BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 26 MAY 2021

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 26 MAY 2021 AT 1400 HOURS ON-LINE

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Andy Cave, Chief Executive, Healthwatch Birmingham
Chief Superintendent Stephen Graham, West Midlands Police
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:-

Toyin Amusan
Mark Croxford, Head of Environmental Health, Neighbourhoods
Richard Burden, Chair, Healthwatch Birmingham
Dr Julia Dule-Macrae
Daragh Fahey, Assistant Director, Test and Trace Business Unit
Nic Fell, Programme Manager, Neighbourhoods
Paul Sherriff, NHS Birmingham and Solihull CCG
Errol Wilson, Committee Services

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WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

172 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

173 Apologies for absence was submitted on behalf of Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care; 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 (but Paul Sherriff as substitute); Councillor Brigid Jones, Deputy Leader of Birmingham City Council; Dr Justin Varney, Director of Public Health; Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs and Elizabeth Griffiths, Assistant Director of Public Health

DECLARATIONS OF INTERESTS

174 The Chair reminded Members that they must declare all relevant pecuniary and non-pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the Minutes of the meeting.

MINUTES

175 **RESOLVED:-**

The Minutes of the meeting held on 28 April 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

176 Daragh Fahey, Assistant Director, Test and Trace Business Unit introduced the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 1)

The Chair referred to the Indian variant of concern and commented that it was seen elsewhere in the country particularly Bolton, Blackburn and Darwen that case rates had rocketed as a result of the Indian variant. It was still too early to tell what impact that variant may have and whether or not it may affect the roadmap out of lockdown. June 21 was the next date on the roadmap where it was planned for all restrictions to be lifted.

The Chair stated that given the discussions with the Director of Public Health earlier this week, we were being told that case rates were increasing. The slide presentation we had just seen indicated that we might reached a tipping point and then suddenly see an exponential growth in case rates. It must be borne in mind that there was still a large number of people who had not been

vaccinated. As stated by Mr Fahey, even when you were vaccinated you were not 100% protected from the virus.

The Chair further stated that he wondered about some of the messaging that the Government was putting out as –'complacency' – as people needed to be reminded that the virus was still dangerous and it would seek out people who were vulnerable to it for other health reasons and indeed for those who had not been vaccinated. This was essentially what was seen in Bolton and Blackburn and Darwen. We needed to be cautious and remind people to stick to the guidelines as they currently exist – the hands, face, space guidelines – and to take care when going to indoor venues as we were more at risk indoors than when we were outdoors.

Mr Fahey echoed his agreement with the Chair's comments and stated that it needed to be recognised that viruses had been around long before human beings and they were built to survive and adapt and they would continue to try and adapt to whatever immunity we provide or whatever we threw at them. We needed to recognised that we may have won the battle initially, but we have not won the war and we had to recognised that this pandemic was continually active particularly outside of the UK at the moment but we know that with the alleviation of travel restrictions there was a risk of more of the impact globally will start impacting us locally and regionally.

Chief Superintendent Stephen Graham, West Midlands Police echoed Mr Fahey's statements and stated that whilst we spoke of personal responsibility it needed to be remembered that if people had Covid they needed to self-isolate and along with Mr Croxford from Environmental Health given this broadcast to people across the city there were enforcement activities taking place to ensure that people were self-isolating. If they did not do so not only were they doing the wrong thing morally, but they were doing the wrong thing legally. They needed to do the right thing for the right reasons. It was right for people to know that alongside Environmental Health, the Police would play its part in enforcing that law.

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG commented that we needed to take a cautious approach as we had suffered in this region more so than nationally. We had a longer sustained peak on the first occasion and a more devastating second peak and were in danger of having a third peak here. All of the things that Mr Fahey talked about vaccination levels in communities. Dr Aslam added that the slide presentation to be shown in the *Vaccination Rollout and Uptake* item will show four areas in West Birmingham where the vaccination rates were not sufficient enough to control a massive spread of this deadly virus. If it was more contagious, we needed to know that it would spread even quicker. We knew the trend and we had seen it now as it was not new to us.

We had seen the trend that younger people being infected leading on to older people being infected and the hospitalisation that that led to and the trauma in people's lives. A cautious approach was needed as we were not in any way out of the woods as described by Mr Fahey. We had lots of work to do and lots of people to vaccinate ad we had vaccine for those people and we needed to get on and do it.

The Chair encourage everyone to come forward and take the vaccine when it was offered to them. The Chair highlighted that vaccinations saved lives as it had proven in the regime in the past and this one was no different as it gives protection against the virus not 100% but it gives protection against hospitalisation and reduces the chances of us dying from it.

The Board noted the presentation.

OPERATION EAGLE

177 Nic Fell, Programme Manager, Neighbourhoods presented the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 2)

The Chair commented that it was a huge logistical task carrying out these 'operation eagle'. In relation to Ward Forums as indicated on one of the slides as lessons we needed to learn, the Ward Forum meeting was an optional rather than a required element of the operation. If we had to do this again in the future, we needed to ensure that the Ward Forum was mandatory, it had to be led irrespective of the views of the Elected Members.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE

178 Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG and Paul Sherriff, NHS Birmingham and Solihull CCG presented the item.

Dr Aslam made the following statements:-

a. What Mr Fahey had described in his presentation was a sense of urgency around the vaccination programme. Whilst I accept that we had done well, we have not done well enough for him to feel comfortable that were in the right place and this was something he would like to get across today as it was important.
b. Particularly around the challenges in West Birmingham there were some slides in the pack that talked to the level of vaccination uptake in four of the Wards in West Birmingham – Ladywood, Aston, Jewellery Quarter and Lozells – where the uptake was significantly lower than we would like.
c. The levels were not just significantly lower, but, dangerously low in an environment that we were talking about a new variant that had the potential to rampage through communities.
d. Dr Aslam voiced concerns at the state at where we were presently. We had gone through a process where the vaccination programme had been ramped up, we had decreased the times between vaccinations to eight weeks which came with its own logistical challenges and we still remained in an environment where we had constrained supply.

e. Given what he had stated about West Birmingham in particular, and the constraint in supply what we had done was to close down the Aston Villa mass vaccination site which sat in those communities.
f. We missed out on the mass vaccination site although Millennium Point was close by it did not predominantly cater for the West Birmingham community. This was of concern and one we needed to addressed.
g. We were developing a three tier plan. We had talked about pharmacies vaccination plan and we had 27 pharmacies coming forward for approval to provide vaccination access, but unfortunately NHS England had only approved two of them.
h. The process for approving pharmacies for increasing the opportunity for people to have vaccination accesses were not quite as good as we would like and we were working with NHS England to improve that.
i. If we start with the data there was work for us to do with Mr Fahey and Dr Varney's teams to ensure that we had all of the data we need to understand street by street who had been vaccinated and who was not vaccinated; where could we park our vehicles that we could offer vaccinations, how could we improve the access to vaccination for those people in low vaccinated areas.
j. We had a particularly low uptakes in the African and the Bangladeshi communities which was of concern as they made up a large proportion of that population of people.
k. We had enough AstraZeneca vaccine in the system and we were going through a process where we were now increasing the number of General Practice sites that would have access to Pfizer and AstraZeneca vaccines. We were going through an approval process for that at the moment which we aimed to get done quickly.
l. By the end of next week we will have eight new GP practices that were on site to deliver this vaccination programme, but hopefully we would have gotten them through the approval process to help cater for second doses and all those people in cohort 1-9 that had missed their vaccination opportunity but could get vaccinated, they had changed their minds, we wanted to make access easy for them and then to move onto the next cohorts.
m. We were gearing up for the challenges around this and as I spoke about the urgency at the start. We were gearing up to vaccinate on an even more enhanced basis – quicker vaccinating people, quicker getting them onto the second vaccination.
n. Although we had done well, there remained some challenges particularly in West Birmingham and other areas within Birmingham. They were matched to the areas of deprivation. Where deprivation was high the vaccination levels were low and this was talked to in Mr Fahey's slide presentation.
o. Whilst I believe we were in a good place we could be in a much better place. We needed to keep that sense of urgency as Covid was here, there was a variant and we had seen all of the challenges that India had dealing with this particular variant.
p. The messaging had not changed, get a vaccine, get it quickly, we will make access easier for you. We had delivered almost 1m doses of the vaccine in Sandwell and West Birmingham and the Black country.

The Chair commented that what had happened in India was truly awful and we would not like to see anything like that happened here. The Chair reiterated that we come forward and take the vaccine if we have not yet done so. If you have any reservation or doubt, please speak with a health expert who will talk you through the reasons it was far better and safer in terms of protecting yourself and your loved ones when you come forward and take the vaccination.

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

(See document No. 3)

Mr Sherriff made the following statements:-

1. The programme was going well and that he supported the view that there was more to do. The numbers were significant, but they highlight areas of inequality.
2. Members and the public would be aware of those observations from the information which was the target for a lot of our workers for the current time.
3. We were targeting on increasing the uptake in cohorts 1-9, particularly the areas of low uptake as Dr Aslam had stated in West Birmingham and also in East Birmingham and Central parts of the City.
4. There was a real push on second doses and he wanted to get a strong message across to Members and the public how important it was to ensure you attend your second appointment. We were seeing a number of people not responding to the follow up appointment.
5. We were having to focus on recalling people for that second dose which was taking a lot of time and energy to chase people up who had missed their second appointment. Mr Sherriff encouraged diligence from members of the public to ensure that they kept their second appointment.
6. The increased protection that you get from two doses was significant and this was a clear message that we would like to get across to the public. As stated by Dr Aslam, there was a significant challenge which was mentioned in the slide.
7. We had brought forward the second dosing regimen from 12 weeks to eight weeks and for this system it was probably the data was difficult to pin down, but it was over 150,000 appointments that we would have had to had brought forward from 12 weeks to eight weeks.
8. This presented a huge logistical challenge so this was a significant component of our focus over the last few weeks.
9. More recently in relation to some of the items that had been discussed earlier on the agenda around new variants and concerns from Public Health perspective, the third response was now being developed which was touched on in part earlier.
10. We will have a mobile pop-up service where we will be going into communities where we thought we had increased prevalence of

any new variant and being able to provide local access for vaccination. This was a very clear message and we will work with communications colleagues to ensured that this was publicised so that communities could take up that opportunity.

11. It was challenging not to concentrate on the here and now and not look further ahead. I know it might seem bizarre to consider what might happen in autumn/winter but as Dr Aslam was aware, we were now having to plan for what we called Phase 3 which was potential Covid booster vaccinations as well as the seasonal flu vaccination campaigns.
12. There were a number of scenarios, but we were working with our colleagues in NHS England and improvement to model through a number of different scenarios which may include younger children being vaccinated and certain age range of the population with their second or third booster of the vaccination.

Mr Fahey commented that in terms of the second dose of the vaccine, what was being found in terms of the Indian variant and the vaccine susceptibility was that if you got one dose the level of immunity provided was not as good as you would get around the Kent variant if you were to get one dose of the vaccine. If you were to get two doses then you would get an equivalent level of protection as you would against the Kent variant. It was even more important to get the second dose with the Indian variant circulating that it was with the UK variant circulating. This was the reason there was a particular focus in getting the second dose of the vaccine to get that level of immunity.

Dr Aslam made the following comments:-

- That he recognised what Mr Sherriff had stated in relation to the vaccination programme now and what we were expected to do in September with a limited capacity.
- There were trade-offs here as there were always were and to buy into them together as to run a vaccination programme on this scale on an once basis and then a second basis and the autumn again on a third level was a massive endeavour.
- We have not gone through it unscathed this time as we were still picking up the pieces of high deprivation areas were the vaccination rates were low and the challenge again would come at some point in autumn. It involved a significant logistical effort to do this and Primary Care was delivering the vast majority of the vaccinations.
- There was a Primary Care problem as well in terms of demands that had been supressed by going through a lockdown and now resurfacing. The demand on General Practice was now 150% of where we were a couple of years ago.
- We were dealing with that demand and trying to cover the Chronic Disease Review as well and all other support that we gave to people with chronic diseases and on top of this to run a vaccination programme that was much more significant.
- We were vaccinating half the population and, in the winter, we will try to vaccinate the entire population as we will try to do flu and

Covid at the same time. This was the logistical challenge and we did not want people to underestimate what we were going through here.

- There were trade-offs and the trade-offs were that we had to stop doing something to enable this to happen. We will need to talk together with the public about what exactly this meant.

The Chair commented that … the lengthening queuing list of other forms of medical operations were because of the focus on vaccination. As wonderful as the NHS was, there were limits to what could be achieved and as Dr Aslam pointed out there were trade-offs here with the vaccinations.

Mr Sherriff placed on record to his colleagues that worked on the frontline and all partners across the system they had delivered approximately 2m vaccines across the Black Country and West Birmingham and Birmingham and Solihull. Well over 1m vaccines had been delivered in Birmingham which was a huge effort that had taken all part of our system – GPs, hospitals, community trusts, local authorities, colleagues right across the board. Mr Sherriff stated that we should take that opportunity to acknowledge that and he welcomed the continued support from all partners.

The Chair commented that Mr Sherriff was absolutely correct as what we had seen throughout this pandemic was an extraordinary effort from all parts of the public sector in helping to get people through what had been an unprecedented period of time. Something none of us would have predicted as recently as of a couple of years ago. The Chair expressed thanks to Mr Sherriff and Dr Aslam and everyone in the NHS for what they continued to do.

The Board noted the vaccination rollout update.

ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods and Chief Superintendent Stephen Graham, West Midlands Police presented the item and drew the Board's attention to the information contained in the slide presentation on *Covid Marshall and Enforcement Update* and the report from West Midlands Police.

(See document No. 4)

The Chair thanked Chief Superintendent Graham for the explanation in relation to the Fixed Penalty Notice (FPN) and commented that it would be easy to get the wrong impression from just the statistics. With regard to the demonstrations, it was worth repeating As Dr Aslam stated earlier, we were not out of this pandemic by any stretch of the imagination and people needed to continue to follow all of the guidelines which includes anybody who wished to organise a demonstration. Some of these demonstrations where they will not name an organiser was an attempt to get around the rules and we needed to

take a tough line on this and emphasised that the rules were in place for everyone's protection. It was not about trying to restrict people's rights to freedom of speech or demonstrations.

Councillor Paul Tilsley enquired whether Chief Superintendent Graham and the Police in general were following social media as to call a demonstration there had to be a catalyst. On social media things did not just happened organically and we had all seen the demonstrations taking place with no social distancing, no masks which was a threat to the greater public health. It was presumed that the Police were watching closely where the social media starts.

Chief Superintendent Graham advised that the Police were keeping an eye on social media for about 18 – 24 months. The Police had seen a lot of protest that were organised on platforms such as FB, but people were realising that if a person posted something on their personal FB account that person could be perceived to be the event organiser in law. What was happening now was that people were circulating all around on WhatsApp and various sites so we were not able to use the secure and free platforms such as telegraphs which were harder for us to penetrate so we could not work out who the source was.

A lot of people then suddenly turned up at Victoria Square at 2;00pm on a Saturday or the Belgrave Road McDonald's for 3:00pm on a Friday. No one claimed to be the organiser and someone will then assume the right of a spokesperson which did not had the same standing in law. We tried to scour all the social media platforms but we did not have all the tools at our disposal but were doing our best. We wanted to work with the organisers to make their protest as safe as possible, not to ban them. We will do what we could to work with people to ensure that things were carried out safely. We do not ban protest, not as a city and not as a Police service.

The Chair stated that some of these demonstrations did not make it any easier which put people at risks when they did not name an organiser and there were a number of demonstrations planned for this weekend. There was one in particular where they had refused to name the organiser and the City Council had been in discussion with the Police about that particular demonstration.

179 **RESOLVED: -**

The Board noted the reports.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

180 The Chair introduced the item and then invited Mr Paul Sherriff, NHS Birmingham and Solihull CCG to give a response to the question raised.

(See document No. 5)

Mr Sherriff noted that the question related to *whether there was an initiative within the city to vaccinating multigenerational households and whether this had an adverse impact on people that were due their vaccine earlier than the initiative would have enabled other people to have a vaccine.*

Mr Sherriff advised that:-

I. The question specifically referenced cohort 4 which was people above 70 years old who were classified as clinically extremely vulnerable. The response to that question was that it would be unfortunate if that individual did suffer a delay and he would imagine that it would be due to other circumstances rather than the particular pilot initiative.

II. In context the Government through the Joint Committee for Vaccinations and Immunisations (JCVI) – the arms-length Advisory Body sets the schedule for which vaccinations would be administered to the general public. This was based on clinical evidence and opinion and the release of vaccine into the communities within England and this was set out by them and was linked to the time schedules.

III. The cohort 4 that the individual referred to – the clinically extremely vulnerable – opened up on the 8th March and the initiative that we developed locally was not approved until the end of March. We did not deviate as we were not allowed to deviate from the JCVI guidance and this had been from the very outset of this programme. Where we did deviate it had to have local approval and it went (in this case) to one of the senior policy advisor for JCVI. The only time we would have vaccinated outside of cohorts or JCVI guidance was to avoid waste as we chose never to waste a vaccine.

IV. In this instance, the particular initiative which was aiming to promote uptake in those cohorts where we felt that there might be hesitancy linked the rest of the household not having the vaccine, that pilot programme did not start until after cohort 4 opened up so it should not have any detrimental impact on this particular individual who had raised the complaint or anybody who had been cohort 4.

Dr Aslam stated that this was a small group of people that were in multigenerational households and that we have always had vaccination capacity in all of our vaccination cases. There had been capacity and we have always been constrained by the JCVI guidance as stated by Mr Sherriff. The real constraint had been vaccine supply, but given the number of people involved in the household project it had not been a massive number and this was the right approach.

The Board noted the question and the answer that had been proffered.

TEST AND TRACE BUDGET OVERVIEW

Daragh Fahey, Assistant Director, Test and Trace Business Unit presented the item and drew the attention of the Board to the information contained in the report.

(See document No. 6)

The Chair commented that we had taken a prudent approach to this and had kept money aside so that we could deal with any cases that may arise from the current variant that has arisen from different places around the world.

181 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

182 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

183 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 30 June 2021 at 1400 hours as an online meeting.

The meeting ended at 1532 hours.

CHAIRMAN