

# BIRMINGHAM CITY COUNCIL

<b>LOCAL COVID OUTBREAK ENGAGEMENT BOARD MONDAY, 14 DECEMBER 2020</b>
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## **MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON MONDAY 14 DECEMBER 2020 AT 1500 HOURS ON-LINE**

### **PRESENT: -**

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG  
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  
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:-**

Professor Simon Ball, Chief Medical Officer, University Hospitals, Birmingham  
Elizabeth Griffiths, Assistant Director of Public Health  
Gary James, Operations Manager, Environmental Health, Neighbourhoods,  
BCC  
Rachel O'Connor, NHS Birmingham and Solihull CCG  
Dr Mary Orhewere, Interim Assistant Director of Public Health  
Errol Wilson, Committee Services

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### **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](http://www.civico.net/birmingham)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

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**APOLOGIES**

- 93 An apology for absence was submitted on behalf of Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care; Paul Jennings (but Rachel O'Connor as substitute); Mark Croxford (but Gary James as substitute) and Elizabeth Griffiths. Councillor Brigid Jones, Deputy Leader will only be able to attend the first hour of today's meeting due to a prior engagement.
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**DECLARATIONS OF INTERESTS**

- 94 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**

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

- 96 **RESOLVED:-**

The Minutes of the meeting held on 26 November 2020, having been previously circulated, were confirmed by the Chair.

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**CHANGE TO ORDER OF BUSINESS**

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

Gary James, Operations Manager, Environmental Health, Neighbourhoods, BCC introduced the item and drew the attention of the Board to the information contained in the report

(See document No. 1)

In response to questions and comments, Mr James made the following statements:-

- Mr James noted the Chair's enquiry concerning the wearing of face masks in shops and its enforcement and advised that the regulations for

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members of the public was the requirement of the Police were to enforce the wearing of face coverings in shops.

- That the Police also had under those regulations the powers to deal with members of staff within the businesses from an enforcement point of view through the Health and Safety at Work Act, Environmental Health also required that businesses had that within their risk assessments.
- Although the regulations did not give that specific powers to deal with the wearing of face coverings for employees, we were using our health and safety powers to deal with that.

The Chair commented that the Police will find it difficult to enforce that now that retailers had reopened as it would be a hugely logistical task. Mr James further advised that the information they were getting from the Police was that they had increased their enforcement of the non-wearing of face coverings.

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### **RESOLVED: -**

That the Board noted the report.

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### **COVID-19 SITUATION UPDATE**

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

(See document No. 2)

The Chair commented that Dr Varney and his team had done an excellent job over the period of this pandemic and dealing with it in the City of Birmingham. All of whom were in the Public Health team was a credit to the City Council. The Chair requested that his thanks be passed on to that team and the work that had been done over this period.

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

- a. Dr Varney noted Councillor Tilsley's queries concerning the increase in Covid cases in Garretts Green and Sheldon Wards and whether Covid Wardens could be directed to the shopping centre to ensure that face coverings rules were being followed and advised that Public Health had undertaken an analysis of those Wards that were changing and that was the latest data that came today. Public Health was starting that work to look at whether there were any patterns that could be seen.
- b. Dr Varney added that Public Health would pick up with colleagues in Enforcement to see how the Covid Marshalls could be deployed. The Covid Marshalls were gradually working through the shopping high streets of the City and we were starting to look at what else we could do to help direct this a bit more.

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- c. One of the key limitations we had was that unless individuals told the National Contact Tracing Service that they went to the shopping centre for example, Public Health would not know that information.
- d. This was one of the request of anyone who was watching that if they tested positive and they were contacted by the service the more information you could give that service about where you had been in the days before you developed symptoms the easier it would be for Public Health to try and contact you.
- e. The issue was whether there was any common points of contact so that we could follow-up and try and do our best without it spreading any further in the community. As of last week Public Health had started to write out to Ward Members in the highest ranked Wards with a bit more analysis of the data to support and lead them in their local response partnership with local NHS colleagues. Dr Varney undertook to follow up the issue with Councillor Tilsley.
- f. Dr Varney noted Dr Aslam's query concerning schools and his assurance that they were not a problem and the different views taken by schools in London and whether London was looking at data differently and advised that there were two things: - if the data looked different if he looked at the heat map for London, their case rate had shot up in the under 15 and under 20 age groups. Birmingham's had not and had been stable.
- g. London's problems looked very different and that was true across the country. We were looking carefully at the single age group and our case rate per age group. Dr Varney added that the reason he was at pains to stressed each time as he gets asked each time whether a school was doing it.
- h. The second thing was that in Birmingham Public health had set up early additional support for schools. Much like we did care homes we had a multi-disciplinary team supporting schools when they got cases, doing regular webinars with Head teachers, meeting with Trade Unions. All of that was going on so we had good intelligence about what was happening in schools.
- i. This was slightly different from the approach taken by London. These were different patterns in Birmingham, but was one that every time he looked at the date, he looked at whether there was anything they were missing, were there anything they could draw even if it was tenuous was there enough of a link there for us to step in and try and get this outbreak further under control. We were not seeing this in our schools at present. One of the things that was being thought about in London and which many parents were thinking about was preparations for the Christmas bubble.
- j. This was one of the tension point but was a national position and the Department of Education was clear on that, but in terms of the data Public Health was not seeing that spiking in children in Birmingham. It

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was very stable and had since late September been the same. When we delved down into individual year groups it did not fluctuate much. There was nothing there that would justify us pushing schools to move online before the end of the term.

- k. Dr Varney noted Councillor Hamilton's enquiry regarding the increase in cases in the Holyhead Ward and whether this was caused by cases in schools or multi-generational households and advised that in Holyhead what was seen was that we had got of relatively large houses. We had what was called clusters where there were more than two people associated with a postcode and what was seen in Holyhead was that there were 12 clusters.
- l. Although the average size of those clusters were only two people, which would fit with a household, there was a couple where there was a household of 6 people. These were focused in a particular postcode, but it was known that Holyhead was a small Ward in terms of postcode. When we looked at somewhere like Garretts Green it was a slightly different picture but in Garretts Green there were fewer clusters as there was only eight in one of the postcodes, but they were larger.
- m. The average size of the cluster was three so those would also go against it being say a care home or a school for example because those would be specific postcodes and you get a larger number. Public Health looked at the data in terms of how many schools we had. One of the things that skewed the data which was whether care homes as residential settings were more likely to skew data particularly if you had a relatively small numbers.
- n. A care home could generate 10 to 15 cases and for one of the smaller Wards that did make a difference. Dr Varney undertook to get back to Ward Members with more details on what was happening in their individual Wards and whether there was more Public Health could tell them as to what was happening.
- o. In terms of schools what Public Health was seeing was that some schools were persistently having children who tested positive but they had two children that tested positive this week in Year Group 10 for example and then in two weeks' time they had a child in Year Group 6 and a child in Year Group 8.
- p. What the parents were feeling was a lot of bubbles of children being sent home continually from one school, but when we looked at how many children had tested positive from that school it was a small number compared to the overall number of children in the school. From the parents view point what they felt was a lot of children coming home repeatedly because a child was infected in their bubble and then it was another child three weeks later. But the children did not connect to each other and this was a bit of the tension Public Health had at the moment but we kept an eye on it.

The Board noted the slide presentation.

**UPDATE FROM THE NHS**

100

Rachel O'Connor, NHS Birmingham and Solihull CCG and Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG presented the item.

Ms O'Connor drew the attention of the Board to the information contained in the slide presentation.

(See document No. 3)

Ms O'Connor highlighted the following points: -

1. That the impact of the previous lockdown and the restrictions kicking in did not really had an impact on the health system and hospital numbers for about a month. This was the reason we would still see the current picture within our hospitals still having increases in the number of cases that were presenting.
2. There was typically a lag time of around a month and it would be a few more weeks before we started to see the impact of those lockdown restrictions. The current position remained that we still saw a rising demand across all of our access points for health and all of those settings.
3. In terms of numbers we currently had 430 Covid admissions and we were yet seeing a plateau so they continued to increase. What we were seeing however, was that the numbers today at University Hospitals Birmingham (UHB), our ITU our critical care numbers for Covid admissions was down to 36 so we had seen a decrease as that was around 50 last week which was good news.
4. Ms O'Connor advised that she would caveat that as they could have fluctuations and it was a bit early to draw attention to that particularly as we saw the numbers increasing of those that had been admitted into hospital.
5. A review of the position would be taken on Wednesday at Gold Call across the system to look at potential contingency options if we continue to see those rising in increasing numbers particularly for the health sector as January in particular after the festive period was our busiest time in the health sector with our general winter increases in hospital admissions and people accessing support.
6. On top of what was already a busy period and the complexity of Covid admissions we needed to ensure that we had the best flow and the right capacity available and needed to look at options on Wednesday if the numbers continue to increase. It was important to emphasise that even with that particularly with the public watching that for those with serious conditions the need to access help to please continue to do that.

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7. It was important for those who required emergency and urgent treatments that they still access the care that they needed. We were also seeing for those patients that required support for serious mental illness those numbers were up.
8. The impact of the wider isolation as people had been impacted by lockdown and potentially started to take effect. It was good news that we started to see those potentially UHB numbers come down as this had an impact on the number of planned care – elective procedures and being able to be continued.
9. We have had over the last month to take some difficult decisions about what planned care or elective care we could continue to do but it was important to reiterate that those who needed those urgent elective procedures they were doing their best to protect that capacity and keeping those procedures and operations available for those that needed it.
10. We knew there was a general interest about the vaccine availability, but would reinforce that when it's your time to come forward for the vaccination you will be contacted. It was important that GPs phones were not clogged with calls for people who needed to access treatment, speak to Primary Care as those lines were free. Please be assured that you will be contacted when your time was ready. Sickness levels amongst health staff were higher than the previous year

The Chair commented that the number of people being admitted to hospital particularly those occupying or being ventilated in ITU beds were one of the best methods the government looked at. The Chair added that he had paid close attention to those numbers in discussions with Government last week about which Tier Birmingham should be in.

Dr Aslam made the following statements:-

- i. The position was as described by Ms O'Connor and that in West Birmingham they find themselves in a similar position. We had seen a drop in the community rate and the Black Country the community rate had fallen during the lockdown but they were starting to rise again.
- ii. We had seen a reduction in the number of people that were admitted with Covid into hospital but the intensive care beds had remained stubbornly stable from week on week and that was a picture that was replicated across Birmingham as seen from Ms O'Connor's evidence.
- iii. This was a bit of a worry as we had two conflicting priorities – a vaccination programme going alongside control of the Covid-19 pandemic and testing people appropriately and then reacting to that. We had to significant pieces of work going on.
- iv. We had the vaccination programme which Professor Simon Ball, Chief Medical Officer, University Hospitals, Birmingham will speak about in his presentation later on for Birmingham wide. We had been working with the rest of Birmingham to ensure that the vaccination programme was

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appropriate for all of the Birmingham residents and had been working closely and well on that.

- v. Walsall had been self-right in the Black Country and left Birmingham to have their vaccination. They had them last week and had gotten through all their vaccination in the time frame. We had two Phase 1 sites that were going up tomorrow one in West Birmingham and one in Sandwell and they had booked in 800 patients in each of the sites already.
- vi. The national programme had not quite transpired as yet but they had been able to book in. The demand in the population of people we were looking to vaccinate was high and this was something that we should continue to encourage.
- vii. There was a group of people in the younger population that were probably more reluctant and were more concern about the vaccination. They were not the priority in terms of the vaccination and part of the process so they would continue to support that.
- viii. Again with the challenge around the flu vaccination for West Birmingham we were better than we were last time. There had been a push on those vaccinations but it was going to be difficult to vaccinate people once they had the Covid vaccination programme.
- ix. Dr Aslam encourage people in the same way Ms O'Connor had to get vaccinated. To get vaccinated for flu you had to wait at least a week before you had your Covid vaccination and then a further three weeks wait at least before you could have the second Covid vaccination and a week after that before you were likely to have a significant level of immunity.
- x. It was important for this period of time now for people to have the flu vaccination. There was something about the communications that we do with Dr Varney and ourselves to ensure that the communication around Covid, stopping the spread, we will have a lot of older people to go out and get vaccinated. We had a 15 minutes wait time within each vaccination site which was going to complicate the flow.
- xi. We needed to thing carefully what the flow of patients were but we did not want lots of Covid in the community when we were trying to get our most vulnerable people out to get vaccinated. There was a challenge that we needed to meet not only from a communications perspective but from a logistical view point as well.

Councillor Paul Tilsley enquired whether colleagues who may have had the news that which was leading to a spike in cases which was of concern.

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

1. Dr Aslam noted Councillor Hamilton's query concerning the clinically extremely vulnerable in relation to vaccinations in that group especially

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adults with down syndrome and advised that they were currently following guidance at the moment about who were to be vaccinated.

2. The people we were told to vaccinate at the moment were age specific and there were some pilots around the country around care homes. Learning disability and people with down syndrome were included in that and were areas that would be high priority, but we had not been given the guidance on when on the priority list they would be.
3. As you may be aware, we were probably in the process of having a second vaccine going through the approval process which would have much more vaccine and much easier to store. It would be more amenable to be going to places whether that were care homes or institutes. This would be much more amenable to taking on the vaccination approach. There was a programme and this was decided nationally about the criteria that were being applied to the vaccination programme.
4. Dr Aslam noted Councillor Tilsley's enquiry concerning BBC news report that there was possibly a variant of Covid in London and the South East and advised that they needed to follow the science. He added that fairly early on in this pandemic the Covid virus was mapped out in terms of its R and A sequencing so we needed to follow the science on that. Dr Aslam stated that he was not aware of the new variant as they had not yet been given any update on it.

Dr Varney advised that he understood that the Secretary of State for the Department of Health was currently speaking in the Houses of Parliament and had made reference to this. The Secretary of State had stated that he was not clear whether the new variant was causing the rapid spread in the south or not but he did highlight that the virus was spreading in all ages. Dr Varney added that it was known that the Covid virus varies as it spreads as we had seen the mink variant that came out of Denmark a few weeks ago which did not change anything in particular with the virus.

Dr Varney advised that there were new variants that were identified through the genetic typing of virus. There was a very rapid piece of work that was being done globally to look at what this tells us, whether it suggested that the virus was changing the way it behaved. But for everyone watching and listening today the key message was that the virus had not gone away. It was still dangerous and it was still spreading and the things that we all had to do to stop the spread was – *washing our hands; covering our face and keeping our distance*. These were the things that protected the people that we loved and cared about. Whether it was a new variant or not it did not change those things it was just another thing that meant we had to stay on our toes and keep on top of this pandemic.

The Chair commented that we were all in one way or another beholden to the NHS perhaps over the last 9 or 10 months. We were more beholden to the NHS than we ever had been. The Chair expressed thanks to Ms O'Connor and Dr Aslam and all of their colleagues in the NHS for everything they had done

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during this present pandemic as it was an incredible response and by science around the world.

The Board noted the report.

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### **TEST AND TRACE IMPLEMENTATION AND ENGAGEMENT PLAN UPDATE**

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

(See document No. 4)

The Chair commented that there was potentially some change in the Tiers being announced this week. But if we remained in Tier 3 and there were expectations that we would then all of the restrictions that applied for Tier 3 we carried with us if we moved into a different area for whatever reason as we were still restricted by the restrictions that applied to Tier 3.

The Chair further commented that people should think carefully about the easing of restrictions on those five days over Christmas and what they do. As stated earlier the virus was still out there and it was known that it killed people and he did not think anyone would want to place any of their loved ones at increased risk over the Christmas period. The Chair urged everyone to think carefully over that period of restrictions in what they do and who they met with.

The Board noted the presentation.

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### **TESTING STRATEGY**

- 102 Dr Justin Varney, Director of Public Health presented the item and drew the attention of the Board to the information in contained in the slide presentation.

(See document No. 5)

The Board noted the presentation.

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### **VACCINATION ROLLOUT**

- 103 Professor Simon Ball, Chief Medical Officer, University Hospitals, Birmingham presented the item and reinforced the Chairs comments with regards to responsible behaviours around Christmas and stated that this was absolutely crucial. Professor Ball added that as Ms O'Connor had alluded to, we had not seen any change in the number of patients we had as in patients at University Hospitals Birmingham over the last month or so.

Professor Ball highlighted the following:-

- The number of admissions we had during the course of November for example was 1273 which was 43 fewer than we admitted in April.

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- Alongside all of that we had been doing a lot more of the normal types of work that we do both from A&E and a degree of elective work as well which was very different to the situation we had in April.
- It was absolutely crucial that we collectively and with our population understand that we were not out of the woods by any means. It was hoped that the vaccination programme would give us the opportunity to navigate our way out of this over the course of the next many months.
- We were in close contacts with Sandwell and West Birmingham Hospitals with his colleague Dr David Carruthers and he would echo these comments very much.
- As for the vaccination programme, this was progressing which was a good thing. We went live at the Queen Elizabeth Hospital site on Saturday vaccinating 240 people. As you had heard we were targeting the over 80s specifically but also residential care home workers and other important groups and health care workers.
- This was continuing and we now had a supply of Pfizer/BioNTech vaccine currently going live not just on this site but delivery was due today with a view to starting vaccination across 12 different Primary Care Networks across Birmingham and Solihull. Professor Ball stated that he had been told that they had got high levels of bookings already into their vaccine programme which was excellent news.
- Realistically in terms of mass vaccination and going live with the mass vaccination site that we were preparing the work around that was looking into the early part of 2021 and would clearly be significantly be facilitated by availability of the Astra Zeneca vaccine which as we know the requirements for a cold chain were significantly less stringent than they were for the Pfizer vaccine.
- Professor Ball stated that they would be able to give the Board more information over the coming month with regards to that. This was a rapidly evolving scenario and we would be dependent on delivering into our care homes upon our colleagues in Primary Care Network and would come back and touch on that.
- Across Birmingham and Solihull alone we were talking about essentially delivering 1.92m doses of vaccine over the coming months. This was a huge undertaking to achieve whilst maintaining significant levels of social distancing for those who were attending the programme. This was certainly the largest logistic exercise many of us had ever been involved in.

The Chair commented that it was a huge logistical task to inoculate the population of Birmingham and it would take some time to do that. The Chair added that Councillor Matt Bennett unfortunately could not be present at the meeting but that he had a question on the vaccination roll out which was as follows:

*What arrangements are being made for those who are in the priority group and are housebound? My understanding is that home visits to administer the vaccine are not currently possible, but there will be people – particularly those who live in multi-generational households with people who are going out to work or school every day – who are very much at risk and will require vaccination.*

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Councillor Paulette Hamilton enquired how local government could support the NHS in what they were doing as this was a massive undertaking for the NHS.

Professor Ball advised that a lot of this was around communications and we had this strange dichotomy where we promote the importance of vaccination close to complete coverage as we possibly achieved. It was clearly an important goal for all sorts of reasons but at the same time, it was crucial that we were targeting vaccinations to the right people and not overloading particularly if you looked at our general practices with members of the population directly contacting Primary Care for example for vaccinations. That communication would come out of the major logistical exercise along with the CCG going on around targeting the appropriate age groups.

In terms of the extremely vulnerable, that particular group came in alongside those aged 70 and above, relatively prioritised and not yet identified as the same risk with those aged 80 or above. With regards to those who were unable to attend either a mass vaccination site or their GPs then arrangements would unfold rapidly over the next few weeks and in particular it was suspected that (but he hesitated to comment on the work that was being delivered by the CCGs, Primary Care Networks and GP colleagues). It was suspected that this would then be rolled out through GPs who knew their patients well and who often for patients who could not attend their general practices visit those patients.

Dr Aslam stated that conversations were had with the Health Care Trust and that every winter they had a scenario where the District Nurses would be visiting housebound patients on a regular basis. They took a few vaccinations from us and vaccinated those people in their own homes. We had a further conversation with them this year about Covid vaccine about not only vaccinating housebound patients when the logistics of the vaccine became more amenable to that but we needed to be given guidance on it. We were also having conversations about vaccinating carers as there was a strange situation in the first batch of vaccines where a 79 year old partner of an 80 year old gentleman came in and was not vaccinated.

We needed to take a more pragmatic view of getting to the point that we needed to get to which was a large portion of the population, particularly the at risk groups were vaccinated. Whatever we needed to do in terms of flexibility we needed to show to meet that agenda was an important one to bear in mind. The housebound patients fit into our vulnerable groups and we will be visiting them to give them their vaccination if they were unable to leave their homes.

Dr Aslam commented that we appeared to have three separate areas – hospital vaccination sites, mass vaccination sites and what the networks will deliver. Caveating that we will have some patients it was thought that the networks would take some responsibility as well. We knew who they were and would be able to vaccinate them. Dr Aslam enquired how they could be assured that they were not competing with each other in terms of getting people into the vaccination sites as this was clearly a challenge. Dr Aslam added that if we had the IT infrastructure that would be great as we would know who to vaccinate and we could carry on vaccinating the people we needed to

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vaccinate. To avoid the competition, clearly communication would be important.

Professor Ball advised that a lot of trouble had been gone through to develop an IT system. If it did not link up, we would be at least be able to provide reports or reporting back out on a daily basis. This was probably the way to mitigate much of this as possible. Obviously, the team that was delivering the vaccination programme particularly the mass vaccination programme, the hospital based vaccination programme were the same team with members of the CCGs and working closely with members off the Primary Care Networks.

That level of communications was on-going but it was a real challenge and it would not be surprising to hear him say that although we worked in the NHS it was remarkably how difficult it was to send communications and information across different sites in terms of that messaging. We were majoring on using the NHS numbers as the key for that and working closely with the CCGs in identifying those 80 year olds who were attending UHB. There was a kind of dual communication both to you and the UHB at present and then identifying those individuals whom we had managed to vaccinate. It was a real challenge and the challenge of rolling this out rapidly and was a challenge also about clarity in communication which was working better at a local level than it was at a central level.

The Chair commented that we as a local authority will do all we could to assist with communications.

The Board noted the presentation.

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

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

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### **TEST AND TRACE BUDGET OVERVIEW**

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

(See document No. 6)

Dr Varney advised that a reprofiled budget report would be submitted to the Board in January 2021.

- 105 **RESOLVED:** -

That the Board noted the report.

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**OTHER URGENT BUSINESS**

106 No items of urgent business were raised.

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**DATE AND TIME OF NEXT MEETING**

107 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 27 January 2021 at 1400 hours 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 1647 hours.

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**CHAIRMAN**