

## Cambridgeshire & Peterborough Local Outbreak Engagement Board

Wednesday, 10th February 2021

2.00pm

COVID-19

During the Covid-19 pandemic Council and Committee meetings will be held virtually for Committee members and for members of the public who wish to participate. These meetings will be held 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 meetings on 21st December 2020 and 12th January 2021 (pages 3 to 19)
3. Action Log (page 20)
4. 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](#)

5. Update on Epidemiology and Response Dr. Liz Robin (oral)
6. Vaccination Delivery Plan Adrian Chapman (oral)  
(pages 21 to 25)
7. Any Other Business

The Local Outbreak Engagement Board comprises the following members:

Cambridgeshire County Council – Councillors Hickford & Hudson  
Peterborough City Council – Councillors Holdich & Fitzgerald  
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  
Acting 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 1:30PM ON  
MONDAY 21 DECEMBER 2020  
VIRTUAL MEETING VIA ZOOM**

**Present:**

Cllr Roger Hickford (Chair), Cllr John Holdich Cllr Wayne Fitzgerald	Chairman, Cambridgeshire Health and Wellbeing Board  Chairman, Peterborough Health and Wellbeing Board Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health, Peterborough City Council (PCC)
Cllr Bill Handley Cllr Peter Hudson	District Council Representative Chairman, Cambridgeshire County Council (CCC) Health Committee
Ray Bisby Val Moore, Christine Birchall Dr. Liz Robin Adrian Chapman	Acting Police and Crime Commissioner for Cambridgeshire Chair, Healthwatch Cambridgeshire and Peterborough Head of Communications, CCC and PCC Director of Public Health, CCC and PCC Service Director – Communities and Partnerships, CCC and PCC
Gillian Beasley Jan Thomas	Chief Executive, CCC and PCC Accountable Officer, NHS Cambridgeshire and Peterborough CCG
Dr Gary Howsam	Clinical Chair CCG

**1. APOLOGIES AND DECLARATIONS OF INTERESTS**

Apologies were received from:

- Charlotte Black, Service Director for Adults and Safeguarding, CCC and PCC
- Louis Kamfer, Chief Finance Officer, CCG
- Wendi Ogle-Welbourn, Executive Director – People and Communities, CCC and PCC

There were no Declarations of Interest.

**2. NOTES FROM THE MEETING ON 27 NOVEMBER 2020**

The notes of the meeting on 27 November 2020 were agreed as a true and accurate record.

### **3. ACTION LOG FROM 27 NOVEMBER 2020**

The Chairman introduced the item and noted that all actions had been marked as complete with the exception of the first item; to provide members with the Mental Health Toolkit. The Service Director, Communities and Partnership stated that officers were keen to ensure that hyperlinks and referral routes contained within the toolkit were up to date, in light of the Government announcements over the weekend and concerns for the wellbeing of residents. The toolkit would be circulated once finalised, likely before Christmas.

#### **ACTIONS AGREED**

The Service Director, Communities and Partnerships to circulate the Mental Health Toolkit to Members once finalised.

### **4. PUBLIC QUESTIONS**

No public questions were received.

### **5. GOVERNMENT ANNOUNCEMENT ON TIERS**

#### **Introduction from the Director of Public Health**

The Director of Public Health gave an introduction on the new Tier 4 measures for Peterborough. The Local Outbreak Engagement Board debated the presentation and in summary, key points raised and responses to questions included:

- Members requested an update on the situation in Tier 2 Cambridgeshire, especially in light of potential confusion in areas that border Peterborough. The Director responded that the epidemiology across Cambridgeshire would be covered in the next agenda item. Much of the public health advice was common to all tiers, e.g. social distancing, hand washing and minimising unnecessary social mixing.
- Members highlighted the importance of taking action to prevent areas moving to higher tiers. The Director urged Cambridgeshire residents not to be complacent given rising cases and to follow the public health advice. It would be safer to avoid Christmas mixing.
- Compliance with the regulations in Peterborough was variable. It was hoped that the work of COVID marshals, the work of the Police in collaboration with the City Council and the closure of schools for Christmas would help to bring cases down.
- The Acting Police and Crime Commissioner praised the work of the COVID marshals and stated that although there was no desire to criminalise people, the Police would issue fines for blatant breaches of the regulations. Breaching regulations would prolong the pandemic.

#### **Local response / action plan**

The Service Director, Communities and Partnerships gave an introduction on the local response to the pandemic and Tier 4 measures in Peterborough, including the five key Themes: communications and messaging, test and trace, self-isolation, compliance, and safe travel to work. Reference was also made to

supporting those who were Clinically Extremely Vulnerable and supporting the mental health of residents in challenging circumstances.

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

- There was a strong network of registered volunteers still available. Relationships were strong between the City Council, Parish Councils and the voluntary sector.
- Lateral Flow Testing could be used to identify cases among people who did not have symptoms and would not have otherwise been tested.
- Guidance has been given to schools regarding a phased return of pupils and the use of Lateral Flow Testing. Further work was needed to apply this guidance locally.
- Lateral Flow Testing had been rebranded to Rapid Response Testing in public communications.

### **Communication Strategy**

The Head of Communications gave an introduction on the Communication Strategy. Information had been updated in response to Tier 4 measures. Messaging had been simplified into five key areas; the rapid rise of cases caused by the new variant, an emphasis on reducing social mixing, information on the support available for people and businesses, mental health, and the hope provided by the vaccine.

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

- Members asked the Chief Executive, CCC and PCC, for information on work done locally behind the scenes in light of the Government's announcement of Tier 4 measures for Peterborough. The Chief Executive responded that work began immediately after the announcement in collaboration with local partners, e.g. attending Government meetings to better understand the measures and creating the local action and communications plans. This process would also take place for any future changes to regulations.

## **6. UPDATE ON LOCAL EPIDEMIOLOGY**

The Director of Public Health presented the Epidemiology Review. PowerPoint slides may be found in Appendix 1.

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

- Members asked for an assessment on whether rising case numbers were caused by the new strain of COVID-19 or the failure of people to follow public health rules. Were rising cases concentrated in particular areas? The Director of Public Health responded that a new strain that was 50-75% more transmissible was becoming the predominant form of the virus in Tier 4 areas. It was likely that this was contributing to rising cases but

scientific research into this subject was continuing. The end of the November lockdown was also a contributory factor. The measures needed to stop the spread of the new strain of the virus remained the same as the old variant but needed to be followed more vigorously. Communities had done an excellent job.

- Members commented that statistics indicated that Peterborough was dealing with the new strain more effectively than some other areas.
- Residents should continue to attend appointments to receive vaccines regardless of the tier in which they lived.
- The 111 service should be used by residents if they were unsure where to go for particular healthcare needs. This would also allow appointments to be made and crowding avoided.
- People should follow all public health rules to protect the NHS.

## **7. VACCINATION PROGRAMME OVERVIEW**

The Accountable Officer, CCG, gave an overview of the Vaccination Programme which was now live.

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

- There was no disruption to the supply of the vaccine caused by issues at ports.
- Members raised concerns that elderly peoples' carers would not be vaccinated alongside elderly people. It was agreed that a response to these concerns would be given outside the meeting.
- Members encouraged the Accountable Officer to roll out the vaccine to GP's surgeries as soon as possible due to difficulties experienced by residents of South Cambridgeshire villages getting to Addenbrooke's Hospital. Officers responded that plans were being developed with Primary Care Networks (PCN). The final decisions on where vaccination centres would be located were not made locally.
- The national Joint Committee on Immunisation and Vaccination had determined the order and prioritisation for vaccinations. This was not a local decision.
- GPs were ready to issue vaccines but logistical challenges currently prevented this. It was hoped that the AstraZeneca vaccine, once approved, would help tackle this issue due its less stringent storage requirements.
- People still needed to follow public health advice after vaccination as two doses were required and the effect on transmission was not yet known.
- Vaccination was the biggest local collaborative challenge to date and a great deal of work was underway to maximise the rollout of the vaccine.

## **ACTIONS AGREED**

- Members to receive a response from the Accountable Officer to concerns that elderly peoples' carers would not be vaccinated at the same time as elderly people.

**8. ANY OTHER BUSINESS**

None.

# Epidemiology Review

## Cambridgeshire and Peterborough

21 December 2020

**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)

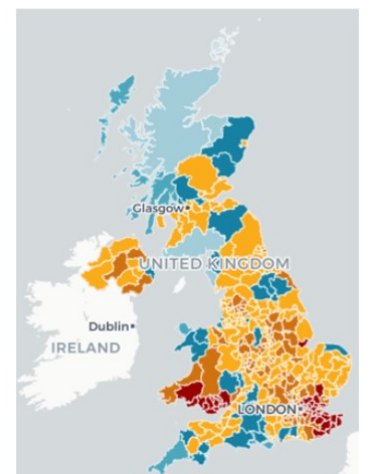
### UK case rates, hospital admissions and deaths continue to increase

#### UK Summary

The latest R number is estimated at **1.1 to 1.2** with a daily infection growth rate range of **+1% to +4%** as of 18 December 2020.



7 day incidence rate per 100,000 to 14/12/2020



Source: Coronavirus.gov.uk – 21 December

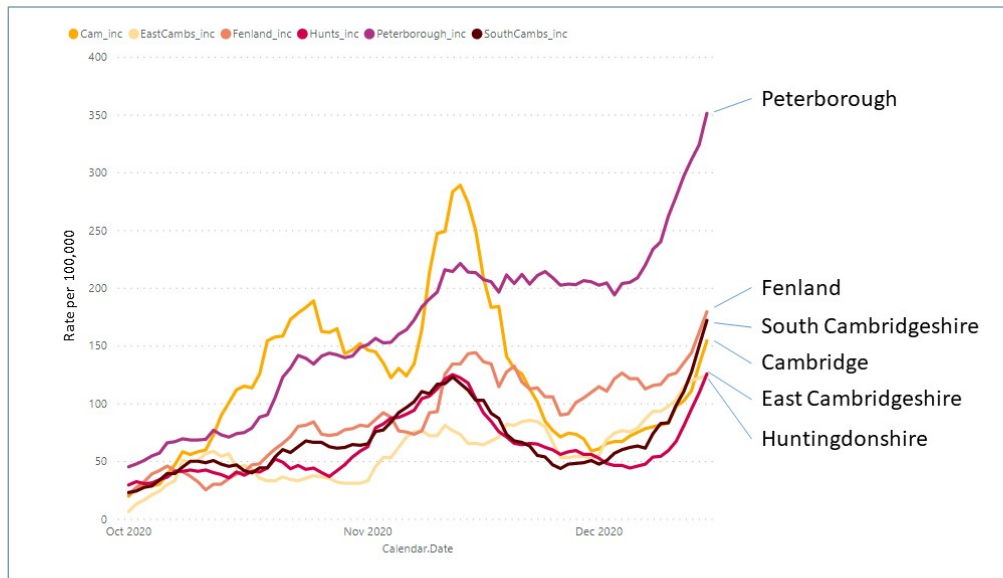
Source: BBC news – 21 December

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## Rates increasing in all districts

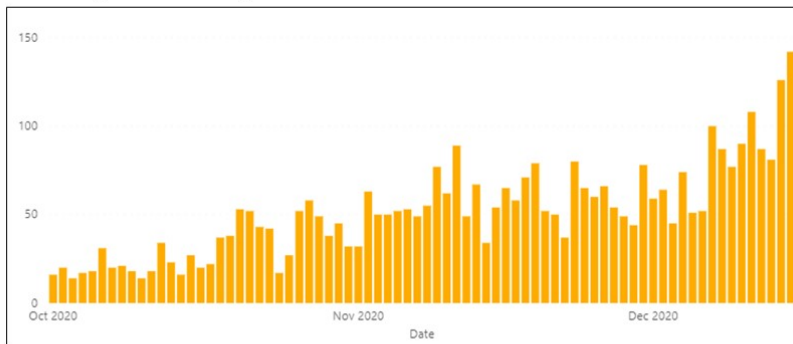
Incidence rates per 100,000 – data to 15/12



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**Peterborough's rate is higher than England, with a 49% increase in rates in the last week**

Peterborough case numbers to 15/12



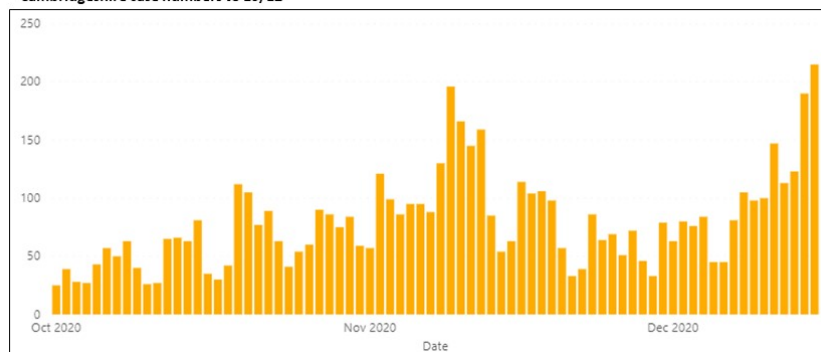
Incidence rate for the week up to 15/12

	PHE weekly incidence (cases/100,000) & trend vs previous 7 days		Seven day change in case rate (%)
	Data to date	15-Dec	
Cambridge	151.4	↑	88.9%
East Cambridgeshire	124.7	↑	33.4%
Fenland	179.7	↑	55.1%
Huntingdonshire	124.2	↑	130.2%
South Cambridgeshire	172.2	↑	132.2%
Peterborough	349.1	↑	49.3%
EAST OF ENGLAND	340.2	↑	92.5%
ENGLAND	262.2	↑	57.1%

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**Within Cambridgeshire, Fenland and South Cambridgeshire  
have the highest incidence rates.  
Largest increases in rates seen in Huntingdonshire, South Cambridgeshire and Cambridge.**

Cambridgeshire case numbers to 15/12

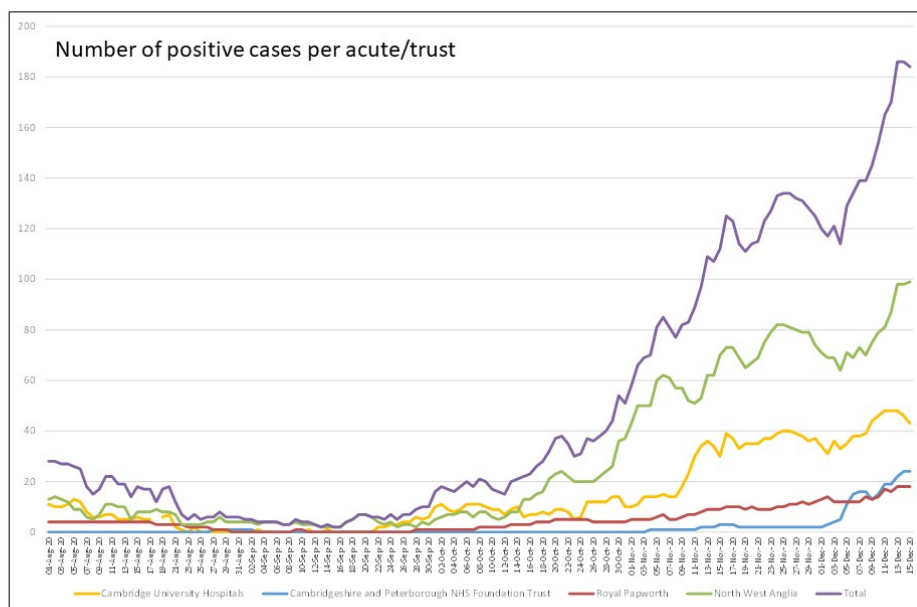


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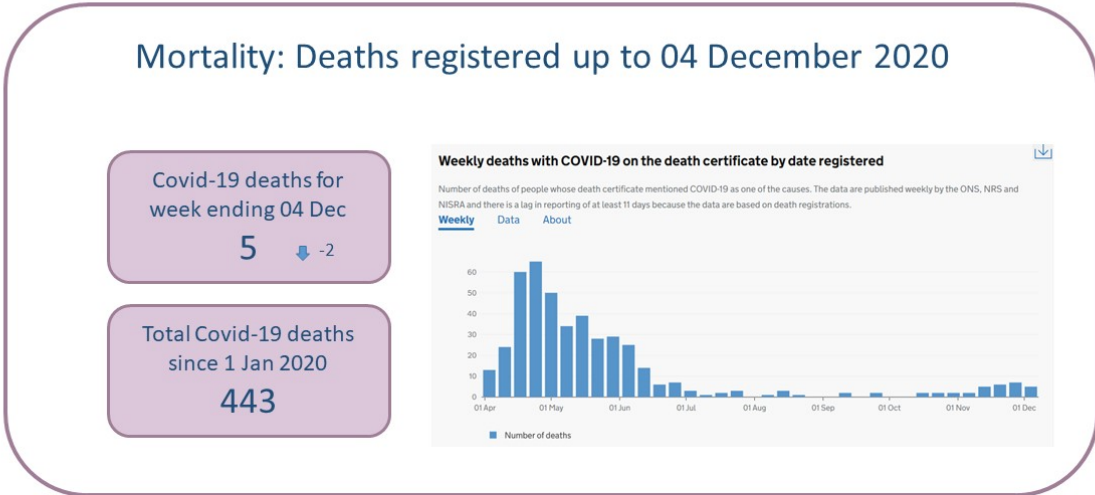
## Recent increases in patients in hospital with Covid-19



As at 15/12/2020  
184 positive cases  
in Local Acute  
Trusts, 43 at  
Addenbrookes, 99  
at North West  
Anglia, 18 in Royal  
Papworth and 24 in  
CPFT.

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# Covid-19 mortality in Cambridgeshire decreased in the last week reported

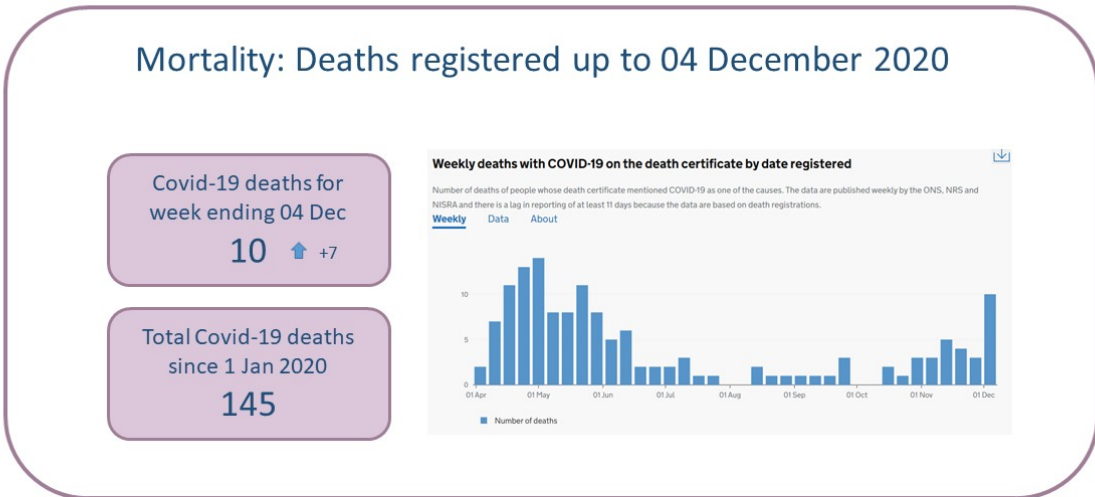


Please note: numbers in recent days may rise, reflecting diagnostic and reporting turnaround. All detail within this report is the latest data available prior to publishing (17 Dec 2020)

Source: <https://coronavirus.data.gov.uk/>

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# Covid-19 mortality in Peterborough increased in the last week reported



Please note: numbers in recent days may rise, reflecting diagnostic and reporting turnaround. All detail within this report is the latest data available prior to publishing (17 Dec 2020)

Source: <https://coronavirus.data.gov.uk/>

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**NOTES OF THE CAMBRIDGESHIRE & PETERBOROUGH  
LOCAL OUTBREAK ENGAGEMENT BOARD MEETING  
HELD AT 1:30PM ON  
TUESDAY 12 JANUARY 2021  
VIRTUAL MEETING VIA ZOOM**

**Present:**

Cllr John Holdich (Chair)	Chairman, Peterborough Health and Wellbeing Board
Cllr Wayne Fitzgerald	Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health, Peterborough City Council (PCC)
Cllr Bill Handley	District Council Representative
Gillian Beasley	Chief Executive, CCC and PCC
Cllr Peter Hudson	Chairman, Cambridgeshire County Council (CCC) Health Committee
Wendi Ogle-Welborn	Executive Director People and Communities, CCC & PCC
Charlotte Black	Service Director: Adults and Safeguarding
Val Moore	Chair, Healthwatch Cambridgeshire and Peterborough
Christine Birchall	Head of Communications, CCC and PCC
Dr. Liz Robin	Director of Public Health, CCC and PCC
Adrian Chapman	Service Director – Communities and Partnerships, CCC and PCC
Jan Thomas	Accountable Officer, NHS Cambridgeshire and Peterborough CCG
Dr Gary Howsam	Clinical Chair CCG

**1. APOLOGIES AND DECLARATIONS OF INTERESTS**

Apologies were received from: Cllr Roger Hickford, Cllr Ray Bisby, and Louis Kamfer.

There were no Declarations of Interest.

**2. PUBLIC QUESTIONS**

No public questions were received.

**3. LATEST COVID-19 EPIDEMIOLOGY**

**Introduction from the Director of Public Health**

The Director of Public Health gave an introduction on the epidemiology and presented slides to the board in relation to the increased rates of COVID - 19,

both locally and nationally. The slides can be found at appendix 1 of these minutes.

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

- The number of cases in Peterborough Hospital were 125, and 72 in Hinchbrook.
- The number of admissions were 125 of positive COVID 19 patients in Peterborough Hospital receiving treatment.
- Not all COVID 19 patients admitted to hospital were on ventilators, some very sick Covid patients were receiving alternative treatments.
- There were currently 206 COVID positive patients in Addenbrookes, which included 57 in critical care.

#### **4. COMMUNICATIONS AND ENGAGEMENT WITH RESIDENTS**

Head of Communications, CCC and PCC, gave an introduction on the revision and reinvigoration of the communications strategy. Members were asked to input ideas and comments for the revised communications strategy.

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

- Members commented that the Cambridgeshire Facebook was a good tool to distribute important messages to communities and parishes. It was important that the use of language in messages was understandable and should encourage residents to stay at home. The Head of Communications confirmed that this information was also available to Peterborough Councillors.
- Members commented that some of the messages on the LAs Facebook site had been lengthy and this could be reviewed and improved.
- Members were concerned about the mental health of some residents and the increase in these figures. Some residents had lived on their own and this was an additional concern.
- Chair, Healthwatch Cambridgeshire and Peterborough advised that it would be beneficial to review the current messages being distributed. There were examples, where language had been used, which resulted in some residents flexing the rules. Communications should also be reviewed about the current safety measures in place (hands, space, face) and whether they were sufficient enough to protect residents against the new strain of the virus. There was a need to ensure that the messages were adequate and being received by the vulnerable in relation to access, practical support and vaccination information.
- The Service Director – Communities and Partnerships, CCC and PCC commented that it would be worth including the work undertaken by LOEB within the revised communications strategy to identify and support vulnerable groups such as travellers, rough sleepers, victims of domestic abuse, sex workers and residents in hostels.
- Members commented that there had been a lot of miscommunication between Peterborough districts around when residents would qualify for

their vaccination and this communication message needed to be improved.

- Members commented that there were no obvious COVID message notifications received from the Peterborough Facebook page to Councillors. In addition, the LA should explore communicating with as many neighbourhood social media pages as possible. There were at least two or three community social pages for all communities and parishes.
- Members felt that graphics rather than words would be a good way for the LA to get COVID communication messages across.
- There seemed to be a social media COVID message fatigue.
- The Clinical Chair CCG advised that it was important that the communication messages in relation to the effect of the vaccine, focussed on the fact that it was not a final way out of the pandemic. People should continue to observe the rules and safety measures for the next few months even after they had been vaccinated.
- The Director of Public Health advised that when Peterborough became a concern at the start of the pandemic, cases were 30 per 100,000, however the current figure was 500 per 100,000. This demonstrated that the NHS was under more pressure now than ever. In addition, communications needed to reiterate the 'here and now' message about how dangerous the virus was in order to lessen the spread and pressure on the NHS. It was important to recognise that Councillors had a strong presence in the community and should have the same communication message as GPs to pass onto residents.
- Members commented that there was a good poster on the CCG website which provided information on the vaccination, including when residents would receive theirs.
- Some residents would want to visit a vaccination centre closer to their homes.
- Members commented that there had been no need for residents to travel to get exercise and that this message should be clear.
- The Head of Communications explained that the neighbourhood groups would need to accept the LAs notification feeds to receive information about the pandemic. Social media feeds had been a useful tool for Members to communicate COVID to their ward and parish areas. In addition, the message from a Member also carried endorsement to the wider community.
- The graphics instead of words communication idea, had already been explored and tool kits had been made available to many district councils and other partner authorities for distribution. Information had also been provided in local papers, posters BBC radio Cambridgeshire, BBC radio East.
- The communications messages had not intended to explain the social distancing rules, but to explain why there were rules and the impact of being too close together. There were several messages seen on social media from local residents who supported the COVID safe messages and their comments towards others within their social groups to stay safe.
- The CCG had been leading on the communication in relation to the vaccine and the LAs had supported their campaign. Toolkits had been sent to Members with the links to the information when residents would receive their call.

## **5. UPDATE ON PREVENTION AND OUTBREAK CONTROL ACTIONS**

The Service Director – Communities and Partnerships, CCC and PCC gave an update on the prevention and surveillance groups that were working to support the efforts to keep people safe during the pandemic. In addition, information was provided with an update about the work of the delivery plan, rapid response plans, vaccination plan COVID 19 testing, the position for care homes and Education.

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

- Members commented that it was important that food parcel distribution was going to the right people.
- The of Chair, Healthwatch Cambridgeshire and Peterborough commented that there could be more involvement to encourage questions from the public at these meetings.

## **6. ANY OTHER BUSINESS**

None.

Meeting end 2:25pm

# Epidemiology Review

## Cambridgeshire and Peterborough

12<sup>th</sup> January 2021

**Contacts for queries:**

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

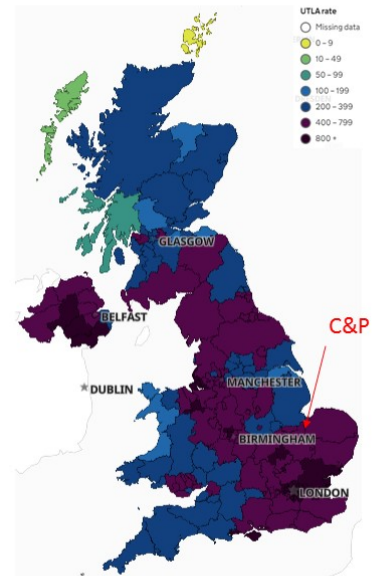
PHI Team: [PHI-team@cambridgeshire.gov.uk](mailto:PHI-team@cambridgeshire.gov.uk)

### UK case rates still increasing, higher rates spreading to the north

#### UK Summary

**Estimated R number**

1 to 1.4 with a daily infection growth rate range of 0% to +6% as of 8 January 2021.



Source: Coronavirus.gov.uk – 12 January 2021

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**Increasing incidence rates in all areas.**  
**Positivity rates are decreasing as testing increases, following lower levels of testing over the Christmas and New Year period.**

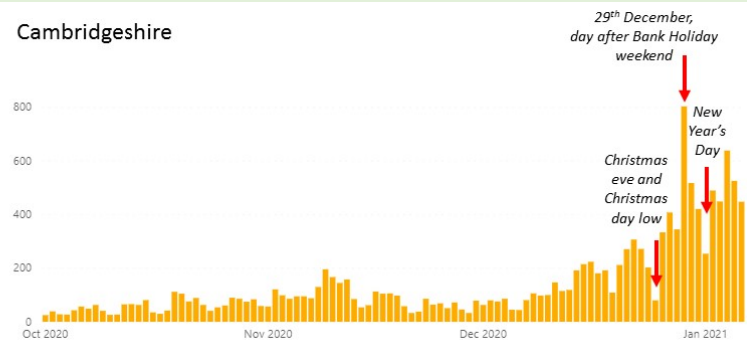
Incidence and Positivity data								
	Weekly Incidence (cases/100,000) & trend vs previous 7 days	7-day change in case rate (%)	Weekly incidence - 60+ years (cases per 100,000) & trend vs previous 7 days	Positivity Rate (%) & trend vs previous 7 days	Weekly number of people receiving a PCR test			
Data to date	06-Jan	06-Jan	06-Jan	06-Jan	06-Jan			
Cambridge	514.4	↑	10.1%	339.2	↑	11.7%	↓	5,963
East Cambridgeshire	445.2	↑	15.3%	374.0	↑	13.0%	↓	3,343
Fenland	491.9	↑	40.3%	449.6	↑	12.9%	↓	4,295
Huntingdonshire	532.1	↑	27.3%	380.0	↑	15.1%	↓	6,573
South Cambridgeshire	463.3	↑	11.5%	346.1	↑	11.4%	↓	6,967
Cambridgeshire	493.8	↑	19.9%	379.1	↑	12.8%	↓	27,141
Peterborough	506.3	↑	15.1%	337.2	↑	15.3%	↓	7,306
EAST OF ENGLAND	751.5	↑	6.2%	553.6	↑	17.4%	↓	291,535
ENGLAND	629.3	↑	19.8%	447.0	↑	17.6%	↓	2,184,631

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## Case numbers

- High case numbers on 29<sup>th</sup> December in Cambridgeshire, Peterborough and England.

Cambridgeshire



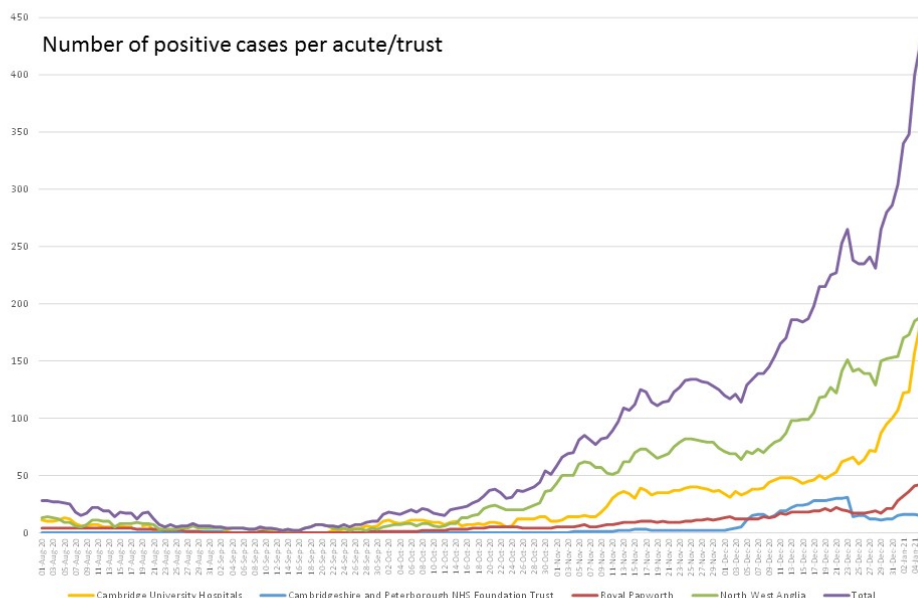
Peterborough



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Cases to 06/01

## Recent increases in patients in hospital with Covid-19



As at 05/01/2021  
426 positive cases  
in Local Acute  
Trusts, 181 at  
Addenbrookes, 188  
at North West  
Anglia, 42 in Royal  
Papworth and 15 in  
CPFT.

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## Peterborough mortality showing recent increases

### Deaths within 28 days of positive test

Daily Total  
1 196

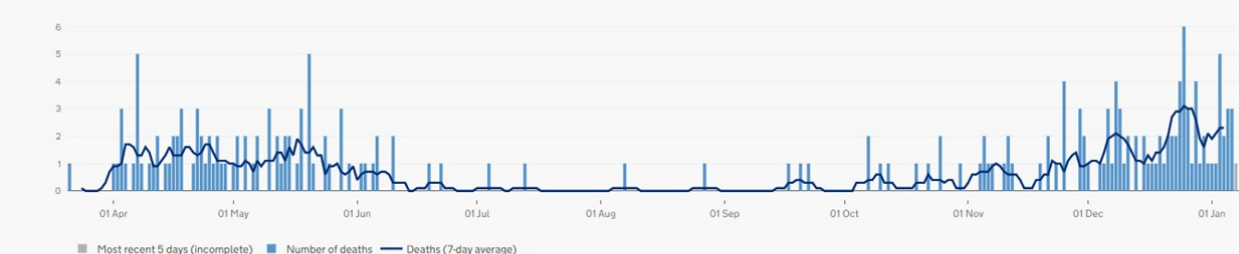
### Deaths with COVID-19 on the death certificate

Weekly Total  
8 172

### 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.

[Daily](#) [Cumulative](#) [Data](#) [About](#)



Data up to 10<sup>th</sup> January

Source: <https://coronavirus.data.gov.uk/>

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# Cambridgeshire mortality rates showing recent increases

## Deaths within 28 days of positive test

Daily	Total
0	410

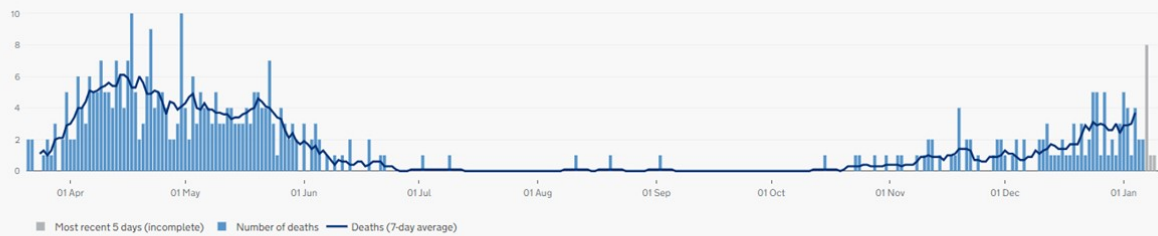
## Deaths with COVID-19 on the death certificate

Weekly	Total
15	474

### 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.

[Daily](#) [Cumulative](#) [Data](#) [About](#)



Data up to 10<sup>th</sup> January

Source: <https://coronavirus.data.gov.uk/>

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**CAMBRIDGESHIRE AND PETERBOROUGH LOCAL OUTBREAK ENGAGEMENT BOARD**

**Updated: 03/02/21**

<b>Meeting day: 12th January 2021</b>					
<b>Item</b>	<b>Topic</b>	<b>Action Lead</b>	<b>Action</b>	<b>Update</b>	<b>Status</b>
<b>5.</b>	<b>Update on Prevention and Outbreak Control Actions</b>	Liz Robin	The of Chair, Healthwatch Cambridgeshire and Peterborough commented that there could be more involvement to encourage questions from the public at these meetings.	Cambridgeshire and Peterborough Councillors were e-mailed after the meeting with the details of the meeting on 10 February 2021 including a link to the public questions site to encourage them to share it with their constituents.	

<b>Meeting day: 21st December 2020</b>					
<b>Item</b>	<b>Topic</b>	<b>Action Lead</b>	<b>Action</b>	<b>Update</b>	<b>Status</b>
<b>3.</b>	<b>Action log from 27 November 2020</b>	Wendi Ogle-Welbourn	The Service Director, Communities and Partnerships to circulate the Mental Health Toolkit to Members once finalised.		
<b>7.</b>	<b>Vaccination Programme Overview</b>	Jan Thomas	Members to receive a response from the Accountable Officer to concerns that elderly peoples' carers would not be vaccinated at the same time as elderly people.		



Department  
of Health &  
Social Care



Ministry of Housing,  
Communities &  
Local Government

2 February 2021

**To: Leaders and Chief Executives  
of all Local Authorities in England**

Dear Colleagues,

We are writing to extend our thanks to everyone in local government for all you have already done to support the national vaccination programme. Across local and national government, we have shown our commitment to vaccinating our population as quickly as possible. As the NHS has risen to this challenge, local authorities – both elected members and officers – along with partners in the emergency services and voluntary, community and faith sectors have all stepped up to support this national effort. This has allowed greater reach into our communities beyond NHS premises; supported confidence in the vaccine; and most importantly ensured we are able to help those in the priority cohorts access the vaccine quickly and safely. This has helped save lives and shows the very best of public services. But there is much more to do.

As we continue to deliver this ambitious programme, the role of local authorities will become ever more important, and you will continue to bring core skills and resources to this work. It is therefore appropriate that we recognise this partnership effort more formally by setting out the specific areas where we know that local authorities, particularly with their public health responsibilities, can support the programme. These are outlined in Annex 1 as a guide. You are encouraged not to feel constrained by the list. This is intended to build on the collaboration already happening, not restrict it, and allow areas to develop arrangements locally in a way that best delivers the ambitions of the [vaccination delivery plan](#).

As we have done throughout the pandemic, we also want to encourage the sharing of good practice. The Local Government Association (LGA) continue to support us in this endeavour by collecting case studies and hosting a number of webinars, which we will continue to publicise through our MHCLG bulletin. The LGA has already reached out to Directors of Public Health to identify best practice and we are keen to develop a Vaccines Connect and Exchange online hub to share experiences, seek support from stakeholders and ask questions of the programme in a timely and interactive way. More information on this will follow.

We know that to support delivery of the vaccination programme, local authorities need data on the take up of the vaccine. National data is published on a daily basis, and as of 21 January a weekly breakdown has been available to Sustainability and Transformation Partnership/Integrated Care System level. There are plans to publish data by Upper/Lower Tier Local Authority very soon. In the past fortnight NHS E/I has also started sharing a core data set with Directors of Public Health, which includes breakdowns by cohort, age and ethnicity. NHS E/I will continue to work with Local Authorities and colleagues at Public Health England to evolve this dataset and make

sure systems have the information they need to support all communities in taking up the vaccine, including the harder to reach.

We also know from you and partners within local resilience forums that being able to manage the vaccination programme alongside other response elements of the pandemic will allow resources to be used more effectively. We would encourage this, using appropriate cells that report into the Strategic Coordination Group, health protection teams and local outbreak plan structures to ensure a joined up approach, track performance and allow for strong local political leadership.

As supply continues to improve, we will aim to give more local determination on how these structures can be used to best support the needs of your communities and maximise vaccine take up. Understanding local systems and how to best empower these will be valuable in preparing for that stage, and so we are keen to understand how arrangements are working in local places. To this end, Eleanor Kelly and Rachel Crossley – working within the vaccines programme on behalf of local government – will be working with regions to arrange individual meetings.

Finally, we wanted to set out clearly the way for councils to access funding for costs arising from the vaccine rollout, recognising that these are additional to the activities for which existing MHCLG grant funding for Covid-19 expenditure pressures is already available. Going forward local authorities will need to agree in advance appropriate, proportionate, additional and unfunded costs at a local level with their respective Clinical Commissioning Groups (CCGs). In turn CCGs can draw down eligible funding centrally via the national programme. Appropriate, proportionate, additional and unfunded eligible costs already incurred at a local level in agreement with CCGs can also be drawn down from central funding. Material historical costs (over £50,000) not previously agreed with the CCG and which are entirely and solely in support of Covid-19 vaccine deployment will be considered on a case by case basis.

Once again, thank you. This is a significant national effort and we are extremely proud of the role local government has played and will continue to play as the programme progresses.



**MATT HANCOCK**



**ROBERT JENRICK**

## ANNEX 1 – Working in partnership to support the vaccination programme

### 1. In support of the immediate response

Identified priorities	Examples of potential activity
Complete ongoing work to review current <b>capacity model</b> for area and identify any potential barriers or gaps in population having access to vaccination within 10 miles of their home – relevant partners working with NHS colleagues to provide solutions to these	Build on strong start already made in this area by: <ul style="list-style-type: none"> <li>• Looking at further potential opportunities to use pop-up/roving model to create temporary capacity</li> <li>• Providing transport support</li> <li>• Escalating any suggested proposals for additional/ relocation of a permanent site where significant changes proposed to improve access to NHS regional leads</li> </ul>
To support the vaccination of cohorts 1-4 by 15 February and 5-9 by late Spring, develop a locally appropriate, tailored <b>communications plan</b> that fosters and maintains a high level of vaccine confidence in the general public and increases confidence amongst the vaccine hesitant	<ul style="list-style-type: none"> <li>• Use local insight, knowledge and expertise to understand community views and develop targeted and effective campaigns, drawing on analysis of local uptake data – we recognise LAs will need a fuller dataset than is currently available to enable effective targeting and are committed to providing that as soon as possible</li> <li>• Make use of behavioural science approaches to motivate those not inclined to have the vaccine and support myth busting</li> <li>• Identifying network of trusted, culturally diverse voices to instil confidence in the vaccine across all communities</li> <li>• Use established outreach schemes to help increase understanding of the vaccine and reduce hesitancy</li> <li>• Community engagement to directly support harder to reach and health inclusion groups</li> <li>• Consider alternative delivery models for vaccinating those experiencing homelessness where mainstream provision is unsuitable, in addition to ensuring that everyone sleeping rough or brought into emergency accommodation is registered with a GP</li> </ul>

Support the roll out and ongoing operation of <b>the vaccination centres</b> to ensure they are safe, accessible and supported with the necessary infrastructure to maximise their capacity	<ul style="list-style-type: none"> <li>• Deploy expertise from LAs and police to advise on large event management</li> <li>• Redeploy staff and/or identify volunteers to support non-clinical roles</li> <li>• Traffic management plans – including potential additional transport</li> <li>• Security reviews undertaken by police on large sites and advice offered to PCNs</li> <li>• Highways authority to ensure appropriate gritting routes in place and review any locally planned highways activities that could create access issues</li> <li>• Work with the national programme and local partners to support the customer experience, capturing good practice and ensuring that lessons are learnt</li> </ul>
In support of the arrangements outline in the relevant SOPs, ensure that eligible <b>frontline health and social care workers</b> across the area are identified and offered a vaccination.	<ul style="list-style-type: none"> <li>• Redeploying staff to support LA Lead</li> <li>• Setting up cell within SCG structure to support this work with all relevant partners round the table</li> </ul>

## 2. In planning further ahead

Identified priorities	Examples of potential activity
To support the high take-up of the vaccine beyond those in the first 1-9 cohorts, lead a locally appropriate, tailored <b>communications programme</b> that fosters and maintains a high level of vaccine confidence in the general public and increases confidence amongst the vaccine hesitant	<ul style="list-style-type: none"> <li>• Use local insight, knowledge and expertise to understand community views within the cohorts and develop targeted and effective campaigns</li> <li>• Make use of behavioural science approaches to motivate those not inclined to have the vaccine and support myth busting</li> <li>• Identifying network of trusted, culturally diverse voices to instil confidence in the vaccine across all communities</li> <li>• Use established outreach schemes to help increase understanding of the vaccine and reduce hesitancy</li> <li>• Community engagement to directly support harder to reach and health inclusion groups</li> </ul>



<p>Work with health colleagues to test the resilience of the model for vaccinating <b>cohorts 5-9 by late Spring and continuing through the summer</b>, particularly in terms of ongoing workforce and resources needed to manage public expectations and engage hard to reach groups</p>	<ul style="list-style-type: none"> <li>• Review workforce and volunteer capacity, looking at opportunities to increase or diversify to mitigate against absences (through leave/sickness/volunteer fatigue)</li> <li>• Review local capacity model and uptake across the 3 delivery mechanisms, agreeing any adjustments needed to ensure it's locally responsive with a focus on ease of access for the wider, working age population</li> <li>• Develop wider community engagement plan to encourage wide-scale take up of vaccine, particularly focusing on younger cohorts</li> </ul>
<p>Begin <b>planning</b> to enable the deployment programme to move from a central incident response to a core part of local infrastructure within local authorities responsibility for public health.</p>	<ul style="list-style-type: none"> <li>• Consider how ongoing vaccination of the public will be built into the local system in a sustainable way.</li> <li>• As part of public health response to the pandemic, put in place the necessary governance to actively consider take up of the vaccination alongside the outbreak engagement plan</li> <li>• Work with relevant central government departments and agencies to incorporate Covid-19 vaccination as a core part of screening and immunisation with the necessary resources to manage this within local authority responsibilities for public health.</li> </ul>