Applying a local framework to take forward a collaborative, behavioural science informed approach to COVID-19 related communication and community engagement within the CTM UHB area

Situation

The scale of the current COVID-19 pandemic means we are in a unique position where all statutory, community and voluntary organisations on a national and local basis are focussed on the same agenda and in turn, developing their communication and engagement approaches. Although this provides considerable resource, there is a real danger of duplication of effort, inconsistent messages and gaps in provision, particularly against a background of regularly changing guidance. The success of our Response Plan is predominately dependant on widespread public understanding, acceptance and uptake of key behaviours, hence facilitating the need for a comprehensive, multiagency approach to local communication and engagement planning. Combined with this is the need for appropriate provision within our communities to provide support to help protect the health and wellbeing, in the widest sense, of those directly or indirectly adversely affected by COVID-19.
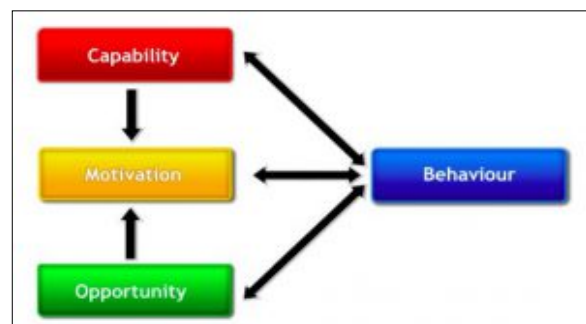
Background

Using the World Health Organisation (WHO) and global partners Covid-19 Preparedness and Response Guidance as a basis for initial work, a risk communication and community engagement (RCCE) work stream group and associated action plan was established within CTM UHB area to facilitate this approach.

Much of the initial work of this group has been providing responsive communication support around fast changing, public guidance and the need to rapidly inform and engage our communities in the roll out of the Testing and Contract Tracing programmes. We are now at the stage where we are hopefully able to establish a more proactive, pre-planned approach for the coming months.

Drawing on behavioural science, we have developed a draft local engagement framework which begins to outline considerations for effective communication approaches for different cohorts and identify wider action needed to enable the engagement and support of groups who are more vulnerable or have specific additional considerations related to Covid-19.

At the core of this approach is the COM-B model which recognises that behaviour is part of an interacting system. In order for a desired behaviour to be taken up, a person needs to feel **capable**, have the **opportunity** to perform the behaviour and be **motivated** to do so.

The CTM engagement framework explores this approach in relation to behaviours associated with both the prevention of COVID-19 and the mitigation of both direct and indirect harm. Within this framework we have identified numerous groups and key settings which could benefit from a more targeted approach.

Approach

The key to achieving this approach successfully within CTM will be determining who is most appropriate to take forward its numerous strands. We need to ensure good communication between all partners to avoid duplication, identify gaps and maximise resources, while maintaining the underlying behavioural science basis to inform action. Complementary approaches to the existing RCCE work stream are in development. Our Regional Partnership Board (RPB) is part of a national work stream group looking at the 'Protect' element of the TTP plan. Local action to support this is being explored by the RPB. Similarly, the CTM UHB led Rehabilitation Model and Pathway has parallels with the RCCE plans to support engagement of our population back into services. Other organisations have developed a range of materials to support their specific client groups.

The following table briefly describes the identified population groups and settings highlighted in the CTM engagement framework and provides an initial attempt to outline how next steps could be structured to maximise contributions from different organisations/ work streams.

Framework Application

Group	Includes	Approach to this cohort going forward	Actions
The general population of CTM	• There will be a variety of subgroups and differing perceptions within this overarching population. Groups that are identified as having specific needs are considered throughout the remaining table.	RCCE group working in partnership with national PHW and WG communication teams and local partners to support local promotion of national campaigns promoting key behaviours, with appropriate local targeting of defined cohorts or geographical locations as required. RCCE group in partnership with Protect and Contract tracing work streams to promote local support systems/guidance to raise public awareness of availability in preparation of any requirement to self-isolate	• Co-ordinate local promotion of WG 'Keep Wales Safe 'campaign via all networks • Utilise available data/ intelligence to identify where targeted promotion is required within general population via links with:- • *Surveillance work stream* • *Testing and contract tracing leads* • *Analysis of national and local public perception surveys* • *Community* • Undertake localised campaign • Collate a range of information to support signposting by contract tracing team • Training for CT staff including MI techniques, framing messages and knowledge of local services/referral systems
Potentially harder to engage groups within our general population	• Young people • Men of working age • Older people • Individuals whose first language isn't English or Welsh • Sensory impairment • Learning disabilities	RCCE group working in partnership with national PHW teams and specialist organisations to develop behaviourally informed communications. Specific members of RCCE group identified as link person for each cohort.	• Work with PHW/WG in development/local dissemination of specific cohort campaigns commencing with young people • Use of Com B planning tool with local partners to develop an engagement, action plan for each cohort. • Collate and disseminate as appropriate intelligence to date regarding current guidance,

			resources and local networks to provide easily accessible information on key groups
		RPB Protect work led by Rachel Rowlands identifying gaps in support to older/ disabled groups	• Support Protect work stream actions for identifying and tackling gaps. • Wider comms support of RCCE members to promote associated communications via their networks.
Groups who have specific considerations due to a potential greater risk from Covid 19	• Individuals who are shielding or are at greater risk due to underlying medical conditions	Wider needs to be reviewed by RPB and actions determined with partnership and LPHT support RPB and RCCE work streams work jointly to develop and disseminate public comms related to these groups	• Support Protect work stream actions for identifying and tackling gaps. • Wider comms support of RCCE members to promote associated communications via their networks.
	• Pregnant women • BAME • Key Workers within Health care	CTM UHB comms to lead, supported by LPHT. Linking to workplace leads	• Collate and disseminate as appropriate intelligence to date regarding current guidance, resources and local networks to provide easily accessible information on these key groups
Groups who are at direct risk from Covid-19	• Covid-19 cases, their households and contacts	Identified leads within the RCCE group provide links to TTP work streams:	▪ Provision of communication support to testing and contract tracing programmes as required

		Testing- J Sumner; Contact tracing- J Whitehurst; Surveillance – D Gibbons; Link to RPB Protect work with regard to wider support needs of isolating individuals	▪ Links with surveillance work stream to maximise use of local intelligence in content and targeting of messaging As for general population above
	• Individuals / organisations involved in clusters/outbreaks	For incidents/ outbreaks/ clusters, national PHW comms support Incident Management Team linking with UHB/LA comms leads and LPHT for local input. Regional PHW Health Protection Support providing assistance with community engagement	• Link with Incident management team as required to provide local knowledge and capacity
Groups who are at risk of indirect harm/unintended consequences of Covid-19	Individuals awaiting: • Medical treatment	Needs explored through UHB rehabilitation plan led by Alyson Davies. Most comms taken forward by UHB comms but colleagues in RCCE group can support if wider input needed	• Further meetings to be arranged with leads for each area during August to determine any support required
	• Immunisations	National PHW Working group looking at Comms for COVID vaccination. LPHT regional lead With input to ILG immunisation groups. 6th work stream developed to cover this area led by Lesley Lewis	
	• Screening	National PHW Working group	

		looking at Comms with reinstatement of screening programmes. Regional LPHT lead (Cancer Inequalities and Raising Public Awareness Group)	
	Vulnerable groups including: • Carers/Young carers Homeless • Suffers of domestic abuse • Substance Misusers • Those in Poverty	Scoping work done around these groups shared with RPB Protect who will engage with local agencies to identify any unmet need RCCE group will support if wider public comms needed	• Support Protect work stream actions for identifying and tackling gaps. • Wider comms support of RCCE members to promote associated communications via their networks.
Key settings which need special consideration to optimise staff and public safety	Workplaces	Elizabeth Bradfield (Bridgend) is RCCE group lead linking with Healthy Working Wales lead Mary Ann Mckibben. Formalised links with Louise Davies, Philip Daniels to join up efforts with larger employers' work	• Small working groups to be established to review any additional input by RCCE group that may be of value, in additional to general promotion of information through networks and working links
	Schools	Identified RCCE group link to work with LA LEAs/CTM Healthy Schools Scheme	
	Colleges	Links to be confirmed	
	Leisure/social settings	Links to be confirmed	