



Local Outbreak Engagement Board

26 May 2021

Time 2.30 pm **Public Meeting?** YES **Type of meeting** Partnership Boards
Venue MS Teams

Membership

Chair	Leader of the Council
Vice Chair	Cabinet Member for Public Health and Wellbeing
Emma Bennett	Director of Children's and Adult Services, City of Wolverhampton Council (CWC)
Katrina Boffey	Assistant Director of Strategic Transformation, NHS England & NHS Improvement - Midlands
Tracy Cresswell	Local Healthwatch Manager, Healthwatch Wolverhampton
Ian Darch	Wolverhampton Voluntary Sector Council
John Denley	Director of Public Health, CWC
Marsha Foster	Director of Partnerships, Black Country Healthcare NHSFT
Yvonne Higgins	Acting Chief Nurse, Royal Wolverhampton NHS Trust
Adrian Philips	Consultant in Health Protection, Public Health England
Dana Tooby	Shadow Cabinet Member for Public Health and Wellbeing
Paul Tulley	Ethnic Minority Council - Wolverhampton Equality and Diversity Partnership
	Managing Director, Wolverhampton CCG

Information

If you have any queries about this meeting, please contact the democratic support team:

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Agenda

Items open to press and public


Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

- 1 **Apologies for Absence**
- 2 **Notification of substitute members**
- 3 **Declarations of interest**
- 4 **Minutes of the previous meeting** (Pages 1 - 6)
[To approve the minutes of the previous meeting as a correct record.]
- 5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting.]

ITEMS FOR DISCUSSION OR DECISION - PART 2

- 6 **COVID-19 Situation Update**
[To receive an update on the current COVID-19 situation.]
- 7 **COVID-19 Strategic Coordinating Group Update Report** (Pages 7 - 16)
[To provide a high-level summary of activity in support of the Wolverhampton COVID-19 Outbreak Control Plan.]
- 8 **Update on the Community Champions Network**
[To receive a verbal update on Community Champions supporting our City to stay safe and our communities to access the vaccine.]
- 9 **Vaccination Roll-out Update**
[To receive a verbal update on local delivery of the vaccination programme.]
- 10 **Other Urgent Business**
[To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.]
- 11 **Dates of future meetings**
[TBC]

	<h2 style="margin: 0;">Local Outbreak Engagement Board</h2> <h3 style="margin: 0;">Minutes - 10 March 2021</h3>
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Attendance

Members of the Local Outbreak Engagement Board

Councillor Ian Brookfield (Chair)	Leader of the Council
Emma Bennett	Director of Children's and Adult Services
Michelle Carr	Black Country Healthcare NHSFT
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Cheryl Etches	Royal Wolverhampton Hospital Trust
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
Dana Tooby	Ethnic Minority Council - Wolverhampton Equality and Diversity Partnership

In Attendance

Madeleine Freewood	Stakeholder Engagement Manager
Shelley Humphries	Democratic Services Officer
Suffia Perveen	Ethnic Minority Council - Wolverhampton Equality and Diversity Partnership
Dr Kate Warren	Consultant in Public Health

Item No. Title

- 1 **Apologies for Absence**
Apologies were received from Marsha Foster, Professor Ann-Marie Cannaby and Paul Tulley.

- 2 **Notification of substitute members**
Michelle Carr attended for Marsha Foster and Cheryl Etches attended for Professor Ann-Marie Cannaby.

- 3 **Declarations of interest**
There were no declarations of interest.

- 4 **Minutes of the previous meeting**
Resolved:
 That the minutes of the meeting of 3 February 2021 be approved as a correct record.

- 5 **Matters arising**
There were no matters arising from the minutes of the previous meeting.

6 **COVID-19 Situation Update**

Dr Kate Warren, Consultant in Public Health delivered the COVID-19 Situation Update with supporting presentation.

In terms of cases, a graph illustrated the cases within Wolverhampton as having reduced significantly since the Winter peak, a reduction which was attributed to effects of the lockdown restrictions.

The case rate by age continued to be the most prevalent in working age adults but had decreased in all age groups.

The City of Wolverhampton was reported as having one of the lowest COVID case rates in the West Midlands area.

As in previous reports, it was noted that there were no consistent geographical hotspots within the City. Clarification was sought around the 'Suppressed Areas' displayed on the map. It was confirmed that this described areas where case rate numbers were so low that individuals may be identified from the data and it was therefore suppressed on the grounds of retaining patient confidentiality.

It was reported that there was still a significant number of COVID-19 patients occupying hospital beds and 15 people in ICU (The Royal Wolverhampton NHS Trust), but the numbers were falling.

In terms of mortality, the Winter peak had resulted in a peak of deaths where COVID was recorded as a contributing cause on the death certificate. A significant number of deaths occurred in people over the age of 60 and it was noted that this was why age was such a dominant factor in the priority order of the vaccination programme strategy.

It was highlighted that the vaccination programme had gained considerable pace and a good take-up had been achieved so far. Discrepancies were being monitored and partnership working had ensured there were plans in place to mitigate these.

It was reported that large volumes of cases in younger age groups had resulted in many younger people needing hospital care and that these groups remained largely unvaccinated. It was underlined that although the vaccination programme had made positive progress, there were many people still susceptible to COVID-19 and a rise in transmission would increase their risk of being admitted to hospital.

A graph depicted NHS Activity modelling of projected hospital occupancy should the restriction be lifted over a period of three, six or nine months. This illustrated the likelihood of increased transmission should restrictions be lifted too early.

It was queried what communities could do to support the Authority and the messages relayed that COVID was still a risk despite the progress made. It was acknowledged that there was already a meaningful contribution made by community groups to support the partnership effort therefore thanks were offered and the message was simply to continue the great work.

In response to a query around any major incidents arising, there had been none reported in educational settings. It was noted that attendance in primary schools had

been 96% as of 9 March 2021, although attendance in secondary schools were more difficult to quantify as there was a staggered return underway. Staff and students had been undertaking testing.

Dr Kate Warren had no specific incidents to report either. It was noted that there would be a more proactive approach to tracking and testing therefore an increase may be seen in case rates although this would not necessarily mean an increase in transmission. Test result data would be cross-referenced with infection survey results for this reason to ensure a clearer picture.

A query was raised around whether there were local plans in place for a third peak should it arise. Assurances were given that the Authority and partners were continually preparing for all eventualities to ensure a rapid response. Continued delivery of the vaccine programme and embedding frequent testing into everyday life were included in these preparations.

Schools and education settings were commended for their organisation and rolling out of testing. It was noted that, although it was far removed from the previous way of life, testing was one of the key components towards returning to some semblance of normality.

Resolved:

That the COVID-19 Situation Update be noted.

7 **COVID-19 Strategic Coordinating Group Update Report**

John Denley, Director of Public Health presented the COVID-19 Strategic Coordinating Group (CSG) Update Report and highlighted salient points. The report provided a summary of recent progress relating to the delivery of the local COVID-19 Outbreak Control Plan.

One emerging risk was identified as vaccine supply however it was still good and there were plans in place to continue delivery of the vaccine at a good pace and scale.

The Chair commended the work undertaken on the roll-out of the vaccination programme. It was acknowledged that this was only the first vaccination and that there was more work ahead to deliver the second, as well as identifying and contacting those who had not yet received the first.

A query was raised around a potential third booster vaccination being delivered around Autumn time in addition to the two originally planned doses. It was noted that as the programme moved through the age groups, there were more people in the 50 plus age range than in the older demographics meaning there were more people to engage with to take up their first vaccine. It was reiterated that everyone should certainly ensure they receive the two initial doses however there was a possibility that there may be a booster rolled out in the Autumn.

It was highlighted that the population would need to adapt to live with COVID present as had been done with influenza and its annual immunisation programmes.

In respect of a query around communications, the current work was commended however it was suggested there needed to be more awareness raised around what

was being done in the City to support young people with the negative effects of lockdown. It was noted that the communication and engagement plan was key and these messages would be reinforced. The Communication and Engagement Plan was underway and work was aligned with what had been happening nationally as well as focusing on and addressing emerging local issues or concerns around the vaccine. It was also highlighted that information had been produced in Gujarati and Punjabi with more planned to ensure inclusivity and that information could be cascaded throughout all communities.

Resolved:

That the COVID-19 Strategic Coordinating Group (CSG) Update Report be noted.

8 **Local Response to COVID-19 Roadmap**

John Denley, Director of Public Health delivered the Local Response to COVID-19 Roadmap presentation which provided an outline of the planned local response as the national lockdown restrictions started to lift.

It was noted that the work of the Incident Management Team was key

The steps ran in tandem with the national dates of Step One, Step Two, Step Three and Step Four and it was noted that moving to each step depended on evidence that it would be safe to do so. The local response to Step One was outlined in the presentation.

Communications to promote testing and vaccinations were still active as well as ramping up the message that to relax the rules too soon could cost lives and hinder the relaxation of lockdown restrictions.

Emma Bennett, Director of Children's and Adult Services outlined the focus on support and training for schools and education settings to establish test centres to test all pupils as well as preparing for the move to home testing. School staff had been testing at home for a few weeks already. Adult education was being supported to operate an onsite test site to bridge the gap with plans to make home testing available to all learners from the end of March 2021. Support and communication had been stepped up to promote adhering to control measures, such as face masks and social distancing for parents at drop-off and pick-up times. COVID Support Advisors support on a rota system was provided to assist with this.

Attendance had been encouraging however caution was still being exercised and the Authority had been working closely with schools to manage this. Public health updates were being provided as well as public health colleagues attending headteacher briefings every half-term. It was acknowledged that the concept of lateral flow testing (LFT) and polymerase chain reaction (PCR) testing becoming so commonplace was almost unthinkable just over a year ago, however schools and education settings had stepped up to the task admirably.

In respect of Care Homes, it was reported that one visitor per resident was currently allowed, however strict guidelines, use of full PPE and testing was in place. Visitors were not allowed into homes where there had been positive cases and support was being offered in respect of vaccinations. Locally, it had been requested that care providers inform all visitors of the vaccination level of their staff.

It was reported that a Call Centre Offer had been developed to assist with contact tracing and to support the acceleration of the vaccine delivery. It was planned to use the capability of this offer to support test bookings for businesses and promote business grants with the aim of supporting a return to work as safely as possible.

This linked to the next area of provision which focused on support for local businesses with the inclusion of proactive calls to businesses that had either been classed as high risk and/or experienced an outbreak. This would lead to signposting to testing with the offer tailored to the size of the business. A scheme had been launched to show recognition for businesses that were operating safely and promoting regular routine staff testing. The support offered would adapt as each step progressed with a focus on the safe reopening of businesses which were currently closed. It was noted that different service areas of the Council would be contacting local businesses to ascertain what support they needed.

It was reiterated that movement to future steps would be determined by data, not dates, and decisions would be based on the following four tests being met:

1. that the vaccine deployment programme continued successfully
2. that evidence showed vaccines were sufficiently effective in reducing hospitalisations and deaths in those vaccinated
3. that infection rates did not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
4. that assessment of the risks was not fundamentally changed by new Variants of Concern

Response to the emergence of new variants would also be planned with three tests in mind which were whether the variant increased the transmission rate; made people become more seriously ill or had an impact on the vaccine efficacy.

It was queried what the timescale was for the Local Outbreak Control Plan refresh and it was noted that an initial draft was expected for 12 March 2021. By 16 March, a version to include the template with the additional elements around plans for living with COVID would be expected. A final submission would be required by 26 March 2021 and it was noted that an extraordinary meeting of Local Outbreak Engagement Board would be arranged if required.

A query was raised around provision of respite for NHS staff and it was acknowledged that staff wellbeing was vital, particularly if there should be another wave. It was reported that planning for respite time and regular breaks was being built into the system, especially for the ICU which had experienced intense pressure. Resources, such as podcasts, on promoting wellbeing were also being made available to staff.

Resolved:

That the Local Response to COVID-19 Roadmap be received.

9 **Other Urgent Business**

There was no other urgent business.

10 **Dates of future meetings**

Dates of future meetings would be confirmed in due course.

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Local Outbreak Engagement Board Meeting 26 May 2021

Report title	Wolverhampton COVID-19 Outbreak Control Plan Report	
Cabinet member with lead responsibility	Councillor Ian Brookfield Leader of the Council	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employee	Madeleine Freewood	Stakeholder Engagement Manager
	Tel	01902 550352
	Email	madeleine.freewood@wolverhampton.gov.uk
Report has been considered by	Wolverhampton COVID-19 Strategic Co-ordinating Group	30 April 2021

Recommendations for action:

The Local Outbreak Engagement Board is recommended to:

1. Receive the Wolverhampton COVID-19 Outbreak Control Plan Report.

1.0 Purpose

- 1.1 The multi-agency Wolverhampton COVID-19 Strategic Co-ordinating Group (SCG) provides regular progress reports to the Local Outbreak Engagement Board to enable it to fulfil its objectives.

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.
- 2.2 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), a sub-board of Health and Wellbeing Together.
- 2.3 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 coordination with partners by March 2021 in order to ensure they remained fit for purpose.
- 2.4 Wolverhampton's refreshed Outbreak Control Plan has been published here: <https://www.wolverhampton.gov.uk/coronavirus-advice-and-information/covid-19-outbreak-control-plan>
- 2.5 Wolverhampton's COVID-19 Strategic Co-ordinating Group (SCG), supported by the Public Health led Outbreak Control Planning Group, is responsible for prioritising, managing and overseeing the work plans aligned to the following themes in the Local Outbreak Plan:
- Care homes and schools
 - High risk places, locations and communities
 - Local testing capacity
 - Contact tracing in complex settings
 - Data integration
 - Vulnerable people
 - Local Boards
- 2.6 In addition, a Wolverhampton COVID-19 Vaccine Partnership Working Group has been established to bring together strategic leads from across the local health system to coordinate a one city response to supporting vaccine roll out to best meet population need.

2.7 The remit of the SCG is to:

- set and regularly review strategic priorities for the city
- ensure plans are consistent with resources available and if not, escalate within the appropriate organisations
- escalate any situations to Public Health England /Wolverhampton Clinical Commissioning Group level for mutual aid if necessary and ensure that any response to a local COVID-19 outbreak is completed as a co-ordinated approach, managing the various elements in the response
- review local and national epidemiology.

2.8 SCG provides a regular progress report to the Local Outbreak Engagement summarising key activity across the eight themes in the Local Outbreak Plan, finance and communication plan.

3.0 SCG progress overview

3.1 Appendix 1 of this report provides a copy of the SCG report to the Local Outbreak Engagement Board.

4.0 Financial implications

4.1 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 SCG summary report provides an overview of where this money will be targeted.

[JB/18052021/T]

5.0 Legal implications

5.1 Every Local Authority is required to produce a Local Outbreak Control Plan specific to COVID-19 as outlined in the August 2020 national framework:

<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers>

5.2 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/04052021/B]

6.0 Equalities implications

6.1 The Local Outbreak Engagement Board is a sub-board of Health & Wellbeing Together. Equalities implications of COVID-19 are being actively reviewed by both boards informed by qualitative and quantitative data.

7.0 Health and wellbeing implications

7.1 The Local Outbreak Engagement Board is a sub-board of Health & Wellbeing Together and health and wellbeing implications of Local Outbreak Plan are kept under review through established reporting lines.

8.0 COVID-19 Implications

8.1 The SCG summary report outlines progress relating to the delivery of the COVID-19 Local Outbreak Control Plan.

9.0 Schedule of background papers

9.1 Wolverhampton COVID-19 Outbreak Control Plan
<https://www.wolverhampton.gov.uk/coronavirus-advice-and-information/covid-19-outbreak-control-plan>

10.0 Appendices

10.1 Appendix 1 - Wolverhampton COVID-19 Outbreak Control Plan Report.

Report: Wolverhampton COVID-19 Outbreak Control Plan Report

Intended Audience:	Local Outbreak Engagement Board		
Submitted by:	Wolverhampton Strategic Co-ordination Group		
Submission Date:	18.05.2021	Meeting Date:	26.05.2021

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1.0 Purpose

The purpose of this report is to update Wolverhampton Local Outbreak Engagement Board on progress relating to the delivery of the local COVID-19 Outbreak Control Plan. The Wolverhampton Outbreak Control Plan was refreshed in March 2021 and is published on the Council website here: https://www.wolverhampton.gov.uk/sites/default/files/2021-04/2021%20FINAL_Covid-19%20Outbreak%20Control%20Plan.pdf This report provides an update for the time period from the last meeting of the Local Outbreak Engagement Board on 10 March, to publication date of this report, 18 May 2021.

2.0 Local data & Intelligence

2.1 Local data and intelligence

A summary of the latest data will be provided before the meeting

3.0 Outbreak Control Plan (Key updates)

Theme 1: Care Homes and educational settings

Educational settings:

- There has been a decline in the number of outbreaks in educational settings in line with declining infection rates across the city.
- The Incident Management Team continue to prioritise outbreak management in educational settings, providing support when outbreaks are identified.
- The Incident Management Team continue to support educational staff with contact tracing including, providing regular refresher training.
- There has been a decline in the number of Covid-19 cases reported for students and staff at UoW.
- Whilst creative and practical students started returning from 8th March, remaining students who have not yet returned to campus and in-person teaching will be able to do so from Step 3 of the national road map (17th May), at the earliest in line with national guidance.
- All staff and students are provided with Covid-19 testing information on a weekly basis.
- To encourage and support routine testing within the wider school community, local primary schools have been invited to express an interest in becoming Home Test Collect distribution hubs.

- A local enhanced programme to support continued routine testing of staff and pupils is being explored with Secondary Schools in the city.
- A local testing survey has been launched to provide insight into UoW student and staff testing behaviour which will help inform futures approaches to Covid-19 testing provision on and around campus.
- Compliance in and around student accommodation across the city remains positive with strategic partners updating no current situations of concern.
- Pro-active communications have been distributed to students regarding Covid-19 compliance in line with the re-opening of license premises across the city. Students have been made aware of the need to download and use the NHS Test and Trace app to check in at venues using the QR codes displayed. Resources to support students to 'Get Home Safely' following a night out have been distributed to all license premises across the city and shared with student union for wider distribution to students.
- Planning is underway to prepare for Step 4 of the national road map (21st June) to ensure communications set a clear expectation of students in respect of compliance and continuation of adherence to on campus and community COVID-19 safety measures

Care Homes:

- Second dose vaccines are currently being administered within care homes, with the majority now complete. The highest vaccine rate amongst all care home residents was recorded at 94% (England average – 94.6%). This vaccine level fluctuates between 92%-94% due to factors such as new residents admitted, residents refusing vaccine and residents being Covid positive within 28 days of planned vaccine date.
- Care home staff vaccine uptake has now reached 80%, which is line with the England average. Of the approximate 500 staff remaining to be vaccinated, approximately 350 have refused the vaccine. Channels to receive the vaccine, and support to address any concerns remain open to this staff group through ongoing communications with all care providers across the city. These include fortnightly interactive sessions with all providers, promotion of the vaccine booking line and sharing of key data, evidence and research materials that strengthen the basis for receiving the vaccine.
- Impact of lockdown measures and vaccine roll out has taken stark effect within care homes. The latest Covid related death, in a care home, is recorded as 05 March 2021. Covid outbreaks have also taken a steep decline reducing from 20+ outbreaks in January to currently 1 small scale outbreak. In addition, a handful of single cases are being managed, which largely consist of asymptomatic staff.
- In line with the 'Roadmap out of Lockdown', the care home sector has seen some changes in guidance, notably the expansion of family/friends indoor visiting being permitted.
- The focus is now on a continuing cycle of auditing and training for care home staff to ensure infection prevention practices remain robust and up to date.

Theme 2: Higher-risk settings, communities and locations

- Over 2,500 attendances at rapid test centres have been on behalf of a business since 26 February 2021.
- 261 businesses have signed up to the Business Testing Grant Scheme and will engage in twice weekly testing for at least 75% of its employees until 30 June 2021.
- 22 businesses have been issued with Covid Testing Recognition Scheme stickers to display at their business premises.
- Registrations to provide on-site testing and home test kit provision for employees through the national DHSC scheme closed on 12 April 2021.

Theme 3: Community testing

- Lateral Flow Testing sites continue to operate at Civic Centre, Jamia Masjid Bilal Mosque, and the Hub at Ashmore Park.
- Testing sites at Bilston Community Centre, St Josephs Church and Pendeford Libaray have now closed to enable the Community Centre and Church to return to their business as usual activities.
- The DHSC mobile testing unit previously situated at Aldersley Leisure Village has relocated to the Priory Green building, Whitmore Close, Pendeford, WV9 5NJ. This site is open daily from 9am to 3pm by appointment only.
- Continued work with the DHSC Underrepresented Groups Team has enabled a further two pilots to take place with Recovery Near You and The Haven. The Haven pilot made use of the home testing equipment and was the first of its kind in the country.
- Community Home Test Collect was introduced nationally in March 2021. People can collect up to two boxes – each box containing a total of 7 kits – at a time. The kits contain step-by-step instructions enabling people to complete their test from the comfort of home. This service is available at Civic Centre, the Hub at Ashmore Park Flow Test Sites, Bilston and Wolverhampton Markets, WV Active leisure centres, Wolverhampton Swimming and Fitness Centre.
- Home tests are also available for collection from the Local Testing Sites at Faulkland St, Blakenhall Community Resource Centre, Whitmore Reans Library, Showell Lane and Mountford Lane Car Parks.
- Pharmacy Collect was introduced in April 2021 with participating pharmacies across the city further extending access to lateral flow home testing kits.
- Alongside the UoW local testing survey, a community facing survey has also been launched to gather insight into home testing behaviours.
- The Wolverhampton mobile testing unit was successfully commissioned in February 2021 and is continuing to 'pop up' in locations across the city where testing rates are low and / or enduring transmission appears to be present. It is operating on a weekly rotation and is currently located at New Cross Hospital to support the re-launch of inpatient visiting. Home testing kits are also available for collection from the unit.
- Surge test planning continues to be developed to ensure the city is equipped to respond quickly and effectively should any variants of concern be identified locally.
- Work is ongoing with DHSC to explore the feasibility of undertaking a local LAMP (Loop-Mediated Isothermal Amplification) testing pilot. LAMP is a saliva-based test and is expected to be easier than swab testing for some groups e.g. children attending special school.

Theme 4: Contact Tracing

- The health protection team continues to support case management activity in high risk settings (e.g. care homes); working closely with PHE on outbreak and incident management.
- The Infection Prevention team at the Royal Wolverhampton Trust continue to support infection prevention and outbreak management in care homes.
- Environmental Health colleagues continue to support the core health protection team with infection prevention control measures in workplace settings.
- The health protection team continues to review the PHE Covid-19 Situational Awareness Report to identify unknown and new outbreaks.
- The test and trace contract tracing team have been part of the local 'o' pilot where positive cases are received within a few hours of a positive result. The pilot has been successful and a new BAU model is being developed by the DHSC.

Theme 5: Data integration and information sharing

- Regular surveillance of all available data continues and is fed into the relevant response groups and partnerships for action or decision.
- Wolverhampton is currently seeing a low number of cases, with no sign of a resurgence yet despite lifting of some restrictions.
- Going forward 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.

Theme 6: Vulnerable People

- Work continues to grow a city network of community champions to support activity and interventions to reduce the disproportionate impact of the virus on certain communities, develop engagement strategies and outreach work in the most at-risk places and with the most at risk groups and support to be informed about the vaccine programme as this accelerates. Community Champions have delivered regular Q and A sessions, translated materials into a number of languages and shared messaging across a number of different communications channels.
- Through partnership working with Community Champions networks, Primary care and Wolverhampton CCG targeted work continues to take place to ensure those most vulnerable and those hardest to reach communities are not left behind and receive an offer of vaccination.

Theme 7: Interface with the vaccine roll out

- The vaccination roll out has continued to make incredible progress with well over 120,000 people in Wolverhampton having now had at least one dose, with more and more people going back for their second dose. This is particularly important as it acts as a booster, enhancing immunity and offering people stronger and longer-lasting protection against infection.
- The City of Wolverhampton Council's role in the vaccination programme has been to support the local NHS in effective and efficient equitable rollout to those in the highest priority groups in the city. The Director of Public Health also has an oversight system leader role to ensure robust health arrangements including effective vaccination delivery are in place for their local population. The Director for Adult Social Services has a designated role to collate information on the requirements for and take up of, vaccinations by social care workers/ other related eligible cohorts.
- The delivery model in Wolverhampton up to now has predominantly been via six Primary Care Network (PCN) vaccination hubs. This includes vaccine delivery from WVActive Aldersley Leisure Village and the Bert Williams sites, as well as several temporary bespoke 'pop up' venues in the heart of communities.
- In addition to the PCN hubs New Cross hospital has been acting as on-site hub for front line health and social care workers, with the majority of NHS and social care workforce now vaccinated.
- Phase two of delivery to the younger cohorts will include incorporation of these sites into the national booking system and also see community pharmacy delivery in allocated settings in the city – likely to be from May onward.
- Working in partnership with local GPs and CCG the LA call centre have spoken to over 11,500 residents encouraging them to book their vaccine to date. Engagement with the most vulnerable and hard to reach communities via partnership working with Community Champions networks, Primary care and Wolverhampton CCG has meant that we continue to work to ensure none from eligible groups are left behind without an offer of vaccination in the City.

Theme 8: Governance and local boards

- 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 Control Plans in March 2021 in order to ensure they remained fit for purpose as well as aiding national understanding. On completion of a regional and national assurance process Wolverhampton's refreshed Outbreak Control Plan was published on the Council website:
<https://www.wolverhampton.gov.uk/coronavirus-advice-and-information/covid-19-outbreak-control-plan>
- As the country progresses through the different stages of the Roadmap, the Local Outbreak Engagement Board, in conjunction with Wolverhampton Health and Wellbeing Board, will continue to keep the eight themes of the Outbreak Control Plan under review. To assist with this the current programme management approach is also being refreshed to ensure it aligns with this refreshed Outbreak Control Plan and stages within the national Roadmap.

4.0 Variants of Concern (VOC) and Variants Under Investigation (VUI)

The Health Protection Team is supporting Public Health England to investigate and manage any positive cases which are identified as a VOC/VUI. Nationally, VOCs/VUIs remain an evolving situation, with the current priorities being the South African, Indian and Brazilian variants. Locally, the majority of these cases are linked to travel however there has also been a small of number cases involving community transmission. Locally, the team currently supports PHE to follow up any complex cases including establishing contact with people who have not engaged with PHE and delivering enhanced contact tracing to identify possible clusters and prevent onward transmission.

5.0 Communications and Engagement Plan

The Covid-19 Communications Group continues to deliver campaigns and messaging through traditional and social media channels. Communications have been underpinned by behavioural science principles to increase the impact on tackling covid-19. This includes work with local trusted figures and celebrities to address vaccine misinformation and encourage uptake. Messages, information and calls to action are shared city-wide through the Community Champions network, who have also been carrying out targeted engagement activities, including Q&A sessions, and supporting people to book onto the vaccine through door knocking and access to local pop-up vaccination clinics.

6.0 Finance

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.

7.0 Emerging Risks

A complete risk register (red, amber and green risks) is held by the COVID-19 Outbreak Control Planning Group (OCPG). Escalation of risk through the governance structure thereafter is as follows:

- OCPG escalate any amber and red risks to the Strategic Coordination Group (SCG)
- SCG escalate any red risks to the Local Outbreak Engagement Board.

As of 18 May 2021, there are no red risk to be escalated to the Local Outbreak Engagement Board.

8.0 Recommendations & Considerations

It is recommended that Wolverhampton Local Outbreak Engagement Board:

- Note the content of the report