

## A community-based response to COVID-19 for trialling in Melbourne

**Goal** To reduce the impact of COVID-19 in Melbourne.

**Purpose** To demonstrate that a community-based initiative for the provision of prevention, detection, tracing, care and support can **effectively increase uptake and timeliness** of the COVID-19 **public health** response by the state government.

### Objectives

1. To establish clear mechanisms and partnerships to help individuals to manage the impact of COVID-19 and reduce unintended health, social and economic impacts.
2. To reduce the time between the onset of symptoms and testing for SARS-CoV-2 through increased demand and access to testing.
3. To reduce the time between testing, receiving positive test results and the delivery of care and support for people and their contacts who are required to isolate/quarantine.
4. To reduce the time from diagnosis to initiation of contact tracing (tracing delay and cluster outbreak management).
5. To implement and monitor key process indicators that measure effective implementation and allow for early corrective action.
6. To implement a governance model that ensures that community perspectives are central to the response and guide interventions.

### Summary of Rationale

- Delegation of specific tasks to the local area and its community resources allows for more effective incident management, integrating all the required elements – epidemiology, contact tracing, community engagement, case management (especially if isolating with either no or mild symptoms) by establishing clear care pathways for positive cases, laboratories (if feasible), and logistics (including care support).
- This approach draws on an in situ workforce closely connected to local communities allowing better integration of a broader range of sectors, community resources and a more rapid and comprehensive whole of society response. This is more likely to enable care-at-home implemented by local community services and GPs as a feasible intervention.
- This offers a scalable and more sustainable strategy leading to probable improved performance indicators (especially related to the speed of testing, tracing, and isolation/quarantine).
- A delegated approach potentially frees up higher level governance, emergency planning operations, policy and strategy groups to focus on higher level concerns and planning.
- Partnership models will help to identify what interventions are required to support both the wider community and vulnerable groups to have the capability and motivation to cooperate with government pandemic response strategies and guidelines and the effective delivery of care and support services.



## Governance and Collaborative Design

As the lead agency, the **Designated Community Health Provider** will convene a Design and Monitoring Committee (DMC) for their catchment area comprising the community health provider, DHHS, LGA Municipal Emergency Coordination Centre staff, a local general practitioner, community-based organisation(s), a logistics specialist, and a representative of the technical support agency.

The **role of the DMC** will be to finalise the goal and objectives, provide detailed activities for each component, assign roles and responsibilities, and develop a monitoring, evaluation and learning framework, with key measurable indicators for each component. In addition, the LGA council may choose to form a coordination committee that spans the entire local area including several community health services. This would be an internal coordination committee and not have the primary role of liaison with DHHS. That belongs to the designated community health provider.

## Roles and responsibilities of partners

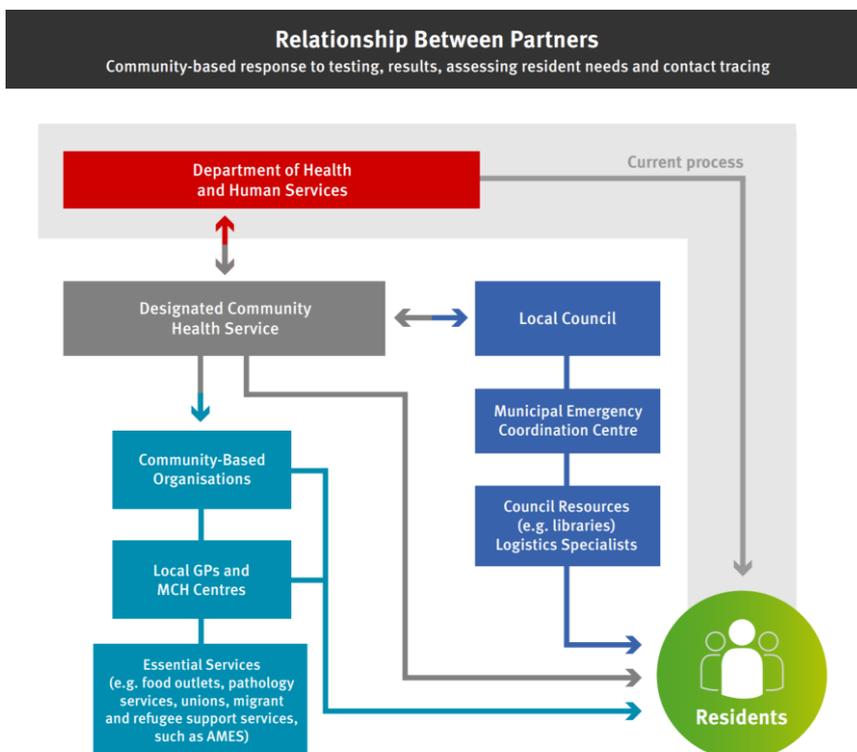
**DHHS:** System integration, policy and protocol advice, liaison with community health service, provision of information on newly diagnosed cases, and information management.

**Community health centres and local GPs:** Coordination of testing sites and procedures, referral of patients for testing and care, assessment of needs in isolation and quarantine, inputs into communication materials, and recruitment of case investigators and contact tracers.

**Community-based organisations:** Development, design and delivery of health communication messages, identification of care resource coordinators, support for the provision of essential supplies during isolation.

**Local government:** Coordination, resource mobilisation, and liaison with state government.

**Technical agency:** Technical advice to DMC, support for the development of the MELF, research to assess community knowledge, attitudes and behaviours, advice to the development of communication materials.



## Potential outcomes

- Successful partnership based on equal levels of contribution by stakeholders – supporting healthy, engaged, and responsive communities.
- Key indicators to track improved responsiveness and health outcomes and guides decision-making.
- The project provides a platform for the introduction and evaluation of new tools: community or home-based testing, screening – if active case finding is needed, information sharing and a means to address questions in real-time, and eventual vaccine delivery.