

**CAMBRIDGESHIRE COUNTY COUNCIL'S RESPONSE TO COVID-19**

*To:* **Communities and Partnership Committee**

*Meeting Date:* **22 April 2020**

*From:* **Adrian Chapman, Service Director – Communities and Partnerships**

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

*Key decision:* **No**

*Purpose:*

**This report provides an update on:**

- **the Council's response to the current Coronavirus pandemic;**
- **immediate action taken by the Communities and Partnerships service directorate to respond to the pandemic and to ensure business continuity of critical services; and**
- **the Council's initial approach to recovery**

*Recommendation:* **The committee is asked to:**

**Note and comment on the progress made to date in responding to the impact of the Coronavirus.**

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## **1. BACKGROUND**

- 1.1. In December 2019 cases of a new coronavirus were identified in the city of Wuhan in China. Since December, the virus has spread rapidly across the world and the World Health Organisation declared a global pandemic in March 2020. More than two million cases have now been reported worldwide and cases and deaths continue to rise in the UK.

## **2. UK RESPONSE**

- 2.1. In the UK, the Government has developed a coronavirus COVID-19 action plan with the aim of 'flattening the curve' to reduce the peaks in pressure on NHS, social care services and wider society.
- 2.2. On 23<sup>rd</sup> March, the Prime Minister announced stringent new guidelines for 'lockdown' and 'social distancing' for three groups:
- 'Shielded Group' – around 1.5 million people nationally (so far, up to 20,000 in Cambridgeshire) have been identified in this extremely vulnerable category and have been told to "shield" themselves at home for 12 weeks
  - Vulnerable people – people over 70, people with underlying health conditions and pregnant women have been advised to do all they can to minimise social contact
  - Everyone else - was asked to work from home where possible - travelling to and from work only where absolutely necessary; avoid public transport; only leave home for medical needs or to provide care; and only to go out for necessities and exercise once a day.
- 2.3. Lockdown measures also stipulated that schools, libraries, places of worship, restaurants, bars, leisure facilities and other non-essential facilities should close immediately. Gatherings in public of more than two people who do not live together were prohibited and all social events including weddings and baptisms were cancelled. Parks could remain open for exercise but gatherings would be dispersed. The police have been given the power to fine and disperse where lockdown rules are not being adhered to.
- 2.4. The Coronavirus Bill (Bill 122 of 2019-21) was passed by Parliament on the 23<sup>rd</sup> of March 2020. The Bill is part of the Government's response to the COVID-19 pandemic and is intended to enable the Government to respond to an emergency situation and manage the effects of a pandemic. The legislation, which is time-limited to for 2 years, allows Government to switch on these new powers when they are needed, and, crucially, to switch them off again once they are no longer necessary, based on the advice of the Chief Medical Officer.

The Bill enables action in 5 key areas:

- increasing the available health and social care workforce – for example, by removing barriers to allow recently retired NHS staff and social workers to return to work;
- easing the burden on frontline staff – by reducing the number of administrative tasks they have to perform, enabling local authorities to prioritise care for people with the most pressing needs and allowing key workers to perform more tasks remotely and with less paperwork;

- containing and slowing the virus – by reducing unnecessary social contacts, for example through powers over events and gatherings and strengthening the powers of police;
- managing the deceased with respect and dignity – by enabling the death management system to deal with increased demand for its services; and
- supporting people – by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies.

### **3. CAMBRIDGESHIRE SYSTEM RESPONSE**

- 3.1 The Civil Contingencies Act 2004 sets out a definition for ‘emergency’ which includes events which threaten serious damage to human welfare. The Act places an obligation upon emergency services and local authorities (defined as category 1 responders under the Act) to assess the risk of, plan, and exercise for emergencies, as well as undertaking Business Continuity Management.
- 3.2 The Civil Contingencies Act and its accompanying regulations provide that responders, through a local Resilience Forum have a collective responsibility to plan, prepare and communicate with the area they service for an emergency. Cambridgeshire and Peterborough Local Resilience Forum is the collective body set up to carry out those responsibilities. Those responders are category 1 (as described above) and category 2 responders which include utility companies, transport organisations and others such as the Combined Authority.
- 3.3 The Cambridgeshire and Peterborough Local Resilience Forum has approved and is now acting in accordance with the CPLRF Pandemic Influenza Plan which was signed off in January 2019. The plan requires a Strategic Coordinating Group to be set up to coordinate the multiagency response to the pandemic at a strategic level. This group had its first meeting on the 9<sup>th</sup> March 2020 and has been meeting weekly. An Executive Group of the SCG (made up of category 1 responders) was set up on 23<sup>rd</sup> March 2020 and has been meeting every week day. The SCG was initially co-chaired by Chris Mead Detective Chief Superintendent of Cambridgeshire Constabulary and Dr Liz Robin Director of Public Health, but this position changed to Jan Thomas Chief Operating Officer of the CCG and Gillian Beasley Chief Executive of Cambridgeshire County Council and Peterborough City Council as it became apparent that key strategic planning would be focused on health, social and community issue. On 23<sup>rd</sup> March 2020 the Strategic Coordinating Group declared, under the Pandemic Influenza Plan, that COVID 19 was a major incident.
- 3.4 The SCG is supported in its work by a Tactical Silver Group chaired by Laura Hunt from Cambridgeshire Constabulary and this group in turn, is supported by a number of tactical sub-groups as follows:-
  - Warn and Inform Subgroup leading on the joined up communications across the public services system, co- chaired by Christine Birchall Head of Communications

PCC/CCC and Hayley Douglas Head of Communications for Cambridgeshire Fire and Rescue

- Community Reference Subgroup (leading the hub work) chaired by Adrian Chapman Service Director Communities & Partnership PCC/CCC
- Excess Deaths Subgroup Chaired by Leigh Dunbar from PCC/CCC
- PPE Cell chaired by Linda Sheridan from Public Health and Sarah Learney from Health
- Multi Agency Information Cell led by Leigh Allman Detective Chief Inspector Cambridgeshire Constabulary
- Intelligence and analysis Cell chaired by Tom Bard from PCC/CCC
- Recovery Subgroup chaired by Jo Lancaster MD of Huntingdonshire District Council
- Economic subgroup chaired by John T Hill Chief Officer Business Board/Director of Business and Skills from the Combined Authority

3.5 Category 1 responders also set up their own command and control arrangements and for Cambridgeshire County Council and Peterborough City Council there is a Gold Joint Management Team which meets virtually every weekday morning at 8.00am to determine practices and actions each day and to escalate for resolution to the daily Executive Strategic Coordinating Group which meets virtually at 11.30am each week day norming. A Tactical Working Group meets weekly and Operational Groups in each Directorate meet at least weekly and more frequently where required.

## **4. CCC RESPONSE**

### Governance

- 4.1 On 12<sup>th</sup> March, the Council stood up a command structure to manage and coordinate our response to the Coronavirus pandemic. The Strategic Management Group (JMT Gold) meets daily and feeds into the system SCG, the Tactical Working Group meets weekly and Operational Groups in each Directorate meet at least weekly and more frequently where required.
- 4.2 On 23<sup>rd</sup> March, Cambridgeshire County Council declared a major incident. Under the Civil Contingencies Act (2004), a major incident is defined as an event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agencies (e.g. Local Authorities, NHS services, police, fire):
- A major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security
  - The severity of the consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally
- 4.3 Having considered the LGA guidance for councillors on COVID-19 along with advice from the Centre for Public Scrutiny on maintaining accountability of decision-making, JMT agreed with all Group Leaders the following communication arrangements:
- Highlight reports of the activity of each main area of operation of the County Council

for COVID-19 will be sent to all Members on a weekly basis, sent out on Monday of every week

- All Members will receive two daily reports, one a media report at 11.30am and one a report of the government's daily briefing which usually comes out early evening
- All Members will receive two weekly reports on the activities of the Strategic Coordinating Group
- Group Leader meetings will continue to take place on a fortnightly basis
- Friday Focus will continue to be issued to all staff and Members containing a roundup of the week's information
- Members will always be able to raise individual issues or concerns to officers in the usual way, whether it be COVID-19 or other service-related issues

4.4 In relation to decision making and scrutiny through committees the following arrangements were agreed:

- At every service committee there will be a COVID-19 report summarising the key issues and attaching the last four weeks relevant highlight reports as well as updated information since the date of the last highlight report. This will allow the public to see all of the detailed activity and allow Members to ask questions and scrutinise the decisions and actions taken
- General Purposes Committee will receive a COVID-19 report at every committee meeting including a finance report and a summary of key issues arising from the service committee reports

4.5 Following the issue of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 which came into force on 4th April 2020 the Council also created a Virtual Meeting protocol which was agreed by Group Leaders and sent to all Members. This will be reviewed after the first full council meeting once it has been tested and amendments made as necessary. The council also considered the options for IT platforms for virtual meetings and after testing opted to use Zoom for public facing meetings and Microsoft Teams for confidential or sensitive matters.

4.6 The Constitution provides for the executive management of the Council to be undertaken during periods of an emergency where normal decision making governance cannot be followed as a result of that emergency. As you will expect officers are currently having to make decisions on a daily basis that are not normal business as usual and do not fall within the parameters of the agreed business plan. As a consequence officers are entering in to commitments that will have financial consequences that are not covered by the annual budget agreed by Council in February. The making of such decisions within an emergency are covered within the Scheme of Financial Management which is part of the Constitution.

The following is the relevant extract:

*2.6 An Executive, Corporate or Service Director may incur expenditure which is essential to meet any immediate needs created by a sudden emergency, subject to this action being reported immediately to the Chief Executive and the Chief Finance Officer, and to the next General Purposes Committee.*

*2.7 When a sudden emergency arises, Executive, Corporate or Service Directors must keep a separate record of the essential expenditure incurred in*

*connection with the emergency until advised by the Chief Finance Officer that separate records are no longer required.*

- 4.7 A protocol for the dealing of costs associated with the management of COVID 19 has been agreed and implemented. Any decision that will result in a financial implication in excess of £20k requires a business case to be approved. All items are reported to the Council's Management Team on a weekly basis so that there is visibility of the financial implication of the decisions being made. These items will be reported to each service committee and summarised to GPC on a monthly basis with effect from the May cycle of meetings.

#### Immediate Focus

- 4.8 Over the last three weeks, the immediate priorities for the Council have been to:
- a. Understand and make plans to mitigate against the potential impacts and key risks to delivery of effective critical services - both directly provided and commissioned services.
  - b. Ensure the sustainability of adult social care during the COVID-19 outbreak and particularly the links with planning and actions in the NHS.
  - c. Ensure that effective business continuity arrangements are in place to maintain all other critical services.
  - d. Establish a coordination hub so that shielded and vulnerable self-isolators are supported with supplies of food, medicine, and other essential support.
  - e. Work with our schools and settings to ensure that arrangements are in place to support vulnerable children and children of essential workers.
  - f. Optimise deployment of staff and volunteers to support critical activity.
  - g. Implement measures to protect and support our workforce in line with national guidelines whilst maintaining critical services and allowing effective emergency planning.
  - h. Maintain public trust and confidence via effective public reassurance and clear communication.

## **5. SERVICE RESPONSE**

- 5.1 The Communities and Partnerships service directorate has led the development and delivery of the countywide coordination and response hub, and on the deployment of volunteers and redeployment of our staff to meet critical service demand. Attached to this report are the highlight reports up to and including week ending 19<sup>th</sup> April.
- 5.2 A network of coordination hubs has been established, with the countywide hub focussing support for people who are most at risk from the virus and who therefore need to be shielded for at least the next 12 weeks. Medical professionals have developed a list of specific medical conditions which result in a person being at greatest risk of severe illness from COVID-19. These conditions are as follows:
- i. Solid organ transplant recipients
  - ii. People with specific cancers:
    - a. people with cancer who are undergoing active chemotherapy
    - b. people with lung cancer who are undergoing radical radiotherapy
    - c. people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment

- d. people having immunotherapy or other continuing antibody treatments for cancer
- e. people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- f. people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

- iii. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD)
- iv. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe combined immunodeficiency (SCID), homozygous sickle cell)
- v. People on immunosuppression therapies sufficient to significantly increase risk of infection
- vi. Women who are pregnant with significant heart disease, congenital or acquired

- 5.3 People who fall into one or more of these categories have been identified either through NHS England's data sources, or via their own GP. People who believe they have one or more of these conditions are also able to self-refer. Everyone in this group is being asked to formally register as a shielded person, in order that their immediate and ongoing needs can be identified and met.
- 5.4 At time of writing, we have around 13,000 registered people in Cambridgeshire and Peterborough, and have made initial contact with most – via an initial email or letter, describing the role of the hub and how to reach us, followed up with telephone contact for everyone who has said they don't have a reliable support network in place to help them remain shielded. This initial contact has enabled us to establish the urgent food and medicine needs of a number of people who otherwise would need to leave their homes to obtain supplies.
- 5.5 We have also begun a process of proactively contacting all shielded residents with no support in place on at least a weekly basis, via telephone. This call will enable us to make sure their needs haven't changed, and also to offer a friendly voice to chat to and raise any concerns. People that say they do have support in place will also hear from us periodically, via email or letter, again to make sure they know how to contact us should their circumstances change.
- 5.6 We understand that there could be as many as 20,000 people across Cambridgeshire and Peterborough, and so we have also written to everyone who hasn't yet registered asking them to do so. We receive a daily updated spreadsheet from the Government listing shielded residents, which enables us to make rapid contact with new names. The Government has also now set up a national shielding hotline, also encouraging people who haven't yet registered to do so.
- 5.7 For shielded residents, the Government has agreed with supermarkets that they will be given priority home delivery slots for online shopping orders. They are also able to offer a weekly home delivery service for shielded people unable to make online shopping orders, although this is based on a fixed set of supplies that cannot be varied. The countywide hub is able to provide both emergency and ongoing supplies of food, toiletries, pet food, baby supplies etc where either of these options isn't suitable, or where the specific needs of a shielded person are not being met (for example, for very specific food types).

- 5.8 The hubs operated by the district and city councils are providing support to other vulnerable people within their communities, including the supply of food and other essential items, as well as help with shopping, collection of medicines, and provision of befriending support.
- 5.9 The countywide hub is also coordinating the deployment of volunteers and the redeployment of our own staff, to support our work. Just over 2,000 volunteers have registered their details with the hub, and we have been able to share the details of many of these people with our district and city council partners so they can be deployed in local areas. A number of volunteers have also undergone training to carry out specific adult social care-related functions, including reablement.
- 5.10 Alongside the local volunteer effort, the national NHS Volunteers scheme has so far seen 750,000 people register across the country. Access to this resource is via a referral from anyone with either an NHS or gov.uk email address, and the hubs are able to connect individuals in need of support with an NHS volunteer through this mechanism.
- 5.11 As part of the command structure described above, the service directorate has also established a Community Reference Group (CRG) which meets weekly to ensure a joined-up set of procedures and services is maintained, that we collectively problem-solve as issues arise, and that we work together on the recovery work as that commences. The CRG is also responsible for overseeing work to identify vulnerable groups, for example Gypsies and Travellers, substance misusers and people with no recourse to public funds, and will develop bespoke services to ensure these groups are best protected from harm as far as reasonably possible.
- 5.12 The CRG, and indeed much of the work in the hub, are built on the principles of Think Communities – a collaborative, open approach across the system, a person-centred approach to public service, and a place-based approach achieved via the network of district and city hubs. The CRG membership is drawn from across the public, voluntary and faith sectors, and includes the following agencies:
- Cambridgeshire County Council
  - Cambridge City Council
  - East Cambridgeshire District Council
  - Fenland District Council
  - Huntingdonshire District Council
  - Peterborough City Council
  - South Cambridgeshire District Council
  - Cambridgeshire and Peterborough Clinical Commissioning Group
  - Cambridgeshire and Peterborough Foundation Trust
  - Safer Peterborough Partnership
  - Cross Keys Homes
  - Office of the Police and Crime Commissioner
  - Cambridgeshire Police
  - Cambridgeshire Fire and Rescue Service
  - Cambridgeshire and Peterborough Healthwatch
  - Diocese of Ely
  - Peterborough Interfaith Council



- Cambridge Council for Voluntary Service
- Hunts Forum
- Peterborough Council for Voluntary Service
- British Red Cross
- Cambridgeshire ACRE
- Cambridgeshire and Peterborough Association of Local Councils
- Caring Together
- Care Network
- Age UK

5.13 The county council has also supported the creation of the Coronavirus Community Fund, managed by the Community Foundation, with an initial contribution of £100k taken from the Innovate and Cultivate Fund pot. Cllr Steve Criswell sits on the panel making decisions about fund applications, and further details can be found at this link:

<https://www.cambscf.org.uk/cambridgeshire-coronavirus-community-fund.html>

5.14 The usual services that this Committee has responsibility for have adapted well to the current circumstances, As briefly mentioned above, the work the Committee has led to develop the Think Communities approach is now bearing significant fruit, and the core team that have been involved in building the model are firmly embedded within the hub. Other services are responding as follows:

#### 5.14.1 Cambridgeshire Skills

The DfE announced on 18<sup>th</sup> March 2020 that adult education centres should close except for vulnerable learners, and following advice on 21 March 2020, all vulnerable learner classes should be ceased. Cambridgeshire Skills has therefore closed all of its face-to-face delivery in all venues. We are continuing our learning, education and civic duties online or via our social media channels.

We are still maintaining education and providing learning to 126 of our pre-Covid-19 learners. We have created an online learning page on our website and have marketed this with our current and past learner base and all our marketing contacts.

<https://www.cambsals.co.uk/course-information/online-learning-1>

From Monday 20<sup>th</sup> April, we have a fully online course for employability (finding a job aimed at furloughed workers to fill the vacancies in the Retail and Care sectors), followed up by 2 online courses specifically giving learners basic online training for retail and health and care skills).

We have also launched the Cambridgeshire Skills YouTube channel for education and mental health wellbeing purposes.

We are seeking donations from craft organisations to start to make up craft kits/family learning packs to distribute to our delivery partners to enable them to pass on to disadvantaged families in their communities, and hope to roll this out in the next few days. We have started our [Learn and Create](#) social media presence.

We have bought forward the start date to kick off the new academic year to 1<sup>st</sup> August and are pulling together a fully online or blended learning curriculum as well as planning a face-to face offer, albeit with social distancing, from mid-September onwards.

#### 5.14.2 Domestic Abuse and Sexual Violence

It has been widely reported that the current 'stay at home' situation is likely to increase the risks of domestic abuse and sexual violence. A national campaign (#YouAreNotAlone) has been launched and is being publicised locally alongside local campaigns to highlight the fact that specialist domestic abuse and sexual violence services are still open and offering support, albeit in a virtual way. The DASV partnership is working closely with the police, the Office of the Police and Crime Commissioner, and other partners to ensure these messages are communicated as far as possible. Members can stay informed through Cambridgeshire County Council, Peterborough City Council and the DASV Partnership social media channels.

Both the National Domestic Abuse Helpline and Women's Aid nationally have reported a substantial increase in calls to their services. This is also being seen but to a slightly lesser degree locally. After an initial drop in self-referrals, Cambridge Women's Aid and Refuge, who provide outreach services, are now reporting increases in referrals. The IDVA (Independent Domestic Violence Adviser) Service, who work with high risk victims of domestic abuse are also starting to see a steady increase in professional referrals. Contingency plans are in place to ensure that these services can continue to maintain their support during this period, and if necessary will work together to ensure those at highest risk are prioritised. It is predicted that a substantial increase in referrals will be seen following the lifting of the lockdown.

Refuges across the county are predominately at capacity and the lack of refuge space and other emergency accommodation for those fleeing from domestic abuse is an emerging concern. Work is being undertaken to develop some creative solutions to this issue with housing associations, universities and providers of short-term lets.

#### 5.14.3 Cambridgeshire Libraries

As Members will know, our public library buildings remain closed. However, the service has responded positively to the current situation, and our message to communities in these challenging times is that there are still opportunities for discovery and connection through our libraries service. Whilst our library buildings are closed our service is very much open and accessible and has migrated to the digital world. We know that libraries have always been places for discovery, entertainment, escape, imagination, information, consolation and connection, and people can still experience all of those things by exploring our digital library service, the details of which can be found at this link: <https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/library-online>

A large number of staff within the library service have also been redeployed to support the work of the countywide hub, specifically contacting shielded residents and helping staff our contact centre.

#### 5.14.4 Cambridgeshire Against Scams Partnership

We're aware that there are increased reports nationally of vulnerable people being scammed by those seeking to exploit the current situation. Examples include:

- Doorstep crime: people offering coronavirus testing
- Doorstep crime: people selling hand sanitisers and face masks of dubious quality
- Doorstep crime: people offering to disinfect driveways at overinflated prices, or to get access to the property
- Doorstep crime: people saying they are from a community support group offering to do shopping and other jobs, but instead taking the money, never to return
- Phone calls purporting to be from the County Council, calling about Covid-19
- Phone scams: increasing as people are at home and need to connect with others
- Scam texts saying people are being fined for going out
- Scam texts offering 'Covid Relief' payments
- Scam emails and websites pretending to be from gov.uk or HMRC offering grants or tax rebates for dealing with the outbreak
- Illegal money lenders preying on people's financial vulnerability at this time
- Online marketplaces selling fake supplements, cures or testing kits
- Bogus callers and fake websites offering to help reclaim costs of cancelled holidays or flights

Our Cambridgeshire and Peterborough Against Scams Partnership (CAPASP) is a partnership of public, private and voluntary sector organisations that was formed at the end of 2018 with the aim of providing a co-ordinated approach towards preventing scams and doorstep crime. The council is working through the partnership to ensure we maximise messages and interventions to prevent people falling victim to this type of crime:

- Covid-19 scams resources have been made available on the CAPASP website [www.cambridgeshire.gov.uk/against-scams](http://www.cambridgeshire.gov.uk/against-scams)
- Friends Against Scams e-learning has been updated with topical coronavirus scams information
- Our Facebook page [www.facebook.com/CAPASP19](https://www.facebook.com/CAPASP19) regularly posts coronavirus scams warnings
- Press release issued 10<sup>th</sup> March re coronavirus scams (before any national resource became available)

All of the above promoted through regular **e-mail updates** to CAPASP **partners**, CAPASP **supporters** and our network of **No Cold Calling Zone** and **Good Neighbours** scheme coordinators.

5.15 Highlight reports from all areas of the Council and as detailed in paragraph 4.2 of this report are available from the link on the final page of this report.

## **6. RISK MANAGEMENT**

- 6.1 Given the significant impact of COVID-19 on both the Council's immediate operations and its longer term achievement of strategic objectives a COVID-19 risk log has been developed. This is split into three sections:
- A short-term risk log for the internal-management of the County Council's response to COVID19
  - A longer-term risk log for the strategic-management of the delivery of the County Council's objectives arising from the current event
  - A review of major projects to identify which are critical to the County Council with a risk management action plan against each of these projects.
- 6.2 The immediate priority has been to develop the internal COVID-19 risk log which has five themes – infrastructure, finance, people, operations, reputation. These themes have been cross referenced to the existing Corporate Risk Register and to Service Committee/ Directorate Risk Registers. Each of these themes has a number of trigger events and corresponding controls and actions. The internal COVID-19 risk register has been uploaded to the GRACE system and will be reviewed by the Joint Management Team weekly from 20<sup>th</sup> April 2020.
- 6.3 The strategic risk register is being developed next and will inform the recovery phase. The PESTELO approach has been applied in order to structure our controls and actions; this takes into account 7 themes: Political, Economic, Social, Technological, Legal, Environmental and Organisational. Management of strategic risks is likely to be widely dispersed through the organisation, its partners and the Cambridgeshire system.
- 6.4 We have also reviewed all of our critical projects and ensured that risk management plans take into account potential impacts of the Coronavirus pandemic.

## **7. RECOVERY**

- 7.1 As a Council we have been at the forefront of leading the response to the pandemic, diverting most of our effort to ensuring that the public and businesses are supported through what is an unprecedented emergency in modern times. We have a significant degree of influence and accountability for the public's experience of living and working in Cambridgeshire. Our ambition, our relationships with system partners and our significant investment in change and innovation over the past few years, makes us very well placed to contribute to the recovery and redesign that will be required in Cambridgeshire in the coming months and years.
- 7.2 It is very likely that the Council and the services it delivers may need to be different once we have dealt with the immediate response required by the crisis and when we have understood the future needs of Cambridgeshire's society as it re-established post COVID-19. While significant levels of local authority resources are redirected to the front line and current emergency, it is important to ring fence capacity and expertise to start planning for aftermath and recovery as quickly as possible.
- 7.3 To plan for these phases, the Joint Management Team has started to build a recovery framework, with the first steps being:

- identifying the risks, both the immediate operational risks and the after-effects that could destabilise organisational and financial sustainability, service delivery, communities and suppliers;
- forecasting the social and economic impact of different scenarios to the Council and communities;
- capturing learning and opportunities and thinking about the changed behavioural aspects that we might wish to permanently embed (for example community resilience and support, climate impacts during lockdown, changed attitudes to travel and agile working).

7.4 A number of officers including the Deputy Chief Executive, Executive Director Place and Economy, Director of Business Improvement and Director of Education are also involved in the Cambridgeshire and Peterborough Local Resilience Forum Recovery Group, which is chaired by Chief Executives from Huntingdon and South Cambridgeshire District Councils.

## **8. ALIGNMENT WITH CORPORATE PRIORITIES**

8.1 The current Coronavirus pandemic will have both an immediate and a longer term effect on all of the Council's priorities. The impacts will be monitored and managed through our risk logs and recovery plans and will feed into the annual review of Council strategy.

## **9. SIGNIFICANT IMPLICATIONS**

9.1 The impact of the Coronavirus pandemic is likely to increase over the next few weeks and the lasting impacts will affect the Council and the people of Cambridgeshire for much longer. It is essential that we plan for an extended period of response and recovery.

9.2 Although the Council's immediate focus is on the significant role we play in minimising the impact of COVID-19, we must also start planning now for the support that will be needed to help Cambridgeshire recover as quickly as possible.

9.3 The current allocation of emergency funding from Government will cover some of the additional costs and loss of income arising from the crisis but it may not be enough. We have started to model the likely impact of this on current and future budgets and will continue to refine and adjust this modelling as we understand the pressures created by the pandemic.

9.4 The current level of complexity and demand is unprecedented and the Council has responded by taking decisive action and by working at pace with partners and communities to ensure that the most vulnerable people across Cambridgeshire have the support they need. At the same time, we have continued to run the business and to fulfil our statutory responsibilities. The Joint Management Team is hugely grateful to the Council's committed and hardworking staff who have made this possible. Action plans to ensure our workforce stays resilient and feels well supported are in place and the mental and physical wellbeing of our workforce remains a priority.

Source Documents	Location
Service highlight reports (all Directorates)	<a href="https://cambridgeshire.cmis.uk.com/ccclive/Committees/tabid/62/ctl/ViewCMISCommitteeDetails/mid/381/id/60/Default.aspx">https://cambridgeshire.cmis.uk.com/ccclive/Committees/tabid/62/ctl/ViewCMISCommitteeDetails/mid/381/id/60/Default.aspx</a>

**P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT**

<b>SERVICE AREA:</b>	Coordination and Response Hub
<b>REPORT AUTHOR:</b>	Adrian Chapman
<b>REPORTING PERIOD:</b>	w/e 29/03/20

**KEY ACTIVITY HEADLINES**

- Service Directorate leadership team meeting twice-weekly to agree service changes, manage risks and agree consistency across services
- Awaiting national advice on Coronial services, and new guidance on Registration services also emerging, allowing for telephone registrations – our team are enabled to make this happen
- Libraries all closed and staff passed to the Hub for redeployment. Many form the call handler team focussed on the shielded group
- DASV service is continuing, with priority on monitoring and supporting likely increases in activity over the next few months
- No face to face adult skills training in either council, although there is some online learning taking place
- TYSS and YOS continuing to operate, as are statutory Regulatory Services (the latter with a stronger focus on proactively supporting small businesses)
- Countywide COVID-19 Coordination Hub fully operational – focus is on ensuring critical business areas are able to continue and that there is a comprehensive response to supporting vulnerable residents, primarily the shielded group and others at highest risk
- Network of district/city hubs up and running, and pathways between those and the countywide hub are being finalised
- 1,000+ volunteers registered with the Hub – around half have a valid DBS check, and will be directed towards supporting social care, NHS and related services and the most vulnerable people, with the rest picking up local responses via the district/city hubs
- Around 500 redeployable staff now registered and are beginning to be placed. Process to ensure this happens effectively now refined and agreed with JMT
- Around half of our shielded group are saying they have no support network in place – all are being contacted by the Hub to offer support etc, including whether we have enough food and medicine to last for 3-4 days, and that they know how to contact us
- Emergency food supplies will arrive on 30.3.20 and will be used to make sure the most vulnerable are fed whilst the national delivery scheme is set up
- Focus w/c 30.03.20 will be on supporting carers through matching them to volunteers, and resourcing up the rest centre provision, additional bed capacity across commissioned providers, and ensuring sufficiency in dom care

**RISKS / CHALLENGES (AND MITIGATION)**

- Huge demand already coming into the Hub – network of district/city hubs will help reduce this, but we are making sure we have a robust set of procedures in place so that nobody slips through
- Size of shielded group is unknown – to date we have around 750 names, but this is only those that have so far registered. We are advised the number will significantly increase

- Sufficiency of food for those in need – emergency supplies will help, and we are maintaining a separate log of food-related donations and offers from communities
- Volunteer coordination needs to be really effective. We have the Red Cross coordinator embedded into the Hub to assist
- Logistics and planning is a key challenge – we have a full time military planner embedded into the hub to assist
- Reduced leadership oversight of service directorate issues – twice-weekly SLT meeting in place to sustain this

#### **WORKFORCE UPDATE**

- All staff that can work from home are working from home
- Good list of staff on the redeployable list
- C&P SLT fully engaged with the Hub processes

#### **FINANCIAL IMPACT (increase in costs / reduction in income)**

- All additional costs and loss of income being captured
- Significant impact on room hire income in CCC as libraries are closed

#### **COMMUNICATIONS**

- Daily briefings being held with lead Members
- Daily update issued to all parish councils and RA's – parishes have a dedicated email address into the hub
- Weekly briefings being issued to all Councillors
- Attendance at weekly Group Leaders briefings, and weekly MP/Leaders briefing
- Attendance at daily SCG Executive meeting
- Daily call with District/City leads commencing 30.03.20
- Hub web site details being improved, although presence is already significant
- Hub phone line to launch w/c 30.03.20 – not released yet to enable call handlers to reach the 400 shielded group



**P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT**

<b>SERVICE AREA:</b>	Coordination and Response Hub
<b>REPORT AUTHOR:</b>	Adrian Chapman
<b>REPORTING PERIOD:</b>	w/e 5.4.20

**KEY ACTIVITY HEADLINES**

- Countywide network of hubs established and operational; central hub is focussing on the Shielded group and those in other highly vulnerable categories, whilst the district/city hubs are focussed on supporting less vulnerable people, the wider population, and community-led action
- We have now received more data on the Shielded group: nationally, this comprises 1.5m people, split into 900k identified by NHSE, and 600k identified by GPs. We have details of everyone in Cambridgeshire and Peterborough in the 900k cohort so far, totalling 12,800 people
- Separately, we continue to receive daily updates of people on the Shielded group list who have gone on to register their details in order to receive support or to confirm they have support in place
- We are contacting those on the NHSE list who have not yet registered, to explain what they need to do, to ensure that nobody is missed and that everyone gets the help they may need
- We have also continued to contact, by phone, everyone who has registered and who doesn't have support in place to ensure they have what they need for the immediate short term, until the national food and medicine schemes become fully operational
- The Shielded group data of those registered has been shared with all district/city councils, and will continue to be shared as updated, in order to prevent duplication
- We have also invoked the Vulnerable People Protocol (VPP) – a process agreed across the public sector for identifying vulnerable people during emergency situations. The VPP enables comprehensive data sharing between organisations to identify cohorts of people that may be affected by COVID-19 more significantly than others. The data will start to become available in the next few days, and will enable us to carry out targeted work to ensure everyone can find the help or information they need
- Additionally, we will be focussing in the coming days on reaching people in the Shielded group in particular for whom English is not their first language, to ensure they are aware of the need to register and know how to access support from the hub
- We have focussed time this week on ensuring the referral mechanisms between the central hub and the local hubs is clear and robust, including the escalation and de-escalation arrangements
- A further focus this week has been on food and urgent supplies – the national food delivery scheme for Shielded people has begun, and we have now received data on upcoming deliveries as well as failed deliveries, but feedback has been inconsistent. We will be using our warehouse facility to build up stock of essential items based on feedback we've had, to supplement the national scheme as well as to provide other vulnerable people with options for obtaining food etc.
- To support this, we are working on payment options including a system for residents to pay the hub for food from our warehouse which we will then deliver, through to arrangements for residents to pay volunteers safely without breaching the social distancing guidelines. We are also working with local supermarkets to arrange bespoke access for the Hub team and volunteers for bulk shopping if necessary, and also to collect shopping via Click and Collect arrangements
- We are working with our health colleagues to ensure that the supply of medicines to vulnerable people, including those that are self-isolating and shielding, is sustained in all circumstances

including the immediate breakdown of an individual's arrangements. There will be a further update on this work next week, as this theme has emerged as a common concern over the past few days

- We are continuing to build up the database of mutual aid offers that are developing across the patch, all of which are being collated into either the [Cambridgeshire Directory](#) or the [Peterborough Information Network](#). This remains work in progress
- Our staff redeployment and volunteer deployment processes continue – we have around 1200 volunteers on our register, and have now shared the details of local volunteers with each district/city hub in case they can be of use. We have also redeployed around 150 council staff into different services, and have a number being trained to support our adult social care services in particular
- We have worked this week with health colleagues to better understand the relationship between our own local arrangements and the national NHS Volunteer programme. We understand that referrals to the national scheme will be made by 'professionals' only, rather than by individuals, and these referrals will then be matched with a volunteer from the scheme. Amongst other things, we need to understand what happens if a match can't be made or breaks down. There will be further discussions and guidance on this issue in the coming days
- We are procuring an app which enables individuals who need help and support to link up with local mutual aid arrangements direct
- Around 400 requests for help have been fully resolved by the central hub team, and a further 400 other queries have been resolved. Emergency food deliveries to around 160 people have also been made
- The Community Reference Group, comprising reps from the public and VCS sectors, met this week and focussed primarily on updates from the districts/city hubs, and on the potential impacts on the sustainability of VCS organisations

#### **RISKS / CHALLENGES (AND MITIGATION)**

- The potential for disconnect between national support mechanisms and our local arrangements – for example, food distribution, medicines supply and volunteering. Whilst we receive data about food supply for the Shielded group, we have no direct involvement; if we did, we would be able to broaden that contact with other support. We are working hard to identify workarounds and local solutions, but this is a risk to carefully monitor
- Food supply – we understand the national scheme will take some time to fully operationalise, and our initial delivery of emergency supplies has dwindled. We will therefore build our own supplies to supplement the national scheme, and create arrangements for that to be replenished regularly
- Demand into the Hub – we have experienced huge demand from people contacting us for help and support. From 6.4.20 therefore we have significantly increased the size of the team in both our front door service and our demand/supply coordination team
- Identification of vulnerable people – we need to focus beyond the Shielded group list to ensure other vulnerable people are supported. The measures described above, including the VPP work and contacting people who don't speak English as their first language, is therefore vital

#### **WORKFORCE UPDATE**

- All critical services in the Communities and Partnerships service directorate continue to operate
- The staff resource in the Hub is being increased from 6.4.20

<b>FINANCIAL IMPACT (increase in costs / reduction in income)</b>
<ul style="list-style-type: none"><li>• All costs associated with Hub activity are being captured, although are limited at this stage to supporting the warehouse operations</li><li>• Procurement of food supplies will incur an additional cost, although the majority of recipients will be able to pay for these products</li></ul>
<b>COMMUNICATIONS</b>
<ul style="list-style-type: none"><li>• We have included numerous updates this week in the daily media briefing, including details of the hub network (this information has also been shared with councillors, MPs, and all staff)</li><li>• Our daily parish council and resident association update continues to be published</li></ul>

## P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT

<b>SERVICE AREA:</b>	Coordination and Response Hub
<b>REPORT AUTHOR:</b>	Adrian Chapman
<b>REPORTING PERIOD:</b>	w/e 12.4.20

### KEY ACTIVITY HEADLINES

- The countywide coordination and response hub is established to:
  - help ensure that services provided by key workers are sustained at safe and appropriate levels through the redeployment of staff and the deployment of volunteers
  - co-ordinate the distribution of support to the Shielded group
  - ensure with our partners that we are making the best use possible of all available resources to minimise anxiety, to co-ordinate social action, and to ensure those most vulnerable are benefitting from appropriate community support
  - work closely with District/City Hubs to ensure all vulnerable people are supported
- The Countywide network of hubs is now established and operational; the network leads met this week to refine working arrangements, and to ensure we make best use of our collective resource and intelligence
- The Countywide Hub is focussing on maintaining the formal oversight of support necessary for the Shielded group of residents, whilst the district/city hubs are supporting other vulnerable residents and supporting community-led action
- Data sharing across the network is being formalised to ensure that all partners have the information they need to both prevent duplication and to ensure everyone is supported that needs to be. This includes the Shielded group data, as there will be occasions where Shielded residents need less formal support from, for example, a local volunteer
- We have received more data on the Shielded group: nationally, this originally comprised an estimated 1.5m people, but we understand that the eligibility for this category has been extended and so the number is expected to be higher. We have so far received details of around 20,000 people who the NHS believe should be shielding, and who are asked to formally register. Of those 20,000, anybody that we believe has not yet registered is being contacted by letter to encourage them to do so
- Separately, we continue to receive daily updates of people on the Shielded group list who *have* gone on to register their details in order to receive support or to confirm they have support in place; the total at time of writing sits at around 10,000 people
- Of those who have registered, there are two groups – those who have support arrangements in place (e.g. friends and family), and those who do not. Those who do have support are receiving regular contact via email or letter from the countywide hub, to ensure they know how to contact us should that support break down. Those who do not have support are receiving an initial written contact, followed up with a direct telephone call so that we can put necessary arrangements in place. Around 3,000 calls of this kind have so far been made
- The countywide hub has responded to 1700 direct requests for help and support, many relating to people who need to arrange access to food or medicines
- Work is progressing well to ensure support for other vulnerable groups is focussed and in place. The countywide community reference group (a formal sub group in the command structure) has established a mechanism to understand all current support arrangements for different groups in the context of how those mechanisms are able to respond to the COVID-19 focus. Where

necessary, supplementary arrangements will be put in place. Examples of vulnerable groups include victims of domestic abuse, migrant workers, drug and alcohol users, offenders and Gypsies and Travellers

- Linked to this work, we are continuing to build data via the Vulnerable People Protocol of residents who may need additional support. This data will be shared across all partners when available
- The Hub logistics operation, based from a warehouse facility in Alconbury, has been ramped up this week, with the delivery of a food and essential supplies order, and the first part of a large delivery of PPE. At point of writing, the first delivery of PPE to 151 pharmacies is being made
- As more and more shielded people successfully register with the national scheme, supermarket home delivery slots are opening up, and we are facilitating collection of groceries via click and collect where helpful. We are also delivering food supplies from our warehouse as describe above, in emergency situations. Around 250 emergency deliveries have been made.
- We have established a clear pathway for ensuring that the supply of medicines to vulnerable people, including those that are self-isolating and shielding, is sustained in all circumstances including the immediate breakdown of an individual's arrangements. This work has been completed with our health partners.
- We are continuing to build up the database of mutual aid offers that are developing across the patch, all of which are being collated into either the [Cambridgeshire Directory](#) or the [Peterborough Information Network](#). This remains an open workstream
- Our staff redeployment and volunteer deployment processes continue – we have around 1850 volunteers on our register, 700 of whom have been passed to our district and city council partners. Over 100 remaining volunteers have been tasked, including 74 who have been referred into adult social care related services
- We have also begun to access NHS Volunteers via the GoodSAM app <https://www.goodsamapp.org/>. This arrangement enables anyone with an NHS or GOV.UK email address to pair someone who needs support with an NHS volunteer if the help needed is befriending, shopping, help to get home from hospital, or help to fetch medicines

#### **RISKS / CHALLENGES (AND MITIGATION)**

- The potential for disconnect between national support mechanisms and our local arrangements – for example, food distribution, medicines supply and volunteering. Whilst we receive data about food supply for the Shielded group, we have no direct involvement; if we did, we would be able to broaden that contact with other support. We are working hard to identify workarounds and local solutions, but this is a risk to carefully monitor
- Demand into the Hub – we understand that the cohort of Shielded people has been expanded, which may lead to increased demand from people contacting us for help and support. We will continue to increase the staffing within the hub to ensure our service response standards are not reduced

#### **WORKFORCE UPDATE**

- All critical services in the Communities and Partnerships service directorate continue to operate
- There are currently 730 Cambridgeshire County Council and Peterborough City Council staff registered with the Hub who can be redeployed into other frontline roles, of which around 10% have been. This includes redeployment into partner agencies

#### **FINANCIAL IMPACT (increase in costs / reduction in income)**

- All costs associated with Hub activity are being captured, although are limited at this stage to supporting the warehouse operations
- Procurement of food supplies will incur an additional cost, although the majority of recipients will be able to pay for these products

<b>RECOVERY ACTIVITY (plans being considered / future steps)</b>
<ul style="list-style-type: none"><li>• Much of our core operation is built on the Think Communities foundation that we have, as a system, developed over the past year or so. We are working to ensure that those aspects of our current responses that can be sustained, will be sustained into and beyond the recovery phase (including for example the extensive data sharing arrangements, mutual aid activities, and multi-tiered place-based responses)</li></ul>
<b>COMMUNICATIONS</b>
<ul style="list-style-type: none"><li>• We continue to provide updates for the daily media briefing</li><li>• Our daily parish council and resident association update continues to be published</li><li>• We are regularly communicating with our volunteer pool to ensure they remain updated</li></ul>

## **P&C COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT**

<b>SERVICE AREA:</b>	Coordination and Response Hub
<b>REPORT AUTHOR:</b>	Adrian Chapman
<b>REPORTING PERIOD:</b>	w/e 19.4.20

### **KEY ACTIVITY HEADLINES**

- The countywide coordination and response hub is established to:
  - help ensure that services provided by key workers are sustained at safe and appropriate levels through the redeployment of staff and the deployment of volunteers
  - co-ordinate the distribution of support to the Shielded group
  - ensure with our partners that we are making the best use possible of all available resources to minimise anxiety, to co-ordinate social action, and to ensure those most vulnerable are benefitting from appropriate community support
  - work closely with District/City Hubs to ensure all vulnerable people are supported
- The Countywide network of hubs is now established and operational
- The Countywide Hub is focussing on maintaining the formal oversight of support necessary for the Shielded group of residents, whilst the district/city hubs are supporting other vulnerable residents and supporting community-led action
- Data sharing across the network has now been formalised to ensure that all partners have the information they need to both prevent duplication and to ensure everyone is supported that needs to be. This includes the Shielded group data, as there will be occasions where Shielded residents need less formal support from, for example, a local volunteer
- We have also developed a comprehensive set of management information which will be produced both daily and weekly (depending upon the information) and shared widely. Information about our response times, how we have supported people, and effectiveness of food deliveries will be included, as well as details of the frequent contact we have in place for shielded residents
- All of the people that the NHS believe should be shielded, and who have not yet registered, have been contacted by the hub by letter, encouraging them to do so. We understand that a national hotline has also been set up to contact these people
- Separately, we continue to receive daily updates of people on the Shielded group list who *have* gone on to register their details in order to receive support or to confirm they have support in place; the total at the time of writing sits at around 11,000 people
- Of those who have registered, there are two groups – those who have support arrangements in place (e.g. friends and family), and those who do not. Those who do have support are receiving regular contact via email or letter from the countywide hub, to ensure they know how to contact us should that support break down. Those who do not have support are receiving an initial written contact, followed up with a direct telephone call so that we can put necessary arrangements in place. These calls will then be repeated at least weekly in order to maintain support and ensure the wellbeing of the resident is maintained
- The countywide hub has responded to around 2,000 direct requests for help and support, many relating to people who need to arrange access to food or medicines
- Work is progressing well to ensure support for other vulnerable groups is focussed and in place. A working group accountable to the Community Reference Group is focussed on building up data about vulnerable groups, and determining whether or not existing support arrangements are sufficient. Where they are not, alternatives will be put in place
- Linked to this work, we are continuing to build data via the Vulnerable People Protocol of residents who may need additional support. This data will be shared across all partners when available

- The Hub logistics operation, based from a warehouse facility in Alconbury Weald, continues to deliver urgent food and other essential items, as well as PPE across the care sector. Red Cross volunteers are continuing to work closely with the council in this operation.
- A second Warehouse has been obtained at Alconbury – This will be used purely as overspill for the large volume of PPE which is now being received.
- As more and more shielded people successfully register with the national scheme, supermarket home delivery slots are opening up, and we are facilitating collection of groceries via click and collect where helpful. We are also delivering food supplies from our warehouse as described above, in emergency situations. Emergency deliveries have been made to 399 people at time of writing
- We are working to establish different ways that people who are shielded or self-isolating can pay for their groceries and other items if they are unable to get to a bank or aren't on-line. We have a range of options being finalised, which will be widely shared when ready
- We have established a clear pathway for ensuring that the supply of medicines to vulnerable people, including those that are self-isolating and shielding, is sustained in all circumstances, including the immediate breakdown of an individual's arrangements. This work has been completed with our health partners
- 150 redeployed staff and volunteers have been identified to make contact with 60 shielded people each. They will ring each of their 60 people weekly to check they have what they need and where support needs are identified put appropriate actions in place. 15 managers have been identified to support this process
- We are continuing to build up the database of mutual aid offers that are developing across the county/city, all of which are being collated into either the [Cambridgeshire Directory](#) or the [Peterborough Information Network](#). This remains an open workstream
- Our staff redeployment and volunteer deployment processes continue – we have around 2100 volunteers on our register, 700 of whom have been passed to our district and city council partners. Over 100 remaining volunteers have been tasked, including 74 who have been deployed into adult social care related services
- We have also begun to access NHS Volunteers via the GoodSAM app <https://www.goodsamapp.org/>. This arrangement enables anyone with an NHS or GOV.UK email address to pair someone who needs support with an NHS volunteer if the help needed is befriending, shopping, help to get home from hospital, or help to fetch medicines

#### **RISKS / CHALLENGES (AND MITIGATION)**

- The potential for disconnect between national support mechanisms and our local arrangements – for example, food distribution, medicines supply and volunteering. Whilst we receive data about food supply for the Shielded group, we have no direct involvement; if we did, we would be able to broaden that contact with other support. We are working hard to identify workarounds and local solutions, but this is a risk to carefully monitor
- Demand into the Hub – we understand that the cohort of Shielded people has been expanded, which may lead to increased demand from people contacting us for help and support. We will continue to increase the staffing within the hub to ensure our service response standards are not reduced

#### **WORKFORCE UPDATE**

- All critical services in the Communities and Partnerships service directorate continue to operate
- There are currently 775 Cambridgeshire County Council and Peterborough City Council staff registered with the Hub who can be redeployed into other frontline roles, of which around 20% have been. This includes redeployment into partner agencies



**FINANCIAL IMPACT (increase in costs / reduction in income)**

- All costs associated with Hub activity are being captured, although are limited at this stage to supporting the warehouse operations
- Procurement of food supplies will incur an additional cost, although the majority of recipients will be able to pay for these products

**RECOVERY ACTIVITY (plans being considered / future steps)**

- Much of our core operation is built on the Think Communities foundation that we have, as a system, developed over the past year or so. We are working to ensure that those aspects of our current responses that can be sustained, will be sustained into and beyond the recovery phase (including for example the extensive data sharing arrangements, mutual aid activities, and multi-tiered place-based responses)

**COMMUNICATIONS**

- We continue to provide updates for the daily media briefing
- Our daily parish council and resident association update continues to be published
- We are regularly communicating with our volunteer pool to ensure they remain updated
- We will be publishing a weekly more detailed round-up of key activities from the Hub. As part of this we are beginning to collate case studies and good news stories example attached:

Staff in the COVID-19 Hub are working hard to ensure that everybody in Cambridgeshire and Peterborough has access to food, medicine and other essential supplies, working in partnership with HM Government, district councils, the British Red Cross, supermarkets, charities and community groups. We receive an enormous variety of requests, and have helped people all over the county with problems large and small.

June (not her real name) lives in Huntingdonshire and has a terminal illness. She contacted us because the food delivery she received from HM Government did not meet her needs. Her illness means she can only eat vegetarian food which can be easily liquidated; she was grateful for the food delivery she had already received but was very distressed as she could not eat meat pies, corned beef, or many of the other items which it contained. We arranged for the British Red Cross to do a special shopping trip for June, and delivered a package of food to her doorstep. She called us back the next morning to tell us how grateful she was for the council's response.

In another case, the manager of a nursery in Cambridge got in touch with us because her staff were unable to obtain food from their normal supermarket to feed the children in their care. They are providing care to the children of key workers—including carers, social workers, nurses and doctors—but were struggling to obtain the ingredients to give the children a healthy, balanced meal. We put them in touch with a local community group, and volunteers are now giving up their time to stand in line at the supermarket and collect food for the nursery. Furthermore, a local fruit company is now dropping off fresh fruit and vegetables at the nursery every week.

Often we don't hear back from the people we have helped, but when we do we discover how much the council's response means to them. We received this response from a gentleman in Cambridge a few days ago.

"I am in my late 70s and have a medical condition that makes me officially 'extremely vulnerable.' I filled up an on-line form, saying that I needed some help getting essential supplies. I was very worried because I could not get any delivery slots from normal suppliers, like Sainsbury's and Waitrose, all my neighbours are elderly too so can't pick up for me, and I cannot leave the house. Today I received a care package, and then a phone call from the shielding team. Thank you so much for this extremely valuable work that you are doing to support people like me."