

# **Birmingham Covid-19 Local Outbreak Control Plan**

Version 2.0

Publication date 30 June 2020

# Context

1. This Local Outbreak Control Plan will be reviewed regularly and updated as the understanding of COVID-19 increases and national guidelines evolve.
2. Local Outbreak Control Plans for COVID-19 are a combination of health protection expertise and capabilities (the public health sub-disciplines of epidemiology and surveillance, infection suppression and control techniques, contact tracing and evaluation) and the multi-agency capabilities of bodies in supporting these efforts through the deployment of the necessary resources to deliver these health protection functions at scale, where needed.

## Local Outbreak Control Plans

3. This COVID-19 Local Outbreak Control Plan builds on existing plans to manage outbreaks in specific settings, ensures the challenges of COVID-19 are understood, considers the impact on local communities and ensures the wider system capacity supports Directors of Public Health.
4. Local Outbreak Control Plans are required by national guidelines to consider seven themes: care homes and schools; high risk places, locations and communities; local testing capacity; contact tracing in complex settings; data integration; vulnerable people; and Local Boards, as set out in Figure 1.

### Figure 1: Local Outbreak Control Plans – seven themes

- 1 Care Homes and Schools**  
Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)
- 2 High Risk Workplaces, Communities and Locations**  
Prevent and manage outbreaks in other high-risk locations, workplaces and communities
- 3 Mobile Testing Units & Local Testing approaches**  
Deploy local testing capacity optimally
- 4 Contact Tracing in Complex Settings**  
Deliver contact tracing for complex settings and cohorts
- 5 Data Integration**  
Access to the right local data to enable the other 6 themes and prevent outbreaks
- 6 Vulnerable People**  
Support vulnerable people and ensure services meet the needs of diverse communities
- 7 Local Boards** (including Communication & Engagement)  
Take local actions to contain outbreaks and communicate with the general public

5. Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through Health Protection Forums. They will be supported by and work in collaboration with the Local Resilience Forum, Strategic Co-

ordinating Groups and a public-facing board led by Council Members to communicate openly with the public. Plans are required to be in place by the end of June 2020.

### **Health Protection: Legal and Policy Context**

6. The three main pieces of legislation that can be used to support COVID-19 prevention and response activity are:
  - The Health and Safety at Work Act 1974
  - The Public Health (Control of Diseases Act) 1984
  - Coronavirus Act 2020
  
7. This underpinning context gives local authorities (public health and environmental health) and Public Health England (PHE) the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance – Health Protection in Local Government.
  
8. PHE is mandated to fulfil the Secretary of State’s duty to protect the public’s health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE’s health protection teams and field services work in partnership with Directors of Public Health, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.
  
9. The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.
  
10. This legal context for health protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

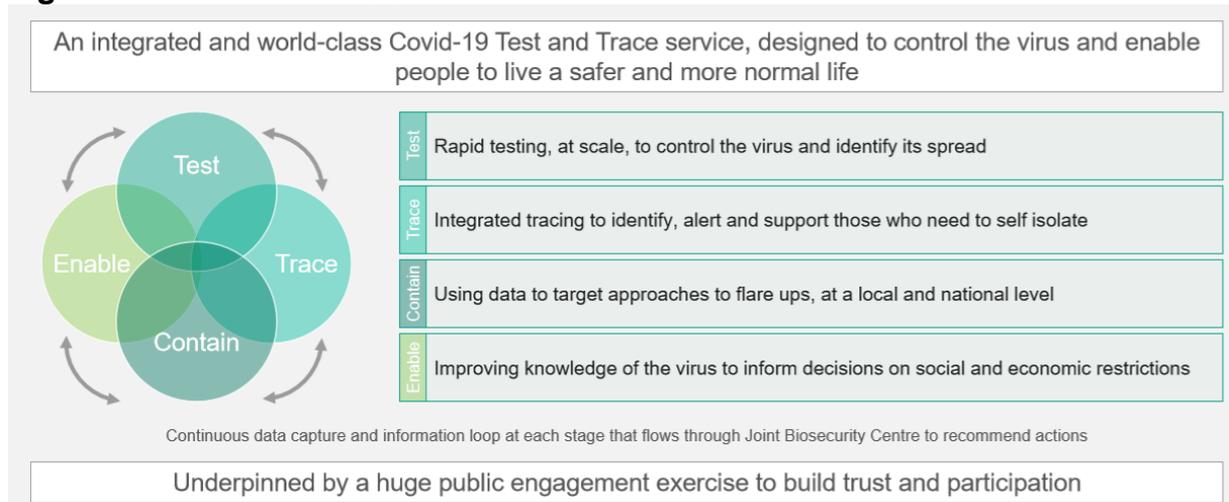
### **The National Test and Trace Service**

11. The Government launched the National Test and Trace service on 29 May 2020 forming a central part of the COVID-19 recovery strategy. The objectives are to:

- a) Control the COVID-19 rate of reproduction (R).
- b) Reduce the spread of infection and save lives.
- c) Help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

12. The Test and Trace service includes four ‘tools’ to control the virus: test, trace, contain and enable, as set out in Figure 2.

**Figure 2: Test and Trace service**



13. The ‘contain tool’ includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks.

## Objectives and key principles

### Objectives

14. The purpose of this Local Outbreak Control Plan is to support the quick and effective management of COVID-19 outbreaks in a range of settings. The specific objectives are to:
- a) Reduce the spread of infection in Birmingham, minimise the number of cases, protect our health and care system, and save lives.
  - b) Support settings experiencing an outbreak to mitigate the consequences of and help to keep as many services and businesses going as possible in a way that is safe and releases our economy.
  - c) Take a proactive response to health protection, test and trace, infection prevention and control.
  - d) Give the public confidence that we are able to respond appropriately to outbreaks of COVID-19 in order to minimise anxiety.

## Principles

15. Across the City we routinely manage communicable diseases outbreaks in a range of settings. COVID-19 has required us to build upon traditional health protection and emergency response mechanisms. We require Standard Operating Procedures and capacity to ensure that we can respond quickly and at scale, potentially managing multiple outbreaks concurrently.
16. We need to move rapidly and have 'good enough' arrangements in place by the end of June. These can then be refined through our experience of managing outbreaks. They will need to be maintained for the long term – at least a year, probably two and possibly in perpetuity.
17. Our key principles are that we will:
  - a) Work as a system to co-ordinate activities across local partnerships.
  - b) Draw on the capabilities, skills, experience and ways of working of existing teams.
  - c) Ensure that these teams are appropriately resourced, with information, training and additional capacity where necessary.
  - d) Aim for consistency of approach across Birmingham in terms of what functions are delivered, whilst allowing for variation between areas in terms of how these functions are delivered.
  - e) Provide clarity where possible about the roles and responsibilities of individual organisations and teams.
  - f) Be flexible, prepared to take on new roles and responsibilities and do whatever it takes to ensure that outbreaks are managed effectively.
  - g) Provide mutual aid between organisations and teams to ensure that no-one is overwhelmed.
  - h) Communicate well and share data and information.
  - i) Work collaboratively with those settings affected by outbreaks to ensure effective management.
  - j) Continually reflect, learn and improve.
  - k) Seek to highlight inequalities exposed as a result of COVID-19 so that we might better target support to these communities.

## Governance

18. Governance of Local Outbreak Control will seek to ensure that:
  - a) The Local Outbreak Control Plan is supported by all of the partners who may be required to contribute to implementation.
  - b) There is robust monitoring of progress of the management of outbreaks individually and collectively.
  - c) There is multiagency oversight of the management of outbreaks and the ability to escalate for mutual aid if necessary.
  - d) We can continually reflect, learn and improve.

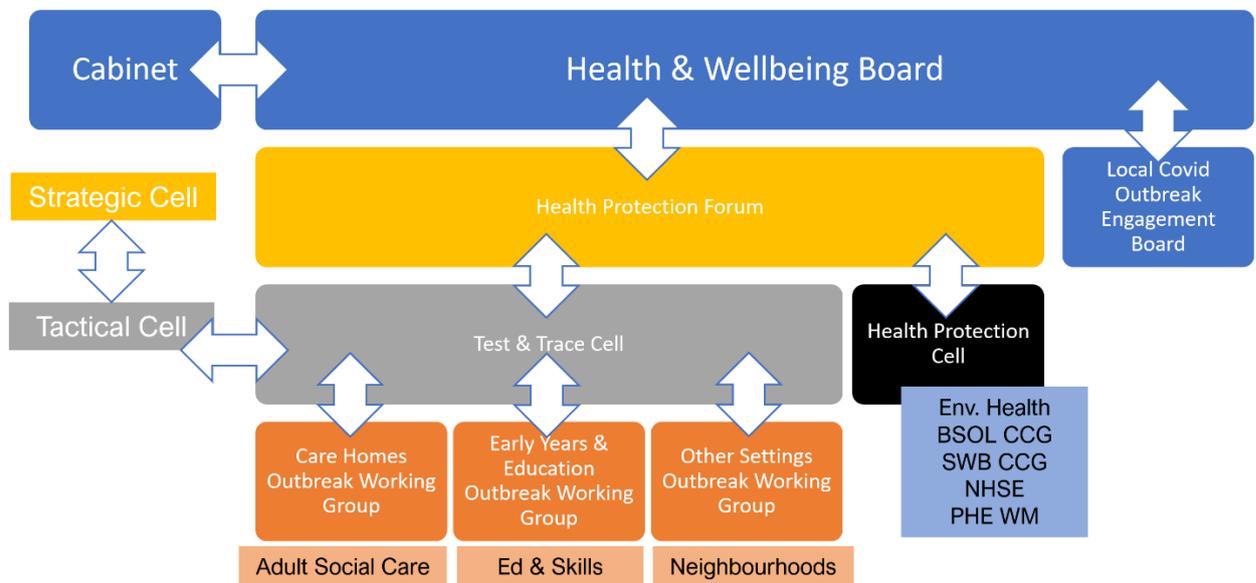
- e) There is democratic oversight of management of outbreaks, which contributes to effective public communication.

19. Whilst Birmingham’s emergency plan is activated, the Test and Trace Cell will form part of the “Silver” command structure as a cell of the Tactical Cell. In parallel, the Test and Trace Cell feeds into the Birmingham Health Protection Forum, chaired by the Director of Public Health, which is a sub-group of the Health and Wellbeing Board.

20. Recognising that Test and Trace is likely to extend beyond twelve months, at such a time as the emergency response structures are stood down, formal governance of the Test and Trace Cell will be via the Health Protection Forum.

21. The components of Local Governance are set out in Figure 3.

**Figure 3: Local Governance**



22. A simplified summary of the roles and responsibilities for the different groups is set out in Table 1.

**Table 1: Local Governance Responsibilities**

Forum/Board	Health and Wellbeing Board	Local Covid Outbreak Engagement Board	Health Protection Forum	Test and Trace Cell	Setting Outbreak Working Groups
Governance	Statutory committee of the Council	Sub-group of Health and Wellbeing Board	Sub-group of Health and Wellbeing Board	Tactical level cell under the emergency command structure. In parallel reports to the Health Protection Forum	Sub-groups of Test and Trace Cell
Responsibility	Strategic long-term oversight of health and wellbeing	Political and public accountability and oversight of COVID-19 outbreak response	Strategic interagency delivery of outbreak response plan	Operational delivery of outbreak response plan	Setting specific inter-agency response support
SRO	Cabinet Member for Adult Social care and Health	Leader	Director of Public Health	Assistant Director of Public Health	AD within Directorates and Consultant in Public Health
Frequency of meeting	Bi-monthly	Monthly	Fortnightly	Twice weekly	Twice weekly

23. Full Terms of reference for the above groups are available in Annex A.

24. We recognise that there is a battle rhythm to these meetings. The Health and Wellbeing Board meets every two months, the Local Covid Outbreak Engagement Board meets every four weeks, the Health Protection Forum meets fortnightly and the Test and Trace Cell and Outbreak Setting Working Groups meet twice a week. This rhythm can be ramped up as necessary; the frequency of meetings is a standing item on agendas.

25. The local Test and Trace function sits within a wider governance framework at local, regional and national levels. A simplified summary of the roles and responsibilities at these different tiers is set out in Table 2. Full details of the emergency response structures are outlined in the Emergency Plan.

**Table 2: Wider Governance Responsibilities**

<b>Tier</b>	<b>Structure</b>	<b>Responsibilities</b>
Local	Strategic Team	<p>Overall command and control of the incident / outbreak response.</p> <p>Set strategic priorities and objectives for the Organisation's response.</p> <p>The Strategic Team stands up whilst the emergency plan is activated; the emergency plan can be activated by the resilience team on the action of the Gold Commander (Chief Executive or appointed deputy).</p> <p>The Strategic Team directs the activity of the local authority during emergency response.</p>
West Midlands Conurbation	Local Resilience Forum (LRF)	To provide a multi-agency forum to consult and collaborate to support planning.
Regional	Strategic Co-ordinating Group	<p>Multi-agency co-ordinating strategic group made up of statutory partners to support the multi-agency response to an incident.</p> <p>The purpose of this group is to co-ordinate not command partner agencies.</p>
	Integrated Care System	Develop and deliver regional health strategy.
National	Test and Trace Programme	Develop national test and trace strategy.
	Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance systems.

**Local outbreak operational response**

26. Birmingham City Council will work closely alongside Public Health England in reactive response.
27. National contact tracing teams will be following up most non-complex routine positive cases and will escalate complex cases, clusters and outbreak work to Public Health England West Midlands, who will work with Local Authorities in these instances to rapidly prevent and control transmission.
28. Public Health England will be responsible for the initial risk assessment of complex cases, cluster and outbreaks. Local Authorities are responsible for mobilising the local response, and onward risk assessment and management.
29. The local response will be:

- Proactive: this includes implementing prevention measures and identifying areas of high risk for more intense support.
- Reactive: in response to a suspected/confirmed case or outbreak.

30. The process for dealing with referrals is shown in Annex B.

31. A range of resources and guidance documents have been developed and made available nationally, as well as regionally and locally to support outbreak response. Local Authorities will continue to ensure timely local interpretation of national/regional guidance is undertaken where required.

### **Outbreak identification**

32. The expectation is that outbreaks will be identified by the Joint Biosecurity Centre and/or PHE based on the national contact tracing programme. Local authorities will receive direct notification of these outbreaks and complex cases by Public Health England and/or the Joint Biosecurity Centre.

33. Outbreaks may also be identified through local intelligence. Any organisation that suspects an outbreak should report this to PHE via the on-call telephone desk. If notifications are made to the City Council these will be passed to PHE to undertake the initial risk assessment.

34. PHE will inform the City Council of outbreak notification from the Joint Biosecurity Centre within 12hrs of the outbreak occurring via email to [contacttracing@birmingham.gov.uk](mailto:contacttracing@birmingham.gov.uk). This notification will include the following core details:

- Date and time of referral
- Setting
- Contact details of lead PHE office
- Number of confirmed and suspected cases
- Number of associated deaths
- Other pertinent information
- Actions taken
- Progress updates
- Decisions on closure.

### **Initial Risk Assessment**

35. PHE will undertake an initial risk assessment and may choose to lead on the management of some outbreaks, drawing on support from local partners. PHE will refer other outbreaks to the City Council for management. A standard operating procedure agreement between PHE and BCC is in development (Annex C).

36. Where appropriate PHE will convene the initial Incident Management Team (IMT) meeting to coordinate a multi-agency discussion around high risk situations, this will:

- Complete a full risk assessment.
- Define the cohort of contacts for tracing.
- Determine the actions required to minimise the spread of infection and to mitigate the wider consequences of the outbreak.
- Ensure that these are properly recorded.
- Determine a lead organisation and team to lead ongoing management of the outbreak and co-ordinate and ensure implementation of these actions.

37. At some point where appropriate, PHE may hand over initial management of the outbreak to the City Council in line with an updated standard operating procedure.

### **Follow up risk management and outbreak support**

38. The initial City Council assessment following handover from PHE will be undertaken by the Health Protection Cell which will then link with the specific Outbreak Setting Working Group for ongoing support and management.

39. The Health Protection Cell will provide a 7 day a week service between 0800-1800. Cover outside of this period is provided by the Director of Public Health for urgent escalation of issues.

40. Birmingham Public Health will maintain a local outbreak response function via its Health Protection Cell. This will:

- a) Provide a single point of contact for PHE for report outbreaks.
- b) Ensure that all outbreaks are logged with a minimum data set including:
  - Date and time of referral
  - Setting
  - Contact details
  - Number of confirmed and suspected cases
  - Number of associated deaths
  - Other pertinent information
  - Actions taken
  - Progress updates
  - Decisions on closure.
- c) Identify key actions for ongoing support and advice to manage the outbreak in the specific setting in line with agreed standard operating procedures.
- d) Work with the relevant outbreak response cell to monitor progress of management of the outbreak and determine if it can be closed to further action.

- e) Convene further IMTs as required in the event of significant developments – for example additional cases or deaths, difficulties in implementing actions, substantial public anxiety – to identify any additional actions required.
- f) Consider when the outbreak can be closed.
- g) Conduct a brief review following closure of all outbreaks on a monthly basis to identify learning and improvements for future management.
- h) Ensure effective data management.

### **Standard Operating Procedures for Outbreak Management**

41. A range of Standard Operating Procedures (SOPs) are being developed to guide management of outbreaks in specific settings with Public Health England. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Birmingham.

42. Management of outbreaks may include a range of actions, which will be determined by the SOP /IMT (if convened). Potential actions may include:

- Infection prevention and control measures
- Consideration of business continuity
- Testing
- Contact tracing
- Support for self-isolation
- Enforcement
- Emergency staffing.

43. Management of outbreaks will be supported by:

- Specialist advice
- Equipment and associated logistics to ensure supplies
- Communications
- Data management
- Capacity and training.

### **Outbreak Settings Working Groups**

44. As part of the response structure the Council has established three outbreak settings working groups to take forward ongoing support to settings affected by outbreaks, these are:

- Care Settings: supporting care homes, extra care and supported living settings.
- Education and Early Year Settings: supporting early years, schools, special schools, universities and adult education.

- Other Settings: supporting other high-risk places such as homeless hostels, workplaces and faith settings.

45. The terms of reference for these cells are included in Annex A5.

46. The Outbreak Settings Working Groups are responsible for co-ordinating and ensuring implementation of actions. They should:

- Keep a clear record of progress.
- Provide regular updates to the Test and Trace Cell.
- Ensure decisions are raised at the Test and Trace Cell for approval and logging.
- If there are significant developments – for example additional cases or deaths, difficulties in implementing actions, substantial public anxiety – escalate these to the Test and Trace Cell who will consider whether a further IMT is necessary.

### **Surge Support**

We have identified four tiers of surge support which can be mobilised as necessary in response to an escalation of the COVID-19 outbreak (Annex D).

### **Testing**

47. Our understanding of the national programme is that the majority of testing in response to an outbreak will be through ‘pillar 2’ testing provision accessed via regional or mobile testing facilities, postal testing capacity. This will be supplemented at a local level by enhanced testing facilitation support provided by a local COVID-19 testing support team.

#### **Local Covid Testing Support Team:**

48. Birmingham City Council will be contracting an NHS provider to provide a flexible multi-professional local Covid testing support team to provide enhanced testing facilitation, training, opportunistic and reactive infection control support and occupational health advice to support our community response.

49. This Team has the ability to respond within 24 hours anywhere in the City.

### **Infection Control and Protection**

50. There are separate existing responsibilities for infection control advice for Care Homes covered under the Health and Social Care Act. Infection control for outbreaks within NHS settings falls under the responsibility of the NHS infection control leadership.

51. As part of the local Covid testing support team there is a provision for additional specialist infection control advice for non-CQC regulated providers.

### **Contact Tracing**

52. Contact tracing is currently led by the national contact tracing service supported by Public Health England; we do not anticipate significant demand for local contact tracing by the Council.

### **Vulnerable People**

53. The Local Authority has a role in supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.

54. The Local Authority is building on the existing learning from the lockdown partnership with Birmingham Council of Voluntary Sector Services to provide access to support via a single point of contact for additional support drawing on a wide range of local providers and community organisations.

### **Data Management**

55. We are awaiting further national detail of the integration of national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning including data security, data requirements including NHS linkages).

56. Our interim solution for storing data is via a restricted sharepoint list system. The City Council's Information Cell is developing a long-term software solution using agile software development methodology to ensure that the software and processes are developed in line with emerging requirements.

57. Once these requirements are known a data protection impact assessment for test and trace data held locally will be undertaken in line with the Local Authority's information governance requirements.

### **Synthesis and Analysis**

58. We have a data sharing agreement with Public Health England to receive data from Pillar 1 and Pillar 2. This data is received by the Director of Public Health and his nominated deputy and sent to the Public Health Data Cell and Health Protection Cell.

59. The Data Cell removes all PID (personal identifiable data) and produces a weekly public-facing covid-19 briefing which includes a surveillance summary of cumulative data. An example briefing will be published in Annex E once available.

60. The Health Protection Cell creates a tracking dashboard of situations including a risk assessment, actions log and whether the situation has been closed. This dashboard is restricted within the Health Protection Cell, Test and Trace Cell and associated working groups to monitor actions and progress against outbreaks. As this information will potentially include PID it is not in the public domain.

### **Risk register**

61. A Test and Trace actions log and risk register is kept and maintained.

### **Communications and Engagement**

62. A proactive communications and engagement plan has been developed to support the Test and Trace function (Annex F).

63. In addition, we are working with partners to develop a separate reactive outbreak communications protocol in line with usual outbreak response protocols.

### **Powers for Enforcement**

64. We hope that enforcement powers will be a position of last resort and that through education and engagement citizens, communities and organisations will work with us effectively and quickly to contain local outbreaks. However, it is important to consider this as part of our proactive approach to planning.

65. Annex G sets out the detail of powers of enforcement under current legislation, these fall into the following main categories:

- Enforcement of isolation – to prevent spread of disease.
- Enforcement of dispersal – to disband mass gatherings.
- Enforcement of closure – to enable closure of a space or setting to prevent spread of disease.
- Enforcement of social distancing & preventative measures – to prevent spread of disease through preventative action. This is currently under the Covid legislation through the police and through Health and Safety regulations under Health and Safety legislation.

66. We do not currently have legislative powers to enforce geographic lockdowns or restrictions on travel at a sub-national level.

## Table of Annex

Annex	Title
A	Local Governance Terms of Reference: A1: Appointment of Birmingham Health and Wellbeing Board Functions, ToR and Membership 2019/20 A2: Local Covid Outbreak Engagement Board ToR A3: Birmingham Health Protection Forum ToR A4: Test and Trace Cell ToR A5: Sample ToR – Setting Outbreak Working Group
B	Test and Trace Flow diagram for receiving referrals from CTAS
C	SOP – PHE-LA Joint Management of Covid-19 Outbreaks in the West Midlands V1
D	Birmingham Covid-19 Surge Capacity
E	Birmingham COVID-19 weekly data report – to follow.
F	Test and Trace Communication and Engagement Draft Plan
G	Powers for Enforcement

# Annex A1

## **APPOINTMENT OF BIRMINGHAM HEALTH AND WELLBEING BOARD**

### **FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP 2019/20**

In accordance with paragraph 6.9 of Article 6 (The Executive) of the City Council Constitution, the board is constituted as a Committee under the chairmanship of the Cabinet Member for Health and Social Care in order to discharge the functions of the board as set out in the Health and Social Care Act 2012, including the appointment of board members as set out in the schedule of required board members in the Act.

#### **Functions**

To discharge the functions of a Health and Wellbeing Board as set out in the Health and Social Care Act 2012, including the appointment of Board Members as set out in the schedule of required Board Members in the Act.

The Health and Wellbeing Board will:

- a) promote the reduction in Health Inequalities across the City through the commissioning decisions of member organisations
- b) report on progress with reducing health inequalities to the Cabinet and the various Clinical Commissioning Group Boards
- c) be the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)
- d) deliver and implement the Joint Health and Wellbeing Strategy for Birmingham
- e) participate in the annual assessment process to support Clinical Commissioning Group authorisation
- f) identify opportunities for effective joint commissioning arrangements and pooled budget arrangements
- g) provide a forum to promote greater service integration across health and social care.

#### **Terms of Reference**

Under the Health and Social Care Act 2012 the composition of Board must include:-

The Leader of the Council or their nominated representative to act as Chair of the Board  
The Director - Adult Social Care Directorate (Director for Adult Services)  
The Director – Education and Skills Directorate (Director for Children's Services)  
Nominated Representatives of each Clinical Commissioning Group in Birmingham  
The Director of Public Health  
Nominated Representative of Healthwatch Birmingham

Each Local Authority may appoint additional Board Members as agreed by the Leader of the Council or their nominated representative. If additional appointments are made, these will be reported to Cabinet by the Chair of the Board.

For the Board to be quorate at least one third of Board Members and at least one Elected Member must be present

Members of the Board will be able to send substitutes with prior agreement of the Chair. Each member is to provide the name of an alternate/substitute member.

### **Membership 2019/20**

#### **City Council Appointments to the Health and Wellbeing Board**

Cabinet Member for Health & Social Care as Chair: Cllr Paulette Hamilton (Lab)	Cllr Paulette Hamilton
Cabinet Member for Children's Wellbeing: Cllr Kate Booth	Cllr Kate Booth
Opposition Spokesperson on Health and Social Care – Cllr Matt Bennett (Con)	Cllr Matt Bennett
Vice Chair for 2019/2020 to be a Clinical Commissioning Group (CCG) representative (to be advised by the CCG) - to reinforce the Board as a joint body rather than a solely LA committee	Dr Peter Ingham
Director - Adult Social Care Directorate	Professor Graeme Betts
Director - Education and Skills Directorate	Dr Tim O'Neil (Sarah Sinclair as substitute)
Director of Public Health	Dr Justin Varney

#### **External Appointments to the Health and Wellbeing Board**

Representative of Healthwatch Birmingham	Andy Cave
2 Representatives of Birmingham and Solihull Clinical Commissioning Group	Dr Peter Ingham and Paul Jennings
Representative of Sandwell and West Birmingham Clinical Commissioning Group	Ian Sykes (from 1 August 2019) Professor Nick Harding
Representative of Third Sector Assembly	To be appointed
Representative of Birmingham and Solihull STP (One Care Partnership)	Paul Jennings

Chief Executive of Birmingham Children's Trust	Andy Couldrick
Chair of the Birmingham Community Safety Partnership/WM Police	Dawn Baxendale Chief Executive (Dr Justin Varney as substitute)/Chief Supt John Denley
Representative of the Department of Work and Pensions	Gaynor Smith
Member of the Birmingham Social Housing Partnership	Peter Richmond
Representative of Birmingham Community Healthcare NHS Foundation Trust	Richard Kirby
Representative from the Education Sector	Dr Robin Miller

**Co-optees**

Birmingham Voluntary Services Council	Stephen Raybould
Representative from the Business Sector	To be appointed
Representative from the Birmingham and Solihull Mental Health Trust	Charlotte Bailey
Representative from SIFA FIRESIDE	Carly Jones

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# Annex A2

## TERMS OF REFERENCE

### Local Covid Outbreak Engagement Board

#### 1. Purpose

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

#### 2. OBJECTIVES

##### 2.1 The Engagement Board has the following overarching objectives:

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

#### 3. PRINCIPLES

3.1 The Engagement Board expects all partner agencies to:

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

#### 4. MEMBERSHIP

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

Membership of the Board is as follows:

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

- Cllr Ian Ward (Chair)
- Cllr Brigid Jones
- Cllr Paulette Hamilton
  
- Conservative member – Cllr Matt Bennett
- Liberal Democrat member – Cllr Paul Tilsley

Officer members:

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

External members:

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

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

## 5 MEETINGS

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

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

## **6. ACTIONS**

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

## **7. CONFLICTS OF INTEREST**

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

## **7. REVIEW**

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

## **8. CONFIDENTIALITY**

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

# Annex A3

## Birmingham Health Protection Forum

### Terms of Reference

#### Establishment

The Health Protection Forum is established as a sub committee of the Health and Wellbeing Board for Birmingham.

#### Purpose

The purpose of the Birmingham Health Protection Forum is to provide the space and time for the exchange of information necessary to ensure that all partners in the delivery of health within Birmingham are acting jointly and severally to provide comprehensive services covering all aspects of Health Protection; and to evidence this to the satisfaction of the Director of Public Health, the Health and Wellbeing Board and the City Council.

#### Responsibilities

To ensure a safe and effective health protection system in Birmingham

- 1) To provide a governance and accountability framework for existing member groups with a health protection remit and support the establishment of new groups where appropriate; to initially include following (sub) groups:
  - a. Communicable Diseases
  - b. Non-Communicable Diseases
  - c. Screening and Immunisations
  - d. EPRR
  - e. Infection Control
  
- 2) To receive quarterly reports (shortened format) from the sub-groups regarding:
  - a. Current status
  - b. Progress against outcomes (activity/quality/data/plans developed/epidemiological summaries)
  - c. Incidents managed and changes made, and suggestions for process improvement
  - d. Assurance that appropriate plans and testing arrangements are in place for all subgroup programmes
  
- 3) To receive more detailed Annual Reports from the sub-groups including:
  - a. Details of new policies and developments
  - b. Plans in development or completed
  - c. Summary of incidents and investigations
  - d. Improvements
  - e. Summary of testing and assurance completed
  - f. New policies and developments
  
- 4) To review:
  - a. Significant incidents

- b. Outbreaks
  - c. Risk registers
- 5) To identify:
- a. Best practice
  - b. Areas of concern
  - c. Lessons learned
  - d. Necessary changes
  - e. Mitigating actions
- 6) To make recommendations to:
- a. Sub-groups
  - b. Commissioners
  - c. Providers
  - d. The Health and Wellbeing Board
  - e. The City Council
- 7) To provide health protection input into the Joint Strategic Needs Assessment processes.
- 8) To support the DPH in providing information for the purposes of Scrutiny on any health protection related matter.
- 9) To receive reports on any other issue that would enable the DPH to undertake their assurance role in relation to health protection.

### **Membership**

The Core Membership of the group will be as listed below. One decision-maker representative of each subgroup will form the membership of the Health Protection Forum, alongside a number of other stakeholder members. Other stakeholders will be co-opted onto the Forum as and when appropriate.

<b>Title</b>	<b>Organisation</b>
Chair - Director of Public Health, Birmingham	Birmingham City Council (Public Health)
	Public Health England (Health Protection Team)
	NHS England (Emergency Planning, Resilience, Response Team)
	Public Health England (Screening and Immunisation Team)
	Birmingham City Council (Regulation and Enforcement)
	Infection Control Services
	Birmingham City Council (Resilience Team)

## **Quorum**

Attendance should be at the very least a third of the named members with the Chair, or their appointed deputy always present.

## **Communication of Decisions to Partners**

All members will be responsible for communicating actions and decisions to appropriate colleagues within their own organisation following each meeting.

## **Frequency of Meetings**

The group will meet every two months and at other times as required by the Director of Public Health.

## **Committee Chair**

Meetings will be chaired by the Director of Public Health, or their appointed deputy.

Minutes will be produced by the administrative team of the Director of Public Health. Meeting papers will be circulated 5 working days ahead of meetings, with minutes also circulated in a timely fashion to Forum members following each meeting.

## **Reports**

Short reports for discussion at the Health Protection Forum will be submitted by each subgroup at least 10 working days ahead of the meeting date to allow time for collation and circulation to the group.

## **Standing Agenda Items**

Standing agenda items will include (for each sub-group):

- current status summary
- progress against outcomes (activity/quality data/plans developed/epidemiological summaries)
- incidents managed and changes made, and suggestions for process improvement

## **Review**

Terms of Reference will be fully reviewed at least every two years. The Terms of Reference will be amended every time an organisation becomes or ceases to be a member.

# Annex A4

## Test and Trace Cell Terms of Reference

### Purpose

Test and Trace is a new, temporary cell to manage medium term Testing and Tracing activity required in Birmingham following COVID 19. The cell will provide regular operational oversight of test and trace within Birmingham City Council. It is the route for strategic intervention requests to unblock and accelerate action to resolve operational issues via Tactical Group. It is the route for escalation of surveillance issues and system issues to the Health Protection Forum, which provides inter-agency operational support.

### Aim

The aim of this cell is to sufficiently manage the Test and Trace activity for Birmingham following COVID 19.

### Objectives

- a. To develop the local test and trace programme in Birmingham.
- b. To deliver test and trace local implementation and operation function in Birmingham through the health protection cell and outbreaks cells.
- c. To have oversight of levels of demand for local tracing and containment of complex cases.
- d. To have oversight of vulnerable and high-risk individuals, communities and settings and implementation of prevention and shielding arrangements.
- e. To have oversight of local management of local capacity to support complex cases, high risk and vulnerable individuals and communities that cannot be managed through the national contact tracing system.
- f. To ensure all educational, social care and high-risk settings are identified and contactable by specific setting outbreak working group.
- g. To ensure Outbreak Management Plans are available for all relevant categories of setting by specific setting outbreak working group.
- h. To have oversight of local swabbing, testing and infection control capacity.
- i. To escalate issues relating to test and trace to the Health and Welfare Cell and Health Protection Forum as required.
- j. To provide updates to Tactical Group and Health Protection Forum as required.
- k. To deliver financial monitoring relating to the test and trace budget.

## **Principles**

The Test and Trace Cell expects all members to:

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

## **Command and Control Structure**

- Test and Trace Commander is added to the Tactical Team;
- Test and Trace is the 6th Tactical cell within the standard emergency response structure;
- Test and Trace is a temporary cell, in place until government remove COVID requirements;
- Reports and is accountable to the Tactical Team (Tactical Commander);
- Working groups will be established to deliver specific elements reporting to the Test and Trace Cell;
- There is a relationship to the Health Protection Board, through which multi-agency stakeholders can guide response actions and be engaged;

Note: Wider Public Health matters NOT related to test and trace remain within the Health and Welfare Cell

## **Membership**

- Chair – Assistant Director of Public Health
- Deputy Chair – Health Protection Cell representative
- Care Home Outbreak Cell Co-Chair
- Educational Settings Outbreak Cell Co-Chair
- Other Settings Outbreak Cell Co-Chair
- Head of Online Service Delivery
- Chief Information Officer
- IT Project Manager
- Data Protection Lead
- Finance Lead
- Resilience Representative
- Tactical Advisor
- Loggist specialist support
- Other persons may attend meetings of the Board with the agreement of the Chair/ Deputy Chair.

## **Meeting Frequency**

- a. The Cell will meet twice a week for 1 hour; these meetings will occur on a Tuesday and Thursday 12-1. Such other meetings may be held as necessary at the discretion of the Chair.
- b. The agenda for meetings, agreed by the Chair, will be sent before the meeting. Late agenda items and/or papers may be accepted at the discretion of the Chair.
- c. Meetings will take place on Teams; action notes will be taken and decisions logged. The Cell administrative support will be provided by the Information Processing Cell.
- d. The Cell will be monitored and accountable to Tactical Group and the Health Protection Forum through the agreed reporting arrangements.

# Annex A5

## Sample ToR – Setting Outbreak Working Group

### Birmingham Test and Trace Working Group : Education

#### TERMS OF REFERENCE

#### 1. Purpose

The purpose of this working group is to provide an education setting outbreak response team to support surveillance and individual setting response for the new NHS Test Trace Service during the COVID19 pandemic. Specifically they will deliver effective support, both proactively to settings and reactively in response to:

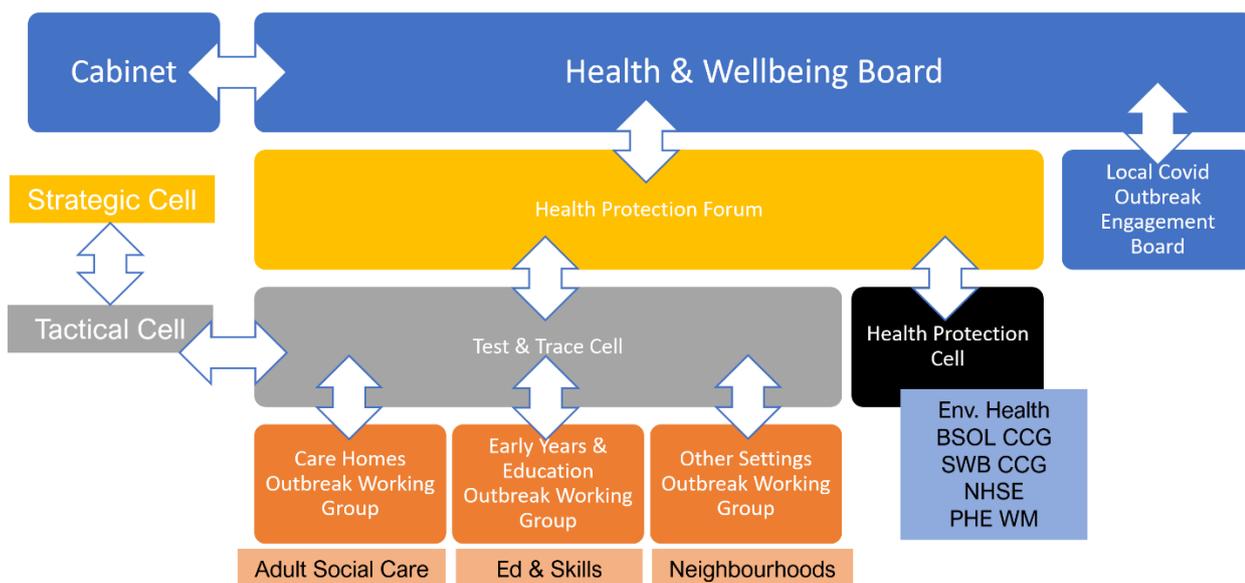
- Vulnerable contacts being identified
- Complex locations or outbreaks
- Individuals in isolation identified as requiring additional support

This group will be responsible for a range of education settings in Birmingham, including:

1. Early year settings
2. School (5yr to 16 yrs)
3. Post 16 settings including higher education
4. Special Schools
5. Residential schools
6. Adult education settings

#### 2. Accountability and Governance

This group will report to the Test and Trace Cell, who will have oversight of Test and Trace delivery. A representative, most likely the co-chairs of the working group will attend this meeting.



#### 3. Roles and Responsibilities

- Managing proactive and reactive inter-directorate and inter-agency support as required:

- Develop appropriate proactive support mechanisms for settings, including service specific information on Test and Trace and Infection Prevention and Control (IPC) advice.
  - Establish a list of contacts in Birmingham for all settings, to enable dissemination of information and appropriate involvement in an Incident Management Team (IMT) should outbreaks or cases arise. Each member will be responsible for a defined group of settings.
  - Ensure appropriate mechanisms are in place for any individuals in isolation identified as requiring additional support.
  - Determine when an incident or outbreak requires the setting up of an IMT and support the development of this. The management of outbreaks will be with support of the Health Protection Cell and PHE.
  - Ensure appropriate mechanisms are in place for additional swabbing if required.
- Ongoing surveillance of settings:
    - Regularly monitor any cases or potential outbreaks in settings, utilising data collated by the Health Protection Cell, ensuring that they are fully documented on SharePoint and that an appropriate response is in place.
    - Regular surveys to be distributed to settings to collate information on cases proactively.
  - Data management and reporting: information from PHE and other sources to be collated and documented with support of the Health Protection Cell, who will be responsible for inputting data and relaying results to settings as appropriate.

#### 4. Membership

Public Health	Hamira Sultan (co-chair) (PH SMT Lead)
Schools and Early Years	Lisa Fraser – AD Education and co-chair
Schools and Early Years	Jaswinder Didiyally – Head of Service, Education Infrastructure
Post 16	Parminder Gocha – Education, Employment & Skills Lead Officer
Test and Trace	Indy Buray and Sally Bojang

Support from:

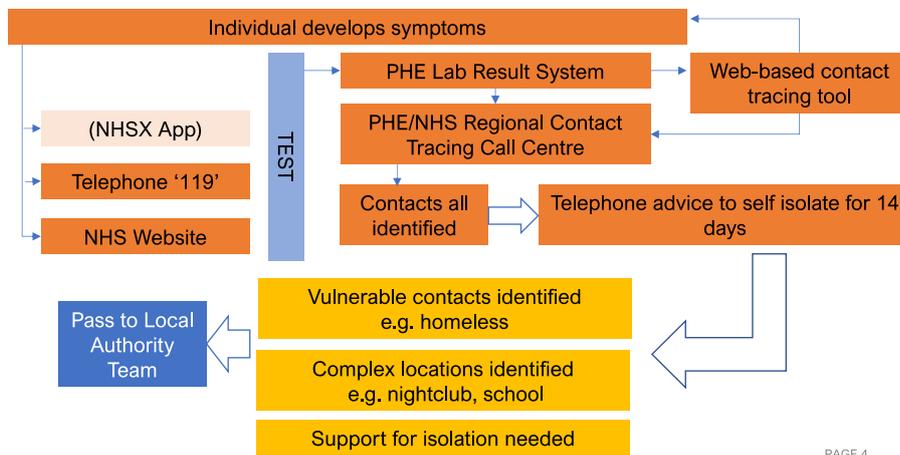
- Anthony Jeffers and Darren Laxton (Data Processors – Public Health)

We have agreed that Jaswinder Didiyally will provide any updates to special schools and residential schools where needed, and Parminder Gocha to Adult Education. Where needed, School HR, School Health and Safety and School Transport will be brought in.

#### 5. Interdependencies

Delivery of the work programme will be interdependent with the work of the following teams:

- Health Protection Cell
  - Receive data from PHE and CTA
  - Undertake initial engagement with the setting e.g. feedback of test results
  - Identify relevant outbreak response support
  - Data entry and management
  - Provide specialist support if required
- Public Health England- will inform the Local Authority of any issues or outbreaks through the designated email address or by phone if an urgent response is required:



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## 6. Frequency of Meetings

Twice weekly – Wednesday and Friday.

## 7. Reporting and Issue Escalation Process

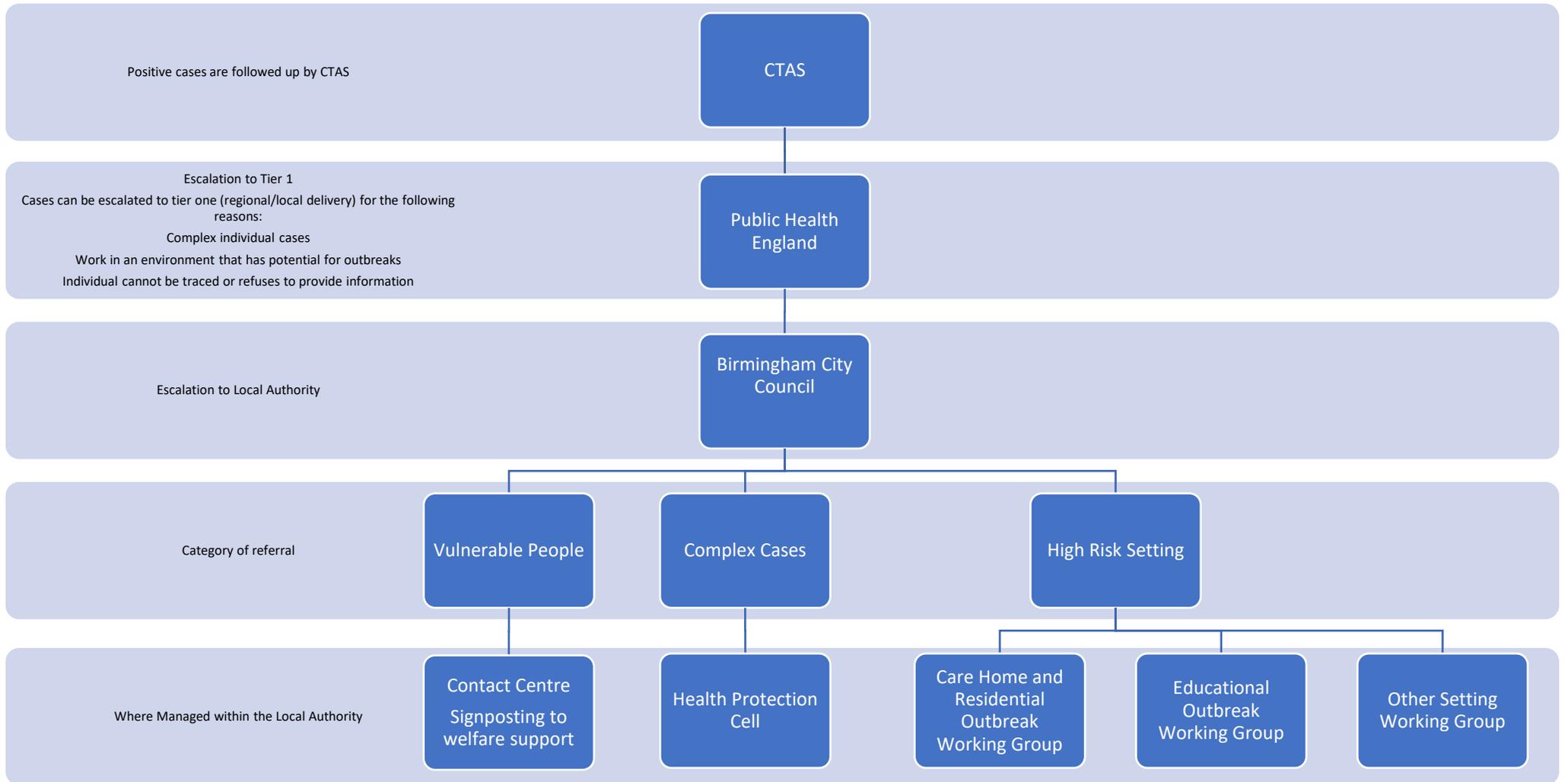
Any issues that arise will be reported through the chairs to the Test and Trace Cell meeting (twice weekly), or directly to the chairs of this Cell if a more rapid response is required.

## 8. Review

The terms of reference will be reviewed on a monthly basis.

# Annex B

## Test and Trace Flow diagram for receiving referrals from CTAS



# Annex C

## SOP - PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands v1

(Acknowledgement: based on a model developed in the East of England for care home outbreaks)

**Date developed 14/05/20**

**Review date 22/05/20**

### Overview

This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE West Midlands (WM) Centre as a starting point for each Local Authority (LA) Director of Public Health to add to. We recognise that there will be different capacities across the region and that we will need to develop the arrangements jointly across each area.

This provides a suggested framework for working across PHE WM, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings.

This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Different local systems in WM have different support and outbreak management arrangements, including differing LA Public Health team roles, so this SOP is intentionally flexible to allow for that.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE will arrange swabbing and testing for symptomatic individuals when first advised of an outbreak;
- PHE will undertake a risk assessment and give advice to the setting and the local system on management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control advice and education;
- PHE will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

### **Rationale for the joint SOP**

1. To have a joint collaborative and co-ordinated approach to supporting WM settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, homeless hostels, faith settings etc. in managing COVID19 outbreaks. To also have a joint approach to finding and supporting complex individual contacts that the national centre has been unable to locate.
2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
3. To streamline the follow up of WM care settings and individual contacts by the LA, CCG and PHE Health Protection Team (HPT).
4. To provide consistent advice and education to settings.
5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.
6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
7. To maintain a single database for surveillance and monitoring of outbreaks for COVID19
8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.

### **Governance and Key Guiding Principles**

PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks, undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.

As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:

1. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
2. The system has a shared responsibility for the management of outbreaks of COVID-19 in the WM.
3. Infection Prevention and Control support, advice and education, for each setting will be provided in line with local arrangements. (See appendix 1 for a summary of agreed local arrangements)
4. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care

(as opposed to treatment) to meet needs arising from illness, disability or old age. There are similar responsibilities in relation to children and young people.

5. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.

6. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.

7. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020.

8. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.

9. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

## **PHE HPT Role**

### **1. Risk assessment of Complex Cases and Situations**

1.1 On initial notification, the HPT will do the risk assessment

1.2 The HPT will give infection control advice (verbal and email) to the individual or organisation to minimise spread of infection.

1.3 The HPT will inform the local authority by email to [contacttracing@birmingham.gov.uk](mailto:contacttracing@birmingham.gov.uk) and by phone to the Director of Public Health if urgent action is required. The email will include the details of the case, situation, and a copy of the risk assessment and action already taken, also anything that was cause for concern in the initial discussion

1.4 LA to update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations, via the following email address [wm.2019CoV@phe.gov.uk](mailto:wm.2019CoV@phe.gov.uk)

1.5 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues.

### **2 Swabbing/testing of new outbreaks**

2.1 Swabbing will be coordinated by PHE in line with current arrangements e.g. A one-off swabbing of symptomatic residents in a care home will be arranged by the HPT when the outbreak is first reported by the setting.

2.2 The results will be provided by the organisation taking the sample. (See appendix 1 for further details)

2.3 Further testing will be supported based on national decisions relating to the complex situation or cases and asymptomatic transmission risk.

### **3. Regional co-ordination and support**

- To provide regional co-ordination eg sharing of best practice, solutions to complex problems etc
- To provide regional advice and guidance where there are gaps in national guidance
- To flag gaps / discrepancies in guidance to the national teams and support local teams while awaiting further guidance

### **3. Operational Reporting to Local Systems**

3.1 A daily summary table listing of situations in each Local Authority area, as recorded by PHE's Health Protection database will be provided to DPH and SPOC ([contacttracing@birmingham.gov.uk](mailto:contacttracing@birmingham.gov.uk)) to aid operational management. This will include an overview and a second level with details of outbreak/situations.

### **4. Operational Enquiries**

4.1 Enquiries received by HPT relating to operational issues, such as listed below, will be forwarded to local systems through the SPOC email: [contacttracing@birmingham.gov.uk](mailto:contacttracing@birmingham.gov.uk) this may include:

- i) Sourcing PPE
- ii) Operational issues relating to staff capacity and other support to business
- iii) Removal of dead bodies
- iv) Care provision

### **Local Authority System Role**

- To receive information on complex individuals and situations from PHE following risk assessment and initial advice
- To follow up these individuals and situations in line with local/national SOPs
- To provide further IPC advice as needed
- To discuss any individuals/situations of increasing concern with PHE and agree a joint plan of action, this might include setting up an IMT
- To close individuals and situations after 14d or when complete (need SOPs to include this)
- To work with other teams within the council to bring in specialist advice, support and liaison to manage complex individuals and situations
- To identify any additional needs e.g. for vulnerable individuals, PPE etc and refer to council services to meet these needs e.g. food parcels
- To raise any patterns in cases/situations and gaps in pathways with PHE, for escalation regionally / nationally as appropriate

### **Version Control**

<b>Version &amp; Date</b>	<b>Amendments</b>	<b>Authors</b>
V1.0, 14/05/20	Initial Draft	West Midlands Centre
V2.0 27/05/20		JV/RC/HJ

## Roles by setting

	Setting						
	Care Home	School & Education settings	Workplace	Prison	Homeless / hostel	Faith Setting	Hospital
Receive notification  If any other partners contacted, then need to notify PHE in the first instance	PHE level 1	PHE level 1	PHE level 1	PHE level 1	PHE level 1	PHE level 1	PHE level 1
Gather information and undertake initial risk assessment	PHE	PHE	PHE	PHE	PHE	PHE	PHE
Arrange testing	Through BCHC	Gov.uk	Gov.uk	Home Office/ CCG TBC	–Local arrangement – LA coordinate	Gov.uk	NHS led
Provide advice and recommend control measures	PHE with support from care home cell	PHE with support from LA education setting cell	PHE with support from LA including EH. HSE as appropriate	PHE with support from CCG (TBC)	PHE with support from LA, possible link to voluntary sector if needed	PHE with support from LA, link with faith organisations if needed	PHE with support from CCG/NHSE (TBC)
Provision of results	LA PH team	Gov.uk	Gov.uk	CCG	Local arrangement TBA	Gov.uk	CCG/NHSE

IPC follow up	Care home cell – BCHC, LA, CCG	LA	LA	NHSE	LA	LA	CCG/NHSE
Access to PPE	Current arrangements, emergency supplies from LA	Emergency kits only	Own responsibility	Current arrangements	Current arrangements	Not needed	Current arrangements
Chair IMT if required	PHE / LA / CCG	PHE / LA	PHE / LA	PHE / NHSE/I	PHE / LA	PHE / LA	PHE/CCG / NHSE/I

DRAFT

# Annex D

## Birmingham Covid-19 Surge Capacity

<b>Tier</b>	<b>Outbreak support</b>	<b>Number of staff</b>	<b>Trigger</b>
1	Health Protection Cell	22	Test and Trace Cell Lead
2	Health Protection Cell, Outbreak Setting Working Groups and Wider Public Health Division draw in	22-46	Director of Public Health
3	Full Public Health Division emergency response	46-70	Director of Public Health
4	Birmingham City Council Business support unit – deployment of staff from across the Council	70<	BCC Strategic Command Group

# Annex F

## **Birmingham COVID-19 Test and Trace Communications and Engagement Plan**

Test and Trace is an important part of the local control of the COVID-19 outbreak and a key aspect of this programme is engaging with communities and promoting awareness and understanding of the programme.

This approach builds on the existing engagement and communication approach during the COVID-19 outbreak working across the city with communities of geography and identity through multiple different methods of communication both directly and through partners to spread messages and increase engagement.

Please note that the focus of this plan is Test and Trace communications and engagement as part of the wider suite of communications intentions both by Public Health and Corporate Communications Teams. Should they be necessary, any outbreak response communications will be managed through a separate plan.

### **Aims and key objectives**

This communication and engagement plan is designed to support implementation of Test and Trace at a local level in Birmingham and support the national programme delivery through local engagement.

The key aims of this plan are to:

- Increase awareness of how individuals who have symptoms can access rapid testing
- Increase awareness and understanding of the process of contact tracing and encourage engagement with this process
- Increase awareness and understanding of national guidelines relating to test and trace e.g. self-isolation of contacts
- Provide an opportunity for feedback from communities to inform the local, regional and national test and trace programme

To support achievement of these aims our approaches will have the following objectives:

- Drive and support open and transparent, timely and effective communication
- Localise national COVID-19 guidance especially for Birmingham's diverse community
- Support engagement and communication to ensure all communities in Birmingham access Test and Trace support if needed in a timely and effective way to protect themselves, their communities and the city
- Ensure Citizens, Elected Members, Staff and Partners understand the Birmingham Test and Trace approach
- Change behaviour and perceptions where necessary

### **Threads of Activity**

We will implement this plan through a series of core threads of activity which will be expanded on in more detail through a detailed action plan.

These strands include:

#### *Communities of place*

This strand focuses approaches linked to communities of place such as wards. Birmingham has 69 Wards as well as other potential geographical communities recognised by citizens. This will include work with elected members and Ward Forums as well as other placed based community forums for engagement.

#### *Communities of identity*

This strand focuses approaches linked to communities of identity such as ethnic communities, faith communities, LGBT+ communities, homeless communities, disabled communities, etc. This work will include work with commissioned community engagement partners to engage with specific communities of identity. This strand will also include work to increase the access to translated materials to increase understanding and engagement for individuals whose first language is not English.

#### *Communities of interest*

This strand focuses on approaches linked to a range of different communities of interest, this will include professional interests such as businesses and business sectors, and there is potential to also expand other communities of interest such as Friends of Parks and the Future Parks Accelerator partners for example to reach other audiences and communities.

#### *Elected Members and Key Stakeholders*

This strand focuses on approaches to inform elected members and key stakeholders, this will include regular briefing patterns as well as outbreak specific communication approaches.

#### *Outbreak Response Communication*

This stand sets out our planned approach for communication in response to outbreaks which may be specific to settings or geographical areas.

## **Methods of Engagement**

The reality of the COVID-19 situation limits the potential for face-to-face engagement, but we are conscious of the risk of digital exclusion further increasing the inequalities of the outbreak. Methods of communication and engagement we plan to use include:

- Digital engagement forums
- Social media
- Radio promotion (including promotion for those first language is not English)
- Teleconferences and telephone-based engagement
- Engagement through existing community networks e.g. WhatsApp groups
- Working through front line staff who are engaging face to face to share information and raise awareness
- Specific written and verbal briefings

## **Resources**

This plan will be delivered through the Public Health Division Communications Cell which has led on public health engagement with communities during the outbreak working with and through other partners within the Council and the Health and Wellbeing Board.

The Senior Responsible Officer for the Test and Trace Programme is the Director of Public Health and delivery of this Programme will be led by the two Service Leads within the Public Health Division Communications Cell.

The programme delivery is funded through the dedicated Test and Trace Programme budget and a provisional budget of £1.4M has been set for this programme in 2020/21.

## **Measuring Success**

The success of this plan will ultimately be measured through the level of local engagement with the Test and Trace programme and we hope to be able to monitor this through regular review of the demographic and geographical data on uptake of testing, participation in the tracing programme and new cases of COVID-19. This will be dependent on releasing of national data to support local measurement of impact. If this is not possible, we will explore other options for measuring success.

Activity and progress will be measured through monthly reports on activity to the Local COVID Outbreak Engagement Board through the Senior Responsible Officer.

# Annex G

## Powers for Enforcement

### Powers for isolation

<b>Responsible body</b>	<b>Legislation</b>	<b>Power to...</b>	<b>Scenario example of trigger</b>
Local Authority (Environmental Health)	Public Health {Control of Diseases} Act 1984	Authorised Officer can apply to a court for a court order to control an infectious person (a Part 2a order). In urgent cases it can be done without notice to the individual. Section 45G Power to order health measures in relation to persons may impose the following restrictions: (c) that P be detained in a hospital or other suitable establishment; (d) that P be kept in isolation or quarantine; (j) that P be subject to restrictions on where P goes or with whom P has contact; (k) that P abstain from working or trading.	A local newsagent is found to be positive but is refusing to abstain from working.
Public Health England	Coronavirus Act 2020	Schedule 21 Part 2 Section 14(3) powers include the following restriction: (e) to remain at a specified place in isolation from others for a specified period.	A positive case is living in temporary accommodation but is refusing to isolate and has been regularly leaving the property.

## Powers for closing premises / dispersing gatherings

Powers held by	Legislation	Power to...	Scenario example of trigger
Local Authority	Health and Safety At Work Act	Allows the relevant regulator to <b><u>serve notices to require the duty holder to ensure the Health safety and welfare of those not in his employ</u></b> . This power only applies to their land not the public highway. Essentially low risk premises (offices, shops and retail)	A small local business has not made any provision for its consumers to be safe in their shop.
HSE	Health and Safety At Work Act	Allows the relevant regulator to <b><u>serve notices to require the duty holder to ensure the Health safety and welfare of those not in his employ</u></b> . This power only applies to their land not the public highway. Essentially high risk (manufacturers, Nursing homes, hospitals) <a href="https://www.hse.gov.uk/foi/internalops/og/og-00073-appendix1.htm">https://www.hse.gov.uk/foi/internalops/og/og-00073-appendix1.htm</a>	A meat packaging plant has not made any provision to take to minimise the spread of COVID-19 in its working environment.
Police	The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020	Prohibition notices to businesses that should not be open	A restaurant is found to be trading whilst relevant restrictions are in place
Police	The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No 3) Regulations 2020 – 1 June 2020	Police powers for gatherings – direction, removal, enforcement 4E's: Engage, Explain, Encourage, Enforce (FPN)	A large group of people from a range of different households are not social distancing and are gathering in the city centre.