Agenda Item No: 6

Report title: Impact of COVID-19 on Residents and Communities

To:	Adults and Health Committee
Meeting Date:	24 June 2021
From:	Charlotte Black, Director of Adults and Safeguarding Val Thomas, Deputy Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Council's strategy and response to Coronavirus will have a significant impact on outcomes for individuals and communities.
Recommendation:	Note and comment on the strategy and approach to date in responding to the impact of Coronavirus on Cambridgeshire's residents and communities.

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1. Background

1.1 Over the past 15 months we have continued to respond to the Coronavirus pandemic, including a second wave of Coronavirus and a second lockdown.

1.2 The impact of the pandemic has affected all areas of life. The purpose of this paper is to provide the Adults and Health Committee with an overview of the impact on residents and communities across Cambridgeshire and the County Council and partner responses.

2. Main Issues

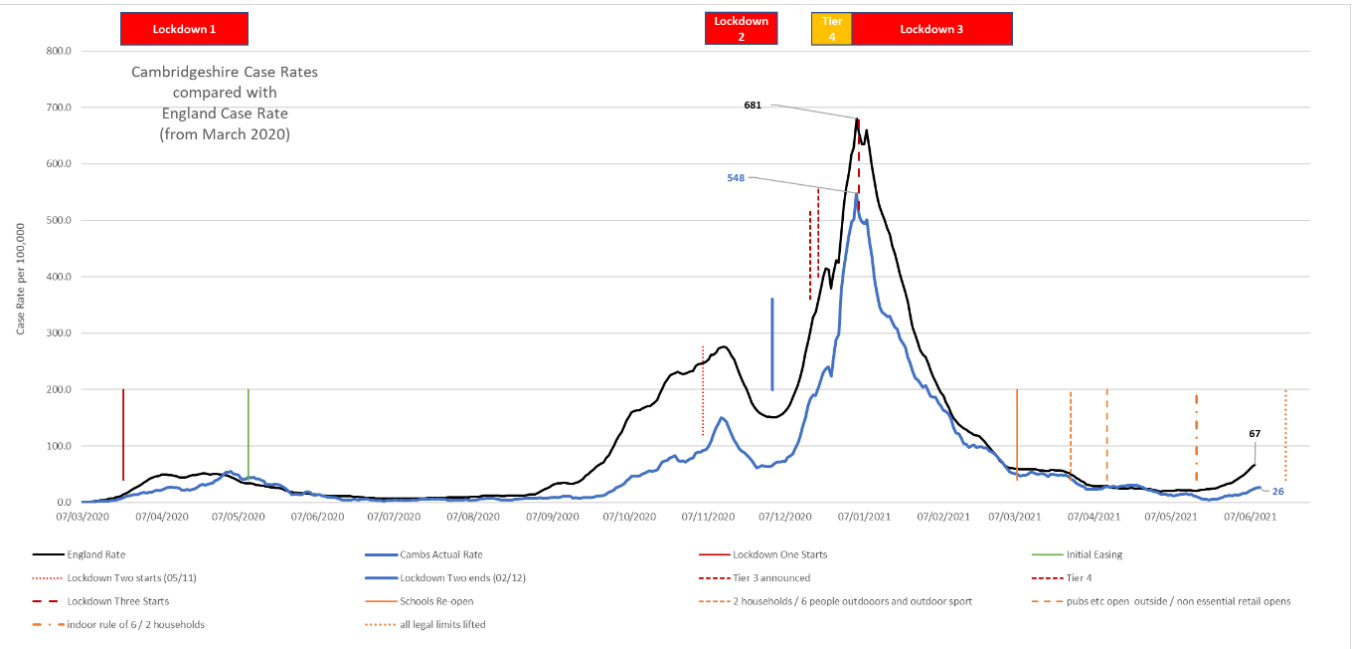
2.1 Coronavirus has impacted on the whole population with some specific impacts on different groups of people, some clear and obvious, some known to public services, and others more hidden. This aligns with the national context, which has seen Coronavirus take an extraordinary toll on the nation's health, with a disproportionate impact on the most disadvantaged groups.

COVID-19: Public Health Impacts in Cambridgeshire

2.2 The immediate impact of the pandemic in Cambridgeshire is demonstrated through case rates, mortality, hospitalisation and vaccination information.

Case rates

Figure 1: Case Rates per 100,000 population in Cambridgeshire compared with England (March 20-June 21)



Source: https://coronavirus.data.gov.uk/

In term of district impacts the following are the headline facts.

- Cambridgeshire's case rate peaked on 4th January 2021 at 548 per 100,000 compared with an England peak of 681 per 100,000 on the same day.

- Cambridge City district had the highest peak case rate at 595 per 100,000 and South Cambridgeshire the lowest at 507 per 100,000.

- The Cambridgeshire case rate at 9th June is 25 per 100,000 compared with an England rate of 67 per 100,000.

- Currently case rates in Cambridgeshire are increasing with a 7day doubling rate on average over the last 7 days.

The most recent rates for Cambridgeshire are shown below until the 10th of June 2021. Throughout May there had been a continued decrease in cases, however we started to see an increase recently which is being monitored carefully and the Outbreak Control Teams are working heard to take immediate steps to reduce the risk of transmission.

Table 1: COVID-19 Incidence and Positivity Data (all ages and 60+ age groups)

Incidence and Positivity data					
Area	Weekly Incidence (cases/100,000) & trend vs previous 7 days		7-day change in case rate (%)	Weekly incidence - 60+ years (cases per 100,000) & trend vs previous 7 days	
Data to date	10-Jun		10-Jun	10-Jun	
Cambridge	29.6	↑	85.0%	4.6	↓
East Cambridgeshire	15.6	↑	133.3%	8.5	↑
Fenland	25.5	↑	73.3%	10.1	↓
Huntingdonshire	23.0	↑	5.1%	4.3	↓
South Cambridgeshire	32.7	↑	333.3%	5.0	↓
Cambridgeshire	26.0	↑	84.8%	6.2	↓
EAST OF ENGLAND	33.5	↑	45.2%	7.5	↑
ENGLAND	69.9	↑	57.5%	12.6	↑
NOTE: Provisional adjusted weekly incidence rates are subject to change with the inclusion of additional cases on subsequent days. Figures are rounded to nearest whole number to account for possible minor discrepancies with national data.					

Source: https://coronavirus.data.gov.uk/

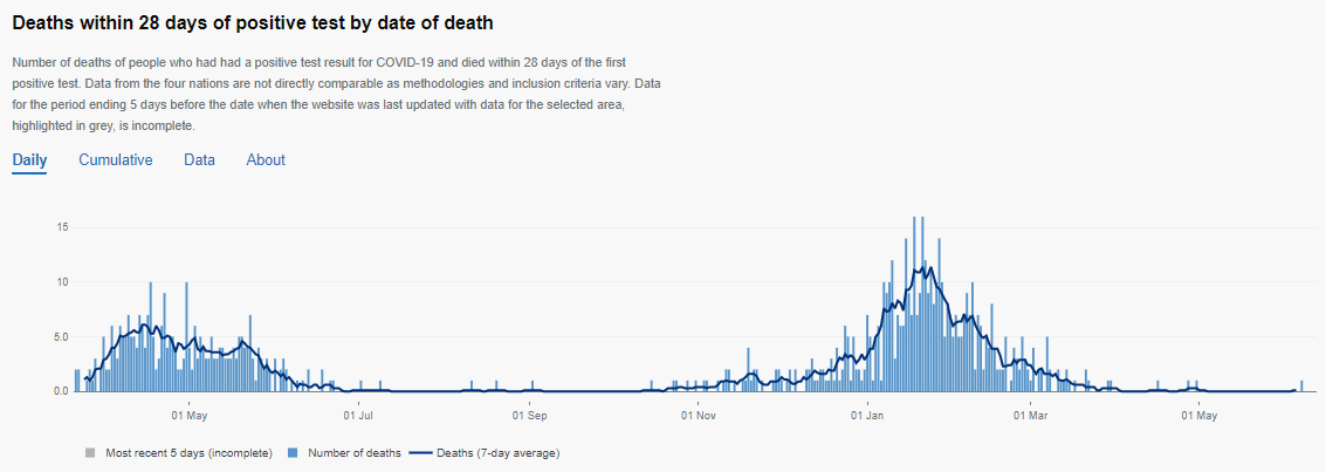
2.4 Deaths (Mortality rates)

Public Health England (PHE) data shows that there have been 802 deaths from Covid-19 (deaths within 28 days of a positive case) amongst Cambridgeshire residents. This is a rate of 122.7 per 100,000 population. For comparison, the East of England cumulative Covid-19

mortality rate for deaths within 28 days of a positive test is 215.6 per 100,000 population and the England rate is 199.9 per 100,000 (Data up to 14 June 2021).

PHE data also reports that 983 deaths amongst Cambridgeshire residents have been reported with Covid-19 on the death certificate. This is a rate of 150.4 per 100,000 population. For comparison, the East of England cumulative Covid-19 mortality rate for deaths with Covid-19 on the death certificate is 243.3 per 100,000 residents and the England rate is 231.5 per 100,000 (Data from March up to 14 June 2021).

Figure 2: Deaths within 28 days of having a positive COVID-19 test



Source: https://coronavirus.data.gov.uk/

Cambridgeshire, and each of the Cambridgeshire districts were statistically significantly lower or statistically similar to the England average for the rate (DASR) of all-cause deaths and the rate (DASR) of Covid-19 related deaths for the 13 month period March 2020-March 2021, for persons, males, and females.

Table 2: Numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from all-causes, people, registered March 2020 – March 2021 (13 months)

Cause of Death	Area	13 month total (March 2020 to March 2021)											
		Persons				Male				Female			
		Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
All Causes	Cambridge	902	855.3	798.8	911.9	445	998.1	904.7	1,091.4	457	745.4	674.8	816.0
	East Cambridgeshire	922	879.3	822.4	936.1	467	1,052.0	954.6	1,149.3	455	752.1	682.2	821.9
	Fenland	1,475	1,103.5	1,046.9	1,160.2	762	1,329.1	1,233.7	1,424.6	713	921.6	852.6	990.7
	Huntingdonshire	1,852	922.1	880.0	964.1	928	1,059.9	990.3	1,129.6	924	805.7	753.5	857.8
	South Cambridgeshire	1,488	812.1	770.8	853.5	748	963.6	893.6	1,033.6	740	695.9	645.3	746.6
	Cambridgeshire	6,639	909.2	887.3	931.1	3,350	1,071.2	1,034.5	1,108.0	3,289	780.5	753.5	807.5
	Peterborough	1,962	1,105.0	1,055.8	1,154.2	1,019	1,333.5	1,249.5	1,417.6	943	933.4	873.2	993.5
	EAST	**74,064**	**1,027.2**	**1,019.7**	**1,034.6**	**37,273**	**1,207.3**	**1,195.0**	**1,219.7**	**36,791**	**879.2**	**870.1**	**888.3**
	ENGLAND	**645,767**	**1,082.5**	**1,079.8**	**1,085.1**	**328,504**	**1,278.2**	**1,273.8**	**1,282.6**	**317,263**	**921.5**	**918.3**	**924.7**

Table 3 indicates the numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from Covid-19 that were registered between March 2020 – March 2021 (13 months)

Table 3: Numbers of deaths and directly age-standardised rates (DASR) per 100,000 for deaths from Covid-19 registered March 2020 – March 2021 (13 months)

Cause of Death	Area	13 month total (March 2020 to March 2021)											
		Persons				Male				Female			
		Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
Covid-19	Cambridge	119	111.6	91.3	132.0	59	134.7	102.4	173.9	60	92.0	69.4	119.4
	East Cambridgeshire	96	90.8	73.6	111.0	56	125.7	94.3	164.0	40	65.4	46.5	89.3
	Fenland	210	155.3	134.2	176.4	114	199.9	162.8	236.9	96	122.1	98.5	149.6
	Huntingdonshire	245	122.3	106.9	137.6	136	160.6	133.0	188.3	109	94.7	76.9	112.6
	South Cambridgeshire	176	95.2	81.1	109.2	89	116.1	93.0	143.3	87	79.3	63.4	98.0
	Cambridgeshire	846	115.4	107.6	123.1	454	147.0	133.3	160.7	392	91.3	82.2	100.5
	Peterborough	314	177.0	157.4	196.7	169	222.7	188.4	257.0	145	141.6	118.4	164.9
	EAST	**13,450**	**185.6**	**182.5**	**188.8**	**7,324**	**238.2**	**232.7**	**243.8**	**6,126**	**145.4**	**141.7**	**149.1**
	ENGLAND	**115,840**	**193.9**	**192.8**	**195.0**	**63,211**	**248.7**	**246.7**	**250.6**	**52,629**	**151.6**	**150.3**	**152.9**

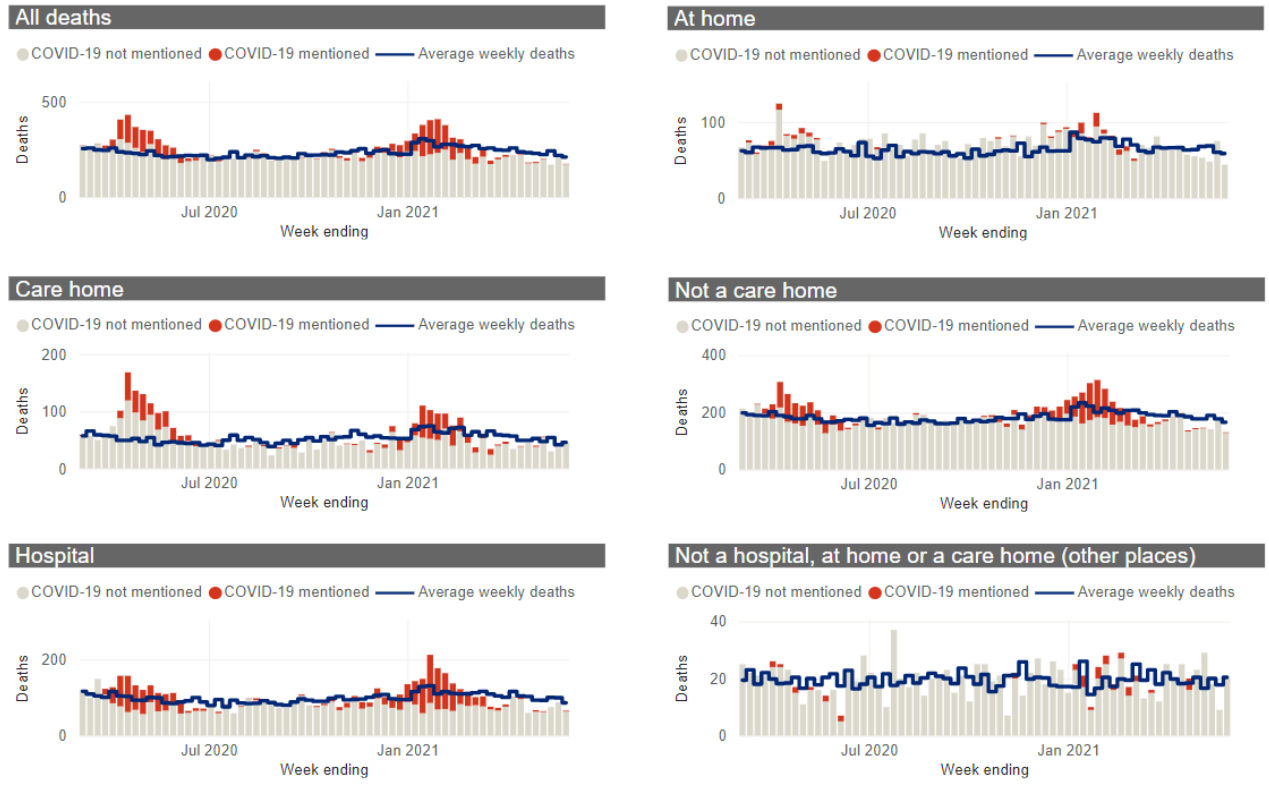
Statistically significantly higher than the England average
Statistically similar to the England average
Statistically significantly lower than the England average

Source: Deaths in Cambridgeshire data.gov.uk

Excess mortality or deaths is term used to refer to the number of deaths from all causes during a crisis above and beyond what we would have expected in normal conditions.

The excess mortality charts below show that there have been two predominant peaks to date, where the number of weekly deaths in Cambridgeshire exceeded the average weekly deaths (the 5-year average).These are approximately April 2020-June 2020 and December 2020- March 2021. Data shows that these peaks are largely due to Covid-19 related deaths.
Care homes had increased numbers of excess deaths in the Apr-June 2020 peak compared to the second peak, Dec 2020 - Mar 2021.

Figure 3: Excess deaths by place of death - Cambridgeshire

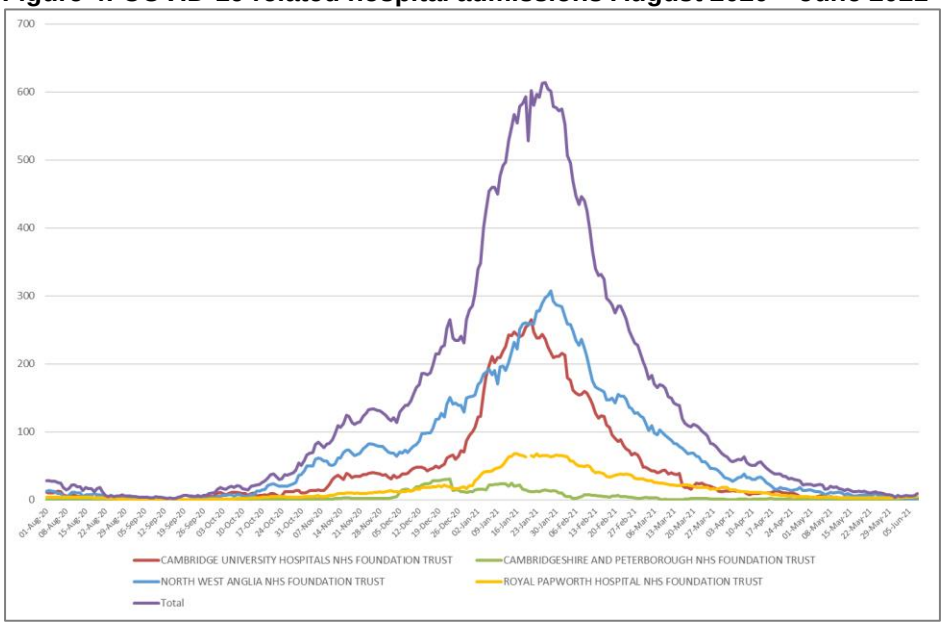


Source: Deaths registered weekly in England and Wales, provisional, ONS

2.5 Hospitalisations

Since the vaccination programme commenced there has been fall in the number of COVID-19 hospital admissions with in-hospital patient numbers reduced from observed highs of late January to very low levels in the most recent weeks.

Figure 4: COVID-19 related hospital admissions August 2020 – June 2021



Source: NHS Digital, https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/

The following are the key points relating to hospital admissions for COVID-19 over the course of the pandemic.

- Hospitalisations at Cambridgeshire trusts peaked on the 26th January 2021 with 614 covid-19 patients occupying a hospital bed.
- CUHFT reached a peak of 265 patients on the 21st January, with the peak at NWAFT following soon after on the 28th January with a total of 308 covid-19 patients in a hospital bed.
- During the first wave the number of covid-19 patients in hospital peaked at 299 on the 19th April 2020.

2.6 Vaccinations

Figure 5 shows the percentage of Cambridgeshire residents that have had at least one dose of their vaccine as at 6th June 2021, which is above the national figure.

Figure 5: Percentage of Cambridgeshire residents who have received their first vaccination at June 6th 2021

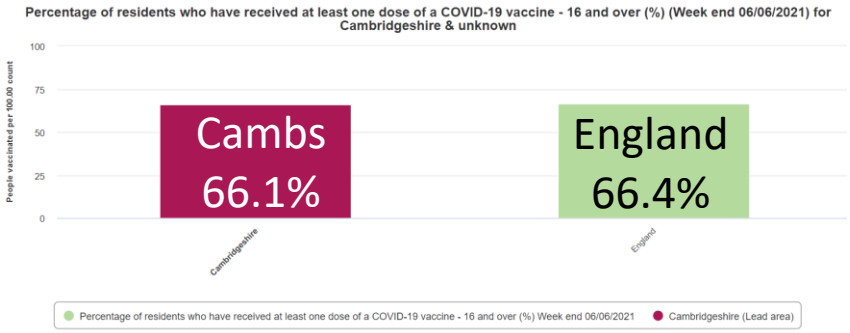
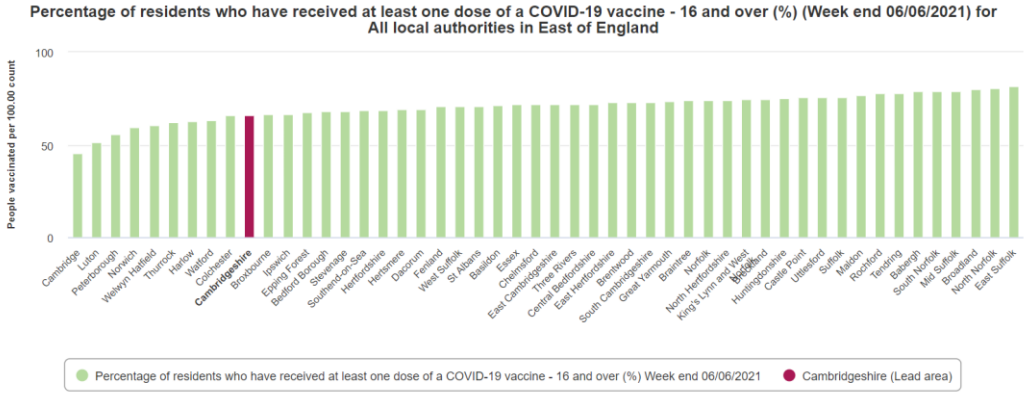


Figure 6 compares those who have had at least one dose of the vaccine in Cambridgeshire with other local authorities in the East of England which indicates that Cambridgeshire has lower rates many other authorities with Cambridge City having the lowest rate in the East of England.

Figure 6 : Percentage of residents aged over 16 years of age who have received at least one dose of vaccine as at 6th June 2021



In terms of those residents who have had their second vaccination the Cambridgeshire figure is around the same as England's.

Figure 6: Percentage of Cambridgeshire residents who have received two doses of the vaccine as at June 6th, 2021

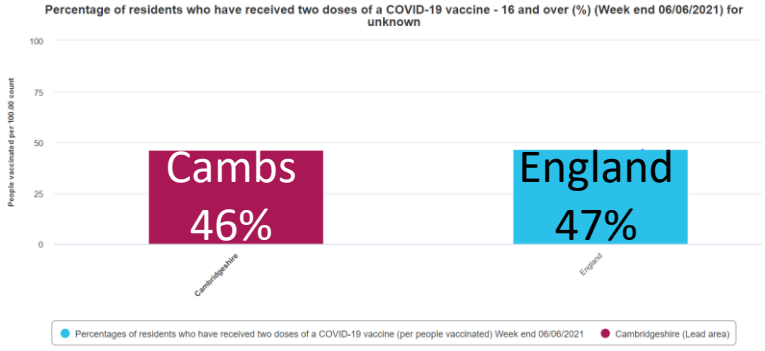
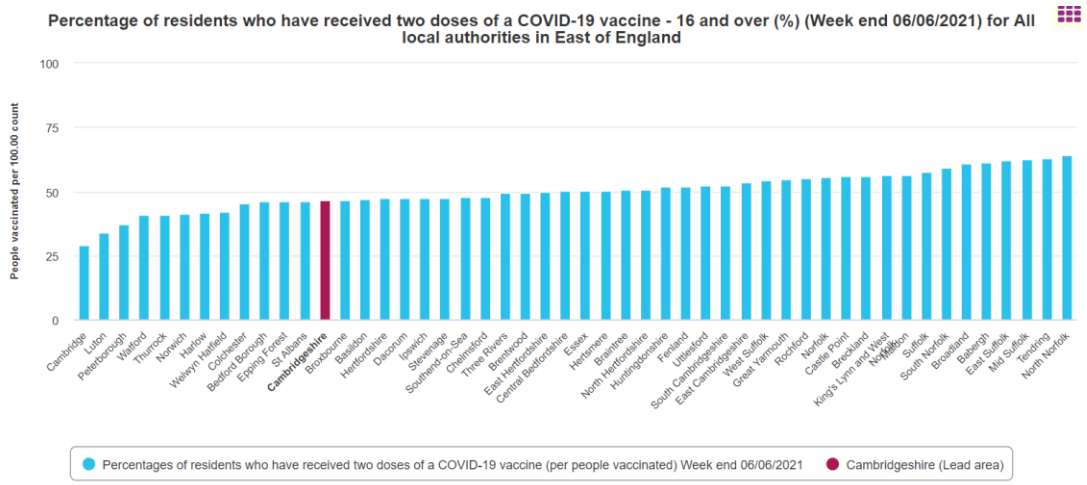


Figure 7 compares the Cambridge rate for the second dose of vaccine with that of other local authorities in the East of England, which is similar to the situation for the first dose.

Figure 7 : Percentage of residents aged over 16 years of age who have received two doses of vaccine as at 6th June 2021



Source: All vaccination data from LG Inform

2.7 Impact on Health Services

The effect of COVID-19 on health services and especially hospital services has been well documented, and the impacts are ongoing.
The following information which has been provided by the Clinical Commissioning Group highlights some of impacts on local services up until the end of March and April 2021.

Figure 8: Acute Hospital Activity until the 18th March 2021

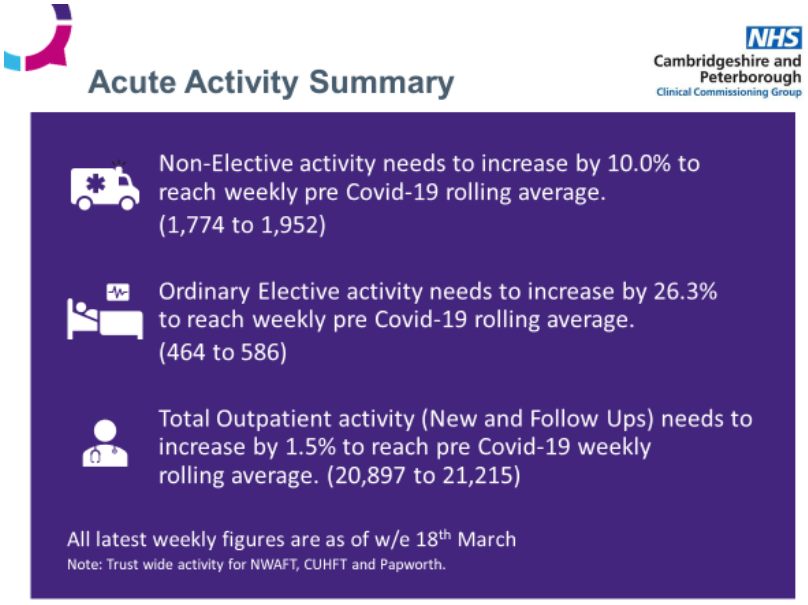


Figure 9: Waiting lists for treatment until the 19 April 2021

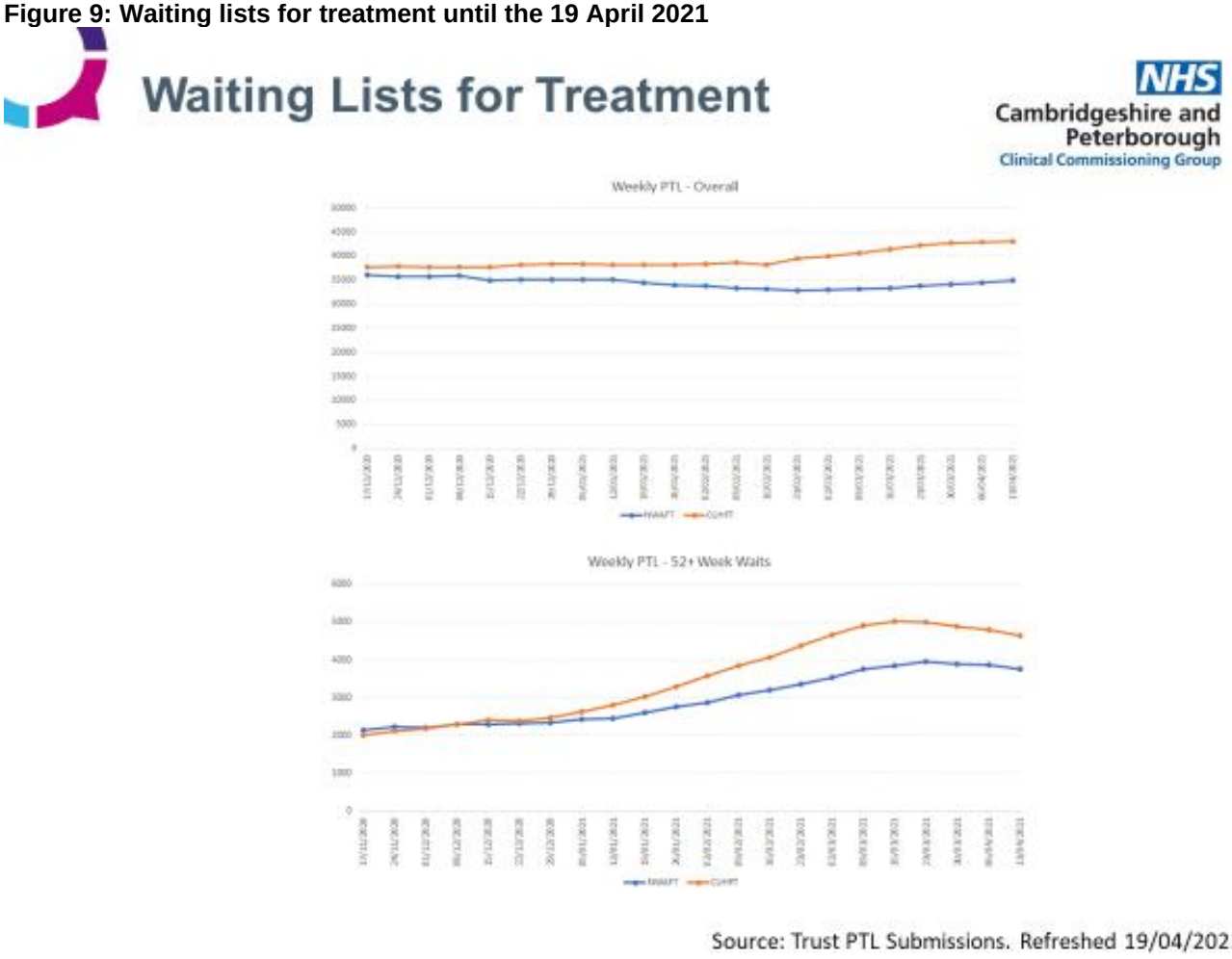
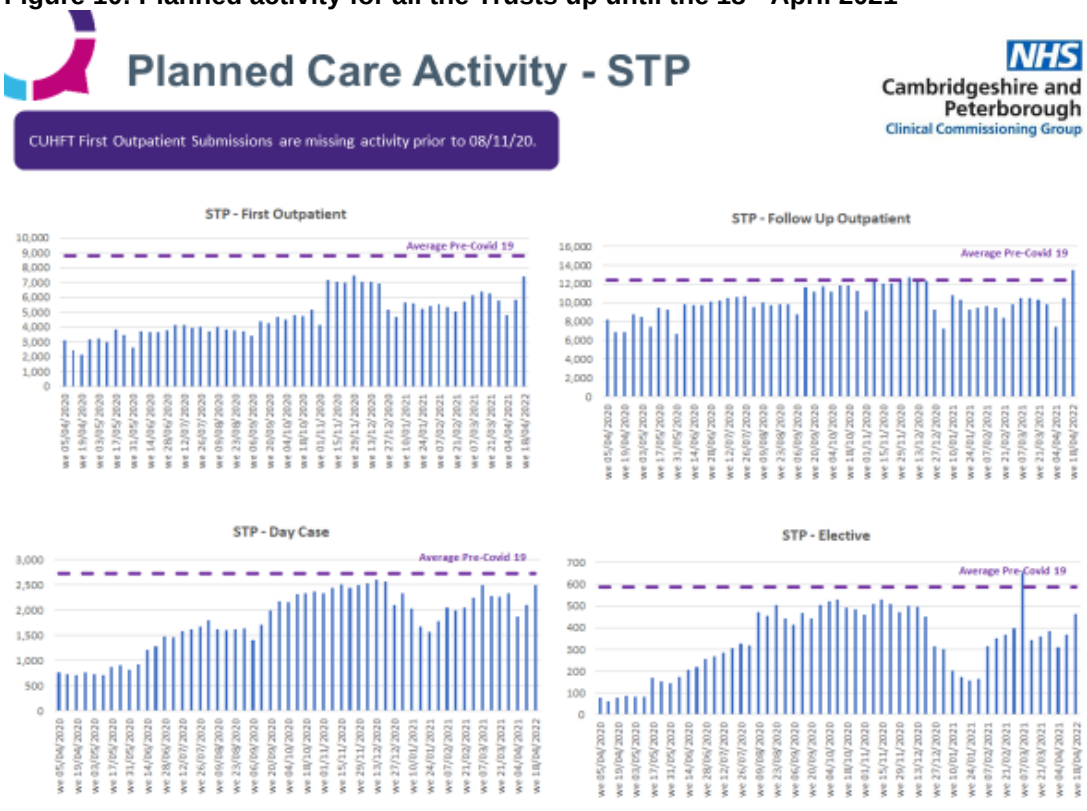


Figure 10: Planned activity for all the Trusts up until the 18th April 2021



It is clear from these examples how health services have been impacted upon by the pandemic and especially during the periods when there have increased rates of COVID-19

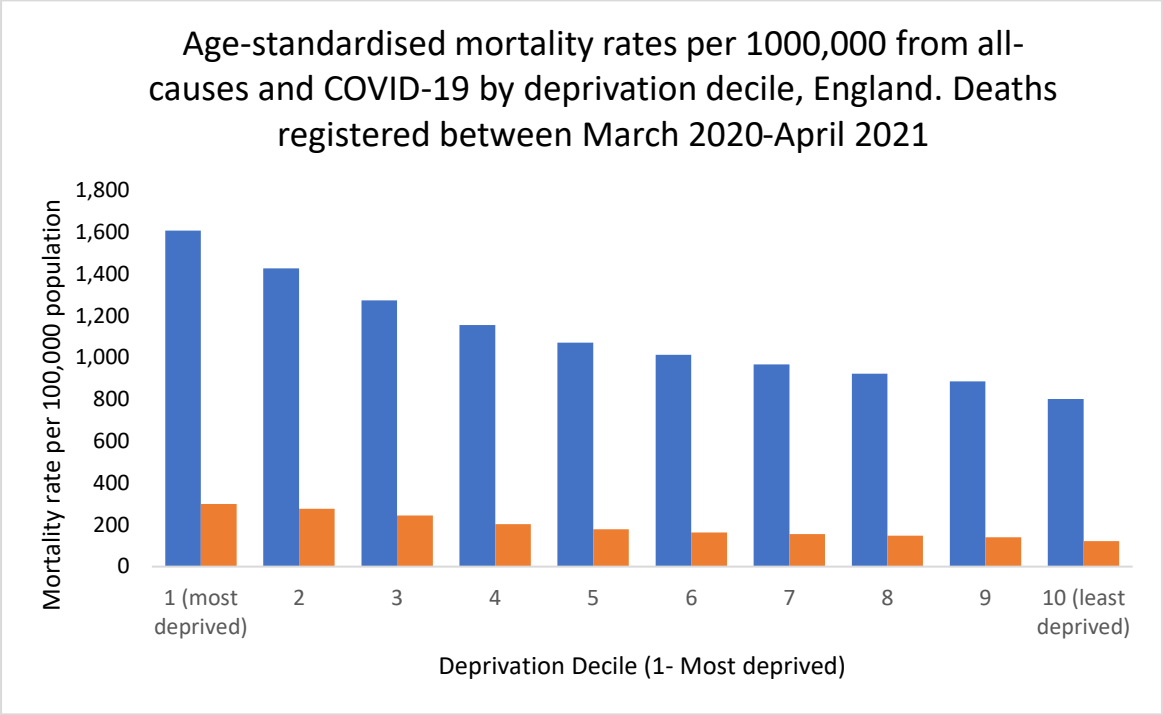
COVID-19 impact upon Health Outcomes

2.8 Work was undertaken by Business Intelligence in the summer of 2020 to identify the impacts of health upon health and wellbeing outcomes. Then in October 2020 the Public Health and Prevention sub- group of the Local Resilience Forum (LRF) Recovery Group identified produced a strategic overview of the public health implications for Cambridgeshire across all sectors.

However, the full impact of coronavirus on health outcomes is not yet fully understood and evidence continues to emerge. National and local analysis to date indicates that health outcomes have been negatively affected but there is only limited local data for some indicators due to interruption of data collection during the pandemic. However current intelligence has highlighted the need to focus on prevention, assessing the population health impact of the pandemic and key public health priorities going forward. Reviews of commissioned services in February and March 2021 have provided further insight into how coronavirus has and is continuing to impact upon health outcomes.

2.9 The coronavirus pandemic shone a harsh light on health inequalities and showed that deprivation is a major risk factor for getting severe illness and dying from the complications of the viral infection. The black and minority ethnic (BAME) populations also are at greater risk and while this is complicated by the co-existence of relative poverty, poor housing and occupational/environmental exposure there remains concerns about the impact of structural determinants.
Currently we do not have local rates of COVID-19 by deprivation but the figure below which describes the impact nationally on more deprived areas of COVID-19. As well as higher rates of deaths for all causes there is higher rate for COVID-19 amongst more deprived communities.

Figure 11 : Deaths (Mortality) rates by deprivation.



2.10 Local reviews of vaccination, immunisation and screening programmes found that childhood rates had not decreased, and equity remained unchanged. Although, as the pandemic has continued, childhood immunisations and vaccinations have been adversely affected. In other age groups, there were examples of serious reductions in uptake in all population age groups, but also by deprivation and ethnicity. Currently we do not have confirmed local rates for the pandemic period but reports from services indicate lower uptake during the pandemic and an intensive catch up programme has commenced.

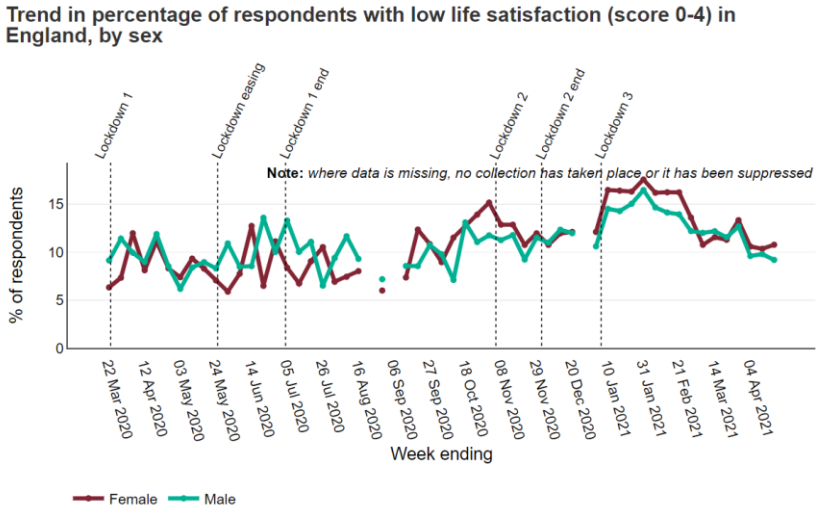
2.11 Coronavirus has also impacted upon screening programmes, as some programmes ceased during the lockdown period. As with vaccinations and immunisations, there were pre-existing inequalities, but the impact of the drop in screening is likely to emerge with delayed diagnoses in cancers such as bowel, breast and cervical cancer with some emerging new intelligence which highlights some cultural/ethnic disparities.

2.12 The health-related behaviours, physical activity, diet, and obesity, smoking and drugs/alcohol have changed unavoidably during the coronavirus period. As with other determinants, there are pre-existing inequalities. The pandemic has had an adverse impact on many of these risk factors with early trends in increasing physical activity in lockdown reducing over time potentially linked to the reduction in organised sport and recreational activity. This may be linked to more sedentary behaviours at home and snacking/drinking more alcohol than before. The National Childhood Measurement Programme, which is a good indicator of adult weight, was affected by school closures in March 2020. The published report found that obesity prevalence had increased in both reception and Year 6, with children living in more deprived areas being twice as likely to be obese than those living in less deprived areas. Survey information also suggests that alcohol intake has increased in those individuals who already drank at high levels but not amongst those who

consume little or no alcohol. There are some unexpected benefits with smoking rates and some drug behaviours showing some signs of improvement. Health related behaviours are captured through annual surveys; however, their coverage was limited during COVID-19 and data relating to these behaviours is not available or not robust. However, there is ongoing work nationally and locally to secure a better understanding of change and to model the likely impacts upon health outcomes.

2.13 The pandemic has had a serious impact on mental health, with the call to stay at home and social distance affecting mental wellbeing, such as increased loneliness and anxiety/depression. The chart below is taken from the Public Health England (PHE) Wider Impacts of COVID-19 on Health (WICH), which looks at the indirect impacts upon health through population surveys. The impact of lockdown is clearly seen, and low life satisfaction percentages are lower than at the start of the first lockdown in March 2020.

Figure 12: Percentage of respondents with low life satisfaction

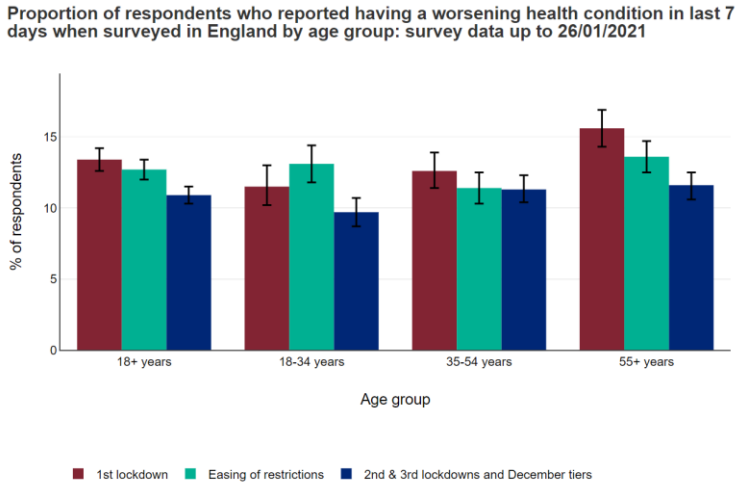


Source: PHE Wider Impacts of COVID-19-19 on Health (WICH) 2021

2.14 Associated with mental health are environmental considerations which have emerged as the risk in urban areas without easy access to green spaces and playgrounds. This is particularly difficult for families living in crowded and low-quality housing with poor internet accessibility, no garden and difficult access to play space/green spaces along with being challenging if requested to self-isolate.

2.15 The immense pressure on the NHS, its impacts are described above, during the pandemic has affected access to care for many with new or ongoing health conditions. The situation has improved nationally and locally, with wide ranging efforts to address the situation but there are residual challenges. The chart below is again from the PHE Wider Impacts of COVID-19 on Health (WICH), which looks at the indirect impacts and indicates how access to care has affected people's health.

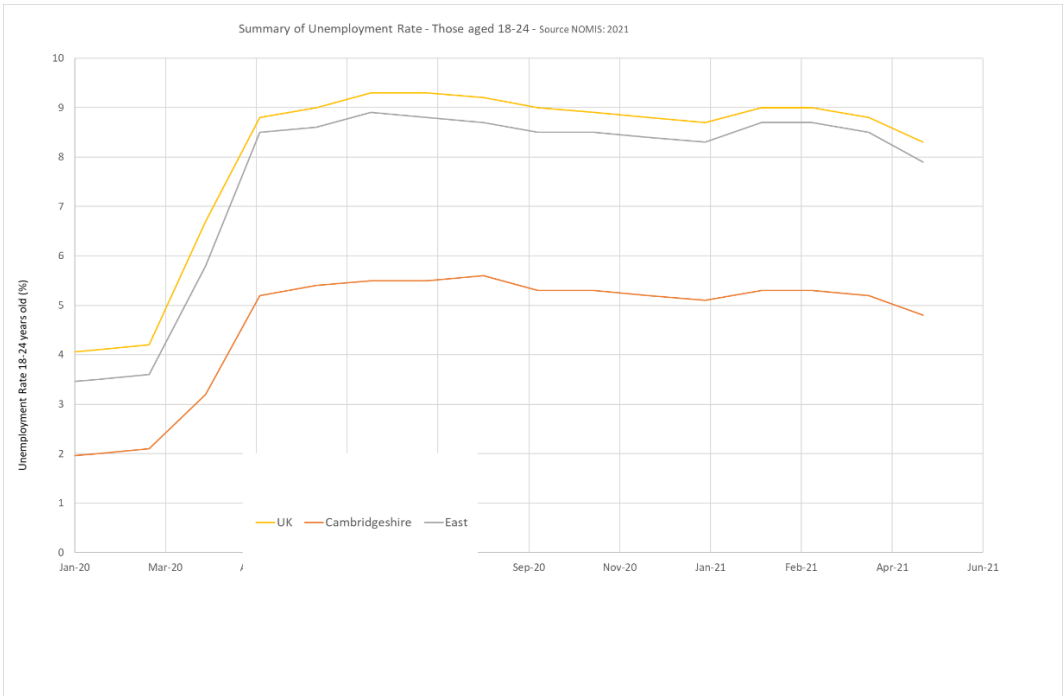
Figure13: Self-reported worsening health conditions



PHE Wider Impacts of COVID-19-19 on Health (WICH) 2021

2.16 The economic impact of the pandemic will be experienced for some time and most acutely amongst younger Prior to lockdown, youth unemployment had already been rising with over 700,000 people aged 16-24 not in education, employment or training nationally.

Figure 14: Unemployment rate Ages 18-24 January 2020 – June 2021



2.17 There have been positive impacts however especially with regard to the effects on communities and community cohesions with communities and the voluntary sector making

a very positive contribution to tackling the pandemic. This effort was along with the increased collaboration across all sectors.

At the start of the pandemic, Cambridgeshire County Council established a combined response with our District and City Council colleagues to support local community needs. The hub network provided neighbourhood-based leadership and coordination in the fight against Covid, to ensure communities were protected from harm, vulnerable residents were getting the help they needed, and our services were able to operate despite immense demand.

The role and function of the hubs has needed to evolve and adapt to the changing challenges of the pandemic - however, at their core has been the immense partnership effort that has ensured we have been able to reach more people more often with practical help and support. Notably, and beyond statutory partners, a huge array of voluntary sector partners has actively delivered support throughout, including help with food, essential supplies, befriending, practical household help, managing and distributing PPE supplies, marshalling at testing sites, and more recently supporting vaccination clinics. Parish and town councils have coordinated their own local activities, knowing best of all who might need support and how best to deliver it. Faith groups too have supported us with practical help as well as helping promote vaccine confidence. Behind all of these partners there have been thousands of volunteers - people already associated with agencies, people who signed up to be part of our local arrangements or the national NHS Responder scheme, and people who just came forward to offer their support because they wanted to help.

The focus of this effort on vulnerable adults or those at greatest risk of harm caused by the pandemic has helped ensure our NHS has been able to manage the demand it has faced and that our social care services can be sustained. This Committee would like to place on record its immense thanks to each and every one of them, as well as our wider network of partners, for this incredible effort. Committee is aware of the work now being driven forward through the Communities, Social Mobility, and Inclusion Committee to build further on this work as we begin to plan for and deliver our recovery programmes.

2.18 We are very much aware of the need to fully understand the impact of COVID-19 locally, national data provides a signal, but a more granular understanding is required. Consequently, a joint piece of work is being undertaken by CCC Public Health Intelligence and Business Intelligence along with the CCG Intelligence team to undertake "COVID-19: Review of emerging evidence of Needs and Impacts on Cambridgeshire & Peterborough". This will gather evidence of impacts of COVID 19 and emerging needs in Cambridgeshire and produce a living suite of evidence. It will include

- Direct health impacts of Covid-19
- Indirect health impacts of Covid-19
- Mental health impacts
- Prevention pathway impacts
- Social and educational impacts

- Economic impacts
- Environmental impacts
- Crime and Criminal Justice System impacts
- Impacts upon key vulnerable groups
- Incorporates views as to whether past impacts have been on need and/or demand

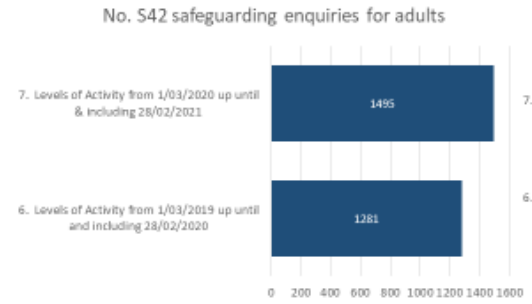
3.0 In Summer 2020, as part of Business Planning, Cambridgeshire County Council modelled the potential impacts on services from Coronavirus, which included the following assumptions:

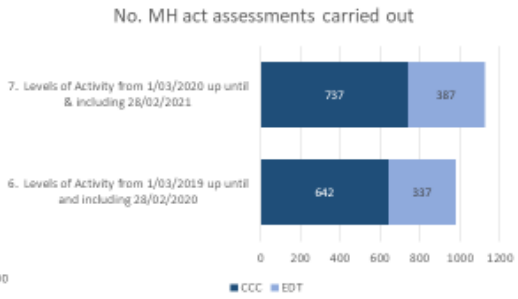
- Population decrease – high rates of deaths due to Coronavirus.
- People deconditioning – either because of illness or lockdown restricting the services they access, health and wellbeing worsens and social care needs rise as a result.
- Provider support – providers have increased costs because of infection control and staffing impacts.
- Fewer people in care homes – people don't want to go to care homes and need other forms of care, increasing the number of community clients.
- Carer breakdown – stress on carers because of lockdown and pandemic restrictions, increasing the risk of carer strain.

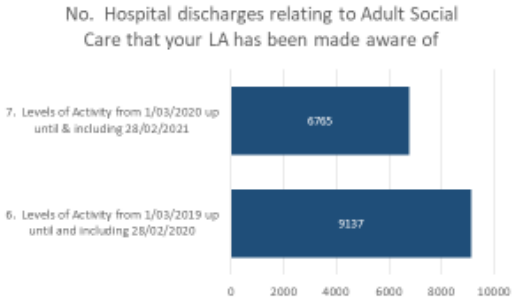
3.1 In practice we are seeing varying patterns of impact on service provision, which are hard to forecast and careful monitoring will be needed going forward. Current data across Adult Social Care services in Cambridgeshire highlights the following issues:

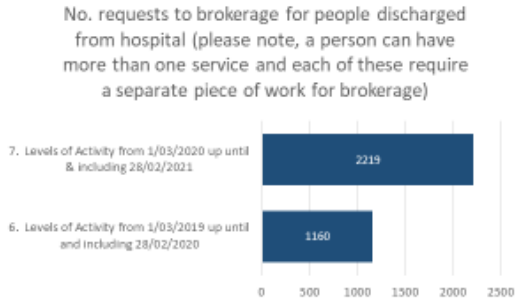
- Higher numbers of safeguarding enquiries
- Increased number of mental health act assessments
- Increased number of referrals from community settings for care and Reablement, with less referrals from hospitals
- Increase in the number of people contacting Adult Early Help
- Referrals we are receiving are often more complex, where needs are greater and require longer or more complex packages of care.
- Decreases in bed-based care, which is probably due to a combination of death rates, NHS paying for care through the 'discharge to assess' programme and people choosing to stay away from social care due to Coronavirus concerns.
- Increased demand for respite for carers, especially those caring for people with Learning Disabilities, and increased hospital admissions within this client group.
- Increased workforce and financial pressures on private adult social care providers, leading to increased costs of care.

CCC ADASS survey activity metrics









The recent ADASS activity survey highlighted the following over the covid period:

- An increased number of S42 enquiries
- An increased number of MH act assessments
- Fewer referrals to ASC from hospital
- Significantly higher levels of brokerage activity

Official -Sensitive

3.2 The demands and impacts of Coronavirus have affected Public Health activity in Cambridgeshire across all its functions and services.

- Worsening of health inequalities, with the rate of infection considerably higher in more deprived areas and BAME communities.
- Public Health Intelligence has focused upon Coronavirus surveillance as it has played a key role in the management of the pandemic. This has been at the expense of identifying health needs and trends in health and wellbeing in the population and a pause in the production of Joint Health Needs Assessments for example.
- Public Health commissioned services have a strong focus on primary and secondary prevention. Demand for these services has decreased, although different models of service delivery have evolved that have retained service users and attracted others.
- The pandemic has influenced health related behaviours, access to health and wellbeing services along with socio-economic factors that all have an impact on health, which will play out over time.
- Public Health strategy is essentially focused upon prevention and health inequalities. The Health and Well Being Strategy, alongside the Integrated Care System (ICS), is a key strategy for addressing these issues but both have been delayed by the pandemic.

3.3 Learning from the first and second waves of Coronavirus showed us that rates were unprecedented, unpredictable and exceeded the 'reasonable worst-case scenarios' modelled. National modelling undertaken in April 2021 (Imperial, Warwick, LSHTM) which looked at the impact of the steps of the Government 'Roadmap out of Lockdown' concluded the following:

- Step 2 is unlikely to put unsustainable pressure on NHS through increase hospital admissions or deaths
- Step 3/4 – all models showed that it is highly likely that there will be a further resurgence in cases, hospitalisations and deaths after the later stages of the roadmap, given the easing of restrictions prior to comprehensive vaccination roll out
- The scale, shape and timing of any resurgence remain highly uncertain
- Peak could occur in summer or late summer/autumn
- Seasonality could flatten resurgence but unlikely to prevent it
- Most scenarios modelled showed a smaller peak than January 2021, though pessimistic vaccine efficacy or limited transmission reduction after Step 4 show hospitalisations at a similar scale to January 2021
- Maintaining baseline measures to reduce transmission after Step 4 is key

The assumptions in the modelling are that it does not account for waning immunity or vaccine escape variants, along with high vaccine coverage in <50s (90%), 50-80-year olds (95%) and a slower vaccine roll out.

3.4 The implications for Cambridgeshire are:

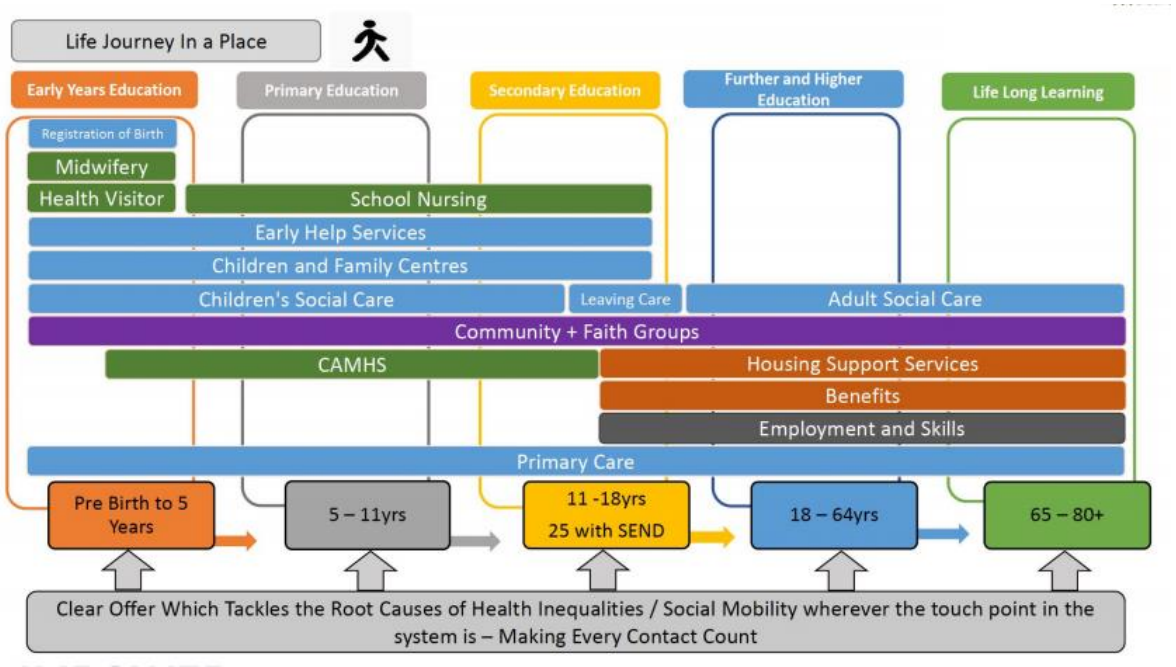
- Any plans need to consider the likely increase in cases and the potential increase in hospitalisations in the summer/autumn
- It is key to have good vaccine uptake in over 50-year olds to limit pressure in the winter

4.0 Strategy and Current Context

4.1 Whilst we have faced many challenges due to the pandemic, the Think Communities programme which is a programme we have developed jointly with partners to drive forward place based working, has thrived and developed in this time through the Community Hubs, prevention and early intervention model, giving us an even stronger platform to develop further from, recognising that:

- The system is complex and is sometimes impenetrable.
- We need to work together to make it simpler for residents and easier for communities to influence support and create opportunity relevant to their local needs
- Over the last 2 years the Cambridgeshire Local Partnership approach has been building momentum across local councils, the public sector, health, and the voluntary, community and faith sector
- Through the last few months, the experience of Coronavirus has shown us practically how we can work together more closely to put our residents at the centre of what we do

4.2 Think Communities is at the heart of our model and delivery going forward, building on the strengths in local communities to develop local place-based solutions to support local people throughout their life journey (see below diagram). It provides a platform for real change, putting people at the heart of everything we do.



4.3 The Life Journey approach sees local councils, public health, health, public services, the community and voluntary sector working together with people at the heart of the system. The focus being addressing the absolute root causes of inequality. The approach is to create the right conditions for people to take greater control and to make informed choices about their own future. To achieve this, our aspiration is that:

- Place teams exist – multi-disciplinary, multi-organisational, multi-age range
- Integrated approaches for the prevention of ill health that address the local determinants of health and lever resources to enable individuals and communities to take steps to prevent ill health and improve their health.
- Holistic assessments, triage and changing the conversation are applied across all services
- A whole-family, whole-person, whole-place approach is embedded
- Interdependencies across services are understood, and impacts of decisions are owned by the whole place team
- Barriers to improved social mobility are understood by all
- When intervention is needed, this leads to the right level of support being offered in the right setting at the right time
- Information is shared to ensure services are joined up meet the needs of local communities

- Community connectors and primary care based social prescribers are embedded into the place team to support community opportunities

4.4 Examples of this in practice, include:

- Place-based, multi-agency approach to early years support and opportunity through the Best Start in Life programme
- Transformational adult social care delivery, shifting the emphasis towards independence and strengths-based interventions, through the Adults Positive Challenge programme
- Finding new ways to commission a more person-centred, local domiciliary care service through place-based commissioning
- Using libraries as the shopfront for Technology Enabled Care

Persona 1: Family 1 – URBAN

Just About Managing (e.g. combination of benefits and low paid work)

Persona	Current Opportunities	Think Communities aspirations
2 parent family with three children aged 7/9/11		• Family units are identified, and needs understood – making the most of data. Holistic assessment is undertaken consent is gained for combined response
Living in social housing recently fallen in to rent arrears Family are experiencing ASB within their community, there is a regular fly-tip at the back of their home.	Working with housing officer to reduce arrears with a repayment agreement to avoid eviction Silo support for ASB / Fly-tipping issues via District council and Police	• Social landlord makes supportive contact at first missed rent payment episode. Housing/LA/CAB to support with debt management, income maximisation. As a result of assessment warm handover to DWP is arranged to investigate employment prospects. • Data sharing arrangements are robust but sensitive to the purpose, enabling offers of support to be effective and sustainable • Social landlord worker remains in contact with family as lead worker creating a 'two-way' conversation with the family and services, so family feel 'ownership' of their property and have the autonomy to work with the offers • improved local support mechanisms for ASB / fly-tipping
• Father employed on 0 hours contract • Father's hours have been significantly reduced over the past 12 months (normal hours 40 +overtime, now averaging 20 hours) • Mother currently not working • 11 year old has struggled at school with behaviour, has disengaged and is at risk of exploitation. • In receipt of UC • Delay in changes in benefit due to fluctuation in salary • During lockdown, children have been at home, which has led to increased fuel and food bills • Mother has a history of mental health illness	• DWP – additional support with benefits • DWP/Libraries - provide support with training and employability • DWP - Continue to supply documents to ensure they are receiving the payments • CAB – support with rent arrears and budgeting • DWP - Continue to supply documents to ensure they are receiving the payments • CCC and District– Winter Support Grant – fuel voucher and emergency food parcel • CAB – budgeting advice • GP involvement • Social Prescribing – health and wellbeing • Community support groups to receive peer support	• DWP offer a range of support to help Father negotiating better arrangements with his current employer, the opportunity to re-train, up skill and to seek alternative employment. • Mum attended the DWP session with Father at the local library, While she was there the DWP worker suggested that she have a look at the volunteering opportunities board, Mum struggles with anxiety, but because all the library staff are trained in Mental Health First aid the conversation was positive and mum started volunteering at the local community centre play group. • Due to the great relationships with the Local Authority and businesses, conditions of employment have generally remained more favourable than in the rest of the country. • As part of the new Local Place Team meeting the Social landlord worker discussed support for 11 year old son who is struggling in school, parents are also struggling with boundaries– the placed based Early Help Worker made an appointment to see Mum at the community centre café after her volunteering and gave information about local Youth Groups and Parenting Courses. Mum gave information about local issues in the area which was passed back to CSP, as a result of the intel and data the place team PES and Youth Offending workers met with the local resident's association and groups to put in to place a joint action plan to quickly address the fly tipping, ASB and reporting around local gang issues.
During lockdown, children have been at home, which has led to increased fuel and food bills In receipt of FSM and children normally attend breakfast club.	CCC and District– Winter Support Grant – fuel voucher and emergency food parcel CAB – budgeting advice Food vouchers provided (incl. half-term)	• DWP automatically share information with Education to ensure that the family are getting the right support via Free School Meals. The family visit the local gardening project on occasion as a family activity, in exchange for working on the allotments they get to take away a box of fresh veg. This really seems to have helped with Mums mental health and the children's health and wellbeing.
Family only own 1 laptop – this is really impacting on home schooling. They also regularly run out of data and end up overspending on 4G which is more expensive.	School – support with laptops and digital inclusion	• Cambridgeshire Digital Partnership is set up as the gateway for digital inclusion solutions school makes a referral and family can received an additional laptop as well as support to get them on to a cheap unlimited internet contract. The family picked up their laptop from the same library where mum and dad went for DWP appointment. They also were shown how to go on cambridgeshire insight and found that free wifi was going to be available in their area soon. The library said when this happens just to pop back in and they would show them how to sign up.

4.5 We have been developing Public Health services and aligned them to the Primary Care Networks, which has led to the development of collaborative prevention work. Public Health is working with the North and South Alliance and linked in with the development of the emerging priorities along with sitting on a number of Integrated Neighbourhood Boards.

4.6 In support of local place based delivery, the publication of the White Paper 'Integration and innovation: working together to improve health and social care for all' (11 Feb 2021) sets out the importance of place as being key for effective join up of care and support, via the implementation of Integrated Care Systems (ICS). The White Paper echoes our local approach, with a focus on integration, place and prevention. The development of the ICS for Cambridgeshire and Peterborough presents us with an immediate opportunity to work differently with our wider system health colleagues to develop integrated services focused on local communities.

NHS

Cambridgeshire and Peterborough
Sustainability and Transformation Partnership

Where are we going: We have developed a consistent operating model to provide high quality integrated services, delivered as closely to residents as possible

We recognise one of critical success factors to continue to provide safe, joined-up care and improve population outcomes is a consistent operating model. We have already established architecture at system, place, and neighbourhood, built on the principle of subsidiarity.

Integrated Care Systems

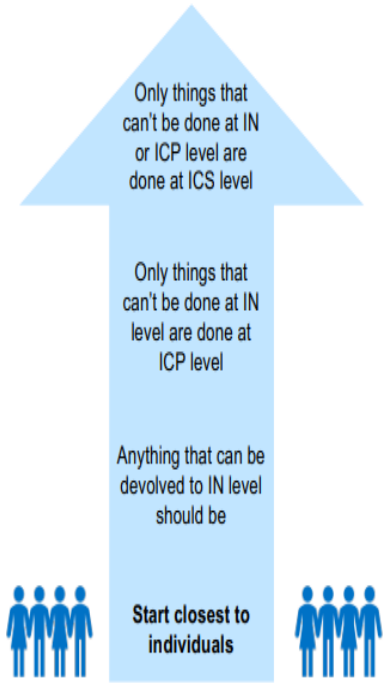
- The ICS will take a bird's eye view of challenges and health and social care needs across C&P. It will determine distribution of financial and other resources to meet those needs.
- The C&P CCG will transition to deliver an ICS strategic commissioning function, with devolution of relevant functions to the ICPs and other provider collaboratives. The ICS SC will commission some specialised services and agree outcomes for each ICP.

Integrated Care Partnerships

- ICPs are partnerships at the place-level, serving populations of approximately 500,000 people, that works to address wider determinants of health to improve health outcomes.
- Two Integrated Care partnerships will be developed in C&P, building on the work of the North and South Alliances. Additional provider collaboratives for CYP and MH will also be developed.

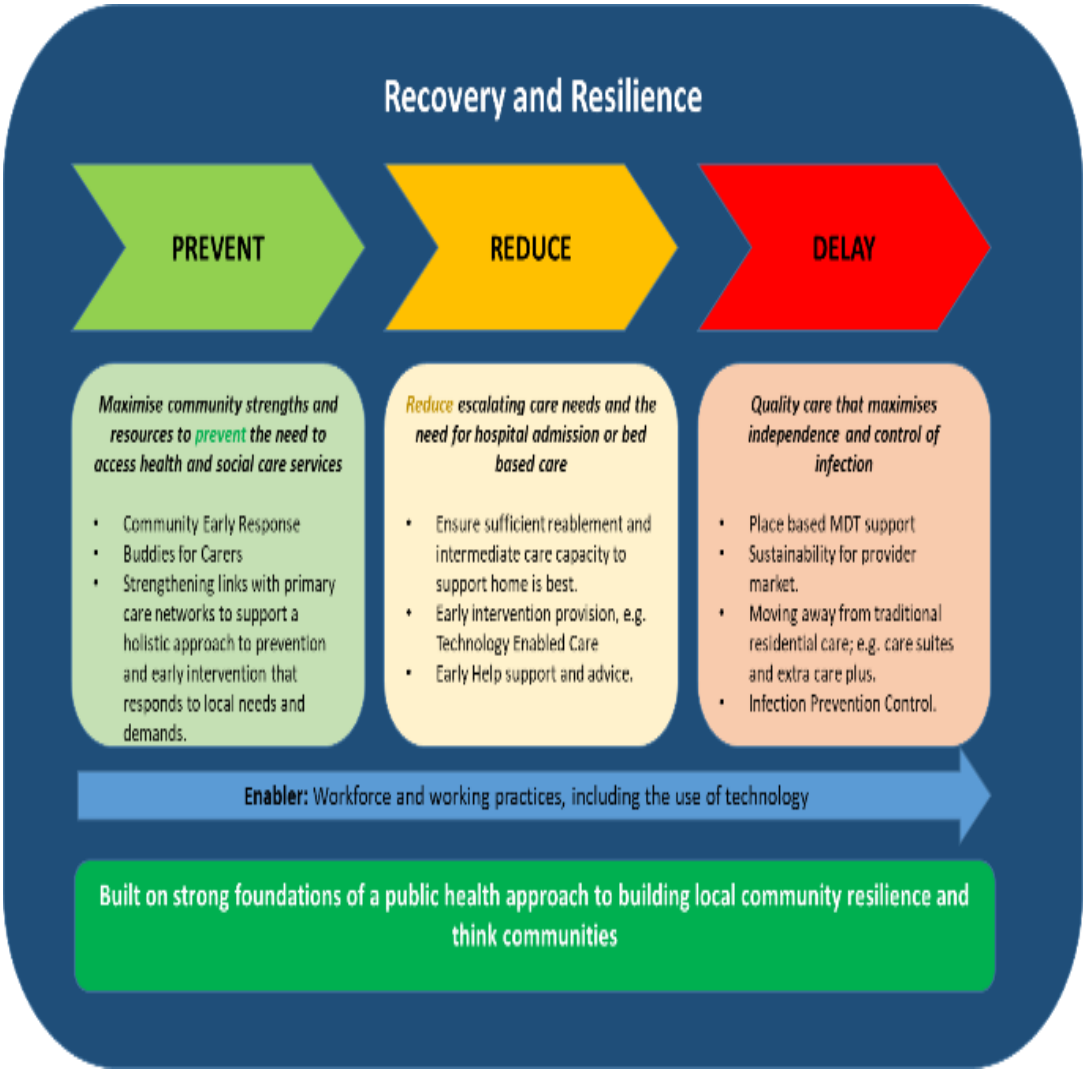
Integrated Neighbourhoods

- With GPs at the core, INs serve populations of 30,000 – 50,000. They will be enabled by new contracts, which support delivery of primary care at neighbourhood level.
- The 21 PCNs in C&P will mature to be INs, building partnerships to integrate all health and care services within their communities.



5.0 **Adult Social Care Approach and response to Coronavirus**

5.1 Our approach for adult social care is outlined as a 'prevent-reduce-delay model', as can be seen in the below diagram.



5.2 Whilst this approach is still relevant, Adult Social Care functions and the Adults Positive Challenge Programme (APCP) are increasingly linked into the Think Communities Programme of work, developing and sharing joint delivery plans in key areas. Prior to the pandemic, APCP was in the final year of a transformation programme, focusing on demand management through strengths-based practice. However, Coronavirus significantly impacted delivery of the programme, leading to the extension of the programme for a further year in 2021/22. APCP provides a useful platform regarding our approach going forward.

5.3 Moving forward, the below table provides an overview of the key areas of focus for APCP over the next 12 months, which are also reflected in the Council's business plan:

Workstream	Description
Changing the Conversation	Continue to focus on having the right conversations at the right time, widening the scope to partners and providers with a specific focus on Mental Health and Learning Disabilities. Team Manager audits and periodic impact logs will support tracking of these practice changes over time to understand the outcomes delivered. The focus of the work stream in 2021/22 will be on working with our partners, such as occupational therapists, place-based co-ordinators and social care providers, to widen the number of strengths-based conversations taking place.
Carers	During the pandemic we have been aware that carers were often under extreme pressure. The carers workstream was active throughout, building links with the community hubs and the Cambridgeshire Local programme to identify and support carers. This resulted in proactive support being offered to a significant number of carers over the course of the year, supported by redeployed staff. For 2021/22, a joint delivery plan has been developed with Cambridgeshire Local to co-ordinate the support for carers across adult social care, health, the voluntary sector and communities. The delivery plan has a range of shared actions under four outcomes: • Reduced levels of carer breakdown • Maximise the effectiveness of commissioned services to support carers • Carers feeling and being more linked to local support and opportunities • To enable the cared for person to remain in their family / community.
Technology Enabled Care (TEC)	Throughout the pandemic the TEC first approach has continued to be the default. The Council has also focused on building up the Lifeline provision through direct delivery of a Lifeline service. TEC 'huddles' continue as a means of keeping practitioners up to date with new TEC, which is constantly emerging. The pandemic emphasised more than ever, the need for digital resilience to go hand in hand with TEC. For 2021/22, a joint TEC and digital resilience plan has been developed with Cambridgeshire Local, incorporating a range of shared actions around the following four outcomes:

	• Focus on prevention and early intervention opportunities • Development of a consistent TEC model and build on best practice • Link with the existing digital resilience offer • Establishing a place-based pilot in Fenland in collaboration with the North Alliance
Independence and Wellbeing	This workstream was particularly challenged during the pandemic due to the reduction in referrals from hospitals and the need to reconfigure the Reablement service to be Coronavirus safe. However, this has been an opportunity to increase the number of referrals from the community into the service and this has enabled more people to be supported through this route throughout the past year. The focus for 2021/22 will be fully realising the benefits of the Total Mobile solution. This will include supporting more efficient use of resources and ensuring that the Reablement workers have access to latest information at the point of visit. Other areas for development are enhancing the Emergency Response Service (ERS), and working with Public Health, CPFT and primary care to develop the falls prevention offer.
Preparing for Adulthood	Young people and their carers have been significantly impacted by Coronavirus and the huddles and practices introduced into 0-25 Teams supporting children with disabilities. Targeted reviews have continued with a focus on supporting carers and considering TEC.
Day Opportunities	Day opportunities provision has been significantly impacted by Coronavirus and the social distancing requirements. However, we have seen some good examples of digital and outreach offers being put in place. There is a significant piece of work underway now to maximise the operational capacity of day services whilst adhering to Coronavirus related restrictions.

5.4 The following are the key areas of focus for Public Health and includes ongoing recovery of Public Health commissioned services, a strategic focus upon key Public Health challenges and ensuring that they are reflected in the ICS model and supporting the delivery of the Health and Well Being Strategy. However, ongoing uncertainty around the pandemic and its continuing emergency status means that public health will continue to play a leadership role and deliver key functions that are part of the Local Outbreak Management Plan.

Workstream	Description
Outbreak Management	Rates of infection have fallen locally and hospital admissions are very low. However, there are potential threats and this improved picture may change, with a possibility of another surge. Over the past year,

	Public Health has led the Local Outbreak Management Programme (LOMP) with specific responsibility for managing outbreaks, surveillance, contact training and testing. These will continue, but alongside these functions, Public Health is focusing upon its other roles of system leadership and advice, prevention and health improvement commissioning.
Enduring Transmission Pilot	This has arisen from Coronavirus and has focused attention upon lower paid workers, those on zero-hour contracts or no recourse to public funds. It followed a Cabinet Office visit brought about enduring transmission in Fenland. Lack of income and contractual/job security are known to be associated with a lack of compliance with testing and self-isolation. It is one of 11 funded programmes in the country and is intended to inform policy. It is a system wide programme that includes providing income security and working with employers to explore levers to increase contract security.
Assessment of Coronavirus impact and emerging needs/Joint Strategic Needs Assessment	A system approach is being used to gathering evidence of impacts of Coronavirus and the emerging needs in Cambridgeshire. Public Health Intelligence is working jointly with Business Intelligence colleagues in the Council and Clinical Commissioning Group (CCG) to identify the direct health impacts, indirect health impacts and wider impacts of Coronavirus in Cambridgeshire. This collaborative programme of intelligence work will generate a live suite of evidence over Summer- Autumn 2021 to inform strategic action to identify needs and emerging needs early and inform preventative approaches. Public Health Intelligence also leads on the Joint Strategic Needs Assessment (JSNA). It is a statutory requirement for the Health and Wellbeing Board to use the JSNA to inform the development of the Health and Wellbeing Strategy.
Population Health Management	The experience of the pandemic has underlined the importance of a population health management approach. Population health management improves population health by data driven planning and delivery of preventative and proactive care, enabling the reduction of health inequalities by targeting interventions. It includes a focus on the wider determinants of health and acknowledges that less than 20% of a person's health outcomes are attributed to access to good quality healthcare. It recognises the crucial role of communities and local people and assets. The programme seeks to use widely based data to design

	new models of proactive care and deliver improvements in health and wellbeing through better use of collective resources. For it to be effective it is key that this incorporates the wider determinants of health along with health and care services. In December 2020, Cambridgeshire and Peterborough were accepted for the Wave 3 population health management programme supported by NHSE/Improvement. Public Health Intelligence is a key part of this process, working with Business Intelligence and the CCG Intelligence Team, with an especial focus around prevention and wider determinants.
Strategic leadership for Health Inequalities and Prevention.	The pandemic has increased and heightened awareness of health inequalities and the need for prevention. Population Health Management will aid our understanding of these, which will help inform the strategic approaches for addressing them. This is alongside providing the evidence for the most effective interventions for improving outcomes. Public Health is focused upon playing a key role in influencing emerging recovery strategies across the system. Central to this will be the Health and Well Being Board and the ICS. We want to ensure that wherever possible new strategies and their delivery have considered the opportunities for improving public health and reducing health inequalities.
Obesity	The Integration and innovation: working together to improve health and social care for all White Paper released in February 2021 recognises obesity is currently the most important public health challenge. Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK (www.gov.uk) Addressing obesity is clearly a system wide issue that calls for far reaching joined up local policy and interventions. Public Health has already been working on developing a framework for taking this work forward that reflects Health in all Policies approach and will require support from all parts of the system.
Public Health Commissioning	Public Health commissions a range of services from a wide range of providers including the NHS, General Practice, local authorities, voluntary and private sectors. Public Health aims to increase demand for its services, but this has been challenging during the pandemic. They have evolved in response to the pandemic, with new delivery models aiming to ensure that people engage with services. However, there are many people who have not accessed services during this period and this could potentially negatively compromise their health outcomes. A range of services are commissioned from primary care (both GPs and community pharmacists) which includes health checks, long

	acting reversible contraception and stop smoking services. Delivery of these services has been challenging during the pandemic as many practices were closed to everything except urgent treatment. Then primary care's involvement in the vaccination programme has also affected its ability to deliver services. Prior to the pandemic we were working with the Clinical Commissioning Group to develop a shared approach for developing primary care services based on a population health management approach with a focus upon developing services in areas of highest need. We have started to return to this developmental work, which aims to focus on those with the highest needs. At the start of the pandemic, we were finalising a collaborative Integrated Sexual and Reproductive Health Service commissioning pilot that involved Cambridgeshire County Council, Peterborough City Council, the CCG and NHS England. This was put on hold but has in recent months been taken forward. This provides an excellent opportunity for service users to access different related elements of care in one location. This first year is a development year and an opportunity to strengthen and grow these services for the benefit of the user. Adult and Young Persons Drug and Alcohol Treatment Services saw many new developments and have just been awarded over £1m of additional funding from PHE and the Ministry of Housing, Communities and Local Government (MHCLG) for improving services for drug and alcohol users, including prisoners on release from prison and wider harm reduction interventions. This additional grant finding provides an opportunity to develop for models of care that will inform future commissioning. There are a number of supported housing projects that are increasingly integrated with the drug and alcohol treatment service which Public Health commissions. These have operated well during the COVID-19-19 crisis with service users having their complex need needs addressed through an integrated approach. Public Health is currently working with ASC's recommissioning of Adult Housing Related Support Services with the intention of jointly commissioning these services, which will improve and expand support options for drug and alcohol users. The Lifestyle Services are commissioned from different providers and are delivered in many settings. They provide support for behaviour change but also identifying and nurturing opportunities for people to make changes. Services include health trainers, weight management, community based physical activity programmes, school and workplace programmes. The majority of these services were re-commissioned just as the pandemic commenced and had to adapt significantly to provide services. During this period, it has not been possible to deliver face-to-face services and alternatives mostly

	virtual delivery methods have been employed. The services are keen to take the learning from this period to develop and grow in the recovery phase. There have been some key learning points and positive aspects across all these services that will be incorporate into the development of services going forward. • The closer working relationships that have developed between the services and key partners. Most notable were the stronger pathways developed with a range of partners including housing authorities and health in supporting street homeless clients who were housed in "COVID-19" hotels. There is a very much 'can do' attitude with a range of professionals coming together working collaboratively to support individuals in need. • The different style of working with clinical interventions delivered in different ways have brought benefits such as the ability to have more contact time through virtual communication. For example, contraception is sent to patients in the mail and increasingly there are more virtual consultations or weight management support. • The importance of listening to service users to identify how best to serve and support their individual needs during the pandemic has been key in shaping the response to the challenges that services and their used have and are encountering • Some services but especially the lifestyle services were developed to reflect a place-based approach and a focus upon community engagement and ownership. They have developed joint working with some of the Primary Care Networks with the aim of ensuring that services develop an integrated approach to prevention and health improvement.
Childrens' Services	The Public Health team are working alongside colleagues in Education to support schools and Early Years settings with the ongoing management of Coronavirus cases and outbreaks. The time away from schools and settings will have had an impact on a number of children, which may take time to fully understand. Areas of concern include: Mental Health needs of children and young people with the system seeing increased referrals for support. Early development, particularly around social skills and speech and language development. Catching up with missed vaccinations and screening programmes, including vision screening for reception children. The Healthy Child Programme (HCP) is commissioned by Public Health and is the main universal health service for improving the health and wellbeing of children, through health and development reviews, health promotion and parenting support. Services within this programme include Health Visiting, School Nursing, Support for

	young parents (via the Family Nurse Partnership programme and a local enhanced young parents' pathway), and Vision Screening. Over the last year, the programme has seen increased demand for its services and has developed innovative new models of work to support local families. Moving forward key priorities will include: • Early identification of children's development needs and supporting families with any impacts from the pandemic • Building on the development of digital services for families to enhance the in-person support delivered. • Development of digital health questionnaires at key transition points to enable early identification of needs and support families to access information and advice in a timely way. • Improving the integration of HCP with wider system partners as a core service within the Best Start in Life programme, to achieve better outcomes for children and reduce inequalities.

6.0 *Provider Resilience & Sustainability*

6.1 The impact of Coronavirus on social care providers has been significant, both due to the additional demand on services, the impact on the health of the people being supported and cared for and the impact of the government guidance on the workforce. Working with social care providers to ensure sufficient, resilient capacity of good quality in the short, medium and long term is fundamental. Alongside this we have a key opportunity to reshape provision, including moving away from the traditional offering of residential home provision and care delivered at home to deliver more flexible, local, person centred solutions based around peoples' homes, that promote independence.

6.2 Examples of how we are adapting our commissioning approach and developing new models of delivery are outlined below:

- **Multi-disciplinary team (MDT) delivery based around place:** support to providers is coordinated through MDTs wrapped around care homes. These are responsible for ensuring that the right level of wraparound care and support is in place for residents, including primary care, community health, therapy and social care.
- **Care Home Support Team** In April this year the Council has established a ' Care Home Support Team' of Social Workers for a 2 year period who work alongside managers and staff in care homes and with the CCG Quality Team to drive up practice and quality.
- **Place based outcomes focused commissioning:** A shift away from the Home Care model and develop a place - based approach, which comprises:

- A community based, case management approach
- Carers who live and work in their own community
- Part of and integrated into local health and care teams and resources
- Investment in carers, reduces travel time, reduces attrition and improves career prospects and outcomes

Given the scale of transformation, the first phase will be the development of a single early adopter site – 'Happy at Home'. This is proposed to be launched in East Cambridgeshire and build upon and ensure continuation of Neighbourhood Cares investment in the area and target a mixture of rural and urban areas. Following successful evaluation, it is proposed to apply the learning from the early adopter site to successive districts across the county.

The focus of the Happy at Home launch will be improving the range of care and support available in the local community to enable more adults to remain living happily at home. The target group will be adults on the edge of care or in receipt of Council funded home care due to the specific challenges the Council faces in managing demand. Although the benefits will be applicable to all in the community including those who pay for their own care and support.

- **Build more care and support around peoples' homes:** A move away from the traditional residential model to develop a tenant-based model, which aims to:

  - Create tenancy-based living and care within communities
  - Wrap 'lifetime' health and care around individual needs in their own home
  - Improve living environment with an emphasis on maintaining independence and quality of life

  The model will also offer greater choice, control and care flexibility. The model is different to traditional care homes in that it is a tenancy model based around self-contained accommodation, offering larger rooms with their own front door and access to 24 hours care and support through on-site domiciliary and nursing care provision. Operating rather like a supported living model, service users hold a tenancy and can remain in their own accommodation as their needs increase, until the end of their life, negating the need to move on to other services as needs become more complex.

  Currently there are two pilot sites being developed, which includes Huntingdon and East Cambridgeshire. Timelines for these developments are for construction to start in 2022. This is work is also exploring delivery of provision at the Princess of Wales, in conjunction with the NHS.

- **Technology Enabled Care:** Increasing investment and opportunities to embed TEC, building on the breaking down of cultural barriers as a result of Coronavirus, including:

    - An online training offer that will be used for targeted training with external partners
    - Opportunities for TEC in Care Homes
    - Offer for people who fund their own care
    - Countywide Lifeline project

- **Provider Sustainability and Quality:** The approach to the longer-term sustainability of provision is fundamental. We will increase longer-term financial commitments with providers through a shift to significantly increasing the number of block purchased beds to spot purchased beds ratio.

  We will continue to provide ongoing support to providers to manage infection prevention and control (IPC), minimising potential outbreaks within care homes and the impact of transmission on the workforce and community. This will include ongoing information and support via contract management, to ensure business continuity planning is effective and resilient. This is alongside ensuring that national provider funding is passported efficiently and we work with providers to implement our uplift strategies to support sustainability whilst managing costs of care effectively.

7.0 Challenges

7.1 There are a number of potential challenges ahead, including:

- The long-term impacts of Coronavirus are not yet fully understood and demand is therefore difficult to predict. It is anticipated that demand will continue to fluctuate over the next 6-12 months as the impact of lock downs and reduced access to the NHS is experienced as well as and possible future waves
- National Coronavirus funding has been reactive and one off in nature, this makes it difficult to plan, as there is a level of uncertainty regarding funding arrangements.
- Private provider challenges due to the ongoing costs of Coronavirus impact on capacity and the costs of care and infection control.

7.2 Public Health - Challenging Opportunities

The Coronavirus legacy has left many challenges but has also presented many opportunities. It has provided learning and focus on many areas of public health and provided a sense of direction for the future, including:

- Population health management and the collaborative approach between Public Health Intelligence, Business Intelligence and the CCG Intelligence team will enable the analysis to interrogate needs and the barriers across the systems. It also provides the opportunity to strengthen and build data sharing agreements and the opportunities that

this affords.

- The clear evidence that Coronavirus has had a greater impact upon more upon deprived and BAME communities. This reflects to some degree pre-existing structural factors and pandemic has brought into focus these long-standing inequalities. This presents an opportunity in the context of the Health and Well Being Strategy and the ICS to have the necessary system wide approach to addressing the underlying structural factors that contribute to health inequalities along with embedding primary prevention into these efforts.

- The increased collaboration through the Coronavirus response across the system and the forging of stronger relationships at all levels will help drive the integration across the system and build on the public health initiatives already commenced. It facilitates a health in all policies approach that will bring a focus to the opportunities for improvements in public health at strategic and delivery levels.

- Engaging communities in their health and what they can do as individuals and as communities to improve their health is a fundamental part of the Cambridgeshire Local approach. It not just about behaviour change but it also supports them to promote their own needs and what they require to address them. The solutions are often local and require the “joined up place based” action embedded.

- The development and the associated learning brought to public health services will aid their ongoing development. This includes the innovative approaches and closer partnership working that have provided complementary opportunities.

- Coronavirus has prompted the re-organisation of Public Health services. PHE will be closed at the end of September and the national UK Health Security Agency and Office of Health Promotion will be created. How these will work with Local Authority Public Health is not currently clear, but it is envisioned that it provides opportunities to strengthen the Public Health agenda locally

- The White Paper ‘Integration and innovation: working together to improve health and social care for all’ states that with regard to public health NHS England will be directed to take on specific public health functions; help tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods; as well as a new power for ministers to alter certain food labelling requirements. The responsibility for the fluoridation of water in England will move from local authorities to central government. The stated ambition is that these public health measures will complement and augment the efforts of ICSs to make real inroads in improving population health in their areas, helping to tackle inequalities and ‘level-up’ across communities.

8. Alignment with corporate priorities

8.1 Communities at the heart of everything we do

The following bullet points set out details of implications identified by officers:

- The impact of COVID-19 has and will have significant implications upon communities in all aspects of their lives but especially upon their physical and mental health. However, COVID has also brought many communities together and there is evidence that communities have played an important part in tackling the pandemic

8.2 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- The impact of COVID has significantly affected the quality of life for residents

8.3 Helping our children learn, develop and live life to the full

8.4 Cambridgeshire: a well-connected, safe, clean, green environment

The following bullet points set out details of implications identified by officers:

The reduced traffic volume during pandemic decreased levels of pollution

8.5 Protecting and caring for those who need us

The following bullet points set out details of implications identified by officers:

Organisations and communities worked and are continuing to work throughout the pandemic to provide support to those most in need.

9. Significant Implications

9.1 Resource Implications
The following bullet points set out details of significant implications identified by officers:

There will be significant economic impact upon Cambridgeshire that is currently being calculated.

9.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

9.3 Statutory, Legal and Risk Implications

The following bullet point set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

9.4 Equality and Diversity Implications

The following bullet point set out details of significant implications identified by officers:

- Any equality and diversity implications will be identified before any service developments are implemented

9.5 Engagement and Communications Implications

The following bullet point set out details of significant implications identified by officers:

- Any equality and diversity implications will be identified before any service developments are implemented

9.6 Localism and Local Member Involvement
The following bullet point set out details of significant implications identified by officers:

- Services will require the ongoing support of local communities and members to address the health and wellbeing impacts of the pandemic.

9.7 Public Health Implications

The following bullet points set out details of implications identified by officers:

The pandemic has had short- and long-term impacts on the health of the population and increased health inequalities

9.8 Environment and Climate Change Implications on Priority Areas (See further guidance in Appendix 2):

9.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation: Not influenced by the pandemic

10.8.2 Implication 2: Low carbon transport.
Status: Neutral

Explanation: Not influenced by the pandemic

10.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Status: Positive
Explanation: More use of green spaces for recreational purposes

10.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation: Not affected by the pandemic

10.8.5 Implication 5: Water use, availability and management:
Status: Neutral
Explanation: not influenced by the pandemic

10.8.6 Implication 6: Air Pollution.
Status: Positive
Explanation: Less traffic though lockdowns

10.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Status: Neutral
Explanation: The pandemic has contributed supporting people in all aspects of their lives

Have the resource implications been cleared by Finance? Yes or No
Name of Financial Officer:

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes or No
Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes or No
Name of Legal Officer:

Have the equality and diversity implications been cleared by your Service Contact?
Yes or No
Name of Officer:

Have any engagement and communication implications been cleared by Communications?
Yes or No
Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes or No
Name of Officer:

Have any Public Health implications been cleared by Public Health?
Yes or No
Name of Officer:

Source documents guidance

5.1 Source documents

Sources

Deaths in Cambridgeshire | Coronavirus in the UK (data.gov.uk)

Deaths registered weekly in England and Wales, provisional, ONS https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales, analysis by PHE.

https://coronavirus.data.gov.uk/

NHS Digital, https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/

PHE Wider Impacts of COVID-19-19 on Health (WICH) 2021 Wider Impacts of COVID-19 (phe.gov.uk)