ITEM NO	

COVID COMMUNITY RECOVERY PLAN UPDATE

REPORT TO THE EXECUTIVE

DATE	**14 July 2021**
PORTFOLIO	**Leader/Health and Wellbeing**
REPORT AUTHOR	**Rob Dobson**
TEL NO	**3115**
EMAIL	**rdobson@burnley.gov.uk**

PURPOSE

1. To update the Executive on the community recovery plan and to set out funding proposals for the next two years.

RECOMMENDATION

2. That the Executive approves the proposals for covid community recovery set out in section 6 of this report.
3. That the Head of Policy and Engagement has delegated authority to put the above recommendation into effect.

REASONS FOR RECOMMENDATION

4. The original strategy is funded up to the end of 2021. Using the council's existing covid response budget, over the next two years, Burnley Together will take action to have a positive effect on the wider determinants of population health, now that the immediate pandemic response phase is drawing to a close.

SUMMARY OF KEY POINTS

5. Community Recovery Strategy update

- The council continues, as part of the surge activity, to support an effective local test and trace service.
- By 22nd June, Liberata has processed 2130 test and trace payment applications, of which 1045 were eligible (49%). For context, there is some evidence that across the country 75% of applications are turned down. The council made the scheme more generous as part of its surge testing and vaccination plan, and uptake has increased significantly since the start of June.
- The council is also supporting the local vaccination communication and engagement effort, and is helping NHS and public health colleagues set up neighbourhood vaccination

sites. By the end of June, 74% of adults have had one dose and 54% both doses, which is similar to neighbouring authorities but lower than the regional average (77% first dose, 57% second dose).

- At the end of April 2021 Burnley Together had supported 4,352 households. Mental health support requests are, unfortunately, on the increase, from 1% in January to around 10% in April and May. In May, Burnley Together won the Northern Housing Award for Best Resident Support/Advice Programme 2021. The submission was entered by Calico Homes and the judges said of the award-winning entry: “These partnerships will be essential as we move forward from the pandemic. This was a standout entry that showed lasting, positive impact.” The team continues to grow with a second Kickstart Calico employee starting as a Customer Support Advisor on the phones in May. Valley Street community centre is once again open and Burnley Together have been able to offer some socially distanced face to face meetings with customers who are accessing support from the team. The first Community Inclusion Operational group meeting has taken place. The first aim of the group is to develop a more joined up approach to food distribution around the town and ensure that volunteers are matched well to opportunities. Positive links to Church on the Street have also been developed.
- The Policy and Engagement unit is co-ordinating the Holiday Activities and Food programme through 2021, as reported to the Executive on 9th June.

6. Proposals for 2021-2023

- BFC in the Community have requested £30k to continue the youth mental health project. This places a youth mental health worker in each of the borough’s high schools. The majority of the funding- £125k pa- is from the Premier League, with each school making a contribution of £12k pa. Given the impact of covid on education and young people, the council is recommended to offer £30k over two years, subject to continued support from the schools.
- The council committed £30k to create a new post for 12 months to support its aims for Burnley Together. The Community link officer post was filled in January and has a full caseload of families receiving intensive support. Appendix 1 gives more information on the recent activity of Burnley Together and provides a case study of the link worker’s work and the case for extra capacity. The council is recommended to extend the contract of this officer by two years, and to fund a second Community Link officer on a two year contract. This is on top of the £48k pa investment in Contact Centre capacity. The total commitment is £216k.
- The Executive member for Health and Wellbeing will be asked to chair the Burnley Health and Wellbeing partnership. This will start to meet as soon as the latest surge activity is over. The partnership will ensure that the borough has a coherent strategy for population health management; one that joins up the council and Calico’s investment in Burnley Together with the NHS’s integrated health and care partnership work. It is proposed that £40k from the recovery budget will be set aside, which can be managed through the Health and Wellbeing partnership.

FINANCIAL IMPLICATIONS AND BUDGET PROVISION

7. There are no new budget implications arising from this report; the strategy is using existing government covid grants for supporting vulnerable people and the council's Community Recovery reserve.

POLICY IMPLICATIONS

8. Ongoing prioritisation of senior leadership time to support the test and vaccination surge.
9. Making sure Burnley Together operates effectively within the wider health and care system.

DETAILS OF CONSULTATION

10. Not applicable

BACKGROUND PAPERS

11. The Covid Community Recovery plan: https://burnley.moderngov.co.uk/ieListDocuments.aspx?CId=151&MID=1249#AI16500

FURTHER INFORMATION
PLEASE CONTACT

Appendix 1: Burnley Together update (May report)

Key Project Areas

Contact Centre	• Calico are recruiting a new Kickstart member into the team. • Customer Support Advisors continue to spend time with the Co-ordinator to visit our customers at home and to understand the needs of our customers. • Whilst there is still work to do on the efficacy of the database we are able to look in more detail at call reasons which is important data for us when considering the future needs of customers. • As part of our support for the new Thrive Hub, we have a dedicated member of the team as our Thrive Champion to be the first point of contact. Next Steps • Continue with the work to implement changes to the database for increased data scrutiny • Carry out outbound work with those who access the befriending service to ensure they have been able to access the vaccination programme and to enable them to come out and socialise if they wish to do so. • Access mental health first aid training for Customer Support Advisors so they are better able to deal with the increased need in this area and give the right advice and support.
Community Link Worker	• Link officer's caseload has risen from 17 in April to 21 in May. • Each case takes an average of 8 weeks to unpick and resolve with a range of service providers involved to take the customer through their journey to a happier, more secure, place in life. • In appropriate cases the case worker is now passing cases over to the case management team and the Physical Activity Co-ordinator • A process for handing over Calico Homes customers to the relevant teams within the organisation has been established. This frees up time for the casework to engage with other residents in the borough Next Steps • Continue to work with team members to establish a common method of evaluating the outcomes of interventions so we can measure the journey travelled for customers and report comprehensively on social value outcomes.

	• Continue to expand knowledge on trends emerging amongst customers so that we can liaise with relevant partners on removing barriers for customers. • Establish systems to measure the additional income that this service is enabling households to access. • Hold a drop in session for members of the European community to complete applications for the resettlement scheme due to the end of June deadline with access to translators.
Physical Activity Co-ordinator	• 21 referrals made into the service • 113 contacts made primarily through phone calls to individuals and also through email • 10 visits in person with more arranged. Visits have varied from assessing and getting to know individuals, health walks and supporting them to first sessions or meeting other organisations. • May has been quieter for the Kit Exchange scheme as there has been no push for donations. There have been many donations but we have not been able to get them out to those in need. • Drop in sessions are now taking place at 4 community venues with different formats in order to test and learn about the most effective ways of working with the community <u>Next Steps</u> • Develop a method for 'closing off' referrals to the service taking into consideration the needs of the customer. • Support the new Health Coaches in their roles, where possible, working with new individual referrals from the BeWell team and continuing to work with the Up and Active team to raise awareness of the physical activity advisor's role from a GP prescribing perspective. • Work with partners to help get Kit Exchange donations matched to those who need it and develop ways of promoting the scheme to local residents for more effective distribution. • Continue to understand the community offer of physical activity opportunities as there is currently no central way of finding out what these are
Case Management Service	• We currently have 28 individuals within the service. Each individual has a number of health and social care needs in which they need support. • The majority of individuals we are working with have had contact with a number of support services over many years and have not had good experiences or managed to make the positive changes to enable

	them to achieve their outcomes. Delivering the service using a person centred approach provides an opportunity for each individual to identify what has previously worked and not worked for them. A support plan is co-produced with the outcomes that matter most to each individual. The plan is continually updated, as priorities often change due to chaotic lifestyles. • Outcomes achieved include increased attendance at health appointments, ID obtained for individuals, social care assessments completed, listening visits provided, budgeting and benefits forms completed, mental health referrals completed, support with housing options, befriending referrals and referrals to bereavement support. <u>Next Steps</u> • Find solutions for the increasing number of people needing to access mental health support. • Find ways to manage the time needed to establish trusting relationships with individuals who have a lack of trust in the systems due to previous experience.
Partnership Working	• We continue to support BFC in the Community with the collection of donations and the delivery of food parcels whilst there is reduced capacity for their team. • We are working with partners to develop a school uniform recycling scheme over the summer. Donation points have been agreed in a variety of places and volunteers have been secured to wash donations before distribution across the community. We plan to launch this prior to the summer holidays to support local families. • Participation Works are working in partnership with BBC to plan and deliver the Holiday Activity and Food offer with a range of voluntary sector partners. This will support young people in our communities who would normally access free school meals. • We are working with Burnley Leisure to continue the production of freshly cooked ready meals that can be added to food parcels on a weekly basis. • We have met with and taken the time to develop a working relationship with Church on the Streets. We are linking them to food parcels and meeting the people they are working with to offer further support. We are introducing them to other partners that can support their work with addressing homelessness. • We have hosted a networking opportunity for voluntary sector organisations via Zoom which has led

	to collaborative working and increased opportunities for local people. <u>Next steps</u> • Continue to support BFC in the Community in ensuring that nobody in the borough goes hungry; working with them to access food through donations. • Attend community events to raise awareness of the services on offer through BT • Work with BBC to look at the future staffing needs of BT and source appropriate funding. • Continue to work with teams at Calico Homes to raise awareness of the services BT can offer as well as ensuring their customers are accessing the full range of the in house support on offer. • Work with Calico Homes to visit neighbourhoods and raise awareness of BT services.

<u>Link worker- business case for additional capacity</u>

Currently the Community Link Worker manages an average caseload of 21 customers at any one time. Whilst this is manageable other members of the Burnley Together team are being redirected to some of the first point of contact visits due to the level of demand. This is not the service Burnley Together wants to offer as we are aware that those reaching out for support are often calling it as a last resort due to a feeling of being trapped in systems that are difficult to navigate and have been passed from pillar to post many times, with a need to retell their story each time. The aim is to connect customers to the person who will be working alongside them to overcome these barriers from the very first visit. Having the capacity to do this maximises the development of relational support that builds trust, openness and understanding between the customer and the link worker which in turn leads to improved outcomes that are sustainable and in less time.

The role of the Link Worker is to act as a bridge rather than a signpost. As the Link Worker listens to understand the needs of each unique individual they can then liaise with the relevant services in an advocacy role to help those services understand where the blocks are to their service users navigating the system and serving themselves without the ongoing need for support. Being bold and changing the way we work with those in our communities takes time. The Link Worker is navigating a wide range of services to find the best pathway for a customer and one customer may need support to deal with DWP, LCC, Social Care, debt management support, mental health support and access to housing – all with no access to the internet and English as a second language, to give just one example.

Extending the contract of the current Community Link Worker and introducing an additional post will allow Burnley Together to facilitate change for increased numbers of customers, build the skills and expertise of the team, enable system change and develop positive partnership working. The volume of contacts reported above shows that double the average caseload will be easily achieved. Below is an example of the type of intense casework involved.

Case study

We were approached in early March by a man who asked for a food parcel for his friend, who couldn't speak English well. This was provided and we arranged for our link worker to visit her to see how else we may be able to support her. The caseworker visited SD at home, along with an interpreter, and it became apparent that she was in a dire financial situation. She had 2 children and was expecting her 3rd, had no benefits or money and was unable to pay her rent. We immediately spoke to the landlord on her behalf to make an arrangement to ensure she remained in her home whilst we tried to make claims for benefits and other support. We also ensured the family had enough food over the next few weeks and their utilities were topped up.
During the first 8 weeks, the caseworker provided intensive support to the family, making 56 individual visits/calls/emails in this time. He achieved the following:

- Contacted Lancashire Women, BPRCVS, Strategic Partnership for DV support
- Liaised with DWP to sort out issues with her National Insurance number
- Met with the landlord, arranged a payment schedule once benefits were in place to enable her to remain in the family home
- Applied for all relevant benefits (Universal Credit, Child Benefit, Housing Benefit, Council Tax Relief)
- Facilitated visits to DWP to ensure SD wasn't penalised for non-attendance
- Contacted Family Wellbeing service who started to work with her
- Organised a fuel voucher through BPRCVS
- Spoke to Social Services several times around DV/Safeguarding
- Arranged Surestart Maternity Grant
- Registered her children with LCC for school placements
- Ensured her mobile phone had credit
- Registered at local GP for all the family
- Took SD to hospital appointments
- Took SD'S eldest son to school for the first 2 weeks to ensure he settled in

The caseworker continues to support the family as and when they need it and has built excellent relationships with other services involved in this process.

Key performance indicators

	March	April	May
Contact Centre			
Total number of contacts	1219	1031	1051
Average call length of inbound calls	00:02:48	00:02:16	00:01:58
average waiting time (on hold)	00:00:16	00:00:16	00:00:12
% of abandon calls	3%	1%	2%

	March	April	May
Service referrals			
% of contacts requiring food bank	56.1%	54.1%	65.0%
% of contacts requiring employment support	0.4%	0.3%	1.0%
% of contacts requiring financial support	2.4%	3.2%	2.7%
% of contacts requiring shielding/isolating support	0.5%	1.0%	1.2%
% of contacts requiring mental health support	6.7%	12.1%	9.1%
% of contact requiring physical health support	0.6%	1.6%	2.4%

	March	April	May
Key projects			
Food bank - Number of food parcels requested	684	558	683
Food bank - % of food parcels declined	0.00%	0.00%	0.000%