

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 26 JANUARY 2022 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **WELCOME AND INTRODUCTION**

2 **NOTICE OF RECORDING/WEBCAST**

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

3 **APOLOGIES**

To receive any apologies.

4 **DECLARATIONS OF INTERESTS**

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

3 - 14

5 **MINUTES**

To confirm and sign the Minutes of the meeting held on the 15 December 2021.

15 - 70

6 **COVID -19 SITUATION UPDATE**

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

- 71 - 80**
- 7 **VACCINATION ROLLOUT AND UPTAKE UPDATE**
- Paul Sherriff, NHS Birmingham and Solihull CCG will present the item.
- 81 - 94**
- 8 **SCHOOLS UPDATE**
- Jaswinder Didially, Head of Service, Education Infrastructure will present the item.
- 95 - 110**
- 9 **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**
- The Chairman of the LCOEB, Councillor Ian Ward, Leader of Birmingham City Council will lead the item.
- 111 - 114**
- 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 23 February 2022 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 **LIVING WITH COVID STRATEGY**
- Dr Justin Varney, Director of Public Health will present the item.
- 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

<p>LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 15 DECEMBER 2021</p>

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 15 DECEMBER 2021
AT 1400 HOURS ON-LINE**

PRESENT: -

Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair,
West Birmingham
Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and
Deputy Chair of the LCOEB
Councillor Brigid Jones, Deputy Leader, Birmingham City Council
Andy Cave, Chief Executive, Healthwatch Birmingham
Dr Justin Varney, Director of Public Health
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley

ALSO PRESENT:-

Richard Burden, Chair, Healthwatch Birmingham
Dr Julia Duke-Macrae, Consultant in Public Health
Simon Doble, Director of Primary Care and Integration, BSC CCG
Remi Omotoye
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test &
Trace Team
Simon Robinson, Senior Officer, Test and Trace Team, Public Health
Surjit Takhar, Public Health Officer, Public Health
Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

- 263 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

- 264 Apologies for absences were submitted on behalf of Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB, Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care, Chief Superintendent Stephen Graham, West Midlands Police and Paul Sherriff (but Simon Doble as substitute).
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DECLARATIONS OF INTERESTS

- 265 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

- 266 **RESOLVED:-**

The Minutes of the meeting held on 24 November 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

- 267 Dr Justin Varney, Director of Public Health presented the item and drew the attention of the Board to the information contained in the slide presentation highlighting the main points.

(See document No. 1)

The Chair enquired what the basic symptoms were for anyone that had the new Omicron virus and if people were not vaccinated, she had read that certain signs were more severe.

Dr Varney made the following statements:-

- We continue to look at national level about the signs and symptoms of Covid and that he met with other directors of public health and the Chief Medical Officer on a regular basis to discuss this and to check there were no changes.
- The current view from the national data was still that the signs and symptoms with Omicron were the same as the Delta variant.

Local Covid Outbreak Engagement Board – 15 December 2021

- If you have a high temperature a new persistent cough or a loss of taste or smell, you should assume it was Covid until otherwise proven and book a PCR test.
- We were hearing that with Omicron and to some extent with Delta, people often had lots of other symptoms such as extreme fatigue, headaches and muscle aches.
- The problem with this was that at this time of year there were problems with flu going around which also had those symptoms.
- If you had unusual symptoms which you felt could be Covid the advise was to get a test, but the key signs you should look out for were high temperature or cough or loss of sense of smell or taste.
- In general, even where people had the other symptoms, they usually had the high temperature. It was the temperature that was often the common one that most people had.
- We were continuing to look at this and it might change as at the moment there were still relatively small number of Omicron confirmed cases in the UK.
- We were still learning what it looked like in the UK population, but at the moment it was still the main three as it were before.
- But, if you were concerned, book a test to ensure it was not Covid.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that as a voluntary sector one of the things we needed to ascertain was how quickly things needed to be stood up before we ... The information seemed to be the Delta variant in the winter period plus a small amount of Omicron. Mr Raybould enquired how long we had until we got an Omicron wave in Birmingham.

Dr Varney gave the following response:-

- ✓ Based on what we had experienced last time (you may recall when Delta first came, it appeared in the south east of London) and then came up into Birmingham and across the West Midlands.
- ✓ To some extent we would expect Omicron to do the same as it was very high at present in London and was relatively low at the moment across the Midlands but starting to rise.
- ✓ We were watching carefully as in the Delta wave Birmingham did this thing where we went up i.e. the step wise movement and we were not doing a massive climb.
- ✓ We were climbing by about 15% and were staying there and then we increased again.
- ✓ We were probably following that pattern and if we did, we would expect us (also given the mixing at Christmas into the New Year) that we would see a surge in cases around the second week in January 2022.
- ✓ This would then translate in pressures in health and social care towards the third and fourth weeks of January.
- ✓ If we could get everyone vaccinated over the next two weeks, we would cut off that pressure at the end of January.
- ✓ The original aim was to have everyone boosted by the end of January 2022, but because of Omicron, this was moved for everyone to be boosted by the end of December 2021.
- ✓ If we could do this, we could probably cut off the massive pressure the NHS will feel towards the end of January 2022.

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- ✓ This was what we were expecting to see but was crystal ball gazing as Omicron was a different variant which was far more infectious and reproduces itself so much faster which was why people needed the booster.
- ✓ It was not because the body had forgotten how to protect itself, it was because by the time the body had woken up to the troops, Omicron had already reproduced itself and was coming out of your mouth and nose.
- ✓ By boosting up your troops and getting it ready before you were infected you stopped that onward transmission and get it under control.
- ✓ The peak would probably be mid to late January 2022.

The Chair commented that the Government spoke of a million vaccination per day and enquired whether this was possible at the moment given the level of staff sickness and what was happening at the moment. If we cannot meet the target the Government was speaking about the question was whether we would see the peak before that.

Dr Varney made the following statements:-

- ❖ It was a huge ask, but that we will have further information from Dr Aslam and Mr Doble when they present their item later on the Agenda.
- ❖ Even colleagues like us who were out of service had been nudged back into vaccination again and this was a reflection of where we were as everyone was doing their bit.
- ❖ The NHS was standing down all sorts of non-urgent services to put the mammoth effort in. It was not vaccination alone, but it was also the things we each do every day.
- ❖ It was putting the face coverings on when we were going out shopping, using a hand sanitiser before we go into the shop and when we come out of the shop because everything, we touch inside we potentially infect, and it potentially infects us.
- ❖ Hand sanitising in and out helps. Its about opening your windows before your friends and families come over and airing the room out and when they go airing it out again.
- ❖ All of those things were little things we can all do alongside make a difference and getting the vaccine.
- ❖ It was both it was not either/or, the vaccines were important, but it was also the decisions we were making every day which was important and testing regularly.
- ❖ The vaccine was not perfect, and it did not always get you protected, so doing regular lateral flow test twice per week or lateral flow before you go.
- ❖ If you were going out to a Christmas party/event, or you were going to visit family over the Festive period please lateral flow before you go either the night before or the morning of the event to ensure you were not infectious and spreading the virus when you go out.

Councillor Brigid Jones, Deputy Leader, Birmingham City Council enquired about hospital capacity and commented that whenever she said to people that hospitals were busy and full of patients, she got pushed back with people saying no they got a bed free here and a bed free over there, but in reality, we know that they were struggling to cope. Councillor Jones enquired of Dr Varney what he would say to people who were saying hospitals were doing ok

and they had spare beds here and there, not everybody in the hospitals had Covid you were overreacting.

Dr Varney gave the following response:-

- We designed a health service which was a bit like the way we designed the rest of the world.
- It was kind of a just in time – we have got just enough beds for what we need at a given time. Anyone who was waiting for a hip replacement or a cardiac by-pass surgery would know that they were waiting for a date, but that they would ring up the day before and double check that the intensive care bed or high dependency bed was free for them to go into hospital to have their procedure because they needed it for the 12 or 24 hours after the operation.
- If that bed was taken by a Covid patient, then their operation got cancelled.
- It was not that the general surgical bed was not available, it was, but the oxygenated bed - the bed that helps them after surgery was taken by someone who needed that machine to help them breath due to Covid.
- The hospitals were under a lot of pressure as the reality was that hundred and odd plus patients in University Hospitals with Covid at present was taking all of the spare capacity that the NHS would normally have and had worked hard to get coming into winter.
- At this time of the year when it got dark, unfortunately we saw more people got into accidents on our roads.
- We saw people with heart conditions, respiratory conditions often getting sicker and then going into hospitals and of course people's mental health also suffers as well.
- We do see more in-patients coming in with mental health issues.
- The NHS usually over November worked hard to empty out as much as possible from the hospitals to give them a bit of slack, but Covid was filling that slack.
- This was the bit that was tensed at the moment as any of the give that we would have in the system for winter was gone.
- Covid patients were sick and require oxygen and that takes the bed that we need for people who were having elective surgery.
- This was causing a lot of problems for people with other conditions and of course Covid was affecting NHS staff as well.
- The hospitals were struggling and were impacted by sickness absence as well.
- All of those three factors going on meant that it was difficult for our hospitals.
- This was about making sure that when people had accidents or heart attacks or when they had strokes over the next two months that the NHS could do what we wanted it to do which was being there to support people and being there to give them that help they need.
- If Covid had taken all of that spare bandwidth then there was a real risk that the nurses would have to make some difficult decisions.
- That he did not think that they were overreacting as it was a reasonable and sensible and pragmatic thing to do to ensure that the NHS was able to weather the winter and make it through so that we all had a good spring together.

Councillor Paul Tilsley commented that the QE had approximately 100 ICU beds and as we saw from the information that Dr Varney presented 25% of those were on ventilation which gave us a rule of thumb the pressure that QE in particular was under. Councillor Tilsley stated that he would be grateful if Dr Varney could put in the next Covid update the issues he had mentioned about heart attacks and strokes in a readable and digestible format we could get that out to the public.

Dr Varney advised that Public Health would be putting something out via the Champions and that he would ensure that this goes out to the Members as well. Dr Varney added that we had some fantastic campaigns, FAST on the symptoms for people to recognise if they were having a stroke which was the kind of things to get into people's head. If you had someone whose face dropped, problem speaking who cannot move their arms that was the time to ring an ambulance. When you talked to 999 you need to say that to them.

Dr Varney stated that he was hoping to get some stuff out to Champions and Members as well. Dr Varney advised that there were 820 Community Champions, 90 Youth Champions and Business Champions who were supported by the Chamber of Commerce and working specifically with other business community around how businesses could play their part in responding to Covid.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE UPDATE

268 Simon Doble, Director of Primary Care and Integration, BSC CCG and Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham presented the item.

Mr Doble drew the attention of the Board to the information contained in the slide presentation.

(See document No. 2)

Dr Manir Aslam then made the following statements:-

- a. Clearly there was a challenge here on our booster programme and we have been asked to accelerate that.
- b. The capacity to do will be fine but we will be compensated by us not being able to do other things.
- c. Throughout the pandemic we have been delivering the vaccination programme in general practice around 70% of the vaccination being delivered by GPs and we will continue to support that.
- d. Booking wise we knew that through the National Booking Service or through 119 and there will be a range of walk-in sites.
- e. Dr Aslam encouraged, particularly for the West Birmingham site people who have not had a vaccine to think about getting their first vaccine for some level of protection.

- f. The booster vaccine remained clearly for those people that were three months on from their second vaccination.
- g. Currently within West Birmingham, we were delivering around 600 vaccines per day of the booster vaccines and that was for the 50plus age group.
- h. Given the 18 plus advise that we were given regarding people over 18 plus that needed a booster vaccine we had around 60,000 vaccines to administer.
- i. Clearly there was a discrepancy there between those people who were going to have a booster vaccine versus those who have not had any vaccinations.
- j. We were covering a population of around 220,000 people. Many of those were children, but we have significant gaps in those people who have not had any vaccination.
- k. Dr Aslam strongly encouraged those people to have at least some level of protection going into this winter.
- l. For us to be able to deliver 100% of the uptake we will need to deliver something like 3,000 vaccines per day.
- m. On Monday, following the advice, we got to around 800, so we were significantly behind in terms of where we needed to be.
- n. We were ramping up capacity and as Mr Doble alluded to, we had a number of sessions we had been given in terms of reducing the planned work that we do in general practice.
- o. It needed to be borne in mind that if you have an urgent need general practice was absolutely there for you.
- p. Don't put off getting in touch with your GP if you got an urgent need.
- q. We talked about very urgent need in terms of calling an ambulance, but if you got an urgent need, a chronic disease or having challenges around your health, please get in touch with your GP as we were absolutely open and available to you.
- r. That will be in the same format that we had done previously, so a telephone call followed by an arrangement of the appropriate to either see you or to liaise with you further on telephone or by video consultation.
- s. Please do not put off your urgent needs because you think we were too busy doing something else as we have capacity to do that.
- t. We have a number of vaccine delivery sites, 16 community pharmacies.
- u. We had to deal with our vaccination programme differently in West Birmingham just given the needs and we have adopted to do that.
- v. We have not got it to where we wanted to, but we had a range of offers now i.e. 16 community pharmacies, the City Hospital site was open, 11 GP pop-up clinics and there will be a range with increasing number on top of that with four GP practices that were quality assured.
- w. We will start to use our extended hours with an additional clinic to deliver the vaccine.
- x. We have been asked to deliver the vaccine over Christmas Day, Boxing Day and New Year's Day in terms of the national challenge we have been given we will do that.
- y. There will be an ability to book, but just be clear how you book as the National Booking Service or through 119 was the way to go about booking an appointment.

- z. There will be some walk-in capacity as well. We have been working with the Community Trust to deliver vaccines for housebound patients and will continue to do that.
- aa. The 15 minutes wait has been a challenge, but that will significantly increase the throughput.
- bb. There were two challenges for us – firstly, we need to get through booster vaccines in a timely way, but we do not want to allow people to congregate in terms of if they were trying to get a vaccine, we did not want to give them Covid at the same time.
- cc. All of those things that Dr Varney highlighted in terms of face, space, wearing a mask where it was appropriate and washing your hands on a regular basis and sanitising your hands were important.
- dd. We were going to have to increase the throughput of seeing people and offering them the vaccination.
- ee. Secondly, we have a considerable amount of vaccine, but the vaccine hesitancy persist, and we need to challenge that because ultimately, this was holding us back.
- ff. We did not know much about the Omicron variant and we still had Delta. Both of those would potentially cause an increase in hospitalisation in those people who were not vaccinated which was a significant challenge.
- gg. We knew that even if you were doubly vaccinated you could still get Delta and we have seen quite a lot of that.
- hh. We have heard from the evidence with Omicron double vaccination will not protect you against Omicron and then transmitting it to other people.
- ii. We needed to take an air of caution around any kind of gatherings for the winter and be as safe as you possibly could. We will try to deliver all of the booster vaccinations we could.
- jj. Dr Aslam reiterated that if you got a need we were not too busy we had capacity to see you as we wanted to see those people – we wanted to protect those people with chronic diseases particularly were it exacerbate things and hospitalisation was the only thing we had for them.
- kk. This was clearly not what we wanted to do we want to pre-empt people becoming unwell. We have enough vaccine to deliver all of the boosters.

The Chair commented that there were some excellent plans that had been put in place and that she also knew that through Public Health, the voluntary sector and others, we had worked well together to ensure we got the correct messages out there and we were delivering on this vaccine. The Chair then enquired whether the plan in place was for the duration of winter or just the next five to six weeks. The Chair added that Dr Aslam raised a valid point in relation to vaccine hesitancy and that we had to do things differently. She added that Dr Aslam also highlighted a couple of things we were doing slightly differently in West Birmingham.

The Chair then enquired of Mr Doble whether we were doing anything slightly differently in BSol so that we could ensure that some of the people that we needed to get to even for their first vaccine were now starting to trickle in.

Mr Doble gave the following response:-

1. In relation to the Chair's first point we will have capacity to see us through an on-going process around if there were any booster missed or

- if people wanted primary vaccine beside the push for the 31st December to get as many people boosted as possible.
2. Mr Doble gave assurance that this was a given and that we would do that, and that commitment was across a number of pillars.
 3. What we were doing at the moment was making sure we were ramping up capacity to deliver on that 31st December ask and that was the reason these measures had been put in place specifically around that three- or four-week window.
 4. This was for all the reasons Dr Varney articulated when he gave his slide presentation.
 5. In terms of how we were doing things differently, we were and what we recognised was the different measures we needed to take to support the different communities that we have within Birmingham and that was a must do.
 6. The fantastic information that Dr Varney presented including all of the community engagement piece was key to that and the message to this group and wider was how we ensured that the messages flow and activate and motivate our communities to drive vaccine uptake.
 7. Capacity will not be an issue, but we needed to ensure that demand to meet that capacity.

Dr Aslam stated that a lot of work was done around vaccine hesitancy, lots of engagement with Faith Groups and other groups within our communities and they had done a great job. We asked them to reinvigorate that work that they were doing so that we could get more people vaccinated. Mr Raybould was at the Ladywood and Perry Barr forum on Tuesday so we were not only going to ask them to do it but would support them financially to help them reengage the Faith Groups and other groups in the community to see if we could start nudging.

The number of vaccination was slow in terms of the offer and in a sense the booster offer was easier for as because those people who were not vaccine hesitant. It was those people who had not had a vaccine at all that we needed to continue to support to make good decisions because to protect us all we needed to protect those people so that they did not become unwell with Covid and then end up in hospital and require support. We will redouble our efforts and will not give up on a single person.

We have the capacity to administer the vaccine and do need to do so throughout the winter period. Yes, we have a challenge with the booster, but will continue to have vaccination appointments throughout the winter so that whenever people had made a decision to have the vaccine, we will enable that to happen.

Richard Burden, Chair, Healthwatch Birmingham enquired about capacity and added that in their presentations Drs Varney and Aslam referred to volunteers from previous rounds to assist with the efforts over Christmas into January. Mr Burden further enquired how this was going and how close to the limit we were in terms of numbers and people in vaccination centres i.e. vaccinators and administrators. Whether there was anything more we should be doing in terms of securing more personnel's to do that.

Mr Doble stated that we were wrapping around his and we spoke of general practice and what general practice was doing. The CCGs were looking at what element of redeployment of staff they could offer through to the PCN sites. Likewise that was happening across our NHS providers as well to ensure that we had a workforce there but would agree that anything we could do to encourage volunteers to come through and support the process would be invaluable. There were a number of marshalling duties and administrative duties all of which were fantastic roles that people did in the first term blitz of vaccine delivery over the earlier part of the year.

Mr Burden enquired whether there was somewhere we could advertise that a bit more so that if we needed lots of people quickly, we needed to address how this was going to be advertised. Mr Doble stated that we would push any of those routes out through the central programme and make sure that people were sighted on those routes, so it was coordinated in the most efficient way.

Dr Aslam stated that in terms of reassurance we were asking Health Education England as well to release some of the medical students and GPs in training to be part of the vaccination push as well. Everything we could do to get people vaccinated but as Mr Doble had stated the vaccination programme was not just about the people administering the vaccine but all the structure was set out so there was lots of capacity to help people to do that.

It was worth pointing out that we did not know what the implication of a surge in Omicron in terms of death will mean in terms of the resources we had. Some people had worked in practices and with the vaccination sites and people should not fear about that and if you were infected with Omicron what the period of time you will have to isolate and the impact that will have on our health services. Clearly this will be a significant challenge going forward. It should reinvigorate people to think about getting a booster.

The Chair commented that we in the City Council and the voluntary sector were here to support the effort of the NHS and what they were trying to do. The Chair added that if there was anything they needed and any help they wanted as a Council we were prepared to offer.

Mr Raybould stated that we will amplify the call for volunteers and would continue to put that out over the next few weeks. There were a couple of other elements where the voluntary sector would make a contribution. One was encouraging those around organisation to take part in the vaccination programme whether they had the vaccination previously or were resisting.

In the New Year as Dr Aslam mentioned we were going to do targeted activities around those that were not coming forward for their boosters. Also looking at others who did not have their vaccinations to try and get them in. We were also preparing for the impact on the NHS and

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

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

- 269 The Chair 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 drew the attention of the Board to the information contained in the report.

(See document No. 3)

Dr Varney made the following statements: -

1. We were doing a piece of work to ensure that we had aligned all of the spend correctly against the Covid funding.
2. As colleagues were aware, we were quite successful during the pandemic in securing additional funding on top of the core funding and that had given us a healthy reserve which was stuff that we had bought into play as we were coming into this further wave.
3. Dr Varney added that he was reasonably comfortable that we had a cleared picture of the budget which suggest that we were in line with the planned spending.
4. We have got the right amount of money to see us through whatever comes between now and September 2022 and ensured that we had both these specialist public health capacity, but also the additional support from Enforcement, Environmental Public Health and our communications colleagues to ensure that we could support a safe and successful Commonwealth Games (CWG).
5. Whatever happened with Omicron over the next three months in the UK. With the CWG people would be coming from all over the world to Birmingham so we needed to be cognisant of the pandemic across the world as well as from within the UK.
6. The rebalancing of the budget puts us in a good position for that and also hopefully gives the Board clarity in terms of where we were with the financial position moving forward.
7. There were still a couple of lines in the clarification note where we were just finalising it, but overall the position was where he wanted it to be facing the next phase of the pandemic.

The Chair commented that Dr Varney had done a phenomenal job with the budget and had worked miracles with the budget.

- 270 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

- 271 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

- 272 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 26 January 2022 at 1400 hours as an online meeting.
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The Chair wished everyone a Merry Christmas and for those not celebrating Christmas just to enjoy the festive season, but most of all to stay safe, do the distancing, put the mask on and keep your hands washed as much as possible and be careful you were not mixing with too many people at Christmas.

The meeting ended at 1504 hours.

CHAIRMAN

Birmingham Local Outbreak Engagement Board COVID-19 Overview

Birmingham Public
Health Division
26/01/2022



009823/2022



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Overview



Policy Update

- The advice to work from home no longer applies in England.
- Face coverings are no longer compulsory in classrooms in schools and colleges.

From **Thursday 27th January:**

- COVID passports will no longer be required to gain entry to venues and events.
- Mandatory face covering will no longer be required in public spaces, indoor venues – but advised to wear one in crowded and enclosed spaces to help stop spread of COVID-19.
- Restrictions on visits to care homes will be eased further.

Policy Update (2)

From **Thursday 3rd February:**

- Children aged 12-15 in England travelling to other countries will now be able to prove their vaccination status or proof of previous infection via a digital NHS COVID Pass

From **Friday 11th February:**

- Travellers will no longer need to take Day 2 lateral flow tests within 48 hours of arriving in England, if they have been double vaccinated
 - They will now be required to fill out the [passenger locator form](#) (PLF) confirming their vaccination status, travel history and contact details a day before travelling.
 - Those not recognised as fully vaccinated will only be required to take a pre-departure test and a PCR test on or before day 2 after they arrive in the UK.
-
- **UKHSA Key message:**
"The pandemic is not over yet, and we need to remain cautious to reduce the spread of COVID-19 in our communities. Everyone is encouraged to get the vaccine as soon as they can, to continue testing regularly with LFDs- particularly before periods of high risk and before seeing anyone who is vulnerable- and to take PCR test if they have symptoms."

Vaccine Roll Out

- The Council continues to support the NHS in delivering the large-scale vaccination programme which to date, has been very successful. **The list of eligible people can be found here:** <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/who-can-get-the-vaccine/>
- Booster jabs will continue to be offered to all adults (aged 16 and over).
- Children aged 12 to 15 can now get their second vaccine dose from 12 weeks after their first vaccine dose. They can get the vaccines either:
 - at school
 - book online for appointments at vaccination centres or pharmacies
 - through walk in sites, which are available at [locations across Birmingham](#).
- From April 2022, Covid-19 vaccination will be mandatory for all patient-facing health and social care workers in England including nurses.
- Figures from the [GOV.UK](#) website indicate that 90.8% of the English population aged 12 years and over have had their 1st vaccine dose, 83.5% their 2nd dose, and 63.8% their booster dose. This compares to 67.7%, 60.5% and 39.4% in Birmingham.

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

Coronavirus in Birmingham

Total deaths

(Data up to 24 Jan)

3,220

Latest daily figure

0

new deaths

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Total cases

(Data up to 24 Jan)

272,910

Latest daily figure

1353

new cases

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Hospital admissions

(Data up to 24 Jan)

27,702

Latest daily figure

62

new admissions

60-day trend

(based on seven-day averages).



Source: NHS COVID-19 Situation Operational Dashboard

Over 60's cases

(Data up to 23 Jan)

30,222

Latest daily figure

83

60+ new cases

60-day trend

(based on seven-day averages).



Source: PHE



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7 Day Cases, Testing & Vaccination Summary

7 Day Rolling Case Rate at 21st January

(Pillar 1 & 2): **1,001.1/100k**



- Rate on 14th January: 1,087.2/100k
- Ranked 13th (of 14 LAs), with Telford & Wrekin ranked 1st (1,582.3/100k)

Vaccination aged 12+ (as at 24th January)

- 1st Dose: 67.1%
- 2nd Dose 60.6%
- Booster Dose 40.1%

7 Day Pillar 2 PCR testing rate at 21st January: 2,359/100k

- Rate of testing on 14th January: 4,124/100k
- Ranked 12th in the region



7 Day LFD testing rate at 21st January: 8,464/100k

- Rate of testing on 14th January: 8,384/100k
- Ranked 14th in the region



% of Pillar 2 positive PCR tests at 21st January: 29.9%

- Rate on 14th January: 37.2%



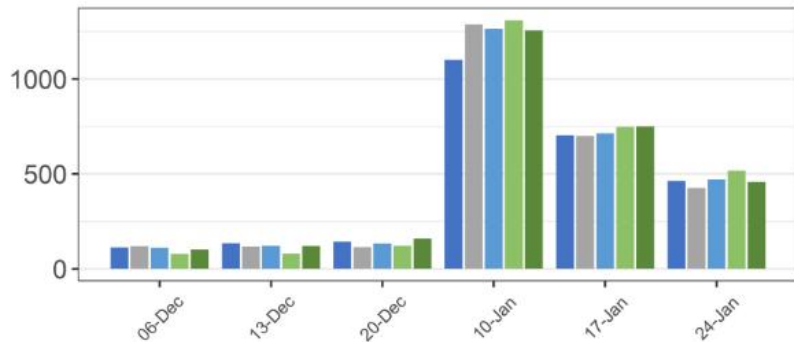
% of positive LFD tests at 21st January: 8.9%

- Rate on 14th January: 7.4%

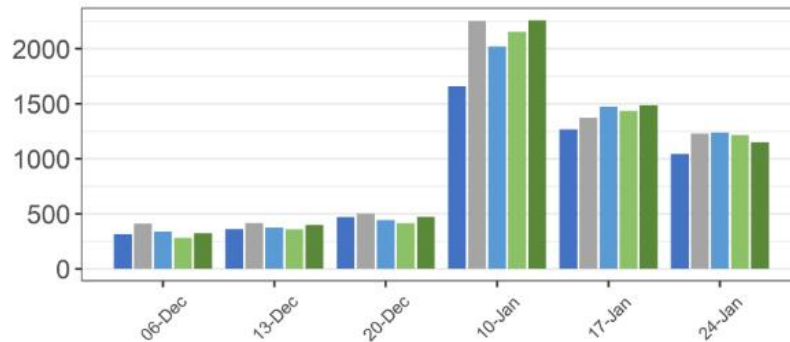


Birmingham and the Black Country Direction of Travel

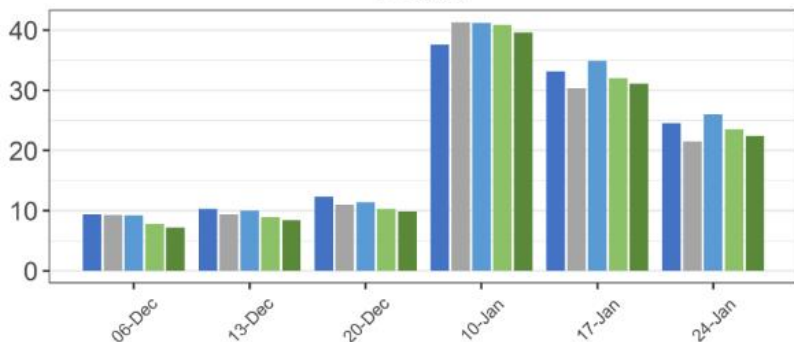
Case rate - 60+



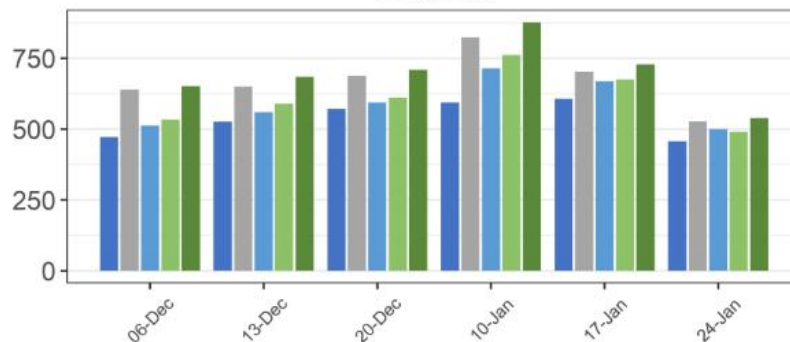
Case rate - all ages



Positivity



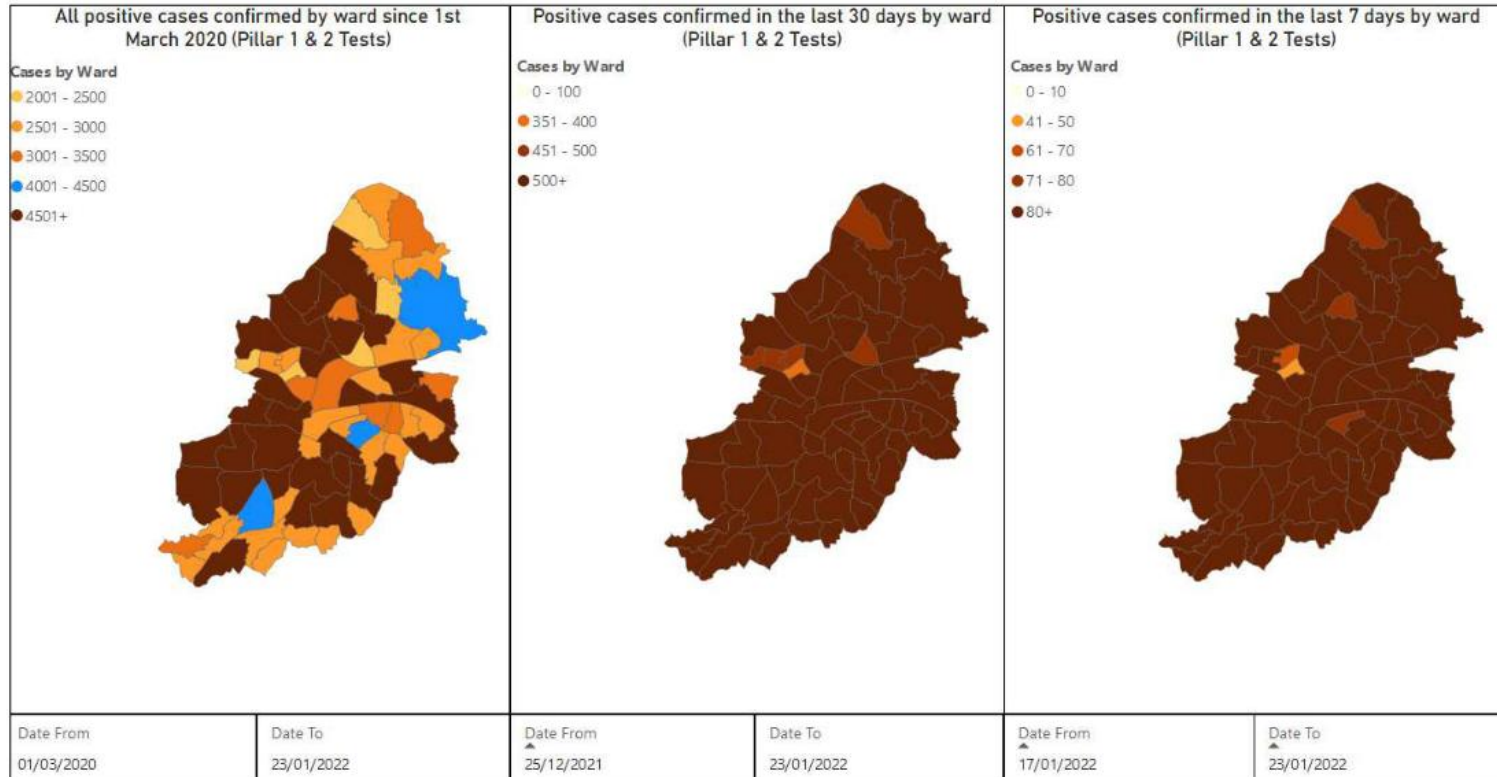
Testing rates



■ Birmingham
■ Dudley
■ Sandwell
■ Walsall
■ Wolverhampton

Note: Data was not produced on Monday 25th Dec 2021 or Monday 3rd Jan 2022

Confirmed Cases by Ward for Pillar 1 and 2 Tests



Total

Last Month

Last Week

Source: Birmingham City Council Test & Trace Reporting

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Top Ten Case Rates by Ward

Ward	Previous week, 8th - 14th January 2022		Current week, 15th - 21st January 2022		Change between last two weeks	Absolute difference (comparing this week against last week)	
	Cases	Rate	Cases	Rate	%	Absolute difference	
Bournville & Cotteridge	224	1,249.7	287	1,601.1	28%	351.4	↑
Billesley	254	1,276.9	315	1,583.6	24%	306.7	↑
King's Norton South	132	1,181.9	159	1,423.7	20%	241.8	↑
Brandwood & King's Heath	254	1,373.0	262	1,416.2	3%	43.2	↑
Allens Cross	141	1,347.2	139	1,328.1	-1%	- 19.1	↓
Stirchley	106	1,059.6	129	1,289.5	22%	229.9	↑
Highter's Heath	133	1,215.1	139	1,269.9	5%	54.8	↑
Longbridge & West Heath	229	1,143.9	254	1,268.8	11%	124.9	↑
Pype Hayes	143	1,343.4	131	1,230.6	-8%	- 112.8	↓
Hall Green North	312	1,348.5	283	1,223.2	-9%	- 125.3	↓

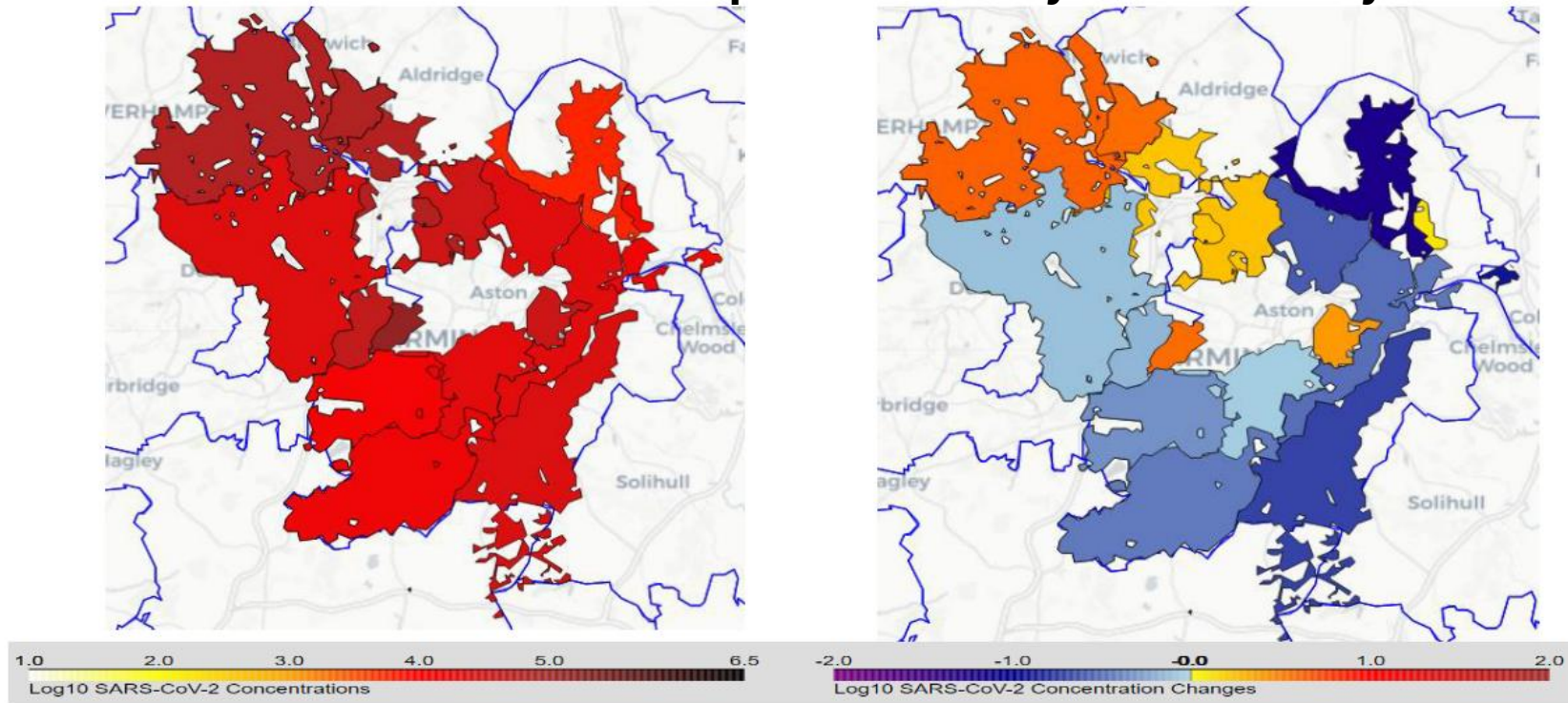
Source: UK Health Security Agency COVID-19 Situational Awareness Explorer

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ONS COVID-19 Infection Survey, released 21st January 2022

- In the West Midlands, in the 7 days up to 15th January, the estimated percentage testing positive was **5.9%**, a decrease compared to the previous week's estimate of 7.0%. In England, the estimated percentage was 5.5%, equivalent to **1 in 20** people.
- In England, in the 7 days up to 15th January, the percentage of people testing positive for COVID-19 decreased in all age groups except those aged 2 years to school Year 6. The estimated percentage of people testing positive was highest in this age group (8%).
- In the same week, the percentage of people testing positive remained lowest for those aged 70+ years (3.1%).
- Sub-regional analysis was not available this week.

NHS WASTEWATER SARS-COV-2 Report 16th January to 22nd January 2022



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

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

Variants of Concern



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Variant of Concern

- The Omicron variant (VOV-21NOV-01) is the dominant variant of Covid-19 in the UK
- The variant is highly transmissible, five times more likely to re-infect than the Delta variant. However, recent trends show falling cases across the country.
- As of 21st January, 762,615 cases were confirmed in the UK, with 650,253 cases of these reported across England. Of the 31,481 Omicron cases in Birmingham, 4,072 are confirmed, 20,428 probable, and 6,951 are possible cases.
- The UKHSA has designated the Omicron variant sub-lineage known as BA.2 discovered in the UK, on the 10th January as a Variant Under Investigation (VUI-22JAN-01). The number of cases is currently low (426 cases).

Testing



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Test Locations

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

- Fox Hollies Leisure Centre, B27 7NS
- Kingstanding Wellbeing Centre, B44 0EW

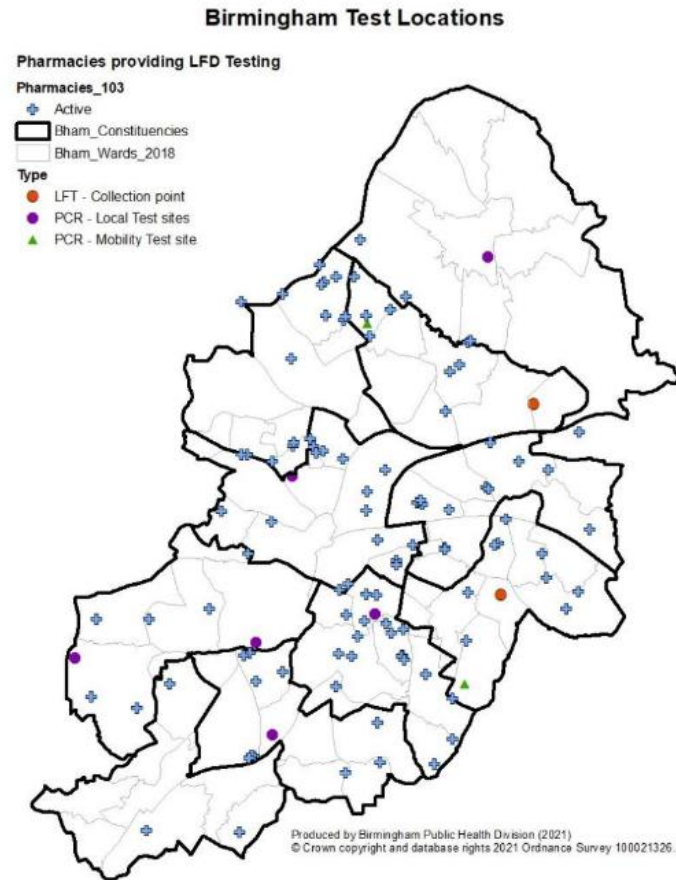
There are currently 6 active walk-in local testing sites (LTS):

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

LFT: There are currently 2 LFT Collection sites:

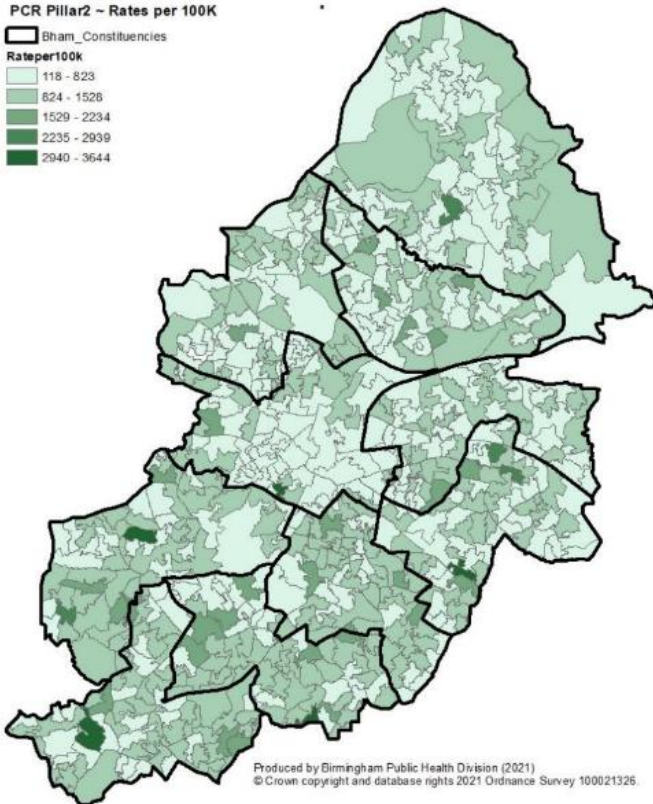
- Swan Centre, Yardley, B26 1AD
- Sainsburys Castle Vale, B35 6HB

Pharmacies: There are a total of 103 pharmacy collection points



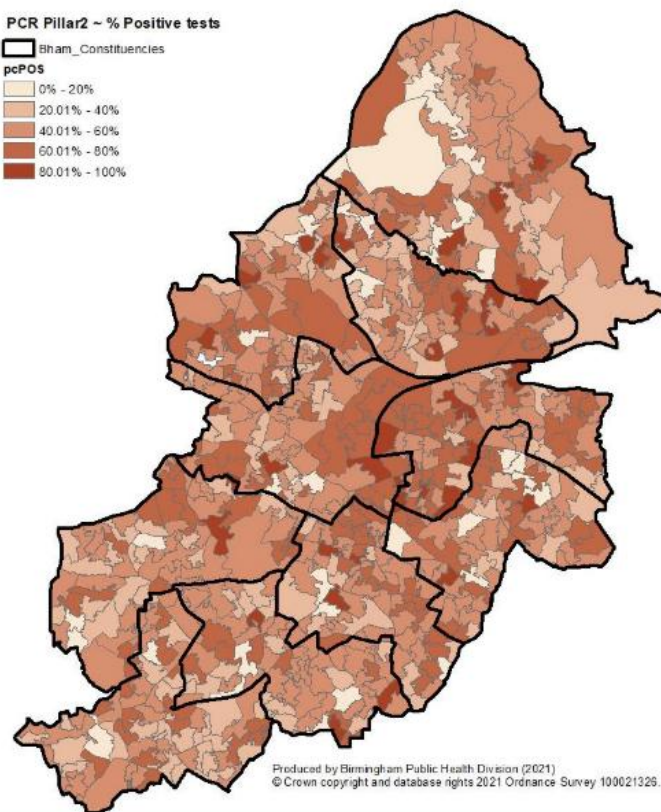
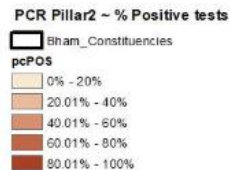
PCR Testing (Pillar 2) by LSOA: 7 days up to 20th January 2022

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



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



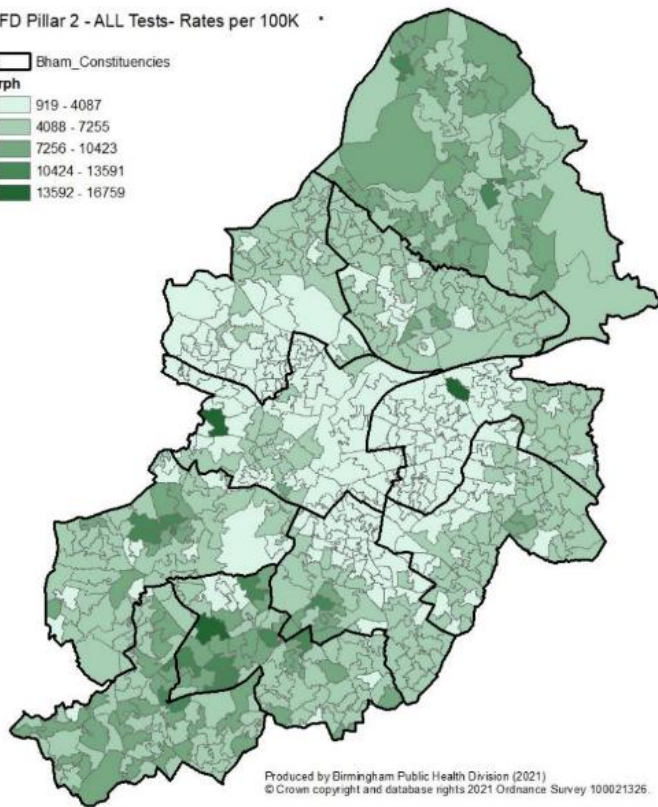
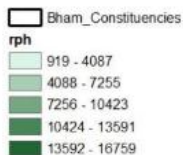
Produced by Birmingham Public Health Division (2021)
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Source: UK Health Security Agency Covid-19 Situational Awareness Explorer
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LFD Testing (Pillar 2) by LSOA: 7 days up to 20th January 2022

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

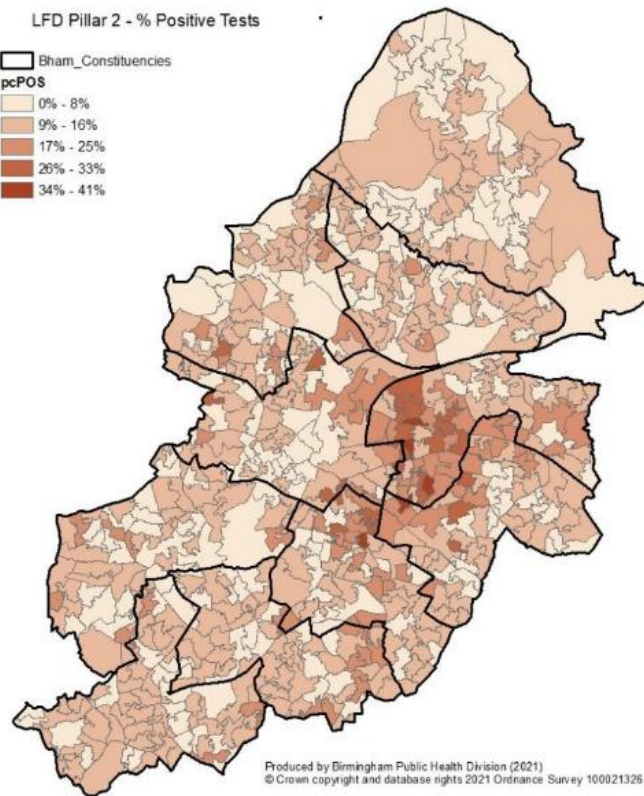
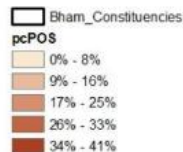
LFD Pillar 2 - ALL Tests- Rates per 100K *



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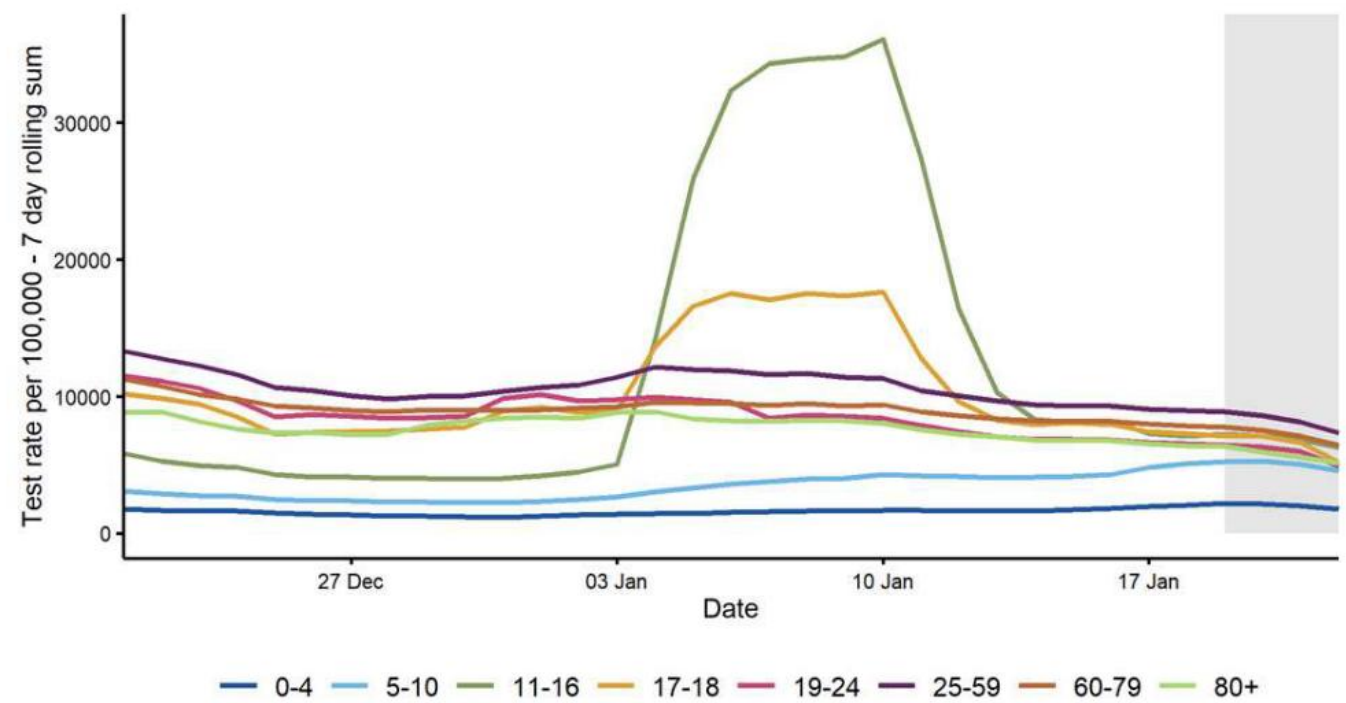
**LFD
positivity
(%)**

LFD Pillar 2 - % Positive Tests *



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Age-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Residents of Birmingham: 21st December 2021 to 23rd January 2022

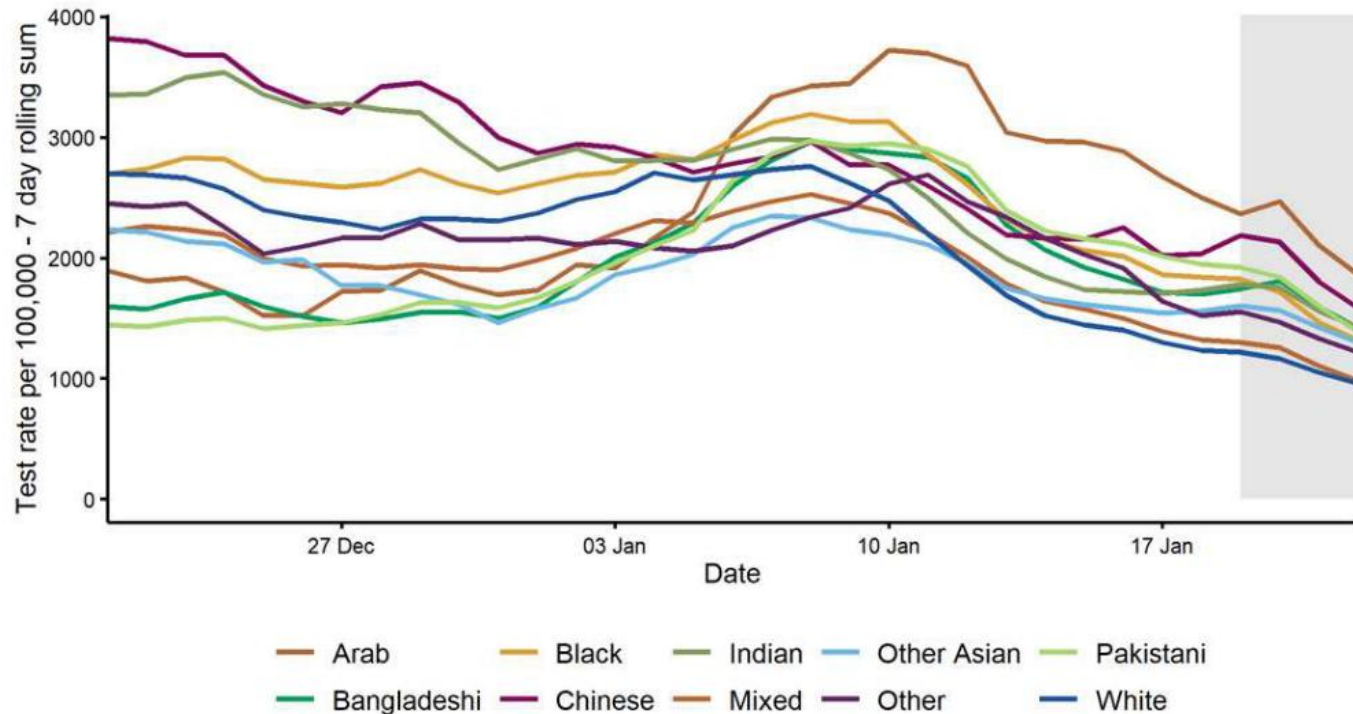


- Following a significant increase when schools returned, testing rates in older school age groups (11-16 and 17-18 years) has fallen to levels similar to the rest of the population.

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

Excluding 993 tests with missing age data.

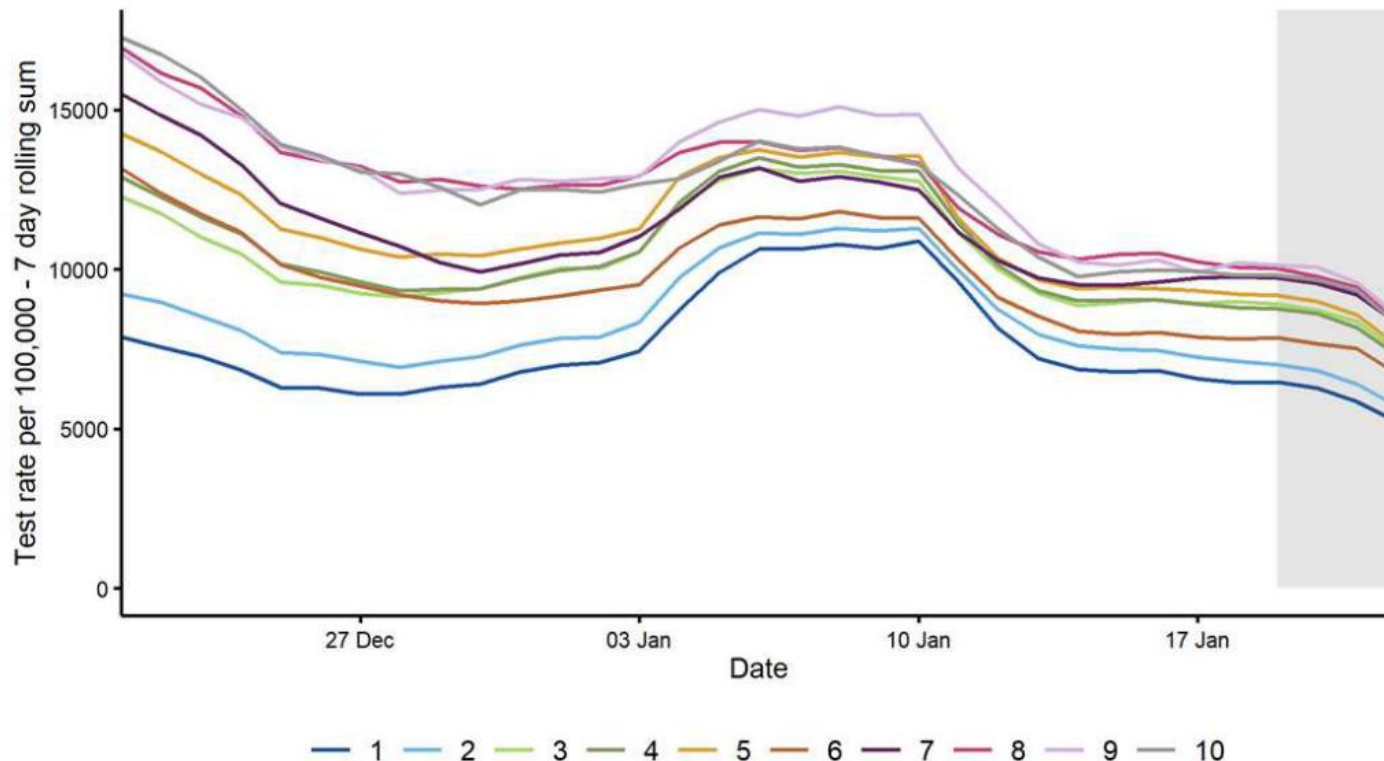
Ethnicity-Specific 7-Day Rolling Pillar 2 Test Rates per 100,000 Population Among Birmingham Residents: 21st December 2021 to 23rd January 2022



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

Excluding 320386 pillar 2 tests with missing ethnicity data.

Index of Multiple Deprivation-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Birmingham Residents: 21st Dec 2021 to 23rd Jan 2022



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



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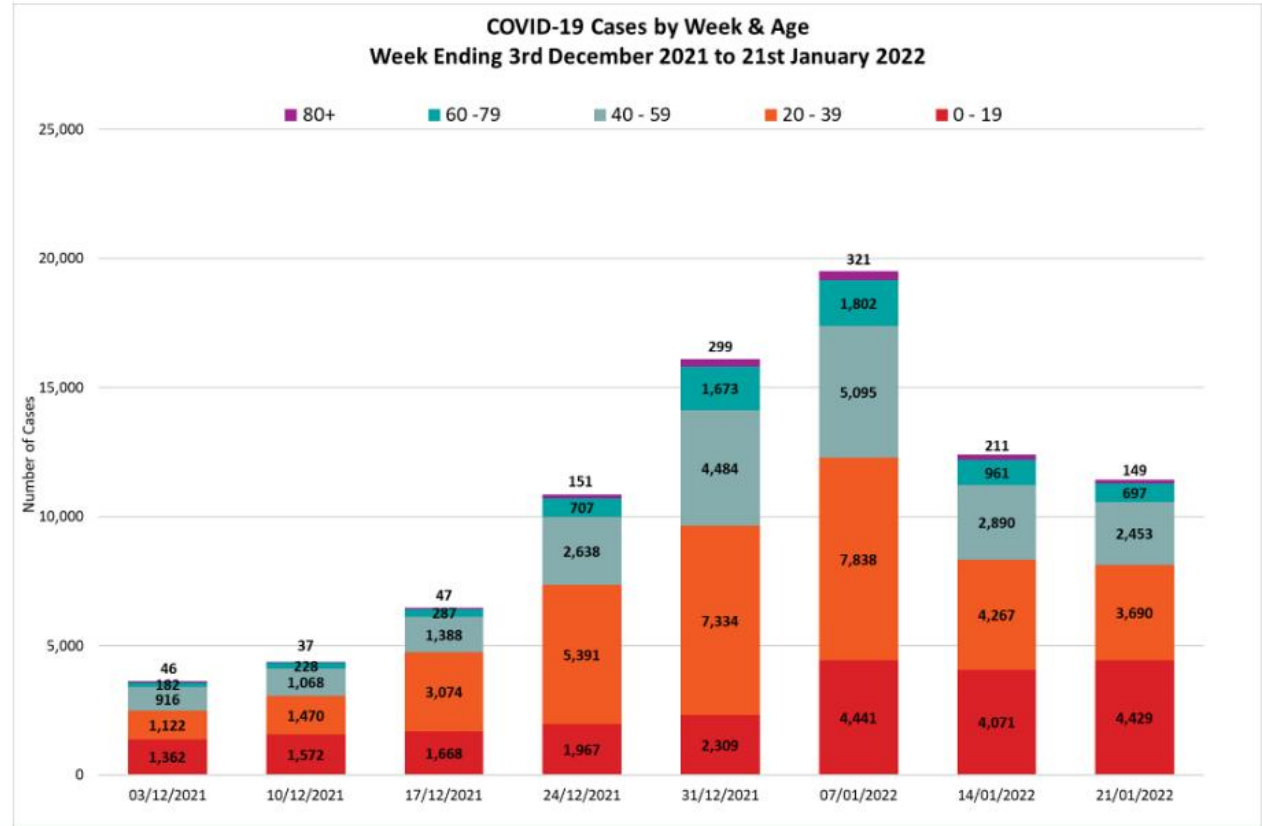
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Cases by Week & Age Group

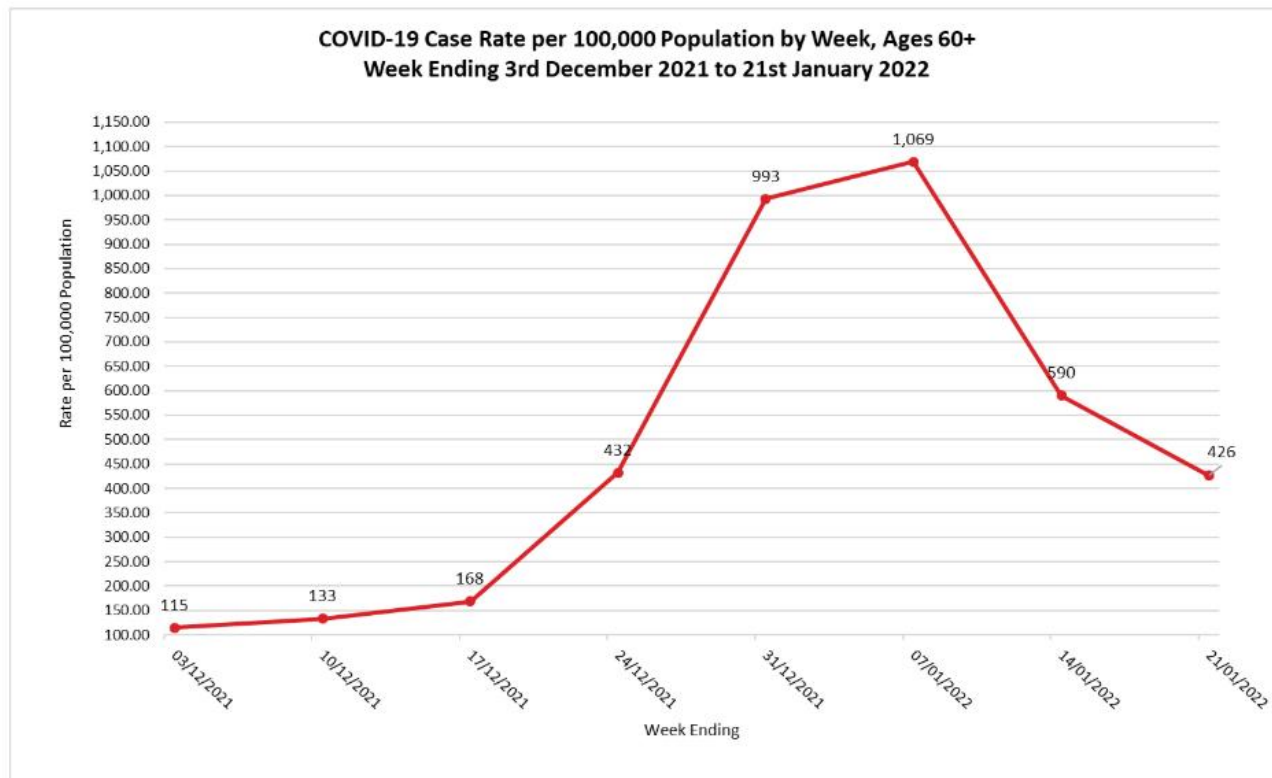
- The 0-19 age group accounted for 39% of all cases.
- In the 7 days up to 21st January, cases decreased in all age groups, except the 0-19 age group, which increased by 9%.
- The largest decrease was seen in the 80+ age group (29%), followed by the 60-79 age group (28%).



Cases are grouped by week ending Friday

Case Rate in Population aged 60+ years

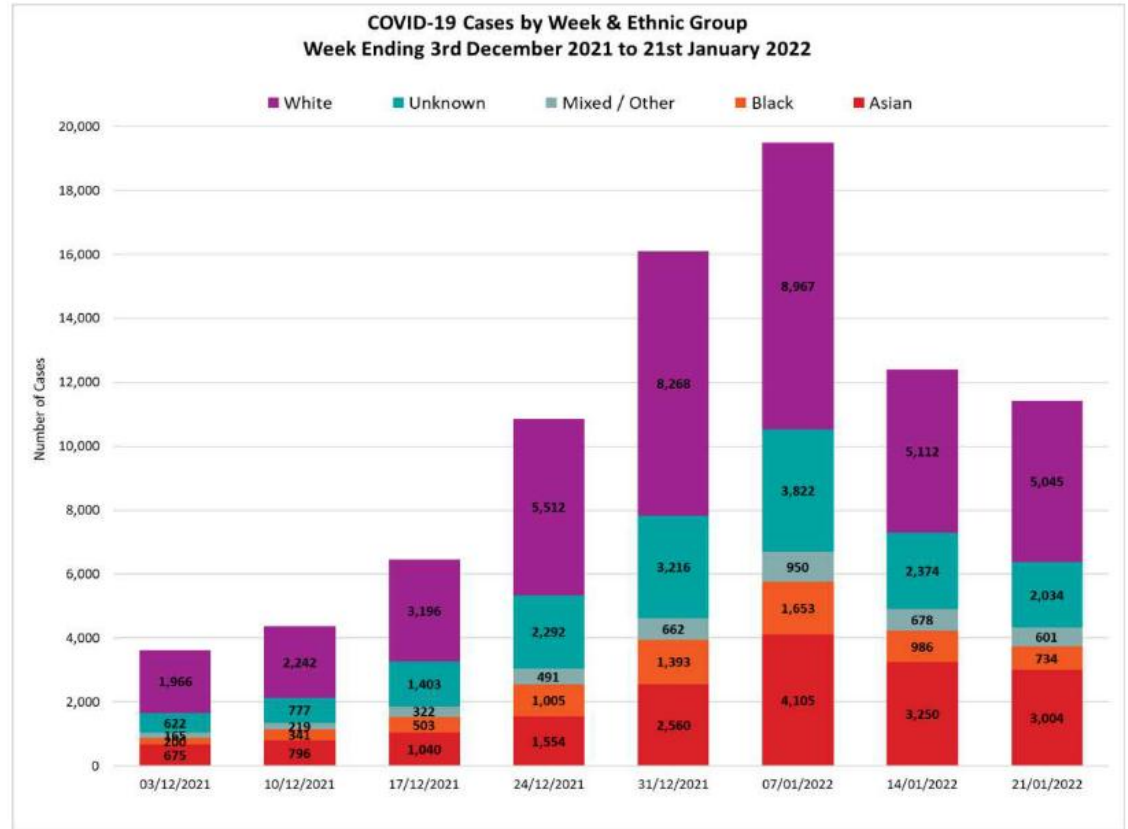
- Following a peak in early January, case rates in the 60+ age group has fallen sharply over the past 2 weeks.
- Compared to previous week, the case rate has decreased by 28%, from 590/100k, to the current rate of 426/100k.



Cases are grouped by week ending Friday

Cases by Week & Ethnic Group

- Cases decreased in all ethnic groups in the 7 days up to 21st January.
- The White ethnic group had the highest number of cases (5,045), a decrease of 1.3% compared to the previous 7 days.
- The Black ethnic group reported 734 cases, a decrease of 26% compared to the previous 7 days.



Cases are grouped by week ending Friday

Case Rates by Ethnicity

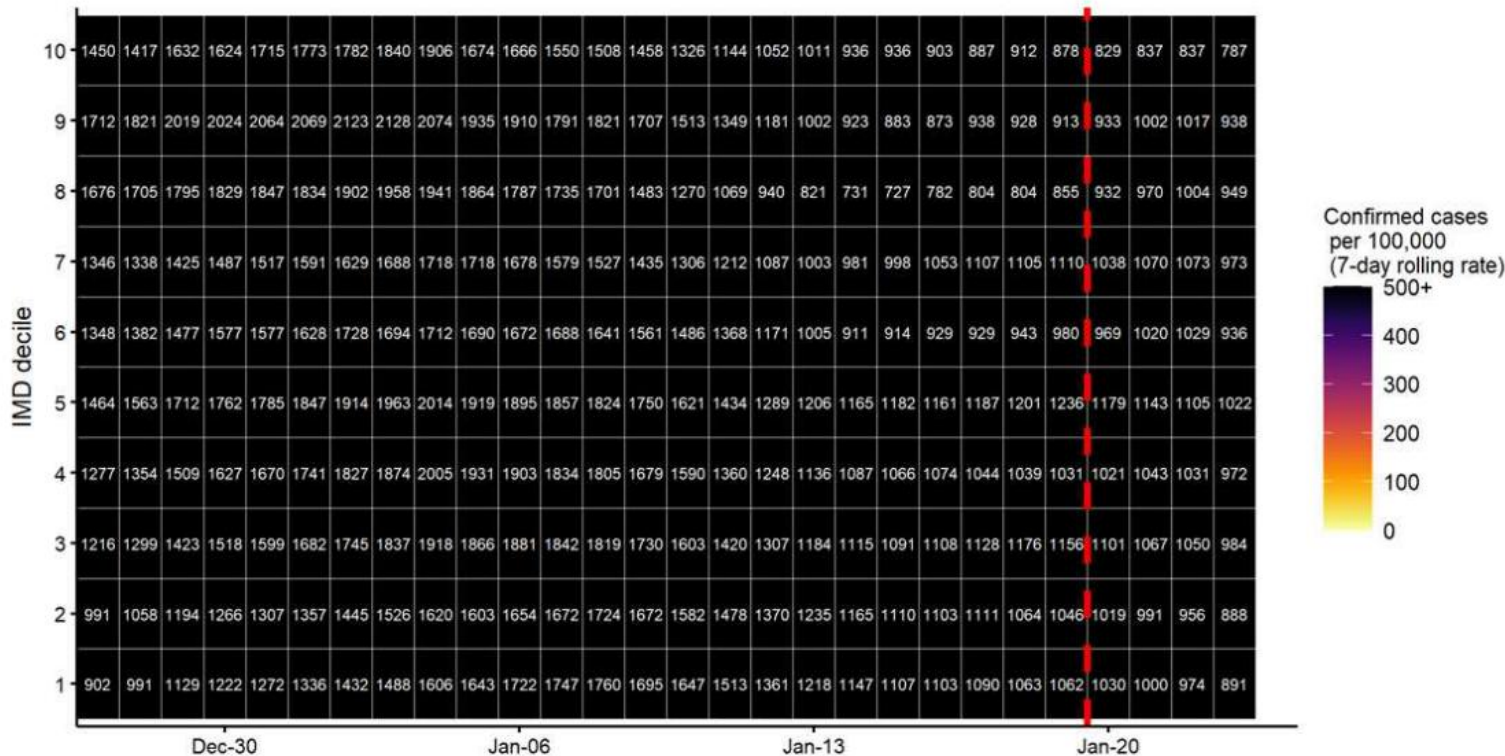
- In the 7 days up to 21st January, case rates decreased in most ethnicities, with increases in just 5 out of 17 ethnicities. Chinese ethnicity showed the largest increase (27%), followed by Any Other White background (12%), White & Asian (10%), Irish (8%), and Indian (7%).
- The ethnicities with the highest case rates were:
 - Any Other ethnic group (1,964.4/100k)
 - Any Other Mixed/Multiple ethnicity (1,533.7/100k)
 - Any Other White background (1,510.9/100k)
- Compared to the previous week, the largest decreases were in White & Black African (36%), Caribbean (31%), and African (24%) ethnicities.

Case Rates by Ethnicity (per 100k) Week Ending 3rd December 2021 to 21st January 2022								
Ethnicity	03/12/2021	10/12/2021	17/12/2021	24/12/2021	31/12/2021	07/01/2022	14/01/2022	21/01/2022
Any Other ethnic group	468.1	569.1	973.0	1,505.4	1,679.8	3,203.6	2,349.9	1,964.4
Any Other Mixed/Multiple ethnicity	530.9	601.7	755.1	1,191.6	1,439.4	2,088.2	1,746.1	1,533.7
Any Other White background	479.5	496.7	834.8	1,086.6	1,607.5	1,993.8	1,348.7	1,510.9
African	333.4	476.8	693.5	1,327.1	1,910.6	2,490.7	1,660.5	1,270.4
Pakistani	224.7	255.8	305.6	448.0	871.2	1,692.6	1,396.0	1,196.9
Any Other Asian background	256.8	330.7	436.6	648.5	1,030.6	1,563.5	1,117.2	1,094.8
Indian	261.5	340.4	547.8	831.0	1,118.8	1,168.4	821.7	879.0
Bangladeshi	230.5	215.2	221.3	353.5	556.4	1,023.6	866.8	845.3
British	318.3	366.0	515.1	902.6	1,354.9	1,457.3	821.3	800.7
White and Black African	155.1	403.4	837.7	930.8	1,985.7	1,768.5	1,210.1	775.7
White and Asian	205.6	196.7	375.5	375.5	518.5	777.8	697.3	768.8
Chinese	204.5	259.6	283.2	409.1	590.0	645.1	550.7	700.1
White and Black Caribbean	165.9	287.2	335.8	623.0	950.6	1,132.7	635.1	590.6
Any Other Black/African/Caribbean	149.5	283.0	395.1	779.6	1,019.9	1,051.9	678.1	555.3
Caribbean	151.1	304.4	463.9	967.7	1,320.3	1,488.2	757.8	522.7
Irish	54.5	50.0	77.2	227.1	345.1	358.7	172.6	186.2

Cases are grouped by week ending Friday

Excluding ethnicity data classified as unknown/not available

Index of Multiple Deprivation-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 27th December 2021 to 23rd January 2022



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



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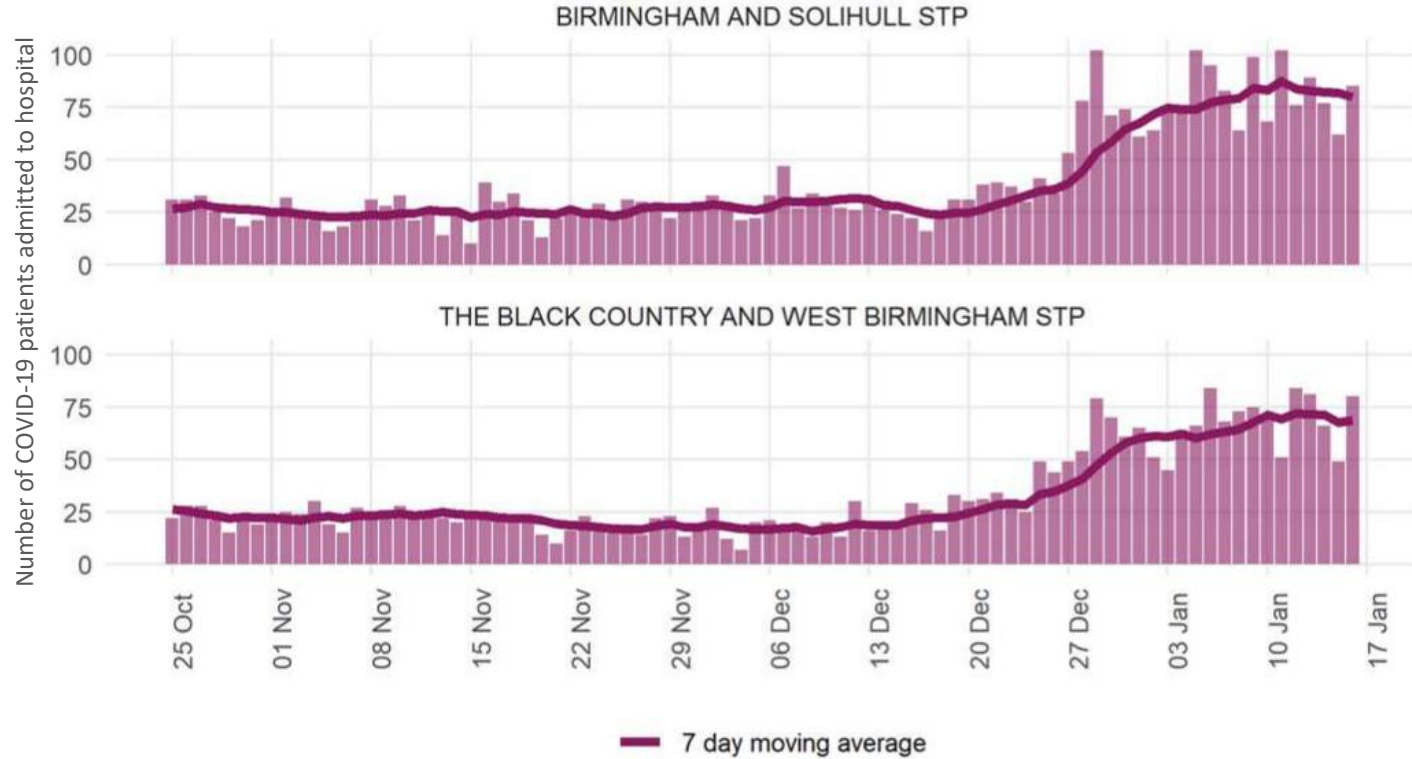


Covid-19 Hospital Metrics Data

Hospital Trust	Daily admissions, 7 day average, 13 th Jan 2022	Hospital in-patients 18 th January	Patients on Mechanical Ventilation 18 th January
University Hospitals Birmingham NHS Foundation Trust	64.9	437	20
Sandwell & West Birmingham Hospitals NHS Trust	19.9	180	8
Birmingham Community Healthcare NHS Foundation Trust	4	14	0
Birmingham Women's & Children's NHS Foundation Trust	7.6	29	2
Birmingham & Solihull Mental Health NHS Foundation Trust	3.4	56	0

Source: GOV.UK Coronavirus (COVID-19) in the UK
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Daily number of COVID-19 hospital admissions in Birmingham Sustainability & Transformation Partnerships (STPs), 25th October 2021 to 16th January 2022



Source: UKHSA COVID-19 Local Authorities Report Store
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Deaths



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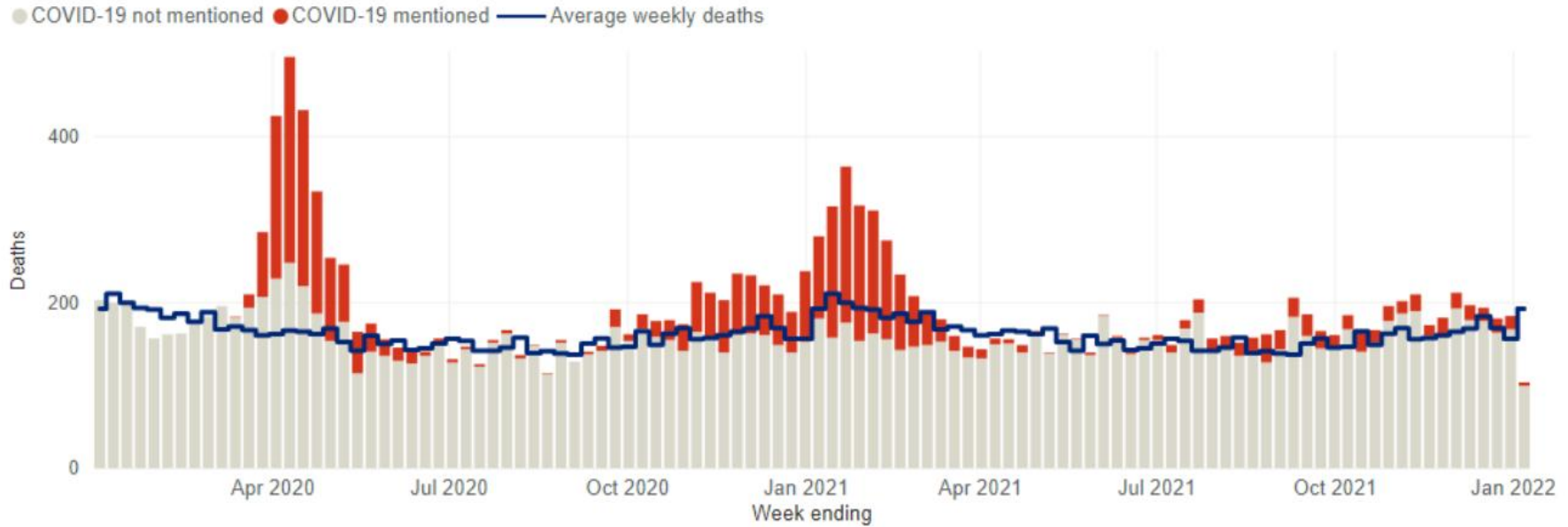


Death Data

The most recent death data, where death occurred within 28 days of a positive COVID-19 test, is for the week ending 23rd January reported **16 deaths**, equivalent to a death rate of **1.4/100k** 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 7th January which reported **9 deaths** registered in Birmingham. Of these, 8 occurred in hospital and 1 at home.

Excess Death: All Deaths up to 7th January 2022



With the exception of the most recently reported 2 weeks, excess deaths have been consistently above the 5 year average for several months. However, compared to earlier in the pandemic, most of these have been contributed by non-COVID deaths.

Situations



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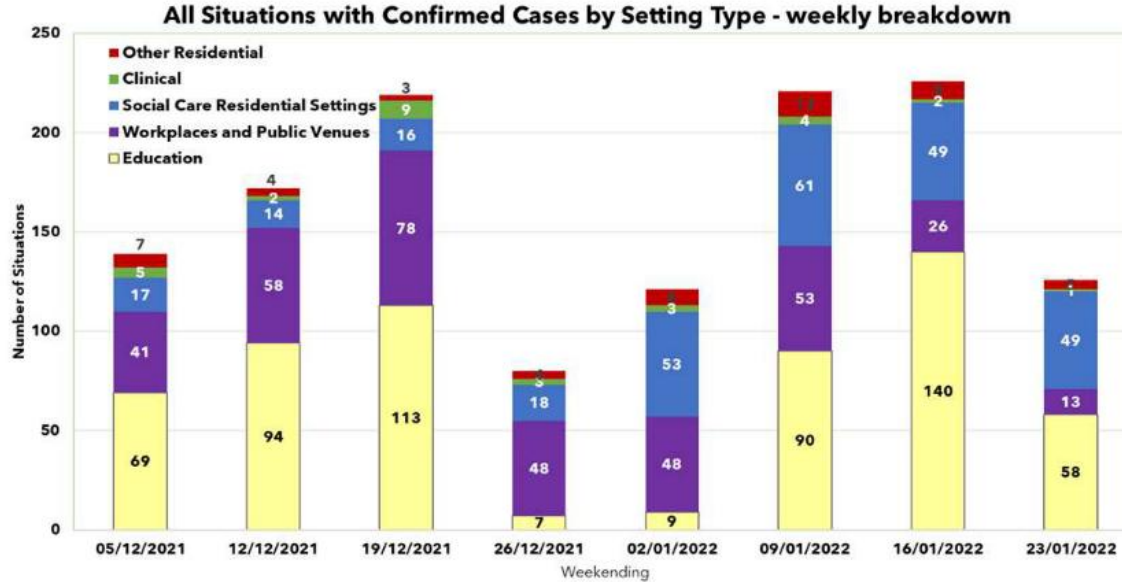


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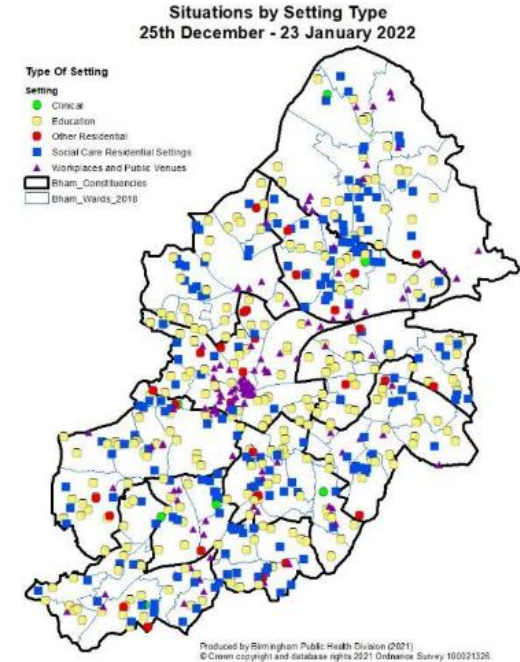


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Confirmed Situations in Birmingham: Last Month & Last 7 days

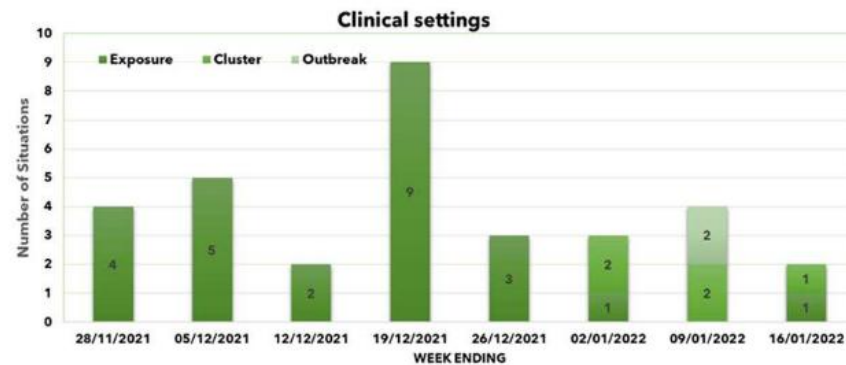
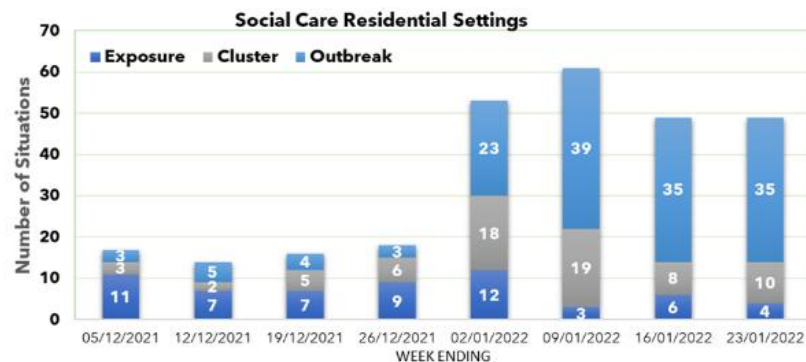
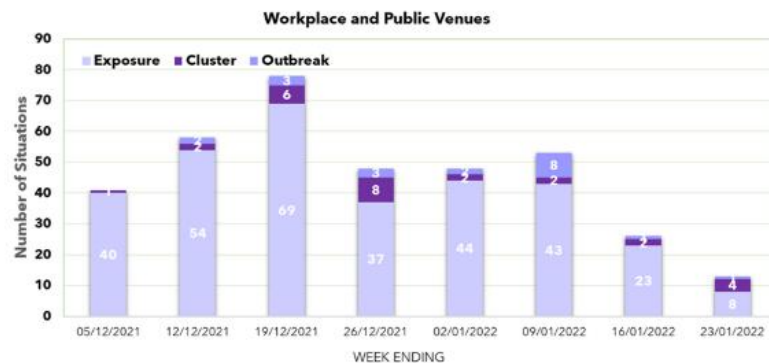
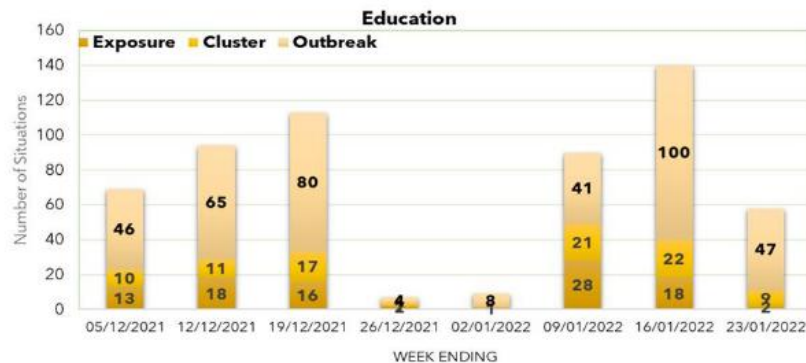


- Situations in Education settings decreased during the Christmas holidays, and have increased since schools reopened.
- Social Care and Residential settings showed an increase over the holiday period.



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

Situations by Type of Setting, 8 weeks: 28th November – 23rd January 2022



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

Common Exposure Events Reported by Cases Resident in Birmingham

Number & percentage of weekly exposures by setting: 14th Nov 2021 to 22nd Jan 2022

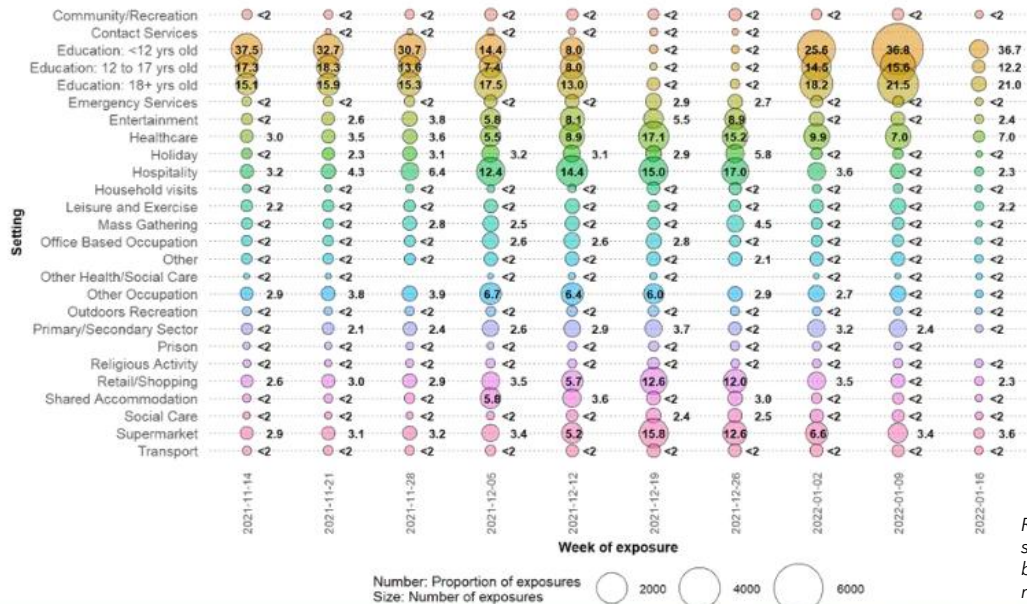
Number and proportion of cases reporting backwards events that have common exposures by week of symptom onset

Produced 2022-01-23 with data up to prior day.

Number of cases reporting common exposures* (Proportion out of cases reporting backwards events)**	1731 (73.3)	1602 (72.8)	1748 (73.5)	2167 (74.4)	3452 (76.4)	4215 (72.2)	4647 (67.2)	3910 (65.3)	5374 (77.7)	4272 (77.5)
---	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

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

Produced 2022-01-23 with data up to prior day.



Exposures were highest in **Education** settings, particularly in <12 years (36.7), 18+ years (21.0) and 12-17 years (12.2).

- Common Exposures were also high in the following settings:
 - Healthcare** (7.0)
 - Supermarket** (3.6)
 - Entertainment** (2.4)
 - Hospitality & Retail/Shopping** (2.3)
 - Leisure & Exercise** (2.2)
- 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



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Contact Tracing Local Authority Partnership

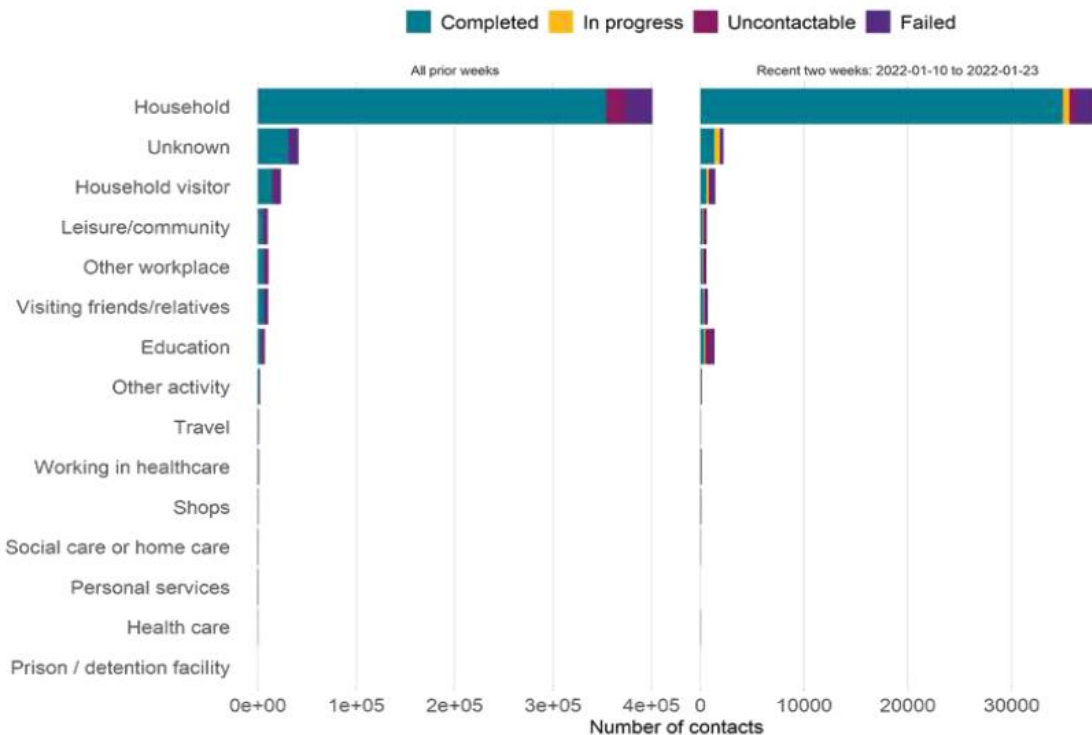
Service Highlights

- Contact Tracing Service now **covers the top 39 wards per 100,000 in LTP model having dropped from all wards.**
- A team **providing face-to-face visits** is in place for positive cases that:
 - **cannot be reached by telephone** (2 attempts, including voicemail and texts). These are referred to Environmental Health for follow-up (approx. 6-12 cases/day at present)
 - **refuse to self-isolate.** These are referred to Environmental Health for follow-up visits (approx. 5 cases/day) and if necessary escalated to the Police however the police are currently only dealing with the most severe of isolation breaches.
- The service also **provides support and welfare services to those who require food, financial or general support** during their isolation

Latest Updates

- **Case Tracing:** For the **previous 7 days we handled 787 cases** vs 1,526 in the previous week. Of those, 433 were complete giving us a completion rate of 55%. Cases are down due to an issue with our data upload process. Wards covered increased once the issue was resolved.
- **Welfare Support:** For the **previous 7 days we handled 1,250 support cases** vs 1,993 in the previous week. The reduction is due to a decrease in the number of positive cases in Birmingham.
- **Removal of PCR confirmation for LFD:** Data confirms that this has lead to an increase in the number of cases flowing into contact tracing. 51% of all cases are now as a result of LFD tests. 29% from Pillar 1 PCR and 20% Pillar 2 PCR.
- **Automated Support SMS:** This week we introduced a process to automate the sending of the Welfare/Support SMS using gov.uk Notify. This process has saved time which can now be re-distributed to make the follow up calls required.

Test & Trace Contacts by Exposure/Activity Setting & Current Outcome: 28th May 2020 to 23rd January 2022



- Over the past 2 weeks, the most common exposure/activity setting has been the **Household**, followed by setting **Unknown** (where data on exposure/activity setting was not provided).
- Compared to the previous 2 weeks, there has been an increase in exposures in **Household** settings.
- In the past two weeks, around 38,000 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



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Communication and Engagement Plan

1- Support understanding and awareness of guidance and control measures

2 - Enable partnership working to deliver the local plan

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

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



Communication Channels

Content

Plan B. Festive Messaging. **Vaccination** for 12-15, 16–17-year-olds, all adults, boosters, myth-busting, and details of walk-in centres across Birmingham (**grab a jab**). **Testing**; LFD test pick-up locations Birmingham. **Safe behaviour**; changes due to Plan B, face covering, COVID-19 App, travel especially around events and celebrations, Omicron variant update as it develops.

Audiences

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

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

- 4th December - Education webinar, Keeping school settings safe
- 14th December - interview update on COVID-19 and vaccination uptake– BBC RADIO WM

Emails & Newsletters

- Birmingham City Council internal communications weekly (12k staff)
- Update for high streets and businesses (12 BIDs which represent 4,447 businesses and other business groups approx. 500 businesses).

Verbal

- Updating key partners, groups and community champions on Plan B and its implications (list of meetings held this month?). Listening to these audiences to collect FAQs from our communities to produce “Questions from our Bham community” content shared on social media.

Communications Update - Digital Engagement: December 2021



Social Media – Healthy Brum

March 1st – 31st December



Social Media – Healthy Brum Instagram

Reach – 46.7k

Impressions – 7.1k

Facebook

Post reach – 17k

Engagement – 1.2k

Twitter

Post engagements – 355

Post traffic (clicks) – 3.6k

Key take-outs: best performing posts were Birmingham centric rather than gov or bsol content.

Website Updates:

Over 500,000 visits to COVID-19 pages

- Reviewed and updated COVID-19 content to ensure up-to-date
- Creating the "Resources Asset Hub" - a central location to share COVID-19 assets with all stakeholders – due live early 2022.

Partner Website Updates

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

Social Media

Key messages COVID-19

- Plan B guidance
- Omicron updates
- Questions from our Bham communities
- Festive season safe behaviours:
 - Vaccine – ever green offer, boosters, eligible cohorts
 - Testing: LFD, PCR
 - Stay safe - ventilation, masks, hand washing, JV message
- Pregnancy - vaccination
- Fraud – testing, passes, vaccinations
- Schools – testing and vaccinations
- Business support
- Myth-busting
- NHS COVID-19 App

Wider Public Health Topics

National grief awareness week, cold weather, creating a bolder healthier city, winter ready, flu vaccine.

Best Performing Social Content

1.

Dr Justin Varney, director of public health at Birmingham City Council, offers advice about how to help keep loved ones safe this Christmas. Please watch and share. Have a great festive holiday and remember these small steps every day can make a huge difference.



2.

Healthy Brum @healthybrum
Answering some of your most frequently asked COVID-19 Questions

1/7 COVID-19 Testing

Find out more at ow.ly/s7PE5OHINi6



3.



4.

Healthy Brum @healthybrum

The £500 Test and Trace Support Payment for people on low incomes who have to self-isolate due to:

- Testing positive for COVID
- Being notified as a contact of someone who has tested positive for COVID, and are not exempt from self-isolation

Visit



gov.uk
Claiming financial support under the Test and Trace Support Payment scheme

12:00 PM · Dec 26, 2021 · Hootsuite Inc.

Communication Updates - Digital Engagement: December 2021

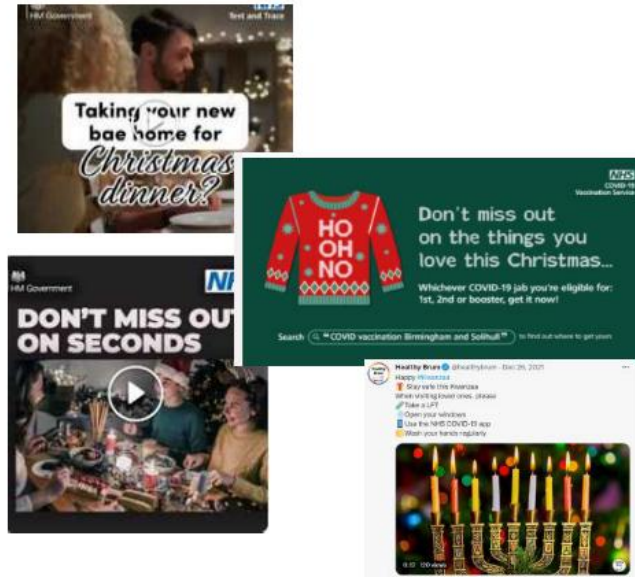


A selection of the content we have published

Plan B



Festive Messages



Vaccination



Communication Updates - Digital Engagement: December 2021



A selection of the content we have published

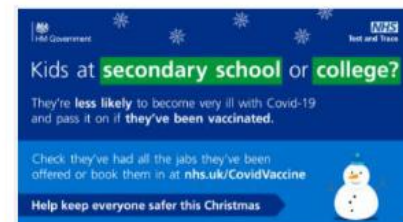
Safe Behaviours + Testing



Pregnancy



Education Settings



Community and Partnership engagement

BVSC Takeover Workshop

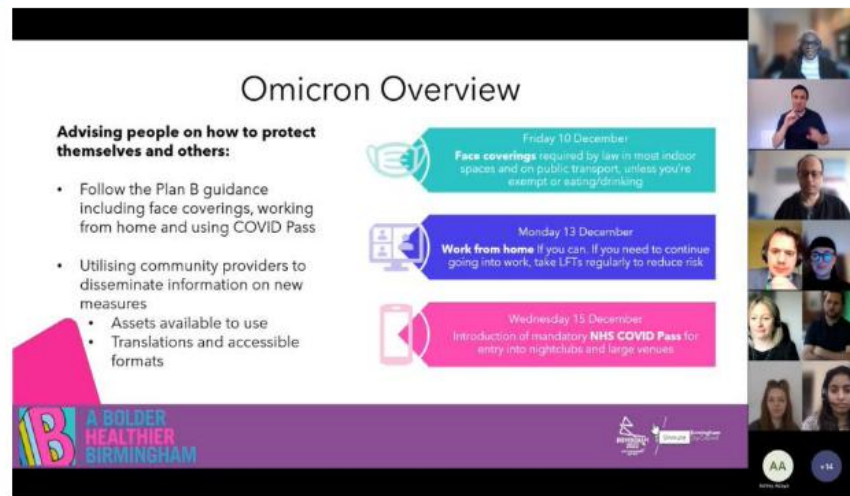
BCC Co-hosted a **non-digital engagement peer learning event** with BVSC on 14th December 2021.

Session conducted by BVSC to encourage community providers to share previous engagement activities and any issues they have previously encountered.

This session aimed to provide advice and future additional support on non-digital engagement as many communities do not have access to digital initiatives.

Main outcomes of the session:

- Community providers were inspired by work conducted by other providers
- Providers discussed potential opportunities for collaborative working with other providers.



Omicron Overview

Advising people on how to protect themselves and others:

- Follow the Plan B guidance including face coverings, working from home and using COVID Pass
- Utilising community providers to disseminate information on new measures
 - Assets available to use
 - Translations and accessible formats

Friday 10 December
Face coverings required by law in most indoor spaces and on public transport, unless you're exempt or eating/drinking

Monday 13 December
Work from home if you can. If you need to continue going into work, take LFTs regularly to reduce risk

Wednesday 15 December
Introduction of mandatory NHS COVID Pass for entry into nightclubs and large venues

A BOLDER HEALTHIER BIRMINGHAM

Proud Host City BIRMINGHAM 2022

Birmingham City Council



Community and Partnership engagement



**BIRMINGHAM'S YOUTH
COVID CHAMPIONS**

WE NEED YOU!

- If you are between 11 and 18 years old and live/work in Birmingham, join our Youth COVID Champions Programme.
- You'll be invited to exclusive Public Health webinars and Q&As
- Receive the latest COVID advice and guidance directly from Birmingham City Council Public Health
- Be empowered to share this reliable information with people in your network - family, friends and community to keep our city safe

Want to become a Youth COVID Champion? Simply email:
✉ Juliet.C.Faulkner@birmingham.gov.uk



Celebrating our Youth COVID Champions!

We're celebrating the recruitment of **94 Youth COVID Champions**- a brilliant milestone!

- Since the launch of the programme earlier this year, the Council's Youth Service have been working tirelessly to support young people around the city.
- Our Youth COVID Champions have been empowered to act as young leaders within their local communities to champion COVID causes.
- We're incredibly proud of their work as they continue to deliver important messages to those who need them most. Keep up the great work!

Public Health Team works with the Council's Youth Service Team to continue to engage Young people to join the Youth COVID Champions across the city. Please contact Juliet.c.faulkner@birmingham.gov.uk



Community and Partnership engagement

Plan B

In response to the announcement of Plan B on the 8th December assets have been produced by both central government and Birmingham City Council to help providers to inform their communities of the changes to COVID-19 guidance and rules.

The Birmingham City Council assets had a **focus on localising content**, alongside producing assets in **accessible formats/community languages**. Government assets did not contain. BCC worked with CommPlus to produce an asset summarising all of the new measures with BSL additions.

BSL version shared via CommPlus: **12 shares and 275 views amongst BSL community.**

Plan B Assets Created



Community and Partnership engagement

Content Shared

Key Messages

Content shared has had a focus on the following messages:

- Staying safe at Christmas
- Omicron updated COVID-19 measures
- Expansion of the vaccination/booster programme

Messages almost always reiterate the key message of practicing COVID-19 safe behaviours such as face coverings, regular testing and ventilation.



Go to nhs.uk/GetTested or call 119

LET'S
CELEBRATE
SAFER



Download the NHS COVID-19 app now!

LET'S
CELEBRATE
SAFER



COVID Champions Programme

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

Coverage of champions across all 69 wards

821 Community, 94 Youth and 20 Business Champions

Key themes discussed:
Omicron, Testing guidance and booking for the booster

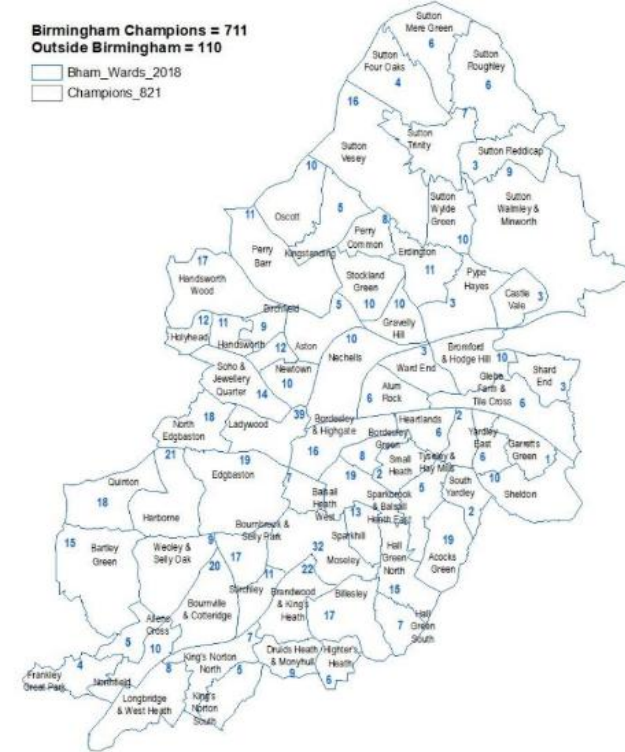
Want to become a COVID champion?
Find out more [here](#)

- Engagement via fortnightly webinars and newsletters
- Collaboration with champions to obtain feedback about communities via email, webinars & social media
- Co-producing information/videos to share with communities
- Thematic analysis of engagement to improve understanding of what's happening
- Myth busting FAQs created for communities
- Vaccination Toolkit co-created to support champions and their communities
- Making contact with new parts of the community (Eastern Orthodox Community for example)
- Independent review of champions programme complete (led by Birmingham University)
- Good representation of people from different faiths and backgrounds

**Birmingham COVID Champions
~ January 2022**

**Birmingham Champions = 711
Outside Birmingham = 110**

Bham_Wards_2018
 Champions_821



Produced by Birmingham Public Health Division (2021)
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New and upcoming engagement

Christmas messages - With the rise in Omicron cases, faith leaders stepped up to support the effort to share key public health messages over the Christmas period, especially for those who will be attending church. These included the importance of wearing face coverings, social distancing, testing and taking up a vaccination



A Christmas Message - From Pastor Tim Turner (Beacon Evangelical)



A Christmas message - from Pastor Bryan Scott (CSMB)

Improving Vaccine Uptake - Birmingham City Council has been awarded money by The Department for Levelling Up, Housing & Communities to deliver a Community Vaccination Programme. This will focus on improving vaccination in low uptake communities through targeted community engagement

Vaccine engagement

Alum Rock vaccination drive: 18th & 19th Dec:

- Pilot project with NHS and BCC Housing Dept – Overpool estate, Alum Rock
- Design, printing and distribution of bespoke leaflets, posters, Q&As in multiple languages
- Engagement briefings for housing officers, who went door-to-door to directly engage with 80 residents, and delivered leaflets to 300 properties
- Coordinated additional vaccination provision at Dispharma chemist. 117 vaccinations administered (9xD1, 9xD2, 99 boosters)

Cabinet Office Street Teams

Close coordination with Cabinet Office over deployment of multi-lingual street engagement teams to promote vaccine uptake and raise awareness of Covid safety. 24.5 K interactions during six visits to the city.

- 12 Dec – Bordesley & Highgate, Nechells
- 18 Dec – Newtown, Soho & Jewellery Quarter, Birchfield, Holyhead (joined by Cllr Hamilton)
- 19 Dec – Sutton Walmley & Minworth
- 21-23 Dec – New Street Station and Bull Ring
- 24 Dec – Bordesley Highgate, Nechells, Newtown, Holyhead, Soho & JQ, Birchfield

Further Work in Development



■ Representation

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

■ Reach

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

■ Response

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



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

Birmingham Vaccine Update

14 January 2022

Winter/Phase 3/Booster Programme

- 31 PCN LVS sites in operation in Birmingham (Inc. West), 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
- 45 community pharmacies in Birmingham (Inc. West),
- Vaccination centres – Millennium Point and Grand Central Station open, mobile unit at Villa Park when required. QEHB hospital hub also open to general public via National Booking System. City Hospital hub, open to NBS, walk-ins and 12-15yr old out of hours.
- 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. West roving team underway to push further patient uptake and address growing concerns on staff who remain reluctant to accept booster
- Housebound patients are being vaccinated by BCHC and Primary Care. Majority now completed, working in collaboration with BCHC future elements of the programme
- 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
- Expectation that 5-11 year olds in clinical risk groups will commence in early part of year, awaiting NHSE guidance

Vaccines Overview – what is being delivered

- All adults receive a booster three months post second dose.
- Anyone aged 12yrs and older for their first or second or even third dose if eligible.
- Aged 16-17 3/4 now eligible for second dose, 12 weeks after first.
- Aged 12-17 3/4 get two doses if clinically extremely vulnerable (CEV) or living with someone who is CEV
- Certain CEV patients get four doses - all eight weeks apart and then a booster at three months (a fourth vaccine has been recommended and being given by Hospital hubs, Vaccination Centres and PCNs, working in collaboration to identify patients with secondary care consultants)
- Co-administration with flu vaccines where possible.
- School Programme is commenced to deliver second doses to healthy 12-15 year olds, as well as offering a third dose to those who did not have one in the initial rollout

Extension of booster cohort

- The Prime Minister announced on 12 December that all adults (18 and over) would be offered a booster dose, if eligible, by the end of the year
- Partners across the system have redeployed staff into vaccine settings to support this extension of the programme
- Capacity was accelerated to meet this requirement, with over 50 vaccination sites prioritising vaccines, and extending hours and workforce, including available vaccine appointments on Christmas Day, Boxing Day, and bank holidays. However patient demand has been far lower than anticipated
- Support from all partners is welcome to continue to encourage uptake of vaccine
- Across the system, we are still seeing adults come forward for first and second doses

Actions to improve uptake

- Weekly performance review on all LVS sites, focusing on activity, and follow up with low performing areas
- Mop up of care home and housebound delivery
- Stocktake of initiatives and projects to improve uptake among communities which experience health inequalities
- Continuous encouragement of walk in clinics, particularly in areas of low uptake
- Work ongoing with partners to encourage uptake in health and social care staff, ahead of the expected introduction of a law regarding Vaccination as a Condition of Deployment (VCOD)

Vaccination Events to 14 January 2022 (BSol)

	Total Vaccinations To Date	To Date %
Total Vaccinations Administered (BSOL Sites)	2,176,222	
<i>Hospital Hubs*</i>	236,466	10.87%
<i>Local Vaccination Centre</i>	1,549,545	71.20%
<i>Vaccination Centres</i>	390,211	17.93%

**(including School Age Immunisation Service)*

Cohort Booster Progress to 14 January 2022 (BSol)

Total Vaccinations Administered (BSOL Residents)	JCVI_Group	Cohort Denominator (w/o. Double Count) *	First Doses To Date (w/o Double Count)	Second Doses To Date (w/o Double Count)	First Dose Uptake %	Second Dose Uptake %
Care Home Residents & Residential Care Workers	1	5,719	5,587	5,085	97.69%	88.91%
80+ & Health and Social Care workers	2	94,886	87,933	84,817	92.67%	89.39%
75 to 79	3	38,272	36,383	35,839	95.06%	93.64%
70 to 74 & CEV	4	72,128	66,609	65,202	92.35%	90.40%
65 to 69	5	47,948	43,676	42,849	91.09%	89.37%
At Risk	6	183,806	149,128	140,485	81.13%	76.43%
60 to 64	7	33,334	28,684	28,054	86.05%	84.16%
55 to 59	8	44,351	37,083	36,164	83.61%	81.54%
50 to 54	9	53,084	42,832	41,423	80.69%	78.03%
40 to 49	10	122,645	87,823	83,144	71.61%	67.79%
30 to 39	11	156,193	96,938	88,326	62.06%	56.55%
18 to 29	12	185,359	108,619	94,202	58.60%	50.82%
12 to 15 At Risk	13	4,710	2,068	454	43.91%	9.64%
12-17 Household contacts of immunosuppressed	14	5,959	2,572	736	43.16%	12.35%
16 to 17	15	29,634	15,059	9,029	50.82%	30.47%
12 to 15	16	65,226	25,387	1,855	38.92%	2.84%

Flu Vaccination Events to 14 January 2022 (BSol)

	Total Vaccinations To Date	To Date %
Total Vaccinations Administered (BSOL Sites)	345,481	
<i>GP VACCINATION EVENTS</i>	240,128	69.51%
<i>PHARMACY VACCINATION EVENTS</i>	66,122	19.14%
<i>TRUST VACCINATION EVENTS</i>	18,721	5.42%
<i>SCHOOL VACCINATION EVENTS</i>	20,480	8.53%

Population: Flu Uptake as of 14 January (BSol)

Total Vaccinations Administered (BSOL Residents)	Cohort Denominator (w/o. Double Count) *	Doses To Date (w/o Double Count)	Uptake %
<i>ALL ELIGIBLE GROUPS</i>	<i>828,769</i>	<i>331,601</i>	<i>40.0%</i>

	Agenda item: 9
Report to:	Local COVID Outbreak Engagement Board
Date:	26 January 2022
TITLE:	SCHOOLS COVID UPDATE
Organisation:	Birmingham City Council
Presenting Officer:	Jaswinder Didially, Head of Service, Education Infrastructure

Report Type	For information
--------------------	------------------------

1. Purpose:
1.1 To update the Board on the current COVID situation in schools.

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

3. Report Body:
3.1 The Schools COVID Update covers: <ul style="list-style-type: none"> • Attendance Data / COVID absences • Guidance • Current situation • Vulnerable pupils • BCC support • Plan for remainder of academic year

4. Risk Analysis:			
Risk			
Identified	Likelihood	Impact	Actions taken

Appendices:

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

Lisa Fraser, Assistant Director, Education & Early Years
Jaswinder Didially, Head of Service, Education Infrastructure

Schools COVID Update

Local COVID Outbreak Engagement Board 26 January 2021

Jaswinder Didially

Head of Service, Education Infrastructure



Aims for this session

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

Attendance data as at Thursday 20th January 2022

- Attendance rates have been falling in recent weeks
- The attendance rate for Birmingham was 85.4%, compared to a national figure of 87.3%

Pupil Group	Birmingham	Core Cities	Statistical Neighbours	West Midlands	England
Pupils onsite	85.4	86.4	85.4	85.9	87.3
Children with EHCP	71.1	76.6	77.8	77.3	81.2
Children with social worker	76.1	78.4	78.3	79.9	80.1
FSM Eligible	83.2	83.6	84.2	82.8	84.3

Attendance data as at Thursday 20th January 2022

- Pupils attending on site by phase:

Phase	Birmingham	National
Primary	87.7	89
Secondary	83.8	85.7
Special	67.9	78.4
PRU/Alternate	46.7	51.4
16 Plus	71.4	79.5
Not Applicable	89	89.2
State Funded	85.4	87.3

COVID absences as at Thursday 20th January 2022

- Birmingham COVID absence rate (including confirmed, suspected, not vaccinated and other) for state funded schools was 5.7%
- COVID absence rate for state funded schools nationally was 5%

Phase	Birmingham	National
Primary	6.1	6
Secondary	4.7	3.7
Special	14.8	8.4
PRU/Alternate	1.8	3.7
16 Plus	2	3
Not Applicable	3.9	3.8
State Funded	5.7	5

Guidance for schools

- Public Health Birmingham continues to offer regular, updated guidance and support to schools
- Schools are encouraged to reinforce messaging around:
 - ventilation
 - handwashing and hygiene
 - face coverings
 - lateral flow testing (as appropriate)
 - staying at home if displaying symptoms of COVID-19 or testing positive
 - encouraging take up of the COVID-19 vaccines and boosters when available
- Schools should have outbreak management plans in place. BCC has provided a template: [BCC Outbreak Management Plan Template](#).
- Schools continue to work with Health Protection teams in cases of local outbreaks
- Local Health Protection teams may advise schools to consider additional measures, including temporarily restricting attendance, during an outbreak if other measures do not contain the spread

Current situation in Birmingham schools

- A Public Health webinar with Dr Justin Varney was held with school leaders at the start of term on 5 January 2022 with the opportunity for schools to ask questions
- We have also been in touch with school leaders for their feedback
- The key issues being raised since the start of term are:
 - Overall morale/wellbeing of school staff is being affected by the continued challenges schools are facing and anxiety about rising cases
 - Schools are encountering issues with capacity to cover large numbers of isolating staff
 - Schools have had difficulties in ordering LFD test kits
 - Ventilation remains an issue for many schools
- Education and Skills officers have reported this feedback to senior officials at the DfE as part of their regular meetings with them
- We are undertaking a survey regarding ventilation and will report its findings to the DfE in the coming weeks

Vulnerable pupils

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

BCC support for schools and settings

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

Plan for remainder of academic year

- Focus through the BEP school improvement contract on supporting
 - pupils with 'catching up' on lost learning
 - schools who may be experiencing temporary or partial closures with their remote learning offer
- Spotlight from BCC statutory services on children who may be 'missing education', particularly
 - children who are on a school roll but have been persistently absent during the recent COVID period
 - children who may be on part-time timetables
 - children who are not on a school roll i.e. those who are electively home educated
- Additional resources have been allocated to the Children Missing Education team (the team focusing on children where their whereabouts is not known) in response to increased activity
- Close working with Forward Thinking Birmingham and the Education Psychology Service to support the mental health of children, young people and staff in schools and settings
- Ongoing support through webinars, updated guidance and regular communication



Vaccine Rapid Survey Results



009827/2022



Page 95 of 114



Survey Questions

1. Why do you think you are being asked to get the COVID-19 vaccine?
2. Have you had the COVID-19 vaccine?
3. If you have had the COVID-19 vaccine: what motivated you to be vaccinated? (If you have not had the vaccine please write N/A and answer the next question).
4. If you have not had the COVID-19 vaccine: please let us know if you have not had your vaccine for any of the following reasons (please select as many as you think apply to you):
5. Any other reason – please tell us more
6. If you have not had the vaccine: are there any reasons why you might choose to have it? (If you have had the vaccine please write N/A)



Results and key messages

Vaccination uptake

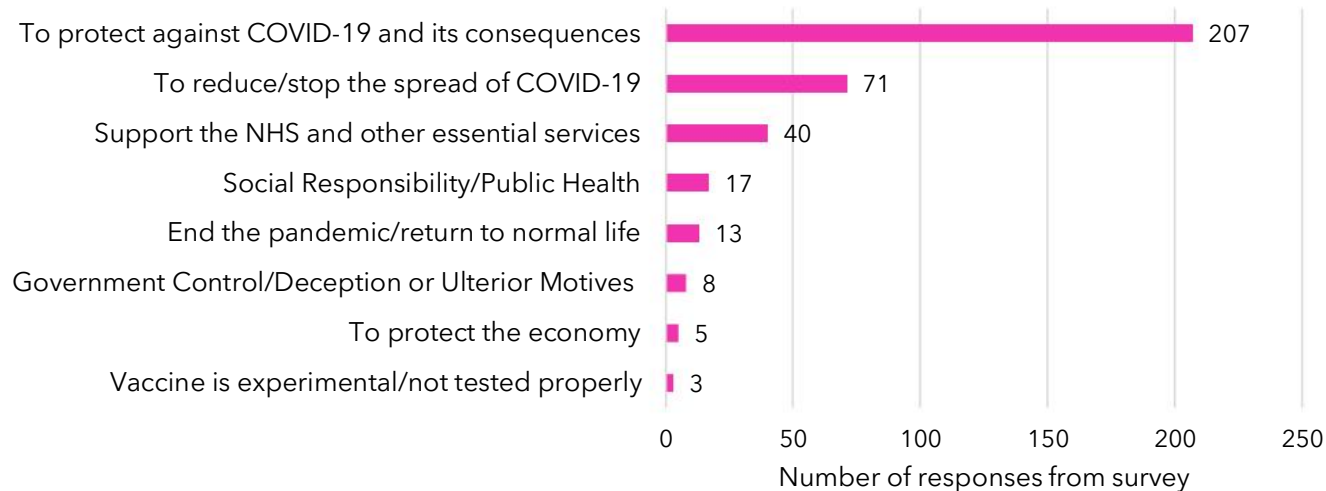
- 92% (n = 245) of respondents have had either their 1st, 2nd or booster dose
- 8% (n = 21) of respondents have not had their COVID-19 vaccine
 - Uptake of vaccination from this survey is higher than Birmingham average (67.5% uptake of at least 1 vaccine), may indicate a high survey uptake from internal colleagues/small reach to general public.

Why do you think you are being asked to get the COVID-19 vaccine?

As many answers given were detailed some participants may have a response which falls under more than one code/category.

Therefore all of the graphs represent the number of responses and not the number of participants.

Why are you being asked to get the COVID-19 vaccine?



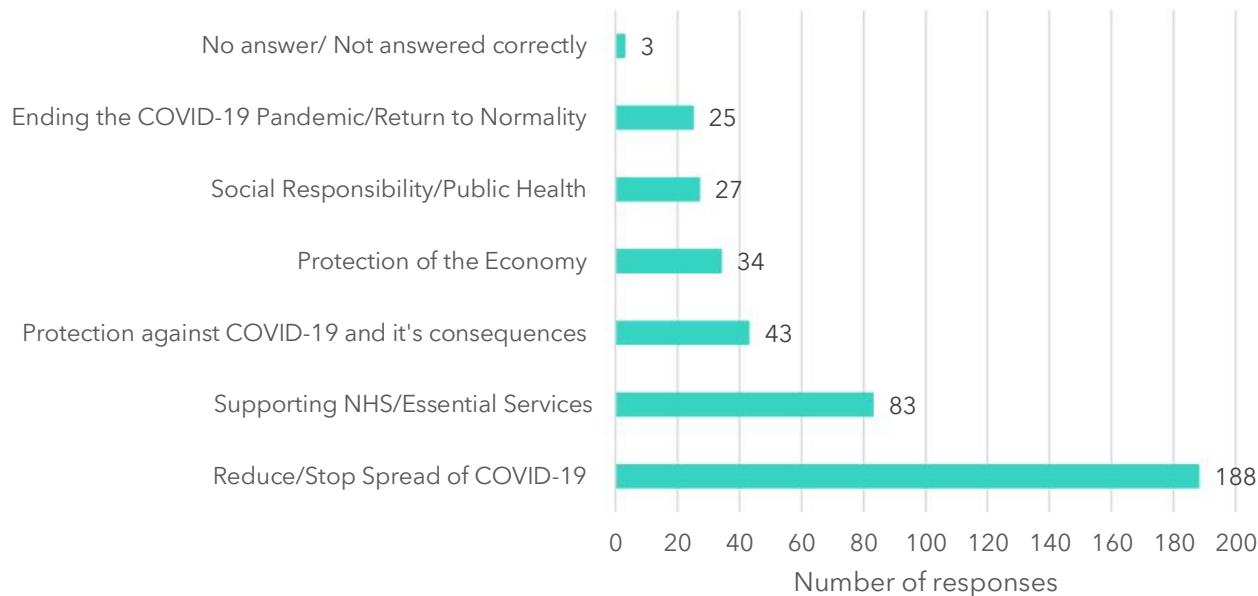
Question 3 - What motivated you to get your vaccination?

Of the 245 participants who provided a response to this question, **26.5% (65) of answers included reference to personal factors as a main motivator.**

These responses typically cited protecting their elderly parents/vulnerable family members, partners, children or other loved ones as a motivation for vaccination.

3 participants discussed sadly losing a loved one to COVID-19 before the vaccine was available as a key motivator.

What motivated you to get vaccinated?



To stop the spread of the virus and the vaccine will save numerous lives

Stop the Spread of COVID-19

To support the NHS

"Reducing my chances of being hospitalised if I did catch it, thereby protecting NHS staff and freeing up beds for routine and urgent non-Covid patients. Also to allow the economy to open up and for businesses, especially small ones to survive."

I wanted to do what I can to try to get everyday life back to some kind of normality.

To end the COVID-19 pandemic/ return to normality

Motivators for vaccine acceptance

For protection against COVID-19 and its consequences

Me and my family had been motivated from day one to be vaccinated to give us the best protection against the effects of Covid. Hopefully Covid would be more milder and prevent the need in being admitted to hospital for treatment.

"I didn't need motivating - it is incredibly smack-in-the-face obvious that taking the vaccine is the right thing to do."

Social responsibility

To protect the economy

"Also to allow the economy to open up and for businesses, especially small ones to survive."

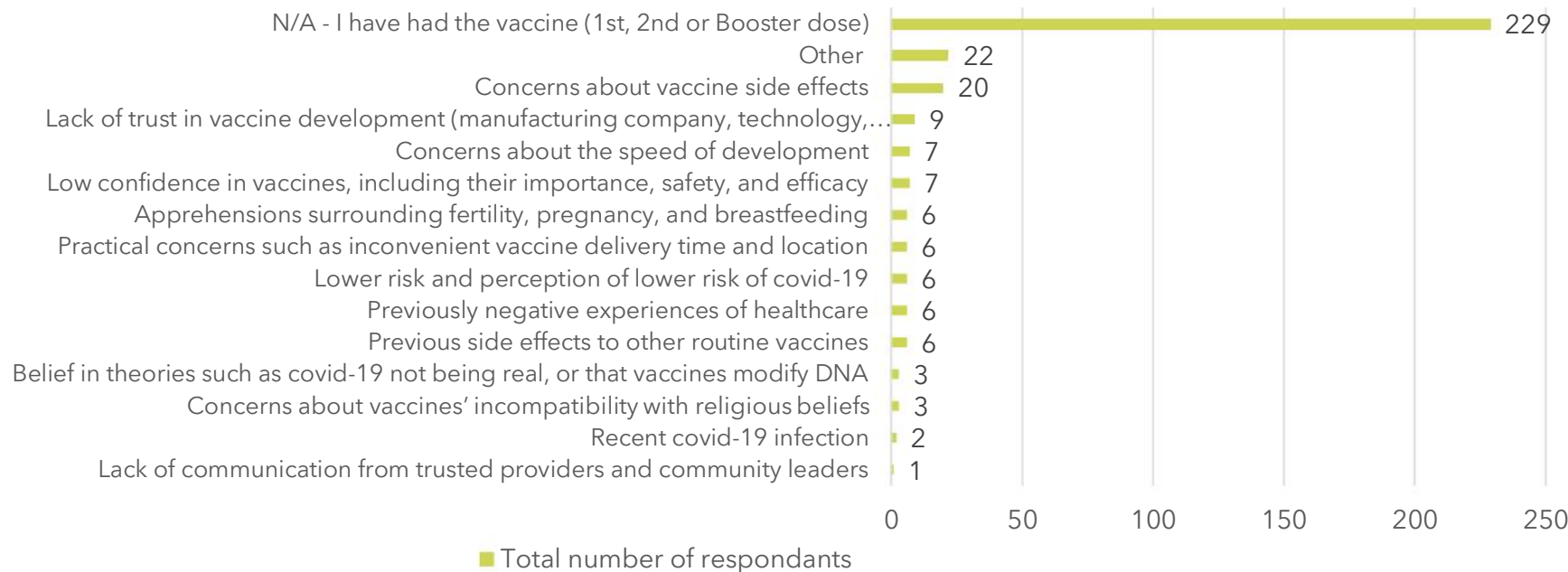
Survey comparison

University of Wolverhampton: this study agrees with our studies findings. This study highlights similar reasons for vaccine uptake such as having it to protect themselves, their family and community (others) from COVID-19 and its consequences.

Participants in this study wished to go out and do things such as traveling and feel a sense of normality again, which is consistent with our results. Participants also reported seeing others who had COVID-19 which influenced their decision to have their vaccine.

Q4. Vaccine Refusal Reasons

Vaccine refusal reasons



"The vaccinations appear to give a false sense of security."

Vaccine confidence

Autonomy

"I feel that the world is being forced to take a jab i.e. no jab no job, if I want the jab I will have it, if I don't want the jab for personal reasons. I can see a decline in there health, and I find it strange that all my colleges and a few family members who have had the jab have had covid19, yet I have not had a jab yet, since 2019 I have a had a dry cough that's it, I test myself daily as I haven't been jabbed and its always negative."

Responders to the survey said

Reasons for vaccine refusal

Side effects

"The serious side effects that relatives and friends have experienced, some being so serious they have not left hospital for six months due to having vaccine. These are not people on you tube these are people in my everyday life."

"My mother died after being perfectly healthy from multiple bloodclots within 2 weeks of having the Vaccine"

Blood Clot

Immunity

"The vaccine neither stops you from getting covid or spreading it. Those who have had it are still getting it and being seriously ill so I don't see why I should put an underdeveloped vaccine in its testing phase into my body."

Survey Comparison – Vaccine Refusal Reasons

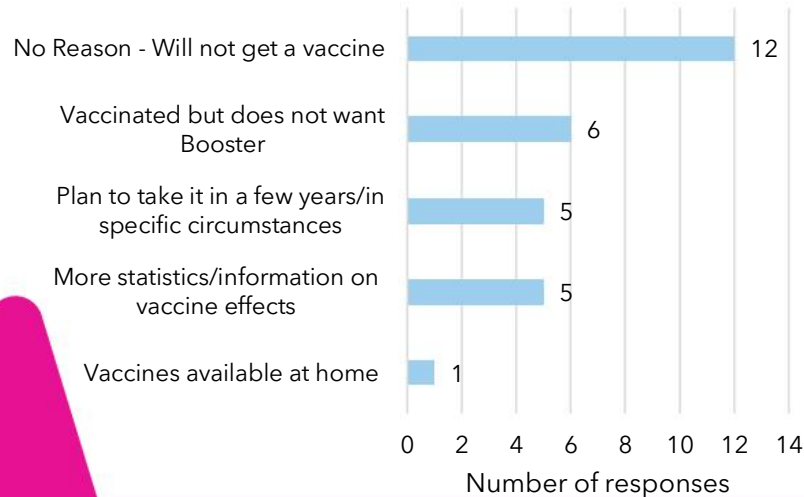
- [Solutions4Health study](#): also cited lack of trust in the vaccine as one of the main reasons for vaccine refusal (23.1% of responses)
- [University of Wolverhampton](#) data was consistent with our results. Concerns around vaccine safety was one of the key highlights from this study which aligns with ours. Furthermore, respondents expressed that they were concerned about how quickly the vaccine had been developed and put off due to the lack of long-term evidence.
- [ONS data](#) similar to this survey: many participants cited safety of the vaccines development and long-term side effects as some of the most frequent reasons why participants were unwilling or uncertain about receiving a COVID-19 vaccine

Survey Comparison - Covid-19 vaccination hesitancy

- The findings of the current survey are consistent with the findings of the paper published by BMJ on COVID-19 vaccination hesitancy.
- Confidence in the importance of vaccines has the strongest association with vaccine uptake; however, confidence in the importance (necessity and value), safety, and effectiveness of vaccines fell in many countries between 2015 and 2019. A few drivers of low confidence are: Misinformation, disinformation, rumours, and conspiracy theories, in particular through social media and structural racism and previously unethical research involving some ethnic minority groups.
- Birmingham City Council have already been working on suggestions that are in the report such as: Offer tailored communication from trusted sources such as community representatives, healthcare providers, and local authorities that is culturally relevant and accessible in multiple languages; Improving access to vaccines and via community engagement.

If you have not had the vaccine are there any reasons why you might choose to have it?

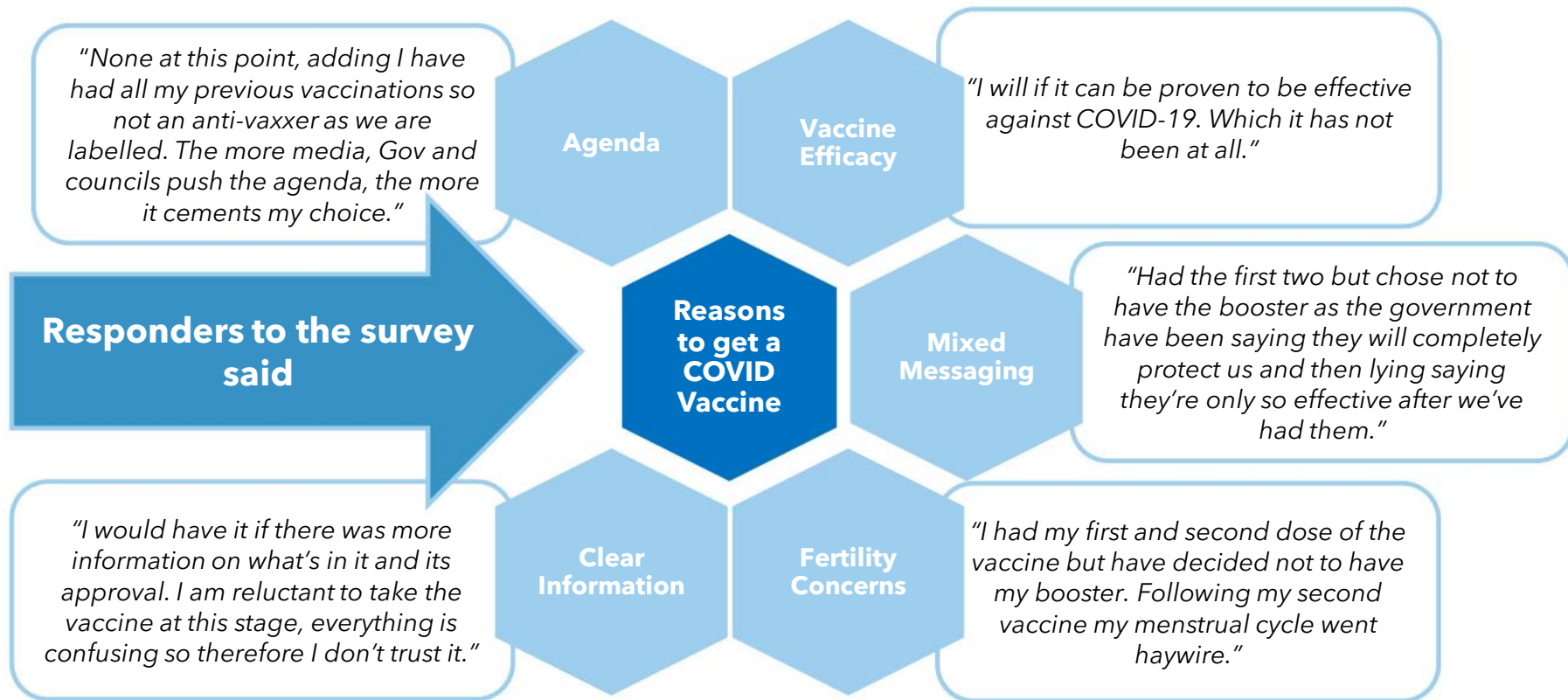
If you have not had the vaccine are there any reasons why you might choose to have it?



Survey comparisons:

- [Solutions4Health](#) - access to more vaccine information cited as main reason to change vaccine hesitancy. However this was closed question with only 4 options. This survey was full open ended here - may have seen more similarities if questions were more consistent between surveys.
- [University of Wolverhampton](#) - in this research study, many respondents revealed that nothing will change their mind, consistent with our results.

Residents views on COVID-19 Messages





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

	<u>Agenda Item: 11</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	26th January 2022
TITLE:	TEST AND TRACE BUDGET OVERVIEW
Organisation:	Birmingham City Council
Presenting Officer:	Justin Varney

Report Type:	For discussion
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1. Purpose:
1.1 To inform the Board of the planned spend of the allocated test and trace budget

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

3. Report Body:

Spend item	2021/22			2022/23		
	Original Budget	Projected Commitments (Inc. actuals)	Underspend / Overspend (According to original Budget)	Original Budget	Projected Commitments (Inc. actuals)	Underspend / Overspend (According to original Budget)
Total	19,181,000	18,690,125	490,875	7,848,000	5,081,535	2,766,465
Staffing	3,263,000	3,154,539	108,461	1,632,000	1,665,761	(33,761)
Asymptomatic Testing Contingency	1,113,000	292,491	820,509	557,000	734,400	(177,400)
Testing Facilities	145,000	114,548	30,452	73,000	45,900	27,100
Community swabbing and support	662,000	1,539,845	(877,845)	331,000	384,400	(53,400)
Test & Trace system - Software licence, implementation & support	165,000	108,397	56,603	83,000	0	83,000
Local contact tracing	865,000	915,514	(50,514)	433,000	740,798	(307,798)
Whistleblowing	77,000	50,478	26,522	39,000	38,254	746
Isolation Support	500,000	92,494	407,506	250,000	87,957	162,043
Communications	961,000	250,745	710,255	481,000	127,500	353,500
Health and wellbeing support	546,000	373,410	172,590	249,000	82,238	166,763
Training	10,000	0	10,000	5,000	0	5,000
Translation services	60,000	61,460	(1,460)	30,000	25,500	4,500
Other Costs	47,000	10,689	36,311	24,000	10,404	13,596
Contingency	2,624,000	0	2,624,000	1,315,000	0	1,315,000
Wave 3 response	3,450,000	10,048,000	(6,598,000)	0	0	0
Enforcement support incl Covid Marshalls	2,826,000	1,677,517	1,148,483	1,412,000	1,138,423	273,577
Supporting compliance	1,867,000	0	1,867,000	934,000	0	934,000

3.1

The table above shows the actual spend for the first 9 periods of the current financial Year (April to December 2021). This table includes all spend items that are reported to and paid from the Contain Outbreak Management Fund (COMF)

3.2 Spend funded from other sources

The following table shows expenditure from different funding sources

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

Spend item	Spend to date 2020/21	Budget for 2021/22
Asymptomatic Testing *	1,852,205 }	Reimbursed via grant
Operation Eagle *	85,000 }	440,000
Community Champions Fund **	275,944	
Total	2,213,149	

4. Clarification Notes to the report:

Out of the total projected budget £27,029m (this value split between two financial years accordingly: 2021/22: £19,181m and 2022/23: £7.848m) total actual spend by the end of December 2021 is £4,722m.

Budget and expenses are as follows:

Staffing, out of planned £3,263m in 2021/22 we spent £2,163m, this is on track with the forecast, and we don't assume any overspend.

Asymptomatic Testing Contingency, minor spend on this line (£292,5k) due to the fact that additional fund was forecasted to cover this activity in case DHSC fund ends; because DHSC fund has now been extended for the period Jan22-Mar22, hence why we only included extension of the service for the period Apr2022-Sept2022 (£734k).

Testing Facilities, £44,5k already spent out of £114,5k, financial resource reserved mainly for winter maintenance and equipment for testing sites.

Community Swabbing and Support estimated budget of £ 933k over two financial years already committed to cover Contract with Community Healthcare NHS Foundation Trust (BCHC) which ended in September 2021 as well as contract extension until end of September 2022 (£950k over two financial years).

Software, commitments estimated as £108,3k out of £165k budgeted, this should be invoiced shortly after DPH decision approval, we are in process of planning for the rest of the money to be allocated at further IT software for Health Protection Response Team. The DPH document to follow.

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

This line will also cover Test and Trace Support Payment (TTST) which were carried on from April 2021 and are extended now until end of September 2022. This wasn't included when Budget was planned hence why there is overspend on this position at £358.3k over two financial years.

Communications, most of the cost has been charged against different fund (Community Champions Fund) our projection (£250,7) is lower than budgeted (£961k). Our plan is to allocate some of the unused funds to the Vaccination Project which will focus on raising vaccination in Birmingham.

Health and Wellbeing Support, out of budgeted £546k we are committing £373,4k. This will be allocated to cover food insecurity, fluoridation, and support for carers hub.

Translation Services, Commitments at £61,4k includes cost related to Vaccination pilots and other translation costs for community team.

Other Costs, planned £10,6k out of the £47k budgeted, reserved amount for spend related to Test and Trace Team (administration etc).

Contingency, commitments at £1,033.5m for Extension of the Swabbing Contract with BCHC and to cover Contact Centre activities related to Test and Trace Support Payment (TTST) which were carried on from April 2021 and are extended now until end of September 2022.

Wave 3 Response, forecast includes £10m for City Wide covid pressures.

Enforcement Support including Covid Marshalls, Projection of £1.677.5m for Covid Marshalls, Park Marshalls and Covid Enforcement Officers to cover Covid compliance within the area. Service now extended until end of September 2022. Service has been increased by 50% capacity in April 2021 as emergency decision to support Covid controls and Health Protection Safety of Commonwealth Games.

Support Compliance, Budgeted £1,867m, no commitments yet.

From financial year 2021/22 budgeted at £19,181m commitments are £18,654m with actual spend £4,297.8m, and further £490.9k still to be allocated.

Financial year 2022/23, budgeted at £7,848m with commitments at £5,082 and further allocation at £2,766m

5. Risk Analysis:

Risk

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

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

John Brookes, Finance Manager

Malgorzata Sugathan, Service Lead (Test & Trace)

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