PETERBOROUGH
CITY COUNCIL

Agenda Item No.5

MINUTES OF THE CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE HELD AT 10:00AM, ON 29 JUNE 2020 VIA ZOOM CONFERENCE

Committee Members Present:	Councillor Holdich, (Chairman), Peterborough City Council Councillor Fitzgerald, Peterborough City Council Councillor Hickford, Cambridgeshire County Council Councillor Massey, Cambridge City Council Councillor Harvey, South Cambridgeshire District Council Councillor Hoy, Cambridgeshire County Council Councillor van de Ven, Cambridgeshire County Council Councillor Wallwork, Fenland District Council Councillor Walsh, Peterborough City Council Councillor Jones, Cambridgeshire County Council Councillor Robinson, Peterborough City Council Councillor Bywater, Huntingdonshire District Council – left 11.15am Councillor Howell, Cambridgeshire County Council Wendi Ogle-Welbourn, Executive Director People and Communities Dr Liz Robin, Director for Public Health Val Moore, Cambridgeshire and Peterborough Healthwatch Louise Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group Dr Gary Howsam, Cambridgeshire & Peterborough Clinical Commissioning Group – left 10.41am Caroline Walker, North West Anglia NHS Foundation Trust – left 11.05am Joan Skeggs, NHS England Ian Walker, Cambridge University hospitals NHS Foundation Trust Charlotte Black, Service Director, Adults and Safeguarding Scott Haldane, C&P Peterborough NHS Foundation Trust Julie Farrow, Hunts Forum – left 11.15am
Officers Present	Gillian Beasley, Chief Executive Cambridgeshire County Council and Peterborough City Council Sue Grace, Director of Digital and Customer Service Christine Birchall, Head of Communications Cambridgeshire County Council & Peterborough City Council Dr Tony Jewell, Consultant Head of Medicine Paulina Ford Senior Democratic Services Officer Jayne Wisely, District Support Officer, Huntingdonshire District Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Jo Proctor, Cambridgeshire and Peterborough Safeguarding (Children and Adults) Partnership Board, Matthew Winn, Cambridgeshire Community Services NHS Trust, Stephen Posey, Royal Papworth Hospital NHS Foundation Trust, Tracy Dowling, C&P Peterborough NHS Foundation Trust, (Scott Haldane attended as Substitute), Councillor Shabina Qayyum (Councillor Lucinda Robinson attended as substitute), Zephen Trent, NHS England (Joan Skeggs attended as substitute), Jan Thomas, Cambridgeshire and & Peterborough CCG, Claire Higgins, Safer Peterborough Partnership, Councillor Huffer and Councillor Watkin-Tavener.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. THE COVID-19 LOCAL OUTBREAK PLAN

The report was introduced by Dr Liz Robin, Director of Public Health, Cambridgeshire County Council and Peterborough City Council. The Local Outbreak Plan outlined the work that was being undertaken to combat Covid-19 at a local level. It was critical that this was right to identify and manage local outbreaks of Covid-19. This was plan was essential in moving towards a 'new normal'. Although this plan was in place people needed to continue good personal hygiene practices and follow social distancing measures. Test and trace was a part of both this plan and responsibility people in local communities had in order to tackle Covid-19.

The Local Outbreak Plan was due for submission to national government on 30 June 2020, around £3.5 million had been allocated to Cambridgeshire and Peterborough in order to deliver the objectives outlined. One of the key principles of the plan was the building up of systems already in place at a local level to protect lives and combat outbreaks of Covid-19. Work had been undertaken with colleagues across the Public Health England prevention team at a local level as well as other health officials. There was evidence to suggest that plans already in place could be used to manage Covid-19.

The work around the plan started back in May by bringing together colleagues together from a number of organisations to collectively survey and be able to control any local outbreaks of Covid-19. Key organisations and people were identified as most critical if an outbreak were to occur. A multi-agency protection board was setup at any early stage to look at data and trends within local communities in order to identify risks and to ensure practical steps where in place in case testing was needed in certain areas.

Members were informed that a longer more complex plan was in place, however this was not for public consumption as it was overly technical. Officers were thanked for their work in translating the plan into a more user friendly and easier to understand public document.

Communication with the public and key stakeholders was still crucial going forward, members were directed towards the proposed Member Led Engagement Board which was to be formed around the Core Joint Health and Wellbeing Board Sub Committee membership, with additional appropriate membership, having the ability to co-opt local members if there was a local outbreak. The purpose of the board was to engage with the public and provide public communication.

The Health and Wellbeing Board debated the report and in summary the key points raised and responses to questions included:

- It was important to recognise the local capabilities available and if this had been done at any even earlier stage the pandemic might not have been as severe. It was good to hear that the plan was built on existing workstreams that had been successful in the past. It was also important that the Member Led Engagement Board was to meet in public as this allowed for public accountability over decisions taken to combat the virus.
- In terms of timely reporting to combat the virus, speed was of the essence when looking at increasing infection rates. In order to facilitate timely reporting, this needed to be made to the Public Health England protection team. Mechanisms were in place to ensure rapid reporting into those organisations that needed to know as soon as possible that an outbreak was occurring. A single email address and reporting line had been setup to assist with this. The communication lines with Public Health England had improved dramatically as a result of this.
- A daily surveillance cell meeting took place which involved the CCG, the local authority business intelligence team and public health intelligence and was chaired by the Deputy Director of Public Health. Information was analysed that came from Public Health England and other national sources as well as local information such as car usage and social distancing measures that were in place. It also took note of daily information from the CCG and within the NHS.
- There were some basic conditions around the funding that had been received, however it was not possible to draw a road map on the length of time this funding would last for. If there was to be a major outbreak, then there might be the possibility of additional funding or taking funding from current sources if needed. Funding that had been given would be wholly devoted to the Local Outbreak Plan that was in front of members. Local authorities were good at identifying when additional costs might be needed and using sources to help lobby central government for more funding especially as the plan was due to be an ongoing plan and it was likely to need further resourcing in the future.
- Guidance had been issued to taxi drivers in both Cambridgeshire and Peterborough, this guidance covered aspects such as face masks and ensuring customers were asymptomatic. Taxi drivers were also responsible for cleaning their cab and using contactless payment where possible.
- There was more capacity in terms of the number of tests available compared to the number of tests actually needed in Cambridgeshire and Peterborough. The biggest concern was being able to get a test done at the right time and place and then getting the results as quickly as possible. Overall the results from testing were being turned around quicker than at the beginning of the pandemic. Officers had identified that in some cases of an outbreak in a local community it was important that the testing system was mobilised quickly to deal with this. The CCG were one of the quickest organisations in being able to act if there was an outbreak. In addition, if swab tests were needed the military mobile test units were able to mobilise within 24-48 hours.
- In terms of the responsibility of reporting this was quite far reaching, there was initially a responsibility for those who contract Covid-19 to get tested and then to inform their employers. It was essential that communication lines were kept open between key organisations and partners in order to identify any patterns or trends.
- Public communication and engagement was critical. It was the public who stopped the first wave of Covid-19, as they observed the lockdown rules. As there was no vaccine it was crucial that the public followed the Public Health guidelines

in terms of keeping the infection rate down. There was a communication strategy in place for the work outlined above. There had been additional work around mobilising the community appropriately when a community outbreak was identified. The member led engagement board was not a decision making body and therefore could be called at 24 hours' notice if an outbreak was identified. Local authorities in the area were releasing key information that was being translated into a number of languages, ensuring all communities had the relevant information in order to protect themselves and their communities. In addition, bespoke information was being produced for different business sectors.

- The composition of the local engagement board was done through a number of consultations. However, this could be looked at going forward if necessary and could include members at a local level when required.
- It was important at local and district level that arrangements were in place to help those who were vulnerable and told to self-isolate, this could be getting food parcels or medicines delivered.
- In terms of schools a school's cell had been setup to ensure communication was carried out well and that this was in place if a school had a Covid-19 outbreak. The Service Director for Education had been communicating with schools to ensure that they had plans in place to deal with any outbreaks. In terms of the local outbreak plan members were informed that processes and procedures were in place, which had been agreed with schools.
- There was clear national guidance in place for anyone who had been discharged from hospital into a care home. If a care home was unable to confidently allow someone to self-isolate for 14 days, then other arrangements would be put in place.
- There had been a number of learning opportunities from outbreaks that had already occurred for example at Weston and in Leicester.
- Some members commented that although the plan was detailed there was a lack of reassurances within the plan, explaining to local communities what was going on and how local authority was going to respond to questions and concerns the community had.
- Members were assured that engagement with the community was taking place and that the local outbreak plan would be enhanced to show how this was being down, reassuring communities that they were fully involved in the fight against the virus.
- Local authorities were working closely with the community reference group and members were informed that this would be strengthened within the local outbreak plan.
- The National Behavioural Science unit had stated that people could only cope with lockdown for a certain length of time. It was important to identify that the pandemic was still at an early stage in terms of getting lifestyles back to some form of normality. There had been national surveys outlining what people had been doing in their 'normal lives' which could be circulated.
- It was a positive sign that there were finances attached to the local outbreak plan. Resources had already been identified in order to deliver what was outlined in the plan. The initial finances gave local authorities the breathing space in order to identify other areas where finances would be crucial over the next few weeks and months. The team around the plan were experienced in delivering strategies and plans of this nature. Going forward projected spends would be identified and the means of lobbying central government would be key to the right level of finances.
- There had been some evidence that schools that had an outbreak of Covid-19 managed this well. The Service Director Education worked with each individual school whenever there was an outbreak.

- Members were informed that the risks and hurdles identified around schools in the plan were to be made clearer.
- In terms of moving from a level one to two pressures would need to be identified at a regional level where the Public Health protection team would be struggling to cope with contact tracing. The key factor was whether the system was overloaded and unable to manage that would determine moving to a level two response. Research and modelling was taking place in order to come up with a plan to identify precisely when local authorities would need to be moved to level two.
- The local plan was about prevention management of outbreaks. There were overlaps with managing individual risks, however with individual risks it might beneficial and more appropriate to deal with these through NHS plans and supported by the wider public sector.
- People who had been in close contact with someone who had Covid-19 were themselves at risk of developing Covid-19 up to 14 days after that contact. It was essential that those people then self-isolated for 14 days. This was difficult to explain to people and it was therefore important that the message to self-isolate was made clear and circulated to households and businesses alike. The information relating to why people needed to self-isolate was due to be updated, there was furthermore detailed information on the test and trace communications that were referenced in the local outbreak plan.
- A joint decision was taken on the membership of the engagement board, whereby a local district representative would be invited to attend the meeting if there was a local outbreak in that district area.
- With regards to social distancing, it was key that the communication strategy in place was effective. This was outlined in the local outbreak plan and was about encouraging, engaging and explaining why this was important to the local community. Enforcement measures against those who did not follow social distancing were limited. A Public Health official could require someone who was showing symptoms to quarantine for 14 days in a safe environment. It was also possible to enforce an action against individuals or businesses through a Magistrates court order.
- Throughout the pandemic it was clear that community organisations and the voluntary sector had mobilised their resources to help communities against the outbreak, particularly around communication key messages from public health bodies. However, this communication and engagement needed to be even stronger especially as businesses and society were returning to some form of normality.
- Data around the number of cases was now including ‘pillar two’ data, this was information from home testing kits and test carried out at local test spots. Outbreaks were now identified using both pillar one and two data.
- Social distancing measures needed to be clearly communicated to the community in order to stop the spread of the virus.
- Contact tracing was a well-established public health procedure, a lot could be done using the telephone contact tracing that was in place. An app would be an additional tool as long as it worked well.
- Officers would reinforce the message that people needed to socially distance from others as much as possible to avoid the need for contact tracing. Clear messages that Covid-19 had not gone away was to be circulated shortly.
- Councillors were at the forefront of any organisational plans to tackle Covid-19. The next stage was to mobilise support around the local outbreak plan. Further information would be circulated in due course with ways of practically delivering the plan.

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to:

1. Approve the Local Outbreak Control Plan, including comments made by the Board.
2. Note the requirement to set up a Cambridgeshire and Peterborough Local Outbreak Member-led Engagement Board

Chairman

10:00am – 11.47am