

CAMBRIDGESHIRE COUNTY COUNCIL'S RESPONSE TO COVID-19

To: Adults Committee

Meeting Date: 12 May 2020

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

Electoral division(s): All

Key decision: No

Purpose/Impact: This report provides an update on:

- the Council's response to the current Coronavirus pandemic;
- immediate action taken by Adults and Commissioning services to respond to the pandemic and to ensure business continuity of critical services;
- the Council's initial approach to recovery.

The potential and predicted outcomes are:

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

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

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1. BACKGROUND

- 1.1. In December 2019 cases of a new coronavirus were identified in the city of Wuhan in China. Since December, the virus has spread rapidly across the world and the World Health Organisation declared a global pandemic in March. More than two million cases have now been reported worldwide and cases and deaths continue to rise in the UK.
- 1.2. The response to the COVID-19 pandemic has aimed to ensure the sustainability of adult social care during the outbreak. Ensuring that vulnerable adults and older people continue to receive the critical support they need to manage their wellbeing and support needs, whilst ensuring the protection and support of our workforce. This includes managing the financial impact of covid-19.

2. UK RESPONSE

- 2.1. In the UK, the Government has developed a coronavirus COVID-19 action plan with the aim of 'flattening the curve' to reduce the peaks in pressure on NHS, social care services and wider society.
- 2.2. On 23rd March, the Prime Minister announced stringent new guidelines for 'lockdown' and 'social distancing' for three groups:
 - 'Shielded Group' – around 1.5 million people nationally (we are expecting up to 30,000 people locally, including GP lists) have been identified in this extremely vulnerable category and have been told to "shield" themselves at home for 12 weeks.
 - Vulnerable people – people over 70, people with underlying health conditions and pregnant women have been advised to do all they can to minimise social contact.
 - Everyone else - was asked to work from home where possible - travelling to and from work only where absolutely necessary; avoid public transport; only leave home for essential food supplies and medical needs or to provide care to others and only to go out for necessities and exercise once a day.
- 2.3. Lockdown measures also stipulated that schools, libraries, places of worship, restaurants, bars, leisure facilities and other non-essential facilities should close immediately. Gatherings in public of more than two people who do not live together were prohibited, including funerals, and all social events including weddings and baptisms were cancelled. Parks could remain open for exercise but gatherings would be dispersed. The police have been given the power to fine and disperse where lockdown rules are not being adhered to.
- 2.4. The Coronavirus Bill (Bill 122 of 2019-21) was passed by Parliament on the 23rd of March 2020. The Bill is part of the Government's response to the COVID-19 pandemic and is intended to enable the Government to respond to an emergency situation and manage the effects of a pandemic. The legislation, which is time-limited for 2 years, allows Government to switch on these new powers when they are needed, and, crucially, to switch them off again once they are no longer necessary, based on the advice of Chief Medical Officer.

The bill enables action in 5 key areas:

- increasing the available health and social care workforce – for example, by removing barriers to allow recently retired NHS staff and social workers to return to work;

- easing the burden on frontline staff – by reducing the number of administrative tasks they have to perform, enabling local authorities to prioritise care for people with the most pressing needs and allowing key workers to perform more tasks remotely and with less paperwork. This has included easements in the Care Act but no relaxation of the Children and Families Act;
- containing and slowing the virus – by reducing unnecessary social contacts, for example through powers over events and gatherings and strengthening the powers of police;
- managing the deceased with respect and dignity – by enabling the death management system to deal with increased demand for its services; and
- supporting people – by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies.

3. CAMBRIDGESHIRE AND PETERBOROUGH LOCAL RESILIENCE FORUM'S RESPONSE

- 3.1 The Civil Contingencies Act 2004 sets out a definition for 'emergency' which includes events which threaten serious damage to human welfare. The Act places an obligation upon emergency services and local authorities (defined as category 1 responders under the Act) to assess the risk of, plan, and exercise for emergencies, as well as undertaking Businesses Continuity Management.
- 3.2 The Civil Contingencies Act and its accompanying regulations provide that responders, through a local Resilience Forum have a collective responsibility to plan, prepare and communicate with the area they service for an emergency. Cambridgeshire and Peterborough Local Resilience Forum is the collective body set up to carry out those responsibilities. Those responders are category 1 (as described above) and category 2 responders which include utility companies, transport organisations and others such as the Combined Authority.
- 3.3 The Cambridgeshire and Peterborough Local Resilience Forum has approved and is now acting in accordance with the CPLRF Pandemic Influenza Plan which was signed off in January 2019. The plan requires a Strategic Coordinating Group to be set up to coordinate the multiagency response to the pandemic at a strategic level. This group had its first meeting on the 9th March 2020 and has been meeting weekly. An Executive Group of the SCG (made up of category 1 responders) was set up on 23rd March 2020 and has been meeting every week day. The SCG was initially co-chaired by Chris Mead Detective Chief Superintendent of Cambridgeshire Constabulary and Dr Liz Robin Director of Public Health, but this position changed to Jan Thomas Chief Operating Officer of the CCG and Gillian Beasley Chief Executive of Cambridgeshire County Council and Peterborough City Council as it became apparent that key strategic planning would be focused on health, social and community issues. On 23rd March 2020 the Strategic Coordinating Group declared, under the Pandemic Influenza Plan, that COVID 19 was a major incident.

- 3.4 The SCG is supported in its work by a Tactical Silver Group chaired by Laura Hunt from Cambridgeshire Constabulary and this group in turn, is supported by a number of tactical sub-groups as follows:-
- Warn and Inform Subgroup leading on the joined up communications across the public services system, co- chaired by Christine Birchall Head of Communications PCC/CCC and Hayley Douglas Head of Communications for Cambridgeshire Fire and Rescue
 - Community Reference Subgroup (leading the hub work) chaired by Adrian Chapman Service Director Communities & Partnership PCC/CCC
 - Excess Deaths Subgroup Chaired by Leigh Dunbar from PCC/CCC
 - PPE Cell chaired by Linda Sheridan from Public Health and Sarah Learney from Health
 - Multi Agency Information Cell led by Leigh Allman Detective Chief Inspector Cambridgeshire Constabulary
 - Intelligence and analysis Cell chaired by Tom Bard from PCC/CCC
 - Recovery Subgroup chaired by Jo Lancaster MD of Huntingdonshire District Council
 - Economic subgroup chaired by John T Hill Chief Officer Business Board/Director of Business and Skills form the Combined Authority
- 3.5 Category 1 responders also set up their own command and control arrangements and for Cambridgeshire County Council and Peterborough City Council there is a Gold Joint Management Team which meets virtually every weekday morning at 8.00am to determine practices and actions each day and to escalate for resolution to the daily Executive Strategic Coordinating Group which meets virtually at 11.30am each week day morning. A Tactical Working Group meets weekly and Operational Groups in each Directorate meet at least weekly and more frequently where required.

4. CAMBRIDGESHIRE COUNTY COUNCIL RESPONSE

Governance

- 4.1 Whilst critical decisions on this emergency are taken within the arrangements set out in paragraph 3 above the County Council needs to have proper arrangements for the transparent accountability and scrutiny of decisions taken within in this emergency.
- 4.2 Guidance from the Local Government Association for Councillors on COVID 19 together with advice from the Centre for Public Scrutiny on maintaining accountability of decision-making, has informed the approach which the County Council proposes to take and is summarised as follows:-
- Highlight reports of the activity of each main area of operation of the County Council for COVID-19 will be sent to all Members on a weekly basis, sent out on Monday of every week.
 - All Members will receive two daily reports, one a media report at 11.30am and one a report of the government's daily briefing which usually comes out early evening.
 - All Members will receive two weekly reports on the activities of the Strategic

Coordinating Group.

- Group Leader meetings will continue to take place on a fortnightly basis.
- Friday Focus will continue to be issued to all staff and members containing a roundup of the week's information.
- Members will always be able to raise individual issues or concerns to officers in the usual way whether it be COVID-19 or other service-related issues.

4.3 In relation to decision making and scrutiny through committees the following arrangements were agreed: -

- At every service committee there will be a COVID-19 report summarising the key issues and attaching the last four weeks relevant highlight reports as well as updated information since the date of the last highlight report. This will allow the public to see all of the detailed activity and allow Members to ask questions and scrutinise the decisions and actions taken.
- General Purposes Committee will receive a COVID-19 report at every committee meeting including a finance report and a summary of key issues arising from the service committee reports.

4.4 Following the issue of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 which came into force on 4th April 2020 the Council also created a Virtual Meeting protocol which was agreed by Group Leaders and sent to all members. This will be reviewed after the first full council meeting once it has been tested and amendments made as necessary. The council also considered the options for IT platforms for virtual meetings and after testing opted to use Zoom for public facing meetings and Microsoft teams for confidential or sensitive matters.

4.5 The Constitution provides for the executive management of the Council to be undertaken during periods of an emergency where normal decision making governance cannot be followed as a result of that emergency. As you will expect officers are currently having to make decisions on a daily basis that are not normal business as usual and do not fall within the parameters of the agreed business plan. As a consequence officers are entering in to commitments that will have financial consequences that are not covered by the annual budget agreed by Council in February. The making of such decisions within an emergency are covered within the Scheme of Financial Management which is part of the Constitution.

The following is the relevant extract:

2.6 An Executive, Corporate or Service Director may incur expenditure which is essential to meet any immediate needs created by a sudden emergency, subject to this action being reported immediately to the Chief Executive and the Chief Finance Officer, and to the next General Purposes Committee.

2.7 When a sudden emergency arises, Executive, Corporate or Service Directors must keep a separate record of the essential expenditure incurred in connection with the emergency until advised by the Chief Finance Officer that separate records are no longer required.

4.6 A protocol for the dealing of costs associated with the management of COVID 19 has been

agreed and implemented. Any decision that will result in a financial implication in excess of £20k requires a business case to be approved. All items are reported to the Council's Management Team on a weekly basis so that there is visibility of the financial implication of the decisions being made. These items will be reported to each service committee and summarised to GPC on a monthly basis with effect from the May cycle of meetings.

Immediate Focus

4.7 Over the last three weeks, the immediate priorities for the Council have been to:

- Understand and make plans to mitigate against the potential impacts and key risks to delivery of effective critical services - both directly provided and commissioned services.
- Ensure the sustainability of adult social care during the COVID-19 outbreak, particularly the links with planning and action in the NHS including response to new Hospital Discharge Guidance.
- Ensure that effective business continuity arrangements are in place to maintain all other critical services.
- Establish a coordination hub so that shielded and vulnerable self-isolators are supported with supplies of food, medicine, and other essential support.
- Ensure that vulnerable children are supported during the pandemic, including work with schools and settings to ensure that arrangements are in place to support both vulnerable children and children of essential workers.
- Optimise deployment of staff and volunteers to support critical activity.
- Implement measures to protect and support our workforce in line with national guidelines whilst maintaining critical services and allowing effective emergency planning.
- Maintain public trust and confidence by providing reassurance, frequent communication and to amplify the clear public health and government guidance.

5. SERVICE RESPONSE

5.1 Context

COVID 19 has brought a significant pressure to the provision of care and support for adults. Both due to the additional demand on services and the impact of the pandemic and government guidance on the adult social care workforce.

Nationally the government announced £1.3bn of NHS England funding to support COVID 19 hospital discharge and admissions avoidance. The Ministry of Housing, Communities and Local Government also announced £3.2bn of national funding to support local authorities meet the additional costs of COVID 19.

Whilst this funding is welcome, the costs of COVID 19 outweigh the national allocations that have been made available to us, with additional costs associated with COVID 19, including additional social care capacity, workforce costs, supporting the provider market, increasing costs of PPE, loss of income and non-delivery of planned savings.

We continue to work closely with the CCG and other system partners to ensure that funding is invested in the areas where there is greatest demand and can have the greatest impact.

Tracking is in place to ensure that regular reporting to both NHS England (NHSE) and Ministry of Housing, Communities and Local Government (MHCLG) can be undertaken.

This report provides an overview of the business continuity response to COVID 19 by Adults and Safeguarding and Commissioning.

5.2 Market Management

COVID 19 has brought a significant pressure to the provision of care and support packages, including provider workforce capacity and financial sustainability. In accordance with the published NHS COVID 19 Hospital Discharge Service Requirements, the Local Authority has taken the lead on commissioning additional market capacity on behalf of both health and social care to ensure a coordinated response to the management of supply and cost.

In addition, we have established a joint brokerage function, incorporating health, social care and learning disability brokerage to ensure capacity is maximised effectively and pathways to placement are simplified, supporting the new discharge to assess hospital discharge pathway that has been established in line with the national NHS Guidance.

Procurement rules have been relaxed, in line with COVID 19 national finance guidance, to enable direct awards to be made in the period of the COVID pandemic. This enables us to respond quickly to commission required capacity and services in line with local demand.

5.2.1 Capacity and Support for Providers

Commissioning have sourced additional capacity rapidly to defend and maintain domiciliary care provision in the first instance and adopted the following approach to this:

- The use of volunteers and redeployment of all available resources to support domiciliary care providers' capacity and reduce the likelihood of care package failure.
- Working with providers and individuals receiving support, we have involved families and used equipment and assistive technology to reduce care and support provided to individuals to minimum safe levels and optimised rounds to reduce travel time. This includes ensuring rapid access to community equipment to facilitate timely hospital discharge and reduce the need for double up care packages.
- Securing additional residential and nursing bed capacity to ensure that sufficient capacity is in place to meet ongoing hospital discharge demand.
- Commissioners have worked with local providers to understand what other financial support was required to sustain, and even increase their current levels of capacity and this has led to a range of support being made available to providers, including:
 - Temporary 10% fee uplift until the end of June to meet the additional costs associated with COVID 19.
 - Access to a lump fund distress fund payment for providers who are facing significant financial difficulty

- Flexibility to increase domiciliary care fees where packages are hard to place

A range of practical support has been implemented to support providers, including:

- Dedicated multi-disciplinary support to manage risk and support care homes in the event of an outbreak. An outbreak management procedure has been established locally in conjunction with public health. Daily recording from care homes is in place and the level of support is tailored dependent on the level of risk assessment for each setting (see Appendix 1).
- Workforce support:
 - Access to trained volunteers and redeployed staff to maintain capacity.
 - Access to COVID 19 testing for providers' front-line staff.
 - The CCG has developed a comprehensive offer available to all social care providers and their staff including care home, domiciliary care and extra care workers. The offer includes organisational support, individual wellbeing support and more specialist counselling and support for those requiring it.
 - Support with key worker identification: The police have been provided with a list of providers and voluntary sector organisations and have agreed that staff from these providers will not be stopped and questioned. Identification badges are being printed for personal assistants and will be distributed to those who are in receipt of direct payments.
- Business continuity planning advice and assistance, including establishment of mutual aid arrangements, dedicated workforce planning support and sharing of best practice.
- PPE: access to emergency supplies of PPE for providers, as well as information and support on PPE usage and supplies.
- Regular communications with providers, including weekly virtual forums, to share advice and support, including use of PPE, business continuity planning and mutual aid arrangements.
- A daily newsletter to providers, produced jointly with the CCG.
- Centralised contact point for providers, to deal with queries.

5.2.2 Commissioning Business Continuity Planning - work stream progress

The commissioning COVID 19 business continuity response has been structured into three key work streams and an overview of progress is outlined below:

Work stream A: voluntary sector / mental health / housing related support / Carers and Community Equipment

- **Mental health:** Services are being delivered through a range of alternative face to face media. Regular calls are being made to people living with dementia and extended hours have been put in place for Lifeline phone support.
- **Carers:** Visual impairment support providers across Cambridgeshire and Peterborough are working together to produce a Talking Newspaper service for visually impaired people to keep them informed about current events. A recent survey of known carers has shown 85% of carers are feeling lonelier as the lockdown continues. Additional funding has been secured to roll out the 'What if Plan' more widely. Commissioned carers support services are being offered when a need is identified via the proactive carer contacts which are currently being made, see paragraph 5.7.
- **Voluntary sector:** There is a strong voluntary support offer established and this has been communicated widely with the local community hub, via the local directory and with the hospital discharge teams (See Appendix 2 for voluntary sector offer).
- **Community equipment (NRS):** additional community equipment has been secured to ensure sufficient stock to respond to surges in demand. Same day delivery is now in place for orders before 1pm and next day for those before 4pm. NRS have implemented 7 day working, but demand at weekends has been limited.
- **Housing related support:** multiple organisations are working together in Cambridge to ensure that accommodated rough sleepers across the City have access to the support, food and other supplies they need. There is an ongoing issue with lack of self-isolation compliance and providers are working closely with Cambridgeshire Constabulary to help manage this. National guidance for hostels and homelessness from central government is still awaited.

Work stream B: Homecare and Extra Care

- **Homecare:** access to volunteers for providers has been established with the local community hub. Capacity amongst the market has been maintained, as we have worked with providers to rationalise rounds and agree mutual aid arrangements to ensure that available capacity is maximised.
- **Extra Care:** Additional capacity has been agreed with the CCG and will come online as demand presents itself.

Work stream C: Care Homes, Learning Disabilities Residential and Supported Living and Day Services

- Additional care home capacity has been purchased on a 6-month block basis to ensure there is sufficient capacity to meet hospital discharge demand. Currently c. 60% of additional block bed capacity is being utilised.
- Additional Learning Disabilities accommodation capacity has been established and there is agreement with the CCG to bring online further capacity as demand presents itself.
- An outbreak response has been established for care home settings in conjunction with public health, to ensure there is a consistent and clear approach to responding to these.

- Daily reporting is in place from care homes and dedicated support is delivered in line with the risk management matrix (see Appendix 1).
- Day Services have temporarily ceased operation, but local authority funding has continued to ensure financial sustainability for these providers. Where possible, staff have been redeployed to other areas of delivery.

5.3 Hospital Discharge

In line with the National NHS COVID 19 Hospital Discharge Service Requirements, a discharge to assess (D2A) pathway has been established. The new pathway is outlined in Appendix 3. A multi-disciplinary Single Point of Access in the community has been established, routing all complex acute discharges into a single point for all D2A pathways. A single cloud-based patient tracker is in place for all organisations to access and update, ensuring patients care is tracked and full assessment followed through in the community post discharge.

In order to support the pathway, 7-day working has now been established. A joint health and social care brokerage function is in place and additional capacity has been redeployed to the brokerage team to manage care placement demand.

Financial mechanisms have been implemented to ensure prompt payment to providers and in line with NHS guidance, a single pooled budget with the NHS is in place to cover the cost of these packages, so there are no unnecessary discharge delays.

There has been strong system working and rapid mobilisation of new ways of working. Local guidance and standard operating procedures have been developed to support staff. There has been close working in place with infection control and system partners to ensure safe discharge of patients to care homes and other services.

As of April 2020, national reporting on delayed transfers of care (DTOCs) has been suspended during the COVID emergency period.

5.4 Personal Protective Equipment (PPE)

Access to PPE has been an ongoing issue for the local authority and wider providers. Whilst there have been some initial limited supplies from Public Health England, there has been an overall national shortage to meet the volume needed locally.

As a result of this, the cost of approved PPE from suppliers has increased exponentially, putting additional cost pressures into the system.

In order to ensure adequate supply of PPE locally, the local authority has adopted the following approach:

- Establishment of emergency supply of PPE for providers
- Access to emergency supplies from the Local Resilience Forum

- Centralised purchasing of PPE across People and Communities Directorate, to ensure economies of scale. Discussions are also underway to centralise this supply in partnership with the CCG
- Information and guidance to providers and direct payment recipients, including potential suppliers they can access PPE from.

There is close working with public health and infection control to ensure that PPE guidance is implemented effectively locally, both within the local authority and wider provider services. Support and training has been established for providers and regular updates are shared. For example, attendance from infection control at the virtual provider forums to answer questions and provide advice.

5.5 Workforce

We have been tracking the impact of COVID 19 on the local authority's adult social care workforce, as far as we are able given the lack of access to testing in the earlier period. Key statistics as at 23rd April 2020 were:

- Approximately 66 of 700 staff in front line roles have reported symptoms and 700 of which are in front line roles had a period of self-isolation.
- In addition to this, there are 48 employees who have reported as living with a family member who has symptoms.

As at 1st May 2020, Commissioning had 22 staff absent due to COVID 19:

- Self-isolating due to symptoms: 3
- Self-isolating due to family member having symptoms but working from home: 4
- Social Distancing due to underlying medical condition but working from home: 15

A comprehensive support offer has been put together for council staff members who may need extra wellbeing support at this time. In addition to this, a comprehensive support pack for workers to support them in their work with service users and family members around difficult conversations and End of Life has been produced and positively received.

We have also continued active efforts to recruit to Reablement roles. Over the past four weeks, eight people have accepted permanent Reablement roles in the Cambridgeshire teams and a further two have commenced employment.

COVID 19 testing

COVID testing is now available to front line social care staff and staff of social care providers. This can be accessed at testing sites at Peterborough City Hospital and Papworth, although wider testing is likely to be made available shortly. Local Authority managers are following up with key workers who are currently isolating due to symptoms in themselves or a household member, with a view to them booking a test.

Testing is also available to front line staff of providers, including care home and domiciliary care workers as previously referred to in section 5.2.1.

As at 23 April 2020, twelve council staff had booked tests and six results had been received. As testing becomes more readily available and the testing sites increase, we anticipate the number of staff taking up testing will rise

Redeployment of staff and volunteers

As part of the local authorities' wider response to the COVID 19 situation, staff in roles which could be redeployed have been identified. A survey was sent to these staff members, which among other things identified whether the staff member would be willing to support social care services to deliver personal care. In tandem to this the online volunteer register also gathered information about individuals who may have previous experience, which made them a potential candidate to support delivery of social care. Staff and volunteers from these registers were contacted and invited to attend basic personal care training.

As of the 23 April 2020, we have trained 88 people in total across Cambridgeshire and Peterborough. This number was made up of 49 volunteers and 39 directly employed staff.

Following training the Council's redeployed staff have been placed with reablement where a number are now providing direct care. The volunteers have been passed through to the contracts team to match to provider demand. So far demand has predominantly been from residential care homes. The volunteers have included student nurses, retired health professionals such as physiotherapists and teachers.

Some case studies gathered from staff redeployed within our services are included at Appendix 4.

5.6 Data sharing and co-ordination with the county and district hubs and CPFT

Through the Local Resilience Forum Vulnerable People Protocol, data sharing arrangements are in place between Adult Social Care, the district hubs and county hub and CPFT.

Guidance notes and a clear process describes who leads on support for those in current contact with ASC, shielded groups and others, see Appendix 5. Two data sets have been shared:

- A list of those open clients with whom adult social care have regular contact and for whom adult social care teams will maintain an overall co-ordination role; and
- A list of those adult social care does not have current contact with, but with whom there has been contact in the previous 6 months. This will support districts and CPFT to target support where these individuals might be more vulnerable.

5.7 Carers

The Countywide Community Hub has set up a project, led by the Carers Support Team manager. More than 30 Council staff have been redeployed to contact those family carers currently known to adult social care; to check that they are coping, provide preventative advice and connect them to sources of support where this is needed.

In Cambridgeshire 1557 carers were identified. 576 of these carers support adults receiving care from the Learning Disability Partnership, Young Adults Team, Adults and Autism Team or Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). These carers are being contacted and supported by their existing services.

As of Thursday 30th April the team of redeployed staff had spoken to 669 family carers across Cambridgeshire. Of these 593 (Or 87% of those contacted so far) did not require any additional support but were grateful for being contacted and made aware of sources of help should this be required in the future. 76 have been provided with some additional support, the most common referrals include help with shopping and medication collection via the COVID 19 hub and registration with the Carer's Emergency Planning scheme known as a What If Plan.

Individual carers have also been supported in a variety of other ways for example help to pay bills and contact the Department of Work and Pensions (DWP) or referrals for other services such as Occupational Therapy support. We have identified that some of the carers on the original list had already had contact from adult social care teams or no longer required support due to changing circumstances. We continue to attempt contact with those we were unable to reach and have written offering this same support where telephone contact cannot be made. In addition the Carers Support Team have identified a further list of 186 family carers who although not actively involved with the team at this time had been in contact with the team over the last 12 months and may benefit from a supportive telephone call. These calls are being actioned at this time.

Feedback from the Carers Partnership Board has been positive, members have told us how much they valued being recognised during this difficult time and that it was understood by the council that their caring roles continued. One carer who was supported by this initiative told our communications team how he felt to receive a call:

'The initial phone call made so much difference. I felt that someone cared, and it gave me confidence that my wife and I would be supported. (The caller) was knowledgeable in most subjects. I felt he really took the time to understand my situation, and genuinely wanted to make sure we were ok, not just now, but through the whole lockdown period. He wasn't pushy in any way, and explained how the Council were going to help and who I can contact if anything goes wrong. He just spoke to me like a human being and put me at ease, which really made all the difference. I felt like I'd known him for years. I'm lucky because I have my wife and the dog, but I can see how much of a lifeline this could be for someone on their own. We have had a food delivery already, which was more than we were expecting, and I know who to speak to about any other needs we might have'.

'If I had to give the Council marks out of 10, I'd give them 11. We are so fortunate with their generosity, and I'm so pleased they are helping people who really might struggle otherwise'.

5.8 Learning Disability Partnership (LDP)

The LDP operational teams have been proactive in contacting service users and carers and putting in place additional support where needed. Specific things to note include:

- A Learning Disability Brokerage Service has been set up to support both long term service requirements and COVID related support. Both operational teams and providers have been supportive of the service and the process has been quickly developed to ensure it is fit for purpose and responsive.

- Through contracts and commissioning distribution lists, national guidance and easy read documents relating to COVID 19 have been shared with providers where appropriate. In addition, information has been developed by the teams for providers to ensure they are aware of the support the LDP teams can provide at this time. LDP occupational therapists have developed advice for providers and family carers on helping to maintain routines and meaningful activities whilst restrictions are in place. Where needed, remote consultations and formulation clinics are taking place.
- The LDP have established robust links with learning disability nurses in acute hospitals and with our providers so we are informed when known service users have been admitted to acute hospital beds. Once we are aware someone known to the service has been admitted, we allocate an LDP nurse or health professional to each person so there is direct liaison between the hospital, families, care providers and the LDP teams.
- The LDP operational teams and LD brokerage have a duty function in place from 8am – 8pm, 7 days per week to support anyone with LD who is being discharged from acute hospitals.
- Staff from our in-house day services have been redeployed to support our 24-hour provision. Some staff who are unable to do front line work due to being vulnerable, have volunteered as drivers for PPE and food deliveries. Some staff have agreed to be part of a stand by sitting service rota overnight so that we have a “provider of last resort” should any adult be in need of support if their main carer is admitted to hospital.

5.9 Adults Positive Challenge

The founding principles and outcomes of the Adult Positive Challenge Programme remain relevant even in the present context and changes we made in the programme to date are supporting an effective response. We have made proactive contact with carers to offer support. TEC continues to be a consideration and maximising the community and voluntary support available, including development of our online directory have all been a key link between APC and our COVID 19 response. In addition, the work we implemented to monitor demand flows will help us to understand and respond to the impact of COVID 19.

However, there have been some impacts on aspects of our programme, including a marked reduction in hospital activity and community contact, which has impacted on reablement and TEC referral numbers. The planned face to face workshops with colleagues in health, the mental health teams and libraries have been put on hold. However alternative methods of keeping the positive values and messaging central to working with these partners has been maintained in a variety of ways.

- We have produced a handy guide on the application of the Adults Positive Challenge in responding to people with mental health needs, to support CPFT mental health workers, in light of the need to delay their focused workshops. This is attached at Appendix 6.
- We have supported CPFT with producing an information leaflet for those discharged from hospital on a non-social care pathway, which includes information on support available from the voluntary sector and sign posts to our directory of services.
- We are currently exploring options for holding virtual workshops for libraries staff to support them in developing their new community signposting and support role.

We are currently undertaking modelling on what the impact on financial delivery might be. However, we are still focussed on linking the programme into our recovery plans to maximise

the positive impact we can have on outcomes once we are able to begin stepping down the emergency arrangements.

5.10 Information, Advice and Guidance

As detailed guidance has been received from central government we have updated our staff practice guidance and maintained a library of these changes in our practice toolkit. At the same time, we have updated our web pages to reflect the changes made and these are linked from the specific COVID-19 web page which can be viewed [here](#).

Local voluntary and community groups have been very active and supportive. All of our commissioned voluntary sector groups continue to offer support during this period, even if it is not the same as their usual offer.

We have developed this [quick guide](#) detailing what our commissioned community and voluntary sector providers are currently offering across Cambridgeshire and Peterborough (which can also be seen in Appendix 2). We also continue to update our online directories with local community support services and groups. The Quick Guide and directory has been shared with all of the local District hubs, with ward staff in the acute hospital trusts and with social prescribers to enable them to be informed of local support available.

We have added over 155 local community support options to our newly launched online directory over the last few weeks. The directory is searchable both by service and by post code and can be accessed at **Cambridgeshire Online Directory** www.cambridgeshire.gov.uk/directory

5.11 Changing the way we work

In addition to all of the above changes our workforce has adapted to working in an agile manner to continue providing essential support, whilst minimising face to face contact. This has included elements we may wish to build on in future:

- Use of Microsoft Teams / Video conferencing to support reviews, allowing wider engagement.
- A daily morning call re Adult Social Care to enable us to support everyone in their roles and pick up on and act quickly on any issues or concerns and manage risk and workload across operations and commissioning, also involving corporate colleagues
- Virtual huddles and team meetings
- Team update calls to minimise the need for email exchanges
- Virtual classrooms to provide online training for care workers
- Use of the new Cambridgeshire directory of services to find community support close to service users homes
- Flexible working hours increasing flexibility of access for service users and carers

5.12 Recovery Planning

We recognise that the pressures and impacts from COVID 19 for adult social care will continue much longer than the time-span of the lockdown. With this in mind, we need to plan for a surge in demand whilst still being responsive to the needs of our existing clients. We

have formed a recovery log to capture changes we have made and things which require stepping down, but also to capture the opportunities that we would wish to build on. These opportunities include:

- A large pool of community volunteers
- Raised public awareness of the valuable role of social care bringing recruitment opportunities.
- Proven use of technologies such as video conferencing and video chat applications.
- Wider staff group in the Council being keen to know how they can help and support vulnerable people leading to wider channels to share messages about TEC and carers support etc.
- Opportunities to look at different options for hospital discharge
- Building on joint commissioning with health and provider engagement

Where appropriate these opportunities will be fed into our Adults Positive Challenge Programme, where our focus continues to be on ensuring we have the right conversation in the right way and at the right time.

In addition, a commissioning post COVID 19 resilience strategy will also be developed to ensure longer term market sustainability. Based on Public Health England statistics, we are seeing a shift of the COVID front line from acute hospitals into the community. A phased local commissioning resilience strategy will aim to address how we carefully manage the provision of business as usual support, alongside the additional market provision we will need to ensure sufficient capacity for COVID 19 second wave and recovery phases, with a particular focus on a coordinated approach to managing capacity, provider resilience, workforce and infection control.

6. RISK MANAGEMENT

6.1 Given the significant impact of COVID-19 on both the Council's immediate operations and its longer term achievement of strategic objectives a COVID-19 risk log has been developed. This is split into three sections:

- A short-term risk log for the internal-management of the County Council's response to COVID19.
- A longer-term risk log for the strategic-management of the delivery of the County Council's objectives arising from the current event.
- A review of major projects to identify which are critical to the County Council with a risk management action plan against each of these projects.

6.2 The immediate priority has been to develop the internal COVID-19 risk log which has five themes – infrastructure, finance, people, operations, reputation. These themes have been cross referenced to the existing Corporate Risk Register and to Service Committee/ Directorate Risk Registers. Each of these themes has a number of trigger events and corresponding controls and actions. The internal COVID-19 risk register has been uploaded to the GRACE system and will be reviewed by the Joint Management Team weekly from 17th April 2020.

- 6.3 The strategic risk register is being developed next and will inform the recovery phase. The PESTELO approach has been applied in order to structure our controls and actions, this takes into account 7 themes: Political, Economic, Social, Technological, Legal, Environmental and Organisational. Management of strategic risks is likely to be widely dispersed through the organisation, its partners and the Cambridgeshire system.
- 6.4 We have also reviewed all of our critical projects and ensured that risk management plans take into account potential impacts of the Coronavirus pandemic.

7. RECOVERY

- 7.1 As a Council we have been at the forefront of leading the response to the pandemic, diverting most of our effort to ensuring that the public and businesses are supported through what is an unprecedented emergency in modern times. We have a significant degree of influence and accountability for the public's experience of living and working in Cambridgeshire. Our ambition, our relationships with system partners and our significant investment in change and innovation over the past few years, makes us very well placed to contribute to the recovery and redesign that will be required in Cambridgeshire in the coming months and years.
- 7.2 It is very likely that the Council and the services it delivers may need to be different once we have dealt with the immediate response required by the crisis and when we have understood the future needs of Cambridgeshire's society as it is re-established post COVID-19. While significant levels of local authority resources are redirected to the front line and current emergency, it is important to ring fence capacity and expertise to start planning for aftermath and recovery as quickly as possible.
- 7.3 To plan for these phases, the Joint Management Team has started to build a recovery framework, with the first steps being:
- identifying the risks, both the immediate operational risks and the after-effects that could destabilise organisational and financial sustainability, service delivery, communities and suppliers;
 - forecasting the social and economic impact of different scenarios to the Council and communities;
 - Capturing learning and opportunities and thinking about the changed behavioural aspects that we might wish to permanently embed (for example community resilience and support, climate impacts during lockdown, changed attitudes to travel and agile working);
 - Planning for the reintroduction of services that have been suspended during the pandemic.
- 7.3 A number of officers including the Deputy Chief Executive, Executive Director Place and Economy, Director of Business Improvement and Director of Education are also involved in the Cambridgeshire and Peterborough Local Resilience Forum Recovery Group, which is chaired by Chief Executives from Huntingdon and South Cambridgeshire District Councils.

8. ALIGNMENT WITH CORPORATE PRIORITIES

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

9. SIGNIFICANT IMPLICATIONS

- 9.1 The impact of the Coronavirus pandemic is likely to increase over the next few weeks and the lasting impacts will affect the Council and the people of Cambridgeshire for much longer. We are predicting that the impact of the pandemic and lockdown will result in a rise in referrals to children's services as the pressures on families increase and that demand may also grow in adult services as the effects of interrupted care on chronic conditions emerge. It is essential that we plan for an extended period of response and recovery.
- 9.2 Although the Council's immediate focus is on the significant role we play in minimising the impact of COVID-19, we must also start planning now for the support that will be needed to help Cambridgeshire recover as quickly as possible.
- 9.3 The current allocation of emergency funding from Government - including the additional £1.6bn announced - will cover some of the additional costs and loss of income arising from the crisis and is very welcome, however it is unlikely to be enough. Our discussions with Government have indicated that conversations will continue as the full financial impacts of this pandemic become better understood. We have started to model the likely impact of this on current and future budgets and will continue to refine and adjust this modelling as we understand the pressures created by the pandemic.
- 9.4 The current level of complexity and demand is unprecedented and the Council has responded by taking decisive action and by working at pace with partners and communities to ensure that the most vulnerable people across Cambridgeshire have the support they need. At the same time, we have continued to run the business and to fulfil our statutory responsibilities. The Joint Management Team is hugely grateful to the Council's committed and hardworking staff who have made this possible. Action plans to ensure our workforce stays resilient and feels well supported are in place and the mental and physical wellbeing of our workforce remains a priority.

10. APPENDICES

Appendix 1 - Risk Assessment for Care Homes.
Appendix 2 - ASC Commissioned Community and Voluntary Sector Offer
Appendix 3 - Discharge To Assess Pathway
Appendix 4 - COVID 19 Redeployment Case Studies
Appendix 5 - ASC Data Sharing Processes.
Appendix 6 - Strength and Asset Based Conversations during COVID 19

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Chris Malyon
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Amanda Askham
Have any engagement and communication implications been cleared by Communications?	Yes Christine Birchall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Amanda Askham
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

Source Documents	Location
Service highlight reports for all Directorates sent to Members weekly.	Highlight Reports
NHS Covid-19 Hospital Discharge Service Requirements	https://www.england.nhs.uk/coronavirus/publication/covid-19-hospital-discharge-service-requirements/