

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 24 NOVEMBER 2021 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **WELCOME AND INTRODUCTION**

2 **NOTICE OF RECORDING/WEBCAST**

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

3 **APOLOGIES**

To receive any apologies.

4 **DECLARATIONS OF INTERESTS**

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

3 - 12

5 **MINUTES**

To confirm and sign the Minutes of the meeting held on 6th October 2021.

13 - 68

6 **COVID-19 SITUATION UPDATE**

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

- 69 - 76**
- 7 **VACCINATION ROLLOUT AND UPTAKE UPDATE**
- Simon Doble, Director of Primary Care and Integration and Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG will present the item.
- 77 - 92**
- 8 **LIVING WITH COVID STRATEGY**
- Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team will present the item.
- 93 - 102**
- 9 **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**
- Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB will lead on the item.
- 103 - 106**
- 10 **TEST AND TRACE BUDGET OVERVIEW**
- Dr Justin Varney, Director of Public Health will present the item.
- 11 **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.
- 12 **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 15 December 2021 as an online meeting.
- 13 **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
- 14 **DETAILED SITUATION UPDATE**
- 15 **OTHER URGENT BUSINESS (EXEMPT INFORMATION)**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
6 OCTOBER 2021**

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 6 OCTOBER 2021 AT
1400 HOURS ON-LINE**

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Chief Superintendent Stephen Graham, West Midlands Police
Councillor Brigid Jones, Deputy Leader, Birmingham City Council
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

ALSO PRESENT:-

Dr Julia Duke-Macrae, Consultant in Public Health
Karen Helliwell, NHS Birmingham and Solihull CCG
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team
Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

- 238 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

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members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 239 Apologies for absences were submitted on behalf of Dr Manir Aslam; Dr Justin Varney and Paul Sherriff but Karen Helliwell as substitute.
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DECLARATIONS OF INTERESTS

- 240 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

- 241 **RESOLVED:-**

The Minutes of the meeting held on 1 September 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

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

(See document No. 1)

The Chair commented that we were always willing to listen if anybody else had any further comments or suggestions to make as to how we might improve our communications. We were heading into what was going to be a more testing period. As we were now heading into autumn these next few months leading into Christmas was going to be critical as we monitor what happened with the case rates etc.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE UPDATE

- 243 Karen Helliwell, NHS Birmingham and Solihull CCG presented the item and made the following statements:-

- In terms of an update today we have had a change in the governance and senior responsible officer for vaccination arrangements as many of

us were aware that Paul Jennings had retired as Chief Executive of the CCG.

- Sarah Jayne Marsh, Chief Executive of Birmingham Women's and Children's Trust has now taken on the leadership role for the whole system for immunisation and vaccinations which includes Covid, flu and childhood immunisation.
- There was a governance framework and a fortnightly meeting which Sarah Jayne Marsh was now overseeing. That was the change in arrangement but continuing that same commitment and focus that Mr Jennings brought to the system.
- In terms of update on what had been happening, Phase 3 of the booster vaccination programme had now commenced in earnest across all areas.
- There was now a big push to work with all partners to encourage that uptake. The other key area that had now commence was the vaccination of 12 – 15-year olds with the rollout by community teams. These were two important areas that had started over the last months.
- In terms of the flu vaccination we were trying particularly where possible with care homes and the housebound to see if we could co administer both the flu and Covid and we were doing our best to do that resource requirements in terms of that practicality.
- Flu administration had also commenced in the wider pharmacy areas and we now had supplies in GPs as well and a vaccination centre at Edgbaston Cricket Ground for boosters. This did not stop our focus with yourselves and all partners around continuing with the uptake of the first and second doses of the vaccinations.
- We wanted to continue to do that though all mechanisms including the use of the mobile van and we were working closely with the City Council and Public Health and was always identifying facilities which were closer to the communities and identifying new areas where we could do this as well.
- Trying to encourage that walk-in facility which was closer to the community. There was an awful lot of work that was going on around those new areas coming on board and also trying to coordinate that across the city.

Councillor Paul Tilsley commented that as we have gone through the age groups for vaccination, it had been a concern when started to get to younger people and as you rightly state we were now vaccinating 12 -15-year olds. Paediatric medicine had changed dramatically over the last few years to the extent that emergencies were only dealt with at the Children's Hospital because of the difference between adult medicine and paediatric medicines. Of concern were as we go to younger people, they would have been administered the same volume of vaccination as adults. There was a huge difference in the size of the individual. I was happy to read was that the vaccination was reduced for younger people.

Councillor Tilsley stated that his question relates to adverse reactions within the adult community and whether this could be caused by the same volume of vaccination administered to all age groups. As far as my daughter was concerned who was seven stone was whether she was going to be given the same volume of vaccination that he was given as he was twice her size.

Ms Helliwell undertook to take the question back to her medical colleagues regarding the difference in administration. Ms Helliwell added that she had not heard too much in detail around that or any adverse reaction but that she was happy to take that comment back for a response. It did not come up in any of our discussions about that particular issue.

Chief Superintendent Steve Graham stated that we had the latest anti-vaccine protest in Birmingham City Centre at the weekend so much so that we had a deputation who tried to attend Lloyd House to report murder with the Covid vaccine being cited as the cause of death. Chief Superintendent Graham enquired whether with all the vaccination sites staff had encountered any concerted opposition protest and whether any support from the local Police across the city to enable them to carry on their important work was needed.

Ms Helliwell advised that it was nice to get that support for the staff in terms of some quite challenging situation. We had some right at the start of the programme going back in time and we had put in very strict protocols now about supporting staff and security. There was a clear escalation if they needed it, but she was not aware that over the last week we had any particular issues. We had certainly learnt over the last year and a half in terms of making sure we were prepared. That intelligence was something that was important to share about what might be going on or happening across the patch. There was nothing to date but we welcomed that opportunity to work across partners.

Andy Cave, Chief Executive, Healthwatch Birmingham stated that Healthwatch Birmingham had been contacted by a number of people regarding the booster programme for the vaccine. He added that they had been invited to attend for their booster vaccine, but they were housebound and their enquiries into how they get the booster jab had not gotten far with the GPs practice. Mr Cave enquired what the pathways were for those individuals and who should they be told to contact and the route in for them.

Ms Helliwell stated that this was an important group and the GPs route in was to do that within their homes. Ms Helliwell advised that the route in would be through their GPs but if there were any particular issues she could be contacted and would arrange for these to be picked up if there were particular areas in which this was happening. For the housebound, logistics aside, we would certainly aim to try and do flu and the booster together, but this would depend on the supply issue and the logistics of it. Ms Helliwell undertook to feed this back to Sarah Jayne Marsh about any particular issues or teething issues that arise.

Councillor Matt Bennett stated that his query was about the vaccination of the 12 – 15-year olds which was fairly new and whether there was any information on take up available. Councillor Bennett commented that as a country we took a bit longer to decide to do this than a lot of other countries and it was not a straightforward decision as it was for other age groups. He wondered if there were any information on take up.

Councillor Bennett stated that there had been protest outside schools in some parts of the country but that he was not aware of any in Birmingham having

Local Covid Outbreak Engagement Board – 6 October 2021

taken place. We had some problems a couple years ago with protest outside schools that took quite a while as we had to go to the courts. If it had not happened, there was nothing to worry about, but his concern was that we might end up in that situation again with some people making nuisance of themselves outside schools.

The Chair responded that this had not happened as far as he was aware to date, but we needed to remain vigilant for the very reasons Councillor Bennett had mentioned.

Ms Helliwell commented that this comes back to intelligence and supporting, but we had not picked up anything in this area. It was a little bit early in terms of giving any feedback on the uptake, but we will make sure that we do that through the Board as early as possible but there were currently no details yet that could be shared with the Board. In terms of the Clinical Commissioning Group (CCG) lead, Paul Sherriff was on annual leave this week and he was our main contact on that. He would be happy to pick up any individual queries outside the meeting.

The Chair commented that on this agenda item for future meetings once we do have enough data, we will be given a report. Ms Helliwell commented that one of the things we were changing was exactly that a formal standard report and the slides will be presented at the meetings so that it gives the same level of confidence and assurance. During the changeover we were redesigning and coming up with a formal process and will be part of the work that Mr Sherriff will be sharing with the Board.

Councillor Tilsley stated that on the issue raised by Councillor Bennett he thought that as far as the local media was concerned that he had picked up that there had been a couple of issues where there had been protesters outside local schools, but we would need to trawl the local media earlier in the week to pick those up.

The Chair commented that these must have been on a very small scale as these had certainly not been brought to his attention and he had noticed that Chief Superintendent Graham had posted in the chat that the Police had not received any report about protest outside schools either. As stated earlier we do need to remain vigilant because the people who were part taking in these demonstrations were putting other people's lives at risk and this was wholly unacceptable.

Councillor Tilsley echoed agreement to the Chair's statement.

The Board noted the update on the vaccination rollout.

LIVING WITH COVID STRATEGY

244

Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team introduced the item and made the following statements:-

Local Covid Outbreak Engagement Board – 6 October 2021

1. At the last Board we presented an outline of Living with Covid Strategy which was to span from the period between autumn 2021 – winter 2022 covering the period over the Commonwealth Games (CWG).
2. It was to focus on the public health response to the evolving situation with Covid pandemic.
3. Between then and now there had been a national guidance on the autumn and winter plan which emphasised the way nationally the focus was on driving through and focussing on five key pillars.
4. Those key pillars were building our defences through secure interventions which was vaccines, the antivirals and the new drugs that may be having an impact on the modifying of the disease.
5. This also include identifying and continuing to isolate positive cases which was about testing, limiting the transmission test and isolate and also supporting the NHS and social care as things evolved and to ensure that the NHS was not under too much pressure during the recovery phase as they began to take on the elective cases and other issues.
6. We continue to push the advice for people to continue to protect themselves and others and follow the guidance. There was the focus on ... which for Birmingham given the traits and the student base was an aspect that was also important.
7. The local Living with Covid Strategy had taken that on board, and we continue to review the performance of the emergency phase.
8. We were continuing to conduct interviews with key persons within the emergency phase response to be able to learn lessons from what went well and what did not go so well.
9. One of the things we were picking up was the need to maintain and continue inter-agency collaboration.
10. The strategy will be focussing more on that aspect of inter-agency but also dealing with how we manage inequalities which have become more obvious as a result of the pandemic.
11. These were issues which the strategy was currently in the phase where we were analysing more of this information, beginning to conduct deep dives analysis of some of the data to be able to make some connections between cases, vaccination rates to allow us to established a more robust assessment of where we were in order to inform where we were going.
12. Essentially the plan was to involve more stakeholders in terms of understanding what went well and what did not, and to be able to inform their advice strategy which hopefully we would be able to bring to the Board in its complete form by the next Board meeting.

The Chair commented that the next Board meeting was on the 24th November so we will be getting that report to that meeting.

Stephen Raybould, Programmes Director, Ageing Better, BVSC enquired whether we had a long-Covid strategy for the city as there were more and more people around the city who had symptoms after 12 weeks. He added that he was aware that there was stuff put out by West Birmingham Trust and it was whether there was a cohesive strategy for the whole of the city.

Dr Onwukwe stated that this was one of the strands that we were looking at in terms of the strategy. There will be a section on how we intend to address the

real issue of long-Covid. This was part of the discussions we were having with the different stakeholders on how they balanced between the Trust and the others. This would be mentioned in the strategy as it was recognised that it was important.

The Board noted the verbal update.

MSOA DEATH ANALYSIS

Dr Julia Duke-Macrae, Consultant in Public Health, Test and Trace introduced the item and drew the Boards attention to the information contained in the report and slide presentation.

(See document No. 2)

Councillor Tilsley referred to page 76 of the document which gives the breakdown of excess deaths with Birmingham at 2,887. By population our nearest neighbour was Leeds with 750,000. If this was taken by prorate it would be expected that Leeds would have a death rate of about 2,100 plus and yet Leeds had a death rate of just under 1,000. It was appreciated that Leeds now goes up close to Harrogate and includes a lot of rural areas as well. Councillor Tilsley stated that there was a piece of work to be done to try and understand the figures and why Birmingham was such an out layer compared with all the other big cities. Manchester did not come on to this as a statistic, the nearest one being Telford with 504. We needed to dig deeper to ascertain why Birmingham had such a volume of excess deaths.

Mr Stephen Raybould stated that in the presentation around case fatality rates there seemed to be two groups where the explanation for why it was case - we had increased rate fatality and it was not clear as there seemed to be in BME populations although the other information given may be linked to that. In relation to skilled trades whether there was any coherent published account of why there was an increase rate of case fatality in those two areas.

Dr Macrae referred to Councillor Tilsley's statement and stated that the first thing to note was that for the purpose of this study we were trying to understand what the factors were, and it was out of scope of this particular study. Having stated that there was an inter-play of factors, it was not just one thing that you could place your hands on. In Birmingham for example, there was a lot of overcrowding which tends to increase the speed at which infectious diseases got transmitted.

In a lot of the deaths they were the over 65s which accounts for a lot as well. A large number of this group had comorbidities which also enhanced the risk of dying from Covid. We could look further into understanding why some of these things happened, but for the purpose of the study and the initial phase of the study we were trying to pull together factors that may affect Birmingham having a higher case rate than others. As pointed out the population density within Birmingham ranges from 2 to 28 times that of England which might explain quite a lot why we should have those deaths in those areas.

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The Chair commented that the report was an interesting one and that to have that analysis of what has happened over this period would no doubt be further discussion on what that was actually telling us as we go forward.

245 **RESOLVED: -**

The Board noted the report.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

246 The Chair introduced the item and advised that there were no public questions submitted for this meeting.

TEST AND TRACE BUDGET OVERVIEW

Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team introduced the item and drew the Board's attention to the information relating to spend to date in the report .

(See document No. 3)

Dr Onwukwe advised that a number of expenses had been committed but these were not yet reflected in the summary.

The Chair commented that it was good to have the explanation as it does look as though we had not spent very much of this money. He added that he was grateful for the fact that there had been a certain amount of prudence in the spending of this budget which meant that as we go forward particularly over the next few months, we could still have money that we could commit.

247 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

248 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

249 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 24 November 2021 at 1400 hours as an online meeting.

The meeting ended at 1702 hours.

CHAIRMAN

Birmingham Local Outbreak Engagement Board Covid-19 Overview

Birmingham Public Health Division
23/11/2021



Overview



Vaccine Roll out

- COVID-19 vaccine boosters are being offered across the country to the over-50s, younger adults with health conditions, care home residents, frontline health and care workers, adult household contacts of immunosuppressed individuals, 16-49 years old with underlying conditions that put them at higher risk of severe COVID-19 and adult carers. Pregnant women who are in one of the eligible groups can also get a booster.
- The booster vaccine roll-out has been extended to the over-40s (6 months after their second dose). The current uptake of the booster vaccines in Birmingham is 63.5%.
- The 16-17 years old can also receive their vaccines through Walk-in sites which are available at locations across Birmingham.
- All children aged 12-15 years old are being offered their vaccine either at school or out of school through the national booking service (online booking or via 119).
- Figures from the [GOV.UK](https://gov.uk) website indicate that 88.1% of England people aged 12* years and over have had their 1st vaccine dose, and 80.0% their 2nd dose. This compares to 65.3% and 57.4% in Birmingham. The vaccination roll-out in the 12-15 age group will impact the overall uptake figures, compared to uptake at age 16+.

Source: GOV.UK Coronavirus (COVID-19) in the UK

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

Coronavirus in Birmingham

Total deaths

(Data up to 22 Nov)

3,035

Latest daily figure

3

new deaths

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Total cases

(Data up to 22 Nov)

183,125

Latest daily figure

497

new cases

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Hospital admissions

(Data up to 22 Nov)

23,986

Latest daily figure

20

new admissions

60-day trend

(based on seven-day averages).



Source: NHS COVID-19 Situation Operational Dashboard

Over 60's cases

(Data up to 20 Nov)

22,040

Latest daily figure

26

60+ new cases






60-day trend

(based on seven-day averages).

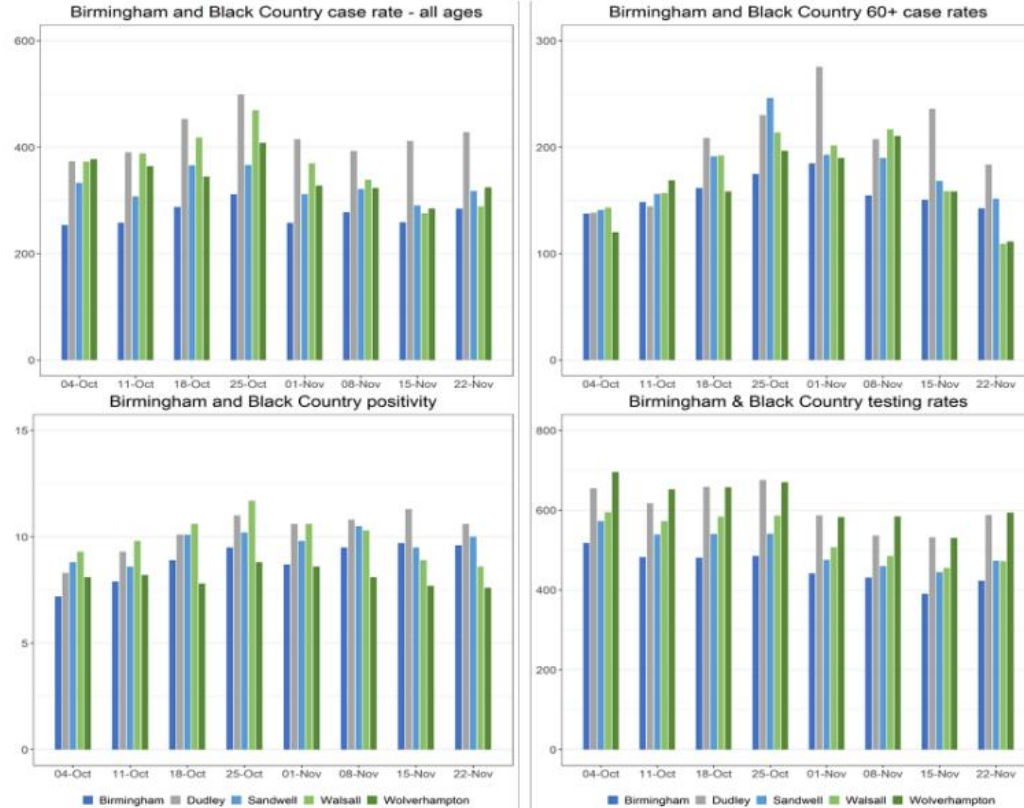


Source: PHE

Cases, Testing & Vaccine Summary: 7 Days up to 19th November 2021

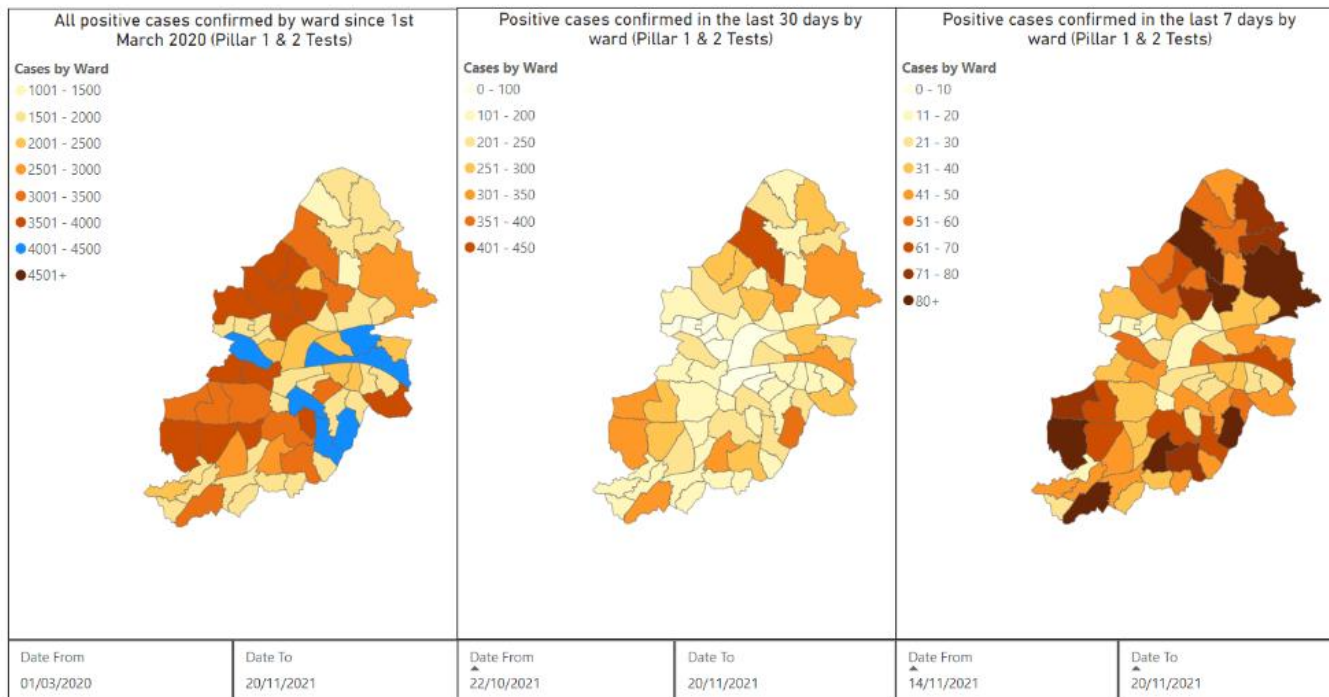
▪ 7 Day Rolling Case Rate to 19 th November (Pillar 1 & 2)	301.7/100K	
	• Rate on 12 th November	263.1/100K
▪ 7 Day Pillar 2 PCR testing rate at 19 th November	2,157/100K	
	• Rate of testing on 12 th November	1,803/100K
▪ 7 Day LFD testing rate at 19 th November	4,026/100K	
	• Rate of testing on 12 th November	4,006/100K
▪ % of Pillar 2 positive PCR tests at 19 th November	12.3%	
	• Rate on 12 th November	13.2%
▪ % of positive LFD tests at 19 th November	1.8%	
	• Rate on 12 th November	1.5%
▪ Vaccine first dose uptake 16+	67.5%	
▪ Vaccine second dose uptake 16+	61.7%	
▪ Vaccine booster dose uptake 16+	63.5%	

Birmingham & the Black Country Direction of Travel



Confirmed Cases by Ward for Pillar 1 and 2 Tests

Confirmed Cases by Ward for Pillar 1 & 2 Tests



Total

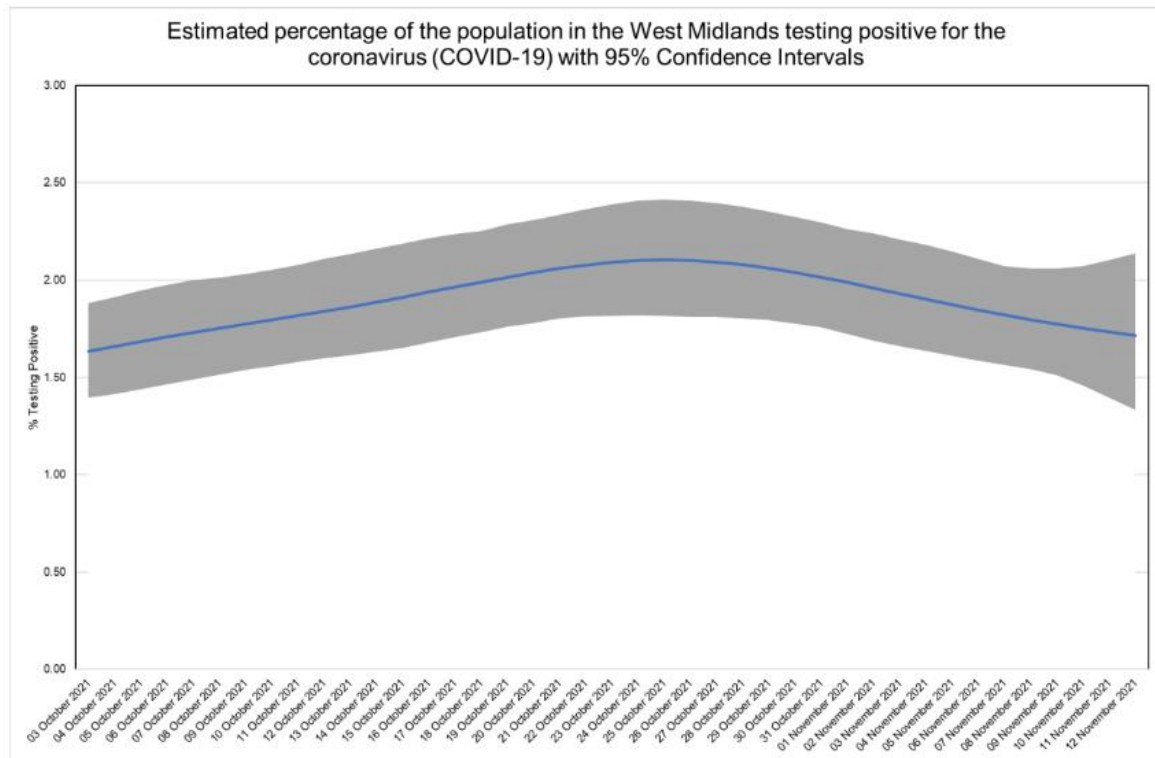
Last Month

Last Week

Top Ten Case Rates by Ward

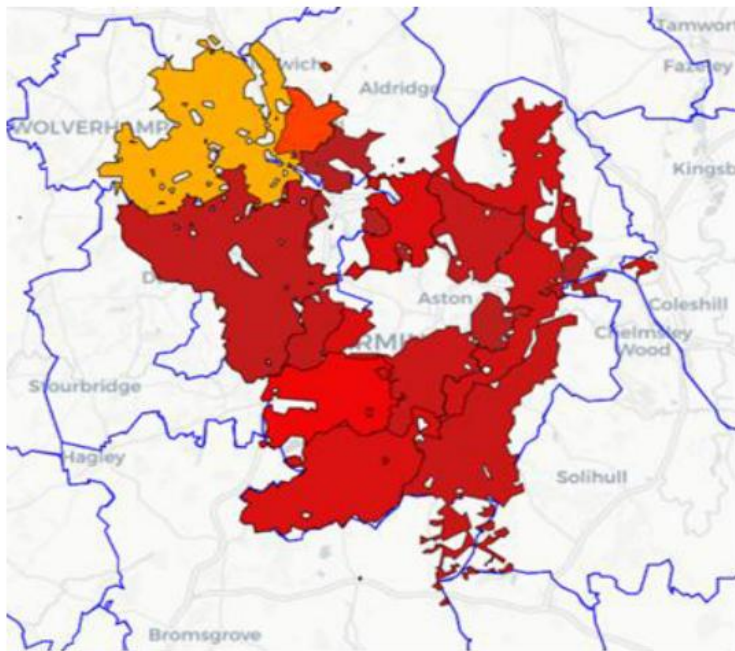
Ward	Prior week (6 th to 12 th November 2021)		Most recent week (13 th to 19 th November 2021)		Change between last two weeks		
	Cases	Rate	Cases	Rate	%	Absolute difference *	
Sutton Roughley	65	563.7	82	711.1	26%	147.4	↑
Sutton Four Oaks	49	537.8	61	669.5	24%	131.7	↑
Sutton Reddicap	35	353.7	66	666.9	89%	313.2	↑
Sutton Vesey	77	394.6	127	650.8	65%	256.2	↑
Sutton Trinity	33	355.9	56	603.9	70%	248.0	↑
Sutton Walmley & Minworth	66	417.6	92	582.1	39%	164.5	↑
Sutton Mere Green	42	428.3	51	520.1	21%	91.8	↑
Brandwood & King's Heath	87	470.3	95	513.5	9%	43.2	↑
Sutton Wylde Green	49	573.0	43	502.8	-12%	-70.2	↓
Longbridge & West Heath	88	439.6	99	494.5	13%	54.9	↑

ONS Coronavirus (COVID-19) Infection Survey, up to 13th November 2021

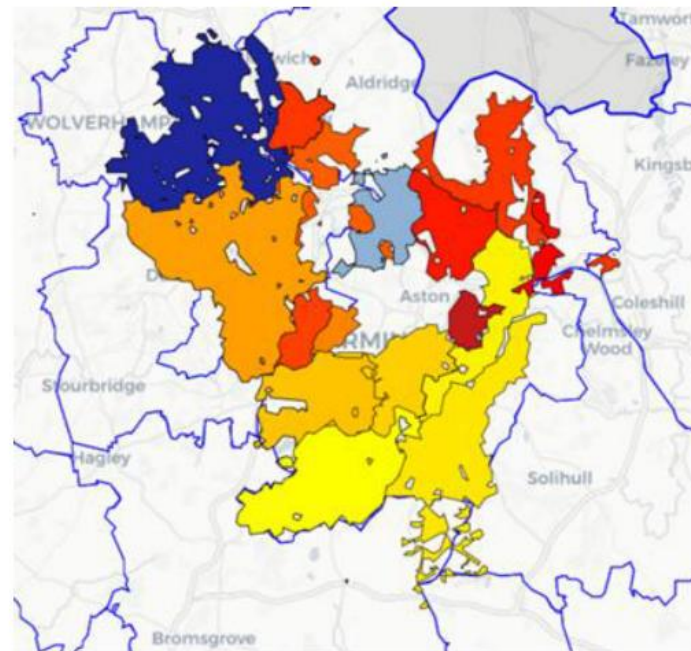


- The ONS infection survey estimates the % of the West Midlands adult population who were COVID positive on 13th November was 1.70%, a decrease compared to the previous week's estimate of 1.85%.
- In the 7 days up to 13th November, the percentage of people testing positive decreased in school Years 7 to 11, school Year 12 to those aged 24 years, ages 35-49 years and ages 70+. The trend was uncertain for ages 2 years to school Year 6, ages 25-34 years and ages 50-69 years.
- The percentage testing positive remained highest in school Years 7 to 11.
- ONS are not currently calculating sub regional estimates due to reduced estimate accuracy from low prevalence.

NHS WASTEWATER SARS-COV-2 Report 7th November to 13th November 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 Birmingham and in the UK.
- Delta Variant sub-lineage known as Delta A.Y 4.2 is under investigation (VUI) and is officially known as VUI-21OCT-01 .
- VUI-21OCT-01 accounts for about 6% of all Delta cases and continues to increase in prevalence slowly in England.
- There are now 44,812 cases reported in the UK and 822 cases in Birmingham.
- The full impact of this variant is not yet known. The UK Health Security Agency (UKHSA) suggests that there is no strong evidence of a difference in risk of hospitalisation or death between VUI-21OCT-01 and the original Delta variant.
- The REACT study suggests that people who receive a booster or a third shot are on average around two thirds less likely to be infected compared to those who have had 2 doses of the vaccine.

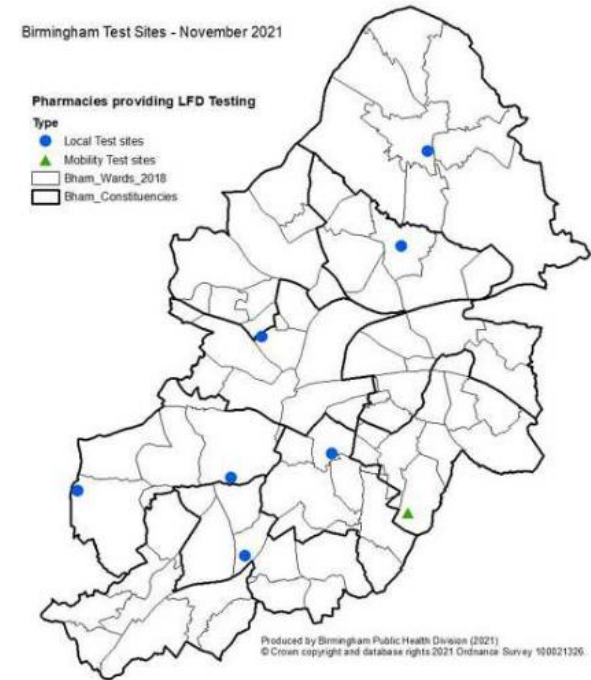
Testing



PCR Test Locations

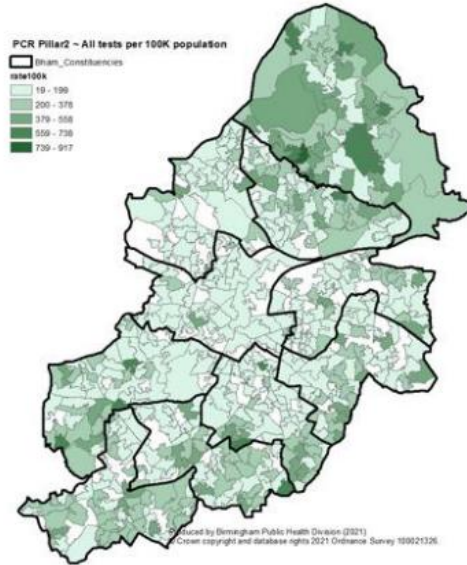
- There are currently 2 active drive-in mobile testing unit (MTU) sites:
 - Fox Hollies Leisure Centre, B27 7NS
- There are currently 7 active walk-in local testing sites (LTS):
 - Seven Capital, Orphanage Road, B24 9HX (Closes mid-December)
 - 60 Villa Street, B19 2XS
 - Lifford House Car Park, Stirchley, B30 3BN
 - South Parade Car Park, Sutton Coldfield, B72 1ST
 - Birmingham University South Gate Car Park, B15 2TU
 - Woodgate Valley Park, B32 3QT
 - Alfred Road Car Park – B11 4PB

Covid-19 PCR Testing Locations

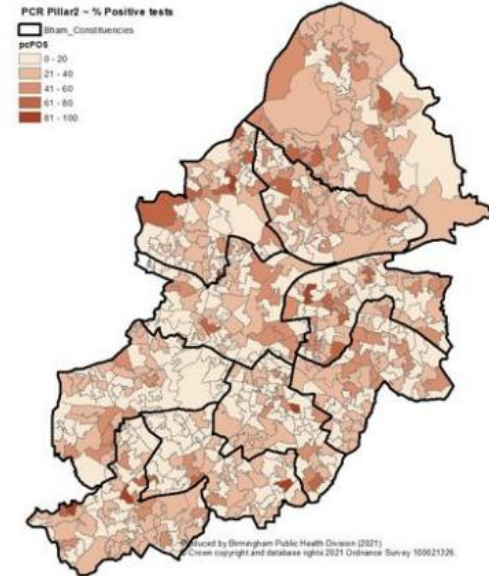


PCR Testing (Pillar 2) by LSOA: 7 days up to 21st November 2021

PCR Tests per
100k (rate)

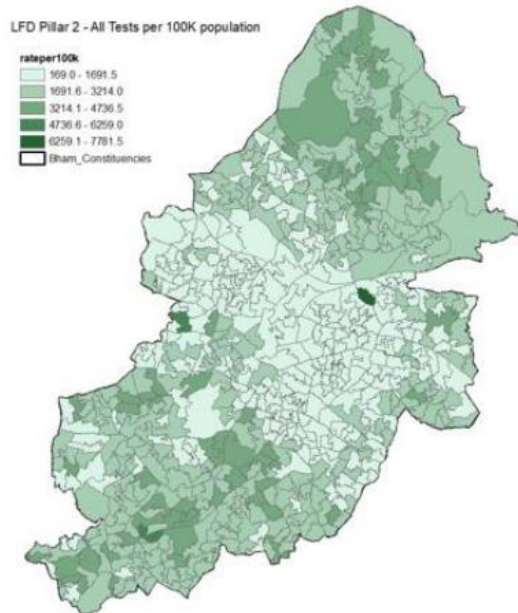


PCR
positivity
(%)



LFD Testing (Pillar 2) by LSOA: 7 days up to 21st November 2021

LFD Tests per 100k (rate)



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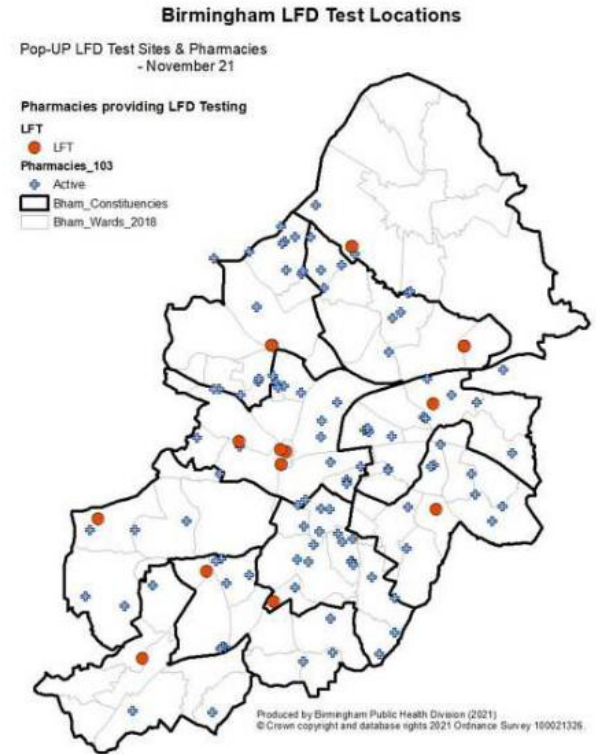
LFD positivity (%)



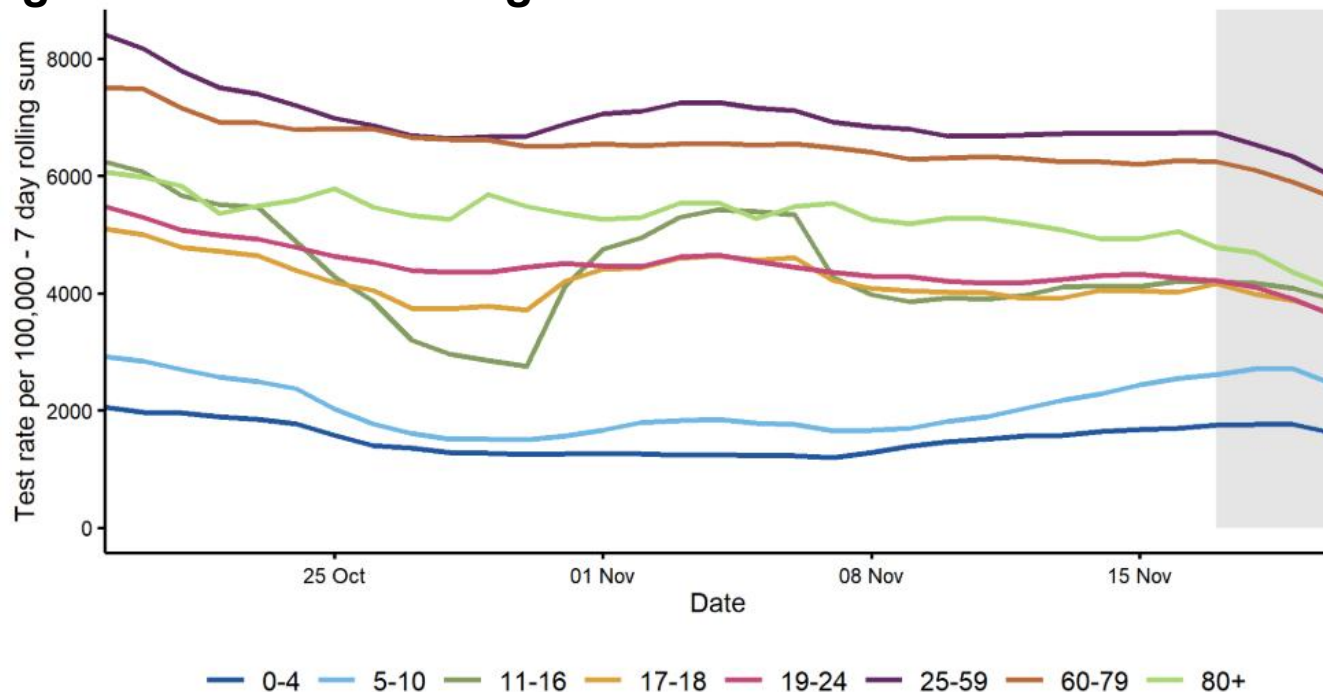
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Lateral Flow Test Locations

- A national initiative to support home testing is in place.
- LFD testing and the Community Collect initiative is available throughout a network of community pharmacies in Birmingham.
- There are a total of 103 pharmacy community testing sites currently live.
- A series of pop-up collection sites are operating around Birmingham to increase the reach of distribution.
- All collection points (pharmacy and BCC run) can be found here - <https://maps.test-and-trace.nhs.uk/>



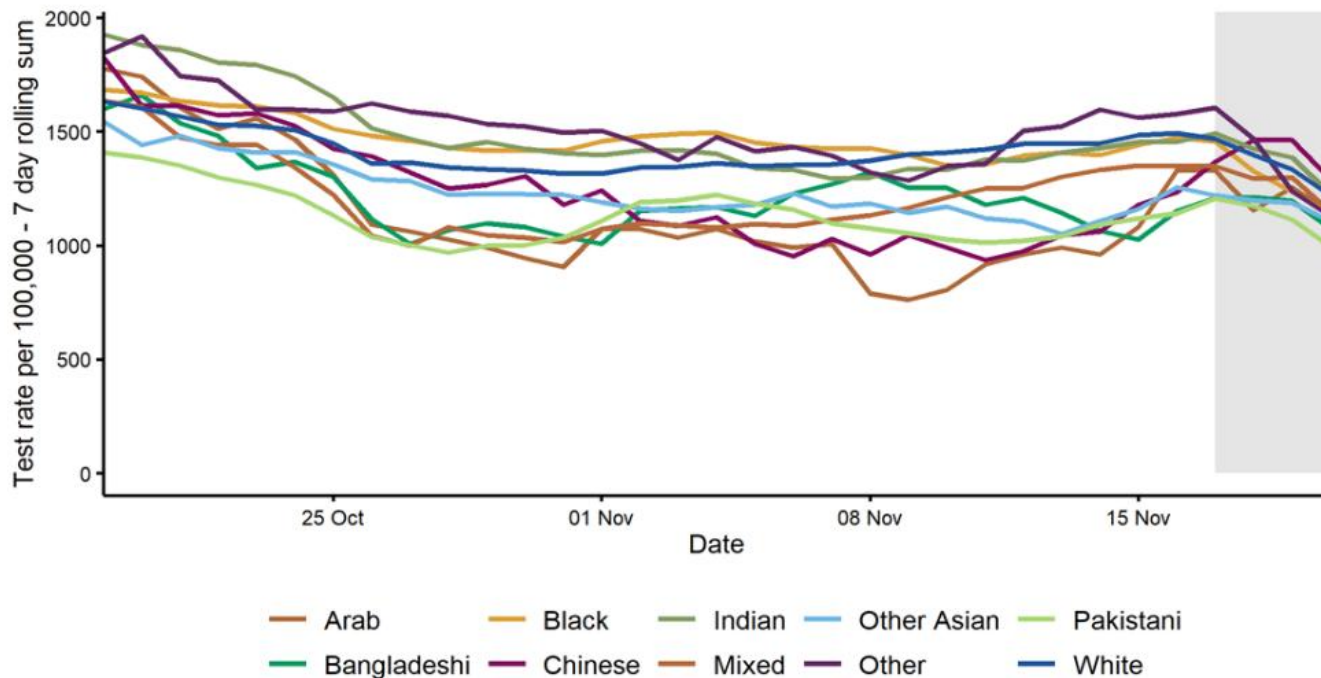
Age-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Residents of Birmingham: 19th October to 21st November 2021



Excluding 798 tests with missing age data.

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

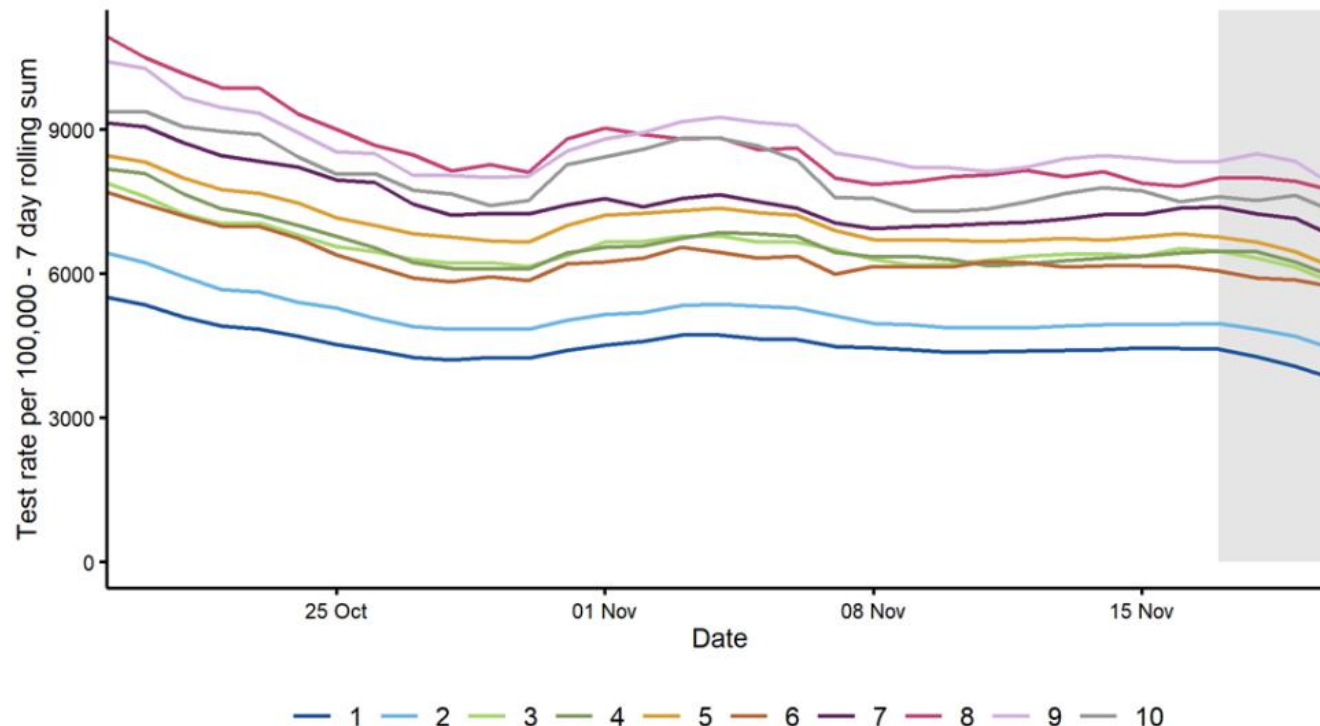
Ethnicity-Specific 7-Day Rolling Pillar 2 Test Rates per 100,000 Population Among Birmingham Residents: 19th October to 21st November 2021



Excluding 174166 pillar 2 tests with missing ethnicity data.

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

Index of Multiple Deprivation-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Birmingham Residents: 19th October to 21st November 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.

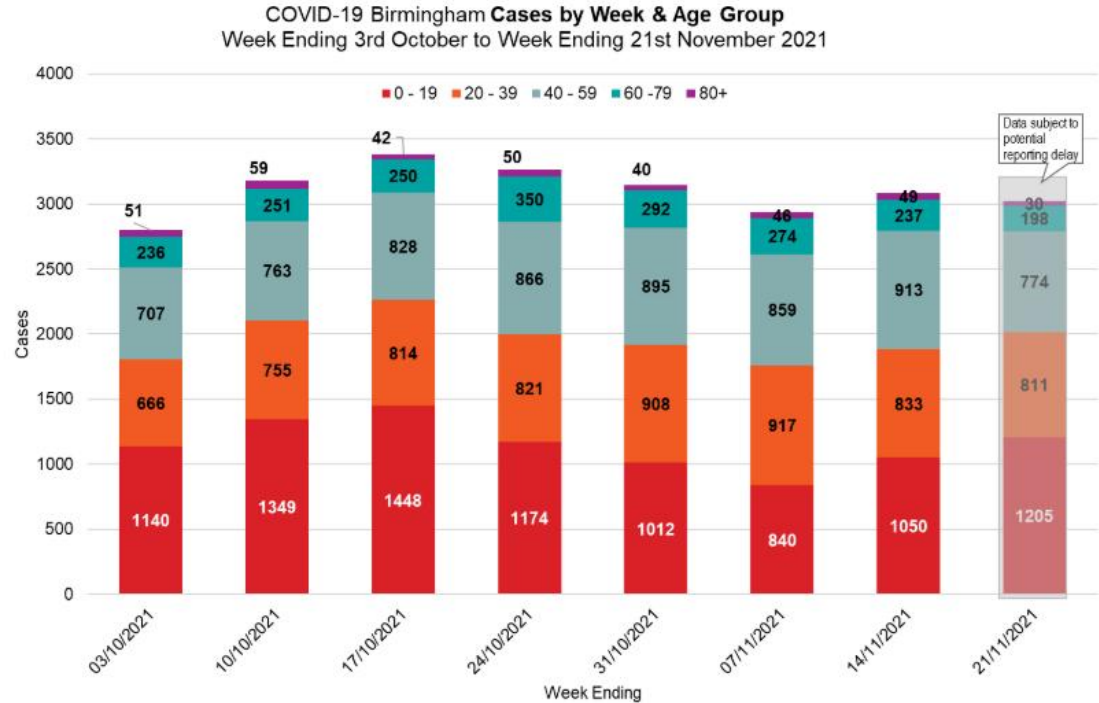
The 4 most recent days are provisional – indicated by a grey background

Case Demographics



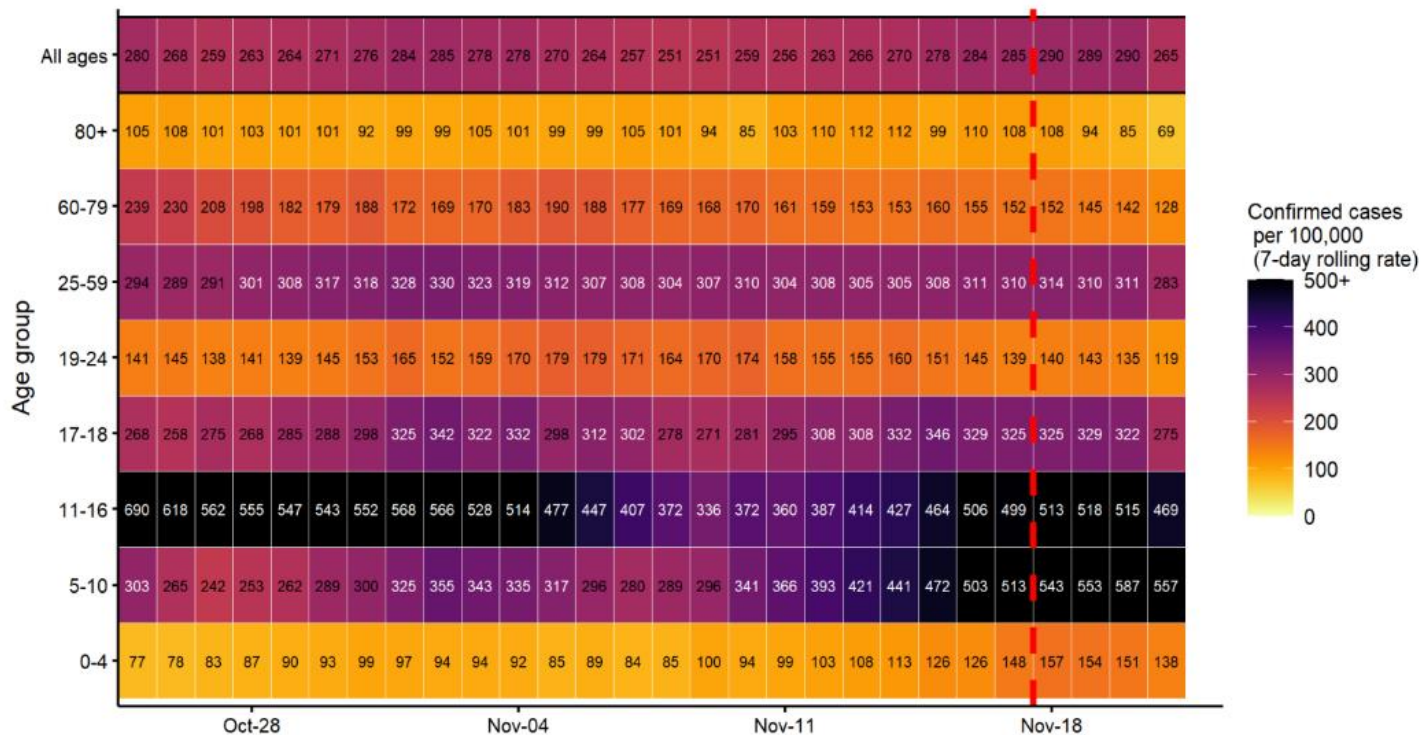
Cases by Week & Age Group

- The overall number of cases has fallen by 2.1%, from 3082 to 3018 cases in the current week ending 21 November.
- Currently the group with the lowest number of cases is the over 80s with 30 cases.
- The 0 – 19 age group has the largest number of cases (1,205), a 14.8% increase from the previous week



Cases for week ending 21st November 2021 are likely to be under-estimated due to time lags in reporting.

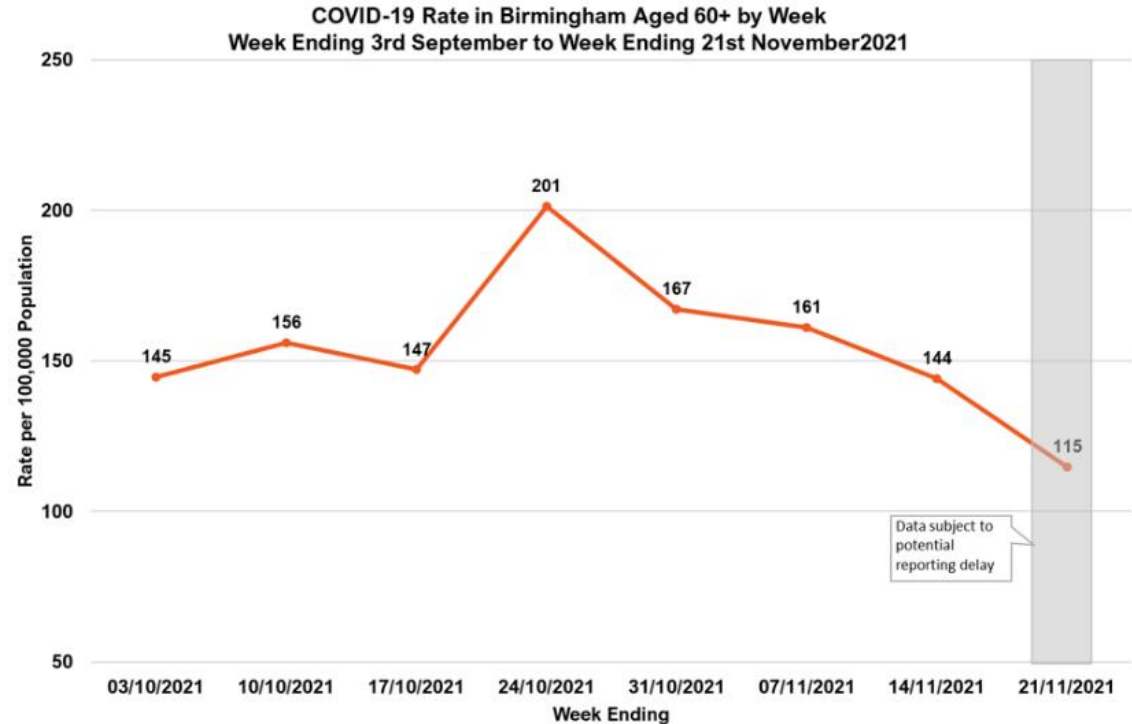
Age-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 25th October to 21st November 2021



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

Case Rate in Population aged 60+ years

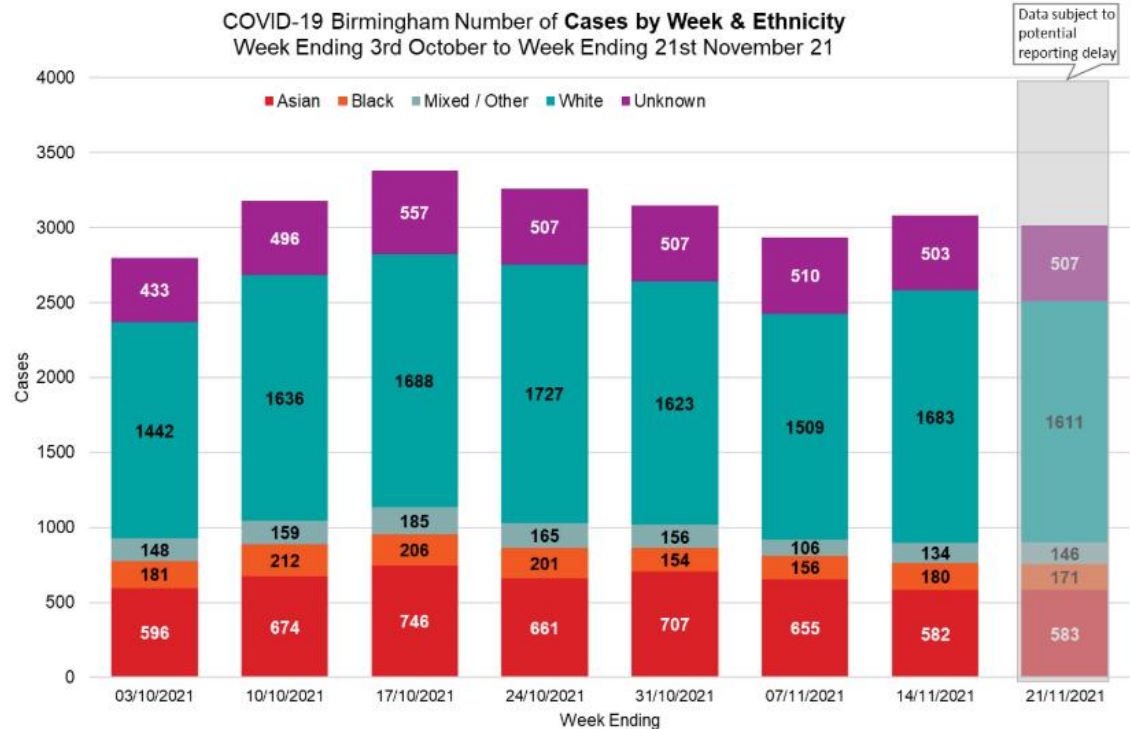
- The last 4 weeks have seen a steady decrease in rates in the over - 60s.
- In the last 7 days, case rates in this age group were down 20%, from 144.0/100K to 115.0/100K, compared to the previous week ending 14th November 2021.
- The largest decrease is in the over 80s age group. Case rates fell 38.8% to 68.7/100K compared to 112.3/100K in the previous week.



Cases for week ending 21st Nov 2021 are likely to be under-estimated due to time lags in reporting.

Cases by Week & Ethnicity

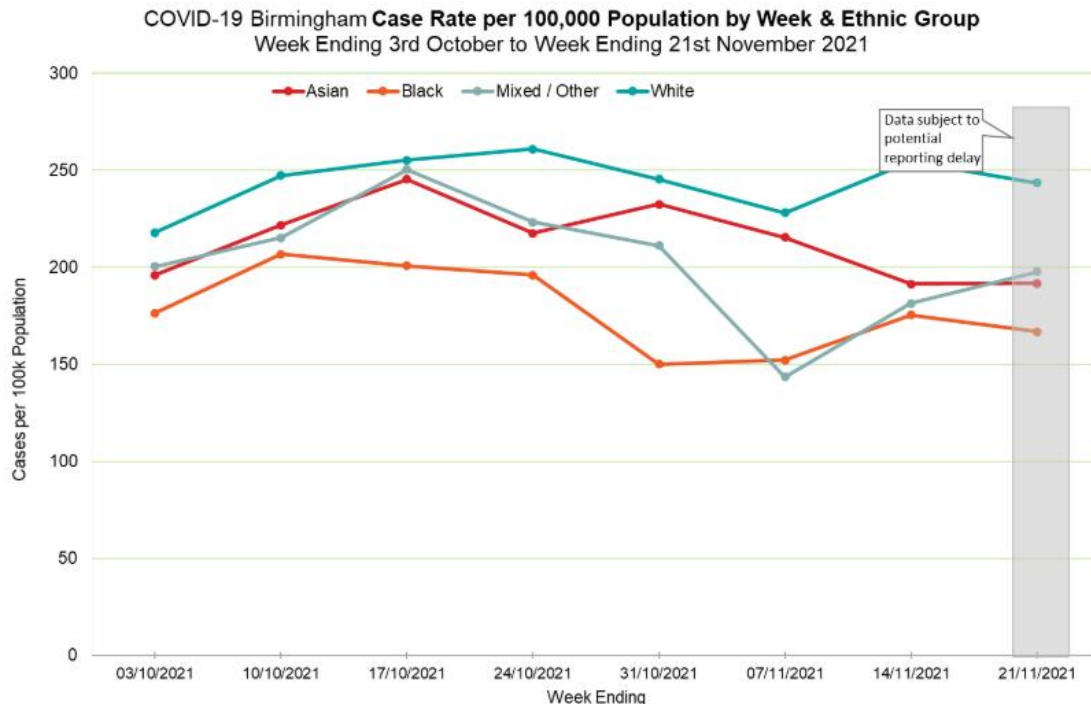
- Most of the cases are in the White ethnic group. However, cases fell by 4.3% to 1,611 in the week ending 21st November compared to the previous week.
- The largest decline has been in the Black ethnic group – a 5% fall to 171 cases in week ending 21 November, compared to 180 cases the previous week.
- The Mixed/Other ethnic group has the lowest number of cases (146) this week.



Cases for week ending 21st November 2021 are likely to be under-estimated due to time lags in reporting.

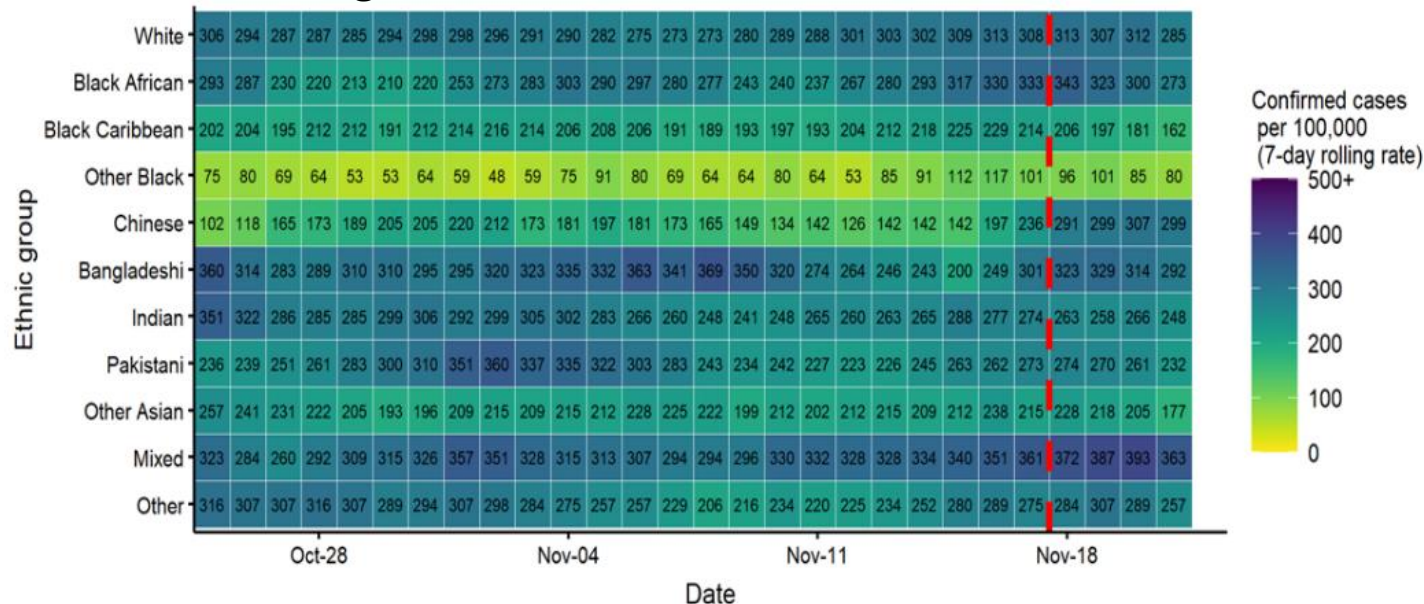
Case Rate by Ethnicity

- Trends over the last 8 weeks indicate case rates are predominantly lowest in the Black ethnic group (167/100K) compared to other ethnic groups.
- Case rates remain highest in White ethnic group, although the rates fell to 244/100K population in the week-ending 21st November.



Cases for week ending 21st November 2021 are likely to be under-estimated due to time lags in reporting.

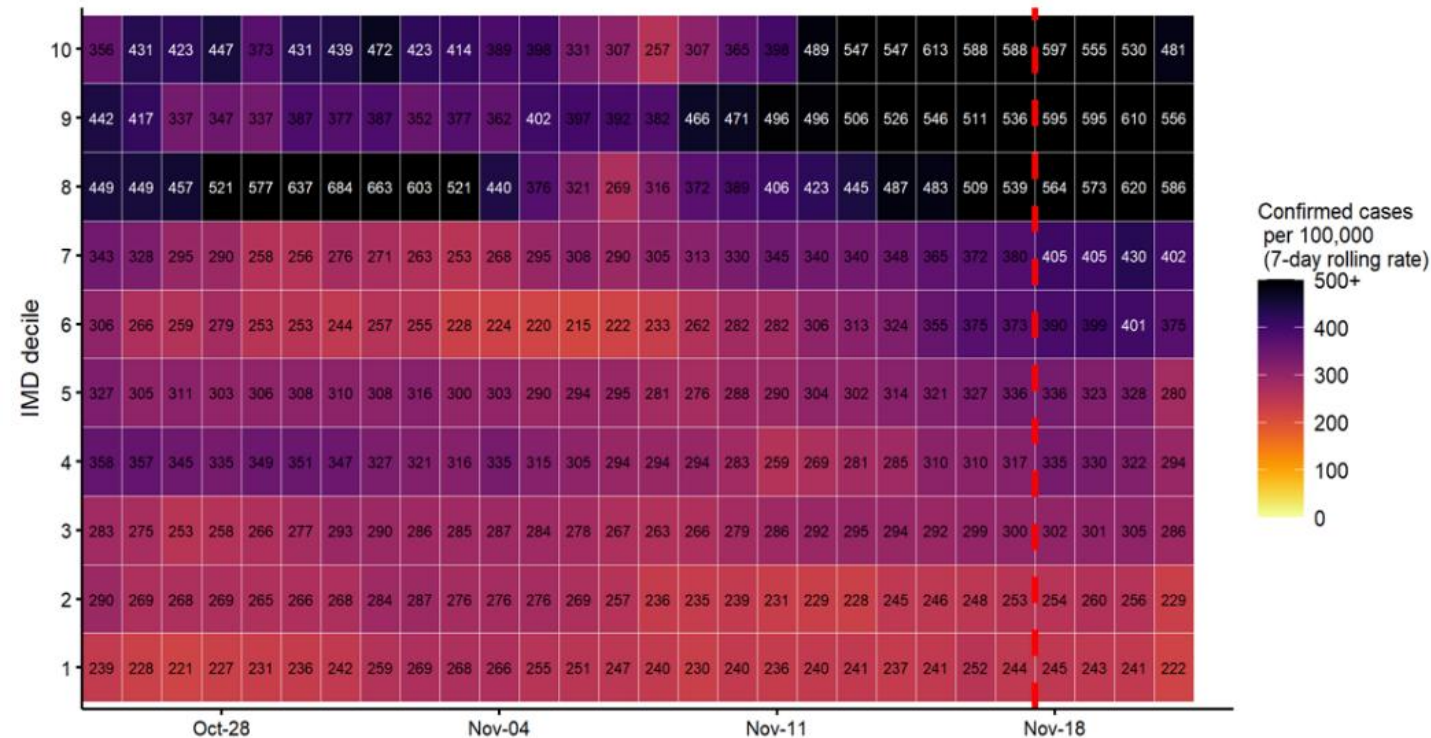
Ethnicity-Specific 7-day Rolling Case Rates per 100,000 Population in Birmingham: 25th October to 21st November 2021



Excluding 3.3% 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 data are provisional.

Index of Multiple Deprivation-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 25th October to 21st November 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 data are provisional.

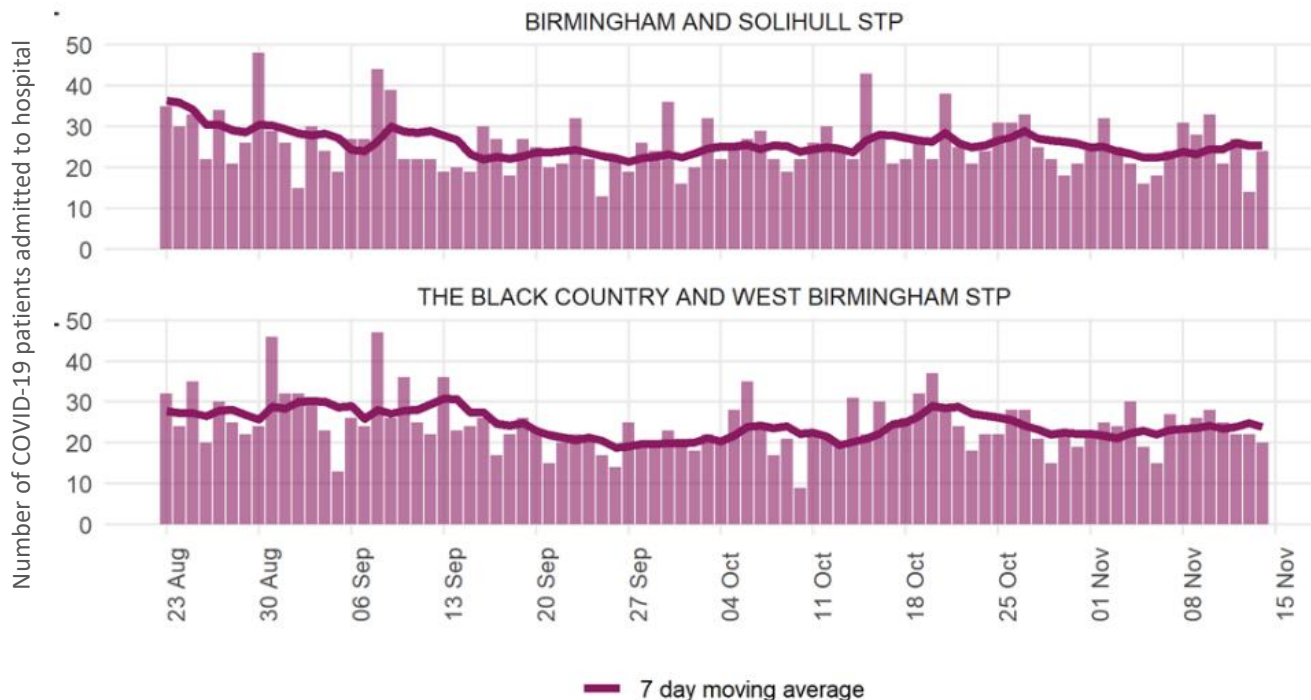
NHS Situations



Hospital Metrics Data

Hospital Trust	C-19 daily admissions 14/11	Hospital in- patients 16/11	Patients in Mechanical ventilation 16/11
University Hospitals Birmingham NHS Foundation Trust	20	150	26
Sandwell & West Birmingham Hospitals NHS Trust	3	54	10
Birmingham Community Healthcare NHS Foundation Trust	3	4	0
Birmingham Women's & Children's NHS Foundation Trust	0	2	1
Birmingham & Solihull Mental Health NHS Foundation Trust	1	12	0

Daily number of COVID-19 patients admitted to hospital in the Sustainability & Transformation Partnerships (STPs) associated with Birmingham, 23rd August to 14th November 2021



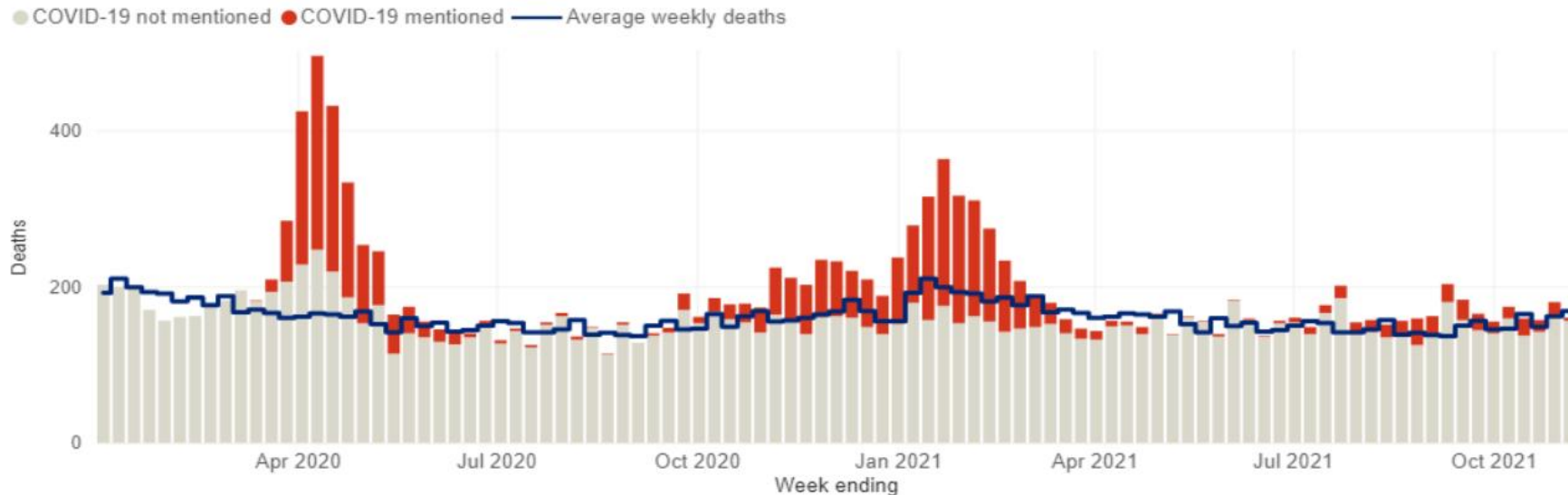
Deaths



Death Data

- Recent deaths where death occurred within 28 days of a positive Covid-19 test for the week ending 21st November reported **10 deaths**, equivalent to a death rate of **0.9/100k** population.
- More accurate data based on COVID-19 being mentioned on the death certificate is more historical. The most recent week reported is for week ending 5th November, which reported **10 deaths** registered in Birmingham. Of which, 9 occurred in hospital and 1 at home.

Excess Death: All Deaths up to 5th November

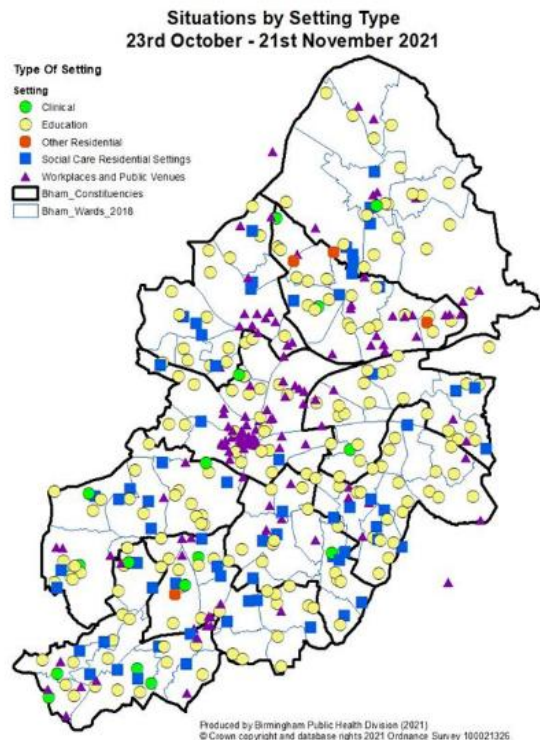


COVID-19 deaths have increased over the last 12 weeks, and deaths from all causes have been consistently above the 5 year average during this period. There have been no excess deaths (deaths above the 5 year average) in Birmingham in the last reported week.

Situations



Confirmed Situations in Birmingham: Last Month & Last 7 days



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

Type of Situation 15th - 21st November 2021

Outbreak Cluster Exposure



22



-61



4



-23



16



-54

A total of 42 Situations were reported in the week ending 21 November 2021 comprising:

- 22 Outbreaks,
- 4 Clusters,
- 16 Exposures.

Education Settings - 23 situations were reported

Social Care and Residential Settings - 11 situations were reported

Workplace and Public venues Settings - 8 situations were reported

There were no situations in both Clinical and other Residential settings

Weekly Situation

15th November – 21st November 2021

- The HPR Team updated 296 notifications on the App during the week 15th– 21st November. Of these, there were 42 current situations.
- Education notifications were 200 of which 23 are current situations. There were 19 outbreaks, of which 19 had 10 or more cases. There were also 2 clusters.
- Clinical, Residential & Adult Social Care notifications were 52 of which 11 are current situations. There were 3 outbreaks, of which 2 had 10 or more cases. There were also 2 clusters.
- Workplace & Public Venue notifications were 44 of which 8 were current situations and there were no clusters or outbreaks.

Common Exposure Events Reported by Cases Resident in Birmingham

Number & percentage of weekly exposures by setting: 12th September to 20th November 2021

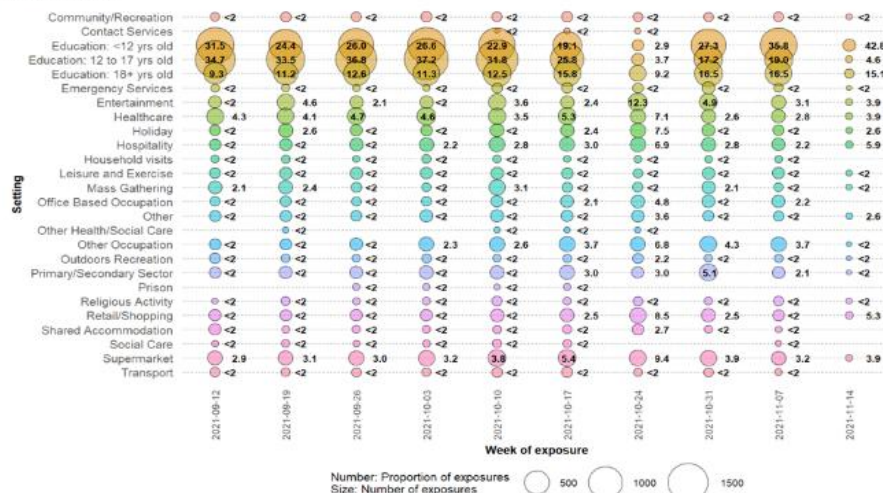
Number and proportion of cases reporting backwards events that have common exposures by week of symptom onset

Produced 2021-11-21 with data up to prior day.

Number of cases reporting common exposures* (Proportion out of cases reporting backwards events)**	1258 (72.2)	1359 (72.1)	1228 (71.9)	1450 (72.5)	1606 (73.9)	1465 (72.4)	1156 (65.6)	886 (60.1)	1273 (68.4)	771 (67.7)
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Number (size of circle) and proportion (number) of common exposure events by setting and by week of event

Produced 2021-11-21 with data up to prior day.



Data is grouped by 7 day period. The most recent 14 days may not have complete data yet.
Only backwards events reported by cases that have completed enhanced contact tracing and have a valid postcode are included.
Common exposures are defined as specific venues visited by at least 2 cases during their symptomatic period (2-7 days prior to onset) on the same day or up to 7 days prior.
Number inside bracket: Number of cases reporting common exposure events, by onset date or specimen date if unavailable.
**Number inside bracket: Proportion of cases reporting common exposure events, out of cases reporting backwards events, by onset date or specimen date if unavailable.

- Over the last week, the most common exposures occurred in the **<12 years old** (42.8) settings, followed by the **Education 18+ years old** (15.1) settings. However the **Education 12 to 17 years old** decreased significantly (19.0 to 4.6). The data source has informed us that this may not be complete data.

- Hospitality (5.9)** and **Retail / Shopping (5.3)** are the only other significant levels of common exposure.
- 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

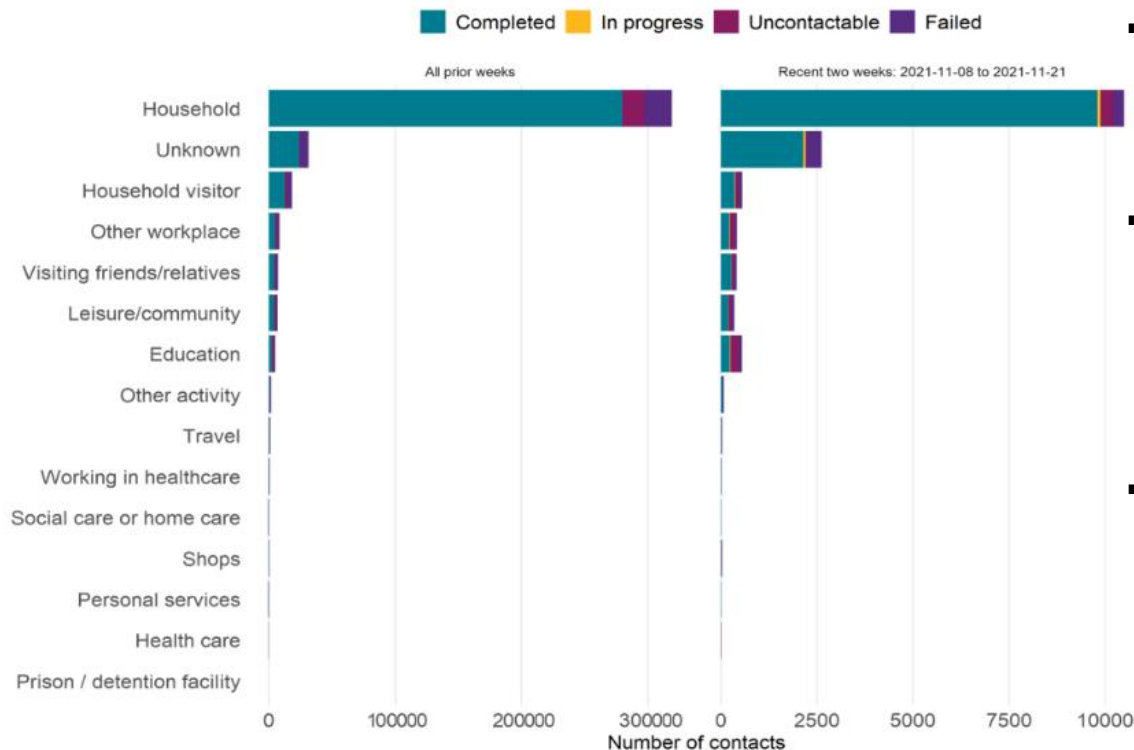
Service Highlights

- Contact Tracing Service now **covers all Birmingham wards in LTP and 14 wards in Local-4** and is currently **operating in Hybrid 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. 4 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

Latest Updates

- **Case Tracing:** We are in the process of moving to the new PowerApps solution and as a result detailed stats will be unavailable. The primary reason for this is we have now reached a hard limit on the number of records within a Sharepoint List. Based on the raw cases downloaded we handled 1046 cases for the previous 7 days.
- **Welfare Support:** For the **previous 7 days we handled 351 support cases** vs 298 in the previous week.
- At present we estimate **we would require 21 agents case tracing every day to return to the full Local-4 model**. In total we currently have 19 agents with approx. 12 on each day.
- The new Power Apps case tracing solution due to go live on Monday 22nd November is delayed due to problems with upload.

Test & Trace Contacts by Exposure/Activity Setting & Current Outcome: 28th May 2020 to 21st November 2021



- Over the past 2 weeks, the most common exposure/activity setting has been the **Household**, followed by the **Unknown Category**.
- An increase in the **Household** and **Unknown** categories has been observed in the last two weeks. The 'Unknown category' is where data on exposure/activity setting were not provided.
- In the past two weeks, over 13,400 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



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

Digital Engagement: October 2021



Communication Channels

Sharing useful contents using tools such as community videos promoting personal responsibility since 'COVID-19 is not over', featuring key stakeholders across the city in education, champions, businesses, faith and ethnic groups.

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

Thursday 21st October - The Cabinet Office & UKHSA, Keeping Communities Safe During Winter webinar

Thursday 21st October - NHSE webinar, Targeting the Evergreen COVID-19 vaccine offer to our community groups

Tuesday 26th October – BBC WM interview about update on covid and vaccination up-take.

Emails & Newsletters: Vaccines offer to various age groups, locations/sites for vaccine access, Birmingham vaccine survey, vaccine toolkit, testing, new guidance and isolation rules, long COVID-19, request for targeted campaign for pregnant women and young people, and request for additional measures above current government guidance, for residents to be protected from Covid-19.

Verbal: Word of mouth communication via communities about 'COVID-19 is not over', personal responsibility, 16-17, 18+ vaccination, 12-15 years and booster doses. testing, new isolation rules and support for education settings reopening after half term in October.

Digital Engagement: March to October 2021



Social Media – Healthy Brum

March 1st – 30th October



Instagram

Reach – 38k

Impressions – 40k

Facebook

Post reach – 84k

Engagement – 1.2k

Twitter

Post engagements – 2.4k

Post traffic (clicks) – 21k

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
- Reviewing content to ensure all guidance is up to date

Partner Website Updates

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

Social media Key messages

COVID-19 Risks and Safety Tips

- Testing (LFD, PCR)
- Promotion of safer behaviours outlined in Autumn-Winter plan
- Bonfire Night, Diwali, Birmingham Frankfurt Christmas Markets

Vaccination

COVID-19 safety, pregnancy, mandatory care home staff, 12-15 years, 16-17 years, flu vaccine, [eligible booster jab groups website](#)

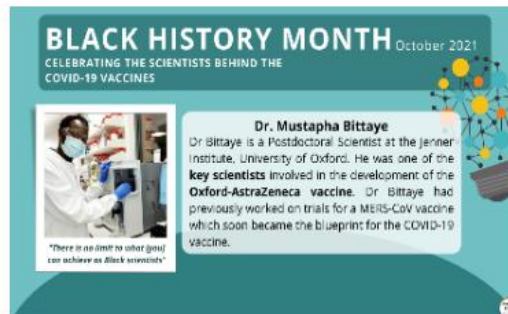
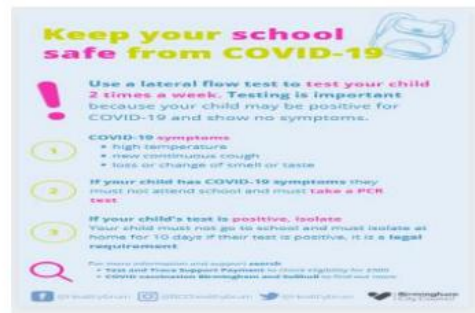
Wider Public Health Topics:

Mental health, Creating a bolder healthier city

Communication and Engagement updates October 2021



A selection of some of the content we have published



Finalists for Birmingham Awards for Community Champion and Lockdown Hero

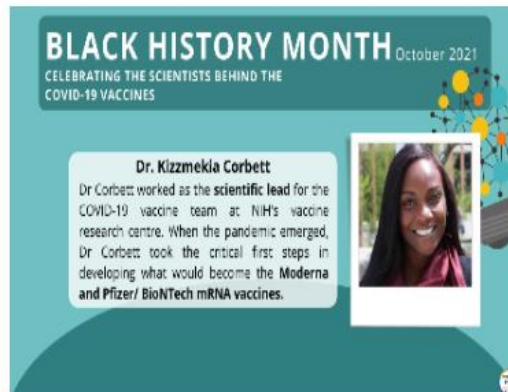
Champions Corner

We are delighted to hear that our very own Dr. Justin Varney and Community Champion Kate Gordon have both been nominated and are finalists at the prestigious Birmingham Awards.

The awards are described as a unique opportunity to highlight and recognise the ongoing contributions of its local citizens.

Dr. Justin Varney, Director of Public Health for Birmingham City Council, has been nominated in the Lockdown Hero category, while Kate Gordon, Senior Care Officer at the Chinese Community Centre, is up for the Community Champion of the Year award.

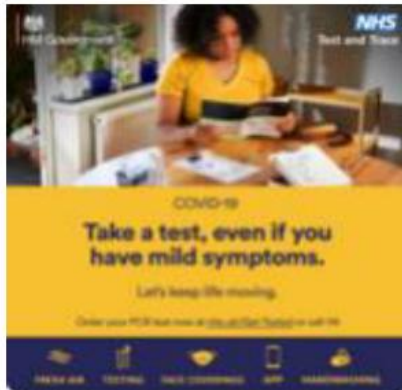
To take part in the voting process, please visit the [awards website here](#).



Communication and Engagement updates October 2021



A selection of some of the content we have published



Community and Partnership engagement



Accessible Content

Accessible to communities of Birmingham.



**Naveed Central content
organised by community
partner BORNE**



**BSL additions by
CommPlus**

Key Messages

Focus on the following topics:

- Children and Young People Vaccines
- COVID-19 Safer Behaviours from Autumn-Winter Plan

Safer behaviours: Bonfire Night



Safer behaviours: Christmas Markets

Community and Partnership engagement



Community Provider Meeting – 28th October 2021

Meeting Purpose

Monthly opportunity to check in with all community providers, convey important updates and highlight best practices from providers to inspire others.

External Presenters




NHS COVID-19 App Team gave a presentation to promote the app and share how the app can support communities. Key summaries and additional resources were shared with providers.

Provider Spotlight



Community provider 'The Bahu Trust' presented their recent engagement activities and highlighted the importance of community working.

Meeting Preview

Key actions



- Continue to use the different features of the NHS COVID-19 app to help us to break the chains of transmission of COVID-19. Follow the app's advice.
- Ensure that you have updated your NHS COVID-19 app to the latest version (check your App or Google Play stores).
- Keep your contact tracing function on. This will let you know if you have come into contact with someone who has since tested positive for coronavirus – do your bit to help stop the spread of the virus.
- Check in to venues wherever you see an official NHS QR code. You can do so by scanning the official NHS QR code or by manually providing your contact details.
- Get tested and anonymously share your positive test result with other app users.



Key Learning

To ensure meetings are engaging for providers we have decided to move these meetings to a bi-monthly basis. This is following the decrease in attendees noted. Only **13/20 providers attended** the most recent meeting.

COVID Champions Programme



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

Coverage of champions across all 69 wards (23/11/21)
820 Community , 87 Youth and 20 Business Champions

Top Topics for discussion
Vaccine safety & booster, anti-viral tablet and covid rates

Want to become a COVID champion? Find out more [here](#)

- Collaboration with champions to obtain feedback about communities via email, webinars & social media with thematic analysis of key themes
- Engagement via fortnightly webinars
- Vaccination Toolkit co-created to support champions and their communities
- Recruitment of new champions and engagement via regular meetings
- Independent review of champions programme complete
- Good representation of people from different faiths and LGBTQ+ communities. Under representation from males, Bangladeshi community, Black Caribbean community, young people and people with disabilities.

Birmingham Covid-19 Champions
~ November 2021



Produced by Birmingham Public Health Division (2021)
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Engagement with Faith Groups

Supporting faith groups with sharing key messages in their settings



- Engage with Birmingham Masjids, Black Led Churches and Interfaith group by hosting fortnightly virtual meetings to share COVID-19 updates.
- Increased awareness about vaccines including safety, boosters, 12-15 vaccine roll out, COVID-19 guidance (safer behaviours), testing and the NHS Covid-19 App.
- 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



Spotlight on local Muslim community event

Public Health and Cllr Hamilton, in partnership with NHSE/I, hosted an engagement event with local mosques on Wednesday 10th November 2021

Aim to explore health inequalities in vaccine uptake and how the community and health practitioners could support the Muslim community to make informed health choices.

Key discussion points

- Rates of vaccine uptake in the Black & Asian community and importance of the vaccination
- Misinformation, covid fatigue and false claims are causing a lot of confusion and hesitation to safer behaviours
- Initial confusion around pregnant women and the vaccine
- A concern that people on the midwifery pathway were not being advised to be vaccinated
- Mistrust of the system overall

Several leaders reported the overwhelming feelings of **COVID Fatigue** in their communities – a lack of willingness to wear facemasks or adhere to social distancing. As a system we need to start understanding our communities better:

- (1) What does COVID fatigue mean to our communities?
- (2) What is causing this feeling?
- (3) What can systems do to support the communities to move past this fatigued feeling?

Next Steps

- **Rapid Polls** have been shared on [social media](#) to understand **COVID fatigue** in communities
- **Beheard survey** to be developed to understand further
- **Further engagement with communities through regular contacts with communities**
- **Results of Covid fatigue poll** to be presented at the **LCOEB**

West Birmingham Engagement Project: July-October 2021



BCWB/BVSC in collaboration with West Birmingham Hesitancy Group

- 11 providers; 15 wards
- 48 groups engaged with
- 2290 individuals engaged
- 334 signposting to vaccination opportunities

What worked well:

- open and honest conversations
- offer information and signposting
- Supporting individuals with appointments
- creative and flexible approaches

What did not work well

- language barriers
- false information
- engaging with NHS staff
- lack of black GPs

Successful tactics:

- Alignment with cultural activities
- Direct assistance with booking/attending vaccinations
- Using free portraiture as a conversation starter
- General wellbeing conversations
- Follow-up calls
- One-to-one engagement and door-knocking
- Addressing fears/concerns
- Provision of printed literature
- Providing meals for the very vulnerable

Further Work in Development



■ Representation

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

■ Reach

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

■ Response

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



Birmingham (Bsol) Vaccine Update

11 November 2021

Winter/Phase 3/Booster Programme

- 23 PCN LVS sites in operation in Birmingham (BSol), carrying out booster doses, as well as maintaining “Evergreen” offer for first and second doses. Some PCN sites are providing additional capacity for healthy 12-15 year olds, as well as capacity on the National Booking System for adults and children
- 18 community pharmacies are live, with a further seven to come onboard following regional sign off
- Vaccination centres – Edgbaston centre closes on 19 November 2021, we are working to add new centres during December 2021. These are due to be confirmed shortly.
- Moderna vaccine is coming into the system w/c 22 November 2021, due to issues with Pfizer supply. Use of Moderna requires site assurance, and programme team are working to ensure that there is enough capacity to manage Moderna supply
- Majority of care home patients have now received a booster vaccination, exceptions include those who have recently had COVID, or who are not yet eligible due to when they received their second dose
- Housebound patients are being vaccinated by BCHC and Primary Care. The expected completion date for this is to be confirmed
- Flu vaccines are being delivered via General Practice, Community Pharmacies and NHS Trusts. Co-administration is taking place where possible, however the principle of not delaying one vaccine for the sake of co-administration is being followed. We are expecting further deliveries of flu vaccine from the central supply, created by NHSE. It is not clear at this stage the quantity of additional vaccine available, and the impact this will have on performance.

Vaccines Overview – what is being delivered

- Anyone aged 12yrs and older for their 1st or 2nd or even 3rd dose if eligible.
- Aged 16-17 3/4 get one dose with no medical problem
- Aged 12-17 3/4 get 2 doses if extremely clinically vulnerable (ECV) or living with someone who is ECV
- All Aged 17 3/4 and older get 2 doses 8 weeks apart
- Certain CEV patients get 3 doses - all 8 weeks apart and then a booster at 6 months (a 3rd vaccine has been recommended and being given by PCNs, working in collaboration to identify patients with secondary care consultants).
- Co-administration with flu vaccines where possible. Flu vaccines delayed across some GP practices by the suppliers.
- School Programme began 27/09/2021 – contract commissioned by NHS E with the school community providers nationally. BCHC/UHB Community providers for Bsol vaccinating 12 – 15 year olds. Capacity added across pillars to support this. Expectation to complete by Christmas 2021.

Vaccination Events to 8 November 2021

	Total Vaccinations To Date	To Date %
Total Vaccinations Administered (BSOL Sites)	1,753,250	
<i>Hospital Hubs*</i>	201,490	11.49%
<i>Local Vaccination Centre</i>	1,211,923	69.12%
<i>Vaccination Centres</i>	339,837	19.38%

Source: FOUNDRY "Vaccinations" Tab, note data relates to vaccines given in BSOL STP sites, to any patient, regardless of resident address or registered GP practice.

**Note that Hospital Hubs data includes SAIS. SAIS figures are potentially inaccurate and are being investigated by Foundry*

Cohort Booster Progress to 7 November 2021

Total Vaccinations Administered (BSOL Residents) as at 1 November 2021	JCVI_Group	Cohort Denominator (w/o. Double Count) *	Eligible for Booster	Booster Eligibility %	Boosters Received	Booster Uptake %
Care Home Residents & Residential Care Workers	1	5,719	4,663	81.54%	2,977	63.84%
80+ & Health and Social Care workers	2	93,900	72,806	77.54%	47,674	65.48%
75 to 79	3	38,266	33,970	88.77%	26,001	76.54%
70 to 74 & CEV	4	72,123	57,761	80.09%	37,051	64.15%
65 to 69	5	47,921	32,328	67.46%	14,420	44.61%
At Risk	6	181,698	39,372	21.67%	12,482	31.70%
60 to 64	7	33,470	6,731	20.11%	3,381	50.23%
55 to 59	8	44,624	6,256	14.02%	3,005	48.03%
50 to 54	9	53,346	6,133	11.50%	2,872	46.83%
40 to 49	10	123,210	0	0.00%	2,521	NA
30 to 39	11	156,803	0	0.00%	1,794	NA
18 to 29	12	185,972	0	0.00%	1,231	NA
12 to 15 At Risk	13	6,168	0	0.00%	0	NA
12-17 Household contacts of immunosuppressed	14	5,888	0	0.00%	0	NA
16 to 17	15	29,666	0	0.00%	14	NA
12 to 15	16	63,831	0	0.00%	59	NA

Actions to improve uptake

- Weekly performance review on all LVS sites, focusing on activity, and follow up with low performing areas
- Focus on care home and housebound delivery – understanding how to progress where roadblocks have been hit
- Progression of actions from Bsol Vaccine Inequalities Board
- System review of workforce bureau and redesign of service to enable effective and efficient deployment, avoiding cancellation of clinics
- Working closely to mitigate any potential risk to uptake due to change in vaccine allocation levels and vaccine type
- Deployment of training and support for use of Moderna, to ensure a smooth transition to use of this vaccine
- Review of local communications strategy to influence patient behaviour, and encourage presentation at vaccination pillars
- Encouraging PCNs to engage with NBS, to widen the ability of patients to access appointments

Flu Vaccination Events to 7 November 2021

	Total Vaccinations To 7 November 2021	To Date %
Total Vaccinations Administered (BSOL Sites)	244,626	
<i>GP VACCINATION EVENTS</i>	179,091	73.21%
<i>PHARMACY VACCINATION EVENTS</i>	50,714	20.73%
<i>TRUST VACCINATION EVENTS</i>	14,714	6.01%
<i>SCHOOL VACCINATION EVENTS</i>	107	0.06%

Living with Covid-19 Strategy Birmingham

November 2021



Introduction



BCC response to Covid-19 Pandemic

- **Emergency Response Framework** - in the initial wave and stood down formally in August 2021
- **Local Outbreak Management Plan** (based on national framework to Covid response) – in summer 2020 and refreshed in spring 2021
- Significant response needed to **Contain and Respond to the spread of Covid-19** in the community (given the high numbers of unvaccinated individuals)
- New- **Living with Covid-19 Strategy**

Analysis of Covid -19 Pandemic

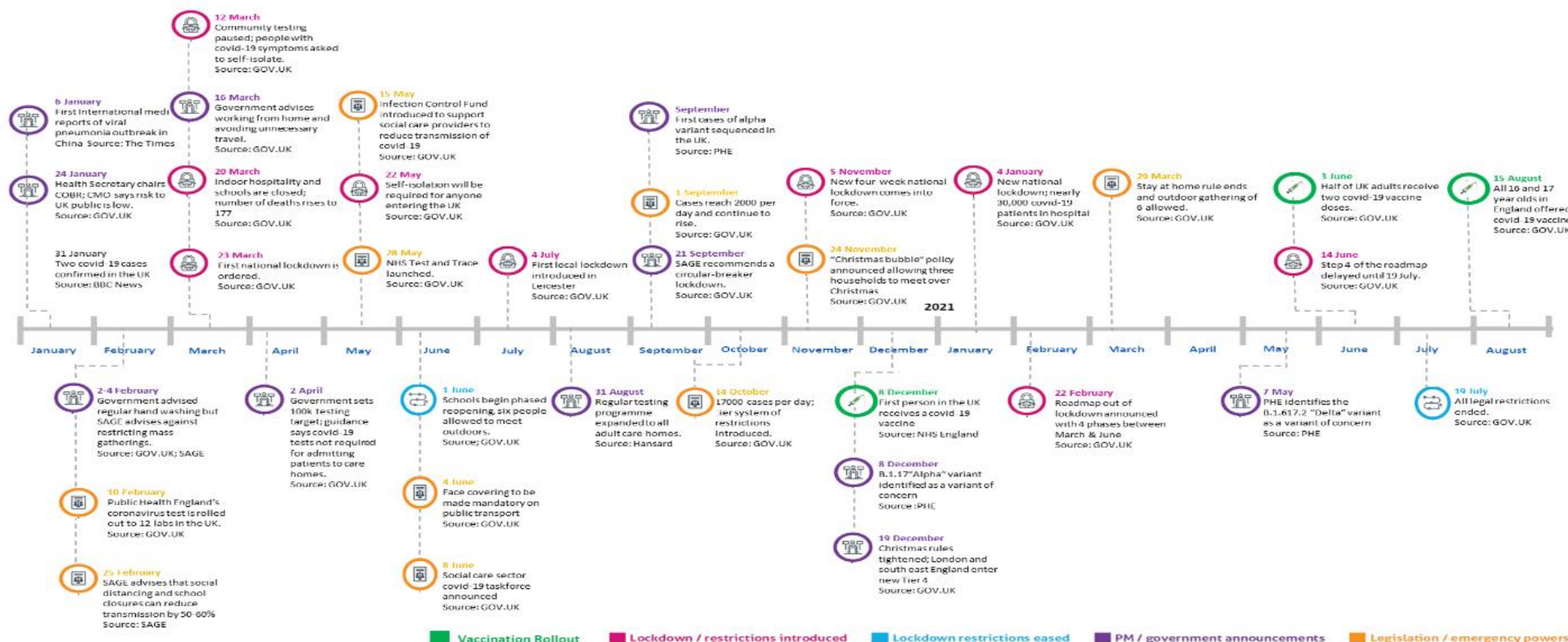
(March 2020 - October 2021)



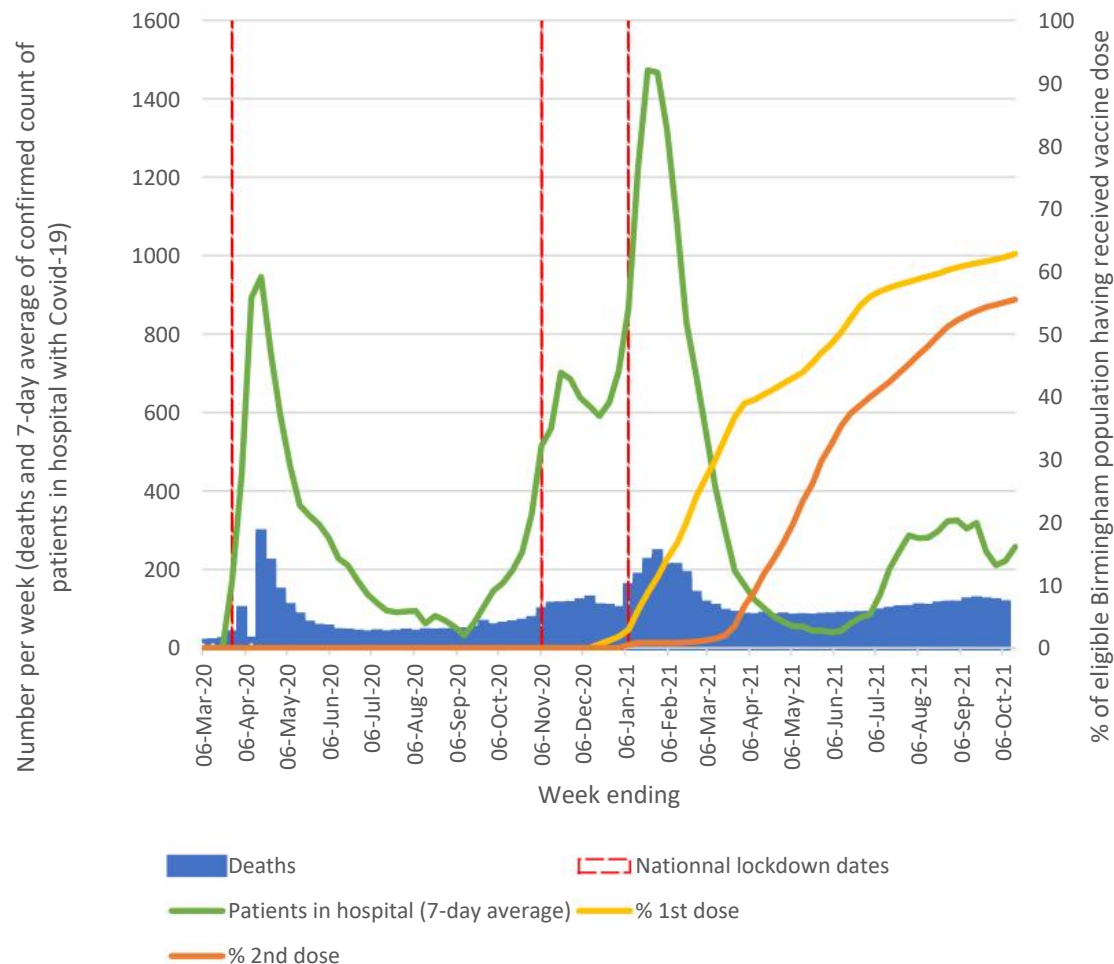
Performance of the COVID Response

Timeline of the Response (adapted from 1,2)

(from 6 Jan 2020 to 15th August- showing key milestones/national events- lockdowns, vaccination roll out, school reopen and the lifting of restrictions)



COVID-19 Hospital Admissions, Weekly Deaths & Vaccine Uptake in Birmingham

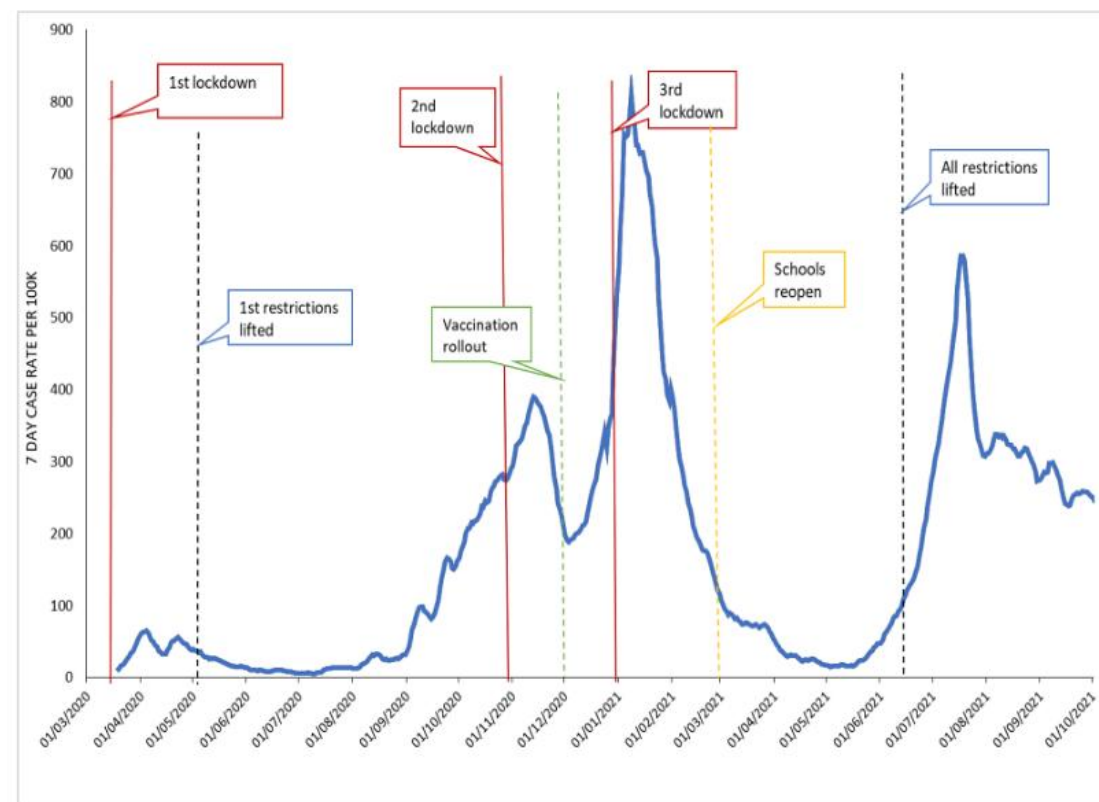


- The **third wave shows significantly more patients in hospital than in the first wave, with deaths equally remaining high** during this period. Lockdown measures were reinstated and Covid-19 **vaccination commenced early December**, with increasing uptake in 2021.
- Approaching spring, the numbers of patients in hospital and deaths had significantly declined, although hospital patient numbers increased again around August 2021, but not to similar levels at the peak of the pandemic. Significantly deaths remained comparably low. Lockdown restrictions was lifted in July.

COVID-19 Case Rate Summary

- COVID-19 case rates peaked Jan/Feb 2021 (highest peak), around the 3rd Lockdown- The rate in Birmingham (811.3/100K) was above the national average (652.3/100K) – around 20% higher
- Following this, case rates dropped significantly between March and July 2021 (mainly because of various interventions)
 - Masks; social distancing; and hand hygiene.
 - National Lockdown continued.
 - Schools reopened but mainly by remote learning
 - Roll-out of vaccination, initially in older age/priority groups, then in other age groups in the population
- Case rates dropped during school holidays, but increased again with school resumption in early September. However, the case rate in Birmingham (298/100K) was lower than for England (347.5/100K) 7th September.

7 Day Case Rates Trend Chart: 1st March 2020 to 1st October 2021

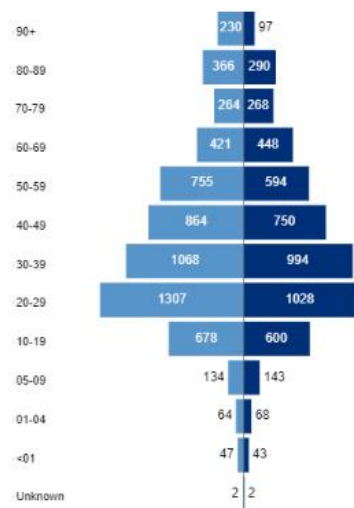


COVID-19 case rates (per 100K) in Birmingham and England		
Key dates (lockdown/schools reopen)	Birmingham	England
04-Apr-20	64.5	35.9
14-Nov-20	389.8	275.2
08-Jan-21	811.3	652.3
18-Jul-21	586.4	511.1
07-Sep-21	298	347.5

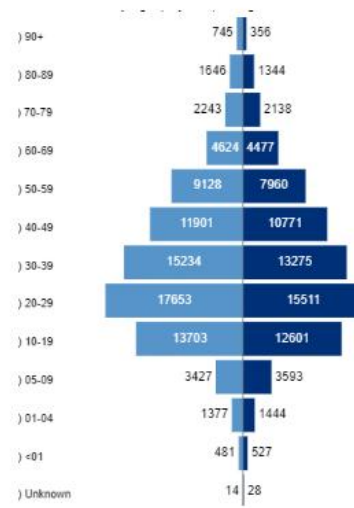
Source: PHE Situational Awareness Explorer; GOV.UK

Age and Gender Trends – Case Rates

- Throughout the pandemic, across all age groups there were **more female cases than males**
- In the **first 9 months** of the pandemic, **the number of cases in the older age groups (65+) were significantly high**
- In the **second 9 months** of the pandemic, **the number of cases increased in all age groups except 80+ age group**
- In the **second half of the pandemic**, there was a **significant rise in cases in children and young adults**, with the **highest in the 20-29 age group**, and cases almost doubling in the latter period
- The 30-49 and 10-19 age groups followed a similar pattern

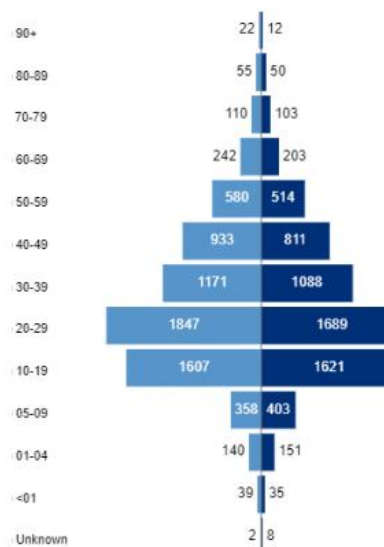


Apr 20-Sep 20

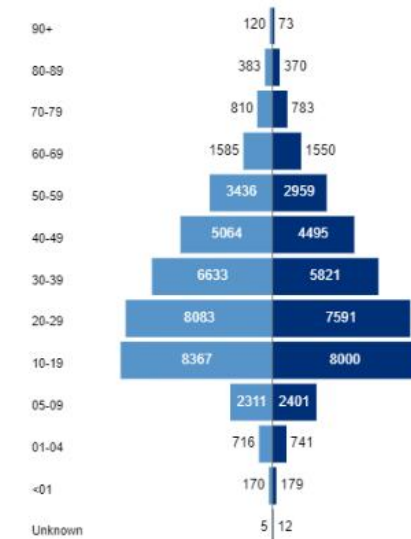


Oct 20-Feb 21

Gender ● Female ● Male



Mar 21-Jun 21

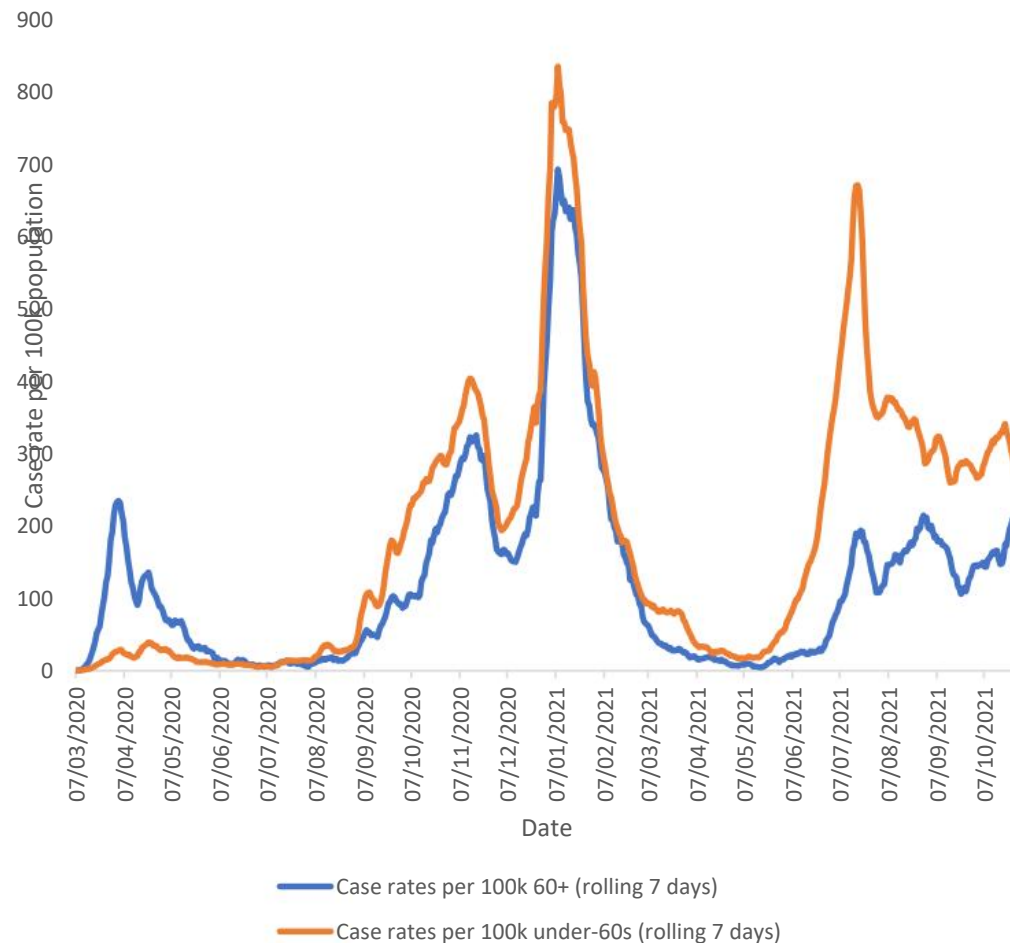


Jul 21- Oct 21

Source: PHE Situational Awareness Explorer

COVID-19 Case rates (per 100k population) in under-60s compared to 60+ trend chart

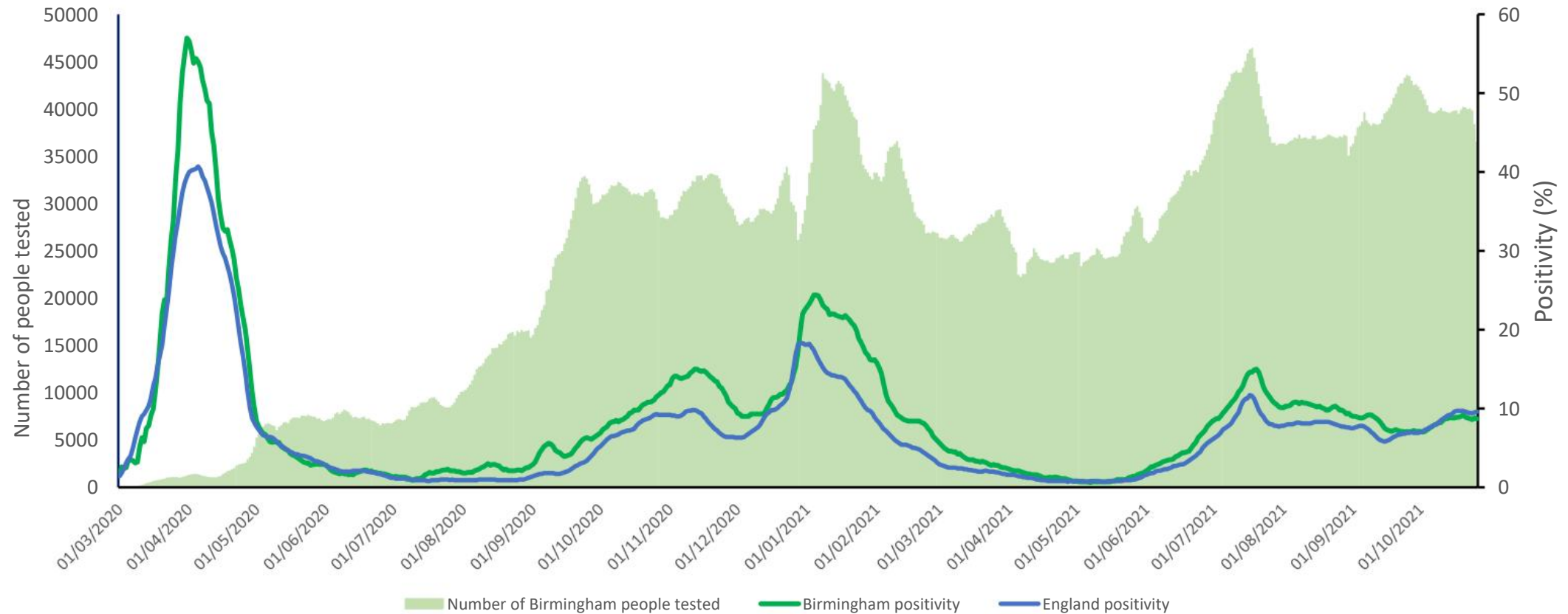
Case rates per 100k population in Birmingham



- The **60+ case rates were higher than other age group** at the beginning of the pandemic and continued to rise, peaked higher than in under-60s, peaking in early April 2020 at 234.7
- **By summer of 2021, rates in the 60+ population had been surpassed by the under-60s.**
- Subsequently the trends for over-60s has been like the under-60s, but at a consistently lower rate.
- The trend continues to demonstrate fluctuations in the case rates over the months.

Source: GOV.UK

PCR Tests (Numbers tested and positivity)

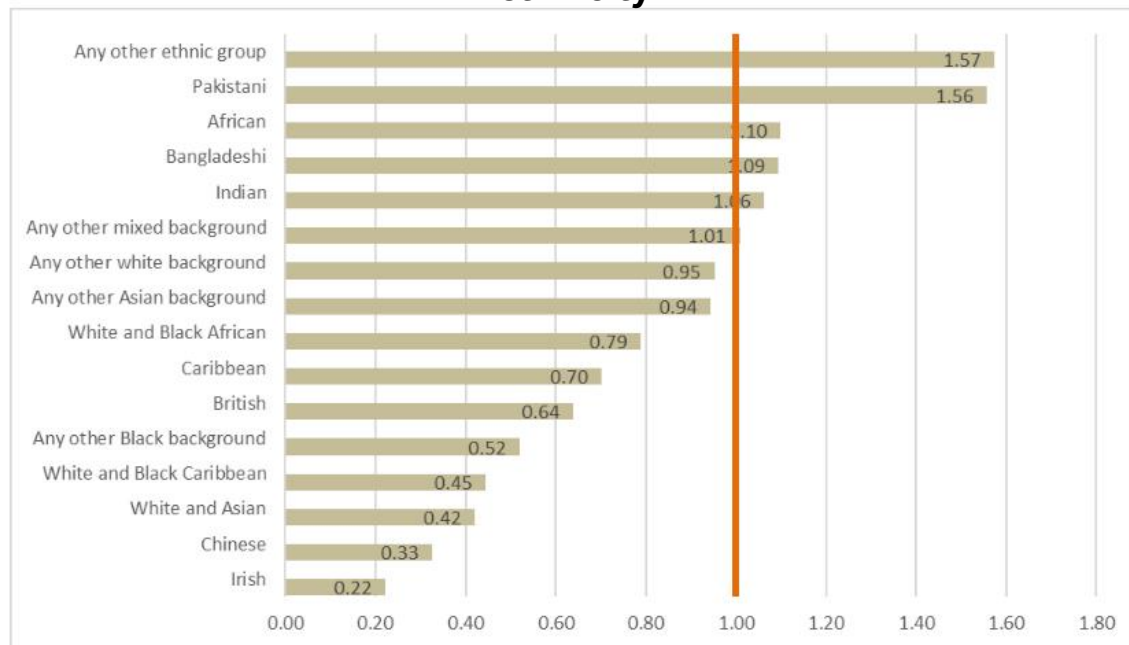


- PCR positivity in Birmingham has been consistently higher than England through most of the pandemic
- With more testing, PCR positivity peaked in November 2020 and also in January 2021 (with positivity between 16-24%)
- Positivity peaked around July at 13.7%, with increasing case rates reported.
- By end of September 2021, positivity was 7.1% and the England rate was slightly higher during this period.

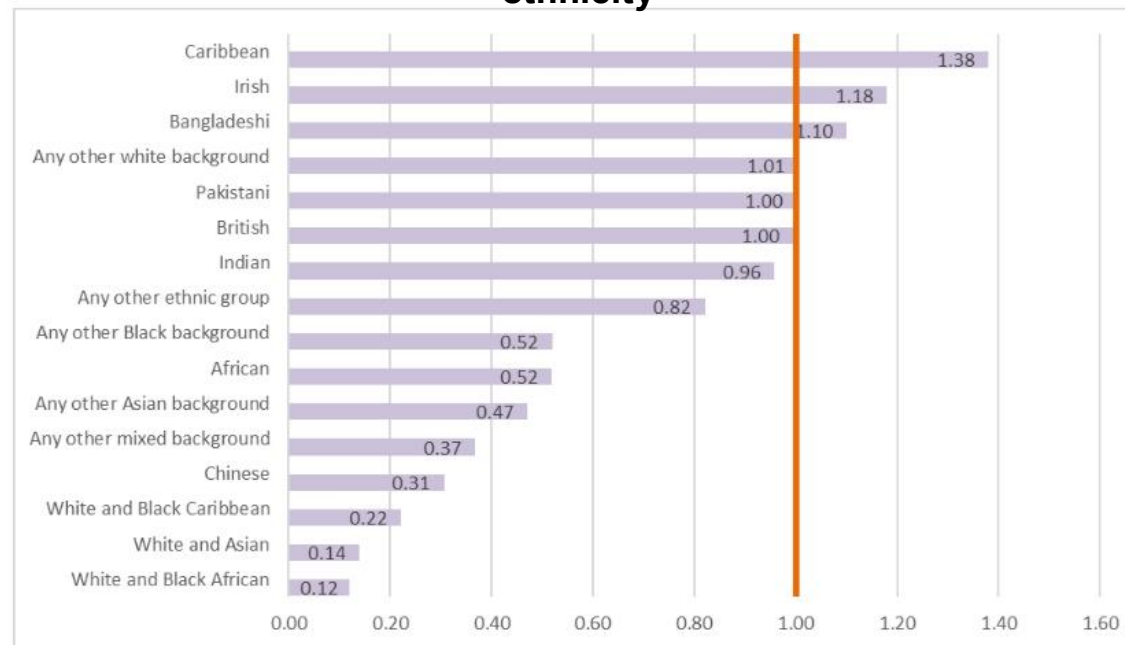
Source: GOV.UK

Covid-19 cases and deaths in Birmingham (by ethnicity)

Relative Risk of covid-19 cases and resident population by ethnicity



Relative Risk of covid-19 deaths and resident population by ethnicity



This chart highlights the disparity between the relative risk of cases and deaths in different ethnic groups. As illustrated above, while some ethnic groups (Caribbean, Irish) had a low relative risk of having COVID for their population, they recorded a higher relative risk of dying from COVID, for example the Irish were about 78% less likely to have COVID, they had about 18% higher relative risk of dying from the disease.

Source: Excess Mortality report, September 2021

Strategies to Live with COVID

(December 2021 – September 2021)



Rationale - Living with Covid-19 Strategy

- The evidence from the emergency phase has further underscored the inequities across Birmingham. The pandemic has **uncovered and aggravated long-term inequalities**, and **the multi-dimensional consequences of the pandemic**
 - Although the number of cases has begun to decrease, the pandemic has not ended
 - Possible Scenarios of evolution of the pandemic will be considered' A key component of the implementation approach is a commitment to adjusting and making decisions in response to new information and changes in context to ensure that lessons from implementation are incorporated to evolving scenarios.
 - Given the variations in outcome and impact, the strategies for living with COVID is necessarily **varied and targeted to the different populations and communities.**
-

Key strands of the Strategies

The key strands of action to live with Covid and minimize illness and death set out in this strategy are:

- Maintain the specialist public health function and response within the Council and within the newly formed UKSHA
- Continue to develop and improve the use of data, intelligence and insight to improve the understanding of inequalities and poor uptake of vaccine and risk reduction interventions.
- Bring a coherent approach to the ongoing support needs of people isolating due to Covid to avoid destitution and reduce the risk of onwards transmission.
- Maintain and evolve community engagement mechanisms into sustainable relationships that address the challenges of 'Covid fatigue' and vaccine hesitancy as well as provide timely intelligence to better understand challenges and issues in our communities.

Further details- Living with Covid -19 Strategy

- Review and develop a new approach to living safely with Covid-19
- Focus primarily on the public health response and will set out clear response to the pandemic in a non-emergency response phase
- Address the mechanisms for strengthening, mutually reinforcing or joint strategies with other agencies.
- Birmingham faces additional challenges in this phase because of its global trade, education base and the international events hosted in the city, including the Commonwealth Games
- Span from 1 December 2021 (Winter) to 30 September 2022 (Autumn), by which time it is anticipated that vaccination both domestically and internationally will be established enough to contain the pandemic.
- Funded through the COMF Funding reserves agreed in the profiling of this ringfenced grant up to the end of September 2022.
- This will not include the work on Covid-19 recovery and the NHS clinical response
- The strategy will also articulate the arrangements for transitioning the Test and Trace team to the wider 'business-as-usual' public health division team
- Conducted a rapid internal review of the learning from the last 18 months and the current policy landscape. The progress made in implementation of the Local Outbreak Management Plan (LOMP) and performance of other response interventions including any challenges that emerged, the lessons learned and the resilience capacities that enabled the Birmingham response informed the strategies

Covid Fatigue Rapid Poll

22 November 2021



Approach

- In response to concerns over public COVID-19 fatigue the Public Health Team issued a rapid poll to get a temperature check
 - **Channels used:**
 - Twitter poll
 - BeHeard Survey
 - **Distribution/Coverage included:**
 - Twitter / Instagram / Facebook
 - Corp Comms social channel
 - Community providers
 - Faith Groups
 - Covid-19 Champions
 - ICS network
 - Public Health Teams
 - **Total respondents 96**
 - **Survey period:** From 12 noon on 19 November 2021 to 12noon on 22 November 2021 (72 hours)
-

Poll Questions

1. Last week we met with local faith leaders who shared their experiences of people feeling COVID fatigue. We know that many are tired with the same messages, and we must act now to help everyone get through these tough times. Help us understand what COVID fatigue means to you

- I feel COVID fatigue
- I don't feel COVID fatigue
- What is COVID fatigue?

2. What is causing COVID fatigue?

3. What can we do to support each other to address COVID fatigue?

Limitations

- Small sample size, and therefore cannot be used as a representative of the population
- Some participants did not know what COVID fatigue is, or they understood the definition of COVID fatigue to be fatigue from long COVID, rather than fatigue from COVID messaging. Therefore, some answers did not represent what the poll was aiming to investigate.
- The sample is biased due to the questionnaire being distributed through an online source.

Long
COVID

"I've had long covid/covid fatigue after suffering covid c3 times. At present I've just had my booster and getting the symptoms back like feeling dim and dull and difficulty remembering things and recalling from long term memory. "

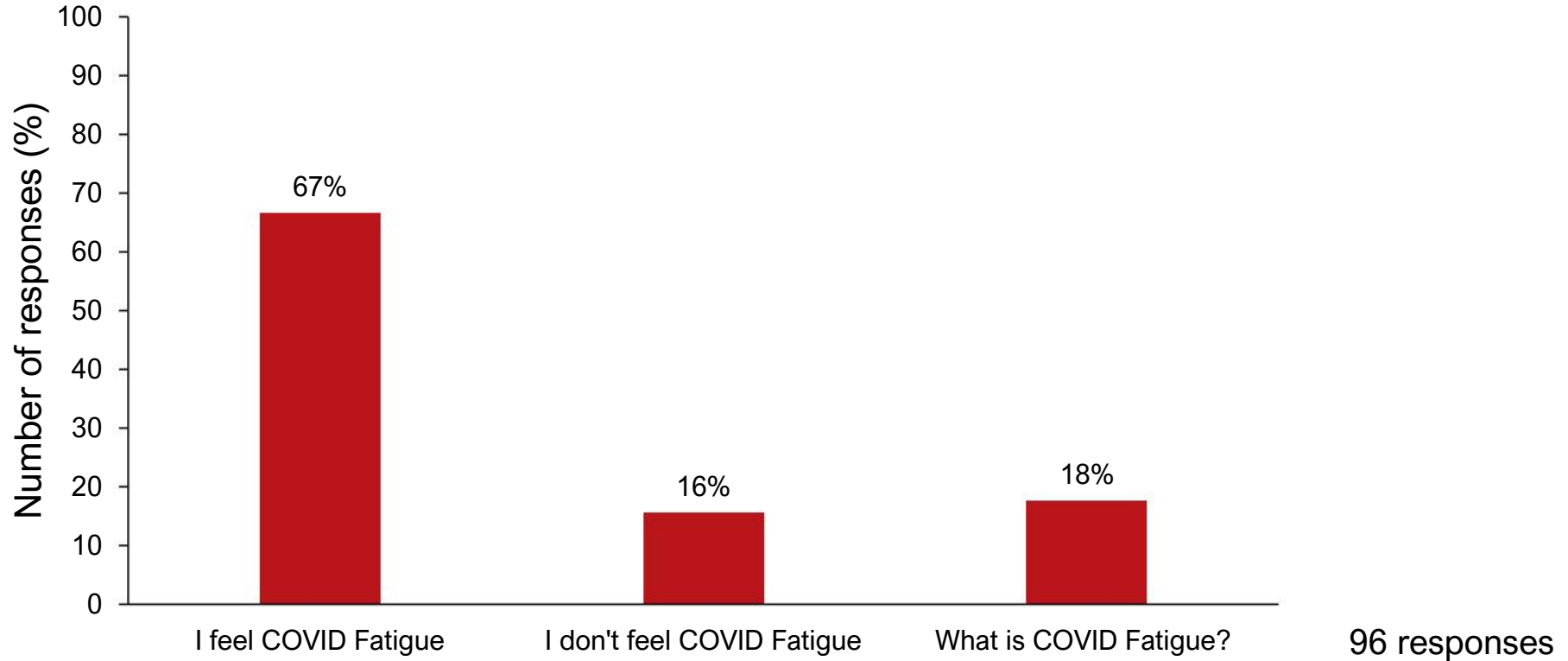
"It is important to remind people to take time to recover if they are experiencing COVID fatigue"

What is
long COVID

"I have never heard of COVID fatigue, so I am unable to answer the question."

Results + Key messages

What does COVID fatigue mean to you?



Residents views on the cause of fatigue



"Media bombardment with evidence that changes with time. [...] the experts have made casting doubt about what we are told e.g. initially we're told "wearing a mask isn't effective so not important" now we are told it's one of the essential first line defences. This erodes credibility and trust,"

Erasure of trust

No end in sight

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

Responders to the survey said

Cause of fatigue

Disappointment over the vaccine

"I think the fact that it seems to have lingered for so long and also a feeling of disappointment at the fact that the vaccine doesn't still give the much anticipated feeling of immunity from it"

"Still being frightened for friends family and myself of catching covid. Feeling unsafe by other people taking risks. Grief."

Feeling unsafe and worrying about others

Some believe that the pandemic is over

"Some people think that the Covid virus has gone but it hasn't"

Residents views on moving forward



“People not taking care of each other- having the vaccine as soon as possible, wearing masks in buses and trains and in shops. COVID hasn’t gone because we’re fed up of it, we have to continue to take precautions and test regularly.”

Keep taking precautions

Consistent messaging and community support

“Better public information which is consistent and monitored leading to better compliance. Checking with neighbours and colleagues as to how they are.”

Responders to the survey said

Moving forward

Localised information and direct actions

“We need the facts.. so how many cases, what is serious, then what do we need to do. But keep restrictions or impositions to the minimum necessary.”

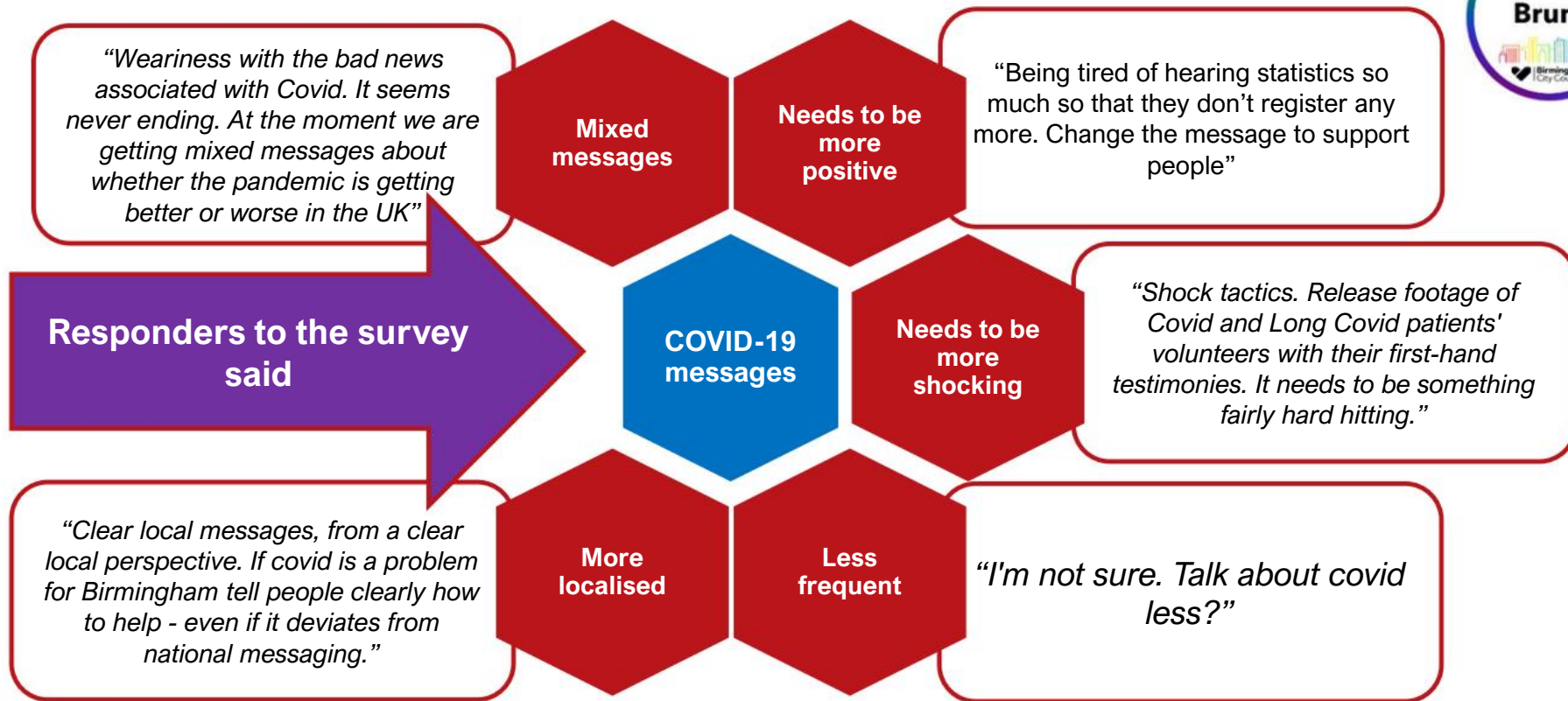
“Less frequent messages so people are not constantly getting them. Use trusted voices and influencers. Included the digitally excluded more.”

Messaging

Return to business as usual

“Turn the tv off. Remove the street e-screens and constant reminders of disease. Return to business as usual. Survival of the fittest.”

Residents views on COVID-19 Messages



	<u>Agenda Item: 10</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	24th November 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 7 periods of the current financial Year (April to October 2021). This table includes all spend items that are reported to and paid from the Contain Outbreak Management Fund (COMF)

Spend item	Spend to date 2021/22 £'000		Budget 2021/22£' 000		Budget to Sept 2022 £'000
Staffing	1,780		3,263		1,632
Training	0		10		5
Translation services	18		60		30
Equipment	9		47		24
Communications	5		961		481
Community swabbing and support	633		662		331
Test & Trace system - Software licence, implementation & support	0		165		83
Health and wellbeing support	43		546		248
Whistleblowing	0		77		39
Enforcement support inc. Covid Marshalls	823		2,826		1,413
Local contact tracing	0		865		433
Testing Facilities	17		145		73
Isolation Support	0		500		250
Asymptomatic Testing Contingency	292		1,113		557

Supporting compliance	0	1,867	934
Contingency	0	2,624	1,315
Wave 3 response	0	3,450	
Total	3,619	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 *	1,766	} Reimbursed via grant
Operation Eagle *	82	
Community Champions Fund **	172	
Total	2,020	440

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

4. Clarification Notes to the report:

Due to some historical challenges with appropriate tracking and coding of transactions, some of the entries need further reviews. The Overview Report is presented for information only. An improved Report will be presented at the next LCOEB.

The apparent significant underspend on some line budgets may be attributed to some transactions being charged against the wrong codes in the system - up to 1 November 2021. Translation, Communications costs were charged against the Community Champions Fund (£440,000.00) – the additional funding came after the initial budget had been set.

Other factors which contributed to the apparent underspend include delays in re-charging, for example for Whistleblowing and Local Contact Tracing. The errors will be rectified by the end of November.

Test and Trace Support Payment and Practical Social and Emotional Support payments programmes are managed by other Directorates, may have contributed to underspend on HW Support. Most of the costs for Testing (Asymptomatic/Symptomatic) are covered from TCT Asymptomatic Testing Fund provided from DHSC. Supplementary costs not covered by the DHSC funding are then recharged to the Testing budget.

Forecast for continuation for next year (Jan-Mar 22) include primarily a contingency line item to enable adaptation to the uncertainties and evolution of the COVID response, this will be charged against Asymptomatic Testing Contingency and will be visible as Commitments in the next month report as we are in process of improving the template.

Community Swabbing contract with Birmingham Community Healthcare NHS Trust is currently being renegotiated to avoid further significant overspends. Overspend for this service is forecasted to be covered from reserved funds in WAVE 3.

5. Risk Analysis:			
Risk			
Identified	Likelihood	Impact	Actions taken
Financial coding irregularities	high	Apparent underspends	<p>On-going detailed review of the accounts and triangulation of all related budgets;</p> <p>Preparation of a new report format which will include forecasts of planned commitments;</p> <p>Updated Report to presented to the December 2021 LCOEB Meeting.</p>

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

John Brookes, Finance Manager
 Malgorzata Sugathan, Service Lead (Test & Trace)
 Iheadi Onwukwe, Consultant in Public Health (Test & Trace)

