Recovery from coronavirus: A community-based approach

Summary

1. This paper seeks to contribute to the city's Coronavirus Recovery Plan, building on what we have learned during Covid-19, to offer pointers for future service delivery at community and ward level.

Background

2. The Council's approach is to place ward and neighbourhood level working at the heart of building resilient communities, recognising that local people are best placed to understand and find solutions to the particular needs of their communities. The administration has previously devolved additional funding to wards alongside giving wards more control of spending. This aim of this approach is to:

   - Engage local residents so that their views shape the council's priorities.

   - Increasingly devolve resources for decision-making at ward level with residents leading in making better local use of resources.

   - Support the local community and voluntary sector investing in its capacity as a source of expertise and as service provider.

   - Enable ward members to lead ward teams in delivery of well-informed local priorities.

   - Get residents increasingly involved in local initiatives and volunteering.

   - Increase local pride.

Creating resilient communities

3. The council's approach to supporting resilient communities means:

   - Working with partners to build community capacity, supporting the growth of social networks and social action, bringing all sectors together in projects that deliver on local priorities.

- Taking a "strengths based" approach, starting from the positive resources and skills found in individuals and communities rather than from problems.

- Ensuring that people have appropriate advice and information to keep them resilient, independent, happy and healthy.

- Supporting people and communities to find the help they need to maintain their resilience and independence and participate fully in community life.

- Working with partners to intervene early with those at risk of losing their independence or with escalating levels of need.

- Ensuring that, where people have longer-term support needs, they also benefit fully from the resources and skills found in their communities and we help them to develop networks and relationships. Where it is necessary to supplement these with services, these are aimed at supporting independence and delivered in a personalised way.

4. As a council, we can increasingly demonstrate a successful track record in this way of working. For example:-:

- Local Area Co-ordinators – supporting people as valued citizens in their communities, helping them to pursue their own vision for a 'good life' and to stay strong, safe, connected and in control.

- Health Trainers – working with individuals to help them to identify their health goals, and provide them with the advice and guidance to achieve these and live their healthiest life.

- Healthy Child service – working with families to provide information and advice to connect people with their communities and ensure children reach their full potential.

- Community Health Champions –volunteer champions leading health promotion activities.

- Ageing Well – York's 'Age Friendly' initiative supporting older people as active citizens and addressing loneliness.

- *People Helping People* – growing 'impact volunteering' to meet local challenges including health inequalities, loneliness and children and young people reaching their potential.

- Community Hubs - responding to community need.

- Cultural Wellbeing – cultural organisations helping people to stay well, recover faster, and experience a better quality of life.

- Adult Social Care 'strength based social work practice' - reflecting choice, control, citizenship and connectedness.

- Housing Management Officers - connecting residents to volunteers, neighbours, and community organisations to support wellbeing and reduce isolation.

- One adoption North and Humber - using Peer Mentors to build community support for adopters and their families and to co-deliver training and information giving.

- Community Involvement Officers working with ward councillors to deliver a wide range of ward schemes.

5. Although there is a great deal of good work going on, as demonstrated above, it does not always join up. Teams are not always based on the same geography and do not always share intelligence and priorities. Opportunities are thereby lost. Critically, this work does not always join up effectively with ward-based work. Members are often not made aware of work going on in their wards and therefore can struggle to connect with it. For this reason, action from the teams mentioned above can often fail to inform ward priorities or to benefit from the potential of ward funding.

6. Future approaches are therefore needed that:

- Bring services together more effectively at a community level

- Join up effectively with ward working

- Ensure that working at community level is appropriately resourced to be able to deliver members' priorities in a timely manner

Recent learning

7. Whilst Covid-19 has undoubtedly been (and will continue to be) an unprecedented challenge for our communities and for our service delivery, recovery provides us with an opportunity to build on some real success stories. The examples that follow show the power of working together effectively, flexibly and at speed, at community level, to develop new solutions in collaboration with communities. They offer pointers for future ways of organising ourselves:

- The community hubs approach which, in addition to supporting those medically shielding, has mobilised a wide range of local community organisations, created new local initiatives and deployed new volunteering opportunities to respond to (often

long-standing) needs associated with vulnerability, isolation, anxiety, food poverty, etc.

The lock-down period has seen an outstanding response from community partners such as Move the Masses and GoodGym in activities such as shopping for vulnerable people, collecting prescriptions and making wellbeing calls. The Council's own hub volunteers, by the end of May, had delivered 25,237 hours of volunteering and dealt with 1,495 calls for food support and approaching 2,500 requests for a diverse range of tasks, such as prescription delivery, to ensure that all York residents were enabled to stay at home during lock-down, whatever their personal needs and circumstances.

- The growth of informal neighbourliness evidenced by the many Covid-19 social media groups.

- The 4k+ people who have registered an interest in volunteering.

- Local Area Coordination, with its focus on people and relationships, linking up individuals as well as organisations, sharing information quickly in a rapidly changing landscape – including making use of technology to connect safely with people, or support people in person whilst respecting social distance.

- Rapid enhancement of our interface work with NHS – joining up social care with primary care and community services and joining up data to support vulnerable and shielding people.

- Working in partnership to enable volunteers to be deployed as part of the multi-disciplinary, integrated health team to support people recovering from COVID-19 and people who are shielding, triaging those at greatest risk of deterioration and providing advice and support.

- Creating a pathway to get people home from hospital in hours rather than days and keep people safe and well in their communities through a flexible network of health and care staff, community colleagues and volunteers.

- Enabling volunteers to support family carers and also to wrap around formal care services to provide social connection, reassurance, practical support and companionship, so that carer services can be targeted to where they would be needed most in the event of a surge in COVID-19 infections.

- Working with people with long-term needs, using technology to help keep them safe, independent and connected.

- Maximising the already strong relationship with schools and academies through the collaborative leadership shown by the members of the York Schools and Academies Board, to take a cohesive approach to planning for the re-opening of schools.

- Working intensively and flexibility through the Edge of Care Team with families in crisis, using virtual methods which have facilitated "entry" into people's homes and lives at evenings, early mornings and weekends in a way not previously possible.

- A strengthening of relationships between children's social care teams and partners. The "immediacy" of contact has led to decisions being made in a more timely and less bureaucratic way, a better mutual understanding of roles, and an increased ability to articulate and manage risk and to develop solutions.

- Whilst there was concern that lock-down would lead to an excessive increase in care numbers of vulnerable children, the opposite has happened, with communities, families and friends supporting those most vulnerable to prevent reception into local authority care. There has been a willingness to build on what has worked well, in particular, to pilot new ways of working, wrapping communities around children with targeted support being offered as required.

Vision

8. It is suggested that the council's vision for the community strand of recovery from coronavirus might be to:

> ***Build strong and resilient communities for all, working with residents and with our partners and mobilising the energy and talents of our community organisations, schools and voluntary sector.***

9. Working with partner organisations and communities to help residents of all ages to support themselves, providing services to those who need our help the most, and helping people access the right support for them, will enable us to manage any potential surge in referrals to children's and adult social care teams as lockdown eases.

10. To deliver this new approach will require other parts of the system to be involved to a greater degree in supporting children, families and

adults at the edge of social care, working as part of a wider-reaching early help network, and for those people who are already supported by services, to ensure they are as connected as possible to their communities and informal networks.

Pointer to a way forward

11. The above analysis suggests four areas of potential development:

    - Roll out of community hubs and local area coordination

    - Instituting a more joined-up approach to planning and service delivery at community level

    - Build on the legacy of interest in volunteering and community action, including neighbourliness at the very local level

    - To further improve the efficiency of the ward revenue and capital funding system (participatory budgeting), which is more responsive to local need.

Community hubs

12. Back in November, the Executive Member for Culture, Leisure and Communities agreed an approach to supporting community venues to develop their respective offers as community hubs, to include:

    a. Providing good information and signposting

    b. Managing safe and welcoming community venues, e.g.:

        i. A focus on safe working practices

        ii. Training packages to develop volunteers skills and knowledge e.g. food hygiene

        iii. Support in marketing and promotion e.g. website / social media campaigns

        iv. Building maintenance and contracts

        v. Governance of the volunteer management committee

        vi. Understanding funding and money management

        vii. Customer insight

13. It was agreed that a "Good Place Network" be developed for York, which all community venues will be invited to join, with opportunities for peer support and sharing best practice as well as a York Community Hubs accreditation scheme. A development programme was also agreed focussing on the potential for hubs to address:

        o Food Poverty

- o Child Poverty
- o Support for families/early help
- o Health and Wellbeing
- o Enterprise and Access to work
- o Skills development
- o Equality of access to services

14. The recovery phase will require us to:

- Maintain a network of virtual hubs (the current temporary hubs that coordinate a response to needs arising from Covid-19 but are not open to the public) throughout this year, in order to support those shielding (the list of whom continues to grow)

- Have a mechanism to continue supporting vulnerable people that are required to self-isolate due to having COVID-19 symptoms or that have been identified as a contact of a case through the Track and Trace programme.

- Support and guide existing community venues / hubs to review their business plans and to reopen

- Roll out the hubs model, as envisaged in paragraphs 13 and 14 above, more widely

15. In the next phase we will work in conjunction with ward teams in each ward to link existing community groups with those new ones that have been formed in support of the COVID response, with the aim of establishing a network of trusted community groups that will provide support to ward residents in the current phase of lock-down. After lockdown, we will build to ensure there is at least one community hub for each ward offering a physical meeting place for local people to come together, and filling in the gaps between existing community venues. In the meanwhile, we will focus on identifying those who may benefit from engaging in the hub long-term and start to interact by virtual means. This may be via social media or by a team of local people offering wellbeing calls. We will be able to use the shielding list as a starting point.

16. Pursuing this approach will require local relationships to be built and a joint vision to be developed of what any particular hub will look like. Ward members are well placed to lead this development working through their ward teams and committees, supported by Community Involvement Officers. This will help to facilitate co-production with a wide range of local stakeholders.

17. This reflects our experience with Local Area Co-ordination, whereby each local community shapes the development of the role in their area, including carrying out the community mapping and the recruitment and selection of the Local Area Co-ordinator.

A Joined up area approach

18. There is potential here to bring services together more effectively at community level. This would include those teams, such as Local Area Teams and Local Area Coordinators (LATs and LACs) who currently work on an area basis, as well as services, such as public realm, that have not previously worked in an area-based way, in order to co-ordinate their responses to community need.

19. The aim would be to support *all* members of our communities, including children and young people. The Children & Young People's Plan 2020-24, which is currently being developed, focuses on 3 priorities:

    - Starting well
    - Growing and staying well (with a focus on mental health)
    - Staying safe

    These priorities could apply equally across all communities and could be used to help re-shape local services.

20. This will drive the council's early help strategy, intervening where necessary to give children the best possible start in life and to prevent the need for more intrusive, and costly, later interventions. . To ensure that children, young people and families themselves will be able supported to narrow gaps in a whole range of outcomes between those that do well and those that are disadvantaged.

21. With respect to adults, building on existing developments in Talking Points, and the emerging integration of services with primary and community health services, we will focus our resources and relationships on local community assets. Our social care teams will evolve, with roles shifting to a facilitative, community connector way of working, supporting people to find their own solutions to the challenges they face, with services working alongside personal and community assets and targeted towards meeting people's more complex longer term needs.

22. Our provider sector, particularly care homes and home care services have come to the fore as key partners in our whole system response to the crisis. Maximising the opportunity which this brings, including linking up to the enhanced health in care homes, and the

identification of named clinical leads for each home, we will continue to work at a place level with all partners, across Primary, community and social care.

23. It is envisaged that the staff who would be involved in this approach, as a minimum, are:

- Community Involvement Officers
- The proposed new Public Realm area managers
- Housing Management Officers
- Local Area Coordinators
- Representatives of Enforcement Teams, Local Area Teams
- Representatives of Adult Social Care Community Teams
- Representatives from Public Health Services
- School Effectiveness Service and representatives from York Schools and Academies Board
- Children's Social Care
- Others as requested from time to time

24. Detailed proposals will need to be brought back to members on how this approach would be organised. Some key principles that are envisaged at this stage are:

- Developing and strengthening systems of regular communication between ward members with relevant staff on an area basis to:
    o Make sure that schemes and priorities are being progressed and are on target
    o Share intelligence
    o Co-ordinate activity
    o Facilitate collaboration by members across ward boundaries, for example in the use of their budgets
    o Link to key partners such as the voluntary and community sectors, NHS and care providers, and North Yorkshire Police Community Connectors

- Work will be undertaken to understand what has worked previously in the area and what its strengths and assets are. From this, a living map of the ward could be produced with and for citizens. There would be an opportunity to link various current maps to do this: Age Friendly York work, ward profiles, community-owned asset maps, Northern Quarter community mental health model, local area coordination, family information

service, CVS's analysis of the voluntary sector. The aim would be to produce a visual representation of communities and what is available to citizens. It would also assist our approach to planning community assets.

Volunteering legacy

25. Over 4k people have registered an interest in volunteering with the council. Around 350 of these have been used in the hubs. Despite extensive work with the voluntary sector to identify other volunteering opportunities, it has been difficult to place many of the 4k so far. This is because many voluntary and community organisations have not been in a position to expand their activities at speed or to manage additional volunteers.

26. It is clear that those who came forward to offer their help saw a role for themselves as individuals to make their city safer, friendlier and healthier. Their compassion and empathy is a fantastic resource for our communities, particularly in an environment where isolation and social distance will remain a feature our lives for months and perhaps years to come for some people. It will therefore be important to undertake a longer-term project to stay in touch with those who have come forward and, where individuals remain interested, to retain, train and ultimately deploy them as volunteers. To do this, it is proposed to work with York CVS to establish a volunteer centre to manage practical aspects of this task. Detailed proposals on this will be brought back to members.

27. Some initial work in this area is the development of education volunteers (with all appropriate safeguarding checks) to support the remote learning of children who are currently not able to access full time education in a school setting.

Funding

28. Additional staff resources may be required to implement the roll out of community hubs, as well as operational budgets for hubs associated with buildings and resources to commission activity in hubs, such as financial inclusion work. There may be potential to support some of this work by utilising Government grants to support Outbreak Management.

29. There is also potential to expand local area co-ordination as a city wide resource, requiring additional funding to be identified.

30. Detailed proposals will be brought back to members in due course.

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