

CITY OF
WOLVERHAMPTON
COUNCIL

Health Scrutiny Panel

8 July 2021

Time 1.30 pm **Public Meeting?** YES **Type of meeting** Scrutiny
Venue Council Chamber - 4th Floor - Civic Centre

Membership

Chair Cllr Susan Roberts MBE (Lab)
Vice-chair Cllr Paul Singh (Con)

Cllr Greg Brackenridge
Cllr Jaspreet Jaspal
Cllr Milkinderpal Jaspal
Cllr Rashpal Kaur
Cllr Sohail Khan
Cllr Lynne Moran
Cllr Phil Page
Tracy Cresswell (Healthwatch)
Rose Urkovskis (Healthwatch)

Quorum for this meeting is three voting members.

Information for the Public

If you have any queries about this meeting, please contact the Scrutiny Team:

Contact Martin Stevens
Tel/Email Tel: 01902 550947 or martin.stevens@wolverhampton.gov.uk
Address Scrutiny Office, Civic Centre, 1st floor, St Peter's Square,
Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

Website <http://wolverhampton.moderngov.co.uk/>
Email democratic.services@wolverhampton.gov.uk
Tel 01902 555046

Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

If you are reading these papers on an electronic device you have saved the Council £11.33 and helped reduce the Council's carbon footprint.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

- 1 **Apologies and Substitutions**
[To receive any apologies for absence and notification of any substitutions].
- 2 **Declarations of Interest**
[To receive any declarations of interest].
- 3 **Minutes of previous meeting** (Pages 3 - 14)
[To approve the minutes of the previous meeting as a correct record].

DISCUSSION ITEMS

- 4 **Wolverhampton Covid-19 Outbreak Control Plan – 2021 refresh** (Pages 15 - 80)
[To scrutinise the Wolverhampton Covid-19 Outbreak Control Plan – 2021 refresh].
- 5 **Public Health - Annual Report 2020 - 2021 (Draft)** (Pages 81 - 180)
[To scrutinise and comment on the draft Public Health Annual Report 2020 -2021].
- 6 **Healthwatch Pre-Tender Engagement Activity** (Pages 181 - 200)
[The current Healthwatch (Wolverhampton) contract is due for renewal in April 2022. The Council wishes to engage with local people including key partners in health and social care, service users and their families/carers in order to shape and enhance the new Healthwatch (Wolverhampton) provision].

Attendance

Members of the Health Scrutiny Panel

Cllr Obaida Ahmed
Tracy Cresswell
Cllr Bhupinder Gakhal
Cllr Lynne Moran
Cllr Phil Page (Chair)
Cllr Susan Roberts MBE
Cllr Paul Singh (Vice-Chair)
Cllr Wendy Thompson
Rose Urkovskis

Witnesses

Professor David Loughton CBE (Chief Executive of the Royal Wolverhampton NHS Trust)
Paul Tulley (Managing Director of Wolverhampton CCG)
Mark Docherty (Director of Nursing and Clinical Commissioning – West Midlands Ambulance Service University NHS Foundation Trust)
Pippa Wall (Head of Strategic Planning – West Midlands Ambulance Service University NHS Foundation Trust)
Karen Davies (Interim Head of Public Health Commissioning – NHS England and Improvement)
Dr Rajeev Raghavan (Consultant and Clinical Director – Diabetes & Endocrinology – The Royal Wolverhampton NHS Trust)

Employees

Martin Stevens (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
Becky Wilkinson (Deputy Director of Adult Services)
Ainee Khan (Consultant in Public Health)
Julia Cleary (Scrutiny and Systems Manager)
Earl Piggott-Smith (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
An apology for absence was received from Panel Member, Cllr Milkinderpal Jaspal.
- Cllr Jasbir Jaspal sent her apologies as the Cabinet Member for Public Health and Wellbeing.

Vanessa Whatley, Deputy Chief Nurse – The Royal Wolverhampton NHS Trust sent her apologies to the Panel.

Marsha Foster, Director of Partnerships, Black Country Healthcare NHS Foundation Trust sent her apologies to the Panel.

2 **Declarations of Interest**

There were no declarations of interest.

3 **Minutes of previous meeting**

The minutes of the meeting held on 14 January 2021 were approved as a correct record.

4 **Matters Arising**

The Vice-Chair asked the Managing Director of the CCG if he could give an update on the work ongoing on structures for the CCGs merger. The Managing Director of the CCG responded that the merger had been approved. The appointments had been made to the new Governing Body and also to the Wolverhampton Commissioning Board. The Governing Body would be meeting for the first time formally after the 1 April 2021. In addition, during April there would be the first meeting of the Wolverhampton Commissioning Board. There was an ongoing management change process in relation to the management structure to support the single CCG. They were partly through the process; the first phase had been completed earlier in the year. They were currently out to consultation with effected staff on the second phase of the management of change process.

5 **Diabetic Eye Screening Procurement Programme in Birmingham, Solihull and the Black Country**

The Interim Head of Public Health Commissioning NHS England and NHS Improvement presented a report on the Diabetic Eye Screening Programme in Birmingham, Solihull and the Black Country. The current programme contract expired on the 30 June 2021. They therefore needed to undertake a procurement exercise for the programme. It was possible that the way the services were currently provided could change. This was because the new provider could provide services in a different way or because the existing provider had a reduced amount of venues to use because of the Covid-19 restrictions. There were two types of venues where diabetic eye screening could be provided. One was GP practices or Health Centres and the other one was High Street opticians. Mobile vehicles were an alternative option for diabetic eye screening providers to use as long as they delivered the services in line with the national specification.

The Interim Head of Public Health Commissioning NHS England and NHS Improvement stated that as part of the patient engagement exercise they would use existing users' feedback as part of the annual contract review from the existing provider. There had been other procurements locally within the Midlands and so they could use this feedback as well but recognising that the population would not be reflective of the Birmingham and Black Country area. They would be conducting some work with Diabetes UK, who had completed similar exercises to support patient engagement. In addition, following discussions with the Chair and Vice-Chair of the Panel earlier in the day, she had agreed to form a set of questions which they would like responses to from users of the service. They were particularly keen to receive responses from hard to reach groups.

The Chair asked if he could have some more information on the patient engagement exercise. The Interim Head of Public Health Commissioning NHS England and Improvement responded that they had some existing information from users of the service from the current provider. They had previously completed a procurement in the area of South Staffordshire and so they had all of this information on file. They were meeting Diabetes UK on the forthcoming Friday to discuss how they could help access the views of patients and users. They recognised that people from hard to reach and deprived communities did not traditionally come forward to give their views. They were happy to develop a set of questions which could illicit responses from patients in terms of priorities and issues they may have when accessing the service. Members of the Panel could then distribute these questions to their contacts. They were also open to suggestions on how they could obtain the views of patients in deprived Inner-City settings.

The Chair asked if there were any plans to introduce new digital solutions to improve the eye screening programme. The Interim Head of Public Health Commissioning NHS England and NHS Improvement responded that there were no plans currently that would impact on the current procurement. The Diabetic Eye Screening Programme was a nationally specified service in terms of how it was carried out and conducted. She was aware that there were some experimental assessments on the use of artificial intelligence (AI) to read some of the screens. When the results of these studies came to fruition, if it was decided to go ahead nationally, then it would be added into future service provision. She did however think this initiative was some years off being rolled out on a national scale.

The Chair asked the Consultant and Clinical Director for Diabetes at the Royal Wolverhampton NHS Trust what improvements he would like to see to the Diabetes Eye Screening Programme in an ideal world. He responded that clearly diabetes was the main problem and ultimately why a person attended eye screening appointments. The general health of a person would have an impact on eye health and it was important that this was recognised from the beginning of the process. Diabetes should be the central tenet of the process. An integrated approach would also ensure that patients also received all the information in relation to their health, which allowed them to make informed decisions regarding matters such as eye screening attendance. If they knew their eye health was connected to the rest of their health, it would hopefully engage the patient to make the right decisions and engage with the eye screening programme.

The Consultant and Clinical Director for Diabetes at the Royal Wolverhampton NHS Trust stated that collecting feedback continuously from patient groups, particularly patients that found it difficult to access services or had other challenges, he believed to be a good approach. He spoke in favour of NHS England and NHS Improvement and the current screening programme working with Diabetes UK. He thought if this could be done on a more regular basis there would be benefits, particularly in allowing the screening programme to be more flexible and meet service users' needs.

The Vice-Chair asked the Consultant and Clinical Director for Diabetes at the Royal Wolverhampton NHS Trust, if he could explain how enhanced information sharing would help the eye screening programme. He responded that the Eye Screening Programme had started to share information with Primary Care. Having information

fed back both ways, from Primary Care into the eye screening programme and from the eye screening programme into Primary Care was very valuable. This was because it meant the right patients were being called up for screening and the Primary Care Providers were receiving important information about their patients. He believed eye screening should be promoted by GPs and care providers amongst their patients across the Midlands. Enhanced data would allow for risk-based screening allowing resources to be better allocated with a targeted approach.

The Vice Chair asked the Consultant and Clinical Director for Diabetes at the Royal Wolverhampton NHS Trust how Covid-19 had impacted on the Eye Screening Programme to date. He responded that Covid-19 had been a huge challenge to all of healthcare. Eye screening had been significantly impacted particularly in the first wave of the Covid-19 pandemic. Once the first lockdown restrictions had been eased, the eye screening programme restarted and had been catching up with appointments since that time. Some patients had been reluctant to attend eye screening appointments due to the fear of becoming infected with Covid-19. They had tried to reassure patients about the infection prevention measures which had been put in place. The effects of people not attending appointments would become known in the next year to two years. Covid-19 had led to some positive steps, there had been more innovation, particularly in the areas of targeting people in different ways and making the service more impactful.

A Panel Member commented that she was pleased to be involved in the consultation for the Eye Screening Programme and that it was being discussed by the Health Scrutiny Panel. She highlighted the importance of being in contact with specific ethnic groups who may be more predisposed to diabetes.

A Panel Member remarked that he had a diabetes eye screening test in October of last year. He had been told that his next test would be in two years because his results did not cause concern rather than the usual year. He asked if this was a dangerous new course. The Consultant and Clinical Director for Diabetes at the Royal Wolverhampton NHS Trust responded that it was a good question to ask. Extensive research had shown that people's eyes did not change every year and it may take several years for changes to occur. When changes did occur the rate of progression would vary depending on the person and the risk factors that the person carried, such as blood pressure, cholesterol levels and the control of their diabetes. Consequently, based on research it had been found that people who had been stable for a few years, the risk of progression in a year was very low and therefore interval screening was the best approach. If, however the person felt their eyes worsening they could have their eyes assessed earlier.

The Interim Head of Public Health Commissioning NHS England and NHS Improvement commented that they did not make the decisions about how regular someone had eye screening locally. It was a nationally prescribed service and so they had to follow the parameters set nationally.

A Member of the Panel asked what date the deadline was for feedback on the patient experience of the current Eye Screening Programme. The Interim Head of Public Health Commissioning NHS England and NHS Improvement responded that the procurement process had been paused whilst they completed due diligence and so ideally, they wanted responses back over the next 10-12 weeks. A temporary extension to the existing contract would allow a meaningful consultation.

A Panel Member commented that the elderly community could be sometimes hard to reach, particularly those classified as BAME. His suggestion was producing literature in Punjabi and Urdu which could be distributed to places of worship.

The Chair, on behalf of the Panel, thanked the Interim Head of Public Health Commissioning NHS England and NHS Improvement, and the Consultant and Clinical Director for Diabetes at the Royal Wolverhampton NHS Trust for their contributions to the meeting.

Resolved: That NHS England and NHS Improvement write to the Scrutiny Officer with a list of questions they would like help with answering, regarding patient engagement for the Diabetes Eye Screening Programme. The Scrutiny Officer can then arrange for onward circulation to Panel Members and also consult with our own Public Health Team.

- 6 **West Midlands Ambulance Service University NHS Foundation Trust**
The Panel agreed to take the West Midlands Ambulance University NHS Foundation Trust item before the item on Covid-19 cases, testing and vaccinations due to the Director of Public Health experiencing IT issues.

The Director of Nursing and Clinical Commissioning, and the Head of Strategic Planning of the West Midlands Ambulance University NHS Foundation Trust gave a presentation on their Trust's response to Covid-19 and on some other matters that had been requested. Members complimented the representatives from the Ambulance Service on their thorough presentation, the slides of which were despatched with the agenda. They also thanked the Ambulance Service for their vital courageous work in the health system. They noted the outstanding rating of the service.

The Chief Executive of the Royal Wolverhampton NHS Trust remarked that the Royal Wolverhampton NHS Trust's performance of ambulance turn around times in the last few months of 2020 had been appalling. This was because normally to release ambulances they would put patients in corridors in the Accident and Emergency Department and provide nurses. Due to Covid-19 they were not able to continue with this practice. He therefore considered it remarkable the performance of the West Midlands Ambulance Service, in terms of response times, in Wolverhampton had not suffered. They had provided a brilliant service. He was pleased that the performance at New Cross Hospital had improved substantially, in terms of releasing ambulances.

The Chair asked for the results of the Covid-19 antibody testing carried out on West Midlands Ambulance Service staff. The Head of Strategic Planning responded that 22% of the staff tested for Covid-19 antibodies had them. It had been sometime though since the tests had been conducted.

The Vice-Chair stated that the NHS 111 Service was a vital service to help prevent A&E attendance and unnecessary ambulance call-outs. He asked what steps were being taken to improve the service further. The Director of Nursing and Clinical Commissioning responded that the 111 Service had been provided by West

Midlands Ambulance service for approximately the last 18 months. They had already carried out a number of improvements including ensuring that calls were answered promptly. They had ensured that the training of the call handlers was robust and that they were appropriately supervised. Every single call was recorded. There was now a much larger clinical support into the 111 Service. This included pharmacists, mental health nurses and Doctors. People working for the 111 Service would also be trained to answer 999 calls and so the service was becoming more integrated. He hoped this would encourage people to stay with the Ambulance Service. He saw no reason why a call handler or paramedic could not one day work their way up the organisation to the role of Chief Executive.

A Panel Member complimented the Ambulance Service on their performance during the last year. She asked how reflective the West Midlands Ambulance staff profile was of the general population in terms of equalities. She also asked about the service's Whistleblowing Policy for in the event of inappropriate behaviour. The Director of Nursing and Clinical Commissioning responded that the service's staff were their greatest asset. Staff retention was very important to them. Their staff had access to the most modern vehicles and up to date equipment. They were also looking at introducing stab vests and body cameras. The service was not fully reflective of the general population. The gender balance was almost right. Just over half of the service's paramedics were female. There was a good gender balance at Board level, as was the diversity level from a BAME perspective. The general diversity of the staff though was not at the point which they wanted. The service employed local people. Brierley Hill had been chosen as a site for a new control centre, this was a deprived area. The career opportunities offered to staff would help the local people in the neighbourhood. The paramedic programme offered people the chance to obtain a foundation degree. They were hoping to increase the diversity at student paramedic level. There was a Whistleblowing Policy for people that had concerns, there was also the Freedom to Speak up Policy and Freedom to Speak up Champions. Significant development work was taking place on equalities. The Head of Strategic Planning referred to the staff networks for staff in certain groups, which were hugely beneficial. There was also an extensive staff liaison service. Staff engagement events and surveys were conducted.

A Panel Member commented on a personal experience, where in their family a premature baby had died after an ambulance was called but was diverted to Hereford for a coronary heart case. It was 24 hours before the baby was picked up and had by that time had two cerebral haemorrhages. She asked if this was still a possibility today or whether there were now safeguards in place. The Director of Nursing and Clinical Commissioning firstly expressed how sorry he was to hear of the Councillor's experience. Babies were incredibly sensitive to temperature changes. He could guarantee that an ambulance would not be diverted in a case like this in the future, because in situations like these babies were now treated as category one patients. The West Midlands Ambulance Service were one of the few ambulance services that had put a lead mid-wife into the organisation. There were currently about three babies being born a day in the region before they were at hospital. They wanted to provide a safe service to a high standard. They were still looking to make improvements to the service.

A Panel Member asked for the statistics relating to the promotion prospects for people falling in the BAME group. The Director of Nursing and Clinical Commissioning stated that he would send him some figures about the diversity within

the organisation. He thought that he personally had never worked for an organisation in the NHS as diverse. There was a well-established LGBTQ Group in the organisation. There was not the amount of diversity he would like at senior manager and paramedic level. The Head of Strategic Planning referred to the mentoring services available to help BAME staff receive promotions. They were also doing some useful work with the University of Wolverhampton.

The Chair asked about the overall financial situation of the West Midlands Ambulance Service University NHS Foundation Trust. The Director of Nursing and Clinical Commissioning responded that for the last fifteen years as an organisation they had balanced the accounts. The accounts would also be balanced for the current financial year. The moving towards the Integrated Care System meant the financial position was uncertain for the future. For the first half of the next financial year they would be going into a blocked contract. He did have some concerns that the finances might suffer in the future if the Ambulance Service was asked to do more. He was also concerned, that as part of the Integrated Care System, they potentially might not be given the finances to continue high standards such as having the latest equipment and vehicles, if other organisations within the system were in a bad position financially.

The Vice Chair asked for more information about the lateral flow testing process at the organisation. The Director of Nursing and Clinical Commissioning demonstrated how a test was done and added that staff had been issued the test kits for them to use in the home environment. The test was not 100% accurate. Staff were asked to conduct a test twice a week which increased the accuracy level. People who tested positive from a lateral flow test were generally asked also to take a PCR test, which were more than 90% accurate. The Head of Strategic Planning added that 70,000 tests had been taken by the staff and 69,500 of them had been negative.

The Chair asked if there were any more infection prevention measures planned to help keep patients and staff safe from the more transmissible Covid-19 variants. The Director of Nursing and Clinical responded that staff were able to wear level 3 PPE in ambulances if they wished to, even though level 2 was deemed sufficient by national guidance. Air changes in ambulances was important, therefore having the doors and windows open was encouraged. For new vehicle procurement in the future they were looking at better air flow systems and supplementary heating systems, which were not dependent on the main engine running. Clearly vaccinations and social distancing were important measures. They had not run out of PPE during the pandemic. They had introduced the electrical charged peroxide cleaner which was sprayed in ambulances to disinfect them. Thankfully no member of staff had lost their lives.

The Chair thanked the representatives from the West Midlands Ambulance Service for an excellent informative presentation. He asked for the compliments of the Panel to be passed on to the staff for their excellent work.

7 **Covid-19 Cases, Testing and Vaccinations**

The Director of Public Health gave a presentation on Covid-19 cases, testing and vaccinations. For the seven days up to the 21 March, Wolverhampton had a Covid-19 case rate of 60 cases per 100,000 people. This was a marked difference from the earlier stages of the second wave, which had been a real challenge. Six weeks before Wolverhampton had a case rate of 1000 per 100,000. The average case rate per 100,000 for the region was 65.4, meaning Wolverhampton did not have a dissimilar rate. In some areas in the West Midlands the rates were increasing again. This emphasised that at a certain rate, probably around 100 cases per 100,000, any outbreaks would amplify the percentage increase rate at a local level. The levels of Covid-19 cases in Wolverhampton were now at a similar level to those in early September 2020. Due to an increase in lateral flow testing, they were now finding more cases which were largely asymptomatic.

The Director of Public Health presented a slide on Public Health's strategic approach which was based on three key principles. These were the vaccination roll out, compliance and testing, and contact tracing. Protecting the most vulnerable was a key aim. The most vulnerable were those most likely to be hospitalised and had a greater chance of death. The strategic approach was outlined in the Outbreak Control Plan which was currently being refreshed and was due to be published on the forthcoming Friday. He commented that he would welcome the opportunity to present the Outbreak Control Plan at the next scheduled Health Scrutiny Panel.

The Director of Public Health presented a slide on Covid-19 testing within the City. The lateral flow sites for asymptomatic testing continued along with PCR sites for people exhibiting symptoms. There was a total of 11 testing sites within the City. Schools children and staff were now conducting tests in the home environment. In Social Care, routine testing was taking place and also with NHS partners. A local offer had just been launched to compliment the national offer to businesses, whereby they were incentivising organisations to embrace Covid-19 testing. The more testing which took place, the earlier they could identify cases and prevent the virus spreading. 95% of the cases in Wolverhampton were now the UK variant, a very transmissible strain of the virus. There was also a mobile testing unit in the City which was used in areas of high prevalence and also areas with low uptake for testing. It had proven to be exceptionally useful. In the past 7 days up to the 21 March, there had been 42,363 tests conducted in Wolverhampton. He regarded this as a phenomenal effort. They were averaging 42,000 tests a week within the City and this would be built on moving forward. This was a good position to be in as the country came out of lockdown. He stated that the National Test and Trace system picked up 78% of cases within Wolverhampton. Through the local tracing function, they picked up 62% of the remaining 22%.

The Director of Public Health presented a slide on the Covid-19 vaccine roll-out. Over 108,000 Wolverhampton residents had received their first vaccine. He gave praise to all the people who had helped to roll-out the vaccine within the City. The City's model was largely GP led with help from the Royal Wolverhampton NHS Trust. The uptake of the vaccine for people over the age of 70 was currently over 90%. There had been a good initial uptake for people over the aged of 50 which he believed would increase with time as more people booked their appointments. The uptake for Carers (DWP) was over 60% and improving. The NHS and Social Care

Workforce rate was over 75%. For the clinically extremely vulnerable the rate was over 80% and continuing to improve.

The Director of Public Health presented a slide on why some people weren't coming forward for a vaccine. The key factors were not wanting to be first, distrust, safety concerns, people believing they did not need the vaccine, people believing it wouldn't work, people concerned if they were pregnant, breast feeding and concerns about fertility. Some people felt it was a challenge to get to a clinic and didn't realise the other options available. They were concerned about leaving the house after such a long time isolating. Some felt if they had not taken the vaccine when first offered, that it was a now missed opportunity and wouldn't be able to access it again. It was therefore useful to keep contacting those individuals to give them information.

The Director of Public Health remarked that there was a cross sector partnership in the City to maximise the uptake of the vaccine. Data sharing played an important part, linking data together from different organisations gave better profiling. They had established a dedicated call centre within the Council and working with the GPs they were able to contact the people who had not taken up the offer of a vaccine. He spoke about pop up clinics and community champions to help increase the uptake of the vaccine. They had even carried out some pilot door knocking in areas where the uptake of the vaccine had been low.

The Director of Public Health showed a Covid-19 case rate heatmap for Wolverhampton. The situation had improved remarkably since the start of January, this was down to the vaccine roll-out and the lockdown.

The Chair asked if the Director of Public Health could detail any particular age groups in Wolverhampton that had been vaccine hesitant or he expected to be. The second question he asked, was if he could inform the Panel how many Council staff had received a positive PCR test result for Covid-19. His final question was about the current policy for lateral flow tests for people within the City. The Director of Public Health responded that it was widely acknowledged that there were real differences between ethnic groups and the uptake of the vaccine. The current data for Wolverhampton did show that this was not significant for people over the age of 80 in the City, but it was below this age group. Rather than vaccine hesitancy being considered under one heading of BAME, he felt it was important to consider everybody's story as an individual to understand the hesitancy. Talking to people on an individual level he felt was more productive than general messaging. The uptake of the vaccine was improving in ethnic groups based on Public Health's interventions.

In response to the question on Council staff receiving positive PCR tests the Director of Public Health stated that the Council did not monitor staff having PCR tests. The Council did reinforce the pathways for people who had symptoms. The Council were encouraging staff to incorporate lateral flow tests into their everyday lives. The general policy for people in the City was to test regularly, preferably twice a week, with lateral flow tests if they did not have symptoms. He did accept though that context was important and for someone who was always at home shielding, it was less important for them to test themselves regularly.

The Vice-Chair asked if the Director of Public Health could detail any intentions for the further or enhanced use of digital solutions to prevent and monitor Covid-19 cases and increase the uptake of the vaccinations in Wolverhampton. His second

question related to whether the suspension / restriction of the use of the AstraZeneca Oxford vaccine in some European countries had impacted on the uptake of the vaccine in Wolverhampton. His final question was whether people that were eligible for the vaccine, who were housebound, had all received their vaccination.

The Director of Public Health spoke highly of digital solutions. Some people responded well to the use of digital, whilst others responded better to a phone call or a visit. The use of social media for key Covid-19 messaging had gone very well. The sharing of data across partners was a key element to digital solutions and had been embraced during Covid-19. This was a good learning point for the future. With regard to the AstraZeneca Oxford vaccine, on one day 6% of people did not show for their appointment since the European issues. Thankfully working with the GPs, they had been able to fill the slots and no vaccine was wasted. The no show rate was now back to normal levels at about 1%. For people that could not get to a clinic, home visits did take place. They could also arrange transport for people to clinics, working with their NHS colleagues. The home visits had varied in terms of timeliness, but this was something they were trying to improve as they came down the age groups. This was all part of the equalities discussion.

A Panel Member thanked the Public Health Team for all their efforts with the vaccination programme. She commented that the amount of vaccine available was about to be reduced due to supply issues, she asked that when supplies returned to higher levels, whether the vaccination programme could be upscaled again. The Director for Public Health responded that the key element was planning and partnership working, which had been so successful. There was a partnership group which was co-chaired by him and the Managing Director of the Wolverhampton CCG. Wolverhampton did not have a mass vaccine centre, but it did have a colocation of GPs delivering at pace and scale in places like the Aldersley Leisure Village and Bert Williams Leisure Centre. The partnership working had meant they had been able to plan much better. They had been able to respond very quickly to supply changes. They were therefore ready to be able to scale up and scale down the vaccination programme within the City.

The Vice-Chair spoke about the Muslim Ramadan Festival and asked for this to be factored into the planning for the vaccination programme. The Director for Public Health responded that they were aware of the different religious festivals and celebrations approaching. Public Health Officers had successfully met with different faith groups and sometimes these meetings were occurring 4-5 times a week over the past year. Ensuring people celebrated safely and understanding the impact of religious events effecting people's willingness to have the vaccine were areas that were commonly discussed.

As it was the last meeting of the Municipal year, the Chair on behalf of the Health Scrutiny Panel thanked the members of the Scrutiny Officer Team, Martin Stevens, Julia Cleary and Earl Piggott-Smith for all their help organising the meetings throughout the last Municipal year. He commented that they did an excellent job and through their work, the meetings had run smoothly. He also thanked the Director of Public Health and his team for their excellent work over the last year and praised their partnership work. He thanked all the health partners, commenting that the last twelve months had probably been the most difficult period in the modern-day health system in Wolverhampton. Partnership working by health partners had excelled during the pandemic. He added that it had been a tragedy for some families in the

City, some of which were close to him personally. The position of the City in relation to the pandemic was now much improved. He thanked the West Midlands Ambulance Service for their efforts during the pandemic and the presentation given at the meeting. He thanked all the Panel Members for their support during the year and made particular mention of the Vice-Chair for his help.

The meeting closed at 3:53pm.

This page is intentionally left blank

Health Scrutiny

08 July 2021

Report title	Wolverhampton Covid-19 Outbreak Control Plan – 2021 refresh	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Health and Wellbeing	
Wards affected	All	
Accountable director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employee(s)	Clare Reardon	Principal Public Health Specialist
	Madeleine Freewood	Stakeholder Engagement Manager
	Tel	01902552917 / 07890 397635
	Email	Clare.Reardon@wolverhampton.gov.uk Madeleine.Freewood@wolverhampton.gov.uk
Report to be/has been considered by	Wolverhampton Covid-19 Strategic Co-ordination Group	16 March 2021
	Local Outbreak Engagement Board (email circulation)	22 March 2021
	Strategic Executive Board	25 March 2021
	Health and Wellbeing Together Board	28 April 2021

Recommendations for noting:

The Health Scrutiny Panel is asked to note:

1. The refreshed Outbreak Control Plan for Wolverhampton

1.0 Purpose

- 1.1 To provide the Health Scrutiny with a copy of the refreshed Outbreak Control Plan for the city.
- 1.2 The refreshed Covid-19 Outbreak Control Plan sets out how, together, we will continue to protect and support our city, further informed by the learning we have gathered since the first version of the Plan was published in June 2020.
- 1.3 It provides an update on progress achieved during this period, reflects recent changes to national guidance and looks forward to how we collectively 'reset, recover and relight' through the next stages of the national Roadmap, embedding

2.0 Background

- 2.1 Every Local Authority is required to produce and publish a thematic Local Outbreak Control Plan specific to Covid-19. The aim of the Wolverhampton Outbreak Control Plan is to:
 - Reduce the spread of COVID-19 infection and save lives
 - Help as many people as possible return to normal life, in a way that is safe, protects our health and care systems and supports our economy to recover.

Wolverhampton first published its Outbreak Control Plan in June 2020, supported by a governance structure including the creation of a 'Local Outbreak Engagement Board' (LOEB). In Wolverhampton, the LOEB is a sub-board of Health and Wellbeing Together.
- 2.2 Following the publication of the Government's Roadmap on 22 February 2021, a refresh of the Department of Health and Social Care 'Contain Framework' and an increasing focus on Variants of Concern, Local Authorities were asked to review and update their Local Outbreak Management Plans in March 2021 in order to ensure they remained fit for purpose as well as aiding national understanding.
- 2.3 Plan themes remain:
 - Care homes and educational settings
 - Higher-risk settings, communities and locations
 - Community testing
 - Contact tracing
 - Data integration and information sharing
 - Vulnerable communities
 - Governance and local boards
 - Communications and engagement, including community resilience
 - Resourcing
- 2.4 In addition, refreshed plans were also asked to include information specific to:
 - Support for self-isolation

- Surveillance
- Responding to Variants of Concern
- Action on enduring transmission
- Interface with vaccines roll out
- Activities to enable 'living with Covid-19'

2.6 The refreshed Local Outbreak Control Plan has also been aligned to the Relighting our City Strategy and is a key document in supporting the city as it moves towards the next phase of living with Covid-19.

2.7 The timeline for completion of the document was rapid with Local Authorities provided with an initial two weeks to update Outbreak Control Plans including identifying good practise, issues, risks and opportunities. Draft versions were shared with the designated Senior Regional Coordinator West Midlands in the Department of Health and Social Care (DHSC). On 24th March the final draft was then submitted to DHSC Regional Partnership Teams for review in association with Regional Assurance Working Groups. Following this, issues, risks and opportunities at a national level were escalated from Regional Assurance Working Groups to the National Assurance Working Group and other interested forums by 02 April 2021.

2.8 The refreshed Outbreak Control Plan was presented by the Director of Public Health to Health and Wellbeing Together on 22 April 2021.

3.0 Monitoring and oversight

3.1 The Outbreak Control Plan is a partnership Plan, and as such it is co-signed by the Leader of the Council, the Cabinet Member for Public Health and Wellbeing, the Director of Public Health, the Interim Chair, Black Country and West Birmingham Clinical Commissioning Group, the Chief Executive, The Royal Wolverhampton NHS Trust and Chief Superintendent, West Midlands Police. This partnership approach was recognised as a strength by the DHSC assurance process.

3.2 Pages 10 and 11 of the document highlight how a shared response underpins the Plan. Throughout, reference to Community Champions, faith and community groups and the wider voluntary sector, illustrate that the success of the Plan in ensuring no-one is left behind rests on a city response built on trust and cooperation.

3.3 The Plan is thematically structured. Each theme references what has been achieved since the publication of the first iteration of the Plan in June 2020 and then identifies future activity. A governance structure is presented on page 12 of the Plan. Responsibility for delivering the future activity outlined in the Plan will sit with a range of different boards and groups within the governance structure.

3.4 The Wolverhampton Covid-19 multi-agency Strategic Co-ordination Group will continue to provide leadership on the approach to tackle the impact Covid-19 has on the city.

- 3.5 Local and system governance arrangements for the Outbreak Control Plan will be kept under review as we progress through the different stages of the Roadmap, with oversight provided by the Local Outbreak Engagement Board at bi-monthly public meetings, a sub-board of Health and Wellbeing Together.
- 3.6 Aligned to the this the Wolverhampton Covid-19 Outbreak Control Planning Group, chaired by the Director of Public Health, has refreshed the programme management approach to monitoring and oversight of the Plan to ensure it is robust going forward. This includes capturing issues, risks and progress monitoring arrangements.

4.0 Questions for Scrutiny to consider

- 4.1 Is there anything Councillors could do to support the ongoing work to increase the uptake of Covid-19 vaccine across the whole city and within in all communities to help us to continue to protect the most vulnerable and get the city back on its feet?

5.0 Financial implications

- 5.1 Government have announced a number of one-off grants to support local authorities in their response to the pandemic. This includes allocations from the Outbreak Control - Test and Trace grant and the Contained Outbreak Management Fund which are ring-fenced public health grants and have to be spent in line with the conditions of grant. In 2020-2021 the Council received a total of £9.3 million from these two grants. The Government have announced the extension of the Contained Outbreak Management Fund into 2021-2022 totalling £400 million, Wolverhampton's allocation is £2.2 million, this grant continues to be subject to grant conditions and the submission of monitoring returns. The Contained Outbreak Management Fund will be used to support the activities outlined in the plan for 2021-2022.

[LD/29062021/H]

6.0 Legal implications

- 6.1 The Coronavirus Act 2020 provides a legal framework that gives Local Authorities - through Public Health and Environmental Health functions – the primary responsibility for the delivery and management of public health action to control outbreaks of infectious disease.

[TC/30062021/A]

7.0 Equalities implications

- 7.1 One of the most stark features of the pandemic so far has been the impact that Covid-19 has had on particular communities and groups, including people from Black, Asian, and Minority Ethnic communities, people living in more deprived areas, those working in

higher risk occupations, people living in overcrowded conditions and / or who have relevant, pre-existing health conditions.

- 6.2 The Outbreak Control Plan seeks to highlight inequalities exposed or amplified as a result of Covid-19 so that we might better target support to these communities and ensure no-one in our city is left behind.

8.1 Climate change and environmental implications

- 8.1 There are no direct climate change and environmental implications of the report.

9.0 Health and Wellbeing Implications

- 9.1 The aim of the Outbreak Control Plan is to reduce the spread of COVID-19 infection and save lives and help as many people as possible return to normal life, in a way that is safe, protects our health and care systems and supports our economy to recover.
- 9.2 Health and wellbeing implications of Local Outbreak Plan are kept under review through established reporting lines.

10.0 Human resources implications

- 10.1 There are no direct Human resource implications of the report.

11.0 Corporate landlord implications

- 11.1 There are no direct Corporate landlord implications of the report.

12.0 Covid Implications

- 12.1 The Covid implications of this report are detailed in the main body of the report.

13.0 Schedule of background papers

- 13.1 The 2021 refreshed Outbreak Control Plan should be read in conjunction with the first Outbreak Control Plan published in June 2020:
<https://www.wolverhampton.gov.uk/sites/default/files/2020-06/Wolverhampton%20COVID-19%20Outbreak%20Control%20Plan%20v2.0.pdf>

14.0 Appendices

- 14.1 Appendix 1: Wolverhampton Covid-19 Outbreak Control Plan - Our Journey So Far: Living with Covid-19, March 2021: <https://www.wolverhampton.gov.uk/coronavirus-advice-and-information/covid-19-outbreak-control-plan>

This page is intentionally left blank

Wolverhampton Covid-19 Outbreak Control Plan

Our Journey So Far: Living with Covid-19

March 2021



Brian Lunt from Wednesfield has created a piece of artwork outside of his home to show his support for the NHS at New Cross Hopsital after they saved his wife's life

Contents

Foreword	4	Theme 5: Data integration and information sharing	33
Introduction	7	Theme 6: Vulnerable communities	36
Journey of Covid-19 in Wolverhampton	8	Theme 7: Interface with the vaccine roll out	40
What we've learnt so far	10	Theme 8: Governance and local boards	43
Our local arrangements	12	Communicating our plan	45
Our refreshed plan	13	Resourcing our plan	49
Theme 1: Care homes and educational settings	14	Challenges in delivering our plan	50
Theme 2: Higher-risk settings, communities and locations	19	Conclusion	52
Theme 3: Community testing	23	Supporting documents	53
Theme 4: Contact tracing	28	Pathways	54



Foreword

We have come a long way since the first local case of Covid-19 was identified in March 2020 and our first Wolverhampton Outbreak Control Plan was published in June 2020. As we move into the next phase of the pandemic and learn to live with Covid-19 for the longer term, our priority remains the same – to save lives and reduce the spread of infections.

At the end of 2020, we saw a new and more transmissible variant of Covid-19 begin to spread quickly locally and across the country. This surge in infections combined with the traditional winter pressures we see at this time of year created a greater strain on our local health and social care system than ever before. The continued commitment and passion of our multiagency partnerships, and the skills and expertise of their teams, has meant we have successfully overcome this challenge, but we must all remain vigilant.

We have seen how quickly transmission can cross area boundaries and recognise our regional and national partners as key to help keep the virus under control.

We have learnt that some variants of Covid-19 are of particular concern because they pose a greater threat to the public's health. These variants require an especially swift response. Locally we have not yet had to deploy these measures but stand ready to do so if necessary and we thank our regional neighbours for the learning they have shared.

The introduction of the Covid-19 vaccine and its successful rollout, alongside reducing infection rates, is paving the way for the safe and gradual reopening of society and the economy. It is crucial that we all take up the vaccine when we are offered it; every person who has the vaccine helps reduce the impact of the virus on themselves and our city.

Continuing to take a careful and cautious approach to living with Covid-19 as lockdown eases is critical to avoid a further surge in infections. Individuals, communities, businesses and workplaces alike must maintain good habits that minimise transmission. This will enable us all to return to a more normal way of life.

Our refreshed Covid-19 Outbreak Control Plan sets out how, together, we will continue to protect and support our city, further informed by the learning we have gained over the last nine months.

It provides an update on progress achieved during this period, reflects recent changes to national guidance and looks forward to how we collectively ‘reset, recover and relight’ through the next stages of the national Roadmap, embedding our place-based approach co-produced with local people and communities.

Cllr Ian Brookfield
Leader, City of
Wolverhampton
Council and Chair,
Local Outbreak
Engagement Board

Cllr Jasbir Jaspal
Cabinet Member
for Public Health
and Wellbeing and
Vice Chair, Local
Outbreak Engagement
Board

John Denley
Director of
Public Health

David Loughton
Chief Executive,
The Royal
Wolverhampton
NHS Trust

Dr Salma Reehana
Interim Chair,
Black Country and
West Birmingham
Clinical Commissioning
Group

Andy Beard
Chief Superintendent,
West Midlands Police



Introduction

Every Local Authority has an ongoing statutory responsibility to have a plan in place to respond to emergencies as part of our existing duty to safeguard and protect the health of our local population.

The Covid-19 Outbreak Control plan sets out our collective commitment to preparedness, outlining how we will work together to prevent, contain and manage outbreaks through the ongoing Covid-19 pandemic.

The publication of the Government's Roadmap for exiting national lockdown, the accompanying refresh of the Contain Framework and an increasing focus on Variants of Concern have highlighted the importance for us to review and update our plan to ensure it remains fit for purpose.

Within the context of this refreshed landscape, the aim of the Wolverhampton Outbreak Control Plan continues to be to:

- Reduce the spread of Covid-19 infection and save lives
- Help as many people as possible return to normal life, in a way that is safe, protects our health and care systems and supports our economy to recover.

The Outbreak Control Plan pays close attention to the Contain Framework principles underpinning the effective implementation of an integrated response by:

- Ensuring the primary aim continues to focus on making the public safe and saving lives.
- Building on public health expertise and using a systems approach.
- Being open with data and insight so everyone can protect themselves and others.
- Building consensus with our key partners and local communities to secure trust, confidence and consent.
- Following well-established emergency management principles.
- Continuing to consider the equality, economic, social and health-related impacts of decisions taken to respond to Covid-19 in our city.

One of the most stark features of the pandemic so far has been the impact that Covid-19 has had on particular communities and groups, including people from Black, Asian, and Minority Ethnic communities, people living in more deprived areas, those working in higher risk occupations, people living in overcrowded conditions and / or who have relevant, pre-existing health conditions.

The Outbreak Control Plan also seeks to highlight inequalities exposed or amplified as a result of Covid-19 so that we might better target support to these communities and ensure no-one in our city is left behind.

Journey of COVID-19 in Wolverhampton

 **Wolverhampton COVID-19 Outbreak Control Plan** published **30 Jun**

01 Jul City of Wolverhampton Council invest **more than £140,000 to improve infection prevention** and control measures in educational settings

02 Jul Residents encouraged to download Royal Wolverhampton NHS Trust COVID-19 **Care Assistant app** offering free information from NHS doctors and clinicians

07 Jul Delivery of **free Council food parcels** to shielding and vulnerable city residents extended until 1 August

28 Jul First asymptomatic pop up **'walk through' Covid-19 test centre** at Graiseley Strengthening Families Hub opened used as blueprint for national community testing model

Page 28

28 Aug Nearly **100 employees** at Marston's volunteer to take part in a **pilot coronavirus testing programme**

16 Sep New local **'Book a Test' phone number** made available for employers if they want support to get their employees booked in for a Covid-19 test

08 Oct Public Health support provided to schools leads to reduction in number of pupils and teachers having to self-isolate - **dropping from over 3,000 to 500 in two weeks**

30 Oct **1,118 businesses**, including shops, restaurants, pubs and hairdressers across the city have passed inspections carried out by 17 Covid Support Advisors. **'Covid Compliant' green ticks** issued to businesses which are following the rules to keep customers and staff safe

12 Nov **Community-led walk through site** opened with the support of the local Guru Nanak Gurdwara as part of a Government backed testing pilot specifically for people without symptoms of Covid-19. **Around 3,000 people access the site over the 2-and-a-half-week pilot**

07 Dec Wolverhampton's Covid-19 mass testing centre open to the public at the Council's Civic Centre – **with just under 800 people seen in first 3 days**

11 Dec **Local Contact Tracing** enhanced

14 Dec **First local residents** receive **COVID-19 vaccine**

16 Dec

Fallings Park Fire Station becomes first **Blue Light Hub for Lateral Flow Tests** in partnership with the City of Wolverhampton Council



16 Dec

City of Wolverhampton Council win **Association for Public Service Excellence (APSE) 'Best Health and Wellbeing Initiative'** category at the organisation's annual awards in recognition of response to pandemic



21 Dec

Second rapid Covid-19 testing centre opened in Wolverhampton at the Jamia Masjid Bilal Mosque



22 Dec

More than **£1.4 million in small business grants** paid to over **900 eligible City of Wolverhampton businesses** within a month of the latest Government funding becoming available

Page 29



29 Jan

Community Champions network starts recruiting community volunteers to help share information about, and boost take up of, the Covid-19 vaccine

11 Jan

First pupils receive rapid Covid-19 tests in the city's schools



23 Dec

First patients in Wolverhampton **Care Homes** get Covid-19 Vaccine from local GPs



22 Dec

One City Fund 'Kindness for Christmas' crowdfund campaign raises **£25,000** enabling each of the **68 care homes** in the city to enjoy a luxury Christmas hamper to share with their residents



01 Feb

Aldersley Leisure Village transformed into a **Covid-19 vaccination site**, supported by Council staff acting as parking marshals and site wardens – followed by Bert Williams Leisure Centre on 15 February

02 Feb

Vaccination call centre opened to support GPs with proactive calling to 'missing' eligible cohorts

01 Mar

Mobile testing centre deployed at local community venues starting at Bantock Park



17 Mar

Landmark 100,000th life saving Covid-19 jab given in Wolverhampton

What we've learnt so far

SHARED OWNERSHIP

Shared ownership by executive local partners enabled our response to be implemented consistently, effectively and at scale across the health and social care system and wider economy.

This collective contribution and experience has enabled the partnership to grow in strength and shaped future shared outcomes.

This approach has led to the successful management of complex large clusters and outbreaks through multiple peaks in infection during Spring and Winter 2020/2021, and delivery of a local General Practice led vaccination programme that focused on equity of uptake through the provision of extra support for residents who needed assistance to obtain their vaccination.

SHARED CULTURES

Whilst all partners have had to develop rapid organisational responses to specific situations associated with the Covid-19 pandemic, as a system we have shared the learning from these experiences to optimize deployment of resources across the city effectively, evaluate impact, and shape our collective approach to future challenges by using our local system capital.

This process has included partners:

- Working as learning organisations
- Driving a culture of innovation
- Committing to continuous improvement

SHARED INFORMATION

Since early in the pandemic, when testing was not widely available and data flows were not established, the approach to surveillance continually evolved to meet a series of advances and challenges.

The level of information sharing that the Coronavirus Act 2020 allowed has been transformational. We have been able to evaluate the reliability of multiple data sources, triangulating information from different parts of the system, and used data to assess the impact of the pandemic on health inequalities.

Partners have demonstrated that data can be shared safely and used strategically to take a city-wide view of the issue for the benefit of Wolverhampton residents which should continue long into the future.

SHARED TRUST

Throughout the pandemic, our communities and voluntary sector have demonstrated great strength and leadership, supporting residents to access trusted information in many different formats, enabling support for vulnerable residents, helping people to be digitally included and learn new skills to access resources, as well as organising and co-producing activity through various forums and groups.

City food banks, powered by local volunteers and with the support of many partners including local business and the Council, have come together to ensure resilience of supply.

Already established positive working relationships between statutory and non-statutory multi-agency boards and partnership forums have been further strengthened, supported by regular meetings and dialogue.

A crowdfunding platform has allowed residents to contribute to a 'One City fund' enabling residents to donate directly to trusted local groups delivering activity in their communities.

SHARED GOALS

The nationally recognised local community testing programme has been successful in Wolverhampton, largely due to the buy in of and ownership from key community leaders and faith groups.

Through collaboration and co-production, we established asymptomatic testing sites in the heart of local communities that were run by trusted community leaders.

This approach enabled barriers to be removed and acceptance in regular testing increased due to the trusted position of our community leaders.

When empowered, the strength and resilience and impact of communities is powerful. We must continue to nurture these vital relationships with our communities and support them to recover and grow.

SHARED CAPACITY

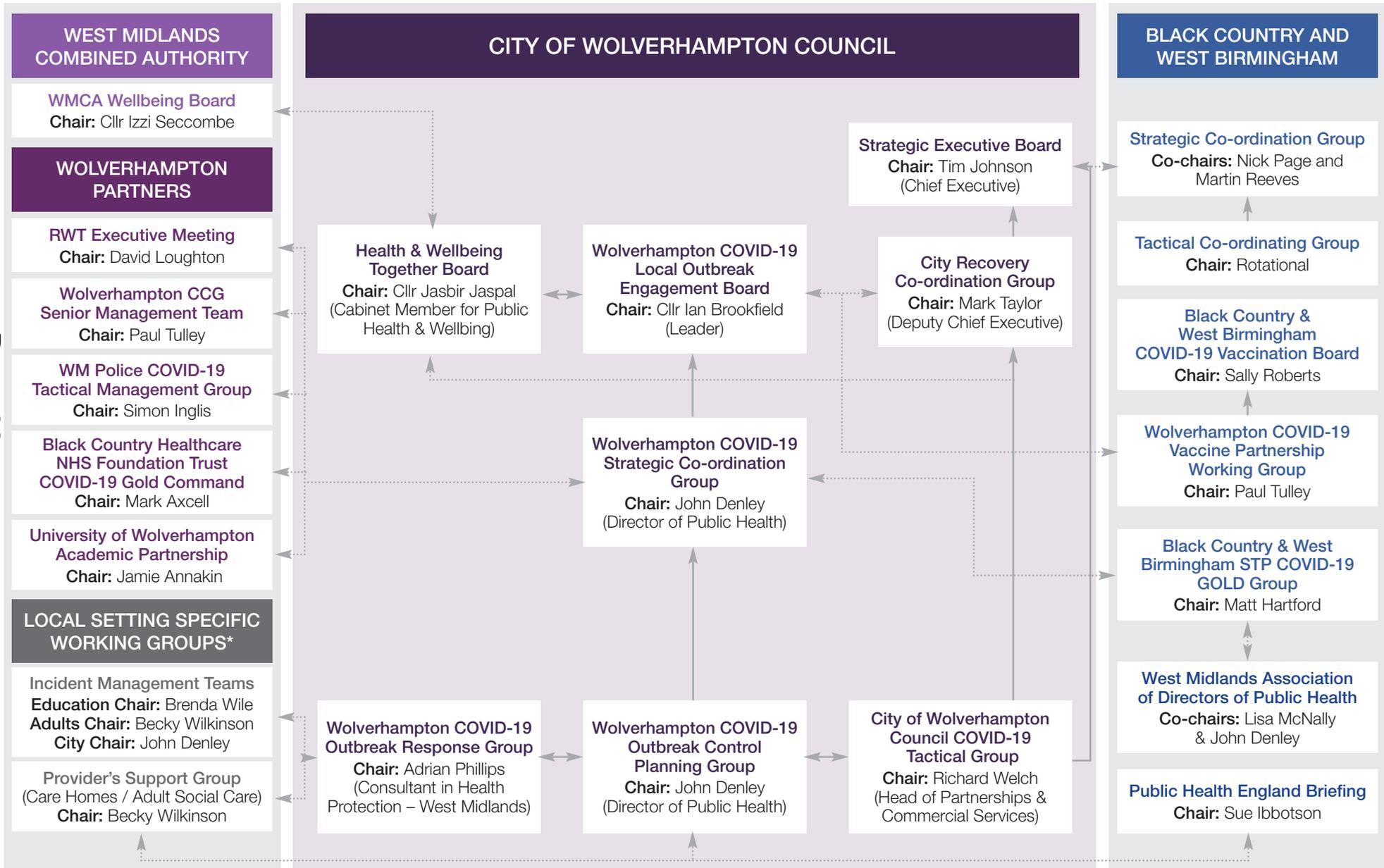
The demand on capacity across the system required us to support key partners in areas of work that was not anticipated on such scale. During this time, the request for general public health support evolved into requiring more specialist public health involvement.

One area impacted by this shift was the original surge rota for outbreak management. This was replaced with a dedicated team with specialist public health and infection prevention knowledge.

The journey of the pandemic so far has required us to adapt and refocus quickly and sometimes significantly. The flexibility of our model has enabled and encouraged this which must be maintained through the next phases of the Roadmap.

Our local arrangements

Page 32

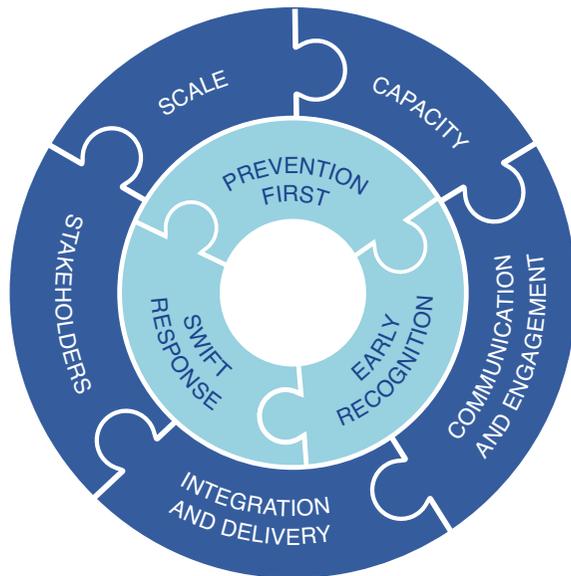


*Other working groups / partnerships – as required

Our refreshed plan

Our plan provides the framework for our response to Covid-19 incidents and outbreaks that occur in our city.

It is structured around a set of themes defined by the Local Government Association and the Department of Health and Social Care, and based upon principles which have informed our approach throughout the pandemic:



Managing the response to Covid-19 is very dynamic. Continuous reflection and improvement are critical as we learn more about the virus and the factors influencing enduring transmission.

We have also seen a significant evolution of the core tools available to support our response. This includes the expansion of the Covid-19 testing programme, the development of a local Test and Trace function to compliment the NHS system, and the roll out of the Covid-19 vaccination.

As a result, we have refined the themes of our plan to ensure that it reflects the latest developments both nationally and locally:

- Theme 1:** Care homes and educational settings

- Theme 2:** Higher-risk settings, communities and locations (including compliance and enforcement)

- Theme 3:** Community testing

- Theme 4:** Contact tracing

- Theme 5:** Data integration and information sharing

- Theme 6:** Vulnerable communities (including support to self-isolate)

- Theme 7:** Interface with the vaccine roll out

- Theme 8:** Governance and local boards

Theme 1:

Care homes and educational settings

Our approach:

Through effective multi-agency working, settings are provided with consistent and coordinated support to enable them to navigate the fast changing Covid-19 legislative landscape.

Local guidance and support through an array of communication methods has provided timely help to settings to support infection prevention controls, positive case identifications, outbreak management and local testing arrangements – all aimed at reducing transmission within settings.

In care homes, since June 2020 we have:

- Strengthened partnership working between health and social care partners through weekly engagement to discuss and issues, data / intelligence sharing, outbreak management and support planning for care sector.
- Streamlined data sources to provide a real time view enabling responses to outbreaks and to support needs across care providers.
- Focussed support to care providers during outbreaks through a multi-disciplinary approach involving Public Health England and other key agencies across the health and social care system.
- Deployed Infection Prevention Fund money to ensure care providers are adequately resourced to implement infection prevention measures and avoid risk of failure due to financial instability.

- Held regular interactive forums with care providers to advise on emerging guidance and policy.
- Encouraged and supported the implementation of routine Polymerase Chain Reaction (PCR) and Lateral Flow Testing (LFT) for Care Home staff and residents, and more recently Supported Living staff.
- Provided bespoke Public Health vaccine information sessions to care providers where vaccine hesitancy in staff was a particular concern.
- Advised on government policy with local interpretation and implementation, including polices around care home visiting and testing.
- Provided frontline NHS/Social Care and Care home staff with access to CCG commissioned digital therapies for sleep, anxiety, stress and bereavement.

Our plan is to:

- Continue to support specialist settings and those dealing with an outbreak.
- Continue to support care settings to increase vaccine uptake within staff through steady and consistent flow of credible information and direct engagement.
- Carry out proactive infection and prevention audits to ensure high standards are maintained within care settings.
- Develop a residents' vaccine plan for winter, to include flu and Covid-19 vaccinations.
- Continue infection prevention training for staff to ensure skills and knowledge are maintained ahead of winter.

In schools, since June 2020 we have:

- Provided high quality, coordinated and consistent support to educational settings. A multi-agency working group was established, comprising senior representatives from Education, Public Health, HR, Health and Safety, Communications, and School Nursing.
- Reinforced and simplified government guidance relevant to educational settings and provided regular communications through bulletins, weekly drop-ins and engagement sessions.
- Made and disseminated local policy decisions where they have been required, based upon available guidance and evidence. For example, the routine testing of staff and pupils following a previous positive Covid-19 test.
- Carried out surveillance of cases, clusters and outbreaks across educational settings and provided infection prevention guidance and support where positive cases have been identified.
- Maintained provision of the local Schools Helpline offering guidance and support to settings and receiving positive case notifications.
- Established priority access to community testing (PCR and LFT) for education staff (and their wider households) to ensure routine testing can be accessed in a timely manner, supporting the safe opening of early years settings and schools to vulnerable children and children of key workers.
- Developed and delivered a package of training, support and resources to enable the effective implementation of onsite testing for secondary school and college pupils and staff from early January.
- Provided local guidance on how to effectively and efficiently upscale testing provision to enable the safe return of pupils from early March 2021 in order to comply with Department for Education requirements.
- Deployed a team of volunteer 'Test Operatives' from the Council to support the testing requirements required to re-open.
- Trained schools to effectively contact trace within their settings to reduce levels of transmission.
- Provided enhanced testing and contact tracing support to less confident educational settings in partnership with the Royal Wolverhampton NHS Trust School Nursing Service.
- Continued to keep senior leaders from schools, colleges, early years settings and trade unions abreast of key developments in current and emerging guidance, national and local intelligence, feedback on cases, clusters and outbreaks and advice on any action required as a result.
- Maintained oversight of attendance and addressed issues relating to vulnerable pupils.
- Ensured families of pupils not attending school were supported through the provision of quality Free School Meals.

- Provided infection prevention and control advice and guidance to early years providers when infection rates in the city were particularly high.
- Assisted schools with the management and improvement of parental compliance with Covid secure measures particularly during drop off / pick up times with support from our Covid Support Advisors.

Our plan is to:

- Continue to provide strategic and tactical support with guidance, legislation, testing and positive case management with the oversight of Education Incident Management Team.
- Continue to monitor case and transmission rates and provide clear infection prevention and control advice, guidance and intervention where required.
- Monitor levels of home testing amongst school staff and pupils and support schools to maximise participation in the routine testing programme to keep their settings safe.
- Maximise the awareness and uptake of the Community Collect home testing arrangements for households, childcare and support bubbles of nursery, school and college pupils and staff.



Oliver Edwards hands over his swab after becoming the first student at Our Lady and St Chad's Catholic Academy to have a rapid Covid-19 test

Since June 2020, in partnership with the University of Wolverhampton, we have:

- Completed a series of comprehensive ‘Stress Test’ exercise activities ensuring all campus facilities, learning environments and university halls of residence remain COVID secure.
- Provided students and staff with easy to access testing facilities for those with and without symptoms of Covid-19.
- Developed a case management process for reporting and contact tracing those testing positive for a Covid-19 to reduce risks of onward transmission on and around campus.
- Provided strategic leadership for cross campus approaches to testing and compliance.
- Worked with colleagues from Walsall and Telford Public Health to ensure consistent messaging and approach across all three University of Wolverhampton campuses.

Our plan is to:

Continue our existing “Stress testing” approach of campus facilities, learning environments and university halls following national updates on return of wider student cohorts to campus post April 12th.

Previous ‘Stress Test’ activities were based around key aspects of DfE Guidance for Higher Education: reopening buildings and campuses. These will continue as the focus of risk assessment activities once available.

The “Stress Tests” will also incorporate recommendations and actions arising from the University’s internal business continuity audit, the focus of which is lessons learned throughout the Covid-19 pandemic. The audit is due to be completed in late Spring 2021.

Additional assurance work will include:

- Review of case management pathways
- Review of weekly case management meetings
- Review approaches to cross campus testing and compliance
- Updating audit framework for existing processes and procedure commencing from April 2021 onwards.
- New partnership approach to management of compliance in student accommodation across the city commencing March 2021
- Event planning and management- including multi-agency review of any event proposals
- Business continuity planning based on lessons learned to date
- Incident response planning (outbreaks/variants).
- Further develop plans with the University to provide capacity to support where possible, delivery of the local surge test plan.

Spotlight on care homes and educational settings

Care Home Partnership

The response to Covid-19 challenges in the care sector has been addressed through effective collaborative working, which encompasses a breadth of partners across the health and social care system.

Joint training sessions have been delivered to care providers by Public Health, Royal Wolverhampton NHS Trust and other key NHS partners. Training ensures care providers receive a wholesome package of support including training for staff, advice on guidance and policy, as well as acute outbreak management.

The Infection Prevention Service from the Royal Wolverhampton NHS Trust has been instrumental in supporting care providers, predominantly residential settings, to manage cases of Covid-19, whether that be single cases, clusters or outbreaks.

Working with the Trust, intelligence has been shared daily to understand emerging cases and outbreaks. This has facilitated early interventions including testing staff and residents to identify and isolate new cases.

The wider partnership has heavily relied on the expertise and knowledge of the Infection Prevention Service to provide day to day operational advice to care providers. It is one of the key successes in limiting and reducing the impact of the pandemic in our most vulnerable residents.

Education Incident Management Team

The Education IMT has provided an effective multi-disciplinary decision making forum to enable a dynamic response to a fast-changing landscape. The ability to swiftly flex and deploy interventions based on feedback and experiences in schools, review the ever-changing guidance and ensure schools were equipped to respond accordingly has been vital. Using data, local feedback and guidance, this support continued to evolve ensuring the safety of children, young people and staff which has been greatly appreciated by our education community.

Feedback from local cases and outbreaks has allowed key infection patterns in educational settings to be identified and understood. Mitigations for settings have then been advised and implemented to help to reduce the risk of Covid-19 and prevent onward transmission.

To support the commencement of the Department for Education lateral flow testing strand in schools, the IMT oversaw the development and delivery of local bespoke training to settings and identified additional resources for schools to ensure they were fully and safely equipped for implementation.

In the run up to schools re-opening in March, further workshops were held with Secondary School Headteachers to provide logistical and planning assistance for the implementation of the return to school testing programme. The IMT also ensured additional resources were made available for schools who were finding staffing on site test arrangements challenging.

Theme 2:

Higher-risk settings, communities and locations

Our approach:

To work with individuals, settings and communities to embed good habits to reduce transmission are adopted using the 'Engage, Educate, Encourage, Enforce' model. Occasionally it may be necessary to enforce control measures in relation to an individual, setting or wider community.

In Autumn 2020, following the success of the Education IMT, a Business IMT group was established. This included representatives from Environmental Health, Public Health and Enterprise.

Additionally, a 'City IMT' was established with representatives from business forums and networks. Members of this group proactively support the activity of the 'Business IMT', extending the reach into local businesses. Involvement of City IMT is imperative given 97% of businesses in Wolverhampton are small and medium enterprises, having fewer than 50 employees. As the Government's Roadmap progresses and non-essential businesses prepare to reopen, all businesses, regardless of size, need to be supported to remain Covid secure and communicate their efforts to customers.

Since June 2020, with these forums, we have:

- Identified high risk settings based on risk criteria and provided ongoing infection prevention support to these settings.
- Delivered universal guidance to all businesses to support the Covid secure agenda.
- Promoted and proactively signposted the lateral flow testing offer to increase testing uptake amongst business settings.
- Developed a priority booking platform for businesses to encourage their employees to routinely test at community test centres.
- Developed recognition schemes for Covid secure compliance and Covid-19 testing for businesses.
- Established a multi-functional contact centre to provide a one stop shop offer to support businesses.
- Conducted proactive and reactive visits to business premises undertaken by Trading Standards, Public Health and West Midlands Police colleagues to support settings to comply with legislative requirements.
- Developed a multi-agency collaborative approach between Public Health, Environmental Health, Health and Safety Executive and PHE to conduct risk assessments and promptly respond to outbreaks.
- Conducted themed webinars targeted to high-risk settings to ensure businesses continue to operate safely.
- Provided resources, assessment tools, support and advice to workplaces including financial support for self-isolation.
- Developed an emergency accommodation pathway to support vulnerable individuals of no fixed abode to self-isolate.

Specifically, regarding compliance and enforcement, we have:

- Established the Covid Joint Enforcement Team comprising of Environmental Health, Public Health and West Midlands Police to tackle persistent compliance breaches and issue fixed penalty notices, prohibition notices and licence revocation applications where deemed necessary.
- Introduced the Covid Compliance scheme for businesses supported by Covid Support Officers who have conducted over 2500 Covid compliance checks alongside encouraging members of the public to follow Covid-19 guidance.
- Conducted weekly joint enforcement patrols to identify any breaches of legislation and supported West Midlands Police with thematic 'Days of Action' across the city at key hotspot locations including transport hubs, retail and public open spaces.
- Effectively used multi-agency communication channels to positively provide updates on enforcement activity to encourage further community compliance.
- Engaged with thousands of members of the community via bespoke police patrols and by responding to calls from the community regarding breaches of the regulations. Providing accurate advice where appropriate and issuing fines where necessary.

- Taken an intelligence-led approach to proactively engage with employers who are not adequately supporting employee self-isolation measures. The strengthened regulations have enabled conversations with these employers and allowed the correct action to be taken promptly and effectively.

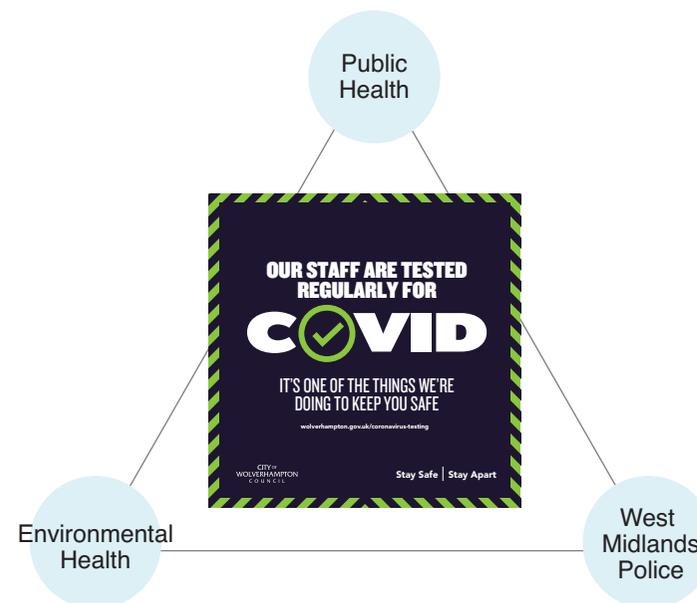


Juicy Fruits, Wednesfield

Our plan is to:

- Continue to support businesses at scale to access routine lateral flow testing, either via the Government’s institutional testing offer or by accessing priority slots at community test sites.
- Continue proactive and reactive enforcement activities with West Midlands Police and Environmental Health.
- Support businesses with their internal and external communications to staff and customers showcasing what they are doing to make their establishment ‘Covid secure’.
- Proactively support businesses to re-open safely as lockdown eases and continue to collaborate with partner agencies, supporting workplaces to comply with legislation and guidance.
- Continue to support workplaces with outbreak management including practical support for self-isolation.
- Widen the remit of the Covid - Secure scheme to incorporate other venues including faith settings, gyms and close contact services such as hairdressers and tattoo parlours in line with the Roadmap.
- Provide advice and support to the Wolverhampton Safety Advisory Group on the re-opening of events in the city.

As the number of Covid-19 cases reduce we anticipate outbreak management will move to single case management. We may see more people failing to self isolate when infectious. In order to manage this effectively, we will use legislation in the form of Schedule 21, Coronavirus Act 2020. With the support of the police, this will ensure prompt action is taken to screen, assess and where necessary isolate infected individuals, thus protecting the wider community.



Going forward, we will carry out scenario testing, learning from incidents that have occurred over the last 6 months to ensure our management pathways and processes are robust.

The scenarios will look at the support needed to ensure someone can safely isolate and if necessary what laws and legislation may be required should individuals not comply. We will continue to use the same approach as we have to date by encouraging individual to self-isolate and ensure they have access to the resources and services required to do so.

This work cannot be done in isolation and will be a multidisciplinary joint approach between Public Health, Environmental Health, West Midlands Police and Public Health England.

Spotlight on higher risk settings, communities and locations

Workplace testing at Hydrobolt

Prior to the wider roll out of Institutional testing, proactive work was undertaken with businesses to pilot lateral flow testing in the workplace. Pilots were established at three businesses in the city, which were either essential or manufacturing services.

With support and guidance from Public Health these businesses established lateral flow testing on site for their staff. The initial pilots took place over 2 days. All three businesses embraced the testing, participated in the training provided and have continued to test their employees weekly.

Hydrobolt Limited were one of the first businesses to express interest. Testing was completed at the beginning of the shift. The asymptomatic testing found a couple of positive tests amongst their employees. This, however, was positive in re-enforcing the importance and value of regular testing. The employee was able to isolate straight away and prevent any onward spread and large outbreaks.

A representative from Hydrobolt said "The testing has helped us to identify positive cases at the start of a shift and implement quicker isolation measures, instead of people continuing to work and potentially spreading the virus to others."

"We are really glad that we have implemented onsite rapid testing at Hydrobolt; it has helped encourage people to come forward who wouldn't normally have felt the need to have a test as they weren't experiencing any Covid-19 symptoms."

Tackling non-compliant premises

Concerns were raised by West Midlands Police about a severe lack of compliance within a licensed premise in the city centre. The Police raised concerns in relation to capacity, social distancing, failure to record customer information amongst other Covid-19 related measures.

Officers from Environmental Health contacted the business to assess the Covid-19 measures and controls which were in place and provide support to help the business achieve compliance. Despite the extensive support given to the business, officers attended the premises with the Police on two separate occasions and witnessed non-compliance with the legislation. It became evident that the business was not willing to comply with guidance to reduce the spread of Covid-19.

Following further complaints, Officers visited the premises and reviewed CCTV footage, which showed severe non-compliance. It was determined that a direction was necessary to close the premises and protect against the spread of infection. The decision to close was ratified by the Director of Public Health and the premise was subsequently closed in September 2020. Following the issuing of a direction a licence review was held and the premises licence was revoked.

Theme 3:

Community testing

Our approach:

The key focus of community testing in the city has been to engage and empower local communities to lead and deliver testing initiatives. The programme aims to help identify cases as early as possible and stop the onward transmission of the virus, protecting the most vulnerable and reducing the number of infections.

Since June 2020, we have:

- Taken proactive steps to ensure that Covid-19 testing is accessible for both symptomatic and asymptomatic individuals. Between June and October 2020, in partnership with DHSC, five Local Testing Sites for people with symptoms were opened across the city to make testing as accessible as possible to our local communities.
- Worked closely with the Department of Health and Social Care following selection as an early adoption area for asymptomatic testing. This offer allows people without any symptoms of Covid-19 to access testing for the first time. A pilot site was established at the Guru Nanak Gurdwara in Wolverhampton and led the way to the development of many more sites across the city. Working in partnership with the Gurdwara and a group of multi-faith leaders helped to break down barriers to testing, making it both acceptable and accessible to local communities.
- Continued engagement with our local faith leaders and community networks to co-produce a testing programme which meets the needs of local communities across the city. Sites run by local community volunteers and faith groups in familiar locations have been trusted and well utilised, overcoming local concerns and language barriers.
- Developed and delivered a Hub and Spoke Model in December 2020 across Wolverhampton. The city currently has six community Lateral Flow Test sites with the capacity to complete up to 15,000 tests per week. Many of these are in the heart of local communities and are run by volunteers. By March 2021, the community testing programme had completed over 67,000 tests.
- Trained over 300 volunteers and staff as Lateral Flow Test Site Operatives. The face to face training programme provides practical experience in test processing, infection prevention and control measures, ensuring that test procedures are completed to a high level of competency and accuracy.
- Opened a dedicated site to support our Blue light Services, serving West Midlands Fire Service (WMFS) and West Midlands Police staff, making it convenient to access regular asymptomatic testing. The site is staffed by WMFS volunteers.
- Continued to review the testing programme to ensure that it still serves the needs of our communities. In March 2021, Public Health commissioned a Mobile Testing Unit with the aim of bringing testing right to the heart of communities, visiting areas of low testing take up and / or high positivity rates.

- Supported the local introduction of the national Community Collect – Home Testing strand to support local schools to reopen and stay open safely. This has led to a redesign of our onsite provision so that eligible residents are able to conveniently collect their home testing kits, at three local LFT sites.
- Utilised a mixture of social and digital media, leafletting and face to face promotion to promote testing. Translating materials and utilising the language skills of our volunteers and partners has also been welcomed by our diverse communities and removes barriers to testing.



Our plan is to:

Continue to monitor our local community testing programme to ensure it:

- Is responsive to any new arrangements introduced by the national Community Testing Programme.
- Can adapt at pace to deliver new incentives and testing offers to have the widest and most effective reach into our communities.
- Support the Government road map and support Wolverhampton to recover from Covid-19 as we return to 'normal' by continuing to champion the national DHSC and DfE testing strands that compliment the community testing programme.
- Continue to embed testing into business as usual activities, with the ability to step down or increase as required.
- Continue to proactively communicate with key audiences to change behaviour and maintain high levels of testing across the city as part of 'living with Covid-19' and safely returning to our 'new normal'.
- Build on the success of our collaboration with community and faith leaders, and use this knowledge and experience to improve access to testing for other underrepresented groups whilst mitigating areas of concerns, challenging myths and addressing culturally specific concerns, in order to get advice and guidance to a wider number of people.
- Enact our Surge Plan should a variant of concern be located within the city to proactively identify further cases and limit transmission as early and as quickly as possible.

Responding to variants of concern with surge testing

Some variants of Covid-19 are of particular concern because they pose an even greater risk to the public's health. It is vital that we do all we can to stop transmission of these types of variants quickly.

In the event of this happening in Wolverhampton, we will work closely with Public Health England, NHS Test and Trace and West Midlands Conurbation Local Resilience Forum to deploy our local Surge Testing Plan alongside existing testing arrangements, 'hands, face, space' measures and lockdown rules.

The aim of the plan is to enable closer monitoring of the variant to help gain a better understanding of how prevalent it is, whether community transmission is taking place, and to rapidly suppress it where it has been detected.

The plan is based around enhanced, targeted PCR and LFT testing in areas where the variant is first discovered. Every person over the age of 16 will be strongly encouraged to take a Covid-19 test even if they do not have symptoms.

Based on learning from areas that have already deployed surge testing, we estimate that our plan needs to support in the region of 10,000 tests completed. We are confident that our proposed model will provide the capacity to enable us to do this.

Delivery model:

Our plan includes a multi-channel delivery model for access to rapid testing. This includes:

- Booking a test at www.nhs.uk/coronavirus, via the NHS Covid-19 app or by calling 119 for people who have symptoms
- Expanding operations at asymptomatic test sites as required
- Deploying further mobile testing units in target areas for people without symptoms who still need to leave home for essential reasons, such as going to work or to the shops
- Making more home test kits available for people whether they have symptoms or not.



Rapid Testing site, Bantock Park

Communications:

We recognise the importance of engaging with the communities affected as quickly as possible so that we can work together to stop the spread. Our communications plan includes:

- Updating our www.wolverhampton.gov.uk/coronavirus website will provide an overview of the initiative and an up-to-date list of areas targeted for surge testing.
- Highly targeted, locally led communications delivered through tried and tested community channels maximising awareness and understanding of the programme, reminding people of key 'Hands. Face. Space.' measures and offering reassurance. This will be available in a range of formats and community languages.
- Clear and coherent operational guidance cascaded to necessary delivery teams, including Surge Testing Teams, our local Contact Tracing Team and Local Resilience Forum partners.
- Targeted paid marketing to support our local approach as required.
- Working with NHS and other local partners to ensure consistent and timely information is shared through the local governance structure and with the public.

Resourcing

Staff and volunteers will be briefed and deployed to affected areas within 24 hours of receipt of notification from Public Health England. Teams will engage local residents to explain the programme, provide reassurance and dispel myths, encourage participation and deliver home test kits.

Teams will work on a five hour shift pattern, with three patterns working systematically throughout the day, seven days a week for an agreed period of time areas supported by local intelligence.

Support to Self Isolate

Our plan will be complemented with robust support to assist those who are required to isolate to do so safely and effectively.

Spotlight on community testing

Blue Light Test Site

The Blue Light Test Site, the first of its kind, opened at Fallings Park Fire Station in December 2020. The site is operated by West Midlands Fire Service (WMFS) staff volunteers and is open to WMFS and West Midlands Police staff and their households who live or work in Wolverhampton.

Phil Loach, Chief Fire Officer for West Midlands Fire Service, said: *"We continue to be ready, willing and able to support our communities in whatever ways possible during this pandemic. I am very grateful to our incredible staff who have volunteered to carry out the tests and to be tested themselves."*

"Infection rates across the West Midlands still remain high. By regularly testing our staff, we can ensure we remain as prepared and healthy as possible to serve our communities. It will also provide an extra level of comfort and reassurance to our staff and their families, as well as our police colleagues."

Chief Superintendent Andy Beard, Commander at Wolverhampton Police, said: *"This is a fantastic local resource, to get quick tests to keep our emergency services running – particularly through the festive period. We look forward to supporting this initiative in the future with the Fire Service and City of Wolverhampton Council."*

Faith Community Testing

Faith settings have been key to the successful delivery of our nationally recognised community testing programme. Wolverhampton held the first faith-led test centre at the Guru Nanak Sikh Gurdwara Sedgley Street staffed by community volunteers. Faith leaders have tackled many difficulties during the pandemic and as community leaders have remained connected with communities, reaching those that are most vulnerable.

Mohammad Shafiq, chairman of the Jamia Masjid Bilal Mosque which has hosted a local asymptomatic testing site since December, said: *"During the coronavirus pandemic we have been able to support the local community within Wolverhampton through the test centre here at the mosque."*

"The many volunteers that have dedicated their time and efforts have helped the community to feel welcomed, comfortable and safe, and we are seeing members of the community and local businesses returning for weekly tests."

"It is important that we continue to take measures such as testing and vaccinations to ensure that we can be together again soon with our loved ones, family and friends."

"The asymptomatic testing centre had brought the community together and enabled people to support the fight against Covid-19."

Theme 4:

Contact tracing

Our approach:

The focus throughout the pandemic has been to support high risk settings.

Since June 2020, we have:

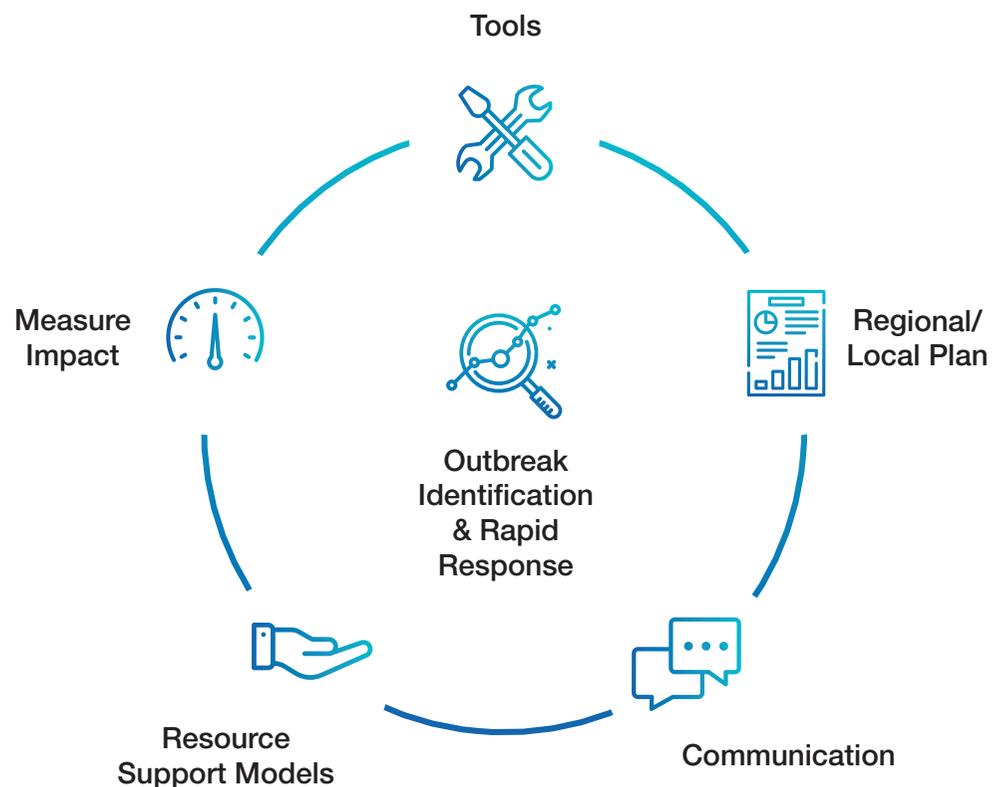
- Played a key role in supporting Public Health England (PHE) with a co-ordinated response to outbreaks across the city. This has seen the Local Authority Health Protection team take on a significant role.
- Established a core team of Public Health professionals who managed all high-risk setting outbreaks, with input from PHE for large outbreaks.
- Continued delivery of the multi-agency Wolverhampton Outbreak Response Group which has brought together key, local system partners every week to discuss all outbreaks across the city in high risk settings. This included partners from PHE, CWC Public Health, Environmental Health, Adult Social Care, Education, The Royal Wolverhampton Trust and Wolverhampton Clinical Commissioning Group.
- Maintained open feedback loops with key strategic and executive partners on lessons learnt from local outbreaks via the Wolverhampton Strategic Co-ordination Group, City IMT, Education IMT and Business IMT.
- Commissioned a dedicated Covid-19 Infection Prevention Control (IPC) Team to focus on care homes and other care settings, ensuring we protect the most vulnerable people across the city, and provide a reactive service for outbreak management. This has helped the local system cope with the demand on local NHS services through infection prevention and outbreak management, ultimately reducing the number of admissions to hospital.
- Established a dedicated helpline for local schools to report positive cases directly to the Health Protection team, which enabled quick and timely risk assessment and contact tracing of cases. At its busiest time, the helpline received up to 60 contacts per per day.
- Developed a bespoke testing option for active case management for outbreak management in high risk settings.
- Addressed compliance issues through the establishment of a joint approach between CWC Public Health, Environmental Health and West Midlands Police to ensure we continued to protect the risk to the public throughout the pandemic.
- Established a local Test and Trace team to support the national NHS Test and Trace team with Tier 2 calls to positive cases. Using a Wolverhampton telephone number and contact information collected by various Council services, this team is contacting cases that are unanswered or incomplete with the national team.

Our plan is to:

- Continue to invest in measures to prevent Covid-19, with a focus on supporting those who are vulnerable and most at risk.
- Plan how high-risk settings' "new normal" will look and the support required to focus on key areas of prevention. This includes settings where we see larger numbers of working age population where vaccine roll out may be slower due to the size of the cohort and transmission of the virus is anticipated to continue in the short term.
- Prepare for winter season 2021, continuing to commission a dedicated Covid-19 IPC team until at least the end of 2022, alongside other winter infections including flu.
- Continue to monitor the local picture of Covid-19 through new cases and new variants in order to prepare surge capacity within the team to support outbreak management.
- Continue to review the testing options available to enable us to stem outbreaks earlier and quicker.
- Further develop our flexible approach to outbreak management and single case management. This will include contact tracing, IPC measures, testing, addressing quality and safeguarding concerns and potential closure of settings.
- Focus on prevention of outbreaks in settings, encouraging compliance and Covid-19 safe environments for both employees and service users to support the reopening of social and economic life.
- Support for self-isolation and compliance will continue to be scenario tested and updated as legislation changes.
- Establish a 'doorstep' offer to support the local contact tracing team by making face to face contact with those who are not answering calls or have not provided telephone numbers.
- Continue to explore the feasibility of implementing the Local-0 pilot to support early contact tracing of positive cases. This will enable the team to conduct contact tracing after approximately one hour of a positive test result being identified. We believe that with the capacity within the team, the local telephone number and the local referral offer for those who are vulnerable we will achieve a higher contact rate. We can also refer directly to the local Health Protection Team where concerns are raised.
- Continue to use the PHE Covid-19 Situational Awareness Report to identify unknown and new outbreaks. This allows us to link themes and trends at a local level through the common exposures list provided by NHS Test and Trace.
- Expand the utilisation of NHS Test and Trace and PHE intelligence reports to inform Enhanced Contact Tracing (ECT). In addition to detecting index cases and their contacts, this will enable us to use backward tracing to identify places of transmission. This can help to detect primary cases, additional index cases and other cases that are part of an outbreak.

- Continue to assess places of transmission through data, intelligence and ECT to support Outbreak Investigation and Rapid Response. This will allow effective systems and ways for us to work as a local authority in conjunction with our neighbouring local authorities and the Midlands Region in partnership with Public Health England.
- Continue to work with our local area Health Protection Unit to co-design outbreak management surge capacity to respond to a new local or national wave if it were to occur, using some of the tools from the ECT toolkit to see how this can be further enhanced.

Outbreak Identification and Rapid Response (OIRR) Framework Approach



Contract Tracing in High Risk Settings – Outbreak Management

- Going forward, some elements of our local outbreak management response will return to Public Health England. This will enable the CWC Health Protection team to further develop work in the ‘new normal’, support local sectors to reopen safely as lockdown eases and as we begin to return to some business as usual activity.
- Outbreak management has always been a core part of local Health Protection team tools and will continue to be built into our business as usual arrangements, lending to our strengths of local knowledge and expertise, along with partnership approaches.
- Any large outbreaks that require testing interventions to be deployed will be carried out by the RWT Infection Prevention Team.
- Throughout the pandemic Public Health England has been a vital escalation point for any incident, cluster or outbreak should the support be required. This well established partnership underpinned by an agreed MOU will continue.



Covid Support Advisor

Spotlight on contact tracing

Health Protection Team

From November 2020 to February 2021, the Health Protection team led and provided input into over 100 Incident Management Team meetings for some of the more complex outbreaks across the city.

At peak weeks of the pandemic up to 120 notifications were received by the Health Protection Teams who completed risk assessments to ensure cases were isolated, contacts traced, and appropriate infection prevention control measures were in place.

‘Throughout this difficult period, we have had excellent support from our local Public Health team who have consistently given us well-informed and timely advice. This has allowed us to incrementally refine our systems in school and reduce the number of possible contacts created. Our overall attendance throughout this half-term has also been far better than might have been expected in such circumstances, for which I am very grateful to you.’

Graham Tate, Head Teacher, Highfields School.

‘The whole process of managing the outbreak with the advice from PH was excellent. In the short space of time in which the outbreak went from one person infected to six was one week and I am sure if we hadn’t contacted PH on the first day of the first case to ask for advice, then the whole site would have been closed. You recommended the remaining employees attended a walk in centre close by for weekly lateral flow tests which gave us confidence to continue with our operations. These employees still attend for testing to date.’

Cliff Butcher, Health & Safety Manager, James Durrans & Sons Ltd

Local Contact Tracing Team

On 11 December 2020, the local contact tracing team was established to take on Tier 2 calls from NHS Test and Trace. The team connected with the most hard-to-reach positive cases that the national NHS team has been unable to contact, so that contact tracing could be completed with them.

The local team has contacted over 3,000 positive cases to date. They are also able to make direct referrals to the Stay Safe Be Kind Hotline for those who are struggling with self-isolation to provide financial support, food parcels or refer for mental health and wellbeing advice.

Theme 5:

Data integration and information sharing

Our approach:

The availability of data has improved dramatically since we wrote our Outbreak Control Plan. We use data to help us to understand the spread of Covid-19 in Wolverhampton and direct our efforts to those areas where it will have the biggest impact.

There is now a publicly available national dashboard which provides much of this information at Local Authority level.

Since June 2020, we have:

- Established access to key data sources; all test results, case details, outbreak information and contact tracing data is now available to the Director of Public Health. Much of the data processing has been automated within dashboards provided by Public Health England and NHS Digital.
 - Used local sources of data where they contain more timely or detailed information when that is necessary; for example, using data from the social care situation reports to assess vaccination uptake for care home staff.
 - Provided weekly and daily summaries of the changing epidemiology of spread in Wolverhampton, so that the city strategy could be targeted to meet the need at the time.
 - Shared information about patterns of spread with teams supporting businesses and high-risk settings, so that information can be disseminated, either to reassure or promote action.
- Established a data flow from the national Test and Trace system, so that our local Test and Trace team can contact people who the national team have not been able to get in touch with.
 - Analysed testing data to show uptake across the city, which has enabled the Testing team to set up new sites to ensure that all areas of Wolverhampton have good coverage.
 - Utilised case data, split by symptomatic PCR testing and asymptomatic lateral flow testing, and broken down by age group, geography and ethnicity, to help us to spot clusters of spread or changing patterns due to vaccination uptake.
 - Analysed national survey data to provide weekly estimates of the true underlying prevalence of the virus in the population. This is based on a random household survey, which is not affected by changes in testing availability or uptake.
 - Evaluated vaccine uptake by deprivation, ethnicity, geography and GP practice using aggregated vaccination data from GP systems. This data assists local GPs and Community Champions to understand where they can add additional clinics or outreach work to minimise inequalities.
 - Tracked NHS data on staff absence levels, trends in new Covid-19 admissions, the current number of Covid-19 inpatients and people on Intensive Care Unit, and Covid-19 deaths in hospital to allow us to understand the impact of Covid-19 on hospital capacity and usual services, and the knock on effects on social care input that might be required when people are discharged.

- Conducted equity audits of the first phase of the vaccination programme; access to vaccination data from partnership working with Primary Care has also allowed us to provide a detailed breakdown of vaccination uptake by key demographics and geography, so that communication and outreach work can be tailored.
- Carried out simulation modelling to plan for the set-up of larger vaccination centres in leisure facilities, to support General Practice with the scaled-up provision of vaccines to vulnerable people.



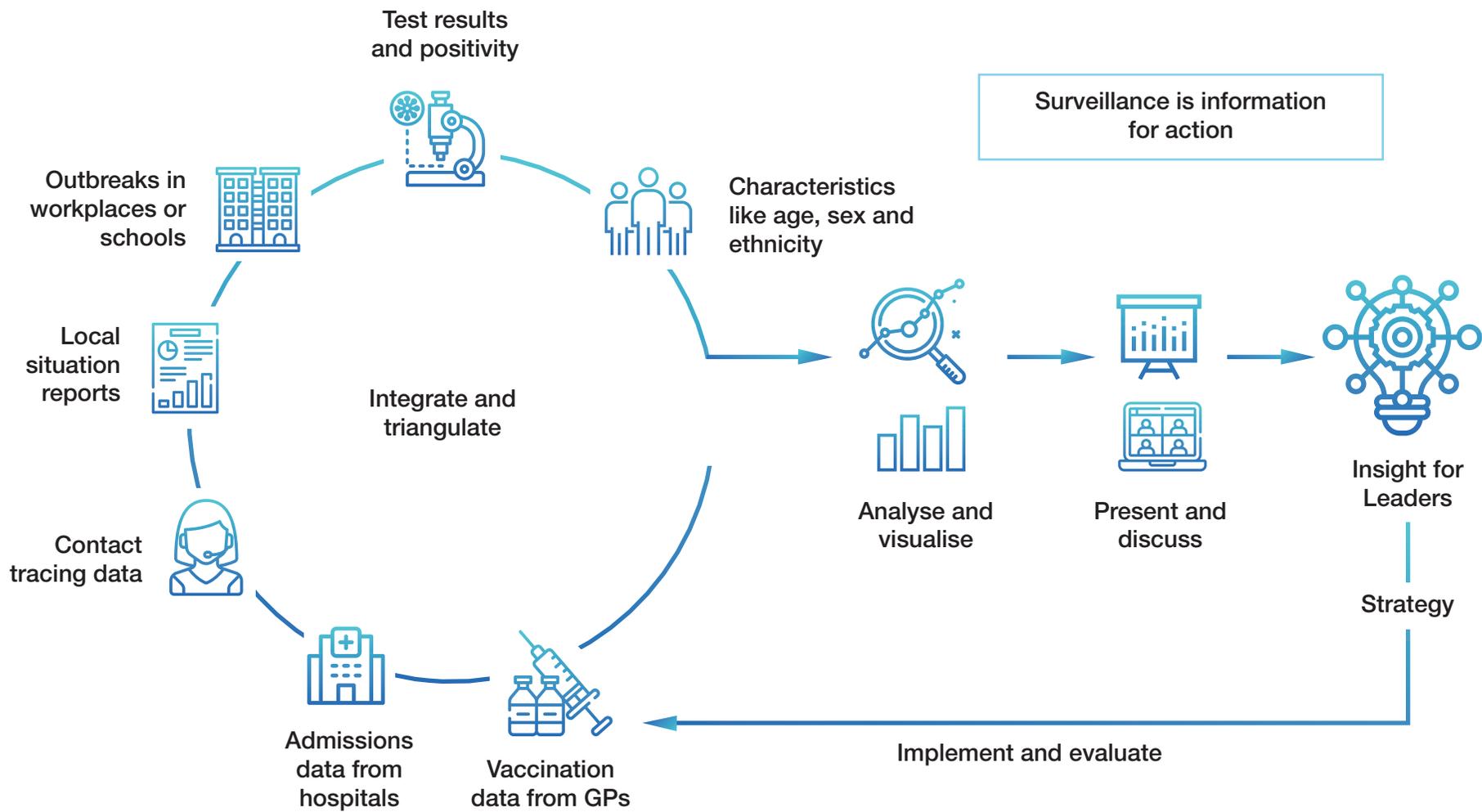
Vaccination centre at WV Active Aldersley

Our plan is to:

- Continue to adapt our approach according to the phase of the pandemic. Looking forward over the next phase of the pandemic, the focus of surveillance will be to monitor for any signs of resurgence or enduring transmission within particular locations, settings or groups of the population, so that action can be targeted appropriately, and mitigations can be put in place where inequalities are observed.
- Ensure that we are providing the most reliable insight, taking the strengths and weaknesses of different data sources into account.
- Monitor the introduction of widespread asymptomatic testing as this may result in an increased case rate even when the prevalence remains steady so careful triangulation of case data with other survey data and prevalence estimates will be required, to provide an objective view of the level of transmission in the community.
- Work with colleagues in Information Governance to track the sharing and use of data under the Coronavirus Act and to ensure that it is stored securely and accessed appropriately.
- Work closely with PHE to understand local, regional and national epidemiology in order to shape appropriate local responses to new variants, which will include plans for a surge testing response, appropriate contact tracing and wider community engagement and communications activities relating to this.

Spotlight on surveillance

Page 55



Theme 6:

Vulnerable communities

Our approach:

Local data and intelligence continue to underpin a place-based approach to targeting communities with the greatest need for support and assistance. This may include people living in areas of high deprivation or specific disadvantaged groups.

It also helps inform and develop communications to ensure they are accessible e.g. tailored Q&A sessions with specific settings/ groups, provision of key messages in a range of languages and providing information in a format that is best suited to the audience – direct mail, easy to share short social media videos, and easier to read formats etc.

Since June 2020, we have:

- Continued the dedicated Stay Safe Be Kind (SSBK) phone line established at the start of the pandemic to support residents to self-isolate, shield and remain safe and well.
- Extended support to residents identified as Clinically Extremely Vulnerable, providing food parcels, wellbeing calls and financial advice as required where residents have no other support networks in place.
- Provided support and resilience to the city's Food Banks to enable them to continue to reach out to people with financial vulnerabilities.
- Promoted community resilience to ensure residents have the right advice and support when needed through continued work with community partners, health and social care providers, and mental health services.
- Established a Faith Group, working closely with our local faith leaders to support them to facilitate safe prayer and operate Covid-secure venues. The faith leaders have been vital in supporting us to share messages about Covid-19 within their communities and across their congregations.
- Delivered lateral flow testing pilots to key underrepresented groups in partnership with DHSC to P3, The Good Shepherd, Recovery Near You and The Haven.
- Strengthened our work with community and voluntary sector partners to support residents through the establishment of a 'Community Champions' programme, involving a network of grass roots advocates and 100 voluntary sector organisations.
- Raised over £107,000 through our One City Fund crowdfunding platform to support vulnerable residents suffering from financial hardship, homeless people, disabled people, people with mental health issues and people who have no access to technology who are unable to access important services or information. Funds were also raised to support local food banks and not-for-profit food suppliers tackling food poverty in the city.

- Provided a directory of national resources and campaigns to promote mental health and wellbeing, including Every Mind Matters advice and tips on staying well and supporting others. Resource topics included keeping well in lockdown, managing changes in working remotely, being furloughed, as well as issues such as debt, housing, bereavement and domestic violence.
- Communicated support initiatives both universally via media channels and radio interviews, as well as through a wide range of strategic partner channels including Apps and digital newsletters to mental health services users, care givers and staff in Black Country Health Care (BCHC) services.
- Convened weekly STP meetings with Public Health, CCG commissioners, BCHC and voluntary sector colleagues to enable a strategic approach to decision making across all aspects of wellbeing promotion, early intervention and service provision for those with serious mental illness (SMI).
- Facilitated Safeguarding Board reviews of local mental health data to enable timely reflection by multiple strategic partners on developing trends around service utilisation – this work will continue to inform new approaches.
- Taken key messages on mental health support and available services out to BAME communities across the city via the BCHC community development workers (CDWs). The CDWs have worked closely with Public Health to also empower local Health Champions to communicate these messages to migrants and refugees across the city.
- Provided people experiencing low mood, stress or anxiety with access to NHS support including audio guides and other practical tools as well as sign posting to the Wolverhampton Healthy Minds services.
- Together with the CCG and Primary Care, responded to lockdown challenges using digital technology and reviewing prescribing pathways to meet service user needs.
- Via the University of Wolverhampton (UoW), ensured a range of support pathways were available for students affected by lockdown, or needing to isolate – along with links into local CWC support.
- Developed an evidenced based mental health resource for distribution at vaccination sites with key contacts and local support services.
- Supported vulnerable residents to access voluntary sector led well-being calls and on-going support to the lonely and vulnerable, with many voluntary community sector settings remaining open for face to face meetings.
- Worked in partnership with the voluntary sector on co-ordinating a city volunteering response to provide crucial resource in supporting the roll out of testing and vaccinations.

Our plan is to:

- Develop a needs-based accommodation offer for people living in poor housing conditions or overcrowded accommodation where effective self-isolation may be challenging and the risk of onward transmission of the virus is high.
- Further develop the Community Champions programme to reduce the disproportionate impact of the virus on specific communities. Targeted funding and resources will be provided to specific communities, creating sustainability and resilience, and helping to shape future local approaches to health improvement.
- Continue to support underrepresented groups such as homeless people and asylum seekers to register with a local GP. This will ensure that they are included in the Covid-19 vaccination programme, and can access healthcare in the longer term.
- Continue to identify and reduce health inequalities linked to or amplified by Covid-19, through place-based interventions and sustainable solutions in communities.
- Enhance our offer of practical support for self isolation. This includes increasing awareness and uptake of the extended Test and Trace Support payment of £500. The extension includes parents / guardians who satisfy the criteria where their children have been advised to self-isolate.
- Review available data across the city to understand emerging mental health challenges and engage with local stakeholders and communities to understand how the pandemic has affected the mental health of people locally.
- Refresh our range of mental health resources available on the SSBK digital platform.
- Continue to work with our strategic partners from the CCG, Primary Care, BCHC, Wolverhampton Voluntary Sector Council and wider agencies to ensure a joined-up approach across all workstreams, including supporting NHS vaccine roll out to those patients in local mental health services.
- Input into the STP-wide transformation of community services for people with serious mental health illness and their care givers.
- Continue to support the wellbeing of CWC staff via regular staff wellbeing webinars and our Employee Assistance Programme (EAP). This provides a wide range of mental health support tools and services, as well as access to staff trained in mental health first aid (MHFA).
- Support the local NHS, Social Care, CWC and voluntary sector frontline workforce to access universal and targeted mental health support resources. This is alongside Wolverhampton Healthy Minds services and the Black Country Health Care 24/7 support line who support people experiencing a mental health crisis.

Spotlight on vulnerable communities

Community Faith Led Partnerships

Faith Leaders and places of worship have remained a vital link in supporting communities to stay protected throughout the pandemic. Places of worship are integral to communities, both practically and pastorally and Leaders build trust and hope, to counter fear, negativity and myths, whilst building both community and individual resilience.

Since March 2020, the Director of Public Health has hosted meetings with faith leaders on a weekly basis to encourage, educate and support compliance for places of worship. Through this network, leaders are encouraged to share best practice and are offered guidance and support with risk assessments from the environmental health and public health team. Many places of worship have continued to be physically closed based on discussion and information shared and continue with online services taking careful steps to ensure that they are Covid compliant before opening.

Faith leaders seek guidance on the safe reopening of their places of worship and have sought advice and guidance from the Director of Public Health on many areas that impact on their community such as weddings, funerals and religious festivals as well as community concerns and questions around testing and vaccinations.

Community Champions

Community Champions were established in partnership with the NHS, through the Local Outbreak Engagement Board and co-ordinated by the Learning Communities Partnership and other voluntary sector organisations.

Activity has included outreach services, Covid-19 Safety Packs, regular radio messaging by community and Faith Leaders in over 10 languages, young people's Stay Safe competition, social media videos and animations and befriending calls to older people.

Community Champions are working in partnership with the CCG to support the rollout of the vaccine in target communities across the city which is informed by joint intelligence.

Theme 7:

Interface with the vaccine roll out

Vaccines are at the heart of the Government's strategy to manage Covid-19. The Wolverhampton Clinical Commissioning Group lead on the local vaccination programme supported by a 'One City' approach. In Wolverhampton, the first Covid-19 vaccine was given on 14 December 2020.

In December the NHS launched the largest vaccination programme in its history.

Since then, the NHS, working closely with the City of Wolverhampton Council and other partners, has successfully established the Covid-19 vaccination programme in the city. To date we have:

- In cooperation with The Royal Wolverhampton NHS Trust, successfully vaccinated the majority of front-line NHS and social care workers in the city, with an offer made to all eligible staff and have rolled out the offer of vaccination to local people in line with the priorities determined by the national Joint Committee on Vaccination and Immunisation.

- Worked in partnership with local GPs via Primary Care Networks and The Royal Wolverhampton NHS Trust, to get as many eligible front-line staff and residents vaccinated as possible. This is being proactively driven by a 'One City' approach, coordinated via the Wolverhampton Covid-19 Vaccine Partnership Working Group and informed by learning from successful interventions to promote and embed community testing.
- As part of the 'One City' approach, established two large GP-led vaccination sites in the city at WV Active Aldersley Leisure Village and Bilston Bert Williams Centre - both council-owned venues, as part of a network of GP sites across the city.
- Provided bespoke LFT testing for support staff at vaccination centres to ensure a covid secure location and the safety of staff and patients.
- Facilitated GP Practice sites to further support local roll-out via key council services; this includes allocating assets and staff to sites, providing expertise in site builds, highways management, and communications and engagement with local population groups.
- Established a contact centre to support local GPs to get residents booked in for their vaccine, offer transport to and from vaccination sites and pro-actively contact people yet to take up vaccinations. Nearly two thirds of proactive calls made to date have resulted in residents taking up the vaccination offer.

Our plan is to:

- Continue to work with the NHS to ensure GP records for adults with learning disabilities, those diagnosed with a severe mental illness, vulnerable residents and any unpaid carers looking after some of the most vulnerable are kept up to date – in preparation for inviting them for their vaccination in the short term, whilst also providing them with access to primary health care for the longer term.
- Develop an agreed methodology to further improve equity and access to vaccinations, including opportunities for targeted intervention for anyone not registered with a GP and any other marginalised or vulnerable groups.
- Continue to engage with residents and break down barriers, listening to and addressing concerns about accepting a vaccine and co-producing solutions to increase take up of the vaccine across the city.
- Further enhance vaccine roll out by linking into and crosscutting several of the themes in this plan (including Data Integration and Information Sharing, Vulnerable Communities, and Communications and Engagement) with the aims of ensuring that no one in the city is left behind and increasing the protection of the population as a whole.

Spotlight on interface with the vaccine roll out

Vaccinating People Experiencing Homelessness

People experiencing homelessness face reduced access to healthcare and experience some of the highest rates of poor health outcomes and undiagnosed health conditions in the population. Many people from this group are likely to have health conditions that put them at a higher risk of death from Covid-19. Therefore, offering the vaccine to this group will help us protect people who are at greater risk, ensuring that fewer people become seriously ill or die from the virus in the city.

On 13 February 2021, the Council, CCG, local GPs, provider support agencies and voluntary and third sector organisations worked together to vaccinate almost 180 people who are experiencing homelessness, including rough sleepers and the staff and volunteers who work in close contact with these vulnerable individuals, in line with national Joint Committee on Vaccination and Immunisation guidance.

A small task group was established with representatives from Public Health, Local GP and Clinical Director leading on vaccination roll out in the city, Good Shepherd Ministry and the CWC Homelessness Strategy Team. The group agreed to utilise existing links and capitalise on the relationships that provider organisations have with their clients and service users in order to maximise uptake.

Vaccinating People Experiencing Homelessness continued...

The Homelessness Strategy Team played a pivotal role in disseminating information on booking and data collection with key organisations who were in turn encouraged to collate information and hold discussions with individuals. Part of this process involved registering people with a GP where they were not previously registered. This helped to establish sustained longer-term care pathways for people by improving access to care.

The vaccination roll out built upon the success of the two day lateral flow testing pilot at The Good Shepherd Ministry on Waterloo Road in January 2021 – which saw partnership working between the Council, Department of Health and Social Care, The Good Shepherd, P3 and Recovery Near You to offer testing to this vulnerable cohort and raise awareness of the virus.

Both the clinical infrastructure and prior engagement with the target group were in place to make The Good Shepherd a suitable vaccination centre. The established links with the target group and the setting were key to encouraging take up of the offer.

Dr. Kamran Ahmed and his team from Unity Primary Care Network undertook the vaccines on site. Staff and volunteers who were able to travel were invited to the Aldersley clinic for their vaccine the week before the planned clinic. This enabled staff to talk to key service users about their personal experience in having the vaccine and answer any concerns they may have had.

Staff from key agencies were present on the day to support clients and service users through the vaccination process and to offer a familiar face. The Good Shepherd team supported throughout the process and further encouraged uptake by offering a fast track to anyone taking up the vaccine to get their usual food parcel service collection which operates from the Ministry.

Overall, this was a very successful delivery model which benefitted greatly from the joined up working and fantastic rapport and existing relationships that services have with this vulnerable group. Plans are in place to return to the setting in the near future to offer second doses and make an offer to any people who may have not received the vaccine first time around.



Theme 8:

Governance and local boards

Our approach:

Sound and effective governance arrangements at executive, strategic and operational levels remain critical in delivering the outbreak management response for the city, particularly as we seek to break the chains of Covid-19 transmission to enable people to return to and maintain a more normal way of life.

This is supported by established mutual aid agreements across the region and robust processes in place should they need to be called on.

Our Outbreak Control Plan is jointly owned, supported and driven by the City of Wolverhampton Council, Royal Wolverhampton NHS Trust, Wolverhampton Clinical Commissioning Group and West Midlands Police. Leadership is provided by Wolverhampton Healthwatch, Black Country Partnership NHS Foundation Trust, Public Health England, NHS England, Wolverhampton Voluntary Sector Council and the Ethnic Minority Council - Wolverhampton Equality and Diversity Partnership, via the Local Outbreak Engagement Board oversight.

This 2021 refresh has been co-authored with system partners and informed by the Education and City Incident Management Teams. Additional assurance has been provided by the membership of the Wolverhampton Covid-19 Strategic Co-ordination Group and Local Outbreak Engagement Board.

Since June 2020, we have:

- Built on the pre-existing foundations of strong partnership working in the city to enable the partnership framework established at the start of the pandemic to strengthen and mature, supported by a governance structure with clear roles and responsibilities.
- Fully embedded Clinical Governance and kept under review per existing arrangements with a combination of:
 - The Covid-19 Outbreak Response Group on standby providing Public Health leadership and infection control expertise, in partnership with PHE, NHS, Environmental Health and other key partners.
 - The local gold (Strategic Coordination Group) provides key strategic leadership direction with relevant stakeholders such as PHE, West Midlands Police, NHS, reviewing capacity management to deliver all aspects of the plan whilst taking account of business as usual activities, providing resource co-ordination, analysis, scrutiny and assessment of any clinical governance impacts across the health and care system that may require mitigation strategies to be deployed.
 - A Local Outbreak Engagement Board, chaired by the Leader of the Council, providing public engagement and community leadership, including a focus on building trust and participation across all communities in the city.

- Deployed thematic multi-agency Incident Management Teams (IMT) to further support the existing governance structure, with frequency of meetings and partners involved flexed dependant on city case rates or time-specific issues, such as closure/ safe re-opening of leisure and retail, support to schools, education, care homes.
- Established a Wolverhampton Covid-19 Vaccine Partnership Working Group to coordinate a 'One City' response to supporting local vaccine roll out to best meet population need, underpinned by regular reporting of equity data.

Our plan is to:

- Maintain the Strategic Co-ordination Group arrangements that will continue to provide leadership on the approach to tackle the impact Covid-19 has on the city.
- Continue to use the regular meetings of the Local Outbreak Engagement Board to provide democratic oversight, assurance and scrutiny of:
 - Plans to prevent and manage outbreaks of Covid-19 in Wolverhampton
 - Actions taken to prevent and manage outbreaks and their outcomes
 - Ensure that the Test and Trace response in Wolverhampton is delivering the right interventions to protect the health and wellbeing of all citizens
- Engage and communicate with residents and stakeholders to build trust and participation across all communities in the city.
- Help embed the 'new normal' into the city with safe reopening of services whilst prioritising residents safety
- Keep local and system governance arrangements for the Outbreak Control Plan under review as we progress through the different stages of the Roadmap, with oversight provided by the Local Outbreak Engagement Board at bi-monthly public meetings, in conjunction with Wolverhampton Health and Wellbeing Board, known locally as Health and Wellbeing Together.
- Work with partners to develop and implement a Health Inequalities Strategy for the city over the next year driven by the Health and Wellbeing Together Board and aligned to the Wolverhampton Relight our City Strategy and the Public Health Annual Report 2020.
- Refresh our current programme management approach to ensure it aligns with this refreshed Outbreak Control Plan and stages within the national Roadmap.

Communicating our plan

Our approach:

We understand that to deliver a successful response to the pandemic, local people, communities, partners, businesses and organisations must recognise, trust and be part of our approach.

Clear messages on what to do to stay safe and well, how to access support as well as sharing the latest national guidance are targeted to reach everyone - no matter where they live, work or travel. This is supported by our collaborative approach to Covid-19 communications, working from day one of the pandemic with partners including the NHS and West Midlands Police, allowing us to jointly deliver consistent messages under a joint brand.

Listening, learning and refining communication methods based on feedback continues to be central to our approach. Co-production of materials and activity to build trust and extend reach, including using a mixture of traditional and new communications channels as well as a broad range of media outlets is key. Examples include virtual meetings, personalised letters, social media posts, local radio stations, information in different languages.

Since June 2020 we have:

- Further developed our established Covid-19 Communications Working Group (consisting of colleagues from Public Health and Corporate Communications) adopting a collaborative approach to communications with internal colleagues as well as recognised and trusted city partners.
- Disseminated timely, accessible and responsive universal communications about how to stay safe, well and follow national guidance.
- Signposted to local support and information using a recognised and trusted City of Wolverhampton Council brand.
- Targeted messages to specific communities, sectors, settings or under-served communities.
- Shared potentially life-saving messages to hundreds of thousands of residents – keeping them informed of all changes and update to local and national guidance including multiple Covid-19 tier changes and national lockdown – ensuring compliance with 2.9million engagements on social media and almost 800,000 unique visits to our key Covid-19 webpages since the beginning of the pandemic.
- Maximised coverage of universal media to reach as many city residents as possible, with council coverage on BBC National news, ITN, Sky News, Good Morning Britain, Radio 4, 5Live, Gulshan Radio, and a weekly slot on Wolverhampton Community Radio.

- Produced and sent letters direct to the homes of tens of thousands of our most isolated and vulnerable residents – letting them know what help and support was available to them.
- Communicated directly with city businesses so they could access lifesaving grants, promoted the reopening of our highstreets to kickstart the economy and established a website from scratch to help local businesses trade online when they couldn't open their doors before Christmas.
- Co-produced materials and activity led by our network of Community Champions and supported by community leaders, including local councillors.
- Established a website that allowed parents to make sure their children didn't go hungry and access free school meals we made available over half term.
- Produced and sent letters direct to the homes of tens of thousands of our most isolated and vulnerable residents – letting them know what help and support was available to them.

Our plan is to

- Ensure the Local Outbreak Engagement Board continues to have oversight of strategic communications and engagement work. Local communications will continue to be led by City of Wolverhampton Council Communications Team in conjunction with NHS and West Midlands Police Communications Teams and other partners as appropriate.
- Maintain our Covid-19 communications framework first based on the key elements of Prevention, Support and Outbreak Response. First introduced in our Local Outbreak Control Plan published in June 2020, the framework enables proactive and reactive communications to be released with the mode and frequency determined by level and immediacy of risk.
- In the event of an outbreak, the Director of Public Health will continue to lead communications in conjunction with Public Health England. Our local governance structures are utilised to ensure that any information requiring dissemination is done so in a responsible, efficient and effective way.
- Continue to tirelessly promote our Covid-19 testing offer as a key part in driving down city infection rates.
- Continue to help people understand the rules for every step of the 'roadmap out of lockdown'.

- Increase awareness of the support available for people who are required to self-isolate.
- Boost uptake of the vaccine by sharing bespoke information directly with local communities to bust vaccine myths, making sure they get the lifesaving jab. This includes harnessing the support of key local leaders and city assets.
- Ensure our wider community engagement work continues to compliment the Project Relight campaign as we move through the next phase of the pandemic to recovery.
- Continue to expand the good work of the Wolverhampton Equality and Diversity Partnership delivering Covid-19 key messages in Gujarati and Punjabi. Sessions in Urdu, Hindu and other community languages are being added to the schedule.



Wolverhampton High Street

Spotlight on communicating our plan

Communications – using city stakeholders to deliver key Covid-19 messages

We have worked with an extensive range of influencers, partners and stakeholders throughout the pandemic to co-produce and deliver key Covid-19 messages.

From working with Councillors to deliver messages into the heart of their constituencies, to teaming up with Wolverhampton Wanderers and benefiting from their world-wide profile, we have created bespoke messages for target audiences.

Video scripts were prepared for Councillors to share in multiple languages, stressing the importance of following local restrictions to prevent the further spread of the virus.

Meanwhile Wolverhampton Wanderers have used leading players to urge their young fanbase to keep friends and family safe. More recently, head coach Nuno shared our key messages on taking the vaccine during a pre-game press conference.

By providing our valued partners with accessible key messages, we have been able to take a ‘One City’ approach to tackling the pandemic, drive down infection rates and help our most vulnerable access support, keeping our city safe.



Conor Coady

Resourcing our plan

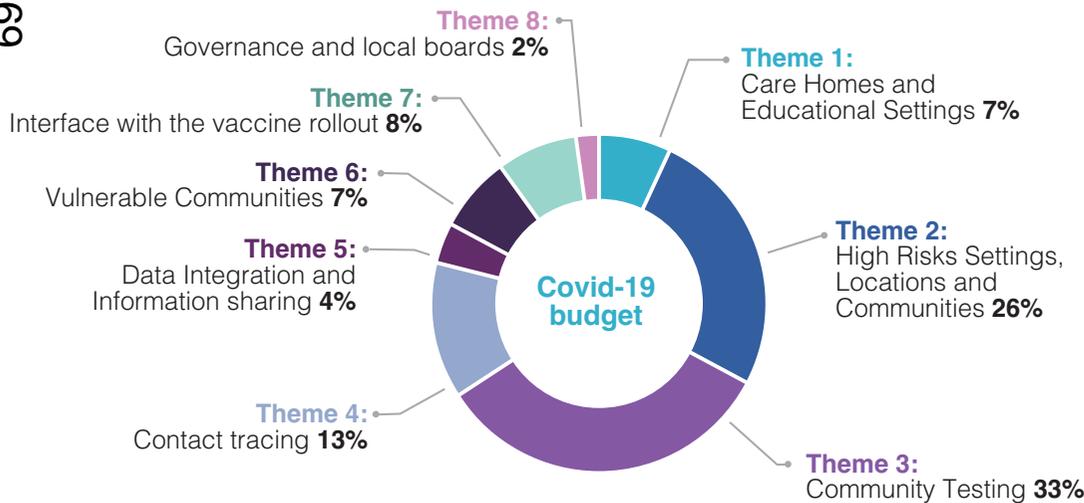
The effective implementation of the Local Outbreak Control Plan requires financial resource and capability as well as staff skills and expertise.

Nationally, the Government has indicated that in 2021/22 it will provide £400million funding from the Contain Outbreak Management Fund to local authorities to continue to support the local response to Covid-19 over the coming months.

Locally this funding will be used to support a range of teams and services contributing to the Covid-19 response, ensuring that they are appropriately resourced with information, training and additional capacity where necessary.

We have broadly aligned our Covid-19 budget allocation to the themes of our Local Outbreak Control Plan:

Page 69



These allocations will continue to be reviewed as we move through the Roadmap stages and may be reprofiled if required, based on emerging priorities.

We continue to draw on the multi-agency capabilities and expertise of our key partners, operating as a whole system, to support these 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.

The additional Contain funding ensures that sufficient capacity is secured to support the implementation of the Local Outbreak Control Plan into the future. It also means that surge capacity requirements can be built into ongoing planning based on a reasonable worst-case scenario i.e. an outbreak of significant size / complexity or multiple concurrent outbreaks.

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.

There are also additional resources to support clinically extremely vulnerable people who have been advised to shield and those people who are instructed to self-isolate. Looking ahead, a broader self-isolation support framework will be developed to ensure we have an effective approach that meets the needs of local clinically extremely vulnerable people who may need to continue to shield, people who have been instructed to isolate and people who are not currently engaging with testing and isolation requirements.

Challenges in delivering our plan

CHALLENGE	IMPACT	MITIGATE
Local Outbreak Control Plan and response can influence the spread of infection within the city but cannot totally control it	Residual risk that measures are inadequate, leading to resurgence of the virus locally	Accurate real time surveillance and robust review and governance in place locally. Escalation as necessary.
Cross border issues/ regional issues	<p>We have limited influence on the spread of infection in neighbouring areas. We need to work with neighbouring areas to keep up to date and on top of any resurgence.</p> <p>Vaccine supply chains are controlled by national distribution teams in NHSE/I and this can sometimes lead to under or over supply of stock to certain local areas which goes beyond the required capacity.</p>	<p>Engagement with Regional Convener team and Public Health England to understand epidemiology across West Midlands and with neighbouring local authorities where necessary.</p> <p>The close links established within Black Country & West Birmingham CCG has meant that neighbouring GPs have shared vaccine stocks and deliveries on a mutual aid basis where surplus supply has gone to one area or where one area has had missed deliveries thereby maintaining a level of provision.</p>
Variants of concern	Variants can cause vaccinations to become less effective.	Work with regional partners to keep up to date on intelligence, and further develop plans based on latest evidence and best practice learning.
Resources	Financial and human resources are needed to produce an effective, collaborative response to Covid-19 in the long term.	Use governance structures in place to flag key issues with appropriate timelines and forward plan especially as business as usual activity resumes across all sectors.

Page 70

Continued...

CHALLENGE	IMPACT	MITIGATE
Uptake of vaccinations.	There are many factors influencing vaccination uptake, from supply, hesitancy, access to and variation in uptake in different population groups.	Work with key NHS partners to unblock any system issues, support our partners to deliver vaccinations with equity and a focus on health inequalities.
Continued focus on Covid-19 response whilst also addressing factors exacerbated by Covid-19.	Issues exacerbated by Covid-19 will be affecting sections of the population differently across the whole life-course e.g. impact on early years, pupils in education, young people attempting to enter the job market, older unemployed and those in insecure housing.	One Council and One City approach informed and supported by Public Health assessment of need. Driven through existing networks and governance arrangements with a timeframe aligned to the national Roadmap stages in the first instance and continuing into the following year.
	Impact on health and social care, including preventative interventions such as health checks and screening programmes and timely access to health care.	To be worked through in conjunction with health partners and with oversight from Health and Wellbeing Together with a timeframe aligned to the national Roadmap stages in the first instance and then the following year.
	Impact on sustainability and resilience of communities including the voluntary and community sector.	A One City approach to support communities at a place-based level and align system commissioning to build capacity, sustainability and growth.

Page 71

Conclusion

While restrictions across the last 12 months have helped control Covid-19, they have also had a significant impact on the economy, society and education at a local, national and global level. We've been hit hard by the pandemic and Covid-19 has shone a light on the inequalities in our communities which impact on the health and opportunities of local people. But we have also come together in the most incredible way during this time of crisis.

The success we have seen has reflected the collective strength and commitment of our longstanding multiagency partnerships and the community spirit which has been so crucial during the city's response phase. We can't stop now – it is absolutely vital this approach continues as we move forward.

As restrictions are lifted, it will be increasingly important for all of us to play our part. Vaccinations – including revaccination – will be key to managing the transition from pandemic to something we can learn to live with.

We know that there is still a lot of uncertainty about the future. The mental and physical health of our residents have been damaged, the challenges of domestic abuse and acquisitive crime still need to be tackled, our local NHS services need to recover, and our vibrant city economy needs to be rebuilt.

We will reset, recover and relight. We will continue to support our residents, communities and businesses, using our refreshed Outbreak Control Framework to keep local people safe, and work collectively to build community and economic resilience address the new challenges the pandemic has brought.

Working as One City with all our partners together, we will continue to look after our own and be bold about transforming the lives of our residents. Wolverhampton will emerge from the pandemic much stronger and more resilient than ever before – ready and able to meet the needs of those who live, work and visit this great city. No community will be left behind as our city recovers together.



Supporting documents

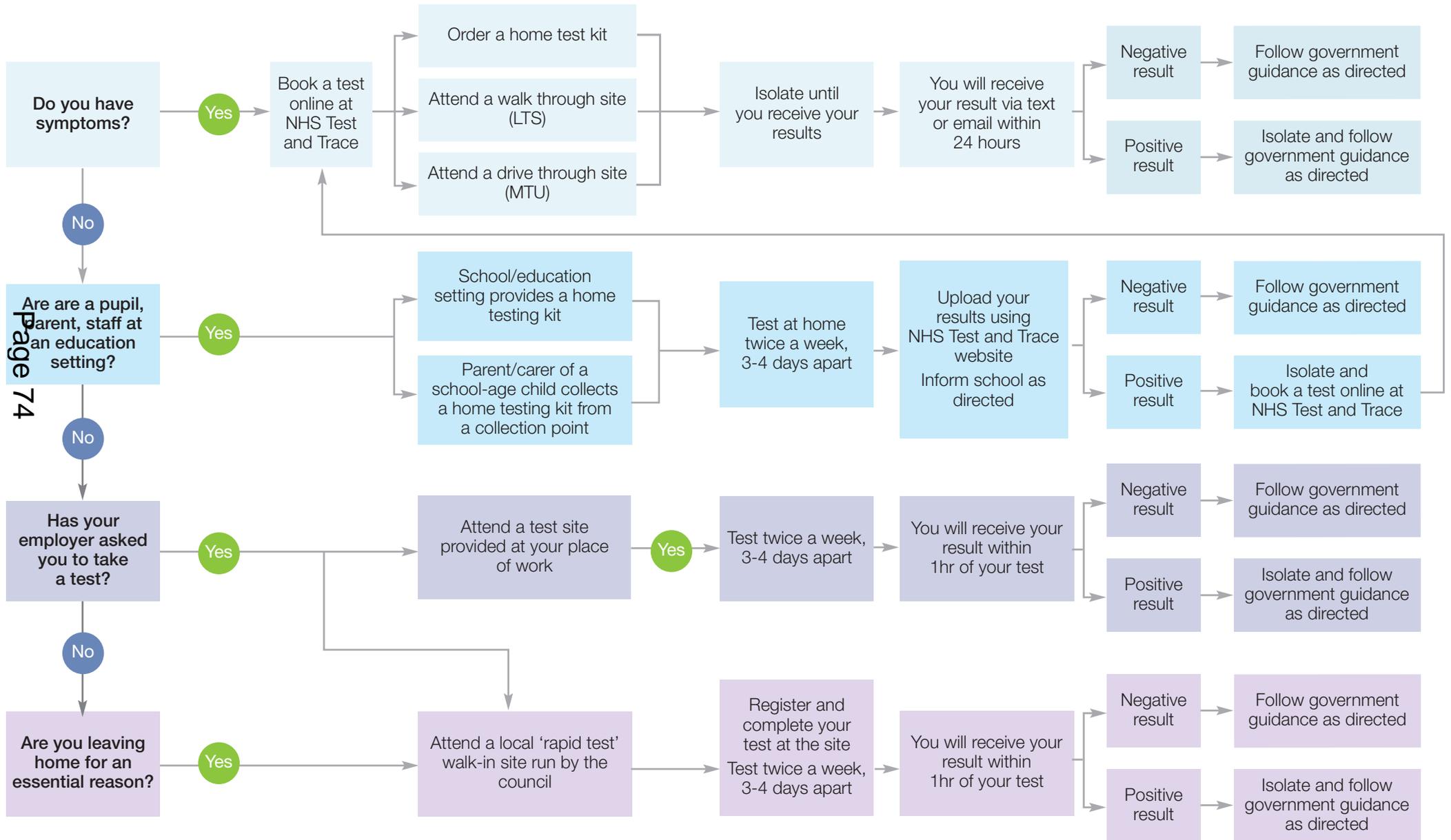
The refreshed Wolverhampton Outbreak Control Plan is underpinned by a suite of supporting documents including:

- Wolverhampton Local Outbreak Control Plan Monitoring Framework
- COVID-19 Response – Spring 2021: Roadmap out of Lockdown
- COVID-19 contain framework: a guide for local decision-makers
- Relighting our City Strategy
- Local Boards Terms of Reference

By their very nature, this suite of documents is subject to regular change as systems and processes change, as new guidance or evidence is published, or as learning drives improvement going forward.

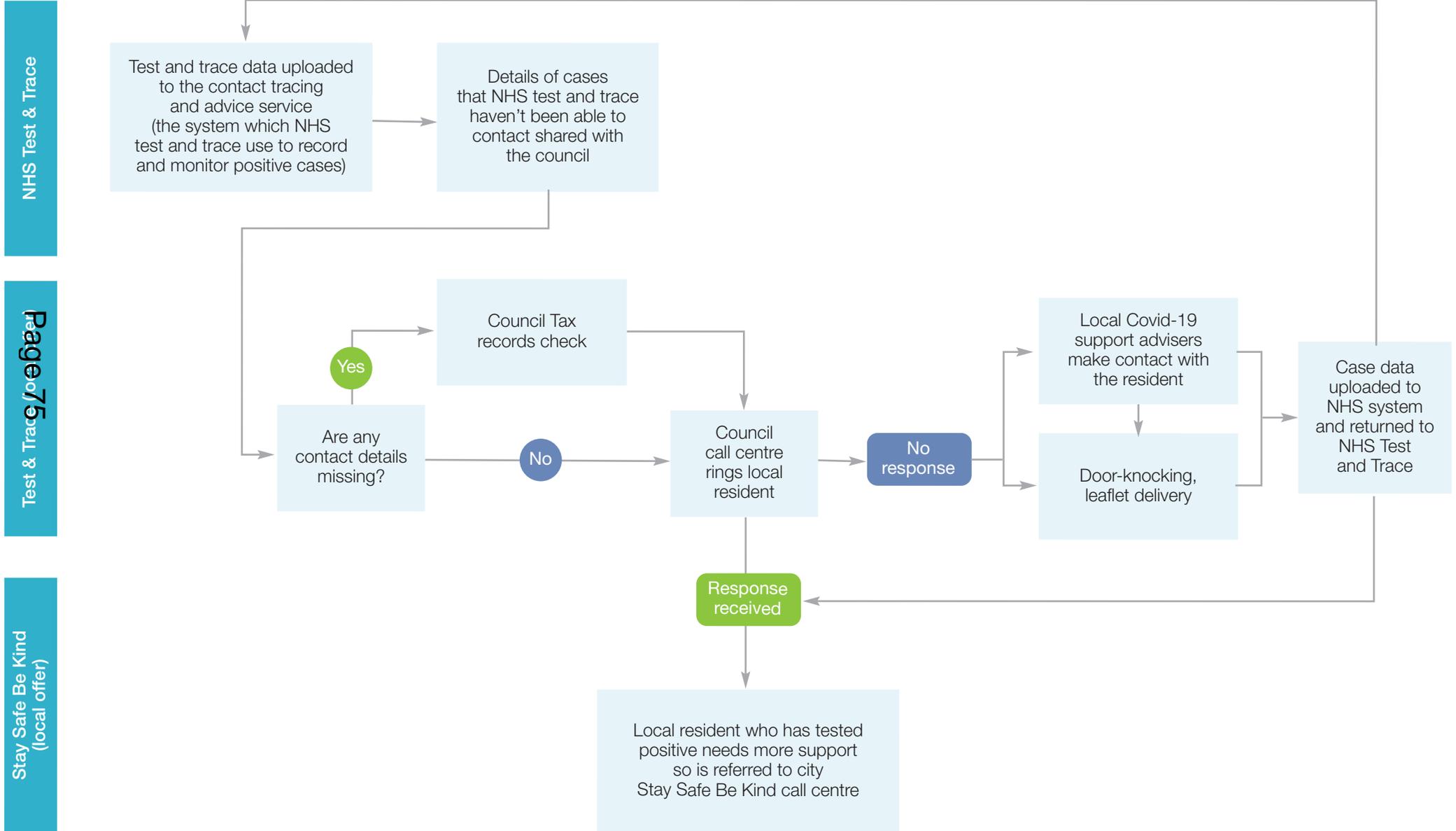
These documents are available upon request. If you would like a copy, please email: publichealth@wolverhampton.gov.uk

How we test for Covid-19 in Wolverhampton



Page 74

How we test and trace at a local level in Wolverhampton

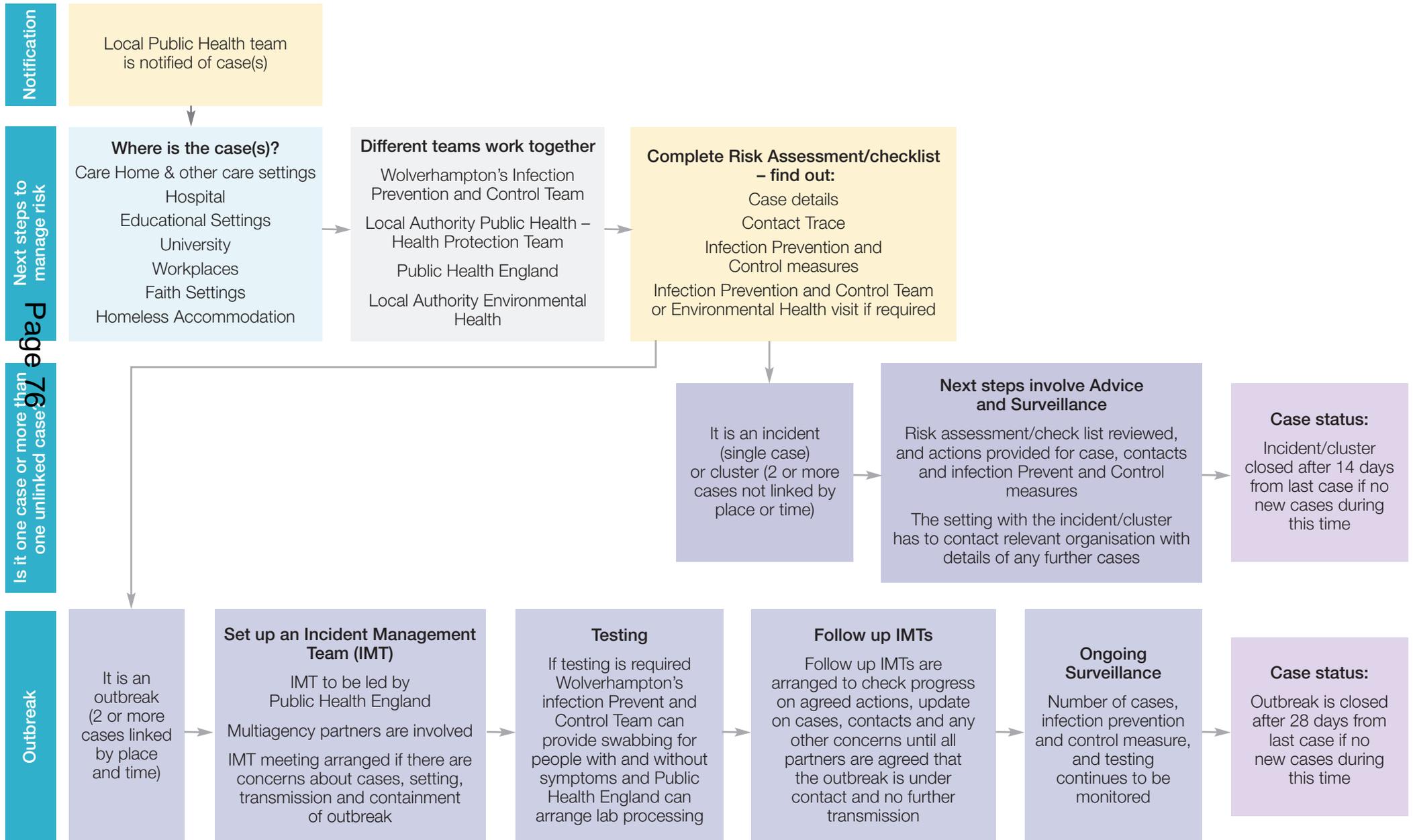


NHS Test & Trace

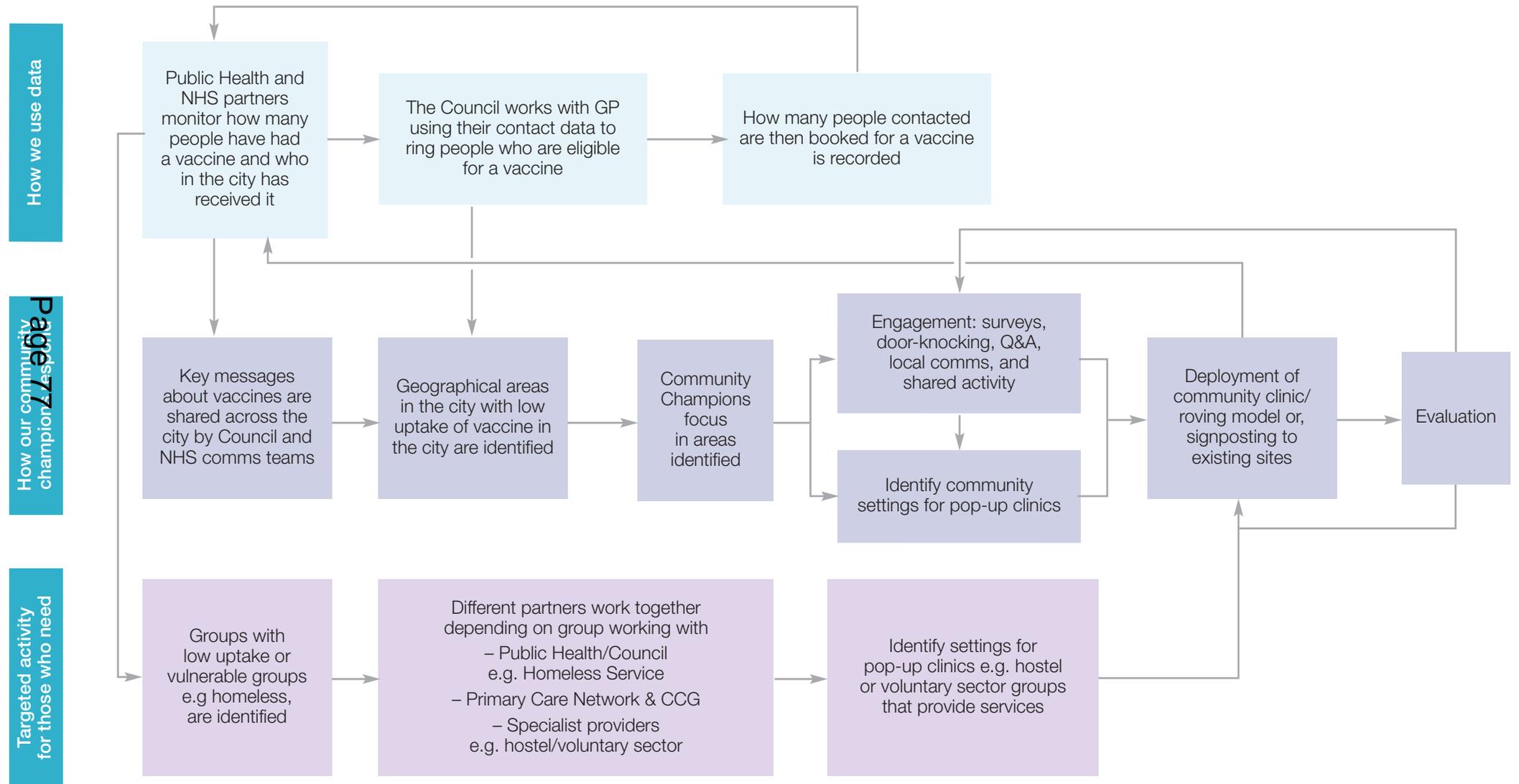
Page 7 of 55
Test & Trace

Stay Safe Be Kind
(local offer)

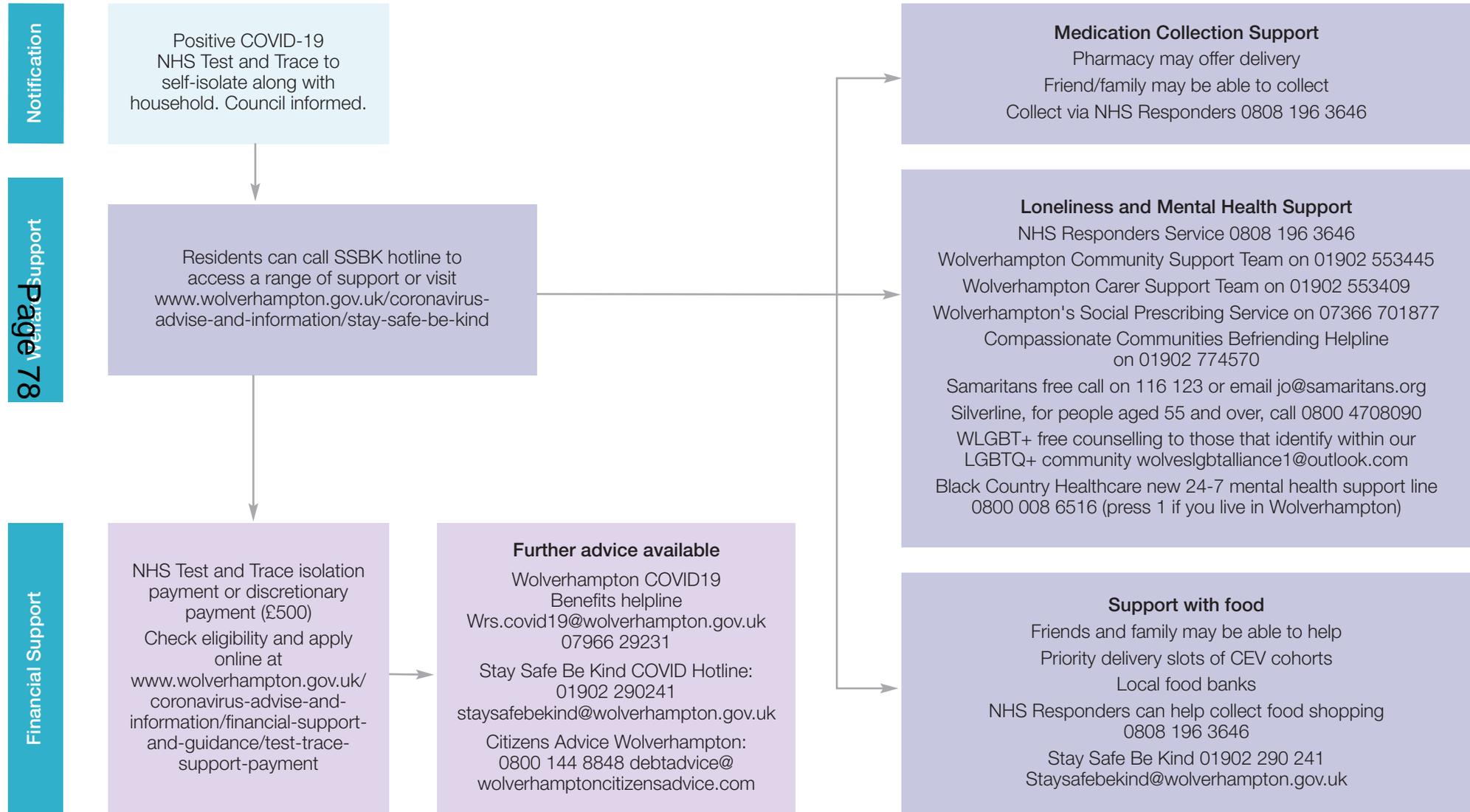
How we manage Covid-19 outbreaks in Wolverhampton



How we work with our local community to help people get a Covid-19 vaccine in Wolverhampton



How we support people to self-isolate in Wolverhampton



You can get this information in large print, braille,
audio or in another language by calling 01902 551155

wolverhampton.gov.uk 01902 551155

  WolverhamptonToday  Wolverhampton_Today  @WolvesCouncil

City of Wolverhampton Council, Civic Centre, St. Peter's Square,
Wolverhampton WV1 1SH

CITY OF WOLVERHAMPTON COUNCIL	Health Scrutiny Panel 08 July 2021
--	---

Report title	Public Health Annual Report 2020-21	
Decision designation	GREEN	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Cabinet Member for Health and Wellbeing	
Key decision	No	
In forward plan	No	
Wards affected	All	
Accountable Director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employee	John Denley Tel: 07912301095	
Report to be/has been considered by	Public Health Leadership Team	22 June 2021
	Strategic Executive Board	24 June 2021
	Cabinet Member Briefing	24 June 2021
	Children's and Education Leadership Team	24 June 2021
	Adult's Social Care Leadership Team	01 July 2021
	Health Scrutiny Panel	08 July 2021
	Health and Wellbeing Together Board	14 July 2021
	Cabinet	28 July 2021

Recommendation for decision:

1. Health Scrutiny Panel is recommended to comment on the draft publication of the Director of Public Health Annual Report for the period 2020 - 2021.

1.0 Purpose

- 1.1 To present the draft Annual Report from the Director of Public Health (DPH) for the period 2020 – 2021 for comment.

2.0 Background

- 2.1 The Director of Public Health (DPH) Annual Report is a statutory requirement. It is the DPH's professional statement about the health and wellbeing of their local communities.
- 2.2 The annual report aims to inform professionals and members of the public about key issues in the City over the past year throughout the pandemic. It seeks to identify current priorities and highlight required action for the improvement and protection of the health of the local population.

3.0 Director of Public Health Annual Report 2020 - 2021

- 3.1 The Director of Public Health Annual Report 2020 - 2021 is the third annual report to follow the publication of the Public Health Vision 2030.
- 3.2 Reflecting the national picture, the report describes how inequalities have been exacerbated by COVID-19.
- 3.3 It felt prudent to capture as comprehensively as possible the collective response of the city to the pandemic. The report details the strengthened partnerships that have resulted from our coordinated efforts and sets out how we will use our learning to aid our recovery.
- 3.4 The report in its draft form has been shared widely with internal and external partners to ensure that their contributions are accurately represented.
- 3.5 The report is based on the year from the beginning of the pandemic up to the end of March 2021. For this reason, more recent achievements have not been included, such as the roving vaccination bus. These will be covered in the next Public Health Annual Report.
- 3.6 Our ambition is for this report to be a legacy document and a lasting reflection of our efforts and learning through a very challenging year.

4.0 Financial Implications

- 4.1 Funding for Public Health is provided to the Council by the Department of Health and Social Care in the form of a ring-fenced grant.
- 4.2 The final Public Health grant allocation for the financial year 2020 - 2021 was £20,985,620.
- 4.3 In addition, local authorities have received a number of grants in relation to COVID-19. The main grants within the Public Health Directorate being Contain Outbreak Management Fund (£7.4 million) and the Local authority test and trace service support grant (£1.9 million). These have to be spent in line with conditions.

[LD/23062021/W]

5.0 Legal implications

5.1 There are no direct legal implications arising from this report.

[TC/25062021/E]

6.0 Equalities implications

6.1 Equality is promoted through the Public Health Vision 2030 and throughout local Public Health programmes, functions and services. This is to ensure that they advance equality and tackle inequalities relating to health outcomes and wider social determinants of health among groups that share protected characteristics.

6.2 Different groups within the population have been disproportionately affected by the pandemic. Addressing these inequalities is a key priority and we will use this information to inform our recovery.

7.0 Climate Change implications

7.1 There are no direct climate change and environmental implications arising from this report.

8.0 Human Resources implications

8.1 There are no direct human resources implications arising from this report.

9.0 Corporate Landlord implications

9.1 There are no direct Corporate Landlord implications arising from this report. 10.0 Health and wellbeing implications

10.0 Health and Wellbeing implications

10.1 The report acknowledges the lasting physical, mental, social and economic impacts of the past year upon our population. It highlights the city's response to the coronavirus pandemic and how partners from across the city have worked together to keep our residents safe.

11.0 Schedule of background papers

11.1 There are no background papers associated with this report.

This page is intentionally left blank

Public Health Annual Report 2020-21

Covid-19: Respond, Protect and Relight





Contents

1. Foreword	3
2. Aims and objectives	4
3. Context: Covid-19 in Wolverhampton	5
4. Our Covid-19 Response: Taking immediate steps	20
5. Our Covid-19 Response: Protecting our communities	23
6. Lockdown: The wider impact upon our population	36
7. Our Covid-19 Response: Preventing onward transmission	49
8. Looking ahead: Relighting our City	54
7. Ward profiles	56

Front cover: Pupils from St Mary's Catholic Primary Academy – SFSC MAC created a display to thank those working through coronavirus crisis

Foreword



John Denley
Director of
Public Health



Councillor
Jasbir Jaspal
Cabinet Member for
Public Health and Wellbeing

We are pleased to introduce this year's Public Health Annual Report for 2020 – 21.

We want to start by remembering those residents of the city who have lost their lives to Covid-19. Their loss will be felt by friends and relatives every single day.

Alongside the bereaved, there are many people who are suffering from long term physical and mental impacts of Covid-19 and many who have been affected financially, which brings its own health consequences.

We also want to pay tribute to the many services, organisations, teams and volunteers across the City who have all played their part to support the people of this city in such challenging times. We have all been working with absolute determination to protect the health, wellbeing and livelihoods of the communities we serve.

Covid-19 has brought into sharp relief and exacerbated inequalities that were already well established. Many are described in the pages of this report. What is critical is our response to addressing inequalities – either in access to services, support and care or in health outcomes. We have a deep commitment to addressing systematic, avoidable differences in outcomes, particularly by ethnicity and by deprivation. The way we want to do this is to build on the strengthened partnership working that came about from our collective efforts to address the pandemic. We want this to result in more co-productive, community led work to improve the health and wellbeing of our population.

We will use our learning through our recovery journey to relight our city.

Report Contributors

Report Editors:

Emily Hackett, Senior Public Health Specialist.
Neeraj Malhotra, Consultant in Public Health.

Ward profiles:

Gurjinder Bans, Senior Public Health Specialist

Report Contributors:

Madeleine Freewood, Kate Warren, Joanna Grocott, Ainee Khan, Louise Sharrod, Parpinder Singh, Parmdip Dhillon, Jamie Annakin, Richard Welch, Clare Reardon, Ravi Seehra, Michelle Smith, Ric Bravery, Sean McBurney, Ranjit Khular, Riva Eardley, Jason Gwinnett, Shanara Abdin, Andrea Fieldhouse, Hannah Pawley, Keshia Harper, Chelsea Sibley.

Report design: Digital Print Solutions, City of Wolverhampton Council

Aims and objectives

We want this report to be a legacy document for the city so we can continue to learn from it in years to come. It is important that we capture fully what happened, how we responded and our priorities for the future.

Covid-19 has further exacerbated existing health inequalities with negative impacts falling disproportionately on more deprived, disadvantaged and excluded groups and individuals. In each of our objectives, we will be considering what the inequalities are and how best to address them.

Our specific objectives for this report are to:

- Describe how Covid-19 affected Wolverhampton, including its impact upon different groups
- Detail our joint response during the city's journey through the different phases of the pandemic
- Set out what happens next, including how we learn to live with Covid-19, ensuring no one is left behind. It will also include how we help the city get back on its feet and how we apply the lessons of the journey we've been through, building on what has worked well.

This Annual Report should be read in conjunction with our Local Outbreak Plan to provide a comprehensive picture of the response, as well as our preparedness for any future emergencies.

Additionally, the local profiles at the end of the report provide a snapshot of health and other indicators across the 20 wards in the city which provide rich information to support our recovery.



Context:

Covid-19 in Wolverhampton

Coronavirus disease 2019 (Covid-19) is caused by SARSCoV-2, a newly emerging coronavirus that was first identified in Wuhan, China, in December 2019. The disease can be easily transmitted person to person by close contact or by contact with contaminated objects and surfaces.

The first case in Wolverhampton was identified on 7 March 2020. Since then, there have been cases **24,516 cases** in our city and **816 deaths** (up to 31 March 2021).

Covid-19 has impacted on the lives of everyone in our city. The collective determination, knowledge and commitment of partners from across the system has helped to combat the impact of Covid-19 in Wolverhampton so far.

Together, we have worked tirelessly to ensure that our health and care system can continue to manage the unprecedented demands that Covid-19 has placed upon us. We have also made sure that our most vulnerable residents are supported to stay safe within their local communities.

The crisis strengthened existing relationships between the Council, the Royal Wolverhampton Trust, the CCG, the voluntary sector and other key partners throughout the city who have played a major part in the response, supporting residents throughout the pandemic.



● Wolverhampton events ● National events

Covid-19 Timeline: March – July 2020



7 Mar

First confirmed case of Covid-19 in Wolverhampton

7 Mar

First confirmed positive Covid-19 hospital inpatient at New Cross Hospital

8 Mar

First confirmed death in Wolverhampton of someone with a positive test result for Covid-19



23 Mar

First national lockdown announced

Page 90



23 Mar

The council's **Stay Safe Be Kind** helpline is set up as an emergency call centre to assist people who were shielding at home and needed food parcels, shopping deliveries, medicines or any other support

23-29 Mar



1.5 million shielding letters sent to those at risk of severe illness from Covid-19

18 May

Eligibility for testing expanded to include **anyone with symptoms**

27 May

Mobile **'drive-through'** testing site opens in the city for patients referred by NHS 111



1 Jun

Lockdown measures eased, with children in Reception, Years 1 and 6 returning to the classroom

30 Jun

Wolverhampton's **Covid-19 Outbreak Control Plan** published, setting out how the city will tackle the spread of the virus and control future outbreaks



4 Jul

Pubs, restaurants, hairdressers and cinemas, reopened with strict social distancing rules

25 Jul

WV Active Leisure Centres reopen. Gyms and swimming pools around the country reopen for the first time since March

● Wolverhampton events ● National events

Covid-19 Timeline: August – December 2020

7-11
Sep

Wolverhampton schools prepare to welcome children back, with some due to return for the first time since March



22
Sep

Local lockdown: Wolverhampton residents banned from socialising with others in private homes and gardens due to a rise in cases. 2 million people in the West Midlands are also placed under the same restrictions



31
Oct

4-week lockdown plan announced in England due to rise in cases nationally

Page 91



20
Nov

Asymptomatic Covid-19 testing site piloted for 10 days at the Guru Nanak Sikh Gurdwara on Sedgley Street

2
Dec

Wolverhampton placed in Tier 3 after national lockdown. Residents cannot meet socially with anybody they either don't live with or are in a bubble with, indoors, in a private garden or in most outdoor places



3
Dec

UK becomes **first country in the world** to approve the use of a Covid-19 vaccine



7
Dec

Wolverhampton's Civic Centre opens to the public as site for **mass rapid testing**

11
Dec

Wolverhampton sets up a **Local Enhanced Contact Tracing Offer** to support National Test and Trace incomplete calls



16
Dec

A couple in their 80's become Wolverhampton's **first residents to receive their first dose** of the Pfizer-BioNTech Covid-19 vaccine

31
Dec

44 million people moved into the strictest **Tier 4 restrictions** due to a rise in cases across England

Covid-19 Timeline: January – March 2021

1-10 Jan

For the first 10 days of January, the daily number of **new cases exceeds 50,000**, with the highest number of positive test results – **68,053** – reported on January 8

6 Jan

England enters **third national lockdown** with schools and non-essential businesses closed

13 Jan

Council secures **£476,000 in grant funding** to boost its work in increasing vaccine uptake and supporting communities hardest to reach through the Community Champions Fund Programme

Page 92



29 Jan

Community Champions network starts recruiting community volunteers to help share information about, and boost take up of, the Covid-19 vaccine

1 Feb

Aldersley Leisure Village transformed into a **Covid-19 vaccination site**, supported by Council staff acting as parking marshals and site wardens



2 Feb

Vaccination call centre opened to support GPs with proactive calling to 'missing' eligible cohorts



8 Feb

Priority testing made available to **key workers without symptoms of Covid-19** at three rapid test sites in Wolverhampton

15 Feb

Bert Williams Leisure Centre opens as a **vaccine site** supported by Council staff acting as parking marshals and site wardens

22 Feb

England's **roadmap out of lockdown** is announced, which plans to see all restrictions lifted by 21 June



28 Feb

The number of people in the UK who have received a first dose of a Covid-19 vaccine passes **20 million**



8 Mar

Schools across England reopen. In Wolverhampton, Public Health supports schools with pupil testing

31 Mar

111,380 first doses and 18,235 second doses of the lifesaving Covid-19 jabs have now been given in Wolverhampton (Graphnet)

Factors associated with Covid-19 transmission and mortality

All of the factors depicted below, and how they influence Covid-19 outcomes, are explained on the next two pages.





Sex

Men are at greater risk of developing severe illness or dying from coronavirus than women.

Wolverhampton's population is split almost equally, with **50.25% females** and **49.75% males**.



Age

Although all age groups are at risk of contracting Covid-19, older people face significant risk of developing severe illness if they contract the disease due to physiological changes that come with ageing and potential underlying health conditions.

34% of Wolverhampton's population is **aged 60 and over**.



Smoking

The evidence on smoking and Covid-19 is in development, however current scientific findings suggest that smoking generally increases your risk of developing respiratory infections and the severity of symptoms once infected.

15.1% of adults 18+ in Wolverhampton are **current smokers**.



Obesity

Being overweight or obese puts you at greater risk of serious illness or death from Covid-19, as well as from many other life-threatening diseases.

67.4% of adults over 18 in Wolverhampton are classified as **overweight** or **obese**.



Physical Inactivity

Patients with Covid-19 who were consistently inactive had a greater risk of hospitalisation, admission to ICU and death due to Covid-19 than patients who were consistently meeting physical activity guidelines or were doing some physical activity.

35.8% of Wolverhampton residents are inactive and **do less than 30 minutes physical activity** per week.



Deprivation

People living in deprived areas are more likely to be diagnosed with Covid-19 and to have poor outcomes following diagnosis than those in less deprived areas.

In 2019, Wolverhampton was ranked as the **24th most deprived local authority in England**, out of a **total of 317**.

21% of our population lives in the **top 10% most deprived areas of the country**.



Occupation

Occupations with increased risk of contracting Covid-19 include those in healthcare and other essential public-facing roles (such as transport drivers and cleaners).

In Wolverhampton in 2019, **almost 60%** of people employed in the city work in **manufacturing, retail, education and health** and **social care** roles.



Comorbidities

Having an existing health condition can put you at higher risk of complications from coronavirus.

30.7% of our population aged 16+ (approximately 71,200 residents) have **1-2 long term health conditions**. An additional **7.2%** have at least **3 long term health conditions** (16,600 residents).



Ethnicity

Evidence suggests that Covid-19 may have a disproportionate impact on people from Black, Asian and minority ethnic groups. Underlying health conditions, occupational exposure and a range of other factors are likely to be important when considering ethnicity.

35.5% of Wolverhampton's population are from a **minority ethnic group**.



Behaviour

Social distancing, avoiding crowded areas, wearing a face mask, regular hand washing etc can reduce the risk of transmission. Between April 2020 and May 2021, Wolverhampton Police issued **5592 directions to leave an area** or property due to Covid-19 restrictions. This involved interactions with **15,432 individuals**. Of these:

- **4807 interactions** were addressed through **low-level compliance**
- **438 people** were **formally dispersed**
- **296 people** were given **fixed penalty notices**, of which **3** were issued 'super fines'
- **7 people** were **arrested**, and **37 people** were dealt with under **other legislation**



Learning Disability

In the UK, people with learning disabilities are at least four times more likely to die from Covid-19 than the general population, according to a government report from November 2020.

In Wolverhampton, **0.6%** of the population is recorded on GP systems as having a **learning disability**. We think this is an underestimate of the true picture.



Housing

Poor housing conditions such as overcrowding and high density are associated with greater spread of Covid-19.

In Wolverhampton Council properties, over **1,890 people** have indicated they **need a larger property** as their current residence is too small for their household.

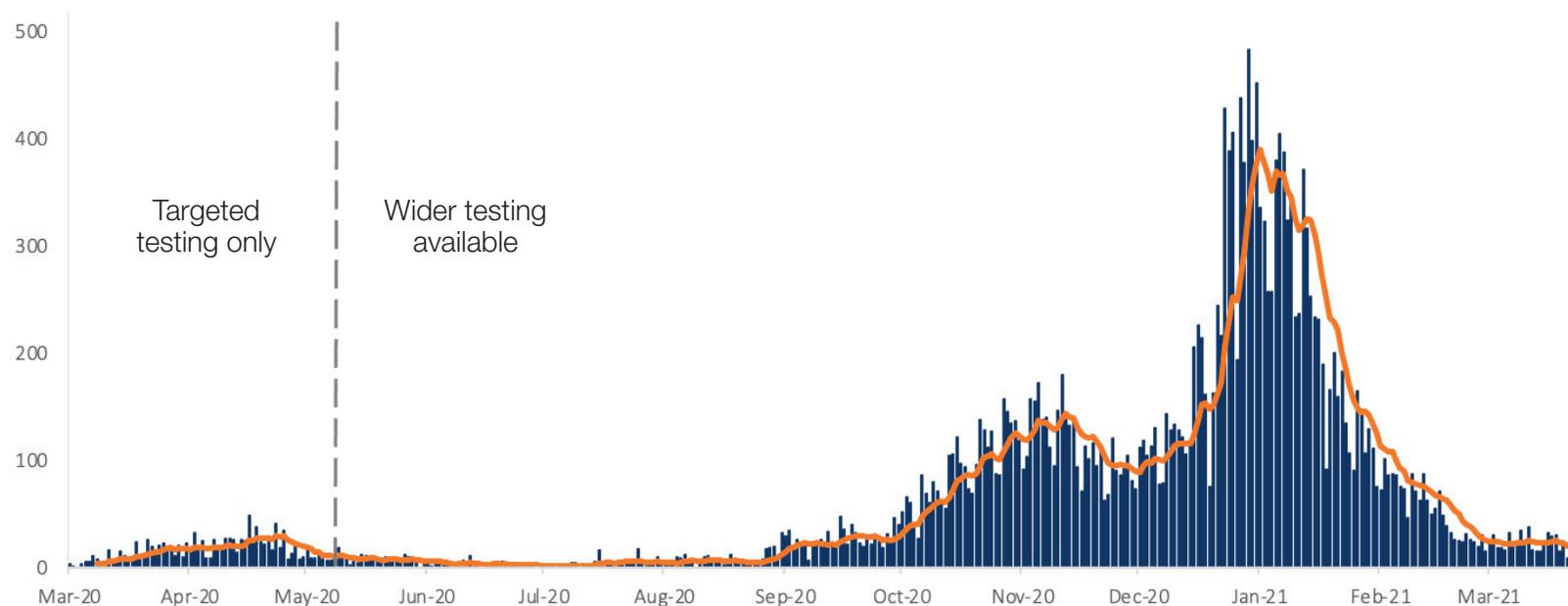
Covid-19: Cases in our City

The first case of Covid-19 in Wolverhampton was confirmed on 7 March 2020. Cases in Wolverhampton gradually increased after the first case was identified. In March and April, testing was targeted at healthcare workers and those hospitalised with Covid-19 and wasn't widely available to the general public. Confirmed case numbers peaked in Wolverhampton in the first wave in mid-April, reaching 48 cases identified on April 16. During the second wave which started in September, daily case numbers peaked at 484 confirmed cases on 4 January.

By March 31, 2021, there had been a total of **24,516 confirmed cases** of Covid-19 in the city. This equates to over 9% of our population.

Page 96

Number of confirmed cases of Covid-19 in Wolverhampton



Understanding the Impact of Covid-19 upon different populations

One of the most stark features of the pandemic so far has been the impact that Covid-19 has had on particular communities and groups, including people from Black, Asian, and Minority Ethnic communities, people living in more deprived areas, elderly residents, those working in higher risk occupations, people living in overcrowded conditions and those with pre-existing health conditions.

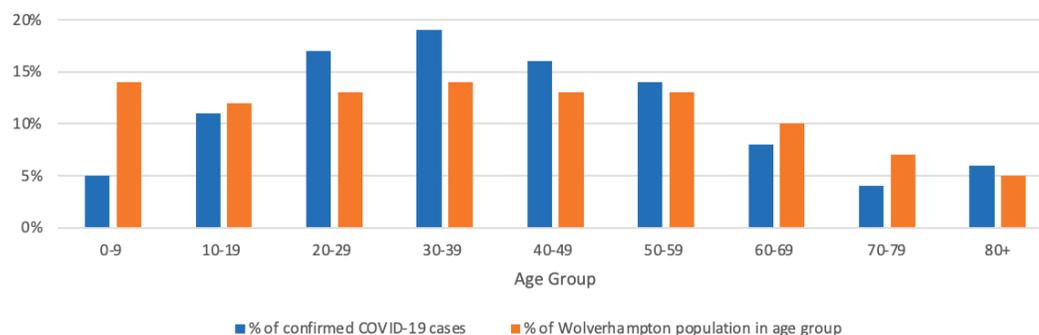
On 2nd June 2020, Public Health England published *Covid-19: Review of Disparities in Risks and Outcomes*. The review confirmed that the impact of Covid-19 has reinforced existing health inequalities and, in some cases, has increased them. Within the following section, we examine the impact of coronavirus upon the population, breaking it down by age, sex, ethnicity, and deprivation.



Age

In Wolverhampton, the age group with the highest proportion of our total positive cases was 30 – 39. This is also the joint largest population group within the city. According to the June PHE report, age remains the most important risk factor for death from Covid-19. People who were 80 or older were seventy times more likely to die than those under 40.

Percentage of Covid-19 cases by age and proportion of population in age group



Sex¹

By 31 March in Wolverhampton:

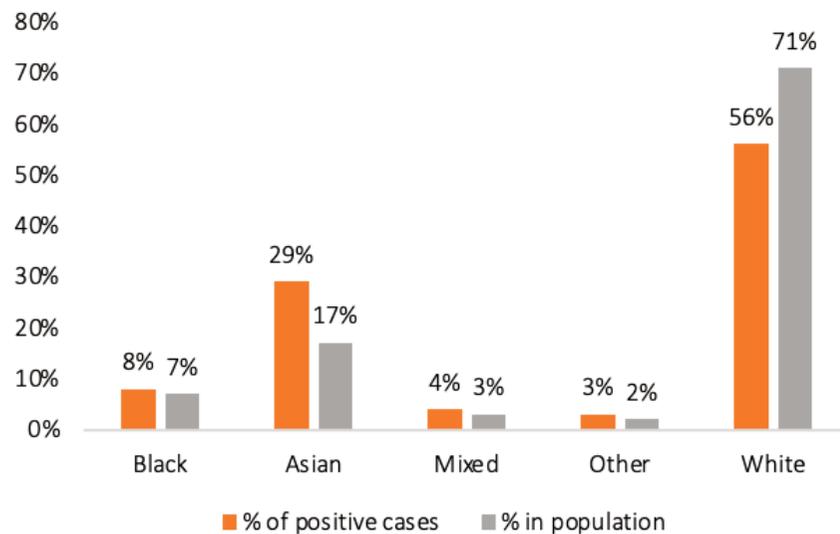
- **13,176 women** had tested positive (up to 10% of the female population)
- **11,274 men** had tested positive (up to 9% of the male population)

¹ Note: 0.3% of cases had a missing sex. Source Public Health England line list Power BI dashboard

Ethnicity²

By 31 March in Wolverhampton:

Covid-19 Cases and Ethnicity



In our city, the Asian population has been disproportionately affected by Covid-19. 29% of positive cases within the city were in our Asian population, which comprises 17% of the total population of the city (2011 Census Data). In contrast, the White population comprises approximately 71% of our total population and 56% of our total coronavirus cases.

This could be affected by household size and higher rates of transmission amongst younger ages, which have a higher proportion of people from minority ethnic groups.

Some ethnic groups have more exposure to people in their lines of work. People of minority ethnic groups make up just over a quarter of dentists, medical practitioners and opticians. They are also more likely to be nurses, medical radiographers, nursing auxiliaries and technicians.

PHE research found that of working men, Black and Asian men are more likely to work in occupations that have had a higher risk of death involving Covid-19. These occupations include transport: around a third of taxi drivers and chauffeurs are Pakistani or Bangladeshi men. Other services where ethnic minorities have a comparatively high proportion of jobs include security and cleaning.

² Note 11% of cases had a missing ethnicity. Source Public Health England line list Power BI dashboard

Deprivation

By 31st March, our Wolverhampton case rate largely mirrored our population structure. **71% of all positive cases in the city** were found in the residents living in the **two most deprived quintiles** (areas) of the city.

	Deprivation Rank Quintiles	% of all positive cases	% of Wolverhampton's population
Most deprived	0-19.9:	55.3%	54.8%
	20.0-39.9	16.5%	15.5%
	40.0-59.9	13.2%	12.7%
	60.0-79.9	12.8%	13.6%
Least deprived	80.0-100	2.2%	2.8%
	Grand Total	100%	100%

Page 100



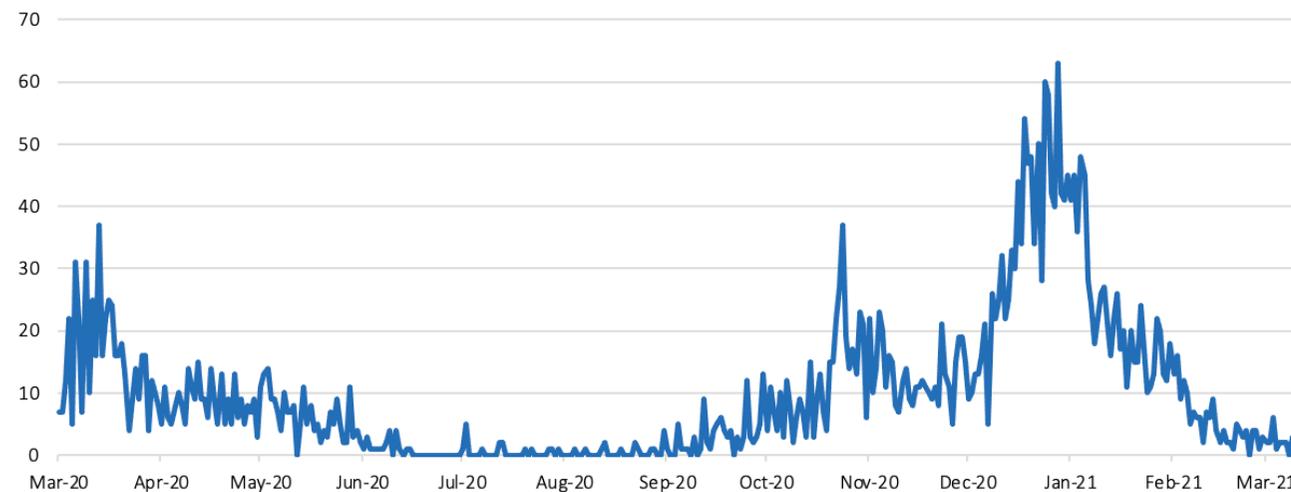
Food Distribution Hub

Covid-19: Hospital Admissions

In Wolverhampton by 31 March 2021, there had been a total of **3,748 Covid-19 positive admissions** to the Royal Wolverhampton Trust.

The number of daily new Covid-19 positive patients admitted to RWT increased to a record of **63 individuals** admitted on 15 January 2021. Since early February this year, numbers of new admissions began decreasing.

Daily new Covid-19 admissions to the Royal Wolverhampton Trust



Note: the majority of the patients would have been admitted to New Cross Hospital. The chart does not include Wolverhampton residents who may have attended hospitals in neighbouring boroughs. It will also include residents from neighbouring boroughs who attended RWT.

Covid-19: Mortality

Sadly, in some instances people do not recover from the illness caused by Covid-19. It is important we understand the number of deaths whilst recognising that each of these numbers represent an individual and family affected in our city.

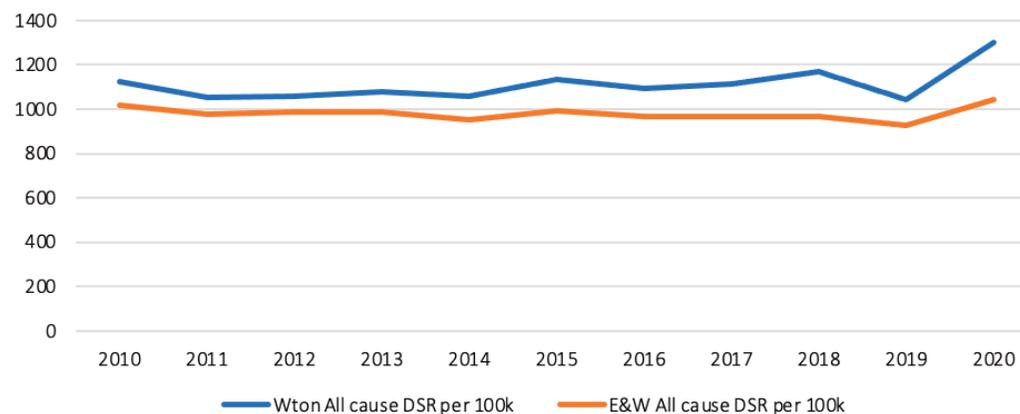
Currently, through national ONS analysis of death certification, the number of recorded Covid-19 deaths for the week ending 2 April 2021 in Wolverhampton was **816**.

The increase in deaths in 2020 can be illustrated by comparing the directly standardised mortality rate between 2010 and 2019 within the city. In 2011, the rate per 100,000 in Wolverhampton was **1053.9**; in 2020 it rose to **1299.3**.

As most causes of death vary significantly with people's age and sex, the use of directly age-standardised mortality rates accounts for differences in the age structure of populations, allowing comparisons to be made between geographic areas, over time and between sexes.

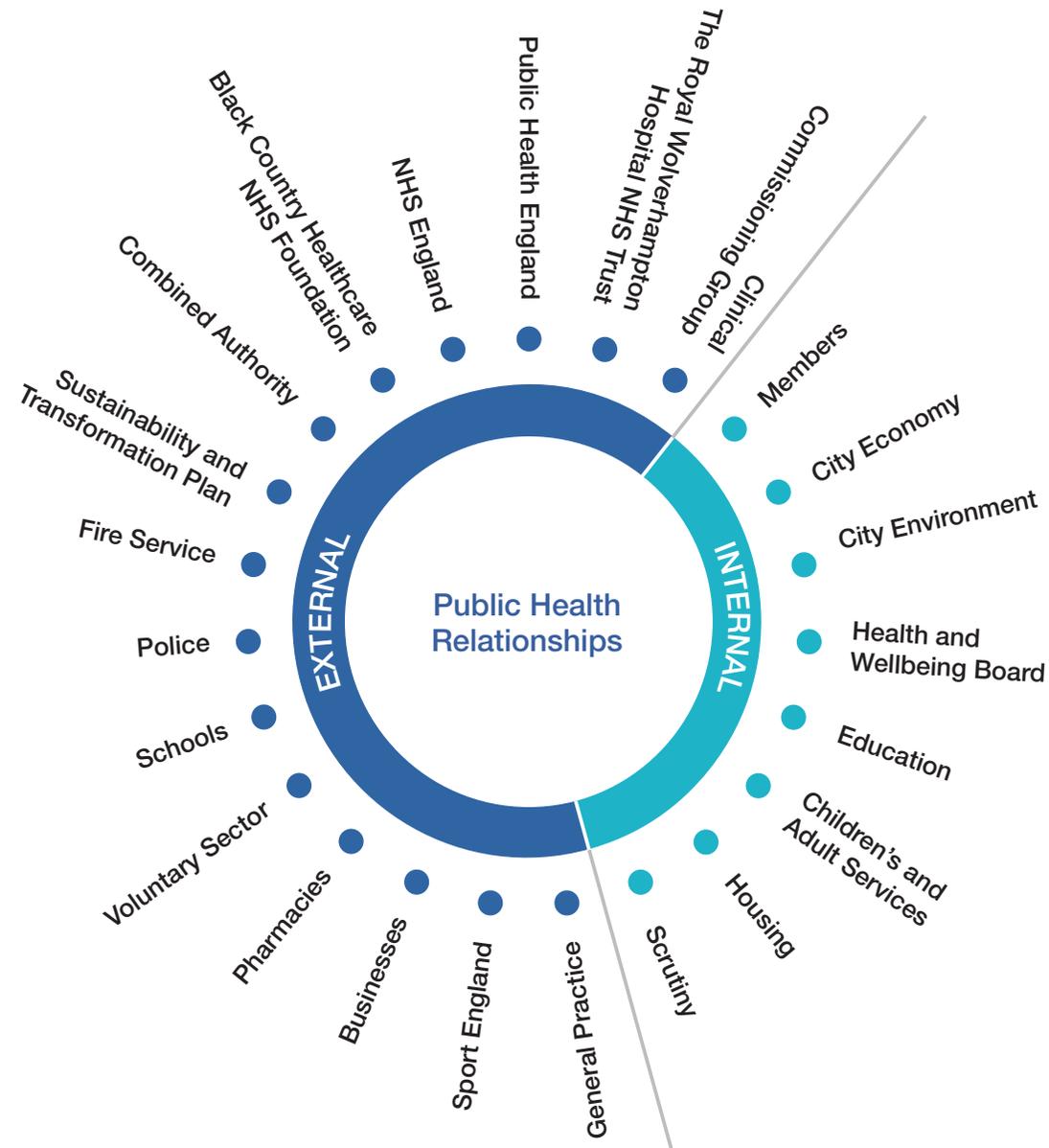
According to the ONS, general mortality rates are normally higher in more deprived areas, but the gap between deprived parts of the country like Wolverhampton and the national average has widened as a result of the pandemic.

Directly Standardised All Cause Mortality Rate: Wolverhampton and England & Wales: 2010 – 2020



Supporting our Communities

Prior to the pandemic, our [Vision for Public Health 2030](#) aimed to maximise the health impact of everything we do through the City of Wolverhampton Council, in partnership with both internal and external stakeholders. This is demonstrated in the diagram to the right. Partnership working was vital in all different aspects of our response, as highlighted in the following sections.



Our Covid-19 Response: Taking immediate steps

The Public Health Team and our partners quickly came together to coordinate a local response to help keep our population safe. The pandemic has stress-tested the council's ability to deal with unforeseen events and has strengthened our response to future threats.

Internally, Public Health assembled an internal council wide tactical group comprising operational and back office services. The group has been, and continues to be, responsible for interpreting the direction given by the strategic executive group for all things Covid-19 response related including the mobilisation of resources, council workforce implications and corporate communications. The group has supported testing, vaccination, contact tracing and outbreak management workstreams.

We moved at pace to respond to a virus which has caused dramatic disruption to people's lives, public service provision and society as a whole.

Testing

In partnership with the CCG and RWT, public health mobilised one of the first testing sites in the West Midlands at Showell Road Car Park. The test site ensured that as a City we could offer priority access to testing to our key workers (and their families) who were continuing to work on the frontline during the pandemic e.g. social care and health staff. This local provision enabled us to support employees, organisations and services to maintain workforce capacity and reduced the numbers required to isolate for prolonged periods due to the length of time required to get a test through national testing arrangements.



Managing Cases, Clusters and Outbreaks in High Risk Settings

Working in close partnership with Public Health England, we established systems to respond to reports of single cases, clusters and outbreaks in high risk settings such as workplaces, schools and care settings. We did this by establishing a highly responsive Incident Management Team (IMT) of public health specialists alongside external colleagues in Infection Prevention and council colleagues in Environmental Health and Health and Safety.

High-risk settings were made aware that they should notify us if they were alerted to a positive case so that we could provide them with comprehensive risk assessments and support manage situations effectively. We used data and intelligence to identify possible outbreaks in high-risk settings and took appropriate action to investigate and manage situations.

Up to March 2021 we have responded to situations in 625 separate high-risk settings, providing advice on infection prevention and control measures and assistance with contact tracing, thereby reducing risk and preventing further transmission. Our responsive approach ensures that contacts of positive cases are identified and isolated as a priority, whilst also proactively engaging with high-risk settings to update them on guidance and key messages.

Protecting the Workforce

To ensure the health and safety of the Council workforce, a Covid-19 Individual staff risk assessment tool was created by the Public Health team in partnership with HR and Environmental Health. This was based on available scientific evidence and allowed the level of Covid-19 risk to be assessed for all staff members and to be decreased where possible. It was required to be completed by all staff members who were or were shortly going to be working outside of their home and was integral to the re-opening of services.

Supporting Pharmacies to help deliver medication to residents

Through close partnership working with the Local Pharmaceutical Committee, we worked with community pharmacies to support their medication delivery services during the first wave of the pandemic. This included supporting community pharmacies facing a backlog of medication delivery requests by redeploying council employees to act as pharmacy delivery drivers. Staff members were given appropriate training and completed scheduled deliveries in a Covid-19-safe way. Residents unable to access their regular medicines from their local pharmacy who contacted the Covid-19 support line were supported through our network of local responders.

Managing local mortuary capacities

Public Health supported the Council's Mortality Programme. By working in collaboration with Bereavement and Registration services, Public Health were able to support the development of an Excess Deaths plan and liaison with Funeral Directors throughout the pandemic. This resulted in consistent monitoring of local body storage capacities and provision of free PPE to all Funeral Directors when it was in short supply.

Contributions to the West Midlands and Warwickshire Local Resilience Forums (LRF)

Regionally, we played a key role as part of the wider LRF efforts by supporting the development of regional response frameworks and collation of essential data.



Our Covid-19 Response: Protecting our communities

Supporting the city's most vulnerable residents

Throughout the pandemic, our aim was to protect those most vulnerable to suffering severe effects of Covid-19. In March 2020, working in partnership with the Clinical Commissioning Group the Council wrote to all residents who had been identified as clinically extremely vulnerable (CEV). Government data sharing changes allowed the local authority access to CEV data, which was used to directly contact residents to offer support allowing them to maintain shielding.

The Stay Safe Be Kind helpline and email address was established to provide support to those identified as at the highest risk and who were self-isolating. Callers were trained on taking such calls and escalation team were on hand to assist with any queries. Tailored pathways were developed to ensure each resident who called the helpline was able to access support depending on the nature of their need. Between March 2020 and June 2020 over 16,000 calls and emails were responded to.

The **Stay Safe Be Kind** service offered a direct telephone and email line to all identified clinically vulnerable residents and shielders to support them to access a range of pathways and services which included:

- Volunteer shopping service, including a payments team
- Referrals for emergency food parcels
- Medication collection and delivery
- Referrals for both debt and benefit advice
- Health and wellbeing signposting
- Links to volunteer safe and well support to combat loneliness and isolation
- Social care assistance

As the pandemic continued the service was expanded to support more cohorts including extremely vulnerable shielding residents, clinically extremely vulnerable residents identified by NHS and GP records and **14,000 families and single households identified as financially vulnerable**. The Stay Safe Be Kind helpline also proactively called **over 9,000 residents**.

Collaborative actions

We contacted those at highest risk and worked with key partners across the city:



80,000

higher risk people written to offering support



12,300

contacts on **Stay Safe Be Kind** emergency line



177

homeless, or at risk of becoming homeless supported with a room and roof



800,000+

items of **PPE sourced and delivered** by council to local care



61,000+

food parcels delivered



800+ from key worker families

3,000

children supported in **city schools**



25,358

Meals on Wheels deliveries made



£1.3m

made available by council to support **local care providers**

The **volunteer shopping service** was available to residents who can afford to purchase food, but cannot leave their home due to shielding, self-isolating or their medical conditions. Volunteers shopped on their behalf and delivered to their home address. The Volunteer shopping service was supported by colleagues from Wolverhampton Homes, who have been key partners in enabling and delivery of this offer. They have been supported by colleagues from Wolves Foundation, community members who were DBS checked and a small cohort of council redeployed staff. Healthwatch also provided support to residents to collect medication if residents had no one in their network who could collect it on their behalf. Over **1,200 residents** were supported with shopping or collecting their medication.

Callers to **Stay Safe Be Kind** were triaged by CWC staff using a mental health support pathway to identify anyone feeling lonely or isolated. Those in need of support were provided with advice and reassurance, with **over 400 people** referred to the social prescribing specialist team at Wolverhampton Voluntary Sector Council. In addition to supporting the shielding cohort, the helpline supported **over 14,000 families** and individuals in receipt of benefits.

Emergency food parcels were delivered to residents who were advised to shield and who could either not afford or get access to food delivery services or had no friends or family to shop for them. For this purpose, Aldersley Leisure Centre was turned into a food parcel distribution hub, with the sports hall used for assembling food parcels, the café area as a loading bay and the Wolverhampton Wanderers indoor training pitch as a training centre and rest area. Around **250 people** were trained for roles including delivery drivers and warehouse production operatives while on-site security 24/7 ensured the safe operation of the site.

Strict social distancing and on-site infection control ensured safe packing of parcels and operation such that there were no outbreaks of Covid-19 among staff during the four months of operation. Working with the Stay Safe Be Kind helpline, referrals for food parcels were managed by a database which utilised delivery software provided by Marston's Brewery to plan six-day-a-week deliveries using a fleet of 30 delivery vans. Food parcels delivered to residents weekly contained a range of non-perishable goods plus bread. They also included a bespoke infographic with evidence-based tips on how to look after their mental wellbeing whilst at home. In response to customer feedback, baby boxes were also introduced which included nappies, wipes, milk and baby food.



Food distribution hub

The **food distribution hub** was featured on Good Morning Britain, Sky News, Channel 4 News and BBC News and the Local Support System, comprising Stay Safe, Be Kind and the food distribution hub, won 'Best Health and Wellbeing Initiative' at the Association for Public Service Excellence (APSE) Awards in December 2020.

Supporting Care Homes

There are currently 69 care homes in Wolverhampton that look after some of our most vulnerable residents, providing physical and mental wellbeing care, with the majority of residents being older adults in advanced stages of life. Around 1700 residents are looked after in these nursing and residential care homes at any given time, and unfortunately, these settings have acutely experienced the devastating effects of Covid-19. This impact is not exclusive to Wolverhampton, indeed the severity of Covid-19 in care homes has been felt nationally.

Similarly, homecare providers, supported living and extra care providers have faced many challenges in maintaining the high level of care they deliver.

There have been many challenges within the care sector which have presented in various ways throughout the pandemic. However, health and social care partners in the City have come together in an unprecedented fashion to work collaboratively, and address some of the most difficult and testing challenges the health and adult social care system is likely to ever face. An underpinning element of sharedness across health and social care partners was evident right from the beginning of the pandemic.

- Partners collectively addressed the shortage of PPE during the early stages of the pandemic and established a single point of contact for queries and supplies which ensured care homes were adequately equipped.
- As the pandemic progressed, managing Covid-19 outbreaks within such a vulnerable setting was the most important aspect of caring for care home residents and staff. An effective intelligence sharing process was implemented in the early stages whereby each care provider would complete a daily situational report that would highlight possible early signs of imminent outbreak, for example, level of staff sickness or level of symptomatic residents. The situational reports were submitted daily by care providers and reviewed by health protection and social care colleagues. This enabled an early response to implement infection prevention measures to stem the progression of Covid-19. Outbreaks were effectively managed through a multi-disciplinary shared approach involving health protection agencies, to ensure care homes were supported during a particularly testing period. Support ranged from accessing emergency staff, urgent testing to identify further cases, identifying and implementing infection prevention strategies and support with any training needs such as recognising deterioration.
- IMTs (Incident Management Teams) were established to manage each outbreak in a care home, which would typically be chaired by a Consultant in Communicable Disease Control from Public Health England, and importantly include the local Public Health Team, Clinical Commissioning Group, Adult Social Care, Primary Care, Infection Prevention Service based at the acute trust, and appropriate management from the setting where the outbreak was impending or developed.
- Throughout the pandemic the financial viability of homes has always been considered due to the added strain of implementing infection prevention measures to stem transmission and outbreaks of Covid-19. The Infection Prevention Fund has been carefully administered to mitigate this risk which ensured care homes had access to disposal funds to help upskill staff and implement infection prevention measures to manage Covid-19
- Care home managers have been supported through regular open forums with health and social care partners, where advice on various pieces of guidance was given, including support with sensitive queries such as care home visiting and encouraging open questions and discussion around the important mission of ensuring maximum vaccine uptake.

Moving forward it is imperative we support care providers in their recovery from Covid-19. Staff wellbeing and resilience, maintaining high standards of infection prevention, financial viability, confidence of families and friends of care home residents are some of the shared goals health and social care partners will focus on as part of the recovery phase and Relighting Our City plans.

Providing safety for people experiencing homelessness

In March 2020, the Government wrote to councils requiring urgent action to move people who were rough sleeping or at risk of rough sleeping into suitable accommodation.

This was a call from Government to bring ‘Everybody In’ for the duration of the crisis so that individuals could stay indoors and/or self-isolate to reduce their own risk of infection, and transmission to others.

A city-wide response

Wolverhampton Council Housing Team entered into a contract with Redwings Lodge (a partner with an established relationship with the homelessness service) to have exclusive use of the hotel to accommodate homeless individuals and couples.

All homeless households in need of accommodation were accommodated within 48 hours, including **74 people** over the first weekend. This included rough sleepers, homeless people in accommodation that was no longer suitable and newly emerging homeless households (for example people in insecure accommodation or sofa surfing at the beginning of the crisis). Within 72 hours of set up, the Homelessness Strategy Team from the Council, in partnership with Wolverhampton Homes, established a fully functioning accommodation service, benefitting from the support of rough sleeper service providers, A&E security, charity food provisions, and the staff team at the Redwings Lodge.



The process was supported by the city's Homelessness taskforce, jointly led by Public Health and Housing Strategy Teams. It comprised senior representatives who quickly worked to remove barriers in order to provide residents with access to timely support.

A total of **157 people** were provided with emergency accommodation at Redwings Lodge during the pandemic, including entrenched rough sleepers and individuals with No Recourse to Public Funds.

Due to the success of the partnership model at Redwings, **100 residents** have been supported into accommodation. Half of those have moved to their own tenancy (including private rented accommodation) supported by Wolverhampton Homes' Housing Options and Homelessness Service. Others have moved on to appropriate supported accommodation and hostel provision in the City.

As part of the holistic support package to residents in Redwings, a team from the substance misuse service regularly attended the accommodation to offer timely assessments, brief and extended interventions and rapid access to prescribing, naloxone kits and needle and syringe equipment. Additionally, substance misuse training and naloxone training was provided for all Redwings staff.

Key partners involved: P3, Enterprise Homes Group (night shelter), Good Shepherd, St George's Hub, Refugee and Migrant Centre, Recovery Near You Wolverhampton Homes, the Food Services and security staff.

Public Health Actions:

- The project was allocated specialist public health capacity on an ongoing basis to enable the provision of onsite and out of hours support and guidance related to client need and Covid-19 secure measures
- Navigated health and well-being systems to provide clear referral paths to health services, including GP registration, Mental Health and wound care
- Developed a Covid-19 risk assessment tool and undertook assessments with every resident to determine whether their health needs meant they would be required to shield
- Provided infection prevention guidance to residents and staff at Redwings Lodge for the duration of its set-up
- A policy was drawn up and approved by the CCG and Local Pharmaceutical Committee where authorised officers could collect Opioid Substitution Therapy (OST) medication on behalf of residents in emergency situations where they could not attend due to self-isolating or having no family nearby

Alternative Giving Charitable Incorporated Organisation (CIO)

The Alternative Giving CIO provided vital support to the city's homelessness charities to keep helping vulnerable residents during the pandemic:

- **Almost £3,000** was donated to St Georges Hub to make their facilities Covid-19 secure. Perspex screens were purchased for use in all areas of the Hub, meaning that the centre could continue to operate safely and offer vital support to clients.
- **£2,000 was given** to support with essential catering at Redwings Lodge whilst it was being used for emergency accommodation during the pandemic.

In addition, Wolverhampton BID and the Council joined forces in November 2020 to introduce the first 'Tap to Donate' point for the Alternative Giving CIO. The device is installed in Victoria Square near Wolverhampton Railway and Bus Stations. Donations are capped at £3. All funds raised go directly to the charities supporting and preventing homelessness within our city.

Domestic Abuse

Restrictions around Covid-19 have been particularly challenging for victims of domestic abuse, especially for those living with their perpetrators. They have fewer opportunities to seek help, have faced further isolation and reduced contact with those who support them.

To encourage victims to seek support to remain safe, we have delivered key messages to victims that they are not alone, support is available in Wolverhampton and lockdown restrictions do not apply to those at risk of domestic abuse. As well as supporting regional and national campaigns in 2020 we delivered a virtual 10-day 'Orange Wolves' campaign, raising awareness of violence against women and girls. The campaign received excellent engagement with communities and delivered workshops for professionals covering subjects such as recognising signs of abuse, making safe contact with victims during lockdown and supporting victims of forced marriage and honour-based violence.

We continued to offer home security assessments to victims of domestic abuse, allowing them to access additional security measures through Wolverhampton's Safer Homes Scheme, delivered by Wolverhampton Homes. The purpose of the Scheme is to enable victims of domestic abuse and their children to remain safely in their own homes when the perpetrator of the abuse does not live at or have any legal rights to occupy the family home.

Our specialist domestic abuse organisations have experienced increased demand over this period. Calls to the Haven Wolverhampton community service increased by over 1,000 in comparison with 2019 and referrals for refuge **increased by 41%** in the same period. The increase in demand also included new forms of contact, such as a WhatsApp texting service and web chat. We are working closely with the Haven to ensure victims and children living with domestic abuse can continue to access vital support, both within refuge and the community.

Strong partnerships and a shared approach to supporting victims and children have been vital in safeguarding the most vulnerable during this difficult time. We will continue to build on these relationships through the next phase of the pandemic.



Supporting Educational Settings

Schools and educational settings were closed to the majority of children and young people between March and July 2020 and again, between January and March 2021. When schools have reopened, there have been significant periods of absence due to self-isolation requirements. Although we recognise that there will be impacts on all of our children and young people, those who are vulnerable, or disadvantaged will be affected disproportionately. It is expected that the pandemic has increased health inequalities and inequalities in educational achievement and attainment amongst our children and young people.

Our response

Public Health recognised the huge challenges educational settings faced in balancing the provision of a Covid-19-safe environment with meeting the learning requirements of their pupils.

A multi-agency working group was established, comprising representatives from Education, Public Health, HR, Health and Safety, Communications and School Nursing. The group supported schools in the interpretation, planning and implementation of national Covid-19 safety guidance and regular communication was provided through bulletins, weekly drop-ins and engagement sessions. In addition, the Council and partners facilitated free school meal provision for a number of schools across the city.

A local Covid-19 Helpline was established for schools and other educational settings, so that they could report and receive in-depth advice and support in how to implement government guidance in responding to positive cases within their setting.

In December 2020, the Government announced that rapid-result coronavirus tests (also known as Lateral Flow Devices) would be rolled out to all secondary schools and colleges across England from January. To prepare for this, Public Health provided extensive support to Educational settings by:

- Leading on the establishment of testing for schools and their communities within the City.
- Delivering training to support the mobilisation of onsite testing for secondary pupils and staff.
- Identifying and supplying testing equipment to settings to supplement that provided by DfE.
- Providing local guidance on how to effectively and efficiently upscale testing provision to enable the safe return of pupils from early March and comply with DfE requirements.
- Arranging a council deployment of volunteer 'Test Operatives' into settings to support with testing requirements prior to schools reopening

We aim to continue to support schools to remain open safely. We acknowledge that many children will have suffered educationally, emotionally and physically during the pandemic and that inequalities will have widened during this period. We will lead and coordinate responses to promote healthy growth and emotional wellbeing within our schools, so that young people can make the most of their educational opportunities and have the best start in life.

Supporting the University

With over 20,000 students and 2,000 staff across the University of Wolverhampton, the challenges of ensuring facilities, learning environments, and halls of residence remain Covid-19 secure have been significant.

Our 'Academic Partnership' has seen us work collaboratively with university colleagues to provide a comprehensive 'stress test' of these environments against the latest government guidance. We have provided students and staff with access to nearby testing facilities for those with and without symptoms of Covid-19. Our joint case management process for reporting and contact tracing positive cases has reduced risks of onward transmission on campus and in the wider community, keeping both staff and students safe.

We will continue to deliver on our strategic commitment to protect the safety and well-being of our research and academic community in Wolverhampton as we move through the next stages of the roadmap out of lockdown.



Support for businesses

Business Testing

Testing support to businesses was a crucial element of the Covid-19 response to ensure businesses could continue to operate safely. Proactive testing of employees was strongly encouraged to enable asymptomatic cases to be identified earlier and prevent unknown wider transmission in the workplace and thus prevent outbreaks.

The support offer initially started with on-site workplace testing pilots in three local businesses. These pilots helped to inform workplace testing provision and crucially enabled asymptomatic positive cases to be identified where they otherwise wouldn't have been.



A dedicated customer support line was set up to support local businesses access testing provision and grant support. Over 2500 businesses were proactively contacted to signpost to either the national on-site testing offer or local rapid test centres. Additionally, an online booking platform specifically for businesses was developed in order for employees to pre-book tests at a time and location to their convenience.

In order to further support businesses, embrace rapid testing and to help with associated costs of on-site testing, Public Health and Enterprise created the Business Testing Grant Scheme, whereby businesses could apply for financial support of up to £10,000 by supporting the testing agenda. This scheme has resulted in over 300 businesses across Wolverhampton committing to testing over 75% of its workforce either in the workplace, at a test centre or at home twice a week until 30 June.



Partnership working with Environmental Health

Public Health and Environmental Health have worked effectively together to establish a Covid-19 Business Support Team who are responsible for ensuring businesses comply with legislation relating to Covid-19. A team of Covid-19 Support Advisers was set up to facilitate the innovative Covid-19 Compliant Scheme, which involved proactively visiting thousands of businesses and ensuring that they had appropriate Covid-19 measures in place.

Public Health and Environmental Health have worked together to manage workplace outbreaks. This has included conducting joint visits as appropriate and producing communications to support businesses and provide guidance, attending weekly meetings with the Police to share intelligence and discuss reports of potential Covid-19 breaches and how they should be managed.

We have jointly developed webinars for the business sector that have focused on specific Covid-19 guidance, risk assessments, managing outbreaks and testing. Looking forward we will build on the success of this partnership.

Lockdown: The wider impacts upon our population

In March 2020, the government entered lockdown, meaning that everyone was asked to stay at home in order to save lives. Social distancing, a term rarely heard before the pandemic, is now a key measure to keep us safe and is likely to remain until it is considered safe for the population to interact.

Lockdown has had an array of different impacts on society, both positive and negative. Many may have felt lonely and isolated, others may have lost loved ones, been furloughed, had no access to green space or live in overcrowded spaces. On the other hand, some of the positive impacts have included increased levels of volunteering, a reduction in traffic leading to reduced pollution and improved air quality.

The following section highlights the array of impacts lockdown has had on different areas of our lives.

Local Support Grant

Since December 2020, Wolverhampton has received **£2.7 million** as part of the Covid Winter/Local Support grant. This grant has been issued through the Department for Work and Pensions and is accessible for households that have found themselves in difficulties because of Covid-19. This grant is not means tested.

The Council, alongside over 30 other providers, have engaged with the programme.

By 31 March 2021, approximately **45,000 individuals** had been supported through the grant. This included food, fuel, clothing, toiletries, sanitary products, bedding and small appliances.

Supporting our children, young people and families

In response to Covid, school holiday activities had to be delivered online. They were all brought together on the platform “WV Virtual Squad” which went live in April 2020.

There were many different activities ranging from art and crafts (most popular), learning, cooking entertainment, sport, music and wellbeing. There were activities that were tailored for our SEND population. There was also a parent section. The site has had 23,135 unique visitors.

An Additional youth work post was employed to reinforce the stay at home message and also to address concerns of young people. To help reduce the pressure on emergency services and the risk of young people being criminalised during the COVID-19 outbreak, our local provider, Base 25 worked closely with the police to ensure that young people in Wolverhampton were behaving safely and in line with Government guidance. Each morning they liaised with Police to identify 'hot spot' areas. 62 young people, aged between 12 and 16, were engaged with.

Media campaigns reached over **16,000 people**. The most popular campaign #ISTAYHOME has reached 11700 people and our competition alerts have reached 1000 people. The detached youth work post reached 3600 people.

With the easing of restrictions, Children Services delivered a summer programme. Young people enjoyed the activities with many citing an improvement in mental wellbeing. Communities said it brought local people together. Over 3000 young people attended activities, 952 young people from black and ethnic minority backgrounds. Over 550 parents also took part in summer events.

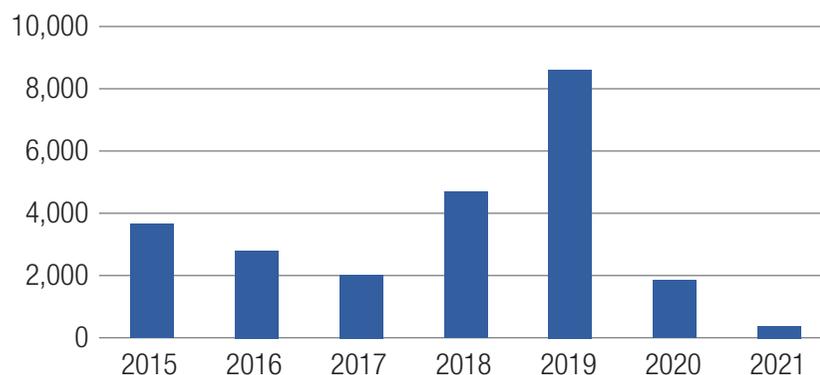
All of this work is informing how we work with children, young people and families as we continue to live with Covid-19.

Impacts upon Cancer Screening and Cardiovascular Checks

Data suggests that during the Covid-19 pandemic, access to primary and secondary care reduced significantly. Nationally, elective hospital admissions fell by 65.1% in all ages between April-June 2020, compared to 2018 and 2019 averages. Similarly, emergency admissions **fell by 26.2%** in all ages between April-June 2020, across England.

In a YouGov poll in January 2021, more than half of respondents (51.9%) reported that they did not seek medical advice for a worsening medical condition during the first lockdown, of these more than half stated that their reason for not accessing support was to 'avoid putting pressure on the NHS'.

Health Checks

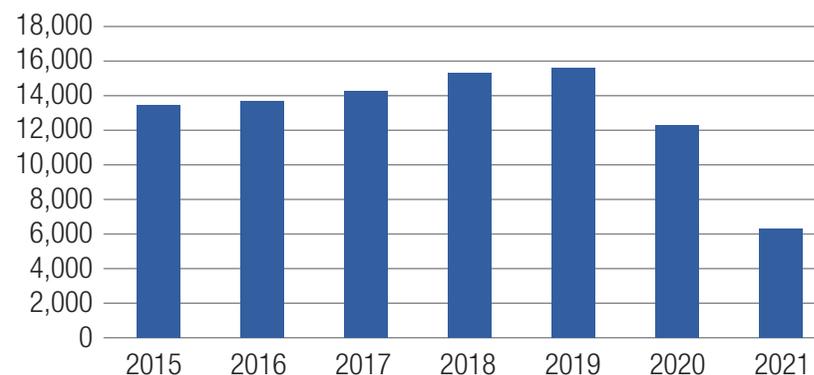


The NHS Health Check is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

Following efforts by Primary Care services and Public Health in Wolverhampton, the number of NHS Health Checks had increased significantly in 2018 and 2019.

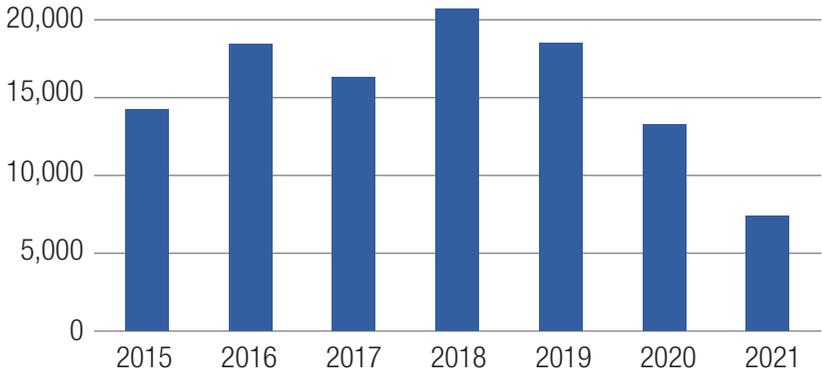
However, following the start of the Covid-19 pandemic, the number of NHS Health Checks completed have reduced significantly, in 2020 and the first 4 months of 2021.

Cervical Screening



Following 5 years of consecutive growth in the number of Wolverhampton residents taking part in the NHS Cervical Cancer Screening programme, there was a **reduction of more than 20%** in 2020 compared to the previous year. This was caused as a result of disruption to primary care services during the pandemic and because the lab capacity was required for Covid-19 test processing.

Bowel Cancer Screening



The number of Wolverhampton residents taking part in the NHS Bowel Cancer Screening programme fell in 2020, by more than 25%, compared to the previous year, which is likely to have been due to the disruption caused by the Covid-19 pandemic.

Academic research is currently being undertaken to ascertain how significant the impact the reduction in access to services will be on the health of the population. However, some preliminary findings have been published, on areas such as the impact on cancer outcomes. A study published in December 2020, suggests that the delays in diagnosis will lead to **between 3,291 and 3,621** additional deaths across the UK from the four major cancer types (Breast, Colorectal, Lung and Oesophageal).³

The mental health and wellbeing challenge

The pandemic has impacted our mental health, as well as our physical health. Evidence shows that self-reported mental health and wellbeing worsened during the first national lockdown. Psychological distress, anxiety and depressive symptoms increased; lockdowns, economic insecurity, social distancing, and restrictions on travel resulted in some people reporting higher rates of loneliness and poorer well-being.

Health impacts of furlough

People impacted by furlough may have responded in different ways depending on their individual circumstances. Some may have welcomed the break from work to look after children or dependents, however, for many it would have been a difficult time with a range of emotions that may have included:

- Increased stress about the future, including uncertainty about financial circumstances and the longer-term stability of their employer
- Losing a sense of purpose and value caused by a lack of daily routine and having to spend more time at home
- Feelings of loneliness and isolation through a lack of connection and communication with others.

Our City-Wide Response:

- Championed national campaigns to promote mental health and wellbeing, including self-help tools from ‘Every Mind Matters’.
- Created a digital platform Stay Safe Be Kind which held a directory of resources about keeping well in lockdown.
- Worked closely with local ‘Health Champions’ and ‘Community Development Workers’ to disseminate health and wellbeing messages and promote pathways to mental health services for people from refugee, migrant and minority ethnic communities.
- Signposted to the Wolverhampton Healthy Minds services for people experiencing low mood, stress, or anxiety. Those needing more targeted support could contact the Black Country Healthcare (BCHC) Rethink 24-hour helpline, or the new 24/7 Black Country Crisis-line to navigate access to timely support.
- Worked collaboratively with BCHC to manage outbreaks in acute settings to keep hospital wards open for those facing more acute mental health problems.
- Supported local efforts to increase Covid-19 vaccine uptake by people with serious mental illness and care givers.



Spotlight: During Mental Health Awareness week May 18th -24th 2020, we ran a campaign to celebrate kindness. Residents engaged with the campaign to thank those who helped them during lockdown and made commitments to be more responsible, helpful and kinder to others.

Next steps

We will refresh the strategic vision for public mental health across the City. We will continue to strengthen our relationships with our strategic partners, including the CCG, Primary Care, BCHC, Voluntary sector and others to ensure a joined-up approach across all workstreams. This includes engaging with communities to assess the impact of the pandemic on their mental health and wellbeing. This will include understanding both the challenges faced, the protective factors that have helped people stay well, and access to services. In addition, we will continue to provide health protection advice to settings managing people experiencing serious mental illness within our city.

³ [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30388-0/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30388-0/fulltext)

Economic impacts of lockdown

In March 2020, the UK Government asked millions of people to stay at home to protect lives. Non-essential businesses, schools and shops closed. This meant that millions of people were unable to go to work. Only those doing essential work, such as providing healthcare or food, were able to continue to work.

This disruption meant many businesses couldn't operate in the usual way. Many employees couldn't go to work and many businesses had to adapt to new ways of working. Some businesses cut costs by furloughing their employees or letting them go. As a result, many people lost their job or part of their income.

Key challenges have emerged from the pandemic in Wolverhampton:

- Unemployment levels increased
- The Universal Claimant count **increased by 7,000** in the city in 2020
- Young people have been disproportionately affected. Between December 2020 and February 2021, **3.5% of 16 and 17-year-olds** in the city were Not in Education, Employment, or Training (NEET) and 'not known' (individuals whose outcomes are unknown)
- Over 50s in long term employment have been affected by redundancy
- Unprecedented economic changes - some sectors were severely affected yet others experienced rapid growth

- Digital divide has been amplified, alongside a lack of devices and connectivity
- By the end of March 2021, the number of residents furloughed had fallen to **13,300 people** from a peak of **43,100 people** at the height of the pandemic.

Looking forward

- Programmes are being designed to support residents back into employment
- Our nationally recognised employment programme Wolves at Work has responded rapidly to support those who have been made unemployed by the temporary downturn in our economy and will continue to work with a network of **over 600 local business** to secure new employment opportunities for local people.
- New funding has been secured for longer term unemployed clients and young people specific support through Wolves at Work.
- Local and regional partnerships will be supported for Response to Redundancy services with a comprehensive communications plan in place.
- Wolverhampton remains a city of opportunity and working with further education providers and businesses we will identify the skills needed to drive forward the industries of the future and match skills to new jobs being created so that local people can achieve their potential.



Green spaces and the local environment

The benefits of spending time outside are widely recognised, with access to green spaces, including trees and woodland, proven to improve both our physical and mental wellbeing. Access to green spaces can encourage physical activity and help reduce obesity, relieve stress, encourage social interaction and improve quality of life. This brings about cost savings to the NHS as well as wider economic benefits, through a healthier, more active population.

National evidence shows that appreciation of the local area increased for many people during lockdown, as they had more time to get to know it. In June 2020, 46% of respondents to a survey by Natural England said they were spending more time outside during the pandemic than previously.

Proximity to a park or significant green space was the strongest predictor of satisfaction with neighbourhoods during lockdown. Almost as strong was the presence of local facilities, such as shops and services, within easy reach of home.

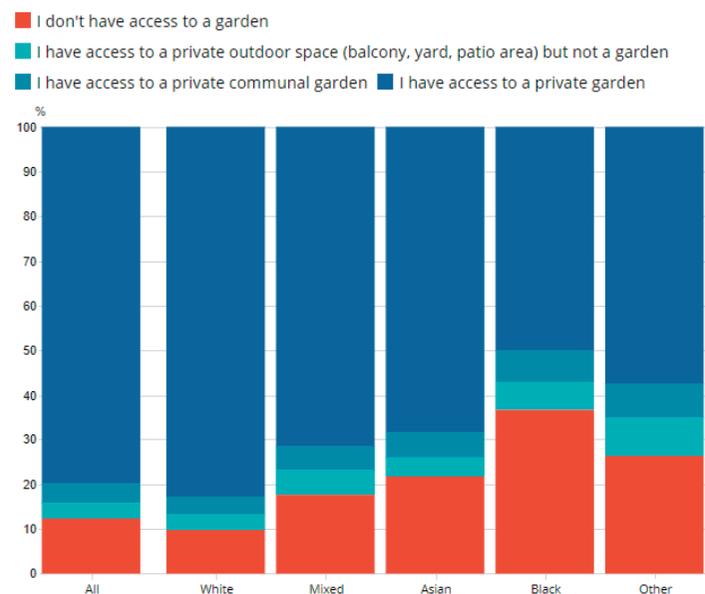
The availability of less trafficked streets, wider pavements and good walking and cycling routes from the home were particularly prized. However, throughout the UK, **over 10.7 million people** were uncomfortable in their homes and those in flats and social housing suffered the most.

Unequal access

Access to green spaces is unequal with poorer neighbourhoods and people from ethnic minorities suffering green space deprivation. The difference is shown by the fact that, according to the GB Ward Canopy Cover website, within Wolverhampton, **23.2% of Tettenhall Wightwick** ward is covered by trees as opposed to **11.0% of Heath Town** ward.

People from minority ethnic groups are less likely to have access to a private garden

Percentage of people with access to a private garden, by ethnic group, England, 2014 to 2019



Analysis undertaken by ONS and Natural England between 2014 and 2019 found that one in eight households (12%) in Great Britain had no access to a private or shared garden during lockdown. In London, this rose to one in five households (21%). Inequalities in access to gardens persist (see chart). In England, Black people are nearly four times as likely as White people to have no access to outdoor space at home, whether it be a private or shared garden, a patio or a balcony (37% compared with 10%).

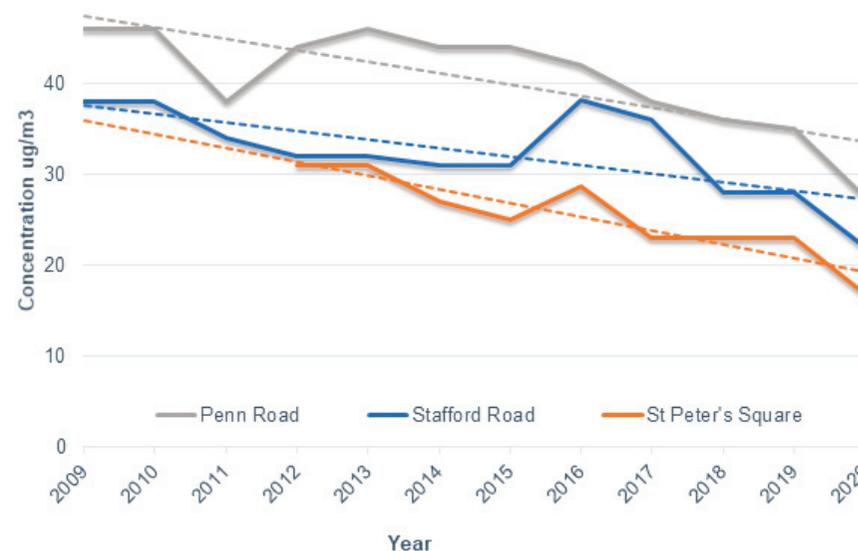
The pandemic has brought a greater awareness of these inequalities and has reinforced the importance for us in improving access to green spaces within the city.

Around 1,300 trees were planted in 2020, mainly native trees planted in community events in February and March prior to lockdown. The Black Country's first 'Tiny Forest' was planted in March 2021 at Oak Street, Merridale, sponsored by the Council and the OVO Foundation and in partnership with Earthwatch Europe. The Council has ambitious plans for winter 2021/22, including planting another 'Tiny Forest' in Bilston and 20,000 trees (funded by the Woodland Trust) in parts of the city which have lower tree cover and higher levels of deprivation.

Air Quality

Preliminary data for 2020 shows that nitrogen dioxide (NO₂) levels in the city **fell by an average of 25%** between 2019 and 2020. At least some of this is likely to be due to average traffic levels falling by over two thirds between late January and late March 2020 and remaining low throughout the summer.

NO₂ Automatic sites



Source: Natural England – Monitor of Engagement with Natural Environment Study

Physical Activity and Leisure during lockdown and beyond

On 23rd March 2020, all leisure and sports facilities closed following government guidance and the public were permitted to leave their home once per day for physical exercise such as walking and running. Anecdotally more people accessed green spaces in the city to walk, run or cycle during this period. In later lockdowns there were no limits on exercise, highlighting the importance of physical activity on wellbeing.

Sport England's Active Lives data showed that Wolverhampton's levels of physical inactivity increased by 2.7%, with physical activity decreasing by 4.1% for the year of the pandemic. This theme was reflected across the UK. WV Active's membership base **dropped from 10,000** live members pre-pandemic to **5,300** at the end of the third lockdown.

Sport and exercise throughout the pandemic

Large physical activity events such as parkrun remained closed. Some activities were able to continue once restrictions permitted, such as Jolly Joggers, a nationally recognised couch to 5k programme scheme delivered by Mind, the mental health charity to support individuals with mental health concerns. The Wolves Foundation Head for Health programme which focuses on supporting men's mental health through physical activity operated throughout the year via virtual platforms.



The City Transport Service implemented new initiatives within the City Centre including restricting vehicle access to allow safer pedestrian routes and more cycle lanes. This was to encourage safer active travel. The Parks Service worked with visitors to provide guidance on Covid-19 safe physical activity whilst using our green open spaces.

The reduction in levels of physical activity of children and young people was a concern for education providers. The Black Country Rainbow Hour was launched in May 2020, encouraging schools to provide an hour of wellbeing and physical activity for every pupil each day. The campaign and resources were developed in collaboration with Active Black Country and other partners. 140 schools across the Black Country engaged in the programme, with over **41,000 pupils** experiencing a daily Rainbow Hour. The programme is recognised as good practice by PHE.

⁴ <https://www.ons.gov.uk/economy/environmentalaccounts/articles/oneineightbritishhouseholdshasnogarden/2020-05-14>

Repurposing our facilities to protect our City

During the first lockdown WV Active Aldersley Leisure Village was repurposed as a food distribution hub and the workforce was redeployed to help pack and deliver over 61,000 emergency food parcels in the city. WV Active staff were redeployed onto the Council's Stay Safe Be Kind helplines to support the city's most vulnerable.

Sport and leisure facilities reopened in July 2020 with new guidance around operating models. Public confidence to participate in sport and leisure gradually increased as services and activities returned. This was halted by the November lockdown, local restrictions in December, and the full closure of facilities in January during the third lockdown. Our leisure facilities were repurposed, and our workforce was redeployed once again to support the city's response to the pandemic.

WV Active Aldersley and Bert Williams were repurposed as vaccination centres and the WV Active Team supported the running of these sites, as well as the rapid test sites in the community. The vaccine centres were a great example of partnership working with many services from within the City of Wolverhampton Council coming together alongside the WV Active Team and wider health partners such as the Clinical Commissioning Group, regional NHS and primary care networks. This collaborative way of working will continue after the pandemic to create a joined up holistic approach to health and physical activity.

Looking forward

Taking part in regular physical activity can support your immune system in a variety of ways, as well as reducing your risk of major illnesses, such as heart disease and stroke.

With this in mind Physical Activity, including Active Travel, Leisure and Sport Participation should be at the forefront of the recovery of the city and its community. We will apply behavioural principles to support with the recovery from the pandemic.

We are developing a strategy which will aim to provide as many people as possible with the opportunity to participate in different forms of physical activity across the city in the coming months.



Changes to locally commissioned Public Health services

Substance Misuse (Recovery Near You)

During the pandemic it has been essential to ensure safe and effective support for those requiring substance misuse treatment. Service provision was tailored to adhere to Covid-19 regulations whilst supporting those with complex needs and vulnerabilities. Changes to provision included virtual appointments for assessments, keyworker support and training which allowed volunteers to issue life-saving Naloxone kits and extended supplies of needle and syringe equipment to service users. Naloxone is an emergency medication that can reverse the effects of an overdose of opioids such as heroin.

A review of the substance misuse impacts on the local population during and following the pandemic will shortly be undertaken to ensure pathways to access support adequately reflect the needs of the population.

Sexual Health Service (Embrace)

Sexual health services were affected across the country. During the first wave, the local service Embrace established phone triage appointments to reduce face to face clinic visits. Throughout April to June 2020, staff capacity was reduced and about 50% less patients were seen. Online testing kits for sexually transmitted infections were promoted. Some services such as fitting long-acting reversible contraceptives (e.g. coils, implants) were significantly reduced in Embrace and in primary care, and as a result, people were supported with alternative contraception.

The pandemic has forced the service to deliver differently, and some changes will be maintained. The positive changes have included digital appointments, postal prescriptions, and ChatHealth which allows residents to text the service with concerns.

Through a partnership approach with Embrace, a joint review of the sexual health and contraception impacts will need to be understood to inform further service transformation.

Maternity Services, Health Visitors and School Nurses

During the first lockdown it became much harder for maternity services and health visitors to go into homes to check on the health and wellbeing of new-born babies as is usual practice. As schools were closed, school nurses could not keep an eye on pupils in the normal way. This raised concerns that where babies and children were in circumstances that posed safeguarding risks, they could be overlooked. It also meant there were risks regarding not identifying developmental delays or poor mental health in parents which can then affect their relationships with children.

Public Health worked with Children's Services, health services and safeguarding colleagues to draw up protocols for working that included when and where video calls to families would be used, and when these would step up to being a face to face contact, using correct PPE. All services worked extremely hard to ensure no child who needed additional support was missed. In addition, School Nurses undertook twice-weekly telephone calls to families under the safeguarding umbrella to ensure their safety.



Tuberculosis (TB) Team

Many NHS teams were redeployed to support the treatment of patients admitted with coronavirus. This included the Wolverhampton TB Team, who were asked to support the Covid-19 ward at New Cross Hospital. The team adapted to meet need during the most challenging of times. For example, to reduce the number of hospital attendances needed to diagnose TB, the type of diagnostic test used to screen contacts was changed and where suitable, face to face clinics were converted to telephone consultations.

The pandemic has demonstrated the need to be flexible in approaches to service delivery. As a direct consequence, we are now working collaboratively with the TB Team to explore the use of video technology to support vulnerable service users to complete treatment. This will not only enable better health outcomes but empower individuals and promote independence.



Flu Fighters

Our successful Flu Fighters campaign was introduced in 2018 to increase flu vaccine uptake within school children. The campaign produced a child friendly booklet using comical characters to convey key messages on the risks and preventative action we can take against flu.

Having won an award in 2019, in 2021 Flu Fighters was again recognised as good practice; 11 other local authority areas have shown an interest in running the campaign in their areas, including 9 London boroughs, Worcestershire and Herefordshire. We hope to continue to expand the campaign in the coming years.

Our Covid-19 Response: Preventing Onward Transmission

Covid-19 testing

Testing has been a key strategy in Wolverhampton to ensure that cases of Covid-19 are identified and isolated as soon as possible to stop the spread of the virus. The sites in operation provided a testing centre within a 2-mile radius for most of the city's residents, making it convenient and simple to access.

Symptomatic testing

Wolverhampton launched the first mobile drive through unit in April 2020. In partnership with the Royal Wolverhampton Trust, a team of nurses and support staff provided access to testing for residents across the city.

The Department of Health and Social Care began establishing fixed symptomatic testing sites across the country in May 2020. Wolverhampton established excellent relationships with the DHSC, allowing us to open a number of symptomatic sites across the city in a short space of time. The sites allowed residents who displayed symptoms of Covid-19 to access a test at their earliest convenience and obtain their results within 24 hours. Sites were established in 6 locations in Wolverhampton. These include Showell Road, Whitmore Reans Library, Faulkland Street Car Park, Mountford Lane Car Park, Blakenhall Resource Centre and a drive through site at Aldersley Leisure Village.

Asymptomatic testing

Wolverhampton launched its first lateral flow asymptomatic testing site on 7 December 2020 after a successful pilot site at Guru Nanak Sikh Gurdwara on Sedgley Street. Wolverhampton led the region in establishing several faith and community led sites in mosques, churches and community centres, all run by community volunteers. These local community sites were key partners and were able to assist in breaking down barriers to testing. They engaged local communities, as trusted and local venues, making testing both acceptable and accessible. The sites created familiar and safe spaces for community members to attend to take a test. Receiving national recognition for the strong faith and community relationships, Wolverhampton's approach has been used as a best practice model across the country.

Over 85000 asymptomatic tests have been completed to date within the city.

During the peak of the pandemic, Wolverhampton had the following Lateral Flow Testing sites open to the public for use: Ashmore Park Community Hub, Civic Centre, Bilston Community Centre, Pendeford Library, St Joseph's Church and Bilal Mosque. To complement the sites, a mobile testing unit was commissioned in March 2021. This allows for testing to be situated in areas of concern, determined by data available, or in high footfall areas to support our residents to remain as safe as possible.

In addition, a Blue Light Test Site was introduced at Fallings Park Fire Station in December 2020. The site is operated by West Midlands Fire Service (WMFS) staff volunteers and is open to WMFS and West Midlands Police staff and their households who live or work in Wolverhampton.

Spotlight on Proactive Testing: Graiseley

In July 2020, local Public Health Epidemiologists witnessed a rise in infections in the Graiseley area of the city. The Public Health Team quickly mobilised to set up a pop-up walk-through testing site at the Graiseley Strengthening Families Hub to offer people tests without the need for an appointment.

Working in partnership with the NHS, Public Health arranged for swabs to be sent for lab processing, so residents could be provided with results within 24 hours. The Council lead pilot was successful in identifying positive cases and providing advice and guidance on how to isolate to reduce the spread of infection.



Enhanced Local Contact Tracing

On 11 December 2020, the Local Contact Tracing Team was established to take on Tier 2 calls from NHS Test and Trace. The team uses a local Wolverhampton number to connect with positive cases that the national NHS Team are unable to contact and has contacted over 3,000 positive cases to date. They can also make direct referrals to the Stay Safe Be Kind Hotline for those who are struggling with self-isolation to provide financial support, food parcels or refer for mental health and wellbeing advice.

The future of test and trace is to allocate Covid-19 positive cases directly to the local test and trace teams to undertake contact tracing at a local level. Concerns over potential outbreaks can be highlighted more quickly, alerting the local Health Protection Team to risks much earlier.

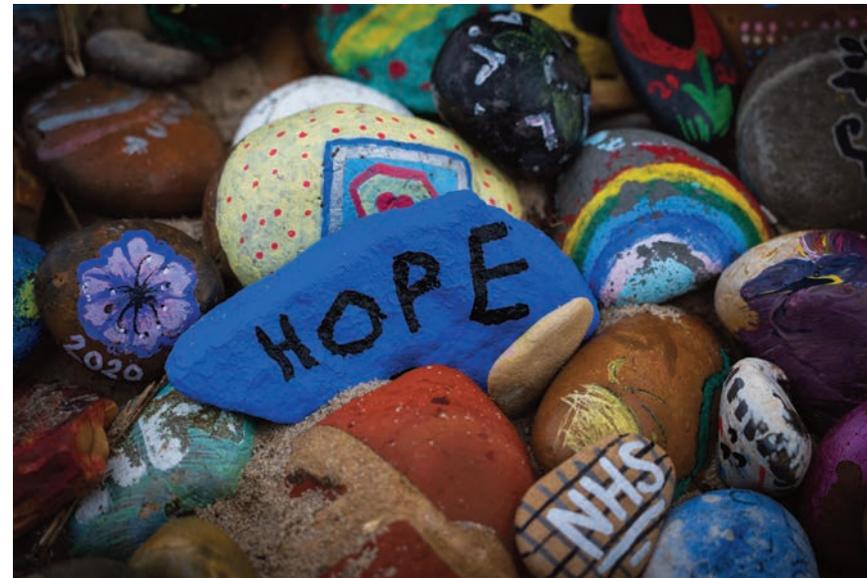


The **Community Champions programme** supports people shown to be most at risk from Covid-19 to adhere to guidance and reduce the impact of the virus on themselves and those around them. Community Champions have been working in partnership with the Clinical Commissioning Group to support the rollout of the vaccine in key localities across the city, identified by joint intelligence.

There are over 190 Community Champions comprising residents, voluntary and community partners and businesses and statutory organisations. Activity has included outreach services, Covid-19 Safety Packs, regular radio messaging by community and Faith Leaders in over 15 languages, young people's Stay Safe competition, Q&A sessions, social media videos and befriending calls to older people.

Messages have been co-produced and disseminated by Community Champions who are trusted in their neighbourhoods. They provide information and support to residents to stay safe and address vaccine hesitancy.

Our aims are to further develop the Community Champions programme to reduce the disproportionate impact of the virus on specific communities through making available funding and resources. This will help shape future local approaches to health improvement, including the promotion of good mental health.





Vaccination

Vaccines are at the heart of the Government's strategy to manage Covid-19. We have worked closely with the Royal Wolverhampton NHS Trust, Clinical Commissioning Group and Primary Care Networks to support the vaccine roll out to our residents. We have built on our already established relationships to create a 'One City' approach to vaccinations to ensure no one is left behind.

In partnership, to date we have successfully vaccinated the majority of health and social care staff, including care home staff and are continuing with a local vaccination offer to all residents. By 31 March 111,380 first doses and 18,235 second doses of the lifesaving Covid-19 vaccine were given in Wolverhampton. As part of this 'One City' approach, we have supported GP practice sites to further accelerate the local rollout by providing expertise in site builds, highways management, communication, community

consultation and where needed, additional staff resource. We also created two large GP-led sites in the City at WV Active Aldersley and WV Active Bilston Bert Williams. These sites have offered their facilities and staff resources, which have significantly increased the capacity for the City to deliver vaccinations in a more coordinated and Covid-19 secure way.

In addition, the Vaccination Sites were established through multi-disciplinary support from colleagues in our Transport and Traffic Management Teams.

In order to have a systematic and coordinated approach with our local GP practice sites, we have established a contact centre to support local GPs to get residents booked in for their vaccine and offered transport to and from vaccination sites. We have pro-actively contacted people who are yet to take up vaccinations to ensure they have equitable access to the vaccine. The call centre addresses the concerns that residents may have about the vaccine and enables us to implement a co-productive approach to work with our communities to increase vaccine uptake together. The call centre will continue to operate until we are confident that all eligible residents have been given the opportunity to access a vaccine.

We will continue working with the Clinical Commissioning Group to ensure GP records for priority groups of residents such as for adults with learning disabilities, those diagnosed with a severe mental illness, vulnerable residents and unpaid carers are up to date. Improvements in data will further enhance access to vaccinations.

Behavioural Science

Behavioural science is crucial to reducing the spread of Covid-19 as it enables us to understand and change the actions of our residents. We have drawn from psychological evidence and insights to maximise the opportunity for people to maintain preventive actions over time. This includes hand hygiene, wearing face coverings, social distancing and wider behaviours which will have long term impacts on the health of our population.

Communications

Our communications strategy underpinned all of our work throughout Covid-19. We utilised a range of communications methods, tailored to effectively reach our diverse population. Informed by principles of behavioural science, we have been able to understand and influence the actions to help keep people safe during the pandemic.

Our campaigns and messaging have been delivered via traditional and digital channels. This has included working with locally trusted figures and celebrity influencers to address Covid-19 protection activities such as testing and vaccine uptake.

Our Community Champions Network also carried out targeted engagement activities and helped people book their vaccine by undertaking door knocking to promote access to pop-up vaccination clinics. We delivered hard-hitting communications, demonstrating the dire reality of the pandemic. By sharing the number of patients suffering in intensive care at New Cross Hospital, we highlighted the genuine threat it posed to residents.

We tackled misinformation directly by providing access to a reliable source of information and advising residents to ignore conspiracy theories.

We recognised the diversity of our residents and provided resources in more than 15 languages spoken in the city, as well as British Sign Language (BSL). Recognising that many do not have access to digital channels, we sent out printed letters, bespoke newspapers and leaflets to the most vulnerable. We organised regular Covid-19 updates on local radio and provided an automated message on our ‘Stay Safe Be Kind’ helpline, summarising current restrictions. Our council webpage can also be translated in over 52 languages, thereby supporting individuals with accessing Covid-19 information.

Governance

Building on the pre-existing foundations of strong multi-agency working in the city, we established a partnership framework at the start of the pandemic that has strengthened over the last year. This has been supported by a governance structure with clear roles and responsibilities as outlined in Wolverhampton’s March 2021 Outbreak Control Plan. Wolverhampton’s Health and Wellbeing Board, known as Health and Wellbeing Together, and the Local Outbreak Engagement Board, chaired by the Leader of the Council, have provided strategic oversight of these governance arrangements. As the city moves towards living with Covid-19 our governance framework will flex, while remaining responsive, so that it can continue to provide leadership and democratic oversight of the approach taken to address Covid-19 in the city.

Looking ahead: Relighting our City

Jobs, housing, transport, neighbourhoods, family, friends and community are all key in shaping our health and wellbeing and therefore also any inequalities in our health and wellbeing. A safe, sustainable roadmap out of tighter national restrictions will be a vital step to recovery for the economy and the social capital of communities.

The Relighting Our City Plan sets out the City of Wolverhampton Council's Covid-19 recovery commitment. Developed after extensive engagement with over 2,500 local people including residents, young people, the voluntary and community sector and other stakeholders, employees, Councillors and businesses, it outlines the Council's commitment to continue to work with partners to support the City to live with and recover from Covid-19.

This engagement has shaped the Council's five-point recovery priorities:

- Support people who need us most
- Create more opportunities for young people
- Generate more jobs and learning opportunities
- Grow our vital local businesses
- Stimulate vibrant high streets and communities

These in turn are underpinned by three cross cutting thematic areas:

- **Climate focused:** The recovery commitment is aligned to the Council's climate change strategy 'Future Generations' and our target to make the Council net carbon zero by 2028.
- **Driven by digital:** The City is at the forefront of digital infrastructure and innovation, and now more than ever we have seen the importance of digital skills and connectivity to social and economic participation for the City's residents.
- **Fair and inclusive:** The Council will continue to tackle the inequalities in our communities which impact on the opportunities of local people. This will support local people to benefit as much as possible from improvements in the local economy.

RELIGHTING OUR CITY **RESET, RECOVER AND RELIGHT.**

**OUT OF DARKNESS, COMETH LIGHT...OUR CITY MOTTO HAS NEVER BEEN MORE RELEVANT.
WE'VE BEEN HIT-HARD BY THE PANDEMIC, BUT WE WILL RESET, RECOVER AND RELIGHT.**



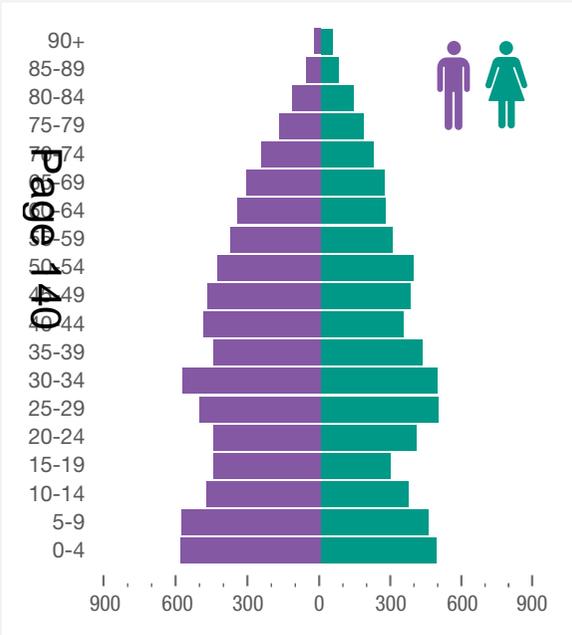
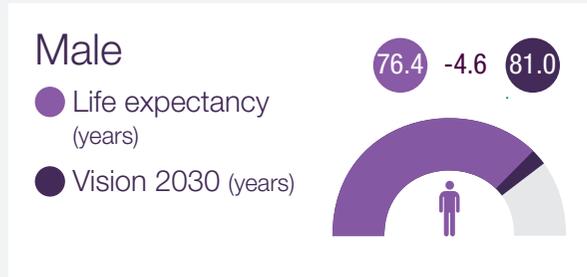
Place-based approach

The causes of health inequalities can be a complex mix of environmental and social factors which play out in a local area, or place. Therefore, where you live affects your health - this means that local areas have a critical role to play in reducing health inequalities. Focusing on local areas considers the contribution that communities can make to improve health outcomes. This goes beyond the provision of healthcare services and focuses on ensuring everyone has the opportunity to lead a healthy life, regardless of where they live.

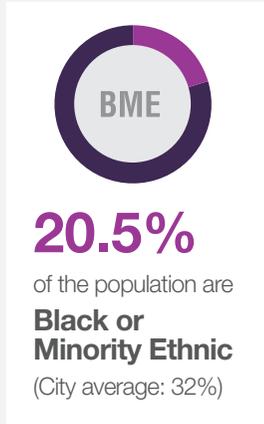
Our place-based approach builds on the assets and strengths of specific communities. Not only is this empowering it is also cost-effective and sustainable because it harnesses the resources of citizens, community groups, the third sector and wider system. By focusing on reducing levels of deprivation and addressing inequalities we will create sustainable and resilient communities. The Ward Profiles shown in the next section will inform this work.



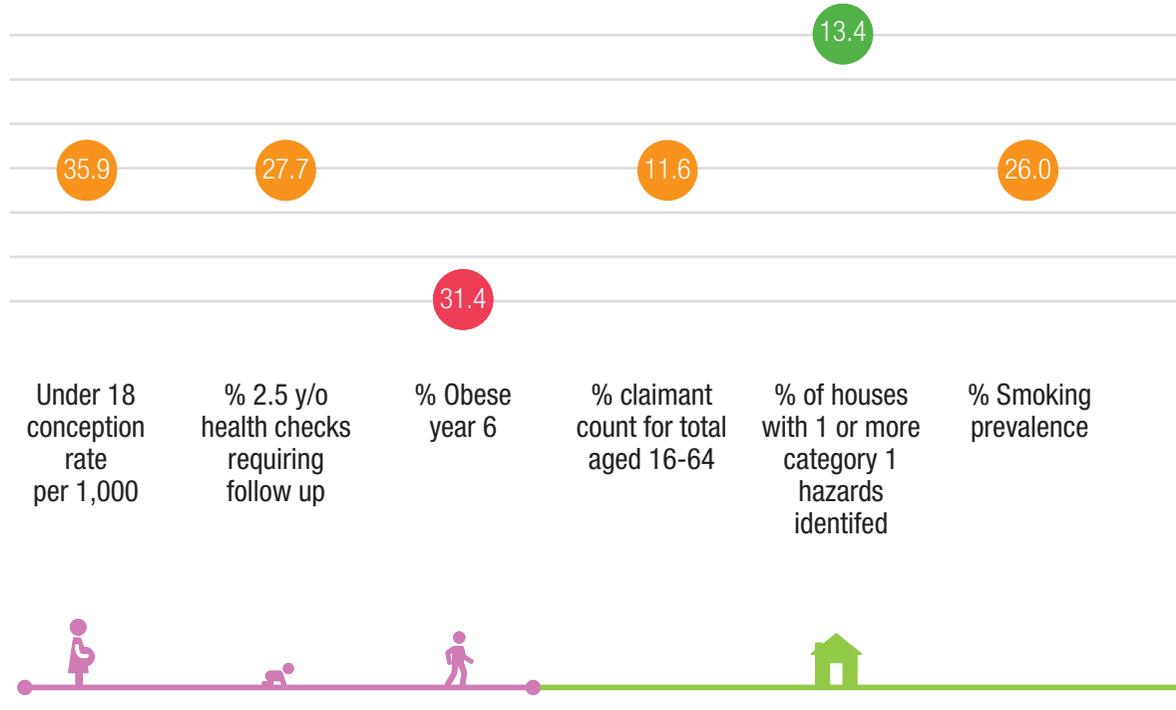
Your ward at a glance: Bilston East



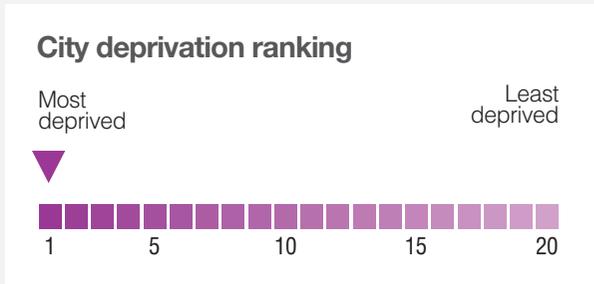
Total population
14,916



What is life like in your ward?



35.8%
Children living in poverty





16.2%
private rented households

● This is close to the city average



2,159
Total recorded crime

● This is worse than the city average



309
Number of 0-25s requiring SEN Support

5.8% of 0-25 population

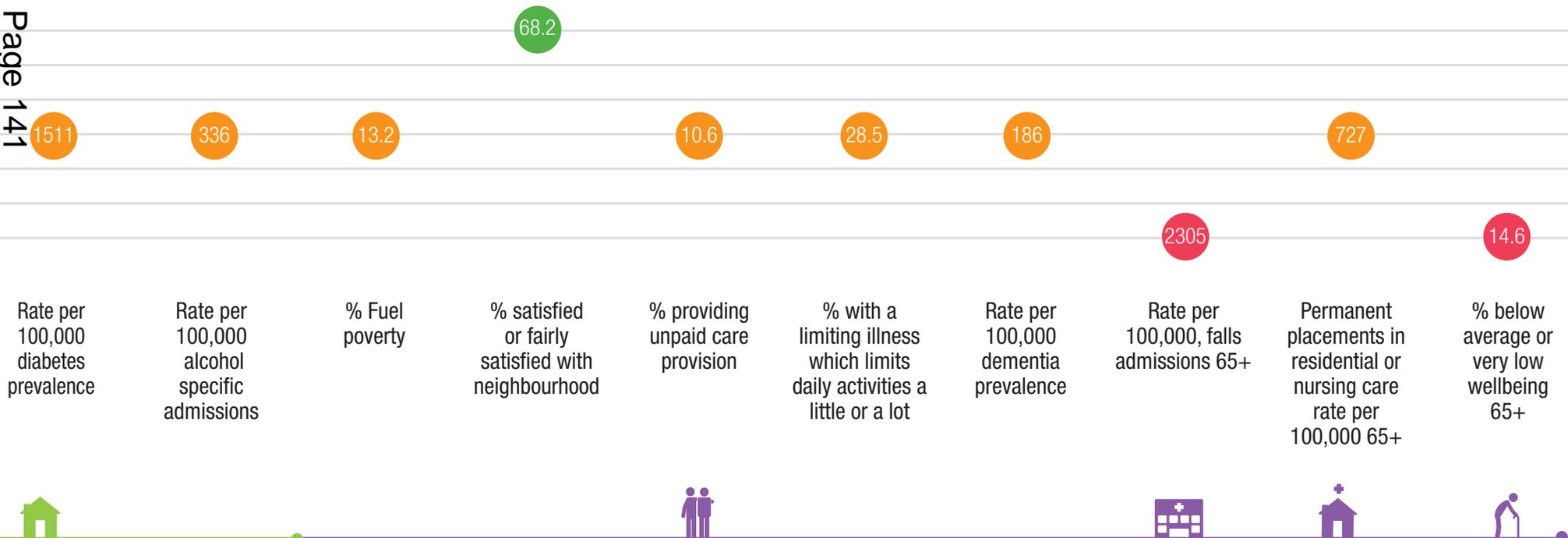


145
Number of 0-25s on EHCP

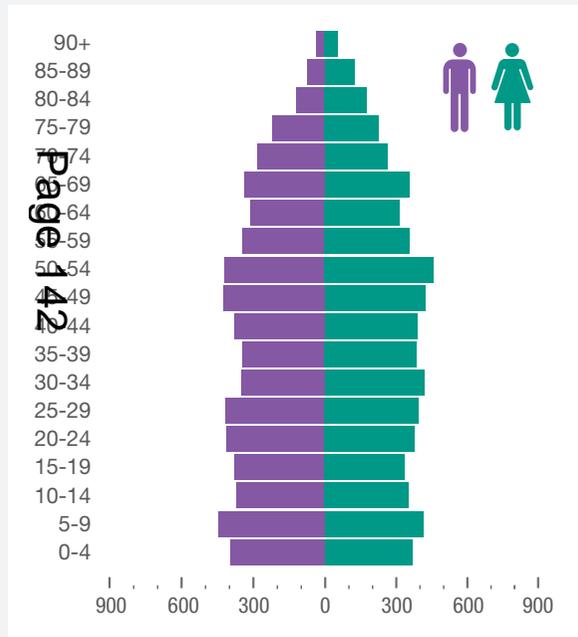
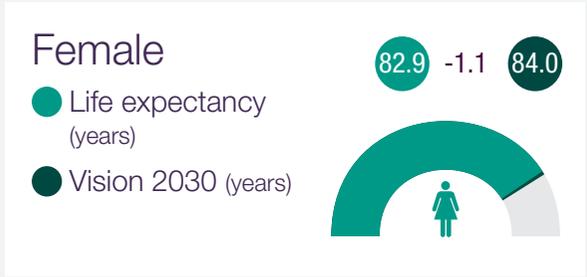
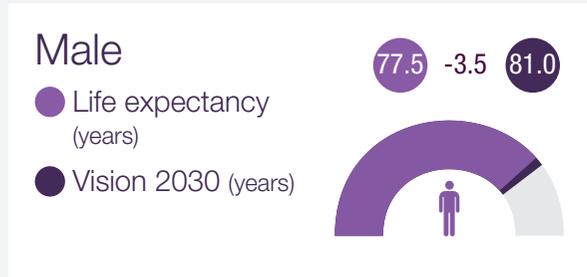
2.7% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

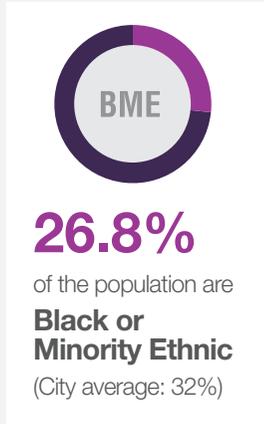
Page 141



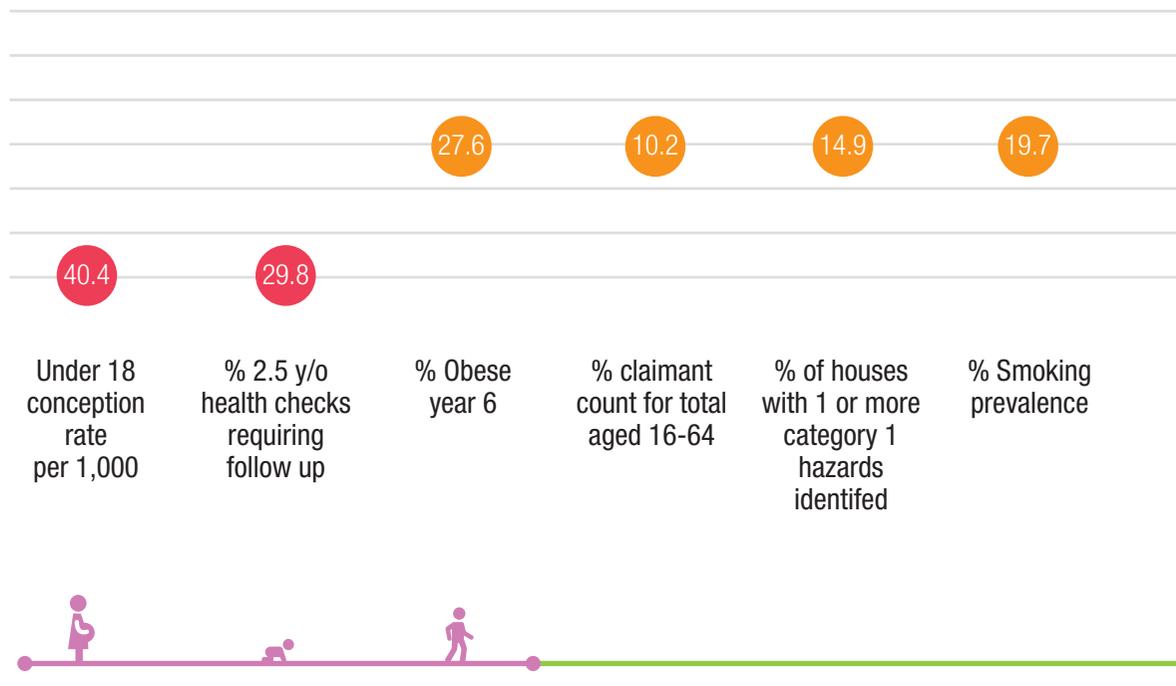
Your ward at a glance: Bilston North



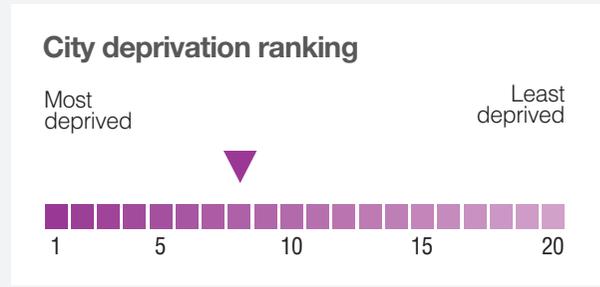
Total population
12,440



What is life like in your ward?



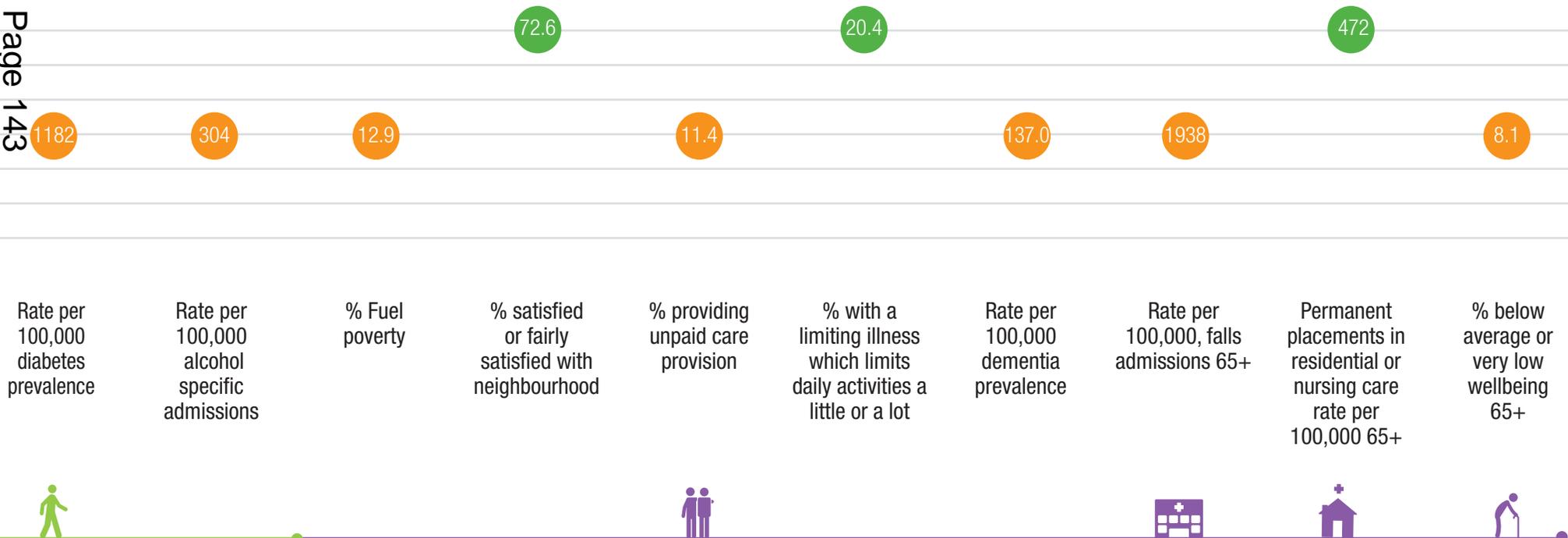
28%
Children living in poverty





Key: Compared to city average ● Worse ● Similar ● Better

Page 143

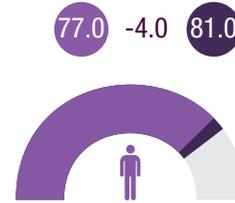


Your ward at a glance: Blakenhall



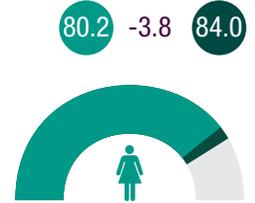
Male

- Life expectancy (years)
- Vision 2030 (years)

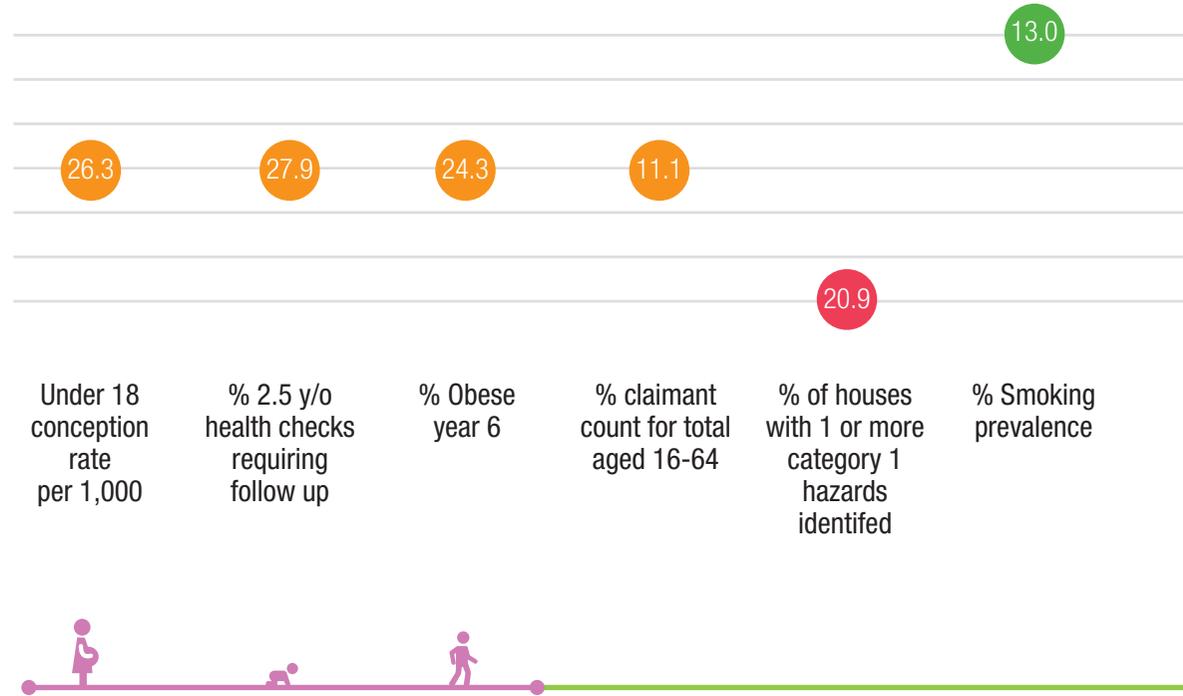


Female

- Life expectancy (years)
- Vision 2030 (years)



What is life like in your ward?



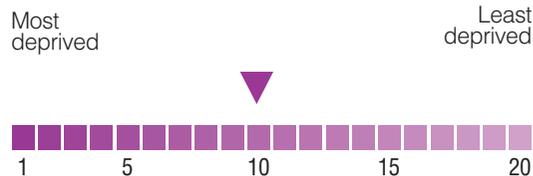
Total population
13,247



73.7%
of the population are
Black or Minority Ethnic
(City average: 32%)

35.3%
Children living in poverty

City deprivation ranking





21%
private rented
households

● This is close to the city average



1,258
Total
recorded
crime

● This is close to the city average

216
Number of
0-25s requiring
SEN Support



4.8% of 0-25 population

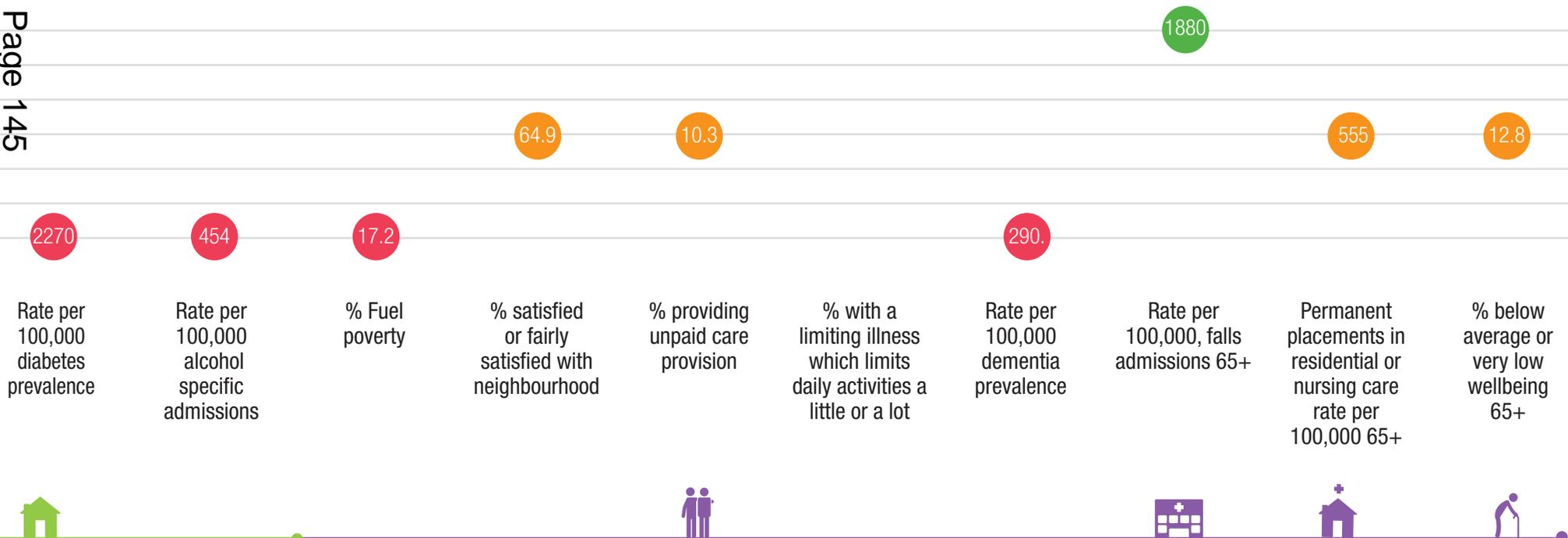
73
Number of
0-25s on **EHCP**



1.6% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 145

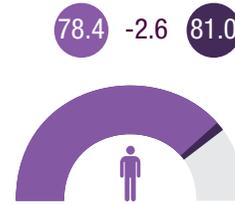


Your ward at a glance: Bushbury North



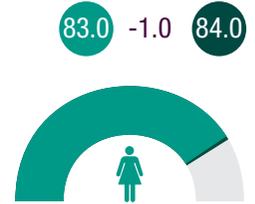
Male

- Life expectancy (years)
- Vision 2030 (years)

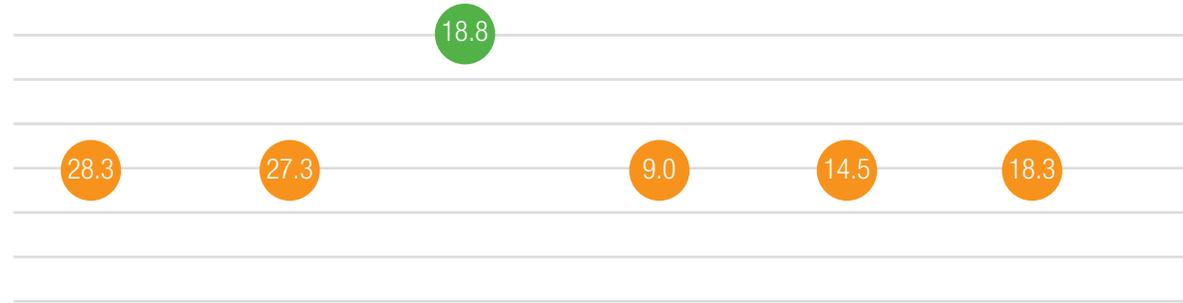


Female

- Life expectancy (years)
- Vision 2030 (years)



What is life like in your ward?



Under 18 conception rate per 1,000 % 2.5 y/o health checks requiring follow up % Obese year 6 % claimant count for total aged 16-64 % of houses with 1 or more category 1 hazards identified % Smoking prevalence



Total population

12,153



12.8%

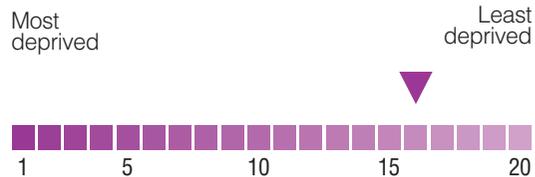
of the population are **Black or Minority Ethnic**
(City average: 32%)



26.9%

Children living in poverty

City deprivation ranking





9.0%
private rented households

● This is close to the city average



861
Total recorded crime

● This is close to the city average

231
Number of 0-25s requiring SEN Support



6.5% of 0-25 population

95
Number of 0-25s on EHCP



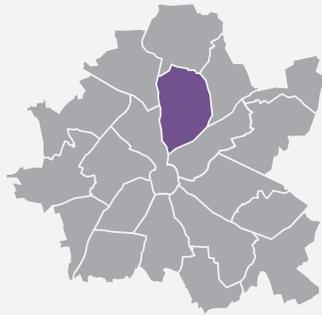
2.7% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 147

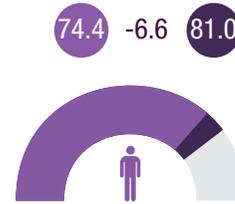


Your ward at a glance: Bushbury South and Low Hill



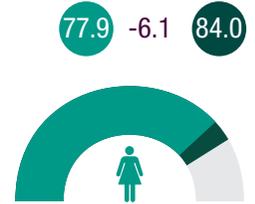
Male

- Life expectancy (years)
- Vision 2030 (years)



Female

- Life expectancy (years)
- Vision 2030 (years)



What is life like in your ward?



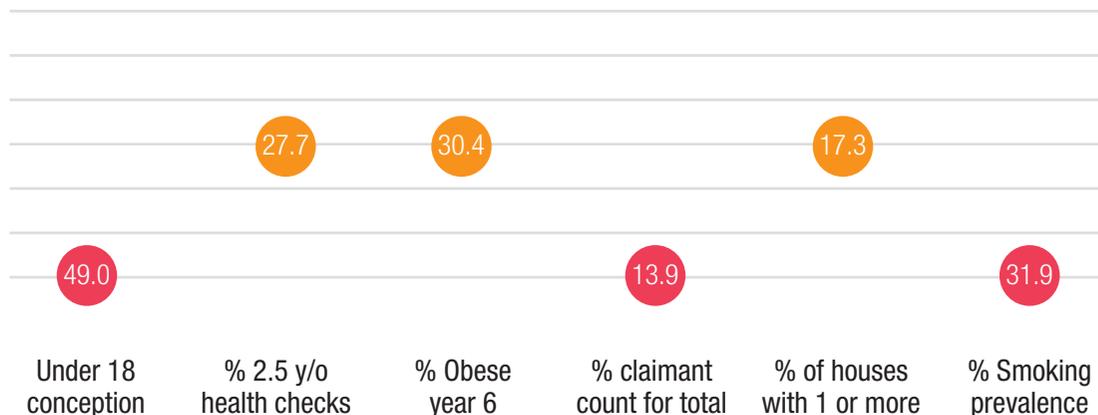
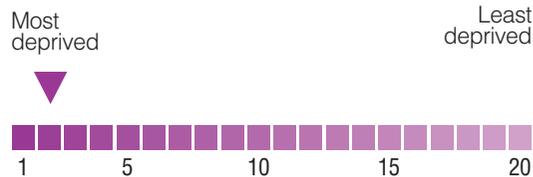
Total population
16,549



31.6%
of the population are
**Black or
Minority Ethnic**
(City average: 32%)

38.2%
Children
living in
poverty

City deprivation ranking





22.7%
private rented households

● This is close to the city average



1,607
Total recorded crime

● This is worse than the city average

531
Number of 0-25s requiring SEN Support



7.7% of 0-25 population

235
Number of 0-25s on EHCP



3.4% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 149

9.7

401

66.1

28.0

682

1733

17.6

251.5

2722

21.6

Rate per 100,000 diabetes prevalence

Rate per 100,000 alcohol specific admissions

% Fuel poverty

% satisfied or fairly satisfied with neighbourhood

% providing unpaid care provision

% with a limiting illness which limits daily activities a little or a lot

Rate per 100,000 dementia prevalence

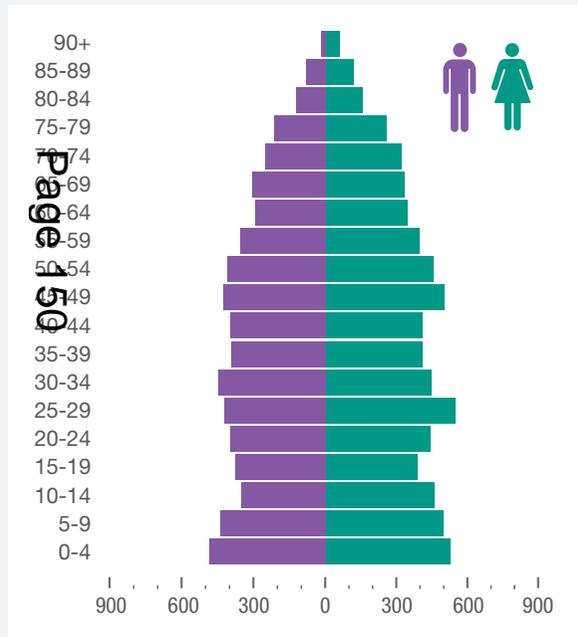
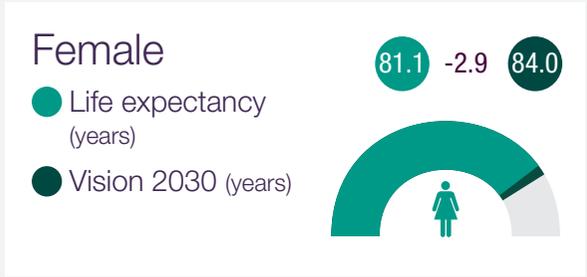
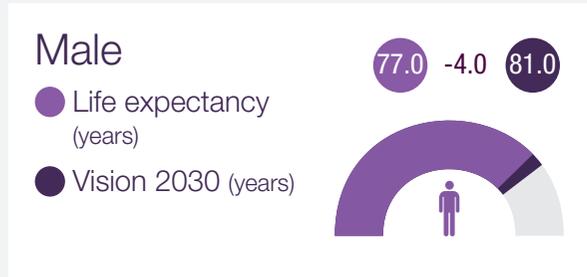
Rate per 100,000, falls admissions 65+

Permanent placements in residential or nursing care rate per 100,000 65+

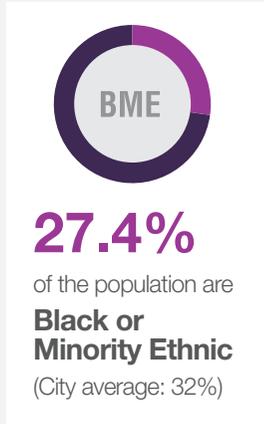
% below average or very low wellbeing 65+



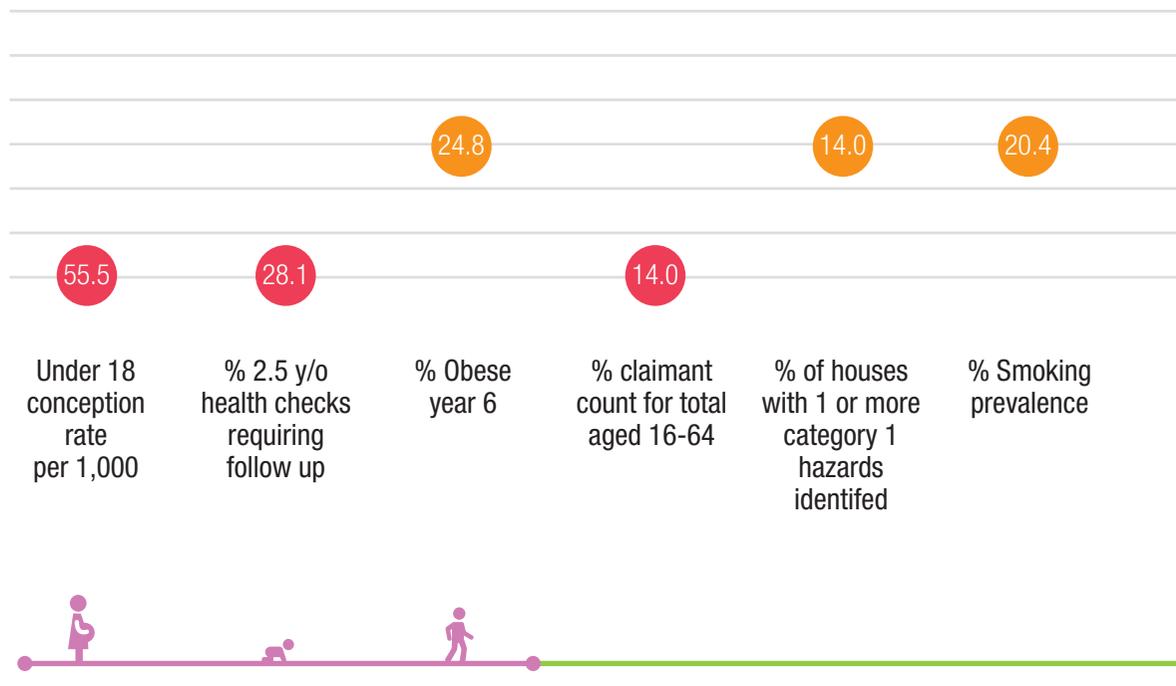
Your ward at a glance: East Park



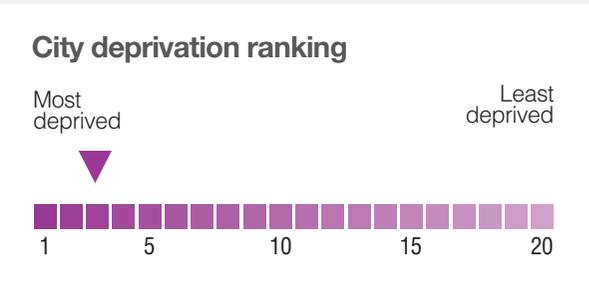
Total population
13,137



What is life like in your ward?



36.4%
Children living in poverty





12.9%
private rented households

● This is close to the city average



1,491
Total recorded crime

● This is worse than the city average

330
Number of 0-25s requiring SEN Support



7.6% of 0-25 population

166
Number of 0-25s on EHCP



3.8% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 151

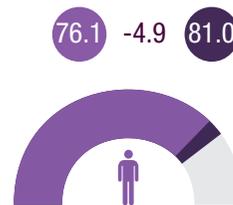


Your ward at a glance: Ettingshall



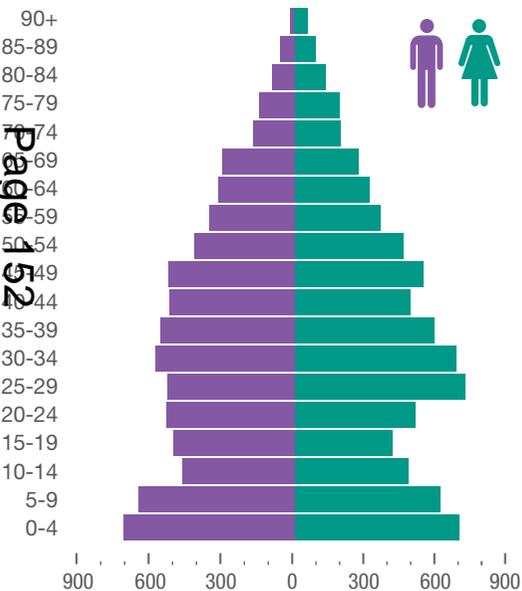
Male

- Life expectancy (years)
- Vision 2030 (years)



Female

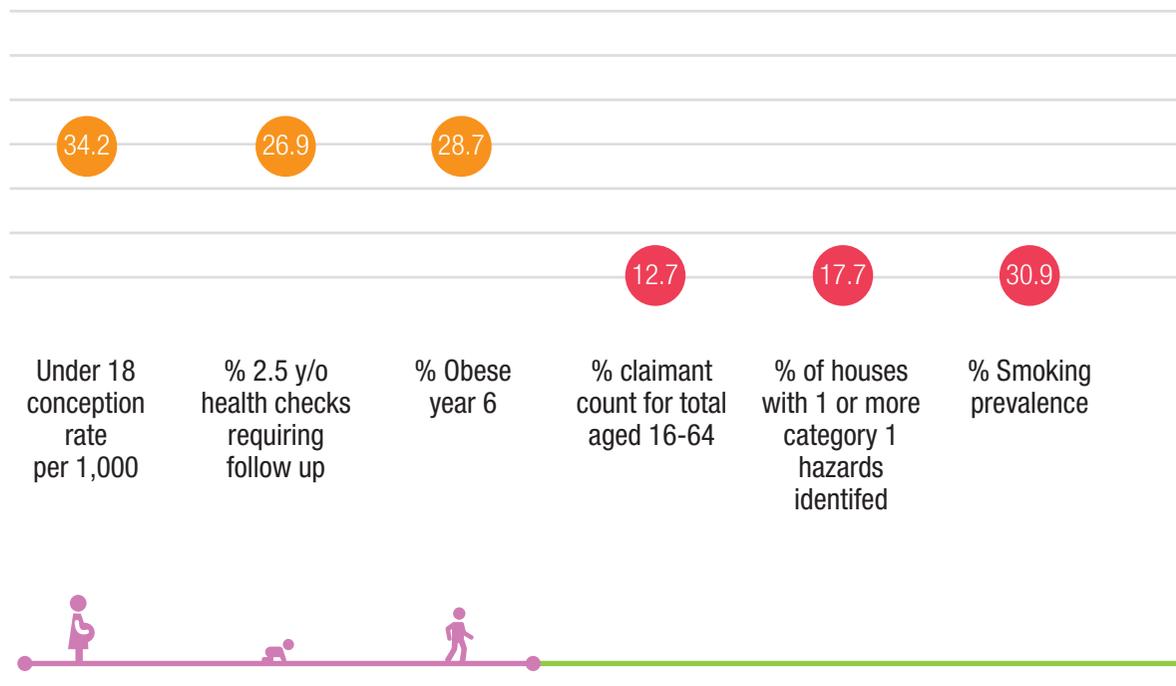
- Life expectancy (years)
- Vision 2030 (years)



Total population
16,552

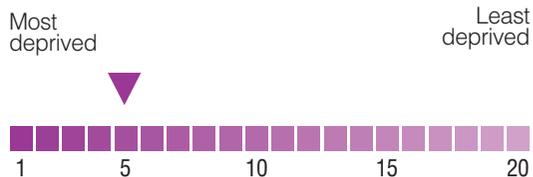
53.5%
of the population are
Black or Minority Ethnic
(City average: 32%)

What is life like in your ward?



35.4%
Children living in poverty

City deprivation ranking





25.6%
private rented households

● This is worse than the city average



1,804
Total recorded crime

● This is worse than the city average

393

Number of 0-25s requiring SEN Support



6.2% of 0-25 population

160

Number of 0-25s on EHCP



2.5% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 153

74.2

9.2

18.5

1991

695

12.7

2035

477

15.1

245.7

Rate per 100,000 diabetes prevalence

Rate per 100,000 alcohol specific admissions

% Fuel poverty

% satisfied or fairly satisfied with neighbourhood

% providing unpaid care provision

% with a limiting illness which limits daily activities a little or a lot

Rate per 100,000 dementia prevalence

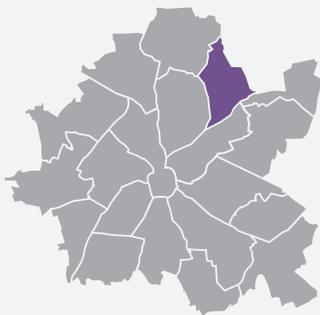
Rate per 100,000, falls admissions 65+

Permanent placements in residential or nursing care rate per 100,000 65+

% below average or very low wellbeing 65+

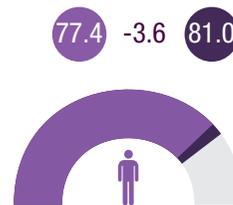


Your ward at a glance: Fallings Park



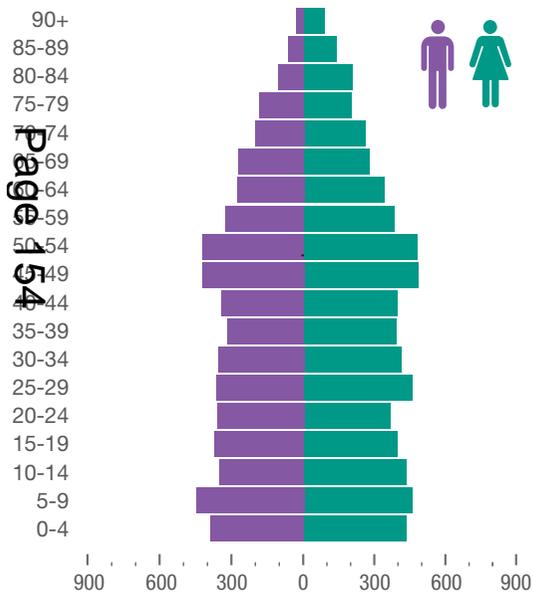
Male

- Life expectancy (years)
- Vision 2030 (years)



Female

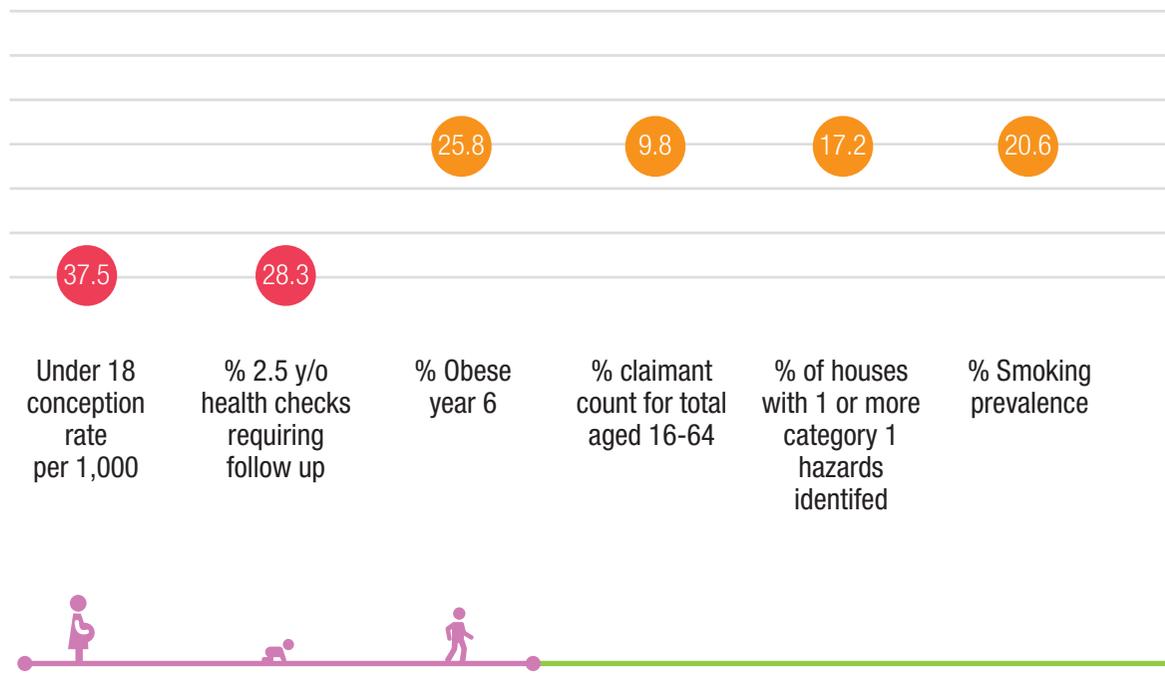
- Life expectancy (years)
- Vision 2030 (years)



Total population
12,160

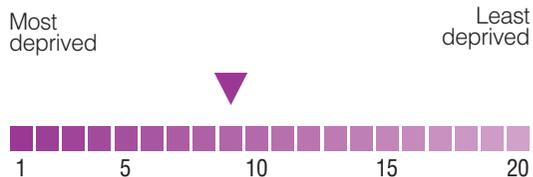
17.4%
of the population are
Black or Minority Ethnic
(City average: 32%)

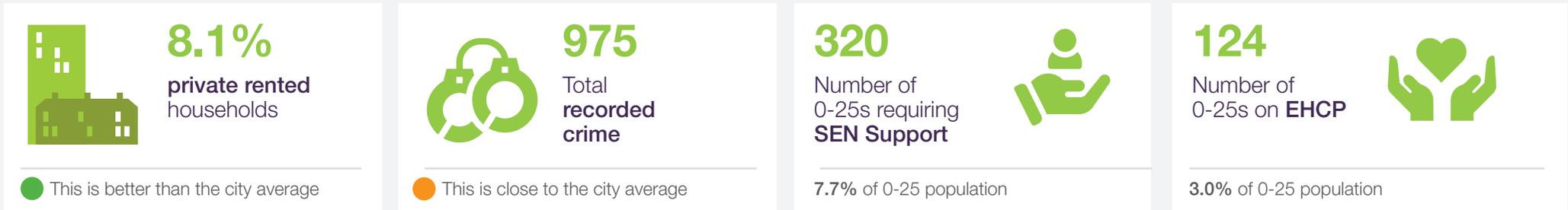
What is life like in your ward?



31.3%
Children living in poverty

City deprivation ranking



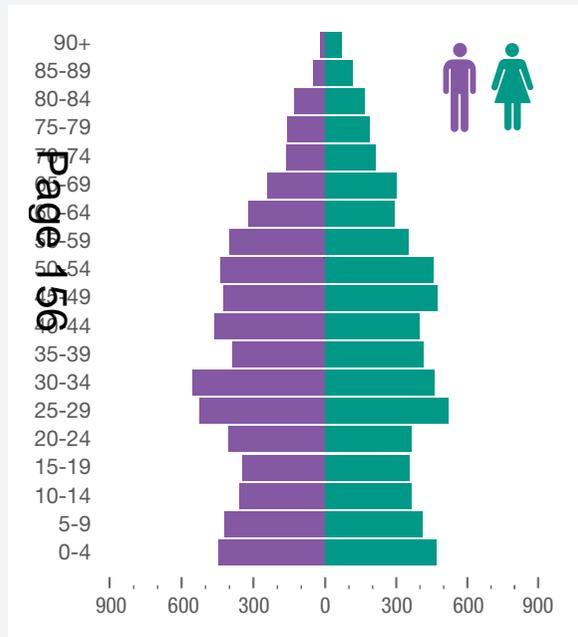
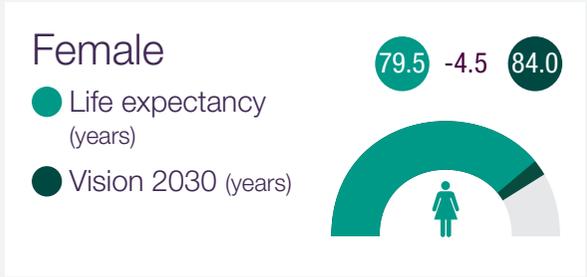
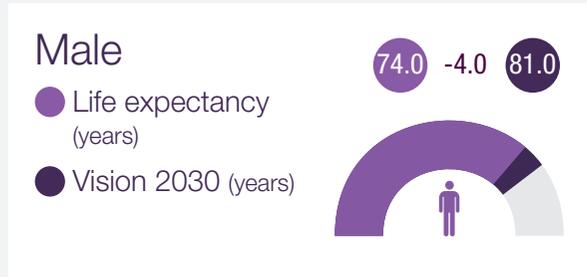


Key: Compared to city average ● Worse ● Similar ● Better

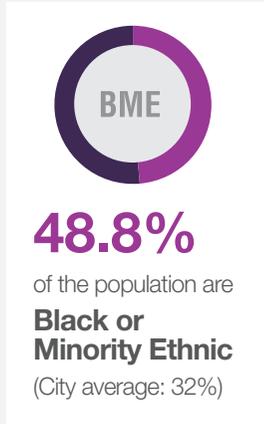
Page 155



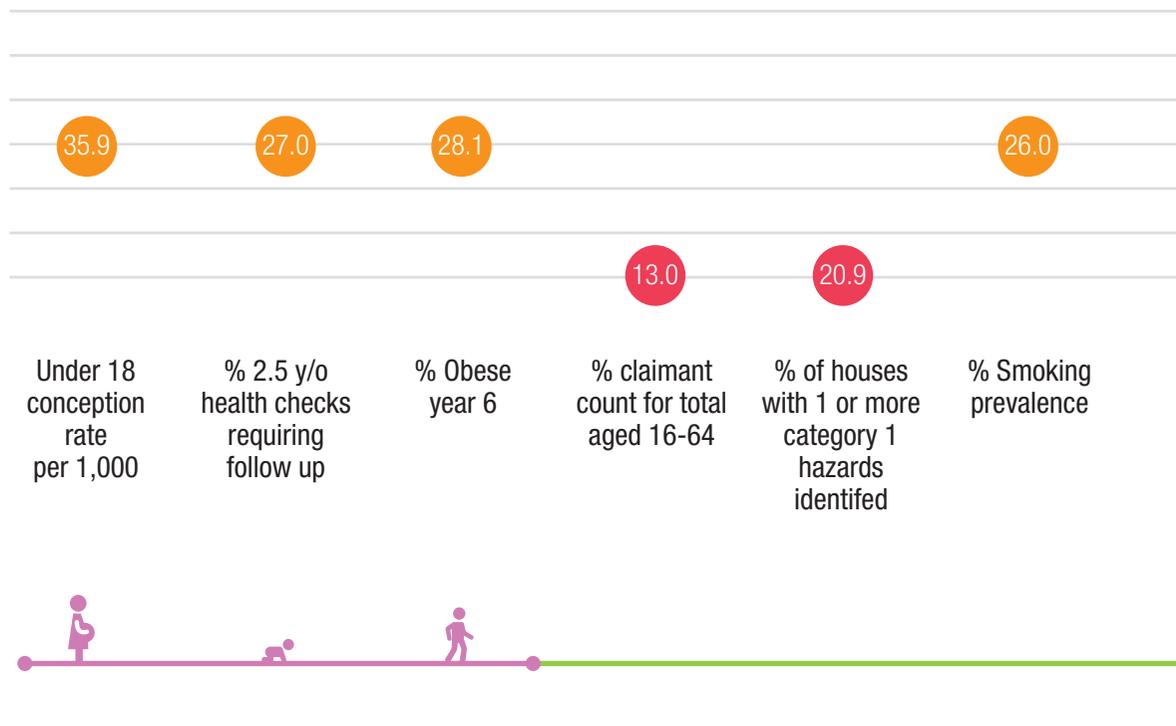
Your ward at a glance: Graiseley



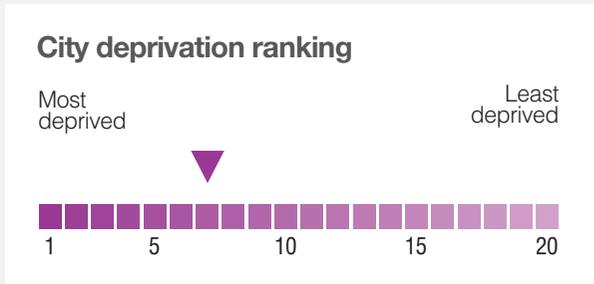
Total population
13,287



What is life like in your ward?



37.8%
Children living in poverty





31.5%
private rented households

● This is worse than the city average



1,397
Total recorded crime

● This is close to the city average

320
Number of 0-25s requiring SEN Support



5.7% of 0-25 population

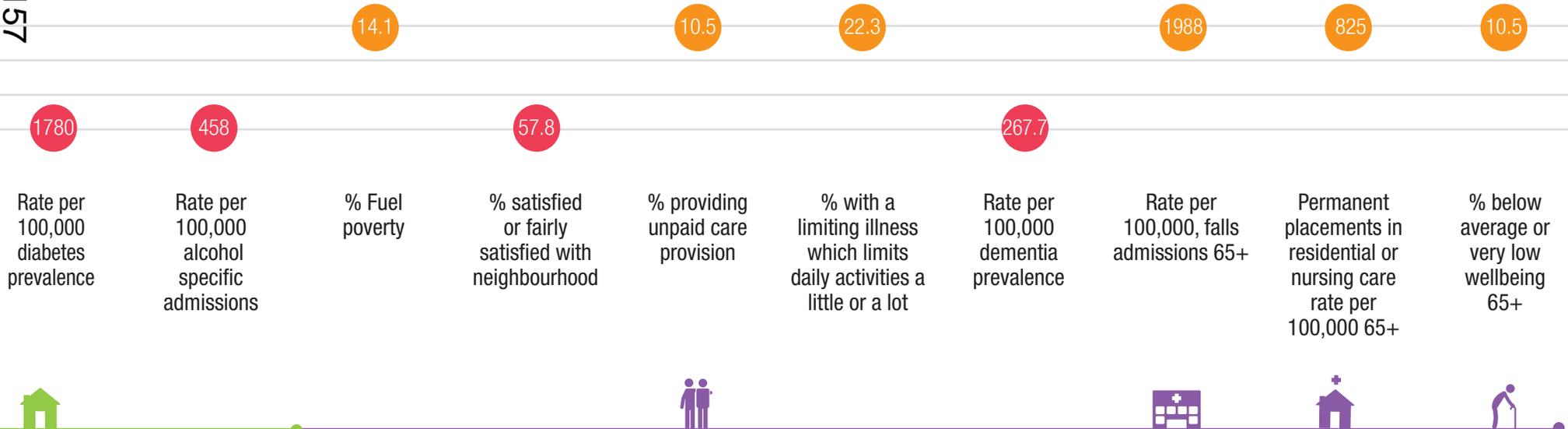
70
Number of 0-25s on EHCP



1.6% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 157

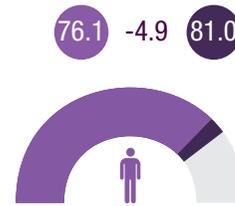


Your ward at a glance: Heath Town



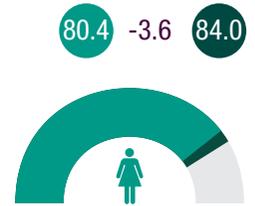
Male

- Life expectancy (years)
- Vision 2030 (years)

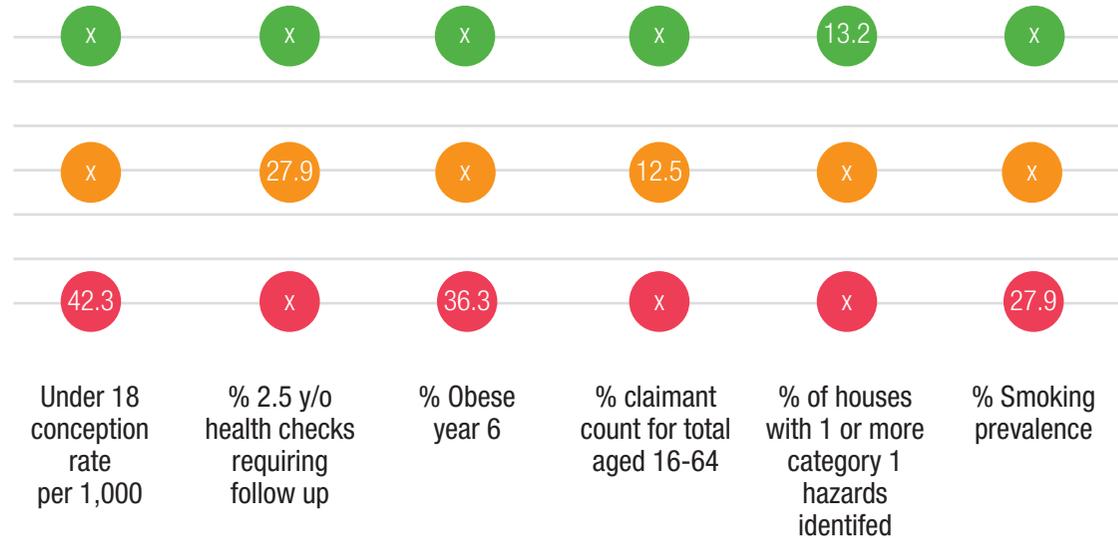


Female

- Life expectancy (years)
- Vision 2030 (years)



What is life like in your ward?



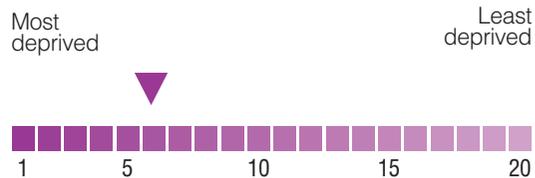
Total population
16,160



44.5%
of the population are
Black or Minority Ethnic
(City average: 32%)

35.1%
Children living in poverty

City deprivation ranking





36.5%
private rented households

● This is worse than the city average



1,824
Total recorded crime

● This is worse than the city average

244

Number of 0-25s requiring SEN Support

4.1% of 0-25 population



124

Number of 0-25s on EHCP

2.1% of 0-25 population

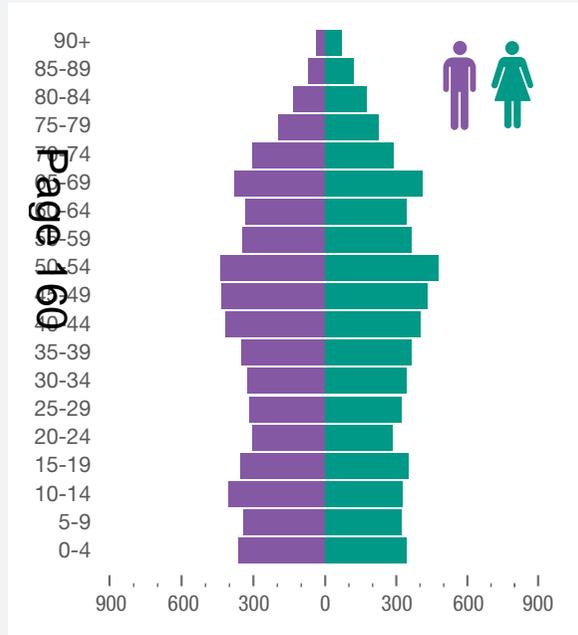
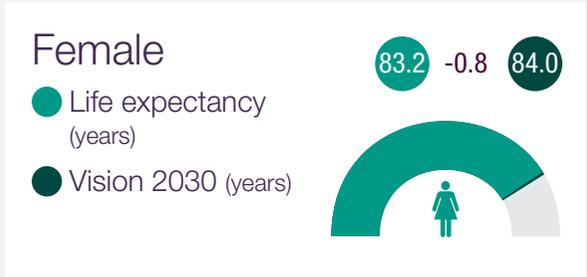
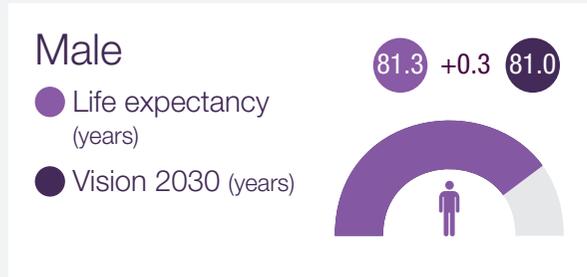


Key: Compared to city average ● Worse ● Similar ● Better

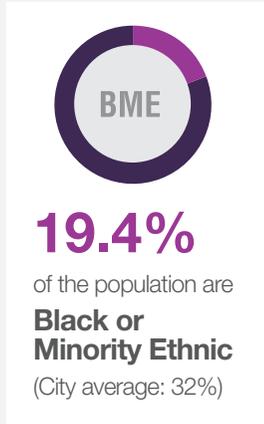
Page 159



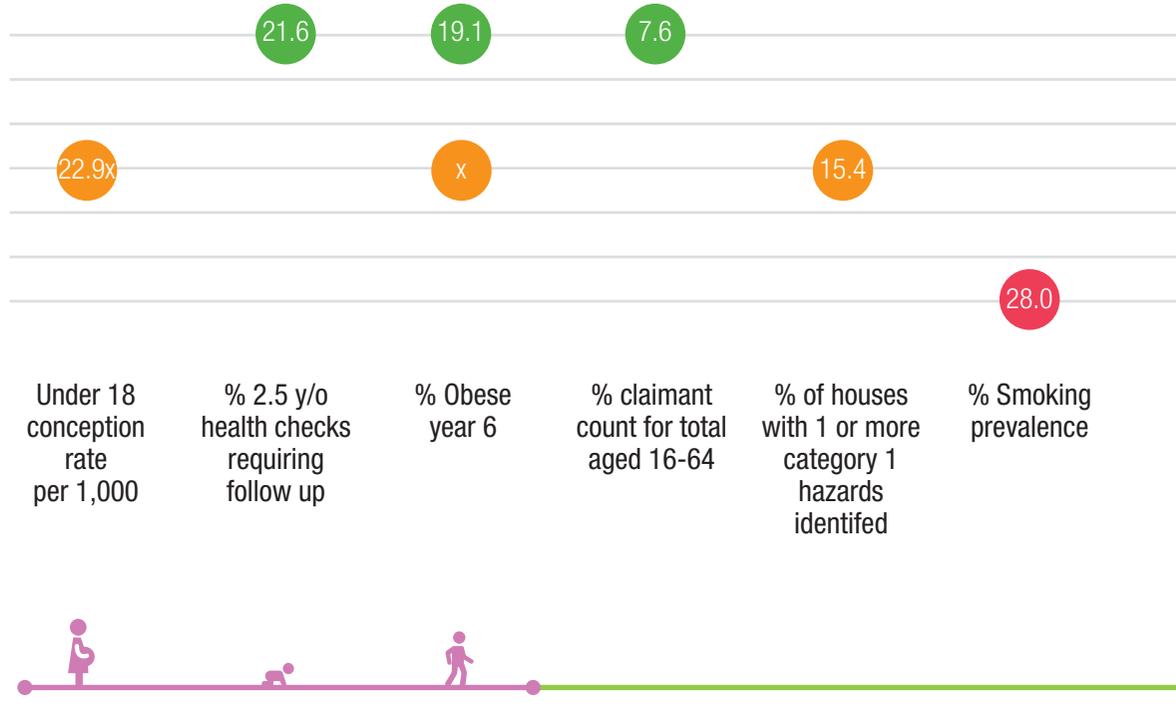
Your ward at a glance: Merry Hill



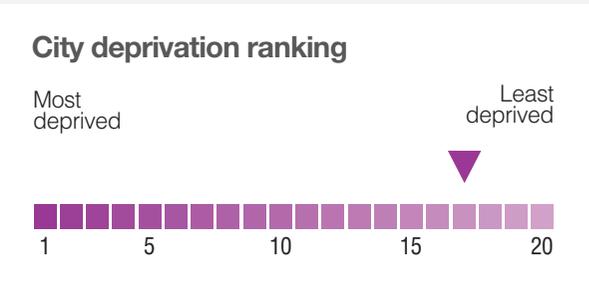
Total population
11,907

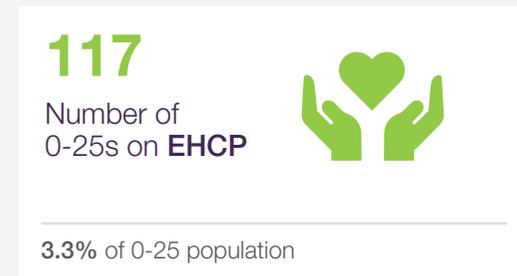


What is life like in your ward?



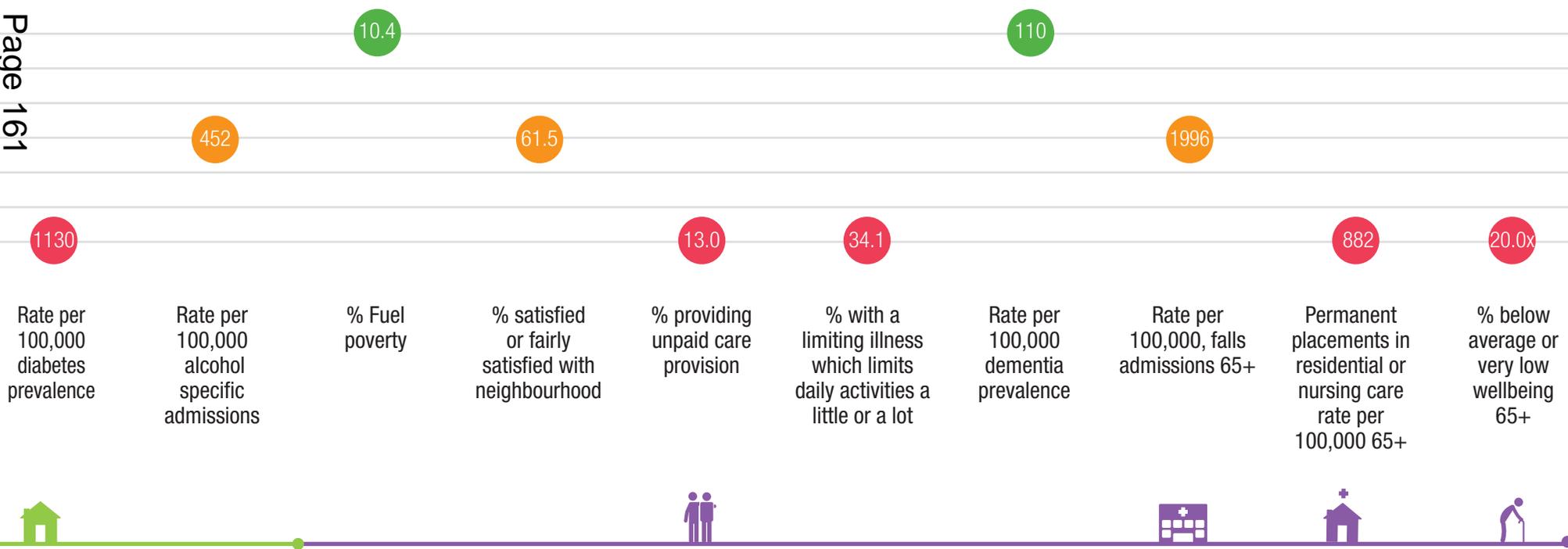
21.2%
Children living in poverty



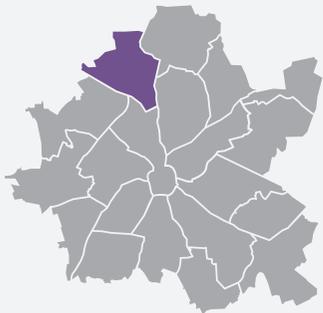


Key: Compared to city average ● Worse ● Similar ● Better

Page 161

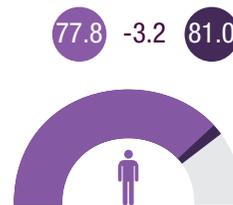


Your ward at a glance: Oxley



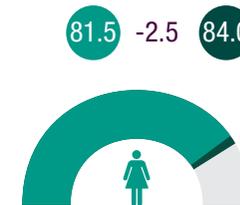
Male

- Life expectancy (years)
- Vision 2030 (years)



Female

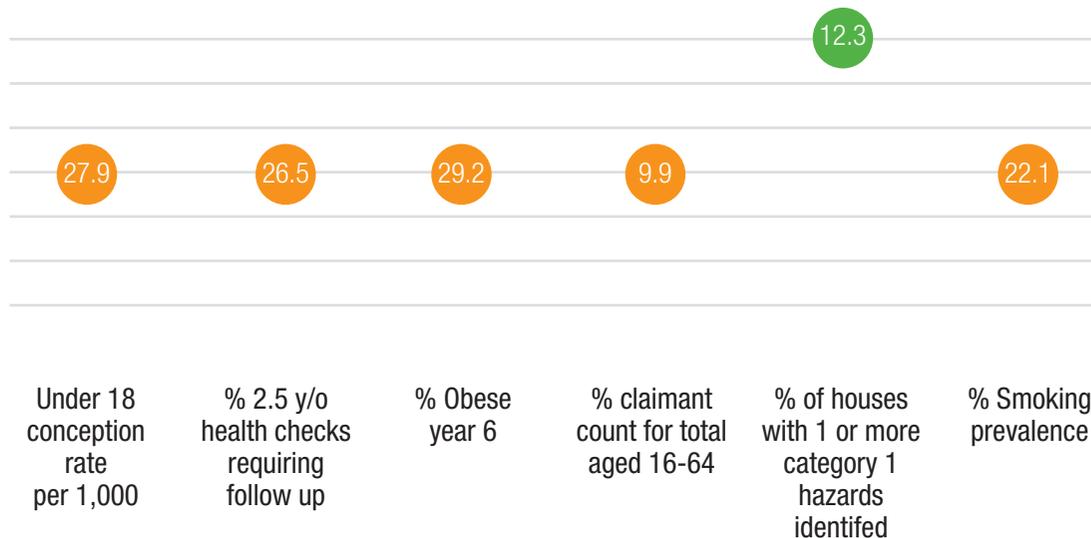
- Life expectancy (years)
- Vision 2030 (years)



Total population
12,655

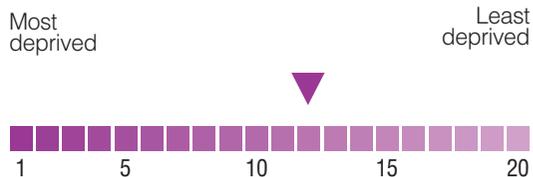
24.5%
of the population are
Black or Minority Ethnic
(City average: 32%)

What is life like in your ward?



31.2%
Children living in poverty

City deprivation ranking





8.9%
private rented households

● This is close to the city average



793
Total recorded crime

● This is close to the city average

299
Number of 0-25s requiring SEN Support



7.3% of 0-25 population

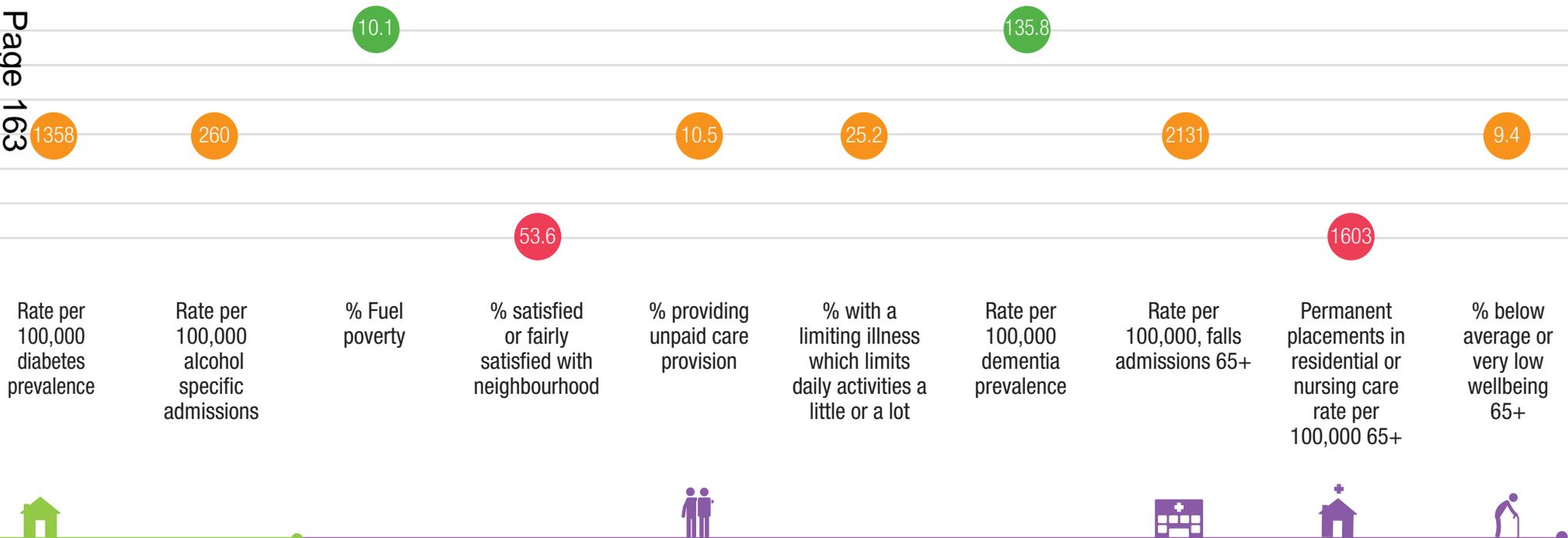
120
Number of 0-25s on EHCP



2.9% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 163

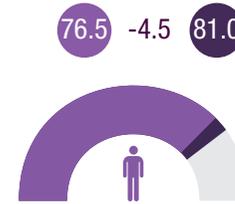


Your ward at a glance: Park



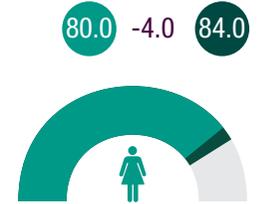
Male

- Life expectancy (years)
- Vision 2030 (years)

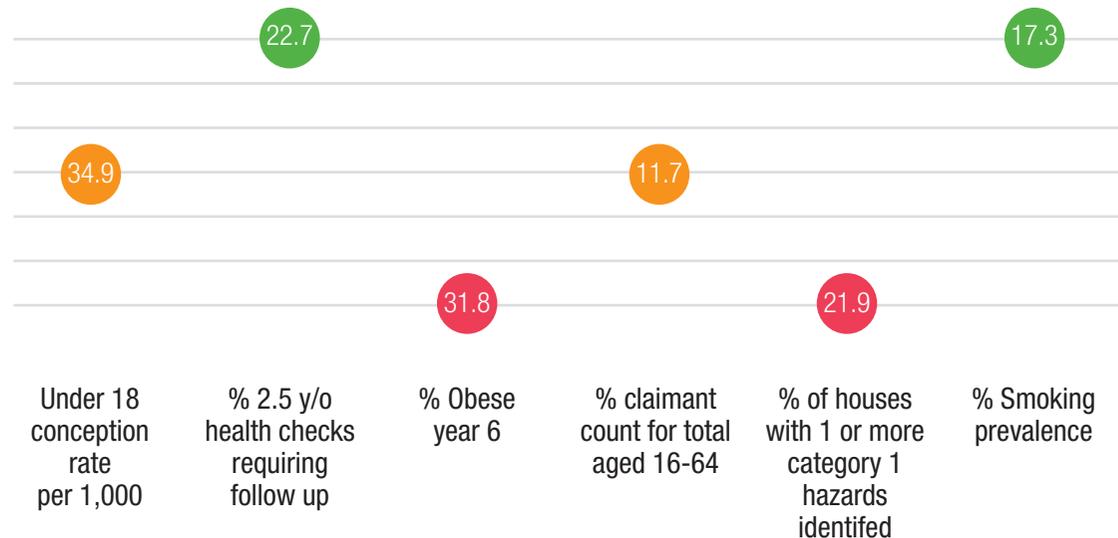


Female

- Life expectancy (years)
- Vision 2030 (years)



What is life like in your ward?



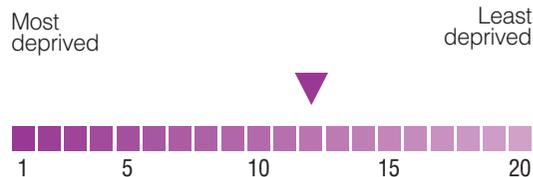
Total population
9,776



of the population are
Black or Minority Ethnic
(City average: 32%)

30.5%
Children living in poverty

City deprivation ranking





37.3%
private rented households

● This is worse than the city average



1,380
Total recorded crime

● This is close to the city average

146
Number of 0-25s requiring SEN Support



3.8% of 0-25 population

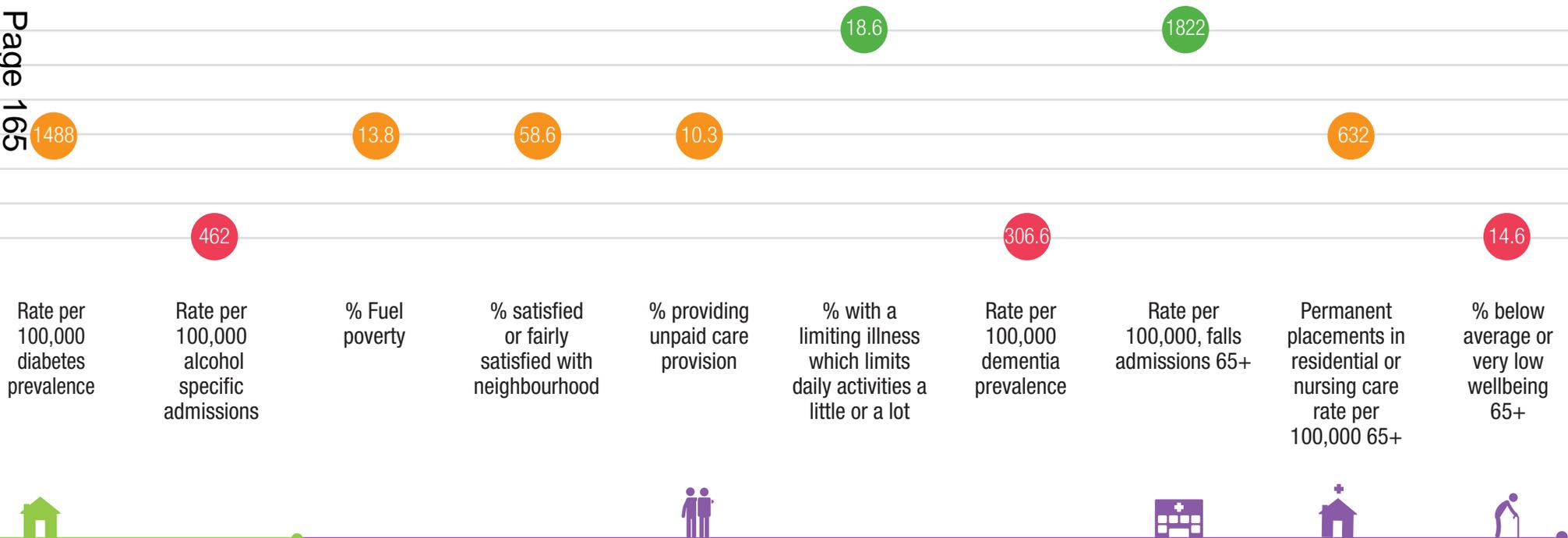
75
Number of 0-25s on EHCP



2.0% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 165



Your ward at a glance: Penn



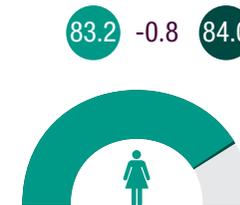
Male

- Life expectancy (years)
- Vision 2030 (years)



Female

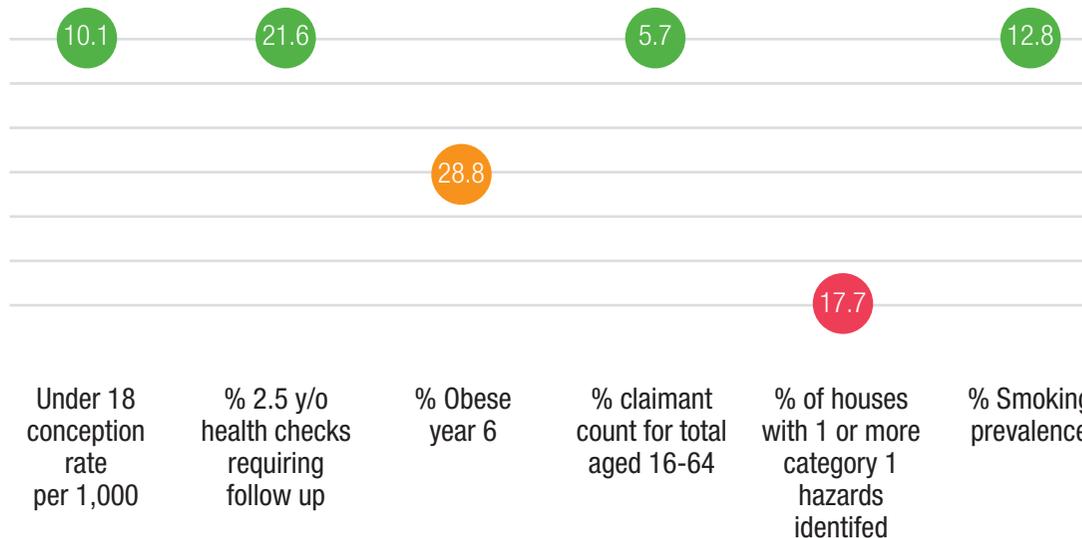
- Life expectancy (years)
- Vision 2030 (years)



Total population
12,378

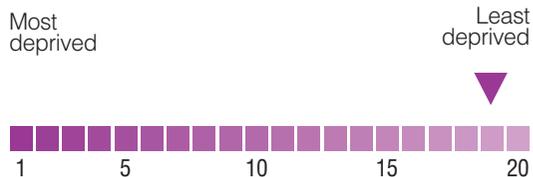
33.0%
of the population are
Black or Minority Ethnic
(City average: 32%)

What is life like in your ward?



17.1%
Children living in poverty

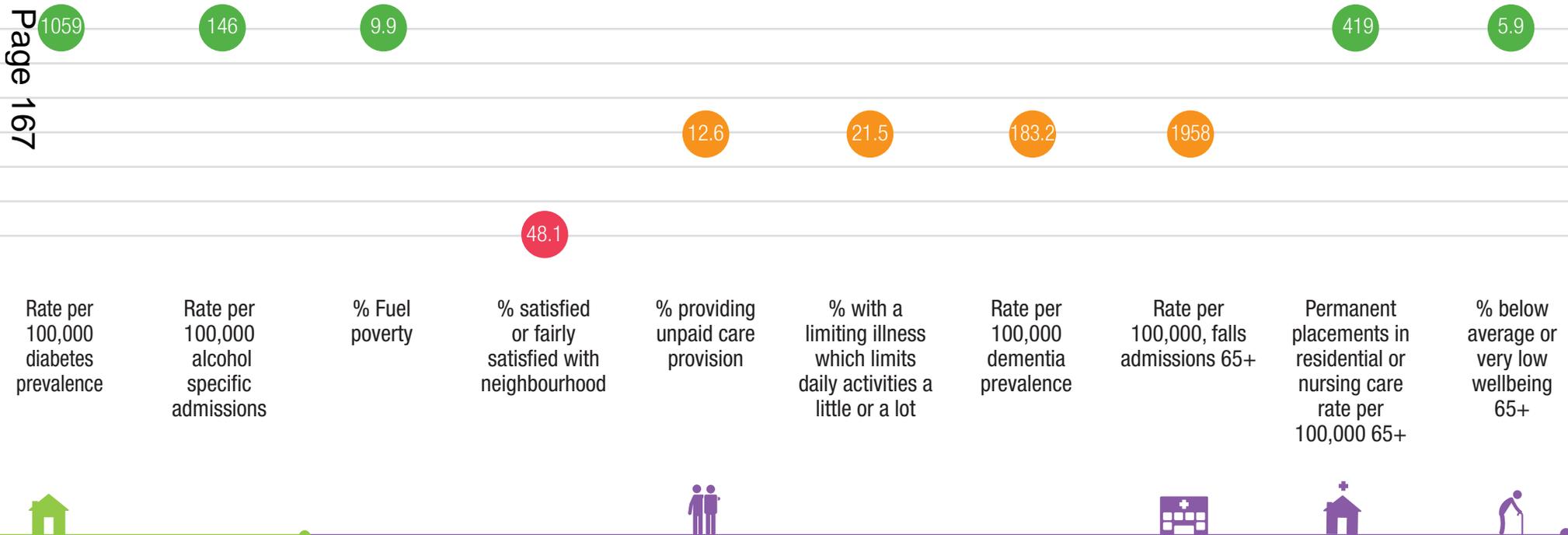
City deprivation ranking



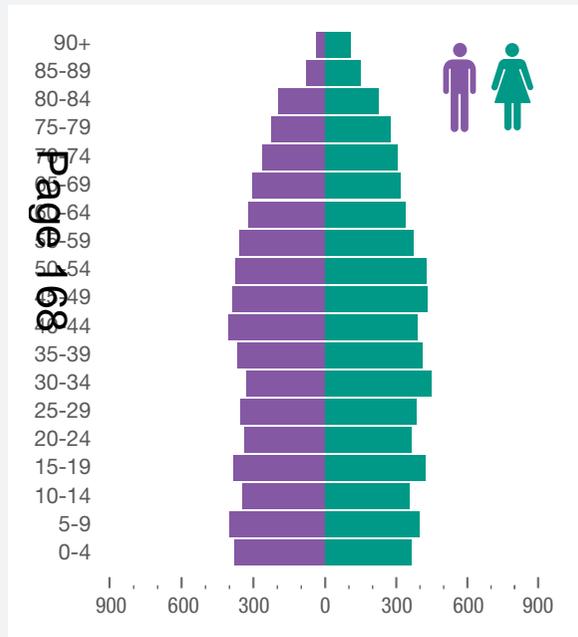
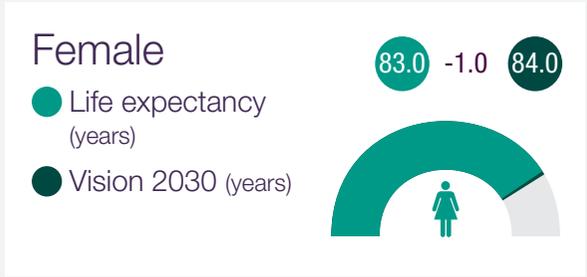
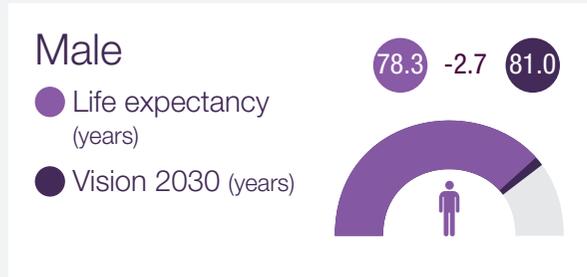


Key: Compared to city average ● Worse ● Similar ● Better

Page 167



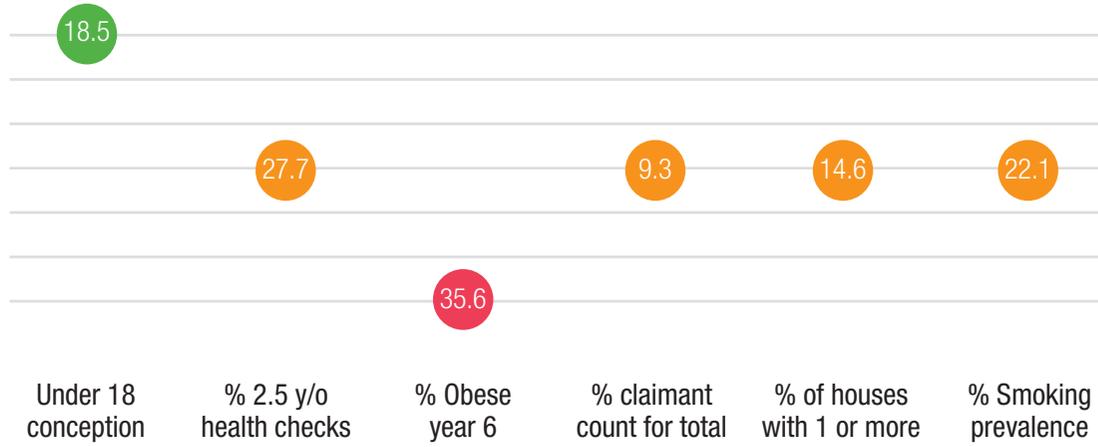
Your ward at a glance: Spring Vale



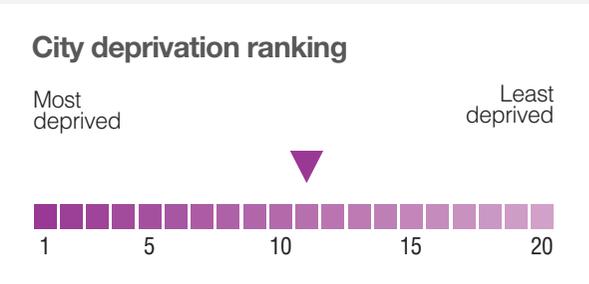
Total population
12,199

25.4%
of the population are
Black or Minority Ethnic
(City average: 32%)

What is life like in your ward?



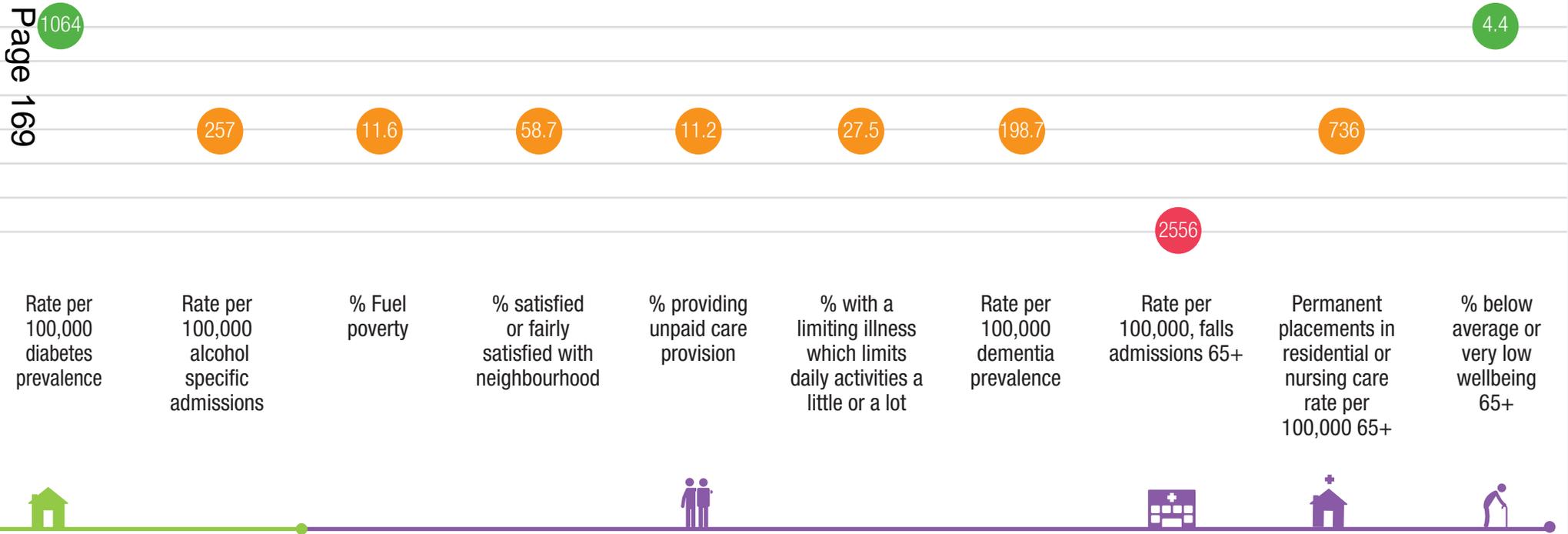
28.1%
Children living in poverty





Key: Compared to city average ● Worse ● Similar ● Better

Page 169

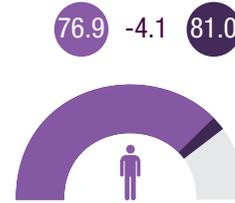


Your ward at a glance: St Peter's



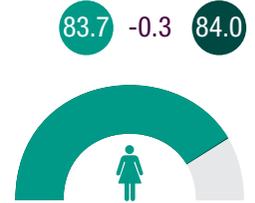
Male

- Life expectancy (years)
- Vision 2030 (years)

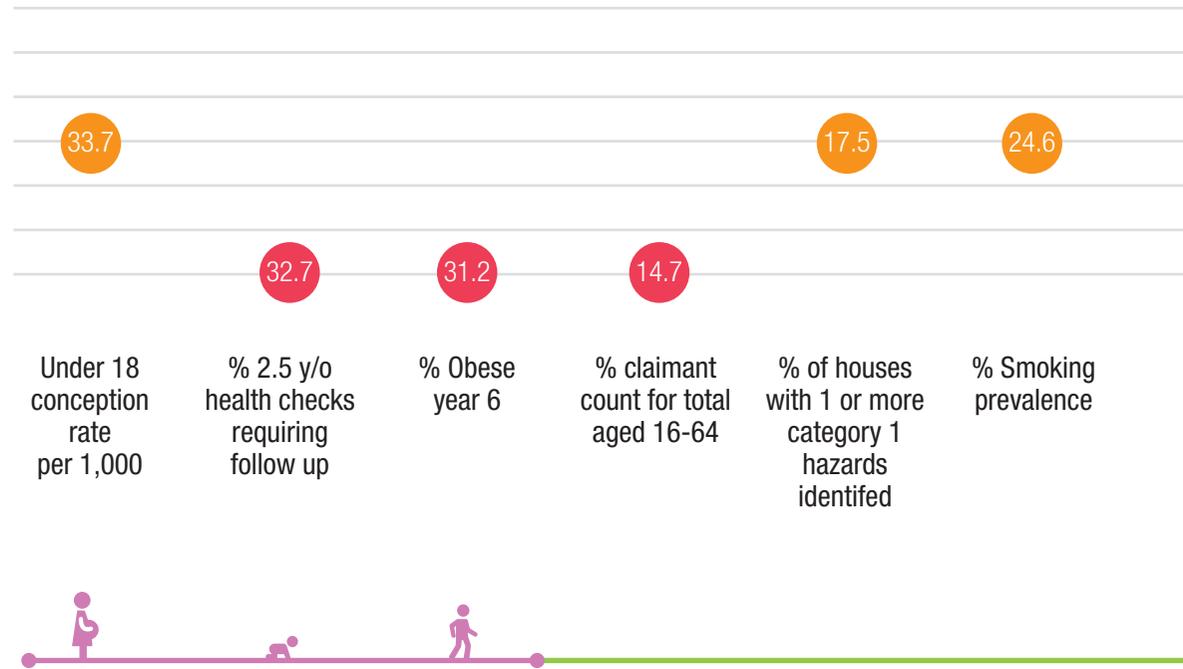


Female

- Life expectancy (years)
- Vision 2030 (years)



What is life like in your ward?



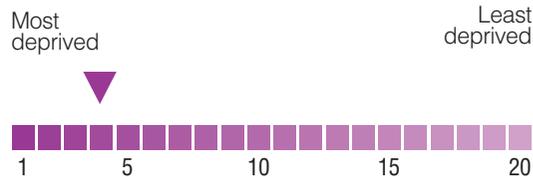
Total population
10,976



of the population are
Black or Minority Ethnic
(City average: 32%)

43.9%
Children living in poverty

City deprivation ranking





40%
private rented
households

● This is worse than the city average



1,268
Total
recorded
crime

● This is close to the city average

268

Number of
0-25s requiring
SEN Support



4.2% of 0-25 population

126

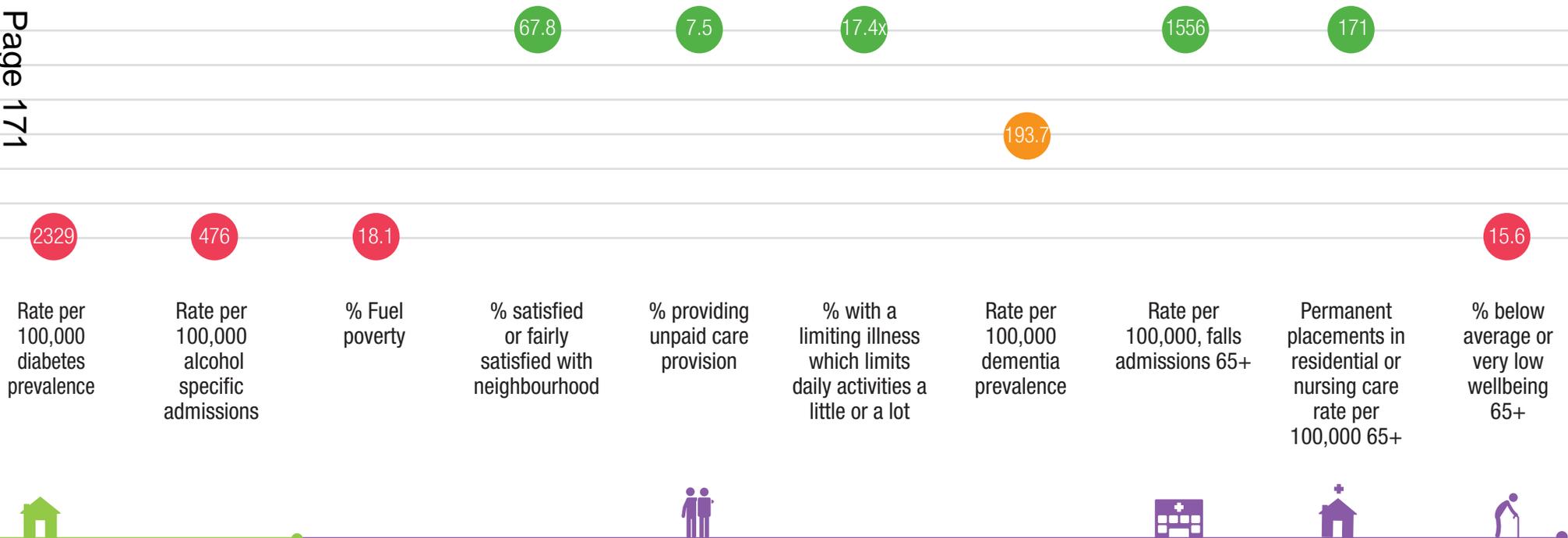
Number of
0-25s on **EHCP**



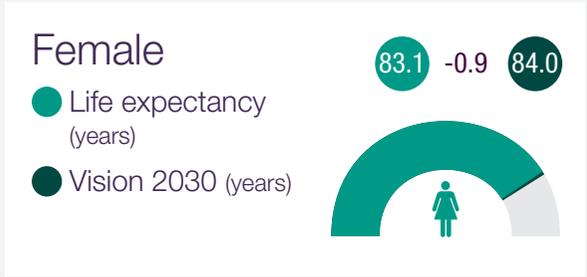
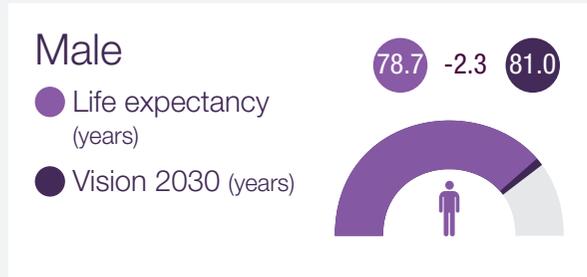
2.0% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

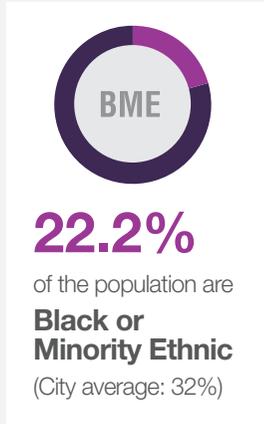
Page 171



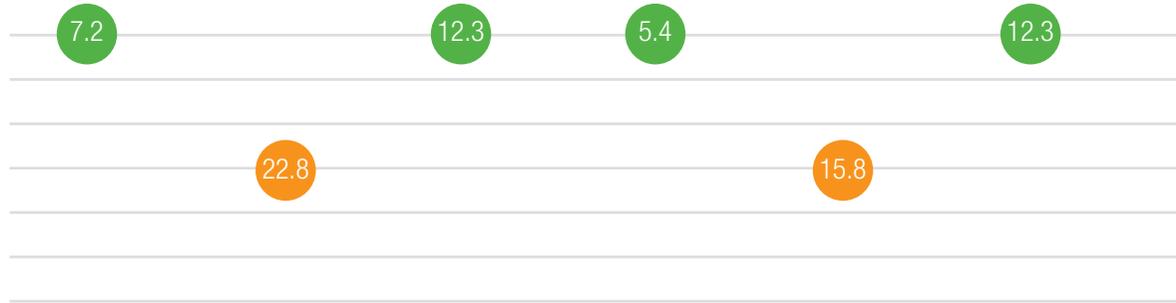
Your ward at a glance: Tettenhall Regis



Total population
11,849



What is life like in your ward?



Under 18 conception rate per 1,000

% 2.5 y/o health checks requiring follow up

% Obese year 6

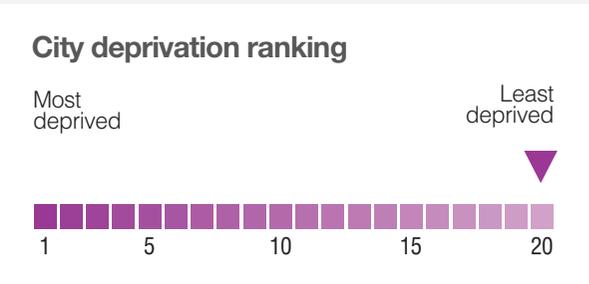
% claimant count for total aged 16-64

% of houses with 1 or more category 1 hazards identified

% Smoking prevalence



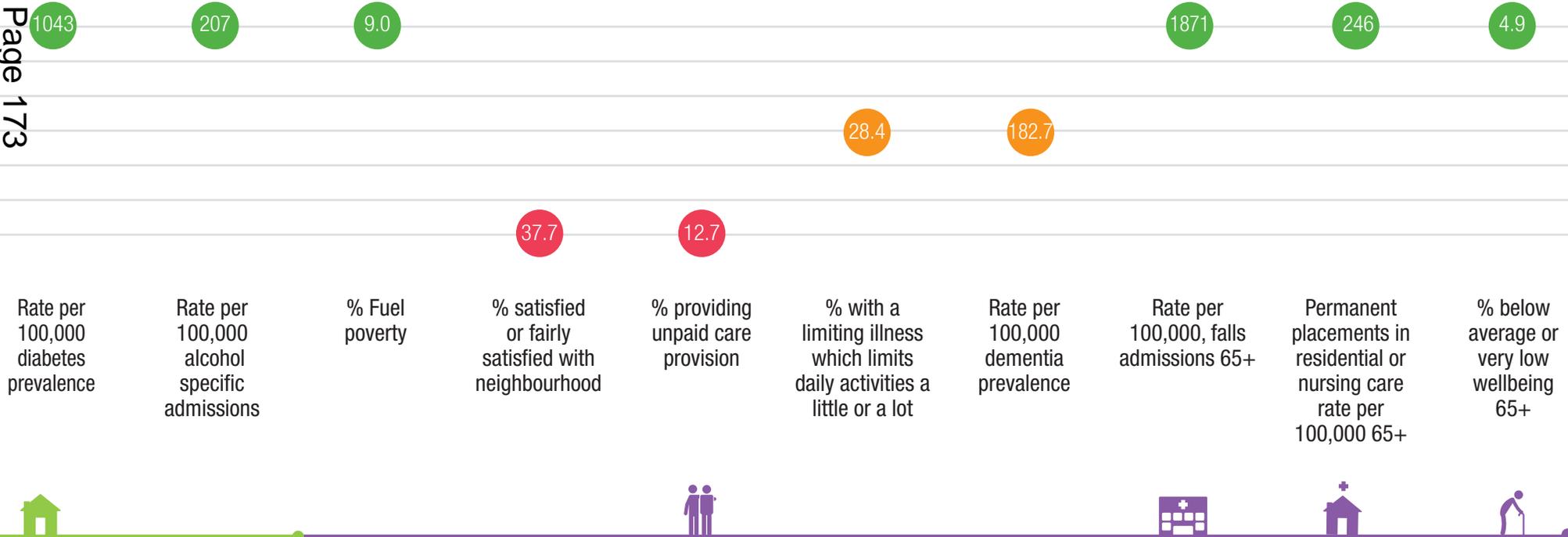
17.3%
Children living in poverty





Key: Compared to city average ● Worse ● Similar ● Better

Page 173

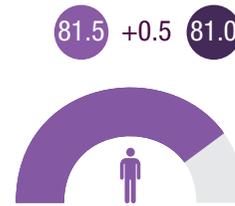


Your ward at a glance: Tettenhall Wightwick



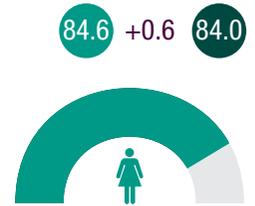
Male

- Life expectancy (years)
- Vision 2030 (years)



Female

- Life expectancy (years)
- Vision 2030 (years)



What is life like in your ward?



Under 18 conception rate per 1,000

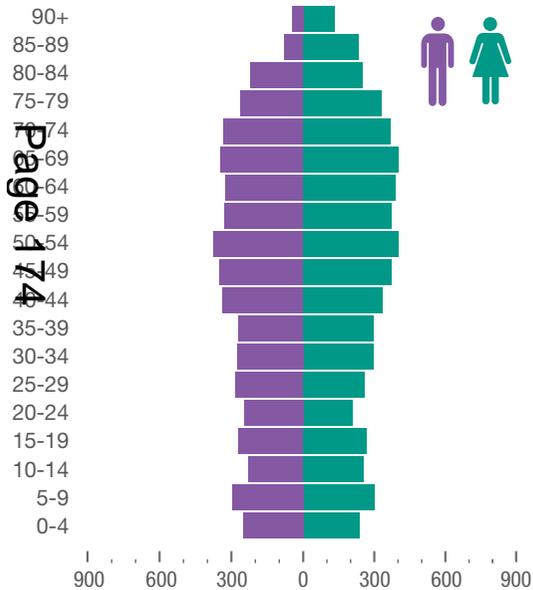
% 2.5 y/o health checks requiring follow up

% Obese year 6

% claimant count for total aged 16-64

% of houses with 1 or more category 1 hazards identified

% Smoking prevalence



Total population
10,836

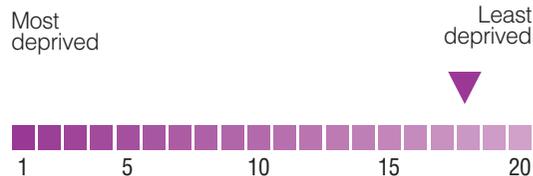


17.6%
of the population are
Black or Minority Ethnic
(City average: 32%)



18.1%
Children living in poverty

City deprivation ranking





10.8%
private rented
households

● This is close to the city average



531
Total
recorded
crime

● This is better than the city average

150
Number of
0-25s requiring
SEN Support



5.7% of 0-25 population

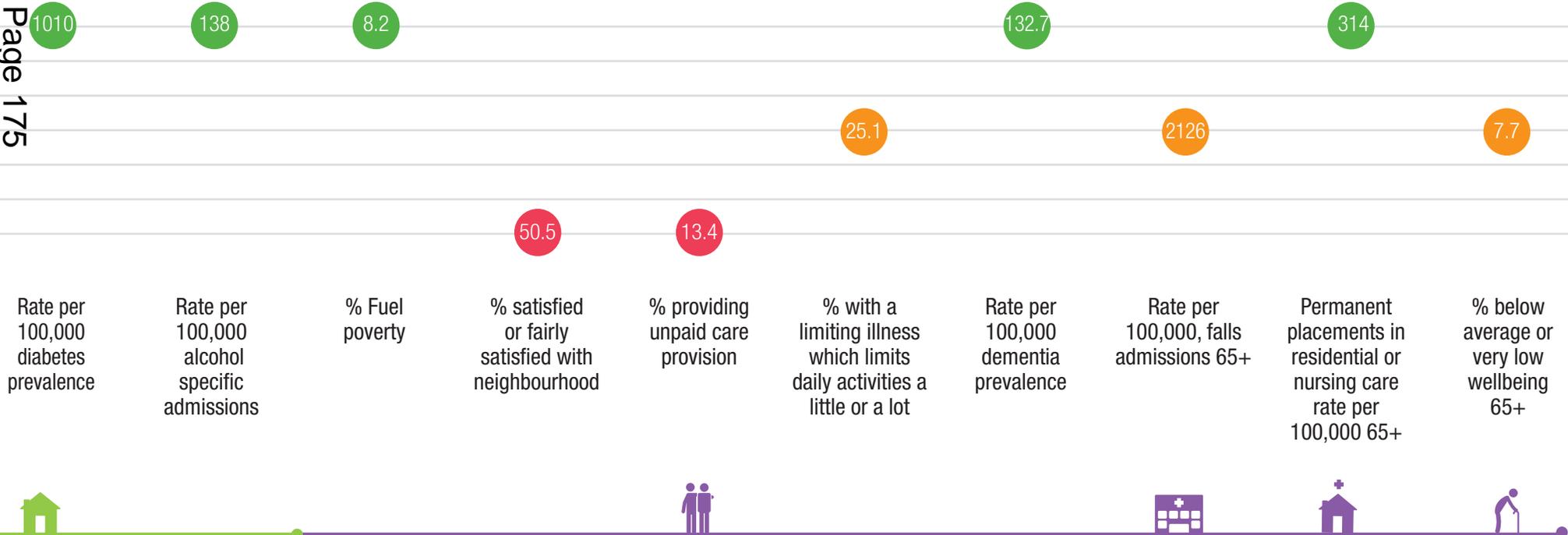
64
Number of
0-25s on **EHCP**



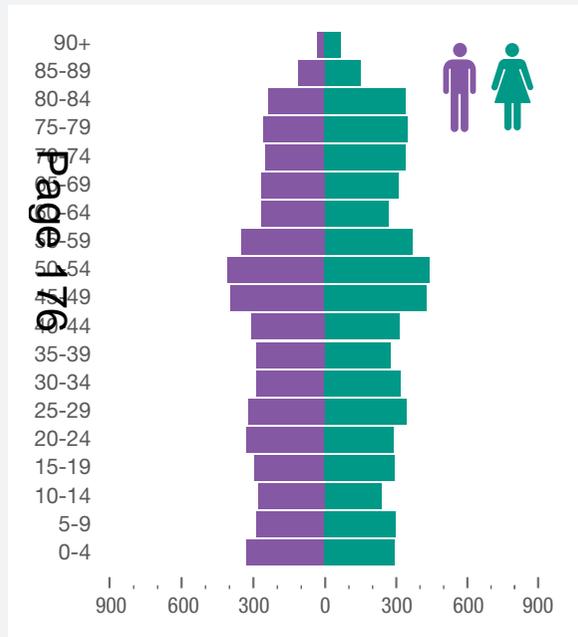
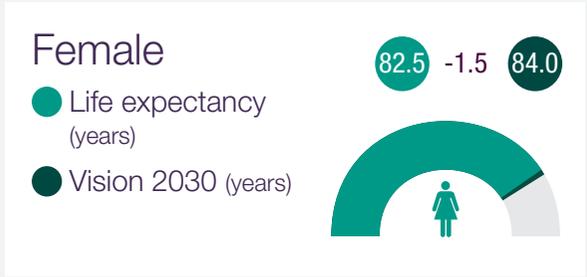
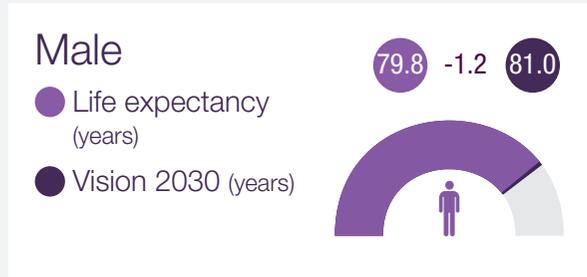
2.4% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

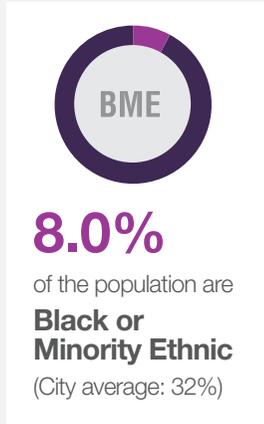
Page 175



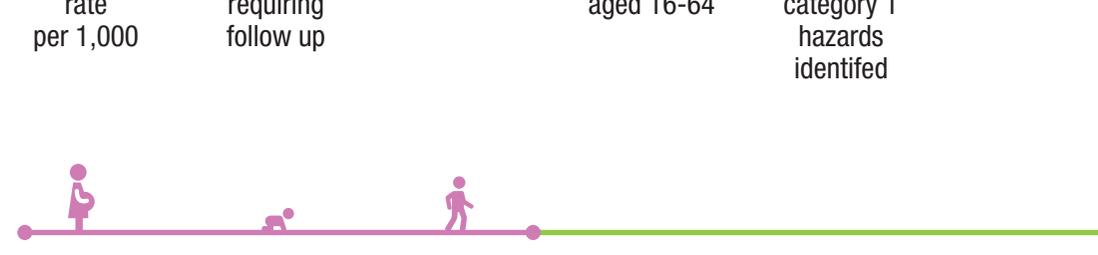
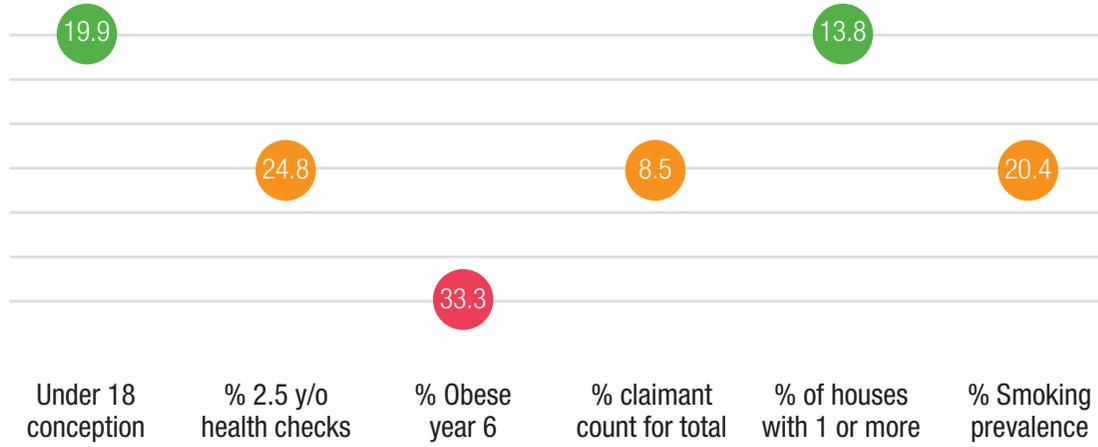
Your ward at a glance: Wednesfield North



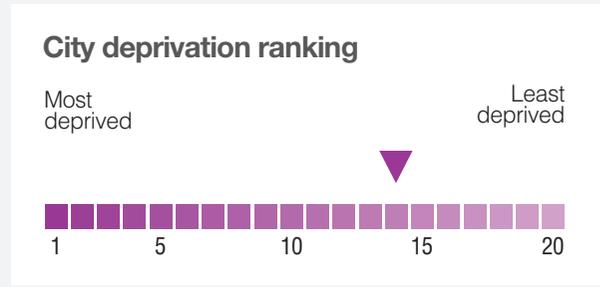
Total population
10,827



What is life like in your ward?



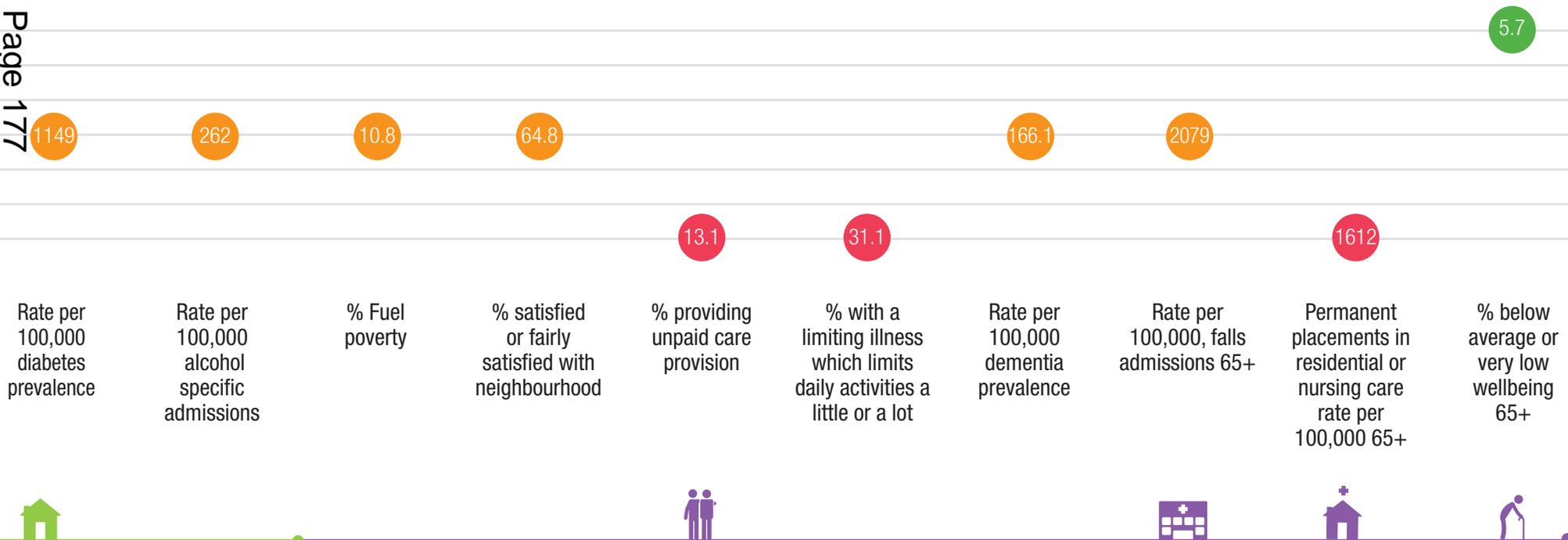
26.4%
Children living in poverty



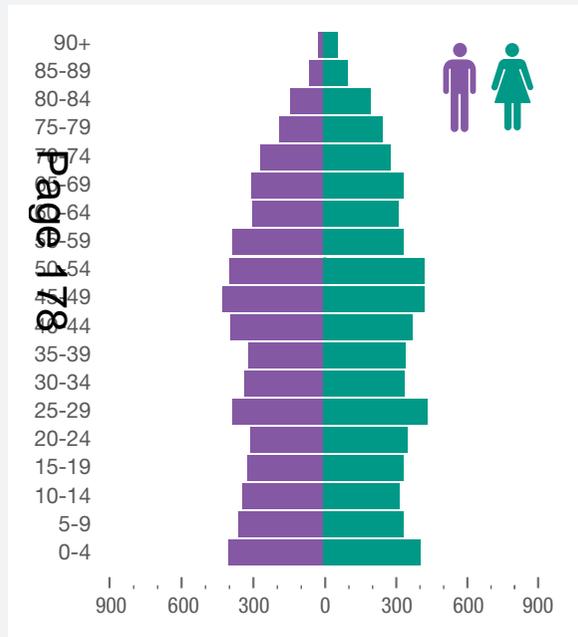
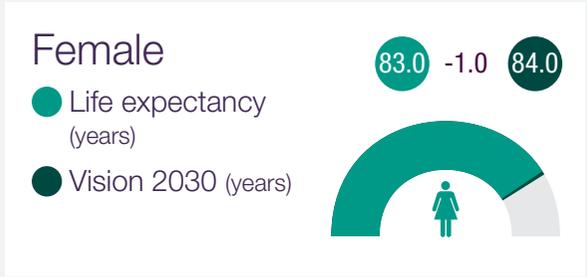
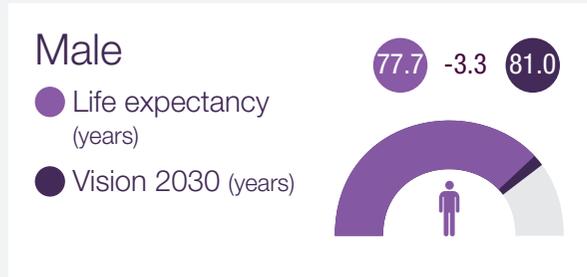


Key: Compared to city average ● Worse ● Similar ● Better

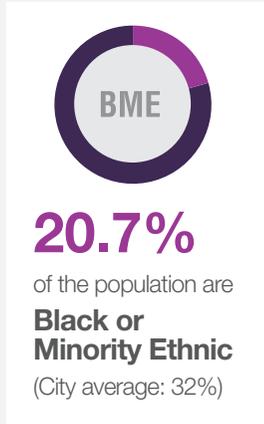
Page 177



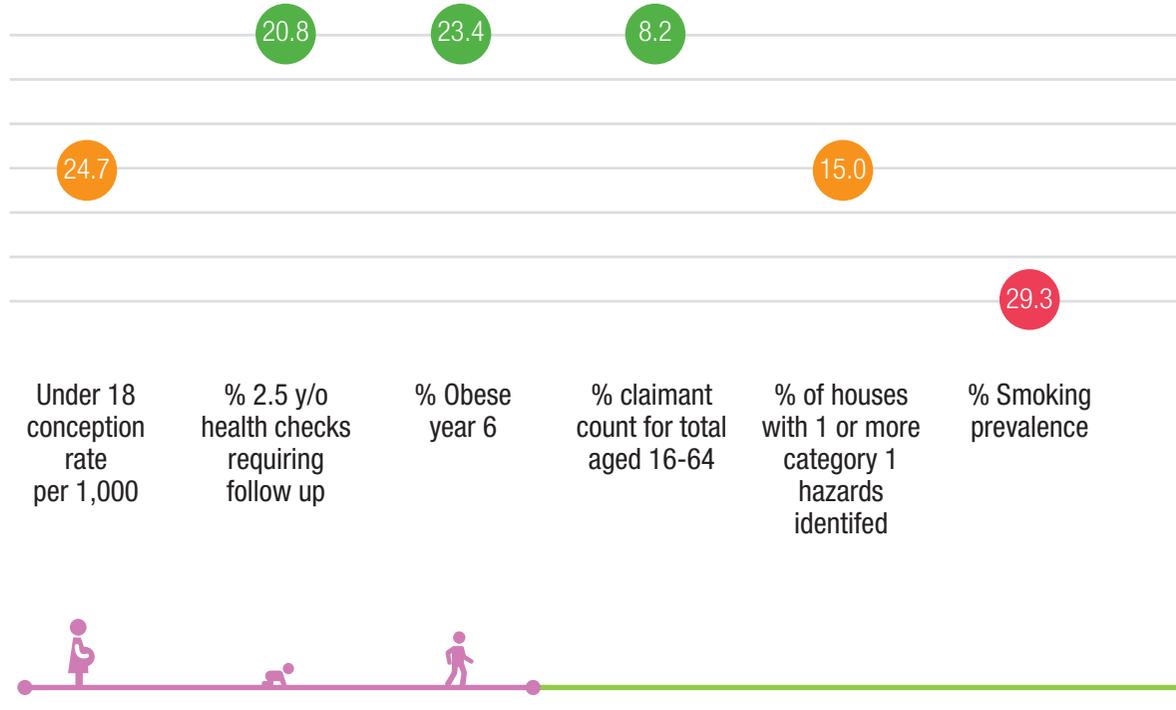
Your ward at a glance: Wednesfield South



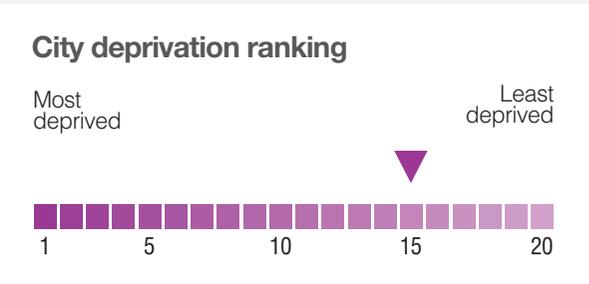
Total population
11,744



What is life like in your ward?



28.7%
Children living in poverty





14.3%
private rented households

● This is close to the city average



1,421
Total recorded crime

● This is close to the city average

205
Number of 0-25s requiring SEN Support



5.6% of 0-25 population

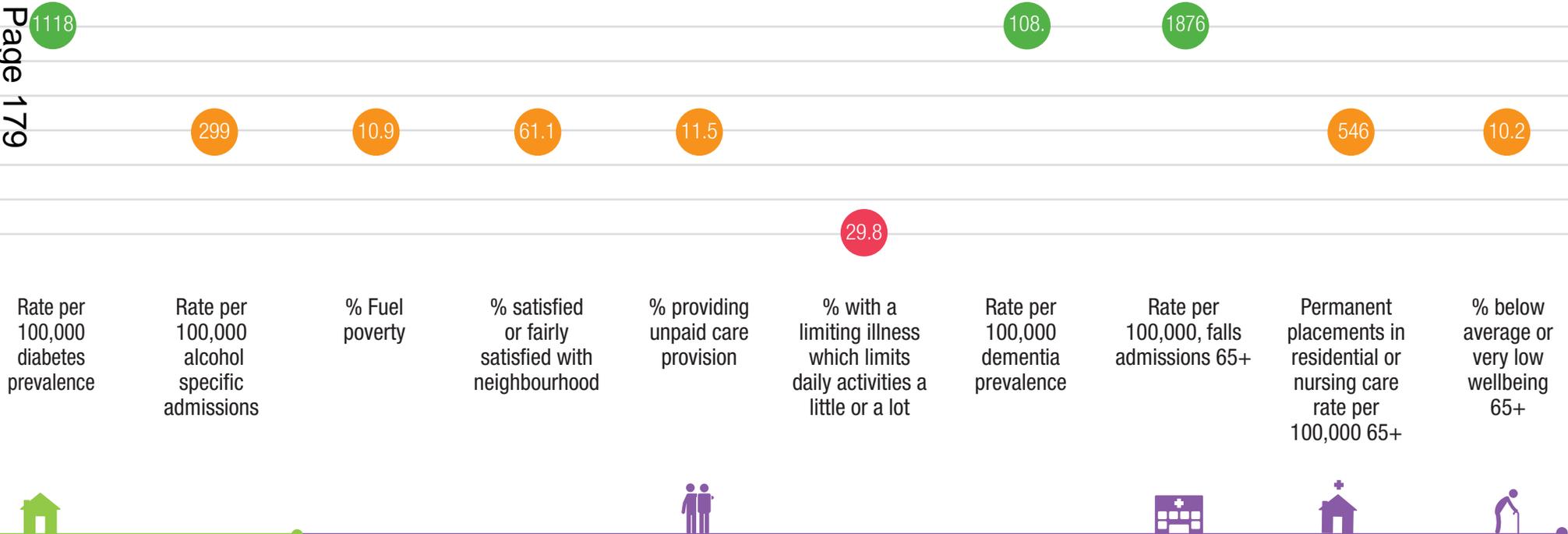
98
Number of 0-25s on EHCP



2.7% of 0-25 population

Key: Compared to city average ● Worse ● Similar ● Better

Page 179



You can get this information in large print, braille,
audio or in another language by calling 01902 551155

wolverhampton.gov.uk 01902 551155

  WolverhamptonToday  Wolverhampton_Today  @WolvesCouncil

City of Wolverhampton Council, Civic Centre, St. Peter's Square,
Wolverhampton WV1 1SH

Briefing Note

Title: HEALTHWATCH WOLVERHAMPTON – INVITE TO HEALTH SCRUTINY COMMITTEE TO PARTICIPATE IN PRE-TENDER ENGAGEMENT ACTIVITY.

Date: 8 July 2021

Prepared by: Jacqui McLaughlin

Job Title: Commissioning Officer (Adult Services)

Intended Audience: Internal Partner organisation Public Confidential

1.0 Introduction

1.1 Healthwatch organisations are statutory, independent champions for people who use health and social care services. Each local authority is required by the Health and Social Care Act 2012 to ensure that an independent Healthwatch organisation operates within its area.

1.2 Healthwatch England is an independent statutory committee of the Care Quality Commission (CQC) which provides advice and support to local Healthwatch organisations. In addition, Healthwatch England also works with local authorities to ensure that contracting arrangements support compliance with mandated statutory duties (stated below). In order to operate, all Healthwatch provider organisations must sign up and abide by Healthwatch England's trademark licence/branding requirements.

- i. Promoting and supporting the involvement of people in the commissioning and scrutiny of local services
- ii. Enabling people to monitor the standard of provision of local services and to influence improvements
- iii. Obtaining peoples' views of local services and making them known to relevant organisations
- iv. Reporting/recommending improvements to services
- v. Providing advice and information about access to local services
- vi. Making recommendations to Healthwatch England to advise the Care Quality Commission
- vii. Providing Healthwatch England with the intelligence and insight needed to enable it to perform effectively

1.3 Healthwatch (Wolverhampton) is currently provided by Engaging Communities Solutions (ECS). The service is responsible for ensuring that local voices are heard, and that people's views and experiences are used to improve existing health and social care services and to help shape and influence future provision. In addition, where

concerns and problems in relation to services have been identified, Healthwatch (Wolverhampton) will inform the relevant organisations to ensure that action is taken to resolve these issues and prevent them from arising again.

1.4 In accordance with Procurement Regulations, Healthwatch (Wolverhampton) is now required to be competitively tendered – the new service will commence on 1 April 2022.

2.0 Engagement Details

2.1 Engagement is aimed at updating and enhancing the Healthwatch provision and will focus on the aspects of the service that can be influenced **without** conflicting with the Healthwatch England's trademark licence. These aspects are:

- i. The means of raising local awareness and understanding of the service
- ii. The means of local engagement to gather views, experiences and values
- iii. The means of establishing local (annual) priorities
- iv. The means of 'reporting back' to local people and stakeholder organisations
- v. Membership of various local and regional boards, committees and networks etc. to optimise the ability to influence change at a strategic level
- vi. Local performance and outcomes requirements (in the context of Healthwatch England's requirements)

2.2 A 12-week engagement exercise is currently underway (1 April to 24 June 2021). Due to covid-related restrictions an on-line approach has been used - four on-line workshop meetings aimed at key stakeholder organisations, forums in addition to members of the public have been arranged throughout May and June. An on-line survey is also available to everyone via various websites including City of Wolverhampton Council, CCG, Wolverhampton Voluntary Sector Council and the current Healthwatch (Wolverhampton) service.

2.3 To optimise involvement, the engagement exercise has been promoted through CWC's communication team via press releases, various websites, media platforms, newsletters and weekly communications to all social care providers.

2.4 A detailed Engagement Plan is attached to this document for information purposes (Appendix 1 refers)

2.5 Members of Health Scrutiny are invited to participate in the engagement process - a discussion at the Health Scrutiny Panel Meeting scheduled for 8th July 2021 has been arranged in order to facilitate feedback and contribute to the engagement process. A power-point presentation containing survey questions is attached.

3.0 Commissioning contact

3.1 For further information, please contact Jacqui McLaughlin tel: 01902 551915 or email Jacqui.mclaughlin2@wolverhampton.gov.uk.

CITY OF
WOLVERHAMPTON
COUNCIL

Healthwatch (Wolverhampton) – Engagement Plan

RESTRICTED

The plan will set out details as follows:

- Introduction
- Aim of Engagement
- Scope and Limitations of Engagement
- Approach to Engagement
- Feedback and use of information
- Timetable of activities and actions
- Schedule of activities, dates and responsibilities

1.0 Introduction

1.1 Healthwatch organisations are statutory, independent champions for people who use health and social care services. Each local authority is required by the Health and Social Care Act 2012 to ensure that an independent Healthwatch organisation operates within its area.

1.2 The City of Wolverhampton Council is conducting an engagement process in preparation for the re-tender of the Healthwatch (Wolverhampton) provision following the expiry of the current contract on 31st March 2022.

1.3 The engagement period will be 12 weeks, commencing in April and ending in July 2021.

2.0 Aim of Engagement

2.1 This plan aims to facilitate a transparent and meaningful process to gather relevant stakeholder views and experiences in relation to the current service which will be used, wherever feasible, to enhance and update service provision beyond 31 March 2022.

3.0 Scope and Limitations of Engagement

3.1 Due to covid-19 related restrictions, engagement will be carried out on-line unless these restrictions are lifted.

3.2 Healthwatch England is an independent statutory committee of the Care Quality Commission (CQC) and advises and supports all Healthwatch organisations at a national level. In addition, Healthwatch England also works with local authorities to ensure that all local Healthwatch contracting arrangements support compliance with mandated statutory duties (stated below). In order to operate, all Healthwatch provider organisations must sign up and abide by Healthwatch England's trademark licence requirements.

- i. Promoting and supporting the involvement of people in the commissioning and scrutiny of local services
- ii. Enabling people to monitor the standard of provision of local services and to influence improvements
- iii. Obtaining peoples' views of local services and making them known to relevant organisations
- iv. Reporting/recommending improvements to services
- v. Providing advice and information about access to local services
- vi. Making recommendations to Healthwatch England to advise the Care Quality Commission
- vii. Providing Healthwatch England with the intelligence and insight needed to enable it to perform effectively

3.3 To avoid conflicting with the Healthwatch England trademark licence requirements, the scope of the engagement will be limited to the following local aspects of the service:

- i. The means of raising local awareness and understanding of the service
- ii. The means of local engagement to gather views, experiences and values
- iii. The means of establishing local (annual) priorities
- iv. The means of 'reporting back' to local people and stakeholder organisations

- v. Membership of various local and regional boards, committees and networks etc. to optimise the ability to influence change at a strategic level
- vi. Local performance and outcomes requirements (in the context of Healthwatch England's requirements)

4.0 Approach to Engagement

4.1 Using the above 'aspects' as a basis, the approach to engagement will consist of:

4.2 As a minimum three on-line workshops inviting key stakeholder organisations and forums which will represent a wider audience and increase reach.

4.3 Key stakeholder organisations:

- Wolverhampton Clinical Commissioning Group & Integrated Care Systems
- Social Care (internal)
- Young People and Children's Services (internal)
- Safeguarding
- Voluntary & Community Sector (WVSC)
- Healthwatch England/CQC
- BAME Community
- LGBTQ+ Community
- Mental Health Stakeholder Forum
- Carers
- Health & Wellbeing Board and Council Scrutiny

4.4 A minimum two on-line sessions will also be publicised inviting members of the public and other general stakeholder groups. Targeted communications will be sent to:

- Members of the Public
- Healthwatch (Wolverhampton) service users and their families and/or carers
- Adult services including voluntary & community sector groups

- Other relevant external organisations

4.5 An on-line survey will also be available to individuals, organisations and groups across the City. The survey will be hosted on the City of Wolverhampton Council Consultation Hub and will be promoted via the channels below:

- i. Various websites including City of Wolverhampton Council, CCG, Wolverhampton Voluntary Sector Council, Healthwatch (Wolverhampton)
- ii. Various social media accounts including City of Wolverhampton Council, CCG, Wolverhampton Voluntary Sector Council, Healthwatch (Wolverhampton)
- iii. City of Wolverhampton's Communication Team via a press release
- iv. Various newsletters and the weekly communications to all social care providers.

4.6 Translation services will be used as appropriate to support inclusion.

4.7 Pre-election period/Purdah guidance will be observed.

5.0 Feedback and use of information

5.1 All responses will be reviewed, and overarching themes reported back through established channels

5.2 Feedback will, wherever feasible, be used to shape and enhance the new Healthwatch (Wolverhampton) provision to improve the effectiveness of the service through an updated local approach.

6.0 Schedule of activities, dates and responsibilities (all dates based upon the commencement of engagement on 1 April 2021)

Deadline Dates	Action	Task owners	Considerations	RAG rating
22 March 21	Finalise (key) stakeholders to be contacted	JMc/DF	Representation to be manageable as city wide service.	
31 March 21	Arrange on-line sessions, dates and times		Key and other general stakeholders (also include details in survey monkey header)	
31 March 21	Promote/launch engagement - sessions and survey. Press release	DF	Use stated channels and any others identified throughout engagement period to maximise involvement and reach	
31 March 21	Clarify translation requirements in terms of surveys and workshops – Equality & Diversity, Race and Religion Team	JMc	Currently only google translation option offered by consultation hub – await response re. official guidelines. Potential cost involved.	
7 Aug 21	Analysis and evaluation of feedback data	JMc/CSO		
21 Aug 21	Write Feedback Report and present to ALT	JMc		

7 Sept 21	Publish feedback to all stakeholders and participants.	JMc/CSO	Use engagement channels to feedback	
7 Oct 21	Finalise service specification and secure sign off from Healthwatch England and ALT	JMc	Completion and sign off of service spec to be achieved on time to enable tender to be completed within current timescales.	

Presenter: Jacqui McLaughlin

Jacqui.McLaughlin2@wolverhampton.gov.uk

Job Title: Commissioning Officer; Strategic Directorate, People

Wolverhampton.gov.uk

CITY OF
WOLVERHAMPTON
COUNCIL

Help shape your local Healthwatch organisation

Engagement 1 April – 24 June 2021

wolverhampton.gov.uk

Healthwatch (Wolverhampton) - Have your say....

- The current Healthwatch (Wolverhampton) contract expires on 31st March 2022 – a tender exercise will be carried out to appoint a 'new' service provider to deliver the service from 1st April 2022.
- To inform the development of the service specification, we have invited the views of stakeholders and individuals through:
 - A 12-week on-line engagement exercise (1 April to 24 June 2021) promoted through press releases, various websites and media platforms including CCG, WVSC and the current Healthwatch (Wolverhampton) service in addition to individual communications aimed at all social care providers.
 - Four on-line workshop meetings
 - Working with CYP to support input specifically from young people through an on-line workshop



wolverhampton.gov.uk

Healthwatch (Wolverhampton) - Have your say....

The overarching purpose of Healthwatch (Wolverhampton) is:

To improve local health and social care service

Through.....

- Championing the views of local people who use health and social care services by ensuring that their (collective) voices are heard and views and experiences are used to improve existing services and to help shape future provision at both an operational and strategic level.
- Ensuring that action is taken to resolve concerns and problems in relation to services and to prevent them from arising again.
- Signposting individuals to the most appropriate service/s

wolverhampton.gov.uk

Healthwatch (Wolverhampton) - Have your say....

The role and influence of Healthwatch England....

Healthwatch England set the operational parameters for all local Healthwatch organisations (stated below). These parameters must be complied with to be granted Healthwatch England's trademark licence.

- Promoting and supporting the involvement of people in the commissioning and scrutiny of local services
- Enabling people to monitor the standard of provision of local services and to influence improvements
- Obtaining peoples' views of local services and making them known to relevant organisations
- Reporting/recommending improvements to services
- Providing advice and information about access to local services
- Making recommendations to Healthwatch England to advise the Care Quality Commission
- Providing Healthwatch England with the intelligence and insight needed to enable it to perform effectively

Healthwatch (Wolverhampton) - Have your say....

To avoid conflicting with Healthwatch England's operational and trademark licence requirements, the focus of engagement encompasses local aspects of service delivery as follows:

- The means of raising local awareness - promotion and understanding of the service.
- The means of local engagement to gather views, 'report back' and establish (annual) priorities.
- Membership of various local and regional boards, committees and networks etc. to optimise the ability to influence meaningful changes, both operational and strategic.
- Local performance measures to support the achievement of the above aspects of the service.

Let's start.....

wolverhampton.gov.uk

Healthwatch (Wolverhampton) - Have your say....

Do you think that Healthwatch (Wolverhampton) could improve awareness and/or understanding of its services to local people?

If 'yes', how ?

wolverhampton.gov.uk

Healthwatch (Wolverhampton) - Have your say....

How you would prefer to communicate your views and experiences in respect of health and care services and priority setting in addition to receiving feedback from Healthwatch (Wolverhampton)?

- Organised face-to-face events
- Confidential telephone line
- Existing forums/groups
- Postal - paper questionnaires/feedback forms
- Online - questionnaires/feedback; forums
- Social media - Facebook / Twitter
- Other (please state)

Any further details....

wolverhampton.gov.uk

Healthwatch (Wolverhampton) - Have your say....

Healthwatch (Wolverhampton) is expected to be an active member of various local and regional boards, committees and networks etc. to optimise the ability to influence change at operational and strategic levels.

Which boards, committees and networks do you feel that Healthwatch (Wolverhampton) should be members of and why in terms of the impact that this would make?

Healthwatch (Wolverhampton) - Have your say....

In terms of local performance measures, are there any specific indicators that you feel should be set for the new service ?

wolverhampton.gov.uk

Healthwatch (Wolverhampton) - Have your say....

Do you have any other useful comments that you would like to add?

wolverhampton.gov.uk

Healthwatch (Wolverhampton) - Have your say....

This is the end of the session.



For taking part.

wolverhampton.gov.uk