to respond to COVID-19.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

Learning points

It is important to learn about what worked and why, as well as what didn't work well, so that we make best use of resources in the future. The table below is a summary of reflections to date.

What Worked Well	What Didn't Work Well
Timely data via the PHE Situational Awareness Tool, which evolved over time	Too much data from different sources
Detail of the data being shared	Completeness was an issue i.e., ethnicity, occupation, test type
Analytical expertise, utilising strengths and knowledge	Retention of analytical resource

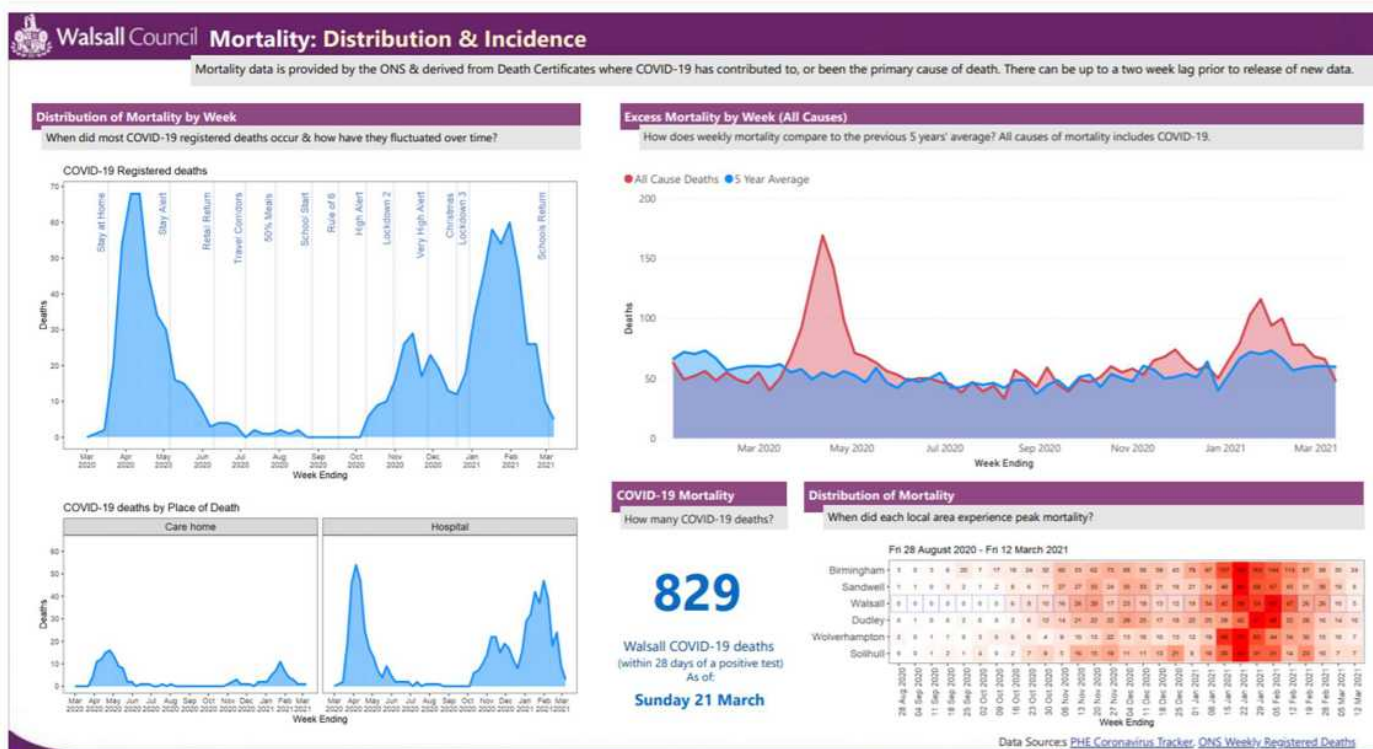
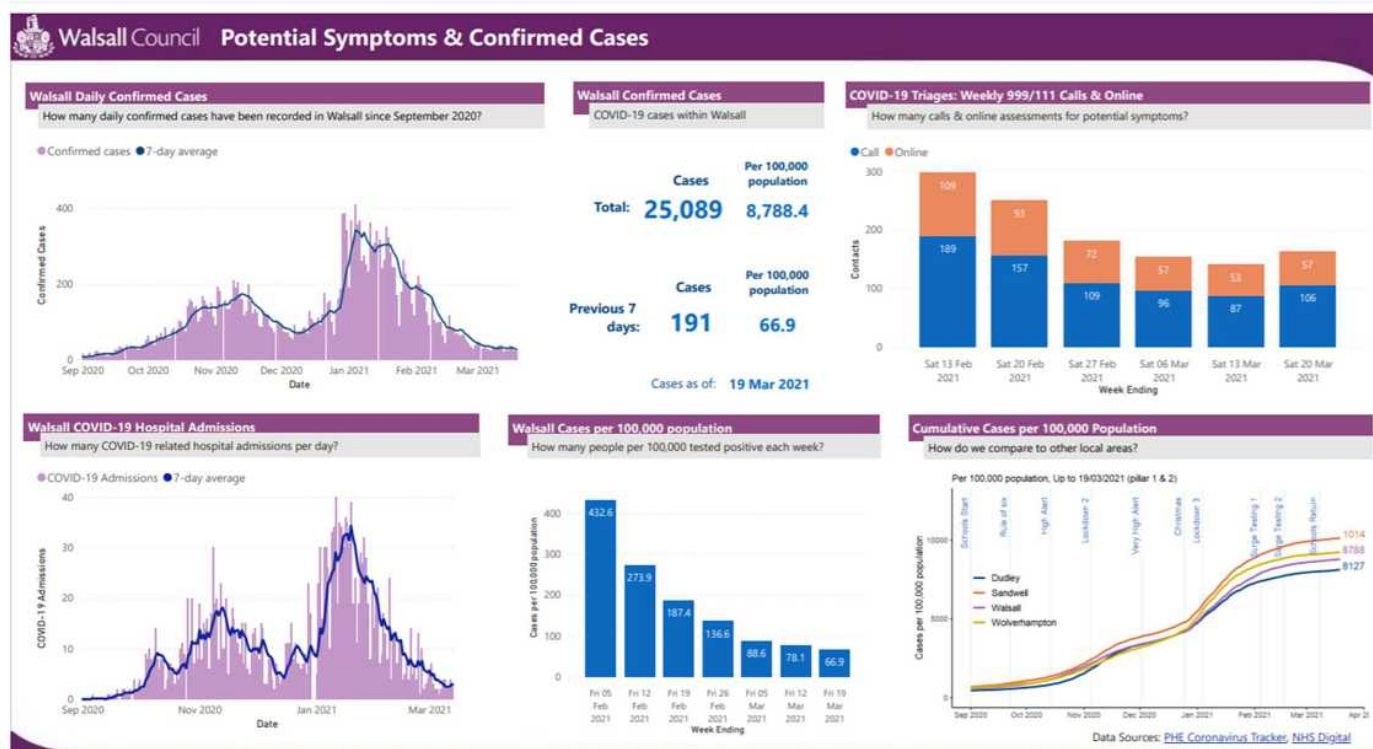
Surveillance

Throughout the life span of the pandemic, the importance of timely and routine data surveillance has assisted in cementing the informed decisions and action taken. The PHE Situational Awareness Tool has enabled access to detailed insight through a Power BI reporting tool. This has enabled the local Intelligence team to conduct an array of analyses utilising various data fields such as

- numbers tested
- positive cases by age / ethnicity / occupation
- negative / void case
- deaths
- common exposures
- contact tracing
- numbers vaccinated

In addition, numerous other data sources, such as daily situation reports from Walsall NHS Healthcare Trust, local authority daily reports, and mortality statistics from NHS Digital have enabled the development of a number of Intelligence products that have informed actions such as enhanced contact tracing, outbreak management and proactive communication.

The Walsall Covid-19 Dashboard provides a collation of data from these various sources.



It has been recognised that there is a need for more regional and local responses to provide context for actions. Examples are below.

Waste Water Surveillance

Waste water sampling can provide information on community health. Research has demonstrated that individuals with Covid-19 shed SARS-CoV in their stool, even if asymptomatic. Thus, wastewater sampling is a useful surveillance tool for monitoring the level of infection in communities.

Additionally, work relating to new variant detection (see Theme 3) is guided by analyses of waste water. The PHE Environment Monitoring for Health Protection (EMHP) team collects wastewater from sewer networks across England including eight cities. Samples taken from sewer networks are used to monitor SARS-CoV-2 RNA signal in wastewater and some samples are analysed for variants.

Syndromic Surveillance

Syndromic surveillance in the local population has been ongoing throughout the course of the pandemic, utilising a variety of localised data sets including:

- NHS 111 calls, triages and outcomes where Covid-19 is suspected
- the number and type of contacts made with the Walsall on call team
- contact tracing data

This intelligence has been used to inform strategic operational decision making at GOLD and also to optimise service delivery.

Going forward, syndromic surveillance will also contribute to monitoring and characterising enduring transmission and inform ongoing planning, preparedness and resource allocation.

Google Mobility

Google mobility data are now available via the PHE Situational Awareness Portal. These data show trends in the movement of people by region, and across different categories of places (e.g. retail, hospitality). This data may provide insights into what has changed in response to policies aimed at combating COVID-19, and going forward this resource may contribute to developing an understanding of drivers of enduring transmission locally.

Way forward

- It is important to continue to receive the regular data feeds from PHE to support the work Local Authorities are undertaking. The PHE Situational Awareness Tool has been a consistent data source for Walsall and other LAs for reporting and comparability. This tool has evolved over time with additional data added following feedback from users, it is key that this continues.
- Communication with other Intelligence Teams across the region is also key for understanding, learning and further strengthening those networks and relationships. Likewise, data sharing / awareness with other service areas within the council such as Children's Services, Benefits and Resilient Communities for example.
- Testing and vaccination data surveillance will be key moving forward and communicating and sharing appropriately at future Local Outbreak Engagement Boards, as will any other verifiable, timely and actionable intelligence from all settings to reduce enduring transmission.
- Waste water surveillance will also be used to inform surveillance and a rapid response to the emergence of new variants of concern.

Theme 7: Support for vulnerable local communities

Identifying Vulnerable Groups

People may be considered vulnerable through a number of different means. Those considered vulnerable in relation to the COVID-19 pandemic are in need of extra support and less able to help themselves. These may include children (exacerbated by school closures), older people, mobility impaired, mental/cognitive function impaired, sensory impaired, individuals supported within the community, the immuno-compromised, those with underlying health conditions, individuals cared for by relatives, homeless, pregnant women, and those in need of bereavement support.

Clinical, Health and Wellbeing/ Social, and Economic vulnerability are covered below. There is often a large degree of overlap between these groups.

Clinical vulnerability

Clinically vulnerable people are those who may or may not be normally able to function independently in normal circumstances, or those who have become vulnerable by the nature of a long-term health condition or treatment. The group can be further divided into two levels:

- **Clinically extremely vulnerable (CEV):** People defined on medical grounds are clinically extremely vulnerable, meaning they are at the greatest risk of severe illness. This group includes solid organ transplant recipients, people receiving chemotherapy, renal dialysis patients and others.
- **Clinically vulnerable:** People considered to be at higher risk of severe illness from COVID-19. Clinically vulnerable people include the following: people aged 70 or older, people with liver disease, people with diabetes, pregnant women and others.

Identifying Clinical Vulnerability

At the start of the pandemic, general practices in Walsall worked through their practice lists to identify all patients with long term conditions who may be at risk of severe illness if infected with COVID-19. Practices made contact with all patients to update them of the relevant actions for their condition and the local services available to support their daily needs.

Council held data (e.g. from adult or children's social care) was merged with data from central government on those in the clinically extremely vulnerable who had been asked by the NHS to embark on a period of 'shielding' (complete self-isolation for at least 12 weeks). This was used to further identify residents who may be in need of support.

In Walsall the prevalence of long term conditions is generally higher than nationally. For example, over 19,000 people have been diagnosed with diabetes. This prevalence of 8.9%, compares unfavourably with the figure for England of 6.8%. It is also estimated that if the population with undiagnosed diabetes is included, the rate for Walsall is over 10% of the adult population. Whilst the proportion of people with good control of their illness is better than the national rate, there are opportunities to improve this, and thus reduce the risk of further complications and harm from COVID-19. The improvement opportunity is similar for those with hypertension, COPD and heart disease, all conditions which increase the risk of serious illness and death from COVID-19. Strenuous efforts will be made to reduce the variation in diabetes outcomes across the borough.

Enhancing Disease Management

GP practices are restoring the annual assessments for those with long-term conditions and strengthening the involvement of patients in managing their conditions. There is agreement that those at highest risk will be offered additional support e.g. from the practice-based social prescribers to guide to wider services which support health and wellbeing. The timings of essential appointments are also being restructure such that those at highest are seen at the start of surgery sessions to reduce transmission risks further.

Pharmacies, healthy lifestyle services and other community health teams are also aligning their contribution to ensure full support for those at highest risk.

The Healthy Lifestyles service has been making specific contact with residents to both identify support needs and to offer advice on ways to improve their health. There has been notable improvement in mental wellbeing scores (WHO-5) for those people who engaged in the lifestyle programmes. We will extend this support in the next phase of the outbreak management plan.

There is local evidence of changing public attitudes to influenza whereby flu is seen as less life-threatening than COVID-19, particularly in people with respiratory problems, so the need for immunisation is considered to be less important than previously.

Social Vulnerability

Walsall Council has been working with the local voluntary and community sector to meet the challenges of those who are or have become vulnerable because of poor health and wellbeing. Vulnerability could be experienced by social risk factors such as poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), bereavement, trauma, and low social support, and increased risk from specific disorders.

These may include: children (exacerbated by school closures), older people, mobility impaired, mental/cognitive function impaired, sensory impaired, individuals supported within the community, the immuno-compromised, those with underlying health conditions, individuals cared for by relatives, homeless, pregnant women, and those in need of bereavement support.

Walsall gained valuable insight and experience during the early stages of the pandemic whilst supporting the PHE response to two COVID-19 enhanced incidents involving a high number of COVID cases within a migrant community. As a result, Walsall is better able to respond to any future enhanced incidents and apply.

Providing Support for self-isolation across All Vulnerabilities (Making Connections Walsall)

Building on the Making Connections Walsall (MCW) service already in place, the service offers support to residents who are vulnerable or self-isolating due to higher risks associated with long-term health conditions, age, ethnicity or other risk factors. This support includes sign posting to self-isolation grants as appropriate.

The service covers individuals and families who are required to self-isolate as a result of the Test, Trace and Isolate systems. The service included:

- A telephone based befriending service run by the Community and Voluntary Sector
- A Shopping Service
- Pre-packed food parcels for those in self-isolation
- Food parcels and welfare support for those in hardship
- Prescription collection service
- Liaison with national “ping” food supply for missed deliveries
- Notification of vulnerable families with babies who were struggling accessing food to enable awareness raising through the health visiting service

The model utilised a single point of contact for referrals operated by the West Midlands Fire Service linked into 4 strategically located Community Association Hubs across the Borough. The model is based upon empowering and resourcing the communities to help themselves and respond in a manner that is appropriate to their local needs and cultures.

In the knowledge that they are part of the community the Community Hubs are closer to the local residents and have a better understanding of their need to offer an appropriately focused service. Each hub has links to a network of community groups supplemented by local volunteers drawing on their support and capacity when required.

The model can also adapt to changing needs if required based on feedback from users and assessed needs in the community. Identifying communities most vulnerable to COVID-19 and working with Primary Care identify, risk assess and take appropriate action to protect people identified at significantly increased risk of serious outcomes if infected.

At present, Walsall has over 20,000 residents who are classed as Clinically Extremely Vulnerable or “shielded”. Each of these residents have either received a phone call, text message or letter to reiterate the message from Government, that they can access to support whilst they are shielding. The most common support requested is for befriending whereby regular wellbeing calls are made to the residents by the hubs and their teams of volunteers.

Walsall Council is extending the MCW contract for an additional year. This will ensure continuity of support to residents and stability to those receiving ongoing befriending or welfare support.

Welfare calls by the Contact Tracing Team to additional local support services

All cases and contacts of COVID-19 will continue to receive both a SMS message and a telephone call from the contact tracing team signposting them to local support services, this has proved not only cost effective but an effective method of communication and evidenced by the numbers of COVID-19 cases and contacts contacting the services for advice and support. Similarly all cases and contacts will also receive a “wellbeing contact call” in the first week of isolation to identify any further needs or support services.

It is envisaged that the impact of the vaccination programme will result in a period of reduced transmission and reduced numbers of cases of COVID-19 reported, however, in the event of identification of COVID-19 variances, the contact tracing team will strengthen the supportive element to any local response. This will be undertaken by ensuring a fluid and mobile team, working in partnership with commissioned, non-commissioned and voluntary sector support agencies within Walsall, to enable individualised care and support for COVID-19 cases should the need arise, and particularly for cases where there is a risk of isolation non-compliance.

Supporting Homeless People

Walsall Council has recently allocated funding for various themes around homelessness as we come out of the COVID-19 lockdown. This is to include funding for isolation properties for those who are homeless and who test positive, or have been in contact with someone who tests positive and who then has to isolate. The funding will also cover accommodation for victims of domestic abuse and violence, who have to leave their homes, and young persons through the Council’s arrangement with St Basils.

All of the homeless individuals who were housed by the local authority during the lockdown period, will have been moved into ‘move on’ accommodation or made an offer which they chose to decline. In the event of a local lockdown, the Council’s housing team would employ the same strategy that was followed since the national lockdown was introduced.

Supporting Refugees and Migrants

The Public Health Team and Contact Tracers worked with PHE to handle emerging issues that came from the management of refugees and migrants in facilities at Stone Road, Birmingham and Castlefort Road, Walsall, in order to reduce the risk of virus spread.

Reducing Risks for Vulnerable Workers

The Office for National Statistics (ONS) data show a markedly higher risk of death and serious illness from COVID-19 in certain occupations e.g. security officers, taxi drivers, those in retail and care workers.

All organisations across Walsall will need to consider the individual risk assessments for staff as they return to the workplace.

Promoting wellbeing in communities

The Walsall Public Health Team has been working with NHS partners to run promotional campaigns throughout the year to help residents stay well through COVID-19. This is a population based approach but will also focus on specific health conditions through the rolling programme. Elements include nutrition, staying active, mental wellbeing, keeping smoke-free and personal protection such as hygiene and immunisation. The priorities for July to November 2020 were hypertension, diabetes, body mass index, learning disability and influenza immunisation.

Economic Vulnerability

Economic vulnerability has been a theme emerging from the experience of the Winter 2020 Lockdown with the identification of a group for whom support from government schemes and access to grants has not always been possible and as a result the individuals and their families have suffered financial and wellbeing hardship.

Further detail around the grants that were awarded is below.

Business Support Grants

Walsall has been administering the business grants program and has paid out £18.5m in grants to businesses since the start of the November lockdown. This is in addition to the £46.5m paid out during the initial lockdown period.

Currently there are grant schemes available to the following businesses;

- Those mandated to close by central government
- Those who have not been mandated to close but been affected by the restrictions
- Businesses affected by the restrictions but have no premises
- Market Traders
- B&B's subject to Council Tax no Business Rates

The current grant scheme runs until 31 March when it will be replaced by the government's new Restart Grant and a new discretionary scheme.

Self-Isolation Grants

Walsall have paid out circa £400,000 in self-isolation grants

The scheme allows for a one-off payment of £500 to those that meet the following criteria

- Have been asked to self-isolate by NHS Test & Trace.
- Employed or self-employed
- Unable to work from home and will lose income as a result
- Currently receiving one of the following benefits
 - Universal Credit
 - Working Tax Credit
 - Employment Support Allowance (income based)
 - Jobseeker's Allowance (income based)
 - Income Support

- o Pension Credit
- o Housing Benefit

Discretionary Grants

In addition to the national scheme Walsall has its own discretionary scheme for cases that meet the first 3 of the criteria listed above, but are not in receipt of one of the listed benefits. At the start of the scheme, Walsall had the following additional criteria for its discretionary scheme:

- Household has not received a payment from main scheme for the same isolation period
- Limit to 1 Discretionary payment per household per isolation period
- Annual projected combined earnings of below £18,400 per year for claimant and partner
- Household savings/capital under £1,000.

The £18,400 used as the income threshold was the amount considered by government to be the low-income threshold (60% of median) and was the amount used by all our neighbouring authorities. Subsequently, due to the low level of discretionary awards being granted, this limit was amended to £21,000 for individuals and £25,000 for couples. The increase in the earnings limit was in response to the low level of awards granted and has now been mirrored across most authorities.

The amendment to the earnings level was implemented following an internal review of the level of discretionary awards and the amount of funding left available to spend. The change in the discretionary scheme policy came in on 12 February 2021 and will only affect new claims going forward.

Like all local authorities Walsall Council has received a large number of applications from residents that do not meet the criteria.

Walsall Council recognises that there is a proportion of the Borough population who may have become more vulnerable throughout the Lockdown periods by not having access to grants. Data from the Council's team administering the grants shows that of the 2962 claims received since 28th September 2020, 2028 (60%) were identified as ineligible, with reasons given including: incomes were too high; people were misadvised to claim; there was a lack of information supplied in claims made; or the claim did not meet the criteria. 38% of those identified as ineligible was because their income was above the threshold and 29% because they failed to supply the requested information.

This wide variation in eligibility has the potential to shift groups including single parents and low paid/ agency workers from having a purely economic vulnerability into a wider dependency on Council and Community support longer term, through poor wellbeing experiences which in turn may lead to increased social risk factors and harm.

Way forward

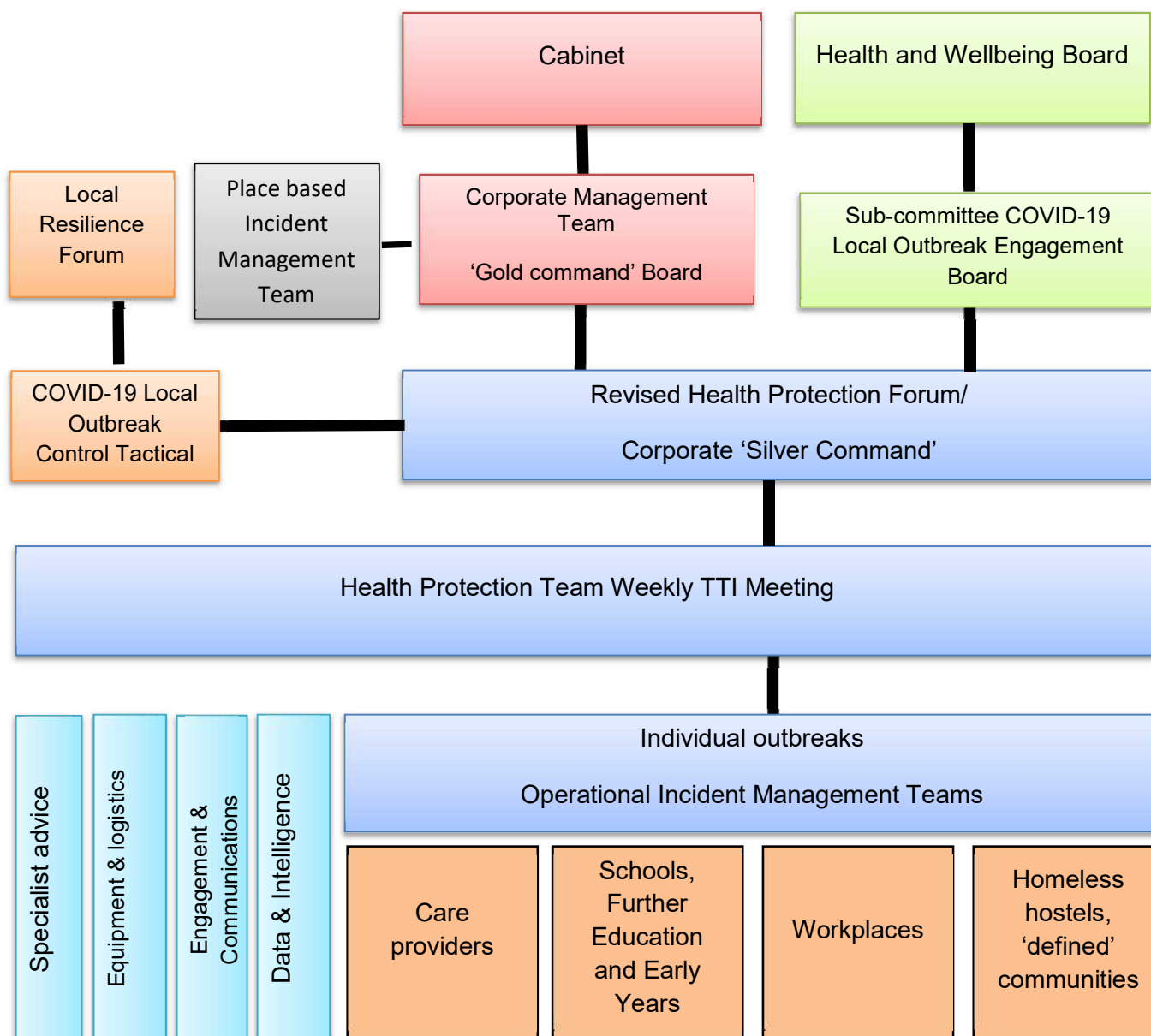
- Support resources to assist people with their mental wellbeing will be promoted and partner agencies will work together to strengthen the voluntary sector.
- Promoting the uptake of the influenza and COVID booster immunisation in the autumn will be an important factor in protecting vulnerable residents.
- Continue to encourage and promote the uptake of lateral flow testing and vaccination amongst vulnerable workers
- Walsall Council needs to build on the links made and knowledge gained to bring closer partnership working e.g. promoting community champions, greater personal resilience in communities and use of coaching techniques in health visiting to increase self-sufficiency and reduce overdependence.
- To better support refugees and migrants, Walsall Council needs to work closely with the Home Office and SERCO that the information about families placed in the Borough is shared consistently with relevant agencies and teams in order to ensure that families are able to receive appropriate support. As further evidence emerges around specific groups or communities we will respond appropriately.
- Keep the discretionary part of the Self Isolation Grants scheme under constant review to ensure that it provides the maximum support to all sections of Walsall residents.

Theme 8i: Local Governance

The components of governance are set out below. It includes the revised Health Protection Forum and a COVID-19 Member Led Local Outbreak Engagement Board to provide oversight, assurance and opportunity for community engagement and communication.

The governance seeks to ensure that:

- The Plan is supported by all of the partners who may be required to contribute to implementation.
- There is robust monitoring of progress of management of outbreaks individually and collectively.
- There is multiagency oversight of management of outbreaks and the ability to escalate for mutual aid if necessary.
- We can continually reflect, learn and improve.
- There is democratic oversight of management of outbreaks, which contributes to effective public communication.



Place Based Incident Management Team

A place based Incident Management Team chaired by the Chief Executive of Walsall Council was set up in September 2020.

There are 3 subgroups which report to the place based IMT which cover the following areas

- Communications and engagement
- Emotional wellbeing and mental health
- Community testing
- Vaccination

Clinical Governance

Clinical governance arrangements are in place with clinical oversight through the weekly TTI meetings and Health Protection Forum

Management of Risk

The risk register for the Outbreak Management is routinely monitored through the weekly TTI meeting and the Walsall Health Protection Forum. Risks are escalated to GOLD command as appropriate.

Theme 8ii Communications and Engagement

An essential part of the Walsall outbreak response has been the communication and engagement activities with residents, businesses, schools and partner agencies across the borough. Regular and timely links with regional and national teams has ensured that decision-makers are up to date with the various changes in policy and public messages.

Throughout the pandemic Walsall Communications Team have adopted a joined up approach to communications, working together with organisations from across the borough to share and amplify key messages for Walsall's residents and businesses.

The Council has utilised a range of approaches to:

- Raise awareness of any changes to the guidelines or restrictions
- Summarise the local position on numbers of cases
- Explain how coronavirus is being monitored
- Explain and promote testing
- Understand the health needs of the local population, and support NHS colleagues and vaccination services to reach them

Systems to capture the responses on social media (as a dashboard) have been set up and is used to track engagement with Walsall council's social media accounts. Population segmentation tools have been refreshed to enable communications and engagement to be targeted to sections of the public.

Close working with communications teams in other local organisations (including voluntary agencies, housing, NHS, education sector and police) has enhanced the engagement with our communities to develop culturally and language appropriate messages.

Walsall Council has used (and plans to continue to use) a variety of communication channels to communicate with communities and partners. By utilising existing networks and communication channels to cascade communications to reach specific communities, we have extended the potential for communicating with some people more than once, which is preferred to not reaching some at all.

The intention is that clear and consistent messages are shared across a range of channels. These channels have included traditional newsletters, regular social media messages and campaigns, the use of radio and web applications (e.g. Spotify). Communication teams across several agencies in the borough have worked closely to maximise the reach of information to residents, businesses, the care sector, schools and residents.

This communications approach is reviewed each week in light of changes in national policy, case rates and location and feedback from communities. An understanding of audience is fundamental to the success of any communications and engagement.

Way forward

The aims for the next phase of communications are:

- To contribute to reducing the levels of infection across Walsall
- To reassure residents in Walsall
- To empower communities in Walsall

Flexible and agile use of communications technology and channels will be used to:

- Promote national policy e.g. 'hands, face, space', roadmap out of lockdown
- Promote and encourage regular symptom free testing (lateral flow devices)
- Adhere to national or local restrictions in place
- Support the uptake of the vaccination program
- Access community help when needed, and/or encourage others who are struggling to access it

- Feed responses from residents, businesses, schools and community organisations to decision makers e.g. Feed responses from residents, businesses, schools and community organisations to decision- makers e.g. at Gold command to support local approaches to managing the pandemic
- Effectively engage with relevant communities across Walsall identified as a priority from local and national data analysis.
- Respond with timely communications in the event of outbreaks, or areas with continuing transmission.
- Support the borough's surge testing response, if conducted

A bespoke communications plan for any high-risk areas will be developed. Key partners will build upon this using data with local knowledge and insight.

The direct route to the corporate communications team for media enquiries is communications@walsall.gov.uk.

List of Appendices

Other Appendices available on request. Please contact the Health Protection Team.

- Health Protection Forum – Terms of Reference
- Incident Management Team - Terms of Reference and Suggested Membership
- Agenda – Place-Based Incident Management Team
- Agenda – Incident Management Team
- Risk Assessment Template and Guidance for High Risk Locations
- Risk Assessment Template and Guidance for Care Homes
- Risk Assessment Template and Guidance for Schools and Nurseries
- Risk Assessment Template and Guidance for Workplaces
- COVID-19 Homeless and Asylum Seekers Checklist
- Contact Tracing Follow-up Checklist
- Surge Testing Framework
- Lateral Flow Test SOP
- Public Health England / Local Authority Framework for Joint Management of COVID-19 Disease
- Communications and Engagement Plan
- Outbreak Management and Response Toolkit