

Implementation of Test & Trace in Birmingham

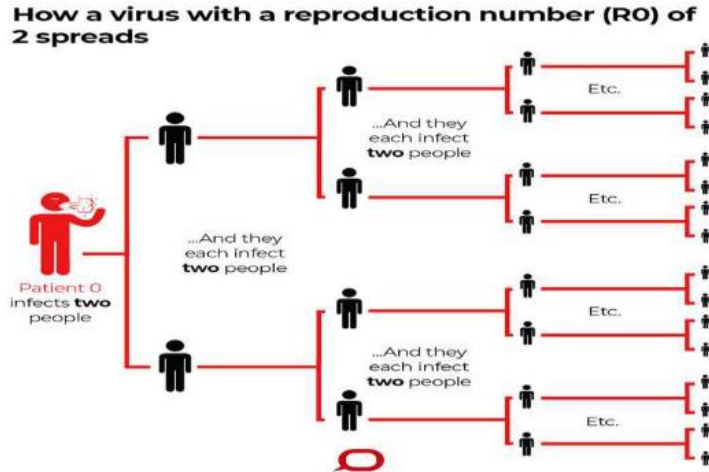
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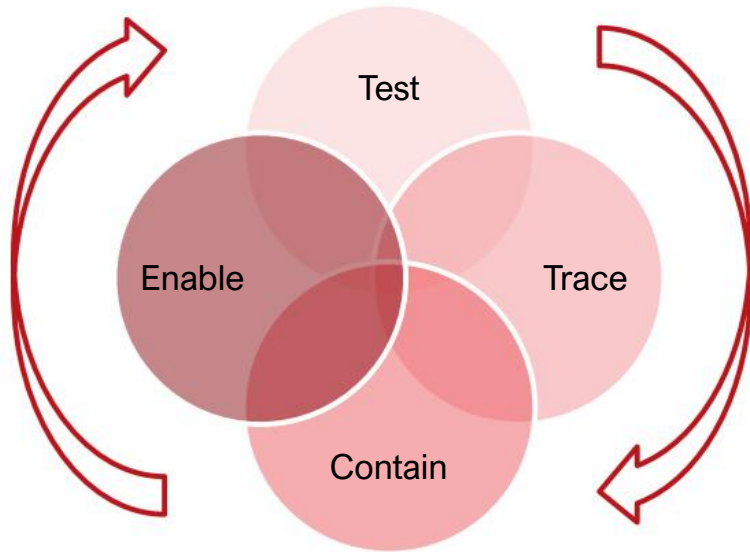
Phase 2: Test, Trace, Contain, Enable

Test and trace relies on strong communication and engagement with the general public, organisations and partners. The aim is to drive down the reproduction rate and spread of the virus.



National surveillance survey suggests that currently only 1 in 5 people have been infected by Covid-19 however there is little evidence yet on whether infection generates immunity and if immunity lasts for any duration or impacts on transmission of the virus.

Test & Trace Emerging National Model



Test

Rapid testing, at scale, to control the virus and identify its spread

Trace

Integrated tracing to identify, alert and support those who need to self isolate

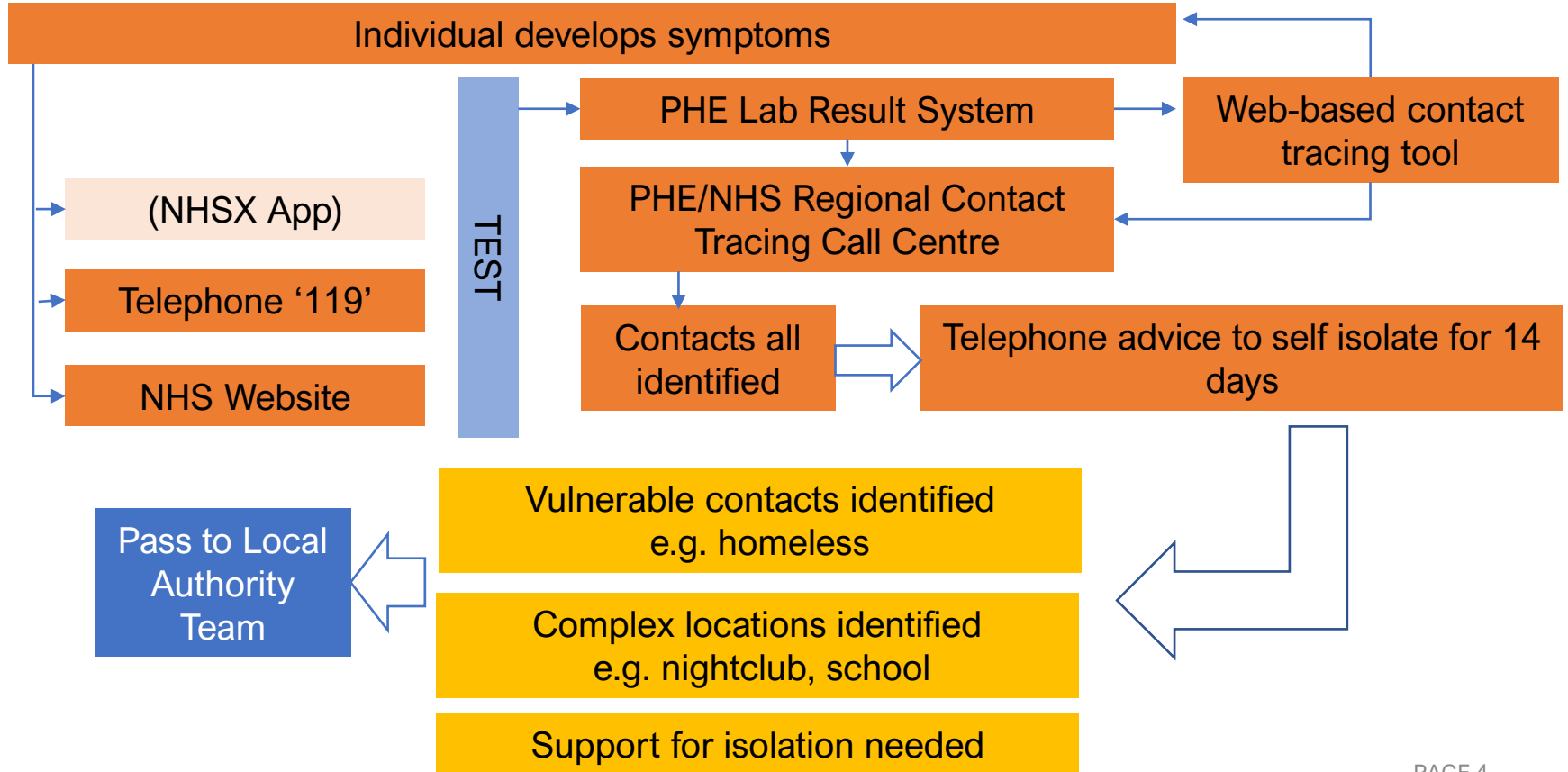
Contain

Using data to target approaches to flare ups, at a local and national level

Enable

Improving knowledge of the virus to inform decisions on social and economic restrictions

Simplified model



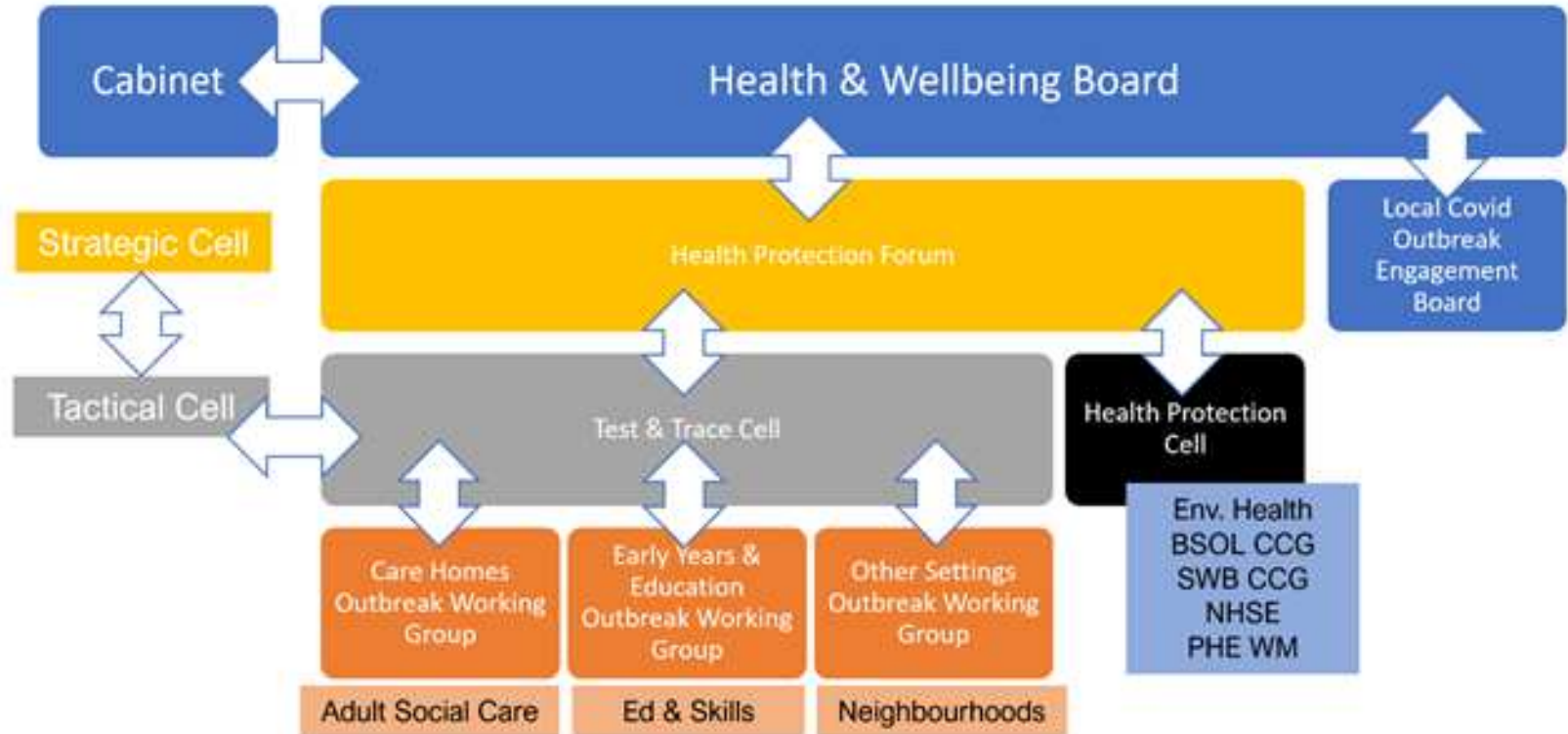
Local Outbreak Control Plans will have 7 themes

1. **Care homes & schools:** planning for local outbreaks in care homes & schools e.g. defining monitoring arrangements, potential scenarios and planning the required response
2. **High risk places, locations and communities:** identifying and planning how to manage high risk places, locations and communities of interests, including preventative measures and outbreak management strategies
3. **Local testing capacity:** identifying methods for local testing to ensure a swift response that is accessible to the entire population e.g. defining how to prioritise and manage deployment which may included NHS, pop-up testing sites
4. **Contract tracing in complex settings:** assessing local and regional contact tracing capability in complex settings e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity.
5. **Data integration:** Integrating national and local data and scenarios planning through Joint Biosecurity Centre Playbook e.g. data management planning, including data security, NHS data linkages
6. **Vulnerable People:** Supporting vulnerable local people to get help to self-isolate e.g. facilitating NHS and local support, identifying relevant community groups, etc. and ensuring services meet the needs of diverse communities
7. **Local Boards:** establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold Command forums and a new member-led Board to communicate with the general public.

Governance structures

Tier	Structure	Roles
Local	Covid Health Protection Board	Responsible for the development of local outbreak control plans by Directors of Public Health
	Strategic Co-ordinating Group	Gold emergency planning group to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans
	Local Outbreak Engagement Board	Provide political ownership and public-facing engagement and communication for outbreak response
Regional	Local Resilience Forum	Coordinate public and emergency services to response to regional emergencies
	Integrated Care System	Develop and deliver regional health strategy
National	Test & Trace Programme	Develop national test and trace strategy
	Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance systems

Birmingham Outline Governance



Structure Responsibilities

Structure	Leadership	Responsibility
Cabinet	Leader	Political accountability and oversight
Health & Wellbeing Board	Cabinet Member for Adult Health & Social Care	Protecting and improving the health & wellbeing of citizens
Test & Trace Oversight Group	Leader	Political oversight and public engagement to support t&t rollout
Health Protection Forum	Director of Public Health	Develop and implement local outbreak response plan, multi-agency strategic engagement
Test & Trace Cell	AD for Public Health	Coordination of local t&t response Logging of t&t decisions
Health Protection Cell	PH Consultant	7 day a week outbreak specialist PH response function
Outbreak response cells	Relevant Directorate AD + PH Consultant/Registrar	Multi-directorate setting outbreak response team to support surveillance and individual setting response

Building on pre-existing outbreak plans to accommodate distinctive features of the current situation:



Capacity

- Increased capacity requirements for:
 - Community engagement
 - Testing
 - Contact tracing
 - Infection control
 - Support for vulnerable people
 - Enforcement
- Specialist expertise required

Note: Mutual aid arrangements available



Stakeholders

- Significant and sustained increase in number of stakeholders, including:
 - Public
 - Employers
 - PHE
 - NHS
 - Facilities e.g. schools, hospitals
 - Joint Biosecurity Centre (JBC)
 - National government
 - Local & national media
 - Community, faith and voluntary sector



Scale

- Plans must be able to deal with outbreaks at an unprecedented scale across multiple locations and facility types simultaneously
- Some plans will involve coordination across geographies and boundaries



Integration & delivery

- Requirement to integrate with new bodies, including:
 - NHS Test & Trace
 - Support and Assurance teams
- Requirement to integrate multi-source data to support local decision making
- Requirement to collaborate with PHE Health protection teams, MDT LA, CCGs, hospitals, GPs, around infection control, advice on ground, delivery etc.



Communication & engagement

- Requirement for comms campaign, with more frequent and consistent messaging & broader scope and channels (e.g. trusted local figures, ward councillors, school leaders,)
- Requirement for proactive comms and comms plans

Progress to data against ADPH/LGA toolkit checklist:



Capacity

- Increased capacity in health protection cell to 22 WTE posts.
- Rolling out contact tracing training across full PH division to provide enhanced capacity if required.
- Infection control support integrated in testing capacity contract.
- Building on Birmingham Together capacity for vulnerable support draw down.



Stakeholders

- Health Protection Forum – CCGs, PHE, NHSE
- Outbreak Response Cells – cross-directorate
- Outbreak Engagement Board – political & public oversight
- Lead DPH link to inpatient outbreak leads
- Targeted engagement
 - Ethnic communities
 - Faith communities
 - Business sectors
 - Education settings
 - Care settings
 - High risk vulnerable communities



Scale

- Primary flex is to within expanded Health protection function.
- Secondary boost in PH division circa 30 WTE boost
- Above this is likely to be a regional level outbreak.
- Working with PHE to consider cross-boundary outbreaks e.g. inpatient settings, and working with WM ADPH on lead coordination.



Integration & delivery

- MOU & Data sharing agreements with national partners to support:
 - Integration of multi-source data to support local decision making
 - Collaboration with PHE Health protection teams, MDT LA, CCGs, hospitals, GPs, around infection control, advice on ground, delivery etc.



Communication & engagement

- Covid-19 Communication and Engagement Plan drafted to set out forward plan for local coms campaigns, media and community engagement.

Local Outbreak Response Plan

- Draft plan submitted to regional coordinator on 19th June for comment and feedback.
- Awaiting national action cards for outbreak response in specific settings.
- Expanded health protection cell establishment and training for enhanced contact tracing response capacity for surge capacity.
- MOU in place with WM PHE Centre and Data Sharing Agreement being negotiated to support data sharing

Responsibilities for enforcement

- Enforcement of social distancing is a policing issue currently, employers are responsible for providing a safe environment for staff and customers under health and safety legislation.
- Isolation due to symptoms is covered through the Covid-19 act and the responsible public health authority sits with Public Health England.
- Isolation where exposure/contact of a case is currently unclear but is likely to be covered under the Covid-19 act with similar powers for Public Health England.
- Awaiting national guidelines on 'local lockdown'

Local Implementation Issues & Risk

Issue	Risk Level	Mitigation	Residual Risk
Financial allocation duration unclear	Medium High <ul style="list-style-type: none"> - High impact - Medium probability 	Specific budget code in place to track spend on t&t response, budget built on 12 month timeframe	Medium <ul style="list-style-type: none"> - Medium impact - Medium probability
PH staff capacity inadequate & burnout risk	High <ul style="list-style-type: none"> - High impact - High probability 	Expanding capacity of the health protection cell drawing on BC cell while establishing expanded team	Medium <ul style="list-style-type: none"> - High impact - Medium probability
Inadequate testing and infection control response capacity for complex scenarios	Medium High <ul style="list-style-type: none"> - High impact - Medium probability 	Interim solution agreed with BCHCT & Bsol CCG to provide surge capacity while negotiating contract	Low <ul style="list-style-type: none"> - High impact - Low probability
Enforcement responsibility and action that sits without	High <ul style="list-style-type: none"> - High impact - Medium probability 	Raised specifically with HSE and CQC regional leads	Medium <ul style="list-style-type: none"> - Medium impact - Medium probability

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