



Health and Wellbeing Test and Trace Sub Group

Time and Date

2.00 pm on Monday, 1st February, 2021

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: https://youtu.be/kjvyzjq_Ypl https://youtu.be/kjvyzjq_Ypl

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** (Pages 3 - 8)
 - (a) To agree the minutes of the meeting held on 7th December 2020
 - (b) Matters Arising
4. **Local Situation Report on Covid-19 - Data Update in Coventry**

Presentation from Liz Gaulton, Director of Public Health and Wellbeing
5. **Coventry Outbreaks Overview**

Valerie De Souza, Consultant Public Health will report at the meeting
6. **Testing Capacity, Uptake and Lateral Flow Testing**

Presentation from Valerie De Souza, Consultant Public Health
7. **Covid Vaccination Delivery**

Presentation from Alison Cartwright, South Warwickshire CCG
8. **NHS Covid Capacity and Recovery** (Pages 9 - 12)

Presentation from Nina Morgan, University Hospitals Coventry and Warwickshire, Melanie Coombes, Coventry and Warwickshire Partnership Trust and Jo Galloway, Coventry and Rugby CCG

Report of Phil Johns, Coventry and Warwickshire CCGs

9. **Local Covid Alert Levels**

Liz Gaulton, Director of Public Health and Wellbeing will report at the meeting

10. **Communications and Engagement Priorities**

Nigel Hart, Head of Communications and Valerie De Souza, Consultant Public Health will report at the meeting

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

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved.

Private Business

Nil

Julie Newman, Director of Law and Governance, Council House Coventry

Friday, 22 January 2021

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 e-mail: liz.knight@coventry.gov.uk

Membership: Cllr K Caan, M Coombes, R Danter, P Fahy, J Galloway, L Gaulton, R Light, S Linnell, Cllr K Maton, N Morgan, Cllr M Mutton, K Nelson, M O'Hara, G Quinton and S Raistrick

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight

Tel: 024 7697 2644 e-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Wellbeing Test and Trace Sub Group held at
2.00 pm on Monday, 7 December 2020
This meeting was held virtually

Present:

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

Mandy Bambridge, Coventry and Warwickshire Partnership Trust
Elaine Clarke, University Hospitals Coventry and Warwickshire
Rachael Danter, Coventry and Warwickshire Health and Care Partnership
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
Gail Quinton, Deputy Chief Executive

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

In attendance: Lord Mayor, Councillor Lucas
Alison Cartwright, South Warwickshire CCG

Apologies: Pete Fahy, Director of Adult Services
Nina Morgan, University Hospitals Coventry and Warwickshire
Sue Ogle, Voluntary Action Coventry
Mike O'Hara, West Midlands Police

Public Business

29. Declarations of Interest

There were no declarations of interest.

30. Minutes of the Previous Meeting

The minutes of the meeting held on 2nd November 2020 were agreed as a true record. There were no matters arising.

31. 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 which were showing a downward trend in Covid infections. Latest results recorded for Coventry showed 134 infections per 100,000 residents which compared with 170 for the West Midlands Combined Authority region. 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 evenly across the country with Medway then Stoke on Trent having the highest numbers. Further information was provided on case numbers in Coventry, with particular reference to the 60 plus age group, which required careful monitoring. A map of the city showed infections in different of areas, with Willenhall currently having the highest infection rate. Officers were working to support residents in this area. Attention was drawn to the rolling seven day rate of infections city wide highlighting the downward trend.

The presentation concluded with information on the covid-19 deaths in the city, with reference to place of death, compared to all deaths. It was highlighted that there were less deaths now from covid compared to the first peak as the NHS was much better placed when treating patients.

Members asked about the implications of the flu season and whether it was anticipated that levels were due to rise. It was clarified that there has been a good uptake of the flu vaccination this year and with all the current social distancing measures in place it was hoped that there wouldn't be a significant increase. However, it was too early to say for definite since the season usually peaked in January.

RESOLVED that the contents of the presentation be noted.

32. **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. Officers were following up on cases in specific settings such as schools, care homes, work places and hotels. Where there was an outbreak, these were reported to the national Test and Trace and were then followed up locally to ensure all the right measures were in place to reduce the risks of further infections. 40 outbreaks had been managed across the city with positive responses always being received from the individual organisations who wished to protect their employees, residents or pupils.

RESOLVED that the Coventry outbreaks overview be noted.

33. **Local Covid Alert Levels**

The Sub Group received a presentation from Liz Gaulton, Director of Public Health and Wellbeing on the Covid alert level for the city.

Following the second national lockdown, Coventry was placed in tier 3 from 2nd December. The presentation detailed the associated restrictions which included: no mixing of households except in parks etc.; travel only for work and education; hospitality and accommodation closed; and shops, gyms, places of worship, hairdressers allowed to open. The Sub Group were informed that the West Midlands was all in tier 3 with the exception of Herefordshire, Worcestershire, Shropshire, Telford and Wrekin. There was an acknowledgement of the difficulties and challenges faced by the business community in the city. These restrictions would be reviewed on 16th December. Any changes to the city's status would come into effect on Saturday, 19th. No advance notice would be given to the city.

The Sub Group asked about the implications of the new restrictions to be in place from 23rd to 27th December. The importance of residents observing the three household Christmas bubble was emphasised. It was hoped that the closure of schools and businesses during the Christmas break would help to mitigate any rise in infections resulting from the relaxation in restrictions.

Clarification was sought on the schedule of reviews for the tier restrictions. The Sub Group noted that reviews would take place on a fortnightly basis although 30th December review could be moved to 4th January 2021. In response to a question about Government consultation with local Directors of Public Health about the allocation of tier status, members were informed that lobbying had been taking place. Reference was made to partners across the city having lobbied hard for Coventry to be placed in tier 2.

RESOLVED that the details of the local Covid-19 alert level be noted.

34. **Covid-19 Vaccination**

The Sub Group received an update from Alison Cartwright, South Warwickshire CCG on the local Covid-19 vaccination programme for Coventry and Warwickshire.

The Sub Group were informed that officers had been working on the local vaccination programme for the past two months steered by national, regional and local guidance. Daily meetings had been held and the intention was to deliver 1.2m vaccinations to the over 18 population by the end of May. Based on the available Pfizer- BioNTech vaccine, all patients would require two doses 21 days apart. This was subject to change should further vaccines become available.

UHCW was one of 50 local hospitals who would take part in the first national vaccination programme and vaccinations were due to start the following day. Information was provided on the priority cohorts for the vaccine which would start with hospital patients over 80; people working in care homes; and high risk NHS staff. Plans were in place for additional vaccination sites to be opened from 14th December with a gradual introduction of many other hospital and community sites.

Reference was made to the partnership working with Council officers to identify care home workers as part of the rollout of the programme to care homes in the city. In due course, local GPs would be making contact with their appropriate patients.

Members enquired about the complexities of small care homes not having the option of storing the vaccines and whether it was possible to take residents to the vaccination hubs. It was clarified that national guidance advised it was not appropriate to transport care home residents to be vaccinated.

The Sub Group placed on record their thanks to Alison Cartwright and all her colleagues for all the hard work being undertaken to ensure the success of the vaccination programme. The importance of partnership work and positive communication were highlighted. The Chair, Councillor Caan, referred to the kind offer from the Lord Mayor, Councillor Lucas to have her vaccination publicised to help promote the uptake of the vaccine.

RESOLVED that the update on the Covid-19 vaccination be noted.

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

Valerie De Souza, Consultant Public Health, provided an update on the local testing capacity, uptake and lateral flow testing in Coventry.

Reference was made to the five covid testing centres in the city, all of which required pre-booking. There was availability for same day appointments at each site with results being returned within 24 hours. The Sub Group were informed that the testing rate in the city remained low and the communications message was focussed on encouraging anybody with symptoms, no matter how mild, to get tested.

Lateral flow testing was started to be rolled out in the city which was very important bearing in mind the numbers of people with covid who had no symptoms. Identifying people in this manner would help to stop the transmission of the virus. It would also help to understand the prevalence of covid in certain communities where outbreaks were occurring.

The test involved a swab being taken with results being available in the next 20-30 minutes. It provided the opportunity to quickly test a large group of people. The rollout had commenced the previous Monday and involved testing employees of the City Council. It was the intention to ensure the process was robust before greater rollout. The next stage involved working with partners in Emergency Services. It was the intention to use this testing method in communities with higher infection numbers.

Members enquired about the option to use lateral flow testing in schools but this wasn't allowed at the present time. It was clarified that the national programme at present prioritised testing for care home visiting and university students to allow them to return home for Christmas. Further national guidance in relation to schools was still awaited. The Sub Group noted that numbers of school pupils with covid had reduced during the previous two weeks. Partnership work with the two universities was ongoing. Attention was drawn to the issues caused for care homes by the additional testing requirements.

RESOLVED that the testing capacity, uptake and lateral flow testing update be noted.

36. **Communications and Engagement Update**

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

Nigel Hart reported that the main focus of recent communication had been the move into tier 3 restrictions after lockdown. Simple and consistent messages were being put out with information being available in a range of languages. The focus of attention continued to be on the need to get tested and the importance of socially isolating along with emphasising that the rollout of the vaccine would take time. Support was also being given to the lobbying for Coventry to be moved back into tier 2 following the review of the current restrictions.

Valerie De Souza reiterated the close partnership working that was ongoing with the Communications Team and referred to the work of the community messengers who were being used to take messages into the local communities. Attention was being given to any barriers to the new vaccination programme including dispelling any myths around the vaccine. Work was being undertaken to address resident's concerns.

The Sub Group expressed support for all the communications work with Coventry residents. The importance of highlighting the need for testing was emphasised along with the message that restrictions were still in place over the festive period.

RESOLVED that the communications and engagement update be noted.

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

There were no additional items of public business.

(Meeting closed at 3.00 pm)

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Coventry City Council

Report

**To: Coventry Health and Wellbeing Board
Health and Wellbeing Test and Trace Sub Group**

**Date: 25/01/2021
01/02/2021**

From:

Phil Johns, Chief Executive Coventry and Warwickshire CCGs

Title: NHS Recovery and Restoration Update

1 Purpose

To brief the Health and Well-being Board of the work done to date on NHS recovery and restoration in response to the NHS Phase 3 letter from NHS England, and to give an update on the impact on this restoration due to the latest surge in Covid-19 cases in the last few weeks.

2 Recommendations

The Health & Well-being Board is recommended to:

- Note the report

3 Background

- 3.1 At the end of June activity levels across most NHS services were at around 30-40% of pre-COVID-19 levels. This was due to services being scaled down to protect urgent care services, and the impact of managing red (COVID-19) pathways, and green (non-COVID) pathways. The use of protective equipment had also impacted on the efficiency of services, as it took a lot longer to deliver services safely for patients.
- 3.2 The focus of the NHS was to protect cancer and clinically urgent workload. This 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.
- 3.3 Some clinically urgent services were also impacted as the potential risk for patients of coming into potential contact with COVID-19, meant that it was clinically more appropriate to delay services until a new green (COVID-free) pathway could be put in place.
- 3.4 The NHS over this period saw a tremendous amount of service transformation in developing new green and red pathways, such as the mass implementation of virtual non face to face appointments across primary, community and secondary care, different entry routes into secondary care for COVID patients, and more same day urgent care (SDEC)

being delivered without the need for attending A&E, and being directed to services directly such as “hot” same day clinics.

4 Current position

- 4.1 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. Within the Phase 3 letter, they outlined national expectations for the restoration of services within the NHS.
- 4.2 Prior to the latest increase in Covid-19 cases and the renewed stress they have placed on both health and social care, the systems restoration was doing well and the last summary of performance before the new year is shown below.

Service Area	Activity Type	C&W STP Latest Position (% of last weeks activity over last year)	UHCW latest	Current Target (phase 3 letter)
Cancer	2 WW Referrals	174%	154%	100%
	Treatments	74%	68%	100%
	Breached 62 Days	250	137	Minimise
Diagnostics	Gastroscopy	128%	95%	90%
	Colonoscopy	182%	115%	90%
	CT	127%	128%	100% by October
	MRI	122%	126%	100% by October
Outpatients	Outpatients First	109%	96%	100% by September
Elective & DC	Daycases	108%	106%	90% by October
	Elective Admissions	125%	135%	90% by October
Primary Care	GP Appointments	89%		
UEC	A&E Attends (type 1)	54%	46%	
	Emergency Admissions	109%	121%	
Bed Occupancy	G&A bed Occupancy	92%	94%	

- 4.3 The level of restoration is judged as being the current weeks level of activity compared to the same equivalent week the previous year i.e. 2019/20. The above table shows the final week of December this year compared to the same week in 2019. Please note that this data is from weekly returns made by NHS organisations to the three CCGs and as such is unvalidated data. The final published data is made available monthly generally six weeks after the end of each month.
- 4.4 This confirms the trends seen in terms of restoration across the system, with activity levels at or above the same period last year. The system has 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 between March and June 2020.
- 4.5 Waiting times for diagnostic tests has fallen back to levels seen before COVID-19, and the longest waits for cancer care have fallen i.e. 2 week wait performance has increased, and over 62 day cancer waits for treatment have fallen significantly.

5 Referrals

- 5.1 We do however remain in a period of recovery, and there are 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.

5.2 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 has been improving again month on month since July but has been hampered by the growth of long waits, especially for those who have waited for over 52-week.

STP - Combined Trust Position

Month (If Red then weekly snapshot)	Total					Total	RTT %
	Less than 18 Weeks	18 - 40 Weeks	40-45 Weeks	45-52 Weeks	Over 52 Weeks		
April	39434	17856	831	492	74	58687	67.2%
May	32565	21657	1233	862	258	56575	57.6%
June	25396	25806	1764	1219	480	54665	46.5%
July	21270	27318	2667	1759	980	53994	39.4%
August	25529	22568	3333	2551	1570	55551	46.0%
September	30583	17991	3519	3232	2243	57568	53.1%
October	32427	15012	3823	3971	3071	58304	55.6%
November	36142	10870	4264	3340	3199	57815	62.5%
December	37658	10802	4102	3287	3236	59085	63.7%
January	38775	8716	3374	4114	3714	58693	66.1%
February							
March							

Weekly snapshots will change when actual month figures published

5.3 The above table shows that, from a low point of RTT falling to 39.4% against the 92% target in July, as activity has been restored RTT performance increase month on month to a present position of 66.1%. However the number of people waiting over 52 weeks has also increased.

5.4 The eradication of elective long waits will be a priority both for the NHS nationally and for the system locally once COVID-19 is under control. Within that, the priority remains to address cancer and clinically urgent cases first, with longest waits next.

5.5 We observed a reduction in referrals during the first COVID-19 wave, which means that there will be fewer patients approaching 52 weeks as we move past March 2021, and we will be able to recover our position more quickly. We are pleased to note however that referrals for elective care are now generally back to levels pre-COVID.

6 Restoration through second COVID surge

6.1 Whilst progress on restoration during the window of opportunity before winter has been good, we cannot assume that this progress will continue between now and the end of March 2021. We are currently experiencing a 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 we did at the peak of wave one. The R rate i.e. the rate of infection in the community is still above 1, so we anticipate that the number of new cases, and therefore cases admitted to hospital, will continue to grow. Only when the R rate falls below 1 can we then expect to see reductions in hospital admissions.

6.2 This latest increase in Covid-19 cases, is placing even greater strain on the ability of NHS services to continue to restore normal non-COVID services, and we anticipate that we will

see some reversal in level of restoration of services, especially for non-clinically routine cases, between now and the end of March 2021.

- 6.3 We believe we are however 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.
- 6.4 We will continue to update the Health and Wellbeing Board as to the position and restoration of services over the coming months.

Report Author(s):

Name and Job Title:

Andrew Harkness

Directorate:

Coventry & Rugby CCG

Telephone and E-mail Contact:

communications@coventryrugbyccg.nhs.uk

Enquiries should be directed to the above person.

Appendices