BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 21 JULY 2021

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 21 JULY 2021 AT 1400 HOURS ON-LINE

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health

ALSO PRESENT:-

Richard Burden, Chair, Healthwatch Birmingham
Dr Julia Dule-Macrae
Errol Wilson, Committee Services

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WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

202 The Chair advised, and the Committee noted, that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

203 Apologies for absences were submitted on behalf of Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB; Mark Croxford, Head of Environmental Health, Neighbourhoods; Chief Superintendent Stephen Graham, West Midlands Police; Councillor Brigid Jones, Deputy Leader of Birmingham City Council.

DECLARATIONS OF INTERESTS

204 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

205 **RESOLVED:-**

The Minutes of the meeting held on 30 June 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

206 Dr Justin Varney, Director of Public Health presented the item and drew the attention of the Board to the information contained in the slide presentation highlighting the main points.

(See document No. 2)

Councillor Tilsley commented that to say he did not want to see Sheldon at the top of the list was an understatement. The 120 positive cases had happened over the last few weeks as they had gone five weeks without any positive Covid test. Councillor Tilsley stated that given the high number of vaccinated people in Sheldon, he was making the assumption that this was very much educational based within the Ward as they had managed to get down the age spectrum well in Sheldon so he was making that assumption. Councillor Tilsley enquired whether Dr Varney could drill down into the information.

Dr Varney advised that he would see if he could get a profile for Councillor Tilsley outside the Board meeting for Sheldon as Public Health was trying to profile the top three or four Wards to ascertain what was happening. Public Health was seeing in these areas a particular spike in children and the unvaccinated and even within the Wards that had done well on vaccination tended to have a large number of 18 – 29 years old that were unvaccinated. In those Wards that there was a spike, it was very much the under 30s down to about 14/15 that seemed to be the age group that were getting the virus and

spreading it at the moment. They were the ones who were out socialising and spreading it during the nice weather and with some of the freedoms that had come. Dr Varney undertook to provide Councillor Tilsley with a more detailed breakdown for his Ward outside the meeting.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that a lot of the information they got from the social care workforce about the pressure on them in terms of staff absences and having to isolate, it would be useful to get a collective response to that going forward. Another thing was that the papers seemed to indicate that the R rate of the Delta variant meant that herd immunity would not be achieved through the vaccination programme. Mr Raybould enquired what community capacity would be needed to mitigate that going forward and whether time could be given at future Boards to discussing that.

Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham commented that we had a challenge of communication and 'Freedom Day' had occurred at a time when we had some of the highest infection rates that we had during the second wave – 400 plus in West Birmingham. Dr Aslam stated that he went to a celebration at the Mosque yesterday and that unfortunately they had decided to abandoned social distancing. The Mosque had supported wearing masks but only about a third of people were wearing mask.

Dr Aslan enquired what type of environment were being created at a time when there were significant amount of virus in our community. He added that this would become a pandemic of unvaccinated people and that a number of people on ventilated beds were unvaccinated. We needed to think collectively together with an NHS response to state that our vaccinated response would be the same as they were before. There was no change and you would be expected to wear a mask if you enter a health care setting as this was the right thing to do given where we were. It was a massive communications challenge. Dr Aslam enquired what type of communication was given to community leaders to maintain a level of control over the issue as we need to take a safety first approach.

Dr Varney made the following statements: -

a. In terms of the first point from Mr Raybould, the announcement on Monday around the rear occurrence where isolations for contacts could be exempted for health and social care staff, was put into the public domain at the same time it came to Public Health.
b. There was a rapid piece of work being done at the moment across the system – across both adult and children social care and the NHS so that we all use the same template and the organisations got the same steer. It should be the absolute exception and not the rule.
c. By bringing individuals who should be isolating because they had been in close contact with a confirmed case into an environment where they were working with vulnerable people by definition because they were providing care, was a high risk strategy.
d. It was clear in the national guidance that the liability lies with the employer and the organisation. This was not a decision that should be

taken lightly by any employer but it was recognised that the number of people isolating as case numbers increased, the number of people as contacts goes up as well which was creating that pressure.

e. It was important to recognised that there was no legal cover for the liability for the organisations that chose to use that exceptional circumstances for exemptions.
f. Public Health was working on guidance to make this absolutely clear so that organisations clearly understood the potential risk they were taking and therefore use it as an exceptional tool. This had to be done on an individual by individual basis as there was no blanket exemption.
g. Each person had to be assessed separately and that had to be signed off by the accountable officer in the organisation who was responsible for Health and Safety and Prevention from Infection Control.
h. We were working through this template as fast as we could, but as you were aware the press release came out on Monday, with the guidance coming sometime afterwards and even then, it was high level.
i. In terms of the thinking from SAGE and the Delta variant, we were unlikely to get herd immunity until we got 90% of the population vaccinated.
j. We were near enough if we got 80%-85% vaccinated, but to get true herd immunity we had to get over 90% vaccinated and we were no where near that at present.
k. Herd immunity through vaccination was still a long way off and whether it was Delta etc. it was known that natural immunity did not last long.
l. If it did, we would be in a better position as we would get vaccine immunity plus natural immunity which would get us over the line but, what we were seeing was natural immunity – particularly some of the variants – was not very good and was not giving us enough protection.
m. Dr Varney stated that he had not seen any national modelling of this, but there had been modelling of what the impact was on health care in terms of hospital admissions and as we have had through each of the waves the best/worst case scenarios.
n. From the last version he had seen, we were tracking along the better side of the curve if that makes sense. Herd immunity was not something that was going to happen in the short term.
o. In terms of communication and engagement we continue to meet Faith leaders on a weekly basis.
p. We had a specific meeting planning for Eid and a letter was sent to all of the mosques in the city reminding them to take precautions, reminding them how important it was so it was disappointing to hear of Dr Aslam's experience with the local mosque as that was not what they were saying to Public Health as the mosques were saying that they were going to continue to encourage people to wear mask.
q. The challenge was that not just our mosques but our retailers as well, was that government took the decision to remove the legislation. There were no enforcement powers.
r. Monday was not Freedom Day it was the day the fines disappeared – Covid did not go away, Covid did not got less dangerous and did not got less common, it was still as big a risk.
s. What was heartening was how many venues and businesses across the city was carrying on as normal, but it had to be the business choice as

we could not force them as we did not have the local powers to be able to force it o happen.

t. The Mayor of the West Midlands did his best with the transport system to get a consensus agreement, but it was we wanted you to wear a face covering but we cannot make you wear them as we did not have those powers.
u. We continue to engage with community leaders and we were briefing our Community Champions this evening and we had more webinars and engagement sessions planned. We were continuing to work with Ward Forums and Elected members as well in local communities.
v. All of this was very much hand in gloves with NHS Comms and engagement.
w. Dr Varney stated that he was delighted that Public Health had appointed an engagement and communications person in his team to work jointly with West Birmingham specifically to give us some additional focus in West Birmingham particularly around the vaccination programme to try and help drive those numbers up.

At this juncture the Chair commented that a lot of things was stated in the press stating that a large number of people were switching the NHS Contact Trace App or deleting them. The Chair enquired what the implication of this was if it was the trend.

x. Dr Varney advised that there were two things – national was telling them there was a lot of noise when they looked at the App download and usage was that it was still being used a lot.
y. The implications of not having the App switched on for us as individuals was that we might be exposed, caught Covid and we would not know and we were taking it home and to our friends and families and would be acting like we did not have Covid when we had and was spreading it around.
z. The App was getting better as they were tweaking it to make it more sensitive. It was looking at how close you were to the person who tested positive and how long you were in that vicinity for. People were getting a lot through the App at the moment and was what we called ***inform and warn***.
aa. The second layer of that was for people who had been in close contact – if you have not got the App switched on you will not know that you have been exposed. If you did not know you were being exposed you might get Covid and would spread it around, then we get case rates continuing to rise and then we would see a real risk of lockdown coming back.
bb. Dr Varney encourage us to keep our Apps on as it was the best way of trying to contain the virus and the best way of knowing whether we have been put at risk.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE

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

Mr Jennings drew the attention of the Board to the slide presentations in the Agenda pack and expressed thanks to Dr Varney and his team for helping to put the information together. Mr Jennings then highlighted the following key facts:-

1. In terms of the impact on the NHS, the figures Dr Varney had was a week out of date as there was no doubt that things had gotten considerably more difficult over the last week.
2. It was not known what portion of people were in Sandwell and West Birmingham Hospital as they were dealing with the Birmingham hospitals as it were.
3. It was known that in the three UHB hospitals that there were taking Covid patients there were now around 200 which was a steady number. The number in ITU was building still which was following the pattern that Dr Varney was speaking about which was people having the virus, became quite ill and moving to ICU. There was a natural progression there.
4. The number of people we had in ITU had impacted on our ability to provide the services inevitably. We were also struggling to some extent because of the high levels of staff being unavailable at the moment.
5. The new policy that came out as a press release was not the detailed way it had been used by NHS services where they could bring people back into work, being doubly vaccinated into working situations and whether they would pose potential risks and they would also need to have daily tests.
6. Things were pretty difficult again as people were working really hard and it was getting tough. The good news was that at these levels of case rates, in our previous spikes of the virus over the last 16 months, at these current levels of case rates we will have far more people in hospital than we do now.
7. It was clear looking at the situation we had previously the level of case rats was not converting into the level of hospitalisation we saw previously. This was not to say that things were but it demonstrated that was the case.
8. As Dr Aslam had stated the majority of people who were seeing that were really ill in ICU were people that either had only one dose or no vaccination. There was an unequivocal demonstration locally that the vaccination programme worked.
9. We were having to work hard to try and encourage people to take the vaccine. This was harder in some places and if we looked at the situation across the city, there was a clear geographical distinction about where uptake was good and where uptake was not so good.
10. In some areas, it was over 80% in some Wards and in some wars over 85% across the central belt of the city there were still many Wards that were around the 50% uptake level.

11. We were working hard in those communities – Faith groups, community groups, local Councillors, GPs and pharmacies to encourage people to take the vaccine.
12. There were now four mobile vaccine vans that were deployed and we tried to plan where they were going to encourage people to come to them. We were trying pop-up vaccination centres to encourage people to take up the vaccine.
13. It was going to be tricky for us as a city because of the population age of the city as we had so many young people as we move down the age pyramid. When we got to the 30s and under, we got to the largest cohort that we had.
14. For those younger people we were trying to encourage them to come forward for their vaccine and to say how important it was at a time when they had seen it on the television that tens of thousands of people had gathered for mainly sporting events.
15. We were grateful for all of those who had worked with us as we were having to work hard still to try to continue to promote the uptake of the Covid vaccine.
16. Coming up shortly we were going to attempt to have an even larger impact on flu vaccination. The flu vaccination will need to have a massive impact this year if we were going to keep the flu in place.
17. We were looking to do flu alongside a booster vaccination of the Covid for the over 50s, those who were clinically vulnerable.
18. We were looking also at a programme of immunisation and vaccination for children, but only those over the age of 12 that had some other compromising condition, but not a general population programme at this stage. Planning was starting for those.
19. All of this was happening in a context where we had a health and social care workforce where they had worked flat out now for 16 months. We had a primary care system who were facing an unprecedented levels of demand – up by 20%-30% compared - and more in some cases before the Covid pandemic.
20. People were having to work really hard and anything we could do collectively and individually to encourage people to come forward to take up the vaccine and to educate people to dispel the myths and the nonsense around the vaccine programme the better it would be for all of us in terms of trying to bring an end to this troubled period.

Dr Aslam made the following statements:-

I. There was a bit about communication – we were at a stage where we had Covid infection rates that were so high at the moment – 450-500 in Birmingham at a time when we needed to restore and recover services in primary care and community services and secondary care.
II. We were trying to get on top of that and this was with the background of trying to create an infection control process that did not exposed our most vulnerable people to Covid when they come in or to any of the other viruses when they come in to see us.
III. It was a conundrum that was becoming more difficult as the rates increased it would become more difficult. A significant amount of our population were not being vaccinated and they were a vulnerable group now.

IV. Creating an environment for 30%-40% in some cohorts where they had not been vaccinated and where we needed to continue to maintain their medical care, we needed to support them with their diabetes care their OCDs and chronic kidney diseases, get them vaccinated, get them screened for the cancer programmes was just a massive conundrum.

V. On top of this we were now going into a programme as described by Mr Jennings where we will try to vaccinate as many people as possible for flu do a booster campaign as well. This was at a time when the peak of Covid from al the information we were get this wave would be sometime August or into September when we were planning on running that campaign.

VI. This was just a combination of very difficult things that were happening all at the same time. We will continue to do all of the things that Mr Jennings had stated and continue to have mass vaccination sites, GP practices having vaccination available, continue to have the opportunity to go where you like to have a vaccination.

VII. We had about 20 pharmacies that could deliver vaccination. We just needed to work together through this as it had been a difficult 18 months and the next 12 months would also be difficult as it was not known when we would be able to get on top of the backlog.

VIII. We had worked hard and there was hard work coming our way that we needed to balanced up and it was hoped we were not exhausting our workforce in a way that made them unwilling to work in a health service that did not support them. There were some difficulties here.

IX. We had those two viruses that we talked about but we had to think about the respiratory tract infections norovirus and viruses in children as well that would increase through this period.

X. We did not know what lockdown had done in terms of cancer. We knew that it exposed children to less viruses, but when children are back together in the winter period, we did not know what the effect of that would be.

XI. Usually, lower respiratory tract infection would take up a lot of GP work going into the winter so we will just have to balanced that out as well otherwise there was going to be a rebound effect with all the other viruses that were in the community.

XII. There was difficult times ahead and he echoed Mr Jennings statement that if you did not have a vaccination please do so not just of the reason for protecting yourself from Covid, but there was a lot of everybody's plate at the moment and a vaccination would reduce the burden on our health service.

XIII. Dr Aslam encouraged everyone that if they did not have the vaccination to have their first and ensure that they got in time for their second and then we would get in touch about the booster campaigns.

The Chair commented that she wholeheartedly supported what Mr Jennings and Dr Aslam had stated. She added that it was not known how health and social care would stand up to this winter as the staff were exhausted and were beyond tired, but they pushed on and were a brilliant bunch. The Chair stated that she could not understand why so many people within her community (as a black woman) – she knew what the history had been, but why they would not take the vaccine. We had a lot of negative messages out there but the vaccine were the only way to get rid of this virus. The young people had stopped

listening but we had to keep plugging that phrase – go and take the vaccine. The Chair encouraged parents to tell their children to take the vaccine. She stressed that it was important that we take the vaccine.

Councillor Tilsley enquired whether the positive hospital admissions were still being directed to the QE site. Mr Jennings advised that patients were presenting at all of the A&E sites potentially with Covid and there were patients with Covid in three of the UHB Hospitals. Solihull Hospital was being maintained as a green site in order to carryout safe elective surgery.

Dr Aslam stated that when the rates goes significantly higher, patients with potential Covid goes to every place – the walking centres, general practice, A&E Departments – and they are put on the appropriate pathways. We have rapid test that enables us to decide which streams they fall into. If the rates were 30 last summer and we were worried, they were 500 now and it was difficult for us to run a programme that just keeps one place at least Covid free. It was impossible so the rates needed to come down.

People needed to adhere to social distancing and get vaccinated. The people being admitted – 75% of people in intensive care beds were unvaccinated people. The people being admitted into hospital that required oxygen the vast majority of them were unvaccinated. If you got vaccinated the likelihood of you being in hospital was significantly reduced. With rates this high, it was difficult to create areas that were Covid free.

The Chair stated that in her Ward they had some of the highest rates across the city in the west side of the city. The west side of the city was where predominantly some of the youngest residents were and some of the largest groups of ethnic minorities were concentrated in that side of the city. The Chair enquired whether there was anything extra that was being done to support the west side of the city to get people to have their vaccines.

Dr Aslam advised that they were working well with their Birmingham colleagues and they had a Project Manager, Mike Ellis who was responsible for the vaccine programme in West Birmingham and was doing a fantastic job. We had opened up a range of 20 places and community pharmacies where people could go. We had mass vaccination sites opened at Aston Villa Football Club, City Hospital and Millennium Point, engagement events with Councillors and Councillors knocking on doors at weekends. We created an environment where if you wanted to have the vaccine, it was easy for you to get one. What we were behind on was the community support to encourage people to have them.

Dr Aslam added that it was accepted that in the early stages of the vaccination programme, we probably did not have enough places for people to go and that people felt safe to go to, but this had dramatically changed now. There were incremental changes that were happening and there were improvements in all of our cohorts 1-9 areas throughout West Birmingham and there were gradual improvements. We never say no to anybody, so if you have not yet had a vaccine and you were in the older age groups you could still have it now. You could go to anyone of these places and you will not get turned away.

We could drill down into the different communities to see where the gaps were in those communities. The detail that we would have benefitted from earlier in this programme was there now and has helped us to be more focussed. We had set up a call centre in West Birmingham which was calling every patient who were registered with a GP that had not been vaccinated. There was a doctor to support that call centre as well to ensure that it was not an issue of trying to get into the process of having the vaccination.

Mr Jennings stated that there were two things – form the figures over the last 2/3 months we had made a large progress and we were chipping away and making improvements. The door to door campaign form the Council was focussed in West Birmingham at the moment.

Andy Cave, Chief Executive, Healthwatch Birmingham advised that he coordinated a group that looked at the comms and engagement in West Birmingham specifically. He added that what they tried to do was to bring some money down into the local community to fund the comms and engagement that were on-going in the local community and Wards. This was to have that coordinated picture to bring together the providers of the vaccination jabs with those community members having the conversations to make it as easy as possible for people to have their jabs and identified new areas. There was now a real coordinated approach that was focussed on Ward based practice, engaging those community groups and bringing some money down to support that group which was vital for our local communities.

ENFORCEMENT UPDATE

208 The Chair introduced the item and advised that unfortunately Gary James, Operations Team Manager, Environmental Health, BCC and Chief Superintendent Stephen Graham, West Midlands Police were unable to attend the meeting today to give an update on the item, but that the report in the Agenda pack would be noted.

(See document No. 1)

INTERNATIONAL TRAVEL

209 Dr Justin Varney, Director of Public Health presented the item and made the following statements:-

1. The Government in the UK had a model based on countries being designated as Red, Amber or Green. Red countries were countries you should avoid travel to or from except for essential purposes like going to a family member funeral for example.
2. When you came back from a Red country you will need to pay to go into a quarantine to go in an hotel and also pay for additional tests. You have to complete your 10 days of quarantine in a quarantine hotel. It was tough to get the exemption to not quarantine.
3. Red countries were Red because we were concerned about either new variants or very high levels of cases. Amber countries were countries in

which when you came back you had to isolate, but you quarantine or isolate at home rather than anywhere else and you still take these tests that you have to pay for privately. Unfortunately, you cannot get the tests on the NHS as they were private tests.

4. Amber countries were ones which we were not quite sure which way the passing's were going to go, were they going to get worse or were they going to get better and this was the reason they were Amber.
5. One of the things people were quite anxious about was if an Amber country became Red, then you will have to pay for the quarantine hotel when you came back which was about £2000.00, which was not a small amount of money for people. This was one of the real challenges at present booking a holiday.
6. In Green countries you do not have to isolate and you do not have to quarantine, but there were only a very small number of Green countries. The Government websites gave the most up to date details. International travel was not just about what we do in the UK, but it was also about the country you were travelling to. Example if you were from the UK, at the moment you cannot travel to North America as North America will not let you in.
7. The Americans viewed the UK as being very high risk because of the high number of Delta cases that we have. It was important that when you were trying to plan a holiday you look just not on what the UK Government says, but the country you were going to and what their requirements were as well.
8. Some of that may change particularly because the UK had such high levels of the Delta variant. Countries that did not have any Delta variants were saying to the UK to stay away.
9. If you came back from a Red country and you have to quarantine in one of the hotels you go into what is called a Managed Quarantine Setting (MQS).
10. The majority of the MQS in the West Midlands were based around Birmingham Airport but there were a couple in Birmingham that we had and were working closely with Environment Health with the people who were in the hotels as they were all commissioned nationally to ensure they were following the rules, that they were maintaining safety, that the staff working in the hotels were vaccinated to protect them as well.
11. We monitor to see if there were any outbreaks or clusters linked to the hotels. We maintained our right as a local authority to go in and do spot checks to ensure those hotels were operating in the way we were told by Government that they will.
12. The situation was continuing to evolve on travel and there were more exemptions coming through for people who were double vaccinated not just in the UK but internationally. Switzerland for example, if you were double vaccinated you did not have to quarantine, but you still had to do the test within the first 10 days.
13. It was important to look at this and another reason to get vaccinated if you were planning on going on a holiday. You can google the information on Covid Travel and then go into the Government website where you will find the Red, Amber and Green list.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

210 The Chair introduced the item and advised that there were no public questions submitted for this meeting.

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health introduced the item and advised that the report was for information.

(See document No. 3)

Dr Varney highlighted that we were in the first quarter of the financial year and some of the invoices were still being awaited. We were slightly behind on were we were expecting spend to be. One of the questions at the moment was the reimbursement of the cost for the enhanced support. There was still no clarity as to whether there was any additional financial support for what Public Health did whilst we were in enhanced support. This was to cover the cost of the door to door test distribution the additional test facilities that we opened up and the additional work.

At the moment that was placed against the contingency budget which had started to eat into that contingency. At the next Board a fuller update of the budget spend will be given. Dr Varney stated that he was comfortable that we were within the budget and the provision we set aside for Wave Three response and contingency was covering some of the things Public Health was having to do at the moment because of the current surge in cases. We had to put in additional capacity into the contact centres because the national system was passing through to us between 200 and 300 people per day who had not completed NHS test and trace. The number of people reaching out for support was welfare needs as they were isolating had gone from 10 or 15 per day to nearly 200 per day. The contact centre was struggling so we had put in additional staff into the contact centre to support that which had created additional costs.

As businesses came back some of the facilities that we were able to use during the pandemic for free, they were now saying that we could not have them anymore as they needed them for their business. We were then having to look at commercia rent spaces to replace that, example, the space we had at the wholesale market for storing our lateral flow test and our testing equipment. As the wholesale market was back in operation, we cannot use that anymore, so we were having to look at commercial storage space which will cost about £25k to take us through to the early autumn. There was a series of additional cost which he will be able to present more fully at the next Board.

211 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

212 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

213 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 1 September 2021 at 1400 hours as an online meeting.

EXCLUSION OF THE PUBLIC

214 **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.