

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 6</b>
<b>13 JULY 2021</b>	<b>PUBLIC REPORT</b>

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Councillor Irene Walsh - Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Jyoti Atri, Director of Public Health	Tel. 01733 207176

### **MANAGING COVID-19: PUBLIC HEALTH UPDATE**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Director of Public Health	<b>Deadline date:</b>
It is recommended that the Adults and 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 Adults and Health Scrutiny Committee at the request of the Adults and Health Scrutiny Committee, as part of the committees 2021/22 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 and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - 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

#### **3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	n/a
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#### **4. BACKGROUND AND KEY ISSUES**

- 4.1 The local response to the Covid-19 pandemic was last scrutinised by the former Health Scrutiny Committee at its meeting on 15th March 2021.

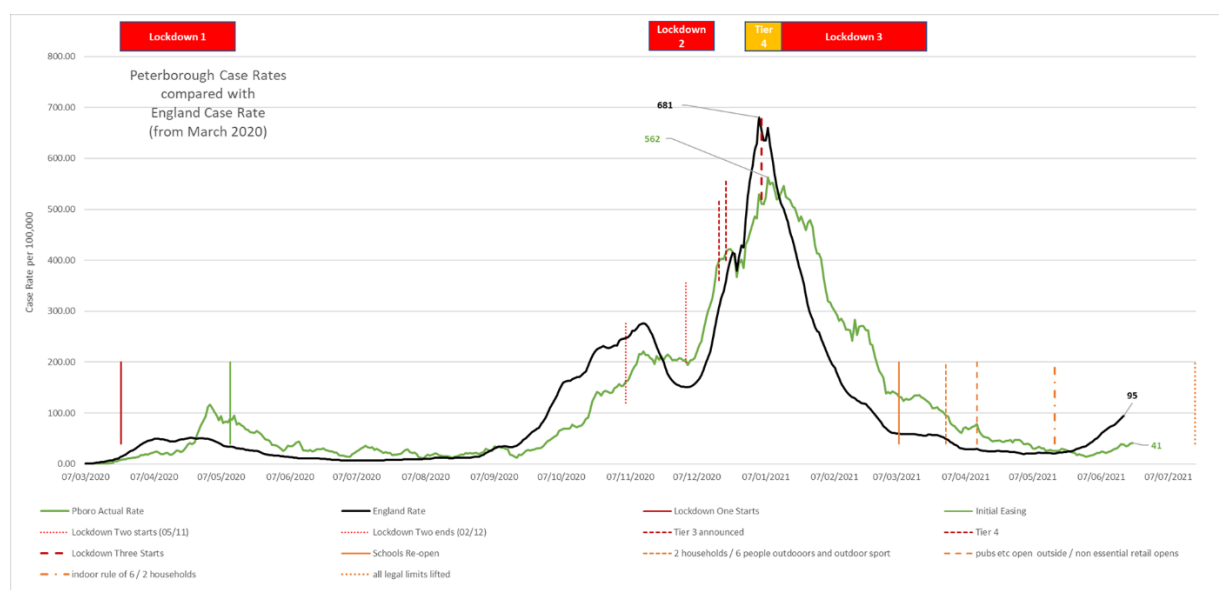
Since the last report to the Health Scrutiny Committee, changes to national restrictions have continued with both Step 2 of the Roadmap taking place on 12th April and Step 3 taking place on 17th May. On the 14th June 2021, given the emergence of the more transmissible Delta variant

and the rise of cases nationally, the continuation of Step 3 was announced with a proposed date for step 4 being 19th July 2021.

## 4.2 Epidemiology of cases

Nationally and locally, cases of Covid-19 reached their peak in early January and declined between then and May due to the impact of national lockdowns and slow release of restriction according to the Roadmap. However, with the emergence of the Delta variant which has increased transmissibility and increased severity of disease, cases have started to rise in most areas in England with areas with particularly high rates being the Northwest, London and some neighbouring areas such as Bedford.

Cases in Peterborough declined slowly after the peak in January, with Peterborough being consistently twice the national average. However, in late May, Covid-19 incidence in Peterborough dropped below the England average and incidence rates have been consistently below both the England and the East of England average in June.



For the week ending the 17<sup>th</sup> June 2021, Peterborough’s case rate was 37.6 per 100,000. Although this is less than half the England average, the case rates in Peterborough are slowly increasing from their low at the end of May when case rates were 14.3 per 100,000.

### **Covid-19 case rates for the week ending the 17<sup>th</sup> June**

Area	Weekly incidence (cases per 100,000)	7 day change in case rate
Peterborough	37.6	+58%
Cambridgeshire	40.1	+54%
East of England	42.6	+27%
England	94.6	+35%

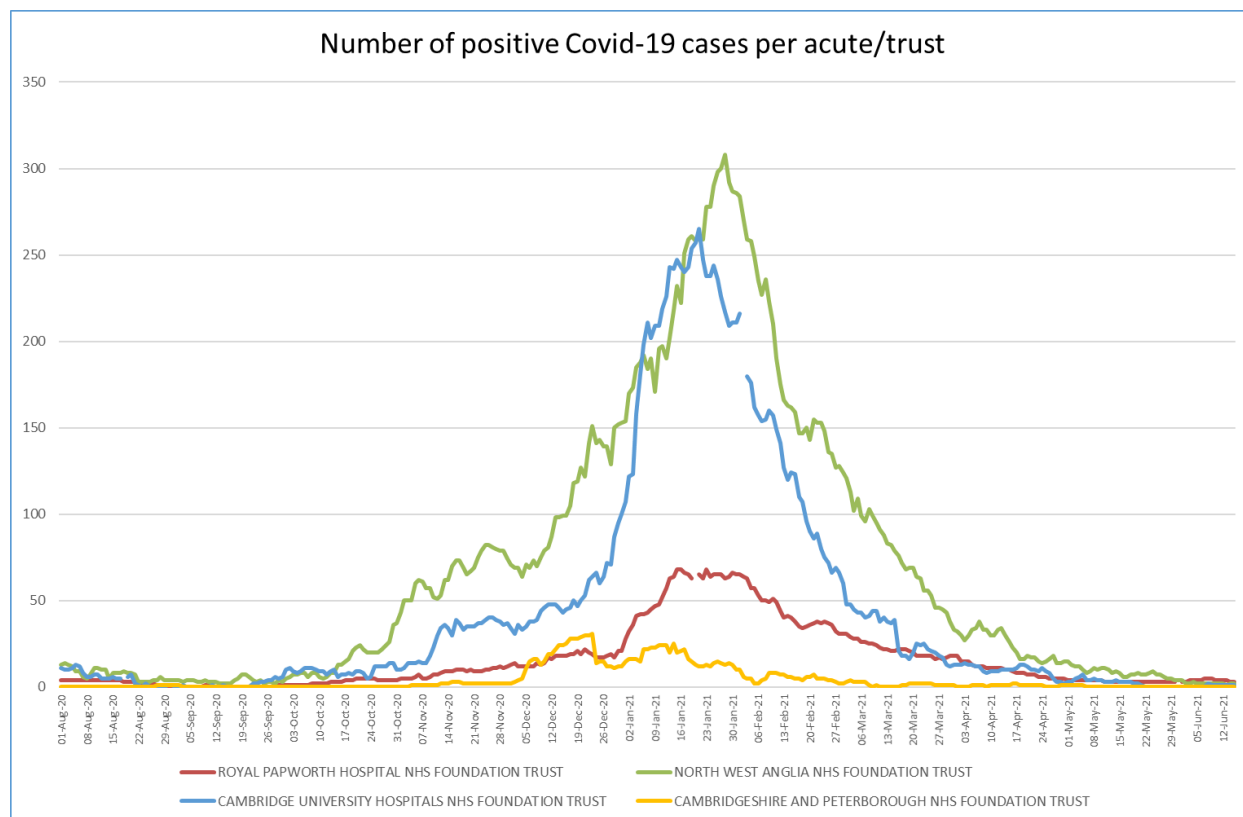
Case rates and other data are updated daily, and a further verbal update will be provided at the Scrutiny meeting.

## 4.4 Hospital Admissions

The number of patients with Covid-19 in hospital has fallen to very low levels since the January peak, reflecting the impact of lockdown and the effectiveness in the vaccination programme especially in those likely to have poor outcomes. As of 15/06/2021, there were 6 positive cases

in Local Acute Trusts, of which two were at NWAFT (Peterborough City Hospital and Hinchingbrooke Hospital).

In England, daily counts of patients in hospital with Covid-19 have increased from a low of 730 patients in 22<sup>nd</sup> May to 1,301 patients on 22<sup>nd</sup> June 2021. This increase has not been seen in Cambridgeshire and Peterborough hospitals currently.



#### 4.5 Deaths

As reported on 21<sup>st</sup> June 2021, there have been a total of 329 deaths within 28 days of a positive test which is rate of 162.7 deaths per 100,000 people. For comparison, the East of England cumulative mortality rates within 28 days of a test is 215.3 per 100,000 and the England rate is 200.0 per 100,000 people. In Peterborough, there have been 379 deaths where Covid-19 is on the death certificate. (Source: coronavirus.data.gov.uk)

Looking at the main period of the pandemic and taking the age profile of areas into account, Peterborough has had statistically similar directly age-standardised rates for both Covid-19 deaths and all cause deaths to the England average, though a higher rate than Cambridgeshire.

#### **Numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from Covid-19 registered March 2020 – April 2021 (14 months)**

Cause of death	Area	14 Month total (March 2020 - April 2021)			
		Deaths	Rate	Lower CI	Upper CI
Covid-19	Cambridgeshire	860	108.9	101.6	116.2
	Peterborough	316	165.4	147.1	183.8
	East of England	13,549	173.7	170.8	176.6
	England	116,866	181.7	180.7	182.7

■ Statistically significantly higher than the England average  
■ Statistically similar to the England average  
■ Statistically significantly lower than the England average

**Numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from all-causes, people, registered March 2020 – April 2021 (14 months)**

Cause of death	Area	14 Month total (March 2020 - April 2021)			
		Deaths	Rate	Lower CI	Upper CI
All-causes	Cambridgeshire	7,078	900.3	879.3	921.3
	Peterborough	2,092	1,093.3	1,046.2	1,140.5
	East of England	78,520	1,011.6	1,004.5	1,018.7
	England	684,664	1,066.0	1,063.5	1,068.5

■ Statistically significantly higher than the England average  
■ Statistically similar to the England average  
■ Statistically significantly lower than the England average

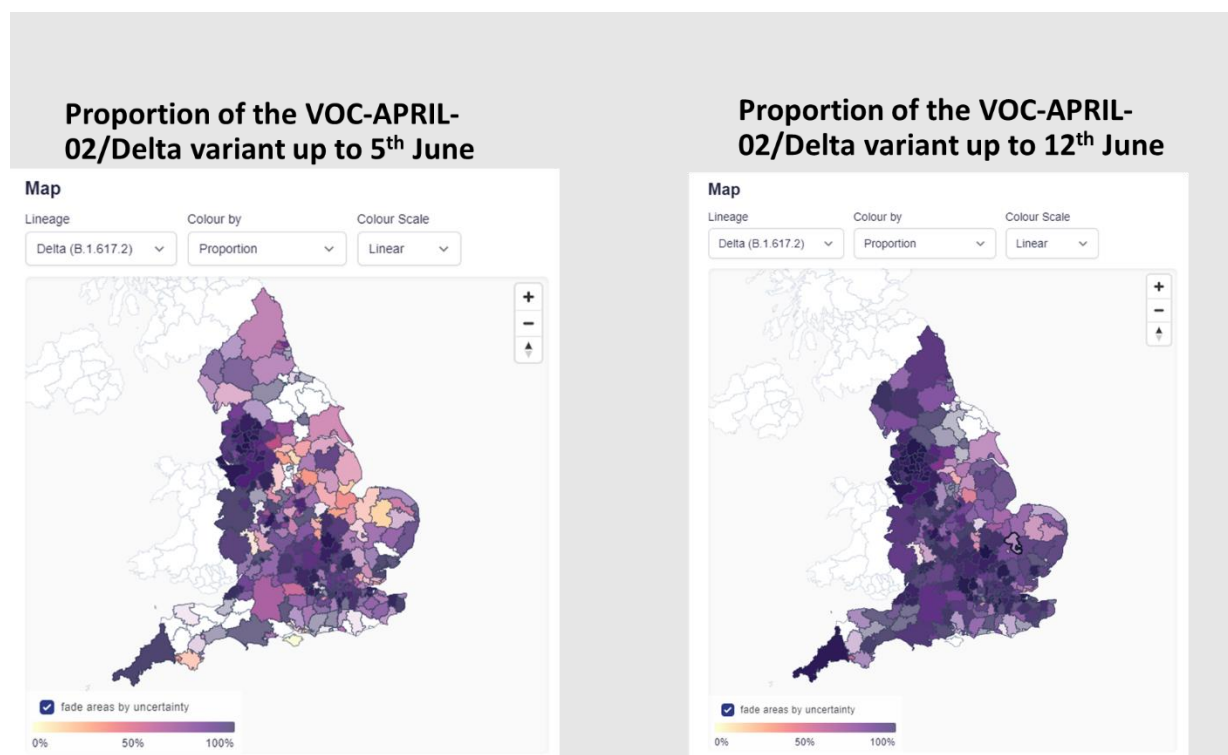
Source: ONS

**4.6 Delta variant transmission in Peterborough**

Public health officers review the weekly evidence provided by Public Health England on new variants of Covid-19, including the Delta variant. The Delta variant has a rate of transmission that is higher than the Alpha variant and indications are that there is an increase in risk of hospitalisation with the Delta variant compared to the Alpha variant. Vaccination effectiveness against hospitalisation looks to be similar for both Alpha and Delta variants, though one dose of vaccine is less effective against preventing symptomatic disease for Delta. [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/96422/sars-cov-2-variants-of-concern-and-variants-under-investigation.pdf)

In Peterborough, the proportion of cases that were the Delta variant was initially lower than areas such as the North West and some neighbouring areas. However, by early June, the proportion of Delta variant cases started increasing and Delta is now the dominant variant in Peterborough.

The public health control measures to reduce transmission remain the same as for the Alpha variant, but applied with more rigour and these recommendations have been shared with the Council's joint management team and with partner agencies to ensure that we are taking all possible measures to reduce transmission. Proactive backwards contact tracing has enabled better understanding of disease transmission and ensured that preventative action to takes place with high risk settings and venues.



#### 4.7 **Outbreak management**

Rates of infection have fallen locally and hospital admissions are very low. However, there are potential threats and this improved picture may change, with a possibility of another surge. Over the past year, Public Health has led the Local Outbreak Management Programme (LOMP) with specific responsibility for managing outbreaks, surveillance, contact tracing (including backwards contract tracing) and testing.

#### **Peterborough Incident Management Team and Rapid Community Response**

A regular Peterborough Incident Management Team (IMT) meeting is held with representation from Public Health England and NHS England as well as local authority and CCG staff. When appropriate this is held jointly with attendance from Fenland. The IMT discusses the latest epidemiology of Covid-19 in Peterborough, reviews the risk assessment, and works through the different aspects of response and any further actions to be taken. The IMT recommendations feed into the Peterborough Rapid Response Team which meets weekly oversee delivery of the local community response.

#### 4.8 **Testing**

Asymptomatic rapid tests twice weekly and symptomatic PCR testing are both key to identifying cases of Covid-19 and controlling the spread of the disease.

There have been considerable efforts over the last 2 months to improve testing rates in Peterborough through communications and engagement and easy access to rapid testing sites and home testing kits. Mobile van pop ups which provide testing and home testing kits are regularly in sites across Peterborough such as Cathedral Square, Dobbies Garden Centre Hampton, Hussaini Islamic Centre, Faizan e Madina Mosque. In addition, PCR testing was offered at several sites across the city to support case finding of the Delta variant.

The numbers of individuals taking PCR tests in Peterborough has increased over the last few months and reported rapid testing levels have remained relatively steady through June. Actual levels of rapid testing are likely to be higher than reported levels, which relies on individuals recording negative tests through the NHS testing system.

#### 4.9 **Enduring Transmission**

Enduring transmission of Covid-19 has been a feature of the pandemic in Peterborough with higher levels of incidence in summer periods, and slower impact of lockdowns reducing the incidence associated with associated with social and economic factors This is likely to be associated with a range of factors such as people continuing to work during lockdown in low-wage and insecure employment - including agency work and zero hours contracts in sectors such as agriculture, packing, distribution and construction. Other factors may be living in crowded housing; sharing transport to work; and lack of information or exposure to misinformation about Covid-19 and preventive measures. This has focused attention upon lower paid workers, those on zero-hour contracts or no recourse to public funds.

Following the Cabinet Office visit in February, Peterborough along with Fenland and South Holland have been provided funding for an Enduring Transmission Pilot. Lack of income and contractual/job security are known to be associated with a lack of compliance with testing and self-isolation. It is one of 11 funded programmes in the country and is intended to inform policy.

It is a system-wide programme that includes providing income security and working with employers to explore levers to increase contract security.

#### 4.10 **Vaccinations and supporting vaccine uptake**

Statistics on Covid-19 vaccination are released daily (Source: [Coronavirus.data.gov.uk](https://coronavirus.data.gov.uk)). As of 20<sup>th</sup> June 2021, 62.3% of those 18+ years in Peterborough had received their first dose and 42.7% had received a second dose. This is below the level of uptake in England which is at 81.6% for the first dose and 59.9% had received both first and second dose. Within Peterborough, some of the central and urban areas in have the lower levels of uptake.

There is considerable ongoing work across the system to improve access and take up of Covid-19 vaccinations in Peterborough with the CCG increasing large walk in clinics (such as at the Thomas Walker centre on 19<sup>th</sup> and 20<sup>th</sup> June as well as Peterborough United Stadium on 26<sup>th</sup> and 27<sup>th</sup> June) as well as considerable community engagement efforts to publicise vaccine access and address any vaccine hesitancy.

#### 4.11 **Local outbreak engagement board**

The Cambridgeshire and Peterborough Local Outbreak Engagement Board (LOEB) meets monthly and is co-chaired by Cllr Walsh as Chair of Peterborough Health and Wellbeing Board.

At the most recent meeting of the LOEB on 18<sup>th</sup> June 2021, the Board discussed the latest epidemiology and response for the area, the changes to the Government's plan for the Roadmap, the vaccination programme and communications.

The papers for the meeting are available on Local Outbreak Engagement [Board](#) June 2021 and a video of the meeting is on the Peterborough City Council YouTube page.

#### 4.12 **Preparing for Step 4 of the Roadmap**

National modelling undertaken in June 2021 looked at the impact of Step 3, the delay of Step 3 and the potential impact of removing restrictions at Step 4.

All modelling of taking Step 4 of the Roadmap on 21st June 2021 showed a large resurgence in infections and admissions. However, in all scenarios modelled, even a short delay to the timing to Step 4 resulted in a significant drop in the number of people being admitted to hospital as more people are vaccinated and as the school summer holidays get closer where there is likely to be less transmission of disease. The four-week delay was modelled as reducing the peak in hospital admissions by around a third to a half.

There is still expected to be a surge of cases and hospitalisations over summer and early autumn as the restrictions ease with the size of this being dependent on the speed of vaccine deployment, the impact of baseline measures still in place after step 4 and whether people's behaviours will have changed, for example with reduced levels of mobility.

The findings of the modelling have been shared with the Council's joint management team and with partner agencies to ensure that capacity is in place to address the potential increase in infections and hospital admissions in late summer.

#### **Supporting Covid-19 safe events**

Public Health continue to support the PCC Safety Advisory Group to provide advice to event organisers on the need to provide a Covid-19 safe environment for their event. In addition, public health advice and guidance was provided around running a Covid-19 safe election from postal vote opening, to polling stations and the verification and count. The range of risk mitigations put in place for the election were successful.

The change/delay in the Roadmap has forced many event organisers to either change the way they were going to deliver an event or cancel/postpone to a date later in the year. There is some confusion from some event organisers on the exact requirements needed to run an event in a Covid-19 safe way during Step 3, requiring considerable public health capacity and input. Several larger events have been able to proceed including the Peterborough Marathon, regatta events at the rowing lake and several events at the Peterborough Show Ground.

Some events in public areas have chosen to cancel/postpone due to the difficulty in meeting the rule of 30 outdoors and not being able to fully control numbers and social distancing requirements.

#### 4.13 **Assessment of Coronavirus impact and emerging needs/Joint Strategic Needs Assessment**

A system approach is being used to gathering evidence of impacts of Coronavirus and the emerging needs in Cambridgeshire. Public Health Intelligence is working jointly with Business Intelligence colleagues in the Council and Clinical Commissioning Group (CCG) to identify the direct health impacts, indirect health impacts and wider impacts of Coronavirus in Cambridgeshire.

This collaborative programme of intelligence work will generate a live suite of evidence over Summer- Autumn 2021 to inform strategic action to identify needs and emerging needs early and inform preventative approaches.

### **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 throughout the Covid-19 pandemic.

### **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 initial costs of outbreak management. Peterborough also receives a Contain Outbreak Management Fund (COMF) grant. In 2020/21 Peterborough received £4,839,769 and in 2021/2022 Peterborough has received £1,642,774 – a total of £6,482,543 to date.

These funds are allocated through business cases to the Finance Sub Committee of the Cambridgeshire and Peterborough Health Protection Board. Several outbreak management costs are shared with Cambridgeshire, which maximises value for money.

#### **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 higher in urban areas in Peterborough than rural areas currently

### **Carbon Impact Assessment**

- 9.5 No change from carbon impact assessment from the Covid-19 report to the previous Health Scrutiny Committee in November.

## **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 via the following link:  
<https://www.cambridgeshire.gov.uk/asset-library/Cambridgeshire-and-Peterborough-Local-Outbreak-Management-Plan.-Version-4.pdf>

PHE provides weekly updates on variants of concern here [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91212/SARS-CoV-2_variants_of_concern_and_variants_under_investigation.pdf)

SPI-M-O Summary of further modelling of easing of restrictions – Roadmap Step 4  
[S1287 SPI-M-O Summary Roadmap step 4.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91212/S1287_SPI-M-O_Summary_Roadmap_step_4.pdf)

## **11. APPENDICES**

- 11.1 None