

Council Briefing Note Kirklees Community Response to Covid -19

Given To:	Council
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Emergency Response

In response to the C-19 pandemic a community emergency response (CER) for the Kirklees District was established on 19th March 2020. This rapid response saw the mobilisation of partners/services from across the council, councillors, the wider system, voluntary and community groups and individual volunteers.

The CER system was primarily about ensuring that citizens of Kirklees were kept safe and well and protected from C-19. National government guidelines were being issued daily and as the country went into lockdown the CER focused on protecting the most vulnerable with basic essentials to keep them safe and protect life, such as food, medicines, and other essential items.

The council established an emergency telephone line and online facility for citizens to seek help and advice. Across the district one hundred and thirty local mutual aid groups mobilised adding a huge capacity of neighbourhood level support.

There have been nine voluntary sector 'Anchor' organisations who have coordinated local efforts and linked directly to the council and health/care systems.

As the C-19 pandemic deepened and the initial few weeks of the intense rapid response began to gain rhythm, a broader support offer was developed which has begun to look at social isolation, mental health support, focused support for vulnerable adults, children and families and a developed offer for BAME communities.

A placed based model operated across the whole of the district and the CER was closely aligned to ward councillor's work and engagement, operating seven days a week.

Staff were re-deployed to the emergency effort to support food banks, telephony, triage and new pathways were developed for prescriptions, food, welfare, grants, funding and direct front line support.

In addition, IT, performance and intelligence, public health, policy and partnerships, communications and transformation have all led critical work streams to establish an effective CER.

Community Response

Kirklees Council Data

To date a total number of 3359 requests for help have been received into the council between 25 March and 19 June 2020. Of these, almost 1 in 3 (31%) were from people aged 70 years or over.

The highest number of requests came from people in the Newsome ward (249), followed by Cleckheaton (248). The ward with the highest rate of requests was Cleckheaton (14.3 requests per 1000). The most common type of support requested by people aged 70+ years was with shopping (can afford to pay for essential items) and for people aged 18-49 years it was shopping (cannot afford to pay for essential items).

An important caveat of the data is that 30% of people requesting help did not disclose their ethnic background when asked. However, we do know that, for 18-49 year olds, 1 in 3 people from Black, Asian, Mixed or Other ethnic groups (BAME) requested support with paying household bills, much more than the 1 in 6 White British people; and 1 in 7 BAME people requested support to find advice or information, much more than the 1 in 14 White British people.

We also know that of the 3359 people who requested help, 10% of them had a child aged under 18 years in the household; 87% of them were self-isolating; 44% did not have anyone they could ask for help; and 17% of them did not have enough food for 3 days.

Support for people requiring collection and delivery of prescriptions into the council prescription pathway has been 769 individuals.

Our data shows that the volume of requests has gradually decreased over time. In April the average number of requests per day was 54.5; in May this was 23.6 and in June to date this has reduced to 14.5. Requests have been received more frequently on weekdays and more commonly between 9am and 3pm.

Over 1400 local people responded to the council call for volunteering. These volunteers supported right across the district and some were signposted to the neighbourhood mutual aid groups and the community anchors.

Financial Support

In order to meet the challenges at a ward level, a decision was taken to increase ward member budget from £20k to £50k per ward. Flexed and adapted guidelines were put in place for existing grant programmes to meet the C-19 response and uplifted funding for foodbanks to cover their surplus spend.

Food and Welfare

Food and welfare provision has been a critical aspect of the community response with existing and new food banks supporting thousands of individuals. The three main foodbanks have seen an increased take up of a third from the same period last year. Approximately sixty food banks are now operating across Kirklees.

A new Food Network has been established in partnership with the three main foodbanks and it is providing advice, support and guidance and helping to coordinate food supply across the district.

Inequalities

The pandemic has shone a light on inequalities, across the country and here in Kirklees. When early data began to emerge nationally about the disproportionate impact C-19 was having on black and minority ethnic, (BAME) communities, the community response acted quickly.

The council sought to contact all community organisations who have a reach into those communities and developed an engagement plan to ensure that this population group were getting the support they needed. Community groups have stepped forward and have provided intense support and this has been particularly impactful for those residents who were socially isolated and those with underlying health conditions.

Social Isolation and Loneliness

Overall, 44% of people requesting support from the community response helpline said that they had no family or friends to help them

Amongst White British groups:

- 61% of 18-49 year olds, 56% of 50-69 year olds, 40% of people aged 70+ years

This is similar to the pattern amongst BAME groups: 54%, 44% and 34% respectively).

This work has been an ongoing priority for Kirklees prior to C-19 and the pandemic has meant that more people have experienced social isolation and loneliness.

In Kirklees we have had 19,175 people who have been shielded. Of those shielded, we know 618 (18%) of the people requesting help through the community response wanted to have someone to talk to. We also know that 29% of people who are on the shielded patient list compared to 14% of people not on the shielded list asked for help with someone to talk to via the community response.

Through the helpline we identified a number of people who were digitally excluded and work was carried out to rectify this enabling access to the digital world.

Commissioning work within the voluntary and community sector through the loneliness partnership has been extended to support a befriending scheme via telephone, this is in addition to the telephone befriending service offered within the libraries service.

Place Based Working

An important part of the place-based working programme is the development of a cross partnership operating model whereby staff (both culturally and operationally) begin to undertake their roles in a more place-based way.

To a degree the Community Emergency Response has provided an opportunity to accelerate the development of the operating model and begin to test some of the initial principles, albeit in response to an emergency situation. This provides an opportunity to inform the next steps whilst being mindful that the Community Response teams by no means reflect the entirety of a place-based working operating model.

Furthermore, the ECR has accelerated planned work to revisit our strategic relationship with the voluntary and community sector (VCS). Work is now taking place to refresh the VCS Strategy across the partnership footprint, with a stronger focus on a place based approach, economic recovery and in particular making a virtue of the experience and learning over the last 3-4 months.

Our approach to citizen engagement is in the process of being refined as we have stronger regard to the segmented experience of the impacts of the Covid19 pandemic on different groups of people and communities of interest in Kirklees. This will form part of the work of the cross partnership Citizen Engagement Reference Group moving forward.

Next Steps

The community response system will remain in place as long as it needs too, albeit with a reduced workforce to reflect the need. We have put measures in place to ensure we have the resilience to re mobilise should we need to if we see a large spike in Covid-19 cases locally.

We are working on a plan with the anchor organisations and the mutual aid groups to ensure we effectively harness the community capacity that has been developed over the past twelve weeks.

We are working closely with lead councillors to ensure that we adapt our community response in a way that addresses issues at a ward and place level taking account of the current strategies we have in place such as place based working, poverty and cohesion.

Place-Based Working: development of prototypes and approaches to practice based on learning from Covid-19 community response

We've given the cross-district picture, but each community is different and we're conducting an evaluation that will help us to future plan based on feedback we've received, asking the following questions:

- How did you find accessing the Community Response Hub? (Navigation of the form, contacted in a timely manner, telephone discussions with workers etc.)
- What was your overall experience of using the Community Response Hub? (Empathy, listening, holistic, understood my circumstances etc.)
- What outcomes were achieved from the support given by the Community Response Hub?

We're also surveying our volunteers to understand their experiences and to ensure that we maintain the volunteer capacity for other areas, for example some volunteers have been provided with opportunities and have taken them up, to support leaving care young people

Recommendations

That Council be asked to discuss Councillor's experiences in working collaboratively with the voluntary sector and other partners, within the communities they represent, to support people through the Covid-19 pandemic.