# Birmingham City Council
# Covid-19
# Local Outbreak Management Plan

Version Draft for Approval
23 Mar 2021

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# 1.0 Foreword

The Coronavirus pandemic has completely transformed our world and our country. The impact on the Birmingham has been significant at every level of the city, in every workplace, every school, every household and every family.

The response to the pandemic across the city has been strong and, although it has been a very rocky journey, we have stood together across political and organisational boundaries in the face of rapidly changing and uncertain times.

As we move past the 12-month anniversary of the first cases and deaths in Birmingham it is sobering to acknowledge the scale of the impact in terms of cases, hospital admissions and deaths across the city. These burdens have not fallen equally across the city and have exacerbated the existing inequalities and created new ones.

These direct impacts are the tip of an iceberg of wider impacts on people's lives through the disruption of health services, education and employment, as well as the impact of restrictions on individual's physical and mental wellbeing.

There is no doubt that these burdens could have been much greater but for the efforts of so many citizens, organisations and partners across the city, this has truly been a team effort.

As we look ahead to the next phase of living with Covid-19 we have refreshed this Local Outbreak Management Plan in light of an evolving national and regional picture of support and the creation of the new National Institute taking over from Public Health England. We know that we are moving into a different period where testing, vaccination and rapid outbreak control are going to be fundamental to regaining stability for the NHS and wider society.

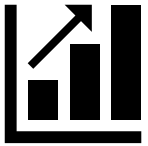
Together as Birmingham we have weathered the storm of Covid, and many lives have been sadly lost. Looking to the future we honour those who have passed by being bold, building on these partnerships working to create a better future for everyone in the city and remain alert and responsive to the on-going threat that Covid poses to our city.

Dr Justin Varney

Director of Public Health

Birmingham City Council

## 2.0 Birmingham and the Pandemic so far (data at 19/03/21)



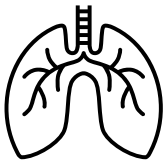
1st Case confirmed 01/03/20.

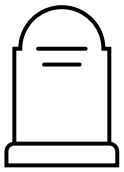
**98,787** Confirmed cases of C-19.

Over 1.2 million PCR tests taken and just under 480,000 Lateral Flow tests.

**17,791** hospital admissions due to C-19 so far.

An average of almost 60 ITU beds a day filled with Covid patients. Peaked on 21st Jan with 208 mechanically ventilated beds containing Covid patients.





**2,873** deaths with Covid-19 confirmed on the death certificate.

The highest number of registered deaths from Covid was in the week ending the 17th April when 273 deaths were registered.

One variant of concern identified without international travel triggering Operational Eagle Birmingham One. 12,500 tests conducted over 14 days through rapid surge testing and strong community engagement.

There have been just over 1,000 outbreaks and clusters linked to care homes, over 4,000 cases and clusters linked to education settings and 550 outbreaks linked to workplaces. There have also been specific outbreaks linked to the prison and student halls of residence.

There have been many inequalities that have been exacerbated through the pandemic. Prior to the pandemic there was a gap in life expectancy for men of over 10 years between our most affluent and most deprived wards.

Case rates have been consistently higher in working age adults, Asian ethnic communities, more deprived communities and in women than in men. This may well reflect occupational exposure as over 15% of the jobs in the city are in health and social care roles which could not work remotely during the pandemic.

National data on deaths has demonstrated higher rates of death linked to age, gender, obesity, long term conditions and ethnicity. There is little local data available to analyse this but there is no reason to expect it to be different here.

Over 574,000 people in Birmingham have received their first dose of Covid vaccine.

88% of >80yr olds
90% of 75-79yr olds
89% of 70-74yr olds

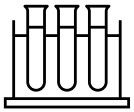
Uptake across all eligible groups is lowest in Newtown and highest in Sutton Four Oaks and is between half and a third lower in most ethnic groups compared to White British e.g. 32% African uptake compared to 67% in White.

## 3.0 Our Response so far

### SURVEILLANCE

Working with PHE & DHSC we have established routine monitoring of case rates to allow timely response to concerning emerging patterns in place or demographics or links to settings such as workplaces.

We established in the summer a whistleblowing portal which has received over 650 reports between 15/2-15/3 which have been followed up by Environmental Health or the Police.

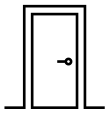


### TESTING

12 symptomatic testing sites established with DHSC.

7/12 asymptomatic fixed testing sites, 3 mobile sites and 100 pharmacies operational.

Over 1.2 million PCR tests taken and just under 480,000 LFD tests.



### SUPPORTING COMPLIANCE

We have appointed 36 Covid Marshalls and 12 Park Marshalls working closely with the BIDs & Chamber of Commerce to support compliance. Where we have had to, because of non-compliance, we have taken enforcement action.

We have brought in additional capacity to support distribution of the Covid isolation and business support payments and to date have distributed over £1.5m in funds through support payments to individuals.

We have an isolation information letter, to date over 56,600 letters have been sent.

### OUTBREAK RESPONSE

Established a dedicated 30 FTE public health Covid response function to provide 7/7 timely response, supported by enhanced environmental health capacity for education & enforcement and close working with WM Police to support enhanced contact tracing. To date this team has responded to over 5,800 situations passed over from WM PHE Health Protection Team.

### ENGAGEMENT & COLLABORATION

Local Outbreak Engagement Board, chaired by the Leader of the Council, has met monthly in public. Weekly Member and MP briefings.

Strong partnership across the city and the region with WM LA, Warwickshire & WM Conurbation SCG, the multi-agency Birmingham IMT and close working with both CCGs and NHS Midlands. There is a shared recovery road map across Warwickshire and the West Midlands conurbation.

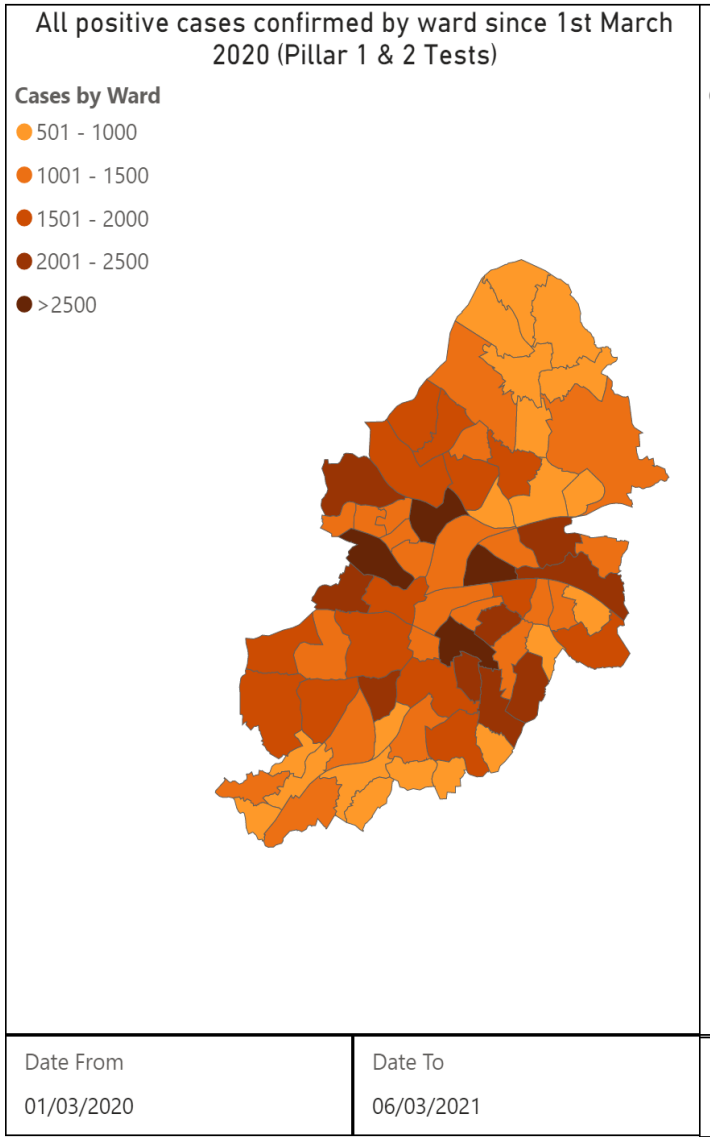
Over 780 Community Covid Champions, 19 community engagement partners working with over 30 different targeted communities, weekly meetings with faith leaders, schools, care homes and universities.

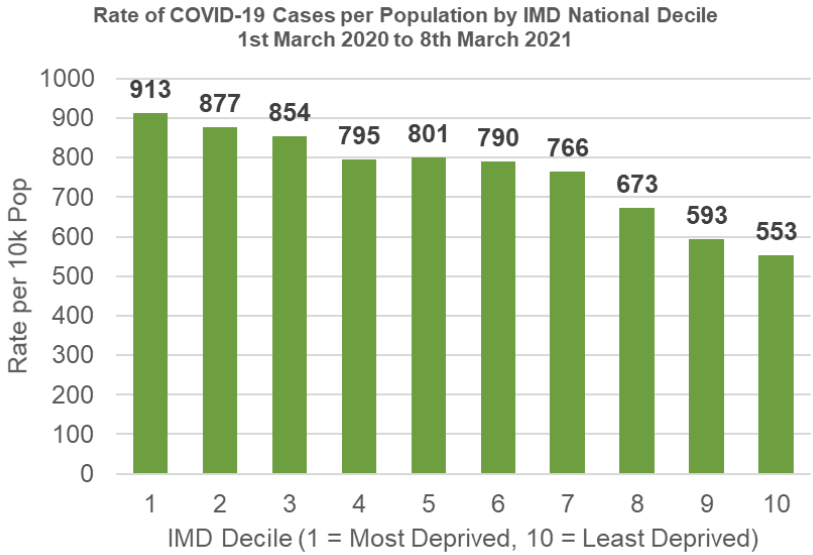
Based on feedback from communities we have translated multiple resources into both print and audio versions.

Good working relationships with community press & regional media with regular live interactive slots.

Strong social media presence with @HealthyBrum reaching over 7,500 followers.

## 4.0 Our Pandemic in Diagrams & Quotes

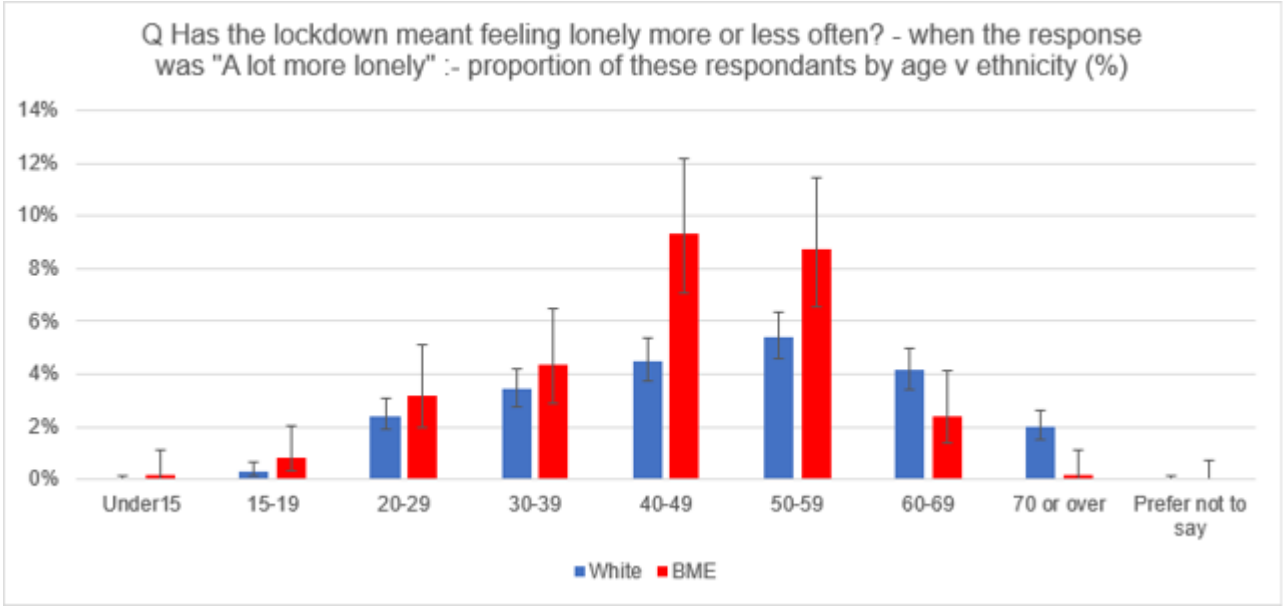


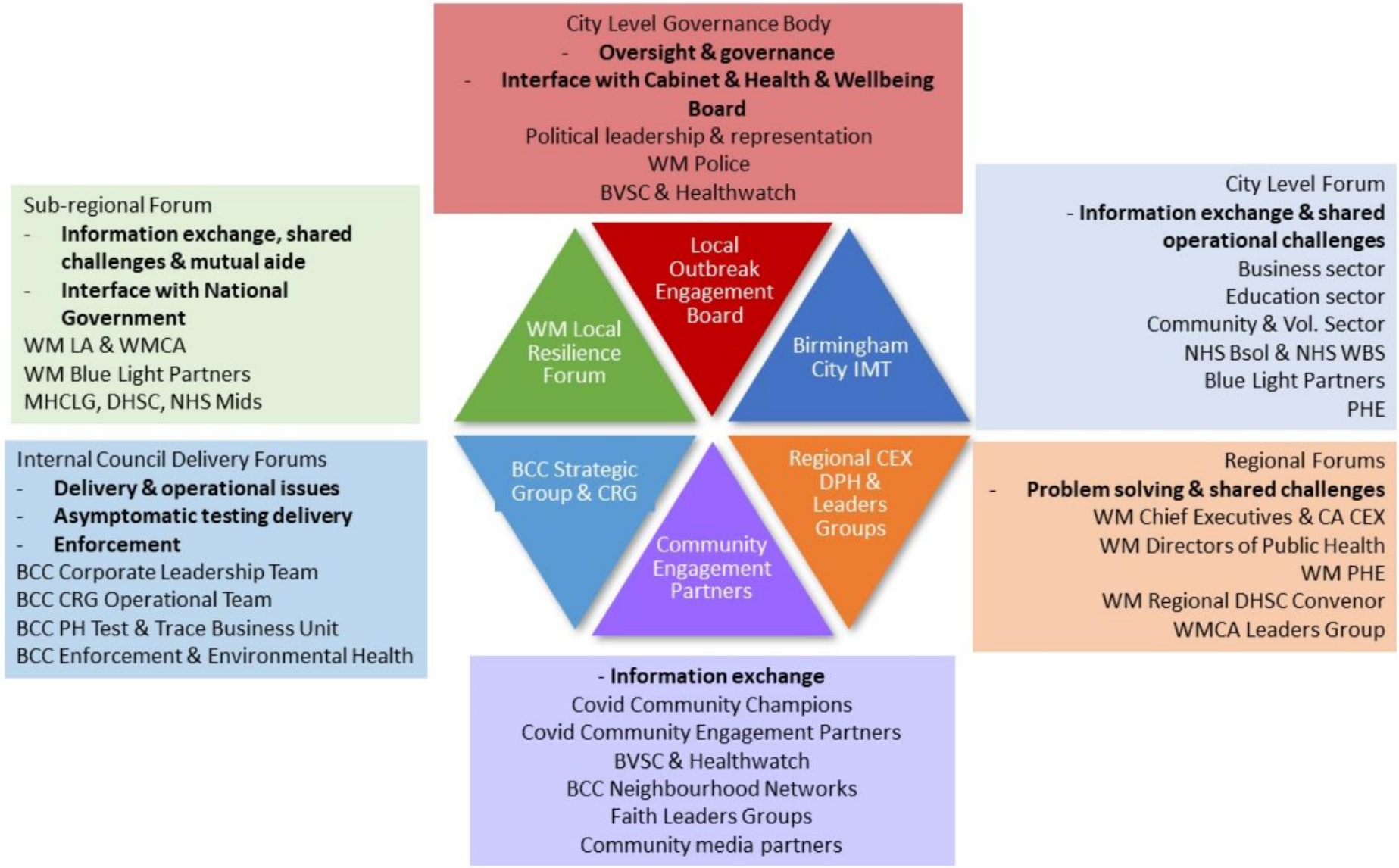

*'Friendship groups are becoming increasingly argumentative over what is right and wrong in response to Covid and the actions individuals are taking. This has caused falling out which I don't think friendships will be repaired.'*

*'We have enjoyed exploring our neighbourhood something we never really get to do'*

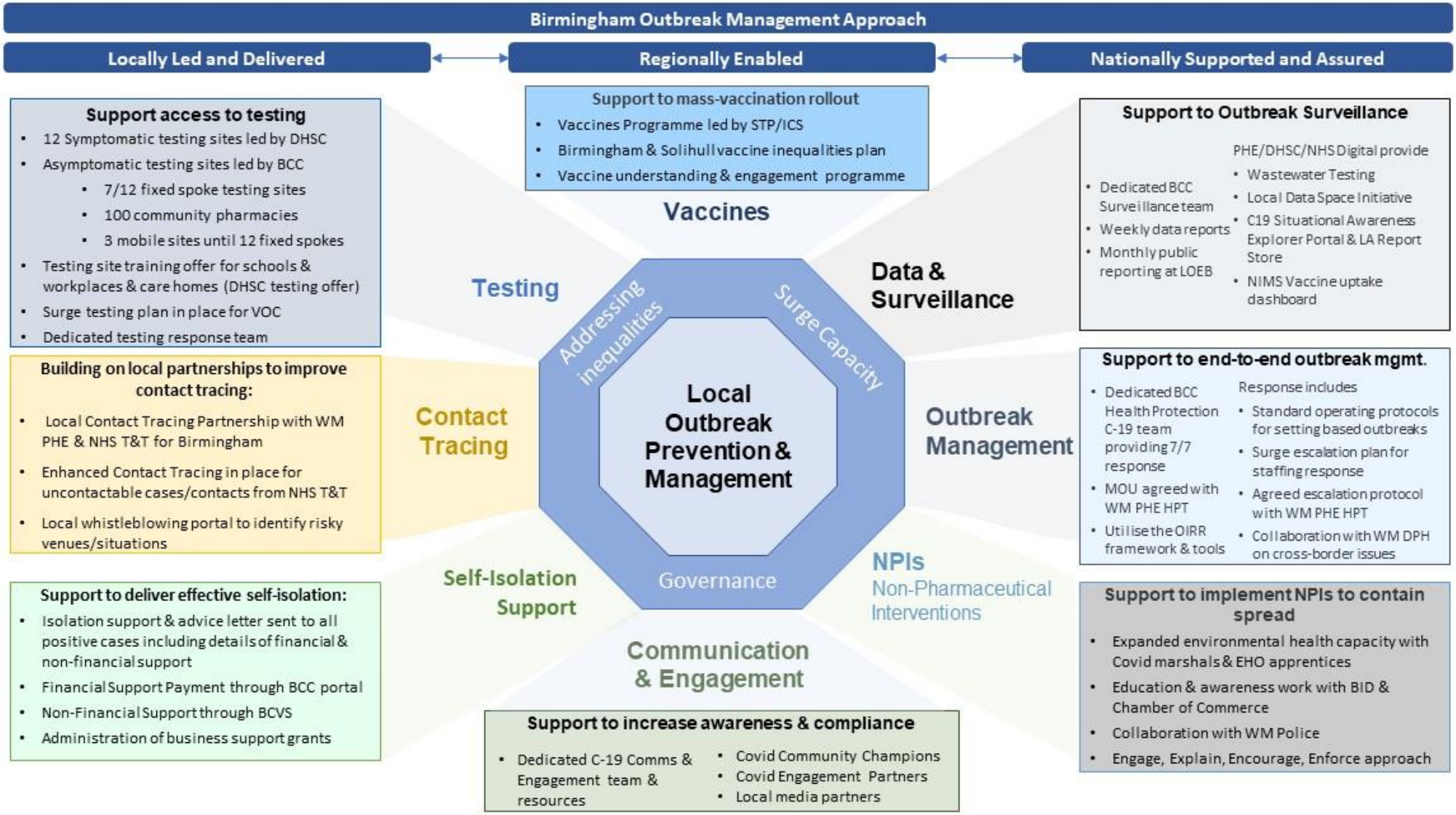
Citizen's comments from the Covid-19 Impact Survey First Wave Survey.



## 5.0 Our Partnerships



## 6.0 Our approach moving forward



## 7.0 Technical Local Outbreak Management Plan Introduction

1.1 The first COVID-19 Local Outbreak Management Plan (LOMP) was developed in 2020. In parallel there was a government commitment to review and update regularly as the understanding of COVID-19 and its impact increases and the impact of additional control measures were being evaluated.

1.2 LOMPs for COVID-19 are a combination of health protection expertise and capabilities (the public health sub-disciplines of epidemiology and surveillance, infection suppression and control techniques, contact tracing and evaluation) and the multi-agency capabilities of bodies in supporting these efforts through the deployment of the necessary resources to deliver these health protection functions at scale, where needed.

1.3 The Birmingham City Council Director of Public Health (DPH) is accountable to the success of this LOMPs through the Local Outbreak Engagement Board. They will continue to be supported by and work in collaboration with the Warwickshire and West Midlands Local Resilience Forum, Birmingham City Council Strategic Co-ordinating Groups and the Birmingham City Incident Management Team.

1.4 There is an agreed shared recovery road map with an agreed suite of metrics in partnership with the Warwickshire and West Midlands Strategic Coordination Group that sits alongside the LOMP (Annex A).

## 2.0 Health Protection: Legal and Policy Context

2.1 The three main pieces of legislation that can be used to support COVID-19 prevention and response activity are the following:

- The Health and Safety at Work Act 1974
- The Public Health (Control of Diseases Act) 1984
- Coronavirus Act 2020

2.2 This underpinning context gives local authorities (public health and environmental health) and Public Health England (PHE) the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local Memoranda Of Understanding. These arrangements are clarified in the 2013 guidance – Health Protection in Local Government.

2.3 PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. The primary responsibility for the delivery and management of public health actions in relation to outbreaks and communicable diseases

is through the local Health Protection Partnerships (Local Health Resilience Partnerships) working to an agreed local memorandum of understanding. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies.

2.4 At a local level PHE's health protection teams and field services work in partnership with Directors of Public Health, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks. The relationship between West Midlands PHE Health Protection Team and Birmingham City Council Public Health Division has been agreed through Standard Operating Procedure (Annex B).

2.5 The Health Protection Regulations 2020 gives the local authority the authority to issue directions notices to restrict access to or close premises or prohibit events under the conditions described in section 17.0 of this plan.

2.6 The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health. This legal context for health protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

# 3.0 Objectives and Key Principles

3.1 The purpose of this LOMP is to support the quick and effective management of COVID-19 outbreaks in a range of settings.

3.2 **Objectives**

The specific objectives are to:

- Reduce and ultimately eliminate the incidence and spread of COVID infection in Birmingham, protect our health and care system to minimise COVID related morbidity and mortality.
- Proactively support settings experiencing an outbreak, reduce the risk of a reoccurrence and support all services and businesses to remain COVID-safe .so that Birmingham's economy continues to prosper.
- Provide assurance to the public that we are responding appropriately to COVID-19 outbreaks.

3.3 **Principles**

Across the city communicable diseases outbreaks in a range of settings are routinely managed. COVID-19 has required us to build upon traditional health protection and emergency response mechanisms. We have developed and are updating our standard operating procedures. We have increased capacity to ensure a rapid response, at scale, potentially managing multiple outbreaks concurrently. The following are our key principles:

- Work as a system to co-ordinate activities across local partnerships.
- Draw on the capabilities, skills, experience and ways of working of existing teams, ensuring that they are appropriately resourced.
- Providing clarity where possible about the roles and responsibilities of individual organisations and teams and enabling flexibility within these roles.
- Ensuring cross boundary collaboration between organisations and teams with adequate and timely communication and data sharing
- Continuous/ongoing reflection, learning and improvement.
- Seek to highlight inequalities identified as a result of COVID-19 in order to better target support to these communities.

## 4.0 Learning from the Covid-19 Pandemic to Date

4.1 In this section of the plan, we reflect on the key learning points from our response to the pandemic so far. The following are some of the key learnings to date:

i. There has been significant learning through partnership working thereby illustrating that partners can work proactively and rapidly to create solutions, implementing change. This should not be lost as we move forward.

ii. The inequalities of impacts on care homes and institutional settings has demonstrated the need to support strong infection control and prevention techniques and invest in supporting this through a partnership. Moving forward we need to continue to invest effort into protecting high risk potential populations and those most vulnerable to future waves.

iii. Covid-19 has disproportionately affected the most vulnerable and marginalised such as older people, ethnic and disabled communities. Our collective experience has revealed and reflects the health inequalities that existed before the pandemic. This highlights there was inadequate engagement and communication between the public sector and communities across the city pre Covid-19. The successful partnership working between our health protection and enforcement capacity across the system indicates the need for this partnership to be strengthened.

iv. The Operation Eagle response to an outbreak of a variant of concern was mobilised very quickly and effectively but the time lag between the case and the response needs to be improved. We now have a surge testing response approach that can be activated within 48hrs once we receive intelligence from DHSC.

v. Although the national and local response to the pandemic worked well, there is more that can be done to ensure it is more coordinated and seamless. There is a need for more clarity in national-local decision making, especially regarding escalation of response or concern. This is something we continue to work with the regional convenor team to improve.

vi. Prior to the pandemic there was no out of hours provision of specialist public health response and this has only been delivered through the good will of the public health specialist team. The Council will review how to ensure this provision is maintained for the future.

vii. The uncertainty of the financial resource available and its duration has made planning difficult and the Council has taken a cautious approach, moving forward the budget has been established to fund the response for the duration of 2021/22 to ensure we have adequate specialist skills to response to surges and potential further waves of the pandemic.

viii. The pandemic has presented clear lessons for the city and we must build and learn from these in preparing for the Commonwealth Games and recovering and rebuilding a better city where everyone can achieve their potential,

## 5.0 Surveillance and Data Management

5.1 Ongoing COVID-19 surveillance both locally and nationally is critical to help reduce incidence and prevent, identify and contain outbreaks. The National Surveillance Programme provides the necessary information and intelligence to develop shared situational awareness to prioritise the ongoing planning and response to the COVID-19 pandemic. It will continue to support PHE and BCC in their shared effort to develop high quality COVID-19 related intelligence through assessment of local needs, and in planning for tackling the immediate and long-term impact of COVID-19.

5.2 Data within secure portals holds personally identifiable data and access is restricted to the Director of Public Health (DPH) and relevant local authority officers. Details will continue to be uploaded daily by Public Health England (PHE) and include record level test, case and contact tracing data, outbreaks, clusters and settings data, plus modelling and forward plans. It also provides access to reports, schools data, modelling tools, dashboards and a Geographic Information System tool that supports spatial and cluster analysis. An epidemic phase model dashboard was recently added, with improved red, amber, green (RAG) ratings and other required data sets. Within a second dashboard, which again has restricted access, information on NHS111 calls and online triage information is covered.

5.3 In BCC there is an analytical team which will continue to provide daily updates on the rates of COVID with regional and national comparisons. A live dashboard has been developed which we plan to constantly improve and develop further. In addition, every week the team will continue to provide a more detailed analysis of rates across different wards, ethnicity and age groups. This will continue to be enhanced by information on local outbreaks, deaths from COVID and hospital admissions due to COVID. This information is supported by NHS data on vaccination uptake across different priority groups and within different segments of the local community. In addition, in the future, more insights will be gleaned by waste water analysis to provide early warning signs of coronavirus outbreak and identify hotspots. It will ensure a more targeted approach and improve our ability to contain local outbreaks. The provision of this data/information allows BCC to ensure the following:

- A rapid response to cases and outbreaks of concern
- Regular monitoring of case rates, death rates, testing rates and inequalities
- Regular monitoring of asymptomatic carriers
- Regular monitoring of COVID vaccine uptake and inequalities in access
- Horizon scanning to prevent future risk to the population as well as responding to acute risk

5.4 In the future we will link with national surveillance more closely to ensure greater targeted surveillance of appropriate VOCs locally. There are also plans to combine existing public health datasets with those from other

departments in BCC such as transport to get a more detailed mapping of what is happening locally. This, for example, will allow us to compare COVID incidence in certain locations with an increase in public transport use for that area.

## 6.0 Governance

6.1 Governance of the LOMP will seek to ensure the following:

- The Local Covid Outbreak Engagement Board is responsible for approving the LOMP on behalf of the Health and Wellbeing Board and Cabinet.
- Implementation of the plan is overseen by the Local Covid Outbreak Engagement Board.
- The plan is supported by all of the contributing partners through the Birmingham City Incident Management Team.
- There is robust monitoring of progress of the management of outbreaks individually and collectively through BCC's Test and Trace Business Unit under the oversight of the Director of Public Health (DPH) in partnership with PHE.
- BCC can continually reflect, learn and improve our response working with partners.

6.2 The DPH is accountable for delivery of the LOMP to the Local Covid Outbreak Engagement Board that has been established as a sub-committee of Cabinet and the Birmingham Health and Wellbeing Board. The Board meets monthly and the papers are published through the Council CIMS web platform with the meeting being live streamed through this platform.

6.3 The Birmingham City Incident Management Team (BCIMT) is a regularly meeting of a wider strategic partnership of the city including representatives from WM blue light services, Universities, the Clinical Commissioning Groups, the Universities and Education sector, the Chamber of Commerce and the Community & Voluntary Sector.

6.4 BCC has now transitioned from its Emergency Plan structures into a Recovery model whereby Covid-related operational activity is being delivered by the Test and Trace Business Unit, Co-ordination and Response Group (CRG) and the wider Council Directorates. The Test and Trace Business Unit sits within the Council's Public Health Division of the Partnerships, Insight and Prevention (PIP) Directorate; Covid-related delivery within each of the Council's Directorates is monitored by the CRG.

6.5 In parallel, the Test and Trace Business Unit also feeds into the Birmingham Health Protection Forum, chaired by the Assistant Director of Public Health (Environmental Public Health & Health Protection), which is a sub-Forum of the Health and Wellbeing Board.

6.6 These parallel arrangements allow operational oversight whilst providing a sustainable and resilient response to the pandemic.

6.7 The CRG connects to the West Midlands Conurbation Local Resilience Forum (WMCLRF). The LRF is a statutory multi agency partnership organisation that brings everyone together. WMCLRF is made up of seven metropolitan councils (Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton). The conurbation borders three counties; Warwickshire, Staffordshire and Worcestershire. The structure of WMCLRF arrangements is illustrated below. The aim of the West Midlands Conurbation LRF is to ensure:

- There is an appropriate level of preparedness to enable an effective multi-agency response to emergency incidents such as COVID-19, which have a significant impact on the communities of the West Midlands Conurbation.
- All services and organisations work together ensuring the best possible preparations and plans are in place for emergencies. These are regularly tested and updated so that agencies can respond immediately and effectively to any threat.

6.8 Alongside these formal governance structures there is close collaboration between the West Midlands Chief Executives and Directors of Public Health through a series of weekly information sharing meetings. This provides opportunities for cross-border collaboration beyond the LRF footprint and meetings also involve the Regional Convenors team and NHS Midlands representation.

6.9 There are also weekly meetings between the Council and the NHS Chief Executives groups and this links through the Council Chief Executive into the Council Strategic Group.

6.10 There is a battle rhythm to these meetings. The Health and Wellbeing Board meets every two months, the Local Covid Outbreak Engagement Board and Health Protection Forum meets every four weeks. This rhythm can be ramped up as necessary with the Test and Trace Business Unit offering a 7-day response. Annex C sets out the Governance roles and responsibilities in more detail.

6.11 **Risk Management**

We maintain a risk register for this plan which will be reported quarterly through the private session of the Local Outbreak Engagement Board. The risk register will focus on strategic level risks with operational risks being held at the CRG level unless requiring escalation to the Board.

6.12 Governance Diagrams

**Figure 1: Covid Response Function Governance Arrangements**

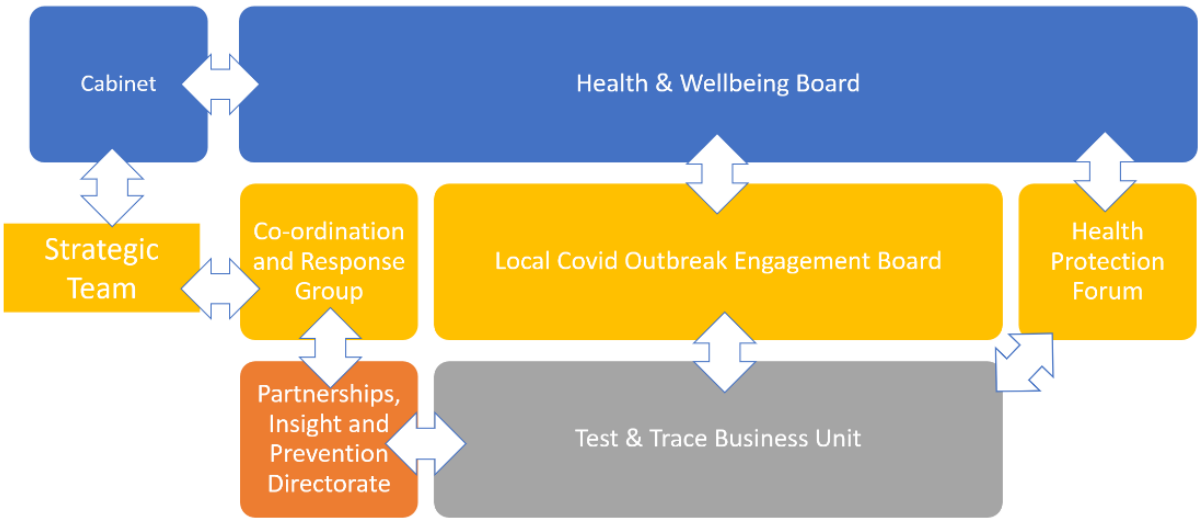



**Figure 2: Emergency Response Governance Arrangements**

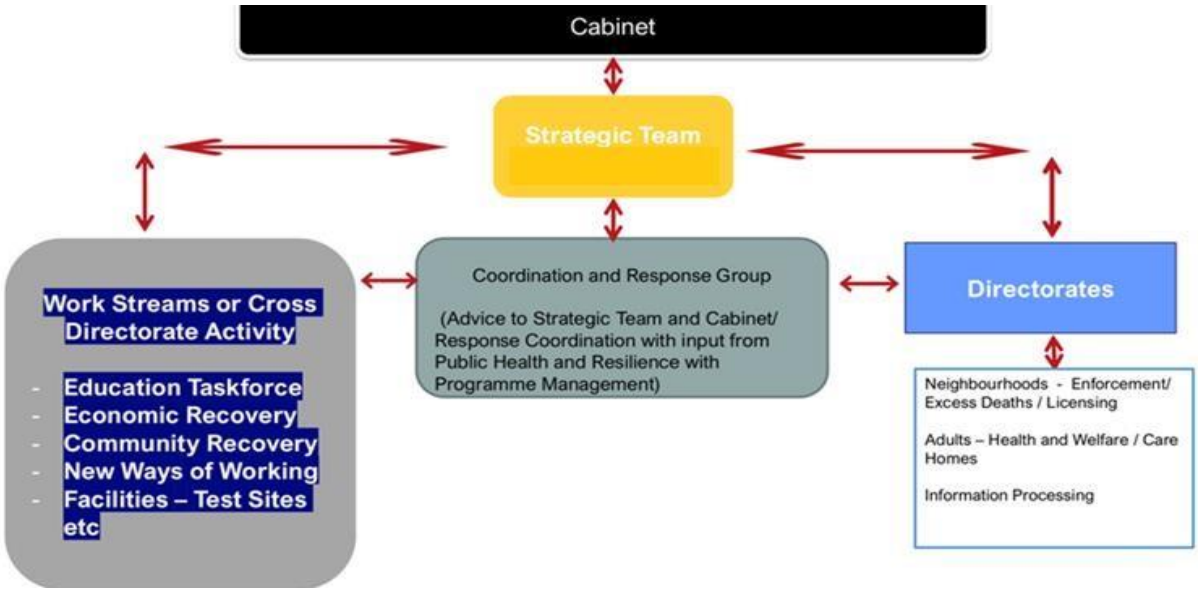
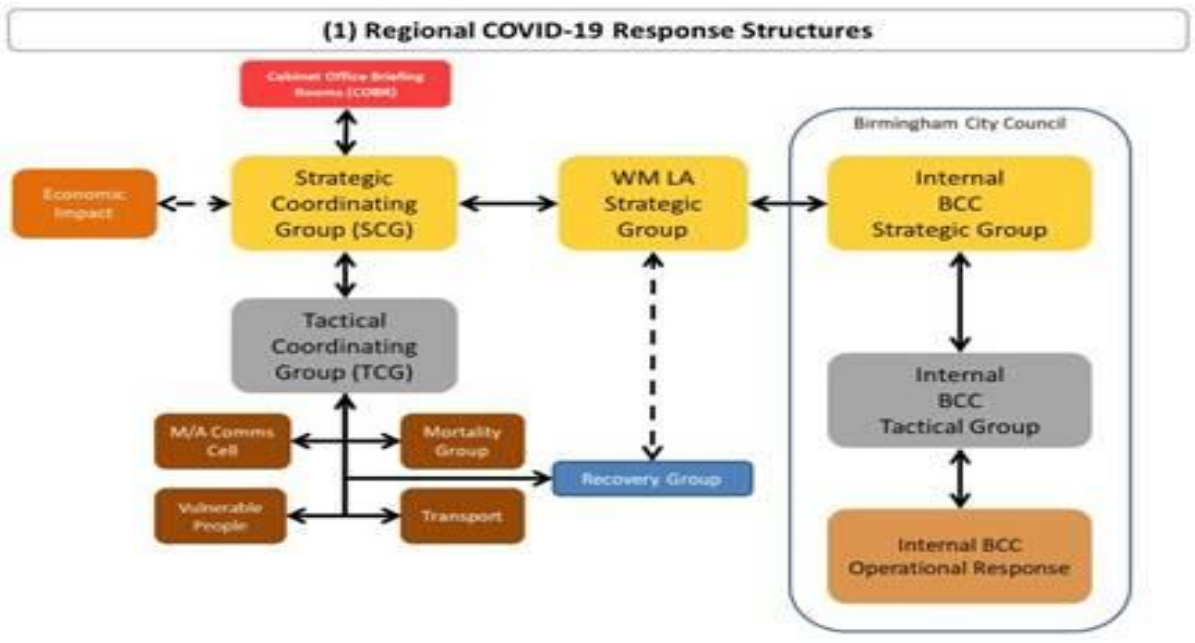



**Figure 3: Local Governance link to WMC LRF**



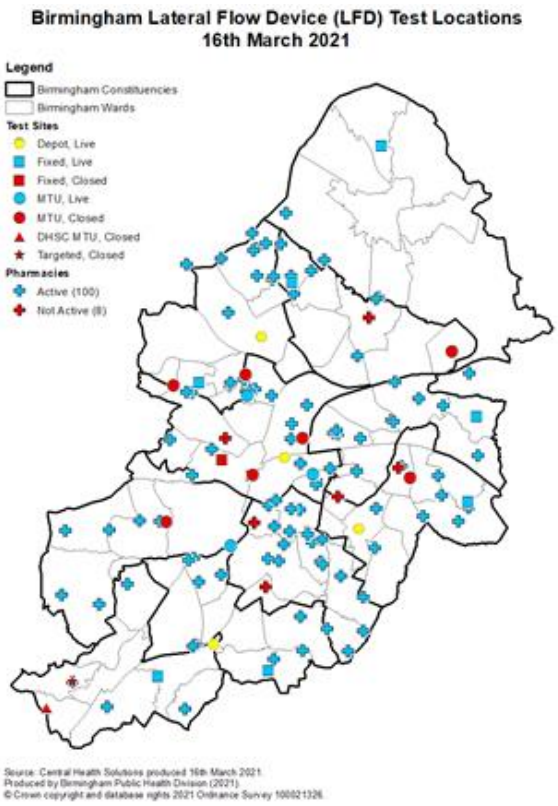
# 7.0 Community Testing

7.1 Testing is a central part of our LOMP. It is used to find positive cases to;

- Ensure cases and contacts are traced and isolated.
- Vulnerable groups are protected.
- Enable individuals, businesses and public services to understand and manage their risks.
- Contain the spread of COVID.

7.2 In 2021 BCC's Board will oversee the introduction of a place-based approach to testing where all testing within Birmingham is overseen through the city COVID response. There is clear local oversight and governance to provide assurance. Currently there are several parallel strands of testing activity:

- Symptomatic testing – 12 testing sites (10 walk-through, 2 drive through) led through the Department of Health and Social Care. We have supported this through a commissioned outbreak saturation testing service from Birmingham Community Healthcare Trust.
- Asymptomatic community testing – is led through Local Authorities. Our ambition is to establish 12 fixed testing sites (walk-through) alongside provision of testing through 100 community pharmacies and we will utilise 3 mobile testing units while the fixed sites are established.
- Our residents can access these tests from various local sites which can be found through the Council interactive map portal.
- Asymptomatic workplace, school, prison and justice setting, NHS and social care home testing – led through the Department of Health and Social Care. We will support these initiatives through home testing kit distribution hubs at asymptomatic testing sites, training support for testing providers and quality assurance support.
- Pilots of asymptomatic testing – led through the Department of Health and Social Care with the support of the Council. We are working closely with the department to pilot testing in homeless communities and support pilots of 'test to release' of contacts where appropriate.



7.3 We will support both symptomatic and asymptomatic testing through:

- Working to support workplaces, schools and care homes to deliver safe on-site testing and home testing through a training offer and regular webinars and advice sessions.
- An ongoing programme of community engagement to support testing uptake.
- Pilot and evaluate, where appropriate, innovative approaches to increase access to testing for populations which may face additional challenges accessing testing.

## 7.4 Surge Testing

There may be situations where there is a requirement to rapidly step up surge testing in a defined geography to response to VOCs or to address a change in the epidemiology of the spread of the virus. (Annex D)

Birmingham has experience of this approach over the last year both in the stepping up of a rapid response to a suspected community acquired cluster of cases of a South African VOC in Birmingham and in the summer 22020 initiative to increase testing uptake through doorstep drop and collect provision.

In the response to the VOC cluster the learning from the summer response was taken into account and this led to targeting the area of concern with door-to-door PCR testing, a structured drop and collect model for businesses and schools, and a new collect and return model alongside rapid mobilisation of mobile testing units.

This response is currently being mainstreamed into the core Local Authority response by establishing a surge response team which will systematically targets areas of high incidence and low testing as well as having the flexibility to engage in another Operation Eagle type response should another VOC outbreak be identified. This surge response is resourced to the end of June 2021.

### Operation Eagle Case Study – Our Birmingham Experience

**When did we do this?**

Two weeks of PCR testing from 4th to 17th February 2021. The testing model included walk-up and drive-through testing at Mobile Testing Units as well as collect & drop and doorstep collections.

**Who did we target in our population?**

This was aimed at residents with no symptoms at specific postcodes in the Frankley Great park area and part of the south end of Northfield. Anyone who lived or worked in the area was encouraged to get a PCR test. A drive to test 10,000 people in the affected area within a week in a bid to monitor the spread of the variant in the defined geographical area.

**What did we do?**

**Communication and Engagement**

- A dedicated page was set up that could be constantly added to and amended, with all communication linking to that.
- A letter was sent to every resident in the area containing general advice about the variant testing, what we were asking of residents, and the web address so, by the time the letter arrived, more information would be available.
- Regular social media posts with every update and reminders, including targeted Facebook ads for the postcodes where doorstep testing was taking place by local teams who also had leaflets which were produced to accompany the teams.
- DHSC funded use of an ad van for four days at the start of the testing period to encourage people to take part.
- Our Director of Public Health conducted a number of media interviews explaining what the testing was for and encouraging residents to get tested.
- The council leader used the weekly WMCA briefing to urge residents to take a test.
- There was daily contact between BCC comms, other local authorities and DHSC and PHE comms.

**Mapping the need**

- While public health colleagues were establishing the precise testing location and setting up a postcode checker, we posted a map of the general area along with a description.
- The meeting heard there is a postcode checker on the city council website for residents to check if they live or work within the affected zone.

**Access to testing**

- Collect and drop hubs, drop and collect to businesses and schools, drive and walk through sites.
- Tests processed within seven days to identify further cases of the variant.

**What did we learn?**

- Good partnership works. We had to work to very tight deadlines with information constantly being updated, working closely with colleagues from public health, logistics, our communications web team and local community groups.

## 7.6 Targeted Postcode Test Mailing

We are working with DHSC to explore the national pilot of proactive testing mailing to specific areas of concern or areas where testing uptake is poor. Testing kits (PCR) would then be returned to local drop-off points and then couriered to the testing laboratory. We will work with the Department as this pilot evolves to see how this fits within the local testing strategy for the city.

## 7.7 Community and Pharmacy Collect

In line with the national government's plan to encourage testing in those exposed in their households to those at increased risk of acquiring COVID (e.g. pupils/students) BCC is introducing more and more sites where citizens can pick up lateral flow tests that can be administered at home aligned with existing LFD testing sites so that citizens can experience a test in a supported environment before they start testing alone at home.

7.8 **Employers**

Employers are eligible and encouraged to set up LFD testing sites under the National Workplace Testing Scheme. There is now an online booking site that organisations can use to access LFD training delivered by the LFD training team based at Kingstanding Wellbeing Centre.

The Council is working with the Regional Convenors team to gain better insight into the national workplace testing programme to understand which businesses are progressing with testing as initial uptake has been limited and this increase the risk of ongoing outbreaks in workplace settings.

BCC is working with those who are not going to stand up testing on site to link them with the community testing centres and provide support for encouraging testing and isolating those who are positive.

7.9 **Schools and Universities**

In line with the gradual reopening of schools and universities over March and April, BCC will continue to work with our educational colleagues to support home and on-site testing.

7.10 We will continue to review this approach as access to more home testing becomes available in different settings.

## 8.0 Support for Self-Isolation

8.1 Self-isolation is an integral part of the COVID-19 response. BCC will continue to play a critical role in raising awareness of and supporting self-isolation, administering the main Test and Trace Support Payment scheme and discretionary scheme.

8.2 The following elements constitute the self-isolation support from BCC:

- Communication to improve awareness of contact tracing and information on when citizens need to self-isolate., This is primarily through a letter to all positive cases.
- Practical, social and emotional support organised by the local authority and community groups accessed through the Council Contact Centre or via the Council website.
- Signposting to financial support for low income earners who are unable to work from home and will lose income through self-isolating.
- Signposting to special grant funding available via the Council/ Commissioners for specific services and settings requiring additional support to contain outbreaks and prevent transmission, e.g. care home support grants and IPC grants.
- Targeted enforcement of breaches of the legal requirement to self-isolate working in partnership with West Midlands Police and the Council's enforcement teams.

## 9.0 Case and Contact Tracing

9.1 The Birmingham City Council case and contact tracing team, part of the Test and Trace Business Unit, is an extension of the national NHS test and trace programme and have all been adequately trained to provide enhanced contact tracing as part of the Local Contract Tracing Partnership with WM PHE Health Protection Team and NHS Test and Trace.

9.2 The aim of this function is to support the NHS Test and Trace Programme by reaching citizens who would otherwise be uncontactable. This is achieved using local knowledge, phone calls from an 0121 number and making further attempts to contact citizens utilizing information held within the numerous BCC systems i.e. council tax, benefits, adults and social care etc.

9.3 The team export DPH line listing information from PHE to officers to contact trace Follow up Fails (FUFs) cases which are assigned from the national system for local follow up and contact tracing. The team contact trace cases these contacts to gather information on person place and circumstances, questioning people's movement 5 days prior to test to investigate places where contact or transmission may have occurred. The information is either recorded in the local case management system or within CTAS if the case is designated as a FUF. Investigation and contact tracing can be complex and

involve multiple cases with multiple contacts and will often involve more than one setting.

9.4 The function of the team is to ensure infected individuals, and their close contacts, self-isolate as this is one of the most powerful tools for controlling transmission.

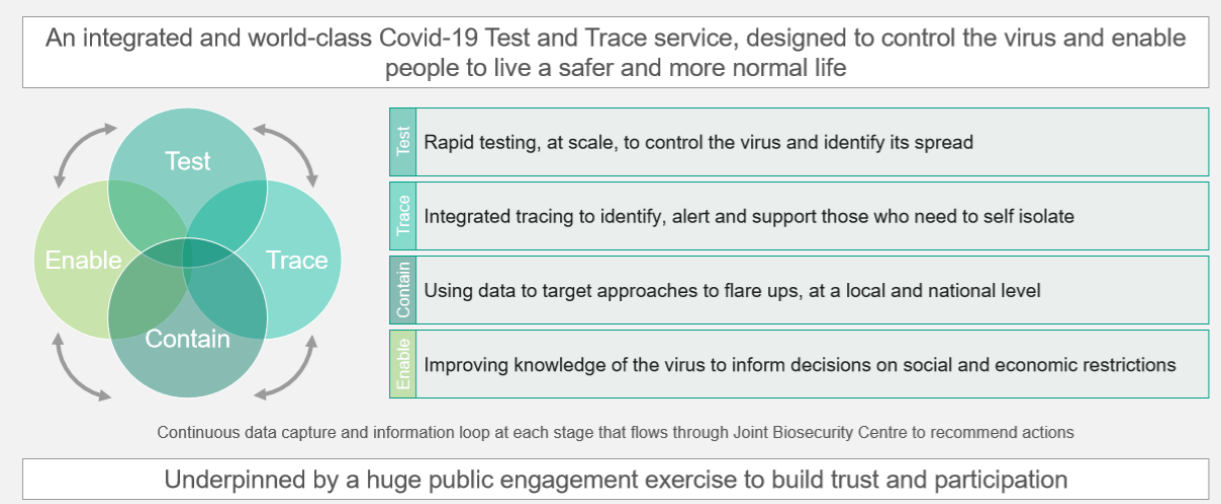
9.5 **The National Test and Trace Service**

The government launched the National Test and Trace service on 29 May 2020 forming a central part of the COVID-19 recovery strategy. The objectives are to:

- Control the COVID-19 rate of reproduction (R).
- Reduce the spread of infection and save lives.
- Help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four 'tools' to control the virus: test, trace, contain and enable, as set out in Figure 3.

*Figure 3: Test and Trace Service*




This service is supported by a "Contain" function that includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local DsPH to identify and manage local outbreaks.

9.6 The national Outbreak identification and rapid response (OIRR) framework and toolkit provides a shared approach to strengthening the utilisation of data and intelligence which we are utilising in the section on data and surveillance.

9.7 **Working with local PHE Health Protection Team**

The local system will continue to work together to ensure any issues identified within the trace process are acted upon. Both national and local contact tracers have a process in place to refer concerning situations or settings for further management by the BCC public health team and the HPT. There is an agreed escalation process with WM PHE.

The primary function of the BCC Test and Trace health protection team is to gather information on the contacts of confirmed cases of COVID-19 and deliver isolation advice.

9.11 For individuals who do not comply with Covid regulations. There is a process to escalate to enforcement and police teams to follow up where required.

## 10.0 Outbreak Management

10.1 To respond to outbreaks, the Council has established a Health Protection Response Team (HPRT) within the Test and Trace Business Unit. This team covers a 7 day a week rota between 0900-1700, led by a duty Consultant in Public Health. The HPRT is a multidisciplinary team which provides a proactive local public health response to outbreaks in local settings in partnership with Public Health England's West Midlands Health Protection Team. HPRT will advise to the setting on effective outbreak management including control measures such as testing, use of appropriate PPE, Infection Prevention and Control, isolation and cohorting and any other appropriate support. The team will liaise with local authority service leads for the setting affected to escalate any operational issues and reinforce the public health messages and advice. Cross cover and expert advice for urgent issues are provided by the Public Health Senior Management Team.

10.2 PHE are responsible for the initial risk assessment of complex cases, clusters and outbreaks in vulnerable and high-risk settings. They also lead on outbreaks which affect more than 10% of the workforce or service users, residents or students in settings. BCC is responsible for all other situations in settings including proactive management of single cases in care homes. There is an agreed prioritisation framework with WM PHE Health Protection team to set out the agreed local partnership approach to different settings.

The local response consists of a proactive component which includes implementing preventative measures and identifying areas of high risk for more intense support and shared learning. It also includes a reactive response to a suspected/confirmed case or outbreak and managing the associated communications, awareness and support to the wider community if needed using effective communications and reinforcing national messages.

10.3 Outbreaks are identified through local intelligence from multiple sources and reported to PHE via the on-call telephone desk. Notifications made to BCC are passed to PHE to undertake the initial risk assessment. We have existing and established good working partnerships with neighbouring local authorities across the West Midlands region. Through a Single Point of Contact (SPoC) and our dedicated contacttracing@birmingham.gov.uk email address we promptly share information and local intelligence with other HPTs.

10.4 There is an agreed protocol between PHE and BCC to define which organisation leads on which types of outbreaks and clusters and where required an Incident Management Team meeting can be called to convene all key partners to help support an interagency response to an outbreak.

10.5 In certain cases, an outbreak may require additional support or intervention from PHE. In such instances, PHE will undertake an initial risk assessment of the location of the outbreak and may lead on the management of some outbreaks, drawing on support from local partners. Where appropriate either the LA or PHE will convene the initial Incident Management Team (IMT) meeting to coordinate a multi-agency discussion around high risk situations.

10.9 As part of the response structure BCC has established three outbreak settings interagency working groups to take forward ongoing support to settings affected by outbreaks, these are:

- Care Settings: supporting care homes, extra care and supported living settings.
- Education and Early Year Settings: supporting early years, schools, special schools, universities and adult education.
- Workplace and public venues Settings: supporting other high-risk places such as homeless hostels, workplaces and faith settings.

10.10 The Outbreak Settings Working Groups are responsible for co-ordinating and ensuring implementation of the necessary actions. As we move forward we will review whether these can become reactive groups rather than standing groups depending on the pattern of outbreaks and situations.

10.11 Birmingham Public Health maintains a local outbreak response function via its Health Protection Response Team. This includes the following:

a) Providing a single point of contact for reporting outbreaks.
b) Ensuring that all outbreaks are logged with a minimum data set.
c) Identifying key actions for ongoing support and advice to manage the outbreak in the specific setting in line with agreed standard operating procedures.
e) Convene IMTs as required in the event of significant developments.
f) Ensuring effective data management.

10.12 One of the biggest focus areas for 2021 will be to ensure we continue to improve and work more effectively with the national and regional system to ensure a rapid and more coordinated response to avoid citizen frustration and unnecessary duplication of effort. The Standard Operating Procedures (SOPs) have been updated to reflect the current management of outbreaks in specific settings. These set out the functions required and the organisations responsible. The is to ensure that the management of outbreaks is comprehensive and consistent across Birmingham.

10.13 Where required because of the nature of an outbreak's scale, population or setting an outbreak coms groups will be convened to manage inter-agency communication and communication with the public and local media.

**Case Study: Stone Road Outbreak**

A significant cluster of cases was identified at the Stone Road Asylum Centre through NHS Test and Trace.

A multi-agency incident management team was convened and through an iterative process of regular meetings a shared action plan was developed which involved relocating residents into different hotel settings across the city where isolation could be better achieved to contain spread.

The community outbreak testing team assisted in repeated rounds of testing at the sites to identify cases.

Face to face engagement with residents with translation support enabled better isolation support for them including access to more snacks and consumables which improved compliance.

Close working with SERCO and the Home Office improved site security and information provision to residents to improve compliance.

The NHS undertook additional welfare visits and health checks to identify vulnerable individuals at higher risk from Covid complications and alternative isolation accommodation was sourced to further reduce these individuals' risk.

On-going work between PHE and the Council data and surveillance teams monitored the situation and the surrounding community prevalence.

Local elected members and MPs were briefed through the outbreak.

Several sub-groups of the IMT were established to support this large outbreak including a communication cell which worked across the Council, Home Office, Serco and the community and voluntary organisations working in the centre to manage the media interest.

The outbreak resolved after several weeks of intensive partnership collaboration.

## 11.0 Potentially High-Risk Populations

11.1 COVID-19 has had a disproportionate impact across the population with some groups in high risk settings affected more than others. The Local Authority role to support and protect vulnerable local people including those in high risk settings from the impact of COVID.

11.2 The seven key high potential risk populations identified in this LOMP are:

- Healthcare Settings
- Workplaces and Public Places
- Education settings
- Social Care settings
- Justice settings
- Vulnerable and marginalised individuals and communities
- Non healthcare public sector workers, working with citizens at high risk of harbouring COVID

These are populations where there is a high risk of spread of the virus if not rapidly contained or if there is increased risk of death or serious illness in this population if outbreaks are not effectively managed. As part of the implementation of this plan we aim to have clear and consistent approaches to reducing the risk of COVID in these populations.

11.3 **Healthcare Settings**

Healthcare settings remain a setting where there is high active transmission of COVID-19 both between staff, between staff and patients and between patients. The effect of the vaccine roll-out programme will be to reduce the risk of staff and certain patient groups from developing a serious COVID infection and probably reduce the risk of transmission. Nonetheless, the focus of our LOMP will be to continue to support the NHS to ensure staff and patient avoid becoming complacent and continue to take up the vaccine and take appropriate infection prevention and control precautions.

These settings are managed through joint working with the NHS Directors of Infection Control and Prevention who meet on a regular basis BCC's Public Health team. The Test and Trace Business Unit will continue to support the management of outbreaks in NHS settings by supporting NHS Midlands and the relevant Clinical Commissioning Group who lead on the management of these outbreaks.

Due to the large number of NHS trusts in the city there is some sharing of this responsibility with neighbouring public health teams:

- Birmingham has the lead for liaison for Birmingham and Solihull Mental Health Trust, Birmingham Community Healthcare Trust, the Royal National Orthopaedic Hospital, Birmingham Women and

Children's Hospitals Trust and Birmingham and Solihull Clinical Commissioning Group.

- Solihull has the lead for supporting University Hospitals Birmingham Foundation Trust.
- Sandwell has the lead for supporting Sandwell and West Birmingham Hospitals Trust and Sandwell and West Birmingham Clinical Commissioning Group.

## 11.4 Workplaces

Although people have been asked to work from home where possible there are still many who need to attend their workplace which puts them at higher risk of contracting COVID.

Birmingham has a higher proportion than the regional and national average of jobs in health and social care sector and education that are less able to work remotely.

| *Employee jobs by industry* | *Number of jobs in Birmingham* | *% of total jobs* | | |
|---|---|---|---|---|
| | | *Birmingham* | *West Midlands* | *UK* |
| Construction | 18,000 | 3.5 | 4.5 | 4.9 |
| Retail & Motor Repairs | 72,000 | 14.0 | 16.1 | 15.0 |
| Hospitality | 37,000 | 7.2 | 7.4 | 7.7 |
| Education | 53,000 | 10.3 | 8.9 | 8.7 |
| Health & Social care | 81,000 | 15.7 | 13.4 | 13.1 |
| Arts, Entertainment & Recreation | 10,000 | 1.9 | 2.3 | 2.5 |

Source: ONS Business Register and Employment Survey 2019

We aim to mitigate some of these risks through targeted engagement with employments to ensure these sectors are providing Covid safe workplaces through the engage, explain, encourage and enforce approach.

In 2021 all workplaces are being supported locally and nationally to develop onsite COVID testing to ensure regular testing to detect those with COVID who are asymptomatic. We are supporting this through free face to face training programme for testing site managers and delivery staff. The Council has also written to businesses in the city to reinforce Covid safe practice and promote testing uptake.

BCC is working with the Greater Birmingham Chamber of Commerce and the Business Improvement Districts to increase employers understanding of COVID safety and the steps to take when there is an outbreak. There has been a specific strand of work with the Asian Chamber of Commerce to support engagement and advice in Asian languages.

BCC's enforcement and environmental standards team support active education and engagement with workplaces through the Covid

Marshalls programme and existing relationships. In addition, there is an established confidential whistleblowing portal to help concerned individuals raise awareness of issues.

BCC continues to work with the Regional Health and Safety Executive officers to follow up on poor practice and COVID safety concerns.

### 11.5 Education Settings

One of the biggest challenges with managing this pandemic has been striking the right balance between the societal benefits of having schools and universities open and the healthcare risks associated with having pupils and students in proximity with each other and their teachers or lecturers. The recent reopening of schools and universities has increased the risk of further spread of COVID -19. This will continue to be mitigated through the following:

- Regular meetings with key stakeholders in schools and universities to update them on the current COVID-19 epidemiology. We use these meetings to understand their concerns and risks with a view to addressing the former and putting in place plans to mitigate the latter
- Weekly risk assessments, incident management team meetings and the application of standard operating procedures and checklists for managing outbreaks
- Regular webinars with the schools and universities to ensure they are kept up to date regarding the latest developments and support question and answer sessions
- Supporting both on-site, community and home lateral flow testing as well as regular meetings with local educational institutions to help them to put in place appropriate processes to identify and respond to both symptomatic and asymptomatic cases.

### 11.6 Social Care Settings

There are several different types of social care settings where COVID presents a high risk, this is both because of the nature of close contact personal care being provided and potential high density of elderly and disabled individuals who may be at higher risk of death or hospitalisation due to Covid-19.

The settings can be classified into groupings of Nursing residential care, Social care residential care, Domiciliary social care provided into someone's own home (funded by the individual or via the Council). One of the largest volumes of outbreaks throughout the first two waves of the pandemic has been in adult social care settings and the residents have experienced a disproportionately high level of death. We expect that this impact will reduce as vaccination coverage improves in both staff and residents of care settings. However, this is only part of the solution and we must maintain a strong focus on infection prevention and control in social care.

To support the response in these adult settings and reflect the different infection control responsibilities in different types of social care settings we will continue to have interagency care homes group meetings on a regular basis to support outbreak response, plan infection control support and enable an interagency approach to these settings. These meetings are underpinned by a standardised operating procedure for the response to care home cases and clusters. This includes a proactive response to single cases to try to prevent further spread.

There are separate existing responsibilities for infection control advice for Care Homes covered under the Health and Social Care Act. Infection control for outbreaks within NHS settings falls under the responsibility of the NHS infection control leadership. As part of the local Covid testing support team there is a provision for additional specialist infection control advice for non-CQC regulated providers.

Joint working with Adult Social Care has resulted in further support for care homes including the development of an infection prevention and control team who can provide hands-on support and advice to homes experiencing challenges in preventing the spread of Covid.

In addition to adult social care settings there are a number of children's social care settings that present additional risk in terms of transmission of Covid 19 and the subsequent impact on wellbeing of vulnerable residents. This includes residential homes, short break facilities and contact centres. Weekly meetings with Birmingham Children's Trust will continue to review these situations and any additional measures that are needed.

### 11.7 Justice Settings

Justice settings are typically environments in which individuals are in close proximity with each other and there is an element of mobility and change with those who are based within these settings both of which create a potential high risk for transmission and outbreaks occurring.

Through the first two waves of the pandemic we have seen clusters and outbreaks of Covid-19 within justice settings and worked as a partnership to respond to this. We will continue to support our partners in all justice settings to prevent and manage COVID outbreaks including HMP Winson Green, custody suites and police stations.

This work will continue to involve working closely with the lead agency for the management of justice setting outbreaks which is West Midlands Public Health England. They are responsible for informing the Council of any clusters in justice settings within the geography of the authority.

In addition, NHS Midlands is responsible for the commissioning of health services within justice settings and this includes responsibility for COVID testing and awareness in these settings.

When outbreaks occur in these settings then PHE will continue to convene a multi-agency incident management team to respond to the outbreak and support the justice system to contain the spread of the virus in the setting.

## 11.8 Vulnerable and Marginalised Communities

Marginalised groups refers to those people within a given culture, context and history at risk of being subjected to multiple discrimination due to the interplay of different personal characteristics or grounds, such as sex, gender, age, ethnicity, religion or belief, health status, disability, sexual orientation, gender identity, education or income, or living in various geographic localities.

In the first wave we commissioned a series of community engagement partners to support us with deeper engagement with many of these communities of identity. These partners have helped us to develop better communication approaches including more accessible resources, they have also helped facilitate workshops and webinars with translation to ensure these communities have direct opportunities to ask public health specialists their questions.

The vulnerable groups includes those who are clinically vulnerable (aged 70 or older, people with liver disease, people with diabetes and pregnant women) and non-clinically vulnerable due to factors such as risk of domestic violence, children with special education needs and those who are homeless/rough sleepers.

BCC has commissioned specific community engagement partner organisations to work with some of the groups including people with specific long-term conditions and people with learning difficulties. There is also close working with special schools to support children with special education needs and we are piloting a new model of Covid champions with homeless sector and substance misuse partner organisations.

Through the pandemic there has been close working with the local homeless and domestic violence sector to collaborate to reduce the risk of transmission as well as deliver the Everybody In national initiative.

BCC will continue to work with the Department of Health and Social Care to develop pilots to enable more access to testing in non-clinically vulnerable groups as well as supporting the NHS to promote and facilitate vaccination in these groups amongst those that are eligible. There is a pilot of ‘home LFD rapid testing’ for homeless individuals starting in spring 2021.

BCC will continue to work in partnership with PHE with a view to leveraging its local networks and COVID champions to reach out to and support marginalised communities and vulnerable individuals. This will continue to include quick, responsive and comprehensive reactions and support to cases and outbreaks as well as introducing

proactive targeted strategies to reduce risk and increase testing and vaccination rates.

### 11.9 Non-Healthcare Public Sector Frontline Workers

Although frontline healthcare workers, understandably receive the lion's share of plaudits for their work in managing this pandemic there are other groups which need to be supported and protected.

This includes workers such as environmental health officers who go to house with suspected or known cases of active COVID-19 infection with a view to ensuring compliance and completing contact tracking through to social workers who undertake home visits to assess children and family's needs.

As a Council we have worked closely with health and safety officers and trade unions to regularly update risk assessments to reduce the risk of these face to face interactions.

Through our enhanced contact tracing of workplace outbreaks, we continue to be alert to cases linked to this type of front-line engagement in the public sector.

## 12.0 Communications and Engagement

12.1 We developed a local COVID-19 Communication and Engagement Plan (Annex E) to support our communities to control the spread of COVID-19 infections using timely communication via appropriate channels and increasing engagement across various community groups to protect individuals, their communities and the city. This is delivered through a dedicated Covid-19 communication and engagement team within the Test & Trace business unit. Our approach is place-based, based on guidance and examples of good practice from national and regional systems and embedded into our existing local plans and structures.

This approach builds on the existing engagement and communication approach during the COVID-19 pandemic working across the city with communities of geography and identity using various methods of communication both directly and through partners to spread messages and increase engagement.

This plan is primarily for Test and Trace communications and engagement as part of the wider communications workstream by Public Health and the Corporate Communications Teams. Any outbreak response communications will be managed through a separate plan.

12.2 *Aims and objectives for the COVID-19 Test and Trace Communication and Engagement Plan*

Our overarching aim is to promote awareness and understanding of COVID-19 and uptake of effective risk reduction measures to minimise transmission and the wider impact of COVID-19.

We are refreshing this plan to achieve the following key objectives:

- Support understanding and awareness of guidance and control measures
- Enable partnership working to deliver the local plan
- Establish appropriate and effective channels for delivery of the plan
- Assess impact and reflect the evolving evidence base on behavioural insight

12.3 *Our approach to communication and engagement*

We are working across the system in partnership with our local communities and partners to ensure that our messages are well aligned and accessible using various channels and adapting to the wide range of audiences and the need. We are reinforcing the national messages and tailoring them to the local need across the various groups. We have engaged nearly 800 COVID-19

Champions and enhanced our interactions using various channels targeted across the groups with the nine protected characteristics.

### 12.3 Methods of Engagement

The reality of the COVID-19 situation and the ongoing restrictions to minimise the risk of spreading infection, limits the potential for physical or face-to-face engagement and has led to more use of digital channels and innovation across the range of activities delivered. However, we are conscious of the risk of digital exclusion further increasing the inequalities from the outbreak. Hence, methods of communication and engagement we plan to use include and are not limited to examples below using written and verbal content tailored to the need across our communities:

- **Physical engagement**
  - Working through front line staff who are engaging face to face to share information and raise awareness.
  - Engagement through existing community networks e.g. support groups and 18 newly commissioned community partners.

- **Virtual engagement**
  - Digital including social media
  - Radio promotion (including promotion for those first language is not English)
  - Teleconferences and telephone-based engagement
  - Engagement through existing community networks e.g. WhatsApp groups, and 18 newly commissioned community partners.

12.4 *Core Engagement Threads of Action*

To deliver this plan we have set out a series of core threads of activity across various strands within our communities which will be expanded in more detail through a detailed action plan.

These strands cover communication to communities across place, identity, interest, elected members and other stakeholders.


We also have an established surge/outbreak coms and engagement approach building on the learning from Op. Eagle Birmingham One.

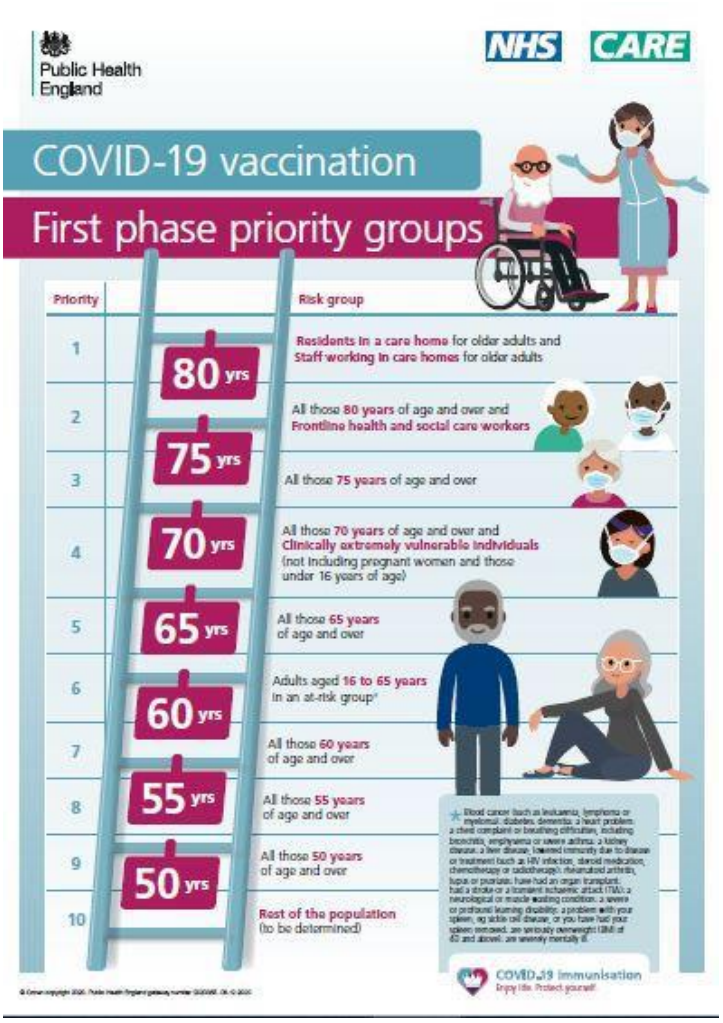
12.5 *Threads of Activity to Date*

Since the onset of the pandemic, we have provided a range of activities using the methods of engagement listed above and these activities are summarised in this section and will cover the key elements for consideration as part of delivering our plan effectively. These key elements are; 'who' our audience is, 'when' we deliver a message, 'what' our message is about, 'where' we deliver i.e. channels and 'who' will deliver the messages. We have also integrated 'what' our desired impact is as part of the evaluation of each activity.

12.6 *Supporting Vaccine uptake*

We are working with local partners such as the NHS to increase the capacity and capability for effective communication and engagement across our communities about COVID-19 and the vaccination programme. We have jointly delivered a series of city vaccine conversations, vaccine understanding training for Covid champions and targeted engagement sessions with different communities. This focuses on increasing vaccine understanding in communities where uptake has been poor.

## 13.0 Vaccination




13.1 The COVID-19 Vaccination Programme is proceeding at pace. BCC , working with local NHS colleagues, will continue to play a key role in supporting this, as set out in the UK COVID-19 vaccine delivery plan and we are supporting the role out to our local population in line with the Joint Vaccination Committee and Immunisation JVCI) prioritisation groups

The approach set out in the plan is underpinned by four enablers at national, regional and local level with Local Authorities playing a crucial role. These are:

- working in partnership
- removing barriers to access
- data and information
- conversations and engagement.

13.2 Local Directors of Public Health are crucial to the national vaccination effort. BCC Director of Public Health has a statutory responsibility to advocate for and act on reducing health inequalities and ensuring as many people as possible take up the offer of a vaccine and combating vaccine hesitancy in under-served groups. We are working with both local CCGs to monitor data on uptake of vaccine and there is a joint Covid Vaccine Inequalities Board with Solihull, Birmingham and West Birmingham NHS place leads and the Vaccine delivery programme leads.

13.3 The following activities are being undertaken in 2021 to increase vaccine uptake across all groups:

- The Board will publish on a regular basis in partnership with the local NHS the vaccination uptake data priority groups, broken down by ward, ethnicity, deprivation and gender.
- Development with the NHS of a vaccination uptake inequalities plan.
- Peer support groups and Covid champions have been established.
- More targeted communications on the benefits of vaccination have been developed working jointly with the NHS.
- The BCC Board and its partners are proactively supporting the NHS communication and engagement efforts to increase vaccine understanding and promote uptake.

## 14.0 Evaluation and Monitoring

14.1 As we move into a new phase of the response to COVID and having established a monitoring process of local hub activities, there are a set of key indicators that we hope to use to track the impact of our approach, these include:

- Case rates
- Covid related hospital admissions
- Covid deaths
- Covid testing rates for symptomatic and asymptomatic individuals
- Covid vaccine uptake
- Inequalities in case rates and vaccination update by geography, age, gender, ethnicity and deprivation
- Engagement activities and feedback

14.2 We report on these metrics publicly on a monthly basis through the Local Outbreak Engagement Board.

## 15.0 Resourcing

15.1 The Council is utilising the designated funding for Covid response to ensure there is appropriate capacity in place for the 2021/22 financial year.

The financial position on the Covid response is reported on a monthly basis to the Local Outbreak Engagement Board.

15.2 *Test and Trace Business Unit*

The Test and Trace business unit consists of 58 posts that were established as fixed term roles until July 2021 (Annex F). Over the early summer this capacity will be reviewed but the budget has been established to ensure that if required this capacity can be funded until March 2022.

Alongside the specialist staffing resource in the test and trace business unit there are a series of matrix roles supported in environmental health team, including the Covid marshals, and in the corporate communication team.

The Test and Trace Business Unit has a non-pay financial budget to cover communication and engagement activity and interventions to support a response to the impact of Covid on health and wellbeing. This has been modelled based on current spend and includes a contingency for additional spend on outbreak response engagement and communication activity.

15.3 *Asymptomatic Testing Resourcing*

Currently there is a separate funding stream to local authorities to support asymptomatic testing provision at a projected cost of £14 per test with a commitment that all reasonable costs will be covered until June 2021.

15.4 *Support for Isolation*

We have had a significant operation administering the government isolation payment scheme and business support grants. This resource is being reviewed while we await clarity on the future of these funding provisions.

15.5 *Additional Capacity*

We have resourced additional capacity within Environmental Health and Corporate Communications teams to support the Covid response and this is being factored into the budget for 2021/22 to continue this enhanced support.

## 16.0 Enforcement and Compliance

16.1 We recognise that compliance with guidance and regulations regarding the COVID pandemic have generally been excellent throughout Birmingham. Nonetheless, in certain cases where key individuals cannot be contacted or refuse to cooperate or where certain settings are at continued high risk of COVID transmission, a visit from Environmental Health Officers is often deemed necessary.

16.2 In general, leveraging enforcement powers is tactic of last resort. The primary approach is based on educating and engaging citizens, communities and organisations with a view to work with us effectively and quickly to contain local cases and outbreaks.

16.3 BCC's environmental health team have been instrumental in preventing the impact of the pandemic. In addition to being acutely responsive to any acute response they have been and will continue to be at the forefront of any enforcement requirement where a business is not complying with the national directive

16.4 The key role of the environmental health team in the management of this outbreak has been crucial. One of the key focus areas for 2021 will be their role in liaising with the national imperative to ensure employers are mandating that their employees are working from home unless there is an imperative need to do so from the office

16.5 Annex G sets out the detail of powers of enforcement under current legislation. These fall into the following main categories:

- Enforcement of isolation – to prevent spread of disease.
- Enforcement of dispersal – to disband mass gatherings.
- Enforcement of closure – to enable closure of a space or setting to prevent spread of disease.
- Enforcement of social distancing & preventative measures – to prevent spread of disease through preventative action. This is currently under the Covid legislation through the police and through Health and Safety regulations under Health and Safety legislation.

16.6 We do not currently have legislative powers to enforce geographic lockdowns or restrictions on travel at a sub-national level.

16.7 There is a monthly report on enforcement from the BCC Enforcement team and West Midlands Police at the Local Outbreak Engagement Board.

**Case Study: Supermarket Engagement and Enforcement Activity**

Between 9-19th February there was a specific intervention to improve compliance with national guidelines in supermarket settings following repeated flagging of these settings in PHE's common exposure reports.

A total of 208 supermarkets were visited by enforcement officers during the intervention period and a risk-based approach was used prioritised in the 15 wards with the highest case rates and the majority of major supermarket sites and independent supermarkets visited.

The second week of the initiative focused on the remaining wards and urgent revisits to sites where concerns were highlighted in the first week of visits.

Supermarkets were rated using a traffic light system.

Green – most or all controls in place

Amber – some controls in place

Red – little or no controls in place

Reception by Primary Authorities and Area Managers was positive, and all welcomed the feedback and were keen to rectify any issues identified.

Of the 208 supermarkets visited 17 were rated as Amber or Red and officers worked with premises to put in place rapid recovery plans.

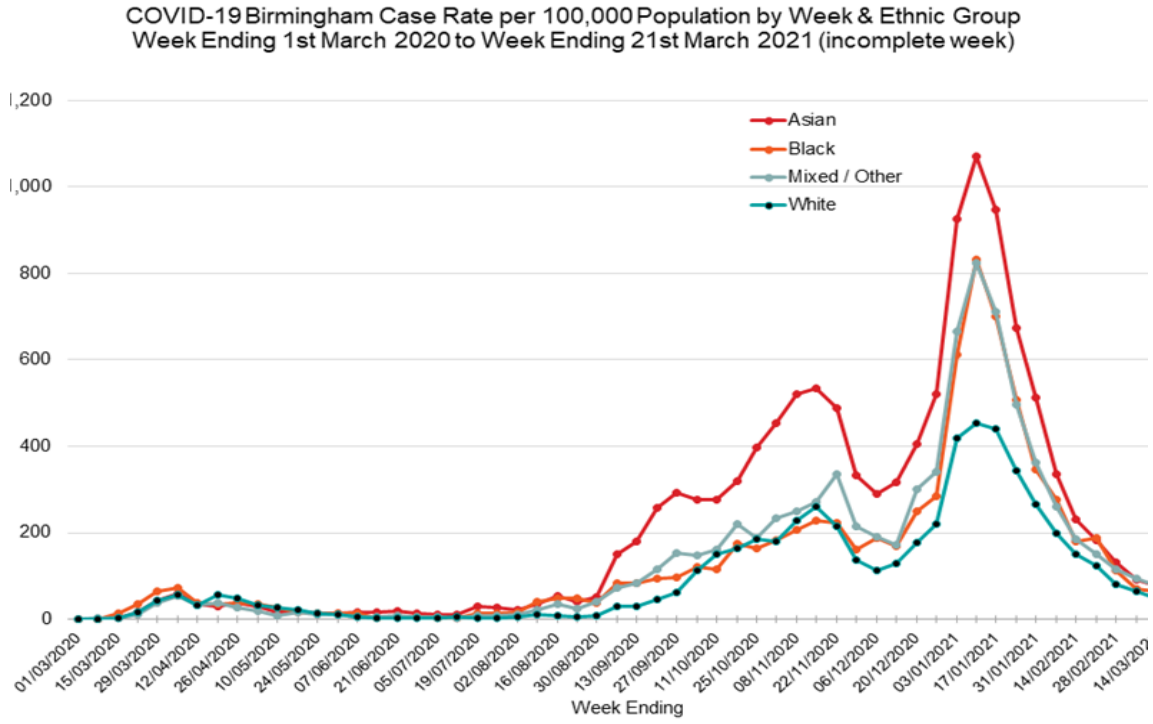
The most common issues identified were incorrect cleaning chemicals being available and allowing multiple households to shop together inappropriately.

## 17.0 Covid and Inequalities

17.1 More deprived communities tend to suffer the most in pandemics for the following reasons as they are:

- More likely to live in smaller and/or crowded accommodation and neighbourhoods thus increasing the risk of spread
- More likely to work in frontline employment such as retail, transport or healthcare which exposes them to more potential cases
- Less likely to be able to afford hand sanitisers, face masks and/or visors Less likely to come forward for testing and/or declare a positive test in case it affects their employment opportunities
- More likely to have greater health issues such as obesity and diabetes This is compounded by poor access to the best healthcare services if they become ill.
- More likely to be poorly educated as English is not their first language.

17.2 In Birmingham we have seen many of these inequalities come to pass in local communities with case rates remaining enduringly high in some communities including more deprived parts of the city, Asian communities and in working age adults, as demonstrated in the following graph:



17.3 Throughout the pandemic we have focused through the communication and engagement plan on engaging the high-risk potential communities to try and mitigate some of these inequalities.

17.4 During the first wave of the pandemic we conducted the Covid Impact Survey which captured the health and wellbeing impact of just over 3,000 citizens. The survey highlighted increased rates of inactivity, worse mental wellbeing, particularly loneliness and anxiety, evidence of worse nutrition and food insecurity and financial insecurity.

Throughout the survey there was evidence of inequalities in these negative outcomes linked to age, gender and ethnicity. In general, worse indicators were linked to female gender, middle age (40-59yrs) and in people from ethnic communities.

We are repeating the survey in Spring 2021 as a comparison.

17.5 As a result of the survey we developed the BHealthy Campaign over summer 2020 which provided a simple checklist tool to promote healthy behaviours which was translated into over 20 different languages. The campaign was supported by a webinar training series to support community organisations and partners to use the tool with citizens and increase the health literacy in these communities.

17.6 Moving forward BCC will continue to reduce the impact of the pandemic on the marginalised local community through the following measures:

- Targeted campaigns aimed at those in these communities with a view to improving compliance with isolation, infection prevention and control, testing and vaccinations
- Providing educational material in a variety of formats (paper and digital) and in a variety of languages
- Improving awareness of the financial support available to those with COVID.
- Targeted surge testing in areas with low testing uptake and high incidence through door-to-door drop and return services and improved availability of mobile testing units and collect & return sites.

## 18.0 Conclusion

18.1 It is imperative that our local community remains safe. This priority must be balanced against the need to restore the local economy and support the health and wellbeing of our residents. The protracted period of restrictions and lockdown has had a widespread effect on our communities and has contributed to worker fatigue, frustration and in some cases a profound impact on the psychological wellbeing of individuals across our communities.

18.2 In BCC, the plan for 2021 will be to respond to the easing of restrictions with the following elements:

- Enhanced surveillance to monitor for peaks in incidence and detailed genotyping looking for VOCs
- A larger local health protection team which is focussed on managing and responding to both COVID and non-COVID cases, risks and demands.
- Contingency funding and a mobile adaptable COVID response team that could be increased and deployed at short notice should the need arise
- Local targeted support to our communities with suitable advice and welfare packages to address the inequalities from the pandemic.

18.3 There is a definite cause for optimism with reducing incidence, morbidity and mortality and increasing uptake of vaccines. We will continue to strengthen and maximise our partnerships with local, regional and national partners to identify and mitigate against the risks from the long-term impact of COVID-19. These include health impacts such as long COVID Syndrome and social and economic impacts.

18.4 We have seen a huge impact from the first year of the pandemic and we are pragmatic in our shared understanding that there is still a significant journey ahead before the risk of Covid-19 become less of a threat to the city. We know that much of what we have achieved to date has been through strong partnership working at every level of the city and the wider region and we are committed to build on this moving forward towards a better future for citizens.

## 21.0 Table of Annexes

| Annex | Title |
|---|---|
| A | Warwickshire and West Midlands Conurbation Recovery Road Map documents |
| B | MOU between PHE WM and BCC<br>SOP – PHE-LA Joint Management of Covid-19 Outbreaks in the West Midlands |
| C | Governance roles and responsibilities |
| D | Birmingham Covid-19 Surge Capacity |
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| F | Test and Trace Team Structure |
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