

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 29 JUNE 2022 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **WELCOME AND INTRODUCTIONS**

2 **NOTICE OF RECORDING/WEBCAST**

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

3 **APOLOGIES**

To receive any apologies.

4 **DECLARATIONS OF INTERESTS**

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

3 - 10

5 **MINUTES**

To confirm and sign the Minutes of the meeting held on 27 April 2022.

11 - 58

6 **COVID-19 SITUATION AND VACCINATION UPDATE**

Dr Justin Varney, Director of Public Health will present the item.

- 59 - 72**
- 7 **COMMUNICATIONS AND ENGAGEMENT FORWARD PLAN**
- Nadeem Mahammed, Service Lead (Test & Trace – Communication and Engagement Team) will present this item.
- 73 - 74**
- 8 **COMMONWEALTH GAMES UPDATE**
- Dr Mary Orhewere, Assistant Director, Environmental Public Health will present the item.
- 75 - 76**
- 9 **LOCAL COVID OUTBREAK ENGAGEMENT BOARD FUTURE**
- Dr Justin Varney, Director of Public Health will present the item.
- 10 **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**
- The Chairman of the LCOEB, Councillor Ian Ward, Leader of Birmingham City Council will lead the item.
- 77 - 82**
- 11 **TEST AND TRACE BUDGET OVERVIEW**
- Dr Justin Varney, Director of Public Health will present the item.
- 12 **OTHER URGENT BUSINESS**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

BIRMINGHAM CITY COUNCIL

<p>LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 27 APRIL 2022</p>
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**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 27 APRIL 2022 AT
1400 HOURS ON-LINE**

PRESENT: -

Andy Cave, Chief Executive, Healthwatch Birmingham
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

ALSO PRESENT:-

Damilola Akinsulire, Consultant in Public Health
Dr Toyin Amusan, Consultant in Public Health
Ayan Mohamoud
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team
Dr Mary Orhewere, Assistant Director, Environmental Public Health
Simon Robinson, Senior Officer, Test and Trace Team, Public Health
Emily Stuart
Dave Taylor
Superintendent David Twyford, West Midlands Police
Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

304 The Chair advised, and the Committee noted, that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 305 Apologies for absences were submitted on behalf of, Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care Richard Burden, Chair, Healthwatch Birmingham Councillor Brigid Jones, Deputy Leader, Birmingham City Council Councillor Paulette Hamilton, MP, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB, Chief Superintendent Mat Shaer (but Superintendent David Twyford as substitute) and Dr Justin Varney, Director of Public Health
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DECLARATIONS OF INTERESTS

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

- 307 **RESOLVED:-**

The Minutes of the meeting held on 23 February 2022, having been previously circulated, were confirmed by the Chair.

Councillor Tilsley referred to page 5 of the Minutes bullet point 5 “we still had insufficient data on death but what we were seeing so far was that it was a similar high level of protection against death” and stated that when we had the mortality figures before and we compared them to other core cities, and that he had a feeling that our figures were disproportionately high. Councillor Tilsley added that he would be grateful if Dr Varney (when he is looking at the figures for the next meeting) could bring a report that would enable us to compare and contrast as he thought that this was important.

The Chair requested that this request be passed to Dr Varney and for this to be included on the Agenda for the next meeting concerning the death statistics and how they compared with other comparable local authorities and core cities.

Councillor Tilsley stated that he had compared the figure to Leeds which was our nearest comparator as far as population was concerned and he had the impression that our mortality rates were about a third higher than Leeds which was concerning.

COVID-19 SITUATION AND VACCINATION UPDATE

308

Dr Toyin Amusan, Consultant in Public Health presented the item and drew the attention of the Board to the information contained in the slide presentation highlighting the main points.

(See document No. 1)

The Chair referred to the figures from the slide presentation concerning vaccination in Birmingham compared with England and stated that we were way behind the rates for England in terms of the first, second and indeed the booster vaccine. The Chair enquired whether the underlying reason for this was still a reluctance amongst some ethnic minority communities to come forward for vaccination.

Dr Amusan confirmed that that was the case and that it might even be because people now believed that Covid was a thing of the past because of the Government's plans and statements. Public Health was still working to try and engage members of the public, but it did not appear to be getting easier and was a reluctance. The NHS and the Covid Communications and Engagement Team was working flat out trying different methods to encourage Birmingham citizens to come forward.

The Chair commented that it seemed to him that the UKHSA (it was all well and good giving out these messages that were included in the slides) but telling people to get vaccinated if they were not coming forward to get vaccinated was not much use. The Chair added that he thought that UKHSA might want to think a bit more innovatively about what they were doing. Similarly, telling people who got tested to stay at home if they had symptoms was not much use if in actual fact, they were in the real-world people were not getting tested as they now had to pay for the testing kits. UKHSA needed to rethink their messaging as it appeared that their messaging at present was falling on deaf ears and whether this could be fed back to UKHSA.

In relation to death and the increase in the older age groups as the vaccines begin to wane the longer it was since they had their booster vaccine. It was good news that those aged 75 and over and most vulnerable were to be offered a further booster in the spring which was imminently presumably. Looking further forward when we reached the autumn of this year when we started going into the winter whether there was any intention at present to give a further booster dose to the over 50's if that was appropriate where death increased the longer you received your booster dose. The Chair enquired whether there were any plans along those lines at the moment.

Damilola Akinsulire, Consultant in Public Health stated that in relation to vaccine hesitancy, Public Health had conducted a survey in Birmingham to understand why people were not interested in taking the vaccine and four things stood out:

- They did not trust the system
- They had concerns about the side effects of the vaccine
- They wanted something that was convenient – i.e. for the vaccine to be brought to them.

Local Covid Outbreak Engagement Board – 27 April 2022

- Another thing was poor risk perception – people did not understand that Covid posed a great risk to them. They did not understand how it affected their immunity, their kidneys etc.

In Public Health there was a difference about giving information and persuading people to change their behaviour and this was what Communications and Engagement Team was working on. We were working closely with colleagues to get those vaccines to the local businesses who we identified and were also working closely with BSoI colleagues on how we could arrange vaccine vans to deliver those vaccines. We were also planning for a hypo-local vaccine event and had identified Wards with low vaccine uptake and will be taking those vaccines to them. We were doing a lot of engagement persuading people.

The Chair commented that Damilola Akinsulire's statements underlined what he had stated earlier that UKHSA simply telling people to get vaccinated, if they were not getting vaccinated was never going to work. It was this persuasion and giving people more information about the risks they were running by not getting vaccinated. The Chair added that he thought that UKHSA needed to think again about what they were doing and to consider that the messaging they were putting out was in his view not effective.

Dr Amusan stated that she believed that there will be further boosters coming and that there had also been talks of possibly combining the flu vaccine with the Covid vaccine, but there will be more clarity on this as the year goes on.

The Chair enquired about the further variant that had emerged on the 19th January and whether there was any indication of when there will be enough data from experts in this field to conclude whether this variant was indeed more lethal than the current prevalent variant. Dr Amusan stated that it was a variant of variants in that it was still Omicron, but since it was first seen in January about 1,125 cases had been found. Work was still ongoing to see whether it was still more transmissible or more dangerous than the previous variant, but the way things were currently and the number of cases, the trend in cases was a decline, but she could not say for sure that it was more lethal, but probably just as lethal as the previous strains. Work was still ongoing to ascertain whether it was more transmissible.

The Chair reiterated that the Local Covid Outbreak Engagement Board meetings were now every two months and if a variant did emerge that was going to prove problematic, we will of course convene a meeting of this Board to discuss that particular situation.

The Board noted the presentation.

LIVING WITH COVID STRATEGY

309 The Chair advised that this item would be deferred to the next meeting in June.

COMMUNICATIONS AND ENGAGEMENT FORWARD PLAN

310 Damilola Akinsulire, Consultant in Public Health and Dr Justin Varney, Director of Public Health presented the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 4)

The Chair commented that it was interesting to see all the local effort that was put in to better explain to people the need particularly to get vaccinated and all the additional data around risks that people took if they were not vaccinated and engaged in other unhealthy activity.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that a lot of the report was focussed on vaccination and healthy lifestyles, but one of the things that was noticed with voluntary sector organisations and to a certain extent private businesses was that there was very variable adaptations to social distancing measures Covid restrictions. One of the things that was clear was that businesses were not clear about where they were supposed to be in relation to those things. Mr Raybould enquired whether there could be some focus on either pushing people to open up a bit more quickly so that it did not function as a drag or around getting people to be compliant with the public health messages. It seemed that that space had gone quiet and there was not as much steer as to that.

Damilola Akinsulire stated that when she started the presentation, she had stated that we were continuing to promote these messages. The media channels and the meetings we were having with stakeholders we were emphasising the need for them to adhere to those measures especially the five key measures – using face coverings in crowded areas, handwashing respiratory hygiene etc was all part of the work we were still doing.

Mr Raybould enquired whether the general message was about unless they were in a high-risk setting, they should not necessarily be functioning in advance of those recommendations as some organisations which did not let people in the same room and were still following strict rules/guidelines for which there were no legal requirement. It was just about us getting clear with them that there was no longer a requirement for this anymore.

Damilola Akinsulire stated that even though there was no legal requirements, we tell people that Covid-19 was a respiratory infection. Imagine you were in a poorly ventilated room and you sneezed, and someone then comes into the room they will inhale the aerosols. There was no legal requirements, but we tell people that they needed to know how people got the infection and they made an informed decision based on that information.

The Board noted the presentation.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

- 311 The Chair advised that there were no public questions submitted for this meeting.
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TEST AND TRACE BUDGET OVERVIEW

Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team introduced the item and drew the attention of the Board to the information contained in the report.

(See document No. 6)

- 312 **RESOLVED:** -

That the Board noted the report.

OTHER URGENT BUSINESS

(a) Commonwealth Games

- 313 Dr Mary Orhewere, Assistant Director, Environmental Public Health presented the item and drew the attention of the Board to the information in the slide presentation.

(See document No. 6)

The Chair commented that it was good to hear that there was that focus on the residential population of Birmingham and indeed the Greater Region of Birmingham through this period. It was also fair to say that elsewhere in the world countries have not relaxed their regulations or guidance around the Covid pandemic in the same way as the UK has done. So, there has been some nervousness from visiting teams for the Games about the arrangements that will be in place here in Birmingham for those eleven days. It was good that we were able to give that reassurance to all of the visiting teams.

DATE AND TIME OF NEXT MEETING

- 314 It was noted that the next Local Covid Outbreak Engagement Board meeting will be held at 1400 hours on Wednesday 29 June 2022 as an online meeting.

The Chair advised that there were no private items for this meeting and that the private part of the agenda will not be needed.

The meeting ended at 1600 hours.

CHAIRMAN

Birmingham Local Outbreak Engagement Board COVID-19 Overview

Birmingham Public
Health Division
29/06/2022



010296/2022



Page 11 of 82

PROUD
HOST
CITY



Overview



**A BOLDER
HEALTHIER
BIRMINGHAM**



Page 12 of 82



Birmingham
City Council

Policy Update (1)

▪ Living with COVID

- No legal requirement to isolate, if test positive - adults should try to stay home for 5 days, students and those under 18 should try to stay home for 3 days.
- If in close contact with a positive person or stayed overnight in the same household, advice is to avoid infected person, high risk person, crowded places, wear a face mask and practice good hand hygiene.

▪ Testing

- No more free universal testing for the general public. Healthcare/social care staff, older age groups and those most vulnerable will still get free tests.
- Free testing is available for people with symptoms if they are patients in hospital or eligible for treatments as they are at higher risk of getting seriously ill from COVID-19.
- The government will retain the ability to ramp testing back up in the NHS and other settings if necessary.

Policy Update (2)

■ Vaccine

- Vaccines and treatments continue to form the "first line of defence".
- Care home residents, those over 75 or the most vulnerable are now being offered a spring COVID-19 booster.
- The Joint Committee on Vaccination and Immunisation has recommended an additional autumn booster for care home staff and residents, frontline health and social care workers, all those aged 65 and over, and those 16-64 years old in a clinical risk group.
- People aged 12 and over who had a severely weakened immune system at the time of their first two doses of COVID-19 vaccine are now being offered a:
 - Third primary dose
 - Booster dose
 - Spring dose

Figures from the GOV.UK website indicate that 68.6% of the Birmingham population aged 12 years and over have had their 1st vaccine dose, 63.2% their 2nd dose, and 42.0% their booster dose. This compares to 93.1%, 87.1% and 68.5% in England.

Key Message from UKHSA (1)

Living with COVID-19

“**Five things** you can do to help yourself and those around you:

- **Get vaccinated** to reduce risk of becoming seriously ill and to protect others.
- Wear a **face covering** in crowded and enclosed places.
- Let in **fresh air** when you meet others indoors, especially if they're at high risk from Covid-19.
- **Wash your hands** regularly for at least 20 seconds.
- **Stay at home** and get tested if you have symptoms.

Let's all keep **helping each other.**”

Key Message from UKHSA (2)

“Feel unwell or have a temperature, with COVID-19 or flu-like symptoms?”

Four things you can do:

- **Try to stay at home**, avoid contact with others.
- **Try to work from home** if you can.
- **Got a medical or dental appointment, or someone doing work at your home?** Let them know about your symptoms.
- **If you leave home, wear a face covering**, avoid crowded or enclosed places and stay away from those at high risk from COVID-19.”

COVID-19 in Birmingham: Current situation and 60-day trend

Coronavirus in Birmingham

Total deaths

(Data up to 24 Jun)

3,603

Latest daily figure

0

new deaths

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Total cases

(Data up to 24 Jun)

350,762

Latest daily figure

211

new cases

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Hospital admissions

(Data up to 27 Jun)

34,733

Latest daily figure

49

new admissions

60-day trend

(based on seven-day averages).



Source: NHS COVID-19 Situation Operational Dashboard

Over 60's cases

(Data up to 25 Jun)

41,478

Latest daily figure

35

60+ new cases

60-day trend

(based on seven-day averages).





Source: UKHSA



Cases & Vaccination Summary

Case rates to 23 June 2022:

- In the **28 days** up to 23 June, the case rate was **309.2/100k**, an **increase of 35%**  compared to 229.8/100k in the previous 28 days (29 April-26 May).
- In the **7 days** up to 23 June, the case rate was **123.9/100k**, an **increase of 45%**  compared to 85.2/100k in the previous 7 days (10-16 June).

Vaccination aged 12+ (as at 27 June)

- 1st Dose: 68.5%
- 2nd Dose: 64.0%
- Booster Dose: 43.3%

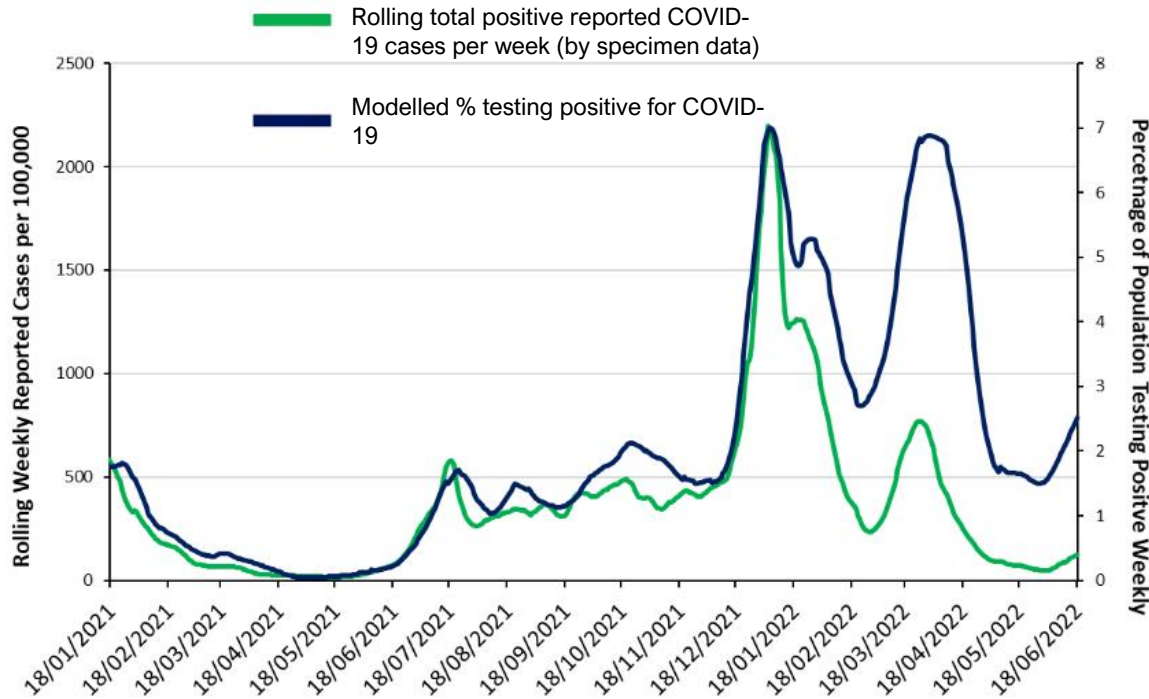
Please note: NHS Test & Trace COVID-19 Testing Dashboard has ceased reporting.

Sources: UK Health Security Agency; NHS National Immunisation Management System;

Page 18 of 82

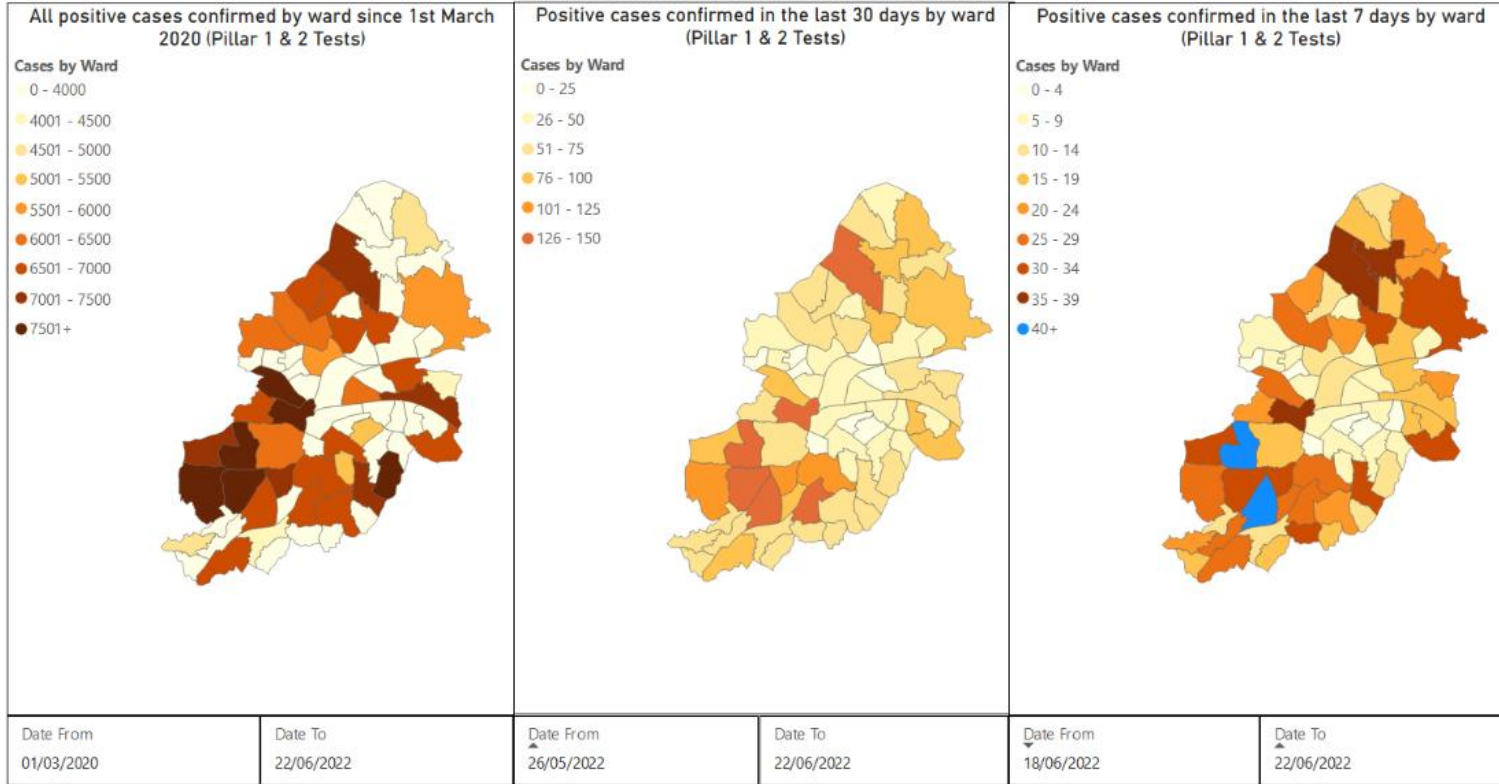
ONS COVID-19 Infection Survey 24 June 2022

West Midlands ONS Modelled Weekly Positivity Percentage and Rolling Weekly Reported Case Rate per 100,000



- The latest ONS Infection Survey published shows modelled cases in the West Midlands to be rising in the most recent weeks. This trend is reflected by a small increase in reported cases in the West Midlands.
- Up until the end of 2021, we have seen a strong correlation between ONS measured COVID-19 prevalence (*blue line*) and reported cases (*green line*). However, from mid-January 2022 this **correlation has been broken**, coinciding with a reduction in community testing and restrictions. This suggests that **COVID-19 cases could be far higher than those reported**.
- ONS estimates predict that in week ending 11 June, up to **29,654** cases could have occurred in **Birmingham**, compared to the 1,051 cases that were reported. This has increased compared to the previous weeks estimate of 23,951, and may suggest an increasing trend in cases.

Confirmed Cases by Ward for Pillar 1 and 2 Tests



Total

Last Month

Last Week

- There has been an increase of 45% in confirmed cases over the last two weeks.

Top Ten Case Rates by Ward

Ward	Previous month, 29 April to 26 May 2022		Current month, 27 May to 23 June 2022		Change between last two months	Absolute difference (comparing this month against last month)	
	Cases	Rate	Cases	Rate	%	Absolute difference	
Bournville & Cotteridge	73	461.9	131	730.8	58%	268.9	↑
Stirchley	38	444.3	68	679.7	53%	235.4	↑
Sutton Trinity	42	419.8	62	668.6	59%	248.8	↑
Northfield	43	367.0	67	661.8	80%	294.8	↑
Yardley East	39	420.6	62	605.1	44%	184.5	↑
Sutton Wylde Green	41	418.1	50	584.7	40%	166.6	↑
Brandwood & King's Heath	86	346.6	105	567.6	64%	221.0	↑
Sutton Reddicap	70	316.6	52	525.5	66%	208.9	↑
Sutton Roughley	35	341.4	60	520.3	52%	178.9	↑
Highter's Heath	27	263.5	55	502.5	91%	239.0	↑

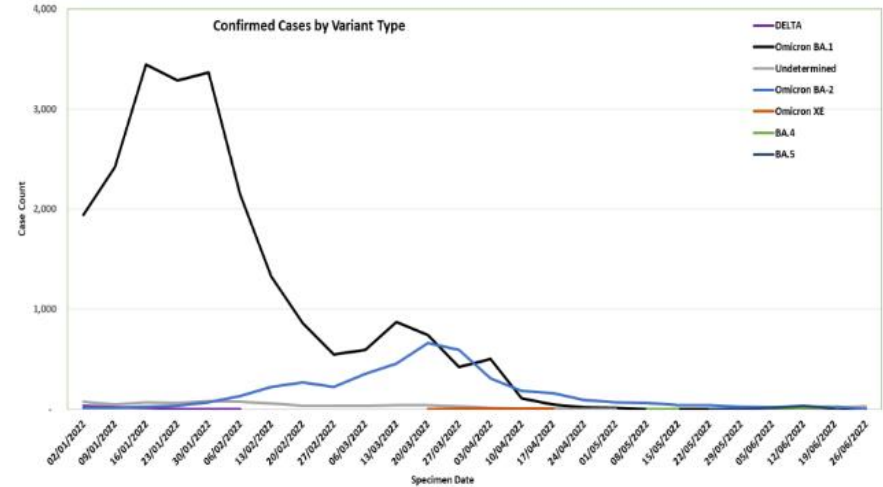
Variants of Concern



Variants of concern

- Recent trends show a sharp decline in Omicron BA.1 (VOC-21NOV-01). This may be due to the ending of mass testing.
- With community testing reduced, the SIREN study will become increasingly important in monitoring infection trends and emerging variants to inform National COVID-19 response.
- Since the beginning of January 2022 (up to 24 June 2022), 27,692 cases of COVID-19 in Birmingham have been sequenced to identify variants.
- Around 82% (22,659 / 27,692) of these cases are of the Omicron BA.1 variant.
- Of these, 9,053 are confirmed and 13,610 are probable cases. 12% of these cases are re-infections.

Distribution* of COVID-19 cases (by variant type) in Birmingham ~ Jan 2022– June 2022



* UKHSA Situational Awareness Explorer

Variants of concern (2) **

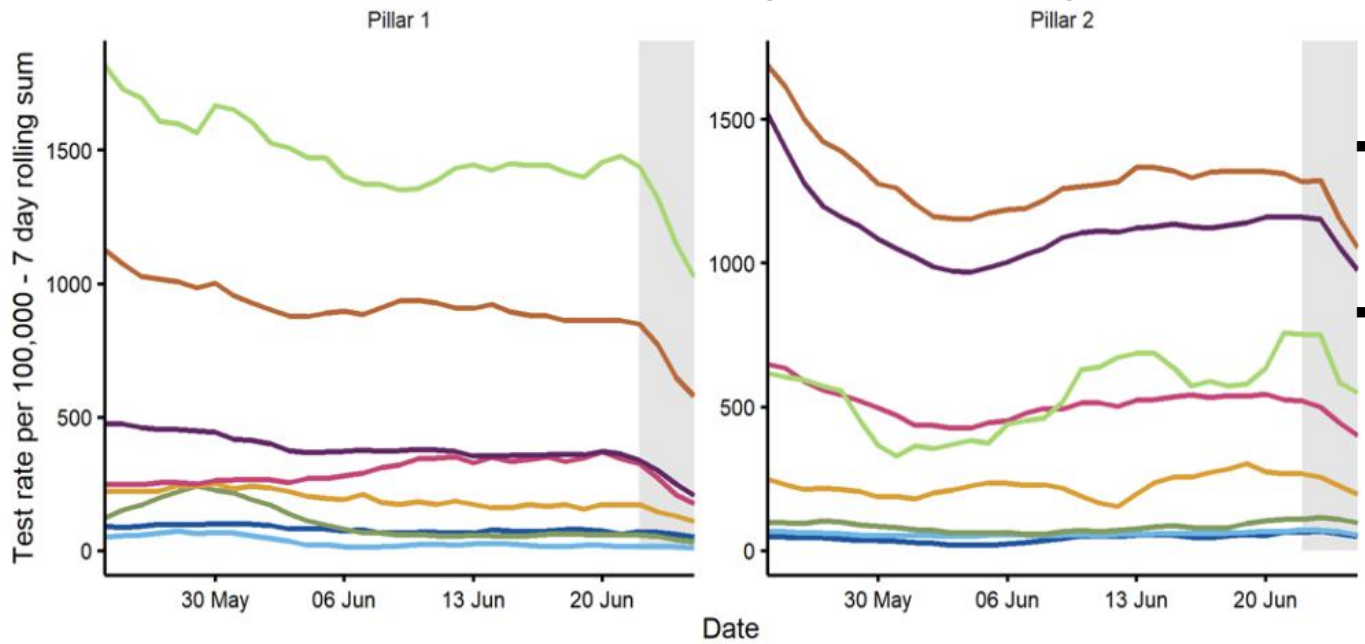
- There are currently 478,692 BA.2 variant (Omicron sub lineage - VOC-22JAN-01) cases in the UK, of which 71% (340,635 /478,692) are in England.
- A variant known as Omicron XE (a recombinant of Omicron BA.1 and BA.2 was identified in England on 19 January. As of 17 June, 2,072 cases have been recorded.
- In May 2022, VOC-22APR-03 (Omicron sub-lineage BA.4) and VOC-22APR-04 (Omicron sub-lineage BA.5) were designated variants of concern (VOCs) in the UK.
- Omicron BA.4 currently has 1,187 cases confirmed, and Omicron BA.5 has 1,688 confirmed cases in the UK. Omicron BA.4 and BA.5 are becoming dominant in the UK and are driving the recent increase in infections. The impact of these variants is still uncertain. However, the rise in cases is not translating to a rise in severe illness and deaths.
- Evidence is still being gathered to establish transmissibility, severity and the effectiveness of existing vaccines.

** Variants: distribution of case data, 17 June 2022 - GOV.UK (www.gov.uk)

Testing



Age-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Residents of Birmingham: 24 May to 26 June 2022



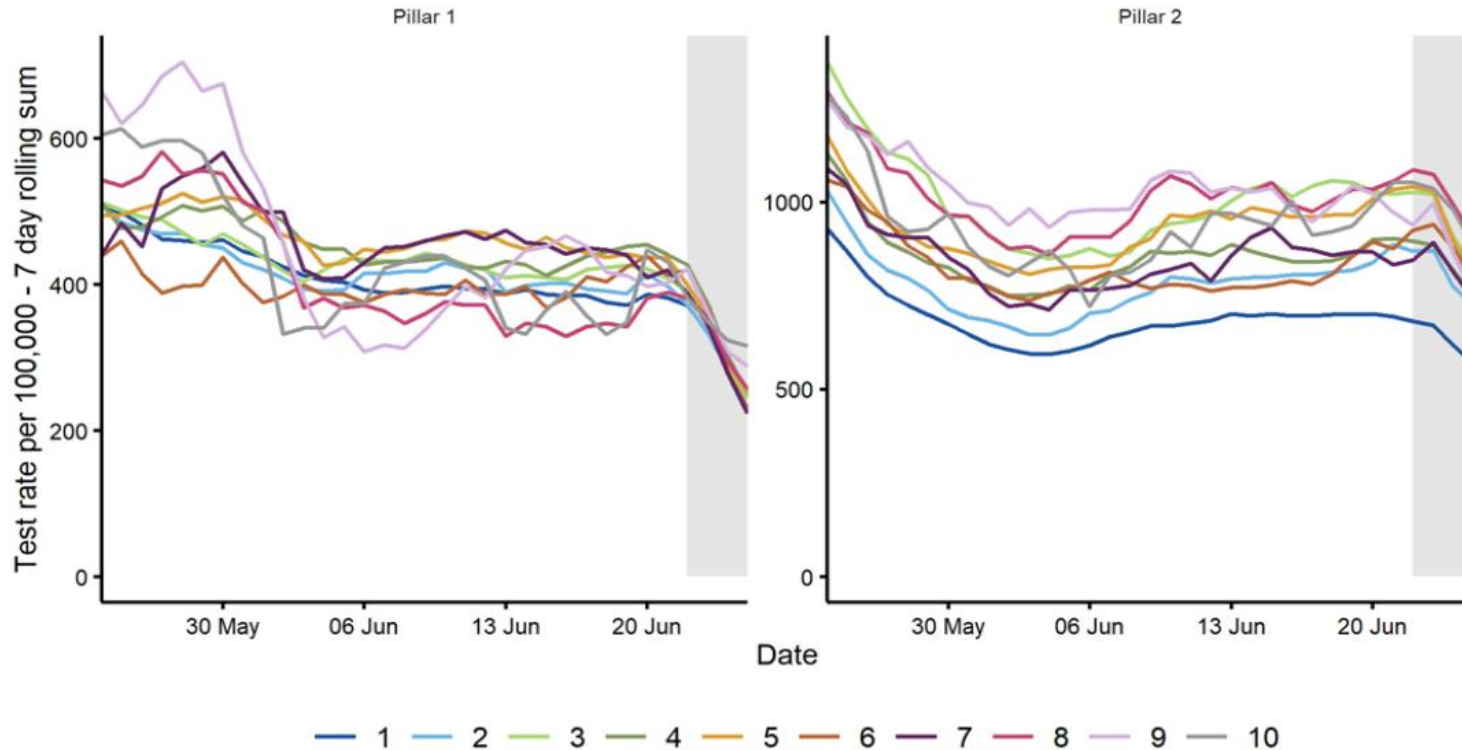
- Testing rates have been fairly stable since the peak in January.
- For both Pillar 1 and Pillar 2 testing, the highest test rates are in the same 3 older age groups, 60-79yrs, 80+yrs and the 25-59yrs.

The 4 most recent days are provisional - indicated by a grey background.

Excluding 117 tests with missing age data.



Index of Multiple Deprivation-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Birmingham Residents: 24 May to 26 June 2022



- Discounting the last 4 provisional days, testing rates remain low but stable in all IMD bands.

The 4 most recent days are provisional - indicated by a grey background

Using Index of Multiple Deprivation (IMD) of LSOA of usual residence (1 = most deprived; 10 = least deprived). Where an IMD is not present in local denominator data, it is not shown.

Case Demographics



Page 28 of 82



Cases by Week & Age Group

- In the 7 days up to 23 June, cases increased in all age groups.
- The largest increase was 61%, in the 40-59 age group, followed by increases of 42% in 0-19 age group, and 41% in 20-39 age group.
- The 40-59 age group accounted for 37% of all cases, followed by ages 20-39 (32%) and 60-79 (19%).
- ONS modelled estimates (slide 8) suggest that there is under-reporting in all age groups.

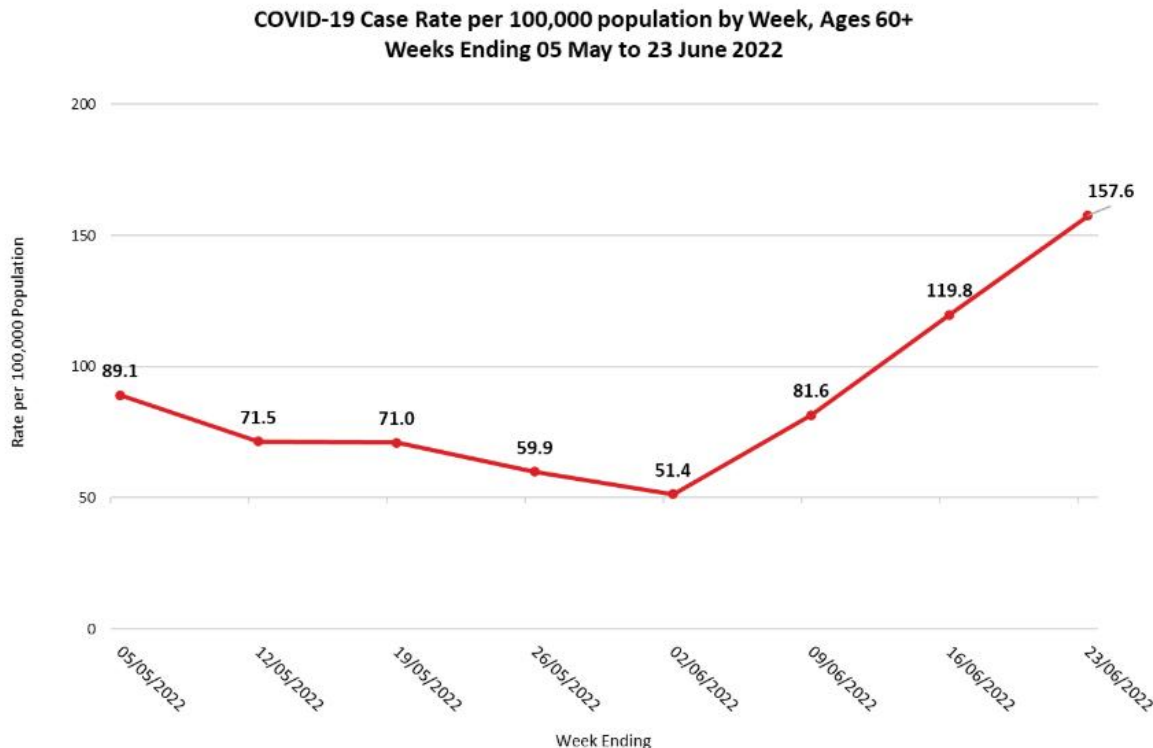


Cases are grouped by week ending Thursday

Case data is less reliable due to decreased testing (following the end of universal testing) and the discontinuation of waste water analysis in April. Cases reported here are those positively identified in the city via a PCR or LFD test.

Case Rate in Population aged 60+ years

- Case rates in the 60+ age group have been rising over the last three weeks.
- In the 14 days up to 23 June, the case rate increased by 93%, from 81.6/100k on 9 June to 157.6/100k on 23 June.



Case data is less reliable due to decreased testing (following the end of universal testing) and the discontinuation of waste water analysis in April. Cases reported here are those positively identified in the city via a PCR of LFD test.

Cases are grouped by week ending Thursday

Case Rates by Ethnicity

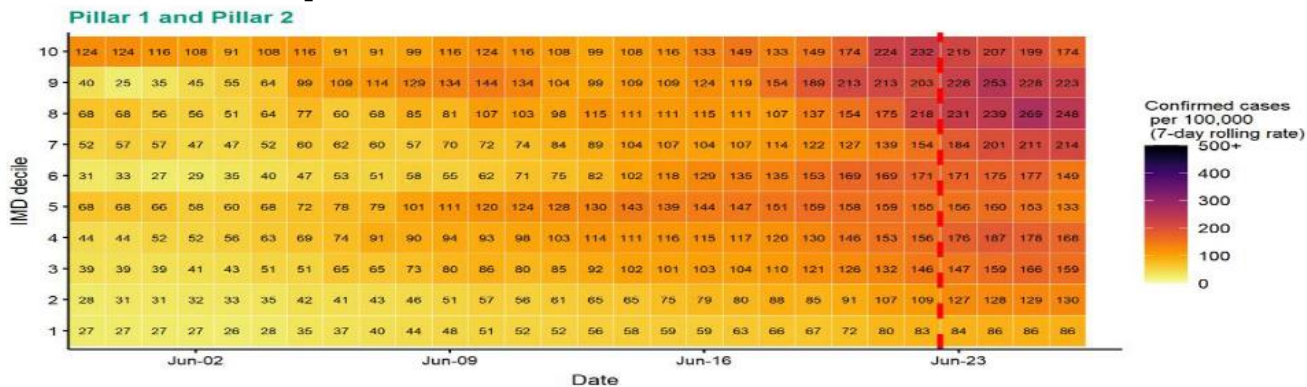
Case Rates by Ethnicity (per 100k) Weeks Ending 5 May to 23 June 2022									
Ethnicity	05/05/2022	12/05/2022	19/05/2022	26/05/2022	02/06/2022	09/06/2022	16/06/2022	23/06/2022	7 day change
Any Other White ethnicity	89.7	79.3	62.1	41.4	37.9	72.4	100.0	155.2	55%
Any Other Mixed/Multiple ethnicity	35.4	35.4	35.4	70.8	11.8	59.0	129.8	153.4	18%
British	75.9	67.2	59.6	44.5	39.6	76.1	98.9	145.7	47%
African	56.7	50.0	16.7	43.3	40.0	53.3	83.4	113.4	36%
White & Black African	31.0	93.1	0.0	0.0	31.0	62.1	62.1	93.1	50%
Any Other Black/African/Caribbean	26.7	53.4	26.7	16.0	37.4	16.0	37.4	74.8	100%
Indian	63.4	46.4	44.9	29.4	34.0	26.3	61.9	71.2	15%
Any Other ethnicity	22.9	41.3	22.9	4.6	4.6	13.8	55.0	68.8	25%
Any Other Asian ethnicity	67.4	57.8	41.7	25.7	16.1	25.7	44.9	67.4	50%
White & Black Caribbean	32.4	28.3	36.4	32.4	16.2	28.3	32.4	64.7	100%
Chinese	86.5	47.2	23.6	7.9	15.7	23.6	31.5	62.9	100%
Caribbean	69.3	65.1	44.1	27.3	23.1	35.7	56.7	58.8	4%
Pakistani	31.1	36.6	27.7	14.5	12.4	29.7	31.1	46.3	49%
Irish	35.7	17.8	31.2	4.5	22.3	26.8	44.6	31.2	-30%
Bangladeshi	27.7	64.6	9.2	12.3	12.3	15.4	9.2	27.7	200%
White & Asian	8.9	17.9	35.8	8.9	35.8	8.9	17.9	26.8	50%

Cases are grouped by week ending Thursday; excludes ethnicity data classified as unknown/not available.

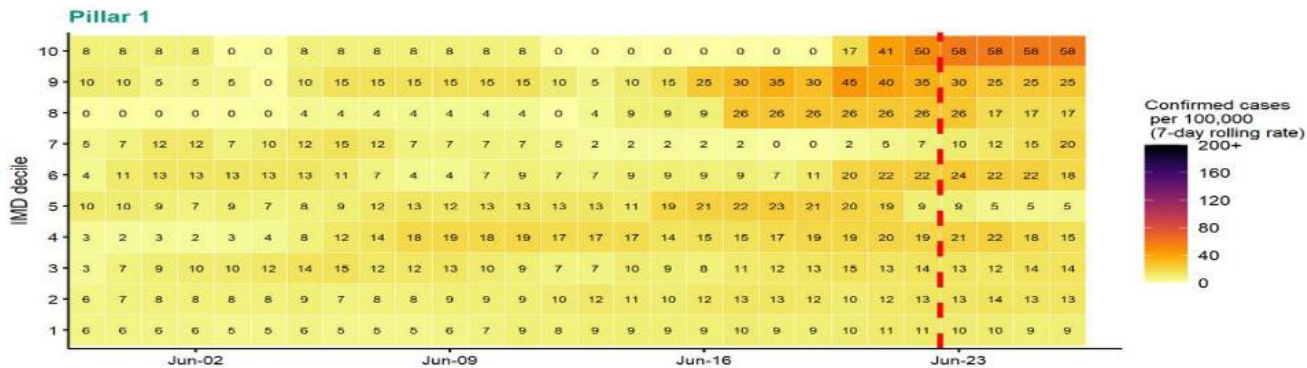
Case data is less reliable due to decreased testing (following the end of universal testing) and the discontinuation of waste water analysis in April. Cases reported here are those positively identified in the city via a PCR of LFD test.

Source: UK Health Security Agency COVID-19 Situational Awareness Explorer

Index of Multiple Deprivation-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 30 May to 26 June 2022



Case rates tend to be highest in the upper- (least deprived) range IMD bands, and lowest in the most deprived LSOAs.



The red dashed line denotes the 4 most recent days data are provisional.

Using Index of Multiple Deprivation (IMD) of LSOA of usual residence (1 = most deprived; 10 = least deprived). Where an IMD is not present in local denominator data, it is not shown.



NHS Situations

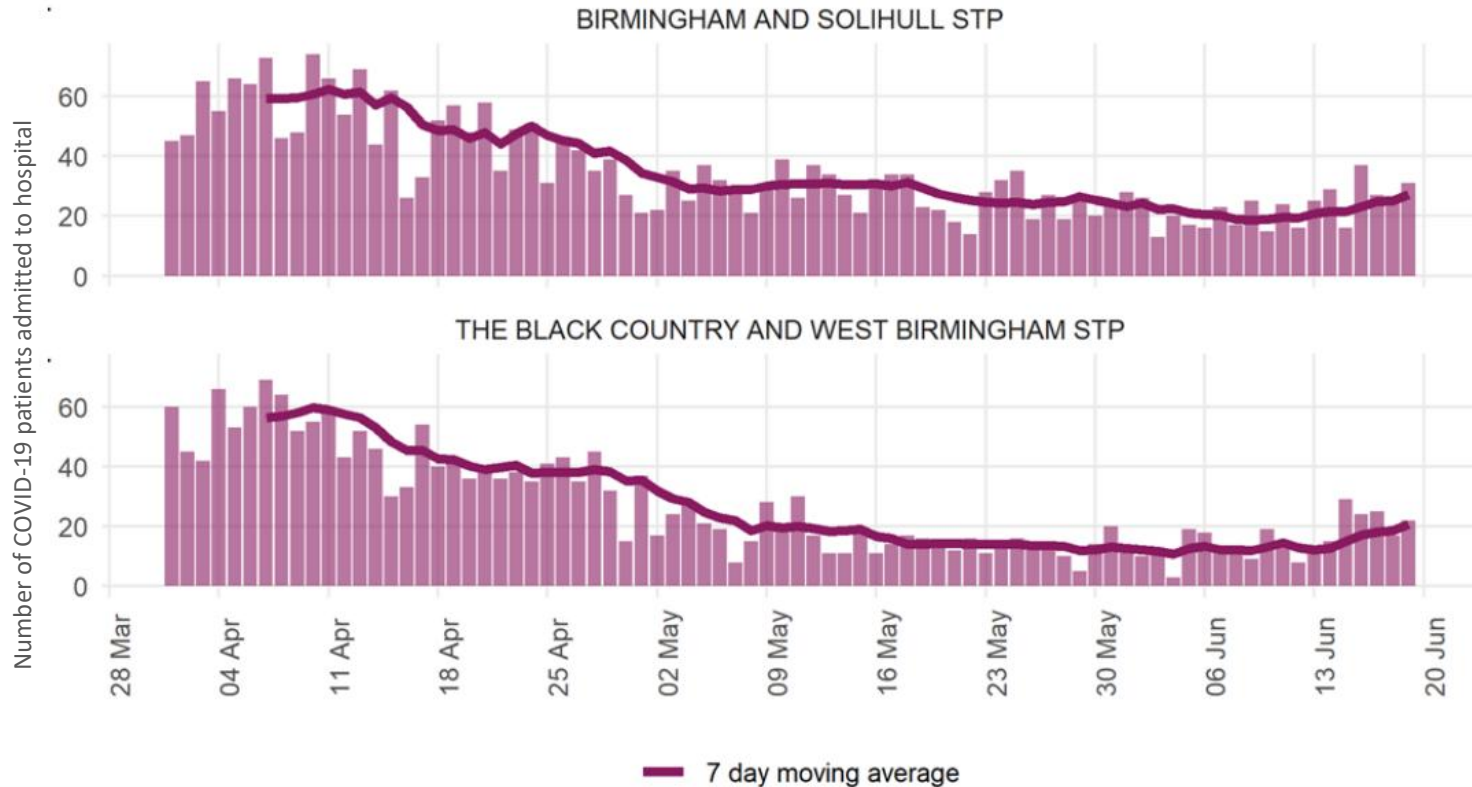


COVID-19 Hospital Metrics Data

Hospital Trust	*Total COVID-19 Hospital Admissions in the last 28 days, 23 May to 19 June 2022	COVID-19 Hospital In-Patients on 21 June 2022 (average daily inpatients in previous 28 days)	COVID-19 Patients on Mechanical Ventilation on 21 June 2022 (average daily ventilation beds in previous 28 days)
University Hospitals Birmingham NHS Foundation Trust	547	148 (135)	1 (1.5)
Sandwell & West Birmingham Hospitals NHS Trust	119	40 (41)	0 (2)
Birmingham Community Healthcare NHS Foundation Trust	82	2 (3)	0 (0)
Birmingham Women's & Children's NHS Foundation Trust	14	23 (21)	0 (0)
Birmingham & Solihull Mental Health NHS Foundation Trust	6	6 (2)	0 (0)

* Includes people admitted to hospital who tested positive for COVID-19 in the 14 days before their admission, or during their stay in hospital. Inpatients diagnosed with COVID-19 after admission are reported as being admitted on the day before their diagnosis.

Daily COVID-19 hospital admissions in Birmingham Sustainability & Transformation Partnerships (STPs) 28 March to 19 June 2022



Source: UKHSA COVID-19 Local Authorities Report Store
Page 35 of 82

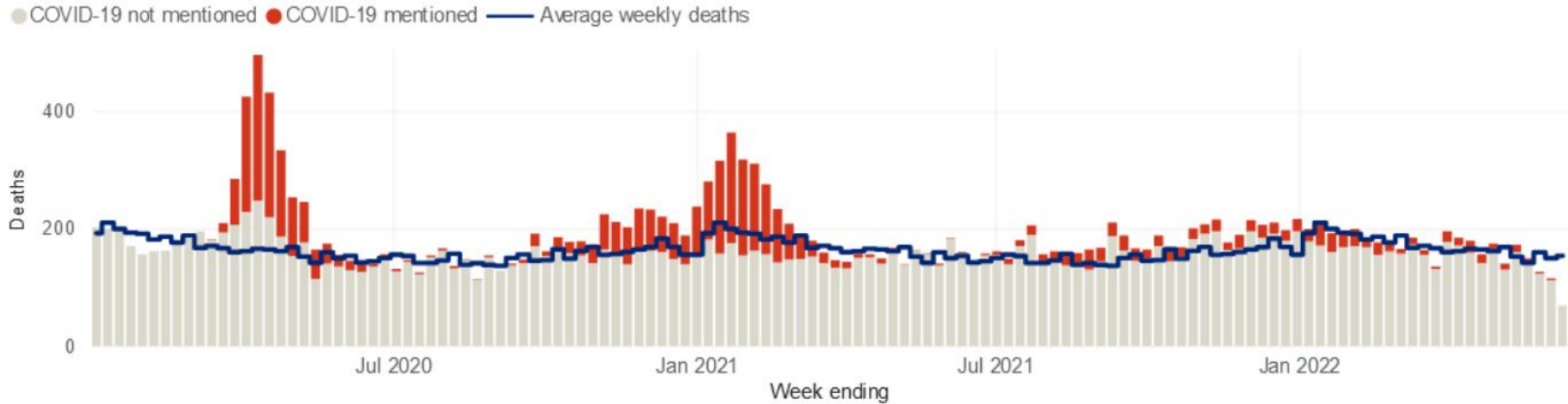
Deaths



Death Data

- In the 28 days up to 25 June, **17 deaths** occurred within 28 days of a positive COVID-19 test, equivalent to a death rate of **1.5/100k** population. In the previous 28 days (1-28 May), 37 deaths occurred, equivalent to a death rate of 3.2/100k.
- In the 7 days up to 25 June, **2 deaths** occurred, compared to 4 in the previous week (12-18 June).
- More accurate data, based on COVID-19 being mentioned on the death certificate, is historical, and in the most recently reported 28 days (14 May -10 June), **31 deaths** were registered in Birmingham. Of these, 27 occurred in hospital, 3 at home, and 1 in a care home.

Excess Death: All Deaths up to 10 June 2022

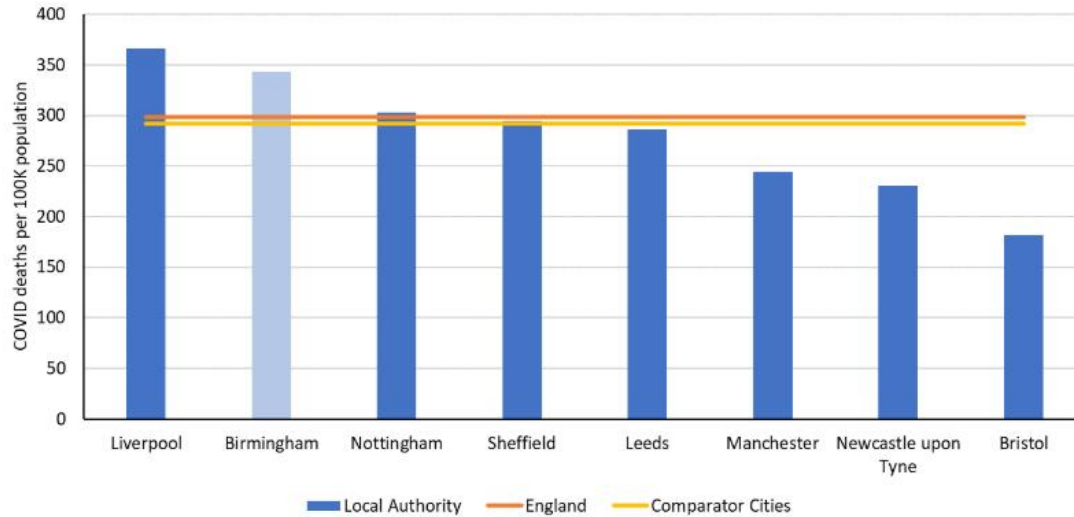


For most of the pandemic, deaths have been above the 5 year average, with significant numbers of COVID-related deaths, particularly early in the pandemic and in January 2021. However, excess deaths have been below the 5-year average in 5 out of the last 8 weeks, with non-COVID deaths significantly contributing to causes of deaths.

*Average counts by week use 2015-2019 data

Source: UK Health Security Agency COVID-19 Situational Awareness Explorer

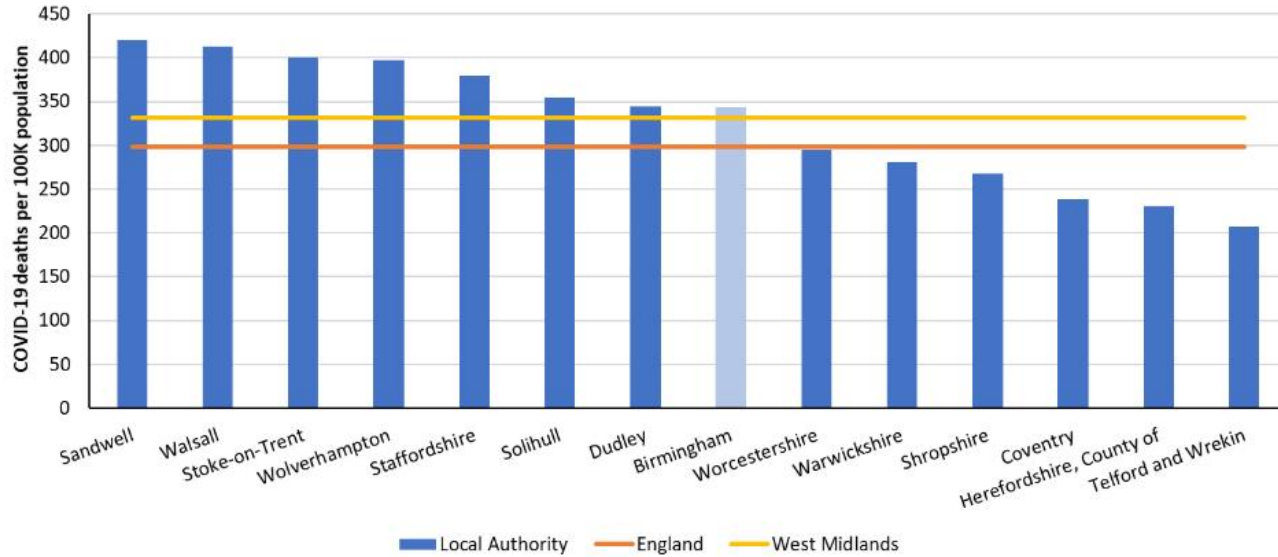
All COVID-19 Deaths up to 17 June 2022: Birmingham, Core Cities, and England



- Since the beginning of the pandemic, 168,855 COVID-19 deaths have occurred in England, equivalent to a death rate of 298.6 per 100,000 population.
- Across Birmingham and similar cities, 13,704 COVID-19 related deaths occurred. Although the highest number of deaths occurred in Birmingham (3,912) and Leeds (2,290), Liverpool has the highest death rate (366.1/100k), followed by Birmingham, with a rate of 343.0/100k.
- Both Liverpool and Birmingham have higher death rates than the average across the Core Cities (291.9/100k), and England (298.6/100k).
- This can be explained by the interplay of a number of factors which include: higher population density, higher deprivation score and comparatively lower vaccine uptake compared to the other Core Cities.

Source: ONS Covid-19 weekly deaths

COVID-19 Deaths up to 17 June 2022: Birmingham, West Midlands Local Authorities, West Midlands and England



- Across Birmingham and other local authorities in West Midlands, 19,796 COVID-19 related deaths occurred (equivalent to 332.0/100k population) since the start of the pandemic. Although the highest number of deaths occurred in Birmingham (3,912), Sandwell has the highest death rate per 100,000 population (420.3/100k), followed by Walsall (412.6/100k). Birmingham is ranked 8th (of 14 LAs in the region), with a death rate of 343.0/100k.
- Birmingham has higher death rate than West Midlands (332.0/100k), and England (298.6/100k)

Source: ONS Covid-19 weekly deaths

Contact Tracing



Contact Tracing Local Authority Partnership

Service Update

- Free Pillar testing has ended. Results from private testing (Tesco, Boots or other non-NHS tests) is no longer being received by the BCC Contact Tracing team. Test results for those who have used their remaining NHS test kits, PCR tests and Pillar 1 tests (which consists mainly of care home testing) are still forwarded to BCC Contact Tracing team.
- Team focus is also on welfare, and citizens are contacted to see how they can be assisted with their stay at home. With their consent, vital information is obtained to help us identify possible sources of outbreaks.
- Information is passed to the Health Protection Response Team in real time along with real time dashboards showing the current trends.
- The Case Tracing Team has presented the BCC case tracing solution to UKHSA. It is anticipated that the Contact Tracing Team will also handle other non-COVID infectious diseases during the Commonwealth Games.
- The BCC Tracing App has been adapted to accommodate any requirements for any other future infections including Monkeypox and also to accommodate different isolation and trace periods should this be required.
- The team are documenting a contingency plan in the probability that there may be another COVID surge. This includes adding much needed features such as self service, with the aim that anyone in BCC, using the created web link would have all they need to offer a high volume case tracing service.

Progress Update

- Over the past 7 days, the Contact Tracing Team handled 1,842 cases with a completion rate of 36%.
- Following the end of free testing, case numbers had started to decrease while tests stored within homes were still being used up. However case numbers are now increasing rapidly.
- Our access to Power BI data source will be terminated on 1 July. We will be expected to submit a new access request to continue tracing and reporting.

Communications & Engagement



Communication and Engagement Plan



1- Support understanding and awareness of guidance and control measures



2 - Enable partnership working to deliver the local plan



3 - Establish appropriate and effective channels for delivery of the plan



4 - Assess impact and reflect the evolving evidence base on behavioural insight

Communication Channels

Content

Key focus on changing guidance: who can access free testing, what you should do if you have symptoms or have been around a positive contact. Linking COVID-relevant information to wider public health issues including mental health, smoking and physical activity. Continued support for government and BSOL/ICS messaging.

Audiences

- Key stakeholders across the city including residents, in education settings, businesses, champions, faith and BAME groups.

Channels

- Web, social, community digital channels, community engagement, internal communications including:
- COVID-19 Champions (825 Birmingham champions)
- Commissioned partners (21 Commissioned partners with far reaching audiences across Birmingham)

Verbal

- Updating key partners, groups and community champions on guidance and its implications.

Social Media – Healthy Brum

Instagram

Reach – 1.7k

Impressions – 2k

Facebook

Post reach – 6.5k

Engagement – 23

Twitter

Post engagements – 165

Post traffic (clicks) – 165

Key take-outs: best performing posts were COVID champion getting a vaccine (more personalised to the general public).



Website

Website Updates:

- Continued updates of COVID-19 content
- Promotion of the Vacc-immune programme [Vacc-Immune Programme | Birmingham City Council](#).

Partner Website Updates

- Latest vaccination walk-ins:
- <https://www.birminghamandsolihullcovidvaccine.nhs.uk/walk-in/>
- Available communications shared: <https://www.birminghamandsolihullccg.nhs.uk/get-involved/campaigns-and-toolkits>

Social Media

Key messages COVID-19

- Vaccination evergreen offer
- Who can access free testing
- Modifiable risk factors tied in with COVID messaging
- Vaccine and pregnancy
- Safe behaviours
- 75+ booster dose
- Choose well posts
- Long COVID
- 5-11-year-old vaccinations

Communication Updates - Digital Engagement: May 2022

A selection of some of the content we have published

Modifiable risk factors

This month is National Walking Month! @LivingGreen is encouraging you to #Try20 - and walk for 20 minutes each day during May.

Walking can help to reduce or manage heart disease and high blood pressure which also helps to prevent a severe Covid infection from developing.



Here are 4 things you can do if you have Covid symptoms & asthma

1. Stay at home & avoid contact with others
2. Keep taking your usual asthma medication
3. Follow your asthma action plan
4. Act quickly if your asthma symptoms get worse

For more info asthma.org.uk/advice/trigger

4 TOP TIPS
for those who
have asthma and
Covid symptoms

Other Messages

Healthy Brum @healthybrum - Apr 25
It is important to look after your #wellbeing during #COVID-19.

See our #Infographic for some useful wellbeing tips.

If you feel like you are struggling and need someone to talk to, visit nhs.uk/talk



Vaccination



Healthy Brum @healthybrum - May 30
Here is one of our Covid Champions getting her 2nd booster dose.

Yes, it's this simple!

If you are 75 or over book yours when invited.



NHS COVID-19 Vaccination Service
If your 5-11 year old is eligible for a COVID-19 vaccination, you will be contacted to arrange an appointment.



Communication Updates - Digital Engagement: May 2022

A selection of some of the content we have published

Safe Behaviours



Healthy Brum @healthybrum - Jun 1
Feeling unwell with flu like symptoms?
Here are 4 steps you can take to limit the spread of COVID this #BumHoliday

Stay at home.
Try to work from home.
Plan ahead of any appointments, let the surgery know about your symptoms.
Wear a face covering and avoid busy areas.



Pregnancy



Education Settings



Community and Partnership Engagement

Smoking Cessation

Summary

Planning and scoping for upcoming smoking cessation project.

Project desired outcomes:

- Raise awareness of and how to access free smoking cessation services and courses via pharmacies/GPs
- Increase the number of sign-ups and completion of smoking courses/quits
- Raise awareness of and how to use the Quit with Bella App and increase the number of app users
- Raise awareness around risks of smoking affecting health.

Outputs

- Survey to gain baseline understanding of smoking habits and awareness of smoking cessation services. **33 responses received.** Survey open until 10 July 2022.
- Began to receive quotes for street engagement teams, goodie bags and mobile units.
- Comms campaign planning for smoking cessation services



Quit with Bella app logo



Survey Promotional Image



Fort Shopping Centre – confirmed location for street team engagement



Community and Partnership Engagement

End of Project Reports

Summary

Many of the community providers COVID-19 projects with Birmingham Public Health came to a close on **31 March 2022**. A [summary document](#) has been created which highlights:

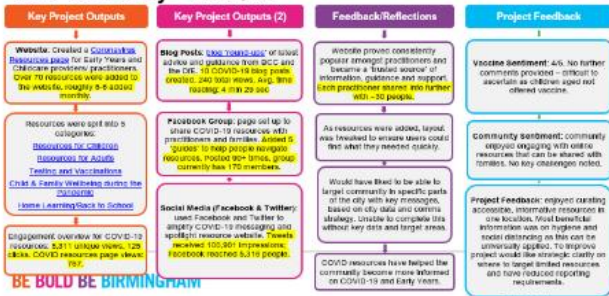
- The overall outputs from the engagement activities
- Project feedback
- Community sentiment

Once all of the reports have been received a comprehensive evaluation report will be written to summarise the providers COVID-19 projects.

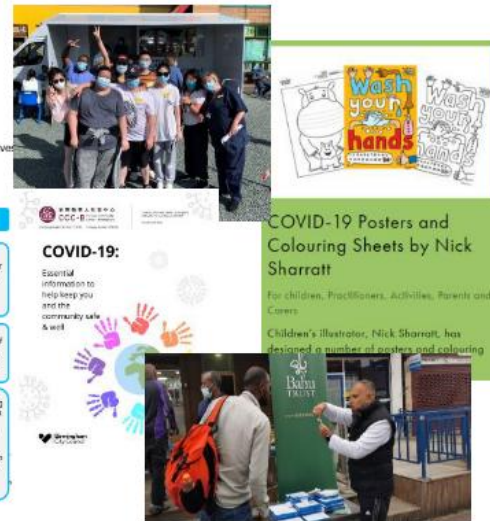
Outputs

13 reports submitted
2 outstanding reports
3 project extensions (extended report deadline)

Amber T/A CREC EOY Summary – 2021/22



Example report summary



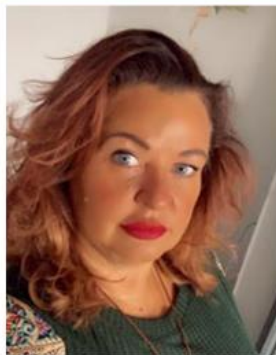
Community and Partnership engagement

Greater Birmingham Chamber of Commerce

Key Messages

- COVID-19 status update in UK and Birmingham, what guidance remains, testing and staying home, long covid, ventilation, face covering
- We shared links and details on the guidance on management of staff on COVID, COVID risk assessment, maintaining safe workplace, financial support and grant provided by govt for businesses, vaccination and resources to help promote vaccination in workplaces
- Shared the COVID vaccine toolkit to support the employees, which will help the business champions to get more detailed information on keeping them safe
<https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/employer-toolkit/>
- Provided a quote on the importance of vaccinations to encourage readers to get vaccinated/share the information across their networks from Susan Parry, Senior Officer from Birmingham City COVID with a portrait of her

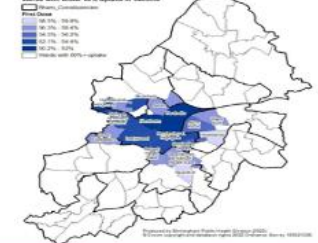
Content Shared



Susan says "Vaccinations have become the primary weapon against Covid, and continues to be an important part of the safer behaviours needed to keep people safe, especially in light of the upcoming Commonwealth Games. We need everyone's support to increase the uptake of the vaccine. In collaboration with our NHS colleagues, we will be concentrating our efforts in those areas where we are still seeing low uptake". Susan Parry is a Senior Health Protection Officer working for BCC in the Covid Health Protection Response Team."

COVID-19 Vaccine Uptake 1st Dose aged 12+ (wards with less than 60% uptake)

NHS Data Collected 09/06/2022



Ward Name	Total Uptake 12+	Total Uptake 18+	Total Uptake 12-17	Total Uptake 65+	Total Uptake 65+
Alumton	59.4%	59.4%	59.4%	59.4%	59.4%
Edgbaston	57.0%	57.0%	57.0%	57.0%	57.0%
Edgbaston	56.2%	56.2%	56.2%	56.2%	56.2%
Edgbaston	55.1%	55.1%	55.1%	55.1%	55.1%
Edgbaston	54.4%	54.4%	54.4%	54.4%	54.4%
Edgbaston	53.1%	53.1%	53.1%	53.1%	53.1%
Edgbaston	52.0%	52.0%	52.0%	52.0%	52.0%
Edgbaston	51.0%	51.0%	51.0%	51.0%	51.0%
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Edgbaston	4.0%	4.0%	4.0%	4.0%	4.0%
Edgbaston	3.0%	3.0%	3.0%	3.0%	3.0%
Edgbaston	2.0%	2.0%	2.0%	2.0%	2.0%
Edgbaston	1.0%	1.0%	1.0%	1.0%	1.0%
Edgbaston	0.0%	0.0%	0.0%	0.0%	0.0%

- This table highlights the wards with less than 60% uptake
- Although wards with less than 60% uptake of the first dose are still concentrated in the central of Birmingham, the wards at that level (less than 60% uptake) appear to be reducing.
- Bournbrook and Selly Park and Edgbaston achieved 60% uptake in a safe May.



COVID Champions Programme

To raise awareness of COVID-19 and safer behaviour within communities

Coverage of champions across all 69 wards

825 Community, 34 Youth and 20 Business Champions

Key themes discussed:

What is long COVID, and the impact of COVID on Children, Discussion around wider health concerns

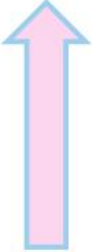
May update: The champions programme was paused in April as the urgency of the pandemic as reduced and public health is working together to transition programme to business as usual

Champion newsletter topics covered in May

- Questions and answers on how to ventilate rooms well and the importance of this in light of COVID-19
- Promotion of COVID-19 mobile Vaccination van
- Dementia action week
- Smoking habits survey (to help 'Cessation Service' to understand smoking habits and improve awareness of support)
- World No tobacco day
- World Asthma day
- National walking month
- FAQs around COVID-19 vaccination

Learning from our engagement

A survey to understand the journey of faith leaders and champions was completed throughout April. The findings in both, COVID champion and faith leaders survey were similar. 7 Faith leaders, and 49 champions took part



Positive outcomes

- Receiving updated COVID information
- Localised information
- Wider Public health conversations
- Conversation with the Director of Public Health
- Engaging with the community, influencing behaviour change and building trust
- Discussion with other colleagues, faith leaders
- Ability to facilitate conversation and understand needs of the community



Could be improved/ barrier:

- Meeting times/schedule
- Availability of resources i.e test kits (although this is not possible now as free testing has stopped) .
- Cascading information and implementing action and facilitating a mechanism to encourage queries and concerns.
- Co-ordinating partnership
- Wider deployment of strategic posters in all settings with standardised message. Essentially, improving social marketing approach.

Re-occurring theme in both surveys around vaccination was:

- That they believe people do not understand how vaccines work
- Vaccine confidence, mistrust, conspiracy theories and existing health conditions were preventing residents in receiving vaccine.

Future:

- Focus on wider health issues i.e. Mental wellbeing post-COVID.
- Get involved in face-to-face events, community centre and community events
- City-wide promotion of community events which target specific health issues
- Integrated engagement whereby joint campaigns and events are designed and delivered in a shared way.
- Training around how to understand and deliver data and information, communications and engagement
- Developing creative assets in various formats

Vaccine Engagement

Addressing Vaccine Inequalities

- Vacc Immune Project – Commission Providers general vaccination uptake across the life course.
- Jab Cab - Free taxi service for individuals and families who could not easily get to a vaccination centre.
- Vaccination Champions - Community Immunology training programme to develop a network of residents.
- Hyperlocal COVID-19 Vaccination Campaign - Identify suitable locations for the vaccination van.
- BSOL Antenatal Vaccination Task & Finish Group.
- Development of Living with COVID Strategy.

Improving COVID-19 Vaccination Uptake in Birmingham:

- Action week 23 to 28 May working with NHS and BCC Depts to promote location of vaccination van in Newtown, Ladywood and Handsworth.
- Engagement briefings for housing officers, who went door-to-door and delivered leaflets to 650 properties
- COVID Marshalls delivered 600 leaflets
- Social media campaign to highlight mobile vaccination van location.
- 33 vaccinations administered

Homeless Vaccination Focus Week

- Action week 16 to 20 May COVID-19 vaccinations
- Locations – SIFA, Midland Heart, Washington, St Basils and Trinity Close.
- 35 vaccinations administered.



Peer Mentorship Programme (Pilot)

Empowering young people (18-35 year olds) to promote public health and wellbeing across Birmingham

Recruitment Drive

125 participants showed interest in the programme as a result of the recruitment drive and 70 participants have enrolled in the programme

Pop up event at Birmingham Library on 25 May 2022



Pop up event at Aston University on 26 May 2022



Flyers and Banners



Other Recruitment Activities

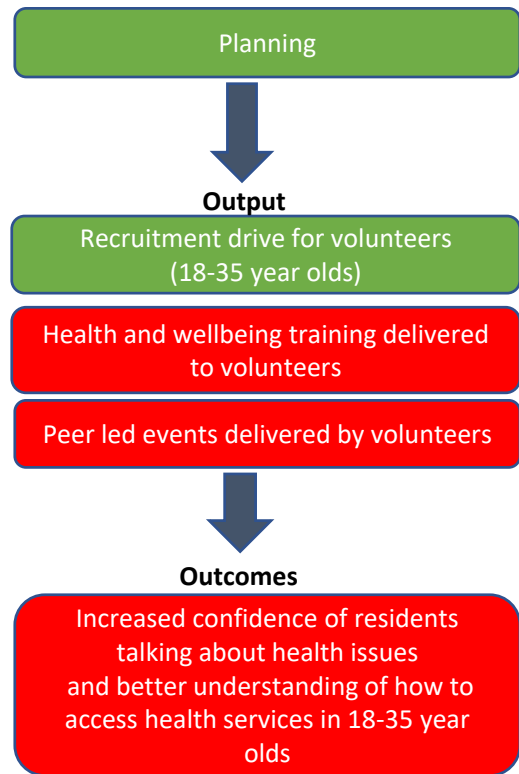
- Pop-up event at care leavers conference organised by Birmingham Children's Trust (at Light House) on 31 May 2022
- Sharing social media posts on HealthyBrum Facebook, Twitter and Instagram channels
- Sharing project information with organisations working with 18-35 year olds

Project Delivery

May 2022



September 2022



Further Work in Development



Representation

- Continue to work in partnership and strengthening of relationships with our 18 existing commissioned partners and encourage the delivery of a minimum of 10 befriending/non-digital channels for those communities with limited digital access.
- Accelerate existing engagement to support understanding and the uptake of testing, vaccination, recovery and any emerging themes working with all communities directly or via partners and key stakeholders.
- Asset mapping of 69 wards including demographic information, COVID cases, vaccine uptake by ward, commissioned provider summary, main community needs/PH concerns, important contact information to highlight gaps in our current engagement work, scope and commission further partners if required to reach underrepresented communities.

Reach

- Review the COVID Champions network and recruitment to enhance communications and engagement and local asset leverage to improve relationships with communities and their understanding of vaccines, testing and “learning to live with COVID”.
- Champions Feedback. Encourage champions to share stories on the Newsletter ‘Champions’ corner’ to support with wider reach across communities.
- Working with communities and partners to support and focus on more engagement across the city.
- Conversations with influencers within the Black Community to address low uptake of COVID-19 vaccine.

Response

- Collating responses from champions and faith settings in relation to vaccine toolkit and isolation pack.
- 'You Said, We Did' – WhatsApp communication set-up.
- Progressing on monitoring commissioned partners fund through Ministry of Housing and Local Communities (MHCLG) grant for Communications and Engagement programme to strengthen our relationships with groups during the pandemic.



For more information please visit
www.birmingham.gov.uk/commonwealth2022

Communications & Engagement



010297/2022



Page 59 of 82



Communication and Engagement Plan



1 - Support understanding and awareness of guidance and control measures

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Communication Channels

Content

Key focus on changing guidance: who can access free testing, what you should do if you have symptoms or have been around a positive contact. Linking covid relevant information to wider public health issues including mental health, smoking and physical activity. Continued support for government and BSOL/ICS messaging.

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Website Updates:

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Partner Website Updates

- Latest vaccination walk-ins: <https://www.birminghamandsolihullcov.idvaccine.nhs.uk/walk-in/>
- Latest rapid LFD test pick-up sites: [LFD collection sites | Lateral Flow Device \(LFD\) Information | Birmingham City Council](#)
- Available communications shared: <https://www.birminghamandsolihullccg.nhs.uk/get-involved/campaigns-and-toolkits>

Social Media

Key messages COVID-19

- Vaccination evergreen offer
- Who can access free testing
- Modifiable risk factors tied in with Covid messaging
- Vaccine and pregnancy
- Safe behaviours
- 75+ booster dose
- Choose well posts
- Long covid
- 5-11 ear old vaccinations

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For more info asthma.org.uk/advice/trigger

4 TOP TIPS
for those who have asthma and Covid symptoms

Other Messages

Healthy Brum @healthybrum - Apr 25
It is important to look after your #wellbeing during #COVID-19.

See our #Infographic for some useful wellbeing tips.

If you feel like you are struggling and need someone to talk to, visit nhs.uk/talk

WELLBEING DURING COVID-19

- Take regular breaks from your work
- Get plenty of sleep
- Eat a healthy diet
- Stay active
- Connect with others
- Take care of your mental health

Learn more about how you can improve your wellbeing. Search into wellbeing during covid19

A CHANCE TO MAKE A DIFFERENCE IN YOUR COMMUNITY

ARE YOU 16-35 YEARS OLD?

There are over 1000 of these opportunities with a health challenge! Would you like to provide public health information to your community?

How to get involved to be a PUBLIC HEALTH peer worker with Birmingham City Council:

- An opportunity to attend a sponsored event to your peer group
- An opportunity to work with Birmingham City Council Public Health team
- Building on your CP
- An opportunity when you believe an event, as a thank you from BCC Public Health team

WHAT YOU WILL GAIN:

- Free professional training or health related CPD sessions
- Certificate of attendance at the end of the training session
- An opportunity to attend a sponsored event to your peer group
- An opportunity to work with Birmingham City Council Public Health team
- Building on your CP
- An opportunity when you believe an event, as a thank you from BCC Public Health team

ALL YOU NEED IS:

- Willingness and commitment to support improvement of health awareness in Birmingham
- No previous health experience necessary (we welcome people from all backgrounds & experience)
- To be available during the months of June - August 2022 by either at 4 online training sessions and deliver events within your peer group

Covid-19 is still highly infectious

Make sure your workplace risk assessment is up to date.

gov.uk/workingsafely

STOP COVID-19 HANGING AROUND

Vaccination

SPRING INTO ACTION

Birmingham JabCab

Haven't been vaccinated? Stock for transport?

Free taxi service available to and from your nearest NHS vaccination walk-in site!

It's free!

- 1 Call TDA Taxis Birmingham on 0121 427 8888
- 2 Give the reference BirminghamJabCab
- 3 Give the 4 digit Pin Number 3995

Healthy Brum @healthybrum - May 30
Here is one of our Covid Champions getting her 2nd booster dose.

If you are 75 or over book yours when invited.

NHS COVID-19 Vaccination Service

If your 5-11 year old is eligible for a COVID-19 vaccination, you will be contacted to arrange an appointment.

protection reduces over time

Communication Updates - Digital Engagement: May 2022



A selection of some of the content we have published

Safe Behaviours



Healthy Brum @healthybrum · Jun 1
Feeling unwell with flu like symptoms?
Here are 4 steps you can take to limit the spread of COVID 19.
#BumHolidays

Stay at home.
Try to work from home.
Plan ahead of any appointments, let the surgery know about your symptoms.
Wear a face covering and avoid busy areas.



Pregnancy



Education Settings



Community and Partnership Engagement

Smoking Cessation

Summary

Planning and scoping for upcoming smoking cessation project.

Project desired outcomes:

- Raise awareness of and how to access free smoking cessation services and courses via pharmacies/GPs
- Increase the number of sign-ups and completion of smoking courses/quits
- Raise awareness of and how to use of the Quit with Bella App and increase the number of app users
- Raise awareness around risks of smoking on health.

Outputs

- Survey to gain baseline understanding of smoking habits and awareness of smoking cessation services. **33 responses received.** Survey open until 10 July 2022.
- Began to receive quotes for street engagement teams, goodie bags and mobile units.
- Comms campaign planning for smoking cessation services



Survey Promotional Image



Quit with Bella app logo



Fort Shopping Centre – confirmed location for street team engagement

Community and Partnership Engagement

End of Project Reports

Summary

Many of the community providers COVID-19 projects with Birmingham Public Health came to a close on **31 March 2022**. A [summary document](#) has been created which highlights:

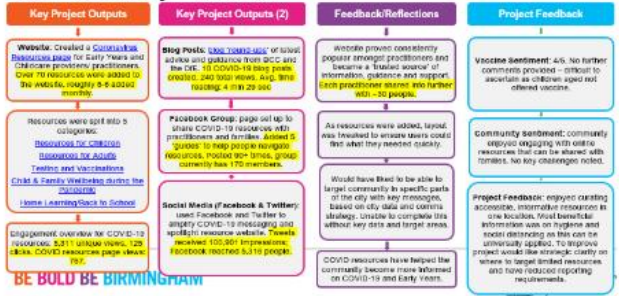
- The overall outputs from the engagement activities
- Project Feedback
- Community Sentiment

Once all of the reports have been received a comprehensive evaluation report will be written to summarise the providers COVID-19 projects.

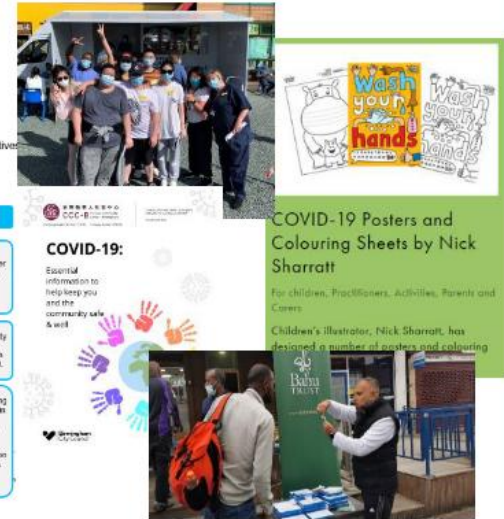
Outputs

13 reports submitted
2 outstanding reports
3 project extensions (extended report deadline)

Amber T/A CREC EOY Summary – 2021/22



Example report summary



Content Outputs Examples

Community and Partnership engagement

Greater Birmingham Chamber of Commerce

Key Messages

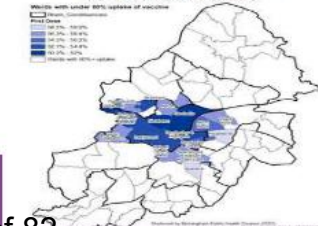
- COVID-19 status update in UK and Birmingham, what guidance remains, testing and staying home, long covid, ventilation, face covering
- We shared links and details on the guidance on management of staff on Covid, Covid risk assessment, maintaining safe workplace, financial support and grant provided by gov't for businesses, vaccination and resources to help promote vaccination in workplaces
- Shared the Covid vaccine toolkit to support the employees, which will help the business champions to get more detailed information on keeping them safe: <https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/employer-toolkit/>
- Provided a quote on the importance of vaccinations to encourage readers to get vaccinated/share the information across their networks from Susan Parry, Senior Officer from Birmingham City Council with a portrait of her

Content Shared



Susan says "Vaccinations have become the primary weapon against COVID, and continues to be an important part of the safer behaviours needed to keep people safe, especially in light of the upcoming Commonwealth Games. We need everyone's support to increase the uptake of the vaccine. In collaboration with our NHS colleagues, we will be concentrating our efforts in collaboration in those areas where we are still seeing low uptake". Susan Parry is a Senior Health Protection Officer working for BCC in the COVID Health Protection Response Team.

COVID-19 Vaccine Uptake 1st Dose aged 12+ (wards with less than 60% uptake)
NHS Data Connected (09/05/2022)



Ward Name	Total Uptake 12+	Total Uptake 12-49	Total Uptake 50+	Total Uptake 12+
Arden	46.4%	34.4%	54.4%	34.4%
Arden & Edgbaston	52.0%	31.4%	65.2%	31.4%
Arden & Handsworth	52.0%	41.2%	74.0%	41.2%
Arden & Moseley	52.0%	55.4%	67.4%	55.4%
Arden & Northfield	52.0%	58.4%	70.4%	58.4%
Arden & Selly Oak	52.0%	62.4%	72.4%	62.4%
Arden & Small Heath	52.0%	64.4%	74.4%	64.4%
Arden & Sparkbrook	52.0%	66.4%	76.4%	66.4%
Arden & St Pauls	52.0%	68.4%	78.4%	68.4%
Arden & Victoria Park	52.0%	70.4%	80.4%	70.4%
Arden & West End	52.0%	72.4%	82.4%	72.4%
Arden & Woodley	52.0%	74.4%	84.4%	74.4%
Arden & Yardley	52.0%	76.4%	86.4%	76.4%
Arden & Yewdale	52.0%	78.4%	88.4%	78.4%
Arden & Zebrington	52.0%	80.4%	90.4%	80.4%
Arden & Zetland	52.0%	82.4%	92.4%	82.4%
Arden & Zetland & Zebrington	52.0%	84.4%	94.4%	84.4%
Arden & Zetland & Zebrington & Zetland	52.0%	86.4%	96.4%	86.4%
Arden & Zetland & Zebrington & Zetland & Zetland	52.0%	88.4%	98.4%	88.4%
Arden & Zetland & Zebrington & Zetland & Zetland & Zetland	52.0%	90.4%	100.4%	90.4%

* The table highlights the wards with less than 60% uptake.
 - Although wards with less than 60% uptake of the 1st dose are highlighted in red, the uptake in those wards is still higher than the national average.
 - The uptake in those wards is still higher than the national average.





COVID Champions Programme

To raise awareness of COVID-19 and safer behaviour within communities

Coverage of champions across all 69 wards

825 Community, 90 Youth and 20 Business Champions

Key themes discussed:

What is long COVID, and the impact of COVID on Children, Discussion around wider health concerns

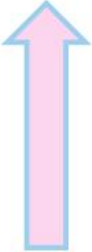
May update: The champions programme was paused in April as the urgency of the pandemic as reduced and public health is working together to transition programme to business as usual

Champion newsletter topics covered in May

- Questions and answers on how to ventilate rooms well and the importance of this in light of COVID-19
- Promotion of COVID-19 mobile Vaccination van
- Dementia action week
- Smoking habits survey (to help stop cessation service to understand smoking habits and improve awareness of support)
- World No tobacco day
- World Asthma day
- National walking month
- FAQs around COVID-19 vaccination

Learning from our engagement

A survey to understand the journey of faith leaders and champions was completed throughout April. The findings in both, COVID champion and faith leaders survey were similar. 7 Faith leaders, and 49 champions took part



Positive outcomes

- Receiving updated COVID information
- Localised information
- Wider Public health conversations
- Conversation with the Director of Public Health
- Engaging with the community, influencing behaviour change and building trust
- Discussion with other colleagues, faith leaders
- Ability to facilitate conversation and understand needs of the community



Could be improved/ barrier:

- Meeting times/schedule
- Availability of resources ie test kits (although this is not possible now as free testing has stopped) .
- Cascading information and implementing action and facilitating a mechanism to encourage queries and concerns.
- Co-ordinating partnership
- Wider deployment of strategic posters in all settings with standardised message. Essentially, improving social marketing approach.

Re-occurring theme in both surveys around vaccination was:

- That they believe people don't understand how vaccines work
- Vaccine confidence, mistrust, conspiracy theories and existing health conditions were preventing residents in receiving vaccine.

Future:

- Focus on wider health issues i.e Mental wellbeing post COVID.
- Get involved in face-to-face events, community centre and community events
- City wide promotion of community events which target specific health issues
- Integrated engagement whereby joint campaigns and events are designed and delivered in a shared way.
- Training around how to understand and deliver data and information, communications and engagement
- Developing creatives assets in various formats

Vaccine Engagement

Addressing Vaccine Inequalities

- Vacc Immune Project – Commission Providers general vaccination uptake across the life course.
- Jab Cab - Free taxi service for individuals and families who could not easily get to a vaccination centre.
- Vaccination Champions - Community Immunology training programme to develop a network of residents.
- Hyperlocal COVID-19 Vaccination Campaign - Identify suitable locations for the vaccination van.
- BSOL Antenatal Vaccination Task & Finish Group.
- Development of Living with COVID Strategy.

Improving COVID-19 Vaccination Uptake in Birmingham:

- Action week 23rd May to 28th May working with NHS and BCC Depts to promote location of vaccination van in Newtown, Ladywood and Handsworth.
- Engagement briefings for housing officers, who went door-to-door and delivered leaflets to 650 properties
- COVID Marshalls delivered 600 leaflets
- Social media campaign to highlight mobile vaccination van location.
- 33 vaccinations administered

Homeless Vaccination Focus Week

- Action week 16th May to 20th May COVID-19 vaccinations
- Locations –SIFA, Midland Heart, Washington , St Basils and Trinity Close.
- 35 vaccinations administered.



Peer Mentorship Programme (Pilot)

Empowering young people (18-35 year olds) to promote public health and wellbeing across Birmingham city

Recruitment Drive

125 participants showed interest in the Programme as a result of the recruitment drive and 70 participants have enrolled in the programme

Pop up event at Birmingham Library on 25th May 2022



Pop up event at Aston University on 26th May 2022



Flyers and Banners



Other Recruitment Activities

- Pop up event at Care leavers conference organised by Birmingham Children's trust (at Light House) on 31st May 2022
- Sharing social media posts on HealthyBrum Facebook, Twitter and Instagram channels
- Sharing project information with organisations working with 18-35 year olds

Project Delivery

May 2022



Planning



Output

Recruitment drive for volunteers (18-35 year olds)

Health and wellbeing training delivered to volunteers

Peer led events delivered by volunteers



Outcomes

Increased confidence of residents talking about health issues and better understanding of how to access health services in 18-35 year olds

September 2022

Further Work in Development



Representation

- Continue to working partnership and strengthening of relationships with our 18 existing commissioned partners and encourage the delivery of a minimum of 10 befriending/non-digital channels for those communities with limited digital access.
- Accelerate existing engagement to support understanding and the uptake of testing, vaccination, recovery and any emerging themes working with all communities directly or via partners and key stakeholders.
- Asset mapping of 69 wards including demographic information, COVID cases, vaccine uptake by ward, commissioned provider summary, main community needs/PH concerns, important contact information to highlight gaps in our current engagement work, scope and commission further partners if required to reach underrepresented communities.

Reach

- Review the COVID Champions network and recruitment to enhance communications and engagement and local asset leverage to improve relationships with communities and their understanding of vaccines, testing and “learning to live with Covid”.
- Champions Feedback. Encourage champions to share stories on the Newsletter ‘Champions’ corner’ to support with wider reach across communities.
- Working with communities and partners to support and focus on more engagement across the City.
- Conversations with influencers within the Black Community to address low uptake of COVID-19 vaccine.

Response

- Collating responses from champions and faith settings in relation to Vaccine toolkit and isolation pack.
- 'You Said, We Did' – WhatsApp communication set-up.
- Progressing on monitoring commissioned partners fund through Ministry of Housing and Local Communities (MHCLG) grant for Communications and Engagement programme to strengthen our relationships with groups during the pandemic.

Progress Status

- Final readiness exercise conducted with UKHSA and other LAs
- Post-exercise action plans to close gaps with NHS, UKHSA, and the OC
- Final planning arrangements with DCMS.
- Response to ongoing and emerging Public Health situations and concerns, e.g. monkeypox, avian flu

Milestones

Milestones	Target Date	On track? Yes/No

Priority Actions /Issues

Priority Actions /Issues	Mitigating Actions	Target Date
Finalising multi-agency working arrangements	MOU with UKHSA	June 2022
Readiness tested with UKHSA and other LAs	Post-exercise action plan to close gaps. To confirm Communications protocol keeps BCC in the loop. Finalise local NHS readiness.	June 2022
Surveillance strategy (Covid and non-Covid)	UKHSA Field Services to provide regular surveillance data. Established pathways for incident/situational surveillance.	June to August 2022

Dependencies

- Timely surveillance of local, national and international developments.

	<u>Agenda Item: 9</u>
Report to:	Local COVID Outbreak Engagement Board
Date:	29th June 2022
TITLE:	Future of the Local Outbreak Engagement Board
Organisation	Birmingham City Council
Presenting Officer	Dr Justin Varney

Report Type:	For approval
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1. Purpose:
1.1 This briefing has been produced to give the most up-to-date information on COVID-19 Surveillance while considering the overarching government plan for COVID.
1.2 To seek approval to stand down the Local COVID Outbreak Engagement Board.

2. Recommendation:
2.1 Approval for the Local Outbreak Engagement Board (LCEOB) to stand down.

3. Report Body
3.1 Significant changes in data availability have occurred since the last Board meeting in April 2022. With the end of the provision of free universal symptomatic and asymptomatic testing for the general population on April 1 st this year, and the discontinuation of wastewater analysis, recorded cases have become a less trustworthy indication of COVID-19 prevalence.
3.2 Cases that have been positively detected in the city by a PCR or LFD test are currently being reported.
3.3 Furthermore, since the end of mandatory reporting, confirmed situations have remained consistently low in all settings.
3.4 We now rely on the COVID-19 Infection Survey (a modelled estimate)

and mortality from the Office for National Statistics (ONS), hospital admissions and testing (which will include genomic sequencing) and on our resident population to submit their test results.

- 3.5 However, with the decline in community testing and the lifting of all restrictions, we have seen a non-correlation between ONS measured COVID-19 prevalence and reported cases from mid-January 2022. For example, the ONS estimates that up to 18,248 cases may have occurred in the city in the week ending 21 May 2022, yet only 590 cases were reported.
- 3.6 We will continue to collaborate with the UKHSA team on how to track local infection rates in order to guide our local response and be ready to meet the demands of an outbreak in high risk areas and/or new variants if that becomes necessary in the future.
- 3.7 Across the country, a proportion of positive tests are being sequenced to track any changes in the virus or new variants.
- 3.8 As there is no longer a legal requirement for the LCOEB, the Health Protection Forum (HPF), a formal existing sub-group of the Health and Wellbeing Board has resumed broad "all hazards" oversight of the strategy to protect the local population's health. The HPF will now be responsible for overseeing the shutdown of COVID-19 activity as we move to living safely with COVID-19. Any updates on COVID will be monitored through this group.
- 3.9 It is proposed that the Local Outbreak Engagement Board (LCEOB) be stood down in view of the Government's move to the Living with COVID, the broader policy around COVID, and the resulting ramifications.
- 3.10 If any significant change occurs, such as a resurgence in infections or the emergence of a virulent COVID variant, the Board could be re-established at the request of either the Leader, Chair of the Health and Wellbeing Board or the Director of Public Health.

4. Risk Analysis: None identified

The following people have been involved in the preparation of this board paper:

Dr Julia Duke-MacRae
Dr Justin Varney

	<u>Agenda Item: 11</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	29/06/2022
TITLE:	TEST AND TRACE BUDGET OVERVIEW
Organisation:	Birmingham City Council
Presenting Officer:	Justin Varney

Report Type:	For discussion
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1. Purpose:

1.1 To inform the Board of the planned spend of the allocated test and trace budget

2. Recommendation:

2.1 The Board is asked to note for discussion at the meeting.

3. Report body

Table 1: Actual spend for 2021/22 and Allocation for 2022/23

Spend Item	Value £'000
Staffing	3,539
Asymptomatic Testing Contingency	294
Testing Facilities	32
Community swabbing and support	633
Software licence, implementation & support	74
Local contact tracing	956
Whistleblowing	65
Isolation Support	926
Communications	193
Health and wellbeing support	1,162
Training	23
Translation services	18
Other Costs	7
Enforcement support inc. Covid Marshalls	1,461
Supporting compliance	8,372
TOTAL	17,755

Table 2: Projected Commitments for 2022/23

Description	Value £'000
Staffing	1,955
Testing Facilities	35
Community swabbing and support	452
Software licence, implementation & support	22
Local contact tracing	779
Communications	357
Vaccination Project	242
Health and wellbeing support	1,550
Team Costs & Training	63
Environmental Team Support	1,068
Programme Evaluation	250
CWG Contingency	600
Programme Contingency	1,902
TOTAL	9,274

4. Clarification Notes to the report:

The Table 1 above show the spend on COMF for 2021/22.

Following the move to Oracle, the Council's focus has been on ensuring suppliers and employees are paid and income collected.

Monitoring will be the next focus of activity including reporting on spend to date and the table can then be updated with the spend to date figures.

Table 2 above show Projected Commitments for 2022/23

Staffing spend projection £1,9m to include all resources supporting Test and Trace project.

Community Swabbing and Support estimated budget of £452k to cover Contract with Community Healthcare NHS Foundation Trust (BCHC). The team works on infection prevention and control in care settings when not required for swabbing.

Local Contact Tracing projected spend £779k - team is operating now in reduced capacity to reach out to all those who have reported a positive NHS test result (either LFD or PCR). During those calls, we offer support for their "stay at home", this could be assistance with food, emotional support, or advice about returning to work and school.

The team also gather information on the data on their vaccination status and any reasons for their vaccine hesitancy.

Recently, the team modified the tracing app to account for the likelihood of other diseases such as monkeypox.

Planned spend on communication £357k to include several health benefits projects: Smoking Campaign, Peer Mentorship Pilot which include a training programme for volunteers who will then conduct workshops and events to raise awareness and dispel myths around health issues; Production of leaflets to promote safer behaviour around Commonwealth Games; as well as Transition of Covid-19 Champions into new model delivery and engagement.

The vaccination programme, £242k will include Vacc-Immune (£150k) project which will support NHS vaccination by focusing on priority wards with low vaccine uptake. Project activities include tendering, commissioning, and managing community providers who will interact directly with communities. Increasing immunisation rates and reducing health inequalities are among the project's objectives.

The second project is Hyperlocal Vaccination (£20k). The purpose of the hyperlocal project is to increase the vaccination uptake (in collaboration with NHS) in the Birmingham wards that have been identified as having the lowest uptake.

We also included The Vaccination Toolkit (£60k), which is a legacy document that gives residents an overview of what vaccination is, dispelling myths and directs them to resources. It was produced at the beginning of the pandemic but is now out of date and over the past two or three months, we have been working to bring it up to date.

The Jab Cab project is still being funded (£10K) under this budget line.

Health and wellbeing support £1.5m to cover the continuation of carers hub support as well as food insecurity and corporate pressures.

Team Cost and Training £63k to support Test and Trace resources in delivering Living with Covid Ways of Working, support capacity planning and assist in the transition to bring gained knowledge and expertise to Business as Usual.

Environmental Health Support intended spend at £1.1 to cover response and resilience for Commonwealth games.

Programme Evaluation £250k to track progress assess outcomes and ascertain whether all anticipated goals were achieved.

Commonwealth Games Contingency £600k - a reserve for any urgent/unexpected spend in response to incidents at the Games.

Programme Contingency £1,9m is still needed to be set aside to pay for any unforeseen costs associated with the programme, spread between Adult Social Care, City Management, City Operations, Housing and Education.

5. Risk Analysis:			
Risk			
Identified	Likelihood	Impact	Actions taken
Delayed Re-Charges	High	Apparent underspends	On Going communication with relevant department regarding re-charges. - In Process

The following people have been involved in the preparation of this board paper:

John Brookes, Finance Manager

Malgorzata Sugathan, Service Lead (Test & Trace)

Julia Duke-MacRae, Consultant in Public Health Medicine (Test & Trace)

