

# COVID-19 OUTBREAK MANAGEMENT

Why?	<ul style="list-style-type: none"> <li>• To protect the population from risk and harm</li> <li>• To ensure people that need to self-isolate have no reason not to</li> <li>• To ensure the economic consequences of COVID-19 are minimised by ensuring people remain in work by supporting employers</li> <li>• To especially ensure that vulnerable and excluded groups are engaged and supported to achieve the above</li> </ul>
What?	<ul style="list-style-type: none"> <li>• Coordination of practical support for those tested positive or who are contact-traced</li> <li>• Coordination of targeted community messaging and engagement</li> <li>• Connecting the needs of communities to relevant public services</li> <li>• Supporting local Test and Trace activities</li> </ul>
How?	<ul style="list-style-type: none"> <li>• Continued close liaison and relationship management with District / City Councils and Parish / Town Councils, sustaining the Hubs Network</li> <li>• Continued close liaison and relationship management with voluntary, community and faith sector organisations, sustaining the Community Resilience Group</li> <li>• Management and delivery of the Outbreak Management support package</li> </ul>
Outcomes?	<ul style="list-style-type: none"> <li>• Fewer people with a positive test result, leading to fewer local lockdowns</li> <li>• More people retaining their employment</li> <li>• Reduced risk of social tensions</li> </ul>
Rationale?	<ul style="list-style-type: none"> <li>• The social, economic and wellbeing impacts of COVID-19 will be felt across society for years to come, and will impact public services as a consequence. The ways in which outbreaks are managed now will be vital to help mitigate and manage demand pressures across the system later. Working with communities, parish and town councils and partners offers the best chance to prevent local outbreaks from escalating, avoid local lockdowns, and prevent the reintroduction of shielding</li> <li>• 'LAs with higher levels of deprivation have residents who appear more vulnerable to the coronavirus crisis on a number of dimensions, potentially increasing service demands and challenges. Mental ill health, homelessness and overcrowding, interventions from children's social services, and receipt of free school meals are higher in LAs with high levels of more general deprivation. If, as evidence suggests, households already facing challenges and poverty are more vulnerable to the stresses and strains of lockdown and social distancing, the demand for support from LAs and other public services could increase' (IFS)</li> <li>• 'LAs serving more affluent communities and especially shire districts appear to be exposed to greater revenue risks due to their reliance on local taxes and SFCs income (rather than central government grants)' (IFS)</li> </ul>

# SUPPORT FOR CARERS

Why?	<ul style="list-style-type: none"> <li>• To ensure those cared for by informal carers remain cared for at home, preventing or delaying the need for statutory intervention</li> </ul>
What?	<ul style="list-style-type: none"> <li>• Engage direct with informal carers to listen to and talk with, and provide advice or signpost to new opportunities</li> <li>• Identify informal carers where they are not currently known to us, and, where necessary, signpost to more formal support</li> <li>• Ensure commissioned services are relevant and are responding to identified needs</li> </ul>
How?	<ul style="list-style-type: none"> <li>• Regular contact with informal carers in ways that work for them</li> <li>• Direct liaison with commissioners and commissioned providers to ensure they respond to identified needs</li> <li>• Close liaison with Adult Social Care, Children’s Services, Education and Health, to ensure known carers are supported in ways that are sensitive and relevant to their circumstances</li> <li>• Develop community-led projects and opportunities, including those led by town and parish councils, that offer hyper-local buddying, befriending and practical support for carers and those cared for</li> </ul>
Outcomes?	<ul style="list-style-type: none"> <li>• Reduced levels of carer breakdown</li> <li>• Fewer people being cared for needing statutory interventions</li> <li>• Better value for money from commissioned services</li> <li>• Carers feeling and being more linked to local support and opportunities</li> </ul>
Rationale?	<ul style="list-style-type: none"> <li>• There are an estimated 5.4 million people in England who provide unpaid care for a friend or family member, based on the 2011 census. Locally there are over 2000 'known' carers across Cambridgeshire and Peterborough providing hundreds of hours of support, and inevitably many hundreds more. Work throughout the emergency response phase identified many individuals with caring responsibilities that did not feel connected to their local community and therefore with an increased chance of carer breakdown; as a result of our work we created greater community connection, improved health and wellbeing and informal ‘respite’ through community support.</li> <li>• Identifying 'hidden carers' through greater local outreach and join up of systems and services across a place and then linking them in with local community support will reduce the risk of carer breakdown, and as a result delay the need for statutory intervention for those being cared for (e.g. domiciliary care or residential care packages).</li> <li>• Increasing the number of people using Direct Payments as a route to securing their own care through, for example, use of library hubs and through the work of Place Coordinators and Community Connectors will result in additional savings.</li> </ul>

# SUPPORT FOR OLDER PEOPLE

Why?	<ul style="list-style-type: none"> <li>To ensure older people, regardless of need or circumstance, are less isolated, have more opportunity to thrive within their own community, enjoy opportunities to learn and grow, and ultimately remain living independently, but safely, for as long as possible</li> </ul>
What?	<ul style="list-style-type: none"> <li>Engage direct with older people to listen to and talk with, and provide advice or signpost to new opportunities</li> <li>Ensure business-as-usual and commissioned services are relevant and are responding to identified needs</li> <li>Provide practical, hands-on support for older people within their own communities that reduces risk of harm and maintains independence</li> </ul>
How?	<ul style="list-style-type: none"> <li>Regular contact with older people in ways that work for them, either direct or via coordination of support from local councils and community organisations</li> <li>Direct liaison with commissioners and commissioned providers to ensure they respond to identified needs</li> <li>Close liaison with Adult Social Care and Health, to ensure vulnerabilities are understood and people are supported in ways that are sensitive and relevant to their circumstances</li> <li>Develop community-led projects and opportunities, including those led by town and parish councils, that offer buddying, befriending and practical support for older people</li> </ul>
Outcomes?	<ul style="list-style-type: none"> <li>Reduced levels of loneliness and isolation</li> <li>Fewer older people needing statutory interventions</li> <li>Better value for money from in-house and commissioned services</li> <li>Stronger communities as a result of locally-developed opportunities</li> </ul>
Rationale?	<ul style="list-style-type: none"> <li>The total population of people aged over 65 in Cambridgeshire and Peterborough is 125,600. This constitutes 19.17% of the overall population. However by 2025 the size of the population aged 65 and over is expected to increase to 141,500 - over one fifth of the population. 12% of people over 65 are likely to suffer from loneliness. In Cambridgeshire and Peterborough alone that equates to around 15,000 people. The link between loneliness and isolation and mental wellbeing is well-documented and is evident through the COVID-19 experience</li> <li>The Gloucestershire Village and Community Agents project resulted in £1.2 million savings, with every £1 of scheme investment creating a £3.10 return (with a focussed effort on increasing independence and better quality of life)</li> </ul>

# INCREASED TAKE-UP OF TEC

Why?	<ul style="list-style-type: none"> <li>• To enhance independence and reduce the need for statutory intervention amongst vulnerable residents by maximising the prevalence of TEC in peoples' homes</li> </ul>
What?	<ul style="list-style-type: none"> <li>• Showcase TEC in ways that are accessible, non-threatening and non-intimidating</li> <li>• Develop ways in which people new to TEC can be supported by local services and communities</li> <li>• Provide feedback to Adult Social Care and Health colleagues, as well as TEC developers and providers, that ensures TEC keeps pace with locally identified need</li> <li>• Use the engagement opportunities afforded through TEC to extend reach into other forms of digital solutions that reduce loneliness and isolation or increase opportunities for learning and growth</li> </ul>
How?	<ul style="list-style-type: none"> <li>• Showcasing of TEC products in local, safe settings including static and mobile libraries, the Think Communities Bus, community centres and village halls, and GP surgeries</li> <li>• Regular contact with existing, and identification of potential new, users of TEC to understand needs and ensure the TEC solutions entirely appropriate</li> <li>• Direct liaison with commissioners and TEC developers / providers to ensure they respond to identified needs</li> <li>• Close liaison with Adult Social Care and Health, to ensure vulnerabilities are understood and people are supported in ways that are sensitive and relevant to their circumstances</li> <li>• Develop community-led projects and opportunities that provide ongoing practical support for TEC users</li> </ul>
Outcomes?	<ul style="list-style-type: none"> <li>• Fewer vulnerable people needing statutory interventions</li> <li>• Enhanced independence leading to increased quality of life, health and wellbeing</li> <li>• Stronger communities as a result of locally-developed opportunities</li> </ul>
Rationale?	<ul style="list-style-type: none"> <li>• Think Communities will support the APC TEC workstream in increasing referrals and take-up to support and further enable the savings targets to be achieved. Libraries will be used to showcase and demonstrate TEC, and library staff, parish councillors, volunteers and place-based staff will ensure that TEC users have the support they need to operate it safely, and that they have networks around them should safety concerns or alerts be triggered</li> <li>• Through meaningful local community work, it is likely that potential new TEC users will also be identified, stretching the APC savings target further</li> </ul>

# SUPPORT FOR CHILDREN AND ADOLESCENTS

Why?	<ul style="list-style-type: none"> <li>To ensure that vulnerable or at-risk children and adolescents have maximum opportunity to flourish, thrive and achieve in society, reducing or removing the likelihood of statutory intervention</li> </ul>
What?	<ul style="list-style-type: none"> <li>Coordinate the development and delivery of locally based, bespoke opportunities for children and adolescents, built through partnership networks or agencies, focussing initially on supporting care leavers, young carers, NEET young people, adolescent-aged young people involved in crime, and the Best Start in Life programme</li> <li>Develop ways in which young people can be supported by local services and communities, and can contribute positively to their own communities</li> <li>Ensure gaps in provision or opportunity are identified and filled through collaboration or commissioning</li> </ul>
How?	<ul style="list-style-type: none"> <li>Direct liaison with young people, and with the services and agencies that work with them, to identify need and understand the data</li> <li>Work with partners in District and City Councils, Parish and Town Councils, other public sector agencies, and across the community, voluntary and faith sectors, to build creative, relevant and meaningful opportunities that engage young people positively</li> <li>Provide feedback to Children’s Services, Education and Criminal Justice colleagues, as well as commissioned providers, that ensures services keep pace with locally identified need</li> <li>Build and maintain cross-agency directories of local opportunities and support</li> </ul>
Outcomes?	<ul style="list-style-type: none"> <li>Fewer vulnerable or at-risk young people needing statutory interventions</li> <li>Supporting more joined-up service provision for children pre-birth to 5, leading to better school readiness</li> <li>Improved long-term outcomes for young people, including economic independence, social action and positive health and wellbeing</li> <li>Appropriate respite for young carers, and opportunities for them to positively engage beyond their caring roles</li> <li>Stronger communities as a result of locally-developed opportunities</li> </ul>
Rationale?	<ul style="list-style-type: none"> <li>Evidence that young people are caught up in criminal exploitation at a much earlier age in communities where there are protective factors in place</li> <li>Positive engagement and activities with children and young people in the places that they live is critical to achieving the outcomes identified – e.g. enabling more voluntary sector activities, providing safe places to go and people to talk to, and providing greater parenting support</li> <li>For every £1 invested in quality early care and education, taxpayers save up to £13 in future costs; in addition for every £1 spent on early years education, £7 would need to be spent to have the same impact in adolescence</li> </ul>

# TACKLING FOOD AND FUEL POVERTY AND SECURITY

Why?	<ul style="list-style-type: none"> <li>To tackle health inequalities and improve the health and wellbeing of our population by ensuring that all households in Cambridgeshire and Peterborough have access to, and can afford, healthy food, produced locally where possible, and that nobody falls below the official poverty line as a consequence of heating their home</li> </ul>
What?	<ul style="list-style-type: none"> <li>Coordinate the development and delivery of projects that ensure the short-term, urgent needs of households without access to food or affordable warmth are met</li> <li>Ensure there is an equitable offer available to all communities, regardless of location</li> <li>Coordinate the development of permanent solution to food and fuel insecurity that reduces and then removes food and fuel poverty and that supports local producers and providers</li> </ul>
How?	<ul style="list-style-type: none"> <li>Direct liaison with District and City Council, Parish and Town Council, and voluntary, community and faith sector groups to build and maintain a comprehensive database of urgent food provision</li> <li>Work with and support local agencies and groups where there are identified gaps in urgent support</li> <li>Work closely with partners to build a comprehensive food and fuel security strategy that ensures the longer term causes of food and fuel poverty are addressed</li> <li>Ensure council services are adapted to support people who are vulnerable to food and fuel poverty and insecurity</li> </ul>
Outcomes?	<ul style="list-style-type: none"> <li>Eradication of food and fuel poverty across Cambridgeshire and Peterborough</li> <li>Access to food at the most local level as part of community or a service that makes sense to users</li> <li>Ensuring that any programmes or systems put in place link with environmental and economic sustainability</li> <li>Improved long-term outcomes for vulnerable households, including better and more sustained employment, improved educational standards, and improved quality of life</li> <li>Stronger communities as a result of locally-developed opportunities</li> </ul>
Rationale?	<ul style="list-style-type: none"> <li>Poor diet or inadequate access to food is associated with increased risk of chronic disease including coronary heart disease (CHD), stroke, type 2 diabetes and certain cancers. It results in increased falls and fractures in older people</li> <li>It has been estimated that approximately 70,000 deaths could be avoided annually across the UK if the public consumed healthy diets</li> <li>Food poverty is associated with obesity, resulting from a diet low in fruit and vegetables and high in low-cost energy-dense foods</li> <li>Health and nutrition have long been known to have close links with overall educational attainment. Better nourished children often perform significantly better in school</li> <li>Finally, limited but growing evidence supports the link between poor diets and anti-social behaviour. Improved nutrition has been linked with fewer incidents of violence and other serious incidents</li> </ul>

# IMPROVING SOCIAL MOBILITY

Why?	<ul style="list-style-type: none"> <li>• To reduce health, wellbeing, economic and social inequalities, leading to reduced levels of statutory intervention, increased economic prosperity, and improved quality of life for all residents</li> </ul>
What?	<ul style="list-style-type: none"> <li>• Coordination of system-wide interventions that directly lead to positive outcomes including:             <ul style="list-style-type: none"> <li>- Boosting incomes and reducing household costs</li> <li>- Improving early literacy and education standards, and raising skills</li> <li>- Strengthening families and communities</li> <li>- Delivering an effective benefit system</li> <li>- Promoting long term economic growth benefitting everyone</li> </ul> </li> </ul>
How?	<ul style="list-style-type: none"> <li>• Development and delivery of a social mobility strategy and action plan, which complements, supports and builds upon local equivalents and locally provided opportunities</li> <li>• Close liaison with all council services to ensure they are adapted to support people who are socially immobile</li> <li>• Develop, with relevant local partners, place-based projects and opportunities that best meet the needs of local people</li> </ul>
Outcomes?	<ul style="list-style-type: none"> <li>• Improved long-term outcomes for vulnerable households, including better and more sustained employment, improved educational standards, and improved quality of life</li> <li>• Stronger communities as a result of locally-developed opportunities</li> </ul>
Rationale?	<ul style="list-style-type: none"> <li>• There has been an average increase in new Universal Credit claimants of 138%, with 2,584 more people claiming universal credit since March 2020. This is expected to increase when the furlough scheme ends. In Cambridgeshire and Peterborough there are 117,700 people on furlough or on self-employment support.</li> <li>• Cost of child poverty to local authorities in Cambridgeshire and Peterborough (reflecting extra expenditure and lost income) is estimated at £303m</li> <li>• £1 in every £5 of all spending on public services is needed because of the impact and cost poverty has on peoples' lives</li> <li>• Impacts of poverty on children include poor physical and mental health, underachievement at school, employment difficulties later in life, social deprivation and bullying</li> </ul>

# IMPLEMENTING PLACE-BASED COMMISSIONING

Why?	<ul style="list-style-type: none"> <li>• To prevent and delay the need for statutory interventions from public services by delivering services, internal or via other providers, at the most appropriate local level that address need, embrace opportunity for collaboration, achieve best value, and maximise positive outcomes</li> </ul>
What?	<ul style="list-style-type: none"> <li>• Build an in-depth, practical knowledge of every place and community, their issues, needs, challenges and opportunities, their assets and potential, and the ways in which we can collectively improve outcomes</li> <li>• Using this knowledge, commission services at the most appropriate geographical level</li> <li>• Have an initial focus on high demand and high cost service areas, or on tackling outcomes that prevent communities from thriving</li> </ul>
How?	<ul style="list-style-type: none"> <li>• Development of hyper-local local profiles that present a comprehensive picture of local places, and that enable the ability to build local solutions</li> <li>• Work closely with existing services and commissioners to identify innovative ways to reimagine service design and delivery, based on profiles and local engagement</li> <li>• Develop the role of libraries as local commissioners, making the most of their accessibility, local profile, local knowledge and local connections</li> <li>• Have an initial focus on redesigned local commissioning arrangements for domiciliary care</li> <li>• Work with town and parish councils to seek support to develop local models of delivery</li> </ul>
Outcomes?	<ul style="list-style-type: none"> <li>• Services provided, either direct or via other providers, that are best suited to local need and circumstance, and that exploit the value of local community infrastructure and support</li> <li>• Improved outcomes for local people, via services and support provided to them at the most local level, reducing and delaying demand for statutory interventions as a consequence</li> </ul>
Rationale?	<ul style="list-style-type: none"> <li>• Place-based commissioning offers opportunities to ensure provision of services that best meet local, evidenced need, and that add significant qualitative value sitting alongside other forms of local, community-led support</li> <li>• An initial focus on provision of domiciliary care will see commissioners working with libraries to build a granular level of knowledge about communities, residents and local resources, and create local arrangements for new forms of provision as a result – e.g. social or micro enterprises</li> <li>• Over 3 years in Rural Somerset a focus on micro enterprises has supported 194 new enterprises to develop, created a peer support network of 164 micro-enterprises, and helped increase the uptake of direct payments by 43.6%. Between them these enterprises:             <ul style="list-style-type: none"> <li>• support 600 older people</li> <li>• create 180 local jobs</li> <li>• provide 23,500 hours of care or support a week</li> <li>• equivalent to nearly £20 million of annual expenditure</li> </ul> </li> </ul>