Norfolk VCSE and the Future

Norfolk VCSE Sector Leadership Group

Introduction

This document is part of a series of papers looking at the role of the voluntary, community and social enterprise (VCSE) sector in Norfolk over the Covid-19 period, the impact of the pandemic on the VCSE sector and our beneficiaries and initial thinking about future direction and strategy. This paper is focused predominantly on the health and social care arena. It is structured around the headings of “adopt”, “adapt” and “abandon” as we seek to take learning from our Covid-19 experiences and embed this into future planning. It is important also to note that we are in a transition period and it is likely our thinking and learning will develop as we engage with partners to co-design our shared future.

Adopt

Operational Collaboration

The Covid-19 pandemic saw an unprecedented level of operational collaboration between VCSE organisations. This took place at a strategic level, with the main infrastructure organisations working together in partnership with Norfolk Resilience Forum to coordinate funding, communications, volunteering, and intelligence with the VCSE sector. It also took place at a local level, for example in Wells and Norwich with a number of organisations coordinating activities and staff to respond to community needs. This operational collaboration was significantly enabled by flexible funding, a shared common aim, division of tasks working to each organisation’s key strengths and the staffing capacity enabled by the cancellation of many normal activities.

Faster Adoption and Adaption

The responses to Covid-19 saw some great examples of a more rapid development and adoption of new initiatives.

Our reflection is that we were able to make such progress due to three core elements coming together. Firstly, the huge contribution of our teams to doing what needed to be done. We recognise that although greatly appreciated it is not desirable to sustain this high intensity of work activity over a longer-term. Secondly, the focus was on defining and addressing specific problems. Thirdly, the nature of decision-making meaning decisions were made rapidly and delegated appropriately.

Online meetings provided an opportunity for rapid, transparent decision making, bringing people together more easily and efficiently. However, as in the offline world, whilst those at the meeting felt included, the rapid pace and selection of invitees meant others could feel excluded.

We want to adopt the focus and decisiveness of the Covid-19 experience whilst ensuring greater inclusivity through good engagement practice.

Funding Flexibility

Many VCSE funders (grants and contracts) quickly responded to the Covid-19 pandemic by allowing VCSE organisations to make use of existing investment to respond to community needs as they saw fit.

This enabled VCSE organisations to act dynamically to use and combine resources to meet current needs. Thus creating significant improvements in effectiveness by both allowing VCSE organisations to use funding in more efficient ways but also adapt activity to meet changing needs. The flexibility for organisations to combine and use resources to best meet the current needs of clients is something that should be continued.

Trusted Funding

There were some very positive examples of new funding being provided quickly to VCSE organisations to support response activity and with minimal restrictions. The approach was one of trust in provider organisations to get on and do what was needed and to have the skills to do it.

By setting clear outcomes funders were able to ensure their investment would be put to appropriate use. This was done without the delay and bureaucracy of specifying the exact delivery model and outputs which in turn limits the flexibility of response. These are positive approaches that should continue.

Digital Adoption and Remote Working

Like many sectors, the VCSE sector saw an accelerated process of digital adoption and enhanced use of home and other remote working.

We experienced huge benefits from digital acceleration improving accessibility and quality in many areas. Similarly, for many home working was a beneficial shift.

Both were not universally advantageous. Those without the right skills, infrastructure, or resources can become further digitally excluded as a result of this digital acceleration. Equally home working has been liberating for some but isolating for others.

We want to adopt the best elements of remote working and digital tools in internal organisational, partnership, and client support contexts. At the same time, we want to still work face to face when it adds the most value. We also need to understand what new support may be needed to help people adapt to this new world.

Adapt

Proactive Engagement with our Most Vulnerable

There have been a number of initiatives over the course of the Covid-19 pandemic to proactively contact vulnerable individuals to ascertain and respond to their needs. This proactive monitoring and support of the most vulnerable in our community and responding to their needs in a holistic manner is a positive foundation for a true person-centered and preventative model of care. However, these proactive approaches whilst involving organisations coming together, operated independently, with parallel approaches taking place within the NHS and the Local Resilience Forum. Challenges existed too with the integration between hub approaches and the wider support elements that were best placed to respond to the needs they identified. We want to adapt a proactive model of support, so it works effectively for the system as a whole on a long term basis. We want to see VCSE services fully engaged in effective, patient-centered, jointly developed pathways of support.

Data and Intelligence Sharing

Many of the data sharing blockages that have typified previous discussions were overcome during the pandemic. Our learning is that challenges that had not been resolved in the last five years could be overcome in a matter of weeks with the right application, however, they are unlikely to be solved optimally. There is a need to amend the new data sharing practice to better integrate between partners and provide a more coherent set of solutions. It is, however, clear that data can be shared, with organisational and technological barriers being the impediment.

Better data sharing enabled better reporting and intelligence insights. However, a reoccurring theme is the need to amend models so that we are able to understand the impact on people as unique individuals rather than an assessment simply of the number of actions that have been completed.

The Role of Volunteers

The Covid-19 crisis saw the largest upswell of volunteering activity in a lifetime.

However, there were significant challenges in utilising these volunteers both from the perspective of how to deploy them safely and, what at least locally, amounted to very little demand for volunteers to undertake tasks.

By and large the more top-down the approach the less effective it was in mobilise volunteers.Bottom-up solutions thrived during the Covid-19 crisis. This is a significant lesson for anyone seeking to harness the power of the community going forward.

The experience also highlights the distinction between the needs of the volunteer and the needs they are volunteering to support.

We saw people motivated to volunteer that we do not normally see in volunteering roles. The social impetus to participate clearly exists. We need to do a better job at creating volunteer roles that are accessible and appealing to these individuals. Volunteering itself is a good thing. It can improve individual wellbeing, strengthen the bonds of community, and be a pathway to improved employment and other life opportunities.

Many of the needs in our communities are complex. Often the help people need is long term, and not simple or easy to provide. It takes specialist skills to deliver and there is a need to ensure both those providing and receiving support stay safe. Delivering high-quality services to meet the needs of some of our most vulnerable individuals is hard. We must recognise that in many cases this will not be an attractive task except to a few volunteers. We must support our most vulnerable in a way that meets their needs and not by what is convenient for us to deliver.

Volunteers by their very nature are free to volunteer for whoever they want whether that is VCSE organisations, local authorities, the NHS, or private sector bodies. We saw a number of organisations move quickly to exploit the use of volunteers in roles that may otherwise have been delivered by employees. We also sense a worrying undercurrent to some conversations about the future of volunteering that focuses on the opportunity to reduce expenditure rather than enhance services.

We need to amend our approach to volunteers to meet their needs, the wider needs of our communities and to do so in a safe, sustainable, and ethical way.

Core VCSE Funding Model

Flexible funding models greatly supported the response effort. There is a need to apply this approach not just to recovery activity but to support general long term resilience. New

funding that was made available almost exclusively focused on emergency response activity. Many of the VCSE organisations hardest hit financially over the pandemic are those engaged in preventative activity yet they have not been able to access additional funding as, where this exists, it has been targeted at response activity.

The funding model for the VCSE sector detrimentally effects our ability to deliver.

At no time during the crisis did health and other public sector colleagues have to ask when working out the best response whether their wages could be paid. Many VCSE leaders will, on a daily basis, need to balance time and prioritise between doing the best for their beneficiaries and keeping the lights on. If we want to genuinely have a system-wide approach we need to ensure the psychological safety for VCSE leaders to act as system leaders.

A well-supported workforce, good ICT infrastructure, investment in innovation and strong leadership are all foundations of a strong system. Every time a funder prevents the VCSE sector from investing in these elements they undermine our collective attempt to build a strong system.

Organisations must be financially robust to deliver sustainable services. The VCSE sector is often forced to compete on cost rather than price, unable to generate the financial surplus to provide that sustainability whilst simultaneous facing real financial cliff edges not illusionary control totals.

A typical VCSE service may function on a one or two-year funding cycle. That insecurity makes it difficult to invest and retain staff and focuses management time on securing funding and away from improving services.

VCSE organisations do not have the right to exist but the people in our communities should have the right to receive the services and support they provide. Our obligation is to create an environment where those services can be delivered in a sustainable and efficient way.

Just as the many public sector organisations are recognising that a competitive tendering model does not achieve the best outcomes, we believe that a short term contract and grant model does not deliver the best services to our communities.

We believe going forward we need to create a sustainable service commitment model.

This is not about any other sector being responsible for the VCSE sector. However, much of the conversation over the last few years has focused on the importance of VCSE delivered services in supporting the financial viability of health and social care and in achieving better long term health and wellbeing outcomes for our residents through a prevention based approach. Strategic conversations have stressed the cost-benefit and ‘invest to save’ rationale to a prevention based approach and the importance and cost-effectiveness of the VCSE sector in delivering that approach. As health and social care increasingly lean on the VCSE sector there is a responsibility as well as a level of self-interest in ensuring the services that our communities need can be delivered in a high quality and sustainable way by organisations that are financially robust and who can invest in the future success of our whole system.

Governance and Safeguarding

The Covid-19 pandemic saw an explosion in grassroots VCSE activity. Overnight new mutual support and community help schemes appeared. Some of that grassroots activity, despite making a significant positive impact, did not meet our normal thresholds for good policy and procedures particularly in the area of safeguarding. At the same time, some

organisations, in order to respond rapidly to the pandemic, intentionally or otherwise relaxed their governance processes.

There is no doubt that the approaches taken by organisations enabled a lot of good, but with it an increased level of risk. We need to use this experience to recreate a shared set of robust standards of governance, accountability and quality. These should be adjustable to different operating contexts and manage risk effectively whilst not necessarily impeding delivery.

This requires a cross-sector conversation about what our shared standards are and to arrive at common positions on key issues such as safeguarding.

Abandon

The NHS Silo

Our experience was that around the Local Resilience Forum, District, County and VCSE partners came together to coordinate a response. Whilst not perfect or without friction this created good operational working. Health was almost entirely absent from these discussions. It was not apparent that health replicated inclusive partnership structures, it simply functioned in isolation. This silo mentality between health and the wider system needs to be removed. We recognise that there are many different parts of health and many different individuals. Some undoubtedly have a greater culture of reaching out and working in partnership. However, the general picture is one of insularity.

Zero Excess

The concept of extreme efficiency with zero excess capacity and little overhead support needs to be abandoned. A model that runs normally at over 100% operating capacity is not resilient. A model that does not allow investment in organisational development, ICT infrastructure and team support is not resilient nor desirable.

Responsibility and Analysis begins and ends at my Service

The pandemic saw the discharge into the community or care homes of people who would not normally have been. In addition, VCSE organisations highlighted concerns over the suspension of their client's longer term support needs whether health, social or educational in nature. It may well be, given the emergency context, that this was the appropriate course of action. However, there needed to be greater commitment to supporting the follow-on consequences of those actions.

We have tended to see, rather than shared system level prioritisation, a set of decisions taken by one sector with other sectors left to respond to the consequences of those decisions.

What is clear is that the peak impact of the crisis is felt at different times and in different ways for example by social care or the advice sector when compared to the health sector. There are also trade-offs, for example the preservation of physical health may see a deterioration in mental health. We need to work smarter to balance priorities and understand the wider system consequences of our actions.

We have strategically committed to prevention and addressing the wider determinants of health on the basis that it extends and improves life. Their abandonment will have added to our long term mortality count in relation to Covid-19.

Just Counting Numbers

Much of the rhythm of the Covid-19 pandemic has been punctuated by the regular announcement of numbers. These numbers have driven much of our activity. As we look

towards our exit strategy and medium and long term vision we need a clear focus on outcomes.

Lack of Engagement

Many decisions were taken without wider consultation or engagement. Much of this was necessary given the urgency of the situation. As we move forward it is important that we ensure strong engagement is a feature of our forward activity.

There is some concern that recovery and transition plans are being put in place with the mindset and timelines of an emergency but with the impact of setting the framework for our longer term ambitions.

All future activity must be built on strong resident and partner engagement.

Relationships Between Sectors

The Covid-19 pandemic intensified the closeness of working relationship in many sectors. In many instances a level of collaboration not previously seen was achieved. As you pull one group of partners closer together it can push others away and result in a degree of exclusion and introversion.

It is important to abandon the insularity and potential ‘group think’ that this can create. Replacing it instead with a recognition of the skills and insights of other specialist areas, particularly those where clinical skills are not the most relevant.

The VCSE sector responded rapidly and effectively to the needs of our communities. This bought time to allow other responses to be put in place and handled a significant level of demand that would have overwhelmed other services.

It is vitally important to recognise the value and expertise of all sectors and build a relationship of equals committed to meeting the broad needs of our communities.

Re-treading the Same Old Ground

In providing feedback partners have been quick to point out that much of the learning and issues described in this paper are not new. Issues around the relationship between the sectors and how public resources are managed are particularly well worn.

Perhaps most of all we hope to use the experiences of the Covid-19 pandemic as an opportunity to move forward with lasting solutions to some of the deep-rooted issues affecting our communities.