

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 30 JUNE 2021 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **WELCOME AND INTRODUCTION**

2 **NOTICE OF RECORDING/WEBCAST**

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

3 **APOLOGIES**

To receive any apologies.

4 **DECLARATIONS OF INTERESTS**

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

1 - 12

5 **MINUTES**

To confirm and sign the Minutes of the meeting held on the 26th May 2021.

13 - 70

6 **COVID-19 SITUATION UPDATE**

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

7 **VACCINATION ROLLOUT AND UPTAKE UPDATE**

Morag Gates, Project Director, University Hospitals Birmingham NHS Foundation Trust and Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham will present the item.

8 **LEARNING FROM PILOTS AND POP-UPS**

Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG, Chair West Birmingham and Mike Ellis, The Dudley Group NHS Foundation Trust will present the item.

71 - 94

9 **ENFORCEMENT UPDATE**

Mark Croxford, Head of Environmental Health, Neighbourhoods and Chief Superintendent Steven Graham, West Midlands Police will present the item.

10 **INTERNATIONAL TRAVEL**

Daragh Fahey, Assistant Director, Test and Trace Business Unit will present the item.

11 **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**

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

95 - 98

12 **TEST AND TRACE BUDGET OVERVIEW**

Daragh Fahey, Assistant Director, Test and Trace Business Unit , will present the item.

13 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

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

To note that the next meeting will be held at 1400 hours on Wednesday 21 July 2021 as an online meeting.

15 **EXCLUSION OF THE PUBLIC**

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

Exempt Paragraph 3

16 **OUTBREAK UPDATE**

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

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

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

BIRMINGHAM CITY COUNCIL

<p>LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 26 MAY 2021</p>
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MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON WEDNESDAY 26 MAY 2021 AT 1400 HOURS ON-LINE

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
 Andy Cave, Chief Executive, Healthwatch Birmingham
 Chief Superintendent Stephen Graham, West Midlands Police
 Stephen Raybould, Programmes Director, Ageing Better, BVSC
 Councillor Paul Tilsley
 Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

ALSO PRESENT:-

Toyin Amusan
 Mark Croxford, Head of Environmental Health, Neighbourhoods
 Richard Burden, Chair, Healthwatch Birmingham
 Dr Julia Dule-Macrae
 Daragh Fahey, Assistant Director, Test and Trace Business Unit
 Nic Fell, Programme Manager, Neighbourhoods
 Paul Sherrieff, NHS Birmingham and Solihull CCG
 Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

- 172 The Chair advised, and the Committee noted, that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 173 Apologies for absence was submitted on behalf of Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care; Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB; Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG (but Paul Sherriff as substitute); Councillor Brigid Jones, Deputy Leader of Birmingham City Council; Dr Justin Varney, Director of Public Health; Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs and Elizabeth Griffiths, Assistant Director of Public Health
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DECLARATIONS OF INTERESTS

- 174 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

- 175 **RESOLVED:-**

The Minutes of the meeting held on 28 April 2021, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

- 176 Daragh Fahey, Assistant Director, Test and Trace Business Unit introduced the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 1)

The Chair referred to the Indian variant of concern and commented that it was seen elsewhere in the country particularly Bolton, Blackburn and Darwen that case rates had rocketed as a result of the Indian variant. It was still too early to tell what impact that variant may have and whether or not it may affect the roadmap out of lockdown. June 21 was the next date on the roadmap where it was planned for all restrictions to be lifted.

The Chair stated that given the discussions with the Director of Public Health earlier this week, we were being told that case rates were increasing. The slide presentation we had just seen indicated that we might reached a tipping point and then suddenly see an exponential growth in case rates. It must be borne in mind that there was still a large number of people who had not been

Local Covid Outbreak Engagement Board – 26 May 2021

vaccinated. As stated by Mr Fahey, even when you were vaccinated you were not 100% protected from the virus.

The Chair further stated that he wondered about some of the messaging that the Government was putting out as –‘complacency’ – as people needed to be reminded that the virus was still dangerous and it would seek out people who were vulnerable to it for other health reasons and indeed for those who had not been vaccinated. This was essentially what was seen in Bolton and Blackburn and Darwen. We needed to be cautious and remind people to stick to the guidelines as they currently exist – the hands, face, space guidelines – and to take care when going to indoor venues as we were more at risk indoors than when we were outdoors.

Mr Fahey echoed his agreement with the Chair’s comments and stated that it needed to be recognised that viruses had been around long before human beings and they were built to survive and adapt and they would continue to try and adapt to whatever immunity we provide or whatever we threw at them. We needed to recognise that we may have won the battle initially, but we have not won the war and we had to recognise that this pandemic was continually active particularly outside of the UK at the moment but we know that with the alleviation of travel restrictions there was a risk of more of the impact globally will start impacting us locally and regionally.

Chief Superintendent Stephen Graham, West Midlands Police echoed Mr Fahey’s statements and stated that whilst we spoke of personal responsibility it needed to be remembered that if people had Covid they needed to self-isolate and along with Mr Croxford from Environmental Health given this broadcast to people across the city there were enforcement activities taking place to ensure that people were self-isolating. If they did not do so not only were they doing the wrong thing morally, but they were doing the wrong thing legally. They needed to do the right thing for the right reasons. It was right for people to know that alongside Environmental Health, the Police would play its part in enforcing that law.

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG commented that we needed to take a cautious approach as we had suffered in this region more so than nationally. We had a longer sustained peak on the first occasion and a more devastating second peak and were in danger of having a third peak here. All of the things that Mr Fahey talked about vaccination levels in communities. Dr Aslam added that the slide presentation to be shown in the *Vaccination Rollout and Uptake* item will show four areas in West Birmingham where the vaccination rates were not sufficient enough to control a massive spread of this deadly virus. If it was more contagious, we needed to know that it would spread even quicker. We knew the trend and we had seen it now as it was not new to us.

We had seen the trend that younger people being infected leading on to older people being infected and the hospitalisation that that led to and the trauma in people’s lives. A cautious approach was needed as we were not in any way out of the woods as described by Mr Fahey. We had lots of work to do and lots of people to vaccinate and we had vaccine for those people and we needed to get on and do it.

The Chair encourage everyone to come forward and take the vaccine when it was offered to them. The Chair highlighted that vaccinations saved lives as it had proven in the regime in the past and this one was no different as it gives protection against the virus not 100% but it gives protection against hospitalisation and reduces the chances of us dying from it.

The Board noted the presentation.

OPERATION EAGLE

- 177 Nic Fell, Programme Manager, Neighbourhoods presented the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 2)

The Chair commented that it was a huge logistical task carrying out these 'operation eagle'. In relation to Ward Forums as indicated on one of the slides as lessons we needed to learn, the Ward Forum meeting was an optional rather than a required element of the operation. If we had to do this again in the future, we needed to ensure that the Ward Forum was mandatory, it had to be led irrespective of the views of the Elected Members.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE

- 178 Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG and Paul Sherriff, NHS Birmingham and Solihull CCG presented the item.

Dr Aslam made the following statements:-

- a. What Mr Fahey had described in his presentation was a sense of urgency around the vaccination programme. Whilst I accept that we had done well, we have not done well enough for him to feel comfortable that we were in the right place and this was something he would like to get across today as it was important.
- b. Particularly around the challenges in West Birmingham there were some slides in the pack that talked to the level of vaccination uptake in four of the Wards in West Birmingham – Ladywood, Aston, Jewellery Quarter and Lozells – where the uptake was significantly lower than we would like.
- c. The levels were not just significantly lower, but, dangerously low in an environment that we were talking about a new variant that had the potential to rampage through communities.
- d. Dr Aslam voiced concerns at the state at where we were presently. We had gone through a process where the vaccination programme had been ramped up, we had decreased the times between vaccinations to eight weeks which came with its own logistical challenges and we still remained in an environment where we had constrained supply.

- e. Given what he had stated about West Birmingham in particular, and the constraint in supply what we had done was to close down the Aston Villa mass vaccination site which sat in those communities.
- f. We missed out on the mass vaccination site although Millennium Point was close by it did not predominantly cater for the West Birmingham community. This was of concern and one we needed to address.
- g. We were developing a three tier plan. We had talked about pharmacies vaccination plan and we had 27 pharmacies coming forward for approval to provide vaccination access, but unfortunately NHS England had only approved two of them.
- h. The process for approving pharmacies for increasing the opportunity for people to have vaccination accesses were not quite as good as we would like and we were working with NHS England to improve that.
- i. If we start with the data there was work for us to do with Mr Fahey and Dr Varney's teams to ensure that we had all of the data we need to understand street by street who had been vaccinated and who was not vaccinated; where could we park our vehicles that we could offer vaccinations, how could we improve the access to vaccination for those people in low vaccinated areas.
- j. We had a particularly low uptakes in the African and the Bangladeshi communities which was of concern as they made up a large proportion of that population of people.
- k. We had enough AstraZeneca vaccine in the system and we were going through a process where we were now increasing the number of General Practice sites that would have access to Pfizer and AstraZeneca vaccines. We were going through an approval process for that at the moment which we aimed to get done quickly.
- l. By the end of next week we will have eight new GP practices that were on site to deliver this vaccination programme, but hopefully we would have gotten them through the approval process to help cater for second doses and all those people in cohort 1-9 that had missed their vaccination opportunity but could get vaccinated, they had changed their minds, we wanted to make access easy for them and then to move onto the next cohorts.
- m. We were gearing up for the challenges around this and as I spoke about the urgency at the start. We were gearing up to vaccinate on an even more enhanced basis – quicker vaccinating people, quicker getting them onto the second vaccination.
- n. Although we had done well, there remained some challenges particularly in West Birmingham and other areas within Birmingham. They were matched to the areas of deprivation. Where deprivation was high the vaccination levels were low and this was talked to in Mr Fahey's slide presentation.
- o. Whilst I believe we were in a good place we could be in a much better place. We needed to keep that sense of urgency as Covid was here, there was a variant and we had seen all of the challenges that India had dealing with this particular variant.
- p. The messaging had not changed, get a vaccine, get it quickly, we will make access easier for you. We had delivered almost 1m doses of the vaccine in Sandwell and West Birmingham and the Black country.

The Chair commented that what had happened in India was truly awful and we would not like to see anything like that happened here. The Chair reiterated that we come forward and take the vaccine if we have not yet done so. If you have any reservation or doubt, please speak with a health expert who will talk you through the reasons it was far better and safer in terms of protecting yourself and your loved ones when you come forward and take the vaccination.

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

(See document No. 3)

Mr Sherriff made the following statements:-

1. The programme was going well and that he supported the view that there was more to do. The numbers were significant, but they highlight areas of inequality.
2. Members and the public would be aware of those observations from the information which was the target for a lot of our workers for the current time.
3. We were targeting on increasing the uptake in cohorts 1-9, particularly the areas of low uptake as Dr Aslam had stated in West Birmingham and also in East Birmingham and Central parts of the City.
4. There was a real push on second doses and he wanted to get a strong message across to Members and the public how important it was to ensure you attend your second appointment. We were seeing a number of people not responding to the follow up appointment.
5. We were having to focus on recalling people for that second dose which was taking a lot of time and energy to chase people up who had missed their second appointment. Mr Sherriff encouraged diligence from members of the public to ensure that they kept their second appointment.
6. The increased protection that you get from two doses was significant and this was a clear message that we would like to get across to the public. As stated by Dr Aslam, there was a significant challenge which was mentioned in the slide.
7. We had brought forward the second dosing regimen from 12 weeks to eight weeks and for this system it was probably the data was difficult to pin down, but it was over 150,000 appointments that we would have had to had brought forward from 12 weeks to eight weeks.
8. This presented a huge logistical challenge so this was a significant component of our focus over the last few weeks.
9. More recently in relation to some of the items that had been discussed earlier on the agenda around new variants and concerns from Public Health perspective, the third response was now being developed which was touched on in part earlier.
10. We will have a mobile pop-up service where we will be going into communities where we thought we had increased prevalence of

any new variant and being able to provide local access for vaccination. This was a very clear message and we will work with communications colleagues to ensure that this was publicised so that communities could take up that opportunity.

11. It was challenging not to concentrate on the here and now and not look further ahead. I know it might seem bizarre to consider what might happen in autumn/winter but as Dr Aslam was aware, we were now having to plan for what we called Phase 3 which was potential Covid booster vaccinations as well as the seasonal flu vaccination campaigns.
12. There were a number of scenarios, but we were working with our colleagues in NHS England and improvement to model through a number of different scenarios which may include younger children being vaccinated and certain age range of the population with their second or third booster of the vaccination.

Mr Fahey commented that in terms of the second dose of the vaccine, what was being found in terms of the Indian variant and the vaccine susceptibility was that if you got one dose the level of immunity provided was not as good as you would get around the Kent variant if you were to get one dose of the vaccine. If you were to get two doses then you would get an equivalent level of protection as you would against the Kent variant. It was even more important to get the second dose with the Indian variant circulating that it was with the UK variant circulating. This was the reason there was a particular focus in getting the second dose of the vaccine to get that level of immunity.

Dr Aslam made the following comments:-

- That he recognised what Mr Sherriff had stated in relation to the vaccination programme now and what we were expected to do in September with a limited capacity.
- There were trade-offs here as there were always were and to buy into them together as to run a vaccination programme on this scale on an once basis and then a second basis and the autumn again on a third level was a massive endeavour.
- We have not gone through it unscathed this time as we were still picking up the pieces of high deprivation areas where the vaccination rates were low and the challenge again would come at some point in autumn. It involved a significant logistical effort to do this and Primary Care was delivering the vast majority of the vaccinations.
- There was a Primary Care problem as well in terms of demands that had been suppressed by going through a lockdown and now resurfacing. The demand on General Practice was now 150% of where we were a couple of years ago.
- We were dealing with that demand and trying to cover the Chronic Disease Review as well and all other support that we gave to people with chronic diseases and on top of this to run a vaccination programme that was much more significant.
- We were vaccinating half the population and, in the winter, we will try to vaccinate the entire population as we will try to do flu and

Local Covid Outbreak Engagement Board – 26 May 2021

Covid at the same time. This was the logistical challenge and we did not want people to underestimate what we were going through here.

- There were trade-offs and the trade-offs were that we had to stop doing something to enable this to happen. We will need to talk together with the public about what exactly this meant.

The Chair commented that ... the lengthening queuing list of other forms of medical operations were because of the focus on vaccination. As wonderful as the NHS was, there were limits to what could be achieved and as Dr Aslam pointed out there were trade-offs here with the vaccinations.

Mr Sherriff placed on record to his colleagues that worked on the frontline and all partners across the system they had delivered approximately 2m vaccines across the Black Country and West Birmingham and Birmingham and Solihull. Well over 1m vaccines had been delivered in Birmingham which was a huge effort that had taken all part of our system – GPs, hospitals, community trusts, local authorities, colleagues right across the board. Mr Sherriff stated that we should take that opportunity to acknowledge that and he welcomed the continued support from all partners.

The Chair commented that Mr Sherriff was absolutely correct as what we had seen throughout this pandemic was an extraordinary effort from all parts of the public sector in helping to get people through what had been an unprecedented period of time. Something none of us would have predicted as recently as of a couple of years ago. The Chair expressed thanks to Mr Sherriff and Dr Aslam and everyone in the NHS for what they continued to do.

The Board noted the vaccination rollout update.

ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods and Chief Superintendent Stephen Graham, West Midlands Police presented the item and drew the Board's attention to the information contained in the slide presentation on *Covid Marshall and Enforcement Update* and the report from West Midlands Police.

(See document No. 4)

The Chair thanked Chief Superintendent Graham for the explanation in relation to the Fixed Penalty Notice (FPN) and commented that it would be easy to get the wrong impression from just the statistics. With regard to the demonstrations, it was worth repeating As Dr Aslam stated earlier, we were not out of this pandemic by any stretch of the imagination and people needed to continue to follow all of the guidelines which includes anybody who wished to organise a demonstration. Some of these demonstrations where they will not name an organiser was an attempt to get around the rules and we needed to

Local Covid Outbreak Engagement Board – 26 May 2021

take a tough line on this and emphasised that the rules were in place for everyone's protection. It was not about trying to restrict people's rights to freedom of speech or demonstrations.

Councillor Paul Tilsley enquired whether Chief Superintendent Graham and the Police in general were following social media as to call a demonstration there had to be a catalyst. On social media things did not just happen organically and we had all seen the demonstrations taking place with no social distancing, no masks which was a threat to the greater public health. It was presumed that the Police were watching closely where the social media starts.

Chief Superintendent Graham advised that the Police were keeping an eye on social media for about 18 – 24 months. The Police had seen a lot of protest that were organised on platforms such as FB, but people were realising that if a person posted something on their personal FB account that person could be perceived to be the event organiser in law. What was happening now was that people were circulating all around on WhatsApp and various sites so we were not able to use the secure and free platforms such as telegraphs which were harder for us to penetrate so we could not work out who the source was.

A lot of people then suddenly turned up at Victoria Square at 2:00pm on a Saturday or the Belgrave Road McDonald's for 3:00pm on a Friday. No one claimed to be the organiser and someone will then assume the right of a spokesperson which did not have the same standing in law. We tried to scour all the social media platforms but we did not have all the tools at our disposal but were doing our best. We wanted to work with the organisers to make their protest as safe as possible, not to ban them. We will do what we could to work with people to ensure that things were carried out safely. We do not ban protest, not as a city and not as a Police service.

The Chair stated that some of these demonstrations did not make it any easier which put people at risks when they did not name an organiser and there were a number of demonstrations planned for this weekend. There was one in particular where they had refused to name the organiser and the City Council had been in discussion with the Police about that particular demonstration.

179 **RESOLVED: -**

The Board noted the reports.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

180 The Chair introduced the item and then invited Mr Paul Sherriff, NHS Birmingham and Solihull CCG to give a response to the question raised.

(See document No. 5)

Mr Sherriff noted that the question related to *whether there was an initiative within the city to vaccinating multigenerational households and whether this had an adverse impact on people that were due their vaccine earlier than the initiative would have enabled other people to have a vaccine.*

Local Covid Outbreak Engagement Board – 26 May 2021

Mr Sherriff advised that:-

- I. The question specifically referenced cohort 4 which was people above 70 years old who were classified as clinically extremely vulnerable. The response to that question was that it would be unfortunate if that individual did suffer a delay and he would imagine that it would be due to other circumstances rather than the particular pilot initiative.
- II. In context the Government through the Joint Committee for Vaccinations and Immunisations (JCVI) – the arms-length Advisory Body sets the schedule for which vaccinations would be administered to the general public. This was based on clinical evidence and opinion and the release of vaccine into the communities within England and this was set out by them and was linked to the time schedules.
- III. The cohort 4 that the individual referred to – the clinically extremely vulnerable – opened up on the 8th March and the initiative that we developed locally was not approved until the end of March. We did not deviate as we were not allowed to deviate from the JCVI guidance and this had been from the very outset of this programme. Where we did deviate it had to have local approval and it went (in this case) to one of the senior policy advisor for JCVI. The only time we would have vaccinated outside of cohorts or JCVI guidance was to avoid waste as we chose never to waste a vaccine.
- IV. In this instance, the particular initiative which was aiming to promote uptake in those cohorts where we felt that there might be hesitancy linked the rest of the household not having the vaccine, that pilot programme did not start until after cohort 4 opened up so it should not have any detrimental impact on this particular individual who had raised the complaint or anybody who had been cohort 4.

Dr Aslam stated that this was a small group of people that were in multigenerational households and that we have always had vaccination capacity in all of our vaccination cases. There had been capacity and we have always been constrained by the JCVI guidance as stated by Mr Sherriff. The real constraint had been vaccine supply, but given the number of people involved in the household project it had not been a massive number and this was the right approach.

The Board noted the question and the answer that had been proffered.

TEST AND TRACE BUDGET OVERVIEW

Daragh Fahey, Assistant Director, Test and Trace Business Unit presented the item and drew the attention of the Board to the information contained in the report.

(See document No. 6)

Local Covid Outbreak Engagement Board – 26 May 2021

The Chair commented that we had taken a prudent approach to this and had kept money aside so that we could deal with any cases that may arise from the current variant that has arisen from different places around the world.

181 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

182 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

183 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Wednesday 30 June 2021 at 1400 hours as an online meeting.

The meeting ended at 1532 hours.

CHAIRMAN

Birmingham Local Outbreak Engagement Board Covid-19 Overview

Birmingham Public Health Division
29/06/2021



Overview



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

Total deaths

(Data up to 28 Jun)

2,697

Latest daily figure

0

new deaths

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Total cases

(Data up to 28 Jun)

108,275

Latest daily figure

381

new cases

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Hospital admissions

(Data up to 28 Jun)

18,719

Latest daily figure

18

new admissions

60-day trend

(based on seven-day averages).



Source: NHS COVID-19 Situation Operational Dashboard

Over 60's cases

(Data up to 26 Jun)

15,710

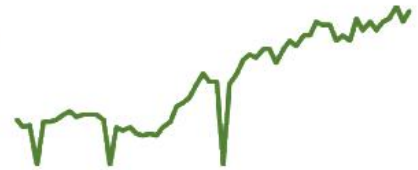
Latest daily figure

9

60+ new cases




60-day trend

(based on seven-day averages).

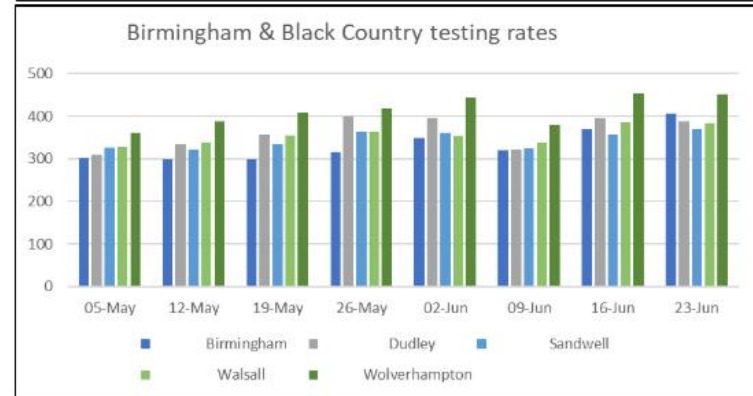
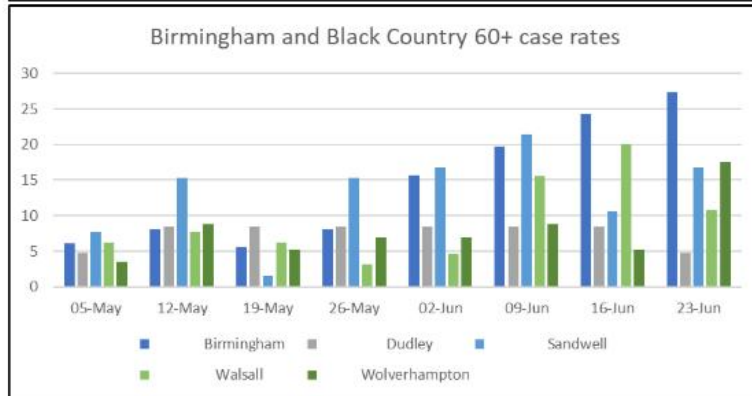
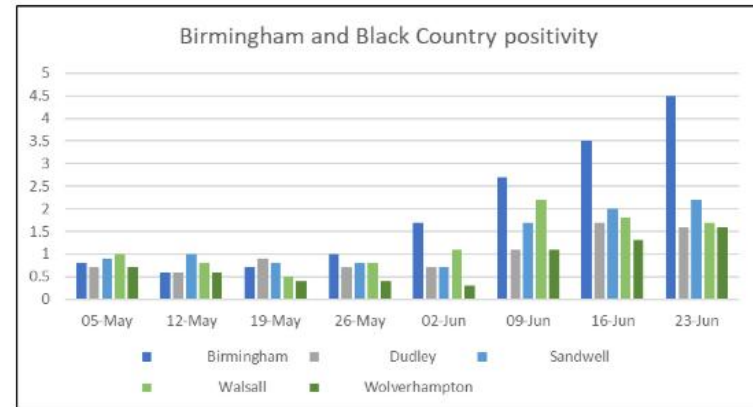
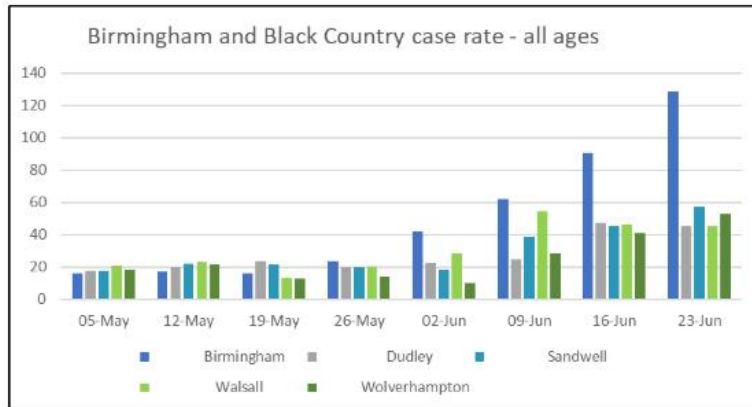


Source: PHE

Testing & Cases Summary: 7 Days up to 27th June 2021

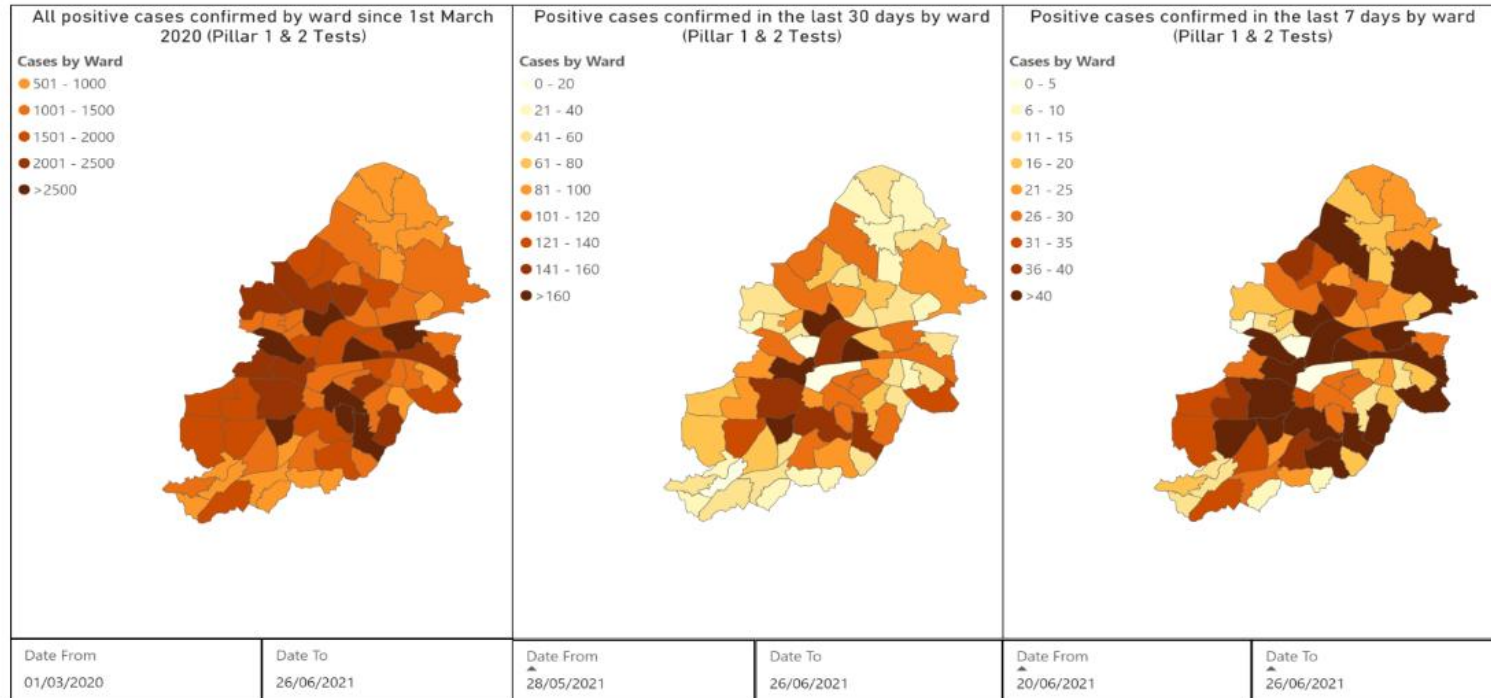
- 7 Day Rolling Case Rate to 26th June (Pillar 1 & 2) 199.2/100K 
 - Rate on 19th June 133.3/100K
 - Ranked 2nd highest in the West Midlands region, with Solihull ranked 1st (213.0/100K)
- 7 Day Pillar 2 PCR testing rate at 27th June 1,993/100K 
 - Rate of testing on 20th June 2,004/100K
 - Ranked 12th highest in the region
- 7 Day lateral flow testing rate at 27th June 5,647/100K
 - Ranked 13th highest in the region
- % of Pillar 2 positive PCR tests at 27th June 10.0% 
 - Rate on 20th June 6.3%
- % of positive lateral flow tests at 27th June 1.2%

Birmingham & the Black Country Direction of Travel



Cases by Ward: Total, Last Month & Last Week

Confirmed Cases by Ward for Pillar 1 & 2 Tests



Total

Last Month

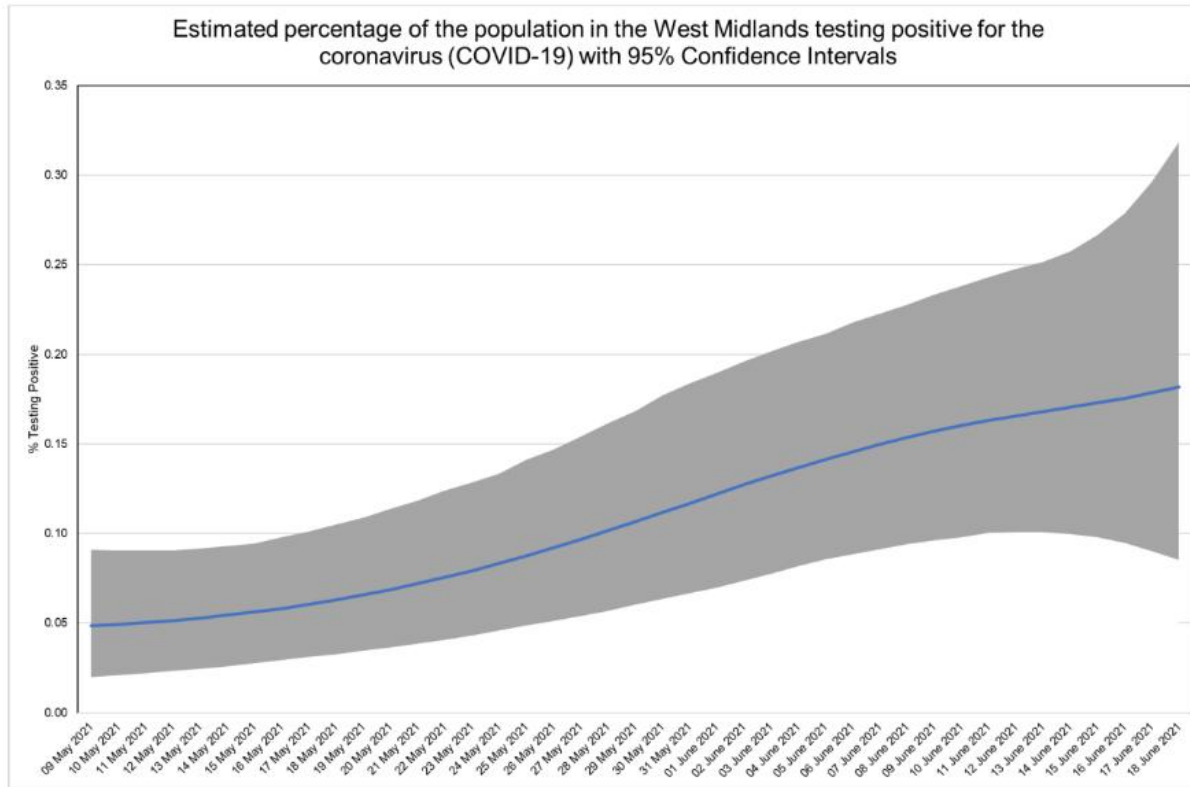
Last Week

Top Ten Case Rates by Ward

Ward	Prior week (2021-06-10 to 2021-06-16)		Most recent week (2021-06-17 to 2021-06-23)		Change between last two weeks		
	Cases	Rate	Cases	Rate	%	Absolute difference *	
Bournbrook & Selly Park	143	565.2	193	762.8	34	197.6	↑
Edgbaston	38	173.5	69	315.1	81	141.6	↑
Nechells	27	164.1	49	297.8	81	133.7	↑
Birchfield	36	288.4	33	264.4	-8	-24.0	→
Weoley & Selly Oak	26	107.2	61	251.5	134	144.3	↑
Sutton Wylde Green	7	79.4	22	249.4	214	170.0	↑
Aston	35	146.2	59	246.5	68	100.3	↑
Bordesley Green	30	233.9	27	210.5	-10	-23.4	→
Sheldon	26	131.1	39	196.6	49	65.5	→
Pype Hayes	8	74.3	21	195.1	162	120.8	↑

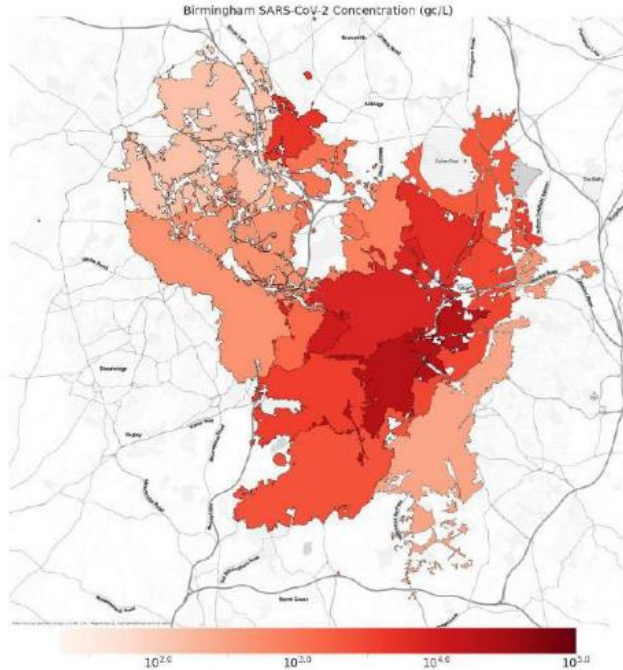
23 wards saw significant increase in case rates between the most recent week and the prior week. No wards saw a significant decrease

ONS Coronavirus (COVID-19) Infection Survey, up to 19th June

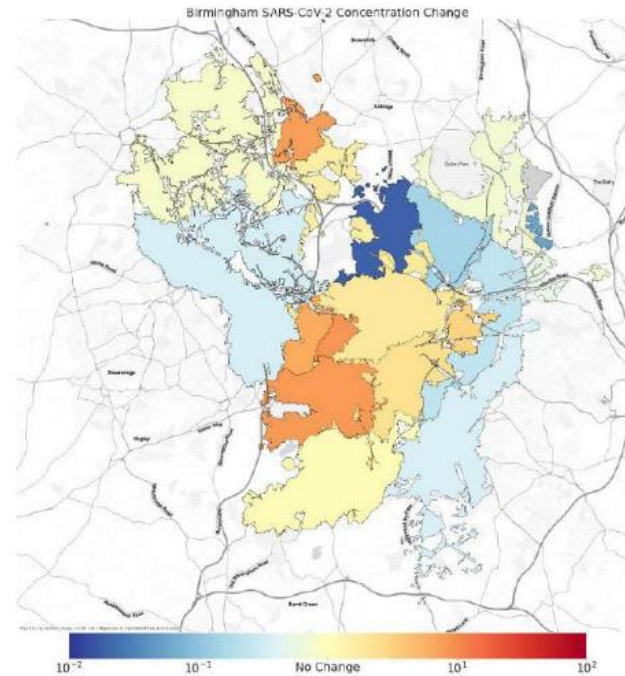


- The ONS infection survey estimates the % of the West Midlands population who were COVID positive on 19th June was 0.19%, which is down from a peak of over 2% in mid January, but is increasing.
- Following a decline in early May, the proportion testing positive has been increasing for the past month.
- The percentage of people testing positive increased in school Year 12 to age 24 years. Trends in the percentage testing positive is uncertain for all other age groups.
- ONS are not currently calculating sub regional estimates due to reduced estimate accuracy when prevalence is low.

NHS WASTEWATER SARS-COV-2 REPORT – Data to 25/06/21



SARS-CoV-2 RNA concentration 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 (scale is to maximum increase/decrease within the city).

Variants of Concern



Variants of Concern

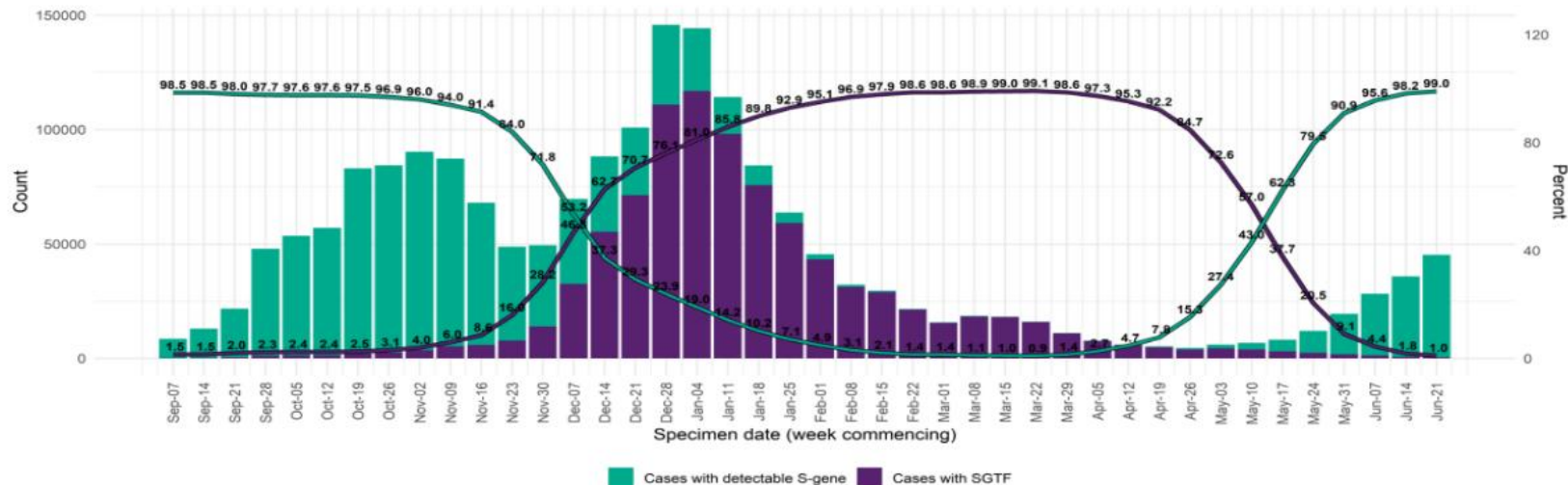
- Delta VOC - spreading rapidly across B'ham.
- Alpha VOC - previously dominant variant but now overtaken by Delta variant.
- Beta VOC -none currently in B'ham.

Current VOC Overview

- S Gene positive proxy for Delta VOC.
- 1,890 cases were tested for S-Gene in the 7 day period ending 28th June.
- 98.2% of these were S-gene positive.
- Cases are dispersed across B'ham city.
- Delta VOC dominant variant across West Midlands and England.

Delta Variant – National Picture

Weekly number and proportion of England Pillar 2 COVID-19 cases with detectable S gene or SGTF among those tested in TaqPath Labs

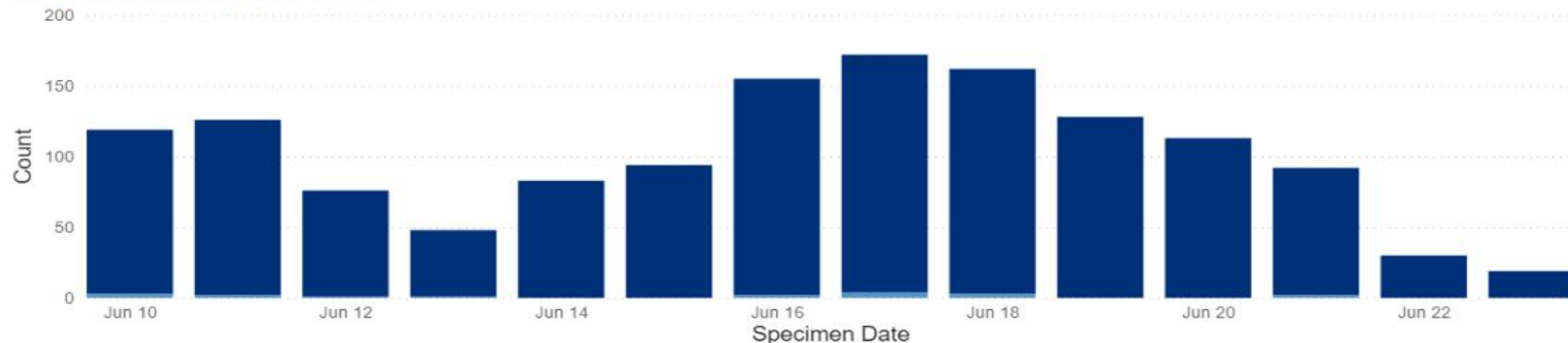


Increased proportion of cases tested in TaqPath labs show detectable S gene which indicates a potential Delta variant case. SGTF cases are a proxy measure for Alpha variant and are reducing. This suggests Delta variant has become the dominant variant in England.

Delta Variant - Birmingham

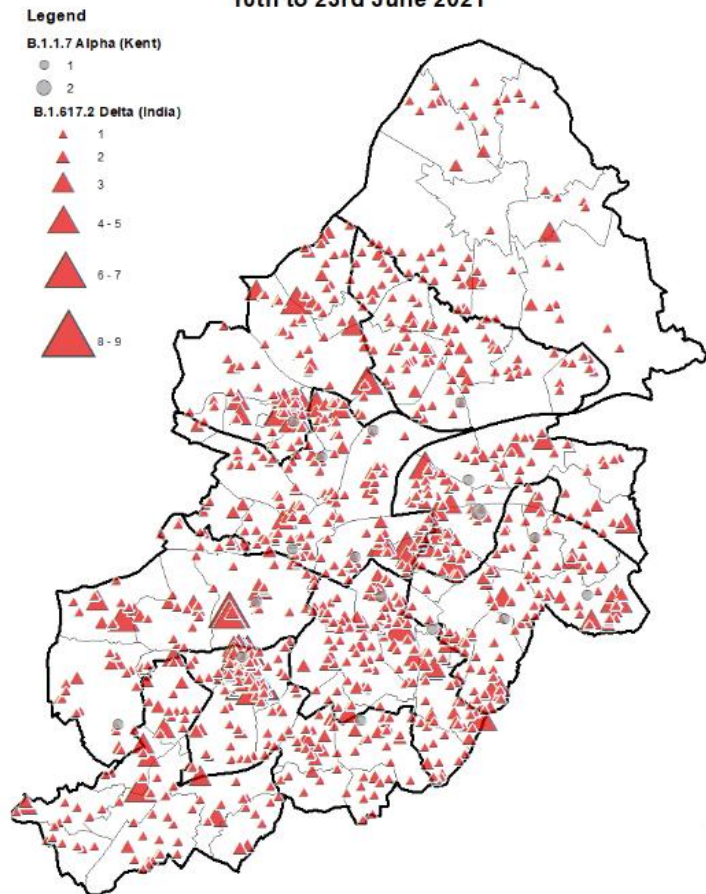
Count of Individuals by VAM (Variant and Mutation) Profile

VAM ● VOC-20DEC-01 ● VOC-21APR-02



- Of cases in Birmingham that were genetically sequenced in the last 2 weeks the majority were Delta variant (1,399 of 1,417)
- 18 were Alpha variant
- Only 6 VOC cases were related to travel suggesting spread is taking place in the community.
- There is a lag in data for cases sequenced in the most recent days.

COVID-19 Case Numbers by Variant 10th to 23rd June 2021



Source: PHE Covid-19 Situational Awareness Explorer produced 29th June 2021.
Produced by Birmingham Public Health Division (2021).
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VOC distribution by Area

- Most cases are in West, Central and South East of the city.
- Delta variant now appears to be dominant in all areas of the city.
- Areas in the West of the city have low vaccine uptake and are therefore at a greater risk for cases resulting in severe illness.

Our Response

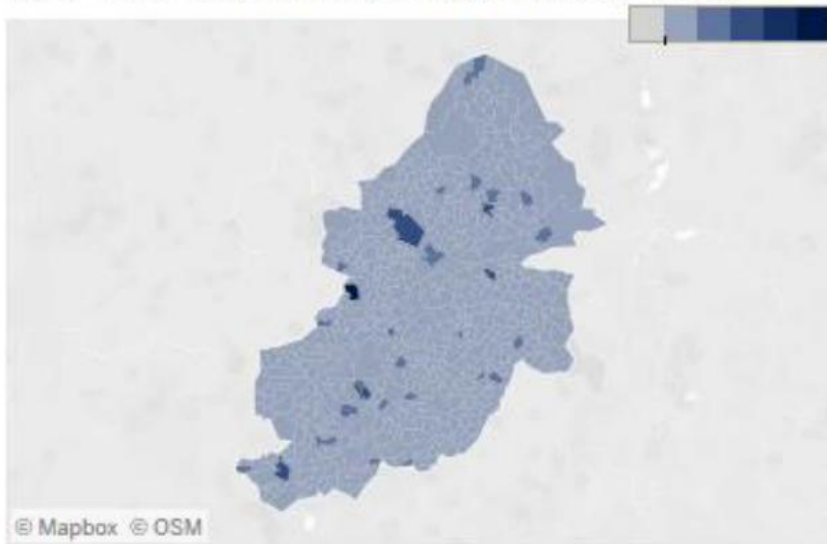
- Birmingham became an area of enhanced support w/c 14th June. The response focuses on increasing rates of testing, closing the gaps in vaccination and promoting compliance with guidelines.
- Across the city we have enhanced contact tracing and communication and engagement to increase vaccine and testing uptake alongside enforcement of current legislation.
- Specific actions are focused on 15 wards with high case rates and low vaccination uptake in over 50yrs. Actions include:
 - Pop-up vaccination clinics and walk-in clinics
 - Door to door lateral flow testing kit distribution to households and businesses
 - Focussed surge testing in response to linked clusters in workplaces and schools

Testing

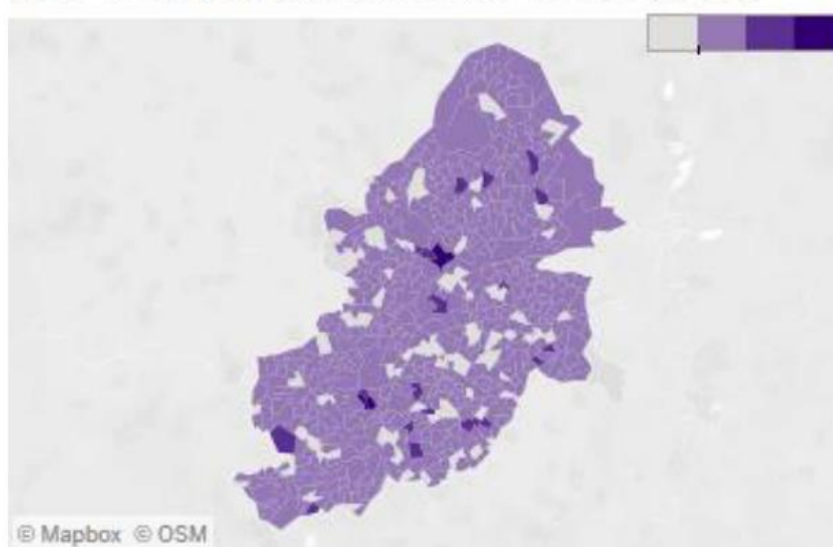


PCR Testing (Pillar 2) by LSOA: 7 Days up to 27th June 2021

7-day rate of total Pillar 2 tests LSOA
(per 100K population) Range 0.5K to 16.5K



7-day rate of positive Pillar 2 tests LSOA
(per 100K population) Range 0.0 to 1,731.6

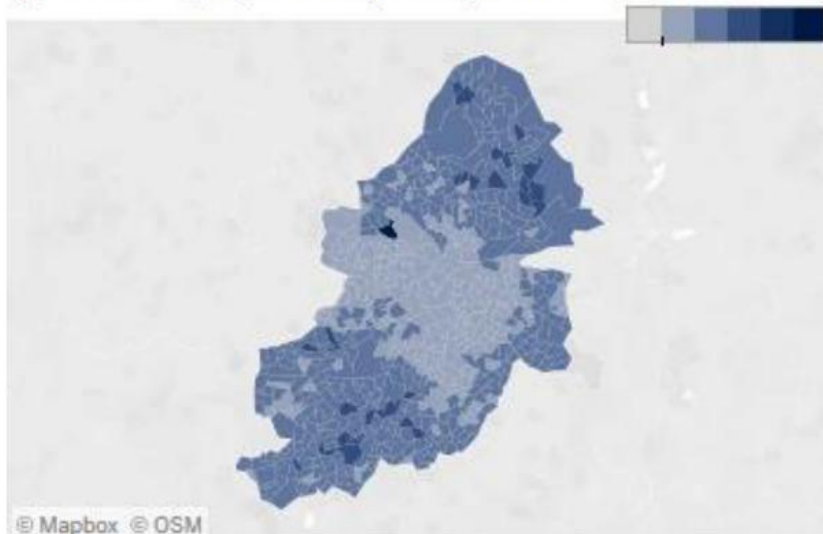


Lateral Flow Test Locations

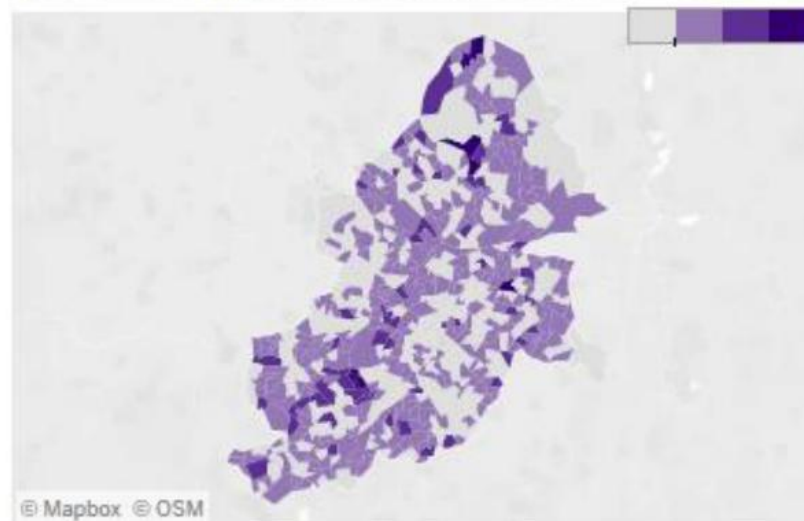
- **Lateral flow testing and collection sites have now closed.**
 - in line with the national move to home testing.
 - home testing kits can be ordered from gov's website,
 - <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>
- **Testing available at a network of community pharmacies**
 - 104 pharmacy community testing sites currently live.
- **Pop up collection sites - continue to operate**
- **Lateral Flow Device (LFD) Inclusion Pilot:**
 - engaged with homeless organisations to enable homeless citizens to collect and undertake regular LFD tests.

Lateral Flow Testing (Pillar 2) by LSOA: 7 Days up to 27th June 2021

7-day rate of total Pillar 2 tests LSOA
(per 100K population) Range 1.0K to 25.0K

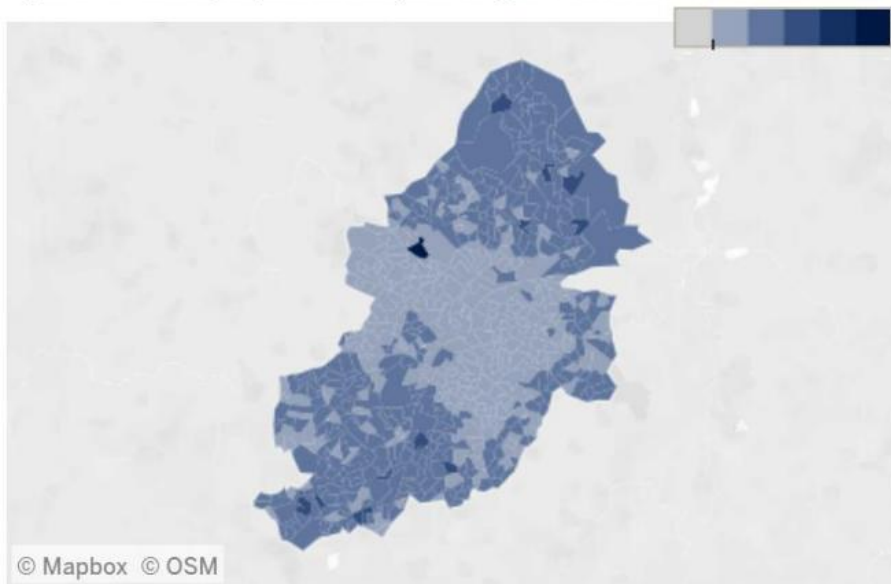


7-day rate of positive Pillar 2 tests LSOA
(per 100K population) Range 0.0 to 489.0

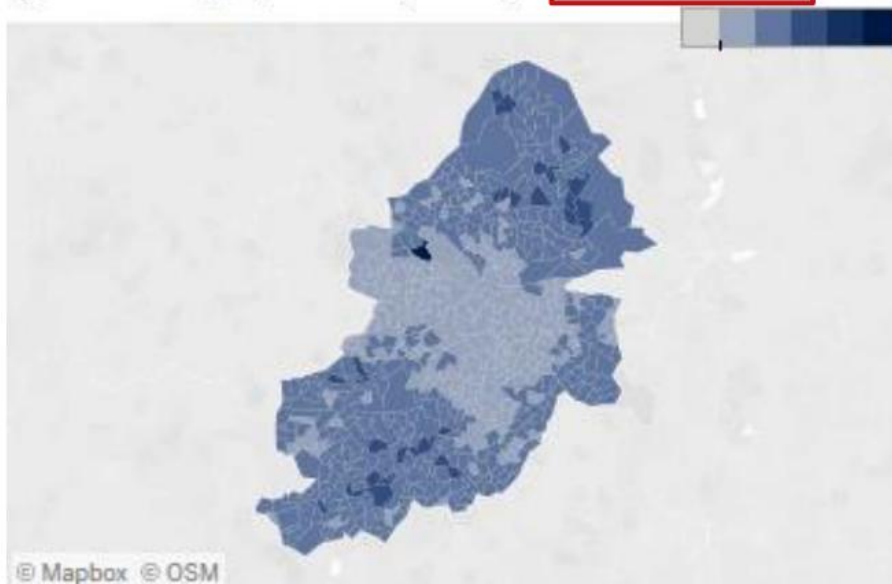


Lateral Flow Testing Progress

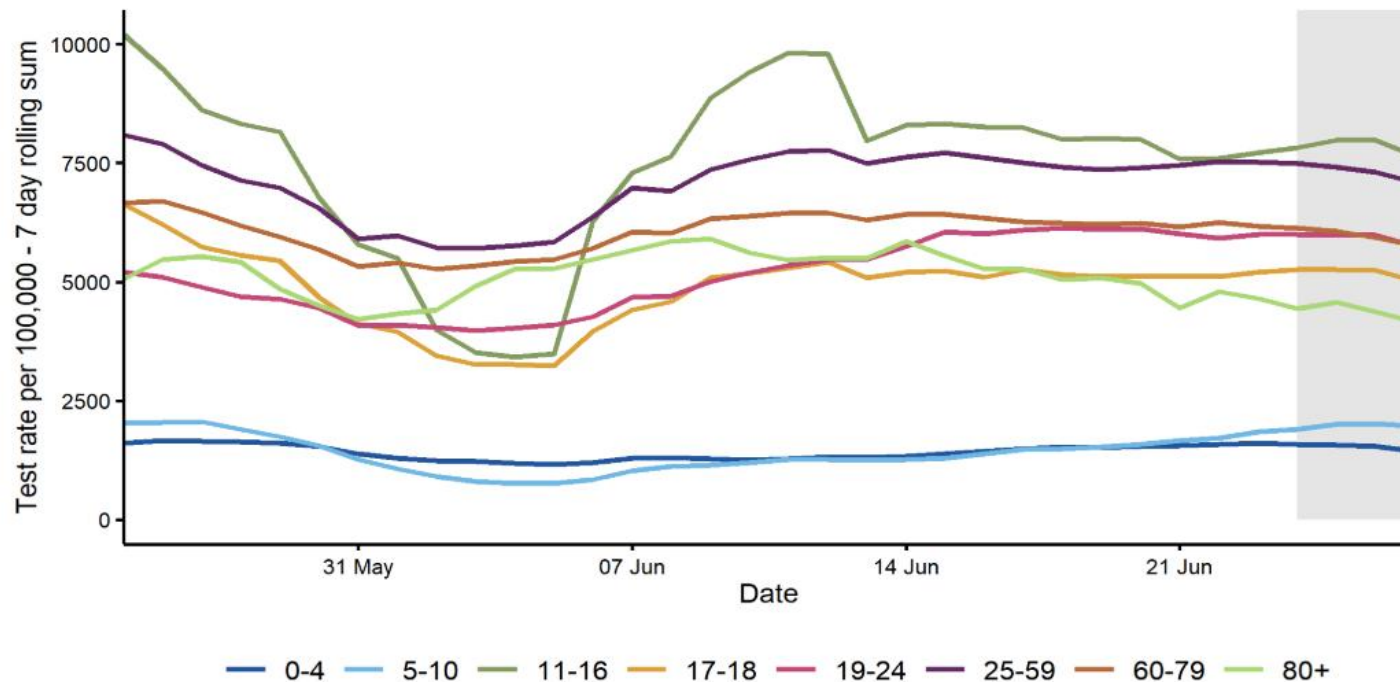
7-day rate of total Pillar 2 tests LSOA 5th June
(per 100K population) Range 0.6K to 18.3K



7-day rate of total Pillar 2 tests LSOA 27th June
(per 100K population) Range **1.0K to 25.0K**



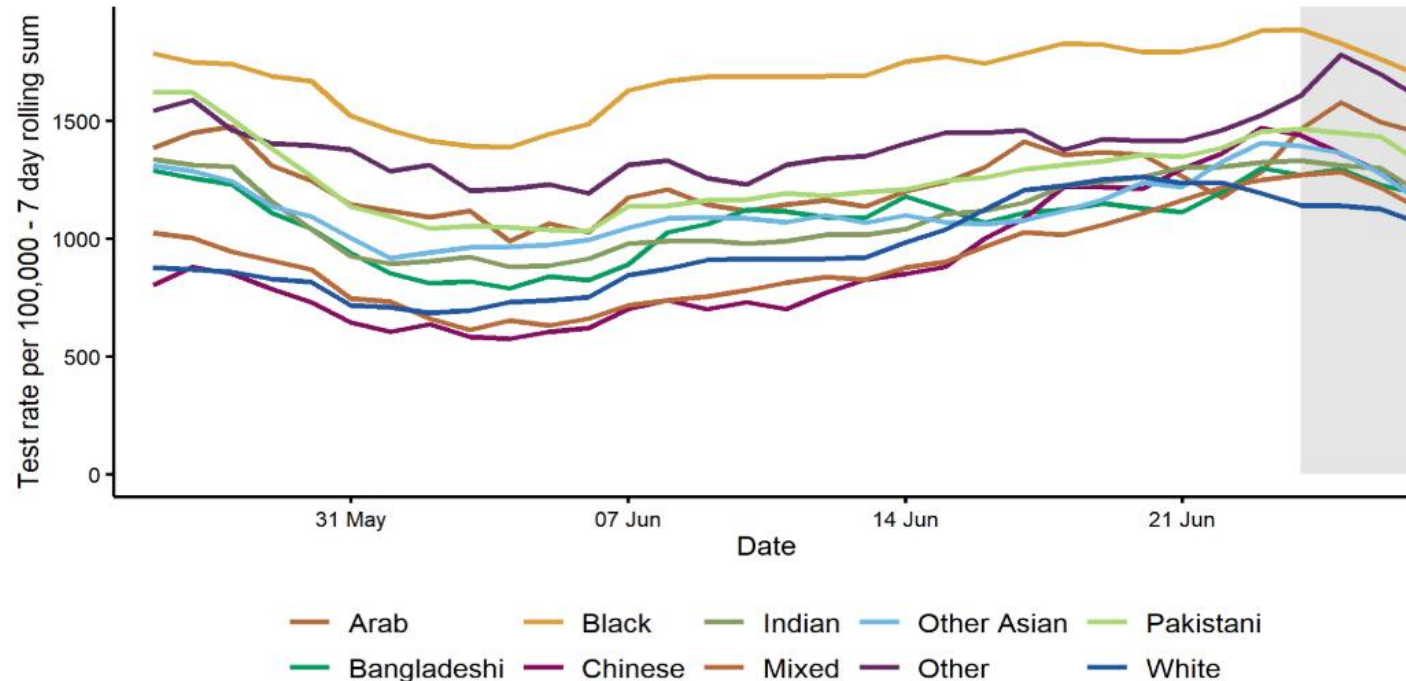
Age-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Residents of Birmingham: 25th May to 27th June 2021



4 most recent days excluded due to reporting delays

Excluding 1365 tests with missing age data.

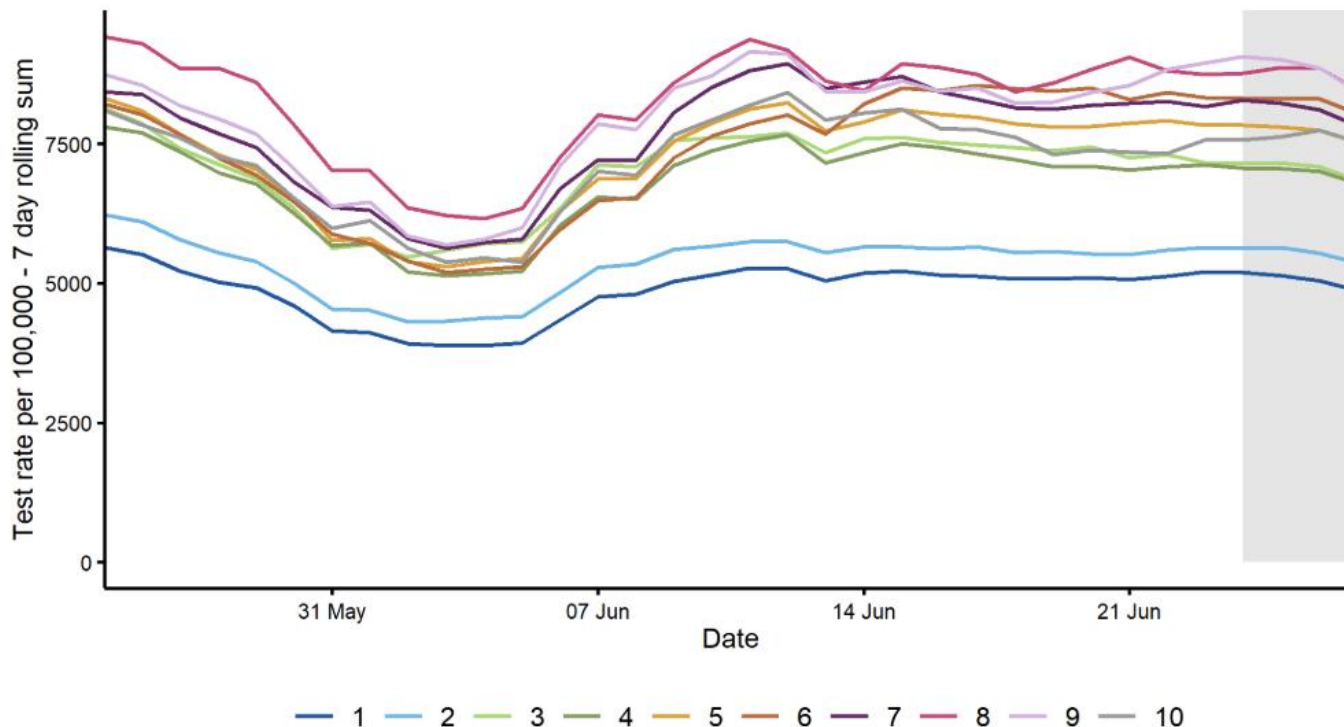
Ethnicity-Specific 7-Day Rolling Pillar 2 Test Rates per 100,000 Population Among Birmingham Residents: 25th May to 27th June 2021



4 most recent days excluded due to reporting delays

Excluding 220984 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: 25th May to 27th June 2021



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

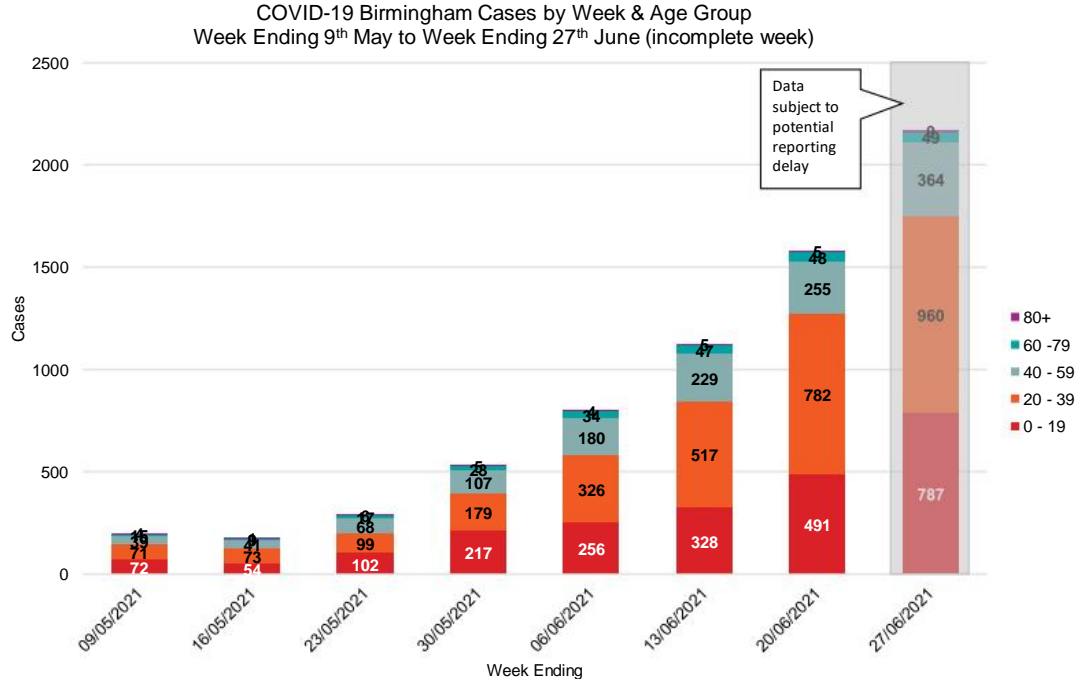
4 most recent days excluded due to reporting delays

Case Demographics



Cases by Week & Age Group

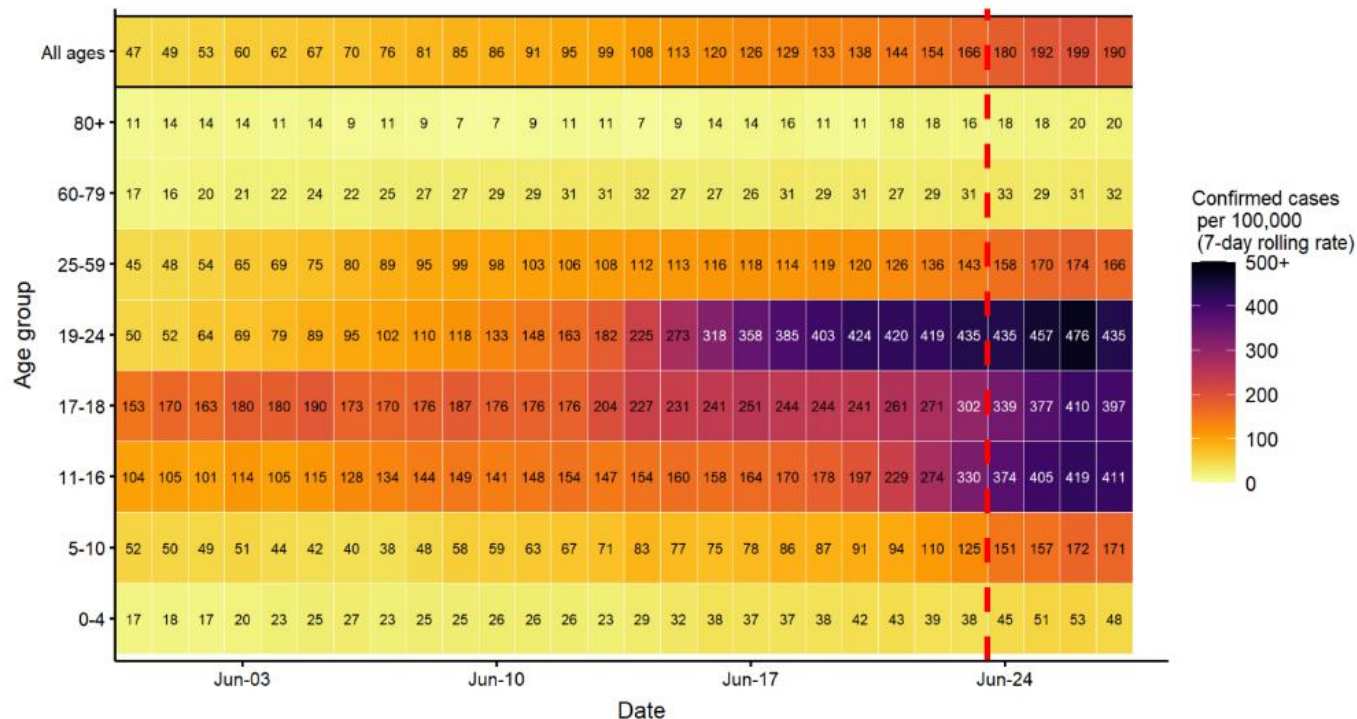
- At present the overall number of cases continues to rise exponentially.
- The 20–39 age group accounts for the highest number of positive cases followed by the 0–19 age group.
- Comparing week ending 27th June to the previous week, cases in the 20–39 age group have risen by 22.8%.



Cases for week ending 27th June 2021 are likely to be under-estimated due to time lags in reporting.

Age-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 31st May to 27th June 2021

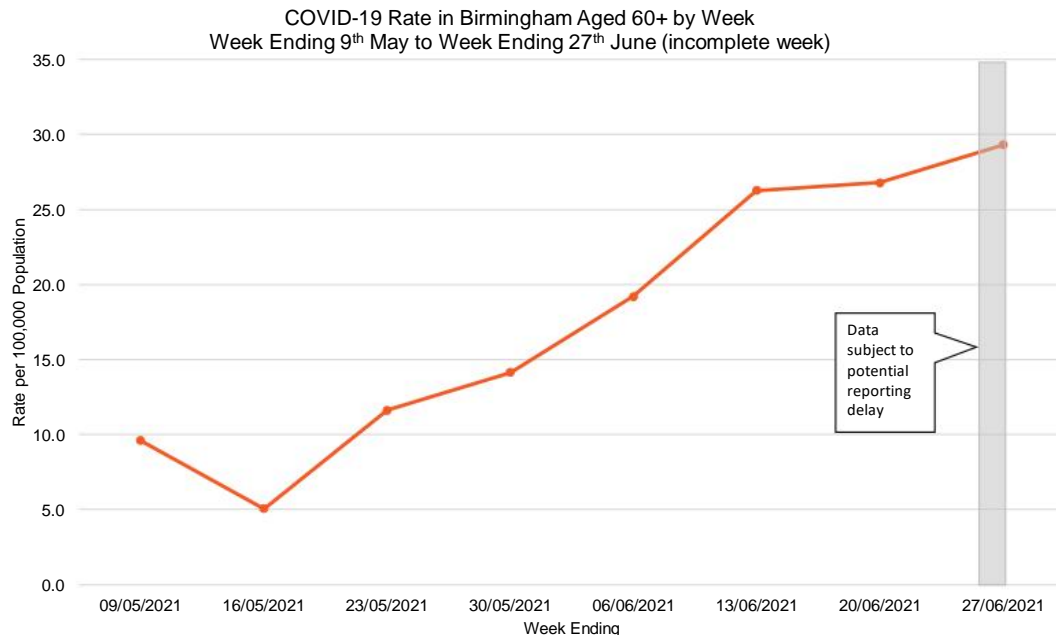
- Testing has been promoted to university students ahead of going home and this has identified some significant clusters in halls of residence and student households which has spiked up case rates in the 19-24yr age group.



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

Case Rate in Population aged 60+

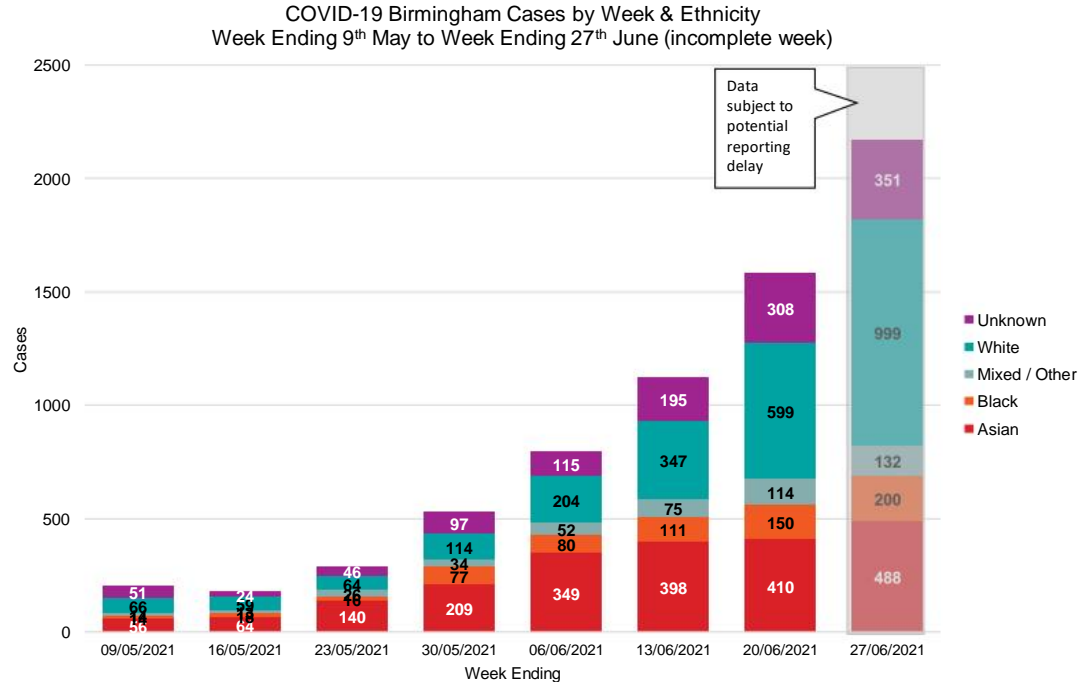
- Since the start of the National Lockdown on 05/01/21, the rate of positive cases in the 60+ age group decreased significantly, however from the second week of May 2021 we are observing a rapid increase in positive cases.
- Comparing week ending 27th June to the previous week, case rates have risen from a rate of 26.8 to 29.3.



Cases for week ending 27th June 2021 are likely to be under-estimated due to time lags in reporting.

Cases by Week & Ethnicity

- At present, cases in all ethnic groups continues to rise exponentially.
- This week, the White ethnic group accounts for the highest number of cases.
- The ethnic group with the largest percentage increase compared to the previous week, was the White ethnicity with an increase of 67% .

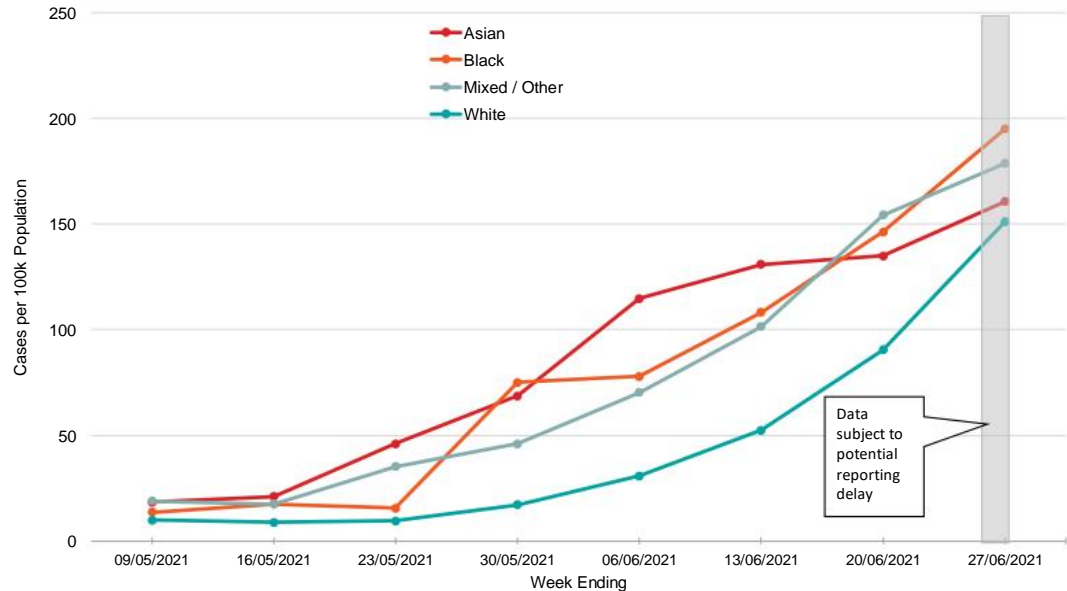


Cases for week ending 27th June 2021 are likely to be under-estimated due to time lags in reporting.

Case Rate by Ethnic Group

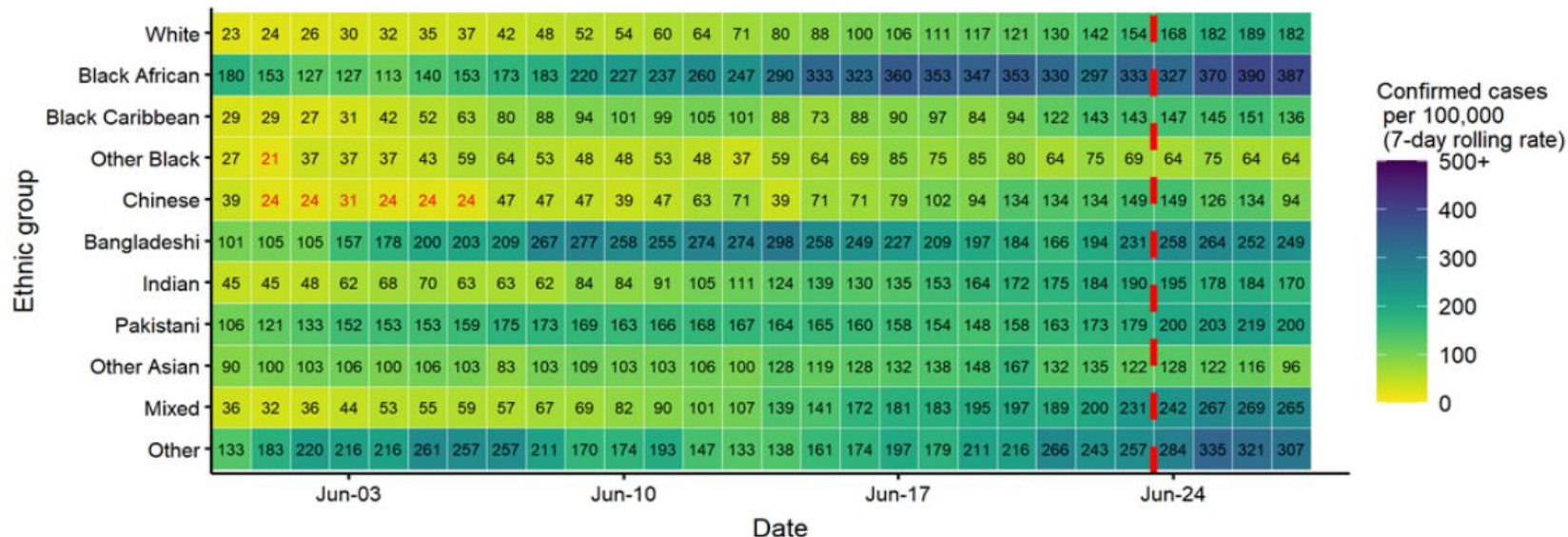
- Currently, the highest positive case rates is seen in the Black ethnic group and the lowest positive case rates is seen in the White ethnic group.
- The long-term trend has shown that the Asian ethnic group has observed the highest positive case rates per 100,000 population since the start of the pandemic.

COVID-19 Birmingham Case Rate per 100,000 Population by Week & Ethnic Group
Week Ending 9th May to Week Ending 27th June (incomplete week)



Cases for week ending 27th June 2021 are likely to be under-estimated due to time lags in reporting.

Ethnicity-Specific 7-day Rolling Case Rates per 100,000 Population in Birmingham: 31st May to 27th June 2021

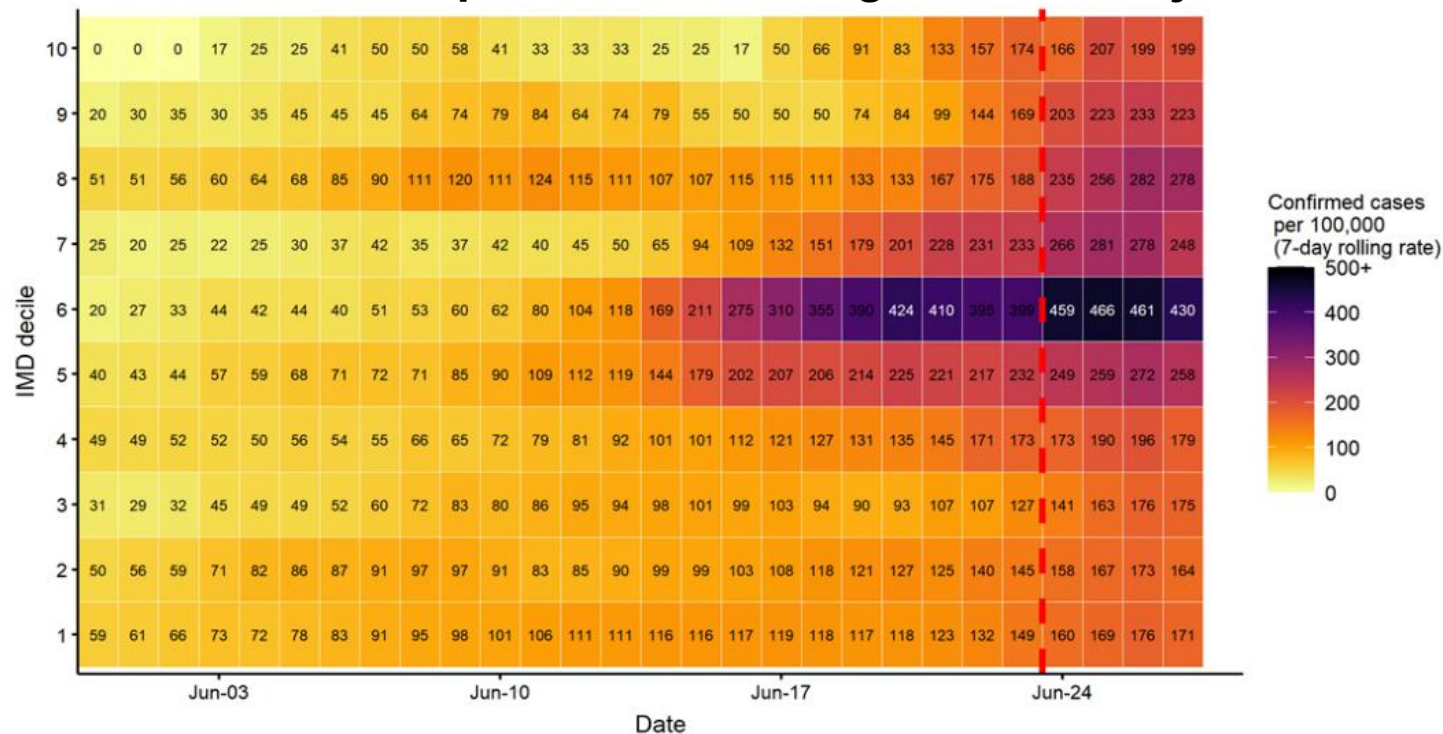


Excluding 4.3% ethnicity data classified as Na or Unknown.
Where text is red rates should be interpreted with caution as underlying case numbers are <5.

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

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

Index of Multiple Deprivation-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 31st May to 27th June 2021



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

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

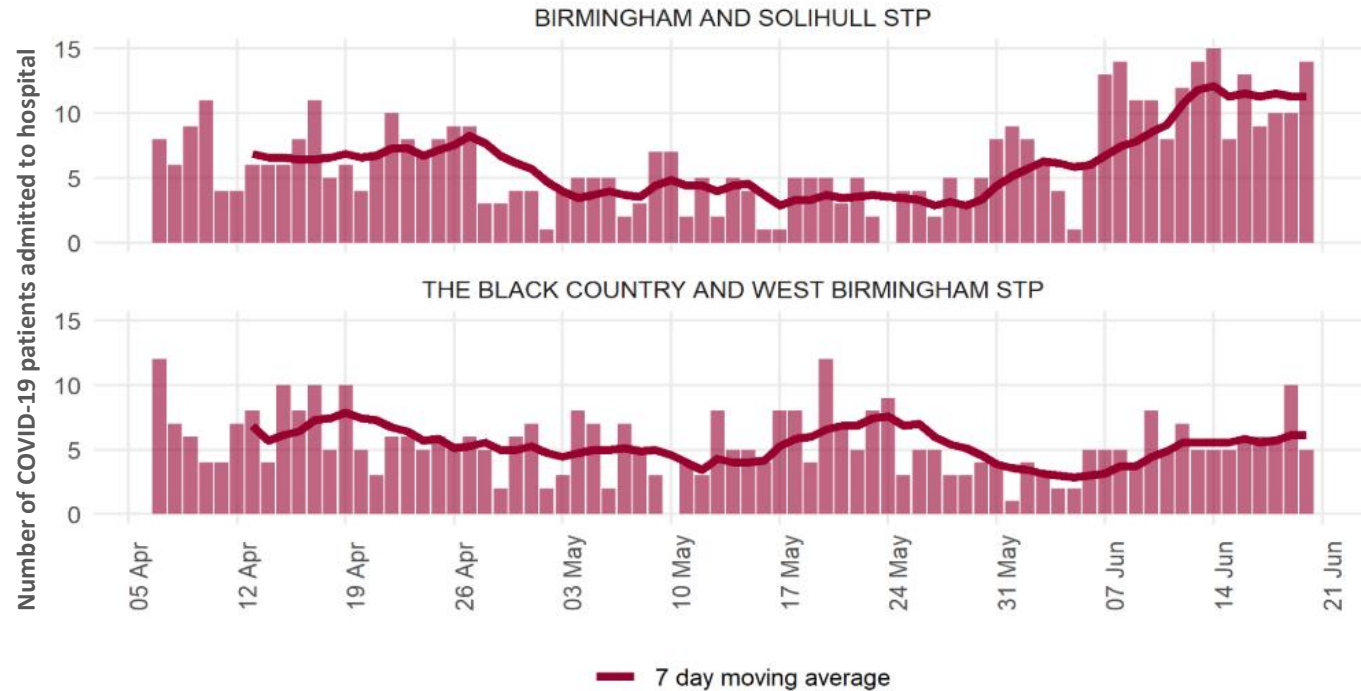
NHS Situations



Hospital Metrics Data

Hospital Trust	Covid - 19 Daily Admissions 20/06	Hospital in-patients 22/06	Patients on Mechanical Ventilation 22/06
University Hospitals Birmingham NHS Foundation Trust	11	63	13
Sandwell & West Birmingham Hospitals NHS Trust	1	25	6
Birmingham Community Healthcare NHS Foundation Trust	2	0	0
Birmingham Women's & Children's NHS Foundation Trust	1	4	1
Birmingham & Solihull Mental Health NHS Foundation Trust	0	0	0

Daily number of COVID-19 patients admitted to hospital in the Sustainability & Transformation Partnerships (STPs) associated with Birmingham, 7th April to 20th June 2021



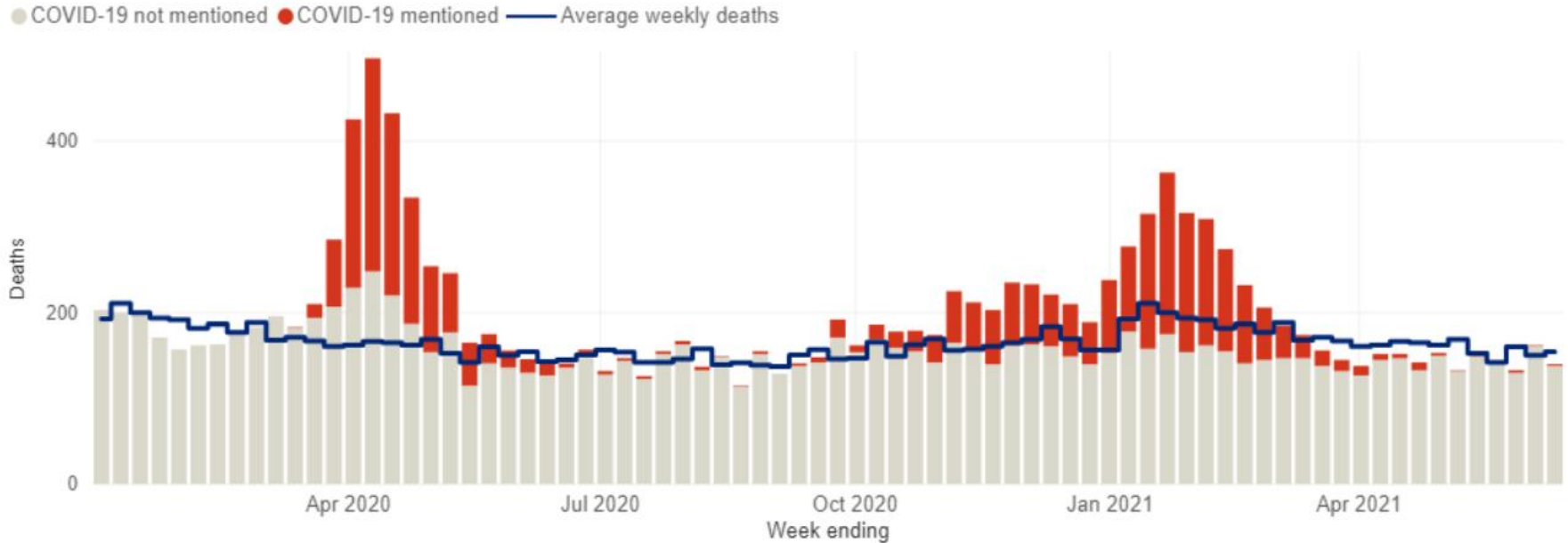
Deaths



Death Data

- The most recent death data, where death occurred within 28 days of a positive Covid-19 test for the week ending 27th June, reported **2 deaths** and a death rate of **0.2/100k** population.
- More accurate data based on Covid-19 being mentioned on the death certificate is more historical and the most recent week is that ending 11th June, which reported **3 deaths** registered in Birmingham. Of these, 2 deaths occurred in hospital and 1 in a care home.

Excess Death: All Deaths up to 11th June



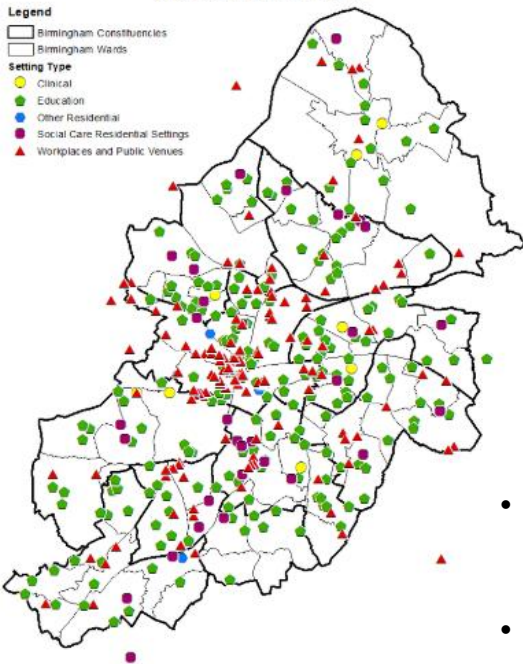
We have observed a fall in COVID deaths and there has only been one week with excess deaths (deaths above the 5 year average) in Birmingham for the last 13 reported weeks.

Situations



Confirmed Situations in Birmingham: Last Month & Last 7 days

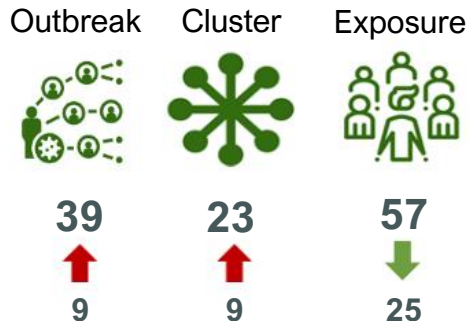
All Confirmed Situations by Settings Type
26th May to 25th June 2021



Produced by Birmingham Public Health Knowledge Evidence and Governance Team (2021).
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**Map represents the last month.
One postcode can represent
more than one situation**

Type of Situation 19th June – 25th June 2021



Numbers under the arrows show the overall change in situations

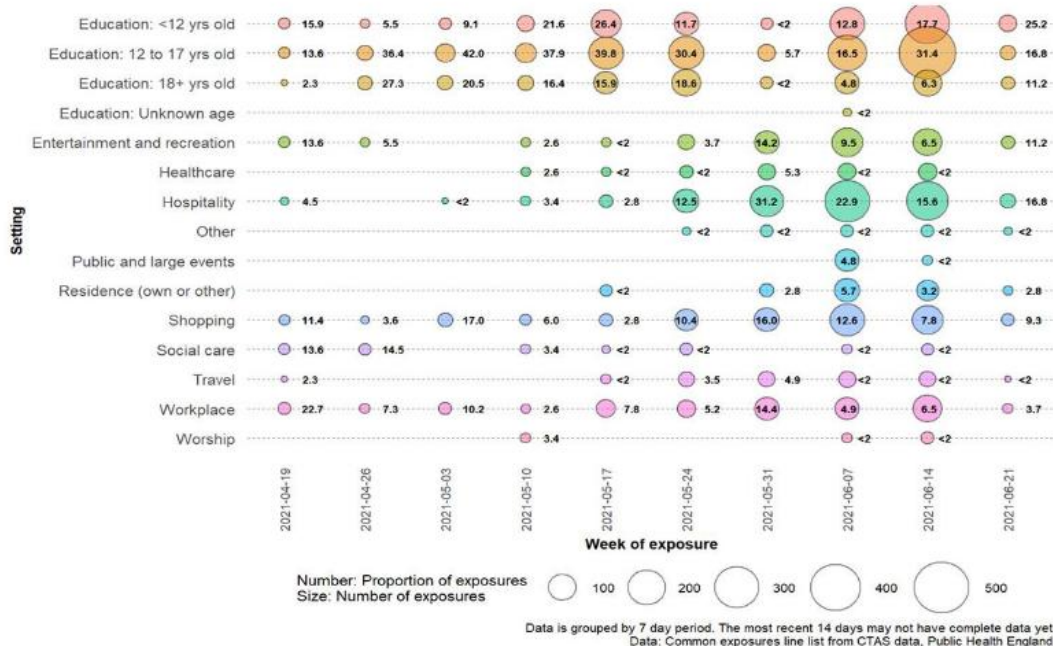
- In the week up to 25th June, the number of situations has decreased from 154 to 119, showing a decrease of 35%.
- Exposures have decreased from 82 to 57. Outbreaks have increased to 39. Clusters have increased to 23 this week.
- The majority of situations (48%) are Exposures (57). Of these 68% are in Education settings and 6% in Social Care & Residential settings.
- There are 81 situations reported in **Education** settings, an increase of 17 from last week, a 27% increase.
- Social Care & Residential** settings have increased by 1 situation this week to 7.
- Workplace and Public Venues** settings have seen a decrease from 55 to 31 compared to last week, this represents a 44% reduction.
- Other Residential** settings have no situations this week the same as last week.
- There are no **Clinical** situations this week.

Situation Awareness

- The HPR team logged 312 enquires during week 19th to 25th June, of which 119 situations required intervention. There is a current backlog of 200 notifications, due to a change in the notification process. This will be reflected in next week's figures.
- Education notifications continue to increase with 50% in Primary schools. HPR team are managing 11 significant Outbreaks.
- Residential & Adult Social Care notifications remain low reporting no concerns.
- Workplace & Public Venues notifications have decreased with majority being single case exposures within the city centre wards. HPR team are managing 1 significant Outbreak within a hospitality venue.
- VOC/VUI notifications stand at (2 x VOC-21APR-02 (Delta)). HPR team responded to 2 new cases. Total confirmed cases to date are 118.

Common Exposure Events Reported by Cases Resident in Birmingham*

Number & percentage of weekly exposures by setting: 19th April to 27th June 2021



- Over the last week, **most common exposures occurred in Education, <12 yrs old setting followed by 12 to 17 yrs old & Hospitality.**
- Common exposures **are not** proof of transmission in a setting but provide evidence of where transmission **might** be taking place.

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

Contact Tracing



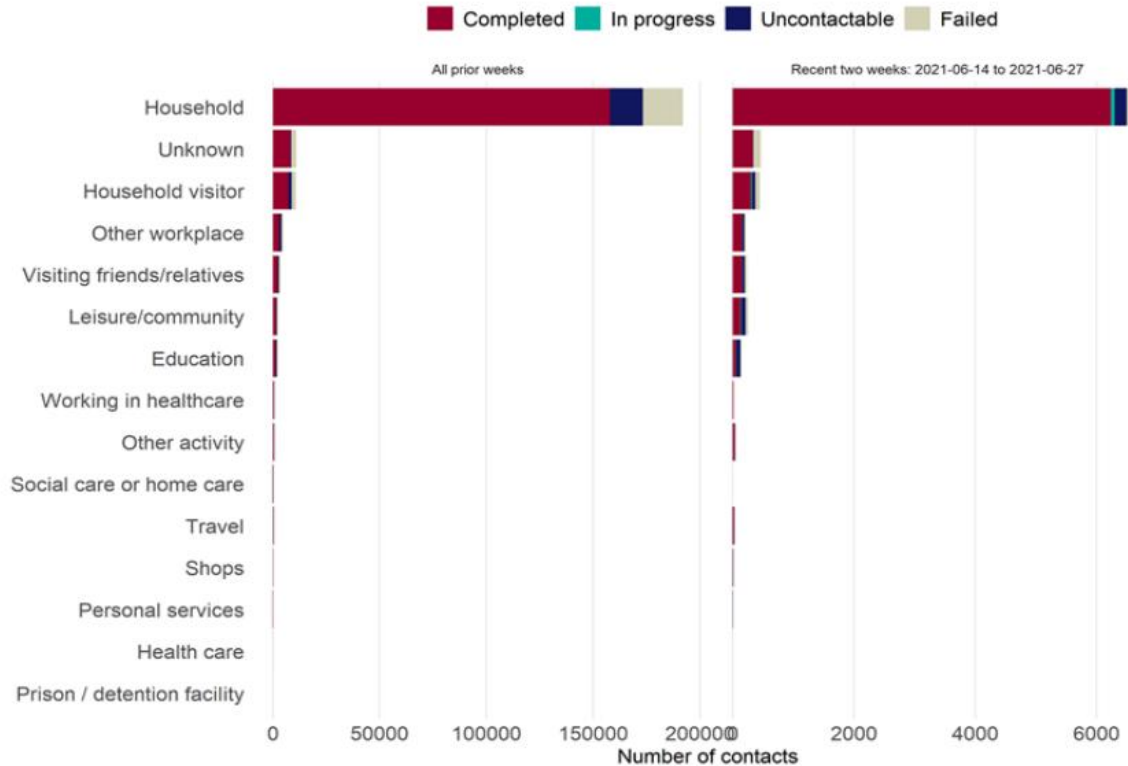
Contact Tracing

- The Contact Tracing Service now covers all Birmingham wards.
- A team providing face-to-face visits is in place for positive cases that:
 - cannot be reached by telephone (3 attempts, including voicemail and texts). These are referred to Environmental Health for follow-up (approx. 2-3 cases/day at present)
 - refuse to co-operate/self-isolate. These are referred to Environmental Health for follow-up visits (approx. 2 cases/day) and if necessary escalated to the Police.
- Total no. of positive cases received in June = 2,471; completion rate of 88%.
- Completion rate increased following implementation of text message sent prior to telephone call and the introduction of WMFS face-to-face follow up visits.
- BCC contribute to and are part of the national reference site to support the ongoing development of the current national Contact Tracing System (CTAS) for managing the case interview, and the new Integrated Tracing System (ITS) that is due to replace CTAS at some time in the future.
- The Local-0 pilot was a success and has now entered BAU. All cases bypass the national team and come directly to the BCC contact tracing team. The service will be left 'switched on' with further work continuing behind the scenes.

Contact Tracing –(continued)

- We have recently recruited 6 new call handlers to work on case tracing (2 of which replaced team members who moved rolls). Recruitment continues due to the growing number of cases with a further 6 potential agents currently undergoing training.
- We have seen case load increase three fold largely due to the easing of restrictions and the increased transmission from the Delta variant. This has resulted in approximately 208 cases per day having to be returned to the national team.
- An improved escalation process between the case tracing team, Health Protection Team and Environmental Health is now live for the escalation of Workplace, Education and activities. This new process increased case tracing capacity by approx. 20 cases per day.
- In the last 7 days we have handled 730 cases compare with 559 cases in the previous week. This does not include the 1,457 cases returned to the national team this week.
- The current doubling time nationally is 11.2 days.

Test & Trace Contacts by Exposure/Activity Setting & Current Outcome: 28th May 2020 to 27th June 2021



- Over the past 2 weeks, **Household** is the most common category, secondly is the **Unknown** category followed closely by the **Household Visitor** category.
- A decrease in the **Unknown** category has been observed in recent weeks, where data on exposure/activity setting were not provided.
- In the past two weeks, over 6,000 contacts were successfully completed, i.e. asked to self-isolate.

Data collected by NHS Track & Trace (NTAT).
 Uncontactable cases: insufficient contact details provided to contact the person.
 Failed contact tracing: contact tracing team attempted but did not succeed in contacting an individual.

Communications & Engagement



Communication and Engagement Plan/Objectives (updated March 2021)

1- Support understanding and awareness of guidance and control measures

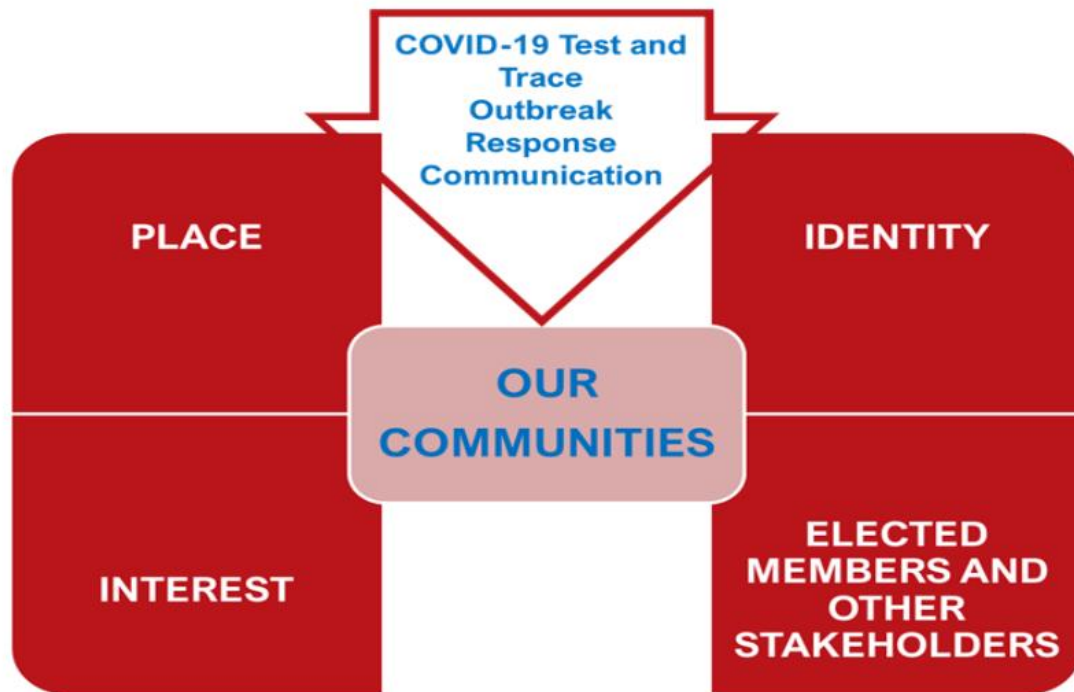
2 - Enable partnership working to deliver the local plan

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

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



Core engagement threads to aid delivery



Communication Channels

Online Q&As, Radio, Podcasts & TV

Tues 15th June & Tues 22nd June – Weekly BBC WM Interview

Tues 15th June – Birmingham Live Facebook Q&A

Tues 15th June – Free Radio interview

Tues 15th June – ITV Central interview

Tues 15th June & Mon 21st June – Midlands Today interview

Thursday 17th June - ZMC TV Network interview

Emails: Topics covered include mobile vaccination vans, enhanced support update via special COVID Champions meeting including links to materials such as Isolation pack, Vaccination toolkit.

Partner channels: GBCC <https://mailchi.mp/chambernews/eviction-ban-extension-a-huge-relief-for-tenants?e=87686a7e9a> ; BVSC: <https://www.bvsc.org/covid-19-information-and-resources>

Verbal: Word of mouth communication via communities about enhanced support testing, isolation and vaccinations.

Digital Engagement: March to June 2021



Social Media – Healthy Brum



Instagram

Post engagements – 868

Post reach – 20k

Facebook

Post reach – 38k

Post traffic (clicks) - 7.4k

Twitter

Post engagements – 1.3k

Post traffic (clicks) - 9.8k

Website

500,000 visits to our COVID-19 Pages

Website Updates:

- Enhanced support plans and FAQs- schools
- Translated Isolation support pages
- Translated Vaccine toolkit and slides
- Accessible BSL resources
- Champions COVID-19 dashboard
- Roadmap guidance and other related COVID-19 updates

Partner Website Updates

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

Social media Key messages

Enhanced support plans.

Mobile Vaccination Units.

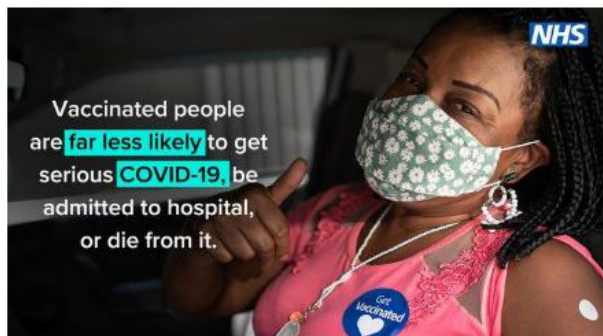
Mental health awareness

Ventilation when indoors (Euro 2021)

Home and door-to-door LFD testing

Vaccines access for 18yrs+ and continued caution with relaxing of lockdown restrictions

Communication and Engagement updates 15th June 2021



COVID Champion Programme

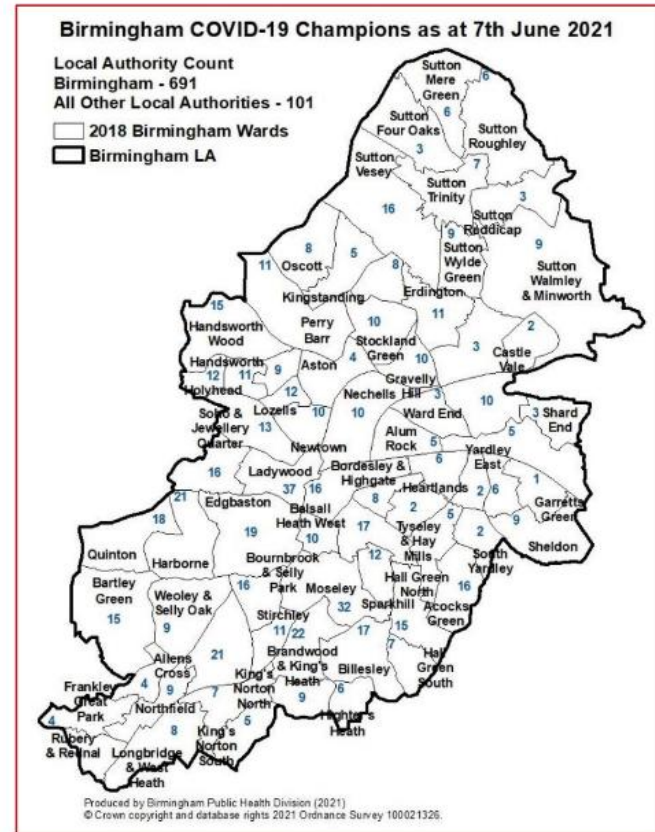
Coverage of champions across all 69 wards – at 28th June 2021

- 801 Community Champions + 34 Youth Champions.

Ongoing work:

- Analysis of representation at ward and demographic level to help develop a recruitment strategy.
- Current webinar themes: enhanced support, testing, vaccination, isolation, mental health and grief support.
- Thematic analysis of key themes (inbox, webinars & social media).
- Engagement via fortnightly webinars (next one 24th June).
- Vaccination Toolkit develop to support champions and their communities.

Good representation of different religions, and the LGBTQ community. More representation is needed for males, Bangladeshi & Caribbean communities, young people aged 18-30 years and people who consider themselves to have a disability.



Engagement with Faith Groups

Over the last month we have continued to

- Birmingham Masjids, Black Led Churches and Interfaith group fortnightly meetings to give COVID-19 updates.
- Increased awareness on enhanced support in Birmingham across the areas of vaccination, isolation and testing and Roadmap rules.
- Increased messaging about mobile vaccination van and the wards being deployed and target engagement to increase uptake.
- Access to twice weekly tests and bulk order LFD test kits for places of worship.
- Present up to date and accurate information on what step 3 of the Roadmap looks like as a result of the delay to step 4.
- Share resources with accurate information and interpret faith group guidance to inform congregations and support myth busting and addressing misinformation. Self-isolation pack and Vaccine toolkit shared.
- Continue to share examples of COVID -19 messaging materials and resources produced by faith groups on social media and other channels.
- Fortnightly meeting with places of worship in partnership with Environmental Health to support with operational issues, day to day communal worship, cleaning, risk assessments etc
- COVID Charter and toolkit: https://www.birmingham.gov.uk/info/50231/coronavirus_covid-19/2336/covid_charter_for_faith_settings

Information gathering

- Feedback about challenges faced by faith groups and their respective congregations on issues such as; COVID-19 vaccination, singing, worship experiences, isolation, enforcement, testing and other issues pertaining to COVID -19.
- Feedback from faith leaders about Birmingham being an enhanced support area and impact on citizens and suggestions.
- Working with Cabinet office to address concerns from Birmingham Masjids about Step 4 date July 19th coinciding with Eid Ul Adha.
- Seeking ongoing support and responses from faith groups to help with enhanced support messaging about LFD home test kits, encouraging uptake of vaccines, the importance of isolation and step 3 of the Roadmap such as a request for FAQs on Covid variants.

Community and Partnership engagement

- Communication and engagement regarding enhanced support in Birmingham and 15 high interest wards sharing information with businesses, workplaces, education settings, faith groups and via emails, webinars and in addition a newsletter to community champions.
 - Held meetings and targeted webinars with these settings for questions and to advise key stakeholders about logistics. Special Public Health update for Champions on Wednesday 16th June.
 - Shared information via the settings and responded to any queries proving useful information and links to webpages.
 - Shared briefings and updates with elected members.
 - Working collaboratively internally with BCC Environmental Health colleagues and Covid Enforcement Officers and externally with Birmingham Children's Trust to support with COVID-19 messaging in priority wards and offer latest information and resources widely.
- **Testing:** Raised awareness about universal home lateral flow testing in partnership with the local community champions, community partners and the CCG. (*Everyone can order a test kit*)
- **Vaccination:** Supported community partners to lead conversations with their communities to address any concerns about vaccination and addressing misinformation.
 - Mobile vaccination sites: updated schedule daily at <https://www.birminghamandsolihullcovidvaccine.nhs.uk/walk-in/>
 - Working with and supporting Black Faith Leaders to take Mobile Vaccine van to areas within West Birmingham that are densely populated by the Black Community and vaccine uptake is low. Planning for Mobile Vaccine van at Aberdeen Street Church of God of Prophecy Winson Green (Soho and Jewellery Quarter Ward) Saturday 3rd July 2021
 - Link to eligible vaccine age groups advertised: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>
 - Link to available communications shared: <https://www.birminghamandsolihullccg.nhs.uk/get-involved/campaigns-and-toolkits>
- **Isolation:** Isolation pack hard copies distribution to community groups through conduits such as EHOs.

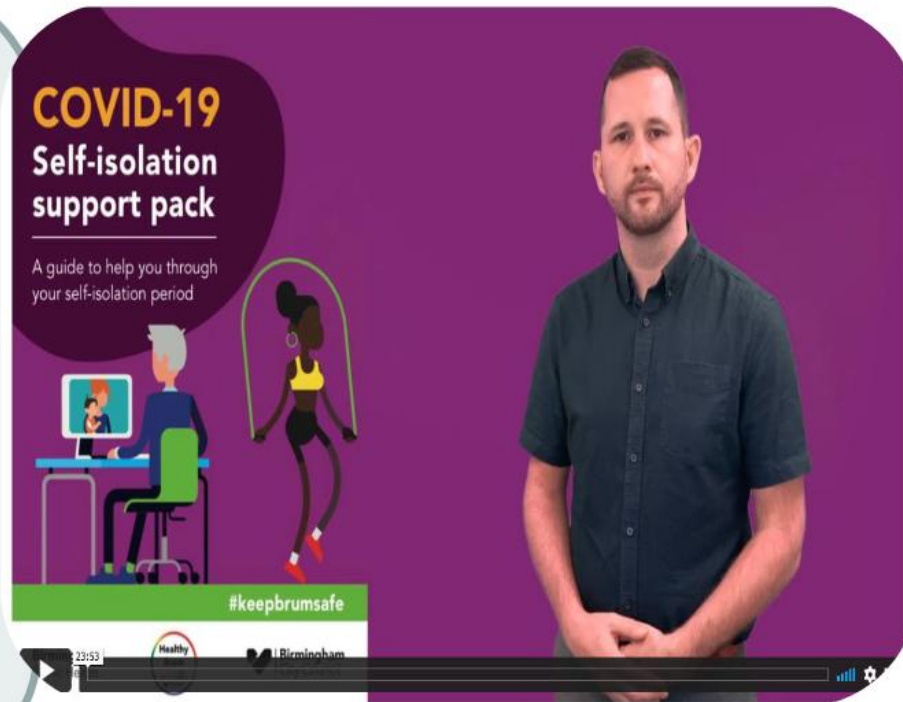
Commissioned Provider Spotlight

[CommPlus](#)-specialists in British Sign Language provision and training- have been commissioned to produce a range of informative COVID-19 related education materials to support deeper engagement with people with poor literacy and the Deaf community.

Across the City, many people will be able to make an informed choice through these accessible materials about COVID-19. The community will receive helpful information that enables them to participate in regular testing, accept vaccination when offered, access support during isolation and maintain their wellbeing if experiencing post COVID-19 health conditions.

A key element of their project will involve working collaboratively with other Community Providers to co-produce accessible resources for those within the Deaf community.

WATCH OUT! *CommPlus have created BSL video versions of our **COVID-19 Self Isolation support pack and Vaccination toolkit** that will be available on our website later this week.*



Further Work in Development

▪ Representation

- Extending and strengthening relationships with our 18 existing commissioned partners to co-ordinate the set up and delivery of a minimum of 10 befriending/non-digital channels for those communities with limited digital access and to accelerate existing engagement to support understanding and the uptake of testing, vaccination, recovery and any emerging themes from April 2021 for 12 months.
- Asset mapping the 69 wards to highlight gaps in our current engagement work, scope and commission further partners to reach the identified 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 different ways of testing and range of vaccinations and managing recovery.
- 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 with enhanced support and focus on more engagement across the City and 15 targeted wards.
- Conversations with influencers within the Black Community to address low uptake of COVID-19 vaccine.
- Launch of Business Champions with GBCC – two webinars scheduled for 28th June and 1st July. Results due for GBCC COVID-19 related survey, extending reach to include Growth Hub, BIDs and FSB.

▪ Response

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



	<u>Agenda Item: 9</u>
Report to:	Local COVID Outbreak Engagement Board
Date:	30 June 2021
TITLE:	ENFORCEMENT AND ASSOCIATED ACTIVITIES AROUND CORONAVIRUS
Organisation	Environmental Health, Neighbourhoods
Presenting Officer	Mark Croxford

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

2. Recommendation
2.1 That the report be noted.

3. Report Body
3.1 The PowerPoint appendix to this report is an update on the enforcement activity undertaken by Environmental Health in the last month.

4. Risk Analysis			
Further delay in publication. Changes suggested at presentations.			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
None identified			

Appendices
PowerPoint

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

Mark Croxford Head of Environmental Health
23rd June 2021

COVID Marshal and Enforcement Update



COVID Marshals

- Between 15th May and 16th June a further 9,846 face coverings were distributed bringing the total number distributed to over 44,000.
- 49% of masks distributed this month were distributed in the City Centre.
- As well as patrolling high streets and other areas of high foot fall, COVID Marshals continue to provide assistance to schools, religious establishments and food banks on a weekly basis.
- COVID Marshals have also assisted in supporting Public Health around localised outbreaks in 2 schools in Hall Green and another in the Selly Oak area.



Park COVID Marshals

- COVID Marshals continue to patrol Birmingham Parks to ensure compliance with current COVID Restrictions.
- Marshals identified a around a 80% compliance rate in Birmingham Parks with COVID restrictions.
- Parks where non-compliance was identified include Cannon Hill, Kings Heath, Cotteridge, Handsworth, Sunset and Moonlit Parks, Edgbaston Reservoir and Chamberlain Gardens. In general non-compliance is from extended gatherings greater than 30.

COVID Enforcement Patrols

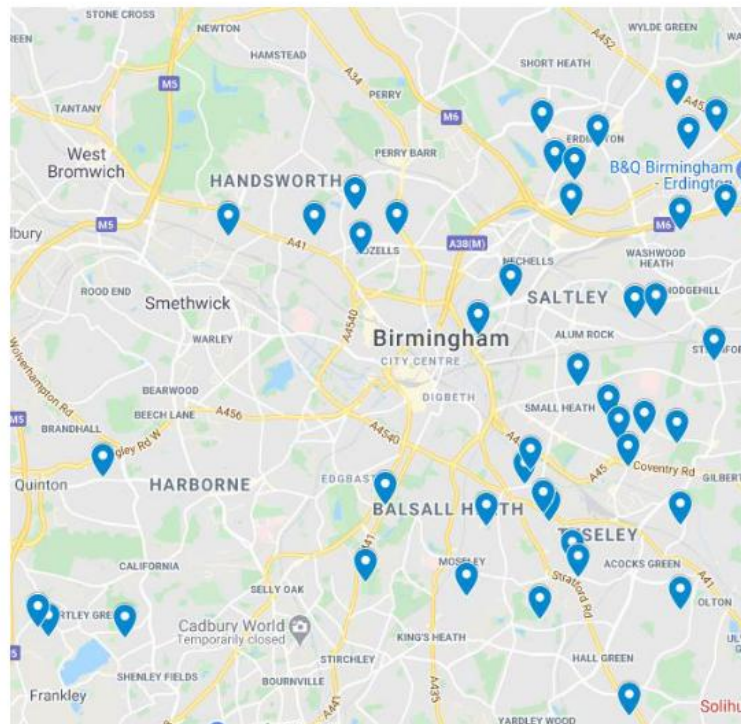


- Proactive enforcement patrols have continued to focus around hospitality venues. As well as pubs and restaurants visits now being undertake to other hospitality venues such as bowling alleys, cinemas, soft play centres and bookmakers. All of the visits using a traffic light system with regards to their level of compliance. Of the 77 visits undertaken this period 10% were identified as being red, 40% amber and 50% green.
- Visits have also commenced to hotels and visitor attractions to ensure that they are compliant with latest government guidelines.

Photograph illustrates a non-compliant table.

Supporting Contact Tracing Birmingham

- As the number of cases increase across the City due to the emergence of the Delta variant, Environmental Health have seen an increase in referrals made from Contract Tracing for assistance with cases who have not been isolating.
- This has included assisting Public Health England in emergency contact tracing. As an example officers made approximately 100 isolation compliance visits in a 48hr period.
- This work has resulted in a number of cases being escalated to West Midlands Police for enforcement.



Faith Groups

- Faith groups are embracing the visits carried out by Environmental Health.
- The visits form part of an important framework to support places of Worship to be Covid Secure.
- As the Delta Variant is on the increase the supportive visits and EH presences has been a positive part of the collaborative work in containing the spreading of the delta variant within the community.



Faith Groups

- As a result of visits to places of Worship and the faith settings achieving charter status the number of whistleblowing complaints have gone down due to reassurance within the communities.
- There are approximately 400 faith settings within the city visits have been carried out to 290 places of worship since November 2020.
- The faith settings are triaged Green – fully Compliant; Amber Support Required for Compliance and Red – Significant failings.
- From the visits carried out:
 - Green 65 percent
 - Amber 25 percent
 - Red 15 percent
- A tracking process has been set up to track the red/amber premises to green progress.



Faith Groups

Once a place of Worship has received Chartered status, they can pick items from the list below:

- Zoom License Live streaming
- Web cams
- Standalone hand sanitizers
- Disposable Prayer mats
- Covid – One Way stickers Systems
- Fogging Cannister
- Bottles of cleaning sprays meeting correct British standards
- Face Coverings
- Blu Rolls – 2ply
- 2 Metre High Clear Protective Screen Divider
- Non Contact Infrared Thermometer
- Disposable Nitrate gloves
- Disposable overalls



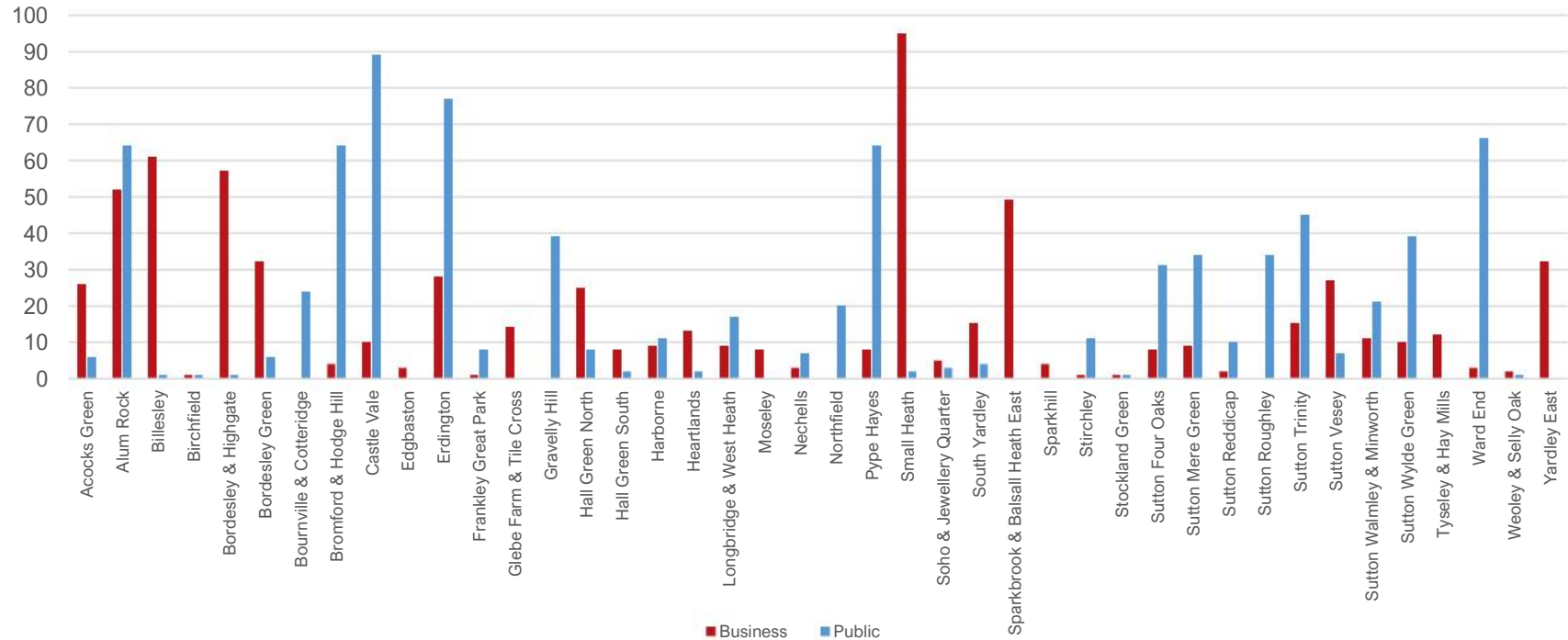
Non-Compliant Business

- Shisha Premises which is trading under Step 3 Controls
- FPNs Issued
- Seizure of equipment.



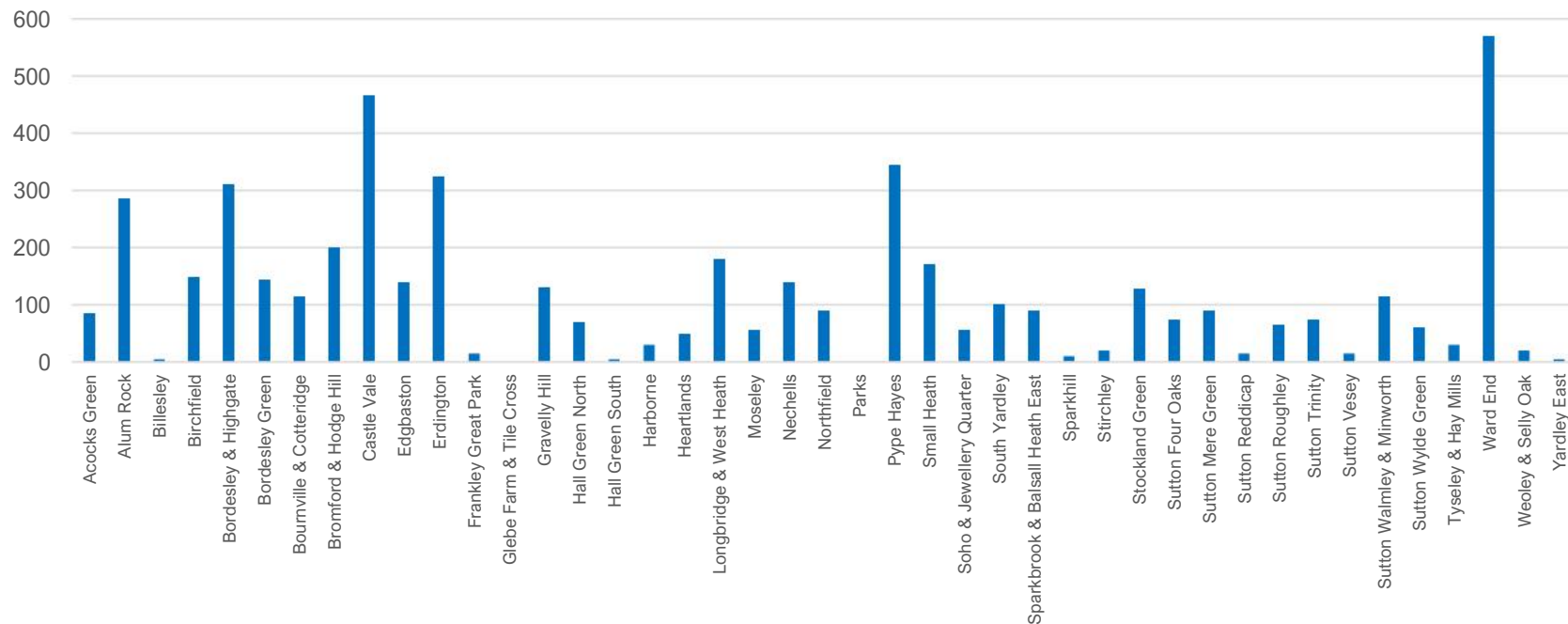
Statistics

No. of interactions with businesses and members of the public by COVID Marshals



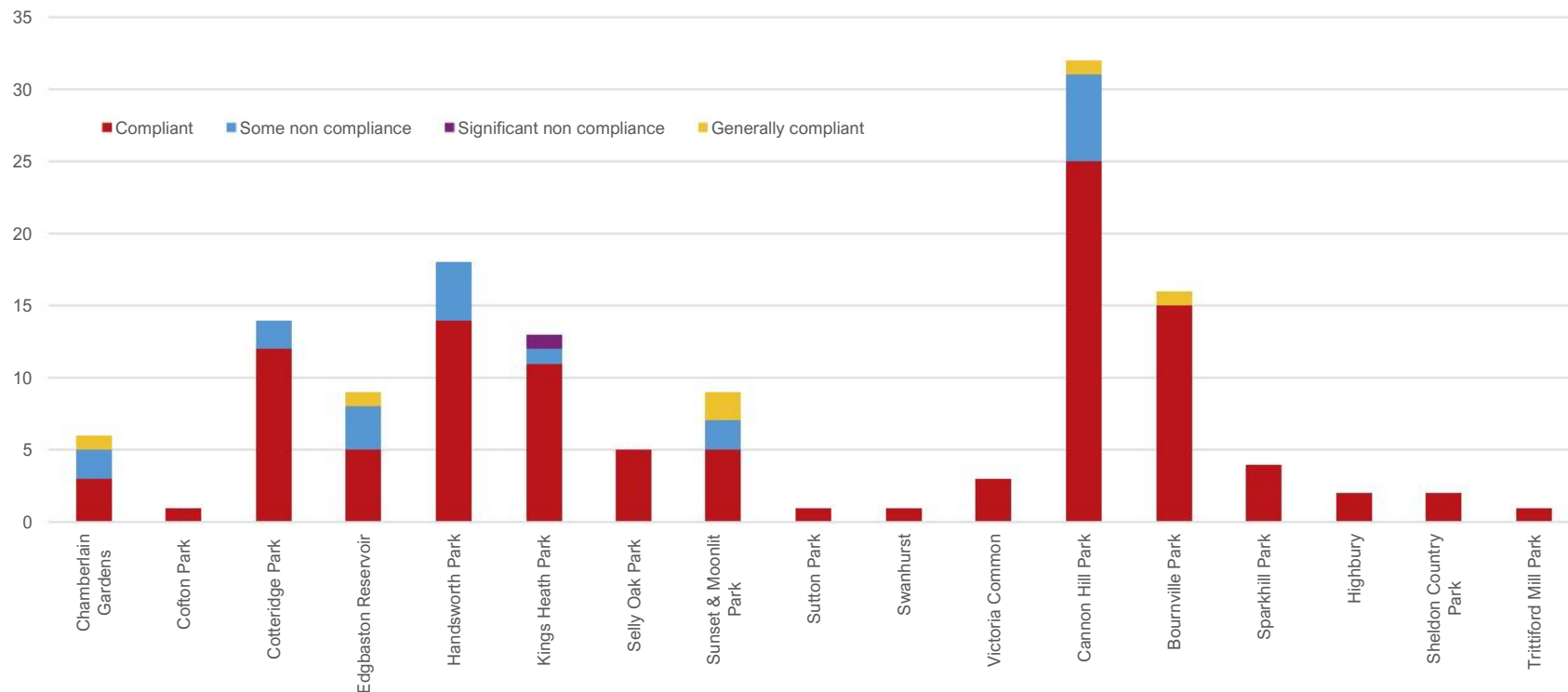
15th May – 16th June (excluding Ladywood business - 192, public - 89 and Parks public - 80)

Face coverings distributed by ward by COVID Marshals

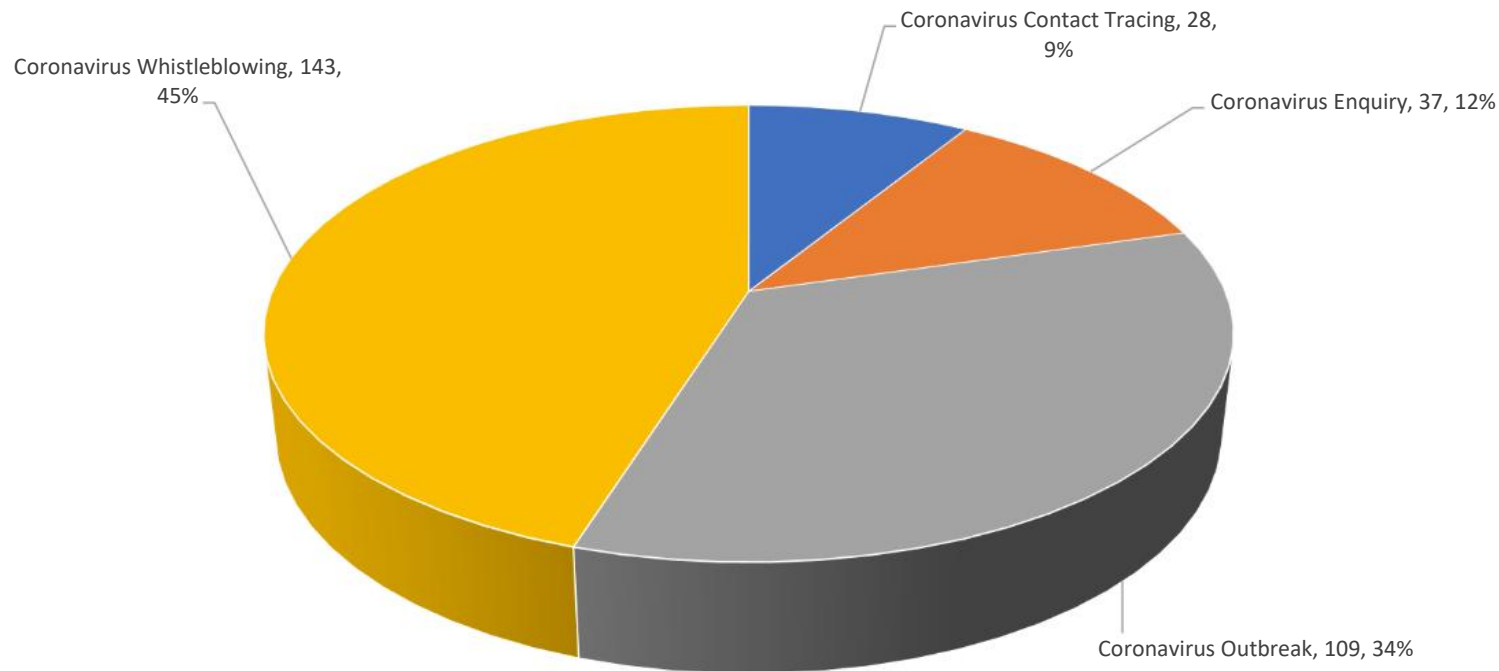


15th May – 16th June (excluding Ladywood - 4,805)

Parks patrols undertaken and level of compliance

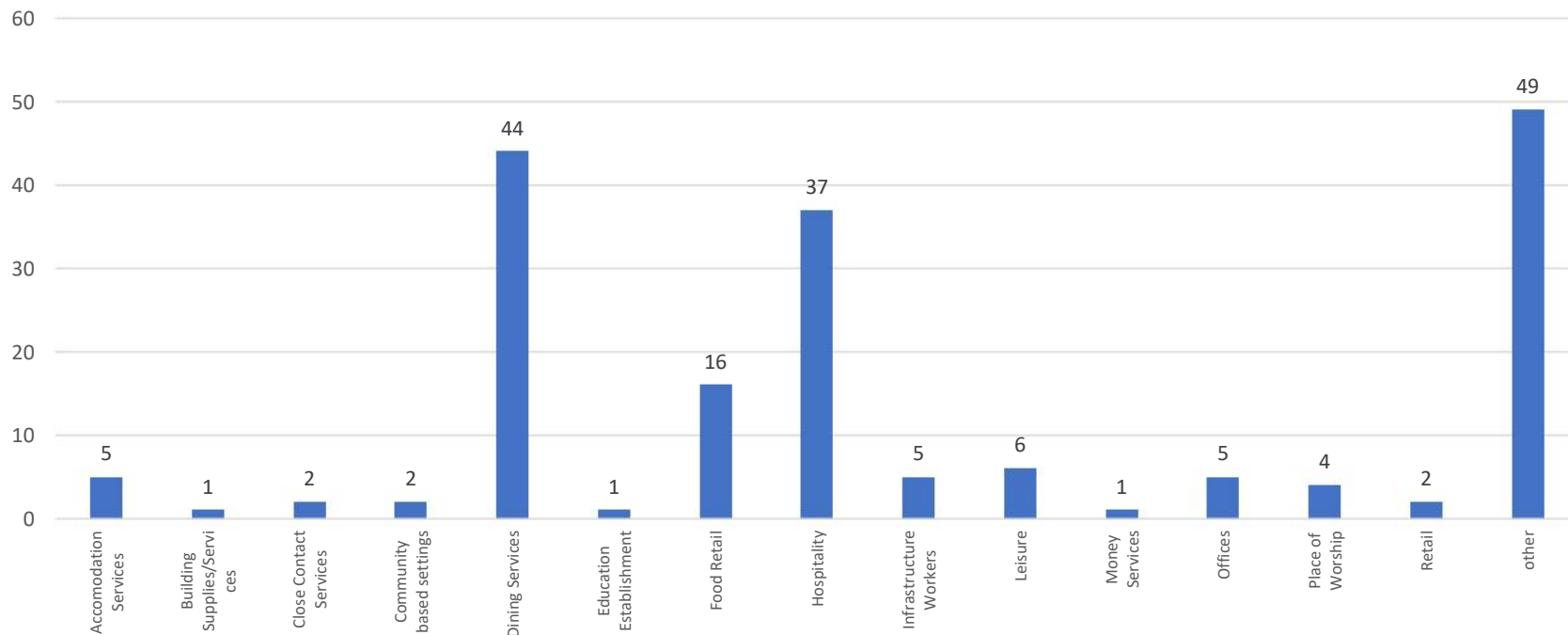


Source of referrals to Environmental Health



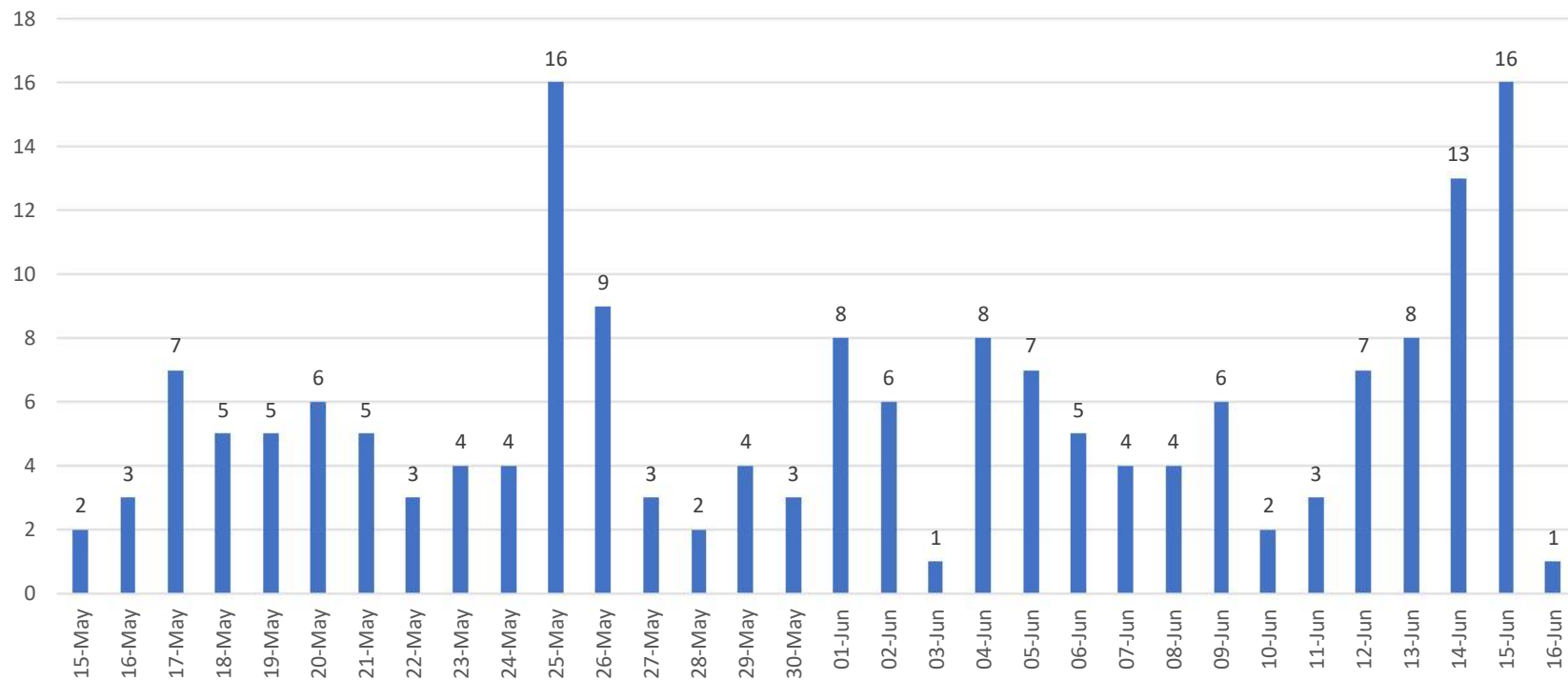
15th May – 16th June

Enquiries from members of the public by setting



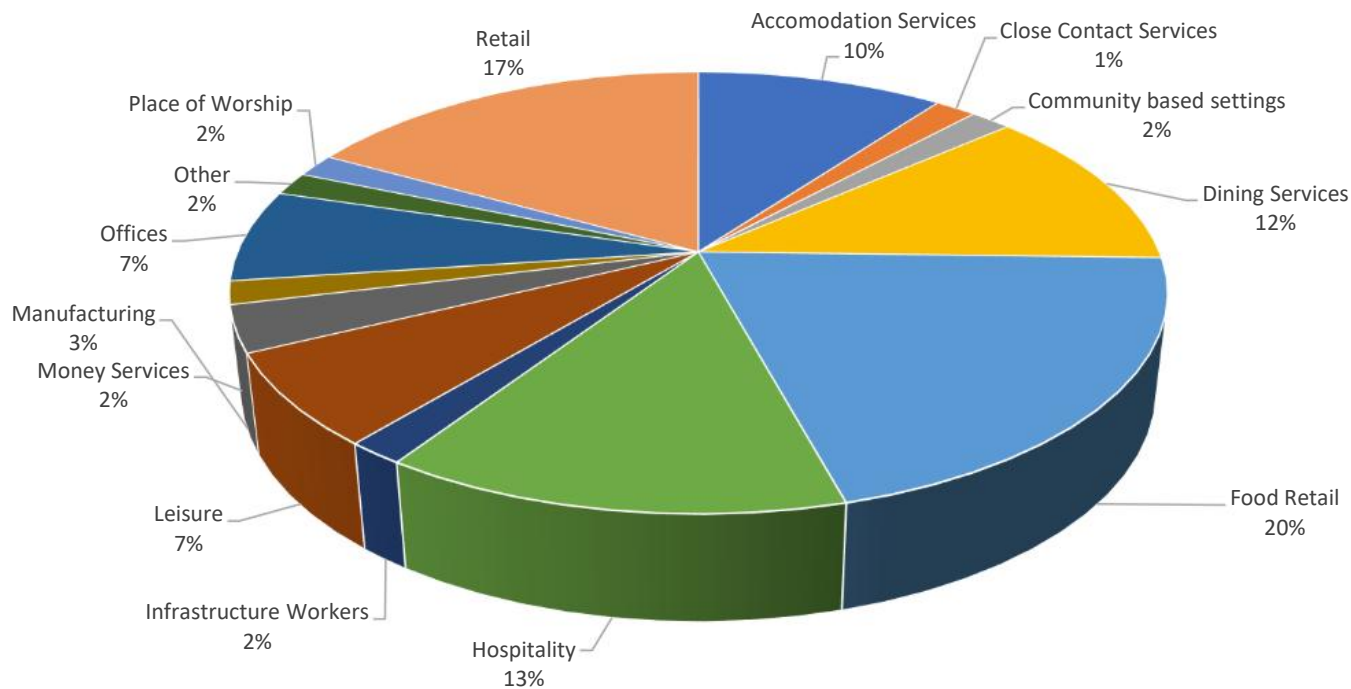
15th May – 16th June

Complaints received by date



15th May – 16th June

Outbreak Referrals received by Sector



15th May – 16th June

	<u>Agenda Item: 9</u>
Report to:	Local COVID Outbreak Engagement Board
Date:	30th June 2021
TITLE:	ENFORCEMENT UPDATE
Organisation	West Midlands Police
Presenting Officer	Chief Superintendent Steven Graham

Report Type:	Information
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1. Purpose:
1.1 To receive an enforcement update from West Midlands Police relating to Covid-19.

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

3. Report Body
<p><u>Introduction</u></p> <p>3.1 This report on WMP's enforcement covers the 4 weeks period which covers Step 3, when indoor hospitality opened.</p> <p>3.2 Throughout the various iterations of legislation, the policing approach has been based around what are known as the 4Es</p> <ul style="list-style-type: none"> - Engage, - Explain, - Encourage and - Enforce. <p>The fourth 'E' of Enforcement was seen as the last resort if members of the public did not respond well to the first three Es. That said, given the rise of the second wave, the policing response nationally has moved quicker to Enforcement and this has included the issuing of a number of the so-called super-fines of £10,000 for organisers of illegal gatherings.</p> <p>3.3 As has been discussed in previous reports, WMP produced an app for the mobile devices of all our front-line staff. This app allowed them to record what we called, "Directions to Leave" (DTL), and when people are spoken to who were breaching the regulations, they were assessed as falling into one of four tiers:</p> <p><u>Level 1:</u> Simple request made, and compliance gained resulting in a voluntary dispersal- these were not recorded on the app.</p>

Level 2: Mild disagreement (argumentative, delaying etc.) resulting in a formal instruction to disperse. Recorded on app.

Level 3: Individual is obstructive, abusive, severely delaying, has been previously dispersed or has come back after already being dispersed, aggravating factor present (e.g. distance travelled). Record as Fixed Penalty Notice (FPN) on the app.

Level 4: As above, but threshold of arrest is met under Code G PACE. Arrest, then deal with person in custody through the app.

3.4 Level 1 interventions from 18 September were also recorded on the app as a result of a local policy change.

3.5 It is this enforcement that I will refer to in the below section. This is not to underplay other important aspects of enforcement that have taken place in conjunction with the BCC Environmental Health Team when it has come to licensing issues related to premises. However, if it was linked to people (usually unlawful gatherings) then WMP would lead.

3.6 Over recent reports I have mentioned the relatively busy periods of protest activity. In my last report I discussed the increase in protests, particularly in the City Centre, with several Pro-Palestinian events having no formal event organiser. The number of these have reduced of late and are now often being picked up through BAU processes. It now seems that protests in the City Centre are a regular- if not weekly-occurrence.

3.7 When the city of Birmingham attracted the enhanced support status, the two Birmingham NPUs created additional capacity to support enforcement activity by deploying 4 double crewed cars on the early and late shift (8 per day therefore) to carry out targeted enforcement. This is being resourced through officers working on overtime and as such has no detrimental effect of everyday policing in the city. In addition to these "Covid Cars" (as they are known), West Midlands Police continues to run Operation Reliant which is a weekend deployment across the whole force to tackle Covid breaches mostly linked to unlicensed events and other large scale gatherings.

Results

3.9 The results referred to below focus on individual interactions as an agreement was arrived out with BCC colleagues that as a general rule, if breaches were connected with a premises (usually related to a licensing issue) then BCC would lead on enforcement.

3.10 The results are as follows:

	Up to 16/9/20	19/9/20- 19/11/20	20/11/20- 10/12/20	11/12/20- 14/1/21	15/1/21- 17/2/21	18/2/21- 17/3/21	18/3/21- 11/4/21	12/4/21- 23/5/21	24/5/21- 20/6/21
Total DTL	1655	4641	4150	5170	3718	2355	1002	669	126
People			10774	12725	7704	8127	4606	3752	2165
Level 1	N/A	4290	3740	4364	2536	1733	862	540	3
Level 2	1196	138	78	380	321	136	24	14	86
Level 3	229	198	331	407	854	484	116	115	37
Level 4	5	15	1	5	0	1	0	0	0

- 3.11 As one would expect with the move to Step 3, the total DTL number is significantly down. Probably that stand out statistic over the past month is that each DTL involves 17 people on average. This very strongly suggests that most enforcement activity now targets the larger events (such as the Reliant type operations referred to above). It is also worth noting that the percentage of FPNs being issued now sits at nearly 30%, which reflects the fact that the Reliant officers are dealing with deliberate and knowing breaches of the law, not people forgetting their facemask in a shopping centre.
- 3.12 We continue to measure the proportion of ethnic minority DTLs compared to white DTLs. Across Birmingham the Asian DTL ratio is 0.2 (was 0.6 on the last report) and the Black DTL ratio is at 7.6 (6.8 at last report). These figures are lower than the West Midlands as a whole, which are 0.6 (1.4) and 14.3 (10.9) respectively. It does seem that a lot of the organised, unlicensed social gatherings where multiple people are dispersed from are still disproportionately attended by people from the black communities in Birmingham (and the region as a whole), which explains the relatively high number in the city. It is interesting that the Asian ratio is at 0.2, whereas we know that there are large Asian communities in the Top 15 wards where the Delta variant appears to have led to the recent rise in infection rates. The intention of the Covid Cars is for them to be intelligence led, so I would expect them to spend more time in these wards and this may lead to an increase in the Asian ratio going forwards.
- Summary**
- 3.13 As in previous reporting periods, even with the swifter move to enforcement, the 4Es remains our overall strategy. There are no targets for enforcement across the city and this has been our policy throughout the pandemic. We continue to balance the enforcement of the new regulations in a way that does not compromise the legitimacy of WMP in our communities, and will remain watchful on any issues that could affect that (such as the disproportionality data discussed briefly above).

Appendices

N/A

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

Chief Superintendent Steve Graham
Commander, Birmingham West NPU | West Midlands Police

Mark Croxford
Head of Environmental Health
Birmingham City Council

	<u>Agenda Item: 12</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	22nd June 2021
TITLE:	TEST AND TRACE BUDGET OVERVIEW
Organisation:	Birmingham City Council
Presenting Officer:	Justin Varney

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

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

3. Report Body:

3.1

The table below shows the actual spend for the first 2 periods of the current financial Year (April and May). This table includes all spend items that are reported to and paid from the Contain Outbreak Management Fund (COMF)

Spend item	Spend to date £'000	Budget for '21/22 financial year £'000	Budget to Sept 2'22 £'000
Staffing	409	3,263	1,632
Training	0	10	5
Translation services	0	60	30
Equipment	0	47	24
Communications	8	961	481
Community swabbing and support	0	662	331
Test & Trace system - Software licence, implementation & support	0	165	83

Health and wellbeing support	0	496	248
Whistleblowing	0	77	39
Enforcement support incl Covid Marshalls	0	2,826	1,413
Local contact tracing	0	865	433
Testing Facilities	0	145	73
Isolation Support	0	500	250
Asymptomatic testing Contingency	0	1,113	557
Supporting compliance	0	1,867	934
Contingency	0	2,624	1,320
Wave 3 response	0	3,500	
Total	417	19,181	7,848

3.2 Spend funded from other sources

The following table shows expenditure from different funding sources

Spend item	Spend to date £'000	Budget for '21/22
Asymptomatic Testing	740	NA (reimbursed via Community Testing Fund)
Operation Eagle	4	NA (reimbursed via other govt fund)
Community Champions Fund	9	440
Total	753	

4. Risk Analysis:

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

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

Dr Daragh Fahey, Assistant Director of Public Health (Test & Trace)
 John Brookes, Finance Manager
 Tom Cleary, Programme Manager (Test & Trace)

