

# Outbreak Management Peer Challenge **City of York Council**

**March 2021**

Feedback Report

# 1. Executive Summary

The City of York Council (CYC) and its partners have responded well to the Covid-19 pandemic. There is a “can-do” attitude to working together and this is reflected in numerous examples of innovation and adaptation over the last 12 months. York has much to be proud of in its response, and much to share with other councils.

The leadership of the Public Health Team (PHT) has been exemplary, and is widely recognised across both the council and its stakeholders. This applies to the Director of Public Health, as well as her broader team and more widely across the council. Partners are clear that the PHT has added significant value to how they think and respond to the pandemic. Many individuals were named during this peer challenge as having personal impact, skills and expertise which have made a difference.

The model of public health has become further embedded through the pandemic. Having key public health figures distributed across council departments has added value to the approach. When compared to pre-Covid 19, there is a much greater understanding of what public health means, to the extent that there is a widespread view that many people now “get” public health in a manner they did not previously. This is a real asset for the future, with many people feeling that this ‘distributed PHT model’ has continued potential for the future. A challenge, in common with other councils, will be how to further embed public health sustainably for mainstream delivery within broader council services and not lose the momentum and ground it has achieved so far.

How the council has communicated and engaged on the pandemic has been well resourced and is described by partners as exemplary when comparing their experiences with other local authorities. There is much to share with other local authorities they work with. This includes ongoing consideration of behavioural insights to understand why and how residents and other stakeholders react to messages, and how collectively the City works to reach, inform and engage with its communities.

The council is looking forward to the future with confidence and optimism. This is of course a positive approach, and York has much to be optimistic about. The council is actively exploring what next for the City and thinking about its long-term plans and there has been some focus on contingency planning which incorporates scenario planning. This could be further expanded to include the worst-case scenarios, to ensure that risk have been fully explored, particularly as the council is dealing with several unknown factors beyond its control. One of these is how to deal with York’s attractiveness to visitors, with the previous release of lockdown resulting in large numbers of visitors to the City, which in turn affected a spike in positive Covid cases in January 2021. The potential remains for another influx as the national lockdown is lifted from April 2021 onwards.

In common with the challenges that all areas face, staff across the council and partners, as well as communities, are expressing weariness about the ongoing nature of restrictions and responses. Consideration of how the council will prioritise action to support everyone’s recovery will be important going forwards.

There is much to be proud of from York’s response to the pandemic and much good practice to disseminate for the benefit of others, particularly on its approach to communications. Like other local authorities, CYC faces challenges ahead on dealing with uncertainty, opening-up and supporting the local economy, as well as considering the future role of public health and addressing inequalities as the City moves forward.

## 2. Key recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations onsite, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to the Council:

### **Resilience and capacity**

- Develop a plan for addressing organisational resilience, giving people time to reflect and recharge. This should be wider than those directly working in public health and consideration should be given on how to support council staff across all services.
- Capitalise on the benefits gained from the distributed PHT model by determining where public health will be positioned in the future and the capacity required to sustain this.

### **Engagement and Communities**

- Build on the great work with communities during pandemic to maintain focus on addressing inequalities. CYC can show many examples of great work undertaken during the pandemic to address inequalities. The council and its partners know that a joined up and strategic approach will be needed if those inequalities are to be addressed.

### **Partnerships**

- Partnership working is a clear strength, providing the opportunity to consider next how to embed the benefits from recent closer partnership working into future ways of working across all Council priorities, over and above Covid 19 and economic recovery.

### **Living with Covid**

- Develop contingency plans for worst case scenarios, as well as best case scenarios. For example, emergence of new vaccine resistant variants, requirement for social distancing beyond the summer, potential challenges with vaccine take-up within certain populations etc.

## 3. Summary of the Peer Challenge approach

### **The peer team**

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at City of York Council were:

- Sarah Norman, Chief Executive, Barnsley Metropolitan Brough Council
- Cllr Ruth Dombey, Leader, London Borough of Sutton
- Julia Weldon, Deputy Chief Executive and Director of Public Health, Hull City Council
- Corinne Harvey, Director of Operations, Public Health England
- Ann Burrows, Covid-19 Programme Lead, Public Health England
- Jennifer Cooper, Yorkshire & Humber Regional Lead, Joint Biosecurity Centre
- Frances Marshall, Adviser, LGA
- Judith Hurcombe, Programme Manager, LGA

## Scope and focus

This peer challenge was developed with councils and stakeholders through the Yorkshire and Humber Chief Executives and the Yorkshire and Humber Co-ordination Group. It is the second peer challenge on outbreak management to be delivered in councils within the region.

The scope of this peer challenge was to explore CYC's approach to Covid 19 outbreak management. The peer team looked at:

- The overall plan and approach
- Partnership working
- Resilience and capacity
- Addressing need
- High risk areas including Care Homes & Universities
- Communications and engagement
- Data and intelligence
- Governance
- Recovery / living with Covid
- Good practice

## The peer challenge process

It is important to stress that this was not an inspection. Peer challenges are improvement focused and tailored to meet individual councils' needs. They are designed to complement and add value to a council's own performance and improvement. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The peer team used their experience and knowledge of local government to reflect on the information presented to them by people they met, things they saw and material that they read.

The peer team prepared for the peer challenge by reviewing a range of documents and information to ensure they were familiar with the Council and the challenges it is facing. The team then spent 2 half days working remotely with CYC, during which they:

- Spoke to more than 40 people including a range of council staff together with councillors, external partners, and stakeholders.
- Gathered information and views from more than 16 meetings conducted remotely, and undertook additional research and reading.
- Collectively spent more than 145 hours to determine their findings – the equivalent of one person spending more than 4 weeks in CYC.

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team at the end of their peer challenge on Tuesday 9 March. In presenting feedback to you, they have done so as fellow local government officers and members, not professional consultants or inspectors. By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

## 4. Feedback

### 4.1 Partnership working

The pandemic has galvanised partnership working between the council and its partners, with relationships growing and maturing from an already strong base. Some of this is due to previous joint responses to the flooding which has affected the City. Several partners reflected that working together on Covid 19 has enabled a better understanding of each other's drivers and pressures, and that there is a strong and clear ethos of everyone working well together. Equally, CYC colleagues reflected that the City was working 'as a system now, not just the council'. This is a great foundation for the future.

Partners really value the direct access they have to the PHT's advice and expertise, and they value the working relationships that have developed over the last 12 months. The relationship was described by one stakeholder as CYC 'holding onto the back of the bike seat' – e.g. partners were empowered to get on with it, but the PHT were there to catch them if they wobbled. The recently appointed joint public health consultant post between the Clinical Commissioning Group (CCG) and the council is widely regarded as a catalyst of change. It is already having an impact on understanding and further joint working.

Council staff also feel that partnerships have become more embedded across the range of services and relationships that the council delivers over and above the services which would usually have contact with. For example, council staff speak with more confidence about understanding businesses better than they did pre-Covid. The council has worked extensively with businesses on hospitality when opening-up the city under the previous lifting of lockdown arrangements. (See para 4.8). The joint working between the community voluntary sector (CVS) and council has been a real success, founded on an ethos of ensuring those in need received help, irrespective of organisational boundaries and who did what. A strong push towards volunteering and mutual aid – as well as support for service delivery organisations like the Citizens Advice Bureau - resulted in 4000 volunteers being recruited. The Council is about to launch a new volunteering strategy to ensure this community resource is well embedded for the future. Covid 19 Marshalls have also been very successful in engaging with residents and businesses and dealing with localised issues.

Working across public protection in all sectors and leaning into the localised Contact Tracing model has been a real strength. Early in the response, it was agreed that colleagues across public protection including regulatory services would bring an asset-based approach to the development of the local tracing partnership model. Using the knowledge and expertise of working across business and hospitality sectors; building on existing robust processes and maximising the approach of local intelligence from across the council has enabled the York service to provide a more timely and effective service than from NHS Test and Trace. This has included providing wraparound support to assist people maintain self-isolation, working with the Police to encourage and enforce measures, and ensuring a collaborative approach for managing complexity with Health Protecting Team.

The council has lots of exciting physical regeneration plans for the City through a £300m capital programme, including York Central, which will create up to 2,500 new homes, around 6,500 new jobs and a range of public spaces, including the city's first new park in a century. There are also plans to refurbish the Guildhall at a cost of £20m. Some stakeholders expressed a desire for clearer plans for inclusion as part of building back a fairer City, with all residents being able to take advantage of many of these opportunities. (See Para 4.3.)

## 4.2 Resilience and capacity

A variety of different approaches to supporting system wide resilience and capacity is evident in CYC's response to Covid 19, from partnership working to leverage in capacity, support mutual aid and create economies of scale, through to delivering differently. Examples include, though are not limited to:

- Community Hubs across the City have had a real impact, engaging with over four thousand volunteers, and catalysing a previously established model.
- The existing social prescribing service run through GP practices have been expanded and grown in both scale and GPs' understanding.
- Mutual aid approach to bring in further capacity when the hospital was experiencing a spike in admissions in January 2021.
- Wellbeing support as part of council wide messaging and offer to all staff

The responsiveness, accessibility, and impact of the PHT has been universally commended (para 4.1 refers). Capacity within the PHT however needs further consideration for the medium to long-term. This is partly due to the relatively small size of the team, as well as overall impact of the pandemic on PHTs everywhere. In addition, whilst the embedding of the public health approach across York has undoubtedly been welcomed and had a positive impact, it too has had a bearing on capacity. An overall issue to consider for the future, which is closely bound up with the long-term intentions for the public health function within York, is whether the current approach is sustainable.

In common with other councils there are signs of people becoming tired, and this applies to employees across the council, its partners, and stakeholders, as well as to councillors. Although there are no easy answers, it will be important to think of the long-term strategy to support staff and maintain levels of personal and organisational resilience. Giving people time to reflect and recharge is particularly important as our response to the pandemic enters further phases in the spring and summer of 2021.

The vaccination programme will continue to be a focal point in the coming months, and whilst this is being led by the NHS, it will have an impact on CYC's resources and energies as it is in everyone's interests to promote vaccine uptake across the City. Tackling vaccine hesitancy and encouraging vaccine take-up is something that all local areas are grappling with. With a large student population, a particular challenge in York could be making inroads into the younger age cohorts, and also sections of the community where uptake may be lower than average.

## 4.3 Addressing need

The council and its partners are proud of their ethos of helping anyone who needs support arising from Covid-19. There is evidence of a 'do now, ask for permission later' approach across the councils' response, with Community Hubs an example of this in action to support the clinically extremely vulnerable and responding to local need (para 4.2 refers).

The daily wellbeing calls which have taken place to residents who have tested positive for Covid 19 between days 7-10 of testing have had real human impact and are of particular note. The council is clear that in some instances these calls have led to interventions which have saved individual's lives, and are rightly proud of this profound impact.

Vulnerable children have been targeted for positive and constructive support and this has resulted in high levels of attendance in schools during lockdown. A red/amber/green assessment rating of each child was undertaken to ensure that the most vulnerable children are supported to have face to face contact. A focus on the 'voice of the child' is evident with examples including working with care leavers to support their mental health, through to joint working with parents of SEND children to understand how CYC can work together better.

York is a relatively prosperous City with many assets and advantages, including affluence. Despite this prosperity there are pockets of disadvantage, some of which can be masked by the overall data available. With the pandemic exacerbating inequalities in communities across the country, concerns were expressed that there are communities within York who are struggling to manage, or are on the cusp of becoming disadvantaged. Stakeholders are conscious of this hidden deprivation and want to do more to tackle inequality, including improving health for local people.

Many participants in this peer challenge recognise that the council has reached far and wide into its resources to support disadvantaged residents, and their health inequalities. Staff and stakeholders are rightly proud of their individual and collective responses. As the City plans for recovery there is a degree of consensus that much has been achieved and collective efforts make a significant difference the quality of life for local people. Going forward, ensuring regeneration plans (para 4.1 refer) and their delivery include broader social and community regeneration to support efforts to reduce inequalities exacerbated by the pandemic, will be important in continuing positive this legacy so that opportunities are as inclusive as they can be for everyone.

Some of the achievements in this area have been depended on individuals to champion inequalities, rather than having an overarching strategic response which takes a more overt and planned approach to tackling disadvantage, and a concern that this approach may be lost as other priorities emerge. Since this peer challenge feedback was given to the council, more evidence has been provided about the range of responses the council has provided on inequality. During the peer challenge a wide number of individuals nevertheless expressed a desire for a continued focus, and higher profile on, inequalities which will have been exacerbated by the pandemic.

#### **4.4 High risk areas: schools, universities and care homes**

The council has worked well across high risk areas and it identified 3 areas of good practice.

##### Schools

Relationships with schools are good and the already established York Schools and Academies Board (YSAB) has been a valuable platform for engaging across the City, sharing information and delivery. Schools speak highly of the support they receive from the council, particularly from Public Health, where having a named point of contact has supported consistency of approach and dialogue. Through this dialogue with YSAB schools have been able to feel they receive good updates of local issues, as well as opportunities for learning.

Schools have confidence in the City's Outbreak Management Plan and there is a good understanding that the national outbreak news and data does not always reflect the situation experienced in the City. The team also heard some reflection that when compared to some other councils, York's approach has been exemplary, and this applies across the local school family,

including special schools. Bringing public health and education together has been welcomed and describe 'The York Way' approach as being listened to, with collegiate attitudes of schools and the council genuinely working alongside each other to tackle problems. Schools feel this is a good platform from which to now build on. Ideas for the future include building on working with the community and voluntary sector; continuing to galvanise how health, communities and schools work together in supporting a wide range of issues including cohesions and localised support to families and children.

### Higher Education

Existing good relationships across higher education institutions within York and CYC were built upon during the pandemic to forge even closer joint working. This has developed a whole city response which has avoided the emergence of any narrative of divisions between students and the rest of the population.

Universities, colleges, and the council engaged well and early in response to the pandemic. The creation of a Universities Outbreak Management Advisory Board Sub-Group has been welcomed as a useful vehicle for engagement as well as manifestation of the strategic importance placed in this partnership. This has enabled nuanced messages to be delivered, which are consistent with the broader public health approach across the City, and have supported an approach of everyone in the City being affected and working together.

Universities have been a clear testing priority for the City and resources have been targeted on university halls of residence to reach students. Testing arrangements were rolled out initially with York St John University in December 2020, as part of a city-wide testing resource, which in turn has supported community wide testing capacity across the City.

### Care Homes

As with many other aspects of partnership working, engagement with registered care providers has built on existing good practice, and care homes felt that the City's response has galvanised already good partnership working. Communications to care homes has included written bulletins and webinars, and is complemented by daily calls to individual care homes by Adult Social Care. Similarly, excellent working relationships and communications were reported with providers and Independent Care Group, based on mutual respect and trust. One aspect of why this worked so well has been the approach of "Team around the home." This approach built on existing strong partnership across health and social care with clinical leadership at the heart of a compassionate response to care homes. This included: use of virtual consultations; digital monitoring; enhanced support from primary and community services; training and development; and assurance visits with every care home. This work was recognised recently in the Nursing Times awards.

There have been low levels of infections in care homes, with only one significant infection outbreak. National guidance has been successfully adapted for local implementation, including local branding. This has helped to support the development of a local response. Ongoing close working between CYC, North Yorkshire County Council and the CCG has supported the development of joint policies, for example on visiting arrangements.

## **4.5 Communications and engagement**

Another area of strong practice is how the council has managed its communications and engagement on Covid 19. The communications campaign has been based on the 3 broad strands of: prevent, respond, and manage the outbreak. The approach has been adapted according to circumstances and has included the use of Facebook Live question and answer

sessions. These were weekly during the first national lockdown, and monthly sessions thereafter. These included interactive #AskTheLeaders sessions which are then also made available on YouTube. The insight from these sessions has been used to adapt future messages. For example, in November 2020 where the audience has shown anxiety about financial losses, the campaign has quickly picked this up as an area of focus.

A City-wide Heads of Communications network has been established which includes the main public sector partners, as well as other stakeholders across the City. This has enabled quick sharing of key messages, as well as a consistency of approach across major partners, which in turn has reduced confusion for residents and businesses. CYC has also worked effectively to translate national messages so that they resonate locally, such as advising residents to stay ‘two Archbishops’ apart to encourage social distancing.

Regular electronic newsletters have been provided for residents, and members and partners on a twice weekly basis, and weekly for families and businesses. The messages from these are often shared more widely through Facebook across the City, and are often adapted by those sharing to reach specific audiences. An innovative animation was also developed to explain what contact to expect from public health after a resident has tested positive.

As well as sending out information there has been emphasis on what stakeholders and communities need. Initially roundtables were held with businesses and supplemented in August with a City-wide survey. Quarterly “temperature checks” have been undertaken to gauge residents’ understanding of key messages being communicated across the City. The Human Rights City group provided insight into how disadvantaged communities receive and understand communications, allowing for further adaptation.

Behaviours have been a focus from early in the pandemic. An emotional health campaign called *Feel Real York* has been driven by insight from the council’s *Big Conversation* health check discussion, and a business roundtable, which provided concerns about staff mental health from employers across York. Future work is planned with Public Health England on behaviours and opening-up the City from spring 2021, including a focus on making outside space safer, to ensure that the optimum levels of intervention are put in place to support people to do the right thing. Discussions are taking place with universities and their student bodies on ensuring students can participate and benefit from the approach.

The council has also been proactive about challenging misinterpreted messages, including whether the City was heading for a lockdown in June 2020. In common with other areas, the City has found the timing of some national messages to be challenging, and the communications team’s working arrangements were adapted to ensure quick responses could be made.

#### **4.6 Data and intelligence**

Good analysis of data and intelligence was in place prior to the pandemic in York and this has been further consolidated. The approach recognises the value of the established joint strategic needs assessment, as well as the use of a centralised data service to support the Community Hubs.

Early during the pandemic, a data sharing protocol was agreed between the council and its partners. This has included more detailed sharing of some GP data for the first time. The

sharing of data and information about vulnerable people between the council, voluntary sector and GP practices has enabled targeted and direct support to be provided. Examples include shopping or prescriptions collection.

Data has been collated daily and published weekly on York Open Data since June 2020, including on: local infection rates, deaths, local R rates and vaccination rates. Data is analysed on a real time basis from national, regional and local sources, for example including the council's environmental health systems. Analysis at ward and middle layer super output area levels has enabled local hotspots of virus transmission to be identified quickly. This in turn has led to speedy action to be taken, including on information and enforcement.

A challenge for the future, which York has in common with other local authorities, is how to build on this current approach and improving awareness of the wealth of available public health data to clearly inform future decision making and prioritisation of resources.

#### **4.7 Governance**

CYC's governance arrangements for the pandemic have been clear and proportionate, with various levels of strategic meetings, including Gold and Silver levels. These have been stood up and down in accordance with the severity of local incidence and national restrictions.

The council's response has had public health at the its centre. CYC officers speak positively of the council's political and managerial leadership, citing a genuine collaborative and supportive approach across council services, and the PHT have been supported well by the leadership team.

The Outbreak Management Advisory Board, chaired by the Leader of the Council and available online, meets monthly and provides the lead for the communications activity. It is widely regarded as having been helpful in providing the mandate for activities, as well as bringing in further insight to City-wide activities.

#### **4.8 Recovery/living with Covid**

There is widespread recognition that a successful economic recovery requires York to be a safe place, and that the successful reopening of the City will depend on a safe reopening. Business representatives told us that the council has listened to their concerns and worked closely with them to address these. This included the early establishment of a contact group, and a focus on developing a good rapport with its members. A discretionary grant funding of £1m was created and which supported over 1,100 micro-businesses across the City.

For the future, the council is actively thinking about how to support the resilience of the voluntary and community sector, which has played such a strong role in supporting the council and residents over the last 12 months. There is also widespread acknowledgement that relationships with health partners have been strengthened, and consideration is being given on how to further build relationships.

There is both confidence in the council's response to date as well as optimism for the City as recovery is planned for. Some of that optimism is reflected in contingency planning for best case scenarios. This would be further enhanced by also exploring contingency planning for worst case events. Some of the latter are beyond the council's control yet could have a profound impact on the opening up of the City and should be considered. For example, if the

national roadmap is delayed or reversed, or if there are local spikes in infection leading to further local restrictions either in the City or in neighbouring authorities.

The council worked well with the hospitality sector to innovate in enabling the opening-up of outdoor spaces during the summer of 2020. An example of this success was the use of the College Green area near York Minister to provide outdoor trading space because indoor space was too challenging due to ongoing social distancing rules. There could be an opportunity to widen York's approach to innovation to encompass testing arrangements for the hospitality sector. Liverpool City Council is looking to pilot a range of approaches in this area and its learning may be worth exploring further for York's benefit.

The PHT in CYC is relatively small, and capacity is stretched (see para 4.2). One year on since the outbreak of Covid 19 in the UK, there is much more widespread and enhanced understanding of the role of public health, not least because the council has put the function at the very heart of its Covid 19 response. A key consideration for the future should be to explore where public health will sit in relation to this recent experience. Part of that consideration should be to explore its resource base within the context of sustainability.