

**Agenda Item No: 9 Late Report**

**PUBLIC HEALTH RESPONSE TO COVID-19**

**To:** Health Committee

**Meeting Date:** 17<sup>th</sup> September 2020

**From:** Director of Public Health

**Electoral division(s):** All

**Forward Plan ref:** Not applicable      **Key decision:** No

**Outcome:** To update the Health Committee on the Council's public health response to COVID-19, which impacts on outcomes for individuals and communities.

**Recommendation:** Health Committee is asked to:

- a) note the progress made to date in responding to the impact of the Coronavirus.
- b) Note the public health service response.

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## **1. BACKGROUND**

- 1.1. A series of reports have been provided to Committees on the Council's ongoing response to the coronavirus pandemic, our work with partners and communities to protect the most vulnerable and our developing work to help Cambridgeshire to recover from this unprecedented emergency.
- 1.2. Officers and teams across the Council continue to work closely with our communities, partners and providers to develop appropriate operational responses to new guidance as it is issued.
- 1.3. The Council Senior Leadership Team continues to co-ordinate our response, with a Covid-19 Gold Group, which includes both the Chief Executive and Director of Public Health, meeting three times per week. The Local Resilience Forum (LRF), a partnership of local agencies, continues to hold a Strategic Co-ordinating Group to co-ordinate the multi-agency response.
- 1.4. The Council's Recovery Framework was endorsed on 14th May and a Recovery Board has been established. The Senior Management Team member chairing this board is the Director for Business Improvement and Development, Amanda Askham and all Executive Directors, Service Directors and Corporate Heads of Service are members of the recovery group.
- 1.5. The Local Resilience forum has also stood up a Recovery Coordinating Group to co-ordinate multi-agency actions. This group is jointly chaired by Huntingdon District Council Managing Director, Jo Lancaster and South Cambridgeshire District Council Chief Executive, Liz Watts. This has a number of sub-groups - the Council's Public Health Directorate leads the 'Public Health and Prevention' Recovery sub-group, and provides specialist advice and input to other sub-groups.

## **2. LOCAL PUBLIC HEALTH CONTEXT**

### **2.1 Confirmed cases**

Many cases of Covid-19 are not tested for or diagnosed, particularly where the person infected does not have symptoms. The rates of testing and diagnosis have also changed significantly during the course of the pandemic - so the numbers and rates of confirmed cases do not provide a full picture of Covid-19 epidemiology over time.

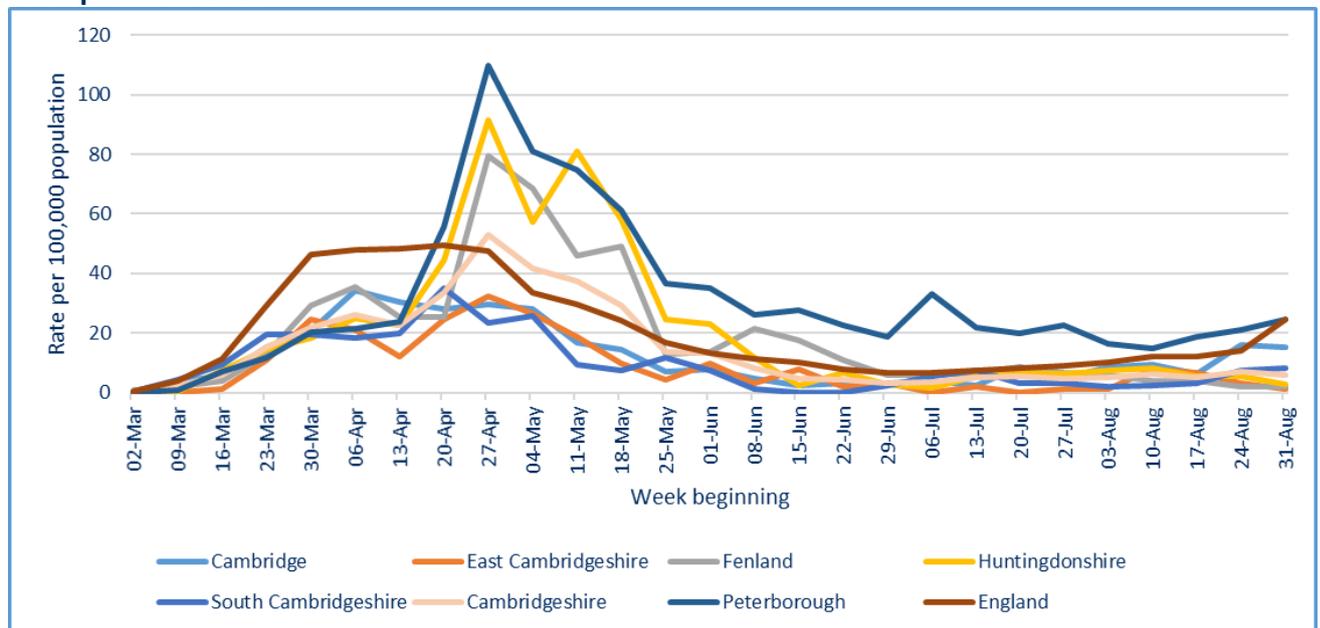
The cumulative rate since the start of testing of Covid-19 cases per 100,000 population in Huntingdonshire (541.7) is now statistically similar to the national average (544.6), as is Fenland's (509.6). All other districts in Cambridgeshire, and Cambridgeshire as a whole have cumulative case rates significantly below the national average.

In the latest reporting week 31 Aug – 6 Sept, 90 new lab-confirmed Covid-19 cases were detected in Cambridgeshire (40) and Peterborough (50). Within Cambridgeshire County, the rates per 100,000 population were highest in Cambridge City, and then South Cambridgeshire.

### Incidence rate of Covid-19 cases per 100,000 residents

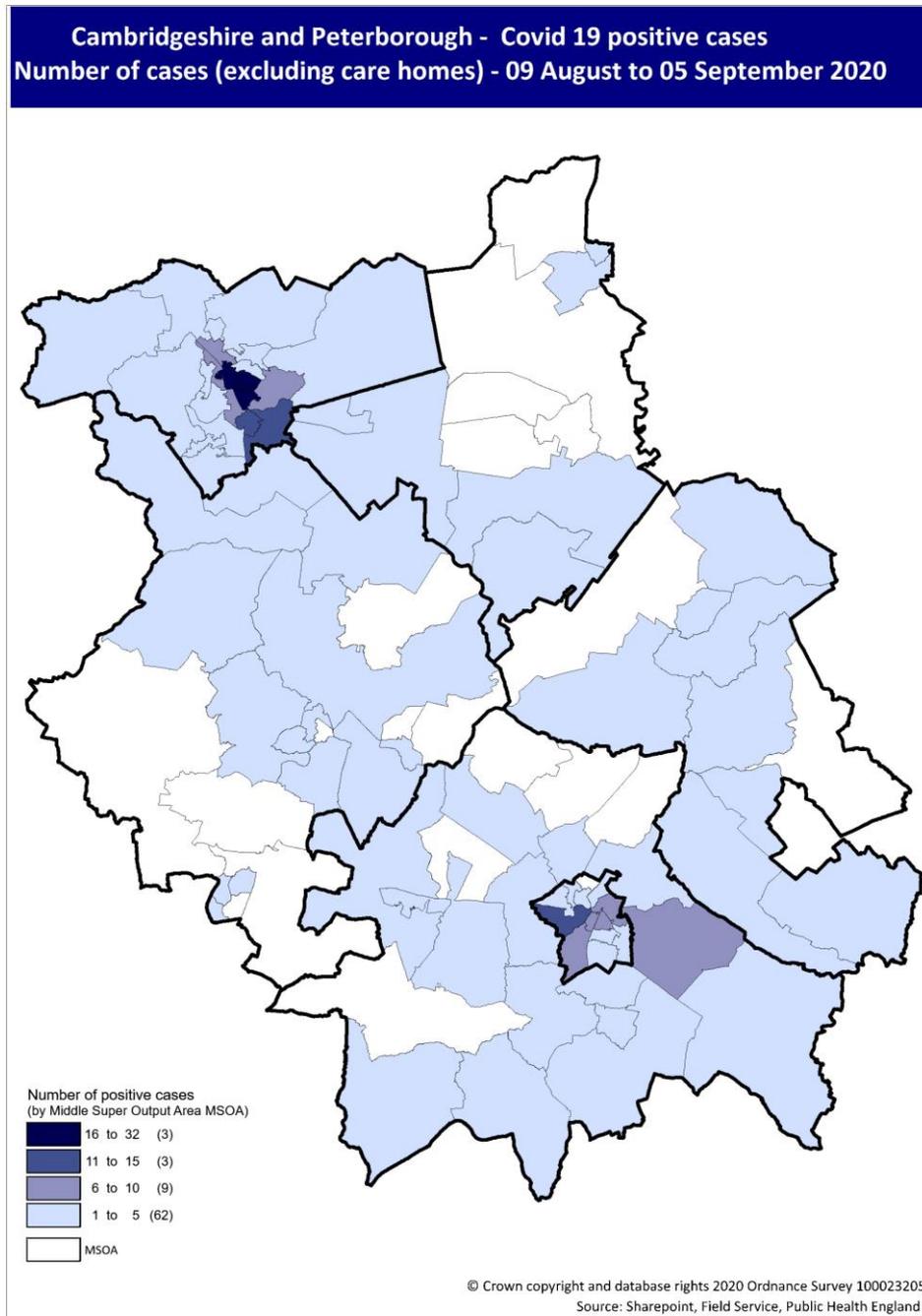
Area	Most recent weekly data (Mon-Sun)			
	Weekly incidence rate from 24 to 30 Aug	Weekly incidence rate from 31 Aug to 6 Sep	Difference in weekly incidence rate from previous week	
Cambridge	16.0	15.2	-0.8	↓
East Cambridgeshire	3.3	1.1	-2.2	↓
Fenland	2.0	2.0	0.0	→
Huntingdonshire	5.6	2.8	-2.8	↓
South Cambridgeshire	7.5	8.2	0.6	↑
Cambridgeshire	7.2	6.1	-1.1	↓
Peterborough	21.3	24.7	3.5	↑
England	14.2	24.4	10.3	↑

### Weekly rates of Covid-19 cases per 100,000 population, up to week 31 Aug-6 Sep, data extracted 09 September 2020



Rates of Covid-19 are rising - and have increased further, both nationally and locally since the data for 31 August to 6 September published above. The increase is currently more marked in Peterborough than in Cambridgeshire.

The geographical spread of confirmed community Covid-19 cases in the month from 9<sup>th</sup> August to 5<sup>th</sup> September is shown in the map below. This makes clear that the highest numbers of community cases are in the urban areas of Peterborough City and Cambridge City.



## 2.2 Deaths

Sadly, there were 410 Covid-19 related deaths in Cambridgeshire in the period from March to 28<sup>th</sup> August 2020. Covid-19 related death rates and all-cause death rates in Cambridgeshire county were lower (better) than the national average during the five months from March to July, and death rates in all Cambridgeshire districts were lower than or

similar to the national average during these five months. There were no Covid-19 related deaths in Cambridgeshire the reporting week 35 (ending Friday 28<sup>th</sup> August).

### Numbers of deaths and directly age-standardised rates (DASR) for Covid-19 related deaths occurring 1 March – 31 July 2020

Cause of death	Area	5 month - March - July											
		Persons				Males				Females			
		Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
COVID-19	Cambridge	82	81.9	64.9	102.0	39	98.7	70.0	135.0	43	68.3	48.7	92.8
	East Cambridgeshire	51	53.9	40.1	70.9	33	81.5	55.5	115.2	18	33.5u	19.6	53.2
	Fenland	81	67.8	53.8	84.5	45	88.4	64.2	118.7	36	52.7	36.5	73.5
	Huntingdonshire	131	72.8	60.3	85.2	71	93.5	72.5	118.6	60	58.1	44.3	74.9
	South Cambridgeshire	61	37.0	28.3	47.5	31	43.7	29.6	62.2	30	31.8	21.3	45.5
	Cambridgeshire	406	61.6	55.6	67.6	219	78.9	68.3	89.4	187	48.6	41.5	55.6
	Peterborough	104	64.5	52.0	77.0	54	77.8	58.1	102.1	50	54.1	40.0	71.4
	East of England	5,096	77.8	75.7	79.9	2,904	105.1	101.3	109.0	2,192	57.4	55.0	59.8
England	49,232	90.9	90.1	91.8	27,130	118.8	117.3	120.2	22,102	69.8	68.9	70.7	

### Numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from all-causes occurring 1 March – 31 July 2020

Cause of death	Area	5 month - March - July											
		Persons				Males				Females			
		Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
All causes	Cambridge	373	384.6	344.9	424.3	173	433.6	368.6	498.6	200	354.6	303.5	405.6
	East Cambridgeshire	361	381.6	342.1	421.0	183	469.9	400.1	539.8	178	320.5	272.8	368.3
	Fenland	538	444.7	406.9	482.4	272	526.3	462.9	589.7	266	378.1	331.8	424.4
	Huntingdonshire	707	392.6	363.6	421.6	356	455.2	406.9	503.6	351	340.2	304.4	375.9
	South Cambridgeshire	542	326.7	299.1	354.3	276	394.0	347.0	441.0	266	274.7	241.3	308.0
	Cambridgeshire	2,521	382.7	367.7	397.6	1,260	452.0	426.7	477.3	1,261	329.6	311.1	348.0
	Peterborough	675	423.7	391.5	455.9	344	513.0	457.6	568.5	331	361.6	322.3	401.0
	East of England	27,771	425.0	420.0	430.0	13,847	501.6	493.2	510.1	13,924	364.6	358.5	370.7
	England	243,844	451.3	449.5	453.1	122,045	531.7	528.7	534.7	121,799	386.9	384.8	389.1

## 3 PUBLIC HEALTH RESPONSE

3.1 There has been ongoing focus over the past month on implementation of the Local Outbreak Control Plan (LOCP), including joint work with the regional Public Health England Health Protection Team to directly manage local clusters and outbreaks.

<https://www.cambridgeshire.gov.uk/residents/coronavirus/coronavirus-covid-19-test-and-trace#local-outbreak-control-plan-7-0>

3.2 The public health led Surveillance Group meets daily at 9am to review the latest data from Public Health England, NHS Test and Trace, the local NHS and other relevant sources for Cambridgeshire and Peterborough. This information is summarised and passed on to the Outbreak Management Team which works closely with the Public Health England Health Protection Team to oversee the management of local clusters and outbreak of Covid-19, through the work of multi-agency 'cells'. These cells are:

- Care Home Cell
- Education Cell
- Workplace Cell
- Vulnerable Populations Cell
- NHS Healthcare arrangements.

The membership of each Cell includes the agencies relevant to prevent and control outbreaks in that area of work. For example the Care Home Cell includes CCG, Adult Social Care, Public Health and NHS Community Service representatives; while the Workplace Cell has strong input from District/City Council Environmental Health Officers, who can visit affected businesses and provide advice and monitoring of their infection control and other outbreak control measures.

- 3.3 The overall implementation of the LOCP is overseen by the multi-agency Health Protection Board which meets weekly and is chaired by the Director of Public Health. This Board includes membership from Public Health England and has a strong focus on the local epidemiology of and trends for Covid-19, as well as current plans and actions to prevent and control outbreaks - in order to provide strategic leadership and planning for the future.
- 3.4 The Health Protection Board is supported by the LOCP Programme Delivery Group, chaired by the Chief Operating Officer of South Cambridgeshire District Council. This oversees delivery and monitoring of the LOCP action plan and milestones, with a focus on building the capacity and infrastructure required to manage a potential future surge in Covid-19 cases and outbreaks. This includes identifying and mitigating risks to delivery of the LOCP. The Programme Delivery Group meets weekly, and has multi-agency representation from the range of organisations involved in delivering the LOCP.
- 3.5 The Member-led Local Outbreak Engagement Board, jointly Chaired by Cllr Roger Hickford from Cambridgeshire County Council and Cllr John Holdich from Peterborough City Council, had its most recent meeting on Friday 11<sup>th</sup> September. A video of the meeting is available on [Recording of Local Outbreak Engagement Board](#) . This Board meets in public and provides political leadership and communication with local residents for outbreak prevention, early identification and control.
- 3.6 District Councils make a key contribution to the LOCP, through their Environmental Health function and through their local preventive and rapid response work in the event of a community outbreak in their area. This includes practical support for more vulnerable people asked to isolate at short notice.

#### Local Resilience Forum

- 3.7 The Local Resilience Forum Strategic Co-ordination Group, co-chaired by Gillian Beasley and by Jan Thomas, the CCG Accountable Officer, plays an important role in supporting Covid-19 outbreak prevention and management through bringing together the resources of the wider public sector in Cambridgeshire and Peterborough, when the resources needed go beyond the scope of the Health Protection Board. A document describing the roles and responsibilities of a range of organisations involved in delivering the LOCP has been agreed through the LRF Strategic Co-ordination Group and published alongside our LOCP. <https://www.cambridgeshire.gov.uk/asset-library/PCC-CCC-3126a-Local-outbreak-control-plan-V6.pdf>

#### Areas of focus over the past month

- 3.8 There has been a strong focus over the past month on the return of children to schools across our system. Public Health staff have worked closely with the Education Directorate to provide appropriate information and advice to head teachers. Robust arrangements are in

place, working closely with Public Health England Health Protection Team for managing either single cases or wider outbreaks of Covid-19 in a School or Early Years setting.

- 3.9 Another focus has been on joint work with Cambridge University, Anglia Ruskin University, and Cambridge City Council to ensure that plans for the return of university students to the City are robust, and aligned with the wider Local Outbreak Control Plan. This includes a communications campaign focussed on young people, to encourage Covid-19 safe behaviours at all times, including when socialising outside work or education.
- 3.10 There has been ongoing focus on Care Homes and Domiciliary Care. Public health staff work closely with the Adult Social Care Directorate and with NHS colleagues to ensure that the Cambridgeshire and Peterborough Care Home Support Plan continues to be implemented effectively, with ongoing infection control support and training for Care Homes where required.
- 3.11 Joint work with District/City Council Environmental Health Teams on prevention and outbreak management with both workplaces and vulnerable/ socially excluded groups is described in more detail in agenda item 8.
- 3.12 Larger events currently need a careful Covid-19 risk assessment to ensure that they don't inadvertently cause further spread of Covid-19. Public Health staff work closely with Environmental Health Teams, and with District/City Council Safety Advisory Groups, to provide advice on more complex and high risk events - following a forward calendar so that the risk assessments can be considered and advice provided as far as possible in advance of the planned date.
- 3.13 The Health Protection Board and wider Council directorates are actively planning for a potential surge of cases during the winter months - considering the impact of a combination of Covid-19 and other winter viruses such as influenza. Ensuring effective flu vaccination for vulnerable groups is a high priority - as this should reduce demand for both Covid-19 testing and hospital capacity.
- 3.14 Public Health staff work closely with the Communications Team on a range of campaigns and information, both for the general public and more targeted groups. There is a current focus on a hard-hitting campaign for the 18-30 age group.

#### National issues

- 3.15 National capacity for Covid-19 pillar 2 laboratory testing is under pressure, with a significant increase in demand. This testing is commissioned nationally by the Department of Health and Social Care. Public Health and Communications staff are working closely with regional colleagues and the Clinical Commissioning Group, to ensure that appropriate messages are reaching the public on the current situation.
- 3.16 New national guidance was produced last week, following a prime ministerial announcement, on the 'rule of six' restricting both indoor and outdoor gatherings. In addition, pubs, restaurants and other hospitality venues will be required by law to record the contact details of all clients. Public Health and communications staff are working to publicise the new legal requirements, and the Director of Public Health is writing to all local hospitality venues to reinforce the introduction of the new requirements.

3.17 The government announced proposals on 18<sup>th</sup> August to create a new Institute of Health Protection through merging the relevant functions from Public Health England, NHS Test and Trace and the Joint Biosecurity Council. This started work immediately, with a single command structure to advance the country's response to the COVID-19 pandemic. The new organisation will be formalised and operating from spring 2021.

#### **4 ALIGNMENT WITH CORPORATE PRIORITIES**

4.1 The current Coronavirus pandemic will have both an immediate and a longer term effect on all of the Council's priorities. The impacts will be monitored and managed through our risk logs and recovery plans and will feed into the annual review of Council strategy.

#### **5. SIGNIFICANT IMPLICATIONS**

5.1 Following the Government's recovery plans for the UK, it is important to balance the requirements for people to get back to school and work, for communities and services to rebuild and for businesses to reopen, with the ongoing monitoring and control of risks from Covid-19. The work outlined above describes how this is being taken forward in Cambridgeshire.

<b>Source Documents</b>	<b>Location</b>
Cambridgeshire and Peterborough Local outbreak control plan	<a href="https://www.cambridgeshire.gov.uk/residents/coronavirus/coronavirus-covid-19-test-and-trace#local-outbreak-control-plan-7-0">https://www.cambridgeshire.gov.uk/residents/coronavirus/coronavirus-covid-19-test-and-trace#local-outbreak-control-plan-7-0</a>