

BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
24 JUNE 2020**

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 24 JUNE 2020 AT 1400 HOURS ON-LINE

PRESENT: -

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
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
Chief Inspector Sarah Tambling, West Midlands Police
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health, Birmingham City Council
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the
LCOEB

ALSO PRESENT:-

Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

- 1 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

- 2 Apologies for absence were submitted on behalf of Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG; Chief Superintendent Stephen Graham, West Midlands Police, but Chief Inspector Sarah Tambling as substitute and Elizabeth Griffiths, Assistant Director of Public Health

DECLARATIONS OF INTERESTS

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

- 4 The Chair welcomed everyone to the first Local Covid Outbreak Engagement Board meeting and invited the members of the Board who were present to introduce themselves.
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LOCAL COVID OUTBREAK ENGAGEMENT BOARD TERMS OF REFERENCE

The following Local Covid Outbreak Engagement Board (LCOEB) Terms of Reference was submitted:-

(See document No. 1)

- 5 **RESOLVED: -**

The Board agreed the Local Covid Outbreak Engagement Board terms of reference.

COVID-19 SITUATION UPDATE

Dr Justin Varney, Director of Public Health provided the Board with a verbal update:

- The Board was provided with the latest number of cases confirmed through Pillar 1 testing (swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers) and Pillar 2 testing (swab testing for the wider population) were provided.
- Based upon Pillar 1 testing covid-19 rates Birmingham was ranked sixth highest in the West Midlands behind Walsall, Sandwell, Wolverhampton, Solihull and Stoke on Trent. Birmingham was ranked fifth amongst the core cities outside London, behind Sheffield, Newcastle, Liverpool and Manchester.
- It should be noted that there was no calculation for the 'R' rate reproduction number below the level of the West Midlands, which was estimated at 0.8, but the range was wide. It was important to recognise that the 'R' calculation was not effective or useful the smaller the area that was looked at as the range gets bigger.

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- It was important to recognised that the estimate from the national surveillance was that 20% of the population have had Covid so far
- There were significant risks of seeing a second peak similar to the experiences the city had during April/May. This was the reason *Test* and *Trace* was important during this period as the city comes out of lockdown as they were able to get on top of outbreaks as they occurred and tried to control the spread as happened in early March after the first case appeared in Birmingham around the 8th March 2020.

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

- a. The rate at present for Pillar 2 testing was slightly lower in Birmingham than the rest of the West Midlands but was in line with the national average.
- b. Birmingham, working with Birmingham and Solihull CCG, has taken a proactive approach to testing in care homes and nursing homes, undertaking test through Pillar 1 through the NHS laboratories.
- c. The public health team had taken the decision to translate the test and trace national posters into multiple languages to explain the test and trace process. It was hoped that these would be launched by the end of this week to encourage citizens whose first language was not English to be aware of the opportunity to test for free and what it meant if they tested positive.
- d. A detailed Communications and Engagement plan is in place for Test and Trace.
- e. The Public Health team was working with the government to create a walk-in-testing site where people could pre-book and be able to walk-in for testing. The appropriate land site for this was being arranged and it was hoped that this would be up and running within the next couple of weeks.

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RESOLVED: -

The Board noted the verbal update.

IMPLEMENTATION OF TEST AND TRACE IN BIRMINGHAM

The Chair commented that the Government was engaging more with local authorities as they move into the next phase of the pandemic. The Chair added that they would be given more responsibilities around test and trace and that they needed to ensure that they got this right if they were going to continue to keep people as safe as they possibly could across the city. The Chair then invited Dr Varney to make his presentation.

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Dr Justin Varney, Director of Public Health, Birmingham City Council introduced the item and gave the following PowerPoint presentation

(See document No. 2)

Dr Varney highlighted the following and gave responses to questions and comments raised by the Board: -

1. With regard to people's cooperation concerning self-isolation, there was the potential that under the Covid legislation and the existing Public Health legislation, if someone refused to self-isolate who had tested positive for the coronavirus or as a contact, as a last resort they could take enforcement action.
2. In terms of contact tracing; exposure was considered to be 15 minutes or more within a two-metre radius.
3. Wearing face coverings further reduced the risk of spread in enclosed spaces such as a bus or train carriage.
4. In the context of individuals who were contacts and were considered highly vulnerable or difficult to engage with i.e. where someone had been identified as testing positive for the coronavirus and was homeless or attended a night shelter and the local authority needed help to work with PHE and the NHS on how to track down the contacts in that vulnerable group.
5. Secondly, where the location was a complex location – the team had been working closely with partners in the NHS throughout the outbreak, the voluntary sector and the private sector in terms of responding to outbreaks in care homes. (Dr Varney acknowledged the hard work that Paul Jennings' team, Birmingham and Solihull CCG had put in working with them alongside Adult Social Care and Children's Trust colleagues.) They had moved quickly ahead of some of the national guidance to support care homes and residential settings around outbreak management.

With regard to the *Local Outbreak Control Plan* this covered seven areas as detailed on slide 5 of presentation. The aim was to publish the Plan by the end of June 2020 a draft of which was submitted to the regional coordinator who had given a positive feedback to the plan.

In relation to the *Birmingham Outline Governance* a report was approved by Cabinet on the 23 June 2020 that approved the formation of the Local Covid Outbreak Engagement Board (LCOEB), formally as a sub-group of the Health and Wellbeing Board.

Paul Jennings commented that a fantastic piece of work was done around care homes with local government and health working together. Mr Jennings highlighted that working on infection prevention control and working on education and testing had appeared to him that for the first time in many years that they had been working in the health and care system that they finally wrapped their arms collectively around the care homes sector. The planning that took place around discharge from hospitals had been a revelation and something they were determined to keep as part of the system for the future.

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Concerning the *Structure Responsibilities*, the Health Protection Cell was a 7 days per week function whilst most of the other structures were Mondays to Fridays. The Health Protection Cell had been in operation for the last 10 -12 weeks as a 7 days per week function. Dr Varney gave credit to his team members – Chris Baggot, Mo Phillips and Rachel Chapman who had been leading this work and the team around them. A huge amount had been done both within the Council and with partners that had helped the city weather this achieve lower rates that than had been predicted in February.

Capacity has already increased in Health Protection to 22 whole time equivalent staff as Public Health was asked to operate a 7-day system. Public Health was in the process of recruiting further staff to provide resilience to the response. The full Public Health division was being trained up which would enable them to serve at full capacity in the worst-case scenario with 70 people across the Health Protection response which was a real expansion if needed. Public Health was currently in the process of securing additional testing capacity and integrated infection control support into the testing capacity contract for non-care homes settings. Care homes settings were already provided through the relationship of the Council and the CCGs. This was for settings like schools and workplaces to be able to access support and advice in the context of the outbreak.

In response to questions and comments concerning the local implementation issues and risk, Dr Varney made the following statement:-

- i. An impact survey was being undertaken in Birmingham to capture people's understanding and experiences and the impact Covid had on their health and wellbeing.

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RESOLVED: -

The Board noted the presentation.

TEST AND TRACE COMMUNICATION AND ENGAGEMENT DRAFT PLAN

Dr Justin Varney, Director of Public Health, Birmingham City Council introduced the item and drew the Board's attention to the draft Communication and Engagement Plan.

(See document No. 3)

Dr Varney highlighted that the aim of the plan was to support the test and trace at a local level in Birmingham, to increase the awareness of individuals in accessing testing and to further increase understanding and awareness of the contact tracing process. He stated that it was important to engage with the process and the understanding of the national guidelines, particularly around isolation. The plan provides an opportunity for two-way conversations and that it was not just about putting out posters and leaflets but was about creating spaces for conversations with communities to hear and understand their concerns and issues. Dr Varney advised that the Deputy Regional Test and Trace Lead commented that the draft Plan was an example of good practice.

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As part of the Covid response, nine organisational partners had been commissioned from the community and voluntary sector partners to work with Public Health on specific communities of identities. The partner organisations had demonstrated real value in two-way conversations so that it was better understood what the communities' concerns were as well as helping them understand how to engage with them better.

Dr Varney stated that there was a strand around how they were engaging and communicating with Elected Members and other key stakeholders that they anticipated through regular briefings which may also include outbreaks of specific communications where there was impacts on particular geography or portfolio responsibilities.

Members of the Board then made the following comments/statements: -

Councillor Hamilton enquired when they started to work in local communities whether they would be asking people to be co-opted onto the LCOEB to get some detailed work done quickly or whether this would be done separately.

Dr Varney advised that he would provide the Board with a monthly update on activity against the engagement and communications plan

Andy Cave commented that the Plan was detailed with good use of all the resources in the city, but that there was one group he did not see mentioned – the older adults, particularly those that were not connected or quite isolated in their local communities. He questioned whether that needed to be pulled out in the Action Plan .

Dr Varney stated that they were having detailed conversations about the issue, but it was a draft plan and one of the things they were looking through was how they expand on the community partnership programme around this specific point about how do they ensure that they had thought about how to connect people who were digitally excluded particularly older adults who may live alone and not in receipt of community services.

Councillor Hamilton stated that Birmingham Public Health was seen as an exemplar in terms of its community engagement.

8 **RESOLVED:** -

The Board agreed the draft Test and Trace Communication and Engagement Plan.

PUBLIC QUESTIONS AND DISCUSSIONS – QUESTION GOVERNANCE

9 The Chairman introduced the item and advised that this was an item for members of the public to submit questions to the Board for a response. It was noted that there were no questions submitted to this first meeting of the LCOEB.

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SCHEDULE OF FUTURE MEETINGS 2020/2021

It was -

10 **RESOLVED:** -

The Local Covid Outbreak Engagement Board noted the schedule of meetings for 2020/2021 as follows: -

2020

29 July
27 August
1 October
27 October
26 November
22 December

2021

27 January
24 February
24 March
28 April
27 May (Provisional)

All meetings will be held at 1400 hours except for November's and December's meeting which will commence at 1500 hours and 1300 hours respectively.

OTHER URGENT BUSINESS

11 No items of urgent business were raised.

EXCLUSION OF THE PUBLIC

12 **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
