

**NOTES OF THE CAMBRIDGESHIRE & PETERBOROUGH
LOCAL OUTBREAK ENGAGEMENT BOARD MEETING
HELD AT 11AM ON FRIDAY 25 MARCH 2022
DANS MARTIN HOUSE, PETERBOROUGH**

Present:

Cllr Susan van de Ven (Chair)	Chair, Cambridgeshire County Council (CCC) Health and Wellbeing Board
Cllr Irene Walsh	Cabinet Member for Integrated Adult Social Care, Health and Public Health, Peterborough City Council (PCC) CCC
Cllr Wayne Fitzgerald	Leader, PCC
Cllr Richard Howitt	Chair of Adults and Health Committee, CCC
Cllr Bill Handley	District Council Representative
Charlotte Black	Service Director, Adults and Safeguarding (CCC and PCC)
Val Thomas	Consultant in Public Health, CCC
Jan Thomas	Accountable Officer, NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jyoti Atri	Director of Public Health, CCC and PCC
Matthew Oliver	CEO, Healthwatch Cambridgeshire and Peterborough
Matthew Hall	Head of Think Communities Communications Officer, CCC

1. APOLOGIES AND DECLARATIONS OF INTERESTS

Apologies were received from Gary Howsam, Louis Kamfer, Stuart Francis, Paul Fox and Joanne Procter.

There were no declarations of interest.

**2. NOTES FROM THE LOCAL OUTBREAK ENGAGEMENT BOARD MEETING
HELD ON FRIDAY 21 JANUARY 2022**

The notes of the meeting held on 21 January 2022, were approved as a true and accurate record.

3. PUBLIC QUESTIONS

No public questions were received.

4. UPDATE ON EPIDEMIOLOGY

The Director of Public Health, CCC and PCC, provided an epidemiology update to the Board. Presentation slides may be found in Appendix 1. Points raised included:

- The recent rise in infection, death and hospital admission. In particular, the officer noted that data predicted 5% of the community were infected and six deaths within 28 days of infection had occurred in the last seven days.
- The increasing inaccuracy of regional and national data as testing kits became less available.

The Accountable Officer for the NHS Cambridgeshire and Peterborough Clinical Commissioning Group also reported:

- Anecdotal data showed people testing positive for COVID now took two or three days leave from work but returned to the workplace while infectious, when previously they were supported to isolate and work from home. This increased transmission rates and consequently sickness in the workplace.
- High case numbers affected productivity, increased staff isolation and bed availability in hospitals.

The Local Outbreak Engagement Board debated the update and in summary, key points raised and responses to questions included:

- In accordance with national guidelines from infection prevention control teams, individuals going into hospital would continue to test for coronavirus prior to entry. This practice would continue dependent upon the number of coronavirus patients admitted into acute wards.
- There was concern around the reduction in mask wearing due to the 'living with covid' ethos. The officer responded that pressing the economic advantages of ensuring business continuity by preventing staff sickness was key to maintaining safe practice. A cultural change would be required for this to occur, with workplaces recommending staff work from home for mild and serious illness.
- Noted the impact of vaccinations, drawing comparison to the death rates in Hong Kong which had not pushed for vaccination.

The Chair exercised her discretion and with the agreement of the Board, varied the running order of the meeting and took agenda item 7 next.

5. COMMUNICATION PLAN POST APRIL 2022

The Communications Manager detailed the plans for public engagement following April 2022. Points raised included:

- Communications aimed to reach hard-to-reach communities through schools, mainstream media and social media.
- Recently, engagement with coronavirus prevention measure communication had reduced. Therefore, the communication toolkit was being reviewed and refreshed for the new 'Step Back into Spring Safely' campaign, which would be updated in line with Government guidance released in April.
- A plan had been produced with the Communication Engagement Team aimed at vaccine hesitancy.

LIVING WITH COVID

6.

The Director of Public Health, CCC and PCC, provided a report on Cambridgeshire's approach to the Government 'Living with Covid' paper, which had four elements. The presentation can be found in Appendix B. Key points raised included:

- Removal of mandatory restrictions and encouraging safe behaviours: There was concern for the lack of action taken with regard to 'encouraging safe behaviours'.
- Protecting the vulnerable: This would be actioned through targeted testing and providing antiviral vaccinations to the vulnerable.
- Maintaining resilience through surveillance: Reductions in testing had resulted in this objective being more difficult to meet, however, the mass vaccination approach would help maintain resilience.
- Securing innovations and opportunities: Learning would build on existing information due to the end of current support infrastructure such as: contact tracing, isolation support payments, the legal obligation to confirm a positive test, testing availability, and coronavirus passports for entry into this country.
- Detailed vaccination plans, including an over-75 campaign.

The Local Outbreak Engagement Board debated the update and in summary, key points raised and responses to questions included:

- Noted that more details would be released regarding travel restrictions, but that individuals would continue to need to follow the restrictions of countries to which they travel.
- Coronavirus hospital admissions occurred in vaccinated and unvaccinated people, but vaccinations reduced the likelihood of hospital admittance. The officer would circulate data publicising the benefits of vaccination on hospital outcomes. **Action.**

- Test kit costs and removal of isolation support would discriminate against people on low incomes and within particular areas of employment and encouraged unsafe and overconfident attitudes.
- With the end of testing and high transmission rates, people with cold symptoms should consider themselves likely to have coronavirus and should please act accordingly.
- That the Authority should prepare for future outbreaks. This process had begun with internal reflection sessions for Peterborough and the Local Outbreak Engagement Board. The Cambridgeshire and Peterborough Local Resilience Forum had also committed to a system-wide reflection.

PLANS FOR BEYOND 1 APRIL 2022

7. The Director of Public Health, CCC and PCC provided details for future plans. Points raised included:
- While Public Health business would return to normal, a small contingency team and extra resource would remain so that provision was secured should a more dangerous variant evolve. This was funded finitely by the Covid Outbreak Management Fund which would end next year.
 - Additional measures could not be implemented due to funding restrictions. This was an area for concern.

VACCINATION PLANS

8. The Head of Think Communities detailed the Vaccination Plan, the presentation for which can be seen in Appendix C. Points raised included:
- Movement to a new, more selective phase of the Vaccine Confidence Programme.
 - Details of a single action plan informed by local area profiles which used geographical, ethnic, age and vulnerability data.
 - An improved delivery model that was more consistent and manageable, with a better outreach offer to unvaccinated individuals.
 - Vaccine Champion Funding was provided to Cambridge and Peterborough. Other districts used alternative funding for the vaccination campaign. Resources had been aligned to ensure this targeted campaign was reaching hard-to-reach groups.
 - The Steering Group, which monitored the robustness of the forward plan and area profiles, was undergoing monitoring and review. The governance of this would be seen by the Health Protection Board and the Clinical Commission Group.

The Local Outbreak Engagement Board debated the update and in summary, key points raised and responses to questions included:

- They were in the first week of the spring vaccination programme and therefore couldn't report on uptake, including in the health and social care sector. However, there was an increase in vaccination sites and vaccine offer contact methods.
- Depending on the way in which population number was read, 20% of Cambridgeshire residents were unvaccinated. The drop off rate for this was higher for younger residents and may be influenced by belief that the pandemic was over.
- National guidance had produced data on the optimal interval between vaccination boosters, but immunity waned faster in the older population. Protection offered by the vaccine was increased by higher dosage and a degree of exposure soon after vaccination.

9. ANY OTHER BUSINESS

None.