

Birmingham City Council

Report to Cabinet

23 June 2020



Subject: Local Covid Outbreak Engagement Board
Report of: Dr Justin Varney, Director of Public Health
Relevant Cabinet Member: Councillor Paulette Hamilton, Cabinet Member for Adult Social Care and Health
Relevant O &S Chair(s): Councillor Rob Pocock, Health and Social Care O&S Committee
Report author: Elizabeth Griffiths, Assistant Director of Public Health

Are specific wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No – All wards affected
If yes, name(s) of ward(s):		
Is this a key decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, add Forward Plan Reference:		
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, state which appendix is exempt, and provide exempt information paragraph number or reason if confidential :		

1 Executive Summary

- 1.1 All upper tier local authorities must create a Local Outbreak Engagement Board to provide political ownership and public-facing engagement and communication for outbreak response (DHSC letter, 23 May 2020 – Appendix 1).
- 1.2 It is recommended that, locally, the new member-led Local Covid Engagement Board be created as a sub-group of the Health and Wellbeing Board.

2 Recommendations

- 2.1 It is recommended that Cabinet agrees:

2.1.1 That the Local Covid Outbreak Engagement Board be created as a sub-Group of the Health and Wellbeing Board.

2.1.2 The draft terms of reference (Appendix 2) for the Local Covid Outbreak Engagement Board.

3 Background

3.1 Upper tier local authorities, through the Director of Public Health, have been asked to build on existing health protection plans to put in place measures to identify and contain outbreaks of Covid-19 and protect the public's health. (DHSC letter, 23 May 2020 – Appendix 1). Local Directors of Public Health will be responsible for defining these measures and producing the plans, working through the existing Health Protection Forum, supported by and working in collaboration with local Gold command emergency planning forums and through a public-facing member-led Board to communicate openly with the public.

3.2 The local authority, via the Director of Public Health will be required to produce a local outbreak control plan by the end of June 2020. This plan will need to cover the following seven themes:

- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
- Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
- Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning including data security, data requirements including NHS linkages).
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.

- Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.
- 3.3 Local outbreak control plans will be followed by further phases of the national infection control framework (details are yet to emerge).
- 3.4 This paper details the proposed arrangements for the new member-led Board to communicate with the general public – the Local Covid Outbreak Engagement Board.

4 Options considered and Recommended Proposal

Options considered

- 4.1 A presentation by Tom Riordan, Chief Executive Officer of Leeds City Council and national lead for Test and Trace indicated that the expectation was that the member-led Board would sit within the Health and Wellbeing Board of most upper tier local authority areas. There is currently limited information available on the role and purpose of the member-led Board, however it is anticipated that its purpose will first and foremost be about public communication and transparency of the Test and Trace process rather than requiring any formal decision-making powers.
- 4.2 The Director of Public Health has linked with neighbouring authorities to share emerging terms of reference and structural approaches and this has informed the local planning.
- 4.3 There are a number of potential options for the location and governance around the member-led Board:
- 4.4 **Option 1. Incorporated into the existing Health and Wellbeing Board:** the frequency of the Health and Wellbeing Board is increased to monthly; meetings open with the Test and Trace public-facing element and then continue with business as usual.
- 4.5 **Option 2. Created as a sub-Group of the Health and Wellbeing Board:** New Board set up linked to the Health and Wellbeing Board on a monthly basis, single issue on Test and Trace.
- 4.6 **Option 3. New Public Facing Board linked to Cabinet:** New Board set up linked to cabinet on a monthly basis, single item on Test and Trace.

Recommended Proposal

- 4.7 In light of the pace of the emerging national Test and Trace programme a shadow board has been established in line with Option 2 although there is potential to revise this approach if Cabinet support a different option.
- 4.8 Option 2, that the new member-led Local Covid Engagement Board be created as a sub-group of the Health and Wellbeing Board, is the preferred option as:

- It will enable the Board to draw upon an established stakeholder group (Health and Wellbeing Board members).
- There is a clear governance route back to the Health and Wellbeing Board which, under the Health and Social Care Act 2012, has defined functions to address and promote the reduction in health inequalities in the City.
- It allows for single issue meetings to ensure the focus is maintained on local covid-19 outbreak response.
- Nationally there is an expectation that the function be incorporated into the Health and Wellbeing Board
- It is in line with other local authorities' developing governance arrangements across the region.

4.9 The draft terms of reference for the led Local Covid Engagement Board are available in Appendix 2.

4.10 Appendix 3 sets out the proposed Governance routes for the Local Covid Engagement Board in Birmingham.

5 Consultation

5.1 This Board is being created to provide a means for public communication and transparency of the Test and Trace process.

6 Risk Management

6.1 The terms of reference and membership of the Local Covid Engagement Board will be kept under review and will be updated as further details are released from Government.

7 Compliance Issues:

7.1 How are the recommended decisions consistent with the City Council's priorities, plans and strategies?

7.1.1 All Upper Tier Local Authorities are required to set up a Local Covid Engagement Board and publish these arrangements in the Local Outbreak Control Plan by the end of June 2020.

7.2 Legal Implications

7.2.1 All Upper Tier Local Authorities are required to set up a Local Covid Engagement Board and publish these arrangements in the Local Outbreak Control Plan by the end of June 2020.

7.3 Financial Implications

7.3.1 N/A

7.4 Procurement Implications (if required)

7.4.1 N/A

7.5 Human Resources Implications (if required)

7.5.1 N/A

7.6 Public Sector Equality Duty

7.6.1 N/A

8 Appendices

- Department of Health and Social Care letter, 23 May 2020
- Local Covid Outbreak Engagement Board draft terms of reference.
- Local Covid Outbreak Engagement Board proposed governance diagram



**Department
of Health &
Social Care**

*From Nadine Dorries MP
Minister of State for Patient Safety,
Suicide Prevention and Mental Health*

*39 Victoria Street
London
SW1H 0EU*

020 7210 4850

23 May 2020

Local Outbreak Control Plans

Dear Council Leader,

Thank you for the excellent work that you, your teams and partners are doing to support the response to Covid-19. As we prepare to launch the Test and Trace service, you as leaders of local systems have a critical role to play to help contain the spread of the virus and enable a gradual return to a new normal so that local ambitions can be achieved. We are keen to support you in that local role, as an integral part of the national system.

Every part of the country will develop in June a local outbreak control plan and we look forward to working closely with eleven areas to share and spread good practice. These will be based on upper tier local authority areas linked to public health responsibilities. Councils will need to fully involve NHS partners including GPs, as well as district councils in two tier areas, and will be able to collaborate across a larger geography if they so wish. We are delighted that Government is backing local government with £300m to develop and roll out these plans.

There is so much local expertise and activity already in place to build on. A briefing note and slide deck is attached to set the framework for the next phase of joint local and national delivery. Additional information will be provided in an online call to be scheduled next week.

I am looking forward to working with you in this joint endeavour.

Kind regards,

NADINE DORRIES

Local Government Outbreak Control Plans

We will shortly be launching the Test and Trace service, which will form a central part of the government's Covid-19 recovery strategy. The primary objectives of the Test and Trace service will be to control the Covid-19 rate of reproduction (R), reduce the spread of infection and save lives, and in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

Achieving these objectives will require a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public. Local planning and response will be an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection. Local government, NHS and other relevant local organisations will be at the heart of the programme as we support upper tier local authorities to develop local outbreak control plans. To that end, £300m in national government funding will be provided to local authorities in England to develop and action their plans to reduce the spread of the virus in their area.

Building on the foundation of the statutory role of Directors of Public Health at the upper tier local authority level, and working with Public Health England's local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health. Local Directors of Public Health will be responsible for defining these measures and producing the plans, working through Covid-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.

Cross-party and cross-sector working will be strongly encouraged, and all tiers of Government will be engaged in a joint endeavour to contain the virus, including Local Resilience Forums, NHS Integrated Care Systems and Mayoral Combined Authorities. In two-tier areas, District Councils will be fully involved, particularly given their responsibilities for environmental health. Councils are free to work at wider geographic levels if they so choose.

Local plans should be centred around 7 themes:

1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
2. Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).
3. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
4. Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex

communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).

5. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
6. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
7. Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

All upper tier local authorities need to develop local outbreak control plans in June ahead of further phases of the national infection control framework. We will support this process by working intensively with eleven areas that will help to rapidly develop best-practices and capture learnings. Local councils outside these areas will be invited to participate in regular engagement and best-practice sharing sessions that will commence in May.

In parallel, we will establish a National Outbreak Control Plans Advisory Board to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development.

DRAFT TERMS OF REFERENCE

Local Covid Outbreak Engagement Board

1. Purpose

1.1 The Local Covid Outbreak Engagement Board is a sub-committee of the Birmingham Health and Wellbeing Board. The purpose of the Board is to provide political ownership and public-facing engagement and communication for outbreak response to Covid19 in Birmingham.

2. OBJECTIVES

2.1 The Engagement Board has the following overarching objectives:

- (a) To take an overview of the progress of the Test and Trace local implementation in Birmingham
- (b) To ensure that the Test and Trace response in Birmingham is delivering the right interventions to protect the health and wellbeing of citizens
- (c) To receive reports from officers on the progress of developing the local Test and Trace programme and to input to and influence that development
- (d) To provide the Health and Wellbeing Board and Cabinet with updates on a monthly basis.
- (e) To support officers to deliver Council's accountabilities and financial monitoring relating to Test and Trace response
- (f) To promote communication and engagement with the stakeholders and residents of Birmingham relating to the response to Covid19 and the Test and Trace programme.

3. PRINCIPLES

3.1 The Engagement Board expects all partner agencies to:

- (a) Embrace the aims and objectives of the Engagement Board
- (b) Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.
- (c) Share the ownership of the response to Covid19 and work together to support improvement within their respective roles.
- (d) Report on progress on mutually agreed actions.
- (e) Share relevant information and promote collaborative and innovative work.

4. MEMBERSHIP

- 4.1 The Local Engagement Board will have a core group of elected members and officers that will play a key role and will have the responsibility for oversight and engagement relating to the functions of the Board.
- 4.2 Additional members will be invited at the discretion of the Chair/Deputy Chair to join the meetings for discussion of specific items of interest.
- 4.3 Members are expected to attend all meetings, or in exceptional circumstances to arrange for a suitable named delegate to attend in his/her place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and able to make decisions on behalf of the individual they represent.

Membership of the Board is as follows:

- 4.4 The membership of the Board may be reviewed from time to time as necessary as the national and local picture of the Covid19 outbreak and the Test and Trace programme evolves.
- 4.5 Membership is comprised of 5 elected Members distributed proportionally based on representation within the Council. The Director of Public Health and Assistant Director of Public Health will be in attendance in addition to Officers presenting papers to the meeting. External members are invited from the two NHS Clinical Commissioning Groups, WM Police, Birmingham CVS and Birmingham Healthwatch.

- Cllr Ian Ward (Chair)
- Cllr Brigid Jones
- Cllr Paulette Hamilton

- Conservative member – Cllr Matt Bennett
- Liberal Democrat member – Cllr Paul Tilsley

Officer members:

- Dr Justin Varney – Director of Public Health
- Elizabeth Griffiths – Assistant Director of Public Health, (Test & Trace Cell Chair)

External members:

- Birmingham Healthwatch – Andy Cave
- NHS Birmingham & Solihull CCG – Paul Jennings
- NHS Sandwell & West Birmingham CCG – Dr Manir Aslam
- West Midlands Police – Chief Superintendent Steve Graham
- Birmingham Council of Voluntary Sector Services – to be nominated

- 4.5 Other persons may attend meetings of the Board with the agreement of the Chair/Deputy Chair.
- 4.6 The Chair of the Board will be the Birmingham City Council Leader and the Deputy Chair will be the Cabinet Member with a portfolio for Adult Social Care and Health.

5 MEETINGS

- 5.1 The Board will meet monthly for up to 2 hours. Such other meetings may be held as necessary at the discretion of the Chair.

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- 5.2 The agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.
 - 5.3 Meetings will be held in public via live-streaming in a similar way to the Health and Wellbeing Board and will be recorded for public record.
 - 5.4 Meetings will include a standing private section for discussion of patient identifiable information and specific outbreaks that are not in the public domain. This is in line with the existing arrangements for the Health and Wellbeing Board Health Protection Forum update.
 - 5.5 Minutes of all meetings of the Engagement Board (including a record of attendance and any conflicts of interest) will be approved and circulated within 5 working days and submitted for approval to the next appropriate meeting.
 - 5.6 The Engagement Board administrative support will be provided by Committee Services and they will be responsible for arranging and minuting meetings and disseminating supporting information to Board Members.
 - 5.7 The Board will be monitored and accountable to Health and Wellbeing Board through the agreed reporting arrangements and to Cabinet through the Leader.

6. ACTIONS

- 6.1 Recommendations and actions will be arrived at by consensus and recorded in the minutes and a decision log.

7. CONFLICTS OF INTEREST

- 7.1 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Board, the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the Board that representative shall take no part in the decision making process.

7. REVIEW

- 7.1 These terms of reference will be reviewed after the initial three months, taking into account views expressed by relevant partner agencies.

8. CONFIDENTIALITY

- 8.1 The Engagement Board will act with discretion, recognising that some of the matters to which it will be party will be confidential and that early and unauthorised disclosure of such material could prejudice the conduct and outcome of the Test and Trace Programme. To this end Board members will not disclose new material in advance of meeting of the Committee to other interested parties unless directed by the Chair of the Advisory Board.

Appendix 2

Local Covid Outbreak Engagement Board proposed governance

Figure 1: Local Covid Outbreak Engagement Board proposed governance diagram

