BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 1 SEPTEMBER 2021

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 1 SEPTEMBER 2021 AT 1400 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
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Councillor Brigid Jones, Deputy Leader, Birmingham City Council
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health

ALSO PRESENT:-

Dr Julia Duke-Macrae, Consultant in Public Health
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team
Errol Wilson, Committee Services

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WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

218 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.

APOLOGIES

219 Apologies for absences were submitted on behalf of Dr Manir Aslam and Dr Parmjit Morak; Mark Croxford, Head of Environmental Health, Neighbourhoods; Chief Superintendent Stephen Graham, West Midlands Police and Richard Burden, Chair, Healthwatch Birmingham

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DECLARATIONS OF INTERESTS

220 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.

MINUTES

221 **RESOLVED:-**

The Minutes of the meeting held on 21 July 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

222 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. 2)

Councillor Paul Tilsley enquired whether in all the statistics that Dr Varney had produced over the last few months the comments had been that 75% of hospital admissions had either had no inoculations or just one. 25% have had their double dose of the vaccine and whether his was a correct assumption.

Dr Varney advised that Councillor Tilsley awaits the presentation of the next item as Dr Julia Duke-Macrae will be giving a presentation on hospital admissions part of which would be an explanation of the vaccination status of those admitted.

The Chair commented that it was interesting looking through the slide presentation on Agenda item 7 which Dr Duke-Macrae will take us through.

Councillor Brigid Jones, Deputy Leader, Birmingham City Council stated that in relation to the vaccination she had heard anecdotally that there were concerns that people had been turned away from vaccinations if they did not have proper identification on them. Nowhere on the Council's website it had stated that we needed identification to get a vaccination.

Dr Varney gave the following response:-

- Most of the sites particularly the mass vaccination sites at Millennium Point and Aston Villa would help with what identification was needed. Normally a piece of identification was needed and for any information we signposted people to the NHS website from the Council's website which stated that people should take some form of identification.
- This did not mean that it needed to be a passport, it could be anything such as a bill with your postcode on it. If you did not have it the people on the walk in sites would help you to find out how to register.
- The reason the identification was important was not about checking who you were, but about trying to link you to your NHS record because it was important that your vaccine when given was recorded on the NHS system and connects back to your GP so that when you needed the vaccine passport for example, to travel abroad, that data was linked.
- If it was not linked to your NHS record you had no evidence other than the little card that you ever had the vaccine.
- The NHS team got quite good at this as we did a pop-up about a month ago with the Chinese Community Centre and we had a large number of undocumented citizens that attended who had no identification and the NHS team was able to help them.
- It may be slightly if it was a GP practice or a pharmacy site, but walk-up sites were capable of helping people to navigate if they had forgotten their identification or were unable to get one.

The Board noted the presentation.

COVID-19 HOSPITAL ADMISSION AND VACCINATION

Dr Julia Duke-Macrae, Consultant in Public Health introduced the item and drew the attention of the Board to the information contained in the slide presentation.

The Chair commented that he was surprised that the number of those with two doses and admitted to hospital and ending up in ITU he thought was quite high at 37% and 27%. The Chair enquired whether anything was known about the people who ended up in hospital who had two doses and whether the majority of them were perfectly healthy individuals or whether they had some other underlying conditions meant that in spite of having two doses of the vaccine they still ended up in hospital or in some cases on ITU.

Dr Duke-Macrae advised that the data Public Health had access to did not provide that information for them to dug deeply into the data to provide an analysis to understand that. Hopefully, Public Health could work with colleagues in the NHS to do that piece of work to understand that information but the data we were given did not have that information.

Dr Varney enquired whether the ITU dataset was about patients in ITU with Covid. He added that he thought the admissions were patients who had Covid but this may not be the reason they were admitted.

Dr Duke-Macrae advised that they were all patients that were admitted with Covid as their primary.

Dr Varney commented that it was known that the vaccine was not 100% and that if you had two doses you were much less likely to end up in hospital and being severely ill. This data reinforces that, but it also reinforces that it was not perfect which was why we needed *hands, face, space*. People needed to keep washing their hands, keep wearing face coverings on public transport.

Dr Varney advised that in relation to the data presented by Dr Duke-Macrae, Public Health did not have access to the report on the length of stay. Anecdotally, what we had been told by the hospitals was that the patients that goes into hospital but did not end up in intensive care with two doses of the vaccine went home much quicker. What this was describing was that people still could get sick with Covid but they got better much faster if they had two vaccines and they go home quicker, whereas the unvaccinated stayed in hospital and got sicker.

Dr Varney highlighted that the vaccine was still doing what it says on the tin – stopping you getting severely unwell and stopping you from dying, but it was not perfect. 25% - 30% ending up in hospital was still significantly better than the flu jab which was only about 50% effective. Dr Varney then enquired whether Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG could get more access to the data from the Acute as this was the data that came from Sandwell and West Birmingham and UHBT. It was important to get the granular stuff around the length of stay as well as it reinforces that the double vaccinated was far less sick than the unvaccinated as this was what the clinicians were telling us.

Mr Jennings undertook to speak to colleagues about this as this kind of headline figure was quite powerful in terms of the average age of people in the ITU and this age was about 10 years younger than the average age of people in the last wave. If you turn the question around – if you knew the best part of ¾ of the population was vaccinated we knew that older people were much more likely to be severely be impacted by the disease. But, the average age of people in ITU was coming down, this also reinforces how powerful and effective the vaccine was. Once we did not know the actual details the anecdotal conversation with colleagues at the QE suggested that many of those in ITU with Covid had a lot of other things going on as well if they were doubly vaccinated. He added that he was happy to speak with UHB colleagues to get a structured way of giving Public Health the data without it being a burden.

The Chair commented that it would be useful to have that data as it would be more reassuring if people who were doubly dosed with the vaccine and ended up in ITU was because they had other underlying health issues. This would be more reassuring than the statistics that had been in the slide presentation. Mr Jennings responded that if you compare the number of people in hospital during this wave to the number of people who were in hospital during the last wave with the case rate it could be seen that there was a clear indicator.

Whilst we still had 200 people in the three UHB hospitals with Covid, at the levels of case rates we had a few weeks ago we would have been back where

we were earlier this year where we had in excess of 1000 people in hospital. This was another powerful indicator as we had nothing like the numbers in hospital that we had in the first wave.

Dr Duke-Macrae stated that in this particular study we were see much fewer older people who were being admitted compared to what it was previously so the vaccine was working well for that group which we were targeting initially. It was important to note that there may be a waning of the vaccine and hence the promotion of having a booster dose as well.

Councillor Tilsley commented that what was interesting on page 109 of the Agenda pack was if we look at the data the interval between the second doses and admissions after two/three months it was 44, three/four months it was double that at 87 and then four/five months it was a third of that and the point made earlier as to whether there had been any underlying conditions and were there an issue surrounding the prevalence of whichever vaccination was being given at that time.

Dr Varney stated that this was a good point and that Dr Duke-Macrae would be able to look at this and report back to the next Board. If we look at three/four months after the second dose between May and August, three/four months after your second dose – if you were admitted in August your second dose would have been in May. The majority of people under the age of 60 who had their second dose with the clinically extremely vulnerable. There were people with significant existing health conditions.

Dr Varney further stated that it was known that the vaccine in people who had immunosuppression or the very elderly did start to wain and this was the reason we were looking at the booster to pump up their immune response. This may well be behind the statistics as looking at the dates May to August the only people under the age of 60 who would have had two doses were healthcare professionals, health and social care professionals or the clinically extremely vulnerable. There may well be other complicating factors which meant that they were more vulnerable and the vaccine would not be quite as good which was the reason national government was considering rolling out the booster alongside the flu jab. We will have details of that for the next Board.

223 **RESOLVED: -**

That the Board noted the report.

VACCINATION ROLLOUT AND UPTAKE UPDATE

224 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG presented the item and made the following statements:-

a. In terms of uptake across Birmingham we administered were just under 650,000 first doses and just over 550,000 second doses. There was still a range of rates of the vaccination.
b. We had a very young population and therefore the vaccination rates in the younger age groups were still lower than there were in the higher

age groups and this was simply because of the shape of our population and the fact that we were only able to begin vaccinating younger people towards the end of the vaccination programme.

c. We were making good progress as the figures I was sent to present at this Board meeting today suggest that we only had a vaccination rate of about 17% with the 16-17 year olds were already well ahead of that.
d. There was the likelihood of a booster vaccination but we were still awaiting the details of that to be announced.
e. We anticipated that it would be a booster vaccination for the over 80's for those who were merely compromised for those who lived in care homes along with health and social care staff.
f. We believed that this will be as far as the campaign will go, but this was based on those who were most vulnerable and least likely to be able to generate antibodies on the back of the vaccination programme and those who were most in the frontline in terms of them being exposed through health and care situations.
g. We were in the process of continuing to encourage those who work in care homes situations to be vaccinated. We announced the likelihood of an immunisation programme for Covid in schools and we anticipate that we should be hearing an announcement in respect of that formally at the end of this week.
h. We had been planning our approach which we hoped would enable us to deliver to all those who were willing to receive a first Covid vaccination between now and half-term of all the 12 – 15 year olds in Birmingham.
i. The planning for this would be detailed publicly once the announce had been made public rather than being leaked through the press. All the plans for this was currently in place.

   At this juncture, the Chair enquired whether the booster situation was continuously under review as more data emerges.

j. Mr Jennings stated that it was clear that there were those for whom the first two doses were not as effective or as long lasting as they were for others and that was where it was likely to be focussed.
k. Earlier in the year we would have heard about the booster for all those over 50.
l. We were now focussed on the conversation about those over 80. What we were also hoping to be able to do, (but we were awaiting the final go ahead) was to be able to administer a Covid booster and a flu vaccination at the same visit.
m. This would be more efficient in terms of the delivery and the logistics.

   The Chair commented that the reason he asked the question was that in Israel they were rolling out booster shots for all over 50s.

n. Mr Jennings stated that Israel were the first to begin the vaccination programme and they had vaccinated and at one point had vaccinated the highest percentage of their population of any nation.
o. They were taking a different approach whilst our approach was led by the Joint Committee on Vaccination and Immunisation (JCVI) and we were following their guidance which was generally carefully thought through.

Councillor Paulette Hamilton enquired about the vaccination in the care homes and the staffs in care homes that would be redeployed or would be asked to leave their jobs as of the 11th November 2021. Councillor Hamilton voiced concerns that this had not been well promoted and further enquired what had been put in place to ramp up the communications and the promotion so that people were absolutely clear that the government meant business on this particular point. Councillor Hamilton also queried whether it was likely for the 12 – 15 year olds to be given the vaccination before they go back to school or at least during their first week of school.

Mr Jennings responded as follows:-

I. That his understanding was that we were likely to heat the final ruling of the JCVI on Friday 3 September 2021.
II. That there were plans in place to begin the vaccination but would need to have the conversation with the school's first.
III. Schools were alerted to it and were would cooperate with the programme, but the population of 12-15 year olds in Birmingham was approaching 75,000.
IV. Practically, we could not do them within the first week of them returning to school, but had arranged to do this in the half-term.
V. In terms of the communications with care homes we had worked hard including the Council and the Adult Social Care team had been in constant dialogue and contact with the care homes.
VI. A programme was in place over this last week and a conversation with every care setting in Birmingham to bring them up to speed to help them to understand and to encourage them to supply us with the data so we could focus our needs.
VII. We had been speaking about taking a mobile vaccination units out with GPs having conversations as all the GPs had relationship with the care homes.
VIII. Every care home had a GP allocated to them as part of the scheme in place. There could be no one who could say that they did not know or understand that this was not a drill, this was serious.

Councillor Hamilton stated that she was in support of Mr Jennings' statements, but that the issue for her was the wider public. She added that she was aware that the care home work was going on, but the way this was done with the university students in terms of the promotion – as of September 2021 they could not go into any clubs etc. – this was more subdued with people in the care homes. Councillor Hamilton further added that she felt that this should be the start point for the government rolling it out to both the health service and in different parts of the community. The Government had not been as vocal with their communication so that the public was aware that this was happening. The Chair commented that he was in agreement with Councillor Hamilton's statement as there had not been very much in the way of communication nor any change at all.

Mr Jennings stated that we were in the process of trying to understand the implications in terms of those who goes into care homes. There were a lot of people who were required to go into care homes and for their jobs who will not

be able to go in in future unless they were doubly vaccinated. We were going through an exercise over the next two weeks to scope who those organisations were and the level of population they had as unvaccinated staff so we could start a structured conversation with them.

Mr Jennings further stated that Councillor Hamilton was absolutely right and this would have been much easier and clearer if the step within the NHS had been in time with the step in social care. There was a consultation in the NHS about the consultation progress and he would not be surprised if they came to the same conclusion. Doing it in two steps made it complicated for people to understand. It would be the responsibility of the manager of the care homes to check that those coming in had been appropriately vaccinated which would be a difficult task for those individuals. Colleagues in social care were working tirelessly on this. In our Programme Board for the vaccination programme, this was the main thing we had been speaking about for the last month or so and was very much the focus of our attention.

The Board noted the presentation.

ENFORCEMENT UPDATE

The Chair introduced the item and drew the attention of the Board to paragraph 3.1 of the report and advised that the report was tabled for information.

(See document No. 1)

The Chair advised that if anyone had any question on the item to please email Mark Croxford at Birmingham City Council who would be able to give a response.

225 **RESOLVED: -**

The Board noted the report.

LIVING WITH COVID STRATEGY

Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team introduced the item and made the following statements:-

1. From the discussions we have had especially on the presentation in relation to the Covid-19 Hospital Admission and Vaccination item, the nature of the questions and the context of how Covid had evolved and continue to evolved, the paper will articulate and mention the fact that we were moving through a phase from the emergency response to a different phase.
2. The strategy would be geared towards those new challenges. We will be drilling down more to learn about what was happening and we needed a slightly different strategy from the first phase when we were more on the emergency process.

3. The Council needed to note the fact that the emergency response had been stood down in August 2021.
4. Effectively some of those process along with the environmental enforcement were changing and this was part of the rationale for trying to have a slightly different push on how we respond and deal with pandemic.
5. It was important to note that in terms of capacity we were in a different strategy in terms of moving towards business as well as how we approach the general dynamics. These were essentially part of the rationale for trying to have a slightly different strategy to deal with the Covid response.
6. For Birmingham in particular, given the forthcoming Commonwealth Games and the challenges that would come with that and the winter pressures which would bring the norovirus and respiratory illnesses we were going to try and change the approach to tackling Covid. This was pointing out the fact that there was a change phase and subsequently a changed strategy.
7. The detail of the strategy was outlined in the report and was to strengthen the resilience and capacities through the first phase finding those capacities and then finding ways to strengthen them in the event that the changes we were now able to build on those capacities in order to be able to manage it better and to learn lessons.
8. There was some work already being done about learning lessons from the Covid so we will pick some of those lessons and try to drill down more into the Public Health response.
9. All these information will hopefully enrich the strategy that we will be presenting in more details at October's Board meeting. There will be a strategic review of what had happened during the emergency phase and we would draw lessons from that. In the process we would be discussing with both members from the Board and indebt interviews with …
10. Apart from the analysis that would pull out the data the issues the relationships and dynamics because it was an adoptive process, we need to be able to capture what made it possible for us to be able to respond in order to build on that. The finer bits of the details we would try to pick up.
11. In terms of the effectiveness of the vaccine and the implication it might have in communicating the impact of that and being able to be prepared to respond if things were to change, we will also need to be able to have that capacity.
12. All these methods and strategy in order to be able to live with Covid we would be able to have a strategy to communicate to the next Board, the lessons learnt and how we could use those lessons moving forward.

The Chair commented that the strategy would span the period from winter 2021 to Autumn 2022 which would take us through October/November 2022. The review Dr Onwukwe referred to is due to be completed by the 20th September 2021 in time for the draft strategy to be presented to October's Board meeting.

226 **RESOLVED: -**

The Board noted the report.

MSOA DEATH ANALYSIS

227 The Chair advised that this item was deferred to October's Board meeting to allow for further work to be done.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

The Chair introduced the item and advised that there had been a question which was summarised in the report.

(See document No. 1)

The Chair advised that the response was set out in paragraph 3.2 of the report.

228 **RESOLVED: -**

The Board noted the response.

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health introduced the item and advised that we were in budget.

(See document No. 3)

Dr Varney highlighted that as the Board was aware, we had profiled our budget based on what we had given to us in the ringfenced grant to take us through to the end of September 2022. This was to ensure that we had an adequate health protection to respond to Covid and potentially other infectious diseases throughout the Commonwealth Games and any other mass international events that we host in the city between now and then. The Commonwealth Games was the largest we had and we also had several other international sporting tournaments and arts events over the spring and early summer before the games. This was important as it allowed us to test and to feedback to the Board how we were adopting our Covid response to ensure resilience for those events.

Of the £2.5m contingency we set aside in this year and the £3.5m for Phase 3 response we had drown down approximately £2m of that overall £6m already which has not yet moved onto the ledger which was the reason it was not in the report. Dr Varney stated that he wanted colleagues to be aware otherwise it looked as though we were holding a large contingency. We were now being able to move things around so that it was clear which budget lines things were coming from. He hope was that the Board would see some of that Phase 3 had actually been spent during the response to the most recent wave in this financial year. The spend from the 1st April through to now in the additional response that we did to the most recent wave of the Covid had been drawn out of the £3.5m with about £2m to come out of it.

229 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

230 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

231 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 6 October 2021 at 1400 hours as an online meeting.

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232 ***Farewell to Mr Paul Jennings***

The Chair commented that he knew Mr Jennings for a very long time and that he was an exemplary individual of the NHS and had been particularly adept keeping all of the politicians in Birmingham's local authority and indeed the 10 Birmingham Members of Parliament (meeting with them later today) keeping us all informed and abreast with development within the NHS as they had dealt with this crisis over the last 18 months. As Mr Jennings had stated earlier, the NHS was under immense pressure and he was sure that Mr Jennings himself too came under pressure over that period. The Chair wished Mr Jennings well on behalf of the Board as he head off to his retirement

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EXCLUSION OF THE PUBLIC

233 **RESOLVED: -**

That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraph 3 of Schedule 12A.