

Covid-19 UPDATE Cabinet May 2020



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Slough Borough Council's COVID-19 Strategy

Purpose:

SBC is caring, proactive, resilient, skilled and here to serve

Key objectives:

We will keep Critical and Priority functions running to care for and support our residents

We will keep our staff safe

We will quickly implement the Government's emergency initiatives affecting local residents and businesses

We will work in partnership with strategic partners, other public sector organisations, the voluntary sector and community groups to provide services to local people

We will prepare for the recovery of the Council and the town

Initiatives:

We have established robust command and control arrangements

We have established 9 Task Groups to deal with our Critical and Priority areas

We have enabled most staff to work from home

We are sustaining critical services by redeploying staff skills and resources

We have established an Ops Room to log and administer instructions and guidance and resolve immediate operational issues

Commitment of staff

Our staff will:

Adhere to the SBC COVID -19 strategy

Look after themselves, their families and friends

Work from home if possible but recognise this may not always be possible

Follow social distancing when required to work away from home

Communicate with their managers daily to receive instructions and pass on information

Be ready to redeploy themselves and their skills within critical and priority areas, as and when required

Maintain Business as Usual when not dealing with COVID-19

ECONOMIC IMPACT - GLOBAL

World merchandise trade volumes in 2020 are predicted to fall by between 13% and 32%. To put the economic impact into context, **the best case** position is worse than the 12% drop seen at the height of the global financial crisis in 2008/09.

IMPACT ON SLOUGH

BUSINESSES - many of the established businesses in Slough will struggle. Crucially, this could include ASC and CSC providers. Businesses will need to adapt.

POVERTY TIME BOMB - levels of debt will increase; income lost via unemployment or furlough.

Homelessness – increases.

EDUCATION – education outcomes may decline from 2021 and gaps between disadvantaged children and others are expected to widen.

CHILDREN'S SOCIAL CARE SERVICES - expected surge in demand post lockdown - the economic downturn will lead to longer term rise in demand.

COMMUNITY – Those with the highest numbers of vulnerability (health, housing, unemployment including people claiming JSA) are the ones that are likely to face the greatest impact.

MENTAL ILL HEALTH - 'New' anxiety and worsening of existing mental illness, increased substance misuse, worsened social isolation and loneliness.

HEALTH & WELLBEING - Increase in local deaths particularly in care homes & those supported by domiciliary care. Poorer wellbeing and health interventions since March will result in people requiring more support.

FINANCE – CTax collection is down. Increase in hardship applications. **Housing Benefit** applications have risen sharply. **Business rate** income has reduced.

POSITIVE TRENDS

- ✓ Councils workforce's adaptability to respond to crisis
- ✓ The emergence of the One Slough collaborative approach
- ✓ A huge increase in use of our website / web portal and channel shift to using more digital services
- ✓ Increased local knowledge about the residents of Slough - vulnerable adults
- ✓ SBC Business Continuity
- ✓ Improvement in Joint working between the Council and its partners to support each other in managing through this crisis and how quickly processes were mobilised i.e. the Community Hub
- ✓ Reduction in rough sleepers
- ✓ No evictions
- ✓ Key Regeneration projects like the hotels project, NWQ and town centre remain on-track.
- ✓ Commitment from Strategic Regeneration partners
- ✓ Improved Air Quality
- ✓ Across health and social care drawing upon existing relationships and mechanisms.
- ✓ But, it isn't all roses, and we need to retain a savviness in navigating these – whilst still working towards achieving shared goals and desirable systems change.

WHAT WE KNOW ABOUT THE CONTEXT

COVID-19 IS FUNDAMENTALLY CHANGING THE OPERATING CONTEXT FOR THE NEXT 18 MONTHS +

4 waves of health need

- Covid-19 victims (over 2 waves)
- Unmet demand from lockdown
- Escalation of health conditions from lockdown
- Long-term HWB impacts of isolation re mental health, poverty, immobility

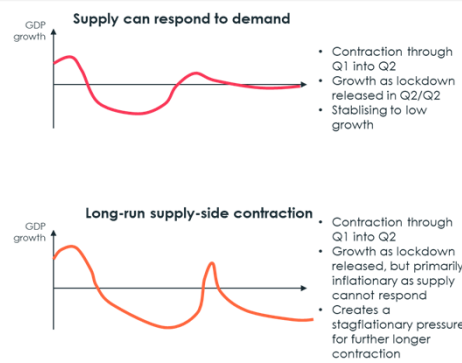
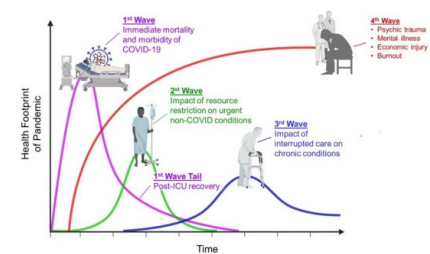
Negative impact on economy

- Macro-shock to GDP
- Increased bankruptcy
- Increased indebtedness
- Increased poverty
- Likely to be a sustained period of low growth in all scenarios

SBC service challenge

- Backlog of demand
- More demand
- More complex demand
- Demand from a greater range of customer types (with different expectations)
- Reduced revenue generation

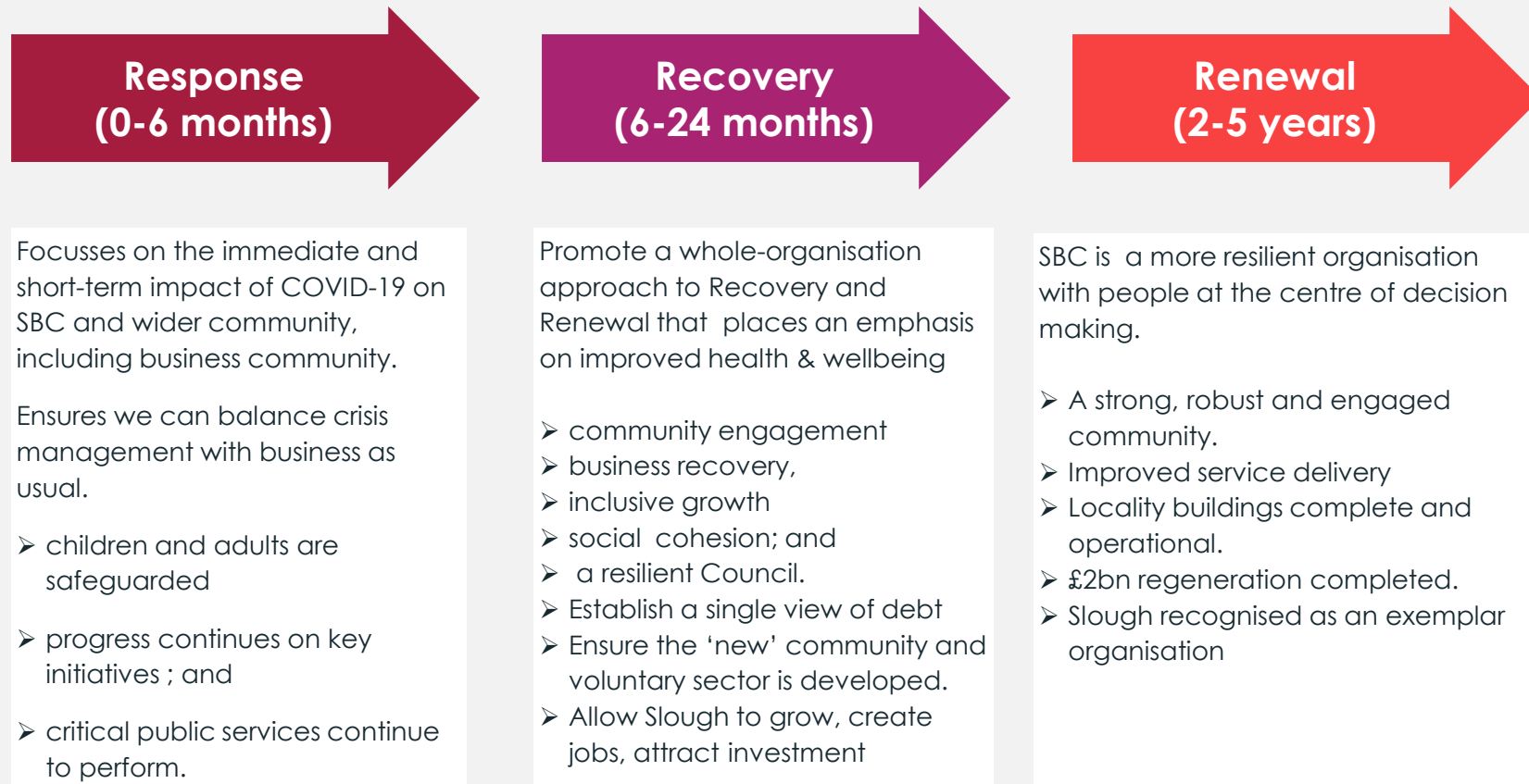
Health footprint of #coronavirus pandemic



The pre-Covid ways of working cannot meet the demand and capacity challenge

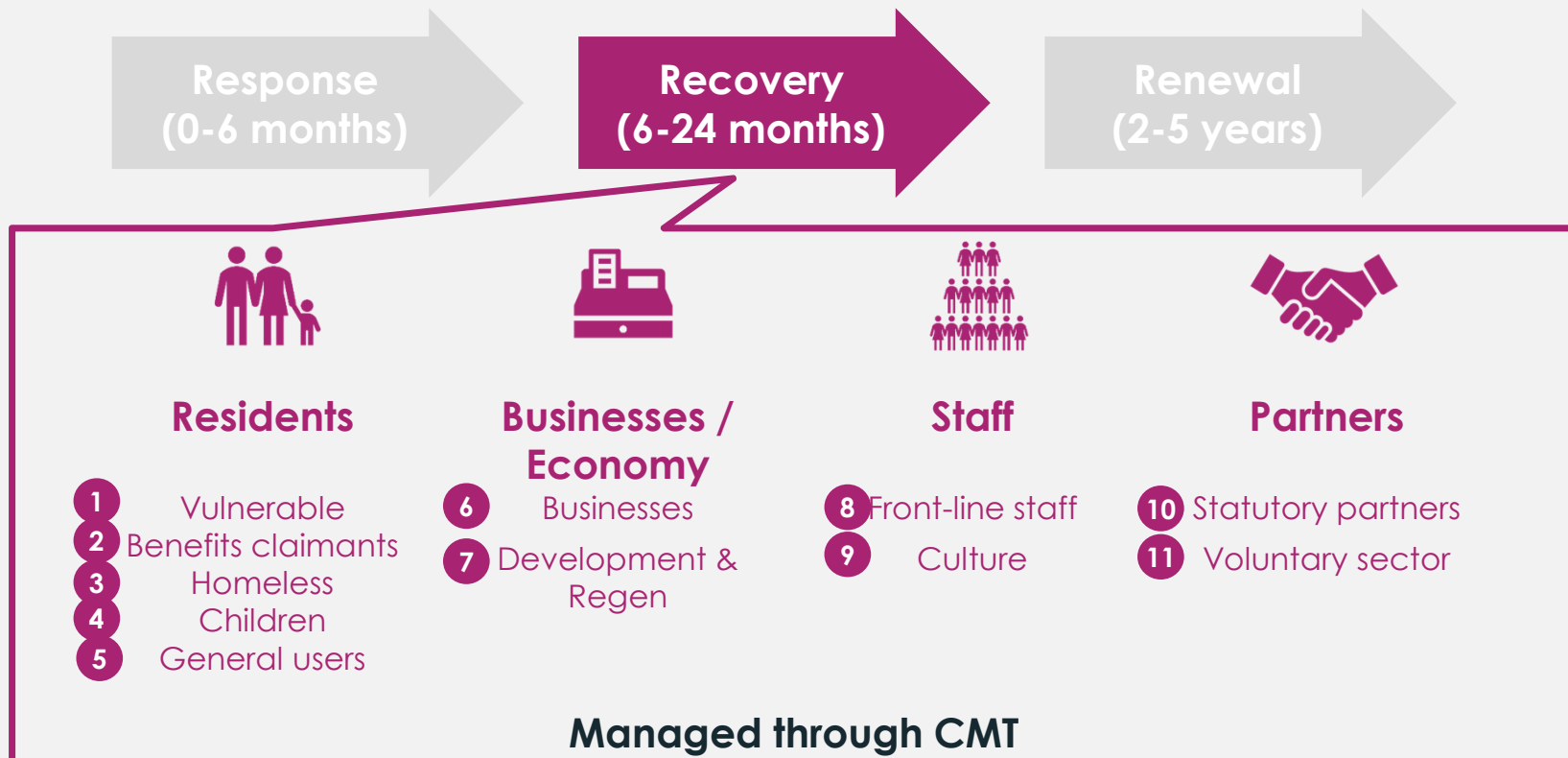


APPROACH



HOW THE CLIMATE IS CHANGING

WE HAVE IDENTIFIED MULTIPLE IMPACTS ACROSS STAKEHOLDERS



HOW THE CLIMATE IS CHANGING

WE HAVE IDENTIFIED MULTIPLE IMPACTS ON THE OPERATING MODEL

	People / Residents	Economy / Businesses	Staff / SBC	Partners
Changing volume	<ul style="list-style-type: none"> • More vulnerable residents. • More homeless. • More poverty. • More debt. • Backlogs. 	<ul style="list-style-type: none"> • Reduced town centre activity. • Reduced investment. - short- & med- term slowdown. 	<ul style="list-style-type: none"> • New working patterns (hours as well as location). • Capacity does not match where the demand is. 	<ul style="list-style-type: none"> • Huge role for partners and community groups in immediate response
Changing profile / experience	<ul style="list-style-type: none"> • Escalation of vulnerability (children and adults). • More complex needs. • New customers with new needs. • 30+ social immobility. • More interactions. 	<ul style="list-style-type: none"> • Gov't economic policy and level of infrastructure focus (e.g. Crossrail and LHR) • Need to protect high street to protect long-term 	<ul style="list-style-type: none"> • Changing view of work, and the role of teams and the office. • More flexible and adaptive decision-making. 	<ul style="list-style-type: none"> • Groups able to come together around governance and work flexibly to meet local needs
Impacts on op model: whole system approach	<ol style="list-style-type: none"> 1. Culture of flexibility, adaptability and remote working needs to be built on and accelerated 2. The formal structures and workforce are not aligned to this environment – OD must maintain pace 3. Council effort needs to be prioritised – cannot simply be a “demand-led service” as demand is too high to serve 4. Triage and segmentation become critical – self-serve / supported self-help, <u>saying no</u> to certain demand, using technology and joining-up data to quickly get the right intervention to the right customer 5. Coordinated delivery is really important – “tell us once” will be vital to reduce unnecessary contacts 6. Coordinated strategies for health, poverty and regeneration will need to form the basis of interventions 7. The delivery model must be coordinated and joined-up with partners with them taking on a greater role 8. Governance needs to align delegation of operational decisions with financial accountability to ensure unnecessary cost is not incurred, or that cost is understood as operational decisions are taken 			



WHAT THIS MEANS FOR THE OPERATING MODEL AND OUR FUTURES

THESE OPERATING MODEL IMPACTS WILL NEED TO BE FED INTO OUR FUTURES

1. Culture of flexibility, adaptability and remote working needs to be built on and accelerated
2. The formal structures and workforce are not aligned to this environment – OD must maintain pace

3. Council effort needs to be prioritised – cannot simply be a “demand-led service” as demand is too high to serve
4. Triage and segmentation become critical – self-serve / supported self-help, saying no to certain demand, using technology and joining-up data to quickly get the right intervention to the right customer
5. Coordinated delivery is really important – “tell us once” will be vital to reduce unnecessary contacts

6. Coordinated strategies for health, poverty and regeneration will need to form the basis of interventions
7. The delivery model must be coordinated and joined-up with partners with them taking on a greater role

8. Governance needs to align delegation of operational decisions with financial accountability to ensure unnecessary cost is not incurred, or that cost is understood as operational decisions are taken

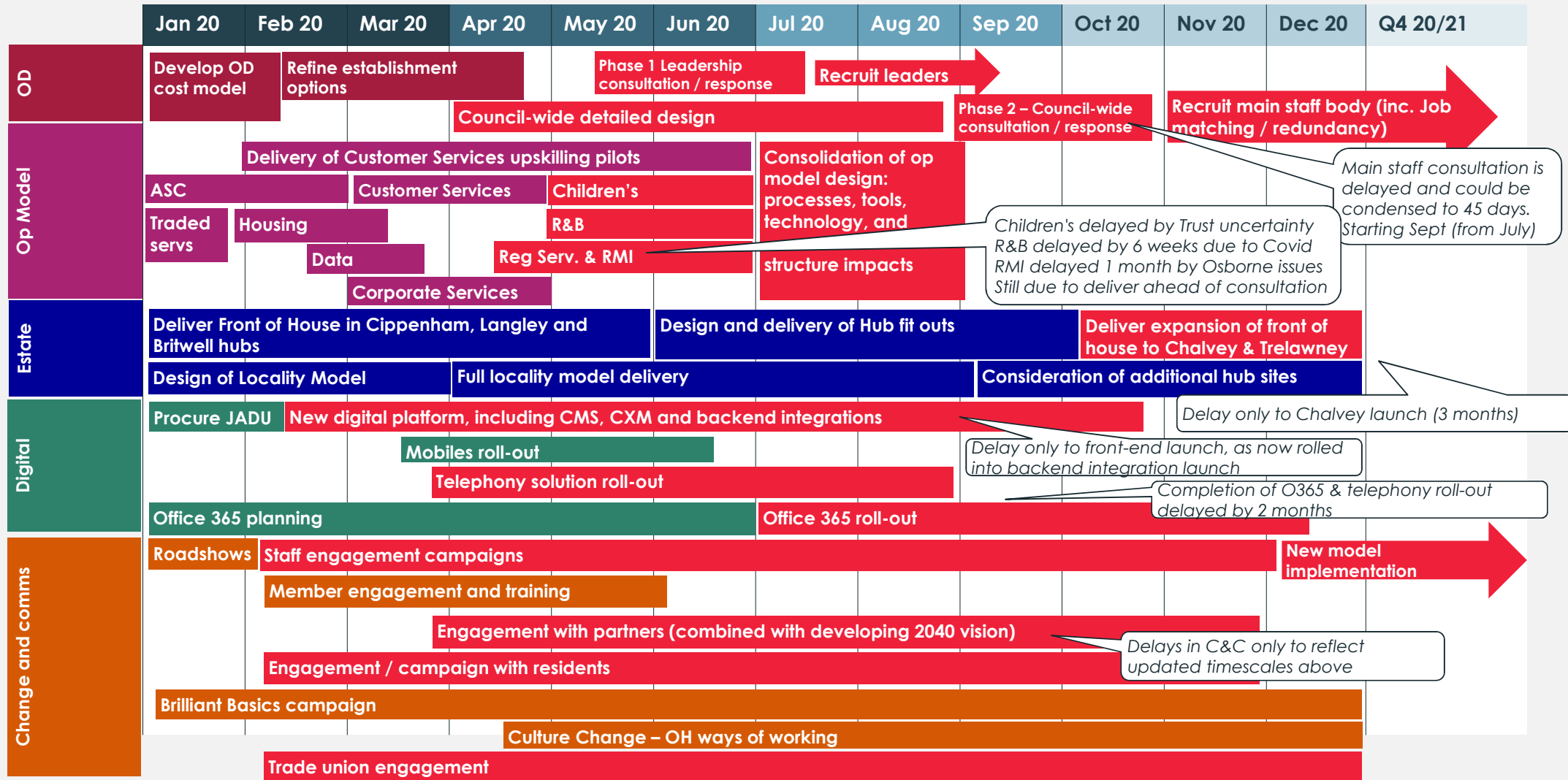
- OD work continues at pace
- Change and comms plan aligning across OF and Covid

- Op Model work to include these features – Prioritisation, Triage & Segmentation; and Coordinated Delivery
- Locality hub and front of house design become critical design elements
- Jadu remains a key enabler

- **NEW WORK / FOCUS:** partnership working and system-wide strategy needs to be reaccelerated

- Op Model needs to ensure appropriate governance delegation

RE-BASELINED PLAN CONSIDERING COVID-19 IMPACT



WHAT THIS MEANS FOR IMMEDIATE DECISION-MAKING

THERE ARE A NUMBER OF RELATIVELY IMMEDIATE DECISIONS THAT WILL NEED TO BE TAKEN

1

Return to Observatory House post-lockdown

What does this look like taking into account LMP decant and localities model?

SEE SUBSEQUENT SLIDES

2

What does ASC and CSC look like with the new demand profile?

Is the 8-8, 7 day model here to stay and how will that be contractually managed and funded?

Are there areas where Slough may need to enter level 3-4 on care act easement rules?

Will certain “broadly interpreted” offers (eg hoarding) need to be narrowed?

Do partners need to take on a larger role in picking up certain types of work?

3

How will we manage backlogs?

Huge backlog of unmet demand in multiple services (registrations, communities, social care, housing RMI etc), how will this be prioritised?

4

What does customer contact and the locality hub model look like?

Do we move to an appointments model?

What services are provided where?

How do we triage most effectively?

How do we ensure most in need do not miss out – eg homeless?

RETURN TO OBSERVATORY HOUSE

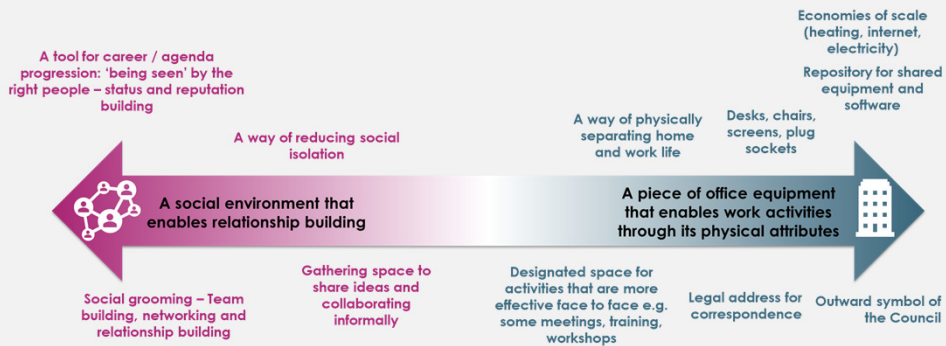
USING THE RELEASE OF LOCKDOWN TO DRIVE BEHAVIOURAL CHANGE

There are a number of key questions for re-stacking Observatory House post-lockdown:

1. What is the purpose of the office as a place of work?
2. How many staff fall within that purpose?
3. What is the impact of social distancing on immediate working and capacity?
4. How do we operate a model that achieves the long-term goal alongside immediate safety needs?
5. Role of LAP's as a workspace?

RETURN TO OBSERVATORY HOUSE

WHAT IS THE PURPOSE OF THE OFFICE AND WHO DOES THIS APPLY TO?



Lockdown has moved the Council to the right, as a more minimal view of the office

Do we want to return to the previous model?

Or

Do we want to assume relatively minimal use of the office as a base location?

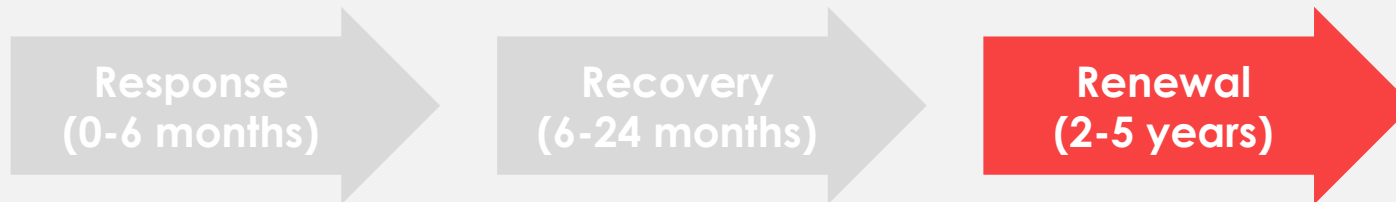
If so, what are the principles for this use:

- ✓ Access to confidential / restricted data
- ✓ Access to specialist systems
- ✓ Critical role where office presence facilitates a core function (e.g. payment systems)
- ✓ Personal circumstances make working remotely very difficult

Are there any other core principles?

Who / how many does this apply to?

OUR APPROACH TO RENEWAL



- Promote a **whole organisation**, and **whole system**, approach that actively discourages silo mentality;
- Acknowledges and builds upon the momentum created with the **voluntary, community, charitable, faith sectors** to reinforce their role as key strategic partners;
- Promote SBC as a **partner of choice** across central government departments;
- Seek to enhance existing partnerships with the **private sector**;
- Accelerate **regeneration and investment** in Slough so that existing projects do not lose momentum and that original delivery timescales are maintained, where this is within the control of the Council and its delivery partner;
- Create a **wealth/health virtuous circle** that can be reinvested in Slough; **that** is the **catalyst for a renewed Slough** that places an emphasis on improved health & wellbeing, promotes inclusive growth, reduces isolation and champions social cohesion

Managed through CMT

WHAT WILL RENEWAL LOOK LIKE?

All localities buildings are operational.
Voluntary Sector role embedded in future operating model.
A new specification and approach to commissioning services to our community & Voluntary sector is introduced and aligned with the objectives of other public sector partners.

Customer
and
localities

New operating models and approaches introduced. Touchdown video/teleconferences, already piloted, become the new BAU for rapid decision making. Staff feel valued and rewarded for their professionalism during the CV19 period and into the future. Workforce strategy & plan in place.
From Lessons Learned – all services able to meet unforeseen demands with resilience.
Joint working with other public sector partners is the new norm.

Operations

People

Work with other health and social care partners to integrate the needs of the evolved list of vulnerable people into our joint service plans and strategies to make sure that we provide a strategic and sustainable preventative approach to supporting our residents who are in greatest need.

IT: On-line customer portal; digital offer to support independence of Shielded people; Remote working smart phones/laptops; Recording system improvements; client file sharing with partners
Data Dashboards for activity to support managers/SMT and national returns

Place

A seamless pathways to employment and skills (holistic approach bringing together needs of businesses and residents) is introduced, with 5,000 local jobs created.
Low carbon zones introduced.
£2bn of regeneration works completed, including circa 3,000 new homes, a new cultural and a HE establishment.

RECOMMENDATIONS

1. Develop two separate but related plans:
 - The 2 year recovery plan (Joe Carter)
 - The 5 year renewal plan (Stephen Gibson)
2. Establish a sub-group to work on planning reporting to Joe and Stephen's Recovery and Renewal Group:
 - Liz / Colin / Ketan / Shabnam / Surjit / Dean / Barry / CLS rep
3. A joint Working Group of Cabinet and Scrutiny will work together to contribute to the work.