

CAMBRIDGESHIRE COUNTY COUNCIL'S RESPONSE TO COVID-19

To: Communities and Partnership Committee

Meeting Date: 3 September 2020

From: Adrian Chapman, Service Director: Communities and Partnerships

Electoral division(s): All

Key decision: No

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

This report provides an update on the work of the countywide COVID-19 Coordination Hub.

Recommendation: The Committee is asked to:

- a) Note the overall progress made to date in responding to the impact of the Coronavirus;
- b) Note, comment on and endorse the approach set out in section 2.2 of the report relating to future shielding arrangements;
- c) Note, comment on and endorse the approach set out in section 2.3 of the report relating to the Test and Trace programme; and
- d) Note, comment on and endorse the approach set out in section 2.4 of the report relating to local support arrangements for people needing to self-isolate.

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1. BACKGROUND

- 1.1. This report provides updates relevant to this service committee 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. 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 is in service committee COVID-19 update reports: [Council Meetings](#)
- 1.3. The Council Senior Leadership Team continues to run a 'Gold Command' Incident Management Team at least 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.
- 1.4. The Council's Recovery Framework was endorsed by General Purposes Committee on 14 May and a Recovery Board has been established. 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.
- 1.5. The Local Resilience forum has also stood up a Recovery Coordinating Group to co-ordinate multi-agency actions. This group is jointly chaired by Huntingdonshire District Council Managing Director, Jo Lancaster, and South Cambridgeshire District Council Chief Executive, Liz Watts.
- 1.6. 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 continue to be developed with partners through the LRF Restoration Group.

2. COMMITTEE UPDATES

- 2.1 This Committee has responsibility for oversight of the Countywide Coordination Hub which, up until 1 August, co-ordinated the distribution of support to the shielded group of residents. The national shielding programme was paused from this date, although the Hub continues to provide direct support to anyone previously shielding should they need it. However, the focus of the Hub at present is on supporting relevant aspects of the local Outbreak Control Plan, and this is described in more detail below.

2.2 Shielding Programme

- 2.2.1 Although the current shielding programme is paused, we have been involved in discussions with the national shielding directorate, part of the Ministry for Housing, Communities and Local Government (MHCLG) to help shape any future shielding programme. This has been a good opportunity to feed in our local experiences of supporting the c.32,000 residents across Cambridgeshire and Peterborough who were at the highest risk from the virus.

Some of the early challenges with some aspects of the programme – for example, the quality and frequency of data sharing, the inflexibility of the national food scheme, and the frustrations of some aspects of the NHS Volunteer scheme – have been shared, and it is anticipated will be mitigated in future programmes.

- 2.2.2 As a result of these discussions, it is clear that, should shielding become necessary, every effort will be made to contain that to areas where there are particularly high rates of infection, as opposed to imposing a national programme. The decision to introduce a local shielding programme rests with the relevant Government minister as advised by the Chief Medical Officer; although local areas can request the introduction of local shielding, they cannot implement it themselves.
- 2.2.3 Draft guidance has now been released to councils setting out the ways in which any new shielding programme will work. This guidance builds on the discussions we have been part of, as described above. Cambridgeshire's approach up to the end of July was to provide a full and diverse support service to shielding residents, from provision of food and essential supplies where it was needed, through to support with shopping and household chores, and befriending to reduce isolation or anxiety. Our model was hugely supplemented by the huge array of local volunteering provision, sometimes developed and led by parish and town councils, sometimes by community and faith groups, and sometimes by neighbours in a community wanting to look out for each other. The new draft guidance closely mirrors this holistic approach, which means that, should it become necessary, we will be in a strong position to restart our support package quickly and effectively, especially as it is likely we will have little notice to introduce such an approach.
- 2.2.4 In summary, some of the key principles set out in the draft guidance are as follows:
- For any future reintroduction of shielding guidance, councils will now be responsible for assessing the food and basic support needs of clinically extremely vulnerable (CEV) individuals and facilitating the delivery of that support. This is something we have advocated for throughout the previous shielding programme, as we are more likely to understand the specific needs of our own residents, and can develop relationships with local producers and suppliers to both support our economy and provide a much more balanced food package to vulnerable people. We continue to maintain our distribution warehouse as part of our Hub operations, and are still providing a small number of emergency supplies to vulnerable people.
 - In the event that shielding guidance is reintroduced in a local authority area (whole or part of), or on a national basis, there are five stages councils will need to consider and prepare for:
 - i) Contacting CEV individuals in the area of intervention (including individuals recently added to the shielded patient list to understand their support needs – councils may wish to prioritise those who were previously receiving support for early contact
 - ii) Implementing a localised support model for access to food and basic support needs (medicines will continue to be provided through community pharmacies)
 - iii) Reporting on the level of support provided by the council to support funding agreements
 - iv) A process for clinical review points for pausing shielding
 - v) End of shielding period and associated support

The shielded patient list (SPL) is being maintained on an ongoing basis, and shared with us so that if it becomes necessary to reintroduce shielding arrangements we can quickly contact people from that list to provide information and support. However, this also enables the Hub to maintain contact with people from that list without a local shielding programme being in place; this is important as we found that around half the people we were supporting up to 31 July expressed significant nervousness about no longer shielding because of their vulnerability. Maintaining contact with people from the SPL has also proved beneficial locally in other ways: we are working with NHS colleagues now to contact all former shielding residents to offer them and their households a free flu vaccination, and in Peterborough we have been able to issue bespoke local guidance to people from the SPL because of the higher rates of infection in the city.

2.2.5 Finally, the draft guidance states that councils will be responsible for developing their response to the reintroduction of shielding through their outbreak control plans. We are required to develop plans for the following objectives:

- (i) **Create and publish a list of postcodes in the area of intervention to enable central Government letters to be issued to CEV individuals**
- (ii) **Design a contact strategy to signpost the local offer to the CEV cohort, including:**
 - Capacity and infrastructure for contact (i.e. call handlers)
 - Prioritisation to call CEV cohort at short notice (i.e. calling those who previously received support first)
 - Local signposting to other support avenues
 - Appropriate translation and language support for local community requirements
- (iii) **Deliver a local food offer to those without alternative support**
 - a. Develop longer term sustainable models of ensuring access to food locally
 - b. Procurement and delivery of food
 - c. Consideration of whether neighbouring councils could join-up food supply to maximise economies of scale
- (iv) **Re-establish previous basic support needs service**
 - a. Engagement with local voluntary services to understand lead-in time required
 - b. Engagement with NHS Volunteer Responders (if previously utilised) to understand lead-in time required
- (v) **Consider local opportunities to collaborate with neighbouring councils**
 - a. Liaise with neighbouring/regional colleagues to consider if local pairings or hubs can be instigated to provide wider resilience to your local support offer – particularly if any elements of this framework appear challenging to deliver within your infrastructure.

The Hub will be developing a comprehensive plan that addresses our approach to ensuring all of these objectives are met, building on our experience to date. As inferred previously, for the most part these objectives closely reflect the approach we have taken locally to date, although we will take this opportunity to review and refine our work and ensure we are fully

aligned to the guidance. Our proposed plan will be presented to Committee for comment. Although the national guidance is still in draft form, we will develop our local plan immediately on the basis that we can then adapt it according to the final guidance.

2.3 Test and Trace

2.3.1 Committee will be aware that the arrangements for the NHS Test and Trace programme are managed nationally. That said, so-called 'areas of concern', where infection rates are higher than in other areas, have had the opportunity to participate in local enhanced test and trace pilots, and this has been taken up in Peterborough. This means that local contact tracers are provided with the details of anyone who has had a positive test result but whom the national NHS Test and Trace service have been unable to contact. The Peterborough pilot is at an early stage with just 28 referrals so far, but this has resulted in an 89% success rate to date. However, the local pilot only is only permitted to make contact with those tested positive – it does not extend to then tracing the contacts of those people, this being picked up again by the national programme.

2.3.2 As part of the work nationally to refine and improve the vital test and trace work, we were invited to submit our thoughts to Government on what elements of the programme we would like to have greater local control over. Fortunately, we have been able to use our experiences in Peterborough to inform this. We submitted three aspects for consideration by Government:

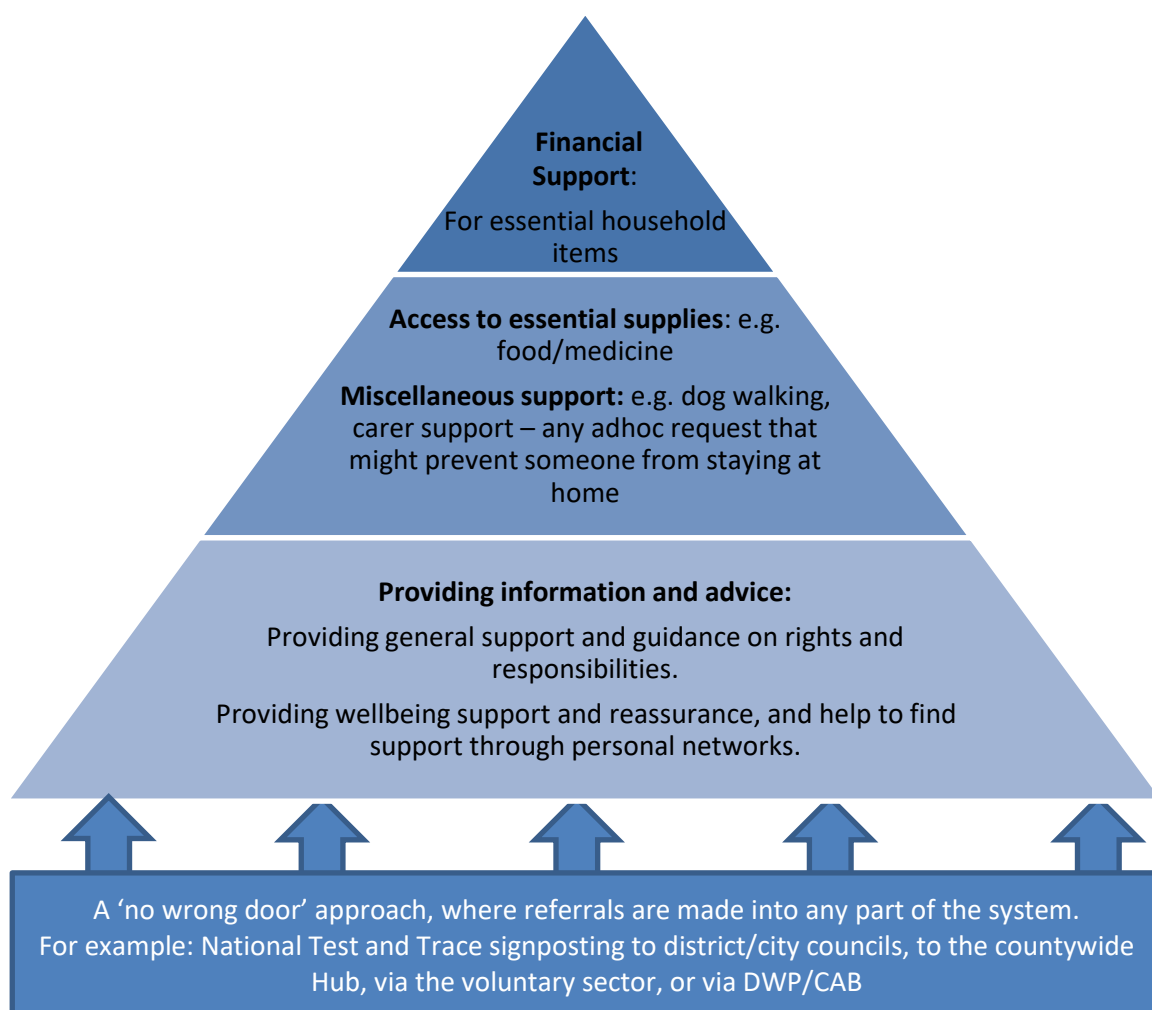
- (i) Local management of the entire end-to-end test and trace programme: as described above in the Peterborough pilot, at present we have involvement in a very small part of the programme, although we have demonstrated the higher success levels achieved as a result. This is likely to be because people are more likely to respond to contact from a local number, we can deploy people to carry out face-to-face contact where necessary, and we have access to other forms of data to ensure we reach everyone we need to. We have suggested to Government that local areas should be appropriately resourced to manage the entire process, including making contact with both those with a positive test result and their contacts.
- (ii) Greater control in and involvement with local testing arrangements: we have increasingly been engaged in decisions about where mobile testing units should be located, although less so with the running of those testing arrangements. We believe that if we had greater involvement, including having certain staff on duty during testing sessions, we are likely to see an increase in attendance – for example, as a result of local residents seeing or engaging with local staff, or having local groups support communities where there is nervousness about participating in testing.
- (iii) Greater influence over local laboratory testing capacity: testing capacity is currently commissioned via national or regional arrangements, and there is very little local control or influence. We believe that if we had greater oversight into these arrangements we would be better placed to influence and shape the nature and volume of capacity necessary to keep pace with testing.

2.3.3 Although we await official updates, early indications are that there will be a stronger focus on more localised arrangements for Test and Trace work, as indicated in recent national announcements, and Committee will be kept fully updated about progress in this regard.

2.4 Local Support Arrangements

2.4.1 As part of our commitment to ensuring full compliance with the NHS Test and Trace programme amongst local people, the Hub has developed, with our district and city council partners, a package of support for anyone who is required to self-isolate. Although this is for a short period of time only (10 days for people with a positive test result, and 14 days for their contacts), self-isolation must commence immediately upon contact. This will mean that for many people they will not have the opportunity to shop for provisions or make arrangements for other household requirements. They may have caring responsibilities too, or be in a job that makes it difficult for them to self-isolate, or even prevents them from earning a wage.

2.4.2 The Hub has developed these arrangements based on the experiences of providing support to shielded and vulnerable residents, and they can be summarised as follows:



2.4.3 Provision of the bottom and middle tiers of support are well-developed as a result of the work we have done so far to support shielded residents. These arrangements have been further refined in close collaboration with our district and city council colleagues however, and have been based on the following principles:

- We provide a universal offer which is consistently applied and used across Cambridgeshire and Peterborough
- Individuals are encouraged to use and build on their own personal networks, or support available from local groups, but accessing support is not made difficult causing an individual to disengage
- The risk of not managing the infection rate is greater than the risk of the support being exploited
- The offer of support and the eligibility process is simple and arranged at pace to ensure an individual feels ready and able to self-isolate/stop working immediately
- An action learning approach is taken that allows the fund to be iterative and respond to the changing landscape or demands
- The support arrangements do not complicate or confuse existing processes and offers of support
- The support goes to where the need is, based on outbreaks and infection rates

2.4.4 However, the provision of support for those impacted financially is less developed. We are anxious that there may be some people that are not able to self-isolate for financial reasons, and yet the need to self-isolate is essential to reduce the impacts of the pandemic. We are therefore developing a financial hardship scheme, which will be funded via the Government funding made available to councils to support their outbreak control work. This funding is provided via the Test and Trace Service Support Grant, and the governance for this is through the Health Protection Board under the supervision of the Director of Public Health. The model in development would see referrals for financial support coming in locally, through whatever means appropriate, but then passed to the countywide Hub team for determination. This will help to ensure consistency across the county.

2.4.5 Significant work has been undertaken to design the scheme so that it is not exploited or abused, and the following risks and mitigations have been identified:

Risk	Mitigation/Consideration
Exploitation of fund – leading to individuals accessing funding that don't need it and driving the wrong behaviours.	<p>The eligibility will be kept simple and under consistent review, however the risk of not controlling the infection rate is considered greater than the risk of abuse.</p> <p>Wherever possible, financial support will not be in the form of cash – e.g. energy top-up cards, pre-paid purchase cards, direct payments to landlords etc will all be preferred mechanisms.</p> <p>Importance of developing an 'after-care' process when the fund is arranged, to contact an individual to check they're well, but to also determine whether or not the intervention has worked.</p> <p>The fund is trialled, learning understood and changes made to ensure it is responsive to the ever-changing environment.</p>

	<p>Liaison with employers wherever possible to ensure those needing to self-isolate stay away from work.</p>
<p>Surge capacity – an increase in demand as a result of an increase in cases but also a further push for the response to be managed locally.</p>	<p>The countywide Hub remains a resource to support local efforts if unable to meet demand e.g. the use of the food distribution centre, or redeployable staff and allocation of volunteers.</p> <p>Working closely with Public Health to understand expected demands and therefore develop staff resource plans that can effectively respond.</p>
<p>Speed at which funding support needs to be agreed and arranged.</p>	<p>There will be a mechanism in place that does not delay support being provided to an individual.</p> <p>Expertise and mechanisms offered by the Cambridgeshire Community Foundation.</p>
<p>Communications and messaging – ensuring people are aware of the support that is available.</p>	<p>Our single message will be: <i>‘If there is anything at all that you feel will get in the way of self-isolating, please call us to discuss’.</i></p> <p>Our communications will not be prescriptive about what support is and isn’t available.</p> <p>Engagement with key employers, recruitment agencies, workforce suppliers, and existing support infrastructures so that they can signpost/refer accordingly.</p> <p>Engage with test sites to ensure information resources are shared at point of testing.</p>
<p>Inconsistency in support provided across the County.</p>	<p>Countywide Hub coordination to ensure consistency of approach.</p> <p>Single, agreed procedure across all of Cambridgeshire.</p> <p>The district/city leads group, and the countywide Community Reference Group, will share learning and ensure decision making and approach is consistent.</p> <p>Ensuring robust reporting is in place.</p>
<p>Cross-border challenges – when responding to an outbreak in a workplace, some employees may live outside Cambridgeshire or Peterborough.</p>	<p>Engagement with other areas through Public Health networks to work with them to appropriately manage and respond.</p>

- 2.4.6 As described above, we propose to make use of the expertise of the Cambridgeshire Community Foundation (CCF) to support the payment of any agreed financial support. CCF have the mechanisms and governance in place to be able to provide rapid support to individuals based on our instruction, although this aspect remains in development.
- 2.4.7 Alongside support for individuals who need to self-isolate, we are also keen to engage with employers, who need to support their staff to stay away from work when necessary. This is particularly the case for staff on zero-hours contracts or who are agency workers, where they will receive no wages if they are not in work. We are currently identifying employment sectors thought to be at higher risk of workplace infections, and will be working with employers from those sectors to make sure they have the information and support they need in the event of local outbreaks. Employers supporting this collaborative approach are less likely to see their business needing to temporarily close, as we will be better able to manage local outbreaks with them, removing risk quickly and preventing the spread of the virus.
- 2.4.8 Employer-related support is likely to differ from place to place, but could include for example the provision of safer forms of transport to get workers to and from work, transport being provided to take people home when on shift if they become unwell, and working with employers to ensure all employees are positively supported whilst self-isolating and do not fear losing their jobs.
- 2.4.9 This wide range of support arrangements remains in rapid development, and the views and thoughts of the Committee are warmly invited to help shape the final, but flexible, scheme.

3. FINANCIAL IMPLICATIONS

- 3.1 There have not been any significant changes in the projected financial consequences of the pandemic within the remit of this Committee since the September report.

4. ALIGNMENT WITH CORPORATE PRIORITIES

- 4.1 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.

5. SIGNIFICANT IMPLICATIONS

- 5.1 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.
- 5.2 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.

Source Documents	Location
None	N/A