

CAMBRIDGESHIRE COUNTY COUNCIL'S RESPONSE TO COVID-19

To: Adults Committee

Meeting Date: 2 July 2020

**From: Charlotte Black, Director of Adults and Safeguarding
Will Patten, Director of Commissioning**

Electoral division(s): All

Key decision: No

Outcome: The Council's response to COVID-19 and our strategies for countywide recovery will have a significant impact on outcomes for individuals and communities.

This report provides an update on:

- **the Council's ongoing response to the current Coronavirus pandemic;**

Recommendation: The committee is asked to note and comment on the progress made to date in responding to the impact of the Coronavirus.

The potential and predicted outcomes are:

- **Ensure the sustainability of adult social care during the COVID-19 outbreak**
- **Ensure that vulnerable adults and older people are supported during the pandemic**
- **Protect and support our workforce in line with national guidelines whilst maintaining critical services and allowing effective emergency planning**
- **Ensure that the financial impact of COVID is managed effectively**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Charlotte Black	Names:	Councillors Anna Bailey and David Ambrose-Smith
Post:	Director of Adults and Safeguarding	Post:	Chair / Vice Chair
Email:	Charlotte.Black@cambridgeshire.gov.uk	Email:	annabailey@hotmail.co.uk david.ambrose-smith@cambridgeshire.gov.uk
Tel:	07775 800209	Tel:	01223 706398

1. BACKGROUND

- 1.1. The coronavirus pandemic has affected every part of life - in Cambridgeshire, across the UK and globally.
- 1.2. In these very challenging circumstances, the Council has reacted quickly with the dual focus of responding to the crisis and keeping critical services running. Our workforce and our councillors have moved to working from home if possible and, where face-to-face services are critical, these are being carefully planned and safely delivered. We have changed almost overnight to work in different ways to support the most vulnerable people in our communities, developing new responses and maintaining all critical services.
- 1.3. Local Government around the UK, and indeed around the world, is beginning to think about the longer-term impact of the COVID-19 pandemic –the detrimental effects on individuals that are more vulnerable and groups, but the opportunities for positive change. Officers and Councillors are working with their professional networks to determine the ‘right’ way to tackle recovery, sharing ideas and good practice. To ensure that the Council takes a strategic approach to recovery and redesign.
- 1.4. Following the Minister of State for Care’s letter of 14th May 2020 to Council Leaders regarding the need to develop a local plan for Support to Care Homes, the Council submitted our local plan on the 29th May 2020. The plan outlines our health and care system response to support care homes to embed infection prevention and control to minimise the risk of COVID 19 outbreaks in homes. In conjunction with health and care system partners, we have developed a joint action plan to monitor progress on implementation of the plan.
- 1.5. This report provides an overview of the ongoing response and recovery approach adopted by Adult Social Care and Commissioning, as well as an update on implementation of our local Care Home Support Plan.

2. MAIN ISSUES

- 2.1. As of 1st June 2020, the rate of COVID 19 infections in Cambridgeshire local authority was 190.2 per 100,000 population, comparatively lower than the overall rate in the East of England (237.9) and England (281)¹. As of the 1st June 2020, 66 out of 131 care homes in Cambridgeshire (50.3%) had reported a suspected or confirmed outbreak to Public Health England since March 2020². This is higher than the East of England figure of 44% of homes with a suspected or confirmed outbreak since March 2020. Our ongoing approach to surveillance will help us to understand the progress of the pandemic in local care homes better, and provide further context to local data. We are also working alongside neighbouring authorities and learning from best practice as it emerges.

¹ Source: PHE, <https://coronavirus.data.gov.uk/>

² Source: PHE: <https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information>

- 2.2. As lockdown begins to ease and the likelihood of the long-term impact of COVID 19 begins to be more apparent, our focus is shifting to how we can safely move toward recovery, whilst maintaining the ability to respond swiftly to current demand because of COVID and any further surges. This report provides an overview on our approach across operations and commissioning, including the support we are putting in place to the wider social care provider market, including via our local Care Home Support Plan. The following paragraphs therefore provide an update on progress in relation to:
- Adult Social Care Recovery and Resilience Planning
 - Progress on Implementation of our Local Care Home Support Plan (see section on Infection Prevention and Control, paragraph 3.2.9)

2.3. **Recovery and Resilience**

- 2.3.1. Adult Social Care is developing a shared recovery plan across Operations and Commissioning, which covers the following key areas.

- Workforce
- Ways of Working
- Hospital Processes
- Carers
- Demand Management
- Community and Voluntary Sector
- Infection Prevention and Control
- Market Sustainability
- Financial Management
- Reablement
- Day Opportunities
- Co-production and Engagement.

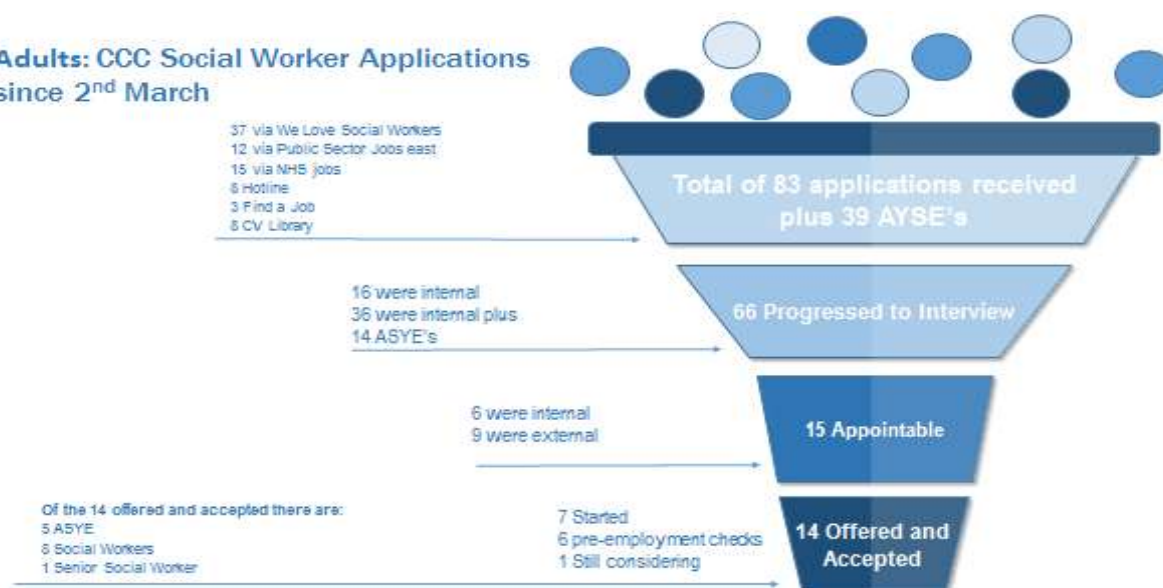
The following sections provide a brief update on the recovery and resilience work in each of these areas.

2.3.2. **Workforce**

Social Worker Recruitment

The wider financial situation and the profile of social care during the current time has aided our recruitment campaign, which was already in place. The infographic below illustrates the successful recruitment into social worker roles since March 2020.

Adults: CCC Social Worker Applications since 2nd March



We have received applications from 83 social workers and 39 newly qualifying social workers wishing to commence their Assessed Supported Year of Employment (ASYE). 66 of these applicants progressed to interview, with 14 interviewees being offered and accepting a position; 7 of whom have already commenced in post. Among the 14 new employees, we have 5 ASYE, 8 qualified Social Workers and 1 Senior Social Worker. Through the lock down period, we have provided inductions for these employees in innovative ways, including interactive e-learning, buddying arrangements and new worker huddles.

Support to staff who are shielding or social distancing

There are currently 15 staff in Adults and Safeguarding and commissioning, who are self-isolating either due to their own symptoms of COVID, or due to a household member with symptoms of COVID. This is broken down as follows

- 8 self-isolating due to symptoms and role means they cannot work from home
- 6 self-isolating due to symptoms and too ill to work from home
- 1 self-isolating due to family member symptoms

There are also 111 staff unable to fulfil their usual job role due to the need to social distance. A break down is below:

- 85 socially distancing due to an underlying medical condition (Clinically Vulnerable/Extremely Clinically Vulnerable)
- 13 socially distancing as over 70 years of age (Clinically Vulnerable)
- 9 socially distancing as family member is in a vulnerable group (Extremely Vulnerable family members)
- 4 socially distancing as pregnant (Clinically Vulnerable)

Where possible, social distancing staff members who are unable to deliver their core role have been redeployed to tasks such as making calls to carers or shielded people. We will be undertaking risk assessments to ascertain whether they can safely return to their role and what adjustments we need to make to manage any risk.

To support this, the Joint Management Team has approved the process for risk assessment for vulnerable staff returning to work. As part of this process, an Occupational Health nurse will be involved where support with risk assessment is needed.

Support to Independent Provider Workforce

Support to providers is being coordinated through the establishment of local multi-disciplinary teams (MDTs) wrapped around care homes as previously reported. These are responsible for ensuring the right level of wraparound care and support is in place for residents, including primary care, community health, therapy and social care.

Named lead clinicians have been identified and care homes contacted to make them aware of their designated lead. Virtual MDT check in meetings, led by their GP are now taking place on a weekly basis and the feedback so far has been positive. Social workers and wider community health provision has been aligned to the MDTs, to support wider discussions and inform the development of personal care and support plans where required. The CCG is leading work to provide support for care homes to have the technological infrastructure to support this.

In addition to ensuring that we have a strong local MDT wraparound provision for providers, workforce capacity is in place and being further enhanced, to ensure access there are clear options for workforce support if a care provider has difficulties due to staff sickness, which includes:

- Access to volunteers, coordinated through the local county coordination hub. Establishment of virtual training is in place for volunteers and early identification and matching of volunteers to local homes is being taken forward (see section 2.2.8).
- The use of redeployed staff from the local authority and NHS partners, including establishing a process for returning clinical staff to be allocated to care homes.
- A significant organisational support offer has been developed for local providers, including individual wellbeing support and more specialist counselling and support for those requiring it. This is available to all social and care providers and their staff including care homes, domiciliary care, supported living and extra care providers.

The period of the pandemic has shown us that for those homes without their own large scale infrastructure and support mechanisms, when quality issues arise there is a need for intensive support for a period of time to aid the home manager to address the issue and get the home back to the a safe operating model for all residents, including those not funded by the Council. It is essential that this support be provided by clinical and social care professionals who understand what is required, how to protect and support the interests and needs of individual residents, as well as moving the care home to a sustainable position operationally. The establishment of a dedicated practice team of social care staff has provided practical support to the homes for a concentrated period to bring both practice and procedure to the required position in a supportive way. The plan is to continue to have a dedicated Social Worker resource to work collaboratively with Contracts Monitoring and dedicated clinicians who are already part of the MDT.

Impact of test and trace

Guidance is emerging around how test and trace will work for social care staff and it is likely that the burden for contacting staff and clients will rest with the employer. To minimise the

likely impact of the requirement to self-isolate, care is being taken to ensure that appropriate PPE is provided at all work bases, when in use, allow for social distancing to be maintained.

The full impact of Test and Trace for independent social care providers is not yet fully known. The Council and the CCG are working closely with social care providers to support them to embed effective infection and prevention control (IPC), including minimising workforce movement and effective social distancing measures for staff. Additional funding from the Infection Prevention Fund has provided some financial assistance to providers to manage additional workforce related IPC costs.

2.3.3. Ways of Working

We know that COVID will have a long-term impact on our ways of working and we want to build on the positive changes we have already made. We have received the results back from the corporate staff survey and have asked Team Managers in Adults and Safeguarding to use a discussion tool with their teams to gather feedback on areas such as:

- What is working well?
- What hasn't worked so well
- In two years' time, what one thing do you hope has changed because of the COVID 19 response?
- What has surprised you about the COVID 19 response?

Intelligence gathered through this process will feed into a series of workshops for managers who form the Extended Adults Leadership Group, where the findings will be shared and discussed. Each of these workshops will also gather from operational managers their experiences in relation to one of five assumptions around the potential impact of COVID on vulnerable adults. The themed assumptions are set out below:

Theme	Positive impact	Negative impact
Independence	People are accessing virtual exercise classes and support building their strength and abilities during lock-down / are finding new ways of doing things that will make them more independent in the long-term e.g. online food shopping	People who were completely independent prior to lockdown are deconditioning (especially those in the shielding group) at home and could be less able to live independently as the lock-down lifts / could be becoming dependent on the support they are receiving in response to the pandemic
Technology	People are more able and open to using technology including assistive technology and virtual support offers and are therefore more open to technology solutions to care needs	People have been really isolated during lockdown as they have not been able to access the right technology (broadband or devices) / feel confident in using them which has resulted in their needs increasing People have not embraced using TEC to support them through lockdown and will continue to struggle to be open to technology to support them with their care.
Carers	A number of carers / family members are currently able to provide more care as they are not currently working or are working from home	A number of carers are at breaking point or beyond and will require support for themselves and the cared for
Changing Needs	During lockdown people with long term social care needs have become more self-reliant and therefore we have an opportunity to completely	Some people will have deconditioned and haven't been able to access the support they need resulting in increasing need

	review how any individuals' needs are met and can safely scale back some interventions	Some people discharged from hospital at the end of March are in the wrong setting and not able to get back home
Care and Support choices options	People's attitudes towards residential / nursing care have changed substantially and fewer people want to go into a care home or want carers in their home resulting in them becoming more independent	People's needs are not being met and result in health deterioration and more complex social care needs that need to be supported in the community

The findings from these workshops will feed into both our recovery plan and the review of the Adult Positive Challenge programme to ensure it reflects both the challenges and the learning generated through the pandemic.

Returning to buildings and face to face working

Whilst we are aware that workers have experienced a number of benefits from the ability to work from home during the lockdown, we also recognise that as time goes on there will be an increasing need for some level of Council building based working and face-to-face contact with service users.

All managers across operations and commissioning have completed a return detailing how their teams might be able to make some limited use of the office bases going forwards, which has fed into the corporate facilities management review work.

During the current COVID 19 Pandemic there have continued to be times when a home visit is essential to see clients and their family/carers and we think this will increase as lock down measures are reduced. Guidance has been issued to staff to cover these circumstances to ensure that any risk to both the client and the worker are kept to a minimum and all work is carried out within the Government guidelines for COVID 19 and Social Distancing.

The guidance includes how to assess whether a face-to-face visit is necessary and safety measures to take when undertaking such a visit. There is a pro-forma for workers to complete and share with their line manager for approval prior to undertaking the visit, which will also be stored within the client's Mosaic record.

PPE and Infection Prevention and Control training is in place, which staff members must have accessed prior to making a face-to-face visit. A number of our staff have already received this training to support their work going into care homes.

Digital and systems changes

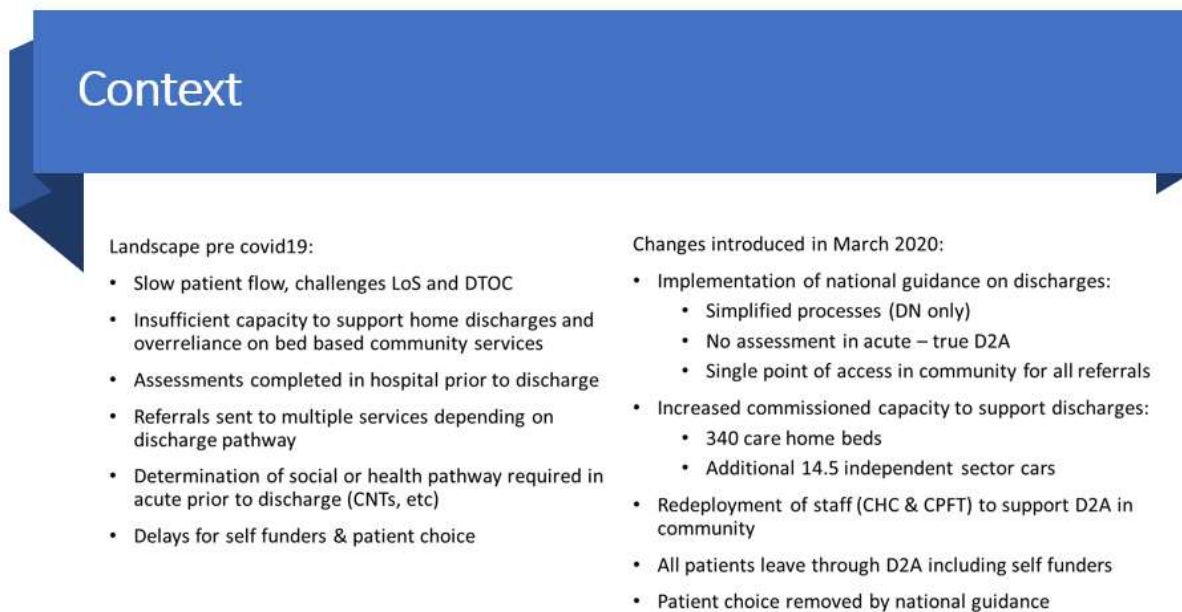
A number of systems changes have been made to support workers to work remotely and other changes will be planned into our digital roadmap. Changes include:

- Development of the Total Mobile reablement scheduling system to hold copies of care and support plans to minimise the need for reablement staff to come into the office base.
- Access to Microsoft Teams for all staff to be able to access virtual meetings and huddles.
- Regular team calls to stay in touch.
- Implementation of WhatsApp in the Learning Disability Partnership to enable workers to contact clients using a platform they are familiar with.
- Development of interactive classroom training using Microsoft Teams.

- Increasing the range of reports available directly to Managers on the Inform Business Intelligence Platform to include Shielded client lists
- Changes to the Mosaic record to allow for capture of COVID related information.
- Significant improvements to contents and functionality of the Directory of Services.

2.3.4. Hospital Processes

As previously reported, new discharge to assess hospital discharge guidelines were issued on 19 March and were rapidly implemented.



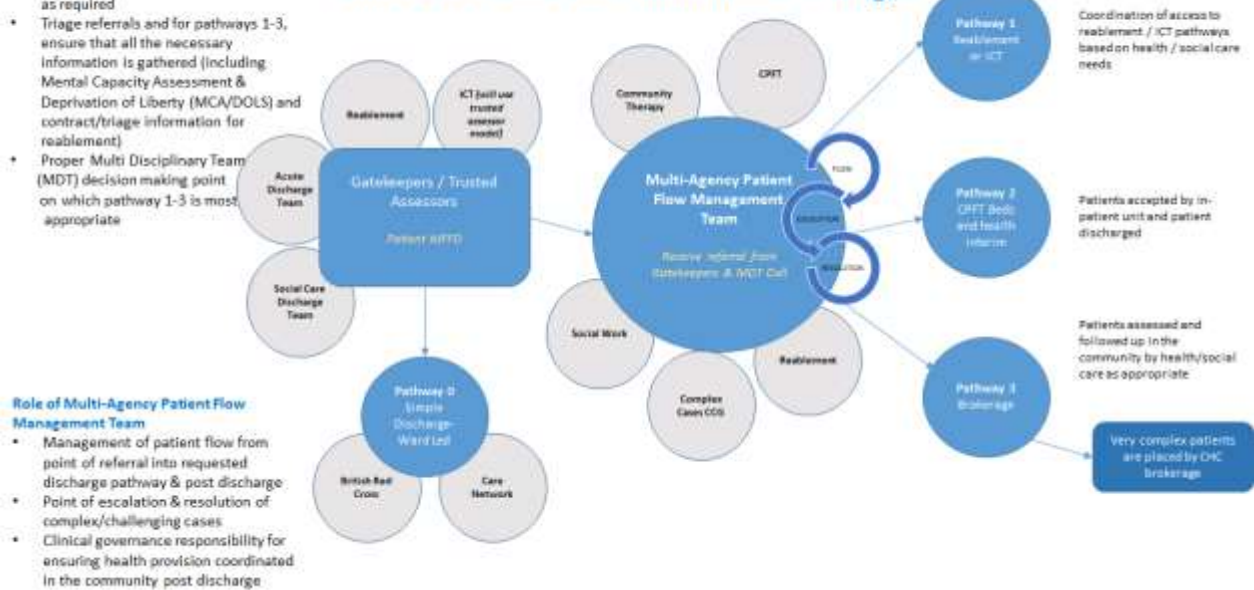
A number of system wide workshops have been held to review the impact of the changes, identify learning and propose the way forward. Workshops have had engagement and participation from operational leads and teams across health and the local authority to ensure proposals are grounded on what will work best for patients and front-line staff.

This review of learning with system partners has informed the future discharge to assess arrangements, as part of the NHS Phase 3 recovery planning. The new approach is outlined in the below diagram. This model will further embed a multidisciplinary approach to coordinating and overseeing hospital discharges. This supports better outcomes for people, ensuring that they do not stay in hospital any longer than is necessary. Having their assessment following discharge also means that their needs can be assessed more appropriately in the community, rather than in a hospital setting where their dependency may be heightened due to the setting.

Role of Gatekeepers / Trusted Assessors

- Review of Discharge Notice (DN)
- Deal with some Pathway 0 discharges, as required
- Triage referrals and for pathways 1-3, ensure that all the necessary information is gathered (including Mental Capacity Assessment & Deprivation of Liberty (MCA/DOLs) and contract/triage information for reablement)
- Proper Multi Disciplinary Team (MDT) decision making point on which pathway 1-3 is most appropriate

Continue long term with acute gatekeepers and SPoR model with some minor changes



National reporting on delayed transfers of care (DTOCS) continues to be suspended, as of April 2020. As NHS services start to resume, there will be increasing pressure on hospitals and on all partners to ensure timely discharge in line with guidelines about COVID positive discharges. Avoiding and preventing hospital admission unless necessary continues to be very important. As a health and social care system we continue to follow guidance that anyone being discharged from hospital into a care home has had a COVID test, the results are known and a care plan is in place. Discussion with the CCG about the need for step down facility for any patients who cannot be safely isolated within their care home is progressing.

2.3.5. Carers

As previously reported, the Countywide Community Hub set up a project, led by the Carers Team Manager, to contact family carers, to check that they were coping, provide preventative advice and connect them to sources of support where this was needed. Continuation of proactive support for carers will be built into our recovery work.

It was Carers Week 8-14 June and this year's theme was Making Caring Visible. There was an extensive campaign by our Communications team with social media posts, media briefings and case studies. Two examples are provided below.

Hub's work with carers helps couple feel safe

Aware of the additional pressure upon unpaid family carers during the coronavirus lockdown, Cambridgeshire County Council and Peterborough City Council have been busy calling carers to make sure they have access to support. The Co-ordination Hub has been supporting carers and the most vulnerable members of society, helping with access to food and medication, signposting to professional services, arranging a friendly phone call and offering a point of contact should any needs arise.

Those working and volunteering in the hub are speaking to carers young and old every day, from all walks of life, including Mr F, who was finding it increasingly difficult to care for his wife during the lockdown. Mr F, himself in his 80s and recovering from throat cancer, is a full-time carer for his wife, who is disabled and unable to leave the house. He was having to make essential trips for food and medication, meaning he was having to leave his wife alone at home for prolonged periods.

Mr F was contacted by the council and referred to the Co-ordination Hub, and the couple is now receiving support with food deliveries and medication.

Mr F said: "The lady from the council was brilliant. My wife and I now have online slots with two supermarkets, and we have received a food bundle that was just great. They are also helping pick up our medication. It may sound like a simple thing to some people, but I can't tell you how much it means to us, just knowing that someone is looking out for us and there if we need them."

Helen Duncan, head of adult safeguarding at Cambridgeshire County Council and Peterborough City Council, said: "The number of people taking on caring responsibilities nationally and locally is growing faster than ever, and this has only been heightened by the coronavirus lockdown. We support carers from all walks of life and often they don't give themselves enough credit for the incredible work they do for others. Being a carer is rewarding, but it is difficult. We want carers to know you are not alone. Through the councils and our partners there is a lot of help out there for you, so please get in touch."

In the last census, 65,000 people identified themselves as carers in Cambridgeshire, and close to 20,000 in Peterborough, but we know the numbers are likely to be higher as those providing care do not often see themselves as a 'carer'.

As part of National Carers Week, carers are being informed about the help and support available. [Caring Together](#) is there for adult carers in Cambridgeshire and Peterborough, and for young carers in Peterborough; [Centre 33](#) supports young carers in Cambridgeshire and [Making Space](#) helps carers in Cambridgeshire and Peterborough who look after someone with mental ill health. Information for carers is available on the [County Council](#) / [City Council](#) websites.

Charity adapts services to support county's carers

A survey launched by Caring Together has revealed the impact the pandemic has had on carers of all ages, with 78% feeling they cannot take a break from caring, 82% feeling more stressed and 77% feeling an increase in loneliness. Caring Together has adapted its services to be sure it can continue to support carers of all ages, and the people they care for.

Caring Together has been hosting carers hubs via Zoom to ensure adult carers have the opportunity to talk with other people in their position.

The charity has also continued to offer its Listening Ear service where carers are linked with a trained volunteer who can provide them with someone to talk to via telephone.

With the pandemic leaving many carers feeling unable to take a break, Caring Together is able to offer some of those struggling a care worker who can support their cared for person and enable them to take a break. They have also been supporting carers through the Carers Emergency Fund to allow them to purchase things that can make life easier.

Miriam Martin, chief executive of Caring Together, said: "Carers were already very much in need of support before the coronavirus crisis but now they face a new set of challenges. As other people's lives move towards normality, the reality of returning to work or school will bring new issues for carers, particularly if they are shielding a vulnerable person. This will mean tackling dilemmas around health, income and education that are unique to them in their caring role.

"During this unsettling time, we are certain of one thing, that carers and their families need our support, now more than ever. But we also know relatively small things can make a big difference to carers."

People can make a donation to help Caring Together's [Caring for carers emergency appeal](#), or volunteer to help. To find out about support for carers or to get involved visit www.caringtogether.org/carers-week.

2.3.6. Demand Management

Commissioning

We are working with system partners to understand the demands on the care home market and continue to jointly commission services to meet demand. This includes understanding the impact as the NHS starts to return to business as usual, alongside a potential second wave surge and winter pressures.

The approach to the longer-term sustainability of the market is fundamental. There is a focus on ensuring longer-term financial commitments with providers through a shift to significantly increasing the number of block purchased bed to spot purchased bed ratio, with the block bed tender due to launch in July 2020. This is happening alongside developing more sustainable and innovative models of delivery which maximise independence, e.g. extra care plus and care suites. A local understanding of the long-term impact of COVID 19 on demand and need for services is fundamental to inform commissioned capacity.

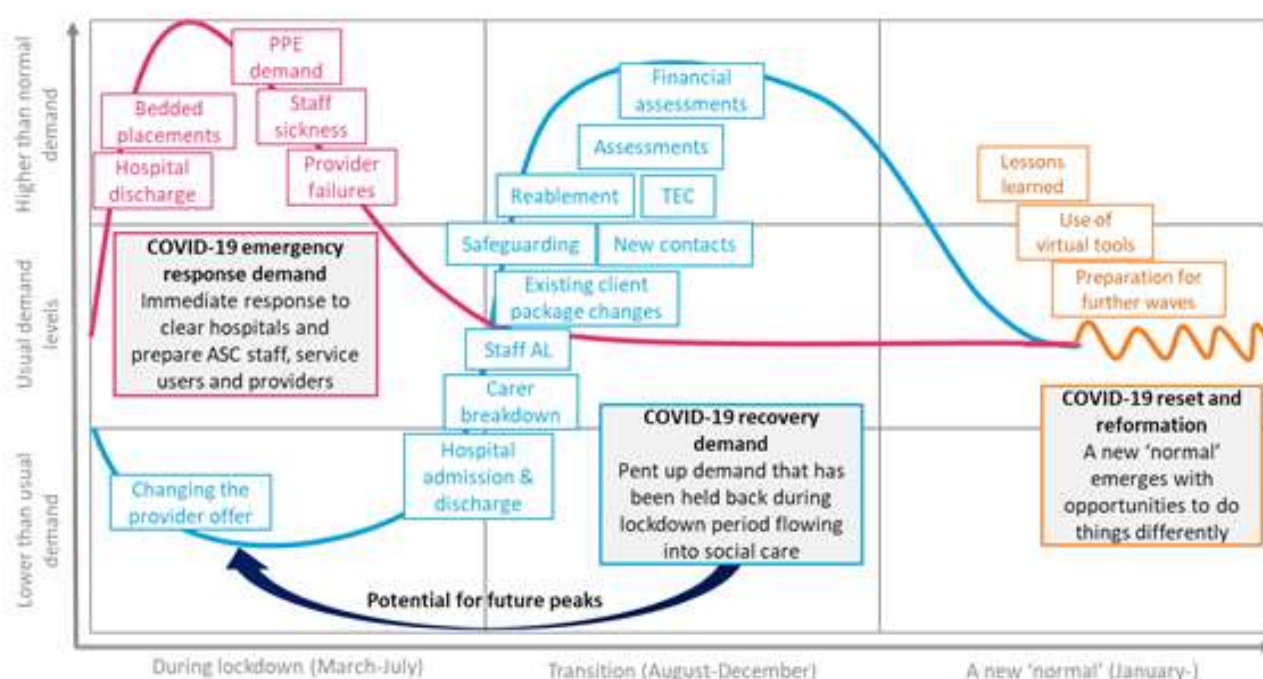
Demand profiling

Previously our demand modelling has been based on applying historical demand pattern to future demographic assumptions. However, COVID 19 is affecting demand in ways we

have never experienced and there are many unknowns around what the longer-term impacts might be.

The Adults Positive Challenge Programme has developed the graph below to support us in our consideration of what the demand impact and drivers might be. The profiling will be impacted by the effectiveness of track and trace, testing and vaccination programmes. But what is relatively certain is that actual demand impact for social care is still to be experienced.

Forecasting demand in 2020/21



To aid us in predicting what the demand impact might be we have identified a set of demand, supply and ways of working assumptions to explore. These are listed in the table below.

Demand Assumptions	People are deconditioning (especially those in shielded groups) and could be less able to live independently as lock down lifts.
	People are accessing virtual exercise classes and support and building their strength and abilities during lock down
	Fewer people will want care workers in their home
	Fewer people will want to go into a care home
	People are more open to and able to use technology, including assistive technology and virtual support offers
	We have an opportunity to completely review how any individuals' needs are met where their support has changed in relation to COVID 19
	A number of carers / family members can provide more care as they are currently not working or working from home.
	A number of carers will reach a point where they are not able to provide the level of care that they currently are and will require support.
	Some groups (autism, dementia or mental health needs) will require additional support to set and reset their routines

	Delays in elective surgery will increase the need (number of people and level of need) for social care support on discharge.
	Some people discharged from hospital at the end of March are in the wrong setting.
Supply Assumptions	A greater awareness of care work has increased the number looking to work in care work.
	The community volunteer offer will be sustained
	Providers will continue to provide a virtual offer alongside their physical offer.
	Some providers will no longer be financially viable
	Capacity challenges in the care market open up opportunities for community enterprises.
Ways of Working Assumptions	Staff will continue to have the ability to work remotely
	Some people (staff and residents) have found telephone / video reviews and assessments a positive experience.

Post Lockdown Review Conversations

Whilst we test out the assumptions above more thoroughly, we continue to apply our Adults Positive Challenge principles and approach at every opportunity. As part of the 'changing the conversation' work stream, our two change champions have been drawing from the examples they have heard in the case huddles to develop some workshops for our front-line practitioners on how to have effective post lockdown review conversations.

Entitled "Changing the Conversation When Everything Has Changed" the workshops explore:

- How does your team keep hold of what has worked for the people we support?
- Reviews are opportunities for conversations and two-way learning
- Key things to consider, direct payments, carers, mental capacity, community solutions
- Working with our communities – finding out what our communities have to offer
- What has been learnt about risk during lockdown and planning for risk in care and support planning

Adult Positive Challenge – role in recovery

Although we anticipate that COVID 19 will bring new demand drivers, we believe that the principles and focus of the Adult Positive Challenge Programme remains relevant to our response and provides a firm foundation we can build upon. As we determine the demand drivers these will feed into the programme to inform how we adapt our work streams to respond in a strengths-based way. The systems we have in place to track demand and the trajectory management approach will continue to support us in identifying trends quickly and responding effectively. The work streams continue to be:

- Changing the Conversation
- Independence and Wellbeing – reablement and wider therapy services
- Technology Enabled Care
- Preparing for Adulthood
- Connecting People and Places
- Carers

2.3.7. Community and voluntary sector

We continue to engage with the community COVID hubs and the wider Think Communities programme. Following a request from the Community Hub, a number of workshops have been undertaken with the shielded case supervisors to support their understanding of adult social care and aid them in their decision making around sign posting to the voluntary sector or referral to adult social care. As a further support, a member of adult social care has been joining the shielding call team meeting to support case discussions. A copy of the workshop pack is shared at Appendix 1.

2.3.8. Utilising Volunteers

The council has had such a positive response to people coming forward to volunteer for the COVID Hubs that we have not been able to find a role for everyone, as the numbers offering their time have been higher than the demand. This is a fantastic opportunity to build on the learning from the Neighbourhood Cares pilots across the whole Council.

We have surveyed those people who have come forward with the aim of helping them access volunteering opportunities where they live, to support the efforts taking place now around the pandemic and longer term. Particularly with the objective of matching them with the Voluntary organisations that the council commissions to support vulnerable people.

The Voluntary organisations themselves have been key partners in responding to the needs of residents across the County both those already known to Adult Social Care and those that because of COVID are needing help for the first time. Because of COVID, some people who have been volunteering across the voluntary sector are no longer able to do so. Therefore, matching volunteers where voluntary organisations have a need for volunteers is an excellent example of partnership working:

Lynette Hurran Deputy CEO Care Network Cambridgeshire:

“With the impact of Covid-19 in our communities, it has been really encouraging to work in collaboration with the County Council in ascertaining what involvement potential volunteers could have within the local voluntary sector. This means that if a voluntary or community organisation has a need in a specific area or specialism, they can work with in partnership with the County Council to match up volunteers with areas of specific need, without the immediate need to go out for lengthy recruitment.”

Melanie Wicklen CEO Age UK Cambridgeshire and Peterborough

“The outbreak has resulted in an even closer cross sector collaborative way of working, ensuring beneficiaries receive a clear pathway to support and avoiding the confusion of ‘who to turn to’. With the breadth of specialisms within the voluntary sector, complementing statutory services, we very quickly implemented much needed provisions for those most affected by COVID-19. For volunteers this has opened a number of opportunities to put their valuable experience to use and gain new skills. The partnership between the local authority and voluntary sector during this difficult period leaves a legacy to take forward into the next phase of the transition into the ‘new normal’ and with the input of many volunteers who have pledged to continue giving their time we believe the strength of community is greatly enhanced.”

As part of our ongoing work to train volunteers to support care providers we are in the process of contacting 105 additional volunteers registered with the COVID hub, who expressed an interest in supporting care homes, to offer the opportunity for them to be matched to a local care home. All volunteers receive the Skills for Care approved interactive online training for volunteers and the plan is to match them to a care home local to them. In addition to the potential of improving the quality of life for residents with the support they might give, this also sits well with the wider strategy of improving the links between care homes and their local communities. Appendix 2 illustrates the location of potential volunteers and where they are in the process. As at 19 June, 17 volunteers had completed their training, 28 were booked onto the training and 60 were in the process of being contacted.

2.3.9. Infection Prevention Control

Care Home Support Plan

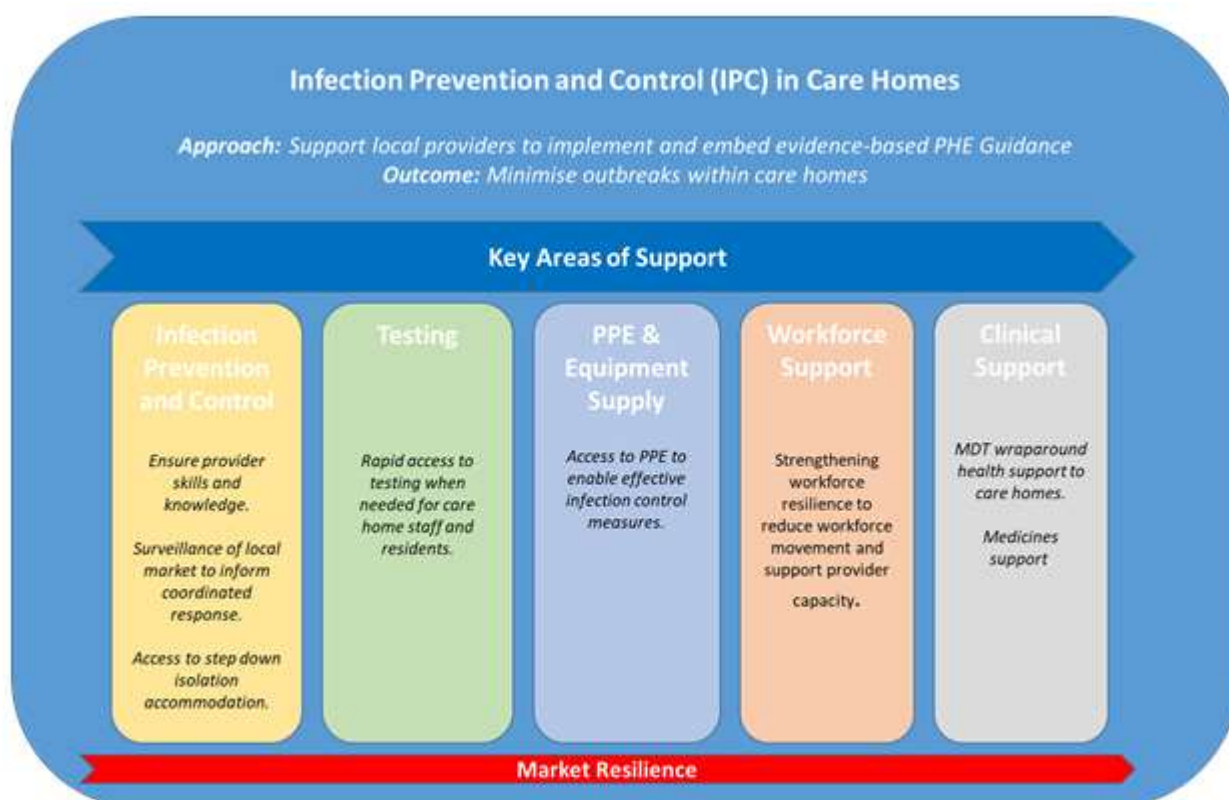
Our local Care Home Support Plan is published on the Council website [here](#).

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

Fundamental to our approach is making sure that we support our providers to prepare for the possibility of future outbreaks and make sure any measures put in place increase longer-term resilience, minimising the risk of outbreaks as much as possible.

Our care home support plan is an integrated approach across health and social care, to ensure that providers are receiving the right support at the right time to enable them to strengthen infection prevention and control, whilst delivering the best outcomes for people. Working collaboratively with the market is fundamental to our approach and ensures that providers can inform how we move forward. We will continue to identify care homes who are most at risk of an outbreak or have high levels of COVID positive or symptomatic residents and focus on these as a priority.

In line with the national guidance, our local plan addresses our approach to infection and prevention control in care homes across the following five key areas:



To ensure effective implementation of the plan, a detailed action plan has been developed. Delivery and progress of this is overseen by the multi-disciplinary out of hospital cell, which meets on a weekly basis and has senior representation from the local authority, CCG, CPFT and public health.

The below table summarises the action plan and progress to date:

Action	Description	Timeline	Lead	Progress
Infection Prevention and Control				
IPC Training	Infection Control Training (train the trainer model) rolled out	29 th May 2020	CCG	Access to PPE training was rolled out to all 174 care homes across Cambridgeshire and Peterborough by 29 th May 2020. 17 homes declined training.
	Development of training tools and specialist support - We continue to explore with care homes any other work our enhanced local Infection and Prevention Control (IPC) team can do to increase intensive specialist support to the care sector on an ongoing basis.	Ongoing	CCG	
	Ongoing support - There will be continued support in the following areas to ensure sharing of best	Ongoing	Local Authority and CCG	Regular newsletters are being sent to providers to ensure they are aware of latest guidance.

	<p>practice, guidance and lessons learnt with providers, including:</p> <ul style="list-style-type: none"> • Sharing of lessons learnt including areas of infection control weakness and risk • Weekly provider forums supported by infection control nurse • Daily newsletter including a range of support and advice 			Provider forums continue to meet weekly, with focused presentations/attendances scheduled.
Isolation Accommodation	Implementation of local step down beds - to support safe discharge from hospital for those who cannot return to their care home immediately and require 14 days isolation after hospital discharge, to reduce risk at the point of transfer into a care home.	June 2020	CCG	CCG exploring options and identifying where wrap around care from local primary care team and CPFT will be strongest
Outbreak Management	<p>Ongoing outbreak management support for care homes</p> <p>To offer continuing support to care homes and wider residential care settings that develop outbreaks.</p> <p>To link in with the local covid-19 health protection board as required.</p>	Ongoing	Local Authority / CCG / Public Health	Continues to be overseen by the local care home cell in line with the standard operating procedure. Providers are risk assessed and support offered dependent on needs. Contribute to the development of the local covid-19 outbreak plan
Surveillance	Develop coordinated data set to inform local operational and strategic response - Development of a more proactive approach to ensure alignment of provider reports with other sources of intelligence to enable early identification of potential outbreaks. Alignment and review of data on local trends, feedback from MDTs, provider reporting and other sources will be coordinated through the local care home cell to inform a pro-active response and target / prioritise testing		Public Health	Analytical support has been identified and work is already in progress to align data sets and coordinate feedback into care home cell and newly formed system-wide surveillance cell, which will sit under the covid-19 health protection board.
Testing				
National Care Home Portal	<p>Promoting access to increase uptake by local providers.</p> <p>Establishment of small team to support homes to swab residents via the portal.</p>	June/July 2020	Local Authority / CCG / Public Health	National eligibility for the care home portal has been extended to include care homes for people aged under 65 years

Capacity for rapid local testing and results	<p>“Test, Track and Outbreak Management”- roll out locally will prioritise care homes and people being admitted to them.</p> <p>Appropriate and effective testing policies - We are working across the system to ensure appropriate and effective testing policies for diagnosis, outbreak control and surveillance. This approach includes:</p> <ul style="list-style-type: none"> • Working across the system to understand best practice with regards to routine testing for care home residents, care home staff and key members of the wider health and social care community workforce who need to visit homes as part of their role for the purposes of surveillance and early detection of asymptomatic infection; • Swabbing for all hospital discharges into care homes; • Swabbing for care home admissions from community settings; • Rapid access swabbing and results for homes where there is a suspected/confirmed case of COVID 19 		Public Health / CCG	<p>As part of Test, Trace and Outbreak management roll out, work is ongoing to ensure that testing data flows are aligned to inform operational response when outbreaks are identified (particularly through national testing routes).</p> <p>Work is ongoing to understand the impact of Test and Trace on care workers who are identified as contacts of confirmed cases.</p> <p>Care homes are now using the national care portal for testing, with local routes available if national routes are not suitable.</p>
PPE & Equipment Supply				
Emergency PPE Supply	<p>Coordinated access to emergency PPE supplies: centralised access via the LRF supply for providers to access and ensure clear communications to providers on how to access.</p> <p>Information and Support to Care Homes</p>	Established	Local Authority / CCG	Emergency supply is established and access to this is available for providers where an emergency supply is required.
		Ongoing	Local Authority/PPE	As well as temporary financial support to aid providers with some of the additional costs associated with COVID 19, including PPE, we continue to support providers with information and access to identified verified PPE suppliers. We recognise that there are still care homes who are not

				confident about PPE supplies and we will continue to do targeted follow up work with providers where this has been identified as an issue
Workforce Support				
Additional Workforce Capacity	Access to volunteers , coordinated through the local COVID county coordination hub, including: <ul style="list-style-type: none"> • Training offer for volunteers to ensure skills and knowledge Effective recruitment of volunteers via the hub and pathways to ensure effective matching of skills with demand	Ongoing	Local Authority	Establishment of virtual training is in place for volunteers, based on the materials provided by Skills for Care. A number of volunteers with relevant previous experience have received face-to-face personal care training and have already been matched to homes experiencing pressures. Early identification and matching of volunteers to high priority homes is being taken forward. Additional volunteer support has been commissioned from St John's Ambulance Trust and has been mobilised.
	The use of redeployed staff from the Local Authorities and CPFT	Ongoing	Local Authority / CPFT / CCG	CPFT exploring whether they can access support for care homes via their bank staff Redeployed capacity has been put in place to support providers with significant workforce issues.
	NHS returners to be allocated to care homes		CCG	A process for returning clinical staff to be allocated to care homes has been established, working closely with national identification of nurse returners, student nurses, dentists etc.to inform identification of potential resource. However, we have found that returners from all professional groups have been reluctant to work in care homes. We feel this is due to the homes being seen as 'high risk', and not within their usual experience. We have worked hard to continue to pursue this with individuals but still this has resulted in no NHS returner capacity. The CCG has established training package/practitioner support around returning staff deployed in care homes to help support this.
Small Providers	Targeted review of business continuity plans and support to small providers: We have determined locally that the risks are greater with smaller, single	31 st May 2020	Local Authority	Detailed review of business continuity plans with small providers (35 across Peterborough and Cambridgeshire) has been undertaken. Most providers have business continuity plans in

	operator settings and identified those providers we need to be particularly vigilant about in terms of need for support.			place and we continue to offer support to a number where there is an identified need for more robust plans.
Wellbeing	Wellbeing and emotional support for provider workforce	Established	CCG	A significant organisational support offer has been developed for local providers, including individual wellbeing support and more specialist counselling and support for those requiring it. This is available to all social care providers and their staff including care homes, domiciliary care and care staff in other settings.
Clinical Support				
MDT Support to Care Homes	<p>Designated clinical lead for each care home</p> <p>Establishment of Care Home Health Team and weekly MDT meetings</p> <p>Enhanced Primary Care Support Offer in place</p>	<p>29th May 2020</p> <p>29th May 2020</p> <p>29th May 2020</p>	CCG	<p>Confirmed existing clinical practice leads to all care homes week ending 29th May 2020.</p> <p>MDT leads for practices, CPFT, social care and medicines agreed.</p> <p>Subject to sign up of the new enhanced service (deadline was Friday 29th May), weekly check ins began week of 1st June 2020.</p> <p>CCG has worked through all the practice enhanced service responses and sent out letter to care homes week of 1st June.</p>
Technology	Supporting care homes with the technology infrastructure to deliver virtual consultations and remote diagnostic monitoring.	July 2020	CCG	<p>A recent survey of local care homes, which received an 80% response rate, identified that around 17% of care homes across Cambridgeshire and Peterborough do not have access to remote working equipment. In addition, there is varied access to diagnostic equipment for remote monitoring of residents' vital signs.</p> <p>CCG is exploring options to fund and provide equipment to care homes to support this.</p>
Mental Health Support to Care Homes	<p>Review of provision:</p> <p>Communication links between primary care and psychiatric services are currently being reviewed and we anticipate these will be enhanced further in the near future and will benefit the way in which we support care homes.</p>		CPFT	

Medication Support	Access to medications	Ongoing	CCG	The CCG have been working closely with GP Practices and community pharmacies to ensure that care home residents receive their medications by managing supplies and reducing the impact of stock shortages, whilst also implementing new processes for online ordering to reduce face-to-face contacts. This has been vital for all patients, but particularly with respect to the availability of palliative care medications.
	Medications Guidance	Ongoing	CCG	Robust COVID-19 End of Life treatment guidance has been developed including "The Re-Use of Medications in Care Homes SOP" should an urgent need for medication arise and to assist care homes with the administration of medications from original packs, following the withdrawal of Medicines Dosage Systems (MDS) by community pharmacies. Advice from the CCG Ethical Cell has informed this approach, as well as for other resource shortages.
	Roll out of nhs.mail		CCG	Steps are now in place to ensure all care homes have nhs.net email accounts to further support communications.
	Virtual medication reviews	Ongoing	CCG	In addition to this, virtual medication reviews can be carried out to support GPs and care home staff, and guidelines have been released to ensure that the care home residents most in need of a medication review are prioritised.
Infection Control Fund				
Payments to Providers	<p>Infection Control Funding will be passed to local providers to implement appropriate workforce measures to support infection prevention and control.</p> <ul style="list-style-type: none"> 75% of funding will pass direct to CQC registered care homes on a per bed allocation basis We are engaging with providers to determine the most effective use of 		Local Authority	<p>First payment received by local authorities week ending 29th May 2020.</p> <p>75% element being processed to pass on payment to providers in line with national conditions. Letter sent to providers on 4th June 2020 informing them of their allocation and requesting them signing up to the grant conditions. Payments will be processed once these are received</p>

domiciliary care providers and to support wider workforce resilience. Following engagement with providers we are planning to use this funding to support the wider domiciliary care market, including supported living and extra care providers.

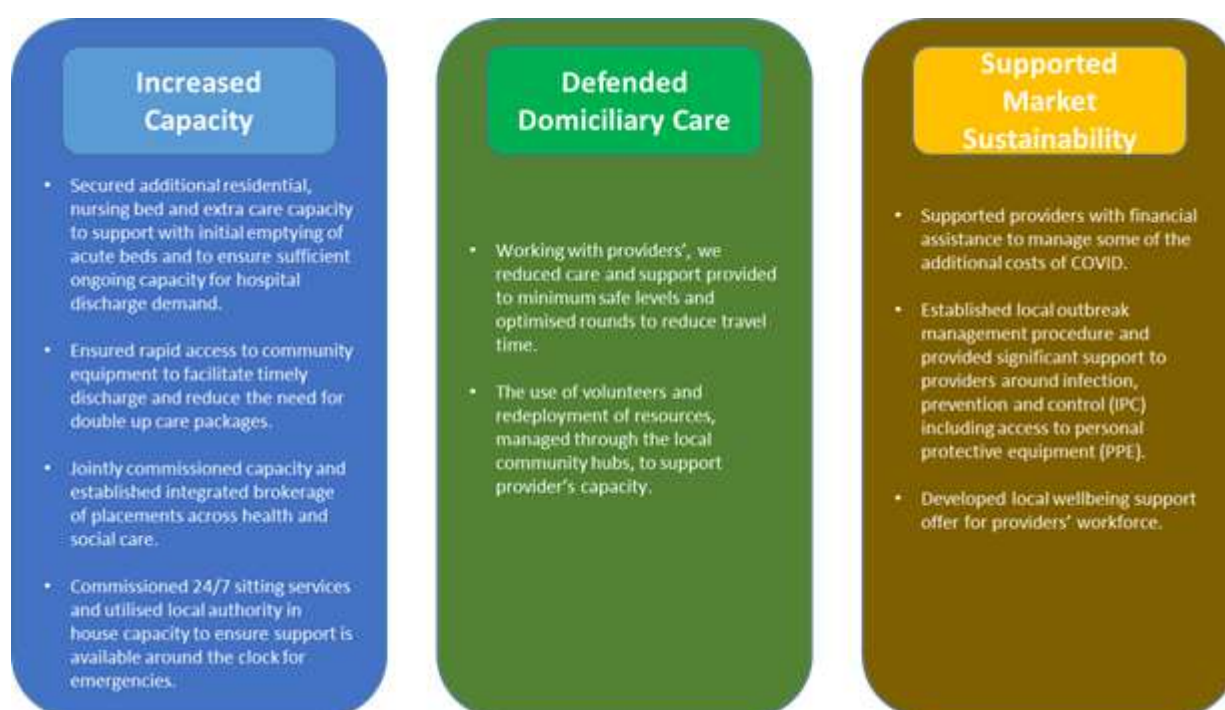
Payments are made in two instalments to providers in May 2020 and July 2020, in line with the allocations being paid to the local authority. The first instalment of payments to providers have been processed. As at 24th June 2020, 98% of providers had confirmed their compliance with the national conditions and had their payments processed.

The local authority will be required to report on the use of funding to the Department of Health and Social Care by the 26th June and again by the 30th September.

2.3.10. Market Sustainability

Commissioning Approach

COVID 19 has brought a significant pressure to the provision of care and support in the community, including provider workforce capacity and financial sustainability. This has been both due to the additional demand on services and the impact of the pandemic and government guidance on the workforce.



Working collaboratively with providers to ensure sufficient, resilient market capacity in the short, medium and long term is fundamental. This includes the following approach:

- **Capacity:** Working jointly with partners to understand demand and capacity requirements to respond to a second wave surge and winter pressures, alongside the NHS returning to business as usual activity levels (see paragraph 2.2.6).
- **Financially sustainable Innovation:** Exploring more sustainable, innovative models of delivery which promote independence; including extra care plus and care suites

and wrap around therapy support. Increasing long-term financial commitment in the market through increasing the percentage of commissioned block beds with providers and reducing the percentage of spot purchased.

- **Place Based:** Developing a place based commissioning approach as part of the Think Communities Programme and working collaboratively with the market to adopt a place-based approach, which addresses need at a local level and maximised opportunities for independence of local residents. The development of place-based commissioning on an outcomes basis, transitioning to local per capita commissioned budgets which maximise opportunities for utilisation of community assets and strength-based provision of support. An outcomes-based approach will enable providers to operate flexibly around the needs and preferences of individuals and support the adoption of an enabling approach, which facilitates strong links to community resources and assets, reablement, occupational therapy, Technology Enabled Care and the voluntary sector.
- **Workforce support:** strengthening workforce support, through MDT models of delivery to providers, training and effective harnessing of volunteers (see paragraph 2.2.2).
- **Communities:** Building on links with local communities, including via the established district and county community hubs work, to strengthen the early help community response.

Practice Support for Care Homes

During the lockdown period, we have provided this support by redeploying staff from our Quality and Practice Team and other operational teams where there was capacity due to an easing of demand. This is not sustainable in the longer term and yet we anticipate practice challenges will persist. A business case is therefore being developed which proposes an additional practice resource to be in place across Cambridgeshire and Peterborough to support homes where systemic issues are identified by Contracts, Safeguarding and Operational teams in order to reduce the risk of provider failure or large-scale safeguarding concerns. This dedicated team of staff could provide practical support to the homes for a concentrated period to bring home wide practice and documentation up to the required position in a supportive way. This support might include:

- Talking to residents and staff to gather their concerns and provide advice and reassurance
- Ensuring care and support documentation is up to date and meets the needs of all, including the self-funding residents and is proportionate to ensure agency staff and others are able to understand how to meet residents' needs.
- Supporting adherence to Mental Capacity Act and Deprivation of Liberty Safeguards statutory duties across the home
- Liaising with the safeguarding teams as appropriate
- Supporting contracts with specifying practice related remedial actions if contractual remedies are sought
- Celebrating and sharing good practice
- Along with CCG nurses, checking the clinical needs of each resident are met and infection control measures are in place and appropriate

- Identifying opportunities for use of technology to support practice throughout the home as opposed to a resident by resident basis (particularly applicable for larger homes)
- Work alongside home management to ensure they understand what is required and are able to take the changes forward positively, utilising systems theory, social learning theory, crisis intervention theories and others as appropriate.

2.3.11. Financial Management

Financial Impact

Based on the recent return the Council submitted to the Ministry of Housing, Communities and Local Government in June 2020, the below table provides an overview of the current forecast financial impact of COVID on adult's service budgets.

	£000	<i>Headline full-year estimates for this Committee submitted to MHCLG in June 2020 £000</i>					
Previous month's net total estimate	Committee name	New commitments	Income forgone	Impaired savings	Gross Total	Specified funding	Net Total
£ 15,349	Adults	£23,111	£0.330	£4,410	£27,851	-£8,547	£19,304

The financial consequences within the remit of this Committee include:

- Care costs that are fully funded by the NHS under national COVID financial arrangements
- Increased care costs due to COVID that are not funded by the NHS, both during the emergency period and a prudent estimate of increased costs throughout the year – estimates for this line have increased between May and June based on experience in the first two months of the year
- A 10% resilience payment to providers for the period April 20th to June 30th
- A provisional estimate that some form of provider relief fund will be needed from September once the resilience payment ends
- NHS funding for COVID block beds and Infection Control Funds are due to end in September and depending on demand, further short term financial support will be needed for the provider market
- Personal protective equipment for adult social care staff. The estimated period for which we will be purchasing a higher amount of PPE has been extended to the end of the financial year
- Impaired savings delivery, particularly the Adults Positive Challenge Programme
- Reduced income from service-user contributions for care, due to delays in implementing the revised charging policy

As noted above, the main causes of the increase in estimated net impact for Adult Services compared to the May report are: the inclusion of an early estimate around further provider support, extensions of estimates for care and PPE costs.

Charging and Financial Assessment

The Department of Health & Social Care issued charging guidance for the pandemic period that relates to care packages arranged for people following their discharge from hospital, or to avoid hospital admission. The NHS has stated it will fund care in these scenarios at no charge to the service user. Following consultation with neighbouring councils and legal colleagues about the specific scenarios that are impacted by the charging guidance, the council is now applying this locally and is recording any associated care expenditure/lost income through its social care systems to ensure that the council is properly reimbursed. Service users affected by the COVID 19 charging changes are being contacted by phone to arrange for a financial assessment where necessary. This is in preparation for when the NHS COVID 19 funding period ends and financially assessed care charges become fully due to the council again. New service users unaffected by hospital admission, avoidance or discharge are being financially assessed in the usual way under existing rules.

Preparations for implementing the financial assessment reviews for the recently revised care charging policy have been slightly delayed by the pandemic crisis, but are now fully underway and the reassessment process should commence in late June/early July 2020. As home visits will not be possible at this time, reassessments will be conducted in the main by telephone, and wherever possible by some form of video conference where it is possible to communicate with the person by sight as well as sound. Advance written notice of the forthcoming financial reassessment will be issued individually to each service user by post, to reassure them that their financial circumstances will be properly considered and taken into account. Detailed guidance has been issued to financial assessment staff undertaking the reviews and progress will be carefully monitored and checked. The reassessment programme of work will then continue in earnest throughout the remainder of the 2020/21 financial year until completed.

2.3.12. Reablement

Response to guidance on providing care to service users who are shielding

National advice has been provided to care providers around delivery of support to clients who are shielded as the lock down for wider groups eases. The advice is to aim to separate out the care rotas for these individuals, ideally with a separate cohort of care workers providing the support. The Cambridgeshire Reablement teams have on average one third of service users who need to be on a separate rota to follow this advice.

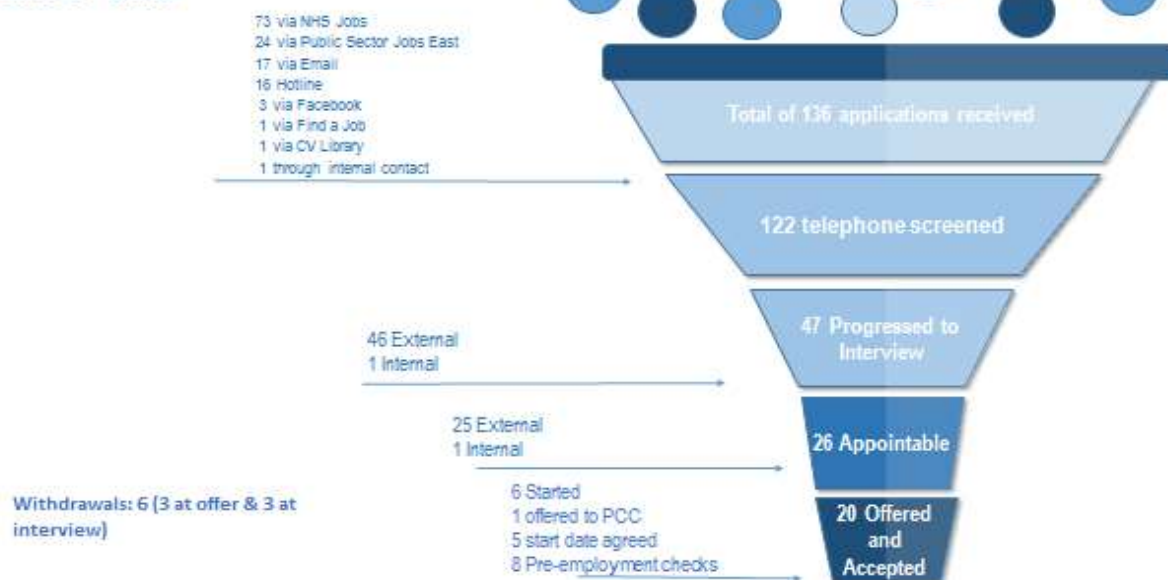
We are in the process of creating new rotas to enable this to happen. We are hopeful that we will be also be able to include our vulnerable staff members on this rota when they have been risk assessed as safe to return to work, hence further mitigating the risk for both service users and care workers.

Recruitment capacity

As with social workers, mentioned above, the wider financial situation and the profile of social care during the current time has aided our recruitment campaign, which was already in place

The infographic below illustrates the success we have had in recruitment since March 2020.

CCC Reablement Support Worker applications since 2nd March



We have received 136 applications for reablement support worker roles, 47 of which progressed to interview. 20 applicants have accepted a position with our reablement teams, with 6 having started with us already.

As we do not know how long term these new starters might continue in these roles and because we wish to take full advantage of the current recruitment opportunities, we will be looking to use slippage in this year's budget to recruit slightly over establishment in anticipation of turnover.

2.3.13. Day Services

Most building-based day services have been closed during the lockdown with support being offered in innovative ways, such as online sessions. Some service users have really benefitted from these different support methods and might wish to reduce their attendance at building-based settings post lock down. However, we are conscious that for some people, and their carers, a return to a building base, even if for smaller periods of time will be beneficial.

To aid recovery for day services, a survey has been carried out with 28 Older People Day Service providers and similar work is being planned for Learning Disability providers. We are also engaging with other Local Authorities in the region to share plans around how to engage with service users and carers to ascertain the model they would wish to see.

Key themes from providers include:

Social distancing challenges:

- Service Users with dementia not understanding social distancing.
- Social distancing whilst having meals will be a challenge.
- Numbers of Service Users in minibus will need to be reduced; i.e. 15-seater can transport 6.

- Some Service Users may not be able to hear one another, or staff, due to limited hearing.

Building Spaces:

- Challenges with cleaning and availability of buildings shared with the community.

Transport

- Issues around capacity due to social distancing.
- Issues around potential for cross contamination where vehicles are shared for other transportation uses.
- Assisting service users on and off the bus whilst social distancing.

Extra costs

- Cost of PPE and extra cleaning purchases i.e. disinfectant wipes & sanitisers.
- Monitors to safely check temperatures of service users if this is required.
- Disposable utensils for serving food and refreshments.
- Less service user attendance will affect the financial viability of the centre.
- Public liability insurance appears not to cover COVID 19.

Staff/volunteers

- Elderly volunteers are currently self-isolating.
- Regular testing for COVID-19 due to contact with vulnerable Service Users.
- Track and trace may affect staff and volunteer numbers at short notice.

A working group has been established across commissioning and in-house day services, in order to work together to develop the recovery solutions.

Digital innovation pilot – virtual support provider app.

Cambridgeshire County Council and Peterborough City Council have been accepted to be part of a timely development pilot of a virtual support provider app. The pilot is part funded by the Local Government Association's Social Care Digital Innovation Accelerator programme.

Our dual pilot will be one of five pilot areas

- Cambridgeshire and Peterborough,
- London Borough of Barking & Dagenham,
- West Sussex County Council,
- Telford & Wrekin Council,
- London Borough of Haringey.

Five service users from Peterborough Day Opportunities (Learning Disability Day Services) and five service users from the Adults and Autism Team in Cambridgeshire will be selected to trial the AutoNoMe at Home app within their homes and with their families. The app provides guided tutorials and prompts for daily living activities in the home -

<https://www.autono.me.uk/>

Once the service users are comfortable with the app they, with support from our practitioners, they will engage with the provider in development of an add on AutoNoMe at Work app to support employment skills, which will also focus on supporting mental wellbeing.

Given the anticipated impact of COVID on employment for adults with LD and Autism, this is timely and we are excited to have been selected.

2.3.14. Co-Production and Engagement

COVID 19 has brought with it unique challenges and consequences which have not been experienced before. In order to be able to plan for recovery it is essential that we engage effectively with our providers, partners and service users.

With this in mind we are pleased to have been able to successfully hold a number of our Partnership Board meetings virtually over the last couple of months. The table below from Healthwatch provides an update summary from the Partnership Boards. The only Partnerships Board unable to meet in this way has been the Learning Disability Partnership Board. The Speak Out Council has also found alternative ways to engage and feed in user experiences and priorities.

Partnership Board / Group	Date meeting held / to be held	Key agenda content	Annual priorities set by the Partnership Board / group	Next planned meeting date
Carers Partnership Board (all age group)	5 May 2020 Held by Zoom	<ul style="list-style-type: none"> - Feedback from carers - Lockdown – how to stay positive - Update from the councils on Covid-19 response: carers team; general response - Setting annual priorities for the Board 	<ul style="list-style-type: none"> 1) Support for adult sibling carers 2) Prioritisation of healthcare services for carers 3) Improvements in health and social care communications 	28 July 2020
Older People's Partnership Board	8 June 2020 Held by Zoom	<ul style="list-style-type: none"> - Feedback from independent members - Coping with isolation - Update from Older People's services - Setting annual priorities for the Board 	<ul style="list-style-type: none"> 1) Transport 2) Digital Exclusion / Resilience 	21 September 2020
Physical Disability Partnership Board	18 June 2020 Held by Zoom	<ul style="list-style-type: none"> - Updates from members - Reflections on lockdown - Update from commissioner - Update from Physical Disability Team - Setting annual priorities for the Board 	<ul style="list-style-type: none"> 1) Digital Inclusion / Exclusion / Resilience 2) Stroke (cause / prevention / rehabilitation) 3) Hate Crime (disability) 4) Membership recruitment (the PDPB is a new board) 	18 August 2020
Sensory Impairment Partnership Board	23 June 2020 (will be held by Zoom)	<ul style="list-style-type: none"> - Feedback from independent members - Lockdown – how to stay positive - Setting annual priorities for the Board - Approval of terms of reference (postponed from cancelled 31 March meeting) 	To be confirmed	22 September 2020

Learning Disability Partnership Board	<p>Scheduled June meeting not taking place due to accessibility issues for some members.</p> <p>In addition, it was noted that the Learning Disability Partnership Board is a rather large Board and Zoom could feel unmanageable for people with learning disabilities / those on the autistic spectrum.</p>	<p>Engagement plan from Healthwatch (HWCP):</p> <ul style="list-style-type: none"> - Meet with Julia Rutherford/Speak Out Leaders to ask questions (Board priorities, other issues etc.); they will then discuss further with Julia and feedback to HWCP - Meet with Amanda Preston (Enabling Independence) to ask questions (Board priorities, other issues etc.); they will then discuss further with Julia and feedback to HWCP - Network Team and Speak Out Leaders will provide their update presentations/notes which HWCP will circulate to the full Board - Professionals will be sent e-mails to gather their views - Zoom or telephone meetings with Parent Carers to gather their views - All feedback will be compiled into a mini report 	To be confirmed	To be confirmed (scheduled for September 2020)
Wheelchair User Forum	18 May 2020 Held by Zoom	<ul style="list-style-type: none"> - Recent experiences of the wheelchair service (commissioned by the CCG) - Coping with isolation - Setting annual priorities for the Wheelchair User Forum 	1) Transition process for young people into adult services – support for families and information (priority for CCG and council services)	10 August 2020

In addition, partner agencies have been undertaking a range of engagement activities with people across Cambridgeshire to understand the impact the lockdown might be having.

3. ALIGNMENT WITH CORPORATE PRIORITIES

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

4. SIGNIFICANT IMPLICATIONS

- 6.1 Demand may also grow in adult services as the effects of interrupted care on chronic conditions emerge. It is therefore essential that we plan for an extended period of response and that the recovery programme rapidly identifies interventions, which may minimise detrimental impacts.
- 6.2 In spite of the additional funding that has been allocated by the Government, the Council is still facing a deficit which, if not supported through further Government funding rounds, will have to be met by considering all options available to this council. A range of scenarios will

need to be developed and tested to support business planning. As patterns of demand and behaviour become clearer following the immediate response stage, the organisation will need to have a range of options and contingency plans in place to anticipate and mitigate against financial pressures.

- 6.3 Our COVID-19 response has relied not only on the commitment and hard work of our own workforce and providers but also on the huge number of volunteers and community organisations who have come forward to help in their communities. As part of recovery and redesign work we will be learning from this fantastic community and partner response and further developing our links to the Think Communities approach.
- 6.4 As a Council, our greatest asset is our people. Our workforce has mobilised in many different ways, working wherever they are needed to deliver critical services, often under very challenging circumstances. We continue to work carefully across all teams to ensure our workforce is well equipped, stays resilient and feels supported as we tackle this crisis together.

7. APPENDICES

Appendix 1 – Community Hub Workshop Pack
Appendix 2 – Volunteer Map

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	YES/NO Chris Malyon
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	YES/NO
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	YES/NO Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	YES/NO
Have any engagement and communication implications been cleared by Communications?	YES/NO Christine Birchall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	YES/NO
Have any Public Health implications been cleared by Public Health	YES/NO Liz Robin

Source Documents	Location
Cambridgeshire and Peterborough Care Home Support Plan	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/adult-social-care-market-position-statement