

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 15 DECEMBER 2021 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **WELCOME AND INTRODUCTIONS**

2 **NOTICE OF RECORDING/WEBCAST**

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

3 **APOLOGIES**

To receive any apologies.

4 **DECLARATIONS OF INTERESTS**

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

3 - 14

5 **MINUTES**

To confirm and sign the Minutes of the meeting held on the 24 November 2021.

15 - 70

6 **COVID-19 SITUATION UPDATE**

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

7 **VACCINATION ROLLOUT AND UPTAKE UPDATE**

Paul Sherriff, NHS Birmingham and Solihull CCG and Dr Manir Aslam, Sandwell and West Birmingham CCG will present the item.

8 **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**

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

71 - 74

9 **TEST AND TRACE BUDGET UPDATE**

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

10 **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.

11 **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 26 January 2022 as an online meeting.

BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
24 NOVEMBER 2021**

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 24 NOVEMBER 2021
AT 1430 HOURS ON-LINE**

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Chief Superintendent Stephen Graham, West Midlands Police
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
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

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

The Late Councillor Penny Holbrook

The Chair advised that a very close friend and colleague Councillor Penny Holbrook had passed away on Sunday 21 November 2021. The Chair stated that the Late Councillor Holbrook was a vibrant member of the City Council, a well-loved Member of the Labour Group and the other political groups. The Chair added that she just wanted to place on record that she will truly have

missed her. She had known the Late Councillor Holbrook for 18 years and that she was a special woman that would certainly be missed by the City Council and that she was one that worked for the residents of the city. May Councillor Holbrook rest in eternal peace and she will be greatly missed.

NOTICE OF RECORDING/WEBCAST

- 251 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.
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APOLOGIES

- 252 Apologies for absences were submitted on behalf of Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham, Councillor Brigid Jones, Deputy Leader, Birmingham City Council, Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB and Paul Sherriff (but Simon Doble as substitute).
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DECLARATIONS OF INTERESTS

- 253 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

- 254 **RESOLVED:-**

The Minutes of the meeting held on 6 October 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

- 255 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)

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that we seem to have brilliant data around the case rates in terms of demographics. Mr Raybould enquired whether there were any corresponding

data around hospital admissions and deaths as this seem to be becoming more pertinent as the vaccination programme taken hold.

Andy Cave, Chief Executive, Healthwatch Birmingham commented that he was pleased to see the West Birmingham slide in the slide pack. He stated that he chaired the Coordination Group in West Birmingham and there were just developing an evaluation report at the moment. Mr Cave added that the report would be circulated to this Board when it was ready. Mr Cave further stated that if the Board would like him and a few members of the group to come back at the next meeting they could go into more details of the findings of that project.

In response to the questions Dr Varney made the following statements: -

1. In relation to Mr Raybould's query we had some data on deaths and hospitalisation and were in the process of finalising the Director of Public Health report which looked back over the first year of living with Covid.
2. Much of the data on things like death took a while to come through the system. It was not available data and that was what would be reported on the death data.
3. We had been working with hospitals about trying to get more insight into the NHS data on hospitalisation. There was some national and local information which we were putting out around explaining the difference in death in people who were vaccinated and unvaccinated people to explain and unpicked some of the fake news that were circulating around it.
4. Ultimately, what we were seeing was that the majority of people who were dying were unvaccinated and the majority of hospitalisation was in the unvaccinated.
5. Where vaccinated people were dying, in effect they were of an age and frailty and they probably would have died from something else. There was a proportion that was dying at a much lower proportion than the unvaccinated.
6. There was a big difference between the two in terms of the volume of deaths when comparing the vaccinated and the unvaccinated. The other thing in terms of hospitalisation was that it was seen that unvaccinated people were staying in hospital longer.
7. Even where vaccinated people do get so sick that they needed to go into hospital, they were only going in for a day or two and then they were fine to go home again, whereas the unvaccinated people were staying in for days and weeks and were very unwell.
8. We were seeing clear evidence of the differences between the unvaccinated and the vaccinated. There were not really any evidence of difference beyond that because any difference that was seen in unvaccinated rates could be linked back to what we knew about the population that were unvaccinated.
9. The final thing to say was that the risk factors for serious illness with Covid remained the same. People who were overweight, smokers, people who had chronic diseases, particularly diabetes, high blood pressure, kidney diseases and if it was poorly managed, they were more vulnerable than people who did not have those conditions, men and the elderly as well.
10. This was why the vaccination was so important because if you were vaccinated and were in those groups you were reducing your risk

whereas the unvaccinated was facing a real risk of hospitalisation and death as your risk was so much higher. The key message was to get vaccinated as all the evidence both local and national states that it protects you and it reduces your risk of being very unwell.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE UPDATE

256 Simon Doble, Director of Primary Care and Integration, BSC CCG presented the item and made the following statements:-

(See document No. 2)

- a. In terms of the winter and phase three booster programme there were 23 PCN LDS sites in operation and all the local vaccination sites operating out of Birmingham.
- b. They were carrying out booster doses but were then offering further first and second doses for a population that wanted those. Some PCN in addition were also carrying out additional capacity for health for 12 – 15 years old as well and that was a full capacity on the national booking system.
- c. All adults and children were able to book though there. Within Birmingham we also had 18 community pharmacies that were live and 7 further which were being on board at the moment following regional sign off. That will grow as another vehicle for delivery.
- d. Vaccination centres -Edgbaston vaccination centre closed on the 19 November. There was work going on to add new centres and that should happen during December.
- e. Outside of Birmingham there had been a vaccination centre opened in Solihull recently, but confirmation of those Birmingham centres should follow shortly.
- f. In addition to Pfizer supply, Moderna vaccines had just started to come through the system this week as well to further support vaccine delivery.
- g. From a care home perspective, majority of care home patients had now received a booster vaccination and housebound patients were vaccinated by the Community Trust with some support from Primary Care.
- h. The flu programme continues as normal through general practice, community pharmacy and NHS Trusts. Where possible co-administration was taking place, but the principle of not delaying one vaccine for the sake of co-administration being followed.
- i. In terms of what was being delivered overall and this changes as people will have seen there was an addition to the cohorts this week.
- j. The additions this week being from a booster perspective those age between 40 – 49 were now being made eligible to a booster post 6 months after their second dose.
- k. Also a second dose for the cohorts of age 16 – 17¾ where they were now getting a second dose as well. The other cohorts were anyone aged 12 years or older for their first or second dose or a third dose if eligible and the age 12 – 17 for the clinically vulnerable and then certain

clinically vulnerable patients will get three doses as part of that primary initial vaccination.

- l. The schools programme began on the 27th September and that was contracted and commissioned by the NHS England with the school community provided nationally and this was flowing through and being supported.
- m. The expectation on the schools' programme was for that to have been completed by Christmas 2021. There were some vaccination figures within the information pack, they were for events up to the 8th November and split across the hospitals and local vaccination centres and vaccination centres.
- n. Broadly, the lion share of that 70% just below were being delivered out of the local vaccination sites – the PCN, general vaccination sites and the community pharmacies. 11.5% were from hospital hubs and just under 20% from the vaccination centres were being undertaken.
- o. Actions to improve uptakes – there were weekly performance reviews across the sites focussing on activity particularly for the local vaccination site follow up with any low performing areas.
- p. There has been a focus on care homes and housebound delivery and understanding how we could progress and smooth through any of the issues that may have been arisen.
- q. There was progression of any of the actions which came back to what Dr Varney had stated earlier through some of the Vaccine Inequalities Board and how we support some of the low uptake areas and populations within Birmingham.
- r. There had been a system review of workforce and redesign of the system to ensure that was effective and efficient in terms of deployment and helped to avoid any cancellation of clinics.
- s. We were working closely to mitigate any potential risk through uptake due to the change in vaccine levels and vaccine type. There was also a review of local communication strategy as well which linked back to what Dr Varney stated earlier.
- t. We were encouraging the GPs, PCNs and local vaccination sites to engage with the national booking system and therefore widen the ability of patients to access appointments.

Dr Varney enquired whether Mr Doble could highlight the approach to the housebound and care home residents including children who were extremely clinically vulnerable in residential care.

Mr Raybould enquired whether there was any data on the correlation between the distance where people lived and where they had the vaccine and whether that affected uptake. It seemed that people were now having to travel further to get their vaccine and he wondered whether this was having any impact.

In relation to Dr Varney's query, Mr Doble made the following statements:-

- I. In terms of the housebound patients approach, they had been vaccinated and the majority of vaccination was through Birmingham Community Healthcare.
- II. Primary Care was also supporting that and that was down to agreement between the two providers as to how we best managed and support

- those patients and get that coverage across. There was on-going work around that.
- III. In relation to the second part of Dr Varney's question, Mr Doble advised that he take this away so that a more appropriate answer could be sought in terms of supporting some of the children as he wanted to be clear on the approach around that and then come back with a response.
 - IV. In terms of care home patients, the majority had now received the booster. Those were mainly supported through general practice with a structured approach, but this had well progressed in terms of the care homes positions.
 - V. In relation to Mr Raybould's query, in terms of our local sites, we had done well within Birmingham in terms of maintaining those local vaccination sites.
 - VI. Other areas had seen quite a marked drop-off from general practice no longer providing those vaccinations, whereas, within Birmingham and Solihull we have maintained that level of coverage and manage to hang on to those sites.
 - VII. We have seen a huge increase in the number of community pharmacies. Whilst the vaccination centres had been (we have not got those currently operating in Birmingham we were looking at those reopening soon), we have got from an individual site perspective far more sits available.
 - VIII. Without having the data specifically, from a site perspective we have more than the earlier delivery phase.

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

LIVING WITH COVID STRATEGY

- 257 Dr Justin Varney, Director of Public Health introduced the item and advised that colleagues would be aware that we were continuing the work to develop the Living with Covid Strategy. He added that it had taken a bit longer than was originally anticipated, partly because we were doing a series of exercises both in Birmingham and across the West Midlands to test our winter resilience and test our thinking in this space.
- Dr Varney then drew the Board's attention to the information contained in the slide presentation.

(See document No. 3)

The Chair commented that the document was a live one and was on-going and that it will change as time goes on.

The Board noted the presentation.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

- 258 The Chair introduced the item and advised that a number of weeks ago many of us would have had the information that we had lost a young woman in the east of the city. She had her baby and then died of Covid. That brought a

sharp level of interest from the Asian and other communities that they were very concerned.

As a Council we were asked if we could lead on a specially held meeting relating to Covid and how we could improve people's awareness of Covid, but more so taking the vaccine, particularly pregnant women and women who had just given birth. We had noticed through data that women were not taking the vaccination the way they needed to be taking them. A special meeting with the Imams, a number of professionals, NHS England and staff from Public Health were in attendance.

At the meeting the Imams and a number of people referred to *Covid fatigue*. This struck a note with her as within the communities (and those doing a lot of work within the communities) she was finding that within communities like hers, she cannot speak freely about Covid. The Chair added that it was as if people did not want her to speak about it in her Ward. The Chair further stated that when she heard the term Covid fatigue she requested members of staff to consider putting some questions to the public relating to the term Covid fatigue to see what response we would get in terms of what people were feeling, their mood and to help drive forward this particular subject and to see how we could increase people's education around the Covid vaccine uptake.

The Chair highlighted that the Public Health team did a phenomenal piece of work concerning the issue and then introduced Dr Varney to present the information.

Dr Varney advised that we were able to use our social media channels and also work with our community partners to signpost people into our social media channels and the Be Heard Consultation Portal to ask people - What they think? Were you feeling Covid fatigue? Do you understand what that the term means? What do you think we should do differently? The survey was launched on the 19th November 2021 – 22nd November 2021 and we had just over 100 responses.

Dr Varney then drew the Boards attention to the information contained in the slide presentation survey.

(See document No. 4)

Andy Cave commented that it was a useful information and insight about what communities were thinking at the moment. It was felt for a while that there was some kind of fatigue around the word Covid. The feedback from our community group was that they were struggling to start that conversation with people. The survey gave a real good insight around what we could do differently. In particular, the next step was to use this as a system for Public Health comms and how we could support it in the wider system. Perhaps BSol inequalities group could go there and look how we could do something differently collectively.

Stephen Raybould commented that there were a couple of things – one of the things from the community group was yes, there was fatigue about having a head on conversation about Covid all the time. There was not a lot of energy

around the wider determinants of health which feeds heavily into Covid outcome so having a conversation around Covid and those wider issues was worthwhile. The other thing was a real challenge especially around other people not wearing face mask was a real disincentive for the people who still wanted to do it. Everybody was protected by what other people do and finding a way to turn that around would be helpful.

Councillor Paul Tilsley commented that there was a degree of fatigue. He advised that he religiously send out the public health update and that he had also taken the latest figures for Sheldon that was published at 4:00pm on a Friday afternoon on the Government Covid site and send these out to his database. Councillor Tilsley stated that he had not had anybody responded to him to say they were no longer interested in the information. He stated that the only negatives he had was from people who had moved out of the area and did not wished to be on his database anymore. He added that each week he got two or three people expressing their thanks to him for the information. The database has 300 email addresses and probably reaches 600 plus people and probably got forwarded on to others.

Simon Doble commented that it was an interesting topic and presentation. Mr Doble stated that he was in agreement with some of the things that Mr Cave and Mr Raybould had stated. In respect of Mr Cave it would be helpful to play this conversation into the dialogue we had with the Health and Inequalities Group and get their views on it. Also how we play it into our wider communications programme around vaccine uptake as well. Those would be his two messages back.

Richard Burden commented that he was in agreement with what had been stated. He added that the presentation was a useful one and that going forward it was important to reality check that in our on-going communication work and relationships. Mr Burden added that some of the things that came out of the presentation was key and anecdotal for impressions he had. The lessons would probably go beyond Covid and will need to inform our work in a wider way. It was a good presentation and feeding this presentation to other inequalities group was a good idea.

The Chair commented that this was another example of Public Health and the wider Council working together quickly, through residents, and what we were hearing from the public, to do a piece of work that she believed would be informative going forward.

The Chair expressed thanks to Dr Varney, Modupe Omonijo and the team for doing a fantastic job. The Chair added that she did not want this to be the end and as we go forward and were taking things to other areas, that this be brought back so that people knows what was being said in the communities.

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health introduced the item and drew the Board's attention to the information relating to spend to date in the report .

(See document No. 5)

Dr Varney advised that a more detailed report would be presented to December Board meeting to sign off some of the changes that we will need to make in the budget for the remainder of its duration. Dr Varney highlighted that we had bid for pots of money through the last 6 – 10 months and had been successful. This had destabilised the budget as we had secured an additional £2m that we were not expecting to have when we set out the original budget proposal.

Although it looked like there was a huge underspend in the budget, in reality, what we were finding was that some of these were not being coded into the budget code correctly during the second wave of the pandemic and colleague would appreciate the pressure staff was under. The fact that they were coding them to normal budget codes and not to the new budget codes was understandable.

There was a piece of retrospective accounting being done to work out what spend went where and why some of these budget lines we were expecting spend against was not there. We have identified several areas where the recharge that should have gone to these budget lines did not happen. When we bring the report back in December it was hoped to present the Board with an update on the budget, he was confident would be accurate in terms of the spend to date and a reprofiling on the remaining budget. We will assure the Board that we have resilience to take us through the Commonwealth Games (CWG) and maintain the specialist Public Health response and the enhance enforcement and environment response that we need to protect the city through to the end of September 2022.

Stephen Raybould enquired given the extra pressure the CWG will put on the public health system whether there was additional investment coming into the city to support that. Dr Varney advised that as far as he was aware, we have not received any additional funding to local government public health for the CWG. There had been a small amount of additional resource given to the UK Health Security Agency to maintain some additional health protection in response capacity for the West Midlands. There has been some to the regional teams but nothing additional.

As stated previously, we did get a special dispensation to carry forward with this budget. One of the things that Birmingham experienced that some of the other parts of the West Midlands did not was when we went into the Tiers model each time, we went into the Tiers we got an extra £3m due to the size of the population which we were not expecting. In the first year of the pandemic we did not have to spend as much of this budget as areas that did not go through the Tiers which left us with a bit of an underspend when we went into this year. What we had was an agreement for the department to carry that forward.

The Chair stated that we were going into what was described as the worst winter and as the hospitals had told us that they were already at capacity. The fact was that within our NHS they were running at full *kelt*. Adult social care were saying that the numbers they were seeing coming through the service were the numbers they would normally get after Christmas. The Chair enquired

Local Covid Outbreak Engagement Board – 24 November 2021

whether there any soundings from Government and NHS England to say that pots of monies could be coming through to help us through this difficult period.

As Dr Varney alluded to, after Christmas there could be a spike in numbers because natural immunity was waning, and the data showed what could be happening at Christmas. The Chair further enquired whether there was any planning for that scenario.

Dr Varney advised that he was not aware of any additional funding being identified by the department. He stated that he was aware that both the NHS and social care side there was a request for additional support due to winter pressures. We were already in winter pressures. The pressures in health and social care at the moment were what we would normally see mid-to-late December, so we were already under the cosh as it was. This was burning through reserves and capacity as well as resilience, staffing health and social care has got left.

Dr Varney further stated that he was aware that voices were being raised by colleagues in health and social care and the NHS, but he was not aware of any murmurings or whisperings that there was any additional resources coming nor do we have any clarity on the Public Health Grant allocation for 2022-23. Part of the reason he took such a cautious approach to the accounting in this space and hold back a contingency and reserve was that he had no confidence that at this stage there would be help coming.

259 **RESOLVED:** -

That the Board noted the report.

OTHER URGENT BUSINESS

260 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

261 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 15 December 2021 at 1400 hours as an online meeting.

The meeting ended at 1548 hours.

CHAIRMAN

Birmingham Local Outbreak Engagement Board Covid-19 Overview

Birmingham Public
Health Division
14/12/2021



009711/2021



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Overview



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/>

Covid-19 vaccine booster will be offered to all adults (aged 18+) by the end of 2021 to tackle the growing wave of Omicron cases

The 16-17 years old can also receive their vaccines through Walk-in sites which are available at locations across Birmingham.

All children aged 12-15 years old are being offered their vaccine either at school or out of school through the national booking service (online booking or via 119).

Figures from the [GOV.UK](https://gov.uk) website indicate that 89.0% of England people aged 12 years and over have had their 1st vaccine dose, 81.1% their 2nd dose, and 40.8% their booster dose. This compares to 66.1%, 58.5% and 24.9%* in Birmingham. The vaccination roll-out in the 12-15 age group will impact the overall uptake figures, compared to uptake at age 16+.

* The booster figures reported are significantly different from previous reports because of the change in the eligible population used as the denominator population. The eligible population used for booster uptake is the eligible population used for dose 1 and dose 2 uptake (as reported in the Gov.UK website) Previous reports were based on the population who had been fully vaccinated.

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

Coronavirus in Birmingham

Total deaths

(Data up to 13 Dec)

3,089

Latest daily figure

2

new deaths

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Total cases

(Data up to 13 Dec)

194,576

Latest daily figure

344

new cases

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Hospital admissions

(Data up to 13 Dec)

24,635

Latest daily figure

22

new admissions

60-day trend

(based on seven-day averages).



Source: NHS COVID-19 Situation
Operational Dashboard

Over 60's cases

(Data up to 12 Dec)

22,791

Latest daily figure

15

60+ new cases

60-day trend

(based on seven-day averages).



Source: PHE



**A BOLDER
HEALTHIER
BIRMINGHAM**

7 Day Cases, Testing & Vaccination Summary

7 Day Rolling Case Rate at 10th December

(Pillar 1 & 2): **370.6/100k**



- Rate on 3rd December: 317.3/100k.
- Ranked 14th (of 14 LAs), with Telford & Wrekin ranked 1st (503.0/100k)

Vaccination aged 16+ (as at 14th December)

- 1st Dose: 68.1%
- 2nd Dose: 62.8%
- Booster Dose*: 27.0%

7 Day Pillar 2 PCR testing rate at 10th December: 2,792/100k

- Rate of testing on 3rd December: 2,327/100k
- Ranked 13th in the region



7 Day LFD testing rate at 10th December: 5,115/100k

- Rate of testing on 3rd December: 4,616/100k
- Ranked 13th in the region



% of Pillar 2 positive PCR tests at 10th December: 14.1%

- Rate on 3rd December: 12.4%



% of positive LFD tests at 10th December: 1.6%

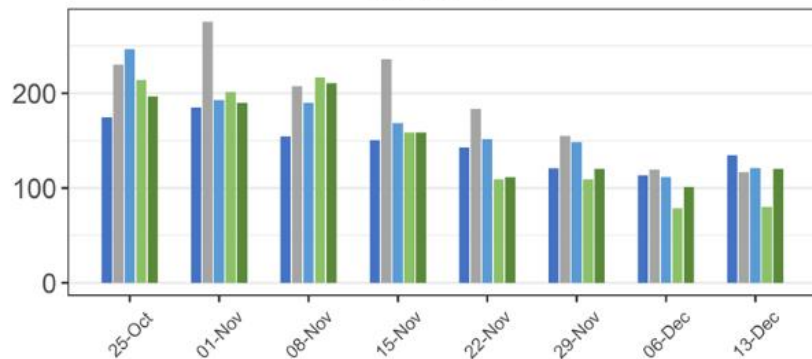
- Rate on 3rd December: 1.5%



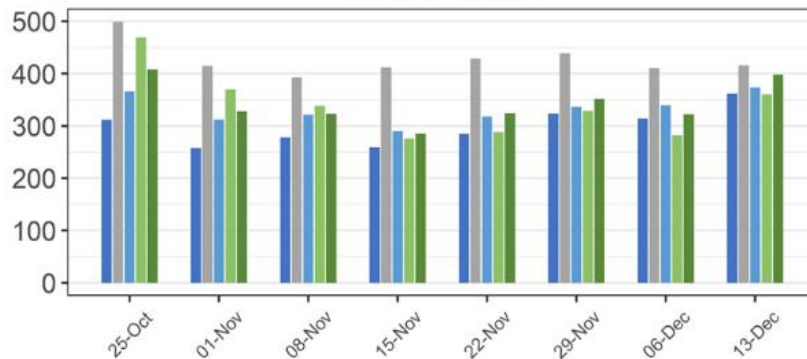
* The booster figures reported are significantly different from previous reports because of the change in the eligible population used as the denominator population. The eligible population used for booster uptake is the eligible population used for dose 1 and dose 2 uptake (as reported in the Gov.UK website) Previous reports were based on the population who had been fully vaccinated.

Birmingham & the Black Country Direction of Travel

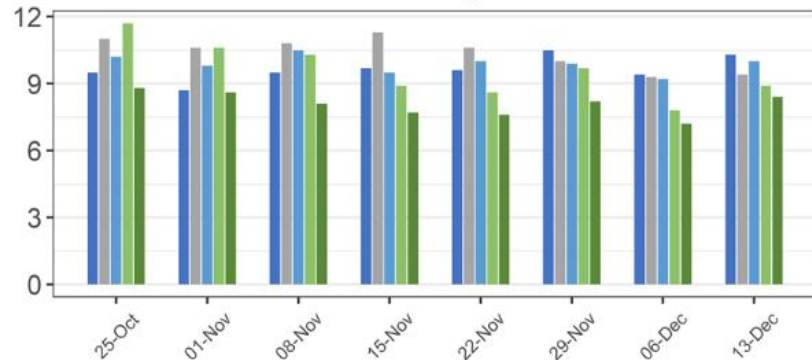
Case rate - 60+



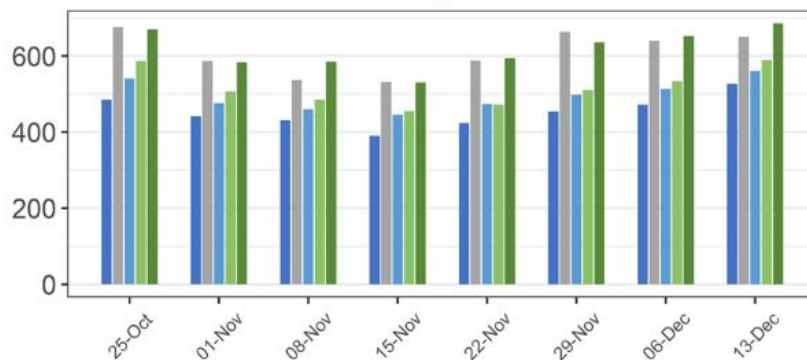
Case rate - all ages



Positivity

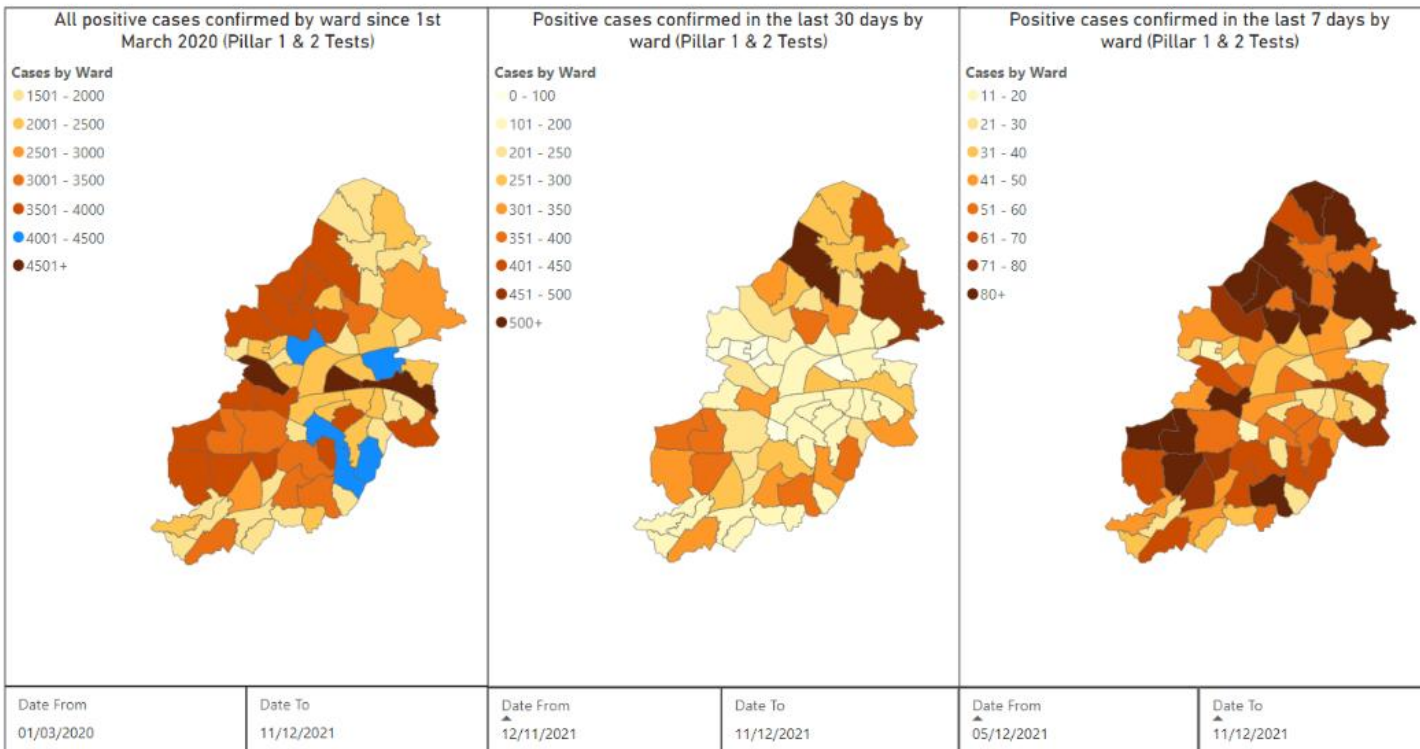


Testing rates



■ Birmingham
■ Dudley
■ Sandwell
■ Walsall
■ Wolverhampton

Confirmed Cases by Ward for Pillar 1 and 2 Tests



Total

Last Month

Last Week

Top Ten Case Rates by Ward

Ward	Prior week (27 th November to 3 rd December 2021)		Most recent week (4 th to 10 th December 2021)		Change between last two weeks		
	Cases	Rate	Cases	Rate	%	Absolute difference	
Sutton Mere Green	90	917.8	115	1,172.75	28%	254.9	↑
Sutton Roughley	87	754.5	124	1,075.36	43%	320.9	↑
Sutton Four Oaks	70	768.3	74	812.21	6%	43.9	↑
Sutton Walmley & Minworth	112	708.7	119	752.97	6%	44.3	↑
Sutton Wylde Green	60	701.6	58	678.20	-3%	-23.4	↓
Sutton Vesey	109	558.6	129	661.10	18%	102.5	↑
Sutton Trinity	79	851.9	61	657.82	-23%	-194.1	↓
Sutton Reddicap	56	565.9	55	555.78	-2%	-10.1	↓
South Yardley	44	417.0	57	540.23	30%	123.2	↑
Highters Heath	38	347.2	57	520.74	50%	173.6	↑

ONS COVID-19 Infection Survey, 25th November to 2nd December 2021

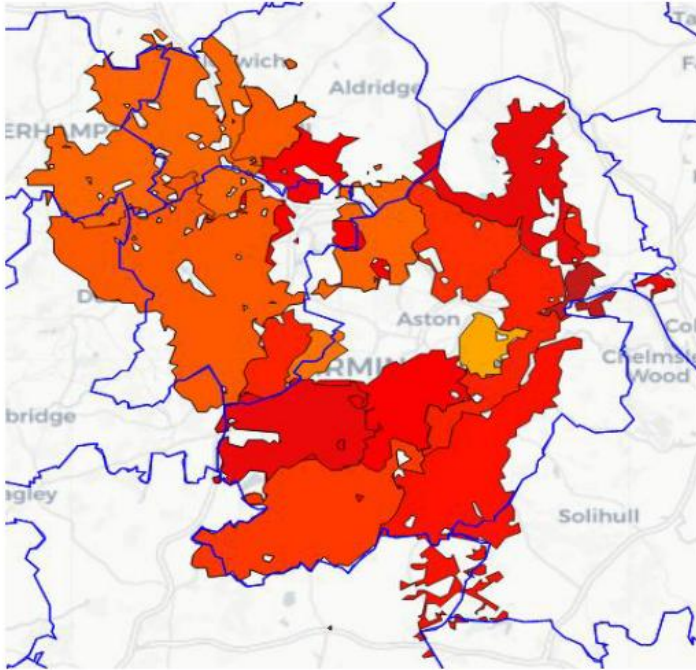
The ONS infection survey estimates the percentage of the Birmingham population who were COVID positive in the 7 days up to 2nd December was **1.88%**, an increase compared to the previous week's estimate of 1.17%.

In the West Midlands, in the 7 days up to 1st December, the estimated percentage testing positive was 1.32%, a decrease compared to the previous week's estimate of 1.45%.

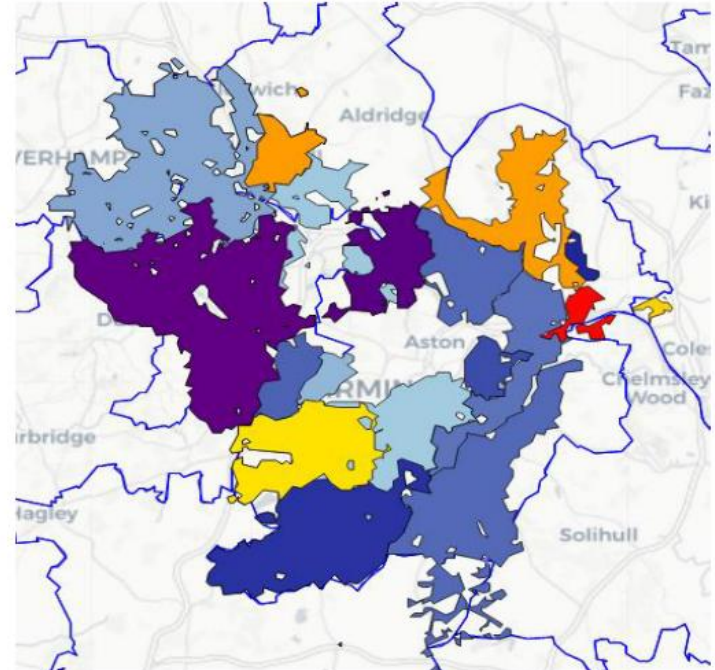
In England, in the 7 days up to 1st December, the estimated percentage of people testing positive increased for those in school Year 7 to school Year 11 (3.87%), and in those aged 25-34 (1.43%) and 35 - 49 years (2.01%). In contrast, the percentage testing positive decreased for those aged 50 years and over.

The percentage testing positive was highest in ages 2 years to school Year 6, and school Years 7 to 11.

NHS WASTEWATER SARS-COV-2 Report 5th December to 14th December 2021



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



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

Variants of Concern



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Variant of Concern or Under Investigation

The Omicron virus (B.1.1.529) is highly transmissible; has been detected in 52 countries and continues to grow rapidly in all regions of England.

Currently, there are 5,346 confirmed cases in the UK, of which 5,006 cases were reported across England. In Birmingham, 10 confirmed cases have been identified (following sequencing).

Reports from the UKHSA confirm that 10 people have been hospitalised with the variant in England - the majority had received two doses of the vaccine. One death has been reported in the UK.

Details of the Omicron (B.1.1.529) variant is still unclear. The full impact of the Omicron variant on its likelihood to cause more severe illness is still being investigated. However, reports from South Africa so far, indicates the reverse but this is still being closely monitored.

UKHSA early analysis suggests cases could be doubling at a rate of 2.5 to 3 days.

Variant of Concern or Under Investigation

The original Delta variant remains dominant in the UK.

In England, there are 61,250 VUI-21OCT-01 out of 1,548,561 Delta cases

There are now 80,960 cases reported in the UK, with the majority, 61,250 (75.7%) of these in England.

In Birmingham, VUI-21OCT-01 now accounts for 690 of the 2919 (23.6%) sequenced Delta cases as of the 1st November 2021.

Testing



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Birmingham
City Council

PCR Test Locations

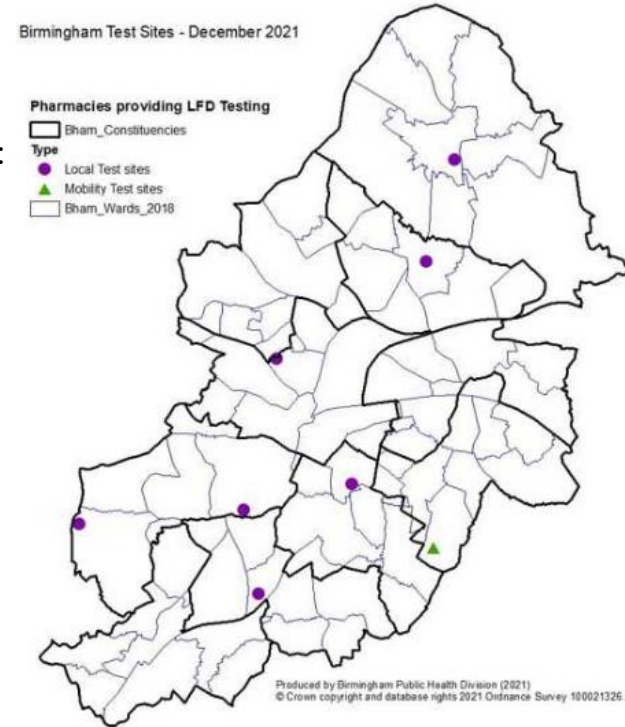
There are currently 2 active drive-in mobile testing unit (MTU) sites:

- Fox Hollies Leisure Centre, B27 7NS
- Reservoir Road, B23 6DJ

There are currently 7 active walk-in local testing sites (LTS):

- Seven Capital, Orphanage Road, B24 9HX (Closes mid-December)
- 60 Villa Street, B19 2XS
- Lifford House Car Park, Stirchley, B30 3BN
- South Parade Car Park, Sutton Coldfield, B72 1ST
- Birmingham University South Gate Car Park, B15 2TU
- Woodgate Valley Park, B32 3QT
- Alfred Road Car Park – B11 4PB

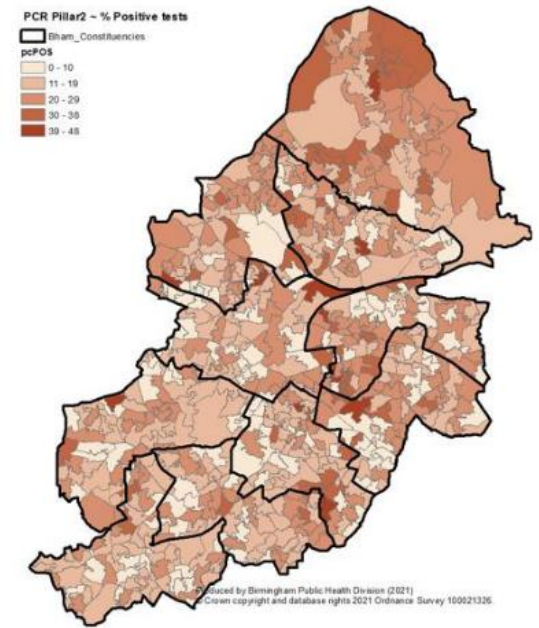
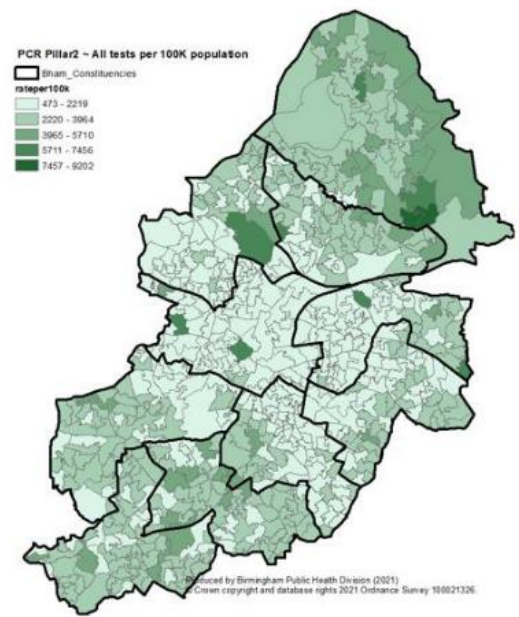
Covid-19 PCR Testing Locations



PCR Testing (Pillar 2) by LSOA: 7 days up to 10th December 2021

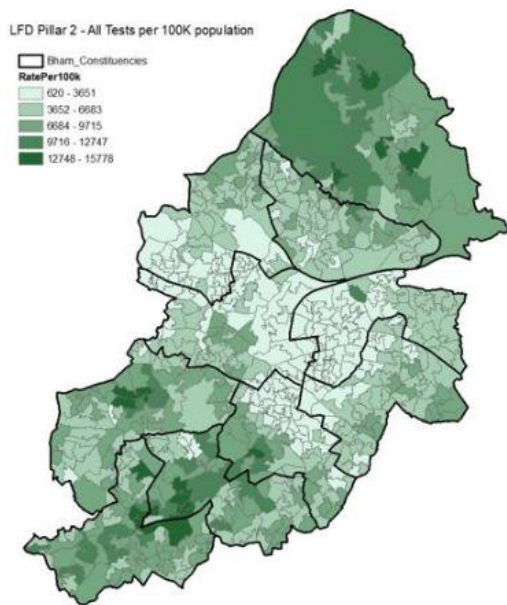
PCR Tests per 100k (rate)

PCR positivity (%)



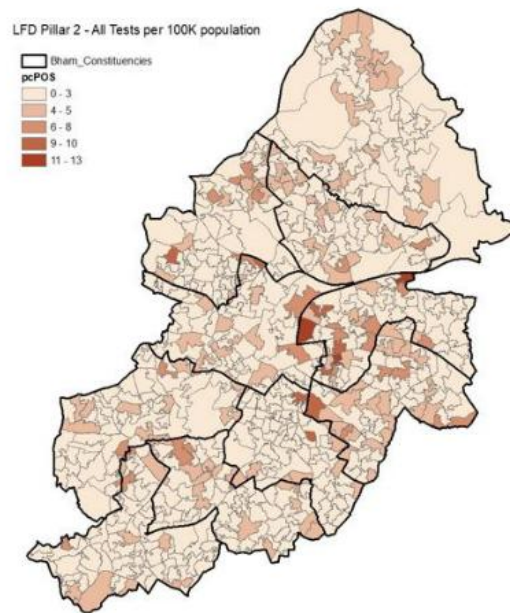
LFD Testing (Pillar 2) by LSOA: 7 days up to 10th December 2021

LFD Tests per 100k (rate)



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



Produced by Birmingham Public Health Division (2021)
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Lateral Flow Test Locations

A national initiative to support home testing is in place.

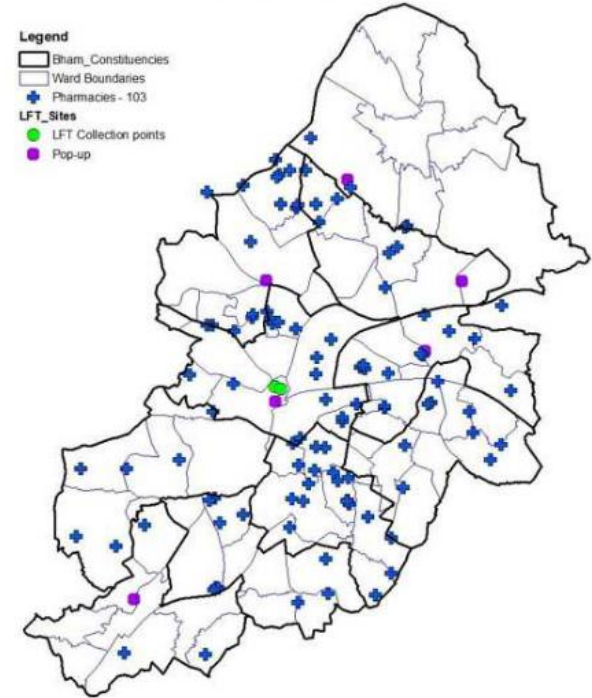
LFD testing and the Community Collect initiative is available throughout a network of community pharmacies in Birmingham.

There are a total of 104 pharmacy community testing sites currently live.

A series of pop-up collection sites are now operating around Birmingham to increase the reach of distribution.

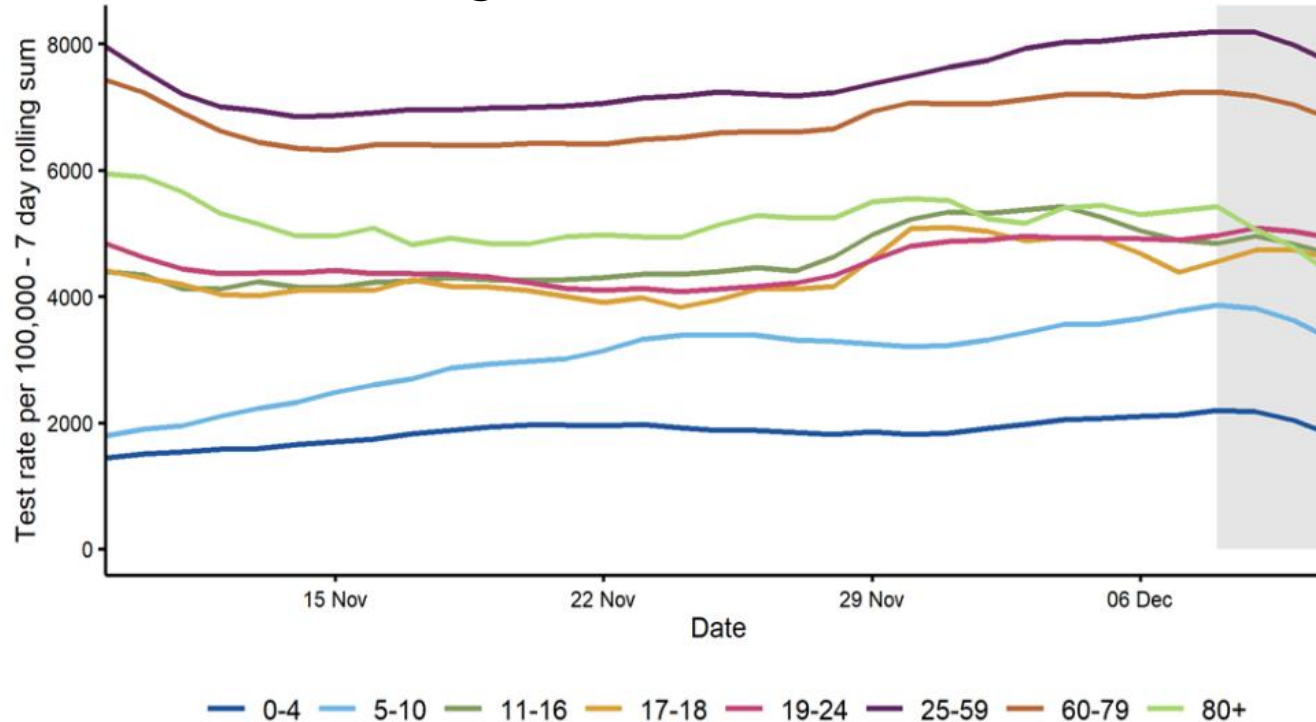
All collection points (pharmacy and BCC run) can be found here - <https://maps.test-and-trace.nhs.uk/>

Birmingham Lateral Flow Device (LFD) Test Locations
December 2021



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

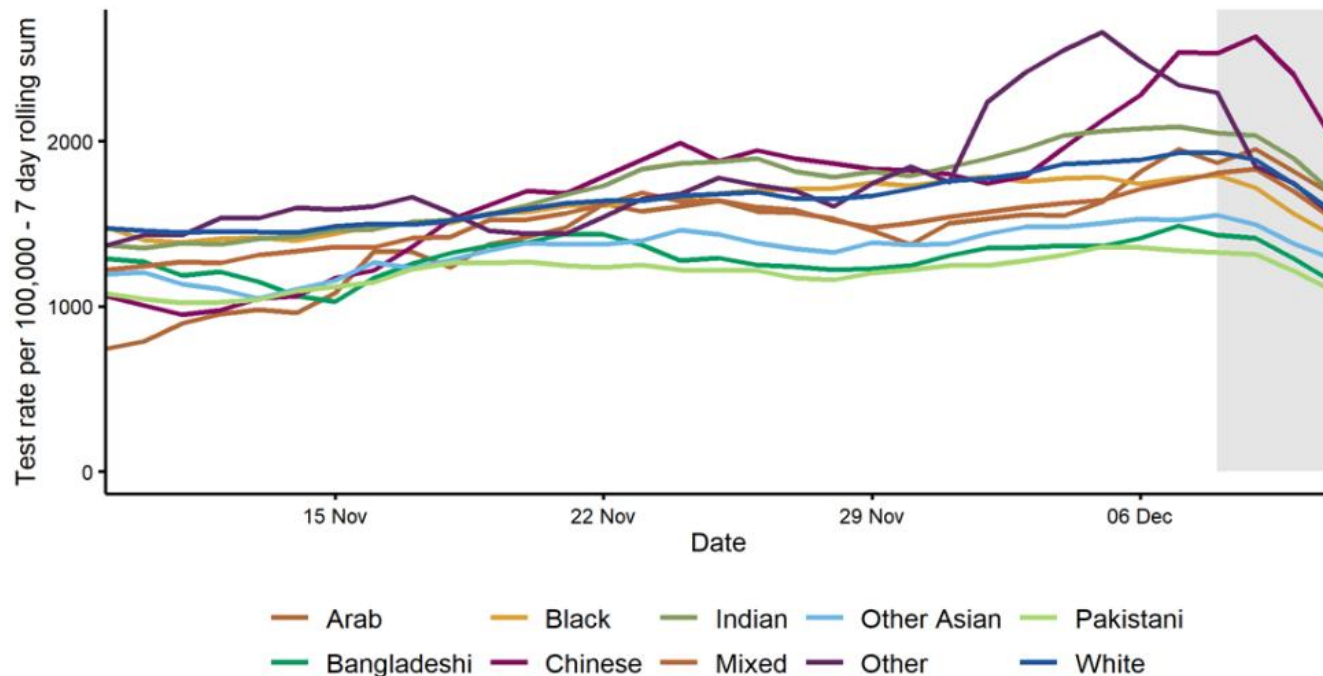
Age-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Residents of Birmingham: 9th November to 12th December 2021



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

Excluding 775 tests with missing age data.

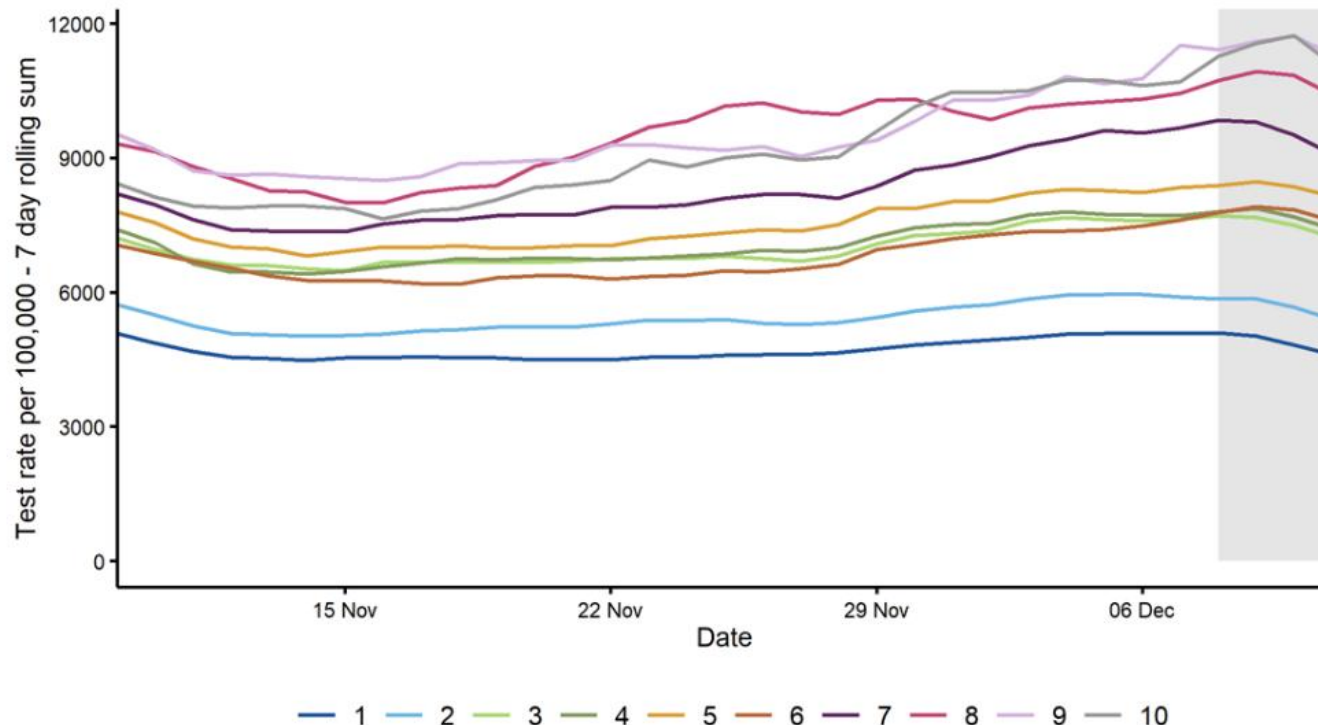
Ethnicity-Specific 7-Day Rolling Pillar 2 Test Rates per 100,000 Population Among Birmingham Residents: 9th November to 12th December 2021



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

Excluding 187657 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: 9th Nov to 12th Dec 2021



Using Index of Multiple Deprivation (IMD) of LSOA of usual residence (1 = most deprived; 10 = least deprived). Where an IMD is not present in local denominator data, it is not shown.

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

Case Demographics



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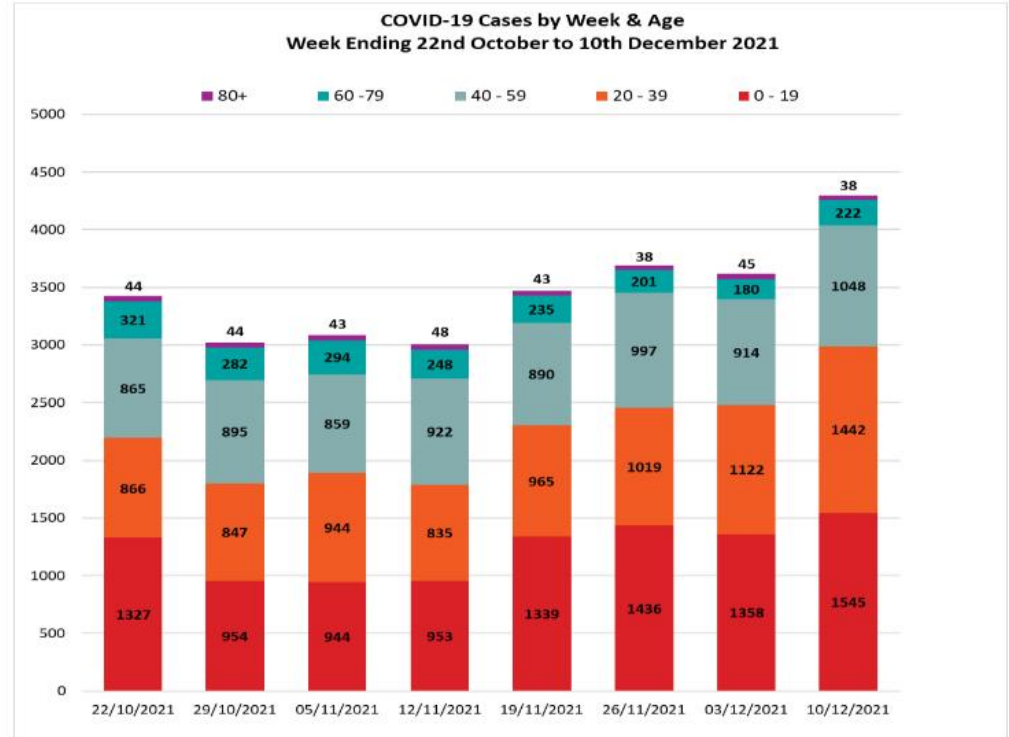


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City Council

Cases by Week & Age Group

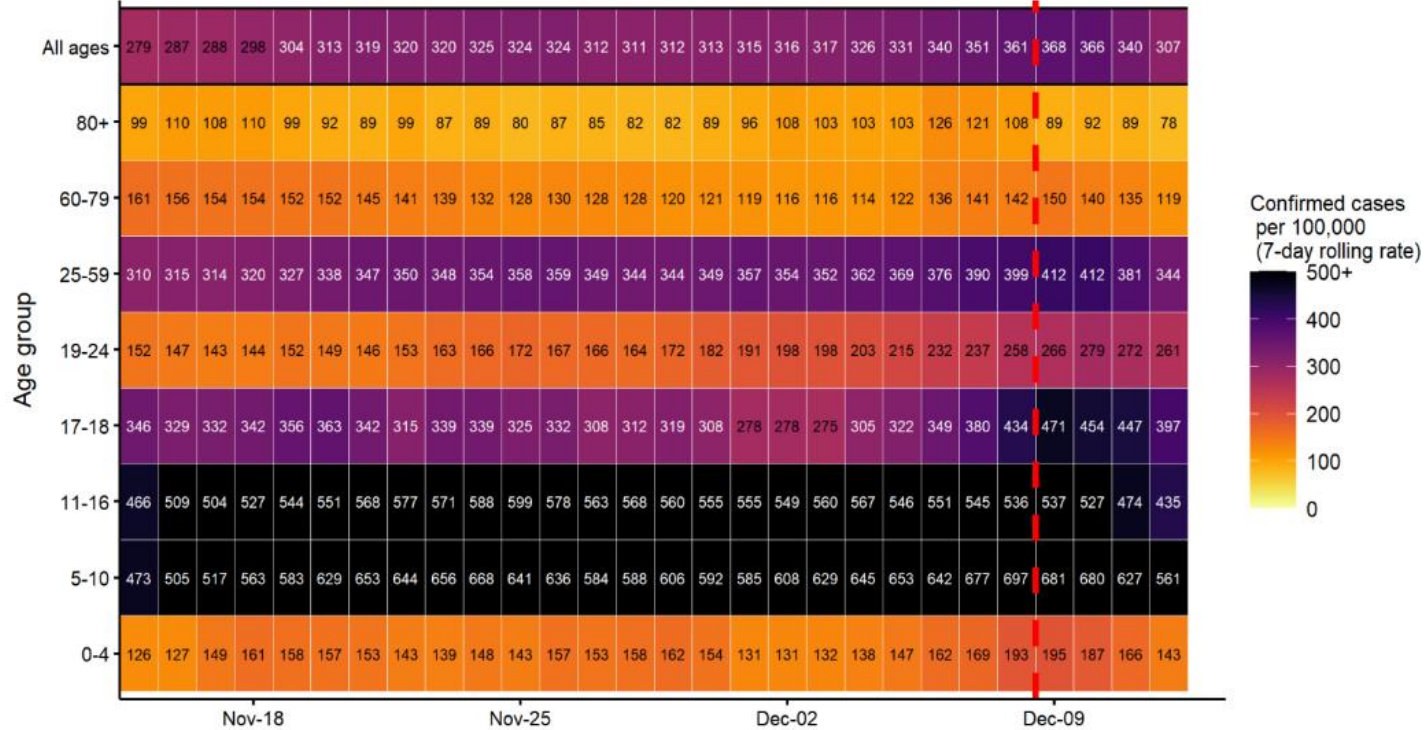
In the 7 days up to 10th December, cases increased in all age groups, except the 80+ age group which decreased by 15%.

The largest increase was seen in the 20-39 age group (28%), followed by an increase of 23% in the 60-79 age group.



Cases are grouped by week ending Friday

Age-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 15th November to 12th December 2021

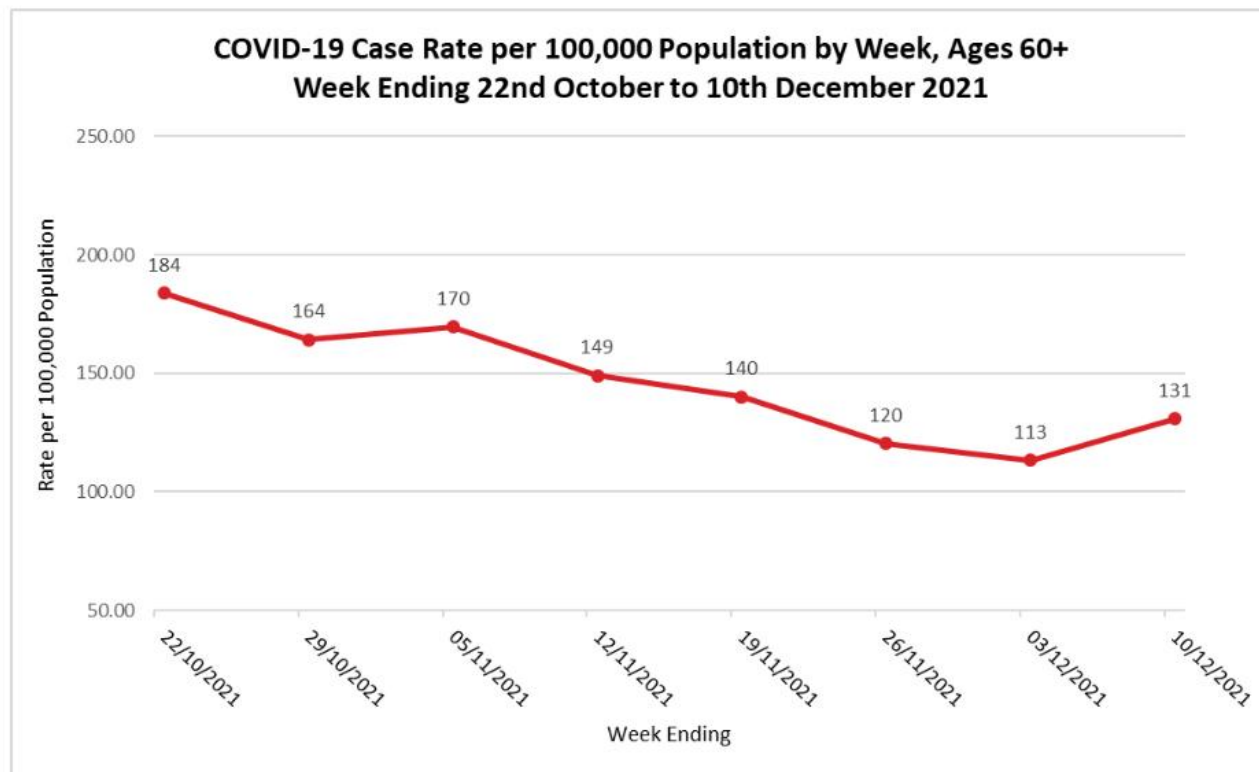


The red dashed line denotes the 4 most recent days data are provisional.

Case Rate in Population aged 60+ years

Following a peak in late October, case rates in the 60+ age group have fallen in recent weeks.

However, compared to last week, the case rate has increased by 15%, from 113/100k, to the current rate of 131/100k.



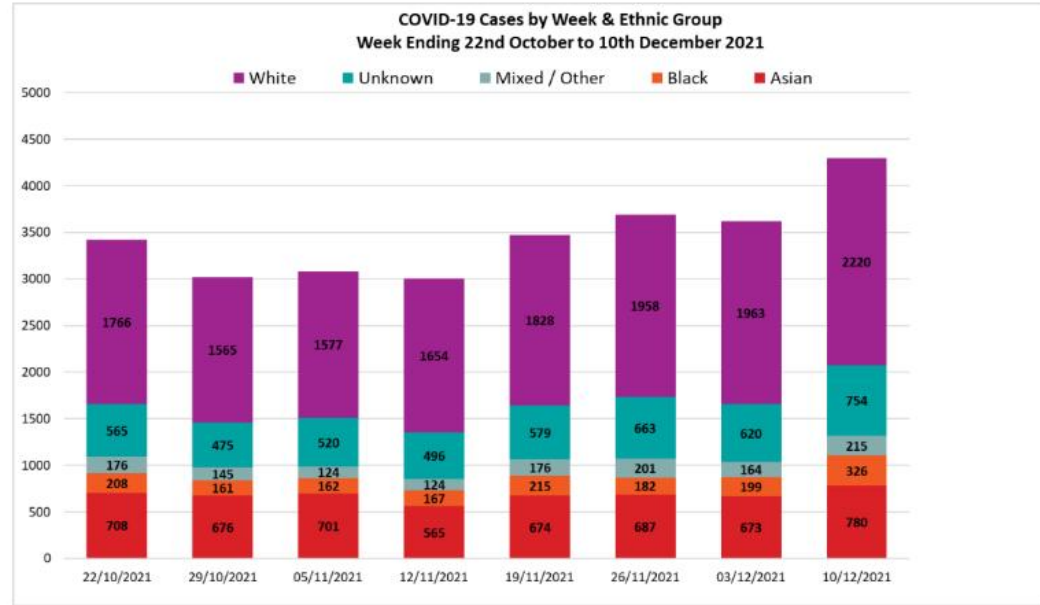
Cases are grouped by week ending Friday

Cases by Week & Ethnic Group

Cases increased in all ethnic groups in the 7 days up to 10th December 2021.

The White ethnic group had the highest number of cases (2220), an increase of 13% compared to the previous 7 days.

The Black ethnic group reported 326 cases, an increase of 63% compared to the previous 7 days.



Cases are grouped by week ending Friday

COVID-19 Case Rates by Ethnicity

Overall, cases in 7 days up to 10th December (compared to previous week) increased across most of the ethnic groups; except the Bangladeshi, Irish and White/Asian ethnicities.

The ethnicities with the highest case rates were: Any Other ethnicity (559/100k), Any Other Mixed/Multiple ethnicity (578/100k) and Any other White ethnicity (493/100k)

Compared to the previous week, the largest increases were in the White and Black African ethnicity (160.1%), followed by Caribbean ethnicity (93%), and Any Other Black African/Caribbean ethnicity (82.1%)

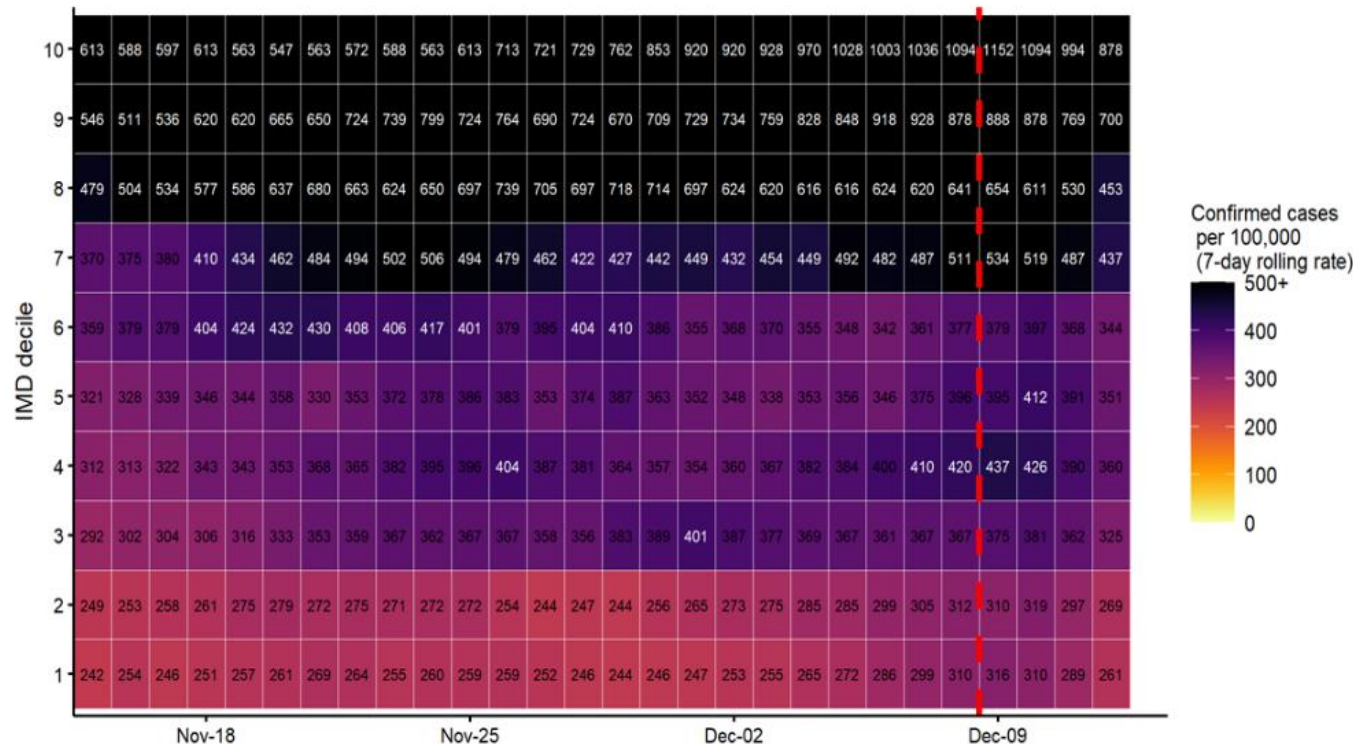
Case rates remain lowest in people of Irish ethnicity (50/100K).

Case Rates by Ethnicity (per 100k) Week Ending 22nd October to 10th December 2021								
Ethnicity	22/10/2021	29/10/2021	05/11/2021	12/11/2021	19/11/2021	26/11/2021	03/12/2021	10/12/2021
African	296.8	206.7	226.7	250.1	290.1	273.4	333.4	460.1
Any other Asian background	227.9	231.2	244.0	199.0	179.8	266.5	256.8	311.4
Any other Black/African/Caribbean	122.8	90.8	112.1	85.4	138.8	154.8	149.5	272.3
Any other ethnic group	559.9	394.7	330.5	367.2	550.8	587.5	459.0	559.9
Any other Mixed/Multiple ethnicity	401.1	471.9	295.0	353.9	448.3	613.5	530.9	578.1
Any other White background	420.8	424.3	317.4	413.9	389.8	551.9	479.5	493.3
Bangladeshi	252.1	218.2	233.6	181.4	215.2	190.6	230.5	212.1
British	285.2	250.1	257.6	267.1	297.4	313.6	317.8	362.3
Caribbean	201.5	172.1	153.2	159.5	214.1	149.0	149.0	287.6
Chinese	180.9	173.1	133.7	47.2	173.1	259.6	204.5	251.7
Indian	297.1	216.6	201.2	227.5	229.0	267.7	261.5	335.8
Irish	81.7	72.7	72.7	50.0	86.3	45.4	54.5	50.0
Pakistani	235.1	256.5	278.0	201.2	261.4	232.3	223.3	252.4
White and Asian	223.5	116.2	196.7	107.3	223.5	223.5	205.6	196.7
White and Black African	124.1	341.3	279.2	155.1	155.1	279.2	155.1	403.4
White and Black Caribbean	210.4	153.7	129.4	149.7	194.2	206.3	165.9	283.2

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: 15th November to 12th December 2021



Using Index of Multiple Deprivation (IMD) of LSOA of usual residence (1 = most deprived; 10 = least deprived). Where an IMD is not present in local denominator data, it is not shown.

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

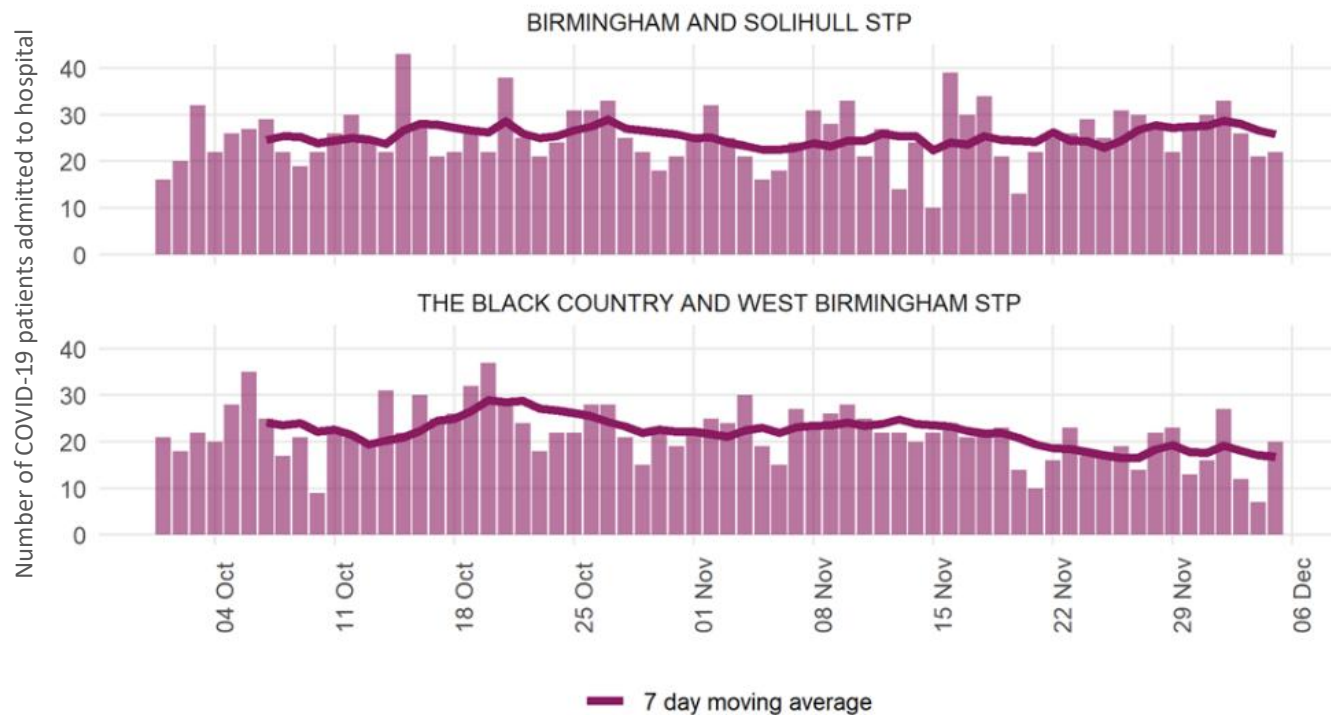
NHS Situations



Covid-19 Hospital Metrics Data

Hospital Trust	Daily admissions 29 th Nov - 5 th Dec	Hospital in-patients 1 st - 7 th Dec	Patients on Mechanical Ventilation 1 st - 7 th Dec
University Hospitals Birmingham NHS Foundation Trust	16	178	25
Sandwell & West Birmingham Hospitals NHS Trust	5	60	13
Birmingham Community Healthcare NHS Foundation Trust	0	10	0
Birmingham Women's & Children's NHS Foundation Trust	2	6	1
Birmingham & Solihull Mental Health NHS Foundation Trust	4	16	0

Daily number of COVID-19 patients admitted to hospital in the Sustainability & Transformation Partnerships (STPs) associated with Birmingham, 13th September to 5th December 2021



Deaths



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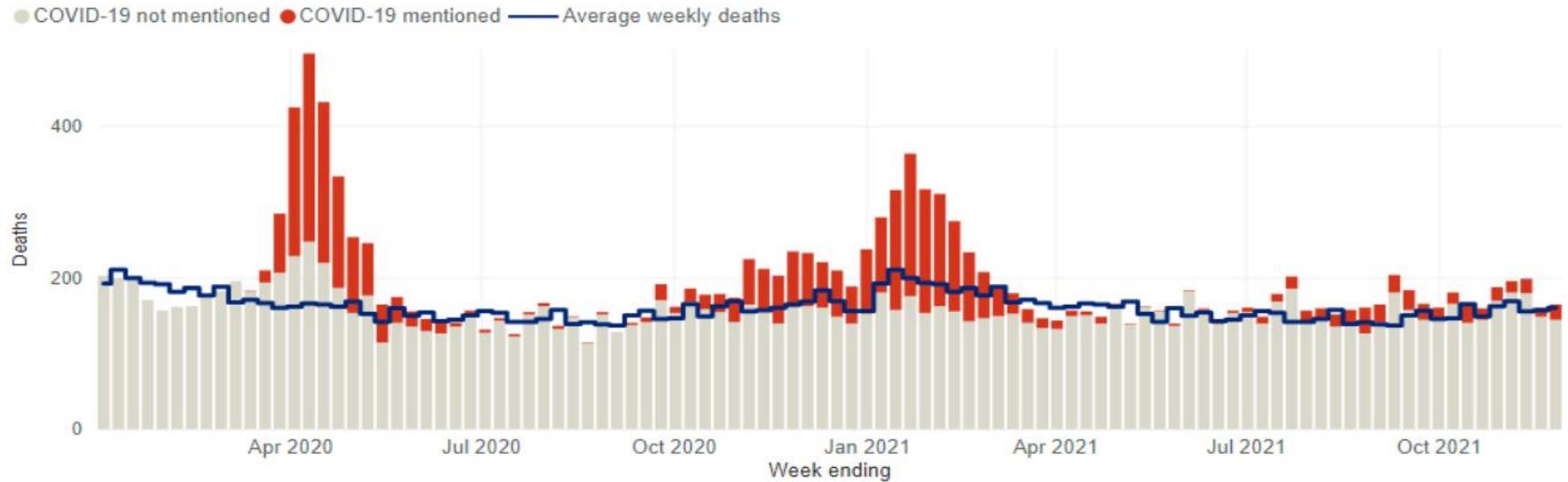
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Death Data

Recent deaths where death occurred within 28 days of a positive COVID-19 test for the week ending 12th December reported **12 deaths**, equivalent to a death rate of **1.1/100k** 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 26th November, which reported **19 deaths** registered in Birmingham. Of these, 12 occurred in hospital, 6 in a care home and 1 at home.

Excess Death: All Deaths up to 26th November



COVID-19 deaths have increased over the last 3 months, and deaths from all causes have been consistently above the 5 year average during this period. However, compared to the earlier part of the year, most of these have been non-COVID deaths.

Situations



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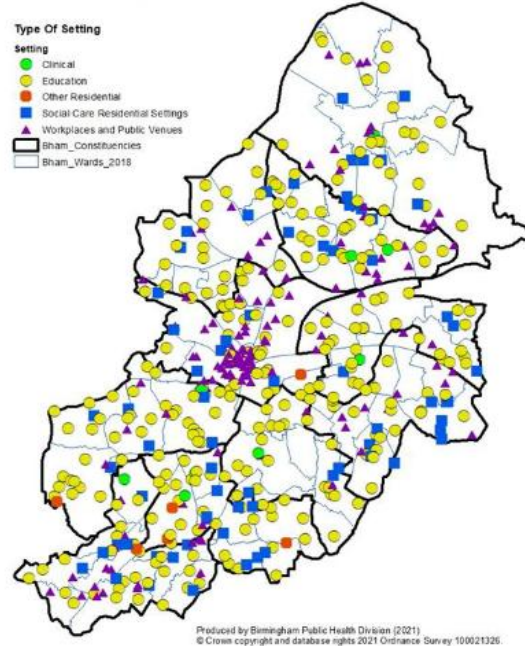
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Confirmed Situations in Birmingham: Last Month & Last 7 days

Situations by Setting Type
13th November - 12th December 2021



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

Type of Situation

05 - 12 December 2021

Outbreak



67



-33

Cluster



11



-17

Exposure



30



-45

108 Situations were reported in the week ending 12th December 2021 comprising:
67 Outbreaks,
11 Clusters,
30 Exposures.

Education Settings - 77 situations

Social Care and Residential Settings - 12 situations

Workplace and Public venues Settings - 16 situations

Other Residential Settings - situations -3 situations

There were no **Clinical situations** this week

Situations Awareness

6th December - 12th December 2021

The HPR Team updated 414 notifications on the App during the week 6th - 12th December. Of these, there were 108 current situations.

Education notifications were 228, of which 77 are current situations. There were 59 outbreaks and 7 clusters, of which 58 had 10 or more cases.

Clinical, Residential & Adult Social Care notifications were 92, of which 15 are current situations. There were 6 outbreaks, none of which had 10 or more cases. There were also 2 clusters.

Workplace & Public Venue notifications were 85, of which 16 are current situations and there were 2 outbreaks and 2 clusters.

There were 9 notifications of Variant of Concern.

Common Exposure Events Reported by Cases Resident in Birmingham

Number & percentage of weekly exposures by setting: 3rd October to 11th December

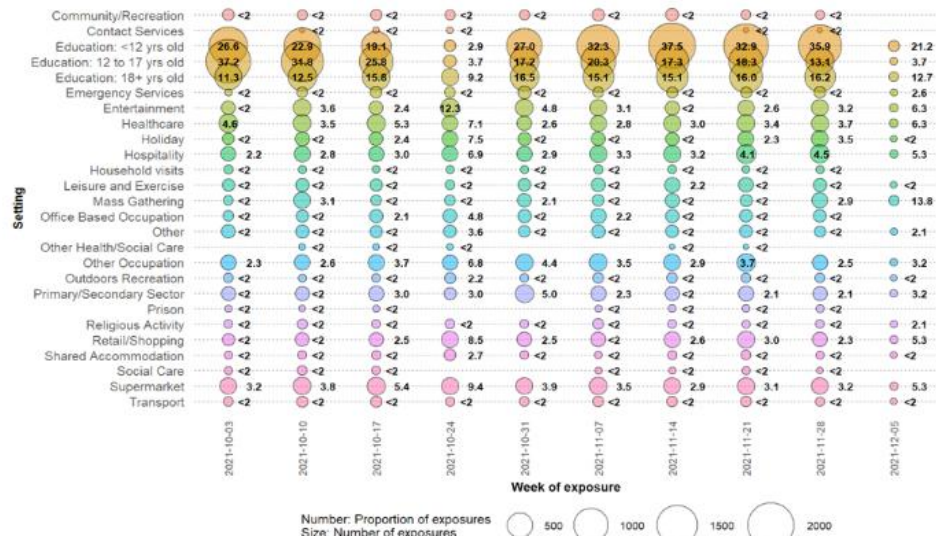
Number and proportion of cases reporting backwards events that have common exposures by week of symptom onset

Produced 2021-12-12 with data up to prior day.

Number of cases reporting common exposures* (Proportion out of cases reporting backwards events)**	1449 (72.5)	1606 (73.9)	1464 (72.4)	1156 (65.6)	887 (60.1)	1340 (70)	1731 (73.3)	1601 (72.7)	1688 (72.4)	1018 (69.1)
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Number (size of circle) and proportion (number) of common exposure events by setting and by week of event

Produced 2021-12-12 with data up to prior day.



Number: Proportion of exposures
Size: Number of exposures

Circle sizes: 500, 1000, 1500, 2000

Data is grouped by 7 day period. The most recent 14 days may not have complete data yet.

Only backwards events reported by cases that have completed enhanced contact tracing and have a valid postcode are included.

Common exposures are defined as specific venues visited by at least 2 cases during their pre-symptomatic period (2-7 days prior to onset) on the same day or up to 7 days apart.

Number outside bracket: Number of cases reporting common exposure events, by onset date or specimen date if unavailable.

**Number inside bracket: Proportion of cases reporting common exposure events out of cases reporting backwards events, by onset date or specimen date if unavailable.

Over the last week, common exposures occurred in the **<12 years old** (21.2) settings, **Education 18+ years old** (12.7) and the **Education 12 to 17 years old** (3.7). All these settings decreased compared to the previous week.

Most other settings increased particularly the **Mass Gathering** setting (0 – 13.8) and **Entertainment** and **Healthcare** settings, both 6.3.

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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commonwealth
games



Birmingham
City Council

Contact Tracing Local Authority Partnership

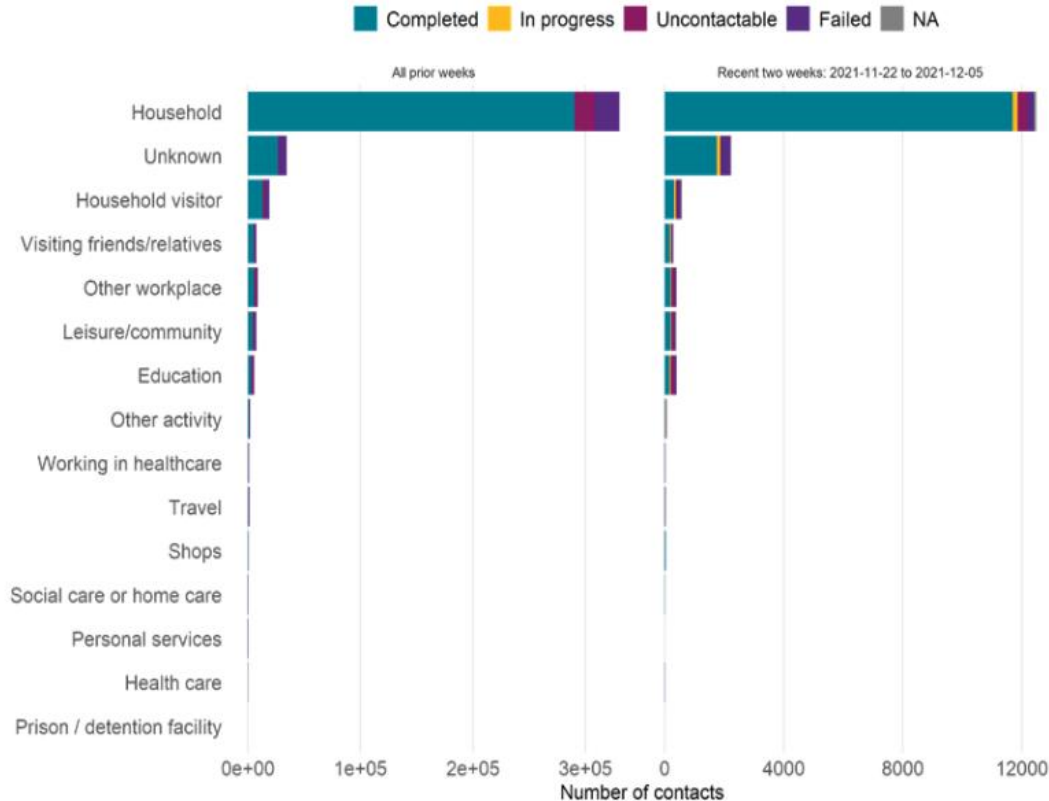
Service Highlights

- Contact Tracing Service now **covers all Birmingham wards in LTP model having dropped our Local-4 wards on 13/12/2021.**
- 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. 2-3 cases/day at present).
 - **refuse to self-isolate.** These are referred to Environmental Health for follow-up visits (approx. 4 cases/day) and if necessary escalated to the Police 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 1638 cases** vs 1050 in the previous week. Of those 1093 were complete giving us a completion rate of 67%. Omicron has resulted in a massive increase in cases, but we have absorbed a lot of this additional work through optimised working and reducing the number of call attempts to just 2.
- **Welfare Support:** For the **previous 7 days we handled 333 support cases** vs 179 in the previous week.
- On 13th December, we removed our Local-4 wards and moved solely to an LTP model. This was done due to the rise in cases.
- Data on vaccine hesitancy has been provided to the comms and engagement team with further planned work to offer them more granular data.

Test & Trace Contacts by Exposure/Activity Setting & Current Outcome: 28th May 2020 to 12th December 2021



Over the past 2 weeks, the most common exposure/activity setting has been the **Household**, followed by the **Unknown** category.

A slight decrease in the **Household** and **Unknown** categories has been observed in the last two weeks. The 'Unknown category' is where data on exposure/activity setting were not provided.

In the past two weeks, over 13,600 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



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Communication Channels

Content

- Promoting personal responsibility since 'COVID-19 is not over'. **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**; face covering, new isolation rules, Covid-19 App, travel especially around events and celebrations, Omicron variant update as it develops.

Audiences

- Key stakeholders across the city 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)

- 29 November 2021 - Omicron variant Birmingham response – Central TV, Free Radio, BBC West Midlands

Emails & Newsletters

- Public questions on Covid-19 fatigue; social media poll and Be Heard survey. Birmingham City Council internal communications (12k staff). Self-care awareness week: Covid-19 safe behaviours as self-care.

Verbal: Word of mouth communication via communities about 'COVID-19 is not over', personal responsibility, 12-15, 16-17 and 18+ vaccination, and encouraging safer behaviour.

Digital Engagement: March to November 2021



Social Media – Healthy Brum

March 1st – 31st November



Instagram

Reach – 40k

Impressions – 43k

Facebook

Post reach – 89k

Engagement – 1.2k

Twitter

Post engagements – 2.7k

Post traffic (clicks) – 26k

Website

Over 500,000 visits to COVID-19 pages

Website Updates:

- Translated Vaccine toolkit and slides
- Accessible BSL resources
- Champions COVID-19 dashboard
- Reviewing web content to ensure all guidance is up to date
- Creating a new resources hub to ensure more consistent and easily accessible resources access for public and stakeholders

Partner Website Updates

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

Social Media Key messages

COVID-19 Risks and Safety Tips

- Testing: LFD, PCR
- Safe behaviour: Birmingham Frankfurt Christmas Markets, Black Friday, Events inc. Bonfire and Diwali, Christmas shopping. Self-care week and World kindness day – safe behaviours as acts of self-care/kindness.
- Omicron updates

Vaccination

Vaccination and boosters: still first line of defense for all eligible inc. pregnancy, mandatory care home staff, 12-15 years, 16-17 years, adults.

Wider Public Health Topics

Creating a bolder healthier city, winter ready, flu vaccine.

Communication and Engagement updates November 2021



A selection of some of the content we have published

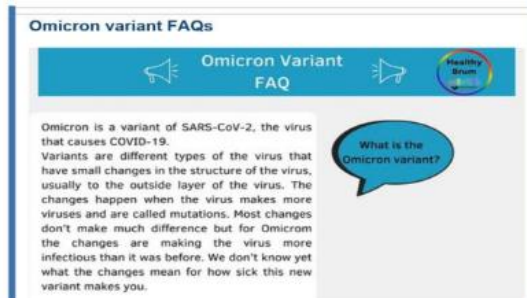
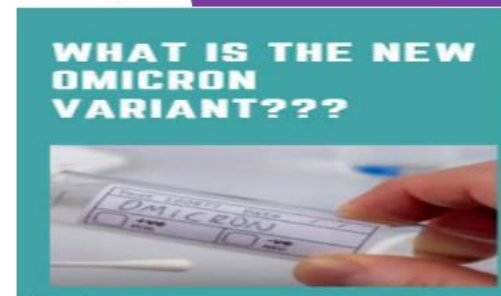
FRAUD ALERT



MENTAL HEALTH



OMICRON VARIANT



Communication and Engagement updates November 2021



A selection of some of the content we have published

Testing Message

Healthy Brum

35.1K Tweets

Follow

New Street Station, even Pudsey collected a test!
Available daily.
8:15 to 6:30 Monday to Friday
Saturday 8:15 to 5:30pm
Sunday 10 – 5pm



Face Masks

Healthy Brum

35K Tweets

Follow

Healthy Brum @healthybrum · 5 Nov

Happy Bonfire Night 🇬🇧 Please remember to enjoy festivities safely and that meeting outdoors is safer. If you meet indoors, let fresh air in. For more info on protecting yourself and your loved ones during celebrations visit ow.ly/c45b50GCyq2

**Wear a face covering
in crowded and
enclosed settings.**

0:20 24 views

Christmas Message

Healthy Brum

35.1K Tweets

Follow

Healthy Brum @healthybrum · 28 Nov

Pick up your LFT here:

The Odeon –
Monday 29th November to Sunday 12th December
Collect free lateral flow test kits from outside The Odeon,
New Street Birmingham
9am – 6pm Monday to Saturday
Sunday 10am to 4pm



Community and Partnership engagement

Provider Spotlight

Our Commissioned community providers conduct some excellent engagement activities within Birmingham;

The Bahu Trust

- Delivery of LFT kits to community surgeries, Friday prayers, residents and businesses
- Continued engagement with various communities, telephone befriending services, follow up door knocking, excellent use of social media
- Continued messaging around safety measures

BID Services

- Holding workshops for deaf communities on COVID-19, creating videos and posters promoting LFT workshop
- Partnership working with other providers (CommPlus) who create BSL content
- Supporting clients to book PCR tests before holidays, support on vaccine bookings, promotion of vaccine vans





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 **90 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



Omicron Variant

In response to the developing situation with the Omicron variant, additional 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 **Government assets did not contain information in accessible formats**, therefore BCC worked with CommPlus to produce an asset summarising all of the new measures with **BSL additions**.

BSL version shared via CommPlus and Bid social media pages: received a further **6 shares so far**.

Central Government



Birmingham City Council



Community and Partnership engagement



Content Shared

Key Messages

Content shared has had a focus on the following messages:

- Staying safe during Hanukkah
- 12-15 vaccine availability at walk in sites
- Omicron updated COVID measures
- Expansion of the vaccination/booster programme



COVID Champions Programme

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



Coverage of champions across all 69 wards (8/12/21)
820 Community , 90 Youth and 20 Business Champions

Key themes discussed: Omicron, Vaccine effectiveness and the importance of testing, Travelling during the festive season

- Engagement via fortnightly webinars and newsletters
- Collaboration with champions to obtain feedback about communities via email, webinars & social media with thematic analysis
- Creating specific Omicron FAQs
- Vaccination Toolkit co-created to support champions and their communities
- Recruitment of new champions and engagement via regular meetings
- Independent review of champions programme complete (led by Birmingham University)
- Good representation of people from different faiths and backgrounds

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

Birmingham Covid-19 Champions
~ December 2021



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

- Supporting faith groups by sharing key messages in their settings
- Engaged with Birmingham Masjids, Black Led Churches and Interfaith group by hosting fortnightly virtual meetings to share COVID-19 updates with local GPs in attendance to support clinical questions
- Addressed specific FAQs created to tackle Omicron and government Plan B guidelines

Spotlight on Christmas & winter messages

Safety messages at large Masjids

- Joint communications with NHS to create specific covid-19 safety message
- Working with larger Masjid's to share COVID safety messages during Friday sermons

Christmas messages at Churches

- Joint communications with NHS to create specific covid-19 safety messages especially at Christmas time
- Creation of video's by trusted voices in the faith communities

Vaccine engagement



Addressing Vaccine Inequalities

- Establishment of Task & Finish Group scoping pilot projects for multi-agency, data-led vaccination/engagement drives in isolated communities
- Liaison with NHSE regarding pilot project to target BABAC communities in West Birmingham – scoping provision of roving vaccination model with T&F Group
- Liaison with BSOL Oversight Group regarding engagement activities across the board
- Liaison with Ladywood/Perry Barr ICP regarding participation in forthcoming 'Health Hack' comms & engagement discussion of C-19 vaccine in pregnancy - Saltley Academy, 13th Dec

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

- Targeted pilot project working with NHS and BCC Housing Dept to provide additional vaccination opportunities at two community pharmacies in Alum Rock / B8 postcodes
- Housing officers to engage directly with approx. 200 households on a door-to-door basis to raise awareness, signpost and assist.
- Design/distribution of bespoke leaflets, posters, Q&As in multiple languages
- Engagement briefings for housing officers

**GET A
COVID-19
VACCINATION
AT YOUR
LOCAL
PHARMACY**

NHS

Offering first, second and booster doses

DISPHARMA CHEMIST

Afsar Store, 183 Alum Rock Rd, Alum Rock,
Birmingham B8 1NJ

Sat 18 December – 10am to 5pm

Sun 19 December – 10am to 4pm

No appointment necessary



For further information visit:

www.birminghamandsolihullcovidvaccine.nhs.uk

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

	<u>Agenda Item: 09</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	
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)	Actual spend	Underspend / Overspend (According to original Budget)	Original Budget	Projected Commitments (Inc. actuals)	Underspend / Overspend (According to original Budget)
Total	19,181,000	12,955,224	4,581,121	6,225,776	7,848,000	5,026,220	2,821,780
Staffing	3,263,000	3,187,575	2,061,163	75,425	1,632,000	1,689,618	-57,618
Asymptomatic Testing Contingency	1,113,000	752,491	292,491	360,509	557,000	960,000	-403,000
Testing Facilities	145,000	159,694	38,915	-14,694	73,000	45,000	28,000
Community swabbing and support	662,000	632,648	632,648	29,352	331,000	0	331,000
Test & Trace system - Software licence, implementation & support	165,000	113,397	2,236	51,603	83,000	5,000	78,000
Local contact tracing	865,000	706,696	422,532	158,304	433,000	498,267	-65,267
Whistleblowing	77,000	58,928	29,049	18,072	39,000	37,504	1,496
Isolation Support	500,000	92,494	45,503	407,506	250,000	86,232	163,768
Communications	961,000	250,745	4,515	710,255	481,000	125,000	356,000
Health and wellbeing support	546,000	373,410	42,910	172,590	249,000	60,250	188,750
Training	10,000	0	0	10,000	5,000	0	5,000
Translation services	60,000	61,460	18,230	-1,460	30,000	25,000	5,000
Other Costs	47,000	10,689	8,789	36,311	24,000	10,200	13,800
Contingency	2,624,000	481,029	0	2,142,971	1,315,000	480,978	834,022
Wave 3 response	3,450,000	4,548,000	0	-1,098,000	0	0	0
Enforcement support incl Covid Marshalls	2,826,000	1,525,968	982,139	1,300,032	1,412,000	1,003,170	408,830
Supporting compliance	1,867,000	0	0	1,867,000	934,000	0	934,000

3.1

The table above shows the actual spend for the first 8 periods of the current financial Year (April to November 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 £'000	Budget for 2021/22 £'000
Asymptomatic Testing *	1,831	} Reimbursed via grant
Operation Eagle *	85	
Community Champions Fund **	263	440
Total	2,179	

4. Clarification Notes to the report:

The apparent significant underspend may be attributes to some transactions still waiting to be charged.

Total of £1.440m is projected as contingency for Asymptomatic Testing, after DHSC fund ends, Community swabbing and support contract ended by September 2021 and there is projection of £950k to cover extension of the contract, this to be covered from Contingency line.

Software, License, implementation, and support estimate cost for Power Apps used by Health response Team in case tracing, this still awaiting to be charged by IT Team. Projection includes other software for Partnerships Insight and Prevention.

The Contact Tracing Team undertakes all activities surrounding the contact and interview of all residents who have tested positive for Coronavirus. They provide a key element of the Council's COVID Response by ensuring that all those who have tested positive are aware of this, aware of the need for them to isolate. Projection; until September 22

Due to the Commonwealth Games as well as increase in the calls received by the Support Contact Centre both lines: Whistleblowing (Covid Business Breach BCC Helpline) and Isolation Support Contact Centre is cost reckoning is until September 2022.

Communications costs were charged against the Community Champions Fund (£440,000.00) – the additional funding came after the initial budget had been set, hence why there is visible underspend, we included Vaccination Pilots activities as well as other Communications Team costs not related to Community Champion Fund.

Health and Wellbeing Support, projection estimate £250k to cover food insecurity, fluoridation £100k and Support for carers hub £70k over two financial years.

Training cost is still in estimation process and will be included on the next LCOEB report.

Translations, Projection includes cost related to Vaccination pilots and other translation costs for community team.

City wide covid pressures £4.5m is covered in Wave 3 response line.

Covid Marshalls, Park Marshalls and Covid Enforcement Officers to ensure Covid compliance within the area enclosed in Enforcement support incl. Covid Marshalls budget line.

5. Risk Analysis:

Risk			
Identified	Likelihood	Impact	Actions taken
Financial coding irregularities	high	Apparent underspends	On-going detailed review of the accounts and triangulation of all related budgets.
Delayed Re-Charges	High	Apparent underspends	On Going communication with relevant department regarding re-charges.

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)