



**Walsall Council**

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

**Tuesday 2 March 2021 at 4.00 p.m.**

**Meeting via Microsoft Teams: Public access:** <https://youtu.be/AaS1yuT5kGw>

**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:

<b>Subject</b>	<b>Prescribed description</b>
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 – 4 February 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 Variant – Surge Testing
  - Report of Director of Public Health (enclosed)
9. Covid-19 Vaccination Update (to follow)

## Assurance

10. Symptom free testing (Lateral Flow Testing) Programme
  - Report of Director of Public Health (enclosed)

11. Isolation payments
  - Report of Director of Customer Services (enclosed)

### **Communications and Engagement**

12. Communication with residents
  - Report of Interim Director of Communications, Marketing and Brand

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## **Health and Wellbeing Board (Local Outbreak Engagement Board)**

### **Sub-Committee**

**4 February 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  
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

### **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.

### **52/21 Apologies and substitutions**

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

### **53/21 Minutes**

#### **Resolved (via roll call)**

**That the minutes of the meeting held on 19 January 2021, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.**

### **54/21 Declarations of interest**

There were no declarations of interest.

#### **55/21 Local Government (Access to Information ) Act, 1985**

There were no items to consider in private session.

#### **56/21 Questions from the Public**

The Chair highlighted the opportunity for members of the public to ask questions to the Board.

#### **57/21 Covid-19 Variant – Surge Testing**

The Board were updated on the latest situation with regard to surge testing.

The Director of Public Health reported that a single case of a Covid-19 variant first discovered in South Africa had been identified in Walsall. This case could not be linked to international travel therefore surge testing was taking place to establish the extent of community transmission, if any. He explained that it was the intention to test 10,000 symptom free residents, pre-dominantly in the WS2 area. This would be completed by door-to-door testing and two mobile units. These services would be available seven days a week. Engagement with schools and businesses was taking place. He highlighted that essential workers should continue to attend work and that affected residents were not subject to any additional restrictions as the country was in national lockdown. He thanked volunteers and partners, in particular the Fire Service, for their assistance with the surge-testing programme.

The Leader highlighted how the tests in the surge programme were prioritised for results and any requirement for sequencing. Therefore it was important that affected residents visited surge testing centres. Any positive results were sequenced to establish the variant.

It was reported that all primary care and NHS services were open to assist residents.

The Chair highlighted the information available on the Council website including a map that highlighted the affected area. The website also contained a postcode checker where resident could establish if they were in the affected area or not. He added that it had not been established if the new variant caused more severe disease.

Following a question it was confirmed that translated materials were available for those residents who required it. This was being shared by One Walsall and Community Associations. Engagement was also taking place with faith groups across the borough.

Dr. Rischie provided an update on the vaccination programme. He reported that by the weekend 85% of currently eligible groups would have been vaccinated. He highlighted a clinic that was being operated in a mosque to provide access to different communities. He warned residents of the potential for fraudulent contact and noted that invitations for vaccine would come in

either a NHS letter or direct contact from GPs. Mr. Fradgely reported on capacity in the borough noting that there was sufficient capacity for all local residents with further sites planned as and when vaccine supply increased.

**Resolved:**

**That the report be noted.**

The meeting terminated at 4.50 pm

Chair:

Date:



## Local Outbreak Engagement Board

2 March 2021

### Questions from the public

#### 1. Purpose

To provide answers to questions received from Members of the public.

#### 2. Recommendations

2.1 That the answers to the questions received from the public be noted.

#### 3. Report detail

As part of the government's national strategy to reduce infection from COVID-19, every council in England was required to create a local outbreak plan by the end of June and to create an elected member-led Local Outbreak Engagement Board.

Walsall Council Cabinet considered the arrangements for a Local Outbreak Engagement Board on 17 June and, at the meeting of the Health and Wellbeing Board on 23 June, the creation of a sub-committee as the Local Outbreak Engagement Board was agreed. The purpose of the board is to provide political ownership and public-facing engagement and communications in relation to an outbreak response.

Members of the public can ask the Local Outbreak Engagement Board questions which are within its remit and it will be answered when the board next meets. Members of the public need to submit their question(s) at least seven clear days before the meeting (clear days are working days and does not include the day the question is received or the day of the meeting).

Since the last meeting one question has been received:

*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*

An answer will be provided to the above question at the meeting.

## **Background papers**

None.

## **Author**

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## Local Outbreak Engagement Board

2 March 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:***

***The national lockdown and government measures, are presently seeing a reduction in the numbers / rate of positive cases with Walsall ranking 28<sup>th</sup> highest when compared to other Lower Tier Local Authorities (LTLAs).***

- 1. The latest number of seven-day positive cases are 522 (13<sup>th</sup> to 19<sup>th</sup> February) with a rate of 203 per 100,000 population – a reduction of 33% compared to the previous week. The positivity rate in Walsall has reduced considerably to 6.9% (lower than Birmingham & the Black Country (8.7%) but remaining higher than England at 5.8%).***
- 2. Deaths within 28 days of a Covid-19 test have exceeded 760 within Walsall.***
- 3. Evidence suggests there continues to be community transmission across the borough as a whole.***

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 [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](mailto: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

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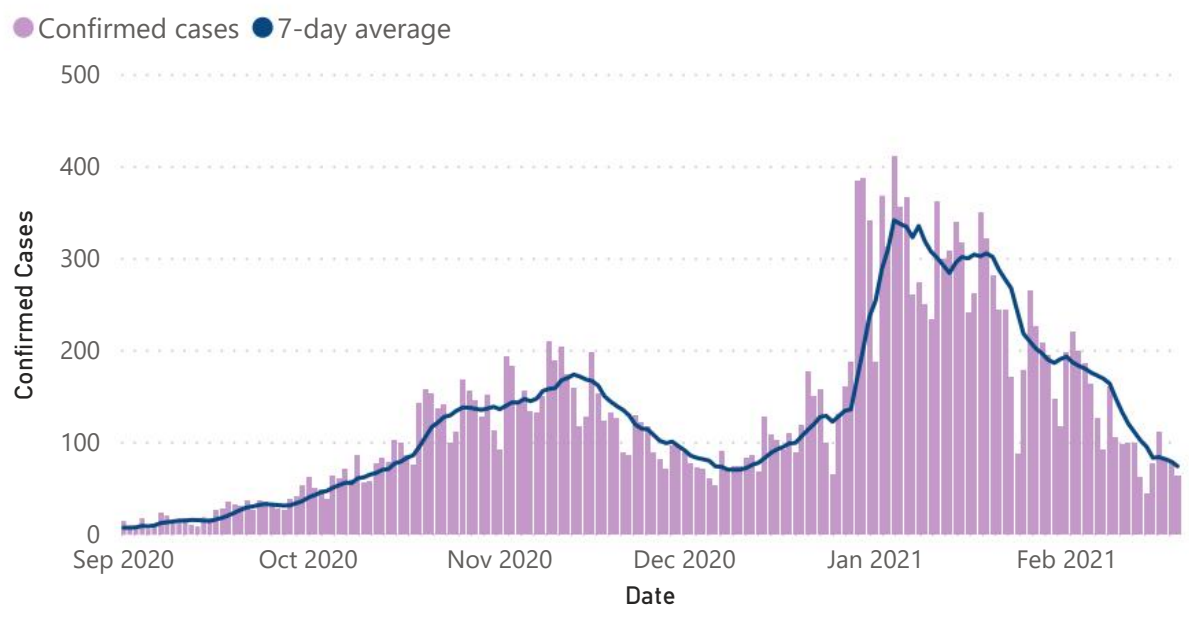
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**Walsall Daily Confirmed Cases**

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



**Walsall Confirmed Cases**

COVID-19 cases within Walsall

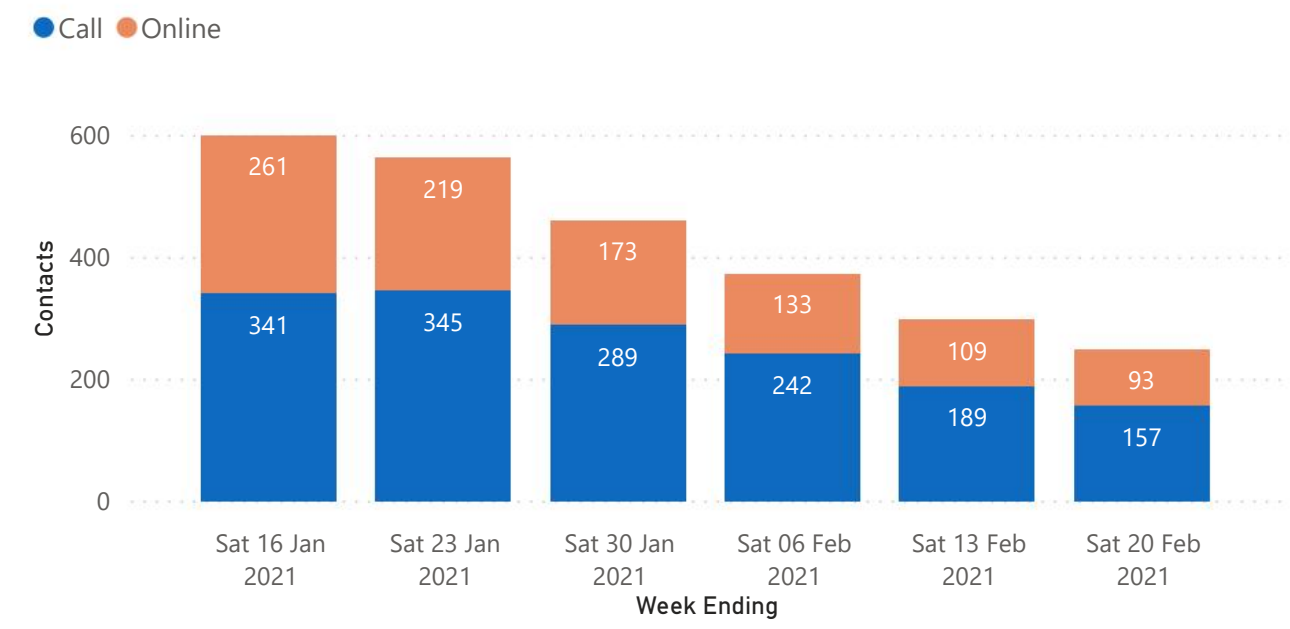
**Total: 24,020** Cases Per 100,000 population **8,414.0**

**Previous 7 days: 522** Cases Per 100,000 population **182.9**

Cases as of: **19 Feb 2021**

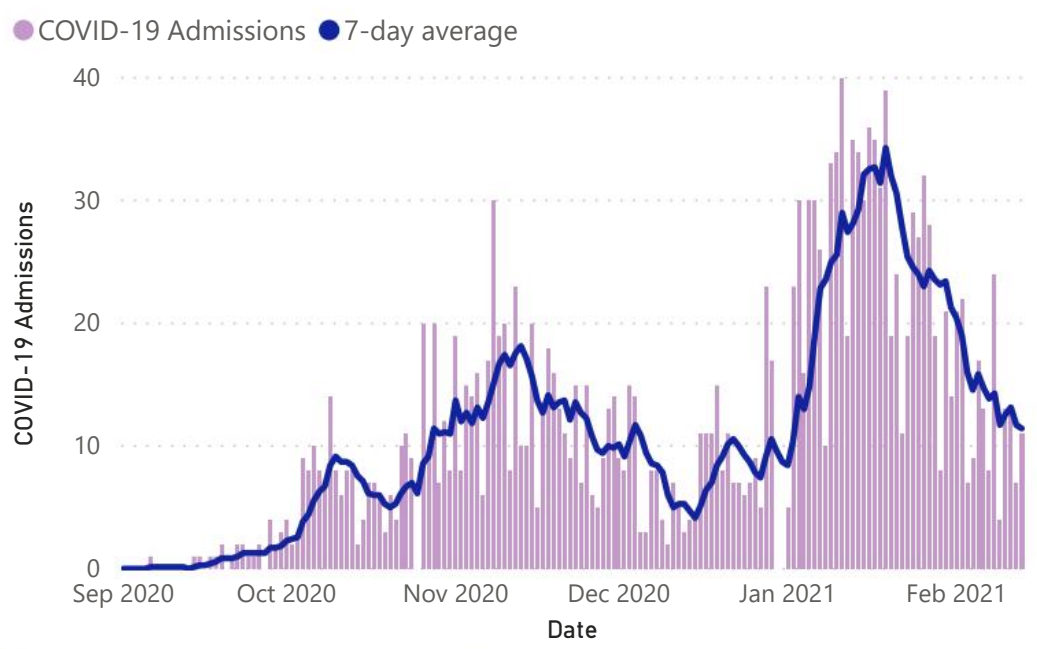
**COVID-19 Triages: Weekly 999/111 Calls & Online**

How many calls & online assessments for potential symptoms?



**Walsall COVID-19 Hospital Admissions**

How many COVID-19 related hospital admissions per day?



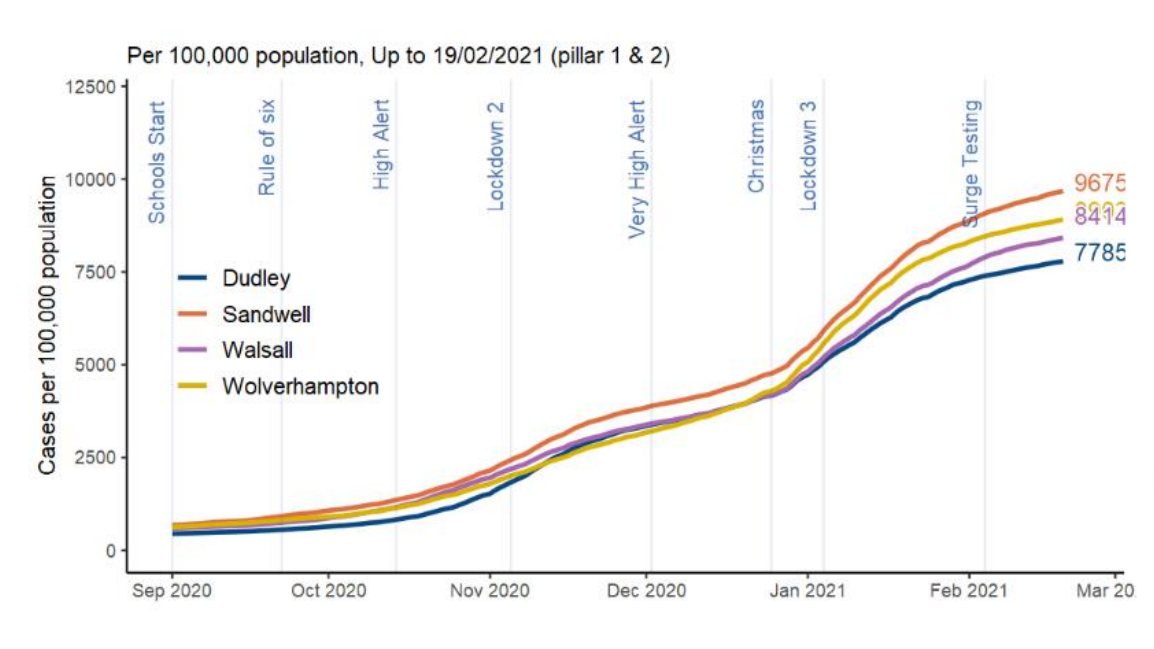
**Walsall Cases per 100,000 population**

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



**Cumulative Cases per 100,000 Population**

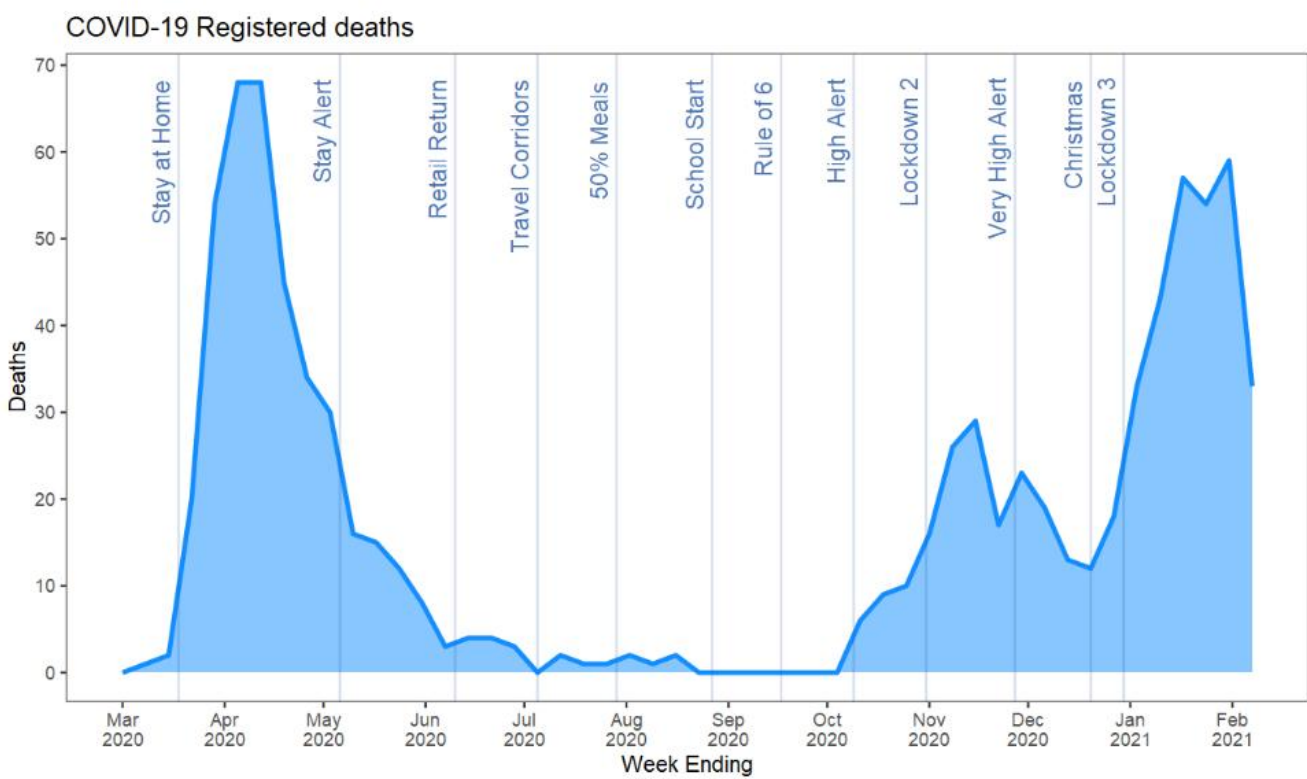
How do we compare to other local areas?



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.

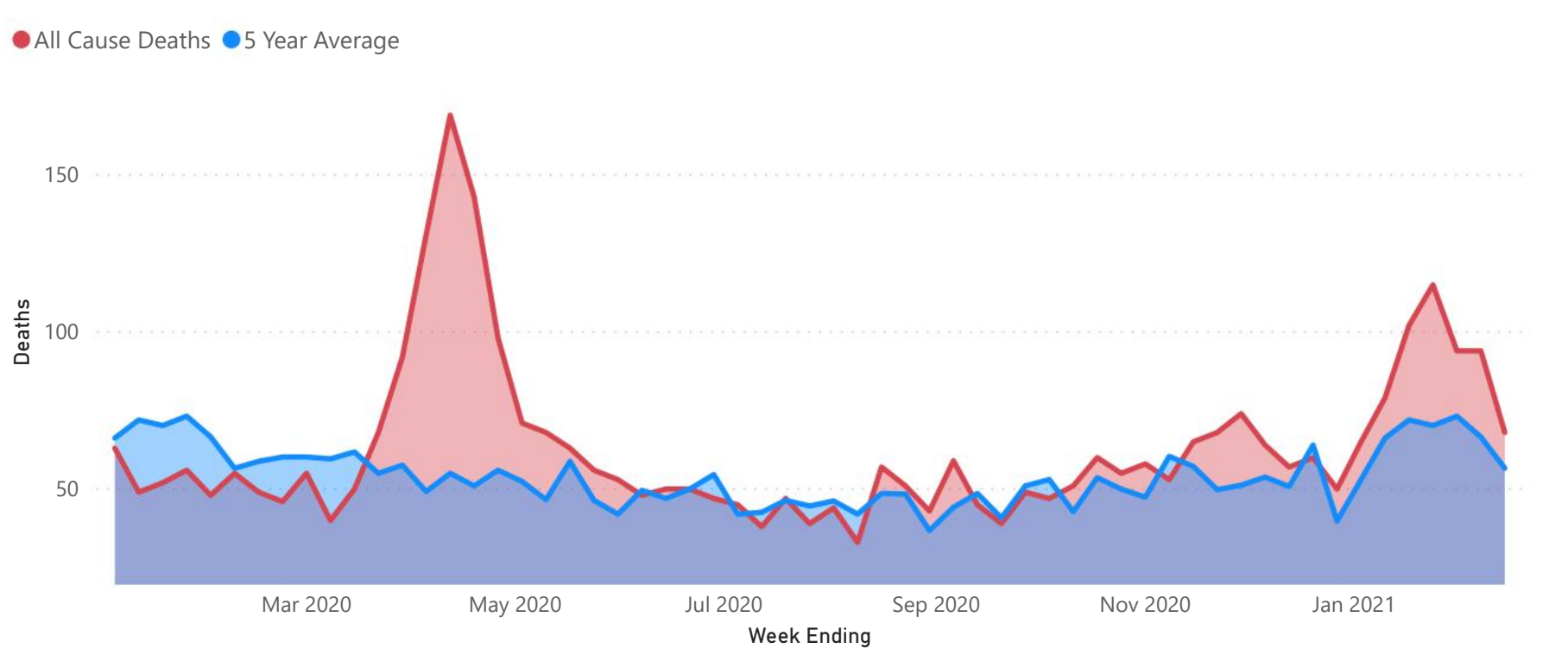
**Distribution of Mortality by Week**

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

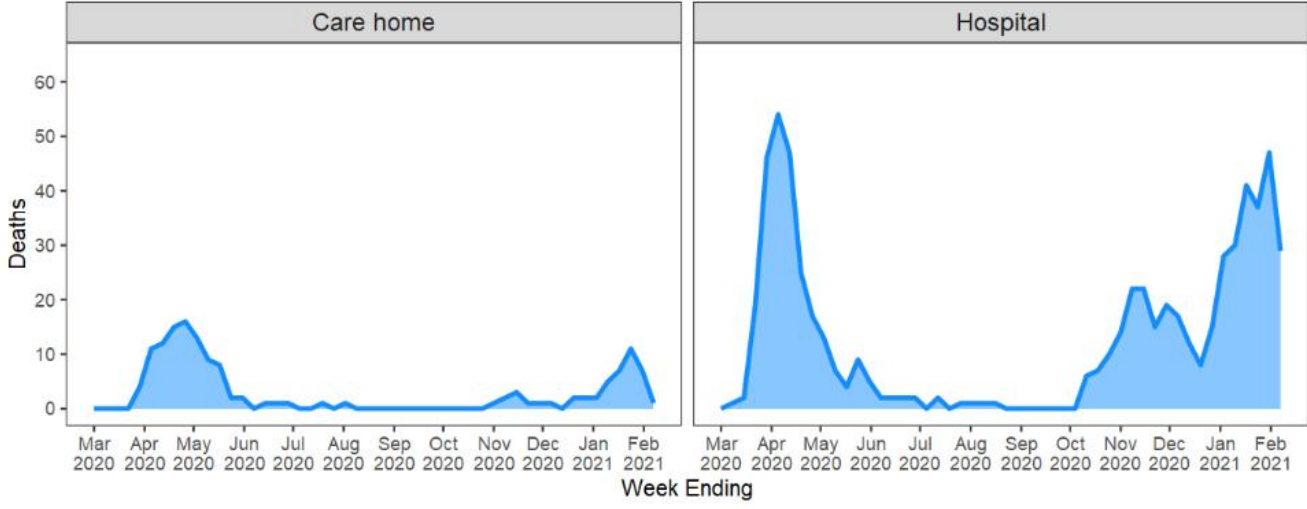


**Excess Mortality by Week (All Causes)**

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



**COVID-19 deaths by Place of Death**



**COVID-19 Mortality**

How many COVID-19 deaths?

**793**

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

**Sunday 21 February**

**Distribution of Mortality**

When did each local area experience peak mortality?

Fri 28 August 2020 - Fri 12 February 2021

Birmingham	3	0	3	6	20	7	17	19	24	32	60	53	62	73	68	56	59	43	79	97	154	179	154	138	97
Sandwell	1	1	0	3	2	1	2	8	6	11	27	27	35	24	35	33	21	18	21	33	48	81	68	64	40
Walsall	0	0	0	0	0	0	0	6	9	10	16	26	29	17	23	19	13	12	18	33	43	57	54	50	33
Dudley	0	1	0	0	2	0	0	2	6	12	14	21	22	22	29	25	17	18	22	25	29	41	58	57	30
Wolverhampton	2	0	1	1	0	3	5	6	6	4	9	10	13	22	13	16	10	13	12	18	67	72	57	42	30
Solihull	0	0	1	2	1	4	0	2	7	9	5	16	15	18	11	11	13	21	8	18	29	39	30	29	13
	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

## Local Outbreak Engagement Board

2 March 2021

### Covid-19 Variant – Surge Testing

#### 1. Purpose

To update the Board on Walsall's implementation of Operation Eagle targeted surge testing related to the Covid-19 South African variant.

#### 2. Recommendations

- 2.1 That the Board note the content of the Report.
- 2.2. That the Board note the successes and the learning from the implementation of Operation Eagle and endorse the contribution and utilisation of this learning to any future surge testing operations.

#### 3. Report detail

- 3.1 National enhanced testing of a random sample of all coronavirus positive tests revealed an initial 105 cases of the South African variant had been detected. Walsall was found to be one of the 8 areas nationally in which the South African variant had been detected. Further track and trace investigation revealed that 11 cases of the variant were deemed not to be connected to any foreign travel.
- 3.2 As a result the 8 areas were asked to implement a "surge test" methodology to test 10,000 adults in a limited geographical location surrounding the residence of the index South African variant case. Walsall's targeted area was WS27 an area in the Beechdale and Leamore location of the Borough (Area 1).
- 3.3 Over a 10-day period a team was mobilised, contracting the Manor Farm Community Association, to implement a delivery, registration, and collection service in the target location. Each residence in the designated location, 6088 houses, were visited and all residents over the age of 18 were asked to voluntarily participate in an enhanced testing regime. 6399 tests were distributed and 5369 completed tests were collected and directed by courier each evening to a specialist lab for the enhanced testing.
- 3.4 In addition over 2000 tests were conducted at 2 Mobile Testing Units specifically set up to support the operation at the Forest Arts Centre and



Walsall College. Royal Mail also directed postal kits through to the specialist lab.

- 3.5 Whilst concluding the surge testing in Area1 further national testing revealed Walsall had a further South African variant case located in the WS28 Pleck area of the Borough (Area 2).
- 3.6 The implementation team transferred from Area 1 to Area 2 to implement a further surge testing project. The second area was a smaller geographical footprint with 5000 target tests requested from 2122 households. The Mobile Testing Unit at Walsall College was retained to support the enhanced testing.
- 3.7 The learning from Area 1 was utilised to inform the methodology of engagement in Area 2. Local faith groups were approached to assist with the local leadership, promotion and act as drop off points for completed test at the local Mosque, Sikh Temple, Hindu Temple and Church of England and Methodist places of worship. In addition two mobile testing units, with the support of the Imam, with Urdu and Mirpuri speaking staff were deployed to the Mosque on Friday afternoon to engage local residents.
- 3.8 The experience in Area 2 was distinctly different from Area 1 and the engagement levels were significantly lower with over 70% non-engagement or refusal to take part in the voluntary testing. 100% of 2122 households were visited, 1143 tests were distributed and 732 completed tests were returned. There was also a much lower use of the Mobile Testing Unit with 424 individuals utilising this testing service during the period Area 2 was active.

#### **4. Conclusion**

- 4.1 At the point of writing the operation in Area 2 is still active and without a comprehensive analysis it would be wrong at this stage to speculate why the engagement levels differed so dramatically between the 2 areas.
- 4.2 If surge testing is to become part of the public health response to mutations of the Covid-19 virus then the experience of Walsall, together with experiences from other Operation Eagle sites across the UK, needs to be understood so that the benefits of different operational methodologies can be appreciated to enable engagement with the range of communities that contribute to the rich fabric of our society.

#### **Author**

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## Local Outbreak Engagement Board

2 March 2021

### Symptom free testing (Lateral Flow Testing) Programme

#### 1. Purpose

This report provides an update on the symptom free testing programme roll out to date and future roll out plans within the borough.

#### 2. Recommendations

- 2.1 That, subject to any comments Board Members may wish to make, the update report of the Lateral Flow Testing programme in Walsall be noted.

#### 3. Report detail

- The main aim of the programme is to deliver locality-based symptom free testing across Walsall to support the community response to COVID-19 by identifying asymptomatic cases, therefore reducing case rates and community transmission of the virus.
- As a nationwide lockdown was announced at the beginning of January, with people being encouraged to stay at home, this programme has been focussed on testing critical workers who have to leave home to work.
- Testing of asymptomatic critical workers at symptom free testing sites started in Walsall on 4<sup>th</sup> January 2021. These critical workers are encouraged to attend testing twice weekly.
- The programme now has eight live sites across the borough including:
  - Blakenall community centre
  - Education Development Centre
  - Ryecroft Community Hub
  - Willenhall Chart community centre
  - Darlaston Town Hall
  - University of Wolverhampton, Walsall Campus\*
  - Town Hall\*\*
  - Depot\*\*\*

*\*staff, students and invited critical workers only; \*\*Council staff based at town hall and blue light workers only; \*\*\*Council staff based at the Depot only*

- As of 22<sup>nd</sup> February 2021, the programme has completed 5113 tests, which has identified 36 asymptomatic cases that were required to self-isolate on testing positive. These sites can scale capacity up or down, and have current testing capacity of up to 9,000 tests a week.
- Children's homes will have access to lateral flow device tests from the week commencing 22 February, enabling them to test staff twice weekly, and complete daily testing if in an outbreak situation.
- Further planned sites include:
  - Aldridge Community Centre
  - Saddlers Centre
  - A number of community pharmacies offering access to testing outside of usual working hours and weekends
- Critical Walsall businesses that remain open, where employees are unable to work from home, have access to community testing via two routes:
  - Businesses with 50+ employees, that are registered in England, can register to order Lateral Flow devices through a national online portal
  - Businesses with fewer than 50 employees are encouraged to support their workforce to access the community testing sites across the borough.
- Critical workers currently do not have to book, as sites operate on a walk-in basis. However, a booking system is currently being commissioned which will support critical workers to book appointments at a community testing site or pharmacy site.
- Operation Eagle has resulted in a pause on any significant communications messages regarding symptom free testing. Communications plan and activities will resume following the conclusion of the surveillance exercise.

### **Next steps**

- Mobilise the future planned sites to have in place a significant testing infrastructure
- Following national guidance announcements from Government and DHSC, due week commencing 22 February, review and update the strategy for the next phase of testing. This will take into account:
  - Supporting local businesses with access to and uptake of testing
  - Supporting larger businesses with training needs to mobilise their testing sites and regularly use symptom free testing
  - Working closely with under-represented groups and communities to improve their access to symptom free testing
- Push communications regarding symptom free testing to eligible groups, re-enforcing messaging regarding the value of twice weekly testing

## **4. Conclusion**

- There is good symptom free testing capacity and availability across all sites; with uptake of testing increasing week on week
- This ensures there is a significant and sustainable testing infrastructure in place to respond flexibly to future changing national / local contexts and demands
- This will support developing the next phase of the strategy to ensure Walsall can provide accessible symptom free testing across the borough.

### **Background papers**

There are no background papers for this agenda item

#### **Author**

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## Local Outbreak Engagement Board

2 March 2020

### Isolation Payments

#### 1. Purpose

To update the board on the Test & Trace Support Payment scheme – commonly known as isolation payments. In particular to set out the:

- Qualification criteria
- Application process
- Number of applications / payments

#### 2. Recommendations

2.1 That, subject to any comments that Board Members may wish to make, the report be noted

#### 3. Report detail

##### Qualification Criteria

In addition to the legal duty of self-isolation introduced by the Government from 28 September 2020, they also introduced a Test & Trace Support Payment scheme to assist those on low incomes and unable to work while self-isolating.

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
  - Pension Credit
  - Housing Benefit

If more than one person in a household is instructed to self-isolate, and they all meet the other criteria, then each will receive the support payment. If a resident is instructed to self-isolate again at a later time, then provided they still meet the other criteria, they will be entitled to a further support payment.

In addition to the national scheme each local authority was given a set amount of money to develop its own discretionary scheme. The fund was cash limited with no additional funds being made available to local authorities.

The guidance allows the LA to determine 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 was used as the income threshold is 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 spent. The change in policy came in on 12 February 2021 and will only affect new claims going forward (it is not going to be backdated).

## **Application Process**

To receive applications for both the national and discretionary schemes, Walsall used the same portal as was used for Business Grants and residents were directed there from the Walsall Council's website. For those residents who are unable to apply on-line, Walsall Council has a dedicated phone line for applications to be made over the phone.

The application process collected the following information and documents:

### Information

- Personal details – name, address, Ni number, contact details
- 8 digit NHS test & trace
- Isolation start & end date

- Name & address of employer
- Job title & type of employer
- A statement as to why the person would lose income from having to self-isolate

#### Documents

- Proof of employment
- Proof of benefits / evidence of low income
- Proof of bank account
- Copy of test & trace notification
- Proof of address & identity

#### **Applications / Payments**

Like all local authorities Walsall have received a large number of applications from residents that do not meet the criteria. The main reason for this appears to be around the communication between the NHS and customers when they receive a positive test result (resulting in large numbers of applications that do not meet the criteria being made).

The numbers are as follows:

Total Applications	2934
Unsuccessful applications	1725
Awards under national scheme	566
Awards under discretionary scheme	101
In progress	542

The main bulk of those in progress are waiting for residents to supply additional information.

The guidance issued by central government included a requirement for a 3 day turn around on applications. Currently, where all the required information is provided, we are meeting that 3 day target. There was a period of time, due to the pressure of increasing work demands across the whole service, that Walsall was not meeting that target. This was resolved by increasing resources on the process and paying for some staff to work over-time.

At the introduction of the scheme Walsall Council received £42,840.80 in funding from central government for the administration of the scheme. The staff costs of those working on the scheme have already exceeded the £42,840.

#### **4. Conclusion**

There is a scheme for £500 payments to people who have officially been asked to self isolate by NHS, are employed / self employed, are unable to work from home and would lose income as a result and are either receiving

one of the listed benefits or on low income as determined by the local authority.

The number of applications is significant, however, a large number of applicants are unsuccessful as they do not match the relevant award criteria. The high proportion of claims turned down in Walsall is reflective of the national picture.

### **Background papers**

None

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