

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

Tuesday 1 September 2020 at 4.00 p.m.

Virtual meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Council's Standing Orders for Remote Meetings and those set out in the Council's Constitution.

Present: Councillor S. Craddock (Chair)
Councillor I. Robertson
Mr. S. Gunther, Director of Public Health
Dr. A. Rischie, Clinical Commissioning Group
Ms. D. Lytton, One Walsall
Dr. M. Lewis, Walsall Healthcare NHS Trust

In attendance: Dr. H. Paterson, Chief Executive
Dr. U. Viswanathan, Consultant in Public Health Medicine
Mrs. E. Thomas, Public Health Intelligence Manager
Mr J. Elsegood, Interim Director of Communications

Welcome

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

9/20 Apologies and substitutions

Apologies for non-attendance were submitted on behalf of Chief. Supt. A. Parsons and Mr. D. Fradgley. No substitutions were notified.

10/20 Minutes

Councillor Craddock moved approval of the minutes of the meeting on 16 July 2020 which was put to the vote by way of a roll-call of Sub-Committee members

The motion subsequently declared carried and it was:

Resolved (unanimously)

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

At this point, Councillor Craddock took the opportunity to seek updates on issues raised at the meeting:

- *Flu Vaccines:* With regard to a concern raised by Dr Rischie in relation to the low uptake of the flu vaccine for faith related reasons, the Council's Communications lead, Mr J. Elsegood responded said that he was working with community leaders and faith groups to engage with those hard to reach areas and that specific, bespoke messages were being sent out later that week. Dr Rischie also mentioned the low uptake in relation to early-years school age children and said that the Clinical Commissioning Group would continue to work with Public Health colleagues in this respect.
- *Covid-19 Testing Kits for GPs:* Dr Rischie pointed out that he was not advocating routine testing in the primary care setting but he felt that opportunities may arise where GPs could use these should it be considered appropriate. Dr. Viswanathan said that she would discuss this further with Dr. Rischie and the Director of Public Health.

11/20 Declarations of interest

There were no declarations of interest

12/20 Local Government (Access to Information) Act, 1985

There were no items to be considered in private session.

13/20 Walsall Covid-19 data

Councillor Craddock introduced the Council's Public Health Intelligence Manager Mrs. E. Thomas, who presented a dashboard report which provided an overview of the current situation for Walsall looking at potential symptoms, number of confirmed cases, the support offered to shielding and vulnerable residents; and the number and pattern of deaths in Walsall:

(see annexed)

Mrs Thomas emphasised that the information was updated on a weekly basis and was available on the council website. She said that the latest version did not include the shielding data as it was not needed at the moment but could be added in again as necessary.

With regard to the data on potential cases and incidences of mortality, Mrs Thomas said that this had reduced significantly and that other neighbouring

boroughs had higher rates. In response to a question on the availability of more detailed data at lower levels, members were advised that this information was a 'snapshot' in time and that whilst there were 'hot spots' identified on the map, these tended to move about for a variety of reasons, for example by including care homes in the data.

Councillor Craddock thanked Mrs Thomas for the presentation.

14/20 **Walsall Local Outbreak Plan actions and progress on delivery**

Councillor Craddock introduced the report which provided progress on the delivery of actions to support the Outbreak Plan:

(see annexed)

The Director of Public Health, Mr S. Gunther, explained the progress in detail which he said had been informed by national guidance and regional critique.

A discussion took place during which time, members were advised that:

- With regard to those people with long term conditions and flu plans, the criteria for vaccines had expanded to a wider cross-section of the public and now included those aged over 50 and children so the eligible population had increased. There was a national issue around the supply and distribution of vaccines as vaccine production was calculated on the previous years' demand and set at the beginning of the year, therefore those at risk and those aged over 65 were being targeted first with the additional cohorts being captured from November onwards. In view of the current Covid-19 measures, the time taken to administer the vaccine had extended to around 5 minutes however, steps had been taken to enable GPs to cope with this.
- Over 1,000 high risk settings had now been identified as part of a risk assessment and local intelligence so that proactive engagement could be put in place. Ensuring compliance was key and Councillor Craddock urged members and the public to call in if they saw non-compliance.
- The uptake of tests had increased significantly and further testing sites, which were representative of the community, were being considered in addition to the three currently available. The current testing capacity at those three sites was 9,000 per week.
- The data dashboard discussed earlier in the agenda should include the hotline number to book a test.
- An antibody test could show that a person had antibodies but that did not mean that they were immune and could lead to people relaxing control measures. Whilst it would inform data, it was not advocated.
- The outbreak plan had been stress-tested and there had been assurance in relation to internal processes. There were areas for further development externally which included identifying lead roles and responsibilities for potential cross-border outbreaks. This was being considered at a regional level.

In response to a concern raised in relation to the potential for more mental health issues to arise as a result of the pandemic, Councillor Craddock said he was keen to see Mental Health being addressed as a top priority and said that the Council's Mental Health First Aid training had been offered to every elected member as part of their development. In addition, it was noted that more information was being included on the Council's website and in newsletters. Dr. Rischie briefly mentioned on-line training available from the Zero Suicide Alliance.

15/20 Health Protection/Test, trace and isolate

Councillor Craddock introduced the report giving an overview of data from the on-call data collection and reporting system:

(see annexed)

Dr. Viswanathan, explained the report in detail. She said that this was a snapshot of the work of the health protection team and included the work being done with care homes, schools and businesses. It set out the type of queries the team responded to, some of which were complex and took significant time to resolve. With regard to protocols for care home visiting, Dr Viswanathan said that a joint protocol had been agreed between care homes and that the team had developed guidance on infection control measures and safe visiting however, they would be working with individual care homes as necessary to continually review the guidance and provide advice depending upon developing situations.

16/20 Questions from the public

Councillor Craddock said that no questions have yet been received. He pointed out that a page had been included on the Covid-19 information page with information on how to ask questions and he encouraged people to participate in this.

17/20 Returning to education settings

Mr. J. Elsegood the Interim Director of Communications at Walsall Council gave a presentation updating on communications across the borough. He outlined the three main objectives, being; promoting general awareness, notification of local outbreaks and engaging with the community to help inform the plans.

(Presentation slides annexed)

In response to a question from Councillor Craddock as to why there had not been any feedback from the public, Mr Elsegood commented that in any survey, there was a level of apathy and a low level of response however, the communications team would strive to ensure that the message landed in an

engaging way. He explained the channels of communication used, both digital and non-digital and that he would continue to push the influencers to get the message out. Ms. Lytton, One Walsall, said that it was something that One Walsall could support and feed into, along with Healthwatch Walsall as they had a good level of attendance at virtual forums.

At this point, Dr Rischie raised a concern in relation to the requirement for school uniforms to be laundered daily and asked if schools could be tolerant of those who were unable to do this, given that not everyone had a washing machine or could afford to run the washing machine every day. Dr. Viswanathan said that whilst most schools were independent of the Local Authority, she would explore this further with the Director of Children's Services as they both had regular contact with head teachers.

The meeting terminated at 5.20pm

Chair:

Date: