



# Local Outbreak Engagement Board

17 September 2021

**Time** 11.30 am      **Public Meeting?** YES      **Type of meeting** Partnership Boards  
**Venue** MS Teams

## Membership

Councillor Ian Brookfield (Chair)	Leader of the Council
Councillor Jasbir Jaspal (Vice-Chair)	Cabinet Member for Health and Wellbeing
Emma Bennett	Executive Director of Families
Katrina Boffey	Assistant Director of Strategic Transformation, NHS England & NHS Improvement - Midlands
Tracy Cresswell	Healthwatch Wolverhampton
Ian Darch	Wolverhampton Voluntary Sector Council
John Denley	Director of Public Health
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
Councillor Wendy Thompson	Opposition Leader
Dana Tooby	Ethnic Minority Council - Wolverhampton Equality and Diversity Partnership
Paul Tulley	Managing Director, Wolverhampton CCG

## Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

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

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# Agenda

## PART 1 – 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 - 4)  
[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 5 - 14)  
[To provide a high-level summary of activity in support of the Wolverhampton COVID-19 Outbreak Control Plan.]
- 8            **Educational Settings Update**  
[To receive a high-level verbal update on Educational Settings.]
- 9            **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.]
- 10          **Dates of future meetings**
  - 15 December 2021 at 10:30 am
  - 17 February 2022 at 11:00 am
  - 20 May 2022 at 11:00 am

	<h2 style="margin: 0;">Local Outbreak Engagement Board</h2> <h3 style="margin: 0;">Minutes - 26 May 2021</h3>
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## Attendance

### Members of the Local Outbreak Engagement Board

Councillor Ian Brookfield (Chair)	Leader of the Council
Councillor Jasbir Jaspal	Cabinet Member for Health and Wellbeing
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Suffia Perveen	WEDP
Matthew Reid	Royal Wolverhampton NHS Trust
Councillor Wendy Thompson	Leader of the Opposition
Paul Tulley	Managing Director, Wolverhampton CCG

### In Attendance

Jim Brennan	Community Champion
Madeleine Freewood	Stakeholder Engagement Manager
Joanna Grocott	Place Based Manager
Satvinder Goraya	Community Champion
Shelley Humphries	Democratic Services Officer
Josie Kelly	Community Champion
Dr. Ainee Khan	Consultant in Public Health
Mahmood Khan	Community Champion
Paul Watson	Community Champion
Richard Welch	Head of Partnerships and Commercial Services (Education)

*Item No.      Title*

- 1      **Apologies for Absence**  
Apologies were received from Marsha Foster, Adrian Philips, Dana Tooby, Yvonne Higgins and Emma Bennett.
  
- 2      **Notification of substitute members**  
Suffia Perveen attended for Dana Tooby and Matthew Reid attended for Yvonne Higgins.
  
- 3      **Declarations of interest**  
There were no declarations of interest made.
  
- 4      **Minutes of the previous meeting**  
Resolved:  

That the minutes of the meeting of 10 March 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**

The Chair moved to take items 6 and 7 together.

Dr Ainee Khan, Consultant in Public Health delivered the COVID-19 Situation Update with supporting presentation. In terms of daily cases, a graph illustrated that Wolverhampton was currently seeing a low number of cases, with no sign of a resurgence yet despite lifting of some restrictions.

It was reported that rates were currently highest amongst young people and working age adults.

It was noted that Wolverhampton case rates currently ranked among the lowest in the West Midlands and numbers by geographical area were very small.

In terms of hospital admissions, numbers of inpatients remain in single figures, which was encouraging. Vaccination uptake was slightly below England average, but still at high levels in eligible age groups. It was noted that over 60% of the adult population of the City had received at least one dose.

John Denley, Director of Public Health provided an update on the current variant of concern (VOC) with supporting presentation. The presentation defined a VOC as when the changes to a mutated virus or variant had a clinical or public health significance based on three key indicators:

- If the variant was more transmissible
- If the variant made people more ill
- If the variant had an impact on the effectiveness of current vaccines.

It was outlined that a response to a new VOC was typically modelled on the response to the South African Variant of COVID-19 (known as Operation Eagle) and the learning gained from this.

The Wolverhampton Local Outbreak Control Plan had adopted this framework which involved the use of 'Surge' or large-scale lateral flow or PCR testing, identifying cases and tracing/isolating contacts.

It was reported that Wolverhampton currently had a low COVID-19 infection rate of 11.4 per 100,000. It had been identified that the new variant was circulating within the community and it was anticipated that it would likely be the dominant variant in the area, region and country over the next few weeks.

It appeared to be more transmissible, although there were no early indicators that it was having an impact on hospital admissions and deaths and there was confidence that the current vaccines provided a good level of protection, particularly after both doses had been administered. It had been reported that many of the people more severely affected by the new variant had not yet been vaccinated.

A calm, considered and cautious approach had been adopted and it was recommended that the response would be to accelerate vaccine delivery, increase testing and surveillance and enhance contact tracing and support. A summary of key actions to be undertaken to support this approach was provided.

In response to a query around what the key message for the population would be, it was agreed that foremost was to encourage people to attend for a vaccine when called as vaccination was currently the best defence. The message was to urge people to think of their family and friends when considering their options.

Furthermore, it was noted that Coronavirus was unlikely to be removed entirely, at least in the short term, and that it would be a virus with which the general population had to coexist for some time.

It was acknowledged that life could still continue to a high standard with an awareness that variants may occasionally emerge that required a response or extra caution.

Resolved:

That the COVID-19 Situation Update be received.

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

Resolved:

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

8 **Update on the Community Champions Network**

Joanna Grocott, Place Based Manager delivered an update on the Community Champions Network with supporting presentation. The presentation provided an outline of the Community Champion Scheme which had been established to address the impact of the coronavirus pandemic on certain communities, develop engagement strategies and provide outreach support for the most at-risk places and groups.

It was noted that the scheme had been administered by Ministry of Housing, Communities and Local Government which had been providing funding to local authorities for provision of support for people shown to be most at risk from Coronavirus (COVID-19) including those from an ethnic minority background, disabled people.

An outline of work undertaken to date was provided which had included a great deal of engagement activity to encourage vaccine uptake and promote safer behaviours for residents to reduce the impact of the virus on themselves and those around them.

Community Champions Satvinder Goraya, Paul Watson, Josie Kelly, Jim Brennan and Mahmood Khan attended as guests to provide a first-hand update account of progress made thus far. It was outlined that key approaches for Community Champions and Ambassadors were to build trust, listen to residents' concerns and dispel any myths surrounding the vaccine.

Amongst other achievements, it was highlighted that innovative methods of conveying positive messages around the vaccine had been utilised through media such as song, poetry, video, digital games and art.

It was reported that pop-up clinics had been delivered to take the vaccination centres into the heart of communities, with particular success being felt with clinics held in familiar places of worship which made residents feel more at ease. Champions had also engaged with schools, teachers and parents and accessibility had been enhanced with interpretations of information in different languages or a choice of audio recording or videos.

It was acknowledged that the project had grown since Christmas and developed into a whole City approach with the involvement of Council, business owners, partner organisations and residents. Local celebrities and other influential people within the City had contributed to promoting the uptake of the vaccine by posting images of themselves receiving the vaccine. It was noted that an initiative undertaken in Italy offering free pizzas with every vaccine had inspired plans to develop a similar incentive scheme in Wolverhampton. It was suggested that vouchers for a coffee or cake in a local business could be offered whilst businesses would be reimbursed using the MHCLG funding.

Resolved:

That the Update on the Community Champions Network be received.

9 **Vaccination Roll-out Update**

Paul Tulley, Wolverhampton Clinical Commissioning Group (CCG) provided a verbal update on the delivery of the COVID-19 vaccine programme.

It was reported that there had been good coverage in the over 40s cohort and vaccines would be available to the over 30s age group from the day this meeting took place. Work had been undertaken in partnership with Council colleagues in public health to focus on the uptake in the over 60 cohort.

Paul Tulley acknowledged that the work achieved by the Community Champions was excellent and the Chair also commended the valuable contributions of the Wolverhampton CCG, RWT and NHS.

Resolved:

That the Vaccination Roll-out Update be received.

10 **Other Urgent Business**

There was no other urgent business.

11 **Dates of future meetings**

To be confirmed.



## Local Outbreak Engagement Board Meeting 17 September 2021

<b>Report title</b>	Wolverhampton COVID-19 Outbreak Control Plan Report	
<b>Cabinet member with lead responsibility</b>	Councillor Ian Brookfield Leader of the Council	
<b>Wards affected</b>	All wards	
<b>Accountable director</b>	John Denley, Director of Public Health	
<b>Originating service</b>	Public Health	
<b>Accountable employee</b>	Madeleine Freewood Tel 01902 550352 Email madeleine.freewood@wolverhampton.gov.uk	Stakeholder Engagement Manager
<b>Report to has been considered by</b>	Wolverhampton COVID-19 Strategic Coordinating Group via email circulation	03 September 2021

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### 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.

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

[LD/07092021/W]

### **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/07092021/C]

## **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>

## Report: Wolverhampton COVID-19 Outbreak Control Plan Report

Intended Audience:	Local Outbreak Engagement Board		
Submitted by:	Wolverhampton Strategic Co-ordination Group		
Submission Date:	09.09.2021	Meeting Date:	17.09.2021

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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](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 14 July 2021 to the next meeting of the Local Outbreak Engagement Board on 17 September 2021.

### 2.0 Local data & Intelligence

#### 2.1 Local data and intelligence

A summary of the latest data will be provided at the 17 September meeting of the Local Outbreak Engagement Board.

### 3.0 Outbreak Control Plan (Key updates)

#### Theme 1: Care Homes and educational settings

Care Homes:

- Planning is underway to deliver the booster doses to care home residents and staff. The programme of delivery will commence mid-September to allow for the required 6-month interval between dose 2 and the booster. Primary Care Networks will deliver the booster programme in care homes and will also offer staff on site the booster whilst vaccinating residents.
- The deadline for care home workers to get vaccinated, in line with the new mandatory vaccine regulations, is 16 September 2021 for dose 1. This will allow for the required 8-week window between dose 2, which should be administered by 11 November 2021, at which point the regulations come into force. Currently in Wolverhampton 87% of care home workers are vaccinated (dose 1), this is broadly in line with England and Regional averages. This leave approximately 350 unvaccinated care home workers. A final push campaign is underway to

encourage vaccination with this group, which includes promotion of vaccine walk-in clinics and Q&A sessions with Public Health officers.

- In preparation for reduced workforce, work is underway with Skills for Care, who are strategic body for workforce development in adult social care in England, to help recruit new staff. Additionally, Wolves at Work are engaged to help unemployed or those seeking a career change to enter the care market.
- Care homes have been asked to complete a survey outlining confirmation that they have completed impact assessments and how they will mitigate risks identified.
- COVID Infection rates in care homes are increasing with a handful of outbreaks currently being managed. Additionally, a significant amount of care homes have reported single cases. Whilst the majority of cases are amongst staff, resident cases are also now increasing. Care homes are continuously being supported with outbreak management through a multi-disciplinary approach involving Infection Prevention, Public Health, Clinical Commissioning Group, Adult Social Care and Public Health England.

#### Educational Settings:

- The case rate in younger people, including those of school age is higher than other ages within the local population.
- A training workshop with holiday activity providers was held prior to the summer break to outline local infection rates, importance of testing, COVID secure operational practices, managing positive cases and promotion of vaccine uptake.
- The 'schools' helpline continued to operate during the summer break to provide support to local providers of holiday activities with navigating operational guidance and managing positive cases.
- The schools' helpline will continue to operate in the Autumn term to support schools with advice and guidance around new operational guidance, positive cases, clusters and outbreaks.
- Engagement sessions have been held with Headteachers and leaders in educational settings to outline the current epidemiology, exemption from isolation, the operational processes for managing and reporting positive cases this term and to give a brief update on the vaccine situation for young people aged 12-15.
- All secondary schools have commenced the testing on return requirement of two onsite tests, 3-4 days apart, for secondary age pupils. Additional test processing support has been negotiated from School Nursing and our test site staff. A rota has been provided to schools to support the extra capacity required to carry out the testing at the start of term.
- The Health Protection Team will continue to support educational settings with outbreak management, providing support when outbreaks are identified as per the definitions in the DfE thresholds for escalation.
- To encourage and support routine testing within the wider school community, local primary schools are continuing to operate as Home Test Collect distribution hubs. There are 11 of these operational across the City.
- In order to protect the most vulnerable, guidance has been issued to educational settings to encourage the CEV staff and pupils to be notified if there is contact with a positive case. The recommendation is that these individuals are given the option to self-isolate for 10 days from any contact with the case. Attendance and sickness implications are being worked through with relevant partners.
- Plans are starting to be drafted to ensure we are poised to support the vaccination of 12-15 year olds in educational settings.

#### **Theme 2: Higher-risk settings, communities and locations**

- The supervised on-site LFT testing service launched on 23 August (delivery across 11 pharmacies in phase 1 and 2, more expected in phase 3). This provision is intended to sit alongside the

existing pharmacy collect (home testing) programme and aims to increase both ad-hoc and planned testing amongst vulnerable cohorts, local residents and nearby business employees.

- A prioritisation exercise is underway to identify high-risk businesses whose employees may be from disproportionately impacted and under-represented groups with a view to offering targeted testing provision and support to increase vaccination uptake. During phase one, 40 businesses across the City have been identified and will be contacted to offer additional support.
- There have been 284 COVID Compliance Grant Inspection applications to date. This involves an inspector reviewing workplace COVID 19 Risk assessment and safe control measures, including work-place testing, outbreak management, and vaccinations.
- Officers are continuing to respond to work-place complaints regarding non-compliance and unsafe working environments, as well as responding to workplace outbreaks, including attending site and providing advice.
- Workplace webinars are taking place, with live Q&A sessions, and advice for safe practice whilst working within the current standards set by government.
- CSA's are re-visiting low level retail sites, making observations and recommendations where needed for cleaning, hand gels, and the offering of face coverings for use.

### **Theme 3: Community testing**

- Provision for lateral flow testing continues to operate at the Civic Centre, Jamia Masjid Bilal Mosque, and the Hub at Ashmore Park.
- The DHSC mobile testing unit (MTU) continues to operate at the Priory Green building, Whitmore Close, Pendeford, WV9 5NJ. This site is open daily from 9am to 3pm by appointment only.
- The DHSC Under-represented Groups pilot has been mainstreamed. The Haven and The Good Shepherd will continue to be a distribution hub for home test kits to its service users and staff workforce. Work has started with the other pilot settings to enable them to make the same offer to their service users.
- Community Home Test Collect has continued to be rolled out across the City. 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 and 11 local school sites, and a number of community pharmacy venues.
- The semi-permanent site has been successful and will remain at New Cross Hospital to serve visitors to outpatients and maternity.
- Surge test planning has been developed to ensure the City is equipped to respond quickly and effectively should any variants of concern be identified locally.
- A local protocol has been drafted to ensure testing can be implemented in a timely manner to support management of outbreaks.
- The Testing Delivery Plan specifically for July to September has concentrated on delivery and update of testing in under-represented groups and disadvantaged groups. The focus is to continue providing Asymptomatic Test Sites, Pop-up sites at identified locations at address need, increase of Home Test Collect Sites and door to door delivery to particularly serve under-represented and disproportionately affected groups.
- Daily Contact Tracing (DCT) is now available to selected businesses (as determined by the DHSC). Businesses can choose to apply to undertake DCT to keep employees who have not been double vaccinated in the workplace. This will ensure that businesses can operated in a COVID secure way and ensure their productivity / delivery is maintained.

#### **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 and high-risk community settings where required.
- 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. Local contact tracing team notify health protection team of any settings (including workplaces and/ or community settings) with 2 or more cases in 14-day period so that these can be followed up for further investigation as a common exposure point.
- The contact centre team continue to deliver local 4 contact tracing on behalf of the national team for any positive cases recorded in Wolverhampton.

#### **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.
- The focus of surveillance continues to be on monitoring the scale of resurgence and its impact on education, hospitals and mortality. Case rates are broken down by age, geography and ethnicity so that action can be targeted appropriately, including vaccination access.

#### **Theme 6: Vulnerable People**

- Community Champions continue 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.
- Through partnership working with Community Champion 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 nearly 170,000 people in Wolverhampton having now had at least one dose, and over 150,000 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.
- In total, 319,630 vaccinations have been given, and 92.8% of over 80s in Wolverhampton have had at least one jab, rising to 94.3% of people aged 75-79.
- Some 93.4% of 70-74-year-olds, 90.4% of 65-69-year-olds, 87.1% of 60-64-year-olds, 84.1% of 55-59-year-olds and 82.2% of people aged 50-54 have now had a jab.
- 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 the WVActive site at Aldersley, as well as several temporary bespoke 'pop up' venues in the heart of communities.

- Strong relationships have been formed with RWT via regular attendance to Silver command meetings. Shared intel and discussions regarding staff vaccine uptake, and variation in workforce uptake, have been used to support the vaccine roll out to RWT staff. 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. A final push to vaccinate care staff is underway prior to the mandatory legislation coming in from October.
- All established clinics are now part of the national booking system and since May, community pharmacy provision is also in place in the City. Walk up and drop-in clinics are available at all sites, to serve the need of the population.
- A roving vaccination bus has been established in partnership with Wolverhampton Clinical Commissioning Group and local GPs to offer the vaccine out in the heart of communities and to tackle areas of low uptake, providing a more localised offer. The bus visits areas of low uptake, targeting community engagement in local areas via community champions to take the vaccine into the heart of these communities. To date, over 5,000 doses have been administered via this route.
- Working in partnership with local GPs and CCG the LA call centre have spoken to over 35,000 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 no one from eligible groups are left behind without an offer of vaccination in the City.
- Further work to encourage local businesses to get their staff vaccinated is underway, in partnership with the local NHS. Written communication is planned with local employers to facilitate this.
- It is anticipated that healthy 12 – 15-year olds will be the next group advised for vaccination by JCVI in the coming weeks. Public Health are currently liaising closely with secondary schools and education colleagues to ensure there is a suitable offer and support provided to facilitate this aspect of vaccine delivery.
- The NHS continue to lead on the vaccination programme and are due to commence phase 3 – boosters from mid-September. It will be our responsibility to ensure that this is managed fairly and equitably. Prioritised for those most in need of the additional protection which the vaccine offers.

#### **Theme 8: Governance and local boards**

- Wolverhampton's Outbreak Control Plan is published on the Council website: <https://www.wolverhampton.gov.uk/coronavirus-advice-and-information/COVID-19-outbreak-control-plan> and the governance arrangements supporting the Plan are detailed on p12.

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

The Health Protection Team is continuing to support Public Health England to investigate and manage any positive cases which are identified as a VOC/VUI. Nationally, VOCs/VUIs remain an evolving situation. 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

Through the COVID-19 Communications Group, general communications and stakeholder messaging continue to focus on coronavirus advice and behaviours, and vaccine uptake. This includes the 'COVID's Not Over' campaign that encourages four key behaviours: social distancing, the wearing of face coverings in busy places and on public transport, regular testing and getting fully vaccinated. More targeted communications have been focused on younger people, to encourage vaccine uptake as they become eligible and also promoting City-wide walk-in vaccine clinics. Additionally, direct communications to all businesses have offered to work with employers to increase vaccine uptake amongst their staff, including having dedicated vaccine clinics for staff at larger businesses, stressing the commercial benefits of having a fully vaccinated workforce. This work continues to be underpinned by the principals of behavioural science.

## 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 03 September, there is one red risk to be escalated to the Local Outbreak Engagement Board. The risk relates to Theme 1 – Care Homes.

Risk detail: Mandatory vaccine may cause shortfall in staff, resulting in outbreaks not being managed effectively.

Risk mitigations: Final campaign to promote vaccine; internal staff have received letter detailing requirement and support available; Working with Skills for Care and Wolves at Work on recruitment; engaging with care home to understand business continuity plans.

## 8.0 Recommendations & Considerations

It is recommended that the Local Outbreak Engagement Board:  
Note the content of the report