STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL

HEALTH OVERVIEW & SCRUTINY PANEL MEETING

Minutes

WEDNESDAY, 22 JULY 2020

PRESENT: Councillor B A Hughes (Chair)

Councillors C J S Atkins, M Bowen, B Cawley, M A Deaville, K Flunder, M Gledhill, G Heath, I Herdman, T Holmes, K Hoptroff, K J Jackson, J T Jones, L Page, S E Ralphs MBE, T Riley and L Swindlehurst

IN ATTENDANCE: Councillor A White – Chair SCC Health & Wellbeing Committee
Dr. Richard Harling – SCC
Mr. M Trillo - Executive Director SMDC
Mr. A Stokes - Acting Chief Executive Officer SMDC
Mrs. T Cooper – Head of OD & Transformation SMDC
Mr. L Vernon - Senior Officer, Governance & Member Support
Mr. P Trafford - Democratic & Community Services Officer

78 **COVID-19 LOCAL OUTBREAK CONTROL PLAN**

Councillor Hughes introduced the 2 attendees from Staffs County Council – Cllr. Alan White (Cabinet Member for Health & Wellbeing) and Dr. Richard Harland and asked that questions be reserved until the end of their presentation.

Cllr. White thanked members for the invitation to address them, stating that the information to be imparted was needed to understand what was going on.

Dr. Harland introduced a presentation detailing the Local Outbreak Control Plan. The current rate of new infections per day stood at 10 per day. There were 3 potential scenarios:-

1. Best case (Green) – low level of transmission with occasional outbreaks (Care Homes, Schools, Businesses or defined small communities);
2. Middle case (Amber) – Extended community transmission in particular areas of the country requiring a local lockdown;
3. Worst case (Red) – Extended community transmission across the country requiring a national lockdown.

There were 7 elements to the control plan:-

1. Surveillance;
2. Identification of outbreaks;
3. Response;
4. Management of outbreaks;
5. Governance;
6. Communications;
7. Local lockdowns.

There were currently 70 to 80 outbreaks across the county.

The National Contain Framework gave 4 areas:-

1. Areas with low levels of COVID-19 infections;
2. Areas of concern;
3. Areas requiring enhanced support;
4. Areas of intervention – Leicester was the 1st example of this.

Cllr. White confirmed that he was the Chair of the Local Outbreak Control Board (LOCB). He encouraged local-led solutions where possible.

Members raised queries as follows *(Responses in brackets)*:-

- Has Staffordshire used the new legislative powers allowing for national support? *(Not yet, the main concentration so far has been in the North West);*
- Low numbers of infection could lead to complacency, requiring a balance to be struck. *(This was a careful balance – so far under control due to compliance. Clear need to remind.)*
- 3 out of 4 pubs visited were using the 'Track & Trace' system. Any resources available for spot checks?*(This worked to about 50 – 65% efficiency. SCC could help when notified of areas of non-compliance. Resources were coping so far, with specific outbreaks ongoing.)*
- How was Care Home testing progressing in terms of receipt of results? Were there plans to state the person's ethnic background in the results? *(Residents were tested 4 weekly, staff weekly. SCC were still not receiving results directly, they were having to contact the Care Home – a cumbersome process. Ethnicity was starting to be seen, though this was not complete. It was important to tailor any responses to the circumstances.)*
- Could the information in the presentation be passed on to Town / Parish Councils? *(We're working on making part of it public.)*
- As a way of alleviating anxiety in the elderly, when would testing of the over 65's start? *(There was no intention to 'mass test'. Given the limitations of testing and the changing picture, this may lead to increased anxiety. It was still not known whether the presence of antibodies equated to immunity. There was only a slim chance of having a vaccine available this year.)*
- Were carers in the community being routinely tested? *(No. If they went 7 days without symptoms after contacting someone with COVID they were able to return to work.)*
- Was there any correlation to occupation amongst those infected – ex miners for example? *(Caution was needed regarding medical confidentiality. A correlation was clear in a higher risk of health complications in lower income areas due to the poorer health level. Also, more densely populated areas carried a higher risk.)*
- With pandemics historically such as Spanish Flu, the 2nd wave was the real killer. What preparations were being made for that scenario? *(There was anxiety for the oncoming winter. Vaccines were available against Flu but not COVID. Hospitals were being made ready. The situation was very uncertain and being closely monitored. There was a clear need to encourage people to eat healthily and lose any extra weight.)*
- Cllr. Mark Deaville emphasized the 3 main roles of the local members in assisting the LOCB – a) give assurance, b) pass down information, c) feed

back to the LOCB. He confirmed that Cllrs. Atkins Jones and himself would act as a conduit for information in either direction. *(Cllr. White confirmed the importance of local information.)*

- Was it worth getting the Flu vaccine early, as there appeared to be insufficient stocks to do so? *(Supplies of the vaccine were controlled nationally – SCC had no influence over this.)*

Cllr. Ralphs confirmed the importance of good communication. Whilst it was likely to be 1 – 2 decades before we could stop being frightened about COVID, it was also important to convey a message of hope and reassurance, particularly about visiting hospital.

In conclusion, the Chair thanked Cllr. White & Dr. Harland for their contributions and affirmed that it was up to elected members to reassure residents.

The meeting closed at 8.30 am

_____Chairman _____Date