

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

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- 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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- M Landers - Tees Valley Community Asset Preservation Trust;
- B Major - The Junction Foundation;

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- N McGough - Teesside and District Society for the Blind;
- M McGrother - Element 1 CIC;
- L O'Brien - Carers Together;
- A Puri - Aapna Services;
- J Rock - Matrix Neurological;
- 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.
- Age UK, 2022, '*The Impact of COVID-19 to date on older people's mental and physical health*', https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf - accessed September 2022.
- GoodSAM, 2022, '*NHS Volunteer Responders*', <https://www.goodsamapp.org/NHS-> accessed September 2022.
- Middlesbrough Council Website, www.middlesbrough.gov.uk – accessed various dates.
- National Voices, 2022, '*The impact of COVID-19 on the health and care voluntary sector*', https://www.nationalvoices.org.uk/sites/default/files/public/publications/briefing_impact_of_cv19_on_the_hc_vol_sector.pdf - accessed September 2022.

- NHS Providers, 2020, '*The impact of COVID-19 on community health services*', https://nhsproviders.org/media/689993/impact-of-covid-19-on-chs_5.pdf - accessed September 2022.
- 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

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| 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) |
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| <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 |

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| <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 |

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| <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 |