

SURREY COUNTY COUNCIL**CABINET****DATE: TUESDAY 26 MAY 2020****REPORT OF: MR TIM OLIVER, LEADER OF THE COUNCIL****LEAD OFFICER: MICHAEL COUGHLIN, EXECUTIVE DIRECTOR FOR TRANSFORMATION, PARTNERSHIPS AND PROSPERITY****SUBJECT: COVID-19: SURREY COUNTY COUNCIL - UPDATE****SUMMARY OF ISSUE:**

Surrey County Council has a vitally important role in leading the local response to COVID-19, to save lives, protect the NHS, ensure our residents are protected wherever possible and crucial council services continue to operate in these unprecedented times.

As the national and local situation develops rapidly, the purpose of this report is to set out the latest Public Health information about COVID-19, and update Cabinet on the strategic and sensitive issues arising from the extensive response work and initial recovery planning, going on across Surrey.

RECOMMENDATIONS:

Cabinet are asked to:

1. Note the latest public health situation with regard to COVID-19 and the latest information regarding the government's Test and Trace programme,
2. Note the support being provided to the council's most vulnerable residents and the plans to ensure that this continues into the next phase of the COVID-19 pandemic,
3. Note the updated assessment of the impact of COVID-19 on Surrey County Council's short and medium-term financial position,
4. Note the council's response as an employer to support staff and ensure appropriate guidance is followed to ensure safety in the workplace.

REASON FOR RECOMMENDATIONS:

The county and council continue to face unprecedented challenges due to the COVID-19 crisis. In addition to response activity, attention is turning to the re-starting, restoration and recovery of services and day-to-day life, as lockdown measures are eased nationally.

The recommendations set out in this report ensure Cabinet are appraised of the work going on across the council to protect, sustain and support our residents and communities and the economy of Surrey.

DETAILS**Public Health Update**

1. Further to the report on Surrey's response to COVID-19 to Cabinet on 28 April 2020, this information provides an update on the impact of COVID-19 in Surrey and the activity underway across the county, following the declaration of a 'Major Incident' for the COVID-19 outbreak on Thursday 19 March 2020.
2. The following information is accurate at time of writing (18th May 2020). This is an extremely fluid situation, therefore up-to-date information about the current numbers of COVID-19 cases in the UK and Surrey can be found here:
<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>.
3. The total number of confirmed cases of Coronavirus worldwide (COVID-19) has reached 4,589,526 and the total number of deaths is 310,391.
4. At present the Government's assessment of the existing risk to the UK population is HIGH. The first case of COVID-19 in United Kingdom was reported on 31 January 2020 and to date 1,818,712 people have been tested, of whom 243,695 have tested positive.
5. The latest data from the Office of National Statistics (ONS) states that there have sadly been 33,841 deaths in England and Wales involving COVID-19. This figure is based on deaths in all settings between 1st March and 30th April 2020 and includes cases where COVID-19 is suspected but no test has taken place.
6. In Surrey, we had the first death registered which involved COVID on 14 March 2020. Between 14 March and 1st May 2020 (the last day for which we have available data), we have sadly had 794 registered deaths involving COVID. Because residents can take up to 14 days to register deaths, these numbers could still go up.
7. In Surrey the total number of confirmed cases is 2,811. At present, this means Surrey is ranked 6th out of 150 counties and unitary authorities in England for total number of confirmed cases. When we present this information as a proportion of total population however, this changes to 84th out of 150.
8. The Prime Minister announced a series of lockdown easing measures on 10th May 2020. These include increasing the amount of time people can spend outdoors, encouraging people to go to work if they cannot work from home and allowing people to meet with one member of another household outside as long as social distancing guidance is followed. He presented a rough plan of how lockdown measures will be eased over the coming months whilst emphasising that these plans are subject to change based on the number of COVID-19 cases and the NHS's ability to cope with the demand. The message from the government is to stay at home as much as possible but to be alert and to adhere to social distancing guidance when outside.
9. As of 18th May 2020, the definition of a suspected case of COVID-19 has been updated to include anosmia – a lack or change in sense of smell or taste. Therefore, individuals who have a new continuous cough, fever or anosmia are to self-isolate.

Overview of the government's approach to Test and Trace

10. The council has a local leadership role in supporting the national Test and Trace Programme which consists of three operational levels.
11. At the national level (Tier 3), PHE will use a web-based Contact Tracing and Advisory Service (CTAS) and phone-based contact tracing with 15,000 call handlers. The *NHS COVID-19 app* will provide an automated system for rapid symptom reporting, ordering of swab tests, and sending tailored and targeted anonymous alerts and advice to other "app" users who have been in close contact with someone displaying symptoms. Ensuring privacy and security of the app users' data is a priority for the NHS
12. At the Regional level (Tier 2), phone-based contact tracing by 3,000 health professionals will provide more complex contact tracing, testing and advice. This will be based on the nine PHE regions. Regional networks are currently being established to oversee the programme locally, working with local authorities and Local Resilience Forums (LRFs), and will be chaired by a regional director of public health (or deputy).
13. Finally, at the local level (Tier 1), PHE local Health Protection Teams, and local authorities will focus on the most complex outbreaks (for example in care homes) to provide local targeted support. Arrangements for local oversight are currently being developed by local authorities working with PHE South East.

Update on our response to supporting vulnerable residents

14. Supporting vulnerable individuals and communities in Surrey remains a key priority, in which council staff have played a leading role. The Government has identified three categories of vulnerable people:
 - a. Category A- Clinically Extremely Vulnerable People are at particularly high risk due to their serious health conditions and have been advised to self-isolate until the end of June. We now estimate there are 39,000 Surrey residents in this category.
 - b. Category B- Clinically Vulnerable People is a larger group of people who are at increased risk of severe illness for whom there is a need to be particularly stringent in following social distancing measures and to self-isolate to protect themselves..
 - c. Category C- Vulnerable People (Non-clinical) are individuals not at increased risk of severe illness but are at risk due to the restrictions that have been put in place through increased social isolation such as worsening mental and physical health or increased domestic abuse.
15. The key elements that have been developed to support our vulnerable residents include:
 - a. The Community Helpline has now received over 7,500 calls.
 - b. A range of information is available on the Council's website and we have received just over 400 online requests for help.
 - c. A networked offer of support is available to those who contact us, delivered by the County Council, district and borough councils, parish councils and a significant voluntary and community sector effort.
 - d. Over 1,500 food parcels have been delivered to residents from the food distribution hub at the Guildford Spectrum, with many more provided by districts and borough councils, voluntary and community organisations and food banks.

- e. Redeployed County Council staff and district and borough staff have made contact with over 32,400 residents who are shielding, including over 3,800 welfare visits.
16. Collectively there remains a need to support vulnerable residents, but as we transition from the Response to the Recovery phase of the pandemic, so will our support. We are now moving from a rapid response phase to a more steady and consistent state. Many of our vulnerable residents have in place a range of support mechanisms which will ensure they can receive the support they need, including support from friends and family, regular government food parcels or a prioritised supermarket delivery slot, a means to have their prescriptions collected, and befriending calls from volunteers to help prevent social-isolation. While these support mechanisms will need to adapt and change as the pandemic progresses, and lockdown measures are eventually eased, the focus will shift to ensuring that residents know how to access support should their situation change, and that provision is in place to meet longer term or complex needs, including mental health support.

COVID-19 Finance Update

17. On the 28 April, the Secretary of State for Housing, Communities and Local Government, announced the allocation of a second tranche of the COVID-19 Response Fund grant. The council has received £21.8m of this funding. This is in addition to the £25.2m received in April. In total, the council has received £47m of COVID-19 related funding, a material amount but insufficient to cover the financial impact of the crisis on the council.
18. We have continued to refine our estimated costs and loss of income as a result of COVID-19 on a weekly basis and have cross-checked our assumptions with the County Councils' Network and other sector partners. We have also reviewed the deliverability of efficiencies based on different scenarios involving potential public health measures.
19. After finalising the financial position for 2019/20 which provided an outturn of £0.9m in COVID-19 costs, the council submitted the latest estimates of our financial pressures to MHCLG, on the 15 May. The submission included forecasted costs and loss of income of £57.4m; in addition to £15.8m in non-delivery of efficiency proposals. The gross cost to the council was estimated to be £73.2m in 2020/21. However, when offsetting this amount against the remaining government funding from the COVID-19 Response Fund, the latest projections show of a shortfall in council finances in 2020/21 of **£27.1m**.

20. Table 1 – COVID-19 Finance Forecast

	MHCLG 1 £'m	Total £'m	MHCLG 2 £'m	Total £'m	Variance £'m	Commentary
2019/20*	1.3		0.9			
Total 2019/20		1.3		0.9	(0.4)	Final 19/20 COVID-19 costs of £0.9m
Costs and Loss of Income	48.4		57.4			
Non-Delivery of Efficiencies**			15.8			
Total Reported to MHCLG 2020/21		48.4		73.2	24.8	Inclusion of efficiencies and updated cost pressures and risks predominantly in ASC provider support and PPE costs
Funding - Tranche 1	(25.2)		(25.2)			
Funding - Tranche 2			(21.8)			
Total Funding		(25.2)		(47.0)	(21.8)	Additional COVID-19 Response Fund grant
Non-Delivery of Efficiencies**		18.0			(18.0)	Efficiencies not included in MHCLG 1
Shortfall in Funding	April	42.6	May	27.1	(15.3)	

*At the time of submitting the first return the 19/20 outturn was being finalised

**The MHCLG1 form did not allow for our estimate for non-delivery of efficiencies to be included

21. The Society of County Treasurers (SCT) Technical Support Team have since analysed and summarised responses sent to MHCLG, representing 100% of members. Their analysis shows SCT members could face a net unfunded pressures of £1.4bn in 2020/21. Using the same distributions as the government has used thus far, the COVID-19 Response Fund (currently at £3.2bn) would need to be increased to over £6.8bn to cover SCT costs.

Personal Protective Equipment (PPE)

22. The Surrey Local Resilience Forum (LRF) signalled its intent to act as a provider of last resort for PPE where supplies from Central Government sources are insufficient to meet demand. However, as the LRF isn't a legal entity, the council was considered best placed to adopt this responsibility and fulfil the LRF's intent, in a market where there is competition due to global demand.

23. A number of options were developed, including bulk buying to secure short-term supply, based on criteria around quality, reliability of supply, payment terms and forecasted need. These options ranged between £1.3m and £2.7m in costs. Due to the urgent nature of this situation a decision has been taken by the Chief Executive under the Council's urgency procedures (Standing Order 54) to approve the option to bulk purchase from UK distributors at a cost of £1.7m. This is for an estimated 6 weeks of supply, so it is likely further procurement will be required.

24. There is a possibility to recharge some of the costs of the preferred option, but if recharging were either not to be introduced or customers failed to pay, the council would have to fund the entire cost from the COVID-19 Response Fund. Before the approval to support the LRF in fulfilling its commitment, the council had already spent £3.3m on PPE.

25. In April, the council launched a campaign asking local businesses and residents to help by donating and making PPE and other support items. We received an outstanding response from across the county with over 1,500 offers of help. We

linked up with many established local groups who have come together and are now supplying to local hospitals and or other care settings.

26. The council has now established new 'anchor voluntary groups' who will help to further support our efforts. The majority of the groups are made up of skilled sewers who are ready to respond to needs and gaps in provision. Of the volunteers that came forward, approximately 100 were tailors, seamstresses and teachers with specialist skills. This campaign has contributed to the donation of over 100,000 high specification PPE items and hundreds of front-line workers are benefiting as a result of this work by these voluntary groups.

Update on the Council's response as an employer

27. As we transition from the Response to Recovery phase of the pandemic, we continue to work with colleagues across the Surrey system to develop plans to support our workforce, with a focus on the following key areas:
- a. Workforce physical and mental wellbeing
 - b. Managing built up demand in the system
 - c. Resuming "Business as Usual" for non-critical services
 - d. Managing workforce policy issues, including principles to manage a safe return to the workplace
 - e. Learning from the experience and retaining positive and innovative ways of working/behaviours

28. These key areas of focus for the council are summarised below.

Workforce physical and mental wellbeing

29. Targeted support has been developed for staff who have been long-term shielding or absent from work. Using the latest government and Public Health England (PHE) information, advice and guidance has also been developed to support infection control and returning to work safely.
30. The council is prepared for a surge in emotional support required by individuals and teams who have experienced bereavement, trauma and Post-Traumatic Stress Disorder (PTSD).
31. The council has been proactive in offering support to teachers and school staff as schools reopen.

Resuming "Business as Usual" for non-critical services

32. A return to "Business as Usual" is being managed on a service by service basis and will take into account government and PHE guidance; in particular social distancing and personal protective equipment (PPE) requirements. The nature of an individual's role and their personal circumstances is being considered in order to understand the ability of staff to work remotely wherever possible.

Managing workforce policy issues

33. In response to the Government's 'Working Safely during Coronavirus' guidelines, council services have been asked to carry out risk assessments for each area and team by 1 June, in addition to individual risk assessments for staff within vulnerable groups. This will ensure that full safety measures are in place for each work setting and in order to minimise risks, work patterns and other factors are being considered.
34. The council will consider which policies and ways of working developed during the response to the COVID-19 pandemic should continue or be adapted as we move into

the “Recovery” phase. This will include the identification of any policies and Terms & Conditions that may require fundamental review and formal consultation with staff and Trade Unions.

Learning from experience

35. The council has begun a month-long schedule of activity to capture lessons learned during the pandemic and identify areas of focus for the future, which will also inform a redefinition of the council’s Moving Closer to Residents Programme. This activity will include feedback from staff surveys to capture the experience of staff, qualitative feedback from redeployees, and quantitative analysis of relevant workforce data (for example numbers redeployed, where staff were redeployed to and sickness levels).

RISK MANAGEMENT AND IMPLICATIONS:

36. Risk implications are stated throughout the report and COVID-19 related risks are managed through the Strategic Coordination Group governance structure.

SECTION 151 OFFICER COMMENTARY

37. The pressures identified at the time of submitting our May forecasts to MHCLG (as part of the DELTA 2 return), resulting from COVID-19 totalled £73.2m, for 2020/21.
38. The pressures identified are in relation to spend and income shortfall forecasts based on four months of lockdown measures, with gradual easing over the remainder of the financial year. The pressures also include our current estimates on the non-delivery of efficiencies, as a result of the pandemic. However, all assumptions continue to be validated for accuracy as new information emerges and will not represent an exhaustive list of pressures.
39. At the time of submitting our forecasts to MHCLG, we had allocated £0.9m of the COVID-19 Response Fund against 2019/20 costs incurred in March 2020. If the balance of the COVID-19 Response Fund (£46.1m) was allocated to fund the pressures in 2020/21 (£73.2m) that would leave unfunded pressures of £27.1m. This shortfall is before any potential contributions from other sectors, such as the NHS and any reimbursement for PPE purchases from LRF partners. Therefore, a gap against funding remains a real issue.

LEGAL IMPLICATIONS – MONITORING OFFICER

40. There are no specific legal implications raised in the report further to the Council’s legal obligations and statutory duties in service provision to residents and for an employer to provide a safe working environment for staff and those visiting Council premises

EQUALITIES AND DIVERSITY

41. The national picture for COVID-19 is shifting rapidly, and with new guidance coming from the government daily, we are continuing to assess the equality implications for residents and staff. This report draws attention to the work being done to shield some of Surrey’s most vulnerable residents (Category A), many of whom will be older and

have a disability or long-term medical condition and some may not have close networks of friends or family they can rely on for support.

42. The measures in place to support the council's workforce will be crucial for supporting existing or emerging mental health conditions arising from the crisis. The individual risk assessment process will also ensure our more vulnerable staff members are able to return to work safely. In addition, the lessons learned exercise represents an opportunity to embed positive working practices adopted for the pandemic that enable colleagues to feel supported and better meets the needs of groups that need extra support, such as unpaid carers.
 43. The local Test and Trace process will ensure support is targeted at complex cases, such as care home outbreaks, so protections for older and disabled people are strengthened.
 44. This report highlights a £27.1m funding shortfall for 2020/21 despite receiving £47m government funding to respond to Covid-19 pressures. Any in-year efficiency plans to address this shortfall will prioritise minimising impacts on service delivery. If service transformation is required to cover the efficiency gap, the equality implications will be presented to Cabinet to pay due regard to them ahead of taking any final decisions.
-

Contact Officer:

Sarah Richardson, Head of Strategy, 07971 091475

Consulted:

- Cabinet Members
- Corporate Leadership Team and other staff