

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 23 FEBRUARY 2022 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **WELCOME AND INTRODUCTION**

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.

5 - 14

5 **MINUTES**

To confirm and sign the Minutes of the meeting held on the 26 January 2022.

15 - 58

6 **COVID-19 SITUATION UPDATE**

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

7 **VACCINATION ROLLOUT AND UPTAKE UPDATE**

Paul Sherriff, NHS Birmingham and Solihull CCG and Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG will present the item.

59 - 78

8 **LIVING WITH COVID STRATEGY**

Dr Iheadi Onwukwe, Consultant in Public Health will present the item.

79 - 86

9 **COMMUNICATIONS AND ENGAGEMENT FORWARD PLAN**

Damilola Akinsulire, Consultant in Public Health will present the item.

87 - 96

10 **SCHOOLS UPDATE**

Jaswinder Didially, Head of Service, Education Infrastructure will present the item.

11 **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**

The Chairman of the LCOEB, Councillor Ian Ward, Leader of Birmingham City Council will lead the item.

97 - 102

12 **TEST AND TRACE BUDGET OVERVIEW**

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

13 **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.

14 **DATE AND TIME OF NEXT LOCAL COVID OUTBREAK ENGAGEMENT BOARD MEETING**

To note that the next meeting will be held at 1400 hours on Wednesday 23 March 2022 as an online meeting.

15 **EXCLUSION OF THE PUBLIC**

That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraph 3

16 **FUTURE MEETING ARRANGEMENTS**

Item Description

17 **OTHER URGENT BUSINESS (EXEMPT INFORMATION)**

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

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
26 JANUARY 2022**

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 26 JANUARY 2022 AT
1400 HOURS ON-LINE**

PRESENT: -

Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Dr Justin Varney, Director of Public Health
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Paul Sherriff, NHS Birmingham and Solihull CCG
Councillor Paul Tilsley
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

ALSO PRESENT:-

Richard Burden, Chair, Healthwatch Birmingham
Jaswinder Didially, Head of Service, Education Infrastructure
Dr Julia Duke-Macrae, Consultant in Public Health
Remi Omotoye, Public Health Service Lead
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team
Simon Robinson, Senior Officer, Test and Trace Team, Public Health
Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

- 274 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

- 275 Apologies for absences were submitted on behalf of, Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham Councillor Brigid Jones, Deputy Leader, Birmingham City Council, Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
Chief Superintendent Stephen Graham, West Midlands Police
-

DECLARATIONS OF INTERESTS

- 276 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

- 277 **RESOLVED:-**

The Minutes of the meeting held on 15 December 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

- 278 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 highlighting the main points.

(See document No. 1)

The Chair enquired what the waning effectiveness of the vaccines over time were and what the thinking was now about whether we will need a further booster jab for people.

Dr Varney made the following statements:-

- That his current understanding was that the fourth dose was only required for individuals who the NHS had identified that had significantly impaired immune system.
- If you received a letter from the NHS that explicitly states that you have been invited for a fourth dose, please do pay attention and make that appointment. For the rest of us, the evidence was that the booster dose was enough to deal with Omicron.

- It was suspected that what will happen was because the vast majority of the world was not yet double vaccinated and boosted was that we probably would need an annual Covid jab in the autumn alongside the flu jab to protect us against new variants that appeared around the world.
- We will probably need that for two to three years until the vast majority of the world was vaccinated and Covid ran out of paces to go.
- It was not thought that there would be a fourth jab in the context of a booster, but it was expected in the autumn that we may have the start of an annual Covid jab programme.
- We needed to await the Joint Committee on Vaccination and Immunisation (JCVI) advised, but it may not be all ages but specific groups.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE UPDATE

279 Paul Sherriff, NHS Birmingham and Solihull CCG presented the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 2)

Richard Burden, Chair, Healthwatch Birmingham commented that looking at the slides the vast majority of take up of the booster had been at the local vaccination centres. Mr Burden enquired whether we had or whether it would be a good idea to get more granular level about that in terms of how people were getting their boosters, how many were getting booked appointments and how many were using the walk-in service. Mr Burden stated that his reason for saying that was the spread of the walk-in service whilst it was good in some parts of the city in other parts of the city it was quite patchy.

It was about whether there was a walk-in centre within easy reach of a lot of people. If the walk-in centres had shown themselves to be effective by picking up people who had not been vaccinated or boosted so far that might indicate that there needed to be looked at to get the spread more consistent across the city. This was thought of in relation to the problem that we had in relating to younger people, the under 30s and in particular the under 25s where there was still quite a lot of hesitancy etc.

Mr Sherriff stated that this was an action for him to take away and look at it in more detail. We had a significant amount of data that goes down to a granular level. Mr Sherriff undertook to take the issue away and look at the availability of open access. We do tend to see a mixed model so they will offer open access on certain days. It was thought that part of the point being made was around consistent offer so that people knew where they stand.

Councillor Matt Bennett voiced concerns regarding the difference between those who had the second jab and the boosters. Councillor Bennett enquired whether it was 74% of those eligible that had the booster as most people who had two doses would be eligible for boosters. This meant that 25% of people who had their second jab had not yet had their boosters even though they had

time and encouragement to do so. Councillor Bennett further enquired whether Mr Sherriff had any thoughts as to why this was the case and what more could be done. He added that there was a difference between the hesitancy to get it done initially, but it was not certain why there would be a hesitancy to having had the first two jabs to then go and get the booster. It was of concern that there was such a number of people that were doing it.

Stephen Raybould commented that we were now in a situation where there were a number of providers across social care who were trying to establish who must have the vaccine as part of the mandatory vaccination programme. As we move towards the ICS whether there was a gap between the guidance available at national level and what needed to happen on the ground as there was some ambiguity. We could look at some of those risks being owned by the system and the additional guidance being ... at the local level. A number of them were trying to answer the same question. This was expensive and lead to a less coordinated response.

Mr Sherriff made the following statements:-

- a. In relation to Councillor Bennett's question regarding the take up of the booster, he did not have a definitive answer.
- b. It was disappointing that people who have had their first two doses and were eligible for their booster dose had not come forward in spite of the national and local publicity and engagement.
- c. We have undertaken a range of exercises, not just general communication across a number of platforms.
- d. We have used local GPs to reach out to their patients, we have placed information through people's front doors, knocked on doors, telephone people and texted them.
- e. Anecdotally, it came down to a degree of apathy and people saying they did not need it as Omicron was a mild disease, that this wave was passing.
- f. We had made it clear in Birmingham that we would continue to do two things. We will continue to offer the booster to those who were eligible, and we will continue with an evergreen offer.
- g. The important thing was that we do some more insight work with communities to understand what sat behind those decisions and then we will respond with our plans for the next phase to still encourage people to come forward.
- h. There was no specific answer as to why people did not come forward despite the work that we have been doing. This had been a consistent pattern across other regions and certainly the slowing down of the booster programme as well.
- i. With regards to Mr Raybould's question concerning impact around other parts of our system, I would like to think that within the Birmingham health and care system that we will continue to work as one on this issue with all partners.
- j. If you have thoughts and ideas on how we could join that up better to provide that support and resilience to other parts of the health and care sector he would gladly work with him.
- k. We have had a number of other forums and mechanisms in place where we have worked with a range of providers to provide that support. If that

needed to be evolved or enhanced further, he was welcoming of that advice and that insight.

Dr Justin Varney stated that picking up on that last point it would be helpful for both the CCGs to have an identified point of contact for commissioned services contact to ask. Like Mr Raybould he was getting a lot of questions from a range of things like optometry to diabetic eye check for example through to mental health support workers. There was a range coming through from a range of different commissioners within the NHS system, but there did not seem to be a clearly identified point of contact for us to be able to direct them to, to have a conversation about what was sitting within the framework of the overall national guidance which was quite broad in its definition of who was included in the contacts.

Mr Sherriff undertook to pick this point up as an action and stated that as the Board may be aware, we have a mechanism amongst the statutory partners around interpreting the national position and what that meant locally. Mr Sherriff reiterated that he will pick this up as a single point of contact. He added that it would make sense for him to do that as one contact for Birmingham and will link across to both systems.

The Chair commented that the government had set a date for NHS staff to be vaccinated and there were reports in the media regarding staffing issues. The Chair enquired how this might impact on Birmingham and Solihull.

Mr Sherriff advised that this remained challenging – there was a risk there. The levels of vaccine uptake was significant across all providers. However, there will be pockets within certain geographies and within teams. This was an area of concern, it had daily if not weekly the focus of Executives and Chief Executives as we work through that guidance to understand where the actual risk really sat and what could be done to mitigate it. All of the support were in place for staff to talk through any concerns, any hesitancy issues and we have stated that all questions were good questions. We continue to work that through, but it was fair to say that there was risk locally that was understood and that was being worked through to see how that was mitigated.

The Committee Clerk commented that in relation to the poor uptake of the booster shot by people who have had the two doses perhaps this could be as a result of some of these people having Covid at the time the booster shot was offered. Mr Sherriff advised that this was definitely the case as we have had that, and we recontact people to bring them back after that period as we had to wait for that gap so we will follow that through.

Councillor Tilsley stated that the issues the Chair raised was something he had raised at the recent Health Scrutiny meeting. *The Times* at the weekend had some telling figures and we were able to breakdown to individual Trusts which he did as far as Birmingham was concerned. Given that overall there were a shortage of 10% in staffing levels, when you look at the unvaccinated staff within Trusts it was worrying as far as Birmingham was concerned. With the fallout that there had been with elective surgery for a whole variety of procedures, it was of concern that we were pushing it even further back.

Local Covid Outbreak Engagement Board – 26 January 2022

Mr Sherriff stated that he took the point made by Councillor Tilsley and that was a concern, but we were not ducking the fact that there were risks there. It was very much on the agenda everyday to see how the uptake rates were increasing and the mitigations to address it. This was something we will be transparent on in our reporting.

The Board noted the update on the vaccination rollout and uptake.

SCHOOLS UPDATE

- 280 Jaswinder Didiyal, Head of Service, Education Infrastructure introduced the item and drew the Board's attention to the information contained in the slide presentation.

(See document No. 3)

The Chair commented that the final point that was made about school in the presentation slide about children and young people, not just here, but across the whole of the country they had a rough time over the last two years on missing out on education, particularly those in deprived communities perhaps not had access to IT and had suffered most. The Chair added that there was a real need to address that catchup element in young people's education.

The Board noted the update on schools.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

- 281 The Chair introduced the item and then invited Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team to present the information. Dr Onwukwe drew the attention of the Board to the information contained in the survey presentation concerning the Covid vaccine uptake.

(See document No. 4)

The Chair commented that some interesting thing came out of the survey and that it was interesting that the third/fourth most popular reason for having the vaccine was to keep the economy going which appeared to be an odd explanation as to why you would take it. The Chair added that there were some interesting comments in relation to why people were not taking the vaccine. The Chair further stated that it seemed that most of this was driven by myths on social media which was simply not true.

Mr Raybould stated that people unwilling to take the vaccine and filled in a questionnaire about it were a specific group would not do. Mr Raybould enquired whether given the information about those things in the public domain was heavily pointing people towards it and whether we had a broader indicator around trust in the system. There was information there and it was just a question of it being believed. One of the things we needed to do was to think about how we build trust in those communities that had low vaccine uptake so that they will accept the information that was being provided.

Dr Onwukwe stated that this was correct and that because of the current uptake levels within Birmingham and the fact that we would go to the granular level, but at the Ward level and street level as well as ethnic groups our plan was to channel these messages. We had recently received funding from the Department for levelling up in terms of addressing and through Covid Champions to address this specific granular information. The information we were getting was the reason we were asking these questions to enable us to channel the information to be able to address the different communities. We will take this back and add it to the plans for the new interventions

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health introduced the item and drew the attention of the Board to the information contained in the report.

(See document No. 5)

Dr Varney made the following statements: -

1. We have received conformation today from the Department of Health that the way we were managing the budget to carry forward and profile the budget to the end of the Commonwealth Games was appropriate and was in line with the Contained Outbreak Management Funding (COMF) and they were supportive of the approach we have taken.
2. This was reassuring given some of the other challenges that there were around funding nationally.
3. We were on tract to have a relatively small underspend at the end of this financial year.
4. We have been doing significant work since the last Board meeting around ensuring that we were maximising use of the COMF across the breath of the Council in line with the guidance.
5. The Board will note that the projected commitment all the way through the response had risen significantly and that was changing the overall balance of the budget in this financial year.
6. Those cross charges were coming through at pace at the moment and reflect the additional capacity for example that was put into Adult Social Care.
7. Some of the rapid work that we had done over the last year to adapt services to new ways of working so that citizens could still access support and staff were able to work from home to provide that support.
8. There had been quite a lot of work to review that and to ensure that it was in line with the COMF criteria.
9. We have also talked with other local authorities to ensured that what we were doing mirrored what was being done in other areas which was helpful as it validated the approach, we had been taking in Birmingham towards the COMF.
10. As the Board was aware, we were able to leverage some additional funding particularly around asymptomatic testing, but also around the Community Champions funding.

Local Covid Outbreak Engagement Board – 26 January 2022

11. We have also received an additional £180k for additional work to support the vaccination programme over the next few months which was now being mobilised by the Test and Traces Communications and Engagement Team.
12. This was a reflection and confidence that the Government had in the work we were doing in Birmingham and the strength of our work with communities and the partnership we had with the communities and voluntary sector in this space which was repeatedly being held up nationally as good practice.
13. For the budget for 2022/23 we had agreed with the UKHSA that because we were retaining much of our structure in terms of our spend, Public Health and our Environmental Health capacity to support the Commonwealth Games, we will be initiating a programme of joint training with UKHSA so that Birmingham would provide surge capacity should the UKHSA capacity buckle under a major incident/event affecting any of the Games sites within the West Midlands.
14. This would be a responsible use of our capacity and reflected Birmingham's leadership at the Commonwealth Games.
15. Dr Varney stated that he would welcome the Board's support in the offer that was made to the UKHSA about that. He would be happy to bring back to the Board a formal paper on the issue as it was something that was only agreed in the last couple of days with colleagues both regionally and nationally.
16. This had reflected our commitment to have a safe and secure Commonwealth Games and to ensure that we were as a Council supporting the breath of the Public Health system around contingency planning for the Games.

The Chair commented that Public Health will have the support of the Board as we would like to have a safe Commonwealth Games happening in the city next summer.

282 **RESOLVED:** -

That the Board noted the report.

OTHER URGENT BUSINESS

283 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

284 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 23 February 2022 at 1400 hours as an online meeting.

EXCLUSION OF THE PUBLIC

285 **RESOLVED:** -

230

That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraph 3 of Schedule 12A.

Birmingham Local Outbreak Engagement Board COVID-19 Overview

Birmingham Public
Health Division
15/02/2022



009956/2022



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Overview



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Birmingham
City Council

Policy Update

Testing guidelines:

- Travellers no longer need to take any COVID-19 travel tests or self-isolate on arrival in England if they are fully vaccinated adults. They will need to fill out a [passenger locator form](#) (PLF).

From Wednesday 16th February:

- ASC staff will now be required to do a pre-shift lateral flow test on each of the days they are working. The weekly asymptomatic PCR testing for staff will be removed.
- PCR testing will continue for:
 - regular monthly care home residents testing
 - outbreak testing
 - staff who have symptoms or a contact to a positive case

Vaccine Roll Out

- The Council continues to support the NHS in delivering the large-scale vaccination programme which to date, has been very successful. **The list of eligible people can be found here:** <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/who-can-get-the-vaccine/>
- Booster jabs will continue to be offered to all adults (aged 16 and over).
- Children aged 12 to 15 can now get their second vaccine dose from 12 weeks after their first vaccine dose. They can get the vaccines either:
 - at school
 - book online for appointments at vaccination centres or pharmacies
 - through walk in sites, which are available at [locations across Birmingham](#).
- Figures from the [GOV.UK](#) website indicate that 91.3% of the English population aged 12 years and over have had their 1st vaccine dose, 84.6% their 2nd dose, and 65.2% their booster dose. This compares to 68.3%, 61.5% and 40.4% in Birmingham.

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

Coronavirus in Birmingham

Total deaths

(Data up to 14 Feb)

3,327

Latest daily figure

1

new deaths

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Total cases

(Data up to 14 Feb)

312,400

Latest daily figure

373

new cases

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Hospital admissions

(Data up to 13 Feb)

29,037

Latest daily figure

41

new admissions

60-day trend

(based on seven-day averages).



Source: NHS COVID-19 Situation Operational Dashboard

Over 60's cases

(Data up to 13 Feb)

33,457

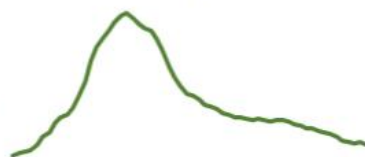
Latest daily figure

40

60+ new cases

60-day trend

(based on seven-day averages).



Source: PHE



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7 Day Cases, Testing & Vaccination Summary

7 Day Rolling Case Rate at 11th February

(Pillar 1 & 2): **382.0/100k**



- Rate on 4th February: 616.6/100k
- Ranked 14th (of 14 LAs), with Worcestershire ranked 1st (669.2/100k)

Vaccination aged 12+ (as at 15th January)

- 1st Dose: 67.6%
- 2nd Dose 61.6%
- Booster Dose 41.0%

7 Day Pillar 2 PCR testing rate 11th February: 1,278/100k

- Rate of testing on 4th February: 1,606/100k
- Ranked 13th in the region



7 Day LFD testing rate at 11th February: 5,727/100k

- Rate of testing on 4th February: 6,654/100k
- Ranked 14th, the lowest testing rate in the region



% of Pillar 2 positive PCR tests at 11th February: 18.2%

- Rate on 4th February: 22.4%



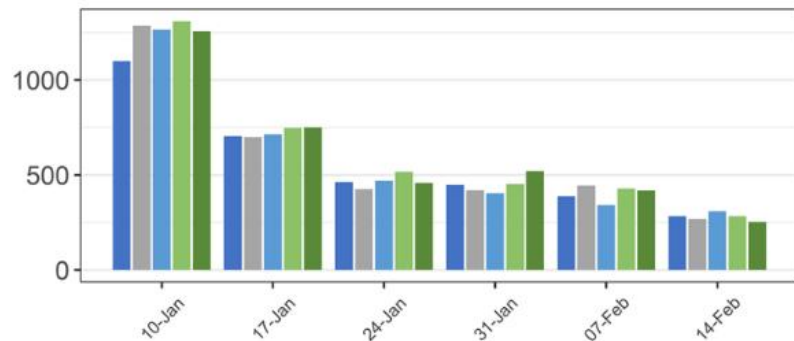
% of positive LFD tests at 21st January: 5.3%

- Rate on 14th January: 7.2%

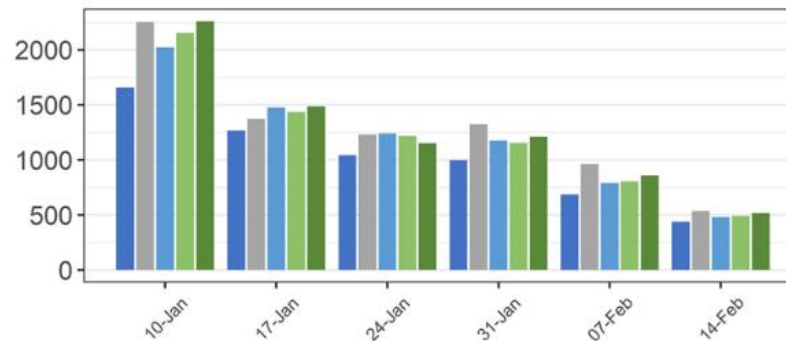


Birmingham and the Black Country Direction of Travel

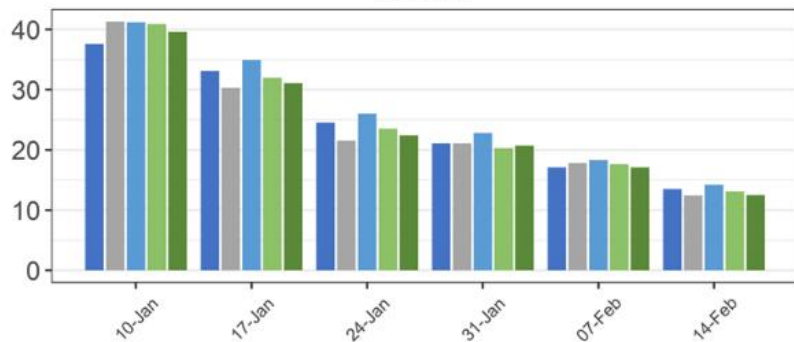
Case rate - 60+



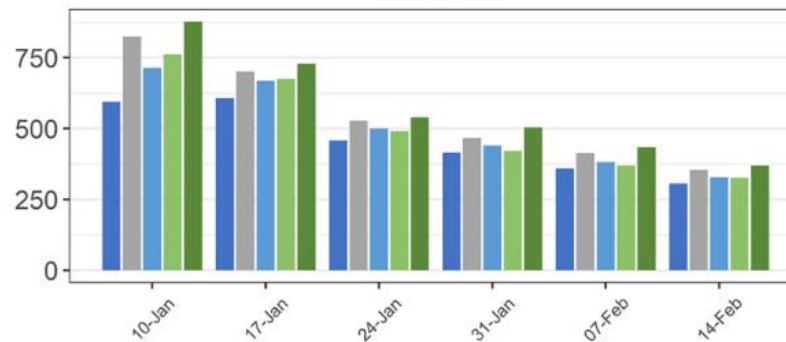
Case rate - all ages



Positivity

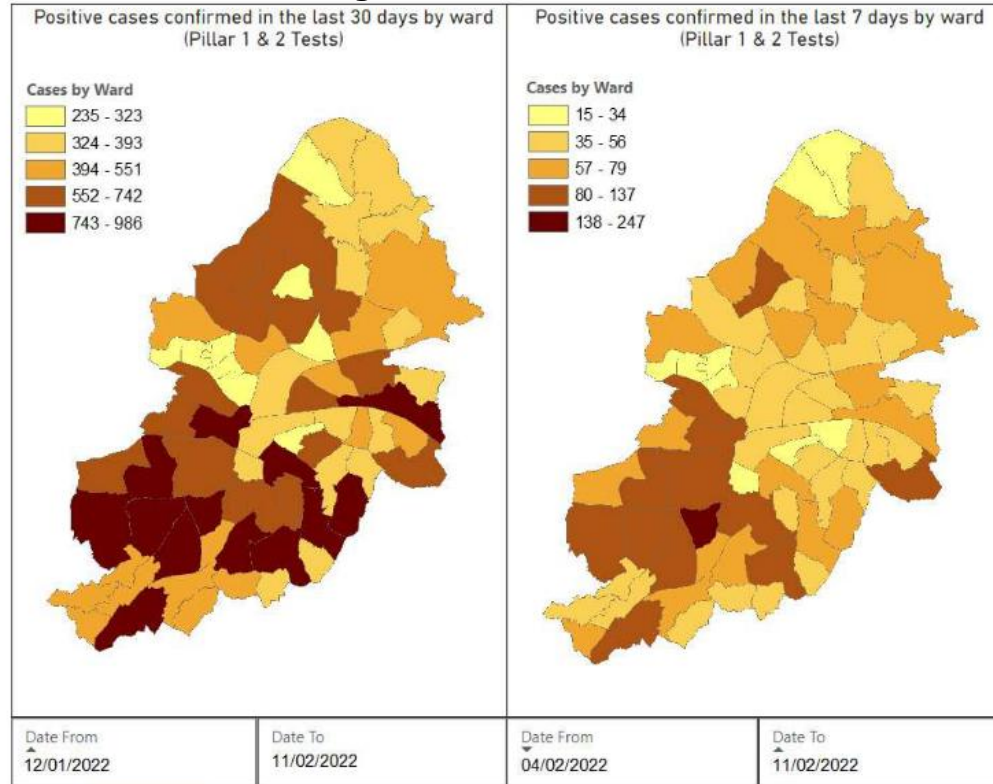


Testing rates



Birmingham
 Dudley
 Sandwell
 Walsall
 Wolverhampton

Confirmed Cases by Ward for Pillar 1 and 2 Tests



Last Month

Last Week

Source: UK Health Security Agency COVID-19 Situational Awareness Explorer
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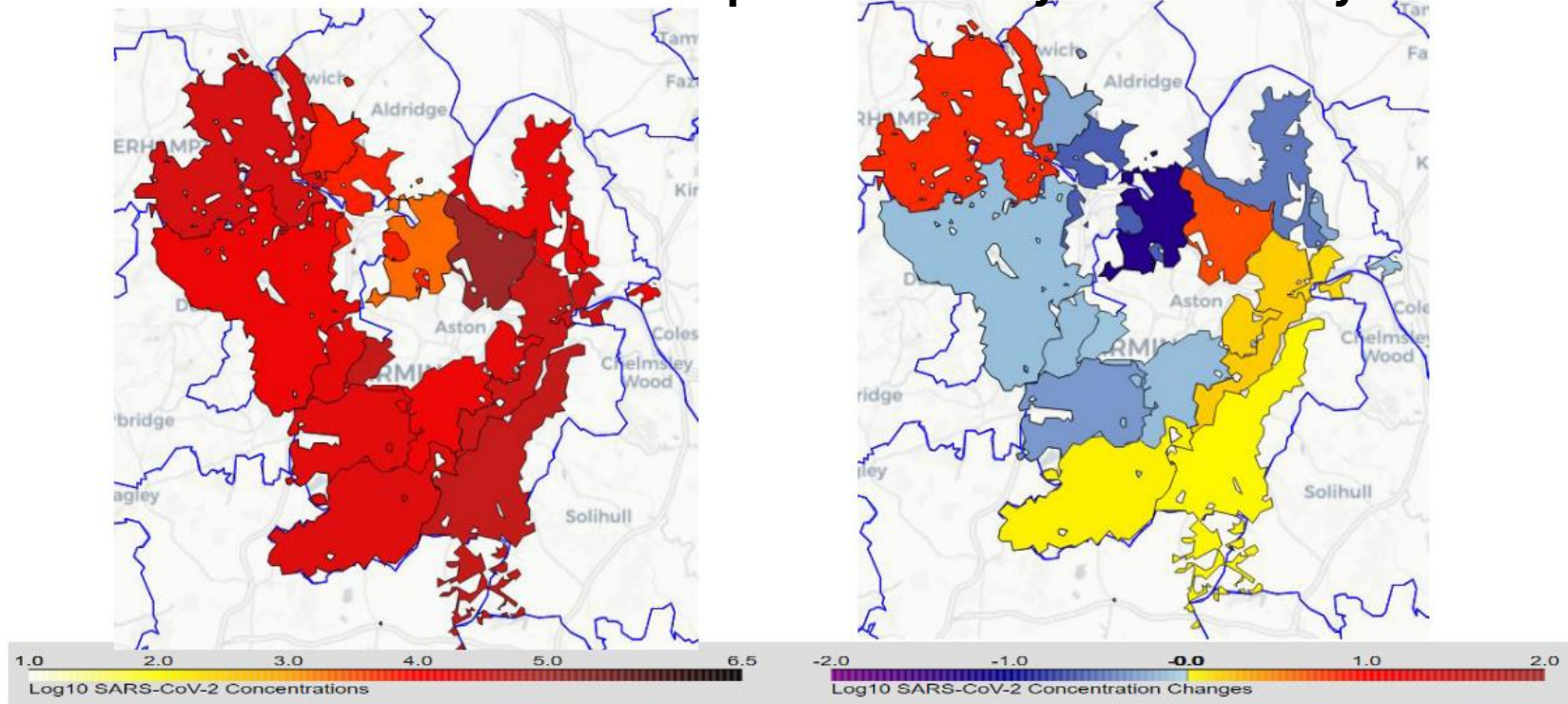
Top Ten Case Rates by Ward

Ward	Previous week, 29th January to 4th February		Current week, 5th to 11th February		Change between last two weeks	Absolute difference (comparing this week against last week)	
	Cases	Rate	Cases	Rate	%	Absolute difference	
Bournbrook & Selly Park	224	885.6	247	976.5	10%	90.9	↑
Sutton Trinity	85	916.6	65	701.0	-24%	-215.7	↓
Bournville & Cotteridge	219	1,221.8	114	636.0	-48%	-585.8	↓
Edgbaston	156	705.5	137	619.6	-12%	-85.9	↓
Sutton Reddicap	83	838.7	58	586.1	-30%	-252.6	↓
King's Norton North	91	781.5	68	584.0	-25%	-197.5	↓
Stirchley	81	809.7	58	579.8	-28%	-229.9	↓
Longbridge & West Heath	152	759.3	109	544.5	-28%	-214.8	↓
Rubery & Rednal	99	898.7	59	535.6	-40%	-363.1	↓
Weoley & Selly Oak	198	814.7	128	526.7	-35%	-288.0	↓

ONS COVID-19 Infection Survey, 11th February 2022

- The ONS infection survey estimates the percentage of the Birmingham population who were COVID positive in the 7 days up to 29th January was **5.9%**, no change from the previous week's estimate.
- In the West Midlands, in the 7 days up to 29th January, the estimated percentage testing positive was 5.5%, an increase compared to the previous week's estimate of 4.5%.
- In England, in the 7 days up to 5th February, the estimated percentage testing positive was 5.2%, an increase from 4.8% last week, and equivalent to 1 in 19 people.
- In England, in the 7 days up to 5th February, the percentage of people testing positive varied substantially across age groups, remaining highest in those aged 2 years to school Year 6 (11.5%), and lowest in those aged 70 years and over (2.5%).

NHS WASTEWATER SARS-COV-2 Report 3rd February to 9th February 2022



7-day average SARS-CoV-2 RNA concentration (gc/L) in wastewater. Darker shading indicate areas with a higher viral concentration. Higher concentration is associated with increased prevalence

Change in weekly average SARS-CoV-2 RNA concentration in wastewater. Measured as the difference between Log10 values of the weekly averages. Grey shading indicates areas where there was insufficient data to measure change.

Variants of Concern



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Variant of Concern

- The Omicron variant (VOV-21NOV-01) remains the dominant variant of COVID-19 in the UK. The variant is highly transmissible, five times more likely to re-infect than the Delta variant. However, recent trends show falling cases nationally, but not in all regions.
- Since the beginning of December 2021 (up to 10th February), 23,935 cases of COVID-19 have been reported in Birmingham. Around 87% (20,800/23,935) of these cases are of the Omicron variant. Of these, 7,952 are confirmed and 12,848 are probable cases. 13% of these cases are re-infections.
- The UKHSA has designated the Omicron variant sub-lineage known as BA.2 discovered in the UK on the 10th January as a Variant Under Investigation (VUI-22JAN-01). There are currently 10,963 cases in the UK, of which 87% (9,591/10,963) are in England. As of 10th February, 179 cases were confirmed in Birmingham.

Testing



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Birmingham
City Council

Test Locations

PCR: There are currently 2 active drive-in mobile testing unit sites:

- Fox Hollies Leisure Centre, B27 7NS

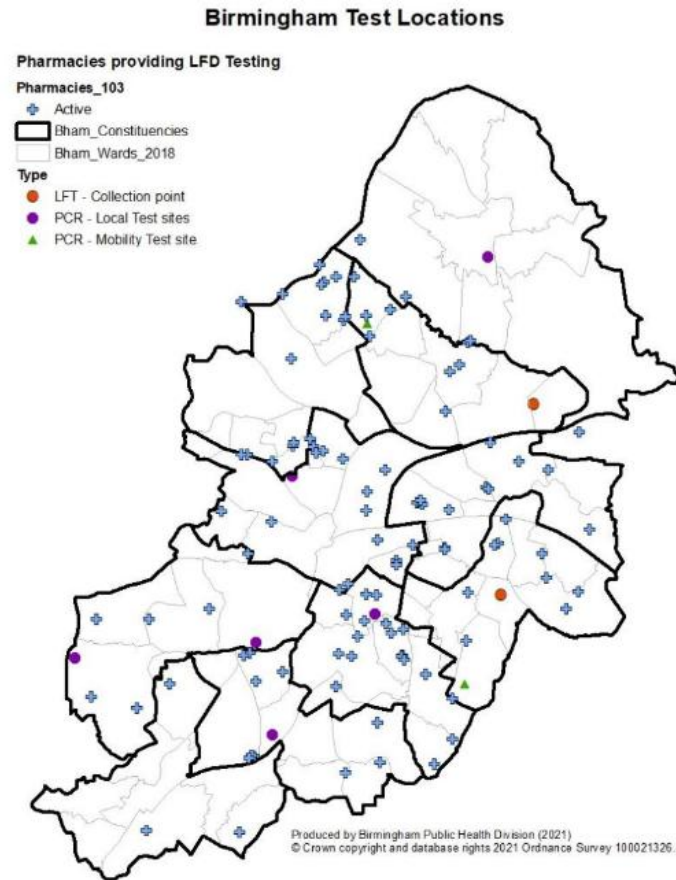
There are currently 6 active walk-in local testing sites (LTS):

- 60 Villa Street, B19 2XS
- Lifford House Car Park, Stirchley, B30 3BN
- South Parade Car Park, Sutton Coldfield, B72 1ST
- Birmingham University South Gate Car Park, B15 2TU
- Woodgate Valley Park, B32 3QT
- Alfred Road Car Park - B11 4PB

LFT: There are currently 2 LFT Collection sites:

- Tesco Springhill, B18 7BH
- Morrisons - Small Heath B10 0XA

Pharmacies: There are a total of 103 pharmacy collection points



PCR Testing (Pillar 2) by LSOA: 7 days up to 7th February 2022

**PCR Tests
per 100k
(rate)**

PCR Pillar2 ~ Rate per 100K

Bham_Constituencies

RPH

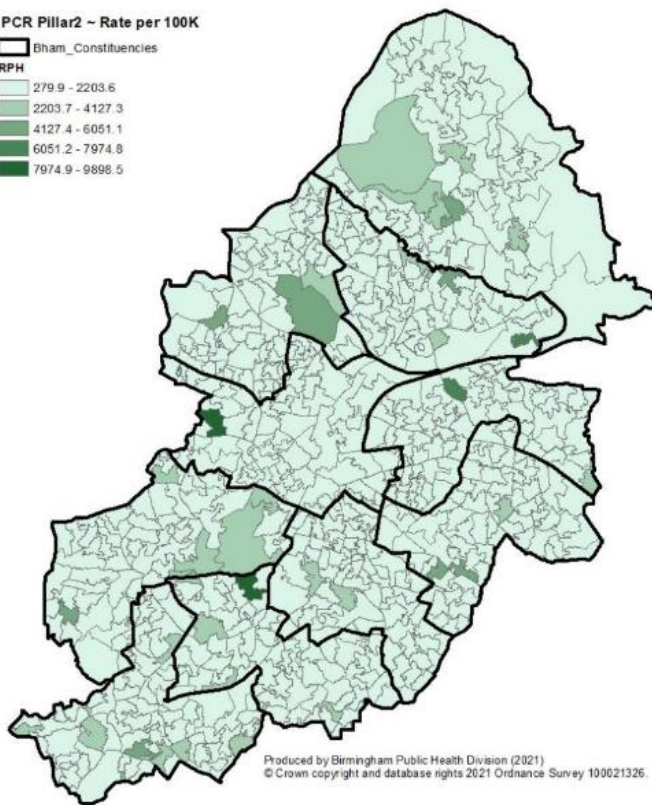
279.9 - 2203.6

2203.7 - 4127.3

4127.4 - 6051.1

6051.2 - 7974.8

7974.9 - 9898.5



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**PCR
positivity
(%)**

PCR Pillar2 ~ % Positive tests

Bham_Constituencies

pcpos

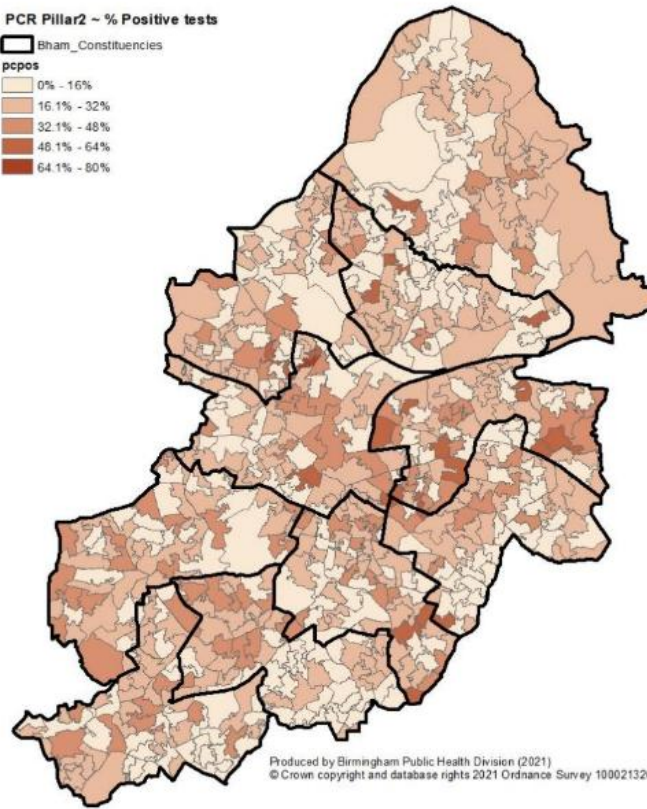
0% - 16%

16.1% - 32%

32.1% - 48%

48.1% - 64%

64.1% - 80%

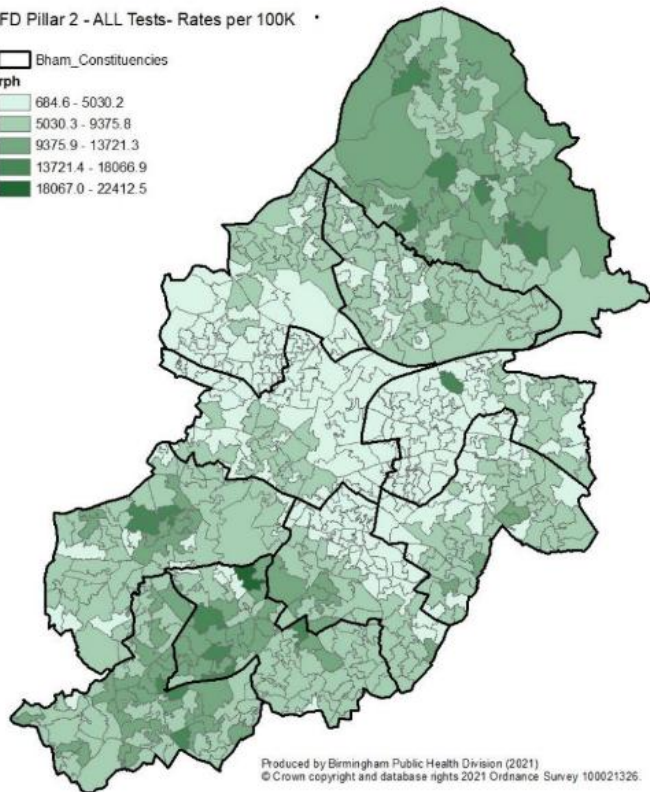
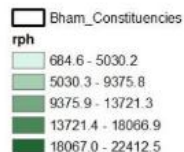


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LFD Testing (Pillar 2) by LSOA: 7 days up to 7th February 2022

**LFD Tests
per 100k
(rate)**

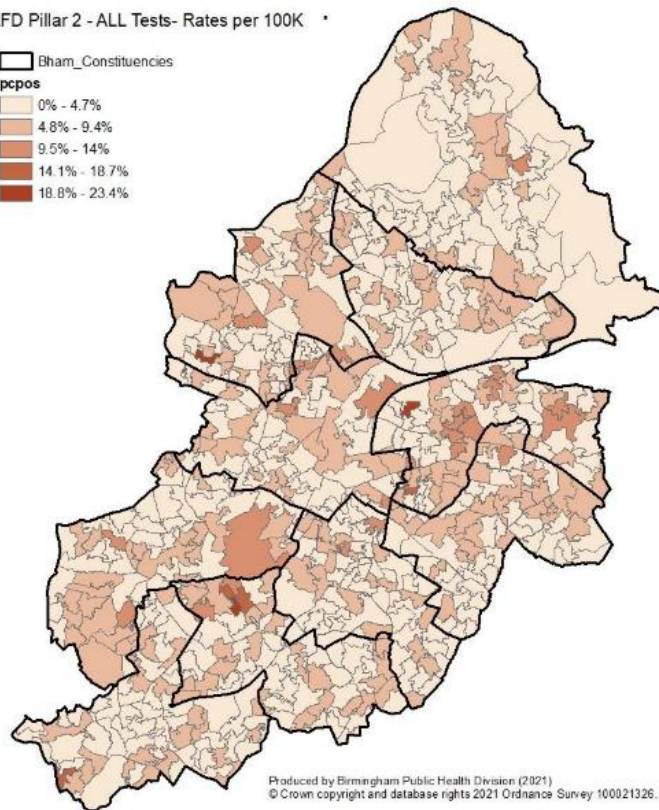
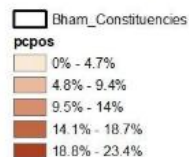
LFD Pillar 2 - ALL Tests- Rates per 100K *



Produced by Birmingham Public Health Division (2021)
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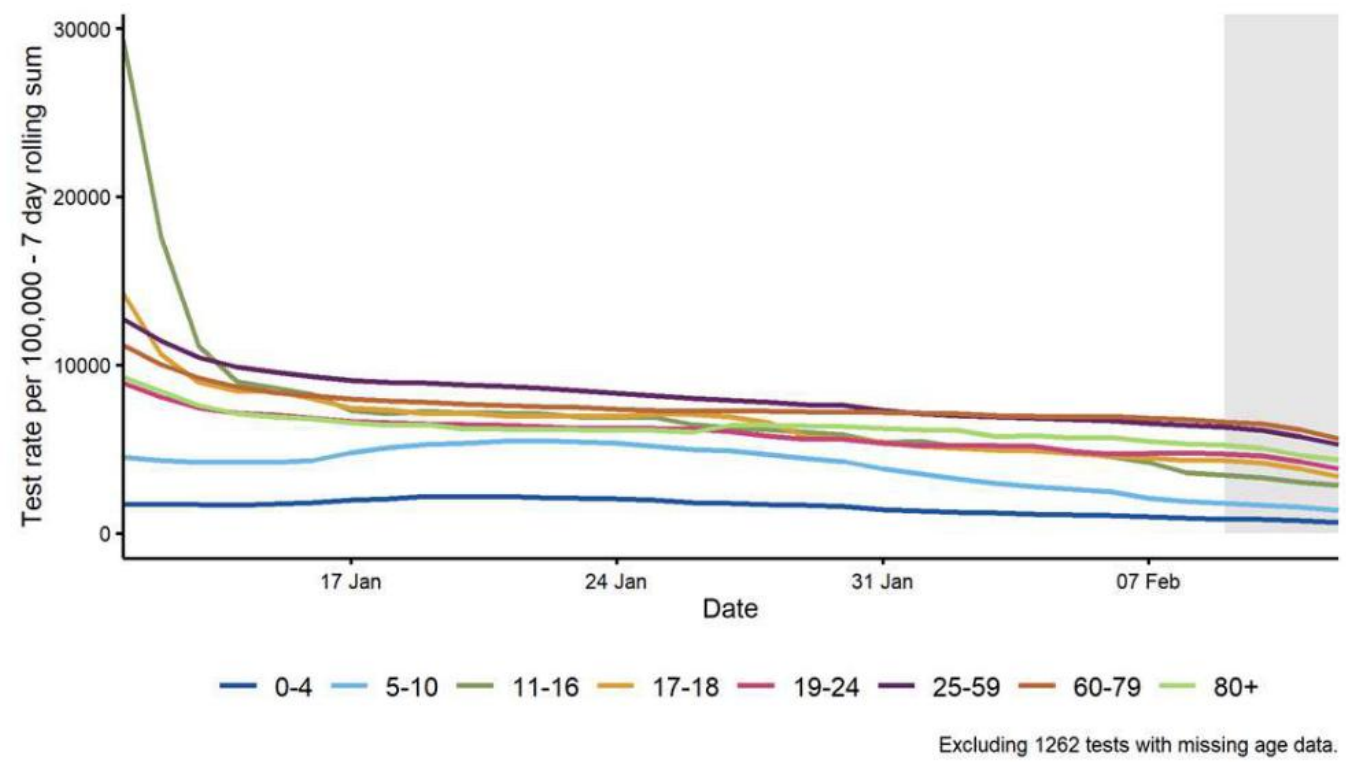
**LFD
positivity
(%)**

LFD Pillar 2 - ALL Tests- Rates per 100K *



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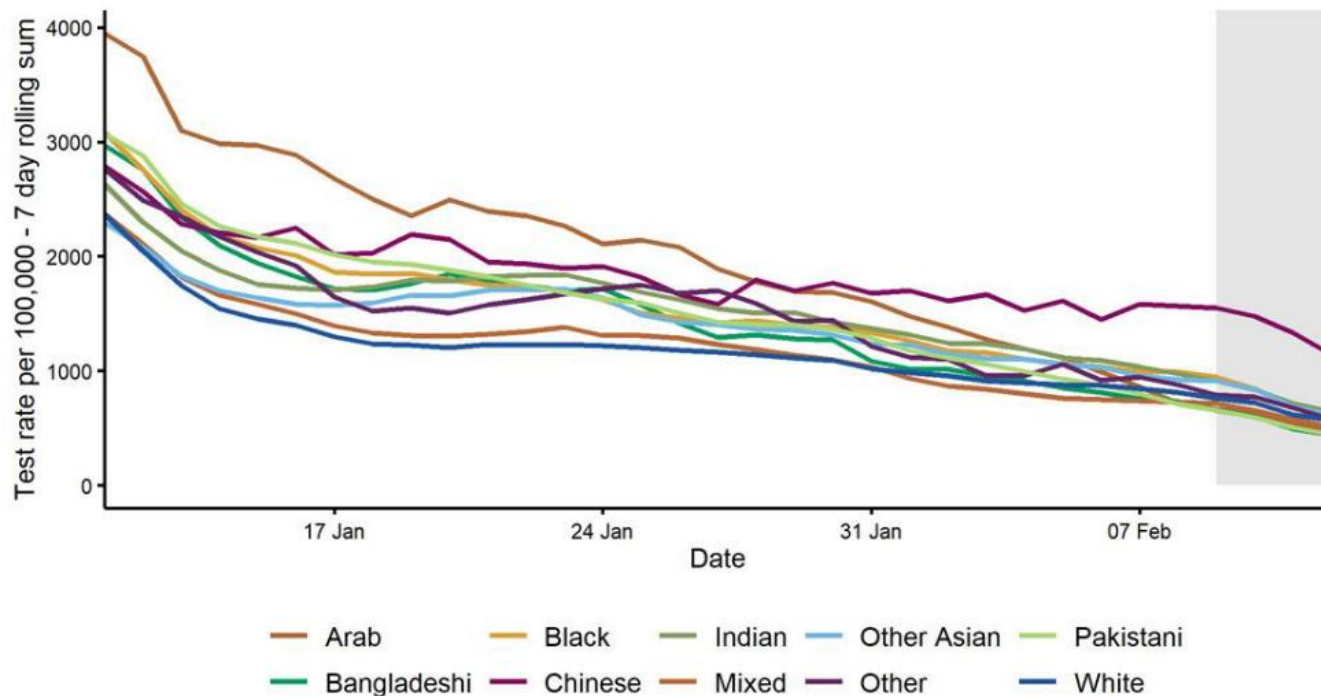
Age-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Residents of Birmingham: 11th January to 13th February 2022



- Testing rates have been fairly stable since the peak in January, decreasing very slightly in recent weeks.
- The highest rates are in the older age groups, 60-79, 25-59, and 80+.

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

Ethnicity-Specific 7-Day Rolling Pillar 2 Test Rates per 100,000 Population Among Birmingham Residents: 11th January to 13th February 2022

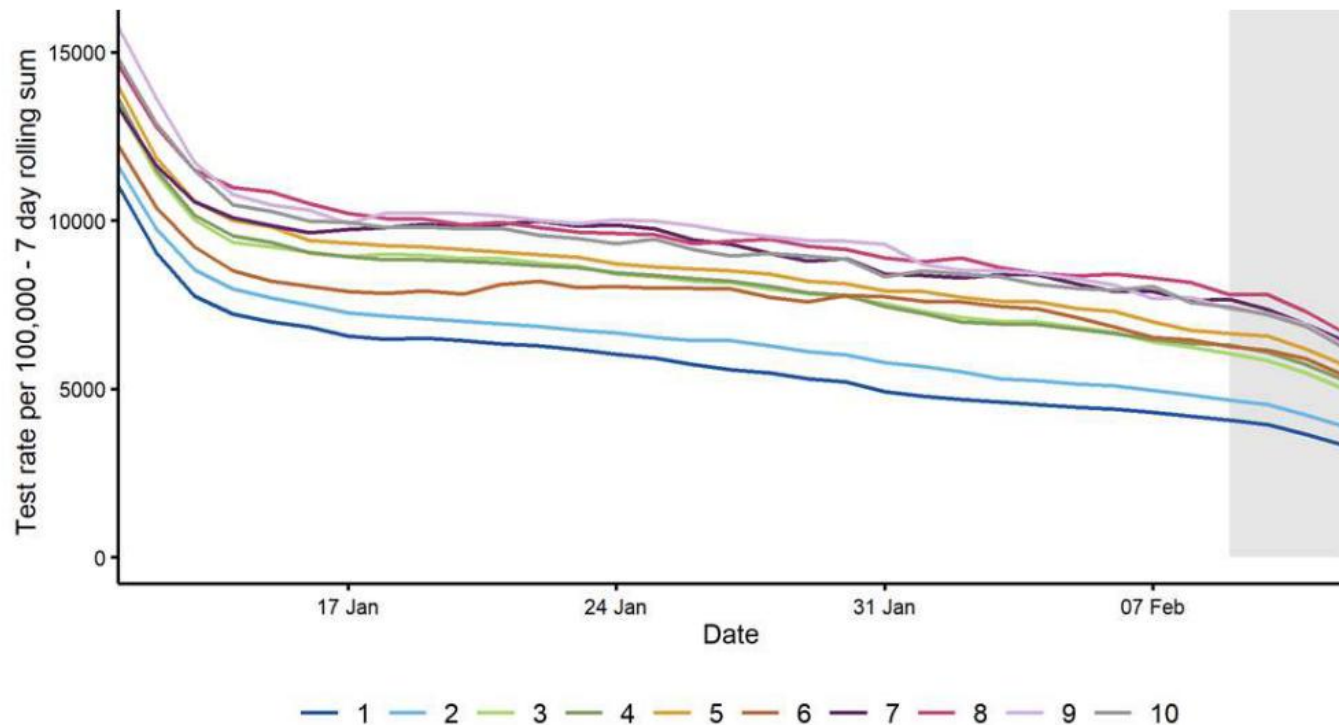


Excluding 281131 pillar 2 tests with missing ethnicity data.

- Testing rates are falling in all ethnicities.
- In recent weeks, the highest rate of testing is in Other ethnicity.

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

Index of Multiple Deprivation-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Birmingham Residents: 11th January to 13th February 2022



- Testing rates are falling in all IMD bands.
- Rates are consistently lower in the most deprived LSOAs.

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



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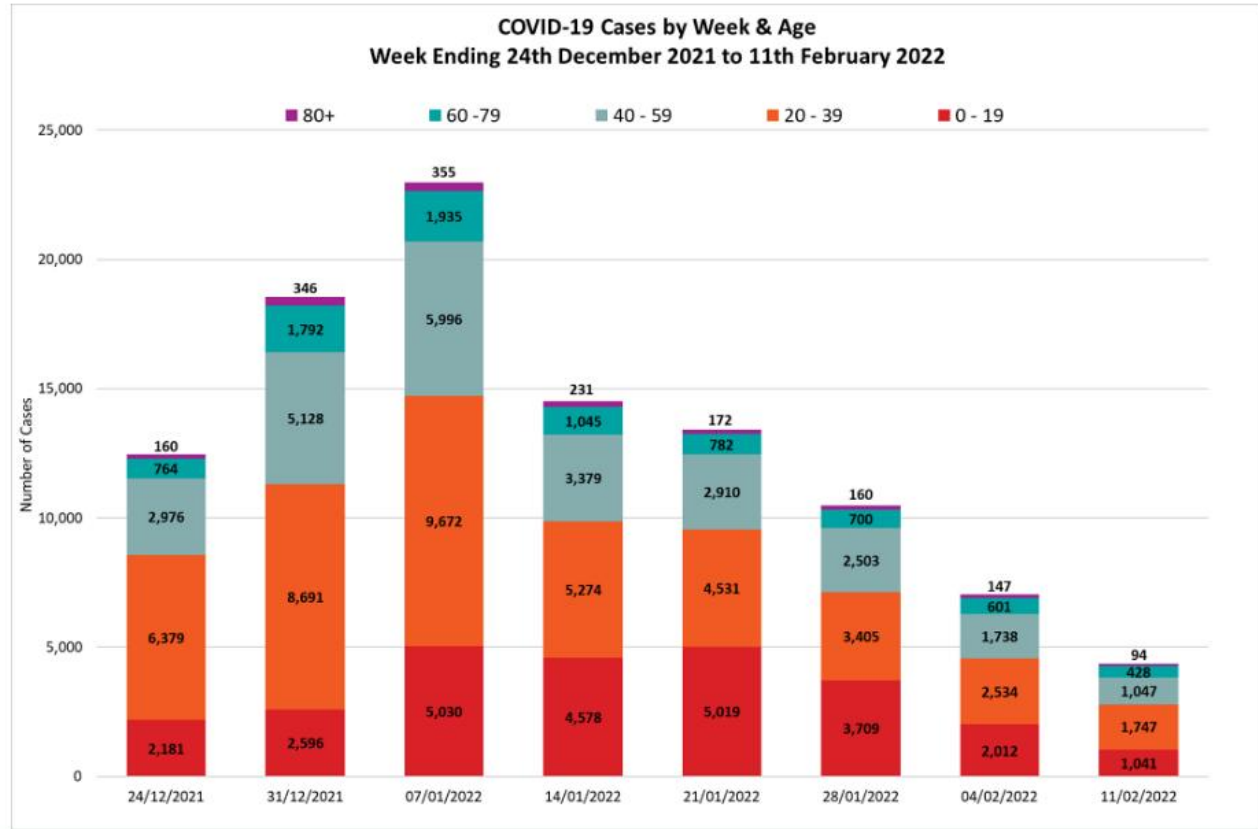


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Cases by Week & Age Group

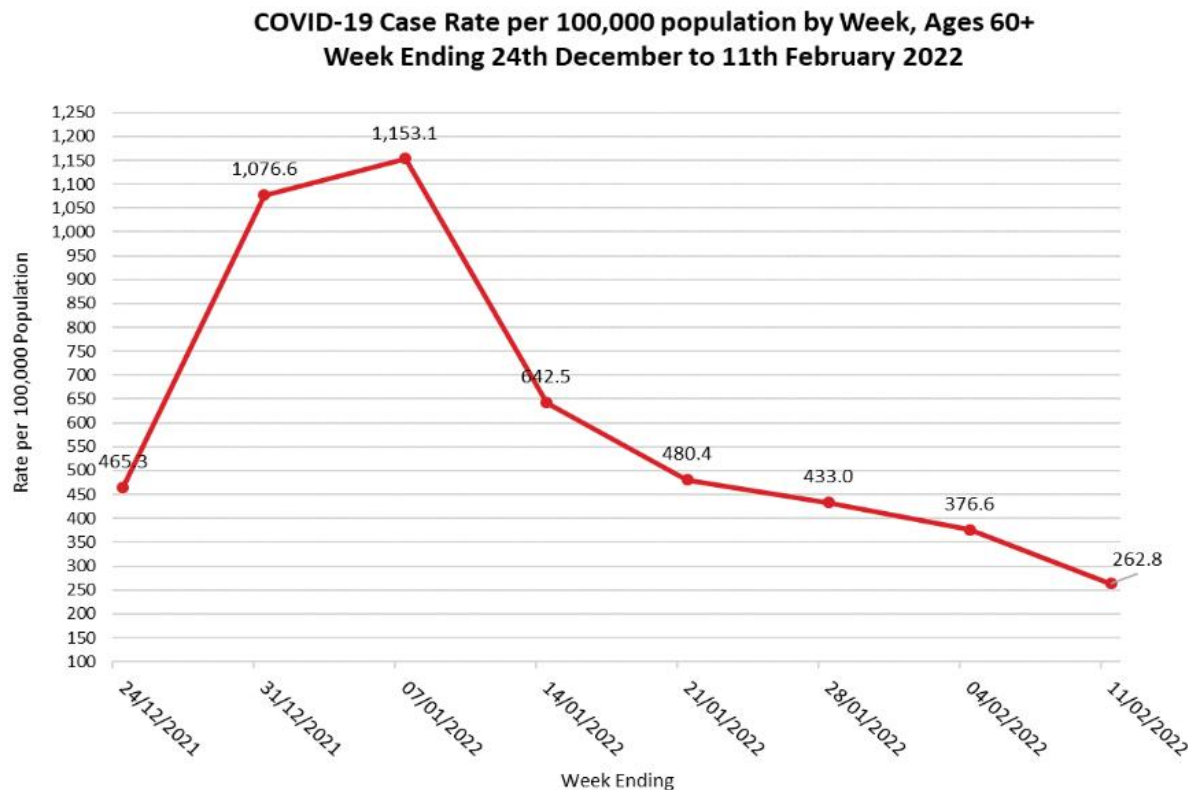
- In the 7 days up to 11th February, cases decreased in all age groups.
- The largest decrease was 48%, in the 0-19 age group, followed by decreases of 40% in 40-59, and 36% in the 80+ age group.
- The 20-39 age group accounted for 40% of all cases, followed by 0-19 and 40-59 age groups, both accounting for 24%.

Cases are grouped by week ending Friday



Case Rate in Population aged 60+ years

- Case rates in the 60+ age group have been falling consistently since the peak in early January.
- In the 7 days up to 11th February, the case rate was 262.8/100k, a decrease of 30% compared to the previous week's rate of 376.6/100k.



Cases are grouped by week ending Friday

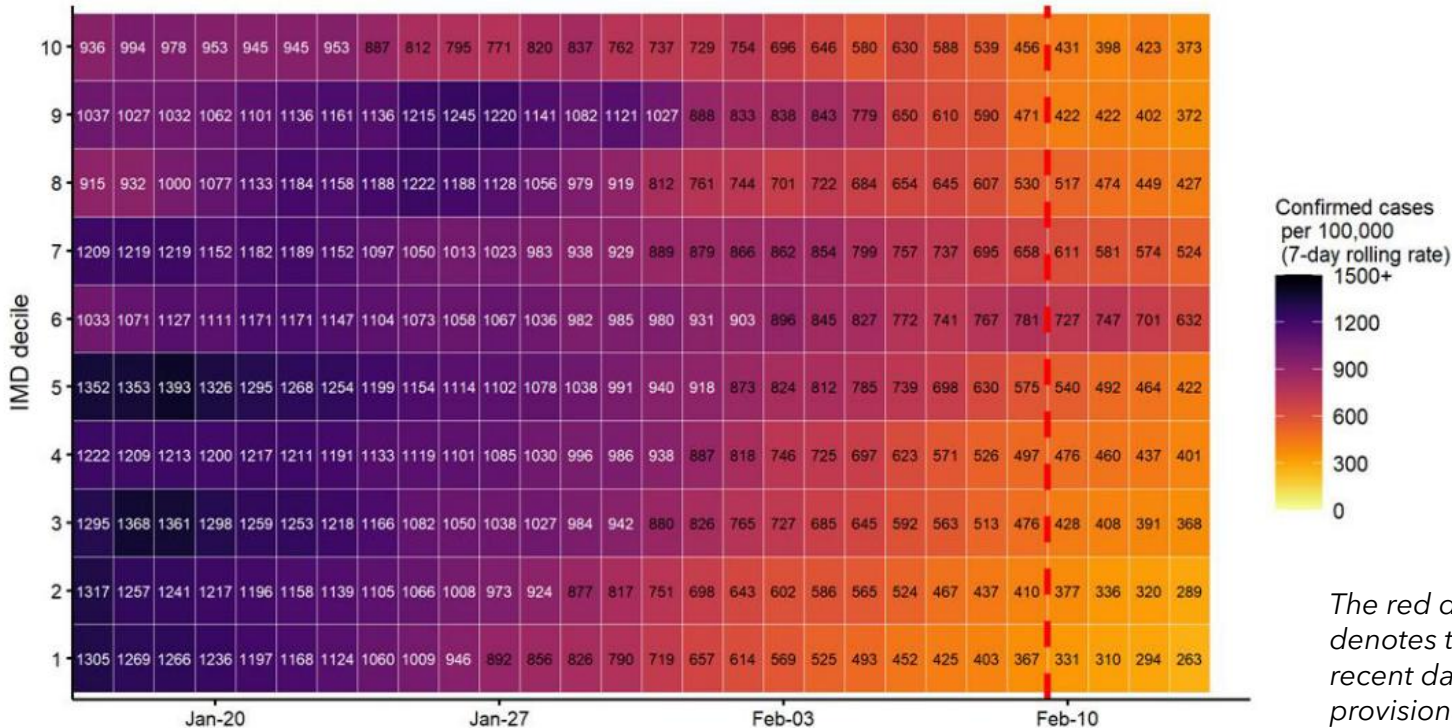
Case Rates by Ethnicity

- In the 7 days up to 11th February, cases decreased in all ethnicities.
- The ethnicities with the highest case rates were:
 - Any Other Mixed/Multiple ethnicity (613.5/100k)
 - Any Other ethnicity (569.1/100k)
 - White & Black African ethnicity (558.5/100k)
- Compared to the previous week, the largest decreases were in Caribbean (60%), Pakistani (55%), Indian (54%) and African (54%) ethnicities.
- White British ethnicity accounted for 49% of all cases (2,114 of 4,357).

Case Rates by Ethnicity (per 100k) Week Ending 24th December 2021 to 11th February 2022								
Case Rates	24/12/2021	31/12/2021	07/01/2022	14/01/2022	21/01/2022	28/01/2022	04/02/2022	11/02/2022
Any Other Mixed/Multiple ethnicity	1,368.6	1,687.1	2,501.2	2,005.7	1,675.3	1,286.0	802.3	613.5
Any Other ethnicity	1,744.1	1,927.7	3,607.5	2,643.7	2,166.3	1,790.0	1,092.3	569.1
White & Black African	1,241.1	2,233.9	1,954.7	1,272.1	868.8	775.7	837.7	558.5
Any Other White ethnicity	1,221.1	1,790.3	2,328.4	1,521.2	1,700.6	1,424.6	910.7	507.1
British	1,023.8	1,551.9	1,701.3	944.4	928.9	804.8	550.7	376.0
Chinese	424.8	637.2	731.6	652.9	778.8	652.9	440.5	330.4
African	1,557.1	2,230.7	2,927.5	1,960.6	1,487.1	1,013.6	690.2	316.8
Any Other Asian ethnicity	783.4	1,216.8	1,874.9	1,374.1	1,319.5	940.7	574.7	295.4
Pakistani	570.4	1,100.8	2,173.9	1,766.6	1,521.2	1,021.9	591.2	266.2
Indian	964.1	1,278.2	1,400.5	945.5	1,012.1	841.8	552.5	253.8
White & Asian	429.1	616.8	929.7	795.6	902.9	634.7	330.8	232.4
White & Black Caribbean	748.4	1,128.6	1,355.2	780.7	716.0	509.7	291.3	194.2
Bangladeshi	439.6	716.2	1,355.6	1,045.1	1,131.2	703.9	405.8	190.6
Caribbean	1,156.6	1,568.0	1,775.8	862.7	640.2	445.0	373.6	151.1
Any Other Black/African/Caribbean	897.1	1,212.1	1,238.8	768.9	667.4	368.4	256.3	144.2
Irish	258.8	395.1	426.9	199.8	190.7	172.6	131.7	113.5

Cases are grouped by week ending Friday Excluding ethnicity data classified as unknown/not available.

Index of Multiple Deprivation-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 17th January to 13th February 2022



- Case rates are highest in the mid-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

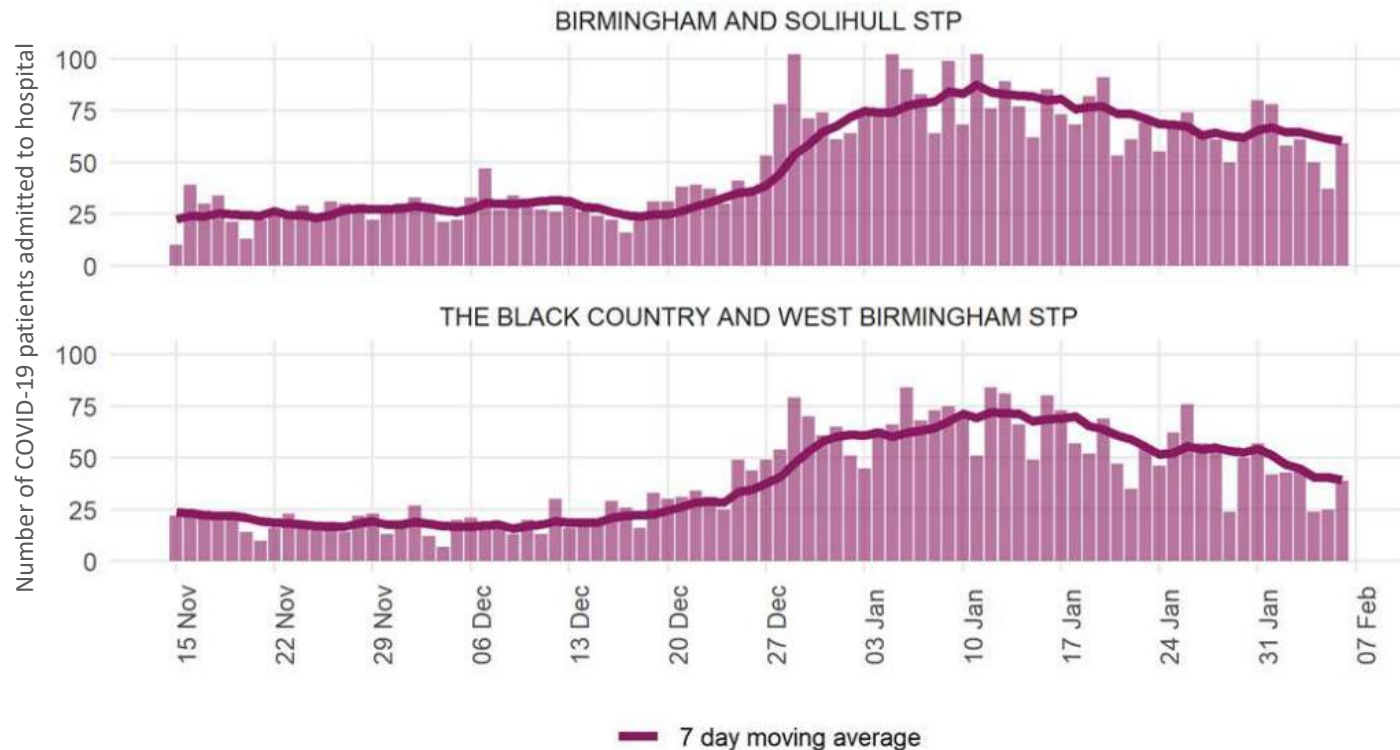


COVID-19 Hospital Metrics Data

Hospital Trust	Daily admissions (7 day average) 3 rd February 2022	Hospital in-patients 8 th February 2022	Patients on Mechanical Ventilation 8 th February 2022
University Hospitals Birmingham NHS Foundation Trust	52.1	339	14
Sandwell & West Birmingham Hospitals NHS Trust	12.1	116	3
Birmingham Community Healthcare NHS Foundation Trust	1.9	24	0
Birmingham Women's & Children's NHS Foundation Trust	5.3	12	0
Birmingham & Solihull Mental Health NHS Foundation Trust	0.9	9	0

Source: GOV.UK Coronavirus (COVID-19) in the UK
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Daily COVID-19 hospital admissions in Birmingham Sustainability & Transformation Partnerships (STPs), 15th November 2021 to 6th February 2022



Source: UKHSA COVID-19 Local Authorities Report Store
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Deaths



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commonwealth
games



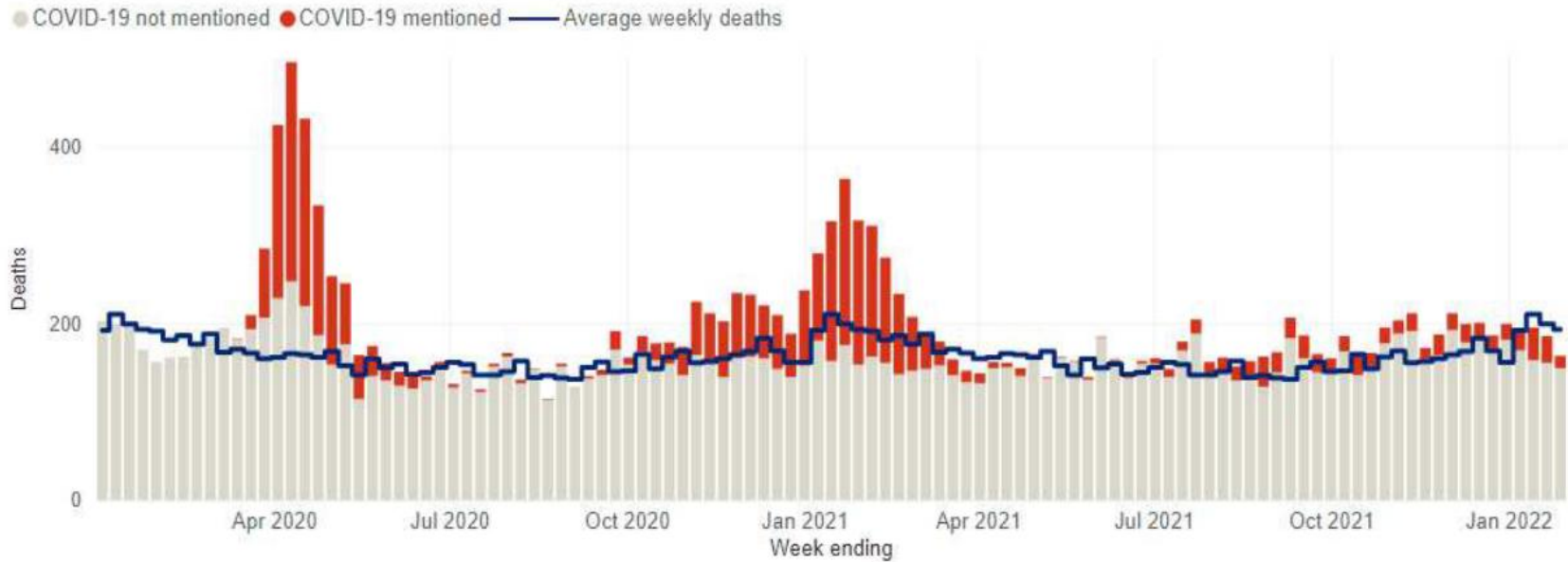
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Death Data

The most recent death data, where death occurred within 28 days of a positive COVID-19 test, is for the week ending 13th February, which reported **10 deaths**, equivalent to a death rate of **0.9/100k** population.

More accurate data, based on COVID-19 being mentioned on the death certificate, is historical and the most recent available data is for week ending 28th January, which reported **44 deaths** registered in Birmingham. Of these, 35 occurred in hospital, 6 at home, 2 in a care home and 1 occurred elsewhere.

Excess Death: All Deaths up to 28th January 2022



With the exception of the most recently reported 4 weeks, excess deaths have been consistently above the 5 year average for several months. However, compared to earlier in the pandemic, most of these have been contributed by non-COVID deaths.

Situations



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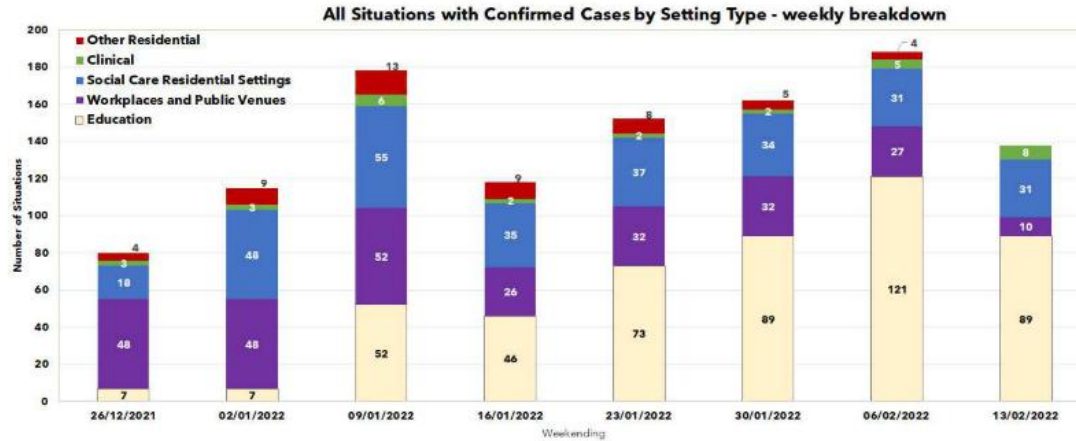


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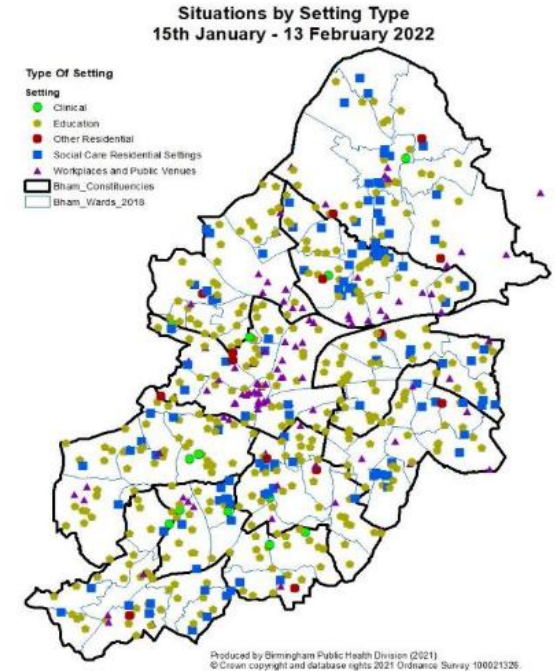


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Confirmed Situations in Birmingham: Last Month & Last 7 days

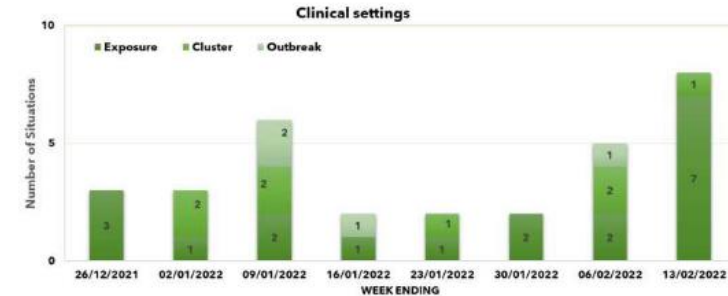
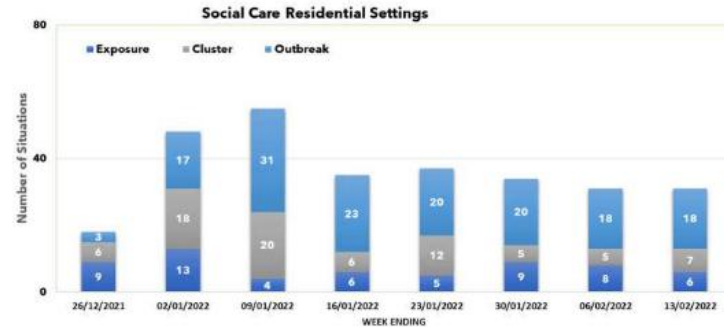
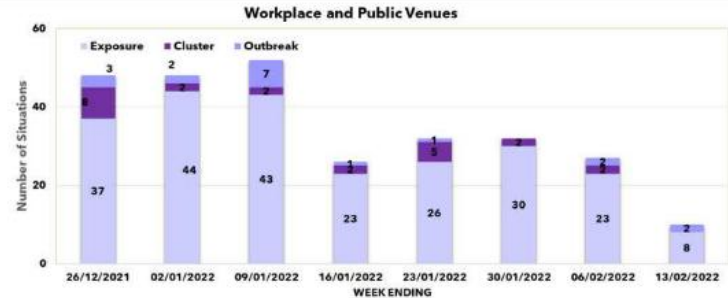
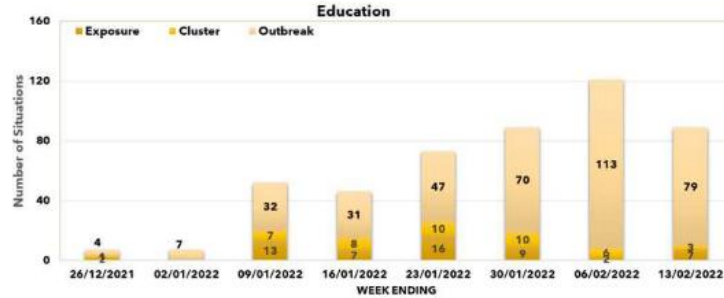


- Situations in Education settings have increased since school resumption after the Christmas holidays, with a slight decrease in the last reporting week.
- Social Care and Residential settings have shown a decrease since early January.



This map shows Postcode location of COVID Situations by type of setting active in the last month

Situations by Type of Setting, 8 weeks: 20th December - 13th February 2022



Situations data is gathered by the Test & Trace Health Protection Response Team, using information sent in by Managers (Headteachers, Care Home Managers Retail and Workplace Managers) across Birmingham, via the Contract Tracing email: contacttracing@birmingham.gov.uk

Common Exposure Events Reported by Cases Resident in Birmingham

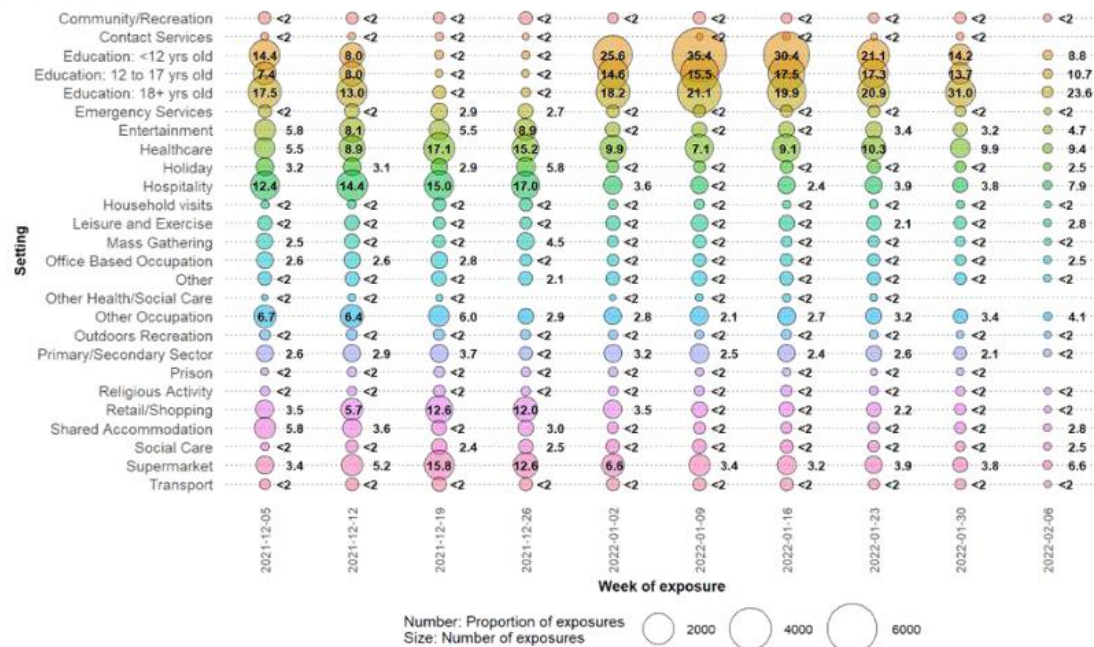
5th December 2021 to 12th February 2022

Number and proportion of cases reporting backward events that have common exposures by week of symptom onset

Number of cases reporting common exposures* (Proportion out of cases reporting backwards events)**	2169 (74.5)	3454 (76.4)	4217 (72.2)	4645 (67.2)	3916 (65.4)	5438 (78.1)	6040 (79.8)	4352 (77.7)	2541 (73.7)	1224 (69.5)
---	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

Number (size of circle) and proportion (number) of common exposure events by setting and by week of event

Produced 2022-02-13 with data up to prior day.



Exposures were **highest** in **Education** settings, 23.6 in 18+, 10.7 in 12-17 years and 8.8 in <12 years.

Common Exposures were also high in the following settings:

- **Healthcare** (9.4)
- **Hospitality** (7.9)
- **Supermarket** (6.6)
- **Entertainment** (4.7)

Common exposures **are not** proof of transmission in a setting but provide evidence of where transmission **might** be taking place.

Reported in the 7-3 days before symptom onset, where at least 2 cases visit the same property 7-3 days before symptom onset and within 7 days of each other.

Contact Tracing



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Contact Tracing Local Authority Partnership

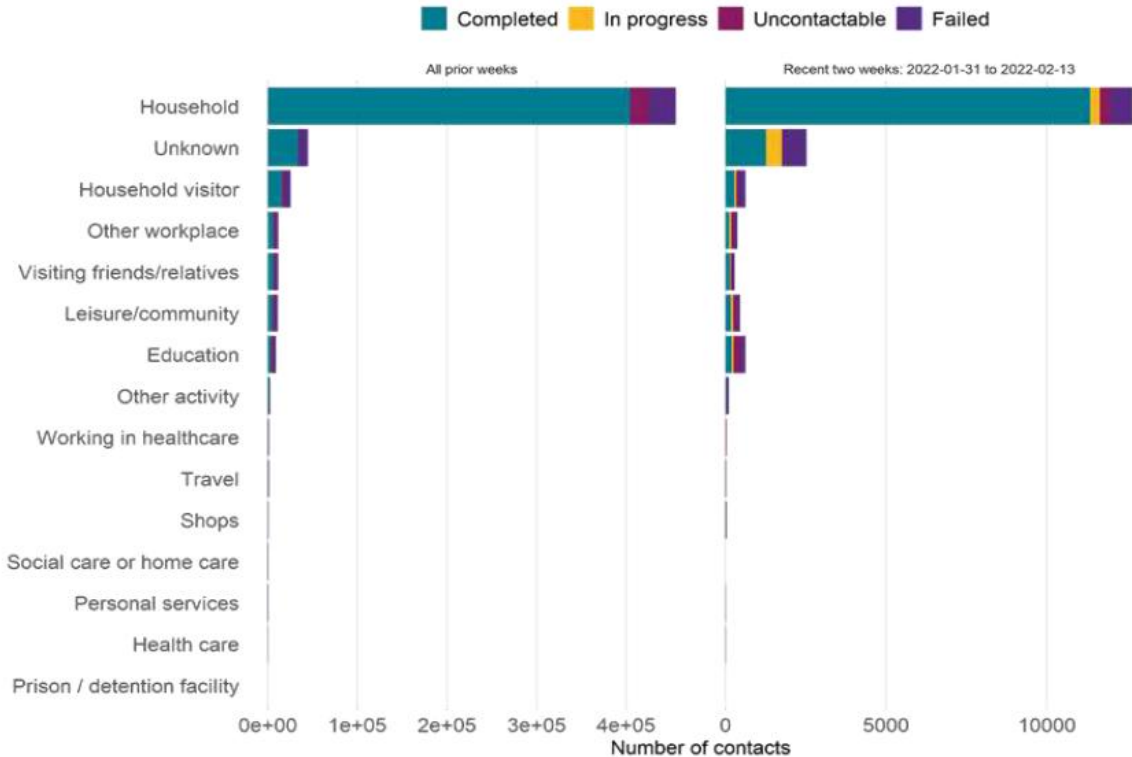
Service Highlights

- Contact Tracing Service now **covers all wards in the Local-8 model.**
- A team **providing face-to-face visits** is in place for positive cases that:
 - **cannot be reached by telephone** (2 attempts, including voicemail and texts). These are referred to Environmental Health for follow-up (approx. 6-12 cases/day at present)
 - **refuse to self-isolate.** These are referred to Environmental Health for follow-up visits (approx. 5 cases/day) and if necessary escalated to the Police however the police are currently only dealing with the most severe of isolation breaches.
- The service also **provides support and welfare services to those who require food, financial or general support** during their isolation

Latest Updates

- **Case Tracing:** For the **previous 7 days we handled 1,025 cases** vs 769 in the previous week. Of those, 539 were complete giving us a completion rate of 52%. The reduction in completion is due to more citizens being unwilling to engage with contact tracing.
- **Welfare Support:** For the **previous 7 days we handled 452 support cases** vs 745 in the previous week. The reduction is due to a decrease in the number of positive cases in Birmingham. Approx 9-10% of citizens indicate they require support with only a small portion of them actually requiring any.
- This week we switch to a full Local-8 model for all wards. This will allow us to meet the needs of our citizens. We anticipate our completion rate will rise significantly.

Test & Trace Contacts by Exposure/Activity Setting & Current Outcome: 28th May 2020 to 13th February 2022



- Over the past 2 weeks, the most common exposure/activity setting has been the **Household**, followed by setting **Unknown** (where data on exposure/activity setting was not provided).
- Compared to the previous 2 weeks, there has been a decrease in exposures in **Household** settings.
- In the past two weeks, around 15,000 contacts were successfully completed, i.e. asked to self-isolate.

Uncontactable cases: insufficient contact details provided to contact the person.

Failed contact tracing: contact tracing team attempted but did not succeed in contacting an individual.

Communications & Engagement



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Communication Channels

Social media key messages: Promoting Testing (PCR & LFD), continued caution with relaxing restrictions and return to plan A. **New rules** people are no longer advised to work from home and pupils are not required to wear face masks in classrooms. **Testing and isolation** positive cases will be able to leave self-isolation if the LFD tests on two consecutive days from day 5 and day 6, are negative. **Vaccine messages translated assets** (12-15 years, 16+, pregnant women and boosters). **Public safety** (regular weekly LFT tests, PCR tests for contacts, face coverings, hand washing, and ventilation).

Emails: Request for additional measures above current government guidance, for residents to be protected from COVID-19..

Website: Weekly COVID-19 champions dashboard and relevant pages, ensuring accessibility requirements are met.

Partners: Vaccines, LFT and PCR testing awareness across networks, joint working and targeted community work.

Communities

Aim: To encourage continuous positive dialogue and offer advice from credible sources to support communities with uptake of COVID-19 safety measures. Topics: COVID-19 dashboard, testing, vaccines and key health priorities affecting communities.

Champions: 822 Community + 98 Youth + 20 Business
Engagement via emails, text and newsletter.

Faith Groups: Fortnightly/monthly COVID-19 virtual briefings with focus on COVID-19 safe behaviours and community feedback.

- Birmingham Black Led Churches Ministers and Pastors
- Birmingham Masjids 7th February
- Birmingham Interfaith Group (Churches, Masjids, Temples, Gurdwara's and Synagogues).

Partners:

Coordinated with ICS to address vaccine inequalities. Review engagement in high priority wards with low vaccine uptake. Work with partners to promote the **JabCab** - free taxi service to get a vaccine or booster. Vaccination uptake targeting various homeless sites 1 week campaign starting on 14th February.

Communication and Engagement updates 8th February 2022

A selection of some of the content encouraging vaccine uptake

Long COVID-19

Healthy Brum
35.6K Tweets

Healthy Brum @healthybrum · 5 Feb
For some people COVID-19 can last months, not days. The vaccine reduces your chance of getting long COVID. Watch this video to find out more.

For more information on available vaccination site, visit mihgandsolihullcovidvaccine.nhs.uk



JabCab

Healthy Brum @healthybrum · Feb 4

Do you know someone who doesn't have transport to a COVID-19 vaccination clinic?

#Birmingham residents can get a free taxi to and from walk-in clinics

- 1 Call TOA Taxis Birmingham: 0121 427 8888
- 2 Give the reference: BirminghamJabCab
- 3 Give the 4 digit pin number: 3995



COVID-19 Support Payments

Healthy Brum @healthybrum · 18h

If you've been told to self-isolate by NHS Test and Trace, you could get a £500 support payment.

To apply you will need:

- ✓ An NHS Test and Trace Account ID
- ✓ Confirmation of low income
- ✓ Proof of employment

For more information, visit ow.ly/Axh450HHP9j



Vaccination and Pregnancy

Healthy Brum
35.6K Tweets

Healthy Brum Retweeted

NHS B'ham & Solihull CCG @NHSBSolCCG · 6 Feb
Can I have the vaccine if I am pregnant or planning a baby?

Yes. It's recommended by the Royal College of Obstetricians and Gynaecologists and Royal College of Midwives as the best way to protect you and your baby from COVID-19.

Learn more here: bit.ly/30eFOTV



Communication and Engagement Future Plans

Representation

- Continue to **share people's stories** from across our communities of place, identity, interest and key stakeholders such as elected members with impactful public health risk messages **to encourage continuous caution and safety**.
- Organise more **polls and Q&As targeting communities** and **identify influencers for COVID-19 messages** including six safety behaviours,.
- Continue **meetings with COVID-19 Community Champions fortnightly** and **Youth Champions monthly**.
- Continue work with West Birmingham Vaccine Hesitancy Group; support BCWB/BVSC community providers and city-wide engagement.
- Progress **evaluation and learning from engagement** with Faith leaders and Champions and use to **shape and plan future engagement**.

Reach

- Continue to **push 'COVID-19 is not over messages' across all channels and stakeholders**. *Radio Adverts and leaflet to focus on testing.*
- Update on COVID-19 guidance, care sector mandatory vaccination from 11th November and government's Autumn/Winter plans and plan B.
- **Share links to walk-in sites:** <https://www.birminghamandsolihullcovidvaccine.nhs.uk/walk-in/>
- **Share links free taxi service to get a vaccine** [BirminghamJabCab - Free taxi service to get a vaccine or booster | Birmingham City Council](#)
- **Support NHS to deliver COVID-19 vaccinations** including **localised community-led content** and **respond to FAQs** about boosters, 12-15 years vaccines. <https://www.birminghamandsolihullccg.nhs.uk/get-involved/campaigns-and-toolkits>
- Increase **content such as videos related to wider health topics, alongside COVID-19 awareness and education**. Co-production of safety messages with schools, safety messages with faith leaders **Winter Plan:** Be Healthy Campaign including Flu/COVID-19 vaccines.

Response

- Develop **ongoing campaign and community dialogue in response to commonly asked questions and misinformation** related to COVID-19 including about vaccines and other related health messages. Look to do more COVID-19 Fatigue polls and surveys.
- Continue to **work with and support commissioned partners** through training workshops, content co-creation and improved reporting using polls to better understand impact and the need for more content and support for partners as they support communities.
- **Evaluation of commissioned provider** work and considerations for more work with Blind, Black African & Caribbean and young people.
- **Develop Business Champions project with GBCC** and extend reach to include Growth Hub, BIDs and FSB.
- **Housing pilot "Action Days"** develop further with BCC housing department, NHS and community pharmacist.



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

	<u>Agenda Item: 8</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	23rd February 2022
TITLE:	THE LIVING SAFELY WITH COVID STRATEGY
Organisation:	Birmingham City Council
Presenting Officer:	Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team

Report Type:	For discussion and approval
---------------------	------------------------------------

1. Purpose of Report:	
1.1	The Living with Covid strategy sets out our high-level approach to the on-going threat of Covid-19 and its variants, while recognising that the national policy landscape continues to evolve along with the science and understanding of the virus. It is aligned with the national Living with Covid Plan as set out by the Prime Minister on 21 February 2022.
1.2	It outlines the public health approach to living with the continuing threat of Covid in a global city and navigating the short term – March to September 2022 - to cover the period up to the Commonwealth Games. A subsequent strategy for the medium to longer term, including identifying and addressing the impact of COVID will be developed for the autumn of 2022. The iterative and adaptive implementation of the strategy evolve as the uncertainty of the covid pandemic lessons and the virus becomes more predictable.
1.3	The strategy describes the key objectives and activities to continue to engage, collaborate and strengthen the resilience of our citizens and communities, and to value and support our staff through a period of transition and change in the context of the national living with covid plan. The core objectives are
1.3.1	Maintain an enhanced public health and environmental health response until September 2022 to provide resilience for the Commonwealth Games
1.3.2	Utilise data and insight to strengthen surveillance and increase understanding of communities, risk and vaccination uptake barriers, and adapt our intervention strategies as appropriate
1.3.3	Evolve our community engagement to build on the learning from Covid and create relationships of trust and co-ownership to navigate the on-going challenges, especially in communities of global heritage
1.3.4	Mitigate the direct and indirect impacts of Covid on health and wellbeing through informing the recovery and levelling up approaches for the City

2.	Recommendation:
2.1	The Board is asked to note the direction of travel, discuss the core objectives and activities, approve, and recommend the strategy for implementation.

3.	Report Body:
<p>Executive Summary</p> <p>The Covid-19 pandemic has presented a unique challenge to the city of Birmingham and sadly after almost two years we are learning to live with Covid as an on-going threat to the health, wellbeing and stability of our city.</p> <p>The Living with Covid strategy sets out our high level approach to the on-going threat of Covid-19 and its variants, while recognising that the national policy landscape continues to evolve along with the science and understanding of the virus.</p> <p>While vaccination in the UK is going well and there is a high level of protection against serious illness and death, the global picture of protection is more uneven and until this is improved there continues to be a significant chance of new variants appearing which could take us backwards.</p> <p>The global nature of Birmingham means that like many other major world cities we are additionally vulnerable to international variants and the economic, tourist and education migration that can facilitate transmission across borders, so we must remain vigilant and proactive in our response.</p> <p>Birmingham faces unique additional challenges in 2022 as it hosts the international Commonwealth Games and welcomes athletes and guests from across the world to our city. This is a fantastic opportunity for the city and we are working with partners to ensure a safe games but it is a period for which we must maintain resilience in our response.</p> <p>The Local Outbreak and Contain Management Frameworks provide an on-going overarching framework for the response to acute surges and flares in the Covid situation in the city and this strategy sets out the background behaviours and approaches while we continue to adapt to the global pandemic.</p> <p>The core objectives of Living with Covid are:</p> <p>Maintain an enhanced public health and environmental health response until September 2022 to provide resilience for the Commonwealth Games</p> <p>Utilise data and insight to strengthen surveillance and increase understanding of communities, risk and vaccination uptake barriers, and adapt our intervention strategies as appropriate</p> <p>Evolve our community engagement to build on the learning from Covid and create relationships of trust and co-ownership to navigate the on-going challenges, especially in communities of global heritage</p> <p>Introduction</p> <p>The first case of Covid was confirmed in Birmingham in early March 2020.</p>	

Almost two years on there have been over 272,000 confirmed cases and over 3,400 deaths with Covid on the death certificate, and these are under-estimates because of the limitations of testing access in the first year.

There have been significant disparities in the impact of Covid in different communities, particularly among our ethnic communities and our most deprived communities.

Since Covid vaccination was launched in December 2020 just under 800,000 people have received their first dose of vaccine and over half have completed both doses and a booster dose.

The Council initiated an emergency response to the pandemic in spring 2020 and this remained in place until August 2021 where these were stood down however this has continued through a modified management response and the on-going enhanced public health specialist response.

The Public Health team moved to an emergency cell structure in March 2020 and then following the introduction of the Covid Outbreak Management Framework funding in summer 2020 a dedicated Covid response function was established and in place by autumn 2020. This structure has evolved as the pandemic response has evolved to expand the contact tracing capacity, isolation and welfare support as well as enhanced enforcement response.

During the pandemic the national public health agency transitioned from Public Health England to the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID).

In developing the strategy there has been a rapid internal review as well as engagement with stakeholders to reflect on what has worked well and where improvements can be made.

We recognise that the future with Covid remains uncertain, but the vaccine has proved to be effective at reducing death and hospitalisation which has allowed for many of the population level public health measures to be stood down.

However while much of the world remains unvaccinated there is a high likelihood that there will be more variants and the potential for future waves until the global vaccine coverage improves.

The Living with Covid Strategy aims to set out the public health approach to navigating the short to medium term future living with the continuing threat of Covid in a global city. It is an iterative document that we will adapt and evolve as the picture continues to develop.

Aim

The Living with Covid Strategy sets out our approach to minimise the harm from covid-19 and its variants to the population of Birmingham and ensure appropriate resilience for the Commonwealth Games.

This is a short-term strategy to cover the period of the Commonwealth Games and a subsequent strategy for the longer term approach will be developed for the autumn of 2022.

Objectives

Maintain an enhanced public health and environmental health response until September 2022 to provide resilience for the Commonwealth Games.

Maximise our use of data and insight to strengthen surveillance and increase understanding of communities, risk and vaccination uptake barriers, and adapt our intervention strategies as appropriate.

Evolve our community engagement to build on the learning from Covid and create relationships of trust and co-ownership to navigate the on-going challenges, especially in communities of global heritage.

Principles

We want to continue to engage and collaborate with citizens and communities and we want to value and support our staff through a period of transition and change in the context of a continually evolving pandemic.

During the period of March to September we will support the transition of our approach into the mainstream public health specialist function of the Council, including supporting those interim staff in the dedicated covid response function to move forward with their careers and ensuring there is adequate health protection capacity for any future threats. How this looks will be developed over the summer of 2022.

We are committed to treating individuals with respect and dignity.

We are committed to putting the citizen at the centre of our work.

We are committed to being transparent and authentic in our approach.

We are committed to working towards a bolder healthier future for our city.

Maintaining our Specialist Public Health and Environmental Health Response

Public Health and Environmental Health specialist staff have been at the centre of the response to the Covid pandemic providing bespoke advice, support and interventions to protect individuals, control risk and manage outbreaks.

Presently there are 22 FTE specialist public health roles in the test and trace response function and additional 18 FTE matrix roles in environmental health and 25 FTE in the contact centre providing enhanced contact tracing telephone follow up. The contract workforce engaged in asymptomatic testing has evolved in line with the waves of the pandemic.

The local authority public health specialist team stood up a 7 day a week service providing outbreak advice and dedicated lead teams for specific areas: education, social and residential care, workplaces and large events.

During the pandemic the UK Health Security Agency (UKHSA) was established building from Public Health England. There are on-going discussions about the provision of the response to outbreaks moving forward and the continuing capacity and model will adapt to interface with this as it develops.

The plan is to maintain the current specialist and matrix function until September 2022 to provide resilience for health protection and Covid response during the Commonwealth Games, the cultural programme and the pre and post event period.

In order to do this we will:

- Maintain our outbreak health protection response function until outbreak management is no longer required
- Continue to provide specialist support to specific settings around covid risk reduction as required
- Work jointly with UKHSA to develop skills and capability to allow for mutual aid surge to the response during the Games period.
- Develop knowledge and skills to respond to other infectious and non-infectious threats
- Revise and update health protection response guidelines in line with evolving national guidelines and science
- Work with partners to improve ongoing infection control and risk reduction practice for infectious disease prevention

Maximise our use of data and insight

The data and surveillance function for Covid has developed significantly as there has been greater access to intelligence from testing, cases, deaths and vaccine uptake. This has allowed us to gain greater understanding of disparities and inequalities for some communities, particularly based on place, age, gender and ethnicity. We have however had limited insight into other aspects such as faith, disability, sexual orientation, occupation, or shared experiences such as addiction or homelessness.

Alongside this we have evolved more insightful qualitative approaches to capturing and understanding of issues, concerns and barriers affecting different communities.

There is a dedicated data and governance function as part of the specialist public health covid response structure and this will continue until September 2022 to provide enhanced surveillance during the Commonwealth Games.

During the initial period we will:

- Maintain surveillance of covid cases, hospitalisation and deaths to inform the local response and the wider work on covid recovery
- Support the NHS vaccination programme through data and insight work based on the vaccination data available and wider covid context
- Undertake specific deep dive exploration of defined aspects of covid disparities and inequalities
- Develop the wider learning and reflection on data and surveillance to apply to the commonwealth games period

- Support UKHSA Games surveillance where required
- Utilise the skills and learning around data visualisation and communication to inform the wider public health work, especially in relation to population health management
- Develop the learning from the use of qualitative data during covid to inform the wider public health approach
- Develop the learning around governance to inform the wider public health approach

Evolve our community engagement

Through the pandemic there has been a significant focus on community engagement and collaboration, this has included commissioning of 19 community engagement partners working with over 30 different targeted communities, the recruitment of over 860 covid community champions and the partnership working with over 30 different faith leaders.

Alongside this there has been rapid growth in our approach to utilising social media and exploration and development of a public health presence on new platforms including Instagram and TikTok. We have co-facilitated direct engagement sessions in different languages and on different platforms, working with partners to go to spaces that citizens feel most comfortable in to engage with them, to listen to their concerns and challenges and to answer their questions. This approach has been built on with the NHS to support the vaccination programme.

While the vaccination programme has gone well in Birmingham there remains significant work to do and we anticipate this being a significant strand of work up until the summer of 2022.

We have learnt much through this engagement and have tried various approaches, some more successful than others.

During the period of this strategy we will:

- Build on the learning from the engagement during covid to develop sustainable models for engagement with citizens and communities for public health
- Offer opportunities for covid champions to develop further skills to become community facilitators or community researchers or to deepen their knowledge into Bolder Healthier Birmingham Champions
- Work with communities and community partners to test new models of collaboration and co-production to support vaccination, risk reduction and health and wellbeing
- Continue to develop our approach to engaging and working with communities of experience and communities of identity to create sustainable models for the future
- Continue to develop, refine and implement interventions addressing low vaccine uptake in Birmingham

Resources

The continuation of the specialist function is funded through the Covid Outbreak Management Framework Funding that was specifically profiled to continue the function until the end of September 2022 to ensure resilience for the Commonwealth Games.

Governance

The delivery of this strategy will be overseen by the Local Outbreak Engagement Board.

4. Uncertainty / Complexity:

Identified	Likelihood	Impact	Actions taken
Evolution in the Variants of Concern and the COVID pandemic	Uncertain	Uncertain	Principles of adaptive management incorporated into the strategy
5. Risk Analysis			
Identified	Likelihood	Impact	Actions taken
Persistent low vaccine uptake (1 st , 2 nd and Booster doses) in a significant number of Wards compared to England averages	Medium	Medium	Innovative, targeted and bespoke approaches to engage the different communities are being deployed

6. Annexes

5.1 Living with Covid-19 Strategy – Summary Statistics 1st March 2020 – 30th September 2021

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

Justin Varney, Director of Public Health

Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team

Policy Update

National Living with Covid Plan



009958/2022



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Principles underpinning the National Plan

- **Living with COVID-19:** removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses
- **Protecting people most vulnerable to COVID-19:** vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing
- **Maintaining resilience:** ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency
- **Securing innovations and opportunities from the COVID-19 response:** including investment in life sciences

Advice to Reduce the spread of Covid

The virus spreads in droplets that come out from our mouths and noses, very small droplets can hang around in the air like cigarette smoke and this is called aerosol transmission. We stop the spread by:

- **Getting the vaccine** which reduces the risk of passing it on and becoming severely unwell
- **Washing our hands** to stop picking the virus up and passing it to our face
- **Wearing a mask** to stop it coming out of our mouths and reduce it getting into our mouths from other people when in crowded indoor spaces
- **Opening windows** and doors to break up the cloud of Covid aerosol droplets by ventilating rooms
- **Stay at home if we have symptoms**



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Testing

Free testing will end for most people from 1 April, including regular testing of students in education settings.

Some limited ongoing free testing:

- Limited symptomatic testing available for a small number of at-risk groups (further guidance to be issued on which groups are eligible)
- Free symptomatic testing will remain available to social care staff
- On-going efforts to establish and develop a private market for LFDs to support the public manage their own risks and the risks to those they come in contact

Self-isolation

Legal requirement for positive cases to self-isolate in England will end on 24 February, as will self-isolation support payments. This will be replaced by guidance for people, of all ages, with COVID-19 to stay at home and avoid contact with others

Specific guidance for staff in particularly vulnerable services, such as adult social care, healthcare, and prisons and places of detention will be issued in due course

Advice for fully vaccinated contacts and those aged under 18 to undertake **daily testing**, and the legal requirement for contacts who are not fully vaccinated to self-isolate will also end.

Guidance for close contact on what they can do to **limit the risk of infection to themselves and others** will be issued soon

Contact tracing, along with **venue check-ins on the app** will also end on 24 February and further guidelines are awaited on outbreak identification and management in high risk settings.

New guidelines will be issues to support Business to ensure workplace remain safe in line with other risk reduction for infectious diseases

Contingency planning

Ensure there are plans in place **to maintain resilience against significant resurgences or future variants**

Maintain readiness to act if a dangerous new variant risks placing unsustainable pressure on the NHS.

In future, **pharmaceutical capabilities to be the first line of defence** in responding to COVID-19 if risk threatens to place unsustainable pressure on the NHS

Public Inquiry

The **COVID-19 public inquiry** will be chaired by Baroness Heather Hallett, established with full formal powers and **begin in Spring 2022**

The inquiry aims to **learn the lessons of the pandemic that will make a difference to the future**. The terms of reference for the inquiry will be set out in due course and will be subject to public consultation

Birmingham Living with Covid Public Health Strategy

Birmingham Public
Health Division
22/02/2022



Objectives

- Maintain an enhanced public health and environmental health response until September 2022 to provide resilience for the Commonwealth Games
- Utilise data and insight to strengthen surveillance and increase understanding of communities, risk and vaccination uptake barriers, and adapt our intervention strategies as appropriate
- Evolve our community engagement to build on the learning from Covid and create relationships of trust and co-ownership to navigate the on-going challenges, especially in communities of global heritage
- Mitigate the direct and indirect impacts of Covid on health and wellbeing through informing the recovery and levelling up approaches for the City

High level summary of plan

Specialist PH/WH Response

- Continue to provide specialist support to settings around risk reduction
- Work jointly with UKHSA to develop skills and capability to support CWG

Maximise data & insight

- Support health protection surveillance
- Deep dive exploration

Evolving community engagement

- Support vaccine uptake
- Evolve approach with communities of identity and experience

Mitigate legacy of Covid

- Modelling and understanding direct and indirect impacts of Covid on health and wellbeing



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

COVID-19 Communication and Engagement forward plan

Damilola Akinsulire
Consultant in Public Health
Test & Trace



009959/2022



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What we've delivered so far

Community Engagement

- Working with 20 commissioned providers, faith leaders and 800 community champions to help reach underserved communities and intelligence led targeting
- Promoted accurate information to tackle misinformation, trusted sources, trust in the community, feedback loop from the community to inform approaches, co-production
- Two-way communication via regular meetings
- Regular updates via newsletters, urgent alerts, whatsapp broadcasts, surveys and polling

Comms and marketing

- Delivering key COVID-19 messaging across Healthy Brum social media channels reaching over 8k followers
- Amplifying GOV and NHS messaging
- Producing tailored messaging, such as *"Questions from our Bham communities"* to address Birmingham specific needs.
- Delivering key messages to our 12k staff
- Supporting with press releases and media enquiries

Supporting Birmingham system-wide delivery

- Working closely with ICS/BSOL colleagues to amplify key messaging
- Providing COVID-19 comms key messaging and guidance for comms to other areas of BCC including Education and High Streets

Lessons from the pandemic

Information overload

Community participation

Long term strategy to tackle health inequalities.

Effective engagement is involving people from the planning stages and not just delivery

Covid fatigue

Trusted voices are very important to our residents

More can be done to engage & listen

"To me, COVID fatigue is continuous news about the negative impact of COVID with no end in sight. Drains you mentally and lowers moral, eventually having the physical effect of feeling fatigued."

Rapid Poll Results – Nov '21

"I'm not sure. Talk about covid less?"

Rapid Poll Results – Nov '21

"Clear local messages, from a clear local perspective. If covid is a problem for Birmingham tell people clearly how to help - even if it deviates from national messaging."

Rapid Poll Results – Nov '21



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Looking ahead – forward plans

Vaccination

- Support in communities of Place
- Tailored engagement with communities of Identity and Experience
- Engagement, Listening, Learning & Responding

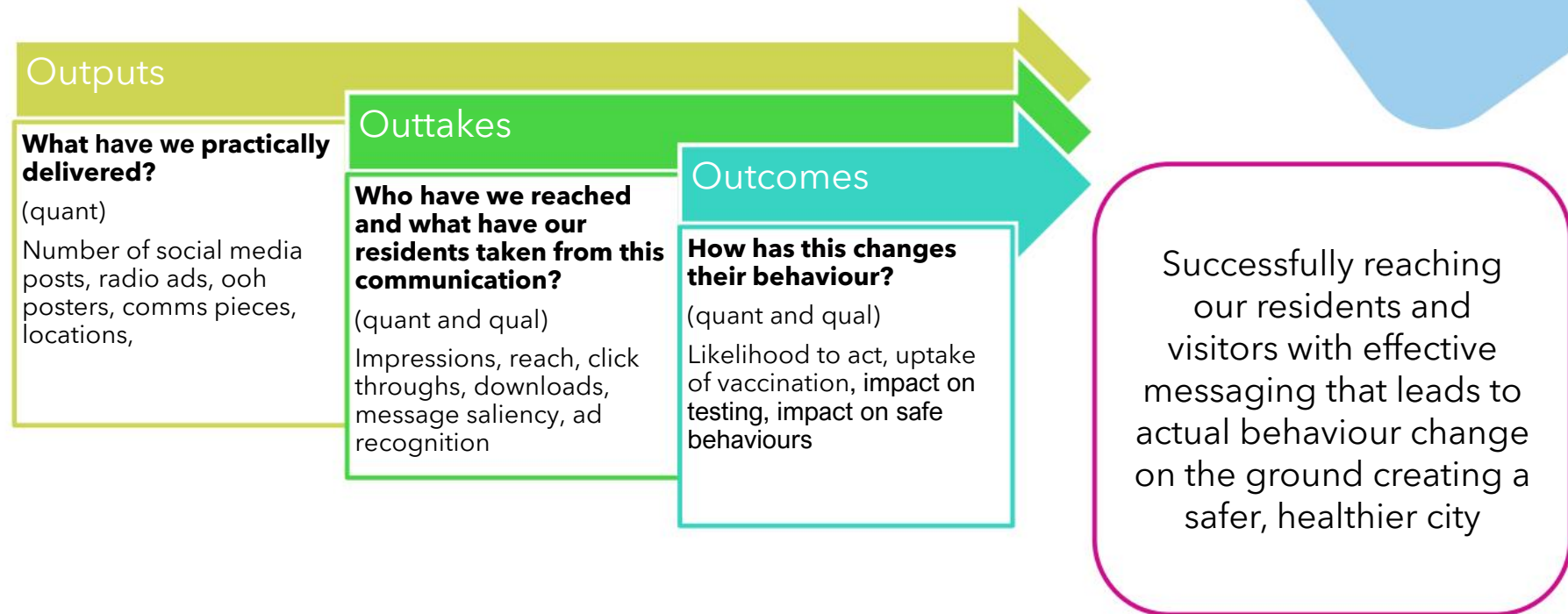
Risk Reduction

- Reduce preventable risk factors for death & disability
- Risk reduction awareness in high risk settings

Wider Health Protection

- Reduce common risk factors for transmission e.g. handwashing
- Support wider CWG public health messaging

Evaluation



Evolution for a sustainable future from our Covid approach

Transitioning after September to BAU Public Health department

- Ongoing engagement model with partners & citizens for health improvement
- Ongoing deep engagement partnerships
- Development of skills escalator pathways for Covid champions into new roles & opportunities
- Development of the Faith leaders networks into sustain partnerships for action through faith settings building on the faith toolkits

Effective planning will help to ensure that we

- Build on existing work most effectively
- Maintain and sustain established relationships
- Improve ways of working
- Put the right structure in place
- Have the right skillset to deliver the work effectively
- Work well with wider BCC priorities and departments (Public Health not a silo)



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

Schools COVID Update

Local COVID Outbreak Engagement Board 23 February 2021

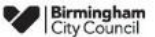
Jaswinder Didially

Head of Service, Education Infrastructure



BE BOLD BE BIRMINGHAM

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Aims for this session

- To update on:
 - Attendance and COVID absence data for Birmingham schools
 - Current guidance for schools
 - Current impact of COVID in Birmingham schools
 - Work with Birmingham Children's Trust to support vulnerable pupils
 - Joint working between BCC Education and Skills and Public Health

Attendance data as at Thursday 10th February 2022

- Attendance rates have been improving steadily since mid-January
- The attendance rate for Birmingham was 89.9%, compared to a national figure of 89.7%
- At the last presentation (data from 20th Jan) ,the attendance rate for Birmingham was 85.4%, compared to a national figure of 87.3%

Pupil Group	Birmingham	Core Cities	Statistical Neighbours	West Midlands	England
Pupils onsite	89.9	89.4	89.7	89.8	89.7
Children with EHCP	80.5	81.8	83.6	83.7	84.2
Children with social worker	81.2	81.7	82.2	83.9	82.9
FSM Eligible	88.9	87.6	88.8	88.1	87.5

Attendance data as at Thursday 10th February 2022

- Pupils attending on site by phase, compared to the data presented last time:

Phase	Thu 10/02 (Birmingham)	Thu 10/02 (National)	Thu 20/01 (Birmingham)	Thu 20/01 (National)
Primary	92.2	92.5	87.7	89
Secondary	88.3	86.8	83.8	85.7
Special	74.9	81.7	67.9	78.4
PRU/Alternate	49.6	55.9	46.7	51.4
16 Plus	74.5	80.3	71.4	79.5
Not Applicable	91.3	89.9	89	89.2
State Funded	89.9	89.7	85.4	87.3

COVID absences as at Thursday 10th February 2022

- Birmingham COVID absence rate (including confirmed, suspected, not vaccinated and other) for state funded schools was 1.7% (down from 5.7% in the last presentation)
- COVID absence rate for state funded schools nationally was 2.7% (down from 5% in the last presentation)

Phase	Thu 10/02 (Bham)	Thu 10/02 (National)
Primary	1.8	2.5
Secondary	1.4	2.8
Special	7.7	5
PRU/Alternate	5.5	3.7
16 Plus	0.6	2.4
Not Applicable	2.2	3
State Funded	1.7	2.7

Guidance for schools

- Public Health Birmingham continues to offer regular, updated guidance and support to schools
- Dr Justin Varney is holding another webinar for schools after half-term to provide them with an updated overview on the current situation and answer any questions they may have
- Schools should still have outbreak management plans in place.
- BCC has provided a template: [BCC Outbreak Management Plan Template](#).
- Schools continue to work with Health Protection teams in cases of local outbreaks
- Local Health Protection teams may advise schools to consider additional measures, including temporarily restricting attendance, during an outbreak if other measures do not contain the spread

Current situation in Birmingham schools

- The period up to half-term (particularly around mid-January) was very challenging for schools
- High case rates led to outbreaks in schools that required support from Public Health colleagues and additional measures to break chains of transmission
- We have seen things start to improve in recent weeks as the case rate has come down – demonstrated by improving attendance figures
- A webinar has been arranged with Dr Justin Varney for 2 March so that schools can continue to be supported after half-term.

Vulnerable pupils

- Officers from Education and Skills continue to work closely with their colleagues in Birmingham Children's Trust to ensure support is in place for vulnerable pupils during the pandemic
- Schools are able to submit referrals using the [Right Help Right Time](#) threshold document for any children they are concerned about
- The [Family Connect Form](#) can also be submitted by schools or other professionals to request support for families through the early help system
- The early help service contacts/visits children of concern that are not open to social workers
- Social work team managers linked to schools provide general support to schools

BCC support for schools and settings

- [Outbreak management plan template](#)
- [Regular webinars \(Public Health, ventilation, attendance etc\)](#)
- Close liaison with Birmingham Public Health and UK Health Security Agency
- [Public Health documents](#) including FAQs, checklist and flowchart, regularly updated to take account of most up to date guidance
- Regular bulletins sent to schools and posted on our [Noticeboard site](#)

	<u>Agenda Item: 12</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	23/2/2022
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:

Spend item	2021/22				2022/23
	Original Budget £'000	Projected Commitments £'000	Actual spend £'000	Panned Spend for the rest of the financial year £'000	Future Outbreaks Planning £'000
Total	19,181	15,451	5,250	10,200	11,578
Staffing	3,263	3,001	2,273	727	1,892
Asymptomatic Testing Contingency	1,113	292	292	0	1,378
Testing Facilities	146	73	28	43	148
Community swabbing and support	1,314	1,314	633	681	331
Test & Trace system - Software licence, implementation & support	165	72	2	70	176
Local contact tracing	865	883	672	211	415
Whistleblowing	77	64	48	16	52
Isolation Support	835	835	67	768	250
Communications	961	19	7	13	1,423
Health and wellbeing support	782	725	43	682	306
Training	10	0	0	0	15
Translation services	60	18	18	(0)	72
Other Costs	1,803	1,803	9	1,795	24
Contingency	90	0	0	0	1,405
Wave 3 response	0	0	0	0	0
Enforcement support incl Covid Marshalls	2,826	1,481	1,158	323	2,757
Supporting compliance	4,871	4,871	0	4,871	934

3.1

The table above shows the actual spend for the first 10 periods of the current financial Year (April to December 2021). This table includes all spend items that are reported to and paid from the Contain Outbreak Management Fund (COMF)

3.2 Spend funded from other sources

The following table shows expenditure from different funding sources

*Department of Health & Social Care, **Ministry of Housing, Communities & Local Government

Spend Item	Spend to date 2022/21 '£000	Budget for 2021/22 '£000
Asymptomatic Testing	2,337	
Operation Eagle	86	
Community Champions	154	440
Community Vaccine Champions	0	185
Total	2,577	625

4. Clarification Notes to the report:

Total projected budget £27,029m breaks down between two financial years accordingly: 2021/22: £19,181m and 2022/23: £7.848m.

Projected Commitments for financial year 2021/22 are estimated as £15.451m; with £5.250m actual spent.

Planned spend for the rest of the financial year: £10.200m

Allocation for future outbreaks planning 2022/23: £11.578m – Unspent budget in 2021/22 & budget for 2022/23

Actual spend and projection for current financial year:

Staffing, out of allocated £3.263m, projected commitment for current financial year of £3.001m with actual spend of £2.273m

Asymptomatic Testing Contingency, minor spend on this line (£292k) due to the fact that additional fund was forecasted to cover this activity in case DHSC fund ends; DHSC fund has now been extended until March 2022, we are committing £720k for next financial year, the cost was based on assumption that the Asymptomatic testing service will continue, regardless of NHS funding until Commonwealth game was over.

Testing Facilities, out of the budgeted £145k, for the rest of the financial year commitments are £43k as a reserve for winter maintenance.

Community Swabbing and Support estimated budget was changed to meet projection needs, and it's £1.314k with £633k of actual spend and £681k planned spend by the end of March 2022.

Local Contact Tracing, Isolation Support & Whistleblowing, all activities are related to Local Contact Tracing Team, service has now been extended until end of September 2022.

This line will also cover Test and Trace Support Payment (TTST) which were carried on from April 2021 and are extended now until end of September 2022. This wasn't included at the budget planning stage, and this allocation was changed to meet commitment needs. Total Projection commitments for 2021/22 £1.782m with actual spend to date of £787k and Allocation for the Future Outbreaks Planning of £717k.

Communications, most of the cost has been charged against Community Champions Fund.

Health and Wellbeing Support, out of budgeted £782k we are committing £725k. This will be allocated to cover food insecurity, fluoridation, and support for carers hub.

Translation Services, Commitments at £18k includes cost related to translation costs for community team.

Enforcement Support including Covid Marshalls, Projection of £1.481m for Covid Marshalls, Park Marshalls and Covid Enforcement Officers to cover Covid compliance within the area. Service now extended until end of September 2022. Allocation for Future Outbreak Planning of £2.757m.

Further Allocation include Corporate covid pressures value of £10m, breaks down between Adult Social Care, City Management, City Operations, Housing, Education, projected commitments for current financial year of £7.5m and Future Outbreak commitment of £2.5m.

Template of the report has been adjusted and reflects submission of Covid Outbreak Management Fund report to UK Health Security Agency.

5. Risk Analysis:

Risk

Identified	Likelihood	Impact	Actions taken
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Delayed Re-Charges	High	Apparent underspends	On Going communication with relevant department regarding re-charges. - In Process
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The following people have been involved in the preparation of this board paper:

John Brookes, Finance Manager

Malgorzata Sugathan, Service Lead (Test & Trace)

Iheadi Onwukwe, Consultant in Public Health (Test & Trace)

