

# Cabinet – Supplementary agenda No.1

**A meeting of the Cabinet will be held on:**

**Date:** 4 August 2020

**Time:** 3.00pm

**Venue:** Virtual Meeting

## Items

7. Voluntary Sector Task Group

(Pages  
3 - 42)

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Date: 28 July 2020

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## **CABINET**

**4 AUGUST 2020**

### **VOLUNTARY SECTOR TASK GROUP**

Portfolio Holder(s): Councillor Howard Doe, Deputy Leader of Council and Portfolio Holder for Housing and Community Services  
Councillor David Brake, Portfolio Holder for Adults' Services

Report from: James Williams, Director of Public Health

Author: Michael Turner, Democratic Services Officer

#### Summary

This report asks the Cabinet to consider and approve the final report of the Voluntary Sector Task Group. The Task Group have made seven recommendations which are aimed at helping the voluntary sector by strengthening the relationship between the Council and the sector, examining the issue of sustainable funding and using some of the tools already available to the Council (i.e. S106 contributions and procurement) to provide additional funding and resources for the sector. The report also provides Members with an update on activity in the voluntary sector and the Council in response to the Covid-19 pandemic.

1. Budget and Policy Framework
  - 1.1 Under Chapter 4 of the Constitution (Part 5 – Overview and Scrutiny Rules - paragraph 21.1 (xviii), each overview and scrutiny committee has the responsibility to appoint time limited Task Groups to undertake in-depth reviews within the overall programme of reviews agreed each year by the Business Support Overview and Scrutiny Committee and to make recommendations to the Council and Leader and Cabinet as appropriate. The topic of this review is within the remit of this Committee.
  - 1.2 The recommendations arising from the review are consistent with the Council's Policy Framework.
  - 1.3 The Cabinet is asked to accept this report as urgent to enable consideration of the Task Group report at the earliest opportunity.
2. Background
  - 2.1 In June 2011 the Business Support Overview and Scrutiny Committee agreed to exercise a more pro-active role than previously in prioritising the programme of in-depth scrutiny review work. This followed a Council decision that a maximum of

three reviews or themed meetings can be undertaken annually across all four Overview and Scrutiny Committees, in light of shrinking capacity across the organisation. This represented a shift from the previous position of multiple Task Groups, with no fixed timelines, running at any one time.

- 2.2 In line with best practice, the Committee also decided to adopt a more systematic approach to the selection of topics, with nominations submitted by each Committee, taking into account suggestions and advice from Directors.
  - 2.3 This review was not part of the programme of in-depth scrutiny reviews approved by Members in November 2017 but was agreed by this Committee in August 2019 following discussions between Members and representatives of the local voluntary sector. From the start the intention was for this review to be more of a lighter touch than previous scrutiny reviews.
  - 2.4 The Membership of the Task Group comprised Councillors Buckwell (Chairman), Etheridge, Maple, Murray and Tejan.
3. Scope of the Review
    - 3.1 The Task Group agreed the following key lines of enquiry:
      - i) *Consider national guidance on building an effective partnership between the statutory sector and the voluntary sector.*
      - ii) *Review best practice and learning from elsewhere, including Compacts and sustainable funding models.*
      - iii) *Review feedback so far from the Voluntary Sector to the survey commissioned by the Business Support O&S Committee and discuss extension of the survey to other Groups as deemed appropriate plus possible further discussion with those Groups.*
      - iv) *Consider the impact of voluntary sector initiatives in Medway reported to the Business Support O&S Committee since April 2018.*
      - v) *Review the issues and action identified by the Business Support O&S Committee on 22 August 2019 to further strengthen partnership working between the Council and the Voluntary Sector recognising that work is needed to improve the strategic oversight of commissioning and interaction with the voluntary sector across the Council ie beyond social care and health/public health.*
      - vi) *In light of the creation of a Medway and Swale Integrated Care Partnership, consider how volunteers could be aligned to support the work of the Partnership to deliver better outcomes for people with long term multiple health problems.*
4. Methodology
    - 4.1 The methodology adopted by the Task Group is set out in its report (Appendix 1).

## 5. Conclusions and Recommendations of the Task Group

- 5.1 The Task Group have made seven recommendations which are aimed at helping the voluntary sector by strengthening the relationship between the Council and the sector, examining the issue of sustainable funding and using some of the tools already available to the Council (i.e. S106 contributions and procurement) to provide additional funding and resources for the sector.
- 5.2 The recommendations of the Task Group are set out in full in Appendix A.
- 5.3 The Task Group concluded its review at the end of February 2020 and therefore this report was written before the current coronavirus pandemic took hold. The report would have been presented to the April meeting of the Committee, but this meeting had to be cancelled due to the pandemic.
- 5.4 The Business Support O&S Committee considered the Task Group's report at its meeting held on 2 July and agreed to recommend it to Cabinet for approval. The Committee also agreed that a report on progressing any actions agreed by Cabinet be submitted to the Committee in January 2021 and that this update should be given in the context of the latest situation with regard to the Council's Covid-19 Recovery Plan.

## 6. Update on Voluntary Sector Activity since March

- 6.1 As part of the COVID 19 emergency response, the Council established a Voluntary and Community Sector Cell that was led by the Council's Public Health team. The cell had the following priorities:
1. Establish a community support hub that assisted residents with accessing food, prescriptions and social contact, working in partnership with third sector groups who had the same ambition
  2. Co-ordinate voluntary sector organisations efforts to support residents negatively affected by COVID-19
  3. Co-ordinate individual volunteers offers to support residents negatively affected by COVID-19
  4. Support voluntary sector organisations who have experienced a large increase in demand due to COVID-19
  5. Support existing voluntary sector organisations to maintain their long-term viability due to COVID-19
  6. Pool collective insights so that potential scams are identified and reported to correct authorities

### Medway Council Coronavirus Support Hub

- 6.2 The Council established a Coronavirus Support Hub to support the most vulnerable residents on 24 March 2020. The core priorities were to support people with food and shopping, medicine and prescriptions, and social contact. The service was mainly staffed by redeployed public health staff and within 8 weeks the service had:
- Delivered 3,191 seven-day food parcels, equating to over 100,000 meals for vulnerable residents.
  - Supported more than 200 residents with prescription collections, largely linking them with NHS volunteers.

- Linked 46 people with befriending services.
- 226 onward referrals for services such as mental health support, debt advice, social care and housing advice.
- The sport and leisure service added a home shopping support service in April and within 6 weeks were supporting over 300 residents with their weekly food shop.

6.3 This service will continue to be in place until deemed unnecessary by the Council leadership team.

#### Voluntary Sector Support Services

6.4 The community support hub was a system wide effort. Local charities, faith groups and community groups provided invaluable support to residents throughout the emergency period. Without their support council services would have been overwhelmed and residents would have experienced major difficulties accessing essential supplies and loneliness. The combined support that these groups provided to over 8,000 residents includes:

- More than 1,000 food parcels, resulting in over 20,000 meals
- 4,000 befriending calls to residents
- 500 shopping trips conducted
- 150 prescriptions collected
- Other tasks that were supported include linking up pen pals, zoom parties, gas and electric card top ups, daily activity packs and community challenges

#### Sector Insights and Feedback

6.5 Due to the scale of the emergency, the local authority played a more active role in the sector co-ordination but worked closely with MVA during the emergency period. This close collaboration allowed us to respond quickly and effectively communicate between the council and sector organisations, demonstrating the value in having an infra-structure contract. One of these key tasks were the sector surveys that MVA undertook, including asking what the sector was able to continue doing during lockdown, what the sector needs were including the need for additional volunteers, and what the level of financial need was. This feedback directly fed into the cell response and future plans. Highlights from the survey showed:

- A major reduction in charitable donations due to reduced fund-raising opportunities was threatening the existence of a large number of organisations
- concerns that national funding solutions would be slow to come through, heightening the sector's concerns
- Some services were experiencing a major peak in demand for services, due to the effect of the lockdown period
- Some third sector groups were not as digitally resilient as some private and public services, due to a lack of digital equipment and literacy

#### Kent Community Foundations Funding

6.6 To address some of these immediate concerns, the Council donated £50,000 to the Kent Community Foundation (KCF) Coronavirus Emergency [Fund](#). The focus of the Fund was to offer community organisations funding to deal with emerging issues in

the community affecting vulnerable people as a result of the continuing threat of COVID-19. As of mid-May, the fund had supported a number of Medway organisations:

- 33 applications have been approved to Medway based organisations (14.8% of Kent total)
- Medway based organisations have received £97,723 of grants awarded (12.2% of total)
- A further 23 grants totalling £73,527 have been awarded to organisations who have described their area of work as either Kent and Medway, or countywide.

#### Bid writing training

- 6.7 In April the Government announced £370 million for smaller charities, including through a grant to the National Lottery Community Fund. In order to give Medway groups the best possible chance of being successful with their bids, the Council worked in partnership with Medway Voluntary Action to commission and promote three online training sessions on how to write a successful application.

#### Medway Voluntary Community Sector 'Better Together' Consortium

- 6.8 During COVID-19, this partnership has been actively supporting the communities of Medway, the Council, NHS Kent and Medway CCG, despite seeing a huge increase in demand for their business as usual services. Outputs include:
- Consortium members have been using their links to reach out to 'Hidden Carers', to find minority and seldom heard groups including the Roma community
  - Healthwatch Medway are collating people's experiences and the impact of COVID-19 on all aspects of life and inequalities. They have published reports on the impact on care homes and one coinciding with deaf awareness week
  - CAM are supporting the Housing 'Homeless' initiative with white goods/furniture. They have also been offering benefits advice to Universal Credit claimants and a further advance, subject to eligibility. They also continue to provide debt, employment, and housing advice to the self-employed and people who have been furloughed or made redundant
  - Carers FIRST and Kent Association for the Blind (KAB) are ensuring their service users, adult and young carers and the visually impaired, are not socially isolated, by supporting their health and wellbeing. Regularly contacting service users, either by befriending calls and groups, online or virtually. They have also been delivering shopping and medications to the at risk groups. Young carers are embracing virtual peer support groups and virtual young carers assessments
  - KAB have carried out a number of essential socially distanced home visits and are working on a rehab video to demonstrate strategies for clients and their carers. They also developed guidelines for visually impaired people, on how to safely socially distance and to resume a socially distant outdoor mobility

#### Immediate commissioning work with sector

- 6.9 In addition to the KCF administered small grants scheme, some third sector groups have been commissioned to support the council and Medway residents with tackling social isolation. A partnership has been established between Age UK Medway and Nucleus Arts to identify and support 400 older residents with daily activity packs to

combat loneliness and boredom, supported by local artists to make the activity packs as interesting and engaging for service users as possible and use various art forms to improve people's wellbeing. The investment to local artists will also provide a much needed boost to the creative economy.

#### Volunteering sign ups

- 6.10 In addition to the NHS Volunteer programme, MVA have also led on recruiting and deploying local volunteers. Approximately 230 volunteers were assigned to various volunteering roles, including supporting the Befriending service and local faith and community groups with a wide range of tasks to help residents. The Council used the NHS volunteers to predominantly support residents with routine prescription collections.

#### Communication

- 6.11 Effective communication was identified as a critical issue between the sector and the Council and NHS at the onset of the emergency period. A strategy group including the local authority, NHS partners and MVA met virtually every week to discuss and agree the priority issues, risks and opportunities for the health and social care system, residents and the third sector. In addition, an operational group of third sector organisations was established to share intelligence and resource. The primary purpose of this group was to bring together all organisations who were supporting residents with food supplies. It was apparent that organisations were also supporting with other essential issues such as medicine collection, social contact and a wide range of other tasks, so the group became an opportunity to link resource to need. MVA co-ordinated a weekly virtual meeting which enabled any third sector organisation to discuss issues, share resources, and offer other peer support mechanisms. This group fed back challenges and opportunities of the sector as a whole to the weekly strategy group meetings. MVA had a central role in the organisation of Medway Council's COVID response and kept the sector fully informed of all response initiatives, thereby supporting the effective working practice of both sectors. MVA also shared information on COVID response funding opportunities and national initiatives which helped maintain the morale of the sector.

#### Legacy of strategy and operational group

- 6.12 The Council would like to continue to build on the excellent working relationships that were established during the emergency period. All voluntary sector organisations who have supported with the emergency food service, have been actively encouraged to join the newly established Medway Food Partnership whose role is to support the system wide challenges of healthy eating and food poverty. Partners working with wellbeing issues such as social isolation will also be invited to join the already established Medway Social Prescribing Network. In order to keep positive and regular communications between the Council and the third sector during the recovery phase of the emergency, MVA will continue to host regular virtual sessions with all sector organisations primarily to identify and feedback challenges and opportunities for the sector, and continue with its remit to support the sector in the anticipated on-going and challenging times for organisations. Themed sessions will allow a system wide conversation about the following core population health and wellbeing priorities: obesity, child health, social isolation, housing/homelessness, economy and employment, arts and culture and COVID 19 and emergency planning.



## Recovery

- 6.13 Medway's Covid-19 Recovery Plan has identified the Community and Voluntary Sector as a strategic priority for recovery. It is a standalone cell alongside other strategic priorities such as the economy, health & social care, infrastructure and children & young people. The Kent Resilience Forum has also established a cell focusing on the voluntary and community sector so a representative from Medway Council will link with this group to share intelligence and resource. The Medway cell will be led by the Public Health team but made of a working group from a wide range of services, as well as representatives from the local third sector. This will allow regular dialogue with the wider voluntary sector and for key priorities to be shared by the sector, council, NHS and wider Medway system.

## Lessons learnt

- 6.14 The third sector are able to gauge an immediate feel for what residents need, during an emergency and what peoples' priorities are.
- 6.15 The third sector response to people and organisations needs is swift, potentially due to reduced regulatory constraints as experienced by public sector bodies.
- 6.16 Regular communication between the third sector, council and NHS is critical at all times and especially during an emergency period.
- 6.17 An infrastructure organisation is a major asset in terms of formal communication, delivery of support and harnessing the strengths of the wider voluntary sector.
- 6.18 Designated officers within the council who have strong links with the voluntary sector and the opportunity to ask and answer questions is essential for rapid mobilisation of services.
7. Accessing Support - the Role of the Voluntary and Community Sector during Covid-19
- 7.1 On 2 June the Local Government Association published a briefing (Appendix B) for councils and their community and voluntary sector partners on the role and contribution of the community and voluntary sector and the use of volunteers in local and national responses to the COVID-19 pandemic.
8. Risk Management
- 8.1 There are no risks arising from the report. However, adoption by Cabinet of the recommendations would lead to various options being explored and, at that point, any risks would need to be assessed.
9. Financial implications
- 9.1 One of the recommendations from the Task Group is that Cabinet identifies the resources needed to establish a single point of contact in the Council to liaise with the voluntary sector.

- 9.2 The work of the Task Group was supported by Democratic Services and officers from the Public Health team.
- 9.3 There is a small budget held by Democratic Services to meet the cost of any visits, stakeholder events or expenses incurred by expert witnesses associated with the review. The National Council for Volunteering Organisations were invited to attend a meeting of the Task Group and their fee was £390 for consultancy advice and travel, met from the budget referred to.
10. Legal implications
- 10.1 Medway Council has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it. To assist the Council in fulfilling these legal obligations a Diversity Impact Assessment is attached to the report of the Task Group.
- 10.2 There are no other legal implications arising from the recommendations. However, officers may need to consider the legal implications of some recommendations as the proposals are developed.
11. Recommendations
- 11.1 The Cabinet is asked to agree the recommendations made by the Voluntary Sector Task Group set out at Appendix A.
- 11.2 The Cabinet is asked to note the update on activity within the voluntary sector and the Council since March 2020 in response to the Covid-19 pandemic.
- 11.3 The Cabinet is asked to note that the Business Support O&S Committee has agreed that a report on progressing the actions agreed by Cabinet be submitted to this Committee in January 2020 and that this update be given in the context of the latest situation with regard to the Council's Covid-19 Recovery Plan.
12. Suggested Reasons for Decisions
- 12.1 The recommendations, as agreed by the Task Group, aim to help the voluntary sector by strengthening the relationship between the Council and the sector, examining the issue of sustainable funding and using some of the tools already available to the Council (i.e. S106 contributions and procurement) to provide additional funding and resources for the sector.

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## Appendices:

Appendix A - Report from the Voluntary Sector Task Group

Appendix B - Accessing Support, the role of the voluntary and community sector during Covid-19 (Briefing from the Local Government Association)

## Background Papers:

The background papers relied on in producing the report from the Task Group are set out within the main report.

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# THE VOLUNTARY SECTOR IN MEDWAY



**A REPORT FROM THE VOLUNTARY SECTOR TASK GROUP**

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## **1. Foreword**

- 1.1 On behalf of the Business Support Overview and Scrutiny Committee, we are pleased to present this review of the Voluntary Sector to Medway Council's Cabinet. This review was concluded at the end of February 2020 and therefore this report was written before the current coronavirus pandemic took hold.
- 1.2 The Task Group would like to thank all the witnesses who helped it to gather evidence at its meetings, particularly those representing external organisations, as well as the Deputy Leader and Portfolio for Housing and Community Services and the Portfolio Holder for Adults' Services for their willingness to give their views on the Group's initial draft recommendations.

## **2. Executive Summary**

- 2.1 The voluntary, community and social enterprise sector (VCSE) includes local community and voluntary groups, registered charities, foundations, trusts, social enterprises, and co-operatives. They may also be referred to as 'third sector' or 'civil society' organisations. The sector provides a range of services to different groups of service users. VCSE organisations share characteristics in the aims they pursue, and are independent of government. They also reinvest any profit they make to continue to support their aims.
- 2.2 It is vital that our relationship with the VCS continues to ensure Medway residents are supported by them at an early stage. This preventative approach delays or stops the need for residents to receive statutory services, which in turn reduces expenditure.

## **3. Setting the Context**

### **a) The National Perspective**

- 3.1 In 2019 there were 166,854 voluntary organisations in the UK. The sector is dominated by small organisations that operate locally. Eight in ten organisations have an income of less than £100,000.
- 3.2 In 2016/17, the voluntary sector's economy continued to grow and total income went up by 2% to £50.6bn, while spending and assets also increased. The public remains the largest income source for the sector, accounting for 45% (£22.9bn) of its total income. Government remains the second largest income source totalling £15.8bn.
- 3.3 In 2018, 865,916 people worked for voluntary organisations, with more than half educated to degree level or higher.
- 3.4 The reach and impact of voluntary organisations is wide-ranging. Nine in ten UK households have accessed services provided by voluntary organisations at some point, with children and young people remaining the most common beneficiary group. In 2016/17, the sector contributed a total of £17.1bn to the UK economy. The value of volunteering was estimated at £23.9bn in 2016

## **b) National Guidance on the Voluntary Sector**

- 3.5 In 2010 the Government and Compact Voice (the organisation which represents civil society organisations) published a renewed Compact outlining key principles to establish better partnership working between national government and the voluntary and community sector.
- 3.6 The Compact principles are:
- A strong, diverse and independent civil society
  - Effective and transparent design and development of policies, programmes and public services
  - Responsive and high-quality programmes and services
  - Clear arrangements for managing changes to programmes and services
  - An equal and fair society

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/61169/The\\_20Compact.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61169/The_20Compact.pdf)

## **4. The Voluntary Sector in Medway**

- 4.1 Medway Voluntary Action (MVA) provides infrastructure support and capacity building to voluntary community sector organisations in Medway. A recent survey of its Members (2017/18) showed that the sector felt “more unified than in previous years” and that “organisations recognise the importance of working collaboratively now more than before to ensure their sustainability”.
- 4.2 The survey also revealed diminishing incomes and a greater reliance on volunteers who of course require training, support, supervision and monitoring.
- 4.3 Some of the challenges facing the sector are poor housing, increasing demands on health and social care, poverty and inequality, social isolation and loneliness, and climate change against a backdrop of austerity.
- 4.4 26.5% of respondents were micro organisations with an income of less than £10,000, 31.4% were small (£10,000 to £100,000), 24.1% were medium (£100,000 to £1 million) and 6% were large (£1 million to £10 million). Many of those reporting a high turnover and reach were local branches of national organisations and/or those delivering against large national or local contracts.
- 4.5 Over a third of respondents operated with no permanent staff and two thirds with fewer than five.
- 4.6 In terms of dependence on volunteers, only 8% reported being not at all dependent; 54% said they were completely dependent on volunteers and 38% reported being partly dependent



4.7 The main challenges they faced were:

- Generating income 66%
- Increasing awareness of your organisation 67%
- Lack of staff/volunteer capacity to deliver work 39%
- Recruiting volunteers 39%
- Engaging service users 24%
- Space to work in 14%
- Networking opportunities 13%
- Safeguarding 3%
- Other 4%

4.8 In response to how income was generated, the results showed a broad range of funding sources with a minority generating income from trading but an increase in those charging fees from members. The results also reflected a substantial decrease in those generating income from statutory bodies.

4.9 In terms of how many VCS organisations are known to the Council:

- 930 individual organisations are listed on Medway Voluntary Action's directory publicly.
- 156 Sports clubs are listed on Medway's Sports club directory.
- There are 339 registered charities, 8 registered community sports organisations and 17 registered Community Interest Companies according to their payments to the Council for council tax.

4.10 This means that the number of organisations known to the Council (either directly or through a commissioned provider), that could be accessed in terms of knowing their contact details and purpose is between 930 and 1,450. Of course there are other voluntary organisations not known to the Council operating in Medway.

4.11 In January 2019 a new VCS 'Better Together' Consortium was launched. This partnership represents the lead providers that were successfully awarded contracts with the new VCS framework. The aim is to bring together the VCS in a collaborative way that allows each organisation to remain independent of the other with no legal obligations. The expectation is that providers will work to a common set of values and goals and outcomes.

## **5. Methodology and Approach**

5.1 The Task Group comprised five Members of the Business Support O&S Committee - Councillors Buckwell (Chairman), Etheridge, Maple, Murray and Tejan.

5.2 The Task Group agreed the following key lines of enquiry:

- i) Consider national guidance on building an effective partnership between the statutory sector and the voluntary sector.*

- ii) *Review best practice and learning from elsewhere, including Compacts and sustainable funding models.*
- iii) *Review feedback so far from the Voluntary Sector to the survey commissioned by the Business Support O&S Committee and discuss extension of the survey to other Groups as deemed appropriate plus possible further discussion with those Groups.*
- iv) *Consider the impact of voluntary sector initiatives in Medway reported to the Business Support O&S Committee since April 2018.*
- v) *Review the issues and action identified by the Business Support O&S Committee on 22 August 2019 to further strengthen partnership working between the Council and the Voluntary Sector recognising that work is needed to improve the strategic oversight of commissioning and interaction with the voluntary sector across the Council is beyond social care and health/public health.*
- vi) *In light of the creation of a Medway and Swale Integrated Care Partnership, consider how volunteers could be aligned to support the work of the Partnership to deliver better outcomes for people with long term multiple health problems. Partnership working between the Council and the Voluntary Sector recognising that work is needed to improve the strategic oversight of commissioning and interaction with the voluntary sector across the Council is beyond social care and health/public health.*

## **6. Summary of evidence collected and findings**

### **a) Feedback from the Sector to Members**

- 6.1 In 2019 the Business Support O&S Committee asked for the views from the sector on four questions, via a survey. Following on from that Members of the Business Support O&S Committee heard directly from representatives from Medway Voluntary Action and the VCS Leaders Network. (Appendix 1 sets out the feedback to the survey and also the issues raised by the sector with the Business Support O&S Committee.)

### **b) Compacts**

- 6.2 As well as the national Compact, most local authority areas also have a local compact, although this is not the position in Medway.
- 6.3 Compacts tend to be based on shared values, understanding and mutual respect between the statutory sector and the voluntary and community sector (VCS), for the benefit of residents/communities. Some are aligned with Council priorities.
- 6.4 Compacts typically commit both the statutory and the VCS to achieve principles such as:
- A strong, diverse and independent voluntary and community sector

- Effective and transparent design and development of policies, programmes and public services
- Responsive and high-quality programmes and services
- Clear arrangements for managing changes to programmes and services

6.5 To achieve the agreed principles, many Compacts included the requirement that the voluntary and statutory sectors make some commitments in their processes and practices, and in their thinking and behaviour. Some examples of commitments from Councils are:

- Respect and uphold the independence of Voluntary and Community Organisations (VCOs) to deliver their mission, including their right to campaign, regardless of any relationship, financial or otherwise, which may exist.
- Ensure greater transparency by making data and information more accessible, helping VCOs to challenge existing provision of services, access new markets and hold the statutory sector to account.
- Recognise that the VCS has a role to play in developing and shaping services and policy through co-design and co-production and provide opportunities for the VCS to do so.
- Work to a published funding or commissioning framework that is corporately agreed across their organisation when working with voluntary and community sector organisations.
- Encourage feedback from a range of sources on the effectiveness of the statutory sector's partnership with VCOs and how successful it has been in delivering their objectives. Consider placing this feedback in the public domain.

6.6 Some examples of commitments for the voluntary sector include:

- Raise awareness of the impact that voluntary action and volunteers have on individuals, local communities and the wider VCS.
- Be open to hearing about performance issues with your service and take appropriate action as early as possible.
- Proactively engage in the commissioning process providing information and advice about communities and individuals.
- Take active leadership in developing and shaping services and ensuring service users are involved in the co-production process.

6.7 Often there has been substantial input from the VCS as well as key partners, including the police, fire services and NHS.

### **c) Funding Options**

6.8 The Task Group has looked at the results of desktop research into funding models in other parts of the country (see Appendix 3) and also discussed this issue with the National Council for Volunteering Organisations (NCVO).

6.9 The NCVO's view is that a completely sustainable funding model is unrealistic and it is more a case of finding the most sustainable model possible. Some councils have aligned funding for the VCS to their strategic objectives, which sends a message to the sector that they are valued by the Council. Other Councils have

used the Social Value Act to improve the social impact of their procurement activity and consulted with the VCS and residents on what social value aspects should be built into contracts and how this could be measured. Some areas had a 20% weighting on social value built into contracts. The NCVO feel that the Social Value Act could be used to generate significant cost savings and more responsive services.

#### **d) Integrated Care Systems and Social Prescribing**

- 6.10 The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established across the country by April 2021, which will increasingly focus on population health. The vision is one of joined-up services and a system built around collaboration rather than competition.
- 6.11 The Plan calls for a 'fundamental shift' in the way that the NHS works alongside patients and individuals. As part of this shift, there is a focus on personalisation which means referrals to social prescribing schemes will increase. Social prescribing is a vehicle to improve the health and wellbeing levels of residents. Voluntary and community sector partners are essential to its success and can help NHS resources go further. However, it is vital that resources follow the patient and that the voluntary sector can continue to respond to an increase in referrals from GPs and other clinicians.
- 6.12 As recommended by the Task Group on Social Isolation the Cabinet has supported the development of social prescribing in Medway and of an associated directory of services and has agreed that this work be promoted across the Council to enable staff to signpost isolated individuals to appropriate support.
- 6.13 The Council works with Simply Connect and Medway Voluntary Action to deliver a social prescribing service in Medway to support residents to live healthier, happier lives. There are a wide range of activities involved, including physical activity, arts and a wide range of other social groups, mainly provided by the voluntary and community sector.
- 6.14 The development of an integrated care system for Kent and Medway and the creation of an integrated care partnership for Medway and Swale and Primary Care Networks will mean that health and care resources will be more aligned and focussed on place-based solutions. Whilst a Compact should support the development of relationships with some elements of the voluntary sector, it will not on its own of course, solve the funding issues that some voluntary sector organisations are experiencing as the vast amount of funding in the future that will be made available to deliver increased capacity for population health management, will come from the NHS and related interventions. There is a need to consider ways in which the local VCS can be effectively developed and aligned to future social prescribing initiatives.

#### **e) External Funding**

- 6.15 The Task Group fully supported the recent bid by the Council for funding from the Government's Shaping Places for Healthier Lives fund, amounting to £100k each year for 3 years. This programme aims to create the conditions for better health by

funding local partnerships to take system-wide action on the wider determinants of health. Unfortunately, the Council's bid was not successful and Medway was not one of the 10 authorities to proceed to the next stage.

- 6.16 However, the Council has since registered its interest in another external fund, the King's Fund and The National Lottery Community Fund (TNLCF). This fund is looking to support genuine partnership-working in local areas between the voluntary and community sector, the NHS and local authorities to improve the health and wellbeing of local communities. The Healthy communities together programme will offer up to £3 million of grant funding and £850,000 of leadership development support to place-based partnerships.

**f) Access to S106 Contributions**

- 6.17 As suggested by the sector, the Task Group have looked at what mechanisms would need to be in place to enable the Voluntary and Community Sector to access S106 contributions.
- 6.18 The Medway Guide to Developer Contributions allows the Council to set conditions on planning permissions or seek to enter into a legal agreement with developers to provide, amongst other things, new community facilities where the need for these arises directly from the development concerned. Provision is sought in proportion to the size and nature of the individual development, and takes into account the existing pattern of provision and capacity in the locality.
- 6.19 Community facilities such as community centres, village halls and meeting rooms are an essential part of a sustainable living environment promoting general well-being amongst members of the local community and facilitating community cohesion. Community facilities can be provided by many different types of community groups, community centres, village halls, churches and other places of worship, local associations etc. When major planning applications are received, community facilities of all types in that particular area will be reviewed and contributions requested for the most appropriate to the development. The current rate of developer contribution for community facilities is £183.24 per dwelling (which is index linked annually).
- 6.20 At present there is no mechanism for the VCS to suggest to the Council where S106 contributions could be used to create new community facilities. Following discussions with the VCS about this matter the Task Group are recommending that the planning team operate a pilot whereby the VCS Better Together Consortium would be the point of contact for seeking the views of the VCS on where S106 contributions could be used for community facilities. Ideally the pilot should run in respect of two different sites, including one where not much development was planned. This would show whether the VCS were able to respond within the short timescales involved and whether the information they provided was understood by the developer.
- 6.21 The VCS locally have suggested the creation of a Strategic Liaison Group using the Better Together Consortium, a partnership commissioned by the Council, consisting of Medway CAB, MVA, Healthwatch Medway, Carers First and KAB, to act as a strategic liaison group to work with the Council to co-produce and pilot a

model for creating mechanisms for the wider VCS to advise on where S106 contributions could be allocated for community facilities.

- 6.22 The Task Group have discussed with the VCS whether they have the capacity to respond with comments within the 21 day period. The VCS feel that this is achievable and the model can work virtually if needed. However, the VCS feel this would need to be front loaded in order to make this proposal work.

#### **g) Social Value and Procurement**

- 6.23 The Public Services (Social Value) Act 2012 requires the identifying of additional social value outcomes, regardless of the service provider. Social value is the term used to describe the *additional value* created in the delivery of a service contract which has a wider community or public benefit.
- 6.24 The Act places a duty on commissioners in councils, the NHS and other public bodies across England and Wales to consider how they might improve the economic, social and environmental wellbeing (the "social value") of an area when they commission and procure public services.
- 6.25 These bodies must consider the social good that could come from the procurement of services, before they embark upon it in relation to contracts above EU procurement thresholds. The threshold for social and other specific services, has been £589,148 since 1 January 2016. [Guidance from the Cabinet Office](#), however, makes clear that a social value approach can be taken below these thresholds, and is encouraged.
- 6.26 The Act allows authorities, for example, to choose a supplier under a tendering process who not only provides the most economically advantageous tender, but one which goes beyond the basic contract terms and secures wider benefits for the community.
- 6.27 The Act *does not* apply to:
- Service contracts awarded by 'calling off' from a framework: A framework agreement is a general term for agreements with providers that set out terms and conditions under which specific purchases ('call-offs') can be made throughout the term of the agreement
  - Contracts which fall below EU procurement thresholds
  - Mixed services, goods or works contracts, where services are of less value or less incidental to the main purpose of the contract.
- 6.28 However, the Council has decided to apply the Act to almost everything that it procures, including works
- 6.29 The Act's guidance makes clear that the legislation is enabling and intentionally flexible so that authorities and communities are able to agree a local definition of social value suited to the needs and priorities of the local area.

- 6.30 One of the main aims of the Act was to rebalance a public services provider market that often favours big organisations with the resources and capability to submit bids. Councils are required to put a value on the knowledge, expertise and local connections of smaller, community-based VCS organisations in the hope that they stand a better chance of winning contracts.
- 6.31 At present the Council asks bidders how they can deliver social value but this question is phrased in a very broad way and there is no definition of what is meant by social value. An alternative would be for the Council to specify what social value elements it wished to achieve through a contract and then ask bidders how they could help to deliver this.
- 6.32 The VCS is in a good position to deliver social value but a key question is how this can be articulated, something which a Social Value policy would help address. The Task group have heard that the VCS would benefit from more support and guidance from the Council to help submit a good social value offer. There is also a role for the Council in ensuring that the private sector, who are typically better placed to submit bids, show how they are able to support the VCS.
- 6.33 The Task Group concluded that the Council would benefit from having a social value policy. This would, amongst other things, define what the Council means by social value, encourage a more favourable environment for voluntary sector organisations, as well as providing a much higher level of direction to both suppliers and officers involved in the procurement of goods and services.

#### **h) Single Point of Contact**

- 6.44 The VCS have asked if the Council could consider establishing a single point of contact to liaise with the sector in Medway. The Group feel this would be a positive development and are not unduly concerned about which Directorate should host this post as the person carrying out this role would inevitably need to work across directorates and draw upon support from across the Council for advice and support. The Group are conscious of the possible need for extra resources to be committed to fund this position and also develop and oversee the proposed Compact.

## 8. Recommendations

1. **That Cabinet agrees that a Compact between the Council and the VCS be developed.**

(The Government and Compact Voice (the organisation which represents civil society organisations) have agreed a Compact which outlines key principles which establish better partnership working between national government and the voluntary and community sector. Many Councils have drawn up a local Compact with the VCS.)

2. **That Cabinet be recommended to:**

- a) **address the issue of sustainable funding for the wider voluntary sector as part of developing a Medway voluntary sector compact;**

- b) **seek assurance that the Integrated Care Partnership Programme Board deliver the new model of care stated in the STP Case for Change, factoring in the capacity challenges of the voluntary sector from expanding programmes such as social prescribing, and;**

- c) **ask the Partnership Board to work with other existing and emerging organisations (such as Primary Care Networks) to co-design a sustainable model to realise the potential that the voluntary sector brings to the health and social care system and provide updates to the Health and Wellbeing Board that this is progressing.**

(This is in response to feedback from the VCS about the need for a sustainable funding model for the sector and the role of the VCS in delivering social prescribing.)

3. **That, subject to the evaluation of a pilot scheme, Cabinet agrees in principle to seek the views of the VCS on possible schemes which could be funded from S106 contributions allocated for community facilities.**

(The current rate of developer contribution for community facilities is £183.24 per dwelling. The Task Group also wish to see ward councillors consulted as part of this process.)

4. **That Cabinet identify resources to establish a single point of contact for the VCS, potentially located in public health where responsibility for VCS commissioning will sit.**

(The VCS had asked the Council to consider having a single point of contact to better facilitate communication with the sector. The single point of contact would be able to draw upon support from across the Council for advice and support in fulfilling this role.)



5. **That Cabinet be recommended to agree a Social Value policy which sets out the Council's approach for achieving meaningful Social Value from its suppliers.**

(This will define what the Council means by social value, encourage a more favourable environment for voluntary sector organisations, as well as providing a much higher level of direction to both suppliers and officers involved in the procurement of goods and services.)

**Feedback from the voluntary sector to the Business Support  
Overview and Scrutiny Committee**

**a) Feedback to a survey commissioned by the Business Support O&S Committee**

**Question 1: How do you view the current financial sustainability of the Voluntary and community sector in Medway as a whole?**

There was a wide range of responses from the 40 organisations that participated in this question, ranging from poor to good. However, the vast majority was a negative response, with language such as poor, fragile, vulnerable and challenging the most common response. The overall message was that there is genuine concern for the long term sustainability of the organisations involved and the sector as a whole. The survey suggested the situation was particularly hard for smaller organisations.

The rationale offered was due to a distinct lack of funding available for the sector, but increasing costs. When funding has been available the short term and non-reoccurring nature of the funds was cited as an issue, along with competition between the sectors for any available finance.

Once again smaller organisations were cited as being at most pressure as they particularly lacked the resource and sometimes financial skills to make successful bids.

**Question 2: How would you assess volunteering levels within the Sector?**

The sector again had a wide range of responses to this question but a much more even split with equal number rating the levels poor, ok or excellent. A number of references were made to smaller organisations and specific community groups finding it harder to recruit, than larger national charities.

Barriers to volunteering that were identified include increase paid working hours and more older people providing childcare for grandchildren, reducing the amount of people available to volunteer. Another barrier was also the potentially lengthy sign up process to become a volunteer, this includes processes such as DBS checks and statutory training.

There was a need stated for the council and other public bodies to better acknowledge the crucial role that volunteers play and consider how they can better support them and their organisation, with suggestions like free training. Suggestions also include council workers offering volunteering time and better promotions of volunteering opportunities.

**Question 3: How would you assess the current relationship between the Voluntary and community sector and Medway Council?**

There was a wide range of feelings about the relationship between the sector and the local authority, ranging from poor to a couple rating it as excellent. The balance of response is very mixed, with suggestions that the relationship is quite inconsistent between individual

departments and part of the organisation and the wider sector. There are some excellent partnership working examples given and some suggestions of how the relationship can be improved. An example of this offered was the VCS Better Together Consortium, and the Rough Sleeper Initiative.

Barriers to a productive relationship include a high staff turnover at the council making it hard to build trust and establish close working, the council being slow to make decisions. Two sector organisations also stated the need for the sector itself to consider how they can best grow this relationship and consider their own leadership skills and experiences.

A significant number of responses also indicated that organisations felt a sense of frustration that the work they did was not necessarily valued nor was the sector understood. Suggestions to improve this include improving communications, engaging the VCS in more decisions and establishing a more formal commitment to work better together. This would help all parties to ensure the VCS was in the best possible position to support residents in the local system.

**Question 4: What can Medway Council and other public agencies do, to better support the sector to deliver its objectives?**

Suggestions included:

- Establish a sustainable funding model for the sector.
- Establish a formal document to demonstrate the council's commitment and Recognition of the sector and a commitment to working together.
- Ensure all future VCS contracts are not short term and consider how local Organisations can be prioritised.
- Support with recruiting new volunteers.
- Support organisations with free training.
- Establish ways to ensure small organisations are better supported, potentially with a mentoring service.
- Consider a single officer contact to better facilitate communication with the Sector.
- Allow the sector to benefit from the council's buildings and outside spaces.
- Ensure future strategies and plans are co-designed with the sector.
- Review business rates and provider assistance with other overhead costs.
- Facilitate internal communications within the council so more employees know about the sector and individual organisations.
- Support VCS organisations events and attend activities.
- Introduce feedback loops with the council and sector so both can stay updated with their relative progress.

**b) Issues and suggestions made by the voluntary sector at the meeting of the Business Support O&S Committee in August 2019**

- Maximise assets to bring in extra funding.
- Use the City of Culture Bid as an opportunity to galvanise local engagement, increase funding and improve the health and wellbeing of the area.
- Re-think the funding of the sector and how commissioning works.

- Look at different models in other parts of the country which had led to more responsive services, a reduction in long term costs and greater investment in the local economy. See what might work in Medway.
- As it can be difficult for smaller charities to bid for contracts, they could work collaboratively to bid for larger contracts/apply for grant funding.
- Various suggestions made in response to how sector could better access resources, reach more people and provide a more modern service in fit for purpose premises:
  - community asset transfers
  - contracts to have a social value element built into them to lever in funds
  - S.106 agreements
  - Future High Street funds - possible opportunity to make venues available for communities and the VCS.
  - Some councils had made space available for charities in their community centres.
  - Look at stresses around the end of a contract and the start of a new contract.
  - Council should look at how it can help, at minimal cost, the sector achieving the financial returns that can result from investing in volunteers. EG allow volunteers to access training and help with safeguarding checks.
  - Agreement or compact between the Council and the VCS.
  - Council could commit to expediting any complaints that a charity has not been paid by the Council in a reasonable time. *(NB the Chief Finance Officer has confirmed that he will look into any claims that a charity had not been paid by the Council in a reasonable time.)*
- How ensure sector receives funding for social prescribing referrals?
- Establish a single officer point of contact for the VCS
- Use Medway Matters to raise awareness of the VCS

### Local Compacts elsewhere

**Kent County Council** - after a period of Compacts being developed in Kent at county, district and local level, in January 2009 a single Kent Partners' Compact was launched to establish consistency in the relationship between the public and the voluntary sectors. The renewal of the National Compact in December 2010 was recognised within the refreshed Kent Partners' Compact published in 2012.

However, the County Council are currently consulting on a draft Civil Society Strategy for Kent. This will sets out the relationship the Council wishes to have with the 'social sector', voluntary, community and social enterprise sector going forward and the role of civil society in Kent. The strategy also makes a commitment to the Council's future offer of funded support to the sector (infrastructure support) and proposes to replace the Kent Partners Compact with this strategy.

**Bexley LBC** agreed a [Connected Communities Strategy](#) in 2019, committing to 5 year funding agreements with local voluntary community sector strategic partners.

**Camden LBC** agreed in December 2015 a [new relationship with the voluntary sector](#) based on three objectives:

- Increase the opportunities for VCS expertise and knowledge to inform the design and delivery of services, in order to improve outcomes for residents.
- Maximise the use of property assets, including the 101 Council-owned premises occupied by the VCS, to better deliver services and to encourage sharing of space.
- Build resilience in communities by collaborating to make the most of the added social value which the VCS brings, including attracting new funding into the borough.

**Greenwich LBC** agreed a [Voluntary and Community Sector Strategy](#) in September 2017 and committed to:

- Support closer working with the VCS and other partners to ensure better co-production of service delivery, funding and commissioning models.
- Improve collaborative working to continue to tackle poverty and inequality, mitigate the effects of budget reductions and provide skills, further education and jobs in the local economy.
- Create an environment for the VCS to work independently and together with partners in the public and private sector to better meet local priorities.
- Create an environment where the social capital of volunteers is supported, recognised and celebrated.

### Funding Options

#### Greater Manchester

An [Accord](#) between the Voluntary, Community and Social Enterprise Accord and the Mayor and the Greater Manchester Combined Authority was agreed in 2017 for an initial 5 year period. 100 VCSE organisations co-signed the Accord which is a framework to deliver a vision to reduce inequalities

The VCSE sector committed to support residents, share knowledge, find new solutions, align resources to achieve common goals, refresh social value policy, develop social enterprise strategy and develop volunteering strategy.

The Combined Authority and Mayor committed to create new partnerships, encourage peoples' voices, engage the VCSE sector when designing strategies, develop investment approach for long term core funding, prioritise VCSE agencies in the area, and commit capacity building funding to develop an action plan

GM Social Investment funds offer affordable and accessible social investment aimed at small and very small social enterprises and charities that trade, including new organisations. There is a mixture of grants and loans designed for organisations who have the potential to add more value to their local communities and grow their social impact.

#### Wellbeing Exeter

[Wellbeing Exeter](#) is a partnership of public, voluntary and community sector organisations who have come together to explore better ways of supporting the 40% of patients who visit their GP with socially based rather than medical problems. The approach offers social prescribing, *in combination* with asset-based community development to provide firm foundations to enable individuals and communities to improve and promote their own health and wellbeing.

#### Bristol Community Adult Health Services

In September 2019 Sirona Care and Health was awarded a £1billion contract to provide adult community services across Bristol, North Somerset and South Gloucestershire The CCG has stipulated that 3% of the budget has to be used to fund VCSE services, amounting to around £3 million per year over the lifetime of the contract.

#### Community Kick-Start: Bristol Ageing Better

This offers micro-funding to support the development of new activities that enhance community contributions and reduce isolation in younger people.

#### East Sussex

The approach in East Sussex looks at more social issues linked to the Social Value agenda – with a view to a having a platform that allows those looking to secure public sector contracts to add Social Value by linking to identified needs in communities.

## **Wakefield**

[LiveWell Wakefield](#) is a social well-being service for adults in need of information, advice and support in coping with everyday life. Key areas of work include help coping with long-term conditions and referring people with social, emotional or practical needs to a range of local services, often provided by the voluntary and community sector. The service also offers self-help courses and workshops. A small grants micro-commissioning model has been developed and £131k funding allocated by programme to the CVS.

## **Rotherham**

Voluntary Action Rotherham (VAR) is the contract body and acts as the single point of contact. A team of 11 includes 8 link workers who work at VAR as well as GP practices. Funding comes via the CCG and is part of the Better Care Fund. Approximately 56% of funding is used to deliver VCS services. Services are commissioned from the VCS through service level agreements, spot purchases and grants.

## **North Tyneside**

North Tyneside Clinical Commissioning Group has developed a new Voluntary and Community Sector grant fund in recognition of the important role that voluntary and community organisations can play in improving health and wellbeing outcomes for the local population. This scheme seeks to fund organisations that have a track record of working in North Tyneside to deliver against the following priority areas:

- Promoting wellbeing and preventative healthcare
- Promoting self-care and self-management
- Reducing health inequalities.

The CCG will be awarding a maximum of £500,000 per year in large and small grants.

## Diversity impact assessment

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<b>TITLE</b> <i>Name/description of the issue being assessed</i>	<b>Voluntary Sector Task Group Report</b>
<b>DATE</b> <i>Date the DIA is completed</i>	4 June 2020
<b>LEAD OFFICER</b> <i>Name and title of person responsible for carrying out the DIA.</i>	Scott Elliott, Head of Health and Wellbeing Services
1	<p>Summary description of the proposed change</p> <ul style="list-style-type: none"> <li>• <i>What is the change to policy/service/new project that is being proposed?</i></li> <li>• <i>How does it compare with the current situation?</i></li> </ul> <p>The Task Group have made a number of recommendations aimed at helping the voluntary sector by strengthening the relationship between the Council and the sector, examining the issue of sustainable funding and using some of the tools already available to the Council (i.e. S106 contributions and procurement) to provide additional funding and resources for the sector.</p>



**2 Summary of evidence used to support this assessment**

The Task Group has considered national Guidance on Building Partnerships between National Government and the Voluntary and Community Sector (VCS), best practice and learning from other areas, feedback from the Sector to date and initiatives involving the sector reported to Business Support O&S Committee. Members heard from the Head of Planning and the Council's S106 Officer on the issue of S106 contributions and community facilities; discussed with the Head of Category Management how the Council approaches social value in procurement; held round table discussions with the Independent Chair of the VCS Leaders' Network, the National Council for Volunteering Organisations and a representative of the VCS Better Together Consortium.

In 2019 the Business Support O&S Committee asked for the views from the sector on four questions, via a survey. Following on from that the Committee heard directly from representatives from Medway Voluntary Action and the VCS Leaders Network.

**3 What is the likely impact of the proposed change?**

*Is it likely to :*

- *Adversely impact on one or more of the protected characteristic groups?*
- *Advance equality of opportunity for one or more of the protected characteristic groups?*
- *Foster good relations between people who share a protected characteristic and those who don't? (insert ✓ in one or more boxes)*

<b>Protected characteristic groups</b>	<b>Adverse impact</b>	<b>Advance equality</b>	<b>Foster good relations</b>
<b>Age</b>		✓	✓
<b>Disability</b>		✓	✓
<b>Gender reassignment</b>			
<b>Marriage/civil partnership</b>			
<b>Pregnancy/maternity</b>			
<b>Ethnicity</b>		✓	✓
<b>Religion/belief</b>			
<b>Sex</b>			
<b>Sexual orientation</b>			

<b>Socio-economic disadvantage</b>		✓	✓
<p>4 Summary of the likely impacts</p> <ul style="list-style-type: none"> <li>• <i>Who will be affected?</i></li> <li>• <i>How will they be affected?</i></li> </ul>			
<p>It has not been identified that the recommendations in this report will have a negative impact on any protected characteristic.</p>			
<p>5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?</p> <ul style="list-style-type: none"> <li>• <i>Are there alternative providers?</i></li> <li>• <i>What alternative ways can the Council provide the service?</i></li> <li>• <i>Can demand for services be managed differently?</i></li> </ul> <p>N/A</p>			
<p>6 Action plan</p> <ul style="list-style-type: none"> <li>• <i>Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence</i></li> </ul>			
<p>7 The recommendation by the lead officer should be stated below. This may be:</p> <ul style="list-style-type: none"> <li>• <i>to proceed with the change, implementing action plan if appropriate</i></li> <li>• <i>consider alternatives</i></li> <li>• <i>gather further evidence</i></li> </ul> <p><i>If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.</i></p>			
<p>To proceed</p>			
<p>8 Authorisation</p> <p><i>The authorising officer is consenting that:</i></p> <ul style="list-style-type: none"> <li>• <i>the recommendation can be implemented</i></li> <li>• <i>sufficient evidence has been obtained and appropriate mitigation is planned</i></li> <li>• <i>the Action Plan will be incorporated into service plan and monitored</i></li> </ul>			
<p>Authorising Officer <b>James Williams</b></p>			
Date	<b>16 June 2020</b>		



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# Accessing support

The role of the voluntary  
and community sector  
during COVID-19

**Note:** this information is correct as of 2 June 2020

## Background

The purpose of this document is to provide councils and their community and voluntary sector partners with a briefing on the role and contribution of the community and voluntary sector and the use of volunteers in local and national responses to the COVID-19 pandemic. Please note that all the information contained in the briefing is correct at the time of writing. However, this is a fast-moving situation so guidance and information may change. We strongly advise checking the Gov.uk website for any changes.

One of the most positive and impressive consequences of the COVID-19 pandemic has been the huge upsurge in the numbers of people volunteering to support vulnerable people who may not have family or friends to rely on. They have signed up in their many thousands to the different national and local initiatives. This brings enormous opportunities to harness and maximise this asset but also some challenges in ensuring that voluntary capacity is used effectively and safely.

In normal circumstances, the voluntary and community sector (VCS) is a vital partner in providing a wide range care and support to enable vulnerable people to live fulfilling and independent lives, and to maintain their health and wellbeing so they do not require the support of statutory health and adult social care services. In responding to COVID-19, the contribution of the VCS and of volunteers is even more crucial.

If adult social care capacity is stretched, there may be a need to reprofile roles so that some functions normally undertaken by a professional paid carer (eg, shopping, collecting prescriptions etc) are undertaken by a trained and checked volunteer. However, there are many personal and social care tasks which should only be undertaken by trained professionals. The Local Government Association (LGA) understands that the Government plans to publish guidance on volunteering in adult social care settings that will consider which roles can be undertaken by volunteers, with sufficient training and clearance.

### **Local voluntary and community services**

Councils across the country are working with their local VCS to signpost local residents who may need support to well-established VCS organisations or to the NHS Volunteer Responders schemes. They are also working with them to adjust services to social distancing requirements, recruit additional volunteers to increase capacity to meet increased demand or replace existing volunteers that are unavailable because they are ill or vulnerable. Councils may prefer to signpost residents to existing VCS than to the many 'mutual aid' and informal neighbourhood networks that have developed directly in response to COVID-19. These unmediated mutual aid arrangements provide a valuable support services for some people, but it is almost certainly more appropriate for them to operate between friends and neighbours who knew each other previously.

In order to support vulnerable people, councils will need to work in partnership with their local VCS and with national initiatives to:

- Map local VCS capability, including the new mutual aid and neighbourhood networks available to provide support, and regularly reassess this through ongoing engagement with the sector in order to identify and address gaps in community

support, including ward councillor intelligence and any local town and parish councils where they exist, as they are likely to provide an additional layer of capacity to support the response.

- Adapt existing VCS support to conform to social distancing requirements and to adapt to emerging need for support, for example, increased need for befriending to continued isolation.
- Develop a shared understanding of the types of support different groups can provide, with a tiered approach depending on skills and expertise, with proper regard to safety and quality of support.
- Consider how their commissioning practices can support the VCS, in terms of payments, contracts, tendering and KPIs. The LGA guidance to commissioners about social care resilience encourages commissioners to be as flexible as possible and to pay quickly. It is already clear that in these exceptional circumstances, authorities may need to procure goods, services and works with extreme urgency, or roll existing contracts over. Authorities are permitted to do this using regulation 32(2)(c) under the Public Contract Regulations 2015. The Government have published Procurement Policy Notes on regulations and payments to ensure service continuity.
- Set out common expectations regarding the requirements for DBS checks for specific roles, training and induction, and safeguarding.

### **The NHS Volunteer Responders scheme**

The NHS, working in partnership with Royal Voluntary Services (RVS) and the Goodsam.app, has established the NHS Volunteer Responders (NHSVRs) scheme. Over 600,000 volunteers are active and ready to provide support to people who are 'clinically extremely vulnerable' and are advised to shield themselves for at least 12 weeks, and other people who are vulnerable due to disability, frailty or pregnancy. It will not replace any local voluntary sector referral mechanisms already established but will complement these and provide support for services that can't access local organisations.

Volunteers are helping with tasks such as delivering medicines from pharmacies; shopping goods; driving people to appointments; bringing them home from hospital and regular phone calls to check they are ok and offer much needed telephone companionship. A wide range of professionals, including GPs, pharmacist, council staff, adult social care providers, police, fire services and charities, can refer vulnerable people for support. From 23 April, the NHSVR was expanded to increase referrals into the programme: Vulnerable people and their families will now be able to directly request help. The scheme is still limited to vulnerable people. This is a positive development, which builds on councils' and the LGA's strong support for the introduction of self-referral. **Referrals should be made via the NHS Volunteer Responders referrers' portal <https://goodsamapp.org/NHSreferral> or by telephone on 0808 196 3382.**

Since its introduction, we have worked closely with the NHS and Government to improve coordination and alignment between national and voluntary volunteering capacity to support vulnerable people. For example, we are working with NHSE to identify a quick and easy way for local partners to share high level data on Clinical Commissioning Groups and local authority level, including the number of NHSVR volunteers available, the level and type of

requests made, and who is making requests. In two-tier areas, the data will be available at district level which can be aggregated at county level. This will assist councils and their partners in the voluntary and community sector gain a more comprehensive idea of voluntary capacity to provide support to vulnerable people in the community.

Originally, each request for help had to be referred separately. The system has now been improved so that referrers to NHSVR support are able to make 'bulk' referrals using the GoodSam app. This means that someone from a council, adult social care provider, pharmacy, GP surgery can refer several requests for support at the same time, rather than having to enter them all individually.

### **The role of national voluntary organisations**

Councils will already have strong links with their local VCS networks, potentially through local community and voluntary services such as the relevant Community Foundation and the British Red Cross as local coordinating and funding bodies for the sector.<sup>1</sup> Many national and local VCS organisations have launched individual initiatives relating to COVID-19, some of which are specific to individual conditions. There is not a definitive national list but NCVO,<sup>2</sup> the British Red Cross,<sup>3</sup> NAVCA<sup>4</sup> and Volunteering Matters<sup>5</sup> and the Voluntary and Community Sector Emergencies Partnership<sup>6</sup> are endeavouring to broker information about needs and offers of support. At a local level, the VCS will need to work closely with their council in order to coordinate intelligence about where help may be needed, the voluntary resources available and to deploy help and support to where it is most needed.

### **Local neighbourhood and mutual aid groups**

COVID Mutual Aid UK is a group of volunteers supporting local community groups organising mutual aid across the UK. Their focus is on providing resources and connecting people to their nearest local groups, volunteers and those in need. In many areas, they have mapped the streets and neighbourhoods where self-organising local neighbourhood groups – often covering a single street or estate – have been set up. This will provide a helpful resource for local councils and the wider VCS in identifying areas without local neighbourhood areas so that they can offer additional support.

### **Volunteers and safeguarding**

Councils and local partners will also want to work together to assure themselves that safeguarding roles and responsibilities across children and adults are being met, alongside how best to work with people who may lack capacity. This should include consideration of the increased risks of financial abuse and scams in the current climate. Any new volunteers will need to be made aware of their responsibilities and also how to report any concerns they may have. Any unsupervised work with children or adults at risk of harm will need to be in line with established checks and procedures.

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<sup>1</sup> <https://www.ukcommunityfoundations.org/>

<sup>2</sup> <https://www.ncvo.org.uk/practical-support/information/coronavirus>

<sup>3</sup> <https://www.redcross.org.uk/about-us/what-we-do/uk-emergency-response/coronavirus>

<sup>4</sup> <https://navca.org.uk/>

<sup>5</sup> <https://volunteeringmatters.org.uk/>

<sup>6</sup> <https://www.redcross.org.uk/about-us/what-we-do/uk-emergency-response/voluntary-and-community-sector-emergencies-partnership>



As well as ensuring that safeguarding considerations with regard to volunteers are met, all volunteers will need training and information on how to identify and refer any safeguarding concerns they may have in their contact with vulnerable people. Safeguarding Adults Boards and Children's Safeguarding Partnerships clearly provide pre-existing statutory arrangements for local decision making in these areas if required.

### **Emergency Placement Scheme (EPS)**

More formally, the Emergency Coronavirus Act includes provision to introduce the Emergency Volunteer Scheme (now referred to as the Emergency Placement Scheme), which entitles employees to take unpaid leave of blocks of up to four weeks in a 16-week period to volunteer in skilled healthcare and adult social care positions in health and social care settings. Volunteers will need to be certified by councils and national health bodies that they will fill a post for a specific period of time and that they have the appropriate skills and clearances to fulfil the role, as well as that the correct indemnities are in place for the volunteer to cover the volunteer in a particular placement. Certifying bodies will issue a certificate to confirm that a placement has been found, the duration and the official start date of the placement. Volunteers can be reimbursed for their placement by Government.

It is important to note that the provisions relating to the EPS have not yet been triggered. The LGA understands that the Government has no immediate plans to implement these provisions. Nevertheless, the LGA is working with the Government to develop a 'light-touch' certification process and to ensure that any additional burdens on councils are adequately resourced.

## Guidance on volunteering and managing volunteers

There is a wide range of resources, guidance and tools available to support councils to work effectively with national and local VCS and in the use of volunteers.

GOV.UK: Coronavirus - How to help safely. Government advice on staying safe while supporting others during the pandemic.

<https://www.gov.uk/government/publications/coronavirus-how-to-help-safely--2>

NCVO Volunteering and coronavirus: How you can help. NCVO guidance on supporting others during the Covid-19 pandemic.

<https://www.ncvo.org.uk/ncvo-volunteering/i-want-to-volunteer/volunteering-coronavirus>

NCVO Coronavirus: Involving volunteers. NCVO guidance on involving volunteers in your work during the Covid-19 pandemic.

<https://knowhow.ncvo.org.uk/coronavirus/involving-volunteers>

GOV.UK: How to find volunteering opportunities

<https://www.gov.uk/government/get-involved/take-part/volunteer>

GOV.UK: Volunteer placements, rights and expenses

<https://www.gov.uk/volunteering>

NHS Health Education England has developed a Covid-19 e-learning programme and the resources are freely available to colleagues working in the NHS, independent sector, and social care. (Follow the link, then select 'Resources for Volunteers Supporting Health & Social Care', then 'Volunteer Learning Passport' – there are a range of topics, including Safeguarding Adults / Safeguarding Children.)

<https://portal.e-lfh.org.uk/Component/Details/604722>

One Minute Guide: Safeguarding Adults for Coronavirus Volunteers, Association of Directors of Adult Social Services, April 2020

<https://www.local.gov.uk/sites/default/files/documents/Safeguarding%20for%20Volunteers.pdf>

Safeguarding Awareness for Volunteers video produced by Waltham Forest Council

for basic information: <https://www.youtube.com/watch?v=HHQG8CJROhU&feature=youtu.be>

The Norfolk Safeguarding Adults Board (NSAB) has produced a short guidance document to support professionals when a person is not following the guidelines on social distancing or self-isolating and an advice note for volunteers on making safeguarding adults part of volunteering tasks:

<https://www.norfolksafeguardingadultsboard.info/assets/COVID-19/COVID-19-NSAB-MATERIAL/COVID19-Proc-for-Pros-When-Person-Not-Following-Social-Dist-or-Self-Isol-Guidancev2.pdf>

<https://www.norfolksafeguardingadultsboard.info/assets/COVID-19/COVID-19-NSAB-MATERIAL/COVID19-Proc-for-Pros-When-Person-Not-Following-Social-Dist-or-Self-Isol-Guidancev2.pdf>