

# CAMBRIDGESHIRE & PETERBOROUGH LOCAL OUTBREAK ENGAGEMENT BOARD



Cambridgeshire  
County Council

Friday, 7th August 2020

4.20 p.m.



## 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 held via Zoom.

## AGENDA

Open to Public and Press

1. Apologies and Declarations of Interests (oral)  
  
*Guidance on declaring interests is available at  
<http://tinyurl.com/ccc-conduct-code>*
2. Minutes from the meeting 10th July 2020 and Action Log (pages 3-9)
3. Revised Terms of Reference of Cambridgeshire and Peterborough Local Outbreak Engagement Board (pages 10-13)
- 4.. Cambridgeshire and Peterborough Health Protection Board Report (pages 14-20)
5. Update on the Local Engagement Board Workshop 7th August (oral)  
*Cllr Hickford  
Cllr Holdich*
  - Community focus (Wendi Ogle-Welbourn)
  - Communication (Christine Birchall)
6. Public Questions (oral)

*Speakers who wish to ask a public question must register their intention to speak no later than 12.00 noon one working day before the meeting via this link  
<https://www.cambridgeshire.gov.uk/council/meetings-and-decisions/getting-involved-in-meetings>*

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: Communities and Partnership, Service Director: Adults and Safeguarding  
Clinical Commissioning Group – Jan Thomas, Gary Howsam, Louis Kamfer &  
Louise Mitchell  
Cambridgeshire District Councils – Councillor Malyon  
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

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**NOTES FROM THE CAMBRIDGESHIRE & PETERBOROUGH LOCAL  
OUTBREAK ENGAGEMENT BOARD MEETING  
HELD AT 11AM, ON  
FRIDAY 10 JULY 2020  
VIRTUAL MEETING VIA ZOOM**

**Present:**

Dr. Liz Robin	Director of Public Health, Cambridgeshire County Council (CCC) and Peterborough City Council (PCC)
Cllr Roger Hickford	Chairman, Cambridgeshire Health and Wellbeing Board
Cllr John Holdich	Chairman, Peterborough Health and Wellbeing Board
Cllr Peter Hudson	Chairman, CCC Health Committee
Wendi Ogle-Welbourn	Executive Director – People and Communities, CCC and PCC
Adrian Chapman	Service Director, Communities and Partnerships, CCC and PCC
Jan Thomas,	Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).
Louise Mitchell	Director of Strategy and Planning, CCG
Val Moore – Chairman,	Chairman, Healthwatch Cambridgeshire
Ray Bisby	Acting Police and Crime Commissioner for Cambridgeshire
Charlotte Black	Service Director, Adults and Safeguarding, CCC and PCC
Gillian Beasley	Chief Executive, CCC and PCC
Christine Birchall	Head of Communications, CCC and PCC
Kate Parker	Head of Public Health Programmes, NHS Cambridgeshire
Cllr Wayne Fitzgerald	Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health - PCC
James Veitch	Democratic Services Officer, CCC

**Summary of Actions:**

- Terms of reference agreed.
- An informal workshop to be established by the Director of Public Health, PCC and CCC to do the following. This workshop would report back to the next meeting of the Board.
  - Review the Terms of Reference further including the addition of a vice-chairman and establishing a system for appointing local representatives in the event of an outbreak.
  - Consider how the Board would engage with the public.
  - Give feedback on the Care Home Support Plan
  - Discuss temperature checks as strategy to prevent the spread of COVID-19.
- The Director of Public Health to report back to the Board the exact start date for the receipt of daily case data.
- The Local Outbreak Engagement Board noted and commented on the work of the Health Protection Board and progress made to date.

The Director of Public Health, CCC and PCC opened the meeting and conducted a roll call of participants.

## **1. ELECTION OF CHAIRMAN/WOMAN**

Cllr Pete Hudson, seconded by Cllr John Holdich, nominated Cllr Roger Hickford to take the Chair. There were no other nominations and Cllr Roger Hickford was therefore elected Chairman.

## **2. APOLOGIES AND DECLARATIONS OF INTERESTS**

It was noted that Councillor Malyon – Cambridgeshire District Councils was not in attendance.

There were no declarations of interest.

## **3. TERMS OF REFERENCE OF CAMBRIDGESHIRE AND PETERBOROUGH LOCAL OUTBREAK ENGAGEMENT BOARD**

This item was introduced by the Head of Public Health Business Programmes, Cambridgeshire County Council who made the following points:

- The purpose of the Local Engagement Board was to provide political ownership and public engagement and reassurance on Local Outbreak Management Plans and the implementation of the plans across Cambridgeshire and Peterborough.
- The membership of the Board was based on the Health and Wellbeing Board Core Joint Sub-Committee with the following additions:
  - Chairman, CCC Health Committee
  - Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health, PCC
  - Service Director, Communities and Partnerships, CCC and PCC
  - Service Director, Adults & Safeguarding, CCC and PCC
  - Councillor Malyon – Cambridgeshire District Councils
  - Acting Police and Crime Commissioner for Cambridgeshire
- The Committee could invite additional members if required, e.g. local members to discuss the management of a localised outbreak.
- It was suggested that the terms of reference could be amended to allow for the election of a Vice-Chairman.
- A summary was given of the responsibilities of the Board which could be found on pages 4 and 5 of the agenda pack.
- It was suggested that the Director of Adults and Safeguarding could be added to the membership of the Board.

Members made the following comments on the Terms of Reference:

- The Chairman endorsed the suggestion of appointing a Vice-Chairman.
- It was suggested that the Board should only appoint one local representative per ward in the event of a localised outbreak. The Director of Public Health responded that some flexibility was required due to the differing structures of PCC and CCC.
- The Chairman proposed that further work should be undertaken outside the meeting on the system for appointing local representatives, to be brought back at a future meeting of the Board for approval as part of the Terms of Reference.
- Some Members felt that the local representatives should be restricted to County Councillors in Cambridgeshire, not other tiers of local government. Party politics should be avoided.

- The Chairman suggested that the Chairmanship and Vice-Chairmanship could alternate between Cllr Roger Hickford and Cllr John Holdich, with the relevant member chairing the meeting in the event of a local outbreak.
- The Director of Public Health proposed that an informal workshop be established to review the Terms of Reference in terms of the Board's formal structure as well as how it would engage with the public. The Chairman agreed and highlighted the importance of having this workshop held before the next meeting of the Board. The Terms of Reference were agreed subject to this.
- Members felt that the Councillors on the board should work together to establish a system for appointing local representatives.

#### **ACTIONS AGREED**

- Terms of reference agreed.
- An informal workshop to be established to review the Terms of Reference further, including the addition of a vice-chairman, a review of the system for appointing local representatives and considering how the Board would engage with the public. This workshop would report back to the Board before its next meeting and would be organised by Dr. Liz Robin.

#### **4. CAMBRIDGESHIRE AND PETERBOROUGH LOCAL OUTBREAK PLAN**

This item was introduced by the Director of Public Health – CCC and PCC, the Chief Executive - CCC and PCC, the Head of Communications – CCC and PCC and the Service Director, Adults and Safeguarding who made the following points:

- A summary of the plan and how it was developed.
- A highly technical document had originally been produced which was revised into an easy to understand public plan, published on 30 June 2020.
- Comments from the Whole System Health and Wellbeing Board Sub Committee regarding the importance of community engagement resulted in amendments being made.
- The focus was now on the implementation of the plan. Plans were in place for higher levels of need.
- It was important that Board members understood each other's roles as well as their own individual areas of responsibility and the workshop would help to achieve this alongside enhancing public understanding. This would help to enhance the effectiveness of preventative measures and the response to any outbreak.
- Elements of the 'Prevention' strand of work were already in operation, e.g. the 'Keep Caring' Campaign.
- It was suggested that the Workshop could give feedback on the Care Home Support Plan.

There were no further comments by Members of the Board.

#### **ACTIONS AGREED:**

- The Workshop to give feedback on the Care Home Support Plan.

## **5. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH PROTECTION BOARD REPORT**

This item was introduced by the Director of Public Health, Cambridgeshire and Peterborough who was also Chair of the Cambridgeshire and Peterborough Health Protection Board. The Director made the following points:

- The establishment of Health Protection Boards was a statutory requirement, as was the creation of a Local Outbreak Plan.
- The Protection Board was established in May to help create the Plan and review its implementation. It met weekly and included representative from local councils, district environmental health, the CCG and Public Health England.
- The Protection Board examined epidemiological trends of COVID-19 to plan for the future.
- The Protection Board oversaw arrangements for responding to outbreaks and enabled a multi-agency discussion. This was an important as the whole system had a responsibility for responses, not just Councils.
- A summary of the Protection Board's work programme.
- The Surveillance Cell had been established by the Protection Board and brought together senior information specialists to review factors that may affect COVID-19 risk, information from the healthcare system, Public Health England and the National Test and Trace System.
- The Cell created a daily overview of the surveillance position to provide to the Local Outbreak Management Team which met daily. The Team also received other information via a single point of contact such as detailed reports of cases in particular settings. A detailed risk assessment of these cases would be received if they had been reported to Public Health England. The case would then be followed up locally with varying procedures in place depending on the setting. A log of cases was maintained and the team undertook day to day case management.
- There were some current cases in Cambridgeshire and Peterborough and the Current Status was 'Level 1'. It was important to note that the definition of a 'case' was broad and could be an unconfirmed single report of a person with symptoms. There were several low level cases reported to the team who ensured that the right action was taken.
- There was an emphasis on ensuring a good 'end to end' response across the whole system, including prevention, community liaison, communication and planning for a possible increase in cases beyond Level 1.
- A finance sub-group had been established and had allocated a significant proportion of the Test and Trace grant due to the urgency of this work.
- A number of assurance mechanisms had been reviewed. This had highlighted that further work was required in community liaison, data sharing with key partners, training, enhancing the core workforce and ensuring that high risk settings were proactively identified and contacted. This work was overseen by the Health Protection Board and its sub-committee, the Programme Implementation Board. A senior District Officer would chair the implementation board to ensure it is multi-agency in nature.
- Peterborough had shown a higher prevalence of COVID-19 in Pillar 2 than Pillar 1 tests. This had resulted in media reports that Peterborough had the tenth highest number of weekly cases nationally. The Director wished to reassure the engagement board that cases in Peterborough were coming down and were considerably below those in Leicester. Cases in all local authorities were declining and Peterborough's position in the rankings had increased due to varying rates of decline between areas, not an increase in cases.

- There was still community transmission of the virus taking place in Cambridgeshire and Peterborough and it was crucial that people followed the public health guidance. This was the main factor in preventing the virus from spreading.

Members made the following comments:

- Members referred to section 2.5 on Page 9 of the reports pack and asked if there were any gaps or time lags in the data received and if anything could be done to address this. The Director responded that anonymised postcode level data for cases was only currently received on a weekly data. Cambridgeshire and Peterborough would be likely to become a pilot area for the receipt of daily data soon. The Director of Public Health would report back to the Committee the exact start date for receipt of this daily data.
- A major area for improvement was the access to data from central Test and Trace and Public Health England systems to directly link local cases with specific settings or outbreaks. A briefing to Councillors on this topic was being prepared.
- Members asked to what extent data from the Surveillance Cell could be shared with the public. The Director responded that much of this information was confidential. In addition, the information was often highly variable and was not published until final numbers were confirmed. It was the role of this Board to consider how to ensure good engagement with members of the public while recognising issues surrounding information governance and confidentiality.
- Members asked what current systems were in place currently for public communication. The Head of Communications responded that they were working on ensuring information reached the right places so that action could be taken. Daily information could cause worry without any scope for action to be taken. Consideration was being given to the creation of a weekly briefing and the mobilisation of local communities to outbreaks. Focussed communication had already taken place when there was an outbreak.
- Members asked what lessons could be learnt regarding good communication following the reporting of local outbreaks, such as the Princes Factory in Wisbech. The Director responded that a great deal had been learnt from the Princes' outbreak although the response had been positive, such as improving information flows between different parts of the System. A key area for development by the Surveillance Cell was ensuring the receipt of local intelligence directly.
- Members asked for an assessment of the mood in the community. The Service Director, Communities and Safety praised the response that had taken place at the community level and emphasised the importance of proactive outbreak prevention work going forward. The response from community groups had been exemplary and it was felt that this would continue into the recovery phase. Understanding and feeding back intelligence through the system to prevent outbreaks was important.
- Members asked if there were any plans to introduce regular temperature checks in businesses. The Director of Public Health responded that she would not recommend this approach and there was insufficient evidence for its effectiveness. Not all COVID-19 patients had a temperature and there was a fear that checks could provide false reassurance. It was agreed that this would be discussed at the workshop.

#### **ACTIONS AGREED:**

- The Local Outbreak Engagement Board noted and commented on the work of the Health Protection Board and progress made to date.
- The Director of Public Health to report back to the Board the exact start date for the receipt of daily case data.

- A discussion around temperature checks to take place at the Workshop.

## **6. PUBLIC QUESTIONS**

No public questions were received.



## CAMBRIDGESHIRE & PETERBOROUGH LOCAL OUTBREAK ENGAGEMENT BOARD MEETING ACTION LOG

Actions from 10<sup>th</sup> July 2020

No.	Item / Subject	Action Update	Action By	Status
<b>Item</b>				
<b>1</b>	Review the Terms of Reference further including the addition of a vice-chairman	TOR revised and on agenda for 7 <sup>th</sup> August 2020	KP	On agenda
<b>2</b>	Set up an informal workshop for Local Outbreak Engagement Board members to review the role of the board in relation to engagement with the public around outbreak management	Workshop set up for 7 <sup>th</sup> August 2020	KP	Completed
<b>3</b>	Consider how the Board would engage with the public.			
<b>4</b>	Give feedback on the Care Home Support Plan		CB/ES	
<b>5.</b>	Discuss temperature checks as strategy to prevent the spread of COVID-19.		LR	
<b>6.</b>	The Director of Public Health to report back to the Board the exact start date for the receipt of daily case data.		LR	

5<sup>th</sup> August 2020

**Covid 19 Local Outbreak Engagement Board**

**Terms of Reference**

**Purpose**

As part of the governance arrangements for local outbreak control which forms part of the wider national Test and Trace programme, a multi-agency Covid-19 Health Protection Board has been established across Cambridgeshire and Peterborough. This Board has the responsibility to develop local outbreak control plans.

The Local Outbreak Engagement Board will support the Covid-19 Health Protection Board by providing a Council Member-led public facing board to communicate openly with the public.

The purpose of the Local Engagement Board is

- To provide political ownership and public engagement and reassurance on local outbreak management plans and their implementation across Cambridgeshire & Peterborough

**Membership**

The Local Engagement Board will maintain the membership of the Health & Wellbeing Board Core Joint Sub-committee.

**Cambridgeshire County Council and Peterborough City Council**

Cllr Hickford and Cllr Holdich (Chair of Cambridgeshire and Peterborough Health and Wellbeing Boards)

Cllr Hudson (Chair of Health Committee, CCC)

Cllr Fitzgerald (Public Health Portfolio holder, PCC)

Dr. Liz Robin, Director, Public Health (CCC and PCC)

Wendi Ogle-Welbourn, Executive Director, Peoples and Communities (CCC and PCC)

Adrian Chapman, Service Director, Communities and Partnerships (CCC and PCC)

Charlotte Black, Service Director, Adults and Safeguarding (CCC and PCC)

**Cambridgeshire and Peterborough Clinical Commissioning Group**

Jan Thomas, Accountable Officer

Gary Howsam, Clinical Chair

Louis Kamfer, Chief Finance Officer

Louise Mitchell, Director of Strategy & Planning

## **Cambridgeshire District Councils**

Represented by:

Cllr Malyon (South Cambridgeshire District Council)

## **Cambridgeshire and Peterborough HealthWatch**

Val Moore (Healthwatch Chair)

The Local Engagement Board will have the ability to call in additional members when required for example.

- Local members to be invited if management of a localised outbreak is under discussion.

## **Police & Crime Commissioner**

Cllr Ray Bisby (Acting Police & Crime Commissioner)

## **Chairmanship / Vice Chairmanship**

The Chairmanship will alternate between the Chair of the Cambridgeshire Health and Wellbeing Board and the Chair of the Peterborough Health and Wellbeing Board. If the board is discussing localised Outbreak management that has specific reference to a geographical community within either Cambridgeshire County Council boundaries or Peterborough City boundaries then the Chairmanship should be conducted by the Chair of the Health & Wellbeing Board from that Local authority.

The Local Outbreak Engagement Board will appoint a vice-chair to act in the absence of the appointed Chair.

## **Notice of meetings and frequency**

Meetings of the Local Engagement Board will be monthly and they will follow the Health & Wellbeing Board Core Joint Sub-committee. Cambridgeshire County Council will arrange the meetings set up and manage request for public speaking in accordance with Cambridgeshire County Councils "Procedure Rules for Committee and sub-committee meetings".

The Local Engagement Board will have the flexibility to call emergency meetings with twenty-four hours notice. In this situation requests for public speaking will be received up to one hour before the meeting commences.

## **Responsibilities for the Board**

The Local Engagement Board is not a decision making board and its key aim is to provide public engagement and reassurance on the local outbreak control plan and its implementation.

The board will have the following responsibilities:-

- To meet in public as local political leaders and provide appropriate transparency and communication about the Covid-19 Local Outbreak Control Plan and its implementation - including prevention, early detection and management of outbreaks.
- To update the public on the latest local trends, issues and operational decisions taken for Covid-19 management.

- To provide public political leadership, to support required outbreak management actions e.g. local lockdowns or closures.
- To provide the opportunity for public questions.
- To provide community leadership by reinforcing key messages about hygiene, social distancing and any other measures that will help to prevent the spread of Covid-19 in our communities.
- To provide political leadership of wider engagement to support implementation of the Local Outbreak Management Plan e.g. with the District and City Councils, Parish Councils and the Combined Authority, community groups

### **Quorum**

The quorum for all meetings of the Local Engagement Board will be four members including members from both Councils.

### **Appointment of Substitute Members**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of the agendas and minutes for all meetings. Notification of a named substitute member must be made in writing or by email to Cambridgeshire County Council democratic services.

### **Status of Reports**

Meetings of the Local Engagement Board shall be open to the press and public and the agenda, reports and notes will be available for inspection at both Cambridgeshire County Council and Peterborough City Council's offices and on the Council's websites where possible five working days in advance of the meeting. Implementation of the Local Outbreak Plan may require emergency and immediate response in this situation an agenda for the Local Engagement Board will be published at the time the meeting is called.

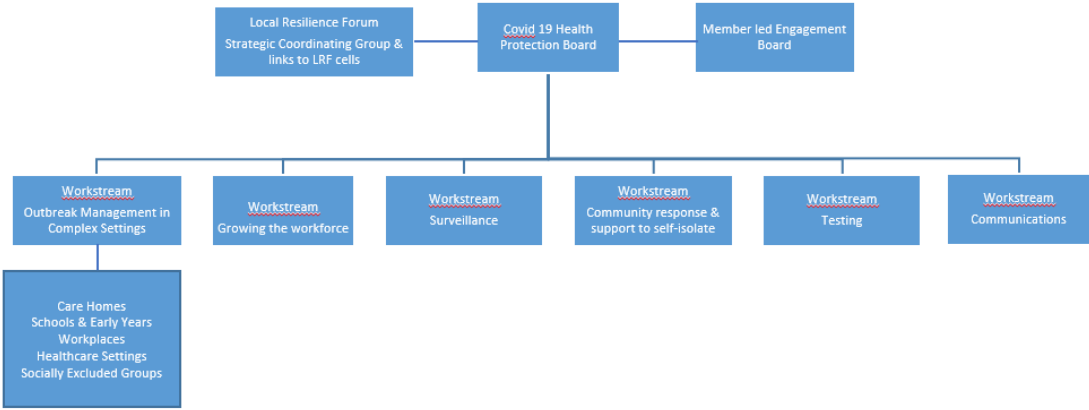
### **Press Strategy**

An electronic link to agendas for all meetings will be sent to the local media by the Council's press offices. Press releases issued on behalf of the Board will be agreed with by the Chairman/woman or Vice –chairman/woman and circulated to all Board members.

### **Governance**

The Local Engagement Board will act on behalf of the Covid-19 Health Protection Board in regards to communicating developments around the Local Outbreak Control Plan. Reports, notes and a transcript of the public questions and responses will be circulated to members of the Cambridgeshire Health & Wellbeing Board and the Peterborough Health & Wellbeing Board. The Local Engagement Board will not be a decision making board so no delegated authority from their organisations to take decisions will be required.

# Cambridgeshire & Peterborough Governance



DRAFT

**CAMBRIDGESHIRE AND PETERBOROUGH HEALTH PROTECTION BOARD  
REPORT**

*To:* **Cambridgeshire and Peterborough Local Outbreak  
Engagement Board**

*Meeting Date:* **7<sup>th</sup> August 2020**

*From:* **Director of Public Health**

*Electoral division(s):* **All**

*Outcome:* **This report provides an update on the work of the  
Cambridgeshire and Peterborough Health Protection  
Board**

*Recommendation:* **The Local Outbreak Engagement Board is asked to note  
and comment on the work of the Health Protection Board  
and progress made to date**

<b><i>Officer contact:</i></b>	
Name:	Kate Parker
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Tel:	

## 1. BACKGROUND

- 1.1. The Cambridgeshire and Peterborough Health Protection Board is the multi-agency Officer Board which oversees the Local Outbreak Control Plan. The creation of a Covid-19 Health Protection Board for each upper tier Local Authority, convened by the Director of Public Health, is a national requirement. The expectation is for the Board to meet regularly to review local epidemiological trends and the requirements and delivery of Covid-19 outbreak management.
- 1.2. The work of the Health Protection Board is reported regularly to the Local Outbreak Engagement Board to ensure transparency and public awareness

## 2. LOCAL PUBLIC HEALTH CONTEXT

### 2.1 Confirmed cases

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

In the reporting week 20-26 July, 74 new lab-confirmed Covid-19 cases were detected in Cambridgeshire (35) and Peterborough (39).

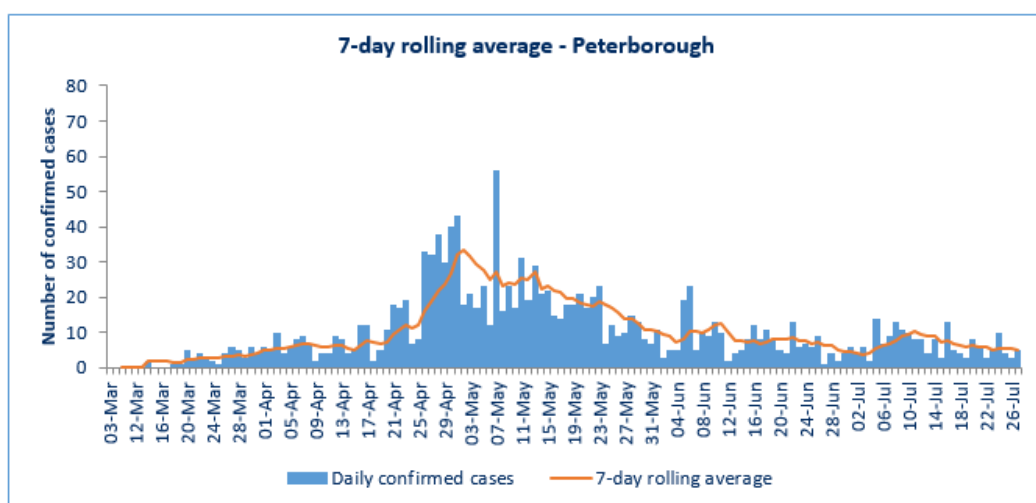
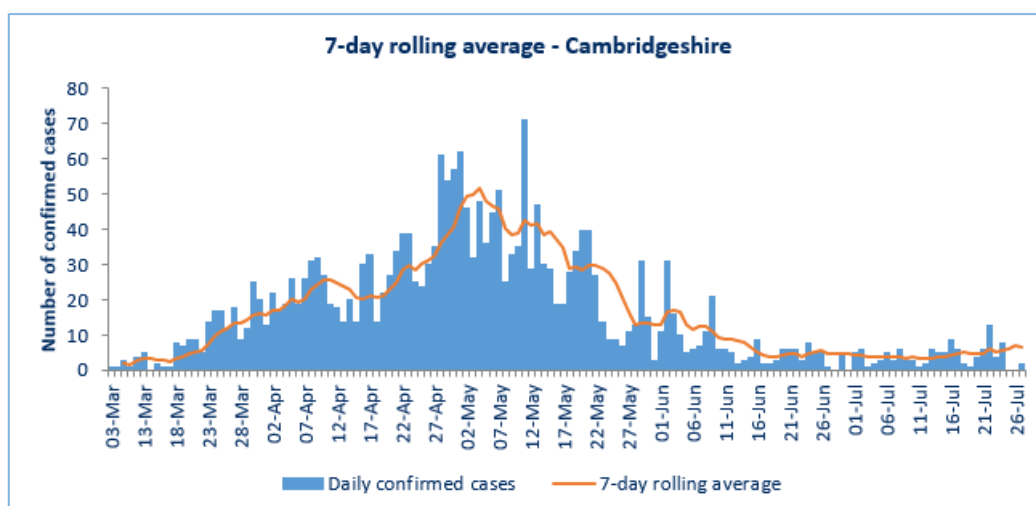
The cumulative rate of Covid-19 cases per 100,000 population in Huntingdonshire (507.5) and Peterborough (713.3) remain statistically significantly higher than the national rate (464.0).

More recently, rates of Covid-19 cases per 100,000 residents in Cambridgeshire and its Districts have remained similar to the national average, while in Peterborough rates have been around three times higher than the national average.

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

Area	Most recent weekly data (Mon-Sun)			
	Weekly incidence rate from 13 July to 19 July	Weekly incidence rate from 20 July to 26 July	Difference in weekly incidence rate from previous week	
Cambridge	2.4	8.7	6.4	↑
East Cambridgeshire	2.2	0.0	-2.2	↓
Fenland	6.9	7.9	1.0	↑
Huntingdonshire	5.6	6.2	0.6	↑
South Cambridgeshire	7.6	3.2	-4.4	↓
Cambridgeshire	5.2	5.4	0.2	↑
Peterborough	19.9	19.4	-0.5	↓
England	7.3	7.7	0.5	↑

The 7 day rolling average of confirmed cases for both Cambridgeshire and Peterborough shows an overall declining trend since the peak in Covid-19 cases in April/May, with a flatter trend and some fluctuations since the middle of June. .



## 2.2 Deaths

Sadly, there were 399 Covid-19 related deaths in Cambridgeshire in the period from March to June 2020 and 99 deaths in Peterborough. Both Covid-19 related death rates and all-cause death rates in Cambridgeshire, its districts, and Peterborough were better than or similar to the national average during these four months. There were no Covid-19 related deaths in Cambridgeshire or Peterborough in the reporting week 29 (ending 17<sup>th</sup> July 2020)

### Covid-19 Related Deaths

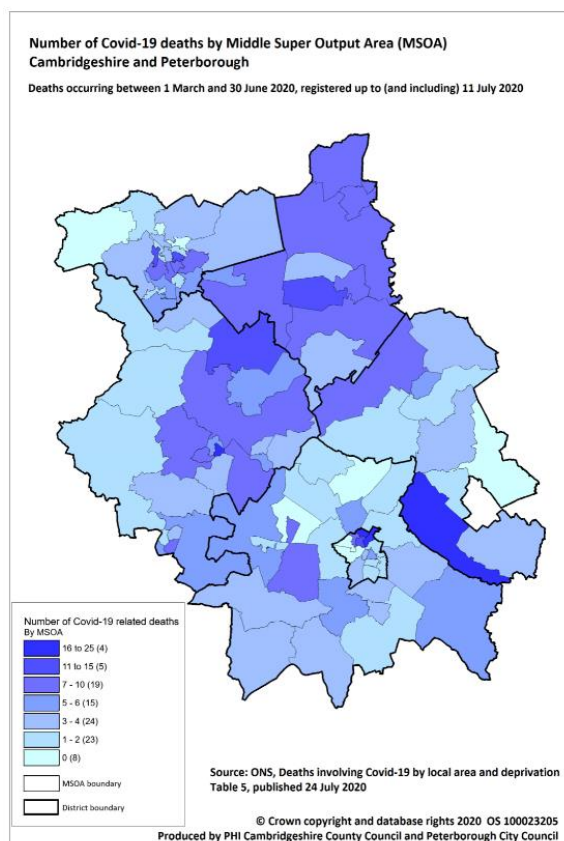
Area	4 month - March to June											
	Persons				Males				Females			
	Deaths	DASR	Lower CI	Upper CI	Deaths	DASR	Lower CI	Upper CI	Deaths	DASR	Lower CI	Upper CI
Cambridge	82	81.9	64.9	102.0	39	98.7	70.0	135.0	43	68.3	48.7	92.8
East Cambridgeshire	50	52.9	39.2	69.7	32	77.9	52.8	110.5	18	33.5*	19.6	53.2
Fenland	79	65.7	51.9	82.0	43	84.1	60.6	113.7	36	52.7	36.5	73.5
Huntingdonshire	127	70.6	58.3	82.9	69	91.1	70.4	115.9	58	56.2	42.6	72.8
South Cambridgeshire	61	37.0	28.3	47.5	31	43.7	29.6	62.2	30	31.8	21.3	45.5
Cambridgeshire	399	60.5	54.5	66.4	214	77.0	66.6	87.5	185	48.1	41.1	55.1
Peterborough	99	61.8	50.2	75.3	51	74.2	54.8	98.0	48	52.2	38.4	69.4
East of England	4,966	75.8	73.7	77.9	2,829	102.4	98.6	106.2	2,137	55.9	53.5	58.3
England	48,040	88.7	87.9	89.5	26,488	115.9	114.5	117.4	21,552	68.0	67.1	69.0



## All-Cause Deaths

Area	4 month - March to June											
	Persons				Males				Females			
	Deaths	DASR	Lower CI	Upper CI	Deaths	DASR	Lower CI	Upper CI	Deaths	DASR	Lower CI	Upper CI
Cambridge	315	324.5	288.0	361.0	147	369.7	309.6	429.8	168	299.3	252.3	346.4
East Cambridgeshire	306	323.7	287.3	360.0	158	404.4	339.7	469.1	148	265.9	222.5	309.3
Fenland	454	375.3	340.6	410.0	224	436.4	378.5	494.4	230	327.1	284.0	370.2
Huntingdonshire	590	327.9	301.4	354.4	301	388.1	343.2	433.0	289	280.2	247.7	312.6
South Cambridgeshire	447	269.5	244.5	294.6	231	330.6	287.5	373.7	216	224.7	194.4	255.0
Cambridgeshire	2,112	320.7	307.0	334.4	1,061	382.6	359.2	405.9	1,051	275.1	258.3	292.0
Peterborough	582	366.6	336.6	396.6	303	453.9	401.7	506.1	279	304.1	268.0	340.1
East of England	23,629	361.4	356.8	366.0	11,803	428.5	420.6	436.3	11,826	309.1	303.5	314.8
England	207,706	384.4	382.7	386.0	104,005	454.2	451.4	457.0	103,701	328.9	326.9	330.9

## Covid-19 Related Deaths by Middle Super Output Area (MSOA)



A map of numbers Covid-19 related deaths by geographical Medium Super Output Area (MSOA) shows generally higher numbers in Fenland, north east Huntingdonshire, and parts of Peterborough City. This information should be regarded with caution, as there has been no adjustment for the age of the local population. We know that Fenland has a higher than average proportion of older people, and the risk of poor outcome from Covid-19 infection is much higher with increasing age. Where there is a very high rate in one MSOA, this is likely to be related to premises such as care homes located within that MSOA, rather than the overall rates of Covid-19 infection in the community.

### 3.0 THE COVID-19 CONTAIN FRAMEWORK

- 3.1 Guidance for local authorities and local decision-makers on containing and managing COVID-19 outbreaks at a local level - was published on Friday 17<sup>th</sup> July as the 'Covid-19 Contain Framework'. This document sets out how NHS Test and Trace and the Joint Biosecurity Centre (JBC) will work with local authorities, Public Health England (PHE) and the public to contain and manage local COVID-19 outbreaks.
- 3.2 Upper tier local authorities, such as Cambridgeshire County Council and Peterborough City Council, are leading local outbreak planning, within a national framework, and with the support of NHS Test and Trace, PHE and other government departments. In two tier areas, county councils are working closely with district councils who have responsibility for environmental health.
- 3.3 Wherever possible, actions to address outbreaks of COVID-19 will be undertaken in partnership with local communities, on the basis of informed engagement and consent. Upper Tier Local Authorities will have powers to close individual premises, public outdoor places and prevent specific events. This means that Upper Tier Local Authorities will no longer have to make representations to a magistrate in order to close a premises. Premises which form part of essential infrastructure will not be in scope of these powers. These new powers will allow Local Authorities to act more rapidly to contain outbreaks linked to a specific setting.

The powers to close down whole sectors of business in a local area, or to restrict the general movement of people in the area, will remain with Ministers at national level.

- 3.4 There will be ongoing national monitoring of the epidemiology and trends in Covid-19, and where there are higher or rising levels of Covid-19 cases in a local authority area, national government command structures will designate local authorities into one of three categories:
- area(s) of concern – a watch list of areas with the highest prevalence, where the local area is taking targeted actions to reduce prevalence – for example additional testing in care homes and increased community engagement with high risk groups
  - area(s) of enhanced support – for areas at medium/high risk of intervention where there is a more detailed plan, agreed with the national team and with additional resources being provided to support the local team (eg epidemiological expertise, additional mobile testing capacity)
  - area(s) of intervention – where there is divergence from the measures in place in the rest of England because of the significance of the spread, with a detailed action plan in place, and local resources augmented with a national support

Peterborough is currently an 'Area of Concern' due to the weekly prevalence of Covid-19 cases being in the top twenty local authorities nationally.

- 3.5 More information about the Contain Framework is available on:  
<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks>

## 4.0 IMPLEMENTING THE LOCAL OUTBREAK CONTROL PLAN

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

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

<https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace#local-outbreak-control-plan-7-0>

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

- Care Home Cell
- Schools and Early Years Cell
- Workplace Cell
- Vulnerable Populations Cell
- NHS Healthcare arrangements.

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

- 4.3 The overall implementation of the LOCP is overseen by the multi-agency Health Protection Board which meets weekly and is chaired by the Director of Public Health. This Board includes membership from Public Health England and has a strong focus on the local epidemiology of and trends for Covid-19, as well as current plans and actions to prevent and control outbreaks - in order to provide strategic leadership and planning for the future.
- 4.4 The Health Protection Board is supported by the LOCP Programme Delivery Group, chaired by the Chief Operating Officer of South Cambridgeshire District Council. This oversees delivery and monitoring of the LOCP action plan and milestones, with a focus on building the capacity and infrastructure required to manage a potential future surge in Covid-19 cases and outbreaks. This includes identifying and mitigating risks to delivery of the LOCP. The Programme Delivery Group meets weekly, and has multi-agency representation from the range of organisations involved in delivering the LOCP.
- 4.5 The Member-led Local Outbreak Engagement Board, jointly chaired by Cllr John Holdich from Peterborough City Council and Cllr Roger Hickford from Cambridgeshire County Council, will provide political leadership and engagement with local residents for outbreak prevention, early identification and control.

- 4.6 The Finance Sub-Group of the Health Protection Board reviews business cases for allocation of the Test and Trace Grant from national government which is approximately £2.5M for Cambridgeshire and £1.0M for Peterborough. It has now met twice and approved funding for:
- Additional Communications staff and campaigns
  - Increasing the Environmental Health workforce and associated resource requirements in District and City Councils.
  - Additional public health staffing for the Outbreak Management Team
  - Increased local testing capacity
  - Additional training capacity
  - Additional staffing for infection control and contact tracing.
  - A hardship fund to be administered through community hubs, where vulnerable residents need specific support to self-isolate.
- 4.7 District and City Councils make a key contribution to the LOCP, through their Environmental Health function and through their local preventive and rapid response work in the event of a community outbreak in their area. This includes practical support for more vulnerable people asked to isolate at short notice.
- 4.8 The publication of the national Contain Framework as outlined in paras 3.1-3.5, which includes the allocation of new powers to upper tier Local Authorities, creates the need to review and revise the LOCP and associated documents on local roles, responsibilities and governance. This work is being led by Sue Grace, the Director of Customer and Digital Services.

## **5.0 LOCAL RESILIENCE FORUM**

- 5.1 The Local Resilience Forum Strategic Co-ordination Group, co-chaired by Gillian Beasley Chief Executive of Cambridgeshire County Council and Peterborough City Council, and by Jan Thomas, the CCG Accountable Officer, plays an important role in supporting Covid-19 outbreak prevention and management. It brings together the resources of the wider public sector in Cambridgeshire and Peterborough, when the resources needed go beyond the scope of the Health Protection Board. A document describing the roles and responsibilities of a range of organisations involved in delivering the LOCP has been agreed through the LRF Strategic Co-ordination Group and published alongside our LOCP. This document is included in the review outlined under para 3.12 so will be subject to some further amendment.
- <https://www.cambridgeshire.gov.uk/asset-library/PCC-CCC-3126a-Local-outbreak-control-plan-V6.pdf>
- 5.2 The LRF Training and Exercise sub-group delivered a 'virtual' multi-agency emergency planning tabletop exercise, to test our Local Outbreak Control Plan and the rapid response to a community outbreak. This took place on Monday 20<sup>th</sup> June, and was well attended across the organisations involved. The outcomes of the exercise will be reviewed and incorporated into delivery of the LOCP.