

COVID-19 Sussex wide VCSE review:

Stronger partnerships, stronger communities and a stronger voluntary, community and social enterprise sector

September 2020



Executive Summary

This review was produced on behalf of the Sussex Health and Care Partnership (SHCP)¹ as part of NHS England funded work to explore VCSE Leadership and Integrated Care Structures (ICS) working collaboratively. The lead voluntary, community and social enterprise (VCSE) organisation in the NHS England bid was Community Works with Jane Lodge, Associate Director of Public Involvement, Sussex NHS Commissioners, also SHCP leadership. SHCP comprises 13 organisations across Sussex, the NHS and local councils, which work together to improve health and care.

The Review Oversight Group comprised representative members of SHCP, including local authorities and NHS organisations from across Sussex along with VCSE organisations.

The review, based on a snapshot in time, seeks to:

- Identify how VCSE and statutory organisations and other partners (such as funders) can collaborate to inform and participate in emerging system changes.
- Capture the scale of change within VCSE organisations in order to meet the needs of their communities and service users during the Covid-19 crisis.
- Provide insight into the impact of the VCSE response on communities/clients/service users.
- Identify the key changes VCSE organisations believe should be sustained and/or developed as we move into the next phase of the pandemic.
- Understand how VCSE leadership has functioned at system, place and neighbourhood level.

This review both highlights and celebrates the extraordinary achievements of the Sussex Voluntary, Community and Social Enterprise Sector (VCSE) in its response to the coronavirus pandemic, and presents recommendations for future collaboration and how it can capitalise on the learning acquired from that response. Through this research and discussions with, VCSE and public sector leaders across Sussex, we have taken a snapshot of the diversity of ways in which the VCSE has supported and protected communities and worked in partnership with health and local authority partners. We draw attention to the changing nature and flexible structure of the VCSE and the ways it can contribute to improving health, social and economic recovery in our localities as a key systems partner.

Following a decade of austerity and rising inequality, Covid-19 places health, VCSE and local authority leaders under tremendous pressure. In the face of massive social upheaval and prolonged periods of change, the desire for more collaborative, open, approaches is stronger than ever.

NHS England's **most recent guidance**² outlines key actions to address health and wider inequalities in society, inequalities which have been further exposed by Covid-19. This guidance emphasises the need to build upon cross-sector collaboration and population health management approaches deployed during this time to strengthen long-term plans to address the underlying causes of health inequality from 2021/22.³ The NHS Reset document⁴ outlines an intention to, and steps towards resetting the relationship with local communities to develop 'healthy places.

The recommendations in this report are intended to support leaders across statutory and VCSE sectors to advance existing and encourage new and wider collaborations that will sustain the early responses to Covid-19, to improve the population health and tackle wider inequalities across Sussex. We believe, despite all the challenges of Covid-19, that there is a moment of opportunity to be grasped, to embed lessons learnt and new ways of working established during this difficult time.

We know many systems leaders are examining how they work collaboratively, and the recommendations here can be used to reflect on progress and stimulate further discussion for future development.

We found that:

- Across Sussex, strong and effective collaborations between VCSE and statutory services developed at speed, identifying and coordinating responses to protect and support communities.
- VCSE supported statutory services to provide early support to hyperlocal need – thanks to their unique characteristics, agility and connectedness to their communities.
- Covid-19 has provided VCSE organisations with an opportunity to demonstrate clearly and undeniably their value as innovators and partners in improving health and wellbeing and addressing wider inequalities.
- There is an imperative and an opportunity to involve the VCSE sector meaningfully as a key system partner to build on existing and new collaborations locally to improve health and address the wider multipliers of inequality.
- Investment in maintaining existing partnerships and making new ones is essential to build the long-term sustainability and resilience of the sector.

We identify five opportunities that build on the findings, furthering cross-sector collaboration. These are aimed at leaders across health, local authority and VCSE sectors.

² NHS England's 'Implementing Phase 3 of the NHS response to the COVID-19 pandemic'

³ https://www.england.nhs.uk/wp-content/uploads/2020/08/C0716_Implementing-phase-3-v1.1.pdf

⁴ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Opportunity 1: Create more opportunities for VCSE and public sectors to work together at all levels of system transformation

VCSE organisations understand their communities and can inform and shape services to reduce inequalities.⁵ They have already established strategic and organisational relationships which can be built on to create more and better partnerships at every level of the system. They are determined not to return to the old ways.

Recommendation 1.1: Commit to system-wide collaboration, recognising the VCSE as an equal partner

Established principles of joint working through Integrated care systems (ICS) are at the heart of the response to the pandemic. These can be further developed to bring insight and expertise to the design, delivery and co-production of services that address the social, environmental and economic issues that affect people's health and wellbeing.

Recommendation 1.2: Collaborate using shared principles for partnership working

Building on the trust developed through shared purpose is key to continued partnership working. Collaboration requires the alignment of values based on '*generosity, respect, compassion and commitment*'⁶ This means addressing power dynamics between organisations and placing trust in the knowledge of those with lived experience – staff, volunteers and service users.⁷

Recommendation 1.3: Support experimentation and celebrate success

The response to Covid-19 by all sectors and communities was a '*living experiment*'. People drew on local assets to develop person-centred solutions, often house by house and street by street, informed by 'live' feedback. Building on this means using **local and national learning to pilot 'test and learn approaches'** which allow freedom to experiment in real-time learning.



“Collaboration requires the alignment of values based on '*generosity, respect, compassion and commitment*'⁶”

⁵ See for example [Tackling Health Inequalities in Cheshire and Merseyside](#).

⁶ <https://www.ivar.org.uk/wp-content/uploads/2020/07/Trust-power-and-collaboration-IVAR-July-2020-Final.pdf>

⁷ *ibid*

Opportunity 2: Engage as equal partners

Effective stewardship of the social economy ecosystem is essential to enable the VCSE to flourish, to remain innovative and to mobilise external funding. After years of austerity and the toll of Covid-19, organisations need financial security to maintain and expand services, and to ensure that they are able to engage as equal partners in strategic planning.

Recommendation 2.1: Explore opportunities for greater collaboration between funders

Commissioners are in a position to pool resources to fund 'test and learn' approaches across the system and co-design targeted interventions, incorporating principles of light touch application and monitoring to develop funding relationships built on trust and collective purpose.

Recommendation 2.2: Improve VCSE participation and capacity

Investment is needed for VCSEs to continue to serve their communities and respond to changing needs. They need funders to trust them to make judgements about priorities and outcome delivery and be more flexible to allow more meaningful engagement while being realistic about what can be delivered. VCSEs would welcome a commitment to equitable distribution of funds across geographical areas and communities.

Recommendation 2.3: Reduce damaging competition and create more equal partnerships

More equal partnerships can be created by exploring additional possibilities within the flexibilities announced in the Cabinet Office Procurement Policy Notes.^{8,9} Income security allows the development of more collaborative approaches to design and delivering services.

Opportunity 3: Make better use of data

Relaxation of bureaucracy and increased data sharing between sectors during the crisis allowed local partnerships to rapidly respond to local needs.

Recommendation 3.1 Share data more openly and use this to understand community needs and set priorities

Data and analysis is required to identify need and build an understanding of what works. Statutory, VCSE and funder organisations hold detailed datasets about the communities they serve. Making better use of these existing sources of information can inform service design in the future and ensure that community voices are brought to the heart of decision making.

Recommendation 3.2: Collate proportionate and purposeful data collection for the future

VCSE delivery capacity can be increased by reducing the burden of data collection, relaxing reporting requirements and offering more proportionate and purposeful application and grant-management processes.

Opportunity 4: Strengthen preventative approaches to health and care

VCSEs have been first responders to hyperlocal need, particularly to those communities who have been disproportionately impacted by the pandemic. This has made explicit the link between VCSEs and good health.

Recommendation: 4.1 Support and invest in local solutions

Commissioners and funders have an opportunity to ensure continued delivery by helping local organisations – the ‘first responders’ – to establish new approaches and pathways, and adapt services to increasing demand.

Opportunity 5: Create accessible and diverse volunteering opportunities


Volunteering is an integral part of our social infrastructure that contributes positively to health, social and economic outcomes. During the crisis VCSEs had to adapt quickly to changes in volunteering patterns involving deficits in some areas and surplus in others.

Recommendation 5.1: Develop cross-sector approaches to volunteer coordination and development

Local volunteer recruitment and support schemes would benefit greatly from a cross-sector review to explore the opportunities for enhancing coordination and support functions at all levels, particularly in relation to the proposed national schemes set out in the ‘Levelling up our Communities’ report.

Recommendation 5.2: Increase and diversify volunteering opportunities

There is an opportunity to reflect on what changing demographic and local structures means for volunteering, and to develop a volunteer base that is flexible, intergenerational and representative of wider communities.



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Conclusion

This review calls on leaders from across the statutory, funding and VCSE sectors to build on lessons learnt, to strengthen existing partnerships, and build new ones, to support the health and wellbeing of communities across Sussex by:

- Sharing this report within and across their organisations
- Reflecting on the recommendations within the report
- Seeking opportunities to promote/enhance/build upon the recommendations to strengthen future collaboration
- Taking actions to progress recommendations in a collaborative and solution focused way
- Examining, within current planning processes and frameworks at all levels and places within the SHCP, how recommendations and associated actions are (or may be) supported and developed in order to embed collaborative working to address health and wider inequalities.



Key Headlines

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- Covid-19 has provided VCSE organisations with an opportunity to demonstrate clearly and undeniably their value as innovators and partners in improving health and wellbeing and addressing wider inequalities.
- There is an imperative and an opportunity to involve the VCSE sector meaningfully as a key system partner to build on existing and new collaborations locally to improve health and address the wider multipliers of inequality.
- Investment in maintaining existing partnerships and making new ones is essential to build the long-term sustainability and resilience of the sector.

Other Headlines

Covid-19 has been a lens through which existing and entrenched health and wider inequalities have been highlighted.

That shared ambition to support those most marginalised deserves to be continued by our communities, our VCSE organisations and our statutory services.

The response of the VCSE in Sussex was characterised by innovation and agility, underpinned by a closeness to its communities, remaining true to their organisational mission and values.

The layers of the VCSE were united through shared purpose, demonstrating the sector's collective strength and resilience as a key partner.

Existing relationships and partnerships were strengthened between the VCSE and across statutory services to powerful effect in supporting and protecting the most vulnerable. New partnerships and networks emerged at pace to strengthen community resilience.

Statutory services have increasing understanding of, and changing perspective on the value of the sector.

Infrastructure organisations provide a critical role across Sussex, as a focal point locally and more widely.

Covid-19 has led to increased focus and good outcomes in particular policy areas, for example, homelessness, loneliness and digital inclusion.

Organisation responses

Demand for essential services and basic food provision was a key driver of the response.

Almost all services have been hit by the pandemic, continuing to adapt in a shifting climate while experiencing an exponential increase in demand for existing and new services. The extraordinary ability with which the VCSE transformed their organisations provides an opportunity to build and embed positive changes that have accelerated organisational plans and intentions.

Volunteers

Across Sussex, the large-scale mobilisation of local volunteers by new groups and mutual aids alongside established organisations provided a mainstay of support in the emergency response.

Established Sussex VCSE organisations worked strategically and operationally alongside community groups, local authorities and the NHS, redeploying and actively engaging existing and new volunteers in the co-design of innovative solutions to the frontline response.

The rapid shift in volunteer numbers has highlighted the capacity of our communities to support each other in times of crisis. However, to fully capitalise on this community spirit it is key that systems are in place to connect volunteers to the right opportunity and provide adequate training.

Staff

Key workers continued to work on the frontline alongside the NHS and statutory services, supporting their most vulnerable clients.

The deeply held values of staff and their years of experience of dealing with crises was key in rapidly developing solutions to meet increased and new needs.

There is an imperative to ensure that systems partners reflect and share on the learning from the initial response and understand how staff and teams may be supported in a climate of continued change and adaptation.

Funding

Collaborative funding approaches were a key strength, maximising resources to provide collaborative solutions.

The diverse income sources for VCSE are all at risk from a forecast economic downturn.

The VCSE requires greater flexibilities with funding arrangements to continue activities

Collaborations and Partnerships

Strong and reliable relationships were critical in developing collaborative solutions, while existing relationships strengthened and new partnerships were forged.

VCSE want to inform recovery and wider systems planning at an early stage in the planning process, ensuring that plans are sensitive to, and informed by, the dynamics of local places, and built on existing assets.

Statutory services and VCSE worked together, tailoring response around existing local resources.

Greater flexibility is called for in commissioning processes allowing small groups to participate.

Technology

Technology and digital services have played a key role in multiple ways in every response initiated by the VCSE and its partners, maintaining the resilience of the sector. Challenges exist, however: the opportunity to adopt technology-driven solutions has not been equal across the VCSE or for communities.

Digital solutions cannot replace face-to-face delivery, but it has the capacity to extend VCSE reach and support to its communities. It will be central to collaborative approaches in the planning and design of systems and services.

Digital solutions for those already marginalised will create further exclusion to essential health and care information and services.

Communities

The connecting role of the VCSE was essential in providing and translating reliable information.

Loss of face-to-face work meant many BAMER and disadvantaged groups struggled to maintain their identities.

The cumulative response of neighbourhood and community support groups alongside established VCSE organisations alleviated many negative impacts on mental health, loneliness and isolation.

New ways of delivering services created additional accessibility to services in a way which some communities preferred and found more convenient. Others, already marginalised and without digital access, struggled to find reliable and accurate information and support.

There has been evidence of greater empowerment amongst service users to take care of their needs independently and feel able to reach out in times of crisis.

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