

COVID 19 – Emergency Powers Group

Meeting Date	23 April 2020	Action	Recommend
Item No.		Confidential	No
Title	Community Hubs Update		
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Executive Summary

A key part of Bury's Covid 19 emergency response has been the establishment of five Community Hubs, to provide the infrastructure to support vulnerable people. The initial priority was to support those clinically vulnerable.

This paper sets out proposals to take this agenda forward, building on the success of the Community Hubs and the existing Integrated Neighbourhood Teams and Public Service Partnership Hubs. The model will provide greater capacity to respond to the current emergency and is designed to be retained through the developing recovery strategy to help us move further and faster towards our "Bury 2030" ambition.

Recommendations

- The Community Hub Teams do not take a role in proactively contacting residents identified as vulnerable to Covid 19. Proactive case management will instead continue within health and care teams and Housing with referrals to Hubs for support outside of service provision as appropriate and referrals will continue to be taken from the National Shielding Contact Centre.
- a digital consultation exercise is held to invite wider communities to indicate what support they would like from the Hubs and the help and capacity they can bring
- communication continues around the work of the Hubs including encouraging residents to self-identify and agree to the Council processing their information in order that we may update our records and provide proactive support
- Community Hubs are developed to provide community infrastructure; manage formal referrals and develop and direct residents to self-help materials
- A Public Service Partnership hub is established to take a data-led approach to management of issues outside the community and health & care remit
- A detailed neighbourhood model of governance is developed

Financial Implications

The proposals contained in the report will use existing resources for which budget provision is already available. No additional financial costs are anticipated.

Legal Implications

Although the Information Commissioner is taking a more pragmatic view of compliance with the requirements of the data protection legislation at this time, the Council remains

accountable for the personal information it is processing. This must be balanced with the public interest in dealing with Covid 19 and the continuing work of the Hubs. The issues around information governance in relation to the personal data of both residents and volunteers has been considered and the Council's Data Protection Officer will continue to advise on these issues.

1. Background

A key part of Bury's Covid 19 emergency response has been the establishment of five Community Hubs, to provide the infrastructure to support vulnerable people. The initial priority is to support those clinically vulnerable.

The Hubs follow the footprint of the existing health and social care Integrated Neighbourhood Teams (INTs), with a remit to identify and join up the clinical support for vulnerable people, with wider social support such as from families and neighbours. The initial priority for Community Hubs has been the supply of food and medicines to the most vulnerable, this has been achieved by:

- proactively identifying and supporting vulnerable people who do not have a wider local family or social network
- identifying and developing local community capacity, through Bury VCFA, the network of "good neighbours" and non-constituted community groups
- connecting those deemed to be vulnerable with volunteer capacity to support them
- providing a local distribution network for the foodbanks out of hours

Community Hubs have been operational for three weeks and during this time have made good progress in engaging over 500 volunteers across the borough and dealing with over 800 requests for help. Furthermore, national supply arrangements for food and medicine either from Government or NHS England directly or from supermarkets is now improving which, in the coming weeks, will release some capacity.

The Community Hubs have been a direct response to the national emergency, but this sort of neighbourhood infrastructure was always envisaged as a key component of Bury 2030 design which proposed three core teams operating within each neighbourhood:

- Health and social care INTs (led by the Local Care Organisation), who have a remit for active case management of those individuals at risk of multiple long-term conditions, including frailty and/or at risk of a hospital admission.
- a Community Hub where the community coalesce to support wellbeing in their own neighbourhood and take responsibility for social issues
- a Public Service Partnership Hub which takes a data-led approach to identifying and managing all-age complex lives. Working across partners such as housing, the police and schools this hub seeks to intervene early and target resources in accordance with risk.

The intention of the tripartite model was to reduce demand on public and statutory services by creating the infrastructure to join up; embed an asset-based approach for managing greatest need / most complex cases together, as well as a place for communities to set their own agenda and be empowered to follow their own response. A diagram is attached.

2. Introduction

This paper sets out proposals to take this agenda forward, building on the success of the Community Hubs and the existing INT and Public Service Partnership Hubs. The model will provide greater capacity to respond to the current emergency and is designed to be retained through the developing recovery strategy to help us move further and faster towards our “Bury 2030” ambition.

The proposals within are made in the context of some important lessons learned over the last few weeks including:

- the amount of community capacity that exists and willingness of residents to get involved
- increasing demand for low-level mental health support and especially out of office hours, eg the Emergency Duty Team contacts increased 40% over the recent Easter weekend compared with last year
- strong relationships between community health partners, housing, GMP and DWP
- poor national data and clarity of expectation.

3. Community Hubs progress to date

3.1 Data and analysis of community support & capacity

A data set of c4800 people who are potentially extremely vulnerable to Covid 19 in Bury has been developed. The information has been gathered from records produced by Government and those held in general practice. The original intention was for Community Hub teams to contact each individual on this list to determine the extent of their vulnerability and needs for help.

A mass ring round by the Local Authority has now proven impracticable, however, on the basis that:

- Data sets are continually changing nationally
- The data is known not to be 100% reliable, not least because of the age of some information which is back dated by up to 15 years
- Multiple contacts have already begun across public service and feedback is coming through that the public are unhappy about multiple approaches
- Information governance work would be significant to securely process this volume of information.

It is instead proposed that community support requirements are identified by:

- cross-checking vulnerability data received from government with local health and care service user records, by the Performance Team. This exercise will ensure that relevant agencies, in particular the INTs, are sighted on their vulnerable service users in the context of COVID 19
- receiving requests for help direct from the Community Hubs
- conducting a community-wide digital consultation exercise, via the One Community Portal, which will ask about the support required generally by the community in the context of Covid 19 and the capacity that the community may be able to offer. This information will inform the pandemic response, and provide valuable knowledge to the evolving role and capacity of hubs as part of the Bury 2030 strategy
- continuing to publicise the work of the Hubs and, as part of this, to encourage residents to self-identify and agree to the Council/CCG processing their information in order that we may update our records and provide proactive support

In the meantime, Bury has led the design of an online application (app) to capture and direct

community capacity asks and offers. The app is now being funded and managed by the GMCA as a tool for all districts. The app will be live by the end of April and will provide management information on all Hub activity via a live dashboard, including:

- volunteer numbers and groups by Hub area
- numbers of contacts for help and the nature of request by category
- outcomes and general feedback

3.2 Volunteer Capacity

The Community Hubs have identified and are proactively tasking a network of over 500 active volunteers. Volunteers are drawn from:

- around 500 people drawn from individual member organisations of the VCFA and other national community organisations such as Girlguiding.
- c150 RammyMen Volunteers – the largest single locality based voluntary organisation
- many more resident-led and non-constituted groups which are currently being defined, through the “Kind Bury” movement and some supported by Collaborate Outloud.

Volunteers who have registered with the Hubs have been provided with a formal letter and registration number which confirms their role and operate within a defined set of principles. Consideration is being given to additional “branding” eg t-shirts for people who are working in the community. Thanks to our volunteers are being expressed regularly through weekly social media messaging and direct emails.

Volunteers are currently typically tasked with shopping and medicine delivery; the capacity from supermarkets referred to in this paper means that there is also now volunteer resource available for:

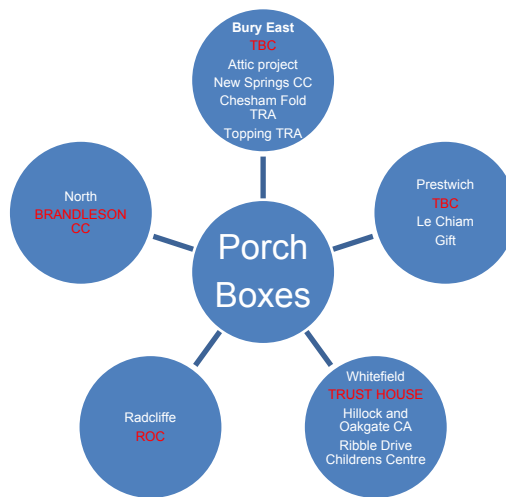
- distribution/packing activity on behalf of foodbanks or
- telephone-based community support for individuals in the form of comfort calls

3.3 Food and Medicine Provision

A major function of Community Hubs to date has been the supply of food. Hubs arrange shopping on behalf of shielded people and have been connecting with foodbanks and the Council’s welfare team to meet hardship needs.

The role of Hubs in supplying food should reduce going forward on the basis that:

- supermarkets are beginning to organise to take orders and payment directly from households
- a “lead” foodbank is being identified in each neighbourhood, described below, to which food hardship requests will be directed, subject to a triage by the Hub based on the normal Council welfare criteria. People who seek foodbank support will also be referred to the Council’s Benefits team for sustainable financial advice.
- Porchbox is being supported by the Council to assume a distribution role for all Foodbanks and charities providing hot food and other supplies, eg nappies. In anticipation of greater hardship needs the Council has made a total contribution of £20,000 to foodbank supplies and has facilitated the same through Porchbox from Greater Manchester.



Medicine supply has been addressed locally by the Hubs who have liaised with the Greater Manchester Local Pharmaceutical Committee to confirm that:

- any volunteer with a Bury Council Volunteering Letter and details of the relevant patient will be permitted to collect medicine on the patient's behalf
- council staff will manage deliveries of controlled substances and GM Mental Health Trust staff will take responsibility for delivering Opiate Substitution Treatments

NHS England has also now placed an obligation on pharmacy contractors to make sure that a home delivery or volunteer collection option is available to people in the shielded group./ Many pharmacies are also prioritising deliveries to other vulnerable patients, for example the over 70s.

4. Future Neighbourhood Model

This section describes the proposed components of a tripartite team in each of our five neighbourhood areas, comprising:

- a Community Hub
- a Partnership Hub and
- the remit of existing health and care Integrated Neighbourhood teams.

A recommendation is also made for how the three teams will come together to proactively manage place-based issues together and comments on the sustainability of current resource models.

4.1 Community Hubs

On the basis that critical supply chains have now been determined there is an opportunity to develop the role and functions of Community Hubs. It is proposed that, as well as continuing to co-ordinate requests for practical help, the Community Hubs expand to offer low-level social and emotional support not only to vulnerable people but to the whole community. The Community Hub offer would be available to anyone with the capacity to seek help themselves and will complement the social prescribing model which, whilst in its infancy, will continue to be managed by the VCFA that have established links with the INTs and Primary Care Networks for people with a diagnosed need for support.

The Community Hub infrastructure is made up entirely of organised voluntary groups

through the VCFA; the “Kind Bury” network of good neighbours and non-constituted groups and the network of Six Town Housing Tenant Management Organisations. The amazing response of these groups to the current emergency reflects the Bury 2030 hypothesis that relationships are more important in people’s lives than public services and provides confidence to extend the remit of community support. Facilitation of wider wellbeing will meet a need which is becoming apparent from Community Hub referrals and GP feedback, that despite a rise in mental health issues there are limited options on offer for people who need support but do not meet the threshold for clinical care and local groups are largely already at capacity.

In meeting this ambition, capacity within the current Community Hub infrastructure would therefore be re-directed to:

- **facilitate** resident “asks and offers” of help within local resources. Hubs will:
 - encourage, communicate and direct people to local community activity or befriending support which helps people to connect, develop relationships and facilitate wellbeing. This will include the work of organised VCFA groups; maintaining an active network of “good neighbours” and engaging residents with council services/activities eg Libraries and the Adult Learning Service
 - be a key liaison point between local groups and ward councillors
 - Record and report on local issues through the activity data recorded by the app and outcomes data shared by public services
 - Support local groups to deliver their work, for example by providing technology and communications advice and facilitating applications for any funding opportunities in conjunction with the VCFA
- develop and direct residents to the repository of **self-help** materials designed to connect and inspire them, In particular:
 - the Bury Directory of local and national resources
 - signposting to the wealth of local cultural resources, especially in the context of our status as GM Town of Culture, to help create “happiness” through connections and engagement, particularly during a period of isolation. Cultural resources include live streamed performance; digital exhibitions and on-line tuition
- providing **direct, low-level support** for the community and individuals, including:
 - practical help eg hardship support, shopping or medicine deliveries
 - working with Partnership Teams (described below) to lead responses to community-wide issues eg smoking cessation; physical activity; anti-social behaviour; weight management and cleanliness. The Hubs will be supported to both pursue their own agenda and engage in wider public service strategies
 - providing telephone-based social and emotional support during the current period of lockdown, in the form of comfort calls. Detailed operating procedures will be developed for these calls which will aim to provide social contact and an opportunity for both vulnerable people and their carers to express their feelings or seek help. Telephone-based support will be provided over a 7-day week during the emergency with a view to maintaining this in recovery, over an extended working day as far as possible.

Comfort calls will be made by Council staff and volunteers using a basic conversation framework, designed simply to facilitate social interaction through a “friendly ear”. Volunteers will be trained in effective listening techniques and will have the resources to refer people who need support to self-help advice; to community groups or specialist services as described below. Volunteers will focus on befriending and not have or be expected to provide any advice on mental health or other specialist care.

Any issues received by the Community Hubs which receive a higher level of support will be referred back into the appropriate team, including:

- Ward Councillor casework
- more complex social prescribing requests will be referred to the INT or Staying Well teams
- referring hardship issues to the foodbanks and/or council's welfare team
- directing healthcare referrals back to the most appropriate source of support such as the patient's GP or INT a determined pathway, for those who require clinical support
- safeguarding and other statutory type referrals eg mental health assessment into the MASH

During the emergency Community Hub functions will be delivered by the temporary team of Council staff, with the intention of building a momentum and delivery tools that can be taken forward beyond the emergency by communities themselves as part of the "business as usual" of the future. In future, the intention is that Community Hubs will:

- be led entirely by the Community with the support of a Council-hosted Community Connector, whose role will be to continue to facilitate, develop and record community capacity infrastructure and ensure join up between the "level 0" social prescribing support in the Hubs with higher levels of support facilitated by the INTs
- draw on the full network of community resources with leadership from the VCFA, but may also seek to identify a small number of "anchor" voluntary sector groups who are the most active in their locality and can provide wider direction to other groups and volunteers.

4.2 Public Service Neighbourhood Partnership Hubs

The "Team Bury" network is operating at Gold and Silver command level during the emergency to direct the borough-wide policy response. It is proposed that this network is expanded to work at a neighbourhood level in conjunction with INTs and Community Hubs and retained in recovery as the planned third component of our neighbourhood model. The Partnership Hubs will identify and apply common risk-stratification to complex casework, outside of health and social care issues which are case-managed by the INTs. The Partnership Hubs will agree and actively case manage common case priorities on the basis of shared information, to target resources at those cases where early intervention is likely to reduce subsequent public service demand.

The Partnership Hub will be chaired by a Co-Ordinator which will be hosted by the Council and will include, for each neighbourhood, representation from:

- Early Help, including an open invitation for relevant schools leaders
- local authority place-based services including streetscene; Youth services and enforcement (environmental health and licensing)
- GM Fire and Rescue
- GM Police
- Housing, with representation initially from Six Town Housing on behalf of all providers within the Borough
- Probation
- DWP

In the current context the immediate remit of this group is likely to include:

- oversight of vulnerable children not currently in school
- direction of social distancing enforcement action by GMP and Local Authority
- anti-social behaviour including fly tipping and street cleanliness
- domestic abuse
- hardship, including the increasing volume of benefits claims and Council welfare demand

Longer term the remit, according to local profiles, is likely to extend into such issues as youth offending, children's early help, alcohol and drug dependency, anti-social behaviour and enforcement and exploitation.

4.3 Health and Care Integrated neighbourhood teams

INTs are the third component of the overarching neighbourhood model. They currently consist of co-located district nursing and social care staff working under single line management, with formal links to the VCFA for social prescribing support. Working under one team has allowed for the sharing of information around the more vulnerable members of our population and the ability to share information without the need for formal referrals.

INT leads, working with a GP lead, have been developing links between all health and social care providers within their neighbourhood along with those that work on a borough/wider footprint- such as acute providers. Through their links with the Staying Well team and the social prescribing service they have started to work more closely with local community groups.

A key component of the work of INTs is the active case management (ACM) process. Multi-disciplinary teams meet weekly in each neighbourhood and provide personalised support to people at risk of multiple long-term conditions and/or admissions. Individuals are identified via risk stratification and referral by any of the neighbourhood partners. Holistic care plans are developed based on the individual's personal goal, linking in the support provided by those in the neighbourhood. In two of the five areas input into these plans expands beyond those areas traditionally associated with health and social care and includes links into housing, police etc.

During the current pandemic new referrals into ACM have been suspended but the INTs are linking closely with the new hubs to ensure people on their case load receive additional support during this period. The work undertaken by the hubs is likely to have rapidly identified a cohort of people unknown to the INTs but would benefit from the support provided via the ACM process. The pandemic has also allowed the sharing of data between services to a degree previously restricted by patient care.

Plans to integrate mental health services into the INTs are still under development and during the Covid-19 emergency it has been identified as a gap to address. INTs also mainly focus on the health and social care needs of adults and links into children health services and child social care via the Public Service Partnership Hubs needs to be developed.

4.4 Neighbourhood-wide focus

The three teams on each neighbourhood footprint are by design partnerships in their own right but will focus on the active case management of individuals and, not least to follow information governance requirements, will work within separate areas of focus. To avoid silo

working and ensure an ongoing focus on population-wide health it is proposed that representatives from the three teams meet together at least quarterly, with further representation from NWAS; local businesses; Community Pharmacy and General Practice to:

- Understand strategic issues across a whole place and develop proactive a response which addresses all the determinants of good health
- Address population-wide health issues and outcomes
- build relationships, to ensure that case advice and support can be accessed quickly based on relationships as well as the formal referral process
- ensure there is not duplication or gaps between teams.

In support of this process The Council will host five Neighbourhood Co-ordinators who will:

- chair their Partnership Hub
- manage the Community Hub Community Connector
- ensure the work of respective neighbourhood teams is joined up and mutually assuring
- capture and communicate community successes in their neighbourhood
- be accountable for reporting improvements in outcomes and reduction in public service demand within their neighbourhood to the various partnership groups

4.5 Sustainability

The delivery model proposed within this framework is designed for immediate implementation and to be retained in the medium term. This infrastructure will enable both the emergency response and recovery activity, in accordance with our reform ambition.

The current wealth of community volunteers and redeployed public service will provide immediate resources to deliver this model but cannot be relied upon as a basis for longer term plans. The expectation is, however, that:

- community capacity can be maintained at a sufficient volume to continue with Community Hubs. Community Hub Leads will engage and develop their volunteer team such that people choose to remain engaged after the emergency. Engagement will be achieved through regular communication; digital team building in the short term and, when appropriate, team meetings and celebration events in order that volunteers benefit personally from the social aspects of their work
- A small number of Council-hosted staff may be retained to lead both the Community and Public Service Partnership Hubs, from within current staffing establishment (the current proposal is to identify five Neighbourhood Co-Ordinators and five Community Connectors; these staff may not all be Council employees but the proposal is that they are hosted by one organisation for consistency and accountability)
- Efficiencies from the new ways of working that have evolved during the emergency response, particularly digital delivery, will continue to release sufficient capacity for all partners to contribute to neighbourhood hub teams.

5 Governance

It is proposed that existing governance is used to oversee neighbourhood delivery as far as possible, as described below:

- Accountability for operational performance will remain within individual organisations and the statutory partnerships will continue to manage system-wide performance for their cohort, eg the Children's Board and Community Safety partnership
- Neighbourhood-level outcomes will, however, also be reported into the Borough Public Service reform Board, to which the Neighbourhood Co-Ordinators will also be invited. The PSR Board is a forum for transformation which is attended by system leaders from the LCO, Council, VCFA, GMP and housing. The Board will become a "check and challenge" forum, informed by analysis of outcomes data, where the effectiveness of the neighbourhood model will be monitored; best practice exchanged and ongoing development strategies agreed
- The Chair of the PSR Board will provide a standing update on neighbourhood delivery to the Strategic Commissioning Board, where place-based strategy and outcomes across all the determinants of health are led.

6 Next Steps & delivery plan

Work is required at pace to deliver the expanded model as part of the emergency response. If approved, key actions will be required as follows:

By the end of **April**:

- Community Hubs embedded to have a clear network of community capacity and Standard Operating Procedures including a model for "Comfort calls"
- The Community Hub offer will be re-published through a leaflet which will reflect on progress so far; promote the wider offer and ask communities to tell us what else they are doing. Communications will be particularly targeted at carers for vulnerable people to ensure they understand the support offer for their own back-up and support
- A digital survey will be conducted to revisit the Bury 2030 questions about the type of community support that is sought and to further capture offers of capacity
- the Public Service Partnership Hub membership will be mapped

By mid-**May**

- The Community Hub dashboard will be available and real-time management information released
- A partnership risk stratification model will be agreed, to guide the work of the Partnership Hubs
- the Public Services Partnership Hubs will be operational with a clear work plan and Standard Operating Procedures including data governance

By the end of **June**, assuming we are in or approaching a planned period of recovery

- the network of volunteers will be formally thanked and recognised for their response to the Coronavirus emergency and long-term capacity will be confirmed
- evaluation of the lessons learned from the emergency will be underway, to inform the longer term neighbourhood model

- Community and Public Services Partnership Hubs will have evolved to a “business as usual” model and will be dealing with all community casework, not just Covid-related work. In accordance with our public service reform principles this means there will be a model for information sharing which will be driving a common risk stratification approach and the targeted use of local resources to inform early intervention and reduced public service demand
- Neighbourhood level governance in place?

7 Recommendations

In line with the analysis in this paper it is recommended that:

- the Community Hub Teams do not take a role in proactively contacting residents identified as vulnerable to Covid 19. Proactive case management will instead continue within health and care teams and Housing with referrals to Hubs for support outside of service provision as appropriate and referrals will continue to be taken from the National Shielding Contact Centre.
- a digital consultation exercise is held to invite wider communities to indicate what support they would like from the Hubs and the help and capacity they can bring
- communication continues around the work of the Hubs including encouraging residents to self-identify and agree to the Council processing their information in order that we may update our records and provide proactive support
- Community Hubs are developed to provide community infrastructure; manage formal referrals and develop and direct residents to self-help materials
- A Public Service Partnership hub is established to take a data-led approach to management of issues outside the community and health & care remit
- A detailed neighbourhood model of governance is developed