

# BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK  
ENGAGEMENT BOARD  
WEDNESDAY,  
26 JANUARY 2022**

## **MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 26 JANUARY 2022 AT 1400 HOURS ON-LINE**

### **PRESENT: -**

Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care  
Andy Cave, Chief Executive, Healthwatch Birmingham  
Dr Justin Varney, Director of Public Health  
Stephen Raybould, Programmes Director, Ageing Better, BVSC  
Paul Sherriff, NHS Birmingham and Solihull CCG  
Councillor Paul Tilsley  
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

### **ALSO PRESENT:-**

Richard Burden, Chair, Healthwatch Birmingham  
Jaswinder Didially, Head of Service, Education Infrastructure  
Dr Julia Duke-Macrae, Consultant in Public Health  
Remi Omotoye, Public Health Service Lead  
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team  
Simon Robinson, Senior Officer, Test and Trace Team, Public Health  
Errol Wilson, Committee Services

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### **WELCOME AND INTRODUCTIONS**

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

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### **NOTICE OF RECORDING/WEBCAST**

- 274 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](https://www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw)) and that

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members of the press/public may record and take photographs except where there are confidential or exempt items.

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### **APOLOGIES**

- 275 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 Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB  
Chief Superintendent Stephen Graham, West Midlands Police
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### **DECLARATIONS OF INTERESTS**

- 276 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**

- 277 **RESOLVED:-**

The Minutes of the meeting held on 15 December 2021, having been previously circulated, were confirmed by the Chair.

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

- 278 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)

The Chair enquired what the waning effectiveness of the vaccines over time were and what the thinking was now about whether we will need a further booster jab for people.

Dr Varney made the following statements:-

- That his current understanding was that the fourth dose was only required for individuals who the NHS had identified that had significantly impaired immune system.
- If you received a letter from the NHS that explicitly states that you have been invited for a fourth dose, please do pay attention and make that appointment. For the rest of us, the evidence was that the booster dose was enough to deal with Omicron.

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- It was suspected that what will happen was because the vast majority of the world was not yet double vaccinated and boosted was that we probably would need an annual Covid jab in the autumn alongside the flu jab to protect us against new variants that appeared around the world.
- We will probably need that for two to three years until the vast majority of the world was vaccinated and Covid ran out of paces to go.
- It was not thought that there would be a fourth jab in the context of a booster, but it was expected in the autumn that we may have the start of an annual Covid jab programme.
- We needed to await the Joint Committee on Vaccination and Immunisation (JCVI) advised, but it may not be all ages but specific groups.

The Board noted the presentation.

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### **VACCINATION ROLLOUT AND UPTAKE UPDATE**

279 Paul Sherriff, NHS Birmingham and Solihull CCG presented the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 2)

Richard Burden, Chair, Healthwatch Birmingham commented that looking at the slides the vast majority of take up of the booster had been at the local vaccination centres. Mr Burden enquired whether we had or whether it would be a good idea to get more granular level about that in terms of how people were getting their boosters, how many were getting booked appointments and how many were using the walk-in service. Mr Burden stated that his reason for saying that was the spread of the walk-in service whilst it was good in some parts of the city in other parts of the city it was quite patchy.

It was about whether there was a walk-in centre within easy reach of a lot of people. If the walk-in centres had shown themselves to be effective by picking up people who had not been vaccinated or boosted so far that might indicate that there needed to be looked at to get the spread more consistent across the city. This was thought of in relation to the problem that we had in relating to younger people, the under 30s and in particular the under 25s where there was still quite a lot of hesitancy etc.

Mr Sherriff stated that this was an action for him to take away and look at it in more detail. We had a significant amount of data that goes down to a granular level. Mr Sherriff undertook to take the issue away and look at the availability of open access. We do tend to see a mixed model so they will offer open access on certain days. It was thought that part of the point being made was around consistent offer so that people knew where they stand.

Councillor Matt Bennett voiced concerns regarding the difference between those who had the second jab and the boosters. Councillor Bennett enquired whether it was 74% of those eligible that had the booster as most people who had two doses would be eligible for boosters. This meant that 25% of people who had their second jab had not yet had their boosters even though they had

time and encouragement to do so. Councillor Bennett further enquired whether Mr Sherriff had any thoughts as to why this was the case and what more could be done. He added that there was a difference between the hesitancy to get it done initially, but it was not certain why there would be a hesitancy to having had the first two jabs to then go and get the booster. It was of concern that there was such a number of people that were doing it.

Stephen Raybould commented that we were now in a situation where there were a number of providers across social care who were trying to establish who must have the vaccine as part of the mandatory vaccination programme. As we move towards the ICS whether there was a gap between the guidance available at national level and what needed to happen on the ground as there was some ambiguity. We could look at some of those risks being owned by the system and the additional guidance being ... at the local level. A number of them were trying to answer the same question. This was expensive and lead to a less coordinated response.

Mr Sherriff made the following statements:-

- a. In relation to Councillor Bennett's question regarding the take up of the booster, he did not have a definitive answer.
- b. It was disappointing that people who have had their first two doses and were eligible for their booster dose had not come forward in spite of the national and local publicity and engagement.
- c. We have undertaken a range of exercises, not just general communication across a number of platforms.
- d. We have used local GPs to reach out to their patients, we have placed information through people's front doors, knocked on doors, telephone people and texted them.
- e. Anecdotally, it came down to a degree of apathy and people saying they did not need it as Omicron was a mild disease, that this wave was passing.
- f. We had made it clear in Birmingham that we would continue to do two things. We will continue to offer the booster to those who were eligible, and we will continue with an evergreen offer.
- g. The important thing was that we do some more insight work with communities to understand what sat behind those decisions and then we will respond with our plans for the next phase to still encourage people to come forward.
- h. There was no specific answer as to why people did not come forward despite the work that we have been doing. This had been a consistent pattern across other regions and certainly the slowing down of the booster programme as well.
- i. With regards to Mr Raybould's question concerning impact around other parts of our system, I would like to think that within the Birmingham health and care system that we will continue to work as one on this issue with all partners.
- j. If you have thoughts and ideas on how we could join that up better to provide that support and resilience to other parts of the health and care sector he would gladly work with him.
- k. We have had a number of other forums and mechanisms in place where we have worked with a range of providers to provide that support. If that

needed to be evolved or enhanced further, he was welcoming of that advice and that insight.

Dr Justin Varney stated that picking up on that last point it would be helpful for both the CCGs to have an identified point of contact for commissioned services contact to ask. Like Mr Raybould he was getting a lot of questions from a range of things like optometry to diabetic eye check for example through to mental health support workers. There was a range coming through from a range of different commissioners within the NHS system, but there did not seem to be a clearly identified point of contact for us to be able to direct them to, to have a conversation about what was sitting within the framework of the overall national guidance which was quite broad in its definition of who was included in the contacts.

Mr Sherriff undertook to pick this point up as an action and stated that as the Board may be aware, we have a mechanism amongst the statutory partners around interpreting the national position and what that meant locally. Mr Sherriff reiterated that he will pick this up as a single point of contact. He added that it would make sense for him to do that as one contact for Birmingham and will link across to both systems.

The Chair commented that the government had set a date for NHS staff to be vaccinated and there were reports in the media regarding staffing issues. The Chair enquired how this might impact on Birmingham and Solihull.

Mr Sherriff advised that this remained challenging – there was a risk there. The levels of vaccine uptake was significant across all providers. However, there will be pockets within certain geographies and within teams. This was an area of concern, it had daily if not weekly the focus of Executives and Chief Executives as we work through that guidance to understand where the actual risk really sat and what could be done to mitigate it. All of the support were in place for staff to talk through any concerns, any hesitancy issues and we have stated that all questions were good questions. We continue to work that through, but it was fair to say that there was risk locally that was understood and that was being worked through to see how that was mitigated.

The Committee Clerk commented that in relation to the poor uptake of the booster shot by people who have had the two doses perhaps this could be as a result of some of these people having Covid at the time the booster shot was offered. Mr Sherriff advised that this was definitely the case as we have had that, and we recontact people to bring them back after that period as we had to wait for that gap so we will follow that through.

Councillor Tilsley stated that the issues the Chair raised was something he had raised at the recent Health Scrutiny meeting. *The Times* at the weekend had some telling figures and we were able to breakdown to individual Trusts which he did as far as Birmingham was concerned. Given that overall there were a shortage of 10% in staffing levels, when you look at the unvaccinated staff within Trusts it was worrying as far as Birmingham was concerned. With the fallout that there had been with elective surgery for a whole variety of procedures, it was of concern that we were pushing it even further back.

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Mr Sherriff stated that he took the point made by Councillor Tilsley and that was a concern, but we were not ducking the fact that there were risks there. It was very much on the agenda everyday to see how the uptake rates were increasing and the mitigations to address it. This was something we will be transparent on in our reporting.

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

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### **SCHOOLS UPDATE**

- 280 Jaswinder Didiyal, Head of Service, Education Infrastructure introduced the item and drew the Board's attention to the information contained in the slide presentation.

(See document No. 3)

The Chair commented that the final point that was made about school in the presentation slide about children and young people, not just here, but across the whole of the country they had a rough time over the last two years on missing out on education, particularly those in deprived communities perhaps not had access to IT and had suffered most. The Chair added that there was a real need to address that catchup element in young people's education.

The Board noted the update on schools.

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

- 281 The Chair introduced the item and then invited Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team to present the information. Dr Onwukwe drew the attention of the Board to the information contained in the survey presentation concerning the Covid vaccine uptake.

(See document No. 4)

The Chair commented that some interesting thing came out of the survey and that it was interesting that the third/fourth most popular reason for having the vaccine was to keep the economy going which appeared to be an odd explanation as to why you would take it. The Chair added that there were some interesting comments in relation to why people were not taking the vaccine. The Chair further stated that it seemed that most of this was driven by myths on social media which was simply not true.

Mr Raybould stated that people unwilling to take the vaccine and filled in a questionnaire about it were a specific group would not do. Mr Raybould enquired whether given the information about those things in the public domain was heavily pointing people towards it and whether we had a broader indicator around trust in the system. There was information there and it was just a question of it being believed. One of the things we needed to do was to think about how we build trust in those communities that had low vaccine uptake so that they will accept the information that was being provided.

Dr Onwukwe stated that this was correct and that because of the current uptake levels within Birmingham and the fact that we would go to the granular level, but at the Ward level and street level as well as ethnic groups our plan was to channel these messages. We had recently received funding from the Department for levelling up in terms of addressing and through Covid Champions to address this specific granular information. The information we were getting was the reason we were asking these questions to enable us to channel the information to be able to address the different communities. We will take this back and add it to the plans for the new interventions

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## **TEST AND TRACE BUDGET OVERVIEW**

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

(See document No. 5)

Dr Varney made the following statements: -

1. We have received conformation today from the Department of Health that the way we were managing the budget to carry forward and profile the budget to the end of the Commonwealth Games was appropriate and was in line with the Contained Outbreak Management Funding (COMF) and they were supportive of the approach we have taken.
2. This was reassuring given some of the other challenges that there were around funding nationally.
3. We were on tract to have a relatively small underspend at the end of this financial year.
4. We have been doing significant work since the last Board meeting around ensuring that we were maximising use of the COMF across the breath of the Council in line with the guidance.
5. The Board will note that the projected commitment all the way through the response had risen significantly and that was changing the overall balance of the budget in this financial year.
6. Those cross charges were coming through at pace at the moment and reflect the additional capacity for example that was put into Adult Social Care.
7. Some of the rapid work that we had done over the last year to adapt services to new ways of working so that citizens could still access support and staff were able to work from home to provide that support.
8. There had been quite a lot of work to review that and to ensure that it was in line with the COMF criteria.
9. We have also talked with other local authorities to ensured that what we were doing mirrored what was being done in other areas which was helpful as it validated the approach, we had been taking in Birmingham towards the COMF.
10. As the Board was aware, we were able to leverage some additional funding particularly around asymptomatic testing, but also around the Community Champions funding.

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11. We have also received an additional £180k for additional work to support the vaccination programme over the next few months which was now being mobilised by the Test and Traces Communications and Engagement Team.
12. This was a reflection and confidence that the Government had in the work we were doing in Birmingham and the strength of our work with communities and the partnership we had with the communities and voluntary sector in this space which was repeatedly being held up nationally as good practice.
13. For the budget for 2022/23 we had agreed with the UKHSA that because we were retaining much of our structure in terms of our spend, Public Health and our Environmental Health capacity to support the Commonwealth Games, we will be initiating a programme of joint training with UKHSA so that Birmingham would provide surge capacity should the UKHSA capacity buckle under a major incident/event affecting any of the Games sites within the West Midlands.
14. This would be a responsible use of our capacity and reflected Birmingham's leadership at the Commonwealth Games.
15. Dr Varney stated that he would welcome the Board's support in the offer that was made to the UKHSA about that. He would be happy to bring back to the Board a formal paper on the issue as it was something that was only agreed in the last couple of days with colleagues both regionally and nationally.
16. This had reflected our commitment to have a safe and secure Commonwealth Games and to ensure that we were as a Council supporting the breath of the Public Health system around contingency planning for the Games.

The Chair commented that Public Health will have the support of the Board as we would like to have a safe Commonwealth Games happening in the city next summer.

282 **RESOLVED: -**

That the Board noted the report.

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### **OTHER URGENT BUSINESS**

283 No items of urgent business were raised.

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

284 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 23 February 2022 at 1400 hours as an online meeting.

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### **EXCLUSION OF THE PUBLIC**

285 **RESOLVED: -**



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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.