

## COVID-19 EMERGENCY PLANNING HIGHLIGHT REPORT

<b>SERVICE AREA:</b>	Public Health
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### KEY ACTIVITY HEADLINES

- Provision of public health advice and guidance to Cambridgeshire and Peterborough Local Resilience Forum (LRF) multi-agency COVID-19 Strategic Co-ordination Group (SCG): Terms of reference for an LRF Public Health Advice Cell were agreed on 23.4.20, to be chaired by the DPH with membership from Cambridgeshire County Council/Peterborough City Council (CCC/PCC), the Clinical Commissioning Group (CCG), and Public Health England (PHE).
- Administration of and provision of public health advice and guidance to the Cambridgeshire and Peterborough LRF multi-agency COVID-19 Tactical Co-ordination Group (TCG)
- Co-chairing the Cambs & Peterborough LRF Personal Protective Equipment (PPE) Cell: The LRF PPE cell is now implementing the distribution of PPE sent to the LRF from the national stockpile, to eligible local organisations which require emergency supplies.
- Jointly leading a stocktake of vulnerable/socially excluded population groups and COVID-19 related needs and issues with the Office of the Police and Crime Commissioner, working across LRF partner agencies and reporting to the LRF Community Reference Group: This reports back to the Community Reference Group, and has highlighted work on housing and Travellers.
- Work with the COVID-19 Community Hub to support implementation of the LRF vulnerable people's protocol
- Work to develop public health guidance for volunteers, working with the COVID-19 Community Hub and districts. This has now been completed, with advice delivered through a short series of scripted videoblogs recorded by the deputy DPH
- Public health analysts involved in ongoing work with the LRF Intelligence Cell on modelling - including linking to regional Public Health England resources. Report produced on 23.4.30 – 'Rapid analysis of deaths involving COVID-19, England and Wales and Cambridgeshire and Peterborough', following release of data by Office of National Statistics (ONS)
- Working with CCG, CPFT, Voluntary sector and Communications Team to develop and implement a multi-agency COVID-19 mental health and wellbeing plan and campaign. The internal staff campaign was launched during last week, and public campaign launched 27.4.20, including radio Cambridgeshire interview with PH mental health lead.
- Provision of public health advice and guidance to Cambridgeshire County Council/Peterborough City Council (CCC/PCC) COVID-19 Joint Management Team Gold Group and the Silver Tactical working group on a range of issues. Attendance and presentation on PPE requirements at a meeting of funeral directors organised through the LRF Excess Deaths Group (CCC/PCC led).
- Provision of public health advice and guidance to CCC/PCC People and Communities Management Team and Service Directors on various issues, e.g. PPE, PHE Care Home guidance: During last week, have worked with PHE to agree a weekly meeting (Care home cell) between regional PHE health protection staff who provide advice to care home during outbreaks, and the CCC/PCC and CCG group which meet daily to address care home issues.
- Work with the communications team on DPH vlog (two produced last week) and other communication channels.
- Provision of public health advice and answering of queries for Council staff through the AskDrLiz e-mail helpline
- Ongoing work with providers of contracted public health programmes to monitor contracts and support with management of COVID-19 related issues and to manage/finalise procurements which were in process when COVID-19 incident started.
- Maintain regional links with the East of England Public Health England Team and joint Public Health England/NHS England regional incident management. Acting as a conduit for escalation of public health queries and issues to regional PHE team.
- Attend Public Health England led multi-agency incident meetings for specific local COVID-19 outbreaks of concern, as local representative.

## RISKS / CHALLENGES (AND MITIGATION)

- Not all population groups may have access to and understanding of public health messages and guidance.  
This risk is being mitigated through close working between the Councils' communication team, cohesion lead, and public health to ensure that key public health messages are conveyed through different routes and different languages. Also through the wider LRF 'Warn and Inform' group, which brings in communication leads from district councils, police, and other agencies.
- Vulnerable/socially excluded population groups may find it hard to socially distance/self isolate or their welfare may be impacted by COVID-19 in other ways.  
This risk is being mitigated through a variety of measures often taken at a local (district) level. A stocktake of the current needs and issues for vulnerable/socially excluded population groups is now starting, jointly led by public health and the office of the police and crime commissioner. This reports into the LRF Community Reference Group.
- Potential risk of spread within residential institutions with vulnerable populations e.g. care homes, prisons (further national guidance for care homes was provided 3/4/20).  
This risk is being mitigated through prisons and care homes reporting COVID-19 cases to the Public Health England Health Protection Team, which provides advice on measures to prevent further spread of the virus. Also through local authority and CCG commissioners staying in close touch with Care Homes and supporting them appropriately, and through proposed care home cell bringing PHE HPT, local authorities and CCG together.

### Challenges

- Rolling out new national guidance on personal protective equipment (PPE) – requires further staff training, and modelling of changes in needs for PPE as a result of the guidance.  
This challenge has been mitigated by the work of the LRF PPE cell, including public health staff preparing organisation/service specific summaries of the new national PPE guidance.
- Planning for the pandemic peak – including impact on staff absence  
This risk has been mitigated through ongoing review of number of cases and service use by the LRF Intelligence Cell to identify trends, and by daily updates on staffing by key LRF organisations. Current data indicates that the number of cases has reached a plateau, without exceeding local NHS capacity.

## WORKFORCE UPDATE

- All public health staff now working from home
- Public health consultant workforce has two vacancies out of five posts – both vacancies filled and scheduled to start in May.
- Good interim cover being provided by two retired public health consultants returned to work part-time, and one academic PH consultant working as a volunteer for two days a week.

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

- Some limited financial impact through extension of public health contracts, where some savings had been planned as part of implementation of new contracts.

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

- Public health attendance at LRF Recovery Group, and participation in discussion on the best arrangements for a health recovery Sub-Group.
- Public health specialist registrar has started literature search/review of recovery planning issues, after other pandemics.

## COMMUNICATIONS

- Joint work with Comms team and Cohesion team on public health communications plan and toolkit, including ongoing promotion of the 'Stay at Home' and core hygiene messaging, mental health and wellbeing, and promoting communication with diverse communities.