

**OUTLINE OF PEOPLE & COMMUNITIES PRIORITIES AND RECOVERY PLAN**

*To:* **Adults Committee**

*Meeting Date:* **10 September 2020**

*From:* **Executive Director, People & Communities**

*Electoral division(s):* **ALL**

*Forward Plan ref:* **N/A**                      *Key decision:* **No**

*Outcome:* **To discuss the approach for People and Communities Recovery Plan**

*Recommendation:* **The Committee is asked to discuss and agree the approach for People & Communities recovery plan and priorities**

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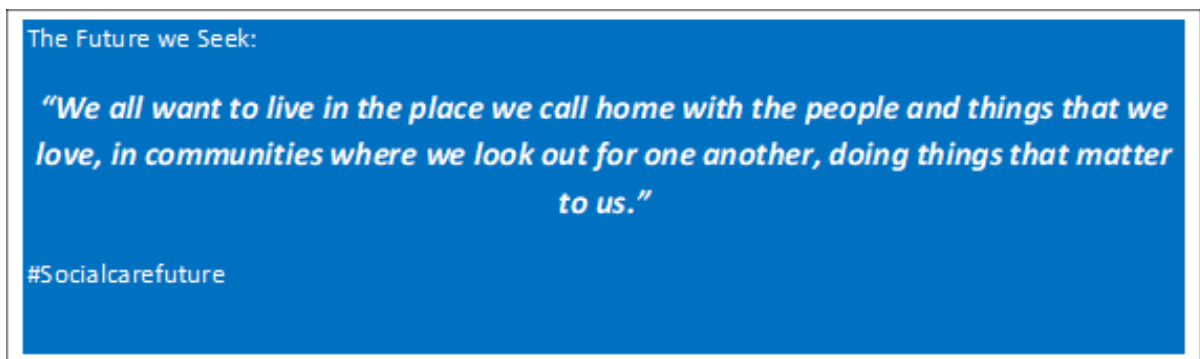
## 1. BACKGROUND

1.1 COVID has had a significant impact on demand and financial implications for services across the People and Communities Directorate. Whilst the outcomes we aim to deliver remain the same, we are operating in a different environment. The purpose of this paper is to provide an overview of the business planning approach being undertaken by the People and Communities Directorate.

## 2. MAIN ISSUES

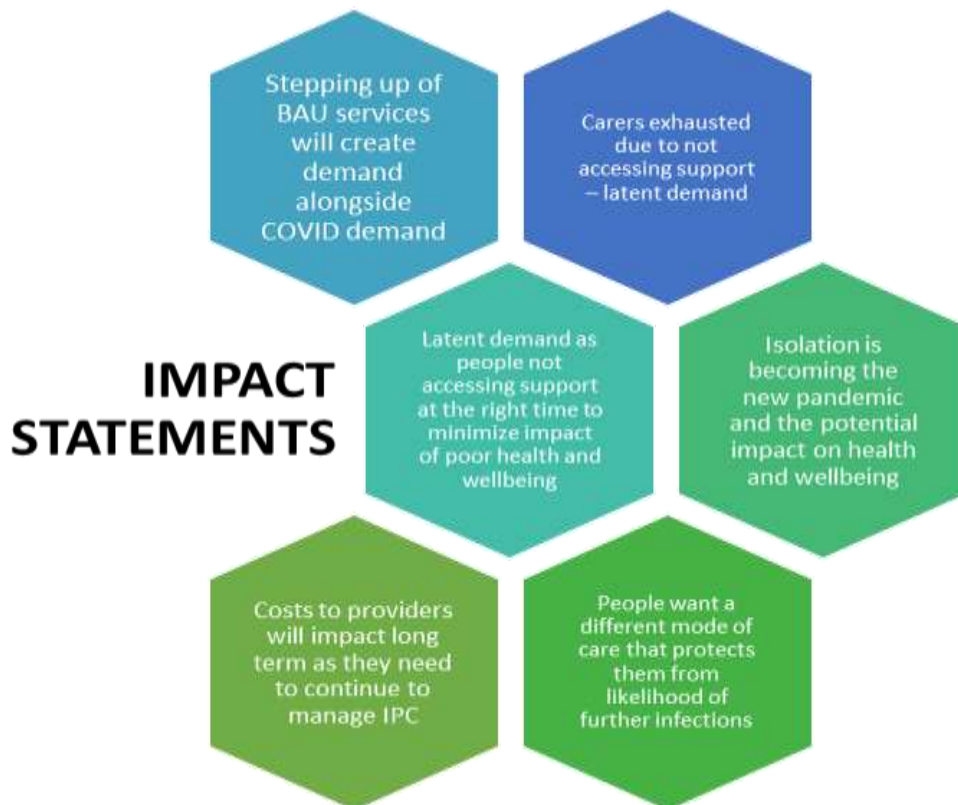
### 2.1 Commissioning and Adult Social Care

2.1.1 Whilst we need to respond to the immediate challenges we face over the coming months; including further waves of COVID, winter pressures and the impact on adult social care as the NHS resets to business as usual activity. We believe that our level of ambition needs to go beyond the immediate short-term 'recovery' process our approach to recovery is focused on the next 18-24 months. COVID has changed the push for change to a 'shove' and this is now a real opportunity for transformation.



2.1.2 We will build on the community mobilisation and response to date to embed the Think Communities principles and evolve integrated place based models of delivery and commissioning. In addition, the impact of COVID on the independent provider market provides us with a key opportunity to reshape the market, to move away from the traditional offering of residential home provision to deliver more flexible, local, person centred solutions based around peoples' homes, that promote independence, such as extra care plus and care suites.

2.1.3 The impact of COVID has been wide ranging. The effects on Adults social care are due to demand changes, cost changes and income changes. The ongoing economic effects of the outbreak will increase demand for support and reduce income. In addition, the length of lockdown and subsequent lockdowns locally or nationally will increase demand for support. The below impact statements have informed our approach to recovery and resilience.



#### 2.1.4 Adult services aim to deliver the following outcomes for people:

- People access the right support and advice at the right time, in the right place, by the right people
- A focus on prevention and early intervention.
- Maximising independence by empowering people to do more for themselves
- Fewer hospital admissions and delayed transfers of care
- Care and support is consistent and joined up, so people feel supported in regaining/retaining independence in their usual place of residence.
- Carers (including young carers) are supported in their communities to continue caring for loved ones.
- Stronger collaboration and joint working with the voluntary sector, networks and support in local communities.
- Develop models of care that maximise independence and the ability to control infection whilst remaining homely.

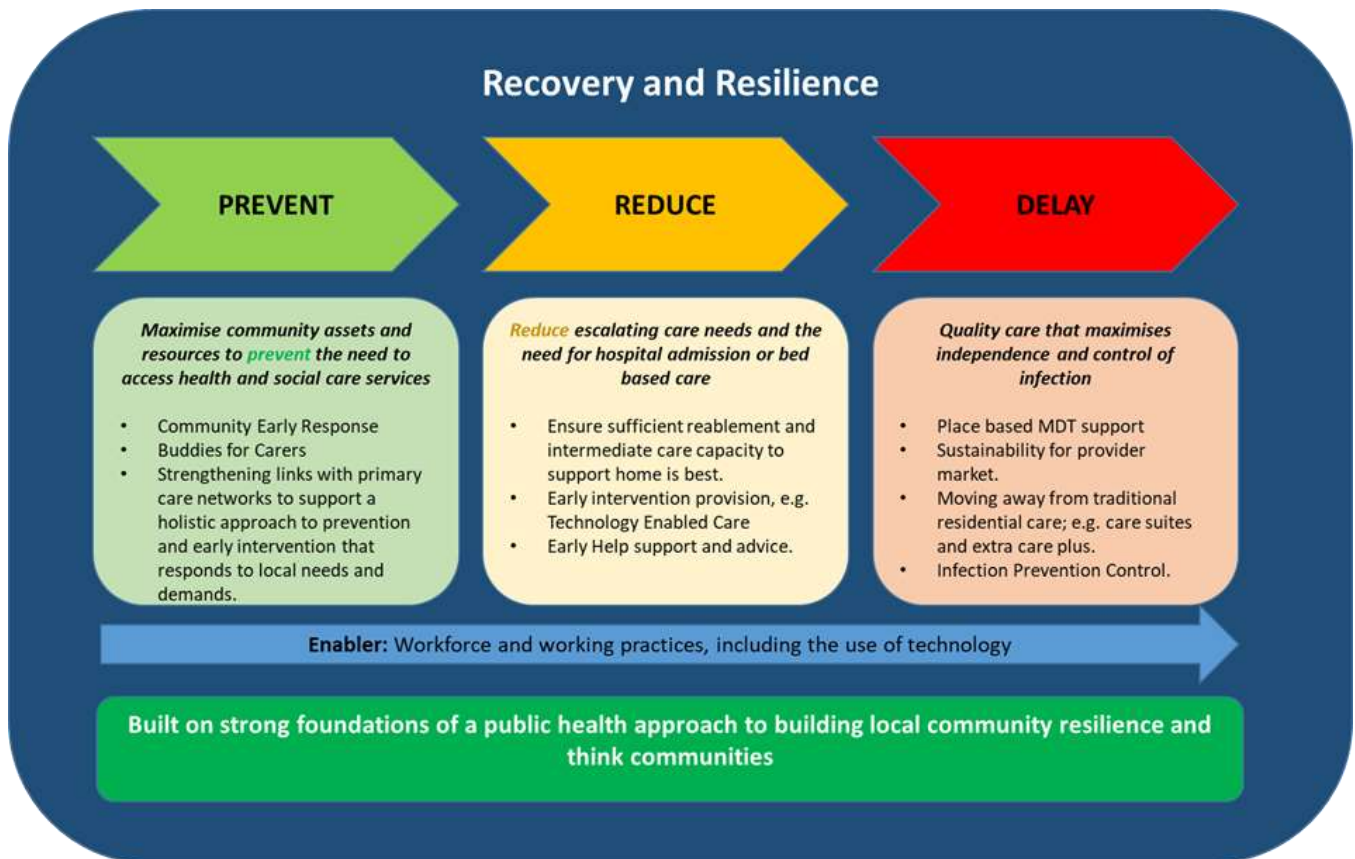
#### 2.1.5 Previous demand modelling applied historical demand patterns to future demographic assumptions. COVID is affecting demand in ways we have never experienced and there are many unknowns around what the longer-term impacts might be. We will face the following types of demand over the coming months:



2.1.6 In addition, we also know we will need to respond to the following immediate system challenges:

- Further waves of COVID
- NHS reset and the impact on adult social care
- Winter pressures and flu
- Provider fragility – financial viability and quality
- Brexit – impact on care workforce

2.1.7 The strategic approach to recovery for adults is based upon the ‘Prevent – Reduce – Delay’ framework, taking into account lessons learnt over the past months, as outlined below.



2.1.8 The Adults Positive Challenge Programme continues to be our primary model of delivering transformation for adult social care and this has been reframed in light of the COVID impact. COVID has impacted on workstream delivery with some of the activity delayed or paused. However, a number of new delivery areas have been identified to inform the future programme priorities.

# Adult Positive Challenge – Our demand management programme

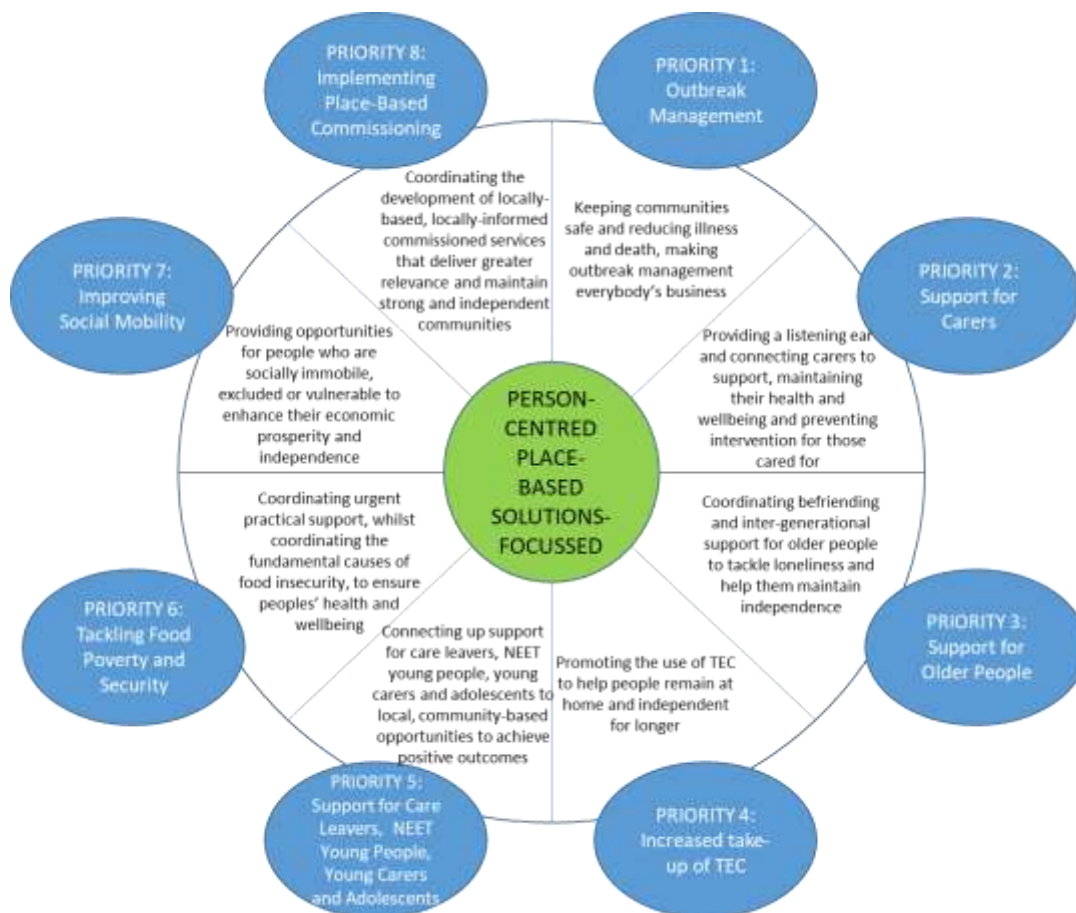


## 3 Communities

- 3.1 Local community knowledge, assets and innovations are core to the local delivery of health and social care, with a shift away from the initial acute focused response to the pandemic and the need for additional bed based capacity, to one that is primarily focused on the community and a changed conversation, which embeds a strengths and assets based approach.
- 3.2 Building on the significant community and mobilisation response our future approach embeds the 'Think Communities' principles and evolves place based models of delivery. Over the last 100 days, the coordinated Hub response has proven the concept of the Think Communities approach in real time; supporting tens of thousands of residents to protect themselves from COVID-19, and as such not overload the NHS or other statutory services. This way of working together across all local councils, voluntary, community and other public services and volunteers in our communities has resulted in some amazing individualised outcomes for our residents. It did not rely on public sector reform, but just a common-sense approach to working smarter together. This unified approach is something we will build on, alongside recognising the opportunity, we now have to shape the independent provider market to move away from traditional models of residential care to deliver more flexible, local and person centred solutions.
- 3.3 The Think Communities approach aims to deliver prevention, delay and a reduction in demand for statutory interventions, through the creation of a unified approach to the coordination of support for residents, which is place-focused, people-centred and solutions-focussed, which:
- Makes fast, joint decisions and takes rapid creative action to address local issues and prevent escalation

- Enables decisions to be made at the most local level, as close to communities as possible
- Transforms VCS infrastructure support that enables the sector and us to work seamlessly together, supporting volunteers, and ensuring quality VCS voice and representation
- Achieves timely, meaningful, appropriate, flexible data sharing - to enable a single version of the truth, joined up support and effective problem solving
- Analyses and interprets data in order to make the right decisions and support a focused partnership approach to real time challenges
- Transforms our services to evolve to a place-based commissioning model rooted in the community

3.4 The below diagram provides an overview of the Think Communities approach in action and the key priorities for the programme.



## 4 Children's Services

4.1 Much of the impact of COVID for vulnerable families, children and young people will not be immediate. Harm will emerge over time as a result of lack of school, limited opportunities for play and social development. This impact will be greatest for:

- Families with fewer means, lower job security, poorer and less secure housing
- Families struggling with routines, possibly compounded by increased financial stress
- Children & young people from black & minority ethnic groups

- Young people of secondary age already disaffected at school
- Children and young people with special educational needs and disabilities
- Young people leaving care
- Relatively smaller numbers of children at acute need of safeguarding, who are currently less visible to schools, early years and health services:
  - Significant increase in Domestic Abuse; reduced health visiting services not picking up issues such as significant post-natal depression; children suffering significant neglect, emotional and sexual abuse in particular – harms that are difficult to spot even when services are operating normally.

#### 4.2 Children's services aim to deliver the following outcomes:

- Children live in resilient communities and make the best use of educational and other opportunities
- Families struggling with parenting are supported to re-establish routines
- Families with the most entrenched difficulties make sustainable change to safeguard their children
- Young children at risk of criminal exploitation and/or mental ill-health receive effective support
- Children in care live in permanent loving homes
- Children and young people with disabilities are able to remain at home with their families
- Supporting young people including care leavers into education, employment and training

#### 4.3 The approach to managing demand for Children's services is outlined below.





4.4 The delivery model, which is based on family safeguarding, early health and community focused support, is outlined below.

|                            |  |
|----------------------------|--|
| <b>Family Safeguarding</b> | <p><b>Evidenced-based model for children in need of protection</b></p> <ul style="list-style-type: none"> <li>Cambridgeshire has attracted in excess of £4M of government funding to develop this approach;</li> <li>Provides support to parents who have mental and emotional health issues, misuse drugs or alcohol and/or are in domestically abusive relationships to make lasting change and provide safe homes for their children;</li> <li>This integrated multi-disciplinary approach has been proved to be effective, safeguarding children at greatest risk</li> </ul>   |
| <b>Early Help</b>          | <p><b>Unlike many, Cambridgeshire has maintained investment in these services, now vital in supporting vulnerable families &amp; young people</b></p> <ul style="list-style-type: none"> <li>Focused support - virtual as well as face-to-face - to help families re-establish routines after 6 months of no school or early years settings;</li> <li>Funding for mental and emotional health support for young people impacted by months of isolation;</li> <li>Development of new integrated approach to support vulnerable young people at risk of poorest outcomes including criminal and sexual exploitation, offending and experiencing barriers into employment, training and education</li> </ul>                      |
| <b>Community Focussed</b>  | <p><b>Cambridgeshire communities are diverse and so need a tailored response to need and building resilience</b></p> <ul style="list-style-type: none"> <li>Our early help services are already tailored to local need: issues in Cambridge City are different to those in rural Fenland;</li> <li>We have invested in on-line and virtual approaches to supporting vulnerable families, with many accessing on-line parenting advice who might otherwise be socially or geographically isolated;</li> <li>Through C-19, our services have closely linked with the community hubs, ensuring that we build local community resilience as we identify communities and individuals in need of a more targeted approach</li> </ul> |



## 5 Education

- 5.1 Schools and Settings reopening successfully and leadership support is a key priority, until we return to business as usual. This includes:
- Ongoing horizon scanning of DfE guidance and working with key stakeholder groups.
  - Adhoc advice and guidance is provided when needed as government policy changes.
  - Effective processes for dealing with the closure of bubbles and local lockdowns to minimise the need for school closures.
- 5.2 There is a key focus on returns to academic achievement and progress, ensuring schools are ready for inspection from January 2021. This includes ensuring all schools use the Ofsted recovery planning template; continue to work on developing wider curriculum coverage in Key Stage 2, support the teaching and research school to establish a tuition agency and establish the size of the 'gap' in key pupils groups to help develop process for catch up.
- 5.3 Support for vulnerable pupils is focused on the following key areas:
- Continue work around SEND to ensure high and sustainable outcomes are delivered.
  - Move back to statutory processes and ensure all children return to school in a planned and appropriate way.
  - Recovery planning in Cambridgeshire.
  - Review Elective Home Education (EHE) cases with an EHCP and the options for blended learning to ensure children don't fall further behind.
  - Focus on impact on vulnerable groups and provide support and challenge to schools / settings on inclusion
- 5.4 As part of the business planning process, a number of transformation opportunities are being considered, alongside understanding the future demand implications of COVID. The below scenario planning is informing business planning projections.

| Home to school transport   | Education inclusion services  | High Needs Block EHCPs   | Early Years Sustainability                                 |
|--|---|--|--|
| Scenario 1 (low): Schools open from September 2020. Some residual social distancing required.                        | Scenario 1 (low): Numbers referred for inclusion support will increase as a result of disruption to usual routines caused by lockdown. Potential increase in requests for statutory assessment. | Model-built forecasting requirements for EHCPs by age, primary need, placement type – costings and strategy underway | Review of at risk providers against likely demand underway |
| Scenario 2 (medium): Schools close again prior to April 2021 but open from then onwards. Social distancing required. | Scenario 2 (medium): Disruption is further exacerbated by more school closures  |  |  |
| Scenario 3 (high): Assumes ongoing closure of school buildings until 2022/23.  | Scenario 3 (high): Schools are closed throughout 2021/22.   |  |  |

| Education income   | Outdoor centres  | Education Attendance / Penalty notices   |
|--|--|--|
| Low income loss in summer term then back to normal   | Low disruption to income in summer term as a result of school confidence and economic impact on parents' income.                 | Small impact on income as attendance procedures have to restart from September 2020 (-25% in Y1)                               |
| Medium income loss in summer term, low in autumn and spring, then back to normal           | Restrictions remain in place until April 2022 on activities, so large effect on income in 2021/22 but reducing from then onwards | If schools do not re-open in September or close over the upcoming 6 months then more significant impact on income (-50% in Y1) |
| High income loss throughout 2021/22, medium in 2022/23, then 23/24 in line with scenario 2 | Assume school remain closed throughout the year, anticipate income to all but cease until 2023                                   | High scenario suggests no income during 2021/22 and gradually coming back as schools re-open after that (-100% in Y1)          |

**6. ALIGNMENT WITH CORPORATE PRIORITIES**

**6.1 A good quality of life for everyone**

There are no significant implications for this priority.

**6.2 Thriving places for people to live**

There are no significant implications for this priority.

**6.3 The best start for Cambridgeshire’s children**

There are no significant implications for this priority.

**6.4 Net zero carbon emissions for Cambridgeshire by 2050**

There are no significant implications for this priority.

**7. SIGNIFICANT IMPLICATIONS**

**7.1 Resource Implications**

*There are no significant implications within this category.*

**7.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

*There are no significant implications within this category.*

**7.3 Statutory, Legal and Risk Implications**

*There are no significant implications within this category.*

**7.4 Equality and Diversity Implications**

*There are no significant implications within this category.*

**7.5 Engagement and Communications Implications**

*There are no significant implications within this category.*

**7.6 Localism and Local Member Involvement**

*There are no significant implications within this category.*

**7.7 Public Health Implications**

*There are no significant implications within this category.*

| <b>Source Documents</b> | <b>Location</b> |
|-------------------------|-----------------|
| <i>None</i>             |                 |