

SURREY COUNTY COUNCIL**CABINET****DATE: 28 APRIL 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, to ensure our residents are protected wherever possible and that 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 on Surrey's response,
2. Note updated guidance on changes to local authority powers under the Coronavirus Act, including powers available to the County Council should the system for managing the deceased risk becoming overwhelmed,
3. Note the efforts being made to source, procure, supply and distribute Personal Protective Equipment to employees, in accordance with national guidance and the potential sanctions and liabilities in this respect,
4. Note the updated assessment of the impact of COVID-19 on Surrey County Council's short and medium-term financial position, and the impact on services.
5. Note the measures being taken through the Surrey Local Resilience Forum Recovery Coordinating Group to plan and prepare for the immediate, operational Recovery of services from lockdown and COVID-19.

REASON FOR RECOMMENDATIONS:

The county and Council continue to face unprecedented challenges due to the COVID-19 emergency. The focus of response activity remains: i) delay and suppress the progress of the virus in Surrey, ii) save lives, iii) support our most vulnerable residents and communities through the delivery of core services, iv) reduce pressure on the NHS.

These priority objectives are guiding our decisions and ensuring our response and emergent recovery strategies and work remain tightly focused. The recommendations set out in this report will support our efforts 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 31 March 2020, this report sets out additional and updated information 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.
2. The following information is accurate at time of writing (22 April 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 2,573,143 and the total number of deaths is 178,096. The World Health Organisation have estimated that globally, as many as 3.4% of reported COVID-19 sufferers have sadly died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.
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 411,192 people have been tested, of whom 133,495 have tested positive.
5. As of 22 April, of those hospitalised in the UK who tested positive for coronavirus, 18,106 have sadly died. The figures on deaths relate in almost all cases to patients who have died in hospital and who have tested positive for COVID-19. They do not include deaths outside hospital, such as those in care homes.
6. In Surrey, we had the first death registered which involved COVID on 14 March. Between 14 March and 24 April 2020 (the last day for which we have available data), we have sadly had 738 deaths involving COVID registered. Because residents can take up to 14 days to register deaths, these numbers could still go up. We have sadly also seen an increase in deaths where COVID is not mentioned over this same period, similar to the national picture. We continue to monitor the situation.
7. In Surrey the total number of confirmed cases is 2,134. As testing is not currently widespread, the actual figure is likely to be a lot higher.
8. As the UK Government has extended lockdown measures for at least another 3 weeks from 16 April 2020 in order to limit the spread of the disease and to ensure that NHS services can cope with demand, current restrictions still apply and the message for our population is to stay at home and to only go outside for food, health reasons or work (but only if you cannot work from home).
9. It is with deep regret that Cabinet are advised of the death, from COVID-19, of a member of staff. Love Bhabuta, a valued member of our staff worked for over 16 years in our Transport Policy Team and sadly died after being diagnosed with

COVID-19 and being admitted to St. Peter's Hospital. Our heartfelt condolences have been sent to his family.

COVID-19 legislation and national guidance

10. Since Cabinet was last updated on Surrey's COVID-19 response in March, the Government has published new guidance that could significantly affect Surrey's strategic response to the crisis and how some of our critical services may operate for the duration of the crisis.

An action plan for adult social care

11. The Government published the COVID-19 Social Care Action Plan on 15 April 2020, designed to support the adult social care sector in England throughout the current pandemic. The Government's approach relates to all settings and contexts in which people receive social care services and is made up of four pillars – controlling the spread of infection; supporting the workforce; supporting independence, people at the end of their lives and responding to individual needs; and supporting local authorities and the providers of care.
12. The Adult Social Care Leadership Team (ALT) is considering the implications of the action plan for Adult Social Care (ASC) and the County Council.
13. During the pandemic, the principles of the Mental Capacity Act and the safeguards provided by the Deprivation of Liberty Safeguards still apply.

Care Act 2014

14. The Coronavirus Act 2020 introduced temporary changes to local authorities' duties under the Care Act 2014, to enable local authorities working with providers to streamline assessments, reviews and care planning in order to prioritise care and support so that the most urgent and acute needs are met.
15. The powers came into force on 31 March 2020 but are only to be used if absolutely necessary. The guidance is clear that a local authority should only take a decision to begin exercising the Care Act easements when the workforce is significantly depleted, or demand on social care increases, to the extent that it is no longer reasonably practicable for it to comply with its Care Act duties.
16. It is not our intention to use the easements. The provisions in the Care Act encourage local authorities to work in a proportionate way. Existing provisions are being used to assess and review people as necessary using the telephone, Facetime, Skype and other technologies to comply with social distancing measures and avoid non-essential face-to-face contacts.
17. The statutory guidance requires local authorities to keep Health and Wellbeing Boards informed of any decision to operate the easements. Surrey's Health and Wellbeing Board was briefed on the easements and our intentions on 14 April 2020.

Hospital Discharge

18. New 'COVID-19 Hospital Discharge Guidance' has been implemented. This guidance sets out the process for hospital discharge under the framework of the Emergency Coronavirus Bill, including aspects such as funding, recording and commissioning arrangements.

19. ASC has taken the lead across the Surrey system in managing hospital discharge under this guidance. A tracker is in place in the acute and community hospitals to record people being discharged to ensure assessments and on-going support is in place for when the national NHS funding ceases. A national bed tracker has been established by the NHS to monitor Care Home bed capacity. Area Directors (ADs) are part of their local Integrated Care Partnership (ICP) daily system calls and are playing a key role in ensuring there is a co-ordinated local approach across all agencies, including districts and boroughs, to supporting hospital discharge and vulnerable people in the community.

Powers over the death management system

20. Statutory guidance on Schedule 28 of the Coronavirus Act 2020 was published on 17 April 2020, to support local partners should the numbers of people dying from coronavirus exceed the capacity of local systems to manage. The measures aim to balance protecting public health with ensuring the wishes of the deceased are respected including their preferred method of committal (burial or cremation) and other relevant information pertaining to any religion or belief they followed.
21. In the event that the local system for managing the deceased risks being overwhelmed, Ministers have the ability to 'designate' local authorities, meaning they can be granted powers to issue directions to local businesses to help address capacity issues, e.g. requiring funeral directors to shorten services or a business to use their vehicles for transporting bodies.
22. The Local Resilience Forum (LRF) has already been working closely with faith and community leaders, funeral directors, burial sites and crematoriums to ensure there is an increase in capacity for funerals allowing people to mourn any loved ones who have passed away. The LRF judgement is that the Surrey system is currently resilient.

Financial Implications for the Council

23. As reported to Cabinet on the 31 March 2020 the Council identified a net estimated shortfall to finances totalling £36.2m in 2020/21, based on a very early initial assessment of the financial impact of COVID-19. This included £43.4m of costs and loss of income in 2020/21, £18m of efficiency proposals which would not be delivered, offset by £25.2m of government funding from the £1.6bn COVID-19 Response Fund, allocated to local authorities.
24. When announcing the support of £1.6bn to local authorities, the Government stated that the allocation would form part of the first phase of the response. The Government committed to review the adequacy of the funding and requested authorities to provide a high-level breakdown of how they intended to allocate the grant.
25. On 18 April 2020, the Secretary of State for Housing, Communities and Local Government, announced a further tranche of funding to Local Government of £1.6bn. Detailed allocations to local authorities are yet to be announced.
26. We have continued to refine estimates based on revised assumptions and cross-checking with sector partners. A submission of data was provided to the Ministry of Housing, Communities & Local Government (MHCLG) on 15th April. At that time we estimated £1.3m of costs or loss of income will be incurred in 2019/20. A further £48.5m is the forecast cost of COVID-19 in 2020/21 and an estimated £18m in non-

delivery of efficiency proposals. Therefore the gross cost to the Council is estimated to be £67.8m. When offsetting this amount against the £25.2m of government funding, latest projections show a shortfall in Council finances in 2020/21 of £42.6m though this is expected to reduce following the allocation of the second tranche of funding referred to in paragraph 24 above.

27. Since the submission to MHCLG, the outturn for 2019/20 has been finalised, whereby the COVID-19 costs of have been refined to £0.9m (not £1.3m). The table below shows the forecast cost or loss of income for both 2019/20 and 2020/21, as submitted to MHCLG, before the inclusion of any impacts on efficiency proposals:

28. 2019/20 - Costs committed or loss of income as estimated at 15 April 2020:

Directorate	£'m	Comments
Children, Families, Libraries and Culture	0.2	Loss of income in Registrars and additional staffing costs to cover response effort
Adult Social Care	0.1	Staffing costs and additional care package expenditure
Environment, Transport and Infrastructure	0.1	Additional highway costs to put works on hold (e.g. securing sites) and securing closed countryside car parks
Community Protection Group	0.1	Temporary mortuary provision at Wray Park
Resources	0.8	Reduced income from school meals due to school closures (£0.7m). IT project resources for device deployment (£0.1m)
	1.3	

NB: The 2019/20 outturn has been finalised showing £0.9m of costs and loss of income

29. 2020/21 - Forecast costs or loss of income:

Directorate	£'m	Comments
Children, Families, Libraries and Culture	4.7	Loss of income in SOLD, Registrars, Libraries, vulnerable learners and Surrey Arts; additional staffing costs to cover increasing demand
Adult Social Care	16.7	Forecasted additional spend on care packages; locums to manage demand and cover absence; SCC support to people who would normally fund their own care; and reduction in assessed charging income
Public Health	0.5	Increased costs for public health delivery
Environment, Transport and Infrastructure	3.3	Loss of income from parking, highways permits, street work licenses and fewer planning applications. Additional

		pressures from the inability to capitalise staffing costs as the capital programme slows down
Community Protection Group	0.7	Estimated PPE and additional staff costs in SFRS and temporary mortuary provision.
Resources	8.9	Reduced income from school meals due to school closures; reduced property rental income; and filming and wedding income
Transformation, Partnerships and Prosperity	0.3	Further support to the VCF; and Public Information Campaign
CIE	3.4	Reduction in rental income and dividend to SCC from Halsey Garton; reduction in rental income to the wider commercial portfolio
Cross-cutting	10.0	Estimated Hardship Payments
	48.5	

NB: Forecasts are being continuously refined for accuracy and the latest emerging information.

30. The net effect of COVID-19 related additional costs and loss of income for 2020/21 remains uncertain. However, our projections continue to be refined and pressures are likely to increase if current measures continue beyond the initial three-month lockdown period. Any shortfall in the delivery of efficiency proposals will compound the issue in future years.
31. As economic data emerges to show the impact of COVID-19 on households and businesses, it is likely our funding from Council Tax and Business Rates will reduce in 2021/22 due to more households moving into forms of support and businesses are given extended reliefs, which are not compensated by government. We are currently collating data to model likely impacts.

Impact of COVID-19 on our services

Children's Services

32. During the COVID-19 crisis, Children's Services have had to make some key operational decisions to ensure safety for children. In social care each case has been RAG rated. Where there are ongoing safeguarding concerns a case would be rated as 'Red' and in these cases social workers have continued to visit and talk to children face to face to ensure their welfare and safety.
33. A similar process has been applied to all new referrals. Where cases are rated as Amber or Green the contact with the child or family would usually be by use of social media, skype calls, WhatsApp etc. For Children looked after and in settled foster or residential placements the contact is generally by social media, in some more volatile placements there has continued to be face-to-face visits.
34. Other services have continued to run, albeit in a more 'virtual' way. Referrals to the Single Front Door service for children and young people have reduced by 50% during

the COVID-19 period. We envisage a high level of referrals once the crisis has passed.

35. Schools have remained open for vulnerable children and for children of key workers, though take up of places has been generally low. In the case of vulnerable children, where they do not attend school, we have systems in place to check on their welfare.
36. Our staffing has been relatively consistent throughout the crisis so far and foster carers have been superb in managing to care for young people looked after during the lockdown period. We review the service regularly, but despite the severe challenges, services have continued to run safely.

Adult Social Care

Operational Teams

37. Our teams are currently meeting demand. We are maintaining duty across the 11 localities, with separate duty for the learning disabilities, transitions and mental health teams. We are seeing an increase in referrals to the mental health duty team so staff are being redirected to support the mental health front door. The hospital teams continue to support the NHS seven days a week.
38. We are redeploying resources within Adult Social Care to maintain our duty teams and will consolidate them if required. We have identified people who can be moved into other roles as necessary and will continue to mobilise resources to best effect, we are also using the County Councils redeployment scheme.
39. To continue to deliver duties under the Mental Health Act we have worked in partnership with Surrey and Borders Partnership NHS Foundation Trust to develop a protocol to assess people remotely using Microsoft Teams and Skype. This started to be used from last week and has been well received.
40. Staff have started to use the process for COVID-19 testing. This is the first phase of the roll out of testing to social care staff and includes social care providers.
41. Wellbeing resources developed by the Human Resources/Occupational Development team have been distributed to staff across ASC and are highlighted during the daily check-ins with staff.
42. Safeguarding continues to be a concern particularly in terms of domestic abuse, guidance on carrying out our adult safeguarding work during the COVID-19 outbreak has been issued to staff. This highlights the need to take account of ways that the impact of the outbreak of COVID-19 may lead to increased risks to survivors of domestic abuse and vulnerable adults. The adults MASH continues to operate and we are redirecting further resources to support this work.

Financial support for ASC providers

43. The Council has agreed an extensive range of financial support to ensure market stability during this phase of the pandemic. The main offers of support include:
 - a. An across-the-board unconditional goodwill grant of 10% to cover additional costs likely to be incurred from April-June (at a cost of £13m for the 3-month period)
 - b. Home Based Care providers have received a 3-month payment in advance based on planned levels of care prior to the virus.
 - c. A 10% premium for all new home care packages supporting hospital discharges

- d. Day Service providers being funded at previous levels even if the service is no longer being provided.
- e. A significant uplift, approximately 20%, on all new admissions to residential and nursing homes.

Provider Market

44. An ASC Joint Central Placement Team (JCPT) is now live across Surrey. This system-wide approach will benefit all partners and ensure the stretching targets under the new national discharge guidance are achieved. These arrangements will ensure that residential and nursing placements (for older people) following hospital discharge are sourced through one central team. The JCPT operates a capacity tracker of nursing beds confirmed and available in the market for use by Surrey and is supported by the NHS Continuing Healthcare (CHC) Placements team to ensure a joined-up county placements approach.

Complaints

45. The Local Government & Social Care Ombudsman (LGSCO) has suspended all new and existing casework and they will not be chasing for information/responses or informing us of new complaints or any draft/final decisions. The LGSCO do still expect councils and care providers to continue to address any urgent or high-risk complaints appropriately.

Older People's Homes

46. Our usual sources of information around deaths, such as Care Quality Commission and Office of National Statistics, do not provide information at local level so the Council has been working with the registry office to respond to the need for local information on deaths.
47. Consequently, Public Health are only able to report on a countywide basis. For the period 16 March 2020 – 14 April 2020 there were 370 reported deaths in care homes in Surrey; 68 of these were recorded as COVID-19 related. There is a 7–14 day delay in recording deaths so the actual numbers are likely to be higher. It is also important to note that these figures would not include care home residents that died in hospital. Across Surrey 125 providers have reported suspected COVID-19 cases.
48. For the 8 Council operated care homes, for the period 23 March 2020 – 20 April 2020, there have been 28 deaths in our homes and 16 of these are highly suggestive of being COVID-19 related (it is not possible to give precise figures as many of these residents had not been tested – the number maybe higher or lower). The numbers of residents in isolation varies on a daily basis however there are currently 17 residents across the care homes in isolation as they appear to be unwell. Our homes err on the side of caution, so the numbers of actual symptomatic residents is likely to be lower. We have had suspected virus cases in each of our care homes.

Reablement services

49. Reablement continues to support with discharges from hospital and is currently supporting COVID-19 positive residents in their own homes. They are also working closely with two care agencies to increase the flow out of hospital and back into the community. There is limited capacity to take on new referrals in the Guildford and Waverley area. The key issue has been around PPE and ensuring that supplies are available so continual monitoring of this is going on as well as moving supplies between the teams as necessary. A number of staff who were self-isolating have been tested and have returned to work.

Learning disabilities services

50. The services are continuing to operate. There are pressures on maintaining sufficient staff in some services but currently the staffing levels are considered to be safe. Services are being closely monitored and plans are in place to manage any changes in staffing levels. Hillside in Camberley closed on 20 April 2020. Before lockdown the residents were all able to visit their new home. Staff from the new provider have been working alongside our own staff at Hillside to ensure a smooth transfer. The move went ahead following the government advice on moving home during the current situation. The property was vacant so we were able to work with the removal company to ensure social distancing strategies, they did not to come into contact with the people we support and contact with staff was kept to a minimum.

Environment, Transport and Infrastructure

51. Resources continue to be focused on ensuring the delivery of critical services, including highways, waste and our strategic transport team's support for the operation of local bus services, as well as other safety critical services.
52. Several frontline services within the Directorate have been modified to accommodate the Government's social distancing measures. For instance, as a result of very clear guidance advising individuals to only make essential journeys, countryside car parks and Community Recycling Centres (CRCs) have been closed.
53. Highways planned works were paused on the introduction of the lockdown measures, with only safety critical works continuing. From this week, planned works are being reintroduced based on risk assessments undertaken with contractors delivering these works to provide a level of assurance about the social distancing measures in place on site.
54. Many staff have been redeployed to support business continuity of key services. For example, staff and resources that would have been supporting the CRCs have been redeployed to some district and borough kerbside collection services, which has helped collection services continue. Other staff unable to fulfil their substantive roles working remotely have volunteered to support the Council's and county's response efforts where needed.
55. Finally, the Directorate has ensured that wherever possible, other strategic activity, including the development of the climate change strategy, and the continued development of the rethinking transport programme continues to be progressed.

Personal Protective Equipment

56. Since Surrey County Council declared a major incident with regard to the COVID-19 Pandemic, it has proven very difficult to source basic personal protective equipment (PPE) items, such as gloves, hand sanitiser and masks across the social care sector, which reflects the global deficit. Those supplies that are in the system have been directed to NHS care settings as a priority. Whilst there is now a plan by central government to address the social care deficit (announced on the 15 April) the LRF are still unclear when and how this will be implemented, so there remains some concerns about the resilience of the supply chain.
57. To address this urgent need in the interim the LRF have:
- a) built and will continue to maintain a comprehensive and detailed picture of both where we have PPE and where there are deficits across all provider establishments in social care. As the guidance from Public Health England (PHE)

on the usage of PPE continues to be updated this will be constantly reviewed. Recent changes for example, have meant a significant increase in the volumes of PPE required across all the care settings

- b) developed a prioritisation system based on an ethical framework to determine who gets PPE when we do not have enough to supply all that need it. This has been developed by Public Health with the service providers and is based on PHE guidance. The framework was approved by the SCG on 22 April 2020
- c) set up a procurement team to buy PPE to meet the identified need based on the PHE technical specification. This is incredibly challenging as the market is very competitive for supplies that are available. When contacting potential suppliers, procurement teams are being told that LRF buying power is not as competitive as supermarkets and they are struggling to place orders in the volumes needed. There is also a raft of sub-standard products available to market which further narrows the options available
- d) called out to industry both for donations of PPE and for local manufacturing of PPE so supplies are direct from the UK
- e) explored and continue to explore the options for joint procurement with other organisation to gain leverage in the market
- f) established a logistics hub for the distribution of PPE across the care sector, along with an e-ordering system and order tracking for when we do have PPE to distribute
- g) developed and implemented a communication plan to ensure everyone knows when they need PPE and when they do not, and how to use it, including videos from Public Health
- h) developed quality assurance process for PPE with input from Health and Safety, Trading Standards and Public Health.

58. We have also launched our 'Handmade for Heroes' campaign, which is appealing to residents and businesses for their help to either make or supply PPE for our social workers, care home staff, firefighters and volunteers. They urgently need items, such as gowns, aprons and masks, which are rapidly running out. More details on how residents and businesses can help are on the Surrey County Council website.

59. What is clear, is that until there is a steady supply of PPE, the Council will need to prioritise the use of PPE. Adults and Children's Services have already reviewed all activities as part of their business continuity planning. Risk assessments have taken place and an understanding of the impact of those activities that may need to stop altogether or reduce is being made – for example, the impact of assessment of risk by video alone for children we know are vulnerable at home.

Update on our broader activity to respond to COVID-19

Supporting vulnerable residents

60. Supporting vulnerable individuals and communities in Surrey remains a key priority, in which County Council staff have played a leading role. A Community Helpline was established to provide support to residents and has received over 3,800 calls. A range of information is available on the Council's website and we have received over 300 online requests for help. 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.

61. A food distribution hub is operating from the Guildford Spectrum Leisure centre, focusing on those individuals identified as being most vulnerable and requiring

shielding from COVID-19¹, who have indicated that they have no other sources of support e.g. family, friends or neighbours. Over 1,300 food parcels have been delivered to residents by the Spectrum, with many more provided by districts and borough councils, voluntary and community organisations and food banks.

62. Redeployed County Council staff and district and borough staff have been proactively making contact with the cohort of shielded residents, of which there are approximately 23,500 across Surrey. So far, contact has been made with over 18,300 residents who are shielding, including over 1,500 welfare visits made by Police Community Support Officers (PCSOs) and other partner agencies where telephone contact couldn't be established (a verbal update will be provided at the meeting to provide the latest figures).
63. Over 1,500 individuals in the shielding cohort have been identified as matching the ASC or Children's Social Care open case lists. Council staff across both services are proactively making contact with these individuals, in addition to other vulnerable residents living in the community that are open to them to ensure that they have support. The teams are working closely with the district and borough councils and the voluntary sector to respond to urgent need but also to look at the longer term need in terms of loneliness and befriending services.
64. Much of the support available to our shielding residents is also available to other vulnerable groups and residents who are self-isolating, and we have been proactively working in partnership to provide the help that they need, including shopping, collecting prescriptions and providing online befriending. In March, over 7,000 new volunteers were registered through local Volunteer Centres and much of the support available to residents has been provided by charities and local neighbourhood groups.

Support for voluntary, community and faith sector (VCFS) organisations

65. Recognising that VCFS organisations are playing a vital role in responding to the COVID-19 pandemic and the substantial risk to the sector posed by the outbreak, at their meeting on 31 March, Cabinet approved the development of a COVID-19 package of support for the VCFS as well as for key suppliers and service providers, in order to maintain services during the current crisis and ensure continuity of supply.
66. Cabinet also approved a more direct form of financial support to VCFS organisations most in need to help with immediate needs as a result of COVID-19. The following additional financial support options have been made available:
 - a. The Council has contributed £100,000 to the Community Foundation for Surrey COVID-19 Appeal Fund which offers grants, of up to £5,000, to support smaller charities and voluntary bodies.
 - b. 'Hardship payments' for the VCF sector, assessed by officers from Strategy and Finance and determined for recommendation by the Executive Director for Transformation, Partnerships & Prosperity, in consultation with the relevant Cabinet Member.
 - c. All approved requests will be reported on a weekly basis to CLT and Cabinet.

¹ The Government has asked people with certain medical conditions to stay at home for at least 12 weeks and describe this as 'shielding'. A list of the conditions can be found here: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

67. Applications for COVID-19 funding will be prioritised recognising that there is finite COVID-19 funding available and ensuring those VCFS organisations who are critical right now and/or those who will be critical in recovery and supporting delivery of longer-term ambitions for Surrey are supported.
68. In addition to the above, Council staff have been working very closely with the sector and in particular Councils for Voluntary Services (CVSs), who register and place volunteers across the county, to identify and address any capacity concerns due to the significant increase in demand as a result of COVID-19.

Workforce

69. Since the declaration of this Major Incident, a significant number of interventions have been put in place to support the Council's workforce. Temporary changes to terms & conditions of employment have been made, staff have been temporarily redeployed to support critical areas within the Council and partner organisations and a comprehensive staff welfare support offer has been put in place, with a strong focus on the mental, emotional and physical wellbeing of all staff, including a targeted bereavement support offer.
70. We are currently undertaking analysis to form an evidence-based picture of workforce productivity as well as to identify specific workforce issues that may require additional focus to enable our staff to continue to perform during the ongoing challenges. This workforce modelling will include forward planning in preparation for an ease in lockdown restrictions and the anticipated surge in demand for some services.
71. Looking forward more broadly, the following have been identified as workforce priority areas of focus in the short term as we move towards the Recovery phase:
- a) Ongoing support for our Surrey Heartlands ICS partners as well as District and Borough councils, including the redeployment of staff across the system where possible.
 - b) Additional support, including where necessary trauma counselling, for the Council's workforce, some of whom are likely to be emotionally, mentally and physically exhausted, particularly those in services where pent-up demand is anticipated.
 - c) Ensuring the strong relationships and partnership working built through the LRF are maintained as we transition to the "new normal".
 - d) Maximising the learning and positives from current virtual working practices to support the Council's agile working and climate change ambitions.
72. In the longer term, our focus will be on ensuring Surrey has a workforce equipped to deliver in new operating models within the context of the economic and societal changes brought about by this pandemic.

Headley Court – Temporary Community Hospital

73. The County Council has worked with partners across the Surrey Heartlands ICS to open an additional community-style hospital to deal with increasing patient numbers. NHS Headley Court Hospital Surrey will now re-open and serve as a temporary community hospital. The facility will provide non-critical care to patients and will be ready to receive patients from 4 May.
74. The Communications team has led work to announce the Headley Court facility including supporting the recruitment campaign *Make a Difference Today – Save Lives*, to attract workers with a wide range of different skills who are urgently needed

to staff the new hospital. The Recruitment team are working closely with colleagues at Epsom and St Helier Hospitals to co-ordinate this campaign.

75. The set-up and running of this facility, enabled and supported by the work of the County Council in the delivery of the facilities to the NHS has now been handed over to Epsom and St Helier Hospitals Trust, who are working with partners to ensure that it is operational and staffed to support those needing community hospital care. The Secretary of State for Health, Matt Hancock, is expected to open the Headley Court hospital early next month.

Communications

76. When the first UK transmitted case was discovered in Surrey, the council's Communications and Public Health teams led the response in the county, quickly initiating the multiagency information group to work closely with partner agencies across health, police and districts and boroughs.
77. Since the beginning of the response in February, communications activity led by the Council has involved media management including regular local and national broadcast interviews with county council spokespeople, reactive media statements, a rolling 'Core Brief' for all partners, communications support to schools and charities, a series of campaigns using channels including social media, press advertising, a leaflet delivery to every Surrey household, e-newsletters and regular updates to the Council's COVID-19 webpages.

Recovery

78. As the forecast pattern of the progress of the outbreak is refined (e.g. a longer, lower, later curve), planning and preparing for recovery is likewise being developed. The SLRF Strategic Coordinating Group (SCG) have put in place a Recovery Coordinating Group (RCG) to oversee the steps that need to be taken across the County to restore the County to good order and ensure essential services are in place as the lockdown measures are eased, possibly in phases and Covid-19 is brought under control. At this stage the details and timescales for both are uncertain.
79. Given the forecast longevity of the current situation, Response activity is establishing a rhythm to manage the ongoing impacts. Work is currently underway in the Strategic Coordinating Group to determine the conditions and criteria that will be used to assess the winding down and conclusion of the Response phase.
80. In parallel, the RCG has established a number of Sub-Groups (e.g. health and social care, economy and retail, travel and transport, etc.) to work on and coordinate the detailed recovery activity that needs to be undertaken to restore basic services, while identifying the learning and beneficial new practices and behaviours that have emerged during the Response phase.
81. This work has begun by capturing the impacts, issues, practices and risks and will see a Recovery strategy developed and led by Cabinet on behalf of the Council but working in close partnership with other county wide organisations aimed at confirming the actions required, by which agencies and by when, to ensure an orderly and successful establishment of a 'new normal' within the Council and across the County.

CONSULTATION:

82. The proposed measures in this report have been put together following extensive consultation with health colleagues, districts and boroughs, Surrey Police, LEPs, businesses and VCSF organisations who are already working tirelessly to help our residents through the pandemic.

RISK MANAGEMENT AND IMPLICATIONS:

83. 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:

84. The current pressures identified at the time of submitting our forecasts to MHCLG, as a result of COVID-19 totalled £49.8m.
85. The pressures identified in 2020/21 is in relation to spend and shortfall in income in Q1 and Q2 of the financial year. However, these numbers are being validated for accuracy and are not an exhaustive list of pressures. In addition to this, the current estimates are c£18m of efficiency proposals will not be achievable by Q2, if the pandemic continues. In total the estimated shortfall to the Council could reach £67.8m based on current information.
86. At the time of submitting our forecasts to MHCLG, if the £25.2m COVID-19 Response Fund was allocated to fund these immediate pressures that would have left unfunded pressures of £42.6m (based on estimates and before any potential contributions from other sectors, such as the NHS). We now know that additional funding of £1.6bn has been announced for Local Authorities but at the time of writing, the specific allocation methodology is not known, so a gap against funding remains a real issue.

LEGAL IMPLICATIONS – MONITORING OFFICER:

87. The report sets out in summary the key easements and changes in response to the coronavirus crisis implemented by the government through the Coronavirus Act 2020 to the County Council's statutory duties and powers. In particular, further to the Care Act 2014 and death management systems responsibilities. These new easements and powers must be carried out with regard to statutory guidance, the key points of which are summarised in the report. The powers are temporary and should only be exercised by Local Authorities where this is essential in order to maintain the highest possible level of services. They should comply with the pre-amendment Care Act provisions and related Care and Support Statutory Guidance for as long and as far as possible.
88. Cabinet members have previously considered the exercise of these new duties through Executive Directors acting in consultation with the relevant Cabinet Member to arrange service provision to meet the council's statutory duties as these may be modified during the response to the pandemic.
89. The report sets out the considerable efforts being made to ensure PPE is available where required. The relevant regulations are the Personal Protective Equipment at Work Regulations 1992 which state at regulation 4 that 'Every employer shall ensure

that suitable personal protective equipment is provided to their employees who may be exposed to a risk to their health or safety while at work except where and to the extent that such risk has been adequately controlled by other means which are equally or more effective’.

90. This duty applies to all employees and the Council needs to comply with the national guidance issued by Public Health England and the HSE in discharging this duty. There are significant sanctions and liabilities that arise if the duty is breached. These have not been relaxed in the current circumstances.
91. The Council (with some restrictions) has extensive powers to do anything it considers likely to promote or improve the economic, social and environmental well-being of their area further to the Local Government Act 2000 and its power of general competence under the Localism Act 2011.
92. The decision making and governance arrangements of the Council have been amended by the Coronavirus Act and regulations to permit attendance at meetings remotely by members and the public as an addition to the emergency delegations agreed by the Council and the Leader. These provisions will ensure Council business can continue with the appropriate oversight, member involvement and accountability.

EQUALITIES AND DIVERSITY:

93. The national picture for COVID-19 is shifting rapidly, and with new guidance coming from the Government daily, we are continuing to assess what the equality implications of these are for residents and staff. This report draws attention to the work being done to shield some of Surrey’s most vulnerable residents, 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.
94. We are also working through the LRF with local religious and community groups to ensure that for those residents who tragically lose their lives, they are given a funeral that respects their wishes based on any religion or belief they may follow.
95. Surrey’s allocation of the additional £1.6bn for local authorities to manage service pressures will be used to support those key services our most vulnerable residents rely on, such as adults and children’s social care. Further measures are being proposed today to bolster the economic and community stimulus package agreed by Cabinet in March 2020. Support for the VCFS will enable them to focus on their critical role in helping some of our vulnerable residents from protected groups as part of Surrey’s wider response to the pandemic.

Contact Officer:

Sarah Richardson, Head of Strategy, 07971 091475

Consulted:

- Cabinet Members
- Corporate Leadership Team and other staff
- Districts and Boroughs
- Surrey Police
- Voluntary, community and faith sector organisations

Sources/background papers:

- [Care Act easements: guidance for local authorities](#) (gov.uk)

- [Coronavirus Act 2020](#)
- [COVID-19: local death management statutory guidance](#) (gov.uk)
- [COVID-19: our action plan for adult social care](#) (gov.uk)