

BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
24 NOVEMBER 2021**

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 24 NOVEMBER 2021 AT 1430 HOURS ON-LINE

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Chief Superintendent Stephen Graham, West Midlands Police
Dr Justin Varney, Director of Public Health
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley

ALSO PRESENT:-

Richard Burden, Chair, Healthwatch Birmingham
Dr Julia Duke-Macrae, Consultant in Public Health
Simon Doble, Director of Primary Care and Integration, BSC CCG
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team
Simon Robinson, Senior Officer, Test and Trace Team, Public Health
Surjit Takhar, Public Health Officer, Public Health
Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

The Late Councillor Penny Holbrook

The Chair advised that a very close friend and colleague Councillor Penny Holbrook had passed away on Sunday 21 November 2021. The Chair stated that the Late Councillor Holbrook was a vibrant member of the City Council, a well-loved Member of the Labour Group and the other political groups. The Chair added that she just wanted to place on record that she will truly have

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missed her. She had known the Late Councillor Holbrook for 18 years and that she was a special woman that would certainly be missed by the City Council and that she was one that worked for the residents of the city. May Councillor Holbrook rest in eternal peace and she will be greatly missed.

NOTICE OF RECORDING/WEBCAST

- 251 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) 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

- 252 Apologies for absences were submitted on behalf of Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham, Councillor Brigid Jones, Deputy Leader, Birmingham City Council, Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB and Paul Sherriff (but Simon Doble as substitute).
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DECLARATIONS OF INTERESTS

- 253 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

- 254 **RESOLVED:-**

The Minutes of the meeting held on 6 October 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

- 255 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 highlighting the main points.

(See document No. 1)

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that we seem to have brilliant data around the case rates in terms of demographics. Mr Raybould enquired whether there were any corresponding

data around hospital admissions and deaths as this seem to be becoming more pertinent as the vaccination programme taken hold.

Andy Cave, Chief Executive, Healthwatch Birmingham commented that he was pleased to see the West Birmingham slide in the slide pack. He stated that he chaired the Coordination Group in West Birmingham and there were just developing an evaluation report at the moment. Mr Cave added that the report would be circulated to this Board when it was ready. Mr Cave further stated that if the Board would like him and a few members of the group to come back at the next meeting they could go into more details of the findings of that project.

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

1. In relation to Mr Raybould's query we had some data on deaths and hospitalisation and were in the process of finalising the Director of Public Health report which looked back over the first year of living with Covid.
2. Much of the data on things like death took a while to come through the system. It was not available data and that was what would be reported on the death data.
3. We had been working with hospitals about trying to get more insight into the NHS data on hospitalisation. There was some national and local information which we were putting out around explaining the difference in death in people who were vaccinated and unvaccinated people to explain and unpicked some of the fake news that were circulating around it.
4. Ultimately, what we were seeing was that the majority of people who were dying were unvaccinated and the majority of hospitalisation was in the unvaccinated.
5. Where vaccinated people were dying, in effect they were of an age and frailty and they probably would have died from something else. There was a proportion that was dying at a much lower proportion than the unvaccinated.
6. There was a big difference between the two in terms of the volume of deaths when comparing the vaccinated and the unvaccinated. The other thing in terms of hospitalisation was that it was seen that unvaccinated people were staying in hospital longer.
7. Even where vaccinated people do get so sick that they needed to go into hospital, they were only going in for a day or two and then they were fine to go home again, whereas the unvaccinated people were staying in for days and weeks and were very unwell.
8. We were seeing clear evidence of the differences between the unvaccinated and the vaccinated. There were not really any evidence of difference beyond that because any difference that was seen in unvaccinated rates could be linked back to what we knew about the population that were unvaccinated.
9. The final thing to say was that the risk factors for serious illness with Covid remained the same. People who were overweight, smokers, people who had chronic diseases, particularly diabetes, high blood pressure, kidney diseases and if it was poorly managed, they were more vulnerable than people who did not have those conditions, men and the elderly as well.
10. This was why the vaccination was so important because if you were vaccinated and were in those groups you were reducing your risk

whereas the unvaccinated was facing a real risk of hospitalisation and death as your risk was so much higher. The key message was to get vaccinated as all the evidence both local and national states that it protects you and it reduces your risk of being very unwell.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE UPDATE

256 Simon Doble, Director of Primary Care and Integration, BSC CCG presented the item and made the following statements:-

(See document No. 2)

- a. In terms of the winter and phase three booster programme there were 23 PCN LDS sites in operation and all the local vaccination sites operating out of Birmingham.
- b. They were carrying out booster doses but were then offering further first and second doses for a population that wanted those. Some PCN in addition were also carrying out additional capacity for health for 12 – 15 years old as well and that was a full capacity on the national booking system.
- c. All adults and children were able to book though there. Within Birmingham we also had 18 community pharmacies that were live and 7 further which were being on board at the moment following regional sign off. That will grow as another vehicle for delivery.
- d. Vaccination centres -Edgbaston vaccination centre closed on the 19 November. There was work going on to add new centres and that should happen during December.
- e. Outside of Birmingham there had been a vaccination centre opened in Solihull recently, but confirmation of those Birmingham centres should follow shortly.
- f. In addition to Pfizer supply, Moderna vaccines had just started to come through the system this week as well to further support vaccine delivery.
- g. From a care home perspective, majority of care home patients had now received a booster vaccination and housebound patients were vaccinated by the Community Trust with some support from Primary Care.
- h. The flu programme continues as normal through general practice, community pharmacy and NHS Trusts. Where possible co-administration was taking place, but the principle of not delaying one vaccine for the sake of co-administration being followed.
- i. In terms of what was being delivered overall and this changes as people will have seen there was an addition to the cohorts this week.
- j. The additions this week being from a booster perspective those age between 40 – 49 were now being made eligible to a booster post 6 months after their second dose.
- k. Also a second dose for the cohorts of age 16 – 17¾ where they were now getting a second dose as well. The other cohorts were anyone aged 12 years or older for their first or second dose or a third dose if eligible and the age 12 – 17 for the clinically vulnerable and then certain

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clinically vulnerable patients will get three doses as part of that primary initial vaccination.

- l. The schools programme began on the 27th September and that was contracted and commissioned by the NHS England with the school community provided nationally and this was flowing through and being supported.
- m. The expectation on the schools' programme was for that to have been completed by Christmas 2021. There were some vaccination figures within the information pack, they were for events up to the 8th November and split across the hospitals and local vaccination centres and vaccination centres.
- n. Broadly, the lion share of that 70% just below were being delivered out of the local vaccination sites – the PCN, general vaccination sites and the community pharmacies. 11.5% were from hospital hubs and just under 20% from the vaccination centres were being undertaken.
- o. Actions to improve uptakes – there were weekly performance reviews across the sites focussing on activity particularly for the local vaccination site follow up with any low performing areas.
- p. There has been a focus on care homes and housebound delivery and understanding how we could progress and smooth through any of the issues that may have been arisen.
- q. There was progression of any of the actions which came back to what Dr Varney had stated earlier through some of the Vaccine Inequalities Board and how we support some of the low uptake areas and populations within Birmingham.
- r. There had been a system review of workforce and redesign of the system to ensure that was effective and efficient in terms of deployment and helped to avoid any cancellation of clinics.
- s. We were working closely to mitigate any potential risk through uptake due to the change in vaccine levels and vaccine type. There was also a review of local communication strategy as well which linked back to what Dr Varney stated earlier.
- t. We were encouraging the GPs, PCNs and local vaccination sites to engage with the national booking system and therefore widen the ability of patients to access appointments.

Dr Varney enquired whether Mr Doble could highlight the approach to the housebound and care home residents including children who were extremely clinically vulnerable in residential care.

Mr Raybould enquired whether there was any data on the correlation between the distance where people lived and where they had the vaccine and whether that affected uptake. It seemed that people were now having to travel further to get their vaccine and he wondered whether this was having any impact.

In relation to Dr Varney's query, Mr Doble made the following statements:-

- I. In terms of the housebound patients approach, they had been vaccinated and the majority of vaccination was through Birmingham Community Healthcare.
- II. Primary Care was also supporting that and that was down to agreement between the two providers as to how we best managed and support

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those patients and get that coverage across. There was on-going work around that.

- III. In relation to the second part of Dr Varney's question, Mr Doble advised that he take this away so that a more appropriate answer could be sought in terms of supporting some of the children as he wanted to be clear on the approach around that and then come back with a response.
- IV. In terms of care home patients, the majority had now received the booster. Those were mainly supported through general practice with a structured approach, but this had well progressed in terms of the care homes positions.
- V. In relation to Mr Raybould's query, in terms of our local sites, we had done well within Birmingham in terms of maintaining those local vaccination sites.
- VI. Other areas had seen quite a marked drop-off from general practice no longer providing those vaccinations, whereas, within Birmingham and Solihull we have maintained that level of coverage and manage to hang on to those sites.
- VII. We have seen a huge increase in the number of community pharmacies. Whilst the vaccination centres had been (we have not got those currently operating in Birmingham we were looking at those reopening soon), we have got from an individual site perspective far more sits available.
- VIII. Without having the data specifically, from a site perspective we have more than the earlier delivery phase.

The Board noted the update on the vaccination rollout and uptake.

LIVING WITH COVID STRATEGY

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Dr Justin Varney, Director of Public Health introduced the item and advised that colleagues would be aware that we were continuing the work to develop the Living with Covid Strategy. He added that it had taken a bit longer than was originally anticipated, partly because we were doing a series of exercises both in Birmingham and across the West Midlands to test our winter resilience and test our thinking in this space.

Dr Varney then drew the Board's attention to the information contained in the slide presentation.

(See document No. 3)

The Chair commented that the document was a live one and was on-going and that it will change as time goes on.

The Board noted the presentation.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

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The Chair introduced the item and advised that a number of weeks ago many of us would have had the information that we had lost a young woman in the east of the city. She had her baby and then died of Covid. That brought a

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sharp level of interest from the Asian and other communities that they were very concerned.

As a Council we were asked if we could lead on a specially held meeting relating to Covid and how we could improve people's awareness of Covid, but more so taking the vaccine, particularly pregnant women and women who had just given birth. We had noticed through data that women were not taking the vaccination the way they needed to be taking them. A special meeting with the Imams, a number of professionals, NHS England and staff from Public Health were in attendance.

At the meeting the Imams and a number of people referred to *Covid fatigue*. This struck a note with her as within the communities (and those doing a lot of work within the communities) she was finding that within communities like hers, she cannot speak freely about Covid. The Chair added that it was as if people did not want her to speak about it in her Ward. The Chair further stated that when she heard the term Covid fatigue she requested members of staff to consider putting some questions to the public relating to the term Covid fatigue to see what response we would get in terms of what people were feeling, their mood and to help drive forward this particular subject and to see how we could increase people's education around the Covid vaccine uptake.

The Chair highlighted that the Public Health team did a phenomenal piece of work concerning the issue and then introduced Dr Varney to present the information.

Dr Varney advised that we were able to use our social media channels and also work with our community partners to signpost people into our social media channels and the Be Heard Consultation Portal to ask people - What they think? Were you feeling Covid fatigue? Do you understand what that the term means? What do you think we should do differently? The survey was launched on the 19th November 2021 – 22nd November 2021 and we had just over 100 responses.

Dr Varney then drew the Boards attention to the information contained in the slide presentation survey.

(See document No. 4)

Andy Cave commented that it was a useful information and insight about what communities were thinking at the moment. It was felt for a while that there was some kind of fatigue around the word Covid. The feedback from our community group was that they were struggling to start that conversation with people. The survey gave a real good insight around what we could do differently. In particular, the next step was to use this as a system for Public Health comms and how we could support it in the wider system. Perhaps BSol inequalities group could go there and look how we could do something differently collectively.

Stephen Raybould commented that there were a couple of things – one of the things from the community group was yes, there was fatigue about having a head on conversation about Covid all the time. There was not a lot of energy

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around the wider determinants of health which feeds heavily into Covid outcome so having a conversation around Covid and those wider issues was worthwhile. The other thing was a real challenge especially around other people not wearing face mask was a real disincentive for the people who still wanted to do it. Everybody was protected by what other people do and finding a way to turn that around would be helpful.

Councillor Paul Tilsley commented that there was a degree of fatigue. He advised that he religiously send out the public health update and that he had also taken the latest figures for Sheldon that was published at 4:00pm on a Friday afternoon on the Government Covid site and send these out to his database. Councillor Tilsley stated that he had not had anybody responded to him to say they were no longer interested in the information. He stated that the only negatives he had was from people who had moved out of the area and did not wished to be on his database anymore. He added that each week he got two or three people expressing their thanks to him for the information. The database has 300 email addresses and probably reaches 600 plus people and probably got forwarded on to others.

Simon Doble commented that it was an interesting topic and presentation. Mr Doble stated that he was in agreement with some of the things that Mr Cave and Mr Raybould had stated. In respect of Mr Cave it would be helpful to play this conversation into the dialogue we had with the Health and Inequalities Group and get their views on it. Also how we play it into our wider communications programme around vaccine uptake as well. Those would be his two messages back.

Richard Burden commented that he was in agreement with what had been stated. He added that the presentation was a useful one and that going forward it was important to reality check that in our on-going communication work and relationships. Mr Burden added that some of the things that came out of the presentation was key and anecdotal for impressions he had. The lessons would probably go beyond Covid and will need to inform our work in a wider way. It was a good presentation and feeding this presentation to other inequalities group was a good idea.

The Chair commented that this was another example of Public Health and the wider Council working together quickly, through residents, and what we were hearing from the public, to do a piece of work that she believed would be informative going forward.

The Chair expressed thanks to Dr Varney, Modupe Omonijo and the team for doing a fantastic job. The Chair added that she did not want this to be the end and as we go forward and were taking things to other areas, that this be brought back so that people knows what was being said in the communities.

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health introduced the item and drew the Board's attention to the information relating to spend to date in the report .

(See document No. 5)

Dr Varney advised that a more detailed report would be presented to December Board meeting to sign off some of the changes that we will need to make in the budget for the remainder of its duration. Dr Varney highlighted that we had bid for pots of money through the last 6 – 10 months and had been successful. This had destabilised the budget as we had secured an additional £2m that we were not expecting to have when we set out the original budget proposal.

Although it looked like there was a huge underspend in the budget, in reality, what we were finding was that some of these were not being coded into the budget code correctly during the second wave of the pandemic and colleague would appreciate the pressure staff was under. The fact that they were coding them to normal budget codes and not to the new budget codes was understandable.

There was a piece of retrospective accounting being done to work out what spend went where and why some of these budget lines we were expecting spend against was not there. We have identified several areas where the recharge that should have gone to these budget lines did not happen. When we bring the report back in December it was hoped to present the Board with an update on the budget, he was confident would be accurate in terms of the spend to date and a reprofiling on the remaining budget. We will assure the Board that we have resilience to take us through the Commonwealth Games (CWG) and maintain the specialist Public Health response and the enhance enforcement and environment response that we need to protect the city through to the end of September 2022.

Stephen Raybould enquired given the extra pressure the CWG will put on the public health system whether there was additional investment coming into the city to support that. Dr Varney advised that as far as he was aware, we have not received any additional funding to local government public health for the CWG. There had been a small amount of additional resource given to the UK Health Security Agency to maintain some additional health protection in response capacity for the West Midlands. There has been some to the regional teams but nothing additional.

As stated previously, we did get a special dispensation to carry forward with this budget. One of the things that Birmingham experienced that some of the other parts of the West Midlands did not was when we went into the Tiers model each time, we went into the Tiers we got an extra £3m due to the size of the population which we were not expecting. In the first year of the pandemic we did not have to spend as much of this budget as areas that did not go through the Tiers which left us with a bit of an underspend when we went into this year. What we had was an agreement for the department to carry that forward.

The Chair stated that we were going into what was described as the worst winter and as the hospitals had told us that they were already at capacity. The fact was that within our NHS they were running at full *kelt*. Adult social care were saying that the numbers they were seeing coming through the service were the numbers they would normally get after Christmas. The Chair enquired

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whether there any soundings from Government and NHS England to say that pots of monies could be coming through to help us through this difficult period.

As Dr Varney alluded to, after Christmas there could be a spike in numbers because natural immunity was waning, and the data showed what could be happening at Christmas. The Chair further enquired whether there was any planning for that scenario.

Dr Varney advised that he was not aware of any additional funding being identified by the department. He stated that he was aware that both the NHS and social care side there was a request for additional support due to winter pressures. We were already in winter pressures. The pressures in health and social care at the moment were what we would normally see mid-to-late December, so we were already under the cosh as it was. This was burning through reserves and capacity as well as resilience, staffing health and social care has got left.

Dr Varney further stated that he was aware that voices were being raised by colleagues in health and social care and the NHS, but he was not aware of any murmurings or whisperings that there was any additional resources coming nor do we have any clarity on the Public Health Grant allocation for 2022-23. Part of the reason he took such a cautious approach to the accounting in this space and hold back a contingency and reserve was that he had no confidence that at this stage there would be help coming.

259 **RESOLVED:** -

That the Board noted the report.

OTHER URGENT BUSINESS

260 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

261 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 15 December 2021 at 1400 hours as an online meeting.

The meeting ended at 1548 hours.

CHAIRMAN

