

## Cabinet

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**Date of Meeting:** 9 June 2020

**Report Title:** Responding to COVID-19

**Portfolio Holder:** Cllr Sam Corcoran, Leader of the Council and Cllr Craig Browne, Deputy Leader of the Council

**Senior Officer:** Lorraine O'Donnell, Chief Executive

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### 1. Report Summary

- 1.1. This report provides a summary of the Council's work in response to the current national and international public health emergency on COVID-19.
- 1.2. These are unprecedented times for the Council, our residents and businesses of the borough. The sub-regional response has been led by the Cheshire Local Resilience Forum, which includes Cheshire East, Cheshire West and Chester, Halton and Warrington Councils, working with key partners including health, police and fire and rescue.
- 1.3. In addition to the response, this report outlines how the Council is planning for the initial stages of the lockdown restrictions being lifted. Furthermore, the Council is planning for the longer-term recovery from the pandemic and a progress report will be presented to the next Cabinet meeting.

### 2. Recommendations

The Cabinet is asked to:

- 2.1. Note the issues outlined in this report;
- 2.2. Note the financial implications of COVID-19 to date and the ongoing lobbying to ensure that the Government fund the total financial impact of the pandemic on Cheshire East Council; and

2.3. Continue to lobby Government and raise concerns as appropriate.

### **3. Reasons for Recommendations**

3.1. To put on public record a summary of the Council's response to date. To explain the financial and other implications, and the ongoing pressures.

### **4. Other Options Considered**

4.1. Not applicable.

## **5. Background**

### **5.1 Virus and disease**

Coronaviruses (CoV) are a large family of viruses that cause respiratory illness.

Coronaviruses were identified in the mid-1960s and are known to infect humans and a variety of animals (including birds and mammals). Since 2002, two coronaviruses infecting animals have evolved and caused outbreaks in humans: SARS-CoV in 2002, and MERS-CoV in 2012<sup>1</sup>.

On 31 December 2019, a cluster of pneumonia cases of unknown cause was reported in Wuhan City, Hubei Province, China. The novel coronavirus has been named by the World Health Organisation (WHO) as 'severe acute respiratory syndrome coronavirus 2' (SARS-CoV-2), while the coronavirus disease associated with it is referred to as COVID-19<sup>2</sup>.

As with other respiratory illnesses, symptoms of COVID-19 can include a runny nose, loss of smell, sore throat, cough, and fever. It can be more severe for some people and can lead to pneumonia or breathing difficulties. More rarely, the disease can be fatal. Older people, and people with pre-existing medical conditions (such as diabetes and heart disease) appear to be more vulnerable to becoming severely ill with the virus<sup>3</sup>.

### **5.2 Spread**

On 31 January 2020, the WHO declared the outbreak as a public health emergency of international concern (PHEIC). At that stage, there were 9,847 confirmed cases globally, with 9,826 in China.

On 11 March 2020, the WHO declared the COVID-19 outbreak as a pandemic, signifying that the new disease was now spreading globally. At that time, there were 124,101 confirmed cases globally and 4,583 confirmed deaths.

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<sup>1</sup> <https://www.ecdc.europa.eu/en/2019-ncov-background-disease>

<sup>2</sup> [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

<sup>3</sup> <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

The outbreak initially occurred in China and spread rapidly throughout the country and then into neighbouring Western Pacific states. It spread to Iran and Italy, with Europe taking over from the Western Pacific as the epicentre for the disease by mid-March. The outbreak has spread rapidly globally since, with the Americas, and principally the United States, recognised as the next potential epicentre since late March.

As at 27 May 2020, 213 countries/territories have been affected; there were 5,488,825 confirmed cases globally; and 349,095 confirmed deaths<sup>4</sup>. In the UK, as at 27 May 2020, there were 267,240 confirmed cases and 37,460 confirmed deaths<sup>5</sup>.

Here in Cheshire East there were 1,214 confirmed cases and 376 confirmed deaths as at 27 May 2020.

The latest international, national and local statistics are available from the following data dashboards:

- <https://covid19.who.int/>
- <https://coronavirus.data.gov.uk/>
- <https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker>

## **6 Response**

### **6.1 National**

In the UK, the Department of Health and Social Care (DHSC), Chief Medical Officers, NHS England and Public Health England, supported by staff at regional centres have led the national response. The council has been in regular contact with these agencies and local health and care organisations in the county.

In the initial stages of the outbreak, the NHS and Public Health England were proactive in contacting people who had been at risk of being infected, testing them, and where people tested positive, tracing who they may have come into contact with and managing and treating risk cases.

DHSC launched a UK-wide public information campaign to advise the public on how to slow the spread of the virus and reduce the impact on NHS services. Information promoting important hygiene messages appeared in print, broadcast and social media.

DHSC worked across government to produce sector-specific guidance, to reflect the different challenges across a number of different settings for example, transport, education, social care and hospitality. As the outbreak

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<sup>4</sup> <https://covid19.who.int/>

<sup>5</sup> <https://coronavirus.data.gov.uk/>

spread, more guidance was published, and existing guidance revised as the national strategy to tackle the pandemic evolved.

The most significant policy announcement milestones are as follows.

On 3 March 2020, the government published its coronavirus action plan which was based on four strategic phases – contain; delay, research; and mitigate.

On 12 March 2020, the government published its 'Stay at home' guidance which set out what individuals should do if they experienced coronavirus symptoms, however mild. At this point the government recognised that the virus was spreading generally throughout the country and could no longer be contained through international travel restrictions and by contact tracing around suspected or confirmed cases. In terms of its action plan, this signified the shift from 'contain' to 'delay'.

Following announcements in relation to the closure of schools, pubs and restaurants, a UK-wide lockdown was announced on 23 March 2020, backed by police powers to enforce social distancing and closure regulations.

Emergency legislation was introduced and passed in just four days, with the Coronavirus Act 2020 receiving Royal Assent on 25 March 2020. The legislation gives further powers to government to slow the spread of the virus; reduce the resourcing and administrative burden on public bodies; and limit the impact of potential staffing shortages on the delivery of public services.

On 6 April 2020 the government confirmed that local authorities would be allowed to hold remote council meetings and that the 2020/21 annual general meetings of councils could be postponed. Where an appointment would otherwise be made or require to be made at an annual meeting of a local authority, such appointment continues until the next annual meeting of the authority or until such time as that authority may determine. In addition, all forthcoming local elections and other polls including the police and crime commissioner elections were postponed to 2021.

In terms of financial support, the Chancellor announced a £330 billion support package on 17 March 2020 including business rates relief support for small and medium sized enterprises (SMEs). And on 27 April 2020 the Chancellor announced a loan scheme underwritten by the government which would offer SMEs loan finance of up to £50,000 with the government meeting the interest payments in the first year.

On 20 March 2020 the introduction of a Job Retention Scheme was announced, whereby the government would pay the equivalent of 80 percent of the wages of staff put on 'furlough' (a period of temporary leave of absence on reduced pay) during the lock-down.

On 12 May 2020, the Chancellor made a further announcement that the furlough scheme would be extended by a further four months with workers continuing to receive 80 percent of their current salary through to the end of

July. In addition, from the start of August, furloughed workers will be able to return to work part-time with employers being asked to pay a percentage towards the salaries of their furloughed staff. The employer payments will substitute the contribution the government is currently making, ensuring that staff continue to receive 80 percent of their salary, up to £2,500 a month. The government also announced that it is shortly to publish proposals for how furloughed workers can be supported to undertake additional training and learn new skills while on furlough.

The government has made a number of announcements in relation to supporting local government financially, either by making available additional funding or by bringing forward previously announced funding programmes<sup>6</sup>. In terms of additional funding, the government has made available two amounts of £1.6 billion COVID-19 grant, announced on 19 March and 18 April 2020. Hardship funding to support local council tax support schemes was announced on 11 March 2020 totalling £500 million, and more recently on 15 May 2020, a £600 million fund was also announced for care homes support. See paragraph 8.2 also.

On 11 May 2020, the government published 'Our plan to rebuild: the UK Government's COVID-19 recovery strategy'. This set out a five-point scale to indicate the level of threat posed by COVID-19 to society and a phased approach to recovery, with incremental steps to relax control and public protection measures.

On 13 May 2020, the government amended its existing regulations under the Coronavirus Act to enable the phased relaxation of lockdown measures including allowing people to visit HWRCs, the re-opening of garden centres and some outdoor sports facilities.

On 27 May 2020, the government amended regulations further to allow small gatherings of 6 people in parks or gardens and re-opening of dentists from early June. Further announcements are expected shortly.

## **6.2 Sub-regional**

These are unprecedented times for the sub-region of Cheshire, our residents and businesses. In terms of the response, Cheshire East Council is a statutory Category One Responder under the Civil Contingencies Act 2004.

The sub-regional response has been led by the Cheshire Local Resilience Forum (LRF), which includes Cheshire East, Cheshire West and Chester, Halton and Warrington Councils, working with key partners including health, police and fire and rescue.

The council is a major LRF partner and has played a significant role at all levels of response – participating in the strategic coordinating groups (SCG)

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<sup>6</sup> <https://commonslibrary.parliament.uk/insights/coronavirus-support-for-local-government/>

and tactical coordinating groups (TCG) and resourcing all of the multi-agency support cells established to manage the county's response.

## **7. Local Response**

Cheshire East Council has responded rapidly to the Coronavirus pandemic and has continued to provide a co-ordinated response. During this time the council has delivered essential local services, protected our most vulnerable people, and supported communities, businesses and the economy.

Cabinet has been meeting informally on a frequent basis to provide political leadership.

The Executive Leadership Team has led the operational response, which has been co-ordinated by a bespoke Council Emergency and Response Team (CEMART), ably supported by officers from the Joint Emergency Planning Team.

This report summarises key issues from the response to date under a number of service areas and topics.

### **7.1 Communities**

Cheshire East Council launched the People Helping People (PHP) Service on 20 March. This was our rapid response to support residents out in the community who found themselves required to socially isolate and through that, have become vulnerable due to government advice to stay at home to protect themselves.

The service provides residents who have underlying health issues and/or who were above the age of 70 who do not have the available support networks with the option to request help for tasks such as food shopping or prescription collection. To meet the needs of residents the service also allows local people to offer their availability and support hence the PHP. The scheme was also extended to vulnerable children and their families. To give an indication of the reach of PHP:

- We have contact with 2,037 volunteers
- We have matched 3,196 people with a volunteer
- 255 families have requested support through the Children and Families PHP initiative specifically.

### **7.2 Adult Social Care**

Adult Social Care social work services have continued to offer assessments and support planning to those requiring services, the majority of these assessments being undertaken via telephone or skype calls. Where it has

been deemed necessary to undertake face to face contact for example safeguarding issues, mental health assessments, and urgent Occupational Therapy assessments, the staff have been provided with appropriate PPE, and risk assessments have been undertaken. The service has averaged between 300 and 400 initial contacts per week. The service has maintained offices however, in the main staff are able to work successfully from home using the IT equipment and telephones supplied to them.

There is evidence of pressure on families struggling to cope with challenging behaviour in the confined space of their homes this has been particularly evident in Learning Disability services. Support has been provided and, in some cases, respite has been offered. There has been an increase in the numbers of people who have become very anxious during the period and contacts to the Mental Health Service have increased, however support has been offered without the need to move towards statutory interventions of Mental Health Act Assessments.

Deprivation of Liberty Safeguards referrals have started to increase as more people object to placement within care homes due to the increasing number of deaths in care homes. This will eventually lead to more Court of Protection applications and Best Interest assessments. We are seeing 60 – 70 referrals per week.

Care4CE services have remained resilient during the crisis. All day care provision has been closed following the government advice on gatherings, alternative assistance has been offered in one to one activity and in some cases respite provision together with offering carers breaks. Discussions regarding the reopening of day services have begun, however, there is no date as yet for when the service will resume. Networks and reablement have maintained services with support from the Council for PPE and the commitment and dedication of staff have maintained services throughout the crisis.

Staff from Adult Social Care and Communities have assisted in the areas of People Helping People and Shielding Hub, acting as an interface with statutory service of Adult Social Care and the volunteers. This has been supported by the voluntary, community and faith sector who have been supportive throughout the crisis.

We have maintained our support to Gypsy and Traveller communities, we have ensured that welfare checks and support with portable toilets, fresh water and rubbish removal are provided, together with information regarding prevention and infection control. Whilst we have not issued any court

proceedings to move people on, we have suggested that people move to areas where there is less impact on local communities.

Hospital Social Work Teams have supported with discharges from hospital into 'step down' beds and domiciliary care to enable assessments to take place away from an acute setting. Delayed transfers of care have significantly reduced, and capacity remains well able to meet demand.

### **7.3 Commissioning**

The commissioning team have ensured that every adult and children's social care and public health contract/services was able to deliver services in line with the Government guidelines. A huge effort has been undertaken to support the adult social care market and in particular, the care home sector. The commissioning team started to undertake preparatory work in responding to COVID-19 with social care providers back in February 2020. Every contract was reviewed, and a commissioning strategy was put in place to respond to the COVID-19 pandemic as stated in the following paragraphs.

Collaboration and Communication: - There was a recognition that the situation would be fast moving and would create an uncertain operational environment. To respond to this, we worked with the social care providers to create channels that gave them the ability to raise issues and get answers back quickly, and to be able to solve problems collaboratively both with commissioners and each other.

A weekly mutual aid call takes place with each segment of the care market – Accommodation with Care, Care at Home and Complex Care. The purpose of these calls is to ensure that issues and problems get heard and solutions are sought. These are currently working well, particularly within the care at home segment, where providers are working much more collectively to support the care and support needs of service users requiring that service.

At the start of the COVID-19 pandemic the commissioning team undertook daily calls to all providers however, once the situation became more serious and we started to see an increase in outbreaks the team had to implement and operate a risk-based approach to all providers. The rationale for this approach is that providers have told us they want to focus on delivering the best possible care for the residents. All other commissioned Adult Social Care and Public Health services receive a twice weekly or once a week call unless they inform us that they need support.

A weekly briefing is sent to all care providers operating in Cheshire East (whether commissioned or not) which summarises the latest guidance, processes and support available to providers. In addition, a Care Provider portal has been established on the Council's website to store information for providers.



All providers understand the need to inform the Council of any issues, suspected or confirmed COVID-19 cases and any PPE requirements and there is a well-established process for this which is understood by providers.

Business Continuity Plans -The Commissioning team worked with the social care providers to ensure that we had an up to date copy of all business continuity plans and these were analysed to ensure we could identify, and risk assess services.

Cashflow- To mitigate against the pressure on cashflow for providers, a commitment was made in March that Cheshire East Council would continue to pay for 'commissioned' care and would not claw back and hours that were undelivered due to the COVID-19 pandemic. We also committed to ensuring prompt payments.

Hospital retainer- When a service user is admitted to hospital, Cheshire East Council continues to pay the provider for 7 days. This is to enable the package to remain open and facilitate a fast discharge with their original provider. This offer has been extended to 14 days to align with the infection period of the virus.

Hospital discharge- To facilitate the implementation of the COVID-19 hospital discharge guidance several actions were taken. We block booked 26 beds across the Borough and these are funded by the NHS. In addition to this the current beds commissioned to support winter pressures, 9 beds were also extended. The rapid response (care at home) contracts were also extended and enhanced. We also undertake a daily vacancy count and at the time of writing have 151 beds available across the Borough.

Infection control- As a Council we recognised the need for increased usage of personal protective equipment (PPE) and the difficulty in supply. To mitigate this, we have and will continue to purchase the relevant PPE, and we distribute this to all services that are running low on supplies. This has been an additional cost to the council, circa one million pounds

The commissioning team also set up new programmes to support vulnerable groups during the pandemic:

- Hidden Carers
- Job Matching Service
- Mental Health Information Point

## **7.4 Public Health data and messaging**

Leadership through the early stages of the COVID-19 outbreak was provided by the Acting Director of Public Health and the Health Protection team. This included engagement with Local Resilience Forum partners and Public Health England to ensure a timely activation of our emergency response processes including implementation of the CEMART structure that has been used throughout the Cheshire East Council Response.

The Health Protection team have provided timely support and communication to key teams throughout the council on the government guidance around PPE and safe working. Public Health Officers also direct support to schools, care homes and other partner organisations where additional support was needed.

Communication of key public health messages to the public has been prioritised throughout COVID-19 and both the Acting Director of Public Health and the Public Health Team have played an active role in ensuring key messages are timely and accurate.

## **7.5. PPE**

COVID-19 has caused a huge surge in demand for Personal Protective Equipment (PPE). It is essential to keep up levels of supply so that our key workers, including care staff, can use the equipment they need to protect themselves and those they care for. We have worked tirelessly to source and provide essential PPE for care homes and domiciliary care providers.

Nationally, there have been well-publicised shortages of PPE and delays in securing sustainable supplies. Cheshire East Council has welcomed the PPE drops arranged by the Government. However, like many councils, we have had to supplement that several-fold with locally-sourced supplies which we have funded. This has been and continues to be a real challenge. Securing enough PPE will remain a priority for the foreseeable future, particularly as number of settings increases, for example, schools.

## **7.6 Testing**

The Government initially set up arrangements to test hospital in-patients and then front-line health and social care staff. This has been expanded to cover community testing, including swabbing and home testing kits. Mass testing centres were set up across the North West to increase access to testing using private lab capacity. The Army has facilitated local testing in our localities. Four mobile testing sites have been agreed within the Borough, namely Crewe, Knutsford, Macclesfield and Nantwich. These locations have been chosen to achieve a balance of access for our communities whilst minimising traffic congestion.

On 23 April, the Government announced the establishment of a National Contact Tracing Service (NCTS) as part of a Test and Trace approach. Local Authorities will have a key role to play in delivering this service. The local element of the national contact tracing programme will be led by Cheshire East Council working with Public Health England when there is a local outbreak of COVID-19 requiring significant local action.

Local Authorities in England have been asked to develop Local Outbreak Plans by the end of June describing how they will tackle outbreaks in their areas. Local Directors of Public Health will provide a leadership role in local outbreak response.

## **7.7 Support for customers**

Whilst face to face Customer Services points are closed, the team moved quickly so that staff could work from home and to provide support, information and advice via the telephone and the website.

We have updated our website as the definitive source of information on services and available support on Coronavirus.

## **7.8 Shielding Hub**

As part of the Government's response to shielding people most at risk of need of hospital treatment if they catch Coronavirus and who have been asked to stay at home for at least 12 weeks, we set up a Community Shielding Hub, and Distribution Centre. This is an entirely new service that wasn't in existence before the pandemic.

The Hub has so far engaged with over 3,000 residents and issued in excess of 250 emergency parcels of food and toiletries. Local companies and supermarkets have contributed through providing supplies which have been greatly appreciated.

## **7.9 Support for business**

We have been working with local businesses, the local chambers of commerce, the Federation of Small Businesses, the Cheshire and Warrington Local Enterprise Partnership and Marketing Cheshire to channel business-based support to meet local need and to enable businesses to support each other.

To date, we have allocated over £76m of Business Grants to almost 6,000 small businesses in the last few weeks.

In addition, we have urgently developed another Discretionary Grant scheme to support small local business which haven't been able to access other funding. The new scheme opened to applications on 1 June 2020, with funds of circa £4.28m available.

Furthermore, we have established a weekly meeting with key businesses and business representatives to ensure we understand the key issues facing the local economy. In addition, we launched a Business Helping Business

service where the council has brokered support to businesses from local businesses.

## **7.10 Children's Services**

Children's services have continued to operate to ensure our children and families are supported during this time. Services have been creative and have adapted to be able to offer support remotely, for example our parenting journey is being offered through our Facebook page, with online tips, videos, advice and activities, receiving very positive feedback from parents. We have established new procedures across Children's Services to ensure that children are effectively safeguarded and supported which are available on our COVID-19 page on Centranet for all Children and Families staff. Some services have continued offering face to face support to ensure our most vulnerable children are safe.

Almost all our schools and some early years settings have remained open for the children of key workers and those defined as vulnerable. We have had positive feedback and thanks from the NHS for providing places for all their key workers.

Guidance has been changing rapidly, and services have needed to be responsive and flexible, working closely and supportively with our partners to implement changes.

We have been able to support our NHS colleagues during this time by enabling Midwifery services to be run through our Children's Centres. This has meant these services have been able to be provided in safe places in local communities, rather than in busy local hospitals.

## **7.11 Children's Social Care**

At the outbreak of COVID-19, we assessed all cases open to Prevention and Children's Social Care, RAG rated the risk to children, and reviewed plans in light of the new situation. All children who were assessed as high risk have had face to face visits to ensure they are effectively safeguarded. Weekly operational meetings were established to discuss high risk children to ensure the right support is in place for these children and there is senior manager oversight of those most at risk. Support is being provided in line with the DfE guidance for Children's Social Care which acknowledges that meetings and contact with families may need to take place in alternative ways.

All partners in the Safeguarding Children Partnership have affirmed that safeguarding children remains a key priority and weekly meetings were established to ensure the partnership offer is strong and we can respond

flexibly to emerging needs or building pressures for individual agencies. This includes support and challenge between agencies as required.

Maintaining contact with children continues to be a multi-agency priority, with other key professionals involved with the family remaining in contact with children as well as social workers. School and early years settings have been crucial in this and we have a rolling process of contacting all schools and settings on a weekly basis to discuss any concerns. This has supported strong relationships between services.

Education, Prevention and Children's Social Care have been working in partnership to support vulnerable children to attend schools and settings. We are working together with families and encouraging attendance, and as a result, the number of vulnerable children attending schools and settings continues to increase. Helplines have been established for practitioners and families to contact and report any issues in returning vulnerable children to school which are enabling quick resolutions.

Cared for children and care leavers have been impacted by COVID-19. Some children who are currently in the Public Law Outline (PLO) process will experience significant delays of between 3-6 months in agreeing their permanency plan as a result of COVID-19. This is due to challenges for the Court in delivering fair justice for complex cases where there is a finding of fact or final hearing. Children who are at most acute risk due to the delay in achieving permanence are children with a plan of adoption, and children who are not currently living in their long-term placement.

The number of cared for children is likely to increase due to Coronavirus and the resulting challenges in progressing children's care plans. We have been working to ensure placement stability for children and young people is maintained throughout this time. In line with DfE guidance, where it is in their best interests to do so some cared for young people who have turned 18, and some care leavers, have remained in their placement to ensure they are safe. We have contingency plans in place to ensure we will have sufficient places for cared for children and care leavers.

As some children and young people will be staying in placements longer than they would otherwise, this will be a continued upward pressure on cared for children expenditure. We have seen an increase in the use of external foster care placements. It is likely that there will be increased demand for placements, and there is a risk that providers will uplift placement costs in response. Foster carer allowances have been temporarily increased to support the additional costs of having children at home as a result of coronavirus, and we have increased the support available to foster carers through regular phone contact, which carers have appreciated. As time

progresses, it is likely that the increase in costs as a result of COVID-19 will rise further.

Care leavers potentially present as the most vulnerable cohort during this period due to the risk of social isolation, lack of employment, financial hardship and deterioration in mental health. The service is working hard to stay in touch and offer support as a priority for these young people. We have adapted our local offer in light of COVID-19 to ensure care leavers have the support they need.

To ensure Members are informed and can effectively exercise their corporate parenting responsibilities, a regular briefing has been established for the members of the Corporate Parenting Committee.

Now we are moving into recovery, all children open to Children's Social Care will receive a face to face visit in the next few weeks if they have not already received one during lockdown.

Some families have coped exceptionally well during this time. However, we know that lockdown has been a challenging time for some, and will have allowed issues to remain hidden, preventing early identification and prevention.

We expect to see a rise in referrals to Prevention and Children's Social Care once more children return to schools and settings. This could result in a significant increase in demand to services over the coming year.

## **7.12 Early Help and Prevention**

A significant number of childcare settings in Cheshire East decided to close as a result of Coronavirus and the ability to furlough staff. We wrote to every setting advising them that we have interim legal authority to request them to re-open if needed. As a result, the number of settings open doubled. Regular calls are in place with early years settings to check their status and that sufficient places are available for keyworkers and vulnerable children. Concerted effort continues to be made to support vulnerable under 5's who are open to Children's Social Care back into settings in order to support families and reduce family pressures.

All early years settings were encouraged to be in regular contact with families whether they were open or closed, to ensure that families were aware support was available if they wanted advice, or if they wanted to access childcare in the future.

The DfE guidance for settings has been complex and we have established a helpline to support settings and childminders with their queries, which has

been well received. We are working closely with settings and childminders to plan for reopening and have established focus groups to drive this work forward.

The Youth Support Service is carrying out joint work with PCSOs in local communities targetting hot spots where young people are gathering. This has been positively received by young people and parents.

### **7.13. Education and Skills**

We have worked closely with schools throughout this period, and have supported schools through school closure. Overall, Cheshire East schools have been very responsive and flexible to changing the way they work to accommodate vulnerable children and children of keyworkers. All but six of our schools were open over Easter compared to just 60% nationally.

We have established a range of support for schools, initially providing daily calls to offer support and check on their wellbeing, which has now reduced to twice a week. This has ensured we have strong communication and concerns are shared and resolved together, and schools have reported that they feel supported and listened to. We have developed specific guidance for schools on safeguarding, testing and HR matters, and send out daily bulletins to schools sharing the latest advice and guidance. We have provided PPE to schools. We are continuing to provide intensive support to schools to those that need it. We have established attendance monitoring arrangements to enable oversight of pupils numbers and the number of vulnerable children attending, including schools liaising with Children's Social Care if children are not attending, and if they are unable to make contact with them, so that this can be pursued by other services.

We have ensured free school meals are provided both to pupils who are continuing to attend, and increasingly for those who are not in school. We have cancelled the majority of school transport, but ensured that transport arrangements have remained in place for those who are continuing to attend, including where vulnerable children have been increasingly supported back into school.

The Virtual School for cared for children has provided additional guidance and resources to carers and children to ensure they can continue to make progress educationally while they are not in school. We have also been coordinating work around the DfE offer to supply equipment and 4G to support remote education for Year 10 and vulnerable pupils.

We have received risk assessments from schools for children with Education, Health and Care Plans (EHCPs) who are not in school. We have regular

contact with the Parent Carer Forum and have provided learning resources tailored to different types of needs to support children, along with a helpline for parents with children with Autism and support via video conferencing for children with sensory impairments. Health partners have also looked at different ways of meeting children's needs from home. Support and equipment has been provided for families where needed to enable them to support remote education. We know that many parents and children with an EHCP are finding it challenging and struggling with the fact that routines and provision at school will have changed. We anticipate that this will continue and additional support will be needed as we re-integrate back into school over the coming year.

We are continuing to improve the quality of our EHCPs. As a result of the change to SEND (Special Educational Needs and/or Disabilities) legislation due to coronavirus, we are now required to evidence for each child with an EHCP what reasonable endeavours we have made ensure children receive the provision detailed in their plan during COVID-19. There are currently 2,600 children on plans, and evidence needs to be gained from Health, Education and Social Care, so this is a considerable exercise. A working group has established a clear process for completing these returns and work is currently underway on completing these for all our children.

We have developed a minimum offer to support transition remotely for children and young people who are due to move schools.

We effectively managed our primary offer date remotely in line with temporary legislation, with 98.1% of Cheshire East residents offered a preference school and 91.4% offered their first choice. The school admissions team received more than 4,200 applications for places.

School building works have been significantly delayed due to coronavirus. We have put alternative arrangements in place, including temporary accommodation, to ensure we can still offer places to pupils in September, avoiding disruption to children and expensive out of borough placements.

We have been very busy holding extensive discussions with all key stakeholders, teaching unions, school heads and the Cheshire East parent carer forum, on a programme of a phased wider opening of education settings following the announcement of the Prime Minister on 10 May. An Education Recovery group has been established to plan for the phased wider opening of schools. We agreed a Cheshire East position which we have communicated to all parents and schools. Plans will see a two-week period to allow staff to prepare classrooms and implement the significant changes that need to be made to ensure safe working practices with smaller numbers of children and young people



From 15 June, all eligible nursery-aged pupils will be able to attend on a limited and controlled basis where staffing capacity and space allows. Similarly, all primary school reception class pupils will be able to attend. From 22 June, Year 1 pupils will be welcome back to primary school, moving to all Year 6 on 29 June if the school has enough space to do so with social distancing in place. A position on more face to face support for Year 10 and Year 12 pupils will be considered following further guidance from the DfE.

Our priority is to make sure that any way forward is safe for everyone within our schools and we have delivered a supply of PPE to all schools and colleges prior to them opening. We have developed a risk assessment framework and checklist for schools to complete to ensure safe arrangements are in place, and we are releasing further advice and guidance around HR and safeguarding.

We are currently planning for the reopening of school kitchens, and establishing increased school transport for the phased reopening.

We are having regular calls with the ADCS, Practice Leaders Group, DfE and Chief Social Worker to share good practice and any issues across local authority areas and based on this we are satisfied that the measures we have put in place are the right ones to ensure children are protected. A number of our initiatives have been recognised as good practice, including our position on reopening schools and our letter to early years settings.

#### **7.14. Place Services**

We have kept our parks and public rights of way open. We closed Tatton Park in line with other National Trust properties. We have kept the situation under review and are now considering how it may be re-opened in a COVID-19 secure way.

We took an early decision to waive car parking charges, to both assist health and other key workers and to avoid unnecessary contact with the pay and display machines to limit the spread of the virus. This is in line with LGA advice.

Kerbside collection of waste has continued throughout the period. Unlike some other councils, we have continued to collect recycling materials, garden and food waste. We have re-opened all eight Household Waste and Recycling Centres.

Support has continued to enable the operation of a core local bus network. This serves key destinations in this time of crisis, such as our local hospitals and medical facilities, providing access for key workers without access to a car.

Our highways operations have all continued to function to ensure the road network remains safe for essential travel. All activities have been assessed and adapted where necessary to ensure works can be delivered in line with the public health guidelines. Where it is possible roadworks are being progressed to take advantage of the lower levels of traffic on the road network.

Following a short pause, the construction of the Congleton Link Road progresses with changes made to working practices. The Council's Infrastructure team is actively working with the contractor, the utility companies and the wider supply chain to ensure the project is delivered in line with the programme.

Our Regulatory Services have undertaken their new responsibilities under the Coronavirus Act to enforce the closure of businesses in accordance with the Government restrictions.

Libraries and Leisure Centres have closed but are offering a range of online resources, health and fitness support to customer.

Registration Service and Crematoria have increased capacity to support the level of increased deaths as a result of the pandemic. We also established a shared temporary mortuary facility with Cheshire West and Chester Council and Warrington Borough Council as contingency.

#### **7.15. Welfare and Council Tax**

The level of welfare benefits enquiries dealt with and the official DWP statistics relating to new Universal Credit claimants has increased significantly.

As part of its response to COVID-19, the government announced in the Budget on 11 March 2020 that it would provide local authorities in England with £500 million of new grant funding to support economically vulnerable people and households. Cheshire East's award is £2.2m.

There is an expectation that due to the economic position, there could be a significant number of additional Council Tax Support claims.

#### **7.16 Homelessness and rough sleepers**

Between 26 March and 28 May 2020, the Council has accommodated over 100 households, 87 of which were people who were sleeping rough or at immediate risk of doing so. We ensured that they received the necessary support and meals required. Of the 87 accommodated we have successfully

moved 52 (60%) on from Bed and Breakfast into more appropriate accommodation.

We are maintaining delivery of the Council's statutory duties towards homeless households in the borough and our Rough Sleeping Outreach workers are working with those who are currently sleeping rough to move them into more appropriate accommodation.

#### **7.17 Workforce**

We quickly moved to allow all staff who can work from home to do so. In practical terms that meant the rapid deployment of IT equipment and support. The IT Shared Service has been exceptional. Changing to an organisation that predominantly works remotely has been a huge challenge but is working well. Staff have shown enormous flexibility and resilience. They have done a great job. There has been regular communication with staff and co-operation with Trade Unions. We have had a strong emphasis on supporting emotional health and wellbeing at an extremely challenging time for everyone.

We are continuing to monitor COVID-19 absences on a regular basis, including the numbers of staff self-isolating and/or off sick. There are currently 118 staff self-isolating, 107 off sick and the majority of the workforce, 2177 staff working from home.

A number of staff who were unable to do their usual role have volunteered for redeployment on a temporary basis. For example, libraries and staff from the Audit and Risk service have assisted with high priority activities such as the People Helping People and the delivery of small business grants.

#### **7.18 Governance and Decision Making**

Roll out of new IT equipment to all 81 Members was completed in May. The Coronavirus Act Regulations allow for remote meetings and capability to conduct remote meetings. Extensive efforts have been made to ensure that all Members have been appropriately trained in the use of the new facilities to enable them to participate in virtual meetings.

The first remote meeting was a Cabinet meeting held on 5 May. Since then there has been a remote meeting of the Audit and Governance Committee. Further meetings are planned throughout June, July and August. We are learning lessons as we go, including from the small number of councils which have hosted remote meetings. This is expected to grow as the social distancing and COVID secure restrictions continue into the Summer months.

Daily Member briefings have been produced since 18 March 2020 as part of our commitment to keep Members informed. These briefings have been

shared with local MPs. Democratic Services staff have also kept in contact through, for example, welfare phone calls. In addition, Group Leaders and Shadow Cabinet have each been briefed on two occasions.

The Accounts and Audit Regulations (2015) legislation prescribes the format and timescale of the production of the Annual Governance Statement and the Statement of Accounts for local authorities. In recognition of the impact of the pandemic, The Accounts and Audit (Coronavirus) (Amendment) Regulations 2020 have now been published.

This legislation amends the timescales for the publication of the draft and final statements as follows;

7.18.2 Publication of draft statements (Accounts and AGS) moves from 31 May to 31 August 2020.

7.18.3 Publication of final statements (Accounts and AGS) moves from 30 July to 30 November 2020.

## **7.19 Lobbying**

In these unprecedented times, we have worked closely with our sub-regional partners, through the LRF, to regularly raise and escalate concerns. These include, but are not limited to: PPE, testing, data requests, capacity to deliver and funding. Funding is covered in more detail below.

## **7.20 Planning for Recovery**

Cheshire East Council is leading on the planning arrangements for the longer-term recovery from the pandemic on behalf of the Local Resilience Forum through a Recovery Board, chaired by the Chief Executive.

This is involving partners from neighbouring local authorities, police, fire and rescue, health, transport and reports to the Strategic Co-ordinating Group. The initial focus for the Recovery planning is on:

- The reopening of schools and education settings
- Public transport, traffic management and supporting active travel
- Support for town centres and businesses as lockdown restrictions are eased.

The longer-term focus for recovery will be to ensure that sub-regional partners anticipate and manage:

- The health and community impacts on the local population

- Anticipating any future increased risks relating to safeguarding, crime and anti-social behaviour
- Support to local businesses and the economy including leading an effective plan for addressing a potential recession in the sub-regional economy
- The additional support requirements for the local population e.g. employment support, skills support, mental health etc
- The ongoing resilience of the local population and public services.

## **8. Implications of the Recommendations**

### **8.1 Legal Implications**

The Coronavirus Act 2020 received Royal Assent on 25 March. The Act has extensive schedules setting out a wide framework to life under lockdown. The Act has been followed with copious and frequent guidance notes, frequently with implementation dates ahead of what is practically possible, e.g. Household Waste and Recycling Centres, administration of School Admission Appeals, restrictions on and subsequent opening up of certain business premises, Test and Trace.

The Coronavirus Act also set out a framework by which Local Authorities could reduce their statutory duties in relation to the Care Act 2014, for Adult Social Care. These Care Act Easements could be implemented should the capacity of Adult Social Care staff become so reduced that it could not continue to meet its duties. To date Cheshire East Council has not initiated any Care Act Easements

There have been two instances where urgent decisions were taken – care homes and discretionary grants. There may be other occasions where actions have to be taken rapidly. Any urgent decisions follow the process set out in the Constitution.

### **8.2 Finance Implications**

Like many councils, Cheshire East continues to face increased costs and demand pressures at the same time as seeing a significant drop in income. We estimate that the financial implications of COVID-19 are significant, at around £60m.

Cheshire East has spent significant amounts of money on providing adult and children social care, providing PPE and housing rough sleepers. All services are affected, including increased costs of running services such as highways and waste due to the need for social distancing and new health precautions.

On top of this, the council is losing significant amounts of income and revenue from council tax, business rates, parking income and leisure/culture fees.

In the case of kerbside household bin collections, for example, the council has kept these operating as normal. However, this has come at additional cost due to the need to maintain social distancing, train redeployed staff to replace those unable to work due to Covid-19 and provision of personal protection equipment for our collection teams such as disposable gloves and hand sanitiser.

To date, the Council has received £19.689m of un-ring-fenced grant from central government and additional grants for specific responsibilities. In addition, some new functions and responsibilities are funded separately. In some cases, we are required to accept grants as a matter of urgency. In other cases, for example, small business grants and infection control, have been passported directly to businesses and care homes. The table opposite summarises funding to date. **It does not cover the Council's estimate of £60m in additional costs and loss of income.**

Cheshire East, alongside the Local Government Association and County Councils Network, is pressing for significant additional financial support from the government to enable councils to fund the additional costs of combatting the pandemic and keeping people safe.

Government Funding	£ amount	comments	Cheshire East Council allocation
MHCLG revenue grant 1	£1.6 bn	Announced 19/03/20	£9.150m
MHCLG revenue grant 2	£1.6 bn	Announced 28/04/20	£10.539m
Infection Control Fund	£600m	Total received  75% passported direct to care homes  25% for L.A.	£5.3m  £3.975m  £1.325m
Active Travel	£250m	Need to bid. Details awaited	
Re-opening high Streets safely	£50m		£339k
Hardship Fund	£500m		£2.2m
Small business grants	£3.4bn	Passported direct to small businesses	£95m
Homelessness and rough sleeping	£3.2m		£6k
Discretionary business grants	5% discretion	5% of small business grants to be passported direct to small businesses	£4.28m
Test and Trace	£300m		tbc

### 8.3 Policy Implications

COVID-19 is having a wide-ranging impact on a large number of policies. These will be looked at on a case by case basis.

### 8.4 Equality Implications

Implications of the changes will continue to be reviewed. There have been some positive benefits in terms of additional funding for vulnerable people.

## **8.5 Human Resources Implications**

We quickly moved to allow all staff who can work from home to do so. In practical terms that meant the rapid deployment of IT equipment and support. Changing to an organisation that predominantly works remotely has been a huge challenge but is working well. Staff have shown enormous flexibility and resilience. They have done a great job.

There has been regular communication with staff and good co-operation with the Trade Unions. We have had a strong emphasis on emotional health and wellbeing.

## **8.6 Risk Management Implications**

We have developed risk registers for each CEMART cell, as well as strategic risks. We have also looked at Worse Case Scenarios. We are keeping Business Continuity Plans under review. We have also tested our plans against concurrent risks.

## **8.7 Rural Communities Implications**

COVID-19 is having an impact across all communities, including rural communities. The support for small businesses will support rural business.

## **8.8 Implications for Children & Young People/Cared for Children**

There are implications for children and young people. There are implications for schools, early years and children's social care which are summarised in the report.

## **8.9 Public Health Implications**

COVID-19 is a global pandemic and public health emergency. There are implications for Cheshire East which are summarised in the report.

## **8.10 Climate Change Implications**

They have been positive benefits of fewer cars on the road. This includes the vast majority of staff who have been working from home. There has also been lower demand for heating/lighting offices.

## **9 Ward Members Affected**

All Members

## **10 Consultation & Engagement**

Formal consultation activities have been paused due to the lockdown restrictions. We are considering how and when they can be restarted.



## **11 Access to Information**

Comprehensive reports on COVID-19 can be found on the Council's and the Government's websites

## **12 Contact Information**

Any questions relating to this report should be directed to the following officer:

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