

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD

WEDNESDAY, 27 APRIL 2022 AT 15:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **WELCOME AND INTRODUCTIONS**

2 **NOTICE OF RECORDING/WEBCAST**

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

3 **APOLOGIES**

To receive any apologies.

4 **DECLARATIONS OF INTERESTS**

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

3 - 10

5 **MINUTES**

To confirm and sign the Minutes of the meeting held on the 23 February 2022.

11 - 58

6 **COVID-19 SITUATION AND VACCINATION UPDATE**

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

7 **LIVING WITH COVID STRATEGY**

Dr Iheadi Onwukwe, Consultant in Public Health will present the item.

59 - 72

8 **COMMUNICATIONS AND ENGAGEMENT FORWARD PLAN**

Damilola Akinsulire, Consultant in Public Health will present the item.

9 **PUBLIC QUESTIONS SUBMITTED IN ADVANCE**

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

73 - 78

10 **TEST AND TRACE BUDGET OVERVIEW**

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

11 **OTHER URGENT BUSINESS**

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

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

To note that the next meeting will be held at 1400 hours on Wednesday 29 June 2022 as an online meeting.

13 **EXCLUSION OF THE PUBLIC**

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

Exempt Paragraph 3

14 **DETAILED SITUATION UPDATE**

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

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

BIRMINGHAM CITY COUNCIL

**LOCAL COVID OUTBREAK
ENGAGEMENT BOARD
WEDNESDAY,
23 FEBRUARY 2022**

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 23 FEBRUARY 2022
AT 1400 HOURS ON-LINE**

PRESENT: -

Andy Cave, Chief Executive, Healthwatch Birmingham
Councillor Brigid Jones, Deputy Leader, Birmingham City Council
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

ALSO PRESENT:-

Damilola Akinsulire, Consultant in Public Health
Toyin Amusan
Richard Burden, Chair, Healthwatch Birmingham
Jaswinder Didially, Head of Service, Education Infrastructure
Dr Julia Duke-Macrae, Consultant in Public Health
Ayan Mohamoud
Remi Omotoye, Public Health Service Lead
Dr Iheadi Onwukwe, Consultant in Public Health (Business & Strategy), Test & Trace Team
Simon Robinson, Senior Officer, Test and Trace Team, Public Health
Chief Superintendent Mat Shaer, West Midlands Police
Errol Wilson, Committee Services

WELCOME AND INTRODUCTIONS

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

NOTICE OF RECORDING/WEBCAST

- 289 The Chair advised, and the Committee noted, that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site

(www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 290 Apologies for absences were submitted on behalf of, Dr Manir Aslam, GP Director, Black Country and West Birmingham CCG Chair, West Birmingham, Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care, Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB
Paul Sherriiff, NHS Birmingham and Solihull CCG
-

DECLARATIONS OF INTERESTS

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

- 292 **RESOLVED:-**

The Minutes of the meeting held on 26 January 2022, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

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

(See document No. 1)

The Chair enquired the fact that the vaccine wears off over a period of time – all of that data Dr Varney was giving about lessening the impact of going to hospital, lessening the risk of death and the fact that people were less likely to have some severe side effects if you were vaccinated as opposed to catching the virus itself. The Chair enquired what the thinking was going forward when we get to next autumn, whether there will be a need for a further booster vaccine.

At this juncture Dr Varney shared another set of slides which was not included in the main set.

(See document No. 2).

Dr Varney then made the following statements
statements:-

- In terms of the impact of the vaccine and how it changes over time, it was seen that over time the volume of antibodies those special attack forces we have particularly focussed on the Covid virus itself started to reduce.
- We retain the most important bit of the defence against severe illness, hospitalisation and death.
- The UKHSA continues to monitor that but what we were seeing was the bottom part of the table was Omicron which was more recent as we only had data from December 2021 onwards.
- About 4-6 months after the booster you were reducing your risk of catching Covid and having symptomatic disease by about 50% as opposed to 60% - 65% when you had the first jab/first protection.
- The protection against hospitalisation after the booster immediately was about 80% - 95%. Four to six months later it as still 75% - 85%.
- We still have insufficient data on death, but what we were seeing so far was that it was a similarly high level of protection against death.
- It would be very odd for someone to be protected against severe disease and not be protected against death as it was the same mechanism protection.
- This was the reason the government had announced the fourth dose of the vaccine for people who had severe immunosuppression - their immune system did not work effectively to those over 75 as we wanted to boost up after six months this defence from 75% to 85% back up to an 80% - 95%.
- The reason the fourth dose was more focussed on the elderly age group was that when the risk of hospitalisation and death was looked at between vaccinated and unvaccinated, it was noted that in the elderly population, their risk of hospitalisation as was seen in the slide presentation, 221 out of every 100,000 hospitalised following a Covid test in those that were unvaccinated and only 83 in people who were vaccinated.
- When we looked at death, the difference in death rate in the over 80s 297 in the unvaccinated 86 in the vaccinated.
- These were huge differences and that was the reason boosting up that defence in the over 75s (unfortunately the age bracket did not quite matched) but it gave that understanding as to why it was so important to do it.
- Even when we looked at younger age groups the risks of death between the vaccinated and the unvaccinated death was much clearer linked to Covid in the 18 – 29-year olds, but the risk o death was halved by being vaccinated. This was more than a fifth in the 30 -39-year olds.
- When we looked at the risk of those ending up in hospital, again, this was almost halved by having the vaccine. There were big differences here and this was the reason the booster programme of that fourth dose was important.
- The risk of a severe clot with the AstraZeneca vaccine similar to Pfizer was about 4 cases of severe blood clot in every million people who had the vaccine.
- The risk of having the same type of severe blood clot in every million people who had Covid 165,000 people had that kind of blood clot. With

the vaccine you had a risk of 4 in a million. Catching Covid your risk was 165,000 in a million. You were definitely *quids* in with the vaccine.

- When we looked at myocarditis – where the heart muscle became inflamed – this was something that happened every year in the population.
- Looking at additional cases, what we found was that there were 40 additional cases due to people catching Covid.
- In comparison for the Pfizer vaccine there was only one additional case and for the AstraZeneca vaccine there were only two.
- For the Moderna vaccine which was less commonly used in the UK there were 16 additional cases, but it was still much less common than the number of additional cases linked to Covid itself.
- There were risk with the vaccine but your risk from catching Covid was much more significant. Whatever age you were the risk from the vaccine was less than the risk from Covid itself when it comes to adults.
- The rationale as to why we were doing the fourth dose was to boost the immune system of the people who were at the highest risk of dying, but it was really about topping up.
- Whether this became an annual programme or not was it was not certain as there was still a lot of work being done around new variants.
- It was suspected it will but at this stage it was for those people over 75 years old who were six months after their booster and those who were in particular clinical groups will have received a letter or text message from the NHS inviting them to attend for a fourth dose.

The Chair commented that this was useful information.

The Board noted the presentation.

VACCINATION ROLLOUT AND UPTAKE UPDATE

- 294 The Chair advised that as Mr Paul Sherriff, NHS Birmingham and Solihull CCG had a clash of meeting this item would be deferred to the next meeting.

LIVING WITH COVID STRATEGY

- 295 Dr Justin Varney, Director of Public Health introduced the item and commented that as colleagues would be aware the Prime Minister, Boris Johnson announced on Monday a change in direction in terms of moving forward in living with Covid. We have pulled together for the Board a summary and what our plans were moving forward particularly given the specialist public health function.

Dr Justin Varney then drew the attention of the Board to the information contained in the slide presentation highlighting the main points

(See document No. 3)

Richard Burden, Chair, Healthwatch Birmingham enquired about the issue of surveillance both within the national principles which was an ongoing priority.

The question was how we could have effective surveillance if we have not got testing as a result of the winding down of free testing. A further question was how surveillance could be maintained and how could we get an early warning of a new variant and the particular problems with a new variant.

Dr Varney made the following statements:-

- a. This was a challenge in the sense that we moved from population testing to testing, which was triggered by outbreaks or by symptoms, but we were still not clear on what the actual testing policy was going to be.
- b. There were two ways we might maintain surveillance. We already have a national network of what was called surveillance practices. This was how we monitored what was going on with flu.
- c. These were GP practices where there was a random sampling and surveillance of how many people had presented with respiratory conditions.
- d. This was the way we picked up new variants of flu and was the way we could keep an eye on what was happening, and those sentinel practices were positioned to allow getting a good coverage of the country and also took into account differences in variation of population. That was the first level that we had.
- e. The second was we continue to monitor wastewater as detailed in the overview pack earlier. This was a new method of monitoring the surveillance that came into effect December 2020.
- f. The wastewater surveillance as Public Health understand it, they were planning to continue that as this was helpful over the last year in allowing us to benchmark how much and what people flushed down the toilet matches what we saw from testing. They had matched closely through the pandemic which allows us to see that wastewater was a useful proxy if we were not doing population testing.
- g. Another important thing to mention was that the wastewater testing had also picked up variants.
- h. One of the things we were able to see which was particularly helpful when Delta appeared as at that time most of us were doing lateral flow test and not everyone were doing PCR testing if they tested positive.
- i. It was difficult to understand where Delta was emerging, but with the wastewater sampling we could find it from that. The wastewater was our second line of surveillance defence.
- j. We will probably see a third line which was around focussed testing in outbreaks and how we looked at variants in sampling, but this was still on the to do list.
- k. It would be a different type of surveillance and would be more akin to what we do to seasonal flu and the hope was that we maintain wastewater, but we were still waiting for some of this to come through. The hope was that within the next 3-4 weeks we would get more clarity.

The Board noted the position and agreed the proposed way forward

COMMUNICATIONS AND ENGAGEMENT FORWARD PLAN

- 294 Damilola Akinsulire, Consultant in Public Health and Dr Justin Varney, Director of Public Health presented the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 4)

The Chair commented that communications has been excellent throughout the last two years of the pandemic to the Credit of Dr Varney and the Public Health team that had delivered this. The Chair requested that his congratulations be passed on to everyone involved as it was a superb effort.

The Board noted the presentation.

At this juncture, the Chair welcomed Chief Superintendent Mat Shaer, West Midlands Police to the Board and advised that Chief Superintendent Shaer was replacing Chief Superintendent Steve Graham.

SCHOOLS UPDATE

- 295 Jaswinder Didially, Head of Service, Education Infrastructure introduced the item and drew the Board's attention to the information contained in the slide presentation.

(See document No. 5)

The Board noted the update on schools.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

- 296 The Chair advised that there were no public questions submitted for this meeting.
-

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health introduced the item and drew the attention of the Board to the information contained in the report.

(See document No. 6)

Dr Varney made the following statements: -

1. The report gives an update on budget planning and there were no significant variations from where we had been previously.
2. We continue to monitor and profile the budget across the financial years to take us through to the end of September 2022.
3. We knew that there were ongoing national discussion about the additional financial resource and pressures for local government around

Local Covid Outbreak Engagement Board – 23 February 2022

the ongoing response to living safely with Covid, but we were positioned well as a local authority because of the way we had profiled this budget to see us through at least the immediate period of the Commonwealth Games and to allow those national discussions and negotiations to play through.

297 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

298 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

299 It was noted that the next Local Covid Outbreak Engagement Board meeting was scheduled for Wednesday 23 March 2022 at 1400 hours as an online meeting.

EXCLUSION OF THE PUBLIC

300 **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 Paragraph 3 of Schedule 12A.

Birmingham Local Outbreak Engagement Board COVID-19 Overview

Birmingham Public
Health Division
19/04/2022



010153/2022



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Overview



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Birmingham
City Council

Policy Update (1)

▪ Living with COVID Plan – Moving from restrictions to personal responsibility

- All remaining restrictions have now been lifted.
- No legal requirement to isolate, if test positive - adults should try and stay home for 5 days, students and those under 18 should try to stay home for 3 days.
- If in close contact with a positive person or stayed overnight in the same household, advice is to avoid infected person, avoid high any risk person, avoid crowded places, wear a face mask and practice good hand hygiene.
- COVID-19 surveillance, including the Office for National Statistics infection survey will remain.
- Voluntary COVID status certification has ended.

Policy Update (2)

■ Testing

- Free symptomatic and asymptomatic (universal testing) for the general public has now ended. However, healthcare/social care staff, older age groups and those most vulnerable will still get free tests.
- Free testing will be available for people with symptoms if they are patients in hospital or eligible for treatments because they are at higher risk of getting seriously ill from COVID-19.
- No longer need to take any COVID-19 tests or fill in a passenger locator form when traveling to the UK from abroad. These changes apply whether you are fully vaccinated or not.
- The government will retain the ability to ramp testing back up in the NHS and other settings if necessary.

■ Vaccine

- Vaccines and treatments continues to form the "first line of defence".
- Care home residents, those over 75 or the most vulnerable are being offered a spring COVID-19 booster.
- Guidance on voluntary COVID-status certification in domestic settings has been removed.
- The recommended use of NHS COVID Pass in certain venues is no longer required.

Key Message from UKHSA

Living with COVID-19

"**Five things** you can do to help yourself and those around you:

- **Get vaccinated** to reduce risk of becoming seriously ill and to protect others.
- Wear a **face covering** in crowded and enclosed places.
- Let in **fresh air** when you meet others indoors, especially if they're at high risk from Covid-19.
- **Wash your hands** regularly for at least 20 seconds.
- **Stay at home** and get tested if you have symptoms.

Let's all keep **helping each other.**"

Vaccine Roll Out

- Vaccines and treatments continue to form the "first line of defence".
- Care home residents, those aged 75 years and over or the most vulnerable are being offered a spring COVID-19 booster.
- The council continues to support the NHS in delivering the large-scale vaccination programme which to date has been very successful. The list of eligible people can be found here: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/who-can-get-the-vaccine/>
- Figures from the GOV.UK website indicates that 68.4% of the Birmingham population aged 12 years and over have had their 1st vaccine dose, 62.4% their 2nd dose, and 41.2% their booster dose. This compares to 92.0%, 86.1% and 67.2% in England.

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

Coronavirus in Birmingham

Total deaths

(Data up to 14 Apr)

3,469

Latest daily figure

6

new deaths

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Total cases

(Data up to 14 Apr)

341,386

Latest daily figure

346

new cases

60-day trend

(based on seven-day averages).



Source: coronavirus.data.gov.uk

Hospital admissions

(Data up to 18 Apr)

32,262

Latest daily figure

32

new admissions

60-day trend

(based on seven-day averages).



Source: NHS COVID-19 Situation Operational Dashboard

Over 60's cases

(Data up to 17 Apr)

39,367

Latest daily figure

45

60+ new cases

60-day trend

(based on seven-day averages).



Source: UKHSA





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28 Day Cases, Testing & Vaccination Summary

The 28-day case rate to 15 April 2022:


(Pillar 1 & 2): **1,390.9/100k**

- Compared to 978.7/100K in the previous 28 days (up to 18 March) – a 42.1% increase. 
- However, **in the last 7 days** (up to 15 April), case rate was **179.0/100K**, a 37.3% decrease compared to the previous 7 days (up to 8 April), **285.7/100K**. 


Vaccination aged 12+ (as at 19 April)

- 1st Dose: 68.2%
- 2nd Dose 63.2%
- Booster Dose: 42.4%

28 Day Pillar 2 PCR testing rate:

- From 20 March to 16 April 2022: 1,620/100k
- Rate of testing from 20 February to 19 March: 1,999/100k 


28 Day LFD testing rate:

- From 20 March to 16 April 2022: 12,812/100k
- Rate of testing 20 February to 19 March : 15,511/100k 

% of Pillar 2 positive PCR tests from 20 March to 16 April 2022 : 25.3%

- Rate on 20 February to 19 March : 22.3% 

% of positive LFD tests from 20 March to 16 April : 10.4%

- Rate from 20 February to 19 March: 5.5% 

Sources: UK Health Security Agency; NHS National Immunisation Management System NHS Test & Trace COVID-19 Testing Dashboard; GOV.UK

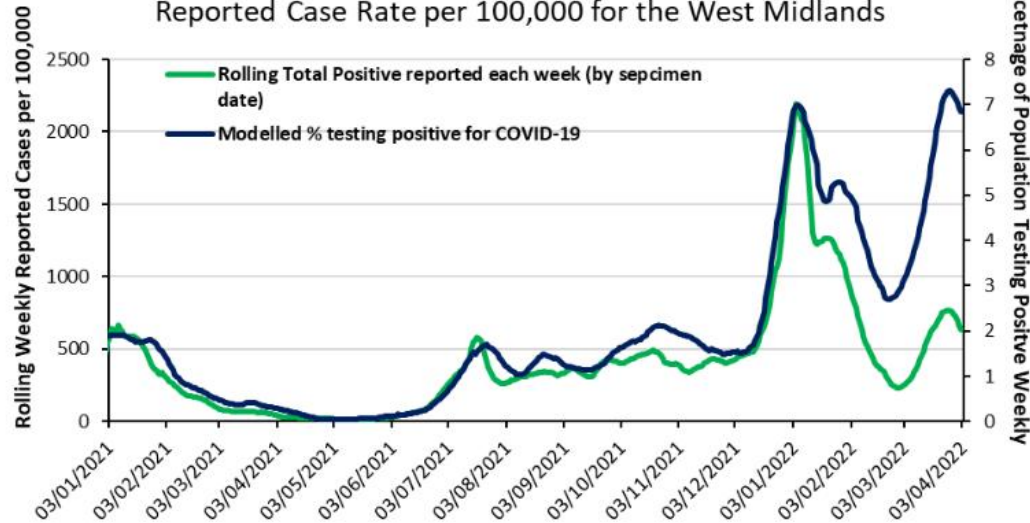
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ONS COVID-19 Infection Survey

- The ONS infection survey estimates the percentage of the **Birmingham** population who were COVID positive in the 7 days up to 2 April was **6.6%**, an increase compared to the previous week's estimate of 6.2%.
- In the **West Midlands**, in the 7 days up to 9 April, the estimated percentage testing positive was **7.5%**, the same as the previous week's estimate.
- In **England**, in the 7 days up to 9 April, the estimated percentage testing positive was **6.2%**, a decrease from 7.6% the previous week, and equivalent to 1 in 14 people.
- In England, in the 7 days up to 6 April, the percentage of people testing positive varied across age groups, and was highest in those aged 70 and Over (7.2%), those aged 25 to 34 (6.9%), and lowest in those schools years 7 to 11 (4.7%).

ONS COVID-19 Infection Survey 8 April 2022

ONS Modelled Weekly Positivity Percentage and Rolling Weekly Reported Case Rate per 100,000 for the West Midlands



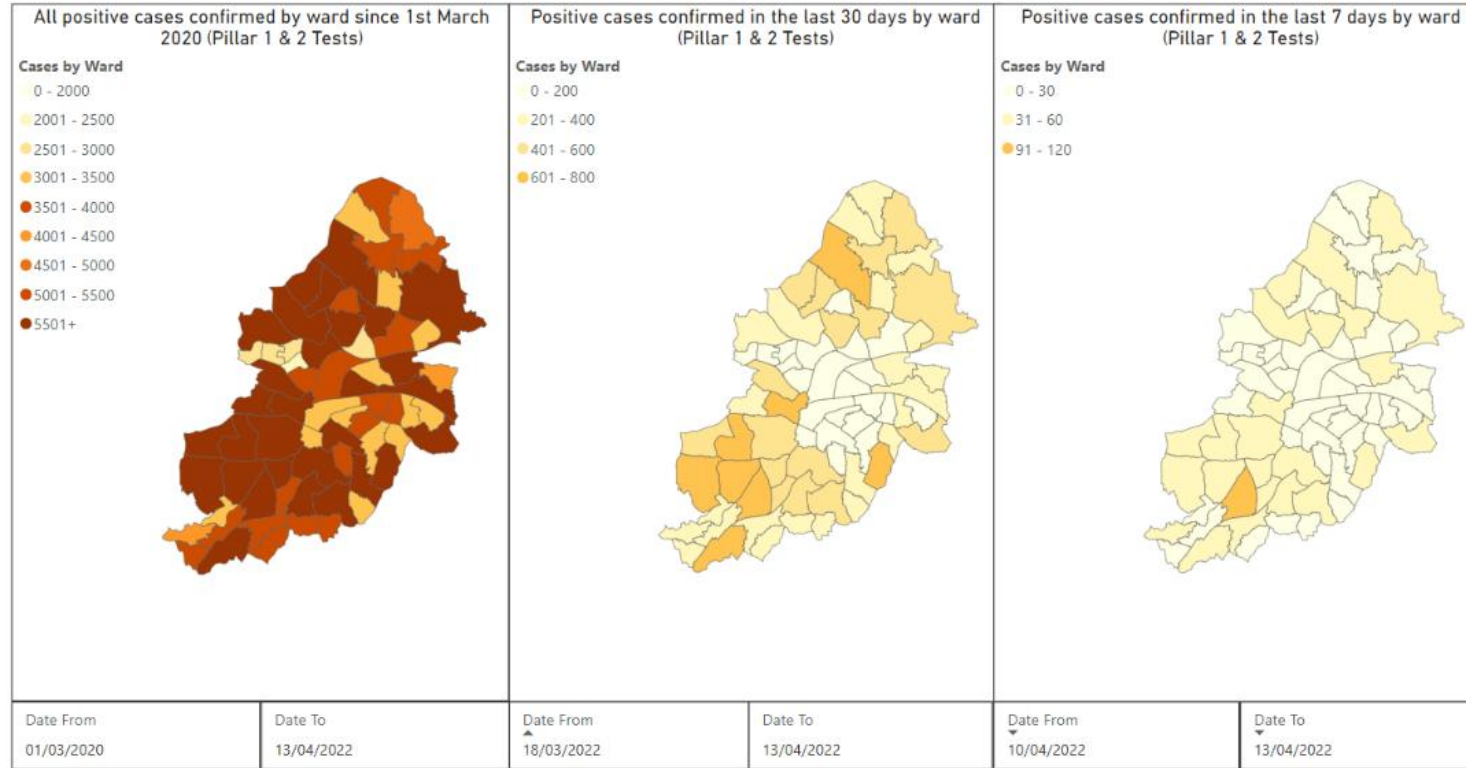
Week ending	ONS modelled % testing positive for COVID-19 in Birmingham in a week	Estimated weekly number of people testing positive in Birmingham**	Weekly reported number of cases in Birmingham
13/02/2022	4.8	54,289	3,996
20/02/2022	4.0	45,051	2,720
27/02/2022	unavailable*	unavailable*	1,839
06/03/2022	3.1	35,128	2,143
12/03/2022	3.8	43,682	2,899
20/03/2022	5.0	56,570	4,706
26/03/2022	6.2	70,142	5,491
03/04/2022	6.6	75,161	4,564

*Data unavailable due to ONS statistical processing issue

** Estimates calculated using ONS modelled percentage and Birmingham's population estimate

- The latest ONS Infection Survey shows modelled cases increasing in the West Midlands and Birmingham, potentially reaching a peak in the most recent weeks.
- Up until the end of 2021 we have seen a strong correlation between ONS measured prevalence (blue) and reported positive cases (green). However, from mid-January 2022 this **correlation has been broken**, coinciding with reduction in community testing and restrictions. This suggests that **COVID-19 cases could be far higher than those reported**.
- ONS estimates predict that in the week ending 4 April up to 75,161 cases could have occurred in Birmingham, compared to the 4,564 that were reported.

Confirmed Cases by Ward for Pillar 1 and 2 Tests



Total

Last Month

Last Week

There has been a recent decrease in confirmed cases. A possible reason for this could be the decrease in the rate of testing following the end of free lateral flows devices on 1 April 2022

Top Ten Case Rates by Ward

Ward	Previous month, 19 February to 18 March		Current month, 19 March to 15 April		Change between last two months	Absolute difference (comparing this month against last month)	
	Cases	Rate	Cases	Rate	%	Absolute difference	
Sutton Trinity	196	2,113.7	261	2,814.6	33%	700.9	↑
Sutton Wylde Green	158	1,847.5	231	2,701.1	46%	853.6	↑
Stirchley	192	1,919.2	268	2,678.9	40%	759.7	↑
Sutton Four Oaks	192	2,107.3	240	2,634.2	25%	526.9	↑
Sutton Roughley	247	2,142.1	295	2,558.3	19%	416.2	↑
Sutton Mere Green	243	2,478.1	242	2,467.9	0%	-10.2	↓
Sutton Walmley & Minworth	286	1,809.7	386	2,442.4	35%	632.7	↑
Bournville & Cotteridge	347	1,935.8	425	2,371.0	22%	435.2	↑
Northfield	164	1,619.9	231	2,281.7	41%	661.8	↑
Frankley Great Park	153	1,305.8	265	2,261.7	73%	955.9	↑

Variants of Concern



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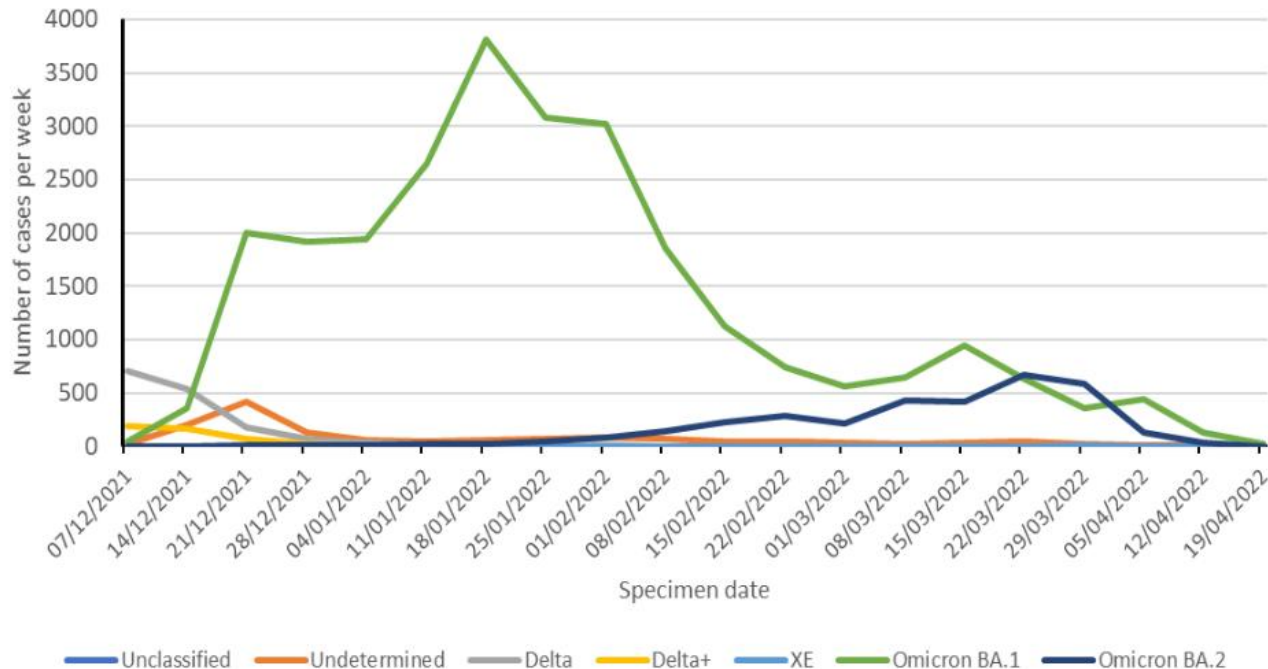
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Variant of Concern

- The Omicron variant (VOV-21NOV-01) remains the dominant variant of COVID-19 in the UK.
- Since the beginning of December 2021 (up to 14 April), 33,094 cases of COVID-19 have been reported in Birmingham. Around 90% (29,631/33,094) of these cases are of the Omicron variant. Of these, 13,269 are confirmed and 16,362 are probable cases. Around 12% of these cases are re-infections.
- The [UKHSA](#) designated the Omicron variant sub-lineage known as BA.2 discovered in the UK on the 10 January, as a Variant Under Investigation (VUI-22JAN-01). There are currently 374,445 BA.2 variant (Omicron sub lineage - VUI-22JAN-01) cases in the UK, of which 73% (275,008/374,445) are in England. As of 14 April, 3,331 of such variant are confirmed/probable cases in Birmingham.
- On 6 April 2022, the [Variance Technical Group](#) classified another recombinant variant, XE (of the Omicron BA.2 family). The variant shows evidence of community transmission. So far, 1,125 cases have been identified in England. In Birmingham, 12 cases have been identified.
- The latest growth rate of COVID-19 infections in England suggests that in Birmingham, the number of new infections could be growing by between -2% and 1% every day, similar to England.

Variant distribution of cases in Birmingham (Dec 2021 to date)



- Variant cases have been on a downward trend since beginning of March.
- In the last 10 days (up to 15 April), 162 cases of BA.2 were reported, compared to 585 cases in last 7 days up to 5 April, a 72% fall in cases.
- In same period, 159 BA.1 cases were reported compared to 436 cases the previous 7 days (up to 5 April), a 64% fall in cases.

Source: UK Health Security Agency COVID-19 Situational Awareness Explorer
(data downloaded 19 April 2022)

Testing



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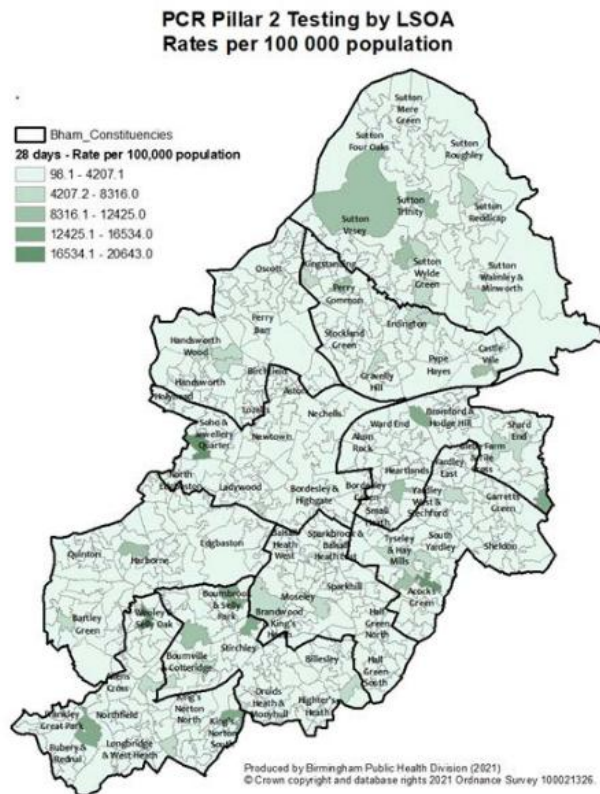
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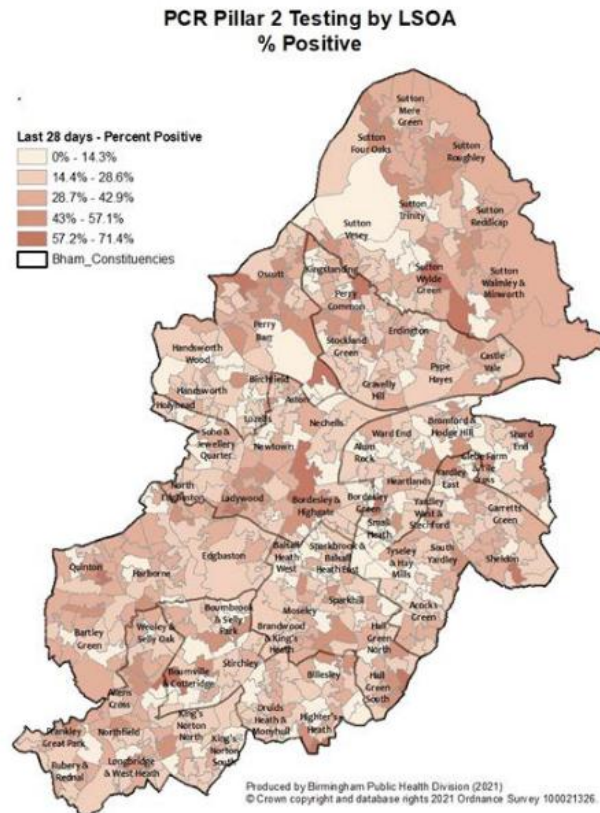
Birmingham
City Council

PCR Testing (Pillar 2) by LSOA: 28 days up to 13 April 2022

PCR Tests
per 100k
(rate)



PCR
positivity
(%)

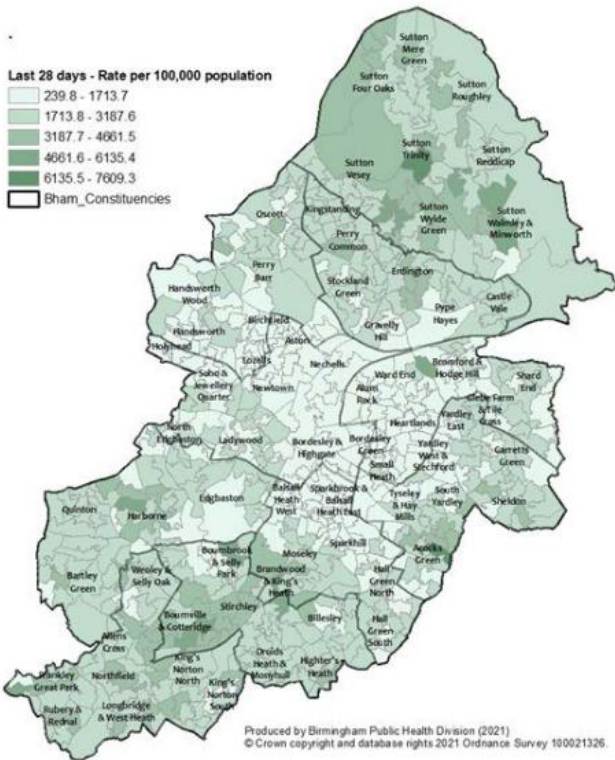


Source: UK Health Security Agency Covid-19 Situational Awareness Explorer
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LFD Testing (Pillar 2) by LSOA: 28 days up to 13 April 2022

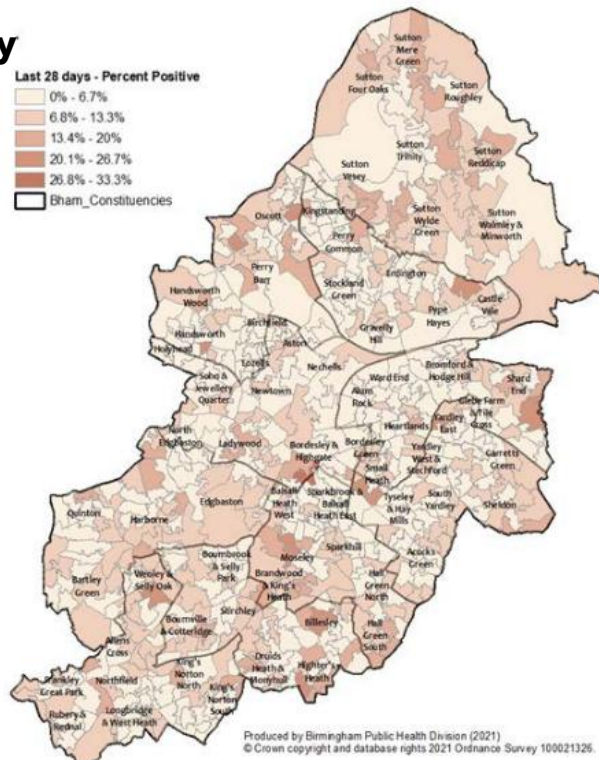
LFT Pillar 2 Testing by LSOA

LFD Tests
per 100k
(rate)

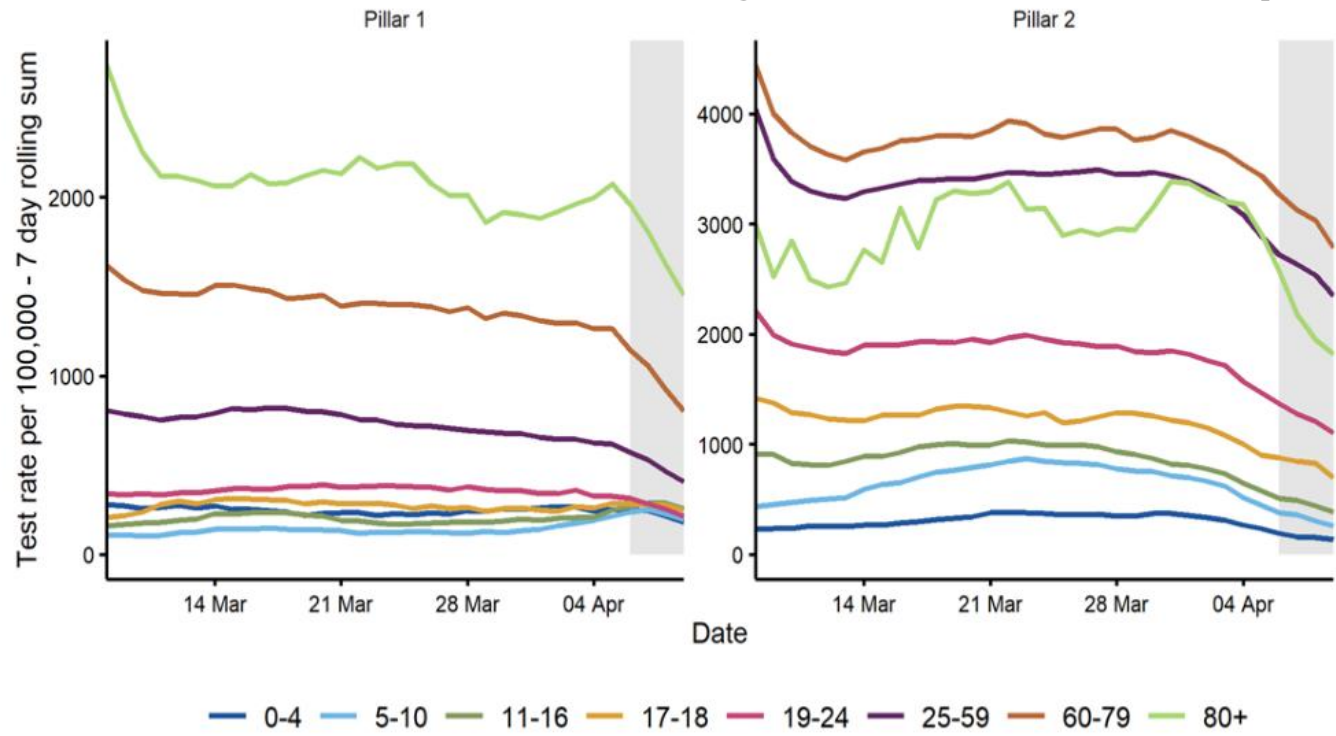


LFT Pillar 2 Testing by LSOA

LFD
positivity
(%)



Age-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Residents of Birmingham: 8 March to 10 April 2022

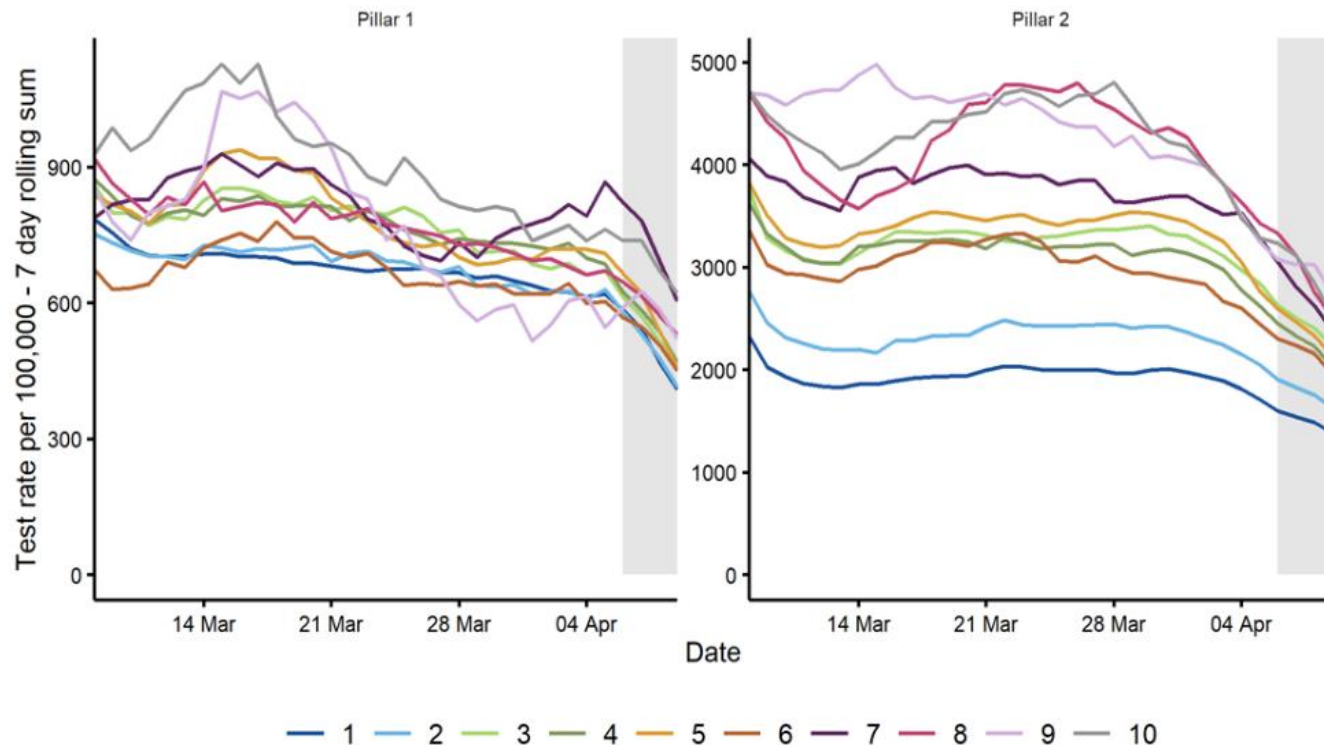


- Testing rates have been fairly stable since the peak in January, decreasing in recent weeks.
- The highest test rates are in the older age groups, 60-79, 25-59, and 80+.

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

Excluding 350 tests with missing age data.

Index of Multiple Deprivation-Specific 7-Day Rolling Pillar 1 & 2 Test Rates per 100,000 Population Among Birmingham Residents: 8 March to 10 April 2022



- Testing rates are falling in all IMD bands.
- Rates are consistently lower in the most deprived LSOAs.

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

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

Case Demographics



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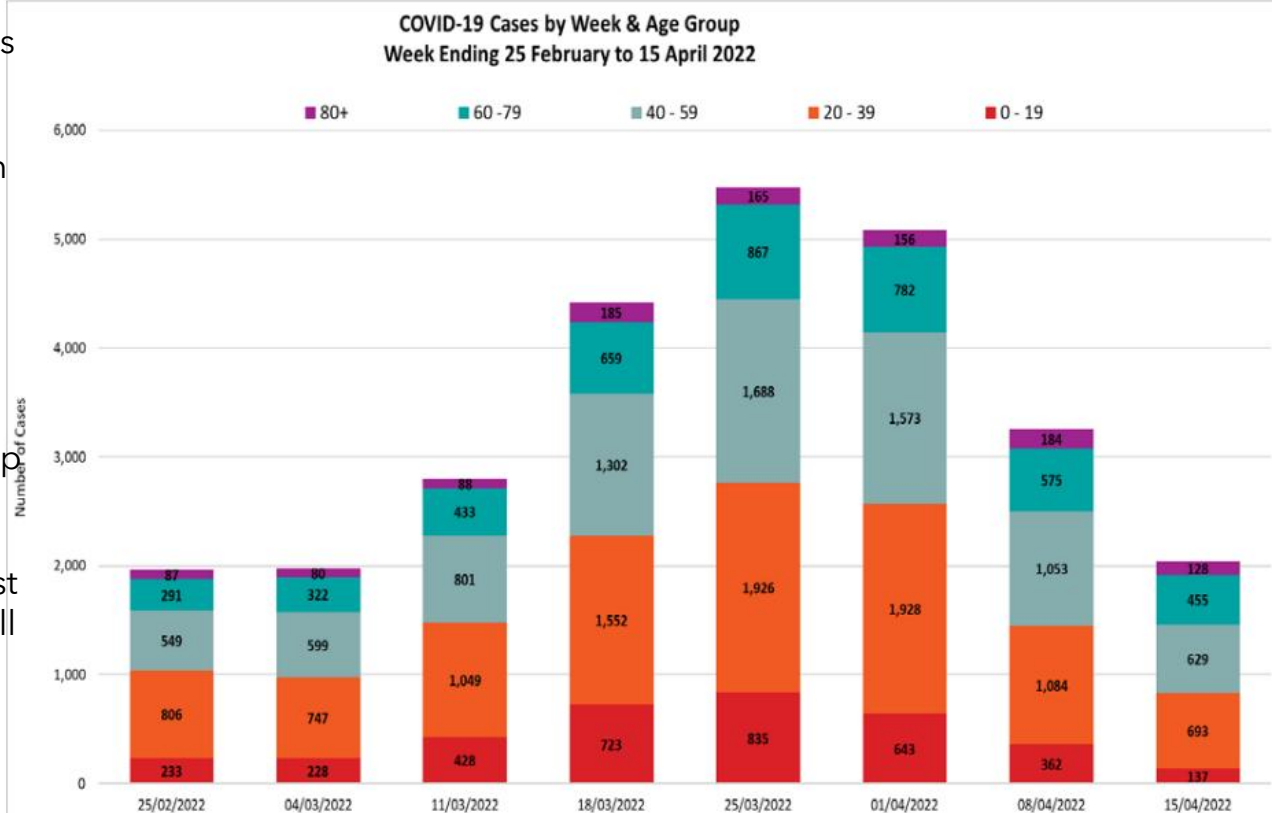
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Cases by Week & Age Group

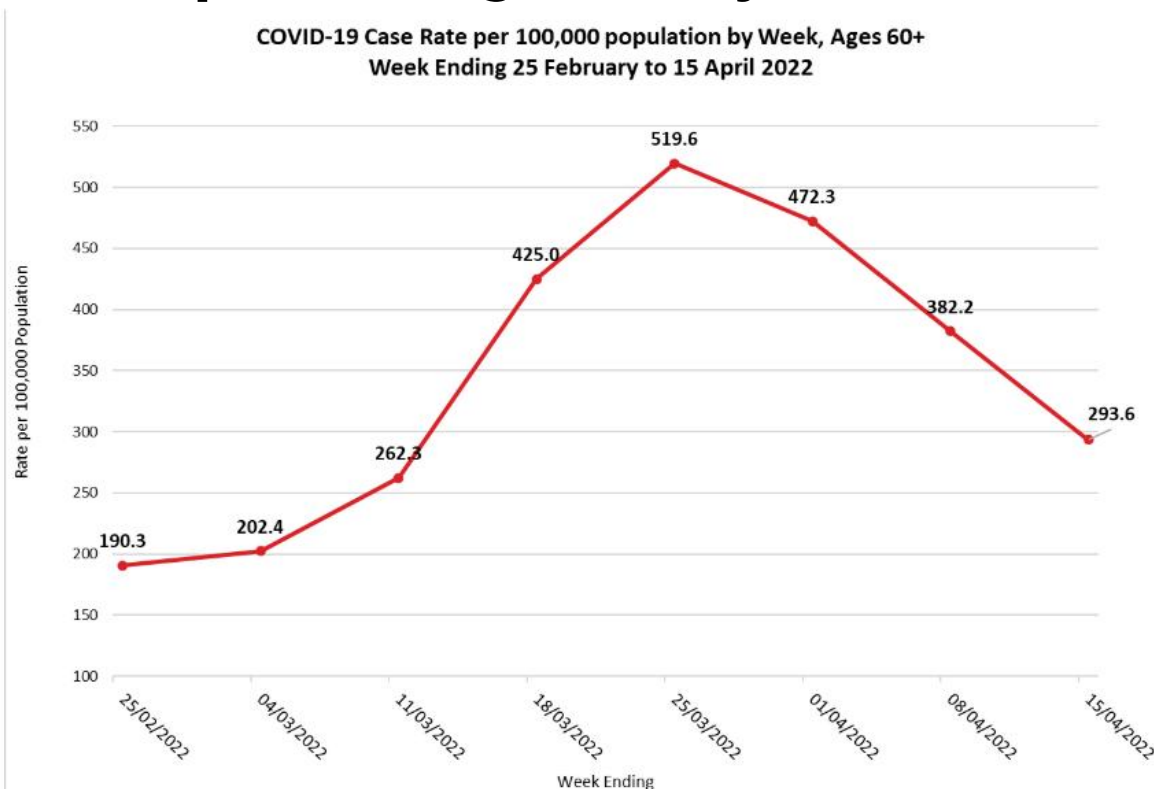
- In the 7 days up to 15 April, cases decreased in all age groups.
- The largest decrease was 62%, in the 0-19 age group, followed by 40% in the 40-59 and 36% in 20-39 age group.
- The 20-39 age group accounted for 34% of all cases, followed by 40-59 (31%) and 60-79 age group accounting for 22%.
- ONS modelled estimates suggest that there is under-reporting in all age groups.



Cases are grouped by week ending Friday

Case Rate in Population aged 60+ years

- Case rates in the 60+ age group have been falling consistently over the last three weeks.
- In the 7 days up to 15 April, the case rate was 293.6/100k, a decrease of 23% compared to the previous week's rate of 382.2/100k.



Cases are grouped by week ending Friday

Case Rates by Ethnicity

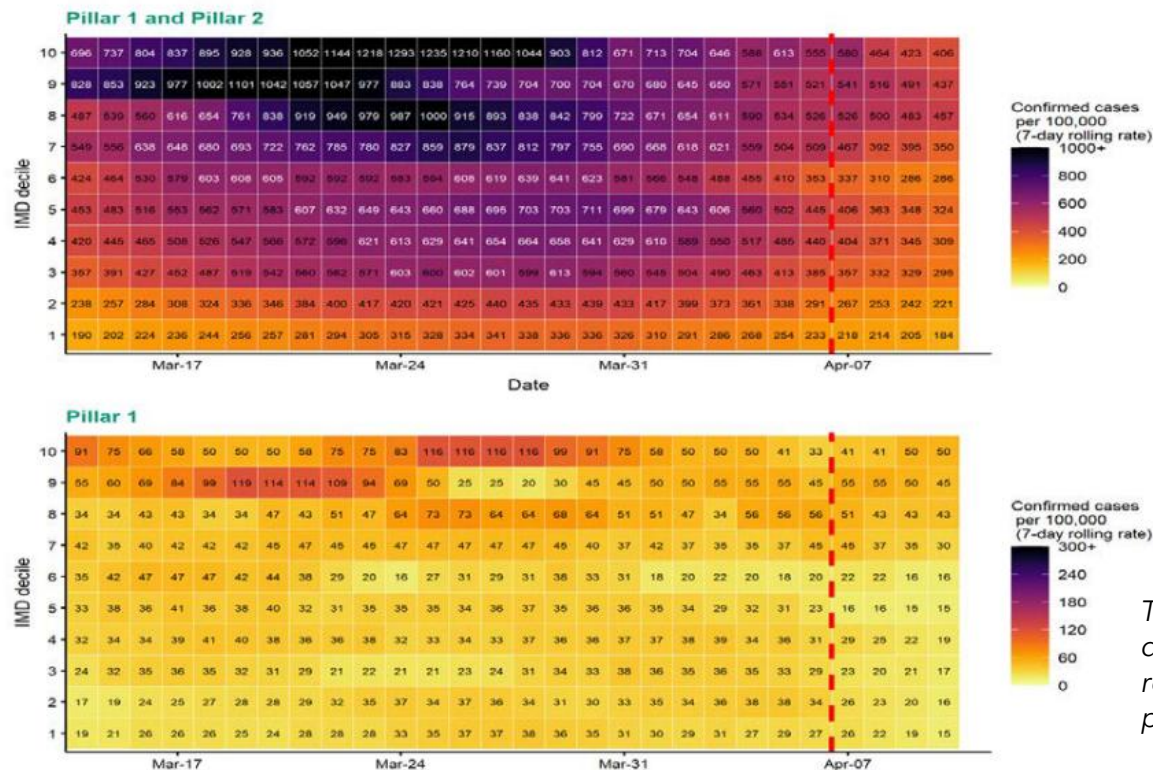
- In the 7 days up to 15 April, cases decreased in all ethnicities.
- The ethnicities with the highest case rates were:
 - British (214.3/100k)
 - Any Other Mixed/Multiple ethnicity (200.6/100k)
 - Any Other White ethnicity (186.3/100k)
 - White & Black African (186.2/100k)
 - African (126.7/100k)

Case Rates by Ethnicity (per 100k) Week Ending 25 February to 15 April 2022									
Ethnicity	25/02/2022	04/03/2022	11/03/2022	18/03/2022	25/03/2022	01/04/2022	08/04/2022	15/04/2022	7-day change
British	183.1	194.0	292.9	460.7	550.8	505.1	336.2	214.3	-36.3%
Any Other Mixed/Multiple ethnicity	153.4	200.6	236.0	271.4	601.7	519.1	283.2	200.6	-29.2%
Any Other White ethnicity	300.1	262.2	320.8	593.3	758.9	665.7	376.0	186.3	-50.5%
White & Black African	93.1	124.1	186.2	434.4	403.4	310.3	279.2	186.2	-33.3%
African	140.0	113.4	206.7	246.7	310.1	243.4	216.7	126.7	-41.5%
Caribbean	107.1	115.4	130.1	149.0	279.2	264.5	222.5	121.7	-45.3%
Any Other Asian ethnicity	83.5	89.9	138.1	202.3	269.7	295.4	195.8	105.9	-45.9%
Any Other Black/African/Caribbean	74.8	69.4	48.1	138.8	197.6	160.2	101.5	101.5	0.0%
Indian	122.3	123.8	147.0	269.3	323.4	338.9	181.1	89.8	-50.4%
White & Black Caribbean	89.0	44.5	145.6	178.0	198.2	303.4	149.7	80.9	-45.9%
Any Other ethnicity	100.9	110.1	123.8	238.5	362.3	270.6	165.1	78.0	-52.8%
Chinese	141.6	62.9	141.6	251.7	306.8	322.5	141.6	70.8	-50.0%
White & Asian	89.4	35.8	160.9	196.7	196.7	187.7	116.2	62.6	-46.2%
Irish	40.1	44.6	107.0	71.3	209.6	147.1	84.7	58.0	-31.6%
Pakistani	79.5	72.6	83.7	123.8	158.3	157.0	96.1	56.0	-41.7%
Bangladeshi	83.0	49.2	43.0	86.1	110.7	110.7	67.6	49.2	-27.3%

Cases are grouped by week ending Friday

Excluding ethnicity data classified as unknown/not available.

Index of Multiple Deprivation-Specific 7-Day Rolling Case Rates per 100,000 Population in Birmingham: 14 March to 10 April 2022



- Case rates are highest in the mid-range IMD bands, and lowest in the most deprived LSOAs.

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

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

NHS Situations



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commonwealth
games



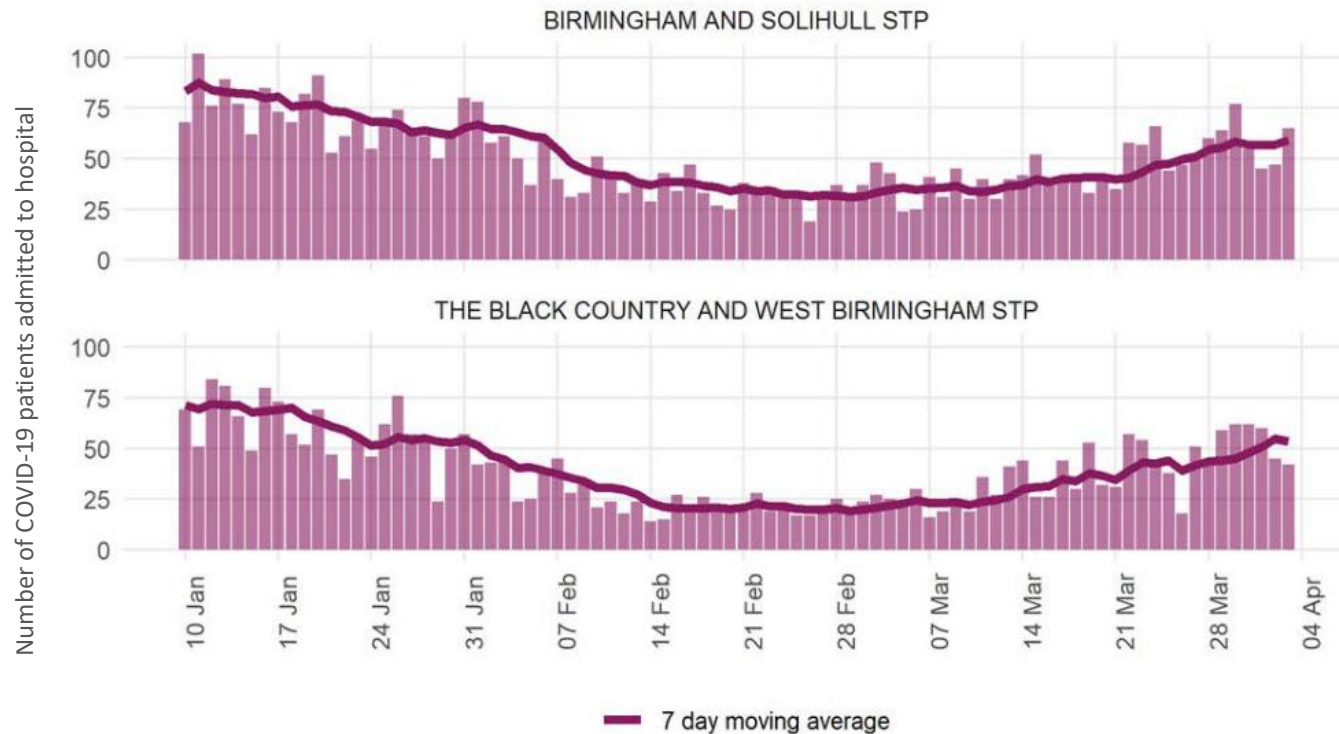
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COVID-19 Hospital Metrics Data

Hospital Trust	Total COVID-19 admissions in the last 28 days, 14 March to 10 April 2022	COVID-19 Hospital In-Patients 12 April 2022	COVID-19 Patients on Mechanical Ventilation 12 April 2022
University Hospitals Birmingham NHS Foundation Trust	1,286	410	4
Sandwell & West Birmingham Hospitals NHS Trust	284	121	3
Birmingham Community Healthcare NHS Foundation Trust	59	22	0
Birmingham Women's & Children's NHS Foundation Trust	78	7	1
Birmingham & Solihull Mental Health NHS Foundation Trust	47	31	0

Source: GOV.UK Coronavirus (COVID-19) in the UK
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Daily COVID-19 hospital admissions in Birmingham Sustainability & Transformation Partnerships (STPs) 10 January to 3 April 2022



Source: UKHSA COVID-19 Local Authorities Report Store
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Deaths



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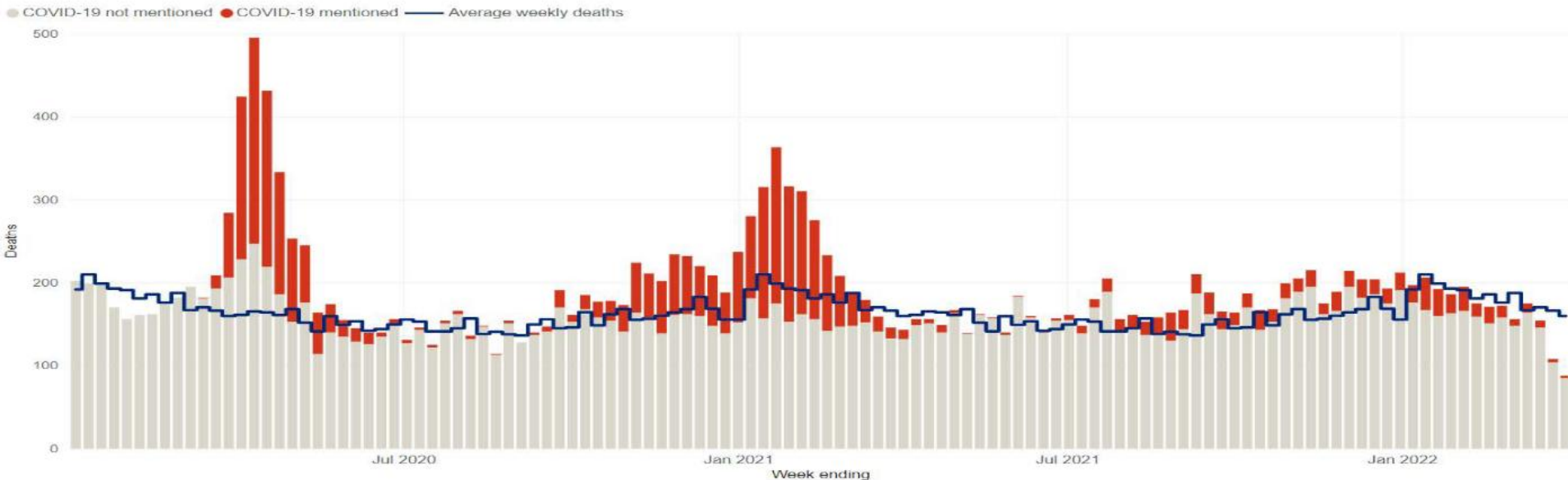
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Death Data

The most recent death data, where death occurred within 28 days of a positive COVID-19 test, is for the week ending 13 April, which reported **58 deaths**, equivalent to a death rate of **5.1/100k** population.

More accurate data, based on COVID-19 being mentioned on the death certificate, is historical and the most recent available data is for 28 days ending 1 April, which reported **27 deaths** registered in Birmingham. Of these, 22 occurred in hospital and 5 in a care home.

Excess Death: All Deaths up to 1 April 2022



For most of the pandemic, deaths have been above the 5 year average, with significant numbers of COVID-related deaths, particularly early in the pandemic and during the peak in January 2021. However, excess deaths have been below the 5-year average in the last three weeks, with non-COVID deaths significantly contributing to causes of deaths.

*Average counts by week use 2015-2019 data

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

Situations



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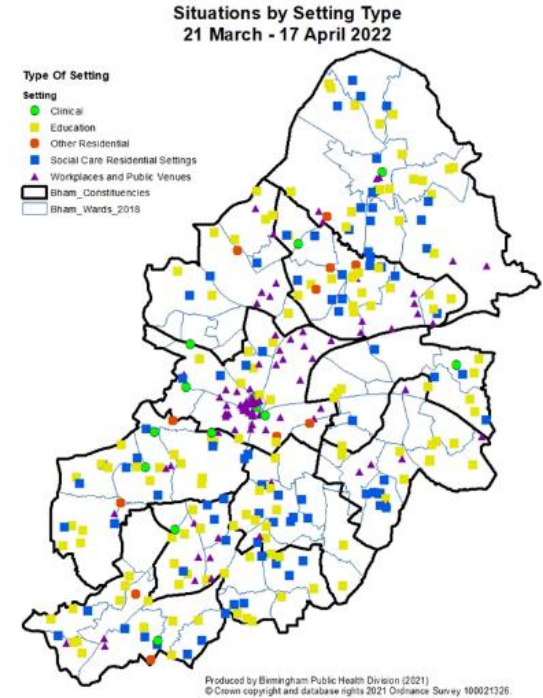
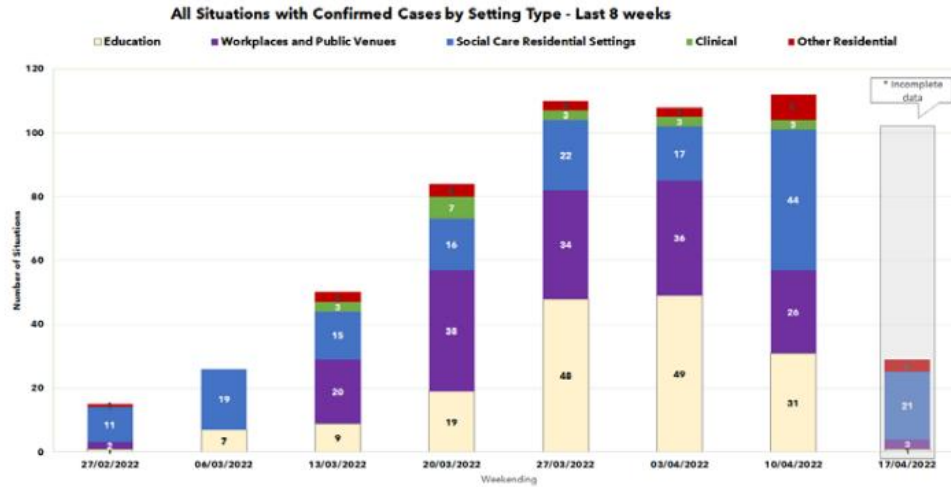


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Confirmed Situations in Birmingham: Last Month & Last 7 days



Last 28 days: 21 March to 17 April 22

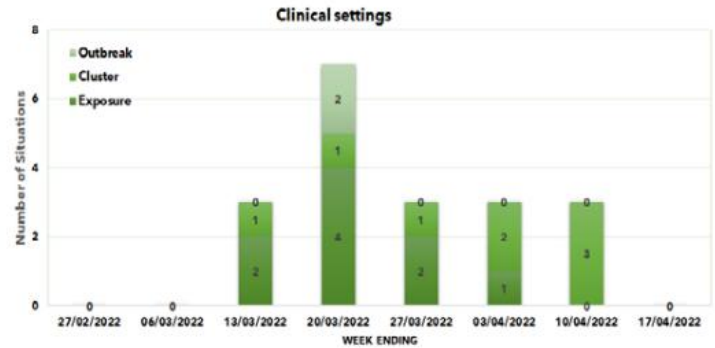
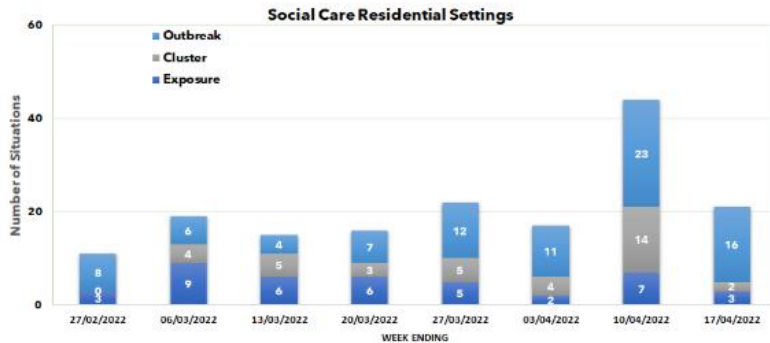
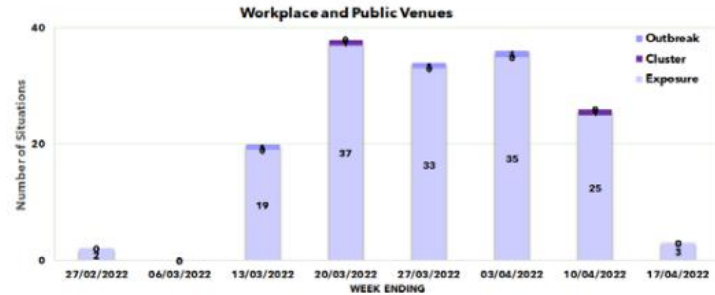
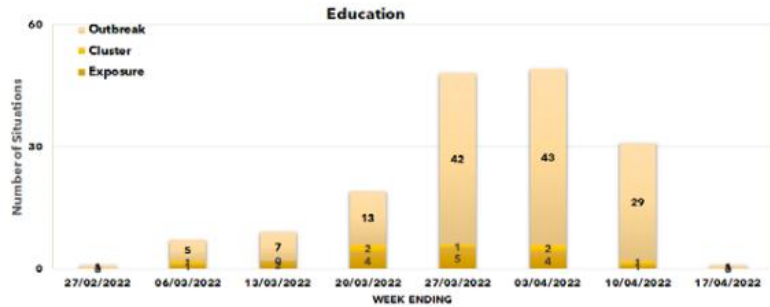
- In the last 28 days, 359 situations were reported across Birmingham settings.
- Most of the situations were in Education settings (129), followed by Social Care Residential Settings (104), and Workplaces and Public Venues (99).

Last 7 days: 11 April to 17 April 2022

- In the most recent 7 days, 29 situations were reported, 72% of which were in Social Care Residential Settings.

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

Situations by Type of Setting, 8 weeks: Up to 17 April 2022



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

Contact Tracing



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Contact Tracing Local Authority Partnership

Service Update

- Free Pillar testing has ended, the early indication is that testing data is only coming in from Pillar 1 LFD & PCR testing rather than private testing at pharmacies or other labs.
- Focus is also on welfare, we contact citizens to see how we can assist with their stay at home. With their consent, vital information is obtained to help us identify possible outbreak sources.
- Information will be passed to the relevant health response teams in real time along with real time dashboards showing the current trends.
- Central government have announced that new variants could mean more lockdowns. This usually means more testing.
- The team are meeting with UKHSA to present BCC case tracing solution to support UKHSA during the commonwealth games. It is anticipated that the Contact Tracing Team will also handle other infectious diseases in support of the games.
- A presentation was made on how the contact centre can support the health protection response teams for the commonwealth games and function as surge capacity.
- The team are also documenting a contingency plan in case there is another surge, including adding much needed features like self service and put in place the processes to streamline our solution further. The aim is that BCC, or anyone can take one web link and from there have all they need to offer a high volume case tracing service.

Progress Update

- Over the past 7 days the Contact Tracing Team handled 1,197 cases with a completion rate of 33%
- Early analysis of the raw data suggests cases are reducing, but this could be due to reduced testing as a result of the end of free testing rather than a decline in the virus itself.

Schools COVID Update



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Attendance data as at Thursday, 7 April 2022

- Data comes from the returns schools provide to the DfE
- These returns are now weekly and do not ask for information on COVID absence
- The attendance rate for Birmingham was 88.7%, compared to a national figure of 88.6%
- At the last presentation (data from 4 March), the attendance rate for Birmingham was 88.2%, compared to a national figure of 89.9%

Pupil Group	Birmingham	Core Cities	Statistical Neighbours	West Midlands	England
Pupils onsite	88.7	87.2	88.2	88.8	88.6
Children with EHCP	80.9	80.4	82.8	83.4	83.5
Children with social worker	80	79.5	81.7	82.9	82.1
FSM Eligible	87.4	85.3	87.1	87.1	86.4

Attendance data as at Thursday, 7 April 2022

- Pupils attending on site by phase, compared to the data presented previously:

Phase	Fri 04/03 (Birmingham)	Fri 04/03 (National)	Thu 07/04 (Birmingham)	Thu 07/04 (National)
Primary	90.5	92.4	92.1	91.8
Secondary	86.3	87.2	85.9	85.2
Special	77.9	83.2	75	81.5
PRU/Alternate	48.8	54.7	38.2	51.8
16 Plus	72.9	78.4	69.9	76.6
Not Applicable	90.3	90.8	92.7	85.5
State Funded	88.2	89.9	88.7	88.6

Guidance for schools

- Public Health Birmingham continues to offer regular, updated guidance and support to schools
- Schools should still have outbreak management plans in place.
- BCC has provided a template: [BCC Outbreak Management Plan Template](#).
- Schools continue to work with Health Protection teams in cases of local outbreaks
- Local Health Protection teams may advise schools to consider additional measures, including temporarily restricting attendance, during an outbreak if other measures do not contain the spread
- Officers have shared NHS resources with primary schools regarding the vaccination programme for children aged 5+

Vulnerable pupils

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

Ongoing BCC support for schools and settings

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

Communications & Engagement



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Communication and Engagement Plan



1- Support understanding and awareness of guidance and control measures



2 - Enable partnership working to deliver the local plan



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



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



Communication and Engagement updates March to 11 April 22

Communication Channels

Social media key messages: Living with Covid safely: vaccination, safe behaviours, workplace, schools, and education settings. Linking Covid relevant information to wider public health issues including cancer and mental health. Continued support for government and BSOL/ICS messaging.

- Vaccination drive - Evergreen, Spring Booster, 5-11 and 16-17 year olds, and pregnancy.
- Living with Covid - Covid is still around, safe behaviours.
- Long Covid - what it is, support.
- Covid support in various languages.

Website: Updating the website with tangible products to support COVID awareness. Testing, Business and Education pages updated.

Partners: Regular engagement with ICS to coordinate efforts. Engaging with wider PH colleagues to begin planning for CWG including Covid briefing for the CWGs Engagement Team and preparation of public facing "Get set for the games" Covid content.

Communities

Aim: Encourage continuous positive dialogue and offer advice from credible sources to support communities with uptake of COVID-19 safety measures. Topics: Modifiable risk factors for COVID-19, celebrating religious activity safely

Champions: Physical engagement paused while survey is live to find out how Champions want to engage with BCC further

- Survey still open until 15 April
- 48 responses received so far
- Newsletters continue to be shared providing health information
- Community Providers contract has now come to an end. Final reports to be provided by end of April
- Evaluation underway (with National Institute for Health Research and Public Health Intervention Responsive Studies Teams).

Faith Groups: Physical engagement paused while survey is live to find out how faith leaders want to engage with BCC further

- Survey closed 8 April, currently being analysed
- New Faith Leaders newsletter launched to share information and continue engagement with this group
- Programme review underway as the narrative around COVID changes. Discussions begun around transitioning this work into Business As Usual PH Teams

Communication and Engagement updates 11 April 2022

Best performing social content

COVID-19 guidance explainers - languages



Healthy Brum @healthybrum

COVID-19 resources are available in a variety of languages.

If any of these resources would be useful to you or your community and you would like more information, please get in touch at COVID19CommunityChampions@birmingham.gov.uk pic.twitter.com/vbo666FtTS

COVID-19 guidance explainers – end of free testing



Healthy Brum @healthybrum

Free testing for Covid has ended for most people

You may be able to get free tests if you:

- ➡ are going into hospital
- ➡ are at high risk of getting seriously ill from Covid
- ➡ work or live in high risk settings

For more info visit <http://nhs.uk/get-tested> pic.twitter.com/HzpckU1gss

Communication and Engagement Future Plans

Representation

- Continue to share people's stories from across our communities of place, identity, interest and key stakeholders such as elected members with impactful public health risk messages to encourage continuous caution and safety.
- Progress evaluation and learning from engagement with faith leaders and Champions and use to shape and plan future engagement.
- Increase vaccination narrative representation and reach by working with partners across the council to develop clear strategy for wider vaccination uptake.

Reach

- A slight change in COVID narrative to reiterate the importance of keeping safe and the impact of modifiable risk factors associated with increased COVID mortality such as smoking.
- Messages to be further integrated into BAU public health messaging.
- Expansion of peer to peer mentorship programme to support dissemination of information into wider communities.
- New commissioning activity to develop a BCC response to improving life-course vaccination.

Response

- Support and develop BCC wide response to CWG, including working with CWGs Engagement Team and Health Protection to develop key public health messages.
- Evaluation of commissioned provider work and considerations for more work with Blind, Black African & Caribbean and young people.
- Working with Public Health Communication team and BAU PH Teams to build new engagement framework for interested residents/champions, creating a legacy of engagement at BCC.



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

COVID-19 Communication and Engagement forward plan

Dr Damilola Akinsulire
Consultant in Public Health
Test & Trace



010155/2022



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What we've delivered so far

Community Engagement

- Working with 20 commissioned providers, faith leaders and 800 community champions to help reach underserved communities and deliver intelligence-led targeting
- Promoted accurate information to tackle misinformation and rebuild trust in the community, using feedback to refine approaches and co-production
- Reviewed and reshaping engagement with faith leaders and champions survey
- Regular updates via newsletters, texts and surveys

Comms and marketing

- Delivering key COVID-19 messaging across Healthy Brum social media channels reaching over 8k followers
- Amplifying GOV, UKHSA and NHS messaging
- Delivering key messages to our 12k staff
- Supporting with press releases and media enquiries

Supporting Birmingham system-wide delivery

- Working closely with ICS/BSOL colleagues to amplify key messaging
- Providing COVID-19 comms key messaging and C-19 insights into wider public health messaging

Community Provider Highlights

ENGAGING WITH THE PUBLIC DURING COVID-19

Surveyed
>5000 people

to help understand
COVID-19 in our
communities.

Translated
materials into at
least
**16 community
languages.**

Handed out
hundreds of
COVID-19
test kits.

Had messages
in group chats
read more than
38,000 times.

More than
**1 million
impressions**
over all social
media platforms.

One to one
conversations with
>2000
members of our
communities.

Supported the
vaccination of
>1750 people.

THANK YOU FOR HELPING TO PROTECT BIRMINGHAM



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Current COVID-19 Data

- **The newest data suggests the number of positive COVID-19 cases** have been decreasing in Birmingham. In the 7 days up to 9 April, 3,165 cases (equivalent to 277.5 per 100K) were reported, a 34.4% decrease compared to the previous 7 days (4,822 cases reported, 422.8 per 100k).
- However, newest case data should also have consideration for the end of free COVID-19 testing for the general public.
- COVID-19 vaccines given in Birmingham:



Forward plan

Vaccination

- Support in communities of Place
- Tailored engagement with communities of Identity and Experience
- Engagement, Listening, Learning & Responding

Risk Reduction

- Reduce preventable risk factors for death & disability
- Risk reduction awareness in high risk settings

Wider Health Protection

- Reduce common risk factors for transmission e.g. handwashing
- Support wider CWG public health messaging



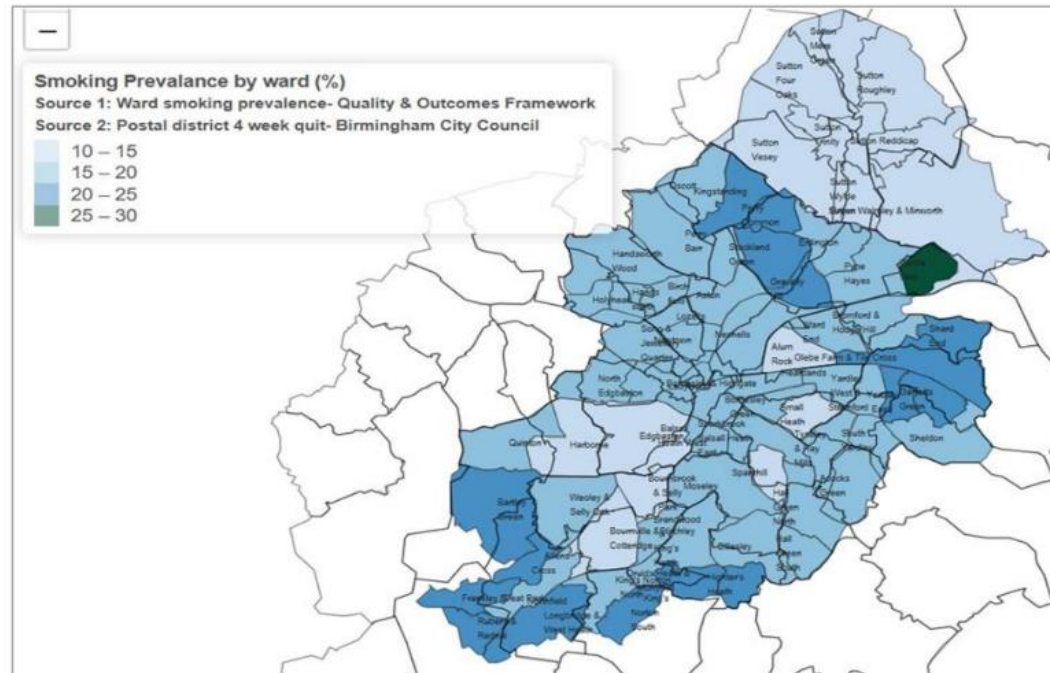
Smoking Prevalence in Birmingham

Highest prevalence wards:

- Bartley Green
- Allens Cross
- Frankley Great Park
- Rubery & Rednal
- Longbridge & West Heath
- Kingsnoton South
- Garets Green
- Gravely Hill
- Stockland Green
- Perry Common

Smoking attributable deaths account for around **half of all deaths** across Birmingham each year.

During 2010-2016 there were a total of 21,288 deaths in the city that could be attributed to smoking



2019

SMOKING–SOCIAL MARKETING

To develop an engagement awareness campaign that highlights the free smoking cessation services available in Birmingham and increase access to services

Working in collaboration with PH's Smoking Cessation team to develop the existing smoking cessation programme beyond provider commissioning to drive awareness and access to smoking cessation services amongst key priority groups

Workstream 1: Deep Engagement

1. Engagement of local community providers i.e. Mind Birmingham to act as 'Health Ambassadors' who service key priority groups
2. Development of engagement tools and packages to drive awareness of services and link smoking to the wider determinants of PH
3. Utilise Street engagement teams in high prevalence wards to measure awareness of services and signpost in lead up to event
4. Marketing ads targeted within high prevalence areas
5. Co-production of non digital and digital engagement activities and communications to raise awareness of the service benefits and incentives

Workstream 2: Smoking Cessation Awareness Event

1. Delivery of a one-stop-shop smoking cessation roadshow in central Birmingham
2. Hosted by a clinician
3. Collaborate with NHS partners and local service providers and community groups to deliver an awareness event
4. Harness street teams to deliver on the day engagement and wellbeing activities/providers to promote health improvement
5. Provision of wellbeing goodie bags inclusive of smoking cessation support



Funding opportunity for community organisations

VACC-IMMUNE ENGAGEMENT PROGRAMME

Get involved to protect Birmingham residents from preventable health risks.

Click the link to find out more.



Funding opportunity for community organisations

VACC-IMMUNE ENGAGEMENT PROGRAMME

Get involved to protect Birmingham residents from preventable health risks.

Click the link to find out more.



Community Immunology Training

- Training 20-25 champions to engage effectively with their peers and answer questions and concerns around vaccines, including life-course vaccines (e.g. MMR, HVP, flu and COVID-19). This comes at a time where people are fatigued by the conversation around COVID, and while vaccination rates are still under 60% in some wards.
- One training course of 5 sessions each
- To establish a diverse network of community vaccination champions supporting information dissemination and feedback from communities on health improvement.
- To establish a coherent framework for community-led insight and research
- Reported increase in vaccination uptake
- Improved confidence communicating health information

Peer Mentorship Programme

- Raising awareness of health and wellbeing issues across the city, aiming at delivering information to people aged 18 -35 years old
- Signposting target age group to health and wellbeing support and services
- Engage this age group to dispel myths, and to raise awareness around health issues that pose more of a risk to them
- Increase confidence of residents talking about health issues (use pre/post training poll to measure confidence) and better understanding of how to access health services
- Use Peer to Peer model to support the delivery of health and wellbeing topics
- Support community building in this age group (18-35-year-old) to tackle health issues in a safe space

Building a legacy of engagement

As the narrative around COVID is changing, we now need to invest in the future of engagement with our residents

- Reshaping what engagement looks like
- Equipping and upskilling faith leaders and champions to play a role in policy.
- Transitioning of faith leaders and champions into Healthy Brum Champions



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

	<u>Agenda Item: 10</u>
Report to:	Local Covid Outbreak Engagement Board
Date:	22/04/2022
TITLE:	TEST AND TRACE BUDGET OVERVIEW
Organisation:	Birmingham City Council
Presenting Officer:	Justin Varney

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:

Table 1: Budget and actual spend for 2021/22

Spend item	2021/22	
	Original Budget £	Actual Spend Apr 21 - Mar 22 £
Total	19,181,000	17,705,156
Staffing	3,263,000	3,539,127
Asymptomatic Testing Contingency	406,359	292,491
Testing Facilities	145,000	31,938
Community swabbing and support	1,386,534	632,648
Test & Trace system - Software licence, implementation & support	165,000	74,242
Local contact tracing	1,394,433	955,917
Whistleblowing	77,000	65,316
Isolation Support	803,362	925,923
Communications	211,000	144,520
Health and wellbeing support	846,535	1,161,538
Training	28,672	22,829
Translation services	60,000	18,230
Other Costs	101,106	7,407
Contingency	0	0
Wave 3 response	0	0
Enforcement support inc. Covid Marshalls	2,826,000	1,460,977
Supporting compliance	7,467,000	8,372,053

Table 2: Allocation for 2022/23

Allocation for 2022/23	
Description	Value £
Carry forward from the previous financial year (2021/22)	1,475,842
Total Budget for 2022/23	7,848,000
Grand Total Future Planning and Remainder	9,323,842

3.1

The Table 1 above shows the spend for the 12 periods of the current financial Year 2021/2022 (April 2021 to March 2022). This table includes all spend items that are reported to and paid from the Contain Outbreak Management Fund (COMF)

Table 2 above shows the total allocation for the next financial year 2022/23. Table includes Carry forward from the previous financial year (2021/22) and total budget previously set for this financial year (2022/23).

3.2 Spend funded from other sources

Table 3 below shows expenditure funded from other external sources

*Department of Health & Social Care, **Ministry of Housing, Communities & Local Government ***Department for Levelling up Housing and Communities

Table 3: Expenditures funded from other external sources

Spend Item	Spend to date 2022/21 '£000	Budget for 2021/22 '£000
Asymptomatic Testing	2,437.7	
Operation Eagle	93.4	
Community Champions	440	
Community Vaccine Champions	0	185
Total	2,846.6	185

4. Clarification Notes to the report:

Total projected budget of £27,029m across the two financial years accordingly: 2021/22: £19,181m and 2022/23: £7.848m.

Total actuals spend for financial year 2021/22 at £17,7m.

Future outbreak Planning and Remainder at £9,3m includes Budget for 2022/23 and the underspend from last financial year.

Actual spend narratives:

Staffing, out of allocated £3.263m in 2021/22, actual expenditure is £3,5m; in 2022/23.

Asymptomatic Testing Contingency, minor spend on this line (£294.7k) since most of the spend was covered from DHSC fund.

Testing Facilities, out of the budgeted £145k in 2021/22 financial year actuals are £31,9k.

Funded asymptomatic testing activities have ceased and testing sites are now closed, hence no further financial commitments have been made for the current financial year.

Community Swabbing and Support estimated budget for 2021/22 at £1,4m with real expenditure at £632,6k, underspend on this line will be carried over to the next financial year to cover continuation of the Community Swabbing contract.

Local Contact Tracing, Isolation Support & Whistleblowing, activities related to Covid-19 contact tracing, local contact centre, out of budgeted £2,3m in 2021/22 existing spending at £1,95m.

Communications, real expenditure for 2021/22 at £199,8k out of budgeted £211k to cover community Covid-19 awareness and engagement. Some of community costs were covered from Community Champions Fund.

Health and Wellbeing Support, out of allocated £847k in 2021/22 actual cost at £1.1m to cover food insecurity, fluoridation, and support for carers hub.

Translation Services real spend at £18,2k in 2021/22 includes cost related to translation costs for community team.

Enforcement Support including Covid Marshalls, Park Marshalls and Covid Enforcement Officers in 2021/22 to cover Covid compliance within the area. Real expenditure at £1,5m out of £2.8m projected cost.

Supporting Compliance out of total budget £7,5m actual spend at £8.4m to cover Corporate covid pressures, this breaks down between Adult Social Care, City Management, City Operations, Housing, Education.

Allocation for next financial year 2022/23:

Total funding for 2022/23 financial year £9,323m (this include carried forward underspend from the current financial year £1,475m and previously set budget £7,484m).

In line with the living with covid plan, some covid-19 response activities have been discontinued, for example asymptomatic testing. A reallocation of the budget in line with the plan is envisaged:

Some of the allocations will include:

Health and Well-being support, may include boost to Community organizations response and support for immunizations, tackling variations and inequalities resulting from impact of Covid-19, Food banks, supplement funding for existing projects.

Capacity development of public health response teams as a contingency plan to provide surge capacity for health protection and safety for the Commonwealth Games, if required.

Tackling wider vaccination hesitancy in the areas of the city with the lowest uptake.

The finalised new budget allocations will be presented at the next LCOEB Meeting in June 2023.

Template of the report has been adjusted and reflects submission of Covid Outbreak Management Fund report to UK Health Security Agency.

5. Risk Analysis:

Risk

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

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

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