



Policy and Resource Committee

24 September 2020

Title	Organisational response to COVID-19 and preparation for the next phase
Report of	Chairman of Policy and Resources Committee
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix I: Presentation on COVID-19 Barnet response and proposed next phase Appendix II: Best Practice Group Report
Officer Contact Details	Tamara Djuretic – Director of Public Health Tamara.djuretic@barnet.gov.uk Elliott Roy-Highley – Public Health Elliot. Roy-Highley@Barnet.gov.uk

Summary

- Since mid-January 2020, London Borough of Barnet (LBB) has been working across the whole system to prevent spread of COVID-19 infection. These are unprecedented times, but we can be proud of the way we have responded to the pandemic in most collaborative way across the partnership and proud of the way we supported our community and residents. We have to ensure sufficient capacity and resilience is in the system to be able to continue managing local outbreaks while supporting the borough to recover, restore and thrive, despite the unprecedent national challenges we face;
- It is important to acknowledge that this is probably one of the greatest challenges we have all faced in our careers and our lifetimes and that it has been difficult at professional as well as personal level;
- Many people have lost their loved ones, had to completely adapt to a new way of living and lock-down and continuation of the pandemic has had vast impact on the

overall physical, social, mental and economical health and wellbeing. We will therefore continue to see longer-term impact of the pandemic in future years and it is important to simultaneously, focus on the ongoing pandemic response while also starting recovery of Council's business as usual wherever that is possible;

- This report summarises Barnet Council's response so far and details the main actions that are being put in place to manage this next phase.

Officers Recommendations

- 1. To note the report and identify areas of improvement and feedback that can be incorporated into the next phase of the response.**
- 2. To agree proposed approach to next phase of the response and acknowledge that, due to nature of this pandemic, certain elements of next phase maybe subject to change.**

1. WHY THIS REPORT IS NEEDED

- 1.1 This report sets out the Council's response to the COVID-19 emergency and the help and support it has provided to residents, partners, local businesses and staff. It describes in detail all the elements of response so far, lessons learnt and approach for the next phase of the pandemic. Detailed recovery plan is not covered in this report, as individual theme committees are receiving updates on recovery activity in their areas of responsibility.

2. Background

- 2.1 The attached report (Appendix I) details how the Council has worked to contain spread of COVID-19 infection amongst residents, protect the most vulnerable, support businesses and maintain continuity of local services in its response to the pandemic. It also details proposed response during next phase of the pandemic.

Barnet is most populous borough in London and, as such, impact of COVID-19 infection on our residents have been significant.

As of 8th September 2020, there have been 1, 956 COVID-19 positive cases (rate of 494.1 per 100, 000 population) and sadly, 458 lives lost due to the infection. In the first phase of the pandemic, people over 65 years of age and particularly those over 80 years of age have been most affected. In this phase, as a result of more widespread testing but also a reflection of easing down of lock-down, we are seeing the infection spreading amongst young people and working-age adults. Detailed information on Barnet specific pandemic can be accessed via our [weekly COVID-19 dashboard](#).

The Council has worked hard to respond to this public health emergency, streamlining its decision-making processes since declaring a major incident on 24th March, in line with national lock-down announcements. It has been supporting the community including vulnerable residents and local businesses, provided support to care settings whilst

maintaining critical services from waste collection to child-protection. Throughout we have been following Public Health England advice and guidance and adapting them for local purposes. Barnet was selected as part of London Good Practice Network to support national NHS Test and Trace system and to improve the whole system response. Detailed summary of actions from that workstream is included in Appendix II.

During first phase of response, Council has concentrated its effort to contain spread of the virus and minimise its impact on most vulnerable while also maintaining critical services. Some of achievements are represented in Figure 1 below.

FIGURE 1: Barnet Council's COVID-19 response in numbers.



As we move through the next phase of the pandemic, it is crucial to continue implementation of [Barnet's Local Outbreak Control Plan \(LOCP\)](#), working in collaboration with Public Health England and NHS Test and Trace and all other local partners across the system. Barnet's Pandemic response has been classified in over 50 workstreams that have been documented and processed mapped. Process mapping results are being linked to the overall Barnet Local Outbreak Control Plan and certain aspects of lessons learnt as well as detailed process, have fed into different plans across the organisation (e.g. Excess Winter Deaths).

These documents will be used if any part of the response that has been scaled down now, need to be scaled back up again.

As we are learning about the pandemic continuously and improving the overall response, we update LOCP monthly. Furthermore, as new national Public Health system is emerging, we feed into the developments and need to be agile to respond to changes swiftly. So far, assurance has been provided that PHE London Coronavirus Response Cell will continue to function as is and that non-COVID-19 health protection support provided to us by PHE North East and Central Health Protection Team remain unchanged (as it has been during a number of previous restructures). Barnet has one of the lowest Public Health Grant per capita in London and almost 1/3 of what some inner London boroughs get. We are also most populous borough in London and therefore, the public health team are doing challenging yet an outstanding job to respond effectively within limited resources.

Our recent data suggest that infection rate has been increasing locally and nationally and we are focusing on scaling our response up again, especially in the areas described in London Escalation Framework such as:

- Increasing testing capacity, including mobilisation of a fixed testing unit;
- Targeted public health communications campaigns;
- Preparing for enhanced contact tracing;
- Commissioning Groundworks to assist in mobilisation of COVID-19 community health champions;
- Enhanced enforcement activities;
- Considering limiting borough-wide events;
- Implementation of Care Settings visiting policy;
- Enhanced data analyses that include cluster investigations.

Our effective response so far could not have been done effectively without our partners such as NHS, voluntary and community sector, businesses, schools, Middlesex University, Multi-faith Forum and other community and faith leaders, Police. We thank all our partners for their ongoing commitment to residents of the borough.

3. REASONS FOR RECOMMENDATIONS

- 3.1 Regular reporting on the pandemic's response have been presented to the Health and Scrutiny and Health and Wellbeing Board. However, this is council's first comprehensive report setting out details of the response and actions taken across the council thus far to a Committee and therefore it is important to discuss achievements so far and acknowledge all the work that has been undertaken and also provide constructive recommendations that can be incorporated into the next phase of pandemic response.

4. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 4.1 Not applicable in the context of this report

5. POST DECISION IMPLEMENTATION

- 5.1 Suggestions and recommendations from the Committee will be incorporated into our future response and Local Outbreak Control Plan.

6. IMPLICATIONS OF DECISION

6.1 Corporate Priorities and Performance

- 6.1.1 Impact of COVID-19 has been far reaching and its implications are being incorporated into emerging Barnet's Corporate Plan, Health and Wellbeing Strategy and long-term budget setting as well as Medium-Term Financial Strategy.

6.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 6.2.1 A report was presented to FPCC in June setting out the expected costs at that point. That report indicated gross costs of £52m, known funding of £26m, and so a likely residual cost to the Council of £26m.
- 6.2.2 Since then, further information and funding has become available. The latest position indicates that the estimated cost in the year is £58m, and that the available resources to cover that now amount to £36m, leaving a residual cost in the year of £22m. It has also been announced that some costs can be recovered over the next 3 years, and that further funding will be made available to cover lost income from Sales, Fees, and Charges. Together, these will offset a further £18m of costs, leaving an unfunded current year pressure estimated as being £3.5m (with a further £11m of unfunded costs to be recovered in future years).
- 6.2.3 While the current position is a significant improvement over previous estimates, a key concern in calculating the estimated costs is the financial impact of a second wave. At the time of writing, there is no clarity on the duration or intensity of a second wave making cost estimation extremely difficult (some minor costs are included in the figures set out above, but no major cost items arising from a second wave can yet be included). Further, much has been learnt from the first wave, it so it is likely both that the costs arising will be different, and that there will be less government funding.
- 6.2.4 In the context of this very uncertain outlook, financial forecasts continue to be reviewed and revised regularly, both for the current year and for future years.

6.3 Social Value

- 6.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

6.4 Legal and Constitutional References

- 6.4.1 The legal context for managing outbreaks of communicable disease, which present a risk to the health of the public requiring urgent investigation and management sits:
- With Public Health England under the Health and Social Care Act 2012
 - With Directors of Public Health under the Health and Social Care Act 2012 with Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
 - With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
 - With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004.

In the context of COVID-19 there is also the Coronavirus Act 2020.

- 6.4.2 This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships. These arrangements are clarified in the 2013 guidance Health Protection in Local Government.
- 6.4.3 PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies.
- 6.4.4 At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.
- 6.4.5 The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

6.5 Risk Management

- 6.5.1 The challenges posed by Covid-19 present significant risks to the Council and this plan is a mechanism via which we will mitigate direct risks of Covid-19 infection and transmission. A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

6.6 Equalities and Diversity

- 6.6.1 COVID-19 pandemic has had a more significant impact on local residents who are elderly, have underlying health conditions, males and those from specific ethnic groups. Our response thus far has been directed to protect those most vulnerable, as in any emergency situations and specific Equality Impact Assessments on emergency response were not necessary. However, learning from national evidence and local experience will be integrated into longer-term strategic policies and strategies.
- 6.6.2 COVID-19 pandemic has shone a further light on disproportionality of the health outcomes amongst various groups nationally and locally. Barnet's Local Outbreak Control Plan takes into consideration different vulnerabilities and develops an action set on how to protect those at highest risk as well as support vulnerable to self-isolate, if needed. Impact of COVID-19 on different Black, Asian and minority ethnic groups as well as those who have underlying conditions and are elderly has been considered and considered across the whole system and via Integrated Care Partnership and Health and Wellbeing Strategy currently under review.

6.7 Corporate Parenting

- 6.7.1 As Looked After Children and Care Leavers were indirectly affected by the pandemic, additional resources and interventions have been put in place to mitigate any longer term negative impact on this population group.

6.8 Consultation and Engagement

- 6.8.1 The Leader and Council Management Team have been consulted on draft of this report. Public consultation will include COVID-19 residents survey aimed at assessing impact of the pandemic and Health and Wellbeing Strategy consultation planned for October. We are working with Healthwatch Barnet to support HWB Strategy consultation and wider community engagement including a specific focus on Black, Asian and Minority Ethnic groups.

5.8 Insight

- 5.8.1 From the very beginning of the pandemic, local, regional, national and international evidence, data and information have been used on a daily basis to inform evidence based response to the pandemic in most agile and rapid way as it could possibly be achieved.

7. BACKGROUND PAPERS

Local Outbreak Control Plan and weekly dashboard
<https://www.barnet.gov.uk/coronavirus-covid-19-latest-information-and-advice/barnet-covid-19-dashboard-and-local-outbreak>