

Charity sector demand and impact: the effect of COVID-19

Literature Review

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| 1.**Title****Literature review to estimate the scale of voluntary sector 'offset' in terms of primary / community /mental health and the acute sector given the anticipated scale of demise in Kent and Medway**

Local estimates indicate a 20-25% reduction in voluntary sector provision through economic and finance recovery deficits. Anticipated sectors include early help, respite care and other social prescribing service providers. Anticipated impacts include increased social isolation and loneliness, reduction in provision of falls prevention services, wider mental health and cognitive impairment deficits. Anticipated burden recipients: primary / community /mental health and the acute sector.

Method

Literature review. Scientific databases (Pubmed, Cochrane database) were searched using key words. Grey literature and selected references were searched.

Aim

This literature review will assess the scale of the demand on the charity sector because of the coronavirus (Covid-19) pandemic. It will outline the potential pressure put back onto the primary care and acute sector as charities must suspend their services. Although there may be increased pressure on primary care, this review also looks at evidence that supports new models of integrated working within healthcare to deal with the demand.

1.1 Executive Summary

The demand on the VCS has increased significantly since the start of the pandemic. This has been reported across the sector (ARMA; The Neurological Alliance; National Voices, 2020). The impact that the pandemic has had means that charities have lost a significant part of their revenue. 39% of charities participating in the Covid Impact Barometer claimed that their financial position had deteriorated in the in August 2020. However, almost half of those surveyed said that their organisation should still be operating the same time next year (Nottingham Business School, 2020). Charities have been working in new innovative ways to continue to provide their services. Many charities are providing support online. The significant role that the VCSE plays in the recovery of the pandemic can be seen in case studies of social prescribing. Partnership models of working are being implemented to support the voluntary sector and to ensure that the sector does not diminish. These models should ease pressure from the voluntary sector and the primary care sector by collaborating resources and providing support effectively.

Kent and Medway's voluntary sector is largely made up of small charities. Evidence suggests that these are the charities which may suffer most from the effects of the pandemic (Pro Bono Economics, 2020). New partnership models are being created, and funding provided by Kent County Council to support charities.

Evidence in the literature supports the idea that partnership working is a key aspect in response to the pandemic. This is not only to provide the best care possible, but to also support sectors and organisations by creating primary care networks (NHS Confederation, 2020).

1.2 Introduction

The voluntary and community sector (VCS) is a vital partner in providing a wide range of care and support to vulnerable people. Voluntary services help vulnerable people live fulfilling and independent lives and maintain their health and wellbeing so they do not require the support of statutory health and adult social care services (LGA, June 2020). The Coronavirus (Covid-19) pandemic changed the day to day lives within communities at the beginning of 2020. Many found themselves isolated and in need of support as the UK went into a national lockdown in March. The increased demand on the charity sector is happening just as the sector is losing a significant portion of its revenue. This has devastating effects for the charities and further knock-on effects for the primary care sector.

Evidence shows that a low per cent of charities are accessing financial support offered by the government. A parliamentary briefing from the House of Lords debate on the impact of Covid-19 on the voluntary sector states that The Chancellor's £750m support package for charities is welcome but will not be enough to prevent charities from closing their doors. *"Charities are currently experiencing increased demand due to the impact of the coronavirus. Many of these organisations are now working on the front line in the fight against the virus, complementing the work of the NHS. These organisations include hospices and care homes looking after the elderly and shielded, charities supporting volunteers in health services,*

community organisations arranging for food provision to those in poverty, mental health and domestic violence charities. If these organisations close their doors or furlough staff, the result would be increased pressure on the NHS and other public services.” (The National Council for Voluntary Organisations, 2020).

The literature outlines that the demand on the VCS will continue to increase whilst resources will be limited. With pressure falling back to primary care there is increased focus on partnership working and integrated care models so that local councils, the NHS, VCS and other partners can cope with the pressures effectively.

| 2. Pandemic Impact and demand on the voluntary sector

2.1 Evidence of an increase in demand

The effects of the pandemic have meant that charities are receiving a high demand for their services. Charities from across the sector are being stretched. Charities that support the elderly, mental health, and health and care services have reported an increase in demand.

The surge in demand can be measured by the reported increase of calls to charity phone line services. AgeUK report that the demand for their telephone friendship service, which offers older people a regular phone call, increased by as much as 290% during the pandemic¹. Although AgeUK is a large charity, it also offers support at a community level. AgeUK Local is a network of 130 organisations that provide practical support to older people in the communities including delivering food parcels, prescriptions and offering a befriending service. Several similar charities working across the UK to offer similar support for elderly people in the community such as Reengage, Friends of the Elderly (Fote), Age International amongst others.

There is also evidence of an increased demand for Mental Health charities. According to a Centre for Mental Health report, surveys conducted by several charities² show that the pandemic has put extra pressure on people's mental health. Evidence shows that *"mental health charities that provide helplines or offer direct support to people and communities all report increasing demand for help. Many have had to adapt their services very quickly and find ways of meeting additional demand with reduced resources."* (Centre for Mental Health, 2020).

Findings from Public Health England's *Covid-19: Mental health and wellbeing surveillance report* showed that population self-reported mental health and wellbeing has worsened since the beginning of the pandemic. This reached peak in April 2020 and has shown some signs of recovery, but not yet back to pre-pandemic levels (Public Health England, 2020).

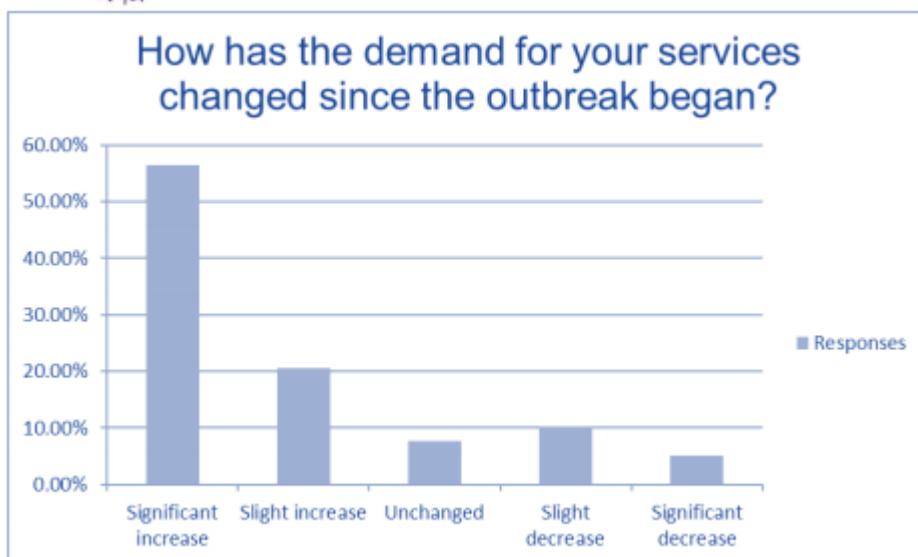
The demand on mental health charities will continue to be high after the restrictions of Covid-19. A Mind report 'The Mental Health Emergency' (2020) found that some participants in their survey were nervous about resuming their previous routines once the lockdowns and restrictions are lifted. Those with health anxiety symptoms may find returning to work particularly difficult. The loss of life and the inevitable recession will also have lasting consequences on people's lives, peoples mental health and the mental health services (Mind, 2020).

¹ <https://www.ageuk.org.uk/our-impact/coronavirus-appeal-update/>

² Evidence collected from: The Anna Freud Centre • The Association of Mental Health Providers • Centre for Mental Health • City Mental Health Alliance • The Helplines Partnership • Mental Health Foundation • Mental Health Innovations • The Mental Health Network of the NHS Confederation • Mental Health UK • Mind • The Mix • National Survivor User Network • Place2Be • Rethink Mental Illness • Royal College of Psychiatrists • Samaritans • Student Minds • YoungMinds

Health and Care Voluntary Sector

The health and care voluntary sector is playing a significant role in combating the effects of Covid-19, whilst at the same time being hit hard by the effects of the pandemic. A survey of 40 health and care charities was conducted by National Voices, The Arthritis and Musculoskeletal Alliance (ARMA) and Neurological Alliance to investigate the impact of the pandemic on their services and income. The survey found that *“Our member organisations are playing a significant role in supporting the estimated 15 million people living with a long term condition. Many of these people are extremely vulnerable to the virus and are ‘shielding’. Many have had their routine NHS and social care disrupted significantly as the health and care workforce have been redeployed, treatment and care regimes have been slowed or stopped, and Care Act easements have taken hold.”* (ARMA; The Neurological Alliance; National Voices, 2020).



Respondents to the Health and Care Charity COVID19 Impact survey on how demand for services has changed during the COVID-19 outbreak.

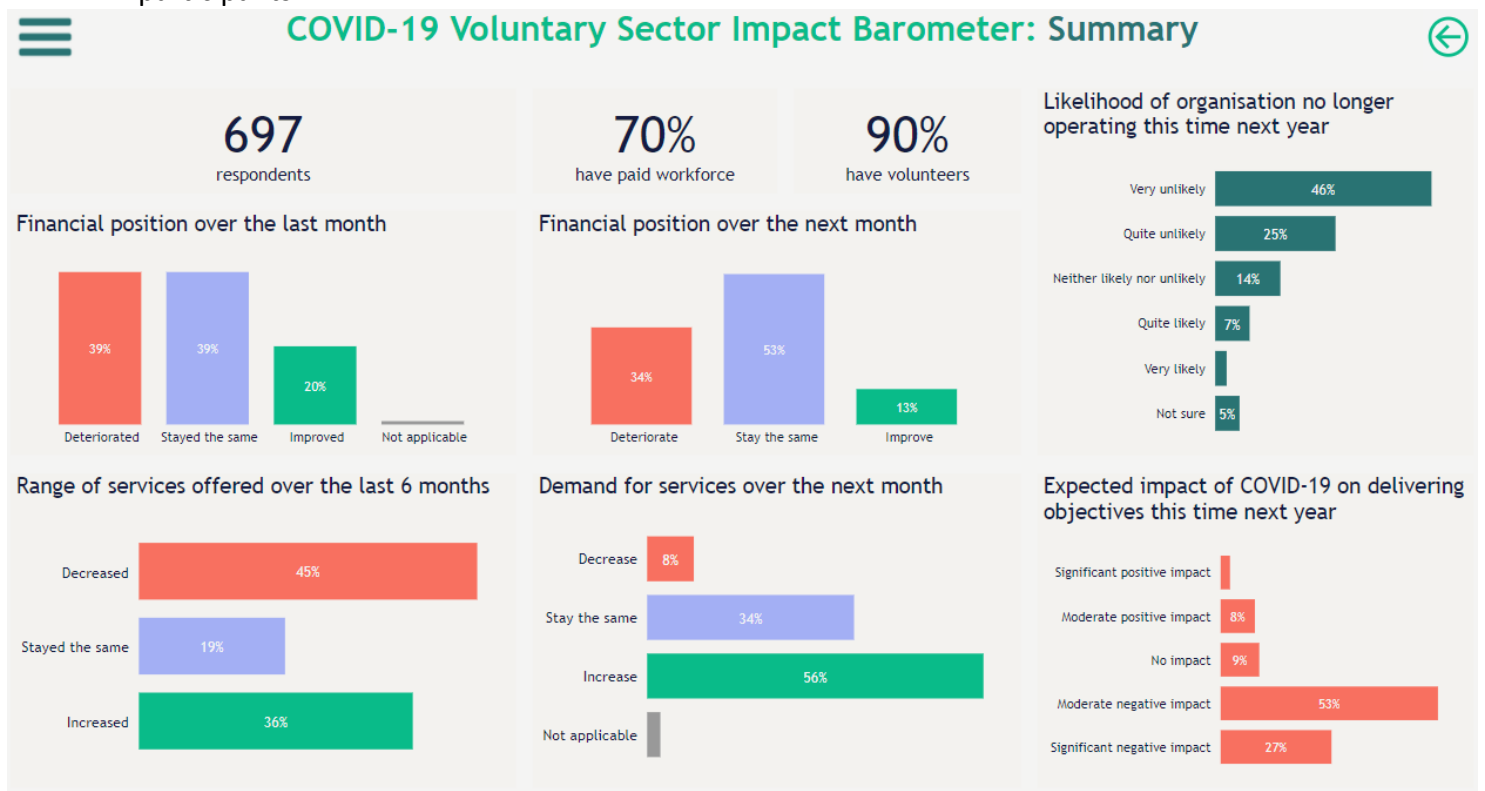
Demand on services were also measured by increase calls and emails to helpline services, with one charity reporting a 600% increase to helpline calls within one month. A high number of visits to Covid-19 web pages were also reported as well as significantly higher traffic on charities websites. Many of the queries reported were around confusion about who was at high risk of contracting a severe form of Covid and if people should be ‘self-isolating’ or not (ARMA; The Neurological Alliance; National Voices, 2020).

2.2 Impact

As well as the pandemic increasing the demand on the VCS and charity sector, it has also impacted the services provided in terms of reduction in funding, capacity, resource and research.

Respond, Recover, Reset: The Voluntary Sector and Covid-19 is a research project led by Nottingham Trent University, the National Council for Voluntary Organisations and Sheffield Hallam University. Monthly results from a survey of charities are summarised using an ‘impact barometer’. The project uses real-time data to show the impact the pandemic has had on the finances and services, staff and volunteers and explored short-term expectations of how the situation might evolve.³

Results from the latest survey show that out of 697 respondents, 39% of charities claimed that their financial position had deteriorated. 56% claimed that the demand on their services will increase in the following month. A moderate or significant negative impact from the pandemic was expected to effect delivering objectives for the next year for 80% of participants.



Covid-19 Voluntary Sector Impact Barometer: 21st September – 5th October (Nottingham Business School, 2020)

³<https://app.powerbi.com/view?r=eyJrIjoiodU2OGQ0N2U0NTQ4NS00Mjk5LTkwNTgtMjg1NTIzNmNiZWZlIiwidCI6IjhhY2JjMmM1LWw4ZWQtNDJjNy04MTY5LWJhNDM4YTByYmUyZiIsImMiOiJh9&pageName=ReportSection08b648a241231d44c79>

2.2.1 Financial Impact

A survey of UK found that the sector expected a £12.4bn loss of income this year because of the pandemic. On average, charities expect a decrease in total income of 31% against their total income from the previous year (Institute of Fundraising; NCVO; Charity Finance Group, 2020). The survey was conducted in March 2020 and of the 554 responses, most were from larger (income over £1) or medium organisations (income between £100-£1m). The Charity Tracker survey has been re-ran monthly in collaboration with Pro Bono Economics and more recent data (October 2020) shows that charities have continued to experience financial strain due to “*closure of charity shops, cancellations of fundraising events and public donations being hit by the recession*” (Pro Bono Economics; Institute of Fundraising; Charity Finance Group, October 2020). The October survey found that:

- 44% of responses said that the Christmas season is an important period of annual income
- 25% expect their Christmas donations to fall by over a quarter this year
- 19% don’t think they will be able to deliver their services adequately over Christmas

2.2.2 Funding

In May the government announced a £750 million package of funding to support charities during the pandemic. This includes:

- *£370 million for small and medium-sized charities, including through a grant to the National Lottery Community Fund for those in England, will support local organisations including those delivering food, essential medicines and providing financial advice.*
- *£360 million to be directly allocated by government departments to charities providing key services and supporting vulnerable people during the crisis. These will include:*
 - *hospices to help increase capacity*
 - *St Johns Ambulance to support the NHS*
 - *victims charities, to help with potential increase in demand*
 - *vulnerable children charities, so they can continue delivering services on behalf of local authorities*
 - *Citizens Advice to increase the number of staff providing advice during the crisis⁴*

⁴ <https://www.gov.uk/guidance/financial-support-for-voluntary-community-and-social-enterprise-vcse-organisations-to-respond-to-coronavirus-covid-19>

A full breakdown of the distributed funds can be found on the government website: <https://www.gov.uk/guidance/financial-support-for-voluntary-community-and-social-enterprise-vcse-organisations-to-respond-to-coronavirus-covid-19>

Four temporary government loan schemes are also available to charities: the Bounce Back Loan Scheme, the Coronavirus Business Interruption Loan Scheme, the Coronavirus Large Business Interruption Loan Scheme and Future Fund. Despite available government loan schemes, results from the October ProBono Covid charity tracker survey showed that “*few charities appear to be making use of these government loan schemes: we found that 7% of charities had used one of these schemes, and 3% plan to apply.*”⁵ For smaller charities this is even lower. Similarly in a survey conducted by the Charities Aid Foundation of 408 UK charities in April, 35% stated that they planned to use the government job retention scheme and 18% planned to use the Business rate relief scheme (Charities Aid Foundation, 2020).

A number of other funds have been put together to support charities in the UK which have been affected by the pandemic (Appendix 1). The funding opportunities will not counter-balance the impact of the VCS.

Due to the lockdown in March 2020 many staff in the UK were placed on the government furlough scheme. This effected the charity sector, where staff were furloughed to reduce outgoing costs. 45% of respondents to *The impact of Covid-19 on the health and care voluntary sector* survey said that they had furloughed staff or were about to (ARMA; The Neurological Alliance; National Voices, 2020).

2.3 To meet the demand

Charity sector organisations saw a drastic change in services whilst trying to meet the increased in demand due to the pandemic.

The **NHS Volunteers Responders programme** was launched in March 2020 to meet the needs of the vulnerable and clinically vulnerable to Covid-19. The programme was developed as a collaboration between the NHS, the Royal Voluntary service and GoodSAM app. 750,000 volunteers signed up within days. Healthcare professionals can request for help for a patient via an app; there are four categories of roles for volunteers to fulfil:

- **Community Response volunteer:** This role involves collecting shopping, medication or other essential supplies for someone who is self-isolating, and delivering these supplies to their home.
- **Patient Transport volunteer:** This role supports the NHS by providing transport to patients who are medically fit for discharge, and ensuring that they are settled safely back in to their home.

⁵ <https://www.probonoeconomics.com/october-12-18-covid-charity-tracker-survey-results>

- **NHS Transport volunteer:** This role involves transporting equipment, supplies and/or medication between NHS services and sites, it may also involve assisting pharmacies with medication delivery.
- **Check in and Chat volunteer:** This role provides short-term telephone support to individuals who are at risk of loneliness as a consequence of self-isolation.⁶

The NHS claims that the Volunteer Responders programme is “*not intended to replace local groups helping their vulnerable neighbours but is an additional service provided by the NHS*” (NHS, 2020). The volunteer programme has eased the demands on primary health care. Dr Neil Churchill, Director of Experience, Participation and Equalities at NHS England has stated that three quarters of referrals into NHS volunteer responders have been from professionals like GPs, social prescribing link workers, pharmacists or council workers. “*This suggests that the programme is being implemented on the ground with local schemes*” (Churchill, 2020).

3.1 Charity offset effect

NHS England’s ‘*Time for Care Programme*’ outlines 10 high Impact Actions which aim to reduce the workload pressure in general practice. The programme was developed in 2016 as a response to insight from the ‘*Making time in general practice*’ report⁷. 10 High Impact Actions include:

1. Active Signposting
2. Developing the wider practice team
3. Support Self-care
4. Consultation types
5. Reduce DNAs (did not attend)
6. **Social Prescribing-** Use referral and signposting to non-medical services in the community that increase wellbeing and independence.
7. **Partnership working-** Create partnerships and collaborations with other practices and providers in the local health and social care system.
8. Productive workflows
9. Personal productivity
10. Develop Quality Improvement (QI) Expertise
(NHS England, n.d.)

In 2020 NHS England claimed that the ‘*Time for Care*’ offer for the later part of 2020 will be focused on supporting practices and primary care networks (PCNs) to “*manage developing care in a different way, to ensure people get what they need through continued, interactive improvement of these delivery models*” (NHS England, 2020). During the initial peak of COVID-19, the programme supported practices to deliver benefits for staff and patients during a time of significant change.

⁶ <https://www.england.nhs.uk/2020/03/250000-nhs-volunteers/>

⁷ <https://www.nhsalliance.org/making-time-in-general-practice/>

- Maximised the benefits of remote consultations.
- Implemented new ways of working that are safe, effective and sustainable.
- Increased quality improvement knowledge and skills of leaders.
- Maximised benefits for patients, including having more time for patients with complex needs.

(NHS England, 2020)

A 2018 Royal College of GPs (RCGP) survey found that 59% of family doctors surveyed think that **social prescribing** can reduce workload. *“Social prescribing initiatives might be helpful in freeing up GPs’ time, but it is essential that information is easily available and up-to-date. Without adequate information about charities, community groups and local services that can be recommended, social prescribing will be more difficult and will not have a significant impact on freeing up GP time”* (Royal College of General Practitioners , 2018).

The report also claimed that **partnership working** to achieve efficiencies have the potential to reduce GP workload. *“Most GPs responding to our tracking survey indicated their practice worked together with other practices and/or hospitals for certain services or functions, but there is clearly potential for more practices to try this or to expand the services or functions they undertake using a model of partnership working.”* (Royal College of General Practitioners , 2018).

3.2 Social Prescribing

Social prescribing or community referral enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services to support their health and wellbeing.⁸ *“Schemes delivering social prescribing can involve a range of activities that are typically provided by voluntary and community sector organisation. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.”* (The King's Fund, 2020). Social prescribing recognises that the cause of someone’s decline in mental health or wellbeing is linked to social determinants and allows health professionals to offer a solution which may be more appropriate than medication. The connection between the primary care and social prescribing is often performed by a ‘**link worker**’ who assesses the patient and signposts them to the relevant service.

Due to the success of social prescribing, in 2019 Health and Social care Secretary, Matt Hancock, launched the National Academy of Social Prescribing (NASP) to meet the NHS Long Term Plan. *“The NHS Long Term Plan includes plans to recruit over 1000 trained social prescribing link workers by 2020 to 2021, with the aim of 900000 people being referred to*

⁸ https://www.kingsfund.org.uk/publications/social-prescribing?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11934072_NEWSL_HWB_2020-11-09&dm_i=21A8,73SE0,3RMW1,SQ0JJ,1

social prescribing schemes by then" (Ogden, 2020). Due to the pandemic and the lockdown in March, the launch of the NASP had been postponed.

Many services that patients are referred to by link workers are led by local charities. The NHS long-term plan (2019) outlines incorporating social prescribing into its '*comprehensive model of personalised care*'. The model established "*whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes*" (NHS England, 2019). Rather than directly funding the groups that deliver social interventions, the "*Long-Term Plan commits funding to the link workers which connect people to the range of support and engagement opportunities*" - which are largely run by charity and voluntary organisations in their local area (Buck, 2020).

NHS Social Prescribing during a pandemic Case Studies

The following case studies are taken from [NHS Evidence](#)¹

GP in Middlesbrough

- Middlesbrough reported "*COVID has encourages more buy-in to the need for non-medicalised support for our frail and vulnerable patients*".
- In response to the pandemic link workers moved into a more "hub-based" approach.
- They targeted set patient groups (such as severely frail, or people with low incomes, anxiety or depression) to proactively check in, provide therapeutic support, signpost and ensure support was in place.

Merton

- Merton reported benefits of social prescribing to community integration, particularly as a response to COVID.
- Referrals are made by the primary care worker to link workers by specialised software or forms that the Link worker is emailed. "*Other referrals have included giving link workers lists of vulnerable patients which have consisted of shielded patient list, vulnerable adults, mental health patients, carers and other groups which we have felt needed extra support. The majority of cases have centred around welfare checks, emotional support, domestic violence support, housing and employment issues, problems related to homelessness and many other reasons.*" **Invalid source specified..**
- Link workers have linked with pharmacies and prescriptions to co-ordinate medication drop offs to vulnerable patients.

Trafford

- Social prescribing link workers in Trafford have noted how they support people holistically throughout the pandemic: "*Looking at how they can become healthier and happier without medicine*". This takes the pressure off GPs who are often not able to support those in isolation.
- The link workers noted that supporting people through the pandemic is a team effort including NHS, charities, Businesses, community groups and the council.

Social prescribing is not able to operate in the way it was initially intended in a time of Covid. However, there are examples of how primary care and link workers have adapted their services to support each other so that the responsibility doesn't fall directly back to primary care settings.

The evidence for the impact of social prescribing is mixed. There is a growing body of literature and evidence which suggests that social prescribing has a range of positive outcomes on people's health and wellbeing. *"Studies have pointed to improvements in quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety"* (The King's Fund, 2020).

Buck and Ewbank (2017; 2020) note that there is a weakness in the evidence as it is small scale. Much of the evidence in the literature is qualitative and relies on self-reported outcomes (Buck, Updated November 2020). Public Health England (2019) conducted an evidence synthesis on the effectiveness of social prescribing which concluded that of the 8 studies included, none provided sufficient detail to judge the success of social prescribing. Further research is needed on the effects of social prescribing. (Public Health England, 2019).

A 2020 study *'What does successful social prescribing look like? Mapping meaningful outcomes'* (Polley, M. at al) investigated the outcomes being experienced in link worker based social prescribing schemes. The study found that more than half of the outcomes that social prescribing can deliver are not being routinely measured in evaluation frameworks. *"Given that the VCSE sector is highly active in supporting the social determinants of health with a broad range of organisations, services and interventions, the lack of routine measurement and reporting of these outcomes 51 in the social prescribing literature can only be detrimental to the VCSE sector. In a time where governmental austerity has caused severe financial distress in this sector, the push to measure and monitor outcomes, and then calculate impact using only outcomes predominantly related to a biomedical paradigm is no longer fit for purpose."* (Polley M. W., 2020).

A 2015 study *'The role of advice services in health outcomes'* found that an estimated 20% of patients consult their GP for what is primarily a social problem (Low Commission, 2015). A 2017 systematic review of literature investigated the evidence as to whether social prescribing reduces the demand on health service. The study included seven papers that looked at the effect on the demand for General Practice, *"reporting an average 28% reduction in demand for GP services following referral"* (Polley M. B., 2017), however the demand on A&E attendance were spread over a wide range. They concluded that for the most part, *"social prescribing was reported to have a protective effect on service demand, though the extent of this impact needs to be more contextualised"* (Polley M. B., 2017). They also found that in some cases, patients who failed to fully engage with social prescribing had much higher rates of health service use before and after referral (Dayson, 2014). This

implies that social prescribing is of greater value for money when it is targeted at patients who engage and respond to the service. Authors of the review commented that no long-term impacts of social prescribing can be determined from the literature, as the time to follow up in the studies used was often short.

The evidence in the literature on the benefits of social prescribing is mixed. There is also no long-term evidence to assess the benefits social prescribing has on primary care services. However, evidence does suggest that there is some reduction on primary care services due to social prescribing. As social prescribing is largely supported by small and local charities, the threat to the existence of these due to the pandemic may result in the social prescribing model also being under threat.

3.3 Partnership working

The threat to local charities could influence social prescribing which could put pressure back on primary care services. However, new partnership working models which have been developed over the last few years can support the link between local council, primary care and VCSE sector. Evidence in the literature suggests that partnership models could help release some pressure from primary and secondary care.

A 2020 report on strengthening the role of local and international non-governmental organisations in the pandemic response highlights the importance of collaborative working as a response to the pandemic: *“The scope and intensity of the COVID-19 pandemic means that no single agency can work alone to effectively control and mitigate its impact. Governments need to collaborate with a wide array of agencies and institutions to shape the collective response needed to achieve desired goals”* (Fadlallah, 2020). The Local Government Association (LGA) comments that *“One positive side effect of the current COVID-19 crisis has been a renewed energy, purpose and commitment to partnership working across local government, public sector partners, charities, the voluntary sector, community groups and new hyper-local networks”* (LGA, 2020). Local partners are publicising case studies to highlight the contributions of each organization and the benefits of effective partnership working.

Sustainability and transformation partnership

An **integrated care system** (ICS) model brings together local health and care organizations and councils to redesign care and improve population health. Joint objectives can be established which makes for stronger partnership working and effective use of shared resource.

In 2020 The King’s Fund and The National Lottery Community Fund announced that they were joining forces to deliver ‘The Healthy Communities Together’ programme to support genuine partnership-working in local areas between the voluntary and community sector, the NHS and local authorities to improve health and wellbeing of local communities. The programme has been developed with the principles that are at the heart of a population

health approach, which aims to improve health outcomes, promote wellbeing and reduce health inequalities across local populations.

As the NHS look to restart routine services, primary care services will be put under extreme pressure by delays to treatment, poorly controlled long-term conditions, a rise in mental health illness, the backlog of health checks, and the effects of “long Covid” (Greenhalgh, 2020). Despite the increased pressure of Covid on primary care, one BMJ article notes how primary care networks have the potential to thrive *“strengthening practices’ resilience by sharing staff and premises, enabling local systems to integrate through closer collaboration with community and secondary care providers, and working together to tackle inequalities and improve quality of care.”* (Pettigrew L. K., 2020).

Due to the increased pressure on primary care networks due to the increased demand, they may not be able to work on the expected projects set out in the NHS long-term plan. These include medication reviews, improved cancer diagnosis, enhanced care in care homes, expanding the multidisciplinary workforce and offering extended hours appointments, as well as reaching targets for flu vaccinations, learning disabilities and social prescribing (Pettigrew L. K., 2020). Evidence from other large scale inter-organisations integration

Case Study: A community-led and data driven approach with partnership working

There is evidence that partnership working is an effective way to tackle the effects of Covid-19 and to promote “thriving communities”. Partnership working means that resources can be put to use where they are needed most. In Oldham, the Oldham’s Thriving Communities Index was created before the pandemic, but it was recognised that this partnership would be key in navigating the recovery of the pandemic. The Index is co-produced with services, voluntary, community, faith and social enterprise (VCSFE) and is designed to truly reflect the geographical localities as agreed by those communities within the borough. *“It is made up of 30 socio-economic indicators for each neighbourhood so the council and partners can use it to understand different needs across the borough. This is underpinned by a combination of quantitative data – ranging from churn in housing occupancy, A&E admissions and safeguarding, to police data – and qualitative data about peoples’ perceptions of their neighbourhoods derived through workshops. The Index can be visualised on a map of 115 small neighbourhoods, made up of roughly 2,000 residents each. This allows us to identify pockets of need in our communities with quite a lot granularity”***Invalid source specified..**

By cross referencing the data from the call database and overlaying the data from the Thriving Communities Index, areas that were not engaging with the helpline were pinpointed, possible where there were unmet needs. The targeted approach meant that Oldham could support the community through the second wave of the virus *“with door-to-door engagement becoming a keystone of the approach”*. The teams are made up of redeployed council, health and leisure staff and VCFSE workers. The literature states that the door-to-door approach has been key to spread health messaging, which is critical to driving behaviour change on a borough wide level.

suggests that the PCNs may take years or decades to work effectively and to relate to other local stakeholders (Pettigrew M. , 2019).

A 2013 King's Fund report on strengthening the partnership between the NHS and voluntary sector found that the key to effective partnership working is:

- Strategic leadership within local partner organisations will be vital to creating a supportive, enabling culture and to removing the barriers (real or perceived) to partnership working. But there is also a need for a national dialogue about how to develop new and innovative models of care.
- Locally led partnerships offer the opportunity to reduce fragmentation, drive efficiencies and deliver cost savings, and improve the patient experience. To work effectively together, trusts and voluntary sector providers need to establish clear roles and responsibilities, develop new skills to support a range of partnership models and governance structures, share risks and rewards, and develop business skills that can help deliver shared aims and improved outcomes.

(Addicott, 2013)

3. Kent & Medway

3.1 What does the charity sector in Kent and Medway look like?

A May 2020 analysis of the Kent and Medway voluntary sector found that there are 3,526 active voluntary organisations in Kent with a total income of £400.1 million. Most of the sector is made up of small organisations, whilst much of the income comes from the larger organisations. Organisations with income of more than £250k and above whose purpose is the advancement of health or saving lives account for 20.6% of the sector in Kent (Kent Strategic Commissioning- Analytics, 2020).

Most charities in Kent are providing services, with the most common beneficiaries being the general public, followed by children and young people. Charities are distributed unevenly with concentrations in major urban areas, within individual districts (Kent Strategic Commissioning- Analytics, 2020).

The VCS in Kent is a significant employer. *"The charitable sectors contribution to the local economy is significant and charitable organisations over 500K alone employ 9,045 employees, making them one of the largest employers in the County with around 18,617 volunteers across major, large and medium organisations."* (Kent Strategic Commissioning- Analytics, 2020)

3.2 Coronavirus impact on the voluntary sector in Kent

A survey conducted in May 2020 by the Kent Community Foundation (KCF) found that help to pay core costs for the charity sector is the key to recovery from the Coronavirus pandemic. 358 charities and community groups responded to the survey and funding was found to be the key to supporting charities recover from the pandemic. Over 60% of respondents were from small organisations with an annual income of under £100k who make up more than 80% of the voluntary sector in Kent and Medway. Information, advice

and guidance was also suggested to be helpful, whilst networking and collaboration opportunities, more volunteers and flexibility in commissioned projects were identified by 14 of the 358 participants.

The survey also found that 14% of charities in Kent did not believe they would be operating by August 2020. The survey was repeated in November 2020 and 11% of charities were not confident about being in operation by March 2021 (Kent Community Foundation, 2020). 43% of respondents said that their service offering had increased from May to November 2020. In November, 7% of respondents said that their service had decreased by 100% compared to 27% who reported this in May. This suggests that organisations found ways to operate and delivery services again (Kent Community Foundation, 2020). To support the VCS in Kent and Medway, Kent County Council (KCC) has provided £200k of emergency funding to KCF. Funding is provided for peer-to-peer networks and subsidised training for small VCSE organisations (Jackson, 2020).

Emergency Assistance Funding (DEFRA) £200k awarded to KCF to:

- Distribute as hardship grants to individuals
- Grants to VCSE organisations supporting people in financial hardship, to ensure they meet increased demand.

Currently, KFC has awarded £940,000 to 268 organisations from its Coronavirus Emergency Fund. Following the results of the survey the team will assign £500,000 from the remaining balance to support priority organisations to cover core costs (Kent Community Foundation, 2020).

KCC is providing £8m to VCSE providers 'distress funding' to support cash flow and payments to cover additional services in the sector which are operating as a response to Covid-19.

As a recovery response to the pandemic, KCC is working in partnership with districts, NHS Kent and Medway CCG and representatives from the VCS to establish a Strategic Partnership Board (SPB). The board will provide a forum for strategic engagement with the sector to look at cumulative impact of agendas and funding decisions of partners (Jackson, 2020).

In June 2020, the Kent Resilience Forum (KRF) and Covid-19 Recovery Co-ordinating Group (RCK) led a voluntary sector cell impact assessment. The assessment aimed to provide a strategic overview of impacts, risks and opportunities linked to Covid-19 which would inform recovery work across the county. The assessment highlighted that the main impacts of the pandemic on the voluntary sector in Kent:

- Financial impact
 - i) Inability to fundraise face-to-face
 - ii) Economic impact reduces funding opportunities from other sources reducing the diversity of income available to the sector
- Service delivery
 - i) Reduction in service due to furloughing staff or making staff redundant

- ii) KFC research predicted a 25% reduction in services to vulnerable staff
- Workforce and working arrangements
 - i) Ongoing need to review and revise working practice, digital infrastructure, policies and risk assessments.
- Volunteering
 - i) Short term good will of the community to volunteer will not last (Kent Resilience Forum, 2020)

The assessment highlighted some strengths which have been demonstrated as a response to the pandemic such as community good will, creativity in interacting with beneficiaries in new ways, as well as the opportunity to work in partnership and collaboratively with local forums. The importance of strong local networks to provide support across the sector and to provide a link and intelligence to public sector partners is highlighted (Kent Resilience Forum, 2020).

The assessment also identified weaknesses emerging in the recovery phase of the pandemic. These include:

- **Data and insight currently limited at local level**
“There is often many data sources but data is not shared or in one place and is well used. There have been calls nationally to look at sharing data across the sector, voluntarily, that will enable the sector to have a greater understanding of the impact of Covid.”
- **Lack of core funding to the sector/ full cost recovery**
“Lack of willingness from funders to accept the importance of just paying for salaries and ‘keeping the lights on’ has led to lack of core funding/ and a weakened financial position. Longstanding issues around full cost recovery.”
- **Financial resilience**
“Most VCSE organisations in Kent and Medway work on ‘just surviving’ model of finance and therefore don’t have the level of reserves needed to see them through this crisis. The first 3 months have been difficult. The next 3-6 months are predicted to see closures”
- **Lack of capacity to plan support**

(Kent Resilience Forum, 2020)

The impacts and risks of the pandemic for the voluntary sector will continue to evolve as the COVID-19 events continue to change. The assessment of these impacts will drive future recovery work across the county.

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| Appendix 1

1 Non Government funds put together to support charities:

- Emergency loan fund for charities and social enterprises – The Resilience and Recovery Loan Fund
- Bounce Back Loan Scheme (Six year term loan at Government set interest rate of 2.5% a year)
- National Emergencies Trust (NET) to raise funds for local charities.
- Coronavirus Emergency Fund (CAF) (£5m emergency fund to help smaller charity organisations)
- Leathersellers' Company Charitable Fund (fast track application process for one off funds to support small projects. Specifically for homeless charities, domestic abuse charities and nursing care)
- The Yapp Charitable Trust (to support small UK charities)
- Heritage Emergency fund
- John Lewis Partnership Community Fund Support