

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 01 SEPTEMBER 2021 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **WELCOME AND INTRODUCTIONS**

2 **NOTICE OF RECORDING/WEBCAST**

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

3 **APOLOGIES**

To receive any apologies.

4 **DECLARATIONS OF INTERESTS**

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

5 **MINUTES**

5 - 18

To confirm and sign the Minutes of the meeting held on the 21st July 2021.

6 **COVID-19 SITUATION UPDATE**

19 - 96

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

97 - 112

7 **COVID-19 HOSPITAL ADMISSION AND VACCINATION**

Dr Julia Duke-Macrae, Consultant in Public Health will present the item.

8 **VACCINATION ROLLOUT AND UPTAKE UPDATE**

Mr Paul Sherriff, NHS Birmingham and Solihull CCG will present the item.

113 - 114

9 **ENFORCEMENT UPDATE**

This report is for information only.

115 - 118

10 **LIVING WITH COVID STRATEGY**

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

11 **MSOA DEATH ANALYSIS (FULL REPORT)**

Dr Julia Duke-Macrae, Consultant in Public Health will present the item.

119 - 122

12 **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**

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

123 - 126

13 **TEST AND TRACE BUDGET OVERVIEW**

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

14 **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.

15 **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 6 October 2021 as an online meeting.

16 **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

17 **DETAILED SITUATION UPDATE**

Item Description

18 **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

<p>LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 21 JULY 2021</p>

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 21 JULY 2021 AT 1400
HOURS ON-LINE**

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
 Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham
 Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
 Andy Cave, Chief Executive, Healthwatch Birmingham
 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
 Stephen Raybould, Programmes Director, Ageing Better, BVSC
 Councillor Paul Tilsley
 Dr Justin Varney, Director of Public Health

ALSO PRESENT:-

Richard Burden, Chair, Healthwatch Birmingham
 Dr Julia Dule-Macrae
 Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

- 202 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

- 203 Apologies for absences were submitted on behalf of Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB; Mark Croxford, Head of Environmental Health, Neighbourhoods; Chief Superintendent Stephen Graham, West Midlands Police; Councillor Brigid Jones, Deputy Leader of Birmingham City Council.
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DECLARATIONS OF INTERESTS

- 204 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

- 205 **RESOLVED:-**

The Minutes of the meeting held on 30 June 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

- 206 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. 2)

Councillor Tilsley commented that to say he did not want to see Sheldon at the top of the list was an understatement. The 120 positive cases had happened over the last few weeks as they had gone five weeks without any positive Covid test. Councillor Tilsley stated that given the high number of vaccinated people in Sheldon, he was making the assumption that this was very much educational based within the Ward as they had managed to get down the age spectrum well in Sheldon so he was making that assumption. Councillor Tilsley enquired whether Dr Varney could drill down into the information.

Dr Varney advised that he would see if he could get a profile for Councillor Tilsley outside the Board meeting for Sheldon as Public Health was trying to profile the top three or four Wards to ascertain what was happening. Public Health was seeing in these areas a particular spike in children and the unvaccinated and even within the Wards that had done well on vaccination tended to have a large number of 18 – 29 years old that were unvaccinated. In those Wards that there was a spike, it was very much the under 30s down to about 14/15 that seemed to be the age group that were getting the virus and

Local Covid Outbreak Engagement Board – 21 July 2021

spreading it at the moment. They were the ones who were out socialising and spreading it during the nice weather and with some of the freedoms that had come. Dr Varney undertook to provide Councillor Tilsley with a more detailed breakdown for his Ward outside the meeting.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that a lot of the information they got from the social care workforce about the pressure on them in terms of staff absences and having to isolate, it would be useful to get a collective response to that going forward. Another thing was that the papers seemed to indicate that the R rate of the Delta variant meant that herd immunity would not be achieved through the vaccination programme. Mr Raybould enquired what community capacity would be needed to mitigate that going forward and whether time could be given at future Boards to discussing that.

Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham commented that we had a challenge of communication and 'Freedom Day' had occurred at a time when we had some of the highest infection rates that we had during the second wave – 400 plus in West Birmingham. Dr Aslam stated that he went to a celebration at the Mosque yesterday and that unfortunately they had decided to abandoned social distancing. The Mosque had supported wearing masks but only about a third of people were wearing mask.

Dr Aslam enquired what type of environment were being created at a time when there were significant amount of virus in our community. He added that this would become a pandemic of unvaccinated people and that a number of people on ventilated beds were unvaccinated. We needed to think collectively together with an NHS response to state that our vaccinated response would be the same as they were before. There was no change and you would be expected to wear a mask if you enter a health care setting as this was the right thing to do given where we were. It was a massive communications challenge. Dr Aslam enquired what type of communication was given to community leaders to maintain a level of control over the issue as we need to take a safety first approach.

Dr Varney made the following statements: -

- a. In terms of the first point from Mr Raybould, the announcement on Monday around the rear occurrence where isolations for contacts could be exempted for health and social care staff, was put into the public domain at the same time it came to Public Health.
- b. There was a rapid piece of work being done at the moment across the system – across both adult and children social care and the NHS so that we all use the same template and the organisations got the same steer. It should be the absolute exception and not the rule.
- c. By bringing individuals who should be isolating because they had been in close contact with a confirmed case into an environment where they were working with vulnerable people by definition because they were providing care, was a high risk strategy.
- d. It was clear in the national guidance that the liability lies with the employer and the organisation. This was not a decision that should be

- taken lightly by any employer but it was recognised that the number of people isolating as case numbers increased, the number of people as contacts goes up as well which was creating that pressure.
- e. It was important to recognise that there was no legal cover for the liability for the organisations that chose to use that exceptional circumstances for exemptions.
 - f. Public Health was working on guidance to make this absolutely clear so that organisations clearly understood the potential risk they were taking and therefore use it as an exceptional tool. This had to be done on an individual by individual basis as there was no blanket exemption.
 - g. Each person had to be assessed separately and that had to be signed off by the accountable officer in the organisation who was responsible for Health and Safety and Prevention from Infection Control.
 - h. We were working through this template as fast as we could, but as you were aware the press release came out on Monday, with the guidance coming sometime afterwards and even then, it was high level.
 - i. In terms of the thinking from SAGE and the Delta variant, we were unlikely to get herd immunity until we got 90% of the population vaccinated.
 - j. We were near enough if we got 80%-85% vaccinated, but to get true herd immunity we had to get over 90% vaccinated and we were nowhere near that at present.
 - k. Herd immunity through vaccination was still a long way off and whether it was Delta etc. it was known that natural immunity did not last long.
 - l. If it did, we would be in a better position as we would get vaccine immunity plus natural immunity which would get us over the line but, what we were seeing was natural immunity – particularly some of the variants – was not very good and was not giving us enough protection.
 - m. Dr Varney stated that he had not seen any national modelling of this, but there had been modelling of what the impact was on health care in terms of hospital admissions and as we have had through each of the waves the best/worst case scenarios.
 - n. From the last version he had seen, we were tracking along the better side of the curve if that makes sense. Herd immunity was not something that was going to happen in the short term.
 - o. In terms of communication and engagement we continue to meet Faith leaders on a weekly basis.
 - p. We had a specific meeting planning for Eid and a letter was sent to all of the mosques in the city reminding them to take precautions, reminding them how important it was so it was disappointing to hear of Dr Aslam's experience with the local mosque as that was not what they were saying to Public Health as the mosques were saying that they were going to continue to encourage people to wear mask.
 - q. The challenge was that not just our mosques but our retailers as well, was that government took the decision to remove the legislation. There were no enforcement powers.
 - r. Monday was not Freedom Day it was the day the fines disappeared – Covid did not go away, Covid did not get less dangerous and did not get less common, it was still as big a risk.
 - s. What was heartening was how many venues and businesses across the city was carrying on as normal, but it had to be the business choice as

Local Covid Outbreak Engagement Board – 21 July 2021

- we could not force them as we did not have the local powers to be able to force it to happen.
- t. The Mayor of the West Midlands did his best with the transport system to get a consensus agreement, but it was we wanted you to wear a face covering but we cannot make you wear them as we did not have those powers.
 - u. We continue to engage with community leaders and we were briefing our Community Champions this evening and we had more webinars and engagement sessions planned. We were continuing to work with Ward Forums and Elected members as well in local communities.
 - v. All of this was very much hand in gloves with NHS Comms and engagement.
 - w. Dr Varney stated that he was delighted that Public Health had appointed an engagement and communications person in his team to work jointly with West Birmingham specifically to give us some additional focus in West Birmingham particularly around the vaccination programme to try and help drive those numbers up.

At this juncture the Chair commented that a lot of things was stated in the press stating that a large number of people were switching the NHS Contact Trace App or deleting them. The Chair enquired what the implication of this was if it was the trend.

- x. Dr Varney advised that there were two things – national was telling them there was a lot of noise when they looked at the App download and usage was that it was still being used a lot.
- y. The implications of not having the App switched on for us as individuals was that we might be exposed, caught Covid and we would not know and we were taking it home and to our friends and families and would be acting like we did not have Covid when we had and was spreading it around.
- z. The App was getting better as they were tweaking it to make it more sensitive. It was looking at how close you were to the person who tested positive and how long you were in that vicinity for. People were getting a lot through the App at the moment and was what we called **inform and warn**.
- aa. The second layer of that was for people who had been in close contact – if you have not got the App switched on you will not know that you have been exposed. If you did not know you were being exposed you might get Covid and would spread it around, then we get case rates continuing to rise and then we would see a real risk of lockdown coming back.
- bb. Dr Varney encourage us to keep our Apps on as it was the best way of trying to contain the virus and the best way of knowing whether we have been put at risk.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE

207

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG and Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham presented the item.

Mr Jennings drew the attention of the Board to the slide presentations in the Agenda pack and expressed thanks to Dr Varney and his team for helping to put the information together. Mr Jennings then highlighted the following key facts:-

1. In terms of the impact on the NHS, the figures Dr Varney had was a week out of date as there was no doubt that things had gotten considerably more difficult over the last week.
2. It was not known what portion of people were in Sandwell and West Birmingham Hospital as they were dealing with the Birmingham hospitals as it were.
3. It was known that in the three UHB hospitals that there were taking Covid patients there were now around 200 which was a steady number. The number in ITU was building still which was following the pattern that Dr Varney was speaking about which was people having the virus, became quite ill and moving to ICU. There was a natural progression there.
4. The number of people we had in ITU had impacted on our ability to provide the services inevitably. We were also struggling to some extent because of the high levels of staff being unavailable at the moment.
5. The new policy that came out as a press release was not the detailed way it had been used by NHS services where they could bring people back into work, being doubly vaccinated into working situations and whether they would pose potential risks and they would also need to have daily tests.
6. Things were pretty difficult again as people were working really hard and it was getting tough. The good news was that at these levels of case rates, in our previous spikes of the virus over the last 16 months, at these current levels of case rates we will have far more people in hospital than we do now.
7. It was clear looking at the situation we had previously the level of case rats was not converting into the level of hospitalisation we saw previously. This was not to say that things were but it demonstrated that was the case.
8. As Dr Aslam had stated the majority of people who were seeing that were really ill in ICU were people that either had only one dose or no vaccination. There was an unequivocal demonstration locally that the vaccination programme worked.
9. We were having to work hard to try and encourage people to take the vaccine. This was harder in some places and if we looked at the situation across the city, there was a clear geographical distinction about where uptake was good and where uptake was not so good.
10. In some areas, it was over 80% in some Wards and in some wars over 85% across the central belt of the city there were still many Wards that were around the 50% uptake level.

Local Covid Outbreak Engagement Board – 21 July 2021

11. We were working hard in those communities – Faith groups, community groups, local Councillors, GPs and pharmacies to encourage people to take the vaccine.
12. There were now four mobile vaccine vans that were deployed and we tried to plan where they were going to encourage people to come to them. We were trying pop-up vaccination centres to encourage people to take up the vaccine.
13. It was going to be tricky for us as a city because of the population age of the city as we had so many young people as we move down the age pyramid. When we got to the 30s and under, we got to the largest cohort that we had.
14. For those younger people we were trying to encourage them to come forward for their vaccine and to say how important it was at a time when they had seen it on the television that tens of thousands of people had gathered for mainly sporting events.
15. We were grateful for all of those who had worked with us as we were having to work hard still to try to continue to promote the uptake of the Covid vaccine.
16. Coming up shortly we were going to attempt to have an even larger impact on flu vaccination. The flu vaccination will need to have a massive impact this year if we were going to keep the flu in place.
17. We were looking to do flu alongside a booster vaccination of the Covid for the over 50s, those who were clinically vulnerable.
18. We were looking also at a programme of immunisation and vaccination for children, but only those over the age of 12 that had some other compromising condition, but not a general population programme at this stage. Planning was starting for those.
19. All of this was happening in a context where we had a health and social care workforce where they had worked flat out now for 16 months. We had a primary care system who were facing an unprecedented levels of demand – up by 20%-30% compared - and more in some cases before the Covid pandemic.
20. People were having to work really hard and anything we could do collectively and individually to encourage people to come forward to take up the vaccine and to educate people to dispel the myths and the nonsense around the vaccine programme the better it would be for all of us in terms of trying to bring an end to this troubled period.

Dr Aslam made the following statements:-

- I. There was a bit about communication – we were at a stage where we had Covid infection rates that were so high at the moment – 450-500 in Birmingham at a time when we needed to restore and recover services in primary care and community services and secondary care.
- II. We were trying to get on top of that and this was with the background of trying to create an infection control process that did not exposed our most vulnerable people to Covid when they come in or to any of the other viruses when they come in to see us.
- III. It was a conundrum that was becoming more difficult as the rates increased it would become more difficult. A significant amount of our population were not being vaccinated and they were a vulnerable group now.

Local Covid Outbreak Engagement Board – 21 July 2021

- IV. Creating an environment for 30%-40% in some cohorts where they had not been vaccinated and where we needed to continue to maintain their medical care, we needed to support them with their diabetes care their OCDs and chronic kidney diseases, get them vaccinated, get them screened for the cancer programmes was just a massive conundrum.
- V. On top of this we were now going into a programme as described by Mr Jennings where we will try to vaccinate as many people as possible for flu do a booster campaign as well. This was at a time when the peak of Covid from all the information we were getting this wave would be sometime August or into September when we were planning on running that campaign.
- VI. This was just a combination of very difficult things that were happening all at the same time. We will continue to do all of the things that Mr Jennings had stated and continue to have mass vaccination sites, GP practices having vaccination available, continue to have the opportunity to go where you like to have a vaccination.
- VII. We had about 20 pharmacies that could deliver vaccination. We just needed to work together through this as it had been a difficult 18 months and the next 12 months would also be difficult as it was not known when we would be able to get on top of the backlog.
- VIII. We had worked hard and there was hard work coming our way that we needed to balanced up and it was hoped we were not exhausting our workforce in a way that made them unwilling to work in a health service that did not support them. There were some difficulties here.
- IX. We had those two viruses that we talked about but we had to think about the respiratory tract infections norovirus and viruses in children as well that would increase through this period.
- X. We did not know what lockdown had done in terms of cancer. We knew that it exposed children to less viruses, but when children are back together in the winter period, we did not know what the effect of that would be.
- XI. Usually, lower respiratory tract infection would take up a lot of GP work going into the winter so we will just have to balanced that out as well otherwise there was going to be a rebound effect with all the other viruses that were in the community.
- XII. There was difficult times ahead and he echoed Mr Jennings statement that if you did not have a vaccination please do so not just of the reason for protecting yourself from Covid, but there was a lot of everybody's plate at the moment and a vaccination would reduce the burden on our health service.
- XIII. Dr Aslam encouraged everyone that if they did not have the vaccination to have their first and ensure that they got in time for their second and then we would get in touch about the booster campaigns.

The Chair commented that she wholeheartedly supported what Mr Jennings and Dr Aslam had stated. She added that it was not known how health and social care would stand up to this winter as the staff were exhausted and were beyond tired, but they pushed on and were a brilliant bunch. The Chair stated that she could not understand why so many people within her community (as a black woman) – she knew what the history had been, but why they would not take the vaccine. We had a lot of negative messages out there but the vaccine were the only way to get rid of this virus. The young people had stopped

Local Covid Outbreak Engagement Board – 21 July 2021

listening but we had to keep plugging that phrase – go and take the vaccine. The Chair encouraged parents to tell their children to take the vaccine. She stressed that it was important that we take the vaccine.

Councillor Tilsley enquired whether the positive hospital admissions were still being directed to the QE site. Mr Jennings advised that patients were presenting at all of the A&E sites potentially with Covid and there were patients with Covid in three of the UHB Hospitals. Solihull Hospital was being maintained as a green site in order to carry out safe elective surgery.

Dr Aslam stated that when the rates go significantly higher, patients with potential Covid go to every place – the walking centres, general practice, A&E Departments – and they are put on the appropriate pathways. We have a rapid test that enables us to decide which streams they fall into. If the rates were 30 last summer and we were worried, they were 500 now and it was difficult for us to run a programme that just keeps one place at least Covid free. It was impossible so the rates needed to come down.

People needed to adhere to social distancing and get vaccinated. The people being admitted – 75% of people in intensive care beds were unvaccinated people. The people being admitted into hospital that required oxygen the vast majority of them were unvaccinated. If you got vaccinated the likelihood of you being in hospital was significantly reduced. With rates this high, it was difficult to create areas that were Covid free.

The Chair stated that in her Ward they had some of the highest rates across the city in the west side of the city. The west side of the city was where predominantly some of the youngest residents were and some of the largest groups of ethnic minorities were concentrated in that side of the city. The Chair enquired whether there was anything extra that was being done to support the west side of the city to get people to have their vaccines.

Dr Aslam advised that they were working well with their Birmingham colleagues and they had a Project Manager, Mike Ellis who was responsible for the vaccine programme in West Birmingham and was doing a fantastic job. We had opened up a range of 20 places and community pharmacies where people could go. We had mass vaccination sites opened at Aston Villa Football Club, City Hospital and Millennium Point, engagement events with Councillors and Councillors knocking on doors at weekends. We created an environment where if you wanted to have the vaccine, it was easy for you to get one. What we were behind on was the community support to encourage people to have them.

Dr Aslam added that it was accepted that in the early stages of the vaccination programme, we probably did not have enough places for people to go and that people felt safe to go to, but this had dramatically changed now. There were incremental changes that were happening and there were improvements in all of our cohorts 1-9 areas throughout West Birmingham and there were gradual improvements. We never say no to anybody, so if you have not yet had a vaccine and you were in the older age groups you could still have it now. You could go to anyone of these places and you will not get turned away.

Local Covid Outbreak Engagement Board – 21 July 2021

We could drill down into the different communities to see where the gaps were in those communities. The detail that we would have benefitted from earlier in this programme was there now and has helped us to be more focussed. We had set up a call centre in West Birmingham which was calling every patient who were registered with a GP that had not been vaccinated. There was a doctor to support that call centre as well to ensure that it was not an issue of trying to get into the process of having the vaccination.

Mr Jennings stated that there were two things – from the figures over the last 2/3 months we had made a large progress and we were chipping away and making improvements. The door to door campaign from the Council was focussed in West Birmingham at the moment.

Andy Cave, Chief Executive, Healthwatch Birmingham advised that he coordinated a group that looked at the comms and engagement in West Birmingham specifically. He added that what they tried to do was to bring some money down into the local community to fund the comms and engagement that were on-going in the local community and Wards. This was to have that coordinated picture to bring together the providers of the vaccination jabs with those community members having the conversations to make it as easy as possible for people to have their jabs and identified new areas. There was now a real coordinated approach that was focussed on Ward based practice, engaging those community groups and bringing some money down to support that group which was vital for our local communities.

ENFORCEMENT UPDATE

- 208 The Chair introduced the item and advised that unfortunately Gary James, Operations Team Manager, Environmental Health, BCC and Chief Superintendent Stephen Graham, West Midlands Police were unable to attend the meeting today to give an update on the item, but that the report in the Agenda pack would be noted.

(See document No. 1)

INTERNATIONAL TRAVEL

- 209 Dr Justin Varney, Director of Public Health presented the item and made the following statements:-

1. The Government in the UK had a model based on countries being designated as Red, Amber or Green. Red countries were countries you should avoid travel to or from except for essential purposes like going to a family member funeral for example.
2. When you came back from a Red country you will need to pay to go into a quarantine to go in an hotel and also pay for additional tests. You have to complete your 10 days of quarantine in a quarantine hotel. It was tough to get the exemption to not quarantine.
3. Red countries were Red because we were concerned about either new variants or very high levels of cases. Amber countries were countries in

which when you came back you had to isolate, but you quarantine or isolate at home rather than anywhere else and you still take these tests that you have to pay for privately. Unfortunately, you cannot get the tests on the NHS as they were private tests.

4. Amber countries were ones which we were not quite sure which way the passing's were going to go, were they going to get worse or were they going to get better and this was the reason they were Amber.
 5. One of the things people were quite anxious about was if an Amber country became Red, then you will have to pay for the quarantine hotel when you came back which was about £2000.00, which was not a small amount of money for people. This was one of the real challenges at present booking a holiday.
 6. In Green countries you do not have to isolate and you do not have to quarantine, but there were only a very small number of Green countries. The Government websites gave the most up to date details. International travel was not just about what we do in the UK, but it was also about the country you were travelling to. Example if you were from the UK, at the moment you cannot travel to North America as North America will not let you in.
 7. The Americans viewed the UK as being very high risk because of the high number of Delta cases that we have. It was important that when you were trying to plan a holiday you look just not on what the UK Government says, but the country you were going to and what their requirements were as well.
 8. Some of that may change particularly because the UK had such high levels of the Delta variant. Countries that did not have any Delta variants were saying to the UK to stay away.
 9. If you came back from a Red country and you have to quarantine in one of the hotels you go into what is called a Managed Quarantine Setting (MQS).
 10. The majority of the MQS in the West Midlands were based around Birmingham Airport but there were a couple in Birmingham that we had and were working closely with Environment Health with the people who were in the hotels as they were all commissioned nationally to ensure they were following the rules, that they were maintaining safety, that the staff working in the hotels were vaccinated to protect them as well.
 11. We monitor to see if there were any outbreaks or clusters linked to the hotels. We maintained our right as a local authority to go in and do spot checks to ensure those hotels were operating in the way we were told by Government that they will.
 12. The situation was continuing to evolve on travel and there were more exemptions coming through for people who were double vaccinated not just in the UK but internationally. Switzerland for example, if you were double vaccinated you did not have to quarantine, but you still had to do the test within the first 10 days.
 13. It was important to look at this and another reason to get vaccinated if you were planning on going on a holiday. You can google the information on Covid Travel and then go into the Government website where you will find the Red, Amber and Green list.
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PUBLIC QUESTIONS SUBMITTED IN ADVANCE

- 210 The Chair introduced the item and advised that there were no public questions submitted for this meeting.
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TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health introduced the item and advised that the report was for information.

(See document No. 3)

Dr Varney highlighted that we were in the first quarter of the financial year and some of the invoices were still being awaited. We were slightly behind on were we were expecting spend to be. One of the questions at the moment was the reimbursement of the cost for the enhanced support. There was still no clarity as to whether there was any additional financial support for what Public Health did whilst we were in enhanced support. This was to cover the cost of the door to door test distribution the additional test facilities that we opened up and the additional work.

At the moment that was placed against the contingency budget which had started to eat into that contingency. At the next Board a fuller update of the budget spend will be given. Dr Varney stated that he was comfortable that we were within the budget and the provision we set aside for Wave Three response and contingency was covering some of the things Public Health was having to do at the moment because of the current surge in cases. We had to put in additional capacity into the contact centres because the national system was passing through to us between 200 and 300 people per day who had not completed NHS test and trace. The number of people reaching out for support was welfare needs as they were isolating had gone from 10 or 15 per day to nearly 200 per day. The contact centre was struggling so we had put in additional staff into the contact centre to support that which had created additional costs.

As businesses came back some of the facilities that we were able to use during the pandemic for free, they were now saying that we could not have them anymore as they needed them for their business. We were then having to look at commercial rent spaces to replace that, example, the space we had at the wholesale market for storing our lateral flow test and our testing equipment. As the wholesale market was back in operation, we cannot use that anymore, so we were having to look at commercial storage space which will cost about £25k to take us through to the early autumn. There was a series of additional cost which he will be able to present more fully at the next Board.

- 211 **RESOLVED: -**

That the Board noted the report.

Local Covid Outbreak Engagement Board – 21 July 2021

OTHER URGENT BUSINESS

- 212 No items of urgent business were raised.
-

DATE AND TIME OF NEXT MEETING

- 213 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 1 September 2021 at 1400 hours as an online meeting.
-

EXCLUSION OF THE PUBLIC

- 214 **RESOLVED: -**

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
01/09/2021



Overview



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

Coronavirus in Birmingham

Total deaths

(Data up to 30 Aug)

2,815

Latest daily figure

2

new deaths

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Total cases

(Data up to 30 Aug)

145,692

Latest daily figure

460

new cases

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Hospital admissions

(Data up to 27 Aug)

21,036

Latest daily figure

31

new admissions

60-day trend

(based on seven-day averages).



Source: NHS COVID-19 Situation
Operational Dashboard

Over 60's cases

(Data up to 27 Aug)

18,263

Latest daily figure

41

60+ new cases





60-day trend

(based on seven-day averages).

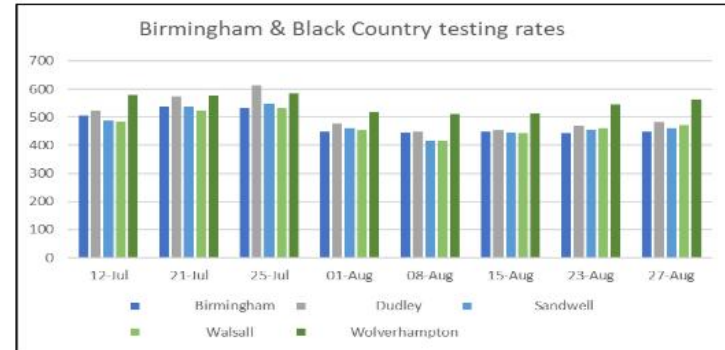
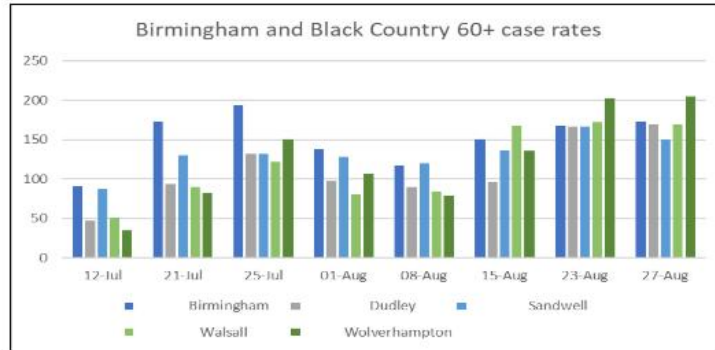
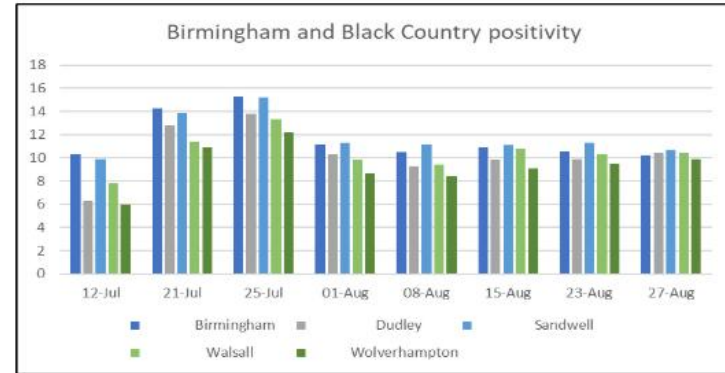
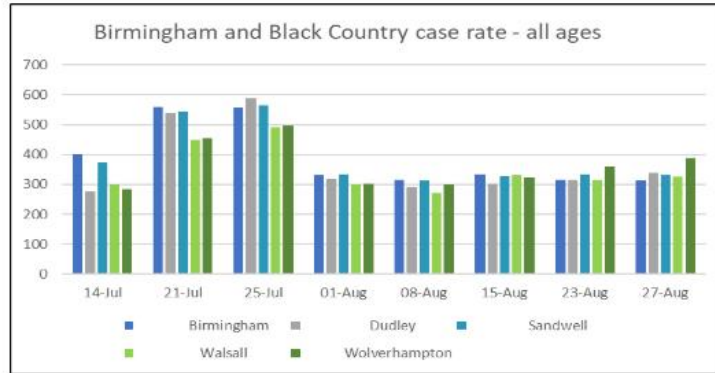


Source: PHE

Testing & Cases Summary: 7 Days up to 28th August 2021

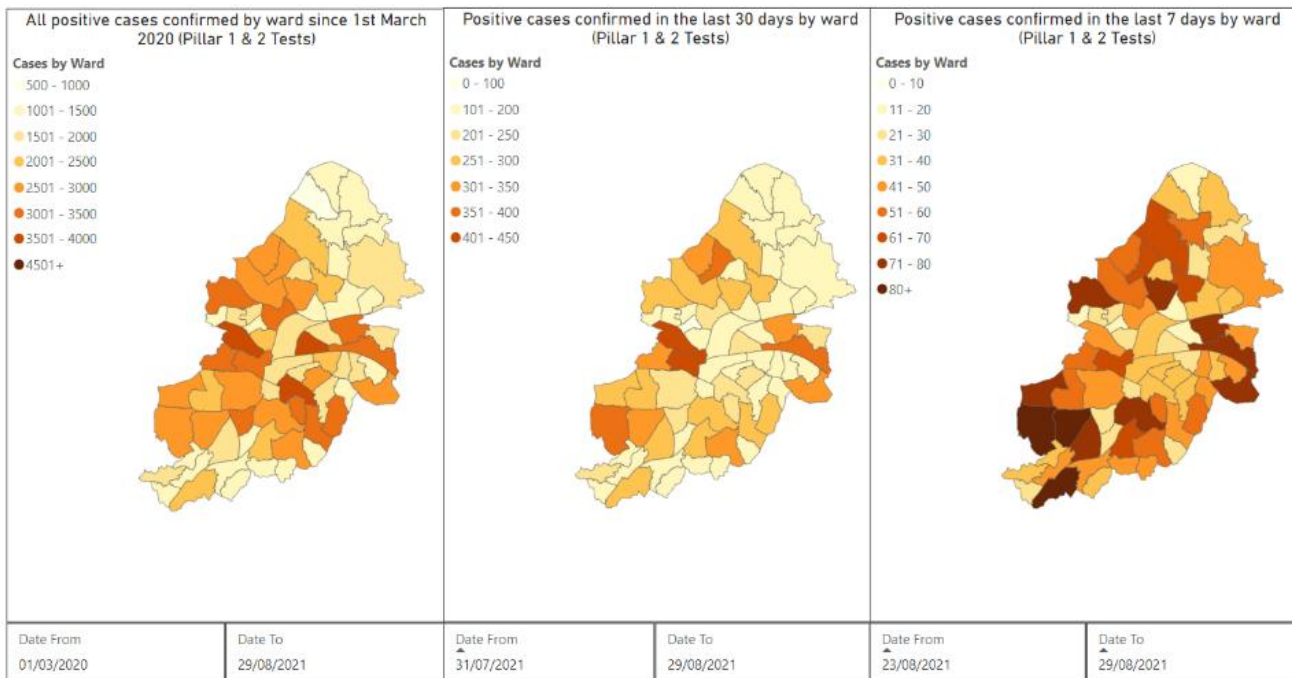
- 7 Day Rolling Case Rate to 28th August (Pillar 1 & 2) 284.6/100K 
 - Rate on 21st August 311.2/100K
 - Ranked 13th (out of 14 local authorities) in the West Midlands region, with 1 being the highest (Wolverhampton, 379.7/100K)
- 7 Day Pillar 2 PCR testing rate at 29th August 1,870/100K 
 - Rate of testing on 22nd August 1,870/100K
 - Ranked 14th (out of the 14 local authorities) in the region, with 1 being the highest..
- 7 Day LFD testing rate at 29th August 3,791/100K 
 - Rate of testing on 22nd August 3,533/100K
 - Ranked 13th (out of the 14 local authorities) in the region
- % of Pillar 2 positive PCR tests at 29th August 14.3% 
 - Rate on 22nd August 15.0%
- % of positive LFD tests at 29th August 1.5%

Birmingham & the Black Country Direction of Travel



Cases by Ward: Total, Last Month & Last Week

Confirmed Cases by Ward for Pillar 1 & 2 Tests



Total

Last Month

Last Week

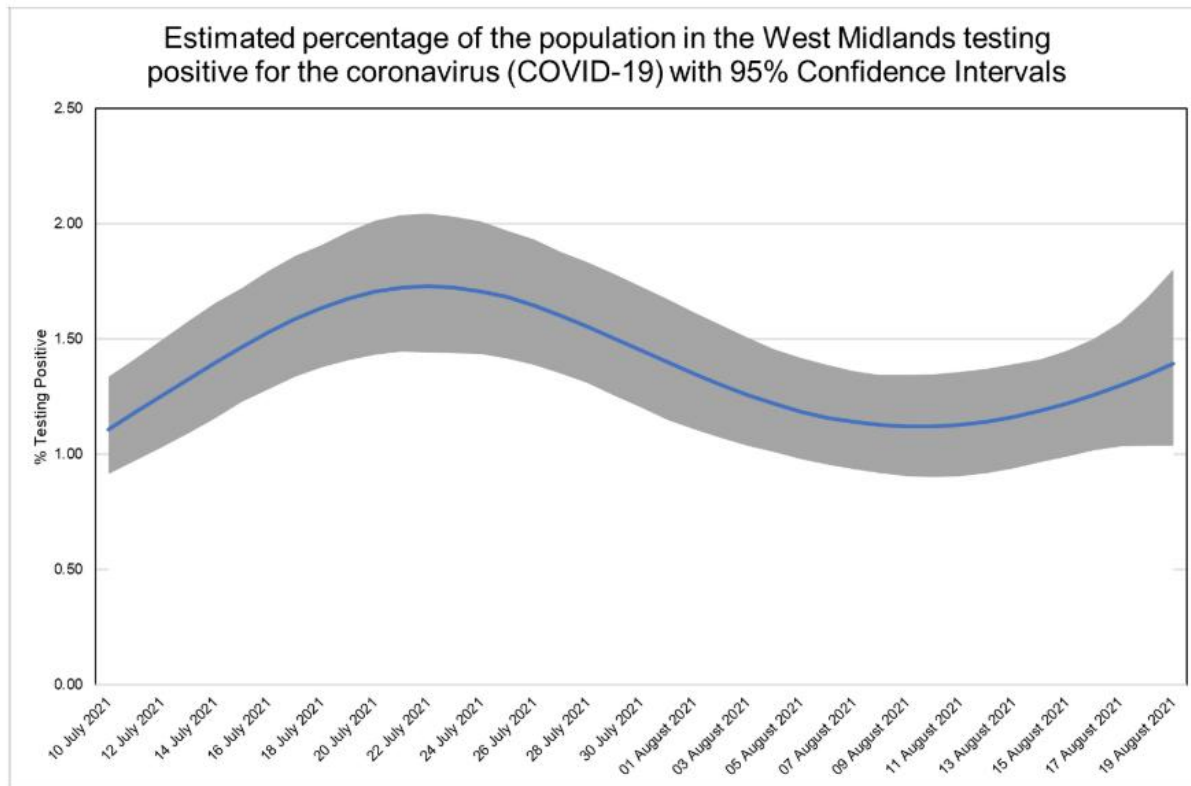
Top Ten Case Rates by Ward

Ward	Prior week (2021-08-12 to 2021-08-18)		Most recent week (2021-08-19 to 2021-08-25)		Change between last two weeks		
	Cases	Rate	Cases	Rate	%	Absolute difference*	
Kingstanding	96	457.5	102	486.1	6	28.6	→
Frankley Great Park	52	439.4	57	481.7	9	42.3	→
Highters Heath	31	280.4	52	470.3	67	189.9	↑
King's Norton South	43	381.4	52	461.2	20	79.8	→
Brandwood & King's Heath	66	349.5	87	460.7	31	111.2	→
Northfield	30	291.3	47	456.4	56	165.1	→
Bartley Green	87	381.3	104	455.8	19	74.5	→
Shard End	64	526.1	54	443.9	-15	-82.2	→
Perry Common	45	381.6	51	432.5	13	50.9	→
Garretts Green	42	391.6	46	428.9	9	37.3	→

2 wards have seen a statistically significant increase in case rates, 3 wards have seen a significant decrease, the majority have seen no change.

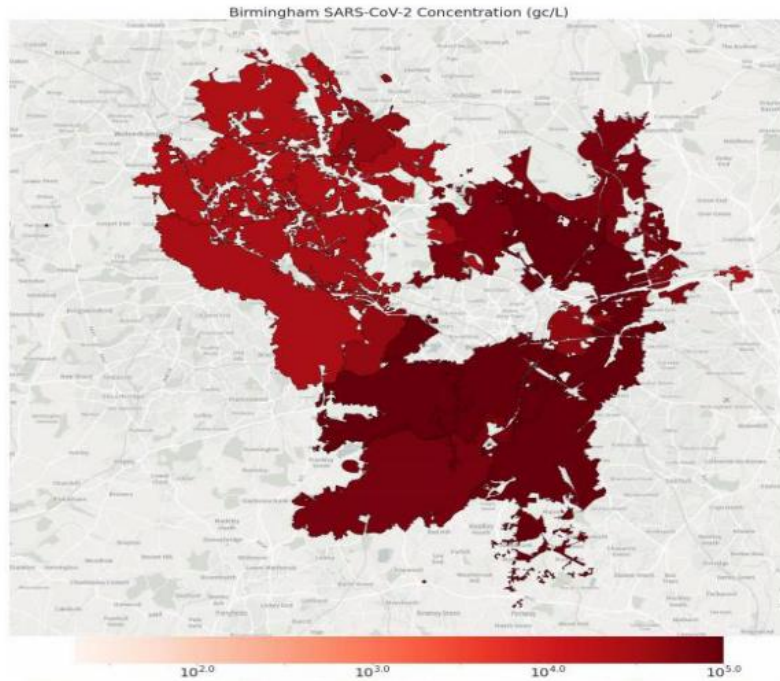
*Relative change arrow based on incidence rate ratio p value <0.05.

ONS Coronavirus (COVID-19) Infection Survey, up to 20th August 2021

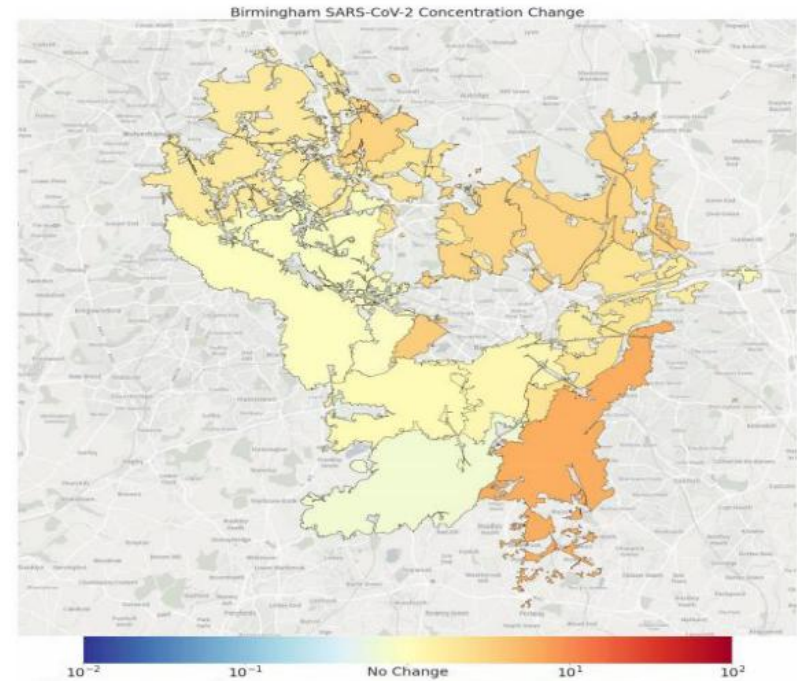


- The ONS infection survey estimates the % of the West Midlands adult population who were COVID positive on 20th August, this increased to 1.45%, compared to the previous week's estimate of 0.67%.
- The estimated percentage testing positive has begun to rise in August, following a decline in late-July/early August.
- In the 7 days up to 20th August, the percentage of people testing positive has increased for those in school Year 12 to aged 24 years, and those aged 50 to 69 years. The percentage of people testing positive decreased in those aged 2 years to school Year 6, and those aged 25 to 34 years. The trend is uncertain for other age groups.
- ONS are not currently calculating sub regional estimates due to reduced estimate accuracy from low prevalence.

NHS WASTEWATER SARS-COV-2 Report 14th to 20th – August 2021



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



Variant of Concern or Under Investigation

- Delta VOC (Indian variant) - still remains the dominant variant in B'ham and in the UK.
- Lambda -VUI-21JUN-01 (South America)
 - few cases seen initially in the UK.
 - thought to be more infectious than previous variants.
 - no more cases identified so far.
- More recently the VUI-21JUL-01 lineage B.1.621 is under investigation.
 - None identified in the West Midlands.

Testing

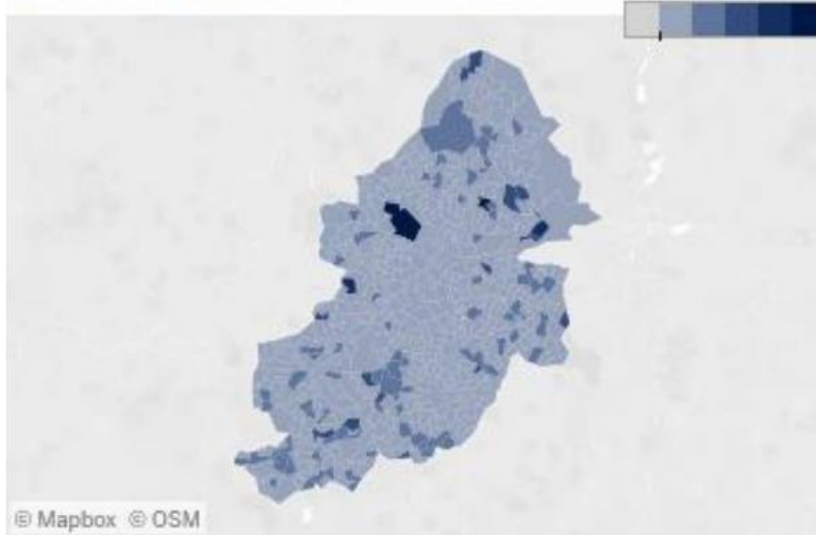


Lateral Flow Test Locations

- **Lateral flow testing and collection sites have now closed** in line with the national move to home testing.
 - Home testing kits can be ordered from gov't's website.
 - <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>
- **Testing available at a network of community pharmacies**
 - 104 pharmacy community testing sites currently live.
- **Pop up collection sites**
 - A series of pop up collection sites are now operating around Birmingham to increase the reach of distribution.
- **Lateral Flow Device (LFD) Inclusion Pilot:**
 - Engaged with homeless organisations to enable homeless citizens to collect and undertake regular LFD tests.

PCR Testing (Pillar 2) by LSOA: 7 Days up to 29th August 2021

7-day rate of total Pillar 2 tests LSOA
(per 100K population) Range 0.5K to 12.8K

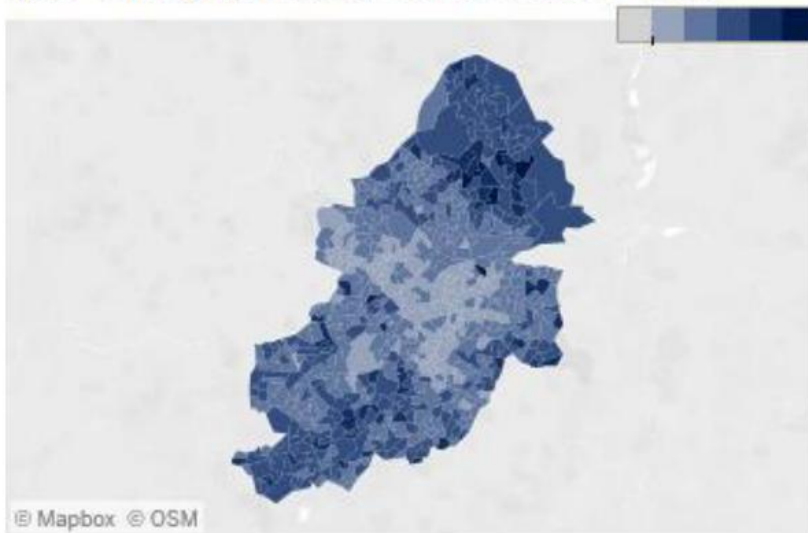


7-day rate of positive Pillar 2 tests LSOA
(per 100K population) Range 0.0 to 990.1

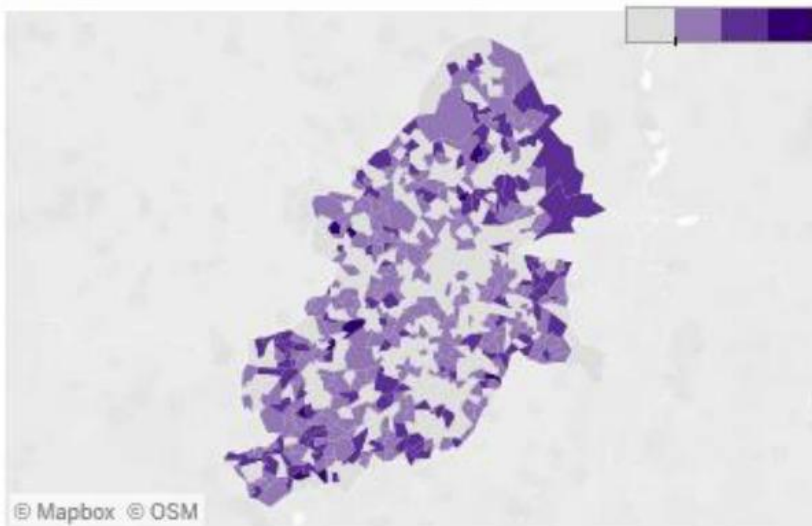


LFD Testing (Pillar 2) by LSOA: 7 Days up to 29th August 2021

7-day rate of total Pillar 2 tests LSOA
(per 100K population) Range 0.8K to 10.9K

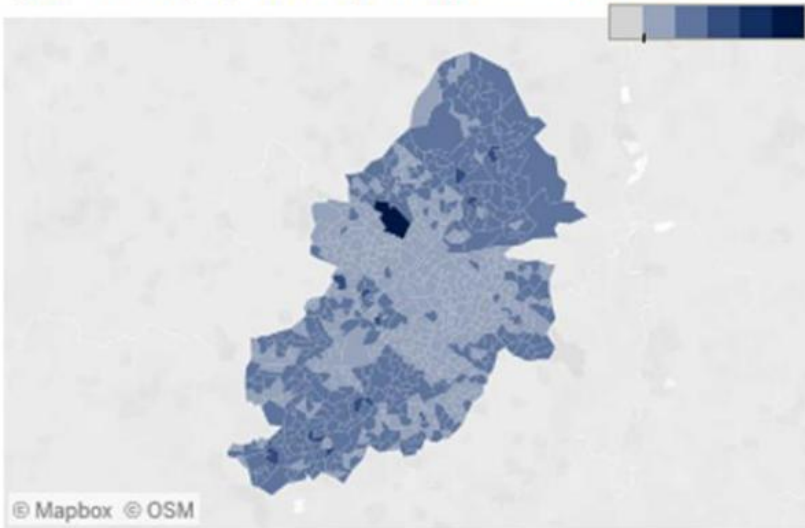


7-day rate of positive Pillar 2 tests LSOA
(per 100K population) Range 0.0 to 367.9

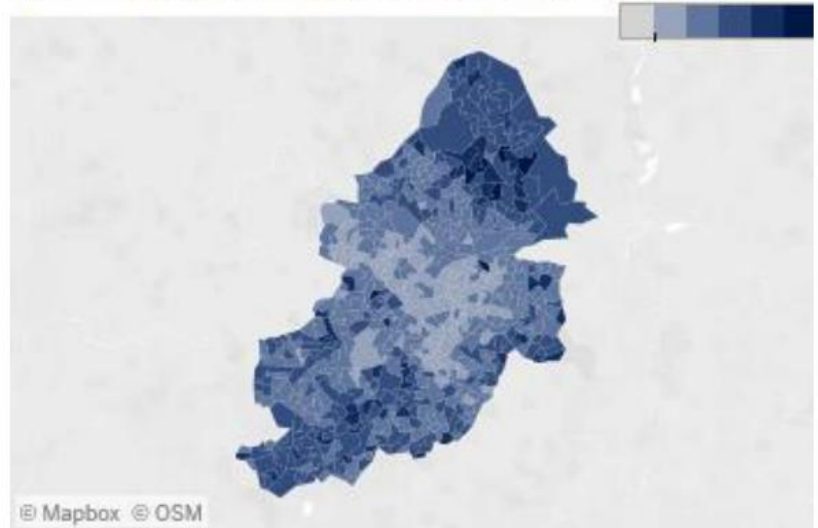


LFD Testing Progress: 1st to 29th August 2021

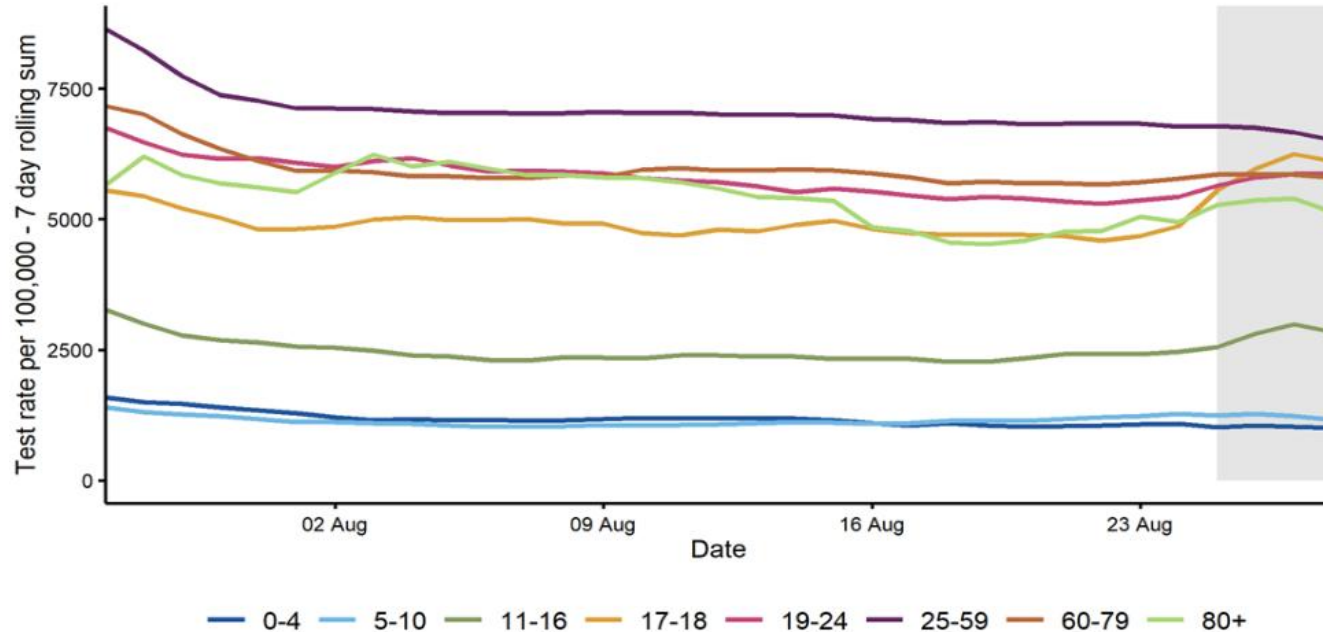
7-day rate of total Pillar 2 tests LSOA 1st Aug
(per 100K population) Range 0.8K to 20.8K



7-day rate of total Pillar 2 tests LSOA 29th Aug
(per 100K population) Range 0.8K to 10.9K



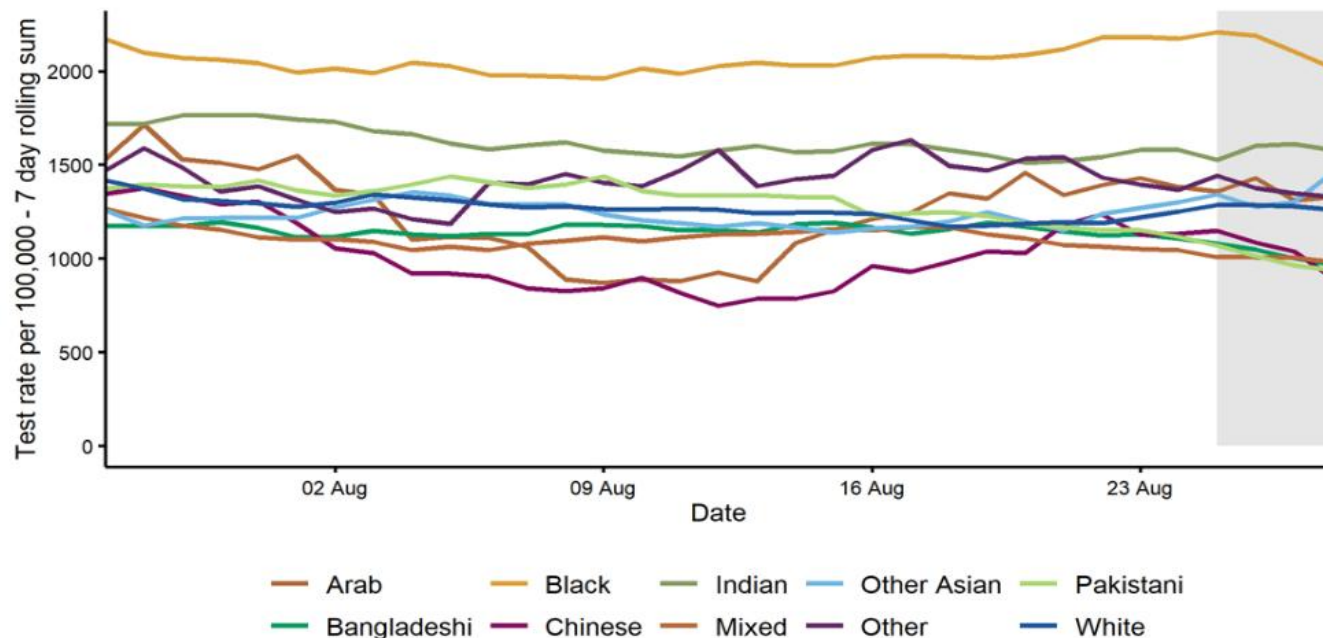
7-day rolling average Pillar 1 & 2 Test Rates per 100,000 Population Among Residents of Birmingham (by key age groups): 27th July to 29th August 2021



Excluding 1110 tests with missing age data.

4 most recent days excluded due to reporting delays

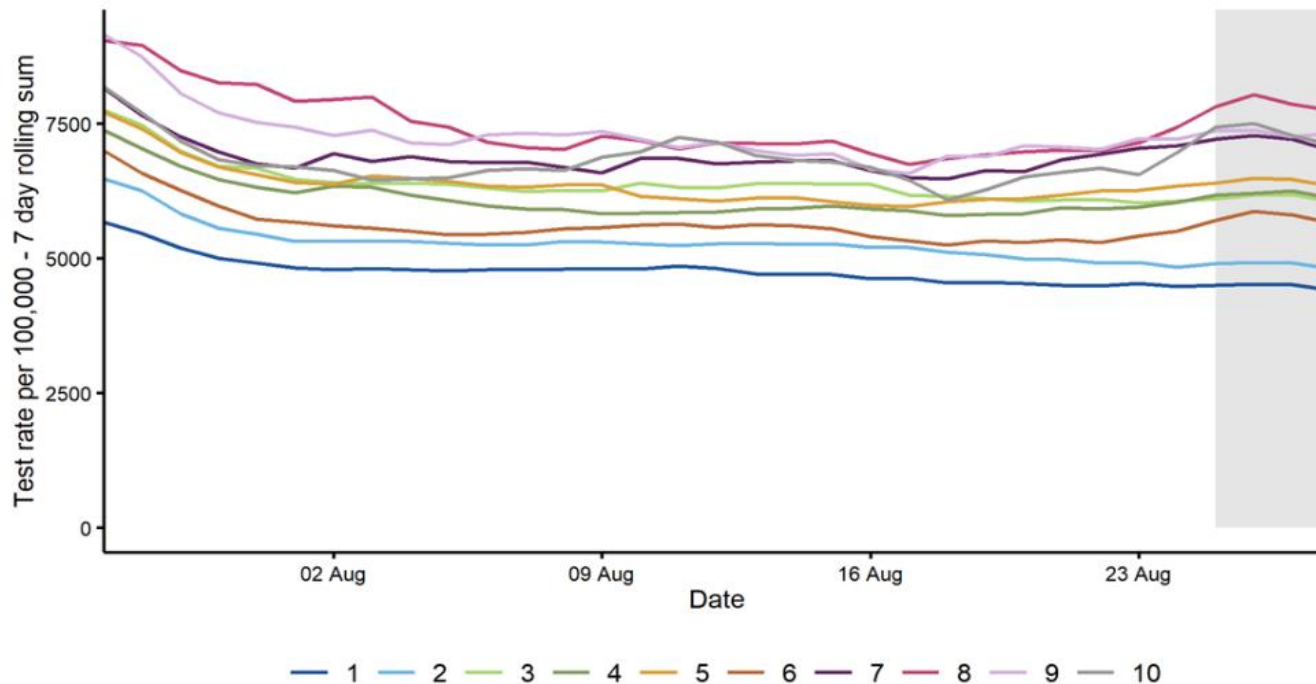
7-Day Rolling Average Pillar 2 Test Rates per 100,000 Population Among Birmingham Residents (by ethnicity): 27th July to 29th August 2021



Excluding 171808 pillar 2 tests with missing ethnicity data.

4 most recent days excluded due to reporting delays

7-Day Rolling Average Pillar 1 & 2 Test Rates per 100,000 Population Among Birmingham Residents (by deprivation deciles): 27th July to 29th August 2021



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.

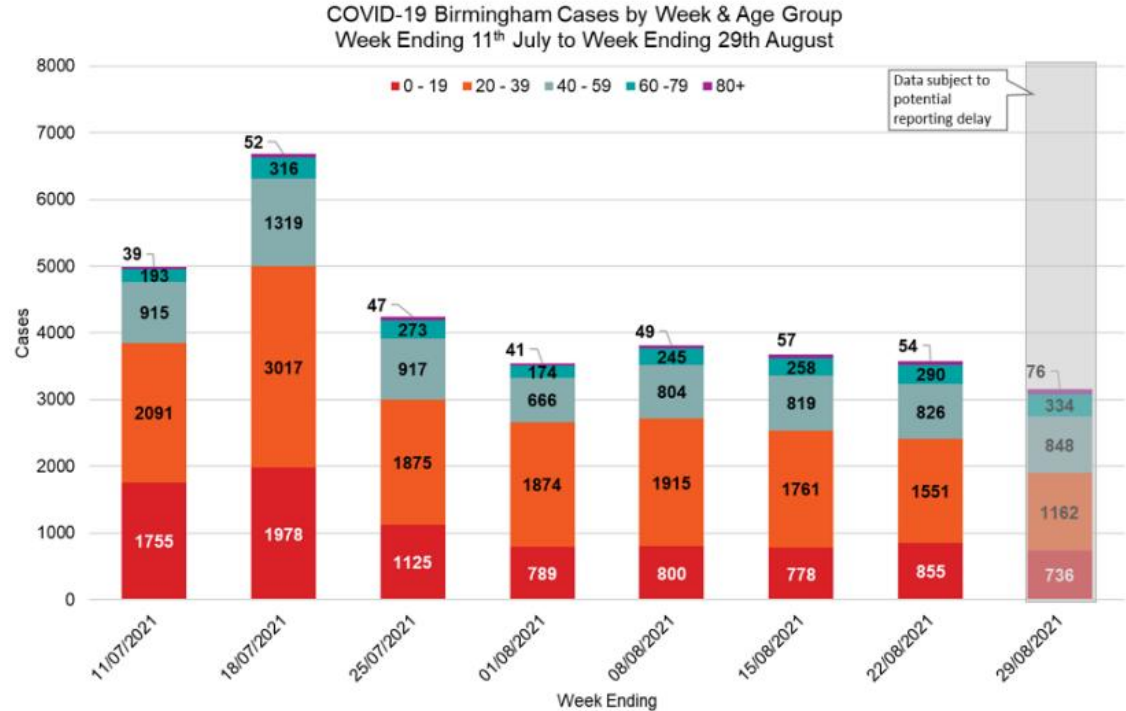
4 most recent days excluded due to reporting delays

Case Demographics



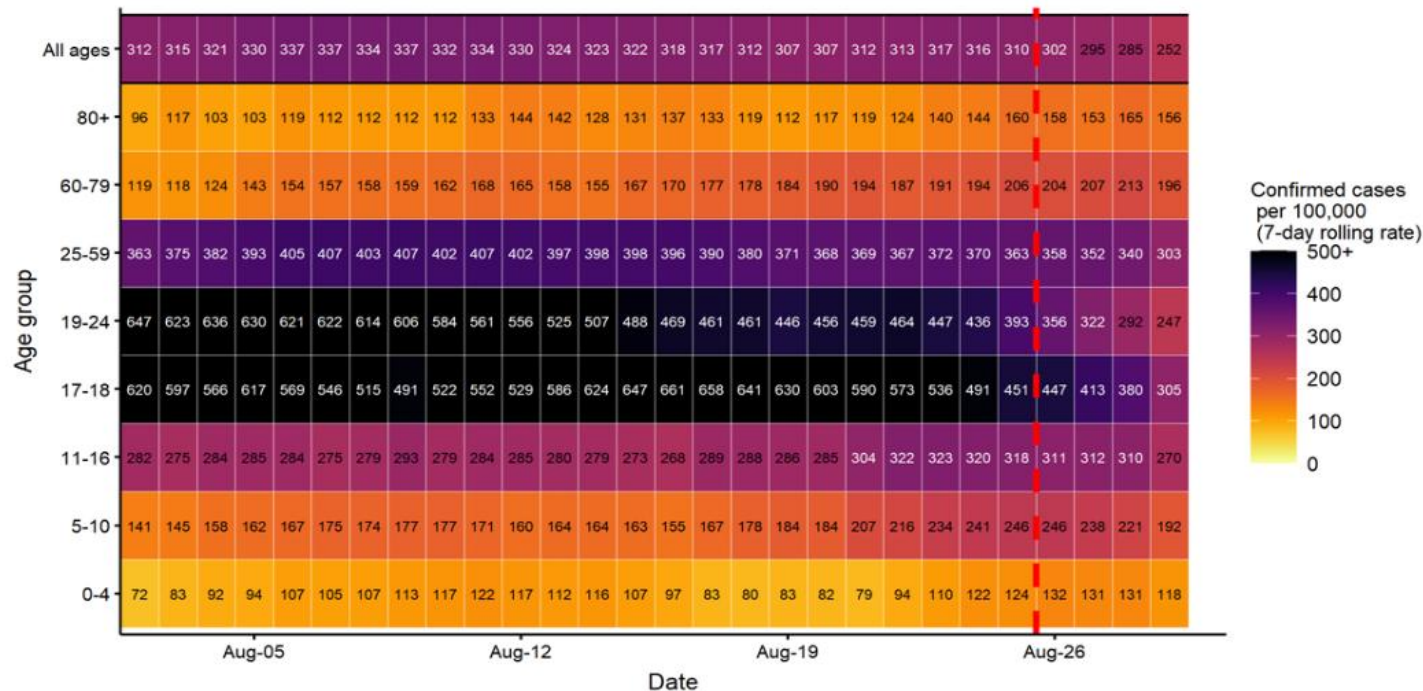
Cases by Week & Age Group

- The overall number of cases has fallen from 3576 to 3156 in the last week.
- Age group with most cases are in the 20-39 year olds, and they also accounted for the largest decline in cases.
- This is also reflected in the rates. The largest decrease was in the 20-39 age group, a drop to 321 per 100K, from 428 per 100K in the previous week.



Cases for week ending 29th Aug 2021 are likely to be under-estimated due to time lags in reporting.

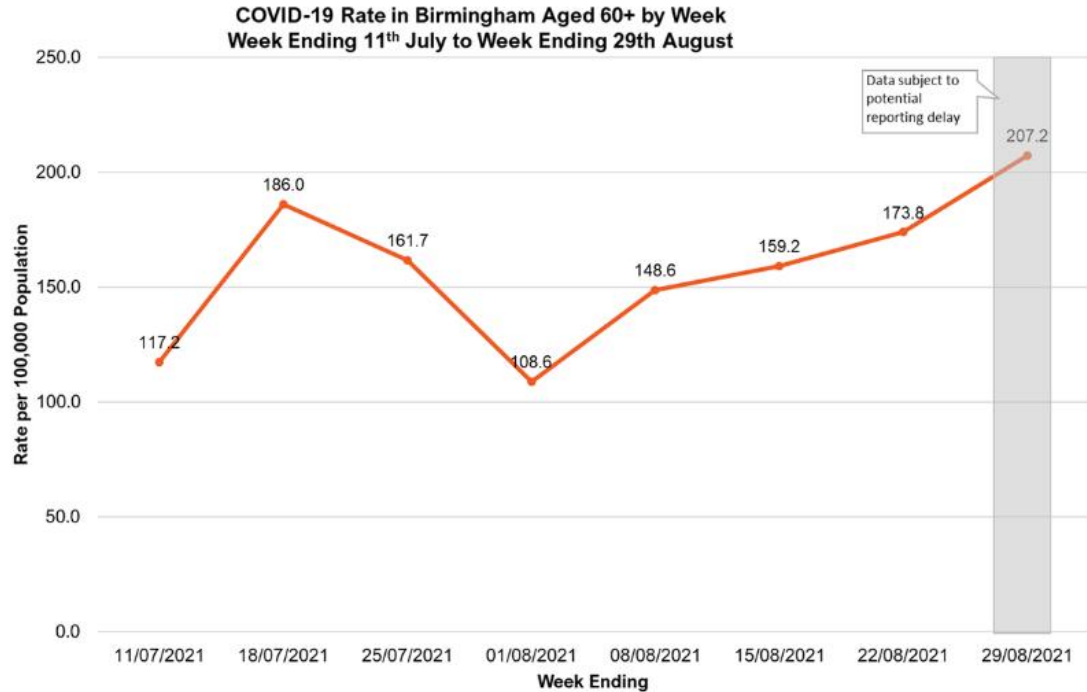
Age-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 2nd August to 29th August 2021



The red dashed line denotes the 4 most recent days that are subject to reporting delays.

Case Rate in Population aged 60+ years

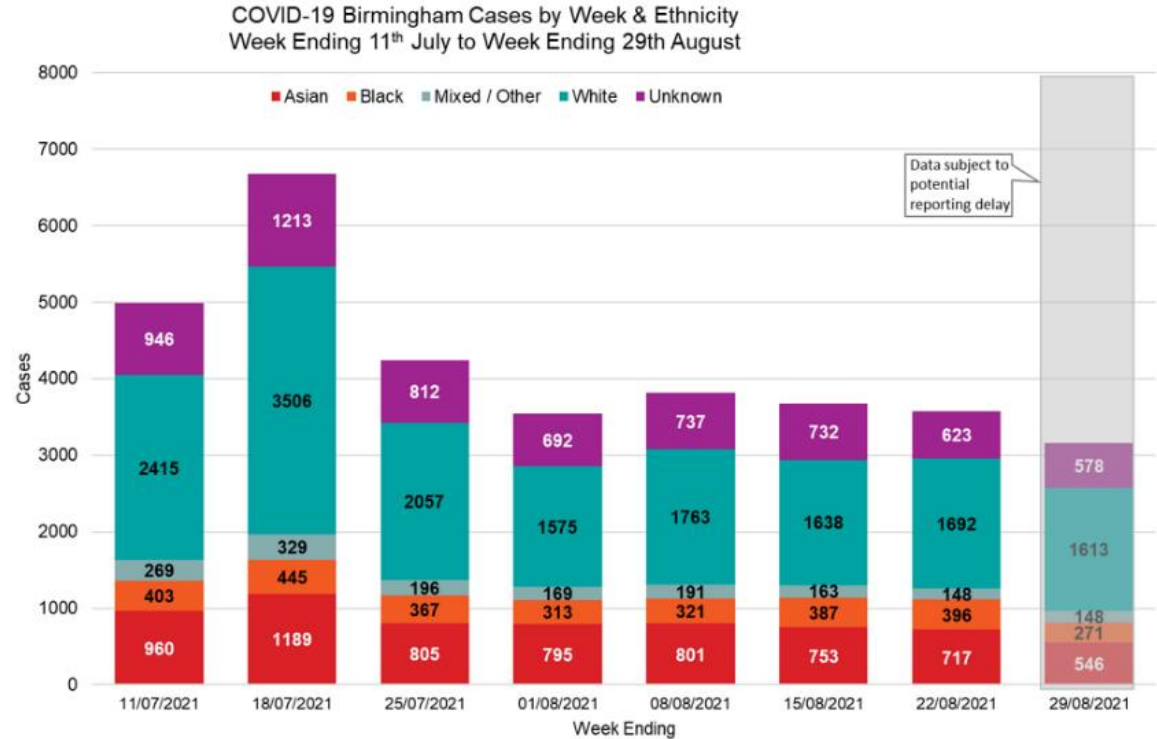
- The last 4 weeks has seen a steady increase in rates in the over - 60s.
- Over the past 7 days, case rates in this age group have risen from 173.8/100K to 207.2/100K.
- This is an increase of 19%, when compared to the week ending 22nd August 2021.
- The largest increase is in the over 80s age group with an increase of 29% to 172 per 100K compared to 122 per 100K in previous week.



Cases for week ending 29th Aug 2021 are likely to be under-estimated due to time lags in reporting.

Cases by Week & Ethnicity

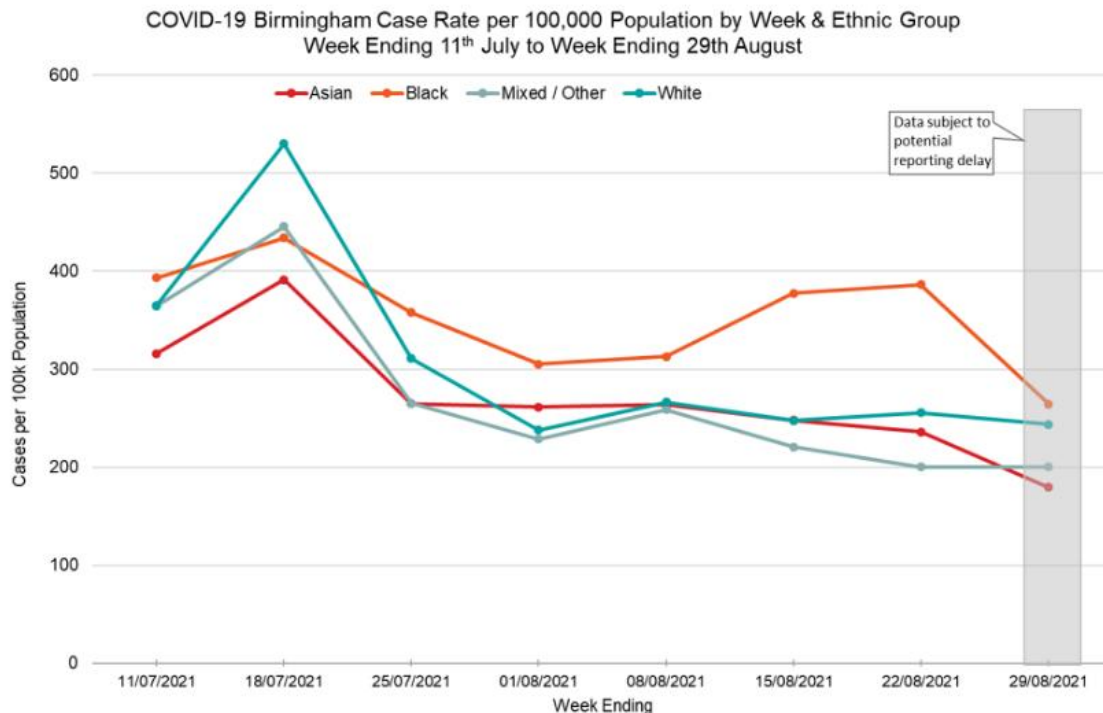
- The number of cases continue to fall across each ethnic group.
- The largest decline has been in the Asian ethnic group with a 24% decrease in overall numbers.
- The highest ethnic group is the White group which is showing a 5% decline in actual case rates



Cases for week ending 29th Aug 2021 are likely to be under-estimated due to time lags in reporting.

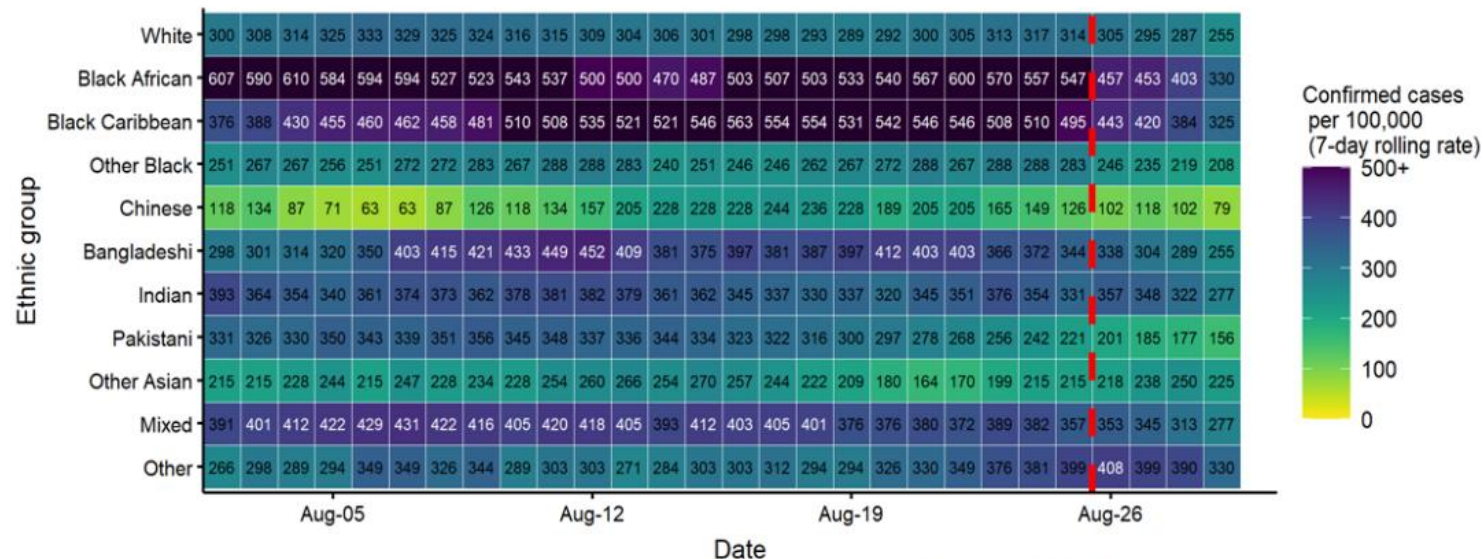
Case Rate by Ethnicity

- The 8-week trend shows that the Asian ethnic groups have the lowest positive case rates at 180/100,000 population
- Currently, the highest positive case rates per 100K are in the Black ethnic group (264)
- This week, case rates in the Asian ethnic groups (180/100K) has fallen below the Trigger Target level of 200/100K for the first time, whilst the Mixed/Dual ethnic groups are at 200.4/100K.



Cases for week ending 29th Aug 2021 are likely to be under-estimated due to time lags in reporting.

Ethnicity-Specific 7-day Rolling Case Rates per 100,000 Population in Birmingham: 2nd August to 29th August 2021

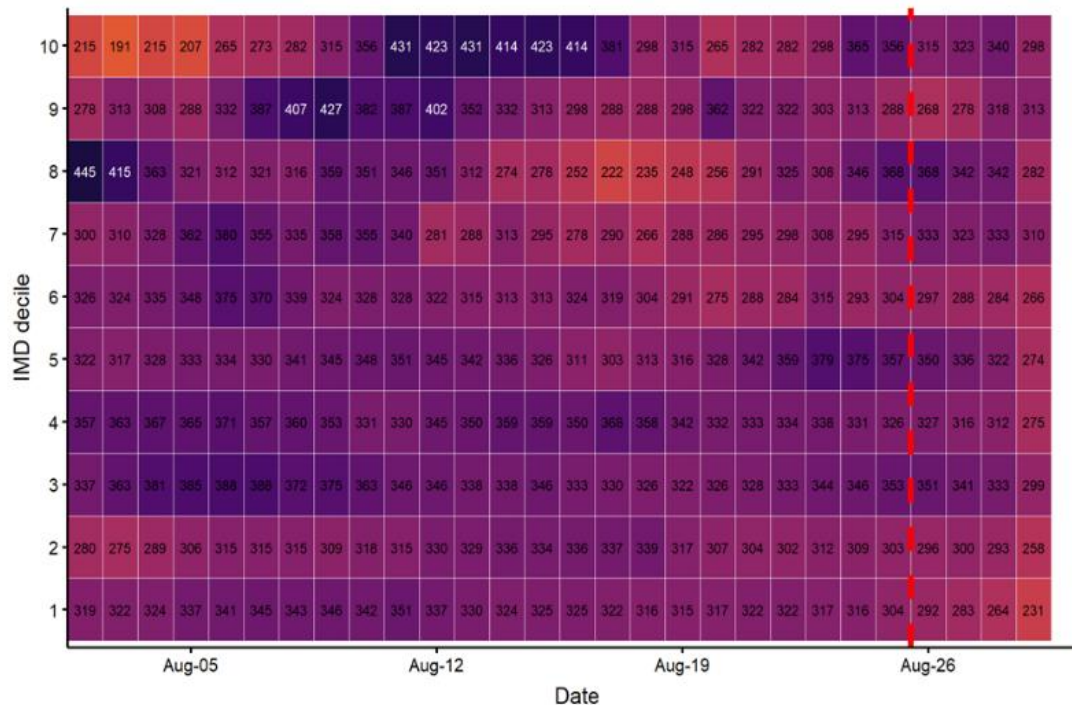


Excluding 4.3% ethnicity data classified as Na or Unknown.
Where text is red rates should be interpreted with caution as underlying case numbers are <5.

As of 26/05/2021 an issue with denominators for the categories Black African and Other Black has been corrected.

The red dashed line denotes the 4 most recent days that are subject to reporting delays.

Index of Multiple Deprivation-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 2nd August to 29th August 2021



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.

The red dashed line denotes the 4 most recent days that are subject to reporting delays.

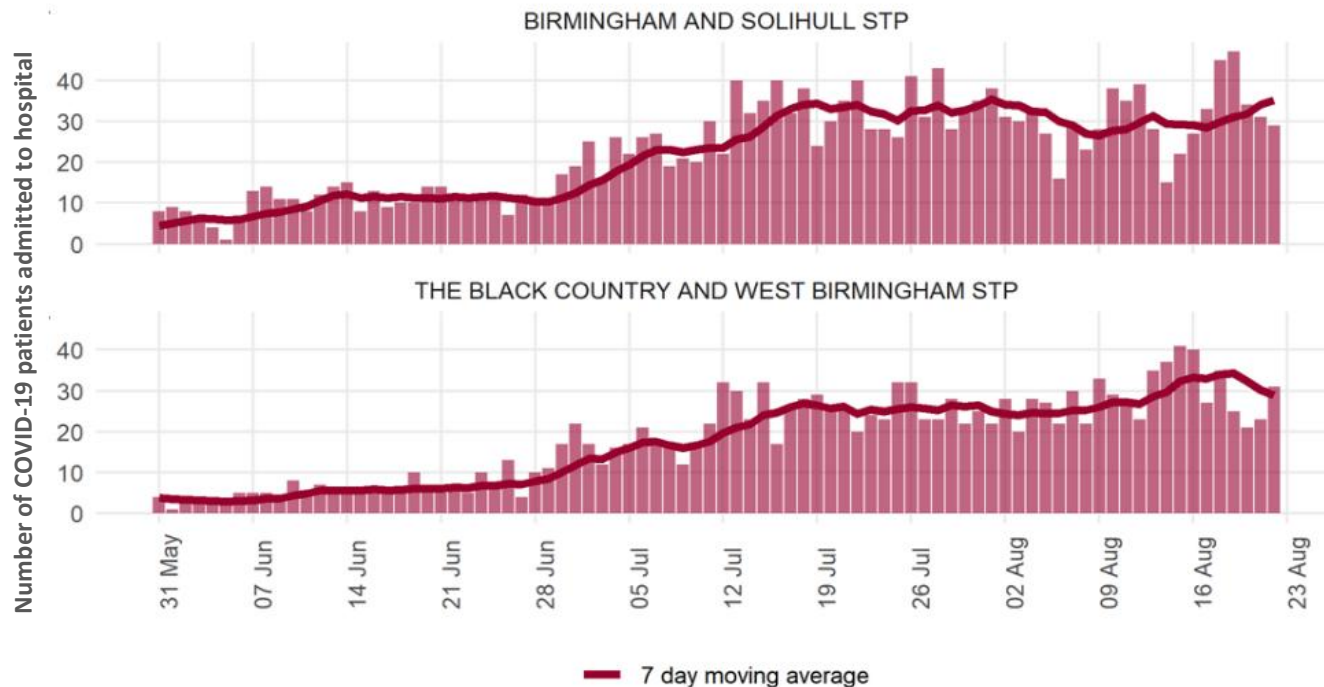
NHS Situations



Hospital Metrics Data

Hospital Trust	C-19 daily admissions 22/08	Hospital in- patients 24/08	Patients in Mechanical ventilation 24/08
University Hospitals Birmingham NHS Foundation Trust	26	222	37
Sandwell & West Birmingham Hospitals NHS Trust	9	88	13
Birmingham Community Healthcare NHS Foundation Trust	0	2	0
Birmingham Women's & Children's NHS Foundation Trust	3	9	4
Birmingham & Solihull Mental Health NHS Foundation Trust	0	0	0

Daily number of COVID-19 patients admitted to hospital in the Sustainability & Transformation Partnerships (STPs) associated with Birmingham, 31st May to 22nd August 2021



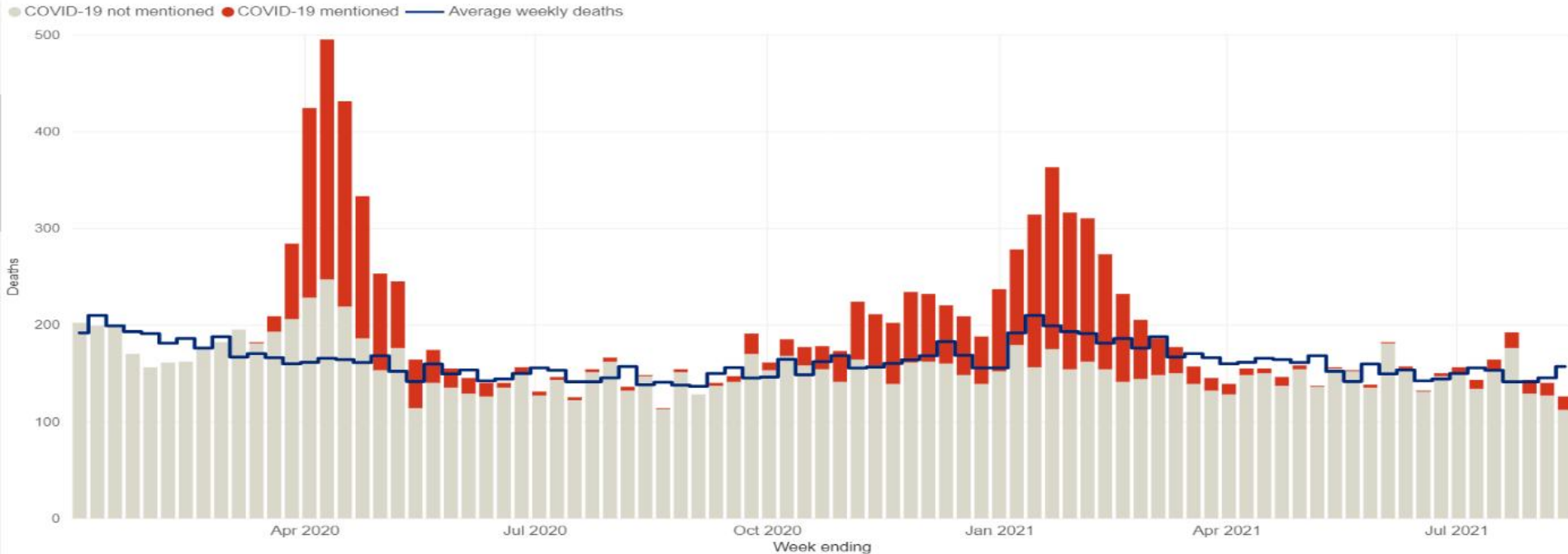
Deaths



Death Data

- Recent death data, where death occurred within 28 days of a positive Covid-19 test for the week ending 29th August, reported **19 deaths**, equivalent to a death rate of **1.7/100k** population.
- More accurate data based on Covid-19 being mentioned on the death certificate is more historical. The most recent week reported is for week ending 13th August, which reported **14 deaths** registered in Birmingham. Of which, 13 occurred in hospital, and 1 at home.

Excess Death: All Deaths up to 13th August

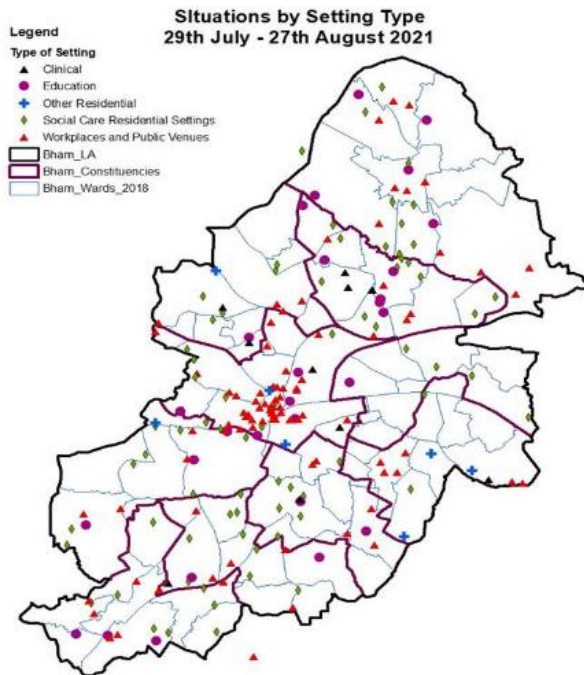


We have observed a fall in COVID deaths and there have been no excess deaths (deaths above the 5 year average) in Birmingham for the last 3 reported weeks.

Situations



Confirmed Situations in Birmingham: Last Month & Last 7 days



Produced by Birmingham Public Health Division (2021)
© Crown copyright and database rights 2021 Ordnance Survey 100021326

Map represents the last month.
One postcode can represent more than one situation

Type of Situation 21st August - 27th August 2021

Outbreak



7



-6

(-46%)

Cluster



2



-5

(-71%)

Exposure



35



+12

(-52%)

In the week up to 27th August 2021, there has been further decrease in situations by 30% since last week. Figures remain low at:-
7 Outbreaks,
2 Clusters, and
35 Exposures

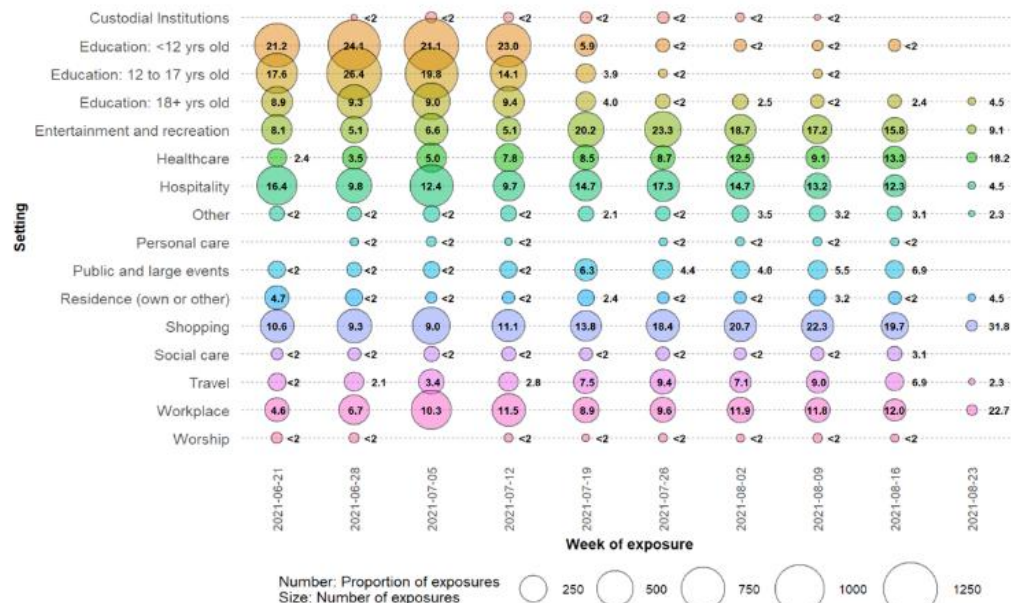
- The majority of situations (80%) are Exposures (35), with Outbreaks (7) showing as 16%.
- There is no change in the number of situations 3 (7%) in Education.
- Social Care & Residential** settings is down 45% to 12 situations, a decrease of 11 situations this week.
- Workplace and Public Venues** had 29 situations this week, accounting for 66% of all the situations the highest in all the settings.
- Other Residential and Clinical settings** have zero situations this week.

Situation Awareness ~ 21st – 27th August 2021

- The **HPR Team** updated 349 situations on the App during the week 21st – 27th August, of which 44 were new notifications.
- **Education** notifications have consistently decreased due to school holidays. The HPR team managed 3 cases, all exposures.
- **Clinical, Residential & Adult Social Care** notifications have decreased from 25 last week to 12 this week. There were 5 outbreaks.
- **Workplace & Public Venue** notifications have increased this week from 15 to 29 situations, the majority were single exposures and 2 outbreaks.

Common Exposure Events Reported by Cases Resident in Birmingham

Number & percentage of weekly exposures by setting:
21st June to 29th August 2021



Data is grouped by 7 day period. The most recent 14 days may not have complete data yet.
Data: Common exposures line list from CTAS data, Public Health England.

- Over the last week, **most common exposures occurred in Shopping settings**, followed by **Workplace** and then **Healthcare** settings.
- Common exposures **are not** proof of transmission in a setting but provide evidence of where transmission **might** be taking place.

Reported in the 2-7 days before symptom onset, where at least 2 cases visit the same property 2-7 days before symptom onset and within 7 days of each other, by setting type and date of event. Data is grouped by 7 day period. The most recent 14 days may not have complete data yet.

Contact Tracing



Contact Tracing Local Authority Partnership

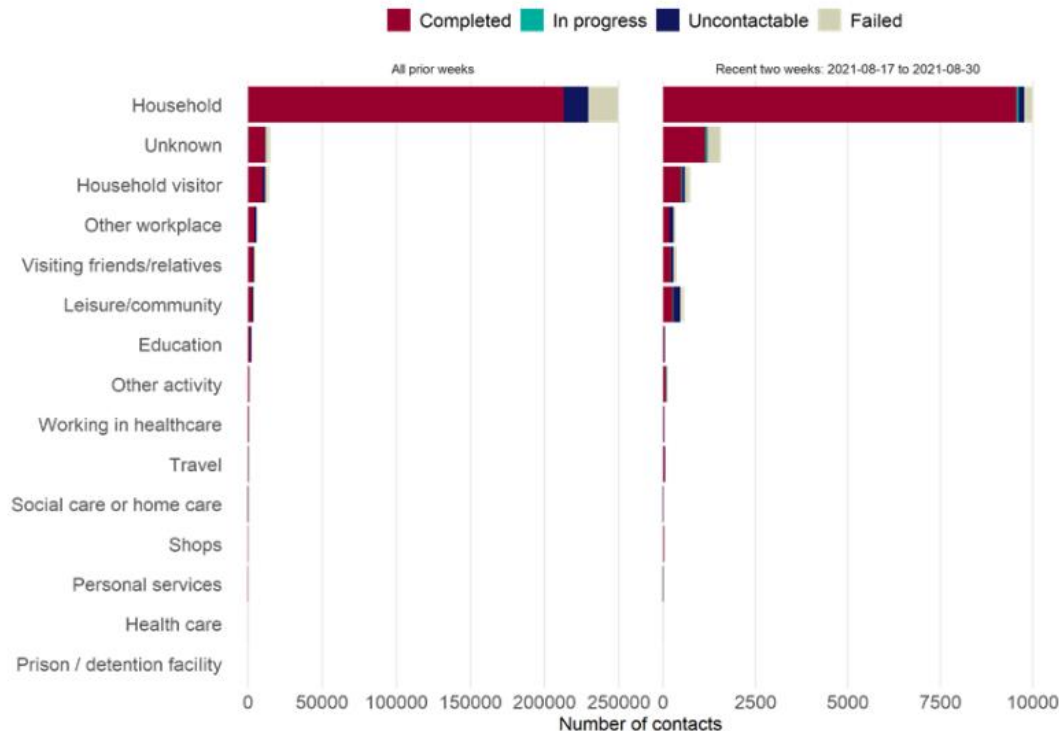
Service Highlights

- Contact Tracing Service now **covers the top 60 wards based on cases per 100,000** and is currently **operating in Local Tracing Partnership mode**
- A team **providing face-to-face visits** is in place for positive cases that:
 - **cannot be reached by telephone** (3 attempts, including voicemail and texts). These are referred to Environmental Health for follow-up (approx. 2-3 cases/day at present)
 - **refuse to self-isolate**. These are referred to Environmental Health for follow-up visits (approx. 2 cases/day) and if necessary escalated to the Police
- The service also **provides support and welfare services to those who require food, financial or general support** during their isolation
- **An improved escalation process** between the case tracing team, Health Protection Team and Environmental Health is now live for the escalation of Workplace, Education and activities. This new process **increased case tracing capacity by approx 20 cases per day**
- The **Integrated Tracing System (ITS)** which was due to replace the existing CTAS NHS system **has been postponed until further notice**

Latest Updates

- **Case Tracing:** For the **previous 7 days we have handled 715 cases** vs 514 cases in the previous week. 438 of those had a successful outcome giving us a **completion of 61%**. Increase is due to a rise in cases and the expanded wards taking effect.
- **Welfare Support:** For the **previous 7 days we handled 492 support cases** vs 454 in the previous week. Support cases remain stable.
- The **current estimated doubling time in Birmingham is 29 days**. With an effective reproduction no of 1.1 vs previous week with a halving of 28 days and r number of 0.91 the previous week. **NOTE: We now estimate based on Birmingham rather than nationally. Source: <https://epiforecasts.io/covid/posts/subnational/united-kingdom-local/birmingham/>**
- An automation was put in place to notify education settings automatically from the case tracing SharePoint. It is hoped this will alleviate some pressure on the HPT when schools return.
- **Completion rate is down as we have come up against more resistance to provide their household contacts** since the August 16th fully vaccinated exemption. If we are unable to capture all clinical information, including contacts we must class this as a Followup Failed Reached rather than completed. Even if we obtain all other information.

Test & Trace Contacts by Exposure/Activity Setting & Current Outcome: 28th May 2020 to 29th August 2021



- Over the past 2 weeks, the most common exposure/activity setting has been the **Household**, followed by **Household visitors**.
- An increase in the **Unknown** category has been observed in the last three weeks. The 'Unknown category' is where data on exposure/activity setting were not provided.
- In the past two weeks, over 14,000 contacts were successfully completed, i.e. asked to self-isolate.

Data collected by NHS Track & Trace (NTAT).
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



Communication and Engagement Plan/Objectives (updated March 2021)

1- Support understanding and awareness of guidance and control measures

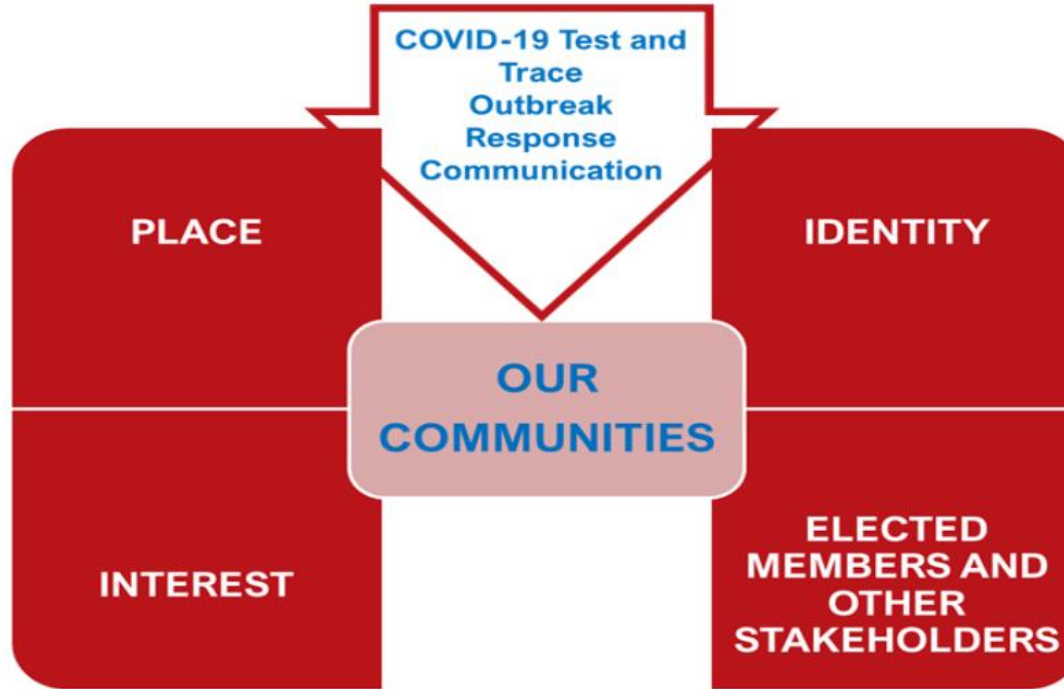
2 - Enable partnership working to deliver the local plan

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

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



Core engagement threads to aid delivery



Communication Channels

Sharing community videos promoting personal responsibility since 'COVID-19 is not over', featuring key stakeholders across the city including university, faith and ethnic groups.

Online and Community Q&As, Radio, Podcasts & TV (with Dr Justin Varney)

Tuesday 17th August - weekly BBC WM Q&A about COVID-19 guidance, vaccines and return to education.

Wednesday 18th August - Vaccine Q&A with Trident staff about upcoming care staff vaccine deadline and misinformation.

Thursday 19th August – Vaccine Q&A with St Basil's charity and Tamzin Reynolds-Rosser about young peoples' vaccines.

Thursday 19th August – weekly Q&A with Jane Haynes Birmingham Live about return to education and COVID-19 updates.

Tuesday 24th August - weekly Q&A on BBC WM

Wednesday 1st September - Q&A with Bahu Trust about vaccines within the Muslim community.

Emails & Newsletters: Vaccines age groups, sites, vaccine survey: <https://www.surveymonkey.co.uk/r/FBCVMRW>, vaccine toolkit, testing, new guidance and isolation rules (16 August 2021), long Covid and other health priorities for communities.

Verbal: Word of mouth communication via communities about 'COVID-19 is not over', personal responsibility, 16-17, 18+ vaccination, testing, new isolation rules (16 August 2021) and support for education settings reopening in September.

Digital Engagement: March to August 2021



Social Media – Healthy Brum July 1st – August 25th



Instagram

Reach – 4.4k

Impressions – 4.7k

Facebook

Post reach – 9.2k

Engagement – 1.1k

Twitter

Post engagements – 249

Post traffic (clicks) - 2.7k

Website

Over 500,000 visits to COVID-19 pages

Website Updates:

- Translated Vaccine toolkit and slides
- Accessible BSL resources
- Champions COVID-19 dashboard
- Latest COVID-19 guidance and updates
- New Education guidance for reopening in September

Partner Website Updates

- Latest vaccination mobile van
<https://www.birminghamandsolihullcovidvaccine.nhs.uk/walk-in/>

Social media Key messages

Continued caution with relaxing of lockdown restrictions.

Community videos on COVID-19 risks, **Step 4 guidance and personal responsibility.**

Vaccination (safety, pregnancy, 16-17 years, 18+ and survey about reasons for not getting vaccinated)

Testing (LFD, PCR).

Wider Public Health topics
(mental health, Triple Zero - 2nd August)

Communication and Engagement updates 23rd August 2021

A selection of social media content published



Healthy Brum @healthybrum · Aug 10
Whether you're going onto further education or into the world of work after getting your A-level results, @BCC President is encouraging all students to get vaccinated and continue to protect others from COVID-19 #Bham2021



COVID-19 Mobile Vaccination Unit

Chinese Quarter

From 19th to 20th August you can get your COVID-19 vaccine at our mobile vaccination unit. Please book your appointment by 17th August.

Thursday 19th August: 8am-3pm
Friday 20th August: 8am-3pm

Both Passage

Both Passage, Ladywell
Walk, Birmingham, B5 4ST

- No appointment needed
- No ID required
- Chinese, Mandarin and Vietnamese interpreters available

18+



COVID-19 is a serious risk to pregnant women

- There is a risk of:
 - Intensive care
 - Miscarriage
 - Premature birth
 - Caesarean section

Getting vaccinated greatly reduces your risk of catching COVID-19



KNOW THE FACTS COVID-19 VACCINE IN BIRMINGHAM

What's inside

- What are vaccines
- Vaccine safety
- Vaccine eligibility
- Booking appointments and what to expect
- Side effects
- Tackling misinformation
- Quotes across the community
- Latest updates

CLICK ON THE LINK IN THE POST TO DOWNLOAD
09:02 | 23 Views



Talk to your GP for reassurance about covid vaccines

You will be contacted by the NHS to book your vaccine



Are you 16-17? Get a covid vaccine @BCChealthybrum



Healthy Brum @healthybrum · Jul 16

In this video, Dr Justin Varney highlights why we should all continue to follow safe guidance despite the lifting of restrictions and why getting vaccinated is so important



Dr Justin Varney on getting vaccinated and staying... Step 4 of the Roadmap will proceed as planned on Monday 19 July, the Prime Minister has... @youtube.com

You Retweeted
Bham City Council @BhamCityCouncil · Jul 30
Still time to have your say on our Triple Zero City Strategy to tackle drug and alcohol addiction across Birmingham. Complete the survey here: orla.uk/KICak #BhamTripleZero #Healthybrum

Triple Zero City Strategy 2020-2030

Drug and Alcohol Strategy for Birmingham



The best defence against flu is the vaccine and it's not too late to protect yourself and your family.

Flu seasons in the UK could be 10x longer than typically seen as winter 2021 to 2022 will be the first winter in the UK when SARS-CoV-2 will co-circulate alongside other respiratory viruses including seasonal influenza virus.

Take time to book your flu jab

Visit the NHS website, talk to your GP or scan the barcode to book your flu jab



SCAN ME



Communication and Engagement updates 23rd August 2021

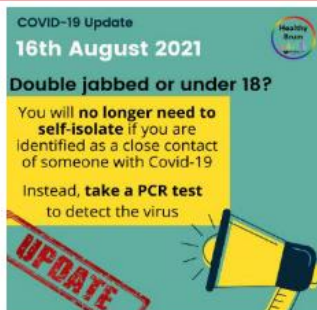
A selection of social media content published with analysis



Covid-19 is still with us Keep Birmingham safe with:



923 people reached on Facebook (2 shares)



499 people reached on Facebook (4 shares)



349 people reached on Facebook (2 shares)

COVID Champion Programme

Coverage of champions across all 69 wards – at 23rd August 2021

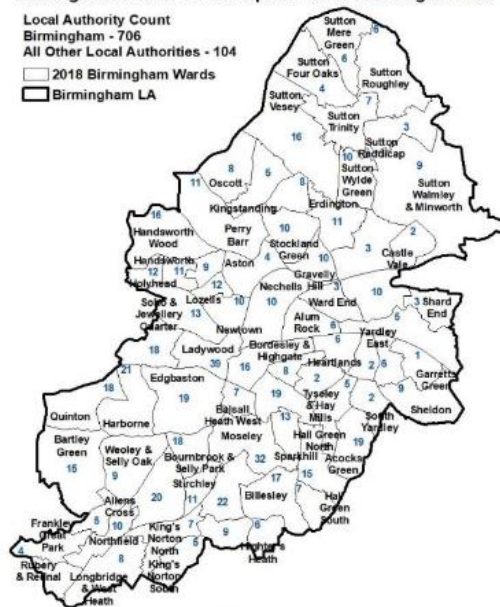
- 811 Community Champions + 59 Youth Champions.

Ongoing work:

- Collaboration with champions to obtain feedback about communities.
- Raise awareness on Covid updates, continued caution and personal responsibility.
- Analysis of representation at ward and demographic level for recruitment plan.
- Thematic analysis of key themes (inbox, webinars & social media).
- Engagement via fortnightly webinars (next one 1st September).
- Vaccination Toolkit co-created to support champions and their communities.
- Recruitment of new champions and engagement via regular meetings.
- Independent review of champions is being undertaken via focus groups.
- Good representation of people from different faiths and LGBTQ. More representation needed for males, Bangladeshi & Caribbean communities, young people, 18-30 years and people with a disability.
- Top topics: vaccine booster, issues around GP access, postcode Covid rates.

Birmingham COVID-19 Champions as at 16th August 2021

Local Authority Count
Birmingham - 706
All Other Local Authorities - 104
2018 Birmingham Wards
Birmingham LA



Produced by Birmingham Public Health Division (2021)
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Want to become a COVID Champion?

Follow the link below:

https://www.birmingham.gov.uk/info/50231/coronavirus_covid-19/2256/covid-19_community_champions/3

Engagement with Faith Groups



Over the last month we have continued to

- Birmingham Masjids, Black Led Churches and Interfaith group fortnightly meetings to give COVID-19 updates.
- Increased awareness about vaccines including boosters, new guidance, isolation rules and testing.
- Increased messaging about mobile vaccination van and the wards being deployed and target engagement to increase uptake.
- Share resources with accurate information and interpret faith group guidance to inform congregations and support addressing misinformation.
- Continue to share examples of COVID -19 messaging materials and resources produced by faith groups on social media and other channels.
- Fortnightly meeting with places of worship in partnership with Environmental Health to support with operational issues, day to day communal worship, cleaning, risk assessments etc
- COVID Charter:
https://www.birmingham.gov.uk/info/50231/coronavirus_covid-19/2336/covid_charter_for_faith_settings
- Working with and supporting Black Faith Leaders to support mobile Vaccine vans at West Birmingham areas with low vaccine uptake.



Community and Partnership engagement



- Communication and engagement for information sharing with communities such as businesses/workplaces, education settings, faith groups via emails, webinars and a weekly newsletter to community champions and commissioned providers.
 - Commissioned additional vaccines engagement via S4H (**see slide 49 for key outputs**)
 - Held meetings and targeted webinars with various settings, shared information, responded to any queries proving useful information and links to useful information and webpages.
 - Shared briefings and updates with elected members.
 - Working collaboratively internally with BCC colleagues, NHS, voluntary organisations, commissioned partners and others.
 - Commenced generating an asset map for each Birmingham locality as reference point for future locality work.
 - Completed review of commissioned partners End of Project reports for 20/21 (**see next slide for example**). *14 commissioned provider reports submitted, 9 of 14 rated 'good' or 'excellent' based on the quality of detail included.*
- Vaccination:** Supported commissioned partners and wider community groups and organised Q&As to lead conversations with their communities and to help address any concerns about vaccination including misinformation.
 - Public health vaccine survey shared <https://www.surveymonkey.co.uk/r/FBCVMRW>
 - Mobile vaccination sites: updated schedule daily at <https://www.birminghamandsolihullcovidvaccine.nhs.uk/walk-in/>
 - Link to eligible vaccine age groups advertised: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>
 - Link to available communications shared: <https://www.birminghamandsolihullccg.nhs.uk/get-involved/campaigns-and-toolkits>



Community and Partnership engagement

Reflections from community engagement in Newtown, 30-31st July 2021

- Community vaccination engagement agreed following Newtown Round Table event on 15 July 2021.
- Engagement focused around mobile vaccination units at St George's Community Hub (for Huda Mosque) and Newtown Shopping Centre Coordinated engagement activity from Citizens UK, Solutions4Health and Cabinet Office Street Teams.
- 69 people interviewed by S4H between 26th July and 1st August: *45% indicated willingness to be vaccinated and 55% indicated they were against vaccination.*
- Solutions4Health went on to interview a further 214 people between 2nd and 12 Aug. *Those indicating willingness to be vaccinated rose to 57% versus 43% against.*
- A total of 54 vaccinations administered at UHB mobile units stationed in Newtown.

Learning

- Some hostility was reported towards Solutions4Health team, and this is in line with reported increase in antipathy across parts of the city towards vaccine communicators.
- Reports of annoyance at interrupting Friday prayers, despite involvement of mosques from the onset of planning.
- Further scope and innovation is required to increase ownership of engagement activities by community groups particularly in the low uptake wards.



Community and Partnership engagement

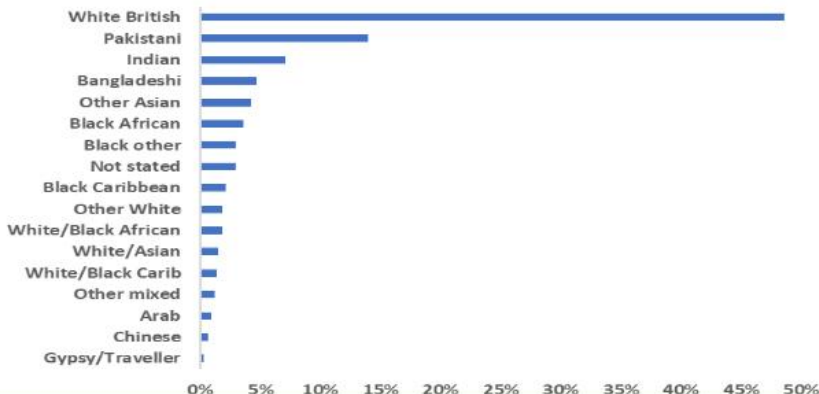


Community vaccine engagement by Solutions4Health from 15th July to 12 August

Wards covered: Small Heath, Bordesley Green, Ladywood, Winson Green, Bordesley & Highgate, Newtown, Aston.
1,427 people across **208** postcode areas. Continuous sharing of learning with key stakeholders including champions and faith groups. Detailed report to be published.

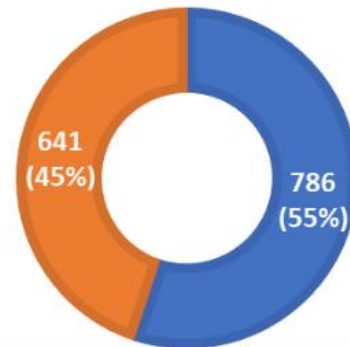
COVID-19 Vaccination engagement campaign by commissioned partner to understand the views of diverse citizens across different occupations, ethnicities and targeting wards with low vaccine uptake.

Total respondents by ethnicity



■ Respondents who will take the vaccine

■ Respondents who will not take the vaccine



Reasons reported by respondents who are declining vaccines	Number (%) of reasons from respondents
Fit & healthy – don't need vaccine	187 (29%)
Belief they will contract Covid from jab	136 (21%)
Not got round to it yet	170 (27%)
Peer pressure to avoid	36 (6%)
Don't trust vaccine	294 (46%)
Other	17 (3%)

Commissioned Provider Spotlight- 2020/21 Report



Overall Report Quality:



The Polish Expats Association Summary – July 2021

What worked well

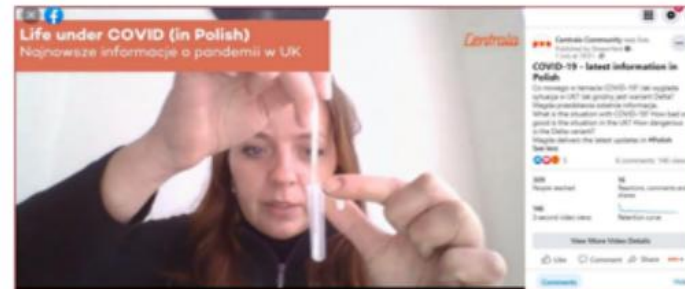
- Focus on more optimistic and even humorous, creative messages with attractive graphics and distribute them in the form of postcards.
- 1:1 interactions with attendees of support clinics (60% of them were Romanian)

Themes

- Social media chats to promote vaccine uptake but also support and answer queries to reduce vaccine hesitancy
- Community events focused on conversations on wellbeing and
- spending leisure time in a COVID-safe manner
- 1:1 engagement

Actions

- Explicitly set out the expectations of the providers to enable them to work more efficiently within their contract
- Less intense monitoring/reporting or reporting via more accessible formats
- Having access to a coherent communications campaign to aid delivery of project



Commissioned Provider Spotlight- 2021 Report



Overall Report Quality:



The BAHU Trust Summary – July 2021

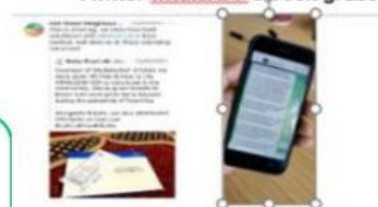
What
worked well

- Supporting BCC enhanced LFT operation (Co-producing)
- Working with the community on RA for places of worship
- WhatsApp messaging helped reach door to door, data gathering on concerns held by community
- Various approaches used to spread message (social media, Friday prayer, Unity FM, Worked with Edgbaston Cricket Club to reiterate social distancing and LFT)

Themes

- Social Media promoting current safety advice
- Reinforced voluntary social distancing during Friday prayers
- Supported BCC enhanced LFT
- Follow up door to door knocking
- Drop-in community setting
- Telephone befriending service for bereaved families in the Hall Green Constituency area

Twitter whatsapp screen grabs



Bahu Trust UK (@bahu_uk) · 05/07/2021
Public Health teams are visiting the Bahu Health / Sparkbrook area today distributing free LFT test kits

30min Rapid Lateral Flow tests help to find cases in people who may have no symptoms but are still infectious
@HealthyBrum



Supported Enhanced LFT operation



Further Work in Development

▪ Representation

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

▪ Reach

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

▪ Response

- Collating responses from champions and faith settings in relation to Vaccine toolkit and isolation pack.
- 'You Said, We Did' – WhatsApp communication set-up.
- Progressing on monitoring commissioned partners fund through Ministry of Housing and Local Communities (MHCLG) grant for Communications and Engagement programme to strengthen our relationships with groups during the COVID-19 pandemic



Community Commissioned Provider COVID-19 Communications & Engagement

2020-21 EOY Overview



Project Overview

Communities of Identity

- 1st Class Legacy (Black African and Caribbean)
- Bahu Trust
- Nishkam (Sikh)
- WM Faith In Action (Black African and Caribbean led churches)
- Shree Hindu Community (Hindu)
- Birmingham LGBT

Communities of Language

- Chinese Community Centre
- Polish Expats (Eastern European Communities)
- Refugee & Migrant Centre (Roma)
- Bahu Trust (Arabic, Urdu, Punjabi, Bengali, Islamic)
- Citizens UK (Pakistani, Kashmiri & Asylum Seekers/Refugees)
- Supreme Linguistics (Hindi, Pakistani, Punjabi, Gujarati, African Language: Somali)

Older People, Children and Young People

- Age UK (50yrs+ with no access to technology)
- Amber (0-5yrs olds)
- Orbita CEX (primary and secondary age)
- Borne (young adults under 25s)

Health messages/ pre existing conditions

- Disability Resource Centre (visual impairments and learning difficulties)
- BID (Deaf/Hard of Hearing)
- Hawkmoth (Stroke, COPD, Diabetes, high blood pressure)

What is their aim?

- Understand and raise awareness of how COVID-19 is impacting certain communities and share information on the concerns of those communities
- Develop appropriate messages to tackle the spread of COVID-19 and provide the most appropriate wellbeing advice
 - Use effective and appropriate culturally sensitive methods to communicate messages effectively.

Project Delivery Timeline

Project start dates were staggered throughout 2020 as community need was assessed and providers commissioned

Total Commissioned Providers: **18**

Total Project Spend: **£380K** (exc. VAT)*

May 2020 – March 2021

First Class Legacy

BID Services

B'ham Disability Resource Centre

Chinese Community Centre

Citizens UK

LGBT+ Centre Birmingham

Refugee and Migrant Centre

Polish Expats Association

27th October 2020 – 31st March 2021

CREC

The Bahu Trust

Nishkam

Insight Now

West Midlands Faith in Action

Supreme Linguistic Services

Borne

Hawkmoth Consulting

AGE UK

Shree Hindu Community Centre

2020

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2021

Jan

Feb

Mar

Apr

*All subsequent funding references are exclusive of VAT

Target community: Early Years

Funding Total: £11,540

Aims and objectives

- To collect, curate and validate trusted information and resources relevant to children aged 0-5.
- Disseminate information via campaigns (website, Facebook, Twitter) to parents and Early Years settings

Summary

- Website created which included: information, animations, videos and other resources
- Facebook page created in December, has seen growth up to 135 members who are mostly Birmingham-based practitioners

Achievements

- Newsletters sent to website subscribers had click through rates above the industry standard.
- Website quickly became a trusted source for practitioners within and beyond Birmingham.

Challenges

- Engagement with parents was more challenging than with practitioners.
- Was able to identify the reach of the project, however found it challenging to assess the impact of the resources

Project Learnings

- Would benefit from qualitative survey of website users
- In future may be beneficial to target parents specifically via paid advertising.



Digital Engagement

	Engagement	Reach
Website		1801
Facebook		>2500
Twitter	13	3400

Newsletter

Sent out to website subscribers every fortnight, reaching 650+ practitioners

5 newsletters sent out received a total of 419 clicks and 4087 opens



Chinese Community Centre

Target community: Chinese

Funding Total: £11,735

Aims and objectives

- Produce and disseminate COVID-19 information to community
- Aimed to produce surveys, online meetings, updates, booklets, flyers
- Create content in Traditional and Simplified Chinese

Summary

- Weekly updates via social media generated consistent reach.
- 5 online groups were created to enable focus of specific issues and topics of relevance. Largest participating group was adults aged 65+
- Video content favoured due to accessibility

Achievements

- Presentation resulted in anecdotal stories of participants wanting to receive the COVID vaccine rising from 67% to 88%.
- Content surrounding social bubbles proved popular
- Engagement with new groups within community

Challenges

- Majority of members aged 65+ with low literacy levels and limited experience of educational settings
- None of the members used computers
- Difficulty in engaging via zoom.

Project Learnings

- Some people still not had vaccine as they cannot read the letters
- More time was spent on translating materials than initially theorised
- Started to use secondary materials to save time

Quantitative Outputs:

Activity	Outputs
Online meetings	17 meetings took place
WeChat + WhatsApp	Messages with 480+ people
Trilingual Booklet	500 distributed

Digital Engagements:

	Reach
Twitter (social bubbles)	26.7K
Stay at home poster	31.6K
Facebook	3517

Delivery Timeline: May 2020-March 2021



B'ham LGBT+ Centre

Target community: LGBTQ+

Funding Total: £23,884

Delivery Timeline: May 2020-March 2021

Aims and objectives

- Establish issues most relevant to LGBT+ community and develop targeted messaging
- Work with PH to develop appropriate content
- Aimed to identify key impacts of virus on community

Summary

- Held 2x focus groups (18 community members) and [designed survey](#) (158 respondents) to identify impact of pandemic
- Created telephone befriending services
- Online events and activities went underway

Achievements

- Increase in referrals (177 Oct-Feb) to mental health and wellbeing services
- Increased knowledge about how to stay safe
- Meeting with other community providers gave insight

Challenges

- Initially set unrealistic timelines and deliverables. Due to breadth of research and planning campaign not live until September
- Survey completion and analysis took longer than expected

Project Learnings

- Most vulnerable users could not always get information online – required funding for laptops, data packages etc
- Project highlighted need to be flexible and adaptable

Digital Engagement (Sep-March)

	Engagement	Reach
Facebook	1485	27,900
Twitter	2236	66,509
Website		28,604

Additional Outcomes:

- 51% of survey respondents reported increased knowledge of B'ham LBGT+ services
- 40% increase in referrals to mental health support services since beginning of campaign



First Class Legacy

Target community: Black African & Black Caribbean
Funding Total: £19,748

Delivery Timeline: May 2020-March 2021

Aims and objectives

- Capture voices and experiences on issues such as lockdowns, mental health, vaccines, track & trace
- Utilise both digital and non-digital methods of delivery

Summary

- BAME communities felt high levels of distrust surrounding vaccinations
- Communities felt disproportionately affected by rules

Achievements

- COVID-19 conversations achieved good feedback
- High engagement on social media, especially surrounding: track and trace polls, news reports, vaccination information

Challenges

- Difficulty in gaining support from African Caribbean community due to government mistrust
- Community felt as if their voices were not listened to or welcomed in affecting positive change

Project Learnings

- More posts were needed regarding 'staying safe' during COVID
- Increased analysis of effectiveness of social media polls and engagements
- Provider suggested introducing summary newsletter to stakeholders

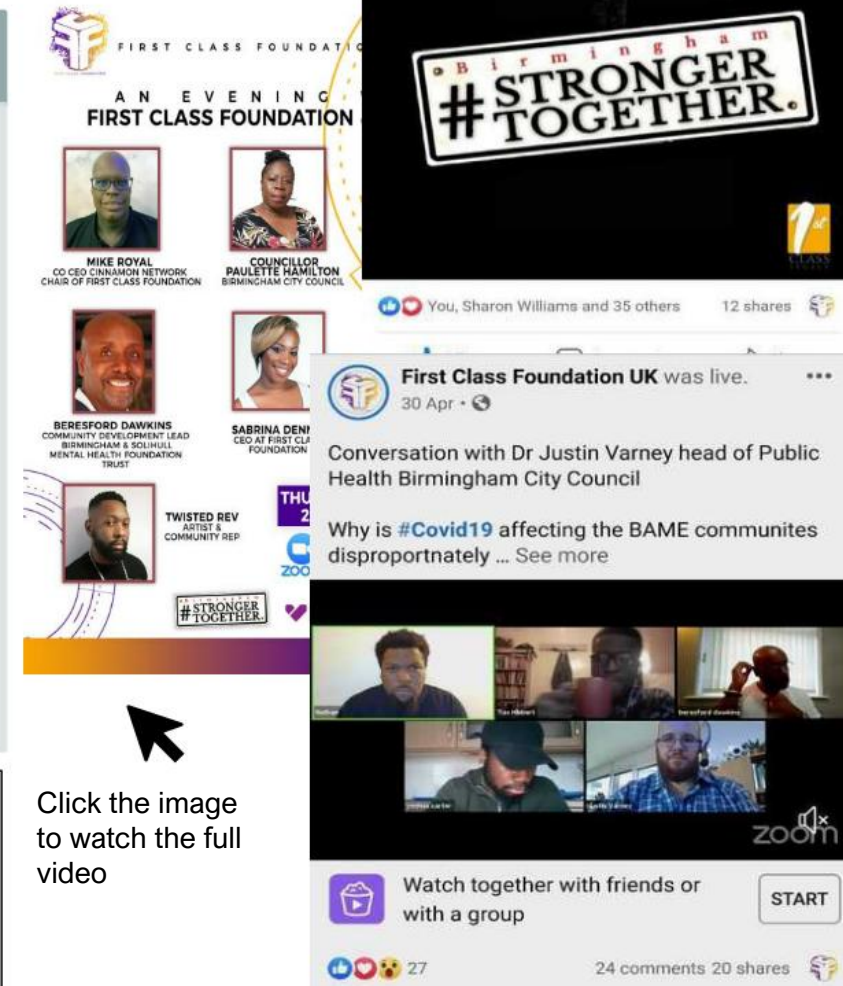
Digital Engagement

	Engagement	Reach
Facebook	133	5801
Instagram	669	9472
Twitter	1650	33135

COVID-19 Conversation (17.09.2020)

Currently has 248 views, 7 likes, 17 comments and 3 shares

Panel members encouraged community to adhere to current guidelines including: face coverings, social distancing and hand washing



Click the image to watch the full video

BID Services

Target community: The Deaf and Hard of Hearing

Funding Total: £16,187

Delivery Timeline: May 2020-March 2021

Aims and objectives	Summary	Achievements	Challenges	Project Learnings
<ul style="list-style-type: none"> Provide accessible COVID advice and guidance to deaf and hard of hearing community Digital engagements: live Q&As, webinars, videos Non-digital: use places of interest to deliver targeted support 	<ul style="list-style-type: none"> Utilised a variety of social media platforms to reach a larger proportion of the community Produced a variety of easy read posters for those without internet access Deaf community communicated how government materials did not include enough BSL 	<ul style="list-style-type: none"> Regular meetings with PHE ensured project was kept relevant Reluctance to take the vaccine has been reduced by providing Q&As on a 1:1 or group basis. In Nov 76% stated they would not have the vaccine; decreased to 33.3% by Feb 	<ul style="list-style-type: none"> Didn't achieve initial target goals for Q&A sessions/ video conferences – had to adapt and change strategies Had to adapt content and platforms used due to difference preferences and social media usage 	<ul style="list-style-type: none"> Clients preferred BSL content to access relevant information Include standardised logos to COVID-19 communications was advised Would like to invest more in educational settings

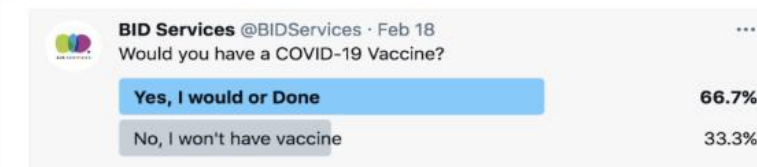
Quantitative Outputs

Activity	Output
Interpretation/ communication	37,696 hours provided
Access to services	5,898 people

Quality & Standards

BID services included in their report that they achieved re-certification for ISO 9001 quality assurance accreditation.

They also achieved ISO 14001 environmental standard



The Refugee and Migrant Centre

Target community: Romanian/Roma

Funding Total: £17,823

Aim and objectives	Summary	Achievements	Challenges	Project Learning
<ul style="list-style-type: none"> Engage with Roma community members to increase COVID-19 and vaccine knowledge Gain understanding of community needs Work with stakeholders to facilitate communications 	<ul style="list-style-type: none"> Range of communications created in English, Romanian, Czech and Slovak Utilised many methods to approach community (face-to-face, phone, leaflets, email, text, social media, website, video links) 	<ul style="list-style-type: none"> The RMC Roma/Gypsy Heritage Consultation group was successful in facilitating work within project. Participants submitted questions and engaged successfully for a Q&A. 	<ul style="list-style-type: none"> Had hoped to utilise radio channels – could not find directed channel Limited delivery via Facebook Participants still showed high vaccine hesitancy after completion of project Limited information in Romany 	<ul style="list-style-type: none"> More information regarding travel advice and guidance needed More attention is required to distribute vaccine information to reduce hesitancy

Digital Engagement

	Engagement	Reach
WhatsApp	2x monthly messages	200
Twitter	23 monthly	635 monthly
YouTube		99 monthly

Overall Reach:

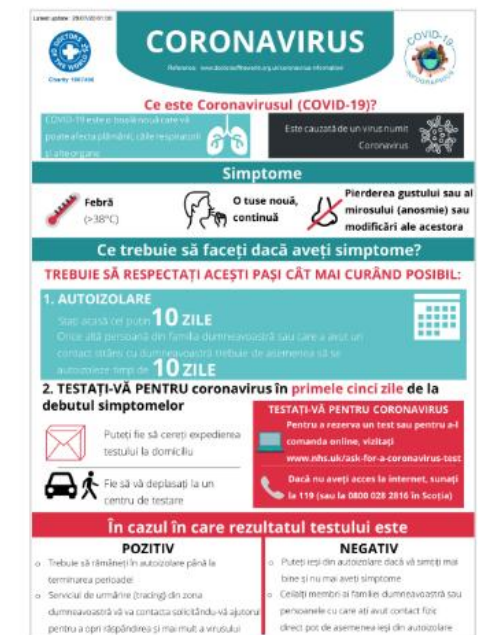
RMC have had multiple contacts with a minimum of 1350 target group individuals over the project.

The methods used reached: ~90-100 clients per month, 800 leaflets per month, 200 members of Romanian church



Andreea Rmc

Shared secondary content found [online](#):



Aim and objectives	Summary	Achievements	Challenges	Project Learning
<ul style="list-style-type: none"> Identify main community COVID concerns Effectively respond to issues affecting target communities Use social media, Q&A sessions and website to engage with community 	<ul style="list-style-type: none"> Joined community leaders at stakeholder summit Referrals made to additional groups who could provide continued support for vulnerable individuals/families 	<ul style="list-style-type: none"> Built trust and confidence with local public service leadership Enabled people across the supported communities to access up-to-date information on changing and complex restriction news 	<ul style="list-style-type: none"> Finding right medium to access the target communities. 	<ul style="list-style-type: none"> Would include an increase in the number of personal story messaging Suggests more workshops which focus on alliances with other communities.

Digital Engagement

	Reach
Website	638
Twitter (4 posts recorded)	7633
WhatsApp broadcast list	256 individuals

Additional Reach:

- Direct email list of 142 civil society leaders
- WhatsApp daily group chat of 50 primary civil society leaders
- 2,565 followers on Twitter



Citizens UK: Birmingham Delegates Assembly 2020

Wednesday 25th November 2020
6pm-7.30pm on Zoom
Register here to book your place:
<https://tinyurl.com/yyejqzy9>

Join leaders from across Citizens UK member organisations to review 2020 and plan ahead to next year's regional elections.

We will be outlining our updated priorities to make families better off, communities safer and our region a place of welcome.

We will also celebrate the work of so many in our communities who have taken charge to make a difference to people's lives during this pandemic.

More info: saidul.haque@citizensuk.org

B'ham Disability Resource Centre

Target community: Blind and Sight Loss and Learning Difficulties/High Risk Conditions

Funding Total: £31,112

Delivery Timeline: May 2020-March 2021

Aim and objectives	Summary	Achievements	Challenges	Project Learning
<ul style="list-style-type: none"> Conduct interviews centred around 16 key questions regarding COVID-19 Interview frontline/key workers Build on pre-existing support groups and mutual aid groups to share information 	<ul style="list-style-type: none"> 51 individuals interviewed via 1:1 phone calls and zoom. Found widespread reporting of issues of isolation and negative impacts on mental/physical health 	<ul style="list-style-type: none"> Increased opportunities for disabled individuals – radio interviews & involvement in the National Disability Strategy Ensured resources were in accessible formats, including captioned videos and PDFs 	<ul style="list-style-type: none"> Difficulty in running online groups due to accessibility issues and levels of digital engagement – adapted by using telephone/zoom instead 	<ul style="list-style-type: none"> The project identified that many attitudes have changed over the course of the pandemic and it may be worthwhile revisiting some of the original discussion topics.

Digital Engagement

	Engagement	Reach
Facebook		20,452
Instagram		16,782
Twitter		1,746

Website Engagement

The website had a collection of 50+ resources which had a total of 1,630 hits.

Toonly was used to create 2 animated videos which gained 1,264 hits.



Disability Resource Centre @DisabilityRC · 5 Feb
We are undertaking research into the impact that COVID-19 has had on key workers supporting disabled people. If you would like to have your say, please follow this link:



Frontline Worker Survey
Take this survey powered by surveymonkey.com. Create your own surveys for free.
surveymonkey.co.uk

1 2

BORNE

Target community: Older Young people under 25

Funding Total: £13,330

Aims and objectives

- Finding positive voices from within the YP community to amplify messages about keeping that community safe from COVID-19.
- Campaign messaging were centred around a core headline message and supporting the themes: Lockdown, Hands, Face, Space & Asymptomatic transmission

Summary

- Creation of the campaign hashtag #bringbackbrum
- Influencer shared and created a bespoke and individual response to the campaign message in a spoken word video entitled Hands, Face, Space.

Achievements

- Positive engagement through influencers posts
- Successfully accessed and engaged with hard to reach community groups, using appropriate champions from that community to share relevant and optimistic messaging around the challenges of COVID-19.

First Influencer: Spoken word artist Casey Bailey was identified as one of the key influencers

Second influencer: Alina, Just Your Little Asian Friend (JYLAF), a Birmingham-based TikTok and Instagrammer who is active across social media.

Results summary across channels



Targeting: Video views (key wards)
Spend: £400

Reach
10,566

Impressions
38,750

ThruPlays
24,750

Cost per ThruPlay
£0.02

With Facebook we drove a high quality of ThruPlays with an average view rate of **2.5 each person**. This means we reached a significant number of high quality results for a very low spend. Predicted ad recall (those likely to remember an ad within 48 hours) was approximately **10%** - an excellent indicator of creative impact and/or relevance of message.



Targeting: Reach (key wards)
Spend: £300

Reach
92,656

Impressions
187,531

ThruPlays
1,312

Cost per 1000 reach
£2.20

Instagram proved an **incredible driver of scale** with an impressive reach, especially considering the specificity of the targeting and we ultimately drove a **12%** higher reach than predicted.



Targeting: Video views (Birmingham)
Spend: £300

Reach
94,555

Impressions
228,478

ThruPlays
15,315

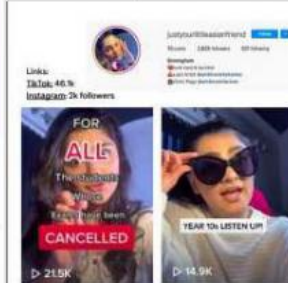
Cost per 1000 reach
£1.31

Snapchat drove both a **high quality view rate** alongside very **impressive reach** covering a wider demographic across the whole of Birmingham.

Casey Bailey



Instagram: 4.5k followers
YouTube: 563 subscribers, (with views reaching 11K)
Facebook: 1,672 followers



Shree Hindu Community

Target community: Hindu

Funding Total: £9,500

Delivery Timeline: May 2020-March 2021

Aims and objectives

- Regular COVID-19 updates on testing facilities, Govt guidelines, Vaccination information etc through their Facebook page in Gujarati, Hindi and Punjabi.
- Engaging medical professionals within the community as key speakers.
- Vaccination Van promo
- Important announcements through emails and WhatsApp groups.

Summary

- Regular updates through Facebooks posts resulted in more awareness about COVID-19 and Vaccination
- Questions and concerns on COVID-19 and Vaccinations have been clarified by the medical experts during the interactive Zoom webinars.
- Overwhelming response to their Vaccination Van programme

Achievements

- Awareness about COVID-19 and Vaccination through Facebook posts.
- Overwhelming response to Vaccination Van
- Collaboration with 18+ Hindu organisations to reach more than 10k members.

Challenges

- Multi-generational household, which has been a major concern during COVID-19 pandemic.
- The Hindu communities also love to socialise with families and relatives regularly, particularly celebrating various Hindu festivals together
- Adverse effect on the mental health due no social events

Project Learnings

- Religious events and posts had more reach (audience)
- Co-ordinating with various Hindu organisations has been a challenge.
- Need access to WhatsApp group, Email, distribution List and YouTube account to reach wider group of members.

More than 200 posts shared on Facebook page on COVID-19



Age UK

Target community: Older people

Funding Total: £8,000

Delivery Timeline: Oct 2020-Apr 2021

Aims and objectives

- Understand the needs of older adults and BAME communities
- Ensure there is faith and cultural diversity throughout their campaign
- Create non-digital campaign for adults

Summary

- Three information guides developed (wellbeing and COVID-19 safety, vaccine information and comprehensive vaccine booklet).
- Guides translated into Polish, Urdu, Bengali, Punjabi and Gujarati.

Achievements

- Clients feel less anxious and more informed about COVID-19.
- Myth-busting of misinformation and reassurance was key.

Challenges

- Getting a large reach on social media.
- 20 posts were implemented with an overall reach of 1,368, averaging a reach of only 82 per post.
- Adapting project plans to ensure project is delivered in line with the latest government guidelines.

Project Learnings

- More in depth collaboration.
- Work with PHE WM to create a shared resource centre.
- Identify earlier opportunities for local media engagement.

Social Media –

Reach – 1,368

Website –

7,127 visitors to website

New users: 7,019

Calls – as of 15th March

3158 calls received

377 calls from BAME clients

1088 COVID-19 related calls



The Polish Expats Association

Target community: Eastern European

Funding Total: £18,529

Aims and objectives

- Promote COVID-19 related information such as lockdown rules, tier system rules, symptoms and testing, social distancing and masks to Central and Eastern European communities in Birmingham.

Summary

- Completed 32 live sessions hosted in 7 languages, organised 4 mental wellbeing workshops and 1 healthy eating during COVID-19 workshop.
- Printed leaflets containing COVID-19 messages in Polish and Romanian about symptoms, testing, self-isolation and vaccinations

Achievements

- 63 people provided with support on the impact of lockdown on mental wellbeing of children and young people as well as coping strategies from a Polish-speaking children and youth psychologist and therapist.

Challenges

- Some language barriers for CEE communities in accessing UK based news, typically they followed news from home countries instead.

Content Share

Content was shared in 100+ Central and Eastern European (CEE) Facebook groups

71,000, weekly live sessions had 24,500 views

Delivery Timeline: May 2020-March 2021





There is higher proportion of boys who are not worried about the virus (37%) compared to girls (28%).

Asian and black children are slightly more worried than white children, 30%, 29% and 25% respectively.

Almost 1 in 4 children over 14 think that people their age do not follow the rules.

Aims and objectives	Summary	Achievements	Challenges	Project Learnings
<ul style="list-style-type: none"> • Use appropriate methods to enable information to be shared with children and young people. • Raise awareness and understanding of COVID-19 access to testing. • Knowledge of how to respond you test positive in contact of a case. • Knowledge of how to reduce risk factors associated with increased risk of severe illness or death from COVID-19. 	<ul style="list-style-type: none"> • CYP feel the guidance is not aimed at them. • Older children are concerned that they will be at an disadvantage in the future due to missing out on education and grades. • Significant variations in the responses when summarised by age, gender, or ethnicity 	<ul style="list-style-type: none"> • Conducting a pilot survey with several schools enabled head teachers to provide feedback, increasing engagement and improving take-up of the survey. • Personalised data dashboards for individual organisations. • Engaging with Birmingham Aspiring Youth Council. • Providing children and young people with a voice. 	<ul style="list-style-type: none"> • Timings & changes in Covid-19 regulations, e.g., preparations for the return to school and the return w/c 8 Mar-21 coincided with the launch and running of the survey 	<ul style="list-style-type: none"> • Continue with the survey to gather additional key evidence and further statistical validation of findings. • Working with CYP to create an awareness video resource – responding to survey findings and the needs of CYP. • Increasing awareness and interest through campaigns on social media to promote the video and key messages.

Hawkmoth Evaluation Report

Target community: High Risk Long Term Conditions

Funding Total: £44,800

Aims and objectives

- Target community audience with broader COVID-19 health messaging campaign and underlying health conditions affecting ethnic minority communities.
- Work closely with their network of community partners and influencers, ensuring all communities are engaged and approached.

Summary

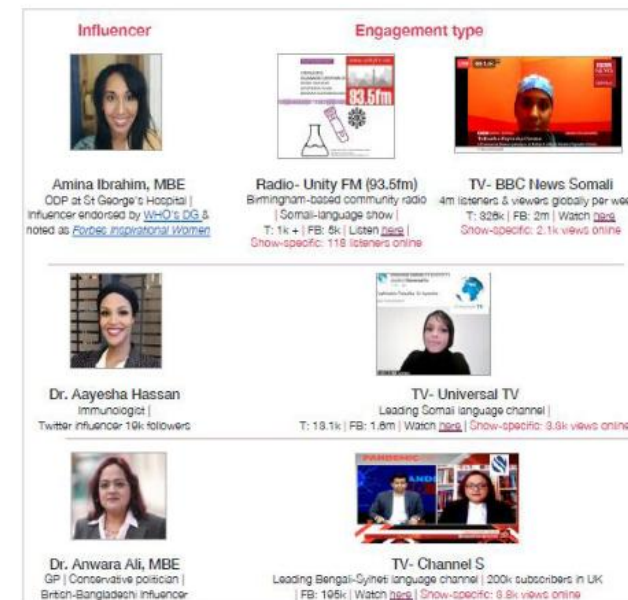
- Disseminated posters via community network, including Aap Ki Awaaz Radio.
- Identified myths and concerns present in all communities, including those present in South Asian languages to enable creation of myth busting factsheets.
- Co-created posters covering underlying health conditions and stressed the importance of vaccine.

Achievements

- >70% of the participants either deciding to or seriously considering taking the vaccine.
- The positive feedback has translated into the mosques swiftly committing to amplifying these assets and the Imam reciting key messages from their script during Friday prayers, which have had 400+ visitors at each prayer session.

Challenges

- Keeping community partners engaged, which can be more difficult with fast changing government rules.



West Midlands Faith in Action

Target community: Black African & Black Caribbean
Funding Total: £9,999

Delivery Timeline: Oct 2020-Mar 2021

Aims and objectives

- Bringing faith based related COVID-19 messages and updates to Black majority congregations in Birmingham
- Simplifying restrictions into a digestible format and sharing best practice

Summary

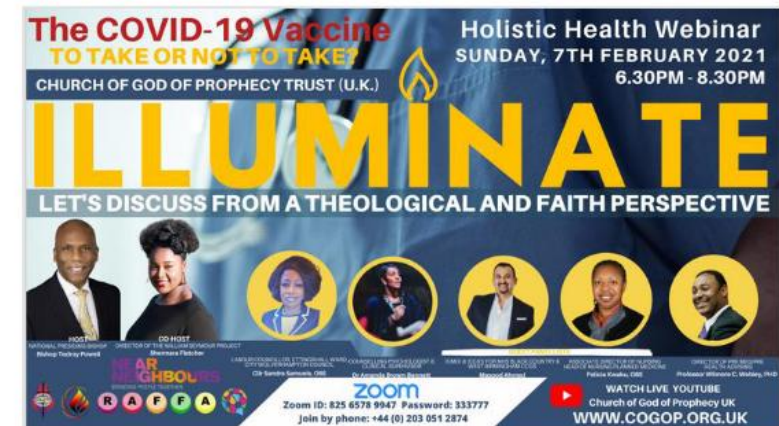
- Messages reached over 60 local Black Majority Birmingham Church Network.
- 102+ messages shared by email and social media
- COVID-19 Testing & Tracing Message - 17 messages shared by email and social media.

Achievements

- 500 Zoom, 438 on Facebook, 643 on livestreaming on YouTube, 2.1K visited the video link on YouTube for COVID-19 & Vaccine Health & Theological & Faith Symposium.
- 7th Feb 2021 - 500 Zoom, 365 on Facebook, 243 on livestreaming on YouTube, 674 visited the video link on YouTube.
- Churches keen and engaging.

Project Learnings

- Messages must be consistent and repetitive.
- Listen and address the concerns and act as quickly as possible.
- Address mis/disinformation as quickly as possible.



Premium Linguistic Services

Target community: Somali, French, Gujarati, Pahari and Hindi speakers

Funding Total: £41,945

Delivery Timeline: Oct 2020-Mar 2021

Aims and objectives

- How to keep safe, Government Restrictions (Tiers – Lockdown), Testing PCR/LFD and Vaccines in 5 Languages: Somali, French, Gujarati, Pahari and Hindi.

Summary

- Placed posters in high traffic areas, such as convenience stores, GP's, Chemists in areas such as Handsworth, Coventry Road, Spark Hill, Perry Barr, Aston
- Videos For Symptoms and Keeping Safe were created and sent to WhatsApp groups and also uploaded to YouTube.
- Partner with: Citizen housing - Age UK Gujarati Language - GHAB Gujarati & Hindi Languages

Challenges

- Certain communities were under the pressure of affluent/dominant people within the community or their head of the family when they categorically refused the vaccine
- Some community members do not believe COVID-19 is real
- Some organisations were not providing the assistance required or did not return their emails.

Project Learnings

- Several channels to communicate with communities via Facebook groups
- Members of communities are more interested in face to face interactions as they feel that responses are more tailored to their needs.



Verrouillage National - Rester à la maison

2021-01-07 10:00 10:00 10:00

Verrouillage National	Rester à la maison	SYMPTOMES
<p>Verrouillage National</p> <p>Rester à la maison</p> <p>Il est important de rester à la maison pour éviter la propagation du virus. Ne sortez que pour les besoins essentiels (courses, travail, soins de santé, etc.).</p>	<p>SYMPTOMES</p> <p>Les principaux symptômes du coronavirus sont :</p> <ul style="list-style-type: none"> une température élevée, c'est-à-dire être chaud(e) au toucher sur le torse ou le dos (sans avoir à prendre votre température) une toux nouvelle et persistante - c'est-à-dire tousser beaucoup pendant plus d'une semaine, ou subir une quinte de toux 3 fois ou plus en 24 heures (si vous toussiez habituellement, votre toux peut être pire que d'habitude) une perte, ou une altération, de l'odorat ou du goût - c'est-à-dire que vous ne sentez plus rien, ou que votre odorat ou goût n'est pas le même qu'à l'habitude <p>La plupart des personnes infectées par le coronavirus présentent au moins l'un de ces symptômes.</p> <p>Que faire si vous présentez des symptômes liés au coronavirus. Si vous présentez un ou plusieurs symptômes liés au coronavirus :</p> <ul style="list-style-type: none"> Subissez un test de dépistage du coronavirus dès que possible. Si vous et les membres de votre foyer savez vous confiner chez vous et ne pas accueillir de visiteurs jusqu'à l'obtention des résultats de votre test - ne quittez pas votre domicile, sauf pour vous faire tester. 	



The Bahu Trust

Target community: Arabic, Islamic & Asian

Funding Total: £53,575

Delivery Timeline: Oct 2020-Mar 2021

Aims and objectives

- Deliver accurate and targeted COVID-19 information to minority language communities including Arabic, Urdu, Panjabi, Bengali and Sylheti
- Cover three key areas for messages: testing, social distancing and vaccinations

Summary

- 4 page leaflets and 45s video created for each key message
- Targeted content created for all communities
- 250 influencers chosen to share materials via social media
- Monitoring sheet used to monitor engagement

Achievements

- Gained support from the targeted communities after initial engagements.
- Identified that the community members felt under-represented in terms of targeted information and support.

Challenges

- Initial deadlines missed and **distribution of non-digital materials did not occur** – not enough time to meet original plans
- Time taken to produce materials meant they would be outdated upon release

Project Learning

- Future projects shall rely more on secondary resources which can be updated regularly
- Individual promotion was favoured over traditional media – delivery to more diverse audiences

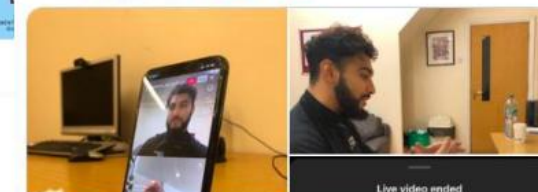
Bahu Trust UK @bahustrustuk · 16 Jan
An excellent opportunity to ask any questions on the COVID vaccinations. Hear from medical, social & faith experts.

An excellent panel consisting of Dr Adele Riaz & Dr Sumira Afzal from @BritishIMA, @SalmaYaqoob & Shaykh @Hafiz_Ather. Register here tinyurl.com/bahustrust



Bahu Trust UK @bahustrustuk · 24 Jan
A wonderful interactive Instagram live session between local social media influencer Silverboxx Sam & @DrJV75 – conversation for young people about everything #covid

100's of youth reached, best way to reach young people is to speak directly to them [Instagram.com/tv/CKb83lj_y0...](https://www.instagram.com/tv/CKb83lj_y0...)



Utilisation of Social Media Influencers

250 influencers were selected to be responsible for sharing materials amongst the communities via Facebook, Instagram and WhatsApp

These influencers were allocated £50 each for participation



Aim and objectives

- Create videos in English and Punjabi to raise awareness on how to deal with COVID-19, Testing/Vaccinations and Community Updates.
- Work with key Partners and Stakeholders
- Increase the number of Sikh Community COVID-19 Champions in Birmingham and during the project, managed to recruit 18.

Summary

- Commissioned by BCC to deliver a targeted Sikh Messaging Programme which could both inform and demystify any community misunderstandings on what they needed to do during the lockdown.
- Helped and provided support to fellow partners such as Age Concern UK with Punjabi translation

Achievements

- Gentleman at Gurdwara decided to get vaccinated.
- Built relationship with Sangat TV a Sikh community TV station
- Positive feedback from community regarding the programme and having both male and female representatives on the programme had such a powerful impact on the community.
- Creating visual information from elder generation

Challenges

- Creating visual information in punjabi in short period of time.
- Elder members had basic literacy levels so the posters had to reflect this.

Project Learning

- Advantage of having both social media and traditional Media approach to communicate with diverse audience
- Keep the message simple and basic as vocabulary and literacy levels
- Involving medical experts and respected community members is vital to buy in from the community.



Moving forward: 2021-22 Project Delivery

How we're using learnings from last year's activity and Provider feedback to shape continuous improvement:

We regularly ask Providers what's working well and what could be improved.

- 1. Non Digital Engagement:** Not everyone is digitally enabled, so we can't rely on digital engagement being the only route going forward. BVSC will deliver training and a legacy resource toolkit to support Providers with the implementation of non digital activities i.e. door knocking, outdoor events, face-to-face sessions.
- 2. Bi Monthly Reporting:** The creation of a standardised reporting template allows Providers to capture their activity outputs, impact/response of delivery on communities, successes & learnings. In response to feedback we have shortened the template & provided a telephone reporting option to support those who prefer to communicate over the phone.
- 3. Monthly Provider Engagement Meetings:** PH and Providers meet to discuss PH updates, priority messages and share best practice. The forum provides an opportunity for Providers to share delivery highlights & challenges within their community.
- 4. Quarterly Commissioned Provider Feedback:** Providers complete a PH survey quarterly to outline: 1. What's working well, 2. What needs improving, 3. Suggestions. PH then feedback to outline how we will precisely continuously improve our engagement and support of Providers to enable their delivery success.
- 5. Best Practice/Provider Led engagement sessions:** Peer led sessions (during the monthly meeting) provide an opportunity for Providers to present their methodology and experiences behind their successes to inspire Providers through best practice case studies.
- 6. Newsletter Spotlight corner:** Providers write blog articles to showcase their community engagement and any delivery turning points/successes.
- 7. Engagement Talking Points:** In response to 'COVID-19 fatigue' we've developed a weekly newsletter feature that highlights 3-5 fresh talking points to use when engaging with community members i.e. vaccine incentives for YP
- 8. Asset/Resource Creation:** PH create up-to-date shareable digital and non digital content i.e. infographics to support responsive and easy dissemination information of key PH news in non digital and non-digital formats.



	<u>Agenda Item: 7</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	1st September 2021
TITLE:	COVID-19 HOSPITAL ADMISSIONS AND VACCINATION
Organisation:	Birmingham City Council
Presenting Officer:	Julia Duke-MacRae

Report Type:	For information
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1. Purpose:
1.1 To present to the Board information on the demography and vaccination status of Covid-19 hospital admissions.

2. Recommendation:
2.1 The Board is asked to note the contents of this report.

3. Report Body:
<p>3.1 Attached is the Covid-19 hospital admissions and vaccination status of patients admitted.</p> <p>The report covers:</p> <ul style="list-style-type: none"> • Covid-19 hospital admissions from May to August 2021. • Vaccination status on admission. • Distribution of admissions by ethnicity and age • Assessment of the impact on overall admissions and types of admission after receiving two doses of the Covid-19 vaccine.

4. Risk Analysis:			
Risk			
Identified	Likelihood	Impact	Actions taken
None			

Appendices:
Covid-19 Hospital Admissions and Vaccination presentation

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

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

Covid-19 Hospital Admissions and Vaccination

01/09/2021



Overview

- A snap shot analysis of covid-19 patients admitted in one of the main Birmingham hospitals.
- Period between May and August 2021.
- Determine the distribution of admissions by ethnicity and age.
- Evaluate if receiving 2 doses of the vaccine had any impact on overall hospital admissions and types of admission.

COVID -19 Hospital admissions between May and August 2021

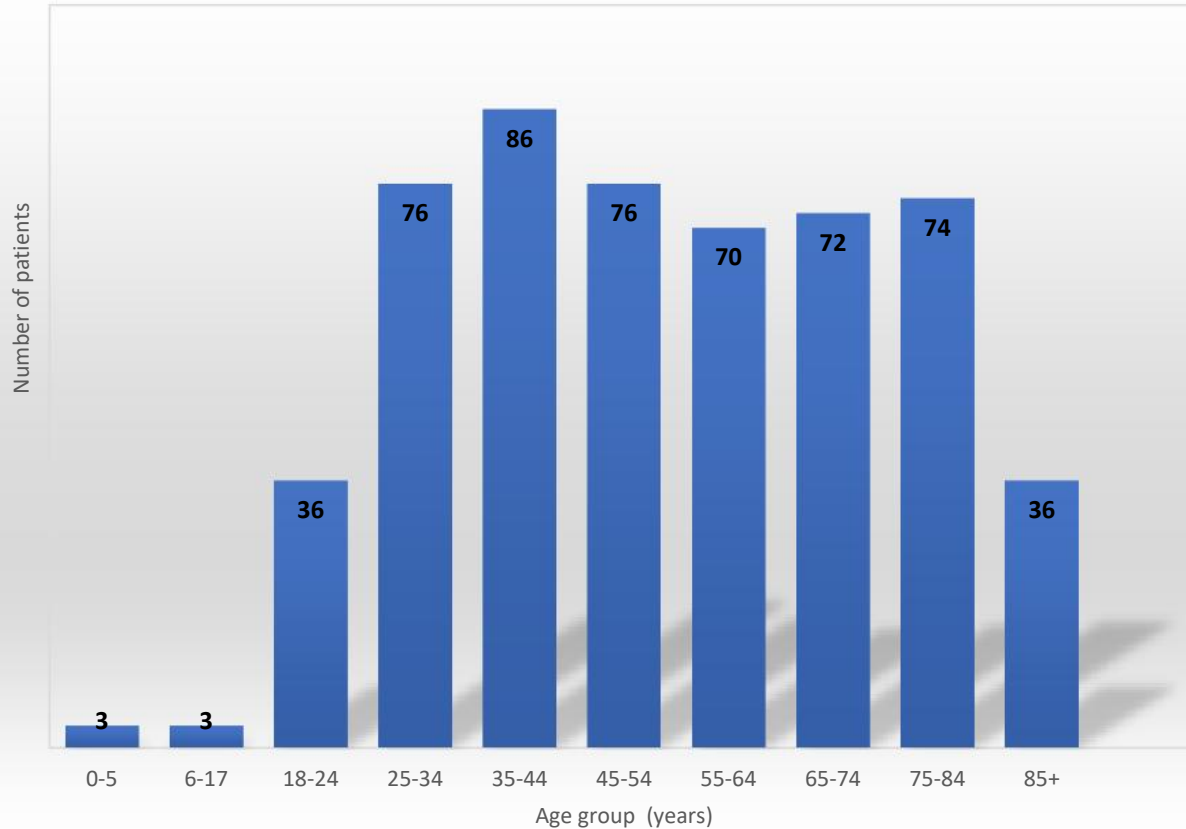
Total number of admitted patients : 530

Number of patients admitted in Critical care : 67 (12.6%)

Number of patients admitted in non-critical care: 463 (87.4%)

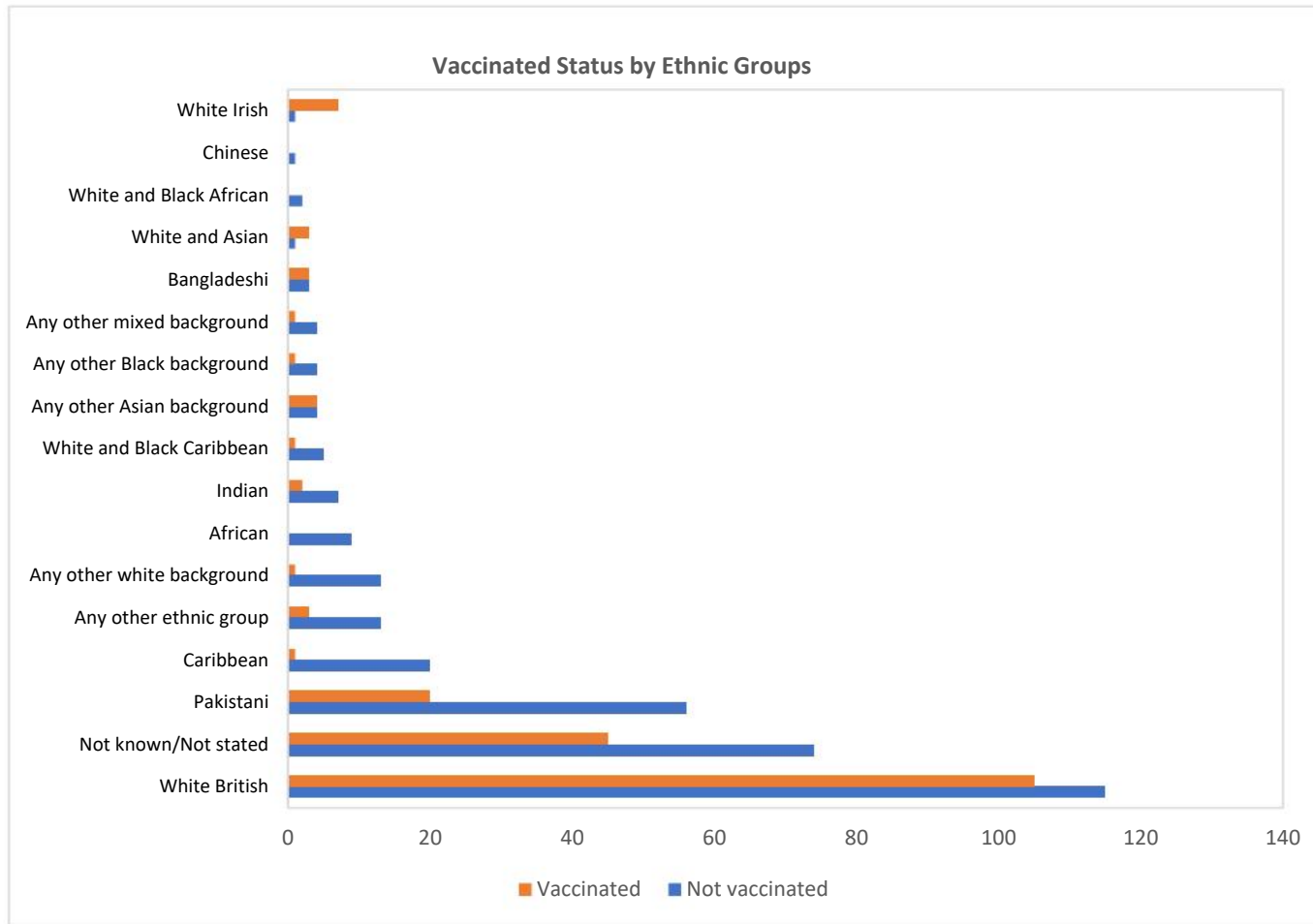
Covid-19 Hospital Admissions by Age Group

Number of patients admitted by age group



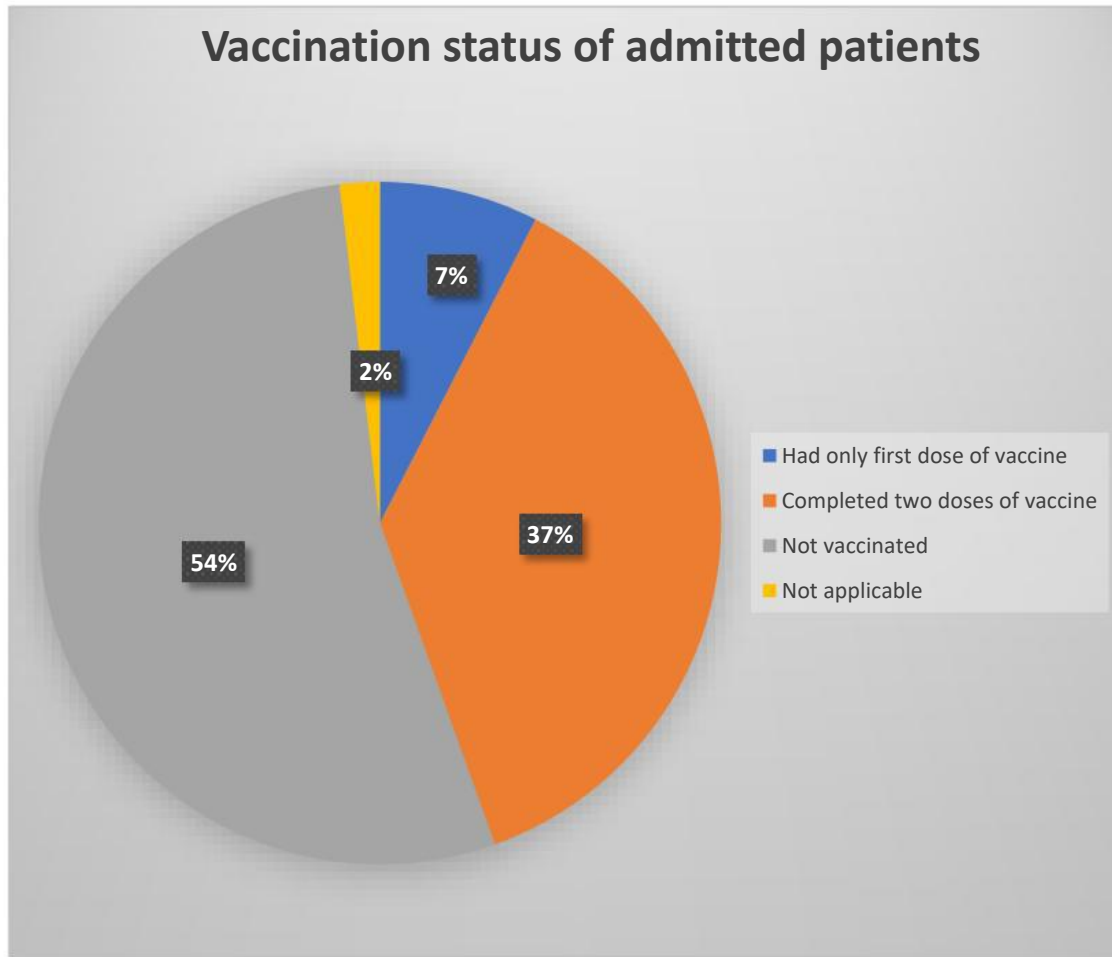
- Highest number of patients admitted (86) were in the 35-44 year age group.
- Of the 532 admitted patients, 350 (65.8%) were ≤ 64 years and 182 (34.2%) were ≥ 65 years.

Vaccinated and Non vaccinated patients by Ethnicity



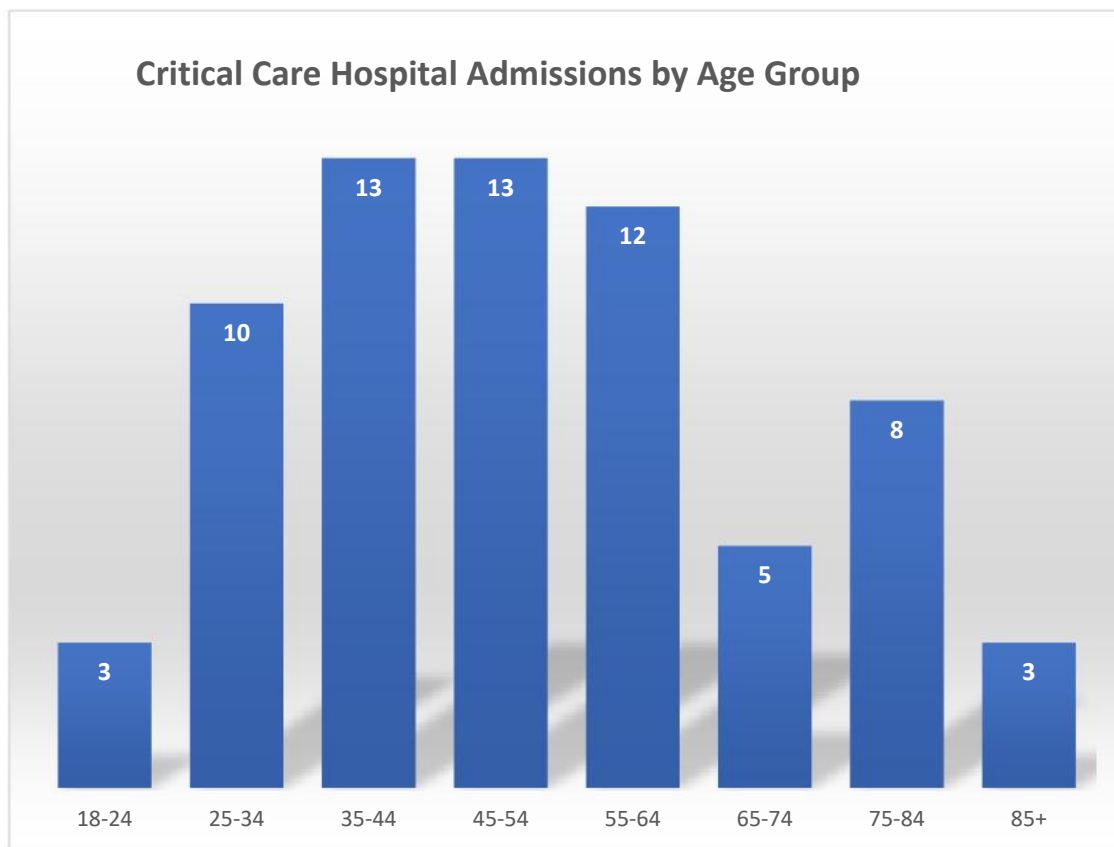
- The majority of admissions were in the White and Pakistani ethnic groups (where the ethnicity was stated).
- 105 (47.7%) of the white ethnic group and 20(26.3%) of the Pakistani ethnic group had completed two doses of the vaccine.
- In 45 (37.8%) admissions who had completed two doses of the vaccine, the ethnic groupings were not stated.

Vaccination Status of Admitted Patients



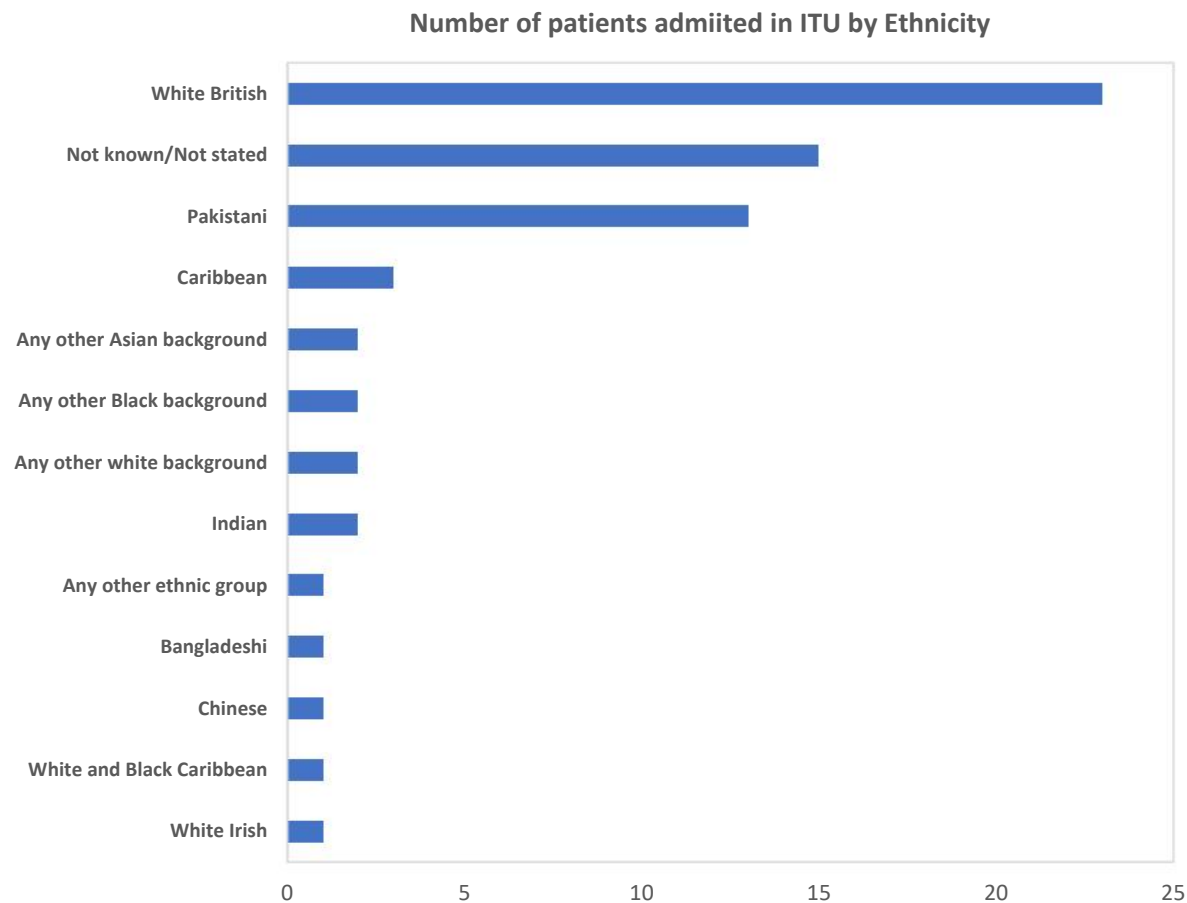
- There were 196 (37%) admitted patients who had completed two doses of the vaccine.
- 284 (54%) admitted patients had not been vaccinated.

Critical Care Hospital Admissions by Age group



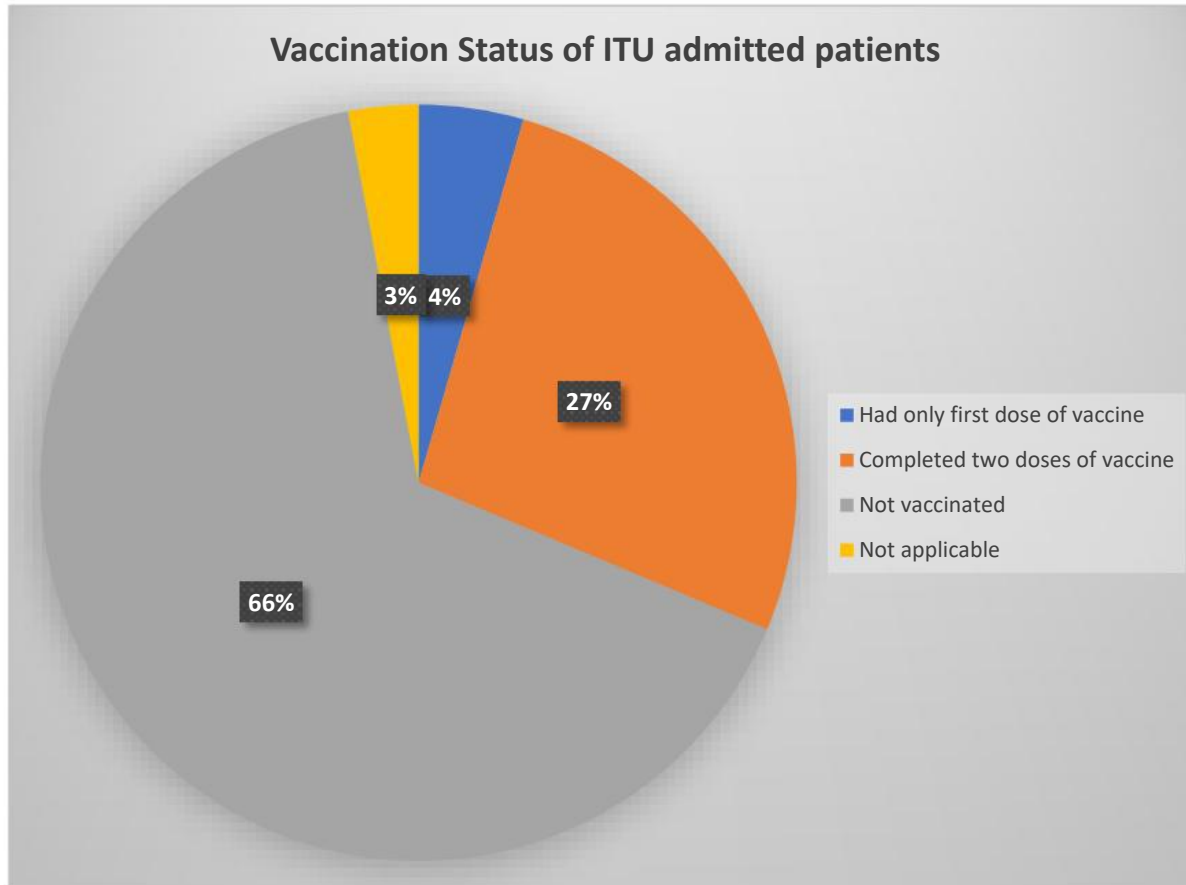
- 67 patients were admitted in ITU.
- The highest numbers of ITU admissions were ≤ 64 years.

Critical Care Admission by Ethnicity



- The majority of ITU admissions were in the following ethnic groups:
 - White (34.3%)
 - Those whose ethnicity was not stated (23.4%)
 - Pakistani (19.4%)

Vaccination Status of ITU admissions



- The majority of patients admitted to the ITU (66%) were unvaccinated.
- 27% of patients admitted to the ITU had completed two doses of vaccine.

Evaluating relationship between all Covid hospital admissions and vaccine status

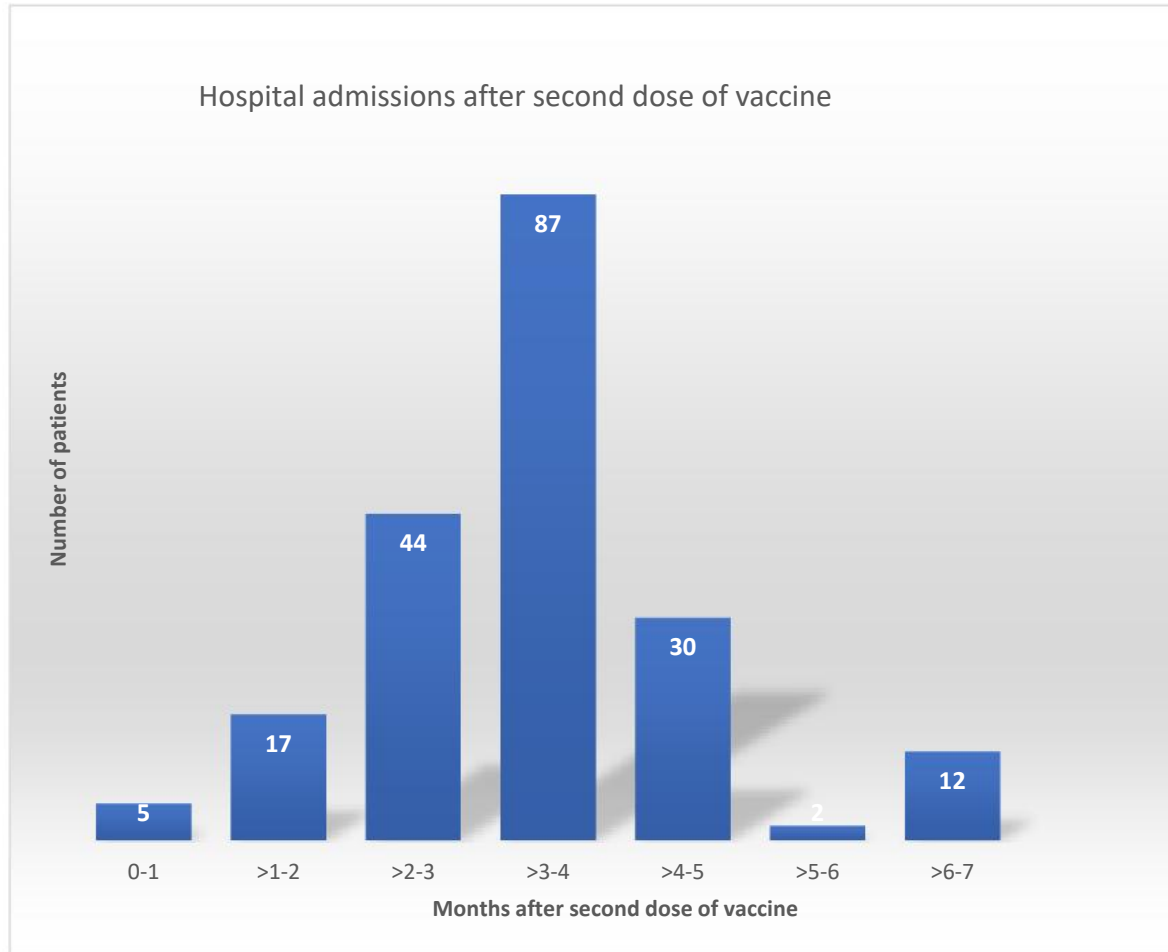
	All Covid hospital admissions
Vaccinated 2 Doses	197
Non-vaccinated	333
Total	530

$X^2 = 16.13$ $df=1$, $p < 0.00005$ (statistically significant)

- Admissions included both ITU and Non-ITU patients.
- The data suggests there was a statistically significant difference in admissions between vaccinated and non-vaccinated patients.

Patients who had only one dose of vaccine were not included in the analysis because they were not considered to be fully vaccinated.

Interval Between Second Dose of Vaccine and Admissions



- Most infections occurred within 4 months of receiving the 2nd dose of the vaccine.

Evaluating Relationship Between ITU Admissions and Vaccine Status

	ITU admissions	Non ITU admissions	Total
Vaccinated 2 Doses	16	181	197
Non-vaccinated	51	282	333
Total	67	463	530

$\chi^2 = 5.80$ $df = 1$, $p < 0.016$ (statistically significant)

- ITU admissions were significantly less in patients who had completed two doses of vaccine, compared with unvaccinated patients.

Patients who had only one dose of vaccine were not included in the analysis because they were not considered to be fully vaccinated.

Summary

- Hospital admissions are predominantly in the younger population.
- The majority of admissions were in the White ethnic group, the Pakistani ethnic group and in the group where the ethnicity was not stated. There is a need to make adequate provision to ensure the completion of data on ethnicity.
- There was statistically significant difference in the overall hospital admissions between vaccinated (completed two doses) and non-vaccinated patients. There were fewer admissions in those who had completed two doses of the vaccine.
- In patients who had completed two doses of the vaccine, most infections occurred within 4 months of the 2nd dose of the vaccine for reasons which are not yet clear.
- ITU admissions were statistically significantly less in patients who had completed two doses of the vaccine, compared with unvaccinated patients.
- The ITU admissions were predominantly in those less than 65 years.
- Continuous monitoring of Covid-19 hospital admission and vaccination status is recommended, in particular to determine the efficacy of the vaccine with time.

[birmingham.gov.uk/futurecouncil](https://www.birmingham.gov.uk/futurecouncil)



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	<u>Agenda Item: #</u>
Report to:	Local COVID Outbreak Engagement Board
Date:	XX September 2021
TITLE:	ENFORCEMENT AND ASSOCIATED ACTIVITIES AROUND CORONAVIRUS
Organisation	Environmental Health, Neighbourhoods
Presenting Officer	Mark Croxford

Report Type:	Information report
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1. Purpose:

1.1 The report updates the group on the work of Environmental Health to try and control the spread of coronavirus and to encourage others to comply with national advice.

2. Recommendation

2.1 That the report be noted.

2.2 That the standing agenda item Enforcement Update be removed from the board, subject to the re-introduction of any emergency Coronavirus control legislation.

3. Report Body

3.1 Following the last update to the Board, nearly all the emergency coronavirus legislation has been revoked. As a result, both West Midlands Police and Birmingham's Environmental Health team have little in the way of powers that can be enforced to control the spread of coronavirus. There is therefore no actions to report to Board.

3.2 Environmental Health have maintained a watching brief as we have limited powers under the Health and Safety @ Work etc Act 1974 and the Public Health (Control of Disease) Act 1984. However, the guidance given by government to encourage outdoor events and support a transition to "business as usual" means that only where there is an extreme issue e.g. an outbreak, would we now invoke these powers.

3.3 Consequently, at this stage Environmental Health have moved to a stance of only providing comments and giving advice. This is reflected in our partnership working with WMP who have moved to an education stance initially but without powers to enforce have moved back to business as usual.

3.4 There was a national consultation via the Directors of Public Health on the retention of The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020. These were the powers to restrict the number of people in a venue and or close the venue. Your officers have advised Birmingham's Director of Public Health we would like to see these powers retained until after the Commonwealth Games and that these would probably only be used in outbreak situations. These were very effective in the early lockdowns and are the most important powers we think we should retain, particularly as they can only be used by enforcement officers after consultation with the relevant Director of Public Health.

4. Risk Analysis

Further delay in publication. Changes suggested at presentations.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
None identified			

Appendices

None

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

Mark Croxford Head of Environmental Health
23rd September 2021

	<u>Agenda Item: 9</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	1 st September 2021
TITLE:	APPROACH TO DEVELOPING 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
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1. Purpose:
1.1 To inform the Board of the initial development and approach to the new Living with COVID Strategy 2021-2022

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

3. Report Body:
<p>3.1 In the initial wave the Council used the emergency response framework to respond to the Covid-19 pandemic and the related emergency structures and response working. In summer 2020 Birmingham published the local outbreak management plan based on national framework for the response to the acute covid pandemic to supplement the emergency response plans. The LOMP was refreshed in the spring of 2021.</p> <p>3.2 The Council formally stood down the emergency response to the pandemic in August 2021 however there continues to be a significant response needed to contain and respond to the spread of Covid-19 in the community given the high numbers of unvaccinated individuals. Therefore as the pandemic moves into a new phase there is a need to review and develop a new approach to living safely with Covid-19.</p> <p>3.3 The development of a new Living with Covid-19 strategy is needed to set out clearly for partners and the city our on-going response to the pandemic in a non-emergency response phase. Birmingham faces additional challenges in this phase because of its global trade and education base and the international events hosted in the city, including the Commonwealth Games. Therefore the new strategy will span from Winter 2021 to Autumn 2022, by which time it is anticipated that vaccination both domestically and internationally will be established enough to contain the pandemic.</p> <p>3.4 The new strategy will focus primarily on the public health response and is funded through the COMF Funding reserves agreed in the profiling of this ringfenced grant up to the end of September 2022. The strategy will not include the work on Covid-19 recovery and will not include the NHS clinical response.</p>

3.4 Development of the strategy will be based on a rapid internal review of the learning from the last 18 months and the current policy landscape. This will include an initial strategy review to establish the progress made in implementation of the Local Outbreak Management Plan (LOMP) and performance of other response interventions; identify any challenges that emerged, the lessons learned and the resilience capacities that enabled the Birmingham response.

3.5 The Board is asked to note the outline of the steps to be undertaken to develop the adaptive and combination strategy for living safely with COVID in the year head, through and beyond the hosting of the Commonwealth Games.

4. Risk Analysis:

Identified	Likelihood	Impact	Actions taken
Delays in commencing the formal strategic review	Low	Low	Desk review of existing Reports have been initiated
Limited evidence and insufficient disaggregation to enable conclusions to be drawn on progress of implementation and	medium	medium	Extraction, transform and load of evidence from different datasets will be deployed to triangulate collated data

5. Annexes

5.1 Draft outline of the actions for the Strategic review and development of the Living with COVID Strategy

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

Annex to Item 9

Approach to Developing the Living safely with COVID Strategy

The Living with Covid Strategy will be developed by drawing on the following key sources:

- Review of implementation of the Local Outbreak Management Plan and the review of the overall Council emergency response to Covid-19
- Engagement with stakeholders and community partners to feedback on the approach
- Engagement and interviews with public health staff within the Council to reflect on the approach used

This review will be completed by the 20th September and a learning report submitted to the October Local Outbreak Engagement Board.

Outline of Living with Covid Strategy

The emerging strategy builds on the local outbreak management plan (LOMP) and sets out the way in which the Council and its strategic partners will continue to respond to the Covid-19 as society moves into a more stable phase. The LOMP remains the escalation plan which will be enacted if there is a significant overwhelming surge in cases and pressure.

The aim of the Living with Covid Strategy is to mitigate the impact of Covid-19 on citizens and the City, minimising the loss of life and supporting stability of employment, education and civic society.

The key elements of the Living with Covid Strategy include:

1. Data and Surveillance
2. Prevention
3. Testing
 - a. Symptomatic
 - b. Asymptomatic
4. Contact tracing
5. Outbreak response
6. Non-Pharmaceutical Intervention
7. Vaccination
8. Mortality Risk Minimisation
9. Communication and Engagement
10. Enforcement
11. Governance

The initial draft of the document is being developed for submission for ratification to the October Local Outbreak Engagement Board.

	Agenda item: 12
Report to:	Local COVID Outbreak Engagement Board
Date:	1st September 2021
TITLE:	LCOEB PUBLIC QUESTIONS SUBMITTED IN ADVANCE
Written Question	Received via the BCC LCOEB Public Questions portal 5/8/2021

Report Type	Response to a written public question.
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1. Purpose:
1.1 To consider a response to this Public Written Question (details included within section 3 of this report).

2. Recommendation:
2.1 The Board is asked to consider the Public Written Question and respond accordingly.

3. Report Body:
<p>3.0 Public Questions are themed to coordinate responses. This is themed as the 'Vaccination' and a Sub Theme of 'Engagement'.</p> <p>3.1 Question: Given the everyday risks of city living, how is BCC convincing people that Covid is a real danger?</p> <p>3.2 Response: Throughout the Pandemic the Council has used multiple methods of communication and engagement to give citizens the information and awareness of the risks of Covid-19 and worked with the NHS to support messaging on vaccination as well.</p> <p>The ongoing engagement and communications approach has been reported to the Board as part of the monthly Covid update slide deck.</p> <p>Work to date has included:</p> <ul style="list-style-type: none"> • Proactive social media engagement via HealthyBrum brand and Council Corporate brand on twitter, Instagram and Facebook • Weekly live Q&A on local and regional radio with the Director of Public Health • Commissioned awareness raising work through local community media stations with a focus on those working in non-English languages • Direct targeted engagement sessions with specific communities, e.g. Chinese community, Care staff, Headteachers, Business leaders and Looked After Children <p>We have also specifically commissioned 19 Community Engagement Partners who are working with 31 targeted communities to raise awareness and understanding of Covid-19.</p>

The Commissioned Providers working with and for diverse groups raise awareness through regular discussions. Providers are supported to ensure digital and non-digital engagement with their communities to avoid any barriers or inequalities in access. They have participated in creating safety awareness videos highlighting the dangers of COVID-19 on health and the importance of individual responsibility now that restrictions have been lifted. Videos are shared on our social media platforms. A weekly newsletter is provided to commissioned providers to disseminate within their networks including via WhatsApp and other social media channels. The videos provide community members with key COVID-19 guidance from familiar faces they respect.

Our partners have indicated that community members are experiencing COVID-19 fatigue. In response to this, we have created a, “Get Talking” feature within our Provider and COVID Champion newsletter. Here we share topical talking points for partners/champions to discuss with their communities each week. Last week’s newsletter included the following:

- Young people will be offered [incentives](#) to get the vaccine.
- Extensive real-world data shows vaccines are safe and highly effective in [pregnant women](#).
- COVID testing continues to decline – Encourage your communities to complete [regular testing](#) throughout step 4 of roadmap.

We also support a network of Faith groups and a dedicated Covid Community Champions network meet with public health specialists and GPs fortnightly to receive first-hand advice to help individuals, households, congregations and communities remain safe at every stage of the pandemic. Meetings with faith leaders and community champions from across the City provide an opportunity to:

- Share accurate and up-to-date Covid data, safety advice and simplify guidance including about Covid testing, vaccines and isolation.
- Offer intelligence and feedback about real issues, personal stories and queries from citizens.
- Offer clarity and facts about vaccine misinformation and myths, as well as signpost to existing locations for testing, vaccines and support for isolation and help to adhere to safety measures.
- Offer faith leaders and champions safety messages from PH as a trusted source, including a weekly dashboard and newsletter, which they can share with their communities via their communication platforms.
- Co-produce safety messages such as the vaccine toolkit and safety videos with familiar faces such as faith leaders, champions and the Director of Public Health, which can be shared with communities.

We continue to work with communities to address concerns and update citizens on the changing nature of the pandemic and address any outstanding concerns about the vaccination.

4. Risk Analysis:			
Risk			
Identified	Likelihood	Impact	Actions taken
None identified			

Appendices:
None

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

Modupe Omonijo	BCC Public Health	19 th August 2021
Simon Robinson	BCC Public Health	27 th August 2021

	<u>Agenda Item: 13</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	1st September 2021
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:

3.1

The table below shows the actual spend for the first 4 periods of the current financial Year (April to July). This table includes all spend items that are reported to and paid from the Contain Outbreak Management Fund (COMF)

Spend item	Spend to date 2020/21 £'000	Budget 2021/22 £'000	Budget to Sept 2022 £'000
Staffing	1,147	3,263	1,632
Training	0	10	5
Translation services	18	60	30
Equipment	20	47	24
Communications	84	961	481
Community swabbing and support	0	662	331
Test & Trace system - Software licence, implementation & support	0	165	83
Health and wellbeing support	3	546	273
Whistleblowing	0	77	39
Enforcement support incl Covid Marshalls	306	2,826	1,413
Local contact tracing	0	865	433
Testing Facilities	0	145	73
Isolation Support	0	500	250

Asymptomatic Testing Contingency	0	1,113	557
Supporting compliance	0	1,867	934
Contingency	0	2,574	1,295
Wave 3 response	0	3,500	
Total	1,578	19,181	7,848

3.2 Spend funded from other sources

The following table shows expenditure from different funding sources

Spend item	Spend to date 2020/21 £'000	Budget for 2021/22 £000s
Asymptomatic Testing	1,239	} Reimbursed via grant 440
Operation Eagle	71	
PPE Team	61	
Community Champions Fund		
Total	1,370	

4. Risk Analysis:

Risk			
Identified	Likelihood	Impact	Actions taken
Inadequate funding to provide robust response to local outbreaks	Medium	Medium	Significant contingency has been included in the planning for 2021/22 to September 2022.
Capacity will be required beyond the 31st July 2021	Medium	Medium	The underspend on 2020/21 funding that is being rolled forward plus the additional allocation for

			2021/22 has allowed us to plan up to September 2022.
Asymptomatic testing will not be fully funded by the Community Testing grant due to changes in the administration of that fund	High	Medium	This was anticipated and a budget of 1.6m allowed for from the COMF funding to absorb the excess costs

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

John Brookes, Finance Manager

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

