

BIRMINGHAM CITY COUNCIL

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| LOCAL COVID OUTBREAK ENGAGEMENT BOARD THURSDAY, 26 NOVEMBER 2020 |
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MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON THURSDAY 26 NOVEMBER 2020 AT 1500 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;
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the
LCOEB

ALSO PRESENT:-

Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC
Elizabeth Griffiths, Assistant Director of Public Health
Dr Mary Orhewere, Interim Assistant Director of Public Health
Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

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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.

The Chair advised that the private part of this meeting will not be needed.

APOLOGIES

- 78 An apology for absence was submitted on behalf of Pip Mayo, Managing Director – West Birmingham, Black Country and West Birmingham CCGs. An apology for lateness was received from Councillor Paulette Hamilton as she had a prior engagement.
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DECLARATIONS OF INTERESTS

- 79 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

- 80 The Chair welcomed everyone to the Local Covid Outbreak Engagement Board meeting.
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CHANGE TO ORDER OF BUSINESS

- 81 The Chair advised that he would take agenda item 7 ahead of the remaining reports.
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ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC introduced the item and drew the attention of the Board to the information contained in the report and the slide presentation entitled *Covid Proactive Patrol Statistics*.

(See document No. 1)

Chief Superintendent Stephen Graham, West Midlands Police then drew the attention of the Board to the information contained in his report.

(See document No. 2)

Chief Superintendent Graham advised that since the first lockdown there had been 198 changes to the rules and regulations which had been a challenge to Mr Croxford and colleagues as well as his officers to try and keep on top of these regulations. Chief Superintendent Graham highlighted paragraph 3.8 of the report in relation to Directions to Leave (DTL).

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The Chair commented that in his view the West Midlands Police (WMP) response to the current crisis was appropriate, balanced and proportionate which was to the credit of the WMP force.

In response to questions and comments, Chief Superintendent Graham made the following statements:-

- a. Chief Superintendent Graham noted Councillor Brigid Jones' query concerning the number of regulations and the amount of notice the Police received regarding new notice coming in and advised that there were 198 regulations, but looking at the law it spoke of the Health Protection Covid Regulations No.4 so people might think that there were only four regulations. Within those four regulations there was just under 200 variations.
- b. In terms of the notice the Police received, the Police usually found out the information from Sky News and they were given a couple of days' notice before the rules were implemented so that when this was cascaded out the Police service nationally could see how it was going to be implemented. The Police got next to no notice.
- c. Chief Superintendent Graham noted Mr Raybould's comment in relation to the data the Board was presented with concerning the high prevalence of the virus amongst the Asian and the Black communities and his request for more articulation as to why the DTL was so heavily levied against the Black community in Birmingham and advised that the Police were not targeting any communities.
- d. Chief Superintendent Graham highlighted that what the Police was targeting was the areas that had a high level of infections, and that what was seen amongst members of the Black and Asian communities was that there were mass gatherings such as weddings whether they were impromptu or otherwise music events. What was happening was that one or two interventions had led to 150 – 300 DTL being issued which generates from one incident from weddings at banqueting centres.
- e. Chief Superintendent Graham emphasised that the Police was not targeting any communities disproportionately but were targeting the places where there were higher levels of infections.
- f. Chief Superintendent Graham noted Councillor Tilsley's comment concerning support and advised that there was a decent level of support from a number of the News networks that had seen the sort of things they were facing. One of the things the Police was doing was to follow up on the blatant breaches and would publicise the Police going into a public house as detailed in Mr Croxford's report.

At this juncture, Councillor Paulette Hamilton made the following comments: -

- 1 That this had been an issue that had been developing gradually before summer. The Police did a wonderful job as they could have handed out fines from May/June because within the African/Caribbean community

and part of the Asian community there were people who refused to believe.

- 2 There were sections of these communities that believed that there was some conspiracy and the level of disbelief and distrust even though they saw the number of deaths, they did not believe these were Covid deaths. They also believed that people were being classed as having Covid when they did not. They also believed that people's rights were impeded. The information within these communities had become *legendary*.
- 3 Councillor Hamilton highlighted that she had undertaken a number of interviews over the last months speaking with a large number of her community in different ways, but they were refusing to listen. That she was of the view that the only way they will listen was by what was happening now. Unfortunately, this was what was needed to be done as it was a small core of people that did not want to change and so they were having wakes and other events as stated by Chief Superintendent Graham that they were wilfully breaking the rules.
- 4 The rules were being obeyed until the Dominic Cummins episode as people were saying *there was one rule for some and one rule for another*. Since the Cummings issue something broke at that point and there was the view that certain groups of society were getting away with breaking the rules and they were just locked in their homes to develop mental health issues. There was a level of distrust of what was being said by politicians and the Police.
- 5 A lot of people from the community respect what the Police and Army were trying to do but there was a level of distrust. It was important to get the message into communities, but it was not that people did not know, but it had gotten to the stage where people were choosing to break the rules. It was about the constant messages that we keep reinforcing to tell the community that when the Government had to do what it had to do to get through the pandemic when economically it was causing devastation in this country and across the world.
- 6 That, if people thought it was being targeted against certain communities they were being misled. In the first wave of the virus it was affecting certain communities disproportionately, but in this wave of the virus, it was proportionate to the communities. She was not saying certain communities were not being disproportionately affected, but what she was saying was people had to start following the rules.

The Chair commented that we all had to continue to follow the rules i.e. the NHS, Police, local authority and any other organisation had to reinforce the message that people have to follow all of the guidance around the rules as the virus was out there and it does kill. This was the case as the virus was deadly if you happen to get it. There was a need to keep people safe and to build this bridge through to the roll out of the vaccination.

That the Board noted the report.

MINUTES

83

RESOLVED:-

The Minutes of the meeting held on 27 October 2020, having been previously circulated, were confirmed by the Chair.

Councillor Bennett referred to the Test and Trace incident with the used swabs and stated that on the radio this morning one of the students that was affected stated that the Council had not apologised. Councillor Bennett stated that he had heard the Chair apologised for the incident in one or two meetings. He enquired whether a personal apology had been given to the persons affected.

The Chair advised that his understanding was that the Interim Chief Executive had written a letter of apology to the students concerned. Dr Justin Varney corroborated that there was an explicit apology to the student in the letter from the Interim Chief Executive.

COVID-19 SITUATION UPDATE

84

Dr Justin Varney, Director of Public Health introduced the item and drew the attention of the Board to the key points in the slide presentation.

(See document No. 3)

The Leader commented that it was not a surprise that Birmingham had ended up in Tier 3 as the data was not showing enough movement in the right direction.

Councillor Paulette Hamilton stated that Adult Social Care had been under a level of pressure that had not been seen before. Although there had not been the level of death that there was in the first wave of the virus, the pressure in Adult Social care was immense. The pressure that was developing in our nursing homes due to the number of people that were developing Covid-19 was also quite high at the moment. Councillor Hamilton further stated that due to an announcement made by the Government to say that they will now be testing people who were in domiciliary care. For carers who goes into people's homes there will be a level of pressure that would develop in this area. At present, just like the hospitals that stated that they were *creaking* and could be at breaking point (not that we were at breaking point), but across the social care system it was *creaking*. It was expected that a large number of carers will go off sick with Covid-19 when testing in that area commence.

The Chair commented that this was a group of staff that were working for the last 7 months plus in a very stressful situation. He added that it was not surprising that that service area was creaking.

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Stephen Raybould welcomed Councillor Hamilton's comment around the testing of domiciliary care workers as this was something in the sector that people were pushing for, for quite some time now despite the workforce changes that that would create. He added that it was equally welcomed the prioritisation of the vaccination of that workforce. Mr Raybould further stated that there were a number of different issues that would feed into the infection rate for Birmingham – contact tracing was different from the regional average and the different forms of non-compliance. He enquired which of these would make the most significant difference if it was increased.

Dr Varney advised that it would make a huge difference with contact tracing if people engaged with the contact tracing system more. What was seen was a mixture of people putting in the wrong information when they registered for a test, the wrong telephone number or the wrong email and people just not responding or answering the phone when they were called. It was known that there were some issues with the national system particularly around children as children was treated exactly the same way as an adult.

Dr Varney stated that understand adults that got fed up by having multiple calls when both children and parents had Covid and they each had an individual call as the computer did not understand that this was a family and the parent cannot answer on behalf of the child. This was one of the things that would be updated and improved, but it was important to emphasised that this was one of the key bits. If we could get better information about everyone who was exposed to a positive case of Covid, we could get them the right information to protect themselves and their families and stop the spread. This virus spread from person to person. We need to break the chain and the contact tracing was a fundamental part of this process. It was hopeful that the national changes to test and trace would improve that contact tracing as it was the key bit of the jigsaw that at the moment was not doing as well as it could.

The Board noted the slide presentation.

UPDATE FROM THE NHS

85 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 drew the attention of the Board to the information contained in the slide presentation.

(See document No. 4)

Dr Aslam made the following statements:-

1. That there were was some reasonably good news and they were cautiously optimistic about the vaccine. That Mr Jennings had highlighted the great work that had been happening in terms of the logistics behind the vaccination programme. We were waiting for the

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regulators to give their approval of the vaccination and then working with NHS England about how we deploy the vaccination programme.

2. This will be a logistical nightmare but it was something that we were able to do and it was important we pursue that as vigorously as we could. There was some optimism as our system had been challenged in much the way as Dr Varney had highlighted the community spread. We have seen a decrease in community spread – example, in Sandwell last week we had around 500 case per 100,000, but today this was about 400 cases per 100,000 which was a significant reduction. The two week lag with community infection and hospitalisation was quite apparent.
3. There were 60 people in critical care and almost 700 people in inpatient bed and almost 250 patients in Sandwell which makes up a quarter of the inpatients we have as sitting Covid patients. We had a significant number of deaths and an increasing number of care home outbreaks.
4. Although the lockdown has helped, we need to be cautious about the opportunities about relaxing and moving into Tier 3 as the Covid will only be increasing in that period if people were not careful so we needed to be mindful about that. We have been progressing as Mr Jennings had mentioned about the flu vaccination. We have been progressing through the vaccination and had relaxed some of the commissioning to general practice so that they could focus on the flu vaccination for urgent care patient and immunisation for children and then whatever the endeavour for Covid going forward.
5. We had recently been given some advice by NHS England about vaccinating the 50 – 64 year olds which was on top of the vaccinations that we would ordinarily be doing for our vaccination programme. This will start at the beginning of next week which will be a gargantuan task. Nationally, we were around 64% of the 65s to be vaccinated.
6. In Sandwell and West Birmingham we were 52% and across Birmingham and Solihull we were only 60%. The numbers were less when you look at vaccinating the under 65 year olds that were at the at risk categories with Sandwell being around 24% and nationally being 30%. These numbers were challenging and we have a month or so to get on top of those vaccination numbers which was important as we cannot afford to have a flu outbreak alongside the Covid outbreak.
7. The likelihood of dying if you have both at the same time was twice as high so it was imperative for people to have the flu vaccine as much as we could encourage people to get vaccinated. It was also known that with the flu vaccination people will need to have the flu vaccination at least a week before they could have the Covid vaccination, but the regulator will give us some more information going forward as people will not be able to have the two at the same time.
8. Depending on the type of Covid vaccine these needed to be based on a month apart so it was important to get the flu vaccination out of the way now so that there was a chance to vaccinate people once the Covid

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vaccination is approved. We were running our health system – our hospitals, general practices and our community services on empty. There was a need to reinvigorate the community to think on the best way to avoid having a complication with Covid and not to have Covid in the first place by taking all the measures alluded to by Dr Varney earlier.

The Chair commented that he would amplify that as the NHS was at the crucible end of this but it was also the frontline care workers operated by local authorities under extreme stress.

The Chair stated that it had been reported in the press that there were three vaccines for Covid that might become available in the near future – the Pfizer vaccine which had to be kept at a very low temperature; hopefully the Astra Zeneca vaccine may become available subsequent to that. The Chair enquired when it was likely that we would see these vaccines become available. In terms of the differences between the two and the Moderna vaccine what the difference in logistics might be in rolling these out and how this might occur and how he privatisation might work around them.

Mr Jennings and Dr Aslam made the following statements:-

- i. The first vaccine that will be available was the Pfizer vaccine which relied on an extremely cold chain and has to be held at -70 degrees and was relatively fragile. It had to be used for immunisation at the point to which it was delivered. When it comes to Public Health England it had to be used in that place.
- ii. In the first instance we would be seeing that vaccine deployed for the mass vaccination sites where we could have the -70 degree with the pharmacies supporting to ensure everything was good. Hopefully the Oxford vaccine will not be very long after that – in a matter of two to three weeks – as this vaccine was more like the flu vaccine as it could be kept on the fridge as opposed to the deep freezer.
- iii. It can be ported about easily and this might be that one that would tend to be used more commonly in the Primary Care setting and also taking it out into the care homes and the nursing homes and patients' own homes.
- iv. The Pfizer vaccine was an RNA vaccine. In terms of vaccines there were live vaccines and non-live vaccines. The RNA vaccines were not a live vaccine and the Oxford vaccine would be similar to what was used around the flu vaccine in terms of the logistics of it. The efficacy data was seen for both vaccines over the last few weeks and they were waiting for the regulator to give more information concerning the efficacy and where we could deploy.
- v. The Pfizer vaccine had the logistical challenge of having to be refrigerated between -70 and -80 degrees which was a logistical problem whereas the other vaccines could be stored at 68 degrees.

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- vi. In terms of the prioritisation we prioritise giving the flu vaccine on a yearly basis so the prioritisation for this would be along similar lines. Who was vaccinated and at what time we were working with NHS England to give us that information, but essentially it would be as described by Mr Jennings – over 85s, care home residents care home staff and healthcare workers.
- vii. Maintaining our health system would be a priority and it was likely that the vaccination of healthcare staff and care home workers and some patients who would be able to get the mass vaccination would be better suited to that because of the nature of the vaccine. Once the vaccine is defrosted it had to be used within four days and it had a thousand vaccine per defrosting or per bulk. Once it has been constituted each vaccine needed to be used within four hours.
- viii. Dr Aslam noted Mr Raybould's enquiry concerning whether there had been any move to look at whether a place based vaccination programme could be instigated and advised that the way this was structured at present there would be mass vaccination sites, with Primary Care delivery of the vaccine when it was appropriate. This would be network based which would be place based with each of the network having an allocated place where they would be vaccinating the population of people that sat within that area.
- ix. There will be a rolling team that would be able to go to care homes and places where patients were vulnerable but were not likely to be easily moved such as care homes and facilities for learning disabilities and other places. There will be the three Tiers and the networks were working together to see the best and most efficient way for us to manage the population.
- x. In terms of the Tiers and the age groups that was probably the most effective way to start the process. It was not thought that this was just age related, but it was age within area. We had breakdowns of age profile within each of the areas.

Councillor Hamilton referred to Mr Jennings statement and stated that they had worked closely with the Council to ensure that even though the vaccinations were led by the Health Service and Primary Care, the Council had been involved as already the Council had everything in place that when the vaccine is rolled out our care home residents will be vaccinated quickly by Primary Care and the GPs. Everything that they were doing they ensured that the Council and Adult Social Care was not left out.

Councillor Hamilton stated that the only issue she foresaw was that a number of care home residents lacked capacity and for speed sometimes some of the residents did not have the immediate family members with that authority and it was needed to ensure that the vaccinations was administered quickly. She enquired whether any thoughts had been given as to how we would ensure that as many of the residents that lacked capacity was given the vaccine as quickly as possible.

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Dr Aslam advised that this was an important point and what they were able to learn through the flu vaccination programme and vaccinating care homes in bulk was exactly that challenge. The issue was who they needed to speak to when the patient lacked capacity and how could they get the consent from those people so that they could vaccinate as there was a process to go through. What they were able to do during this period with the flu vaccine this year was to understand that process better so that when the Covid vaccine became available then we could hit the ground running as we know who those people were.

The Chair commented that there were some fantastic team work being done throughout this period and we needed to keep that going and get the vaccine rolled out which was a huge logistical task as was being indicated. It provides us with a hope that there could be an end to this, but it was not the vaccine becoming available it was getting it rolled out and getting people inoculated. We were not out of the woods with this virus yet and this underlined why we all needed to continue following the rules that applied to Tier 3 that the city was going into next week.

The Chair highlighted that we all needed to take care and take precautions over the Christmas release period and to ensure that we keep as many people safe right the way through to the position where sufficient people were inoculated against the virus, then we could begin to ease things off again .

The Board noted the report.

TEST AND TRACE IMPLEMENTATION AND ENGAGEMENT PLAN UPDATE

Elizabeth Griffiths, Assistant Director of Public Health presented the item and drew the attention of the Board to the information in the report.

(See document No. 5)

86

RESOLVED: -

That the Board noted the report.

COVID-19 IMPACT SURVEY REPORT

Elizabeth Griffiths, Assistant Director of Public Health presented the item and drew the attention of the Board to the information in the report.

(See document No. 6)

Dr Aslam enquired about the economic impacts of the pandemic as there would be job losses, people with loss of income which could lead to a deterioration in their mental health. Dr Aslam further enquired whether there was a sense of what the impact might be or was there a working group that we could linked in with as the economic impact would impact the Health Service.

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The Chair advised that there was a sense of this happening and that everybody had agreed that unemployment was going to be a problem going forward particularly given the number of people who were currently furloughed and the situations some businesses were in. The Chair highlighted that the City Council had prepared an Economic Recovery Plan and would be more than happy to share this with Dr Aslam to ensure that others were cited on that document.

Ms Griffiths stated that this had been recognised within the emergency service structure and there were some detailed work looking at the economic impact. Public Health also recognised the impact that people's financial situation was having on their ability to respond in adhering to some of the Covid restrictions in particular isolation. There were mechanisms in place to be able to provide financial support to some of those individuals – example the £500 that was available.

The Chair commented that as we emerge from the pandemic, we will need to make an effort to improve our health and wellbeing, become more active and return our diets to the healthier conditions than before we entered the first lockdown in March 2020.

87

RESOLVED: -

- i. That the Board noted the report; and
- ii. The Board agreed to use the intelligence in the report to shape services and public communication.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

88

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

TEST AND TRACE BUDGET OVERVIEW

Elizabeth Griffiths, Assistant Director of Public Health presented the item and drew the attention of the Board to the information contained in the report.

(See document No. 6)

89

RESOLVED: -

That the Board noted the report.

OTHER URGENT BUSINESS

90

No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

91

It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Monday 14 December 2020 at 1500 hours as an online meeting.

The Chair reiterated that there were no private items for this meeting and that the private part of the agenda will not be needed.

The meeting ended at 1636 hours.

CHAIRMAN