

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

<b>Report Type:</b>	<b>For approval</b>
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<b>1. Purpose:</b>
<p>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.</p> <p>1.2 To seek approval to stand down the Local COVID Outbreak Engagement Board.</p>

<b>2. Recommendation:</b>
<p>2.1 Approval for the Local Outbreak Engagement Board (LCEOB) to stand down.</p>

<b>3. Report Body</b>
<p>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<sup>st</sup> this year, and the discontinuation of wastewater analysis, recorded cases have become a less trustworthy indication of COVID-19 prevalence.</p> <p>3.2 Cases that have been positively detected in the city by a PCR or LFD test are currently being reported.</p> <p>3.3 Furthermore, since the end of mandatory reporting, confirmed situations have remained consistently low in all settings.</p> <p>3.4 We now rely on the COVID-19 Infection Survey (a modelled estimate)</p>

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:

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