

Agenda Item No:7 late Report

Officers have been asked to bring a report to each Policy and Service Committee meeting on the Covid-19 response to date for those services for which the Committee is responsible. A similar report will be brought to each future meeting until further notice. Given the rapidly changing situation and the need to provide the committee and public with the most up to date information possible the Chairman has agreed to accept this as a late report on the following grounds:

1. **Reason for lateness:** To allow the report to contain the most up to date information possible.
2. **Reason for urgency:** To enable the committee to be briefed on the current situation in relation to the Council's response to Covid-19 for those service for which it is responsible.

CAMBRIDGESHIRE COUNTY COUNCIL'S RESPONSE TO COVID-19

To: Health Committee

Meeting Date: 25th June 2020

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: Not applicable **Key decision:** No

Outcome: The Council's response to COVID-19 and our strategies for county-wide recovery will have a significant impact on outcomes for individuals and communities.

This report provides an update on:

- the Council's ongoing response to the current Coronavirus pandemic
- Public health service specific response

Recommendation: Health Committee is asked to:

- a) note the progress made to date in responding to the impact of the Coronavirus.
- b) Note the public health service response

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1. BACKGROUND

- 1.1. This report provides an update on the Council's ongoing response to the coronavirus pandemic, our work with partners and communities to protect the most vulnerable and our developing work to help Cambridgeshire to recover from this unprecedented emergency.
- 1.2. COVID-19 continues to spread across the world and in the UK. At 15th May, there had been 4.2 million confirmed cases and more than 286,000 deaths globally, with 223,060 confirmed cases and 32,060 deaths in the UK. In Cambridgeshire, 1239 confirmed cases (pillar 1 laboratory testing) had been reported by 15th June, and between 27th March and 5th June there were 377 deaths from Covid-19 in all settings across the County.
- 1.3. The Prime Minister addressed the nation on Sunday 10th May with a new message for the public to Stay Alert, Control the Virus and Save Lives. This was followed by publication on Monday 11th May of the Government's recovery strategy "OUR PLAN TO REBUILD". This has been followed by further guidance on schools, supporting the care sector and reopening of public spaces and town centres.
- 1.4. Officers and teams continue to work closely with our communities, partners and providers to develop appropriate operational responses to new guidance as it is issued. Further details of the Council's response during May can be found in weekly highlight reports from each Directorate, available at this link: [COVID 19 Weekly Reports](#) and in service committee COVID-19 update reports: [Council Meetings](#)
- 1.5. The Council Senior Leadership Team continues to run a 'Gold Command' Incident Management Team at least twice weekly to co-ordinate our response. The Local Resilience Forum (LRF), a partnership of local agencies, continues to hold a Strategic Co-ordinating Group at least twice weekly to co-ordinate the multi-agency response.
- 1.6. The Council's Recovery Framework was endorsed by this Committee on 14th May and a Recovery Board has been established, with the first meeting scheduled for 14th May. The Senior Management Team member chairing this board is the Director for Business Improvement and Development, Amanda Askham and all Executive Directors, Service Directors and Corporate Heads of Service are members of the recovery group.
- 1.7. The Local Resilience forum has also stood up a Recovery Coordinating Group to co-ordinate multi-agency actions. This group is jointly chaired by Huntingdon District Council Managing Director, Jo Lancaster and South Cambridgeshire District Council Chief Executive, Liz Watts.
- 1.8. The Council continues to operate all essential services, with staff working from home wherever possible. Some services remain partially closed in line with government guidance and social distancing measures and are offering online services where possible. Plans to safely and gradually reopen services are being developed with partners through the LRF

Restoration Group. Household Waste and Recycling Centres have reopened successfully with some restrictions, temporary guidelines and social distancing measures in place.

LOCAL PUBLIC HEALTH CONTEXT

2.1 Cases

The weekly number of lab confirmed cases, from pillar 1 testing, which is mainly carried out for hospital patients and care home residents, has fallen in Cambridgeshire over the past six recording weeks. The cumulative infection for the county remains lower than national and regional averages.

2.2 Deaths

Data show that between 27 March and 5th June 2020, 377 deaths of Cambridgeshire residents occurred related to Covid-19, with 239 occurring in hospitals, and 118 occurring in care homes.

2.3 The latest Office for National Statistics (ONS) analysis of both all-cause mortality rates and Covid-19 mortality rates by local authority area between 1st March 2020 and 31st May 2020, indicates that in general Cambridgeshire and its districts have seen lower mortality rates than the national average.

Figure 1: Numbers of deaths and directly age-standardised rates of mortality from all causes, Covid 19 only and non-Covid 19 by area, 01/03/2020 - 31/05/2020, Persons

Area	All causes				Covid-19				Non-Covid-19			
	Number of Deaths	Directly Age-standardised Rate of Mortality per 100,000	Lower Confidence Interval	Upper Confidence Interval	Number of Deaths	Directly Age-standardised Rate of Mortality per 100,000	Lower Confidence Interval	Upper Confidence Interval	Number of Deaths	Directly Age-standardised Rate of Mortality per 100,000	Lower Confidence Interval	Upper Confidence Interval
Cambridge	266	271.0	237.9	304.1	79	78.4	61.8	98.0	187	192.6	164.5	220.6
East Cambridgeshire	255	268.6	235.6	301.7	48	50.9	37.5	67.5	207	217.8	188.0	247.5
Fenland	369	306.0	274.6	337.3	71	59.3	46.2	74.8	298	246.7	218.5	274.9
Huntingdonshire	479	267.2	243.2	291.1	104	57.9	46.7	69.0	375	209.3	188.1	230.5
South Cambridgeshire	353	212.8	190.6	235.1	55	33.3	25.0	43.3	298	179.6	159.1	200.0
Cambridgeshire	1,722	261.3	248.9	273.6	357	54.2	48.5	59.8	1,365	207.1	196.1	218.1
Peterborough	468	293.8	267.0	320.5	86	53.6	42.8	66.3	382	240.1	215.9	264.3
East of England	19,396	296.4	292.2	300.5	4,549	69.5	67.4	71.5	14,847	226.9	223.2	230.6
England	170,194	314.9	313.4	316.4	44,359	81.9	81.2	82.7	125,835	233.0	231.7	234.3

Source: Office for National Statistics,

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolveingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31may2020>

Key:
Statistically significantly better than England
Statistically similar to England
Statistically significantly worse than England

2. UPDATED FINANCIAL IMPLICATIONS

- 3.1 The second return to Ministry of Housing, Communities and Local Government (MHCLG) accounting for spending and financial consequences resulting from the pandemic was submitted by the Council on 15 May. This second return required significantly more detail than the first request from central government, such as the inclusion of actual expenditure figures for April, a specific projection for May and then for the remainder of financial year. We were also asked for information relating to cashflow and levels of reserves. The Council participated in work organised by the Society of County Treasurers and the County Councils Network to aid interpretation of the guidance to ensure greater consistency between individual Council returns.
- 3.2 The latest projected financial impacts, on a Committee-by-Committee basis, are as follows, these are very close to the figures submitted to MHCLG in May, subject to adding back directly NHS funded activity (which MHCLG exclude, see more in paragraph 3.5 below) and a small number of updates that have been collated since then:

£000 April & May impact	Committee name	Total projected impact £000			Gross Total
		New commitment s	Income forgone	Impaired savings	
7,937	Adults	24,660	330	4,131	29,121
872	Commercial & Investment	95	1,532	576	2,203
997	Communities & Partnership	1,356	712	65	2,133
1,223	Children & Young People	4,185	1,897	2,224	8,306
932	General Purposes	1,158	62	-	1,220
112	Health	140	-	17	157
422	Environment & Sustainability	570	60	-	630
1,742	Highways & Transport	1,912	4,431	617	6,960
14,237	TOTAL	34,076	9,024	7,630	50,730

- 3.3 In line with the guidance received in terms of accounting, these estimates assume the major disruption is confined to the summer period with the financial impact included beyond that restricted only to a continuous recovery. If there is further major disruption or a re-tightening of restrictions as a result of new waves of the disease this will worsen the projections. These figures represent an increase in projected financial impact compared to the forecast shared with the Committee previously. Key changes are the result of: factoring in a recovery period for Adult Social Care demand (this is a very indicative figure) and updating estimates for lost income from schools and reimbursement from NHS in view of latest information.

3. SYSTEM RESPONSE

- 4.1 We continue to work closely with a range of system partners – for example: Health, the Combined Authority, District and City Councils, Community and Voluntary sector organisations, schools, private sector business, our universities, providers in our supply chain, our communities - as well as with Government. It has been vitally important to develop forums and mechanisms to ensure that, as a system, we are aligned in our

response recovery plans.

- 4.2 The Strategic Coordinating Group has had a focus on the work happening locally and regionally to set up test and trace operations as well as the ongoing multi agency response. The test and trace operation will complement the national system - a three tier response which was launched with nationwide communications on 28th May. Locally and regionally work is being done to deliver a comprehensive Outbreak Control Plan in accordance with the guidance issued by the Local Government Association on 22nd May. This will include outbreak management plans for a range of settings - including homelessness hostels, schools or houses of mass occupation - building on the work already in place locally to support care homes where outbreaks are notified. The Outbreak Management Plan will also cover our approach to testing, local intelligence around the infection, workforce capacity and training and support for those who need to self-isolate.
- 4.3 The LRF Restoration Group has been coordinating plans to gradually reopen services – such as the recycling centres and schools – as well as linking city and town centre reopening plans to avoid ‘pinch points’. Public transport plans and new schemes for cyclists and pedestrians are also being shared in this group to ensure all agencies are aware and prepared for any impact on their own organisations. The reopening of leisure facilities and recreational spaces and culture venues is being discussed at the next meeting.
- 4.4 The Finance Sub group of the LRF Recovery Group are ensuring that lobbying through MPs reflects pressures across the system and that returns to MHCLG are as consistent as possible across councils with different tiers of responsibilities.

4. PUBLIC HEALTH SERVICES RESPONSE

- 5.1 Since our previous report on May 5th, the public health team has continued to provide specialist public health advice across the Council and to various sub-groups of the Strategic Co-ordination Group. A Public Health Advice Cell with membership from Local Authority Public Health, the Clinical Commissioning Group and Public Health England has been created, for escalation of more complex issues.
- 5.2 A public health specialist has continued to jointly chair the Local Resilience Forum PPE hub with a CCG manager , ensuring that national PPE stock is distributed appropriately to health and social care providers which require an emergency supply for up to a week.
- 5.3 There has been ongoing support to public mental health promotion, including commissioning bereavement counselling training for a range of voluntary sector and other service providers.
- 5.4 There has been ongoing work with the Communications Team to promote Covid-19 public health messages through a range of media, including regular DPH video-blogs.
- 5.5 A stock-take of Covid-19 impact and risk for socially excluded and vulnerable population groups by the Cambridgeshire Deputy Director of Public Health and the Office of the Police and Crime Commissioner, identified a number of priority areas. These have been actioned through the LRF Community Reference Group, Cambridgeshire and Peterborough Housing

Board, and through groups working with Gypsies and Travellers and with migrant workers.

- 5.6 Public health specialist input to adult social care has continued, with close joint working on a range of issues including the Care Home Support Plan, and the local prioritisation of testing for asymptomatic care home staff and residents available through a national programme.
- 5.7 Strong public health input to 'recovery' work is important, both because of the wider public health issues and impacts, and the need to ensure that re-opening measures are as safe as possible and in line with national public health guidance. There has been public health input to the internal Cambridgeshire County Council and Peterborough City Council plans to reopen offices, as well as to the LRF Restoration Group which reviews re-opening plans across the system.

A multi-agency Public Health and Prevention Recovery Group has been set up as part of the LRF Recovery Structures. This reports into the overarching LRF Recovery Group, but also links with NHS recovery plans. It will focus on addressing issues such as health inequalities, preventive public health programmes, and immunisation uptake during the recovery phase.

- 5.8 At the beginning of June, Public Health England (PHE) published a review of disparities in risks and outcomes from Covid-19. It identified risk factors for poor outcomes such as age, gender, ethnicity, occupation, long term conditions and socio-economic deprivation. A local public health specialist prepared a summary of the review, and this was distributed to senior officers within the Council and to SCG. One occupational group recognised as at risk of poor outcomes from Covid-19 is taxi drivers, and a summary of relevant public health guidance for taxi drivers and their passengers was prepared for Peterborough City Council, and shared with other District and City Councils.

Test and Trace

- 5.9 Since late May, the priority for the public health specialist team has been work to support the national Test and Trace programme through development of Cambridgeshire and Peterborough Local Outbreak Control Plan. The purpose of the Test and Trace programme is to control the spread of Covid-19 infection, by identifying cases through widespread testing, and then tracing their close contacts who are asked to self-isolate for 14 days. This prevents the infection being passed on. There is international evidence for this approach, although it is not sufficient on its own to contain Covid-19, and ongoing social distancing and hygiene measures will be required. An outline for the general public of the Test and Trace Programme and how it will work locally is attached as Annex A.
- 5.10 More complex Covid-19 outbreaks may occur in a local setting, such as a care home, school or workplace. For these outbreaks, the East of England PHE Health Protection Team will work with Local Authority Public Health teams, District/City Council Environmental Health Officers, the local NHS and other local partner organisations, to manage the outbreak, both through contact tracing and through a range of other infection control measures. Local Authority Directors of Public Health are required to lead the preparation of a Local Outbreak Control Plan which describes how these local arrangements will be delivered, for submission to central government by the end of June. The Local Authority Test and Trace allocations to support Local Outbreak Control Plan implementation have

been published and for Cambridgeshire the allocation is £2,493,304. It is expected that this will fund a range of services locally, including additional resource for District/City Council Environmental Health teams.

- 5.11 The Public Health Directorate has worked closely with the Chief Executive and Director of Customer Services and IT to set up a Cambridgeshire and Peterborough Health Protection Board which meets weekly to take forward the preparation of the Local Outbreak Control Plan, and its implementation. There are seven key themes for Local Outbreak Control Plans which have been laid out nationally:
- Planning for prevention and management of outbreaks in care homes and schools
 - Planning for prevention and management of outbreaks in other high risk places (e.g. some workplaces) and communities
 - Assessing local testing capacity and ensuring this will be available locally for a rapid response
 - Assessing and developing the capacity and capability to scale up contact tracing for local outbreaks.
 - Data integration, so that there is regular local review using local, regional and national information on local trends in Covid-19 epidemiology
 - Supporting vulnerable people to get help to self isolate
 - Establishing governance structures led by Covid-19 Health Protection Boards, in conjunction with existing LRF and NHS strategic command groups and a new Member-led Board to communicate with the general public
- 5.12 Public health staff have built on existing relationships and joint working in Cambridgeshire and Peterborough to bring together multi-agency groups, which are rapidly taking forward the themes outlined above, to create practical local plans and arrangements. The C&P Health Protection Board Core Group, has met daily to create the C&P Local Outbreak Control Plan, which will be discussed at a meeting of the Cambridgeshire and Peterborough Health and Wellbeing Boards Joint Whole System Sub-Committee on 29th June.
- 5.13 To support the new ways of working required, a Surveillance Group is already meeting daily, chaired by the Deputy Director of Public Health (Peterborough) and involving public health, local authority business intelligence, and Clinical Commissioning Group analysts. This receives information from local, regional and national sources, and collates this into a daily surveillance report of trends and any possible local outbreaks. An incident management team is also being put in place - to ensure clear communication channels between agencies through a central point which can maintain an overview of the local situation.
- 5.14 Terms of reference have been prepared for the Member-Led Local Outbreak Engagement Board, which will be based around the membership of the Cambridgeshire and Peterborough Health and Wellbeing Boards Core Joint Sub-Committee, with the addition of the Chair/Portfolio Holder for Public Health from CCC and PCC, a District Council member, and local Members co-opted when an outbreak is in their area.

5. ALIGNMENT WITH CORPORATE PRIORITIES

6.1 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.

6. SIGNIFICANT IMPLICATIONS

7.1 Following the Government's recovery plans for the UK, it is important for people to get back to school and work, for communities and services to rebuild and for businesses to reopen. As a Council, we will need to carefully interpret guidance as it comes through from central government, and work with partners and communities to ensure that we restart Cambridgeshire at the right time and pace and only when it is safe to do so.

7.2 The Council's financial forecasts have changed dramatically since a balanced budget was set in February 2020. Whilst it is too early to predict the full financial impact of fighting COVID-19, we know that we need to continue lobbying government for further funding and maintain strong financial management if we are to emerge from this period with the financial stability we had achieved pre Covid-19.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Tom Kelly
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Amanda Askham
Have any engagement and communication implications been cleared by Communications?	Yes Christine Birchall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Amanda Askham

Have any Public Health implications been cleared by Public Health	Yes Liz Robin
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Source Documents	Location
Service highlight reports for all Directorates sent to Members weekly.	Highlight Reports