

**NOTES OF THE CAMBRIDGESHIRE & PETERBOROUGH
LOCAL OUTBREAK ENGAGEMENT BOARD MEETING
HELD AT 1PM ON FRIDAY 21 JANUARY 2022
VIRTUAL MEETING VIA ZOOM**

Present:

Cllr Irene Walsh (Chair)	Cabinet Member for Integrated Adult Social Care, Health and Public Health, Peterborough City Council (PCC) CCC
Cllr Susan van de Ven	Chair, Cambridgeshire County Council (CCC) Health and Wellbeing Board
Cllr Wayne Fitzgerald	Leader, PCC
Cllr Richard Howitt	Chair of Adults and Health Committee, CCC
Cllr Bill Handley	District Council Representative
Charlotte Black	Service Director, Adults and Safeguarding (CCC and PCC)
Val Thomas	Consultant in Public Health, CCC
Christine Birchall	Head of Communications and Information, CCC and PCC
Jan Thomas	Accountable Officer, NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jyoti Atri	Director of Public Health, CCC and PCC
Adrian Chapman	Service Director – Communities and Partnerships, CCC and PCC
Sandie Smith	CEO, Healthwatch Cambridgeshire and Peterborough
Gary Howsam	Clinical Chair, CCG
Jim Haylett	CEO, Office of the Police and Crime Commissioner (OPCC)

1. APOLOGIES AND DECLARATIONS OF INTERESTS

Apologies were received from Wendi Ogle-Welbourn, Adrian Chapman and Del Preston, substituted by John Peach.

There were no declarations of interest.

2. NOTES FROM THE LOCAL OUTBREAK ENGAGEMENT BOARD MEETING HELD ON MONDAY 26 OCTOBER 2021

The notes of the meeting held on 26 October 2021, were approved as a true and accurate record subject to the following amendments:

3. PUBLIC QUESTIONS

No public questions were received.

4. UPDATE ON EPIDEMIOLOGY

The Director of Public Health, CCC and PCC, provided an epidemiology update to the Board. Presentation Slides may be found in Appendix 1.

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

- Schools: That the provider for school vaccinations had been asked to prioritise higher risk schools with the lowest consent rate, but this was difficult for providers as it did not maximise vaccination resource. To increase consent rate, public health had staged webinars and further work would be done.
Vaccinations in schools were also delayed by outbreaks, after which a twelve-week gap is required before the vaccination can be given to students.
Extending vaccination hours in schools had been discussed but not materialised.
- Emphasised the disparity between national and local statistics: Cambridgeshire had statistically higher incidence rates and lower vaccination uptake.
- Acknowledged the mental stress that PPE and virus protection methods had on people which would need to be addressed once the virus rates had lowered.
- Thanked the service for the increase of vaccinations to homebound individuals.
- Recognition of the likelihood that there would be new coronavirus variants in the future.

5. VACCINATION UPTAKE

The Service Director – Communities and Partnerships, CCC and PCC gave a presentation on vaccination uptake, with a particular emphasis on vaccine confidence work. Points raised included:

- 835,000 people, c.120,000 of which were 10-19.
- Over 90% over 65 with first dose. 150,000 without first dose. Those in intensive care were primarily unvaccinated. 25-29 and 30-34 a third individuals requiring first dose.

- Vaccination drop off rate is low: 80% eligible for third dose are vaccinated, with delay caused by coronavirus infection. Of the over 55 and clinically vulnerable this is 90%.
- Clinically extremely vulnerable is 17,000, 1500 without first dose.
- Learning disability cohort: over 80% coverage
- Need to ensure efficient vaccine coverage – following broad coverage, now targeted e.g. to homeless charities.
- Extremely vulnerable immune suppressed following changing JCBI advice regarding this. These have had third dose of primary course and then will require fourth dose of a different course to the rest of the public.

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

- Noted significant vaccination progress for people who were vulnerable, housebound or with learning disabilities.

ACTION AGREED:

- The Accountable Officer, CCG to provide more information on the vaccination of 15-16 year olds living with immune-compromised family.

6. COMMUNICATION AND COMMUNITY VACCINATION WORK UPDATE

The Head of Communications and Information, CCC and PCC provided a Communications Update. Points raised included:

Community Vaccination

- Government Grant Dec 2021 available for low vaccination uptake local authorities. Cambridgeshire granted £291,000; Peterborough granted £485,000. Money for which to be committed July 2022
The Peterborough grant focussed on community activities, surveillance, targeting and translation in response to the under 40% vaccination uptake in Multiple Super Output Areas.
Cambridgeshire grant will target student vaccination.
- COMF funding grant will supplement this work and fund pop-up centres and the vaccination bus.
- Small grant pot available to voluntary organisations supporting vaccination uptake.

Communications

- Worked with National Government around Emergency Response Area status until 24 December 2021.
- Help Sleigh Covid Campaign initiated 15 December for 3 weeks. Platforms included social media, radio, printed media, website and ads. The online platforms reached 2.4 million on Twitter 120,000 fb and 6,000 insta. This was an increase from the Do The Right Thing six week summer campaign.
- From January – March campaign to maintain good behaviours and vaccinate . Using case studies (such as breast feeding and care homes)

and schools. To combat low school vaccination uptake, the Service had: sent home letters; webinar; meetings; parent stories. Struggles from this campaign has included a drop off in test result reporting.

- Post March: Vaccination focus; living with the covid endemic; community recovery; and continued programme alongside coronavirus grants.

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

- Thank the Service for the work done to gain its Enhanced Response Area status.
- The importance of gaining the support of advocates for unvaccinated individuals.
- Materials used included: Whatsapp groups, door knocking, youtube advertising for foreign language news.
- That additional rapid response resource was being sought to for targeted support.
- Celebrated the natural caution people have had despite restrictions relaxing; and noted the importance of ensuring information is portrayed openly to ensure that this can continue.

7. ECONOMY IMPACT

The Consultant in Public Health, CCC provided an update on the economic impact of COVID-19. Recognition that national & regional reports as well as the Combined Authority Economic Recovery (Dec 2021) formal economic impact reports have been published. The Points raised included feedback from Cambridgeshire & Peterborough workplaces and environmental health teams.

New challenges with the new variant experienced by workplaces were reported.

- Absenteeism has move from 1-2% to 20% of workforce from infection or caring responsibility
- Smaller Medium Independent business e.g. hospitality, travel are feeling this acutely
- Business models do not enable a move to on-line working in these industries.
- Low rates of vaccination in some workforces and this is challenging for workplaces but employers are working hard e.g. promoting vaccinations in the workplace and engaging with vaccination teams
- The 5 day isolation period has been received well.
- Positive development around workplaces knowledge & skills on infection prevention have increased with contingency plans that employers have in place enabling better business continuity.

Combined Authority Economic Recovery Report Dec 2021

- Largely positive report stating good growth but still complex issues and concerns which varies across sectors.
- Unemployment rates locally low more concern with the labour market in general and recruitment becoming an issue.

- Inequalities identified with higher rates in more deprived areas and higher demand for benefits and universal credit.

8. ANY OTHER BUSINESS

None.