

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 17 February 2021

MINUTES

Present:	Councillors: Mrs D Holl-Allen MBE (Chairman), K Blunt (Vice-Chairman), A Adeyemo, J Burn, A Hodgson, D Howell, A Mackenzie, W Qais and R Sexton
Officers:	Karen Murphy – Assistant Director for Adult Care and Support Joe Suffield – Democratic Services Officer Ruth Tennant – Director for Public Health
External Representatives:	Clara Day – Clinical Lead (University Hospitals Birmingham) Tom O’Sullivan – Executive Lead (Sollivac) Paul Sherriff – Director of Organisational Development and Partnerships (Birmingham and Solihull Clinical Commissioning Group)

1. APOLOGIES

No apologies were received.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were submitted.

4. MINUTES

The minutes of the meeting held on 7th January 2021 were presented for approval.

RESOLVED

The minutes of the meeting held on 7th January 2021 were approved.

5. UPDATE ON THE SOLIHULL COVID-19 VACCINATION PROGRAMME

The Director of Organisational Development and Partnerships for Birmingham and Solihull Clinical Commissioning Group (BSol CCG) introduced the item. The focus of the programme to date had been on the nationally defined priority groups 1-4, however they had started to vaccinate Cohorts 5 and 6. The supply of vaccines was linked to the population size of the priority Cohorts; which as a result limited the number of vaccines available. Plans had been arranged to prepare for when people required their second dose. There had been lots of engagement and joined up working between organisations such as local Primary Care Networks (PCNs), University Hospitals Birmingham (UHB) and Local Authorities. They recognised that the data and information BSol CCG received should be available to the public for scrutiny and aimed to make this easier to receive.

The Executive Lead for Sollivac introduced his presentation and raised the key points:

- Sollivac was set up to support the COVID-19 vaccination programme from four locations in the Borough through GPs and Solihull Community Nurses.

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 17 February 2021

- For Cohorts 1-4, there had been an uptake of 93%, and Cohort 5 would be completed within the next week. Sollivac worked alongside Mass Vaccination Sites (MVS) to enable the rapid roll out of this programme.
- The new definitions of those who should shield had been assessed and applied to local residents, as well as those who were carers.
- The vaccination programme had put a strain on the workforce. Staff had gone above and beyond to support the programme, and some non-essential activity had to be paused. To support and sustain the programme, there was a significant recruitment drive for additional staff.
- There remained a number of concerns which included tight planning timelines, public support and the ramifications of restrictions being eased.
- Alongside the vaccination programme, GPs continued other activities through the Winter Operating model.

Members commented on the briefing and asked the following questions:

- A Member sought confirmation where the four PCN vaccination sites in the Borough were located. They were situated at Chelmsley Wood Primary Care Centre, Balsall Common Medical Centre, Richmond Medical Centre and Monkspath Surgery.
- A Member highlighted that some residents had received letters to invite them to be vaccinated at both the MVS and PCN sites, and asked whether it was clear that residents could wait to be vaccinated at a local site if they were unable to travel to the MVS. Also, they queried about reports people were able to book a vaccine appointment even though they were not eligible. The Clinical Lead for UHB confirmed that there was coordination between MVS and PCN sites, and the letter for the mass site stated that residents could choose to wait for their GP to contact them. It was noted that there had been an issue with the booking system, but the incident raised had been resolved, and extra work had taken place to ensure it would not happen again.
- Members enquired about vaccine hesitancy, and what data had been collated about this. The Director for Public Health explained that data had started to be made available on this. A group had been set up with partner organisations to look at inequalities and public concern about the vaccine as the programme evolved. This would lead to engagement with the communities affected in the future. The Executive Lead confirmed that a number of steps had been taken to reassure residents about the vaccine and they had taken time to have conversations with those who were concerned.
- A Member asked about how localised messaging could be used help to reassure local residents. The Executive Lead confirmed that there had been local communications which outlined that PCN sites would contact residents eligible for the vaccine. The Director of Organisational Development and Partnerships noted that as they worked through the Cohorts they would alter the messages shared.
- A Member queried what happened to vaccines which were left over and would otherwise be unusable. The Executive Lead provided information on the operation of the vaccine roll out at PCN sites, and explained that there was a recall list if any doses remained.
- Another Member wanted confirmation that residents who refused the offer of the vaccine, would still be eligible in the future. The Executive Lead confirmed they would still be eligible for the vaccine and would need to contact their local GP.
- Members sought clarification about the recent changes to the shielded list. The Clinical Lead outlined the process that had been undertaken to determine who

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 17 February 2021

should now shield, and explained that this assisted the vaccination programme as it enabled the most vulnerable to be prioritised. The Executive Lead clarified that this was an additional 106 people, and that this included those who had severe asthma.

- Members asked whether there were any concerns about increased pressure on delivery when residents would be eligible for their second dose. The Executive Lead explained that this potential issue centred on supply and if this was low, it would mean they would have to prioritise second doses. The Clinical Lead affirmed that the MVS would become crucial as the programme progressed and the more mobile Cohorts began to maximise their use. It was also noted that there would be extended hours to enable the Cohorts who were more likely to work to have the vaccine. The Director for Public Health noted that engagement was crucial to ensure that people were able to access services at appropriate locations.
- Members sought further information on which carers would be eligible for the vaccine and what support was provided to enable them to access it. The Clinical Lead stated that there had been close work with GPs, they had contacted those who received carers allowance and engaged with carers charities. The Assistant Director for Adult Care and Support noted that they had liaised with Carers Trust Solihull to identify carers who would be eligible.
- A Member enquired about whether the communications about the vaccine needed to reinforce a positive message. The Director for Public Health explained that positive reinforcement was important and they tried to use medical professionals and peers who had been vaccinated to assist with this. A communications pack had been created which included key messages and questions.
- A Member asked for clarification about whether those who tested positive for COVID-19 could have the vaccine, and would the vaccine have a negative impact if an asymptomatic COVID-19 positive resident had the vaccine. The Clinical Lead outlined that people with positive test results should not have the vaccine within 28 days, but should still have the vaccine after this period. It would not have a negative effect for those who were asymptomatic.
- A Member questioned how many housebound residents still required a vaccine, and what support had been provided. The Executive Lead confirmed that 98% of those eligible had been given the first dose of the vaccine, but this was a list that changed frequently and continually reassessed.
- A Member asked for further information on the expectations for the supply of vaccines over the coming months. The Executive Lead explained that local vaccination sites had one to two weeks' notice for vaccines, which made it difficult to plan. There had been assurances from NHS England that that stock would be able to meet the second dose for eligible residents.
- A Member sought more information on data in relation to outcomes, and how this was matched with vaccination records. The Clinical Lead highlighted there was a reporting mechanism for those who tested positive after having the vaccination and there was a "yellow card" system where reports of positive tests were recorded. The Director for Public Health noted that there was a national programme to understand where there had been cases after vaccination and vaccination efficacy. The processes were in place to capture the data but this was not available at the moment as it was not ready. There were also studies to monitor the effectiveness of the vaccine.

RESOLVED

The Board noted the work undertaken locally to support the roll out of the COVID-19 vaccine.

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 17 February 2021

The meeting finished at 7.55 pm