

This Report will be made public on 14 July 2020



Report Number **C/20/21**

**To:** Cabinet  
**Date:** 22nd July 2020  
**Status:** Key Decision  
**Director (s):** Ewan Green  
**Cabinet Member:** Councillor Jenny Hollingsbee

**SUBJECT: COVID-19 RECOVERY - FUTURE OF COMMUNITY HUBS**

This report outlines the role of the community hubs which were set up as part of the Council's response to the Covid-19 pandemic. The report highlights the successful outcomes of this response, identifies good practice and considers the Council's future role in the hubs.

Cabinet is asked to consider continued support and additional funding for the hubs, recognising the significance of the role they have played to date, including the extent and strength of the volunteering effort, depth of community engagement and value of the partnerships that have been established.

**REASONS FOR RECOMMENDATIONS:**

Cabinet is asked to agree the recommendations set out below because:

- a) Support for the continuation of a community and voluntary sector led response to Covid-19 will be a key feature of the District's recovery period.
- b) There is a significant opportunity to create a positive and continued legacy for the hub model to support the health and well-being of communities, based on a contribution from all stakeholders, volunteers and the community.
- c) Council support for the hub response, moving into the recovery period, requires a final funding contribution in 2020/21 to enable a self-sustaining model to be developed.

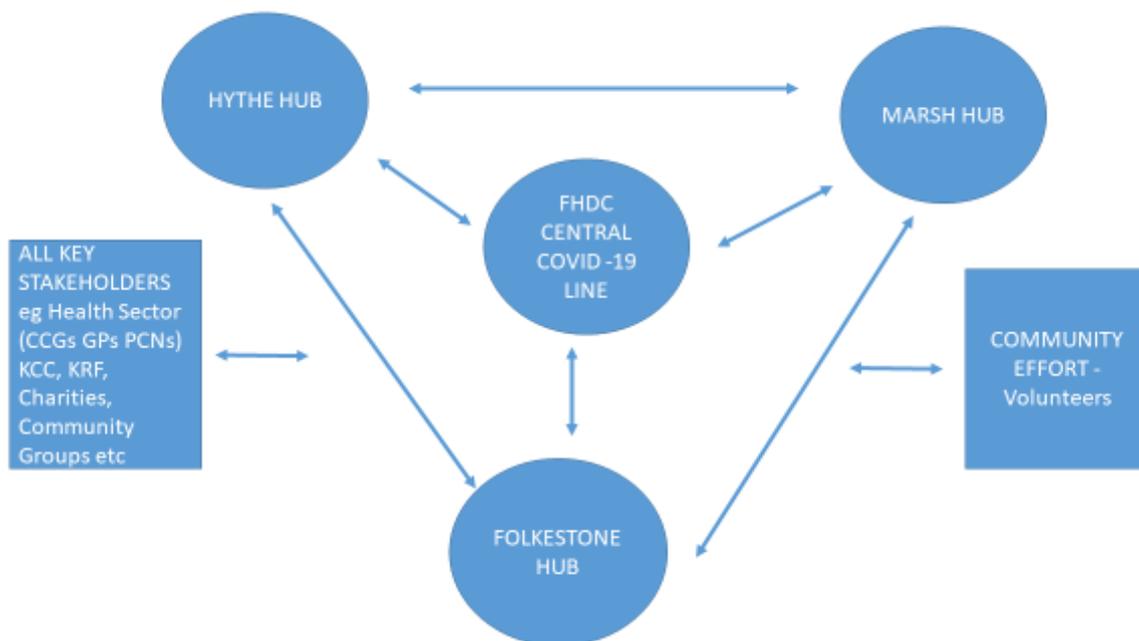
**RECOMMENDATIONS:**

- 1. To receive and note report C/20/21.
- 2. To note the Community Hub model.
- 3. To agree that the Council provides up to £35,000 in 2020/21 to support the Community Hub model; and
- 4. To delegate the allocation of funding to the Director of Place, in consultation with Cabinet Member for Communities, Lifeline, Area Officers & Street Homeless.

## 1. EMERGENCY RESPONSE TO THE COVID -19 PANDEMIC

- 1.1 When the impact of the Covid-19 pandemic began to unfold, Folkestone and Hythe District Council mobilised quickly to put in place a system to help address what was fast becoming a situation unlike that known since the time of previous world wars. The requirement for over 70s to self-isolate at home for at least 12 weeks, for shielded patients to be similarly protected and for those showing symptoms to also self-isolate, posed a series of issues for members of our local communities. This was compounded by the national lockdown that allowed only essential travel resulting in many services closing down.
- 1.2 A community support model was quickly put in place in March 2020 as part of the Council's emergency response. Action was taken far in advance of receiving national guidance and ahead of other Councils in Kent.
- 1.3 A hub and spoke model was created with a district COVID-19 'hub' established with 3 'spokes' based at: (a) Folkestone (3 Hills Sports Centre); (b) Hythe (Age UK building); and in (c) Romney Marsh (Day Centre). These were existing organisations that were willing to embrace the model. A district Covid-19 email and response team was also set up by the District Council to support and signpost to the three local 'spokes', as well as dealing with a wide range of community focused council-related enquiries. The Council provided a key link to national and county-based partners and intelligence as the emergency unfolded. Council staff were redeployed, emergency funding of £120,000 was made available under delegated authority while other support was also made available, e.g. provision of leaflet printing and PPE etc.
- 1.4 The 3 community 'spokes' quickly became positioned and known as **local community hubs**. All three were led by leaders of the centres they were operating from. The Council and other organisations provided IT support, funding and other resources e.g. redeployed council staff were available to help the hubs handle calls etc. Hythe hub used Salesforce software (with staff training provided) to help create a data management system to ensure data protection, call management, tasking and reporting.
- 1.5 The local community hubs created bespoke Covid-19 email addresses with local contact numbers. They focused initially in supporting GP surgeries and pharmacies to contact vulnerable residents to help deliver medicines, supporting food deliveries, and recruited volunteers well ahead of the national call for action to support the NHS. The relationships with food banks and supermarkets, as well as businesses making generous donations and offers of support, all helped in getting essential supplies to residents at a critical time in lockdown.

The diagram below outlines the overall model that was established:



1.6 The statistics below provide a summary of the extent of work carried out by the hubs to date (to 8th July 2020).

**Headline figures are:**

- GP surgery calls - 22,151
- NHS shielded patients called calls - 5290
- Food provision (inc. shopping baskets, hot meals and free food parcels from hubs) - 21,913

More detailed information is below:

<b>All 3 Community Hubs</b>		<b>FHDC Covid-19 Line</b>	
Calls taken	29,141	Calls taken	1,693
Outgoing calls	18,064	Emails	2,012
GP Welfare calls	22,151	Referrals from KCC	182
Hot meal requests	17,088	Calls to shielded (without essentials)	615
Shopping requests	4,510	Calls to shielded (with essentials)	2,480
Prescription requests	3,698	Total shielded referred to hubs	224
Other requests	3,169		

In addition to the data above, over 650 volunteers were recruited to provide other forms of support including dog walking and a wide range of information on services that residents in need could be signposted to, e.g. mental health support, debt support, exercising at home etc.

1.7 A key component of the hub work has been the valued befriending calls to individuals experiencing problems arising from social isolation and loneliness. The offer of someone to talk to for advice and reassurance through regular befriending calls has been invaluable. Support by the community hubs has reduced demand on key NHS services and the

expectations are that volunteering has become a valued component in providing self-care and community care for the future.

## **2.0 LEARNING & GOOD PRACTICE**

2.1 The achievements of the community hubs have been testimony to the excellent partnership working and volunteer effort that was encouraged by the Council and examples of good practice are listed below:

- Improved working relationships between stakeholders leading to greater ability to tap into existing support for those most vulnerable in our communities.
- The mobilisation of a significant level of volunteering which was at the heart of the Hub model.
- Better understanding of needs of communities during COVID lock down and creative ways of addressing these.
- Innovative uses of new technology to support communities. This has included on-line exercise classes and use of a new data management system to track tasking.
- Wide range of communications including leaflet distribution across the hub areas, social media, press releases etc.
- Swift support to minority communities with translated information on Covid -19 assisted by key community leaders.
- Partnership exchange of signposting information on scams, domestic abuse, mental health support, debt advise, food banks etc., activities for children, safeguarding (including online) etc.
- Creation of flow charts to guide processes and communication with agencies and communities to enable support to mobilised effectively.
- Goodwill gestures from businesses (and the community) donating essential goods and offering services.

2.2 There is a recognition of the key role of all other support networks beyond the hubs with businesses, parish councils and neighbours helping neighbours. The depth of community spirit has been outstanding and expectations are that this can continue if harnessed and encouraged.

2.3 During early June ward Members from each hub area joined the Portfolio Holder to discuss the Council's approach to date and potential future support, informed by discussions with hub lead officers. This highlighted the following key themes and opportunities to:

- Build on the excellent partnership working across the public and voluntary sector organisations.
- Recognise the immense role and impact of volunteers.
- Consider future communications, especially for those vulnerable users of hub services who don't use social media etc., while being alert to any new / potential demands (e.g. localised lockdowns, second peak).
- Provide council officer support to explore alternative funding opportunities in order to provide a sustainable model for the future.

- Acknowledge that the Council's role in supporting the hubs would change as they move to self-sustaining activities for the longer term.
- 2.4 Ahead of the end of the shielding period the hubs are noting an overall decrease in calls, and as a consequence are now incorporating more business-as-usual activities in their day to day work. That said, there remain callers to the hubs which suggests there is still demand for a community based response. The hubs are preparing to continue their services and have tailored their operations as redeployed Council staff return to their substantive roles.
- 2.5 Patterns of shopping have also changed, for example, with many requests now fortnightly instead of weekly. Pharmacists have also now set up their own delivery systems and so the initial demand for prescription deliveries has reduced. The hubs continue to see complex cases and there is a recognised need to build confidence, especially in the older age groups, as residents begin to leave their homes and engage with social changes. Hubs are also receiving more general information enquiries as lockdown eases with, for example, callers asking what a "support bubble" means etc.
- 2.6 When shielding ends at the end of July it is recognised that there will be a significant drop off in calls, and corresponding support, as people begin to return to a form of normality. Detailed work and plans to enact local lockdowns are in place with PHE colleagues in Kent and with safe careful resumption of daily activities, this hopefully will be avoided.
- 2.8 What the hubs have demonstrated is that a range of services can be coordinated and delivered swiftly to the heart of the community if needed; there is an opportunity to harness this joined up working beyond the current pandemic to incorporate the principles of healthy living centres where activities that prevent ill health with early intervention can be delivered. This includes the opportunity to co-locate services or deliver drop-in activities, linking up better with GP practices for social prescribing and other similar work.
- 2.9 There is widespread recognition of the positive impacts accrued from the localised support that has been offered. The Folkestone & Hythe model is considered by many as a model of good practice, as the response is embedded in the local community and trusted by local people. The success of the model is captured in the table below which was developed by the Romney Marsh hub.

<b>Users</b>	<b>Charities engaged with hub</b>	<b>District and County council</b>	<b>Local businesses</b>	<b>Volunteers</b>
More likely to call if run by people with local knowledge	Better understanding of other charities	Enabling communities to be more resilient	Ability to respond creatively to local need	Feeling that they can help – increased mental health and wellbeing
Call handlers shared knowledge of local resources – better at problem solving	Building blocks for working in a more cohesive way in the future	Being able to offer specific help and advice in a more efficient way	Local Hub promoting local businesses	Engagement of volunteers from a diverse local background
Credibility of the existing provision and other local charities – trusted friends	Shared understanding/learning with dealing with a crisis	Better relationships built with local groups	Feeling that they are a valued part of one local community	Ability to learn new skills
Feel less of a burden in approaching local volunteers than approaching the council	Confidence to pass on referrals to other charities if more appropriate, rather than “ring fencing” people	Allowing the Hub to respond with an appropriate local focus	Potential goodwill factor will mean that customers may stay with them after lock down	Enhanced understanding of vulnerable people
Helps build community spirit and cohesion in the locality	Helps build the feeling of belonging to a local community	Freeing up time of local officers to target any gaps	Opportunity for businesses to work with volunteer and statutory partners	Enhanced understanding of statutory and volunteer sector
Local phone number – cheaper and more personal	Confidence in promoting other local charities	Robust community engagement resulting in better understanding and respect –in both directions	Better understanding of the need of local vulnerable people	Potential to volunteer locally in the future

### **3.0 COUNCIL INVOLVEMENT IN THE COMMUNITY HUBS**

- 3.1 Support for the hubs must be based on an overall strategy that does not create a dependency on core Council funding. The model should be based on Council support being provided, both through a final tranche of grant and ongoing officer support, to enable the hubs to respond to local community needs now and in the future through adding value on top of their normal business. All hubs want to move to a position of self-sustaining activities for the longer term.
- 3.2 During July 2020 hub activity will continue, albeit with a reducing demand for services. It is proposed that the Council provides funding on a reducing basis through to September 2020. This will focus resources on a more concise operation providing support to the most vulnerable in the community. This will also allow the changes in services and adjustments to be managed carefully.

- 3.3 As part of the Council's next steps, it is proposed to actively support continued growth in volunteering, which has played a central role in the community-led response to date.
- 3.4 The Council role in the future delivery of the hub model is summarised in the following Action Plan:

<b>Action</b>	<b>Council Role</b>
Funding Support to Sept 2020	Engage with Hubs to agree a final financial contribution in order to support vulnerable residents as shielding and national supports end. The funds will cover a range of interventions such as: the cost of emergency food, PPE, leaflets, maintaining IT and telephony and volunteer management.
Volunteer Development	Support through officer time and funding. Provide training materials, signpost to accreditation, and recognition schemes. Link to SKC volunteers, Kent Connects and KRF strand of work with volunteers to develop the depth and skills of the volunteer effort across communities. Encourage networks to develop.
Partnership Support	Support through officer time to encourage hubs to engage further across to key stakeholders, diversifying work areas that help their core business and to develop new.  This could include linking up with new social prescribing work, new roles within health sector and ensure liaison with GP networks remains strong. Build on healthy living centre approach.
Funding opportunities	Support through officer time to identify external sources of funding and develop grant applications. In particular this would focus on opportunities for funding across the public sector partnerships.
Communications	Support through officer time to work with the Hubs to develop a Communications Plan. The initial focus will be to ensure that residents and stakeholders are aware of the future roles each Hub will play.

- 3.5 In addition there is an opportunity for the Council's Lifeline service to further support communities through expansion of its role and client base across the district. This offers additional support for vulnerable residents and would complement hub activities.

## 4.0 RESOURCES & FUNDING

- 4.1 To deliver the Action Plan it is proposed that the council, in addition to ongoing officer time, makes a final contribution of £35,000 to support the community response via the hubs.

## 5. RISK MANAGEMENT ISSUES

- 5.1 The main risks are:

Perceived risk	Seriousness	Likelihood	Preventative action
Hubs unable to operate due to a lack of resource (staff , funding, volunteers)	High	Low	Ensure activities to build sustainability in the future operation of the hubs continues as set out in the action plan
Loss of the excellent partnership working and relationships built with other local organisations and the council, primarily as a conduit for maintaining and building this on their behalf.	Medium	Medium	To maintain relationships through existing communities work and to develop new working relationships including use of the VCSE sector to support the hubs. To continue the Councils presence at Age UK board meetings and CAB through the role of the portfolio holder.

## 6. LEGAL/FINANCIAL AND OTHER CONTROLS/POLICY MATTERS

### 6.1 Legal Officer's Comments

There are no legal implications arising directly from this report

### 6.2 Finance Officer's Comments

There are no comments.

### 6.3 Diversities and Equalities Implications

An EQIA has been produced for the community hubs and this covers the support being provided to all sectors of the community including BAME groups that are particularly susceptible to Covid-19 and other protected groups. This has included provision of translated materials and the use of interpreters to address concerns of non-English speaking residents. In addition all levels of vulnerability in the community have been supported including provision of emergency food supplies, shopping runs, befriending and mental health / safeguarding support.

## **7. CONTACT OFFICERS AND BACKGROUND DOCUMENTS**

Councillors with any questions arising out of this report should contact the following officers prior to the meeting:

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