

Coventry City Council
Minutes of the Meeting of Health and Wellbeing Test and Trace Sub Group held at
11.00 am on Monday, 14 September 2020
This meeting was held remotely

Present:

Members: Councillor Maton
Councillor M Mutton (Chair)
Elaine Clarke, University Hospitals Coventry and Warwickshire
Melanie Coombes, Coventry and Warwickshire Partnership Trust
Rachael Danter, Coventry and Warwickshire Health and Care Partnership
Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
Jo Galloway, Coventry and Rugby CCG
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Kirsten Nelson, Director of Education and Skills
Sue Ogle, Voluntary Action Coventry
Mike O'Hara, West Midlands Police

Employees: V De Souza, Public Health
L Knight, Law and Governance
R Nawaz, Public Health
U Patel, Law and Governance

Public Business

9. Declarations of Interest

There were no declarations of interest.

10. Minutes of the Previous Meeting

The minutes of the meeting held on 3rd August 2020 were agreed as a true record. There were no matters arising.

11. Local Situation Report on Covid-19 - Data Update and Testing in Coventry

The Sub Group received a presentation from Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the Covid 19 situation in Coventry including data information and the testing results in the city.

The presentation provided a comparison with the local districts including Solihull and Warwickshire who were all showing a similar pattern for rises in Covid infections. A slide detailed the epi-curve of Covid 19 cases in the city as of 13 September highlighting numbers and rates, which was in line with the national picture. The city was currently running at approximately 30 infections per 100,000 residents. It was highlighted that more people were now being tested as detailed by the two pillar data. A map of the city reflected the areas showing the most covid 19 cases.

The presentation also included a graph providing the 7 day rates per 100,00 cases across the West Midlands and other selected areas as of 13 September which showed Coventry was holding up reasonably well compared to neighbouring areas, although the Sub Group were reminded that things could change very quickly. Additional information was given on a city ward basis showing the north east of the city and St Michael's Ward being most affected.

The presentation concluded with information on the covid -19 deaths in the city, with reference to place of death, compared to all deaths.

RESOLVED that the contents of the presentation be noted.

12. Coventry Outbreaks Overview

The Sub Group received an update from Valerie De Souza, Consultant Public Health which provided a brief overview of covid-19 outbreaks in Coventry.

Reference was made to a case at a local football club that was being well managed. There had been several infections which had resulted in a two week closure of a special school in the city. There had also been several incidents in work place environments and assistance had been provided by the Council's Environmental Health officers and these cases would soon be closed providing there were no further outbreaks.

The Sub Group were informed about an outbreak involving asylum seekers who were covid positive and had transferred from Birmingham and placed in accommodation in Coventry. The situation had been well managed, isolation periods had been completed and there had been no onwards transmissions. In addition there had been incidents in two care homes in Coventry involving both staff and residents. Both situations had been handled well, there was no shortage of PPE equipment and no further cause for concern.

Members sought clarification as to whether there had been any problems for care homes accessing testing and additional information was provided with respect to the situation at the local special school. Discussion centred on the issue of laboratory capacity for analysing samples and there was an acknowledgement of the support being provided by UHCW for pillar one staff and patients/residents. The need to communicate the importance of self isolation for 14 days was highlighted, especially in light of any problems being experienced with getting tested for covid-19.

RESOLVED that:

(1) The overview of covid -19 outbreaks the city be noted.

(2) Officers to investigate if there are capacity issues for testing staff and residents in care homes.

13. Local Contain Framework

The Sub Group received a presentation from Pete Fahy, Director of Adult Services on the covid-19 escalation triggers as set out in the Local Contain Framework. The

framework set out how national and local partners would work with the public at a local level to prevent, contain and manage outbreaks.

The contain framework described three levels from concern to intervention. While it didn't define thresholds for the three levels, it did outline some useful principles for when to act as follows:

1) Areas of concern

LA worked with their partners, supported by regional PHE and NHS Test and Trace resource, to take additional actions to manage outbreaks and reduce community spread. Actions taken may include targeted testing, enhanced communications around preventative measures, and more detailed work to understand where clusters of the virus were occurring.

2) Areas of enhanced support

Areas for enhanced support would be provided with increased national support, capacity and oversight. Actions taken may include significant additional widespread testing, local restrictions to manage outbreaks and detailed engagement with high risk groups and sectors.

3) Areas of intervention

In certain instances, decision-making would be referred to the national level:

- local leaders requested an intervention from government
- multiple outbreaks required resource prioritisation by Ministers (for example where an outbreak required more resources than local decision-makers could access through their own systems or mutual aid, including supplies of items such as PPE or additional staff)
- outbreaks raised issues of national importance (for example impact on critical infrastructure, major parts of the economy or on wider sectors such as food or energy production); or
- local capabilities and controls were exceeded (for example local community protection actions were not effective, or the scale of the outbreak called for the use of wider or more intrusive powers).

The presentation highlighted the primary objective was to work as a City to maintain low numbers and therefore minimise escalation through the framework. Understanding data and acting early was a key principle of ongoing management of Covid-19. The Sub Group were informed that reaching a trigger was a point to consider what was happening and what actions and interventions were required – it was not a point to 'act' in itself.

Attention was drawn to how the methodology had been applied to date in Coventry.

RESOLVED that the contents of the presentation on the local contain framework be noted.

14. **Coventry Solihull and Warwickshire (CSW) Test and Trace Beacon Update**

Liz Gaulton, Director of Public Health and Wellbeing introduced the Test and Trace Programme Highlight report which was a fortnightly report produced by Coventry City Council, Solihull Metropolitan Borough Council and Warwickshire

County Council, with the programme leads being the Directors of Public Health for the three areas. The highlight report provided detailed information on the work undertaken in relation to covid-19 for the week ending 4 September.

The report set out the key messages during this period and detailed what had happened which included reassurance messaging around students' return to university and back to school; work progressing to establish local testing services; Coventry and Warwickshire testing providers commencing; and targeted activity focused on businesses/ areas with poor levels of compliance. In addition, the what happens next was also highlighted.

Information was provided on how initiatives were adding value along with key lessons learnt. Upcoming meetings due to take place within the Beacon Programme were set out.

The Sub Group were provided with details of the current governance supporting Test and Trace in Coventry, Solihull and Warwickshire. Apart from the member led and officer led boards/cells, attention was drawn to the Groups/Cells that were stood up as and when required and were currently meeting due to the current escalating situation. The Sub Group were informed that the trigger for these bodies to meet was 20 infections per 100,000 residents.

RESOLVED that the contents of the Test and Trace Highlight report and the current governance arrangements be noted.

15. **NHS Response to Ongoing Covid-19 Position**

The Sub Group received a joint presentation from Jo Galloway, Chief Nursing Officer and Deputy Accountable Officer, Coventry and Rugby CCG, Rachael Danter, System Transformation Director, Coventry and Warwickshire Health and Care Partnership, Elaine Clarke, Matron, UHCW and Mel Coombes, Chief Nurse, Chief Operating Officer and Deputy Chief Executive, CWPT on the NHS response to the ongoing covid-19 position.

Jo Galloway reported on the third phase NHS response with the priorities since August being:

- Accelerating the return to near-normal levels of non-Covid health services;
- Preparation for winter demand pressures, including flu planning and planning for potential Covid-19 spikes;
- Doing the above taking into account lessons learned during the Covid-19 peak; tackling challenges; supporting staff, and taking action on inequalities and prevention.

The Sub Group were informed that the Coventry and Warwickshire Health and Care Partnership had developed a system plan which looked to accelerate the restoration of non-Covid health services to pre-pandemic levels between now and March 2021.

Information was provided on the system approach to Infection Prevention Control (IPC) which included joint funding streams to bolster resources; recruitment to 6 additional IPC posts; a targeted programme of support for care homes and domiciliary; 7 day surveillance of outbreaks; system and place-based Flu plans;

weekly meetings with NHS partners to share information and good practice across the system; and the development of a new IPC Strategy. The current work within primary care was also highlighted.

Rachael Danter provided an update on testing which included the current issues with the national Pillar 2 testing programme – unprecedented demand which had outstripped the laboratory capacity commissioned. Work underway to increase capacity and should be back up to required levels in approximately 4 weeks. Pillar 1 route offering support from UHCW. Antibody testing was now being offered to care and local authority staff, uptake was still low so communications were being produced to try and increase take up. In addition Point of Care testing had now been approved for roll-out, with Andy Hardy acting as the national lead.

Elaine Clark reported on the contact tracing arrangements at the hospital. In response to covid-19, the hospital had produced a guidance for high/ medium/ low risk pathways using a red, amber, green risk system which had now been shared across the region. Attention was drawn to the recent survey completed by 109 patients from different areas about their hospital experience. Overall, 97% of respondents felt safe and secure during their time at the hospital.

Mel Coombes informed of the arrangements for CWPT patients which included initially set up 'zoning' process within in-patient wards to manage patients who presented as symptomatic or pending swab tests; the opening of Spencer/Edgwick at the Caludon Centre as a mental health covid admission/swabbing ward; the option to open a ward for Learning Disability services if needed (not required to date); PPE guidelines; and covid secure risk assessments in place for non-clinical areas. Other initiatives included a staff re-deployment plan initiated; the supported employment of student nurses as HCA's; and an employment plan for aspiring nurses (3rd year). The Sub Group noted that the majority of services continued to operate as business critical and that IT solutions had been implemented at pace to maintain service delivery.

The Sub Group were informed that funding from the Infection Control Fund, which supported initiatives to assist care homes, was due to end on 30 September.

Members discussed the current position relating to visiting at the hospital and the other ways being used to connect patients with their families. Further information was provided on the situation with the nightingale hospitals. A concern was raised about employers not enforcing social distancing in the work place and an update was provided about the proactive partnership work being undertaken by the City Council, the Chamber of Commerce and the LEP.

RESOLVED that the NHS response to the ongoing covid-19 position be noted.

16. Coventry and Warwickshire Covid-19 Health Impact Assessment

Valerie De Souza, Consultant, Public Health introduced the Coventry and Warwickshire Covid-19 Health Impact Assessment, which was a comprehensive assessment of the immediate impacts of responding to the pandemic. The report acknowledged that a further review of evidence would need to be considered in

order to understand the longer term implications, especially on the groups at risk of a double impact.

The report highlighted that it was no understatement to say that the Covid-19 pandemic and response to prevent and mitigate the harm that it could cause radically changed how society functioned. On 23rd March a series of lockdown measures were announced in the UK which restricted most travel and shut down non-essential businesses and schools. These actions successfully interrupted the spread of the disease. In Coventry and Warwickshire, a peak in the number of hospital beds occupied by patients with Covid-19 was reached in early April and the overall trend since then had been an ongoing reduction.

Whilst much harm from Covid-19 had been prevented, it was important to develop a shared understanding of the impact of the events over the last few months to support and sustain a recovery. The report had been written to do just that. It was part of the Joint Strategic Needs Assessment (JSNA) programme in Coventry and Warwickshire and had been overseen by a project group including members from both Warwickshire and Coventry Business Intelligence and Public Health teams, as well as members from the NHS Clinical Commissioning Groups (CCG).

The report had been structured using the Kings Fund 'population health' model. This highlighted four interacting areas that influenced the health and wellbeing of people in Coventry and Warwickshire:

- Wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with

The connection between these four pillars of population health was important, and underpinned two key high level findings from the report:

1) An integrated recovery: The analysis showed that health and wellbeing had been deeply impacted on by changes across all four quadrants of the model. The implication was that recovery couldn't just be contained to one sector and had to be connected across all four to have the biggest chance of success. An integrated recovery was one where we look across traditional boundaries to understand the wider impact of services.

2) The double impact: The report referenced that the harm from Covid-19 had been unequally distributed across the population and was likely to continue to be so whilst still circulating. This analysis showed that the wider impacts from the pandemic and lockdown would fall more heavily on communities most directly affected by the disease itself. This analysis showed the potential harm for more deprived areas of Coventry and Warwickshire and, as more evidence developed, it would be important to understand the impact on Black, Asian and Minority Ethnic (BAME) groups and on most vulnerable individuals facing multiple deprivation.

Members acknowledged the work that had been undertaken by staff to produce the report and that it was 'a moment in time across Coventry and Warwickshire'. The Sub Group was informed of the intention to produce an annual report and that the report was to be considered by Scrutiny in due course.

RESOLVED that the Coventry and Warwickshire Covid-19 Health Impact Assessment be noted.

17. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 12.00 pm)