

# BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK  
ENGAGEMENT BOARD  
WEDNESDAY,  
15 DECEMBER 2021**

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK  
ENGAGEMENT BOARD HELD ON WEDNESDAY 15 DECEMBER 2021  
AT 1400 HOURS ON-LINE**

**PRESENT: -**

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

**ALSO PRESENT:-**

Richard Burden, Chair, Healthwatch Birmingham  
Dr Julia Duke-Macrae, Consultant in Public Health  
Simon Doble, Director of Primary Care and Integration, BSC CCG  
Remi Omotoye  
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test &  
Trace Team  
Simon Robinson, Senior Officer, Test and Trace Team, Public Health  
Surjit Takhar, Public Health Officer, Public Health  
Errol Wilson, Committee Services

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**WELCOME AND INTRODUCTIONS**

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

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**NOTICE OF RECORDING/WEBCAST**

263 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

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([www.youtube.com/channel/UCT2kT7ZRPFCXq6\\_5dnVnYlw](https://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.

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### **APOLOGIES**

- 264 Apologies for absences were submitted on behalf of Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB, Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care, Chief Superintendent Stephen Graham, West Midlands Police and Paul Sherriff (but Simon Doble as substitute).
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### **DECLARATIONS OF INTERESTS**

- 265 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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### **MINUTES**

- 266 **RESOLVED:-**

The Minutes of the meeting held on 24 November 2021, having been previously circulated, were confirmed by the Chair.

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### **COVID-19 SITUATION UPDATE**

- 267 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. 1)

The Chair enquired what the basic symptoms were for anyone that had the new Omicron virus and if people were not vaccinated, she had read that certain signs were more severe.

Dr Varney made the following statements:-

- We continue to look at national level about the signs and symptoms of Covid and that he met with other directors of public health and the Chief Medical Officer on a regular basis to discuss this and to check there were no changes.
- The current view from the national data was still that the signs and symptoms with Omicron were the same as the Delta variant.

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- If you have a high temperature a new persistent cough or a loss of taste or smell, you should assume it was Covid until otherwise proven and book a PCR test.
- We were hearing that with Omicron and to some extent with Delta, people often had lots of other symptoms such as extreme fatigue, headaches and muscle aches.
- The problem with this was that at this time of year there were problems with flu going around which also had those symptoms.
- If you had unusual symptoms which you felt could be Covid the advise was to get a test, but the key signs you should look out for were high temperature or cough or loss of sense of smell or taste.
- In general, even where people had the other symptoms, they usually had the high temperature. It was the temperature that was often the common one that most people had.
- We were continuing to look at this and it might change as at the moment there were still relatively small number of Omicron confirmed cases in the UK.
- We were still learning what it looked like in the UK population, but at the moment it was still the main three as it were before.
- But, if you were concerned, book a test to ensure it was not Covid.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that as a voluntary sector one of the things we needed to ascertain was how quickly things needed to be stood up before we ... The information seemed to be the Delta variant in the winter period plus a small amount of Omicron. Mr Raybould enquired how long we had until we got an Omicron wave in Birmingham.

Dr Varney gave the following response:-

- ✓ Based on what we had experienced last time (you may recall when Delta first came, it appeared in the south east of London) and then came up into Birmingham and across the West Midlands.
- ✓ To some extent we would expect Omicron to do the same as it was very high at present in London and was relatively low at the moment across the Midlands but starting to rise.
- ✓ We were watching carefully as in the Delta wave Birmingham did this thing where we went up i.e. the step wise movement and we were not doing a massive climb.
- ✓ We were climbing by about 15% and were staying there and then we increased again.
- ✓ We were probably following that pattern and if we did, we would expect us (also given the mixing at Christmas into the New Year) that we would see a surge in cases around the second week in January 2022.
- ✓ This would then translate in pressures in health and social care towards the third and fourth weeks of January.
- ✓ If we could get everyone vaccinated over the next two weeks, we would cut off that pressure at the end of January.
- ✓ The original aim was to have everyone boosted by the end of January 2022, but because of Omicron, this was moved for everyone to be boosted by the end of December 2021.
- ✓ If we could do this, we could probably cut off the massive pressure the NHS will feel towards the end of January 2022.

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- ✓ This was what we were expecting to see but was crystal ball gazing as Omicron was a different variant which was far more infectious and reproduces itself so much faster which was why people needed the booster.
- ✓ It was not because the body had forgotten how to protect itself, it was because by the time the body had woken up to the troops, Omicron had already reproduced itself and was coming out of your mouth and nose.
- ✓ By boosting up your troops and getting it ready before you were infected you stopped that onward transmission and get it under control.
- ✓ The peak would probably be mid to late January 2022.

The Chair commented that the Government spoke of a million vaccination per day and enquired whether this was possible at the moment given the level of staff sickness and what was happening at the moment. If we cannot meet the target the Government was speaking about the question was whether we would see the peak before that.

Dr Varney made the following statements:-

- ❖ It was a huge ask, but that we will have further information from Dr Aslam and Mr Doble when they present their item later on the Agenda.
- ❖ Even colleagues like us who were out of service had been nudged back into vaccination again and this was a reflection of where we were as everyone was doing their bit.
- ❖ The NHS was standing down all sorts of non-urgent services to put the mammoth effort in. It was not vaccination alone, but it was also the things we each do every day.
- ❖ It was putting the face coverings on when we were going out shopping, using a hand sanitiser before we go into the shop and when we come out of the shop because everything, we touch inside we potentially infect, and it potentially infects us.
- ❖ Hand sanitising in and out helps. Its about opening your windows before your friends and families come over and airing the room out and when they go airing it out again.
- ❖ All of those things were little things we can all do alongside make a difference and getting the vaccine.
- ❖ It was both it was not either/or, the vaccines were important, but it was also the decisions we were making every day which was important and testing regularly.
- ❖ The vaccine was not perfect, and it did not always get you protected, so doing regular lateral flow test twice per week or lateral flow before you go.
- ❖ If you were going out to a Christmas party/event, or you were going to visit family over the Festive period please lateral flow before you go either the night before or the morning of the event to ensure you were not infectious and spreading the virus when you go out.

Councillor Brigid Jones, Deputy Leader, Birmingham City Council enquired about hospital capacity and commented that whenever she said to people that hospitals were busy and full of patients, she got pushed back with people saying no they got a bed free here and a bed free over there, but in reality, we know that they were struggling to cope. Councillor Jones enquired of Dr Varney what he would say to people who were saying hospitals were doing ok

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and they had spare beds here and there, not everybody in the hospitals had Covid you were overreacting.

Dr Varney gave the following response:-

- We designed a health service which was a bit like the way we designed the rest of the world.
- It was kind of a just in time – we have got just enough beds for what we need at a given time. Anyone who was waiting for a hip replacement or a cardiac by-pass surgery would know that they were waiting for a date, but that they would ring up the day before and double check that the intensive care bed or high dependency bed was free for them to go into hospital to have their procedure because they needed it for the 12 or 24 hours after the operation.
- If that bed was taken by a Covid patient, then their operation got cancelled.
- It was not that the general surgical bed was not available, it was, but the oxygenated bed - the bed that helps them after surgery was taken by someone who needed that machine to help them breath due to Covid.
- The hospitals were under a lot of pressure as the reality was that hundred and odd plus patients in University Hospitals with Covid at present was taking all of the spare capacity that the NHS would normally have and had worked hard to get coming into winter.
- At this time of the year when it got dark, unfortunately we saw more people got into accidents on our roads.
- We saw people with heart conditions, respiratory conditions often getting sicker and then going into hospitals and of course people's mental health also suffers as well.
- We do see more in-patients coming in with mental health issues.
- The NHS usually over November worked hard to empty out as much as possible from the hospitals to give them a bit of slack, but Covid was filling that slack.
- This was the bit that was tensed at the moment as any of the give that we would have in the system for winter was gone.
- Covid patients were sick and require oxygen and that takes the bed that we need for people who were having elective surgery.
- This was causing a lot of problems for people with other conditions and of course Covid was affecting NHS staff as well.
- The hospitals were struggling and were impacted by sickness absence as well.
- All of those three factors going on meant that it was difficult for our hospitals.
- This was about making sure that when people had accidents or heart attacks or when they had strokes over the next two months that the NHS could do what we wanted it to do which was being there to support people and being there to give them that help they need.
- If Covid had taken all of that spare bandwidth then there was a real risk that the nurses would have to make some difficult decisions.
- That he did not think that they were overreacting as it was a reasonable and sensible and pragmatic thing to do to ensure that the NHS was able to weather the winter and make it through so that we all had a good spring together.

Councillor Paul Tilsley commented that the QE had approximately 100 ICU beds and as we saw from the information that Dr Varney presented 25% of those were on ventilation which gave us a rule of thumb the pressure that QE in particular was under. Councillor Tilsley stated that he would be grateful if Dr Varney could put in the next Covid update the issues he had mentioned about heart attacks and strokes in a readable and digestible format we could get that out to the public.

Dr Varney advised that Public Health would be putting something out via the Champions and that he would ensure that this goes out to the Members as well. Dr Varney added that we had some fantastic campaigns, FAST on the symptoms for people to recognised if they were having a stroke which was the kind of things to get into people's head. If you had someone whose face dropped, problem speaking who cannot move their arms that was the time to ring an ambulance. When you talked to 999 you need to say that to them.

Dr Varney stated that he was hoping to get some stuff out to Champions and Members as well. Dr Varney advised that there were 820 Community Champions, 90 Youth Champions and Business Champions who were supported by the Chamber of Commerce and working specifically with other business community around how businesses could play their part in responding to Covid.

The Board noted the presentation.

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## **VACCINATION ROLLOUT AND UPTAKE UPDATE**

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Simon Doble, Director of Primary Care and Integration, BSC CCG and Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham presented the item.

Mr Doble drew the attention of the Board to the information contained in the slide presentation.

(See document No. 2)

Dr Manir Aslam then made the following statements:-

- a. Clearly there was a challenge here on our booster programme and we have been asked to accelerate that.
- b. The capacity to do will be fine but we will be compensated by us not being able to do other things.
- c. Throughout the pandemic we have been delivering the vaccination programme in general practice around 70% of the vaccination being delivered by GPs and we will continue to support that.
- d. Booking wise we knew that through the National Booking Service or through 119 and there will be a range of walk-in sites.
- e. Dr Aslam encouraged, particularly for the West Birmingham site people who have not had a vaccine to think about getting their first vaccine for some level of protection.

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- f. The booster vaccine remained clearly for those people that were three months on from their second vaccination.
- g. Currently within West Birmingham, we were delivering around 600 vaccines per day of the booster vaccines and that was for the 50plus age group.
- h. Given the 18 plus advise that we were given regarding people over 18 plus that needed a booster vaccine we had around 60,000 vaccines to administer.
- i. Clearly there was a discrepancy there between those people who were going to have a booster vaccine versus those who have not had any vaccinations.
- j. We were covering a population of around 220,000 people. Many of those were children, but we have significant gaps in those people who have not had any vaccination.
- k. Dr Aslam strongly encouraged those people to have at least some level of protection going into this winter.
- l. For us to be able to deliver 100% of the uptake we will need to deliver something like 3,000 vaccines per day.
- m. On Monday, following the advice, we got to around 800, so we were significantly behind in terms of where we needed to be.
- n. We were ramping up capacity and as Mr Doble alluded to, we had a number of sessions we had been given in terms of reducing the planned work that we do in general practice.
- o. It needed to be borne in mind that if you have an urgent need general practice was absolutely there for you.
- p. Don't put off getting in touch with your GP if you got an urgent need.
- q. We talked about very urgent need in terms of calling an ambulance, but if you got an urgent need, a chronic disease or having challenges around your health, please get in touch with your GP as we were absolutely open and available to you.
- r. That will be in the same format that we had done previously, so a telephone call followed by an arrangement of the appropriate to either see you or to liaise with you further on telephone or by video consultation.
- s. Please do not put off your urgent needs because you think we were too busy doing something else as we have capacity to do that.
- t. We have a number of vaccine delivery sites, 16 community pharmacies.
- u. We had to deal with our vaccination programme differently in West Birmingham just given the needs and we have adopted to do that.
- v. We have not got it to where we wanted to, but we had a range of offers now i.e. 16 community pharmacies, the City Hospital site was open, 11 GP pop-up clinics and there will be a range with increasing number on top of that with four GP practices that were quality assured.
- w. We will start to use our extended hours with an additional clinic to deliver the vaccine.
- x. We have been asked to deliver the vaccine over Christmas Day, Boxing Day and New Year's Day in terms of the national challenge we have been given we will do that.
- y. There will be an ability to book, but just be clear how you book as the National Booking Service or through 119 was the way to go about booking an appointment.

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- z. There will be some walk-in capacity as well. We have been working with the Community Trust to deliver vaccines for housebound patients and will continue to do that.
- aa. The 15 minutes wait has been a challenge, but that will significantly increase the throughput.
- bb. There were two challenges for us – firstly, we need to get through booster vaccines in a timely way, but we do not want to allow people to congregate in terms of if they were trying to get a vaccine, we did not want to give them Covid at the same time.
- cc. All of those things that Dr Varney highlighted in terms of face, space, wearing a mask where it was appropriate and washing your hands on a regular basis and sanitising your hands were important.
- dd. We were going to have to increase the throughput of seeing people and offering them the vaccination.
- ee. Secondly, we have a considerable amount of vaccine, but the vaccine hesitancy persist, and we need to challenge that because ultimately, this was holding us back.
- ff. We did not know much about the Omicron variant and we still had Delta. Both of those would potentially cause an increase in hospitalisation in those people who were not vaccinated which was a significant challenge.
- gg. We knew that even if you were doubly vaccinated you could still get Delta and we have seen quite a lot of that.
- hh. We have heard from the evidence with Omicron double vaccination will not protect you against Omicron and then transmitting it to other people.
- ii. We needed to take an air of caution around any kind of gatherings for the winter and be as safe as you possibly could. We will try to deliver all of the booster vaccinations we could.
- jj. Dr Aslam reiterated that if you got a need we were not too busy we had capacity to see you as we wanted to see those people – we wanted to protect those people with chronic diseases particularly were it exacerbate things and hospitalisation was the only thing we had for them.
- kk. This was clearly not what we wanted to do we want to pre-empt people becoming unwell. We have enough vaccine to deliver all of the boosters.

The Chair commented that there were some excellent plans that had been put in place and that she also knew that through Public Health, the voluntary sector and others, we had worked well together to ensure we got the correct messages out there and we were delivering on this vaccine. The Chair then enquired whether the plan in place was for the duration of winter or just the next five to six weeks. The Chair added that Dr Aslam raised a valid point in relation to vaccine hesitancy and that we had to do things differently. She added that Dr Aslam also highlighted a couple of things we were doing slightly differently in West Birmingham.

The Chair then enquired of Mr Doble whether we were doing anything slightly differently in BSol so that we could ensure that some of the people that we needed to get to even for their first vaccine were now starting to trickle in.

Mr Doble gave the following response:-

1. In relation to the Chair's first point we will have capacity to see us through an on-going process around if there were any booster missed or

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- if people wanted primary vaccine beside the push for the 31<sup>st</sup> December to get as many people boosted as possible.
2. Mr Doble gave assurance that this was a given and that we would do that, and that commitment was across a number of pillars.
  3. What we were doing at the moment was making sure we were ramping up capacity to deliver on that 31<sup>st</sup> December ask and that was the reason these measures had been put in place specifically around that three- or four-week window.
  4. This was for all the reasons Dr Varney articulated when he gave his slide presentation.
  5. In terms of how we were doing things differently, we were and what we recognised was the different measures we needed to take to support the different communities that we have within Birmingham and that was a must do.
  6. The fantastic information that Dr Varney presented including all of the community engagement piece was key to that and the message to this group and wider was how we ensured that the messages flow and activate and motivate our communities to drive vaccine uptake.
  7. Capacity will not be an issue, but we needed to ensure that demand to meet that capacity.

Dr Aslam stated that a lot of work was done around vaccine hesitancy, lots of engagement with Faith Groups and other groups within our communities and they had done a great job. We asked them to reinvigorate that work that they were doing so that we could get more people vaccinated. Mr Raybould was at the Ladywood and Perry Barr forum on Tuesday so we were not only going to ask them to do it but would support them financially to help them reengage the Faith Groups and other groups in the community to see if we could start nudging.

The number of vaccination was slow in terms of the offer and in a sense the booster offer was easier for as because those people who were not vaccine hesitant. It was those people who had not had a vaccine at all that we needed to continue to support to make good decisions because to protect us all we needed to protect those people so that they did not become unwell with Covid and then end up in hospital and require support. We will redouble our efforts and will not give up on a single person.

We have the capacity to administer the vaccine and do need to do so throughout the winter period. Yes, we have a challenge with the booster, but will continue to have vaccination appointments throughout the winter so that whenever people had made a decision to have the vaccine, we will enable that to happen.

Richard Burden, Chair, Healthwatch Birmingham enquired about capacity and added that in their presentations Drs Varney and Aslam referred to volunteers from previous rounds to assist with the efforts over Christmas into January. Mr Burden further enquired how this was going and how close to the limit we were in terms of numbers and people in vaccination centres i.e. vaccinators and administrators. Whether there was anything more we should be doing in terms of securing more personnel's to do that.

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Mr Doble stated that we were wrapping around his and we spoke of general practice and what general practice was doing. The CCGs were looking at what element of redeployment of staff they could offer through to the PCN sites. Likewise that was happening across our NHS providers as well to ensure that we had a workforce there but would agree that anything we could do to encourage volunteers to come through and support the process would be invaluable. There were a number of marshalling duties and administrative duties all of which were fantastic roles that people did in the first term blitz of vaccine delivery over the earlier part of the year.

Mr Burden enquired whether there was somewhere we could advertise that a bit more so that if we needed lots of people quickly, we needed to address how this was going to be advertised. Mr Doble stated that we would push any of those routes out through the central programme and make sure that people were sighted on those routes, so it was coordinated in the most efficient way.

Dr Aslam stated that in terms of reassurance we were asking Health Education England as well to release some of the medical students and GPs in training to be part of the vaccination push as well. Everything we could do to get people vaccinated but as Mr Doble had stated the vaccination programme was not just about the people administering the vaccine but all the structure was set out so there was lots of capacity to help people to do that.

It was worth pointing out that we did not know what the implication of a surge in Omicron in terms of death will mean in terms of the resources we had. Some people had worked in practices and with the vaccination sites and people should not fear about that and if you were infected with Omicron what the period of time you will have to isolate and the impact that will have on our health services. Clearly this will be a significant challenge going forward. It should reinvigorate people to think about getting a booster.

The Chair commented that we in the City Council and the voluntary sector were here to support the effort of the NHS and what they were trying to do. The Chair added that if there was anything they needed and any help they wanted as a Council we were prepared to offer.

Mr Raybould stated that we will amplify the call for volunteers and would continue to put that out over the next few weeks. There were a couple of other elements where the voluntary sector would make a contribution. One was encouraging those around organisation to take part in the vaccination programme whether they had the vaccination previously or were resisting.

In the New Year as Dr Aslam mentioned we were going to do targeted activities around those that were not coming forward for their boosters. Also looking at others who did not have their vaccinations to try and get them in. We were also preparing for the impact on the NHS and

The Board noted the update on the vaccination rollout and uptake.

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**PUBLIC QUESTIONS SUBMITTED IN ADVANCE**

269 The Chair advised that there were no public questions submitted for this meeting.

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**TEST AND TRACE BUDGET OVERVIEW**

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)

Dr Varney made the following statements: -

1. We were doing a piece of work to ensure that we had aligned all of the spend correctly against the Covid funding.
2. As colleagues were aware, we were quite successful during the pandemic in securing additional funding on top of the core funding and that had given us a healthy reserve which was stuff that we had bought into play as we were coming into this further wave.
3. Dr Varney added that he was reasonably comfortable that we had a cleared picture of the budget which suggest that we were in line with the planned spending.
4. We have got the right amount of money to see us through whatever comes between now and September 2022 and ensured that we had both these specialist public health capacity, but also the additional support from Enforcement, Environmental Public Health and our communications colleagues to ensure that we could support a safe and successful Commonwealth Games (CWG).
5. Whatever happened with Omicron over the next three months in the UK. With the CWG people would be coming from all over the world to Birmingham so we needed to be cognisant of the pandemic across the world as well as from within the UK.
6. The rebalancing of the budget puts us in a good position for that and also hopefully gives the Board clarity in terms of where we were with the financial position moving forward.
7. There were still a couple of lines in the clarification note where we were just finalising it, but overall the position was where he wanted it to be facing the next phase of the pandemic.

The Chair commented that Dr Varney had done a phenomenal job with the budget and had worked miracles with the budget.

270 **RESOLVED:** -

That the Board noted the report.

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**OTHER URGENT BUSINESS**

271 No items of urgent business were raised.

**DATE AND TIME OF NEXT MEETING**

272 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 26 January 2022 at 1400 hours as an online meeting.

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The Chair wished everyone a Merry Christmas and for those not celebrating Christmas just to enjoy the festive season, but most of all to stay safe, do the distancing, put the mask on and keep your hands washed as much as possible and be careful you were not mixing with too many people at Christmas.

The meeting ended at 1504 hours.

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**CHAIRMAN**