

BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
6 OCTOBER 2021**

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 6 OCTOBER 2021 AT 1400 HOURS ON-LINE

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Chief Superintendent Stephen Graham, West Midlands Police
Councillor Brigid Jones, Deputy Leader, Birmingham City Council
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

ALSO PRESENT:-

Dr Julia Duke-Macrae, Consultant in Public Health
Karen Helliwell, NHS Birmingham and Solihull CCG
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team
Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

238 The Chair advised, and the Committee noted, that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that

Local Covid Outbreak Engagement Board – 6 October 2021

members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 239 Apologies for absences were submitted on behalf of Dr Manir Aslam; Dr Justin Varney and Paul Sherriff but Karen Helliwell as substitute.
-

DECLARATIONS OF INTERESTS

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

MINUTES

- 241 **RESOLVED:-**

The Minutes of the meeting held on 1 September 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

- 242 Dr Oluwatoyin Amusan, Consultant in 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 commented that we were always willing to listen if anybody else had any further comments or suggestions to make as to how we might improve our communications. We were heading into what was going to be a more testing period. As we were now heading into autumn these next few months leading into Christmas was going to be critical as we monitor what happened with the case rates etc.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE UPDATE

- 243 Karen Helliwell, NHS Birmingham and Solihull CCG presented the item and made the following statements:-

- In terms of an update today we have had a change in the governance and senior responsible officer for vaccination arrangements as many of

Local Covid Outbreak Engagement Board – 6 October 2021

us were aware that Paul Jennings had retired as Chief Executive of the CCG.

- Sarah Jayne Marsh, Chief Executive of Birmingham Women's and Children's Trust has now taken on the leadership role for the whole system for immunisation and vaccinations which includes Covid, flu and childhood immunisation.
- There was a governance framework and a fortnightly meeting which Sarah Jayne Marsh was now overseeing. That was the change in arrangement but continuing that same commitment and focus that Mr Jennings brought to the system.
- In terms of update on what had been happening, Phase 3 of the booster vaccination programme had now commenced in earnest across all areas.
- There was now a big push to work with all partners to encourage that uptake. The other key area that had now commence was the vaccination of 12 – 15-year olds with the rollout by community teams. These were two important areas that had started over the last months.
- In terms of the flu vaccination we were trying particularly where possible with care homes and the housebound to see if we could co administer both the flu and Covid and we were doing our best to do that resource requirements in terms of that practicality.
- Flu administration had also commenced in the wider pharmacy areas and we now had supplies in GPs as well and a vaccination centre at Edgbaston Cricket Ground for boosters. This did not stop our focus with yourselves and all partners around continuing with the uptake of the first and second doses of the vaccinations.
- We wanted to continue to do that though all mechanisms including the use of the mobile van and we were working closely with the City Council and Public Health and was always identifying facilities which were closer to the communities and identifying new areas where we could do this as well.
- Trying to encourage that walk-in facility which was closer to the community. There was an awful lot of work that was going on around those new areas coming on board and also trying to coordinate that across the city.

Councillor Paul Tilsley commented that as we have gone through the age groups for vaccination, it had been a concern when started to get to younger people and as you rightly state we were now vaccinating 12 -15-year olds. Paediatric medicine had changed dramatically over the last few years to the extent that emergencies were only dealt with at the Children's Hospital because of the difference between adult medicine and paediatric medicines. Of concern were as we go to younger people, they would have been administered the same volume of vaccination as adults. There was a huge difference in the size of the individual. I was happy to read was that the vaccination was reduced for younger people.

Councillor Tilsley stated that his question relates to adverse reactions within the adult community and whether this could be caused by the same volume of vaccination administered to all age groups. As far as my daughter was concerned who was seven stone was whether she was going to be given the same volume of vaccination that he was given as he was twice her size.

Ms Helliwell undertook to take the question back to her medical colleagues regarding the difference in administration. Ms Helliwell added that she had not heard too much in detail around that or any adverse reaction but that she was happy to take that comment back for a response. It did not come up in any of our discussions about that particular issue.

Chief Superintendent Steve Graham stated that we had the latest anti-vaccine protest in Birmingham City Centre at the weekend so much so that we had a deputation who tried to attend Lloyd House to report murder with the Covid vaccine being cited as the cause of death. Chief Superintendent Graham enquired whether with all the vaccination sites staff had encountered any concerted opposition protest and whether any support from the local Police across the city to enable them to carry on their important work was needed.

Ms Helliwell advised that it was nice to get that support for the staff in terms of some quite challenging situation. We had some right at the start of the programme going back in time and we had put in very strict protocols now about supporting staff and security. There was a clear escalation if they needed it, but she was not aware that over the last week we had any particular issues. We had certainly learnt over the last year and a half in terms of making sure we were prepared. That intelligence was something that was important to share about what might be going on or happening across the patch. There was nothing to date but we welcomed that opportunity to work across partners.

Andy Cave, Chief Executive, Healthwatch Birmingham stated that Healthwatch Birmingham had been contacted by a number of people regarding the booster programme for the vaccine. He added that they had been invited to attend for their booster vaccine, but they were housebound and their enquiries into how they get the booster jab had not gotten far with the GPs practice. Mr Cave enquired what the pathways were for those individuals and who should they be told to contact and the route in for them.

Ms Helliwell stated that this was an important group and the GPs route in was to do that within their homes. Ms Helliwell advised that the route in would be through their GPs but if there were any particular issues she could be contacted and would arrange for these to be picked up if there were particular areas in which this was happening. For the housebound, logistics aside, we would certainly aim to try and do flu and the booster together, but this would depend on the supply issue and the logistics of it. Ms Helliwell undertook to feed this back to Sarah Jayne Marsh about any particular issues or teething issues that arise.

Councillor Matt Bennett stated that his query was about the vaccination of the 12 – 15-year olds which was fairly new and whether there was any information on take up available. Councillor Bennett commented that as a country we took a bit longer to decide to do this than a lot of other countries and it was not a straightforward decision as it was for other age groups. He wondered if there were any information on take up.

Councillor Bennett stated that there had been protest outside schools in some parts of the country but that he was not aware of any in Birmingham having

Local Covid Outbreak Engagement Board – 6 October 2021

taken place. We had some problems a couple years ago with protest outside schools that took quite a while as we had to go to the courts. If it had not happened, there was nothing to worry about, but his concern was that we might end up in that situation again with some people making nuisance of themselves outside schools.

The Chair responded that this had not happened as far as he was aware to date, but we needed to remain vigilant for the very reasons Councillor Bennett had mentioned.

Ms Helliwell commented that this comes back to intelligence and supporting, but we had not picked up anything in this area. It was a little bit early in terms of giving any feedback on the uptake, but we will make sure that we do that through the Board as early as possible but there were currently no details yet that could be shared with the Board. In terms of the Clinical Commissioning Group (CCG) lead, Paul Sherriff was on annual leave this week and he was our main contact on that. He would be happy to pick up any individual queries outside the meeting.

The Chair commented that on this agenda item for future meetings once we do have enough data, we will be given a report. Ms Helliwell commented that one of the things we were changing was exactly that a formal standard report and the slides will be presented at the meetings so that it gives the same level of confidence and assurance. During the changeover we were redesigning and coming up with a formal process and will be part of the work that Mr Sherriff will be sharing with the Board.

Councillor Tilsley stated that on the issue raised by Councillor Bennett he thought that as far as the local media was concerned that he had picked up that there had been a couple of issues where there had been protesters outside local schools, but we would need to trawl the local media earlier in the week to pick those up.

The Chair commented that these must have been on a very small scale as these had certainly not been brought to his attention and he had noticed that Chief Superintendent Graham had posted in the chat that the Police had not received any report about protest outside schools either. As stated earlier we do need to remain vigilant because the people who were part taking in these demonstrations were putting other people's lives at risk and this was wholly unacceptable.

Councillor Tilsley echoed agreement to the Chair's statement.

The Board noted the update on the vaccination rollout.

LIVING WITH COVID STRATEGY

244

Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team introduced the item and made the following statements:-

Local Covid Outbreak Engagement Board – 6 October 2021

1. At the last Board we presented an outline of Living with Covid Strategy which was to span from the period between autumn 2021 – winter 2022 covering the period over the Commonwealth Games (CWG).
2. It was to focus on the public health response to the evolving situation with Covid pandemic.
3. Between then and now there had been a national guidance on the autumn and winter plan which emphasised the way nationally the focus was on driving through and focussing on five key pillars.
4. Those key pillars were building our defences through secure interventions which was vaccines, the antivirals and the new drugs that may be having an impact on the modifying of the disease.
5. This also include identifying and continuing to isolate positive cases which was about testing, limiting the transmission test and isolate and also supporting the NHS and social care as things evolved and to ensure that the NHS was not under too much pressure during the recovery phase as they began to take on the elective cases and other issues.
6. We continue to push the advice for people to continue to protect themselves and others and follow the guidance. There was the focus on ... which for Birmingham given the traits and the student base was an aspect that was also important.
7. The local Living with Covid Strategy had taken that on board, and we continue to review the performance of the emergency phase.
8. We were continuing to conduct interviews with key persons within the emergency phase response to be able to learn lessons from what went well and what did not go so well.
9. One of the things we were picking up was the need to maintain and continue inter-agency collaboration.
10. The strategy will be focussing more on that aspect of inter-agency but also dealing with how we manage inequalities which have become more obvious as a result of the pandemic.
11. These were issues which the strategy was currently in the phase where we were analysing more of this information, beginning to conduct deep dives analysis of some of the data to be able to make some connections between cases, vaccination rates to allow us to established a more robust assessment of where we were in order to inform where we were going.
12. Essentially the plan was to involve more stakeholders in terms of understanding what went well and what did not, and to be able to inform their advice strategy which hopefully we would be able to bring to the Board in its complete form by the next Board meeting.

The Chair commented that the next Board meeting was on the 24th November so we will be getting that report to that meeting.

Stephen Raybould, Programmes Director, Ageing Better, BVSC enquired whether we had a long-Covid strategy for the city as there were more and more people around the city who had symptoms after 12 weeks. He added that he was aware that there was stuff put out by West Birmingham Trust and it was whether there was a cohesive strategy for the whole of the city.

Dr Onwukwe stated that this was one of the strands that we were looking at in terms of the strategy. There will be a section on how we intend to address the

Local Covid Outbreak Engagement Board – 6 October 2021

real issue of long-Covid. This was part of the discussions we were having with the different stakeholders on how they balanced between the Trust and the others. This would be mentioned in the strategy as it was recognised that it was important.

The Board noted the verbal update.

MSOA DEATH ANALYSIS

Dr Julia Duke-Macrae, Consultant in Public Health, Test and Trace introduced the item and drew the Boards attention to the information contained in the report and slide presentation.

(See document No. 2)

Councillor Tilsley referred to page 76 of the document which gives the breakdown of excess deaths with Birmingham at 2,887. By population our nearest neighbour was Leeds with 750,000. If this was taken by prorate it would be expected that Leeds would have a death rate of about 2,100 plus and yet Leeds had a death rate of just under 1,000. It was appreciated that Leeds now goes up close to Harrogate and includes a lot of rural areas as well. Councillor Tilsley stated that there was a piece of work to be done to try and understand the figures and why Birmingham was such an out layer compared with all the other big cities. Manchester did not come on to this as a statistic, the nearest one being Telford with 504. We needed to dig deeper to ascertain why Birmingham had such a volume of excess deaths.

Mr Stephen Raybould stated that in the presentation around case fatality rates there seemed to be two groups where the explanation for why it was case - we had increased rate fatality and it was not clear as there seemed to be in BME populations although the other information given may be linked to that. In relation to skilled trades whether there was any coherent published account of why there was an increase rate of case fatality in those two areas.

Dr Macrae referred to Councillor Tilsley's statement and stated that the first thing to note was that for the purpose of this study we were trying to understand what the factors were, and it was out of scope of this particular study. Having stated that there was an inter-play of factors, it was not just one thing that you could place your hands on. In Birmingham for example, there was a lot of overcrowding which tends to increase the speed at which infectious diseases got transmitted.

In a lot of the deaths they were the over 65s which accounts for a lot as well. A large number of this group had comorbidities which also enhanced the risk of dying from Covid. We could look further into understanding why some of these things happened, but for the purpose of the study and the initial phase of the study we were trying to pull together factors that may affect Birmingham having a higher case rate than others. As pointed out the population density within Birmingham ranges from 2 to 28 times that of England which might explain quite a lot why we should have those deaths in those areas.

Local Covid Outbreak Engagement Board – 6 October 2021

The Chair commented that the report was an interesting one and that to have that analysis of what has happened over this period would no doubt be further discussion on what that was actually telling us as we go forward.

245 **RESOLVED: -**

The Board noted the report.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

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

TEST AND TRACE BUDGET OVERVIEW

Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team introduced the item and drew the Board's attention to the information relating to spend to date in the report .

(See document No. 3)

Dr Onwukwe advised that a number of expenses had been committed but these were not yet reflected in the summary.

The Chair commented that it was good to have the explanation as it does look as though we had not spent very much of this money. He added that he was grateful for the fact that there had been a certain amount of prudence in the spending of this budget which meant that as we go forward particularly over the next few months, we could still have money that we could commit.

247 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

248 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

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

The meeting ended at 1702 hours.

CHAIRMAN