



Please ask for Rachel Appleyard  
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The Chair and Members of Cabinet

21 September 2020

Dear Councillor,

Please attend a meeting of the CABINET to be held on TUESDAY, 29 SEPTEMBER 2020 at 10.30 am, the agenda for which is set out below.

This meeting will be held virtually via Microsoft Teams software, for which members of the Cabinet and others in attendance will receive an invitation. Members of the public will be able to access the meeting online by following the link [here](#).

AGENDA

Part 1(Public Information)

1. Declarations of Members' and Officers' Interests relating to items on the Agenda
2. Apologies for Absence
3. Minutes (Pages 3 - 6)

To approve as a correct record the Minutes of the Cabinet meeting held on 8 September, 2020.

4. Forward Plan

Please follow the link below to view the latest Forward Plan.

## Forward Plan

5. Minutes of the Sheffield City Region Mayoral Combined Authority Board (Pages 7 - 16)

To note the Minutes of the meeting of the Sheffield City Region Mayoral Combined Authority Board held 27 July, 2020.

## Items Recommended to Cabinet via Cabinet Members

### Leader and the Cabinet Member for Health and Wellbeing

6. Chesterfield Borough Covid19 Strategic and Community Recovery Approach (Pages 17 - 72)

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Randy', written in a cursive style.

Local Government and Regulatory Law Manager and Monitoring Officer

## CABINET

**Tuesday, 8th September, 2020**

Present:-

Councillor P Gilby (Chair)

Councillors Serjeant  
Blank  
T Gilby  
Ludlow

Councillors Holmes  
J Innes  
Mannion-Brunt

\*Matters dealt with under the Delegation Scheme

168 **DECLARATIONS OF MEMBERS' AND OFFICERS' INTERESTS  
RELATING TO ITEMS ON THE AGENDA**

No declarations of interest were received.

169 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors D Collins and Sarvent.

170 **MINUTES**

**RESOLVED –**

That the minutes of the meeting of Cabinet held on 11 August, 2020 be approved as a correct record and signed by the Chair.

171 **FORWARD PLAN**

The Forward Plan for the four month period 1 September to 31 December, 2020 was reported for information.

**\*RESOLVED –**

That the Forward Plan be noted.

**172 DELEGATION REPORT**

Decisions taken by Cabinet Members during July and August, 2020 were reported.

**\*RESOLVED –**

That the Delegation Report be noted.

**173 ABSENCE OF MEMBERS OF THE COUNCIL**

The Senior Democratic and Scrutiny Officer submitted a report to enable the Cabinet to consider, for the purposes of Section 85(1) of the Local Government Act 1972, the reasons for the absence of a Member of the Council from meetings of the Authority.

Councillor Bellamy had been prevented from attending meetings of the Authority since his last attendance on 11 March, 2020 due to illness. It was not known when he might be in a position to resume his duties.

**\*RESOLVED –**

1. That, for the purposes of Section 85(1) of the Local Government Act 1972, the reason for the absence from meetings of Councillor A Bellamy since 11th March, 2020, i.e. ill health, be approved and his continued absence from meetings be authorised through until the end of January, 2021.
2. That the best wishes of Cabinet be sent to Councillor Bellamy.

**REASON FOR DECISIONS**

To meet the requirements of Section 85(1) of the Local Government Act 1972.

**174 ANNUAL REPORT TO TENANTS**

The Assistant Director – Housing submitted a report seeking approval for the Annual Report to Tenants for 2019/20, as required by Homes England. A copy of the Annual Report was attached at appendix A of the officer's report.

The Annual Report included details on performance, service delivery and future improvements in relation to:

- repairs and maintenance;
- allocating homes;
- rent collection;
- tenancy and estate management;
- careline;
- value for money.

The Annual Report would be published in the next edition of the Council's 'Your Chesterfield' newsletter.

**\*RESOLVED –**

1. That the Annual Report to Tenants be approved.
2. That a copy of the Annual Report be published on the council's website and be issued to all tenants and households in the Borough through the 'Our Homes' section within the council's 'Your Chesterfield' publication.

**REASON FOR DECISIONS**

To comply with regulatory requirements.

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result of the coronavirus pandemic, the biggest shock to our communities and our economy in living memory.

It was proposed that whilst we are slowly emerging out of lockdown the threat very much remains.

The Mayor placed on record his gratitude to all our colleagues in Public Health, in each local council, in our care services and in our primary care system that each and every day step up to the plate.

It was noted that later in the meeting consideration will be given to the region's £1.7bn Recovery Action Plan, a critically important piece of work, that sets the tone for what needs to be an ambitious and all-encompassing response. As we continue to press the Government for more financial support to tackle the crisis we have, the Mayor confirmed he is pleased to say, we have been successful in securing some additional, short-term and targeted resources to help stimulate the economy.

The Mayor informed the meeting that the House of Lords recently debated the Mayoral Combined Authority Devolution Order. It was noted the Devolution Deal once approved will bring the region an additional £30m a year of resources to bring to bear on our Covid-19 economic response but this is only a start.

The Mayor noted he is extremely concerned that emergency funding from government that is keeping our tram services running is due to expire on the 3rd August with no indication from the Government that further support is coming. The Mayor provided assurances he is both pressing government for additional funding whilst planning for the worst. The truth is the only public body capable of managing a national crisis like this is central government. Long-term sustained structural funding of the network is what is required.

### **3 Urgent Items**

The Monitoring Officer informed the meeting of the means by which the meeting would be conducted to be compliant with appropriate legislation and pursuant of the SCR's own Constitution.

### **4 Items to be Considered in the Absence of Public and Press**

RESOLVED, that item 23 (Welcome to Yorkshire Investment) be considered in the absence of the public and press.

### **5 Voting Rights for Non-constituent Members**

It was agreed voting rights may not be conferred on the non-Constituent members in respect of agenda items 12, 15, 16, 19 and 23 as the matters concern the Constituent area only.

### **6 Declarations of Interest by individual Members in relation to any item of business on the agenda**

Cllr Read declared a non-pecuniary interest in the matters to be discussed at agenda item 13 (LGF Capital Programme Approvals) by virtue of being Leader of the sponsoring Authority.

Mayor Jones requested clarity in respect of whether her Directorship position on the Welcome to Yorkshire Board constituted a non-Pecuniary interest and would preclude her voting rights in respect of agenda item 23. It was agreed voting rights may not be conferred and resolved to consider the matter further at the appropriate point on the agenda.

## 7 **Reports from and questions by members**

None.

## 8 **Receipt of Petitions**

A 50 signature petition (initially received in March 2020 but because of the coronavirus crisis held in abeyance) was received from Mr Richard Johnson

The petitioner requested the continuance of the No 18 Dinnington to Doncaster Powell's Bus Service which was reported as being stopped on 26/04/20.

The Mayor thanked the petitioner for submitting the petition and instructed officers of the Passenger Transport Executive to respond on the Authority's behalf.

The Mayor also asked the petitioner to note the associated matters to be raised under the Bus Review report.

Mayor Jones offered her support to the people of Doncaster facing any cuts in public transport provision.

## 9 **Public Questions**

A public question was received from Mr Nigel Slack and delivered as follows:  
*"The impact of the Coronavirus pandemic on world trade and the footfall of our local retail centres (Centre for Cities estimate only a 50% or less recovery in retail footfall since lockdown was eased), amongst other things, was last estimated to be a drop in GDP of some 20%. A second wave of the virus, which is almost inevitable with the poor response of HMG, followed or even concurrent with the disaster of a 'No Deal' Brexit could devastate all sectors of business in the last quarter of the 2020/21 financial year.*

*SCR & the Mayor have already indicated a preparedness to look at measures of success that are different from growth and dare I say greed in the future. The new normal that is being bandied about may make this an urgent consideration for SCR financial support and investment over the next few years.*

*What preparations have been made by SCR for this potential refocussing of priorities and how will this be reflected in the Economic Plan for the region"?*

In response, the Mayor noted that prior to the pandemic the SCR had

undertaken significant work with partners and stakeholders to develop and draft a new Strategic Economic Plan for the Sheffield City Region. This outlined our ambition and approach for sustainable and inclusive economic growth over the medium and long terms.

As a result of the pandemic, we postponed our public consultation on the draft Strategic Economic Plan and focused our attention and effort on analysing the likely impact of COVID-19 on our businesses, communities and residents. The result of this analysis is the Economic Renewal Action Plan, which we will be discussing at Agenda Item 11. The Renewal Action Plan proposes a set of priorities for supporting economic recovery in the short and medium term, with a view to growing the economy over the longer term.

It was noted we have worked with partners to build an understanding of what the 'new normal' will be for people, businesses and places, based on a broad range of socio-economic evidence and data. We're not just analysing data on productivity, GVA and unemployment, we are also looking at data on health and analysis on which geographical areas and groups of people have been most adversely affected by COVID-19.

Both the Strategic Economic Plan and Renewal Action Plan propose a wider set of ambitions and measures for the 'new normal' in the City Region.

The Mayor thanked Mr Slack for his question.

## 10 **Minutes of the meeting**

The minutes of the previous meeting held on 1<sup>st</sup> June were agreed as an accurate record of the meeting.

## 11 **Sheffield City Region Renewal Action Plan**

A report was received regarding the Renewal Action Plan (RAP).

It was noted the development of the Sheffield City Region (SCR) Renewal Action Plan (RAP) is an important move to mitigate the worst effects of the Covid-19 crisis and ensure a strong and timely recovery towards a more resilient economy and society. It was confirmed the RAP is aligned with the Economic Plan (SEP) and will act as a bridge to the SEP, setting out the more immediate term actions we need to take and should allow us to reset and confirm our priorities and the sequence of interventions needed in the medium to longer term.

It was noted the RAP has been designed with three linked horizons in mind: Relief (immediate term), Recovery (medium term) and Resilience (long term) and that the interventions in the draft RAP developed so far are designed to be delivered within the next 12 to 18 months.

The meeting was provided with a detailed explanation of the substantive themes contained within the plan.

RESOLVED, that the Board:

1. Endorses the draft SCR Renewal Action Plan
2. Agrees to take forward the delivery planning through the appropriate Thematic Boards.

## 12 **Skills Grant Acceptance**

A report was received to request approval to accept the Careers and Enterprise (CEC) Careers Hub Grant and Working Win Health Led Trial extension grant for 6 months from 01st November 2020 until 31st March 2021 and seeks delegated authority be given to the S73 Officer in conjunction with the Head of Paid Service and Monitoring Officer to enter into legal agreements for the schemes.

RESOLVED, that the Authority:

1. Approves acceptance of the CEC Careers Hub grant allocation for £146,000.
2. Approves acceptance of the Working win extension funding for 6 months and accepts the grant of £500,000.
3. Delegates authority to the S73 Officer in conjunction with the Head of Paid Service and Monitoring Officer to accept the grants of £646,000 subject to their acceptance of the terms of the agreements when these are received.

## 13 **LGF Capital Programme Approvals**

A report was received to seek approval of one scheme with a total value of £2.45m Local Growth Fund (LGF) for Greasbrough Road Improvements – Rotherham and to seek delegated authority to the Head of Paid Service in consultation with the S73 and Monitoring Officer to enter into legal agreements for the schemes.

It was reported the grant will be used to fund the preparation costs associated with the design development of the preferred option and the construction of the scheme outlined above.

RESOLVED, that the Authority:

1. Approves progression of Greasbrough Road Improvements to full approval and award of £2.45m grant to Rotherham Metropolitan Borough Council subject to the conditions set out in the Appraisal Panel Summary Table attached at Appendix A
2. Delegates authority to the Head of Paid Service in consultation with the S73 and Monitoring Officer to enter into legal agreements for the schemes covered above.

## Getting SCR Building

A report was received to provide an update on the recent announcements for devolved funding to support major employment and housing development in the SCR, and request that the MCA agrees to accept the funding and supports the proposals for accelerating delivery of the infrastructure and housing schemes.

The meeting was informed that on the 30th June 2020, the Government launched 'A New Deal for Britain' which it set out the first steps in stimulating the economy following Covid 19 pandemic and that as part of this strategy, £73.6m of funding (£33.6m (Major Capital Schemes) and £40m (Brownfield Fund)) has been allocated to the SCR MCA for supporting immediately deliverable infrastructure schemes and to support the development of housing schemes on brownfield land.

RESOLVED, that the Board:

1. Approves acceptance of the £33.6m Getting Building Fund and grant allocation to deliver the proposed programme (outlined in Annex 1 to this report).
2. Approves acceptance of the £40m Brownfield Fund grant allocation to deliver a programme of housing schemes on brownfield land for 2020-25, subject to agreement on the terms and conditions set out in section 2.6.
3. Approves a new approach to enable earlier release of scheme development costs (as set out in section 2.8) to accelerate the development and delivery of the infrastructure schemes over the next 18 months.
4. Delegates authority to the S73 Officer in conjunction with the Head of Paid Service and Monitoring Officer to accept the grants of £73.6m subject to their acceptance of the terms of the agreements when these are received.

## Bus Review Response

A report was received to outline the proposed framework for how the MCA will respond to the Bus Review and the associated work programme.

Members were reminded the Bus Review investigated the underlying causes of service and patronage decline and gathered evidence from multiple sources including interviews with stakeholders and a public survey, to which 5,900 people responded. It was noted the Review highlighted the need for a leader for buses who could drive forward improvements to the system, a role that has been adopted by the Mayor.

RESOLVED, that the Authority:

1. Notes the findings of the Bus Review and the proposed

recommendations.

2. Agrees the principles for how a response to the Review will be developed.
3. Agrees the proposed 7-point improvement plan along with the associated timescales and delivery arrangements.

## 16 **Active Travel Design Principles and Emergency Active Travel Funding**

The Mayor welcomed Dame Sarah Storey, the SCR Active Travel Commissioner, to the meeting.

Dame Sarah introduced a report setting out the Design Principles for Active Travel Infrastructure to be adopted for SCR investment, and to set out arrangements for the delivery of the DfT's Emergency Active Travel Fund Tranche 2 in the Sheffield City Region.

It was noted the proposal is for the MCA to adopt high level Design Principles. We are awaiting detailed national infrastructure design advice from the DfT which will be issued this summer. It is proposed that the SCR standards meet or exceed those from DfT as schemes are funded mainly through Government funding, including the Transforming Cities Fund, which must meet their minimum criteria.

It was confirmed the SCR Transport Board endorsed this proposal at its meeting on the 3rd July.

RESOLVED, that the Authority:

1. Agrees the design principles and the approach to creating inclusive active travel infrastructure for adoption in SCR infrastructure investment.
2. Approves the submission of proposals to DfT under the Emergency Active Travel Fund Phase 2 of c.£7m by Friday 7th August
3. Approves the acceptance of the Emergency Active Travel Fund Phase 2 grant from the DfT subject to its award and terms and conditions
4. Agrees delegated authority to be given to the Head of Paid Service in consultation with the s73 and Monitoring Officer to enter into legal agreements with the four Local Authorities for their respective schemes for Phase 2 schemes.

## 17 **Statements of Common Ground**

A report was received requesting the endorsement of both Doncaster's Statement of Common Ground and a separate but complementary Statement of Common Ground prepared by all Local Planning Authorities in the City Region.

It was noted Councils preparing local plans are under a statutory "Duty to

Cooperate” with other relevant bodies in order to encourage and enable strategic planning across local boundaries.

RESOLVED that the Authority endorses both the Doncaster Statement of Common Ground and the Local Planning Authorities’ Joint Statement of Common Ground and agrees for the MCA to be a signatory to both Statements.

18 **SCR Energy Strategy**

A report was received to present the final SCR Energy Strategy for approval, including the amendments previously agreed by the LEP Board.

It was noted the Energy Strategy is part of a wider strategy for environmental sustainability and response to the Climate and Environmental Emergency declared by the Mayoral Combined Authority in November 2019.

RESOLVED, that the Authority:

1. Approves the SCR Energy Strategy as recommended by both the SCR Infrastructure Board and the LEP Board.
2. Notes the proposed next steps for implementation of the Strategy.

19 **Devolution - Amendments to the Constitution**

A report was received to inform Members that following the consent of the Constituent Councils, and the MCA to the detail of the devolution deal, the MCA’s Constitution needed to be updated to reflect the provisions of the deal and the legislative Order that implements the deal.

The report therefore set out the changes to the Constitution and sought the endorsement of the MCA to the changes.

RESOLVED, that the Authority approves the changes to the Constitution detailed in the report and the track changed version of the Constitution appended to the report in order to reflect the devolution of further functions and the changes to governance set out in the Barnsley, Doncaster, Rotherham and Sheffield Combined Authority (Functions and Amendment) Order 2020 (“Order”), noting such changes take effect from the date that the Order becomes legislation and has effect.

20 **Year To-Date Finance Update**

A report was received to summarise the forecast impact of Covid-19 on the MCA’s financial position after the first two periods of the financial year.

A progress update on the external audit of the 2019/20 statutory accounts was also provided.

The meeting was informed that in common with partners and businesses across the region, the Covid-19 pandemic has caused disruption to the MCA’s financial affairs. This report therefore sought to highlight the impact of that disruption, and the steps being taken to protect both operations and our financial position.

RESOLVED, that the Authority:

1. Notes the year to date revenue and capital positions of the SCR Group as at 31 May and that the Q1 report will be received at the September 2020 meeting.
2. Notes the forecast impact of Covid-19
3. Notes the progress update on the external audit of the 2019/20 statutory accounts, which will be presented for approval at the MCA Board in September 2020.

21 **Code of Corporate Governance**

The meeting was presented with the revised Code of Corporate Governance.

It was noted the scope of SCR's governance and internal control framework spans the whole of the organisation's activities and, as recommended in the CIPFA/SOLACE Framework Delivering Good Governance in Local Government 2016, as described in SCR's local Code of Corporate Governance.

It was noted the Code stands as the overall statement of the Mayoral Combined Authority's and Local Enterprise Partnership corporate governance principles and commitment.

It was noted the Code demonstrates that the MCA and LEP's governance arrangements comply with the core and sub-principles contained in the Framework.

RESOLVED, that the Authority approves the revised Code of Corporate Governance.

22 **Decisions & Delegated Authority Report**

Provided for information.

23 **Welcome to Yorkshire Investment**

Item taken in the absence of the public and press.

RESOLVED, Members agreed with the recommendations within the report.

I, the undersigned, confirm that this is a true and accurate record of the meeting.

Signed .....

Name .....

Position .....

Date .....

## For publication

### **Chesterfield Borough COVID-19 Strategic and Community Recovery Approach**

<b>Meeting:</b>	Cabinet
<b>Date:</b>	29 September 2020
<b>Cabinet portfolio:</b>	Leader Health and wellbeing
<b>Directorate:</b>	Executive Director Health and wellbeing

#### **1.0 Purpose of the report**

- 1.1 This report sets out for Members a proposed strategic approach to support the borough in recovering from the impacts of the COVID-19 pandemic. The approach includes three key elements. One of these is the economic recovery plan that was approved by Council on 15 July 2020. The remaining two elements are;
- a proposal to adopt four targeted priorities to support the overall recovery; and
  - a proposal to endorse a community recovery approach, focussed on working with partners across the borough in supporting and promoting community wellbeing.

- 1.2 Members are also recommended to note that as work is progressed with partners, in developing activities and work programmes to deliver against these targeted recovery priorities and the community recovery approach, it is anticipated that further resources will be required and further reports will be presented to Members for consideration.

- 1.3 To support the need for any urgent or short term initiatives to support community wellbeing, while the planning work is progressing, Members are asked to consider the allocation of one-off financial resources from the budget risk reserve.

#### **2.0 Recommendations**

- 2.1 To approve the following four targeted recovery priorities to support the overall COVID-19 recovery across the borough;
- **Partnership and collaboration;** having a relentless focus in developing and delivering services and activities with our partners to deliver better outcomes for communities across Chesterfield
  - **Social Connectedness;** supporting and promoting activity that tackles loneliness and social isolation, including tackling digital exclusion
  - **Young people;** prioritising young people in everything we do, seeking out opportunities to support our young people to be the best that they can be
  - **Carbon reduction;** taking positive steps to deliver a green recovery
- 2.2 To approve that the Council promote these targeted recovery priorities across the borough with partners, as well as adopting them across the organisation to embed them as part of the delivery of Council services.
- 2.3 To endorse the 'Chesterfield community recovery approach – Supporting and promoting community wellbeing'; as set out in Appendix A, including the support for a direct focus on key impact areas and the cross-cutting commitments and enablers set out in paragraphs 4.14 to 4.15.
- 2.4 To note that as work is progressed with partners, in developing activities and work programmes to deliver against these targeted priorities and the community recovery approach, it is anticipated that further resources will be required and further reports will be presented to Members for consideration.
- 2.5 To approve the allocation of £30,000 to create an emergency community wellbeing fund that can be targeted at supporting communities, either directly by the council or through partner agencies, including the voluntary and community sector, to assist in managing the ongoing response and recovery associated with the COVID-19 pandemic.
- 2.6 To approve the use of the budget risk reserve to fund the £30,000 emergency fund.

### **3.0 Reasons for recommendations**

- 3.1 The unprecedented impact of the COVID-19 pandemic on the borough has led to the Council putting in place response and recovery activities to support the overall community within the borough. This report seeks to set out both a strategic and a community recovery approach to support this critical work going forward.

### **4.0 Report details**

#### **Introduction**

- 4.1 The impact of the coronavirus pandemic and the short, medium and long term effects will be felt by the world for many years to come. One of the key challenges that we must address as a society is the increasing inequalities that are forecast to occur. This is because the virus itself, and the significant effects on other health conditions and the downturn in the economy we know, will impact hardest on those that already have the least.
- 4.2 The scale of the task may be daunting, however the response to the pandemic and the resilience of our communities has itself been unprecedented and humbling.
- 4.3 This report sets out for Members a proposed strategic approach to support the borough in recovering from the impacts of the COVID-19 pandemic. The approach includes three key elements. One of these is the economic recovery plan that was approved by Council on 15 July 2020. The remaining two elements are;
- a proposal to adopt four targeted recovery priorities to support the overall recovery; and
  - a proposal to endorse a community recovery approach, focussed on working with partners across the borough in supporting and promoting community wellbeing.

#### **Targeted recovery priorities**

- 4.4 Since the outbreak of the COVID-19 pandemic the response to the impacts at a local level has been unprecedented, particularly from our

voluntary and community sector organisations and the large numbers of volunteers that deliver this activity. However, the scale of the task in terms of the numbers of individuals, communities and businesses that need assistance is daunting and will only be tackled by prolonged and determined action.

4.5 As the lockdown has eased, the Derbyshire Local Resilience Forum has established a Strategic Recovery Group to lead the work of public, private, voluntary and community sector agencies across the County to develop more detailed plans for restoration and recovery. A number of key documents have been approved and three key sub-groups have been created to develop a strategic Derbyshire wide recovery approach; these sub-groups cover Health and Welfare, Community recovery, and Economy. The work of these groups is informing the work of the Council and its partners in a range of areas. However, by definition, this is strategic work covering a number of different organisations and systems across the County geography.

4.6 As work has progressed in developing the Councils economic recovery plan and the proposed community recovery approach included within this report, three broad work areas have emerged to guide our activities and those of our partners; these are not new themes, but in looking at COVID-19 recovery they seem more relevant than ever;

- Community wellbeing
- Economy and skills
- Sustainability and environment

4.7 In considering our partnership working ethos and these themes, Cabinet are recommended to adopt four targeted recovery priorities that can provide a key focus for our activities as we seek to tackle some of the widening inequalities in our society; with a view that working towards these priorities will become part of our culture and DNA. The Council would also seek to work closely with our partners across the borough to gain support for these priorities.

4.8 The targeted recovery priorities are proposed as:

- **Partnership and collaboration;** having a relentless focus in developing and delivering services with our partners to deliver better outcomes for communities across Chesterfield

- **Social Connectedness;** supporting and promoting activity that tackles loneliness and social isolation, including tackling digital exclusion
- **Young people;** prioritising young people in everything we do, seeking out opportunities to support our young people to be the best that they can be
- **Carbon reduction;** taking positive steps to deliver a green recovery

4.9 Putting these priorities at the heart of everything we do and incorporating them into the way that we work could give us that step change that is required to really start to tackle the impacts of COVID-19.

### **Chesterfield community recovery approach – supporting and promoting community wellbeing**

4.10 As individuals and communities, we have a simple underlying ambition, ‘to live healthy and fulfilling lives’. The COVID-19 pandemic has had a seismic effect on all of our abilities to achieve this ambition. We must work relentlessly and resiliently together to tackle the impacts and the widening inequalities gaps that this pandemic is likely to cause, and to keep our focus on regaining that overall outcome; to live healthy and fulfilling lives.

4.11 Over the past few months the Council and its partners have been working together to gather and analyse information and have collaborative discussions to develop an approach that can focus activities to support our communities to adapt and recover from the impacts of the COVID-19 pandemic. The work has been led by a strategic partnership group, the Chesterfield COVID-19 Strategic Health and Wellbeing Group, that has come together to provide a link between the Derbyshire Local Resilience Forum work and the approach being delivered more locally in Chesterfield.

4.12 Appendix A sets out the proposed community recovery approach – supporting and promoting community wellbeing. It includes information on the significant partnership work that was carried out during the initial response stages of the pandemic, and sets out the

longer term impact areas (Table A4.1) that we need to tackle if we are to avoid the widening inequality gaps that are likely to occur.

4.13 The community recovery approach has two strands, which are set out in Appendix A, section 5.0, and in paragraphs 4.14 and 4.15 below, these are;

- Impact areas for direct focus
- Cross-cutting commitments and enablers

4.14 ***Impact areas for direct focus***

There are three key impact areas that have emerged as priorities for Chesterfields community recovery work to directly focus on;

- **Material insecurity** - supporting individuals and families that are feeling the effects of material insecurities, such as food, housing, financial hardship
- **Population mental health and wellbeing** – supporting vulnerable individuals that need clinical mental health support, recognising that increasing numbers of people are struggling with specific mental health and wellbeing issues stemming from the increasing challenges brought about by COVID-19
- **Social connectedness** – supporting those significant numbers of individuals that are showing signs of loneliness and that lack social connection, and without support will begin to suffer from more significant mental health difficulties

A significant amount of work is progressing across the partnerships in Chesterfield and Derbyshire to understand the impacts of COVID-19 in more detail and to develop targeted activities to tackle these impacts. The Strategic Group will have a key role in influencing the work of the individual partnership groups to ensure that activities are targeted at tackling these issues.

4.15 ***Cross-cutting commitments and enablers***

To support the way in which these key impacts can be more effectively tackled, a range of cross-cutting commitments and enablers have been identified that are proposed to be adopted by the multi-agency partnerships. It is also proposed that the Strategic Group should look to develop and lead a range of more detailed actions to make progress in these areas. These cross-cutting enabling initiatives are to:

- Create strong communication channels and clear messages
- Value joined-up working across partners and agencies, from voluntary and community through to statutory bodies
- Recognise the voluntary and community sector as an equal partner
- Be data and insight led in developing solutions; listen to people and communities, as well as using technical data
- Develop accessible centralised digital platforms to enable the delivery of joined up services across organisations
- Focus the community recovery solutions on tackling the key impacts on individuals and communities; increases in material insecurity, mental health difficulties and social isolation
- Identify and plug resource gaps to ensure that all partners can support our community resilience network

4.16 It is proposed that the Chesterfield COVID-19 Strategic Health and Wellbeing Group, change its name to the Chesterfield Strategic Community Wellbeing Coordination Group, to better reflect the role of this group going forward. This strategic group will:

- provide a link between the Derbyshire Local Resilience Forum activities and those of the partnership groups across Chesterfield;
- provide a lead for the delivery of the cross-cutting commitments and enablers and
- provide links into the multi-agency partnership organisations to seek to ensure that the key impact areas and direct focussed activities to tackle the more specific impacts of COVID-19 are identified and delivered

4.17 Chesterfield Borough Council will continue to provide a key leadership role in bringing together key agencies to focus on supporting initiatives to improve community wellbeing across Chesterfield borough.

4.18 Cabinet are asked to approve the proposed community recovery approach set out in Appendix A, and summarised above, to provide a strategic approach for the borough, supporting and promoting community wellbeing to move beyond the impacts of COVID-19.

### **Next steps and resources**

4.19 The next stage of this work will be to work in partnership through the Chesterfield Strategic Community Wellbeing Coordination Group to

develop more detailed work programmes, considering the delivery mechanisms and future resource requirements.

- 4.20 The partners on the Strategic Community Wellbeing Coordination Group have a number of pieces of work that they wish to progress that will help to better understand the impact of COVID-19 on individuals in particularly challenging situations. The analysis of these various scenarios will look to identify more specifically the help those individuals need to be able to access services and will look to map the end to end journey. This is aimed at identifying the gaps in service and what types and level of resources would be needed to enable us to best to address them.
- 4.21 As an interim measure members are recommended to approve the allocation of £30,000, from the budget risk reserve, to create an emergency community wellbeing fund that can be targeted at supporting communities, either directly by the council or through partner agencies, including the voluntary and community sector, in managing the ongoing response and recovery associated with the COVID-19 pandemic.

## **5.0 Alternative options**

- 5.1 Consideration has been given to developing a detailed community recovery action plan, but the number of partners involved in commissioning and delivering the broad spectrum of services and activities that are needed to support community recovery, would make such a plan extremely difficult to pull together and achieve. It was considered that developing an 'approach' that could provide a framework for organisations and partnerships to follow would be more appropriate to guide these activities.

## **6.0 Implications for consideration – Council Plan**

- 6.1 The targeted recovery priorities and the community recovery approach have been developed on the basis of the Council Plan vision of 'Putting our communities first', and the proposals are therefore in line with the Council Plan.

## **7.0 Implications for consideration – Financial and value for money**

- 7.1 A range of existing staff resources are targeted at working with partners, including voluntary and community organisations, to support health and wellbeing activities across the borough, as well as the significant numbers of staff delivering day to day services that support the community wellbeing of the residents and businesses across the borough.
- 7.2 The Council annually provides grants for voluntary bodies and for this financial year, 2020/21, the allocation has been £239,550. In addition, due to COVID-19 challenges, the Council approved 'rent free periods' for charitable and voluntary sector tenants at a cost of an additional £40,000.
- 7.3 During the COVID-19 lockdown, up to five members of staff were redeployed to work closely with Derbyshire Voluntary Action, to coordinate the work of volunteers who were carrying out daily tasks to support vulnerable people across the borough. In addition, other staff members were redeployed to work with a local pharmacy to delivery medical prescriptions to vulnerable people.
- 7.4 As referenced in paragraph 4.20 and reflected in the recommendation at paragraph 2.4 conversations are currently being progressed with partners to better understand and quantify the resource implications of the activities and work programmes that will need to be developed to deliver on the target priorities and the community recovery approach.
- 7.5 Pending the outcome of these conversations and the preparation of further reports for Cabinet / Council decision, it is proposed that £30,000 is allocated from the budget risk reserve to a Community Wellbeing Fund, which can be used to quickly target resources that may be needed to support our communities to respond to the continued challenges arising from the COVID-19 pandemic.

## **8.0 Implications for consideration – Legal**

- 8.1 The Localism Act, 2011, gave local authorities the general power of competence and aims to better enable councils, communities and individuals to act on local priorities and set out how such engagement should take place. It strengthens the leadership role that local

authorities have to act as community leaders and its role as a key partner working together with other public, private, voluntary and community sector organisations to support local communities.

- 8.2 District councils also have an important role in supporting the responsibilities of upper tier authorities on health improvement (Health and Social Care Act 2012) as providers of key services which have a direct impact on the health of the local population.
- 8.3 Chesterfield Borough Council recognises it's key role in safeguarding children and protecting vulnerable adults. Our safeguarding policies, procedures, training and decision making are in compliance with Government national guidelines "Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children", the Derby and Derbyshire Safeguarding Children Partnership's procedures and the Derbyshire Safeguarding Vulnerable Adults Board procedures.
- 8.4 There is also a wider duty under the Equality Act 2010 when deciding how to exercise functions to do so in a way that is designed to reduce inequalities resulting from socio-economic disadvantage.

## 9.0 Implications for consideration - Human resources

- 9.1 None arising directly from this report.

## 10.0 Implications for consideration - Risk management

Description of the Risk	Impact	Likelihood	Mitigating Action	Impact	Likelihood
Partners are not able to work constructively together	High	Medium	Chesterfield has a history of very successful working through collaborative relationship building. A continued focus on the need to maintain strong and Page 26 partnerships will be required.	High	Low

Service delivery and work programmes are not aligned with the targeted priorities and no progress is made to mitigate the widening inequality gap	High	Medium	Portfolio holders and CMT provide a leadership role to the organisation and develop policies and guidelines to support staff	High	Low
Resource constraints for organisations across Chesterfield lead to lack of engagement in the priorities and recovery approach	High	High	Partners will need to work together to identify resources and support one another where possible.	High	Medium

## **11.0 Implications for consideration – community wellbeing**

- 11.1 The fundamental basis of this report is about how we can help our local communities to have healthy and fulfilling lives. This report focuses on working to embed a set of targeted priorities and a community recovery approach through working in collaboration with public, voluntary and community, and business partners across the borough.
- 11.2 The targeted priority of social connectedness - supporting and promoting activity that tackles loneliness and social isolation, including tackling digital exclusion, is particularly important in supporting community wellbeing.

## **12.0 Implications for consideration – Economy and skills**

- 12.1 The economic recovery plan, that was approved by Cabinet on 15 July 2020, sets out the key activities that the Council will be leading on to mitigate the impacts of the pandemic on the local economy.
- 12.2 One of the key areas of activity is around supporting young people into the work place; this will be a key activity that supports the targeted priority for young people - prioritising young people in everything we

do, seeking out opportunities to support our young people to be the best that they can be.

### 13.0 Implications for consideration – Climate Change

13.1 Considering how all that we do impacts on climate change, promoting carbon reduction and sustainability is another targeted priority that is proposed in this report, ensuring that we continue to take positive steps to deliver a green recovery.

### 14.0 Implications for consideration – Equality and diversity

13.1 Ensuring that the targeted recovery priorities and the community recovery approach are all-encompassing will be a key strand in developing the work programmes going forward. A cross section of partners, including key voluntary and community sector organisations, have been involved to date in helping to develop this work, and discussions will continue as we look to respond and support all parts of the community.

#### Decision information

<b>Key decision number</b>	973
<b>Wards affected</b>	All wards

#### Document information

<b>Report author</b>	
Christine Durrant, Executive Director	
<b>Background documents</b>	
These are unpublished works which have been relied on to a material extent when the report was prepared.	
<i>This must be made available to the public for up to 4 years.</i>	
<b>Appendices to the report</b>	
Appendix A	Chesterfield community recovery approach – Supporting and promoting community wellbeing

**COVID-19 Chesterfield Community Recovery  
Approach**

**Supporting and promoting community  
wellbeing**

**September 2020**

## COVID-19 - Chesterfield community recovery approach

### 1.0 Introduction

### 2.0 COVID-19 Derbyshire and Chesterfield Community Response

- *Derbyshire Community Response Unit*
- *Chesterfield community response to the COVID--19 outbreak*
- *Community support provided by Chesterfield Borough Council*

### 3.0 Establishing a Chesterfield COVID-19 Strategic Health and Wellbeing Group

### 4.0 Understanding the impacts of the COVID-19 pandemic on society

- *Feedback from multi-agency partnerships*
- *Feedback from voluntary and community sector groups*
- *Data intelligence on the impacts COVID-19 on our society*
- *Work of the Derbyshire Local Resilience Forum – Strategic Recovery Group*

### 5.0 COVID-19 Chesterfield community recovery approach - Supporting and Promoting Community Wellbeing

- *Our underlying ambition*
- *Impact areas for direct focus*
- *Cross-cutting commitments and enablers*
- *Delivery approach and resources*

#### Table A4.1: Overarching COVID-19 impact areas

#### Figure A3.1: Chesterfield Strategic Community Resilience Framework

#### Appendix A1: Discussion paper and questionnaire

#### Appendix A2: Anonymised feedback from discussion paper

#### Appendix A3: Invitees and attendees at meeting with the Voluntary and Community Sector

#### Appendix A4: Derbyshire Local Resilience Forum – Strategic Recovery Group Overview

## **Chesterfield community recovery approach**

### **1.0 Introduction**

- 1.1 The primary focus of this report is to set out the approach that the Council and its partners have adopted in supporting our communities to adapt and recover from the impacts of the COVID-19 pandemic.
- 1.2 As individuals and communities, we have a simple underlying ambition; ‘to live healthy and fulfilling lives’. The COVID-19 pandemic has had a seismic effect on all of our abilities to achieve this ambition. We must work relentlessly and resiliently together to tackle the impacts and the widening inequalities gaps that this pandemic is likely to cause, and to keep our focus on regaining that overall outcome; to live healthy and fulfilling lives.
- 1.3 Achieving this outcome ‘to live healthy and fulfilling lives’ it at the heart of this Chesterfield COVID-19 community recovery approach. The approach is centred around supporting and promoting community wellbeing; creating healthy, safer and stronger communities.
- 1.4 This community recovery approach sets out three key impact areas that the community-based partnership groups across Chesterfield should look to focus on in their joint work programmes, and proposes a set of over-arching commitments and enablers to underpin this activity and improve the efficiency and effectiveness of delivery.
- 1.5 The report also sets out the work that was carried out in the initial response to the pandemic, as this has also formed a key input into the development of the proposals for the way forward.

### **2.0 COVID-19 Derbyshire and Chesterfield Community Response**

#### ***Derbyshire Community Response Unit***

- 2.1 A county-wide Community Response Unit, CRU, was established by Derbyshire County Council. The establishment of the unit was at the request of national government; it was for upper tier authorities to take a lead role in the COVID-19 pandemic community response to support, predominantly, shielded (extremely vulnerable) and vulnerable people where the advice to those people was to remain isolated in their homes for an estimated 12 weeks, as they are at greatest risk of being severely affected should they contract the virus. The CRU was developed with the direction and support of the Derbyshire Local Resilience Form.
- 2.2 One of the primary functions of the CRU has been to provide a contact centre with a single phone number and online registration form. This was established essentially to provide a triage unit, for any individual who feels they need help, and for those willing to volunteer to support the community efforts. Depending on the request for assistance, individuals were either directed through to lead

local voluntary agencies in each district area, to then work with the local voluntary sector network, or they were directed to more specific support through the County Council's adult social care service or the CCG/ PCN.

- 2.3 The other key role of the CRU was to provide more direct assistance to those identified as extremely vulnerable due to underlying health conditions, known as the 'Shielded population'. The CRU, as well as NHS and other organisations, were contacting these individuals, through a list provided by government, to determine their specific needs and whether they required assistance from the unit. To date the CRU had received around 2400 calls for service. This may be through emergency food parcels, assistance with food shopping, prescriptions, or for more specific medical assistance and social care needs. The Borough Council has provided support to DCC in delivering emergency food parcels.
- 2.4 The CRU also sought to ensure that prescribed medicines have been able to reach individuals and have arranged to support Pharmacies in delivering prescriptions. The Council has provided direct resource to Peak Pharmacy to assist with home deliveries.

### ***Chesterfield community response to the COVID-19 outbreak***

- 2.5 The development and coordination of the borough's community support response was complex; not least because in Chesterfield there is not one lead community and voluntary sector organisation. Whilst this meant that it was perhaps more complex in the first instance to rapidly mobilise an integrated community response, the borough can be encouraged by the strength and depth that the community and voluntary sector network affords us and ultimately this will provide resilience going forward.
- 2.6 The community and voluntary sector organisations that have been taking a lead in supporting the CRU response in Chesterfield are Derbyshire Voluntary Action (DVA), Chesterfield Volunteer Centre (CVC) and Links CVS. As the roles required for the response have emerged each organisation has taken on a different element, working together to deliver a joint outcome:
- DVA – Commissioned by DCC as the lead agency to receive referrals and link with other networks of support.
  - CVC – The lead to register volunteers and co-ordinate the volunteer effort to support the vulnerable.
  - Links CVS – To support voluntary organisations in terms of governance and structure.
- 2.7 The voluntary and community sector, supported where appropriate by the Council, have undertaken a range of direct intervention roles including food shopping and medicine collection. Hundreds of people have been supported through this network.

## **Community support provided by Chesterfield Borough Council**

2.8 The Council has been providing a range of support during the pandemic, including;

- up to five members of staff, into Derbyshire Voluntary Action, to support the coordination and communication with all CRU referrals and volunteer coordination, enabling same day contact and response to be given to the most vulnerable
- prescription deliveries to Peak Pharmacy – over 10,000 prescriptions have been delivered
- direct delivery of emergency CRU food parcel to shielded individuals
- providing waste collection services to local voluntary organisations
- the production of safe systems of work and risk assessments for some community and voluntary groups
- a staffing resource for the COVID-19 testing drive through facility at the Technique Stadium

2.9 The Council has continued to adapt and react based on identified need, whilst at the same time ensuring that critical functions around the contact centre, revenues and benefits, waste collection, environmental services, bereavement services, environmental health, housing and homelessness, for example, are appropriately resourced so that as an organisation we continue to put our communities first.

2.10 The COVID-19 pandemic has been complex and fast moving however the response from the local voluntary networks has been truly humbling and it has only strengthened the need to recognise the valuable contribution that they make to our communities.

## **3.0 Establishing a Chesterfield COVID-19 Strategic Health and Wellbeing Group**

3.1 As the role of the CRU developed, it became apparent to partners that there would be benefit in setting up a strategic framework across the County, to ensure that the overarching County approach could be tailored at a more local borough / district level.

3.2 Public sector partners that work across Chesterfield, through a range of community based partnerships, have looked to provide support to this developing strategic community response requirement. This has included partners in the;

- Health and Wellbeing Partnership,
- Community Safety Partnership,
- Place Alliance
- Childrens Locality Partnership

## Appendix A

- 3.3 The chairs, and convenors, of these partnership groups, prior to the COVID-19 outbreak, had been exploring the creation of a strategic partnership, and it seemed appropriate that this set of public sector organisations, together with a lead individual representing the CVS, look to create this strategic group, to take on the role of responding to the COVID-19 outbreak. Partners on the group include Chesterfield Borough Council Cabinet Portfolio Holder for Health and Wellbeing, officers from the Borough Council and Derbyshire County Council, including public health and children's and adults services, representatives from the Clinical Commissioning Group and the Primary Care Network and Derbyshire Voluntary Action.
- 3.4 The first meeting of this group took place on 15 April, and it has met on a largely weekly basis since then.
- 3.5 The initial focus of the group was to ensure we could respond to the immediate needs of people, through connecting those that had contacted the CRU with voluntary and community groups and the significant numbers of volunteers that came forward to help. As referenced above to support this the council allocated up to 5 staff to provide additional capacity to DVA to manage the referrals from the Derbyshire CRU.
- 3.6 The current focus of the group has been aimed at understanding the overall community resilience structure that is in place across Chesterfield and establishing ways to ensure that the vast range of partners can improve the ways that they work in a coordinated way to tackle the wide ranging impacts of COVID-19, in a way that improves our overall community wellbeing.
- 3.7 Figure A3.1 sets out the Chesterfield Strategic Community Resilience Framework; showing the links from our local community through to the strategic agencies that are there to support them.

### **4.0 Understanding the impacts of the COVID-19 pandemic on society**

- 4.1 Having established that the immediate response activities were working well, the strategic group then set out to consider how we should be ensuring that we could help people in the medium to long term, as it was becoming apparent that there would be significant long term consequences from the impacts of the pandemic, both directly and indirectly on a range of individuals, families and communities.
- 4.2 The strategic group put together a discussion paper and questionnaire to seek experiences and views from the members on the multi-agency partnership groups and also by talking directly to the many voluntary and community sector organisations who have been helping their members and new individuals to cope with the issues that have been created.
- 4.3 Other information that has been used to assess the impacts of the pandemic has been data intelligence from public health colleagues and the work that has

been done by the Derbyshire Local Resilience Forum – Strategic Recovery Group to assess and consider the impacts of the pandemic on our society.

### ***Feedback from multi-agency partnerships***

- 4.4 The discussion paper, with a series of questions, was developed to help the Strategic group engage with the four main partnership groups and gain their insight into the impacts of the pandemic and how we should work together to tackle the issues. The paper is attached at Appendix A1.
- 4.5 The feedback from partner agencies is set out in Appendix A2. Although the responses were specific to the questions, a set of headline messages came through very clearly;
- Create strong communication channels and clear messages
  - Value joined-up working across partners and agencies, from voluntary and community through to statutory bodies
  - Recognise the voluntary and community sector as an equal partner
  - Be data and insight led in developing solutions; listen to people and communities, as well as using technical data
  - Develop accessible centralised digital platforms to enable the delivery of joined up services across organisations
  - Focus the community recovery solutions on tackling the key impacts on individuals and communities; these will be increases in material insecurity, mental health difficulties and social isolation
  - Identify resource gaps to ensure that all partners can support our community resilience network
- 4.6 The summary of the responses and these headline messages will be fed back to the partnership groups, to enable the groups to review their strategies, objectives and action plans, and look to incorporate these headline messages, and where appropriate strengthen the initiatives and activities within their partnership and their own organisations.
- 4.7 It is also proposed that the strategic group consider whether there are further cross-cutting activities that should be developed to embed these headline messages across organisations in a coordinated way, to further support and promote community wellbeing across Chesterfield.

### ***Feedback from voluntary and community sector groups***

- 4.8 In July, Chesterfield Borough Council invited voluntary and community organisations across Chesterfield, who had been at the forefront of supporting individuals and communities through the pandemic, to a virtual meeting to share their experiences with the Council and one another, and seek their views on what we needed to focus on going forward in the continued response and recovery from this very challenging situation.

## Appendix A

- 4.9 The feedback from the voluntary and community sector groups just showed what a dedicated group of people they are and how resilient and innovative they have been in continuing to provide vital services for the people that they support, in an immensely challenging and ever changing situation.
- 4.10 The overwhelming issue that came across was related to the social isolation that many of their members were suffering from, including older people, disabled people, and those in the LGBT and Black and Minority Ethnic communities. They talked about this from a social contact perspective, but also related to the lack of digital connectivity and hardware that was available to help people to connect.
- 4.11 A number also raised the issue of their funding, which largely comes through the delivery of projects and outputs; but many projects had to be paused or stopped due to the response to the pandemic, and therefore funding for core posts is difficult - although again their resourcefulness in identifying new opportunities for bidding did shine through. Appendix A3 sets out a list of the organisations that were involved in this discussion.
- 4.12 The feedback from the groups was that they also valued the opportunity to share their experiences and to hear from other groups about the work that they had been doing, sharing their challenges, knowledge and solutions. Further discussions are progressing about how this type of forum can continue and help to strengthen this valuable contribution that is being made by our voluntary and community sector organisations and their volunteers.

### ***Data intelligence on the impacts COVID-19 on our society***

- 4.13 Data and detailed analysis have also been pulled together by public health colleagues around the impacts of the pandemic on individuals, and groups of individuals who were likely to be most affected by the impacts. What the analysis highlights quite starkly is that an overall impact will be the widening gap in health and wider inequalities across our communities; this is the key challenge that we must have at the forefront of our minds as we develop our recovery plans.
- 4.14 Although the analysis from public health, is very detailed, it can be summarised into seven broad impact areas, shown in Table A4.1. These impact areas reinforce the data that has been gathered through the multi-agency partnerships and the voluntary and community sector.

### ***Work of the Derbyshire Local Resilience Forum – Strategic Recovery Group***

- 4.15 The other strategic area of work that has progressed at a Derbyshire level, in parallel with the local focus on Chesterfield, has been the work of the Derbyshire Local Resilience Forum and in particular the Strategic Recovering Group and associated sub-groups. More detail on this work is included in Appendix A4.

**Table A4.1: Overarching COVID-19 impact areas**

<p><b>COVID--19 and Health Impacts:</b></p> <ul style="list-style-type: none"> <li>• Ongoing impacts of infections</li> <li>• Delays for other serious conditions</li> </ul>	<p><b>Material Insecurity - Food, Housing, welfare support:</b></p> <ul style="list-style-type: none"> <li>• increase in emergency food parcels</li> <li>• people at risk of homelessness through evictions, especially in private rented sector</li> <li>• increasing financial hardship</li> </ul>
<p><b>Economic Impact:</b></p> <ul style="list-style-type: none"> <li>• rise in unemployment</li> <li>• job insecurity</li> <li>• 20-40% increase in people on Universal Credit from March to April</li> </ul>	<p><b>Population Mental Health and Wellbeing:</b></p> <ul style="list-style-type: none"> <li>• the impact at a population level; existing vulnerable people will be hit the hardest</li> <li>• from short to long term effects;</li> </ul>
<p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• impacts on children and young people's attainment levels now and into their futures</li> <li>• youth unemployment and the uncertainty of an unstable labour market</li> </ul>	<p><b>Social Connection:</b></p> <ul style="list-style-type: none"> <li>• impact of lockdown – especially for shielded</li> <li>• loneliness risk factors increasing - bereavement, low income, material deprivation, poor mental health</li> </ul>
	<p><b>Lifestyle – activity, diet, drinking, smoking:</b></p> <ul style="list-style-type: none"> <li>• an ageing population at higher risk of deterioration</li> <li>• increased out-of-school time</li> <li>• rising obesity levels; eating and drinking habits</li> </ul>

### 5.0 COVID-19 Chesterfield community recovery approach - Supporting and Promoting Community Wellbeing

#### *Our underlying ambition*

- 5.1 As individuals and communities, we have a simple underlying ambition; ‘to live healthy and fulfilling lives’. The COVID-19 pandemic has had a seismic affect on all of our abilities to achieve this ambition. We must work relentlessly and resiliently together to tackle the impacts and the widening inequalities gaps that this pandemic is likely to cause, and to keep our focus on regaining that overall outcome; to live healthy and fulfilling lives.
- 5.2 Achieving this outcome ‘to live healthy and fulfilling lives’ it at the heart of this Chesterfield community recovery approach. The approach is centred around supporting and promoting community wellbeing; creating healthy, safer and stronger communities.
- 5.3 This community recovery approach to seeks to set out the priorities that each of the multi-agency partnership groups should look to focus on in their joint work programmes.

#### *Impact areas for direct focus*

- 5.4 Three key impact areas that have emerged as priorities for Chesterfields community recovery work to directly focus on.
- Material insecurity - supporting individuals and families that are feeling the effects of material insecurities, such as food, housing, financial hardship
  - Population mental health and wellbeing – supporting vulnerable individuals that need low level and clinical mental health support, recognising that there are increasing numbers of people struggling with specific mental health and wellbeing issues stemming from the increasing challenges brought about by COVID-19
  - Social connectedness – supporting those significant numbers of individuals that are showing signs of loneliness and that lack social connection, and without support will begin to suffer from more significant mental health difficulties
- 5.5 A significant amount of work is progressing across the partnerships in Chesterfield and Derbyshire to understand the impacts of COVID-19 in more detail and to develop targeted activities to tackle these impacts. It should also be recognised that individual organisations will be heavily focussed on their day to day activities and working more directly with key partners to respond to the challenges from the pandemic; this recovery plan is not seeking to set out all activities that all organisations are doing, as that would simply be impossible and inappropriate.

### ***Cross-cutting commitments and enablers***

5.6 To support the way in which these key impacts can be more effectively tackled, a range of cross-cutting commitments and enablers have been identified that are proposed to be adopted by the multi-agency partnerships. It is also proposed that the Strategic Group should look to develop and lead a range of more detailed actions to make progress in these areas. These cross-cutting enabling initiatives are to:

- Create strong communication channels and clear messages
- Value joined-up working across partners and agencies, from voluntary and community through to statutory bodies
- Recognise the voluntary and community sector as an equal partner
- Be data and insight led in developing solutions; listen to people and communities, as well as using technical data
- Develop accessible centralised digital platforms to enable the delivery of joined up services across organisations
- Focus the community recovery solutions on tackling the key impacts on individuals and communities; increases in material insecurity, mental health difficulties and social isolation
- Identify and plug resource gaps to ensure that all partners can support our community resilience network

### ***Delivery approach and resources***

5.7 It is proposed that the Chesterfield COVID-19 Strategic Health and Wellbeing Group, change its name to the Chesterfield Strategic Community Wellbeing Coordination Group, to better reflect the role of this group going forward.

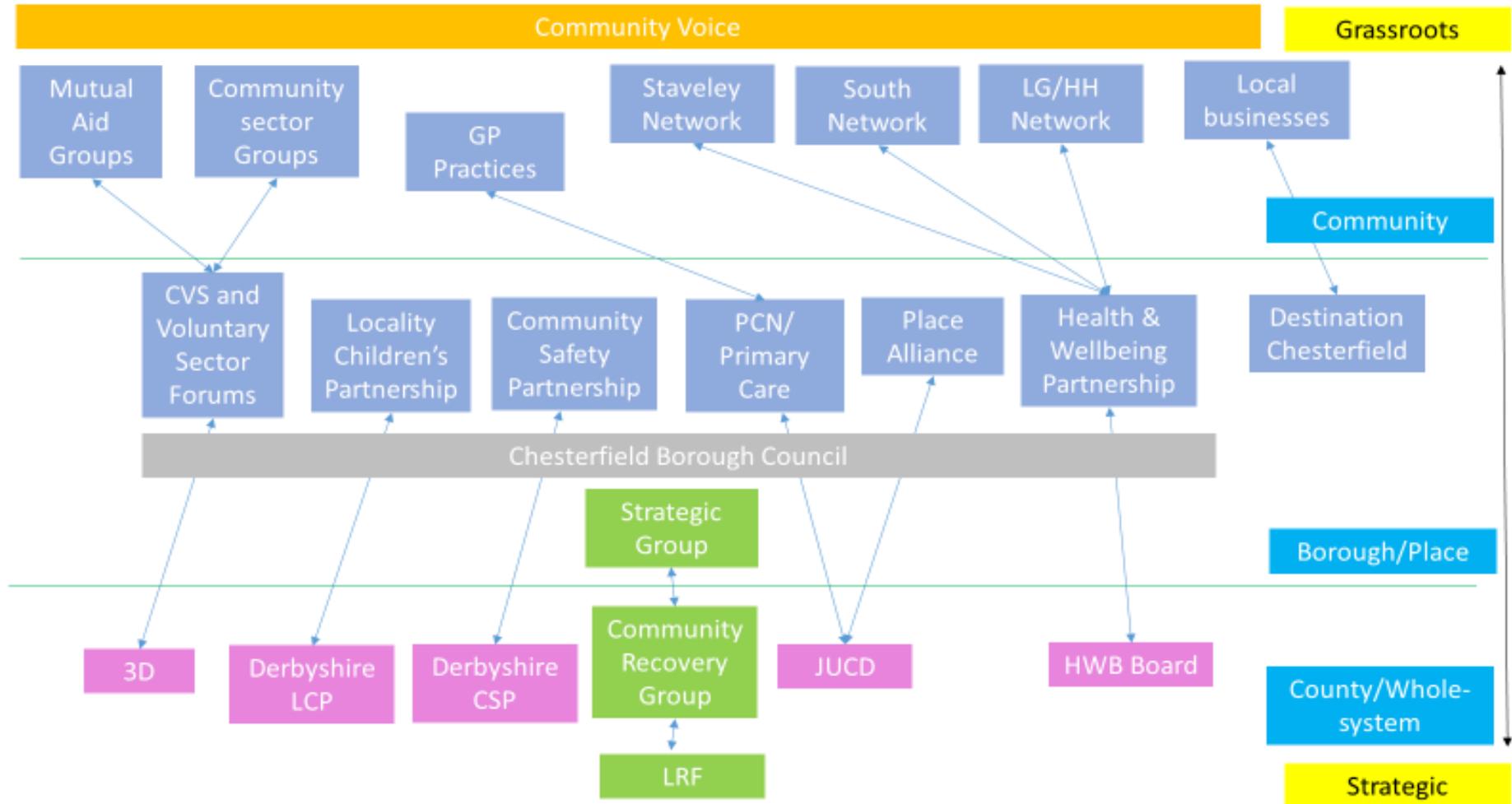
5.8 This strategic group will continue to:

- provide a link between the Derbyshire Local Resilience Forum activities and those of the partnership groups across Chesterfield;
- provide a lead for the delivery of the cross-cutting commitments and enablers and
- provide links into the multi-agency partnership organisations to seek to ensure that the key impact areas and activities to tackle the more specific impacts of COVID-19 are identified and delivered

5.9 Chesterfield Borough Council will continue to provide a key leadership role in bringing together key agencies to focus of supporting initiatives to improve community wellbeing across Chesterfield borough.

5.10 The next stage of this work will be to work through the Chesterfield Strategic Community Wellbeing Coordination Group to develop more detailed work programmes, considering the delivery mechanisms and future resource requirements.

Figure A3.1 Chesterfield Strategic Community Resilience Framework



### **Discussion paper on behalf of the Chesterfield Covid19 Strategic Health and Wellbeing Group** (authored by Christine Durrant, Executive Director, Chesterfield Borough Council, 15 May 2020)

#### **Developing and sustaining Chesterfield's community resilience against Covid-19 and into the longer term**

##### **1.0 Introduction**

This paper sets out the work that has been carried out at both a Derbyshire county and Chesterfield borough level to respond to the immediate challenges that the Covid-19 pandemic has brought to individual residents and communities. It is proposed that the strategic framework that has developed to lead and guide this work, is used to develop and sustain the community resilience going forward.

The paper aims to provoke a discussion, by asking a series of questions, across the four key community, health, wellbeing and safeguarding partnerships in Chesterfield, to consider how we develop our approach over the longer term; looking to strengthen the community support and resilience that has developed through the existing organisations and also through the significant numbers of new community groups and volunteers that have come forward to help across the borough.

The four key partnership organisations that this paper is aimed at are the:

- Health and Wellbeing Partnership
- Community Safety Partnership
- Place Alliance
- Childrens Locality Partnership

The key asks, for the Chairs and members of the partnership groups are;

- For the members of each of the four partnership groups to review this paper and through individual emailed feedback or virtual meetings, for people to provide responses to these broad questions in the coming weeks
- Ensure that all parties recognise the existence and the work of the Chesterfield Covid-19 Strategic Health and Wellbeing Group in helping to guide a strategic approach to the community response in Chesterfield
- To lead a discussion within the partnership group about how best to develop and sustain our community response going forward and leading to improve our community resilience.
- Provide feedback to the Strategic Group on that discussion and propose a series of actions that could be pulled together into an overall community resilience action plan or work programme.

### 2.0 Themes and Questions

The discussions and feedback from the partnership organisations should look to;

- focus on the areas where we need to improve our overall service design across the organisations
- looking at ways to extend the reach of statutory services into the community, using the resources of community and voluntary organisations (including private sector businesses)
- Provide any other feedback that would help us to ensure that we are maximising the community support and looking at how we can strengthen our community resilience.

The strategic group has highlighted the key areas for questions for discussion, but if there are other issues that people feel should be in this list, then please put them forward.

- **Maximising and sustaining volunteering capacity and support** – How do we work together to harness the huge increase in volunteering and community spirit that this situation has brought forward? What role do ‘digital platforms’ play in this going forward?
- **Mental Health/ social isolation/ physical activity** – How can we work across the statutory, community and voluntary sector to provide a joined up approach that supports individuals in need and makes sure that no one falls through the gaps? How do we begin to place even greater emphasis on preventative and proactive approaches rather than traditional statutory services?
- **Health, community care and social care** – What can we do to build on the fantastic growth of community resilience with volunteers and communities supporting each other? How can we support volunteers to add value to statutory services to provide more/extended help for residents, client and patients? How can we work with our local voluntary and community sector to extend the reach of health and social care services, social activities in a way that we may not have done in the past?
- **Financial inclusion/ hardship (including food bank capacity)** – Is there more work to do to support community café’s, school holiday programmes and food banks? Are there other ways that we can work with the voluntary sector and local communities to coordinate the offer in Chesterfield? How do we best do this?
- **Vulnerable families** – safeguarding/ domestic abuse/ homelessness – How do we make sure that we are joined up around these services? How can we target the additional resources allocated from government to support domestic abuse victims and the homeless in the best way?

These questions have been incorporated into a separate response template to make it easy for people to provide feedback.

### **3.0 Strategic Community Response Approach**

#### **3.1 County-wide Community Response Unit**

A county-wide Community Response Unit, CRU, has been established by Derbyshire County Council, DCC. The establishment of the unit was at the request of national government; it was for upper tier authorities to take a lead role in the Covid19 pandemic community response to support, predominantly, shielded (extremely vulnerable) and vulnerable people. The advice to those people has been to remain isolated in their homes for an estimated 12 weeks (from mid-March), as they are at greatest risk of being severely affected should they contract the virus. The CRU has been developed with the direction and support of the Derbyshire Local Resilience Form.

One of the primary functions of the CRU is to provide a contact centre with a single phone number and online registration form. This has been established essentially to provide a triage unit, for any individual who feels they need help, and for those willing to volunteer to support the community efforts. Depending on the request for assistance, individuals are either directed through to lead local voluntary agencies in each district area, to then work with the local voluntary sector network, or they will be directed to more specific support through the County Council's adult social care service or the Clinical Commissioning Group/ Primary Care Network.

The other key role of the CRU has been to provide more direct assistance to those identified as extremely vulnerable due to underlying health conditions, known as the 'Shielded population'. The CRU, as well as NHS and other organisations, have been contacting these individuals, through a list provided by government, to determine their specific needs and whether they require assistance from the unit. To date the CRU has received 3300 calls for service. This may be through emergency food parcels, assistance with food shopping, prescriptions, or for more specific medical assistance and social care needs. Chesterfield Borough Council, CBC, has provided support to the CRU in delivering emergency food parcels.

The CRU has also sought to ensure that prescribed medicines have been able to reach individuals and have arranged to support Pharmacies in delivering prescriptions or through the voluntary groups has arranged for volunteers to pick up prescriptions. CBC has provided direct resource to Peak Pharmacy to assist with home deliveries. CBC is in addition also working with the CRU to potentially widen this support to other local pharmacies across the Borough.

#### **3.2 Chesterfield community response to the Covid19 outbreak**

The development and coordination of the borough's community support response has been evolving over the past 6 weeks and has been complex; not least because in Chesterfield we do not have one lead community and voluntary sector organisation. Whilst this has meant that it perhaps has been more complex in the first instance for us to rapidly mobilise an integrated community response, we should be encouraged by the strength and depth of our

community and voluntary sector network that this affords us, and ultimately this will provide resilience going forward.

The community and voluntary sector organisations that have been taking a lead in supporting the CRU response in Chesterfield are Derbyshire Voluntary Action (DVA), Chesterfield and North East Derbyshire Volunteer Centre (CNEVC) and Links CVS. As the roles required for the response have emerged each organisation has taken on a different element, working together to deliver a joint outcome:

- DVA – acting as the lead agency to receive referrals and link with other networks of support.
- CNEVC – acting as the lead agency to register volunteers and co-ordinate the volunteer effort to support the vulnerable.
- Links CVS – acting as the lead to support voluntary organisations in terms of governance and structure.

The voluntary sector, supported where appropriate by CBC, have undertaken a range of direct intervention roles including food shopping and medicine collection. Hundreds of people have been supported through this network. As well as the direct calls from the CRU, the voluntary organisations have continued to provide their usual support and there has been an increase in requests through the usual service channels.

### **3.3 Borough/District approach to supporting the CRU activities**

As the role of the CRU has developed, it has become apparent to partners that there would be benefit in setting up a strategic framework across the County, to ensure that the overarching strategic approach can be tailored at a more local borough / district level.

DCC suggested that Strategic District Forums, SDF, are created, to support the work of the CRU. The SDF would provide a way for public sector agencies and the community and voluntary sector to work at a more local level to translate the work of the county-wide CRU, to direct action in support of individuals and communities.

This strategic framework also included that the SDF would look to create a community resilience forum / network, which would seek to link in the many community and voluntary sector organisations into this framework with a view to creating sustainable community resilience. This discussion paper is aimed at considering how best to develop and sustain community resilience across Chesterfield. It is not necessarily thought that trying to create a new partnership forum or network of groups is the best way to work towards this goal.

The strategic framework, set out by DCC, is set out in Appendix A. The Council is working with partners to set up the Strategic District Forum and consider how best to develop and sustain community resilience within Chesterfield.

### **3.4 Strategic Borough Forum – Chesterfield Covid-19 Strategic Health and Wellbeing Group**

Public sector partners that work across Chesterfield, through a range of community based partnerships, have looked to provide support to this developing strategic community

response requirement. This has included partners in the Health and Wellbeing Partnership, Community Safety Partnership, Place Alliance and Childrens Locality Partnership

The chairs, and convenors, of these partnership groups, prior to the Covid19 outbreak, had been exploring the creation of a strategic partnership, and it seemed appropriate that this set of public sector organisations, together with a lead individual representing the community and voluntary sector, CVS, look to create this strategic borough forum, to take on the role of responding to the Covid19 outbreak. We have called this strategic group the 'Chesterfield Covid-19 Strategic Health and Wellbeing Group'

The first meeting of this group took place on 15 April, with further weekly sessions arranged. Key actions to emerge from that meeting were the development of more specific terms of reference and the establishment of a task and finish group to consider the options for establishing an approach to developing and sustaining our community resilience.

#### **4.0 Developing and Sustaining Community Resilience**

As part of the response to the Covid-19 pandemic there is a real need to ensure that as public, voluntary and community sector organisations develop services to support residents and communities within Chesterfield, it is done in a joined up way.

In high-pressured situations it can be very easy for services to quickly develop their own systems and processes to respond to an issue and find that another service has done a similar thing. This can lead to confusion between organisations, but also confusion and a lack of joined up service for customers and an inefficient use of resources.

As set out above, the establishment of a Strategic District Forum – Chesterfield Covid-19 Strategic Health and Wellbeing Group – has brought together the chairs and lead officers from the four key partnerships that cover health, safety and social care services across the borough;

- Health and Wellbeing Partnership
- Community Safety Partnership
- Place Alliance
- Childrens Locality Partnership

This strategic group is aiming to provide a central point from which to coordinate the community response to the pandemic across Chesterfield. Aiming to ensure that vulnerable people and communities across Chesterfield are getting the help that they need at this challenging time.

In setting up the strategic group, there is also a view that we need to establish an approach that ensures that we can build community resilience across the range of public, private, community and voluntary sector organisations. Across these organisations we need to be able to evolve and sustain the support that will be required, as the borough looks to continue to tackle the spread of Covid-19 and to recover a sense of normality over our daily lives.

There has been a suggestion that we should be looking to set up a Community Resilience Forum that would enable this approach to be developed. However, in discussions with colleagues and partners, it would seem that, rather than set up a new network of organisations, we should be focussed on understanding the outcomes we are working towards, focus on re-designing services to strengthen our community response and resilience to Covid-19 and work towards harnessing the significant additional support that has grown in local volunteering and new community groups.

The existing four partnerships already include the key organisations that we would need to help to develop this approach. At the Strategic Group meeting, on 5 May, it was agreed that each of the partnership groups would aim to convene a virtual meeting to discuss some key themes and questions that we believe need to be addressed. These discussions should consider the work that each of the organisations are currently doing, agree areas where there is opportunity to collaborate to provide a better solution and outcome and provide feedback to the Strategic Group, with a view that this would help shape the best way forward, taking into account the other streams of work that are going on across the various organisations.

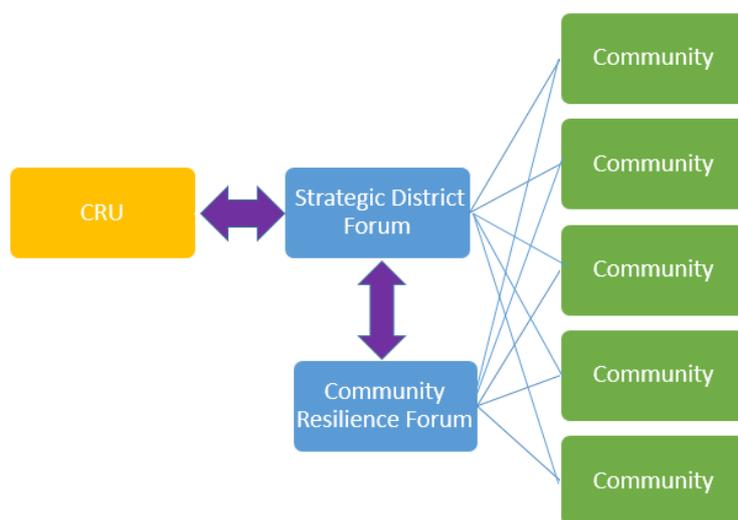
The discussions should look to focus on the areas where we need to improve our overall service design across organisations. Key areas for discussion would include;

- **Maximising and sustaining volunteering capacity and support** – How do we work together to harness the huge increase in volunteering and community spirit that this situation has brought forward? What role do ‘digital platforms’ play in this going forward?
- **Mental Health/ social isolation/ physical activity** – How can we work across the statutory, community and voluntary sector to provide a joined up approach that supports individuals in need and makes sure that no one falls through the gaps? How do we begin to place even greater emphasis on preventative and proactive approaches rather than traditional statutory services?
- **Health, community care and social care** – How can we do to build on the fantastic growth of community resilience with volunteers and communities supporting each other? How can we support volunteers to add value to statutory services to provide more/extended help for residents, client and patients? How can we work with our local voluntary and community sector to extend the reach of health and social care services, social activities in a way that we may not have done in the past?
- **Financial inclusion/ hardship (including food bank capacity)** – Is there more work to do to support community café’s, school holiday programmes and food banks? Are there other ways that we can work with the voluntary sector and local communities to coordinate the offer in Chesterfield? How do we best do this?
- **Vulnerable families** – safeguarding/ domestic abuse/ homelessness – How do we make sure that we are joined up around these services? How can we target the additional resources allocated from government to support domestic abuse victims and the homeless in the best way?

### 4.0 The Ask

- For each of the four partnership groups to meet in the coming weeks
- To circulate and present this paper
- Ensure that all parties recognise the existence and the work of the Chesterfield Covid-19 Strategic Health and Wellbeing Group in helping to guide a strategic approach to the community response in Chesterfield
- To lead a discussion within the partnership group about how best to develop and sustain our community response going forward and leading to improve our community resilience.
- Provide feedback to the Strategic Group on that discussion and propose a series of actions that could be pulled together into an overall community resilience action plan or work programme.

**Proposed strategic framework delivering the community response to Covid19**



<p><b>The role of the Community Response Unit;</b></p> <ul style="list-style-type: none"> <li>• Collation of help offered/needed at county level</li> <li>• Central Coordination of help offered/needed at county level:             <ul style="list-style-type: none"> <li>• Food Distribution,</li> <li>• Mental health</li> <li>• Volunteers management</li> <li>• Pharmacy</li> </ul> </li> <li>• Critical Adult Care service cover across the county</li> <li>• Critical Childrens service cover across the county</li> <li>• Receive and act on escalations from district forums</li> <li>• Monitoring and service provision of/to vulnerable groups</li> </ul>	<p><b>Partners in the Community Response Unit;</b></p> <ul style="list-style-type: none"> <li>• Derbyshire County Council</li> <li>• District Councils</li> <li>• Peak District National Park Authority</li> <li>• Derbyshire Police</li> <li>• Derbyshire Fire and Rescue</li> <li>• CCG and NHS providers</li> <li>• Voluntary, community and charity sector representatives</li> </ul>
<p><b>Role of Strategic District Forum:</b></p> <ul style="list-style-type: none"> <li>• Direct communications to/from the CRU</li> <li>• Collation of help offered/needed at district level</li> <li>• Coordination of help offered/needed at district level</li> <li>• Receive and act on escalations from Communities</li> </ul>	<p><b>Partners in Strategic District Forum:</b></p> <ul style="list-style-type: none"> <li>• Public Health- PH Lead</li> <li>• District/Borough Council</li> <li>• CVS</li> <li>• Place Alliance- CCG and GP Leads</li> <li>• Active Derbyshire Place Leads</li> <li>• Local Childrens Partnership Lead</li> </ul>
<p><b>Role of Community Resilience Forum:</b></p> <ul style="list-style-type: none"> <li>• Deployment of resources from local groups and charities</li> <li>• Understanding of activity and gaps within the community areas through mapping zones of the district (no house missing)</li> </ul>	<p><b>Partners in Community Resilience Forum (depending on district):</b></p> <ul style="list-style-type: none"> <li>• Public Health- PH Lead and Community SDOs</li> <li>• District/Borough Council</li> <li>• CVS</li> </ul>

<ul style="list-style-type: none"> <li>• Understanding of local primary care activity/needs</li> <li>• Escalating issues/needs into Strategic District Forum</li> </ul>	<ul style="list-style-type: none"> <li>• Place Alliance- CCG, GP Leads, NHS Providers</li> <li>• Adult Care</li> <li>• Children’s Services</li> <li>• Social Prescribing Link Workers</li> <li>• Food Banks</li> <li>• Parish Councils</li> <li>• Residents</li> <li>• Citizens Advice</li> <li>• Churches/Chaplaincy</li> <li>• EMAS</li> <li>• Police</li> <li>• Fire Service</li> <li>• Active Derbyshire Place Leads</li> <li>• key voluntary sector organisations</li> <li>• Community safety</li> <li>• Housing providers</li> </ul>
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**How are District Forums proposed to run?**

For the Strategic District Forums, it is suggested that a weekly or twice weekly call lasting 30-1 hour involving all partners, again depending on the district.

The Strategic District Forums will have access to the Community Response Unit Share point for the district level.

The Strategic District Forums will look to establish the community resilience forum and consider the best approach to communicating and linking in with this wide range of groups and partners.

**Chesterfield Covid-19 Strategic Health and Wellbeing Group**

**Feedback form – Developing and sustaining Chesterfields Community Resilience**

**15 May 2020**

Respondents name:	
Organisation:	
Email address:	
Date of response:	

The discussions and feedback from the partnership organisations should look to;

- focus on the areas where we need to improve our overall service design across the organisations
- looking at ways to extend the reach of statutory services into the community, using the resources of community and voluntary organisations (including private sector businesses)
- Provide any other feedback that would help us to ensure that we are maximising the community support and looking at how we can strengthen our community resilience.

Key areas for questions for discussion are listed below, but if there are other issues that people feel should be in this list, then please put them forward.

<p><b>Maximising and sustaining volunteering capacity and support</b> – How do we work together to harness the huge increase in volunteering and community spirit that this situation has brought forward? What role do ‘digital platforms’ play in this going forward?</p>
<p><b>Mental Health/ social isolation/ physical activity</b> – How can we work across the statutory, community and voluntary sector to provide a joined up approach that supports individuals in need and makes sure that no one falls through the gaps? How do we begin to place even greater emphasis on preventative and proactive approaches rather than traditional statutory services?</p>

**Health, community care and social care** – How can we do to build on the fantastic growth of community resilience with volunteers and communities supporting each other? How can we support volunteers to add value to statutory services to provide more/extended help for residents, client and patients? How can we work with our local voluntary and community sector to extend the reach of health and social care services, social activities in a way that we may not have done in the past?

**Financial inclusion/ hardship (including food bank capacity)** – Is there more work to do to support community café’s, school holiday programmes and food banks? Are there other ways that we can work with the voluntary sector and local communities to coordinate the offer in Chesterfield? How do we best do this?

**Vulnerable families** – safeguarding/ domestic abuse/ homelessness – How do we make sure that we are joined up around these services? How can we target the additional resources allocated from government to support domestic abuse victims and the homeless in the best way?

**Any other comments.....**

Thank you for your time.

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Anonymised feedback from discussion paper – Developing and Sustaining Chesterfields Community Resilience

Chesterfield Covid-19 Strategic Health and Wellbeing Group

A total of 14 responses were received from Chesterfield’s Health and Wellbeing Partnership, Community Safety Partnership, Place Alliance Group and Locality Children’s Partnership. Responses were a combination of individual, partnership or organisation thoughts.

Headline messages

- Create strong communication channels and clear messages
- Value joined-up working across partners and agencies, from voluntary and community through to statutory bodies
- Be data and insight led in developing solutions; listening to people and communities, as well as using technical data
- Develop accessible digital platforms to enable the delivery of joined up services – centralised accessible database for all partners
- Recognise the voluntary and community sector as an equal partner
- Key impacts on individuals and communities from the pandemic will be increased material insecurity, mental health difficulties and social isolation
- Identify resource gaps to ensure that all partners can support our community resilience network

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Question	Themes	Comments/Examples
<p><b>Maximising and sustaining volunteering capacity and support</b> – How do we work together to harness the huge increase in volunteering and community spirit that this situation has brought forward? What role do ‘digital platforms’ play in this going forward?</p>	<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• <b>Enable localised connections</b></li> <li>• <b>Develop communication to understand communities (grassroots to strategic)</b></li> <li>• <b>‘Equal’ relationships</b></li> </ul>	<ul style="list-style-type: none"> <li>• Communication with people who offer to volunteer (especially during dormant periods)</li> <li>• Digital platforms for centralised information, database, search access (group, location, topic) and links to social media</li> <li>• Clear ‘asks’</li> <li>• Framed in a way with which people can identify</li> <li>• Social media and the instant contact (Facebook) / Apps (Next door)</li> <li>• Neighbourhood Watch</li> <li>• Holme Hall Unite as case study</li> <li>• Promotion of volunteering to the public (simple/informal volunteering)</li> </ul>
	<p><b>Skills</b></p>	<ul style="list-style-type: none"> <li>• Match specific skills to need</li> <li>• Match time available to need</li> </ul>

		<ul style="list-style-type: none"> <li>• Upskilling volunteers (courses, training, webinars, workshops, advice)</li> </ul>
	<b>Digital Inclusion</b>	<ul style="list-style-type: none"> <li>• Digital access</li> <li>• Digital skills</li> </ul>
	<b>Business involvement</b>	<ul style="list-style-type: none"> <li>• Closer partnerships and working</li> </ul>
	<b>Community engagement</b>	<ul style="list-style-type: none"> <li>• Community activities / events</li> <li>• Building on the mutual aid groups successes, supporting them to continue or taking best practise</li> </ul>
	<b>The 'system' valuing community connectivity and volunteers</b>	<ul style="list-style-type: none"> <li>• Collective strategic, community, organisation and individual structure</li> <li>• Investment and support for volunteer coordination and leadership</li> <li>• Recognition, acknowledgment and reward for volunteers</li> <li>• Links to social prescribing and other statutory roles/commissioned services (work coaches)</li> <li>• Links between Mental Health Services and community initiatives</li> <li>• Opportunity to increase connections with schools</li> <li>• Older people are a valuable resource</li> </ul>
	<b>Define what the ongoing needs of the community</b>	<ul style="list-style-type: none"> <li>• Shift from urgent food and prescription to isolation, financial hardship, emotional wellbeing etc.</li> </ul>
	<b>Role of informal volunteering</b>	<ul style="list-style-type: none"> <li>• Neighbours, streets</li> <li>• Non-constituted groups</li> <li>• Fast tracked or simplified verification (DBS type) where needed</li> <li>• Opportunity for a broader bank of volunteers</li> <li>• Part of mental health recovery</li> <li>• Recognise that volunteering is volatile (circumstances change)</li> </ul>

Question	Themes	Comments/Examples
<p><b>Mental Health/ social isolation/ physical activity</b>                      – How can we work across the statutory, community and voluntary sector to provide a joined up approach that supports individuals in need and makes sure that no one falls through the gaps? How do we begin to place even greater emphasis on preventative and proactive approaches rather than traditional statutory services?</p>	<p><b>Insight led</b></p>	<ul style="list-style-type: none"> <li>• Local data matched with evidence and research, best practise</li> <li>• Community voice (individuals and community groups)</li> <li>• Understand and align existing insight methods – networks, surveys</li> <li>• Understand existing provision</li> <li>• Use points of contact</li> <li>• Maintain lines of contact and communication</li> <li>• Identify root causes</li> <li>• Build upon connections and information from pandemic period</li> </ul>
	<p><b>Joined up system</b></p>	<ul style="list-style-type: none"> <li>• Digital platform/database/search engine</li> <li>• Information sharing</li> <li>• Single point of access for referrals</li> <li>• Referrals into statutory services via preventative support</li> <li>• Increased community based outreach workers to engage with small geographical communities</li> <li>• Align resource and provision</li> <li>• Improved/increased signposting across support</li> <li>• Investment into VCS to ensure provision is there</li> <li>• Community safety services link in with mental health provision</li> <li>• Clear communication</li> </ul>
	<p><b>Exercise</b></p>	<ul style="list-style-type: none"> <li>• Motivated people will find their way</li> </ul>

		<ul style="list-style-type: none"> <li>• Online exercise sessions</li> <li>• Local activities and exercise opportunities</li> <li>• Improvements and introduction to local green space</li> <li>• Localised funding available through Active Derbyshire</li> </ul>
	<b>Isolation</b>	<ul style="list-style-type: none"> <li>• Regular proactive contact to vulnerable – neighbour check scheme</li> <li>• Digital access for befriending and support – Zoom, video-calls</li> <li>• Access and provision of community activities</li> <li>• Island programme – central source of reducing isolation</li> <li>• Door knock to check on people</li> </ul>
	<b>Mental Health and resilience</b>	<ul style="list-style-type: none"> <li>• Ensure courses are accessible e.g. Equipped to Succeed</li> <li>• Flexible approach to the support that may help people</li> <li>• Value of trusted local relationships and support, not just Mental Health services</li> <li>• Community groups and volunteers have more time than statutory services</li> <li>• DHCFT are keen to work more collaboratively with community and voluntary sector</li> <li>• Anxiety reported from parents in physical access and return to school</li> </ul>
	<b>Place Based approach</b>	<ul style="list-style-type: none"> <li>• Understanding communities</li> <li>• Delivery in a place based way</li> </ul>
	<b>Tackling inequalities</b>	<ul style="list-style-type: none"> <li>• Covid 19 is widening the inequalities gap</li> <li>• Identify and respond to the root causes</li> </ul>

Question	Themes	Comments/Examples
<p><b>Health, community care and social care</b> – How can we do to build on the fantastic growth of community resilience with volunteers and communities supporting each other? How can we support volunteers to add value to statutory services to provide more/extended help for residents, client and patients? How can we work with our local voluntary and community sector to extend the reach of health and social care services, social activities in a way that we may not have done in the past?</p>	<p><b>Communication</b></p>	<ul style="list-style-type: none"> <li>• Digital platforms for centralised information, database, search access (group, location, topic) and links to social media</li> <li>• A live database for use by staff and organisations</li> <li>• Make contact and engage all community organisations</li> <li>• Understanding communities – need and gaps</li> <li>• Communication of what’s available to communities</li> <li>• Incentives for volunteering</li> <li>• Leaflet drop to raise awareness of support</li> </ul>
	<p><b>Visibility in communities</b></p>	<ul style="list-style-type: none"> <li>• Activities and events</li> <li>• Using different points of contact to promote awareness (schools, care homes, sports clubs, churches, local people, Cllrs)</li> <li>• Intergenerational e.g. schools and care homes</li> <li>• Local businesses</li> </ul>
	<p><b>Keep the success fresh</b></p>	<ul style="list-style-type: none"> <li>• it could soon be lost and focus again on NHS, build on momentum and invest in VCS</li> <li>• Build on the newly engaged volunteers</li> <li>• Build on the Good Sam App model of engaging volunteers in Derbyshire</li> </ul>
	<p><b>Insight led and Joint working</b></p>	<ul style="list-style-type: none"> <li>• Community involvement throughout</li> <li>• JUCD, AD insight work</li> <li>• Support, advice and training for volunteers</li> <li>• Close work with statutory sector teams</li> <li>• Joint commissioning</li> <li>• Spaces for joint support to be provided</li> </ul>

		<ul style="list-style-type: none"> <li>Physical activity is a common thread – prevention, prehab and managing conditions</li> </ul>
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Question	Themes	Comments/Examples
<p><b>Financial inclusion/ hardship (including food bank capacity)</b> – Is there more work to do to support community café’s, school holiday programmes and food banks? Are there other ways that we can work with the voluntary sector and local communities to coordinate the offer in Chesterfield? How do we best do this?</p>	<p><b>More investment</b></p>	<ul style="list-style-type: none"> <li>Expansion of community café’s and holiday programmes</li> <li>Ensure there is provision in each community</li> <li>Simplify grant schemes to enable easier access for voluntary organisations</li> <li>Ongoing support for Food Banks and Community Cafés</li> <li>Support organisations to have structure and solidity and processes/procedures</li> </ul>
	<p><b>Joint working</b></p>	<ul style="list-style-type: none"> <li>Liaison and coordination between groups</li> <li>Consistent offer of food distribution – consistent form or monitoring</li> <li>Opportunities for tenants to support each other</li> <li>Insight and community led</li> <li>Support community venues to re-open</li> <li>Using existing links to promote support (e.g. DCA, schools)</li> <li>Engagement of local shops and supermarkets</li> <li>Collaborative development of school holiday programmes</li> <li>Avoid competition for resources</li> </ul>
	<p><b>Employment / Unemployment</b></p>	<ul style="list-style-type: none"> <li>Projected recession and unemployment affecting household income</li> <li>Increased demand on support services – CAB etc.</li> </ul>

		<ul style="list-style-type: none"> <li>• Possible transition to self-employed – how do we support?</li> <li>• Proactively identifying people who may benefit from support e.g. those with rent arrears</li> <li>• Taking support to people e.g. benefits advice, tenancy support, food access</li> </ul>
	<b>Communication and Promotion</b>	<ul style="list-style-type: none"> <li>• Ensure that people are aware of what support is available</li> <li>• Consider a single point of contact/access in communities</li> <li>• Impact on health (eating, exercise etc.)</li> </ul>

Question	Themes	Comments/Examples
<p><b>Vulnerable families – safeguarding/ domestic abuse/ homelessness</b> – How do we make sure that we are joined up around these services? How can we target the additional resources allocated from government to support domestic abuse victims and the homeless in the best way?</p>	<b>Joint Working</b>	<ul style="list-style-type: none"> <li>• Joint role of voluntary sector and local authorities</li> <li>• Joint working with local organisations e.g. Elm Foundation</li> <li>• Develop a key worker system /group assign to each vulnerable category to forge positive relationships of trust.</li> <li>• Integrate collaborative role of early help workers</li> <li>• Grading of risk for domestic abuse cases to support partner responses</li> </ul>
	<b>Communication</b>	<ul style="list-style-type: none"> <li>• Communication on the offer of support and access points</li> <li>• Communication, awareness and promotion</li> </ul>
	<b>Resource</b>	<ul style="list-style-type: none"> <li>• Commission local services to support these groups separate to statutory services and statutory buildings.</li> </ul>

		<ul style="list-style-type: none"> <li>• Provide grants to groups that will provide more informal support to the homeless ie, local churches and pastoral groups. Have a 'directory of services' for financial, practical and social support for these areas of need.</li> <li>• Allow some resource to support homeless people who have previous been declined for re-housing due to intentional homelessness/ rent arrears/ evictions/ ASB to get them into settled accommodation.</li> </ul>
	<p><b>Safeguarding Awareness</b></p>	<ul style="list-style-type: none"> <li>• Everyone aware and alert about safeguarding</li> <li>• Safeguarding training and support for volunteers</li> <li>• Familiarity and confidence to report Domestic Abuse or safeguarding concerns (culture)</li> </ul>
<p>Derbyshire Community Safety Response</p>	<p>Multi-agency governance structures co-ordinate our responses to the priorities identified in the <u>Derbyshire Community Safety Agreement 2020 to 2023</u>. Where appropriate we link into other forums and boards to co-ordinate this work.</p> <p>For example, we have been extremely successful in gaining significant levels of additional resource through having a county-wide joined up approach to applying for external funding bids to enhance commissioned services for domestic abuse. The County Council has also agreed to underwrite additional resources to increase provision of domestic abuse services post lockdown, where we may see an increase in need. This will be offset by any external funding ourselves or partners are able to apply for.</p> <p><b>Commissioned or Co-commissioned Services by Community Safety Unit:</b></p> <ul style="list-style-type: none"> <li>• Syrian Vulnerable Persons Resettlement Programme</li> <li>• Modern Slavery PRE- National Referral Mechanism (NRM) support*</li> <li>• Domestic Abuse: Helpline, Domestic Abuse Support Services (Community outreach, children's service and accommodation), Independent Domestic Violence Advisors (IDVA) services for high risk victims*.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Sexual Assault Referral Centre (SARC), including Independent Sexual Violence Advisor (ISVA) service. We also commission the Childrens ISVA service (CHISVA) with the Office of the Police and Crime Commissioner*</li> <li>• Stop Hate UK – hate crime support service and helpline*</li> </ul> <p>We jointly commission some services* with a variety of partners, these include, the Office of the Police and Crime Commissioner, Health, Police, Derby City Council. All of the providers of these commissioned services are third-sector organisations, some of which offer volunteering opportunities to support service provision, alongside paid staff members.</p> <p>During this time all our commissioned services have adapted the way their services provide support to clients, to ensure that provision can continue, whilst maintaining social distance. For example, this include moving some face to face services to telephone and online support. We will work closely with providers to adapt their services further as lockdown is eased.</p>
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**Other Comments**

<p>From a community safety perspective, strategic governance and decision making is done via the Safer Communities Board, which has representation from all key stakeholders including political and officer representation from all local authorities.</p>
<p>Whilst it has been a dreadful time for many families and individuals, the pandemic has brought out lots of good things in people and communities, and we need to build on this for the future. We need to encourage people be open to helping their neighbour, and not always rely on ‘the state’ to take up the role. Equally, the statutory bodies need to know who the groups are and acknowledge and recognise what is being done by volunteers and groups – and support them. The right approach is important as some groups may fear that statutory intervention is being dismissive/interfering rather than supportive. It really shouldn’t be ‘either’, ‘or’, but ‘both together’. It’s about building relationships to support our communities – and we all need to work together to see our communities transformed!</p>
<p>Just to restate that the impact of worklessness is still yet to hit many people. In the coming months the number of families seeing their earned income disappear is going to be significant. That will place additional pressures on services such as foodbanks, but it will also see a big increase in demand for advice and support in getting back to work through whatever means:</p> <ul style="list-style-type: none"> <li>• Help in applying for jobs for people who’ve maybe not had to do that for years</li> </ul>

<ul style="list-style-type: none"> <li>• Identifying training that will help people to move into new careers in new sectors</li> <li>• Advice and support in working for themselves</li> </ul>
<p>Having asked social care colleagues for feedback about the positive joined up working that has happened under COVID, the feedback was that they didn't feel part of any increased joined up working and felt their relationships with partners had not changed, or they felt 'out of the loop' with some of the work that has been taken place.</p>
<p>DHU provide overarching health services to the Chesterfield Place patients. When providing patient care we are well placed to signpost to services where there is a clear need via a 'Directory of Services' referral system that could be linked to Adastra.</p>
<p>I moved to this area five years ago having worked in the Third Sector for over 30 years as a volunteer and paid worker. I found it very frustrating trying to gain information about volunteering roles that were available. I hope that this crisis will see a swift change in the way we work across the area.</p>
<p>As Joe Wicks reduces his free PE classes to 3 days a week and ultimately finishes this initiative as schools return it would be great for there to be a co-ordinated county wide approach to signposting to an alternative that families can access to do collective workouts at home. There are of course as lockdown eases wide provision in the community at leisure centres and beyond. 30 minutes at home however has been very accessible to many families, it free, there is no travel time and for many has been key family time together. Accessing the work outs on Facebook and tube has been great as it can be done at a time to suit and has been varied, adaptable for all capabilities and Joe has been a great role model to follow, it would be great to harness families desire to continue this exercise at home beyond COVID-19.</p>
<p>Things are working well but Coronavirus has now spread a fear throughout our community. The work that follows will be extremely hard as we try to get past the anxiety after the pandemic. The lockdown will last a lot longer than it is put in place. We need to make sure communities don't shut down all together.</p>
<p>Improved communication between agencies and schools.</p>

## Invitees and attendees at meeting with the Voluntary and Community Sector

**Held Monday 20<sup>th</sup> July 2020**

Invites were issued to all the groups below and they were encouraged to share with others, to ensure the meeting had as broad a voluntary and community sector audience as possible. There were around 20 voluntary and community sector organisations that were able to attend, and these are marked with an asterisk\*.

Whilst not everyone had the chance to speak during the meeting Cllr Mannion-Brunt did follow up with all those who were at the meeting but were unable to speak to ensure their thoughts and views were captured.

African Caribbean Community Association*
Age Concern Chesterfield and District
Ashgate Avenue Mutual Help Group (Chesterfield)
Asian Association of Chesterfield and North Derbyshire
Big Red Food Shed
Brampton and Brockwell Covid Support Networks
Broken Beauty - Hayley Newman
Chesterfield and District Shopmobility*
Chesterfield and NE Derbyshire Chinese Elders Group
Chesterfield and NE Derbyshire Muslim Women's Group
Chesterfield Borough Council, Health and Wellbeing*
Chesterfield Care Group
Chesterfield Citizens Advice*
Chesterfield Community Food Hut
Chesterfield Community Volunteers
Chesterfield Filipino Community Association
Chesterfield Foodbank*
Chesterfield Muslim Welfare Association
Chesterfield Volunteer Centre*
Church on the Bus*
Clinical Commissioning Group*
Cosy Hub*
COVID-19 Mutual Aid Group
Cruse Bereavement Care (Chesterfield)
Deaf and Hearing Support
Derbyshire Carers Association
Derbyshire Community Hub*
Derbyshire Community Transport*
Derbyshire County Council*
Derbyshire Gypsy Liaison Group
Derbyshire LGBT*
Derbyshire Recovery and Peer Support

Derbyshire Veterans Group HQ
Derbyshire Voluntary Action*
Derventio Housing Trust*
Fairplay
Fem Talk - Rebecca Tustin
First Steps ED*
Freedom Community Project – Foodbank
Friends of Eastwood Park, Hasland*
Fuzzy Ducklings - Lee Waterhouse - mental health group for children and young people
Georgia Bird Foundation*
Grasland Hasmoor Senior Citizens*
Greg Hewitt (Covid Directory)*
Gussie's Kitchen*
Hobby Talk (Chesterfield)
Holme Hall Unite*
Junction Arts
Lighthearted
Limestone House Volunteer Centre – Foodbank
Links CVS*
Men-Talk
Monkey Park
Morton Village Hall
New Hope Foodbank
North Derbyshire Refugee Support Group and Stand Up to Racism*
Our Vision Our Future*
Pathways of Chesterfield
Relate Chesterfield*
Rhubarb Farm
St Thomas' Church, Brampton
St. John's Church Walton
Stepping Stones Arts and Crafts Club
The Elm Foundation*
The Mental Health Motorbike
Touchstone Community Development
Waste Not Cafe Chesterfield
West Ward facebook page



# **Derbyshire Local Resilience Forum Covid-19 - Strategic Recovery Overview**



### Strategic Recovery

The leading body for the LRF Strategic Recovery is the Strategic Recovery Group (SRG). Its key responsibilities are:

- The strategic co-ordinating body for the COVID-19 pandemic recovery phase.
- Able to give the broad overview and represent each agency's interests and statutory responsibilities.
- Provides visible and strong leadership during the recovery phase.
- Takes advice from the sub-groups, agrees the strategy and ensures implementation of the strategy and the rebuilding of public confidence.
- Ensures the co-ordination and delivery of consistent messages to the public and media.

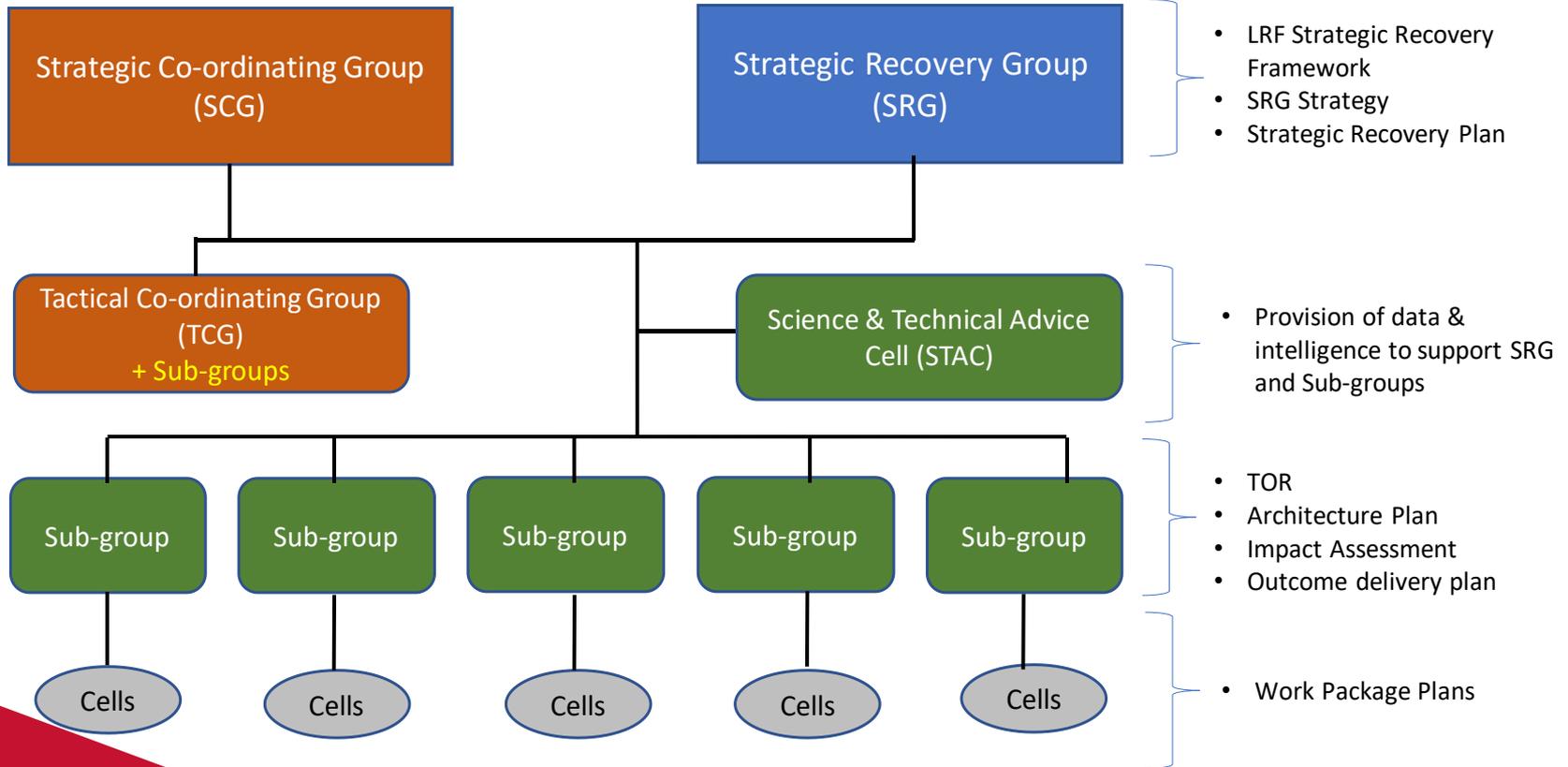
- To develop the relationship between the SRG and existing structures and delivery mechanisms across the City and County.
- Harness expertise and help steer partners through recovery in the most effective and efficient manner possible.
- Work towards long-term regeneration and renewal, with a more circular and distributed economy
- Integrate health and social care services further

- Build a more active, healthy county that is more connected to the outdoors, nature and each other
- Build public confidence in the resilience of public bodies, for current and future challenges and emergencies
- Recognise the scale and breadth of recovery required, ensuring clarity of purpose for the SRG and Sub-groups.

# Recovery - Governance

## Derbyshire Local Resilience Forum (LRF)

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# SRG Sub-groups

## Economy & Regeneration

- Assess the economic implications for the affected area and provide assistance.
- Enable businesses affected by the emergency to resume trading as soon as possible.

## Health & Welfare

- To co-ordinate the provision of a full range of practical assistance, support and where necessary, counselling, to those directly or indirectly affected by the emergency.
- Enable the community easy access to the required assistance.
- Bring together the relevant health expertise.

## Community Resilience

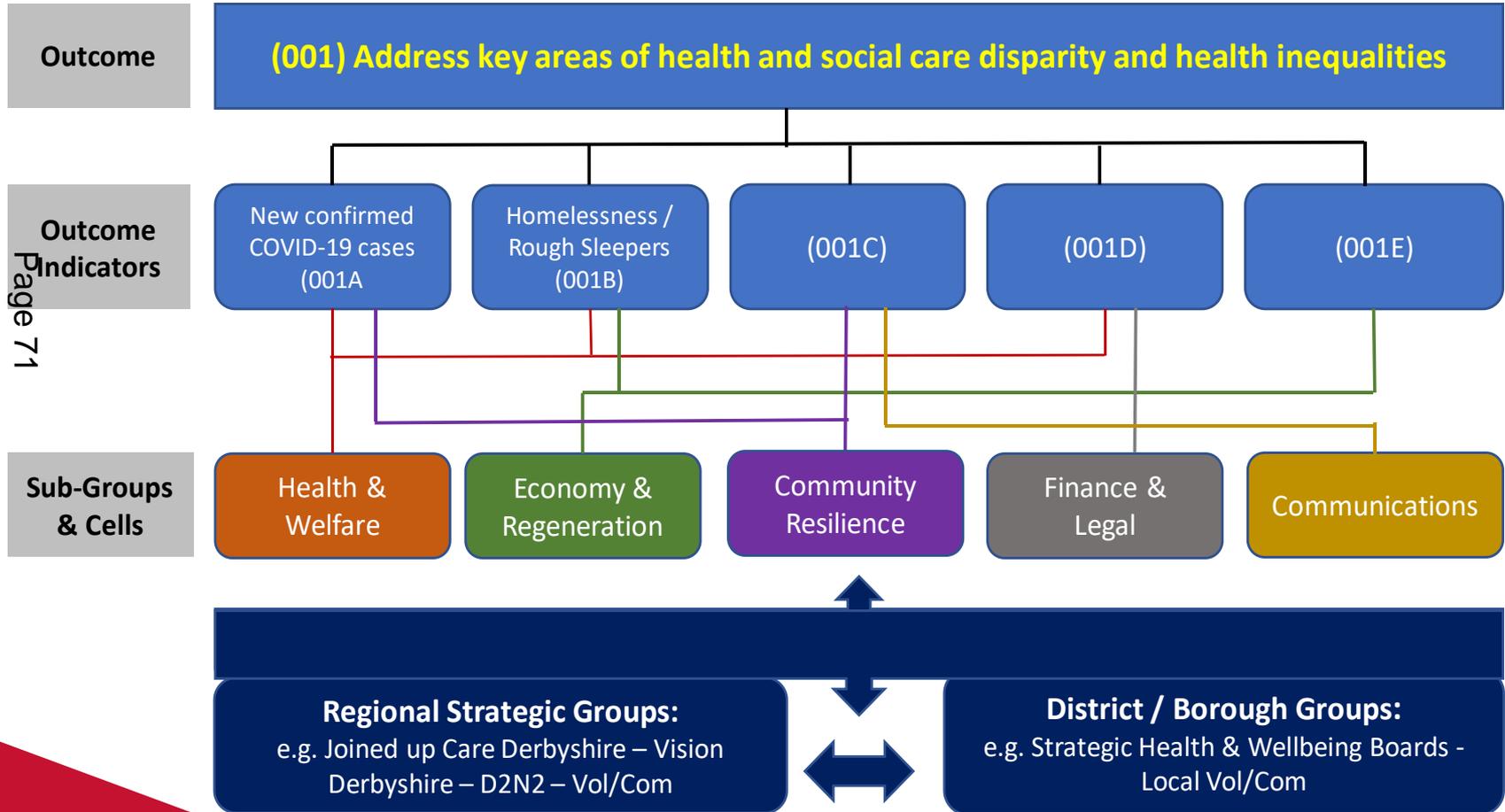
- Engage the community in the recovery process.
- Consider the community's interests in the context of overall recovery aims and objectives, including the choice between "normalisation" and "regeneration".

## Finance & Legal

## Communications

## Science & Technical Advice Cell (STAC)

# Outcome Based Accountability



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