

Covid-19 Member Engagement Board

Wednesday 9 September 2020

Minutes

Attendance

Council Representatives

Councillor Les Caborn (Chair) and Shade Agboola (Warwickshire County Council)

Councillor Marian Humphreys (North Warwickshire Borough Council)

Councillor Julie Jackson (Nuneaton and Bedworth Borough Council)

Councillor Sally Bragg (Rugby Borough Council)

Councillor Jo Barker (Stratford-upon-Avon District Council)

Councillor Judy Falp (Warwick District Council)

Healthwatch Warwickshire

Chris Bain

Other Attendees

Deb Moseley, Carl Hipkiss, Nadia Inglis, Nigel Minns, Catherine Shuttleworth, Paul Spencer, Jayne Surman, Emily van de Venter, Duncan Vernon and Nichola Vine (WCC Officers)

Simone Hines (Nuneaton and Bedworth Borough Council)

Robert Weeks (Stratford District Council)

The Chair welcomed everyone.

1. Apologies

Apologies were received from Andy Hardy (University Hospitals Coventry and Warwickshire) and Steve Maxey (North Warwickshire Borough Council).

2. Current situation in Warwickshire

A presentation on the current situation in Warwickshire was introduced by Dr Shade Agboola, Director of Public Health. This covered the following areas:

- Current situation and key areas of response to Covid-19 in Warwickshire.
The overall number of cases recorded in Warwickshire was 2837, with 79 cases in the last week and currently positive tests results of 13.67 per 100,000 people tested. Comparative data was provided for each district and borough area, the rest of the Coventry, Solihull and Warwickshire (CSW) beacon area and the West Midlands region. Whilst Warwickshire's data was favourable to other areas, case numbers were increasing. She referred to mobile testing, the increase in single Covid-19 cases and the excellent work of the response teams and schools.

- Reflect on learning to date. Whilst it was unsurprising that cases of Covid-19 were rising with the reopening of schools and social activity, there was an emerging trend that people were not adhering to the guidance and a sense of messaging fatigue. There was concern about the activity of some younger people and firmer messaging was planned.
- Considerations for planning the next phase of pandemic management. Reference was made to the flu season, plans for vaccinations and work with environmental health to increase the response team size. Enhanced backward contact tracing had commenced.
- The Outbreak Control Plan. This was published in June, with eight priority areas. Dr Agboola spoke about the work undertaken on community engagement, the team established, funding available from the test and trace grant and bids submitted to increase engagement with priority audiences. Videos had been produced to provide messages on test and trace in languages other than English.
- Governance arrangements - a diagram showing the arrangements for the beacon area and the local response arrangements.
- Warwickshire response elements – key actions to date
 - ‘Let’s Do It for Warwickshire’ campaign
 - Using intelligence to drive localised action
 - Community and business engagement
 - Workstreams established to support different settings
 - Aggressive outbreak and case management
 - Additional testing capacity including the new site at Rugby
 - Building capacity in the team
- The local outbreak management plan. Particular reference was made to local learning on communication and engagement, the need for accurate data and the challenges associated with tracing, given staffing capacity.

Questions were submitted:

- Nationally and in Warwickshire, there were difficulties in getting testing slots and concerns about the travel distances involved for some people. This national issue had been recognised and was expected to continue for the next one to two weeks. People were being encouraged to only request a test if they were symptomatic.
- Concerns about a communications lag with Public Health England (PHE). Reference to a small outbreak recently and the perceived lack of activity from PHE. Local responses were good, but resources were stretched. There were serious concerns that if this continued, case numbers would escalate beyond control. The points were acknowledged and receipt of notifications from PHE had been mixed. There were some challenges and PHE had the same capacity issues as councils. Most public health directors reported similar experiences and there was a need for larger devolved teams to provide capacity for test and trace activity. Dr Agboola also touched on the local resource appointed.

Duncan Vernon introduced the data dashboard. This was a public facing dashboard on the CSW website, providing a range of comparative and interactive information. He spoke about the improving data over recent months, active surveillance processes, contact tracing and analysing data on a geographical basis. There was now access to negative test results too. The presentation slides gave data on cases in Warwickshire and comparative positive test results in Warwickshire districts and boroughs. In Rugby, there had been 25 new cases in the last week. This slide included the data for Coventry, Solihull and for other parts of the country with higher positive test results. Several examples were provided of the significant increases in positive test results over the last week. People were encouraged to make use of the dashboard.

Nadia Inglis spoke about the contain framework and planning ahead. This section of the presentation focussed on:

- The contain framework, which had three levels from areas of concern, of enhanced support and intervention. An outline was given of the actions that should be taken and measures likely to be introduced under each scenario.
- A slide detailed the intelligence which would be considered when a wider council response and interventions may be required, also factors for the trigger levels.
- Rising tide planning. This looked at preparedness for the following themes, linked to the next phase of pandemic management. Some of these areas would be the subject of presentations later in the meeting.
 - Community support, with detail provided on shielding, provision of advice to the most vulnerable, the local welfare scheme, capacity of community networks and the potential adverse impact from the end of the furlough scheme.
 - High risk settings, being care homes, education, business/workplaces, rough sleeper/homeless accommodation, events and the interplay between these aspects.
 - Personal protective equipment (PPE). A minimum of four weeks' supply was held and there was confidence in supply. The main issues were price and the volume of fraudulent/fake products. Consideration of securing supply until the end of March 2021 was underway.
 - Powers.
 - Communications and Community Engagement.

Questions and comments were invited, with responses provided as indicated:

- Healthwatch was receiving enquiries about whether the visiting restrictions at care homes were proportionate to the risks involved. Some visits were being restricted to twenty minutes and visits to care homes in Solihull were being suspended in response to an increase in infection rates. The mental health implications both for residents and relatives were raised. This was acknowledged, with reference made to the national guidance on visits and the measures imposed by individual care homes. Where feasible, visits outside the home were advocated, but this would not be practical for all, or during the winter months. Nominating a consistent visitor was one measure and the mental health aspects were also touched on. Nadia Inglis offered to pursue this further with Chris Bain of Healthwatch outside the meeting.
- Concerns about the end of the furlough scheme, the associated mental health issues related to financial difficulties and wider issues such as domestic violence.
- Regarding education, reference was made to the large number of pupils asked not to attend school where Covid-19 cases were identified. It was asked whether this would be narrowed to affect less pupils. A lot of work was taking place with schools, an example being on seating plans to enable monitoring of contacts. In some schools, large numbers of pupils had been sent home. Their education was important, but risk assessments had been undertaken, requiring the action taken. The member offered to intervene in cases affecting her division. Reference also to the mental health impacts, including agoraphobia amongst some children.

3. COVID-19 communications

Jayne Surman, the council's strategy and commissioning manager for communications spoke to a circulated update which included the following areas:

- Continued management of the local, regional and national media attention.
- Both WCC and the CSW beacon had communications strategies in place to engage / explain / persuade residents.
- Learning from Leicester had led to changes in how we work to ensure the messages are shared at a local level.
- Working with community ambassadors.
- Engagement – a mix of traditional and new media.
- The 'Let's do the right thing' campaign, covering key messages, localised and Warwickshire wide versions.
- Community members and ambassadors – videos created in a variety of languages.
- Targeted communications through local Facebook groups – identifying key audiences.
- Regular video content from the Director of Public Health.
- Partnership approach – to ensure we share best practice.
- Reactive communications to manage local outbreaks.
- A slide showing some of the tailored messaging.

Areas highlighted were:

- The continued messaging and community engagement.
- 'Let's do it for Warwickshire' and the tailored local campaigns. This could be provided for very local geographic areas. Conversations would take place to determine the types of media required, such as pull up banners or social media material. There was limited funding for producing some literature and any enquiries should be submitted to Jayne Surman. Thanks were recorded for the tailored documents for Whitnash, which had been well received. The North Warwickshire BC representative, Councillor Humphreys would be in contact to pursue this offer.
- The launch of the tailored local campaign for Rugby.
- Close work with public health colleagues to highlight key messages from the case data. Reference to the recent increases in cases and communications activity focussed on areas where there were increasing case numbers.
- Work with universities to create a range of communications for students from a peer to peer, university and local authority approach.

4. Community Engagement

A presentation from Emily van de Venter, Associate Director of Public Health on community engagement activity. This included the following information:

- Community Engagement for Covid-19 Prevention Fund. This provided funding to support and enhance community engagement with the test and trace programme and messages in relation to the transmission of Covid-19. Examples were given of some of the initiatives progressed and more were encouraged.
- Covid-19 Support Group Webinars.

- Targeted Local Support

The following areas were discussed:

- The Chair was delighted at the launch of the community champions network. He hoped it attracted a good response and urged rural members to cascade this initiative to their parishes.
- Engagement with the Youth Parliament had just commenced.
- A weekly resource pack was being distributed to community champions to highlight key messages. This included a survey to explore people's experiences of the pandemic, prevention measures and their feelings about the future. The survey is available online at: <https://ask.warwickshire.gov.uk/public-health/covid-survey/> . Those present were asked to circulate it. Highlights were provided on the survey responses to date.
- For the active citizenship programme, it was suggested that this be published to parishes by the localities team. Linking local groups and looking at school transport aspects for children in rural areas were raised. Emily van de Venter agreed to pursue the suggestions to see what more could be done.
- The provision of notices and posters for parish boards and other local places as some people did not use social media. This was noted and would be picked up.
- A number of points about support for socially isolated people, those in rural areas, making best use of the meals on wheels service and encouraging people to re-join society or have more social contact. Related issues were the mental health implications and how to identify this cohort. There was data on those shielding and the idea of utilising the meals on wheels service was welcomed.
- Local volunteers were providing valuable support, for example helping people to leave their homes and visits to local shops. The efforts of volunteers were appreciated and their response had been terrific.
- The role of GP practices and commissioned services were discussed. This included social prescribing, weekly welfare calls and befriending services from a range of organisations. This information could be compiled to provide a briefing note for all elected members.

5. Local Authority Powers

Nichola Vine, strategy and commissioning manager for WCC legal services outlined the local authority powers in relation to Covid-19. The presentation focused on the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 and the Coronavirus Act 2020. Detail was provided on the powers available in relation to:

- The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020. These regulations included powers for local authorities to
 - Restrict access to, or close, individual premises.
 - Prohibit certain events (or types of event) from taking place.
 - Restrict access to, or close, public outdoor places (or types of outdoor public places).
 - Anyone directly impacted by a direction made under the Regulations had the right of appeal to a local magistrate and to make representations to the Secretary of State.
 - Enforcement – powers are afforded to a local authority's designated officer, police officers or PCSOs to take such action as is necessary and proportionate, including service of a prohibition notice, direction to stop events or remove people from events or places.

- Offences – details on the types of offences, who may bring proceedings, the issue of fixed penalty notices and the fines for offences ranging from £100 to a maximum of £3,200.
- Coronavirus Act 2020
 - Section 51 and Schedule 21 provided powers to public health officers, immigration officers and police constables in relation to potentially infectious people.
 - There were further powers available where a person had been screened and assessed. Where the person was required to remain at the specified place or in isolation, the requirement could be enforced.
 - Offences – details of the types of offences and the appeal provisions to the magistrates’ court.
- There were some further general public health powers, but these required greater evidence gathering and an application to the magistrates’ court for an order.

Questions and comments were invited, with responses provided as indicated:

- A question whether there were sufficient officers to provide enforcement. There were designated enforcement officers within upper tier authorities and the police/PCSOs. The rules had changed earlier in the day on the numbers of people who could gather, but such changes to guidance had been frequent.
- A discussion about how district and borough environmental health officers (EHOs) were contributing. There was close working with EHOs, but the formal notices had to be served by the county council officer.
- Comments about the lack of clarity in guidance, confusion of which aspects were legislative, and which were guidance and there had been numerous changes to the guidance. There were not enough police resources to provide enforcement and reference was made to the challenges in Manchester.
- It was questioned if the legislation permitted delegation to officers at district or borough councils but was confirmed that the legal powers and action rested with upper tier authorities and the police. An offer was made to look at this further, but it was important to ensure the powers were exercised properly.

Dates of future meetings

A further meeting of the board was scheduled for 5 October 2020.

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Councillor Les Caborn, Chair

The meeting closed at 3.25pm