

# Coronavirus Community Support

**Overview & Scrutiny Panel** 25 May 2021

<b>Report Author</b>	Madeline Homer, CEx
<b>Portfolio Holder</b>	Cllr Whitehead, Deputy Leader and Cabinet Member for Housing & Community Services
<b>Status</b>	For Information
<b>Classification:</b>	Unrestricted
<b>Key Decision</b>	No

## Executive Summary:

The coronavirus pandemic placed unprecedented demands on public services to continue to provide their services as well as respond to the developing emergency situation, part of this emergency response was to provide support to the local community, especially those who were clinically extremely vulnerable. As the months progressed and restrictions began to ease and flex, the communities requiring support changed and the service delivery of the support changed with it. This report highlights some of the good practice undertaken by Thanet District Council and demonstrates the response provided to support the local community navigate the unsettling times.

## Corporate Implications

### Financial and Value for Money

The council has taken substantial action to support communities in response to the pandemic. Much of the initiatives undertaken and support provided to communities by TDC has been backed by significant funding provided by central government. Despite this central financial support, the pandemic has also had a significant impact on the Council's finances, most notably from a reduction in income from council tax, business rates and fees and charges. The full impact on the Council's finances in 2020-21 will be reported to Cabinet in the year-end budget monitoring report on 29 July 2021.

### Legal

There are no legal implications for this report, all actions have been taken in line with the coronavirus legislation in place at the time of implementation or under the Civil Contingencies Act in response to a civil emergency.

### Corporate

This report covers the corporate response to community needs in response to the coronavirus pandemic.

## **Equality Act 2010 & Public Sector Equality Duty**

*Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to the aims of the Duty at the time the decision is taken. The aims of the Duty are: (i) eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act, (ii) advance equality of opportunity between people who share a protected characteristic and people who do not share it, and (iii) foster good relations between people who share a protected characteristic and people who do not share it.*

*Protected characteristics: age, sex, disability, race, sexual orientation, gender reassignment, religion or belief and pregnancy & maternity. Only aim (i) of the Duty applies to Marriage & civil partnership.*

This report relates to the following aim of the equality duty: -

- *To eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act.*
- *To advance equality of opportunity between people who share a protected characteristic and people who do not share it*
- *To foster good relations between people who share a protected characteristic and people who do not share it.*

*This report supports these aims by describing the response provided to the community in response to the coronavirus pandemic, which supported the most vulnerable communities within Thanet.*

## **CORPORATE PRIORITIES**

This report relates to the following corporate priorities: -

- *Communities*

### **1.0 Background**

Prior to the Prime Minister's announcement of national lockdown in March 2020, the Council's Corporate Management Team (CMT) had already established a strategic group to deal with the potential impact of service delivery.

Following a series of meetings with Kent County Council (KCC) and webinars from the Secretary of State for Housing, Communities and Local Government (MHCLG). There was an expectation that we would develop a Local Outbreak and Response Plan.

The Response Plan was developed to ensure that the council, working with partners, could provide a system-wide response needed to manage the

COVID-19 impact on our communities and the local economy throughout lockdown.

It was also recognised by CMT that the impact of COVID-19 would be felt far wider than just the clinically extremely vulnerable (CEV) those isolated and vulnerable people, and we also needed to support the whole community.

It was clear providing support to both the CEVs and other vulnerable groups was going to be a significant challenge and what needed to be considered was how to bring public services, town councils, community groups and volunteers together to provide a rapid response designed to reach people most acutely affected by the pandemic and containment measures.

During the initial stage of the pandemic the Government's expectation was that we would be in a position to support the community in three key areas;

- Food for those who were shielded until the direct deliveries were operational.
- Medicine to be ready to stand in should the community pharmacy system fail.
- Social contact - continue to support those who are feeling very isolated.

To ensure that we could fulfill this expectation a Community Hub was established. This required the establishment of a dedicated helpline staffed 7 days a week, a back office system to register the calls, monitor their progress and allow feedback as well as regular meetings with stakeholders to understand and manage delivery of the support.

The dedicated helpline offered a single point of contact for people in the community that required help for all those in need, it offered support to those who may not have previously needed help but because of existing health conditions, or age had been asked to stay at home and take particular care as well as anyone who did not have a support network of family or friends. It was open daily from 9am to 5pm, including weekends and bank holidays.

The community hub was led by the Neighbourhoods Service with the helpline staffed by volunteers from across the Council. It was often emotional work but they were key in providing support and reassurance to people who were often confused, stressed or anxious.

Kent County Council were provided daily with lists of those who were classed as clinically extremely vulnerable and should be isolating with immediate effect, this list was then passed to district councils to undertake the response which was expected to be at the very least basic contact but also included support with food, medicine and well being. These people were being asked to suddenly isolate without warning and against a backdrop of shortage of some essential items and food stuffs due to panicking buying which meant that they often didn't have enough food for the next 24 hours.

As part of this response Thanet was in a position to be able to utilise the resources of the multi-agency taskforce to be part of the community hub. This enabled every clinically extremely vulnerable person in the district to be contacted, triaged and given access to the Community Hub. An agreement with Police and hospitals was also developed to support contact based upon the following parameters:

- 3 attempts at telephone contact, if contact not established;  
Email sent (where possible) to CEV individual but if no response then;
- Further check on the address carried out by MTF officer, if no response;
- Home safe and well check undertaken.
- House to House enquiry with neighbours (as required), have they seen/heard, do they have contact info for family members/friends if negative then;
- Phone call to local hospitals to check whether the CEV has been admitted to hospital. If negative then;
- Check for signs of life at the property;
- Last resort S.17 power of entry.

The system was effective and within 3 days of implementation, officers discovered a deceased person registered as CEV.

Thanet was one of the first district councils to arrange this sort of response and provide a wrap-around support service to those who required it; in some districts they relied on those people contacting them after sending a letter.

The council worked in partnership with established local organisations, including Salvation Army, Global Generation Church, Kent Coast Volunteering, AgeUK and Town and Parish Councils to lead a coordinated response. The system ensured that people in need were directly connected to those best able to help them either due to proximity or specialist skills.

The supply of food to those who were CEV and shielding at home was a country wide problem and whilst MHCLG worked on setting up a system of food parcel delivery they sent local authorities a one-off supply of food for distribution. This required the establishment, in a short space of time, of a robust food storage and distribution network across the district.

The initial one-off supply of food was delivered to Global Generation Church which consisted of random food items which were unable to make a parcel, Glo Gen sourced appropriate food using a grant for TDC to make appropriate food parcels, initially this covered 25 parcels. TDC developed a matrix to assess vulnerability and need and then provided delivery details to Global Generation who distributed these initial parcels on the first day.

Due fast moving pace of the situation and the ever changing restrictions three different work streams were established within the community hub, these were:

- NHS/Gov shielded: Outgoing
- Community support: Incoming

- Community Support follow up: Outgoing

The Community Support follow up: Outgoing system ran between 27th March 2020 and the 30th June 2020 for the specific purpose to follow up on support requests that had been completed to assess outcomes. Dip sampling consistently yielded a 100% success rate so this activity was ceased at the end of June 2020.

## 2.0 Response

### 2.1 CEV contacts

On the 27th March 2020 the MTF, Community Safety and Kent Police began contacting the CEV cohort. The first intake of CEV data consisted of **340** residents.

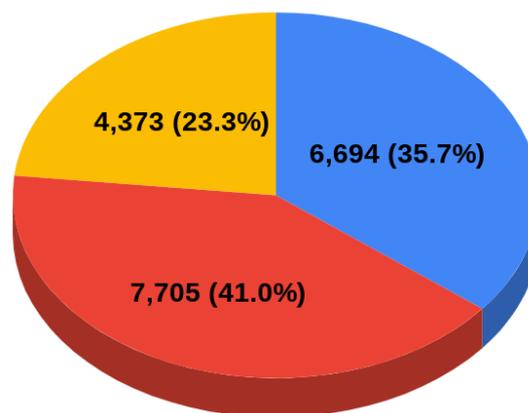
From the period 28th March 2020 to 4th July 2020, NHS provided data for **6,694** CEV residents for contacting. To put this in perspective across England 1.4% of the population was CEV in Thanet that was 5%, well above the national average.

As the figures of CEV rose over the days more volunteers were required which included elected members, they collectively conducted over 10,000 interactions.

### CEV total per lockdown

(March 2020 - April 2021)

- Lockdown 1 (March 2020 - 4th July 2020)
- Lockdown 2 (November 2020 - December 2020)
- Lockdown 3 (January 2021 - April 2021)

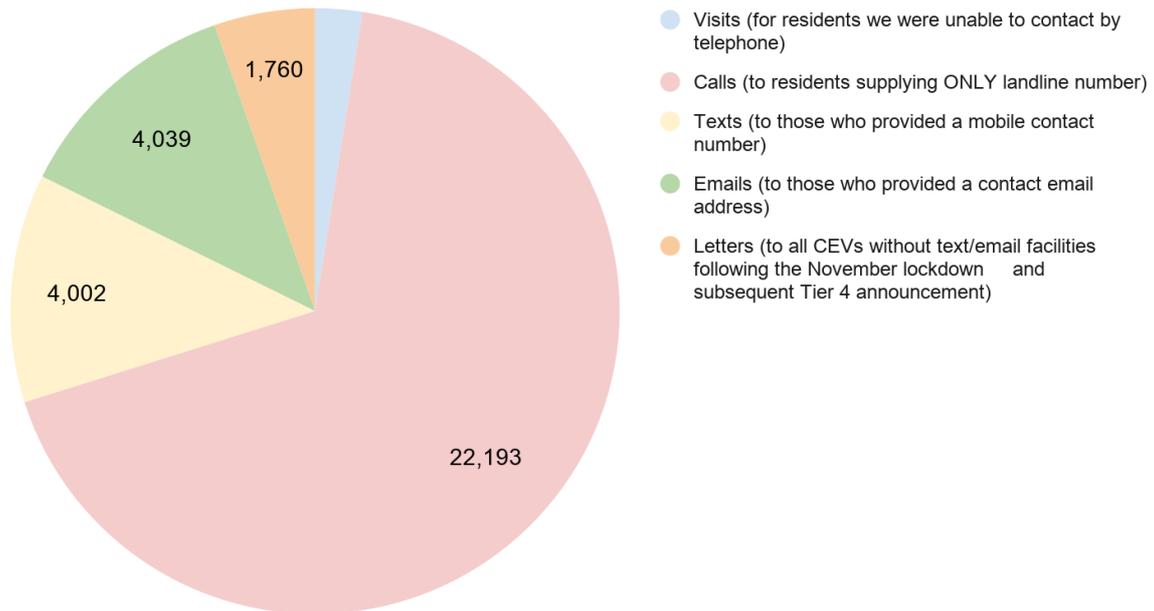


Many of the CEVs required more than one call attempt to make contact in order to triage, so over 20,000 contact attempts were made throughout the period.

When telephone contact was unsuccessful, officers from the MTF followed the established protocol and undertook home visits to establish contact. This resulted in **735** home visits throughout the period.

NHS data was sometimes out of date resulting in home visits on 22 occasions to individuals who were found to be deceased and 43 occasions where the individuals concerned had left the district. Where possible, contact requests were passed to other local authorities to facilitate contact.

Outgoing Communication CEV's



Call durations to the CEV ranged from 2 minutes to 30 minutes. Those contacted were often lonely, scared and confused by the situation. The officers (and members) involved not only gave practical advice but also gave emotional support by showing empathy and understanding of how the situation can have a detrimental effect on mental health. Each person contacted was given the time that they needed to talk through concerns they had. Additional or follow up calls were made as required.

It was recognised that calls to CEV were often emotionally charged and could have an impact upon those making contact, which in turn could impact upon both work and personal life as many of the call makers were home working. To support the emotional welfare of staff a support mechanism was developed that staff were encouraged to utilise whenever they felt an emotional burden, daily checks as to the welfare of call makers were also made. This was particularly important when during contact it transpired that the CEV was deceased.

## 2.2 Partners

From the outset, organisations that the Community Hub delivered services in partnership with were:

Salvation Army Ramsgate  
Salvation Army Margate

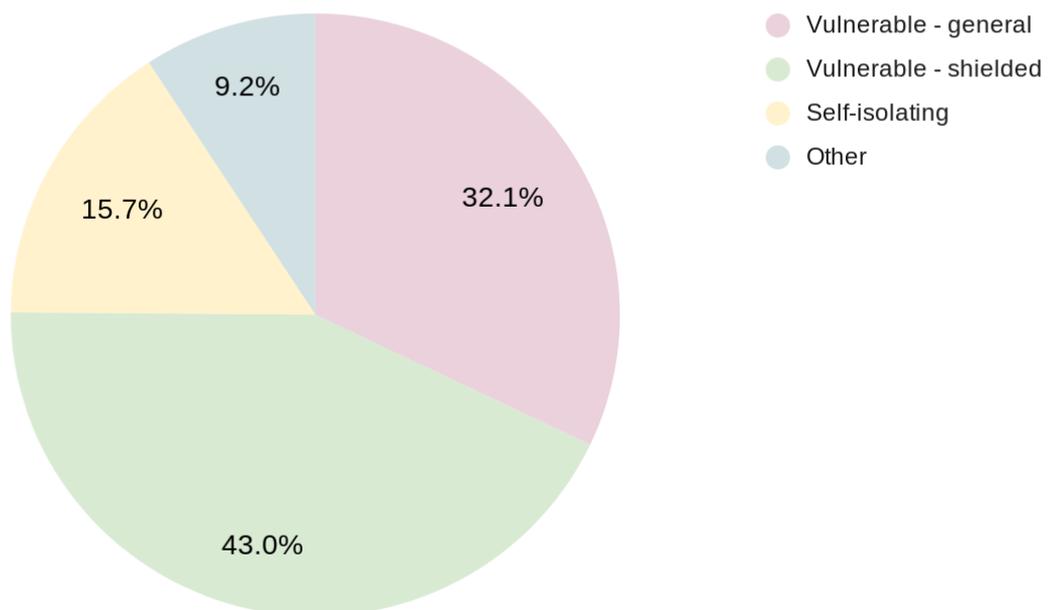
Global Generation Church  
NHS Volunteers  
Birchington Parish Council  
Westgate Town Council  
LifeBoat Project  
GAP  
Connect Well East Kent  
Kent Fire & Rescue Service  
Department of Work and Pensions  
Kent Police CSU  
KCC Community Wardens  
Porchlight  
TDC (across all directorates)  
TDC Elected members  
MTF volunteers

Regular contact with supporting organisations took place and mutual aid and support was developed between supporting organisations meaning if one provider ran low on food supplies another provider was able to step in or if there were issues accessing prescriptions other providers were able to undertake deliveries.

### 2.3 Hub Contacts

A communications plan giving guidance to CEV and for vulnerable people was developed and implemented. Leaflets were distributed to all Thanet residents to ensure we were reaching those who were CEV, shielding, isolated or in crisis.

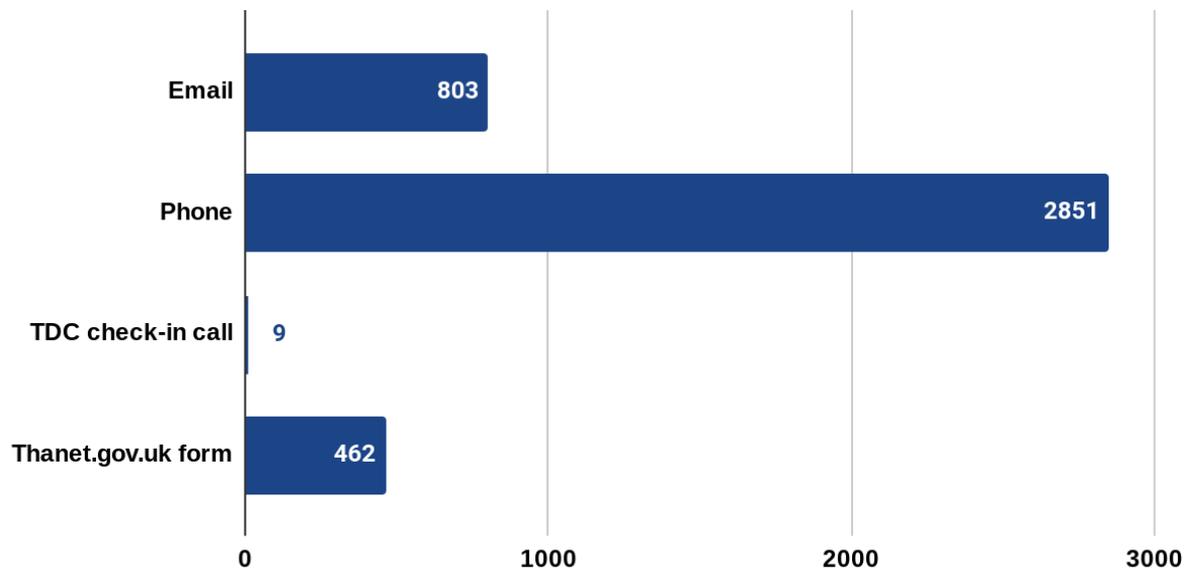
Residents who contacted the Community Hub for support



The success of the communications plan meant that support was open to all. As the provision was developed additional checks were required to ensure the resources were appropriately allocated and duplication where possible avoided.

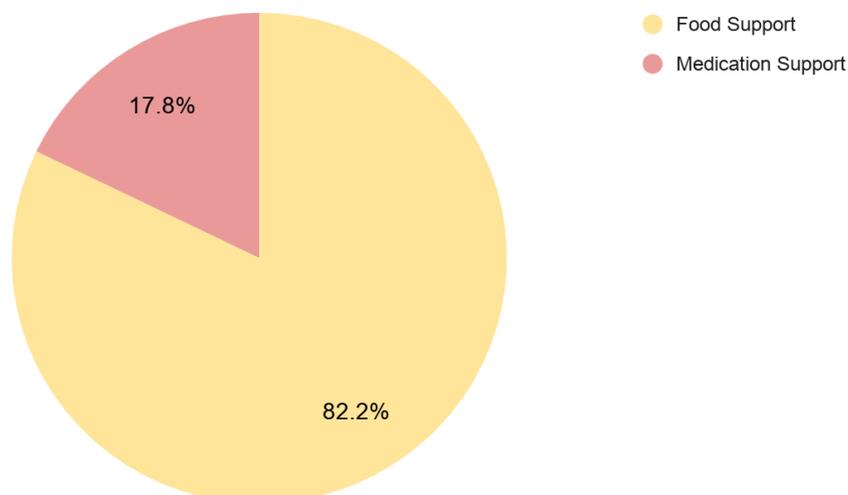
## Incoming support request method

(25th March 2020 - April 2021)



The development of back office mechanisms prior to the lockdown meant that the Community Hub was able to process requests for support within minutes of client submissions. The majority of requests for food were facilitated the same day and requests for medicine within 24 hours throughout the period, using both community and NHS volunteers.

### Support Request made by Thanet Residents



Over 2000 residents were provided with food and medication. Many more referrals were progressed to befriending services to combat social isolation. Individuals or families who submitted repeat requests to the hub for support (primarily food parcel requests) were referred to the MTF for follow up action on 182 occasions.

£92,000 worth of food provision was supplied to those in need across the district through grant agreements with our partners in the local food banks and voluntary organisations.

## **2.4 Wider Community Support**

Whilst there was an immediate need for support to be provided to the CEV community as the pandemic progressed and restrictions on movement were eased it became quickly apparent that there was further support required for the broader community.

Very early on, the council allowed all residents with parking permits to park in council car parks free of charge and suspended parking charges for all NHS and social care workers.

The continued, uninterrupted, delivery of the waste and recycling service provided significant support to the community as waste levels increased substantially due to everybody spending time at home. The ability to maintain this service without disruption was not insignificant as managers juggled social distancing, ever changing guidance, public perception and inevitable staff absences for significant periods for isolation.

In order to protect those rough sleeping within the district we secured accommodation where they were able to isolate and be afforded the same protection as those with permanent residential properties. We were able to secure a contract with a local hotel as well as provision of hot food and other essentials.

The same principles were applied to a gypsy and traveller cohort within the district who were provided toilet and waste facilities and allowed to stay on a piece of land.

£113,000 was distributed to the local community to ease winter fuel poverty this was through a number of schemes including prepayment fuel top-ups, pay-as-you-go top-ups, heating system repairs/replacement and personal warmth items which were distributed using a number of local organisations as well as the Fuel Bank Foundation who were able to distribute the top ups which are what a large number of thanet residents use.

As lockdown eased the district faced an additional pressure of visitors in unprecedented numbers which brought its own challenges in how this additional community was supported.

We successfully trialled and implemented an innovative antibacterial coating which was applied to high touch points such as parking machines and play equipment.

The cleaning regime of public toilets was significantly increased to include deep cleaning at regular intervals during the day as well as at closing, this was no easy feat due to the significant number of users and sheer logistics of accessing the toilets around the district. The complexity of the requirements of these cleans meant that a phased approach to opening the public toilets had to be adopted.

Travel restrictions combined with the extremely hot weather saw a higher number of visitors visit Thanet's open spaces on a daily basis rather than the usual weekend and school holiday peaks meaning the 'summer' season was extended by months. Beach areas proved to be particularly popular leading to the development of a beach management plan to keep the community safe. This plan focused on a number of different things associated with the beaches and involved a number of key partners.

Parking in popular areas as some of the Bays was more problematic than in previous years due to the number of visitors so the plan focused on those areas including multi-agency enforcement action days, providing advice and using the electronic signage on the approaches to Thanet to provide advice on areas which were busy.

The large number of visitors caused concern due to inability to social distance, unruly and inappropriate behaviour and significant increases in rubbish. In order to tackle some of these concerns covid wardens were employed to patrol the main beach areas providing advice, diffusing situations and forwarding areas of concern to the police at the appropriate time.

No cycling signs and distance markers were sprayed on to the promenade and busy areas to remind people of the need to social distance and provide safety warnings in areas of mixed use.

The pandemic has taken its financial toll on the vast majority of communities and government has provided various grants to support which have been distributed by TDC with each grant having its own distribution criteria. A new system had to be established to process and track all of the claims against all of the grants, time was the essence as this was the only source of income for some. To date Thanet has distributed over £65m in Business Support Grants, £1.6m of Council Tax Hardship funding and £342,000 in test and trace isolation payments of grant money to those businesses and individuals in need.

Testing and vaccination are both key elements of prevention and control of the pandemic and Thanet has been provided with significant opportunities for both. TDC have worked with KCC Public Health to deliver both a drive in and walk in testing PCR facility in the centre of Margate, the walk in testing clinic was the first in the County. Thanet is also home to the regional PCR testing site located at Manston.

The council also provided Ramsgate Port as a lateral flow testing site during the second wave of the pandemic from December to March.

Vaccination sites have been provided at a number of GP practices across Thanet with Minster Surgery leading the way, this was followed by the successful large vaccination centre and the old saga building. Whilst notifying high risk persons with permanent residential addresses about seeking their vaccine is fairly simple through letters and campaigns it is not so simple with more vulnerable people such as our homeless population. The council recognised this early on and worked with a local GP surgery to provide vaccinations to all of our homeless population through outreach workers and the night shelter and became the first council in Kent to provide these vaccinations.

The take up of vaccinations by those who are vulnerable has been an area of concern across the country, Thanet has addressed this by working with local GP surgeries to investigate ways to increase take up of vaccinations, including creation and distribution of vaccination information and myth busting in multiple languages, assisting in access to GP surgeries for those not currently registered and developing a number of “pop up” vaccination centres in the key areas with lower vaccine uptake numbers. This work is ongoing but is focussing in Cliftonville, Margate central and Eastcliffe in Ramsgate.

### **3.0 Next Steps**

When the COVID-19 emergency hit Thanet, the unprecedented level of need was matched by an exceptional response from the council, partners and local communities. The Community Support Hub has been invaluable, the council and partners have worked with voluntary organisations and local groups to respond quickly and sensitively.

New partnerships have emerged, and long-standing barriers to agility and flexibility have been overcome. The creation of the Hub so quickly and effectively came from an emergent desire to ‘do’ service provision differently, developing kinder services and a shift of power to communities.

Across the whole country Community Hubs are now seen as one vehicle for resetting the relationship between communities and the state to be more mutually supportive and effective. By working across sectors, community hubs can be the vehicle through which resilient communities are supported and a preventative approach can be taken to poverty, mental health, and financial hardship.

As the country moves into recovery, the councils are adapting and moving service delivery with it. CEV interaction has been hibernated but it can be quickly and simply stood back up if needed. Contact with the community hub has significantly reduced however the service is still available and the partnerships behind it are still operating closely.

Regular meetings with town and parish councils and senior officers are continuing and provide a good opportunity to raise and discuss issues outside of coronavirus.

The beach management plan has been updated and adopted again this year following on from the successes and lessons learnt last summer.

As recovery progresses the council will continue to learn from the response phase and adopt and build on positive practice to become normal practice in a sustainable way.

Contact Officer: Penny Button (Director of Neighbourhoods) / Eden Geddes (Multi Agency Task Force Manager)

Reporting to: Gavin Waite (Corporate Director - Communities)

### **Corporate Consultation**

**Finance:** Chris Blundell, Director of Finance and Deputy Section 151 Officer

**Legal:** *(Insert name and job title)*