

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

**To:** Health Committee

**Meeting Date:** 9<sup>th</sup> July 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:**

- 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

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	Kate Parker	Names:	Cllr Peter Hudson
Post:	Head of Public Health Business Programmes	Post:	Chair
Email:	Kate.parker@cambridgeshire.gov.uk	Email:	<a href="mailto:Peter.hudson@cambridgeshire.gov.uk">Peter.hudson@cambridgeshire.gov.uk</a>
Tel:		Tel:	01223 706398

## 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. 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 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](#)
- 1.3. 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.
- 1.4. The Council's Recovery Framework was endorsed by this Committee on 14th 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 Huntingdon 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 are being developed with partners through the Local Resilience Forum (LRF) Restoration Group. Household Waste and Recycling Centres have reopened successfully with some restrictions, temporary guidelines and social distancing measures in place.

## 2. LOCAL PUBLIC HEALTH CONTEXT

### 2.1 Cases

The methodology for reporting positive cases changed on 2 July 2020 to combine Pillar 1 and Pillar 2 testing for Covid-19. This means that in-hospital and out of hospital cases and now grouped together, as are cases in healthcare workers. Due to this change many cases previously not attributed to any area are now included in area totals. This is not a recent surge in cases – the cases now being reported occurred from April onwards. These data are reported publically on the Covid-19 daily dashboard at <https://coronavirus.data.gov.uk/>

Pillar 1 is testing in Public Health England / National Health Service (PHE/NHS) laboratories - so mainly for hospital patients, healthcare workers and care home residents. Pillar 2

testing is processed in national laboratories and is mainly tests booked by individuals in the community - such as the tests available at the drive through sites, mobile testing units and the postal tests made available through the national Test and Trace website, and whole care home testing of staff and residents.

As at 6 July, Cambridgeshire's cumulative Covid-19 infection rate is 336.6 per 100,000 resident population and there have been 2193 cases, with 318 cases in Cambridge, 191 in East Cambridgeshire, 469 in Fenland, 872 in Huntingdonshire and 343 in South Cambridgeshire.

## 2.2 Deaths

Data show that between 27 March and 19<sup>th</sup> June 2020, 391 deaths of Cambridgeshire residents occurred related to Covid-19, with 245 occurring in hospitals, and 125 occurring in care homes. The total number of deaths per week related to Covid-19 have been decreasing since the peak in mid-April. In Cambridgeshire there were 5 Covid-19 related deaths occurring in the week ending 19<sup>th</sup> June.

## 3 **SYSTEM RESPONSE**

- 3.1 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.
- 3.2 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. Our Local Outbreak Control Plan will cover our approach to prevention, early identification and management of outbreaks in complex settings, testing, local intelligence around the infection, workforce capacity and training and support for those who need to self-isolate.
- 3.3 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.
- 3.4 The Finance Sub group of the LRF Recovery Group are ensuring that lobbying through MPs reflects pressures across the system and that returns to the Ministry of Housing, Communities and Local Government (MHCLG) are as consistent as possible across councils with different tiers of responsibilities.

## 4 PUBLIC HEALTH SERVICES RESPONSE

### Cambridgeshire and Peterborough Local Outbreak Control Plan

- 4.1 The Local Outbreak Control Plan (LOCP) covers the following seven workstreams:
- Surveillance - daily review of local Covid-19 epidemiology and trends, using national, regional and local sources of data.
  - Testing arrangements and capacity
  - Outbreak management plans for complex settings (including care homes, schools, healthcare settings, workplaces, vulnerable groups)
  - Additional support for more vulnerable people advised to self isolate as cases or close contacts under 'test and trace' and local community response plans
  - Identifying the new workforce required, including for local contact tracing, and the training requirements for existing staff or volunteers. The District/City Council Environmental Health Officer workforce and support staff will form an important part of this plan, and we are working closely with them.
  - Communications
  - Governance - including the officer led multi-agency Health Protection Board and Member led Local Outbreak Engagement Board.
- 4.2 The draft LOCP was discussed at a special meeting of the Cambridgeshire & Peterborough Health and Wellbeing Boards Whole System Joint Sub-Committee on 29<sup>th</sup> June. The HWB Board members emphasised the contribution that local community groups and volunteers had already made to the Covid-19 response over past months, and the importance of their involvement in delivering the LOCP, together with a wider range of Councillors and community champions.
- 4.3 Following final amendments to the LOCP in response to the Health and Wellbeing Board (HWB) comments, the LOCP was published on the Cambridgeshire County Council website on 30<sup>th</sup> June, in line with national requirements.  
<https://www.cambridgeshire.gov.uk/residents/coronavirus/coronavirus-covid-19-test-and-trace#local-outbreak-control-plan-7-0>
- 4.4 The focus is now on LOCP implementation. The Surveillance Group and the Outbreak Management Team described in the LOCP are now meeting daily to deliver the functions described in the LOCP, with on-call arrangements for week-ends. This activity is overseen by the multi-agency Health Protection Board which meets weekly. A detailed action plan to put further capacity and infrastructure in place in line with the LOCP will be overseen by the Programme Delivery Group. The first public meeting of the Member- led Local Outbreak Engagement Board will take place on Friday 10<sup>th</sup> July.

### Outbreak at Princes Factory, Wisbech

- 4.5 An outbreak at Princes Factory, Wisbech received significant media attention with over 20 cases reported. The outbreak has now stabilised and the situation continues to be monitored carefully. Public Health England, Cambridgeshire County Council Public Health

and Environmental Health colleagues at Fenland District Council have liaised with and worked with the Princes Management Team to control the outbreak.

### Ongoing work

#### 4.6 Ongoing work includes:

- Provision of public health advice and guidance to Cambridgeshire and Peterborough Local Resilience Forum (LRF) multi-agency COVID-19 Strategic Co-ordination Group (SCG): This is done through the Director of Public health being a member of the SCG, and through a multi-agency Public Health Advice Cell (PHAC) which includes membership from the CCG and Public Health England as well as local authority public health.
- 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, for eligible local organisations which require emergency supplies
- Continuing to implement the findings of the stocktake of vulnerable/socially excluded population groups reporting to the LRF Community Reference Group and the LRF Vulnerable People's Recover Sub-Group. This work will be used to support planning for outbreaks of Covid-19 among vulnerable populations, as part of the C&P Local Outbreak Control Plan.
- Public health analysts are involved in ongoing work with the LRF Intelligence Cell on modelling and surveillance, as well as contributing directly to the LOCP Surveillance Cell. They are producing regular Covid-19 overview reports based on publically available data e.g. from the Office of National Statistics (ONS), Public Health England (PHE) and the Care Quality Commission (CQC).
- Working with CCG, CPFT, Voluntary sector and Communications Team on ongoing delivery of a multi-agency COVID-19 mental health and wellbeing plan and campaign.
- Provision of public health advice and guidance to CCC/PCC People and Communities Management Team and Service Directors on various issues, e.g. PPE and wider Public Health England (PHE) guidance to the social care sector. A public health specialist is working closely with Adult Social Care and the NHS on implementation of new Care Homes national guidance, including prioritisation of testing for residents. Advice is also provided for Children's Services and Education Services.
- 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

#### 4.7 Recovery work

The LRF Recovery Group Public Health and Prevention sub-group will function as a sub-group of both the LRF and the STP's Recovery work, ensuring a fully joined up approach.

- Public health specialist advice to the LRF Recovery Sub-Group
- Involvement in arrangements for NHS recovery, which will be led by the NHS Sustainable Transformation Partnership (STP).
- Public health specialist advice to the LRF Economic Recovery Sub-Group
- Public Health specialist advice to the LRF Restoration Sub-Group.
- Public Health specialist advice to public transport restoration group
- Public health input to CCC/PCC recovery planning

**5 ALIGNMENT WITH CORPORATE PRIORITIES**

5.1 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**

6.1 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.

6.2 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 Central 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.

<b>Source Documents</b>	<b>Location</b>
Service highlight reports for all Directorates sent to Members weekly.	<a href="#">Highlight Reports</a>