

## Appendix D. Public Health Skills Surge Response

*1<sup>st</sup> April, 2021*

### **Introduction**

Although the incidence of COVID-19 continues to decrease in Birmingham, the easing of restrictions locally, the risks associated with variants of concern (VOC) and 3<sup>rd</sup> waves internationally means it is important that we have resilience and contingency within BCC public health specialist capacity to respond quickly to such eventualities.

### **COVID public health response surge**

Within BCC, there are 60 staff within our Test and Trace Team focussed on the prevention and management of COVID. This staff is supported by a wide range of divisions and departments with the council, including Corporate Communications and Environmental Health (see Appendix H).

The following describes a series of future scenarios and how BCC would respond to these in terms of standing up additional PH specialist capacity.

#### *Scenario 1: Continuing downward trend*

If the current incidence trends continue the plan is to gradually reduce the dedicated staffing within the Test and Trace team to a smaller core team that can provide a 7 day a week duty response to outbreaks, manage regular data analysis and support the reduced governance meeting frequency.

We are working through the exact structure and capacity between March and June 2021 so that new contracts can be in place for July 2021 with the new structure extending until March 2022 and a business case being put forward for funding to support a further extension to July 2022 to support the health protection response to the Commonwealth Games. In addition, we are working with WM PHE to develop a rolling training programme to maintain skills and competency for the core team.

This reduction is supported by a programme of monthly training for the wider public health division to ensure that should surge be required that all PH staff can step into response roles (see Appendix H).

Note: This approach is based on no significant shift in responsibility from national systems to local ones without additional resource and trained staff transfer and an agreed lead in time frame for transition.

#### *Scenario 2: Surge Capacity to multiple outbreak situations*

In such a scenario there would be a rapid increase in the number of outbreak situations which would not be accommodated within the capacity of the current T&T team. We estimate this threshold based on the current team is over 100 situations a week, however this threshold will be revised once the post July structure is agreed.

The first stage of surge capacity is to reallocate the 4 graduate interns into T&T response support as this worked well in Wave 1 and was well received by the graduates.

The second stage of surge capacity is to supplement the response through the transfer of the Public Health Protection and Environmental Public Health team capacity and Assistant Director into the T&T response function for 4 weeks to supplement the local response.

This expands the core specialist function by c. 10 WTE and 1 additional consultant in public health which should be adequate for any short-term surge in demand while assessment is made of whether this reflects a rising tide.

*Scenario 3: Rising tide trend*

If there is a sustained upward trend in cases combined with multiple small-scale outbreaks BCC is likely to require additional capacity within the response team.

The initial specialist surge response will be through the Health Protection and Environmental Public Health team (10 WTE PH roles & 1 WTE CPHM). If further support is needed then the Older Adults Team (3 WTE PH roles), the People Team (4 WTE PH roles) will transfer into the T&T response function and the remaining 4 WTE CPHM will join the duty rota for IMT/Outbreak response support. In addition, the local zero response would cease to free up local capacity for contact tracing

*Scenario 4: Wave 3 escalation*

If there is sustained national and regional upward trend in cases and clear indications of a third wave then the PH division will pivot into emergency response model with business-as-usual teams returning to their Wave 1 cell allocations to supplement the T&T business unit structure. This will bring all 127 WTE in the PH division into the response function including all 6 PH consultants (including the DPH) to supplement the core PH consultant function in T&T.