

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
21 SEPTEMBER 2020	PUBLIC REPORT

Report of:	Dr Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health	
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MANAGING COVID-19: PUBLIC HEALTH UPDATE
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R E C O M M E N D A T I O N S	
FROM: Director of Public Health	Deadline date: N/A
It is recommended that the Health Scrutiny Committee notes and comments on the Managing Covid-19: Public Health update.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health Scrutiny Committee following a request made at the Health Scrutiny Committee Group Representatives meeting held on 3 August 2020, as part of the 2020/21 Health Scrutiny Committee work programme.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide updated information to the Committee on the Covid-19 pandemic in Peterborough and its management.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

1.Public Health

2.3 This report links to Corporate Priorities 6 and 7:

6. Keep all our communities safe, cohesive and healthy
7. Achieve the best health and wellbeing for the city

2.4 This report supports the Children in Care Pledge:

We will help encourage you to be **healthy**

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 The response to the Covid-19 pandemic dominated the work of Peterborough City Council staff during the lock-down period and continues to require significant staff capacity across the Council. The Covid-19 response has previously been scrutinised at Joint Meetings of the Scrutiny Committees in May and July.

4.2 The Council's Senior Leadership Team continues to co-ordinate our response, with a Test and Trace Gold Group, which includes both the Chief Executive and Director of Public Health, meeting three times per week. The Local Resilience Forum (LRF), a partnership of local agencies, continues to hold a Strategic Co-ordinating Group twice a week, to co-ordinate the multi-agency response.

4.3 The Covid-19 Contain Framework

Guidance for local authorities and local decision-makers on containing and managing COVID-19 outbreaks at a local level was published on Friday 17th 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.

Upper tier local authorities, such as Peterborough City Council and Cambridgeshire County Council, are leading local outbreak planning, within a national framework, and with the support of NHS Test and Trace, PHE and other government departments.

4.4 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.

4.5 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 (e.g. 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 has been an 'Area of Concern' since 17th July, due to a relatively high rate of Covid-19 cases at that point compared to the national average, which placed the authority in the top twenty nationally, and has stayed in this category since then due to ongoing risk factors.

More information about the Contain Framework is available on:

<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks>

4.6 Implementing the Cambridgeshire and Peterborough Local Outbreak Control Plan

Public health focus recently has been on implementation of our 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.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace>

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 Peterborough and Cambridgeshire. 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 City Council Environmental Health Officers, who can visit affected businesses and provide advice and monitoring of their infection control and other outbreak control measures.

4.7 The overall implementation of the LOCP is overseen by the multi-agency Cambridgeshire & Peterborough 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.

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.

4.8 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, had its first meeting on Friday 10th July and met again Friday 7th August and Friday 11th September. The membership largely reflects the Core Joint Sub-Committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards, but also includes the Public health Portfolio Holder, Cllr Wayne Fitzgerald and the Police and Crime Commissioner, Cllr Ray Bisby. This Board meets in public and provides political leadership and engagement with local residents for outbreak prevention, early identification and control.

4.9 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 £1,017,883 for Peterborough. It has met and approved funding for:

- Additional Communications staff and campaigns

- Increasing the Environmental Health and associated workforce
- 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.

4.10 Local Resilience Forum

The Local Resilience Forum Strategic Co-ordination Group, co-chaired by Gillian Beasley and by Jan Thomas, the CCG Accountable Officer, plays an important role in supporting Covid-19 outbreak prevention and management through bringing 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.

<https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace>

The LRF Training and Exercise sub-group delivered a 'virtual' multi-agency emergency planning table top exercise, to test our Local Outbreak Control Plan and the rapid response to a community outbreak. This took place on Monday 20th June, and was well attended across the organisations involved. The outcomes of the exercise are under review and are being incorporated into delivery of the LOCP.

4.11 **Covid-19 statistics for Peterborough**

Confirmed cases

Several 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.

At the time of writing, in the latest reporting week of 24-30th August, 42 new lab-confirmed Covid-19 cases were detected in Peterborough.

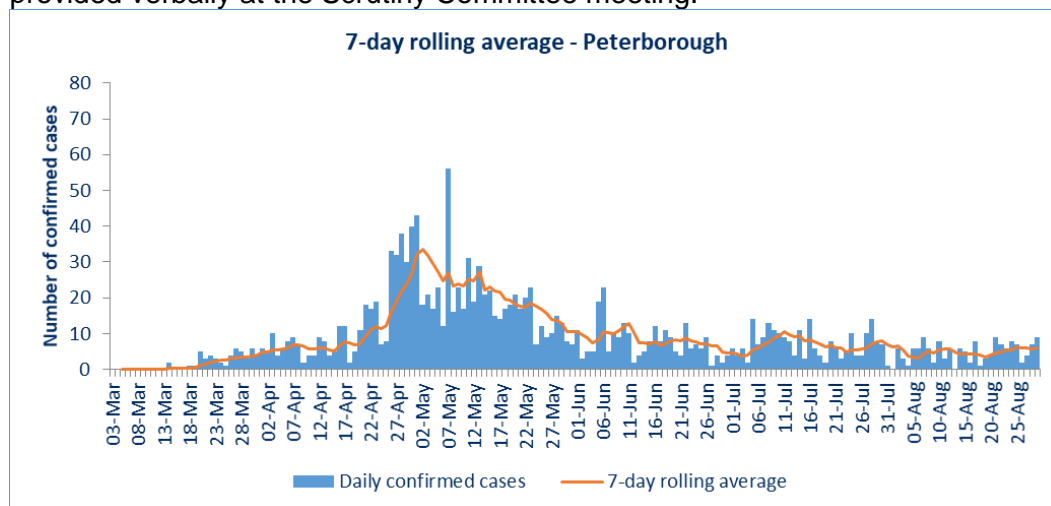
The cumulative rate of Covid-19 cases per 100,000 population in Peterborough (803.4) remains statistically significantly higher than the national rate (519.5).

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

Area	Most recent weekly data (Mon-Sun)			
	Weekly incidence rate from 17 to 23 Aug	Weekly incidence rate from 24 to 30 Aug	Difference in weekly incidence rate from previous week	
Cambridge	6.4	16.8	10.4	↑
East Cambridgeshire	6.7	3.3	-3.3	↓
Fenland	3.9	2.0	-2.0	↓
Huntingdonshire	5.6	5.1	-0.6	↓
South Cambridgeshire	3.1	6.3	3.1	↑
Cambridgeshire	5.0	6.9	1.8	↑
Peterborough	18.8	20.8	2.0	↑
England	12.0	13.6	1.6	↑

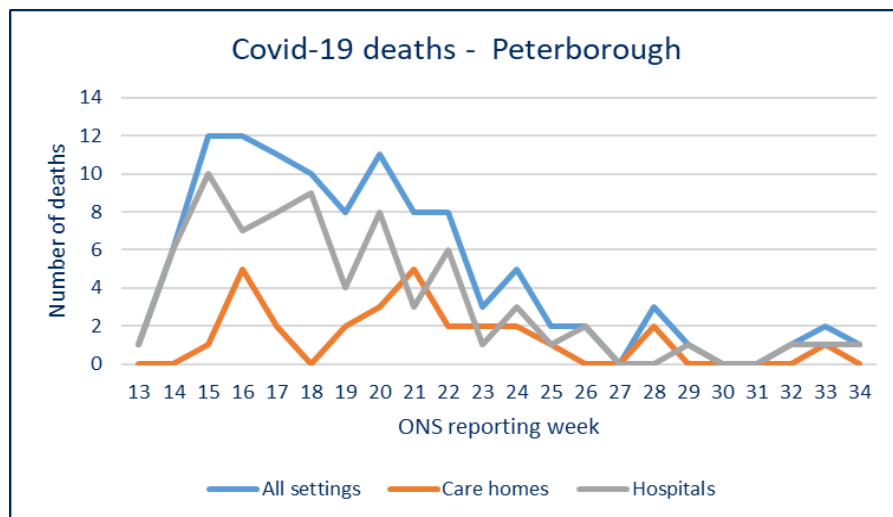
The 7 day rolling average of confirmed cases for Peterborough shows a slight increase since the previous week. Overall, Covid-19 rates have clearly fallen since the peak in April/May and have

been relatively stable from mid-July and during August. Further updates to this figure will be provided verbally at the Scrutiny Committee meeting.



4.12 Deaths

Sadly, there were 108 Covid-19 related deaths recorded in Peterborough from the start of the pandemic up to 21st August 2020. Death rates from Covid-19 in Peterborough are below the national average. Death rates have fallen considerably since the peak of the pandemic.

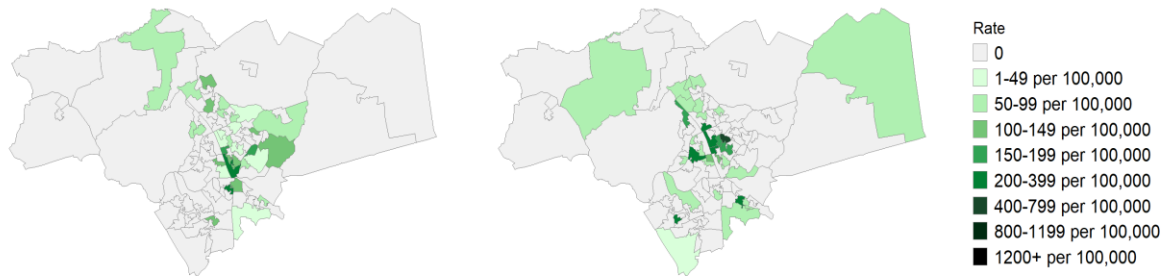


Source ONS published 2nd September

4.13 Maps of Peterborough Covid-19 rates in small areas (lower super output area or LSOA) with about 1500 residents each, show a higher prevalence of cases in the central areas of Peterborough, including Millfield and New England. However there is also a spread of cases around the urban areas of Peterborough, and cases come from a wide range of diverse communities.

PETERBOROUGH COVID-19 rates by LSOA

Prior 14 day period (August 6 2020 to August 19 2020) Past 14 days (August 20 2020 to September 2 2020)



Case data from SGSS Pillar 1 & 2 testing.
Contains National Statistics data including 2018 mid-year population © Crown copyright and database right 2020

5. CONSULTATION

- 5.1 No consultations have been undertaken by the Council on this paper. However there is close working with community leaders on the overall response to the pandemic, and on preparation of appropriate materials for communication.

Cambridgeshire and Peterborough HealthWatch have gathered views from members of the public and patients on health and social care services during the Covid-19 pandemic.
[HealthWatch briefing](#)

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 This report provides an update on the current situation with regard to the Covid-19 pandemic and its management in Peterborough, in order to ensure that the Committee has up to date information about this and can conduct appropriate scrutiny.

7. REASON FOR THE RECOMMENDATION

- 7.1 The Committee is asked to note and comment on the response to Covid-19 because this is a key issue for health and wellbeing in Peterborough at the current time.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The Committee could have chosen not to scrutinise updated information on the Covid-19 pandemic and its management in Peterborough. However this would have omitted a key issue for Peterborough residents' health and wellbeing.

9. IMPLICATIONS

Financial Implications

- 9.1 Peterborough City Council has received a Test and Trace grant from national government of £1,017,883 to fund the costs of outbreak management. This is allocated through business cases to the Finance Sub-Committee of the Cambridgeshire and Peterborough Health Protection Board. Several costs (e.g. staffing, IT) are shared with Cambridgeshire, which maximises value for money.

The wider financial implications of the Covid-19 pandemic for the Council are very significant and are described in Finance papers to Cabinet and full Council.

Legal Implications

- 9.2 The Coronavirus Act (2020) has brought in new legal powers for the Council in relation to management of outbreaks.

Equalities Implications

- 9.3 Outcomes from Covid-19 have been shown to be worse for older people, men, people with a range of long term health conditions, black and ethnic minority communities, and people living in areas of deprivation. These factors are considered when planning for Covid-19 prevention and outbreak management.

Rural Implications

- 9.4 Rates of Covid-19 infection are generally lower in rural areas than in more densely populated urban areas. Analysis indicates that this is also the case in Peterborough, although cases in rural areas do occur.

Carbon Impact Assessment

- 9.5 This paper is an update rather than review of a decision therefore there are no significant carbon impacts.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 The Cambridgeshire and Peterborough Local Outbreak Control Plan and the associated Roles and Responsibilities document are available on <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks>

11. APPENDICES

- 11.1 None

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