

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 24 MARCH 2021

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 24 MARCH 2021 AT 1400 HOURS ON-LINE

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Chief Superintendent Stephen Graham, West Midlands Police
Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and
Deputy Chair of the LCOEB
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Councillor Brigid Jones, Deputy Leader of Birmingham City Council;
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the
LCOEB

ALSO PRESENT:-

Richard Burden, Chair, Healthwatch Birmingham
Gary James, Operations Manager, Environmental Health
Sharne Maher, BVSC
Julia Dule-Macrae,
Daragh Fahey, Assistant Director, PIP
Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

137

The Chair advised, and the Committee noted, that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 138 Apologies for absence was submitted on behalf of Mark Croxford (but Gary James as substitute); Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs; Elizabeth Griffiths, Assistant Director of Public Health and Stephen Raybould, Programmes Director, Ageing Better, BVSC (but Sharne Maher as substitute)
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DECLARATIONS OF INTERESTS

- 139 The Chair reminded Members that they must declare all relevant pecuniary and non-pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the Minutes of the meeting.
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WELCOME AND INTRODUCTIONS

- 140 The Chair welcomed everyone to the Local Covid Outbreak Engagement Board meeting.
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MINUTES

- 141 **RESOLVED:-**

The Minutes of the meeting held on 24 February 2021, having been previously circulated, were confirmed by the Chair.

REVIEW OF LOCAL OUTBREAK MANAGEMENT PLAN

- 142 Dr Justin Varney, Director of Public Health introduced the item and advised that the Department of Health had requested that the Local Outbreak Management Plan be updated. He added that this was a rapid piece of work to meet the Department's timeline. Dr Varney then drew the attention of the Board to the information contained in the slide presentations.

(See document No. 1)

The Chair commented that as part of the presentation this had been truly an extraordinary year and expressed thanks and appreciation to everyone who had been working to get us through this pandemic over the last 12 months.

The Board noted the presentation and agreed to endorse the Local Outbreak Management Plan.

COVID-19 SITUATION UPDATE

143

Dr Justin Varney, Director of Public Health introduced the item and drew the attention of the Board to the information contained in the slide presentations.

(See document No. 2)

Councillor Tilsley referred to the *Top Ten Case Rates by Ward* on page 6 of the slide presentation and commented that the statistics were of concern particularly with Shard End and Garretts Green which had seen a spike. Councillor Tilsley added that his own statistics over the past fortnight in Sheldon had remained the same, but there was a meeting point – the Radley’s Shopping Centre. As Dr Varney would be aware, we had a number of comments from the mail out that he did on a weekly basis as a Covid Marshall and as a result of that the Covid Marshalls visited the Radley’s Shopping Centre on Monday and gave him a detailed report which he will share with the Chair outside the meeting. Councillor Tilsley reiterated his concern that he had seen doubling the statistics of cases in Garretts Green seeing it was a small Ward.

The Chair commented that the figures were worrying for this part of Birmingham and what was not seen in the statistics were the numbers for north Solihull.

In response to the questions and comments, Dr Varney made the following statements:-

- I. It was a reminder to everyone who was watching that these numbers could go up. The way this virus spreads was through people not following the rules – hands, face, space.
- II. There were concerns that there were case rate rises in north Solihull and that the intelligence Public Health had from that was that there had been cases where families had stayed overnight, particularly children staying overnight outside of their childcare bubble which had led to transmission.
- III. What Public Health was seeing in east Birmingham was a slightly different picture from north Solihull in that the case rate had been rising more in the 20 – 35 year olds rather than in children per se, whereas in north Solihull they had a rapid increase in primary school children.
- IV. Some of this was about families and some was also about social interaction outside of the house and between households.
- V. It was an important reminder that people needed to follow those recommendations and guidelines. If we could not get these numbers under control, we may have to do more enforcement and a much tighter regime in specific parts of the city to try and get things under control which would be unfortunate.
- VI. The ask was for everyone in these parts of the city to take this as a warning. We had seen how areas like Alum Rock, Aston and Lozells had taken the challenge and agreed that as a community they needed to own this and respond to it.
- VII. Public Health will be doing more work over the days and coming weeks particularly in Shard End to pick this up and address this and to see what

Local Covid Outbreak Engagement Board – 24 March 2021

more could be done to support local communities to own this challenge and take control of the situation.

Dr Varney then continued the slide presentation.

The Chair commented that it was good news that case rates were coming down particularly in the over 60s age group. The Chair added that we could not afford to drop our guards as we were not through this yet and we needed to continue to encourage people to come forward and take the vaccination as this was ultimately the way out of the situation.

Councillor Brigid Jones, Deputy Leader reiterated that in relation to the vaccine it was fantastic news that approximately half of the adult population had received the first dose of the Covid vaccine, but half of us had not yet received the first dose and may still be waiting months for it. Councillor Jones added that she had noticed that people were starting to relax more recently and feeling that they could break the rule a bit because they had a jab. Councillor Jones reminded everyone that we could not break the rules as we were still not immune if we had the jab and if we had both doses, we were still not immune from catching Covid. The people around us were probably had less immunity than us if we had one or no jabs. That everyone should get the message that half the adult population plus the children had not had the vaccination and were still vulnerable to this disease and it was no time for us to be letting our guard down.

That the Board noted the presentations.

VACCINATION ROLLOUT AND UPTAKE

144

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG and Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG presented the item.

Mr Jennings then drew the attention of the Board to the information in the slide presentation.

(See document No. 3)

Dr Aslam then highlighted a couple of things that were in the news last week that:-

- a. There were problems with some of the vaccine and there were media interest in the AstraZeneca vaccine around clots.
- b. A report from the United States of America had this week stated that of 32,000 patients showed that the AstraZeneca vaccine was 100% effective at reducing hospitalisation and severe illness. 79% effective at reducing symptomatic illness. It was a good vaccine.
- c. In the study of the 32,000 patients they did not find any or an increased risk of clots in any of those patients. This was a safe vaccine and based on the evidence it was better than the other vaccines. If you wanted a vaccine, we had lots of it, it was available so take the vaccine.

Local Covid Outbreak Engagement Board – 24 March 2021

- d. The AstraZeneca vaccine was good for you and it came with the NHS approval and had been approved by a variety of regulators around the world. We did have some issues with people booking but not wanting to have the AstraZeneca vaccine and it was hoped that this evidence now would help them to make a decision as the vaccine will save lives.
- e. In the Black Country and West Birmingham we now had a programme to vaccinate multigenerational households. So households that had any patients or any people that were in cohorts 1-9 could get vaccinated. This did not just apply to one house it applied to bubbles of people.
- f. We had a conversation with the Bangladeshi community who had highlighted some areas where they were concerned about the access to vaccination. They had coordinated themselves to have some questions at the CCG. They had set up a Call centre and had 400 people booked in themselves to come and have the AstraZeneca vaccine.
- g. They had given us the Bangladeshi Centre on Victoria Road in Lozells and they started their vaccination centre today. They had raised the issue with us 10 days ago and today they had vaccinated 100 people. It was phenomenal that we were able to be as flexible as we needed to, to meet the needs of our communities.
- h. A lot of those people were called by their GPs to ask if they wanted the vaccination and had refused/declined and when they had conversations with their own community, they realised that they were converted. It was a trusted source of information which was important as was highlighted by Dr Varney earlier.
- i. The Bangladeshi Centre today, next week we will do Lozells Methodist Church and will target the African and Caribbean community which also had an uptake that was slightly challenged and the Nishkam Pharmacy that was delivering vaccinations from Soho Road.
- j. There were a variety of options – the mass vaccination sites and the pharmacies could be booked if you booked through the national vaccination service by ringing 111 and the GPS could book you into the local vaccination sites as well.
- k. There was capacity and there was sit in the Black Country and West Birmingham 100,000 people that fits into the cohorts we would like to vaccinate some of whom were difficult to convert from not wanting a vaccine, but we think that a significant proportion of them do want the vaccine.
- l. If you do want the vaccine it is our responsibility to ensure that access was not difficult for you and we would ensure that we do all we could to support that.
- m. In terms of care homes the vaccine had made a great deal of difference as we only had 2 Covid outbreaks across the Black Country and West Birmingham now bearing in mind that number was close to 100 earlier in the year. It was making a difference, it was saving lives, and the vaccination programme was the right thing to do.

The Chair commented that he had spoken to someone two Fridays ago who had Covid-19 last summer who had described to him what he went through when he had the virus which was truly awful. The Chair stated that he would not like to go through anything like that and as stated earlier he had had the AstraZeneca vaccine and was grateful to the NHS for that and was looking

Local Covid Outbreak Engagement Board – 24 March 2021

forward to getting the second dose in due course. Even though there had been stories in the press, what was known beyond and above that was that vaccines worked and do save lives and this was a vaccine that worked and will save lives.

Richard Burden, Chair, Healthwatch, Birmingham raised the issue of vaccination websites and that both the Black Country and West Birmingham and Birmingham and Solihull both of which had really useful information for residents including local vaccination sites and hospital hubs. The problem was that residents were not necessarily know whether they were in Birmingham and Solihull CCG area or the Black Country and West Birmingham CCG area. The danger was if they go onto the site and quote the wrong one they would not necessarily see any information that applied to them. Mr Burden suggested that information for Birmingham be shared across both websites whether it be the Black Country and West Birmingham CCG area or whether it be the Birmingham and Solihull CCG area. If this was not possible for information to be shared on both that links be put on those websites for residents one to the other.

Mr Jennings advised that this could be done. Dr Aslam stated that if there was any confusion to book you vaccination, people could ring 119 who could book you into the appropriate vaccination site as they had access to pharmacies which they were expecting to roll out in larger numbers. The information on the website could be made consistent.

The Chair thanked Mr Jennings and Dr Aslam for their presentation and requested that they take back the Board's thanks to the NHS for everything they had done over the last 12 months and were continuing to do to keep us all as safe as we could be.

The Board noted the vaccination rollout update.

ENFORCEMENT UPDATE

Gary James, Operations Manager (H&S Lead), Environmental Health, Neighbourhoods and Chief Superintendent Stephen Graham, West Midlands Police presented the item. Mr James drew the Board's attention to the information contained in the slide presentation on *Covid Marshall and Enforcement Update*.

(See document No. 4)

The Chair commented that as the restrictions were eased and we go through the roadmap out of the lockdown the Regulations around *hands face space* were going to remain in place so we will need to continue to follow that guidance as we come out of the lockdown.

Chief Superintendent Graham then drew the attention of the Board to the information contained in the report on *Enforcement and Associated Activities Around Coronavirus* with particular emphasis on the information on pages 257 - 258 of the Agenda Pack.

(See document No. 5)

The Chair referred to the demonstrations and gatherings that were unlawful and commented that the West Midlands Police reaction to the gatherings that took place in Victoria Square on the 13th March 2021 was exemplary as it was a low key approach. He added that it was the correct approach and we did not experience the kind of problems that was witnessed in London and what was seen in Bristol.

145

RESOLVED: -

That the Board noted the reports.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

146

The Chair introduced the item and advised that there was no questions from the public for this meeting.

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health presented the item and drew the attention of the Board to the key information contained in the report.

(See document No. 6)

Dr Varney stated that each time Public Health did the budget report, usually about two days before it was completed, we suddenly got told that the Government was giving us some more money. As a result, we had a sizeable unallocated budget. However this had been useful and prudent as it allowed us to have certainty that we could resourced the capacity to deliver the Local Outbreak Management Plan (LOMP) over 2020/21 and 2021/22 for the duration of the financial year. This had also provided some certainty both to the specialist Public Health capacity we had created and also to the additional enforcement capacity that colleagues from Environmental Health took us through. We were reprofiling the budget for that £20m to allow us to be confident that we could support the totality of the 2021/22 financial year and be robust in our continued response to Covid-19.

Dr Varney then drew out the rational as to the reason there was a large unallocated sum and that the significant underspend of the budget was due to several things happening:

- The Government decided to fund us for asymptomatic testing at a value of approximately £14 per test. They then modified that to take into account all reasonable cost.
- The budget we had created was no longer needed and therefore could be repurposed for the on-going test and trace response. Public Health were successful in our bid to MHCLG to secure additional funding for community engagement. That was used to reduce the pressure on communications and engagement budget by £440K.

Local Covid Outbreak Engagement Board – 24 March 2021

- We also received additional funding for Operation Eagle which we were not anticipating.

Dr Varney advised that the forward budget plan would be submitted at the next Board meeting for 2021/22 which will take into account all of the pressures for next year based on the full delivery of the LOMP. It was expected that the remainder would be allocated and the number would be reduced, but we will have a budget moving forward which would be retained as a contingency budget should the situation changed or accelerated. Throughout this year one of the challenges had been the uncertainty of the budget allocation for the local authorities for the response to Covid-19. We had been judicious in holding money back which was now standing us in good stead to ensure that we could have a robust response for 2021/22

147 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

148 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

149 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 28 April 2021 at 1400 hours as an online meeting.

EXCLUSION OF THE PUBLIC

150 **RESOLVED: -**

That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraph 3 of Schedule 12A.

