Agenda Item No: 4

COVID-19 Update

To:	Adults and Health Committee
Meeting Date:	14 July 2022
From:	Jyoti Atri, Executive Director of Public Health / Charlotte Black, Executive Director People and Communities
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Outcome:	This report provides an update on the current Coronavirus pandemic.
Recommendation:	Adults and Health Committee is asked to: note the update on the current Coronavirus pandemic, notably the lessons learned to inform future response.

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1. Background

1.1 Whilst the impact of the Covid-19 pandemic is waning in the UK, we must ensure that we learn from our experience, incorporating what went well into future plans as well addressing areas of improvement. It is important that we use this experience to prepare for any potential future surges of Covid-19 or new variants that may emerge.

1.2 A number of lessons learnt and debriefing exercises have been carried out by structures operating at different levels, that were involved in the pandemic response. The key findings from these exercises are summarised in this report.

1.3 It is important to recognise that there were very many people involved in the response, who worked incredibly hard, under immense pressure, and with the best of intentions. Given that a problem of such scale and longevity, had not been experienced previously in our lifetimes, it is inevitable that there will have been innovation and learning, areas that went well as well as areas that need improvement. Nevertheless, the contributions of the many people who helped to manage the pandemic and minimise harm should be recognised.

2. Preparedness prior to Covid-19

2.1 Prior to Covid-19, the foundational context for local management of outbreak and pandemic was set out in response plans and MOUs, notably the following:

- Joint East of England Communicable Diseases Outbreak Plan (2019)
- Cambridgeshire and Peterborough LRF Pandemic Influenza Plan (2018) – linking several national and regional plans
- Cambridgeshire and Peterborough LRF Command and Control Plan (2018)
- Cambridgeshire and Peterborough LRF Community Recovery Plan (2019)
- Cambridgeshire and Peterborough LHRP Health Protection MOU (2018)

2.2 The local arrangements for information sharing, response and recovery were built on specialist health protection expertise and capabilities, which sat within a family of public health interventions within an already functioning system including local authority public health, environmental health functions, and Public Health England.

2.3 The co-ordination capabilities sat within strategic groups of Local Resilience Forums / Local Health Resilience Partnership, with community leadership provided by elected members. The above plans were exercised every two years. Exercise Gallus (24 July 2018) was a local discussion-based tabletop exercise that tested the pandemic influenza command, control and co-ordination arrangements, the mutual aid arrangements and plans for the NHS and partners to manage an influenza pandemic and communications arrangements to staff, partners, the public and media.

2.4 Some key recommendations were made to the LRF and LHRP including:

- Command and control: Testing operational aspects of setting up of strategic meeting, chairing arrangements and triggers for handover should be tested, with appropriate internal training for staff to meet the competencies required to lead and manage strategic command. Due to the complexity of the plan it would be best practice for staff to be trained regularly in the use of these plans and procedures. The LRF training cycle

addresses some of the training needs, however due to conflicting priorities it is not always possible to receive the right level of engagement that is required for robust preparedness.

- Integrating health and social care: Early involvement of social care, including messaging should be included in the communications strategy. Other areas for integrated working were rapid discharge protocols for decision making, surge escalation and population triage. The protocols were to include the supporting plans for community treatment of flu and non-flu patients.
- Planning assumptions: A discussion was required to understand planning assumptions and how the CCG, primary care and community care were going to deal with extra demand on services with a need to align primary care and community care plans. This was reflected in the CCG Outbreak Plan.

2.5 Whilst some of the recommendations were met, most of them were work in progress for the LHRP when the Covid-19 pandemic started.

3. Current context

3.1 In the East of England, approximately 1 in 70 people were positive for Covid-19 at the end of May, with early signs of a possible increase. In Cambridgeshire and Peterborough there has been an increase of those in hospital testing positive for Covid-19, though only a small proportion of these are in hospital due to acute Covid-19. There is no change in Covid-19 actions currently.

3.2 The impact of the pandemic has affected all areas of life. It had both direct health impact due to Covid-19 as a disease, as well as indirect health impact on mental and physical health as well as much wider impacts including educational, financial and social impact. These have been highlighted in the COVID-19: Review of emerging evidence of needs and impacts on Cambridgeshire & Peterborough. Suite 1 was released in September 2021 and focused on direct health impacts, economic impacts and environmental and transport impacts. Suite 2 is being released in June 2022 and focuses on the overall impact of the pandemic on children and young people.

3.3 For over two years we continued to respond to the Covid-19 pandemic. The decision was taken at the Strategic Co-ordinating Group on 09 February 2022 to stand down the major incident status for Cambridgeshire and Peterborough, following which the Tactical Co-ordinating Group stood down on 15 February 2022.

3.4 The Local Outbreak Management Plan structures stood down in a phased manner between February 2022 and May 2022 including testing, contract tracing, self-isolation support and local outbreak management structures. There remains a small local authority Covid-19 support team that is funded till March 2023.

3.5 The Health Protection Board stood down on 28 April 2022 and remaining risks are being managed through existing partnerships such as the Local Health Resilience Partnership and the Health Protection Steering Group.

3.6 Following the stand-down of Health Protection Board, the LHRP organisations, including Public Health, recognise the continued risks to the system, especially with regards to workforce and resilience. Post March 2023, there is very limited health protection capacity

within the public health directorate. There is also considerable uncertainty regarding Winter 2022 with the additional heightened risks of increased infection with other respiratory and non-respiratory disease, therefore there is the potential for a very pressured Winter across many sectors

3.7 The Scientific Advisory Group for Emergencies (SAGE) have advised the following national scenarios for Covid-19 over the next year:

- **Scenario 1 Reasonable Best-Case:** Relatively small resurgence in Autumn/Winter 2022/23 with low levels of severe disease.
- **Scenario 2 Central Optimistic**: Seasonal wave of infections in Autumn/Winter with comparable size and severity to the current Omicron wave.
- **Scenario 3 Central Pessimistic:** Emergence of a new variant of concern results in a large wave of infections, potentially at short notice and out of Autumn/Winter. However, severe disease and mortality remain concentrated in certain groups (and lower than pre-vaccination), e.g. unvaccinated, vulnerable and elderly.
- **Scenario 4 Reasonable Worst-Case**: High global incidence, incomplete global vaccination and circulation in animal reservoirs leading to repeated emergence of variants leads to a very large wave of infections with increased levels of severe disease seen across a broad range of the population, although the most severe health outcomes continue to be felt primarily among those with no prior immunity.

3.8 Various system-wide debriefs/lessons learned have taken place, including the Cambridgeshire and Peterborough Local Health Resilience Partnership (CPLHRP) debrief (19 July 2021), the Cambridgeshire and Peterborough Local Resilience Forum (CPLRF) light touch review in summer 2021, the Local Outbreak Management debrief (6 September 2021) and the Health Protection Board debrief (26 May 2022). An overarching CPLRF system-wide debrief is planned for this summer.

3.9 The purpose of this paper is to provide the Adults and Health Committee with an overview of the lessons learned and their implementation.

4. Lessons from debriefs

4.1 In the meantime, debriefs have been conducted in line with the regular process for major Incidents

4.2 Learnings from the LHRP debrief highlighted learnings to the following key areas:

- Systems and processes
- Leadership and roles and responsibilities
- Partnership working
- Ways of Working
- Incident management
- Culture and wellbeing

4.3 Learnings from the CPLRF debrief highlighted learnings around command-and-control structure, risks and triggers for escalation and use of Resilience Direct, including mapping during response.

4.4 For the Local Outbreak Management Plan lessons learned, partners were asked to consider their organisational/outbreak management cell perspectives and provide three examples of what worked well, three examples of what can be improved and how the learnings were being embedded. These sessions have provided a valuable insight into the lesson learned and good practice in relation to the system response to Covid-19. Key insights are summarised below.

4.4.1 Areas that worked well were:

- **System partnership:** Strong, collaborative teamwork between response staff in the Public Health Directorate, other directorates and wider organisations, including health, districts, universities, education, and broader workplaces despite challenges of remote working and business as usual commitments.
- **Adaptability**: The ability of the outbreak response to be adaptable to rapidly changing advice and guidance and quickly convey this information to settings in a clear manner
- **Resilience:** shared iterative, flexible, responsive team members pulling together in creative and innovative ways to meet fluctuating demand both within the council and across partnership organisations which created an adaptable, resilient workforce.

4.4.2 Areas that required improvement were:

- **Understanding roles and responsibilities:** Covid-19 was a complex response across the system with multiple governance mechanisms. Clarity around this was needed to improve partnership working and co-ordination.
- **Sustainability** and use of workforce given the unanticipated demand/surges in workload. The level of support and capacity provided to the Covid-19 response is not sustainable in the long term and has had impact on workforce, resilience and ability to continue with usual business
- **Recognition of staff wellbeing:** especially those not getting any respite between waves and combining business as usual with Covid-19 work with the need to enable staff to get support and help early.

4.5 Preliminary findings from the Health Protection Board (HPB) Lessons Learned session (26 May 2022) found that the strengths of the Health Protection Board were:

- **Expertise and breadth of membership:** it was thought to be an effective and informed Board with the right expertise and good breadth of membership from across the system. At meetings members felt engaged and that their inputs were appreciated in a non-hierarchical and equitable environment with constructive challenge. This allowed for a collaborative approach and response to significant challenges.
- **Sharing of epidemiological data and local intelligence:** This was valued and enabled consistency of messaging to partner organisations with an aligned approach to public and staff communications.
- **Timely and empowered decision making:** Through the HPB emerging issues were identified quickly and the Board acted as a focal point for timely decision making, identified actions required with review via the regularly monitored and updated action log. Those at the frontline felt supported and empowered, with shared ownership of decisions.
- **A clear forum for escalation of issues:** Escalation of issues up to regional and national levels worked well. The reach that the HPB as a group had was thought to be one of its major advantages.

4.5.1 The lessons learned exercise identified that the response of the Health Protection Board could have been improved by:

- **Having clearer and more regularly reviewed governance systems**: Clarity around governance and links with other system's emergency planning and organisational structures could be developed further. Whilst Cells were allowed independence and empowered to make their own decisions, not all Cells reported to the HPB which meant that there was not consistent oversight.
- **Working more flexibly**: The HPB could have been more efficient and had better use of time with more being done 'by exception'.
- **Having more regular review of the longer-term impact of actions taken**: for example the effect of re-deployment of staff away from BAU roles.
- **Understanding of Multi-Agency working:** The HPB was set up very rapidly due to the demanding and fast-evolving nature of the pandemic. Relationships have developed over time and are now well-established and should be maintained as there is now a much greater understanding of roles across the system.

4.6 Lessons learned from communications and engagement included

- **Use of a joined-up communications strategy** working closely with the Covid-19 Gold group and LRF Warn and Inform Cell. This enabled the provision produce a single source of authoritative information throughout the whole pandemic, including regular media toolkits and information leaflets which could be adapted with different logos and spokespeople. This was better received and engaged with across all traditional and social media platforms than national messaging
- **Work with the communities** allowed us to produce video information in up to 20 different languages each time regulations changed. This project won a Cabinet Office award and the videos we produced were used by authorities from Coventry to Cornwall.
- **Work with young people** in both Cambridge Youth Forum and Peterborough Youth Forum to produce 'part of the solution' communications video and teaching pack, which was used in all Cambridgeshire and Peterborough high schools and received excellent feedback from pupils and staff – also shortlisted for two national awards
- **Staff briefings** – initially provided daily on the situation as it unfolded and how this impacted on their work, including case studies of redeployment. This was quickly developed into support for staff wellbeing. Working closely with HR colleagues we produced a whole wellbeing portal with information and online events which have been highly valued by staff and contributed to high levels of staff engagement throughout the pandemic

4.7 **Lessons learned from Adult Social Care** highlighted that in the very challenging circumstances, Adult Social Care reacted quickly with the dual focus of responding to the crisis and keeping critical services running, Care Act easements were not enacted.

4.7.1 The Workforce Capacity Fund was used towards the costs associated with

- additional internal capacity required to support Discharge to Assess, 7 day working and other requirements stipulated by central government in response to the pandemic
- expansion of capacity to deliver support to local carers
- expansion of capacity to deliver support focused on resilience and wellbeing to frontline workers delivering domiciliary care
- all informal carers were contacted to ensure they had the support needed or where to access support.

4.7.2 Strengths included

- **A collaborative approach with system partners to offer a range of practical support to providers.** This included Adult Social establishing a Care Home Support Team working with a Public Health Consultant and temporary Infection Control Nurse support focusing specifically on the Care Home sector. The Contracts and Brokerage Teams in the Council had an ongoing relationship with adult social care providers and as well as being a key partner in the outbreak management process and organised regular briefing sessions for providers about key issues and acted as the main point of contact on a wide range of day-to-day issues, both business as usual and Covid related.
- **Agile working** - our own workforce responded well to working in an agile manner and remained effective.
- **Good communication** by ensuring we updated our public facing websites, developed regular newsletters and practice updates and video self learning.

4.7.3 What didn't work as well included

- **Constantly changing guidance** from Central Government and at times with one set of guidance contradicting another. Issues also included the lack of appropriate PPE to providers and our own staff, as well as changing advice about access to testing.
- Whilst we adapted quickly to the Discharge to Assess Guidance to ensure flow and free up hospital beds there are concerns that this increased risk and poor outcomes in care home residents. Covid-19 has had a significant impact on care home residents and their families as well as on the wellbeing and resilience of staff involved both in care homes and in the council.
- **A lack of substantive specialist infection prevention and control support** in the local authority which needs to be addressed in the future.
- In addition, whilst we responded to care homes who had staffing difficulties by supporting with our own reablement staff and/or volunteers we need to recognise the roles are different and a different approach to training would need to be considered if required in the future.

5. Embedding learnings from debrief

5.1 These findings were presented at various stakeholder meetings and key issues have been highlighted on the organisation and partnership risk registers, as appropriate.

5.2 Additionally, the lesson learned log is also being monitored by CPLRF Tactical Business Group and the Local Health Resilience Partnership.

5.3 Below are some examples of embedding learning:

- **A coordinated approach is taken to preparedness**: Robust emergency plans and Business Continuity Plans are in place to 'dial-up' and 'dial-down' activities to reflect demand spikes enabling planning and prioritisation in advance of anticipated spikes or busy periods. There is planned health protection staff capacity, for example through the recruitment of the Covid-19 Support Team. It is reasonable to anticipate a difficult winter

season, with respiratory and non-respiratory illness in conjunction with the potential for other pressures such as an energy crisis.

- **Periodic reflection and review:** Regular refresh and review of both potential scenarios and emergency plans, exercised as necessary. Most recently, CPLRF held a tabletop national exercise on 16 December 2021, Exercise New Crown, for Local Resilience partners to test their preparedness to manage a new variant of Covid-19, specifically during a time of annual increased pressures during the Winter period. Learnings have been incorporated into continued Covid-19 plans including variant emergency plans, winter planning and general emergency plans.
- **Maintain established relationships and links:** there is ongoing work to continue and further improve relationships established with the wider partnership (e.g., universities, districts, police etc.) during Covid-19 and keep these as we move forward, incorporating improved skills developed during the response to Covid-19. The maintenance of these links which were established during the Covid-19 pandemic, and now are being consolidated, allow for a proactive response in the face of any potential forthcoming challenges.

6. Alignment with corporate priorities

6.1 Communities at the heart of everything we do:

- The impact of Covid-19 has and will have significant implications upon communities in all aspects of their lives but especially upon their physical and mental health. However, Covid-19 has also brought many communities together and there is evidence that communities have played an important part in tackling the pandemic.

6.2 A good quality of life for everyone

- The impact of Covid-19 has significantly affected the quality of life for residents.

6.3 Helping our children learn, develop and live life to the full:

- The impact of Covid-19 has significantly affected children's learning.

6.4 Cambridgeshire: a well-connected, safe, clean, green environment:

- The reduced traffic volume during pandemic decreased levels of pollution.

6.5 Protecting and caring for those who need us:

- Organisations and communities worked and are continuing to work throughout the pandemic to provide support to those most in need.

4. Source documents

4.1 None.