

## Cambridgeshire & Peterborough Local Outbreak Engagement Board

Monday, 26<sup>th</sup> July 2021

2.00pm

The meeting will be held virtually via Zoom.

### Agenda

Open to public and press

1. Apologies and Declarations of Interests (oral)  
[Guidance on declaring interests is available here](#)
2. Notes from the meeting on 18 June 2021 (pages 3 - 19)
3. Public Questions (oral)

*Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak no later than 12.00 noon one working day before the meeting*  
[Registering requests to speak is available here](#)

4. Update on Epidemiology and Response Jyoti Atri  
(to follow)
5. Vaccination Rates CCG &  
Adrian Chapman  
(Oral)
6. Clinically exceptional vulnerable after vaccination rates Adrian Chapman  
(Oral)
7. Communication Campaign Update Christine Birchall  
(pages 21 - 29)
8. Any Other Business

The Local Outbreak Engagement Board comprises the following members:

Cambridgeshire County Council – Councillors Howitt & van de Ven  
Peterborough City Council – Councillors Fitzgerald & Walsh  
Director of Public Health, Executive Director: People and Communities, Service Director:  
Adults Social Care & Service Director: Communities and Partnership  
Clinical Commissioning Group – Jan Thomas, Gary Howsam, and Louis Kamfer  
Cambridgeshire District Councils – Councillor Bill Handley  
Chair of Cambridgeshire and Peterborough Healthwatch  
Police and Crime Commissioner

For more information about this meeting please contact the  
Head of Public Health Business Programmes, Public Health Directorate

Name: Kate Parker

Email: [kate.parker@cambridgeshire.gov.uk](mailto:kate.parker@cambridgeshire.gov.uk)

**NOTES OF THE CAMBRIDGESHIRE & PETERBOROUGH LOCAL OUTBREAK  
ENGAGEMENT BOARD MEETING  
HELD AT 3PM ON  
FRIDAY, 18 JUNE 2021  
VIRTUAL MEETING VIA ZOOM**

**Present:**

Cllr Irene Walsh (Chair)	Cabinet Member for Integrated Adult Social Care, Health and Public Health, Peterborough City Council (PCC)
Cllr Susan van de Ven	Cambridgeshire County Council (CCC)
Cllr Bill Handley	District Council Representative
Cllr Wayne Fitzgerald	Leader of PCC
Wendi Ogle-Welbourn	Executive Director, People and Communities, CCC and PCC
Charlotte Black	Service Director, Adults and Safeguarding, CCC and PCC
Val Moore	Chair, Healthwatch Cambridgeshire and Peterborough
Christine Birchall	Head of Communications and Information, CCC and PCC
Jan Thomas	Accountable Officer, NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jyoti Atri	Director of Public Health, CCC and PCC
Adrian Chapman	Service Director – Communities and Partnerships, CCC and PCC
Kate Parker	Head of Public Health Business Programmes, CCC and PCC

**1. APOLOGIES AND DECLARATIONS OF INTERESTS**

Apologies were received from Dr. Gary Howsam (Clinical Chair, CCG), Gillian Beasley (Chief Executive, CCC and PCC), Darryl Preston (Police and Crime Commissioner for Cambridgeshire), Louis Kamfer (Chief Finance Officer, CCG) and Councillor Richard Howitt (CCC)

There were no declarations of interest.

**2. NOTES FROM THE LOCAL OUTBREAK ENGAGEMENT BOARD MEETING HELD ON FRIDAY 30 APRIL 2021.**

The notes of the meeting held on 30 April 2021, were approved as a true and accurate record.

**3. PUBLIC QUESTIONS**

No public questions were received.

**4. UPDATE ON EPIDEMIOLOGY AND RESPONSE**

The Director of Public Health delivered a presentation on the Epidemiology Review for Cambridgeshire and Peterborough. Presentation slides may be found in Appendix 1.

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

- The overall picture appeared to be reassuring but continued monitoring was required.
- Infection rates in care homes needed to be continually monitored.
- Members asked if 'Long COVID' was more prevalent in the young and if case rates were increasing. Officers responded that this was being studied nationally. There needed to be clarity on its symptoms and case definitions. The Director of Public Health would report back to the Board when data was available.
- New cases in South Cambridgeshire and Peterborough had sporadic origins but there were links with travel to London and Bedfordshire.

#### **ACTIONS AGREED:**

1. The Director of Public Health to provide the Local Engagement Board with information on COVID infection rates in care homes.
2. The Director of Public Health to provide the Board with information on long COVID rates when the data becomes available.

#### **5. UPDATE ON GOVERNMENT'S PLAN FOR ROAD MAP**

The Director of Public Health presented an update on the Government's Plan for the Road Map. Presentation slides may be found in Appendix 2.

The Service Director, Communities and Partnerships added the following points:

- While the figures were looking positive, epidemiology continued to be monitored and partnership working continued to be in place in readiness for a possible future increases in cases.
- Partnership working across Councils, voluntary and faith organisations were stronger than ever and these relationships were becoming embedded as normal practice. The Community Resilience Group continued to grow and Rapid Response arrangements remained in place. There was a key emphasis on addressing outbreaks before they started to spread; via testing, self-isolation support and increasing vaccination take up in partnership with the Clinical Commissioning Group (CCG).
- The hub network would continue on a permanent basis. The hubs had become vehicles for people to make contact with services at the earliest possible opportunity and this had proved extremely valuable during the pandemic.

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

- Members praised the effective spread of information to district councils and voluntary groups through the hubs and it was hoped that this would continue. These voluntary groups were conducting important casework, e.g. self-isolation support.
- The Service Director commented that support for community organisations needed to continue after the pandemic to support people in the recovery phase.
- Members commented that the system for reporting lateral flow test results needed to be improved and asked how this could be taken forward.

- Members asked if mobile vaccination centres could be utilised in rural areas to improve access to vaccines. It was noted that this would be addressed in the next agenda item. The representative of Healthwatch added that while similar concerns were reported to them, they were swiftly resolved once contact was made with the CCG and Cambridgeshire and Peterborough Foundation (CPFT) and home vaccination visits could be arranged. There were more concerns regarding the consequences of COVID, e.g., difficulties in accessing GP appointments, dental care, confusing letters etc.
- Officers commented that there would be representation from the North and South Alliances on the Place Leads Group, as part of the development of the Integrated Care System across Cambridgeshire and Peterborough.

## 6. VACCINATION PROGRAMME

The Accountable Officer, CCG delivered a presentation on the Vaccination Programme. Presentation slides may be found in Appendix 3. Additional points raised included:

- Work was needed between the CCG and Councils to target low-uptake communities to the available vaccination capacity. The CCG had insufficient resourcing to undertake bespoke targeting. The focus was therefore on working with Councils to ensure people had the information they needed to access vaccination.
- Work was underway to try to ensure all over-18s had been offered a first dose by 19 July and that second doses were as high as possible. The challenge was to make sure all available vaccination capacity was taken up.
- Second dose rates were over 95% for the over 80s and over 75s, 94% for the over 70s, 90% for over 65s and 85% for the over 60s. These figures were high and there was a higher concentration of vaccinations among priority groups 1 to 9 in Cambridgeshire and Peterborough compared to other areas. Over 1m doses had now been delivered in Cambridgeshire and Peterborough.

The Chair asked for an update on work to deliver vaccines to hard-to-reach communities and groups:

- The Service Director, Communities and Partnerships responded that a Vaccine Confidence Steering Group, accountable to the CCG, had been established. This group brought together people with expertise in addressing this issue. There was representation from all Councils, the three councils in voluntary service as well as health colleagues. The group received comprehensive data from the CCG to identify where efforts needed to be focussed. Work would soon take place at District and City levels to address low take up in small geographical areas.
- Structural reasons for low take-up might include transportation or employment issues, with solutions including a vaccination bus and pop-up sites. The other category of vaccine confidence work was on addressing beliefs and myths regarding the vaccine. Rates of hesitancy in Cambridgeshire and Peterborough were low and structural issues would address much of this. 'Beliefs and myths' hesitancy was distributed across all demographic groups in the area and work was underway to address this with partners.
- There was a sense of optimism regarding preparations for Stage 4 reopening.

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

- Members expressed their thanks to all those involved in the vaccination rollout.
- Officers were awaiting the detailed guidance on the compulsory vaccination of care home staff. While this would be useful in addressing low rates of vaccinations in certain care homes, there was a concern that this would lead to staff losses. The Local Engagement Board was encouraged to remain vigilant of this issue as care homes with low vaccination rates became more open to visitors.

## 7. UPDATE ON COMMUNICATION BRIEFING

The Head of Communications introduced the Communication update document, available at the following link:

[https://cambridgeshire.cmis.uk.com/CCC\\_live/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=58Az5om0ZOsyIPfdYStm3f18vWnkImxSWXHDQWrgjwO4ZYDu4vgHJw%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNih225F5QMaQW CtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFfIUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFfIUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCPMRKZMwaG1PaO=ctNJFf55vVA%3d](https://cambridgeshire.cmis.uk.com/CCC_live/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=58Az5om0ZOsyIPfdYStm3f18vWnkImxSWXHDQWrgjwO4ZYDu4vgHJw%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNih225F5QMaQW CtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFfIUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFfIUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCPMRKZMwaG1PaO=ctNJFf55vVA%3d)

Additional points included:

- There was a focus on promoting adherence to public health measures at a time when evidence suggested this was starting to reduce.
- Work around COVID-19 would help to inform future communications campaigns across Cambridgeshire County and Peterborough City Councils.

The Chair thanked the Communications Team for their work during the pandemic.

There were no other questions from Members.

## 8. ANY OTHER BUSINESS

None.

# Epidemiology Review

## Cambridgeshire & Peterborough

### 18<sup>th</sup> June 2021

Contacts for queries:

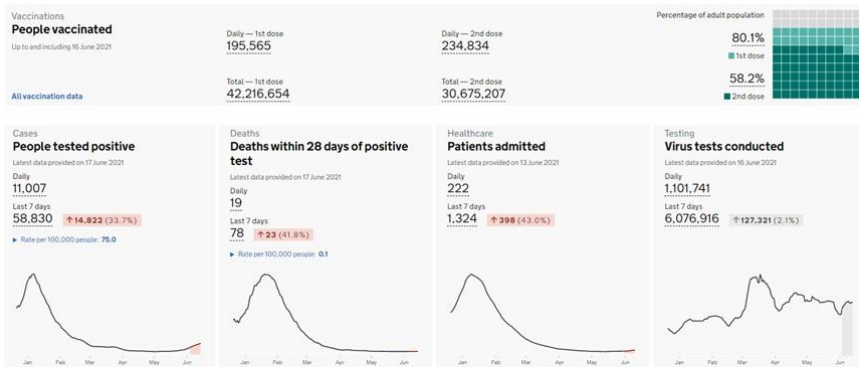
Emmeline Watkins: [Emmeline.Watkins@peterborough.gov.uk](mailto:Emmeline.Watkins@peterborough.gov.uk)

PHI Team: [PHI-team@cambridgeshire.gov.uk](mailto:PHI-team@cambridgeshire.gov.uk)

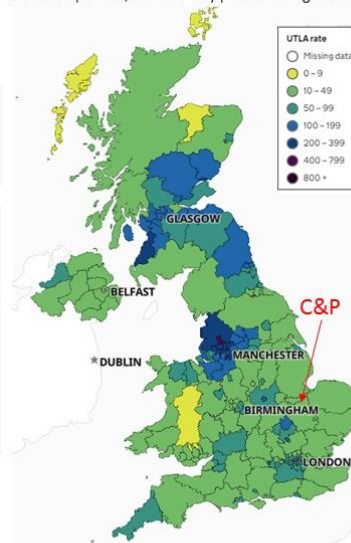
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**There has been an increase in people testing positive (+34%), hospital admissions (+43%) and deaths (+42%) in the most recent week.**

#### UK Summary



Case rate per 100,000 for 7-day period ending 12 June 2021



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Source: [Coronavirus.data.gov.uk](https://coronavirus.data.gov.uk)

## All-age incidence rates have increased in Cambridgeshire and Peterborough compared to previous week but remain below the regional and national averages.

Area	Weekly Incidence (cases/100,000) & trend vs previous 7 days		7-day change in case rate (%)	Weekly incidence - 60+ years (cases per 100,000) & trend vs previous 7 days		Positivity Rate (%) & trend vs previous 7 days	
	12-Jun			12-Jun		12-Jun	
Data to date	12-Jun		12-Jun		12-Jun		12-Jun
Cambridge	28.2	↑	63.6%	0.0	↓	0.7%	↑
East Cambridgeshire	15.6	↑	16.7%	0.0	↓	0.5%	↑
Fenland	30.4	↑	82.4%	6.7	↓	1.0%	↑
Huntingdonshire	25.8	↑	35.3%	6.4	↓	0.9%	↑
South Cambridgeshire	35.2	↑	229.4%	7.5	↑	1.0%	↑
Cambridgeshire	28.8	↑	63.6%	0.0	↓	0.9%	↑
Peterborough	26.7	↑	22.7%	12.6	↑	0.8%	↑
<b>EAST OF ENGLAND</b>	<b>35.6</b>	<b>↑</b>	<b>39.8%</b>	<b>7.0</b>	<b>↑</b>	<b>1.2%</b>	<b>↑</b>
<b>ENGLAND</b>	<b>75.2</b>	<b>↑</b>	<b>49.3%</b>	<b>13.9</b>	<b>↑</b>	<b>2.4%</b>	<b>↑</b>

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### Increase in case rates in all areas across Cambridgeshire and Peterborough; some fluctuations in 60+ rates though absolute case numbers remain low and incidence below England average

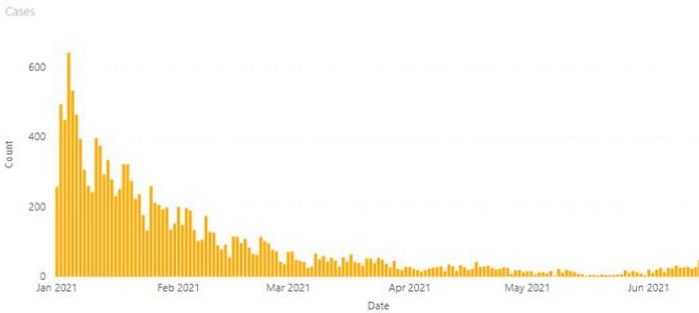


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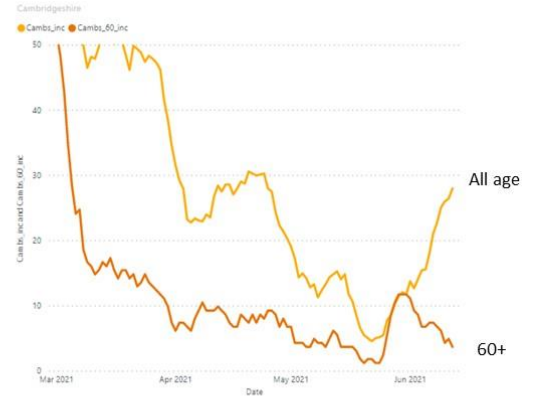


# Cambridgeshire overall case rates have increased since the low levels in late-May

Case numbers over time



Case rate per 100,000 for all ages and over 60s - trend since 1<sup>st</sup> March 2021

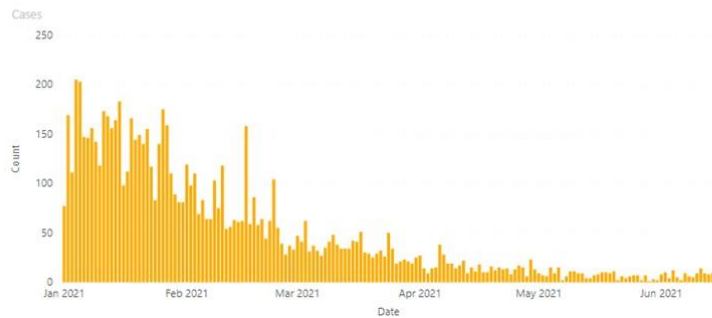


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Cases to 14/06

# Increase in all-age and 60+ incidence in Peterborough since 31<sup>st</sup> May, though rates remain below the England average

Case numbers over time



Case rate per 100,000 for all ages and over 60s - trend since 1<sup>st</sup> March 2021

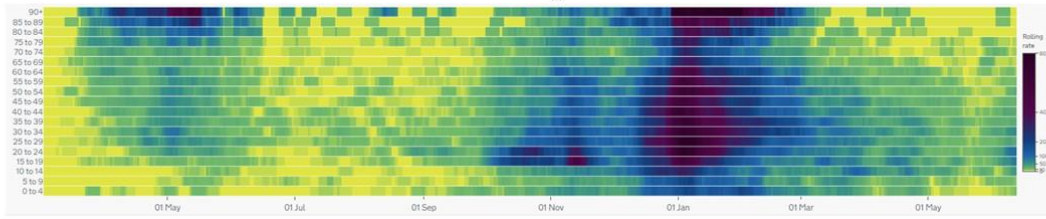


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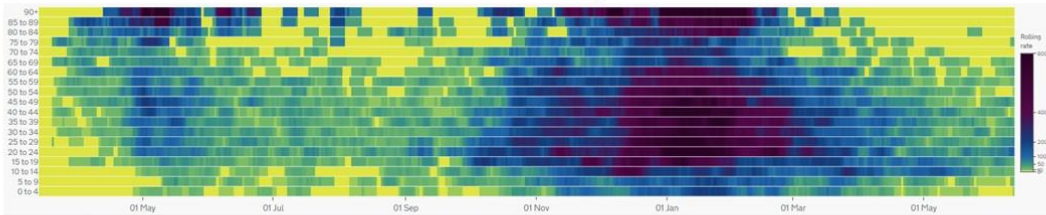
Cases to 14/06

# Case rates are higher in 15-24 age groups in Cambridgeshire and 20-29 age groups in Peterborough

## Cambridgeshire



## Peterborough

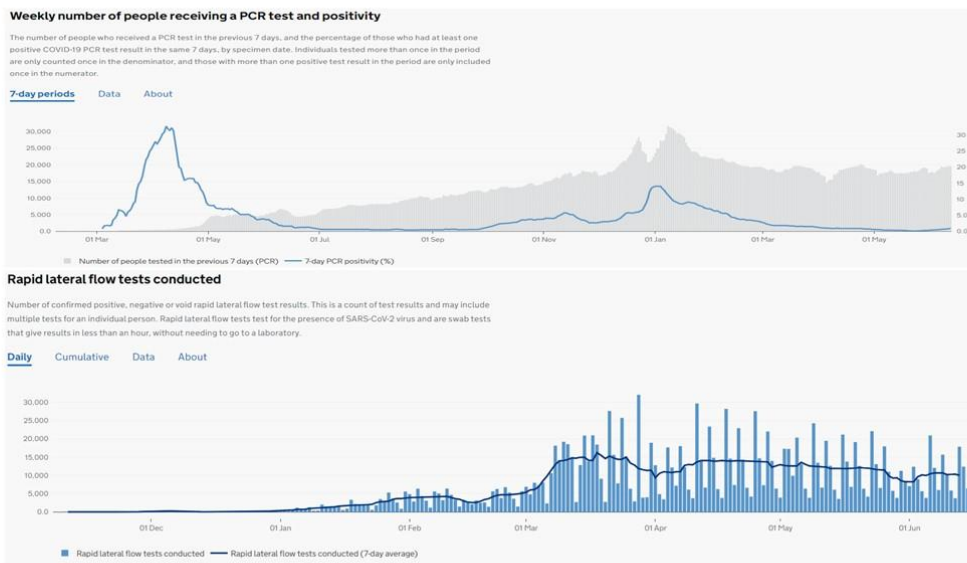


Rate of people with at least one positive COVID-19 test result, either lab-reported or rapid lateral flow test (England only) per 100,000 population in the rolling 7-day period ending on the dates shown, by age. Positive rapid lateral flow test results can be confirmed with PCR tests taken within 72 hours. If the PCR test results are negative, these are not reported as cases. People tested positive more than once are only counted once, on the date of their first positive test.

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Source: Coronavirus.data.gov.uk

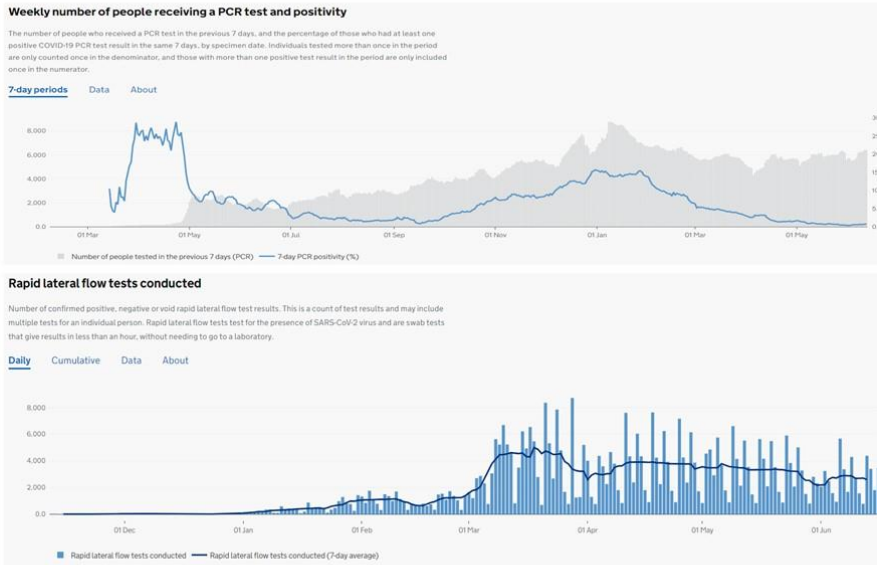
## 7-day average for lateral flow tests and PCR tests conducted are stable in Cambridgeshire. Slight increase in PCR positivity in recent days.



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Source: Coronavirus.data.gov.uk

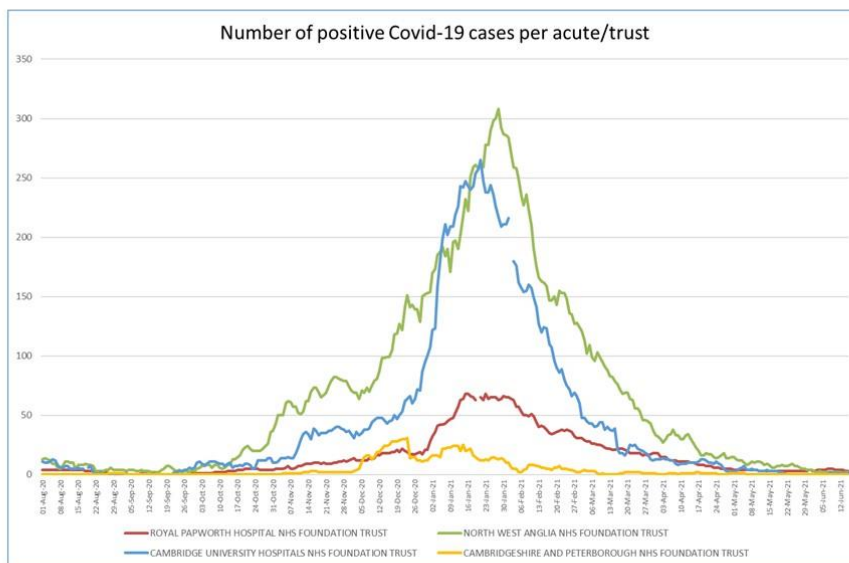
## 7-day average for lateral flow tests and PCR tests conducted are stable in Peterborough after a decline during the bank-holiday.



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Source: [Coronavirus.data.gov.uk](https://coronavirus.data.gov.uk)

## Number of patients in hospitals with Covid-19 remain low



As at 15/06/2021 6 positive cases in Local Acute Trusts

- 3 in Royal Papworth
- 2 at North West Anglia (Peterborough City Hospital and Hinchingsbrooke)
- 1 at Addenbrookes
- 0 at CPFT

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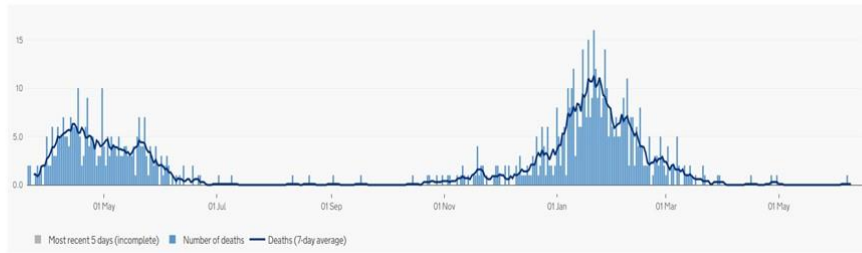
Source: [www.england.nhs.uk](https://www.england.nhs.uk)

## Mortality rates in Cambridgeshire and Peterborough remains low. There was 1 death in Cambridgeshire since 30<sup>th</sup> April and no death since 16<sup>th</sup> April in Peterborough

### Cambridgeshire

#### Deaths within 28 days of positive test by date of death

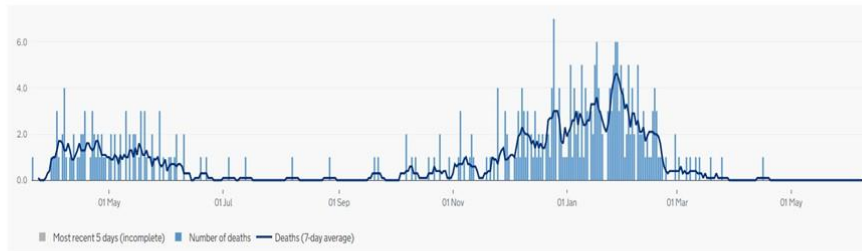
Number of deaths of people who had had a positive test result for COVID-19 and died within 28 days of the first positive test. Data from the four nations are not directly comparable as methodologies and inclusion criteria vary. Data for the period ending 5 days before the date when the website was last updated with data for the selected area, highlighted in grey, is incomplete.



### Peterborough

#### Deaths within 28 days of positive test by date of death

Number of deaths of people who had had a positive test result for COVID-19 and died within 28 days of the first positive test. Data from the four nations are not directly comparable as methodologies and inclusion criteria vary. Data for the period ending 5 days before the date when the website was last updated with data for the selected area, highlighted in grey, is incomplete.



Please note the y-axis on the charts have different values

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Source: Coronavirus.data.gov.uk

## Excess deaths in Cambridgeshire and Peterborough remain lower than the 5 year averages.

### Cambridgeshire

#### All deaths

● COVID-19 not mentioned ● COVID-19 mentioned — Average weekly deaths



Data show date of death occurrence, rather than registration date. Deaths are included as Covid-19 where Covid-19 is mentioned on the death certificate.

Average weekly deaths = 2015-19 five year average.

Data includes ONS reporting week 22, ending 4 June 2021.

### Peterborough

#### All deaths

● COVID-19 not mentioned ● COVID-19 mentioned — Average weekly deaths



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Source: Deaths registered weekly in England and Wales, provisional, ONS <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>, analysts by PHE.

## Summary

- Nationally, the impact of increases in cases is beginning to be seen in hospital admissions and deaths. Higher incidence rates are being seen in areas such as the North West, Bedford and London
- Peterborough and Cambridgeshire case rates have increased since late May/early June though the all-age incidence rate remains below England and East of England average. As nationally, the Delta variant is likely to be the dominant variant in Cambridgeshire and Peterborough
- Incidence rates in those 60+ remains relatively low and below the national average. Incidence rates are highest in 15-24 age groups in Cambridgeshire and 20-29 age groups in Peterborough
- Testing rates remain relatively stable in both Cambridgeshire and Peterborough
- Hospital cases remain low in Cambridgeshire and Peterborough
- Deaths within 28 days of a positive test and excess mortality (all deaths) continue to be low in both Cambridgeshire and Peterborough, mirroring the national trend.



# Covid-19 Briefing



## Local Outbreak Engagement Board Friday 18<sup>th</sup> June 2021

Jyoti Atri.

Director of Public Health.

Cambridgeshire county Council & Peterborough  
City Council.

Public Health Covid Briefings



## Latest position on restrictions



- Although by and large we remain at the Step 3 (17<sup>th</sup> May) restrictions, some further restrictions HAVE been lifted today with the latest position on restrictions in England [here](#), updated on 14<sup>th</sup> June after the Prime Minister’s announcement.
  - Further updates are expected on 15<sup>th</sup> and 17<sup>th</sup> June.
- Changes to care home visiting, weddings, trips away, weddings, wakes and commemorative events have all been announced in this new guidance

Public Health Covid Briefings

## Key Points Announced by Prime Minister Today

- The four tests for lifting measures on 21<sup>st</sup> June have **not** been met
- We will not proceed to step 4 on 21<sup>st</sup> June (removal of all remaining restrictions) but aim to do so by 19<sup>th</sup> July
- Infections would increase significantly faster if we took Step 4 now because step 4 is about increasing social mixing. The Delta variant is spreading significantly through intra and inter-household mixing
- There will STILL be a large level of background infections on 19<sup>th</sup> July and we will work to find a way to continue opening while managing this
- By Monday 19<sup>th</sup> July UK will aim to have given every adult aged 18 or over at least a first dose, and an accelerated programme will now begin
- Government will monitor the position daily and if after 2 weeks risk has diminished may proceed to step four sooner

Slides from the PM's Press Conference can be found here [2021-06-14 COVID-19 Press Conference Slides for publication \(Read-Only\) \(publishing.service.gov.uk\)](#)

### Public Health Covid Briefings

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## Gatherings and events rules

- The 30-person limit will be lifted for weddings , wakes and commemorative events after death.
  - There will be no set limit on the number of attendees, but venues must adhere to covid secure guidance, maintain social distancing and provide table service.
  - In both cases, the upper limit on the numbers able to attend will be dictated by the capacity of the venue being used having taken into account guidance on social distancing. This brings weddings and commemorative events into line with the arrangements already in place for funerals.
  - All weddings in private settings, such as gardens, must have completed a covid risk assessment to ascertain how many guests they can host safely
  - No changes to allow communal singing and no further changes to performing arts. Measures remain as at Step3
- Event pilots will continue, including some Euro 2020 matches, Wimbledon, and some arts and music performances. Attendees will show proof of vaccination or a recent negative test.
- Care home residents will no longer need to isolate if they leave their residence. Exceptions will include high risk visits including overnight stays in hospital.

### Public Health Covid Briefings

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## Key reasons why the delay in progressing to Step 4 is needed

1. Cases are rising exponentially because the new variant is **64% more transmissible** from person to person. The latest measures are to stop us having to go into reverse
  1. While hospitalisations are rising more slowly, there are enough people not fully vaccinated to create a MAJOR surge of hospital admissions if infections rise highly enough. If you are eligible, get vaccinated NOW.
  2. On top of this 10% of everyone infected will develop Long Covid which presents a significant level of debilitating symptoms, especially in younger adults
2. We need time to suppress the rise in infections while getting every eligible adult fully vaccinated. More infections means slower vaccine roll out and more danger of variants the vaccine does not work against
3. The current measures from the PM are intended to help continue to suppress cases and keep the current levels of opening going while giving the vaccine programme time to work
4. The current measures “Hands, space, fresh air, test” still work against the new variant

### Public Health Covid Briefings

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Government said on 22<sup>nd</sup> February that all dates were provisional. Key Quote:

- “PM is clear that the decision on each stage will be based on data not dates, and government will move cautiously to keep infection rates under control”
- You can read this here [Prime Minister sets out roadmap to cautiously ease lockdown restrictions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/prime-minister-sets-out-roadmap-to-cautiously-ease-lockdown-restrictions)



Many thanks to Jim McManus - Director of Public Health Hertfordshire County Council, for providing the information used in this presentation.

### Public Health Covid Briefings

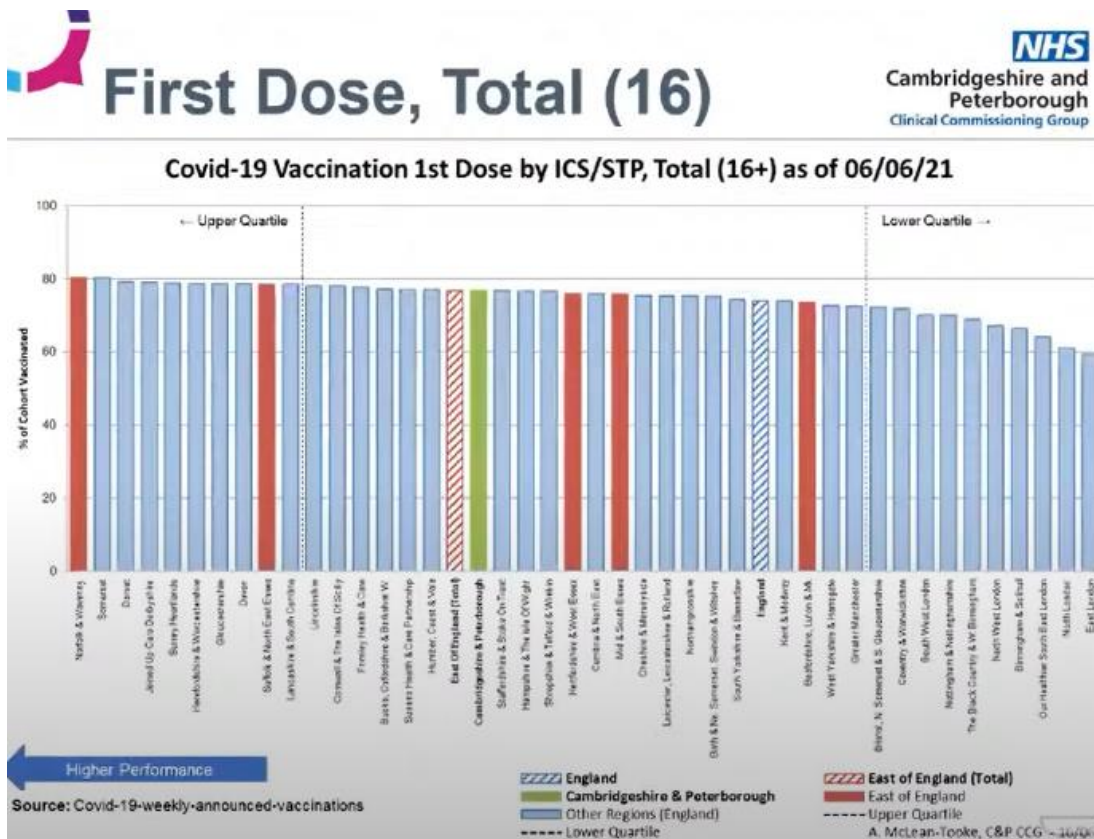
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Appendix 3 – Presentation Slides, Item 6, Vaccination Programme

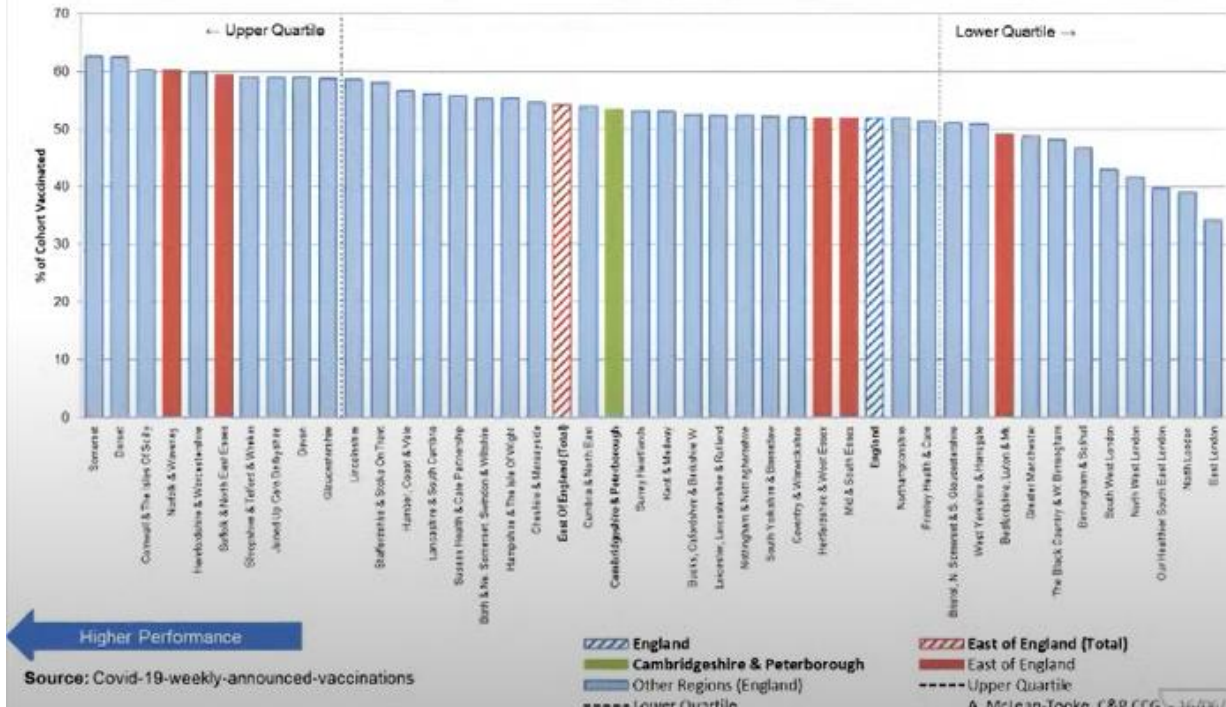
1. Review of programme requirements and plan to match 'new' requirements
  1. All over 18's to have had at least 1 jab by 19<sup>th</sup> July
  2. High coverage on second vaccines all 50+ groups (1-9)
  3. Mandatory for all care home workers to be vaccinated – date TBC
  
2. Implement 3 tier delivery approach with targeted events
  1. Surge events – POSH 25/26, Thomas Walker walk-in
  2. Core capacity – VCS, PCN's Pharmacy
  3. Bespoke targeted – door knocking, bus
  
3. Align vaccine type to need and capacity
  
4. Plan for Phase 3
  1. Boosters & flu
  2. Under 18



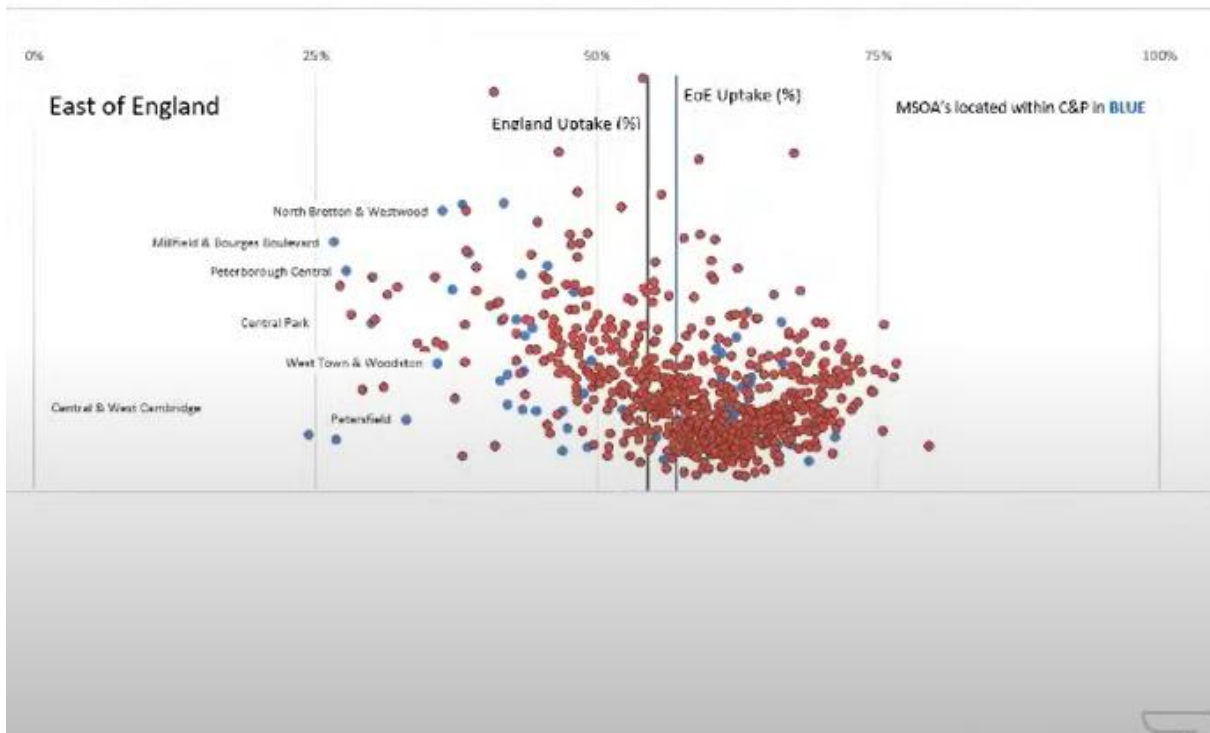


# Second Dose, Total (16+)

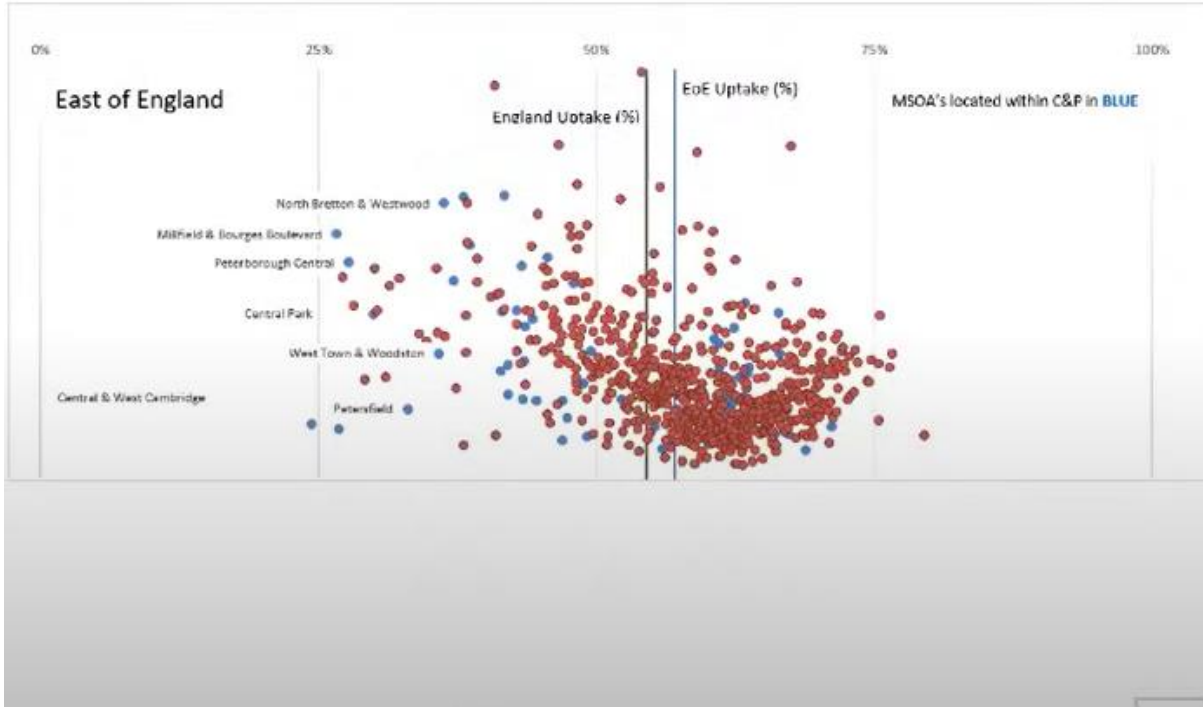
### Covid-19 Vaccination 2nd Dose by ICS/STP, Total (16+) as of 06/06/21



# East of England First Dose (MSOA), Total (16+)



# East of England First Dose (MSOA) , Total (16+)





## **Draft Communications strategy and proposed messaging for Cambridgeshire and Peterborough Lead up end of Stage 4 and beyond. July 2021**

England will move to Stage 4 of the government's road map from July 19<sup>th</sup>, confirmed by the PM on Monday, July 12<sup>th</sup>. This removes the majority of restrictions on people meeting up, moving around, going to work, visiting care homes or hospitals, going to school and socialising.

- People who test positive for the virus will still need to isolate for ten days, as will their close contacts -although after August 16<sup>th</sup> double vaccinated contacts won't need to isolate.
- Bubbles will no longer exist in schools or educational establishments from August 16<sup>th</sup> – meaning only a positive case will isolate – not their whole 'bubble'.
- People returning from 'Green' countries won't need to isolate just test on day 2, and those double vaccinated returning from 'Amber' countries won't need to isolate from July 19<sup>th</sup> just take a PCR test before they enter the country and on day 2.
- September
- People are still encouraged to take two lateral flow tests a week (particularly secondary school children throughout the school holiday)
- Young people 16+ who are vulnerable, or carers are now eligible for first vaccination – and a 2<sup>nd</sup> within eight weeks.

However, as a consequence of earlier relaxations – particularly a move to mixing indoors – infection rates are beginning to rise across England. We are experiencing that rise in all parts of Cambridgeshire and Peterborough and in particular there has been a steep rise in Cambridge among the 18- 24 age group. This is beginning to have an impact on 60+ ages albeit from low numbers.

Vaccination rates across Cambridgeshire and Peterborough are lower than both the England and East of England rates. – with 56.5% and 45% respectively of the eligible population double vaccinated (8<sup>th</sup> July data), as opposed to 64% and 60.5% for England and the East of England

As a consequence, there is a need to further revise and refine Cambridgeshire and Peterborough's communications strategy with messages for public sector employees, local businesses and residents to roll out across whole public sector.

Our aim is to increase the likelihood of people choosing to maintain some preventive behaviours – hand washing, wearing face coverings in busy indoor places and ventilating indoor spaces as well as continuing to promote testing and vaccination as most effective ways to break the link between COVID-19 and serious illness, hospitalisation and death and risking the re-introduction of regulation.

This will include

- Building on the government's desire for people to take 'personal responsibility' - by being clear about how people can '**do the right thing**' - even while they are getting back to a more normal way of life
- Giving practical, simple and understandable messages on what doing the right thing means e.g. get vaccinated, test, wear a mask in a crowded place, meet up with others outside or in well ventilated places, wash your hands often and well.
- Giving clear advice to public sector workers on how they can operate in the safest way – both for them and those we provide services too
- Supporting businesses with clear information for their employees and customers, this will include
  - promoting vaccination in key sectors – farming, factories, distribution, hospitality
  - Specific information for employers from the DPH
- Specific comms activity for those who aren't vaccinated at all or fully e.g
  - peer led comms supporting testing of students throughout the summer holiday
  - Return to school /university messages towards the end of August
  - Get the job done (2<sup>nd</sup> job campaign)
- Supportive messages for those who are anxious about coming back into society
- Targeting vaccination and testing support messages for priority groups – people whose first language isn't English, communities such as gypsy travellers, rough sleepers, sex workers or those living in hostels or high-risk workplaces

## 1.0 Overview

This proposal outlines examples of key messages that aim to encourage our communities take personal responsibility for reducing the risk of COVID-19 as part of a refresh of the communications strategy. The messages have been shaped by an evidence base that includes behavioural science reported on by SAGE and MINDSPACE techniques. We will also be using Reflective Motivation (in relation to COM-B model)

## 1.2 Use of behavioural science to effect change

The SAGE report, '**Mitigations to Reduce Transmission of the new variant SARS-CoV-2 virus**' published 23 Dec 2020 suggests a number of approaches based on behavioural science techniques. And our following revisions also include approaches developed using the MINDSPACE behavioural change tool and The COM-B Model of Behaviour, developed by SocialChange UK:

- Use simple, direct and positive messaging to encourage people to take responsibility for their actions, to reciprocate others' sacrifices and to follow cultural and social norms'
- Use simple and practical messages explaining how to stay safe and why this is important in terms of reducing risk

- Encouraging people to plan actions in advance and evaluate how this has worked before
- Use local data (e.g. number of cases, hospitalisations etc) to show the effect that people are having on the spread of the virus and to encourage action
- Use experts and advocates to reinforce the credibility of the messaging and therefore gain the trust and confidence of audiences
- 81 per cent of the British people expressed an anxiety about leaving lockdown and the easing of restrictions. Use percentages as a norm to create conformity around messages suggesting the simple things you need to do to stay safe. Provide communications around services that can support individuals with mental health problems
- Counter powerful drives such as 'Fear of Missing Out' (FOMO) and anxieties around belonging used by social media advertisers and influencers to encourage people to take part in (potentially higher risk) activities and events, particularly as many will feel they have missed out during lockdown. Use messaging that acknowledges these anxieties, but reiterates what we have gained, the importance of here and now and what could happen if you take risks.
- Encourage people not to leave behind the things that they have enjoyed - local countryside, walking and cycling, time spent with family

These principles have been applied to the examples below. The desired outcome of these approaches is to build trust in the communications to encourage positive action to follow the norm of compliance.

**2.0 Examples of messages** – to be worked into easy to use toolkits for public sector partners, elected Members and community champions – using impactful graphics and easily understandable statistics. As well as social media we plan to work closely with local traditional media, advocates – students, community champions and co-ordinators, local Members, public health experts to promote the messages

### **2.1 using the power of social norms, responsibility and reciprocity – plan in advance e.g**

- Get ready for changes from July 19th. Do the right thing and get a test (PCR surge test)
- Covid infections are still rising in this area. Do the right thing - book your vaccination now /take your twice weekly test
- Show consideration for others. Do the right thing and wear a mask in crowded place
- We've come so far, and society is opening up again. Do the right thing and help break the link of Covid infections.

### **2.2 using local data to inform messaging e.g.**

- More than 40% of people in Cambridgeshire aren't yet double vaccinated. Do the right thing and test regularly to reduce the risk to them and you. (links to how and where to get testing kits and pop up testing centres)



- X % of people are testing regularly. Do the right thing and join them (links to testing)
- X% of people in your area/age group have had their first vaccination. Do the right thing and join them (links to vaccination points)

### 2.3 Practical advice backed with evidence e.g.

- Covid transmits more easily indoors. Do the right thing – meet your mates outside
- Covid spreads easily when you're close together. Do the right thing, keep a safe distance
- Covid lingers on hard surfaces. Do the right thing and wash your hands well and often
- Run up to key dates
  - –when isolation for double vaccinated people will stop (push to get vaccinated)
  - when schools and universities return – advice and support
  - Any change to JCVI guidelines or funding issues
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### 2.4 Support

- **Continued links to support around isolation payments possible only to Sept /hub support????**

### 3.0 Priority groups and areas – including but not limited to.

**Employees** – of both councils and those of all other public sector organizations across Cambridgeshire and Peterborough

**Businesses**

**Residents**

- Young people – and their families/households
- Un-vaccinated groups
- Clinically vulnerable groups
- Those whose first language isn't English
- Marginalized groups – gipsy travelers, rough sleepers, sex workers etc.

**4.0. Enforcement.** – likely to be nothing beyond the pre-pandemic PH powers which were limited and unlikely to be used/useful in these circumstances

### 5.0 – Vaccine Communications

**This is to be further informed by info from Val Thomas' behavioural science research and info from vaccination call backs when we are able to take that work on (waiting for CCG info)**



Supporting the Cambridgeshire and Peterborough CCG with communications about the vaccination programme 'vaccinators on tour' – and in particular

- keeping Members updated on new initiatives and ways they can support people in their own communities to get vaccinated + FAQs
- supporting national communications about the safety and efficacy of the vaccination
- supporting local communications about when and where people can get vaccinated
- supporting communication of trusted advocates receiving their vaccination
- supporting myth busting and shutting down anti vax messaging.
- Ensuring people are aware that they must still adhere to public health guidelines even when they've had their jabs as they can continue to infect others or get infected.

## Do the right thing – campaign activities

### Objectives

- Keep staff informed of working arrangements to keep them and those we work with safe – in the run up to and after July 19<sup>th</sup>
- Build a sense of personal responsibility amongst residents who feel encouraged to ‘do the right thing’
- Ensure information is available in a range of formats, in places our audience will see and hear them, and in language they understand
- Support businesses across Cambs and Peterborough with clear public health advice to give them confidence to open, but reduce risk
- Support testing and vaccination uptake
- Reduce the likelihood of serious illness, hospitalisation and death or the reintroduction of restrictions.

Date	Topic	Activity	Target audience(s)	Responsibility
<b>July 12</b>	Getting ready for the change	Develop staff messaging based on JMT report	Staff	CB/internal comms
		Surge testing for YPs and households comms - do the right thing	Wider population – esp Cambs City	Covid team – AR/KM/KC
		Launch workplace vaccination campaign	Business	Campaigns
		Notes from PM’s press conference	Staff	Media
July 13 <sup>th</sup>	Getting ready for the change	Staff messaging agreed following JMT <ul style="list-style-type: none"> <li>- FAQ update on intranet -</li> <li>- Send to all warn and inform group so there is consistency for public sector staff</li> </ul> PT leaders column – Do the right thing message?	Staff  Residents	CB/internal comms/HR  AR/Ken

		Community champions script out	Residents – non English speakers	AR/Ken
July 14 <sup>th</sup>	Getting ready for the change	<p>Cambs &amp; Peterborough conversations -encourage politicians to talk about the change, as well as staff feedback</p> <p>Regional TV release with Herts, Suffolk and Norfolk talking with Leaders and DPH? Tbc</p> <p>Social media assets start – what the changes mean?</p> <p>Surge testing social media</p>	<p>Staff</p> <p>Residents</p> <p>Residents</p>	<p>CB/internal comms</p> <p>CB</p> <p>National assets?</p>
July 14 <sup>th</sup> /15 <sup>th</sup>	Getting ready for the change	<p>Letter sent from Jyoti to all local businesses giving them public health advice to understand how to operate in the safest way</p> <p>Surge testing social media</p>	businesses	Matthew/Campaigns
July 14 <sup>th</sup>	Getting ready for the change	Joint media brief – council’s getting ready for the change, message from council leaders and Jyoti	residents	Sarah/Emma - media
July 16 <sup>th</sup>	Getting ready for the change	Articles in both council newsletters – reminding them of info, pointing to staff FAQs on intranet	staff	Internal comms
July 16 <sup>th</sup>	Getting ready for the change	Surge testing in Cambs City – push for over the weekend (report on how its going?)	residents	

By July 16 <sup>th</sup>	Getting ready for the change	Identify any pages on Website(s) which need to change or be removed post 19 <sup>th</sup> and set changes up	residents	Web team
By July 16 <sup>th</sup>	Getting ready for the change	Check all scheduled social media posts and ensure nothing relates to pre July 19 <sup>th</sup> messaging after July 19th	residents	Campaigns team.
July 16 <sup>th</sup>	Getting ready for the change	Issue 1# social media toolkit for partners and Members – for use from 19 <sup>th</sup> . Encouragement to ‘do the right thing’	Partners and Members	Campaigns/Covid team
<b>w/b July 19<sup>th</sup></b>	Making the change	<b>Media campaign begins</b> Archant titles Independent PT Cambs News BBC Radio Cambs	residents	
		Materials developed for business use?	business	
		SM - Toolkit launched	Residents/Partners	
w/b July 26 <sup>th</sup>				
w/b August 2nd	Vax push ahead of 16 <sup>th</sup> isolation finishes for double jabbed/			
w/b August 9th				
w/b August 16th				
w/b August 23	Testing /vax ahead of schools and university returns			
w/b August 31				

