

**Coventry City Council**  
**Minutes of the Meeting of Health and Wellbeing Test and Trace Sub Group held at**  
**2.00 pm on Monday, 2 November 2020**  
**This meeting was held remotely**

Present:

Members: Councillor K Caan (Chair)  
Councillor Maton  
Elaine Clarke, University Hospitals Coventry and Warwickshire  
Melanie Coombes, Coventry and Warwickshire Partnership Trust  
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  
Mike O'Hara, West Midlands Police

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

Apologies: Councillor M Mutton  
Pete Fahy, Director of Adult Services  
Nina Morgan, UHCW  
Sue Ogle, Voluntary Action Coventry  
Gail Quinton, Deputy Chief Executive

## **Public Business**

### **18. Declarations of Interest**

There were no declarations of interest.

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

The minutes of the meeting held on 14<sup>th</sup> September 2020 were agreed as a true record. There were no matters arising.

### **20. 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. Coventry recorded 190 infections per 100,00 residents on 1 November, which compared with 275 for the West Midlands Combined Authority region. The city's figure had shown a slight reduction from the previous week. These 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. Attention was drawn to the rolling seven day rate of infections citywide which showed the rate below 13 in July, a slight gradual rise through August/ September then a dramatic increase during October. The Sub Group were informed that numbers were now going up in the 60+ age group along with an increase hospital admissions at UHCW. There were currently 35 Covid-19 patients at the hospital, 14 of these being in intensive care.

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.**

## 21. **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.

29 local outbreaks had occurred in schools, care homes and work place environments across the city and all had been well managed with good co-operation between employees from these establishments working with Public Health and the wider Council. There were no specific concerns and actions taken meant issues were dealt with quickly so avoiding transmissions.

More recently there had been an increase in community outbreaks rather than individual settings. Once again partnership work was proving to be successful.

In response to a question about concerns that students from Warwick University were transmitting the virus, the Director of Public Health and Wellbeing reported that there were high rates on the university campus. The university had been carrying out private testing and there had been two small outbreaks. Isolation measures had been put in place meaning general transmissions had now reduced. The main concern now was in areas where students were living off campus.

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

## 22. **Local Covid-19 Alert Levels**

The Sub Group received a briefing note and presentation of Liz Gaulton, Director of Public Health and Wellbeing which summarised the new Covid alert levels which included details of the restrictions at each of the three tiers and the process for entering/moving between these tiers. The system had been designed to simplify the approach to deciding the level of restrictions required in local authority areas to manage the spread of Covid and reduce the rate of infection.

The local Covid Alert Levels were as follows:

Tier 1: Existing national restrictions

Tier 2: No indoor household mixing-either in private or public places – WMCA, Stoke, Telford & Wrekin and Staffordshire

Tier 3: Closure of all pubs/bars unless trading as restaurant; Rule of 6 outdoors only applies in wide open space. Closure of leisure and other non-essential services decided locally.

Further details of the restriction levels were set out in appendices to the briefing note.

Decisions on alert levels would be made by central government and local authorities using the contain framework. In terms of timeframe for escalation or de-escalation between tiers:

Local authorities at tier 1 would be reviewed every 28 days

Local authorities at tier 2 would be reviewed every 14 days

Categorisation of a local authority as tier 3 would expire after 28 days and extended only following review.

The Sub-Group were reminded that Coventry had moved into tier 2 ten days ago and would remain at this level until the new national restrictions came into play on Thursday. At this stage the local authority were aware of the guidance for these restrictions which was available on the Government's national website. The importance of using the national lockdown to manage the local situation was highlighted along with the need to engage with as many residents/ organisations as possible.

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

## 23. **NHS Planning and Preparedness**

The Sub Group received a joint presentation from Jo Galloway, Chief Nursing Officer and Deputy Accountable Officer, Coventry and Rugby CCG, Elaine Clarke, Deputy Chief Nursing Officer, UHCW and Mel Coombes, Chief Nurse, Chief Operating Officer and Deputy Chief Executive, CWPT on the NHS response to the ongoing covid-19 position, in particular the planning and preparedness.

Jo Galloway reported on the third phase of the NHS response, with the NHS 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 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 2020.

Reference was made to the system approach to Infection Prevention and Control which included joint funding streams to bolster IPC resources; recruitment to 5 additional posts; a targeted programme of support for care homes and domiciliary; a resilience programme to ensure the Covid security of all care homes was in place; and system and place-based Flu plans. A new IPC Strategy was to be developed.

The presentation referred to the work of the CCG which included the lead and operationally run the Central Incident Control Centre for Coventry and Warwickshire; providing mutual aid through redeployment of staff to frontline service providers; leading the collating and reporting of Covid information to support planning and monitoring of cases and service utilisation; and influenza vaccination planning and support. Work on the restoration of services involved working with partners to ensure services were reinstated safely and in line with national ambitions.

Additional information was provided on the work with GPs, whose practices were open for the delivery of face to face care along with remote/online triage and the use of remote/video consultations. Enhanced health in care homes was being provided with weekly check-in; face to face visits; personalised care support plans; and clinical pharmacy and medicines support. There was daily reporting from Practices to the CCG to ensure prompt response to infection outbreaks, and concerns relating to infection prevention needs e.g. PPE supply, staffing concerns.

Elaine Clarke highlighted that the following key areas have been factored into the winter preparations at the hospital: sustain current beds and capacity, including independent sector capacity & Nightingale; expand and deliver seasonal flu vaccination programme & Covid-19 vaccine if/when available; increasing the range local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics; and continue to work collaboratively across the system to minimise MFF.

Attention was drawn UHCW's planning assumptions which were categorised as gold (strategic), silver (tactical) and bronze (operational delivery). Reference was made to UHCW winter plan which set out operational delivery arrangements and had been produced by various internal work streams. The winter plan aimed to demonstrate that UHCW was: building upon the learning from previous winter plans factoring in Covid-19 complexities; identifying the demand on all areas and their dependency on one another; ensuring that seasonal demand would not compromise patient care, safety, and experience; and identifying potential risks with clear actions in place to mitigate impact.

Mel Coombes reported on the Covid-19 response at CWPT which involved a Covid admission ward in operation along with an option to open a ward for Learning Disability services if needed but had not been required to date. Consistent messages and reminders to staff were continually given out and the Partnership was learning from outbreaks with extra vigilance when in non-clinical settings. Covid secure risk assessments were in place for non-clinical areas.

Other responses included engaging with Public Health England and Clinical Commissioning Group Infection Prevention Control Leads for managing outbreaks and clusters; introducing a small dedicated team for management of outbreaks; having a Covid-19 Vaccine Steering Group which was working in partnership; and increasing safeguarding activity/referrals. Waiting lists continued to be monitored and the majority of services continued to operate as business critical across Mental Health, Learning Disability and Community Health with the utilisation of technology where appropriate.

Members expressed support and appreciation for the ongoing dedicated work of the three organisations in the current covid climate and there was an acknowledgment of the need for local residents to be made aware of all the co-ordinated partnership work that was happening in the city to provide reassurance.

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

**24. Coventry Solihull and Warwickshire (CSW) Test and Trace Beacon Update - Phase 1 Accomplishments and Phase 2 Proposals**

The Sub-Group received a presentation from Liz Gaulton, Director of Public Health and Wellbeing, on the Coventry Solihull and Warwickshire Test and Trace Beacon Programme Phase Review for October 2020 concerning the sub-regional and local government arrangements that had been established to support an outbreak control response to the covid-19 pandemic, which brought together key stakeholders.

The accomplishments/ benefits of the Test and Trace Beacon included collaboration between CSW specialist services; closer public health relationships; bringing together sub-regional elected members; national recognition and learning from early outbreaks; the rapid development of initial outbreak response arrangements; mutual aid arrangements; delivery of beacon products; and joint commissioning.

Since the establishment of the Beacon in May 2020 the landscape had changed. Significant pressure was now being placed on resources; further Government regulations and guidelines were being introduced; and the track and trace outbreak control response had moved from design to implementation. Beacon arrangements had been reviewed which marked a move into a second phase of the outbreak control response across Coventry Solihull and Warwickshire.

The presentation detailed the Phase Two proposed Beacon offer which involved Beacon activity centring on supporting the delivery of local responses through continued joint working. Sub-regional programme activity would be minimised to enable resources and capacity to be focused on local preventative and reactive activity. The proposed Phase Two Beacon Programme arrangements were highlighted which included light touch programme management; sub-regional funding top-sliced budget retained for sub-regional products; updates and briefing locally led with regional and sub regional messages being fed through local arrangements; sub-regional governance structures retained but meeting less frequently; and an update of the CWS Outbreak Control Plan aligning with regional plans and practice. It was proposed to undertake a phase review in early January 2021 to reconsider and realign the beacon approach and funding if required.

The Director of Public Health and Wellbeing informed the Sub Group that the successful partnership working between the three localities meant that the beacon work was now embedded in the current working arrangements so such detailed reporting would no longer be required.

**RESOLVED that the Coventry Solihull and Warwickshire Test and Trace Beacon Programme Phase Review be noted.**

25. **Higher Education Institutes Outbreak Management Plans**

Kirston Nelson, Director of Education and Skills provided an update on the Higher Education Institutes Outbreak Management Plans, with particular reference to the city's two universities.

The Sub Group were informed that both Coventry and Warwick universities had seen a reduction in Covid-19 infections the previous week and the Director had been reassured by the actions taken at both universities to stop the spread of infections. There had been an open and transparent sharing of information and students were self-isolating as required. Reference was made to the accommodation block at Warwick University that students were moved into if they needed to isolate. It was noted that plans were in place to cover teaching environments and this had resulted in very low numbers of transmissions with very few teaching staff being affected.

In response to a question about the views of schools to being kept open during the forthcoming national lock down, it was reported that schools were keen to remain open supporting their pupils, although any vulnerable staff would need to shield. The Director of Education and Skills was meeting all head teachers the following day.

Councillor Maton, Cabinet Member for Education and Skills drew attention to the importance as keeping education in the school setting, especially as not all pupils had access to the equipment and good quality internet connections to allow for on-line learning.

**RESOLVED that the update in respect of higher education establishments be noted.**

26. **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.

The Sub Group were informed of the assets created to support the communication around the tier 2 restrictions which remained in place until Thursday. Web pages and videos had also been produced. In light of the significant infection rate amongst 18-21 year olds, work had been undertaken with Positive Youth Foundation who had produced the video 'In Your Own Space' which received 1500 views in the first week. Officers had worked to provide a balanced message highlighting what residents could and couldn't do, providing examples of the positives ie meet outside. The biggest challenge was message fatigue which was a national issue with some people just ignoring the guidance now. To address this Communications had been working with the universities on a joint approach to target specific groups to change behaviours.

Reference was made to the work of the Engagement and Participation Cell including the development of messages to share. The 200 community messengers across the city were linked to specific cohorts and they had been helping the

community to understand the restrictions. Feedback from the messengers had been very beneficial. Weekly webinars had been held with messengers to ensure the correct messages were getting out and what support was required, especially in community infection hotspots. Reference was made to the interaction with social media groups and the work with community centres and places of worship. There was an acknowledgement of the important role being played by the voluntary sector.

Further information was requested on the access to testing in Coventry and it was clarified that 4 to 6 weeks ago it was very difficult to get a Covid-19 test. Recently requirements had dropped right back and in the West Midlands area testing was now down to 26% capacity. Information was provided on the six test centres in the city and the Sub Group were informed that it was very easy to obtain a test. Results were being provided in 25 hours. Residents were now being encouraged to get tested. The importance of the communication message focusing on testing and self-isolation was outlined.

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

**27. Governance Arrangements**

Liz Gaulton, Director of Public Health and Wellbeing reported on the local governance arrangements in place for managing the Covid-19 situation in the city, the details of which were set out in a presentation slide.

The Sub Group were provided with assurance that all the necessary infrastructure was in place to enable partners to work collaboratively across the city to manage the Covid pandemic. The role of the Sub Group which fed into the Health and Wellbeing Board was highlighted along with the City Wide Incident Management Team, chaired by Martin Reeves, currently meeting each Monday to plan the priorities for the week.

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

There were no additional items of business.

(Meeting closed at 2.55 pm)