BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 29 JULY 2020 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chairman to advise/meeting to note that this meeting will 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.

2 **APOLOGIES**

To receive any apologies.

3 **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.

4 **WELCOME AND INTRODUCTIONS**

3 - 10 5 **MINUTES**

To confirm and sign the Minutes of the meeting held on the 24 June 2020.

6 **COVID-19 SITUATION UPDATE**

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

11 - 32 7 **TEST AND TRACE IMPLEMENTATION UPDATE**

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

8   **TEST AND TRACE ENGAGEMENT PLAN UPDATE**

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

9   **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**

The Chair will lead on this item.

10   **BUDGET UPDATE**

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

11   **OTHER URGENT BUSINESS**

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

12   **DATE AND TIME OF NEXT MEETING**

To note that the next Local Covid Outbreak Engagement Board meeting will be held on Thursday 27 August 2020 at 1400 hours as an online meeting.

13   **EXCLUSION OF THE PUBLIC**

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

Exempt Paragraph 3

14   **DETAILED SITUATION UPDATE**

- Information which is likely to reveal the identify of an individual;

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

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

BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
24 JUNE 2020**

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 24 JUNE 2020 AT 1400
HOURS ON-LINE**

PRESENT: -

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
Andy Cave, Chief Executive, Healthwatch Birmingham
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Councillor Brigid Jones, Deputy Leader of the City Council
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Chief Inspector Sarah Tambling, West Midlands Police
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health, Birmingham City Council
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the
LCOEB

ALSO PRESENT:-

Errol Wilson, Committee Services

****

NOTICE OF RECORDING/WEBCAST

1   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

2   Apologies for absence were submitted on behalf of Dr Manir Aslam, GP
Director, Sandwell and West Birmingham CCG; Chief Superintendent Stephen
Graham, West Midlands Police, but Chief Inspector Sarah Tambling as
substitute and Elizabeth Griffiths, Assistant Director of Public Health

007900/2020

_____

DECLARATIONS OF INTERESTS

3   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.

_____

WELCOME AND INTRODUCTIONS

4   The Chair welcomed everyone to the first Local Covid Outbreak Engagement Board meeting and invited the members of the Board who were present to introduce themselves.

_____

LOCAL COVID OUTBREAK ENGAGEMENT BOARD TERMS OF REFERENCE

The following Local Covid Outbreak Engagement Board (LCOEB) Terms of Reference was submitted:-

(See document No. 1)

5   **RESOLVED: -**

The Board agreed the Local Covid Outbreak Engagement Board terms of reference.

_____

COVID-19 SITUATION UPDATE

Dr Justin Varney, Director of Public Health provided the Board with a verbal update:

  ▪ The Board was provided with the latest number of cases confirmed through Pillar 1 testing(swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers) and Pillar 2 testing (swab testing for the wider population) were provided.
  ▪ Based upon Pillar 1 testing covid-19 rates Birmingham was ranked sixth highest in the West Midlands behind Walsall, Sandwell, Wolverhampton, Solihull and Stoke on Trent. Birmingham was ranked fifth amongst the core cities outside London, behind Sheffield, Newcastle, Liverpool and Manchester.
  ▪ It should be noted that there was no calculation for the 'R' rate reproduction number below the level of the West Midlands, which was estimated at 0.8, but the range was wide. It was important to recognise that the 'R' calculation was not effective or useful the smaller the area that was looked at as the range gets bigger.

2

- It was important to recognised that the estimate from the national surveillance was that 20% of the population have had Covid so far
- There were significant risks of seeing a second peak similar to the experiences the city had during April/May. This was the reason *Test* and *Trace* was important during this period as the city comes out of lockdown as they were able to get on top of outbreaks as they occurred and tried to control the spread as happened in early March after the first case appeared in Birmingham around the 8th March 2020.

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

a. The rate at present for Pillar 2 testing was slightly lower in Birmingham than the rest of the West Midlands but was in line with the national average.

b. Birmingham, working with Birmingham and Solihull CCG, has taken a proactive approach to testing in care homes and nursing homes, undertaking test through Pillar 1 through the NHS laboratories.

c. The public health team had taken the decision to translate the test and trace national posters into multiple languages to explain the test and trace process. It was hoped that these would be launched by the end of this week to encourage citizens whose first language was not English to be aware of the opportunity to test for free and what it meant if they tested positive.

d. A detailed Communications and Engagement plan is in place for Test and Trace.

e. The Public Health team was working with the government to create a walk-in-testing site where people could pre-book and be able to walk-in for testing. The appropriate land site for this was being arranged and it was hoped that this would be up and running within the next couple of weeks.

6   **RESOLVED: -**

The Board noted the verbal update.

_____

IMPLEMENTATION OF TEST AND TRACE IN BIRMINGHAM

The Chair commented that the Government was engaging more with local authorities as they move into the next phase of the pandemic. The Chair added that they would be given more responsibilities around test and trace and that they needed to ensure that they got this right if they were going to continue to keep people as safe as they possibly could across the city. The Chair then invited Dr Varney to make his presentation.

3

Local Covid Outbreak Engagement Board – 24 June 2020

Dr Justin Varney, Director of Public Health, Birmingham City Council introduced the item and gave the following PowerPoint presentation

(See document No. 2)

Dr Varney highlighted the following and gave responses to questions and comments raised by the Board: -

1. With regard to people's cooperation concerning self-isolation, there was the potential that under the Covid legislation and the existing Public Health legislation, if someone refused to self-isolate who had tested positive for the coronavirus or as a contact, as a last resort they could take enforcement action.
2. In terms of contact tracing; exposure was considered to be 15 minutes or more within a two-metre radius.
3. Wearing face coverings further reduced the risk of spread in enclosed spaces such as a bus or train carriage.
4. In the context of individuals who were contacts and were considered highly vulnerable or difficult to engage with i.e. where someone had been identified as testing positive for the coronavirus and was homeless or attended a night shelter and the local authority needed help to work with PHE and the NHS on how to track down the contacts in that vulnerable group.
5. Secondly, where the location was a complex location – the team had been working closely with partners in the NHS throughout the outbreak, the voluntary sector and the private sector in terms of responding to outbreaks in care homes. (Dr Varney acknowledged the hard work that Paul Jennings' team, Birmingham and Solihull CCG had put in working with them alongside Adult Social Care and Children's Trust colleagues.) They had moved quickly ahead of some of the national guidance to support care homes and residential settings around outbreak management.

With regard to the *Local Outbreak Control Plan* this covered seven areas as detailed on slide 5 of presentation. The aim was to publish the Plan by the end of June 2020 a draft of which was submitted to the regional coordinator who had given a positive feedback to the plan.

In relation to the *Birmingham Outline Governance* a report was approved by Cabinet on the 23 June 2020 that approved the formation of the Local Covid Outbreak Engagement Board (LCOEB), formally as a sub-group of the Health and Wellbeing Board.

Paul Jennings commented that a fantastic piece of work was done around care homes with local government and health working together. Mr Jennings highlighted that working on infection prevention control and working on education and testing had appeared to him that for the first time in many years that they had been working in the health and care system that they finally wrapped their arms collectively around the care homes sector. The planning that took place around discharge from hospitals had been a revelation and something they were determined to keep as part of the system for the future.

4

Concerning the *Structure Responsibilities*, the Health Protection Cell was a 7 days per week function whilst most of the other structures were Mondays to Fridays. The Health Protection Cell had been in operation for the last 10 -12 weeks as a 7 days per week function. Dr Varney gave credit to his team members – Chris Baggot, Mo Phillips and Rachel Chapman who had been leading this work and the team around them. A huge amount had been done both within the Council and with partners that had helped the city weather this achieve lower rates that than had been predicted in February.

Capacity has already increased in Health Protection to 22 whole time equivalent staff as Public Health was asked to operate a 7-day system. Public Health was in the process of recruiting further staff to provide resilience to the response. The full Public Health division was being trained up which would enable them to serve at full capacity in the worst-case scenario with 70 people across the Health Protection response which was a real expansion if needed. Public Health was currently in the process of securing additional testing capacity and integrated infection control support into the testing capacity contract for non-care homes settings. Care homes settings were already provided through the relationship of the Council and the CCGs.   This was for settings like schools and workplaces to be able to access support and advice in the context of the outbreak.

In response to questions and comments concerning the local implementation issues and risk, Dr Varney made the following statement:-

i.   An impact survey was being undertaken in Birmingham to capture people's understanding and experiences and the impact Covid had on their health and wellbeing.

7   **RESOLVED: -**

The Board noted the presentation.
_____

TEST AND TRACE COMMUNICATION AND ENGAGEMENT DRAFT PLAN

Dr Justin Varney, Director of Public Health, Birmingham City Council introduced the item and drew the Board's attention to the draft Communication and Engagement Plan.

(See document No. 3)

Dr Varney highlighted that the aim of the plan was to support the test and trace at a local level in Birmingham, to increase the awareness of individuals in accessing testing and to further increase understanding and awareness of the contact tracing process. He stated that it was important to engage with the process and the understanding of the national guidelines, particularly around isolation. The plan provides an opportunity for two-way conversations and that it was not just about putting out posters and leaflets but was about creating spaces for conversations with communities to hear and understand their concerns and issues. Dr Varney advised that the Deputy Regional Test and Trace Lead commented that the draft Plan was an example of good practice.

5

As part of the Covid response, nine organisational partners had been commissioned from the community and voluntary sector partners to work with Public Health on specific communities of identities. The partner organisations had demonstrated real value in two-way conversations so that it was better understood what the communities' concerns were as well as helping them understand how to engage with them better.

Dr Varney stated that there was a strand around how they were engaging and communicating with Elected Members and other key stakeholders that they anticipated through regular briefings which may also include outbreaks of specific communications where there was impacts on particular geography or portfolio responsibilities.

Members of the Board then made the following comments/statements: -

Councillor Hamilton enquired when they started to work in local communities whether they would be asking people to be co-opted onto the LCOEB to get some detailed work done quickly or whether this would be done separately.

Dr Varney advised that he would provide the Board with a monthly update on activity against the engagement and communications plan

Andy Cave commented that the Plan was detailed with good use of all the resources in the city, but that there was one group he did not see mentioned – the older adults, particularly those that were not connected or quite isolated in their local communities. He questioned whether that needed to be pulled out in the Action Plan .

Dr Varney stated that they were having detailed conversations about the issue, but it was a draft plan and one of the things they were looking through was how they expand on the community partnership programme around this specific point about how do they ensured that they had thought about how to connect people who were digitally excluded particularly older adults who may live alone and not in receipt of community services.

Councillor Hamilton stated that Birmingham Public Health was seen as an exemplar in terms of its community engagement.

8   **RESOLVED**: -

The Board agreed the draft Test and Trace Communication and Engagement Plan.

_____

PUBLIC QUESTIONS AND DISCUSSIONS – QUESTION GOVERNANCE

9   The Chairman introduced the item and advised that this was an item for members of the public to submit questions to the Board for a response. It was noted that there were no questions submitted to this first meeting of the LCOEB.

_____

6

SCHEDULE OF FUTURE MEETINGS 2020/2021

It was -

10   **RESOLVED: -**

The Local Covid Outbreak Engagement Board noted the schedule of meetings for 2020/2021 as follows: -

2020	**2021**
29 July	27 January
27 August	24 February
1 October	24 March
27 October	28 April
26 November	27 May (Provisional)
22 December	

All meetings will be held at 1400 hours except for November's and December's meeting which will commence at 1500 hours and 1300 hours respectively.
_____

OTHER URGENT BUSINESS

11   No items of urgent business were raised.
_____

EXCLUSION OF THE PUBLIC

12   **RESOLVED: -**

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 Paragraphs 1 and 2 of Schedule 12A
_____

7

8

	Agenda Item: 7
Report to:	**Local Outbreak Engagement Board**
Date:	**29 July 2020**
TITLE:	**BIRMINGHAM CITY COUNCIL TEST AND TRACE IMPLEMENTATION UPDATE**
Organisation	**Birmingham City Council**
Presenting Officer	**Dr Justin Varney** **Director of Public Health**

Report Type:	**For discussion**

1. **Purpose:**	
To inform the Board on progress with implementation of the local test and trace programme within Birmingham	

2. **Recommendation**	
3.1 The Board is asked to note for discussion at the meeting.	

4. **Report Body**	

4.1 The paper summarises the progress since the last meeting implementing the local test and trace programme elements within Birmingham. The implementation of the communication and engagement plan and the budget outline are covered under separate items.

4.2 The key points to highlight from the report are:

- **Governance**
  - o The Outbreak Engagement Board has been formally approved by the Health and Wellbeing Board.
  - o The Health Protection Forum has met twice since the last board (fortnightly)
  - o The Test and Trace Cell is meeting weekly and the outbreak setting groups are meeting twice weekly

- **Structure**
  - o Recruitment through internal secondment and agency recruitment has started for the fixed term test and trace programme team, this is circa 31 WTE posts and this may expand further as new requirements

become clearer. Posts are being appointed for 6 months with potential extension to 12 months.

- o Once the fixed term structure is established the Public Health Division will re-establish more business as usual functions but all staff will rotate through the fixed term structure as surge capacity and this allows potential surge increase for the response function by another 30 WTE.
- o The current team structure is in Annex A.

- **Testing Sites in Birmingham**
  - o Testing sites are managed by NHS England. Testing is free for any symptomatic individuals or people who have been asked to test by the NHS or public health because of an outbreak. Individuals require an appointment booked through the NHS website or by ringing 119.
  - o There are three ways to undertake testing:
    - Drive through testing through either the mobile testing sites or regional testing sites, there are three mobile testing sites in Birmingham in the car parks at Brewery St Coach Station, Mosely Rugby Football Club and Birmingham City Football Stadium. Work is ongoing to identify more potential mobile sites.
    - Walk-through testing at the site at Viller Street in Newtown. This is a pilot site and in the first 14 days has tested over 1,600 individuals. The site is managed by Deloite/NHSE and has bi-lingual staff and translation support on site and over 95% of individuals attending the site have booked through the 119 or NHS website.
    - Postal testing enables anyone to get a kit sent to their home and they are asked to then post it back into a specified mailbox to help reduce the time to get a result.
  - o Individuals are receiving results within 48-72hrs, results are faster via the drive-through and walk-through sites.
  - o Testing uptake in Birmingham is fluctuating, as of the 23rd July the rate of testing was 472 tests/100,000 population, this is the 4th highest in the region but remains lower than optimal compared to the national trend.
  - o The Council is currently working with the NHSE/DHSC to explore other potential testing sites, particularly expanding the walk-through provision and ensuring there are potential pop-up sites identified in each ward of the city as part of the outbreak response planning.

- **Data Access**
  - o There has been significant improvement in the data access for the Council. Annex B includes a summary of the arrangements from a letter sent to the Council from Duncan Selbie, CEO of Public Health England on the 20th July outlining the current level of access.

- There remain some significant gaps, especially around the intelligence on the demographic of testing uptake which limits the ability of local teams to understand poor uptake and target a response.
- Data is also often limited in its completeness, particularly regarding workplace and there seems to be limited information from the national contact tracing service on social gatherings which may be underpinning spread locally.
- The Council continues to work with Public Health England and the NHS Test and Trace Service to strengthen the approach.

- **Enforcement Powers**
  - National Government has published further guidance on enforcement powers relating to Covid. These are summarised in Annex C.
  - As part of the fixed term test and trace function the Council is expanding the Environmental Health Officer resource.
  - Environmental Health is working closely with West Midlands Police to take a proactive approach to engagement, education and enforcement. This includes:
    - Working with Public Health to engage and follow up individuals who have been lost to follow up by the national and regional contact tracing service or if there are areas of concern.
    - Education and engagement visits and contact with workplaces and businesses to support them with Covid safety approach and understand any further needs.

- **Scenario and Stress Testing**
  - The Council has developed a series of outbreak scenarios to stress test our local outbreak response. These were developed with support from West Midlands Public Health England. (Annex D)
  - The outbreak scenarios were used by the Health protection cell and the setting specific cells to test approaches and understanding.
  - These were also shared through the Health Protection Forum with NHS partners.
  - A further set of rising tide and neighbouring area rises scenarios are being developed to test the wider Council approach.

4.3 Key actions being taken next:

- Complete recruitment of fixed term test and trace core team
- Scoping of further mobile testing sites and potential for further walk-through testing facilities to increase access to citizens without cars
- Further work to strengthen business awareness of covid-19 safe practice
- Stress test plans and cross-Council response against regional scenarios

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Unable to appoint to the test and trace core team	Low	High	Multi-strand approach to recruitment through internal secondment and agency appointment.
Poor testing uptake leading to uncontrolled spread of Covid-19	Medium	High	Increased testing facilities/ access across the City Community engagement Multi-lingual coms Business engagement
Limited compliance with guidelines	Medium	High	Increased environmental capacity to support education and enforcement Community engagement Multi-lingual coms Business engagement

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

Dr Justin Varney,
Director of Public Health

Elizabeth Griffiths
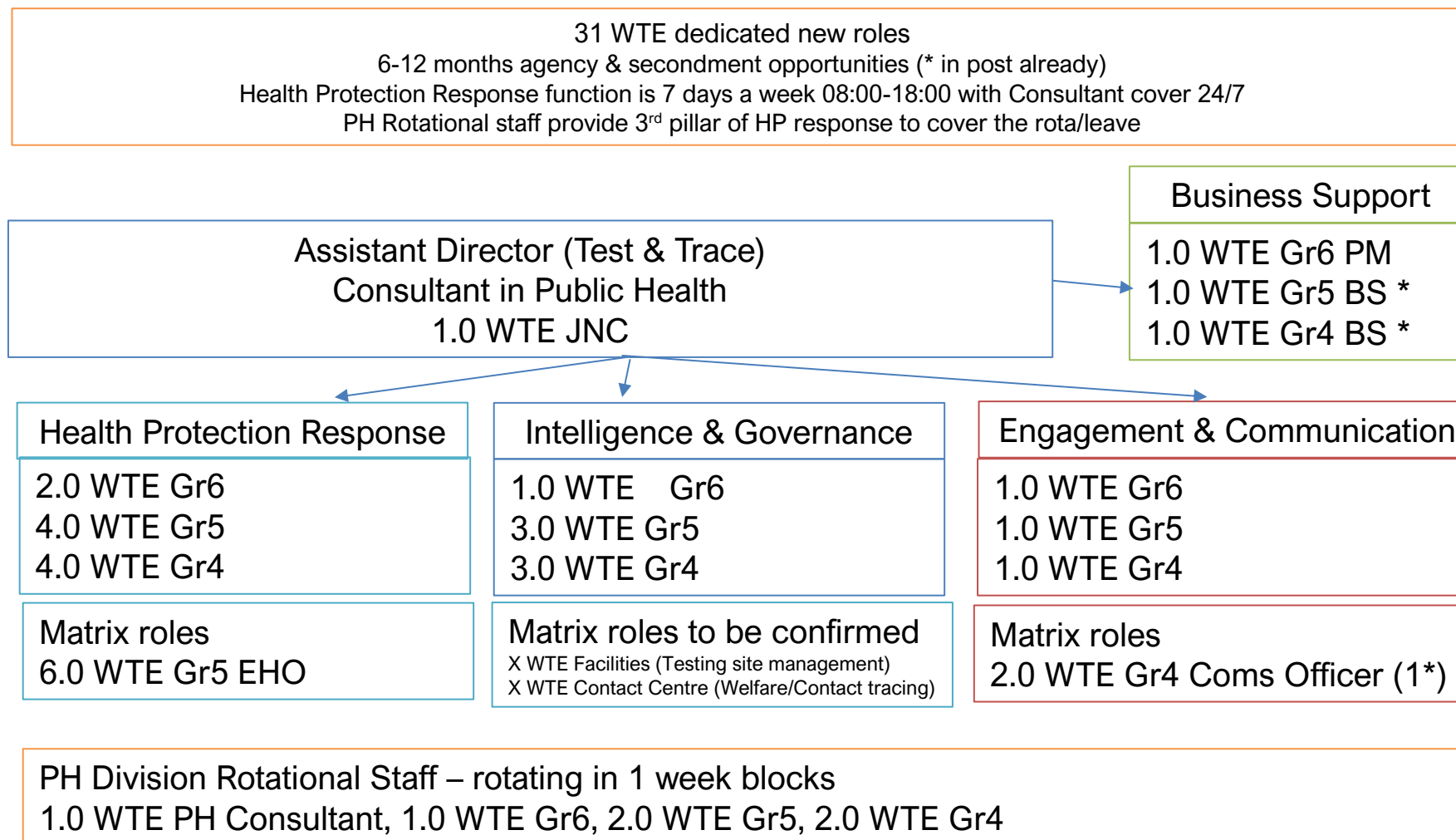Assistant Director of Public Health

Annexes

Annex A: Test and Trace Fixed-Term Structure

Annex B: Data Sharing Summary from PHE

Annex C: Local authority powers to impose restrictions: Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020

Annex D: Outbreak Scenario Testing Summary

Annex A: Test and Trace Fixed-Term Structure

---

31 WTE dedicated new roles
6-12 months agency & secondment opportunities (* in post already)
Health Protection Response function is 7 days a week 08:00-18:00 with Consultant cover 24/7
PH Rotational staff provide 3rd pillar of HP response to cover the rota/leave

---

Business Support

1.0 WTE Gr6 PM
1.0 WTE Gr5 BS *
1.0 WTE Gr4 BS *

Assistant Director (Test & Trace)
Consultant in Public Health
1.0 WTE JNC

Health Protection Response

2.0 WTE Gr6
4.0 WTE Gr5
4.0 WTE Gr4

Matrix roles
6.0 WTE Gr5 EHO

Intelligence & Governance

1.0 WTE   Gr6
3.0 WTE Gr5
3.0 WTE Gr4

Matrix roles to be confirmed
X WTE Facilities (Testing site management)
X WTE Contact Centre (Welfare/Contact tracing)

Engagement & Communication

1.0 WTE Gr6
1.0 WTE Gr5
1.0 WTE Gr4

Matrix roles
2.0 WTE Gr4 Coms Officer (1*)

PH Division Rotational Staff – rotating in 1 week blocks
1.0 WTE PH Consultant, 1.0 WTE Gr6, 2.0 WTE Gr5, 2.0 WTE Gr4

Annex B: Summary of Current Data Access (Public Health England 20th July 2020)

Data in the public domain

Summary of national figures
- National figures for COVID-19 tests, cases, deaths for the UK and every country of the UK are produced daily https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public

- National figures for the NHS Test and Trace service are produced weekly. This includes numbers of people tested; people testing positive; time taken for results to become available; numbers of people transferred to the contact tracing service; the time taken for them to be reached; close contacts identified for complex and non-complex cases, and the time taken for them to be reached. https://www.gov.uk/government/collections/nhs-test-and-trace-statistics-england-weekly-reports

Public dashboards with geographic breakdown

- The Weekly Coronavirus Disease 2019 (COVID -19) Surveillance Report, produced by Public Health England (PHE), summarises information from a variety of surveillance systems covering *national* data on cases, age, gender, rates, ethnicity, NHS111, google searches, general practice consultations, emergency attendances, hospitalisation rates deaths (age, ethnicity, excess mortality) antibody testing, global data. There is also *regional* data and weekly rates of cases by *local authority including a PHE top 10 of UTLAs* with the highest weekly rate of cases www.gov.uk/government/publications/national-covid-19-surveillance-reports

- The Coronavirus (COVID-19) in the UK dashboard contains information at UTLA and LTLA level on cases and rates and is updated dailyhttps://coronavirus.data.gov.uk/

- A new dashboard, launched on 25 June, has been updated with sub-national data including people tested and positive cases at national, regional and local authority level. This includes the ability to view epidemic curves and 7-day averages as well as the ability to look at positive cases as a proportion of all tests

- From 10 July, weekly case numbers at middle layer super output area (MSOA) were available on a map and in a spreadsheet (in the "about data" section) https://coronavirus-staging.data.gov.uk/

- On Friday 3 July, NHS-Digital released a public version of the Containment dashboard, Progression*,* that enables triages and cases to be tracked through time at UTLA level: that includes, by UTLA, the number of people with coronavirus identified through an NHS lab (Pillar 1) or from a commercial swab testing (Pillar 2). In addition, the count (not people) of triages of coronavirus symptoms through NHS Pathways by calls to NHS 111 and 999 and through NHS111 online https://digital.nhs.uk/dashboards/progression

Individual (record) level data accessible by local authorities

- From 24 June PHE started providing record-level test data, enabled through a data sharing agreement with Directors of Public Health (DsPH). This contains additional information such as full postcode, age and ethnicity where available
- From Friday 17 July, PHE started providing daily individual test and case data, having previously provided weekly data
- Under this arrangement, a Data Sharing Agreement is in place enabling the local authorities to be the data controllers and therefore they are responsible for what they share and publish. The local authority must ensure compliance with the relevant standards

Information on individual cases to help outbreak management
- PHE shares information with DsPH as part of the routine investigation of outbreaks and incidents. This includes information on individual cases and their contacts as required to support the public health response. This continues as the usual part of the management of COVID-19 outbreaks in specific settings or groups
- From Monday 20 July and to augment the standing local arrangements between PHE and DsPH, PHE will share daily fully identifiable (including names) test, case and contact tracing data via a dashboard with DsPH to further support their investigation of the COVID-19 outbreak

Aggregated and interactive dashboards and reports accessible to approved users
- All the following (except the Containment and LRF dashboard) products are currently available to DsPH

Local Authority Covid-19 Containment Dashboard
- This dashboard, produced by NHS-Digital, has been available since 11 June and provides a picture in the local area of cases and Covid triage data. There is a geographic breakdown to LTLA of the number of tests conducted, the total number of positive cases and a rolling average, as well as information on 111, 999 and online triage cases related to COVID-19. It enables easy comparison of areas
- From 6 July the number of positive tests and 111 and 999 telephony triages is available to LSOA level. This dashboard is updated daily with a three-day lag due to the changeable nature of new data
- The next development is to provide data at the full postcode level within the dashboard. Given this information is more sensitive it is reliant on a more robust security infrastructure that is being developed including Two Factor Authentication. Access to this NHS Digital dashboard has been temporarily delayed but is due to be rolled out shortly

Contact tracing
- PHE produce a daily contact tracing report – this report provides information on contact tracing activity at a regional and UTLA level. This includes cases invited, cases completed, contacts identified, contacts reached, including aggregate totals of contacts associated with incidents
- A more detailed contact tracing report is produced weekly with a set of quality and epidemiological information including numbers of cases, case outcomes, number of contacts, contact outcomes, numbers of contacts per case and by exposure setting and time to completion. Data is presented at regional and UTLA level

Daily Situational Report
- PHE provides a daily situational report - this is a *national summary* of tests, cases, ethnicity, residential property type, workplace outbreaks, contacts by exposure settings/activities, links to healthcare settings. There is breakdown for some of this data by *region*. By *local authority* there is information on those UTLA's with the highest rates of incidence, testing, positivity rates, exceedances, outbreaks in educational settings. The aim is to bring together much of the information and intelligence on where the epidemic is currently taking place both in terms of place and groups of the population to help inform local action. It is anticipated that the Covid-19 Situational Awareness Summary will be shared with the *public* in the next few days

Daily Exceedance Report
- PHE provides a regional daily exceedance report to DsPH. Exceedance scores are calculated using the current and historic data on cases of COVID-19 for each lower tier local authority area. An exceedance means that an area has a greater than expected rate of infection compared with the usual background rate for that location. This is a way of assessing a recent change in incidence in that area. Every day, PHE produce in depth reports for the areas that have exceeded (RED reports) shared with appropriate DsPH

Daily Surveillance Report
- PHE produce a daily surveillance report. The report provides descriptive information (trends and demography) at health protection team and local authority level of case data, testing data, in-hospital mortality data, outbreaks reported in a range of settings, syndromic surveillance data (GP out-of-hours calls, NHS 111 calls, emergency department attendances) and COVID-19 Hospitalisation in England Surveillance System (CHESS) data

Bespoke epidemiological reports (deep dives)
- In addition, PHE Field Service teams also support local partners with more detailed epidemiological analyses as needed to inform local action and agreed locally

Local Resilience Forum Dashboard
- The LRF dashboard is run by MHCLG to show multiple data points showing whole system response and resilience. It is accessible through the Local Resilience Forums and contains indicators such as police workforce, food supply, proportions of population shielding and ventilator availability

Annex C: Local authority powers to impose restrictions: Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020

From the 18th July 2020, local authorities in England have been given powers to impose restrictions to help prevent the spread of COVID-19. Below are a list of frequently asked questions derived from the latest government guidelines at the time of writing (22/07/20) which can be found here.

What are these powers designed to do?
These Regulations allow local authorities to respond to a serious and imminent threat to public health and to prevent COVID-19 transmission in a local authority's area where this is necessary and proportionate to manage spread of the coronavirus in the local authority's area.

What do these Regulations allow?
The Regulations include powers for local authorities to :
- restrict access to, or close, individual premises (Regulation 4),
- prohibit certain events (or types of event) from taking place (Regulation 5) and
- restrict access to, or close, public outdoor places (or types of outdoor public places) (Regulation 6) .

following procedural requirements set out in the Regulations. Local authorities are encouraged to seek advice in advance of exercising powers under the Regulations , should they require any practical support, and may contact NHS Test and Trace at directionnotification@dhsc.gov.uk

Regulation 3 also allows the Secretary of State to direct a local authority to issue a direction where the Secretary of State considers the conditions above have been met and can also direct a local authority to revoke an existing direction (with or without a replacement direction) where the above conditions are no longer met.

What do these Regulations not allow?
The Regulations prohibit the local authority to make directions in relation to premises which form part of essential infrastructure. This includes a range of infrastructure that provide essential public services and goods. It also includes vehicles, trains or aircraft used for public transport, or the carriage or haulage of goods, and a vessel where the direction would be likely to have the effect of preventing a changeover of crew.

Further examples of essential infrastructure can be found here. The list is not however exhaustive and local authorities should use their discretion to consider whether premises could be considered essential local or national infrastructure before using the power.
If local authorities are unsure whether a particular premises falls within the scope of the essential infrastructure exemption, they should direct queries to the relevant government department, or to NHS Test and Trace Regional Support and Assurance Teams.

What conditions must be met before a direction under the Regulations can be made ?
To make a direction under the Regulations a local authority needs to be satisfied that the following 3 conditions are met :
1. the direction responds to a serious and imminent threat to public health in the local authority's area
2. the direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in the local authority's area of coronavirus
3. the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose

Where should local authorities seek evidence to prove the above conditions have been met?
Before making a direction, local authorities will need to gather sufficient evidence to demonstrate that the above conditions have been met.
Such evidence may come from a range of sources e.g.
• Information provided to the local authority from local experts,
• Through the Local Resilience Forum,
• From NHS Test and Trace (including the Joint Biosecurity Centre (JBC)),
• From Public Health England (PHE) and from other sources.

A local authority must consult with the director of public health and assess whether the conditions for taking action have been met.

With whom should a local authority consult prior to issuing a direction?
As well as the director of public health , a local authority should also consult the police prior to issuing a direction, and any neighbouring police forces if the direction prohibits, requires or restricts access to a premise, event or public outdoor place that is situated against a Local Resilience Forum boundary.
Local authorities should be clear about why they are taking directive action and communicate this clearly to the Secretary of State, the person(s) to whom the direction applies and, where appropriate, those impacted by the direction.

Do local authorities need to notify businesses/premise users affected by the direction and what must the notice contain?
A local authority must take reasonable steps to give advance notice of the direction to both:
1. a person carrying on a business from the premises to which the direction relates
2. any person who owns or occupies the premises, if different from 1.

Notice of the direction should be issued by a local authority in the form of a written letter and/or email communication to the owner or occupier of the premises, clearly stating the powers under which the direction is being made, the reason for invoking, or revoking, the direction, the date and time on which the prohibition, requirement or restriction comes into effect, and the date and time on which it will end. Where the direction is made on the direction of the Secretary of State, that should be also be stated.

Where a restriction , prohibition , or requirement will also impact upon other persons , the local authority should also publish in such a manner it considers appropriate , to bring it to the attention of those who may be affected by it.

Are there any other considerations prior to issuing a direction?
Prior to issuing a direction, local authorities must have due regard to the Public Sector Equality Duty (PSED) as set out in section 149 of the Equality Act 2010 and should consider carrying out an equalities impact assessment to determine whether the measure may disproportionately affect people with protected characteristics.

Would the local authority be prohibited from taking action if a disproportionate impact is likely?
Identifying disproportionate impact would not prohibit a local authority from taking action, but this should be balanced against the wider public health risk in a local authority's area, and mitigations should be considered and implemented wherever possible.

What must a direction state?
Any direction issued by a local authority under the Regulations will need to state the date and time on which the prohibition, requirement or restriction comes into effect, and the date

and time on which it will end. This should include the basis on which the three conditions are met and why a specific prohibition, requirement or restriction is necessary.

How often must a local authority review a direction?
A local authority must review a direction it has issued under the Regulations at least every seven days and determine whether the three conditions for making the direction continue to be met.

When must a direction be lifted?
If at any stage the threshold for restrictions is no longer met (there is no longer a serious and imminent threat to public health, or the measures are not deemed to be necessary and proportionate to prevent or control the incidence or spread of infection in the local authority's area), the direction should be immediately revoked or replaced with a direction which meets the threshold set out above.

Can a direction be appealed against and how?
Those directly impacted by any direction under these Regulations, including the owner or occupier of premises or event organiser against whom a direction applies, have the right of appeal through the magistrates' courts and may make representations to the Secretary of State.

The appeal against a direction can be made using the information found here

Can a local authority close individual premises (Regulation 4) ?
Regulation 4 provides a power for local authorities to make directions about individual premises , for the purpose of : closing the premises, restricting entry to the premises, or securing restrictions in relation to the location of persons in the premises. The 3 conditions must still be met for making a direction. A local authority has a duty to have regard to the need to ensure the public has access to essential public services and goods before issuing a direction.

Can a local authority place restrictions on events and why (Regulation 5)?
Regulation 5 provides a power for local authorities to prohibit certain events (or types of event) from taking place, where it responds to a serious and imminent threat to public health relating to coronavirus and is necessary and proportionate to prevent or provide a public health response to the incidence or spread of infection in their area.

What needs to be considered when considering placing restrictions on events?
As well as considering Public Sector Equality Duty obligations , local authorities would be expected, at a minimum, to:
•   • gather the relevant evidence, such as the location of the event, disease prevalence and transmission rates in the area, and the risks associated with the event, including for example, the anticipated level of attendance and the activities that are due to take place
•   • consult neighbouring authorities of both tiers where relevant, (and the other tier in 2-tier authorities), concerning use of the power
•   • engage with partners through the local Safety Advisory Group and Local Resilience Forum to ensure emergency services are aware of proposals and manage risk, including the risk that people may travel to other local spaces

On whom can a direction under Regulation 5 impose prohibitions, requirements or restrictions ?
A direction under this regulation may only have the effect of imposing prohibitions, requirements or restrictions on:
•   • the owner or occupier of premises for an event to which the direction relates
•   • the organiser of such an event

•   • any other person involved in holding such an event. This does not include people planning to attend the event, with no involvement in its organisation – these individuals could not commit an offence as a result of such a direction being made

How is notification given of a direction under Regulation 5 in respect of an event ?
Notice of the direction should be issued by a local authority in the form of a written letter and/or email communication to the organiser of the event and/ or the owner or occupier of the premises where the event is being held, or any other person involved in holding such an event, clearly stating the powers under which the direction is being made, the reason for invoking, or revoking, the direction, the date and time on which the prohibition, requirement or restriction comes into effect, and the date and time on which they will end.
Where the direction is made on the direction of the Secretary of State, that should be also be stated. The notification must also give details of the right of appeal to a magistrates' court, provide an address for service of any summons (including the Secretary of State where it is based on his direction) and the time limit for appealing (see link). Where a direction is made , the event organiser and /or owner or occupier of a premises must fulfil the requirement of the direction until the appeal is resolved.

Can local authorities close or restrict access to public outdoor spaces (Regulation 6)?
Regulation 6 provides a power for local authorities to direct the closure of, or restrict access to, a public outdoor place (or public outdoor places of a specified description), where it responds to a serious and imminent threat to public health relating to coronavirus and is necessary and proportionate to prevent or provide a public health response to the incidence or spread of infection in their area.
Local authorities would be expected, at a minimum, to:
• gather the relevant evidence, such as geographical boundary of the space, disease prevalence and transmission rates, and evidence relating to the risk attached
• consult neighbouring authorities of both tiers where relevant (and the other tier in two tier authorities), about proposals to exercise the power
• engage with partners through the Local Resilience Forum to ensure emergency services are aware of proposals and manage risk, including the risk that people may travel to other local spaces

What else should be considered when considering a direction in respect of a public outdoor space ?
Where a local authority is considering making a direction under Regulation 6 that would close, or otherwise impact upon, any part of the Strategic Road Network (SRN) the local authority should consult with Highways England (with respect to the SRN) and should have regard to any advice received, regarding impacts on the SRN, before making its direction. The local authority should use best endeavours to consult as early as possible, and no later than 24 hours, before a direction under Regulation 6 is made.
Where a restriction, prohibition or requirement relates to Crown land , a further agreement with an appropriate authority is required.

What notification must be given in relation to direction in respect of public outdoor places ?
The local authority must take reasonable steps to give advance notice of the direction to a person carrying on a business from premises within the public outdoor place to which the direction relates . Notice of the direction should be issued by a local authority in the form of a written letter and/or email communication, clearly stating: the powers under which the direction is being made; the reason for invoking or revoking the direction; the date and time on which the prohibition, requirement or restriction comes into effect; and the date and time on which it will end.

Where the direction is made on the direction of the Secretary of State, that should be also be stated. The notification must also give details of the right of appeal to a magistrates' court, provide an address for service of any summons (including the Secretary of State where it is based on his direction) and the time limit for appealing (see link).

Who is responsible for restricting access to public outdoor places affected by a direction?

A local authority which has given a direction under regulation 6(1) must take reasonable steps to prevent or restrict public access to the public outdoor place or places to which the direction relates in accordance with the direction. People (other than the local authority) who own, occupy or are responsible for part of the public outdoor place must also take reasonable steps to prevent or restrict public access to the area in accordance with the direction.

It will be important for the local authority to describe the area in sufficient detail when issuing a notice. A local authority must publish details of any restrictions on it's website and should consider other measures to draw this to the attention of anyone who may be affected , including through notices at or near the area being closed, social media posts , press notices and notices on arterial roads where this seems appropriate.

What might be considered a " reasonable excuse " for someone to access the restricted public outdoor place ?

Once a direction is made, people will not be allowed to enter or remain in the area, subject to the terms of the direction, without a reasonable excuse. The regulations provide a non-exhaustive list of reasonable excuses, which include that people may enter the land where it is reasonably necessary for work purposes. For the avoidance of doubt, it is intended that this would include providers of freight and haulage services. Access also needs to be provided for utility companies carrying out essential maintenance and repair works and highway authorities carrying out road works.

What about residents living in the restricted area?

Although all possible uses of the power cannot be known at present, it is expected that the power would not be exercised so as to restrict social interaction between people living in the area and outside. It is expected that directions will be drawn in such a way that visitors from outside the area, such as friends and family, would be able to visit people living within the area, unless the movement of people has been restricted within other regulations. It is not expected that directions will prevent people from travelling within an area if the start and end of their journeys are outside it, for example long distance motorway journeys that pass through the area.

What if the restriction in respect of a public outdoor place restricts access to premises in the vicinity ?

A direction relating to a public outdoor place should not be used as a means to indirectly control premises, should the closure of a public outdoor place restrict access to premises in the vicinity. If the closure of a public outdoor place is deemed to be a necessary and proportionate measure, consideration should also be given to restriction of access to premises that may be an indirect consequence of such action. Any closure of premises will need to be considered separately in accordance with Regulation 4 and should not be the indirect consequence of restricting access to a public outdoor place.

When should the Secretary of State be notified of a direction and what should be included in the notice?

When a local authority issues a direction, they should notify the Secretary of State as soon as possible after making a direction, and it is advised this should be no longer than 24 hours

after issuing. This should be done via NHS Test and Trace, with notifications emailed to directionnotification@dhsc.gov.uk, marked for the attention of the appropriate regional team. This should include a copy of the direction, the reason for issuing the direction, the location or area the direction relates to, the organisations and groups of people expected to be directly and indirectly affected by the direction, the stakeholders consulted on the decision on the direction (including NHS Test and Trace Regional Support and Assurance Teams, government departments and PHE), the date and time on which the restriction comes into effect, and the date and time on which it will end.

What if a direction affects a neighbouring authority?
If a direction is issued by a local authority, it must notify any neighbouring authorities (i.e. any local authority whose area is adjacent to the initiating authority's area) that may be impacted as a result of the direction. This should be proportionate to the direction taken, and may take the form of an email to neighbouring authorities summarising the direction and rationale if it relates to the closure of a small single premise, but may require much greater detail and coordination across local authorities if the direction applies to a large public outdoor place.
To avoid an unnecessary ripple effect of direction, there is no obligation on the part of the local authority in receipt of the notification to in turn notify neighbouring authorities, unless there is a large outbreak across multiple areas, where this may be necessary and proportionate.

What if a neighbouring authority notifies Birmingham City Council of a direction affecting them?
Where a local authority has been notified it must consider, as soon as may be reasonably practicable, whether to exercise its own powers under the Regulations and must notify the initiating local authority of what it has decided to do.

It may be necessary to coordinate action across a regional level and you should engage with neighbouring authorities through your Local Resilience Forum, or through other channels as appropriate.

How can members of the public appeal against a direction and what must they prove to be successful?
The recipient of a direction has the right of appeal through the magistrates' courts. Should they wish to appeal a direction, it should be lodged as soon as possible and, where possible, submitted within the 7-day review period.

An appellant would need to be able to satisfy the court on the balance of probabilities that the decision made by the local authority was wrong – in that it did not satisfy the three conditions listed above – and bring forward any supplementary evidence to support the appeal. This may include reasons as to why the appellant deems the direction should not have been made, and why the local authority's reasons for taking action do not meet the conditions as they are set out in Regulation 2(1).

Where the direction was made on the direction of the Secretary of State, the appeal must be heard against both the Secretary of State and the local authority and the magistrates' court must issues summonses against both of them.

Can a persons affected by a direction make representations to the Secretary of State?
The recipient of a direction may make representations to the Secretary of State about the direction. This should be done via NHS Test and Trace, with representations emailed to directionnotification@dhsc.gov.uk. This should include:
• 	• details about the recipient of the direction and how they have been impacted

- • demonstration of why the direction should not have been made and was not appropriate, based on the conditions set out in Regulation 2(1)
- • any supporting evidence
- • what action they would like to be taken as a result

NHS Test and Trace will expedite the matter to the Secretary of State, before considering the evidence provided and respond as soon as is reasonably practicable. The Secretary of State will provide written reasons for his decisions to the person who made the representations and the local authority which gave the direction. If the Secretary of State decides that the conditions for issuing a direction were not (or are no longer) met, they may direct the local authority to revoke the direction, or to replace it with a further direction that would satisfy the conditions.

How can requirements of a direction be enforced?
Where a local authority designated officer or a police officer or PCSO reasonably believes that a person is in contravention of a prohibition, requirement or restriction as set out in the regulations, they may take such action as is necessary and proportionate to enforce a direction.

A local authority designated officer may issue a prohibition notice to a person who contravenes a direction , for example by failing to close premises that have had a direction placed upon them to restrict or prohibit access.

If an offence has taken place in contravention of a direction what can be done?
Where it is reasonably believed that a person aged 18 or over has committed an offence under the regulations, an authorised person – a local authority designated officer (in respect of breach of a direction relating to premises under regulation 4(1) or events under regulations 5(1), failure of an owner or occupier of land in a public outdoor space to which a direction under regulation 6 applies to take reasonable steps to restrict access to that land, or obstruction of a local authority officer) or a police officer or PCSO (in respect of obstruction of an officer, or failure to comply with a direction or reasonable instruction given by a police officer or with a prohibition notice) – may issue a Fixed Penalty Notice (FPN). If paid within 28 days beginning from the day after the date of the notice no proceedings may be taken in respect of the offence.

The amount of the FPN will be £100 for a first offence (reduced to £50 if paid within 14 days), doubling upon further offences up to a maximum of £3,200.

A person who fails to comply with a direction , without reasonable excuse , commits an offence punishable on summary conviction by a fine (Regulation 13) . Proceedings for an offence under the Regulations may be brought by a local authority , the Crown Prosecution Service and any person designated by the Secretary of State (Regulation 15) . Liability to conviction in respect of such an offence may be discharged by payment of a FPN as detailed above.

Dated : 22nd July 2020
PLEASE NOTE that all legislation is subject to change . It is therefore recommended that legal advice and guidance is sought in respect of issues covered by this briefing note .
Please contact Catherine Parkinson (Interim City Solicitor and Monitoring Officer)

Annex D: Outbreak Scenario Testing Summary

A series of outbreak scenarios were developed by the Director of Public Health with support from West Midlands Public Health Centre. These have been shared as good practice across the region.

The scenarios were tailored to the three outbreak setting response groups as follows:

Early years and education settings
- Secondary school setting
- University setting
- Out of school education setting
- Special school setting
- Early years setting
- Youth setting

Clinical and Social Care settings
- In-patient clinical setting
- GP practice setting
- Retirement community setting
- Private cosmetic clinical setting
- Domiciliary care setting
- Pharmacy setting

Other settings
- Large multiple occupancy workplace setting
- Geographical clustering situation
- Community of identity cluster situation
- Homeless community situation
- Specific ethnic community cluster situation
- Spike in deaths in a specific community

These were developed to test and explore any gaps in our approach and think through any issues in response before the situation arises.

Further scenarios have been developed for a regional and local 'rising tide' scenarios which will be used during August to test the response alongside the regional discussions about stress testing.

The following pages provide some examples of the scenarios and the response from the exercises, the Other settings group is still working through their scenarios so these are draft responses for those scenarios.

Birmingham Outbreak Situation Testing Scenarios Examples

Outbreak Response Team	Scenario Summary	Response Summary	Key points of learning

Clinical and Social Care Settings	*In-patient Setting Situation* PHE have notified us of five linked cases identified one of the cities inpatient hospital site, the cases are a mix of staff and patients who have been spread across 3-10 days since admission. All cases are linked to the renal ward and day-dialysis unit. PHE feel that this is likely to be acquired in hospital rather than the community. PHE have recommended enhanced testing of staff and patients in the ward and staff linked to the ward and unit.	**Testing**
		 ▪ Testing will be organised by the hospital for their staff and patients
		 ▪ Test all staff working on ward / unit and all patients from 12 days ago until now.
		 ▪ Consider whether to test day dialysis patients
		 ▪ Consider need to test transport services for day cases
		 ▪ Consider backward contact tracing to identify the source
		 ▪ Hospital responsible for contact tracing
		
		 Communication
		 ▪ Communication needed with:
		    • Staff on the unit
		    • Wider staff
		    • Patients, their families and their GPs
		    • Partners (LA, CCG, PHE, NHSE/I)
		 ▪ Proactive and reactive comms
		 ▪ Need multi-agency comms plan – hospital, CCG, LA, PHE, NHSE/I. Hospital would be lead for coms.
		 ▪ Expect media interest
		 Consider any cross border issues, might need to engage other Las dependent on patient flows.
			NHS Directors of Infection Prevention and Control (DIPC) are key and DPH is currently working with them to ensure plans in place for this type of scenario, especially around contact tracing and backward tracing to identify source of spread.
			
			 Important to consider cross-border patient and staff flows, especially for specialist units.

| Clinical and Social Care Settings | *Private Clinical Setting* PHE have notified us of three cases in clinical and admin staff working in a cosmetic procedure clinic. The clinic has been reluctant to disclose the level of PPE used and has been providing facial procedures which are currently prohibited. PHE feel that there has been a PPE breach and patients are at risk. So far 25 patients have been identified at direct risk and a further 5 staff. PHE have recommended all patients and staff self-isolate and are tested. | **Testing**
▪ Testing provision can be arranged through test and trace community swabbing if required or through pillar 2 (drive through/ postal testing).

Communication
▪ Need communication to staff and customers, with advice on self isolation
▪ LA comms lead with support from PHE
▪ Consider external comms, may be media interest

Community engagement
▪ Consider community engagement locally in terms of "what to look out for if you are attending venues or buying services"
▪ Encourage people not to accept unsafe services
▪ Promote whistleblowing opportunities

Enforcement
• Involvement of Care Quality Commission as regulator due to breach of guidelines and undertaking prohibited procedures. | Importance of pro-active engagement with private sector clinical settings and need to work with regulator to ensure clear approach planned for breach of PPE and restricted procedures. |
| Early Years and Education Settings | *University Settings Situation* PHE have notified us of seventeen linked cases identified one of the cities Universities, the cases are a mix of students and staff who have been attending different | **Testing**
• Consider 'pop-up' testing on site to increase access and support for testing alongside pillar 2 testing.

Communication
• Work with university coms team to support coms to students and staff | Already discussions with universities about internal contact tracing support and ability to map out staff and student contacts and consider social aspects |

	on-site meetings and teaching sessions. PHE have recommended mass testing of all students and staff and closing the main lecture and social sites for deep cleaning.	• Consider local community coms and reassurances **Community engagement** • Consider community cohesion issues **Governance/ Enforcement** • Review risk assessment approach with setting and opportunities for strengthening	e.g. freshers week and non-campus activities.
Early Years and Education Settings	*Out of School Education Settings Situation* PHE have notified us of ten cases identified linked to an religious education setting. The cases involve a range of children of different ages and one of the religious scholars. The cases all attended classes on the same day but were in different age groups and classrooms in the same faith setting. There was also three prayer sessions on the same day. PHE have recommended testing of all students and staff and deep cleaning.	**Testing** • Consider 'pop-up' testing on site to increase access and support for testing of children alongside pillar 2 testing. **Communication** • Prepare coms for faith congregation as well as wider community working with faith leaders to support them **Community engagement** • Consider community cohesion issues • Engage local community as well as faith community **Governance/Enforcement** • Review risk assessment approach with faith setting and opportunities for strengthening	Engagement with out of school settings is in place if registered with LA but risk potential around unregistered settings which may be school and very specific to minority communities.

| Other Settings | *Community of Identity*
PHE have notified us of ten cases identified linked to young gay and bisexual black men. Cases span a three week period and were picked up through an concern raised via the local HIV service. Contact tracing has identified a range of exposures linked to sexual and social encounters, primarily through online apps and websites.

PHE have recommended enhanced engagement and awareness work with LGBT community and specifically focused on men who have sex with men within the Asian community. | **Testing**
• Work with LGBT Centre and Umbrella service to do proactive outreach testing to gay and bisexual community.
• Need to consider how to reach men who have sex with men who do not identify as gay or bisexual

Communication
• Work with LGBT Centre on proactive communication
• Work with African and Caribbean community organisations on proactive communication
• Potential to work with sexual network apps and websites to increase targeted messaging on staying safe during Covid-19 and access to testing

Community engagement
• Consider community cohesion issues and specifically risk of increased homophobic hate crime
• Engage local LGBT and African and Caribbean communities | PHE highlighted that national contact tracing system is unlikely to identify sexual networks as a vector of transmission of Covid-19 and this is a gap in the current surveillance. |
| Other Settings | *Homeless Setting Situation*

PHE have notified us of three cases of Covid-19 among street homeless population, one was identified in custody, one through substance misuse service and one in | **Testing**
• Community testing service to work with homeless specialist health services and street outreach to increase access to testing.
• Work with substance misuse services to align additional testing access points with misuse support services. | Part of the current plan for the community swabbing support service is to train up specialist health services to support swabbing and this scenario reinforces this. |

	the homeless hotel accommodation. The cases know each other but are sleeping in different settings. PHE have recommended proactive testing and engagement with the street homeless population	• Work with homeless setting services to do proactive outreach testing in homeless hostel settings. **Communication** • Work with homeless setting service providers on proactive communication with homeless people and staff • May need enhanced translated resources and support for testing • Wider community communication • Communication with wider workforce connecting with homeless population e.g. BID officers, police **Community engagement** • Consider stigmatization around hotel accommodation location and wider homeless community **Governance/Enforcement** • Review the risk assessment and infection control procedures in the hotel accommodation	Potential to work through this scenario with the homeless partnership groups to test the understanding and response from providers.

	Agenda Item: 8
Report to:	**Local Covid Outbreak Engagement Board**
Date:	**29 July 2020**
TITLE:	**BIRMINGHAM CITY COUNCIL TEST AND TRACE ENGAGEMENT PLAN UPDATE REPORT**
Organisation	**Birmingham City Council**
Presenting Officer	**Dr Justin Varney** **Director of Public Health**

Report Type:	**For discussion**

1.   Purpose:

To inform the Board on progress with implementation of the local test and trace engagement plan within Birmingham

2.   Recommendation

3.1   The Board is asked to note for discussion at the meeting.

4.   Report Body

4.1   The paper summarises the progress since the last meeting implementing the local test and trace engagement plan within Birmingham.

4.2   The key actions under the plans thematic strands to highlight are:

4.3   Cross Cutting Communication
  o   Significant media engagement through radio including weekly live Q&A with West Midlands BBC and specific similar sessions with New Style Radio, Unity FM, Switch Radio.
  o   Ongoing media engagement with key local media partners e.g. BirminghamLive and Birmingham Updates with Facebook Live sessions as well as reactive response to media queries.
  o   Social media engagement through @HealthyBrum and BCC twitter, Facebook and Instagram accounts. Over June and July over 436 tweets reaching 397K people, daily updates on Facebook and Instagram.
  o   Youtube HealthyBrum video channel now has 76 videos with an average of 40 watches per video over June & July.
  o   Weekly hour long Q&A with BCC Staff by Director of Public Health, similar targeted Q&A and awareness sessions have been held for ethnic staff networks within the Council and for the Children's Trust.

- Update Covid-19 items at Cabinet and Health and Wellbeing Board and to each of the Health and Wellbeing Forums.
- Covid-19 Impact Survey has involved over 2,700 citizens, included specific questions about test and trace app and awareness of risk reduction actions like social distancing.

4.4 Communities of Place
- Ward Forum engagement
  - Offer made for Public Health to attend ward forums to provide Covid-19 update and do short Q&A. These are in general recorded and shared through local networks.
  - Ward Forums attended to date:
    - Sutton Vesey, Wylde Green, Bournbrook & Selly Park, Acocks Green, Lozells, Holyhead, Handsworth, Moseley, North Edgbaston
- Local Partnership Development Group engagement
  - East Hodge Hill & Yardley LPDG, City Centre LPDG attended in July, further LPDG planned.
- Neighbourhood Networks engagement
  - NN partner organisations briefing 27/07
- Setting Specific engagement
  - Schools – monthly engagement sessions with primary school headteachers and specific meetings with special school headteachers attended by Director of Public Health. Additional specific session for Birmingham Diocesan Multi Academy Trust
  - Care Homes – engagement through BCC cascade briefings and direct engagement based on risk and testing uptake. Webinars for care home staff (with Public Health England). Webinars for children's residential care (with Public Health England and Birmingham Children's Trust).

4.5 Communities of Identity
- Community Partners
  - 9 community partner organisations have been commissioned to work with specific communities of identity. Approaches are tailored to different communities and have included direct contact through whatsapp and text engagement (Roma communities/ Refugee & Migrant Centre), translated bespoke resources (Chinese community/Chinese community centre), community workshops with key workers (Migrants and Asylum seekers/Citizens UK), targeted focus group discussions (LGBT Centre).
- Community Radio & TV
  - range of interviews and engagement with different community media in a targeted way including: Sikh Channel TV, Brit Asia TV, First Class Legacy, Unity FM, New Style Radio, China Daily, Live Ape Podcast

- o Targeted Digital Q&A
  - ▪ Two bi-lingual online interviews in Mirpuri through Facebook live channels.
  - ▪ Specific engagement sessions with Bangladeshi men and women's groups and African community leaders.
- o Faith Organisations
  - ▪ Fortnightly meetings with Islamic faith leaders, African and Caribbean Church Leaders and Interfaith groups.
  - ▪ Weekly WM interfaith forum digital forum.
- o Young People
  - ▪ Two Instagram live Q&A sessions facilitated by young people.
  - ▪ First Legacy facilitated young people Q&A session.
- o Vulnerable Adults
  - ▪ Engagement with homeless service providers and domestic abuse service providers.
  - ▪ Specific discussion session with women's organisations, primarily domestic violence service providers.
- o Disabled Communities
  - ▪ Sign language bi-lingual Q&A session scheduled for w/c 27/7.

4.6 Communities of Interest
- o Business sector
  - ▪ Greater Birmingham Chamber of Commerce Breakfast Briefing
  - ▪ Engagement through Business Improvement Districts.
- o Voluntary and Community Sector
  - ▪ Engagement with Neighbourhood Networks listed elsewhere, but area for development.
- o Statutory Providers
  - ▪ Engagement through collaborative training sessions around infection control and risk management.

4.7 Elected Members & Key Stakeholders
- Elected members
  - o Weekly data briefing for elected members
  - o Messaging scripts for elected members to develop audio messaging and cascade messages
- Statutory Boards
  - o Updates to Health and Wellbeing Board and Cabinet
  - o Briefing to City Partnership Board and Children's Strategic Partnership
- Local Members of Parliament
  - o Weekly teleconference, moved to fortnightly in July, with MP and Leader

4.8 Outbreak Response Communication
- Reactive communication support provided to support PHE coms around local outbreaks in a range of settings, primarily workplaces, schools and care homes.

4.9 Key actions being taken next:
- Pilot of targeted online paid advertising and expanded community radio and advertising partnership;
- Further tender for targeted community partnerships to strengthen reach and depth;
- Exploring establishing a community covid-19 champion volunteer programme learning from Newham model;
- Establishing dedicated test and trace communication and engagement team.

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Unable to appoint to the test and trace core team	Low	High	Multi-strand approach to recruitment through internal secondment and agency appointment.
Lack of engagement with communities leading to low uptake of testing and low engagement with test and trace	Medium	High	Additional community partner organisations commissioned. Increased translated resource dissemination.

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

Dr Justin Varney,
Director of Public Health

Elizabeth Griffiths
Assistant Director of Public Health

Ricky Bhandal & Paul Campbell
Service Leads for Public Health Communication & Engagement Cell

	Agenda Item: 10
Report to:	**Local Outbreak Engagement Board**
Date:	**29 July 2020**
TITLE:	**TEST & TRACE BUDGET OVERVIEW**
Organisation	**Birmingham City Council**
Presenting Officer	**Dr Justin Varney** **Director of Public Health**

Report Type:	**For discussion**

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 paper summarises the projected spend against the allocated funding from Government for the local test and trace response.
3.2	Birmingham City Council has been allocated £8,438,988 to provide local authority test and trace response.
3.3	Under the emergency response there is delegated responsibility for this budget to the Director of Public Health from the Strategic Command Gold Group.
3.4	The provisional budget allocations is as follows:

Spend item	2020/21 £	2021/22 £	Total £
Staffing	1,064,897	548,424	1,613,322
Training	25,000	10,000	35,000
Translation services	15,000	5,000	20,000
Equipment	11,000	3,000	14,000
Communications	1,587,572	800,568	2,388,140
Community swabbing and support	1,000,000	500,000	1,500,000

007914/2020

Test & Trace system - Software licence, implementation & support	92,333	7,667	100,000
Welfare support function	100,000	50,000	150,000
Enforcement support (Legal, trading standards)	307,262	156,569	463,831
Contingency	1,000,000	500,000	1,500,000
Total amount spent	**5,203,065**	**2,581,228**	**7,784,293**

Remaining to spend			**654,695**

Commentary
Costs for Test & Trace are to 31 July 2021. Test and Trace IT solution - costs dependant on number of users and IT system chosen, to be confirmed. Above assumes 200 users and basic solution with some development. Staffing cost to be confirmed as posts are filled. Majority shown costed at mid-point.

3.5   The budget includes a significant contingency allocation, in light of the evolving response to test and trace and in preparation for emerging pressures. For example, in light of the challenges in contact tracing at a national level there is an identified new need to invest in additional environmental health officers to do direct face to face contact tracing and site visits, the scale of this is escalating rapidly.

3.6   There will be a regular update to the Board on spend against this planned allocation.

4.	**Risk Analysis**

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Inadequate funding to provide robust response to local outbreaks	Medium	High	Significant contingency has been held back in the budget as the delegation of responsibility from national continues to develop.
Capacity will be required beyond the 31st July 2021	Medium	High	It is currently unclear the duration of the allocated funding from Government covers. We have modelled the budget on a 12 months period, however if the staff capacity or resources are needed longer than this it will create a significant cost pressure.

The following people have been involved in the preparation of this board paper:
Dr Justin Varney, Director of Public Health
John Brookes & Lee Bickerton, Finance Department