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

6 July 2021 at 4.00 p.m.

Meeting via Microsoft Teams

Public access: https://youtu.be/lo3tRLOLImY

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. P. Dolby, 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

Democratic Services, The Council House, Walsall, WS1 1TW
Contact name: Craig Goodall, Telephone (01922) 654765
craig.goodall@walsall.gov.uk
www.walsall.gov.uk

Agenda

1. Apologies

2. Substitutions (if any)

3. Declarations of interest

4. Minutes – 13 April 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
    - Report from Walsall Council and Black Country and West Birmingham CCG (To Follow)

9. Delta variant
    - Report from Walsall Healthcare Hospitals Trust (To Follow)

Communications and Engagement

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

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The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012
Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	**Prescribed description**
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority: (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to a member's knowledge): (a) the landlord is the relevant authority; (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where: (a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either: (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Schedule 12A to the Local Government Act, 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.

2. Information which is likely to reveal the identity of an individual.

3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).

4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

6. Information which reveals that the authority proposes:

   (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or

   (b) to make an order or direction under any enactment.

7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:

   (a) Constitutes a trades secret;

   (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);

   (c) It was obtained by a risk management authority from any other person and

   its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Health and Wellbeing Board (Local Outbreak Engagement Board)

Sub-Committee

13 April 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)
Manjit Dehal, One Walsall
Councillor I. Robertson
Chief Superintendent A. Parsons, West Midlands Police

In Attendance Dr. U. Viswanathan, Consultant in Public Health
Mr. K. Beech,Director of Communications, Marketing and Brand
Ms. E. Thomas, Public Health Intelligence Manager
Mr. G. Griffiths-Dale, Walsall Managing Director, Black Country and West Birmingham CCGs

Welcome

At this point, the Chairman opened the meeting by welcoming everyone to theLocal Outbreak Engagement Board and explained the rules of procedure andlegal context in which the meeting was being held. He also directed membersof the public viewing the meeting to the papers which could be found on theCouncil's Committee Management Information system (CMIS) webpage.

Following these remarks, the Chair expressed his condolences to the Royal family while he paid tribute to the Duke of Edinburgh who had passed away on 9 April 2021.

69/21**Apologies and substitutions**

Apologies for non-attendance were submitted on behalf of Dr.Rischie, Dr. Lewis, Mr. S. Gunther and Mr. D. Fradgley.

70/21**Minutes**

Resolved (via roll call)

That the minutes of the meeting held on 2 March 2021, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.

71/21 **Declarations of interest**

There were no declarations of interest.

72/21 **Local Government (Access to Information) Act, 1985**

There were no items to consider in private session.

73/21 **Questions from the Public**

The Chair promoted the opportunity for Members of the public to ask questions of the Board.

74/21 **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 with rates now at 42.7 per 100,000. Case rates in the over 60s were 15 per 100,000. This disparity was created by the vaccination campaign in older age groups. Hospital admissions were also declining.

The Consultant in Public Health highlighted the availability and importance of testing. Following questions she reported that genomic sequencing was increasing which allowed the identification of new variants. It was noted that a variant first found in Brazil had been found in Sandwell resulting in surge testing.

Resolved:

That the report be noted.

64/21 **Covid-19 Vaccination Update**

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

Mr. Griffiths-Dale reported that vaccine rates were very high in older age groups. Second vaccines for vulnerable groups were being prioritised during April, for which there was enough supply and capacity to deliver them. The prioritisation of second vaccines meant that the Saddlers Centre site was temporarily being scaled back.

Vaccine rates were 5% lower in in the south of the borough, in particular Pleck and Palfrey. Targeted support for these areas was being delivered to increase take up. This included community clinics and individual contact from GPs. The next cohort to be offered vaccines were 45-49 year olds.

Following reports of blood clots being caused by the AstraZeneca vaccine he reported that for over the 30's the benefits of receiving the vaccine outweighed the risks. Discussions were ongoing about what vaccines to offer under 30's.

Resolved:

That the report be noted.

65/21 **Local Outbreak Management Plan**

The Board considered an updated Local Outbreak Management Plan (LOMP).

The Consultant in Public Health explained the purpose of the LOMP and how it had been updated. She highlighted the LOMP primary aims, priority actions and key themes to the Board.

The meeting discussed contacts to the Health Protection Team, vaccination of care home staff and concerns generated by local surge testing.

Resolved:

That the report be noted.

66/21 **Communication with Residents**

The Director of Communications, Marketing and Brand gave a presentation highlighting high-level plans, communication data from March and future plans regarding messages for vaccine take up and changes to every day restrictions planned in the Government roadmap.

(see annexed)

Resolved:

That the report be noted.

The meeting terminated at 5.25pm

Chair:

Date:

Agenda item 7

Local Outbreak Engagement Board

6th July 2021

Walsall Covid-19 Data

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 had increased again in recent weeks, and are perhaps beginning to stabilise again.*
- *The latest 7-day average of positive cases is 127 (as of 18th June 2021), with a rate of 44.5 per 100,000 of the population.*
- *Most positive Covid-19 cases are now occurring in younger people (in the 20-24 and 15-19 year age bands).*
- *Thankfully, the increasing numbers of cases has not translated into increased hospitalisation and deaths, as was seen earlier on in the pandemic.*
- *Hoever, during the course of the pandemic, there have been 852 deaths within 28 days of a positive Covid-19 test 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 WalsallCouncil website HEREand clicking on the dashboard link.

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

  Potential symptoms and confirmed cases:
  - Trends of 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.

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

Stephen Gunther – Director of Public Health

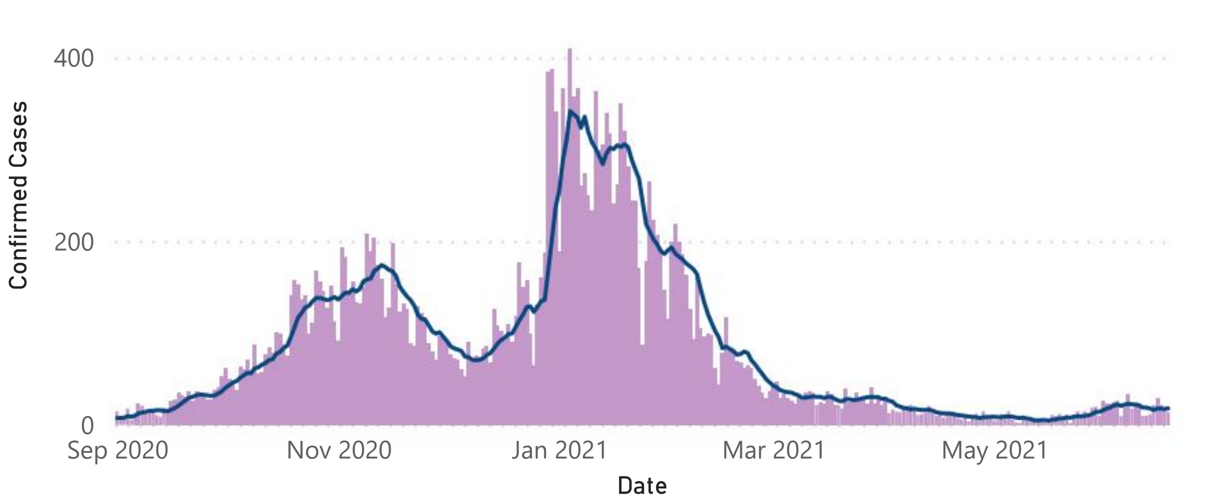
☎ 07818 538715
🖂Stephen.gunther@walsall.gov.uk

Dr. Claire J. Heath – Senior Public Health Intelligence Officer
☎ 01922 655983
🖂Claire.heath@walsall.gov.uk

Potential Symptoms & Confirmed Cases

Walsall Daily Confirmed Cases

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



Walsall Confirmed Cases

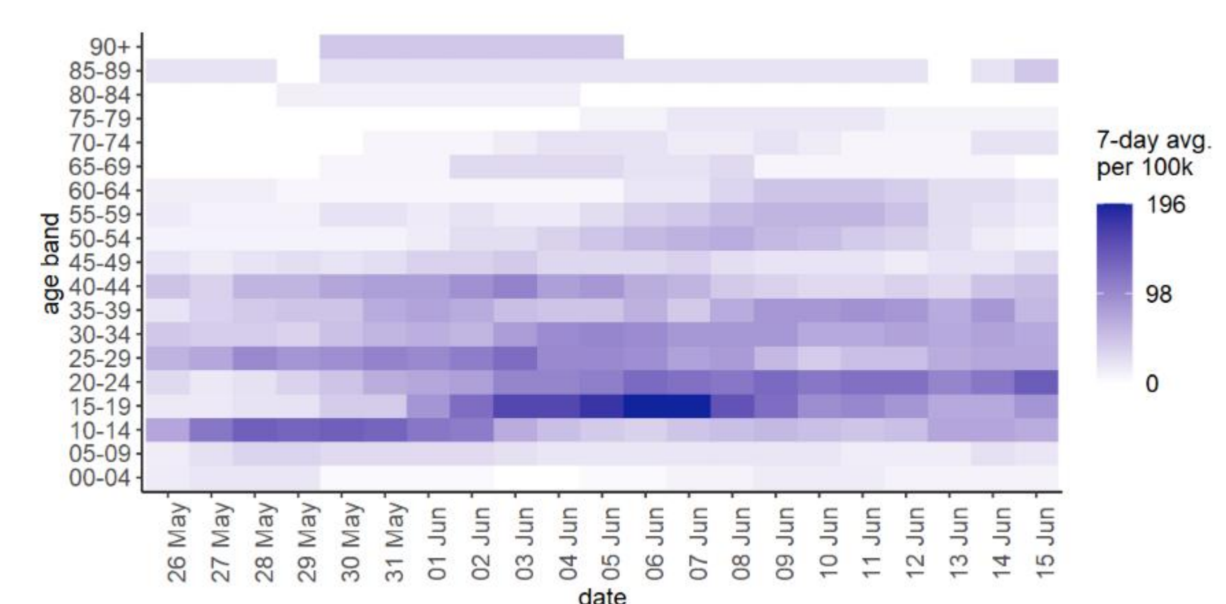
COVID-19 cases within Walsall

	Cases	Per 100,000 population
Total:	26,445	9,263.4
Previous 7 days:	127	44.5

Cases as of: **18 Jun 2021**

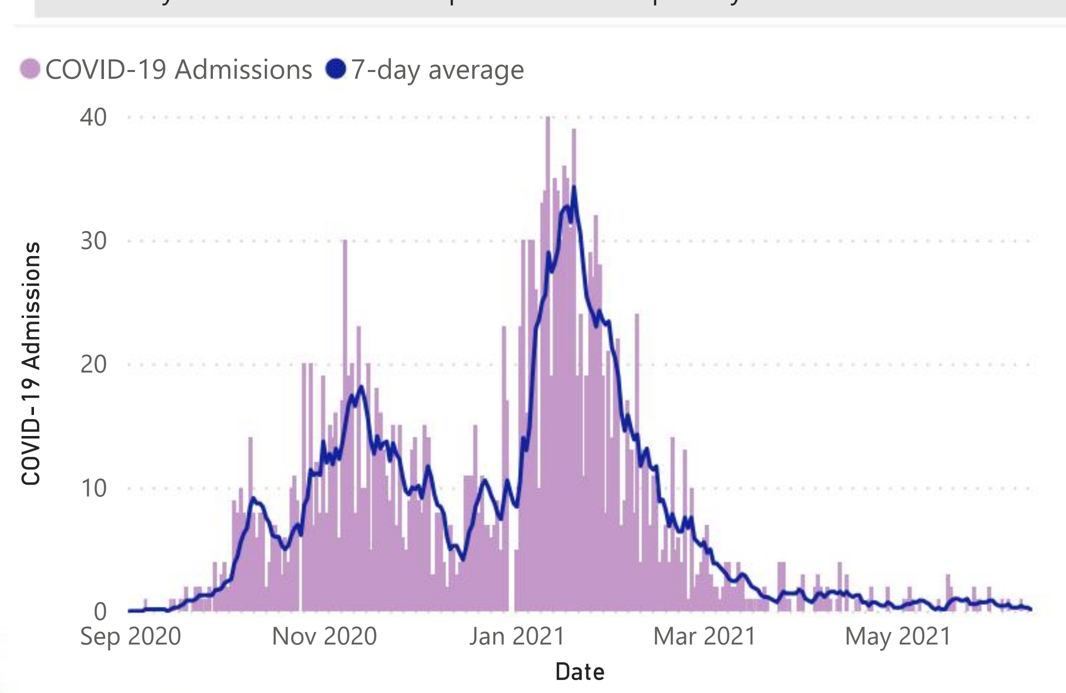
COVID-19 Confirmed Cases by Age

Which age groups are experiencing the most cases? 7-Day average per 100,000 population.



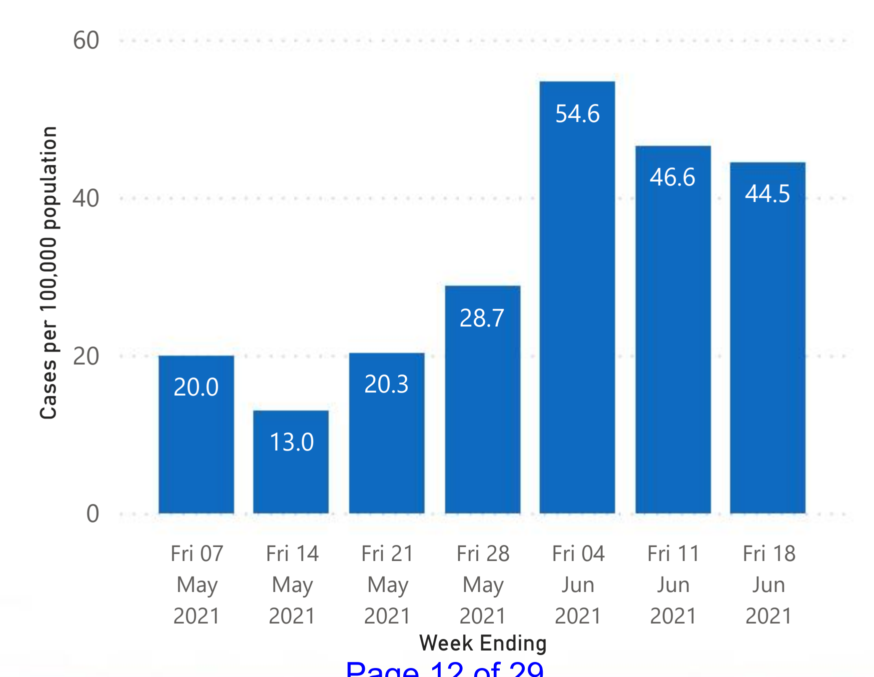
Walsall COVID-19 Hospital Admissions

How many COVID-19 related hospital admissions per day?



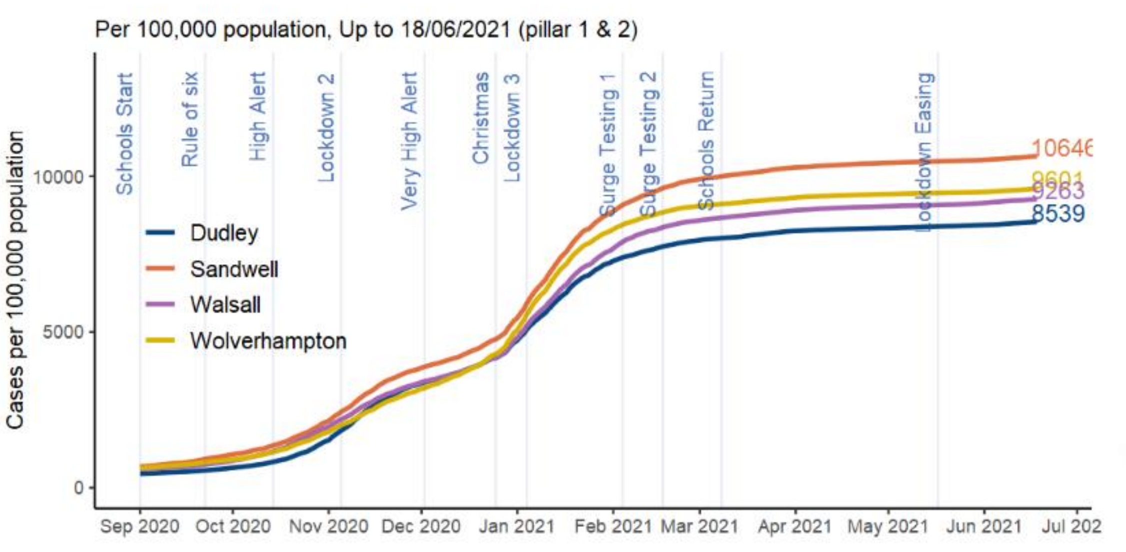
Walsall Cases per 100,000 population

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



Cumulative Cases per 100,000 Population

How do we compare to other local areas?



Data Sources: PHE Coronavirus Tracker, NHS Digital

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

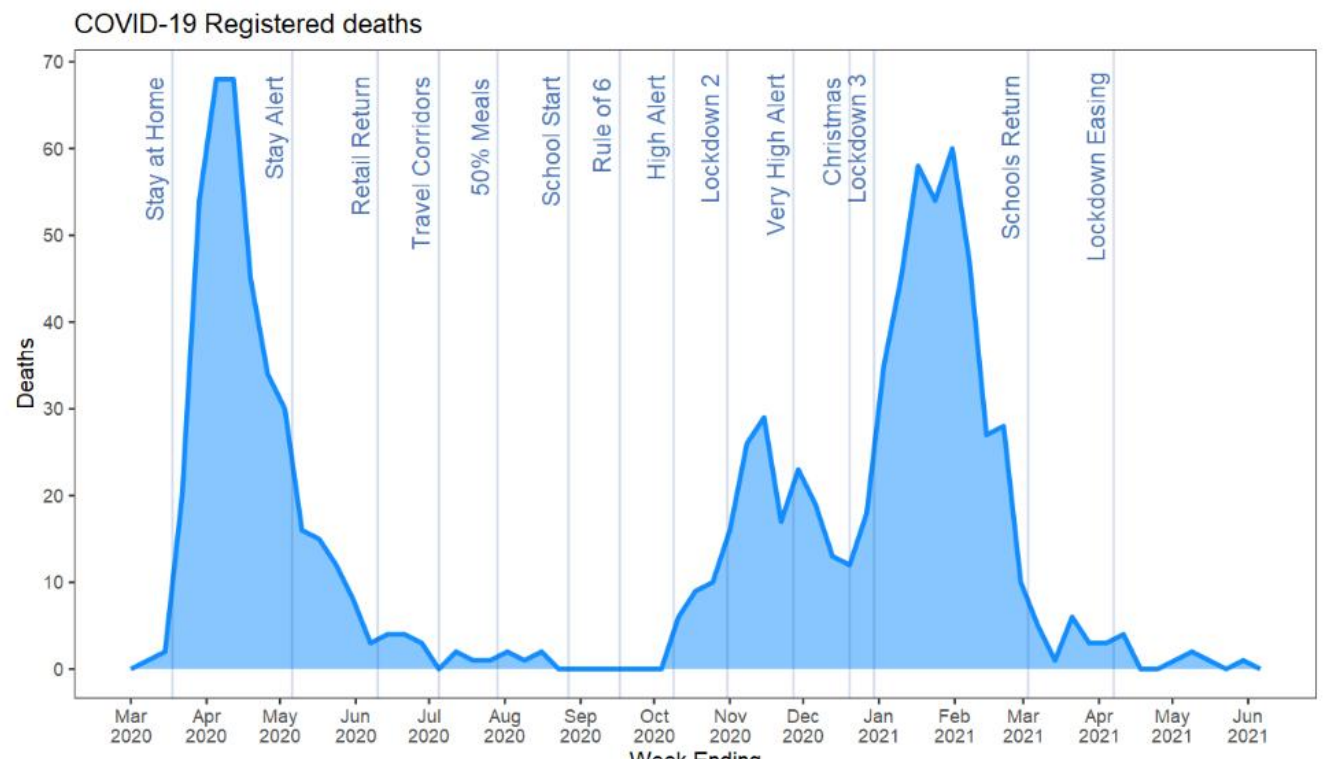
Walsall Council

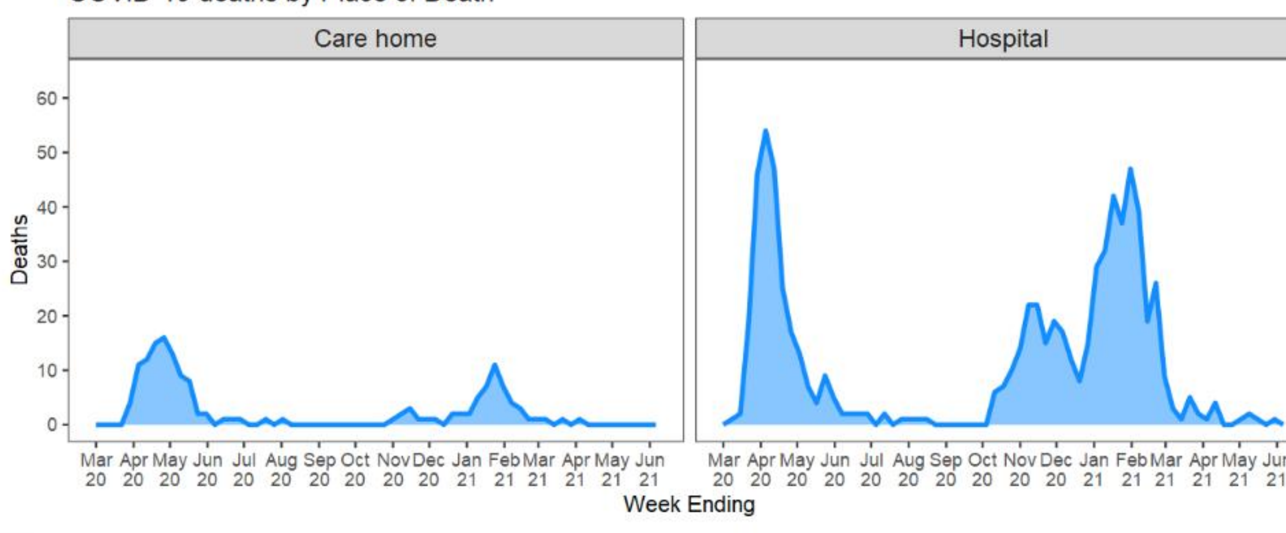
Mortality: Distribution & Incidence

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

Distribution of Mortality by Week

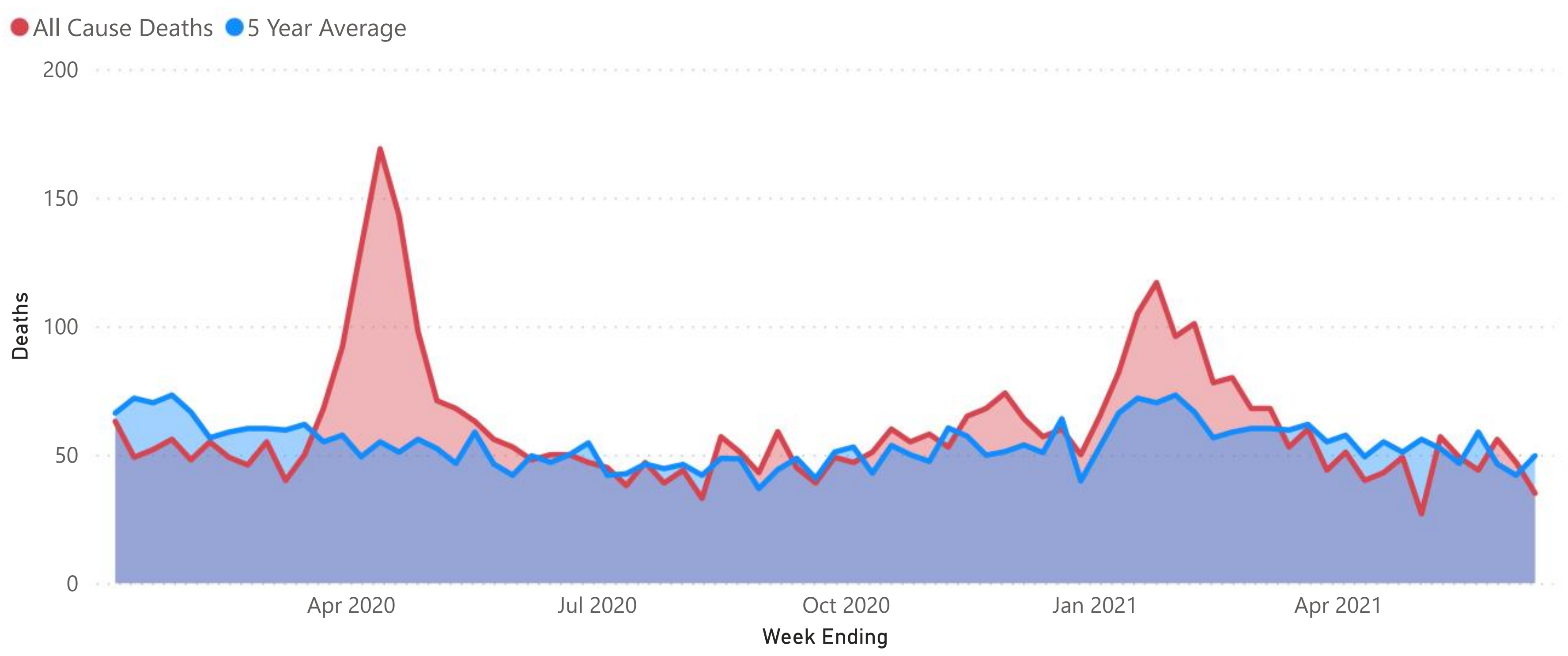
When did most COVID-19 registered deaths occur & how have they fluctuated over time?





Excess Mortality by Week (All Causes)

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

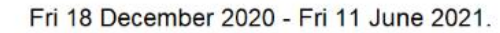


COVID-19 Mortality

How many COVID-19 deaths?

852

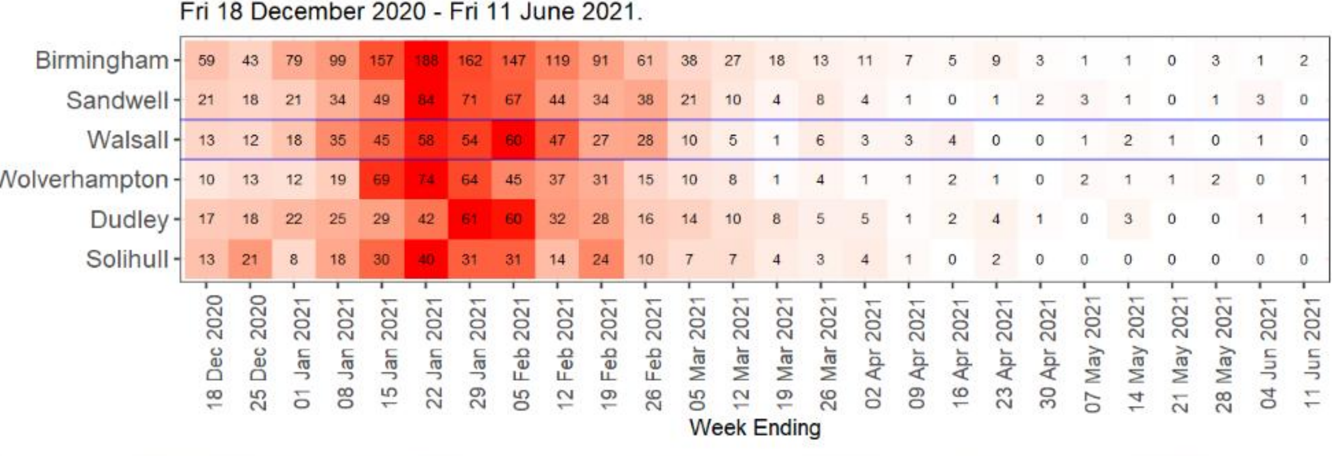
Walsall COVID-19 deaths
(within 28 days of a positive test)
As of:



Saturday 19 June

Distribution of Mortality

When did each local area experience peak mortality?



Fri 18 December 2020 - Fri 11 June 2021.

Week Ending	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
Birmingham	59	43	79	99	157	188	162	147	119	91	61	38	27
Sandwell	21	18	21	34	49	84	71	67	44	34	38	21	10
Walsall	13	12	18	35	45	58	54	60	47	27	28	10	5
Wolverhampton	10	13	12	19	69	74	64	45	37	31	15	10	8
Dudley	17	18	22	25	29	42	61	60	32	28	16	14	10
Solihull	13	21	8	18	30	40	31	31	14	24	10	7	7

Week Ending	19 Mar 2021	26 Mar 2021	02 Apr 2021	09 Apr 2021	16 Apr 2021	23 Apr 2021	30 Apr 2021	07 May 2021	14 May 2021	21 May 2021	28 May 2021	04 Jun 2021	11 Jun 2021
Birmingham	18	13	11	7	5	9	3	1	1	0	3	1	2
Sandwell	4	8	4	1	0	1	2	3	1	0	1	3	0
Walsall	1	6	3	3	4	0	0	1	2	1	0	1	0
Wolverhampton	1	4	1	1	2	1	0	2	1	1	2	0	1
Dudley	8	5	5	1	2	4	1	0	3	0	0	1	1
Solihull	4	3	4	1	0	2	0	0	0	0	0	0	0

Data Source:s PHE Coronavirus Tracker, ONS Weekly Registered Deaths

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

Local Outbreak Engagement Board

Matthew Lewis, Medical Director

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Covid-19 variants of concern

Table 1. Variant lineage and designation as of 21 June 2021 (provisionally extinct variants removed)

World Health Organization nomenclature as of 21 June 2021	Lineage	Designation	Status
Alpha	B.1.1.7	VOC-20DEC-01	VOC
Beta	B.1.351	VOC-20DEC-02	VOC
Gamma	P.1	VOC-21JAN-02	VOC
Delta	B.1.617.2, AY.1 and AY.2	VOC-21APR-02	VOC

Indian variant

- identified in January 2021
- renamed 'Delta variant' in May 2021

Respect
Compassion
Professionalism
Teamwork

Covid-19 Delta variant

Delta, also known as B.1.617.2, belongs to a viral lineage first identified in India during a ferocious wave of infections there in April and May.

Delta seems to be around 60% more transmissible than the already highly infectious Alpha variant (also called B.1.1.7) identified in the United Kingdom.

A preliminary analysis of 43,338 sequenced cases showed an increased risk of hospitalisation within 14 days of specimen date (HR 2.26, 95% CI 1.32-3.89, p=0.003) … for Delta cases compared to Alpha cases, after adjustment for confounders

Prevalence of variants

Figure 3. Variant prevalence for all England available genotyped cases from 1 February 2021 as of 21 June 2021 (excluding 1 case where the specimen date was unknown). (Find accessible data used in this graph in underlying data).

Probable Genotyping Results

Percentage

100
75
50
25
0

Feb
Mar
Apr
May
Jun

Week Ending

Number of Genotyped Cases

0
5000
10000
15000
20000

Variant: Alpha, Beta, Delta, Gamma, Unclassified+E484K, Undetermined
— Proportion of Cases Genotyped

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Deaths from Alpha and Delta variants

Table 2. Number of confirmed (sequencing) and probable (genotyping) cases by variant as of 21 June 2021

Variant	Confirmed (sequencing) case number	Probable (genotyping) case number*	Total case number	Case proportion*	Deaths	Case fatality	Cases with 28 day follow up	Deaths among those with 28 day follow up	Case Fatality among those with 28 day follow up
Alpha	219,570	5,515	225,085	70.3%	4,262	1.9% (1.8 - 2.0%)	219,948	4,259	1.9% (1.9 - 2.0%)
Beta	892	54	946	0.3%	13	1.4% (0.7 - 2.3%)	874	13	1.5% (0.8 - 2.5%)
Delta	50,283	41,773	92,056	28.8%	117	0.1% (0.1 - 0.2%)	11,250	32	0.3% (0.2 - 0.4%)

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Vaccines effectiveness

Two doses of vaccine are very effective in preventing symptoms and hospital admission

Table 8. Vaccine effectiveness against symptomatic disease for Alpha and Delta variants

Vaccination status	Vaccine effectiveness (%)	
	Alpha	Delta
Dose 1	49 (46 to 52)	35 (32 to 38)
Dose 2	89 (87 to 90)	79 (78 to 80)

Table 9. Vaccine effectiveness against hospitalisation for Alpha and Delta variants

Vaccination status	Vaccine Effectiveness (%)	
	Alpha	Delta
Dose 1	78 (64 to 87)	80 (69 to 88)
Dose 2	93 (80 to 97)	96 (91 to 98)

Covid-19 Delta variant

The main symptoms of coronavirus (COVID-19) are:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **a loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with symptoms have at least one of these. About 1 in 3 people with COVID-19 do not have symptoms but can still infect others.

Covid-19 symptoms

WHO COVID-19: Case Definitions

Updated in Public health surveillance for COVID-19, published 16 December 2020

World Health Organization | **Case Definitions**

Suspected case of SARS-CoV-2 infection

A A person who meets the clinical **AND** epidemiological criteria:

Clinical Criteria:

- Acute onset of fever AND cough; OR
- Acute onset of **ANY THREE OR MORE** of the following signs or symptoms: Fever, cough, general weakness/fatigue[1], headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting[1], diarrhoea, altered mental status.

AND

Epidemiologi

- Residing o… residential… for displac…
- Residing o… 14 days pr…
- Working ir… the comm…

B A patient with… (SARI: acute r… C°; and cough…

C Asymptomatic… SARS-CoV-2 A…

[1] Signs separated…

[2] NAAT is require…

See Antigen dete…

Note: Clinical an… Surveillance case…

Probable case of SARS-CoV-2 infection

A A patient who meets **clinical criteria** above **AND** is a **contact of a probable or confirmed case,** or linked to a **COVID-19 cluster**[3]

B A **suspect case with chest imaging** showing findings suggestive of COVID-19 disease[4]

C A person with recent onset of **anosmia** (loss of smell) or **ageusia** (loss of taste) in the absence of any other identified cause.

D **Death**, not otherwise explained, in an adult with **respiratory distress** preceding death **AND was a contact of a probable or confirmed case** or linked to a **COVID-19 cluster**[3]

Clinical Criteria:

- Acute onset of fever AND cough; OR
- Acute onset of **ANY THREE OR MORE** of the following signs or symptoms: Fever, cough, general weakness/fatigue[1], headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting[1], diarrhoea, altered mental status.

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WHO reference number: WHO/2019-nCoV/Surveillance_Case_Definition/2020.2

World Health Organization

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Safe, high quality care

Care at home · Partners · Value colleagues · Resources

Respect · Compassion · Professionalism · Teamwork

25 June 2021 Risk assessment for SARS-CoV-2 variant: Delta (VOC-21APR-02, B.1.617.2) Public Health England

Indicator	RAG*	Confidence	Assessment and rationale
Transmissibility between humans		HIGH	**Transmissibility appears greater than wild type (first wave) virus.** Delta continues to demonstrate a substantially increased growth rate compared to Alpha, across multiple analyses. Secondary attack rates and household transmission studies support increased transmissibility. There is in vitro evidence suggestive of increased replication in biological systems that model human airway. It is highly likely that Delta is more transmissible than Alpha.
Infection severity		LOW	**Increased severity (hospitalisation risk) when compared to Alpha.** Early evidence from England and Scotland suggests there may be an increased risk of hospitalisation compared to contemporaneous Alpha cases. A large number of cases are still within the follow up period and there is a limited understanding of clinical course of disease.
Immunity after natural infection		LOW	**Experimental evidence of functional evasion of natural immunity but insufficient epidemiological data** Pseudovirus and live virus neutralisation using convalescent sera from first wave and Alpha infections shows a reduction in neutralisation. National surveillance analyses are underway but there is currently insufficient evidence to assess whether the risk of reinfection differs between Delta and Alpha.
Vaccines		HIGH	**Epidemiological and laboratory evidence of reduced vaccine effectiveness** There are now analyses from England and Scotland supporting a reduction in vaccine effectiveness for Delta compared to Alpha against symptomatic infection. This is more pronounced after one dose. Iterated analysis continues to show vaccine effectiveness against Delta is high after 2 doses. Current evidence suggests that VE against hospitalisation is maintained. Although this is observational data subject to some biases, it holds true across several analytic approaches and the same effect is seen in both English and Scottish data. It is strongly supported by pseudovirus and live virus neutralisation data from multiple laboratories. There are no data on whether prevention of transmission is affected. Further age stratified vaccine effectiveness analysis is required.
Overall assessment			Delta is predominant. All analyses continue to support increased transmissibility and reduced vaccine effectiveness against symptomatic infection. The interplay between the current findings of increased risk of hospitalisation and preserved vaccine effectiveness against hospitalisation requires careful consideration. The clinical course of disease and severity of hospitalised illness also requires further detailed assessment. It is too early to assess the case fatality ratio compared to other variants. The priority investigations are more detailed analysis of hospitalised cases, characterisation of the generation time, viral load and period of infectivity, and epidemiological studies of reinfections.

Member Led Engagement Board

Communication and Engagement

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Communications Strategy

- High level COVID-19 messaging continues to be shared across a wide range of channels, including websites, social media, media relations and newsletters, as well as community networks across a range of partners and trusted voices in the Walsall community.

- While much of the guidance and messaging is currently derived from central government and Public Health England (PHE) the interpretation and the localisation of the main messaging is essential.

- The Incident Management Team (IMT) Comms Cell continues to meet on a weekly basis to agree and coordinate proactive, timely messaging.

- The priority is to promote testing and vaccinations as well as the sharing of prevention messages to help keep COVID-19 rates low in the borough.

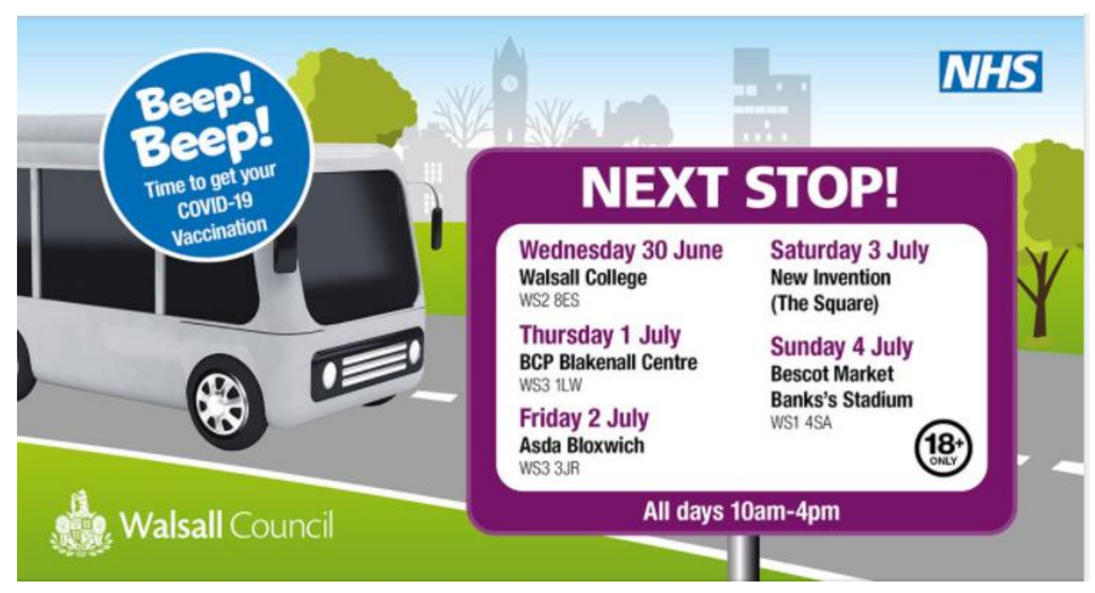
- Public health data and insight, including segmentation of the audience by age and demographic is used to target communication and engagement effectively.

- We are working to build trust in the vaccination programme with a personal focus which includes a series of personal case studies which are being shared across channels.

COVID-19 Vaccination

In summary;

- A COVID-19 vaccination survey for 18-29 year olds has been developed and shared. The survey seeks thoughts on vaccine uptake and preferred channels of communication for this age group. Initial findings are being used to inform planning and development of resources e.g. myth busting.
- We are delivering a joint communications and engagement strategy for the vaccination programme to build trust and confidence within the general public
- Communication approaches for the vaccination buses include:
  - High footfall areas – broad messages to encourage all eligible people to attend.
  - Hyper-local – use of population segmentation data to target specific communities where uptake is lower.



Recent Communications Data

Social media (April 2020 – March 2021)

- 8704 posts published from 8 Council social media accounts
- Over 11 million potential views

April / May 2021

- Two resident newsletters have been issued, aligned to the roadmap out of lockdown. Each of these were opened by, on average, 16,000 residents
- There have been over 80,000 views to the COVID-19 council website pages
    - 41% of visitors revisit the pages
    - Most visited areas include: testing information, support for residents, variants, testing sites, funding and grants.
- Weekly business newsletters have been sent to 6000 business contacts
- 27 Education newsletters have been shared

Coronavirus (COVID-19) News from Walsall Council

COVID-19 Champions

- A communication and engagement toolkit has been developed and shared with groups. This is to support the COVID-19 Champions deliver effective communications and engagement activities.

- Communications training has been delivered and protocols agreed

- Key messages are updated regularly

- Community champions are trusted in their communities and offer support and information including leaflet drops and translated materials.

- An example of this is The MindKind Projects CIC, who have been able to support vaccination drop ins with translations, provide reassurance and offer mental health support for those who were anxious. A short video is available explaining a little more on the work is available on Walsall For All Twitter account.

Communications@walsall.gov.uk

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Community Champions Social Channels

Organisation	Facebook	Twitter
Aaina Hub	https://www.facebook.com/aaina.hub	https://twitter.com/AainaCommunityH
Afghan Centre	https://www.facebook.com/Afghan.CW	https://twitter.com/AfghanCW
Aisha Mosque	https://www.facebook.com/aishamosqueandislamiccentre	None
Midland Mencap	https://www.facebook.com/MidlandMencap	https://twitter.com/MidlandMencapUK
MindKind Projects	https://www.facebook.com/mindkindprojects	https://twitter.com/themindkindpro
Multi Kulti	https://www.facebook.com/multikultiuk	https://twitter.com/MultiKulti_UK
New Testament Church of God	None	None
Oak Tree Trust	https://www.facebook.com/profile.php?id=100069576671479	https://twitter.com/oak_trust
Refugee and Migrant Centre	https://www.facebook.com/rmcwolverhampton	https://twitter.com/RMCentre
Ryecroft Hub	https://www.facebook.com/ryecroftnrc	https://twitter.com/ryecrofthub
The Motivation Hub	https://www.facebook.com/motivationhub.co.uk	None
Union of Muslim Organisations	None	https://twitter.com/UmoWalsall
Vera Group	https://www.facebook.com/veragroupuk	None
Zebra Access	https://www.facebook.com/zebraaccess	https://twitter.com/ZebraAccess