

**PUBLIC HEALTH AND ENVIROMENTAL HEALTH REPONSE TO COVID-19**

*To:* **Health Committee**

*Meeting Date:*

*From:* **Director of Public Health**

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

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

*Purpose:* **As requested by the Chairman, Vice Chairman and Lead Members to provide information to the Committee and wider public about the role and responsibilities of the District Environmental Health Services and their collaborative working with Public Health and other partners across the Cambridgeshire system to address the COVID-19 pandemic.**

*Recommendation:* **The Committee is asked to note and discuss the information provided.**

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## **1. BACKGROUND**

- 1.1 The COVID-19 pandemic has called on partners from across the Cambridgeshire system to work together to manage and prevent further COVID-19 outbreaks. District Environmental Health Services (EHS) have a central role in this work and have been using their normal professional roles in relation to outbreaks but also they have an expanded role in relation to outbreak control that involves a very close working relationship with Public Health.

## **2. MAIN ISSUES**

- 2.1 Every local area has developed its Local Outbreak Control Plan (LOCP) that captures the outbreak control activities and describes the governance of the Plan. Environmental Health (EH) leads in each district contributed to the development of our local LOCP and EHS have an ongoing role in its delivery and governance structures. They are represented on the Health Protection Board, the Local Outbreak Control Plan – Programme Delivery Group and the Outbreak Management Team (OMT) as well as playing key roles in the key delivery groups that are described below. There are also weekly meetings between EH leads and Public Health leads to facilitate communication and a consistent approach.
- 2.2 A number of Memorandums of Understanding (MOUs) have been agreed between the County Council and districts that cover the EHS contribution to the outbreak control, mutual aid between the districts and data sharing agreements. In addition there is an MOU for funding from the additional COVID-19 allocation for them to build capacity to deliver their additional roles and responsibilities and enable them to respond to any surge in infection rates.
- 2.3 Each District has a Single Point of Contact (SPOC) that are set up provide a 08.00-20.00 hours/7 days a week function to receive notifications and communications from (LA) Public Health and Public Health England (PHE). The EHS in each District lead their SPOCs and oversee or undertake any required actions.

The OMT sends over a daily surveillance report along with any current situation reports to the SPOC that require EH action such as identifying any Houses of Multiple Occupation (HMOs) that are considered to be high risk settings. This is along with ongoing notifications from the C19 Incident email box.

The SPOC system has been working effectively internally to escalate and deal with issues as they come in and mobilise district services to respond as required. EH and other local intelligence on all settings has contributed to this rapid response and identified areas for improvement.

- 2.4 The SPOC response also includes the community support teams which have been operational in each district since March. Initially called Hubs they supported vulnerable residents to shield and self-isolate, providing support which included food parcels and medicines. The District Hubs have developed into Rapid Response Teams which work alongside EHS and other services to respond to any outbreak management demands. The County “BRAG” (Blue, Red, Amber, and Green) system has been adapted by each for supporting them to identify and prioritise actions and responses.

- 2.5 The LOCP has a focus upon outbreak management in five complex settings. Of these, it is the Workplace setting where EHS have the biggest roles. Their historical and ongoing relationships and responsibilities in relation to workplaces and different businesses in terms of safety and outbreak management enables them to play a key role in these settings. They work very closely with the Public Health Workplace Cell lead in deciding the required level of intervention and have the key specific responsibilities of risk assessing workplaces, providing infection control information to workplaces, ensuring that workplace contacts are identified and self-isolation of employees if necessary has been undertaken, monitoring and supporting workplaces until the outbreak is declared closed along with supporting asymptomatic testing a number of workplaces.

The Workplace Cell has representation from EHS from all the Districts and more recently from the Health and Safety Executive (HSE) and has following roles and functions

- Provides opportunities to consider outbreak/clusters in each area and learn from experiences and situations
- Ensures a consistent approach to outbreak management
- Discuss/resolve/escalate issues and barriers
- Supports the iterative review and development of procedures in response to the changing environments and directives.
- Overall it provides a forum where EHS, HSE and Public Health can develop a collaborative response to outbreaks.

- 2.6 The Socially Vulnerable Group/settings is another of the five complex settings included in the LOCP. The Socially Vulnerable Group Cell has representation from services working with vulnerable groups. These services have the relationships with vulnerable groups that enable them to engage with members, provide them with advice on infection control and support for testing. EH has a lead representative on the Socially Vulnerable Group Cell and works closely with the Public Health lead as EHS in their SPOC roles are able to mobilize District Council services e.g. Housing and Homelessness services that have a relationship with these groups and also to work alongside and support key contacts when issues arise within vulnerable groups such as the traveller population.
- 2.7 Public Health England has developed MOUs for work in high risk settings. These are for use with Local Authority Public Health and partner organisations. There were opportunities to contribute to the development of these MOUs. Contributions for the Cambridgeshire EH leads were very well received as few other areas had this level of involvement from their EHS.
- 2.8 The LOCP has a Workforce Planning and Training Group that is jointly led by the EH lead for the Districts and Public Health. This Group has identified the skills and knowledge needs and resources that are available across the system. A training plan has been developed and implemented to train professionals from a range of organisations including EH officers, housing officers, enforcement officers, and sexual health service nurses, to enable them to support outbreak control in different roles.
- 2.9 Districts have been asked to identify potential locations for local mobile testing units. EHS have been playing a key role in this reflecting their local knowledge of their areas, needs and location options.

- 2.10 The return of students to schools, regional colleges, sixth form colleges and universities is presenting particular challenges for infection transmission and outbreak control as infection rates have increased in the 18-29 age group. A considerable amount of collaborative working is taking place between EHS and Local Authority Public Health to engage with colleges and universities to enable the development of coordinated plans for managing the risks associated with large numbers of students living, studying and socialising and for some travelling together. Cambridge City has particular challenges due to its high number of students. A high-level action plan is in development that includes offering ongoing advice and support to Anglia Ruskin University and Cambridge University along with its 31 affiliated colleges. There is an overarching communication campaign that involves all partners, an engagement programme with the student unions and student accommodation providers, targeted work with the hospitality industry to ensure that the pubs and cafes which students are likely to frequent are COVID compliant and work with the transport hubs which are used by sixth form college students travelling across the County.
- 2.11 There is a focus upon the infection risks of planned events that attract large numbers of people. EH leads and Public Health have been working together to support the event planning and have inputted into the County Safety Advisory Group. Where appropriate Safety Advisory Groups (SAGs) have been formed in response to particular events to discuss and give any safety advice including ensuring the events are COVID-19 compliant.
- 2.12 The Containment Framework established in response to the pandemic has prompted Public Health and EHS to work together along with the police to develop an Enforcement Policy and Standard Operating Procedure. The 4E principles of Engage, Explain, Encourage and Enforce are embedded into the framework. This is helping to clarify the enforcement roles of EHS and others. A separate working group has been set up to ensure all documentation, Standard Operating Procedures (SOPs) roles and responsibilities are identified and established.
- 2.13 EHS have a substantial prevention role in relation to the pandemic. In addition to working on developing the Containment Framework EHS continue with their general everyday enforcement roles that contribute to ensuring that COVID-19 guidance is adhered to through applying business compliance requirements both in the workplace and licensed premises. Similarly they carry out inspections of and licensing of HMOs and are assisting with the safe re-opening of High Streets.  
EHS work consistently with Public Health and the Local Authority Communication Team along with district communication leads to disseminate appropriate information and guidance to different settings and organisations that include businesses, workplaces, HMOs. The EHS are able to inform campaigns through their knowledge of local issues such as compliance levels with face coverings and other community issues. This local intelligence allows for focussed and targeted response if outbreaks or cases are identified within the community.
- 2.14 EHS work with businesses such as pubs and restaurants where owners are asked to collect details of all their customers and clients to support contact tracing efforts. They advise them and supply information to support them to collect the details of potential contacts. However EHS cannot enforce this requirement as it is only Guidance.  
The strategic direction for the national Test and Trace Programme is to give greater roles and responsibilities to local areas. There is the expectation that EHS will play a key role in undertaking local contact tracing and training has already commenced to enable them to

carry out this function and contribute to efforts to build capacity in the system to manage surges in infection rates.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 A good quality of life for everyone**

The report above sets out the implications for this priority in **1.1**

#### **3.2 Thriving places for people to live**

The report above sets out the implications for this priority in **1.1**

#### **3.3 The best start for Cambridgeshire's children**

The report above sets out the implications for this priority in **2.10, 2.11**

**Source documents: None**