BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 24 FEBRUARY 2021

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 24 FEBRUARY 2021 AT 1400 HOURS ON-LINE

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Elizabeth Griffiths, Assistant Director of Public Health
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Councillor Brigid Jones, Deputy Leader of Birmingham City Council;
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

ALSO PRESENT:-

Richard Burden, Chair, Healthwatch Birmingham
Mark Croxford, Head of Environmental Services, Neighbourhoods
Julia Dule-Macrae,
Daragh Fahey, Assistant Director, PIP
Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs
Errol Wilson, Committee Services

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NOTICE OF RECORDING/WEBCAST

122 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

123 Apologies for absence was submitted on behalf of Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB; Chief Superintendent Stephen Graham, West Midlands Police and Dr Mary Orhewere, Interim Assistant Director of Public Health

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DECLARATIONS OF INTERESTS

124 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

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

MINUTES

126 **RESOLVED:-**

The Minutes of the meeting held on 27 January 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE AND TEST AND TRACE IMPLEMENTATION AND ENGAGEMENT PLAN UPDATE

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

(See document No. 1)

Councillor Matt Bennett commented that he was curious regarding the fall in the number of testing and that this was of concern. He enquired if it was known why and how Birmingham sat within the region and the rest of the country, whether this was a trend we were in line with or was it out of line and what the reason was thought to be behind that.

Dr Varney advised that there was an overall national decrease in testing uptake, some of this was believed to be testing fatigue rather than anything else but we were tracking against the region lowest in terms of testing uptake when we look at symptomatic and asymptomatic testing. Some of that was the challenge of the size of Birmingham for us to achieve the same kind of rate of testing as other areas as we had to be doing some 20,000 – 30,000 more test

per week rather than just a 1,000. We had to close that gap but that did not meant that everyone in every part of the city needed to test. Dr Varney highlighted that the next couple of slides in his presentation on Lateral Flow testing will start to show the difference coming out.

Dr Varney continued the slide presentation.

Dr Varney noted Councillor Tilsley's enquiry concerning retail which was an area of content and yet when we got to the statistics it appeared that the majority of contacts were through households and advised that Covid was infectious and if we lived with someone who tested positive, although it was not inevitable that we could catch Covid from them, it was highly likely. The people we lived with was by definition close contacts and it would be unusual to have an household in which you did not end up within 2 metres of someone we shared a house with at some point during the day. After those household contacts, work places were the next most common place that we saw contacts identified. It was not saying that household contacts were not important, but outside of the home the next most common place that we saw was work place.

Dr Varney noted Mr Burden's enquiry concerning whether there was any information on how geared up schools were to undertake increased testing regime and made the following statements: -

1. That schools were being testing already, particularly secondary schools as they were made open for vulnerable children of essential workers. Many secondary schools already had testing sites established and primary schools were relatively familiar with testing of teachers through the use of home testing kits.
2. We were waiting for clarity from the Department of Education on some of the finer details of how testing would be rolled out across schools. That it was understood that this was likely to be a hybrid of testing in schools with secondary school children and staff and home testing of primary school staff and primary school families. He added that he was saying this with some caution as policies in these areas could change rapidly.
3. Public Health had some initial steer from the Department of Education for local authorities to look at how they support the distribution of testing kits to families and children.
4. We had started to think through how we might be able to in the weekend ahead of the 8th March 2021 to support schools by promoting parent to take children to test at the many community testing sites across the city so that there was not the first day of term for many of these children did not meant the whole of the day going through testing process.
5. We needed more clarity from the Department of Education of the time window between testing and attending school for the first time and whether using the three days before the 8th March to encourage parents to take children to be tested at community sites might alleviate some of the pressures on schools for that first day.

The Chair commented that it was quite a challenge for schools to carry out testing and the Council was lending support where we could by way of the community testing sites. The Chair added that we will probably know more as we go through the next week and we approach the 8th March.

That the Board noted the presentations.

VACCINATION ROLLOUT AND UPTAKE

128 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG and Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG presented the item.

Mr Jennings drew the attention of the Board to the slide presentation in the Agenda pack and expressed that to Dr Varney and his team for the tremendous amount of work that they had done to extract the data from the NHS system to give is some comprehensive insight as to what was happening both on a Constituency and Ward basis. This was helpful to us in terms of targeting our work as we had tried to do over these last few weeks in areas where we knew it was harder to get the vaccine uptake to the levels we would like to see and needed to see if it was going to be effective.

Mr Jennings then made the following statements: -

a. Firstly, we were now working hard on trying to target those individuals who up to this point we were not able to persuade. That targeting took a number of initiatives and approaches including trying to move the vaccine closer to people rather than moving people to the vaccine.
b. This include a lot of one to one conversations between clinicians and patients to encourage them. It includes conversations with households. It involves the use of vans so that we could take the vaccines out to places we would not otherwise go.
c. We had been running for a few weeks the first pharmacy in a Mosque in England and it was hoped to have the second one next week in Green Lane Mosque.
d. We will continue to plug away at this so that no one got left behind without the vaccine who if we were going to be effective, we had to include as much of the population as possible if we were going to make progress on the vaccine being the way out of the problem that we faced with the virus.
e. Over the next couple of weeks the vaccine supply will really start to broaden out and more vaccine available and the consequence of that was both extending the date of operation in Primary Care and we will be extending the number of people we saw at the vaccination sites and will be adding to those vaccination sites as well.
f. Additional supply of vaccine and capacity will enable us to start delivering second dose which was not starting to be due and the kind of numbers we would see as we moved further down the cohorts to the larger numbers of the younger population that we needed to immunise

Dr Aslam made the following statements:-

a. That he had spent quite a long time this week looking at long-covid and that one of the questions that people were asking was that they had seen some of the challenges we had in some of our communities about

the uptake of the vaccination. There were lots of details emerging about long-covid and this was not pleasant as it was a really difficult set of physical conditions that would impact on your ability to carry out your normal activities for daily living.

b. It was recognised that 1 in 5 people would have symptoms lasting five weeks and it was thought that as the data was emerging that 1 in 10 would have symptoms for 12 weeks. The symptoms were things like deep vein thrombosis, scarring which was potentially permanent scaring on the lung, heart attacks, chronic fatigue and brain fog and heart rhythm disturbances.
c. This would have serious impact on people and they were going to have serious long-term impact. The best way of avoiding long-covid was not to get Covid in the first place. The second best way was to get vaccinated.
d. The data that came from Scotland was that one dose of the Pfizer vaccine after 35 days gave 85% protection of getting into hospital avoiding hospitalisation. The AstraZeneca vaccine had a 94% effectivity of avoiding hospitalisation. These were very good numbers and were astounding.
e. Whilst there were challenges and there were always challenges about preventative measures in particular communities taking up things like vaccinations (we knew this with flu and other childhood immunisation), there was a significantly good case for us to promote the data and encourage people to take up the vaccination.
f. The same challenges around deprivation, BAME communities where there was lower uptake in higher deprivations and higher ethnicity mix. It was clear for all to see and all the things that Mr Jennings had described we will do.
g. We will encourage a more personalised approach, have more conversations with West Birmingham residents with Councillor Hamilton. We will do as much as we could together but ultimately people needed to make a personal decision about protecting themselves and their families. He encouraged everyone to take the advice and look at the consequences of not having an immunisation or protection against this particularly cruel illness.
h. Long-covid would create a lot of work for the NHS, but it would disturb people's lives significantly. These were the key points for people not willing to take up the vaccination. The data was good as it was worldwide data. It was localised for us but we had lots of good data coming out of Israel pointing at the same thing as well.
i. A way out of this Covid crisis was to vaccinate people and if you were not getting vaccinated please maintain the conditions of washing your hands, covering your face and ensure you were staying a good distance away from people.

The Chair commented that the initial data that was issued was encouraging about the effectiveness of the vaccinations in preventing hospitalisations and deaths. The symptoms being described by Dr Aslam of long-covid sounded very unpleasant and no one would want to go through that. The Chair encouraged people to look at the data and look at the evidence and come forward if they had any reluctance and speak to the professionals about taking the vaccine and also talk to people who had already been vaccinated and their

experience. The way out of this was to get many people as far as possible vaccinated and the way to avoid getting Covid or the symptoms of Covid was to get a vaccination. The Chair encouraged everyone to come forward.

Councillor Matt Bennett stated that he was interested in hearing about the work being done to try and persuade the reluctant people. We could see from the figures what the overall uptake was, but was interested to know if they had any idea how different those figures would be if they were not doing those things. Example, phoning or contacting everyone who was reluctant and a second follow up as well. Councillor Bennett enquired how successful were those things and whether people genuinely responded to that and whether it was harder to change people's minds. Secondly the increasing supply and whether they were able to scale things up. When we first started to roll out the vaccines, there were some talk in the media and amongst politicians about having vaccination centres opened 24 hours per day and it was thought that this was not good at the time, largely because the people being vaccinated at the time but that was being ruled out. That he had read somewhere that there was a pilot in one part of Birmingham and if there was a pilot whether this was successful.

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

i. There was a pilot in Birmingham in a couple of the hospitals which was around immunising the night staff. He added that he did not think that in terms of the capacity that they had there was huge value in getting people to work through the night in getting people to get to the centres etc.
ii. What we could do was to extend our capacity during the 12 hour working day. The GPs in Birmingham and Solihull could double what they currently did in terms of vaccination and the sites could treble what they did with the additional sites. It was not thought that it was necessary to go overnight to let it work to get to where we needed to get to.
iii. In terms of making a difference, this was slow but we could see it so that in some of those areas that were 50% plus was now 60% plus and those that were 60% wee now 70% plus, but it was slow. T
iv. he clinicians who were doing this was mainly the family doctors who were making the difference here. The compensation in taking half an hour each to persuade someone to come on board.
v. We were hoping that as we moved into the lower cohorts, we could move into immunising whole households which we believe might be effective both as a technique in terms of persuasion. Certainly one of the things he had heard anecdotally was that it was the younger population who were more social media savvy who were picking up the stuff about the anti-vaccine and then telling granny not to have it.
vi. The GPs were having to work with granny and with the younger person who was getting the stuff from social media that we needed to work against. Quite a lot of work was done around social media to try and counter the messages. Most of this was a direct person to person approach.

Dr Aslam commented that we had been running the vaccination programme in West Birmingham for approximately two months and had broken it down into three separate areas:

a) Firstly, was the vaccine acceptable to people – You would have heard from Mr Jennings where running vaccination sites in Mosques because there was religious acceptability, cultural and ethical acceptability and there was particular multimedia messages around particular communities -the black community and infertilities in women if they had the vaccine. These were untrue statements and were very hard to unpicked once they were in people's minds.

b) The second thing was trust – Did we had enough information about this vaccine. One of the questions people asked was whether we had rushed through this vaccine. We did not rushed it through as it went through all the appropriate safety processes to get regulated and now we had real world data. Long-covid was a consequence of 1 in 10 people. If we think about the number of people that had been infected in this country. 1 in 10 people was a massive number and it was about making people trust the information given to them from a variety of sources particularly when they were embedding a seed of doubt.

c) The third thing was around access – how could we make access easier. We talked about implementation in pharmacies and we were looking at GP practices running small lists of patients that could be managed within their practices. It had been difficult, but what was not heard from a cohort of patients (and he had spoken with patients on a daily basis particularly regarding this) was lots of absolutely that they were not going to have it. Some people had had Covid and had to wait 28 days, some people wanted to have a think and a bit more information and to think about whether this was the right thing for them.

Dr Aslam further stated that there were a significant number of people that had declined the vaccination when we spoke to them, but then we got notification that they had been to a mass vaccination site and took the vaccination. Dr Aslam added that in West Birmingham in his practice they had had low flu uptake and that the numbers they were seeing at the moment mirrored the flu immunisation. He added that his practice took a personalised approach to immunisation and were agreeing on all the flu parameters this year although they did not have the flu outbreak. This took a personalised approach when people could make decisions in their own time and it was important that they did not railroad people into making a decision that they were uncomfortable with because we were going to asked them to get vaccinated again and probably again in the winter time. It was important that we treat people with the appropriate respect so that they could make decisions given the right information so that they were making decisions off their own backs and then could live with those decisions.

Mr Burden commented that the slides were welcomed as he along with others from Healthwatch Birmingham and Solihull had been pressing for some time for this kind of breakdown of vaccination data by area and by ethnicity to be made public. Mr Burden referred to vaccine hesitancy and stated that one of the

issues relates to transport as being one of the factor in low vaccine take up. He added that this was something that came up this week in an Healthwatch England report and an article in the Health Service Journal, both of which had suggested that there was an increasing number of what they described as *informally housebound people* who were not going to get their vaccines not because they were anti-vaccine but because they were having difficulties getting there either because they were uncertain and not confident about travelling at the moment or because of the availability of transport or lack of access to a car.

Mr Burden enquired whether we had looked at how far this was a factor in the Birmingham area and if it was a factor whether there was a correlation between this and those areas and ethnicities where there were issues around low vaccine take up generally.

Dr Aslam advised that a list of all their housebound patients and potential housebound patients were kept and that all of those patients had been visited at home to give them their vaccination. He added that if there were people that felt that they were in that position they would try to give them the information as much as they could so that they could have access to where the vaccine sites were. If this was difficult for them to get to contact their GP practice and explain the challenges that they had. Dr Aslam stated that they wanted to vaccinate them and to create the opportunity to do that. If they were absolutely housebound, we would register them as housebound and ensured that somebody visit them. Although we visited our own patients, we were working closely with the Community Trust to ensured that access to vaccine for people who had challenges with travel was equal to those that did not.

Mr Jennings commented that he concurred with Dr Aslam's statement.

Mr Cave commented that they had heard from a few people that they had received a letter advising of the mass vaccination centres but had decided to wait until they could access their Primary Care Network. The few people that had contacted us had stated that they tried to contact their GPs but were constantly told to wait and they were getting anxious about it now. Mr Cave enquired whether there was another place they could signpost individuals to if they were not getting the answers from their local GPs.

Dr Aslam advised that the GPs were all working in networks and each of the networks would have a site where they were delivering their vaccinations from and that there should be no barriers in accessing that site. He stated that he could not see any barriers apart from the one pointed out by Mr Burden concerning transport, but if they could get there, they should have the opportunity to be vaccinated. There had been some confusion in terms of the cohorts we had vaccinated telling some people to wait until other had their vaccination and that the messaging about this could be clearer.

The Chair commented that the efforts of the NHS in rolling out the vaccine had been absolutely tremendous. The Chair expressed thanks to all the NHS staff for the part they played in ensuring that the vaccine had been rolled out in a really speedy way.

The Board noted the verbal update.

CHANGE TO ORDER OF BUSINESS

129 The Chair advised that he would take agenda item 15 ahead of the remaining reports as it had now transpired that we could take this item in the public arena.

OPERATION EAGLE

130 Dr Justin Varney, Director of Public Health introduced 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 this was a tremendous effort by all involved and that everyone in the Board meeting would like to joint with him in expressing our thanks to everybody who was involved in Operation Eagle. This was a superb effort in getting on top of the South African variant in that part of the city.

The Board noted the slide presentation.

ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods introduced the item and drew the Board's attention to the information in the slide presentation.

(See document No. 3)

131 **RESOLVED: -**

That the Board noted the report.

UPDATE FROM THE NHS

132 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG and Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG presented the item.

Mr Jennings then gave the following verbal update:-

- Dr Varney had outlined earlier in his presentation the admission rate was coming down. The NHS remains under considerable pressure in relation to Covid and the number of people in Birmingham Hospitals to day was less than it was at Peak 1 but more than it was at Peak 2. The numbers were coming down, but it was coming down quite slowly.

- Whilst this was happening, we were now turning our attention to recovery and starting to plan how we work our way through the extensive backlog list that had developed both of interventions that needed to be made and also of diagnostic tests etc.

- It was anticipated that we needed to have some careful conversation with the Primary Care system as we would like them to do as much as they could in Primary Care because as people moved into hospital system which had build up bigger and bigger the potential waiting list. There was a lot of planning work to be done around that at present.

- There was a considerable piece of work that was going on in terms of how we deal with long-covid. We had some referral packages in place and services in place that we were clearly going to need more of those to cope with the growing cohorts of people who still manifest Covid symptoms sometimes months after their infection as Dr Aslam had stated earlier. There was real consequence of that that would stay with them for ever.

- Restoration of services and recovery of services and long-covid and the other major issue for us would be around Mental Health services. We saw through Covid that Mental Health services were maintained but often virtually the rate of referrals both for children and adolescences and adults were at an historical high as a consequence of Covid. It was anticipated that we will see more of this over the next few months as the economic impact of Covid started to roll through the population. This would have an impact on Mental Health services.

- We were beginning to understand what the previous speaker talked about what lock-in looked like for the NHS, but it came with a considerable long list of things to do and a real need for a lot of work around clinical prioritisation to ensured that what we did do we do it in the right order.

Dr Aslam made the following statements:-

- Dr Aslam echoed the things that Mr Jennings had stated. That what we did do when we talked about restoration work recovery was that there was a fatigued workforce that had not been able to take annual leave. Staff had also given up their spare time that they had to be in hospitals and take care of patients in Primary Care and tried to contact patients to provide a virtual support.

- This needed to be factored in and that was in the mind of the Chief Executive and NHS England. We needed to factor in a recovery period for the workforce as without that we were stuck. That he was personally looking forward to talk about cancers and obesity and stopping people smoking rather than just Covid.

- There was something about the mental health impact on the workforce that had gone through the NHS and there were numbers of 5% and 10%

of people who needed support and counselling from what was a post-traumatic stress event.

- We needed to bear this in mind and that we were coming out of this period and hopefully the vaccination programme would continue at the pace that it was going on which would help support the recovery. We had a workforce that had been fatigued through this process and we needed to support them.

The Chair commented that no doubt stress as well, particularly with the second wave for the last few weeks must have been an incredible time for people working on the frontline and in the NHS. The Chair stated that he was in agreement with Dr Aslam's comment concerning people's mental health issues arising from that was going to need some help going forward.

Pip Mayo mad the following statements: -

- There was not that much to add as Mr Jennings and Dr Aslam had spoken their way through this for us. The final bit of jig-saw was to take some timeout to reflect on some of the lessons that we had learnt as we had gone through the second wave of the virus and what this meant for us in terms of how services were delivered in the future.

- Probably pause to connect back with communities and listen to their experiences and priorities as we move forward. There were things coming out about moving forward together with the community that we served and to ensure that the way we delivered services in the future met their need.

- Ms Mayo echoed some of the issue that Dr Aslam had raised in relation to how tired the workforce were at present and giving people an opportunity to take a break to recover from all the time that had been put in over this period as well.

The Chair commented that the NHS staff and frontline workers deserved a well earned break for everything that they had been doing over the last 10-11 months. That was extraordinary as no one had thought that since last March this could still be going on some 12 months later. The Chair expressed thanks to everyone in the NHS for all of their efforts over the last 11 months.

The Board noted the update.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

The Chair introduced the item and advised that there had been some questions that were submitted around two themes – vaccination and housing and invited Elizabeth Griffiths, Assistant Director of Public Health to respond the questions being asked.

(See document No. 4)

Ms Griffiths advised that there were two questions that were submitted to the panel in advance of the meeting one of which was the Covid vaccination which Mr Jennings had covered in his Covid vaccination presentation. The second was a question on housing.

(Due to technical difficulties experienced by Ms Griffiths, Dr Varney presented the rest of the item).

Dr Varney stated that the question we had on housing related to whether people could be evicted whilst self-isolating. He advised that there was information on the Shelter website nationally about this which provided guidance for people who were in that situation.

Dr Varney then highlighted the following:-

- ✓ Nationally there were restrictions on evictions anywhere at the moment. Even if a court did state that an eviction could go ahead, the guidance stated that the bailiffs must not carryout an eviction if you or anyone in your household were self-isolating because you were symptomatic or had coronavirus or at high risk because you were clinically extremely vulnerable and shielding.
- ✓ Bailiffs must give you two weeks' notice of an eviction date. If you found yourself in this situation then you should contact the court and the bailiff to explain your symptoms and your health conditions.
- ✓ Obviously if you were a case with Covid or you were contacted and told to be in isolation you should have evidence from the NHS test and trace system to be able to demonstrate that which would be a text message or the email or App alerting you to go into isolation.
- ✓ The court and bailiffs will expect to see evidence of this. If you are shielding as clinically extremely vulnerable you should have information from the NHS showing that you are a shielding person as part of the clinically vulnerable group. As a result of that the eviction should be postponed.

133 **RESOLVED: -**

The Board considered the public written questions and responded accordingly.

TEST AND TRACE BUDGET OVERVIEW

Elizabeth Griffiths, Assistant Director of Public Health presented the item and drew the attention of the Board to the key information contained in the report.

(See document No. 5)

The Chair commented that it was worth noting that since the original allocation in June 2020 we had received significant further funding over the months that now amounts to a total in excess of £28m.

134 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

135 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

136 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 24 March 2021 at 1400 hours as an online meeting.

The Chair advised that there were no private items for this meeting and that the private part of the agenda will not be needed.

The meeting ended at 1530 hours.

CHAIRMAN