Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 17 February 2021

Minutes

Attendance

Committee Members
Councillor Wallace Redford (Chair)
Councillor Margaret Bell (Vice-Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Sally Bragg
Councillor Mike Brain
Councillor John Cooke
Councillor Andy Jenns
Councillor Keith Kondakor
Councillor Barry Longden
Councillor Judy MacDonald
Councillor Penny O'Donnell
Councillor Pamela Redford
Councillor Jerry Roodhouse

Other Members
Councillors Les Caborn (Portfolio Holder), Parminder Birdi, Judy Falp, Dave Parsons and Pam Williams.

Officers and Other Attendees
Dr Shade Agboola, Carl Hipkiss, Nigel Minns, Paul Spencer and Nichola Vine (WCC Officers)
Alison Cartwright, Anna Hargrave, Dr Sarah Raistrick and Rose Uwins, Warwickshire Clinical Commissioning Groups (CCGs)
Chris Bain and Deborah Key, Healthwatch Warwickshire (HWW)
David Eltringham (George Eliot Hospital)
Mark Docherty and Pippa Wall, West Midlands Ambulance Service (WMAS)

1. General

(1) Apologies

Apologies for absence had been received from Councillor Kate Rolfe, replaced by Councillor Clive Rickhards and from Phil Johns, Accountable Officer, CCGs.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

The Chair welcomed Councillor Barry Longden, the new representative for Nuneaton and Bedworth Borough Council. He referred to the task and finish group (TFG) on health inequalities. Due to the Covid-19 pandemic, it had been agreed to further delay this review area. Two members responded, wanting to ensure that this review wasn't delayed indefinitely and seeking a timeline for its commencement. The Chair suggested to include this for further discussion at the next spokesperson meeting.

(4) Minutes of previous meetings

The Minutes of the meeting held on 18 November 2020 were accepted as a true record.

2. Public Speaking

1. The following questions had been submitted by Councillor Jacky Chambers of North Warwickshire Borough Council:

'Based on recent feedback from residents, I have real concerns about the pace at which Covid vaccinations are being delivered to vulnerable housebound elderly residents, the capacity of home visiting teams/ willingness of GPs to undertake this programme (possibly involving three vaccinations) during 2021; and the uptake of vaccination by care provider staff who visit these residents on a daily basis.

A) What percentage of completely housebound elderly residents over the age of 70 will have received their first Covid vaccination by February 15th?

B) What percentage of care provider staff providing regular home care for vulnerable adults have had their first vaccination and who is responsible for scheduling and providing these vaccinations?

It was reported that a written reply had been prepared for part 'B" above, which would be circulated to Councillor Chambers and to the committee. Part 'A' would be circulated to CCG colleagues for a reply to be provided.

2. Councillor Helen Adkins submitted the following question on behalf of the Keep our NHS Public Group: The full preamble is attached at Appendix 1 to the minutes.

Warwickshire does no more than advise on hands, face, space, i.e. follow the current measures. But it does not provide the figures regarding false negatives. This omission leaves a false re-assurance that negative results mean they are not infectious.

Can WCC ASC&H OSC consider this evidence and draw this to the attention of WCC Director of Public Health? In doing so might it press her to improve its messaging, provide clear statistics on risks of false negatives, and explain exactly that a negative LFT does not mean a person is not infectious? Saying they are 'not likely to be infectious' is misleading.

Dr Shade Agboola, Director of Public Health provided a verbal response, which is also attached at Appendix 1 to these minutes. The Portfolio Holder, Councillor Caborn supported the points made, confirming the reduction in Covid case numbers and recognising the work of the Public Health team. Councillor Mrs Redford praised the people delivering the lateral flow tests and the clear information being provided to those seeking tests. Councillor Adkins offered to feedback the response to this question to the Keep our NHS Public Group.

3. Questions to Portfolio Holders

Councillor Helen Adkins made a comment on the deferral of the TFG, acknowledging the demands on officers, but it was important that the review took place. The Portfolio Holder, Councillor Caborn responded confirming that the review would take place as soon as was possible, whilst emphasising the additional work for officers in responding to the pandemic.

A question from Councillor Bell about covid vaccinations for housebound people. Councillor Caborn responded that contact should be made via the GP. Alison Cartwright from the CCG advised that housebound people were being vaccinated in priority order and confirmed that people should book their vaccination via the GP.

Councillor Mrs Redford asked about the vaccination of care home residents and staff. It was understood that some staff were not accepting the vaccine. This was being investigated and people were being encouraged to have the vaccination. Where there were outbreaks, vaccinations could not be administered. Alison Cartwright added that 89% of health and social care workers in the region had been vaccinated to date. For care home staff, the data was between 62 and 71% of staff vaccinated in different parts of the region. A lot of work was ongoing to encourage take up of vaccines by this cohort.

It was questioned whether those refusing the vaccine were being surveyed to understand the reasoning for their decision. Targeted communications work was taking place. This included use of social care staff and work with BAME communities to encourage take up of the vaccine.

Healthwatch Warwickshire asked for clear information to pass on to housebound people, including the clinically extremely vulnerable. It was confirmed that they should also make contact via their GP for vaccination at home.

There was a known difference in life expectancy between the north and south of Warwickshire. A request to assess the impact of Covid in terms of the outcomes for residents in different areas of the county. Councillor Caborn advised that this was part of the recovery process for the Council as a whole and may feature as a future Public Health priority, also speaking about infection control and wider determinants of health.

A question about the release of NHS England vaccination data to local authorities. This was needed to target inequalities, understand the areas where vaccination uptake was lower and enable appropriate action. Dr Agboola confirmed that after significant lobbying, access had just been granted to the NHS data. Research would be needed to understand the data, enable it to be presented in a useful format and then share the information for example to identify where there had been lower take up of vaccinations. Alison Cartwright confirmed that in addition to the NHS data, there was public health data. Joint analysis was taking place to look at inequalities and

uptake of the vaccination. That data would help to focus vaccination efforts to improve uptake rates. It was requested that vaccination rates be assessed for each GP practice.

Councillor Parminder Singh Birdi praised the vaccination service, especially for housebound people, also speaking on the good take up of the vaccine by BAME communities in his division.

4. Questions to the NHS

The Chair reminded that a new item was being launched from this meeting to allow members to give notice of questions to NHS commissioners and service providers. A list of questions had been received, circulated to the representatives of NHS organisations and to members of the Committee.

David Eltringham provided a verbal update from the George Eliot Hospital (GEH). This informed on the number of patients in hospital with Covid-19, ITU capacity challenges and the significant impacts for staff wellbeing. The importance of sticking to lockdown rules was emphasised. He reported on the successful funding bid to build two new operating theatres onto the Captain Sir Tom Moore Surgical Unit, which should be available by the summer or autumn of 2021.

The Chair asked for an update on delayed surgery as a result of the pandemic. Whilst the highest priority urgent and emergency cases had continued, there was a large number of patients who had now waited for over a year for routine surgical procedures and the waiting list was growing. There were plans to recommence other surgery in the coming weeks. This would need to be balanced against the response to the covid pandemic and many surgical staff had been redeployed to assist with the pandemic. A local system approach would be taken to address this backlog, but it would take many months or even years to do this. It was confirmed that such delays would be experienced nationally, and the length of backlogs would vary across different specialities. At GEH, the two additional theatres would assist. A report published by Reform showed the extent of waiting lists and potential delays nationally. This would require appropriate messaging from the local system to clarify the position across different services. Such messaging was already being commenced.

A question about in-hospital infection and the testing arrangements for covid. An outline was given of the infection prevention and control measures put in place, the much-improved position on outbreaks, additional patient pathways, regular testing and the rapid testing at the front door to channel patients with covid appropriately. There was praise for the staff for the infection prevention and control work.

Councillor Caborn thanked David Eltringham for the update. It was excellent news that GEH had secured the funding for the new theatres which would help to address the surgery backlog.

5. Merger of the Clinical Commissioning Groups

The Committee received an update from Anna Hargrave on the merger of the clinical commissioning groups (CCGs) in Warwickshire. This updated on the previous reports to the committee and confirmed:

- The timeline of approvals leading to the single commissioning organisation across Coventry and Warwickshire commencing on 1 April 2021.

- Next steps for merger, comprising appointments of chief officers, governing body members and all staff would TUPE transfer into the new organisation.
- Future landscape for health and social care. A government whitepaper recommended that the NHS and local government come together legally as part of integrated care systems (ICS). A single merged CCG across the area would assist and ongoing development of Place allowed local decision making and accountability within an ICS.

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

- The impact on procurement arrangements for the merged CCG. There would be no immediate changes, but with the government whitepaper, new procurement regulations would be introduced.
- The reorganisation of staffing in the new CCG and potential for redundancies. No redundancies were anticipated at this stage. A management cost reduction had already taken place and a wider reorganisation would take place as part of the move to the ICS, although for most staff, there would be no significant changes.
- A member spoke of the lengthy endeavours to secure a new GP surgery for their division. This had been delayed by continual structural reorganisations. There were frustrations as communities needed the infrastructure and the land and funding had been earmarked. One of the benefits of the merged CCG would be the bringing together of expertise to manage GP estate and infrastructure changes. Later in the debate, a request for the new organisation to meet with the councillor to progress provision of this surgery.
- A member had attended two virtual CCG meetings recently and commented on the different approaches in terms of public engagement. With the new CCG covering a larger geography, meetings should continue to be held online, adopting best practice to encourage public involvement. These points were noted. There was a commitment to ongoing engagement, hearing patient and public voice for example on commissioning intentions.
- Councillor Longden voiced his concerns about the CCG merger, considering that the north of Warwickshire would receive poorer services and the area already had health inequalities. Anna Hargrave offered to speak with Councillor Longden, whilst acknowledging his view. She referred to the previous discussions at this committee to explain the benefits of the merged CCG and offered to provide a briefing. Councillor Longden acknowledged the offer but advised he would not be a councillor for much longer.
- Councillor Caborn welcomed the move to a single CCG and that staff were being retained, speaking of the opportunity for joint working across health and social care.
- Further information was sought about the new ICS. This would be a new statutory organisation taking on many of the functions of the CCG and other functions, although the detail was awaited. Preparatory work was underway to move to the ICS and complete a staffing review simultaneously, to avoid the need for staff to go through two separate reviews.
- Clarification was sought on the benefits of having a single CCG in moving to the ICS. Other CCGs that were still to merge would have an additional process to complete in the same timescale. There were benefits of scale, reference also to the change management processes in place, strategic planning and the four 'places' established. This would enable resources to be aligned over the next year alongside work with local authority partners.
- A view in support of the proposals, the need for the new arrangements to embed and for organisations to work together.

- A lot of time had been spent discussing the CCG merger. There were concerns regarding health inequalities especially in the north of Warwickshire, which should have been a key focus and priority for the committee. Anna Hargrave confirmed that a lot of work was taking place on health inequalities, referring to covid, health needs assessments and identifying priority groups. These could be communicated to the committee or to the planned task and finish group. The new CCG and subsequent ICS would need to focus on health inequalities in a more robust way. The member reiterated that health inequalities had been an issue for many years. A further view that results were needed to demonstrate that health inequalities were being tackled.
- Via the chat dialogue, a comment that the Health and Wellbeing Board was addressing health inequalities through a clear strategy and implementation by all bodies involved in it.
- A comment that Healthwatch would be seeking assurances that patient voice would be heard at ICS, Place, PCN and practice levels. The arrangements would need to be both robust and transparent if they were to be effective.
- Later in the agenda was an item on the review of scrutiny. There should be consideration of how this committee works with organisations.
- Health inequalities was a considerable issue. It was important for the committee's work programme to be focussed on such key areas. In response, a point that tackling health inequalities required a partnership approach, rather than being an issue just for the NHS. For example, the focus could be on wider determinants of health. There was a scrutiny role to look at the partnership response.
- There were many issues to address and it was important to focus on solutions.
- Thanks were recorded to the CCGs and to all NHS staff for their response to the pandemic.

Resolved

That the Committee notes the update and thanks the CCG representatives for their attendance and for responding to the committee's questions.

6. West Midlands Ambulance Service

The Chair introduced Mark Docherty, Director of Nursing, Quality and Clinical Commissioning at West Midlands Ambulance Service (WMAS). He in turn introduced Pippa Wall, Head of Strategic Planning and presented an information pack to the committee covering the following areas:

- Firmographics (background on WMAS)
- The WMAS vision and strategic objectives
- Coventry and Warwickshire activity (incidents) comparison 2019/20 and 2020/21, across each CCG area and for the trust as a whole
- Performance data on response times for each of four categories, by CCG area and in total for WMAS
- Call answering time data
- Conveyance rates
- Hospital handover trend data for each of the three hospital trusts, including handovers in excess of one hour, with a comparative slide for WMAS as a whole
- Daily Covid test data

- Examples of PPE and commentary on the initial problems with the quality of some PPE supplies
- 111 service activity
- Winter initiatives
- COVID (including staff increase)
- Issues identified from the beginning of the Covid-19 pandemic
- Continued changes in working practice
- Financial implications
- Staff health and wellbeing, including testing arrangements
- Covid-19 second surge and winter flu
- New ways of working
- Vehicle data, including the first all electric emergency ambulance in the country
- Saving more lives – public CPR training and defibrillators
- Maternity developments
- Quality account priorities for both 2020/21 and 2021/22

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

- A question on the WMAS staff training arrangements. WMAS employed trainee paramedics, providing in-house training and also employed graduates. A four-year masters' degree course would launch later this year, where the qualified students could then work either as a paramedic or in primary care.
- Chris Bain reported concerns about people delaying seeking NHS support due to covid fears and then presenting in worse health. A further concern was increases in patients with mental health illness. An audit had taken place using data on stroke and heart attack patients. In the early phases of covid, there was no such evidence. More recently and through other studies evidence showed people were delaying seeking medical help. On mental health, there was evidence of more people in crisis, suicide cases were increasing, as well as domestic violence and impacts for children too. There were many contributing factors for some people currently. Chris Bain agreed that a system response was needed.
- A comment that previously WM ambulances were directed to bypass GEH and go straight to University Hospitals Coventry and Warwickshire (UHCW). The instruction to WMAS staff was to go to the nearest appropriate hospital. Some district general hospitals may not have the same range of expertise for serious paediatric issues, stroke, heart attack or major trauma and WMAS accessed the most appropriate hospital in those cases. Speed of access and logistics also affected the decision on which hospital to transport the patient to. This was supported in the meeting chat by David Eltringham confirming that GEH did not take ambulance borne children, because there were no Paediatric in-patient facilities for them.
- Hospital handover issues and questions about the protocols in place. If speedier handovers took place, it would improve ambulance response times. There was a national group looking at this issue, which had been highlighted by covid. Ambulances were not designed to be static, having no heating, ventilation or toilets. This issue had been addressed positively by the hospitals serving Warwickshire. Where ambulances were delayed at hospitals, they could not respond to other calls and patients could suffer. This was an area of continuous effort by WMAS.
- A question on cross border issues and mutual aid arrangements from neighbouring areas. Mark Docherty outlined the hub model of service provision. Ambulances were only at the hub when they were being serviced and restocked. They were located to meet service

demand and could travel many miles during a shift. There were regular reviews of resource needs. He also spoke about mutual aid arrangements and generally the help from WMAS to others was more than that received from neighbouring services. There were additional challenges for rural areas in terms of where to locate crews between calls.

- A further aspect discussed was the helicopter support run by charities, but with close involvement from WMAS. This included the collaborative approach to providing clinical staff for some areas and advantages to them being independent. In the West Midlands there was access to five helicopters. It was noted that the pandemic had impacted on fundraising for the charities.

The Chair thanked Mark Docherty and Pippa Wall for the presentation, asking that thanks be passed to all the WMAS staff for the services being provided under difficult circumstances.

Resolved

That the Committee notes the presentation.

7. Covid-19 Update

Dr Shade Agboola, Director of Public Health gave an update to the Committee. Nationally, the number of covid cases was reducing. The West Midlands (WM) had the highest rate in the country and the current position was 195 cases per 100,000 (100k) of population. This was reduced from 218, with the rate across England being 148 per 100k population. A breakdown was provided of the rates across different parts of the WM. The lockdown was working, but at a slower rate than in the earlier phases of the pandemic.

Warwickshire was the second lowest area of the WM region at 143 cases per 100k population. Data was provided for each district and borough area showing a downward trend. The positivity of test results was also reducing. An update was given on the testing arrangements over six sites in the County, with over 70k tests having been completed to date.

Reference to the workplace offer for self-led testing and the support available to Warwickshire businesses. A national business offer targeting companies with over 50 employees was also available. The number of outbreaks in care and workplace settings was reducing. However, once an outbreak had established, it was difficult to control. This was also the case in office settings. A presentation had been developed for companies to deliver training to their staff. There were key messages around contact tracing and encouraging measures more stringent than the national guidance.

Reference to the new variants of Covid and surge testing to identify cases of the South African, Brazilian and other new variants. The Kent (UK) variant was the predominant one and was more transmissible. There were concerns that it could mutate. In the region, three areas had been involved in the surge testing and no cases had been found. From sampling of test results in Warwickshire, no variants had been identified. However, preparations were being put in place to respond, should variant covid cases be identified.

The following questions and comments were submitted:

- A question on the contribution that vaccinations were making to reducing numbers of new cases. There were cautious perceptions on the contribution that vaccinations were having on the reduced rates, but the evidence of this was awaited.
- A point on the consistency of advice given to people when being vaccinated, to continue to observe the safety measures. This was an issue of quality control, as messaging should be provided. Alison Cartwright confirmed that vaccination reduced the impact of Covid, but it could still be caught and transmitted. She agreed to raise this concern with all vaccination centres. A contrary view from other councillors, that excellent information had been provided when they had been vaccinated.
- It was reiterated that there had not been any covid variants identified from the random samples of tests taken.
- Further information was sought on the national approach to assess the impact of the vaccinations on the reduction in covid cases. Shade Agboola hoped it was a combination of vaccinations, testing and people observing the guidance that was reducing case numbers.

Resolved

That the update is noted.

8. Update on Scrutiny Review

Nichola Vine, Strategy and Commissioning Manager for Legal and Democratic Services introduced this item, which reported on an independent review of the Council's overview and scrutiny function. Dr Jane Martin CBE was appointed to provide advice upon appropriate principles for scrutiny in light of the statutory guidance, key opportunities to improve upon our current ways of operating scrutiny, and how WCC might move forward to develop its scrutiny approach to deliver on the Council Plan and objectives.

The review document was circulated with a summary of key issues in the covering report. This outlined how the review was undertaken through
a series of remote interviews and a desktop analysis of past scrutiny documents. The feedback was positive, highlighting examples of good practice. However, there was a conclusion that the scrutiny function needed to be reinvigorated and a principles-based approach was recommended.

The report set out the opportunities for improvement and focussed on a series of principles that would drive the refreshed approach. These were summarised within the report. The recommendations reached in the review were:

- The Council should relaunch the scrutiny function, championed by the Leader and Cabinet, with a corporate 'common purpose' WCC scrutiny guide setting out the ambition and expectations for the function.
- Create greater alignment with corporate objectives by restructuring scrutiny committees in parallel to foster greater scrutiny of corporate
themes and objectives and corporate performance.
- Provide recognised authoritative leadership and direction for the scrutiny function by creating a new role of Chair of Overview and Scrutiny to chair a new Overview and Scrutiny Panel comprised of all scrutiny chairs.

- Greater use of virtual meetings technology and, where appropriate, social media to engage the public, service providers and external partners and encourage elected member active participation.
- Consider creating a dedicated team of overview and scrutiny officers resourced adequately, to provide data and information, advice and support to O&S chairs and members.
- Review the timetable for scrutiny committees to ensure meetings were held at the optimum time and allowed for greater meeting and agenda flexibility and greater use of task and finish groups for scrutiny work.
- Making use of virtual technology, in-house training and briefings should be provided for scrutiny chairs and members on appointment and ongoing, including subject updates as required and skills development.

Further sections reported the financial and environmental implications of this item, together with the corresponding reports being considered by the other overview and scrutiny committees. Thereafter, officers would prepare an implementation plan for discussion and a report to Council post-elections with recommendations for implementation.

The Committee considered and commented on the above recommendations and the detailed review document, also considering a series of question areas within the report:

- The Chair suggested that members consider the report and submit their views to Democratic Services, in order that he could consider them and formulate a committee response.
- The report was welcomed. Whilst this committee undertook external scrutiny, it should also have more of an internal focus, for example reviewing future cabinet decisions, which could provide for pre-decision scrutiny. This needed effective timing of meetings to dovetail the scrutiny process prior to cabinet meetings.
- A query on the recommendation for an overview panel of chairs, asking how this would improve the scrutiny function. The idea was to enable chairs to discuss cross cutting issues and how best to respond to them or coordinate activity efficiently. The Chair noted that there were joint committees where required for such cross cutting issues. He shared the reservations raised and would like to see evidence of how this would improve scrutiny.
- A view that the Chair's role could include dialogue with other scrutiny chairs, rather than creating another committee.
- There were capacity issues within Democratic Services to support the scrutiny function effectively. A preference to retain an allocated Democratic Services Officer, rather than splitting the role between a scrutiny officer and a democratic officer.
- The scrutiny function needed to follow corporate priorities and so a realignment should be undertaken.
- There was a need to look at work programming, work with partners and to ensure that the programme was more front facing.
- A need to provide a higher profile for scrutiny work on the county council website, to assist the public in finding current work, such as task and finish groups. The member felt this was an area for improvement.
- This Committee has a statutory duty for health scrutiny and so was unlike other scrutiny committees. A key area was holding the Health and Wellbeing Board to account.

- Further explanation and examples were sought of the proposed methods of working. In some quarters, there were perceptions that scrutiny could be critical. Better scrutiny work could be achieved through working together with a positive 'can do' approach.
- It was noted that the statutory aspects would be fed into the final proposals, alongside the feedback from committees.

The Chair asked all members to submit their views to Democratic Services. These would be collated and considered by himself to formulate a committee response. He asked members to submit their views within two weeks. The final proposals would be submitted to members post-election. The Chair welcomed the report and saw the potential for further improvements.

Resolved:

That Committee members submit their comments to Democratic Services within two weeks, in response to the findings of the independent review into Overview and Scrutiny.

9. Work Programme

The Committee reviewed its work programme. Reference was made to a recent member briefing on the Home Environment Assessment and Response Team (HEART). The Chair had requested that a briefing paper be provided for members.

The Agenda content for the next meeting would be considered at the party spokesperson meeting.

Resolved:

That the work programme is noted.

Councillor Wallace Redford
Chair

The meeting rose at 1pm

Appendix 1 Question Submitted by Cllr Helen Adkins

Warwickshire County Council: PUBLIC INFORMATION ABOUT MASS TESTING using Lateral Flow Tests.

1) Warwickshire is conducting mass testing using the Innova Lateral Flow Tests.

However, it is not giving the public proper information about the limitations of the tests.

Those who have taken the test report the following text message if they have a negative test result: 'it's likely you were not infectious'. It then sets out the usual advice around hands, face, space. It does not specify the actual inaccuracy risk.

2) However, as the Guardian reports on results of the Liverpool mass testing:

'...tests in the field missed 60% of infections in people who were self-swabbing. It should be easier to detect infections in people with high viral loads but they missed 30% of those'.

https://www.theguardian.com/world/2021/jan/28/how-uk-spent-800m-on-controversial-covid-tests-for-dominic-cummings-scheme

Warwickshire appears to be among the local authorities that the BMJ found is not giving proper information about the limitations of the LFTs:

'Only a third of local authorities that are rolling out lateral flow testing have made the test's limitations clear to the public—including that it does not pick up all cases and that people testing negative could still be infected, an investigation by *The BMJ* has found.

A search of the websites of the 114 local authorities rolling out lateral flow testing**1** found that 81 provided information for the public on rapid covid-19 testing. Of these, nearly half (47%; 38) did not explain the limitations of the tests or make it clear that people needed to continue following the restrictions or safety measures even if they tested negative, as they could still be infected.

Although 53% (43) did advise people to continue to follow the current measures after a negative result, only 32% (26) were clear about the test's limitations or its potential for false negatives. The advice the websites gave to the public about a negative test result ranged from "A single negative test is not a passport to carrying on your daily life 'virus-free' . . . don't let a negative covid-19 test give you a false sense of security" to "It is good news that you don't have the coronavirus."

On 10 January England's health secretary, Matt Hancock, launched the drive for local authorities to test asymptomatic people who cannot work from home, to try to halt the spread of the virus.But many public health experts are concerned about false reassurance from mass testing.

Studies have shown that, while false positives are rare with the commonly used Innova lateral flow test, false negatives are much more common. Results from Public Health England showed that the test's overall sensitivity was 76.8%, meaning that 23.2% were false negatives. Sensitivity dropped to just 57.5% when carried out by self-trained staff at a track and trace centre.

https://www.bmj.com/content/372/bmj.n238

Warwickshire does no more than advise on hands, face, space, i.e. follow the current measures. But it does not provide the figures regarding false negatives. This omission leaves a false re-assurance that negative results mean they are not infectious.

Can WCC ASCHOSC consider this evidence and draw this to the attention of WCC Director of Public Health. In doing so might it press her to improve its messaging, provide clear statistics on risks of false negatives, and explain exactly that a negative LFT does not mean a person is not infectious. Saying they are 'not likely to be infectious' is misleading.

Cllr Helen Adkins
County Councillor, Leamington Willes Ward
Leader of the Labour Group, Warwickshire County Council

Response from Dr Shade Agboola, Director of Public Health

The BMJ article states the following:
Only a third of local authorities that are rolling out lateral flow testing have made the test's limitations clear to the public—including that it does not pick up all cases and that people testing negative could still be infected, an investigation by The BMJ has found.

A search of the websites of the 114 local authorities rolling out lateral flow testing found that 81 provided information for the public on rapid covid-19 testing. ***Of these, nearly half (47%; 38) did not explain the limitations of the tests or make it clear that people needed to continue following the restrictions or safety measures even if they tested negative, as they could still be infected.***

Warwickshire County Council makes this clear as evidenced below:
The box below summarises the information that people receive when they book a Lateral Flow test via our Eventbrite Booking page. Individuals interested in a Lateral Flow test are urged to read the information on the webpage before booking.

Introduction
Please see our dedicated webpage for details about lateral flow testing, who we are targeting, the testing process and what your results will mean, as well as how your data will be handled.

It is very important you read the information on the webpage before booking, as you will be asked to confirm you have read it.

Please do not attend a lateral flow test site if you:
• have coronavirus symptoms (new persistent cough, high temperature, change to your sense of taste or smell)
• are isolating for 10 or 14 days because you or a close contact has symptoms
• have been advised to avoid non-essential contact

Booking Enquiries
Please email rugbycommunitytesting@warwickshire.gov.uk

Please note
This booking is only for your testing slot. When you arrive at the test site you will need to register your details on the NHS Test & Trace system in order to receive your test results.

Clinically extremely vulnerable people
If you are clinically extremely vulnerable, you should remain at home shielding and not attend for lateral flow testing.

If you are clinically extremely vulnerable or mask exempt and you judge you need to attend for a test, please identify your status to the queue manager.

When people click on the link above for dedicated webpage, they are given the information below

After you receive the test result

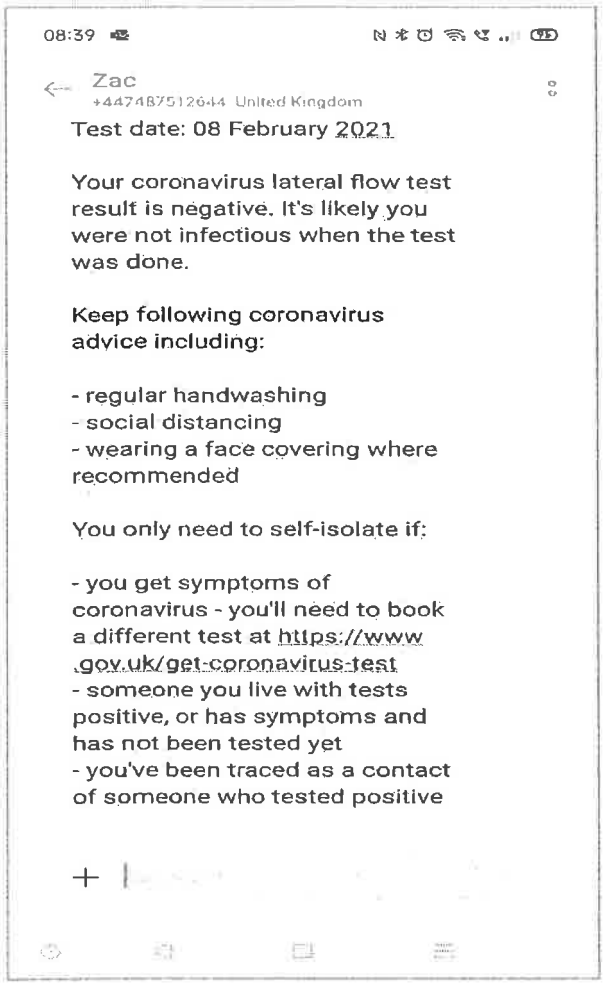
Positive result

- If your test is positive, you will need to return home (not using public transport) and isolate with your household members.
- You will need to isolate for 10 days (and until well and fever-free for 48 hours). Your household will also need to isolate for 10 days.
- Your close contacts will need to isolate for 10 days
- Routine confirmatory NHS swab tests will be retained for those who self-report, including NHS staff, adult social care staff, primary school teachers and hauliers. Book NHS swab tests online or book by calling 119.

Negative result

- If you test negative you do not need to isolate
- You will need to continue to follow the guidelines of hands, face, space and keep contacts to a minimum
- Ensure that you get tested weekly at one of our six test centres
- Please continue to be vigilant and follow national guidelines. if you develop any of the COVID-19 symptoms, ensure you book a test online via the NHS or by ringing 119.

The information provided from NHS Test and Trace following a negative test result is below:



This information is in line with national guidance – a negative result means that the individual was likely not infectious at the time the test was taken.