

BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
28 APRIL 2021**

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 28 APRIL 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
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
Dr Justin Varney, Director of Public Health
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the
LCOEB

ALSO PRESENT:-

Mark Croxford, Head of Environmental Health, Neighbourhoods
Richard Burden, Chair, Healthwatch Birmingham
Dr Julia Dule-Macrae,
Daragh Fahey, Assistant Director, Test and Trace Business Unit
Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

- 153 The Chair welcomed everyone to the Local Covid Outbreak Engagement Board meeting.
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NOTICE OF RECORDING/WEBCAST

- 154 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

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record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 155 Apologies for absence was submitted on behalf of Chief Superintendent Stephen Graham, West Midlands Police; Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs and Elizabeth Griffiths, Assistant Director of Public Health
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DECLARATIONS OF INTERESTS

- 156 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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MINUTES

- 157 **RESOLVED:-**

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

REVIEW OF LOCAL OUTBREAK MANAGEMENT PLAN

Dr Justin Varney, Director of Public Health introduced the item and advised that the Local Outbreak Management Plan was submitted to the Department of Health and it then went through the Regional Assurance process who had requested that Public Health provided some additional annexes to the plan to elaborate on some of the aspects of the plan. What was being presented to the Board today was the updated plan with the additional annexes which drew out in more details some of our escalation and surge capacity that we had put in place should the situation deteriorate and in more detail some of the activity that Public Health was doing Non Pharmaceutical Interventions (NPI) and also some of the work we were doing on contact tracing that at the time of the last Board was just being put into place as we roll out the local Covid response for contact tracing.

(See document No. 1)

- 158 **RESOLVED: -**

The Board approved the updates to the Local Outbreak Management Plan.

COVID-19 SITUATION UPDATE

- 159 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)

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE

- 160 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 made the following statements: -

- i. The vaccination programme continues, but the vaccine supply was not as strong as it was at present but we were working our way through all the vaccines we could get. We were getting enough vaccines guaranteed for all our second doses.
- ii. We were still offering first doses to those who had changed their minds as people continue to change their minds and came forward as confidence in the vaccine grows and people saw the benefit for themselves and loved ones and the population in general. We were working our way down to the next cohort, the 42 years old and was making good progress.
- iii. We were about 800,000 total vaccine doses across Birmingham and Solihull. We were into the second round of housebound visits to ensure that all of those that were visited at home the first time was visited and got their vaccination. We were now starting to turn our attention to the work we needed to do for the flu programme.
- iv. It was hoped that this year although the flu vaccine uptake was not as good as it was in many other parts of the country it was great by our standards, we did well, and were hoping to do great in the coming autumn period. We had also started to plan our work for Covid booster vaccination programme which was likely to take place.
- v. There was a piece of work nationally that was being done as to whether we could give flu and Covid in what proximity which would be quite important in terms of the logistics of work booking through that number of people again.

Dr Aslam made the following statements:-

- a. The vaccine rollout had been impressive, but it has had challenges in certain areas. With the negative publicity about the AstraZeneca vaccine in particular, we had seen a dip in the NA rates for people for first vaccination and the second vaccination.
- b. Just to reassure people that were watching – your risk of having a clot with the vaccination was 1 in 100,000. Your risk of having a clot if you

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- had Covid was 1 in 100 so it was a thousand times safer to have the vaccine than if you got Covid and we needed to get this message across.
- c. There were challenges around 95% in each of our population groups and we did not have greater than 80% in a variety of cohorts within West Birmingham and this was a challenge which we were looking into seriously.
 - d. We were looking into the opportunities around spreading the vaccine out to the vaccination sites and increasing them. We were looking at community pharmacies as an option for the vaccinations and looking at a variety of GP sites as well. This was alongside the mass vaccination sites and the larger pharmacy led vaccination sites.
 - e. We had enough vaccinations to not only give the first vaccination, but to give the second dose and there was not a restriction in getting the vaccine.
 - f. We wanted to make this as easy as possible so people could ring 119 to book into one of the pharmacy sites or one of the mass vaccination sites and ring their GP to book into one of the other local vaccination sites.
 - g. There was vaccine supply and we were getting through the second doses as these were prioritised now but there was opportunity to get your first vaccine. We were seeing that and numbers were increasing but were some of the lowest in the Black Country and West Birmingham and they remain a challenge for us.
 - h. Dr Varney had been on a call with us with other colleagues across the West Midlands about different approaches we might take for that and using data in an interesting way to map our GP data onto local authority data to find out better where the pockets of the challenge were and how we could meet the needs of those communities and be more flexible for them.
 - i. We will be doing that relatively quickly and will hopefully make some progress. Not getting vaccinated was a problem and if we had a further spike of Covid non-vaccinated people would be our vulnerable people so we needed to be mindful that vaccination was the safest way to protect us from the ill harms of Covid.
 - j. We had an immense amount of work to do to catch up on a year that had been a great challenge for the whole health system. Every part of the health system was challenged and we had plenty of work to catch up on and we would value the support of our local people watching this and our local authority colleagues to bear with us while we work through the programme.
 - k. We would like to work with Andy Cave, CEO, Healthwatch Birmingham about putting the programme together about making vaccination more accessible to the people that had missed the vaccination on the first few opportunities that they had.
 - l. There were no limits to the number of times that people could change their minds as we wanted them to get vaccinated at some stage so we will ensure that access was easy for them at that time.
 - m. Mr Jennings alluded to the rollout of further vaccination programmes as we go on through the year not only a flu vaccination programme and a Covid vaccination programme and potentially vaccinating children with a Covid vaccine for the over 12 years old.

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- n. We were looking into that and it was understood that the JCBI was looking into that at the moment , but also a flu vaccination programme for children as well.
- o. The amount of vaccination that will be given coming into this winter would be significant as we would pretty much be vaccinating almost the entire population in this area, which was a significant logistical challenge, but also a challenge to embrace.

The Chair commented that this was a huge logistical challenge that was yet to come, but that he felt that the message that if you were previously offered the vaccine and for whatever reason you chose not to take it you have not missed your opportunity. Please come forward and take the vaccination as this was the way out of the problem with the virus as Mr Jennings and Dr Aslam had stated. This was the safest way for everyone as we go forward.

Mr Cave highlighted the following:

- 1) In response to Dr Aslam's challenge working with Healthwatch Birmingham to promote the vaccine especially in West Birmingham.
- 2) As part of the Integrated Care Partnership we chair a comms group around the vaccine which was a partnership with the voluntary sector, health and Birmingham City Council and ourselves to coordinate that comms approach.
- 3) We were looking at meeting fortnightly and helping to work together to get that message out and work with communities to do that.
- 4) We launched a poll at the weekend around the vaccine and people's experience of getting the vaccine across all the sites in Birmingham and as of this morning we had just under 500 respondent and 91% of respondents stated that they had a good/very good experience across the vaccination sites.
- 5) 91% of good/very good was an amazing score. Anyone that was reluctant to go because of fear of getting the vaccination at the centres people were having an excellent experience.

The Chair commented that he could reiterated that as he had his first dose at Millennium Point and it was a seamless experience as he was in and out within the space of 10 minutes.

Councillor Paul Tilsley referred to the statistics given by Dr Aslam in relation to blood clots and enquired whether Dr Aslam could include those statistics the next time he send out his updates. Councillor Tilsley stated that he had circulated the updates to his database and it would be helpful as it was getting the message out that you were 1000 times more likely to get a blood clot if you have not been vaccinated than if you have had the vaccination.

Dr Aslam stated that this was more to do with the Covid Champions and was an excellent resource. Increasing the number of them in an area where the vaccination uptake was low was a great way for us to get information out to those people. The communities were much more likely to take advise from people within their own communities than from outside. This was seen in a lot of the community groups that we engage with. In the Bengali community we had seen a significant improvement in the vaccination uptake when we encourage the communities to engage with each other and spread information

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that was from a trusted source. Dr Aslam undertook to input that information into the updates.

The Chair commented that as Dr Varney had pointed out in his presentation earlier there was a useful slide in the slide deck about the different risks and demonstrates that you were more at risk of blood clot if you get the virus that you were taking the vaccine. Indeed you were far more likely to get a blood clot if you smoke than from taking the vaccine.

Dr Varney stated that Public Health had built on some of the good practice from Sandwell who had kindly shared their original version of their Vaccine Champion toolkit with us and we have adopted that to Birmingham and was grateful to Birmingham GPs and members of our voluntary sector who had given quite a number of images which should be going out to our champions hopefully after the Bank Holiday. We were also translating that toolkit into 10 different languages to ensure that champions had it in other languages of heritage to help support engagement. There was a huge amount of work going on which include information of clotting into that champion toolkit as well. It was hoped to launched these after the Bank Holiday weekend.

The Board noted the vaccination rollout update.

ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods introduced he item and drew the Board's attention to the information contained in the slide presentation on *Covid Marshall and Enforcement Update*.

(See document No. 3)

Councillor Brigid Jones expressed thanks to Mr Croxford's team and all the people working with them as the work they were doing was hugely important and had help with the re-opening etc.

Councillor Jones referred to the frequency of visits to venues as the Police was also doing visits including education visits, Licensing, Covid Marshalls and others who were visiting also. Councillor Jones added that this was a plea from the business community that they did not get overwhelmed by teams coming out to visit them. They wanted to do the right thing and we all wanted to be safe but equally working flat out to cope with the demand of the last six months of being cooped up indoors. Councillor Jones requested that there be coordination between the different groups and that we were not overloading people.

The Chair commented that this was question of ensuring that the different elements of the City Council and the Police who were engaging in enforcement activities that we all talking with one another, sharing data and information so that we were not having multiple visits to the same premises within a couple of hours.

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Mr Croxford stated that the point was well made and that Enforcement was working with the Police and had coordination with the Police. Mr Croxford added that Enforcement would continue to do their part concerning the issue. Mr Croxford further stated that Enforcement had more information about whether or not there was an up take following this unlock and it would be easier to move people into a slightly different area of work and reduce the number of visits. Of concerns were the next stage where people were meeting in doors. The point was well made with the number of people who were out doing proactive visits. Mr Croxford undertook to take the issue back to the team and talk about the way they engaged with people.

161 **RESOLVED: -**

The Board noted the reports.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

162 The Chair introduced the item and advised that there had been one question in connection with the housebound in relation to the second dose of the vaccine. The Chair then invited the Committee Manager to read the question he had received from a resident in Sandwell and West Birmingham to the Board.

The Committee Manager advised that a resident in the Sandwell and West Birmingham area had stated that their elderly parents who were housebound had their first dose of the vaccine, but it was almost three months now and they had not received the second dose and that when they had contacted their GP they were advised that they had to wait on the home visiting team to arrange their second dose of the vaccine.

In response to the question Dr Aslam made the following statements: -

- i. As stated in the updates earlier, the way to get your vaccine was through 119. You were likely to get your second vaccination at the same site as you had your first one through the usual process, but this was not exclusively the case. As you needed to get your second vaccine if it was not possible for you to go to your first vaccination site to do that, you could do that through 119.
- ii. Dr Aslam highlighted that housebound patients were done in a variety of ways, but mostly through their GPs. 119 would not book you into to housebound vaccination or if you were housebound, they would not be able to offer you a vaccination so your GP will be able to offer you a vaccination.
- iii. We were trying to get through to everybody by the 12 week period. Some were being done through the Community Health Care Trust and some by the GP sites. There was also the roving model.
- iv. The resident could contact their parents GP who should be able to arrange an appointment at a convenient time which should be before the 12 week period. If you initially had a housebound appointment, your

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second appointment should also be a housebound appointment at your home. If your first appointment was at your home your second appointment should also be at your home.

Dr Varney advised that he would work with the Committee Manager to ensure that the patients details were passed on to Dr Aslam so that the ICP could investigate as they stated that it was a three month window. Maybe there was a particular issue there. Throughout the last few months Public Health had worked with the NHS locally where these issues were reported and we know that occasionally there were glitches in the system that needed to be resolved quickly.

The Chair commented that if you were housebound and were approaching the 12 week date from having the first vaccine and you have not been contacted you should contact your GP. Dr Aslam confirmed that this was so.

TEST AND TRACE BUDGET OVERVIEW

Daragh Fahey, Assistant Director, Test and Trace Business Unit presented the item and drew the attention of the Board to the information contained in the report.

(See document No. 4)

163

RESOLVED: -

That the Board noted the report.

LOCAL OUTBREAK MANAGEMENT PLAN RISK REGISTER

Daragh Fahey, Assistant Director, Test and Trace Business Unit presented the item and drew the attention of the Board to the information contained in the report.

(See document No. 5)

Mr Fahey made the following statements:-

1. The biggest risk that we faced was with the virus itself which had the propensity to mutate and could undermine the effectiveness of the vaccine programme.
2. Should this happened we would need to rollout another vaccine programme and an appropriate booster. We were monitoring this carefully.
3. There was also the risk associated with the new variant of concern arriving which was expected to arrive. The question was which variant it would be and whether it would be one that was susceptible to immunity that was being developed through the vaccine rollout.
4. There were a number of surge testing at the moment with and we were now up to Operation Eagle 4 and the chances were that we could continue to have more operation eagles.

5. In terms of managing the risk we had extended the contract we had with the current company in relation to the door to door testing but will also be going out to procurement to bring in a second company in case we needed that second capacity which was one of the plan to mitigate the risk.
6. There was also the risk with the third wave and we were focusing and monitoring the incidence figures carefully to ensure that if it happens, we could anticipate it and alert the Board if it was going to happen. Within our planning going forward, to ensure there was capacity not only financially but also manpower.
7. Within Public Health, the Test and Trace Business Support Unit, the Public Health Division and other individuals within the Council who could be deployed if necessary, to provide support if this happened.
8. We were looking at all these scenarios and was doing some scenario planning and that we had sufficient capacity for example, within the Public Health Division we were ensuring that everybody had regular training to ensure they were up to date in terms of the latest development in relation to Covid so that if it did happen we had that cohort of people in place we could pull across going forward.
9. In terms of testing there was potentially a challenge in relation to having enough testing kits. The testing sites were not so much of a challenge as there were a number of home testing, but we were working with Public Health England (PHE) to ensure we had a plan in place to manage that.
10. Another risk was people being non-compliant in terms of the advice that was being put out so we were working with our colleagues in Environmental Health, Communications and Engagement to understand the reasons people were not being compliant and in most cases.
11. There was also the risk associated with vaccine hesitancy which linked into communication and understanding why people were hesitant.
12. We were trying to ensure that we had sufficient messaging using the right channels to encourage people to take the vaccine and to identify that there was inequality as alluded to earlier in terms of the vaccine uptake and to be aware of that. We could use the data that we had to identify some of those inequalities and to respond to them appropriately.
13. Finally, the risk at the moment as alluded to by Dr Varney was a Covid zero approach and there was advantages to that where our contact tracing team understand when there was a contact or case and respond to it earlier than they previously did as initially it was the national team that would have contact with the patient.
14. There was the risk that if the national team continue to devolve, there was only a limited number we were doing around that and some scenario planning which he would be happy to share. If this became too significant it could be overwhelming, but we were working with our colleagues in PHE to manage that

164

RESOLVED: -

The Board noted the report.

SCENARIO PLANNING

- 165 Dr Justin Varney, Director of Public Health introduced the item and explained that it was thought it would be helpful to share with the Board some of the potential scenarios public Health was now working through as part of the resilience planning to prepare for the potential third wave of the virus. Dr Varney then drew the attention of the Board to the information contained in the slide presentations.

(See document No. 6)

The Board noted the presentation.

OTHER URGENT BUSINESS

- 166 No items of urgent business were raised.
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DATE AND TIME OF NEXT MEETING

- 167 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 26 May 2021 at 1400 hours as an online meeting.
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EXCLUSION OF THE PUBLIC

- 168 **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.