

# BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK  
ENGAGEMENT BOARD  
WEDNESDAY,  
27 APRIL 2022**

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK  
ENGAGEMENT BOARD HELD ON WEDNESDAY 27 APRIL 2022 AT  
1400 HOURS ON-LINE**

**PRESENT: -**

Andy Cave, Chief Executive, Healthwatch Birmingham  
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:-**

Damilola Akinsulire, Consultant in Public Health  
Dr Toyin Amusan, Consultant in Public Health  
Ayan Mohamoud  
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team  
Dr Mary Orhewere, Assistant Director, Environmental Public Health  
Simon Robinson, Senior Officer, Test and Trace Team, Public Health  
Emily Stuart  
Dave Taylor  
Superintendent David Twyford, West Midlands Police  
Errol Wilson, Committee Services

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**WELCOME AND INTRODUCTIONS**

303 The Chair welcomed everyone to the Local Covid Outbreak Engagement Board meeting.

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**NOTICE OF RECORDING/WEBCAST**

304 The Chair advised, and the Committee noted, that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site ([www.youtube.com/channel/UCT2kT7ZRPFCXq6\\_5dnVnYlw](http://www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

**APOLOGIES**

- 305 Apologies for absences were submitted on behalf of, Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care Richard Burden, Chair, Healthwatch Birmingham Councillor Brigid Jones, Deputy Leader, Birmingham City Council Councillor Paulette Hamilton, MP, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB, Chief Superintendent Mat Shaer (but Superintendent David Twyford as substitute) and Dr Justin Varney, Director of Public Health
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**DECLARATIONS OF INTERESTS**

- 306 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**

- 307 **RESOLVED:-**

The Minutes of the meeting held on 23 February 2022, having been previously circulated, were confirmed by the Chair.

Councillor Tilsley referred to page 5 of the Minutes bullet point 5 “we still had insufficient data on death but what we were seeing so far was that it was a similar high level of protection against death” and stated that when we had the mortality figures before and we compared them to other core cities, and that he had a feeling that our figures were disproportionately high. Councillor Tilsley added that he would be grateful if Dr Varney (when he is looking at the figures for the next meeting) could bring a report that would enable us to compare and contrast as he thought that this was important.

The Chair requested that this request be passed to Dr Varney and for this to be included on the Agenda for the next meeting concerning the death statistics and how they compared with other comparable local authorities and core cities.

Councillor Tilsley stated that he had compared the figure to Leeds which was our nearest comparator as far as population was concerned and he had the impression that our mortality rates were about a third higher than Leeds which was concerning.

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**COVID-19 SITUATION AND VACCINATION UPDATE**

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Dr Toyin Amusan, Consultant in Public Health presented the item and drew the attention of the Board to the information contained in the slide presentation highlighting the main points.

(See document No. 1)

The Chair referred to the figures from the slide presentation concerning vaccination in Birmingham compared with England and stated that we were way behind the rates for England in terms of the first, second and indeed the booster vaccine. The Chair enquired whether the underlying reason for this was still a reluctance amongst some ethnic minority communities to come forward for vaccination.

Dr Amusan confirmed that that was the case and that it might even be because people now believed that Covid was a thing of the past because of the Government's plans and statements. Public Health was still working to try and engage members of the public, but it did not appear to be getting easier and was a reluctance. The NHS and the Covid Communications and Engagement Team was working flat out trying different methods to encourage Birmingham citizens to come forward.

The Chair commented that it seemed to him that the UKHSA (it was all well and good giving out these messages that were included in the slides) but telling people to get vaccinated if they were not coming forward to get vaccinated was not much use. The Chair added that he thought that UKHSA might want to think a bit more innovatively about what they were doing. Similarly, telling people who got tested to stay at home if they had symptoms was not much use if in actual fact, they were in the real-world people were not getting tested as they now had to pay for the testing kits. UKHSA needed to rethink their messaging as it appeared that their messaging at present was falling on deaf ears and whether this could be fed back to UKHSA.

In relation to death and the increase in the older age groups as the vaccines begin to wane the longer it was since they had their booster vaccine. It was good news that those aged 75 and over and most vulnerable were to be offered a further booster in the spring which was imminently presumably. Looking further forward when we reached the autumn of this year when we started going into the winter whether there was any intention at present to give a further booster dose to the over 50's if that was appropriate where death increased the longer you received your booster dose. The Chair enquired whether there were any plans along those lines at the moment.

Damilola Akinsulire, Consultant in Public Health stated that in relation to vaccine hesitancy, Public Health had conducted a survey in Birmingham to understand why people were not interested in taking the vaccine and four things stood out:

- They did not trust the system
- They had concerns about the side effects of the vaccine
- They wanted something that was convenient – i.e. for the vaccine to be brought to them.

## **Local Covid Outbreak Engagement Board – 27 April 2022**

- Another thing was poor risk perception – people did not understand that Covid posed a great risk to them. They did not understand how it affected their immunity, their kidneys etc.

In Public Health there was a difference about giving information and persuading people to change their behaviour and this was what Communications and Engagement Team was working on. We were working closely with colleagues to get those vaccines to the local businesses who we identified and were also working closely with BSol colleagues on how we could arrange vaccine vans to deliver those vaccines. We were also planning for a hypo-local vaccine event and had identified Wards with low vaccine uptake and will be taking those vaccines to them. We were doing a lot of engagement persuading people.

The Chair commented that Damilola Akinsulire's statements underlined what he had stated earlier that UKHSA simply telling people to get vaccinated, if they were not getting vaccinated was never going to work. It was this persuasion and giving people more information about the risks they were running by not getting vaccinated. The Chair added that he thought that UKHSA needed to think again about what they were doing and to consider that the messaging they were putting out was in his view not effective.

Dr Amusan stated that she believed that there will be further boosters coming and that there had also been talks of possibly combining the flu vaccine with the Covid vaccine, but there will be more clarity on this as the year goes on.

The Chair enquired about the further variant that had emerged on the 19<sup>th</sup> January and whether there was any indication of when there will be enough data from experts in this field to conclude whether this variant was indeed more lethal than the current prevalent variant. Dr Amusan stated that it was a variant of variants in that it was still Omicron, but since it was first seen in January about 1,125 cases had been found. Work was still ongoing to see whether it was still more transmissible or more dangerous than the previous variant, but the way things were currently and the number of cases, the trend in cases was a decline, but she could not say for sure that it was more lethal, but probably just as lethal as the previous strains. Work was still ongoing to ascertain whether it was more transmissible.

The Chair reiterated that the Local Covid Outbreak Engagement Board meetings were now every two months and if a variant did emerge that was going to prove problematic, we will of course convene a meeting of this Board to discuss that particular situation.

The Board noted the presentation.

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## **LIVING WITH COVID STRATEGY**

309 The Chair advised that this item would be deferred to the next meeting in June.

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**COMMUNICATIONS AND ENGAGEMENT FORWARD PLAN**

310 Damilola Akinsulire, Consultant in Public Health and Dr Justin Varney, Director of Public Health presented the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 4)

The Chair commented that it was interesting to see all the local effort that was put in to better explain to people the need particularly to get vaccinated and all the additional data around risks that people took if they were not vaccinated and engaged in other unhealthy activity.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that a lot of the report was focussed on vaccination and healthy lifestyles, but one of the things that was noticed with voluntary sector organisations and to a certain extent private businesses was that there was very variable adaptations to social distancing measures Covid restrictions. One of the things that was clear was that businesses were not clear about where they were supposed to be in relation to those things. Mr Raybould enquired whether there could be some focus on either pushing people to open up a bit more quickly so that it did not function as a drag or around getting people to be compliant with the public health messages. It seemed that that space had gone quiet and there was not as much steer as to that.

Damilola Akinsulire stated that when she started the presentation, she had stated that we were continuing to promote these messages. The media channels and the meetings we were having with stakeholders we were emphasising the need for them to adhere to those measures especially the five key measures – using face coverings in crowded areas, handwashing respiratory hygiene etc was all part of the work we were still doing.

Mr Raybould enquired whether the general message was about unless they were in a high-risk setting, they should not necessarily be functioning in advance of those recommendations as some organisations which did not let people in the same room and were still following strict rules/guidelines for which there were no legal requirement. It was just about us getting clear with them that there was no longer a requirement for this anymore.

Damilola Akinsulire stated that even though there was no legal requirements, we tell people that Covid-19 was a respiratory infection. Imagine you were in a poorly ventilated room and you sneezed, and someone then comes into the room they will inhale the aerosols. There was no legal requirements, but we tell people that they needed to know how people got the infection and they made an informed decision based on that information.

The Board noted the presentation.

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## **Local Covid Outbreak Engagement Board – 27 April 2022**

### **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**

- 311 The Chair advised that there were no public questions submitted for this meeting.
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### **TEST AND TRACE BUDGET OVERVIEW**

Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team introduced the item and drew the attention of the Board to the information contained in the report.

(See document No. 6)

- 312 **RESOLVED:** -

That the Board noted the report.

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### **OTHER URGENT BUSINESS**

#### **(a) Commonwealth Games**

- 313 Dr Mary Orhewere, Assistant Director, Environmental Public Health presented the item and drew the attention of the Board to the information in the slide presentation.

(See document No. 6)

The Chair commented that it was good to hear that there was that focus on the residential population of Birmingham and indeed the Greater Region of Birmingham through this period. It was also fair to say that elsewhere in the world countries have not relaxed their regulations or guidance around the Covid pandemic in the same way as the UK has done. So, there has been some nervousness from visiting teams for the Games about the arrangements that will be in place here in Birmingham for those eleven days. It was good that we were able to give that reassurance to all of the visiting teams.

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### **DATE AND TIME OF NEXT MEETING**

- 314 It was noted that the next Local Covid Outbreak Engagement Board meeting will be held at 1400 hours on Wednesday 29 June 2022 as an online meeting.

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

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The meeting ended at 1600 hours.

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**CHAIRMAN**