

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

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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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