Local Outbreak Engagement Board

Minutes - 10 March 2021

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 though 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.