

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 27 JANUARY 2021

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 27 JANUARY 2021 AT 1400 HOURS ON-LINE

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Elizabeth Griffiths, Assistant Director of Public Health
Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and
Deputy Chair of the LCOEB
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
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:-

Mark Croxford, Head of Environmental Services, Neighbourhoods
Dr Mary Orhewere, Interim Assistant Director of Public Health
Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

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

APOLOGIES

- 109 Apologies for absence was submitted on behalf of Chief Superintendent Stephen Graham, West Midlands Police; Dr Justin Varney, Director of Public Health and Pip Mayo.

DECLARATIONS OF INTERESTS

- 110 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

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

- 112 **RESOLVED:-**

The Minutes of the meeting held on 14 December 2020, having been previously circulated, were confirmed by the Chair.

CHANGE TO ORDER OF BUSINESS

- 113 The Chair advised that he would take agenda items 6 and 10 together ahead of the remaining reports.
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**COVID-19 SITUATION UPDATE AND TEST AND TRACE
IMPLEMENTATION AND ENGAGEMENT PLAN UPDATE**

- 114 Elizabeth Griffiths, Assistant Director of Public Health and Dr Mary Orhewere, Interim Assistant Director of Public Health and will present the item introduced the items and drew the attention of the Board to the information contained in the slide presentations

(See document Nos. 1 and 2)

The Chair advised that the Secretary of State had reached out to the City Council asking whether the Council had any insight as to why as it appeared that case rates were falling more slowly in the West Midlands than they were elsewhere in the country, and whether the Council had any suggestion to make to the Government about actions that might be taken to speed up the decline in case rates across the West Midlands. The Chair added that these matters were considered by the Metropolitan Leaders along with the Directors of Public Health in the weekly Metropolitan Leaders meeting yesterday. We had set a not back into the Government command structure should they go into Gold Command Plan via Helen Carter of Public Health England. The Chair further stated that the Metropolitan Leaders had made three statements to the Government that might help speed up the decline in case rates across the West Midlands:

- Firstly, that Government provide us with some support and help around the workplace lateral flow testing in order to increase that capacity so that we might get workplace lateral flow testing into more workplaces; and by doing that ensuring that we get people self-isolating when they tested positive through a lateral flow test.
- Secondly, that the Government thing again or give some further consideration to self-isolation payments, particularly where people were finding it a financial issue self-isolating when they tested positive or if there were any contact with someone who had tested positive. The current situation appeared that there was a barrier to people self-isolating as they were suffering financially.
- Thirdly that the Government provide some clarity on what was defined as an essential business that needed to remained open during the current lockdown. We further went on to suggest that the Government provide that clarity and also looked again at the guidance by giving example of that. It was still possible to purchase a take-away coffee from behind a counter in a café and we had suggested that it may be pragmatic move to limit that service in these types of business to being at the front door so there was not a need for people to fully enter business premises to purchase a cup of coffee or a take away.
- The Chair highlighted that these were passed on to Helen Carter who attended the Gold Command meetings that the Government held each week and we will await to see if the Government took notice of those suggestions that we have made. The Chair stated that it was a positive thing in the first instance that the Secretary of State had reached out for suggestions from Metropolitan Leaders and Directors of Public Health across the West Midlands.

Councillor Bennett sought further information on the lateral flow testing as it was not entirely clear as to how successful we had been in terms of expectations. It was known that lateral flow testing was piloted in Liverpool and other areas and it was seen as a good way of driving the infection rate down and was trying to keep businesses and the economy moving. In terms of where we expected it to be at this point how and where were we. Were we doing better than expected or as good as was expected and some of the things the Chair had mentioned concerning supporting businesses.

Stephen Raybould stated that we had two periods in which we had a slower decline than in other areas. There was a period last year where close to the West Midlands generally, Birmingham had risen to the top around information that concerned Covid case rates. He enquired whether this was attributed substantially due to the structure of the work in the West Midlands and what was it that differentiated Birmingham from other areas. Also it appeared that the instruction *work from home if you can* be being interpreted differently within different businesses and whether some further guidance could be offered around that.

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The Chair commented that this was the reason the Metropolitan Leaders requested that the Government looked again at the definition of what was essential and non-essential businesses.

In response to questions and comments, Ms Griffiths and Dr Orhewere made the following statements:-

- a. Ms Griffiths noted Councillor Bennetts enquiry and advised that in terms of lateral flow testing before Christmas Birmingham was one of the areas that was asked to put forward a proposal for a six week period to trial lateral flow testing and within that our main model of delivery was through a hub site which was the Utilitia Arena Birmingham and a number of different work place sites in terms of our spokes.
- b. Very quickly after making those original proposals we went into lockdown which had an impact on the number of people that were walking around Birmingham City Centre and so uptake of the Utilitia Arena Birmingham had not been as high as Public Health wanted it to be. We had been working on an exit strategy with the Utilitia Arena Birmingham and this was to push out into community centre locations across the city.
- c. As of Friday Public Health had submitted a new proposal to the Department of Health to take us up to the end of March 2021 with our lateral flow proposal and setting out the numbers that we wanted to see. Within that we were projecting to move away from the one large hub site into 24 different community site locations in addition to pushing out our work force, the mobile sites and the community pharmacy.
- d. In terms of how we were doing compared to what we were doing we were slightly less on our assumptions for usage of the large hub site but we saw more cases coming through in our pharmacy locations and different community sites. The majority of our proposals that took place up to the end of March was about community and so it will be through the pharmacy locations and opening up fixed community sites across the city, but also pushing for workplace spokes.
- e. All of those operate in isolation so they would be impacted by decisions on lockdown for example and any subsequent changes to what that essential workforce was because that would limit the pool that we had. This was constantly evolving and we will continue to monitor how well they were and adopt our plans to try and maximise the opportunity for lateral flow testing.
- f. Ms Griffiths noted Mr Raybould's enquiry about what differentiates Birmingham from other areas and advised that what had been observed from the beginning was that Birmingham was slightly different. It was thought that what may be affecting laterally was that at the moment we had seen a slightly slower reduction than in some of the other areas. This could be due to any number of things driving this and in truth it could be a mixture of all of those.

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- g. Public Health had seen a surge in the new variant later than some of the other areas, example London and the South East as they saw very sharp increases in cases just before Christmas largely led by this new variant whereas we had not seen that yet. It was thought that it was the delay in the variant coming to Birmingham and as it was more transmissible this was leading to a delay in that reduction coming down.
- h. There was also something about our workforce, the demographics of our area - deprivation and learning that was coming through regionally and particularly with some of our neighbouring local authorities was that their spread was being led by workplaces, particularly manufacturing industries that were part of the potential chain supplies for our hospitals and those people who were having to go into work. Those interactions were happening within those workplace settings.
- i. This was something as the Chair had stated was of great interest to Directors of Public Health and the Department of Health and Social Care and Public Health England. They were doing a detailed analysis of the available data currently as there was a working group on this now so that we could understand what was happening and to present why it was happening in this region and what we were doing about it.

Councillor Bennett requested more details about employers who were engaging with the lateral flow test. From the chart the vast majority were walk-ins so we did not know ... it was hoped that the big supermarkets were encouraging their staff to get tested regularly. Cllr Bennett enquired whether it was known which of the large employers were participating in this and whether this information could be shared.

- j. Ms Griffiths advised that there were a number of different programmes happening in parallel and from our part we had the open access which was members of the public and many different organisations could use the testing centres. We were not able to capture at that point what workforce they were a part of. Public Health was also implementing workforce spokes directly with companies and we had a number of different organisations that we had been working closely with.
- k. The West Midlands Fire Service was one of these organisations that had one of those spokes available for their workforce and the Blue Lights. There were also other organisations they were working with and that she would be happy to share this information with Councillor Bennett outside the meeting.
- l. Ms Griffiths added that there was a national programme and the Government was working directly with some businesses as well to do their testing and these were happening in parallel. As these did not include the local authority, we did not have the names of all of those organisations currently, but we were trying to engage as quickly as we could with the range of enterprises, we had in the city to encourage that testing and to encourage businesses to come forward should they wish to do so.

That the Board noted the presentations.

VACCINATION ROLLOUT AND UPTAKE

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Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG and Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG presented the item.

Mr Jennings made the following statements: -

1. That the figures were for Birmingham and Solihull but he did not yet have a breakdown that could be shared just for the city. Up to the 21st January 2021, we had undertaken just under 98,000 vaccinations. Part of those were for health and social care workers. We had a target figure of approaching about 120,000 health and social care workers who needed to be vaccinated.
2. The balance of those, just under half, were for the over 80s and for the care homes. 35,000 first vaccines for the over 80s and approaching 10,000 second vaccines for the over 80s. those were all set up before the second vaccine period was extended from three weeks to 12 weeks. We were currently focussing on four cohorts: - residents who were older adults, carers all those over 80 and those over 75; those over 70 and front line health and social care workers who we will attend the vaccination hub to meet the Government's target by the middle of February 2021.
3. We had across the patch just short of 40 sites either set up or ready to go when the vaccine supplies allowed it. This include the three sites in West Birmingham. We had plenty of geographical coverage and plenty of opportunity for people to get to centres as they were invited and as bookings were made. We opened one of the first seven mass sites in the country at Millennium Point on the 14th January 2021 and we had capacity there over time to get to 3,000 vaccinations per day.
4. There were other mass sites which had not yet been opened for two reasons: - Firstly, the invitations had not yet been extended in sufficient quantity to make it viable to open them. Secondly, because vaccine supplies were not there to enable us to deploy, but we had a bank of staff that was ready for us to call on.
5. Public Health England was responsible for sending out letters of invitations to the over 70s and to those who were categorised as clinically extremely vulnerable. It was understood that many of these letters would be arriving in the coming week. On receipt of those letters people were invited if they wished to attend one of the mass vaccination sites. This meant that the mass sites were by definition available to people from a wide range of settings geographically and it was about what suits them.

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6. We had thought that about a third of the people had been through Millennium Point since we had been opened and they were not just residents of Birmingham or Solihull but that was fine as this was what the mass sites were there to do to ensure that people could get the opportunity if they were able to travel. The progress was good, the commitment was fantastic and he had been out to a few sites to see how they work.
7. It was brilliant to see that in local situations people had made adaptations and had put marquees up to give the space and the room to make it work. The kind of sense and the mood in all of these facilities were fantastic and people were pleased and delighted to be going out to receive their vaccines. Certainly for some of the primary care centres he had been to particularly in the earliest days when people were coming for their vaccines there were people over 80 who literally had not left home since last March and it was quite moving to see them moving to the vaccination centre and receiving this first ray of light and opportunity for the future.
8. We had a couple of pharmacies as vaccination centres one of which was in a mosque in Balsall Heath. We were really excited about that as it was a great way of getting across the message and encouraging our sisters and brothers from BAME community to come forward for their vaccines. We knew that there were some anxiety and some mis-information. Having a vaccination centre in one of the mosque had helped to counter some of that.

Dr Aslam made the following statements:-

- i. We had offered or vaccinated all of our care homes in the entire Black Country and West Birmingham and there were few remaining care homes that had Covid outbreaks that were difficult to get into. We had been given our allocation for the next set of vaccines and that was 34,000 vaccines that we had been given which roughly was an estimate of the people that fit in the top four categories as described by Mr Jennings.
- ii. We had a good uptake in the over 80s, we had up to about 80% in the Black Country and West Birmingham. In some areas that was not quite high as that as in one of the practices in West Birmingham everybody had been contacted to invite them to attend for a vaccination, but we had about 60% uptake which was a challenge.
- iii. With all of the euphoria around this being our opportunity to get out of this Covid mess that we were in still there was a hesitancy. It was not thought that people were refusing and people saying I would like to wait and see which was fine, but we do need to ensure that the opportunity for those people were made available again and they should have a number of opportunities.
- iv. We had vaccination sites as described by Mr Jennings in hospitals, general practices and nationally 75% of the vaccinations that had been

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given were given by GPs. When you think of the scale of what we were trying to achieve it was fantastic.

- v. We knew throughout this pandemic that the heavy listings through Covid in our hospital sector and intensive care units this was an opportunity for general practice to demonstrate what it was capable of doing and it had stood up to that. Dr Aslam stated that he was proud of what was being achieved and they had lots more to achieve and at the moment it was going well subject to us having the vaccine.

The Chair commented that the effort of rolling out the vaccine was absolutely tremendous and was a credit to GPs up and down the country that this had been done. The Chair added that everybody involved in the NHS who were endeavouring to get the vaccine out to as many people as possible as quickly as possible was to be congratulated for everything they were doing on our behalf.

Councillor Paul Tilsley commented that he was in one of the targeted groups, but that he did not receive a letter, but his wife had received one. Councillor Tilsley stated that on Saturday on a local news page he had subscribed to it came up with NHS vaccinations so he scrolled down and was able to put his NHS number and other personal details in and he was given about 8 different sites that he could be vaccinated from. He added that he chose Millennium Point and that he wished to thank the City Council and the CCG for all the work that they had put in to Millennium Point particularly the Chair Councillor Ian Ward who was instrumental in making it happen. Councillor Tilsley advised that he had booked the appointment at 2:00pm and at 10:30 am the following morning he had received the inoculation.

Councillor Tilsley added that it went well, smoothly and that he had checked on the CCG page and it stated that he should *wait for his letter* but there was no need to wait for the letter but he was anxious to raise the profile and ensured that there was many people in the target group that could get vaccinated as quickly as possible.

Mr Jennings advised that he would have that information tweaked on the CCGs website.

Mr Raybould expressed thanks on behalf of the workforce in the voluntary sector and that it was appreciated the way in which the vaccine had been rolled out. Lots of colleagues within health and social care had received a vaccine and it was much appreciated. Mr Raybould stated that his query was about equity of access. Mr Jennings stated that there were 40 sites that could be accessed which could have included Solihull as well. When we had the information earlier the place with the highest case rate was Lozells. Ladywood and Perry Barr had a ... of the population of the city but it seemed there were only three sites within that space where people could get vaccinated. Mr Raybould enquired what could be done to expand that.

The Leader enquired for the people who were housebound who had received a letter asking them to go and get a vaccination, obviously if they were

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housebound, they could not get out of the house. The Chair enquired what the arrangement was for vaccinating people who found themselves in that position.

Dr Aslam then made the following statements:-

- a) That the housebound patients they had an arrangement with Birmingham Community Health Care Trust (BCHCT) who were aware of all the housebound patients as they provide the care for them. They had taken a list of each of the general practices to tell that these are the housebound patients who will then go and inoculate those patients at home.
- b) We have had scenarios where housebound patients had made it to Millennium Point and other places. BCHCT had taken the opportunity and we were working closely with them to ensure that the housebound patients could get vaccinated. A lot of them would be on our over 80s case load but were clinically extremely vulnerable if they were housebound. We were involved in those discussions and were looking to have this completed shortly.
- c) Regarding West Birmingham, we had five networks in West Birmingham. We had four network sites – a site at City Hospital which involved three of the networks getting together so that we could inoculate more people on a daily basis than we would anticipate on our own individual sites. It was a little bit of economies of scale. What we were able to inoculate on those sites in a mass vaccination site and we had one opening at the Black Country Living Museum we would inoculate about 1000 people per day.
- d) At the City Hospital site we were inoculating around 600 patients per day. This was much more than we would be able to vaccinate given the individual practices or smaller networks working together. That was the reason we chose to have vaccination to cater for a greater number of people.
- e) There was an element of speed and convenience and the City Hospital had been kind to give us the opportunity to use one of their estates with no charge. They had taken away their parking charges there and it was really a convenient place local to us where people could go and have a vaccination in relative comfort and we could get through the volumes that comes in the vaccines as it comes in huge doses which enabled us to use them.
- f) Dr Aslam noted Mr Raybould's comments concerning the issues with Perry Barr and Lozells and advised that we had now been working on the Pfizer vaccine which comes in a 1000 doses or 975 doses that had to be used in three and one half days. This led us to thinking of the model over having the large centre which was the best option. We now had the AstraZeneca vaccine which did not require the same level of utilisation as quickly and it also enabled us to transport it.
- g) As we got to the point where we vaccinated all of these top groups that Mr Jennings had described earlier, we will ensure that the access was as equitable as possible. We knew there were challenges with people not wanting to go to mass vaccination sites but wanting to use their GPs and we would work with them to ensure that the vaccination rates were good as possible. That would require us to be blended about the approach that we take and we would adopt. At the moment we had the

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challenge to get the top four groups vaccinated as much as possible. We were doing well on those lines and it was anticipated that by February 15 to have vaccinated as many as possible but certainly to have gotten through the doses that were allocated.

Mr Jennings advised that they had vaccinated all the care homes that they were supposed to have vaccinated. Community pharmacies started to come on stream and it was expected that this would be another route for local delivery. Again this relied on us having access to the AstraZeneca vaccine in sufficient quantity to make this possible because the Pfizer vaccine would not work in those smaller settings.

The Board noted the verbal update.

ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods introduced the item and drew the Board's attention to the information in the slide presentation.

(See document No. 3)

The Chair commented that it could not be emphasised enough for people to wear face coverings whenever they go out. Councillor Tilsley voiced concerns about his Ward, Sheldon. He stated that prior to the start of the meeting he had a conversation with the Chair who represents the Shard End Ward. He added that the case in Garretts Green was quite high just prior to Christmas and that the common denominator between the three Wards was the Radley's Shopping Centre. Councillor Tilsley enquired whether the Covid Marshalls could pay a visit to the shopping Centre to see whether this was an issue as far as transmission was concerned.

Mr Croxford advised that the Marshalls had visited the Radley's Shopping Centre a number of times but would continue to do so. He added that the statistics that were coming from Public Health was looked at on a regular basis in relation to the rate of cases within the Wards. Mr Croxford undertook to have a further look at the issue and to speak with the Police to see if there were any call outs that they had received to see if there was any commonality around those Wards that were identified.

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RESOLVED: -

That the Board noted the report.

UPDATE FROM THE NHS

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Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG and Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG presented the item.

Dr Aslam gave the following verbal update:-

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- ✚ That it was a less optimistic picture than the vaccination picture. The lag in hospital admissions was always two weeks after the community numbers came to us and these have been very high over a period of time. Unfortunately what did not happen was that they had not dropped significantly enough for us to notice any real benefit in the hospitals and we did not anticipate that to happen for another two weeks.
- ✚ At the moment across the Black Country we had been running at 200% of our critical care capacity and all those beds were occupied. We had daily calls with our intensive care doctors and yesterday on the call there was only one bed available and there was a person sitting in A&E cubicle waiting for that bed.
- ✚ The situations in hospitals were extremely difficult and the number of people in hospitals across the Black Country was above 1,200 which was a 10% increase on the week before. There was a 20% increase in the number of people in intensive care beds and the number of deaths kept rising with 208 people having passed away from having a positive test within the last 28 days.
- ✚ It was an extremely difficult scenario as it was difficult for hospital staff and patients having to be in hospital by themselves when they were extremely sick and vulnerable. Given the infection rates that we had – in Birmingham they were described as 761 per 100,000. In Sandwell the rates was 168 and these were the two areas that most fed into Sandwell and West Birmingham system.
- ✚ Bearing in mind that those infections were today and in two weeks' time it was anticipated that those patients would be hospitalised and the percentage of those patients in hospital beds. These numbers were not going up in the mass inoculation that was happening previously but it was extremely a precarious situation.
- ✚ The impact of this on all of those people in intensive care and all those admitted with Covid-19, but for all the things we were unable to do because these patients were in hospital beds, hospital staff were focused on supporting these patients on their recovery. But it affects what we were able to do in terms of care, outpatient appointments. Cancer care was also affected as the hospital system was very challenged at the moment.
- ✚ We were coping and had coped throughout this period but it was difficult and was wearing on all of our hospital staff. The vaccination was a way out of this scenario and we were doing well with the vaccination but that was not impacting on the numbers in our hospital system at the moment.

Mr Jennings then gave the following verbal update:-

- That it was a similar story although we thought that we might be just at the peak of our ITU demand across the UHB hospitals now. That demand had crept to around 250% of what we normally had to deal with.

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- We had at one point last week nearly 1,100 patients across the three UHB hospitals who were Covid positive and we had seen over 11,000 patients in total since last March which was the largest for any hospital system by about 5,000.
- There was something about what was happening in this part of the world including what Dr Aslam had stated about the Black Country as well as Birmingham as we seemed to have been hit hard in the Midlands. We struggled to recover after our second peak back in September after schools went back. We did not really settle down as we launched back again into the third peak from quite a high level.
- What would make a difference to all those things Dr Aslam referenced in all the recovery of the services we had to put to one side was how quickly we came down the other side. We were at extraordinary levels if we think back to last summer where a case rate of 20/100,000 would put us on the Government's watchlist and now we were talking about hundreds.
- Although this was from the NHS, we had to broaden it out into the system as Dr Aslam had stated that the case rate result in hospital admissions two weeks later, people then stayed in ITU three to four weeks. Also what we were seeing was that as that wave moves through there was a massive demand on our health and social care systems as we were desperately trying to discharge patients in all of our hospitals to create space to bring these new patients in. So that pressure was amplified and almost visible in ITU with queues of ambulances. This pressure was right through the whole system including social care and everybody was working at an astonishing pace with an amazing endurance to keep going.

The Chair commented that anybody that was working either in the NHS or in social care system was doing an incredible job at the moment under incredible pressure. The Chair stated that the word **Heroes** were often over used, but for those doctors and nurses who were on the frontline to this and dealing directly with patients who were suffering from the virus heroes was precise and apt. Anyone who had seen Clive Myrie's, report on the BBC recently direct from hospital wards cannot help but being touched by the amount of effort that was going in and the stresses and strains those staff were under on a daily basis.

The Chair added that we might not be going out on a Thursday evening and applauding at the moment, but each and every one of us was very grateful for all of the work that was undertaken by the doctors and nurses in the NHS and all the others involved in the system and including the social care system it was a marvellous work with the numbers rising to where they were currently. We saw daily case rates into the 60,000s so there had been huge stresses on the system here. It was remarkable that the NHS and the social care system were coming through it all and no doubt anybody that were working in these systems was going to need at some point later in this year a rest from all of this and

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inevitably in some instances will also need some care themselves for their mental health and wellbeing.

The Chair requested that Dr Aslam and Mr Jennings took back the Board's thanks and support for all those working in the NHS system at the moment.

The Board noted the update.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

The Chair introduced the item and commented that having not receive any questions for a number of meetings we had now received an avalanche of questions. The Chair advised that the Board would answer some of them and that there would be a different process for answering the rest of them.

(See document No. 4)

Elizabeth Griffiths, Assistant Director of Public Health presented the item and advised that there were 32 questions from members of the public for this meeting. Three of these were received within sufficient notice of the meeting for us to get detailed response from a range of partners. The remaining 29 came through in the last couple of days and we were still pulling together the response for those. Ms Griffiths further advised that these had been themed and that she would give a brief overview of the response but was committed to have a detailed update within a written report by the 10th February 2021 as the general plan for responding.

Essentially, the questions were around vaccinations, testing, transport and lockdown restrictions. In terms of the vaccination there were certain questions around the priority groups that were going to be invited for vaccination testing and Mr Jennings had covered some of this earlier in his presentation. We would detail the 10 priority group areas within our return. The decisions on those priority groups was made by the Joint Committee on Vaccination and Immunisations and was a national level decision. The decisions had been made to minimise the risk of death and hospitalisation at this stage on the basis of those groups.

In terms of vaccinations and when people were delivered direct payments treatments could be drawn forward within Adult Social Care, within City Council, there were a range of ways of finding out who those deliveries of care were from contacting all of those in receipt of direct payments and find out who were delivering those care. To look at the links from the Learning and Development Service so that it could be identified who those personal assistance might be and also to all of the contracted organisations to find out their workforce. There was a range of different ways that those people could be picked up and contacting us was another way to do it.

Regarding the lateral flow tests we have had questions on home testing and the response for the decisions on which groups were eligible for home testing were being made nationally. This was under continual review and so we were

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having a number of this rolled out to a number of different sectors and were expecting further movement on that. This was detailed in our paper response.

The question on transport was in two parts – whether buses should display the QR code for the test and trace App and whether windows should be opened on trains. A detailed response from Transport for West Midlands was received but there were some restrictions in terms of the fleet for windows opening in that the majority of them did not have that capability. However, there was an enhanced cleaning regime that was introduced across all of the trains and the longest trains were being operated wherever possible to maximise the space between people to keep social distancing opportunities to the maximum. With regard to the QR codes this was under active discussions and after reviewing this the decision was taken to keep those QR codes at the bus stop or at the train station to avoid that cluster of people around the QR code within a restricted space within a bus or train.

There were also questions around testing and where people could go for that and there were two different routes dependent on whether you were symptomatic or asymptomatic. If you do have coronavirus symptoms then you could go on the .GovUK site and book onto a test or request for a postal kit to be sent to your home. If you did not have any symptom there were a range of local offerings as stated earlier, but would ensure that there was a link to the Birmingham website that had all of that details there and let you know how you could make those bookings.

Lockdown restrictions was another theme that came through and all of the national lockdown had been a national led decision based on internationally recognised evidence to reduce those opportunities for social interaction which was known to be driving the spread of the coronavirus. This was under continual review, but that decision was made by the Government.

Dr Aslam commented that it was important for people to engage with this forum and ask questions. There was a plan for us to engage in different ways with people in particular about the vaccination for the people that were getting misinformation around the vaccination. If we could focus on doing our communication together that would be helpful. Dr Aslam stated that he had had a conversation with Councillor Hamilton and would be keen to engage with different sections of our communities in a way that enabled them to ask the questions they were interested in asking and to challenge some of the myths that was out there.

The Chair reiterated that vaccinations worked and was the way out of this pandemic. The Chair added that anyone who was saying anything different to that was misleading the public.

Councillor Paulette Hamilton stated that Dr Aslam was spot on and that what was planned through Public Health was a series of Roadshows. Rather than having just one Health and Wellbeing Board or one meeting of this kind, we would be doing a meeting in each part of the city i.e. an online meeting in the west, south east and central part of the city. The idea was that we would have doctors, Public Health and it was hoped to have local Members of Parliament and local Councillors so that we got some joined up work both with the NHS

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and local government just as we were doing in this forum. We will ask for questions and the local professionals will then give a response to the questions all in the aid of trying to get people who were hesitant to ask questions as it was important for people to get vaccinated.

The Chair expressed thanks to Faith leaders across the city for helping to debunk some of the myths and reassuring communities across the city that the vaccine was safe and did not breach any of the religious protocols of any of the religions. We should all when we got our turn to come forward and have the vaccination as this was the way out of the current pandemic.

118 **RESOLVED: -**

The Board considered the public written questions and responded accordingly.

TEST AND TRACE BUDGET OVERVIEW

Dr Mary Orhewere, Interim Assistant Director, Test and Trace implementation presented the item and drew the attention of the Board to the key information contained in the report.

(See document No. 5)

The Chair commented that it would be helpful to have some information from the Government about the time period for this money. At the moment it was not known whether this money was until the end of this financial year or whether it was for the 12 month period when we first received the first tranche or a period beyond that. The Chair added that it would be helpful if the Government could provide some clarity on this in order that we could have a little more certainty over committing the funds.

119 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

120 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

121 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 24 February 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 1537 hours.

CHAIRMAN