

# Dissertation

## How has Cambridgeshire been affected by the COVID-19 pandemic compared to other areas?

By Peter Warrington

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On the 10<sup>th</sup> of March 2020 the first case of COVID-19 was reported in Cambridgeshire. (Leishman, 2020) Over a year later, and the number of reported cases in the county stands at higher than 3,300 with more than 800 lives sadly lost. (UK Government, 2021) It is a disease that has had terrifying effects all over the world, but nonetheless has been felt differently by different nations and different communities. In the wake of the pandemic, it is important to understand how our communities have been affected and what that means for our futures – this dissertation looks at the county of Cambridgeshire and how it has been affected compared to other areas. It will do this by looking at the health, social and economic effects of the pandemic in the region, how local and national government has responded and how effective this has been. It will be a dissertation that analyses the unique problems Cambridgeshire has faced while proposing explanations for them, using comparisons with other areas to inform this.

### The initial response to the pandemic

At the time of the first Cambridgeshire COVID case, widespread transmission of COVID-19 across the UK was considered “highly likely” according to Public Health England. (BBC, 2020) This was “not unexpected” according to Cambridgeshire County Council’s director of public health Dr Liz Robin, who described services as having “planned” for and being “ready” for the situation. (Public Health England and Cambridgeshire County Council, 2020)

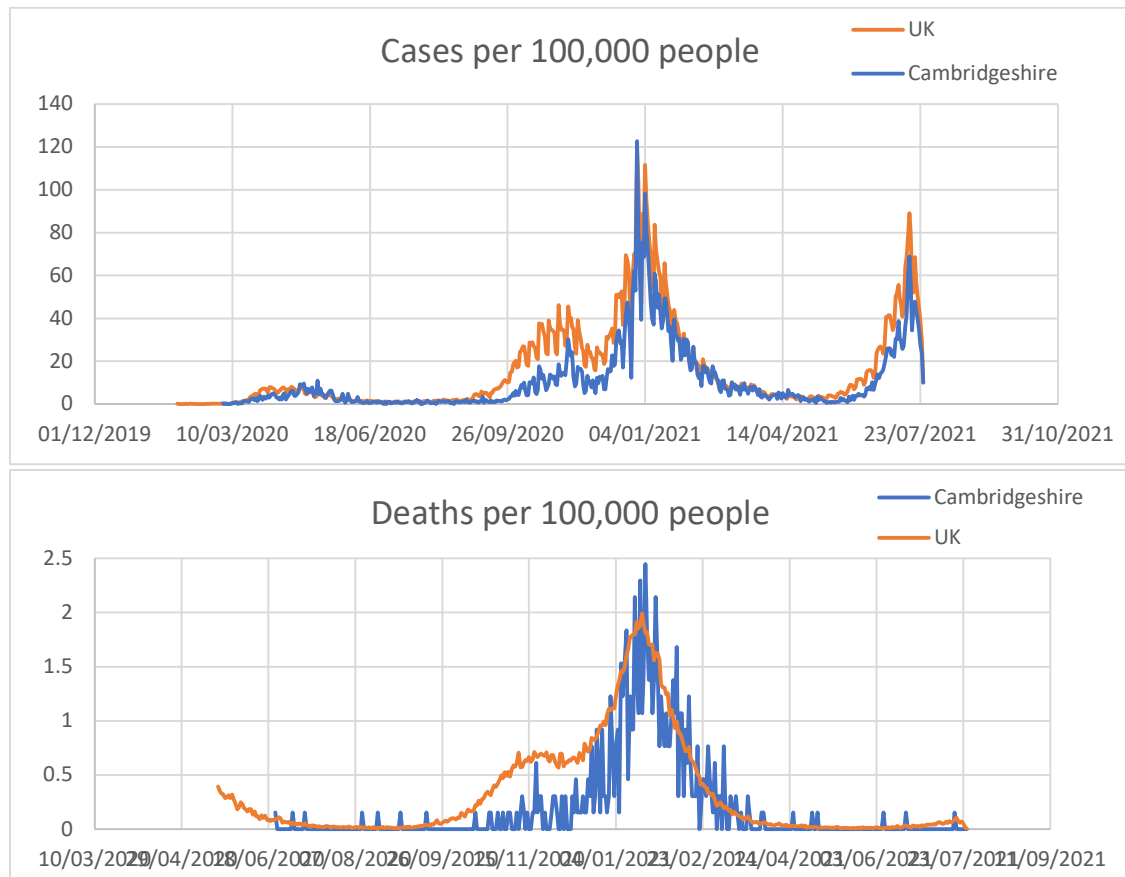
This came about amongst concerns of what has been described by many as a late national government response during the beginning of the pandemic. This includes within the British Medical Journal (BMJ) in May 2020, where experts described the Government as being “forewarned but not forearmed” during this time, (British Medical Journal, 2020) and from politicians such as the Leader of the Opposition at the time Jeremy Corbyn (Sky news, 2020), and the current opposition leader Keir Starmer. (Hansard - Keir Starmer, 2020)

On the 20<sup>th</sup> of March 2020, schools across the UK closed (BBC, 2020) before the UK entered into its first lockdown (BBC, 2020), while on this same day Cambridgeshire County Council launched its ‘COVID-19 coordination hub’ as mandated by national government. This was a service staffed by council workers to coordinate support offered through local Community Hubs, such as that volunteered by individuals and businesses, across the county for those who had been advised to self-isolate. Their role involved ensuring access to food and medicines, as well as preventing social isolation. (Cambridgeshire County Council, 2020) Lucy Nethsingha, who was the then Lib Dem opposition leader on the council, now the leader of the as a whole (Cambridgeshire County Council, 2021), told me that councils and councillors in Cambridgeshire were “at the centre of the initial response

to lockdown”, the response to the community hubs having been “amazing”. (Nethsingha, 2021) This is supported by the House of Lords’ Public Services Committee report into public services and COVID-19 that found that these groups formed bridges “between service providers and ‘hard-to-reach’ individuals” and that these were “better placed than centralised national bodies and charities to coordinate volunteers”. (Public Services Committee, 2020)

## Public health through the pandemic

The public health effects of the COVID-19 pandemic have been doubtlessly the most impactful, as an easily communicable infectious disease has spread across the world. This has been felt sadly through cases, illness, hospitalisations, and deaths, where Cambridgeshire is no exception. Both Cambridgeshire and the UK as a whole have seen changes in case and death rate at about the same times, as shown in the charts below.



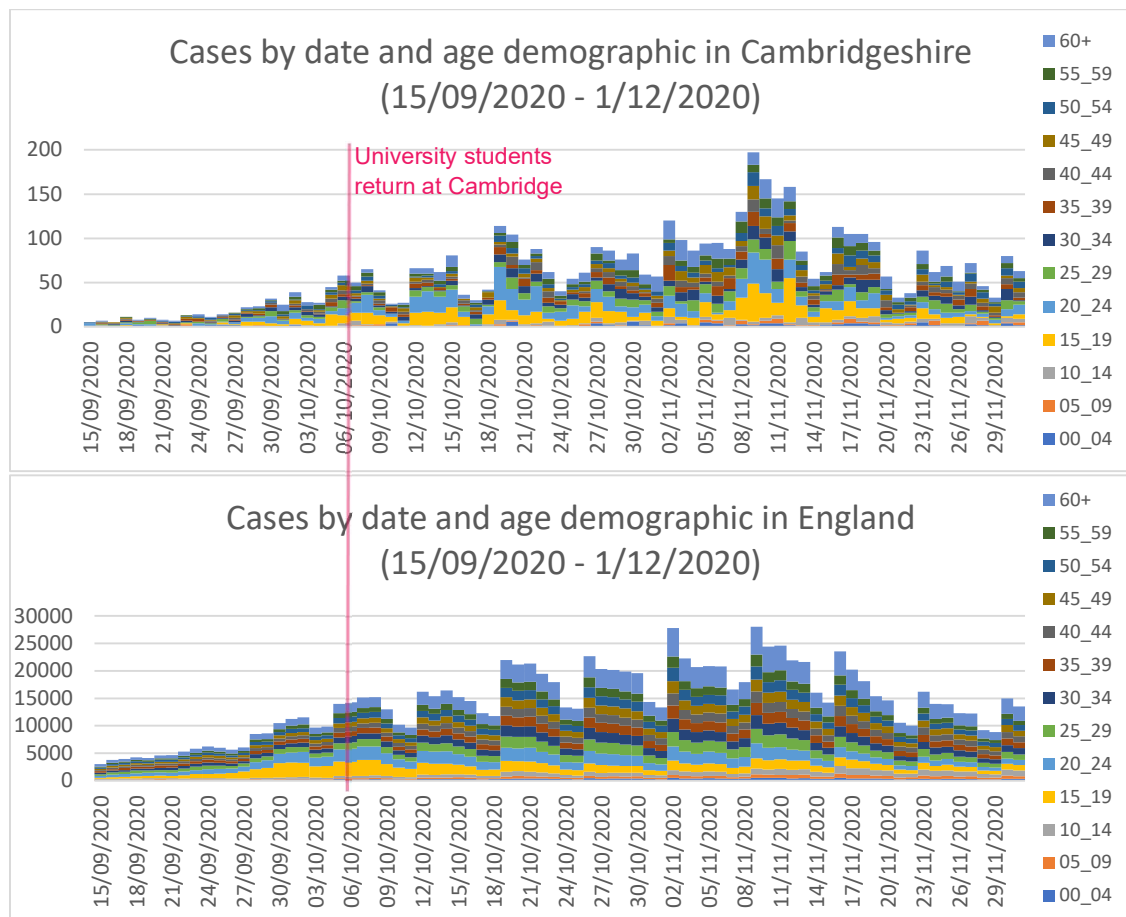
Case and death data Cambridgeshire: (UK Government, 2021)

Case and death data UK: (UK Government, 2021)

This data suggests that during the first part of the second wave from mid-September 2020 until the start of December 2020 that Cambridgeshire experienced fewer new cases and deaths than the rest of the UK.

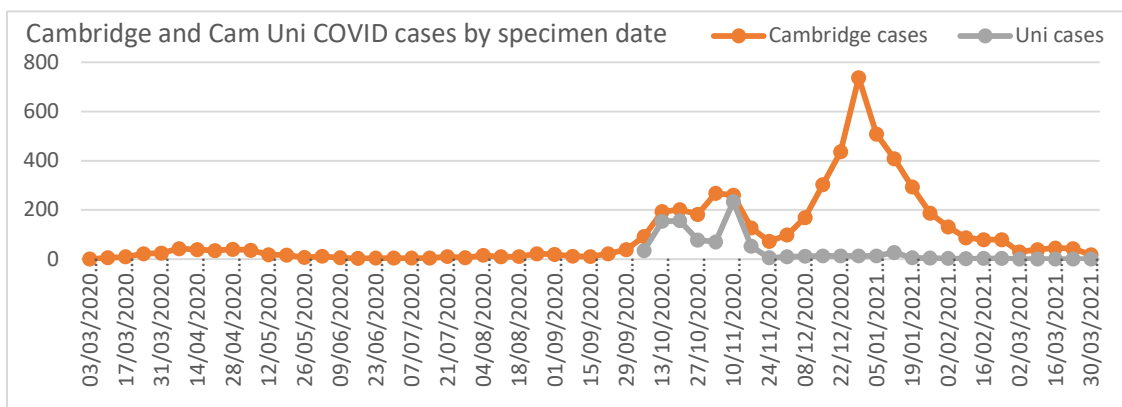
Through the pandemic, there have been widespread concerns about COVID transmission in educational and university settings, where many have suggested that Cambridgeshire has been more vulnerable to the public effects of the pandemic as a result of it being home to the Cambridge University, which enrolled 24,270 students in its 2020-21 year. (University of Cambridge, 2021) These concerns were echoed in the mayor’s response to my questions, saying that “Whilst there have been suggestions as to how this [Issues faced at Addenbrooke’s hospital] possibly came about, whether in terms of resource allocation or the return of university students, I do not think it is right for me or others outside of medical and scientific professions to speculate.” (Palmer, 2021) They were also echoed in the local Cambridgeshire newspaper, Cambridge News (Gold, 2020), and more generally for universities nationally, as seen from BBC News (BBC, 2020).

From the case and death data above clearly showing Cambridgeshire experiencing less cases and deaths than the wider country during this period, this would not appear to support the popular idea that university cases have driven higher rates of COVID transmission than the rest of the UK. We can also look at case data by age demography to inform this, as shown below: (UK Government, 2021) (UK Government, 2021)



This data shows that as university students returned, Cambridgeshire did see a substantial increase in cases in the 15-19 and 20-24 age groups as well as in case count more generally, this being at a higher extent than the rest of England. However, there were fewer cases among other age groups compared to the rest of England during this period. Cambridgeshire for instance saw an ~3.4x increase in cases between the 6<sup>th</sup> of October (when Cambridge University students returned (Cambridge University, 2021)) and the 9<sup>th</sup> of November (an approximate peak for the period shown), where it also saw a ~4.6x increase in cases for 15–24-year-olds. This is compared to England as a whole which saw a ~2.0x increase in cases across all age groups and a ~0.9x decrease in cases among 15–24-year-olds during this period. This would suggest that Cambridgeshire saw a substantially higher increase than the rest of England during this period, due to the large increase in cases in 15–24-year-olds. We can then compare this with COVID case reporting from Cambridge University to help inform our understanding:

Date range	Cambridgeshire cases (UK Government, 2021)	Cambridge cases (UK Government, 2021)	University cases (Cambridge University, 2021)	% Of university cases in Cambridge case data
06/10/2020 - 12/10/2020	328	92	34	36.96%
13/10/2020 - 19/10/2020	429	193	154	79.79%
20/10/2020 - 26/10/2020	489	202	156	77.23%
27/10/2020 - 02/11/2020	572	181	78	43.09%
03/11/2020 - 09/11/2020	791	268	70	26.12%
10/11/2020 - 16/11/2020	784	260	234	90.00%



This data suggests that Cambridge University cases were partly responsible for the increase in cases in Cambridge and Cambridgeshire during this period, something that happened at a rate higher than the rest of the UK. It does not demonstrate though that it led to substantial transmission in other age groups, cases recorded for those aged 60+ in Cambridgeshire per capita remaining substantially lower than the rest of England at this time. It is additionally important to remember that schools returned beginning the 1<sup>st</sup> of September in England (BBC, 2020), and this also shares responsibility for this rise in

cases, though the rise in Cambridge and Cambridgeshire above that seen in the rest of the UK can be attributed to COVID transmission among Cambridge University students.

As demonstrated previously however, the case rate during this period in Cambridgeshire per capita remained lower than that of the UK as a whole. As a result, we can conclude that COVID transmission among Cambridge University students led to a substantial increase in COVID cases compared to that seen previously in the county, an increase at a rate larger than that of the UK as a whole. We can also conclude however that this did not lead to cases exceeding those seen nationally, where transmission across older age groups was higher country-wide than that seen in Cambridgeshire. The county remained consistently below the national case rate until mid-December 2020, after which time case rates remain roughly equal between the UK and Cambridgeshire through that 'wave'. This does however lead to the question of why this has been the case.

## **Cambridgeshire's pandemic in relation to deprivation and pre-existing public health**

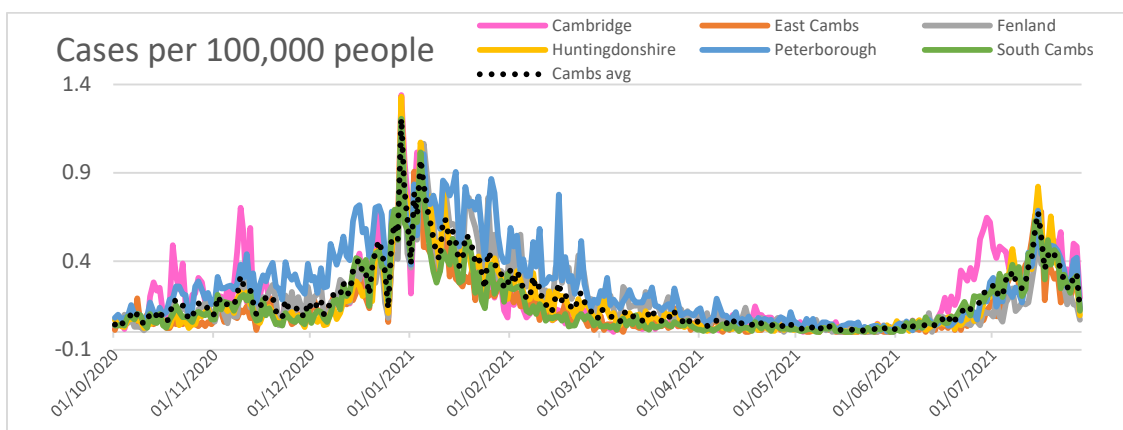
We can better understand this by looking at how Cambridgeshire compares to the rest of the UK more generally, in terms of deprivation and public health before the pandemic. Public Health England's Local Authority Health Profile for Cambridgeshire in 2019 concludes that "The health of people in Cambridgeshire is generally better than the England average", adding that it is one of "the 20% least deprived counties/unitary authorities in England". For example, life expectancy for males is 1.6 years higher in males than the rest of the UK and 1.1 years higher for females. (Public Health England, 2020) This suggests that Cambridgeshire can be considered to be less vulnerable to the effects of COVID-19 overall, as there has been a well-evidenced link between levels of deprivation and COVID-19 transmission and deaths, where the House of Lord's public services committee report concludes that "*The chronic diseases which made people more susceptible to COVID-19 are concentrated in deprived areas, where death rates from the virus were highest.*". This same report additionally reiterated the well-established link between avoidable ill-health that puts people at risk of COVID-19 and its disproportionate effect on poorer people (Public Services Committee, 2020). This position has additionally been supported by data from the Office for National Statistics that has demonstrated that "People who live in the most deprived areas of England and Wales are around twice as likely to die after contracting covid-19", as published in the BMJ (O'Dowd, 2020). Cambridgeshire can therefore be considered to be less vulnerable to COVID judging based on this vector alone.

# Areas of Cambridgeshire and the public health impact of the pandemic



Map source: (ITV Anglia, Containing Ordnance Survey data under Crown Copyright, 2015)

In order to further explore how Cambridgeshire has been affected by the pandemic we can look at how the constituent areas of Cambridgeshire have been areas. For the purposes of this dissertation, we will be looking at Cambridge, South Cambridgeshire, East Cambridgeshire, Fenland, Huntingdonshire, and Peterborough – the Lower Tier Local Authorities (LTLAs) that make up Cambridgeshire. These areas have all been affected differently due to a number of factors, as is reflected in case data shown below.



Case data: (UK Government, 2021)

This data shows a clear difference between how different areas of Cambridgeshire have been affected by COVID cases during the pandemic. It shows that the areas of Cambridge, Peterborough and Fenland have seen more cases above the county average than the others, where Cambridge only seems to be disproportionately above this average through October and November 2020 and through June and July 2021. Peterborough and Fenland have more generally seen an above average case rate, though this applies to Peterborough to a much greater extent. Through the course of the pandemic overall for instance, Peterborough experienced 46% more cases per capita than the Cambridgeshire average, followed by Cambridge 6% higher and Fenland 4% higher. All other areas were below the Cambridgeshire average.

This discrepancy was noted by the former mayor of Cambridgeshire and Peterborough in his response to me, saying that “It is a simple fact that parts of our county have been affected differently during the pandemic” and that this reflects how “Cambridgeshire is essentially a microcosm of the national picture in more ways than one”. He additionally links this to the public health effects of COVID-19 across Cambridgeshire stating that the county experienced “disparities predicated on social, geographical and economic matters”. (Palmer, 2021)

It is therefore useful to look at indicators of deprivation and pre-existing public health in these different areas to begin to be able to explain these discrepancies. Cambridgeshire County Council’s 2019 “Indices of Multiple Deprivation” report is very useful in this regard, where it analyses deprivation across different vectors for these regions of Cambridgeshire. In this report, it states that “Peterborough is ranked as the most deprived local authority in the Cambridgeshire and Peterborough area”, where it is ranked within the top 20% of most deprived local authorities nationally. It is additionally ranked 59/317 nationally in terms of Income (where 1 is the lowest rank LTLA), 41/317 in terms of “Barriers to Housing and Services” and 65/317 in terms of “Health Deprivation and Disability”. (Cambridgeshire County Council, 2019) These are all areas that as established previously put Peterborough in a more vulnerable position in facing the public health effects of COVID-19 compared to other areas.

Deprivation ranked across the Barriers to Housing and Services domain is additionally concerning, where the Public Services Committee highlighted the impact of a lack of access and funding for services and COVID-19, stating that “Our evidence suggested that the COVID-19 crisis would not have been as acute if preventative services had received sufficient funding and emphasis in the past”, while also highlighting oral evidence to its committee from Professor Sir Michael Marmot acting as Director of the Institute of Health Equity at University College London, who “described how the historical underfunding of preventative services had had a disproportionate impact on the poorest communities.” (Public Services Committee, 2020)

In order to better understand the public health impacts of COVID-19 on Peterborough, it is also useful to look at the pre-existing public health of the area. In order to do this, we can again use Public Health England’s Local Authority Health Profiles, this time analysing the public health of Peterborough. This document concludes that “The health of people in Peterborough is generally worse than the England average”, revealing that life expectancy in Peterborough is 2.1 years worse than the Cambridgeshire average in males, and 1.4 years worse in females, where the difference in life expectancy between the most and

least deprived areas of the region can be as high as 9.7 years in males and 5.6 years in females. (Public Health England, 2020)

This I believe clearly illustrates the link between deprivation as well as pre-existing public health and disproportionate effects of COVID-19 in relation to cases and deaths, where Peterborough has experienced a disproportionate number of cases and deaths per capita compared to the rest of the county (UK Government, 2021), while also experiencing deprivation (Cambridgeshire County Council, 2019) and ill health (Public Health England, 2020) to a greater extent than the rest of the region. This is additionally supported in how Cambridge and Fenland are additionally ranked as deprived, though slightly less so than Peterborough (Cambridgeshire County Council, 2019) where these areas and Peterborough are the same as those that experienced more cases per capita than Cambridgeshire on average. (UK Government, 2021)

## **Cambridgeshire's public health infrastructure and the pandemic**

One of the most prominent impacts of COVID-19 in Cambridgeshire has been that on Addenbrooke's Hospital, one of the biggest hospitals in Cambridgeshire with 1,268 beds (including the adjacent Rosie maternity Hospital) (Care Quality Commission, 2019), and serving as East of England's Major Trauma Centre (NHS England, 2016). It therefore serves as a vital part of Cambridgeshire's public health infrastructure and has had an important role during COVID-19. However, in November 2020, Cambridge News reported on a leaked memo circulated to staff that warned that they were facing a "critical situation" and describes the situation as "unsafe" with a risk of "significant harm" to patients. This comes as A&E waiting times "soared to the second-worst in England", The article referring to a report that stated that in one week "52 patients waited more than 24 hours and almost 200 had to wait more than 12 hours" (Turner, 2020), where the NHS constitution sets out a maximum 4 hour wait target (Department of Health & Social Care, Public Health England, 2021). The memo links these issues to the pressure it has faced due to "over 100 beds being lost this winter" and "capacity being reduced further due to nurse vacancies because of sickness and isolation". Cambridge Labour MP Daniel Zeichner responded to the memo in Cambridge News, pointing at Conservative cuts to social care and a lack of preparation as being to blame. (Turner, 2020)

I asked the then mayor of the Cambridgeshire and Peterborough about this, where he described how it "concerned" him how patients were "deemed to be at an increased risk of harm" but did not want to speculate as to how the situation arose. (Palmer, 2021) I also asked Lucy Nethsingha about this, who stated that it has been "under enormous pressure" and accepted that there were "significant issues with lack of capacity" at the hospital but stressed her belief that they "think the impact on Cambridgeshire has been similar to other areas of the Country". She additionally linked a "lack of investment, and deep cuts to public health, and other preventative services" to Cambridgeshire's experience of the pandemic, stating that it "did mean we were ill-prepared to cope". (Nethsingha, 2021)

On the other hand, Conservative Lucy Frazer, MP for South-East Cambridgeshire (UK Parliament, 2021), pointed out in her response that "Despite difficult financial circumstances, NHS investment has increased every year since 2010" and that "the NHS



is being provided with an additional £33.9 billion cash funding increase by 2023/24” which she describes as “the largest and longest [Investment settlement] in the NHS’ history”. (Frazer, 2021) While it is true that NHS investment has increased every year since 2010, NHS funding has been described as not enough to “address the fundamental challenges facing the NHS” (Full Fact, 2019), while the Health Foundation reported in 2019 that “spending on health in the UK in 2018/19 was roughly the same as it was in 2011/12 and is only marginally above where it was in 2008/09” (The Health Foundation, 2019). As for the £34 billion cash increase Frazer mentions, this is not the “largest increase in the NHS’ history” as she suggests, as there was a “a larger spending increase on health in England ... between 2004/05 and 2009/10” according to Full Fact (Full Fact, 2019). In addition, it was described by the King’s fund think tank as “not enough to simultaneously restore performance against key waiting times standards and transform services to deliver better care”. (Milne, 2019)

This is especially concerning considering a report from the Institute of Government that concluded that “The NHS could have entered this crisis with a more resilient health infrastructure if it had invested more in recent years”, amongst a backdrop of lessened capacity and large numbers of staff vacancies. (Davies, et al., 2020)

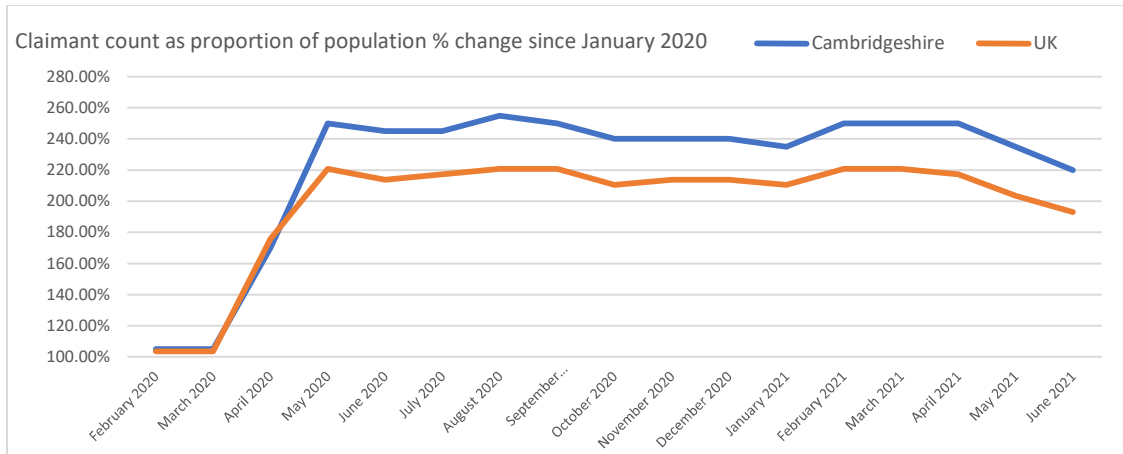
I therefore conclude that a lack of investment in public health infrastructure in Cambridgeshire by central government did exasperate the effects of the pandemic, that this was something that was particularly felt in the relatively more deprived areas of Peterborough and Fenland that have been ranked as having more barriers to these services (Cambridgeshire County Council, 2019), and that this inevitably led to more hospitalisations and deaths. This lack of investment left Cambridgeshire less prepared to mitigate the impacts of the pandemic, especially in preventative and social care that left people more vulnerable to the pandemic. I think this is particularly true for Addenbrooke’s Hospital where a lack of resources was a major factor in the risk to patients at the hospital. However, I conclude that despite these impacts being clearly visible in Cambridgeshire, as in the case of the impacts on Addenbrooke’s Hospital, that these are broadly in line with the rest of the UK with regards to public health, and that they are a reflection of the social, economic and health inequalities seen across Cambridgeshire – the same that are seen across the UK.

## **The pandemic and its economic effects on Cambridgeshire**

Cambridgeshire has not only faced the public health consequences of the COVID-19 pandemic, but the economic consequences too, having undergone long periods of national and local lockdown which limited trade and left people out of work in an unprecedented way. These economic effects are important to understand as they have such a widespread impact on the livelihoods of many people in Cambridgeshire and are some of those that will likely be experienced for the longest.

Statistics provide useful evidence in understanding how Cambridgeshire has been affected in this way. These include statistics that can help to indicate how unemployment has changed in Cambridgeshire over the course of the pandemic compared to the rest of the UK, most notably that of Claimant count – The number of people claiming

unemployment related benefits (Office for National Statistics, 2021). This data shows that in August 2020, where both Cambridgeshire and the wider UK saw its peak for this measure, Cambridgeshire saw an increase in claimant count by 155%, 16% more than that seen nationally.



Claimant count data source: (Office for National Statistics, 2021)

This would suggest Cambridgeshire has been more affected by unemployment than the rest of the UK – But why is this? I posed some questions to Jade Uko, Development manager for Bedfordshire, Cambridgeshire, and Hertfordshire at the Federation of Small Businesses, who argues that Cambridgeshire has been more impacted than other areas economically, “largely because of the dominance of Cambridge to the economic vibrancy of the area”. She points out that the visitor and hospitality sectors in Cambridge have been some of the most impacted where these are vital parts of the local economy. (Uko, 2021)

This is evidenced by a report by the Cambridgeshire and Peterborough combined authority that demonstrated that in April-June 2020, Cambridge saw a disproportionate impact on GDP compared to other Cambridgeshire local authorities, particularly in the “Professional, scientific and technical activities sector”. (Cambridgeshire & Peterborough Combined Authority, 2020) This is a sector that Cambridge and Cambridgeshire are known for, given that Cambridgeshire is often referred to as being home to “Silicon Fen”, a name based on California’s “Silicon Valley”. (Naughton, 2013) This is perhaps unexpected given it is not a sector that you would expect to have been directly impacted by the pandemic in the same way as sectors such as hospitality, leisure and others that have been severely impacted by restrictions.

## Q2 sector impact across CPCA



### Extracted from Metro Dynamics dashboard

Source: (Cambridgeshire & Peterborough Combined Authority, 2020)

There is anecdotal evidence that can help us to understand this; For example, some of the most publicised impacts has been on the travel agency Booking.com which closed its Cambridge office in November 2020 something that included “around 400” job losses. An employee among those facing redundancy told Cambridge News that they felt “betrayed” where they could have placed workers on furlough. (Turner, 2020)

The GDP impact on Education however can be explained by the dominance of the university in the city, which saw university students encouraged to “return home” and the suspension of all in-school teaching in March 2020. (BBC, 2020) This dominance can be expected to have resulted in a knock-on effect on other sectors.

This impact on Education has again been seen in the form of anecdotal evidence, with 105 planned job cuts reported to be planned by Trinity College in October 2020, mainly affecting those on lower pay. (Hawkins, 2020) This is despite the college possessing assets worth over a billion and being one of the wealthiest universities in the country, as pointed out by the Unite trade union that helped to form the Cambridge against job cuts coalition in response. (Unite the Union, 2020)

This would suggest that Cambridge has faced a disproportionate economic impact as a result of the pandemic compared to other regions of the county, something that has had an impact on Cambridgeshire as a whole as a result of the city’s economic dominance to the county, as suggested by Jade Uko in correspondence with her. (Uko, 2021)

The economic impact on Cambridgeshire more broadly can partly be attributed to widespread restrictions, broadly in line with the rest of the country, which led to full or major closures of retail, hospitality, and leisure trade. Cambridgeshire experienced these closures over a long period, although this was generally in line with the rest of England. These areas of trade first saw closures with the closure of cafés, pubs, and restaurants throughout the 1<sup>st</sup> lockdown from March 23<sup>rd</sup> (BBC, 2020) until the 4<sup>th</sup> of July (BBC, 2020), with the exception of takeaway and delivery services (BBC, 2020). Along with most of England, with the introduction of tiered restrictions from the 14<sup>th</sup> of October, trade saw new additional measures restricting trade, meaning pubs and restaurants had to close at the

earlier time of 10pm. (BBC, 2020) Cambridgeshire again returned to full lockdown throughout November however, like that seen in the first lockdown, (BBC, 2020) before returning to the previous tier system. (BBC, 2020) From the 17<sup>th</sup> of December, this included the closure of pubs and restaurants apart from as takeaway/delivery services. (BBC, 2020) Cambridgeshire were later put under a full local lockdown yet again from the 26<sup>th</sup> of December 2020, being placed under Tier 4 like 43% of England's population. (BBC, 2020) The rest of England was brought into line with Cambridgeshire from the 4<sup>th</sup> of January. (BBC, 2021) Non-essential retail reopened over 2 months later on the 12<sup>th</sup> of April, along with pubs and restaurants serving outdoors, as well as many leisure venues, (BBC, 2021) with all remaining restrictions on trade in England finally ending on the 19<sup>th</sup> of July. (BBC, 2021)

This means that Cambridgeshire has faced widespread restrictions of trade, facing nearly 8 months of full lockdown including the closure of pubs, restaurants, leisure, and non-essential retail through March 2020 – April 2021. This is however broadly in line with most of England and the wider UK, with devolved nations generally facing restrictions as England did, albeit with variations.

This is reflected in the results of a survey conducted by the Cambridgeshire and Peterborough combined authority in its previously mentioned report that revealed that 46% of business respondents to “combined local; and national surveys” reported that they had effectively shut down during the lockdown while 17% reported there was a good chance they would not recover. The report concludes that businesses have had few options but to “try to survive”. This suggests that these effects of the pandemic have had serious and widespread impact on businesses in Cambridgeshire, and as the report goes on to explain, will likely be felt for months and years to come. For example, it states that 1,800 manufacturing jobs are at risk and highlights the economic effect on young people in the Cambridgeshire labour market, with combined Job Seekers Allowance and claimant count claims seeing growth 18% above that seen nationally, and warns young people are “overrepresented” in at-risk sectors of the Cambridgeshire labour market compared to the national picture. (Cambridgeshire & Peterborough Combined Authority, 2020) This suggests that Cambridgeshire's job market is uniquely vulnerable compared to that seen in other areas.

I asked the then mayor of the Combined Authority about these impacts, and he responded by stating that “Early indications suggest we have been hit slightly harder economically”, but highlights Cambridgeshire's strong growth before the pandemic as a unique advantage of the region, along with its stance as what he terms a “innovation hub”. (Palmer, 2021) This can be assumed to refer to Cambridgeshire's technology, science and pharmaceutical industries that have historically performed strongly, the county being home to processor architecture firm ARM and pharmaceutical giant AstraZeneca. (Naughton, 2013)

Jade Uko also referred to growth seen in Cambridgeshire's healthcare, pharma, tech and sustainability sectors, something that will aid Cambridgeshire's recovery. She also supports the view that Cambridgeshire “has been more impacted than other areas” and that this is “largely because of the dominance of Cambridge to the economic vibrancy of the area.”. (Uko, 2021)

It is also reflected in my correspondence with Lucy Frazer MP, who referred to “our region’s strength in the technology sector” (Frazer, 2021), and also with Lucy Nethsingha who suggests that Cambridgeshire seeing “huge investment in life-sciences” will mean that Cambridgeshire will “recover ok”. (Nethsingha, 2021)

I believe overall that there is, as demonstrated, significant evidence that allows us to conclude that Cambridgeshire has been affected more than the rest of the UK economically. This includes in terms of unemployment, fall in growth, and anecdotal evidence of job losses, something that is the result of a combination of restrictions, people disproportionately represented in at risk jobs and the dominance of Cambridge, an area that has seen a drastic fall in growth above both local and national levels, and its university to the economic landscape of Cambridgeshire.

## **Economic responses to the pandemic in Cambridgeshire**

Throughout the pandemic, local and national government have made efforts to support businesses and workers affected by the pandemic. This section will look at these responses and how they have been used in Cambridgeshire. I will evaluate their role and their effectiveness, and the roles different levels of government, particularly local government, has had in the economic response to the pandemic in Cambridgeshire.

These responses have mainly been administered in terms of financial support, grants, and business consultation. Some of the most prominent of these in Cambridgeshire have been offered by the Combined Authority. Combined Authorities in England have the role of managing and coordinating economic and transport policy across a region, exercising the powers of councils within this mandate. (Local Government Association, 2021) (UK Legislation, 2009) The Combined Authority in Cambridgeshire has therefore been expected to provide a key role in providing economic support during the pandemic.

Of the measures the authority has put in place, the grants it has introduced have arguably been the most notable, where the mayor in his response put the cost at £5.5 million for its COVID Capital and Micro Grants schemes. (Palmer, 2021) The capital grant scheme provided a “flexible capital subsidy to help Registered Limited Companies”, available to small to medium sized enterprises, (Cambridgeshire & Peterborough Combined Authority, 2020) while the Micro Grant Scheme was later introduced to supplement this, providing a £500,000 fund available to businesses with five employees or fewer. (Cambridgeshire & Peterborough Combined Authority, 2020) The mayor claims these programmes are “due to create 287 new jobs and protect a further 522 in the process”. (Palmer, 2021) It can therefore be considered to have had a visible positive impact in responding to the pandemic in Cambridgeshire, where this level of financial support is not available from national government, as well as in most other areas.

It has also taken up important roles in providing consultative support and economic planning through the backdrop of the pandemic, for example expanding its “business growth hubs” during the pandemic, providing advice to businesses and signposting support in areas across East Anglia – something the mayor describes as reaching “thousands of local businesses”. (Palmer, 2021)

I believe that the level of financial and consultatory support offered by the combined authority can be considered to be a success and demonstrates how independence from national government can help to provide directed and impactful support within its mandate in a way national government cannot, where these local authorities are well-funded. Jade Uko supports this view in her response, concluding that “The role of local government has been essential to providing economic support during the pandemic”, despite suffering “logistical and resource challenges in providing this support”. (Uko, 2021)

In addition to that offered by the combined authority, councils in Cambridgeshire and across the country have also had an important role in responding to the economic effects of the pandemic, where councils have been required by national government to do so. This includes the “Coronavirus Closed Businesses Lockdown Payment” which supported “businesses that have been required to close due to the national lockdown that began on 5 January 2021” (Department for Business, Energy & Industrial Strategy, 2021), the “Additional Restrictions Grant” that provided grants to businesses “severely impacted by restrictions” (Department for Business, Energy & Industrial Strategy, 2021), and the similar “Local Restrictions Support Grant” for those businesses closed as a result of local restrictions. (Department for Business, Energy & Industrial Strategy, 2021)

While I believe councils were well-placed in being able to deliver this funding given their knowledge of communities and their unique ability to assess the needs of the communities, it seems clear that they struggled under a lack of resources to deliver these – being forced to deliver by national government with inadequate funding. Jade Uko for instance told me that “this has not been resourced properly”, arguing that “national government have not been so aware of the kind of local support needed and the acute funding challenges LAs [Local Authorities] face”. She however emphasises how local authorities have been “crucial to the whole operation”. (Uko, 2021)

These concerns about a lack of local authority funding from national government, have been reflected in a report from the National Audit Office (an independent Parliamentary watchdog (National Audit Office, 2020)), which found that “while effective action from government has assisted local authorities in surviving financially during the COVID-19 pandemic, many authorities face significant funding gaps and the financial outlook for the sector is concerning”, and that the £7.9 billion in emergency grant funding (as of March 2021) has still left some LAs “at risk of financial failure”. (National Audit Office, 2021)

Therefore, I conclude that there is clear evidence that while councils have been well-placed to provide financial support in the way they can reach communities, that a lack of resources from national government has put local authorities at risk in a way which has reduced the ability of local authorities to provide the best quality support.

## **Local Authorities in Cambridgeshire and their ability to respond during the pandemic**

While the merits of local government have been discussed, there remains questions over whether local government even the power had to respond in the most effective way over the course of the pandemic, and whether power overcentralised in central government has negatively impacted the local COVID response. I believe that local authorities have

only had the power to play a limited role in the COVID response, especially in the case of the public health response, where it is local authorities that are often best placed to respond where well-funded.

For example, an editorial published by the BMJ warned in May 2020 that a track and trace system “must be adequately resourced, decentralised, and led by local public health teams who know their communities and the nature of the outbreaks in their localities.” (Sally, et al., 2020) Instead, contact tracing schemes were led centrally through the national government NHS Test and Trace, who ran testing sites, notified individuals and contacts of those who have tested positive. (Department of Health and Social Care, 2021) It was later described as “about as far from integrated or effective as you can get” by Professor Allyson Pollock, the Director of the Institute of Health and Society at Newcastle University. (Pollock, 2020) This view was shared by the British Medical Association which in January 2021 called for a higher budget for local public health teams, and greater integration between local teams and NHS test and trace. (British Medical Association, 2021) The House of Lords public services committee report into the Government response echoed this, saying that their response was “hampered by overcentralised, poorly coordinated, and poorly communicated policies”. (Public Services Committee, 2020)

This was a view also shared by many of the people I talked to when researching for this dissertation. For example, Lucy Nethsingha agreed that a locally led approach would have been more effective in responding to the pandemic in Cambridgeshire “*without question*”, explaining that “The centralised nature of the response hampered the test and trace system from the start” and that the “local response has been much more effective in tracing and controlling outbreaks”. She points to Community Hubs and local test and trace work as examples where councils have been able to respond very effectively to the pandemic where national government has left gaps in its response and been not as effective. (Nethsingha, 2021) In addition, Mayor Palmer seemingly less committedly commented that I am “right to allude to the fact that locally-led approaches can be beneficial in response to such events”. (Palmer, 2021) Lucy Frazer MP however put forward her belief that NHS Test and Trace has been very effective, saying that it has been “making a real impact in breaking chains of transmission”, while briefly praising how local authorities have been able to respond, seemingly pleased with the current role of local government despite evidence that an increased role for local government over national government would have been significantly more effective. (Frazer, 2021)

Based on the overwhelming evidence, I think that we can strongly conclude that a locally led response to the public health effects of the pandemic should have been in place from the start of the pandemic. This would have prevented lives lost by ensuring that those that know their communities are the ones that were leading our testing and contact testing services, providing support, and making important decisions about their communities.

## Conclusion

Throughout this dissertation we have looked at a mass of evidence from a variety of sources that can shed light on Cambridgeshire’s experience of the pandemic compared to other areas, while examining different possible explanations for these and how at times the response to the pandemic could have been more effectively responded to in this region.

From this, we can conclude that Cambridgeshire's experience of the pandemic from a public health perspective has differed across the county, with those in relatively more deprived areas proportionally more affected by the pandemic, such as in Peterborough and Fenland. This has been demonstrated to have led to more cases, and sadly more deaths per capita, something that could likely have been reduced with better historical investment in health infrastructure and public services.

We can additionally also conclude that the overcentralised response of the government combined with a lack of funding for local authorities exasperated the economic and health effects of the pandemic, where a system locally led from the beginning of the pandemic with responses, such as that of contact tracing, led by communities would have offered a significantly more effective response to the pandemic, both in Cambridgeshire and across the UK. This is something that is supported by the admirable work of local government in Cambridgeshire in responding to the pandemic, providing economic, health and social support, where enabled to do so by national government.

The key question as to whether Cambridgeshire has been more affected by the COVID-19 pandemic compared to other areas requires a more nuanced answer however:

From a public health perspective, Cambridgeshire can generally be considered to have experienced these effects of the pandemic generally on-par, and often even better than, that of the UK as a whole. The evidence we have looked at additionally suggests that university transmission did not lead to cases higher than that of the UK, cases remaining consistently lower per capita through to December 2020, although we can conclude that it did lead to more transmission than would have otherwise been seen. Issues faced at Addenbrooke's Hospital exasperated by the pandemic however have shown the unique weaknesses in Cambridgeshire's public health infrastructure and must be addressed to protect the people of the county.

From an economic perspective however, the evidence demonstrates that Cambridgeshire has been more affected than the rest of the UK. This is something that has clearly been illustrated through statistics indicative of significantly higher unemployment than the rest of the UK in the wake of the pandemic, and through anecdotal evidence of job losses – where Cambridge's dominance combined with that of the university have exasperated these effects, even in sectors that might otherwise have been considered to be less at risk. The region does however have the possibility of renewed growth in the future, mainly as a result of its historically strong technological, health and pharmaceutical industries.

We can only hope now that Cambridgeshire and the rest of the UK sees a strong recovery, something that must be guided by the same local communities that have seen the cost of the pandemic so far, utilising the lessons that have to be learnt from it.



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