



**Cabinet
Tuesday, 22 June 2021**

ADDITIONAL PAPERS – AGENDA ITEM 6

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Divisions Affected - All

OXFORDSHIRE COUNTY COUNCIL

CABINET - 22 JUNE 2021

COVID-19: PROGRESS AND PLANNING UPDATE

Report by the Chief Executive

RECOMMENDATION

The Cabinet is **RECOMMENDED** to note:

- (a) the latest public health situation with regard to COVID-19, the management arrangements in place and the resource impact of the pandemic as set out in this report;
- (b) the joint Oxfordshire County Council and Cherwell District Council programme of activity underway that continues to respond and adapt to the pandemic as set out in Appendix 1;
- (c) the summary of COVID-19 service impact set out in Appendix 2;
- (d) the plans set out from paragraph 35 for recovery planning and for further understanding the lessons learnt for the organisation from the pandemic and agree that a programme of engagement with the Performance Scrutiny Committee, all council members and key partners should be developed in consultation with the Leader, Deputy Leader and Chair of the Performance Scrutiny Committee.

Executive Summary

1. On 26 December 2020, Oxfordshire entered local Tier 4 restrictions in response to a rise in COVID-19 case-rates and pressure on the health system. A broader national lock-down was reinstated from 5 January. As part of an integrated systems response, Oxfordshire County Council has continued to play a critical role in leading the ongoing local response to COVID-19 and in supporting residents to maintain their broader health and wellbeing.
2. The impact of national, local and individual efforts has brought case rates back to low levels. As a consequence, national restrictions are being eased through the Roadmap period. The final step in this easing was planned to be no earlier than 21 June. Following a national announcement on 14 June, this has now been re-planned for 19 July and remains dependent on the emerging evidence of the impact of the easing steps and the changing epidemiology of the virus.

3. As we reach the end of the originally planned Roadmap period, this report describes the current local COVID-19 situation. It summarises the response to COVID-19 over the past six months, describes ongoing activity and includes a description of the recovery status of Council services. It goes on to set out the requirement to maintain and adapt COVID-19 capacity and management structures as the context in which we work continues to evolve rapidly. Finally, it recommends that the local and organisational lessons learnt from the pandemic should be used to help direct long-term recovery planning and inform future corporate direction

Introduction

4. Thanks to significant local and national efforts, the incidence of COVID-19 has dramatically fallen since the high levels seen in late 2020 and early 2021.
5. As a consequence, the national Roadmap steps have seen the gradual easing of restrictions on every-day life. National modelling and trends in infection-rates show that cases are now rising again as the changes in the Roadmap begin to have an epidemiological impact. However, the roll-out of the vaccine programme and its apparent preventative impact on infection, combined with ongoing changes in behaviour, means that a further wave of cases is anticipated to be substantially less impactful. Never-the-less the continuing occurrence of infection, albeit at relatively low rates at present, and the emergence of variants of concern, mean that we will need to retain and adapt our capacity to aggressively manage COVID-19 into the autumn if we are to safely maintain a full return to social and economic activity. In addition, the ongoing impact of the virus and its side-effects on health, inequality, business and the economy, and individual and community well-being, are expected to dominate public policy well into the future.
6. The end of the Roadmap period, and one year on from the agreement of our initial Re-start, Re-cover and Re-new strategy, is a suitable point to undertake a detailed stock-take of recent and current COVID-19 activity and to look forward towards recovery planning.
7. This report summarises the current state of the pandemic in Oxfordshire and sets out the management and operational response arrangements in place. It provides a status update on Council services and the resource impact of COVID-19. Finally, it proposes the approach to further recovery planning and for using the lessons of the pandemic for the organisation to help direct the long-term recovery strategy and inform future corporate direction and planning.
8. Rapid changes in the impact of COVID-19, guidance and restrictions in place, remain a feature of responding to the pandemic. The details in this report are correct at time of publication. However, they are subject to change which will be highlighted during the Cabinet meeting as required.

COVID-19 Situation in Oxfordshire

9. Cases of COVID-19 climbed steadily throughout December 2020 resulting in the introduction of Tier 4 restrictions in Oxfordshire on 26 December and a new national lock-down from 5 January 2021. Cases then climbed steeply and reached a peak in late January. Hospital admissions also rose considerably, with two and a half times the number of patients in hospital in January compared with the peak of the first wave. However, due to advances in treatment and the early impact of the vaccination programme, the number of critically ill patients who required mechanical ventilation and the number of deaths were at a proportionately lower level. Hospital rates began to plateau in late January, but the pressure on the health service remained very high for some months to come.
10. The vaccination programme launched in Oxfordshire on December 8, and as of 7 June, 765,500 vaccinations doses had been provided. Take up amongst those offered the vaccine in Oxfordshire is high; over 93% in the Clinically Extremely Vulnerable population, and over 96% in the over 70's with 95% of second doses delivered to this cohort. Residents are now being offered the vaccine by descending age cohort.
11. As the combined impact of the national lockdown, Test and Trace, symptom-free testing and the vaccination programme began to have an effect, case rates started to decrease from the end of January. Sustained reductions in case rates continued throughout the remainder of the lockdown period. While restrictions gradually eased during the various states of the Roadmap announced during February (described further below), case rate remained very low. Critically, case rates amongst over 60s began to decrease considerably around late February and have remained very low since. This decrease in cases was also reflected in a sustained reduction in hospital admissions and deaths. Whilst case rates were highest amongst the over 60s during the peak of the second wave, rates amongst the over 60s are now significantly lower than in other age cohorts and represent a very small percentage of overall cases.
12. During the peak of the second wave in mid-January, the case rate stood at 563 per 100,000 residents; in the week up until 7 May, the case rate was down to 17.1 per 100,000 residents. This highlights the significant impact that measures taken both nationally and at the county-level have had on cases and transmission overall.
13. From the end of May, infection rates have increased as anticipated as a likely impact of the Roadmap process. Recent rises in case rates have shown that younger age groups are over-represented with older people continuing to be infected at a much lower rate. The prevalence of the more infectious Delta-variant connected with the speed of the rise in infection, and the fact that the vaccination programme has some months to go before younger cohorts are fully protected, led to a national announcement on 14 June that the final Roadmap step would be delayed until at least 19 July and would remain subject to further review.
14. Beyond this delay in full releasing restrictions, the emergence of future new variants of COVID-19 with properties that may elevate their risk to public health (so called *variants of concern*) will remain a risk. A high proportion of PCR tests

are now sequenced as a matter of course to screen for variants of concern to assist with identification and targeting of measures.

COVID-19 Response

15. The joint COVID Response Programme is our single overall view of total activity underway to adapt and respond to the pandemic across Oxfordshire County Council and Cherwell District Council. The programme encompasses a wide range of activity managed across directorates with a small central coordinating programme management office. Programme elements include specific COVID initiatives requiring new delivery structures (eg support for the Clinically Extremely Vulnerable), responses to COVID from existing or augmented services (e.g. support to care-providers) and capability workstreams that support operational initiatives (e.g. communications). The programme forms part of the wider local system response and national effort and as such many of the programme elements are partnership activities.
16. In order to organise our response, we describe the programme under three themes:
 - **COVID-19 Contain:** projects and workstreams directly seeking to manage and control the virus;
 - **Community Recovery:** projects and workstreams that support our partners, the community and business to manage the impact of COVID-19;
 - **Council Services:** activity to maintain services and outcomes for residents in response to COVID pressures, including additional demand, operating in a COVID secure way and maintaining business continuity.
17. Appendix 1 (see Annex 1) sets out in detail the status of the joint OCC/CDC COVID-19 Response Programme.
18. The national Roadmap was published in February 2021 and set out a series of steps to ease restrictions on social contact, culminating in a final step which was due to have taken place no earlier than 21 June. While there have been some amendments to details within the Roadmap and clarification where issues were not specifically addressed in the original publication, the Roadmap steps have been broadly adhered to so far. A national announcement on 14 June reset the earliest date for the final step to 19 July. At the same time, some easing of restrictions was announced including the removal of absolute limits on the numbers able to attend significant life events, such as wedding receptions. (Such events will however still need to maintain social distancing which will constrain capacity in some cases.). New arrangements were also announced for visiting care home residents who are self-isolating and to remove the requirements to self-isolate when re-entering a care home in some circumstances. The government's ambition is that unlocking steps will be irreversible. The local system role within the Roadmap has been to assess the impact of each unlocking step and prepare for the effect on the community and for the services that need

to be provided in response to changing guidance and regulations and the changing extent of infection rates and illness.

The ongoing impact of COVID-19 on council services

19. Throughout the year the performance and financial impact of COVID has been reported to Cabinet and Performance Scrutiny through the monthly business management report. (Monthly reporting resumed in September after a temporary move to quarterly reporting for Q1 of 2020/21.) An Annual Report has also been published detailing delivery across the year.
20. To add more detail on the current status of services as the Roadmap period comes to an end, Appendix 2 (see Annex 1) summarises the current ongoing COVID-19 impact on each directorate.

Governance and management

21. System-wide governance arrangements and management structures were put in place immediately at the start of the pandemic to coordinate the multi-agency response to COVID-19 across Oxfordshire. These continue to be revised to match the requirements of the situation. Current arrangements are shown presented graphically in Annex 2.
22. The System Wide CEO Coordination Group (Gold) is made up of the chief executives from Oxfordshire's City, District and County Councils, along CEOs or senior officers representatives from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, Oxfordshire CCG, Oxford Health, Oxford University Hospitals, South Central Ambulance Service, the Oxfordshire Local Enterprise Partnership and Thames Valley Police. It is where the local authority and health gold level groups join-up and take the operational lead for the pandemic response. This group is responsible for co-ordinating overall strategy and direction and for deploying resources across the county in response to the pandemic. It shapes local communications, leads engagement with political leaders and links to regional and national structures.
23. The System Wide CEO Coordination Group links to the Oxfordshire System Leaders Group. This is made up of Council Leaders, the Police and Crime Commissioner and Board Chairs of OxLEP and the NHS organisations listed above. The System Leaders Group ensures accountability and challenge at the political level. It steers the direction of travel for the system response as a whole and agrees the overall system response through key system planning documents, including the Local Outbreak Management Plan.
24. The Health Protection Board (HPB) is led by the Director of Public Health and is supported by public services including NHS providers and commissioners, emergency services and environmental health. It is responsible for the delivery of the Local Outbreak Management Plan which aims to prevent, contain and manage outbreaks of COVID-19. The board liaises with major institutions, including Oxford's universities, in order to maintain oversight across the

community. The specific governance associated with the Health Protection Board and links to regional and national structures are also shown within Annex 2.

25. System Silver is made up of senior colleagues across Oxfordshire councils and key public sector organisations, helping to take a system-wide view to tackle wider issues related to COVID. It is chaired by the OCC/CDC Corporate Director Adults and Housing Services.
26. The HPB and Systems Silver are supported by a number of operational delivery cells and task and finish groups which are established to address the changing needs of the pandemic.
27. Additional systems structures at the Silver level to support specific activities include the groups responsible for vaccine delivery and community support.
28. At the organisational level, the Chief Executive's Direct Reports (CEDR) is the senior board overseeing strategic direction and prioritisation and is responsible for operational delivery of the pandemic response within the Council. CEDR receives a weekly briefing from the COVID-19 Programme.
29. The Chief Executive and her team are responsible for briefing the Council Leader, portfolio holders and opposition leaders in all aspects of the pandemic response and for escalating policy and resource issues which require a political level decision.
30. A joint OCC/CDC Silver at Director and Deputy-Director level is comprised of those responsible for implementing the strategic direction set by CEDR, in support of the overall systems response

Communications and stakeholder engagement

31. A key priority for the council and its partners throughout the pandemic has been to deliver effective, timely and trusted communications to reinforce national messages in a local context. An outbreak control communications group is in place - comprising communications leads from the local authorities, NHS, Thames Valley Police, OxLEP and the two universities – and they have developed and implemented joint messaging and campaigns throughout the pandemic, from warnings around rising cases of COVID in our area and the impact on the health system, to a cross-system communications framework to accompany the Roadmap. This system-wide approach means that collectively we have an extensive reach into local communities, via GP practices, community hub teams and PCSOs alongside strong relationships with local community groups and faith leaders. This helps us to ensure that information reaches the most vulnerable and that we are able to engage with harder to reach groups. Communication campaigns are supplemented by regular written briefings to stakeholders across the county, including councillors, MPs and key partners in order to keep people informed.

COVID-19 Resource Implications

32. The financial impact of COVID-19 is reported regularly to Cabinet through monthly business management reports which also confirm the allocation of COVID-19 grant and support schemes. The pandemic situation created additional costs due to specific Council activity and continues to have an impact on income streams from sales, fees and charges in areas such as car parking. There has also been what is anticipated to be a temporary reduction in house building resulting in a lower tax base than expected. There may also be a longer-term impact on the ability to collect Council Tax and Business Rates as a result of an increase in the number of people in receipt of Council Tax Support and an increase in vacant premises. In addition, the continuation of government support arrangements is uncertain.
33. While prudent projections were made for the Medium Term Financial Strategy agreed in February 2021, there remains a high level of uncertainty which makes it challenging to accurately assess the medium and long term impact on additional costs and income loss at this stage. In-year reporting will continue to monitor and manage the situation and further assessments for the longer term will be made through the budget and business planning process. It is likely that elements of the COVID-19 impact on residents will create revenue pressures in the long term. For example, while it is not yet clear of the extent to which additional activity at the front end of the system will result in an increase in the level of long term interventions, additional referrals to services such as the Multi-Agency Safeguarding Hub (MASH) could result in support being required in years to come which will need to be planned for and managed.

Recovery planning

34. The Council's COVID-19 Recovery Strategy: *Re-start, Re-cover, Re-new* was published in June 2020. It set out the approach the Council was taking to recovery planning whilst simultaneously preparing for the potential for further increases in infection rates and the subsequent implementation of lock-down measures. The strategy set out a three-phase approach for:
- The immediate horizon – the route out of lockdown measures;
 - The transitional horizon – the ongoing work on business continuity planning, risk management and mitigation to prepare for future peaks; and
 - The post-COVID horizon – planning for the long-term future in a post COVID society and economy.
35. This three-phase approach remains in place. Having returned to lock-down restrictions, we are now exiting the “immediate horizon” phase with the completion of the national roadmap steps and the delivery of council and system-wide Roadmap planning. As we enter the transitional phase, we can be more optimistic that further peaks of infection will have a less significant impact on public health and day-to-day life allowing us to look again at long term recovery implications.

36. For the transitional horizon, significant dedicated COVID-19 infrastructure will remain in place to both reduce the risks associated with future waves and ensure the capacity is in place to adapt and respond, should they occur. This transitional capacity will include:
- Surveillance, outbreak management and infection control;
 - Targeted local testing and outreach for at-risk groups;
 - Revised local contact tracing and the self-isolation programme;
 - Support for the vaccination programme including targeted outreach to hard to reach groups and the most vulnerable;
 - Support for community settings including schools, early years, care homes and supported housing;
 - Communications and community engagement.
37. Where COVID-19 response activity will be stepped-down in line with the Roadmap – for example advice and enforcement of restrictions - services are planning how they would resume activity if required.
38. System and organisational response governance under the Gold and Silver arrangements remain in place. It is the intention that, in-line with the easing of national restrictions and with consideration of local risks, these arrangements will transition into internal and systems recovery governance. The system will retain the capacity to return to a heightened level of support as required by the regional and national situation, in coordination with civil contingency arrangements overseen in Oxfordshire by the Thames Valley Local Resilience Forum.
39. The next step in Recovery planning is to revisit the long-term implications as set out in the Recovery Strategy and review system-wide vision and ambition. Emerging themes for detailed development include:
- *Community recovery*, incorporating resilience, inequality and insecurity;
 - *Family support*, including wellbeing, deprivation, ill-health and educational recovery; and
 - *Vulnerable groups*, including support for domestic violence, mental health and digital isolation and exclusion.
40. Systems recovery activity will also encompass economic, skills and employment recovery – including the impact on the visitor and cultural economy - as well as planning for organisational and partnership renewal.
41. Recovery planning will be the subject of future Cabinet reports alongside the Business and Budget Planning process.
42. As part of this planning process, it will be timely to review the local lessons of the pandemic for the organisation to inform future plans and strategic direction. It is

proposed to consider the lessons of the pandemic with respect to the organisational capacity and approach of the Council, the Council's partnership and systems working arrangements and for the impact on the wider community.

43. The scope of this review and recovery planning will look specifically for the lessons for Oxfordshire and will seek to engage widely with key-partners and members of the Council, including through the Performance Scrutiny Committee.

Financial Implications

44. The resource implications of COVID-19 are set out within this report. The recommendations of this report have no direct financial implications as further planning activity will be resourced from within existing budgets and through additional resources provided through dedicated COVID-19 grant streams, as reported through monthly Business Management reports.

Comments checked by:

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Legal implications

45. There are no direct legal or constitutional issues arising from the recommendations of this report.

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Staff Implications

46. The ongoing service impact of COVID-19 pressures are set out in Appendix 2. There are no additional staffing implications of this report.

Equality & Inclusion Implications

47. The unequal impact of COVID-19 on communities has been well documented nationally and local impact is being developed through updates to the Joint Strategic Needs Assessment and will be incorporated into future annual reports of the Director of Public Health.
48. By providing for ongoing planning and focus on the impact of COVID-19 in the immediate, transitional and long-term horizon, this report will support the understanding and mitigation of differential impact. In particular, this report notes the ongoing deployment of resources for targeted outreach and engagement activity for hard to reach and at-risk groups.

Risk Management

49. A proactive approach to planning for the short, medium and long-term impacts of the pandemic remains essential to securing a sustainable and effective operational and community recovery. Failure to plan presents the most significant risk to the organisation and the proposals set out in this report seek to mitigate that risk.
50. Strategic risks associated with COVID-19 are integrated into the Leadership Risk Register. Operational business risks are incorporated in departmental risk registers. Risks including system and partnership risks specifically associated with the COVID-19 Response Programme are monitored within specific risk structures, including a specific risk register maintained for the Health Protection Board on community risk factors

YVONNE REES
Chief Executive

- Annex 1: Appendix 1: OCC/CDC COVID-19 Response Programme Update
Appendix 2: OCC/CDC COVID-19 Service Status
- Annex 2: System governance structures
- Background papers: Joint Recovery Strategy: *Re-open, Re-cover, Re-new*, June 2020
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Appendix 1: OCC/CDC COVID-19 Response Programme Update

1. This appendix sets out the current elements of the joint OCC/CDC COVID-19 Response Programme under the three headings of:
 - **COVID-19 Contain:** projects and workstreams directly seeking to manage and control the virus
 - **Community Recovery:** projects and workstreams that support our partners, the community and business to manage the impact of COVID-19
 - **Council Services:** internal activity to maintain services and outcomes for residents in response to COVID pressures, including additional demand, operating in a COVID secure way and maintaining business continuity

COVID-19 Contain

Outbreak Management

2. Oxfordshire's plan for managing local COVID-19 outbreaks comprises of four key pillars which are essential in containing outbreaks in any setting. These pillars have been and will continue to be operational throughout the duration of the pandemic in Oxfordshire:
 - i. Intelligence
 - ii. Communication
 - iii. Finding Cases
 - iv. Transmission Disruption
3. This means in order to be effective in preventing and responding to local outbreaks, we need to receive, share and process data from a range of sources in a timely way, ensure regular communication between all partners, using up to date evidence on spread of infection and control measures and implementing a range of interventions such as contact tracing and other COVID-secure measures such as hands, face and space in order to disrupt transmission.
4. The Oxfordshire system has a detailed outbreak management plan which builds on existing health protection plans already in place between Oxfordshire County Council (OCC) and other local health and care partners. The plan was updated in March 2021 to reflect the government Roadmap to ease restrictions in England ([COVID-19 response: Spring 2021](#)). The focus of update was to provide clarity on the following key areas:

- The governance arrangements and roles and responsibilities for responding to the changing nature of the pandemic.
 - Identifying and responding to incidents and outbreaks of COVID-19 in Oxfordshire
 - The role of data and surveillance in fighting COVID-19 in Oxfordshire
 - Access to testing for COVID-19 in Oxfordshire
 - Contact tracing for COVID-19 in Oxfordshire
 - Proactively preventing outbreaks of COVID-19 in Oxfordshire
 - Identifying high-risk settings and supporting high risk populations
 - Supporting vulnerable groups and enhancing community resilience
 - Communication with the public and with partner organisations
 - Responding to surge capacity in Oxfordshire
 - Responding to enduring transmission and new variants of COVID in Oxfordshire.
5. The plan is iterative and will continue to be updated as the national and local responses evolve.

Infection prevention and control

6. Infection prevention and control continue to be a key preventative measure. Effective measures that have been implemented and need to continue include:
- Regular handwashing
 - Maintaining strict cleaning protocols of frequently touched surfaces
 - Wearing of face coverings
 - Implementation of social distancing measures
 - Use of appropriate PPE
 - Robust infection control in care homes and health care settings
 - Working from home where possible
7. The local outbreak control system has the following prevention services in place to support prevention in the community:
- Consistent messages and communications to the public about how to reduce the risk of transmission and recognise the signs of COVID-19
 - Widespread signposting to testing services
 - Infection Control Nurses working with local health and social care settings to ensure effective cross infection control plans are in place and being followed
 - The COVID Secure team working with local businesses and employers to ensure that measures are in place to reduce risk of transmission
 - Support for vulnerable and at-risk groups in the event of self-isolation

- Engagement officers working with at-risk and hard to reach groups
- Consistent messages to local businesses and employers about how to reduce the risk of transmission through using prevention measures.

Local contact tracing

8. Contact tracing is a fundamental part of outbreak control. When a person is tests positive for COVID-19, they are contacted by the national NHS Test and Trace team and advised to isolate, given details of how to access support, and asked about places they have visited and people they have been in contact with. Anyone identified as a potential 'close contact' is then also contacted and advised to self-isolate.
9. Following rising COVID case numbers in July and August, 2020, some local authorities such as Sandwell and Blackburn with Darwen developed their own local contact tracing systems to reach local cases that the national team were unable to contact. The intention was that by contacting these cases and identifying their contacts, onward local viral transmission could be limited.
10. Following these early examples, the government announced on 10 October that all upper tier local authorities would be offered the option to establish develop their own local contact tracing teams in partnership with NHS Test and Trace.
11. The Oxfordshire Local Contact Tracing System (OxLoCT) launched on 13 October as a partnership with NHS Test and Trace. Oxfordshire cases are managed by NHS Test and Trace for the first 24 hours, but if they cannot be reached or have specific challenges/complications, they are then passed on to OxLoCT. The national team can struggle to reach local cases for a variety of reasons: these range from missing contact details, to people being unwilling to pick up a phone from an unknown number, to cases simply not wanting to engage with NHS Test and Trace.
12. OxLoCT has three aims:
 - i. To advise cases on self-isolation;
 - ii. To provide information about local support when self-isolating;
 - iii. To identify close contacts and potential exposures for follow up by the national NHS Test and Trace system
13. The operational management of OxLoCT is delivered through the Contact Tracing Cell – a sub-group of the Multi-Agency Operational Cell – and is chaired by Public Health.
14. Contact tracing is provided seven days a week by Oxfordshire County Council and Cherwell District Council (on behalf of OCC) customer services teams for the whole county. The customer services team are local staff using a area phone number to speak with local residents. They send text messages and

emails in advance to let residents know to expect a call, and then work with City and District authorities to identify contact details where these are missing, to organise home visits by a Ground Force team for cases where necessary, and to provide information on local support offers for those self-isolating. The team also works closely with Oxford Brookes University and the University of Oxford to identify and support university students and staff testing positive.

15. Through late February/early March 2021, this partnership approach has led to between 85%-90% of local cases being reached, advised to isolate, offered support, and contacts being identified. As of May, 2021, OxLoCT has successfully reached and completed contact tracing for over 2,150 local residents. This represents 60% of the 3,600 cases handled by the local team and means that of the local contacts that are reached, around 4 in 5 are reached by the national system, and 1 in 5 by the local team.
16. As case numbers have changed over time, the exact model, operational hours, and staffing of the system have changed. Staff will continue to respond to the changing context as well as new protocols and guidelines as and when these are developed and implemented by NHS Test and Trace. An example is being able to adapt the system to prioritise cases identified as part of surge testing related to local variants of concern.
17. At its peak in January 2021, OxLoCT was handling around 400 cases a week, compared with 10-20 cases a week in May. We currently have a trained surge staff capacity to handle between around 60 cases/day should we have a third wave in Oxfordshire (capacity is therefore higher than current modelled third wave peak), but it is important to note that that would require taking trained customer service and ground force staff away from their business as usual work.
18. Planned developments over the coming months include the implementation of a new national IT system for handling cases called ITS. This new computer system will provide the flexibility for OxLoCT to choose to take local cases earlier than the usual 24hrs. These could be cases without adequate contact details, those from particular postcodes, or local residents who work in high risk settings such as care homes. We are excited by the opportunities of the new computer system and are optimistic that it will allow us to use local data to better decide which local cases are best dealt with immediately by our local team and which are better left with the national team. This provides the opportunity to improve performance at the same time as ensuring our current staff base isn't overwhelmed should we see another wave of high case rates in the county.
19. Finally, we have ongoing peer-learning and evaluation work with other local authorities to understand how local performance compares with other areas (there are no national standards for monitoring local contact tracing systems) and to identify how we can improve local processes and systems.

Local Testing

20. Asymptomatic testing became a critical part of the Government's wider strategy for tackling the virus at the end of 2020. This was reflected in the COVID-19 Winter Plan released in November 2020, and the subsequent launch of the Community Testing Programme (also known as symptom-free testing) in December. This programme aims to expand on the work already underway by NHS Test and Trace, and support local-led, large-scale symptom-free testing for all local authorities in England. The purpose of this symptom-free testing is to identify and isolate individuals with COVID-19 who do not have symptoms, but who may inadvertently be spreading the virus. This aims to take these individuals out of the transmission chain and prevent the spread of the virus within communities.
21. Symptom-free testing went live in Oxfordshire at the start of February 2021 with an initial three sites set up across the county - in Oxford, Wantage and Banbury - each with a capacity of six testing stations. Although the programme was commissioned by Public Health, it is managed and delivered in partnership with Oxfordshire Fire and Rescue, who provide day-to-day operational and logistical management, and the City and District Councils, who manage the set up and on-the-ground delivery of testing at each site.
22. Access to symptom-free testing at each of these sites has also increased in a phased way:
- **Phase 1** - The initial phase of this testing programme was offered to priority cohorts including key workers in blue light services, as well as those in childcare and early years settings
 - **Phase 2** - Within a fortnight, accessibility was expanded to include taxi drivers, postal and courier workers, and others whose role required them to be in frequent contact with members of the public. This reflected their increased potential exposure to the virus and the available capacity across the testing sites in Oxfordshire.
 - **Phase 3** - By the end of February, the symptom-free testing offer was further expanded to all public-facing workers and volunteers, who had to leave home for work, and who could not access testing through their workplace.
 - **Phase 4** - By the end of March as national restrictions began easing, symptom-free testing was opened up to all residents across Oxfordshire with the addition of a fourth site in West Oxfordshire to increase the accessibility of testing across the county.
23. As well as the expansion of symptom-free testing at fixed sites, national government have also introduced a variety of alternative symptom-free testing routes including schools testing, workplace testing, and collection models through Community Collect from fixed sites (including the four symptom-free testing sites and the fixed sites for symptomatic PCR testing) and Pharmacy Collect from locally registered pharmacies. These options provide residents

across Oxfordshire with a variety of options to access testing, in line with national guidance for all residents to carry out testing twice a week.

24. To date, over 15,000 assisted tests have been carried out and over 5,500 individual test kits collected through Community Collect across all four symptom-free testing sites. This assisted on-site testing has directly identified 31 positive cases; cases that would otherwise have gone undetected and led to increased community transmission.
25. With the increase in testing options, capacity at the four fixed sites has been reviewed. Government direction is that symptom free testing will remain in some form throughout the transitional horizon. It is anticipated that this will be more targeted and it is likely that delivery from the current four fixed sites will be suspended and replaced with a new model appropriate to changing circumstances.
26. The City and District Councils are responsible for managing the local testing sites in their areas with sites in Banbury, Osney (Oxford), Wantage and Carterton. The symptom-free testing site for Cherwell District Council was opened in Banbury on 5 February 2021 at the start of the symptom-free testing programme. The Spiceball Leisure Centre already managed by the Council which had been closed in line with national lockdown restrictions was chosen as an appropriate location. This not only provided a use for a space that was currently not being occupied but also allowed the Council to get better value for money through the use of an existing property with no additional hire costs that would be incurred.
27. With the opening up of indoor leisure facilities at the start of May 2021, the symptom-free testing Centre in Banbury has moved from Spiceball Leisure Centre to Banbury United Football Club.
28. To date, approximately 3,500 assisted tests have been carried out in Cherwell which has directly identified 10 positive cases.

Support to the Vaccination Programme

29. From April 2020, the Districts and City council have worked with the Oxfordshire CCG and seven Primary Care Networks to offer an outreach service for those patients in the early, most vulnerable cohorts who had not responded to invitations for vaccinations. Over 2,000 requests have been made for local councils to visit individuals across the county, coordinated by South Oxfordshire and Vale of White Horse District Councils. The majority of visits were in Cherwell.
30. The local vaccine roll-out is overseen by a health convened Vaccine Delivery Board. Access and uptake is monitored by a Vaccine Equality Working Group led by health but with interventions supported all councils through community engagement, data analysis, communications and practical and administrative support. All authorities will continue to support the vaccination programme

with the identification of hard to reach and vulnerable groups and subsequent communications and community engagement where appropriate.

31. Most recently, councils deployed staff at short notice to GP vaccine clinics to support the accelerated programme of second dose vaccinations.

Support to those self-isolating and the most vulnerable

32. Early in the pandemic period, the County, City and District Councils established a 'Community Hub' model to support those understood to be clinically extremely vulnerable to COVID-19 to shield at home. Local councils worked together and in partnership with the community and voluntary sector to help maintain the well-being of individuals with the provision of practical and emotional support and access to food, including through prioritisation of supermarket delivery slots. The advice to shield was suspended alongside the lifting of restrictions during the summer of 2020. In October 2020 a new national framework of support was introduced to be delivered locally in the event of the reintroduction of shielding advice. Shielding was resumed in November, and while suspended in the early part of December, was then in place from the end of December until the end of March 2021. By March, approximately 41,500 individuals were being asked to shield in Oxfordshire (9,300 in Cherwell), with numbers increasing by approximately one third in February 2021 following a national review of risk factors. (These additional individuals also became eligible for priority access to vaccinations.) In later periods of shielding, far fewer individuals requested support as individual planning and access to essential supplies through facilities such as shopping delivery had increased. Over the period, 455 residents were supported directly by the Community Hub in Cherwell, with many more supported by local community support organisations. National shielding guidance was suspended from the end of March 2021, however registered CEV individuals retain access to priority supermarket booking slots through to the end of the Roadmap period in June. Community Hub support is also still offered to the small number of individuals who request it.
33. Community Hub support was and continues to be available to all those who need help to stay at home whether in periods of lock-down or because of a requirement to self-isolate. In Cherwell, the community hub has worked closely with local services and with trusted organisations including Citizens Advice North Oxfordshire, the Banbury Mosque and town and parish councils.
34. From March 2021, a new framework was introduced alongside the expansion of Test and Trace payments, which put practical support from local government to those self-isolating onto a 'required' basis for those self-isolating due to a positive COVID-19 test or a confirmed contact with a positive case. Those requesting support at the point of contact with the national test and trace service are now contacted automatically by the City and District Councils with an out of hours service provided by the County Council until case rates fell in late May. Across Oxfordshire support requests through the national test and trace service have remained at relatively low

levels and there has not been a significant increase in the support provided following the introduction of the national requirement.

Promotion of COVID-19 positive behaviours

35. A cross-system effort has seen eight countywide communications campaigns take place between January and May 2021 to encourage people to adopt and maintain COVID-19 positive behaviours. The campaigns included an urgent call to stay at home and heed public health guidance as cases increased significantly in January and February 2021; awareness raising about the importance and availability of symptom-free testing for different groups; and information around self-isolation and the support available for those who need to self-isolate, including a detailed support pack. With the introduction of the government roadmap in March, the communications effort focused on the different roadmap steps and what people can and cannot do; and, as the country began to open up, encouragement to residents to play it safe as they discovered new-found freedoms and keep Oxfordshire open.
36. The multi-channel campaigns were run across digital, social and outdoor channels as well as partner channels; they generated just under 3.2 million impressions on OCC and CDC digital channels, reached 733,000 people online, saw engagement of 36,000 people (likes, clicks, shares, comments), and resulted in over 19,000 clicks to our Stop the Spread webpages. It is estimated that our outdoor advertising - which ran across bus stops, transport hubs such as railway stations, shopping centres and supermarkets across the county between January and May 2021 – had over 11.8 million impressions.
37. The campaigns were supported by 19 news releases between January and May 2021, which on average were covered by 4 local media outlets each and reached 149,975 people, or 2.85 million collectively. Accompanying social media posts had a reach of 127,900 across Facebook and Twitter.

Community Recovery

COVID Secure

38. Throughout the different stages of the COVID-19 pandemic, new national restrictions and requirements have been put in place for to businesses and individuals. Broadly speaking, local authorities have been responsible for ensuring compliance with the requirements relating to businesses whilst the police have been responsible for the restrictions on individuals. Local authorities have also sought to encourage businesses to follow relevant COVID security guidance relating to their sector.
39. From early in the pandemic, Oxfordshire's local authorities implemented a COVID secure framework to coordinate activity to raise awareness of legal requirements and guidance and to support businesses to comply. Coordination across the councils has been important for a number of reasons, including to ensure the best use of the resources available to the councils, to

provide resilience, to coordinate activity between the county council, city and district councils, and to ensure a consistent approach to interpreting and applying the legislation and guidance.

40. Environmental health teams within the local authorities discharge those authorities' responsibilities for infectious disease controls on an on-going basis and therefore those teams have led the COVID monitoring, compliance and enforcement work of the councils. Other related teams, such as licensing and community safety, have also supported this work as their officers are familiar with engaging with and supporting businesses to meet legal requirements and in undertaking enforcement action should that be required.
41. County councils were also constituted as enforcement authorities for the purposes of the coronavirus legal requirements. As such, the Trading Standards Service has supported the overall COVID secure work in Oxfordshire, in particular in relation to the legal controls requiring non-essential retail businesses to close for defined periods.
42. It should also be noted that the Trading Standards Service provides the safety certificate for the Kassam Stadium and, as such, leads on the COVID compliance for events in this stadium and other stadium-based events in the county.
43. In 2020 a COVID Secure Sub-Group of the Health Protection Board was formed. This group consists of the relevant senior managers for environmental health in the city and district councils and trading standards in the county council. This sub-group has responsibility for coordinating the compliance and enforcement work of the local authorities and providing assurance on that work to the Health Protection Board. The sub-group is supported by an operational group which brings together relevant team managers on a weekly basis.
44. In October 2021 a new county-wide COVID Secure Team was formed. Initially consisting of 6 COVID Compliance Support Officers the team was enhanced in early 2021 and now includes 8 COVID Compliance Support Officers, 4 COVID 'Marshalls', and 2 team supervisors. The team has been managed from the start by an experienced Environmental Health Officer seconded from the City Council and the team members are agency contractors recruited by Cherwell DC and Oxfordshire County Council. The team is fully funded from external grants.
45. The county-wide COVID Secure Team provides additional capacity to each local authority to support the overall engagement with, and monitoring of, businesses in the county. Each council allocates specific premises to this team for compliance assessments and the team also undertakes compliance visits to priority sectors as agreed by the COVID Secure Sub-Group.
46. The complex system of multiple teams undertaking visits to businesses to monitor compliance with the legal requirements and guidance makes coordination a priority. To minimise the risk of duplication of effort, a shared

central record of COVID compliance visits to businesses has been introduced. This record is accessible to over 100 officers from across the six local authorities.

47. The COVID Secure Team is funded to continue at least until the end of September 2021.
48. Within Cherwell District Council grant funding has been utilised to engage three additional COVID Compliance Support Officers. These officers provide additional capacity to monitor activity in priority areas such as busier public spaces (e.g. Bicester Village, town centres, retail parks) and to assist with social distancing management in public spaces.
49. Cherwell District Council has also engaged with the Health and Safety Executive's 'Spot-Check' programme. Under this programme the Health and Safety Executive carry out telephone-based checks on the infection control measures implemented by local businesses, contacting business at the request of the local authority. If the business fails to respond, or cannot demonstrate adequate infection control measures have been implemented, the local authority concerned is advised and asked to carry out a visit to the business.
50. In addition, the COVID secure work of the councils has included:
 - A collaborative approach to commissioning an agency to provide officers to monitor businesses in the night-time economy.
 - Cross-authorisation of officers to ensure officers from any team could be deployed to provide mutual aid in another local authority area should it be required.
 - A shared weekend outbreak response rota to ensure 2 officers are available to provide an outbreak response at weekends across the county and to provide Public Health England with a single point of contact to mobilise that response.
 - Joint enforcement visits with Thames Valley Police to businesses which have been identified as having difficulties ensuring customers or staff wear face masks in appropriate areas of the business premises.
 - The production of a weekly data analysis report which uses available data to identify potential priority areas or sectors for business engagement and monitoring.
 - The delegation of enforcement powers from the county council to the city and district councils to ensure all powers were available to each council should they be necessary to use rapidly to restrict an event or business activity.
 - Advisory letters sent to all businesses of specific types (e.g. licensed premises) across the county advising on key requirements as the restrictions changed.

COVID Secure - Reach and Impact

51. As well as providing on-going engagement with businesses across Oxfordshire, the collaborative efforts of the county's COVID secure teams ensured a county-wide focus on specific priorities when required. For example, in January compliance assessments were undertaken in 171 supermarkets and larger grocery stores across the county as part of a national focus on this sector at that time.
52. Typically, since October 2020, approximately 200 compliance visits have been undertaken each week across Oxfordshire. However, the councils are also able to provide focussed effort when required through deploying all core teams and the additional grant funded capacity in short-periods. For example, in the two-week period from 5 to 18 April (just after step 2 of the national Roadmap) a total of 842 business compliance assessments were completed.
53. Since the county-wide COVID Secure Team was formed it has carried out over 5500 compliance visits and assessments to businesses in Oxfordshire.
54. Compliance with the legal requirements and guidance is typically good, with less than 10% of visits resulting in remedial action being required for non-compliance. Cherwell District Council has only needed to undertake formal enforcement on two occasions since the start of 2021: the issue of a fixed penalty notice to the operator of a car wash which was open when it was required to cease operation and the issue of a prohibition notice to a pub operator which utilised a gazebo as outside space but failed to ensure the gazebo had adequate ventilation.

COVID Secure - Prioritisation

55. Whilst each local authority in Oxfordshire retains discretion on local priorities, the COVID Secure Sub-Group continues to agree overall priorities for the COVID Secure activity. Following step 3 of the Roadmap, the COVID Secure priorities included the hospitality sector (particularly those businesses re-opening for the first time), cinemas and theatres and wedding venues.
56. The priorities following step 2 included the hospitality sector and personal services (e.g. hairdressers and nail bars). In addition, the councils sought to provide a presence in the town centres and at Bicester Village to support social distancing around busier non-essential retail premises as those premises re-opened for the first time.
57. During the lockdown period from late December 2020, the primary focus of the COVID Secure work was on food retailers that remained open. This included take-away outlets which remained open but needed to ensure that customers social distanced and that staff and customers were wearing face masks.

COVID Secure - Future Plans

58. Until step 4 of the Roadmap it is expected that the councils will continue to carry out COVID compliance and assessment monitoring visits to businesses across the county. In addition, the councils continue to receive complaints from the public about suspected poor practice which requires investigation. Data on outbreaks and infection rates and from contact tracing interviews will continue to be used to ensure the activity is targeted at higher risk sectors or locations.
59. There is still some uncertainty on the legal controls and requirements that will remain after step 4 of the Roadmap. It is anticipated that some requirements, such as the legal obligation to collect customer contact information, will remain. Furthermore, it is expected that businesses and event organisers will continue to need to implement infection control measures in accordance with their risk assessments, and that local authorities will have a role in ensuring that these measures remain effective under general health and safety legislation. However, it is expected that it will no longer be necessary to continue with the current level of additional resources being deployed on COVID business support, compliance and enforcement.
60. The additional capacity we have developed to support the COVID Secure aspects of the response to the pandemic will be retained in the short-term, to ensure that business engagement and monitoring can be reinstated without delay should it need to be. In addition, this capacity will be redeployed to assist the councils to address backlogs in work that has been delayed due to the pandemic.
61. The pandemic response has also highlighted a significant capacity gaps in regulatory services nationally. It takes two to three years to qualify as an Environmental Health Officer or Trading Standards Officer and there are very limited numbers of qualified officers who are not already employed. To develop an inexperienced officer to a level that they are competent at carrying out many enforcement functions for Environmental Health or Trading Standards also takes six months as a minimum. Therefore, the pandemic has highlighted that there is limited ability for local authorities to upscale capacity to respond to new demands at short-notice. This has been recognised nationally and also highlights the importance of local workforce planning for regulatory services.

Support to Education and Early Years Providers

62. The pandemic has had and continues to have a significant impact on the way child-care and education is delivered, with periods of partial closure and significant periods of learning over the past year being conducted online. Families whose children are vulnerable or have special educational needs have been able to access on site provision and education throughout the pandemic. When fully open, early years settings have operated under considerable restrictions in line with Department for Education (DE) guidance. New requirements to support children and young people have emerged at pace and the team has moved rapidly to support the leaders in over 800 settings. Education and early years teams introduced a dedicated structure to support settings seven days a week with advice and guidance on maintaining COVID secure environments.
63. Early years teams have continued to support vulnerable families and those with special educational needs (SEND). Early years teams work closely with colleagues in Public Health, the NHS and health visitors as well as the Locality Community Support Service for early help.
64. Grants and support to businesses within the early years sector has ensured that businesses could sustain themselves throughout the pandemic, and as a result there have been very few closures across the sector.
65. During 'lock-down' and periods of additional pressure on settings, education and early years teams have played a critical role in brokering places for vulnerable children and the children of key workers to ensure access to education and childcare.
66. Regular public health and educational updates are being offered across the sector with monthly meetings in place for early years managers and child minders. Weekly briefings are offered for headteachers and senior leaders of secondary, primary and special schools (including maintained and academy schools), independent schools and the further education sector. Governor services offer a regular briefing for chairs of governors and clerks. The increase in the pace and scale of engagement, information sharing, and networking opportunities has been welcomed and we will seek to maintain these collaborative networks in the future.
67. The Education Psychology Service has provided resources and structured approaches to support the return to 'face to face' schooling for those most affected by the impact of lock-down. Emotional support, including that offered by Emotional Literacy Support Assistants, has acted as a preventative to reduce anxiety and develop confidence and optimism. The service is planning for the long-term impact on children who were already anxious and may now be avoiding school and for the wider impact on the mental health and wellbeing of all staff and students.
68. Training and development continue to be offered online to early years settings, schools and school governors. The on-line offer is popular and in all

training pathways there has been a significant increase in up-take when compared with previous in-person training. While we will return to some courses as blended on-line/in-person training we expect the move to on-line to continue to have a positive effect on take-up and impact in the future. An enhanced continuing professional development offering is being developed to include post-COVID opportunities regarding assessment, curriculum development, support for new headteachers, mental health support for headteachers and the wider recovery agenda.

69. Service pupils remain a priority for the education team in line with OCC strategic priorities linked to the Military Covenant. The team have launched the Oxfordshire Service Pupil Hub (one of eight in the UK) and continue to link with the MOD regarding pertinent matters. Training regarding service pupils has taken place for headteachers, teaching staff, pastoral staff and school governors, and a network has been set up for schools with base welfare officers and OCC colleagues are also meeting with base leads.
70. The whole team are reflective and are involved in a wide range of national networks, are working to identify new demand so that the right provision can be in place for all Oxfordshire children as we collectively navigate our way out of the pandemic.

Care Homes & Supported Housing

71. The pandemic has raised significant challenges for care home residents, their families and the staff that look after them. These residents are amongst the most vulnerable to the impacts of COVID-19 and much has been done to protect them during this period. Adult Social Care teams worked closely with care homes and domiciliary providers to ensure the requirements from national government were met and understood, while also supporting the vaccination and testing programme, as well as supporting health teams by developing an alternative bed service to assist early discharge.
72. The personal protective equipment (PPE) programme set up and managed by the council allows care providers to order and collect PPE on a weekly basis. This has proved critical in ensuring all staff and care providers have the required protective equipment to deliver their services safely. A continuous supply of PPE has been maintained with 239 care providers through this programme.
73. Regular updates are being offered across the sector with weekly meetings in place for care home and domiciliary care providers to communicate the latest national guidance and understand how the council can support them and how they can support each other. The team responded to email queries seven days a week to ensure any issues were dealt with promptly. The increase in the level of engagement, information sharing and networking opportunities has been successful and we will seek to maintain this approach in the future.
74. A daily tracker was developed using the data collected in the NHS Capacity Tracker to identify the care homes which were experiencing an outbreak. a

multi-agency team of OCC, CCG and Public Health colleagues reviewed the impact on care homes that were reporting on a daily basis to provide increased infection control management support.

75. Information received between March 2020 until the end of March 2021 indicates that 98 care homes had infection outbreaks amongst the residents living in the home, with most of these care homes experiencing multiple outbreaks. Daily contact was made between the Quality and Improvement team and the care homes when an outbreak was reported to provide assistance and manage staff crisis.

Economic Recovery and Support to Businesses

76. The COVID-19 crisis has created new and unprecedented challenges for businesses and measures required to try to contain the virus have inevitably had a significant impact on the economy.
77. The UK economy contracted by 9.9% during 2020 and the Office of Budgetary Responsibility forecast that the UK economy will not recover to pre pandemic levels until Q4 2022. There is a severe risk of long term affects from the loss of jobs, and some businesses failing to recover.
78. It is largely those businesses reliant on face to face activity, such as hospitality, leisure, events and personal services, that have suffered the most as they are most impacted by control measures. Temporary government measures, including the furlough scheme and a programme of business grants, loans and other financial measures administered in part by the City and District Councils, have protected against large scale redundancies and business closures. It is likely that government will implement further schemes to soften the impact of COVID on the economy but as these buffers are removed, the medium to long-term impact of COVID, will become more apparent.
79. Additional local support measures through the Roadmap period have included: advice and guidance to business to re-open safely (see COVID-Secure above) including, in Cherwell, visits to all town centre businesses in Banbury, Bicester and Kidlington; the 'shop-local' campaign to encourage use of local businesses; and new investment through the Reopening High Streets Safely and Welcome Back funds, for example through support provided to the Bicester Chamber of Commerce to develop the Beautiful Bicester initiative. Similar schemes across the county have worked to support the safe return of customers, including flexible and responsive planning, licencing and highway measures to facilitate the use of outside space for hospitality businesses. Signage and infrastructure, such as hand sanitising stations, has helped maintain public confidence and ongoing engagement with Town and Parish Councils supports prioritisation and planning.
80. In February 2021, OxLEP, Oxfordshire's Local Enterprise Partnership, published an action plan for economic recovery, building on an earlier economic baseline assessment. This provides a partnership framework for

recovery and will be supported by detailed local planning to address specific challenges and opportunities, including the changing nature of the high street and a long-term trend towards more home working.

Community Resilience

81. In addition to the assistance described above for those directly affected by the pandemic, Oxfordshire councils have worked together to extend wider support for those more broadly affected by the financial, social and wellbeing impact of the pandemic. Support has been provided both directly to individuals and through partnering with local VCS organisations, schools, colleges and early years settings in areas including welfare support, mental health and wellbeing and digital inclusion.
82. In February 2021, the County Council, working with the City and District Councils, partnered with Oxfordshire Community & Voluntary Action to manage a new £250,000 grant scheme for voluntary and community sector (VCS) organisations to support small community action projects with COVID impact. Additional funding was provided to OCVA to support applicants build capacity and sustainability and to form new collaborations. In the financial year 2020/21, £370,000 of funding to community initiatives with a direct COVID impact were also sponsored through the County Council Councillor Priority Fund. These included projects to support local food banks, combat loneliness, provide learning and activity packs for children and support organisations managing community initiatives with increased operating costs due to the pandemic. A similar scheme for Cherwell councillors provided local grants to the value of £2,000 per councillor. Over 100 schemes were supported, including volunteer drivers, food banks and community larders, activity packs, befriending schemes and local newsletters.
83. Umbrella group Good Food Oxford (GFO) has been supported to develop community food networks in all areas of the county, building on existing local strengths to increase the impact and visibility of local services. GFO have also extended their mapping of community food services county-wide supported both through funding and through the secondment of a member of County Council staff. GFO has been further supported to develop a food security strategy in partnership with the county, city and district councils. A similar all-councils partnership has been developed with Active Oxfordshire to provide support and mentoring for vulnerable individuals to become more active as lock-down has lifted.
84. The County Council has delegated national funding to the City and District Councils to allow them to support local initiatives and services. In CDC, alongside grants to VCS organisations working to reduce the mental and physical impact of periods of isolation, elements of this funding were further delegated to town and parish councils to support local mitigation and resilience measures.
85. Following on from earlier support for individuals and community food services during the autumn, the COVID Winter Support Grant provided funds to

schools, colleges and early years settings to help combat holiday hunger around the Christmas, February, Easter and May school holiday periods. Approximately 12,300 eligible children and young families were supported on each occasion with supermarket voucher or equivalent support worth £15 per week of each holiday. In addition, during Easter, 4,500 days of active childcare were provided free of charge to children eligible for free school meals through the Holiday Activity Fund (HAF) across Oxfordshire. HAF schemes provide a nutritious meal and national funding has been supplemented with local resources to increase the reach and impact of this project. This scheme will be substantially expanded for the summer holidays, with at least 24,000 days to be available across Oxfordshire, including 5,400 across six sites in Cherwell.

86. The COVID Winter Support Grant was also in part delegated to the City and District Councils to establish emergency welfare schemes to provide funding to individuals and families for food and essential utilities. Local councils worked closely with local VCS organisations to maximise the impact of this scheme. In Cherwell, Citizens Advice North Oxfordshire administered the scheme and further funding was provided at district and county level to advisory services to allow them to administer this grant and provide additional welfare and debt advice, while minimising the impact on their core business.

Appendix 2: OCC/CDC COVID-19 Service Status

1. Throughout the year the performance and financial impact of COVID has been reported to OCC Cabinet and Performance Scrutiny Committee and to the CDC Executive and Overview and Scrutiny Committee, through the monthly business management report. (Monthly reporting resumed in September after a move to quarterly reporting for Q1 of 2020/21.) An Annual Report has also been published for both councils. This appendix summarises the current ongoing COVID-19 service impact on each directorate.

Adults and Housing

2. Adults Social Care continues to experience an increase in referrals from people who have not felt safe to contact us previously or have been supported by family members as a result of lockdown. We are also seeing an increase in hospital-based work from people presenting at Accident & Emergency with complex health needs due to not accessing services during lockdown. Finally, we are seeing an increase in the number of people with mental health needs as a result of lockdown. The response to the pandemic has supported our approach to build greater resilience and preventative activities through community engagement into our revised 'Oxfordshire Way' approach.
3. The Council's leadership role in facilitating hospital discharge was constant during the pandemic and remains critical to minimising pressure on the health system but also ensuring that citizens are able to return home and regain their independence in as many cases as possible. The *Home First* approach developed in partnership with local NHS services and Age UK Oxfordshire has helped maximise independence and resulting in reduced care needs an important element of our discharge strategy.
4. We are anticipating an increase in domestic violence referrals once lockdown eases and are planning increased resources to support in line with our public health and safeguarding colleagues.
5. Housing services continue to see an increase in the presentation of people in crisis, particularly single people and complex cases. While some limitations on the delivery of disabled adaptations and housing standards enforcement remained through the lockdown period, housing services are seeing an increase in activity as the guidance to minimise home visits is withdrawn.

Public Health and Wellbeing

6. Pressure on Public Health as a service remains very high, with most roles focussed on the COVID-19 response. Some Public Health commissioned services, such as GP health checks, remain paused to reduce pressure on primary care. Other services, including Stop Smoking support, continue to be delivered on-line.

7. Public Health expect COVID-19 to have a major impact on population health and inequality in the medium and long term and that it will be part of our programme and resource planning for the foreseeable future. Our initial understanding of the public health impact of COVID will be outlined in the upcoming Director of Public Health's Annual Report.
8. All Cherwell leisure centres and sports grounds have reopened. Customers have been returning to their sports and recreational pursuits and usage is being closely monitored to assess the long-term impact on the financial recovery of the sector and the potential ongoing impact on the leisure contract.

Children, Education and Families (CEF)

9. CEF continues to experience an increase in COVID related contacts to the multi-agency safeguarding hub (MASH). Demand continues to be high for Family Solutions Plus (FSP) teams, including managing the impact of longer court cases. Contacts and assessments to the Children's Social Care Front Door are up between 20 - 30% overall and headteachers are reporting more complexity and higher levels of need. We anticipate this continuing until Quarter 3 at the earliest. Extra capacity has been deployed within CEF, but the long-term impact on resources of these cases working through the system will need to be carefully planned for.
10. Pressure on education teams remains high as a result of the work to return children to school and sustain participation, alongside the resourcing of the support model to schools set out in Appendix 1.
11. Longer term interventions to mitigate the impact of COVID-19 on children and young people have been prioritised, including the launch of oxme.info, an online hub providing support and access to local services that help boost wellbeing.

Environment and Place

12. Highway investment and waste performance measures remain high. Maintenance and infrastructure delivery has continued throughout the most recent lock-down period, despite the difficulties of home working and supply chain issues, while the Household Waste Recycling Centres have remained open.
13. High traffic volumes and low Park and Ride usage continue to be monitored as high streets and town centres have reopened. The management plan for Oxford City Centre remains in place in the event that car park capacity impacts on the network.
14. High volumes of development management applications in combination with COVID-19 restrictions have led to pressure on planning teams and an action plan is in place to improve performance.

Customers, Organisational Development and Resources

15. Having established a new click and collect service during November and maintained the very popular on-line offer, the library service continued to operate during the lock-down period. In-line with national guidance, 29 library branches opened for regular visits from 12 April with a further 10 opening from the following week. During May we reopened the remaining libraries, with the exception of Bampton which is currently undergoing extensive planned building works, and Barton which is co-located in a community building that remains closed to the public. Feedback from users on re-opening has been extremely positive.
16. The Oxfordshire Museum opened on 18 May and teaching music face to face has returned to schools, including some ensembles.
17. The Registration Service continues to experience high demand and is managing a backlog of appointments for notice of marriage and civil partnership appointments and for citizenship ceremonies. Weddings commenced again on 12 April with restricted numbers in line with national guidance. Ceremony bookings remain subject to a high level of change with some uncertainty for customers from 21 June on what restrictions might be in place. Registration rates for births and deaths have returned to near-normal levels and the option to register deaths on-line has been a welcome aid to managing the service while maintaining social distancing.
18. The Customer Service Centres (CSCs) are facing a continued higher demand than normal, across many areas. The reasons for this are twofold: firstly, as lockdown restrictions are lifted, demand is generated for services including highways, parking permits, blue badge and registration calls. Secondly, COVID related demand remain. This includes for adult and children's social care contacts, where new cases are arising due to customers being in lockdown and presenting with new conditions, and council tax and housing benefits enquiries where the customers' needs can be complex and lengthy. The CSCs are providing resources for Shielding support for Clinically Extremely Vulnerable customers (paused at present) and the local contact tracing scheme.
19. Finance teams are undertaking a significant volume of additional activity related to COVID-19, through managing, monitoring and reporting on a large number of pandemic resource streams.
20. Communications, Strategy and Insight (CSI) teams continue to play a very active role in the COVID response. This includes analysing and managing data related to the pandemic, delivering organisation-wide planning, undertaking extensive COVID-19 communications activity, and coordinating communication strategies and campaigns on behalf of the wider Oxfordshire system. Additional programme management and communication resource has been put in place to ensure that COVID response activity can be delivered alongside business as usual and strategic priorities. CSI has also provided leadership and resources to support the systemwide community hub

workstream, which is focused on supporting the wellbeing of residents during the pandemic, for example through support for those self-isolating or in quarantine

21. HR and IT continue to deliver remote support to those working from home as well as maintaining support for in-person delivery. New pressures for IT include supporting the delivery of hybrid in person/remote public meetings.

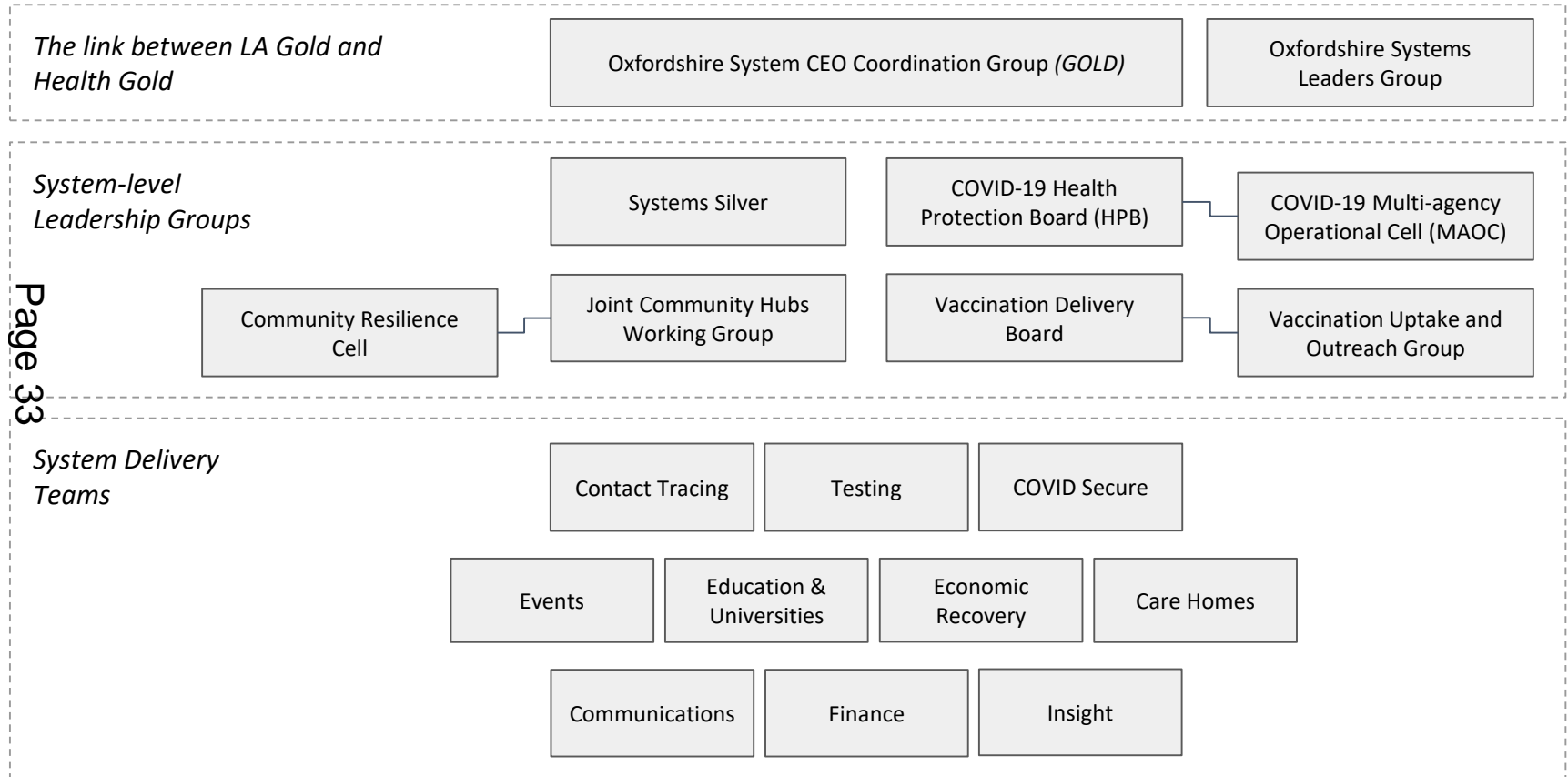
Commercial Development, Assets & Investment

22. Property teams remain deployed to ensure that COVID-19 safe working environments are in place for those council facilities that remain open and to plan for the safe re-opening of services as the Roadmap has allowed. In addition, we are closely monitoring post-COVID and post-Brexit impact on the supply chain in relation to potential delays and/or additional costs for some of our major capital schemes.
23. Staff are also heavily involved in planning for the return of face-to-face council meetings. While there are significant opportunities from the ability to hold 'hybrid' in person/on-line meetings, there are also major technological and logistical challenges, including to ensure operations are in-line with COVID-19 guidance during the Roadmap period.
24. Fire & Rescue and Emergency Planning teams continue to operate in support of new and emerging COVID-19 response activity, for example planning for 'surge testing', where local areas are required to deliver support to nationally led operations to test a high percentage of the residents of specified local areas urgently. Teams are experiencing significant pressures on support for multi-agency major event planning. With uncertainty on the guidance that will be in place after 21 June, major event planners are delaying submitting their plans. With a high volume of major events planned, a concentration of applications in the coming months is anticipated.
25. Trading standards and environmental health teams continue to lead the COVID Secure arrangements set out in appendix 1, in partnership with the City and District Councils and Thames Valley Police. The impact of resourcing COVID-19 activity has reduced the ability to deliver some preventative and investigatory activity. However, priority enforcement and prosecution activity continues, including action against the trade of counterfeit and smuggled tobacco. Regulatory services teams continue to provide vaccine outreach visits to people who have not responded to the offer of a vaccination and also the home visit elements of the local contact tracing system, both described further in Appendix 1.

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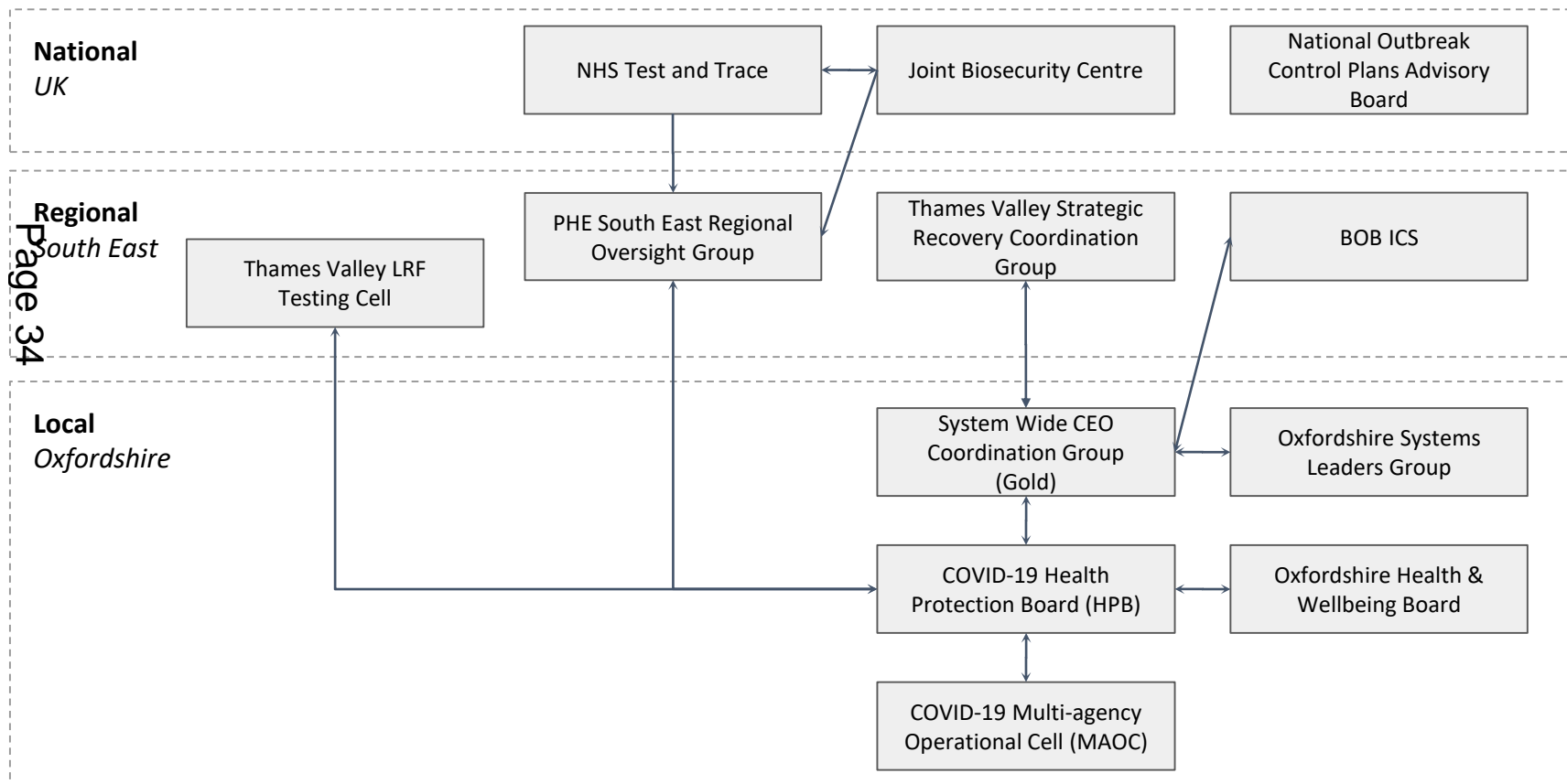
Pandemic System Governance Structure | Systems Working

The diagram below shows an overview of the Systems Governance in place to support the COVID-19 Response Programme.



Pandemic System Governance Structure | Health Protection

The diagram below shows an overview of the Health Protection Governance in place to support the COVID-19 Response Programme.



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South East
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