

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

Date: Wednesday, 2 November 2022
Time: 10.30 a.m.
Venue: Spencer Room, Town Hall

AGENDA

1. Apologies for Absence
2. Declarations of Interest

To receive any declarations of interest.
3. Minutes - Adult Social Care and Services Scrutiny Panel – 5 October 2022 3 - 8
4. Integration of Health and Social Care - Verbal Update

The Director of Adult Social Care and Health Integration will provide the panel with a verbal update regarding the integration of health and social care.
5. Draft Final Report - The Role of the Voluntary and Community Sector (VCS) in Supporting Adult Social Care (With a Focus on COVID-19 and Recovery) 9 - 28

The Scrutiny Panel will be asked to consider and approve the content of the draft final report and determine recommendations for submission to the Executive.
6. Overview and Scrutiny Board Update

The Chair will provide a verbal update on matters considered at the meeting of the Overview and Scrutiny Board held on 25 October 2022.
7. Date of Next Meeting - 30 November 2022
8. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Tuesday, 25 October 2022

MEMBERSHIP

Councillors J Platt (Chair), G Wilson (Vice-Chair), D Davison, T Higgins, D Jones, G Purvis, D Rooney, R Sands and J Walker.

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Chris Lunn, 01642 729742, chris_lunn@middlesbrough.gov.uk

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on Wednesday, 5 October 2022.

PRESENT: Councillors J Platt (Chair), D Davison, D Jones, G Purvis, D Rooney and R Sands.

ALSO IN ATTENDANCE: E Craigie (Teesside Live).

OFFICERS: L Grabham, C Lunn and E Scollay.

APOLOGIES FOR ABSENCE: Councillors G Wilson, T Higgins and J Walker.

DECLARATIONS OF INTEREST

There were no declarations of interest received at this point in the meeting.

MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 7 SEPTEMBER 2022

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 7 September 2022 were submitted and approved as a correct record.

INTEGRATION OF HEALTH AND SOCIAL CARE - VERBAL UPDATE

The Director of Adult Social Care and Health Integration provided Members with an update regarding the integration of Health and Social Care; the following points were made:

- The transition to the new Integrated Care System (ICS) had progressed significantly.
- The Integrated Care Board (ICB) had been established and held its first meeting (the Board was responsible for the allocation of funding across the large geographical area that the North East and Cumbria ICS covered).
- Membership of the ICB was outlined to the panel and it was explained that this was driven by statute. The role of the Local Authority representatives to offer perspective and contribute to the reflection of the area's overall demographic was noted.
- The Integrated Care Partnership (ICP), which was the tier below the ICB, was responsible for health and wellbeing within the area. This provided opportunity for statutory and non-statutory organisations to come together and convey their views for their respective areas. The ICP had held its first meeting, although the finalised chairmanship arrangements were still to be determined.
- Below the ICP tier and unique to the North East and Cumbria ICS were four integrated sub-partnership boards, which reflected the complexity of the geography. The structure of these was currently being determined, i.e. whether or not a formal Committee structure would be most appropriate, but work was currently ongoing.
- The Director outlined his position/involvement in each of the tiers.
- An initial objective was to have a health and wellbeing strategy for each area set in place, by the end of the current financial year. At present, this was in a draft state, but issues relating to the size of the geographical area had been raised.

During the discussion that followed, Members queried several points with the Director – the following information was provided in response:

- There was a great deal of work required for the Director in terms of being involved with all three tiers, but he felt this was both manageable and beneficial for consistency; there was no conflict between the various levels of the ICS. A flow chart of the ICS would be provided to Members when available. Publication/availability of minutes of meetings would be determined (the panel noted that the ICB was a Committee of the NHS). Owing to the size of the ICS's geography, Members recognised the diverse needs of people from Cumbria to Northumberland, and the

- importance of conveying the five Tees Local Authorities' needs to the ICB.
- As work progressed, matters would be reported to the Health Scrutiny Panel in conjunction with this panel; the relevant Democratic Services Officers would circulate information as required.
- Regarding Joint Strategic Needs Assessments (JSNAs), these were currently being reviewed (Adults JSNA was to be reviewed by December 2022). The ICB required that a shape/strategy be devised. Reference was made to a presentation delivered by the Association of Directors of Adult Social Services (ADASS) at the first ICP meeting in relation to current work and strategy development, which would be considered by all partners in line with national timelines.
- Members commented on the significant size of the area that the North East and Cumbria ICS covered, and highlighted the importance of ensuring that the needs of the local area were met.
- The Director reiterated the work that had taken place to date, whilst also referring to legislative drivers, local agreements and finalised infrastructure.

The Chair thanked the Director for the information presented.

NOTED

THE IMPACT OF THE ENERGY AND COST OF LIVING CRISES ON CARING FOR VULNERABLE ADULTS - AN INTRODUCTION

It was agreed at the last panel meeting that an additional topic would be added to the work programme, i.e. 'The Impact of the Energy and Cost of Living Crises on Caring for Vulnerable Adults'. The Overview and Scrutiny Board had subsequently approved the addition of this item at its meeting on 21 September 2022 (as part of the Scrutiny Chairs Update).

The Director of Adult Social Care and Health Integration and the Head of Strategic Commissioning and Procurement were present at the meeting to deliver a presentation to Members. The information was presented in two parts. The first part focused on 'The Cost of Living Impacts on Adult Social Care', and the second part focused on the risks and potential impact of the crises on both Adult Social Care and the wider directorates of the Council.

In terms of 'The Cost of Living Impacts on Adult Social Care', the following matters were raised:

- By way of background, Members were advised that some of the issues experienced had recently been addressed by the government's Mini-Budget, which was delivered on 23 September 2022. However, some independent sector organisations that delivered services to vulnerable adults, and who continued to face pressures, had verbalised these to officers within Adult Social Care.
- Homecare consisted of domiciliary care providers delivering services in clients' own homes and in residential care settings. Supported Living and Extra-Care Housing facilities were predominantly shared housing with care providers visiting; residents had their own tenancies in place and therefore faced the same pressures as other Middlesbrough residents, i.e. increased bills. Mention was made of the Welfare Strategy discussed at the last panel meeting in assisting support recipients.
- In terms of current issues being faced by providers, these were identified as follows:

Homecare

- A number of external factors had caused significant issues in respect of fuel, which had created an almost 'perfect storm'. In terms of the pandemic, the price of crude oil had fluctuated around the lockdown periods, and demand changed as businesses closed and then reopened. Reference was made to the ongoing war in Ukraine, and the decreasing value of the pound versus the (oil costed) dollar.
- Adult Social Care had five approved business providers for the delivery of domiciliary care; approximately 13,000 hours of homecare was commissioned per week. An element of this was delivered by local staff able to walk and cycle to their clients' homes, however, due to workforce pressures, there was an increasing reliance on drivers. The viability of care work had decreased for many

people, predominantly due to the rise in the cost of living and competition from other industry recruiters, such as retail. It was indicated that a wider strategy around recruitment was required, as it was difficult to compete with organisations paying a higher wage.

- In the period December 2021 to August 2022, fuel had increased by 26%. When tendering for homecare contracts, providers needed to consider care workers' hourly rate, which took into account insurance, registration fees, mileage fees, etc. As a portion of the hourly rate was for mileage, and to try and maintain stability in the workforce, officers facilitated an additional fuel payment tracked against fuel prices. A temporary (three-month) increase of 26p was subsequently applied to mileage payments. The estimated cost of this for the three months was £26,300, which was dependant on the number of hours of care delivered. Adult Social Care would continue to track the wholesale fuel price levels and review the baseline in three months' time.
- It was indicated that during school holidays and winter periods, it was difficult to recruit/retain homecare workers. However, it was highlighted that Middlesbrough was faring far better than other areas, as some currently had a waiting list of 200 packages; Middlesbrough did not operate a waiting list. It was emphasised that the reason for this was the excellent work of the Commissioning Team, and the relationships that had been built with partners. The significant issues being experienced by other authorities fed into other areas such as hospital discharge, and therefore Middlesbrough's position was especially positive.

Residential Care

- It was explained that care homes usually obtained energy supply under fixed rate deals. Some of these terms may have been for three years-plus, others to the end of 2023. Some care homes were fixed until February/March 2023 and were already approaching Adult Social Care and verbalising concerns.
- Care homes worked with brokers to identify deals. The issue creating concern was that although the Government had capped KWPH rates for businesses, standing charges had not been capped.
- In terms of potential increases, as an example comparison, one care home had advised that the cost of gas (KWPH) in October 2021 was £2.16, and £22.6 KWPH (a ten-fold increase) in mid-September 2022. In terms of electricity, in February 2021 this was 15.68 KWPH, and 71.8 KWPH in mid-September 2022. Cost-wise, for a typical 32 bed care home, this would equate to an increase from £20,000 to £160,000 per annum, or equivalent to an £85 per week, per resident, increase in fees (£3.5m).
- It was indicated that the energy price cap had not filtered through to brokers as of yet, and the figures provided were pre Mini-Budget. Care homes had no choice in whether to switch on their gas and electricity as they needed to keep residents warm, and therefore exactly what this would entail for those approaching the end of fixed rate deals remained to be seen.
- From the Council's perspective, in April 2022 the authority gave providers a highest ever inflation award of 9%, which was the highest in the North East and did provide much needed assistance.
- At present, there had been no further support packages announced from the government for additional energy pressures for the vulnerable sector, other than the package announced in the Mini-Budget.

Supported Living / Extra Care Housing Facilities

- As tenants held individual contracts with energy suppliers, the increased bills being seen by all domestic households were being experienced by residents in these properties too.

Across the board, another pressing issue reported by providers concerned insurance premiums, which had increased significantly in the aftermath of COVID-19. In some cases, providers could not acquire insurance.

After concluding this part of the presentation, the officers responded to several queries from Members. The following information was provided in response:

- In relation to the £400 energy bills discount to support households this coming winter, it was explained that care homes did not qualify for these payments because they were classed as businesses, not residential.
- In terms of insurance, the panel was advised that this was for public liability purposes. During the pandemic, COVID-19 was viewed as an unusual circumstance and opened the way for potential legal challenge; mention was made of public inquiries that had been established to investigate handling of the pandemic and how that affected insurers. Notably, insurance companies had subsequently increased the cost of premiums.
- Regarding workforce pressures, reference was made to the internal pressures that Adult Social Care faced, which were the subject of a previous review by the panel. In addition to this, the independent sector struggled to recruit to care homes and care work in general because of competition by other sectors, such as retail. It was highlighted that care work was a vocation and the workforce should be commended for the valuable work that they did. A larger piece of work was needed around this. The domiciliary care workforce was highly skilled and everyone involved delivered such a significant and important role – they could not be praised enough.
- In terms of carers' travel options, it was commented that this could potentially be linked in with the Green Strategy- through the provision of grants for electric bikes, for example.
- In respect of fuel charges and fixed rate arrangements, the length of these were different for all the providers. Some may have been fixed for several years, whereas others may have organised them as part of a national deal. New longer term deals were not as frequent now, with more shorter term options now being presented. It was anticipated that the current energy issues would be experienced for a further two years before any decreases would be seen. There was enormous concern for care homes in that many would have failed to cope with the rate increases if not in fixed rate deals.

The second part of the presentation focused on the risks and potential impact of the cost of living and energy crises on both Adult Social Care and the wider directorates of the Council.

By way of background, like most Local Authorities in the area, the Council was building a plan to support vulnerable individuals at a time when finances had never been more challenging. A Wider Leadership Management Team (WLMT) session had been held for the individual directorates to come together and coordinate the response to the cost of living crisis. The following matters, as discussed at the WLMT session, were detailed to the panel:

- Regarding potential risks, the cost of living crisis could adversely impact by increasing demand for services, and increase the cost of delivering services (inflation, pay award and utility costs). If these risks were not mitigated, the following may occur:
 - Increased number of children living in poverty;
 - Increase in the number of children needing to be cared for by the Council;
 - Increased suicide rates and increased demand for Mental Health services (potentially more so as a consequence of this than from COVID-19 and the associated isolation/pressures);
 - Increased volume of domestic abuse incidents;
 - An Increase in alcohol and substance abuse;
 - Additional pressures on the voluntary sector and reduced services from them (the Council needed to consider how it worked to support the VCS in order for the VCS to provide reciprocal support to the Council);
 - More hospital and care home admissions from people unable to remain safely in their homes;
 - An increase in household debt and reduced ability of the population to spend money in leisure and entertainment sectors could see the town centre collapse and reduce business rates; and
 - Care providers' increased costs put care provision at risk.

- In terms of the impact to date within Adult Social Care, the following was highlighted:
 - **Access Team** – no increased referral rate but an increase in individuals presenting with issues relating to poverty/food parcels was anticipated. Reference was made to Staying Included groups, which were a legacy of Ageing Better Middlesbrough. More people had been attending sessions to keep warm and have a hot drink.
 - **Mental Health Teams** – no obvious impact on referral rates; increased anxiety regarding inflation/costs being observed.
 - **Housing Support/Homelessness** – not seeing impact on presentations yet but increased calls around anxiety on housing security. An increase in presentations in 3 to 4 months' time was anticipated.
 - **Domestic Abuse** – no obvious increase in referral rates, but an increase in the number of victims reporting as “hungry” at point of presentation.
 - **Prevention Services** – increased use of Staying Included groups.

- Regarding action currently underway, work was taking place within individual directorates, as follows:
 - Adult Social Care: “Winter Warmth” activities/campaigns. It was explained that heaters had been issued previously, but whether this was appropriate this year given the rising cost of energy had been considered. Mention was made of heated blankets, which were less expensive to operate. Clothing and accessories, such as hats, gloves, fleeces, jumpers, etc. would be provided, and funding to increase supplies this year was being identified.
 - Public Health: working to identify people who may have struggled to afford to heat their home and were vulnerable to adverse effects of low temperatures on their health, and develop a plan to support.
 - Children’s Services: looking to identify people at particular risk of heat or eat known to the Early Help team to identify those at risk and put in place plans to support them.
 - Finance and Governance: review of the Medium Term Financial Plan and taking action to sustain Council funds to support people.
 - Finance and Governance: review of organisational savings to mitigate the mid-year impacts of inflation.
 - A range of government interventions were being announced and the Council was responding/delivering as required.

- In addition to action being taken specifically by Middlesbrough Council, a multi-agency task sponsored by the Health and Wellbeing Board was also currently underway. A task and finish group was looking at vulnerable risk groups to identify who was most at risk of harm from a cold house; what the local support offer was; and the ways in which the demand could be connected to the offer in order to minimise risk to health. The project would triangulate and coordinate NHS and Adult Social Care information to provide appropriate support by ensuring that those requiring support were successfully linked to services.

Following conclusion of the presentation, Members asked a series of questions of the officers; the following matters were considered:

- In terms of identifying vulnerable people, this was a significant challenge and it was indicated that not every vulnerable individual would be identified. Appropriate ways to communicate with the cohort were currently being devised. Consideration was given to the various facets and challenges involved, and the role of the Voluntary and Community Sector (VCS) in assisting with this. However, the VCS too were significantly under resourced, with volunteers impacted by the cost of living and therefore not always able to make themselves

- available.
- A Member congratulated the team at looking at both the strategic and practical levels associated with this, but expressed significant concern in terms of the projected increases in some areas, with no real hope of an early resolution. It was felt that national change was possible and needed to be actively pursued. Locally, deficits were being faced and the Member wished to see a way of committing to the future support of the teams and to the retention of preventative services, including the VCS. In response, reference was made to the statutory duty to support those accessing such services as Mental Health; Council funding and impending budgetary challenges; the differences between the VCS and prevention services; the national recruitment crisis facing Adult Social Care; and current vacancies that existed within teams.
 - Members wished to convey their gratitude to all of the teams for working through such very challenging times, and felt reassured that matters were being actively considered.

In terms of next steps, the panel felt that, having received the information, it would be more appropriate to revisit this topic for periodic updates, rather than as a short-term scrutiny investigation. The following suggestions were made and subsequently agreed by the panel:

- In respect of the 'impact to date' and 'action currently underway' elements of the presentation, the Director of Adult Social Care and Health Integration would provide an update at the 30 November 2022 panel meeting.
- With regards to care home operational costs and fees that were chargeable, the Head of Strategic Commissioning and Procurement would provide an update at the 8 February 2023 panel meeting.

The Chair thanked the officers for their attendance and contributions to the meeting.

AGREED:

1. **That the Director of Adult Social Care and Health Integration would provide an update to the panel on 30 November 2022, in relation to the impact of the cost of living crisis and the action taken in respect of it.**
2. **That the Head of Strategic Commissioning and Procurement would provide an update to the panel on 8 February 2023, in relation to care home operational costs and fees that were chargeable.**
3. **That the information, as provided, be noted.**

OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board meeting held on 21 September 2022.

In order to enable Members to access the minutes of the respective Overview and Scrutiny Board meeting(s) directly, a Member queried the possibility of adding links onto future panel meeting agendas. The Democratic Services Officer would look into this.

AGREED that the request regarding panel meeting agendas and links to OSB minutes be looked into.

DATE OF NEXT MEETING - 2 NOVEMBER 2022

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for Wednesday, 2 November 2022 at 10.30 a.m.

NOTED

MIDDLESBROUGH COUNCIL

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

**DRAFT FINAL REPORT OF THE
ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL**

**THE ROLE OF THE VOLUNTARY AND COMMUNITY SECTOR (VCS) IN
SUPPORTING ADULT SOCIAL CARE
(WITH A FOCUS ON COVID-19 AND RECOVERY)**

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THE AIM OF THE SCRUTINY REVIEW

1. The Coronavirus (COVID-19) pandemic created a wealth of unprecedented challenge that has had a devastating impact on communities and societies across the world, and there have been many studies, reports and briefing papers by leading organisations examining this, such as those by Age UK (2022), NHS (2020), Office for National Statistics (2021) and others.

The purpose of this review was to ascertain the local impact by first examining the support provided by voluntary organisations to Adult Social Care in delivering services to local residents, and then exploring how COVID-19 has changed this. By understanding the different approaches undertaken to improve outcomes for service users in the wake of COVID-19, the panel was keen to consider how these could be further developed.

2. The review aimed to assist the Local Authority by contributing to the delivery of the following themes of the 2021-24 Strategic Plan:
 - People – Working with communities and other public services to improve the lives of our residents;
 - Place – Securing improvements in Middlesbrough’s housing, infrastructure and attractiveness, improving the town’s reputation, creating opportunities for local people and improving our finances; and
 - Business – Promoting investment in Middlesbrough’s economy and making sure we work as effectively as possible to support our ambitions for People and Place.

TERMS OF REFERENCE

3. The terms of reference for the review were as follows:
 - a) To understand the impact that COVID-19 has had on local communities, the Local Authority, VCS organisations and how services are delivered;
 - b) To examine how the Local Authority has worked with the VCS during the pandemic and how support has been provided; and
 - c) To explore effective strategies and projects to further develop support provision in a post-pandemic environment.

BACKGROUND INFORMATION

Adult Social Care and VCS Organisations in Middlesbrough

4. In a time of great change and uncertainty, as presented by COVID-19, Adult Social Care’s work did not stop. Moreover, there was an ever-increasing drive to focus on continued operational delivery to ensure that Middlesbrough’s essential services continued during a most difficult and demanding time. That said, however, the pandemic also created opportunities, and as the service now moves into the recovery phase, now is the time to reassess and consider how activities will be carried out in a post-pandemic world. Things are returning to state of ‘normality’, though exactly what this entails and the impacts it will have for the different sectors of society is yet to be determined. Coupled with wider current economic and social challenges, the cost of living crisis for example, it is clear that further challenge lays ahead.

5. Within Adult Social Care, there are a number of different themes of service delivery/operational activity that consist of in-house service provision and independent (commissioned) service provision. Some of the services within the VCS are commissioned by Adult Social Care, whereas other VCS organisations act entirely independently from the Council in the community.
6. In terms of those independent VCS organisations, although they are not directly commissioned by Adult Social Care, they provide a critical contribution to the resilience of the Council's services because they support the same communities that the Council seeks to support.
7. Traditionally, the Council has linked into the VCS through the Middlesbrough Voluntary Development Agency (MVDA), but there are also other organisations that fall outside the umbrella of the MVDA.

SUMMARY OF EVIDENCE

8. Information was provided to the panel at meetings held on 2 March 2022, 30 March 2022 and 7 September 2022.
9. In addition to the evidence that was provided at panel meetings, in order to ensure that VCS organisations were afforded the opportunity to contribute to the investigation, a survey was sent to all VCS organisations involved with the Council's Adult Social Care department. The survey attempted to capture opinions including support received from the Council; alternative sources of funding; and to what extent COVID-19 had impacted upon service delivery. Details of the questions comprising the survey are attached at **Appendix 1**.

Term of Reference A - To understand the impact that COVID-19 has had on local communities, the Local Authority, VCS organisations and how services are delivered

10. The panel notes that as the pandemic hit and communities were forced into lockdown, most VCS organisations found themselves suddenly unable to support vulnerable clients in their usual ways. Following the implementation of strict COVID-19 measures, in particular the removal of face-to-face contact, VCS organisations needed to reconsider their operational models. In addition to this, the usual sources of income, such as charitable donations, grant funding, income from charity shops and/or holding events, were also significantly affected, therefore VCS organisations needed to work differently.
11. Of the organisations that responded to the survey, 88% of them (22) were successfully able to continue in their work supporting Middlesbrough's communities, which demonstrates the resilience, flexibility and determination shown during this unprecedented time. The panel commends the work of all those involved in achieving this.
12. The panel heard that, during this process of reviewing service delivery methods, examples of traditional community support re-emerged, which included such activities as collecting shopping and prescriptions, and assisting neighbours. In addition, Volunteer Responders were set up to support the NHS and Social Care, with GoodSAM volunteers being provided access to an app to facilitate the support of vulnerable people in England. The panel welcomes this cross-sector partnership work and hopes that this support can continue, as it has been incredibly valuable for local communities.
13. The panel notes that, in respect of funding/financial support, the Council recognised the need to support the VCS organisations that were suddenly affected; Public Health commenced engagement work with the VCS via the government grants programme in order

to initiate support. The panel highlights that VCS organisations were encouraged to apply for grant funding on a partnership basis, which was particularly positive as it eradicated a sense of competition/division by bringing resources together and promoting joint working. Grant funding is considered in further detail under Term of Reference B.

Term of Reference B - To examine how the Local Authority has worked with the VCS during the pandemic and how support has been provided

14. There were a number of ways in which the Council worked with the VCS during the pandemic. For the purposes of this review, the panel focused upon grant funding; support in assisting vulnerable persons to access essential services; and COVID Awareness and Vaccination Programme (including the ‘Health Champions Network’ and the ‘COVID Champions Network’) matters.

Grant Funding

15. The Council has a ‘Grants to the Voluntary Sector’ budget which provides a number of core budget and funding amounts for a variety of programmes that vary in size.

16. In terms of core grants, which cover such operational costs as salaries and other overheads, the Council determines three recipients to receive these from the Voluntary Sector budget. The recipients are chosen every three years following a thorough application process.

17. The current recipients and the amounts of funding allocated are as follows:

Organisation	Total Allocation
Citizens Advice Bureau (CAB)	£87,314 plus £46,000 = £133,314 (combination of two funding streams: VCS grant and Public Health funded grant)
Middlesbrough Voluntary Development Agency (MVDA)	£41,314 plus £38,250 = £79,564 (combination of two funding streams: VCS grant and Public Health funded grant)
St. Mary’s Centre	£12,625

18. In addition to offering core funding, other grant funding programmes exist to enable VCS organisations to support activity for people in Middlesbrough (N.B. all applications must demonstrate how they link to the Mayor’s Vision). These include:

- **Community Grant Fund** - this offers grants of up to £1500 through two different funds: the Small Grants Fund and the Community Chest. The Small Grants Fund is for residents and small community groups who want to make a difference to their area (a bank account or constitution is not needed for applications to this fund; a recent example of this were applications/grant payments for Platinum Jubilee street parties). The Community Chest fund is for more established groups which have a constitution, and a bank account and policies are required to be in place;

- **Dementia-friendly and age-friendly activities grants** – funding is available to support activities which improve quality of life for Middlesbrough’s older residents;
- **Community Grant Fund** - Levelling Up Grant 2022 – funding is available for VCS groups to look at addressing Middlesbrough’s needs which tie in with the government’s Levelling Up agenda;
- **Development grants** – around £20,000 is available in grants to fund new or emerging projects;
- **Befriending** – in the current financial year (2022/23), £18,000 is available to fund one or two projects in Middlesbrough to support elderly residents to feel less lonely and isolated;
- **Community Fund** – Staying Included – Staying Included is a Council-run service aimed at helping vulnerable people find solutions to live independently at home and stay connected to their community. Grants of up to £2,500 are available to help build capacity within the VCS to support clients beyond the Staying Included support period;
- **Carers Community Fund** – available to community-based groups who want to support informal carers in their area. There are two programmes: the first is a small grant programme for grants of £20-£5,000; the second is a larger grant programme for applications of £5,000-£20,000; and
- **ESF community grants programme** – Middlesbrough Council, in partnership with the four Tees Valley Councils, has been awarded funding to support those who are furthest from the labour market to move. Jointly funded by the European Social Fund (ESF) and the Education and Skills Funding Agency (ESFA), grants of between £10,000-£20,000 are available for individual projects.

19. In addition to delivering the grants programme itself, the Council and MVDA run an online search tool for Middlesbrough Communities. Training sessions in respect of this ‘FIND a Funder’ resource are regularly made available for VCS groups seeking grant funding.
20. There are strict processes in place for the allocation of funding, which are administered by staff in Adult Social Care. These include the development of criteria, due diligence and monitoring of use. The team also provides support by way of offering support and advice to VCS organisations in terms of project management.
21. In respect of Community Chest funding for more established groups, due diligence is carried out during the application process (e.g. a review of policies around safeguarding and DBS will be undertaken, and bank accounts and statements will be verified). No payments will be made if any concerns are raised.
22. Some financial institutions no longer offer community accounts, which in some cases may pose issues for obtaining relevant documentation (e.g. bank statements). Links have been forged with South Tees Community Bank who may be able to offer facilities to VCS organisations.
23. Only on rare occasions would a request be made for grant funding to be returned. For example, with regards to the Holiday Activities Fund (HAF), if a grant was paid upfront for a specific project to run over the summer holidays, and either that project did not run or not enough eligible children accessed it, the organisation would be asked to return it.
24. In comparison to previous years, the total amount of grant funding increased significantly during the pandemic. The amounts awarded were as follows:

Year	Total Amount Awarded
2018/19	£290,950
2019/20	£303,293
2020/21	£1,342,664
2021/22	£2,287,739
Current Projections:	
2022/23	£581,821 plus HAF allocation
2023/24	£195,000 plus HAF allocation

25. There were 664 grant applications processed in 2021/22, 532 of which were approved (80% success rate); due to over subscription, there was a significantly higher level of unsuccessful grants. A number of the successful programmes were delivered with a view of encouraging people to return to activities and support local communities.
26. In respect of the current projections, these figures are particularly fluid in nature. These figures may increase as government energy grants are received, and government grants may also be received to deal with the current cost of living crisis (social care grants, for example).
27. As grant funding budgets are fixed, any additional demand would adversely impact the distribution of grant funding. In terms of the cost of living crisis there are a myriad of issues at play, including the impact on businesses and the payment of business rates; the impact on Health and Social Care budgets; energy issues; and Council Tax collection. It is anticipated that some financial support (such as the government's energy support grant) will be received, though further details are currently awaited. The Council's Leadership Management Team continues to review this situation, and a Welfare Strategy has been produced to assist matters going forward.

COVID-19 Grant Funding

28. In addition to this Grants to the Voluntary Sector budget, additional grant funding was made available to VCS organisations during the pandemic.
29. Following receipt of the first round of government grant funding, Public Health considered how VCS organisations could be best supported. To begin, the first group of grants (Communications Grants) were awarded to facilitate Public Health's engagement with vulnerable people in communities, essentially around raising awareness of COVID-19 and keeping safe. The 'COVID Champions Network' was created through VCS organisations because they knew what messages would work best for their communities, and small grants were awarded for this work. The panel recognises the important role that the VCS played in conveying public health messages to local residents, particularly in respect of vulnerable individuals and 'hard to reach' groups.

30. The second group of grants to be awarded were VCS Sustainability Grants. The purpose of this funding was to support organisations that were losing their funding streams, or were experiencing reduced human resource levels because staff needed to self-isolate. The aim was to sustain those services whilst simultaneously offering them opportunity to consider how they could operate differently. This included, for example, virtual engagement with clients; doorstep deliveries; and purchasing laptops to maintain contact with vulnerable people. Those organisations involved in this joined the 'COVID Champions Network'.
31. One of the organisations to benefit from sustainability grant funding was Streets Ahead for Information, which provides a one-stop service for residents to receive advice and support. Since the start of the pandemic, Streets Ahead for Information has worked far closer with other VCS partners to help support residents' needs, which have become significantly more complex. The organisation utilised grant funding to assist with key projects to enable individuals to stay connected and to reduce loneliness and isolation. One project involved the provision of tablets to retain connection and access support (a similar project was undertaken by Recovery Connections whereby a limited number of tablets and telephones were procured following the receipt of grant funding). A further project involved the employment of an Outreach Officer to door knock and check on peoples' wellbeing. Following the announcement of the first national lockdown, some individuals took to their homes and had not re-emerged. Work is currently taking place to reintegrate these individuals back into local communities. In addition to this, work continues in supporting many residents in the Newport and Gresham areas of Middlesbrough who are not readily connected to digital services, whether that be by choice or through accessibility issues (such as in respect of broadband services).
32. The panel recognises that mental health has become a major issue because of isolation. The provision of sustainability grant funding was followed by the provision of Mental Health/Isolation Grants to those VCS organisations that provided applicable support, whether that be related to dementia, caring or older people.
33. The third group of grants to be provided concerned recovery work, with VCS Recovery Grants being awarded.
34. Public Health was especially keen for organisations, through the 'COVID Champions Network', to become more aware of what others were doing and provide opportunities for partnership working. When Mental Health/Isolation Grants and VCS Recovery Grants were being allocated, Public Health encouraged partnership working via the grant application forms by offering higher funding packages if partners demonstrated how they were going to work together and deliver services differently. It was felt that this had been a very positive spin-off of the grants process and the 'COVID Champions Network', as well from the pandemic overall.

Other Sources of Grants / Funding

35. In addition to funding from the Council, other sources of funding are available to VCS organisations. In order to ascertain whether alternative funding is being accessed, a survey was issued to VCS organisations which asked "*Does your organisation currently receive any grants/funding from other sources (e.g. National Lottery)?*". In response:
- 72% of respondents (18) indicated that they currently receive funding from other sources;
 - 24% of respondents (6) indicated that they do not receive funding from any source other than the Council; and

- 4% of respondents (1) indicated that they had previously received funding from other sources, but now only receive funding from the Council.

36. For those identifying other sources of grant funding, these included:

- The National Lottery (core funding in some cases);
- Social Centre and fundraising events;
- Contracts with educational establishments;
- Banks and Building Societies (e.g. Cooperative Bank and Darlington Building Society);
- Private businesses and individual monetary donations;
- BBC Children in Need;
- Premier League funding;
- Tees Valley Community Foundation;
- The Brelms Trust;
- Jack Brunton Trust;
- Big Lottery Awards for All;
- Postcode Neighbourhood Trust;
- Other Local Authorities (e.g. community partnerships and arts and culture commissions);
- Thirteen Group;
- Cleveland Police and Crime Commissioner; and
- Henry Smith Foundation.

Support in assisting vulnerable persons to access essential services

37. In addition to understanding the role of grant funding, the panel wished to understand how VCS organisations provide support to vulnerable persons in accessing essential services.
38. The panel recognises the fundamental role that the VCS plays in supporting individuals to access health and wellbeing services (and preventing poor health), as well as social care services. Although some VCS may have a considerably higher profile in comparison to others, the panel notes the importance of recognising the value of all organisations.
39. Throughout the pandemic, VCS organisations and their volunteers were essential (and will continue to be both during the recovery phase and beyond). Individuals had volunteered to help in a number of ways, including as GoodSam Volunteers (also known as NHS Volunteer Responders); 'COVID Champions' to deliver messages in their communities; and helping to provide support at Public Health's COVID Community Clinics (undertaking queue management tasks and engaging with clients and promotional work). The panel recognises that volunteers have gone above and beyond, which has been positive for relations between the Council and the VCS.
40. During the initial lockdown period, VCS organisations were required to adapt quickly to an ever-changing and incredibly challenging time. The panel recognises the resilience and flexibility that this work required when adopting sudden new ways of working.
41. **Appendix 2** details the new/revised approaches to working that VCS organisations implemented during the pandemic, and the resource implications that came with those.
42. The biggest shift to new ways of working was to a virtual environment. However, the panel appreciates that technology is not always the most available or appropriate method for reaching out to all sectors of local communities, as sometimes accessibility and/or a

willingness or ability to embrace technological advances does offer restriction. Print publications, such as magazines and newsletters, delivered to households continue to act as main sources of connection/information. For example: Street Wise is a monthly newsletter and web information source, generally comprising 4-8 pages, that is produced by Streets Ahead for Information in collaboration with Middlesbrough Council and Cleveland Police. The newsletter, which informs about a wide range of issues in the Newport Ward, is delivered to circa. 3500 homes in the area. Language barriers can pose an issue at times and therefore the panel recognises the importance of organisations being able to work flexibly, and utilise all available resources effectively to reach all demographics of local communities.

43. When asked the question “*During the pandemic, was your organisation able to continue supporting local communities by adopting new ways of working (for example, moving from face-to-face to virtual meetings and telephone appointments)?*”:

- 88% (22) of respondents answered ‘yes’;
- 4% (1) of respondents answered ‘no’;
- 4% (1) of respondents advised that they were a new organisation established during the pandemic; and
- 4% (1) of respondents advised of a ‘yes’/‘no’ mix in that some projects could continue whereas others could not.

COVID Awareness and Vaccination Programme (including the Health Champions Network and the COVID Champions Network)

44. The panel recognises the fundamental role that the VCS sector played in helping to raise awareness of COVID-19 and the vaccination programme. One of the VCS’ key strengths is the ability to provide information and support to ‘hard to reach’ groups, and the panel commends all those involved for their efforts in communicating messages to the diverse demographics within Middlesbrough’s communities.
45. VCS organisations operate at a ‘grass roots’ level and it was important that Public Health were able to understand the issues facing local communities and communicate accordingly. Two-way communication was key and the assistance of the VCS in facilitating this process was invaluable. Moving forward, it is essential that this continues to ensure that emerging issues and barriers for communities are understood. The panel acknowledges the work that VCS organisations have carried out with ethnic communities, and the fundamental role that local religious leaders have played in conveying health messages. There are key individuals at a ‘grass roots’ level that need to be engaged with, and therefore the importance of maintaining these relationships and developing them going forward cannot be underestimated.
46. The panel recognises the importance of ensuring that VCS organisations were appropriately supported during the lockdown periods, and that this support continues as far as practically possible. As organisations at a ‘grass root’ level, these are fundamental to the support provided in local communities and it essential that these can continue to operate.
47. As an example of some of the communication methods used by VCS organisations to reach out to local communities, Streets Ahead for Information produced COVID-19 flyers to inform residents of such matters as current government guidance and regulations; vaccination advice; and reminders that support was available for other tasks, such as collecting prescriptions and running errands.

48. Prior to the pandemic, Public Health had intended to create a 'Health Champions Network', to consist of a cross-sector membership that would work together to develop communications and offers for local communities. As a positive of the pandemic, COVID-19 had helped to develop this because a 'COVID Champions Network' was created. The network consisted of approximately 80 Members, some of which were Council staff but the vast majority were VCS organisations or volunteers. It is hoped that, as COVID-19 has now entered a recovery phase, members of this network can be retained as generic 'Health Champions' within local communities, to help develop Public Health's outreach resource.
49. As members of the 'COVID-19 Champions Network', VCS organisations could approach one another for information/advice where required. Representatives of VCS organisations Streets Ahead for Information and Recovery Connections indicated to the panel that, as members, the network had brought VCS organisations together and encouraged them to share information and work together. This had been both useful and positive for opening up communications.
50. The 'COVID Champions Network', which had town-wide representation and a particularly strong BAME representation, had met on a fortnightly basis in the earlier stages of the pandemic, and then on a monthly basis thereafter. At the 2 March 2022 meeting, Members were advised that the group was, at that moment, meeting virtually every six weeks. All of the information distributed to the Champions was the latest, formal information available at the time of the respective communication. The importance of two-way interaction in building relationships had been recognised, and therefore officers from Public Health always responded to any requests for information submitted by champions. Similarly, if any messages needed to be amended or specified for different communities, this would be undertaken collaboratively. Volunteers and VCS organisations were offered training by Public Health England in relation to vaccine and COVID-19 conversations; all champions had completed this.
51. In December 2020, because previous grants had been provided and delivered well, Public Health had received further funding of £180,000, which was utilised to strengthen the approach with 'COVID Vaccine Champions'. The issue of COVID-19 vaccines had been difficult to address because there were some key areas/communities that were not engaging, and as restrictions were being lifted nationally, people were becoming more blasé about the need for vaccines. Therefore, more specific engagement work was undertaken to address this, with more VCS organisations joining the network.

Term of Reference C - To explore effective strategies and projects to further develop support provision in a post-pandemic environment

52. While there is a great deal of support available, Members were keen to understand how this could be further improved. To achieve this, the panel looked at several possible initiatives.
53. One of these initiatives concerned the role of Elected Members and the assistance that they can provide. For example, in terms of conveying messages to the various communities in Middlesbrough, the panel feels that the input of Members is crucial. The establishment of Members' training and briefing sessions in collaboration with VCS organisations/representatives, and invitations to community events, helps to facilitate contact at a 'grass roots' level and aid partnership working.
54. Despite the challenges brought by the pandemic, there has been some positivity. For example, organisations have been required to rethink their operational models, including consideration of how services could be streamlined or delivered in a way that improves relations with their contacts. In addition, some projects have provided significant insight that

could form the basis of effective strategy that could be taken forward in the future. For example, in relation to men's mental health, one project identified men to be more responsive to telephone communication than in-person communication.

55. Partnership working has been actively encouraged throughout the pandemic period and VCS organisations have felt the benefit of this. Offering higher levels of grant funding for partner projects, for example, promoted relations well.

56. The panel feels that consideration now needs to be given towards how the VCS can be supported in the future to enable more robust services to be provided longer term.

57. The responses to the survey indicated that the majority of VCS organisations feel that they are supported by the Council, i.e. when asked "*In general, to what extent do you feel supported by the Council?*", the following responses were provided:

- Very well - 44% (11 respondents);
- Well - 24% (6 respondents);
- Indifferent - 4% (1 respondent);
- Not well - 20% (5 respondents);
- Very poor - NIL; and
- Not answered - 8% (2 respondents).

58. However, VCS organisations did provide several suggestions on how existing support could be improved. When asked the question "*In thinking about COVID recovery and the services your organisation delivers, is there anything you would want the Council to provide that is not being provided to you already?*", 56% of respondents (14) replied 'Yes' and 32% of respondents (8) replied 'No' (12% (3) did not answer). The following suggestions were made:

- IT/digital support;
- Having organisations link into a network with a service user system in place;
- Superfast broadband in premises;
- A steady funding stream and/or continued block funding;
- Increased/continued level of grant funding (e.g. a longer term plan or commitment of 3 to 5 years);
- Grant funding for training to upskill VCS organisations;
- Grant funding to support the mental health of professionals (e.g. Social Workers, key workers and health professionals);
- A dedicated full-time link person/officer within the Council to contact for practical support (this would facilitate partnership working between Middlesbrough Council and the VCS);
- Improved links to avoid duplication of effort;
- Ongoing support and partnership working;
- Opportunities for family/carer engagement support;
- Occasional access to transport to take elderly people out on day trips (presently relying on volunteers and their own cars but becoming more difficult as the groups grow in popularity);
- Emergency planning to take into account provision of key services operating from Council-owned buildings, and what would happen to these in the event of office/building closure);
- 'Service appropriate' premises with free parking for staff/volunteers or on a good bus route;

- Stationery service - could the Council offer VCS organisations/groups a cheaper rate through the bulk purchasing of stationery items, in particular printer paper?;
- Free parking for charity workers;
- Corporate volunteers (i.e. staff offered paid leave or days off to volunteer with a VCS organisation for one or two days per month); and
- Available meeting space offered on either a free or reduced rate basis.

59. In relation to finance, some VCS organisations would have struggled to operate within the first three-to-six months of the pandemic if grant funding had not been provided, which is very concerning given the positive impact that they had. In moving forward, the panel feels that provision of support/knowledge around financial planning could be offered to VCS organisations to help strengthen their approach to be more business-like, and to maintain and develop sustainability. This will be particularly beneficial over the coming months as the cost of living crisis continues.

Welfare Rights and Support for Vulnerable Persons

60. With regards to Welfare Rights, the Financial Inclusion Group (FIG) (which consists of 40 partners across Middlesbrough) continues to undertake benefit campaign work.
61. In terms of a pre/post COVID-19 Welfare Rights service offering, a pre COVID-19 hub advice and benefit take up service was offered at fixed weekly advice sessions at some venues, and one-off sessions at a range of other venues. During COVID-19, these sessions moved to telephony only, which resulted in a significant reduction in the number of residents accessing the service. Sessions had re-opened following COVID-19 restrictions on an appointment only basis. During 2021, one off sessions had ceased due to increased risk of COVID-19 infections, and a reluctance of venues to open.
62. All those accessing the service receive a full interview including assistance with form completion, help to challenge adverse decisions, review benefit entitlement calculations, etc. As an example of the support being provided, assistance by way of appeal preparation has been provided to individuals turned down for Personal Independence Payment (PIP).
63. The service currently provides weekly sessions at 11 different venues: Breckon Hill Community Hub; Contact Centre; Easterside Community Hub; Grove Hill; Hemlington Library; Hope Foundation; Live Well Centre; Newport; North Ormesby Hub; Streets Ahead for Information; and Thorntree.
64. Regarding the number of clients accessing the service during 2021/22, this equated to: Q1 – 188; Q2 – 303; Q3 – 274; and Q4 – 300. Those aged 60-plus composed the highest figure across all four quarters (53; 91; 87; 99), and more females than males had accessed the service. In response to this, work has been, and will continue to be, undertaken to support those of pensionable age. Work to date has included targeting the demographic in writing, with a physical letter to 5,500 residents (this resulted in a 50% return); digital solutions are not always the most appropriate for that particular age group. A budget of approximately £550,000 is available to provide support.
65. The Welfare Rights team became part of the Resident and Business Support department in December 2021, with review of all financial assistance, advice and support undertaken as part of the Welfare Strategy. As this service is now centralised, this offers opportunity to identify where duplication exists and can be removed, where appropriate to do so.

66. In relation to the cost of living and energy crises, work is currently taking place - such as 'stay warm' campaigns and other projects - to link in with these. In terms of the rise in the number of people struggling to pay domestic bills and the additional support that will be required, monies will be provided by way of the Household Support Fund.

CONCLUSIONS

67. Based on the evidence provided throughout the investigation, the Adult Social Care and Services Scrutiny Panel concluded that:

- a) COVID-19 has had a significant impact on the Local Authority, VCS organisations and how services are delivered.
- b) Despite the challenges presented by the pandemic, support for VCS organisations from the Council, and vice-versa, has continued especially well.
- c) From the perspective of the VCS, the majority of organisations would like to see additional support from the Council, though largely in the form of more stable financial assistance. Consideration will need to be given, however, as to how the grants allocation process may be affected by the Local Authority's wider financial position.
- d) Although there has been significant challenge and change, COVID-19 has also provided remarkable opportunity. It is important that all organisations seek to consider their core make-up and operating models for the benefit of all stakeholders.

RECOMMENDATIONS

68. The Adult Social Care and Services Scrutiny Panel recommends to the Executive:

**TO BE DETERMINED BY THE ADULT SOCIAL CARE AND
SERVICES SCRUTINY PANEL ON 2 NOVEMBER 2022**

ACKNOWLEDGEMENTS

69. The Adult Social Care and Services Scrutiny Panel would like to thank the following individuals for their assistance with its work:

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- S Barker - Voluntary Sector Liaison and Grants Officer, Middlesbrough Council;
- M Blythe - The Bungalow Partnership;
- P Boynton - Teesside Hospice;
- N Brown - Coulby Newham Litter Pickers;
- J Bryson - Regional Services Manager, Recovery Connections;
- W Cai - Sunshine Project North East;
- L Farrow - Trinity Holistic Centre;
- N Gibany - Nite Light CIC;
- L Grabham - Head of Strategic Commissioning and Procurement, Middlesbrough Council;
- K Jackson - Public Health Practitioner, Middlesbrough Council;
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- T Jones - Middlesbrough Sportability Club;
- S Kearney - The Hope Foundation;
- M Landers - Tees Valley Community Asset Preservation Trust;
- B Major - The Junction Foundation;

- K May - Operations Manager, Streets Ahead for Information;
- V McClean - Easterside Community Hub Crafts Group;
- N McGough - Teesside and District Society for the Blind;
- M McGrother - Element 1 CIC;
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- A Puri - Aapna Services;
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- J Savage - Head of Resident and Business Support, Middlesbrough Council;
- E Scollay - Director of Adult Social Care and Health Integration;
- P Shepherd - MFC Foundation;
- S Stevens - Senior's Friendship Group;
- R Tomlinson - Linx Youth Project;
- M Turley - Teesside Ability Support Centre; and
- H Whyman - MAIN.

ACRONYMS

70. A-Z listing of common acronyms used in the report:

- BAME - Black, Asian and Minority Ethnic;
- CAB - Citizen's Advice Bureau;
- CQC - Care Quality Commission;
- ESF - European Social Fund;
- FIG - Financial Inclusion Group;
- HAF - Holiday Activities Fund;
- MVDA - Middlesbrough Voluntary Development Agency;
- PIP - Personal Independence Payment; and
- VCS - Voluntary and Community Sector.

BACKGROUND PAPERS

71. The following sources were consulted or referred to in preparing this report:

- Reports to, and minutes of, the Adult Social Care and Services Scrutiny Panel meetings held on 2 March 2022, 30 March 2022 and 7 September 2022.
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- Office for National Statistics, 2021, 'Leaving no one behind – a review of who has been most affected by the coronavirus pandemic in the UK: December 2021', <https://www.ons.gov.uk/economy/environmentalaccounts/articles/leavingnoonebehindareviewofwhohasbeenmostaffectedbythecoronaviruspandemicintheuk/december2021> - accessed September 2022.
- The British Academy, 2021, 'The COVID Decade: understanding the long-term societal impacts of COVID-19', <https://www.thebritishacademy.ac.uk/publications/covid-decade-understanding-the-long-term-societal-impacts-of-covid-19/> - accessed September 2022.

**COUNCILLOR JIM PLATT
CHAIR OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL**

PANEL MEMBERSHIP

Councillors J Platt (Chair), G Wilson (Vice-Chair), D Davison, T Higgins, D Jones, G Purvis, D Rooney, R Sands and J Walker.

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Appendix 1: Survey questions sent to VCS organisations

Q1.	<p>Please provide a brief description of the services that your organisation currently provides:</p>
Q2.	<p>Please outline the type of support your organisation currently receives from the Council (including financial assistance and other resources):</p>
Q3.	<p>Does your organisation currently receive any grants / funding from other sources (e.g. National Lottery)?</p>
Q4a.	<p>During the pandemic, was your organisation able to continue supporting local communities by adopting new ways of working (for example, moving from face-to-face to virtual meetings and telephone appointments)?</p>
Q4b.	<p>If yes, please explain the new methods adopted and describe the resource implications:</p>
Q4c.	<p>What support did your organisation receive during the pandemic and from whom (e.g. Council, partner VCS organisations, etc.)?</p>
Q5.	<p>In thinking about Covid recovery and the services your organisation delivers, is there anything you would want the Council to provide that is not being provided to you already?</p>
Q6a.	<p>In general, to what extent do you feel supported by the Council?</p> <p>Please tick the appropriate box:</p> <p>Very well <input type="checkbox"/></p> <p>Well <input type="checkbox"/></p> <p>Indifferent <input type="checkbox"/></p> <p>Not Well <input type="checkbox"/></p> <p>Very poor <input type="checkbox"/></p>
Q6b.	<p>If 'Not Well' or 'Very Poor', please explain how this could be improved:</p>

Appendix 2: New / revised approaches to working implemented by VCS organisations during the pandemic and their resource implications.

Method Adopted	Resource Implication (where indicated)
<p>Shift to virtual support and use of technology:</p> <ul style="list-style-type: none"> • Virtual services: use of Zoom / MS Teams / Facetime, etc. for online meetings; teaching and physical exercise sessions; therapeutic sessions • Creative ways employed to manage activity – virtual performances from domestic settings to offering a staggered hybrid approach as ‘normality’ began to emerge • Creation of a YouTube channel • Delivery of community sessions for care home and disability organisations online • Development of private online Facebook groups so participants / service users could share updates and resources and ask questions to help boost their social wellbeing and connectivity during periods of isolation • Online 1:1 support to clients and professionals • Online campaign work • Use of mobile phones for calls and texts • Increased use of tablets to ‘stay connected’ • Website creation and increased use of social media 	<ul style="list-style-type: none"> • Move to online training was very resource intense and staff had to work hard to create quality online learning materials • Cost implication for investing in new multimedia equipment and providing broadband to some homes • Training and additional supervision for staff / volunteers and also extended working hours (e.g. to accommodate out of hours sessions) • One VCS organisation reports that it took two weeks to pull together online group work • IT support – some residents required telephone training / support; support also provided in gardens / outdoor spaces • Classes and workshops updated on a monthly basis • Addressing client access digitally (addressed through grants) • Delivery of online therapeutic services was challenging as no one had ever delivered in this format, so national guidelines were few and far between (although safeguarding and guidance were established quickly) • Ongoing data access for clients is an ongoing pressure as grants have now been depleted • Cost implication for investing in devices, but grant funding did cover in most cases
<p>Shift to telephone support:</p> <ul style="list-style-type: none"> • Telephone contact and development of Helplines (1:1 telephone support) / appointment service • Launch of new services, including ‘wellbeing call services’ (in addition to listening and offering support, the Council’s pandemic services were publicised, and referrals to other services made as appropriate) 	<ul style="list-style-type: none"> • Increased training for staff • Increased resource planning around availability of team members for appointments / coordinating work whilst working from home

<ul style="list-style-type: none"> • Socially distanced 'garden gate' / outdoor visits and funding • Use of outdoor community space for meetings, such as community allotments • Outdoor coffee mornings where participants made / brought their own refreshments • A community garden project was developed to encourage people to get more active through volunteering post lockdown • Provision of 'old school' support – e.g. collecting shopping and prescriptions, doorstep visits 	<ul style="list-style-type: none"> • When staffing was low due to COVID, this could not always be done • Increased costs associated with travel and use of private vehicles
<ul style="list-style-type: none"> • Partnership working / membership of 'COVID Champions Network' • Establishment of a 'Community Connectors Group' – the purpose of this was to convey information across a particular patch / locality; the group operates on a recurring six-person contact basis, i.e. initial contact is made with six people, who then subsequently link to a further six people, who then subsequently link to a further six people and so on. The group continues to grow. 	<p>None identified</p>
<ul style="list-style-type: none"> • Use of PPE equipment 	<ul style="list-style-type: none"> • Required to produce new risk assessments in line with government regulations / guidance to keep users safe • None to organisation as provided by Council / MVDA
<p>Establishment of delivery services for food and other goods</p> <ul style="list-style-type: none"> • Delivery service – e.g. food (home cooked meals as well as packaged foods), craft and sensory equipment, sports equipment, workbooks and learning resources • Preparation of 'coffee morning in a bag' bags and delivery to elderly people in community once a month • Delivered 'goodie bags' of activities and equipment to keep people occupied and ensure information shared 	<ul style="list-style-type: none"> • Increased use of vehicle(s) meant increased mileage, fuel costs and wear and tear • Not able to share craft equipment in a group setting, so available monies and small grant from Ageing Better was quickly used on purchasing items for delivery • Delivery of food packages – employees could not go shopping and deliver together so mainly left to one person • Increased costs – 'coffee morning in a bag' bags (treats, activities, home baking and a personal card) cost

<ul style="list-style-type: none"> • Establishment of a food bank to collect and distribute food donations to vulnerable adults forced to self-isolate • Partnership working to support meal distribution and delivery 	<p>circa. £120-£150 per month (obtained Council grant)</p>
<ul style="list-style-type: none"> • Personalised letters / correspondence to reduce feelings of loneliness / isolation 	<ul style="list-style-type: none"> • Time – longer to produce personalised letters than generic ones • Increased postage costs
<ul style="list-style-type: none"> • Creation of personalised workbooks • Provision of a plastic box filled with games and other resources 	<ul style="list-style-type: none"> • Printing and copying costs quadrupled • Increased paper consumption • Time to put the resources together • Cost to purchase boxes
<ul style="list-style-type: none"> • Volunteers and staff working from home / office closures • One organisation closed the office for a three-week period, reopening with COVID restrictions in place. This being the case, it was the only centre open for face-to-face contact for a specific period of time 	<ul style="list-style-type: none"> • Cost to purchase mobile internet devices; PAYG SIM cards; Wi-Fi signal boosters; additional laptops and tablets • Challenges around ensuring data compliance – needed to train / refresh staff on requirements • Residents' needs becoming more complex • The need to provide support placed stress and pressure on staff • Some staff furloughed

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