



HARTLEPOOL BOROUGH COUNCIL

MANAGING DIRECTOR'S DECISION RECORD

Date of Decision: 1 December 2020

Officer Making Decision: Managing Director, in consultation with the Chair of Finance and Policy Committee and Chair of the relevant Committee responsible for the relevant service area.

Subject / Description & Reason for Decision: Community COVID 19 response involving:-

- Appointment of Community COVID Champion Officers to support development and implementation (2 x 37 hours assumed at Band 8, fixed term 12 months and recruited via internal and external recruitment to interact and coordinate with existing public, voluntary and community infrastructure) costing as follows:-

What	Cost
2 x Band 8 CCC Officers (12 month fixed) - 1 assigned to VCS hosted by Hpower - 1 assigned to LA	£52,000 Assumed with on costs
Development of training and resources	£5,000
Marketing and communications	£3,000
Ongoing management and development	£10,000
Total	£70,000

This approach is actively promoted nationally and national scoping shows that there is best practice and evidence to support the implementation of this model. Further detail and link to full paper in Appendix 1 which was considered by the Corporate Management Team on 1 December 2020

Type of Decision: Non-Key Decision

Nature of Delegation Being Exercised: Constitution Reference – CE24 – The determination of Departmental staffing proposals where service areas are being amalgamated and/or a service area is created or modified due to additional grant funding in consultation with the Chair of Finance and Policy Committee and the Chair of the committee responsible for the relevant service area.

Alternative Options Considered & Rejected: Other models of community centred approaches have been considered, however the community leader model is considered the best option.

Any Declared Register of Interest No

Signatures for retained copy only

Managing Director – Denise McGuckin

Decision made in consultation with:

Leader of the Council - Cllr Shane Moore



Chair of Adults and Community Based Services Policy Committee – Cllr Little

Community COVID 19 response and proposal

Our shared commitment:

Hartlepool Borough Council in partnership with VCS colleagues, education, workplaces and communities are committed to supporting the ongoing response and recovery for residents. We are doing this in a variety of ways through our five Community COVID commitments:

- Communicate – We will keep our residents and champions informed of the latest advice and guidance.
- Contact – We will deliver regular virtual engagement sessions led by professional officers who can speak about the latest advice, guidance and answer questions on Covid-19.
- Contain - Provide testing options locally.
- Care - Support residents who are CEV or those who need to isolate because of Covid-19 and need support to access food and medication and provide advice for people experiencing financial difficulties.
- Collaborate – Provide inclusive information on signposting and service opportunities to respond to the community needs.

In return we will ask residents and Community COVID Champions to agree to work with us on being able to make a difference to the management of COVID 19. This will include:

- Clean - Practice good hygiene, including washing hands regularly and for at least 20 seconds.
- Combat - Keep a safe distance from other people and limit social contact in line with government and local guidance. Wear a face covering on public transport, shops and other enclosed areas.
- Contain - If you experience Covid-19 symptoms, self-isolate and book a free test through NHS Test and Trace and engage in contact tracing follow up.
- Careful - If you are identified as a close contact of someone who has tested positive for Covid-19, self-isolate for 14 days.
- Champion - Help inform and support friends and family, so they have the latest advice and know what they need to do to help keep Hartlepool safe.

Our shared response:

We will establish a community based infrastructure to support the delivery of our Community COVID Commitments and this will evolve as national and local advice and guidance changes and develops.

A number of services have been established as part of our response to date and some additional capacity is being planned to support communities to be part of the response and provide important feedback to the Local Authority and other providers.

Hartlepool Support Hub:

Provide person centred support to those identified as CEV, self-isolating or critically vulnerable to ensure they have access to food and medication, reduce isolation, promote

connectivity (socially and digitally) and provide access to other opportunities that make a difference to keep people well throughout COVID and beyond.

Key Actions:

- Support Hub well established developing Christmas offer and operations.
- Promote in full residents newsletter
- Respond to the Tier system expectations to provide to support to those who are CEV
- Develop and deliver digital inclusion programme in partnership with VCS colleagues

Hartlepool Community Street Ambassadors:

To be the 'eyes and ears' of the authority and work with the community to prevent breaches of legislation, actively promote key messages and guidance (hands, face, space) provide confidence and reassurance specifically to vulnerable groups, support the communication of key information (testing, isolation, vaccines) to residents who do not access traditional methods and refer/escalate issues and challenges to public protection, enforcement and the police as relevant.

Key Actions:

- Appoint into 3 x 37 hour and 5 x 20 hour Community Street Ambassador posts to support the ongoing community response to COVID 19, this will be fixed term until 31st March 2021.
- Work with Health Protection Board, Marketing and Comms, Enforcement and Public Protection to ensure intelligence, key information and priority messages are used to inform weekly work planning and deployment of Community Street Ambassadors.
- To agree outcome and output measures to be able to celebrate the success of the CSA operations and share case studies to raise the profile of operations with the public.
- Operate in parallel with enforcement to ensure consistent messaging on a preventative level without the need and ability for enforcement.
- To build capacity as needed linked to enforcement (2nd person support), Track and Trace, Support Hub and Outreach Support.

Hartlepool Community Covid Champions:

Community COVID Champions are local residents, employees and students who are empowered to support communities, colleagues, friends and family to stay up to date with the latest advice about Covid-19.

This approach is actively promoted nationally and national scoping shows that there is best practice and evidence to support the implementation of this model. Further detail and link to full paper in Appendix 1.

We will train and support champions to make sense of the latest advice and information about Covid-19 to be shared and promoted, to help ensure we all stay safe and alert to the risks of the virus.

Champions receive regular updates on Covid-19 by a variety of communication methods including zoom conferences, social media, instant messaging systems and web based platforms.

Champions being a key part of the Community COVID 19 Commitments and having/sharing clear information will help to support friends, family and communities to make informed choices and help to keep Hartlepool safe.

Preventative and Community Based Services are planning to launch a community volunteering initiative to support the ongoing response and recovery to COVID, the Community COVID Champions will link closely to this work and actively engage with VCS colleagues to get to those most in need of support.

The success of programmes such as EPEC will be used to inform how to best engage with key community champions to support others in being responsible during the COVID response. Other opportunities will be integrated into implementation planning including Track and Trace, Mass Testing, MECC, Better Health at Work Awards. Digital inclusion and poverty work.

There is also a priority linked to cleanliness and supporting some of our most vulnerable communities to understand the importance of hygiene and ensuring access to items that support them to maintain cleanliness.

Key Actions:

- Baseline training/information via eLearning and video to be developed.
- Appointment of Community COVID Champion Officers to support development and implementation (2 x 37 hours assumed at Band 8 to interact and coordinate with existing public, voluntary and community infrastructure)
- Recruit residents to be Community COVID Champions
- Develop marketing and comms plan including management of information for Champions and Ambassadors to utilise.
- Deliver weekly 'touch points' for Community COVID Champions.
- Ensure ongoing review and refinement of roles as situation evolves – i.e. information about vaccines, mass testing, changes in guidance and starting to return to 'new norm'.
- Actively use Community COVID Champions to provide feedback on COVID response, support future service design and developments providing a 'voice' and ensure evaluation of the scheme.
- Take to Health and Well Being Board 7th Dec under AOB
- Take to VCS Connector meeting 15th Dec
- Develop public engagement session to promote and for the public to ask questions and feedback before launch of the programme, TBC.

Resources:

Development of Community COVID Champions:

What	Cost
2 x Band 8 CCC Officers (12 month fixed) - 1 assigned to VCS hosted by Hpower	£52,000 Assumed with on costs

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Appendix 1:

Community COVID Champion context:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933231/S0830_SPI-B - Community Champions evidence and best practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933231/S0830_SPI-B_-_Community_Champions_evidence_and_best_practice.pdf)

Government have identified Community Champions as a key response to COVID and produce a paper of evidence and best practice.

The key findings include:

Community Champions programmes are likely to be effective:

- In contexts where trust in government is low: For communities where trust is low, community champions can be a key pillar to support prevention and control measures. Substantive community engagement is required to build trust with local communities, dispel myths and disinformation and ensure that interventions are appropriate to local contexts (socioeconomic realities, intracommunity divisions, etc.). (high confidence)
- To promote risk communication and support health facilities: Evidence from the UK, and internationally during the Ebola pandemic where volunteers helped build community trust and support for Ebola prevention and treatment, suggests community champions can enable health workers to better understand and address people's fears and needs. (high confidence)
- To identify and facilitate context-specific solutions: Community Champions can create local and context specific solutions to prevention and control responses, represent local views and needs, offer local authorities and community partnerships short-term support as consultants, and as collaborators help them develop activities to improve the health of local people. (high confidence)
- To reach vulnerable groups: Community Champions are more likely to reach individuals that are isolated or marginalised to communicate important health messages and offer support to groups and individuals in their localities. (medium confidence)
- When Community Champions are trusted and given autonomy to secure participation from community members and identify activities that will meet the needs of the community, and when there is sincere buy-in from national and local government. (high confidence).

How do the approaches of Community Champions vary by community and setting?

- There is no 'one-size-fits-all' model for Community Champions. Different communities and contexts require different approaches and the social and cultural capital of the Community Champion will inform strategies required to promote engagement with health services.
- Community Champions provide support in different ways and will vary based on the needs of the community and resources available. For example, development of culturally tailored resources.
- Settings will vary depending on the needs of the community. Settings that have been used by community champions include local community centres, cafés in GP surgeries, schools, village halls, local libraries, melas (Asian fairs), places of worship and individuals' homes.

Key challenges for Community Champion schemes include:

- Unintended negative consequences for some Community Champions include exhaustion and stress, as on-going involvement can reduce energy levels as well as time and financial resources.
- Avoid excluding disadvantaged and marginalised groups which may occur if

only traditional community leaders are used to engage communities. • Lack of resources will limit opportunities for community engagement. Proper resourcing is required to achieve the aims of a Community Champions scheme.

Evidence on peer support for mass testing and NHS TT:

• Evidence suggests that the peer education model has been used effectively in HIV programmes and other infectious diseases (which have included testing). This model focuses on peer education (someone that shares similar characteristics or behaviours) rather than Community Champions which relies on community leaders and may exclude marginalised individuals within communities. • More generally, there is scope for building in Community Champions for the wider NHS TT process (more details on pages 9-10 in the paper).