

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD THURSDAY, 1 OCTOBER 2020

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON THURSDAY 1 OCTOBER 2020 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
Elizabeth Griffiths, Assistant Director of Public Health
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 the 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
Suzanne Dodd, Assistant Director and Solicitor – Legal Services (Deputy
Monitoring Officer)
Pip Mayo, Managing Director – West Birmingham, Black Country and West
Birmingham CCGs
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.

APOLOGIES

- 44 An apology for absence was submitted on behalf of Dr Justin Varney, Director of Public Health, Birmingham City Council. An apology for lateness was submitted by Councillor Paulette Hamilton.
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DECLARATIONS OF INTERESTS

- 45 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

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

- 47 **RESOLVED:-**

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

CHANGE TO ORDER OF BUSINESS

- 48 The Chair advised that he would take agenda item 10 ahead of the remaining reports.
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UPDATE FROM THE NHS

- 49 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG stated that in Birmingham and Solihull they were seeing the consequences of admissions in terms of intensive care that were consequent upon the rising numbers of cases in the population. There was a 14 day incubation period for the virus and a 10 day period usually after the first manifestation of symptoms for Covid for people appearing in hospital. What was seen in our hospitals tells us what was happening three to five week ago in the system. The number of patients in ICU had remained at a fairly constant level over the last couple of days with the number of in-patients gently rising.

The NHS was seeing in terms of Accident and Emergency (A&E), the activities were now back to the level it was before Covid started, but they were seeing increasing levels of Covid in A&E attenders which was significant in trying to manage the front as they were trying to keep social distancing going and to

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keep the Covid potential patients away from the non-Covid patients which was creating some significant issues.

Mr Jennings stated that it was important to note that the last few months was incredibly hard work particularly for the keyworkers on the frontline. The prospect of going into a winter (winter was harder work as there was more illness about), that also includes Covid was quite concerning. Mr Jennings reiterated the absolute significance and importance of everyone doing their best to adhere to the rules that were in place in terms of our behaviour to avoid a second wave and to minimise the spread of the virus and to improve our current situation as winter could be difficult otherwise.

The Chair expressed the Board's thanks and admiration for all of the hard work NHS staff and other key workers had done over the last six months which had been a particularly difficult time and we had the next six months of winter to come and would be relying again on staff in the NHS and key workers to keep us all going and as safe as we could be over the next six months period.

Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs advised that Mr Jennings had covered most of the things on her presentation, but there were a couple of issues to be added. She stated that Mr Jennings had also set out the challenges they had at the moment to try and restore and recover a lot of services that was stood down during Wave 1 of the virus to prepare for a second surge and to deal with the coming winter. Two particular points to be added to the overview were – planning for the flu vaccinations which was a key strand of their work alongside Covid. The message was being promoted that one of the things people could do if they were in one of the target groups were to help to protect themselves through the winter was to take the flu vaccination and to ensure they had received it.

Another key issue that had arisen was access to Primary Care. As a reassurance Primary Care was open and were seeing a lot of people digitally but if there was a need to seek GP support, people were encouraged to do that rather than turning up in triage by general practice. General practice was busy at the moment and were dealing with a lot of enquiries. General Practice was also mindful of the fact that through the first stage of Covid there were many people who did not attend their GP when there was a need for them to do so. Ms Mayo reiterated that General practice was still open but people needed to ring first before attending.

Councillor Tilsley commented that he had a telephone call from his pharmacy a month ago inviting him to attend for his flu jab, but unfortunately the pharmacy had run out. He added that the GP would be sending letters out in mid-October and yet Boots were offering virtually on site vaccinations. It appeared desperate at the moment and whether there was any explanation concerning the issue.

Mr Jennings advised that the GPs ordered their vaccines nearly a year in advance and the vaccine supplier scheduled them as to when they would arrive. For reasons unknown the supplier let the pharmacies had their supply first before the GP vaccines arrived. What appeared to be happening this year was that there was a high level request for the flu vaccines understandably so

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pharmacies were starting to run out whereas some of the GP practices had barely started to administer their supply. This was down to the vaccine suppliers as it arrived in several deliveries.

In terms of the future supplies, the NHS had been briefed that there was a centrally held stock the Department of Health Social Care and that GPs could have access to that through a mechanism yet to be described to us should they need it in the future. If we were going to get anywhere the levels of immunisations that was given to us as targets, we will need to have more vaccine available than was currently sitting either in the fridges or the delivery chains.

Stephen Raybould commented that they were picking up a lot of uncertainty around the potential arrival of Covid vaccine and whilst talk of the possibility of the Oxford vaccine being signed off for the autumn period, there was now a radio silence. Mr Raybould enquired whether there was any early intelligence from the NHS around planning and implementation should it be signed off.

Mr Jennings advised that the planning process had begun for immunisation which will be a huge exercise. It was understood that the target groups would be the over 65s and vulnerable; the 50 to 64s who had some other feature than their age and anyone with a BAME background and over 18 years old. This was a massive population for them to be thinking about. He added that as he understands it all of the Covid vaccines that were in development were the ones that were potentially purchased by the government for us. These were two stage vaccines so people were required to have two immunisations to be protected from the impact of the virus. The planning was started in terms of how we would think about delivering or perhaps scale up which was unprecedented overwork. It was unprecedented for us to carry out probably for our population 1.6m immunisation in the space of over four weeks difference between the dates – 800,000 of them.

In terms of the actual arrival of the vaccine, the understanding was that there was still some possibility that this could begin before Christmas. However, people would have heard on the news that there was an issue with the Oxford vaccine where it was slowed down because of someone becoming ill. If someone became ill because of the vaccine trials, then it was obvious why they had to go through a very complex series of analysis to understand whether it was the impact of the vaccine that did that. It was thought that there was still some hope that this would be available before Christmas. Even if it was available, again there would be a huge use of supply depending how quickly it flows through the system and how quickly we could manage to carry out the vaccinations.

The Chair commented that he was convinced that science would come up with an answer to this pandemic. He added that we needed to be hopeful that we got a vaccine on the timeline that Mr Jennings indicated might be possible.

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG stated that the Red site situated in Aston Pride and were seeing an increase in the number of Covid within Sandwell and West Birmingham. This was predominantly in West Birmingham and was spilling over into Sandwell and Smethwick and into

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West Bromwich. They were not seeing the same level of activities in the other areas, but this was increasing across the entire Black Country areas. The advice they wanted to give was if people had symptoms, they should call 111 or your GP who will direct you rather than attending an A&E Department and walking in which then exposes everybody to a risk of potential Covid. People could get tested the way the testing system was set up but they should not go to A&E without having contacted someone first.

In terms of the flu vaccine, these were ordered a year in advance and they could not have anticipated the demand this year. They have had some of the nasal flu vaccines in his practice and they have had some of the over 65s that was likely to be delivered at the beginning of next week. It was a phased order and what they had tried to do with the pharmacies that had been receiving the vaccine was to direct the patients they would ordinarily have vaccinated to them rather than having people that they would not include on their high risk categories which was the people they would accept later in the year subject to the vaccine being available. There were processes in place and testing and there was a Red site that was based at Aston Pride in Aston that was seeing patients from both Solihull, Sandwell and West Birmingham. It was thought that people could use the facilities that were set up appropriately as this was the best way to protect all the people around us.

The Board noted the presentation.

COVID-19 SITUATION UPDATE

50

Elizabeth Griffiths, Assistant 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. 1)

In response to questions and comments, Ms Griffiths made the following statements:-

- a) Ms Griffiths noted Councillor Bennetts query concerning the stories in the press in relation to schools and advise that Public Health was looking at the data as best they could but there were some limitations with how the data was presented. Ms Griffiths advised that she was unable to provide this information at present and undertook to provide the information following the meeting.
- b) Ms Griffiths highlighted that Public Health had undertaken some analysis of the contact cases and that the way the information came through from the National Contact Tracing Service had detailed where cases have been; where people had been and what environment they had been in as a sample.
- c) Public Health had undertaken an analysis of that and what this showed was that the contacts were largely through a household spread. 83% of contacts had been confirmed cases were in a household; 9% were visiting other households with 2% being through education. This was not

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to say that they had not seen through school's transmission, Public Health had seen within schools' transmissions within Birmingham Schools. Public Health had not seen any real significant information of that transmission being between the children within those bubbles. Some slight cluster was seen between teachers where that transmission may have happened within the school and it appeared that it had been out of that school context within a social setting whether it's through siblings or whether it was by linked activities such as people going to birthday parties etc. with a friendship group.

- d) Public Health was continuing to monitor this daily and was trying to understand this and were working closely with schools to understand the picture.
- e) Ms Griffiths noted the Chair's comment that the commute to and from school, particularly the pupils walking to and from school. advised that Public Health did not have enough information concerning this issue and undertook to get the information for the Chair.

Dr Manir enquired about testing and commented that there were a number of instances where people have had a test and whilst they were awaiting the results had in some instances turned up at the surgery and then subsequently had positive results. This makes it difficult for them to safeguard staff and other patients. He questioned whether the message was clear enough and whether they could reiterate that it needed to be clear that if you are having a test, it was more than likely that you had symptoms which meant that you had to isolate until that test result came back. The period of time was a tricky time for people, but the result was the indication which decides whether they continue to isolate or not.

- f) Ms Griffiths concurred with Dr Manir's comments and stated that isolation meant to be strengthened and that Public Health England had launched a campaign on exactly that point. Public Health had robust communications and were keen to do more and were looking to have detailed engagement. Public Health were doing the Champions network where the information could be pushed to communities regarding behaviours.
- g) The messages regarding the latest guidance and the latest legislations that came out so people could get those views into the communities and capture where this was not working in communities, where it was not being understood and where Public Health could make that message stronger.

Dr Manir advised that he was a Covid Champion and had been receiving the information. He added that this was useful and that he had been sending this out to all patients by text messages and encouraging them about the mis-communication, the uncertainty around the communication about what they could and could not do.

- h) Ms Griffiths noted Mr Raybould's questions concerning containment and multiple generational families and advised that the per centages around

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households' spreads was the identified contacts of cases. Ms Griffiths advised that she took onboard the point concerning multiple generational houses and blended families and undertook to take this back so they could be included on the frequently asked questions and to ensure that this was addressed in the guidance.

The Board noted the slide presentation.

THE LEGAL POSITION

Suzanne Dodd, Assistant Director and Solicitor – Legal Services (Deputy Monitoring Officer) introduced the item and drew the Board's attention to the information contained in the report.

(See document No. 2)

Ms Dodd noted Councillor Tilsley's enquiry concerning the number of times the City Council had used legal powers and issued notices. Ms Dodd advised that she did not have the information to hand, but that Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC will provide the information when he presents the next item on the agenda concerning *Enforcement Update*.

51

RESOLVED: -

That the Board noted the report.

ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC and Chief Superintendent Stephen Graham, West Midlands Police presented the item.

Mr Croxford advised that he would be referring to a report that was taken to the Licensing and Public Protection Committee on the 30 September 2020 - *Coronavirus and Enforcement* as an Appendix to the report before the Board.

(See document No. 3)

Mr Croxford then highlighted the key points in the Appendix to the report at paragraphs 3.1; 3.3; 3.5 and 4.1.

Chief Superintendent Stephen Graham drew the attention of the Board to the information contained in the report – *West Midlands Police Enforcement Update*

(See document No. 4)

The Chair commented that it was seen at the end of March beginning of April 2020 the criticisms of forces elsewhere in the country for what was considered a heavy handed approach. The Chair paid tribute and thanked West Midlands Police (WMP) for the common-sense approach they had taken in dealing with

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this matter and the issues over the last six months. He added that the way the WMP had behaved and performed during that period was not only a credit to the force but was also one of the reasons of high level of confidence by WMP across the entirety of the West Midlands

52

RESOLVED: -

That the Board noted the report.

VULNERABLE GROUPS

Elizabeth Griffiths, Assistant Director of Public Health introduced the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 5)

The Chair commented that the outbreak at one of the hotels in the city was in no way the fault of the asylum seekers who had been housed there. They were victims of the pandemic the same as others who had been in this country and all the more so given that they were fleeing from wars and persecutions from elsewhere in the world.

Ms Griffiths noted Mr Raybould's enquiry as to whether the learning from the outbreak in the residential setting that was housing asylum seekers could be shared across other areas and advised that there was much learning to be had from that particular outbreak. Ms Griffiths undertook to progress this with Public Health England (PHE).

53

RESOLVED: -

That the Board noted the report.

TEST AND TRACE IMPLEMENTATION UPDATE

Dr Mary Orhewere, Interim Assistant Director of Public Health (Test and Trace) presented the item and highlighted the main points in the report to the Board.

(See document No. 6)

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

1. Dr Orhewere noted Councillor Brigid Jones, Deputy Leader, BCC enquiries in relation to how many of the City Council's staff were doing the drop and collect exercise and whether there were any gaps between what the Council currently had testing wise and advised that in relation to testing, more testing was needed that was accessible by people who did not have cars.

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2. More testing was needed overall, but in particular by those who did not have cars as Public Health was asking people who were symptomatic to go for testing. Public Health did not want them to go on public transport. If people did not have access to a car they would be stuck at home.
3. People could order a home kit but this takes a little longer, but this meant additional working and breaking that chain of transmission takes a bit longer. Access to walk through testing would be better.
4. Public Health was keen to get a drive through testing facility for key workers across the whole of the public sector but was not successful in achieving this so Public Health was looking at how they could support this in other ways.
5. In terms of the drop and collect exercise, Dr Orhewere advised that she did not have the figures for the number of staff involved at hand and undertook to bring this information back to the Board.

The Chair commented that the issue concerning the testing site for key workers was important and wondered whether the Council could do some political lobbying to try and bring that about as over the next six months – dark evenings, cold weather – we needed to take every care that we could for our key workers across the city.

6. In terms of the number of BCC staff doing the drop and collect exercise, there were 467 in various roles as of the 28 September 2020 and externally, there was 104. External include external volunteers, Birmingham Children's Trust and agency staffing. This did not include the armed forces – there were 30 per shift. Public Health had received some funding through the Test and Trace Budget but were looking for additional funding for this.
7. Dr Orhewere noted Dr Manir's query concerning rapid Antigen testing and advised that this was a good question and that it needed to be known whether the test these companies were offering were sufficiently valid to be used. The other issue was understanding how the result of that test plugged into the national system so that it could be linked back to the patterns and trends. Dr Orhewere undertook to make some enquiries and to give a response to the Board.

Councillor Tilsley referred to the issue of key workers and stated that looking at the distribution of testing sites whether it would be possible – there was Aston University Car Park, Brewery Street Car Park – these were in a couple hundred yards of each other. He questioned whether it was possible for the City Council to designate one of those sites specifically for key workers.

8. Dr Orhewere advised that Public Health got weekly updates on the utilisation on the Council's testing capacity and all were at the maximum level. What was needed was additional testing capacity and if Public Health had surplus capacity, we may not meet the key tester service at all. Additional capacity was needed.

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The Chair undertook to write to the Government concerning the issue. The Chair also noted Mr Raybould's comments concerning the anxiety from citizens about the experience of the armed forces around the testing system and advised that his understanding was that the armed forces personnel were not in uniform so they did not look like the armed forces being deployed on the street.

9. Dr Orhewere stated that there was considerable debate as to whether the armed forces should be in uniform or not. Dr Orhewere stated her understanding was that they should be in uniform but without head dress. They would be recognisable as being armed forces personnel but would always have a BCC colleague working with them. The armed forces would also have some identification stating that they were working for and with BCC and would not be going out on their own and would not be unarmed. It was further noted that the armed forces were in uniform but with a BCC tabard over the uniform.

54 **RESOLVED: -**

That the Board noted the report.

TEST AND TRACE ENGAGEMENT PLAN UPDATE

Dr Mary Orhewere, Interim Assistant Director of Public Health (Test and Trace) presented the item and drew the attention of the Board to information contained in the report.

(See document No. 7)

55 **RESOLVED: -**

That the Board noted the report.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

56 The Chair introduced the item and advised that the following question was submitted by # HealthNow Alliance.

(See document No. 8)

Elizabeth Griffiths, Assistant Director of Public Health gave the following response to the question:-

- i. In terms of test kits Public Health was working with the Department of Health and Social Care and so they could allocate some reserved tests for service providers to be able to have that rapid response to access testing for this particular vulnerable community.
- ii. In addition the Birmingham Community Health Care Trust (BCHCT) swabbing so if we were in the unfortunate event that there was an outbreak within a homelessness accommodation setting Public Health would be able to rapidly deploy testing to that facility.

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- iii. In terms of training Public Health had within our Memorandum of Understanding with BCHCT to train people up to swab and we will be working with homelessness accommodations providers so that we could identify people to get that training.
 - iv. In terms of capturing the views of the community, it was felt that this was the reason the Community Champions were appointed for that. Finally, Public Health approach had already been outlined in the presentation in the PowerPoint on vulnerable groups.
 - v. The limitations for this group was recognised and the national testing relied on people having communication to receive those results whether this was through emails or through a mobile phone.
 - vi. It was agreed with Saba Rai, Behaviour Service Integration Manager, Adult Social Care, BCC to explore that pathway with the Health and Homelessness Sub-Group to find out what those barriers were and what could be done to better support them so that they could come back to us with some recommendations of how to improve that process for them.
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TEST AND TRACE BUDGET OVERVIEW

Elizabeth Griffiths, Assistant Director of Public Health introduced the item and advised that this was part of the regular update to the Board. Ms Griffiths then drew the Board's attention to the information contained in the report.

(See document No. 9)

Ms Griffiths advised that there was a delay with projected spends coming through due to the fact Public Health was currently recruiting people into posts. She added that a lot of the services that were in place would be invoiced on a quarterly basis. Public Health knew what was projected and what they had committed to but the spend to date had not come through yet. Ms Griffiths highlighted that they were still getting more and more coming through and they had to evolve and adapt to be able to respond to different situations. Enhanced contact tracing with schools and universities the wider Public Health group was now stretched concerning this. Public Health had committed the funding that it currently had but as Councillor Brigid Jones also mentioned there was a need for additional funding to be able to support the work they were asked to do.

Ms Griffiths advised that the other thing that was not clear was the funding available for the next financial year and Public Health was pushing to understand what would come forward.

The Chair commented that the Council had written to the government to ask for clarity when this particular budget either comes to an end or will be replenished. Councillor Brigid Jones commented that it was not known how long this budget was going to last and that information was needed from the government. The Chair advised that this will be chased up with the government so that a response and clarity could be had. He added that Birmingham was not the only local authority that was looking for a response to this question.

That the Board noted the report.

BIRMINGHAM UNIVERSITIES COVID RESPONSE OVERVIEW

Dr Mary Orhewere, Interim Assistant Director of Public Health (Test and Trace) presented the item and drew the attention of the Board to the information in the slide presentation.

(See document No. 10)

Councillor Brigid Jones stated that she represents BournBrook and Selly Oak Ward with a high concentration of University of Birmingham students living there. She stated that there were concerns about this, but that she was pleased with the amount of work that had gone on. Councillor Brigid Jones enquired whether there was anything that was not being done due to resources, that we wished we had the resources to do in this area.

Dr Orhewere advised that her wish list would be more walk-up testing sites. She added that there were some in the pipeline, but where there was a concentration of people who typically did not have cars who mixed in ways and whose lives were such that they may be at increased risk of getting the virus, there needed to be a system whereby once people become symptomatic they could get testing rapidly. More testing was needed, it was not in our personal gift if we could do what we could alongside key worker testing, more testing for universities. Councillor Jones enquired whether this was asked of the government. Dr Orhewere advised that this was asked of the government and there were some coming on stream but she did not have this information to hand, but it was not coming fast enough. The rate of progress was determined by the national system, but the request was there.

58 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

59 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

60 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Tuesday 27 October 2020 at 1400 hours as an online meeting.

The meeting ended at 1554 hours.

CHAIRMAN