

Cambridgeshire & Peterborough Local Outbreak Engagement Board

Friday, 27th November 2020

5.00p.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 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 meeting on 6th November 2020 (pages 3 - 15)
3. Action log from 6th November 2020 (page 16 - 17)
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. Implications for Peterborough and Cambridgeshire Following the Governments post lockdown announcement (oral/
L Robin)
6. Local Outbreak Control Plan – Refresh
 - (a) Overview of the Plan (oral/
A Chapman)
 - (b) Communication Strategy (pages 18 -20/
C Birchall)
 - (c) Community Engagement (oral/
A Chapman)
7. Any Other Business (oral)

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
Clinical Commissioning Group – Jan Thomas, Gary Howsam, Louis Kamfer &
Louise Mitchell
Cambridgeshire District Councils – Councillor Bill Handley
Chair of Cambridgeshire and Peterborough Healthwatch
Police and Crime Commissioner

For more information about this meeting please contact the
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Agenda item No.2

**NOTES OF THE CAMBRIDGESHIRE & PETERBOROUGH LOCAL OUTBREAK
ENGAGEMENT BOARD MEETING
HELD AT 11AM ON
FRIDAY 6 NOVEMBER 2020
VIRTUAL MEETING VIA ZOOM**

Present:

Cllr Roger Hickford (Chair), Chairman, Cambridgeshire Health and Wellbeing Board
Cllr John Holdich, Chairman, Peterborough Health and Wellbeing Board
Cllr Peter Hudson, Chairman, CCC Health Committee
Cllr Bill Handley, District Council Representative
Cllr Wayne Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health, PCC
Gillian Beasley, Chief Executive, Cambridgeshire County Council (CCC) and Peterborough City Council (PCC)
Dr. Liz Robin, Director of Public Health, CCC and PCC
Wendi Ogle-Welbourn, Executive Director – People and Communities, CCC and PCC
Adrian Chapman, Service Director – Communities and Partnerships, CCC and PCC
Sandi Smith, Healthwatch Cambridgeshire and Peterborough (substituting for Val Moore)
Ray Bisby, Acting Police and Crime Commissioner for Cambridgeshire
Kate Parker, Head of Public Health Programmes, NHS Cambridgeshire
Christine Birchall, Head of Communications, CCC and PCC
Michelle Rowe, Democratic Services Manager, CCC
Daniel Snowdon, Democratic Services Officer, CCCs

1. APOLOGIES AND DECLARATIONS OF INTERESTS

Apologies were received from Val Moore (Sandi Smith in attendance as substitute) and Jan Thomas.

2. NOTES FROM THE MEETING ON 5 OCTOBER 2020

The notes of the meeting on 5 October 2020 were agreed as a true and accurate record

3. ACTION LOG FROM 5 OCTOBER 2020

The Chair introduced the item and noted that all actions had been marked as complete with the exception of the item for the Acting Police and Crime Commissioner who was invited to provide an update:

- The Commissioner responded that as of 6 November 2020, 230 Fixed Penalty Notices had been issued, two of which were for £10,000 in response to parties of

more than 30 people. An updated demographic breakdown from central government was not yet available.

- The Chair asked if there had been a change in the Police's approach to enforcement in the second lockdown compared to the first. The Commissioner responded that the 'Four E's' were still being used in the same way. The two £10,000 fines demonstrated that the police would respond when people refused to accept advice or encouragement to comply with the Coronavirus regulations.
- The Chair asked where the money from Fixed Penalty Notices was sent. The Commissioner responded that he could not answer definitively but he believed this went to Central Government or a relevant agency. It was agreed that the Commissioner would provide this information for the next meeting of the Local Outbreak Engagement Board. This question was answered later in the meeting when it was confirmed by the Commissioner that this money went to Central Government and it was believed that some of this money was later returned to local authorities.
- The Commissioner added that officers from local authorities were working alongside the police to explain the regulations to members of the public and the emphasis was not on achieving a high level of prosecutions
- The Chairman of the Peterborough Health and Wellbeing Board commented that there had been a change of attitude by the Police, who were working well alongside Peterborough City Council to provide 4 hours per day of dedicated police time. There was confidence that the new COVID-19 marshals would result in further positive progress.

The Chair invited the Healthwatch representative to provide an update on the 'Campaign Updates' action, who made the following points:

- A recently completed survey and report had highlighted communication and conflicting messages as being the main issue. Some confusion had been noted regarding shielding and test and trace with difficulties among the public in distinguishing between information issued by the health partner system vs. local authority public health teams. Anything that could be done to improve the clarity of information would be welcome.

ACTIONS AGREED

The Acting Police and Crime Commissioner to inform the Local Outbreak Engagement Board on which body received the money from the COVID-19 Fixed Penalty Notices. This question was answered later in the meeting when it was confirmed by the Commissioner that this money went to Central Government and it was believed that some of this money was later returned to local authorities.

The Acting Police and Crime Commissioner to provide a more detailed breakdown of COVID-19 prosecutions in Cambridgeshire (continued).

4. PUBLIC QUESTIONS

No public questions were received.

5. HEALTH PROTECTION BOARD REPORT – PRESENTATION

The Director of Public Health delivered a PowerPoint presentation which provided an update on COVID-19 from the Health Protection Board. Presentation slides may be found in Appendix 1. It was noted that Health Protection Board meetings were now taking place weekly.

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

- Members asked if any figures were available to demonstrate the success of local contact tracing. The Director responded that a success rate of 85-90% had been seen in contacting those who had not been successfully contacted by the national test and trace system. However, this had recently declined to between 70-80% due to people increasingly not filling in contact tracing details correctly. This was an area of concern. Possible reasons for this include concerns about fines or anxiety among self-employed people and those on zero-hours contracts that they may have to miss work to self-isolate. Officers were keen to emphasise that support would be available for people to give contact details in confidence and self-isolate.
- The Service Director, Communities and Partnerships added that financial and other support had been made available, so no one had an excuse not to self-isolate. This would be strongly promoted from Monday 9 November 2020. Local delivery of contact tracing meant that people could be located by cross-referencing different sources of information.
- Members asked for more information on the new strain of coronavirus, if the approach to tackling it would need to be different and if sufficient preparations had been made. The Director responded that the approach remained the same and no information had been delivered via the public health system suggesting this needed to change. The strain was still too new to fully understand. All forms of COVID-19 needed to be monitored.
- Members commented that the strain referred to in the previous point was mostly prevalent in mink farms in Scandinavia, the Netherlands and Spain. The strain was not yet present in the U.K. A cull was underway to address this.

6. COMMUNICATION AND CAMPAIGN UPDATES

The Head of Communications introduced this item. Details may be found on pages 18, 19 and 20 of the reports pack at this [LINK](#) and the additional report at this [LINK](#). Additional points not included on these pages included:

- The #dohalloweendifferently campaign resulted in 84 different pieces of communication being sent out with 222,000 shares. There was an emphasis on suggesting positive alternatives to trick or treating such as cooking activities or scavenger hunts.
- There was no reason for people not to follow the Coronavirus regulations due to the level of support being provided.
- The first stage of the 'Toolkit' had been sent out to all Warn and Inform colleagues, consisting of all the communication leads of all public sector organisations in Cambridgeshire and Peterborough. The toolkit included social media messages,

images, internal news releases and a script for community champions to record messages in a variety of languages. This would be sent to all Members of Cambridgeshire County and Peterborough City Councils who would be encouraged to share it with their own networks. The toolkit would also be targeted to areas where there were particular issues and be updated weekly. Materials could be adapted by district councils.

- As with the Halloween campaign, people would be given ideas of positive activities they could undertake during lockdown while observing the rules. This would be backed up a general media campaign. The emphasis was on avoiding all non-essential contacts between people so that the lowest-tier exit from lockdown for Cambridgeshire and Peterborough could be achieved.

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

- It was confirmed that the toolkit would also be sent to district councils.
- The Service Director, Communities and Partnerships asked that the toolkit also be shared with parish councils and voluntary sector partners. The Head of Communications responded that this was already planned to take place. The toolkit would be updated weekly and officers would be happy to receive feedback and make alterations for the next update in order to be as responsive as possible.
- Members praised the work to translate communications into a variety of languages. Healthwatch would be happy to provide support and would keep communications officers updated with any feedback.
- Members commented on the consistency of messages between communications campaigns and the letters being sent to people in the 'Extremely Clinically Vulnerable' category. It was suggested that the two forms of communication could cross-reference each other to avoid any confusion. The Service Director, Communities and Partnerships responded that the 32,000 extremely clinically vulnerable people in Cambridgeshire would soon receive letters from a national campaign. There was one version for adults and another for parents of children in this category. The letters had been seen and were fairly complex. Officers would therefore contact these people with a more straightforward version. This document would also provide contact details for the Local Hub Network. Input on this document had been sought from district councils and it was agreed that Healthwatch would also be asked for feedback. This could be beneficial in alleviating the anxieties of people in the vulnerable category and helping to reduce pressure on the N.H.S by ensuring these people were healthy.
- It was noted that South Cambridgeshire District Council had arranged forums attended by local volunteers and parish councillors which had been well attended. It was emphasised that officers were welcome to use this forum as a platform for communications work. Gareth Bell was the contact for this forum.
- Concerns had been expressed at this forum regarding people's mental health during the pandemic. Members asked if the action plan could be updated to tackle this issue.

ACTIONS AGREED:

- Healthwatch to provide support and feedback regarding multi-lingual communications.

- Healthwatch to provide feedback on the local letters being sent to people in the 'Extremely Clinically Vulnerable' category
- The Head of Communications to consider updated the communications action plan to take into account people experiencing mental health issues during the pandemic.

7. NOVEMBER LOCKDOWN – EXPECTED OUTCOMES AND FORWARD PLANNING

The Chairman emphasised the importance of the Board undertaking forward planning as well as reviewing past activities. The Director of Public Health introduced this item and the made the following points:

- The Director sought Board Members' steer on what the aims and vision should be for the future, especially in light of the aim for Cambridgeshire and Peterborough to exit lockdown in the lowest tier possible.
- A discussion was also needed on how to work with communities ensure cases do not rise against after the lockdown.
- Further input was sought on future ambitions for local test and trace.

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

- Members emphasised the importance of exiting lockdown in the best possible situation and avoiding the need for extended local measures.
- The Chairman of the Peterborough Health and Wellbeing Board agreed and felt that appropriate measures were in place to achieve this.
- Members commented that everyone wanted the same outcome but the more pertinent question was how to achieve this in a constantly changing situation.
- Members commented that before the end of lockdown, people needed to understand how to live an 'almost-normal' life during the pandemic. This would not be possible without a change in the behaviour of young people and university students to follow the COVID-19 regulations. If they did not do so, they needed to know that they could be locked down. It would be unfair if Cambridgeshire rural districts needed to go into lockdown due to the behaviour of those in Cambridge City.
- Members felt that additional communication with businesses was needed to ensure staff were wearing masks.
- Members asked for future input from the Director on political decisions that needed to be taken to tackle the pandemic.
- Members commented that enforcement plans needed to be in place to ensure continued responsible behaviour after the end of lockdown to avoid the need to re-impose local measures, especially among young people. This should be a key priority.
- The Acting Police and Crime Commissioner stated that demands on policing were now back to pre-COVID levels. It was therefore important that people took personal responsibility for complying with Coronavirus regulations so that police involvement was a last resort. Members of the public were encouraged to report COVID-19

breaches online. The Commissioner added that victim and support services would stay open during lockdown. It was vital that victims could report abuse during lockdown and that support services were available. This was an area of concern.

- Members felt that efforts needed to be made to communicate with those who were not complying with the regulations.
- Members raised concerns about the behaviour of football teams in pubs in South Cambridgeshire. It was suggested that a letter could be written to the Cambridgeshire Football Association suggesting that they could be banned from playing if the COVID-19 regulations were not followed.
- The Chair commented that an email exchange after the meeting might be needed to tackle specific issues raised.

The Director stated that it had been valuable to hear Members' views. There was unity of opinion on the need to keep rates down in Cambridgeshire and Peterborough to ensure the area was in the bottom tier. Officers need to work to improve messaging and enforcement with people who were not complying. The lockdown provided an opportunity to prepare to engage with these people successfully when restrictions were relaxed. The Director was keen to continue to receive suggestions from Members via email.

The Chair commented that an additional meeting of the Local Outbreak Engagement Board should be set up if required.

The Chair closed the meeting and it was noted that the next meeting of the Board would take place on 4 December 2020 at 11am.

Appendix 1 – Presentation slides, agenda item 5.

Covid-19 update from Health Protection Board

<https://www.peterborough.gov.uk/asset-library/PCC-CCC-Local-Outbreak-Control-Plan.pdf>

<https://www.peterborough.gov.uk/asset-library/PCC-CCC-Local-Outbreak-Plan-Roles-and-responsibilities.pdf>

UK positive cases still increasing though rate of increase slowing



Higher rates widespread



<https://www.bbc.co.uk/news/uk-51768274>
4 November

Source: Coronavirus.gov.uk – 4 November

OFFICIAL

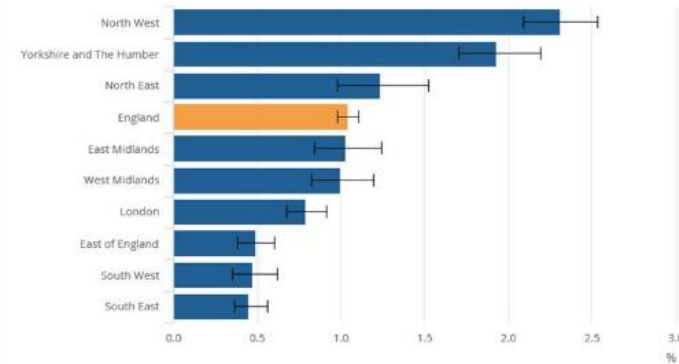
Fewer than 10 10-24 25-49 50-99 100-199 200+
 National public health bodies. Map made with Carto



Over 1% (one in a hundred people) in England were estimated to have Covid-19 in the most recent ONS survey.

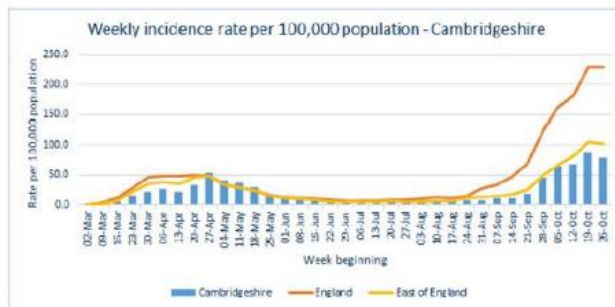
For the East of England this was just under 0.5% (one in two hundred people)

Estimated percentage of the population testing positive for the coronavirus (COVID-19) on nose and throat swabs across regions, England, 20 October 2020 (reference point of the most recent week from modelling).



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

- In Cambridgeshire in the last week of October 519 people tested positive for Covid-19
- This is a weekly incidence rate of 79 per 100,000 population
- This is less than national and regional averages but much more than the rate in September

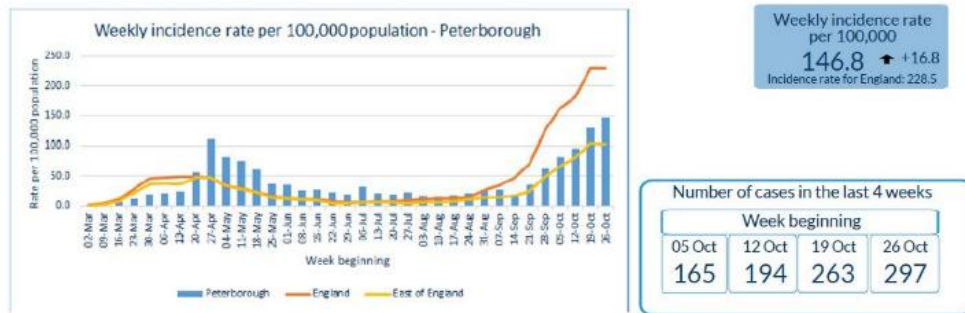


Weekly incidence rate per 100,000
79.4 ± 9.3
Incidence rate for England: 228.5

| Number of cases in the last 4 weeks | | | |
|-------------------------------------|--------|--------|--------|
| Week beginning | | | |
| 05 Oct | 12 Oct | 19 Oct | 26 Oct |
| 426 | 441 | 580 | 519 |



- In Peterborough in the last week of October 297 people tested positive for Covid-19
- This is a weekly incidence rate of 147 per 100,000 population
- This is less than the national average but more than the regional average and is still rising



Covid-19 related deaths reported by ONS remain low and all cause deaths are stable.

However there is some delay in reporting due to the need for deaths to be registered

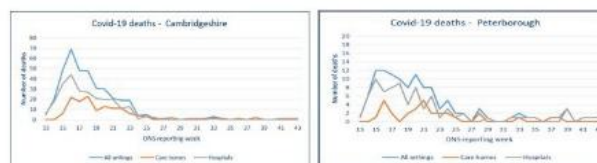
DEATH TRENDS – Cambridgeshire and Peterborough

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

ALL-CAUSE DEATHS



COVID-19 RELATED DEATHS

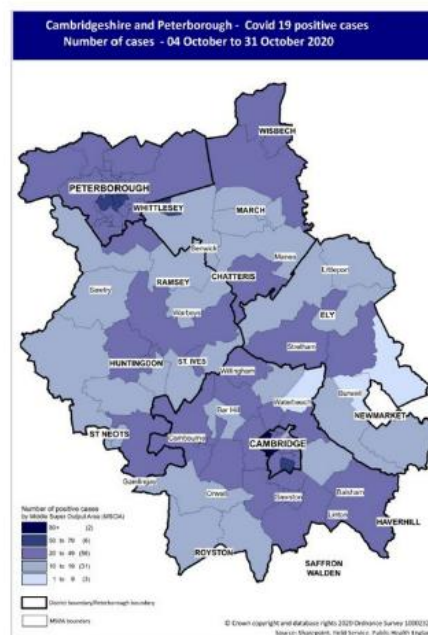


Source: ONS, published 03 November

There is variation in the rates of Covid-19 infection across the Cambridgeshire and Peterborough area, with the highest rates in Peterborough and in Cambridge City and the lowest rate in East Cambridgeshire

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

| Area | Most recent weekly data (Mon-Sun) | | |
|----------------------|---|---|--|
| | Weekly incidence rate from 19 Oct to 25 Oct | Weekly incidence rate from 26 Oct to 01 Nov | Difference in weekly incidence rate from previous week |
| Cambridge | 193.9 | 143.4 | -50.5 ↓ |
| East Cambridgeshire | 43.4 | 37.8 | -5.6 ↓ |
| Fenland | 89.3 | 84.4 | -4.9 ↓ |
| Huntingdonshire | 52.8 | 66.9 | 14.0 ↑ |
| South Cambridgeshire | 71.7 | 63.5 | -8.2 ↓ |
| Cambridgeshire | 88.7 | 79.4 | -9.3 ↓ |
| Peterborough | 130.0 | 146.8 | 16.8 ↑ |
| East of England | 105.1 | 102.3 | -2.8 ↓ |
| England | 229.4 | 228.5 | -0.9 ↓ |



Governance

- Since the Local Engagement Board last met, national government introduced a system of Tiers of Intervention – with a medium, a high and a very high tier.
- Both Cambridgeshire and Peterborough were in the medium tier, which means national regulations apply with no additional measures. However both Cambridge and Peterborough were reaching or close to some thresholds, which could trigger discussion of a move to a high tier
- The tier system has been suspended during the current four week national lockdown
- The Cambridgeshire and Peterborough Local Outbreak Control Plan and Roles and Responsibilities document have been updated to cover the tier system and four week national lockdown, and new version will be published this afternoon

Key actions in the past month

Routine surveillance and Outbreak Management

- The workload of the daily Surveillance Cell, Outbreak Management Team and Outbreak Cells has been increasing, in line with increased numbers of Covid-19 cases. Additional recruitment had been agreed.

Local Action Plans

- Local action in our communities needs to be at the heart of our outbreak prevention and control plans – as it is people's behaviour in their communities which determines whether and how the virus spreads.
- District and City Councils have done a huge amount already to prevent and manage outbreaks and support their communities, and this role is being further formalised through each District/City Council producing a Covid-19 Local Action Plan.
- Weekly epidemiology summaries are being produced for each District/City area so to shape local actions and rapid response.

Key actions in the past month

Universities

- There is ongoing close communication and joint work with both Universities - involving CCC/PCC public health and communications teams, Cambridge City Council, and Public Health England.
- After a rise in cases in the second and third weeks of term, Covid-19 case rates at Cambridge University have reduced and the percentage of students testing positive in the asymptomatic screening programme is now 0.7%.

Schools

- The number of school cases has increased during October – with a mix of single cases and some clusters and small outbreaks. These are being well managed by our Education Cell working in partnership with school head teachers.
- This will remain an area of focus due to schools remaining open during the four week lockdown.



Key actions in the past month

Care Homes

- The pilot of asymptomatic testing of health professionals visiting care homes, which was trialled in Cambridgeshire and Peterborough is now being rolled out nationally.

Workplaces

- Significant work is taking place by District and City Environmental Health Teams, Public Health, and the workplaces themselves, to prevent and manage workplace Covid-19 outbreaks. There are many local workplaces which are expected to remain open during the four week lockdown, including food production, manufacturing and construction. Anyone who can work from home should do so.

Key actions in the past month

Testing

- Local Testing Sites which are open seven days a week have been opened in Peterborough next to Gladstone Park Community Centre and in Cambridge next to the Abbey Leisure Centre. These are commissioned nationally by DHSC.
- We have offered to participate in a national pilot of asymptomatic testing using lateral flow machines, and will be receiving more information on this shortly

Local enhanced contact tracing

- Local enhanced contact tracing continues in Peterborough and we plan to launch this in Cambridgeshire in mid November - working closely with District Council EHOs. There will be a mutual aid agreement, including Peterborough, to ensure resilience across the whole area.
- Work is in train to model how more contact tracing work could be taken on locally, identify how this would add value by taking a Find, Test, Trace, Isolate and Support (FTTIS) approach, and the staffing and resource requirements.

Looking ahead – points for consideration

Thinking about the end of the four-week lockdown period – what do we want to achieve?

- Rates of Covid-19 infection in our local areas?
- Communities' understanding of Covid-19 prevention?
- Improvements to the testing and contact tracing system?
- A longer term strategy for our area?
- Further development of Local Action Plans?

CAMBRIDGESHIRE AND PETERBOROUGH LOCAL OUTBREAK ENAGEMENT BOARD**Updated: 24/11/20****Meeting date: 6th November 2020**

| Item | Topic | Action Lead | Action | Update | Status |
|-------------|---|--------------------|---|---|------------------|
| 3. | Action Log update 5/10/20 | Ray Bisby | The Acting Police and Crime Commissioner to inform the Board on which body received the money from the COVID-19 Fixed Penalty Notices | It was confirmed later in the meeting by the Commissioner that this money went to Central Government and it was believed that some of this money was later returned to local authorities. | Completed |
| 3. | Action Log update 5/10/20 | Ray Bisby | The Acting Police and Crime Commissioner to provide a more detailed breakdown of COVID-19 prosecutions in Cambridgeshire | | |
| 6. | Communication and campaign updates | Sandi Smith | Healthwatch to provide support and feedback regarding multi-lingual communications. | | Ongoing |
| | | | Healthwatch to provide feedback on the local letters being sent to people in the 'Extremely Clinically Vulnerable' category | | Ongoing |

| 6. | Communication and campaign updates | Christine Birchall | The Head of Communications to consider updated the communications action plan to consider people experiencing mental health issues during the pandemic. | | Completed |
|--|------------------------------------|--------------------|--|---|-----------|
| Meeting date: 11 September 2020 | | | | | |
| Item | Topic | Action Lead | Action | Update | Status |
| 4. | Health Protection Board Report | Ray Bisby | To advise the Chief Constable of the reported public perception of the police and the boards approach of a balance between education and enforcement | Update 5.10.20 The Acting Police and Crime Commissioner to provide a more detailed breakdown of COVID-19 prosecutions in Cambridgeshire | Completed |
| 4.. | Health Protection Board Report | Dr. Liz Robin | Co-ordinate with democratic services to write to South Cambs DC regarding the attendance to the board of their representative. The option for other districts to be invited to supply a representative should be made. | The DPH is in contact with the Chief Executive of South Cambridgeshire District Council regarding District Council representation. | Completed |

Out of national lockdown and beyond.

Cambridgeshire and Peterborough draft comms strategy,
(To wrap around and support activities outlined in the operational plan)

Aim:

To help people across Cambridgeshire and Peterborough adjust to and take part in a 'new normal' way of living; giving them the information they need so they can protect themselves, their loved ones and our local economy –until such time as Covid-19 vaccination has time to take effect

Objectives:

Emphasise everyone's role in keeping infection levels low and avoid singling out a particular group

Provide regular feedback about people's efforts to control the virus -celebrate their successes and highlight the benefits that this brings to the whole community

Focus on reducing the risk, rather than on the 'rules'

- Clearly demonstrate risk by the use of hard hitting examples and first hand testimonies of the effects COVID has on individuals 'like me'
- Testimonies should use the fear, threat and plan of action structure to create the opportunity for behaviour change to happen (e.g. you have to create substantial fear to create a threat to an individual and loved ones for people to act)
- Help people identify and make sustainable changes to the way they live and the things that they do –Highlight places and situations (like celebrating Christmas) where it may be difficult to avoid risky behaviour and offer options and alternatives

Where Covid stops or restricts things people want to do, promote positive alternatives

Encourage people not to throw away sacrifices made so far

Target intensive information and practical support to particular people or particular areas that need it most (e.g specific communities where English is not the first language, vulnerable people, those who can't work from home, those who have to share transport)

Highlight hope, to keep people going through the winter months. And while there is 'light at the end of the tunnel' - this way of living has to be maintained now.

Use a range of approaches including: thank you messages to set a norm for the required behaviours (for testing, taking action etc), sharing covid safe good practice (businesses), statistics to show transparency and to create trust and community prevention messaging. This is to create a sense of unity and credibility that we can tackle this problem together.

Young People: We will specifically target young people when the communications methods above are not sufficient or appropriate for this audience or where we need specific escalation. (all current research shows to explicitly target young people risks defining them as the problem as alienating them makes them less compliant, which will be entirely counterproductive) When we undertake targeted campaigns;

Our interventions will not refer explicitly to young people – but we will use images and voices which are designed to resonate most clearly with them

Where possible all messages will be delivered by those the audience most trusts; youth workers, parents, teachers, celebrities, sports clubs, musicians, trusted advocates.

Campaigns won't rely totally on online communications, when possible and appropriate we will use outdoor, or face-to-face, or peer to peer communications – our campaigns will use young people's voices and wherever possible will be produced with, and by, or audience tested with young people

Campaigns will provide clear information to educate and support positive behaviours.

- How to stay safe in particular work situations, in shared transport, on a night out, in specific situations, how to persuade friends to stay safe, how to socialise in smaller groups, how to understand where the risk of infection spreading is highest.
- It will provide information on short-term and long-term consequences which will particularly resonate with this audience e.g. long Covid, risks to loved ones, loss of employment opportunities – using case studies, and first person accounts.
- We recognise that this audience is made up of a range demographics, ages and are geographically spread and therefore we are using insight and the epidemiology where possible to help target these often hard to reach groups

NB: SAGE (and all other relevant marketing research) says communications interventions aiming to change individual behaviour will, on their own, have limited impact. To increase impact, communication strategies aimed at changing individual behaviours must be supplemented by practical interventions which in themselves need communicating - e.g

- universities shifting to remote learning
- nightclubs handing out sanitiser, and spacing out tables
- schools distributing free face coverings.
- Enforcement action with businesses
- Providing those isolating with good financial and practical support.
- Increased promotion of materials and activities which support mental health and wellbeing
- Rapid flow testing availability and take up
- Covid19 vaccination availability and take up

Therefore the communications will wrap around and work very closely with the practical interventions being delivered by the rapid response teams in all city and district areas, and the Local Outbreak Control Plans reset operational activity –developing and delivering materials and campaigns which support 'boots on the ground'

Key messages:

To avoid 'message fatigue' we plan to continue and develop our four week lockdown comms messaging - but these will be supplemented with some timely or seasonal or initiative specific messages or campaign activities.

Don't invite COVID home

- Use your covid common sense this Christmas /holiday season –advice and alternatives
- Don't give covid as a gift - alternative ways to show you care even if remotely
- Our design for life – tool kits, images, photos and packs aimed at encouraging covid safe with a range of practical steps range of people and in different situations.
- Focus on large households, workplace behaviours, vulnerable groups.

- Loneliness campaign - how 'not inviting covid home', doesn't mean isolation
- Now We're Talking –mental health support for people isolating or vulnerable
- Domestic violence – help support and options – and how people can recognise the signs even if only seeing loved ones remotely

Stop COVID in its tracks

- **#cancel covid** – younger people emphasis with peer to peer materials, messages from key advocates, and targeted 'how to' messages delivered in a variety of innovative ways – beginning from start of December- and making use of a considerable amount of outdoor (billboards, Go-caching messaging, work with our own sixth forms, unis and reaching out to parents who are expecting uni students home)
- **Thank you very much, thank you very, very much** – a weekly update on the numbers of people getting a test, paying tribute to their community spirit and thanking them
- **Word on the street** – hard hitting case studies of people who have been affected by COVID from all ages, social situations, genders etc
- **Its everyone's business** – a business focus supporting them with information about covid secure practices for those in workplaces, encouraging working from home, but acknowledging issues (also looking for opportunities to help to promote schemes for delivery, diversification, click and collect options to boost local businesses)
- **Lateral flow (rapid) testing roll out** – a specific comms plan will support this.
- **COVI19 Vaccination** – will support the CCG/NHS comms lead on this, but our support already includes thinking about developing a message bank of influential voices talking about the benefits of the vaccination to counter a pernicious and growing anti-vax message. As part of this we will work with faith and community leaders, schools, parents groups, youth workers, doctors, nurses, firefighters, police officers, local advocates. We will also remove any anti vax posts on any public sector social media feeds, and will not share media platforms with them

There's really no reason not to

- Self isolation support for those who test positive or are contacts
- Highlight the time lines for different groups and different reasons
- Support for CEV people and over 60s
- Support for businesses and work places
- Domestic violence support campaigns
- Mental health and well being support campaigns
- Features and focus on communities who are providing support, or messages of thank

All of the above will feature case studies, testimonials, leaflets, video updates, social media, radio campaigns, posters, and specific materials to support EHOs working on test and trace.

Evaluation. The campaign and communications activity will be evaluated quantitatively for reach and engagement on a regular basis across the whole warn and inform team so that changes and developments can be made swiftly. Longer term qualitative evaluation will be carried out with target groups when this is possible and practical

A timed activity action plan will support this strategy from Nov 30 to Jan 1 (refresh point), from Jan to March (review/refresh) and from March onwards.

Ends.