

SURREY COUNTY COUNCIL**CABINET****DATE: 24 NOVEMBER 2020****REPORT OF: MR TIM OLIVER, LEADER OF THE COUNCIL****LEAD OFFICER: MICHAEL COUGHLIN, DEPUTY CHIEF EXECUTIVE****SUBJECT: COVID-19: SURREY COUNTY COUNCIL - UPDATE**

ORGANISATION STRATEGY PRIORITY AREA: Growing A Sustainable Economy So Everyone Can Benefit/ Tackling Health Inequality /Empowering Communities

SUMMARY OF ISSUE:

Surrey County Council continues to have a vitally important role in leading the ongoing 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.

With the country entering a second national lockdown and the national and local situation continuing to change and evolve regularly, 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 and recovery work going on across Surrey.

RECOMMENDATIONS:

Cabinet are asked to note and endorse:

1. the latest public health situation with regard to Covid-19 in Surrey, the new national restrictions that have come into place with the second Lockdown and the actions being delivered through Surrey's Local Outbreak Control Plan,
2. the latest impacts on Adult Social Care and Children's, Families, Lifelong learning and Culture services and the management and mitigation of them,
3. the ongoing support to vulnerable residents, including through the County Council Community Helpline and the allocation of emergency funding to District and Borough Councils,
4. the latest Covid-19 financial position as reported in the M6 (September) Financial report.

REASON FOR RECOMMENDATIONS:

The county and council continue to face unprecedented challenges due to the Covid-19 crisis. In addition to the response activity, the council continues to look forward to how it can

work with its partners to enable recovery within the county and a return to day-to-day life for our communities following the end of the second national lockdown and more long term into the future.

The recommendations set out in this report ensure Cabinet are apprised 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

- Public Health continue to hold daily data surveillance meetings in order to systematically review Covid-19 data and intelligence and ensure prompt action is taken in line with the [Surrey Local Outbreak Control Plan](#). The [Surrey COVID-19 Weekly Intelligence Summary](#) is published Mondays and Thursdays along with a daily infographic on Covid-19 Alert Levels. Table one below shows the most recent intelligence at the time of writing. Surrey's rate per 100,000 is lower than the rate in England, but there are significant differences in the rates across the county.

Table one: cases and rates per 100,000 population in the most recent 14-day period (25/10/20-7/11/20) and most recent 7-day period (1/11/20-7/11/20)

	Most recent 14 days with complete data (25 Oct - 07 Nov)			Most recent 7 days with complete data (01 Nov - 07 Nov)		
	National rank	14 day rate	Cases	National rank	7 day rate	Cases
England		464.3	261,316		232.4	130,831
South East		243.5	22,352		125.8	11,549
Surrey		258.1	3,088		130.5	1,561
Spelthorne	140	370.6	370	140	189.3	189
Mole Valley	146	356.5	311	164	157.0	137
Runnymede	182	282.9	253	166	156.6	140
Woking	178	288.7	291	176	147.8	149
Guildford	211	246.3	367	191	136.9	204
Epsom and Ewell	197	267.9	216	210	124.0	100
Reigate and Banstead	238	217.1	323	226	117.0	174
Surrey Heath	249	203.8	182	238	110.9	99
Tandridge	242	211.1	186	241	110.1	97
Waverley	217	240.6	304	244	109.2	138
Elmbridge	244	208.3	285	258	98.0	134

IMPORTANT: Most recent 4 days can be affected by reporting delays

Note 1: Table sorted on 7 days rate (from highest to lowest)

Note 2: Rank out of 315 LTLAs in England

National Lockdown

- New national restrictions come into force on 5th November 2020 (full guidance is available [here](#)). As part of these restrictions, people are being told to stay at home unless they have a specific reason such as work, which cannot be done from home, and for education purposes, with school, colleges and universities remaining open. People are also allowed to leave home for exercise, medical reasons, to buy food and other essential shopping and to provide care for vulnerable people or for

volunteering. Clinically vulnerable people are asked to be "especially careful", but not being asked to resume shielding as was previously the case.

Test and Trace programmes update

3. Surrey's Local Outbreak Control Plan is continuously updated in light of new national guidance. The following key actions aligned to the plan have taken place:
 - Surrey's Local Tracing Partnership will go live on 26th November. Customer Services and Public Health staff are currently undertaking contact tracing training and local processes are being finalised.
 - A COVID Champions initiative is being implemented to further engage key parts of the community.
 - Incident Management Team meetings have been held in boroughs and districts with rapidly increasing rates to coordinate targeted action.
 - All boroughs and districts have provided delivery plans for COVID Marshal schemes to undertake proactive physical visits to premises and support Environmental Health COVID education, engagement and enforcement work.
 - Work has continued with the four universities in Surrey to promote key public health messages. By frequently sharing resources and staying connected, SCC are helping the Universities implement what is considered (COVID) best practice with a holistic approach to student wellbeing.

Testing

4. Symptomatic testing is available in Surrey through a variety of different means including drive through Regional Test Sites (RTSs) at Guildford, Chessington, Gatwick, Heathrow and Twickenham and Mobile Test Units (MTUs) in locations across the county. MTUs are deployed on rotation to ensure access is available in all boroughs and districts in response to increasing rates of infection. There are also Local Test Sites (LTSs) in areas of greater population density. Currently two are operational in Guildford and Egham, and while the programme is currently paused by the Department of Health and Social Care (DHSC), Elmbridge and Waverley will be deployed when this pause is lifted.

Governance

5. A new Strategic Coordinating Group - the Surrey COVID-19 Management Group (CMG) - has been established which covers the geographical area of the Surrey Local Resilience Forum (LRF). The CMG reports to the Surrey SCG (Strategic Coordination Group) and is designed to provide a strategic health system led forum for local organisations to support and facilitate health sector (including voluntary and independent sector) preparedness, planning and tactical approaches to the current Covid-19 emergency.

Impact on Adult Social Care services

Hospital Discharge

6. From 1 September (referred to as Scheme 2) new or extended health and care support will be funded by the NHS for a period of up to six weeks. It is not yet agreed, but we expect this to continue into subsequent years. We are continuing to work in an integrated way with our health partners to ensure all assessments are completed within the six-week period.
7. Previously those in Scheme 1 (19 March – 31 August) were discharged without an NHS or social care assessment. Assessments are taking place to transfer these

people where appropriate to the correct funding streams - NHS funding (CHC), SCC Adult Social Care or self-funding arrangements. Catching up with Scheme 1 assessments whilst also completing Scheme 2 within six weeks is proving challenging and while NHS funding for Scheme 1 remains in place until 31 March 2021, the expectation is that assessments are undertaken as quickly as possible.

Designated settings

8. In response to a requirement from DHSC in October, we are working closely with NHS colleagues to ensure people can be managed within community hospital bed capacity, along with exploring options for scaling up the number of beds available at NHS Seacole Centre. Whilst we have not as yet been able to secure designated premises beds within the private residential and nursing home market, we are in on-going dialogue to see if capacity can be established. We are also working to scale up the home-based care and reablement offer to ensure people can go home with the right level of support however intense their needs.
9. On 5 November, NHS England and NHS Improvement directed NHS and social care to carry on as normal until isolation facilities are confirmed. We will endeavour to discharge people who have a Covid-19 positive status by looking at their individual circumstances and the options available. There is however growing anxiety about our ability to place people and our heavy reliance upon community hospitals beds and NHS Seacole Centre which is not yet fully operational.

Infection Control Fund

10. The first round of the Infection Control Fund covered the period 13 May – 30 September 2020 where we worked closely with the Surrey Care Association (SCA) to agree an approach for how the discretionary element should be used. The second round of the Fund covers the period 1 October 2020 – 31 March 2021 (details of the amount are set out in the Finance section of this report). As with round 1, we have been working closely with SCA to devise a plan for distribution which has now been approved by the Cabinet Member for ASC and Executive Directors for ASC and Resources. Work is underway to confirm the allocations due for each provider.

Personal Protective Equipment (PPE)

11. DHSC has expanded the national portal to provide free Covid-related PPE for the majority of care homes and other adult social care providers. While this system embeds, Surrey's Local Resilience Forum (LRF) PPE Cell remains in place to support care providers should the portal fail and an emergency stockpile which can be released should infections and demand significantly increase. The Government released its new PPE strategy and winter care plan in September, offering free PPE to all care providers until March 2021. The Council made the decision not to charge for PPE provided before 2 November in recognition of the spirit of the national strategy and significant financial challenges faced by the sector.

Anti-body Testing

12. Anti-body testing was made available to all adult social care staff employed by the Council and the independent sector during the period of 18 August – 30 October. From 1 November all paid adult social care staff are able to order an at-home antibody testing service offered through the DHSC.

Impact on Children, Families, Life-long learning and Culture services

13. The increased numbers of contacts from our statutory partners to the C-SPA continued in September and has led to a 17% increase in referrals when compared to the previous two months. There are currently over 1500 open assessments in social care teams, the highest number since February 2020. The number of children subject to a CP plan has also increased from 696 in April to 770 in September. This is a 30% increase compared to September 2019.
14. Over 95% of children in care were visited in September, with most being able to take place face to face. Virtual visits were used in 11% of cases. Dental checks continue to decline due to the closure of dental practices as do immunisations and developmental checks for children under five years of age.
15. Due to Covid-19 restrictions there is no new reporting on key stage results or Ofsted ratings for schools. However, we have seen that vulnerable children in Surrey were three times as likely to attend school during lockdown than the national average (11%). This academic year will likely see unexpected trends which will require specific analysis as the data becomes available. For example, the number of requests for an Education Health Care Plan (EHCP) is considerably lower this year (69 requests) when compared to the same time in 2019 (118) and 2018 (138). It is too early to say if this is related to non-attendance linked to Covid-19.

Support to vulnerable residents/Community Helpline

16. There are over 36,000 clinically extremely vulnerable residents (CEV) in Surrey. Through a process of prioritisation, the Community Helpline is supporting districts and boroughs to make outbound calls to 3,500 residents through the provision of scripting guidance and signposting information. Two of the districts and boroughs are also being supported with inbound call capacity for the 25,000 CEV who will be contacted by text.
17. To date, since the beginning of the first lockdown period, the Community Helpline has handled 11,118 resident enquiries, and our Website has had over 260,000 website views on our Coronavirus pages. Customer Services is gearing up to prepare for our local Contact Tracing operation due to launch on the 26th November. This will be embedded in our Community Helpline.
18. Following the announcement of the second lockdown DHSC issued updated guidance to CEV individuals on how they can protect themselves during this 4-week period. In recognition that this will create new pressures on councils, MHCLG allocated funding equivalent to £14.60 per CEV individual on the Shielded Patients List for the 28-day period that the restrictions are due to be in place. Surrey received £579k and has distributed the majority (£538k) to the Boroughs and Districts (based on the number of CEV individuals in each area). This will enable them to provide essential resources and support to these residents during the second Lockdown.

Covid-19 finance update

19. As reported in the M6 (September) Financial report (as reported elsewhere on this agenda), and following the proposed budget reset, the total Covid-19 position consisted of total costs, lost income and unachievable efficiency savings of £78.0m due to Covid-19:
 - Funded through: £53.4m of general Government Covid-19 funding (£0.9m used in 2019/20) leaving £52.5m in the 2020/21 budget

- £25.5m of specific Government Covid-19 funding relating to Infection Control, Test and Trace funding and grants for active travel and bus services.

20. Subsequent to the position reported for M6, further ringfenced/specific funding of £27.4m has been announced and is expected to be spent or allocated through partners; as follows:

- £15.8m: A second round of Infection Control funding announced in October (for further details see paragraph 11 of this report)
- £9.2m: Contain Outbreak Management Fund - Upper tier councils in England will receive a one-off payment of £8 per head, to support local test, trace and contain activities as well as wider measures to protect public health and local economies. The initial estimate for Surrey was £9.4m however an initial payment to Elmbridge Borough Council received when they were in High Alert, before the national lockdown, has been deducted.
- £0.9m Home to School and College Transport grant
- £1.3m: Minor updates to other grant funding

21. It is expected that each of the above grants will be used in full. When added to the M6 forecast, total costs, lost income and unachievable efficiency savings are £105.4m. These are offset by £52.9m specific income and £52.5m of general Covid-19 funding.

22. On the 8th November, Government announced a package of £170m funding for councils in England to run the Covid Winter Grant scheme. Surrey's share of this is yet to be finalised but has been indicated at £2.1m. Additionally, further non-ringfenced/general funding has been announced since the reset:

- A fourth tranche of the Government's emergency Covid-19 funding on 22nd October, with Surrey's allocation at £5.3m.
- Income Compensation Scheme (ICS), £4.6m claim for Tranche 1 funding (subject to confirmation)
- Both amounts above will be held in the Covid-19 reserve; bringing the expected reserve balance to c£10m.

23. The forecasts at M6 predate the second Lockdown and an increase in costs and income loss on this basis is probable. The financial implications on the council's services, continue to be monitored closely. Further budget resets (funded by the Covid-19 reserve) to mitigate the impact of Covid-19 may be necessary in-year and will be communicated through future budget reports to Cabinet.

Recovery activity

24. The SLRF Recovery Co-ordinating Group (RCG) has continued to involve and work across a range of partners, as well as with equivalent groups across the South East, during the various phases of the pandemic, focussing on returning services and activities to a 'steady state' and transitioning ongoing business as usual activity to delivery and oversight bodies. Given this, the RCG has adapted its 'battle rhythm' and meet monthly in a monitoring role, ready to stand up if required by the Strategic Coordinating Group.

25. Working across the themes of Humanitarian, Economic, Infrastructure and Environmental, the group have continued to engage in, for example, the following:

- Working primarily with Districts and Boroughs and the Local Economic Partnerships, putting activities and information in place and disbursing

Government grants that support local businesses, while monitoring business failures, unemployment and growth within Surrey,

- Given the ongoing concern about the impacts on high street retail, working hard to ensure balanced messaging regarding returning to the high street with appropriate Covid-19 alerts and secure measures,
- Working with DWP to support 18 to 24-year olds in receipt of Universal Credit,
- Identifying and preparing 'shovel ready' infrastructure projects for when funding becomes available,
- Considering how best to sustain local community engagement and neighbourly activity and support the VCFS in the longer term when charitable donations and funding streams e.g. events, retail outlets, are disrupted,
- Initiating the Community Impact Assessment (as reported elsewhere on this agenda) and Recovery Progress Index, in order to better and more fully understand the effect of the pandemic, lockdowns and social distancing measures on residents as well as being able to more effectively plan and target support for different geographical areas and vulnerable groups
- Overseeing work to try to find permanent accommodation for rough sleepers,
- The recovery of Health services within both Surrey Heartlands and Frimley Health and Care Integrated Care Partnerships (ICPs) is overseen by a comprehensive programme within the health system. The RCG provides the opportunity for both ICPs to come together and be fully sighted on recovery actions across the system, including cross cutting issues such as mental health.

RISK MANAGEMENT AND IMPLICATIONS:

26. 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

27. Although significant progress has been made over the last twelve months to improve the Council's financial position, the medium-term financial outlook is uncertain. The public health crisis has resulted in increased costs which may not be fully funded in the current year. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected from next year onward, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.

28. The financial implications of the pandemic continue to be monitored closely and reported regularly through the budget monitoring report.

LEGAL IMPLICATIONS – MONITORING OFFICER

29. The various initiatives described in the report have been the subject of specific legal advice and support in formulating and implementing the Council's response to the Covid-19 pandemic to ensure they are in accordance with the Council's powers, duties and responsibilities. There are no further specific legal implications arising in the report.

EQUALITIES AND DIVERSITY

30. As the Covid-19 infection rate has continued to increase, we know there are greater risks to certain residents in our population with pre-existing vulnerabilities, such as those with pre-existing mental health conditions, residents living in residential care homes, people experiencing domestic abuse and people from Black and Minority Ethnic (BAME) communities. We will continue to monitor impacts on these groups closely and this report outlines actions we are already taking to support these residents, such as through direct provision of PPE and using Infection Control Fund money to support capacity to help people living in residential care settings.
31. The report notes shifts in demand for Children's Services and support for children and young people with special educational needs and disabilities and vulnerable learners. Unlike the previous lockdown in March, there is a steady increase in the number of C-SPA referrals, unaccompanied asylum-seeking children and children on a child protection plan. It will be important to keep under review how well these children and young people are being served and the impact of lockdown on our ability to provide a service and respond to needs. It also notes monitoring activity to ensure our most vulnerable learners can be supported to thrive at school.
32. Through the recovery work we are acting to support some of Surrey's most vulnerable residents. Younger adults are more likely to have been disproportionately affected economically, such as through job losses, which the partnership work with DWP aims to support. Work to support rough sleepers to find permanent accommodation will also support them to feel safe and improve their wellbeing.

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Consulted:

- Cabinet Members
- Corporate Leadership Team and other staff