

## JOINT MEETING OF THE SCRUTINY COMMITTEES

THURSDAY 2 JULY 2020  
4.30 PM

Venue: [Peterborough City Council's YouTube Page](#)  
Contact:: paulina.ford@peterborough.gov.uk, 01733 452508

### AGENDA

Page No

1. **Apologies for Absence**

2. **Declarations of Interest and Whipping Declarations**

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification" that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. **Public Questions**

Any questions relating to Peterborough City Council's response to COVID-19 Recovery Plan must be received in writing by **12 noon on Tuesday 30 June 2020** to be guaranteed acceptance. There will be a time limit of 30 minutes allowed for Public Questions. Any questions not answered at the meeting within the allocated time will be responded to in writing after the meeting.

Questions can be submitted via email to  
[democratic.services@peterborough.gov.uk](mailto:democratic.services@peterborough.gov.uk)

4. **Peterborough City Council's Response to COVID-19 Recovery Plan**

3 - 16

**Observers may view the meeting online at the Peterborough City Council's YouTube Page**

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<http://democracy.peterborough.gov.uk/ecSDDisplay.aspx?NAME=Protocol%20on%20the%20use%20of%20Recording&ID=690&RPID=2625610&sch=doc&cat=13385&path=13385>

Committee Members:

Councillors: C Harper (Chairman), K Aitken, A Ali, S Barkham, R Bisby, S Bond, R Brown, C Burbage, G Casey, Coles, N Day, A Dowson, A Ellis, J A Fox, J R Fox, J Goodwin, T Haynes, S Hemraj, J Howard, J Howell, M Jamil, D Jones, S Lane, D Over, S Qayyum, L Robinson, B Rush, N Sandford, N Simons, H Skibsted, S Warren, C Wiggin and I Yasin

Substitutes: Councillors: A Bond, D Fower, A Iqbal, A Joseph, J Lillis, M Nadeem

**Co-opted Members:**

Note: The following Education Co-opted members are Members of the Scrutiny Committee and can vote when education matters are discussed.

Peter Cantley, Peterborough Diocesan Board of Education

Flavio Vettese, (Deputy Director of Schools), Roman Catholic Church, Diocese of East Anglia

Clare Watchorn, Parent Governor Representative

Vacancy, Parent Governor Representative

Julie O'Connor, Roman Catholic Diocese of East Anglia (sub for Flavio Vettese)

Peter French, Peterborough Diocesan Board of Education (sub for Peter Cantley)

**Non Statutory Co-optees:**

Alistair Kingsley, Independent Co-opted Member (Non-voting)

Rizwan Rahemtulla, Independent Co-opted Member (Non-voting)

Parish Councillor Susie Lucas, Independent Co-opted Member (Non-voting)

Parish Councillor Junaid Bhatti, Independent Co-opted Member (Non-voting)

Parish Councillor Keith Lievesley, Independent Co-opted Member (Non-voting)

Parish Councillor Neil Boyce, Independent Co-opted Member (Non-voting)

Parish Councillor June Bull, Independent Co-opted Member (Non-voting)

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – [paulina.ford@peterborough.gov.uk](mailto:paulina.ford@peterborough.gov.uk)

<b>JOINT SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 4
<b>2 JULY 2020</b>	<b>PUBLIC REPORT</b>

Report of:	Chief Executive and Joint Management Team	
Cabinet Member(s) responsible:	Councillor John Holdich, Leader of the Council and Deputy Mayor of Cambridgeshire and Peterborough Combined Authority	
Contact Officer(s):	Amanda Askham, Director of Business Improvement and Development	Tel. 07919 166328

**PETERBOROUGH CITY COUNCILS RESPONSE TO COVID-19 RECOVERY PLAN**

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM:</b> Amanda Askham, Director of Business Improvement and Development	<b>Deadline date:</b> n/a
<p>It is recommended that the Joint Scrutiny Committee:</p> <p>1. Note and comment on the progress made to date in responding to the impact of the Coronavirus.</p>	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Joint Scrutiny Committee following referral from Cabinet on 22<sup>nd</sup> June 2020.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to update on:

- (a) the Council's response to the current Coronavirus pandemic;
- (b) the progress made on assessing financial, service and community impact; and
- (c) the Council's initial approach to recovery.

2.2 This report is for the Joint Meeting of Scrutiny Committees to consider under Part 3, Section 4 of the Overview and Scrutiny Functions paragraph 3.3

The Scrutiny Committees will question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects.

2.3 This report links to the Corporate Priorities as set out in Section 7 of this report.

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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## 4. BACKGROUND AND KEY ISSUES

- 4.1 This report provides an update on the Council's ongoing response to the coronavirus pandemic, our work with partners and communities to protect the most vulnerable and our developing work to help Peterborough to recover from this unprecedented emergency.
- 4.2 The coronavirus pandemic has affected every part of life - in Peterborough, across the UK and globally. In the UK, over 220,000 people have been infected by the COVID-19 virus, more than 41,000 have sadly died and the country has been in lockdown for over 11 weeks. Hundreds of businesses have been closed across Peterborough, with staff furloughed or working from home and every single person in our City has had to change the way they live their lives.
- 4.3 In these very challenging circumstances, the Council has reacted quickly with the dual focus of responding to the crisis and keeping critical services running. Our workforce and our councillors have moved to working from home if possible and, where face to face services are critical, these are being carefully planned and safely delivered. We have changed almost overnight to work in different ways to support the most vulnerable people in our communities, developing new responses and maintaining all critical services.
- 4.4 Within the council, our absence levels due to sickness or self-isolation due to suspected contact remain low and we have maintained workforce capacity overall consistently in excess of 85%, including facilitating periods of annual leave to provide rest and support family life.
- 4.5 Our workforce has been resilient with staff stepping forward to be redeployed in essential services and also in adapting to remote working to ensure we have continued to perform well as a council. There are currently 196 Peterborough City Council staff registered with the County and Peterborough Hubs who can be redeployed into other frontline roles, of which around a quarter have been redeployed to other services, including support for:
- The Countywide Coordination Hub – responding to the needs of those who are currently shielding and supporting them in accessing food, medicine and other support as time has gone on, coordinating staff and volunteer deployment
  - The Peterborough Local Hub - responding to the needs to those who aren't shielded and linking with local volunteer and community groups to respond to those who need help
  - Peterborough Rest Centres- staffing 3 hotel sites that have been repurposed to house rough sleepers
  - Adult Social Care Reablement Team
- 4.6 The Prime Minister addressed the nation on Sunday 10<sup>th</sup> May with a new message for the public to Stay Alert, Control the Virus and Save Lives. Further information was provided in the publication on Monday 11<sup>th</sup> May of the Government's recovery strategy "OUR PLAN TO REBUILD". This has been followed by further guidance on schools, supporting the care sector and reopening of public spaces and town centres. Officers and teams continue to work closely with our communities, partners and providers to develop appropriate operational responses to this new guidance as it is issued. Further details of the Council's response during May can be found in weekly highlight reports from each Directorate, available at this [link](#).
- 4.7 Local Government around the UK, and indeed around the world, is beginning to think about the longer term impact of the COVID-19 pandemic – the detrimental effects on more vulnerable individuals and groups but also the opportunities for positive change. Officers and Councillors are working with their professional networks to determine the 'right' way to tackle recovery, sharing ideas and good practice. To ensure that the Council takes a strategic approach to recovery and redesign, a Recovery Framework has been developed and is detailed in section 15. The Council's recovery framework will be built towards ambitious definitions for individual, community and City wide outcomes. It will determine both the immediate and longer term steps the Council needs to take to play its part in achieving these outcomes across Peterborough.
- 4.8 The Council continues to operate all essential services, with staff working from home wherever possible. Some services remain partially closed in line with government guidance and social distancing measures and are offering online services where possible. The Joint Management

Team continues to run a 'Gold Command' Incident Management Team at least twice weekly to co-ordinate our response. The Local Resilience Forum (LRF), a partnership of local agencies, continues to hold a Strategic Co-ordinating Group at least twice weekly to co-ordinate the multi-agency response.

## **5 LOCAL PUBLIC HEALTH CONTEXT**

5.1 Between 27th March and 15th June 2020, there were 449 NHS/PHE lab-confirmed COVID-19 cases in Peterborough, a rate of 223.3 per 100,000 population which is statistically significantly lower than the national rate, but similar to the regional (East of England) rate.

There was an apparent increase in cases in Peterborough in the week starting 8<sup>th</sup> June, however this was due to a data processing issue and was then corrected on the national COVID-19 dashboard. Peterborough City Hospital, Public Health England and NHS England are investigating the issue.

5.2 Data shows that between 27th March and 5th June 2020, 89 deaths occurred related to COVID-19 of Peterborough residents, with 63 (71%) of the total occurring within hospitals and 22 (25%) occurring within care homes. All cause and COVID-19 death rates have declined since the peaks for mortality in Peterborough.

## **6 TEST AND TRACE**

6.1 The NHS Test and Trace service was launched by Government on 28th May. This NHS service is focused on providing advice to individuals who have symptoms of COVID-19 and then tracing the contacts of these individuals to provide appropriate advice to these contacts.

[NHS Test and Trace](#)

6.2 In parallel with this NHS service here in Peterborough we are working on our local Test and Trace activity in partnership with Cambridgeshire. This local work will be brought together into a single Local Outbreak Control Plan and submitted to Government on 30th June.

Through our local Test and Trace work we will ensure:

- Where someone is instructed to isolate and is vulnerable, plans will be put in place to support that person through the existing community hub in the City and in Cambridgeshire through the District Councils' hubs;
- Where the following up of contacts is more complex and cannot be achieved by the national call handlers, the contact arrangements will be handled by trained staff who will be deployed in Peterborough – Public Health England Health Protection Team and Local Authority Public Health and Environmental Health;
- That COVID-19 outbreaks in care homes, schools and in the community are prevented by clear measures identified in the Outbreak Control plan, including supporting workplaces, communities and locations at higher risk to avoid COVID-19 outbreaks;
- Where outbreaks do occur in care homes, schools and in the community those outbreaks are effectively managed and controlled calling upon already established infection control measures for the outbreaks of infectious diseases;
- That there is sufficient local testing with results coming back in a timely manner so it is quick and easy for people to get tested for COVID-19 when they need to;
- That all data from national, local and NHS sources are brought together to inform clear and decisive decision making to prevent, identify and control outbreaks;
- That there are sufficient staff and volunteers trained and able to take on the responsibilities within the Local Outbreak Control Plan including the setting up of a community rapid response teams to take immediate action to prevent and deal with local outbreaks.

## **7 PETERBOROUGH HUB**

7.1 The Peterborough Hub went live on 2<sup>nd</sup> April and has received over 1,100 contacts since. The majority of contacts have been for food supplies/deliveries and medication deliveries. Lately, contacts have been for support with mental health, befriending for those struggling with self-isolation and support with domestic services such as cleaning, gardening, dog walking etc. There is also a bank of volunteers who support the hub and local organisations - a volunteer co-ordinator

forum has been set up and a framework is currently being developed to offer guidance, training and support to volunteers across the City.

- 7.2 Moving forwards the Hub is preparing to support those residents who have to self-isolate due to test and trace and supporting those who have been removed from the shielded list. In addition, a task/finish group has been set up to look at health inequalities - national data suggests there are people at higher risk of exposure to the virus due to their occupation e.g. a healthcare professional, taxi driver, security guard and bus driver. Other factors include lifestyle and living conditions. The group are in the process of gathering local data and then developing an action plan to respond to identified need. Part of this work will include looking at areas in Peterborough that have seen the highest rate of registered deaths due to COVID-19 and creating a targeted communications campaign.
- 7.3 The Hub is supported by over 60 local voluntary / charitable organisations, parish councils, the City Council services, Cross Keys Homes linking with other Registered Social Landlords, our faith communities, City Leadership Forum and City College. This has resulted in a strong support offer to vulnerable residents. For more information on volunteers working in the Hub and in our communities please see the latest Hub newsletter at the [Link](#)
- 7.4 A comprehensive communications plan was established and includes weekly newsletters, multiple radio interviews, press releases/publication articles and a leaflet was sent to all Peterborough households. The aim of these communication channels is to promote the Hub and Peterborough Information Network, so residents are aware of how and where they can get support when they need it.

## **8 CARE HOMES**

- 8.1 There is a continued pressure on the adult social care market because of COVID-19. This is particularly evident in the pressures that independent providers are experiencing in relation to workforce capacity and financial sustainability.
- 8.2 In accordance with the published NHS COVID-19 Hospital Discharge Service Requirements, the Local Authority continues to take the lead on commissioning additional market capacity on behalf of both health and social care to ensure a coordinated response to the management of supply, quality and cost. Commissioners are reviewing the current demand and capacity on an ongoing basis to ensure that we respond accordingly and have the right provision in place to meet assessed needs and support flow through the health and social care system.
- 8.3 Procurement rules continue to be relaxed, in line with COVID-19 national finance guidance, to enable direct awards to be made in the period of this pandemic. This enables us to respond quickly to commission required capacity and services in line with local need and demand.
- 8.4 Social workers have resumed visits to care homes to ensure appropriate support is in place where it is needed, including ensuring that where residents are isolated, that the necessary steps have been taken in terms of care and support planning and delivery, mental capacity and deprivation of liberty requirements.

8.5 The following summarises the key areas of support implemented to date to support providers:

Managing the Market	Workforce	Infection Control	Financial
<p>Working with providers and individuals receiving support, we have involved families and used equipment and assistive technology to reduce care and support provided to individuals to minimum safe levels and optimised rounds to reduce travel time.</p> <p>Commissioned alternative accommodation to support infection control within housing related support schemes experiencing behavioural challenges.</p> <p>Ensured rapid access to community equipment to facilitate timely discharge and reduce the need for double up packages.</p> <p>Commissioned 24/7 sitting services and utilised in house capacity to ensure support is available around the clock for emergencies.</p> <p>Secured additional residential, nursing bed and extra care capacity to support with initial emptying of acute beds and to ensure sufficient ongoing capacity for hospital discharge demand.</p> <p>Jointly commissioned capacity and integrated brokerage of placements across health and social care.</p>	<p>The use of volunteers and redeployment of resources to support providers' capacity.</p> <p>Access to COVID 19 testing to providers' staff.</p> <p>Emergency PPE supplies.</p> <p>Local wellbeing support offer developed by the CCG for provider's workforce.</p>	<p>Development of outbreak management procedure for care homes.</p> <p>Information, advice and support on PPE and infection control.</p>	<p>Provided financial support, including 10% temporary fee uplift to providers and access to resilience funding.</p> <p>We have continued to fund day services which have closed, staff have been redeployed to support people in the community.</p> <p>Cash flow supported through introduction of 4 week in advance payments for bed based care, rather than 4 weeks in arrears.</p>

8.6 We continue to work collaboratively with wider system partners and providers to review the support that is in place and our approach. This has included a focused business continuity review and development of bespoke support with small providers who may be less resilient and have less ability to manage the financial and workforce impacts of COVID. Also included is a series of



targeted visits by social care practitioners to care homes where evidence suggests additional support is needed. There are 131 residential care providers in Cambridgeshire and 35 registered providers in Peterborough. Across these providers, there are 4,649 Care Quality Commission (CQC) registered beds in Cambridgeshire and 1,324 beds in Peterborough. Across all client groups, small providers make up approximately 21% of the registered providers locally.

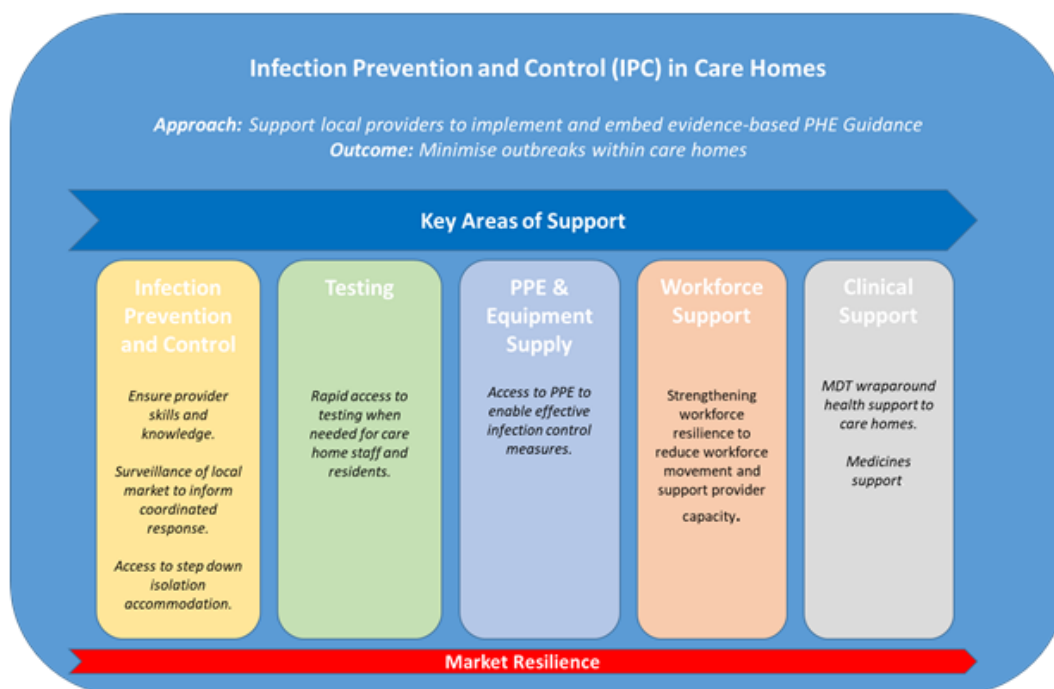
## 9 CARE HOMES SUPPORT PLAN

9.1 Following the Minister of State for Care’s letter of 14<sup>th</sup> May 2020 to Council Leaders regarding the need to develop a local plan for Support to Care Homes, the Council submitted our local plan on the 29<sup>th</sup> May 2020. The plan outlines our health and care system response to support care homes to embed infection prevention and control to minimise the risk of COVID outbreaks in homes. Our local Care Home Support Plan is published on the Council website and can be found [here](#).

9.2 Local plans build on the strong partnership foundations we already have in place across our health and care system. The local response to the pandemic and our current plans incorporate the enhanced understanding provided through local data, feedback, demand and support needs we have identified as a result of COVID-19. We continue to work collaboratively with the system and provider market through the establishment of a multi-agency governance structure to manage our local response to COVID-19. All partners work extremely closely together to ensure we are maximising the capacity in the system and are sharing intelligence to ensure early identification of issues or support needs including COVID-19 outbreaks and infections in care settings and in the community. We have a good relationship with local providers and liaise with them frequently to identify any issues at the earliest opportunity; including via regular online and telephone based forums, coordinated communication channels and a regular presence in care homes working alongside and supporting them. Continued collaboration with providers is central to the development and delivery of our local plan, including ensuring that where the Local Authority has discretion about use of infection control funding, that we consult providers to understand what will achieve the greatest benefit in terms of infection control.

9.3 Fundamental to our approach is making sure that we support our providers to prepare for the possibility of future outbreaks and ensure any measures put in place increase longer-term resilience, minimising the risk of outbreaks as much as possible. To be successful, effective infection prevention and control is dependent on a number of key measures being put in place by care home providers, supported by the health and care system. The below diagram provides an overview of the key strands of our local plan.

9.4





## **10 INFECTION CONTROL FUND**

- 10.1 On the 14<sup>th</sup> May 2020, the Government announced £600m of one-off funding to support infection control across adult social care providers. Grant Determination Letters and guidance was issued on the 22<sup>nd</sup> May and the allocation to Peterborough City Council equates to £1,750,593.
- 10.2 The primary purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.
- 75% of the funding will be passed directly to care homes (residential and nursing providers). Each care home will receive an amount per CQC registered bed. This equates to £991 per bed in Peterborough.
  - 25% of the funding to be allocated by the local authority to care homes or domiciliary care providers and to support wider workforce resilience. We have agreed to passport this directly to home care providers.
- 10.3 Local Authorities must ensure that 75% of the grant is allocated to support the following measures in respect of care homes:
- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing this grant determination this included staff with suspected symptoms of COVID-19 awaiting a test, or any staff member for a period following a positive test;
  - Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work in the better);
  - Limiting or cohorting staff to individual groups of residents in floors/wings, including segregation of COVID-19 positive residents;
  - To support active recruitment of additional staff if they are needed, to enable staff to work in only one care home, or to work only with an assigned group of residents, or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from COVID-19.
  - Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.
  - Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.
- 10.4 In order to qualify for funding, providers have to complete a weekly online tracker and use the funding as detailed in 10.3. Clawbacks are applicable where these conditions are not complied with or the funds have not been spent by 30<sup>th</sup> September 2020. Payments will be made in two instalments to providers in May 2020 and July 2020, in line with the allocations being paid to the local authority. Communications with providers are being prioritised to ensure there is minimal delay in processing these payments. The local authority will be required to report on the use of funding to the Department of Health and Social Care by the 26<sup>th</sup> June and again by the 30<sup>th</sup> September.

## **11 PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- 11.1 PPE supply chains have improved locally, with the local authority placing advanced orders with approved suppliers. However, as supplies continue to be challenged nationally, the local supply chain continues to be at risk in terms of continuity of supply. The local authority and providers need to remain vigilant to ensure the ongoing continuous supply of PPE.
- 11.2 There continues to be close working with public health and the CCG's infection control team to ensure that PPE guidance is implemented effectively locally. Support and training has been

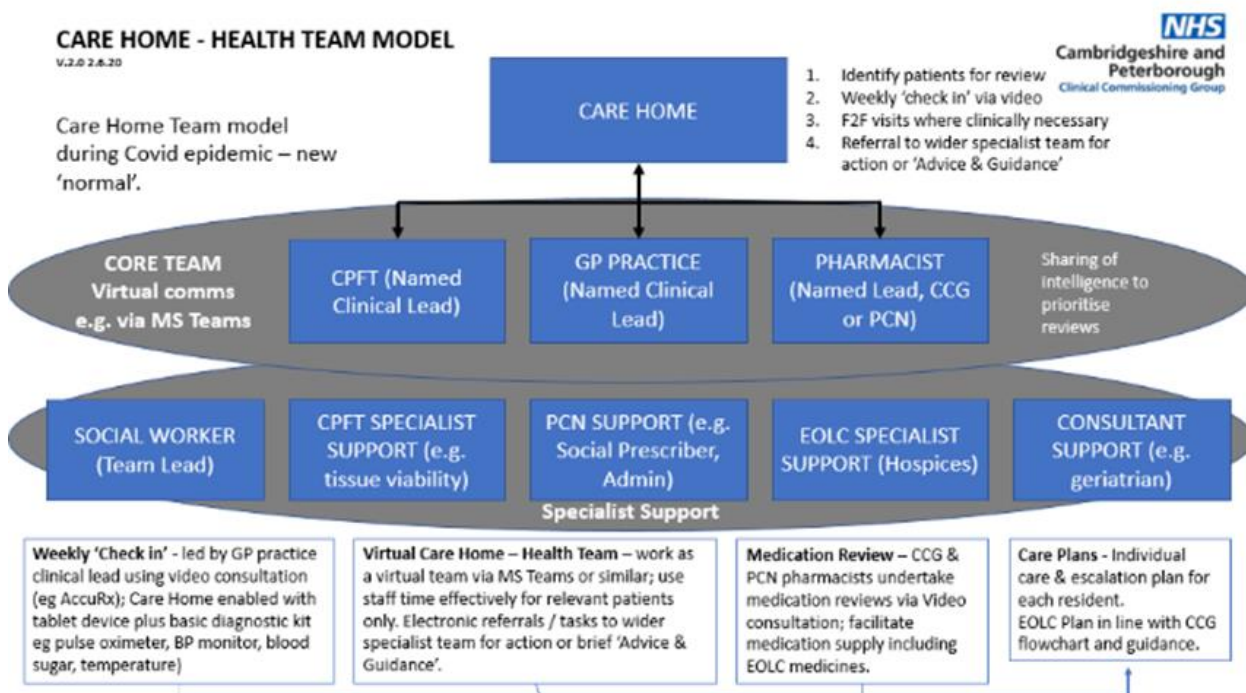
established for providers and regular updates are shared; for example, attendance from infection control experts at the virtual provider forums to answer questions and provide advice.

- 11.3 The national online Capacity Tracker has been extended to include information for providers to complete on infection control. This includes reporting of PPE supply levels, supporting monitoring of PPE supply issues for local domiciliary care and residential providers. In order to ensure adequate supply of PPE locally, the local authority continues to adopt the following approach:
- Access to emergency supplies from the Local Resilience Forum
  - Centralised purchasing of PPE across People and Communities Directorate, to ensure economies of scale. Discussions are also underway to centralise this supply in partnership with the CCG
  - Information and guidance to providers and direct payment recipients, including potential suppliers they can access PPE from.

## 12 NEW MODEL OF SUPPORT TO CARE HOMES

12.1 We are working with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to provide a new enhanced level of support to care homes. From June every care home will have a dedicated health team made of a GP clinical lead, a community health service lead, provided by CPFT and a pharmacist. This core health team will have access to specialist support from adult social care, specialist community health services, such as tissue viability nurses, geriatricians, end of life services and social prescribers.

12.2



12.3 Every care home will have a 'weekly check in', led by their GP. This may trigger wider multidisciplinary meetings involving specialist support colleagues and regular medication reviews. This will inform the creation of personal care and support plans that will also include escalation and end of life plans where appropriate. The virtual team around each home will meet using video conferencing and video appointments.

12.4

The CCG surveyed care homes on the extent to which they use video consultation and remote diagnostics to understand the current position. Based on over 150 responses (from c.180 care homes)

The CCG is working to ensure all care homes have access to

- 1) Laptops or tablets to enable video consultations, plus adequate connectivity across the home.
- 2) Basic diagnostic kit (pulse oximeters, BP pressure monitors and digital thermometers).

NHS England has allocated over 100 pulse oximeters for distribution to care homes. We will facilitate this via the GP practice supporting the home.

The CCG is preparing training materials for both video consultation and use of the basic diagnostic kit. There will be a simple competency framework for care home staff to provide assurance that they understand how to use the kit.

#### Selected Data From Care Home Survey May 2020

##### Are you currently using remote working?

Yes – 83% (*residential 55%, nursing 24%, other 3%*)  
No – 17% (*residential 11%, nursing 3%, other 3%*)

##### What is remote working/consultations being used for?

Family & relatives to keep in touch – 87% (*residential 54%, nursing 28%*)  
Patient & clinician meetings/appointments – 81% (*residential 50%, nursing 28%*)  
Internal staff meetings – 49% (*residential 29%, nursing 16%*)

##### Does the Wi-Fi connection cover all areas of the home?

Yes – 75% (*residential 48%, nursing 24%*)  
No – 26% (*residential 15% nursing 7%*)

##### 8. If yes, what diagnostic equipment do you have access to?

Temperature probe – 96% (*residential 62%, nursing 30%*)  
O2 saturation monitor – 14% (*residential 32%, nursing 25%*)  
Blood pressure monitor – 17% (*residential 45%, nursing 29%*)  
Urine sample analysis – 11% (*residential 32%, nursing 24%*)  
Pulse rate monitor – 14% (*residential 33%, nursing 25%*)

- 12.5 We are committed to this development, as it will enable a preventative and integrated approach to improving the well-being of all residents in every home. We should expect to see better outcomes for residents, a reduction in avoidable admissions to hospital, early supported discharge from hospital and a reduction in safeguarding concerns involving acts of omission. From an adult social care perspective this provides an opportunity to promote person centred, strength based conversations, the early use of technology enabled care (TEC) and community resources and a more streamlined and timely approach to reviews.

### 13 SCHOOLS REOPENING

- 13.1 Schools across Peterborough have been planning reopening for some time. On the 1<sup>st</sup> June, Primary schools (including Infant and Junior) were allowed to take in further children from Early Years, Reception, Year 1 and Year 6 (in this order up to their capacity). Guidance from the Department for Education (DfE) only allowed class sizes up to 15 as it has been acknowledged that social distancing is challenging for younger children. Our schools undertook risk assessments which included a consideration of space and staffing availability. Education is optional for parents and there will be no action for non-attendance. As at the 8<sup>th</sup> June, 93% of primary schools have expanded their intake beyond just critical workers and vulnerable children. The national average was 70%. This outcome is a great credit to the leaders in schools for their hard work. By the 11<sup>th</sup> June, nearly 4000 pupils were attending. The government has since announced that their plans to take in all primary children before the end of term will now be delayed until the autumn.
- 13.2 Early Years settings also opened on the 1<sup>st</sup> June and we have seen a huge increase in uptake with 1,842 children attending on the 11<sup>th</sup> June, up by nearly 1,500 since May. Our Special schools continue to increase numbers and are undertaking individual pupil assessments to grow numbers gradually.
- 13.3 Secondary schools have been planning for re-opening from the 15<sup>th</sup> June for Year 10 and Year 12 although numbers are limited by government guidance which allows only a quarter of children to attend. Most schools are offering 1 day a week to allow time for individual support and some core subject teaching. Across all our schools, we continue to provide home learning for pupils although this is now more challenging to deliver due to staff being in school delivering lessons. We expect further guidance from the DfE shortly on catch up proposals for pupils and expectations for September opening. Throughout, Education teams have worked closely with Public Health to ensure our schools open safely for both pupils and staff.

## 14 CITY CENTRE REOPENING

- 14.1 Peterborough City Council has formed a Peterborough Economic Recovery Programme which includes the CEO of Opportunity Peterborough and Executive Director of Queensgate Shopping Centre. The first major milestone for the programme was the re-opening of the city centre on the 15<sup>th</sup> June.
- 14.2 Four examples of the practical preparation for the reopening include:
- Support and guidance to help businesses begin re-opening their doors to shoppers, together with a strong suggestion to stagger opening times across the city, in line with a direct request from Mayor Palmer.
  - Teams from across the Council have been working to ensure that all of the necessary government guidelines have been implemented (e.g. signage reminding people to stay 2 metres apart, volunteer marshals, enhanced cleaning etc.) to reassure shoppers on their return. This is in addition to clear communications about what shoppers should expect.
  - A 'shop local' message has been promoted via social media, along with vlogs and messages from businesses welcoming customers back.
  - Collaboration with Disability Peterborough and other voluntary sector organisations so that all reasonable steps have been made to consult with people with sensory disabilities
- 14.3 The next major milestone is the possible re-opening of pubs, and some restaurants, from the 4th July. The Peterborough Economic Recovery Programme team are currently working with businesses to create a socially distanced cafe culture in areas such as Cathedral Square. This will provide a much-needed boost to the hard pressed hospitality sector as casual diners emerge from lockdown. This next milestone will incorporate the lessons and insights gained from the re-opening of non-essential retail in June and further guidance expected from Government.

## 15 RECOVERY FRAMEWORK

- 15.1 The full extent of the impact of the COVID-19 pandemic on PCC and the Peterborough community is still unknown. However, there is no doubt that this emergency has significantly disrupted many of our existing plans, behaviours and approaches and that the Council is unlikely to return to the way it was prior to the crisis. The pandemic has brought an unprecedented level of global challenge, the effects of which will have an impact on the health, wellbeing and life chances of Peterborough's citizens for years to come. Looking forward, however, the national and local response and change of behaviours also offers a significant opportunity to build a more resilient and sustainable future.
- 15.2 Local Government in the UK has risen to the challenge well during the immediate crisis and our Council has been at the forefront of leading the local response to the pandemic alongside public and community partners. We have been well placed to do this because of significant investment in transformation and community engagement, and because of the strong relationships we have built across the system.
- 15.3 The scale of the disruption, and subsequent degree of social change, demands a strategic approach to recovery and redesign – for the Council as well as the broader public sector and health system. The changes needed will be wide-ranging, complex and unlikely to be sustainably resolved through quick fixes. Whilst there are significant risks, the situation also presents unique opportunities to invest in better outcomes for all citizens of Peterborough, whilst ensuring the most vulnerable in our society are protected. What has been achieved in a short space of time is astounding and, as we come out of the immediate crisis, we do not want to lose any momentum as we look forward.
- 15.4 Nationally and locally, there are well documented approaches to responding to and recovering from emergencies. These typically describe the stages of recovery as:

**Response:** decisions and actions taken to deal with the immediate effects of an emergency. At a high level, these will be to protect life, contain and mitigate the impacts of the emergency and create the conditions for a return to normality. Response is likely to be relatively short compared to other

stages - even in the current extended emergency - therefore, rapid implementation of arrangements for collaboration, co-ordination and communication are vital.

**Recovery:** the process of rebuilding and restoring the infrastructure and emotional, social and physical well-being of communities following an emergency. Although distinct from the response phase, recovery should be an integral part of the response as actions taken during the response phase can influence the longer-term outcomes.

**Redesign:** an emergency may present the opportunity to regenerate, revitalise and transform. This transformation can be physical, social, and economic and is more than simply restoring or replacing what was there before. It is a complex social and developmental process rather than just a remedial process.

15.5 The length and nature of the COVID-19 emergency are unusual in terms of our existing emergency management framework, which is predominately designed for critical incidents or short term emergency responses. The national lockdown and local response stage may continue for long enough for some of our plans and behaviours to become 'business as usual' - either for us, our partners or for the public. This holds both opportunities (for example, community volunteering or more agile working may become the norm) and potential problems (our response models may be too expensive to sustain long term or may create unintended dependency). Therefore, it is important that these stages are not seen as linear and that capacity and effort is invested in recovery and redesign plans as quickly as possible.

15.6 The recovery framework will be based on six important elements:

- Impact Assessments: to develop our plans for recovery and redesign, it is crucial that we understand the impact on our communities and on our organisations. Impact Assessments (covering impacts on residents, businesses, infrastructure, environment, etc.) have been started and will be regularly updated.
- Strategic aims: to be effective, our response should be rooted in strategic intent with a clarity of purpose and desired outcomes. Before the COVID-19 pandemic, there was agreement across the system to focus on 4 'Grand Challenges' and the Council had their own corporate strategy which reflected these challenges alongside the organisation's own aspirations and priorities. These need to be reviewed in light of: changing needs in society; local authority funding arrangements; national and local expectations of local government, potential public sector reform.
- Finance: as we move beyond the immediate and national funding for emergency response, iterative modelling of financial scenarios will be needed to ensure that our strategic ambitions and our operational plans are affordable and sustainable.
- Action plans: parts of our recovery, action plans are already in place – each service has a business continuity plan which describes recovery of services following a disruption and our corporate and COVID-19 risk registers have a series of actions to manage risk triggers. However, these action plans will need continuous review in light of revised strategic aims and response to new impacts on our communities. We cannot assume that all the services and functions that were critical before COVID-19 will be relevant in our new context.
- Learning, evaluation and adaptation: it is important that we capture and build on learning and adaptation that takes place during the response and recovery stages –locally, nationally and globally. The effects of COVID-19 will change over the coming months and years and ongoing evaluation of our impact will be key and will be plotted against a recovery trajectory. Services and our workforce should be designed to adapt quickly as needs and priorities shift.
- Evidence and insight: we will take an insight led approach to design services, interventions and actions. This will include analysis of what's happening as the impacts of COVID-19 become apparent, predictive analysis from multiple data sources, scenario modelling to inform our planning and fast feedback loops on the performance and impact of actions. Decision making needs to be effectively supported by strong business intelligence to provide effective financial, demand and system indicators.

15.7 We will work closely with a range of system partners – for example: Health, the Combined Authority, District and the County Councils, Community and Voluntary sector organisations, schools, private

sector business, our universities, providers in our supply chain, our communities - as well as with Government. In line with Government guidance, the Cambridgeshire and Peterborough Local Resilience Forum have established both a multi-agency Restoration Group (which will focus on immediate response) and a multi-agency Community Recovery Group. The Government has also tasked the Cambridgeshire and Peterborough Combined Authority with leading on economic recovery.

- 15.8 PCC is well represented at each of these forums, however it is also important that we have a Council focused governance structure to manage our recovery programme and to report into these groups as appropriate. The Council has established a Recovery Board, chaired by the Director for Business Improvement and Development, which reports to the Joint Management Team and then to Members. Our recovery governance will ensure that Councillors and the communities that they represent play a fundamental role in shaping the future.
- 15.9 The recovery framework is split into 6 themes, which take into account the Council's strategic priorities, our COVID-19 risk register and the LRF recovery themes:
- People and Community
  - Business and Economy
  - Health and Wellbeing
  - Political and Regulatory
  - Environment
  - Organisational

Topics under these themes will be explored using our knowledge, evidence and expertise and will be drawn together into actions plans.

## **16 VIVACITY**

- 16.1 It is vitally important to the City of Peterborough that it has a strong arts, leisure and cultural offer as the City comes out of lockdown and heads towards economic and social recovery. The council has been working closely with the Vivacity on proposals to help them to gradually reopen services as the pandemic lifts. However, following a considerable period of discussion and support, Vivacity and PCC have reached a reluctant but mutual agreement that, due to the long term effects of the Coronavirus pandemic, the Vivacity Trust in its current form, will not be in a position to deliver services for the council post lockdown. As a result, the Trust gave notice on Thursday, June 18th that it is unable to deliver the current contract due to lockdown and COVID restrictions beginning a 90 day period to manage the transition.
- 16.2 The council has already begun a review of services to consider how they might be delivered in the future –either by the council alone, or in partnership with others. These plans will take account of how people's lives have changed during the pandemic e.g. the increased use of local open space, people valuing and using facilities which are more local to them in order to reduce non-essential travel.

## **17 RISK MANAGEMENT**

- 17.1 Given the significant impact of COVID-19 on both the Council's immediate operations and its longer term achievement of strategic objectives, a COVID-19 risk log has been developed. This is split into three sections:
- A short-term risk log for the internal-management of the Council's response to COVID19.
  - A longer-term risk log for the strategic-management of the delivery of the Council's objectives arising from the current event.
  - A review of major projects to identify which are critical to the Council, with a risk management action plan against each of these projects.

Risks are monitored weekly and reported into the Joint Management Team at least fortnightly.

## 18. ALIGNMENT WITH CORPORATE PRIORITIES

18.1 The current Coronavirus pandemic will have both an immediate and a longer term effect on all of the Council's priorities. The impacts will be monitored and managed through our risk logs and recovery plans and will feed into the annual review of Council strategy.

## 19. CONSULTATION

19.1 No consultations were undertaken or required for this report.

## 20. ANTICIPATED OUTCOMES OR IMPACT

20.1 By being kept up to date with the latest situation the Joint Scrutiny Committee will be able to question Members of the Executive and senior officers about their decisions and performance in relation to the response to Covid-19.

## 21. REASON FOR THE RECOMMENDATION

21.1 To keep the Joint Scrutiny Committee up to date on the latest situation in relation to Covid-19 and the action taken by the Council in response to the emergency.

## 22. ALTERNATIVE OPTIONS CONSIDERED

22.1 If the Joint Scrutiny Committee were not updated in a formal meeting this would mean that information would not be available to the public and that the Scrutiny Committee would not be able to question officers or debate relevant matters in relation to the Councils Covid-19 response in a transparent manner.

## 23. IMPLICATIONS

### Financial Implications

23.1 The Council reports the impact of COVID-19 internally on a weekly basis and undertakes a monthly reconciliation of additional costs to Ministry of Housing Communities and Local Government (MHCLG) on the 15th of each month. COVID-19 costs are having a significant effect on the Council's forecast outturn position. We are assessing COVID-19 costs on a weekly basis so now have data for COVID-19 specific Items to the end of May. The April Monitoring Position takes account of COVID-19 estimates at the end of April, which corresponds to the Finance Report which was reported to Cabinet on the 11 May. The table below outlines the gross pressure and funding received, reported to MHCLG within the April and May returns. At the end of May this was a £9.9m pressure after receipt of £11m of COVID-19 Grant from MHCLG.

Source of Pressure	April Position £m	May Position £m
Direct COVID-19 Expenditure	7.0	10.1
Loss of Income due to COVID-19	6.8	6.0
Non-Delivered 2020/21 Savings due to COVID-19	4.5	4.8
<b>Total Pressures</b>	<b>18.3</b>	<b>20.9</b>
<b>Government Funding Received</b>	<b>(11.0)</b>	<b>(11.0)</b>
<b>Revised Net Position</b>	<b>7.3</b>	<b>9.9</b>

The Council has received two tranches of the COVID-19 response funding from MHCLG, £5.332m on the 27 March and £5.634m on the 18 April, amounting to £10.966m to cover COVID-19 costs.

23.2 There is concern around tax collection percentages across the Country due to COVID-19. Now we have 2 full months of data we can compare collection rates this year against last year. Council Tax collection rates are 6.9% lower than last year and Business Rates collection rates 28.3% lower. Although we have not started to actively pursue outstanding debt, which will begin at the end of June, if these reductions were to continue it could result in £30m of non-collected Tax Revenue by the end of the year. This is significantly more than the Council's initial 10% non-collection estimate



of £15.8m but is before the Council starts recovery action in July where this figure could reduce substantially.

23.3 The Council have also received money directly from the Government which is being applied specifically to certain sectors of the economy. This has included:

- Business rates relief of £36.6m to 1,256 Retail, Hospitality and Leisure Providers;
- Business rates relief of £0.3m to 31 Nurseries;
- £29.3m of specific Grant Funding for Small, Rural, Retail, Leisure and Hospitality businesses. 2,426 grants have been issued. Last week, our performance was ranked the 15 most efficient out of 314 Councils;
- An additional £1.6m to allocate £150 to those on Council Tax Support;
- £1.75m of direct grant assistance to Care Homes;
- £0.181m of grant assistance to reopen our City Centre.

A new Discretionary Grant Scheme for businesses of £1.5m was launched on the 15th June and will close for applications on Friday 26th June.

23.4 There is the requirement for the Council, in liaison with the wider Local Government sector, to continue to lobby for additional funding to cover the present shortfall in COVID-19 support including the projected deficit position in the Collection Fund which will impact revenue budgets in 2021/22.

23.5 The only direct COVID-19 effect on 2019/20 was the delay in completion of the POSH sale which meant that no capital receipt was received in 2019/20. This is fully accounted for and referenced in the 2019/20 Outturn report.

#### **Legal Implications**

23.6 Information report, therefore not relevant.

#### **Equalities Implications**

23.7 Information report, therefore not relevant.

#### **Rural Implications**

23.8 Information report, therefore not relevant.

#### **Carbon Impact Assessment**

23.9 Information report, therefore not relevant.

#### **Significant Implications**

23.10 Following the Government's recovery plans for the UK, it is important for people to get back to school and work, for communities and services to rebuild and for businesses to reopen. As a Council, we will need to carefully interpret guidance as it comes through from central government, and work with partners and communities to ensure that we restart Peterborough at the right time and pace and only when it is safe to do so.

### **24. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

24.1 Service highlight reports for all Directorates are sent to Members and can be found at this [link](#).

### **25. APPENDICES**

25.1 None