BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 29 JULY 2020

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 29 JULY 2020 AT 1400 HOURS ON-LINE

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
Andy Cave, Chief Executive, Healthwatch Birmingham
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Councillor Brigid Jones, Deputy Leader of the City Council
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs
Errol Wilson, Committee Services

****

NOTICE OF RECORDING/WEBCAST

15 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

16 Apologies for absence were submitted on behalf of Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care; Chief Superintendent Stephen Graham, West Midlands Police; Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB and Elizabeth Griffiths, Assistant Director of Public Health

---

DECLARATIONS OF INTERESTS

17 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

18 The Chair welcomed everyone to the Local Covid Outbreak Engagement Board meeting and invited the members of the Board who were present to introduce themselves.

MINUTES

19 **RESOLVED:-**

The Minutes of the meeting held on 24 June 2020, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

Dr Justin Varney, Director of Public Health introduced the item and shared a slide presentation on *Birmingham Covid Outbreak Overview* with the Board.

(See document No. 1)

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

a. Dr Varney noted Councillor Tilsley' s comments regarding the statistics from the *Times* Newspaper and advised that the article was referring to the new information that was published in the last week or two on Medium Super Output area.
b. Any member of the public could go onto the .gov website and go to the Coronavirus Data Dashboard and put in their postcode in the map at the bottom of the page which would give the number of cases there had been over the last week.
c. Public Health was looking at this in two ways (a) by monitoring the rate on a daily basis in terms of what Public Health had been told which was much faster as the website was only updated weekly. Public Health was looking at both in terms of absolute numbers and as rates as there was some variation between different sizes of population.
d. In general the most that was seen in one Medium Super Output area which was the level down from the Ward was 21 which was linked to a household from the same family, which was not of concern. One of the issues they had was some of the data that could be accessed by the

postcode was that people could look at these and get anxious about the 21 cases in the area. The area in that particular situation had approximately 6,000 residents which meant that it would be highly unlikely for those 6,000 people would come into contact with them.

e. Public Health was monitoring this closely on a daily basis. People could look at the total number of cases to date in their area. There were variations across Birmingham, but where there was more visible variation was between Birmingham and some of the more rural areas such as Herefordshire or Staffordshire where the case in those geographical areas were much lower. Some of this was about population density and the cities that had been impacted harder.
f. Dr Varney noted Dr Manir's question in relation to the delay with data around ethnicity and advised that there were a couple of reasons for the delays, one being the way the data was coming through the national test and trace system. There was data that Public Health receive on a daily basis of new cases which did not include ethnicity.
g. Often that dataset include positive cases over the last three to four days which was about how the labs were loading data onto the system and how Public Health England (PHE) was able to retrieve if from the system to give to Public Health.
h. Further work was being done nationally to try and match data from the labs and what was put into the system when people booked test and their ethnicity. A third of people did not fill in the ethnicity box.
i. Currently the gap Public Health had was that the national system had not yet provided data on the ethnicity of people taking the test which was an important piece of information that was needed. If it was seen for example that the majority of people testing currently were from the Asian community, and there were 53% of overall cases testing positive over the last month from the Asian community, then this reflected the community taking the message seriously and the communications were working.
j. If what was seen was only 10% of test was from the Asian community, and this was generating all the positive, that would be a different picture and the concern would be whether communications were being done correctly. This was something the directors of Public Health raised nationally on Friday and Public Health was told that there was significant work being done nationally to resolve the issue.
k. Another element was Pillar 2 testing community testing was going through multiple laboratories and the big difference Public Health had between the NHS Pillar 1 testing and Pillar 2 was that in the NHS testing there were 12 to 14 laboratories in the West Midlands all doing this all using the same software and the same approach and it was much easier to pull data.
l. For Pillar 2 testing community testing this was all the lighthouse laboratories that was seen in the news. These were all different and were working in different ways and there was a piece of work that tried to join all the data and get it in the same format which was causing some delay.
m. Dr Varney noted the Deputy Leader's query concerning Pillar 2 testing with regard to women who were more likely to be tested than men and stated that the *Age Profile of Pillar 2 Covid-19 Cases* slide was showing the confirmed cases rather than people being tested. The gender and

the age of people having the test was not known and it was unknown whether this was telling Public Health that women were less likely to get a test than men.

n. Over the whole of the outbreak, women were more likely to test positive which may reflect that women were more likely to be working in a social care sector for example and may be more likely to be working in the NHS sector where they had earlier access to testing through the NHS and the essential working programme.
o. The majority of new cases were in younger working age men which was raising an issue for Public Health as to how to get the message across to men that Covid affects them, particularly to young men. There was concern around this and was the reason they were looking at this age profile carefully.
p. Although relatively few young adults will get severely ill, many were living with their parents/grandparents and could take the virus back into their house and infect their parents/grandparents. If intergeneration *bleed* was seen, the bulge above the younger adults get bigger which would suggest that the message was not getting across strongly to young people, particularly young adults of working age that they could take the coronavirus home and there was evidence that they were taking it home.
q. Although for them it may not be high risk for the people, they live with it may be a high risk.

At this juncture, the Chair expressed concern that amongst some communities as testing involve taking their details and storing these on databases etc. this was putting people off from getting tested. The Chair queried whether there was any evidence of this coming through.

r. Dr Varney advised that a clear answer could not be given concerning the issue as the demographic of testing up take was not known. He added that Public Health was looking on a daily basis at the rate of testing across the city.
s. Although Birmingham was a diverse city and many of the Wards were quite diverse some communities were more geographically based. If Public Health were starting to see for example the African/Caribbean community not taking up testing, then it would be expected to see areas like Handsworth, Holyhead, Lozells and Aston falling down the ranking compared to others.
t. Dr Varney highlighted that Public Health was looking at this closely and voiced concerns about the myths that were in the community. He stated that there were some incredible technical ones – example as the swab to the back of the nose was quite uncomfortable some one was trying to insert a chip into the brain. Dr Varney advised this was not true and that it was beyond the capability of the NHS to be that clever. He highlighted that it was important to *bust* some of these myths and to encourage communities to understand that the reason this was the NHS test and trace system was that it was being governed in the same way that the General Practitioners records were.
u. The same level of confidentiality and to secure data and there was a lot of work to ensure it was safe and robust for people to give their information and in the same way they did their doctors. This was a health initiative and a health crisis.

v. In relation to the fall in testing figures, Dr Varney advised that some of this was when the data was looked at and when the weekend effect came through. There was a need to check on the figures the same day each week to see whether there was a pattern. A drop-in figure was seen across the whole of the West Midlands region – Solihull was 760 test and were now down to 560 and wee second only to Sandwell who were doing a lot of testing as a result of the two workplace outbreaks.

w. As yet it was uncertain why the West Midlands had dropped down in testing, but there had been some changes in the drive through testing sites. The site that was at the Midlands Metro car park was closed and was relocated to Sandwell. The Edgbaston site was closed last week, and a new site was being opened up. There was a variation in access to testing which may be the reason for the fall in testing and would be worried if it fell below 400 and would be happier if it was above 500.

20 **RESOLVED: -**

The Board noted the discussion at the meeting.

TEST AND TRACE IMPLEMENTATION UPDATE

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

(See document No. 2)

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

I. Dr Varney noted Dr Manir's comments concerning the close proximity of the Newtown Project to Aston Pride in relation to appointments and stated that the other 5% should have an appointment and that the majority of the 5% were referred by their GP. It was noted that some GPs were referring people to the site and were forgetting to advise them to say ring 111 first.

II. Dr Varney further noted Dr Manir's comments concerning joined up work with both sites and advised that he would take this outside the meeting, but there was a faster solution where testing could be done at the *Red* site.

III. Dr Varney added that he was in active negotiation with the Department of Health (DOH) and had been told that at some point the Director of Public Health will be given an allocation of test kits each day to distribute how Public Health say fit which would allow them to do some proactive testing with high risk communities. This would also allow for support of the *Red* sites for those Clinical Commissioning Groups (CCG) doing testing on their own sites as it seemed illogical to have someone seeing a clinician and not swabbing them whilst they were there.

IV. In terms of looking for sites around the city where test and trace could be done quickly, over the last month Public Health was trying to get clarity from NHS England and Deloitte and the HSE on how much space was needed. Dr Varney advised that one of the challenges had been until

recently they had acquired a tarmac space which was equivalent to a 100-space car park. This was the car park space in front of the Warwickshire County Cricket Club, Edgbaston which was the car parking space that was needed.

V. There were few of these within the city that could be utilised, and this was the criteria that Public Health had, and they had asked for more flexibility which came through this week. Now that Public Health had the new specification, they could start to scope alternative sites. There were three types of site that was being looked at – the 100-space car park; a site that was .08 of an acre which was about the size of a small office car park which would be a similar outdoor tent set up with portacabin as was case in Villiers Street.

VI. The other had been some in Leicester for indoor testing sites which require a large room of around 10 to 15 square metres with tiled or vinyl floor that could be cleaned with a chlorine and bleach product. Public Health was in the process of looking at what was in the City Council's estate and with some of their partners like the universities to look at potential sites that could be used.

VII. This proposal would then be taken back to the DOH to get agreement to start to mobilise some of these and to look at which of those they could use as a semi-permanent site like the Villiers Street site for two or three months versus sites that might be rotational like the Berry Street car park was at the moment. Dr Varney undertook to bring back a much clearer plan concerning this to the next Board meeting.

21 **RESOLVED: -**

The Board noted the discussion at the meeting.

TEST AND TRACE ENGAGEMENT PLAN UPDATE

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

(See document No. 3)

The Board members then made the following comments/statements: -

Councillor Brigid Jones, Deputy Leader of the City Council commented that in terms of the work done at the Ward Forums it was a useful approach particularly for her Ward which was unusual as there was half students and permanent population and was a unique mix of issues with students coming from across the country moving in and out all the time. She added that people had described some of this year's wave of freshers' flue as being fresher's flue on steroids and were worried about it as it had Covid in the mix as well.

Councillor Jones highlighted that this was really useful as they had done two with Dr Varney attending her Ward Forum meeting and was able to reassure the permanent residents about what was being done. She advised that on Tuesday evening, they had a good conversation involving the University of

Birmingham, the Guild of Students representing the student body, members of the public and the community groups.

Councillor Tilsley commented that the constant dialogue they wee able to have he was lucky that from the point of view that he sat on the Health and Social Care Overview and Scrutiny Committee and the Joint Health and Social Care Sandwell and Solihull Committees where he work collectively not only to disseminate information which was of primary importance and every now and then to challenge some preconceived ideas and was particularly concerned with the misinformation that was being circulated in the community. These were some of the issues they needed to challenge particularly amongst the young and some community groups.

Dr Varney stated that Public Health was working with the CCGs around doing some GP awareness education events. Sessions were also being done with the British Medical Association (BMA) West Midlands. In Solihull Public Health had done two sessions for GPs through presentation and they were able to ask questions. Public Health was looking at how they could use that model and offer this to dentists and pharmacists and potentially a model for social care.

Andy Cave, Chief Executive, Healthwatch Birmingham commented that an amazing amount of work was being done around engagement and they were doing as much as they could. He added that it would be useful if they could tap into some of those resources that could be shared with Healthwatch Birmingham to ensure that they were getting the key messages right and the right target audience so that they could retarget their resources to get into communities.

Dr Varney advised that the link in Public Health was Ricky Bandall. He added that they had been working with the communication and engagement leads in both CCGs and had been learning from each other as they were sharing for example both CCGs had put forward GPs to join the meetings with Faith leaders with the Bangladeshi community and he was working with both communication and engagement leads in both areas.

Stephen Raybould, Programmes Director, Ageing Better, BVSC stated that the voluntary sector appreciated the appointments being put in by Public Health and that Dr Varney was speaking to one of their groupings this week. Mr Raybould added that Public Health could not be everywhere all of the time and that BVSC had additional networks that they could distribute information including targeting information to particular communities and particular interest groups and groups that were vulnerable. BVSC could engage with Public Health as to how they could get that information across. Mr Raybould stated that he was aware that they would need to do this as the recovery and resilience period move forward to do this repeatedly especially around particular outbreaks and were looking to do this over the next six to nine months.

Councillor Jones stated that it was amazing to see all the work that was being done to engage all the communities and to get the message out. She added that the root cause of them having to do this in the first place was that the

government guidance the Council got needed to be crystal clear. Much clearer message coming from the centre was needed.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG stated concurred with Dr Varney's statement earlier concerning collaboration in relation to the specific pieces of work with the Bangladeshi community and the work they were doing in Lozells. In general there was a lot of points of connection and Primary Care Network was kept woven into this. In a broader sense, the conversation that needed to be had with the public as they work their way through this as more and more people were getting the sense of returning to normal, but in reality, we were still a long way from normal. Some of our services provision and capacity will be a long way from normal for a long time to come.

Dr Varney commented that he welcomed the positive feedback and agreed with Mr Raybould' s point that public Health could not be everywhere all the time and would pick up both his and Mr Cave's offer and ensuring the scripts and messages to help were getting to them to get the message out. Dr Varney stated that a lot had been learnt through the journey of the first wave, but that we were not through this yet as there would be a second wave. He added that the more they could start to think through how this could be done sustainably over the next year and as highlighted by Councillor Jones, how we make this part of being in Birmingham and our on-going approach to working with communities which was a real strength from the positives being seen particularly working with the Faith communities where the guidance had been vague for most of the outbreak.

It was through the collaboration with the Mosques that they had safe Eid and not seeing huge rise in cases. Through working with the Gurdwaras that had not become a vector of transmission of Covid. It was working with our Churches, particularly with our Evangelical Churches to help them navigate how to celebrate their faith without the pleasure of song which was a core part of their worship that public Health had supported them and work through with them. There were still much more to do and as the Chair had challenged him, Public Health was looking at Newham and their champion programme and will update on that at the next Board. Dr Varney stated that he welcomed the positive feedbacks and continue to do what they could to ensure everyone in the city had the information to keep them, their families and the city safe.

22 **RESOLVED: -**

The Board noted the discussion at the meeting.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

23 The Chair introduced the item and advised that there were no public questions submitted for this meeting. She advised that she was keen on receiving questions from the public as the public helps to see if we got things right or wrong. The Chair further stated that the reason questions from the public was needed was to be able to measure what was going on. The Chair suggested that if members of the Board members were asked a public health question by

members of the public that this be used as a public question for the Board so as to ensure they were bringing the public along with the Board.

TEST AND TRACE BUDGET OVERVIEW

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

(See document No. 4)

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

- In terms of the recruitment for six Environmental Health Officers Dr Varney advised that in the recruitment of the 31 additional posts Public Health was creating, including the six Environmental Health Officers, a mixed method approach to recruitment was being taken.
- Public Health was approaching agency whilst advertising for internal secondments.
- As these were fixed term posts and it was uncertain as to whether they were needed for six months or 12 months they were needed now as Public Health did not have the time to go to a full external recruitment unless they were unable to fill the posts internally or through agency.
- Dr Varney advised that Environmental Health colleagues were working with an agency and had identified a *sweep* of candidates over the last few days and will be interviewing them over this week.
- It was hoped that by next week Public Health would have the additional capacity in place.
- It will take slightly longer for the public health roles as a whole suite of job descriptions were created which had made it through the first Human Resources (HR) hurdles in 48 hours which was a record for the City Council and reflected how well the City Council was putting this together as part of the emergency response.
- These were going to agency today and internal advert on Monday and it was hoped that candidates would be received for all of them within two weeks for those posts with interviews in August and the successful candidates starting in September.

It was proposed that the budget should be a standing item on the agenda for the board meetings to note.

24 **RESOLVED: -**

The Board noted the discussion at the meeting and agreed for the budget to be a standing item on the agenda for future meetings.

OTHER URGENT BUSINESS

25 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

26 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Thursday 27 August 2020 at 1400 hours as an online meeting.

EXCLUSION OF THE PUBLIC

27 **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 Paragraphs 1 and 2 of Schedule 12A
