

**Coventry City Council**  
**Minutes of the Meeting of Health and Wellbeing Test and Trace Sub Group held at**  
**2.00 pm on Monday, 1 February 2021**  
**This meeting was held remotely**

Present:

Board Members: Councillor K Caan (Chair)  
Councillor Maton  
Councillor M Mutton

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  
Nina Morgan, University Hospitals Coventry and Warwickshire  
Mike O'Hara, West Midlands Police

Employees: V De Souza, Public Health  
N Hart, Communications  
L Knight, Law and Governance  
R Nawaz, Public Health

Apologies: Rachael Danter, Coventry and Warwickshire Health and Care  
Partnership  
Gail Quinton, Deputy Chief Executive

## **Public Business**

### **38. Declarations of Interest**

There were no declarations of interest.

### **39. Minutes of the Previous Meeting**

The minutes of the meeting held on 7<sup>th</sup> December 2020 were agreed as a true record. There were no matters arising.

### **40. Local Situation Report on Covid-19 - Data Update 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 which were now showing a downward trend in Covid infections. Latest results recorded for Coventry showed 331 infections per 100,000 residents at 27<sup>th</sup> January which compared with 435 for the West Midlands Combined Authority region. The city's latest rolling 7 days rate showed a drop of 32% in a week. The figures were put into context with what was happening across the

country with details being provided on the areas with the highest numbers of infections at this date. High rate infection areas were now spread across the country with Knowsley, Slough and then Sandwell having the highest numbers, although rates were decreasing everywhere. Further information was provided on case numbers in Coventry, with particular reference to age groups and ethnic origin. Most infections were now occurring in working age adults with work place settings being the most likely place for transmissions.

The presentation informed of the covid-19 deaths in the city, with reference to place of death, compared to all deaths. The graph reflected the recent sustained increase.

The presentation concluded with a summary of key messages as follows:

- The West Midlands was 2nd highest region nationally, but rates were merging nationally
- The rate in Coventry was consistently dropping in line with WMCA areas.
- Hospital admissions were reducing but NHS pressures would remain for the next 4-6 weeks
- Coventry's rate was 331/100k (370 WM Region average) with 1231 cases in last week.
- There were 166 admissions to UHCW in the last week, compared to 220 on 25 January. Of these, 121 were Coventry residents, with a median age 67.
- The North East quadrant of the city had the highest number of community cases.

Additional information was also provided on the Public Health priorities to reduce Covid transmissions.

**RESOLVED that the contents of the presentation be noted.**

#### 41. **Coventry Outbreaks Overview**

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

The Sub Group were informed of the focus to manage any outbreaks in the city to reduce the risks of transmission. Cases of transmissions involved having two or more cases in an individual setting with clusters being two or more cases in a setting. Information was provided on the support currently being given to businesses, schools, early years settings and care homes. Employees who were unable to work from home were being encouraged to have lateral flow tests on a weekly basis, so the city was being proactive in identifying infections. Reference was made to the new Covid strain which was more transferable. When a new setting was identified with an outbreak, support was being provided to ensure that the appropriate people were isolating and that the necessary measures were in place to stop the spread. There was much positive co-operation from organisations in receipt of the assistance and guidance. The importance of outbreak management to protect vulnerable residents was highlighted.

Clarification was sought about the new South African Covid variant and whether this had been found in the city. Members were informed that cases had been found in the upper area of the West Midlands region but not Coventry. Details in

relation to the protection control measures being put in place around the country to contain the spread of infections were outlined.

**RESOLVED that the Coventry outbreaks overview be noted.**

**42. Testing Capacity, Uptake and Lateral Flow Testing**

The Sub Group received a presentation from Valerie De Souza, Consultant Public Health on the local testing capacity, uptake and lateral flow testing in Coventry.

The presentation informed that the community had open access to sites in the city centre and the community which were now open for people who lived or worked in the city. No booking was required. Workplaces were being asked to encourage all staff required to work outside the home to have weekly testing at community sites. Some workplaces were setting up their own workforce testing as part of a national programme for larger businesses.

The presentation referred to the position at schools and nurseries. Secondary pupils and staff who were at school were being tested with schools having responsibility to mobilise but were being supported by the Local Authority. Primary school staff were to receive kits for home testing which were being distributed nationally. Primary school and nursery staff were being encouraged to attend community sites.

The Sub Group were informed that lateral flow tests no longer needed to be confirmed by PCR test, except for self-reported results.

Test sites had been opened at the following locations:

Transport Museum, City Centre

Indian Community Centre, Foleshill

Moat House Leisure and Neighbourhood Centre, Henley

Alan Higgs Centre, Lower Stoke.

Additional sites were due to open in the near future at the Xcel Centre, Westwood, AT7 Centre, Upper Stoke and the Haggard Community Centre at Willenhall.

The presentation concluded with details of the uptake of lateral flow testing at the community sites. To date, 16,522 tests had been carried out with 1.53% being positive. Further details were provided about the uptake by Coventry residents. 1.57% of these tests had been positive.

**RESOLVED that the contents of the presentation be noted.**

**43. Covid Vaccination Delivery**

Liz Gaulton, Director of Public Health and Wellbeing provided an update about the Covid vaccination roll out in the city which was being led by the NHS and co-ordinated by the CCG.

The Sub Group were informed of the vaccination hub at UHCW along with the 7 community sites across the city. In addition, a large vaccination centre had opened at Stoneleigh for residents of both Coventry and Warwickshire. Patients would be

contacted by the NHS or their GP offering appointments. House visits were also being made so that housebound residents could be vaccinated in their home environment.

As of 29th January, 38,959 vaccinations had been carried out, 29,000 of which were given to white British residents. 93% of the 80+ residents had received their first dose and vaccinations were now being given to the 70-79 year olds. All Care Homes had been visited and plans were being put in place to vaccinate residents who hadn't received their first dose due to illness.

The Sub Group noted that the lowest uptake of the vaccine was in the North East of the city and partnership work was being targeted in this area to encourage the uptake of vaccination.

Members asked about why letters were being sent from the NHS offering vaccination appointments at the big centres which required considerable travel and it was clarified that residents being asked to travel would also be offered a local appointment by the primary care network. There could be confusion because residents were receiving letters from 2 sources. A further question was asked about the arrangements being made for people who would struggle to get to a local vaccination centre as they had no transport. It was clarified that lobbying was being undertaken to try and ensure that the vaccination programme was accessible for all.

**RESOLVED that the Covid vaccination delivery update be noted.**

#### 44. **NHS Covid Capacity and Recovery**

The Sub Group received an update from Jo Galloway, Coventry and Rugby CCG and Nina Morgan, University Hospitals Coventry and Warwickshire on the NHS Covid capacity and recovery.

Jo Galloway referred to the report of Phil Johns, Coventry and Warwickshire CCGs 'NHS Recovery and Restoration Update' which had been circulated to members and was considered by the Health and Wellbeing Board at their recent meeting on 25th January. The report provided an update of the work done to date on NHS recovery and restoration in response to the NHS Phase 3 letter from NHS England, and also gave an update on the impact on this restoration due to the latest surge in Covid-19 cases in the last few weeks.

The report indicated that at the end of June activity levels across most NHS services were at around 30-40% of pre-Covid-19 levels. The focus of the NHS was to protect cancer and clinically urgent workload and meant that routine non-clinically urgent cases were as a result delayed and waiting times for routine elective surgery increased nationally as well as locally. The NHS over this period saw a tremendous amount of service transformation in developing new green and red pathways.

On July 31, 2020, NHS England wrote to trusts and clinical commissioning groups to indicate the start of "Phase 3" of our response to Covid-19 and the need to restore services following the first wave of the pandemic, outlining the national expectations for the restoration of services within the NHS. Prior to the latest

increase in Covid-19 cases and the renewed stress they had placed on both health and social care, the systems restoration was doing well. The report included the last summary of performance before the new year. Information set out the final week of December 2020 compared to the same week in 2019. This confirmed the trends seen in terms of restoration across the system, with activity levels at or above the same period last year. The system had used the 'window of opportunity' before the winter to restore services, and to mitigate the negative impact on health services to patients during the first wave of Covid-19.

The report also referred to referrals indicating that there were still significant challenges in terms of waiting times for routine care, with long waits for routine care and many patients waiting over 52 weeks for treatment. Pre-Covid the Referral to Treatment (RTT) target nationally was that 92% of patients on an 18-week RTT pathway should wait for less than 18 weeks. Both at a national level and in Coventry and Warwickshire, RTT performance fell dramatically when Covid-19 first appeared. Performance had been improving again month on month since July but had been hampered by the growth of long waits, especially for those who had waited for over 52 weeks. The details of referral waits on a monthly basis was set out in the report. Figures showed that, from a low point of RTT falling to 39.4% against the 92% target in July, as activity had been restored RTT performance increased month on month to a present position of 66.1%. However, the number of people waiting over 52 weeks had also increased.

The Sub Group noted that the eradication of elective long waits would be a priority both for the NHS nationally and for the system locally once Covid-19 was under control. Within that, the priority remained to address cancer and clinically urgent cases first, with longest waits next. It was pleasing to note that referrals for elective care were now generally back to levels pre-Covid.

The report concluded with an update on restoration through the second Covid surge. Whilst progress on restoration during the window of opportunity before winter had been good, it couldn't be assumed that this progress would continue between now and the end of March 2021. There was the surge in Covid-19 cases, with more new cases being confirmed in the first weeks of January and more patients in hospital with Covid-19 than in the peak of wave one. Only when the R rate fell below 1 could we then expect to see reductions in hospital admissions.

This latest increase in Covid-19 cases was placing even greater strain on the ability of NHS services to continue to restore normal non-Covid services, and it was anticipated that there would be some reversal in level of restoration of services, especially for non-clinically routine cases, between now and the end of March 2021. However, the service was in a far better place to maintain services in this second/third wave of Covid-19 due to the development of green non-Covid pathways, the use of same day services, and use of virtual appointments, established in the first wave.

Nina Morgan reported on the three main areas of focus for the hospital: the hospital response to the demands of the second wave; an overview of the vaccination programme; and the health and wellbeing of the hospital staff.

The Sub Group were informed that at the peak of the first wave on 6th April there were 161 Covid patients at UHCW, on the 19th January the number was 262

patients, which reflected the rapid increase in patients at the end of December, early January. While the numbers of new infections were now decreasing, this hadn't yet happened in relation to patient numbers. There were currently 215 covid patients at the hospital. At the peak there were 11 covid wards which had now reduced to 9. There were 3 critical care areas which were helping the national crises.

In relation to vaccination, there were two covid clinics on site at the hospital and over 24,000 vaccinations had now been delivered, this included 9,000 care home staff, 5,000 care home workers and 9,000 UHCW staff. In addition nearly 1,000 out-patients who were 80 and over had been vaccinated. Second vaccinations would be offered during March.

The Sub Group noted that there was a good Health and Wellbeing programme for staff at the hospital which involved a number of initiatives. These included an increase in rest areas; additional psychological support; a wellbeing drop-in; and boost boxes of treats. In addition, additional support was being given to managers to help them to support their staff.

The Sub Group enquired about the latest position of the local Nightingale hospital and the situation regarding hospital discharge to blue beds at care homes and insurance. Clarification was sought about the arrangements for second jabs for out-patients who had been vaccinated at the hospital.

The Chair, Councillor Caan expressed his support for the measures that had been put in place to look after the health and wellbeing of the hospital staff.

**RESOLVED that the update on NHS Covid capacity and recovery be noted.**

45. **Local Covid Alert Levels**

Liz Gaulton, Director of Public Health and Wellbeing confirmed that the country had been in lockdown since 5th January, 2021 and it had been anticipated that the situation would be reviewed on 16th February. Indications were that schools were likely to remain closed until early March so lockdown was likely to remain for the next few weeks. No indications had been forthcoming about moving to alert levels.

46. **Communications and Engagement Priorities**

Nigel Hart, Head of Communications and Valerie De Souza, Consultant Public Health provided an update on the communications and engagement priorities in relation to covid-19.

Nigel Hart reported on the three Communication priorities: reminding people about the importance of compliance; informing about the testing options in place; and promoting the uptake of the vaccinations.

In relation to compliance, the message was the prevention was best, reminding of keeping safe by following the hands, face and space campaign. While the vaccine news was so positive, it still wasn't the time for complacency. Regarding testing, the key messages were to ring 119 or visit the NHS website if experiencing any symptoms and promoting the expansion and take up of community testing to pick

up people without symptoms to stop the spread. Residents who couldn't work from home were being encouraged to go for weekly testing. The locations of the community test sites were being promoted.

The vaccination programme was being led by the NHS and the City Council was supporting partner colleagues to get the key messages out. Efforts were being made to encourage care home workers to have their vaccinations. Questions and answers about the vaccine were available on the website along with information to dismiss any myths that were circulating. Messages were being made available in the different languages spoken in the city.

Valerie De Souza reported on the engagement with the community leaders who were being used to take the key messages out into the communities. There were over 200 leaders who were being provided with weekly updates and who provided feedback on how the messages were being received and where improvements could be made, and concerns addressed. Engagement was currently underway with local businesses requesting that they encourage their employees who are unable to work from home to go for weekly tests.

**RESOLVED that the communications and engagement priorities update be noted.**

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

There were no additional items of public business.

(Meeting closed at 2.58 pm)