

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

**To:** Health Committee

**Meeting Date:** 5 May 2020

**From:** Dr. Liz Robin (Director of Public Health)

**Electoral division(s):** All

**Key decision:** No

**Purpose:** This report provides an update on:

- the Council's response to the current Coronavirus pandemic;
- immediate action taken by the public health directorate to respond to the pandemic and to ensure business continuity of critical services;
- the Council's initial approach to recovery.

**Recommendation:** The committee is asked to note and comment on the progress made to date in responding to the impact of the Coronavirus.

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## 1. BACKGROUND

- 1.1. In December 2019 cases of a new coronavirus were identified in the city of Wuhan in China. Since December, the virus has spread rapidly across the world and the World Health Organisation declared a global pandemic on March 12th. More than two million cases have now been reported worldwide and cases and deaths continue to rise in the UK.

## 2. UK RESPONSE

- 2.1. In the UK, the Government has developed a coronavirus COVID-19 action plan with the aim of 'flattening the curve' to reduce the peaks in pressure on NHS, social care services and wider society.
- 2.2. On 23<sup>rd</sup> March, the Prime Minister announced stringent new guidelines for 'lockdown' and 'social distancing' for three groups:
  - 'Shielded Group' – around 1.5 million people nationally (we are expecting up to 30,000 people locally, including GP lists) have been identified in this extremely vulnerable category and have been told to "shield" themselves at home for 12 weeks.
  - Vulnerable people – people over 70, people with underlying health conditions and pregnant women have been advised to do all they can to minimise social contact.
  - Everyone else - was asked to work from home where possible - travelling to and from work only where absolutely necessary; avoid public transport; only leave home for essential food supplies and medical needs or to provide care to vulnerable people, and only to go out for these necessities and to exercise once a day.
- 2.3. Lockdown measures also stipulated that schools, libraries, places of worship, restaurants, bars, leisure facilities and other non-essential facilities should close immediately. Gatherings in public of more than two people who do not live together were prohibited, including funerals, and all social events including weddings and baptisms were cancelled. Parks could remain open for exercise but gatherings would be dispersed. The police have been given the power to fine and disperse where lockdown rules are not being adhered to.
- 2.4. The Coronavirus Bill (Bill 122 of 2019-21) was passed by Parliament on the 23<sup>rd</sup> of March 2020. The Bill is part of the Government's response to the COVID-19 pandemic and is intended to enable the Government to respond to an emergency situation and manage the effects of a pandemic. The legislation, which is time-limited to for 2 years, allows Government to switch on these new powers when they are needed, and, crucially, to switch them off again once they are no longer necessary, based on the advice of Chief Medical Officer.

The bill enables action in 5 key areas:

- increasing the available health and social care workforce – for example, by removing barriers to allow recently retired NHS staff and social workers to return to work;
- easing the burden on frontline staff – by reducing the number of administrative tasks they have to perform, enabling local authorities to prioritise care for people with the most pressing needs and allowing key workers to perform more tasks remotely and with

less paperwork. This has included easements in the Care Act but no relaxation of the Children and Families Act;

- containing and slowing the virus – by reducing unnecessary social contacts, for example through powers over events and gatherings and strengthening the powers of police;
- managing the deceased with respect and dignity – by enabling the death management system to deal with increased demand for its services; and
- supporting people – by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies.

### **3. CAMBRIDGESHIRE AND PETERBOROUGH LOCAL RESILIENCE FORUM'S RESPONSE**

- 3.1 The Civil Contingencies Act 2004 sets out a definition for 'emergency' which includes events which threaten serious damage to human welfare. The Act places an obligation upon emergency services and local authorities (defined as category 1 responders under the Act) to assess the risk of, plan, and exercise for emergencies, as well as undertaking Businesses Continuity Management.
- 3.2 The Civil Contingencies Act and its accompanying regulations provide that responders, through a local Resilience Forum have a collective responsibility to plan, prepare and communicate with the area they service for an emergency. Cambridgeshire and Peterborough Local Resilience Forum is the collective body set up to carry out those responsibilities. Those responders are category 1 (as described above) and category 2 responders which include utility companies, transport organisations and others such as the Combined Authority.
- 3.3 The Cambridgeshire and Peterborough Local Resilience Forum has approved and is now acting in accordance with the CPLRF Pandemic Influenza Plan which was signed off in January 2019. The plan requires a Strategic Coordinating Group to be set up to coordinate the multiagency response to the pandemic at a strategic level. This group had its first meeting on the 9<sup>th</sup> March 2020 and has been meeting weekly. An Executive Group of the SCG (made up of category 1 responders) was set up on 23<sup>rd</sup> March 2020 and has been meeting every week day. The SCG was initially co-chaired by Chris Mead Detective Chief Superintendent of Cambridgeshire Constabulary and Dr Liz Robin Director of Public Health, but this position changed to Jan Thomas Chief Operating Officer of the CCG and Gillian Beasley Chief Executive of Cambridgeshire County Council and Peterborough City Council as it became apparent that key strategic planning would be focused on health, social and community issues. On 23<sup>rd</sup> March 2020 the Strategic Coordinating Group declared, under the Pandemic Influenza Plan, that COVID 19 was a major incident.
- 3.4 The SCG is supported in its work by a Tactical Silver Group chaired by Laura Hunt from Cambridgeshire Constabulary and this group in turn, is supported by a number of tactical sub-groups as follows:-
- Warn and Inform Subgroup leading on the joined up communications across the public services system, co- chaired by Christine Birchall Head of Communications

CCC/PCC and Hayley Douglas Head of Communications for Cambridgeshire Fire and Rescue

- Community Reference Subgroup (leading the hub work) chaired by Adrian Chapman Service Director Communities & Partnership CCC/PCC
- Excess Deaths Subgroup Chaired by Leigh Dunbar from CCC/PCC
- PPE Cell chaired by Linda Sheridan from PCC/CCC Public Health and Sarah Learney from NHS (CCG)
- Multi Agency Information Cell led by Leigh Allman Detective Chief Inspector Cambridgeshire Constabulary
- Intelligence and analysis Cell chaired by Tom Barden from CCC/PCC
- Recovery Subgroup chaired by Jo Lancaster MD of Huntingdonshire District Council
- Economic subgroup chaired by John T Hill Chief Officer Business Board/Director of Business and Skills form the Combined Authority

3.5 Category 1 responders also set up their own command and control arrangements and for Cambridgeshire County Council and Peterborough City Council there is a Gold Joint Management Team which meets virtually, every weekday morning, at 8.00am to determine practices and actions each day and to escalate issues for resolution to the LRF Executive Strategic Coordinating Group. A PCC/CCC Tactical Working Group meets weekly and Operational Groups in each Directorate meet at least weekly and more frequently where required.

#### **4. CAMBRIDGESHIRE COUNTY COUNCIL RESPONSE**

##### Governance

- 4.1 Whilst critical decisions on this emergency are taken within the arrangements set out in paragraph 3 above, the County Council needs to have proper arrangements for the transparent accountability and scrutiny of decisions taken within in this emergency.
- 4.2 Guidance from the Local Government Association for Councillors on COVID 19 together with advice from the Centre for Public Scrutiny on maintaining accountability of decision-making, has informed the approach which the County Council proposes to take and is summarised as follows:-
- Highlight reports of the activity of each main area of operation of the County Council for COVID-19 will be sent to all Members on a weekly basis, sent out on Monday of every week.
  - All Members will receive two daily reports, one a media report at 11.30am and one a report of the government's daily briefing which usually comes out early evening.
  - All Members will receive two weekly reports on the activities of the Strategic Coordinating Group.
  - Group Leader meetings will continue to take place on a fortnightly basis.
  - Friday Focus will continue to be issued to all staff and members containing a roundup of the week's information.
  - Members will always be able to raise individual issues or concerns to officers in the usual way whether it be COVID-19 or other service-related issues.

- 4.3 In relation to decision making and scrutiny through committees the following arrangements were agreed: -
- At every service committee there will be a COVID-19 report summarising the key issues and attaching the last four weeks relevant highlight reports as well as updated information since the date of the last highlight report. This will allow the public to see all of the detailed activity and allow Members to ask questions and scrutinise the decisions and actions taken.
  - General Purposes Committee will receive a COVID-19 report at every committee meeting including a finance report and a summary of key issues arising from the service committee reports.
- 4.4 Following the issue of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 which came into force on 4th April 2020 the Council also created a Virtual Meeting protocol which was agreed by Group Leaders and sent to all members. This will be reviewed after the first full council meeting once it has been tested and amendments made as necessary. The council also considered the options for IT platforms for virtual meetings and after testing opted to use Zoom for public facing meetings and Microsoft teams for confidential or sensitive matters.
- 4.5 The Constitution provides for the executive management of the Council to be undertaken during periods of an emergency where normal decision making governance cannot be followed as a result of that emergency. As you will expect officers are currently having to make decisions on a daily basis that are not normal business as usual and do not fall within the parameters of the agreed business plan. As a consequence officers are entering in to commitments that will have financial consequences that are not covered by the annual budget agreed by Council in February. The making of such decisions within an emergency are covered within the Scheme of Financial Management which is part of the Constitution.

The following is the relevant extract:

*2.6 An Executive, Corporate or Service Director may incur expenditure which is essential to meet any immediate needs created by a sudden emergency, subject to this action being reported immediately to the Chief Executive and the Chief Finance Officer, and to the next General Purposes Committee.*

*2.7 When a sudden emergency arises, Executive, Corporate or Service Directors must keep a separate record of the essential expenditure incurred in connection with the emergency until advised by the Chief Finance Officer that separate records are no longer required.*

- 4.6 A protocol for the dealing of costs associated with the management of COVID 19 has been agreed and implemented. Any decision that will result in a financial implication in excess of £20k requires a business case to be approved. All items are reported to the Council's Management Team on a weekly basis so that there is visibility of the financial implication of the decisions being made. These items will be reported to each service committee and summarised to GPC on a monthly basis with effect from the May cycle of meetings.

## Immediate Focus

- 4.7 Over recent weeks, the immediate priorities for the Council have been to:
- a. Understand and make plans to mitigate against the potential impacts and key risks to delivery of effective critical services - both directly provided and commissioned services.
  - b. Ensure the sustainability of adult social care during the COVID-19 outbreak, particularly the links with planning and action in the NHS including response to new Hospital Discharge Guidance.
  - c. Ensure that effective business continuity arrangements are in place to maintain all other critical services.
  - d. Establish a coordination hub so that shielded and vulnerable self-isolators are supported with supplies of food, medicine, and other essential support.
  - e. Ensure that vulnerable children are supported during the pandemic, including work with schools and settings to ensure that arrangements are in place to support both vulnerable children and children of essential workers.
  - f. Optimise deployment of staff and volunteers to support critical activity.
  - g. Implement measures to protect and support our workforce in line with national guidelines whilst maintaining critical services and allowing effective emergency planning.
  - h. Maintain public trust and confidence by providing reassurance, frequent communication and to amplify the clear public health and government guidance.

## **5. SERVICE RESPONSE**

### 5.1 Summary of this month's highlight reports

#### 5.1.1 Provision of Public Health Advice and Guidance

- The Director of Public Health provides public health advice and guidance to Cambridgeshire and Peterborough Local Resilience Forum (LRF) multi-agency COVID-19 Strategic Co-ordination Group (SCG), supported by a wider team of public health specialist staff in the joint CCC/PCC public health team.
- A public specialist and the public health emergency planning and health protection manager provide advice to the Cambridgeshire and Peterborough LRF multi-agency COVID-19 Tactical Co-ordination Group (TCG). Public health also provides the administration support for this group.
- On 23<sup>rd</sup> April the LRF Strategic Co-ordinating Group agreed to set up a public health advisory cell (PHAC) which will be chaired by the DPH and include membership from CCC/PCC public health, the Clinical Commissioning Group (CCG) and the East of England Public Health England Centre. This will enable a wider range of skills and knowledge across organisations to be drawn on, to provide public health advice to the LRF.
- Public health advice and guidance is also provided to Cambridgeshire County Council/Peterborough City Council (CCC/PCC) internal COVID-19 Joint Management Team Gold Group, delivered at the daily calls, and the Tactical working group.
- Public health advice and guidance is provided to the CCC/PCC People and Communities Management Team and Service Directors on various issues, e.g. PPE, PHE Care Home guidance.

- Public health advice and answering of operational queries is also provided for internal Council staff through the 'AskDrLiz' e-mail helpline

#### 5.1.2 Public Health Input to the Community Hub & Vulnerable/ socially excluded groups

- The Deputy DPH (CCC) is jointly leading a stocktake of vulnerable/socially excluded population groups and COVID-19 related needs and issues with the Office of the Police and Crime Commissioner, working across LRF partner agencies and reporting to the LRF Community Reference Group.
- The public health emergency planning and health protection manager is working with the COVID-19 Community Hub to support implementation of the LRF vulnerable people's protocol
- The Deputy DPH (CCC) and PH Research Officer have worked with the COVID-19 Community Hub and District volunteer hubs to develop public health guidance for volunteers, through a series of video-blogs.

#### 5.1.3 Personal Protective Equipment (PPE)

- A public health specialist (consultant) is Co-chairing the Cambs & Peterborough LRF Personal Protective Equipment (PPE) Cell, jointly with the Clinical Commissioning Group (CCG). The LRF PPE cell is now implementing the distribution of PPE sent to the LRF from the national stockpile, to eligible local organisations which require emergency supplies.

#### 5.1.4 Public Health Analysts

- Public health analysts are involved in ongoing work with the LRF Intelligence Cell on Covid-19 - including linking to regional Public Health England resources, and providing briefings on the most recent Covid-19 related statistical releases e.g. from the Office of National Statistics on Covid-19 related mortality.

#### 5.1.5 Business Continuity – Joint Commissioning Unit

- Public health commissioners are delivering ongoing work with providers of contracted public health programmes to monitor contracts and support providers with management of COVID-19 related issues.
- Work is also ongoing to arrange delays in the transfer of recently tendered public health contracts (Sexual Health prevention, Integrated Lifestyles Services) to new providers, and to extend current contracts, due to the COVID-19 situation.

#### 5.1.6 Mental Health & Wider Communication Activities

- The public health specialist mental health lead has worked with CCG, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) the local Mental Health Voluntary sector and the CCC/PCC Communications Team to help develop and implement a multi-agency COVID-19 mental health and wellbeing plan and campaign, which was launched on 27<sup>th</sup> April.

- Public health staff work with the communications team on a regular DPH videoblog and other media communications, including work which also involves the PCC cohesion lead on communication with diverse communities.

#### 5.1.7 Wider Regional Links

- The CCC/PCC public health team maintains 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 and national levels.
- Public health specialist staff attend Public Health England multi-agency incident meetings for local COVID-19 outbreaks of concern, as local representatives.

#### 5.1.8 Risks and mitigations

- Risk that not all population groups may have access to and understanding of public health messages and guidance:  
This risk is being mitigated through close working between the Councils' communication team, cohesion lead, and public health to ensure that key public health messages are conveyed through different routes and in different languages. Also through the wider LRF 'Warn and Inform' group, which brings in communication leads from district councils, police, and other agencies.
- Risk that vulnerable/socially excluded population groups may find it hard to socially distance/self-isolate, or their welfare may be impacted by Covid-19 in other ways.  
This risk is being mitigated through a variety of measures, often taken at a local (District) level. A stocktake of the current needs and issues for vulnerable/socially excluded groups is now being carried out, jointly led by the Deputy Director of Public Health (Cambridgeshire) and the Office of the Police and Crime Commissioner, and this reports weekly to the LRF Community Reference Group.
- Risk that Covid-19 spreads within residential institutions with vulnerable populations e.g. care homes, prisons  
This risk is being mitigated through prisons and care homes reporting potential outbreaks of Covid-19 to the Public Health England Health Protection Team, which provides advice on measures to prevent further spread of the virus. The local authority adult social care team regularly provides information to Care Homes including the recently released national PHE guidance on 'How to work safely in Care Homes'. The CCG Infection Control team also provides advice and support to care homes, and there is a daily call between local authority adult social care and the CCG, to ensure a joined up approach to providing support. In the case of prison outbreaks, incident management teams are held involving PHE, prison staff, local authority public health and the CCG.

#### 5.1.9 Challenges

- Personal protective equipment for health and care staff remains a challenge nationally and locally. It is helpful that Cambridgeshire and Peterborough Local Resilience Forum PPE hub has received supplies from the national PPE stock, which are provided on an emergency basis to organisations specified in the National PPE Plan and Public Health England guidance. All organisations are expected to source PPE through their

own suppliers or specified national routes, and use the LRF PPE hub for local emergency supplies, when unable to source through other routes.

- Planning for the peak of the pandemic has also been recorded as a challenge in recent PH highlight reports. Current data on local case numbers indicate that the pandemic has probably reached a plateau in Cambridgeshire and Peterborough at the time of writing, due to the national 'Stay at Home' rules being followed, and providing this continues to be the case, there is enough NHS capacity to provide treatment.
- A challenge going forward will be to increase contact tracing to a higher level in order to help prevent spread of infection. This is being worked on nationally, and we will inform the Committee of future developments if and when local action is required to support this.

5.2 Highlight reports from all areas of the Council and as detailed in paragraph 4.2 of this report are available from the link on the final page of this report.

### 5.3 Public Health Workforce Update

- All public health staff are now working from home
- The Public health consultant workforce has had two vacancies since late 2019 – both vacancies were filled before the Covid-19 incident started and post-holders are scheduled to start in May.
- Good interim cover is being provided by retired public health consultants returned to work under the national arrangements, and an academic PH consultant who has volunteered to work with the team.

## 6. RISK MANAGEMENT

6.1 Given the significant impact of COVID-19 on both the Council's immediate operations and its longer term achievement of strategic objectives a COVID-19 risk log has been developed. This is split into three sections:

- A short-term risk log for the internal-management of the County Council's response to COVID19.
- A longer-term risk log for the strategic-management of the delivery of the County Council's objectives arising from the current event.
- A review of major projects to identify which are critical to the County Council with a risk management action plan against each of these projects.

- 6.2 The immediate priority has been to develop the internal COVID-19 risk log which has five themes – infrastructure, finance, people, operations, reputation. These themes have been cross referenced to the existing Corporate Risk Register and to Service Committee/ Directorate Risk Registers. Each of these themes has a number of trigger events and corresponding controls and actions. The internal COVID-19 risk register has been uploaded to the GRACE system and will be reviewed by the Joint Management Team weekly from 17<sup>th</sup> April 2020.
- 6.3 The strategic risk register is being developed next and will inform the recovery phase. The PESTELO approach has been applied in order to structure our controls and actions, this takes into account 7 themes: Political, Economic, Social, Technological, Legal, Environmental and Organisational. Management of strategic risks is likely to be widely dispersed through the organisation, its partners and the Cambridgeshire system.
- 6.4 We have also reviewed all of our critical projects and ensured that risk management plans take into account potential impacts of the Coronavirus pandemic.

## **7. RECOVERY**

- 7.1 As a Council we have been at the forefront of leading the response to the pandemic, diverting most of our effort to ensuring that the public and businesses are supported through what is an unprecedented emergency in modern times. We have a significant degree of influence and accountability for the public's experience of living and working in Cambridgeshire. Our ambition, our relationships with system partners and our significant investment in change and innovation over the past few years, makes us very well placed to contribute to the recovery and redesign that will be required in Cambridgeshire in the coming months and years.
- 7.2 It is very likely that the Council and the services it delivers may need to be different once we have dealt with the immediate response required by the crisis and when we have understood the future needs of Cambridgeshire's society as it is re-established post COVID-19. While significant levels of local authority resources are redirected to the front line and current emergency, it is important to ring fence capacity and expertise to start planning for aftermath and recovery as quickly as possible.
- 7.3 To plan for these phases, the Joint Management Team has started to build a recovery framework, with the first steps being:
- identifying the risks, both the immediate operational risks and the after-effects that could destabilise organisational and financial sustainability, service delivery, communities and suppliers;
  - forecasting the social and economic impact of different scenarios to the Council and communities;
  - Capturing learning and opportunities and thinking about the changed behavioural aspects that we might wish to permanently embed (for example community resilience and support, climate impacts during lockdown, changed attitudes to travel and agile working);
  - Planning for the reintroduction of services that have been suspended during the pandemic.

7.3 A number of officers including the Deputy Chief Executive, Executive Director Place and Economy, Director of Business Improvement and Director of Education are also involved in the Cambridgeshire and Peterborough Local Resilience Forum Recovery Group, which is chaired by Chief Executives from Huntingdon and South Cambridgeshire District Councils.

## 8. ALIGNMENT WITH CORPORATE PRIORITIES

8.1 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.

## 9. SIGNIFICANT IMPLICATIONS

9.1 The direct impact of the Coronavirus pandemic will remain with us for a significant period of time, as no vaccine or treatment for COVID-19 has yet been developed. The lasting impacts will affect the Council and the people of Cambridgeshire for much longer. We are predicting that the impact of the pandemic and lockdown will result in a rise in referrals to children's services as the pressures on families increase and that demand may also grow in adult services as the effects of interrupted care on chronic conditions emerge. It is essential that we plan for an extended period of response and recovery.

9.2 Although the Council's immediate focus is on the significant role we play in minimising the impact of COVID-19, we must also start planning now for the support that will be needed to help Cambridgeshire recover as quickly as possible, while recognising that a significant degree of social distancing is likely to be needed for some time.

9.3 The current allocation of emergency funding from Government - including the additional £1.6bn announced this Saturday - will cover some of the additional costs and loss of income arising from the crisis and is very welcome, however it is unlikely to be enough. Our discussions with Government have indicated that conversations will continue as the full financial impacts of this pandemic become better understood. We have started to model the likely impact of this on current and future budgets and will continue to refine and adjust this modelling as we understand the pressures created by the pandemic.

9.4 The current level of complexity and demand is unprecedented and the Council has responded by taking decisive action and by working at pace with partners and communities to ensure that the most vulnerable people across Cambridgeshire have the support they need. At the same time, we have continued to run the business and to fulfil our statutory responsibilities. The Joint Management Team is hugely grateful to the Council's committed and hardworking staff who have made this possible. Action plans to ensure our workforce stays resilient and feels well supported are in place and the mental and physical wellbeing of our workforce remains a priority.

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

