BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD THURSDAY, 27 OCTOBER 2020

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON TUESDAY 27 OCTOBER 2020 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
Chief Superintendent Stephen Graham, West Midlands Police
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
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:-

Carol Chatt, Public Health England
Louise Collett, Assistant Director, Adult Social Care
Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC
Robert James, Acting Director of Neighbourhoods
Alison Malik, Service Lead, CCoE, Adult Social Care
Errol Wilson, Committee Services

****

NOTICE OF RECORDING/WEBCAST

61 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

62 Apologies for absence was submitted on behalf of Councillor Brigid Jones, Deputy Leader of Birmingham City Council; Elizabeth Griffiths, Assistant Director of Public Health; Pip Mayo, Managing Director – West Birmingham, Black Country and West Birmingham CCGs and Dr Mary Orhewere, Interim Assistant Director of Public Health

---

DECLARATIONS OF INTERESTS

63 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.

WELCOME AND INTRODUCTIONS

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

MINUTES

65 **RESOLVED:-**

The Minutes of the meeting held on 1 October 2020, having been previously circulated, were confirmed by the Chair.

UPDATE FROM THE NHS

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

a. The hospital numbers since the 19 October 2020 had continued to rise and as of this morning there were 291 inpatients in the UHB hospitals who had Covid. Of those 242 were considered still to be active because they were within 14 days of their diagnosis compared to 200. There were 33 people this morning in the intensive care units.

b. That it was important for the NHS to be open and transparent about these numbers although some people were uncomfortable about sharing numbers. He added that it was important as a system as it was one of the clearest ways of expressing the pressure that the NHS finds itself under.

c. It was important to remember that the hospital sat at the pinnacle/peak of a massive healthcare system – 90% of interventions in healthcare were

in the primary care system. This was a busy time of the year and the NHS was expected to be busier around now as the general run of the mill viruses and illnesses would be starting to appear and this year was no exception. This year life was more complicated as the NHS was now operating in a world that includes Covid-19.

d. In March 2020 and April 2020 life was a bit simpler as everything was turned off except the response to coronavirus. The NHS was now operating in a more complicated world where we were trying to deal with coronavirus and with all the issues the NHS normally dealt with. We were also trying to deal with those services and those patients that had to be passed over during the first wave/peak of coronavirus.

e. As the number of patients with coronavirus cases rises it places more demands on the system which makes it more difficult to deliver the other services that the NHS was trying to put in place to offer to people. Primary Care did not lack numbers in quite the same way. It was not simple to describe how busy Primary Care was but they were dealing with all the things they normally dealt with.

f. Primary Care was also dealing with one of the well-advertised and serious flu vaccination campaigns as it would be disastrous if the flu was running through the community as well as coronavirus running through simultaneously. Primary Care was busy, Accident and Emergency was busy and the hospital beds were busy.

g. In terms of the NHS, a lot was said at the beginning of the coronavirus about protecting the NHS and this was a message the Director of Public Health would amplify. This was not just about protecting the NHS but about protecting our self and protecting each other.

h. What was seen in terms of in the hospitals were that two or three weeks on from when someone acquires the infection – it was not until people had the infection that they were required to be hospitalised – the numbers were steadily rising in terms of the case rate. The numbers were steadily rising in terms of patients in our hospitals and patients reporting with symptoms to Primary Care. They needed to do everything they could in terms of our behaviour and persuade each other to behave in a way that minimised the terrible impact that it would have on our society and community.

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

1. It was worth reflecting on what Mr Jennings had stated as they had a responsibility in Primary Care to ensure that there was access to the care that people need, but we also had a responsibility to protect our staff. The conundrum of making sure we see the people that we needed to see in the most appropriate time frame at the most appropriate location was a conundrum for them this winter.

2. There were more viruses around with children back at school (although it was half-term now) and this perpetuated the viruses around this time of

year and increase the demand on general practice. It was a difficult time but Primary Care were managing as there was capacity and the red sites had been set up.

3. In Birmingham the site in Aston Pride was busier now and the complexity of the patients it was seeing were more complex and people were more sick when they came to the red sites and were more likely to be referred into hospitals.

4. Dr Manir highlighted that there was capacity and that he did not want people watching the meeting to think that Primary Care did not have capacity, but that they needed people to understand that the way they would be seen would be different. This was something that needed to be embedded into people's psychic as there was a significant amount in the press recently about the face to face appointments.

5. Dr Manir stated that we just needed to be realistic as the face to face appointments were going to be by exception and they had to see some people on occasions for examinations that were necessary – to take blood test and provide immunisation.

6. There were situations where people needed to be seen face to face and staff were geared up with the appropriate PPE for that, but they needed to be realistic about the volume of people that were seen in general practice not just to protect people coming because if they were coming to see us there was a level of vulnerability and we needed to protect our staff.

7. We had a significant BAME population with their contribution that made up a significant proportion of our staff. Whilst there was capacity and we were seeing people it did not necessarily meant the kind of care people got would be as good if not better than before but would be delivered differently.

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

i. Mr Jennings noted Councillor Hamilton's query as to whether there was enough flu vaccine and how people could obtain the flu vaccine and what people who were vulnerable could do if they were not contacted about getting the flu jab and advised that if people were in one of the vulnerable groups – over 65 year old or suffer from a number of health conditions and were under 65 years old people would hopefully be identified by their GP Practice.

ii. That if people believed they were within one of those groups but had not been identified they will need to speak with their Practice. That whilst orders had been placed for sufficient vaccine to vaccinate everybody that needed a vaccine in the first instance, there was mechanism for us to draw down extra supply if they were needed.

iii. Conversations were being had in Primary Care with our practices those who were starting to believe they were going to use up all their stock to get some more. There was arrangement in place to be able to make this happen. We were relevantly competent that those who fit the criteria would be able to have their vaccine. Mr Jennings stated that he was aware that some of the pharmacies were struggling and a lot of people who attend the pharmacies were people who were choosing to have the vaccine and were choosing to do that privately.

iv. In terms of those who had a clinical need for the vaccine there was enough vaccine in the system to be able to meet those needs through our Primary Care system.

v. Mr Jennings noted Councillor Bennett's enquiry concerning the opening of the Nightingale Hospitals; the conflicting reports about the coronavirus rates within hospitals and advised that the hospitals were careful about how they manage this for the sake of the patients but also for the sake of their staff as well.

vi. One of the lessons that was learnt from Italy was that we have to protect our staff. If we did not have the staff to do the work then we would be in a dreadful place. What we had been doing over the last couple of weeks was that we were having testing of staff who had symptoms and this had happened across a number of hospitals both in Birmingham and across the Midlands and has identified a small number of individuals who were asymptomatic and were positive.

vii. If a person was positive and they had no symptoms at all there was no way of knowing unless the person was tested and they were starting to do that. Although they had found some, reassuringly they were small numbers (single figures) after thousands of tests. There was a small associated possibility of a coronavirus with someone in hospital who did not knew they had it as they did not have symptoms but this was a small number.

viii. Decisions to open any of the Nightingale Hospitals were national decisions and would be taken by NHS England as they had the command structure for doing so. The way this worked locally was that the first ward which was 28 patients would be staffed by either University Hospitals Birmingham, then after that a ward at a time would be opened if they were instructed to do so which would be by drawing down resources from hospitals within 60 minutes of the Nightingale Hospital. This was the way it would work.

ix. Everybody within 60 minutes of the Nightingale Hospital would be contributing patients and staff. But we were nowhere near being in a position when we would need to be thinking about taking that decision. What we had done locally was to escalate this so that we were now able to open the Nightingale Hospital at 72 hours' notice.

Dr Manir advised that despite all the planning that was done, the supply chain for flu vaccination had being sporadic. At the beginning of September we had

received some of our nasal flu for under 2 years old and a small stock for over 65 years old at the end of September. We were yet to receive our stock for under 65 years old. We ordered a year ago, but we have not received the stock yet. This did not mean that we were not going to receive it as it was anticipated that we were going to receive it. If you have not received a message from your GP advising to come and have your flu vaccination, it maybe that their stocks were arriving in accordance with the supply chain. It was awkward, considering all the planning that had been done that the pharmacies had received theirs first. Lots of Practice had been proactive and had sent their patients who were at risk to their pharmacies to have their vaccination. If you have not received a message from your Practice, do not give up, it will come or contact them to find out when their stock will arrive

The Board noted the presentation.

COVID-19 SITUATION UPDATE

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

(See document No. 1)

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

a) Dr Varney noted Councillor Bennett's queries concerning the fall in testing rates; the rise in Covid-19 amongst the over 80s age group and the Asian population and the extent that this had to do with drop and collect service and advised that by pausing the drop and collect service it had had an impact in terms of testing in areas where Public Health had concerns.

b) Drop and collect was being targeted to take testing out on the street in areas where we had a high number of cases but not enough testing. This helped to boost testing rate in some of those communities that had not been well engaged with testing. What was seen was that when drop and collect left the testing rate stayed up and was a kind of legacy effect of drop and collect which was positive. We were not seeing at the moment any area of the city really dropping down in testing. It was just what had been lost, the additional level of enhance testing.

c) As the investigation goes on, Public health were looking at alternative models that could be used to set up quickly to try and plug that gap. The approach with drop and collect had identified people who had very mild symptoms and identified them as being positive. This had enabled Public Health to stop the spread and we had seen evidence in some of the wards where drop and collect was focussed. Their case numbers had come down and continued to stay down which suggest that it was successfully breaking that chain of transmission.

d) In terms of the over 80s this was the reason he had presented some of the analysis today that Public Health was doing to try and delve into that a bit more. What was interesting was that there were two things there that was different – a) The ethnic profile suggested that the over 60s and particularly the over 80s were predominantly white than from our other ethnic communities.

e) This changes some of our hypothesis about whether this was about intergenerational households, was this about large families. What was seen when this was looked at in more detail was that it was seen that more couples were becoming infected. We had quite a lot of elderly couples who lived together independently and sadly they both became infected.

f) The next stage of this was to do a little bit more work to find out how they caught it, whether it was about people coming into their home, elderly people meeting up for cups of tea - but this was not yet known as we do not have this information. The younger age group – the 60-69 year olds - strong links to work could be seen and was an important reminder to employers watching the meeting to really think through Covid with safety and protecting the more elderly staff and ensuring that they were Covid risk management was taken.

g) In relation to the point on positivity as our testing rate was staying reasonably flat, we had gone down a little bit and came back up, but we were staying roughly the same. Drop and collect had not had a significant change in our positivity rate and the people we found trough drop and collect we found earlier in their disease that had fewer symptoms and had not thought to get a test yet. Had Public Health not gone and tested them then in about a week's time, they would have had symptoms as they were positive. Their disease probably would have progressed but we have caught it earlier. We will see over the next week or two how this played out.

h) What Public Health was seeing was a real rise in the community, particularly a marked rise in our white British community and a particular rise in our elderly community over the age of 60. This was an important warning for all of us to take action to protect the people we love and care for. This was about doing things to protect people we care about. The collateral benefit was that it would protect the city, but it starts with what you do and how that impacted on the people you care for.

i) Dr Varney noted Councillor Bennett's enquiry in relation to the percentage of people being picked up through drop and collect that went on to have symptoms and advised that public Health did not have this information at the local level but there was some national research being done to look at this issue. One interesting thing was also some of the batch testing that was being done in care homes particularly with staff.

j) Where most asymptomatic cases were being diagnosed was in care home staff and to some extent in NHS professionals when more batch testing was being done of them rather than in the community. What was

interesting from the drop and collect point of view was quite often when the information was seen coming through or where the contact tracers were having calls after people had been found, by the time they had that conversation they were asymptomatic.

k) There were people that were asymptomatic with Covid, but it did not appear that they were as good at spreading it which made sense as the more virus you had the more symptoms you were expected to have. Therefore you were more likely to spread it if you had symptoms as there was a lot of virus in the throat and nose. Someone who was asymptomatic would not have the coughing symptoms for example which would project the virus further. We have not seen from the national work those clusters linking back to asymptomatic people.

l) Although there were people who were asymptomatic, and we had found some through the batch testing Public Health was doing, these were mild symptoms. The challenge was helping people reached out for a test as soon as the symptoms developed. The sooner you test the sooner you have the result as to whether it was Covid or not and if it was Covid the more under control it would be.

m) Dr Varney noted Dr Manir's query concerning the number of people who were asymptomatic and getting tested versus those people who had symptoms and were not getting tested and advised that Public Health did not have the numbers at present. Dr Varney stated that a national research was being done to look at what could be understood about people who were not getting tested who were positive.

n) The issue Public Health had was that people did not know they were positive unless they took a test and Public Health had to find a way of identifying them to do the research in that way. The national surveillance samples were all kept for people who opted in to do testing as there were people who did not have symptoms but opted to do test every month. This did not really help us.

o) It was thought that where Public Health was drawing this from was two things –

Firstly, where there had been general research at national level about what people felt about testing, this was what was telling Public Health that people were saying that they were not booking a test as they did not want to isolate or they could not afford to isolate. It was important to remind people that there was financial aid for those people who were on low income. This information was on the City Council's website if people needed to isolate.

Secondly, the feedback Public Health was getting from our community engagement where people were telling us directly that people were not wanting to test because of the implications of a positive test.

p) It was important to remind people that the implications of a positive test meant that you needed to isolate for 10 days and the people you live

with had to isolate for 14 days. This stops people from spreading the virus to someone they care about who may not be able to defend themselves in the way you could. This could end up with the person going into hospital and ultimately with them dying. This was the point about getting a test. Dr Varney reiterated that people should get a test to find out if they had Covid and you will not put the people you love at risk of getting Covid.

Councillor Hamilton referred to the marked rise in the over 80's age group and in the white community and also that care home staff seemed to be non-asymptomatic or were carrying the virus. That it had been proven that many of these persons who work in care homes and the health service a large proportion of these persons were from the BAME community and questioned why these figures were not showing in the families as a lot of families were large families. Councillor Hamilton further question whether it could be that the over 80's in the white community proportionately were testing more than the other communities.

q) Dr Varney stated that what could be seen looking at a month's data for the over 60's increase, but Public Health had not looked at all age group in terms of staff that worked in care homes. As care home staff were testing on a regular basis Public Health was able to pick up people with a mild symptom or no symptoms but this was because they were tested every month. What was not seen in care home staff was more or less likely to be asymptomatic with Covid. We find them because we were routinely testing them which was unique as no one else got tested in that way.

r) Looking at the over 60s age group and the staff who work in care homes it was similar as there were only 34 people that had Covid in the last month that were over aged 60 and was working in a care home. 14 of those identified with white ethnicity, 5 from an Asian ethnicity and 7 from a black ethnicity. There was a balanced picture with the people that worked in care homes in terms of ethnicity. We know that many of our ethnic communities were the backbone for our health and social care system.

s) As they were being tested more frequently cases were being picked up much earlier and it was hoped that people were able to limit the spread in their households and use resources like the Germs Defence Website to think through how they could protect the people they were living with.

t) It was hard to stop household transmissions and a lot of households were seen where everyone in the house ended up catching the virus. This was the reason it was important to ascertain whether it was Covid soon. The sooner it was known, the more you could try to protect the relative you live with. If they did become sick then it helps the GP and other healthcare professionals make the diagnosis faster and make the right treatment decisions. It was important to get tested quickly if you have symptoms.

u) In terms of the over 80s testing rates Public Health was looking at some of the analysis of that at the moment. No evidence was seen that the over 80s testing rate had changed as batch testing was being done in care homes for several months and it was not thought that that was behind it, partially because Public Health was not seeing the rise in cases being mainly in care homes. It was mainly in the community.

v) What was thought to have changed was that there was more walk through testing site that were opened. The map of the city shown in the slides earlier showing more of it going dark purple showed high levels of testing particularly in areas like Sutton Vesey for example where they had the walk through site at Sutton Coldfield Town Centre. This had improved in the uptake of testing for people who did not have cars. This may be helping to find cases earlier, but it was not thought given the analysis that was done that this was driven by the care homes. There was concerns about what the wider community was doing as we should not be visiting each other houses. The question was how was this getting in the elderly houses and more work would be done to try and explore this over the coming days and weeks.

The Board noted the slide presentation.

ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC presented the item and drew the attention of the Board to the information contained in the report.

(See document No. 3)

Chief Superintendent Stephen Graham, West Midlands Police advised that:-

1. The Police had issued a couple of the £10,000.00 fines for the flagrant breaches. These were not technicalities for people to say that they did not know what they were doing. This was normally where people had taken active steps to try and deceive the Police or our colleagues by closing shutters up but were doing something else.

2. There were extreme moments but, on the whole, given the size of our city it was still the exception rather than the rule when people breach the various rules to regulations. When they do so we give people the chance to modify their behaviour and the Police go through enforcement as a last resort. Albeit it was now fair to say the Police was reaching that last resort sooner than they were doing six months ago as people could not say that they did not knew this or that they did non knew that. There were some technical breaches but there were people who actively knew the rule and took steps to try and deceive the Police.

3. In terms of enforcements, the Prime Minister had spoken some time ago about the military backfilling the Police's roles in time of extremist. Chief

Superintendent Graham reiterated that if the military or service personnel was seen on the streets of Birmingham they were solely assisting in the drop and collect exercise and there was no enforcement activity being taken by the military. The request for that was purely out of the drop and collect service and was not linked to any enforcement. The work of the service personnel was purely to look after the health and welfare of the residents of this city.

4. £30m of Government funding which was made available nationally to sustain Covid surge in force activity. It was expected that £800,000 to £1m to spend on Birmingham based on a prorate basis. The Police had not carved it up via each local authority, but this was the level of extra activity the city would see from policing in the coming months.

At this juncture the Chair, commented that the point made by Chief Superintendent Graham about the armed forces assisting us in order to keep people safe here in Birmingham was well worth making particularly given the unfortunate and unnecessary incident that was seen last month.

Mr Croxford stated that they had some money coming through to the Council but as this would be reported through the Cabinet structure, he did not go through any detail concerning the issue. This was a significant amount of money coming through for compliance and enforcement and they were trying to share that out with colleagues not just regulatory services. He added that a report on that would be submitted at a future meeting.

Councillor Hamilton enquired whether there had been any feedback concerning the incident referred to by the Chair as this had taken place in her Ward. She added that as a Council they deplored what had taken place and that she was embarrassed and ashamed of the incident that took place.

Chief Superintendent Graham advised that the Police had not gotten to the bottom to identify the person whose behaviour had embarrassed themselves and the city. He further stated that he did not want Councillor Hamilton to take personal as he was aware that she was deeply passionate about the area. Chief Superintendent Graham stated that it was important to point out as Councillor Hamilton implied that this was very much an isolated incident and that he had spoken to a couple of the senior officers from the military and that Cornel Chambers had stated that the service of the personnel did not in any way shape or form on a day to day basis reflected that one off incident. That on a whole they were broadly welcomed by the people of the city and in the area in which the incident took place the backlash against the *idiot* on social media spoke greater volume for the city and Councillor Hamilton's Ward.

The Chair commented that the population of 1.1m people, one *idiot* was not representative of this city and that he had sent a message to give thanks to the armed service personnel for their help with the drop and collect service

68 **RESOLVED: -**

That the Board noted the report.

TEST AND TRACE IMPLEMENTATION AND ENGAGEMENT PLAN UPDATE

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

(See document No. 6)

The Chair commented that it was clear from the report that a large amount of work was being undertaken and we could not do enough around communication. There was increasing evidence that the public was becoming fatigued about the rules and what they had to do and the more information we could give it was clear from the report that we were doing just that.

Dr Varney noted Councillor Hamilton's request for clarity concerning the retesting request for Covid from pupils and schools and advised that if you had tested positive for Covid there was no point in retesting within six weeks as you will stay positive for six weeks. If you tested positive there was no need to retest as the test result would not change anytime soon. It was a waste of a test and did not change whether you could go back to work or not. Similarly it does not change if you could go back to school. Schools should not be requiring students to take test before they return after the half-term break. You should only be getting a test if you have one of the three symptoms – high temperature; new persistent cough or a loss of sense of smell or taste or if asked to by a Public Health professional in Public Health Birmingham City Council or Public Health England

69 **RESOLVED: -**

That the Board noted the report.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

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

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health introduced the item and highlighted that from the budget report Public Health had not yet reconciled a lot of the spend over the last month or two.

(See document No. 10)

Dr Varney advised that the major contract for the swabbing provision with the Community Trust was the first invoice for the first quarter of activity comes in November 2020. One of the reason the budget looked like it was underspent was some of the external commissions and the internal recharge has not yet happened as it was done on a quarterly basis and would not come into effect until the next report.

Dr Varney highlighted that there was a reduction in the remaining budget to be spent and that Public Health was in the process of expanding slightly the capacity in the Test and Trace team to reflect that there was increasing pressure on that team. The modelling that they were previously being working to underestimated the scale of support that was needed to provide it. A significant proportion of that support which Public Health England previously supplied they were no longer able to do so.

Public Health will be expanding the Test and Trace team slightly which would consume some of the remaining non-allocated budget. However, a healthy contingency was retained on the basis that the government was yet to clarify if this grant was for the financial year or whether it was a 12 month grant running from the end of July 2020 to July 2021. Until this issue was resolved Public Health was reluctant to relax that contingency budget until clarity was had for how long the money was to be used for.

The Chair commented that this was wise as clarity was being sought from the government for several months and one would hope that someone from government would give us an answer.

71 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

72 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

73 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Thursday 26 November 2020 at 1500 hours as an online meeting.

EXCLUSION OF THE PUBLIC

74 **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.