

## Special Urgency Decision

<b>Report title</b>	Outbreak Control Plan - Ring Fenced Grant	
<b>Decision Maker</b>	Special Urgency Decision	
<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	
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<b>Report considered by</b>	Legal Finance	

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### Recommendation(s) for action or decision:

That the Leader of the Council, Cabinet Member for Public Health and Wellbeing, Cabinet members and the Chair and Vice Chair of Scrutiny Board formally authorise the following decisions under the special urgency provisions as detailed in the Council's Constitution namely paragraphs 6.10 and 6.11 of article 6.

1. Endorse the Wolverhampton Outbreak Control Plan as detailed in appendix One.
2. Approve the creation of a supplementary budget of £1.9 million fully funded by a Central Government Test and Trace Support Grant.
3. Delegate authority for expenditure of the support grant to the Director of Public Health in line with grant conditions as detailed in appendix Two.

This is agreed by the following:

Leader of the Council .....

Cabinet member .....

Cabinet member.....

Chair of Scrutiny Board.....

Vice-Chair of Scrutiny Board.....

Dated –

## **1.0 Purpose**

- 1.1 To seek endorsement of the Outbreak Control Plan for Wolverhampton as part of the City's recovery phase for COVID-19. To approve the creation of a supplementary £1.9 million fully funded budget which supports the implementation of the Outbreak Control Plan whilst seeking delegated authority for the expenditure associated with the grant.

## **2.0 Background**

- 2.1 Throughout the pandemic, the local response to COVID-19 has been led and delivered by well-established, multiagency partnerships. This approach has been both proactive and reactive and underpinned by the following key principles: prevention first, early recognition, a swift response and information and education.
- 2.2 Wolverhampton's focus throughout the pandemic has been on keeping people safe using testing and isolation as two primary tools. The City has over 8,500 residents who have been asked to shield. In addition, proactive partnership work with Wolverhampton Clinical Commissioning Group (CCG) identified an additional 28,000 residents who were clinically vulnerable and a further 50,000 residents who were potentially at higher risk. These cohorts have been supported by the establishment of a dedicated customer hotline, volunteer support and emergency food provision via the distribution hub.
- 2.3 Royal Wolverhampton Trust (RWT) have played a key role in all phases of the pandemic; over 7,000 patients have been tested by the Trust for COVID so far and the Trust has managed over 900 patients who tested positive, with over 230 COVID-19 positive patients on the wards at the height of the peak. RWT have expanded their Intensive Care Unit (ICU) capacity significantly and swiftly to manage the most seriously ill patients, and reorganised staffing and wards to deal with the changes in activity. They have also provided high quality nursing services in the community and in care homes, to prevent unnecessary hospital admissions.
- 2.3 The future approach taken by the City in preventing and managing outbreaks of the COVID-19 virus is key to minimising the impact of a potential 'second wave' as existing restrictions are eased. A clear balance will need to be struck between stimulating longer term socio-economic recovery and ensuring Wolverhampton is a safe place to live, work, visit and do business as an integral part of the City's wider recovery plan.
- 2.4 The proposals set out within this paper should be viewed as an integral part of the wider Black Country, regional and national outbreak control approach with which there is a high level of integration and co-dependence. For an outbreak control plan to be truly effective it requires a good system of communication, prevention activity, early recognition of symptoms, effective and timely testing and an early public health response underpinned by clear governance and multi-agency partnerships.
- 2.5 CWC has been provided with an executive challenge and support resource by the national Contain Programme (formerly Test, Track and Isolate programme). Adopting a

critical friend approach, this resource has been utilised to produce the outbreak control plan and learn from other areas perceived as good practice.

### 3.0 Outbreak Control Plan

- 3.1 On 22 May 2020 the Government outlined the need for local COVID-19 Outbreak Plans be developed by all councils with funding to be provided and guidance related to formation of these documents was received on 19 June 2020. The local plans are required for publication on 1 July 2020.
- 3.2 In recognition of the joint approach taken by key partners in the city during the initial phase of the COVID-19 response and acknowledgement that this approach will need to be maintained for the long term, the plan has been supported by Royal Wolverhampton NHS Trust and Black Country Clinical Commissioning Group.
- 3.3 The aim of the plan is to reduce the spread of infection and save lives and in doing so, help as many people as possible to return to normal life, in a way that is safe, protects our health and care systems and supports our economy to recover.
- 3.4 The plan is structured around seven themes defined by Local Government Association (LGA) and Department of Health and Social Care (DHSC):
- **Theme 1: Care Homes and Educational Settings** - prevent and manage outbreaks in specific high-risk settings, taking a proactive approach
  - **Theme 2: High Risks Workplaces, Locations and Communities** - prevent and manage outbreaks in other high-risk locations, workplaces and communities
  - **Theme 3: Mobile Testing Units and Local Testing Approaches** - deploy local and national testing capacity to meet current and potential population needs for contact tracing and outbreak management, tailoring our offer to meet the needs of vulnerable populations
  - **Theme 4: Contact Tracing in Complex Settings** - deliver contact tracing and outbreak management expertise to complex settings, working across agencies to bridge scientific expertise with local resources
  - **Theme 5: Data Integration** - access to the right local data to enable the other six themes and prevent outbreaks
  - **Theme 6: Vulnerable People** - support vulnerable people and ensure services meet the needs of diverse communities
  - **Theme 7: Local Governance** - take local actions to contain outbreaks and communicate with the general public.

These themes are not operating in isolation. They all interconnect with each other and will continue to evolve over time.

### 4.0 Proposed Governance Arrangements

- 4.1 Effective governance arrangements will be critical in supporting the City to respond collectively to the COVID-19 virus during the recovery phase. Work undertaken to date includes:

- We have built on already established city-wide multi-agency partnerships to strengthen system leadership during the initial response phase to COVID-19 enabling swift and effective decision making.
- We have established new multi-agency working groups as appropriate to ensure clear lines of communication and accountability for key decision making.
- We have held a virtual meeting of the Health & Wellbeing Together Executive to review data on COVID-19 and BAME groups in Wolverhampton (3 June 2020).
- We have provided strategic oversight and direction to public facing communications, including a special issue of the Health and Wellbeing Together Chair's bulletin.
- We have presented a draft 'direction of travel' plan to an extraordinary Health and Wellbeing Together Executive Board meeting and received endorsement for proposed governance arrangements (19 June 2020).

4.2 It is proposed that Governance structures associated with the plan (as endorsed by the HWBTB) are published on the national outbreak control website on 1 July 2020.

## **5.0 Communications Plan**

The communications plan as detailed in appendix three sets out the phases of communication for different audiences. Good communication and engagement must underpin all other parts of our Outbreak Control Plan. Our plan aims to support individuals, settings and targeted community groups to:

- Help prevent the spread of the virus.
- Be supported and know what to do when they have symptoms.
- Be included in our local pathways to identify and contain an outbreak.

Our approach to engagement will work with all partners and networks to build trust and participation across all groups and settings, enabling targeted engagement where needed.

## **6.0 Reasons for Special Urgency**

6.1 In the light of the current situation involving COVID-19 the Council has, as a result of the Government's decision on restriction of movement, taken the decision to cancel all physical Council meetings until the rules allow these to be carried out. In the intervening period it will use the Council's urgent action powers for any decisions that must be taken. These powers are to be used sparingly and the guiding principles for any decisions are:

6.2 Only those decisions that have to be made (i.e. as a result of COVID-19 or related matters, including support of businesses in this difficult time or as a result of an immovable deadline) will be made.

6.3 The decisions will be made or endorsed (where the decisions have to be made very urgently) using the Urgent Action powers. The decisions will be made available on a

regular basis to Councillors through the daily update to Councillors and in any event through a weekly roundup of the decisions made through the relevant pages on the Council's website so that the Public can access them.

6.4 The relevant powers under the Constitution are:

#### *Council Decision*

##### *6.10 Urgent Decisions outside the Budget or Policy Framework*

*An urgent decision which is contrary to the Policy Framework or budget adopted by the Council may be taken by the Cabinet if the Chair of the Scrutiny Board agrees that the decision is urgent. If no such Chair is available (or willing) then the Mayor or in his/her absence the Deputy Mayor may agree that it is urgent before a decision is taken.*

##### *6.11 Cabinet Decision*

*Where an urgent decision on a matter delegated to the Cabinet is required but it is not feasible to arrange a meeting of the Cabinet, the appropriate Director, in conjunction with the Head of Paid Service is authorised to take the appropriate urgent action provided that the action shall have first been discussed with and approved in writing by the Leader (or in the Leader's absence, the Deputy Leader) and two other Cabinet Members and the Chair and Vice-Chair of the Scrutiny Board or their nominees.*

These proposed decisions fall into the criteria for urgent decisions set out above.

## **7.0 Reasons for decision**

7.1 To enable implementation of the proposed Outbreak Control Plan for Wolverhampton and expenditure of national grant.

## **8.0 Evaluation of alternative options**

8.1 Failure to adhere to grant conditions or accept the funds from Central Government may place CWC at risk in terms of responding to COVID-19 and the requirement for Local Authorities to have an outbreak control plan in place. To continue to undertake outbreak control planning without accepting the grant funding would significantly increase costs to CWC that would not be met by the Government in alternative ways. Consequently, other options have not been evaluated any further.

## **9.0 Financial implications**

9.1 Approval is sought to create a supplementary budget of £1.9 million fully funded by a grant received from the Department of Health and Social Care.

- 9.2 Expenditure in line with the grant terms and conditions will be monitored as part of the Councils quarterly monitoring and reporting processes.
- 9.3 A grant funding agreement will be put in place between the council and the Department of Health and Social Care. Budgets created will align to the grant terms and conditions.

[NM/24062020/H]

## 10.0 Equalities implications

- 10.1 There is a local commitment within the Outbreak Control Action plan that no clinically or socially vulnerable groups will be left behind.

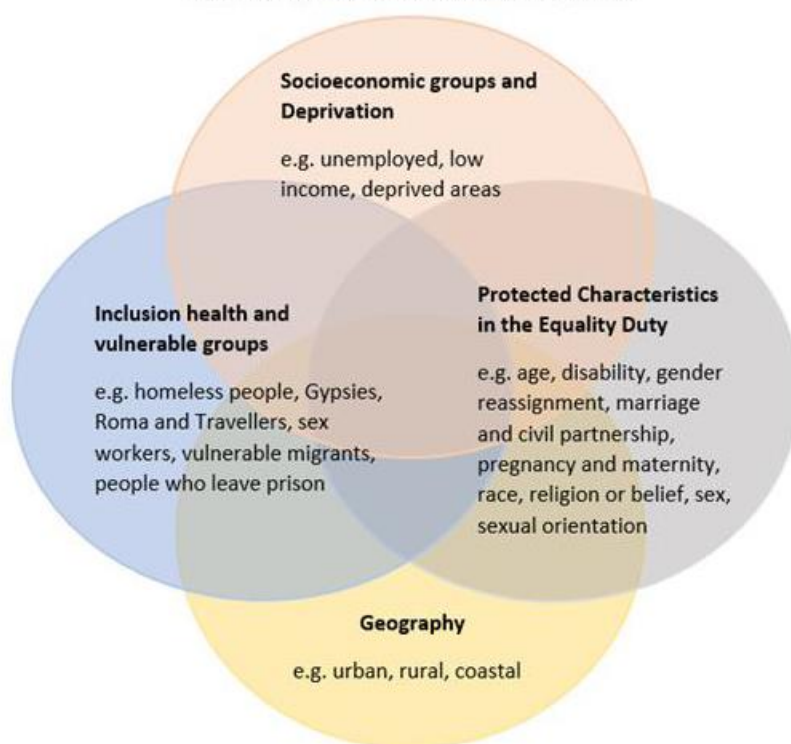
In June 2020, Public Health England published a report regarding the *Disparities in risks and outcomes for COVID-19* and concluded that the largest disparity found was by age.

Among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40.

The Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups. These analyses take into account age, sex, deprivation, region and ethnicity, but they do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.

To mitigate for these direct risks our local strategies have focused on protecting the most clinically vulnerable and older individuals, and developed a universal risk assessment tool for employers to ensure ethnicity is included as a factor. Beyond this, there is ongoing work to imbed equality monitoring across services and communities to provide intelligence for more targeted work.



As well as direct impacts of COVID-19 on equality groups, the indirect effects may be even greater for some. These effects are multiple but include examples such as the impact of lockdown on digitally excluded groups or those who do not speak English, or financial implications for groups with unstable employment. As part of developing an outbreak prevention and

response plan that ensures that all groups are engaged and supported our community engagement work must be able to target key equality and inclusion groups.

Building on current work to map key groups and partner organisations will enable us to use trusted connectors to mean no one is left behind.

In July 2020 we will host the first phase of targeted community engagement with key equality and inclusion partners in a series of focus groups and workshops. This will support both the Recovery Strategy, and inform our Outbreaks Plan in how to engage with each group to prevent and manage outbreaks going forward.

## 11.0 Climate change and environmental implications

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

## 12.0 Human resources implications

12.1 There are no direct human resource implications arising from this report. It is anticipated that all duties associated with the outbreak control plan will be absorbed by the existing workforce.

## 13.0 Corporate Landlord implications

13.1 There are no direct Corporate Landlord implications arising from this report.



## **14.0 Health and wellbeing implications**

14.1 As stated within equalities implications section of this report, there are some disparities across different groups which will responded to within the outbreak control action plan.

## **15.0 Legal implications**

15.1 CWC will be required to comply with the terms of the grant conditions referred to in this report.

15.2 Outbreaks of communicable diseases which present a risk to the health of the public and require urgent investigation and management are included in the following legal framework:

- Health and Social Care Act 2012 (via Directors of Public Health, Public Health England and NHS Clinical Commissioning Groups)
- Public Health (Control of Disease Act) 1984 (via Chief Environmental Health Officers)
- Civil Contingencies Act 2004 (via other responders' specific responsibilities to respond to major incidents).
- In the context of COVID-19, there is also the Coronavirus Act 2020.

This legal framework 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 communicable disease

15.3 The Council will at all times act within its legal powers and will work with partners in exercising these powers.

[DP/20200624/A]

## **16.0 COVID-19 Implications**

16.1 This funding has been provided to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.

## **17.0 Schedule of background papers**

17.1 Outbreak Control Plan and accompanying appendices.